

Your Blue MedicareRx (PDP) and Senior Rx Plus Plan

2014 Formulary (List of Covered Drugs)

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

Your Medicare Prescription Drug benefits and Senior Rx Plus benefits cover the same drug list (formulary).

This formulary was updated on August 1, 2013. For more recent information or other questions, please contact us, Anthem Blue Cross and Blue Shield at 1-866-830-0174 or, for TTY users, 711, Monday through Friday, except holidays from 8 a.m. to 9 p.m. ET, or visit www.anthem.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “your plan,” it means your 2014 group retiree drug plan.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2014. 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. Your formulary and pharmacy network may change on January 1, 2015. Depending on your former group, employer or union's renewal date, your benefits, premium or copayments/coinsurance may also change on January 1, 2015. Please refer to your Evidence of Coverage for information specific to your plan.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Customer Service number listed above to request interpreter services.

This document may be available in an alternate format, such as large print. Please call the Customer Service listed above for additional information.

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Part D Formulary

What is the Blue MedicareRx (PDP) formulary?

A formulary is a list of covered drugs selected by us 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. Your plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

- If your plan uses a Closed Formulary (Closed Drug List), you have coverage for most, but not all, Medicare Part D eligible drugs. The drugs on this list are all approved by the FDA and are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on the Closed Formulary. The drugs covered under your retiree drug coverage are listed in your plan's Drug List.
- If your plan uses an Open Formulary (Open Drug List), you have coverage for all Medicare Part D eligible drugs. You also have coverage for certain additional drugs not typically covered by Medicare Part D plans. The additional drugs beyond those typically covered by Medicare are all approved by the FDA and are selected by the plan with the help of a team of doctors and pharmacists. These drugs are covered by your Senior Rx Plus supplemental benefits. The drugs covered under your retiree drug coverage are listed in your plan's Drug List or your benefit chart.

For both types of formularies, some drugs may sometimes be covered under the medical benefits of your plan rather than under the drug benefit of your plan. The drugs that are sometimes covered under your medical benefits are marked with a B/D in drug list.

To find out whether you have a Closed or Open Formulary benefit, please check the benefit chart in the front of your Evidence of Coverage. 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 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 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.

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.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If your plan uses an Open Formulary you will have coverage for a new Part D eligible drug designated non-formulary following our review. During the period between the time the drug is first available and our review, the drug will not be automatically covered. If your physician feels you should use the new drug, you or your physician may request a coverage exception.

The enclosed formulary is current as of January 1, 2014. If any other type of approved formulary change is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary. To get updated information about the drugs covered by your plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition: The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Medication.” If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 52. 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?

Your plan 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.

Many plans also cover a small group of \$0 copay Select Generic drugs. These are drugs which have proven over time to be especially cost effective options for treating some conditions. Your plan offers these drugs at no cost to you when you purchase them at a network pharmacy. You can find the list of \$0 copay Select Generic drugs on page 6. To find out whether your plan includes this benefit, please check the benefit chart in the front of your Evidence of Coverage.

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:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 100 units per ml per prescription for HUMALOG. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 8. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 plan’s formulary?” for information about how to request an exception.

What if my drug is not on the formulary?

If you learn that access to your drug is limited, for any reason, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by your plan.
- You can ask your plan 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 Blue MedicareRx (PDP) formulary?

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

- If your drug plan uses a closed formulary, you can ask us to cover your 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, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, your plan 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 prescribing provider supporting your request.

Generally, we must make our decision within 72 hours of getting your provider'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 prescribing provider.

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 cover a temporary 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.

For more information

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

If you have questions about your plan, please contact us. Our contact information, along with the date we last updated this 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Your plan's formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 52.

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

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Many drug plans group drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. To find out what your copayment is for each drug tier, please check the benefit chart in the front of your Evidence of Coverage.

The benefit chart in your Evidence of Coverage will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$2,850. Please check your benefit chart and Evidence of Coverage for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 8, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Select Generics

(Please check the Benefit Chart in the front of your Evidence of Coverage to find out if your plan offers \$0 copay for Select Generic drugs.)

Drug Name

Cardiovascular

atenolol 25 mg tablet
atenolol 50 mg tablet
atenolol 100 mg tablet
atenolol-chlorthalidone 50-25 tablet
atenolol-chlorthalidone 100-25 tablet
benazepril hcl 5 mg tablet
benazepril hcl 10 mg tablet
benazepril hcl 20 mg tablet
benazepril hcl 40 mg tablet
benazepril-hydrochlorothiazide 5-6.25 mg tablet
benazepril-hydrochlorothiazide 10-12.5 mg tablet
benazepril-hydrochlorothiazide 20-12.5 mg tablet
benazepril-hydrochlorothiazide 20-25 mg tablet
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tablet
bisoprolol-hydrochlorothiazide 5-6.25 mg tablet
bisoprolol-hydrochlorothiazide 10-6.25 mg tablet
captopril 12.5 mg tablet
captopril 25 mg tablet
captopril 50 mg tablet
captopril 100 mg tablet
captopril-hydrochlorothiazide 25-15 mg tablet
captopril-hydrochlorothiazide 25-25 mg tablet
captopril-hydrochlorothiazide 50-15 mg tablet
captopril-hydrochlorothiazide 50-25 mg tablet
chlorthalidone 25 mg tablet
chlorthalidone 50 mg tablet
enalapril maleate 2.5 mg tablet
enalapril maleate 5 mg tablet
enalapril maleate 10 mg tablet
enalapril maleate 20 mg tablet
enalapril-hydrochlorothiazide 5-12.5 mg tablet
enalapril-hydrochlorothiazide 10-25 mg tablet
hydrochlorothiazide 12.5 mg capsule
hydrochlorothiazide 12.5 mg tablet
hydrochlorothiazide 25 mg tablet
hydrochlorothiazide 50 mg tablet
lisinopril 2.5 mg tablet
lisinopril 5 mg tablet
lisinopril 10 mg tablet
lisinopril 20 mg tablet
lisinopril 30 mg tablet

Drug Name

lisinopril 40 mg tablet
lisinopril-hydrochlorothiazide 10-12.5 mg tablet
lisinopril-hydrochlorothiazide 20-12.5 mg tablet
lisinopril-hydrochlorothiazide 20-25 mg tablet
metoprolol 50 mg tablet
metoprolol 100 mg tablet
metoprolol tartrate 25 mg tablet
metoprolol tartrate 50 mg tablet
metoprolol tartrate 100 mg tablet

Cholesterol

lovastatin 10 mg tablet
lovastatin 20 mg tablet
lovastatin 40 mg tablet
pravastatin sodium 10 mg tablet
pravastatin sodium 20 mg tablet
pravastatin sodium 40 mg tablet
pravastatin sodium 80 mg tablet
simvastatin 5 mg tablet
simvastatin 10 mg tablet
simvastatin 20 mg tablet
simvastatin 40 mg tablet
simvastatin 80 mg tablet

Depression

budeprion sr 100 mg tablet
budeprion sr 150 mg tablet
bupropion hcl 75 mg tablet
bupropion hcl 100 mg tablet
bupropion hcl sr 100 mg tablet
bupropion sr 150 mg tablet
bupropion hcl sr 200 mg tablet
citalopram hbr 10 mg tablet
citalopram hbr 20 mg tablet
citalopram hbr 40 mg tablet
fluoxetine hcl 10 mg capsule
fluoxetine hcl 10 mg tablet
fluoxetine hcl 20 mg capsule
fluoxetine hcl 20 mg tablet
fluoxetine hcl 40 mg capsule
mirtazapine 7.5 mg tablet
mirtazapine 15 mg orally disintegrating tablet
mirtazapine 15 mg tablet

mirtazapine 30 mg orally disintegrating tablet
mirtazapine 30 mg tablet
mirtazapine 45 mg orally disintegrating tablet
mirtazapine 45 mg tablet
paroxetine hcl 10 mg tablet
paroxetine hcl 20 mg tablet
paroxetine hcl 30 mg tablet
paroxetine hcl 40 mg tablet

Diabetes

glimepiride 1 mg tablet
glimepiride 2 mg tablet
glimepiride 4 mg tablet
glipizide 5 mg tablet
glipizide 10 mg tablet
glipizide er 2.5 mg tablet
glipizide er 5 mg tablet
glipizide er 10 mg tablet
glipizide-metformin 2.5-250 mg
glipizide-metformin 2.5-500 mg
glipizide-metformin 5-500 mg
metformin hcl 500 mg tablet
metformin hcl 850 mg tablet
metformin hcl 1,000 mg tablet
metformin hcl er 500 mg tablet

Osteoporosis

alendronate sodium 5 mg tablet
alendronate sodium 10 mg tablet
alendronate sodium 35 mg tablet
alendronate sodium 40 mg tablet
alendronate sodium 70 mg tablet

Smoking Cessation

buprobán 150 mg tablet
bupropion hcl sr 150 mg tablet

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italics (e.g. *enalapril*)

Brand name drugs are shown in capital letters (e.g. LEXAPRO)

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PAR - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service. The phone numbers are listed on the front and back covers of this booklet.

INJ - Injectable: The drug is available in injectable form.

MO - Mail Order: Prescription drugs available through Mail Order.

[+] **Preferred:** The symbol [+] in the Drug Name column denotes preferred products.

Part D Eligible

Drug Name	Drug Tier	Requirements/Limits
Adjunctive Agents		
<i>amifostine</i>	1	PAR MO
<i>calcium folinate</i>	1	
<i>dexrazoxane inj 250mg</i>	1	B/D PAR
<i>dexrazoxane inj 500mg</i>	1	B/D PAR MO
ELITEK	2	
FUSILEV	2	B/D PAR MO
<i>leucovorin calcium inj 100mg, 10mg/ml, 200mg, 350mg, 50mg</i>	1	MO
<i>leucovorin calcium inj 500mg</i>	1	
<i>leucovorin calcium tabs</i>	1	MO
<i>mesna</i>	1	MO
MESNEX INJ	2	
MESNEX TABS	3	MO
XGEVA	2	PAR QLL(1.7 per 28 days) MO
Adrenal Hormones		
<i>a-hydrocort</i>	1	MO
<i>a-methapred</i>	1	MO
ACTHAR HP	2	PAR MO
CELESTONE	3	MO
<i>cortisone acetate</i>	1	MO
<i>dexamethasone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone sodium phosphate</i>	1	MO
DEXPAK 10 DAY	3	MO
DEXPAK 13 DAY	3	MO
DEXPAK 6 DAY	3	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tabs</i>	1	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone</i>	1	MO
<i>sodiumsuccinate inj 1000mg, 125mg, 1gm, 40mg</i>		
<i>methylprednisolone</i>	1	
<i>sodiumsuccinate inj 500mg</i>		
<i>millipred dp</i>	1	MO
<i>millipred tabs</i>	1	MO
ORAPRED	3	MO
ORAPRED ODT	3	MO
<i>prednisolone</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO
<i>oral soln 15mg/5ml, 5mg/5ml</i>		
<i>prednisone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone intensol</i>	1	MO
<i>veripred 20</i>	1	MO
Antiarrhythmic Agents		
<i>amiodarone hcl inj</i>	1	B/D PAR MO
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl inj 20mg/ml</i>	1	MO
<i>mexiletine hcl</i>	1	MO
<i>pacerone</i>	1	MO
<i>procainamide hcl inj 100mg/ml</i>	1	MO
<i>procainamide hcl inj 500mg/ml</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af)</i>	1	MO
TIKOSYN	2	MO
Antibiotics		
<i>ak-poly-bac</i>	1	MO
AZASITE	3	MO
<i>bacitracin</i>	1	MO
<i>bacitracin/polymyxin b</i>	1	MO
BESIVANCE	3	MO
CILOXAN	3	MO
<i>ciprofloxacin hcl</i>	1	MO
<i>erythromycin</i>	1	MO
<i>gentak</i>	1	MO
<i>gentamicin sulfate</i>	1	MO
<i>levofloxacin ophthalmic soln</i>	1	MO
MOXEZA [+]	2	MO
NATACYN	2	MO
<i>neo-polycin</i>	1	MO
<i>neomycin/bacitracin/polymyxin</i>	1	MO
<i>neomycin/polymyxin/bacitracin</i>	1	MO
<i>zinc</i>		
<i>neomycin/polymyxin/gramicidin</i>	1	MO
NEOSPORIN	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>tobramycin sulfate ophthalmic soln</i>	1	MO
TOBREX OINT	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
VIGAMOX [+]	2	MO
Anticholinergics & Antispasmodics		
ENABLEX	3	QLL(30 per 30 days) ST MO
<i>flavoxate hcl</i>	1	MO
GELNIQUE GEL 10% [+]	2	QLL(30 per 30 days) ST MO
GELNIQUE GEL 3% [+]	2	QLL(100 per 30 days) ST MO
MYRBETRIQ	3	QLL(30 per 30 days) ST MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QLL(60 per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	1	QLL(30 per 30 days) MO
<i>oxybutynin chloride syrp</i>	1	QLL(600 per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QLL(120 per 30 days) MO
OXYTROL	3	QLL(8 per 28 days) ST MO
<i>tolterodine tartrate tabs 1mg</i>	1	QLL(30 per 30 days) MO
<i>tolterodine tartrate tabs 2mg</i>	1	QLL(60 per 30 days) MO
TOVIAZ [+]	2	QLL(30 per 30 days) MO
<i>trospium chloride</i>	1	QLL(60 per 30 days) MO
<i>trospium chloride er</i>	1	QLL(30 per 30 days) ST MO
VESICARE	3	QLL(30 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
BANZEL SUSP	2	QLL(2400 per 30 days) MO
BANZEL TABS 200MG	2	QLL(480 per 30 days) MO
BANZEL TABS 400MG	2	QLL(240 per 30 days) MO
<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	1	MO
CELONTIN	3	MO
<i>clonazepam odt tbdp 0.125mg</i>	1	QLL(4800 per 30 days) MO
<i>clonazepam odt tbdp 0.25mg</i>	1	QLL(2400 per 30 days) MO
<i>clonazepam odt tbdp 0.5mg</i>	1	QLL(1200 per 30 days) MO
<i>clonazepam odt tbdp 1mg</i>	1	QLL(600 per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	1	QLL(300 per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	1	QLL(1200 per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QLL(600 per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QLL(300 per 30 days) MO
DEPACON	2	MO
DEPAKENE CAPS	3	MO
<i>diazepam gel</i>	1	QLL(2 per 1 days) MO
DILANTIN CAPS 100MG	3	MO
DILANTIN CAPS 30MG	2	MO
DILANTIN INFATABS	2	MO
DILANTIN SUSP	3	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>epitol</i>	1	MO
EQUETRO CP12 100MG	3	QLL(480 per 30 days) MO
EQUETRO CP12 200MG	3	QLL(240 per 30 days) MO
EQUETRO CP12 300MG	3	QLL(180 per 30 days) MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium</i>	1	MO
<i>gabapentin caps 100mg</i>	1	QLL(1080 per 30 days) MO
<i>gabapentin caps 300mg</i>	1	QLL(360 per 30 days) MO
<i>gabapentin caps 400mg</i>	1	QLL(270 per 30 days) MO
<i>gabapentin oral soln</i>	1	QLL(2160 per 30 days) MO
<i>gabapentin tabs 600mg</i>	1	QLL(180 per 30 days) MO
<i>gabapentin tabs 800mg</i>	1	QLL(135 per 30 days) MO
GABITRIL	3	MO
KLONOPIN TABS 0.5MG	3	QLL(1200 per 30 days) MO
KLONOPIN TABS 1MG	3	QLL(600 per 30 days) MO
KLONOPIN TABS 2MG	3	QLL(300 per 30 days) MO
LAMICTAL ODT TBDP	3	MO
LAMICTAL STARTER/ NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/ TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	MO
LAMICTAL STARTER/ TAKING VALPROATE	3	MO
LAMICTAL XR	3	MO
<i>lamotrigine</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>levetiracetam er tb24 500mg</i>	1	QLL(180 per 30 days) MO
<i>levetiracetam er tb24 750mg</i>	1	QLL(120 per 30 days) MO
<i>levetiracetam inj 500mg/5ml</i>	1	MO
<i>levetiracetam oral soln</i>	1	MO
<i>levetiracetam tabs</i>	1	MO
LYRICA CAPS 100MG	2	PAR QLL(180 per 30 days) MO
LYRICA CAPS 150MG	2	PAR QLL(120 per 30 days) MO
LYRICA CAPS 200MG	2	PAR QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225MG, 300MG	2	PAR QLL(60 per 30 days) MO
LYRICA CAPS 25MG	2	PAR QLL(720 per 30 days) MO
LYRICA CAPS 50MG	2	PAR QLL(360 per 30 days) MO
LYRICA CAPS 75MG	2	PAR QLL(240 per 30 days) MO
LYRICA ORAL SOLN	2	PAR QLL(900 per 30 days) MO
ONFI TABS 10MG	3	QLL(120 per 30 days) MO
ONFI TABS 20MG	3	QLL(60 per 30 days) MO
ONFI TABS 5MG	3	QLL(240 per 30 days) MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR TB24 150MG	3	QLL(480 per 30 days) MO
OXTELLAR XR TB24 300MG	3	QLL(240 per 30 days) MO
OXTELLAR XR TB24 600MG	3	QLL(120 per 30 days) MO
PEGANONE	3	MO
<i>phenobarbital elix</i>	1	QLL(3000 per 30 days) MO
<i>phenobarbital sodium</i>	1	
<i>phenobarbital tabs 100mg</i>	1	QLL(120 per 30 days) MO
<i>phenobarbital tabs 15mg</i>	1	QLL(800 per 30 days) MO
<i>phenobarbital tabs 16.2mg</i>	1	QLL(741 per 30 days) MO
<i>phenobarbital tabs 30mg</i>	1	QLL(400 per 30 days) MO
<i>phenobarbital tabs 32.4mg</i>	1	QLL(370 per 30 days) MO
<i>phenobarbital tabs 60mg</i>	1	QLL(200 per 30 days) MO
<i>phenobarbital tabs 64.8mg</i>	1	QLL(185 per 30 days) MO
<i>phenobarbital tabs 97.2mg</i>	1	QLL(123 per 30 days) MO
<i>phenytoin</i>	1	MO
<i>phenytoin infatabs</i>	1	MO
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
POTIGA TABS 200MG, 300MG, 400MG	2	QLL(90 per 30 days) MO
POTIGA TABS 50MG	2	QLL(270 per 30 days) MO
<i>primidone</i>	1	MO
SABRIL	2	LA QLL(180 per 30 days) MO
STAVZOR	3	MO
TEGRETOL-XR	3	MO
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate cpsp</i>	1	PAR MO
<i>topiramate tabs 100mg</i>	1	PAR QLL(480 per 30 days) MO
<i>topiramate tabs 200mg</i>	1	PAR QLL(240 per 30 days) MO
<i>topiramate tabs 25mg</i>	1	PAR QLL(1920 per 30 days) MO
<i>topiramate tabs 50mg</i>	1	PAR QLL(960 per 30 days) MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
VIMPAT INJ	2	QLL(1200 per 30 days)
VIMPAT ORAL SOLN	2	QLL(1200 per 30 days) MO
VIMPAT TABS 100MG	2	QLL(120 per 30 days) MO
VIMPAT TABS 150MG	2	QLL(80 per 30 days) MO
VIMPAT TABS 200MG	2	QLL(60 per 30 days) MO
VIMPAT TABS 50MG	2	QLL(240 per 30 days) MO
<i>zonisamide</i>	1	MO
Antidiarrheals & Antispasmodics		
<i>atropine sulfate inj 0.05mg/ml, 0.1mg/ml, 0.8mg/ml</i>	1	
<i>atropine sulfate inj 0.4mg/ml, 1mg/ml</i>	1	MO
CANTIL	3	MO
<i>dicyclomine hcl</i>	1	MO
<i>glycopyrrolate</i>	1	MO
<i>loperamide hcl caps</i>	1	MO
<i>methscopolamine bromide</i>	1	MO
MOTOFEN	3	MO
<i>opium</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>opium tincture</i>	1	MO
PAMINE	3	MO
PAMINE FORTE	3	MO
<i>paregoric</i>	1	MO
<i>propantheline bromide</i>	1	MO
Antidotes		
<i>acetylcysteine inj</i>	1	
Antifungal Agents		
ABELCET	2	B/D PAR MO
AMBISOME	2	B/D PAR MO
<i>amphotericin b</i>	1	B/D PAR MO
CANCIDAS	2	B/D PAR MO
<i>clotrimazole troc</i>	1	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	PAR MO
<i>ketoconazole tabs</i>	1	MO
LAMISIL PACK	3	MO
MYCAMINE	2	MO
NOXAFIL	2	MO
<i>nystatin</i>	1	MO
<i>terbinafine hcl tabs</i>	1	MO
VFEND SUSR	2	PAR MO
<i>voriconazole inj</i>	1	MO
<i>voriconazole tabs</i>	1	PAR MO
Antihistamine & Antiallergenic Agents		
ADRENACLICK	2	QLL(2 per 1 days) MO
<i>cetirizine hcl syrp</i>	1	QLL(300 per 30 days) MO
<i>cyproheptadine hcl tabs</i>	1	MO
<i>desloratadine</i>	1	QLL(30 per 30 days) MO
<i>diphenhydramine hcl inj</i>	1	MO
<i>epinephrine</i>	1	QLL(2 per 1 days) MO
<i>epinephrine hcl</i>	1	MO
EPIPEN 2-PAK	2	QLL(2 per 1 days) MO
EPIPEN-JR 2-PAK	2	QLL(2 per 1 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine dihydrochloride tabs</i>	1	QLL(30 per 30 days) MO
Antihypertensive Therapy		
<i>acebutolol hcl</i>	1	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amlodipine besylate tabs 10mg, 2.5mg</i>	1	QLL(30 per 30 days) MO
<i>amlodipine besylate tabs 5mg</i>	1	QLL(45 per 30 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO
ATACAND HCT TABS 16MG; 12.5MG	3	QLL(60 per 30 days) MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	3	QLL(30 per 30 days) MO
ATACAND TABS 16MG, 4MG, 8MG	3	QLL(60 per 30 days) MO
ATACAND TABS 32MG	3	QLL(30 per 30 days) MO
<i>atenolol</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
AZOR	3	QLL(30 per 30 days) MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>betaxolol hcl</i>	1	MO
BIDIL [+]	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BYSTOLIC [+]	2	MO
CALAN	3	MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QLL(60 per 30 days) MO
<i>candesartan cilexetil tabs 32mg</i>	1	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QLL(60 per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QLL(30 per 30 days) MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
CARDIZEM LA TB24 120MG	3	MO
CARDURA XL	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorthiazide</i>	1	MO
<i>chlorthiazide sodium</i>	1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>clonidine hcl ptwk</i>	1	QLL(4 per 28 days) MO
<i>clonidine hcl tabs</i>	1	MO
<i>clorpres tabs 15mg; 0.1mg, 15mg; 0.2mg</i>	1	MO
CLORPRES TABS 15MG; 0.3MG	3	MO
COREG CR	3	ST MO
DEMSER	3	MO
DIBENZYLINE	3	MO
<i>dilt-cd</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem cd</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl cp24</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl inj</i>	1	
<i>diltiazem hcl tabs</i>	1	MO
<i>diltzac</i>	1	MO
DIOVAN TABS 160MG	2	QLL(60 per 30 days) MO
DIOVAN TABS 320MG	2	QLL(30 per 30 days) MO
DIOVAN TABS 40MG, 80MG	2	QLL(90 per 30 days) MO
<i>doxazosin mesylate</i>	1	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
<i>enalapril maleate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>epplerenone</i>	1	MO
<i>eprosartan mesylate</i>	1	QLL(30 per 30 days) MO
EXFORGE	3	QLL(30 per 30 days) MO
EXFORGE HCT	3	QLL(30 per 30 days) MO
<i>felodipine er</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>furosemide</i>	1	MO
<i>hydralazine hcl</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
INNOPRAN XL	3	MO
<i>irbesartan</i>	1	QLL(30 per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
<i>isradipine</i>	1	MO
<i>labetalol hcl</i>	1	MO
LEVATOL	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOPRESSOR HCT	3	MO
LOPRESSOR INJ	2	MO
<i>losartan potassium tabs 100mg</i>	1	QLL(30 per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QLL(60 per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
<i>matzim la</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>methyclothiazide</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG [+]	2	QLL(30 per 30 days) MO
MICARDIS HCT TABS 12.5MG; 80MG [+]	2	QLL(60 per 30 days) MO
MICARDIS TABS 20MG, 40MG [+]	2	QLL(30 per 30 days) MO
MICARDIS TABS 80MG [+]	2	QLL(60 per 30 days) MO
MINIPRESS	3	MO
<i>minoxidil tabs</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol/bendroflumethiazide</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nicardipine hcl inj</i>	1	
<i>nifediac cc</i>	1	MO
<i>nifedical xl</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>prazosin hcl</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln</i>	1	MO
<i>propranolol hcl tabs</i>	1	MO
<i>propranolol/ hydrochlorothiazide</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	2	LA PAR MO
<i>reserpine tabs 0.1mg</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone/ hydrochlorothiazide</i>	1	MO
TARKA	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	3	QLL(30 per 30 days) MO
TEKTURNA HCT	3	QLL(30 per 30 days) MO
<i>terazosin hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
TEVETEN HCT	3	QLL(30 per 30 days) MO
TEVETEN TABS 400MG	3	QLL(60 per 30 days) MO
<i>timolol maleate</i>	1	MO
<i>torseamide inj 20mg/2ml</i>	1	
TORSEMIDE INJ 50MG/ 5ML	1	
<i>torseamide tabs</i>	1	MO
<i>trandolapril</i>	1	MO
<i>triamterene/ hydrochlorothiazide</i>	1	MO
TWYNSTA [+]	2	QLL(30 per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QLL(30 per 30 days) MO
<i>verapamil hcl er</i>	1	MO
<i>verapamil hcl inj</i>	1	
<i>verapamil hcl sr</i>	1	MO
<i>verapamil hcl tabs</i>	1	MO
Antineoplastic & Immunosuppressant Drugs		
ABRAXANE	2	B/D PAR MO
ADCETRIS	2	PAR MO
<i>adriamycin inj 10mg, 20mg, 50mg</i>	2	B/D PAR MO
<i>adriamycin inj 2mg/ml</i>	1	B/D PAR MO
<i>adrucil</i>	1	B/D PAR MO
AFINITOR	2	PAR MO
AFINITOR DISPERZ	2	PAR MO
ALIMTA	2	PAR MO
ALKERAN INJ	2	B/D PAR
ALKERAN TABS	3	B/D PAR MO
<i>anastrozole</i>	1	MO
ARRANON	2	B/D PAR
ARZERRA	2	B/D PAR MO
AVASTIN	2	PAR MO
AZASAN	3	B/D PAR MO
<i>azathioprine</i>	1	B/D PAR MO
<i>azathioprine sodium</i>	1	B/D PAR MO
<i>bicalutamide</i>	1	MO
BICNU	2	B/D PAR MO
<i>bleomycin sulfate</i>	1	B/D PAR MO
BOSULIF	2	PAR MO
BUSULFEX	2	B/D PAR
CAPRELSA	2	LA PAR MO
<i>carboplatin</i>	1	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
CEENU	3	MO
CELLCEPT CAPS	3	B/D PAR MO
CELLCEPT INTRAVENOUS	2	B/D PAR
CELLCEPT SUSR	2	B/D PAR MO
CELLCEPT TABS	2	B/D PAR MO
<i>cerubidine</i>	1	B/D PAR MO
<i>cisplatin</i>	1	B/D PAR MO
<i>cladribine</i>	1	B/D PAR MO
CLOLAR	2	B/D PAR MO
COMETRIQ	2	PAR MO
COSMEGEN	2	B/D PAR MO
<i>cyclophosphamide tabs</i>	1	B/D PAR MO
<i>cyclosporine caps</i>	1	B/D PAR MO
<i>cyclosporine inj</i>	1	B/D PAR
<i>cyclosporine modified caps 100mg, 50mg</i>	1	B/D PAR MO
<i>cyclosporine modified caps 25mg</i>	1	MO
<i>cyclosporine modified oral soln</i>	1	B/D PAR MO
<i>cytarabine</i>	1	B/D PAR MO
<i>cytarabine aqueous</i>	1	B/D PAR MO
<i>dacarbazine inj 100mg</i>	1	B/D PAR
<i>dacarbazine inj 200mg</i>	1	B/D PAR MO
DACOGEN	2	B/D PAR MO
<i>daunorubicin hcl inj 20mg</i>	1	B/D PAR MO
<i>daunorubicin hcl inj 5mg/ml</i>	1	B/D PAR
DOCEFREZ	2	B/D PAR
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/2ml, 80mg/2ml, 80mg/ 8ml</i>	1	B/D PAR
<i>docetaxel inj 20mg/ml, 80mg/1 4ml</i>		B/D PAR MO
DOXIL	2	B/D PAR MO
<i>doxorubicin hcl</i>	1	B/D PAR MO
DROXIA	3	MO
ELIGARD	2	PAR MO
ELLENC	2	B/D PAR MO
ELOXATIN INJ 100MG/ 20ML, 50MG/10ML	2	B/D PAR MO
ELOXATIN INJ 200MG/ 40ML	2	B/D PAR
ELSPAR	2	B/D PAR MO
EMCYT	2	MO
<i>epirubicin hcl</i>	1	B/D PAR

