

SilverScript

2016 Formulary

(List of Covered Drugs)

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

Formulary File 16125, Version 7

This formulary was updated on January 1, 2016. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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



SilverScript®

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Plus (PDP) 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.

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by SilverScript Plus (PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained from our website or by calling 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 7. 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". If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 50. 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?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA)

SilverScript Plus (PDP) requires you or your physician 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, we may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript Plus (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST)

In some cases, SilverScript Plus (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 SilverScript formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that SilverScript Plus (PDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our 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 our plan.
- You can ask us 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 SilverScript 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.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a Long Term Care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 34 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript Plus (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

SilverScript Plus (PDP)'s Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 50.

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

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

PA – Prior authorization.

QL – Drug has quantity limit.

ST – Step therapy required.

NM - Not available at our mail-order pharmacies.

LA – Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

HR – High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

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

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

The Tier column of the drug list that begins on page 7 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage period) for up to a one month supply of drugs in each tier.

Initial Coverage Period Copayment / Coinsurance Levels

Tier	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard Mail-order cost-sharing (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 34-day supply)	Out-of-network cost-sharing (coverage is limited to certain situations; see your <i>Evidence of Coverage</i> for details) (up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generic) (includes low cost preferred generic drugs)	\$7.00	\$0.00	\$7.00	\$0.00	\$7.00	\$7.00
Cost-Sharing Tier 2 (Generic) (includes preferred generic and some preferred brand drugs)	\$10.00	\$3.00	\$10.00	\$3.00	\$10.00	\$10.00
Cost-Sharing Tier 3 (Preferred Brand) (includes preferred brand and non-preferred generic drugs)	\$29.00	\$22.00	\$29.00	\$22.00	\$29.00	\$29.00

Tier	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Preferred retail cost-sharing (in-network) (up to a 30-day supply)	Standard Mail-order cost-sharing (up to a 30-day supply)	Preferred Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 34-day supply)	Out-of-network cost-sharing (coverage is limited to certain situations; see your <i>Evidence of Coverage</i> for details) (up to a 30-day supply)
Cost-Sharing Tier 4 (Non-Preferred Brand) (includes non-preferred brand and non-preferred generic drugs)	45%	35%	45%	35%	45%	45%
Cost-Sharing Tier 5 (Specialty Tier) (includes high cost generic and brand drugs)	33%	33%	33%	33%	33%	33%

You can find complete cost-sharing information, including costs for long-term supplies, in your *Evidence of Coverage*.

Drug Name	Drug Requirements/ Tier Limits	
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	GC
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS	4	
<i>diclofenac potassium</i>	2	GC
<i>diclofenac sodium</i> TB24	3	
<i>diclofenac sodium</i> TBEC	2	GC
<i>diflunisal</i>	3	
<i>etodolac</i> CAPS; TABS	3	
<i>flurbiprofen</i> TABS	2	GC
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	GC
<i>ketoprofen</i> CAPS	2	GC
MELOXICAM SUSP	4	
<i>meloxicam</i> (generic of MOBIC) TABS	1	GC
<i>nabumetone</i> TABS	2	GC
<i>naproxen</i> SUSP	3	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	GC
<i>naproxen</i> TABS 375mg	1	GC
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	2	GC
<i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg	2	GC
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	2	GC
<i>sulindac</i> TABS	2	GC
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier Limits	
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	2	GC QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	3	QL
BUTRANS 10mcg/hr QL (8 patches / 28 days)	3	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL
BUTRANS DIS 7.5MCG/HR QL (8 patches / 28 days)	3	QL
<i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml	4	
<i>nalbuphine hcl</i> SOLN 20mg/ml	4	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
OPIOID ANALGESICS, CII		
DURAMORPH	4	B/D
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	QL NM PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare Part B or Part D LA - Limited Access GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
FENTORA QL (120 tabs / 30 days)	5	QL NM PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days)	3	QL
<i>hydromorphon inj 10mg/ml</i> (generic of DILAUDID-HP)	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	4	
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorstab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorstab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>lorstab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	GC QL
<i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days)	3	QL
<i>methadone hcl SOLN</i> 5mg/5ml, 10mg/5ml QL (600 mL / 30 days)	3	QL
<i>methadone hcl</i> (generic of DOLOPHINE) TABS QL (240 tabs / 30 days)	2	GC QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	4	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	4	QL
MORPHINE SUL INJ 1mg/ml, 10mg/ml, 15mg/ml	4	B/D
<i>morphine sul inj</i> .5mg/ml, 1mg/ml	4	B/D
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SULFATE SOLN 8mg/ml	4	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare Part B or Part D **LA** - Limited Access **GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	3	QL
MORPHINE SULFATE ORAL SOL	3	
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	3	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	QL
OPANA ER (CRUSH RESISTANT QL (120 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	4	QL
<i>oxycodone hcl</i> CONC	4	
OXYCODONE HCL SOLN	4	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
OXYCONTIN QL (120 tabs / 30 days)	3	QL
<i>roxicet soln</i> QL (1800 mL / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>roxicet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 1%	4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%	4	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF)	4	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	4	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	4	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	4	
<i>gentamicin sulfate</i> SOLN	4	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	4	
<i>sulfadiazine</i> TABS	4	
<i>tobramycin</i> (generic of TOBI) NEBU	5	B/D NM
<i>tobramycin inj 1.2/30ml</i>	4	
<i>tobramycin inj 1.2gm</i>	4	
<i>tobramycin inj 10mg/ml</i>	4	
<i>tobramycin inj 40mg/ml</i>	4	
<i>tobramycin inj 80mg/2ml</i>	4	
<i>tobramycin sulfate in saline</i>	4	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	4	
ALINIA	4	
<i>atovaquone</i> (generic of MEPRON) SUSP	5	NM
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	5	NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare Part B or Part D **LA** - Limited Access **GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>aztreonam</i> (generic of AZACTAM)	3	
BILTRICIDE	3	
CAYSTON	5	NM LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	2	GC
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	4	
<i>clindamycin phosphate inj 150mg/ml</i>	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE) 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	4	
<i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
CUBICIN	5	NM
<i>dapsone</i> TABS	3	
DARAPRIM	4	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	4	
INVANZ	4	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	3	
<i>linezolid</i> (generic of ZYVOX) SOLN	5	NM
LINEZOLID TABS	5	NM
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	GC
<i>metronidazole in nacl</i>	4	
NEBUPENT	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) PA applies if 65 years and older after a 90 day supply in a calendar year; HR	4	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year; HR	4	PA
PENTAM 300	4	
SIVEXTRO	5	NM
<i>sulfamethoxazole-trimethopri m inj</i>	4	
<i>sulfamethoxazole-trimethopri m susp</i>	3	
<i>sulfamethoxazole-trimethopri m tab</i> (generic of BACTRIM)	2	GC
<i>sulfamethoxazole-trimethopri m tab</i> (generic of BACTRIM DS)	2	GC
SYNERCID	5	NM
<i>trimethoprim</i> TABS	2	GC
TYGACIL	5	NM
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	5	NM
<i>vancomycin hcl</i> SOLR	4	
ZYVOX SUSR; TABS	5	NM
ANTIFUNGALS		
ABELCET	5	B/D NM
AMBISOME	5	B/D NM
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	NM
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	2	GC
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NM
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS	4	

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Drug Name	Tier	Drug Requirements/ Limits
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	NM
NOXAFIL SUSP; TBEC	5	NM
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	2	GC
<i>voriconazole</i> (generic of VFEND IV) SOLR	4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	5	NM
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS 250mg	3	
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN)	3	
APTIVUS	5	NM
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	4	
EDURANT	5	NM
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	
ISENTRESS TABS	5	NM

Drug Name	Tier	Drug Requirements/ Limits
<i>lamivudine</i> (generic of EPIVIR)	3	
LEXIVA	4	
NEVIRAPINE SUSP 50 MG/5ML	4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	3	
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	4	
NORVIR	3	
PREZISTA SUSP	5	NM
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	NM
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	5	NM
SELZENTRY	5	NM
<i>stavudine</i> (generic of ZERIT)	4	
SUSTIVA CAPS	3	
SUSTIVA TABS	5	NM
TIVICAY	5	NM
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NM
VIRAMUNE XR 100mg	4	
VIREAD	5	NM
VITEKTA	5	NM
ZIAGEN SOLN	3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	3	
<i>zidovudine</i> TABS	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NM
ATRIPLA	5	NM
COMPLERA	5	NM
EPZICOM	5	NM
EVOTAZ	5	NM
KALETRA SOL	5	NM
KALETRA TAB 100-25MG	3	

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Drug Name	Drug Requirements/ Tier	Limits
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
TRIUMEQ	5	NM
TRUVADA	5	QL NM
QL (30 tabs / 30 days)		
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	NM
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	3	
<i>isoniazid</i> TABS	2	GC
<i>isoniazid inj 100 mg/ml</i>	4	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin</i> (generic of MYCOBUTIN)	4	
<i>rifampin</i> (generic of RIFADIN) CAPS	3	
<i>rifampin</i> (generic of RIFADIN) SOLR	4	
RIFATER	4	
SIRTURO	5	NM LA PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	2	GC
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	4	
<i>acyclovir sodium</i> SOLN	4	B/D
<i>acyclovir sodium</i> SOLR 500mg	4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	5	NM
BARACLUDE SOLN	3	
<i>entecavir</i> (generic of BARACLUDE)	5	NM
EPIVIR HBV SOLN	4	
<i>famciclovir</i> (generic of FAMVIR) TABS	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>foscarnet sodium</i>	4	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	3	B/D
HARVONI	5	NM PA
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	4	
<i>moderiba 800 dose pack</i>	5	NM
<i>moderiba pak 600/day</i>	5	NM
<i>moderiba pak 1000/day</i>	5	NM
MODERIBA PAK 1200/DAY	5	NM
<i>moderiba tab 200mg</i> (generic of COPEGUS)	3	NM
PEG-INTRON	5	NM PA
PEG-INTRON REDIPEN	5	NM PA
PEGINTRON 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	5	NM PA
REBETOL SOL 40MG/ML	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere</i> (generic of REBETOL) CAPS	3	NM
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	3	NM
<i>ribasphere</i> TABS 400mg	4	NM
<i>ribasphere</i> TABS 600mg	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin cap 200mg</i> (generic of REBETOL)	3	NM
<i>ribavirin tab 200mg</i> (generic of COPEGUS)	3	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	3	
SOVALDI	5	NM PA
TAMIFLU	3	
TYZEKA	4	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	3	
VALCYTE SOLR	5	NM
<i>valganciclovir hcl</i> (generic of VALCYTE)	5	NM
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil CAPS</i>	2	GC
<i>cefadroxil SUSR</i>	3	
<i>cefadroxil TABS</i>	4	
<i>cefazolin in d5w</i>	4	
<i>cefazolin inj</i>	4	
<i>cefazolin sodium 1gm, 20gm</i>	4	
<i>cefdinir CAPS</i>	3	
<i>cefdinir SUSR</i>	4	
<i>cefepime hcl (generic of MAXIPIME)</i>	4	
<i>cefixime (generic of SUPRAX)</i>	3	
<i>cefotaxime sodium (generic of CLAFORAN) 1gm, 2gm, 500mg</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime (generic of FORTAZ)</i>	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg</i>	4	
<i>ceftriaxone sodium (generic of ROCEPHIN) SOLR 1gm, 500mg</i>	4	
<i>cefuroxime axetil (generic of CEFTIN)</i>	3	
<i>cefuroxime sodium (generic of ZINACEF) 1.5gm, 7.5gm, 750mg</i>	4	
<i>cefuroxime sodium 7.5gm</i>	4	
<i>cephalexin (generic of KEFLEX) CAPS 250mg, 500mg</i>	2	GC
<i>cephalexin SUSR</i>	3	
SUPRAX CAPS	3	
suprax CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef (generic of FORTAZ) SOLR</i>	4	
<i>tazicef vial (generic of FORTAZ)</i>	4	
TEFLARO	4	

Drug Name	Drug Requirements/ Tier	Limits
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	
<i>azithromycin (generic of ZITHROMAX) SOLR 500mg</i>	4	
<i>azithromycin (generic of ZITHROMAX) SUSR</i>	3	
<i>azithromycin (generic of ZITHROMAX) TABS</i>	2	GC
<i>clarithromycin (generic of BIAXIN) TABS</i>	4	
<i>clarithromycin er (generic of BIAXIN XL)</i>	3	
<i>clarithromycin for susp 125mg/5ml</i>	4	
<i>clarithromycin for susp (generic of BIAXIN) 250mg/5ml</i>	4	
DIFICID	5	NM
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
<i>erythrocin lactobionate 500mg</i>	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin (generic of CIPRO) SUSR</i>	4	
<i>ciprofloxacin er (generic of CIPRO XR)</i>	4	
<i>ciprofloxacin hcl tab 100mg, 750mg</i>	2	GC
<i>ciprofloxacin hcl tab (generic of CIPRO) 250mg, 500mg</i>	2	GC
<i>ciprofloxacin in d5w (generic of CIPRO I.V.-IN D5W)</i>	4	
<i>ciprofloxacin inj</i>	4	
<i>levofloxacin (generic of LEVAQUIN) TABS</i>	2	GC
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		

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Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin</i>	2	GC
<i>amoxicillin & pot clavulanate</i> CHEW	3	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	GC
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	2	GC
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	4	
<i>ampicillin cap</i>	2	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm	4	
<i>nafcillin sodium</i> 2gm, 10gm	5	NM
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	NM
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>piperacillin</i> <i>sodium-tazobactam sodium</i> (generic of ZOSYN)	4	

Drug Name	Drug Requirements/ Tier	Limits
TETRACYCLINES		
<i>doxy</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg	2	GC
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	2	GC
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	3	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	3	
<i>doxycycline hyclate</i> CAPS 50mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS	3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	2	GC
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BICNU	4	B/D
BUSULFEX	5	B/D NM
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	5	B/D NM
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	NM
IFEX 3gm	4	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	4	B/D
<i>ifosfamide inj 1gm/20ml</i> (generic of IFOSFAMIDE)	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i> (generic of IFOSFAMIDE)	4	B/D

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Drug Name	Tier	Drug Requirements/ Limits
LEUKERAN	4	
LOMUSTINE	4	
<i>melphalan hcl</i> (generic of ALKERAN)	5	B/D NM
MUSTARGEN	4	B/D
TREANDA	5	B/D NM
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>daunorubicin hcl</i>	4	B/D
<i>doxorubicin hcl for inj 50 mg</i>	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	5	B/D NM
<i>epirubicin hcl</i> (generic of ELLENCE)	4	B/D
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	5	B/D NM
ANTIBIOTICS		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin</i> SOLR	4	B/D
ANTIMETABOLITES		
<i>adrucil</i>	4	B/D
ALIMTA	5	B/D NM
<i>azacitidine</i> (generic of VIDAZA)	5	B/D NM
<i>cladribine</i>	5	B/D NM
<i>cytarabine</i> 20mg/ml	4	B/D
<i>fludarabine phosphate</i> SOLN	4	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	4	B/D
<i>fluorouracil</i> SOLN	4	B/D
GEMCITABINE HCL SOLN	5	B/D NM
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	5	B/D NM
<i>gemcitabine hcl</i> SOLR 2gm	5	B/D NM
<i>mercaptopurine</i> TABS	3	
<i>methotrexate sodium inj</i>	4	B/D
NIPENT	5	B/D NM
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D NM

Drug Name	Tier	Drug Requirements/ Limits
DOCETAXEL CONC 20mg/ml, 80mg/4ml	5	B/D NM
<i>docetaxel</i> CONC 140mg/7ml	5	B/D NM
DOCETAXEL SOLN 20mg/2ml	4	B/D
DOCETAXEL SOLN 160mg/16ml, 200mg/20ml	5	B/D NM
DOCETAXEL SOLN 80MG/8ML	5	B/D NM
<i>paclitaxel</i>	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	4	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	B/D NM LA
BELEODAQ	5	NM PA
ERIVEDGE	5	NM LA PA
FARYDAK	5	NM LA PA
HERCEPTIN	5	B/D NM
IBRANCE	5	NM LA PA
ISTODAX	5	B/D NM
KADCYLA	5	B/D NM
KEYTRUDA	5	NM PA
LYNPARZA	5	NM LA PA
PROLEUKIN	5	B/D NM
RITUXAN	5	NM LA PA
VELCADE	5	B/D NM
YERVOY	5	NM PA
ZOLINZA	5	NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	GC
<i>bicalutamide</i> (generic of CASODEX)	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i> (generic of AROMASIN)	4	
FARESTON	5	NM
FASLODEX	5	B/D NM
<i>flutamide</i>	4	
<i>letrozole</i> (generic of FEMARA) TABS	3	

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Drug Name	Tier	Drug Requirements/ Limits
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM PA
LUPRON DEPO INJ 11.25MG (3-MONTH)	5	NM PA
LUPRON DEPOT 3.75mg	5	NM PA
LUPRON DEPOT-PED	5	NM PA
LYSODREN	3	
MEGACE ES HR	5	NM PA
<i>megestrol ac sus 40mg/ml</i> (generic of MEGACE ORAL) PA if 65 years and older; HR	4	PA
<i>megestrol ac tab 20mg</i> PA if 65 years and older; HR	4	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older; HR	4	PA
MEGESTROL SUS 625MG/5ML HR	4	PA
NILANDRON	5	NM
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM PA
TRELSTAR LA INJ 11.25MG	5	NM PA
XTANDI	5	NM LA PA
ZYTIGA	5	NM LA PA
KINASE INHIBITORS		
AFINITOR	5	NM PA
AFINITOR DISPERZ	5	NM PA
BOSULIF	5	NM PA
CAPRELSA	5	NM LA PA
COMETRIQ	5	NM LA PA
GILOTRIF TAB 20MG	5	NM LA PA
GILOTRIF TAB 30MG	5	NM LA PA
GILOTRIF TAB 40MG	5	NM LA PA
GLEEVEC	5	NM PA
ICLUSIG	5	NM LA PA
IMBRUVICA CAP 140MG	5	NM LA PA
INLYTA	5	NM LA PA
IRESSA	5	NM LA PA
JAKAFI	5	NM LA PA

Drug Name	Tier	Drug Requirements/ Limits
LENVIMA 10MG DAILY DOSE	5	NM LA PA
LENVIMA 14MG DAILY DOSE	5	NM LA PA
LENVIMA 20MG DAILY DOSE	5	NM LA PA
LENVIMA 24MG DAILY DOSE	5	NM LA PA
MEKINIST	5	NM LA PA
NEXAVAR	5	NM LA PA
SPRYCEL	5	NM PA
STIVARGA	5	NM LA PA
SUTENT	5	NM PA
TAFINLAR	5	NM LA PA
TARCEVA	5	NM LA PA
TASIGNA	5	NM PA
TYKERB	5	NM LA PA
VOTRIENT	5	NM LA PA
XALKORI	5	NM LA PA
ZELBORAF	5	NM LA PA
ZYDELIG	5	NM LA PA
ZYKADIA	5	NM LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	5	NM PA
DROXIA	3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	3	
LONSURF	5	NM LA PA
MATULANE	5	NM LA
<i>mitoxantrone hcl</i>	3	B/D NM
ODOMZO	5	NM PA
POMALYST CAP 1MG	5	NM LA PA
POMALYST CAP 2MG	5	NM LA PA
POMALYST CAP 3MG	5	NM LA PA
POMALYST CAP 4MG	5	NM LA PA
SYLATRON KIT 200MCG	5	NM PA
SYLATRON KIT 300MCG	5	NM PA
SYLATRON KIT 600MCG	5	NM PA
SYNRIBO	5	NM PA
TARGRETIN CAPS	5	NM PA
<i>tretinoin</i> (chemotherapy)	5	NM
TRISENOX	5	B/D NM
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>cisplatin</i>	4	B/D
<i>oxaliplatin</i>	5	B/D NM
PROTECTIVE AGENTS		
<i>amifostine crystalline</i> (generic of ETHYOL)	5	B/D NM
<i>dexrazoxane</i> (generic of ZINECARD) 250mg	5	B/D NM
ELITEK	5	B/D NM
FUSILEV	5	B/D NM
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
<i>leucovorin calcium for inj</i> 500 mg	4	B/D
<i>levoleucovorin calcium</i>	5	B/D NM
<i>mesna</i> (generic of MESNEX)	4	B/D
MESNEX TABS	5	NM
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN 500mg/25ml	3	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	4	B/D
<i>irinotecan hcl</i> 500mg/25ml	4	B/D
<i>toposar</i> 1gm/50ml	3	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	5	B/D NM
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 2.5-10 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 5-40 mg		
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL)		

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine</i>	2	GC
<i>besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL)		
<i>benazepril & hydrochlorothiazide</i>	2	GC
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	2	GC
<i>captopril & hydrochlorothiazide</i>	2	GC
<i>enalapril maleate & hydrochlorothiazide</i>	2	GC
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	2	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	2	GC
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	GC
<i>moexipril-hydrochlorothiazide</i>	2	GC
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	2	GC
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	GC
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	GC
<i>captopril</i> TABS	2	GC
<i>enalapril maleate</i> (generic of VASOTEC) TABS	2	GC
<i>fosinopril sodium</i>	2	GC
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	GC
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	GC
<i>moexipril hcl</i>	2	GC
<i>perindopril erbumine</i> 2mg	2	GC
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	2	GC
<i>quinapril hcl</i> (generic of ACCUPRIL)	2	GC
<i>ramipril</i> (generic of ALTACE)	2	GC
<i>trandolapril</i> (generic of MAVIK)	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	4	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA)	3	
<i>prazosin hcl</i> (generic of MINIPRESS)	2	GC
<i>terazosin hcl</i>	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	2	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	2	GC
<i>amlodipine-valsartan-hctz tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab 5-160-25 mg</i> (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab 10-160-25 mg</i> (generic of EXFORGE HCT)	2	GC
<i>amlodipine-valsartan-hctz tab 10-320-25 mg</i> (generic of EXFORGE HCT)	2	GC
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG	3	
BENICAR HCT 40-25MG	3	
BENICAR HCT TAB 20-12.5MG	3	
BENICAR HCT TAB 40-12.5MG	3	
ENTRESTO	4	PA
<i>losartan potassium & hctz tab 50-12.5 mg</i> (generic of HYZAAR)	2	GC
<i>losartan potassium & hctz tab 100-12.5 mg</i> (generic of HYZAAR)	2	GC
<i>losartan potassium & hctz tab 100-25 mg</i> (generic of HYZAAR)	2	GC
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-25MG	3	
<i>valsartan & hctz tab 80-12.5mg</i> (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab 160-12.5mg</i> (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab 160-25mg</i> (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab 320-12.5mg</i> (generic of DIOVAN HCT)	2	GC
<i>valsartan & hctz tab 320-25mg</i> (generic of DIOVAN HCT)	2	GC