Drug Name	Drug Tier	Requirements/ Limits
ERBITUX INJ 100MG/ 50ML	2	PAR MO
ERBITUX INJ 200MG/ 100ML	2	PAR
ERIVEDGE	2	PAR MO
ETOPOPHOS	2	B/D PAR MO
<i>etoposide inj</i>	1	B/D PAR MO
<i>exemestane</i>	1	MO
FARESTON	3	MO
FASLODEX	2	PAR MO
FIRMAGON	2	B/D PAR MO
<i>fludarabine phosphate inj 50mg</i>	1	B/D PAR MO
<i>fludarabine phosphate inj 50mg/2ml</i>	1	B/D PAR
<i>fluorouracil inj</i>	1	B/D PAR MO
<i>flutamide</i>	1	MO
FOLOTYN	2	B/D PAR MO
<i>gemcitabine</i>	1	B/D PAR
<i>gemcitabine hcl inj 1gm, 200mg</i>	1	B/D PAR MO
<i>gemcitabine hcl inj 2gm</i>	1	B/D PAR
<i>gengraf</i>	1	B/D PAR MO
GLEEVEC	2	PAR MO
HALAVEN	2	PAR MO
<i>hecoria</i>	1	B/D PAR MO
HERCEPTIN	2	PAR MO
HEXALEN	2	MO
<i>hydroxyurea</i>	1	MO
ICLUSIG	2	PAR MO
IDAMYCIN PFS	2	B/D PAR
<i>idarubicin hcl</i>	1	B/D PAR
IFEX	2	B/D PAR MO
<i>ifosfamide inj 1gm</i>	1	B/D PAR MO
<i>ifosfamide inj 1gm/20ml, 3gm, 3gm/60ml</i>	1	B/D PAR
INLYTA	2	PAR MO
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	1	B/D PAR MO
<i>irinotecan inj 500mg/25ml</i>	1	B/D PAR
ISTODAX	2	PAR MO
IXEMPRA KIT	2	B/D PAR MO
JAKAFI	2	PAR MO
JEVTANA	2	B/D PAR MO
KADCYLA	2	PAR MO
KYPROLIS	2	PAR MO

Drug Name	Drug Tier	Requirements/ Limits
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide acetate</i>	1	PAR MO
LUPRON DEPOT INJ 11.25MG, 22.5MG, 3.75MG, 7.5MG	2	PAR MO
LUPRON DEPOT INJ 30MG, 45MG	3	PAR MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG, 30MG	3	PAR MO
LUPRON DEPOT-PED INJ 11.25MG, 7.5MG	2	PAR MO
LYSODREN	2	MO
MATULANE	2	MO
MEGACE ORAL	3	PAR MO
<i>megestrol acetate</i>	1	PAR MO
MEKINIST	2	PAR MO
<i>melphalan hydrochloride</i>	1	B/D PAR
<i>mercaptopurine</i>	1	MO
<i>methotrexate</i>	1	MO
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 25mg/1 ml</i>	1	MO
<i>mitomycin</i>	1	B/D PAR MO
<i>mitoxantrone hcl</i>	1	MO
MUSTARGEN	2	B/D PAR MO
<i>mycophenolate mofetil</i>	1	B/D PAR MO
MYFORTIC	3	B/D PAR MO
NEXAVAR	2	LA PAR MO
NILANDRON	3	MO
NIPENT	2	B/D PAR MO
NULOJIX	2	B/D PAR MO
<i>octreotide acetate</i>	1	PAR MO
ONTAK	2	B/D PAR
<i>oxaliplatin inj 100mg, 50mg</i>	1	B/D PAR
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	1	B/D PAR MO
<i>paclitaxel</i>	1	B/D PAR MO
<i>pentostatin</i>	1	B/D PAR MO
PERJETA	2	PAR MO
POMALYST	2	PAR MO
PROGRAF INJ	2	B/D PAR MO
RAPAMUNE	2	B/D PAR MO
REVLIMID CAPS 10MG	2	LA PAR QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID CAPS 15MG, 20MG, 25MG	2	LA PAR QLL(30 per 30 days) MO
REVLIMID CAPS 2.5MG	2	LA PAR MO
REVLIMID CAPS 5MG	2	LA PAR QLL(150 per 30 days) MO
RHEUMATREX	3	MO
RITUXAN	2	PAR MO
SANDOSTATIN LAR DEPOT	2	PAR MO
SIMULECT INJ 10MG	2	B/D PAR
SIMULECT INJ 20MG	2	B/D PAR MO
SOLTAMOX	3	
SPRYCEL	2	PAR MO
STIVARGA	2	PAR MO
SUTENT	2	PAR MO
SYNRIBO	2	MO
TABLOID	2	MO
<i>tacrolimus</i>	1	B/D PAR MO
TAFINLAR	2	PAR MO
<i>tamoxifen citrate</i>	1	MO
TARCEVA	2	PAR MO
TARGRETIN CAPS	2	PAR MO
TARGRETIN GEL	2	MO
TASIGNA	2	PAR MO
TAXOTERE	2	B/D PAR MO
THALOMID	2	PAR MO
<i>thiotepa</i>	1	B/D PAR MO
<i>toposar</i>	1	B/D PAR MO
<i>topotecan hcl inj 4mg</i>	1	B/D PAR MO
<i>topotecan hcl inj 4mg/4ml</i>	1	B/D PAR
TORISEL	2	B/D PAR MO
TREANDA INJ 100MG	2	B/D PAR MO
TREANDA INJ 25MG	2	B/D PAR
<i>tretinoin caps</i>	1	MO
TREXALL	3	MO
TRISENOX	2	B/D PAR MO
TYKERB	2	LA PAR MO
VECTIBIX	2	PAR MO
VELCADE	2	PAR MO
VIDAZA	2	PAR MO
<i>vinblastine sulfate inj 10mg</i>	1	B/D PAR
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D PAR MO
<i>vincasar pfs</i>	1	B/D PAR MO
<i>vincristine sulfate</i>	1	B/D PAR MO
<i>vinorelbine tartrate</i>	1	B/D PAR MO
VOTRIENT	2	PAR MO

Drug Name	Drug Tier	Requirements/Limits
XALKORI	2	PAR MO
XTANDI	2	PAR MO
YERVOY	2	PAR MO
ZALTRAP	2	PAR MO
ZANOSAR	2	B/D PAR MO
ZELBORAF	2	PAR MO
ZOLINZA	2	PAR MO
ZORTRESS	2	B/D PAR MO
ZYTIGA	2	PAR MO

Antiparkinsonism Agents

APOKYN	2	LA PAR MO
AZILECT [+]	2	MO
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tabs</i>	1	MO
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa sr</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
COGENTIN	2	MO
<i>entacapone</i>	1	MO
LODOSYN	3	ST MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>ropinirole er</i>	1	MO
<i>ropinirole hcl</i>	1	MO
<i>selegiline hcl</i>	1	MO
TASMAR	2	MO
ZELAPAR	3	MO

Antipsoriatic / Antiseborrheic

<i>acitretin</i>	1	
<i>calcipotriene crea</i>	1	QLL(120 per 30 days) MO
<i>calcipotriene external soln</i>	1	QLL(60 per 30 days) MO
<i>calcipotriene oint</i>	1	QLL(120 per 30 days) MO
<i>calcitrene</i>	1	QLL(120 per 30 days) MO
<i>calcitriol oint</i>	1	QLL(800 per 28 days) MO
<i>dritho-creme hp</i>	1	MO
<i>selenium sulfide</i>	1	MO
SORIATANE	2	MO

Drug Name	Drug Tier	Requirements/Limits
STELARA	3	PAR QLL(1 per 28 days) MO
TACLONEX OINT	3	MO

Antithyroid Agents

<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO

Antivirals

<i>abacavir</i>	1	MO
<i>acyclovir caps</i>	1	MO
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	1	B/D PAR
<i>acyclovir sodium inj 500mg</i>	1	B/D PAR MO
<i>acyclovir susp</i>	1	MO
<i>acyclovir tabs</i>	1	MO
<i>amantadine hcl caps</i>	1	MO
<i>amantadine hcl tabs</i>	1	MO
APTIVUS CAPS	2	MO
APTIVUS ORAL SOLN	2	
ATRIPLA	2	MO
BARACLUDE	2	PAR MO
<i>cidofovir</i>	1	B/D PAR
COMBIVIR	3	MO
COMPLERA	2	MO
CRIXIVAN	2	MO
<i>didanosine</i>	1	MO
EDURANT	2	MO
EMTRIVA	2	MO
EPIVIR HBV	2	MO
EPIVIR ORAL SOLN	2	MO
EPIVIR TABS	3	MO
EPZICOM	2	MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QLL(60 per 30 days) MO
<i>famciclovir tabs 500mg</i>	1	QLL(21 per 7 days) MO
<i>foscarnet sodium</i>	1	B/D PAR MO
FUZEON	2	QLL(60 per 30 days) MO
<i>ganciclovir</i>	1	MO
HEPSERA	2	MO
INCIVEK	2	PAR MO
INTELENCE TABS 100MG, 200MG	2	MO
INTELENCE TABS 25MG	2	
INVIRASE	2	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100MG	2	MO
ISENTRESS CHEW 25MG2		
ISENTRESS TABS	2	MO
KALETRA ORAL SOLN	3	MO
KALETRA TABS	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEXIVA	2	MO
<i>nevirapine</i>	1	MO
NORVIR	2	MO
PREZISTA SUSP	2	MO
PREZISTA TABS 150MG, 75MG	3	MO
PREZISTA TABS 400MG, 600MG, 800MG	2	MO
REBETOL	2	MO
RELENZA DISKHALER	2	QLL(60 per 180 days) MO
RESCRIPTOR	2	MO
RETROVIR IV INFUSION2	2	MO
RETROVIR SYRP	3	MO
REYATAZ CAPS 100MG	3	MO
REYATAZ CAPS 150MG, 200MG, 300MG	2	MO
<i>ribapak</i>	1	MO
<i>ribasphere caps</i>	1	MO
<i>ribasphere tabs 200mg, 600mg</i>	1	MO
<i>ribasphere tabs 400mg</i>	1	MO
RIBATAB	2	
<i>ribavirin</i>	1	MO
<i>rimantadine hcl</i>	1	MO
SELZENTRY	2	MO
<i>stavudine</i>	1	MO
STRIBILD	2	MO
SUSTIVA	2	MO
TAMIFLU CAPS 30MG	2	QLL(84 per 1 days) MO
TAMIFLU CAPS 45MG	2	QLL(42 per 1 days) MO
TAMIFLU CAPS 75MG	2	QLL(56 per 365 days) MO
TAMIFLU SUSR	2	QLL(360 per 180 days) MO
<i>trifluridine</i>	1	MO
TRIZIVIR	2	MO

Drug Name	Drug Tier	Requirements/Limits
TRUVADA	2	MO
TYZEKA	2	PAR MO
<i>valacyclovir hcl</i>	1	QLL(30 per 1 days) MO
VALCYTE	2	MO
VICTRELIS	2	PAR MO
VIDEX EC	3	MO
VIDEX PEDIATRIC	2	MO
VIRACEPT	2	MO
VIRAMUNE SUSP	2	MO
VIRAMUNE XR TB24 100MG	2	
VIRAMUNE XR TB24 400MG	2	MO
VIRAZOLE	2	PAR MO
VIREAD	2	MO
VISTIDE	2	B/D PAR MO
ZERIT CAPS	3	MO
ZIAGEN ORAL SOLN	2	MO
<i>zidovudine</i>	1	MO
ZIRGAN [+]	2	MO
Benign Prostatic Hyperplasia (Bph) Therapy		
<i>alfuzosin hcl er</i>	1	MO
AVODART [+]	2	MO
<i>finasteride tabs 5mg</i>	1	MO
JALYN [+]	2	MO
RAPAFLO	3	MO
<i>tamsulosin hcl</i>	1	MO
Beta-Blockers		
BETAGAN	3	MO
<i>betaxolol hcl</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>carteolol hcl</i>	1	MO
ISTALOL	3	MO
<i>levobunolol hcl</i>	1	MO
<i>metipranolol</i>	1	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel1 forming</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO

Drug Name	Drug Tier	Requirements/Limits
Biotechnology Drugs		
ACTIMMUNE	2	PAR MO
ARANESP ALBUMIN FREE [+]	2	PAR MO
ARCALYST	2	PAR MO
AVONEX [+]	2	PAR MO
AVONEX PEN [+]	2	PAR MO
BETASERON	2	PAR MO
EPOGEN	2	PAR MO
EXTAVIA	2	PAR MO
GENOTROPIN	2	PAR MO
GENOTROPIN MINIQUICK	2	PAR MO
HUMATROPE	3	PAR MO
HUMATROPE COMBO PACK	3	PAR MO
ILARIS	2	LA PAR MO
INFERGEN	2	MO
INTRON-A	2	PAR MO
INTRON-A W/DILUENT	2	PAR MO
LEUKINE	2	PAR MO
NEULASTA	2	PAR QLL(2 per 28 days) MO
NEUMEGA	2	PAR QLL(21 per 21 days) MO
NEUPOGEN	2	PAR MO
NORDITROPIN FLEXPRO	3	PAR MO
NORDITROPIN NORDIFLEX PEN	3	PAR MO
NUTROPIN	3	PAR MO
NUTROPIN AQ	3	PAR MO
NUTROPIN AQ NUSPIN 10	3	PAR MO
NUTROPIN AQ NUSPIN 20	3	PAR MO
NUTROPIN AQ NUSPIN 5	3	PAR MO
NUTROPIN AQ PEN	3	PAR MO
OMNITROPE	3	PAR MO
PEG-INTRON	3	PAR MO
PEG-INTRON REDIPEN	3	PAR MO
PEG-INTRON REDIPEN PAK 4	3	PAR MO
PEGASYS [+]	2	PAR MO
PEGASYS PROCLICK [+]	2	PAR MO
PROCRIT [+]	2	PAR MO

Drug Name	Drug Tier	Requirements/Limits
PROLEUKIN	2	MO
REBIF [+]	2	PAR MO
REBIF REBIDOSE [+]	2	PAR MO
REBIF REBIDOSE TITRATION PACK [+]	2	PAR MO
REBIF TITRATION PACK2 [+]	2	PAR MO
SAIZEN CLICK.EASY	3	PAR MO
SAIZEN INJ 5MG	3	PAR MO
SYLATRON	2	PAR MO
TEV-TROPIN [+]	2	PAR MO
ZORBTIVE	3	PAR MO
Blood Derivatives		
<i>albuminar-25</i>	1	MO
<i>albutein inj 25%</i>	1	MO
<i>albutein inj 5%</i>	1	
<i>buminate inj 25%</i>	1	MO
<i>buminate inj 5%</i>	1	
Burn Therapy		
<i>silver sulfadiazine ssd</i>	1	MO
<i>ssd</i>	1	MO
Cardiac Glycosides		
<i>digoxin oral soln</i>	1	MO
<i>digoxin tabs 0.125mg</i>	1	QLL(30 per 30 days) MO
<i>digoxin tabs 0.25mg</i>	1	MO
LANOXIN TABS 0.125MG2	2	QLL(30 per 30 days) MO
LANOXIN TABS 0.25MG	2	MO
Cephalosporins		
CEDAX CAPS	3	MO
<i>cefaclor</i>	1	MO
<i>cefaclor er</i>	1	MO
<i>cefadroxil</i>	1	MO
<i>cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	MO
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	1	MO
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefdinir</i>	1	MO
<i>cefditoren pivoxil tabs 200mg</i>	1	
<i>cefditoren pivoxil tabs 400mg</i>	1	MO
<i>cefepime inj 1gm</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime inj 1gm/50ml, 2gm, 2gm/100ml</i>	1	
<i>cefotaxime sodium inj 10gm, 2gm</i>	1	MO
<i>cefotaxime sodium inj 1gm, 500mg</i>	1	
<i>cefotetan</i>	1	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime inj 1gm, 6gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	MO
CEFTAZIDIME/ DEXTROSE	2	
CEFTIN SUSR	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	MO
<i>ceftriaxone sodium</i>	1	MO
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tabs</i>	1	MO
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	MO
<i>cefuroxime sodium inj 7.5gm</i>	1	
<i>cephalexin</i>	1	MO
CLAFORAN INJ 10GM, 1GM, 2GM	2	MO
CLAFORAN INJ 500MG	2	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	3	MO
SUPRAX SUSR 500MG/5ML	3	
SUPRAX TABS	3	MO
Cholinergic Stimulants		
<i>bethanechol chloride</i>	1	MO
Cholinesterase Inhibitor Miotics		
PHOSPHOLINE IODIDE	3	MO
Coagulation Therapy		
AGGRENOX [+]	2	QLL(60 per 30 days) MO
<i>aminocaproic acid syrp</i>	1	MO
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA INJ 2.5MG/0.5ML	2	MO
<i>cilostazol</i>	1	MO
<i>clopidogrel tabs 300mg</i>	1	MO
<i>clopidogrel tabs 75mg</i>	1	QLL(30 per 30 days) MO
COUMADIN	2	MO
CYKLOKAPRON	2	MO
EFFIENT	3	QLL(30 per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN	2	ST MO
<i>heparin lock flush inj 100unit/ml</i>	1	B/D PAR MO
<i>heparin lock inj 100unit/ml</i>	1	B/D PAR MO
<i>heparin sodium dcu</i>	1	B/D PAR MO
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	B/D PAR MO
<i>heparin sodium inj 2500unit/ml</i>	1	B/D PAR
<i>heparin sodium lock flush inj 100unit/ml</i>	1	B/D PAR MO
<i>heparin sodium/d5w</i>	1	B/D PAR
<i>heparin sodium/nacl 0.45%</i>	1	B/D PAR
<i>heparin sodium/nacl 0.9%</i>	1	B/D PAR
<i>heparin sodium/sodium chloride 0.9%</i>	1	B/D PAR
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	B/D PAR
<i>jantoven</i>	1	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 60MG/0.6ML, 80MG/0.8ML	3	MO
LOVENOX INJ 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML	2	MO
<i>pentoxifylline er</i>	1	MO
PRADAXA	3	PAR QLL(60 per 30 days) MO
PROMACTA	2	LA PAR MO
<i>tranexamic acid inj</i>	1	
<i>warfarin sodium</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 10MG, 20MG	3	PAR QLL(30 per 30 days) MO
XARELTO TABS 15MG	3	PAR QLL(42 per 30 days) MO
Cycloplegic Mydriatics		
<i>atropine sulfate oint</i>	1	MO
<i>atropine sulfate ophthalmic soln</i>	1	MO
<i>atropine-care</i>	1	MO
<i>cyclopentolate hcl ophthalmic soln 2%</i>	1	MO
<i>homatropaire</i>	1	MO
<i>homatropine hbr</i>	1	MO
<i>tropicamide</i>	1	MO
Diabetes Therapy		
<i>acarbose tabs 100mg</i>	1	QLL(90 per 30 days) MO
<i>acarbose tabs 25mg</i>	1	QLL(360 per 30 days) MO
<i>acarbose tabs 50mg</i>	1	QLL(180 per 30 days) MO
ACTOPLUS MET XR TB242 1000MG; 15MG		QLL(60 per 30 days) MO
ACTOPLUS MET XR TB242 1000MG; 30MG		QLL(45 per 30 days) MO
<i>alcohol preps pads</i>	1	MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO
BYDUREON [+]	2	PAR QLL(4 per 28 days) MO
BYETTA INJ 10MCG/0.04ML [+]	2	PAR QLL(2.4 per 30 days) MO
BYETTA INJ 5MCG/0.02ML [+]	2	PAR QLL(1.2 per 30 days) MO
CYCLOSET	3	QLL(180 per 30 days) MO
<i>gauze pads 2"x2"</i>	1	QLL(200 per 30 days) MO
<i>glimepiride tabs 1mg</i>	1	QLL(240 per 30 days) MO
<i>glimepiride tabs 2mg</i>	1	QLL(120 per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QLL(60 per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QLL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tb24 2.5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide er tb24 5mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QLL(60 per 30 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide xl tb24 5mg</i>	1	QLL(120 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QLL(240 per 30 days) MO
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QLL(120 per 30 days) MO
GLUCAGEN	2	MO
GLUCAGEN HYPOKIT [+]	2	MO
GLUCAGON	2	MO
EMERGENCY KIT		
GLUMETZA TB24 1000MG	3	QLL(60 per 30 days) MO
GLUMETZA TB24 500MG	3	QLL(120 per 30 days) MO
GLYSET TABS 100MG	3	QLL(90 per 30 days) MO
GLYSET TABS 25MG	3	QLL(360 per 30 days) MO
GLYSET TABS 50MG	3	QLL(180 per 30 days) MO
HUMALOG [+]	2	MO
HUMALOG KWIKPEN [+]	2	MO
HUMALOG MIX 50/50 [+]	2	MO
HUMALOG MIX 50/50	2	MO
KWIKPEN [+]		
HUMALOG MIX 75/25 [+]	2	MO
HUMALOG MIX 75/25	2	MO
KWIKPEN [+]		
HUMAPEN LUXURA HD	2	MO
HUMAPEN MEMOIR	2	MO
HUMULIN 70/30 [+]	2	MO
HUMULIN 70/30 PEN [+]	2	MO
HUMULIN N [+]	2	MO
HUMULIN N U-100 PEN	2	MO
[+]		

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R [+]	2	MO
HUMULIN R U-500 (CONCENTRATED) [+]	2	MO
INSULIN PEN NEEDLE	2	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	QLL(200 per 30 days) MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	QLL(200 per 30 days) MO
JANUMET [+]	2	QLL(60 per 30 days) MO
JANUMET XR TB24 1000MG; 100MG [+]	2	QLL(30 per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG [+]	2	QLL(60 per 30 days) MO
JANUVIA TABS 100MG [+]	2	QLL(30 per 30 days) MO
JANUVIA TABS 25MG [+]	2	QLL(120 per 30 days) MO
JANUVIA TABS 50MG [+]	2	QLL(60 per 30 days) MO
JUVISYNC [+]	2	QLL(30 per 30 days) MO
KAZANO [+]	2	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG [+]	2	QLL(60 per 30 days) MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG [+]	2	QLL(30 per 30 days) MO
LANTUS [+]	2	MO
LANTUS SOLOSTAR [+]	2	MO
LEVEMIR [+]	2	MO
LEVEMIR FLEXPEN [+]	2	MO
<i>metformin hcl er tb24 1000mg</i>	1	QLL(75 per 30 days) MO
<i>metformin hcl er tb24 500mg</i>	1	QLL(120 per 30 days) MO
<i>metformin hcl er tb24 500mg</i>	1	QLL(150 per 30 days) MO
<i>metformin hcl er tb24 750mg</i>	1	QLL(80 per 30 days) MO
<i>metformin hcl tabs 1000mg</i>	1	QLL(76 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tabs 500mg</i>	1	QLL(153 per 30 days) MO
<i>metformin hcl tabs 850mg</i>	1	QLL(90 per 30 days) MO
<i>nateglinide tabs 120mg</i>	1	QLL(90 per 30 days) MO
<i>nateglinide tabs 60mg</i>	1	QLL(180 per 30 days) MO
NEEDLES, INSULIN DISP, SAFETY	2	QLL(200 per 30 days) MO
NESINA TABS 12.5MG [+]	2	QLL(60 per 30 days) MO
NESINA TABS 25MG [+]	2	QLL(30 per 30 days) MO
NESINA TABS 6.25MG [+]	2	QLL(120 per 30 days) MO
NOVOLIN 70/30 [+]	2	MO
NOVOLIN 70/30 RELION	2	MO
NOVOLIN N [+]	2	MO
NOVOLIN N RELION	2	MO
NOVOLIN R [+]	2	MO
NOVOLIN R RELION	2	MO
NOVOLOG [+]	2	MO
NOVOLOG FLEXPEN [+]	2	MO
NOVOLOG MIX 70/30 [+]	2	MO
NOVOLOG MIX 70/30	2	MO
PREFILLED FLEXPEN [+]		
NOVOLOG PENFILL [+]	2	MO
ONGLYZA TABS 2.5MG [+]	2	QLL(60 per 30 days) MO
ONGLYZA TABS 5MG [+]	2	QLL(30 per 30 days) MO
OSENI TABS 12.5MG; 15MG [+]	2	QLL(60 per 30 days) MO
OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG [+]	2	QLL(30 per 30 days) MO
<i>pioglitazone hcl tabs 15mg</i>	1	QLL(90 per 30 days) MO
<i>pioglitazone hcl tabs 30mg</i>	1	QLL(45 per 30 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QLL(30 per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl/metformin hcl</i> 1		QLL(90 per 30 days) MO
PRANDIMET	3	QLL(150 per 30 days) MO
PRANDIN TABS 0.5MG	3	QLL(960 per 30 days) MO
PRANDIN TABS 1MG	3	QLL(480 per 30 days) MO
PRANDIN TABS 2MG	3	QLL(240 per 30 days) MO
PROGLYCEM	2	MO
<i>repaglinide tabs 1mg</i>	1	QLL(480 per 30 days)
<i>repaglinide tabs 2mg</i>	1	QLL(240 per 30 days)
SYMLINPEN 120	2	PAR MO
SYMLINPEN 60	2	PAR MO
<i>tolazamide tabs 250mg</i>	1	QLL(120 per 30 days) MO
<i>tolazamide tabs 500mg</i>	1	QLL(60 per 30 days) MO
<i>tolbutamide</i>	1	QLL(180 per 30 days) MO
VICTOZA [+]	2	PAR QLL(9 per 30 days) MO
Direct Acting Miotics		
<i>pilocarpine hcl</i>	1	MO
PILOPINE HS	2	MO
Electrolytes		
<i>calcium acetate caps</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	QLL(360 per 30 days) MO
<i>dextrose 5%/potassium chloride</i> 1 0.15%		
<i>effervescent pot chloride</i>	1	MO
<i>effervescent potassium</i>	1	MO
<i>effervescent potassium/chloride</i> 1		MO
<i>k-effervescent</i>	1	MO
<i>k-phos neutral</i>	1	MO
<i>k-vescent tbef</i>	1	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	
<i>kcl 0.15%/d5w/lr</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.225%</i>	1	MO
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers</i>	1	MO
<i>lactated ringers viaflex</i>	1	MO
<i>magnesium sulfate inj 40mg/ ml, 80mg/ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	MO
NORMOSOL -R	2	
NORMOSOL-R IN D5W	2	
<i>phospha 250 neutral</i>	1	MO
<i>potassium chloride 0.15% / nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	1	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	1	MO
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	1	MO
<i>potassium chloride 0.15% nacl</i> 1 0.9%		
<i>potassium chloride 0.15% w/ nacl 0.9% viaflex</i>		
<i>potassium chloride 0.15%/d5w</i> 1		
<i>potassium chloride 0.15%/nacl</i> 1 0.9%		
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224%/ d5w/nacl 0.45%</i>	1	
<i>potassium chloride 0.224% d5w/nacl 0.45% viaflex</i>	1	
<i>potassium chloride 0.3%/ nacl</i> 1 0.9%		
<i>potassium chloride 0.3%/d5w</i> 1		
<i>potassium chloride 0.3%/nacl</i> 1 0.9%/viaflex		
<i>potassium chloride cr</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er</i>	1	MO
<i>potassium chloride inj 0.4meq/1 ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 30meq/100ml, 40meq/100ml</i>		
<i>potassium chloride inj 2meq/ml</i>	1	MO
<i>potassium chloride liqd</i>	1	MO
<i>potassium chloride oral soln</i>	1	MO
<i>potassium chloride sr</i>	1	MO
<i>ringers injection</i>	1	
<i>sodium bicarbonate inj 4.2%</i>	1	
<i>sodium bicarbonate inj 7.5%, 8.4%</i>	1	MO
<i>sodium bicarbonate partial fill</i>	1	MO
<i>sodium chloride 0.45%</i>	1	MO
<i>sodium chloride 0.45% viaflex</i>	1	MO
<i>sodium chloride inj 2.5meq/ml, 3%, 4meq/ml</i>	1	MO
<i>sodium chloride inj 5%</i>	1	
<i>sodium lactate inj</i>	1	
TPN ELECTROLYTES	2	
Erythromycins & Other Macrolides		
AZITHROMYCIN INJ 2.5GM	1	
<i>azithromycin inj 500mg</i>	1	MO
<i>azithromycin pack</i>	1	MO
<i>azithromycin susr 100mg/5ml</i>	1	QLL(15 per 1 days) MO
<i>azithromycin susr 200mg/5ml</i>	1	QLL(46 per 1 days) MO
<i>azithromycin tabs 250mg</i>	1	QLL(6 per 1 days) MO
<i>azithromycin tabs 500mg</i>	1	QLL(3 per 1 days) MO
<i>azithromycin tabs 600mg</i>	1	QLL(8 per 1 days) MO
<i>clarithromycin</i>	1	MO
<i>clarithromycin er</i>	1	QLL(28 per 1 days) MO
DIFICID [+]	2	PAR MO
E.E.S. GRANULES	3	MO
<i>e.s.p.</i>	1	MO
<i>ery-tab tbec 250mg, 333mg</i>	1	MO
ERY-TAB TBEC 500MG	3	MO
ERYPED 200	3	MO

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400	3	MO
ERYTHROCIN LACTOBIONATE	2	
<i>erythrocin stearate</i>	1	MO
<i>erythromycin</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin ethylsuccinate</i>	1	MO
<i>erythromycin/sulfisoxazole</i>	1	MO
PCE	3	MO
ZMAX	2	MO
Estrogens & Progestins		
<i>camila</i>	1	MO
CLIMARA PRO	3	PAR QLL(4 per 28 days) MO
CRINONE	3	MO
DEPO-ESTRADIOL	2	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>errin</i>	1	MO
ESTRACE CREA	3	MO
<i>estradiol ptwk</i>	1	QLL(4 per 28 days) MO
<i>estradiol tabs</i>	1	PAR MO
<i>estradiol valerate</i>	1	MO
ESTRING	3	QLL(1 per 90 days) MO
FEMRING	3	QLL(1 per 90 days) MO
<i>heather</i>	1	MO
<i>jolivette</i>	1	MO
<i>medroxyprogesterone acetate</i>	1	MO
MENEST	3	PAR MO
NOR-QD	3	MO
<i>nora-be</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone acetate</i>	1	MO
PREMARIN CREA	2	MO
PREMARIN INJ	2	PAR MO
PREMARIN TABS	3	PAR MO
<i>progesterone caps</i>	1	ST MO
VAGIFEM	2	MO
Gout Therapy		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
COLCRYS	2	PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC [+]	2	ST MO
Irrigating Solutions		
<i>lactated ringers irrigation</i>	1	B/D PAR MO
<i>neomycin/polymyxin b sulfates</i>	1	MO
PHYSIOLYTE	2	B/D PAR
PHYSIOSOL IRRIGATION	2	B/D PAR
PHYSIOSOL IRRIGATION PH 7.4	2	B/D PAR
<i>ringers irrigation</i>	1	B/D PAR MO
Lipid/Cholesterol Lowering Agents		
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	3	QLL(60 per 30 days) MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	3	QLL(30 per 30 days) MO
ALTOPREV	3	PAR QLL(30 per 30 days) MO
<i>amlodipine besylate/ atorvastatin calcium</i>	1	QLL(30 per 30 days) MO
<i>atorvastatin calcium</i>	1	QLL(30 per 30 days) MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hcl for oral suspension</i>	1	MO
CRESTOR [+]	2	QLL(30 per 30 days) ST MO
<i>fenofibrate caps</i>	1	MO
<i>fenofibrate micronized caps 134mg, 200mg</i>	1	QLL(30 per 30 days) MO
<i>fenofibrate micronized caps 67mg</i>	1	QLL(90 per 30 days) MO
<i>fenofibrate tabs 145mg, 48mg</i>	1	MO
<i>fenofibrate tabs 160mg</i>	1	QLL(30 per 30 days) MO
<i>fenofibrate tabs 54mg</i>	1	QLL(90 per 30 days) MO
<i>fenofibric acid dr</i>	1	MO
<i>fluvastatin</i>	1	QLL(60 per 30 days) MO
<i>gemfibrozil</i>	1	MO
LESCOL XL	3	PAR QLL(30 per 30 days) MO
LIPOFEN [+]	2	MO

Drug Name	Drug Tier	Requirements/Limits
LIVALO	3	PAR QLL(30 per 30 days) MO
LOFIBRA CAPS 67MG	3	QLL(90 per 30 days) MO
<i>lovastatin tabs 10mg, 20mg</i>	1	QLL(30 per 30 days) MO
<i>lovastatin tabs 40mg</i>	1	QLL(60 per 30 days) MO
LOVAZA [+]	2	MO
<i>micronized colestipol hcl</i>	1	MO
NIACOR	2	MO
NIASPAN [+]	2	QLL(60 per 30 days) MO
<i>pravastatin sodium</i>	1	QLL(30 per 30 days) MO
<i>prevalite</i>	1	MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	3	QLL(60 per 30 days) MO
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	3	QLL(30 per 30 days) MO
<i>simvastatin</i>	1	QLL(30 per 30 days) MO
TRILIPIX [+]	2	MO
VYTORIN	3	PAR QLL(30 per 30 days) MO
WELCHOL [+]	2	MO
ZETIA	2	PAR QLL(30 per 30 days) MO
Migraine & Cluster Headache Therapy		
AMERGE	3	QLL(9 per 30 days) MO
AXERT	3	QLL(9 per 30 days) MO
<i>dihydroergotamine mesylate injl</i>	1	MO
<i>dihydroergotamine mesylate nasal soln</i>	1	QLL(8 per 28 days) MO
ERGOMAR	2	MO
FROVA	3	QLL(12 per 30 days) MO
IMITREX NASAL SOLN 20MG/ACT	3	QLL(8 per 30 days) MO
IMITREX NASAL SOLN 5MG/ACT	3	QLL(16 per 30 days) MO
IMITREX TABS	3	QLL(9 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
MAXALT	2	QLL(12 per 30 days) MO
MAXALT-MLT	2	QLL(12 per 30 days) MO
<i>migergot</i>	1	MO
MIGRANAL	3	QLL(8 per 28 days) MO
<i>naratriptan hcl</i>	1	QLL(9 per 30 days) MO
RELPAK	3	QLL(9 per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QLL(12 per 30 days) MO
<i>sumatriptan nasal soln 20mg/1 act</i>	1	QLL(8 per 30 days) MO
<i>sumatriptan nasal soln 5mg/act1</i>	1	QLL(16 per 30 days) MO
<i>sumatriptan succinate inj</i>	1	QLL(4 per 30 days) MO
<i>sumatriptan succinate refill</i>	1	QLL(4 per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QLL(9 per 30 days) MO
<i>zolmitriptan</i>	1	QLL(9 per 30 days) MO
<i>zolmitriptan odt</i>	1	QLL(9 per 30 days) MO
ZOMIG NASAL SOLN	3	QLL(6 per 30 days) MO
ZOMIG TABS	3	QLL(9 per 30 days) MO
ZOMIG ZMT	3	QLL(9 per 30 days) MO
Miscellaneous Agents		
<i>acetic acid 0.25%</i>	1	MO
ACTONEL TABS 30MG	2	QLL(30 per 30 days) ST MO
ADAGEN	2	MO
<i>alendronate sodium tabs 40mg1</i>	1	QLL(30 per 30 days) MO
<i>anagrelide hydrochloride</i>	1	MO
ANTABUSE	2	MO
ARALAST NP	2	LA MO
ASTEPRO [+]	2	QLL(30 per 25 days) MO
<i>azelastine hcl nasal soln</i>	1	QLL(30 per 25 days) MO

Drug Name	Drug Tier	Requirements/ Limits
BACTROBAN NASAL	3	MO
BUPHENYL TABS	2	PAR MO
CARBAGLU	2	LA PAR MO
<i>cevimeline hcl</i>	1	MO
CHEMET	3	MO
<i>chlorhexidine gluconate mouth/1 throat soln</i>	1	MO
<i>chlorhexidine gluconate oral rinse</i>	1	MO
CLINIMIX 4.25%/ DEXTROSE 5%	2	
CLINIMIX E 2.75%/ DEXTROSE 10%	2	
CLINIMIX E 2.75%/ DEXTROSE 5%	2	
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 2.5%</i>	1	
<i>dextrose 10% flex container</i>	1	
DEXTROSE 10% INJ 10%1	1	
<i>dextrose 10% inj 10%</i>	1	MO
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride1 0.45%</i>	1	
<i>dextrose 25%</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 30% partial fill</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	MO
<i>dextrose 5% viaflex</i>	1	MO
<i>dextrose 5%/lactated ringers</i>	1	MO
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	MO
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 5%/sodium chloride 0.9%</i>	1	MO
<i>dextrose 50%</i>	1	MO
<i>dextrose 70%</i>	1	
<i>dextrose thermoject system</i>	1	
<i>disulfiram</i>	1	MO
<i>etidronate disodium</i>	1	MO
EXJADE	2	LA PAR MO
FERRIPROX	2	PAR MO
FOSRENOL	3	QLL(90 per 30 days) ST MO
GLASSIA	2	LA MO
INCRELEX	2	LA PAR MO
<i>ipratropium bromide nasal soln</i>	1	QLL(30 per 30 days) MO
<i>kalexate</i>	1	MO
<i>kionex</i>	1	MO
<i>lactated ringers dextrose 5% viaflex</i>	1	MO
<i>levocarnitine</i>	1	B/D PAR MO
<i>midodrine hcl</i>	1	MO
<i>neutral sodium fluoride</i>	1	MO
ORFADIN	2	LA MO
PATANASE	2	QLL(31 per 30 days) MO
<i>periogard</i>	1	MO
<i>pilocarpine hcl</i>	1	MO
<i>pilocarpine hydrochloride</i>	1	MO
POLYETHYLENE GLYCOL 3350-GRX	1	MO
PROLASTIN-C	2	LA MO
RENAGEL	3	ST MO
RENVELA PACK [+]	2	QLL(90 per 30 days) MO
RENVELA TABS [+]	2	QLL(270 per 30 days) MO
RILUTEK	3	MO
<i>riluzole</i>	1	MO
<i>saline flush</i>	1	MO
<i>saline flush zr/sterile field</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium chloride 0.9%</i>	1	MO
<i>sodium chloride 0.9%</i>	1	MO
<i>sodium chloride bacteriostatic</i>	1	MO
<i>sodium chloride bacteriostatic/1 benzyl alcohol</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride flush</i>	1	MO
<i>sodium chloride inj 0.9%</i>	1	MO
<i>sodium chloride irrigation soln</i>	1	MO
<i>sodium chloride pab</i>	1	MO
<i>sodium chloride thermoject system</i>	1	MO
<i>sodium phenylbutyrate</i>	1	MO
<i>sodium polystyrene sulfonate powd</i>	1	MO
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	MO
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	1	
<i>sps</i>	1	MO
<i>sterile water irrigation</i>	1	MO
<i>sterile water irrigation plastic bottle</i>	1	MO
<i>sterile water irrigation w/ hanger</i>	1	MO
SYPRINE	2	MO
<i>triamcinolone acetonide pste</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO
TYZINE	2	MO
TYZINE PEDIATRIC NASAL DROPS	2	MO
ZEMAIRA	2	LA MO
Miscellaneous Antiinfectives		
ALBENZA	2	MO
ALINIA	3	MO
<i>amikacin sulfate</i>	1	MO
<i>atovaquone/proguanil hcl</i>	1	MO
AZACTAM IN ISO- OSMOTIC DEXTROSE INJ 1GM; 0	2	
AZACTAM IN ISO- OSMOTIC DEXTROSE INJ 2GM; 0	3	
<i>aztreonam</i>	1	MO
<i>bacim</i>	1	MO
<i>bacitracin</i>	1	MO
BILTRICIDE	3	MO
CAPASTAT SULFATE	2	
CAYSTON	3	LA MO
<i>chloramphenicol sodium succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULES	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin palmitate hcl</i>	1	MO
<i>clindamycin phosphate</i>	1	MO
<i>clindamycin phosphate advantage</i>	1	MO
<i>clindamycin phosphate in d5w1 inj 300mg/50ml; 5%, 600mg/50ml; 5%</i>		
<i>clindamycin phosphate in d5w1 inj 900mg/50ml; 5%</i>		MO
<i>clindamycin phosphate pharmacy bulk package</i>	1	MO
COARTEM	2	MO
<i>colistimethate sodium</i>	1	MO
COLY-MYCIN M	2	MO
CUBICIN	2	B/D PAR MO
DAPSONE	2	MO
DARAPRIM	2	MO
DORIBAX	2	
<i>ethambutol hcl</i>	1	MO
FLAGYL CAPS	3	MO
FLAGYL ER	3	MO
<i>gentamicin sulfate</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride</i>	1	
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>hydroxychloroquine sulfate</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
INVANZ	2	MO
<i>isoniazid inj</i>	1	
<i>isoniazid syrp</i>	1	MO
<i>isoniazid tabs</i>	1	MO
<i>isotonic gentamicin inj 0.8mg/1 ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>		
ISOTONIC GENTAMICIN2 INJ 2MG/ML; 0.9%		
KETEK	2	QLL(20 per 1 days) MO
LINCOCIN	2	MO
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MEPRON	2	PAR MO
<i>meropenem</i>	1	MO
<i>metro iv</i>	1	MO
<i>metronidazole</i>	1	MO
<i>metronidazole in nacl 0.79%</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	2	MO
NEBUPENT	2	B/D PAR MO
<i>neomycin sulfate tabs</i>	1	MO
<i>paromomycin sulfate</i>	1	MO
PASER	2	MO
PENTAM 300	2	MO
<i>polymyxin b sulfate</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE PHOSPHATE	2	MO
<i>pyrazinamide</i>	1	MO
<i>quinine sulfate</i>	1	PAR MO
RIFADIN CAPS	3	MO
RIFADIN INJ	2	MO
RIFAMATE	3	MO
<i>rifampin</i>	1	MO
RIFATER	2	MO
SEROMYCIN	3	MO
STREPTOMYCIN SULFATE	2	MO
STROMEKTOL	2	MO
<i>tinidazole</i>	1	MO
TOBI	2	B/D PAR MO
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	1	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	1	
TRECTOR	2	MO
TYGACIL	2	MO
XIFAXAN TABS 200MG	3	MO
ZYVOX INJ	2	MO
ZYVOX SUSR	2	PAR QLL(1800 per 1 days) MO
ZYVOX TABS	2	PAR QLL(28 per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Cardiovascular Agents		
RANEXA [+]	2	MO
Miscellaneous Dermatologicals		
8-MOP	3	PAR MO
<i>ammonium lactate</i>	1	MO
CARAC	2	MO
CARMOL-HC	3	MO
CONDYLOX GEL	3	MO
ELIDEL	2	PAR QLL(60 per 1 days) MO
<i>fluorouracil crea</i>	1	MO
<i>fluorouracil external soln</i>	1	MO
<i>imiquimod</i>	1	MO
<i>laclotion</i>	1	MO
OXSORALEN ULTRA	3	PAR MO
PANRETIN	2	MO
<i>podofilox</i>	1	MO
PROTOPIC	3	PAR QLL(60 per 1 days) MO
<i>pradoxin</i>	1	MO
SOLARAZE	2	PAR QLL(100 per 30 days) MO
U-CORT	3	MO
<i>umecta mousse</i>	1	MO
UVADEX	2	B/D PAR
Miscellaneous Gastrointestinal Agents		
ALOXI	2	MO
AMITIZA	3	MO
ANZEMET INJ	2	MO
APRISO [+]	2	MO
ASACOL [+]	2	MO
ASACOL HD [+]	2	MO
<i>balsalazide disodium</i>	1	MO
<i>budesonide cp24</i>	1	MO
CANASA [+]	2	MO
CESAMET	3	B/D PAR MO
CIMZIA	2	PAR QLL(6 per 28 days) MO
CIMZIA STARTER KIT	2	PAR QLL(6 per 28 days) MO
<i>colocort</i>	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	3	MO
CREON [+]	2	MO
<i>cromolyn sodium conc</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CYSTADANE	2	MO
DELZICOL [+]	2	MO
DIPENTUM	2	MO
<i>dronabinol</i>	1	B/D PAR MO
EMEND CAPS [+]	2	B/D PAR QLL(12 per 30 days) MO
EMEND CAPS 125MG [+]	2	B/D PAR QLL(4 per 30 days) MO
EMEND CAPS 40MG [+]	2	B/D PAR QLL(1 per 1 days) MO
EMEND CAPS 80MG [+]	2	B/D PAR QLL(8 per 30 days) MO
<i>enulose</i>	1	MO
GATTEX	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	MO
GOLYTELY ORAL SOLN	3	MO
227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM		
<i>granisetron hcl inj</i>	1	MO
<i>granisetron hcl tabs</i>	1	B/D PAR QLL(30 per 30 days) MO
HALFLYTELY BOWEL PREP/FLAVOR PACKS	2	MO
<i>hydrocortisone enem</i>	1	MO
KRISTALOSE	3	MO
<i>lactulose</i>	1	MO
LIALDA [+]	2	MO
LOTRONEX	2	PAR QLL(60 per 30 days) MO
<i>meclizine hcl tabs</i>	1	MO
<i>mesalamine</i>	1	MO
<i>metoclopramide hcl</i>	1	MO
MOVIPREP	2	MO
<i>ondansetron hcl inj</i>	1	MO
<i>ondansetron hcl oral soln</i>	1	B/D PAR QLL(450 per 30 days) MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D PAR QLL(30 per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	B/D PAR QLL(90 per 30 days) MO
<i>ondansetron odt</i>	1	B/D PAR QLL(90 per 30 days) MO
OSMOPREP	2	MO
<i>peg 3350/electrolytes</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/1 kcl</i>	1	MO
PENTASA [+]	2	MO
<i>polyethylene glycol 3350 pack</i>	1	MO
<i>polyethylene glycol 3350 powder</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
RELISTOR	2	PAR MO
REMICADE	2	PAR MO
SANCUSO	3	PAR QLL(4 per 28 days) MO
SUCRAID	2	MO
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
SUPREP BOWEL PREP	2	MO
<i>trilyte</i>	1	MO
UCERIS	2	MO
<i>ursodiol</i>	1	MO
ZENPEP	3	MO
ZOFRAN INJ	2	MO
Miscellaneous Hormones		
ALDURAZYME	2	PAR MO
ANDRODERM	3	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 20.25MG/1.25GM [+]	2	PAR QLL(30 per 30 days) MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM [+]	2	PAR QLL(300 per 30 days) MO
ANDROGEL GEL 40.5MG/2.5GM [+]	2	PAR QLL(60 per 30 days) MO
ANDROGEL PUMP GEL 1% [+]	2	PAR QLL(300 per 30 days) MO
ANDROGEL PUMP GEL 1.62% [+]	2	PAR QLL(150 per 30 days) MO
<i>androxy</i>	1	PAR MO
<i>cabergoline</i>	1	MO
<i>calcitonin-salmon</i>	1	QLL(4 per 30 days) MO
<i>calcitriol caps</i>	1	B/D PAR MO
<i>calcitriol inj</i>	1	B/D PAR MO

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral soln</i>	1	B/D PAR MO
CEREZYME	2	PAR MO
<i>danazol</i>	1	MO
DDAVP INJ	2	MO
<i>desmopressin acetate</i>	1	MO
ELAPRASE	2	PAR MO
FABRAZYME	2	PAR MO
<i>fortical</i>	1	QLL(4 per 30 days) MO
HECTOROL INJ	2	B/D PAR MO
KUVAN	2	LA PAR MO
NAGLAZYME	2	LA PAR MO
<i>oxandrolone</i>	1	PAR MO
<i>pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/10ml</i>	1	B/D PAR MO
<i>pamidronate disodium inj 6mg/ml</i>	1	B/D PAR
SAMSCA TABS 15MG	2	PAR QLL(30 per 30 days) MO
SAMSCA TABS 30MG	2	PAR QLL(60 per 30 days) MO
SENSIPAR TABS 30MG, 60MG	2	QLL(60 per 30 days) MO
SENSIPAR TABS 90MG	2	QLL(120 per 30 days) MO
SOMAVERT	2	LA PAR MO
STIMATE	2	MO
SYNAREL	2	PAR MO
TESTIM [+]	2	PAR QLL(300 per 30 days) MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	MO
ZAVESCA	2	LA PAR MO
ZEMPLAR CAPS	3	B/D PAR MO
<i>zoledronic acid inj 4mg</i>	1	
<i>zoledronic acid inj 4mg/5ml</i>	1	MO
ZOMETA	2	MO
Miscellaneous Neurological Therapy		
AMPYRA	2	LA PAR QLL(60 per 30 days) MO
ARICEPT ODT	3	QLL(30 per 30 days) MO
ARICEPT TABS 10MG, 5MG	3	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TABS 23MG [+]	2	QLL(30 per 30 days) ST MO
COPAXONE	2	PAR MO
<i>donepezil hcl tabs 10mg, 5mg</i>	1	QLL(30 per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	1	QLL(30 per 30 days)
<i>donepezil hcl tbdp</i>	1	QLL(30 per 30 days) MO
EXELON CAPS	3	QLL(60 per 30 days) MO
EXELON ORAL SOLN	2	QLL(180 per 30 days) MO
EXELON PT24 [+]	2	QLL(30 per 30 days) MO
<i>galantamine</i>	1	QLL(60 per 30 days) MO
<i>galantamine hydrobromide cp24</i>	1	QLL(30 per 30 days) MO
<i>galantamine hydrobromide oral soln</i>	1	QLL(180 per 30 days) MO
<i>galantamine hydrobromide tabs</i>	1	QLL(60 per 30 days) MO
GILENYA	2	PAR QLL(30 per 30 days) MO
HORIZANT	2	PAR QLL(60 per 30 days) MO
NAMENDA ORAL SOLN [+]	2	QLL(300 per 30 days) MO
NAMENDA TABS [+]	2	QLL(60 per 30 days) MO
NAMENDA TITRATION PAK [+]	2	QLL(60 per 30 days) MO
NUEDEXTA [+]	2	PAR MO
<i>rivastigmine tartrate</i>	1	QLL(60 per 30 days) MO
TYSABRI	2	LA PAR MO
XENAZINE	2	LA PAR MO
Miscellaneous Ob/Gyn		
CLEOCIN CREA	3	MO
CLEOCIN SUPP	3	MO
<i>clindamycin phosphate</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3</i>	1	QLL(6 per 30 days) MO
NUVARING	3	MO
ORTHO EVRA	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole</i>	1	MO
<i>vandazole</i>	1	MO
<i>zazole crea 0.4%</i>	1	
ZAZOLE CREA 0.8%	1	
Miscellaneous Ophthalmologics		
ALCAINE	3	MO
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic soln</i>	1	MO
<i>cromolyn sodium ophthalmic soln</i>	1	MO
EMADINE	3	MO
<i>epinastine hcl</i>	1	MO
LACRISERT	2	MO
PATADAY [+]	2	MO
PATANOL [+]	2	MO
RESTASIS [+]	2	MO
Miscellaneous Otic Preparations		
<i>acetazol hc</i>	1	MO
<i>acetic acid otic soln</i>	1	MO
<i>acetic acid/aluminum acetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>hydrocortisonel/acetic acid</i>	1	MO
<i>ofloxacin</i>	1	MO
Miscellaneous Urologicals		
AMMONIUM CHLORIDE	2	
CIALIS TABS 2.5MG, 5MG	3	PAR QLL(30 per 30 days) MO
<i>citric acid/sodium citrate</i>	1	MO
CYSTAGON	2	LA MO
<i>cytra k crystals</i>	1	MO
<i>cytra-2</i>	1	MO
<i>cytra-3</i>	1	MO
<i>cytra-k</i>	1	MO
ELMIRON	3	MO
<i>potassium citrate tbc</i>	1	MO
<i>tricitrates</i>	1	MO
Miscellaneous Vitamins, Hematinics, & Electrolytes		
AMINOSYN 8.5%/	2	
ELECTROLYTES		
AMINOSYN II	2	
AMINOSYN II 8.5%/	2	
ELECTROLYTES		

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN INJ 148MEQ/2L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML; 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML		
AMINOSYN M	2	
AMINOSYN-HBC	2	
AMINOSYN-PF	2	
AMINOSYN-PF 7%	2	
CLINIMIX 2.75%/ DEXTROSE 5%	2	
CLINIMIX 4.25%/ DEXTROSE 10%	2	
CLINIMIX 4.25%/ DEXTROSE 20%	2	
CLINIMIX 4.25%/ DEXTROSE 25%	2	
CLINIMIX 5%/ DEXTROSE 15%	2	
CLINIMIX 5%/ DEXTROSE 20%	2	
CLINIMIX 5%/ DEXTROSE 25%	2	
CLINIMIX E 4.25%/ DEXTROSE 10%	2	
CLINIMIX E 4.25%/ DEXTROSE 25%	2	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/ DEXTROSE 5%	2	
CLINIMIX E 5%/ DEXTROSE 15%	2	
CLINIMIX E 5%/ DEXTROSE 20%	2	
CLINIMIX E 5%/ DEXTROSE 25%	2	
CLINISOL SF 15%	2	MO
FREAMINE III INJ 72MEQ/L; 600MG/100ML; 810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/100ML; 240MG/100ML; 590MG/100ML; 770MG/100ML; 620MG/100ML; 450MG/100ML; 480MG/100ML; 10MMOLE/L; 115MG/100ML; 950MG/100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML; 130MG/100ML; 560MG/100ML		
<i>freamine iii inj 89meq/l; 710mg/100ml; 950mg/100ml; 3meq/l; 24mg/100ml; 1400mg/100ml; 280mg/100ml; 690mg/100ml; 910mg/100ml; 730mg/100ml; 530mg/100ml; 560mg/100ml; 10mmole/l; 120mg/100ml; 1120mg/100ml; 590mg/100ml; 10meq/l; 400mg/100ml; 150mg/100ml; 660mg/100ml</i>	1	
HEPATAMINE	2	
HEPATASOL	2	
INTRALIPID INJ 1.7%; 30%	2	
<i>intralipid inj 2.25%; 20%</i>	1	MO
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE-M/DEXTROSE 5%	2	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>liposyn iii inj 1.2%; 2.5%; 10%, 1.8%; 2.5%; 30%</i>	1	
<i>liposyn iii inj 1.2%; 2.5%; 20%</i>	1	MO
NEPHRAMINE	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLASMA-LYTE-56/D5W	2	
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	
PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML; 120MG/100ML; 140MG/100ML; 470MG/100ML	2	
PROCALAMINE	2	
PROSOL	2	MO
<i>travasol</i>	1	
TROPHAMINE	2	
Muscle Relaxants & Antispasmodic Therapy		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine hcl tabs 10mg, 5mg</i>	1	PAR MO
<i>dantrolene sodium caps</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MESTINON SYRP	2	MO
MESTINON TIMESPAN	2	MO
<i>pyridostigmine bromide</i>	1	MO
<i>regonol</i>	1	
<i>tizanidine hcl</i>	1	MO
Narcotic Analgesics		
ABSTRAL SUBL 100MCG 3	3	PAR QLL(120 per 30 days) MO
ABSTRAL SUBL 200MCG, 300MCG, 400MCG, 600MCG, 800MCG	2	PAR QLL(120 per 30 days) MO
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	QLL(150 per 30 days) MO
<i>acetaminophen/codeine #2</i>	1	QLL(390 per 30 days) MO
<i>acetaminophen/codeine #3</i>	1	QLL(390 per 30 days) MO
<i>acetaminophen/codeine #4</i>	1	QLL(390 per 30 days) MO
<i>acetaminophen/codeine oral soln</i>	1	QLL(4500 per 30 days)
<i>acetaminophen/codeine phosphate</i>	1	QLL(390 per 30 days) MO
<i>acetaminophen/codeine tabs</i>	1	QLL(390 per 30 days) MO
ACTIQ	2	PAR QLL(120 per 30 days) MO
<i>aspirin-caffeine-dihydrocodeine</i>	1	QLL(240 per 30 days)
ASTRAMORPH	2	B/D PAR
BUPRENEX	2	MO
<i>buprenorphine hcl inj</i>	1	
<i>buprenorphine hcl subl 2mg</i>	1	PAR QLL(240 per 30 days) MO
<i>buprenorphine hcl subl 8mg</i>	1	PAR QLL(60 per 30 days) MO
<i>butal/asa/caff</i>	1	MO
<i>butalbital/acetaminophen</i>	1	MO
<i>butalbital/acetaminophen/caffeine</i>	1	MO
<i>butalbital/asa/caffeine</i>	1	MO
<i>butalbital/aspirin/caffeine</i>	1	MO
CAPITAL/CODEINE	3	QLL(5000 per 30 days) MO
<i>co-gesic</i>	1	QLL(240 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tabs 15mg</i>	1	QLL(720 per 30 days) MO
<i>codeine sulfate tabs 30mg</i>	1	QLL(360 per 30 days) MO
<i>codeine sulfate tabs 60mg</i>	1	QLL(180 per 30 days) MO
<i>dolophine hcl TABS 10MG</i>	3	QLL(360 per 30 days) MO
DOLOPHINE HCL TABS 5MG	3	QLL(720 per 30 days) MO
<i>duramorph</i>	1	B/D PAR MO
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QLL(360 per 30 days) MO
<i>endocet tabs 500mg; 7.5mg</i>	1	QLL(240 per 30 days) MO
<i>endocet tabs 650mg; 10mg</i>	1	QLL(180 per 30 days) MO
<i>endodan</i>	1	QLL(360 per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	1	PAR QLL(120 per 30 days) MO
<i>fentanyl patches</i>	1	QLL(15 per 30 days) MO
FENTORA	2	PAR QLL(120 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen oral soln</i>	1	QLL(3600 per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 750mg; 10mg</i>	1	QLL(150 per 30 days) MO
<i>hydrocodone/acetaminophen oral soln</i>	1	QLL(2700 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QLL(360 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	1	QLL(240 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	1	QLL(180 per 30 days) MO
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg</i>	1	QLL(150 per 30 days) MO
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	QLL(480 per 30 days) MO
<i>hydromorphone hcl dosette</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HCL INJ 1MG/ML	1	
<i>hydromorphone hcl inj 1mg/ml, 500mg/50ml</i>	1	
<i>hydromorphone hcl inj 2mg/ml, 4mg/ml</i>	1	MO
<i>hydromorphone hcl liqd</i>	1	QLL(1920 per 30 days) MO
<i>hydromorphone hcl supp</i>	1	MO
<i>hydromorphone hcl tabs 2mg</i>	1	QLL(960 per 30 days) MO
<i>hydromorphone hcl tabs 4mg</i>	1	QLL(480 per 30 days) MO
<i>hydromorphone hcl tabs 8mg</i>	1	QLL(240 per 30 days) MO
LAZANDA	2	LA PAR QLL(30 per 30 days) MO
<i>levorphanol tartrate</i>	1	QLL(180 per 30 days) MO
<i>methadone hcl conc</i>	1	QLL(360 per 30 days) MO
<i>methadone hcl inj</i>	1	
<i>methadone hcl intensol</i>	1	QLL(360 per 30 days) MO
<i>methadone hcl oral soln 10mg/5ml</i>	1	QLL(1800 per 30 days) MO
<i>methadone hcl oral soln 5mg/5ml</i>	1	QLL(3600 per 30 days) MO
<i>methadone hcl tabs 10mg</i>	1	QLL(360 per 30 days) MO
<i>methadone hcl tabs 5mg</i>	1	QLL(720 per 30 days) MO
<i>methadone hcl tbso</i>	1	MO
<i>methadose conc</i>	1	QLL(360 per 30 days) MO
<i>methadose sugar-free</i>	1	QLL(360 per 30 days) MO
<i>methadose tabs</i>	1	QLL(360 per 30 days) MO
<i>methadose tbso</i>	1	MO
<i>morphine sulfate er tbc 100mg, 200mg</i>	1	QLL(180 per 30 days) MO
<i>morphine sulfate er tbc 15mg, 30mg, 60mg</i>	1	QLL(120 per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	1	B/D PAR MO

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml</i>	1	MO
<i>morphine sulfate inj 25mg/ml, 8mg/ml</i>	1	MO
MORPHINE SULFATE INJ1 8MG/ML		
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QLL(3600 per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QLL(1800 per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	1	QLL(360 per 30 days) MO
<i>morphine sulfate supp</i>	1	MO
<i>morphine sulfate tabs 15mg</i>	1	QLL(480 per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	1	QLL(240 per 30 days) MO
ONSOLIS	2	LA PAR QLL(120 per 30 days) MO
<i>oxycodone hcl caps</i>	1	QLL(1620 per 30 days) MO
<i>oxycodone hcl conc</i>	1	QLL(405 per 30 days) MO
<i>oxycodone hcl oral soln</i>	1	MO
<i>oxycodone hcl tabs 10mg</i>	1	QLL(810 per 30 days) MO
<i>oxycodone hcl tabs 15mg</i>	1	QLL(540 per 30 days) MO
<i>oxycodone hcl tabs 20mg</i>	1	QLL(390 per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	1	QLL(270 per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	1	QLL(1620 per 30 days) MO
<i>oxycodone/acetaminophen caps</i> 1	1	QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs</i> 1 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QLL(360 per 30 days) MO
<i>oxycodone/acetaminophen tabs</i> 1 500mg; 7.5mg	1	QLL(240 per 30 days) MO
<i>oxycodone/acetaminophen tabs</i> 1 650mg; 10mg	1	QLL(180 per 30 days) MO
<i>oxycodone/aspirin</i>	1	QLL(360 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone/ibuprofen</i>	1	QLL(120 per 30 days) MO
OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG	3	QLL(60 per 30 days) ST MO
OXYCONTIN TB12 60MG3	3	QLL(120 per 30 days) ST MO
OXYCONTIN TB12 80MG2	2	QLL(120 per 30 days) ST MO
ROXICET ORAL SOLN	3	QLL(1800 per 30 days) MO
<i>roxicet tabs</i>	1	QLL(360 per 30 days) MO
<i>stagesic</i>	1	QLL(240 per 30 days) MO
SYNALGOS-DC	3	QLL(240 per 30 days) MO
<i>vicodin</i>	1	QLL(390 per 30 days) MO
<i>vicodin es</i>	1	QLL(390 per 30 days) MO
<i>vicodin hp</i>	1	QLL(390 per 30 days) MO
<i>xolox</i>	1	MO
<i>zamicet</i>	1	QLL(2700 per 30 days) MO