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Drug Name	Drug Tier	Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	3	
<i>losartan potassium</i> (generic of COZAAR)	1	GC
<i>valsartan</i> (generic of DIOVAN)	2	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	4	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i> (generic of CORDARONE)	2	GC
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older; HR	4	PA
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR PA if 65 years and older; HR	4	PA
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone</i> (generic of CORDARONE) 200mg	2	GC
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	4	
<i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg	3	
<i>propafenone hcl</i> TABS 300mg	3	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	GC
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sorine</i> 240mg	2	GC
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	GC
<i>sotalol hcl 240mg</i>	2	GC
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	3	

Drug Name	Drug Tier	Requirements/ Limits
TIKOSYN CAP 125MCG	4	NM
TIKOSYN CAP 250MCG	4	NM
TIKOSYN CAP 500MCG	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	GC
CRESTOR QL (30 tabs / 30 days)	3	QL
<i>lovastatin 10mg, 20mg</i>	2	GC
<i>lovastatin</i> (generic of MEVACOR) 40mg	2	GC
<i>pravastatin sodium 10mg</i>	2	GC
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	2	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	GC QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate cap dr 45 mg</i> (generic of TRILIPIX)	4	
<i>choline fenofibrate cap dr 135 mg</i> (generic of TRILIPIX)	4	
<i>colestipol hcl</i> (generic of COLESTID) GRAN; PACK	4	
<i>colestipol hcl</i> (generic of COLESTID) TABS	3	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	4	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	3	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	GC
JUXTAPID	5	NM LA PA

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
KYNAMRO	5	NM PA
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN)	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	4	
<i>prevalite</i> (generic of QUESTRAN LIGHT)	4	
VASCEPA	4	
WELCHOL	3	
ZETIA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 50)	3	
<i>atenolol & chlorthalidone</i> (generic of TENORETIC 100)	3	
<i>bisoprolol &</i> <i>hydrochlorothiazide</i> (generic of ZIAC)	2	GC
<i>metoprolol &</i> <i>hydrochlorothiazide</i>	3	
<i>metoprolol &</i> <i>hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	2	GC
<i>atenolol</i> (generic of TENORMIN) TABS	1	GC
<i>bisoprolol fumarate</i> (generic of ZEBETA)	3	
BYSTOLIC	4	
<i>carvedilol</i> (generic of COREG)	2	GC
<i>labetalol hcl</i> (generic of TRANDATE) TABS	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	2	GC
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg	1	GC
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>pindolol</i>	3	
<i>propranolol cap er</i> (generic of INDERAL LA)	4	
<i>propranolol hcl</i> SOLN 1mg/ml	4	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS	2	GC
<i>timolol maleate</i> TABS	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	GC
<i>cartia xt</i> (generic of CARDIZEM CD)	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap</i> (generic of TIAZAC)	3	
<i>diltiazem cap 120mg/24hr</i>	3	
<i>diltiazem cap 240mg/24hr</i>	3	
<i>diltiazem cap er/12hr</i>	3	
<i>diltiazem hcl</i> SOLN	4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	GC
<i>diltiazem hcl</i> TABS 90mg	2	GC
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	3	
<i>diltzac cap 120mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 180mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 240mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 300mg/24</i> (generic of TIAZAC)	3	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical</i> (generic of PROCARDIA XL)	3	
<i>nifedipine</i> (generic of ADALAT CC) TB24	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nifedipine er</i> (generic of PROCARDIA XL)	3	
<i>nimodipine</i> CAPS	5	NM
NYMALIZE	5	NM
<i>taztia</i> (generic of TIAZAC)	3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	3	
VERAPAMIL CAP ER 360mg	3	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS 40mg	2	GC
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	2	GC
<i>verapamil tab er</i> (generic of CALAN SR)	2	GC
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older; HR	3	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 65 years and older; HR	3	PA
<i>digoxin</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digoxin</i> (generic of LANOXIN) 250mcg PA if 65 years and older; HR	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin inj</i> (generic of LANOXIN) HR (doses > 0.125 mg/day)	4	
DIGOXIN SOL 50MCG/ML PA if 65 years and older; HR	3	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA 150mg QL (30 tabs / 30 days)	3	QL
TEKTURNA 300mg	3	
TEKTURNA HCT TAB 150-12.5MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 150-25MG QL (60 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-12.5MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-25MG	3	
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	3	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i>	3	
<i>bumetanide</i> SOLN	4	
<i>bumetanide</i> (generic of BUMEX) TABS	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i> 25mg, 50mg	3	
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> (generic of LASIX) TABS	1	GC
<i>furosemide inj</i> 10mg/ml	4	
FUROSEMIDE INJ 10mg/ml	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	GC
<i>hydrochlorothiazide</i> TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> (generic of NEPTAZANE) TABS	4	

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Drug Name	Drug Requirements/ Tier Limits	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
<i>toremide inj</i>	4	
<i>toremide tabs</i> (generic of DEMADEX) 5mg, 10mg, 20mg	2	GC
<i>toremide tabs</i> 100mg	2	GC
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE) TABS	1	GC
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	2	GC
MISCELLANEOUS		
BIDIL	3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	GC
DEMSEER	5	NM
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	3	
<i>midodrine hcl</i>	4	
<i>minoxidil</i> TABS	3	
RANEXA	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>isosorbide dinitrate er</i>	3	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i> (generic of NITRO-DUR)	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	5	QL NM LA PA
LETAIRIS QL (30 tabs / 30 days)	5	QL NM LA PA
OPSUMIT QL (30 tabs / 30 days)	5	QL NM LA PA
REMODULIN	5	B/D NM LA
REVATIO SUSR QL (224 mL / 30 days)	5	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS	3	NM PA
TRACLEER 62.5mg QL (120 tabs / 30 days)	5	QL NM LA PA
TRACLEER 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	2	GC QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	2	GC QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	2	GC QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	2	GC QL
<i>bupirone hcl</i> TABS	3	
<i>fluvoxamine maleate</i> TABS	3	
<i>lorazepam</i> CONC QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	GC QL
ANTICONVULSANTS		
APTIOM 200mg QL (180 tabs / 30 days)	4	QL
APTIOM 400mg QL (90 tabs / 30 days)	4	QL
APTIOM 600mg QL (60 tabs / 30 days)	4	QL
APTIOM 800mg QL (30 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	4	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	
CELONTIN	4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	GC QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	2	GC QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (120 tabs / 30 days)	2	GC QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	2	GC QL PA
<i>diazepam</i> CONC QL (240 mL / 30 days)	3	QL PA
<i>diazepam</i> SOLN QL (1200 mL / 30 days)	3	QL PA
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	2	GC QL PA
DIAZEPAM GEL (ANTICONVULSANT)	4	
<i>diazepam inj</i>	4	
<i>dilantin</i>	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
<i>epitol</i> (generic of TEGRETOL)	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NM
<i>felbamate</i> (generic of FELBATOL) TABS	4	
FYCOMPA 2mg QL (180 tabs / 30 days)	4	QL PA
FYCOMPA 4mg QL (90 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
FYCOMPA 6mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS; TABS	2	GC
<i>gabapentin</i> (generic of NEURONTIN) SOLN	3	
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	GC
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	4	
<i>levetiracetam inj</i> (generic of KEPPRA)	4	
LEVETIRACETAM IV	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946 mL / 30 days)	3	QL
ONFI SOLN	4	PA
ONFI TAB	4	PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older; HR	4	PA

Drug Name	Drug Requirements/ Tier	Limits
PHENOBARBITAL SODIUM 65mg/ml PA if 65 years and older; HR	4	PA
<i>phenobarbital sodium</i> 130mg/ml PA if 65 years and older; HR	4	PA
<i>phenytek</i>	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	3	
<i>phenytoin sodium</i> SOLN	4	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	3	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	3	
POTIGA 50mg	4	
POTIGA 200mg QL (180 tabs / 30 days)	4	QL
POTIGA 300mg, 400mg QL (90 tabs / 30 days)	4	QL
<i>primidone</i> (generic of MYSOLINE) TABS	3	
SABRIL PACK QL (180 packets / 30 days)	5	QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	5	QL NM LA PA
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i> (generic of GABITRIL)	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	4	
<i>topiramate</i> (generic of TOPAMAX) TABS	3	
<i>valproate sodium</i> (generic of DEPACON) SOLN	4	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
<i>valproic acid</i> (generic of DEPAKENE) CAPS	3	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg QL (180 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
<i>zonisamide</i> CAPS 50mg	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg	2	GC
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP	4	
EXELON PATCHES QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS	4	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER)	4	
<i>memantine hcl</i> (generic of NAMENDA) SOLN PA if < 30 yrs	3	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	4	PA
NAMENDA SOL 10MG/5ML PA if < 30 yrs	3	PA
NAMENDA TAB PA if < 30 yrs	4	PA
NAMENDA XR PA if < 30 yrs	4	PA

Drug Name	Drug Requirements/ Tier	Limits
NAMENDA XR TITRATION PACK PA if < 30 yrs	4	PA
NAMZARIC	4	
<i>rivastigmine tartrate</i> (generic of EXELON)	4	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS PA if 65 years and older; HR	4	PA
<i>amoxapine</i>	3	
BRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL
BRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL
BRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	GC
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older; HR	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS	4	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older; HR	4	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	4	
EMSAM QL (30 patches / 30 days)	5	QL NM PA
<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	3	

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Drug Name	Drug Requirements/ Tier	Limits
FETZIMA 20mg QL (180 caps / 30 days)	4	QL
FETZIMA 40mg QL (90 caps / 30 days)	4	QL
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	GC
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	3	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older; HR	4	PA
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg	2	GC
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg, 45mg	2	GC
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	2	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS	1	GC
PAXIL SUSP QL (900 mL / 30 days)	4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
PRISTIQ QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	GC
SURMONTIL CAP 25MG QL (240 caps / 30 days) PA if 65 years and older; HR	4	QL PA
SURMONTIL CAP 50MG QL (120 caps / 30 days) PA if 65 years and older; HR	4	QL PA
SURMONTIL CAP 100MG QL (60 caps / 30 days) PA if 65 years and older; HR	4	QL PA
<i>tranylcypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	2	GC
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) PA if 65 years and older; HR	4	QL PA
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) PA if 65 years and older; HR	4	QL PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) PA if 65 years and older; HR	4	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	3	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD KIT	4	
VIIBRYD TABS QL (30 tabs / 30 days)	4	QL
VIIBRYD STARTER PACK	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS; TABS	4	
<i>amantadine hcl</i> SYRP	2	GC
APOKYN	5	NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
AZILECT	3	
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS PA if 65 years and older; HR	4	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	4	
<i>bromocriptine mesylate</i> TABS	4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	3	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	3	
<i>carbidopa-levodopa</i> TBDP	3	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS	2	GC
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	4	
<i>selegiline hcl</i> TABS	4	
ANTIPSYCHOTICS		
ABILIFY DISC TAB 10MG QL (60 tabs / 30 days)	4	QL
ABILIFY MAINTENA QL (1 injection / 28 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>aripiprazole</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	4	QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900ml / 30 days)	4	QL
<i>chlorpromazine hcl</i> SOLN 50mg/2ml	4	
<i>chlorpromazine hcl</i> TABS	4	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg	4	
<i>clozapine</i> TABS 200mg	4	
CLOZAPINE TBDP 12.5mg, 150mg, 200mg	4	PA
CLOZAPINE TBDP 25mg, 100mg	4	PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3	
<i>clozapine tab 50mg</i>	3	
FANAPT QL (60 tabs / 30 days)	4	QL ST
FANAPT TITRATION PACK	4	ST
FAZACLO 150mg, 200mg	4	PA
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	4	
<i>fluphenazine hcl</i> TABS	2	GC
GEODON SOLR QL (6 mL / 3 days)	4	QL
<i>haloperidol</i> TABS	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate conc</i>	3	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
INVEGA 6mg QL (60 tabs / 30 days)	3	QL
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL
INVEGA TRINZA QL (1 syringe / 90 days)	4	QL
LATUDA 20mg QL (240 tabs / 30 days)	4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR; TABS	4	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP	4	
ORAP	4	
<i>perphenazine</i> TABS	4	
<i>pimozide</i> (generic of ORAP)	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL)	4	
REXULTI 1mg QL (90 tabs / 30 days)	4	QL ST
REXULTI 2mg QL (60 tabs / 30 days)	4	QL ST
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Limits
REXULTI .5mg QL (180 tabs / 30 days)	4	QL ST
REXULTI .25mg QL (360 tabs / 30 days)	4	QL ST
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN	4	
<i>risperidone</i> (generic of RISPERDAL) TABS	3	
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg, 1mg, 2mg, 3mg, 4mg	4	
<i>risperidone</i> TBDP .25mg	4	
SAPHRIS 2.5mg QL (240 tabs / 30 days)	4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	4	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	4	QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	4	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	4	QL
SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS PA if 65 years and older; HR	4	PA
<i>thiothixene</i>	3	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ QL (600 mL / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone hcl</i> (generic of GEODON)	4	
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) PA if 65 years and older; HR	4	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> TBCR QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
STRATTERA 40mg QL (60 caps / 30 days)	4	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
HYPNOTICS		
HETLIOZ	5	NM LA PA
ROZEREM QL (30 tabs / 30 days)	4	QL
SILENOR 3mg QL (60 tabs / 30 days) HR (doses > 6mg/day)	3	QL
SILENOR 6mg QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	GC QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	GC QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year; HR	4	QL PA
MIGRAINE		
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	3	
<i>naratriptan hcl</i> (generic of AMERGE)	3	
RELPAX	3	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS	3	
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP	4	
SUMATRIPTAN NASAL SPRAY	4	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS	3	
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	4	
<i>sumatriptan succinate inj</i> 6mg/0.5ml (generic of IMITREX STATDOSE SYSTEM) SOAJ	4	
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML SOCT	4	
<i>sumatriptan succinate inj</i> 6mg/0.5ml (generic of IMITREX) SOLN	4	
<i>sumatriptan succinate inj</i> 6mg/0.5ml SOSY	4	
<i>zolmitriptan</i> (generic of ZOMIG) TABS	4	
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT)	4	
MISCELLANEOUS		
GRALISE 300mg QL (180 tabs / 30 days)	3	QL
GRALISE 600mg QL (90 tabs / 30 days)	3	QL
GRALISE STARTER	3	
<i>lithium carbonate</i> CAPS; TABS	2	GC
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	GC
<i>lithium carbonate er</i> 450mg	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
NUDEXTA	3	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	3	
<i>riluzole</i> (generic of RILUTEK)	4	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	5	QL NM PA
XENAZINE 12.5mg QL (240 tabs / 30 days)	5	QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	5	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM LA PA
BETASERON QL (14 syringes / 28 days)	5	QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	QL NM PA
COPAXONE KIT 20MG/ML QL (30 syringes per 30 days)	5	QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5	QL NM PA
TYSABRI	5	NM LA PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS	2	GC
cyclobenzaprine hcl TABS 5mg, 10mg PA if 65 years and older; HR	4	PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	4	
dantrolene sodium CAPS 100mg	4	
tizanidine hcl TABS 2mg	3	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
NUVIGIL 50mg QL (150 tabs / 30 days)	4	QL PA
NUVIGIL 150mg QL (60 tabs / 30 days)	4	QL PA
NUVIGIL 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
XYREM QL (540 mL / 30 days)	5	QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium	4	
buprenorphine hcl SUBL	4	PA
buprenorphine hcl-naloxone hcl sl QL (120 tabs / 30 days)	4	QL PA
buproban (generic of ZYBAN)	3	

Drug Name	Drug Requirements/ Tier	Limits
bupropion hcl (smoking deterrent) (generic of ZYBAN)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
disulfiram (generic of ANTABUSE) TABS	4	
naloxone inj 0.4mg/ml	3	
naloxone inj 1mg/ml	3	
naltrexone hcl (generic of REVIA) TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	4	QL PA
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM QL (30 patches / 30 days)	4	QL PA
AXIRON QL (440 mL / 30 days)	3	QL PA
oxandrolone tab 2.5mg (generic of OXANDRIN)	3	PA
oxandrolone tab 10mg (generic of OXANDRIN)	5	NM PA
testosterone cypionate SOLN 100mg/ml	4	PA
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 200mg/ml	4	PA
testosterone enanthate SOLN	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYDUREON SUSR QL (4 vials / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D NM
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30 RELION not covered	3	
NOVOLIN N RELION not covered	3	
NOVOLIN R RELION not covered	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60 QL (8 pens / 30 days)	4	QL PA
SYMLINPEN 120 QL (4 pens / 30 days)	4	QL PA
TANZEUM QL (4 pens / 28 days)	4	QL
TOUJEO SOLOSTAR	3	
TRULICITY QL (4 pens / 28 days)	4	QL
VICTOZA QL (3 pens / 30 days)	3	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	3	
FARXIGA 5mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
FARXIGA 10mg QL (30 tabs / 30 days)	3	QL
glimepiride (generic of AMARYL)	1	GC
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	2	GC QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	2	GC QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	2	GC QL
glipizide (generic of GLUCOTROL) TABS	1	GC
glipizide (generic of GLUCOTROL XL) TB24	2	GC
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA 100mg QL (90 tabs / 30 days)	3	QL
INVOKANA 300mg QL (30 tabs / 30 days)	3	QL
JANUMET QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA QL (30 tabs / 30 days)	3	QL
JENTADUETO QL (60 tabs / 30 days)	3	QL
metformin hcl (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 500mg QL (120 tabs / 30 days)	1	GC QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 750mg QL (60 tabs / 30 days)	1	GC QL
<i>nateglinide</i> (generic of STARLIX)	2	GC
<i>pioglitazone hcl</i> (generic of ACTOS)	2	GC
<i>repaglinide</i> (generic of PRANDIN)	2	GC
TRADJENTA QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	3	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	GC
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	GC
BINOSTO QL (4 tabs / 28 days)	4	QL
<i>ibandronate tab 150mg</i> (generic of BONIVA)	4	B/D
<i>pamidronate disodium</i> SOLN	4	B/D
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	4	B/D NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg QL (120 tabs / 30 days)	3	QL NM
SENSIPAR 60mg QL (60 tabs / 30 days)	5	QL NM
SENSIPAR 90mg QL (120 tabs / 30 days)	5	QL NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NM
EXJADE	5	NM LA PA
FERRIPROX TABS	5	NM LA PA
<i>kionex powder</i> (generic of KAYEXALATE)	4	
<i>kionex susp 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD	4	
<i>sodium polystyrene sulfonate</i> SUSP	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	NM
CONTRACEPTIVES		
<i>altavera</i>	3	
<i>apri 28 day</i> (generic of DESOGEN)	3	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	3	
<i>aubra 28 day</i>	3	
<i>aviane 28</i>	3	
<i>balziva 28 day</i> (generic of OVCON-35)	3	
<i>briellyn 28 day</i> (generic of OVCON-35)	3	
<i>camila 28 day</i> (generic of NOR-QD)	3	
<i>cryselle 28</i>	3	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	3	
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	3	

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Drug Name	Drug Requirements/ Tier Limits
<i>cyred tab</i> (generic of DESOGEN)	3
<i>deblitane 28 day</i> (generic of NOR-QD)	3
<i>delyla 28 day</i>	3
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	3
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	3
ELLA	4
<i>emoquette</i> (generic of DESOGEN)	3
<i>enpresse 28 day</i>	3
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	3
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3
<i>falmina 28 day</i>	3
GIANVI TAB 3-0.02MG	3
<i>gildagia</i> (generic of OVCON-35)	3
<i>gildess 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3
<i>heather</i> (generic of NOR-QD)	3
<i>introvale 91 day</i>	3
JOLESSA TAB 0.15-0.03 MG	3
JOLIVETTE	3
<i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	3
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	3
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	3
<i>kariva 28 day</i> (generic of MIRCETTE)	3
<i>kelnor 1/35 28 day</i>	4
<i>kimidess</i> (generic of MIRCETTE)	3
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3

Drug Name	Drug Requirements/ Tier Limits
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
LEENA TAB	3
<i>lessina 28 day</i>	3
<i>levonest 28 day</i>	3
<i>levonorgestrel & eth estradiol</i>	3
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP) 1.5mg	3
<i>levonorgestrel (emergency oc)</i> .75mg	3
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30 28 day</i>	3
<i>loryna 28 day</i> (generic of YAZ)	3
<i>low-ogestrel</i>	3
<i>lutra 28 day</i>	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3
<i>marlissa 28 day</i>	3
<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	4
MICROGESTIN 1.5/30	3
MICROGESTIN 1/20	3
MICROGESTIN FE 1.5/30	3
MICROGESTIN FE 1/20	3
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3
MONONESSA	3
<i>my way</i> (generic of PLAN B ONE-STEP)	3
<i>myzilra</i>	3
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	3
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	3
NECON 1/50-28	3

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Drug Name	Drug Requirements/ Tier Limits
NECON 7/7/7	3
necon 10/11 28 day	3
next choice one dose (generic of PLAN B ONE-STEP)	3
nikki 28 day (generic of YAZ)	3
NORA-BE TAB 0.35MG	3
norethindrone (contraceptive) (generic of NOR-QD)	3
norgest/ethi tab 0.25/35 (generic of ORTHO-CYCLEN)	3
norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN)	3
norlyroc 28 day (generic of NOR-QD)	3
nortrel 0.5/35 28 day (generic of BREVICON-28)	3
nortrel 1/35 21 day (generic of NORINYL 1+35)	3
nortrel 1/35 28 day (generic of NORINYL 1+35)	3
nortrel 7/7/7 28 day (generic of ORTHO-NOVUM 7/7/7)	3
NUVARING	4
OCELLA TAB 3-0.03MG	3
orsythia 28 day	3
philith (generic of OVCON-35)	3
pimtrea pack (generic of MIRCETTE)	3
pirmella 1/35 28 day (generic of NORINYL 1+35)	3
portia 28 day	3
previfem 28 day (generic of ORTHO-CYCLEN)	3
quasense 91 day	3
reclipsen 28 day (generic of DESOGEN)	3
setlakin tab	3
sharobel 28 day (generic of ORTHO MICRONOR)	3
SOLIA	3
sprintec 28 day (generic of ORTHO-CYCLEN)	3
sronyx 28 day	3

Drug Name	Drug Requirements/ Tier Limits
syeda (generic of YASMIN 28)	3
tarina fe 1/20 28 day (generic of LOESTRIN FE 1/20)	3
tri-legest 28 day (generic of ESTROSTEP FE)	3
tri-previfem 28 day (generic of ORTHO TRI-CYCLEN)	3
tri-sprintec 28 day (generic of ORTHO TRI-CYCLEN)	3
TRINESSA	3
trivora 28 day	3
velivet 28 day (generic of CYCLESSA)	3
vestura (generic of YAZ)	3
viorele (generic of MIRCETTE)	3
vyfemla 28 day (generic of OVCON-35)	3
xulane	4
zarah (generic of YASMIN 28)	3
zenchent 28 day (generic of OVCON-35)	3
zovia 1/35e 28 day	4
zovia 1/50e 28 day	4
ENDOMETRIOSIS	
danazol CAPS	4
SYNAREL	5 NM
ENZYME REPLACEMENTS	
ADAGEN	5 NM LA PA
ALDURAZYME	5 NM LA PA
CARBAGLU	5 NM LA PA
CERDELGA	5 NM PA
CEREZYME	5 NM LA PA
CYSTADANE POW	5 NM LA
CYSTAGON	4 NM LA PA
FABRAZYME	5 NM LA PA
KUVAN	5 NM LA PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml	3 B/D

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Drug Name	Drug Requirements/ Tier	Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 200mg/ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	3	B/D
LUMIZYME	5	NM LA PA
MYOZYME	5	NM LA PA
NAGLAZYME	5	NM LA PA
ORFADIN	5	NM LA PA
RAVICTI	5	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5	NM
ZAVESCA	5	NM LA PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estrace</i> CREA	4	
<i>estradiol</i> (generic of DELESTROGEN) 20mg/ml inj	3	
<i>estradiol</i> (generic of DELESTROGEN) 40mg/ml inj	3	
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older; HR	4	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older; HR	4	PA
<i>jinteli</i> PA if 65 years and older; HR	4	PA
<i>norethindrone acetate-ethinyl estradiol</i> PA if 65 years and older; HR	4	PA
VAGIFEM	4	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	4	
<i>cortisone acetate</i> TABS	4	
<i>dexamethasone</i> CONC; ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	GC

Drug Name	Drug Requirements/ Tier	Limits
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	GC
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	3	B/D
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	3	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	2	GC B/D
<i>prednisolone sol 15mg/5ml</i>	2	GC B/D
<i>prednisolone sol 25mg/5ml</i>	2	GC B/D
<i>prednisolone syrup 15 mg/5ml</i>	2	GC B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	GC B/D
<i>prednisone pak 10mg</i>	2	GC B/D
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	2	GC B/D
<i>prednisone tab 2.5mg</i>	2	GC B/D
<i>prednisone tab 5mg</i>	2	GC B/D
<i>prednisone tab 10mg</i>	2	GC B/D
<i>prednisone tab 20mg</i>	2	GC B/D
<i>prednisone tab 50mg</i>	2	GC B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	

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Drug Name	Drug Requirements/ Tier	Limits
GLUCAGON EMERGENCY KIT	3	
KORLYM	5	NM LA PA
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM PA
NORDITROPIN NORDIFLEX PEN	5	NM PA
MISCELLANEOUS		
cabergoline	4	
calcitonin (salmon) (generic of MIACALCIN)	3	
FORTICAL	3	
INCRELEX	5	NM LA PA
methylergonovine maleate (generic of METHERGINE) TABS	4	
MIACALCIN 200unit/ml	4	B/D
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate (generic of SANDOSTATIN) 200mcg/ml, 500mcg/ml, 1000mcg/ml	5	NM PA
PROLIA QL (1 syringe / 180 days)	4	QL NM
raloxifene tab 60mg (generic of EVISTA)	3	
SANDOSTATIN LAR DEPOT	5	NM PA
SIGNIFOR	5	NM LA PA
SOMATULINE DEPOT	5	NM PA
SOMAVERT	5	NM LA PA
XGEVA	5	NM PA
PARATHYROID HORMONES		
FORTEO QL (1 pen / 28 days)	5	QL NM PA
NATPARA	5	NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	NM
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS	4	

Drug Name	Drug Requirements/ Tier	Limits
calcium acetate (phosphate binder) (generic of ELIPHOS) TABS	4	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
PROGESTINS		
medroxyprogesterone acetate tab (generic of PROVERA)	2	GC
norethindrone acetate (generic of AYGESTIN) TABS	3	
THYROID AGENTS		
levothyroxine sodium (generic of SYNTHROID) TABS	2	GC
liothyronine sodium (generic of CYTOMEL) TABS	3	
methimazole (generic of TAPAZOLE) TABS	2	GC
propylthiouracil TABS	3	
SYNTHROID	3	
VASOPRESSINS		
desmopressin acetate spray (generic of DDAVP)	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs (generic of DDAVP)	3	
desmopressin inj 4mcg/ml (generic of DDAVP)	4	
DESMOPRESSIN SOL 0.01%	4	
GASTROINTESTINAL ANTIEMETICS		
compro	4	
dronabinol (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	4	B/D QL
dronabinol (generic of MARINOL) 10mg QL (60 caps / 30 days)	5	B/D QL NM
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
granisetron hcl SOLN	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	GC
<i>metoclopramide hcl</i> SOLN	2	GC
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	2	GC
<i>metoclopramide hcl inj</i>	4	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> TABS 24mg	3	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	4	
<i>ondansetron hcl inj</i> (generic of ZOFRAN) 40mg/20ml	4	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	4	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	3	B/D
<i>phenadoz</i> PA if 65 years and older; HR	4	PA
<i>phenergan</i> SUPP PA if 65 years and older; HR	4	PA
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> (generic of COMPAZINE) TABS	2	GC
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older; HR	4	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older; HR	4	PA
<i>promethegan</i> PA if 65 years and older; HR	4	PA
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older; HR	4	QL PA
ANTISPASMODICS		
CUVPOSA	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS; TABS	2	GC
<i>dicyclomine hcl</i> SOLN	3	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml	4	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine inj</i>	4	
<i>famotidine tab</i> (generic of PEPCID)	2	GC
<i>ranitidine hcl</i> (generic of ZANTAC) SOLN	4	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	2	GC
<i>ranitidine hcl inj</i> (generic of ZANTAC)	4	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	4	
<i>budesonide ec</i> (generic of ENTOCORT EC) CANASA	5	NM
<i>colocort</i> (generic of CORTENEMA)	4	
DELZICOL	4	
DIPENTUM	5	NM
HYDROCORTISONE (INTRARECTAL)	4	
<i>mesalamine enema</i>	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	3	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
UCERIS TB24	4	
LAXATIVES		

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-g</i> (generic of GOLYTELY)	2	GC
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	GC
<i>gavilyte-h</i>	2	GC
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i>	2	GC
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
PEG 3350/ELECTROLYTES	2	GC
<i>polyethylene glycol 3350</i> PACK; POWD	2	GC
RELISTOR	4	PA
SUPREP BOWEL PREP	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	GC
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	4	PA
AMITIZA QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	5	NM
<i>diphenoxylate w/ atropine</i> LIQD	3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	3	
GATTEX	5	NM LA PA
LINZESS 145mcg QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
LINZESS 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS	2	GC
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
SUCRAID	5	NM LA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	4	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NM PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	3	
DEXILANT CAP 60MG DR	3	
<i>esomeprazole sodium inj</i> 20mg	4	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	4	
NEXIUM CAP 20MG	3	
NEXIUM CAP 40MG	3	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	
NEXIUM GRA 20MG DR	3	
NEXIUM GRA 40MG DR	3	
<i>omeprazole</i> (generic of PRILOSEC) CPDR 10mg	2	GC
<i>omeprazole cap 20mg</i> (generic of PRILOSEC)	2	GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		

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Drug Name	Drug Requirements/ Tier	Limits
<i>alfuzosin hcl</i> (generic of UROXATRAL)	2	GC
AVODART QL (30 caps / 30 days)	4	QL
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	4	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	GC
JALYN QL (30 caps / 30 days)	4	QL
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	GC
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
ELMIRON	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg	4	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP	2	GC
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	3	
<i>tolterodine tartrate cap er</i> (generic of DETROL LA)	4	
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS	4	
VESICARE QL (30 tabs / 30 days)	4	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	4	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	3	
<i>zazole</i> (generic of TERAZOL 7) .4%	3	
ZAZOLE .8%	3	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	4	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	5	NM
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NM
HEPARIN SOD (PORCINE) IN D5W	4	
HEPARIN SOD (PORCINE) IN D5W	4	
<i>heparin sod inj 1000/ml</i>	4	B/D
HEPARIN SOD INJ 2000/ML	4	B/D
HEPARIN SOD INJ 2500/ML	4	B/D
<i>heparin sod inj 5000/ml</i>	4	B/D
<i>heparin sod inj 10000/ml</i>	4	B/D
<i>heparin sod inj 20000/ml</i>	4	B/D
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/NACL 0.45%	4	
<i>jantoven</i> (generic of COUMADIN)	1	GC
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

Drug Name	Drug Requirements/ Tier	Limits
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NM PA
LEUKINE	5	NM PA
MOZOBIL	5	NM PA
NEUMEGA	5	NM
NEUPOGEN	5	NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
<i>cilostazol</i> (generic of PLETAL)	3	
CINRYZE	5	NM LA PA
FIRAZYR	5	NM PA
<i>pentoxifylline</i> TBCR	3	
PROMACTA 12.5mg QL (360 tabs / 30 days)	5	QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	5	QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	5	QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	4	
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	3	
BRILINTA	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg	1	GC
EFFIENT	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
CIMZIA KIT	5	NM PA
CIMZIA KIT STARTER	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
CIMZIA PREFL KIT 200MG/ML	5	NM PA
HUMIRA	5	NM PA
HUMIRA KIT 40MG/0.8	5	NM PA
HUMIRA PEN	5	NM PA
HUMIRA PEN-CROHNS DISEASE	5	NM PA
HUMIRA PEN-PSORIASIS STAR	5	NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	4	
<i>leflunomide</i> (generic of ARAVA) TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE INJ 100MG	5	NM PA
IMMUNOGLOBULINS		
BIVIGAM	5	NM PA
CARIMUNE NANOFILTERED	5	NM PA
FLEBOGAMMA	5	NM PA
FLEBOGAMMA DIF	5	NM PA
GAMASTAN S/D	3	B/D NM
GAMMAGARD LIQUID	5	NM PA
GAMMAGARD S/D	5	NM PA
GAMMAKED	5	NM PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	5	NM PA
GAMUNEX-C	5	NM PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM PA
PRIVIGEN	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NM LA PA
ARCALYST	5	NM PA
INTRON-A INJ 10MU	5	B/D NM
INTRON-A INJ 18MU	5	B/D NM
INTRON-A INJ 25MU	5	B/D NM
INTRON-A INJ 50MU	5	B/D NM
REVLIMID	5	NM LA PA
THALOMID	5	NM PA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	3	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	3	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	3	B/D
<i>gengraf</i> (generic of NEORAL)	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	5	B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) 180mg	4	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) 360mg	5	B/D NM
NEORAL	3	B/D
NULOJIX	5	B/D NM
PROGRAF CAPS 5mg	5	B/D NM
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D NM
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIROLIMUS TABS 2mg	5	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	5	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	4	B/D
ZORTRESS TAB 0.5MG	5	B/D NM
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	5	B/D NM

VACCINES

Drug Name	Drug Requirements/ Tier	Limits
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

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Drug Name	Tier	Drug Requirements/ Limits
ZOSTAVAX QL (1 vial per lifetime)	3	QL
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8	3	
KLOR-CON 10	3	
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con pow 20meq</i>	4	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	2	GC
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	2	GC
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	4	
<i>magnesium sulfate</i> SOLN 50%	4	
MAGNESIUM SULFATE IN D5W	4	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	2	GC
POTASSIUM CHLORIDE SOLN 10%, 20%	3	
<i>potassium chloride</i> TBCR 8meq	3	
POTASSIUM CHLORIDE TBCR 10meq, 20meq	3	
<i>potassium chloride</i> <i>microencapsulated crystals cr</i>	2	GC
SODIUM CHLORIDE SOLN 2.5meq/ml	4	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	2	GC
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D

Drug Name	Tier	Drug Requirements/ Limits
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>premasol</i> 6%	4	B/D
<i>premasol</i> 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%	4	
DEXTROSE 5% /ELECTROLYTE	4	
DEXTROSE 5%/LACTATED RING	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.9%	4	

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Drug Name	Drug Requirements/ Tier Limits
DEXTROSE 5%/NAACL 0.33%	4
DEXTROSE 5%/NAACL 0.45%	4
DEXTROSE 5%/NAACL 0.225%	4
DEXTROSE 5%/POTASSIUM CHL	4
DEXTROSE 10% FLEX CONTAIN	4
DEXTROSE 10%/NAACL 0.2%	4
DEXTROSE 10%/NAACL 0.45%	4
DEXTROSE 50%	4
DEXTROSE INJ 70%	4
IONOSOL-B/DEXTROSE 5%	4
IONOSOL-MB/DEXTROSE 5%	4
ISOLYTE P	4
ISOLYTE S	4
KCL0.15%/D5W/NAACL0.2%	4
KCL0.15%/D5W/NAACL0.225 %	4
KCL 0.3%/D5W/NAACL 0.9%	4
KCL 0.3%/D5W/NAACL 0.45%	4
KCL 0.15%/D5W/NAACL 0.9%	4
KCL 0.075%/D5W/NAACL 0.45%	4
KCL IN NAACL INJ .15-0.45	4
KCL/D5W INJ 0.3%	4
KCL/D5W/NAACL INJ 0.22%/0.45%	4
KCL/D5W/NAACL INJ .15/.33%	4
KCL/D5W/NAACL INJ .15/.45%	4
KCL/NAACL INJ 0.3-0.9	4
KCL/NAACL INJ 0.15%-0.9%	4
LACTATED RINGER'S INJ	4
NORMOSOL-M IN D5W	4
NORMOSOL-R	4
NORMOSOL-R IN D5W	4
PLASMA-LYTE A	4
PLASMA-LYTE-56/D5W	4
PLASMA-LYTE-148	4
<i>pot chloride inj 2meq/ml</i>	4

Drug Name	Drug Requirements/ Tier Limits
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	4
<i>potassium chloride in nacl</i>	4
RINGER'S	4
SOD CHLORIDE INJ 0.9%	4
SODIUM CHLORIDE SOLN 3%, 5%	4
SODIUM CHLORIDE 0.45% VIA	4
VITAMINS	
<i>calcitriol (generic of ROCALTROL) CAPS</i>	3 B/D
<i>calcitriol inj</i>	4 B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	4 B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	4 B/D
<i>paricalcitol CAPS 4mcg</i>	4 B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2 GC
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-poly-neomycin-hc</i>	3
<i>blephamide OINT</i>	4
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	2 GC
<i>neomycin-polymyxin-hc (ophth)</i>	4
<i>sulfacetamide sod-prednisolone</i>	2 GC
TOBRADEX OINT	4
TOBRADEX ST	4
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	4
ZYLET	3
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic)</i>	3
<i>bacitracin-polymyxin b (ophth)</i>	2 GC
BESIVANCE	3
CILOXAN OINT	3

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Drug Name	Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	4	
<i>gentak</i>	2	GC
<i>gentamicin sulfate (ophth)</i> OINT	2	GC
<i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN) SOLN	2	GC
<i>ilotycin</i>	2	GC
MOXEZA	4	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	2	GC
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	2	GC
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	3	
<i>tobramycin (ophth)</i> (generic of TOBEX)	2	GC
TOBEX OINT	4	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	4	
VIGAMOX	4	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	GC
<i>diclofenac sodium (ophth)</i>	2	GC
DUREZOL	4	
FLUOROMETHOLONE	3	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	2	GC
ILEVRO	4	

Drug Name	Tier	Requirements/ Limits
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	3	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) .5%	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	2	GC
LASTACFT	4	
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
ALPHAGAN P SOL 0.15%	3	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	4	
<i>brimonidine sol 0.2%</i>	2	GC
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	3	
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	3	
ISTALOL	3	
<i>latanoprost</i> (generic of XALATAN) SOLN	2	GC
<i>levobunolol hcl</i> (generic of BETAGAN) .5%	3	
LEVOBUNOLOL HCL .25%	3	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	3	
SIMBRINZA	4	

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Drug Name	Drug Requirements/ Tier Limits	
<i>timolol maleate (ophth)</i> (generic of TIMOPTIC)	2	GC
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
MISCELLANEOUS		
<i>naphazoline 0.1%</i>	2	GC
PROLENSA	3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	2	GC
RESTASIS QL (64 vials / 30 days)	3	QL
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA QL (60 inhalations / 30 days)	3	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA QL (1 inhaler / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN	2	GC B/D
<i>ipratropium bromide (nasal)</i> (generic of ATROVENT)	3	
ANTI-HISTAMINES		
ASTEPRO	3	
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	3	
<i>cetirizine syrup</i>	3	
<i>diphenhydramine hcl inj</i>	4	
<i>hydroxyz hcl inj</i> PA if 65 years and older; HR	4	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) SOLN	4	
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) TABS	3	
<i>olopatadine hcl (nasal)</i> (generic of PATANASE)	4	
BETA AGONISTS		

Drug Name	Drug Requirements/ Tier Limits	
<i>albuterol sulfate</i> NEBU	2	GC B/D
<i>albuterol sulfate</i> SYRP	2	GC
<i>albuterol sulfate</i> TABS	4	
PERFOROMIST	4	B/D
SEREVENT DISKUS QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> SOLN	5	NM
<i>terbutaline sulfate</i> TABS	3	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW	3	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS	2	GC
<i>zafirlukast</i> (generic of ACCOLATE)	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM LA PA
AUVI-Q	3	
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM PA
KALYDECO	5	NM PA
OFEV	5	NM PA
ORKAMBI	5	NM PA
PROLASTIN-C	5	NM LA PA
PULMOZYME	5	B/D NM
XOLAIR	5	NM LA PA
ZEMAIRA	5	NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	
<i>fluticasone propionate (nasal)</i>	2	GC

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Drug Name	Drug Requirements/ Tier	Limits
NASONEX QL (2 inhalers / 30 days)	3	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	4	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT)	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	3	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	4	QL
ADVAIR HFA QL (1 inhaler / 30 days)	4	QL
BREO ELLIPTA QL (60 blisters / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
XANTHINES		
<i>aminophylline inj</i>	4	
<i>elixophyllin</i>	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	
TOPICAL DERMATOLOGY, ACNE		
<i>amnestem</i>	4	
AVITA CREA	4	
AVITA GEL	4	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>claravis</i>	4	
<i>clindamax</i> (generic of CLEOCIN-T)	4	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) SOLN; SWAB	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	3	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>myorisan</i>	4	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	3	
<i>tretinoin</i> (generic of RETIN-A) CREA	4	
TRETINOIN GEL .01%	4	
<i>tretinoin</i> (generic of RETIN-A) GEL .025%	4	
<i>zenatane</i>	4	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> (generic of BACTROBAN) OINT	2	GC
SILVER SULFADIAZINE CREA	2	GC
SSD	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	NM
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPRURITIC		

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Drug Name	Drug Requirements/ Tier	Limits
<i>procto-pak</i>	2	GC
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	2	GC
<i>proctozone hc</i> (generic of ANUSOL-HC)	2	GC
PRUDOXIN CRE 5%	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	5	NM PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	4	
<i>calcipotriene</i> OINT; SOLN	4	
<i>calcitrene oin 0.005%</i>	4	
8-MOP	4	
TAZORAC CREA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	2	GC
<i>selenium sulfide</i> LOTN	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	GC
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	3	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	3	
<i>betamethasone dipropionate augmented</i> GEL	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA	4	
<i>clobetasol propionate</i> (generic of TEMOVATE) GEL	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> (generic of TEMOVATE) OINT	4	
<i>clobetasol propionate</i> (generic of TEMOVATE) SOLN	4	
<i>clobetasol propionate e</i> (generic of TEMOVATE E)	4	
<i>cormax</i> (generic of TEMOVATE)	4	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	3	
<i>fluocinonide</i> OINT	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	2	GC
<i>fluticasone propionate</i> OINT	2	GC
<i>hydrocortisone (topical)</i> CREA; OINT	2	GC
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	4	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL	2	GC
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	2	GC
<i>lidocaine oint 5%</i>	4	
<i>lidocaine-prilocaine</i> (generic of EMLA)	3	B/D