Nitrates

DILATRATE SR	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin inj</i>	1	B/D PAR
<i>nitroglycerin lingual aers</i>	1	
<i>nitroglycerin lingual translingual soln</i>	1	MO
<i>nitroglycerin pt24</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROSTAT	2	MO

Non-Narcotic Analgesics

<i>buprenorphine hcl/naloxone hcl</i> 1 <i>subl 2mg; 0.5mg</i>	1	PAR QLL(360 per 30 days) MO
<i>buprenorphine hcl/naloxone hcl</i> 1 <i>subl 8mg; 2mg</i>	1	PAR QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate inj</i>	1	MO
<i>butorphanol tartrate nasal soln</i>	1	QLL(10 per 30 days) MO
CELEBREX	3	PAR QLL(60 per 30 days) MO
<i>childrens ibuprofen susp 100mg/5ml</i>	1	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium</i>	1	MO
<i>flurbiprofen</i>	1	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	1	MO
<i>meclofenamate sodium</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam susp</i>	1	QLL(300 per 30 days) MO
<i>meloxicam tabs</i>	1	QLL(30 per 30 days) MO
<i>nabumetone</i>	1	MO
<i>nalbuphine hcl</i>	1	MO
<i>naloxone hcl inj 0.4mg/ml</i>	1	
<i>naloxone hcl inj 1mg/ml</i>	1	MO
<i>naltrexone hcl</i>	1	MO
<i>naproxen</i>	1	MO
<i>naproxen dr</i>	1	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>oxaprozin</i>	1	MO
<i>pentazocinel/acetaminophen</i>	1	QLL(180 per 30 days) MO
<i>piroxicam</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
<i>tramadol hcl</i>	1	QLL(240 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HCL ER CP24	1	
<i>tramadol hcl er tb24</i>	1	QLL(30 per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QLL(300 per 30 days) MO
VOLTAREN [+]	2	QLL(1000 per 30 days) MO
Non-Steroidal Anti-Inflammatory Agents		
<i>diclofenac sodium</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac tromethamine ophthalmic soln</i>	1	MO
NEVANAC [+]	2	MO
Oral Contraceptives & Related Agents		
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO
BREVICON-28	3	MO
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
CYCLESSA	3	MO
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
DESOGEN	3	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>elinest</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
ESTROSTEP FE	3	MO
<i>falmina</i>	1	MO
<i>gianvi</i>	1	MO
<i>gildagia</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gildess 1.5/30</i>	1	MO
<i>gildess 1/20</i>	1	MO
<i>gildess fe 1.5/30</i>	1	MO
<i>gildess fe 1/20</i>	1	MO
<i>introvale</i>	1	MO
<i>jolessa</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
LOESTRIN 24 FE	3	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutra</i>	1	MO
<i>marlissa</i>	1	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
MODICON	3	MO
<i>mono-lynh</i>	1	MO
<i>mononessa</i>	1	MO
<i>my way</i>	1	
<i>myzilra</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35</i>	1	MO
<i>necon 1/50-28</i>	1	MO
<i>necon 10/11-28</i>	1	MO
<i>necon 7/7/7</i>	1	MO
NORDETTE-28	3	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>ocella</i>	1	MO
<i>ogestrel</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>portia-28</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>previfem</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lynh</i>	1	MO
TRI-NORINYL 28	3	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>trinessa</i>	1	MO
<i>trivora-28</i>	1	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	MO
<i>viorele</i>	1	MO
<i>zarah</i>	1	MO
<i>zenchent</i>	1	MO
<i>zenchent fe</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zovia 1/50e</i>	1	MO
Oral Drugs For Glaucoma		
<i>acetazolamide</i>	1	MO
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	MO
Osteoporosis Therapy		
ACTONEL TABS 150MG	2	QLL(1 per 30 days) ST MO
ACTONEL TABS 35MG	2	QLL(4 per 28 days) ST MO
ACTONEL TABS 5MG	2	QLL(30 per 30 days) ST MO
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QLL(30 per 30 days) MO
<i>5mg</i>		MO
<i>alendronate sodium tabs 35mg</i>	1	QLL(4 per 28 days) MO
<i>70mg</i>		MO
BONIVA INJ	2	B/D PAR MO
BONIVA TABS	2	QLL(1 per 28 days) ST MO
EVISTA [+]	2	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
FORTEO [+]	2	PAR QLL(3 per 28 days) MO
FOSAMAX	2	QLL(4 per 28 days) ST MO
FOSAMAX PLUS D	2	QLL(4 per 28 days) ST MO
<i>ibandronate sodium</i>	1	QLL(1 per 28 days) MO
PROLIA [+]	2	PAR QLL(2 per 365 days) MO
Other Glaucoma Drugs		
AZOPT	3	MO
COMBIGAN [+]	2	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN [+]	2	MO
RESCULA	3	MO
TRAVATAN Z [+]	2	MO
<i>travoprost</i>	1	MO
Other Rheumatologicals		
ACTEMRA	2	PAR MO
BENLYSTA	2	PAR MO
DEPEN TITRATABS	3	MO
ENBREL INJ 25MG, 50MG/ML [+]	2	PAR QLL(8 per 28 days) MO
ENBREL INJ 25MG/0.5ML2 [+]	2	PAR QLL(4.08 per 28 days) MO
ENBREL SURECLICK [+]	2	PAR QLL(8 per 28 days) MO
HUMIRA INJ 20MG/0.4ML [+]	2	PAR QLL(2 per 28 days) MO
HUMIRA INJ 40MG/0.8ML [+]	2	PAR QLL(6 per 28 days) MO
HUMIRA PEN [+]	2	PAR QLL(6 per 28 days) MO
HUMIRA PEN-CROHNS DISEASESTARTER [+]	2	PAR QLL(6 per 365 days) MO
HUMIRA PEN-PSORIASIS STARTER [+]	2	PAR QLL(4 per 365 days) MO
KINERET	2	PAR QLL(28 per 28 days) MO
<i>leflunomide</i>	1	MO
ORENCIA INJ 125MG/ML2	2	PAR QLL(4 per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 250MG	2	PAR MO
RIDAURA	3	MO
SAVELLA TABS 100MG [+]	2	QLL(60 per 30 days) MO
SAVELLA TABS 12.5MG [+]	2	QLL(480 per 30 days) MO
SAVELLA TABS 25MG [+]	2	QLL(240 per 30 days) MO
SAVELLA TABS 50MG [+]	2	QLL(120 per 30 days) MO
SAVELLA TITRATION PACK [+]	2	QLL(1 per 365 days) MO
SIMPONI INJ 100MG/ML2	2	PAR QLL(1 per 28 days)
SIMPONI INJ 100MG/ML, 50MG/0.5ML	2	PAR QLL(1 per 28 days) MO
Otic Steroid / Antibiotic		
CIPRO HC	3	MO
CIPRODEX [+]	2	MO
COLY-MYCIN S	3	MO
CORTISPORIN-TC	3	MO
<i>neomycin/polymyxin/hc</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
Oxytocics		
<i>methylergonovine maleate tabs</i>	1	MO
Penicillins		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>amoxicillin/potassium clavulanate</i>	1	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 250mg, 2gm</i>	1	MO
<i>ampicillin sodium inj 1gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	MO
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	MO
<i>bactocill in dextrose</i>	1	MO
BICILLIN C-R	2	MO
BICILLIN L-A	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium</i>	1	MO
MOXATAG	2	MO
<i>nafcillin sodium</i>	1	MO
<i>nallpen iso-osmotic in dextrose</i> 1		
<i>nallpen/dextrose</i>	1	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	1	MO
OXACILLIN SODIUM INJ1 2GM	1	MO
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	MO
<i>piperacillin/tazobactam</i>	1	MO
TIMENTIN INJ 0.1GM/100ML; 3GM/100ML, 1GM; 30GM	2	
TIMENTIN INJ 0.1GM; 3GM	2	MO
Psychotherapeutic Drugs		
ABILIFY DISCMELT TBDP 10MG	2	QLL(90 per 30 days) MO
ABILIFY DISCMELT TBDP 15MG	2	QLL(60 per 30 days) MO
ABILIFY INJ	2	MO
ABILIFY MAINTENA	2	MO
ABILIFY ORAL SOLN [+]	2	QLL(900 per 30 days) MO
ABILIFY TABS 10MG [+]	2	QLL(90 per 30 days) MO
ABILIFY TABS 15MG [+]	2	QLL(60 per 30 days) MO
ABILIFY TABS 20MG	2	QLL(60 per 30 days) MO
ABILIFY TABS 2MG [+]	2	QLL(450 per 30 days) MO
ABILIFY TABS 30MG	2	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS 5MG [+]	2	QLL(180 per 30 days) MO
<i>alprazolam</i>	1	QLL(90 per 30 days) MO
<i>alprazolam er</i>	1	QLL(30 per 30 days) MO
<i>alprazolam intensol</i>	1	QLL(300 per 30 days) MO
<i>alprazolam odt</i>	1	QLL(90 per 30 days) MO
<i>alprazolam xr</i>	1	QLL(30 per 30 days) MO
<i>amitriptyline hcl</i>	1	PAR MO
<i>amoxapine</i>	1	MO
<i>amphetamine/ dextroamphetamine tabs</i>	1	QLL(90 per 30 days) MO
<i>1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg</i>		
<i>amphetamine/ dextroamphetamine tabs</i>	1	QLL(60 per 30 days) MO
<i>7.5mg; 7.5mg; 7.5mg; 7.5mg</i>		
<i>budeprion sr tb12 100mg</i>	1	QLL(120 per 30 days) MO
<i>budeprion sr tb12 150mg</i>	1	MO
<i>bupropion hcl er tb12 100mg</i>	1	QLL(120 per 30 days) MO
<i>bupropion hcl er tb12 150mg</i>	1	MO
<i>bupropion hcl er tb12 200mg</i>	1	QLL(60 per 30 days) MO
<i>bupropion hcl sr tb12 100mg</i>	1	QLL(120 per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	1	MO
<i>bupropion hcl sr tb12 200mg</i>	1	QLL(60 per 30 days) MO
<i>bupropion hcl tabs 100mg</i>	1	QLL(135 per 30 days) MO
<i>bupropion hcl tabs 75mg</i>	1	QLL(180 per 30 days) MO
<i>bupropion hcl xl tb24 150mg</i>	1	QLL(90 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl xl tb24 300mg</i>	1	QLL(45 per 30 days) MO
<i>bupirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QLL(120 per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>chlorpromazine hcl inj</i>	1	MO
<i>chlorpromazine hcl tabs</i>	1	MO
<i>citalopram hydrobromide oral soln</i>	1	QLL(600 per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QLL(120 per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QLL(60 per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QLL(30 per 30 days) MO
<i>clomipramine hcl</i>	1	MO
<i>clorazepate dipotassium</i>	1	QLL(120 per 30 days) MO
<i>clozapine odt tbdp 100mg</i>	1	QLL(270 per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	1	QLL(2160 per 30 days)
<i>clozapine odt tbdp 25mg</i>	1	QLL(1080 per 30 days)
<i>clozapine tabs 100mg</i>	1	QLL(270 per 30 days)
<i>clozapine tabs 200mg</i>	1	QLL(135 per 30 days)
<i>clozapine tabs 25mg</i>	1	QLL(1080 per 30 days)
<i>clozapine tabs 50mg</i>	1	QLL(540 per 30 days)
CYMBALTA CPEP 20MG	3	QLL(180 per 30 days) MO
CYMBALTA CPEP 30MG	3	QLL(120 per 30 days) MO
CYMBALTA CPEP 60MG	3	QLL(60 per 30 days) MO
<i>desipramine hcl</i>	1	MO
DESVENLAFAXINE ER TB24 100MG	3	QLL(120 per 30 days) MO
DESVENLAFAXINE ER TB24 50MG	3	QLL(240 per 30 days) MO
<i>dextroamphetamine sulfate tabs 10mg</i>	1	PAR QLL(180 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tabs 5mg</i>	1	PAR QLL(90 per 30 days) MO
<i>diazepam inj 5mg/ml</i>	1	MO
<i>diazepam intensol</i>	1	QLL(240 per 30 days) MO
<i>diazepam oral soln</i>	1	QLL(1200 per 30 days) MO
<i>diazepam tabs 10mg</i>	1	QLL(120 per 30 days) MO
<i>diazepam tabs 2mg</i>	1	QLL(600 per 30 days) MO
<i>diazepam tabs 5mg</i>	1	QLL(240 per 30 days) MO
<i>doxepin hcl</i>	1	PAR MO
EMSAM	2	QLL(30 per 30 days) MO
<i>escitalopram oxalate oral soln</i>	1	QLL(600 per 30 days) MO
<i>escitalopram oxalate tabs 10mg</i>	1	QLL(60 per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	1	QLL(30 per 30 days) MO
<i>escitalopram oxalate tabs 5mg</i>	1	QLL(120 per 30 days) MO
<i>estazolam</i>	1	QLL(30 per 30 days) MO
FANAPT TABS 10MG	2	QLL(72 per 30 days) MO
FANAPT TABS 12MG	2	QLL(60 per 30 days) MO
FANAPT TABS 1MG	2	QLL(720 per 30 days) MO
FANAPT TABS 2MG	2	QLL(360 per 30 days) MO
FANAPT TABS 4MG	2	QLL(180 per 30 days) MO
FANAPT TABS 6MG	2	QLL(120 per 30 days) MO
FANAPT TABS 8MG	2	QLL(90 per 30 days) MO
FANAPT TITRATION PACK	2	QLL(8 per 30 days) MO
FAZACLO TB24 100MG	2	QLL(270 per 30 days)
FAZACLO TB24 12.5MG	2	QLL(2160 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 150MG	2	QLL(180 per 30 days)
FAZACLO TBDP 200MG	2	QLL(135 per 30 days)
FAZACLO TBDP 25MG	2	QLL(1080 per 30 days)
<i>fluoxetine caps 10mg</i>	1	QLL(240 per 30 days) MO
<i>fluoxetine caps 20mg</i>	1	QLL(120 per 30 days) MO
<i>fluoxetine dr</i>	1	QLL(4 per 28 days) MO
<i>fluoxetine hcl caps 10mg</i>	1	QLL(240 per 30 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QLL(120 per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	1	QLL(60 per 30 days) MO
<i>fluoxetine hcl oral soln</i>	1	QLL(600 per 30 days) MO
<i>fluoxetine hcl tabs 10mg</i>	1	QLL(240 per 30 days) MO
<i>fluoxetine hcl tabs 20mg</i>	1	QLL(120 per 30 days) MO
FLUOXETINE HCL TABS 60MG	2	QLL(30 per 30 days) MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl conc</i>	1	MO
<i>fluphenazine hcl elix</i>	1	MO
<i>fluphenazine hcl inj</i>	1	MO
<i>fluphenazine hcl tabs</i>	1	MO
<i>flurazepam hcl</i>	1	QLL(30 per 30 days) MO
<i>fluvoxamine maleate er cp24 100mg</i>	1	QLL(90 per 30 days) MO
<i>fluvoxamine maleate er cp24 150mg</i>	1	QLL(60 per 30 days) MO
<i>fluvoxamine maleate tabs 100mg</i>	1	QLL(90 per 30 days) MO
<i>fluvoxamine maleate tabs 25mg</i>	1	QLL(360 per 30 days) MO
<i>fluvoxamine maleate tabs 50mg</i>	1	QLL(180 per 30 days) MO
GEODON INJ	2	MO
<i>guanidine hcl</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate</i>	1	MO
<i>imipramine hcl</i>	1	MO
INTUNIV	3	QLL(30 per 30 days) MO
INVEGA SUSTENNA	2	QLL(2 per 28 days) MO
INVEGA TB24 1.5MG	2	QLL(240 per 30 days) MO
INVEGA TB24 3MG	2	QLL(120 per 30 days) MO
INVEGA TB24 6MG	2	QLL(60 per 30 days) MO
INVEGA TB24 9MG	2	QLL(40 per 30 days) MO
LATUDA TABS 120MG	2	QLL(30 per 30 days) MO
LATUDA TABS 20MG	2	QLL(240 per 30 days) MO
LATUDA TABS 40MG	2	QLL(120 per 30 days) MO
LATUDA TABS 80MG	2	QLL(60 per 30 days) MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO
<i>lorazepam conc</i>	1	QLL(90 per 30 days) MO
<i>lorazepam inj</i>	1	MO
<i>lorazepam intensol</i>	1	QLL(90 per 30 days) MO
<i>lorazepam tabs</i>	1	QLL(90 per 30 days) MO
<i>loxapine</i>	1	MO
<i>loxapine succinate</i>	1	MO
<i>maprotiline hcl tabs 25mg</i>	1	QLL(270 per 30 days) MO
<i>maprotiline hcl tabs 50mg</i>	1	QLL(135 per 30 days) MO
<i>maprotiline hcl tabs 75mg</i>	1	MO
MARPLAN	2	MO
<i>methylphenidate hcl</i>	1	PAR QLL(90 per 30 days) MO
<i>midazolam hcl inj 10mg/10ml, 1mg/ml, 2mg/2ml, 5mg/5ml</i>	1	MO
<i>midazolam hcl inj 10mg/2ml, 25mg/5ml, 50mg/10ml, 5mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl syrup</i>	1	MO
<i>mirtazapine odt tbdp 15mg</i>	1	QLL(90 per 30 days) MO
<i>mirtazapine odt tbdp 30mg</i>	1	QLL(45 per 30 days) MO
<i>mirtazapine odt tbdp 45mg</i>	1	QLL(30 per 30 days) MO
<i>mirtazapine tabs 15mg</i>	1	QLL(90 per 30 days) MO
<i>mirtazapine tabs 30mg</i>	1	QLL(45 per 30 days) MO
<i>mirtazapine tabs 45mg</i>	1	QLL(30 per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	1	QLL(180 per 30 days) MO
<i>mirtazapine tbdp</i>	1	QLL(90 per 30 days) MO
<i>modafinil tabs 100mg</i>	1	PAR QLL(30 per 30 days) MO
<i>modafinil tabs 200mg</i>	1	PAR QLL(60 per 30 days) MO
<i>nefazodone hcl tabs 100mg</i>	1	QLL(180 per 30 days) MO
<i>nefazodone hcl tabs 150mg</i>	1	QLL(120 per 30 days) MO
<i>nefazodone hcl tabs 200mg</i>	1	QLL(90 per 30 days) MO
<i>nefazodone hcl tabs 250mg</i>	1	QLL(72 per 30 days) MO
<i>nefazodone hcl tabs 50mg</i>	1	QLL(360 per 30 days) MO
<i>nortriptyline hcl</i>	1	MO
<i>olanzapine inj</i>	1	MO
<i>olanzapine odt tbdp 10mg</i>	1	QLL(60 per 30 days) MO
<i>olanzapine odt tbdp 15mg</i>	1	QLL(40 per 30 days) MO
<i>olanzapine odt tbdp 20mg</i>	1	QLL(30 per 30 days) MO
<i>olanzapine odt tbdp 5mg</i>	1	QLL(120 per 30 days) MO
<i>olanzapine tabs 10mg</i>	1	QLL(60 per 30 days) MO
<i>olanzapine tabs 15mg</i>	1	QLL(40 per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	1	QLL(240 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tabs 20mg</i>	1	QLL(30 per 30 days) MO
<i>olanzapine tabs 5mg</i>	1	QLL(120 per 30 days) MO
<i>olanzapine tabs 7.5mg</i>	1	QLL(80 per 30 days) MO
ORAP	2	MO
<i>oxazepam</i>	1	QLL(120 per 30 days) MO
PAMELOR	3	MO
<i>paroxetine hcl er tb24 12.5mg</i>	1	QLL(180 per 30 days) MO
<i>paroxetine hcl er tb24 25mg</i>	1	QLL(90 per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	1	QLL(60 per 30 days) MO
<i>paroxetine hcl tabs 10mg</i>	1	QLL(180 per 30 days) MO
<i>paroxetine hcl tabs 20mg</i>	1	QLL(90 per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	1	QLL(60 per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	1	QLL(45 per 30 days) MO
PAXIL SUSP	3	QLL(1200 per 30 days) MO
<i>perphenazine</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	PAR MO
PEXEVA TABS 10MG	3	QLL(180 per 30 days) MO
PEXEVA TABS 20MG	3	QLL(90 per 30 days) MO
PEXEVA TABS 30MG	3	QLL(60 per 30 days) MO
PEXEVA TABS 40MG	3	QLL(45 per 30 days) MO
<i>phenelzine sulfate</i>	1	MO
PRISTIQ TB24 100MG	2	PAR QLL(120 per 30 days) MO
PRISTIQ TB24 50MG	2	PAR QLL(240 per 30 days) MO
<i>protriptyline hcl</i>	1	MO
<i>quetiapine fumarate tabs 100mg</i>	1	QLL(240 per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	1	QLL(120 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 25mg</i> 1		QLL(960 per 30 days) MO	<i>risperidone tabs 4mg</i>	1	QLL(120 per 30 days) MO
<i>quetiapine fumarate tabs 300mg</i>	1	QLL(80 per 30 days) MO	ROZEREM	3	QLL(30 per 30 days) MO
<i>quetiapine fumarate tabs 400mg</i>	1	QLL(60 per 30 days) MO	SAPHRIS SUBL 10MG	2	QLL(60 per 30 days) MO
<i>quetiapine fumarate tabs 50mg</i> 1		QLL(480 per 30 days) MO	SAPHRIS SUBL 5MG	2	QLL(120 per 30 days) MO
RISPERDAL CONSTA INJ2 12.5MG, 25MG, 37.5MG		QLL(2 per 28 days) MO	SARAFEM TABS 10MG	3	QLL(240 per 30 days) MO
RISPERDAL CONSTA INJ2 50MG		MO	SARAFEM TABS 20MG	3	QLL(120 per 30 days) MO
<i>risperidone m-tab tbdp 0.5mg</i> 1		QLL(960 per 30 days) MO	<i>seconal</i>	1	QLL(90 per 30 days) MO
<i>risperidone m-tab tbdp 1mg</i>	1	QLL(480 per 30 days) MO	SEROQUEL XR TB24 150MG [+]	2	QLL(160 per 30 days) MO
<i>risperidone m-tab tbdp 2mg</i>	1	QLL(240 per 30 days) MO	SEROQUEL XR TB24 200MG [+]	2	QLL(120 per 30 days) MO
<i>risperidone m-tab tbdp 3mg</i>	1	QLL(160 per 30 days) MO	SEROQUEL XR TB24 300MG [+]	2	QLL(80 per 30 days) MO
<i>risperidone m-tab tbdp 4mg</i>	1	QLL(120 per 30 days) MO	SEROQUEL XR TB24 400MG [+]	2	QLL(60 per 30 days) MO
<i>risperidone odt tbdp 0.25mg</i>	1	QLL(1920 per 30 days) MO	SEROQUEL XR TB24 50MG [+]	2	QLL(480 per 30 days) MO
<i>risperidone odt tbdp 0.5mg</i>	1	QLL(960 per 30 days) MO	<i>sertraline hcl conc</i>	1	QLL(300 per 30 days) MO
<i>risperidone odt tbdp 1mg</i>	1	QLL(480 per 30 days) MO	<i>sertraline hcl tabs 100mg</i>	1	QLL(60 per 30 days) MO
<i>risperidone odt tbdp 2mg</i>	1	QLL(240 per 30 days) MO	<i>sertraline hcl tabs 25mg</i>	1	QLL(240 per 30 days) MO
<i>risperidone odt tbdp 3mg</i>	1	QLL(160 per 30 days) MO	<i>sertraline hcl tabs 50mg</i>	1	QLL(120 per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	1	QLL(120 per 30 days) MO	STRATTERA CAPS 100MG, 60MG, 80MG	2	PAR QLL(30 per 30 days) MO
<i>risperidone oral soln</i>	1	QLL(480 per 30 days) MO	STRATTERA CAPS 10MG,2 18MG, 25MG, 40MG		PAR QLL(60 per 30 days) MO
<i>risperidone tabs 0.25mg</i>	1	QLL(1920 per 30 days) MO	SURMONTIL	2	MO
<i>risperidone tabs 0.5mg</i>	1	QLL(960 per 30 days) MO	<i>temazepam</i>	1	QLL(30 per 30 days) MO
<i>risperidone tabs 1mg</i>	1	QLL(480 per 30 days) MO	<i>thioridazine hcl</i>	1	PAR MO
<i>risperidone tabs 2mg</i>	1	QLL(240 per 30 days) MO	<i>thiothixene</i>	1	MO
<i>risperidone tabs 3mg</i>	1	QLL(160 per 30 days) MO	<i>tranylcypromine sulfate</i>	1	MO
			<i>trazodone hcl</i>	1	MO
			<i>triazolam</i>	1	QLL(30 per 30 days) MO
			<i>trifluoperazine hcl</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl er cp24 150mg</i>	1	QLL(60 per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QLL(180 per 30 days) MO
<i>venlafaxine hcl er cp24 75mg</i>	1	QLL(90 per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	1	QLL(60 per 30 days) MO
<i>venlafaxine hcl er tb24 225mg</i>	1	QLL(30 per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QLL(180 per 30 days) MO
<i>venlafaxine hcl er tb24 75mg</i>	1	QLL(90 per 30 days) MO
<i>venlafaxine hcl tabs 100mg</i>	1	QLL(113 per 30 days) MO
<i>venlafaxine hcl tabs 25mg</i>	1	QLL(450 per 30 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	1	QLL(300 per 30 days) MO
<i>venlafaxine hcl tabs 50mg</i>	1	QLL(225 per 30 days) MO
<i>venlafaxine hcl tabs 75mg</i>	1	QLL(150 per 30 days) MO
VIIBRYD KIT	2	QLL(30 per 30 days) ST MO
VIIBRYD TABS 10MG	2	QLL(120 per 30 days) ST MO
VIIBRYD TABS 20MG	2	QLL(60 per 30 days) ST MO
VIIBRYD TABS 40MG	2	QLL(30 per 30 days) ST MO
XYREM	2	LA PAR QLL(540 per 30 days) MO
<i>zaleplon caps 10mg</i>	1	QLL(60 per 30 days) MO
<i>zaleplon caps 5mg</i>	1	QLL(30 per 30 days) MO
<i>ziprasidone hcl caps 20mg</i>	1	QLL(240 per 30 days) MO
<i>ziprasidone hcl caps 40mg</i>	1	QLL(120 per 30 days) MO
<i>ziprasidone hcl caps 60mg, 80mg</i>	1	QLL(60 per 30 days) MO
<i>zolpidem tartrate</i>	1	QLL(30 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate er</i>	1	QLL(30 per 30 days) MO
ZYPREXA INJ	2	QLL(60 per 30 days) MO
ZYPREXA TABS 10MG	3	QLL(60 per 30 days) MO
ZYPREXA TABS 15MG	3	QLL(40 per 30 days) MO
ZYPREXA TABS 2.5MG	3	QLL(240 per 30 days) MO
ZYPREXA TABS 20MG	3	QLL(30 per 30 days) MO
ZYPREXA TABS 5MG	3	QLL(120 per 30 days) MO
ZYPREXA TABS 7.5MG	3	QLL(80 per 30 days) MO
ZYPREXA ZYDIS TBDP 10MG	3	QLL(60 per 30 days) MO
ZYPREXA ZYDIS TBDP 15MG	3	QLL(40 per 30 days) MO
ZYPREXA ZYDIS TBDP 20MG	3	QLL(30 per 30 days) MO
ZYPREXA ZYDIS TBDP 5MG	3	QLL(120 per 30 days) MO
Pulmonary Agents		
ACCUNEB	3	B/D PAR QLL(360 per 30 days) MO
<i>acetylcysteine inhalation soln</i>	1	B/D PAR MO
ADCIRCA	2	PAR QLL(60 per 30 days) MO
ADVAIR DISKUS [+]	2	QLL(60 per 30 days) MO
ADVAIR HFA [+]	2	QLL(12 per 30 days) MO
<i>albuterol sulfate er</i>	1	MO
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D PAR QLL(360 per 30 days) MO
<i>albuterol sulfate nebu 0.5%</i>	1	B/D PAR QLL(60 per 30 days) MO
<i>albuterol sulfate syrp</i>	1	MO
<i>albuterol sulfate tabs</i>	1	MO
<i>aminophylline</i>	1	MO
ATROVENT HFA	2	QLL(26 per 30 days) MO
BECONASE AQ	2	QLL(50 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
BROVANA	3	B/D PAR QLL(120 per 30 days) MO
CINRYZE	2	PAR MO
COMBIVENT	2	QLL(30 per 30 days) MO
COMBIVENT RESPIMAT	2	QLL(8 per 30 days) MO
<i>cromolyn sodium nebu</i>	1	B/D PAR QLL(240 per 30 days) MO
DALIRESP	3	QLL(30 per 30 days) MO
DULERA [+]	2	QLL(13 per 30 days) MO
ELIXOPHYLLIN	2	MO
FIRAZYR	2	PAR MO
FLOVENT DISKUS AEPB 2 100MCG/BLIST [+]	2	QLL(60 per 30 days) MO
FLOVENT DISKUS AEPB 2 250MCG/BLIST, 50MCG/BLIST [+]	2	QLL(240 per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT [+]	2	QLL(12 per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT [+]	2	QLL(24 per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT [+]	2	QLL(11 per 30 days) MO
<i>flunisolide</i>	1	QLL(50 per 30 days) MO
<i>fluticasone propionate susp</i>	1	QLL(16 per 30 days) MO
FORADIL AEROLIZER [+]	2	QLL(60 per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D PAR MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D PAR QLL(540 per 30 days) MO
KALYDECO	2	PAR QLL(60 per 30 days) MO
LETAIRIS [+]	2	LA PAR MO
<i>levalbuterol</i>	1	B/D PAR QLL(45 per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/1 3ml</i>	1	QLL(270 per 30 days) MO
<i>levalbuterol hcl nebu 0.63mg/1 3ml</i>	1	QLL(540 per 30 days) MO
<i>levalbuterol hcl nebu 1.25mg/1 3ml</i>	1	B/D PAR QLL(270 per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
LUFYLLIN	3	MO
MAXAIR AUTOHALER	3	QLL(28 per 30 days) MO
<i>metaproterenol sulfate</i>	1	MO
<i>montelukast sodium</i>	1	QLL(30 per 30 days) MO
NASONEX [+]	2	QLL(34 per 30 days) MO
OMNARIS	2	QLL(13 per 30 days) ST MO
PERFOROMIST	2	B/D PAR QLL(120 per 30 days) MO
PROAIR HFA [+]	2	QLL(18 per 30 days) MO
PROVENTIL HFA [+]	2	QLL(14 per 30 days) MO
PULMOZYME	2	B/D PAR MO
QNASL	3	QLL(9 per 30 days) ST MO
QVAR [+]	2	QLL(27 per 30 days) MO
REVATIO INJ	2	PAR QLL(1125 per 30 days) MO
RHINOCORT AQUA	2	QLL(18 per 30 days) ST MO
SEREVENT DISKUS [+]	2	QLL(60 per 30 days) MO
<i>sildenafil citrate</i>	1	PAR QLL(90 per 30 days) MO
<i>sodium chloride nebu 0.9%</i>	1	B/D PAR MO
SPIRIVA HANDIHALER [+]	2	QLL(30 per 30 days) MO
SYMBICORT [+]	2	QLL(11 per 30 days) MO
<i>terbutaline sulfate</i>	1	MO
<i>theophylline</i>	1	
<i>theophylline cr</i>	1	MO
<i>theophylline er</i>	1	MO
TRACLEER [+]	2	LA PAR MO
<i>triamcinolone acetonide inha</i>	1	QLL(34 per 30 days) MO
TYVASO	2	PAR MO
TYVASO REFILL	2	PAR MO
TYVASO STARTER	2	PAR MO
VENTAVIS	2	PAR MO
VENTOLIN HFA	2	QLL(36 per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
VERAMYST	2	QLL(10 per 30 days) ST MO
XOLAIR	2	LA PAR QLL(6 per 28 days) MO
XOPENEX HFA	3	QLL(45 per 30 days) ST MO
<i>zafirlukast</i>	1	QLL(60 per 30 days) MO
ZETONNA	3	QLL(6.1 per 30 days) MO
ZYFLO	2	QLL(120 per 30 days) MO
ZYFLO CR	2	QLL(120 per 30 days) MO
Quinolones		
AVELOX ABC PACK	3	QLL(5 per 1 days) MO
AVELOX INJ	2	MO
AVELOX TABS	3	QLL(21 per 1 days) MO
CIPRO I.V.-IN D5W	2	
CIPRO SUSR	3	MO
<i>ciprofloxacin er tb24 1000mg;1 0</i>		QLL(14 per 1 days) MO
<i>ciprofloxacin er tb24 500mg; 1 0</i>		QLL(3 per 1 days) MO
<i>ciprofloxacin hcl</i>	1	MO
<i>ciprofloxacin i.v.-in d5w</i>	1	MO
<i>ciprofloxacin inj 200mg/20ml1</i>		MO
<i>ciprofloxacin inj 400mg/40ml1</i>		
LEVAQUIN ORAL SOLN	3	MO
LEVAQUIN TABS	3	QLL(14 per 1 days) MO
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj</i>	1	MO
<i>levofloxacin oral soln</i>	1	MO
<i>levofloxacin tabs</i>	1	QLL(14 per 1 days) MO
NOROXIN	3	MO
<i>ofloxacin</i>	1	MO
Smoking Deterrents		
<i>buproban</i>	1	MO
<i>bupropion hcl sr tb12 150mg</i>	1	MO
CHANTIX	2	PAR MO
CHANTIX CONTINUING2 MONTH PAK	2	PAR MO