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> (generic of ZOVIRAX)	4	
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	3	
ELIDEL CRE 1%	4	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> (generic of ALDARA) CREA	4	
<i>lactolion 12%</i> (generic of LAC-HYDRIN)	3	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	NM
<i>podofilox</i> (generic of CONDYLOX) SOLN	3	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	4	PA
TARGRETIN GEL	5	NM PA
VALCHLOR	5	NM LA PA
VOLTAREN	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i> (generic of OVIDE)	4	
<i>permethrin</i> (generic of ELIMITE)	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	GC
REGRANEX	5	NM PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	2	GC
STERILE WATER IRRIGATION	3	
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Requirements/ Tier	Limits
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	2	GC
<i>clotrimazole</i> TROC	4	
<i>lidocaine hcl (mouth-throat)</i>	2	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	2	GC
<i>perio gard</i> (generic of PERIDEX)	2	GC
PILOCARPINE HCL (ORAL) 5mg	4	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	4	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	2	GC
<i>neomycin-polymyxin-hc (otic)</i> SUSP	2	GC
<i>ofloxacin (otic)</i>	2	GC

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Index

- 8**
8-MOP48
- A**
abacavir sulfate.....11
abacavir sulfate-lamivudine-zidovudine.....11
ABELCET.....10
ABILIFY
 see *aripiprazole*27
ABILIFY DISC TAB 10MG 27
ABILIFY MAINTENA27
ABRAXANE15
acamprosate calcium.....31
acarbose32
ACCOLATE
 see *zafirlukast*46
ACCUPRIL
 see *quinapril hcl*17
ACCURETIC
 see
 quinapril-hydrochlorothiazide17
acebutolol hcl.....20
ACEON
 see *perindopril erbumine*17
acetaminophen w/ codeine .7
acetazolamide.....21
acetic acid.....49
acetic acid (otic).....49
acetic acid-aluminum acetate49
acetylcysteine46
acitretin48
ACLOVATE
 see *alclometasone dipropionate*.....48
ACTHIB.....42
ACTIGALL
 see *ursodiol*.....39
ACTIMMUNE41
ACTIQ
 see *fentanyl citrate*7
ACTOS
 see *pioglitazone hcl*.....33
ACULAR
 see *ketorolac tromethamine (ophth)*....45
ACULAR LS
 see *ketorolac tromethamine (ophth)*....45
acyclovir.....12
acyclovir sodium12
acyclovir topical49
ADACEL42
ADAGEN.....35
ADALAT CC
 see *afeditab cr*.....20
 see *nifedipine*20
ADDERALL
 see
 amphetamine-dextroamphetamine tab 10 mg.....29
 see
 amphetamine-dextroamphetamine tab 12.5 mg.....29
 see
 amphetamine-dextroamphetamine tab 15 mg.....29
 see
 amphetamine-dextroamphetamine tab 20 mg.....29
 see
 amphetamine-dextroamphetamine tab 30 mg.....29
 see
 amphetamine-dextroamphetamine tab 5 mg29
 see
 amphetamine-dextroamphetamine tab 7.5 mg.....29
ADDERALL XR
 see
 amphetamine-dextroamphetamine cap sr 24hr 10 mg29
 see
 amphetamine-dextroamphetamine cap sr 24hr 15 mg29
 see
 amphetamine-dextroamphetamine cap sr 24hr 20 mg29
 see
 amphetamine-dextroamphetamine cap sr 24hr 25 mg29
 see
 amphetamine-dextroamphetamine cap sr 24hr 30 mg29
 see
 amphetamine-dextroamphetamine cap sr 24hr 5 mg29
adefovir dipivoxil12
ADEMPAS22
ADOXA
 see *doxycycline (monohydrate)*.....14
ADOXA PAK 1/150
 see *doxycycline (monohydrate)*.....14
adriamycin15
adrucil.....15
ADVAIR DISKUS47
ADVAIR HFA47
afeditab cr.....20
AFINITOR16
AFINITOR DISPERZ16
AGGRENOLX41
AGRYLIN
 see *anagrelide hcl*.....41
a-hydrocort36
ala-cort.....48
ALBENZA9
albuterol sulfate46
ALCAINE
 see *proparacaine hcl*....46
alclometasone dipropionate48
ALCOHOL SWABS.....32
ALDACTAZIDE
 see *spironolactone & hydrochlorothiazide*22
ALDACTONE
 see *spironolactone*.....18
ALDARA
 see *imiquimod*.....49

ALDURAZYME	35	<i>amiodarone tab 200mg</i>	19	<i>amoxicillin</i>	14
<i>alendronate sodium</i>	33	<i>amiodarone tab 400mg</i>	19	<i>amoxicillin & pot clavulanate</i>	
<i>alfuzosin hcl</i>	40	AMITIZA.....	39	.....	14
ALIMTA.....	15	<i>amitriptyline hcl</i>	25	<i>amphetamine-dextroamphet</i>	
ALINIA	9	<i>amlodipine besylate</i>	20	<i>amine cap sr 24hr 10 mg</i> ..	29
ALKERAN		<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
see <i>melfalan hcl</i>	15	<i>besylate-benazepril hcl cap</i>		<i>amine cap sr 24hr 15 mg</i> ..	29
<i>allopurinol tab</i>	7	<i>10-20 mg</i>	17	<i>amphetamine-dextroamphet</i>	
<i>alosetron hcl</i>	39	<i>amlodipine</i>		<i>amine cap sr 24hr 20 mg</i> ..	29
ALPHAGAN P SOL 0.1%..	45	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
ALPHAGAN P SOL 0.15%	45	<i>10-40 mg</i>	17	<i>amine cap sr 24hr 25 mg</i> ..	29
<i>alprazolam tab 0.25mg</i>	22	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
<i>alprazolam tab 0.5mg</i>	22	<i>besylate-benazepril hcl cap</i>		<i>amine cap sr 24hr 30 mg</i> ..	29
<i>alprazolam tab 1mg</i>	22	<i>2.5-10 mg</i>	17	<i>amphetamine-dextroamphet</i>	
<i>alprazolam tab 2 mg</i>	23	<i>amlodipine</i>		<i>amine cap sr 24hr 5 mg</i>	29
ALREX	45	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
ALTACE		<i>5-10 mg</i>	17	<i>amine tab 10 mg</i>	29
see <i>ramipril</i>	17	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
<i>altavera</i>	33	<i>besylate-benazepril hcl cap</i>		<i>amine tab 12.5 mg</i>	29
<i>amantadine hcl</i>	26	<i>5-20 mg</i>	17	<i>amphetamine-dextroamphet</i>	
AMARYL		<i>amlodipine</i>		<i>amine tab 15 mg</i>	29
see <i>glimepiride</i>	32	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
AMBIEN		<i>5-40 mg</i>	17	<i>amine tab 20 mg</i>	29
see <i>zolpidem tartrate</i>	30	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
AMBISOME.....	10	<i>besylate-valsartan tab</i>		<i>amine tab 30 mg</i>	29
AMERGE		<i>10-160 mg</i>	18	<i>amphetamine-dextroamphet</i>	
see <i>naratriptan hcl</i>	30	<i>amlodipine</i>		<i>amine tab 5 mg</i>	29
<i>amifostine crystalline</i>	17	<i>besylate-valsartan tab</i>		<i>amphetamine-dextroamphet</i>	
<i>amikacin sulfate</i>	9	<i>10-320 mg</i>	18	<i>amine tab 7.5 mg</i>	29
<i>amiloride &</i>		<i>amlodipine</i>		<i>amphotericin b</i>	10
<i>hydrochlorothiazide</i>	21	<i>besylate-valsartan tab 5-160</i>		<i>sodium</i>	14
<i>amiloride hcl</i>	21	<i>mg</i>	18	<i>ampicillin cap</i>	14
<i>aminophylline inj</i>	47	<i>amlodipine</i>		<i>ampicillin inj</i>	14
AMINOSYN.....	43	<i>besylate-valsartan tab 5-320</i>		<i>ampicillin sodium</i>	14
AMINOSYN		<i>mg</i>	18	<i>ampicillin susp</i>	14
7%/ELECTROLYTES	43	<i>amlodipine-valsartan-hctz</i>		AMPYRA	31
AMINOSYN		<i>tab 10-160-12.5 mg</i>	18	ANAFRANIL	
8.5%/ELECTROLYTE	43	<i>amlodipine-valsartan-hctz</i>		see <i>clomipramine hcl</i>	25
AMINOSYN II.....	43	<i>tab 10-160-25 mg</i>	18	<i>anagrelide hcl</i>	41
AMINOSYN II		<i>amlodipine-valsartan-hctz</i>		ANAPROX	
8.5%/ELECTROL.....	43	<i>tab 10-320-25 mg</i>	18	see <i>naproxen sodium</i>	7
AMINOSYN M.....	43	<i>amlodipine-valsartan-hctz</i>		ANAPROX DS	
AMINOSYN-HBC	43	<i>tab 5-160-12.5 mg</i>	18	see <i>naproxen sodium</i>	7
AMINOSYN-PF 10%.....	43	<i>amlodipine-valsartan-hctz</i>		<i>anastrozole</i>	15
AMINOSYN-PF 7%.....	43	<i>tab 5-160-25 mg</i>	18	ANCOBON	
AMINOSYN-RF	43	<i>ammonium lactate</i>	49	see <i>flucytosine</i>	10
<i>amiodarone hcl soln</i>	19	<i>amnestem</i>	47	ANDRODERM	31
<i>amiodarone tab 100mg</i>	19	<i>amoxapine</i>	25		

ANORO ELLIPTA	46	<i>see ipratropium bromide</i>		<i>bacitracin-polymyxin b</i>	
ANTABUSE		(nasal)	46	(ophth)	44
<i>see disulfiram</i>	31	ATROVENT HFA	46	<i>bacitracin-poly-neomycin-hc</i>	
ANUSOL-HC		<i>aubra 28 day</i>	33	.....	44
<i>see proctosol hc cre 2.5%</i>		AUGMENTIN		<i>baclofen</i>	31
.....	48	<i>see amoxicillin & pot</i>		BACTRIM	
<i>see proctozone hc</i>	48	<i>clavulanate</i>	14	<i>see</i>	
APOKYN	26	AUGMENTIN ES-600		<i>sulfamethoxazole-trimetho</i>	
<i>apri 28 day</i>	33	<i>see amoxicillin & pot</i>		<i>prim tab</i>	10
APRISO	38	<i>clavulanate</i>	14	BACTRIM DS	
APTIOM	23	AUGMENTIN XR		<i>see</i>	
APTIVUS	11	<i>see amoxicillin & pot</i>		<i>sulfamethoxazole-trimetho</i>	
ARALAST NP	46	<i>clavulanate</i>	14	<i>prim tab</i>	10
ARALEN		AURYXIA	37	BACTROBAN	
<i>see chloroquine</i>		AUVI-Q	46	<i>see mupirocin</i>	47
<i>phosphate</i>	11	AVASTIN	15	<i>balsalazide disodium</i>	38
<i>aranelle 28</i>	33	<i>aviane 28</i>	33	<i>balziva 28 day</i>	33
ARAVA		AVITA	47	BANZEL SUS 40MG/ML	23
<i>see leflunomide</i>	41	AVODART	40	BANZEL TAB 200MG	23
ARCALYST	41	<i>see dutasteride</i>	40	BANZEL TAB 400MG	23
ARICEPT		AXIRON	31	BARACLUDGE	12
<i>see donepezil</i>		AYGESTIN		<i>see entecavir</i>	12
<i>hydrochloride</i>	25	<i>see norethindrone acetate</i>		BCG VACCINE	42
ARIMIDEX		.....	37	BELEODAQ	15
<i>see anastrozole</i>	15	<i>azacitidine</i>	15	<i>benazepril &</i>	
<i>aripiprazole</i>	27	AZACTAM		<i>hydrochlorothiazide</i>	17
<i>aripiprazole odt</i>	27	<i>see aztreonam</i>	10	<i>benazepril hcl</i>	17
<i>aripiprazole oral solution 1</i>		AZACTAM/DEX INJ 1GM	9	BENICAR	19
<i>mg/ml</i>	27	AZACTAM/DEX INJ 2GM	9	BENICAR HCT 40-25MG	18
ARIXTRA		<i>azathioprine</i>	41	BENICAR HCT TAB	
<i>see fondaparinux sodium</i>		<i>azelastine drop 0.05%</i>	45	20-12.5MG	18
.....	40	<i>azelastine spr 0.1%</i>	46	BENICAR HCT TAB	
ARNUITY ELLIPTA	47	<i>azelastine spr 0.15%</i>	46	40-12.5MG	18
AROMASIN		AZILECT	27	BENLYSTA	41
<i>see exemestane</i>	15	<i>azithromycin</i>	13	BENTYL	
ASACOL HD	38	AZITHROMYCIN	13	<i>see dicyclomine hcl</i>	38
ASTEPRO	46	AZOPT	45	BENZAMYCIN	
<i>see azelastine spr 0.15%</i>		AZOR TAB 10-20MG	18	<i>see benzoyl</i>	
.....	46	AZOR TAB 10-40MG	18	<i>peroxide-erythromycin</i>	47
<i>atenolol</i>	20	AZOR TAB 5-20MG	18	<i>benzoyl</i>	
<i>atenolol & chlorthalidone</i>	20	AZOR TAB 5-40MG	18	<i>peroxide-erythromycin</i>	47
ATIVAN		<i>aztreonam</i>	10	<i>benztropine mesylate</i>	27
<i>see lorazepam</i>	23	AZULFIDINE		BENZTROPINE MESYLATE	
<i>atorvastatin calcium</i>	19	<i>see sulfasalazine</i>	38	.....	27
<i>atovaquone</i>	9	AZULFIDINE EN-TABS		BEPREVE	45
<i>atovaquone-proguanil hcl</i>	11	<i>see sulfasalazine ec</i>	38	BESIVANCE	44
ATRIPLA	11	B		BETAGAN	
ATROVENT		<i>bacitracin (ophthalmic)</i>	44	<i>see levobunolol hcl</i>	45

<i>betamethasone dipropionate (topical)</i>.....48	<i>briellyn 28 day</i>.....33	CAMPTOSAR see <i>irinotecan hcl</i>.....17
<i>betamethasone dipropionate augmented</i>.....48	BRILINTA.....41	CANASA.....38
<i>betamethasone valerate</i> ...48	<i>brimonidine sol 0.2%</i>.....45	CANCIDAS.....10
BETAPACE see <i>sorine</i>.....19	BRINTELLIX.....25	CAPASTAT SULFATE.....12
see <i>sotalol hcl</i>.....19	<i>bromfenac sodium (ophth)</i> 45	CAPRELSA.....16
BETAPACE AF see <i>sotalol hcl (afib/af)</i> ..19	BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)...45	<i>captopril</i>.....17
BETASERON.....31	<i>bromocriptine mesylate</i>.....27	<i>captopril &</i> <i>hydrochlorothiazide</i>.....17
<i>betaxolol hcl (ophth)</i>.....45	<i>budesonide (inhalation)</i>.....47	CARAFATE see <i>sucralfate</i>.....39
<i>bethanechol chloride</i>.....40	<i>budesonide ec</i>.....38	CARBAGLU.....35
BETOPTIC-S.....45	<i>bumetanide</i>.....21	<i>carbamazepine</i>.....23
<i>bexarotene</i>.....16	BUMEX see <i>bumetanide</i>.....21	CARBATROL see <i>carbamazepine</i>.....23
BEXSERO.....42	BUPHENYL see <i>sodium phenylbutyrate</i>.....36	CARBIDOPA/LEVODOPA/E NTACAPONE.....27
BIAXIN see <i>clarithromycin</i>.....13	<i>buprenorphine hcl</i>.....31	<i>carbidopa-levodopa</i>.....27
see <i>clarithromycin for susp</i>.....13	<i>buprenorphine hcl-naloxone</i> <i>hcl sl</i>.....31	<i>carboplatin</i>.....16
BIAXIN XL see <i>clarithromycin er</i>.....13	<i>buproban</i>.....31	CARDIZEM see <i>diltiazem hcl</i>.....20
<i>bicalutamide</i>.....15	<i>bupropion hcl</i>.....25	CARDIZEM CD see <i>cartia xt</i>.....20
BICILLIN L-A.....14	<i>bupropion hcl (smoking</i> <i>deterrent)</i>.....31	see <i>diltiazem hcl coated</i> <i>beads</i>.....20
BICNU.....14	<i>bupirone hcl</i>.....23	CARDURA see <i>doxazosin mesylate</i> 18
BIDIL.....22	BUSULFEX.....14	CARIMUNE NANOFILTERED.....41
BILTRICIDE.....10	<i>butorphanol tartrate</i>.....7	CARNITOR see <i>levocarnitine</i> (<i>metabolic modifiers</i>)....35, 36
BINOSTO.....33	BUTRANS.....7	<i>carteolol hcl (ophth)</i>.....45
<i>bisoprolol &</i> <i>hydrochlorothiazide</i>.....20	BUTRANS DIS 7.5MCG/HR.....7	<i>cartia xt</i>.....20
<i>bisoprolol fumarate</i>.....20	BYDUREON.....32	<i>carvedilol</i>.....20
BIVIGAM.....41	BYETTA.....32	CASODEX see <i>bicalutamide</i>.....15
<i>bleomycin sulfate</i>.....15	BYSTOLIC.....20	CATAPRES see <i>clonidine hcl</i>.....22
BLEPH-10 see <i>sulfacetamide sodium</i> (<i>ophth</i>).....45	C <i>cabergoline</i>.....37	CATAPRES-TTS-1 see <i>clonidine hcl</i>.....22
<i>blephamide</i>.....44	CALAN see <i>verapamil hcl</i>.....21	CATAPRES-TTS-2 see <i>clonidine hcl</i>.....22
BONIVA see <i>ibandronate tab</i> 150mg.....33	CALAN SR see <i>verapamil tab er</i>.....21	CATAPRES-TTS-3 see <i>clonidine hcl</i>.....22
BOOSTRIX.....42	<i>calcipotriene</i>.....48	CAYSTON.....10
BOSULIF.....16	<i>calcitonin (salmon)</i>.....37	<i>cefaclor</i>.....12
BREO ELLIPTA.....47	<i>calcitrene oin 0.005%</i>.....48	
BREVICON-28 see <i>necon 0.5/35 28 day</i>.....34	<i>calcitriol</i>.....44	
see <i>nortrel 0.5/35 28 day</i>.....35	<i>calcitriol inj</i>.....44	
	<i>calcitriol oral soln 1 mcg/ml</i>.....44	
	<i>calcium acetate (phosphate</i> <i>binder)</i>.....37	
	<i>camila 28 day</i>.....33	

<i>cefaclor er tab 500mg</i> .....13	<i>cholestyramine light</i>.....19	CLEOCIN IN D5W
<i>cefadroxil</i>.....13	<i>choline fenofibrate cap dr</i>	see <i>clindamycin</i>
<i>cefazolin in d5w</i> .....13	135 mg.....19	<i>phosphate in d5w</i>.....10
<i>cefazolin inj</i> .....13	<i>choline fenofibrate cap dr 45</i>	CLEOCIN PEDIATRIC
<i>cefazolin sodium</i> .....13	mg.....19	GRANULE
<i>cefdinir</i> .....13	<i>ciclopirox</i>.....47	see <i>clindamycin sol</i>
<i>cefepime hcl</i>.....13	<i>ciclopirox shampoo 1%</i>....47	<i>75mg/5ml</i> .....10
<i>cefixime</i>.....13	<i>cilostazol</i>.....41	CLEOCIN PHOSPHATE
<i>cefotaxime sodium</i> .....13	CILOXAN .....44	see <i>clindamycin</i>
<i>cefoxitin sodium</i> .....13	see <i>ciprofloxacin hcl</i>	<i>phosphate inj</i>.....10
<i>cefpodoxime proxetil</i> .....13	(<i>ophth</i>).....45	CLEOCIN-T
<i>cefprozil</i>.....13	CIMZIA KIT .....41	see <i>clindamax</i>.....47
<i>ceftazidime</i>.....13	CIMZIA KIT STARTER ....41	see <i>clindamycin</i>
CEFTAZIDIME/DEXTROSE	CIMZIA PREFL KIT	<i>phosphate (topical)</i>.....47
.....13	200MG/ML .....41	CLIMARA
CEFTIN	CINRYZE .....41	see <i>estradiol</i>.....36
see <i>cefuroxime axetil</i>....13	CIPRO	<i>clindamax</i> .....47
<i>ceftriaxone sodium</i>.....13	see <i>ciprofloxacin</i> .....13	<i>clindamycin cap 300mg</i> ....10
<i>cefuroxime axetil</i>.....13	see <i>ciprofloxacin hcl tab</i> 13	<i>clindamycin cap 75mg</i> .....10
<i>cefuroxime sodium</i>.....13	CIPRO I.V.-IN D5W	<i>clindamycin hcl cap 150 mg</i>
CELEBREX	see <i>ciprofloxacin in d5w</i> 13	.....10
see <i>celecoxib</i>.....7	CIPRO XR	<i>clindamycin phosphate</i>
<i>celecoxib</i>.....7	see <i>ciprofloxacin er</i> .....13	(<i>topical</i>).....47
CELEXA	CIPRODEX .....49	<i>clindamycin phosphate in</i>
see <i>citalopram</i>	<i>ciprofloxacin</i>.....13	<i>d5w</i>.....10
<i>hydrobromide</i> .....25	<i>ciprofloxacin er</i>.....13	<i>clindamycin phosphate inj.</i> 10
CELLCEPT	<i>ciprofloxacin hcl (ophth)</i> ...45	<i>clindamycin phosphate</i>
see <i>mycophenolate mofetil</i>	<i>ciprofloxacin hcl tab</i> .....13	<i>vaginal</i>.....40
.....42	<i>ciprofloxacin in d5w</i> .....13	<i>clindamycin sol 75mg/5ml.</i> 10
CELONTIN.....23	<i>ciprofloxacin inj</i>.....13	CLINIMIX
<i>cephalexin</i>.....13	<i>cisplatin</i>.....17	2.75%/DEXTROSE 5%.....43
CERDELGA .....35	<i>citalopram hydrobromide</i> ..25	CLINIMIX
CEREZYME .....35	<i>cladribine</i> .....15	4.25%/DEXTROSE 25%...43
CERVARIX.....42	CLAFORAN	CLINIMIX
<i>cetirizine syrup</i>.....46	see <i>cefotaxime sodium</i> ..13	4.25%/DEXTROSE 5%.....43
CHANTIX CONTINUING	<i>claravis</i>.....47	CLINIMIX 5%/DEXTROSE
MONTH.....31	<i>clarithromycin</i>.....13	15% .....43
CHANTIX PAK 0.5& 1MG.31	<i>clarithromycin er</i> .....13	CLINIMIX 5%/DEXTROSE
CHANTIX TAB 0.5MG .....31	<i>clarithromycin for susp</i>.....13	20% .....43
CHANTIX TAB 1MG .....31	CLEOCIN	CLINIMIX 5%/DEXTROSE
CHEMET.....33	see <i>clindamycin cap</i>	25% .....43
<i>chlorhexidine gluconate</i>	300mg .....10	CLINIMIX INJ 4.25/D10 ....43
(<i>mouth-throat</i>) .....49	see <i>clindamycin cap 75mg</i>	CLINIMIX INJ 4.25/D20 ....43
<i>chloroquine phosphate</i>.....11	.....10	<i>clobetasol propionate</i>.....48
<i>chlorothiazide tabs</i>.....21	see <i>clindamycin hcl cap</i>	<i>clobetasol propionate e</i>.....48
<i>chlorpromazine hcl</i>.....27	150 mg .....10	<i>clomipramine hcl</i>.....25
<i>chlorthalidone</i>.....21	see <i>clindamycin</i>	<i>clonazepam</i> .....23
<i>cholestyramine</i>.....19	<i>phosphate vaginal</i>.....40	<i>clonidine hcl</i>.....22