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK	2	PAR MO
NICOTROL INHALER	3	MO
NICOTROL NS	2	MO
Steroid-Antibiotic Combinations		
<i>neo-polycin hc</i>	1	MO
<i>neomycin/polymyxin/ bacitracin/hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone</i>	1	MO
<i>neomycin/polymyxin/ hydrocortisone</i>	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX OINT [+]	2	MO
TOBRADEX ST [+]	2	MO
<i>tobramycin/dexamethasone</i>	1	MO
ZYLET	3	MO
Steroid-Sulfonamide Combinations		
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	1	MO
Steroids		
ALREX	3	MO
<i>dexamethasone sodium phosphate</i>	1	MO
DUREZOL [+]	2	MO
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
FML	3	MO
FML FORTE	3	MO
LOTEMAX OINT	3	MO
LOTEMAX SUSP	3	MO
MAXIDEX	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate1 ophthalmic soln</i>	1	MO
VEXOL	3	MO
Sulfa'S & Related Agents		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim1</i>		MO
<i>sulfamethoxazole/trimethoprim1 ds</i>		MO

Drug Name	Drug Tier	Requirements/Limits
Sulfonamides		
<i>sodium sulfacetamide</i>	1	MO
<i>sulfacetamide sodium</i>	1	MO
Sympathomimetics		
ALPHAGAN P OPHTHALMIC SOLN 0.1% [+]	2	MO
ALPHAGAN P OPHTHALMIC SOLN 0.15%	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
IOPIDINE	3	MO
Tetracyclines		
<i>demeclocycline hcl</i>	1	MO
<i>doxy 100</i>	1	MO
<i>doxycycline hyclate caps</i>	1	MO
<i>doxycycline hyclate inj</i>	1	MO
<i>doxycycline hyclate tabs</i>	1	MO
<i>doxycycline monohydrate caps</i> 100mg, 150mg, 50mg	1	MO
<i>doxycycline monohydrate caps</i> 75mg	1	QLL(60 per 1 days) MO
<i>doxycycline monohydrate susr</i>	1	MO
<i>doxycycline monohydrate tabs</i>	1	MO
DYNACIN	3	MO
<i>minocycline hcl</i>	1	MO
ORACEA	3	MO
<i>tetracycline hcl</i>	1	MO
VIBRAMYCIN	3	MO
Therapy For Acne		
<i>adapalene gel</i>	1	MO
AKNE-MYCIN	3	MO
<i>amnestem</i>	1	MO
<i>avar cleanser</i>	1	MO
<i>claravis</i>	1	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>ery</i>	1	MO
<i>erythromycin</i>	1	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
FINACEA	3	MO
METROGEL	3	MO
<i>metronidazole</i>	1	MO
<i>myorisan</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prascion</i>	1	MO
<i>rosadan</i>	1	MO
<i>sodium sulfacetamidelsulfur</i> <i>cleanser</i>	1	MO
<i>sodium sulfacetamidelsulfur</i> <i>cleanser in urea</i>	1	MO
<i>sodium sulfacetamidelsulfur</i> <i>wash liqd 9%; 4%</i>	1	MO
<i>sulfacetamide sodium/sulfur</i> <i>cleanser</i>	1	MO
TAZORAC	2	MO
<i>tretinoin crea</i>	1	QLL(90 per 30 days) MO
<i>tretinoin emollient</i>	1	MO
<i>tretinoin gel</i>	1	QLL(90 per 30 days) MO
<i>tretinoin microsphere</i>	1	QLL(90 per 30 days) MO
<i>tretinoin microsphere pump</i>	1	QLL(90 per 30 days) MO
VELTIN	3	MO
<i>zenatane</i>	1	MO
ZIANA	3	MO
Thyroid Hormones		
<i>levothroid</i>	1	MO
<i>levothyroxine sodium inj</i> 200mcg	1	
<i>levothyroxine sodium tabs</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium inj</i>	1	
<i>liothyronine sodium tabs</i>	1	MO
SYNTHROID	2	MO
<i>unithroid tabs 100mcg,</i> <i>112mcg, 125mcg, 150mcg,</i> <i>175mcg, 200mcg, 25mcg,</i> <i>300mcg, 50mcg, 75mcg,</i> <i>88mcg</i>	1	MO
<i>unithroid tabs 137mcg</i>	1	
Topical Anesthetics		
<i>bupivacaine hcl inj 0.5%</i>	1	MO
<i>bupivacaine hcl inj 0.75%</i>	1	
<i>lidocaine hcl external soln</i>	1	MO
<i>lidocaine hcl gel</i>	1	MO
<i>lidocaine hcl inj 2%</i>	1	MO
<i>lidocaine hcl jelly</i>	1	MO
<i>lidocaine hcl mouth/throat soln</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine</i>	1	MO
LIDODERM [+]	2	QLL(90 per 30 days) MO
XYLOCAINE EXTERNAL SOLN	3	MO

Topical Antibacterials

ALTABAX	3	QLL(30 per 30 days) MO
<i>bacitracin</i>	1	MO
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
<i>gentamicin sulfate</i>	1	MO
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	MO
<i>mupirocin calcium</i>	1	MO
PHISOHEX	3	MO
<i>sodium sulfacetamide</i>	1	MO
<i>sulfacetamide sodium</i>	1	MO
SULFAMYLON CREA	3	MO

Topical Antifungals

<i>ciclodan crea</i>	1	MO
<i>ciclodan external soln</i>	1	PAR MO
<i>ciclopirox</i>	1	MO
<i>ciclopirox nail lacquer</i>	1	PAR MO
<i>ciclopirox olamine</i>	1	MO
<i>ciclopirox topical solution kit</i>	1	PAR MO
<i>ciclopirox treatment</i>	1	MO
<i>clotrimazole external crea</i>	1	MO
<i>clotrimazole external soln</i>	1	MO
<i>clotrimazole/betamethasone dipropionate</i>	1	MO
<i>econazole nitrate</i>	1	MO
EXELDERM	3	MO
<i>ketoconazole crea</i>	1	MO
<i>ketoconazole sham</i>	1	MO
NAFTIN CREA	3	MO
NAFTIN GEL 1%	3	MO
<i>nyamyc</i>	1	MO
<i>nystatin</i>	1	MO
<i>nystatin/triamcinolone</i>	1	MO
<i>nystop</i>	1	MO
OXISTAT	3	MO
<i>pedi-dri</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
Topical Antivirals		
<i>acyclovir oint</i>	1	QLL(30 per 1 days) MO
DENAVIR	2	QLL(5 per 1 days) MO
ZOVIRAX CREA	2	QLL(5 per 1 days) MO

Topical Corticosteroids

<i>ala cort</i>	1	MO
ALA SCALP	3	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide</i>	1	MO
<i>apexicon e</i>	1	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
CAPEX	3	MO
<i>clobetasol propionate</i>	1	MO
<i>clobetasol propionate e</i>	1	MO
<i>clobetasol propionate emollient</i>	1	MO
CLOBEX LIQD	3	MO
CLODERM	3	MO
CLODERM PUMP	3	MO
CORDRAN TAPE	3	MO
<i>cormax scalp application</i>	1	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	1	MO
<i>diflorasone diacetate</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinolone acetonide body</i>	1	MO
<i>fluocinolone acetonide scalp</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>fluticasone propionate crea</i>	1	MO
<i>fluticasone propionate lotn</i>	1	MO
<i>fluticasone propionate oint</i>	1	MO
<i>halobetasol propionate</i>	1	MO
HALOG	3	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO
<i>hydrocortisone in absorbase</i>	1	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG	3	MO

Drug Name	Drug Tier	Requirements/Limits
LOKARA	3	MO
<i>mometasone furoate crea</i>	1	MO
<i>mometasone furoate external soln</i>	1	MO
<i>mometasone furoate oint</i>	1	MO
PANDEL	3	MO
<i>prednicarbate</i>	1	MO
TOPICORT CREA 0.05%	3	MO
TOPICORT OINT 0.05%	3	MO
<i>triamcinolone acetonide crea</i>	1	MO
<i>triamcinolone acetonide lotn</i>	1	MO
<i>triamcinolone acetonide oint</i>	1	MO
<i>trianex</i>	1	MO
<i>triderm</i>	1	MO
VANOS	3	MO
VERDESO	3	MO
WESTCORT	3	MO

Topical Enzymes

SANTYL	3	QLL(30 per 1 days) MO
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Topical Scabicides / Pediculicides

EURAX	3	MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin crea</i>	1	MO

Ulcer Therapy

ACIPHEX	3	QLL(30 per 30 days) MO
AXID ORAL SOLN	3	MO
<i>cimetidine hcl inj</i>	1	MO
CYTOTEC	3	MO
DEXILANT	3	QLL(30 per 30 days) ST MO
<i>famotidine inj</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	1	MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO
HELIDAC	3	MO
<i>lansoprazole</i>	1	QLL(30 per 30 days) MO
<i>misoprostol</i>	1	MO
NEXIUM [+]	2	QLL(30 per 30 days) MO
NEXIUM I.V. INJ 20MG	2	
NEXIUM I.V. INJ 40MG	2	MO
<i>nizatidine caps</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr</i>	1	QLL(30 per 30 days) MO
OMEPRAZOLE/SODIUM BICARBONATE CAPS 20MG; 1100MG	1	QLL(30 per 30 days) MO
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg, 40mg; 1100mg</i>	1	QLL(30 per 30 days) MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium tbec</i>	1	QLL(30 per 30 days) MO
PROTONIX PACK	3	QLL(30 per 30 days) MO
PROTONIX TBEC	3	QLL(30 per 30 days) MO
<i>ranitidine hcl inj</i>	1	MO
<i>ranitidine hcl syrp</i>	1	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO
<i>sucralfate tabs</i>	1	MO
ZEGERID	3	QLL(30 per 30 days) MO

Urinary Tract Agents

<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin macrocrystalline</i>	1	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	MO
PRIMSOL	3	MO
<i>trimethoprim</i>	1	MO

Vaccines & Miscellaneous Immunologicals

ACTHIB	2	
ADACEL	2	MO
BIVIGAM	2	PAR MO
BOOSTRIX	2	MO
CARIMUNE	2	PAR MO
NANOFILTERED		
CERVARIX	2	MO
COMVAX	2	MO
DAPTACEL	2	MO
DYSPORT	2	PAR MO

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 10MCG/ 0.5ML	2	B/D PAR
ENGERIX-B INJ 20MCG/ ML	2	B/D PAR MO
<i>fomepizole</i>	1	MO
GAMASTAN S/D	2	PAR MO
GAMMAGARD LIQUID	2	PAR MO
GAMMAGARD S/D	2	PAR MO
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PAR MO
GAMMAPLEX	2	PAR MO
GAMUNEX-C	2	PAR MO
GARDASIL	2	MO
HAVRIX INJ 1440ELU/ML	2	MO
HAVRIX INJ 720ELU/ 0.5ML	2	MO
IMOVAX RABIES (H.D.C.V.)	2	MO
INFANRIX	2	MO
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
M-M-R II W/DILUENT DOSE	102	MO
MENACTRA	2	MO
MENOMUNE-A/C/Y/W-135	2	MO
MENVEO	2	MO
PEDVAX HIB	2	MO
PRIVIGEN	2	PAR MO
PROQUAD	1	
RABAVERT	2	MO
RECOMBIVAX HB	2	B/D PAR MO
ROTATEQ	2	
<i>tetanus toxoid adsorbed</i>	1	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	MO
THYMOGLOBULIN	2	B/D PAR
TWINRIX	2	MO
TYPHIM VI	2	
VAQTA	2	MO
VARIVAX	2	MO
VARIZIG	2	
XEOMIN	2	PAR MO
YF-VAX	2	MO
ZOSTAVAX	2	MO

Drug Name	Drug Tier	Requirements/Limits
Vancomycin		
<i>vancomycin hcl caps 125mg</i>	1	PAR QLL(40 per 1 days) MO
<i>vancomycin hcl caps 250mg</i>	1	PAR QLL(80 per 1 days) MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/ 200ML	2	B/D PAR MO
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/ 100ML, 0; 750MG/150ML	2	B/D PAR
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	1	B/D PAR MO
<i>vancomycin hcl inj 500mg</i>	1	B/D PAR
VIBATIV	3	PAR
Vasoconstrictor Decongestants		
<i>naphazoline hcl</i>	1	MO
<i>phenylephrine hcl ophthalmic soln</i>	1	MO
Vitamins & Hematinics		
<i>fluoride</i>	1	MO
<i>folbecal</i>	1	MO
<i>folcal dha</i>	1	MO
<i>folcaps omega 3</i>	1	MO
<i>hemenatal ob</i>	1	MO
<i>hemenatal ob + dha</i>	1	MO
<i>ludent</i>	1	MO
<i>pnv prenatal plus multivitamin</i>	1	MO
<i>pnv-select</i>	1	MO
<i>pr natal 430</i>	1	MO
<i>pr natal 430 ec</i>	1	MO
<i>prenaissance</i>	1	MO
<i>prenatabs fa</i>	1	MO
<i>prenatabs obn</i>	1	
<i>prenatabs rx</i>	1	MO
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg</i>	1	MO
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	1	
<i>prenatal 19 tabs 100mg; 200mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg</i>	1	MO
<i>prenatal plus</i>	1	MO
<i>prenatal plus iron</i>	1	MO
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	1	MO
<i>prenatal vitamins plus</i>	1	MO
<i>prenatal-u</i>	1	MO
<i>se-care</i>	1	MO
<i>se-natal 19</i>	1	MO
<i>se-tan dha</i>	1	MO
<i>sodium fluoride chew</i>	1	MO
<i>sodium fluoride tabs</i>	1	
<i>triadvance</i>	1	MO
<i>trinatal gt</i>	1	MO
<i>trinate</i>	1	MO
<i>vinate az</i>	1	MO
<i>vinate care</i>	1	MO
<i>vinate m</i>	1	MO
<i>virt-pn</i>	1	MO
<i>vitafol-ob</i>	1	MO
<i>vol-nate</i>	1	MO

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Legend

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Brand name drugs are shown in capital letters (e.g. HUMALOG)

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BICILLIN L-A.....	38	<i>bupirone hcl</i>	40
BICNU.....	14	BUSULFEX.....	14
BIDIL.....	12	<i>butal/asa/caff</i>	33

<i>butalbital/acetaminophen</i>	33	<i>carbidopa/levodopa</i>	17
<i>butalbital/acetaminophen/caffeine</i>	33	<i>carbidopallevodopa cr</i>	17
<i>butalbital/aspirin/caffeine</i>	33	<i>carbidopallevodopa er</i>	17
<i>butalbital/aspirin/caffeine</i>	33	<i>carbidopallevodopa odt</i>	17
<i>butorphanol tartrate inj</i>	36	<i>carbidopallevodopa sr</i>	17
<i>butorphanol tartrate nasal soln</i>	36	<i>carbidopallevodopalentacapone</i>	17
BYDUREON.....	21	<i>carboplatin</i>	14
BYETTA INJ 10MCG/0.04ML.....	21	CARDIZEM LA TB24 120MG.....	13
BYETTA INJ 5MCG/0.02ML.....	21	CARDURA XL.....	13
BYSTOLIC.....	12	CARIMUNE NANOFILTERED.....	49
<i>cabergoline</i>	30	CARMOL-HC.....	29
CALAN.....	12	<i>carteolol hcl</i>	18
<i>calcipotriene crea</i>	17	<i>cartia xt</i>	13
<i>calcipotriene external soln</i>	17	<i>carvedilol</i>	13
<i>calcipotriene oint</i>	17	CAYSTON.....	27
<i>calcitonin-salmon</i>	30	<i>caziant</i>	36
<i>calcitrene</i>	17	CEDAX CAPS.....	19
<i>calcitriol caps</i>	30	CEENU.....	15
<i>calcitriol inj</i>	30	<i>cefaclor</i>	19
<i>calcitriol oint</i>	17	<i>cefaclor er</i>	19
<i>calcitriol oral soln</i>	30	<i>cefadroxil</i>	19
<i>calcium acetate caps</i>	23	<i>cefazolin sodium inj 100gm, 10gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	19
<i>calcium acetate tabs 667mg</i>	23	<i>cefazolin sodium inj 1gm</i>	19
<i>calcium folinate</i>	8	<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	19
<i>camila</i>	24	<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	19
<i>camrese</i>	36	<i>cefdinir</i>	19
<i>camrese lo</i>	36	<i>cefditoren pivoxil tabs 200mg</i>	19
CANASA.....	29	<i>cefditoren pivoxil tabs 400mg</i>	19
CANCIDAS.....	12	<i>cefepime inj 1gm</i>	19
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	12	<i>cefepime inj 1gm/50ml, 2gm, 2gm/100ml</i>	20
<i>candesartan cilexetil tabs 32mg</i>	12	<i>cefotaxime sodium inj 10gm, 2gm</i>	20
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	13	<i>cefotaxime sodium inj 1gm, 500mg</i>	20
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg; 32mg; 25mg</i>	13	<i>cefotetan</i>	20
CANTIL.....	11	<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	20
CAPASTAT SULFATE.....	27	<i>cefoxitin sodium inj 1gm</i>	20
CAPEX.....	48	<i>cefpodoxime proxetil</i>	20
CAPITAL/CODEINE.....	33	<i>cefprozil</i>	20
CAPRELSA.....	14	<i>ceftazidime inj 1gm, 6gm</i>	20
<i>captopril</i>	13	<i>ceftazidime inj 2gm</i>	20
<i>captopril/hydrochlorothiazide</i>	13	CEFTAZIDIME/DEXTROSE.....	20
CARAC.....	29	CEFTIN SUSR.....	20
CARBAGLU.....	26	<i>ceftriaxone in iso-osmotic dextrose</i>	20
<i>carbamazepine</i>	10	<i>ceftriaxone sodium</i>	20
<i>carbamazepine er</i>	10	<i>ceftriaxon/dextrose</i>	20
		<i>cefuroxime axetil tabs</i>	20

<i>cefuroxime sodium inj 1.5gm, 750mg</i>	20	CIMZIA.....	29
<i>cefuroxime sodium inj 7.5gm</i>	20	CIMZIA STARTER KIT.....	29
CELEBREX.....	36	CINRYZE.....	45
CELESTONE.....	8	CIPRO HC.....	38
CELLCEPT CAPS.....	15	CIPRO I.V.-IN D5W.....	46
CELLCEPT INTRAVENOUS.....	15	CIPRO SUSR.....	46
CELLCEPT SUSR.....	15	CIPRODEX.....	38
CELLCEPT TABS.....	15	<i>ciprofloxacin er tb24 1000mg; 0</i>	46
CELONTIN.....	10	<i>ciprofloxacin er tb24 500mg; 0</i>	46
<i>cephalexin</i>	20	<i>ciprofloxacin hcl</i>	9
CEREZYME.....	30	<i>ciprofloxacin hcl</i>	46
<i>cerubidine</i>	15	<i>ciprofloxacin i.v.-in d5w</i>	46
CERVARIX.....	49	<i>ciprofloxacin inj 200mg/20ml</i>	46
CESAMET.....	29	<i>ciprofloxacin inj 400mg/40ml</i>	46
<i>cetirizine hcl syrp</i>	12	<i>cisplatin</i>	15
<i>cevimeline hcl</i>	26	<i>citalopram hydrobromide oral soln</i>	40
CHANTIX.....	46	<i>citalopram hydrobromide tabs 10mg</i>	40
CHANTIX CONTINUING MONTH PAK.....	46	<i>citalopram hydrobromide tabs 20mg</i>	40
CHANTIX STARTING MONTH PAK.....	46	<i>citalopram hydrobromide tabs 40mg</i>	40
CHEMET.....	26	<i>citric acid/sodium citrate</i>	31
<i>childrens ibuprofen susp 100mg/5ml</i>	36	<i>cladribine</i>	15
<i>chloramphenicol sodium succinate</i>	27	CLAFORAN INJ 10GM, 1GM, 2GM.....	20
<i>chlordiazepoxide hcl</i>	40	CLAFORAN INJ 500MG.....	20
<i>chlordiazepoxid/amitriptyline</i>	40	<i>claravis</i>	47
<i>chlorhexidine gluconate mouth/throat soln</i>	26	<i>clarithromycin</i>	24
<i>chlorhexidine gluconate oral rinse</i>	26	<i>clarithromycin er</i>	24
<i>chloroquine phosphate</i>	27	CLEOCIN CREA.....	31
<i>chlorothiazide</i>	13	CLEOCIN PEDIATRIC GRANULES.....	28
<i>chlorothiazide sodium</i>	13	CLEOCIN SUPP.....	31
<i>chlorpromazine hcl inj</i>	40	CLIMARA PRO.....	24
<i>chlorpromazine hcl tabs</i>	40	CLINDAGEL.....	47
<i>chlorthalidone tabs 25mg, 50mg</i>	13	<i>clindamycin hcl</i>	28
<i>cholestyramine</i>	25	<i>clindamycin palmitate hcl</i>	28
<i>cholestyramine light</i>	25	<i>clindamycin phosphate</i>	28
CIALIS TABS 2.5MG, 5MG.....	31	<i>clindamycin phosphate</i>	31
<i>ciclodan crea</i>	48	<i>clindamycin phosphate</i>	47
<i>ciclodan external soln</i>	48	<i>clindamycin phosphate add-vantage</i>	28
<i>ciclopirox</i>	48	<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%,</i> <i>600mg/50ml; 5%</i>	28
<i>ciclopirox nail lacquer</i>	48	<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	28
<i>ciclopirox olamine</i>	48	<i>clindamycin phosphate pharmacy bulk package</i>	28
<i>ciclopirox topical solution kit</i>	48	<i>clindamycin/benzoyl peroxide</i>	47
<i>ciclopirox treatment</i>	48	CLINIMIX 2.75%/DEXTROSE 5%.....	32
<i>cidofovir</i>	17	CLINIMIX 4.25%/DEXTROSE 10%.....	32
<i>cilostazol</i>	20	CLINIMIX 4.25%/DEXTROSE 20%.....	32
CILOXAN.....	9	CLINIMIX 4.25%/DEXTROSE 25%.....	32
<i>cimetidine hcl inj</i>	49		

CLINIMIX 4.25%/DEXTROSE 5%.....	26	<i>clozapine tabs 50mg</i>	40
CLINIMIX 5%/DEXTROSE 15%.....	32	<i>co-gesic</i>	33
CLINIMIX 5%/DEXTROSE 20%.....	32	COARTEM.....	28
CLINIMIX 5%/DEXTROSE 25%.....	32	<i>codeine sulfate tabs 15mg</i>	34
CLINIMIX E 2.75%/DEXTROSE 10%.....	26	<i>codeine sulfate tabs 30mg</i>	34
CLINIMIX E 2.75%/DEXTROSE 5%.....	26	<i>codeine sulfate tabs 60mg</i>	34
CLINIMIX E 4.25%/DEXTROSE 10%.....	32	COGENTIN.....	17
CLINIMIX E 4.25%/DEXTROSE 25%.....	32	COLCRYL.....	24
CLINIMIX E 4.25%/DEXTROSE 5%.....	32	<i>colestipol hcl</i>	25
CLINIMIX E 5%/DEXTROSE 15%.....	32	<i>colestipol hcl for oral suspension</i>	25
CLINIMIX E 5%/DEXTROSE 20%.....	32	<i>colistimethate sodium</i>	28
CLINIMIX E 5%/DEXTROSE 25%.....	32	<i>colocort</i>	29
CLINISOL SF 15%.....	32	COLY-MYCIN M.....	28
<i>clobetasol propionate</i>	48	COLY-MYCIN S.....	38
<i>clobetasol propionate e</i>	48	COMBIGAN.....	38
<i>clobetasol propionate emollient</i>	48	COMBIVENT.....	45
CLOBEX LIQD.....	48	COMBIVENT RESPIMAT.....	45
CLODERM.....	48	COMBIVIR.....	17
CLODERM PUMP.....	48	COMETRIQ.....	15
CLOLAR.....	15	COMPLERA.....	17
<i>clomipramine hcl</i>	40	<i>compro</i>	29
<i>clonazepam odt tbdp 0.125mg</i>	10	COMVAX.....	49
<i>clonazepam odt tbdp 0.25mg</i>	10	CONDYLOX GEL.....	29
<i>clonazepam odt tbdp 0.5mg</i>	10	<i>constulose</i>	29
<i>clonazepam odt tbdp 1mg</i>	10	COPAXONE.....	31
<i>clonazepam odt tbdp 2mg</i>	10	CORDRAN TAPE.....	48
<i>clonazepam tabs 0.5mg</i>	10	COREG CR.....	13
<i>clonazepam tabs 1mg</i>	10	<i>cormax scalp application</i>	48
<i>clonazepam tabs 2mg</i>	10	CORTIFOAM.....	29
<i>clonidine hcl ptwk</i>	13	<i>cortisone acetate</i>	8
<i>clonidine hcl tabs</i>	13	CORTISPORIN CREA.....	48
<i>clopidogrel tabs 300mg</i>	20	CORTISPORIN OINT.....	48
<i>clopidogrel tabs 75mg</i>	20	CORTISPORIN-TC.....	38
<i>clorazepate dipotassium</i>	40	COSMEGEN.....	15
<i>clorpres tabs 15mg; 0.1mg, 15mg; 0.2mg</i>	13	COUMADIN.....	20
CLORPRES TABS 15MG; 0.3MG.....	13	CREON.....	29
<i>clotrimazole external crea</i>	48	CRESTOR.....	25
<i>clotrimazole external soln</i>	48	CRINONE.....	24
<i>clotrimazole troc</i>	12	CRIXIVAN.....	17
<i>clotrimazole/betamethasone dipropionate</i>	48	<i>cromolyn sodium conc</i>	29
<i>clozapine odt tbdp 100mg</i>	40	<i>cromolyn sodium nebu</i>	45
<i>clozapine odt tbdp 12.5mg</i>	40	<i>cromolyn sodium ophthalmic soln</i>	31
<i>clozapine odt tbdp 25mg</i>	40	<i>cryselle-28</i>	36
<i>clozapine tabs 100mg</i>	40	CUBICIN.....	28
<i>clozapine tabs 200mg</i>	40	<i>cyclafem 1/35</i>	36
<i>clozapine tabs 25mg</i>	40	<i>cyclafem 7/7/7</i>	36

CYCLESSA.....	36	DEPAKENE CAPS.....	10
<i>cyclobenzaprine hcl tabs 10mg, 5mg.</i>	33	DEPEN TITRATABS.....	38
<i>cyclopentolate hcl ophthalmic soln 2%.</i>	21	DEPO-ESTRADIOL.....	24
<i>cyclophosphamide tabs.</i>	15	DEPO-SUBQ PROVERA 104.....	24
CYCLOSET.....	21	<i>desipramine hcl.</i>	40
<i>cyclosporine caps.</i>	15	<i>desloratadine.</i>	12
<i>cyclosporine inj.</i>	15	<i>desmopressin acetate.</i>	30
<i>cyclosporine modified caps 100mg, 50mg.</i>	15	DESOGEN.....	36
<i>cyclosporine modified caps 25mg.</i>	15	<i>desonide.</i>	48
<i>cyclosporine modified oral soln.</i>	15	<i>desoximetasone.</i>	48
CYKLOKAPRON.....	20	DESVENLAFAXINE ER TB24 100MG.....	40
CYMBALTA CPEP 20MG.....	40	DESVENLAFAXINE ER TB24 50MG.....	40
CYMBALTA CPEP 30MG.....	40	<i>dexamethasone.</i>	8
CYMBALTA CPEP 60MG.....	40	<i>dexamethasone intensol.</i>	8
<i>cyproheptadine hcl tabs.</i>	12	<i>dexamethasone sodium phosphate.</i>	8
CYSTADANE.....	29	<i>dexamethasone sodium phosphate.</i>	46
CYSTAGON.....	31	DEXILANT.....	49
<i>cytarabine.</i>	15	DEXPAK 10 DAY.....	8
<i>cytarabine aqueous.</i>	15	DEXPAK 13 DAY.....	8
CYTOTEC.....	49	DEXPAK 6 DAY.....	8
<i>cytra k crystals.</i>	31	<i>dexrazoxane inj 250mg.</i>	8
<i>cytra-2.</i>	31	<i>dexrazoxane inj 500mg.</i>	8
<i>cytra-3.</i>	31	<i>dextroamphetamine sulfate tabs 10mg.</i>	40
<i>cytra-k.</i>	31	<i>dextroamphetamine sulfate tabs 5mg.</i>	40
<i>dacarbazine inj 100mg.</i>	15	<i>dextrose 10% flex container.</i>	26
<i>dacarbazine inj 200mg.</i>	15	DEXTROSE 10% INJ 10%.....	26
DACOGEN.....	15	<i>dextrose 10% inj 10%.</i>	26
DALIRESP.....	45	<i>dextrose 10%/nacl 0.2%.</i>	26
<i>danazol.</i>	30	<i>dextrose 10%/nacl 0.45%.</i>	26
<i>dantrolene sodium caps.</i>	33	<i>dextrose 2.5%.</i>	26
DAPSONE.....	28	<i>dextrose 2.5%/nacl 0.45%.</i>	26
DAPTACEL.....	49	<i>dextrose 2.5%/sodium chloride 0.45%.</i>	26
DARAPRIM.....	28	<i>dextrose 25%.</i>	26
<i>dasetta 1/35.</i>	36	<i>dextrose 30%.</i>	26
<i>dasetta 7/7/7.</i>	36	<i>dextrose 30% partial fill.</i>	26
<i>daunorubicin hcl inj 20mg.</i>	15	<i>dextrose 40%.</i>	26
<i>daunorubicin hcl inj 5mg/ml.</i>	15	<i>dextrose 5%.</i>	26
<i>daysee.</i>	36	<i>dextrose 5% viaflex.</i>	26
DDAVP INJ.....	30	<i>dextrose 5%/lactated ringers.</i>	26
DELZICOL.....	29	<i>dextrose 5%/nacl 0.2%.</i>	26
<i>demeclocycline hcl.</i>	47	<i>dextrose 5%/nacl 0.225%.</i>	26
DEMSEER.....	13	<i>dextrose 5%/nacl 0.3%.</i>	26
DENAVIR.....	48	<i>dextrose 5%/nacl 0.33%.</i>	26
<i>denta 5000 plus.</i>	26	<i>dextrose 5%/nacl 0.45%.</i>	26
<i>dentagel.</i>	26	<i>dextrose 5%/nacl 0.9%.</i>	26
DEPACON.....	10	<i>dextrose 5%/potassium chloride 0.15%.</i>	23

<i>dextrose 5%/sodium chloride 0.2%</i>	26	DIOVAN TABS 160MG.....	13
<i>dextrose 5%/sodium chloride 0.33%</i>	26	DIOVAN TABS 320MG.....	13
<i>dextrose 5%/sodium chloride 0.45%</i>	26	DIOVAN TABS 40MG, 80MG.....	13
<i>dextrose 5%/sodium chloride 0.9%</i>	27	DIPENTUM.....	29
<i>dextrose 50%</i>	27	<i>diphenhydramine hcl inj</i>	12
<i>dextrose 70%</i>	27	<i>disopyramide phosphate</i>	9
<i>dextrose thermoject system</i>	27	<i>disulfiram</i>	27
<i>diazepam gel</i>	10	<i>divalproex sodium</i>	10
<i>diazepam inj 5mg/ml</i>	40	<i>divalproex sodium dr</i>	10
<i>diazepam intensol</i>	40	<i>divalproex sodium er</i>	10
<i>diazepam oral soln</i>	40	DOCEFREZ.....	15
<i>diazepam tabs 10mg</i>	40	<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/0.5ml, 20mg/</i> <i>2ml, 80mg/2ml, 80mg/8ml</i>	15
<i>diazepam tabs 2mg</i>	40	<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	15
<i>diazepam tabs 5mg</i>	40	<i>dolophine hcl TABS 10MG</i>	34
DIBENZYLINE.....	13	DOLOPHINE HCL TABS 5MG.....	34
<i>diclofenac potassium</i>	36	<i>donepezil hcl tabs 10mg, 5mg</i>	31
<i>diclofenac sodium</i>	36	<i>donepezil hcl tabs 23mg</i>	31
<i>diclofenac sodium dr</i>	36	<i>donepezil hcl tbdp</i>	31
<i>diclofenac sodium er</i>	36	DORIBAX.....	28
<i>diclofenac sodium xr</i>	36	<i>dorzolamide hcl</i>	38
<i>diclofenac sodium/misoprostol</i>	36	<i>dorzolamide hcl/timolol maleate</i>	38
<i>dicloxacillin sodium</i>	39	<i>doxazosin mesylate</i>	13
<i>dicyclomine hcl</i>	11	<i>doxepin hcl</i>	40
<i>didanosine</i>	17	DOXIL.....	15
DIFICID.....	24	<i>doxorubicin hcl</i>	15
<i>diflorasone diacetate</i>	48	<i>doxy 100</i>	47
<i>diflunisal</i>	36	<i>doxycycline hyclate caps</i>	47
<i>digoxin oral soln</i>	19	<i>doxycycline hyclate inj</i>	47
<i>digoxin tabs 0.125mg</i>	19	<i>doxycycline hyclate tabs</i>	47
<i>digoxin tabs 0.25mg</i>	19	<i>doxycycline monohydrate caps 100mg, 150mg, 50mg</i>	47
<i>dihydroergotamine mesylate inj</i>	25	<i>doxycycline monohydrate caps 75mg</i>	47
<i>dihydroergotamine mesylate nasal soln</i>	25	<i>doxycycline monohydrate susr</i>	47
DILANTIN CAPS 100MG.....	10	<i>doxycycline monohydrate tabs</i>	47
DILANTIN CAPS 30MG.....	10	<i>dritho-creme hp</i>	17
DILANTIN INFATABS.....	10	<i>dronabinol</i>	29
DILANTIN SUSP.....	10	<i>drosiprone/ethinyl estradiol</i>	36
DILATRATE SR.....	35	DROXIA.....	15
<i>dilt-cd</i>	13	DULERA.....	45
<i>dilt-xr</i>	13	<i>duramorph</i>	34
<i>diltiazem cd</i>	13	DUREZOL.....	46
<i>diltiazem hcl cd</i>	13	DYAZIDE.....	13
<i>diltiazem hcl cp24</i>	13	DYNACIN.....	47
<i>diltiazem hcl er</i>	13	DYRENIUM.....	13
<i>diltiazem hcl inj</i>	13	DYSPORT.....	49
<i>diltiazem hcl tabs</i>	13	E.E.S. GRANULES.....	24
<i>diltzac</i>	13		

<i>e.s.p.</i>	24	<i>epinephrine</i>	12
<i>econazole nitrate</i>	48	<i>epinephrine hcl</i>	12
EDURANT.....	17	EPIPEN 2-PAK.....	12
<i>effervescent pot chloride</i>	23	EPIPEN-JR 2-PAK.....	12
<i>effervescent potassium</i>	23	<i>epirubicin hcl</i>	15
<i>effervescent potassium/chloride</i>	23	<i>epitol</i>	10
EFFIENT.....	20	EPIVIR HBV.....	17
ELAPRASE.....	30	EPIVIR ORAL SOLN.....	17
ELIDEL.....	29	EPIVIR TABS.....	17
ELIGARD.....	15	<i>eplerenone</i>	13
<i>elinest</i>	36	EPOGEN.....	19
ELITEK.....	8	<i>eprosartan mesylate</i>	13
ELIXOPHYLLIN.....	45	EPZICOM.....	17
ELLENCE.....	15	EQUETRO CP12 100MG.....	10
ELMIRON.....	31	EQUETRO CP12 200MG.....	10
ELOXATIN INJ 100MG/20ML, 50MG/10ML.....	15	EQUETRO CP12 300MG.....	10
ELOXATIN INJ 200MG/40ML.....	15	ERBITUX INJ 100MG/50ML.....	15
ELSPAR.....	15	ERBITUX INJ 200MG/100ML.....	15
EMADINE.....	31	ERGOMAR.....	25
EMCYT.....	15	ERIVEDGE.....	15
EMEND CAPS.....	29	<i>errin</i>	24
EMEND CAPS 125MG.....	29	<i>ery</i>	47
EMEND CAPS 40MG.....	29	<i>ery-tab tbec 250mg, 333mg</i>	24
EMEND CAPS 80MG.....	29	ERY-TAB TBEC 500MG.....	24
<i>emoquette</i>	36	ERYPED 200.....	24
EMSAM.....	40	ERYPED 400.....	24
EMTRIVA.....	17	ERYTHROCIN LACTOBIONATE.....	24
ENABLEX.....	9	<i>erythrocine stearate</i>	24
<i>enalapril maleate</i>	13	<i>erythromycin</i>	9
<i>enalapril maleate/hydrochlorothiazide</i>	13	<i>erythromycin</i>	24
ENBREL INJ 25MG, 50MG/ML.....	38	<i>erythromycin</i>	47
ENBREL INJ 25MG/0.5ML.....	38	<i>erythromycin base</i>	24
ENBREL SURECLICK.....	38	<i>erythromycin ethylsuccinate</i>	24
<i>endocet tabs 325mg; 10mg, 325mg; 5mg, 325mg;</i> <i>7.5mg</i>	34	<i>erythromycin/benzoyl peroxide</i>	47
<i>endocet tabs 500mg; 7.5mg</i>	34	<i>erythromycin/sulfisoxazole</i>	24
<i>endocet tabs 650mg; 10mg</i>	34	<i>escitalopram oxalate oral soln</i>	40
<i>endodan</i>	34	<i>escitalopram oxalate tabs 10mg</i>	40
ENGERIX-B INJ 10MCG/0.5ML.....	50	<i>escitalopram oxalate tabs 20mg</i>	40
ENGERIX-B INJ 20MCG/ML.....	50	<i>escitalopram oxalate tabs 5mg</i>	40
<i>enoxaparin sodium</i>	20	<i>estarylla</i>	36
<i>enpresse-28</i>	36	<i>estazolam</i>	40
<i>enskyce</i>	36	ESTRACE CREA.....	24
<i>entacapone</i>	17	<i>estradiol ptwk</i>	24
<i>enulose</i>	29	<i>estradiol tabs</i>	24
<i>epinastine hcl</i>	31	<i>estradiol valerate</i>	24
		ESTRING.....	24

ESTROSTEP FE.....	36	<i>fenofibrate caps.....</i>	25
<i>ethambutol hcl.....</i>	28	<i>fenofibrate micronized caps 134mg, 200mg.....</i>	25
<i>ethosuximide.....</i>	10	<i>fenofibrate micronized caps 67mg.....</i>	25
<i>etidronate disodium.....</i>	27	<i>fenofibrate tabs 145mg, 48mg.....</i>	25
<i>etodolac.....</i>	36	<i>fenofibrate tabs 160mg.....</i>	25
<i>etodolac er.....</i>	36	<i>fenofibrate tabs 54mg.....</i>	25
ETOPOPHOS.....	15	<i>fenofibric acid dr.....</i>	25
<i>etoposide inj.....</i>	15	<i>fenoprofen calcium.....</i>	36
EURAX.....	49	<i>fentanyl citrate oral transmucosal.....</i>	34
EVISTA.....	37	<i>fentanyl patches.....</i>	34
EXELDERM.....	48	FENTORA.....	34
EXELON CAPS.....	31	FERRIPROX.....	27
EXELON ORAL SOLN.....	31	FINACEA.....	47
EXELON PT24.....	31	<i>finasteride tabs 5mg.....</i>	18
<i>exemestane.....</i>	15	FIRAZYR.....	45
EXFORGE.....	13	FIRMAGON.....	15
EXFORGE HCT.....	13	FLAGYL CAPS.....	28
EXJADE.....	27	FLAGYL ER.....	28
EXTAVIA.....	19	FLAREX.....	46
FABRAZYME.....	30	<i>flavoxate hcl.....</i>	9
<i>falmina.....</i>	36	<i>flecainide acetate.....</i>	9
<i>famciclovir tabs 125mg, 250mg.....</i>	17	FLOVENT DISKUS AEPB 100MCG/BLIST.....	45
<i>famciclovir tabs 500mg.....</i>	17	FLOVENT DISKUS AEPB 250MCG/BLIST, 50MCG/ BLIST.....	45
<i>famotidine inj.....</i>	49	FLOVENT HFA AERO 110MCG/ACT.....	45
<i>famotidine premixed.....</i>	49	FLOVENT HFA AERO 220MCG/ACT.....	45
<i>famotidine susr.....</i>	49	FLOVENT HFA AERO 44MCG/ACT.....	45
<i>famotidine tabs 20mg, 40mg.....</i>	49	<i>fluconazole.....</i>	12
FANAPT TABS 10MG.....	40	<i>fluconazole in dextrose.....</i>	12
FANAPT TABS 12MG.....	40	<i>fluconazole in nacl.....</i>	12
FANAPT TABS 1MG.....	40	<i>flucytosine.....</i>	12
FANAPT TABS 2MG.....	40	<i>fludarabine phosphate inj 50mg.....</i>	15
FANAPT TABS 4MG.....	40	<i>fludarabine phosphate inj 50mg/2ml.....</i>	15
FANAPT TABS 6MG.....	40	<i>fludrocortisone acetate.....</i>	8
FANAPT TABS 8MG.....	40	<i>flunisolide.....</i>	45
FANAPT TITRATION PACK.....	40	<i>fluocinolone acetonide.....</i>	31
FARESTON.....	15	<i>fluocinolone acetonide.....</i>	48
FASLODEX.....	15	<i>fluocinolone acetonide body.....</i>	48
FAZACLO TBDP 100MG.....	40	<i>fluocinolone acetonide scalp.....</i>	48
FAZACLO TBDP 12.5MG.....	40	<i>fluocinonide.....</i>	48
FAZACLO TBDP 150MG.....	41	<i>fluocinonide-e.....</i>	48
FAZACLO TBDP 200MG.....	41	<i>fluoride.....</i>	50
FAZACLO TBDP 25MG.....	41	<i>fluorometholone.....</i>	46
<i>felbamate.....</i>	10	<i>fluorouracil crea.....</i>	29
FELDENE.....	36	<i>fluorouracil external soln.....</i>	29
<i>felodipine er.....</i>	13	<i>fluorouracil inj.....</i>	15
FEMRING.....	24		

<i>fluoxetine caps 10mg</i>	41	FOSRENOL.....	27
<i>fluoxetine caps 20mg</i>	41	FRAGMIN.....	20
<i>fluoxetine dr</i>	41	FREAMINE III INJ 72MEQ/L; 600MG/100ML;	
<i>fluoxetine hcl caps 10mg</i>	41	810MG/100ML; 3MEQ/L; 14MG/100ML; 1190MG/	
<i>fluoxetine hcl caps 20mg</i>	41	100ML; 240MG/100ML; 590MG/100ML; 770MG/	
<i>fluoxetine hcl caps 40mg</i>	41	100ML; 620MG/100ML; 450MG/100ML; 480MG/	
<i>fluoxetine hcl oral soln</i>	41	100ML; 10MMOLE/L; 115MG/100ML; 950MG/	
<i>fluoxetine hcl tabs 10mg</i>	41	100ML; 500MG/100ML; 10MEQ/L; 340MG/100ML;	
<i>fluoxetine hcl tabs 20mg</i>	41	130MG/100ML; 560MG/100ML.....	32
FLUOXETINE HCL TABS 60MG.....	41	<i>freamine iii inj 89meq/l; 710mg/100ml; 950mg/100ml;</i>	
<i>fluphenazine decanoate</i>	41	<i>3meq/l; 24mg/100ml; 1400mg/100ml; 280mg/100ml;</i>	
<i>fluphenazine hcl conc</i>	41	<i>690mg/100ml; 910mg/100ml; 730mg/100ml; 530mg/</i>	
<i>fluphenazine hcl elix</i>	41	<i>100ml; 560mg/100ml; 10mmole/l; 120mg/100ml;</i>	
<i>fluphenazine hcl inj</i>	41	<i>1120mg/100ml; 590mg/100ml; 10meq/l; 400mg/100ml;</i>	
<i>fluphenazine hcl tabs</i>	41	<i>150mg/100ml; 660mg/100ml.....</i>	32
<i>flurazepam hcl</i>	41	FROVA.....	25
<i>flurbiprofen</i>	36	<i>furosemide</i>	13
<i>flurbiprofen sodium</i>	36	FUSILEV.....	8
<i>flutamide</i>	15	FUZEON.....	17
<i>fluticasone propionate crea</i>	48	<i>gabapentin caps 100mg</i>	10
<i>fluticasone propionate lotn</i>	48	<i>gabapentin caps 300mg</i>	10
<i>fluticasone propionate oint</i>	48	<i>gabapentin caps 400mg</i>	10
<i>fluticasone propionate susp</i>	45	<i>gabapentin oral soln</i>	10
<i>fluvastatin</i>	25	<i>gabapentin tabs 600mg</i>	10
<i>fluvoxamine maleate er cp24 100mg</i>	41	<i>gabapentin tabs 800mg</i>	10
<i>fluvoxamine maleate er cp24 150mg</i>	41	GABITRIL.....	10
<i>fluvoxamine maleate tabs 100mg</i>	41	<i>galantamine</i>	31
<i>fluvoxamine maleate tabs 25mg</i>	41	<i>galantamine hydrobromide cp24</i>	31
<i>fluvoxamine maleate tabs 50mg</i>	41	<i>galantamine hydrobromide oral soln</i>	31
FML.....	46	<i>galantamine hydrobromide tabs</i>	31
FML FORTE.....	46	GAMASTAN S/D.....	50
<i>folbecal</i>	50	GAMMAGARD LIQUID.....	50
<i>folcal dha</i>	50	GAMMAGARD S/D.....	50
<i>folcaps omega 3</i>	50	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	50
FOLOTYN.....	15	GAMMAPLEX.....	50
<i>fomepizole</i>	50	GAMUNEX-C.....	50
<i>fondaparinux sodium</i>	20	<i>ganciclovir</i>	17
FORADIL AEROLIZER.....	45	GARDASIL.....	50
FORTEO.....	38	GATTEX.....	29
<i>fortical</i>	30	<i>gauze pads 2"x2"</i>	21
FOSAMAX.....	38	<i>gavilyte-c</i>	29
FOSAMAX PLUS D.....	38	<i>gavilyte-g</i>	29
<i>foscarnet sodium</i>	17	<i>gavilyte-n/flavor pack</i>	29
<i>fosinopril sodium</i>	13	GELNIQUE GEL 10%.....	9
<i>fosinopril sodium/hydrochlorothiazide</i>	13	GELNIQUE GEL 3%.....	9
<i>fosphenytoin sodium</i>	10	<i>gemcitabine</i>	15

<i>gemcitabine hcl inj 1gm, 200mg</i>	15	GOLYTELY ORAL SOLN 227.1GM; 2.82GM;	
<i>gemcitabine hcl inj 2gm</i>	15	6.36GM; 5.53GM; 21.5GM.....	29
<i>gemfibrozil</i>	25	<i>granisetron hcl inj</i>	29
<i>generlac</i>	29	<i>granisetron hcl tabs</i>	29
<i>gengraf</i>	15	<i>griseofulvin microsize</i>	12
GENOTROPIN.....	19	<i>griseofulvin ultramicrosized</i>	12
GENOTROPIN MINIQUICK.....	19	<i>guanidine hcl</i>	41
<i>gentak</i>	9	HALAVEN.....	15
<i>gentamicin sulfate</i>	9	HALFLYTELY BOWEL PREP/FLAVOR PACKS.....	29
<i>gentamicin sulfate</i>	28	<i>halobetasol propionate</i>	48
<i>gentamicin sulfate</i>	48	HALOG.....	48
<i>gentamicin sulfate/0.9% sodium chloride</i>	28	<i>haloperidol</i>	41
<i>gentamicin sulfate/sodium chloride</i>	28	<i>haloperidol decanoate</i>	41
GEODON INJ.....	41	<i>haloperidol lactate</i>	41
<i>gianvi</i>	36	HAVRIX INJ 1440ELU/ML.....	50
<i>gildagia</i>	36	HAVRIX INJ 720ELU/0.5ML.....	50
<i>gildess 1.5/30</i>	37	<i>heather</i>	24
<i>gildess 1/20</i>	37	<i>hecoria</i>	15
<i>gildess fe 1.5/30</i>	37	HECTOROL INJ.....	30
<i>gildess fe 1/20</i>	37	HELIDAC.....	49
GILENYA.....	31	<i>hemenatal ob</i>	50
GLASSIA.....	27	<i>hemenatal ob + dha</i>	50
GLEEVEC.....	15	<i>heparin lock flush inj 100unit/ml</i>	20
<i>glimepiride tabs 1mg</i>	21	<i>heparin lock inj 100unit/ml</i>	20
<i>glimepiride tabs 2mg</i>	21	<i>heparin sodium dcu</i>	20
<i>glimepiride tabs 4mg</i>	21	<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/</i>	
<i>glipizide er tb24 10mg</i>	21	<i>ml, 2000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	20
<i>glipizide er tb24 2.5mg</i>	21	<i>heparin sodium inj 2500unit/ml</i>	20
<i>glipizide er tb24 5mg</i>	21	<i>heparin sodium lock flush inj 100unit/ml</i>	20
<i>glipizide tabs 10mg</i>	21	<i>heparin sodium/d5w</i>	20
<i>glipizide tabs 5mg</i>	21	<i>heparin sodium/nacl 0.45%</i>	20
<i>glipizide xl tb24 10mg</i>	21	<i>heparin sodium/nacl 0.9%</i>	20
<i>glipizide xl tb24 2.5mg</i>	21	<i>heparin sodium/sodium chloride 0.9%</i>	20
<i>glipizide xl tb24 5mg</i>	21	<i>heparin sodium/sodium chloride 0.9% premix</i>	20
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	21	HEPATAMINE.....	32
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg;</i>		HEPATASOL.....	32
<i>500mg</i>	21	HEPSERA.....	17
GLUCAGEN.....	21	HERCEPTIN.....	15
GLUCAGEN HYPOKIT.....	21	HEXALEN.....	15
GLUCAGON EMERGENCY KIT.....	21	<i>homatropaire</i>	21
GLUMETZA TB24 1000MG.....	21	<i>homatropine hbr</i>	21
GLUMETZA TB24 500MG.....	21	HORIZANT.....	31
<i>glycopyrrolate</i>	11	HUMALOG.....	21
GLYSET TABS 100MG.....	21	HUMALOG KWIKPEN.....	21
GLYSET TABS 25MG.....	21	HUMALOG MIX 50/50.....	21
GLYSET TABS 50MG.....	21	HUMALOG MIX 50/50 KWIKPEN.....	21

HUMALOG MIX 75/25.....	21	<i>hydromorphone hcl tabs 2mg.....</i>	34
HUMALOG MIX 75/25 KWIKPEN.....	21	<i>hydromorphone hcl tabs 4mg.....</i>	34
HUMAPEN LUXURA HD.....	21	<i>hydromorphone hcl tabs 8mg.....</i>	34
HUMAPEN MEMOIR.....	21	<i>hydroxychloroquine sulfate.....</i>	28
HUMATROPE.....	19	<i>hydroxyurea.....</i>	15
HUMATROPE COMBO PACK.....	19	<i>ibandronate sodium.....</i>	38
HUMIRA INJ 20MG/0.4ML.....	38	<i>ibuprofen susp.....</i>	36
HUMIRA INJ 40MG/0.8ML.....	38	<i>ibuprofen tabs 400mg, 600mg, 800mg.....</i>	36
HUMIRA PEN.....	38	ICLUSIG.....	15
HUMIRA PEN-CROHNS DISEASESTARTER.....	38	IDAMYCIN PFS.....	15
HUMIRA PEN-PSORIASIS STARTER.....	38	<i>idarubicin hcl.....</i>	15
HUMULIN 70/30.....	21	IFEX.....	15
HUMULIN 70/30 PEN.....	21	<i>ifosfamide inj 1gm.....</i>	15
HUMULIN N.....	21	<i>ifosfamide inj 1gm/20ml, 3gm, 3gm/60ml.....</i>	15
HUMULIN N U-100 PEN.....	21	ILARIS.....	19
HUMULIN R.....	22	<i>imipenem/cilastatin.....</i>	28
HUMULIN R U-500 (CONCENTRATED).....	22	<i>imipramine hcl.....</i>	41
<i>hydralazine hcl.....</i>	13	<i>imiquimod.....</i>	29
<i>hydrochlorothiazide.....</i>	13	IMITREX NASAL SOLN 20MG/ACT.....	25
<i>hydrocodone bitartrate/acetaminophen oral soln.....</i>	34	IMITREX NASAL SOLN 5MG/ACT.....	25
<i>hydrocodone bitartrate/acetaminophen tabs 750mg;</i>		IMITREX TABS.....	25
<i>10mg.....</i>	34	IMOVAX RABIES (H.D.C.V.).....	50
<i>hydrocodone/acetaminophen oral soln.....</i>	34	INCIVEK.....	17
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg;</i>		INCRELEX.....	27
<i>5mg, 325mg; 7.5mg.....</i>	34	<i>indapamide.....</i>	13
<i>hydrocodone/acetaminophen tabs 500mg; 10mg, 500mg;</i>		INFANRIX.....	50
<i>2.5mg, 500mg; 5mg, 500mg; 7.5mg.....</i>	34	INFERGEN.....	19
<i>hydrocodone/acetaminophen tabs 650mg; 10mg, 650mg;</i>		INLYTA.....	15
<i>7.5mg, 660mg; 10mg.....</i>	34	INNOPRAN XL.....	13
<i>hydrocodone/acetaminophen tabs 750mg; 7.5mg.....</i>	34	INSULIN PEN NEEDLE.....	22
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg.....</i>	34	INSULIN SYRINGE (DISP) U-100 0.3 ML.....	22
<i>hydrocortisone butyrate.....</i>	48	INSULIN SYRINGE (DISP) U-100 1 ML.....	22
<i>hydrocortisone crea 1%, 2.5%.....</i>	48	INSULIN SYRINGE (DISP) U-100 1/2 ML.....	22
<i>hydrocortisone enem.....</i>	29	INTELENCE TABS 100MG, 200MG.....	17
<i>hydrocortisone in absorbase.....</i>	48	INTELENCE TABS 25MG.....	17
<i>hydrocortisone lotn 2.5%.....</i>	48	INTRALIPID INJ 1.7%; 30%.....	32
<i>hydrocortisone oint 1%, 2.5%.....</i>	48	<i>intralipid inj 2.25%; 20%.....</i>	32
<i>hydrocortisone tabs.....</i>	8	INTRON-A.....	19
<i>hydrocortisone valerate.....</i>	48	INTRON-A W/DILUENT.....	19
<i>hydrocortisone/acetic acid.....</i>	31	<i>introvale.....</i>	37
<i>hydromorphone hcl dosette.....</i>	34	INTUNIV.....	41
HYDROMORPHONE HCL INJ 1MG/ML.....	34	INVANZ.....	28
<i>hydromorphone hcl inj 1mg/ml, 500mg/50ml.....</i>	34	INVEGA SUSTENNA.....	41
<i>hydromorphone hcl inj 2mg/ml, 4mg/ml.....</i>	34	INVEGA TB24 1.5MG.....	41
<i>hydromorphone hcl liqd.....</i>	34	INVEGA TB24 3MG.....	41
<i>hydromorphone hcl supp.....</i>	34	INVEGA TB24 6MG.....	41