<i>clopidogrel bisulfate</i>	41	<i>cycloserine</i>	12
<i>clorazepate dipotassium</i> ...	23	<i>cyclosporine</i>	42
<i>clotrimazole</i>	49	<i>cyclosporine modified (for</i>	
<i>clotrimazole (topical)</i>	47	<i>microemulsion)</i>	42
<i>clozapine</i>	27	CYKLOKAPRON	
CLOZAPINE.....	27	see <i>tranexamic acid</i>	41
<i>clozapine tab 25mg</i>	27	CYMBALTA	
<i>clozapine tab 50mg</i>	27	see <i>duloxetine hcl</i>	25
CLOZARIL		<i>cyred tab</i>	34
see <i>clozapine</i>	27	CYSTADANE POW	35
see <i>clozapine tab 25mg</i> ..	27	CYSTAGON	35
COARTEM.....	11	<i>cytarabine</i>	15
COLAZAL		CYTOMEL	
see <i>balsalazide disodium</i>		see <i>liothyronine sodium</i> ..	37
.....	38	CYTOTEC	
<i>colchicine w/ probenecid</i>	7	see <i>misoprostol</i>	39
COLCRYS.....	7	CYTOVENE	
COLESTID		see <i>ganciclovir inj 500mg</i>	
see <i>colestipol hcl</i>	19	.....	12
<i>colestipol hcl</i>	19	D	
<i>colistimethate sodium</i>	10	D.H.E. 45	
<i>colocort</i>	38	see <i>dihydroergotamine</i>	
COLY-MYCIN M		<i>mesylate</i>	30
see <i>colistimethate sodium</i>		<i>dacarbazine</i>	14
.....	10	DALIRESP	46
COLYTE-FLAVOR PACKS		<i>danazol</i>	35
see <i>gavilyte-c</i>	39	DANTRIUM	
COMBIGAN	45	see <i>dantrolene sodium</i> ..	31
COMBIVENT RESPIMAT ..	46	<i>dantrolene sodium</i>	31
COMBIVIR		<i>dapsone</i>	10
see <i>lamivudine-zidovudine</i>		DAPTACEL.....	42
.....	12	DARAPRIM.....	10
COMETRIQ.....	16	<i>daunorubicin hcl</i>	15
COMPAZINE		DDAVP	
see <i>prochlorperazine</i>		see <i>desmopressin acetate</i>	
<i>maleate</i>	38	<i>spray</i>	37
COMPLERA.....	11	see <i>desmopressin acetate</i>	
<i>compro</i>	37	<i>tabs</i>	37
COMVAX	42	see <i>desmopressin inj</i>	
CONDYLOX		<i>4mcg/ml</i>	37
see <i>podofilox</i>	49	<i>deblitane 28 day</i>	34
<i>constulose</i>	39	DELESTROGEN.....	36
COPAXONE INJ 40MG/ML		see <i>estradiol val inj 20mg/ml</i>	
.....	31	.....	36
COPAXONE KIT 20MG/ML		see <i>estradiol val inj 40mg/ml</i>	
.....	31	.....	36
COPEGUS		<i>delyla 28 day</i>	34
see <i>moderiba tab 200mg</i>		DELZICOL	38
.....	12		
see <i>ribasphere</i>	12		
see <i>ribavirin tab 200mg</i> ..	12		
CORDARONE			
see <i>amiodarone tab</i>			
<i>200mg</i>	19		
see <i>pacerone</i>	19		
COREG			
see <i>carvedilol</i>	20		
<i>cormax</i>	48		
CORTEF			
see <i>hydrocortisone</i>	36		
CORTENEMA			
see <i>colocort</i>	38		
<i>cortisone acetate</i>	36		
CORTISPORIN			
see			
<i>neomycin-polymyxin-hc</i>			
<i>(otic)</i>	49		
COSOPT			
see <i>dorzolamide</i>			
<i>hcl-timolol maleate</i>	45		
COUMADIN	40		
see <i>jantoven</i>	40		
see <i>warfarin sodium</i>	40		
COZAAR			
see <i>losartan potassium</i> ..	19		
CREON.....	39		
CRESTOR	19		
CRIXIVAN.....	11		
<i>cromolyn sod neb 20mg/2ml</i>			
.....	46		
<i>cromolyn sodium</i>			
<i>(mastocytosis)</i>	39		
<i>cromolyn sodium (ophth)</i> ..	45		
<i>cryselle 28</i>	33		
CUBICIN	10		
CUTIVATE			
see <i>fluticasone propionate</i>			
.....	48		
CUVPOSA	38		
<i>cyclafem 1/35 28 day</i>	33		
<i>cyclafem 7/7/7 28 day</i>	33		
CYCLESSA			
see <i>velivet 28 day</i>	35		
<i>cyclobenzaprine hcl</i>	31		
<i>cyclophosphamide</i>	14		
CYCLOPHOSPHAMIDE ...	14		

DEMADEX	(<i>biphasic</i>).....34	<i>diazepam</i>.....23
see <i>torseamide tabs</i>.....22	DETROL	DIAZEPAM GEL
DEM SER.....22	see <i>tolterodine tartrate</i>	(ANTICONVULSANT).....23
DEPACON	<i>tabs</i>.....40	<i>diazepam inj</i>.....23
see <i>valproate sodium</i> ....24	DETROL LA	<i>diclofenac potassium</i>.....7
DEPAKENE	see <i>tolterodine tartrate cap</i>	<i>diclofenac sodium</i>.....7
see <i>valproate sodium</i> ....24	<i>er</i>.....40	<i>diclofenac sodium (ophth)</i> .45
see <i>valproic acid</i>.....25	<i>dexamethasone</i> .....36	<i>dicloxacin sodium</i>.....14
DEPAKOTE	<i>dexamethasone sodium</i>	<i>dicyclomine hcl</i>.....38
see <i>divalproex sodium</i> ...23	<i>phosphate</i>.....36	<i>didanosine</i>.....11
DEPAKOTE ER	<i>dexamethasone sodium</i>	DIFICID.....13
see <i>divalproex sodium</i> ...23	<i>phosphate (ophth)</i>.....45	DIFLUCAN
DEPAKOTE SPRINKLES	DEXILANT CAP 30MG DR	see <i>fluconazole</i>.....10
see <i>divalproex sodium</i> ...23	.....39	<i>diflunisal</i>.....7
DEPEN TITRATABS.....33	DEXILANT CAP 60MG DR	<i>digitek</i>.....21
DEPO-MEDROL	.....39	<i>digox</i>.....21
see <i>methylpr ace inj</i>	<i>dexrazoxane</i>.....17	<i>digoxin</i>.....21
40mg/ml.....36	DEXTROSE 10% FLEX	<i>digoxin inj</i>.....21
see <i>methylpr ace inj</i>	CONTAIN.....44	DIGOXIN SOL 50MCG/ML
80mg/ml.....36	DEXTROSE 10%/NACL	.....21
DEPO-PROVERA	0.2%.....44	<i>dihydroergotamine mesylate</i>
CONTRACEPTIV	DEXTROSE 10%/NACL	.....30
see <i>medroxyprogesterone</i>	0.45%.....44	<i>dilantin</i>.....23
<i>acetate 150 mg/ml</i>.....34	DEXTROSE 2.5%/NACL	DILANTIN
DEPO-PROVERA INJ	0.45%.....43	see <i>phenytoin sodium</i>
400/ML.....15	DEXTROSE 5%.....43	<i>extended</i>.....24
DEPO-TESTOSTERONE	DEXTROSE 5%	DILANTIN INFATABS
see <i>testosterone cypionate</i>	/ELECTROLYTE.....43	see <i>phenytoin</i>.....24
.....31	DEXTROSE 5%/LACTATED	DILANTIN-125
DERMOTIC	RING.....43	see <i>phenytoin</i>.....24
see <i>fluocinolone acetonide</i>	DEXTROSE 5%/NACL 0.2%	DILANTIN-125 SUS
(<i>otic</i>).....49	.....43	125/5ML.....23
<i>desipramine hcl</i>.....25	DEXTROSE 5%/NACL	DILAUDID
<i>desmopressin acetate spray</i>	0.225%.....44	see <i>hydromorphone hcl</i> ...8
.....37	DEXTROSE 5%/NACL 0.3%	DILAUDID-HP
<i>desmopressin acetate spray</i>	.....43	see <i>hydromorphon inj</i>
<i>refrigerated</i>.....37	DEXTROSE 5%/NACL	10mg/ml.....8
<i>desmopressin acetate tabs</i>	0.33%.....44	<i>diltiazem cap</i>.....20
.....37	DEXTROSE 5%/NACL	<i>diltiazem cap 120mg/24hr</i> .20
<i>desmopressin inj 4mcg/ml</i> .37	0.45%.....44	<i>diltiazem cap 240mg/24hr</i> .20
DESMOPRESSIN SOL	DEXTROSE 5%/NACL 0.9%	<i>diltiazem cap er/12hr</i>.....20
0.01%.....37	.....43	<i>diltiazem hcl</i>.....20
DESOGEN	DEXTROSE	<i>diltiazem hcl coated beads</i> 20
see <i>apri 28 day</i>.....33	5%/POTASSIUM CHL.....44	<i>dilt-xr cap</i>.....20
see <i>cyred tab</i>.....34	DEXTROSE 50%.....44	<i>diltzac cap 120mg/24</i>.....20
see <i>emoquette</i>.....34	DEXTROSE INJ 70%.....44	<i>diltzac cap 180mg/24</i>.....20
see <i>reclipsen 28 day</i>.....35	DIAMOX	<i>diltzac cap 240mg/24</i>.....20
<i>desogestrel-ethinyl estradiol</i>	see <i>acetazolamide</i>.....21	<i>diltzac cap 300mg/24</i>.....20

DIOVAN	<i>doxorubicin hcl inj 2 mg/ml</i> 15	ELITEK 17
see <i>valsartan</i> 19	<i>doxorubicin hcl liposomal</i> .. 15	<i>elixophyllin</i> 47
DIOVAN HCT	<i>doxy</i> 14	ELLA 34
see <i>valsartan & hctz tab</i>	<i>doxycycline (monohydrate)</i>	ELLECE
160-12.5mg 18	..... 14	see <i>epirubicin hcl</i> 15
see <i>valsartan & hctz tab</i>	<i>doxycycline hyclate</i> 14	ELMIRON 40
160-25mg 18	<i>dronabinol</i> 37	ELOCON
see <i>valsartan & hctz tab</i>	<i>drosiprenone-ethinyl</i>	see <i>mometasone furoate</i>
320-12.5mg 18	<i>estradiol</i> 34	..... 48
see <i>valsartan & hctz tab</i>	DROXIA 16	EMCYT 14
320-25mg 18	<i>duloxetine hcl</i> 25	EMEND CAP 125MG 37
see <i>valsartan & hctz tab</i>	DURAGESIC	EMEND CAP 40MG 37
80-12.5mg 18	see <i>fentanyl patch 100</i>	EMEND CAP 80MG 37
DIPENTUM 38	<i>mcg/hr</i> 8	EMEND PAK 80 & 125 37
<i>diphenhydramine hcl inj</i> 46	see <i>fentanyl patch 12</i>	EMLA
<i>diphenoxylate w/ atropine</i> .39	<i>mcg/hr</i> 8	see <i>lidocaine-prilocaine</i> . 48
DIPHTHERIA/TETANUS	see <i>fentanyl patch 25</i>	<i>emoquette</i> 34
TOXOID 42	<i>mcg/hr</i> 8	EMSAM 25
DIPROLENE	see <i>fentanyl patch 50</i>	EMTRIVA 11
see <i>betamethasone</i>	<i>mcg/hr</i> 8	<i>enalapril maleate</i> 17
<i>dipropionate augmented</i> 48	see <i>fentanyl patch 75</i>	<i>enalapril maleate &</i>
DIPROLENE AF	<i>mcg/hr</i> 8	<i>hydrochlorothiazide</i> 17
see <i>betamethasone</i>	DURAMORPH 7	<i>endocet</i> 7
<i>dipropionate augmented</i> 48	DUREZOL 45	ENGERIX-B 42
<i>disopyramide phosphate</i> ... 19	<i>dutasteride</i> 40	<i>enoxaparin sodium</i> 40
<i>disulfiram</i> 31	DYAZIDE	<i>enpresse 28 day</i> 34
DITROPAN XL	see <i>triamterene &</i>	ENTACAPONE 27
see <i>oxybutynin chloride</i> .40	<i>hydrochlorothiazide cap</i>	<i>entecavir</i> 12
<i>divalproex sodium</i> 23	37.5-25 mg 22	ENTOCORT EC
<i>docetaxel</i> 15	E	see <i>budesonide ec</i> 38
DOCETAXEL 15	<i>e.e.s. 400mg tab</i> 13	ENTRESTO 18
DOCETAXEL SOLN	EC-NAPROSYN	<i>enulose</i> 39
80MG/8ML 15	see <i>naproxen</i> 7	EPIPEN 2-PAK 46
DOLOPHINE	EDURANT 11	EPIPEN-JR 2-PAK 46
see <i>methadone hcl</i> 8	EFFEXOR XR	<i>epirubicin hcl</i> 15
<i>donepezil hydrochloride</i> 25	see <i>venlafaxine hcl</i> 26	<i>epitol</i> 23
<i>dorzolamide hcl</i> 45	EFFIENT 41	EPIVIR
<i>dorzolamide hcl-timolol</i>	EFUDEX	see <i>lamivudine</i> 11
<i>maleate</i> 45	see <i>fluorouracil (topical)</i> 49	EPIVIR HBV 12
DOVONEX	ELDEPRYL	see <i>lamivudine (hbv)</i> 12
see <i>calcipotriene</i> 48	see <i>selegiline hcl</i> 27	<i>eplerenone</i> 18
<i>doxazosin mesylate</i> 18	ELIDEL CRE 1% 49	EPZICOM 11
<i>doxepin hcl</i> 25	ELIMITE	ERIVEDGE 15
DOXIL	see <i>permethrin</i> 49	<i>errin 28 day</i> 34
see <i>doxorubicin hcl</i>	ELIPHOS	<i>ery pad 2%</i> 47
<i>liposomal</i> 15	see <i>calcium acetate</i>	ERYGEL
<i>doxorubicin hcl for inj 50 mg</i>	(<i>phosphate binder</i>) 37	see <i>erythromycin (acne</i>
..... 15	ELIQUIS 40	<i>aid)</i> 47

<i>ery-tab</i>.....13	<i>beylate-valsartan tab</i>	<i>fentanyl patch 75 mcg/hr</i> ....8
<i>erythrocine lactobionate</i> .....13	<i>5-320 mg</i>.....18	FENTORA .....8
<i>erythrocine stearate</i> .....13	EXFORGE HCT	FERRIPROX.....33
<i>erythromycin (acne aid)</i> ....47	see	FETZIMA .....26
<i>erythromycin (ophth)</i> .....45	<i>amlodipine-valsartan-hctz</i>	FETZIMA TITRATION PACK
<i>erythromycin base</i>.....13	<i>tab 10-160-12.5 mg</i>.....18	.....26
<i>erythromycin cap 250mg ec</i>	see	<i>finasteride</i> .....40
.....13	<i>amlodipine-valsartan-hctz</i>	FIRAZYR .....41
<i>erythromycin ethylsuccinate</i>	<i>tab 10-160-25 mg</i>.....18	FLAGYL
.....13	see	see <i>metronidazole</i>.....10
ESBRIET.....46	<i>amlodipine-valsartan-hctz</i>	FLEBOGAMMA .....41
<i>escitalopram oxalate</i> .....25	<i>tab 10-320-25 mg</i>.....18	FLEBOGAMMA DIF .....41
<i>esomeprazole sodium inj</i> ..39	see	<i>flecainide acetate</i>.....19
<i>estarylla tab 0.25-35</i> .....34	<i>amlodipine-valsartan-hctz</i>	FLOMAX
<i>estrace</i> .....36	<i>tab 5-160-12.5 mg</i>.....18	see <i>tamsulosin hcl</i>.....40
ESTRACE	see	FLOVENT DISKUS.....47
see <i>estradiol</i>.....36	<i>amlodipine-valsartan-hctz</i>	FLOVENT HFA.....47
<i>estradiol val inj 20mg/ml</i> .....36	<i>tab 5-160-25 mg</i>.....18	<i>fluconazole</i> .....10
<i>estradiol val inj 40mg/ml</i> .....36	EXJADE .....33	<i>fluconazole in dextrose</i> ....10
<i>estradiol</i> .....36	F	<i>fluconazole inj nacl 200</i> ....10
ESTROSTEP FE	FABRAZYME .....35	<i>fluconazole inj nacl 400</i> ....10
see <i>tri-legest 28 day</i> .....35	<i>falmina 28 day</i> .....34	<i>flucytosine</i>.....10
<i>ethambutol hcl</i>.....12	<i>famciclovir</i>.....12	FLUDARA
<i>ethosuximide</i>.....23	<i>famotidine inj</i>.....38	see <i>fludarabine phosphate</i>
ETHYOL	<i>famotidine tab</i> .....38	.....15
see <i>amifostine crystalline</i>	FAMVIR	<i>fludarabine phosphate</i> .....15
.....17	see <i>famciclovir</i> .....12	<i>fludrocortisone acetate</i> ....36
<i>etodolac</i> .....7	FANAPT.....27	FLUMADINE
<i>etoposide</i> .....17	FANAPT TITRATION PACK	see <i>rimantadine</i>
EURAX .....49	.....27	<i>hydrochloride</i>.....12
EVISTA	FARESTON .....15	<i>flunisolide (nasal)</i>.....46
see <i>raloxifene tab 60mg</i> 37	FARXIGA .....32	<i>fluocinolone acetonide</i>.....48
EVOTAZ.....11	FARYDAK.....15	<i>fluocinolone acetonide (otic)</i>
EXELON	FASLODEX.....15	.....49
see <i>rivastigmine tartrate</i> 25	FAZACLO .....27	<i>fluocinonide</i> .....48
EXELON PATCHES .....25	<i>felbamate</i>.....23	<i>fluocinonide emulsified base</i>
<i>exemestane</i> .....15	FELBATOL	.....48
EXFORGE	see <i>felbamate</i>.....23	FLUOROMETHOLONE ....45
see <i>amlodipine</i>	<i>felodipine</i> .....20	<i>fluorouracil</i>.....15
<i>beylate-valsartan tab</i>	FEMARA	<i>fluorouracil (topical)</i> .....49
<i>10-160 mg</i> .....18	see <i>letrozole</i>.....15	<i>fluoxetine cap 10mg</i>.....26
see <i>amlodipine</i>	<i>fenofibrate</i>.....19	<i>fluoxetine cap 20mg</i>.....26
<i>beylate-valsartan tab</i>	<i>fenofibrate micronized</i>.....19	<i>fluoxetine cap 40mg</i>.....26
<i>10-320 mg</i> .....18	<i>fentanyl citrate</i> .....7	<i>fluoxetine hcl</i>.....26
see <i>amlodipine</i>	<i>fentanyl patch 100 mcg/hr</i> ...8	<i>fluphenazine decanoate</i> ...27
<i>beylate-valsartan tab</i>	<i>fentanyl patch 12 mcg/hr</i>....8	<i>fluphenazine hcl</i>.....27
<i>5-160 mg</i> .....18	<i>fentanyl patch 25 mcg/hr</i>....8	<i>flurbiprofen</i>.....7
see <i>amlodipine</i>	<i>fentanyl patch 50 mcg/hr</i>....8	<i>flurbiprofen sodium</i> .....45