INVEGA TB24 9MG.....	41	JANUVIA TABS 50MG.....	22
INVIRASE.....	17	J EVTANA.....	15
IONOSOL-B/DEXTROSE 5%.....	32	<i>jolessa</i>	37
IONOSOL-MB/DEXTROSE 5%.....	32	<i>jolivette</i>	24
IOPIDINE.....	47	<i>junel 1.5/30</i>	37
IPOL INACTIVATED IPV.....	50	<i>junel 1/20</i>	37
<i>ipratropium bromide inhalation soln</i>	45	<i>junel fe 1.5/30</i>	37
<i>ipratropium bromide nasal soln</i>	27	<i>junel fe 1/20</i>	37
<i>ipratropium bromide/albuterol sulfate</i>	45	JUVISYNC.....	22
<i>irbesartan</i>	13	<i>k-effervescent</i>	23
<i>irbesartan/hydrochlorothiazide</i>	13	<i>k-phos neutral</i>	23
<i>irinotecan inj 100mg/5ml, 40mg/2ml</i>	15	<i>k-vescent tbef</i>	23
<i>irinotecan inj 500mg/25ml</i>	15	KADCYLA.....	15
ISENTRESS CHEW 100MG.....	18	KALETRA ORAL SOLN.....	18
ISENTRESS CHEW 25MG.....	18	KALETRA TABS.....	18
ISENTRESS TABS.....	18	<i>kalexate</i>	27
ISOLYTE-M/DEXTROSE 5%.....	32	KALYDECO.....	45
ISOLYTE-P/DEXTROSE 5%.....	33	<i>kariva</i>	37
ISOLYTE-S.....	33	KAZANO.....	22
ISOLYTE-S PH 7.4.....	33	<i>kcl 0.075%/d5w/nacl 0.45%</i>	23
<i>isoniazid inj</i>	28	<i>kcl 0.15%/d5w/ nacl 0.3%</i>	23
<i>isoniazid syrp</i>	28	<i>kcl 0.15%/d5w/lr</i>	23
<i>isoniazid tabs</i>	28	<i>kcl 0.15%/d5w/nacl 0.2%</i>	23
ISORDIL TITRADOSE.....	35	<i>kcl 0.15%/d5w/nacl 0.225%</i>	23
<i>isosorbide dinitrate</i>	35	<i>kcl 0.15%/d5w/nacl 0.45%</i>	23
<i>isosorbide dinitrate er</i>	35	<i>kcl 0.15%/d5w/nacl 0.9%</i>	23
<i>isosorbide mononitrate</i>	35	<i>kcl 0.3%/d5w/lr iv lac ring</i>	23
<i>isosorbide mononitrate er</i>	35	<i>kcl 0.3%/d5w/nacl 0.45%</i>	23
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	28	<i>kcl 0.3%/d5w/nacl 0.9%</i>	23
ISOTONIC GENTAMICIN INJ 2MG/ML; 0.9%.....	28	<i>kelnor 1/35</i>	37
<i>isradipine</i>	13	KENALOG.....	48
ISTALOL.....	18	KETEK.....	28
ISTODAX.....	15	<i>ketoconazole crea</i>	48
<i>itraconazole</i>	12	<i>ketoconazole sham</i>	48
IXEMPRA KIT.....	15	<i>ketoconazole tabs</i>	12
IXIARO.....	50	<i>ketoprofen</i>	36
JAKAFI.....	15	<i>ketoprofen er</i>	36
JALYN.....	18	<i>ketorolac tromethamine ophthalmic soln</i>	36
<i>jantoven</i>	20	KINERET.....	38
JANUMET.....	22	<i>kionex</i>	27
JANUMET XR TB24 1000MG; 100MG.....	22	KLONOPIN TABS 0.5MG.....	10
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG.....	22	KLONOPIN TABS 1MG.....	10
JANUVIA TABS 100MG.....	22	KLONOPIN TABS 2MG.....	10
JANUVIA TABS 25MG.....	22	<i>klor-con 10</i>	23
		<i>klor-con 8</i>	23
		<i>klor-con m10</i>	23

<i>klor-con m15</i>	23	<i>leucovorin calcium inj 100mg, 10mg/ml, 200mg, 350mg,</i>	8
<i>klor-con m20</i>	23	50mg.....	8
<i>klor-con/ef</i>	23	<i>leucovorin calcium inj 500mg</i>	8
KOMBIGLYZE XR TB24 1000MG; 2.5MG.....	22	<i>leucovorin calcium tabs</i>	8
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG;		LEUKERAN.....	16
5MG.....	22	LEUKINE.....	19
KRISTALOSE.....	29	<i>leuprolide acetate</i>	16
KUVAN.....	30	<i>levalbuterol</i>	45
KYPROLIS.....	15	<i>levalbuterol hcl nebu 0.31mg/3ml</i>	45
<i>labetalol hcl</i>	13	<i>levalbuterol hcl nebu 0.63mg/3ml</i>	45
<i>laclotion</i>	29	<i>levalbuterol hcl nebu 1.25mg/3ml</i>	45
LACRISERT.....	31	LEVAQUIN ORAL SOLN.....	46
<i>lactated ringers</i>	23	LEVAQUIN TABS.....	46
<i>lactated ringers dextrose 5% viaflex</i>	27	LEVATOL.....	13
<i>lactated ringers irrigation</i>	25	LEVEMIR.....	22
<i>lactated ringers viaflex</i>	23	LEVEMIR FLEXPEN.....	22
<i>lactulose</i>	29	<i>levetiracetam er tb24 500mg</i>	10
LAMICTAL ODT TBDP.....	10	<i>levetiracetam er tb24 750mg</i>	10
LAMICTAL STARTER/NOT TAKING		<i>levetiracetam inj 500mg/5ml</i>	10
CARBAMAZEPINE.....	10	<i>levetiracetam oral soln</i>	10
LAMICTAL STARTER/TAKING CARBAMAZEPINE/		<i>levetiracetam tabs</i>	10
NOT TAKING VALPROATE.....	10	<i>levobunolol hcl</i>	18
LAMICTAL STARTER/TAKING VALPROATE.....	10	<i>levocarnitine</i>	27
LAMICTAL XR.....	10	<i>levocetirizine dihydrochloride tabs</i>	12
LAMISIL PACK.....	12	<i>levofloxacin in d5w</i>	46
<i>lamivudine</i>	18	<i>levofloxacin inj</i>	46
<i>lamivudine/zidovudine</i>	18	<i>levofloxacin ophthalmic soln</i>	9
<i>lamotrigine</i>	10	<i>levofloxacin oral soln</i>	46
<i>lamotrigine er</i>	10	<i>levofloxacin tabs</i>	46
LANOXIN TABS 0.125MG.....	19	<i>levonest</i>	37
LANOXIN TABS 0.25MG.....	19	<i>levonorgestrel/ethinyl estradiol</i>	37
<i>lansoprazole</i>	49	<i>levora 0.15/30-28</i>	37
LANTUS.....	22	<i>levorphanol tartrate</i>	34
LANTUS SOLOSTAR.....	22	<i>levothroid</i>	47
<i>latanoprost</i>	38	<i>levothyroxine sodium inj 200mcg</i>	47
LATUDA TABS 120MG.....	41	<i>levothyroxine sodium tabs</i>	47
LATUDA TABS 20MG.....	41	<i>levoxyl</i>	47
LATUDA TABS 40MG.....	41	LEXIVA.....	18
LATUDA TABS 80MG.....	41	LIALDA.....	29
LAZANDA.....	34	<i>lidocaine hcl external soln</i>	47
<i>leena</i>	37	<i>lidocaine hcl gel</i>	47
<i>leflunomide</i>	38	<i>lidocaine hcl inj 2%</i>	47
LESCOL XL.....	25	<i>lidocaine hcl inj 20mg/ml</i>	9
<i>lessina</i>	37	<i>lidocaine hcl jelly</i>	47
LETAIRIS.....	45	<i>lidocaine hcl mouth/throat soln</i>	47
<i>letrozole</i>	16	<i>lidocaine oint</i>	48

<i>lidocaine viscous</i>	48	LUMIGAN.....	38
<i>lidocaine/prilocaine</i>	48	LUPRON DEPOT INJ 11.25MG, 22.5MG, 3.75MG, 7.5MG.....	16
LIDODERM.....	48	LUPRON DEPOT INJ 30MG, 45MG.....	16
LINCOCIN.....	28	LUPRON DEPOT-PED INJ 11.25MG, 15MG, 30MG.....	16
<i>lindane</i>	49	LUPRON DEPOT-PED INJ 11.25MG, 7.5MG.....	16
<i>liothyronine sodium inj</i>	47	<i>lutera</i>	37
<i>liothyronine sodium tabs</i>	47	LYRICA CAPS 100MG.....	10
LIPOFEN.....	25	LYRICA CAPS 150MG.....	10
<i>liposyn iii inj 1.2%; 2.5%; 10%, 1.8%; 2.5%; 30%</i>	33	LYRICA CAPS 200MG.....	10
<i>liposyn iii inj 1.2%; 2.5%; 20%</i>	33	LYRICA CAPS 225MG, 300MG.....	11
<i>lisinopril</i>	13	LYRICA CAPS 25MG.....	11
<i>lisinopril/hydrochlorothiazide</i>	13	LYRICA CAPS 50MG.....	11
<i>lithium carbonate</i>	41	LYRICA CAPS 75MG.....	11
<i>lithium carbonate er</i>	41	LYRICA ORAL SOLN.....	11
<i>lithium citrate</i>	41	LYSODREN.....	16
LIVALO.....	25	M-M-R II W/DILUENT 10 DOSE.....	50
LODOSYN.....	17	<i>mafenide acetate</i>	48
LOESTRIN 24 FE.....	37	<i>magnesium sulfate inj 40mg/ml, 80mg/ml</i>	23
LOFIBRA CAPS 67MG.....	25	<i>magnesium sulfate inj 50%</i>	23
LOKARA.....	49	MALARONE.....	28
<i>loperamide hcl caps</i>	11	<i>malathion</i>	49
LOPRESSOR HCT.....	13	<i>maprotiline hcl tabs 25mg</i>	41
LOPRESSOR INJ.....	13	<i>maprotiline hcl tabs 50mg</i>	41
<i>lorazepam conc</i>	41	<i>maprotiline hcl tabs 75mg</i>	41
<i>lorazepam inj</i>	41	<i>marlissa</i>	37
<i>lorazepam intensol</i>	41	MARPLAN.....	41
<i>lorazepam tabs</i>	41	MATULANE.....	16
<i>loryna</i>	37	<i>matzim la</i>	13
<i>losartan potassium tabs 100mg</i>	13	MAXAIR AUTOHALER.....	45
<i>losartan potassium tabs 25mg, 50mg</i>	13	MAXALT.....	26
<i>losartan potassium/hydrochlorothiazide</i>	13	MAXALT-MLT.....	26
LOTEMAX OINT.....	46	MAXIDEX.....	46
LOTEMAX SUSP.....	46	MAXZIDE.....	13
LOTRONEX.....	29	MAXZIDE-25.....	13
<i>lovastatin tabs 10mg, 20mg</i>	25	<i>meclizine hcl tabs</i>	29
<i>lovastatin tabs 40mg</i>	25	<i>meclofenamate sodium</i>	36
LOVAZA.....	25	<i>medroxyprogesterone acetate</i>	24
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ ML, 60MG/0.6ML, 80MG/0.8ML.....	20	<i>mefenamic acid</i>	36
LOVENOX INJ 300MG/3ML, 30MG/0.3ML, 40MG/ 0.4ML.....	20	<i>mefloquine hcl</i>	28
<i>low-ogestrel</i>	37	MEGACE ORAL.....	16
<i>loxapine</i>	41	<i>megestrol acetate</i>	16
<i>loxapine succinate</i>	41	MEKINIST.....	16
<i>ludent</i>	50	<i>meloxicam susp</i>	36
LUFYLLIN.....	45	<i>meloxicam tabs</i>	36

<i>melphalan hydrochloride</i>	16	<i>methylprednisolone</i>	8
MENACTRA.....	50	<i>methylprednisolone acetate</i>	8
MENEST.....	24	<i>methylprednisolone dose pack</i>	8
MENOMUNE-A/C/Y/W-135.....	50	<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg,</i>	
MENVEO.....	50	<i>1gm, 40mg</i>	8
MEPRON.....	28	<i>methylprednisolone sodiumsuccinate inj 500mg</i>	8
<i>mercaptopurine</i>	16	<i>metipranolol</i>	18
<i>meropenem</i>	28	<i>metoclopramide hcl</i>	29
<i>mesalamine</i>	29	<i>metolazone</i>	13
<i>mesna</i>	8	<i>metoprolol succinate er</i>	13
MESNEX INJ.....	8	<i>metoprolol tartrate inj</i>	13
MESNEX TABS.....	8	<i>metoprolol tartrate tabs</i>	13
MESTINON SYRP.....	33	<i>metoprolol/hydrochlorothiazide</i>	13
MESTINON TIMESPAN.....	33	<i>metro iv</i>	28
<i>metaproterenol sulfate</i>	45	METROGEL.....	47
<i>metformin hcl er tb24 1000mg</i>	22	<i>metronidazole</i>	28
<i>metformin hcl er tb24 500mg</i>	22	<i>metronidazole</i>	47
<i>metformin hcl er tb24 500mg</i>	22	<i>metronidazole in nacl 0.79%</i>	28
<i>metformin hcl er tb24 750mg</i>	22	<i>metronidazole vaginal</i>	31
<i>metformin hcl tabs 1000mg</i>	22	<i>mexiletine hcl</i>	9
<i>metformin hcl tabs 500mg</i>	22	MICARDIS HCT TABS 12.5MG; 40MG, 25MG;	
<i>metformin hcl tabs 850mg</i>	22	80MG.....	14
<i>methadone hcl conc</i>	34	MICARDIS HCT TABS 12.5MG; 80MG.....	14
<i>methadone hcl inj</i>	34	MICARDIS TABS 20MG, 40MG.....	14
<i>methadone hcl intensol</i>	34	MICARDIS TABS 80MG.....	14
<i>methadone hcl oral soln 10mg/5ml</i>	34	<i>miconazole 3</i>	31
<i>methadone hcl oral soln 5mg/5ml</i>	34	<i>microgestin 1.5/30</i>	37
<i>methadone hcl tabs 10mg</i>	34	<i>microgestin 1/20</i>	37
<i>methadone hcl tabs 5mg</i>	34	<i>microgestin fe</i>	37
<i>methadone hcl tbso</i>	34	<i>microgestin fe 1.5/30</i>	37
<i>methadose conc</i>	34	<i>micronized colestipol hcl</i>	25
<i>methadose sugar-free</i>	34	<i>midazolam hcl inj 10mg/10ml, 1mg/ml, 2mg/2ml, 5mg/</i>	
<i>methadose tabs</i>	34	<i>5ml</i>	41
<i>methadose tbso</i>	34	<i>midazolam hcl inj 10mg/2ml, 25mg/5ml, 50mg/10ml, 5mg/</i>	
<i>methazolamide</i>	37	<i>ml</i>	41
<i>methenamine hippurate</i>	49	<i>midazolam hcl syrp</i>	42
<i>methenamine mandelate</i>	49	<i>midodrine hcl</i>	27
<i>methimazole</i>	17	<i>migergot</i>	26
<i>methotrexate</i>	16	MIGRANAL.....	26
<i>methotrexate sodium inj 1gm</i>	16	<i>millipred dp</i>	8
<i>methotrexate sodium inj 25mg/ml</i>	16	<i>millipred tabs</i>	8
<i>methscopolamine bromide</i>	11	MINIPRESS.....	14
<i>methyclothiazide</i>	13	<i>minocycline hcl</i>	47
<i>methyl dopa</i>	13	<i>minoxidil tabs</i>	14
<i>methylergonovine maleate tabs</i>	38	<i>mirtazapine odt tbdp 15mg</i>	42
<i>methylphenidate hcl</i>	41	<i>mirtazapine odt tbdp 30mg</i>	42

<i>mirtazapine odt tbdp 45mg</i>	42	MYFORTIC.....	16
<i>mirtazapine tabs 15mg</i>	42	<i>myorisan</i>	47
<i>mirtazapine tabs 30mg</i>	42	MYRBETRIQ.....	9
<i>mirtazapine tabs 45mg</i>	42	<i>myzilra</i>	37
<i>mirtazapine tabs 7.5mg</i>	42	<i>nabumetone</i>	36
<i>mirtazapine tbdp</i>	42	<i>nadolol</i>	14
<i>misoprostol</i>	49	<i>nadolol/bendroflumethiazide</i>	14
<i>mitomycin</i>	16	<i>nafcillin sodium</i>	39
<i>mitoxantrone hcl</i>	16	NAFTIN CREA.....	48
<i>modafinil tabs 100mg</i>	42	NAFTIN GEL 1%.....	48
<i>modafinil tabs 200mg</i>	42	NAGLAZYME.....	30
MODICON.....	37	<i>nalbuphine hcl</i>	36
<i>moexipril hcl</i>	14	<i>nallpen iso-osmotic in dextrose</i>	39
<i>moexipril/hydrochlorothiazide</i>	14	<i>nallpen/dextrose</i>	39
<i>mometasone furoate crea</i>	49	<i>naloxone hcl inj 0.4mg/ml</i>	36
<i>mometasone furoate external soln</i>	49	<i>naloxone hcl inj 1mg/ml</i>	36
<i>mometasone furoate oint</i>	49	<i>naltrexone hcl</i>	36
<i>mono-linyah</i>	37	NAMENDA ORAL SOLN.....	31
<i>mononessa</i>	37	NAMENDA TABS.....	31
<i>montelukast sodium</i>	45	NAMENDA TITRATION PAK.....	31
MONUROL.....	49	<i>naphazoline hcl</i>	50
<i>morphine sulfate er tbc 100mg, 200mg</i>	34	<i>naproxen</i>	36
<i>morphine sulfate er tbc 15mg, 30mg, 60mg</i>	34	<i>naproxen dr</i>	36
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml</i>	34	<i>naproxen sodium tabs 275mg, 550mg</i>	36
<i>morphine sulfate inj 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/</i> <i>ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml</i>	35	<i>naratriptan hcl</i>	26
<i>morphine sulfate inj 25mg/ml, 8mg/ml</i>	35	NASONEX.....	45
MORPHINE SULFATE INJ 8MG/ML.....	35	NATACYN.....	9
<i>morphine sulfate oral soln 10mg/5ml</i>	35	<i>nateglinide tabs 120mg</i>	22
<i>morphine sulfate oral soln 20mg/5ml</i>	35	<i>nateglinide tabs 60mg</i>	22
<i>morphine sulfate oral soln 20mg/ml</i>	35	NEBUPENT.....	28
<i>morphine sulfate supp</i>	35	<i>necon 0.5/35-28</i>	37
<i>morphine sulfate tabs 15mg</i>	35	<i>necon 1/35</i>	37
<i>morphine sulfate tabs 30mg</i>	35	<i>necon 1/50-28</i>	37
MOTOFEN.....	11	<i>necon 10/11-28</i>	37
MOVIPREP.....	29	<i>necon 7/7/7</i>	37
MOXATAG.....	39	NEEDLES, INSULIN DISP, SAFETY.....	22
MOXEZA.....	9	<i>nefazodone hcl tabs 100mg</i>	42
<i>mupirocin</i>	48	<i>nefazodone hcl tabs 150mg</i>	42
<i>mupirocin calcium</i>	48	<i>nefazodone hcl tabs 200mg</i>	42
MUSTARGEN.....	16	<i>nefazodone hcl tabs 250mg</i>	42
<i>my way</i>	37	<i>nefazodone hcl tabs 50mg</i>	42
MYAMBUTOL.....	28	<i>neo-polycin</i>	9
MYCAMINE.....	12	<i>neo-polycin hc</i>	46
MYCOBUTIN.....	28	<i>neomycin sulfate tabs</i>	28
<i>mycophenolate mofetil</i>	16	<i>neomycin/bacitracin/polymyxin</i>	9
		<i>neomycin/polymyxin b sulfates</i>	25

<i>neomycin/polymyxin/bacitracin zinc</i>	9	NITROSTAT.....	35
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	46	<i>nizatidine caps</i>	49
<i>neomycin/polymyxin/dexamethasone</i>	46	NOR-QD.....	24
<i>neomycin/polymyxin/gramicidin</i>	9	<i>nora-be</i>	24
<i>neomycin/polymyxin/hc</i>	38	NORDETTE-28.....	37
<i>neomycin/polymyxin/hydrocortisone</i>	38	NORDITROPIN FLEXPLO.....	19
<i>neomycin/polymyxin/hydrocortisone</i>	46	NORDITROPIN NORDIFLEX PEN.....	19
NEOSPORIN.....	9	<i>norethindrone</i>	24
NEPHRAMINE.....	33	<i>norethindrone acetate</i>	24
NESINA TABS 12.5MG.....	22	<i>norgestimatelethinyl estradiol</i>	37
NESINA TABS 25MG.....	22	NORMOSOL -R.....	23
NESINA TABS 6.25MG.....	22	NORMOSOL-M IN D5W.....	33
NEULASTA.....	19	NORMOSOL-R.....	33
NEUMEGA.....	19	NORMOSOL-R IN D5W.....	23
NEUPOGEN.....	19	NOROXIN.....	46
<i>neutral sodium fluoride</i>	27	<i>nortrel 0.5/35 (28)</i>	37
NEVANAC.....	36	<i>nortrel 1/35</i>	37
<i>nevirapine</i>	18	<i>nortrel 7/7/7</i>	37
NEXAVAR.....	16	<i>nortriptyline hcl</i>	42
NEXIUM.....	49	NORVIR.....	18
NEXIUM I.V. INJ 20MG.....	49	NOVOLIN 70/30.....	22
NEXIUM I.V. INJ 40MG.....	49	NOVOLIN 70/30 RELION.....	22
NIACOR.....	25	NOVOLIN N.....	22
NIASPAN.....	25	NOVOLIN N RELION.....	22
<i>nicardipine hcl caps</i>	14	NOVOLIN R.....	22
<i>nicardipine hcl inj</i>	14	NOVOLIN R RELION.....	22
NICOTROL INHALER.....	46	NOVOLOG.....	22
NICOTROL NS.....	46	NOVOLOG FLEXPEN.....	22
<i>nifediac cc</i>	14	NOVOLOG MIX 70/30.....	22
<i>nifedical xl</i>	14	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	22
<i>nifedipine er</i>	14	NOVOLOG PENFILL.....	22
NILANDRON.....	16	NOXAFIL.....	12
<i>nimodipine</i>	14	NUEDEXTA.....	31
NIPENT.....	16	NULOJIX.....	16
<i>nitro-bid</i>	35	NUTROPIN.....	19
<i>nitrofurantoin</i>	49	NUTROPIN AQ.....	19
<i>nitrofurantoin macrocrystal</i>	49	NUTROPIN AQ NUSPIN 10.....	19
<i>nitrofurantoin macrocrystalline</i>	49	NUTROPIN AQ NUSPIN 20.....	19
<i>nitrofurantoin macrocrystals</i>	49	NUTROPIN AQ NUSPIN 5.....	19
<i>nitrofurantoin monohydrate</i>	49	NUTROPIN AQ PEN.....	19
<i>nitrofurantoin monohydrate/macrocrystals</i>	49	NUVARING.....	31
<i>nitroglycerin inj</i>	35	<i>nyamyc</i>	48
<i>nitroglycerin lingual aers</i>	35	<i>nystatin</i>	12
<i>nitroglycerin lingual translingual soln</i>	35	<i>nystatin</i>	48
<i>nitroglycerin pt24</i>	35	<i>nystatin/triamcinolone</i>	48
<i>nitroglycerin transdermal</i>	35	<i>nystop</i>	48

<i>ocella</i>	37	ORTHO EVRA.....	31
<i>octreotide acetate</i>	16	OSENI TABS 12.5MG; 15MG.....	22
<i>ofloxacin</i>	9	OSENI TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG.....	22
<i>ofloxacin</i>	31	OSMOPREP.....	29
<i>ofloxacin</i>	46	<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	39
<i>ogestrel</i>	37	OXACILLIN SODIUM INJ 2GM.....	39
<i>olanzapine inj</i>	42	<i>oxaliplatin inj 100mg, 50mg</i>	16
<i>olanzapine odt tbdp 10mg</i>	42	<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	16
<i>olanzapine odt tbdp 15mg</i>	42	<i>oxandrolone</i>	30
<i>olanzapine odt tbdp 20mg</i>	42	<i>oxaprozin</i>	36
<i>olanzapine odt tbdp 5mg</i>	42	<i>oxazepam</i>	42
<i>olanzapine tabs 10mg</i>	42	<i>oxcarbazepine</i>	11
<i>olanzapine tabs 15mg</i>	42	OXISTAT.....	48
<i>olanzapine tabs 2.5mg</i>	42	OXSORALEN ULTRA.....	29
<i>olanzapine tabs 20mg</i>	42	OXTELLAR XR TB24 150MG.....	11
<i>olanzapine tabs 5mg</i>	42	OXTELLAR XR TB24 300MG.....	11
<i>olanzapine tabs 7.5mg</i>	42	OXTELLAR XR TB24 600MG.....	11
<i>omeprazole cpdr</i>	49	<i>oxybutynin chloride er tb24 10mg, 15mg</i>	9
OMEPRAZOLE/SODIUM BICARBONATE CAPS 20MG; 1100MG.....	49	<i>oxybutynin chloride er tb24 5mg</i>	9
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg, 40mg; 1100mg</i>	49	<i>oxybutynin chloride syrup</i>	9
OMNARIS.....	45	<i>oxybutynin chloride tabs</i>	9
OMNITROPE.....	19	<i>oxycodone hcl caps</i>	35
<i>ondansetron hcl inj</i>	29	<i>oxycodone hcl conc</i>	35
<i>ondansetron hcl oral soln</i>	29	<i>oxycodone hcl oral soln</i>	35
<i>ondansetron hcl tabs 24mg</i>	29	<i>oxycodone hcl tabs 10mg</i>	35
<i>ondansetron hcl tabs 4mg, 8mg</i>	29	<i>oxycodone hcl tabs 15mg</i>	35
<i>ondansetron odt</i>	29	<i>oxycodone hcl tabs 20mg</i>	35
ONFI TABS 10MG.....	11	<i>oxycodone hcl tabs 30mg</i>	35
ONFI TABS 20MG.....	11	<i>oxycodone hcl tabs 5mg</i>	35
ONFI TABS 5MG.....	11	<i>oxycodone/acetaminophen caps</i>	35
ONGLYZA TABS 2.5MG.....	22	<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	35
ONGLYZA TABS 5MG.....	22	<i>oxycodone/acetaminophen tabs 500mg; 7.5mg</i>	35
ONSOLIS.....	35	<i>oxycodone/acetaminophen tabs 650mg; 10mg</i>	35
ONTAK.....	16	<i>oxycodone/aspirin</i>	35
<i>opium</i>	11	<i>oxycodone/libuprofen</i>	35
<i>opium tincture</i>	12	OXYCONTIN TB12 10MG, 15MG, 20MG, 30MG, 40MG.....	35
ORACEA.....	47	OXYCONTIN TB12 60MG.....	35
ORAP.....	42	OXYCONTIN TB12 80MG.....	35
ORAPRED.....	8	OXYTROL.....	9
ORAPRED ODT.....	8	<i>pacerone</i>	9
ORENCIA INJ 125MG/ML.....	38	<i>paclitaxel</i>	16
ORENCIA INJ 250MG.....	38	PAMELOR.....	42
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<i>orsythia</i>	37		

<i>pamidronate disodium inj 30mg, 30mg/10ml, 90mg, 90mg/10ml</i>	30	PERFOROMIST.....	45
<i>pamidronate disodium inj 6mg/ml</i>	30	<i>perindopril erbumine</i>	14
PAMINE.....	12	<i>periogard</i>	27
PAMINE FORTE.....	12	PERJETA.....	16
PANDEL.....	49	<i>permethrin crea</i>	49
PANRETIN.....	29	<i>perphenazine</i>	42
<i>pantoprazole sodium inj</i>	49	<i>perphenazine/amitriptyline</i>	42
<i>pantoprazole sodium tbec</i>	49	PEXEVA TABS 10MG.....	42
<i>paregoric</i>	12	PEXEVA TABS 20MG.....	42
<i>paromomycin sulfate</i>	28	PEXEVA TABS 30MG.....	42
<i>paroxetine hcl er tb24 12.5mg</i>	42	PEXEVA TABS 40MG.....	42
<i>paroxetine hcl er tb24 25mg</i>	42	<i>pfizerpen-g</i>	39
<i>paroxetine hcl er tb24 37.5mg</i>	42	<i>phenelzine sulfate</i>	42
<i>paroxetine hcl tabs 10mg</i>	42	<i>phenobarbital elix</i>	11
<i>paroxetine hcl tabs 20mg</i>	42	<i>phenobarbital sodium</i>	11
<i>paroxetine hcl tabs 30mg</i>	42	<i>phenobarbital tabs 100mg</i>	11
<i>paroxetine hcl tabs 40mg</i>	42	<i>phenobarbital tabs 15mg</i>	11
PASER.....	28	<i>phenobarbital tabs 16.2mg</i>	11
PATADAY.....	31	<i>phenobarbital tabs 30mg</i>	11
PATANASE.....	27	<i>phenobarbital tabs 32.4mg</i>	11
PATANOL.....	31	<i>phenobarbital tabs 60mg</i>	11
PAXIL SUSP.....	42	<i>phenobarbital tabs 64.8mg</i>	11
PCE.....	24	<i>phenobarbital tabs 97.2mg</i>	11
<i>pedi-dri</i>	48	<i>phenylephrine hcl ophthalmic soln</i>	50
PEDVAX HIB.....	50	<i>phenytoin</i>	11
<i>peg 3350/electrolytes</i>	29	<i>phenytoin infatabs</i>	11
<i>peg-3350/electrolytes</i>	30	<i>phenytoin sodium</i>	11
<i>peg-3350/nacl/na bicarbonate/kcl</i>	30	<i>phenytoin sodium extended</i>	11
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PEG-INTRON REDIPEN.....	19	PHISOHEX.....	48
PEG-INTRON REDIPEN PAK 4.....	19	<i>phospha 250 neutral</i>	23
PEGANONE.....	11	PHOSPHOLINE IODIDE.....	20
PEGASYS.....	19	PHYSIOLYTE.....	25
PEGASYS PROCLICK.....	19	PHYSIOSOL IRRIGATION.....	25
<i>penicillin g potassium</i>	39	PHYSIOSOL IRRIGATION PH 7.4.....	25
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	39	<i>pilocarpine hcl</i>	23
<i>penicillin g procaine</i>	39	<i>pilocarpine hcl</i>	27
<i>penicillin g sodium</i>	39	<i>pilocarpine hydrochloride</i>	27
<i>penicillin v potassium</i>	39	PILOPINE HS.....	23
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PENTASA.....	30	<i>pioglitazone hcl tabs 15mg</i>	22
<i>pentazocine/acetaminophen</i>	36	<i>pioglitazone hcl tabs 30mg</i>	22
<i>pentostatin</i>	16	<i>pioglitazone hcl tabs 45mg</i>	22
<i>pentoxifylline er</i>	20	<i>pioglitazone hcl-glimepiride</i>	22
		<i>pioglitazone hcl/metformin hcl</i>	23
		<i>piperacillin sodium/ tazobactam sodium</i>	39

<i>piperacillin sodium/tazobactam sodium</i>	39	<i>pramipexole dihydrochloride</i>	17
<i>piperacillin/tazobactam</i>	39	PRANDIMET.....	23
<i>piroxicam</i>	36	PRANDIN TABS 0.5MG.....	23
PLASMA-LYTE A.....	33	PRANDIN TABS 1MG.....	23
PLASMA-LYTE-148.....	33	PRANDIN TABS 2MG.....	23
PLASMA-LYTE-56/D5W.....	33	<i>prascion</i>	47
<i>pnv prenatal plus multivitamin</i>	50	<i>pravastatin sodium</i>	25
<i>pnv-select</i>	50	<i>prazosin hcl</i>	14
<i>podofilox</i>	29	PRED MILD.....	46
<i>polycin</i>	9	PRED-G.....	46
<i>polyethylene glycol 3350 pack</i>	30	PRED-G S.O.P.....	46
<i>polyethylene glycol 3350 powd</i>	30	<i>prednicarbate</i>	49
POLYETHYLENE GLYCOL 3350-GRX.....	27	<i>prednisolone</i>	8
<i>polymyxin b sulfate</i>	28	<i>prednisolone acetate</i>	46
<i>polymyxin b sulfate/trimethoprim sulfate</i>	9	<i>prednisolone sodium phosphate ophthalmic soln</i>	46
POMALYST.....	16	<i>prednisolone sodium phosphate oral soln 15mg/5ml, 5mg/ 5ml</i>	8
<i>portia-28</i>	37	<i>prednisone</i>	8
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	23	<i>prednisone intensol</i>	9
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	23	PREMARIN CREA.....	24
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	23	PREMARIN INJ.....	24
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	23	PREMARIN TABS.....	24
<i>potassium chloride 0.15% nacl 0.9%</i>	23	<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/ 100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	33
<i>potassium chloride 0.15% w/nacl 0.9% viaflex</i>	23	PREMASOL INJ 56MEQ/L; 320MG/100ML; 730MG/ 100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML; 300MG/100ML; 220MG/100ML; 290MG/100ML; 490MG/100ML; 840MG/100ML; 490MG/100ML; 200MG/100ML; 290MG/100ML; 410MG/100ML; 230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/ 100ML; 120MG/100ML; 140MG/100ML; 470MG/ 100ML.....	33
<i>potassium chloride 0.15%/d5w</i>	23	<i>prenaissance</i>	50
<i>potassium chloride 0.15%/nacl 0.9%</i>	23	<i>prenatabs fa</i>	50
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	23	<i>prenatabs obn</i>	50
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	23	<i>prenatabs rx</i>	50
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	23	<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 12mcg; 25mg; 29mg; 1mg; 6mg; 20mg; 3mg; 3mg; 400unit; 30unit; 20mg</i>	50
<i>potassium chloride 0.3%/ nacl 0.9%</i>	23	<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	50
<i>potassium chloride 0.3%/d5w</i>	23	PRADAXA.....	20
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	23		
<i>potassium chloride cr</i>	23		
<i>potassium chloride er</i>	24		
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/ 50ml, 20meq/100ml, 20meq/50ml, 30meq/100ml, 40meq/100ml</i>	24		
<i>potassium chloride inj 2meq/ml</i>	24		
<i>potassium chloride liqd</i>	24		
<i>potassium chloride oral soln</i>	24		
<i>potassium chloride sr</i>	24		
<i>potassium citrate tbcr</i>	31		
POTIGA TABS 200MG, 300MG, 400MG.....	11		
POTIGA TABS 50MG.....	11		
<i>pr natal 430</i>	50		
<i>pr natal 430 ec</i>	50		

PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG.....	51	<i>propafenone hcl er</i>	9
<i>prenatal 19 tabs 100mg; 200mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg</i>	51	<i>propantheline bromide</i>	12
<i>prenatal plus</i>	51	<i>propranolol hcl er</i>	14
<i>prenatal plus iron</i>	51	<i>propranolol hcl inj</i>	14
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	51	<i>propranolol hcl oral soln</i>	14
<i>prenatal vitamins plus</i>	51	<i>propranolol hcl tabs</i>	14
<i>prenatal-u</i>	51	<i>propranolol/hydrochlorothiazide</i>	14
<i>prevalite</i>	25	<i>propylthiouracil</i>	17
<i>previfem</i>	37	PROQUAD.....	50
PREZISTA SUSP.....	18	PROSOL.....	33
PREZISTA TABS 150MG, 75MG.....	18	PROTONIX PACK.....	49
PREZISTA TABS 400MG, 600MG, 800MG.....	18	PROTONIX TBEC.....	49
PRIFTIN.....	28	PROTOPIC.....	29
PRIMAQUINE PHOSPHATE.....	28	<i>protriptyline hcl</i>	42
<i>primidone</i>	11	PROVENTIL HFA.....	45
PRIMSOL.....	49	<i>prudoxin</i>	29
PRISTIQ TB24 100MG.....	42	PULMOZYME.....	45
PRISTIQ TB24 50MG.....	42	<i>pyrazinamide</i>	28
PRIVIGEN.....	50	<i>pyridostigmine bromide</i>	33
PROAIR HFA.....	45	QNASL.....	45
<i>probenecid</i>	25	<i>quasense</i>	37
<i>probenecid/colchicine</i>	25	<i>quetiapine fumarate tabs 100mg</i>	42
<i>procainamide hcl inj 100mg/ml</i>	9	<i>quetiapine fumarate tabs 200mg</i>	42
<i>procainamide hcl inj 500mg/ml</i>	9	<i>quetiapine fumarate tabs 25mg</i>	43
PROCALAMINE.....	33	<i>quetiapine fumarate tabs 300mg</i>	43
<i>prochlorperazine</i>	30	<i>quetiapine fumarate tabs 400mg</i>	43
<i>prochlorperazine edisylate</i>	30	<i>quetiapine fumarate tabs 50mg</i>	43
<i>prochlorperazine maleate</i>	30	<i>quinapril hcl</i>	14
PROCRIIT.....	19	<i>quinapril/hydrochlorothiazide</i>	14
<i>procto-pak</i>	30	<i>quinidine gluconate cr</i>	9
<i>proctosol hc</i>	30	<i>quinidine gluconate er</i>	9
<i>proctozone-hc</i>	30	<i>quinidine sulfate</i>	9
<i>progesterone caps</i>	24	<i>quinidine sulfate er</i>	9
PROGLYCEM.....	23	<i>quinine sulfate</i>	28
PROGRAF INJ.....	16	QVAR.....	45
PROLASTIN-C.....	27	RABAVERT.....	50
PROLEUKIN.....	19	<i>ramipril</i>	14
PROLIA.....	38	RANEXA.....	29
PROMACTA.....	20	<i>ranitidine hcl inj</i>	49
<i>propafenone hcl</i>	9	<i>ranitidine hcl syrp</i>	49
		<i>ranitidine hcl tabs 150mg, 300mg</i>	49
		RAPAFLO.....	18
		RAPAMUNE.....	16
		REBETOL.....	18
		REBIF.....	19
		REBIF REBIDOSE.....	19

REBIF REBIDOSE TITRATION PACK.....	19	<i>ringers irrigation</i>	25
REBIF TITRATION PACK.....	19	RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG.....	43
<i>reclipsen</i>	37	RISPERDAL CONSTA INJ 50MG.....	43
RECOMBIVAX HB.....	50	<i>risperidone m-tab tbdp 0.5mg</i>	43
<i>regonol</i>	33	<i>risperidone m-tab tbdp 1mg</i>	43
RELENZA DISKHALER.....	18	<i>risperidone m-tab tbdp 2mg</i>	43
RELISTOR.....	30	<i>risperidone m-tab tbdp 3mg</i>	43
RELPAK.....	26	<i>risperidone m-tab tbdp 4mg</i>	43
REMICADE.....	30	<i>risperidone odt tbdp 0.25mg</i>	43
REMODULIN.....	14	<i>risperidone odt tbdp 0.5mg</i>	43
RENAGEL.....	27	<i>risperidone odt tbdp 1mg</i>	43
REVELA PACK.....	27	<i>risperidone odt tbdp 2mg</i>	43
REVELA TABS.....	27	<i>risperidone odt tbdp 3mg</i>	43
<i>repaglinide tabs 1mg</i>	23	<i>risperidone odt tbdp 4mg</i>	43
<i>repaglinide tabs 2mg</i>	23	<i>risperidone oral soln</i>	43
RESCRIPTOR.....	18	<i>risperidone tabs 0.25mg</i>	43
RESCULA.....	38	<i>risperidone tabs 0.5mg</i>	43
<i>reserpine tabs 0.1mg</i>	14	<i>risperidone tabs 1mg</i>	43
RESTASIS.....	31	<i>risperidone tabs 2mg</i>	43
RETROVIR IV INFUSION.....	18	<i>risperidone tabs 3mg</i>	43
RETROVIR SYRP.....	18	<i>risperidone tabs 4mg</i>	43
REVATIO INJ.....	45	RITUXAN.....	16
REVLIMID CAPS 10MG.....	16	<i>rivastigmine tartrate</i>	31
REVLIMID CAPS 15MG, 20MG, 25MG.....	16	<i>rizatriptan benzoate odt</i>	26
REVLIMID CAPS 2.5MG.....	16	<i>ropinirole er</i>	17
REVLIMID CAPS 5MG.....	16	<i>ropinirole hcl</i>	17
REYATAZ CAPS 100MG.....	18	<i>rosadan</i>	47
REYATAZ CAPS 150MG, 200MG, 300MG.....	18	ROTATEQ.....	50
RHEUMATREX.....	16	ROXICET ORAL SOLN.....	35
RHINOCORT AQUA.....	45	<i>roxicet tabs</i>	35
<i>ribapak</i>	18	ROZEREM.....	43
<i>ribasphere caps</i>	18	SABRIL.....	11
<i>ribasphere tabs 200mg, 600mg</i>	18	SAIZEN CLICK.EASY.....	19
<i>ribasphere tabs 400mg</i>	18	SAIZEN INJ 5MG.....	19
RIBATAB.....	18	<i>saline flush</i>	27
<i>ribavirin</i>	18	<i>saline flush zr/sterile field</i>	27
RIDAURA.....	38	SAMSCA TABS 15MG.....	30
RIFADIN CAPS.....	28	SAMSCA TABS 30MG.....	30
RIFADIN INJ.....	28	SANCUSO.....	30
RIFAMATE.....	28	SANDOSTATIN LAR DEPOT.....	16
<i>rifampin</i>	28	SANTYL.....	49
RIFATER.....	28	SAPHRIS SUBL 10MG.....	43
RILUTEK.....	27	SAPHRIS SUBL 5MG.....	43
<i>riluzole</i>	27	SARAFEM TABS 10MG.....	43
<i>rimantadine hcl</i>	18	SARAFEM TABS 20MG.....	43
<i>ringers injection</i>	24		

SAVELLA TABS 100MG.....	38	<i>sodium chloride inj 0.9%.....</i>	27
SAVELLA TABS 12.5MG.....	38	<i>sodium chloride inj 2.5meq/ml, 3%, 4meq/ml.....</i>	24
SAVELLA TABS 25MG.....	38	<i>sodium chloride inj 5%.....</i>	24
SAVELLA TABS 50MG.....	38	<i>sodium chloride irrigation soln.....</i>	27
SAVELLA TITRATION PACK.....	38	<i>sodium chloride nebu 0.9%.....</i>	45
<i>se-care.....</i>	51	<i>sodium chloride pab.....</i>	27
<i>se-natal 19.....</i>	51	<i>sodium chloride thermoject system.....</i>	27
<i>se-tan dha.....</i>	51	<i>sodium fluoride chew.....</i>	51
<i>seconal.....</i>	43	<i>sodium fluoride tabs.....</i>	51
<i>selegiline hcl.....</i>	17	<i>sodium lactate inj.....</i>	24
<i>selenium sulfide.....</i>	17	<i>sodium phenylbutyrate.....</i>	27
SELZENTRY.....	18	<i>sodium polystyrene sulfonate powd.....</i>	27
SENSIPAR TABS 30MG, 60MG.....	30	<i>sodium polystyrene sulfonate susp 15gm/60ml.....</i>	27
SENSIPAR TABS 90MG.....	30	<i>sodium polystyrene sulfonate susp 30gm/120ml.....</i>	27
SEREVENT DISKUS.....	45	<i>sodium sulfacetamide.....</i>	47
SEROMYCIN.....	28	<i>sodium sulfacetamide.....</i>	48
SEROQUEL XR TB24 150MG.....	43	<i>sodium sulfacetamid/sulfur cleanser.....</i>	47
SEROQUEL XR TB24 200MG.....	43	<i>sodium sulfacetamid/sulfur cleanser in urea.....</i>	47
SEROQUEL XR TB24 300MG.....	43	<i>sodium sulfacetamid/sulfur wash liqd 9%; 4%.....</i>	47
SEROQUEL XR TB24 400MG.....	43	SOLARAZE.....	29
SEROQUEL XR TB24 50MG.....	43	SOLTAMOX.....	16
<i>sertraline hcl conc.....</i>	43	SOMAVERT.....	30
<i>sertraline hcl tabs 100mg.....</i>	43	SORIATANE.....	17
<i>sertraline hcl tabs 25mg.....</i>	43	<i>sorine.....</i>	9
<i>sertraline hcl tabs 50mg.....</i>	43	<i>sotalol hcl.....</i>	9
<i>sf 5000 plus.....</i>	27	<i>sotalol hcl (af).....</i>	9
<i>sildenafil citrate.....</i>	45	SPIRIVA HANDIHALER.....	45
<i>silver sulfadiazine.....</i>	19	<i>spironolactone.....</i>	14
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG.....	25	<i>spironolactone/hydrochlorothiazide.....</i>	14
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG.....	25	<i>sprintec 28.....</i>	37
SIMPONI INJ 100MG/ML.....	38	SPRYCEL.....	16
SIMPONI INJ 100MG/ML, 50MG/0.5ML.....	38	<i>sps.....</i>	27
SIMULECT INJ 10MG.....	16	<i>sronyx.....</i>	37
SIMULECT INJ 20MG.....	16	<i>ssd.....</i>	19
<i>simvastatin.....</i>	25	<i>stagesic.....</i>	35
<i>sodium bicarbonate inj 4.2%.....</i>	24	<i>stavudine.....</i>	18
<i>sodium bicarbonate inj 7.5%, 8.4%.....</i>	24	STAVZOR.....	11
<i>sodium bicarbonate partial fill.....</i>	24	STELARA.....	17
<i>sodium chloride 0.45%.....</i>	24	<i>sterile water irrigation.....</i>	27
<i>sodium chloride 0.45% viaflex.....</i>	24	<i>sterile water irrigation plastic bottle.....</i>	27
<i>sodium chloride 0.9%.....</i>	27	<i>sterile water irrigation w/hanger.....</i>	27
<i>sodium chloride 0.9%.....</i>	27	STIMATE.....	30
<i>sodium chloride bacteriostatic.....</i>	27	STIVARGA.....	16
<i>sodium chloride bacteriostatic/benzyl alcohol.....</i>	27	STRATTERA CAPS 100MG, 60MG, 80MG.....	43
<i>sodium chloride flush.....</i>	27	STRATTERA CAPS 10MG, 18MG, 25MG, 40MG.....	43
		STREPTOMYCIN SULFATE.....	28

STRIBILD.....	18	<i>tamoxifen citrate</i>	16
STROMEKTOL.....	28	<i>tamsulosin hcl</i>	18
SUCRAID.....	30	TARCEVA.....	16
<i>sucrafate tabs</i>	49	TARGRETIN CAPS.....	16
<i>sulfacetamide sodium</i>	47	TARGRETIN GEL.....	16
<i>sulfacetamide sodium</i>	48	TARKA.....	14
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	46	TASIGNA.....	16
<i>sulfacetamide sodium/sulfur cleanser</i>	47	TASMAR.....	17
<i>sulfadiazine</i>	46	TAXOTERE.....	16
<i>sulfamethoxazole/trimethoprim</i>	46	TAZORAC.....	47
<i>sulfamethoxazole/trimethoprim ds</i>	46	<i>taztia xt</i>	14
SULFAMYLON CREA.....	48	TEGRETOL-XR.....	11
<i>sulfasalazine</i>	30	TEKTURNA.....	14
<i>sulfazine</i>	30	TEKTURNA HCT.....	14
<i>sulfazine ec</i>	30	<i>temazepam</i>	43
<i>sulindac</i>	36	<i>terazosin hcl</i>	14
<i>sumatriptan nasal soln 20mg/lact</i>	26	<i>terbinafine hcl tabs</i>	12
<i>sumatriptan nasal soln 5mg/lact</i>	26	<i>terbutaline sulfate</i>	45
<i>sumatriptan succinate inj</i>	26	<i>terconazole</i>	31
<i>sumatriptan succinate refill</i>	26	TESTIM.....	30
<i>sumatriptan succinate tabs</i>	26	<i>testosterone cypionate</i>	30
SUPRAX SUSR 100MG/5ML, 200MG/5ML.....	20	<i>testosterone enanthate</i>	30
SUPRAX SUSR 500MG/5ML.....	20	<i>tetanus toxoid adsorbed</i>	50
SUPRAX TABS.....	20	TETANUS/DIPHThERIA TOXOIDS-ADSORBED	
SUPREP BOWEL PREP.....	30	ADULT.....	50
SURMONTIL.....	43	<i>tetracycline hcl</i>	47
SUSTIVA.....	18	TEV-TROPIN.....	19
SUTENT.....	16	TEVETEN HCT.....	14
<i>syeda</i>	37	TEVETEN TABS 400MG.....	14
SYLATRON.....	19	THALOMID.....	16
SYMBICORT.....	45	<i>theophylline</i>	45
SYMLINPEN 120.....	23	<i>theophylline cr</i>	45
SYMLINPEN 60.....	23	<i>theophylline er</i>	45
SYNALGOS-DC.....	35	<i>thioridazine hcl</i>	43
SYNAREL.....	30	<i>thiotepa</i>	16
SYNRIBO.....	16	<i>thiothixene</i>	43
SYNTHROID.....	47	THYMOGLOBULIN.....	50
SYPRINE.....	27	<i>tiagabine hydrochloride</i>	11
TABLOID.....	16	TIKOSYN.....	9
TACLONEX OINT.....	17	<i>tilia fe</i>	37
<i>tacrolimus</i>	16	TIMENTIN INJ 0.1GM/100ML; 3GM/100ML, 1GM; 30GM.....	39
TAFINLAR.....	16	TIMENTIN INJ 0.1GM; 3GM.....	39
TAMIFLU CAPS 30MG.....	18	<i>timolol maleate</i>	14
TAMIFLU CAPS 45MG.....	18	<i>timolol maleate</i>	18
TAMIFLU CAPS 75MG.....	18	<i>timolol maleate ophthalmic gel forming</i>	18
TAMIFLU SUSR.....	18		

TIMOPTIC.....	18	<i>travasol</i>	33
TIMOPTIC OCUDOSE.....	18	TRAVATAN Z.....	38
TIMOPTIC-XE.....	18	<i>travoprost</i>	38
<i>tinidazole</i>	28	<i>trazodone hcl</i>	43
<i>tizanidine hcl</i>	33	TREANDA INJ 100MG.....	16
TOBI.....	28	TREANDA INJ 25MG.....	16
TOBRADEX OINT.....	46	TRECATOR.....	28
TOBRADEX ST.....	46	<i>tretinoin caps</i>	16
<i>tobramycin sulfate inj 1.2gm</i>	28	<i>tretinoin crea</i>	47
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml,</i> <i>80mg/2ml</i>	28	<i>tretinoin emollient</i>	47
<i>tobramycin sulfate ophthalmic soln</i>	9	<i>tretinoin gel</i>	47
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	28	<i>tretinoin microsphere</i>	47
<i>tobramycin sulfate/sodium chloride inj 0.9%; 1.2mg/ml</i>	28	<i>tretinoin microsphere pump</i>	47
<i>tobramycin/dexamethasone</i>	46	TREXALL.....	16
TOBEX OINT.....	9	<i>tri-estarylla</i>	37
<i>tolazamide tabs 250mg</i>	23	<i>tri-legest fe</i>	37
<i>tolazamide tabs 500mg</i>	23	<i>tri-lynyah</i>	37
<i>tolbutamide</i>	23	TRI-NORINYL 28.....	37
<i>tolmetin sodium</i>	36	<i>tri-previfem</i>	37
<i>tolterodine tartrate tabs 1mg</i>	9	<i>tri-sprintec</i>	37
<i>tolterodine tartrate tabs 2mg</i>	9	<i>triadvance</i>	51
TOPICORT CREA 0.05%.....	49	<i>triamcinolone acetonide crea</i>	49
TOPICORT OINT 0.05%.....	49	<i>triamcinolone acetonide inha</i>	45
<i>topiramate csp</i>	11	<i>triamcinolone acetonide lotn</i>	49
<i>topiramate tabs 100mg</i>	11	<i>triamcinolone acetonide oint</i>	49
<i>topiramate tabs 200mg</i>	11	<i>triamcinolone acetonide pste</i>	27
<i>topiramate tabs 25mg</i>	11	<i>triamcinolone in orabase</i>	27
<i>topiramate tabs 50mg</i>	11	<i>triamterene/hydrochlorothiazide</i>	14
<i>toposar</i>	16	<i>trianex</i>	49
<i>topotecan hcl inj 4mg</i>	16	<i>triazolam</i>	43
<i>topotecan hcl inj 4mg/4ml</i>	16	<i>tricitrates</i>	31
TORISEL.....	16	<i>triderm</i>	49
<i>toremide inj 20mg/2ml</i>	14	<i>trifluoperazine hcl</i>	43
TORSEMIDE INJ 50MG/5ML.....	14	<i>trifluridine</i>	18
<i>toremide tabs</i>	14	TRILIPIX.....	25
TOVIAZ.....	9	<i>trilyte</i>	30
TPN ELECTROLYTES.....	24	<i>trimethoprim</i>	49
TRACLEER.....	45	<i>trimethoprim sulfate/polymyxin b sulfate</i>	9
<i>tramadol hcl</i>	36	<i>trinatal gt</i>	51
TRAMADOL HCL ER CP24.....	36	<i>trinate</i>	51
<i>tramadol hcl er tb24</i>	36	<i>trinessa</i>	37
<i>tramadol hydrochloride/acetaminophen</i>	36	TRISENOX.....	16
<i>trandolapril</i>	14	<i>trivora-28</i>	37
<i>tranexamic acid inj</i>	20	TRIZIVIR.....	18
<i>tranylcypromine sulfate</i>	43	TROPHAMINE.....	33
		<i>tropicamide</i>	21

<i>trosipium chloride</i>	9	VELTIN.....	47
<i>trosipium chloride er</i>	9	<i>venlafaxine hcl er cp24 150mg</i>	44
TRUVADA.....	18	<i>venlafaxine hcl er cp24 37.5mg</i>	44
TWINRIX.....	50	<i>venlafaxine hcl er cp24 75mg</i>	44
TWYNSTA.....	14	<i>venlafaxine hcl er tb24 150mg</i>	44
TYGACIL.....	28	<i>venlafaxine hcl er tb24 225mg</i>	44
TYKERB.....	16	<i>venlafaxine hcl er tb24 37.5mg</i>	44
TYPHIM VI.....	50	<i>venlafaxine hcl er tb24 75mg</i>	44
TYSABRI.....	31	<i>venlafaxine hcl tabs 100mg</i>	44
TYVASO.....	45	<i>venlafaxine hcl tabs 25mg</i>	44
TYVASO REFILL.....	45	<i>venlafaxine hcl tabs 37.5mg</i>	44
TYVASO STARTER.....	45	<i>venlafaxine hcl tabs 50mg</i>	44
TYZEKA.....	18	<i>venlafaxine hcl tabs 75mg</i>	44
TYZINE.....	27	VENTAVIS.....	45
TYZINE PEDIATRIC NASAL DROPS.....	27	VENTOLIN HFA.....	45
U-CORT.....	29	VERAMYST.....	46
UCERIS.....	30	<i>verapamil hcl er</i>	14
ULORIC.....	25	<i>verapamil hcl inj</i>	14
<i>umecta mousse</i>	29	<i>verapamil hcl sr</i>	14
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg,</i>		<i>verapamil hcl tabs</i>	14
<i>200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	47	VERDESO.....	49
<i>unithroid tabs 137mcg</i>	47	<i>veripred 20</i>	9
<i>ursodiol</i>	30	VESICARE.....	9
UVADEX.....	29	<i>vestura</i>	37
VAGIFEM.....	24	VEXOL.....	46
<i>valacyclovir hcl</i>	18	VFEND SUSR.....	12
VALCYTE.....	18	VIBATIV.....	50
<i>valproate sodium</i>	11	VIBRAMYCIN.....	47
<i>valproic acid</i>	11	<i>vicodin</i>	35
<i>valsartan/hydrochlorothiazide</i>	14	<i>vicodin es</i>	35
<i>vancomycin hcl caps 125mg</i>	50	<i>vicodin hp</i>	35
<i>vancomycin hcl caps 250mg</i>	50	VICTOZA.....	23
VANCOMYCIN HCL IN DEXTROSE INJ 0; 1GM/ 200ML.....	50	VICTRELIS.....	18
VANCOMYCIN HCL IN DEXTROSE INJ 0; 500MG/ 100ML, 0; 750MG/150ML.....	50	VIDAZA.....	16
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	50	VIDEX EC.....	18
<i>vancomycin hcl inj 500mg</i>	50	VIDEX PEDIATRIC.....	18
<i>vandazole</i>	31	VIGAMOX.....	9
VANOS.....	49	VIIBRYD KIT.....	44
VAQTA.....	50	VIIBRYD TABS 10MG.....	44
VARIVAX.....	50	VIIBRYD TABS 20MG.....	44
VARIZIG.....	50	VIIBRYD TABS 40MG.....	44
VECTIBIX.....	16	VIMPAT INJ.....	11
VELCADE.....	16	VIMPAT ORAL SOLN.....	11
<i>velivet</i>	37	VIMPAT TABS 100MG.....	11
		VIMPAT TABS 150MG.....	11
		VIMPAT TABS 200MG.....	11

VIMPAT TABS 50MG.....	11	ZALTRAP.....	17
<i>vinate az.</i>	51	<i>zamicet.</i>	35
<i>vinate care.</i>	51	ZANOSAR.....	17
<i>vinate m.</i>	51	<i>zarab.</i>	37
<i>vinblastine sulfate inj 10mg.</i>	16	ZAVESCA.....	30
<i>vinblastine sulfate inj 1mg/ml.</i>	16	<i>zazole crea 0.4%.</i>	31
<i>vincasar pfs.</i>	16	ZAZOLE CREA 0.8%.....	31
<i>vincristine sulfate.</i>	16	ZEGERID.....	49
<i>vinorelbine tartrate.</i>	16	ZELAPAR.....	17
<i>viorele.</i>	37	ZELBORAF.....	17
VIRACEPT.....	18	ZEMAIRA.....	27
VIRAMUNE SUSP.....	18	ZEMPLAR CAPS.....	30
VIRAMUNE XR TB24 100MG.....	18	<i>zenatane.</i>	47
VIRAMUNE XR TB24 400MG.....	18	<i>zenchent.</i>	37
VIRAZOLE.....	18	<i>zenchent fe.</i>	37
VIREAD.....	18	ZENPEP.....	30
<i>virt-pn.</i>	51	ZERIT CAPS.....	18
VISTIDE.....	18	ZETIA.....	25
<i>vitafol-ob.</i>	51	ZETONNA.....	46
<i>vol-nate.</i>	51	ZIAGEN ORAL SOLN.....	18
VOLTAREN.....	36	ZIANA.....	47
<i>voriconazole inj.</i>	12	<i>zidovudine.</i>	18
<i>voriconazole tabs.</i>	12	<i>ziprasidone hcl caps 20mg.</i>	44
VOTRIENT.....	16	<i>ziprasidone hcl caps 40mg.</i>	44
VYTORIN.....	25	<i>ziprasidone hcl caps 60mg, 80mg.</i>	44
<i>warfarin sodium.</i>	20	ZIRGAN.....	18
WELCHOL.....	25	ZMAX.....	24
WESTCORT.....	49	ZOFRAN INJ.....	30
XALKORI.....	17	<i>zoledronic acid inj 4mg.</i>	30
XARELTO TABS 10MG, 20MG.....	21	<i>zoledronic acid inj 4mg/5ml.</i>	30
XARELTO TABS 15MG.....	21	ZOLINZA.....	17
XENAZINE.....	31	<i>zolmitriptan.</i>	26
XEOMIN.....	50	<i>zolmitriptan odt.</i>	26
XGEVA.....	8	<i>zolpidem tartrate.</i>	44
XIFAXAN TABS 200MG.....	28	<i>zolpidem tartrate er.</i>	44
XOLAIR.....	46	ZOMETA.....	30
<i>xolox.</i>	35	ZOMIG NASAL SOLN.....	26
XOPENEX HFA.....	46	ZOMIG TABS.....	26
XTANDI.....	17	ZOMIG ZMT.....	26
XYLOCAINE EXTERNAL SOLN.....	48	<i>zonisamide.</i>	11
XYREM.....	44	ZORBTIVE.....	19
YERVOY.....	17	ZORTRESS.....	17
YF-VAX.....	50	ZOSTAVAX.....	50
<i>zafirlukast.</i>	46	<i>zovia 1/35e.</i>	37
<i>zaleplon caps 10mg.</i>	44	<i>zovia 1/50e.</i>	37
<i>zaleplon caps 5mg.</i>	44	ZOVIRAX CREA.....	48

ZYFLO.....	46	ZYPREXA TABS 7.5MG.....	44
ZYFLO CR.....	46	ZYPREXA ZYDIS TBDP 10MG.....	44
ZYLET.....	46	ZYPREXA ZYDIS TBDP 15MG.....	44
ZYPREXA INJ.....	44	ZYPREXA ZYDIS TBDP 20MG.....	44
ZYPREXA TABS 10MG.....	44	ZYPREXA ZYDIS TBDP 5MG.....	44
ZYPREXA TABS 15MG.....	44	ZYTIGA.....	17
ZYPREXA TABS 2.5MG.....	44	ZYVOX INJ.....	28
ZYPREXA TABS 20MG.....	44	ZYVOX SUSR.....	28
ZYPREXA TABS 5MG.....	44	ZYVOX TABS.....	28



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