<i>flutamide</i>	15	<i>gatifloxacin (ophth)</i>	45	<i>see glipizide</i>	32
<i>fluticasone propionate</i>	48	GATTEX	39	<i>glycopyrrolate</i>	38
<i>fluticasone propionate</i>		GAUZE PADS 2" X 2"	32	GOLYTELY	39
(nasal)	46	<i>gavilyte-g</i>	39	<i>see gavilyte-g</i>	39
<i>fluvoxamine maleate</i>	23	<i>gavilyte-c</i>	39	GRALISE	30
<i>fondaparinux sodium</i>	40	<i>gavilyte-h</i>	39	GRALISE STARTER	30
FORTAZ		<i>gavilyte-n</i>	39	<i>granisetron hcl</i>	37, 38
<i>see ceftazidime</i>	13	<i>gemcitabine hcl</i>	15	GRANIX	41
<i>see tazicef</i>	13	GEMCITABINE HCL	15	GRIFULVIN V	
<i>see tazicef vial</i>	13	<i>gemfibrozil</i>	19	<i>see griseofulvin microsize</i>	
FORTEO	37	GEMZAR		.....	10
FORTICAL	37	<i>see gemcitabine hcl</i>	15	<i>griseofulvin microsize</i>	10
FOSAMAX		<i>generlac</i>	39	<i>griseofulvin ultramicrosize</i>	11
<i>see alendronate sodium</i>	33	<i>gengraf</i>	42	GRIS-PEG	
<i>foscarnet sodium</i>	12	<i>gentak</i>	45	<i>see griseofulvin</i>	
<i>fosinopril sodium</i>	17	<i>gentamicin in saline</i>	9	<i>ultramicrosize</i>	11
<i>fosinopril sodium &</i>		<i>gentamicin sulfate</i>	9	<i>guanfacine hcl (adhd)</i>	29
<i>hydrochlorothiazide</i>	17	<i>gentamicin sulfate (ophth)</i>	45	H	
FREAMINE HBC 6.9%	43	<i>gentamicin sulfate (topical)</i>		HALDOL	
FREAMINE III	43	.....	47	<i>see haloperidol lactate inj</i>	
<i>furosemide</i>	21	GEODON	27	<i>5mg/ml</i>	27
<i>furosemide inj</i>	21	<i>see ziprasidone hcl</i>	29	HALDOL DECANOATE 100	
FUROSEMIDE INJ	21	GIANVI TAB 3-0.02MG	34	<i>see haloperidol decanoate</i>	
FUSILEV	17	<i>gildagia</i>	34	.....	27
FUZEON	11	<i>gildess 1.5/30 21 day</i>	34	HALDOL DECANOATE 50	
FYCOMPA	23, 24	GILENYA CAP 0.5MG	31	<i>see haloperidol decanoate</i>	
G		GILOTRIF TAB 20MG	16	.....	27
<i>gabapentin</i>	24	GILOTRIF TAB 30MG	16	<i>haloperidol</i>	27
GABITRIL	24	GILOTRIF TAB 40MG	16	<i>haloperidol decanoate</i>	27
<i>see tiagabine hcl</i>	24	GLEEVEC	16	<i>haloperidol lactate conc</i>	27
<i>galantamine hydrobromide</i>	25	GLEOSTINE	14	<i>haloperidol lactate inj 5mg/ml</i>	
<i>galantamine hydrobromide</i>		<i>glimepiride</i>	32	.....	27
<i>er</i>	25	<i>glip/metform tab 2.5-250mg</i>		HARVONI	12
GAMASTAN S/D	41	.....	32	HAVRIX	42
GAMMAGARD LIQUID	41	<i>glip/metform tab 2.5-500mg</i>		<i>heather</i>	34
GAMMAGARD S/D	41	.....	32	HEPARIN SOD (PORCINE)	
GAMMAKED	41	<i>glip/metform tab 5-500mg</i>	32	IN D5W	40
GAMMAPLEX	41	<i>glipizide</i>	32	<i>heparin sod inj 1000/ml</i>	40
GAMUNEX-C	41	GLUCAGEN HYPOKIT	36	<i>heparin sod inj 10000/ml</i>	40
<i>ganciclovir inj 500mg</i>	12	GLUCAGON EMERGENCY		HEPARIN SOD INJ 2000/ML	
GARAMYCIN		KIT	37	.....	40
<i>see gentamicin sulfate</i>		GLUCOPHAGE		<i>heparin sod inj 20000/ml</i>	40
(ophth)	45	<i>see metformin hcl</i>	32, 33	HEPARIN SOD INJ 2500/ML	
GARDASIL	42	GLUCOPHAGE XR		.....	40
GARDASIL 9	42	<i>see metformin hcl</i>	33	<i>heparin sod inj 5000/ml</i>	40
GASTROCROM		GLUCOTROL		HEPARIN SODIUM/D5W	40
<i>see cromolyn sodium</i>		<i>see glipizide</i>	32	HEPARIN SODIUM/NACL	
(mastocytosis)	39	GLUCOTROL XL		0.45%	40

HEPATAMINE.....43	HYZAAR	INDERAL LA
HEPSERA	see <i>losartan potassium &</i>	see <i>propranolol cap er</i> ..20
see <i>adefovir dipivoxil</i>.....12	<i>hctz tab 100-12.5 mg</i> 18	INFANRIX.....42
HERCEPTIN .....15	see <i>losartan potassium &</i>	INLYTA .....16
HETLIOZ.....30	<i>hctz tab 100-25 mg</i> 18	INSPIRA
HEXALEN .....14	see <i>losartan potassium &</i>	see <i>eplerenone</i> 18
HIBERIX.....42	<i>hctz tab 50-12.5 mg</i> 18	INSULIN PEN NEEDLE ...32
HIPREX	I	INSULIN SYRINGE .....32
see <i>methenamine</i>	<i>ibandronate tab 150mg</i>.....33	INTELENCE 11
<i>hippurate</i> .....10	IBRANCE.....15	INTRALIPID INJ 20% .....43
HUMIRA.....41	<i>ibuprofen</i>.....7	INTRALIPID INJ 30% .....43
HUMIRA KIT 40MG/0.8 ....41	ICLUSIG .....16	INTRON-A INJ 10MU .....41
HUMIRA PEN .....41	IDAMYCIN PFS	INTRON-A INJ 18MU .....41
HUMIRA PEN-CROHNS	see <i>idarubicin hcl</i> .....15	INTRON-A INJ 25MU .....41
DISEASE .....41	<i>idarubicin hcl</i>.....15	INTRON-A INJ 50MU .....41
HUMIRA PEN-PSORIASIS	IFEX.....14	<i>introvale 91 day</i> .....34
STAR .....41	see <i>ifosfamide inj 1gm</i> ...14	INTUNIV
HUMULIN R INJ U-500 ....32	IFOSFAMIDE	see <i>guanfacine hcl (adhd)</i>
HYCAMTIN	see <i>ifosfamide inj</i>	.....29
see <i>topotecan hcl</i>.....17	<i>1gm/20ml</i> .....14	INVANZ 10
HYCET	see <i>ifosfamide inj</i>	INVEGA .....27, 28
see	<i>3gm/60ml</i> .....14	INVEGA SUST INJ
<i>hydrocodone-acetaminoph</i>	<i>ifosfamide inj 1gm</i>.....14	117MG/0.75ML.....28
<i>en 7.5-325 mg/15ml</i> .....8	<i>ifosfamide inj 1gm/20ml</i> ....14	INVEGA SUST INJ
<i>hydralazine hcl</i>.....22	IFOSFAMIDE INJ 3GM.....14	156MG/ML.....28
HYDREA	<i>ifosfamide inj 3gm/60ml</i> ....14	INVEGA SUST INJ
see <i>hydroxyurea</i>.....16	ILEVRO.....45	234MG/1.5ML.....28
<i>hydrochlorothiazide</i>.....21	<i>ilotycin</i>.....45	INVEGA SUST INJ
<i>hydroco/apap tab 10-325mg</i>	IMBRUVICA CAP 140MG.16	39MG/0.25ML.....28
.....8	<i>imipenem-cilastatin</i> .....10	INVEGA SUST INJ
<i>hydroco/apap tab 5-325mg</i> .8	<i>imipramine hcl</i>.....26	78MG/0.5ML.....28
<i>hydroco/apap tab 7.5-325mg</i>	<i>imiquimod</i> .....49	INVEGA TRINZA .....28
.....8	IMITREX	INVIRASE .....11
<i>hydrocodone-acetaminophen</i>	see <i>sumatriptan succinate</i>	INVOKAMET TAB 150-1000
<i>7.5-325 mg/15ml</i>.....8	.....30	.....32
<i>hydrocodone-ibuprofen</i>	see <i>sumatriptan succinate</i>	INVOKAMET TAB 150-500
<i>7.5-200mg</i>.....8	<i>inj 6mg/0.5ml</i>.....30	.....32
<i>hydrocortisone</i> .....36	IMITREX STATDOSE	INVOKAMET TAB 50-1000
HYDROCORTISONE	SYSTEM	.....32
(INTRARECTAL).....38	see <i>sumatriptan succinate</i>	INVOKAMET TAB
<i>hydrocortisone (topical)</i>.....48	<i>inj 6mg/0.5ml</i>.....30	50-500MG.....32
<i>hydrocortisone butyrate</i> ....48	IMOVAX RABIES (H.D.C.V.)	INVOKANA .....32
<i>hydromorphon inj 10mg/ml</i> ..8	.....42	IONOSOL-B/DEXTROSE
<i>hydromorphone hcl</i>.....8	IMURAN	5% .....44
<i>hydroxychloroquine sulfate</i>	see <i>azathioprine</i>.....41	IONOSOL-MB/DEXTROSE
.....41	INCRELEX.....37	5% .....44
<i>hydroxyurea</i> .....16	INCRUSE ELLIPTA .....46	IPOL INACTIVATED IPV ..42
<i>hydroxyz hcl inj</i> .....46	<i>indapamide</i> .....21	<i>ipratropium bromide</i>.....46

<i>ipratropium bromide (nasal)</i>	KALETRA TAB 100-25MG 11	KEYTRUDA	15
.....	KALETRA TAB 200-50MG 12	<i>kimidess</i>	34
<i>ipratropium-albuterol nebu</i>	KALYDECO	KINRIX.....	42
46	<i>kariva 28 day</i>	<i>kionex powder</i>	33
IRESSA.....	34	<i>kionex susp 15gm/60ml</i>	33
<i>irinotecan hcl</i>	KAYEXALATE	KLARON	
17	see <i>kionex powder</i>	see <i>sulfacetamide sodium</i>	
ISENTRESS.....	33	(<i>acne</i>).....	47
ISOLYTE P	see <i>sodium polystyrene</i>	KLONOPIN	
44	<i>sulfonate</i>	see <i>clonazepam</i>	23
ISOLYTE S	33	KLOR-CON 10.....	43
44	KCL 0.075%/D5W/NACL	KLOR-CON 8.....	43
<i>isoniazid</i>	0.45%.....	<i>klor-con m10</i>	43
12	KCL 0.15%/D5W/NACL	<i>klor-con m15</i>	43
<i>isoniazid inj 100 mg/ml</i>	0.9%.....	<i>klor-con m20</i>	43
12	KCL 0.3%/D5W/NACL	<i>klor-con pow 20meq</i>	43
<i>isoniazid syp 50mg/5ml</i>	0.45%.....	<i>klor-con spr cap 10meq</i>	43
12	KCL 0.3%/D5W/NACL 0.9%	<i>klor-con spr cap 8meq</i>	43
ISORDIL TITRADOSE	.....	KORLYM	37
see <i>isosorbide dinitrate</i> .22	KCL IN NACL INJ .15-0.45	KUVAN	35
22	.....	KYNAMRO	20
<i>isosorb mononitrate tab</i>	0.45%.....	L	
22	KCL/D5W INJ 0.3%	<i>labetalol hcl</i>	20
<i>isosorbide dinitrate</i>	0.9%.....	LAC-HYDRIN	
22	KCL/D5W/NACL INJ	see <i>ammonium lactate</i> ..	49
<i>isosorbide dinitrate er</i>	0.15/.33%.....	see <i>laclotion 12%</i>	49
22	KCL IN NACL INJ .15-0.45	<i>laclotion 12%</i>	49
<i>isosorbide mononitrate er</i> .22	.....	LACTATED RINGER'S INJ	
22	KCL/D5W/NACL INJ	.....	44
<i>isradipine</i>.....	.15/.45%.....	<i>lactulose</i>	39
20	KCL/D5W/NACL INJ	<i>lactulose (encephalopathy)</i>	
ISTALOL	0.22%/0.45% .....	.....	39
45	KCL/NACL INJ 0.15%-0.9%	LAMICTAL	
ISTODAX .....	.....	see <i>lamotrigine</i>	24
15	KCL/NACL INJ 0.3-0.9.....	LAMICTAL CHEWABLE	
<i>itraconazole</i>	44	DISPERS	
11	KCL0.15%/D5W/NACL0.2%	see <i>lamotrigine</i>	24
<i>ivermectin</i>.....	.....	LAMICTAL XR	
10	KCL0.15%/D5W/NACL0.225	see <i>lamotrigine</i>	24
IXIARO.....	%	LAMISIL	
42	44	see <i>terbinafine hcl</i>	11
J	KEFLEX	<i>lamivudine</i>	11
JAKAFI.....	see <i>cephalexin</i>	<i>lamivudine (hbv)</i>	12
16	13	<i>lamivudine-zidovudine</i>	12
JALYN.....	<i>kelnor 1/35 28 day</i>	<i>lamotrigine</i>	24
40	34	LANOXIN	
<i>jantoven</i>	KEPPRA	see <i>digitek</i>	21
40	see <i>levetiracetam</i>	see <i>digox</i>	21
JANUMET	24		
32	see <i>levetiracetam inj</i>		
JANUMET XR TAB	24		
100-1000.....	see <i>levetiracetam sol</i>		
32	<i>100mg/ml</i>		
JANUMET XR TAB 50-1000	24		
.....	KEPPRA XR		
32	see <i>levetiracetam</i>		
JANUMET XR TAB	24		
50-500MG	11		
32	<i>ketoconazole</i>		
JANUVIA.....	11		
32	<i>ketoconazole cream</i>		
JENTADUETO	47		
32	<i>ketoconazole shampoo</i>		
<i>jinteli</i>	48		
36	<i>ketoprofen</i>		
JOLESSA TAB 0.15-0.03	7		
MG	<i>ketorolac tromethamine</i>		
34	(<i>ophth</i>)		
JOLIVETTE	45		
34			
<i>junel 1.5/30 21 day</i>			
34			
<i>junel 1/20 21 day</i>			
34			
<i>junel fe 1.5/30 28 day</i>			
34			
<i>junel fe 1/20 28 day</i>			
34			
JUXTAPID.....			
19			
K			
KADCYLA			
15			
KALETRA SOL			
11			

see <i>digoxin</i>	21	<i>levofloxacin in d5w</i>	13	<i>butyrate</i>	48
see <i>digoxin inj</i>	21	<i>levofloxacin inj 25mg/ml</i>	13	LOESTRIN 1.5/30-21	
LANTUS.....	32	<i>levofloxacin oral soln 25</i>		see <i>gildess 1.5/30 21 day</i>	
LANTUS SOLOSTAR	32	<i>mg/ml</i>	13	.....	34
<i>larin 1.5/30</i>	34	<i>levoleucovorin calcium</i>	17	see <i>junel 1.5/30 21 day</i> ..	34
<i>larin 1/20</i>	34	<i>levonest 28 day</i>	34	see <i>larin 1.5/30</i>	34
<i>larin fe 1.5/30</i>	34	<i>levonorgestrel & eth estradiol</i>		LOESTRIN 1/20-21	
<i>larin fe 1/20</i>	34	.....	34	see <i>junel 1/20 21 day</i>	34
LASIX		<i>levonorgestrel (emergency</i>		see <i>larin 1/20</i>	34
see <i>furosemide</i>	21	<i>oc)</i>	34	LOESTRIN FE 1.5/30	
LASTACFT	45	<i>levonorgestrel-ethinyl</i>		see <i>junel fe 1.5/30 28 day</i>	
<i>latanoprost</i>	45	<i>estradiol (91-day)</i>	34	.....	34
LATUDA.....	28	<i>levora 0.15/30 28 day</i>	34	see <i>larin fe 1.5/30</i>	34
LEENA TAB	34	<i>levothyroxine sodium</i>	37	LOESTRIN FE 1/20	
<i>leflunomide</i>	41	LEXAPRO		see <i>junel fe 1/20 28 day</i> ..	34
LENVIMA 10MG DAILY		see <i>escitalopram oxalate</i>		see <i>larin fe 1/20</i>	34
DOSE.....	16	.....	25	see <i>tarina fe 1/20 28 day</i>	
LENVIMA 14MG DAILY		LEXIVA	11	.....	35
DOSE.....	16	<i>lidocaine</i>	48	LOFIBRA	
LENVIMA 20MG DAILY		<i>lidocaine hcl</i>	48	see <i>fenofibrate</i>	19
DOSE.....	16	<i>lidocaine hcl (local anesth.)</i> ..	9	see <i>fenofibrate micronized</i>	
LENVIMA 24MG DAILY		<i>lidocaine hcl (mouth-throat)</i>		.....	19
DOSE.....	16	.....	49	LOMOTIL	
<i>lessina 28 day</i>	34	<i>lidocaine inj 0.5%</i>	9	see <i>diphenoxylate w/</i>	
LETAIRIS.....	22	<i>lidocaine inj 1%</i>	9	<i>atropine</i>	39
<i>letrozole</i>	15	<i>lidocaine inj 1.5%</i>	9	LOMUSTINE.....	15
<i>leucovorin calcium</i>	17	<i>lidocaine inj 2%</i>	9	LONSURF	16
<i>leucovorin calcium for inj 500</i>		<i>lidocaine oint 5%</i>	48	<i>loperamide hcl</i>	39
<i>mg</i>	17	<i>lidocaine-prilocaine</i>	48	LOPID	
LEUKERAN.....	15	LIDODERM		see <i>gemfibrozil</i>	19
LEUKINE.....	41	see <i>lidocaine</i>	48	LOPRESSOR	
<i>leuprolide inj 1mg/0.2</i>	16	<i>linezolid</i>	10	see <i>metoprolol tartrate</i> ..	20
LEVAQUIN		LINEZOLID	10	LOPRESSOR HCT	
see <i>levofloxacin</i>	13	LINZESS.....	39	see <i>metoprolol &</i>	
LEVEMIR	32	<i>liothyronine sodium</i>	37	<i>hydrochlorothiazide</i>	20
LEVEMIR FLEXTOUCH....	32	LIPITOR		LOPROX SHAMPOO	
<i>levetiracetam</i>	24	see <i>atorvastatin calcium</i> ..	19	see <i>ciclopirox shampoo</i>	
<i>levetiracetam inj</i>	24	<i>lisinopril</i>	17	1%.....	47
LEVETIRACETAM IV.....	24	<i>lisinopril &</i>		<i>lorazepam</i>	23
<i>levetiracetam sol 100mg/ml</i>		<i>hydrochlorothiazide</i>	17	<i>lorcet hd tab 10-325mg</i>	8
.....	24	<i>lithium carbonate</i>	30	<i>lorcet plus tab 7.5-325</i>	8
<i>levobunolol hcl</i>	45	<i>lithium carbonate er</i>	30	<i>lorcet tab 5-325mg</i>	8
LEVOBUNOLOL HCL	45	LITHIUM SOLN 8MEQ/5ML		<i>lortab tab 10-325mg</i>	8
<i>levocarnitine (metabolic</i>		.....	30	<i>lortab tab 5-325mg</i>	8
<i>modifiers)</i>	35, 36	LITHOBID		<i>lortab tab 7.5-325</i>	8
<i>levocetirizine dihydrochloride</i>		see <i>lithium carbonate er</i> ..	30	<i>loryna 28 day</i>	34
.....	46	LOCOID		<i>losartan potassium</i>	19
<i>levofloxacin</i>	13	see <i>hydrocortisone</i>		<i>losartan potassium & hctz</i>	

<i>tab 100-12.5 mg</i>.....18	LYSODREN .....16	<i>see methylpred tab 32mg</i>
<i>losartan potassium & hctz</i>	LYSTEDA	.....36
<i>tab 100-25 mg</i>.....18	<i>see tranexamic acid</i> .....41	<i>see methylpred tab 4mg</i> 36
<i>losartan potassium & hctz</i>	<i>lyza</i> .....34	<i>see methylpred tab 8mg</i> 36
<i>tab 50-12.5 mg</i>.....18	M	MEDROL DOSEPAK
LOTEMAX.....45	MACROBID	<i>see methylpred pak 4mg</i>
LOTENSIN	<i>see nitrofurantoin</i>	.....36
<i>see benazepril hcl</i> .....17	<i>monohyd macro</i> .....10	<i>medroxyprogesterone</i>
LOTENSIN HCT	MACRODANTIN	<i>acetate 150 mg/ml</i> .....34
<i>see benazepril &</i>	<i>see nitrofurantoin</i>	<i>medroxyprogesterone</i>
<i>hydrochlorothiazide</i> .....17	<i>macrocrystal</i>.....10	<i>acetate tab</i>.....37
LOTREL	<i>magnesium sulfate</i>.....43	<i>mefloquine hcl</i> .....11
<i>see amlodipine</i>	MAGNESIUM SULFATE...43	MEGACE ES .....16
<i>besylate-benazepril hcl</i>	MAGNESIUM SULFATE IN	MEGACE ORAL
<i>cap 10-20 mg</i> .....17	D5W.....43	<i>see megestrol ac sus</i>
<i>see amlodipine</i>	MALARONE	<i>40mg/ml</i> .....16
<i>besylate-benazepril hcl</i>	<i>see atovaquone-proguanil</i>	<i>megestrol ac sus 40mg/ml</i> 16
<i>cap 10-40 mg</i> .....17	<i>hcl</i>.....11	<i>megestrol ac tab 20mg</i> .....16
<i>see amlodipine</i>	<i>malathion</i> .....49	<i>megestrol ac tab 40mg</i> .....16
<i>besylate-benazepril hcl</i>	<i>maprotiline hcl</i>.....26	MEGESTROL SUS
<i>cap 2.5-10 mg</i> .....17	MARINOL	625MG/5ML.....16
<i>see amlodipine</i>	<i>see dronabinol</i>.....37	MEKINIST .....16
<i>besylate-benazepril hcl</i>	<i>marlissa 28 day</i>.....34	<i>meloxicam</i> .....7
<i>cap 5-10 mg</i> .....17	MARPLAN TAB 10MG.....26	MELOXICAM .....7
<i>see amlodipine</i>	MATULANE .....16	<i>melphalan hcl</i> .....15
<i>besylate-benazepril hcl</i>	MAVIK	<i>memantine hcl</i> .....25
<i>cap 5-20 mg</i> .....17	<i>see trandolapril</i>.....17	MENACTRA .....42
LOTRONEX	MAXALT	MENOMUNE-A/C/Y/W-135
<i>see alosetron hcl</i> .....39	<i>see rizatriptan benzoate</i> 30	.....42
<i>lovastatin</i>.....19	MAXALT-MLT	MENVEO .....42
LOVAZA	<i>see rizatriptan benzoate</i> 30	MEPRON
<i>see omega-3-acid ethyl</i>	MAXIDEX.....45	<i>see atovaquone</i>.....9
<i>esters</i>.....20	MAXIPIME	<i>mercaptapurine</i>.....15
LOVENOX	<i>see cefepime hcl</i> .....13	<i>meropenem</i> .....10
<i>see enoxaparin sodium</i> .40	MAXITROL	MERREM
<i>low-ogestrel</i>.....34	<i>see</i>	<i>see meropenem</i> .....10
<i>loxapine succinate</i> .....28	<i>neomycin-polymy-dexamet</i>	<i>mesalamine enema</i> .....38
LUMIGAN.....45	<i>h</i> .....44	<i>mesalamine w/ cleanser</i> ...38
LUMIZYME .....36	MAXZIDE	<i>mesna</i>.....17
LUPRON DEPO INJ	<i>see triamterene &</i>	MESNEX .....17
11.25MG (3-MONTH) .....16	<i>hydrochlorothiazide</i> .....22	<i>see mesna</i> .....17
LUPRON DEPOT.....16	MAXZIDE-25	MESTINON
LUPRON DEPOT-PED .....16	<i>see triamterene &</i>	<i>see pyridostigmine</i>
LUPRON DEP-PED INJ	<i>hydrochlorothiazide</i> .....22	<i>bromide</i> .....30
30MG (3-MONTH) .....16	<i>meclizine hcl</i> .....38	<i>metadate tab 20mg er</i>.....29
<i>lutera 28 day</i> .....34	MEDROL	<i>metformin hcl</i>.....32, 33
LYNPARZA .....15	<i>see methylpred tab 16mg</i>	<i>methadone hcl</i>.....8
LYRICA.....24	.....36	METHADOSE

see <i>methadone hcl</i>.....8	<i>metronidazole in nacl</i>.....10	<i>moderiba pak 600/day</i>.....12
<i>methazolamide</i>.....21	<i>metronidazole vaginal</i>.....40	<i>moderiba tab 200mg</i>.....12
<i>methenamine hippurate</i> ....10	MEVACOR	<i>moexipril hcl</i>.....17
METHERGINE	see <i>lovastatin</i> .....19	<i>moexipril-hydrochlorothiazid</i>
see <i>methylergonovine</i>	<i>mexiletine hcl</i>.....19	<i>e</i>.....17
<i>maleate</i>.....37	MIACALCIN .....37	<i>mometasone furoate</i>.....48
<i>methimazole</i>.....37	see <i>calcitonin (salmon)</i> ..37	MONODOX
<i>methotrexate sodium inj</i>....15	MICROGESTIN 1.5/30.....34	see <i>doxycycline</i>
<i>methotrexate sodium tabs</i> .41	MICROGESTIN 1/20.....34	(<i>monohydrate</i>).....14
<i>methyclothiazide</i> .....22	MICROGESTIN FE 1.5/30 34	<i>mono-lynyah tab 0.25-35</i> ...34
<i>methylergonovine maleate</i> 37	MICROGESTIN FE 1/20 ...34	MONONESSA .....34
METHYLIN	MICRO-K	<i>montelukast sodium</i>.....46
see <i>methylphenidate hcl</i>	see <i>klor-con spr cap</i>	<i>morphine ext-rel tab</i>.....8
<i>oral soln</i>.....29	10meq.....43	<i>morphine sul inj</i>.....8
<i>methylphenidate hcl</i>.....29	see <i>klor-con spr cap 8meq</i>	MORPHINE SUL INJ .....8
<i>methylphenidate hcl oral soln</i>	.....43	MORPHINE SUL INJ
.....29	see <i>potassium chloride</i> ..43	2MG/ML.....8
<i>methylpr ace inj 40mg/ml</i> ..36	MICROZIDE	MORPHINE SUL INJ
<i>methylpr ace inj 80mg/ml</i> ..36	see <i>hydrochlorothiazide</i> 21	4MG/ML.....8
<i>methylpr ss inj 125mg</i> .....36	<i>midodrine hcl</i> .....22	MORPHINE SULFATE ...8, 9
<i>methylpr ss inj 1gm</i>.....36	MINIPRESS	MORPHINE SULFATE
<i>methylpr ss inj 40mg</i>.....36	see <i>prazosin hcl</i> .....18	ORAL SOL.....9
<i>methylpred pak 4mg</i> .....36	<i>minitran</i>.....22	MOVANTIK.....39
<i>methylpred tab 16mg</i> .....36	MINOCIN	MOVIPREP.....39
<i>methylpred tab 32mg</i> .....36	see <i>minocycline hcl</i>.....14	MOXEZA .....45
<i>methylpred tab 4mg</i> .....36	<i>minocycline hcl</i> .....14	MOZOBIL .....41
<i>methylpred tab 8mg</i> .....36	<i>minoxidil</i>.....22	MS CONTIN
<i>metipranolol</i> .....45	MIRAPEX	see <i>morphine ext-rel tab</i> .8
<i>metoclopramide hcl</i>.....38	see <i>pramipexole</i>	MULTAQ.....19
<i>metoclopramide hcl inj</i>.....38	<i>dihydrochloride</i>.....27	<i>mupirocin</i>.....47
<i>metolazone</i> .....22	MIRCETTE	MUSTARGEN.....15
<i>metoprolol &</i>	see <i>desogestrel-ethinyl</i>	<i>my way</i> .....34
<i>hydrochlorothiazide</i>.....20	<i>estradiol (biphasic)</i>.....34	MYAMBUTOL
<i>metoprolol succinate</i>.....20	see <i>kariva 28 day</i>.....34	see <i>ethambutol hcl</i>.....12
<i>metoprolol tartrate</i>.....20	see <i>kimidess</i> .....34	MYCAMINE .....11
METROCREAM	see <i>pimtrea pack</i>.....35	MYCOBUTIN
see <i>metronidazole</i>	see <i>viorele</i>.....35	see <i>rifabutin</i> .....12
(<i>topical</i>).....49	<i>mirtazapine</i> .....26	<i>mycophenolate mofetil</i>.....42
see <i>rosadan cre 0.75%</i> .49	<i>misoprostol</i> .....39	<i>mycophenolate sodium</i>.....42
METROGEL-VAGINAL	<i>mitomycin</i>.....15	MYFORTIC
see <i>metronidazole vaginal</i>	<i>mitoxantrone hcl</i> .....16	see <i>mycophenolate</i>
.....40	M-M-R II.....42	<i>sodium</i> .....42
METROLOTION	MOBIC	<i>myorisan</i>.....47
see <i>metronidazole</i>	see <i>meloxicam</i> .....7	MYOZYME .....36
(<i>topical</i>).....49	<i>moderiba 800 dose pack</i> ..12	MYRBETRIQ TAB 25MG..40
<i>metronidazole</i> .....10	<i>moderiba pak 1000/day</i> ....12	MYRBETRIQ TAB 50MG..40
<i>metronidazole (topical)</i>.....49	MODERIBA PAK 1200/DAY	MYSOLINE
<i>metronidazole gel 0.75%</i> .49	.....12	see <i>primidone</i>.....24

<i>myzilra</i>	34	<i>neomycin-polymyxin-hc (otic)</i>	49	<i>nimodipine</i>	21
N		NEORAL	42	NIPENT	15
<i>nabumetone</i>	7	<i>see cyclosporine modified</i> <i>(for microemulsion)</i>	42	<i>nitro-bid</i>	22
<i>nafcillin sodium</i>	14	<i>see gengraf</i>	42	NITRO-DUR <i>see minitran</i>	22
NAGLAZYME	36	NEOSPORIN <i>see</i> <i>neomycin-polymyxin-grami</i> <i>cidin</i>	45	NITRO-DUR DIS 0.3MG/HR	22
<i>nalbuphine hcl</i>	7	NEPHRAMINE	43	NITRO-DUR DIS 0.8MG/HR	22
<i>naloxone inj 0.4mg/ml</i>	31	NEPTAZANE <i>see methazolamide</i>	21	<i>nitrofurantoin macrocrystal</i> 10 <i>nitrofurantoin monohyd</i> <i>macro</i>	10
<i>naloxone inj 1mg/ml</i>	31	NEUROGEN	41	<i>nitroglycerin td patch 24hr</i> <i>0.1 mg/hr</i>	22
<i>naltrexone hcl</i>	31	NEUROGEN	41	<i>nitroglycerin td patch 24hr</i> <i>0.2 mg/hr</i>	22
NAMENDA <i>see memantine hcl</i>	25	NEUPRO	27	<i>nitroglycerin td patch 24hr</i> <i>0.4 mg/hr</i>	22
NAMENDA SOL 10MG/5ML	25	NEURONTIN <i>see gabapentin</i>	24	<i>nitroglycerin td patch 24hr</i> <i>0.6 mg/hr</i>	22
NAMENDA TAB	25	NEVIRAPINE SUSP 50 MG/5ML	11	NITROSTAT	22
NAMENDA XR	25	<i>nevirapine tab 200mg</i>	11	NIZORAL <i>see ketoconazole</i> <i>shampoo</i>	48
NAMENDA XR TITRATION PACK	25	<i>nevirapine tb24</i>	11	NORA-BE TAB 0.35MG....	35
NAMZARIC	25	NEXAVAR.....	16	NORCO <i>see hydroco/apap tab</i> <i>10-325mg</i>	8
<i>naphazoline 0.1%</i>	46	NEXIUM CAP 20MG.....	39	<i>see hydroco/apap tab</i> <i>5-325mg</i>	8
NAPROSYN <i>see naproxen</i>	7	NEXIUM CAP 40MG.....	39	<i>see hydroco/apap tab</i> <i>7.5-325mg</i>	8
<i>naproxen</i>	7	NEXIUM GRA 10MG DR ..	39	<i>see lorcet hd tab</i> <i>10-325mg</i>	8
<i>naproxen sodium</i>	7	NEXIUM GRA 2.5MG DR .	39	<i>see lorcet plus tab 7.5-325</i>	8
<i>naratriptan hcl</i>	30	NEXIUM GRA 20MG DR ..	39	<i>see lorcet tab 5-325mg</i> ...	8
NARDIL <i>see phenelzine sulfate</i> ...	26	NEXIUM GRA 40MG DR .	39	<i>see lortab tab 10-325mg</i> .	8
NASONEX	47	NEXIUM GRA 40MG DR ..	39	<i>see lortab tab 5-325mg</i> ...	8
NATACYN.....	45	NEXIUM GRA 5MG DR	39	<i>see lortab tab 7.5-325</i>	8
<i>nateglinide</i>	33	NEXIUM I.V. <i>see esomeprazole sodium</i> <i>inj</i>	39	NORDITROPIN FLEXPRO	37
NATPARA	37	<i>next choice one dose</i>	35	NORDITROPIN NORDIFLEX PEN.....	37
NAVELBINE <i>see vinorelbine tartrate</i> ..	15	<i>niacin er (antihyperlipidemic)</i>	20	<i>norethindrone</i> <i>(contraceptive)</i>	35
NEBUPENT	10	<i>niacor</i>	20	<i>norethindrone acetate</i>	37
<i>necon 0.5/35 28 day</i>	34	NIASPAN <i>see niacin er</i> <i>(antihyperlipidemic)</i>	20	<i>norethindrone acetate-ethinyl</i>	
<i>necon 1/35 28 day</i>	34	<i>nicardipine hcl</i>	20		
NECON 1/50-28.....	34	NICOTROL INHALER.....	31		
<i>necon 10/11 28 day</i>	35	NICOTROL NS	31		
NECON 7/7/7	35	<i>nifedical</i>	20		
<i>nefazodone hcl</i>	26	<i>nifedipine</i>	20		
<i>neomycin sulfate</i>	9	<i>nifedipine er</i>	21		
<i>neomycin-bacitracin</i> <i>zn-polymyxin</i>	45	<i>nikki 28 day</i>	35		
<i>neomycin-polymy-dexameth</i>	44	NILANDRON.....	16		
<i>neomycin-polymyxin-gramici</i> <i>din</i>	45				
<i>neomycin-polymyxin-hc</i> <i>(ophth)</i>	44				

<i>estradiol</i>.....36	<i>see nalbuphine hcl</i>.....7	<i>see pimozide</i>.....28
<i>norgest/ethi tab 0.25/35</i>....35	NUCYNTA ER.....9	ORFADIN.....36
<i>norgestimate-ethinyl</i>	NUEDEXTA.....30	ORKAMBI.....46
<i>estradiol (triphasic)</i>.....35	NULOJIX.....42	<i>orsythia 28 day</i>.....35
NORINYL 1+35	NULYTELY/FLAVOR	ORTHO MICRONOR
<i>see cyclofem 1/35 28 day</i>	PACKS.....39	<i>see errin 28 day</i>.....34
.....33	<i>see gavilyte-n</i>.....39	<i>see lyza</i>.....34
<i>see necon 1/35 28 day</i> ..34	<i>see peg 3350-potassium</i>	<i>see sharobel 28 day</i>.....35
<i>see nortrel 1/35 21 day</i> ..35	<i>chloride-sod</i>	ORTHO TRI-CYCLEN
<i>see nortrel 1/35 28 day</i> ..35	<i>bicarbonate-sod chloride</i>	<i>see norgestimate-ethinyl</i>
<i>see pirmella 1/35 28 day</i>	.....39	<i>estradiol (triphasic)</i>.....35
.....35	<i>see trilyte</i>.....39	<i>see tri-previfem 28 day</i> ..35
<i>norlyroc 28 day</i>.....35	NUTRILIPID INJ 20%.....43	<i>see tri-sprintec 28 day</i> ..35
NORMOSOL-M IN D5W...44	NUVARING.....35	ORTHO-CYCLEN
NORMOSOL-R.....44	NUVIGIL.....31	<i>see estarylla tab 0.25-35</i>
NORMOSOL-R IN D5W....44	<i>nyamyc</i>.....47	.....34
NORPACE	NYMALIZE.....21	<i>see mono-lynyah tab</i>
<i>see disopyramide</i>	<i>nystatin</i>.....11	<i>0.25-35</i>.....34
<i>phosphate</i>.....19	<i>nystatin (mouth-throat)</i>.....49	<i>see norgest/ethi tab</i>
NORPACE CR.....19	<i>nystatin (topical)</i>.....47	<i>0.25/35</i>.....35
NORPRAMIN	<i>nystop</i>.....47	<i>see previfem 28 day</i>.....35
<i>see desipramine hcl</i>.....25	O	<i>see sprintec 28 day</i>.....35
NOR-QD	OCELLA TAB 3-0.03MG...35	ORTHO-NOVUM 7/7/7
<i>see camila 28 day</i>.....33	OCTAGAM.....41	<i>see cyclofem 7/7/7 28 day</i>
<i>see deblitane 28 day</i>....34	<i>octreotide acetate</i>.....37	.....33
<i>see heather</i>.....34	OCUFEN	<i>see nortrel 7/7/7 28 day</i> 35
<i>see norethindrone</i>	<i>see flurbiprofen sodium</i> .45	OVCON-35
<i>(contraceptive)</i>.....35	OCUFLOX	<i>see balziva 28 day</i>.....33
<i>see norlyroc 28 day</i>.....35	<i>see ofloxacin (ophth)</i>.....45	<i>see briellyn 28 day</i>.....33
<i>nortrel 0.5/35 28 day</i>.....35	ODOMZO.....16	<i>see gildagia</i>.....34
<i>nortrel 1/35 21 day</i>.....35	OFEV.....46	<i>see philith</i>.....35
<i>nortrel 1/35 28 day</i>.....35	<i>ofloxacin (ophth)</i>.....45	<i>see vyfemla 28 day</i>.....35
<i>nortrel 7/7/7 28 day</i>.....35	<i>ofloxacin (otic)</i>.....49	<i>see zenchent 28 day</i>.....35
<i>nortriptyline hcl</i>.....26	<i>olanzapine</i>.....28	OVIDE
NORVASC	<i>olopatadine hcl (nasal)</i>.....46	<i>see malathion</i>.....49
<i>see amlodipine besylate</i> 20	<i>omega-3-acid ethyl esters</i> .20	oxacillin sodium.....14
NORVIR.....11	<i>omeprazole</i>.....39	oxaliplatin.....17
NOVOLIN 70/30.....32	<i>omeprazole cap 20mg</i>.....39	OXANDRIN
NOVOLIN N.....32	<i>ondansetron hcl</i>.....38	<i>see oxandrolone tab 10mg</i>
NOVOLIN R.....32	<i>ondansetron hcl inj</i>.....38	.....31
NOVOLOG.....32	<i>ondansetron hcl oral soln</i> ..38	<i>see oxandrolone tab</i>
NOVOLOG FLEXPEN.....32	<i>ondansetron odt</i>.....38	<i>2.5mg</i>.....31
NOVOLOG MIX 70/30.....32	ONFI SOLN.....24	<i>oxandrolone tab 10mg</i>.....31
NOVOLOG MIX 70/30	ONFI TAB.....24	<i>oxandrolone tab 2.5mg</i>.....31
PREFILL.....32	OPANA ER (CRUSH	<i>oxcarbazepine</i>.....24
NOVOLOG PENFILL.....32	RESISTANT.....9	<i>oxybutynin chloride</i>.....40
NOXAFIL.....11	OPSUMIT.....22	<i>oxycodone hcl</i>.....9
NUBAIN	ORAP.....28	OXYCODONE HCL.....9

<i>oxycodone w/ acetaminophen 10-325mg</i> ..9	PEGINTRON .....12	<i>phenytek</i>.....24
<i>oxycodone w/ acetaminophen 2.5-325mg</i> .9	PEG-INTRON .....12	PHENYTEK
<i>oxycodone w/ acetaminophen 5-325mg</i> ....9	PEG-INTRON REDIPEN ..12	<i>see phenytoin sodium</i>
<i>oxycodone w/ acetaminophen 7.5-325mg</i> .9	PENICILLIN G POT IN	<i>extended</i> .....24
OXYCONTIN.....9	DEXTROSE .....14	<i>phenytoin</i>.....24
P	<i>penicillin g procaine</i> .....14	<i>phenytoin sodium</i>.....24
<i>pacerone</i>.....19	<i>penicillin g sodium</i> .....14	<i>phenytoin sodium extended</i>
<i>paclitaxel</i>.....15	<i>penicillin v potassium</i>.....14	.....24
PAMELOR	<i>penicillin gk inj 20mu</i> .....14	<i>philit</i> .....35
<i>see nortriptyline hcl</i> .....26	<i>penicillin gk inj 5mu</i> .....14	PHOSLO
<i>pamidronate disodium</i>.....33	PENTAM 300.....10	<i>see calcium acetate</i>
PANRETIN.....49	<i>pentoxifylline</i> .....41	<i>(phosphate binder)</i>.....37
<i>paricalcitol</i>.....44	PEPCID	PHOSPHOLINE IODIDE ..45
PARLODEL	<i>see famotidine tab</i>.....38	PILOCARPINE HCL .....45
<i>see bromocriptine</i>	PERCOCET	<i>pilocarpine hcl (oral)</i> .....49
<i>mesylate</i> .....27	<i>see endocet</i>.....7	PILOCARPINE HCL (ORAL)
PARNATE	<i>see oxycodone w/ acetaminophen 10-325mg</i>	.....49
<i>see tranylcypromine</i>	.....9	<i>pimozide</i> .....28
<i>sulfate</i>.....26	<i>see oxycodone w/ acetaminophen 2.5-325mg</i>	<i>pimtrea pack</i> .....35
<i>paroex sol 0.12%</i> .....49	.....9	<i>pindolol</i> .....20
<i>paromomycin sulfate</i>.....9	<i>see oxycodone w/ acetaminophen 5-325mg</i> .9	<i>pioglitazone hcl</i>.....33
<i>paroxetine hcl</i>.....26	.....9	<i>piperacillin</i>
<i>paser d/r</i>.....12	<i>see oxycodone w/ acetaminophen 7.5-325mg</i>	<i>sodium-tazobactam sodium</i>
PATADAY .....45	.....9	.....14
PATANASE	<i>see roxicet tab 5-325mg</i> ..9	<i>pirmella 1/35 28 day</i> .....35
<i>see olopatadine hcl (nasal)</i>	PERFOROMIST .....46	PLAN B ONE-STEP
.....46	PERIDEX	<i>see levonorgestrel</i>
PAXIL.....26	<i>see chlorhexidine</i>	<i>(emergency oc)</i> .....34
<i>see paroxetine hcl</i> .....26	<i>gluconate (mouth-throat)</i>	<i>see my way</i> .....34
PAZEO.....45	.....49	<i>see next choice one dose</i>
PEDIAPRED	<i>see paroex sol 0.12%</i> ...49	.....35
<i>see pred sod pho sol</i>	<i>see perigard</i> .....49	PLAQUENIL
<i>5mg/5ml</i>.....36	<i>perindopril erbumine</i> .....17	<i>see hydroxychloroquine</i>
PEDVAX HIB .....42	<i>perigard</i>.....49	<i>sulfate</i> .....41
PEG 3350/ELECTROLYTES	<i>permethrin</i>.....49	PLASMA-LYTE A.....44
.....39	<i>perphenazine</i> .....28	PLASMA-LYTE-148.....44
PEG 3350-KCL-SOD	<i>phenadoz</i>.....38	PLASMA-LYTE-56/D5W ...44
BICARB-SOD	<i>phenelzine sulfate</i>.....26	PLAVIX
CHLORIDE-SOD SULFATE	<i>phenergan</i>.....38	<i>see clopidogrel bisulfate</i> 41
.....39	PHENERGAN	PLETAL
<i>peg 3350-potassium</i>	<i>see promethazine hcl</i> ....38	<i>see cilostazol</i>.....41
<i>chloride-sod bicarbonate-sod</i>	<i>phenobarbital</i>.....24	<i>podofilox</i> .....49
<i>chloride</i> .....39	<i>phenobarbital sodium</i>.....24	<i>polyethylene glycol 3350</i> ..39
PEGANONE.....24	PHENOBARBITAL SODIUM	<i>polymyxin b-trimethoprim</i> ..45
	.....24	POLYTRIM
		<i>see polymyxin</i>
		<i>b-trimethoprim</i>.....45
		POMALYST CAP 1MG .....16

POMALYST CAP 2MG	16	<i>premasol 6%</i>	43	<i>propranolol hcl</i>	20
POMALYST CAP 3MG	16	PRENATAL VITAMIN/FOLIC		<i>propylthiouracil</i>	37
POMALYST CAP 4MG	16	ACID > 0.8 MG (GENERIC)		PROQUAD	42
<i>portia 28 day</i>	35	.....	44	PROSCAR	
<i>pot chloride inj 2meq/ml</i>	44	<i>prevalite</i>	20	<i>see finasteride</i>	40
<i>potassium chloride</i>	43	<i>previfem 28 day</i>	35	PROSOL.....	43
POTASSIUM CHLORIDE 43,		PREZCOBIX	12	PROTOPIC	
44		PREZISTA	11	<i>see tacrolimus (topical)</i> .	49
<i>potassium chloride in nacl</i> .44		PRIFTIN.....	12	<i>protriptyline hcl</i>	26
<i>potassium chloride</i>		PRIOSEC		PROVERA	
<i>microencapsulated crystals</i>		<i>see omeprazole</i>	39	<i>see medroxyprogesterone</i>	
<i>cr</i>	43	<i>see omeprazole cap 20mg</i>		<i>acetate tab</i>	37
POTASSIUM CITRATE		.....	39	PROZAC	
(ALKALINIZER).....	40	PRIMAQUINE PHOSPHATE		<i>see fluoxetine cap 10mg</i> 26	
POTIGA	24	.....	11	<i>see fluoxetine cap 20mg</i> 26	
PRADAXA.....	40	PRIMAXIN IV		<i>see fluoxetine cap 40mg</i> 26	
<i>pramipexole dihydrochloride</i>		<i>see imipenem-cilastatin</i> . 10		PRUDOXIN CRE 5%.....	48
.....	27	<i>primidone</i>	24	PULMICORT	
PRANDIN		PRINIVIL		<i>see budesonide</i>	
<i>see repaglinide</i>	33	<i>see lisinopril</i>	17	<i>(inhalation)</i>	47
PRAVACHOL		PRISTIQ	26	PULMICORT FLEXHALER	
<i>see pravastatin sodium</i> .. 19		PRIVIGEN.....	41	.....	47
<i>pravastatin sodium</i>	19	<i>probenecid</i>	7	PULMOZYME	46
<i>prazosin hcl</i>	18	PROCALAMINE.....	43	PURIXAN.....	15
PRECOSE		PROCARDIA XL		<i>pyrazinamide</i>	12
<i>see acarbose</i>	32	<i>see nifedical</i>	20	<i>pyridostigmine bromide</i>	30
<i>pred sod pho sol 5mg/5ml</i> .36		<i>see nifedipine er</i>	21	Q	
PREDNISOLONE ACETATE		<i>prochlorperazine inj</i>	38	QUADRACEL	42
(OPHTH).....	45	<i>prochlorperazine maleate</i> .38		QUALAQUIN	
<i>prednisolone sodium</i>		<i>prochlorperazine supp</i>	38	<i>see quinine sulfate</i>	11
<i>phosphate (ophth)</i>	45	PROCRIT.....	41	<i>quasense 91 day</i>	35
<i>prednisolone sol 15mg/5ml</i>		<i>procto-pak</i>	48	QUESTRAN	
.....	36	<i>proctosol hc cre 2.5%</i>	48	<i>see cholestyramine</i>	19
<i>prednisolone sol 25mg/5ml</i>		<i>proctozone hc</i>	48	QUESTRAN LIGHT	
.....	36	PROGLYCEM SUS		<i>see prevalite</i>	20
<i>prednisolone syrup 15</i>		50MG/ML	37	<i>quetiapine fumarate</i>	28
<i>mg/5ml</i>	36	PROGRAF	42	<i>quinapril hcl</i>	17
<i>prednisone con 5mg/ml</i>	36	<i>see tacrolimus</i>	42	<i>quinapril-hydrochlorothiazide</i>	
<i>prednisone pak 10mg</i>	36	PROLASTIN-C.....	46	.....	17
<i>prednisone pak 5mg</i>	36	PROLENSA	46	<i>quinidine gluconate</i>	19
<i>prednisone sol 5mg/5ml</i>	36	PROLEUKIN	15	<i>quinidine sulfate</i>	19
<i>prednisone tab 10mg</i>	36	PROLIA.....	37	<i>quinine sulfate</i>	11
<i>prednisone tab 1mg</i>	36	PROMACTA	41	R	
<i>prednisone tab 2.5mg</i>	36	<i>promethazine hcl</i>	38	RABAVERT	42
<i>prednisone tab 20mg</i>	36	<i>promethegan</i>	38	<i>raloxifene tab 60mg</i>	37
<i>prednisone tab 50mg</i>	36	<i>propafenone hcl</i>	19	<i>ramipril</i>	17
<i>prednisone tab 5mg</i>	36	<i>proparacaine hcl</i>	46	RANEXA.....	22
<i>premasol 10%</i>	43	<i>propranolol cap er</i>	20	<i>ranitidine hcl</i>	38

<i>ranitidine hcl inj</i>.....38	<i>see sildenafil citrate</i>	<i>see ceftriaxone sodium</i> .13
<i>ranitidine syrup</i>.....38	<i>(pulmonary hypertension)</i>	<i>ropinirole hydrochloride</i> ....27
RAPAMUNE.....42	.....22	<i>rosadan cre 0.75%</i>.....49
<i>see sirolimus</i> .....42	REVA	ROTARIX.....42
RAVICTI.....36	<i>see naltrexone hcl</i>.....31	ROTATEQ .....42
RAZADYNE	REVLIMID.....41	ROWASA
<i>see galantamine</i>	REXULTI.....28	<i>see mesalamine w/</i>
<i>hydrobromide</i> .....25	REYATAZ .....11	<i>cleanser</i> .....38
RAZADYNE ER	<i>ribapak mis 600/day</i>.....12	<i>roxicet soln</i> .....9
<i>see galantamine</i>	<i>ribasphere</i>.....12	<i>roxicet tab 5-325mg</i>.....9
<i>hydrobromide er</i> .....25	<i>ribasphere ribapak 1000</i> ...12	ROXICODONE
REBETOL	<i>ribasphere ribapak 1200</i> ...12	<i>see oxycodone hcl</i> .....9
<i>see ribasphere</i>.....12	<i>ribasphere ribapak 800</i> ....12	ROZEREM.....30
<i>see ribavirin cap 200mg</i> 12	<i>ribavirin cap 200mg</i> .....12	RYTHMOL
REBETOL SOL 40MG/ML 12	<i>ribavirin tab 200mg</i> .....12	<i>see propafenone hcl</i>.....19
RECLAST	<i>rifabutin</i>.....12	RYTHMOL SR
<i>see zoledronic acid</i>.....33	RIFADIN	<i>see propafenone hcl</i>.....19
<i>reclipsen 28 day</i>.....35	<i>see rifampin</i>.....12	S
RECOMBIVAX HB .....42	<i>rifampin</i> .....12	SABRIL.....24
REGLAN	RIFATER .....12	SALAGEN
<i>see metoclopramide hcl</i> .38	RILUTEK	<i>see pilocarpine hcl (oral)</i>
REGANEX.....49	<i>see riluzole</i> .....30	.....49
RELENZA DISKHALER ....12	<i>riluzole</i> .....30	SANDIMMUNE .....42
RELISTOR.....39	<i>rimantadine hydrochloride</i> .12	<i>see cyclosporine</i> .....42
RELPAK.....30	RINGER'S.....44	SANDOSTATIN
REMERON	RISPERDAL	<i>see octreotide acetate</i> ...37
<i>see mirtazapine</i> .....26	<i>see risperidone</i>.....28	SANDOSTATIN LAR
REMERON SOLTAB	RISPERDAL INJ 12.5MG .28	DEPOT .....37
<i>see mirtazapine</i> .....26	RISPERDAL INJ 25MG ....28	SANTYL.....49
REMICADE INJ 100MG ....41	RISPERDAL INJ 37.5MG .28	SAPHRIS.....28
REMODULIN .....22	RISPERDAL INJ 50MG ....28	SECTRAL
REVELA PAK 0.8GM ....37	RISPERDAL M-TAB	<i>see acebutolol hcl</i> .....20
REVELA PAK 2.4GM ....37	<i>see risperidone</i>.....28	<i>selegiline hcl</i>.....27
REVELA TAB 800MG ....37	<i>risperidone</i>.....28	<i>selenium sulfide</i>.....48
<i>repaglinide</i> .....33	RITALIN	SELZENTRY .....11
REQUIP	<i>see methylphenidate hcl</i> 29	SENSIPAR .....33
<i>see ropinirole</i>	RITUXAN.....15	SEREVENT DISKUS.....46
<i>hydrochloride</i>.....27	<i>rivastigmine tartrate</i> .....25	SEROQUEL
RESCRIPTOR .....11	<i>rizatriptan benzoate</i> .....30	<i>see quetiapine fumarate</i> 28
RESTASIS .....46	ROBINUL	SEROQUEL XR.....28
RESTORIL	<i>see glycopyrrolate</i> .....38	<i>sertraline hcl</i> .....26
<i>see temazepam</i>.....30	ROBINUL FORTE	<i>setlakin tab</i> .....35
RETIN-A	<i>see glycopyrrolate</i> .....38	<i>sharobel 28 day</i> .....35
<i>see tretinoin</i>.....47	ROCALTROL	SIGNIFOR .....37
RETROVIR	<i>see calcitriol</i> .....44	<i>sildenafil citrate (pulmonary</i>
<i>see zidovudine</i> .....11	<i>see calcitriol oral soln 1</i>	<i>hypertension)</i>.....22
RETROVIR IV INFUSION.11	<i>mcg/ml</i>.....44	SILENOR.....30
REVATIO .....22	ROCEPHIN	SILVER SULFADIAZINE ..47

SIMBRINZA	45	SPRYCEL	16	SUMATRIPTAN	
<i>simvastatin</i>	19	<i>sps susp 15gm/60ml</i>	33	SUCCINATE INJ	
SINEMET		<i>sronyx 28 day</i>	35	6MG/0.5ML	30
see <i>carbidopa-levodopa</i>	27	SSD	47	<i>suprax</i>	13
SINEMET CR		STARLIX		SUPRAX	13
see <i>carbidopa-levodopa</i>	27	see <i>nateglinide</i>	33	see <i>cefixime</i>	13
SINGULAIR		<i>stavudine</i>	11	SUPREP BOWEL PREP ..	39
see <i>montelukast sodium</i>	46	STERILE WATER		SURMONTIL	
<i>sirolimus</i>	42	IRRIGATION	49	see <i>trimipramine maleate</i>	
SIROLIMUS	42	STIVARGA	16	.....	26
SIRTURO	12	STRATTERA	29, 30	SURMONTIL CAP 100MG	26
SIVEXTRO	10	<i>streptomycin sulfate</i>	9	SURMONTIL CAP 25MG	26
SOD CHLORIDE INJ 0.9%		STRIBILD	12	SURMONTIL CAP 50MG	26
.....	44	STROMECTOL		SUSTIVA	11
SODIUM CHLORIDE ..	43, 44	see <i>ivermectin</i>	10	SUTENT	16
SODIUM CHLORIDE 0.45%		SUBOXONE MIS 12-3MG	31	<i>syeda</i>	35
VIA	44	SUBOXONE MIS 2-0.5MG		SYLATRON KIT 200MCG	16
SODIUM CHLORIDE 0.9%		.....	31	SYLATRON KIT 300MCG	16
.....	49	SUBOXONE MIS 4-1MG	31	SYLATRON KIT 600MCG	16
SODIUM FLUORIDE CHEW;		SUBOXONE MIS 8-2MG	31	SYMBICORT	47
TAB; 1.1 (0.5 F) MG/ML		SUCRAID	39	SYMLINPEN 120	32
SOLN	43	<i>sucralfate</i>	39	SYMLINPEN 60	32
<i>sodium phenylbutyrate</i>	36	<i>sulfacet sod oin 10% op</i>	45	SYNAGIS	42
<i>sodium polystyrene sulfonate</i>		<i>sulfacetamide sodium (acne)</i>		SYNALAR	
.....	33	.....	47	see <i>fluocinolone acetonide</i>	
SOLIA	35	<i>sulfacetamide sodium</i>		.....	48
SOLTAMOX	16	(<i>ophth</i>)	45	SYNAREL	35
SOLU-CORTEF	36	<i>sulfacetamide</i>		SYNERCID	10
SOLU-MEDROL		<i>sod-prednisolone</i>	44	SYNRIBO	16
see <i>methylpr ss inj 125mg</i>		<i>sulfadiazine</i>	9	SYNTHROID	37
.....	36	<i>sulfamethoxazole-trimethopri</i>		see <i>levothyroxine sodium</i>	
see <i>methylpr ss inj 1gm</i>	36	<i>m inj</i>	10	.....	37
see <i>methylpr ss inj 40mg</i>		<i>sulfamethoxazole-trimethopri</i>		SYPRINE	33
.....	36	<i>m susp</i>	10	T	
SOMATULINE DEPOT ..	37	<i>sulfamethoxazole-trimethopri</i>		TABLOID	15
SOMAVERT	37	<i>m tab</i>	10	<i>tacrolimus</i>	42
SORIATANE		SULFAMYLON	47	<i>tacrolimus (topical)</i>	49
see <i>acitretin</i>	48	<i>sulfasalazine</i>	38	TAFINLAR	16
<i>sorine</i>	19	<i>sulfasalazine ec</i>	38	TAMIFLU	12
<i>sotalol hcl</i>	19	<i>sulindac</i>	7	<i>tamoxifen citrate</i>	16
<i>sotalol hcl (afib/afI)</i>	19	SUMATRIPTAN NASAL		<i>tamsulosin hcl</i>	40
SOVALDI	12	SPRAY	30	TANZEUM	32
<i>spironolactone</i>	18	<i>sumatriptan succinate</i>	30	TAPAZOLE	
<i>spironolactone &</i>		SUMATRIPTAN		see <i>methimazole</i>	37
<i>hydrochlorothiazide</i>	22	SUCCINATE INJ		TARCEVA	16
SPORANOX		4MG/0.5ML	30	TARGRETIN	16, 49
see <i>itraconazole</i>	11	<i>sumatriptan succinate inj</i>		see <i>bexarotene</i>	16
<i>sprintec 28 day</i>	35	<i>6mg/0.5ml</i>	30	<i>tarina fe 1/20 28 day</i>	35

TASIGNA.....	16	TETANUS/DIPHTHERIA	see <i>tobramycin (ophth)</i> .45
<i>tazicef</i>	13	TOXOID.....	42
<i>tazicef vial</i>	13	<i>tetrabenazine</i>	30
TAZORAC.....	48	THALOMID.....	41
<i>taztia</i>	21	<i>theophylline</i>	47
TEFLARO.....	13	<i>thioridazine hcl</i>	28
TEGRETOL.....	24	<i>thiothixene</i>	28
see <i>carbamazepine</i>	23	<i>tiagabine hcl</i>	24
see <i>epitol</i>	23	TIAZAC	
TEGRETOL-XR.....	24	see <i>diltiazem cap</i>	20
see <i>carbamazepine</i>	23	see <i>diltzac cap 120mg/24</i>	.....20
TEKTURNA.....	21	.....	20
TEKTURNA HCT TAB		see <i>diltzac cap 180mg/24</i>	.....20
150-12.5MG.....	21	.....	20
TEKTURNA HCT TAB		see <i>diltzac cap 240mg/24</i>	.....20
150-25MG.....	21	.....	20
TEKTURNA HCT TAB		see <i>diltzac cap 300mg/24</i>	.....20
300-12.5MG.....	21	.....	20
TEKTURNA HCT TAB		see <i>taztia</i>	21
300-25MG.....	21	TIKOSYN CAP 125MCG ..	19
<i>temazepam</i>	30	TIKOSYN CAP 250MCG ..	19
TEMOVATE		TIKOSYN CAP 500MCG ..	19
see <i>clobetasol propionate</i>		<i>timolol maleate</i>	20
.....	48	<i>timolol maleate (ophth)</i>	46
see <i>cormax</i>	48	TIMOLOL MALEATE GEL	46
TEMOVATE E		TIMOPTIC	
see <i>clobetasol propionate</i>		see <i>timolol maleate</i>	
e.....	48	(<i>ophth</i>).....	46
TENIVAC.....	42	TIVICAY.....	11
TENORETIC 100		<i>tizanidine hcl</i>	31
see <i>atenolol &</i>		TOBI	
<i>chlorthalidone</i>	20	see <i>tobramycin</i>	9
TENORETIC 50		TOBRADEX.....	44
see <i>atenolol &</i>		see	
<i>chlorthalidone</i>	20	<i>tobramycin-dexamethason</i>	
TENORMIN		e.....	44
see <i>atenolol</i>	20	TOBRADEX ST.....	44
TERAZOL 3		<i>tobramycin</i>	9
see <i>terconazole vaginal</i>	40	<i>tobramycin (ophth)</i>	45
TERAZOL 7		<i>tobramycin inj 1.2/30ml</i>	9
see <i>terconazole vaginal</i>	40	<i>tobramycin inj 1.2gm</i>	9
see <i>zazole</i>	40	<i>tobramycin inj 10mg/ml</i>	9
<i>terazosin hcl</i>	18	<i>tobramycin inj 40mg/ml</i>	9
<i>terbinafine hcl</i>	11	<i>tobramycin inj 80mg/2ml</i>	9
<i>terbutaline sulfate</i>	46	<i>tobramycin sulfate in saline</i>	9
<i>terconazole vaginal</i>	40	<i>tobramycin-dexamethason</i>	
<i>testosterone cypionate</i>	31	.....	44
<i>testosterone enanthate</i>	31	TOBEX.....	45

(topical).....48	TRUSOPT	see diazepam.....23
triamterene &	see dorzolamide hcl .....45	valproate sodium .....24
hydrochlorothiazide.....22	TRUVADA.....12	valproic acid.....25
triamterene &	TWINRIX INJ .....42	valsartan.....19
hydrochlorothiazide cap	TYBOST .....11	valsartan & hctz tab
37.5-25 mg.....22	TYGACIL .....10	160-12.5mg .....18
TRIBENZOR TAB	TYKERB .....16	valsartan & hctz tab
20-5-12.5MG.....18	TYLENOL/CODEINE #3	160-25mg .....18
TRIBENZOR TAB	see acetaminophen w/	valsartan & hctz tab
40-10-12.5.....18	codeine.....7	320-12.5mg .....18
TRIBENZOR TAB	TYLENOL/CODEINE #4	valsartan & hctz tab
40-10-25MG.....18	see acetaminophen w/	320-25mg .....18
TRIBENZOR TAB	codeine.....7	valsartan & hctz tab
40-5-12.5MG.....18	TYPHIM VI.....42	80-12.5mg .....18
TRIBENZOR TAB	TYSABRI .....31	VALTREX
40-5-25MG.....18	TYZEKA.....12	see valacyclovir hcl .....12
TRICOR	U	VANCOCIN HCL
see fenofibrate.....19	UCERIS .....38	see vancomycin hcl.....10
triderm.....48	ULORIC .....7	vancomycin hcl.....10
trifluoperazine hcl.....28	ULTRACET	VANDAZOLE .....40
trifluridine .....45	see	VAQTA .....42
tri-legest 28 day .....35	tramadol-acetaminophen.7	VARIVAX .....42
TRILEPTAL	ULTRAM	VASCEPA.....20
see oxcarbazepine .....24	see tramadol hcl.....7	VASERETIC
TRILIPIX	UNASYN	see enalapril maleate &
see choline fenofibrate cap	see ampicillin & sulbactam	hydrochlorothiazide .....17
dr 135 mg .....19	sodium.....14	VASOTEC
see choline fenofibrate cap	UNASYN BULK PACK	see enalapril maleate ....17
dr 45 mg .....19	see ampicillin & sulbactam	VELCADE .....15
trilyte .....39	sodium.....14	velivet 28 day.....35
trimethoprim.....10	URECHOLINE	venlafaxine hcl.....26
trimipramine maleate .....26	see bethanechol chloride	VENTOLIN HFA.....46
TRINESSA .....35	.....40	verapamil cap er.....21
TRI-NORINYL 28	UROXATRAL	VERAPAMIL CAP ER.....21
see aranelle 28.....33	see alfuzosin hcl.....40	verapamil hcl .....21
tri-previfem 28 day .....35	URSO 250	verapamil tab er.....21
TRISENOX.....16	see ursodiol.....39	VERELAN
tri-sprintec 28 day .....35	URSO FORTE	see verapamil cap er.....21
TRIUMEQ .....12	see ursodiol.....39	VERELAN PM
trivora 28 day .....35	ursodiol .....39	see verapamil cap er.....21
TRIZIVIR	V	VERSACLOZ.....28
see abacavir	VAGIFEM.....36	VESICARE .....40
sulfate-lamivudine-zidovud	valacyclovir hcl.....12	vestura.....35
ine .....11	VALCHLOR .....49	VFEND
TROPHAMINE INJ 10% ...43	VALCYTE .....12	see voriconazole .....11
tropium chloride.....40	see valganciclovir hcl ....12	VFEND IV
TRULICITY .....32	valganciclovir hcl.....12	see voriconazole .....11
TRUMENBA.....42	VALIUM	VIBRAMYCIN

see *doxycycline hyclate*.14
VICOPROFEN
 see
hydrocodone-ibuprofen
 7.5-200mg8
VICTOZA32
VIDAZA
 see *azacitidine*.....15
VIDEX EC
 see *didanosine*11
VIDEX PEDIATRIC11
VIGAMOX45
VIIBRYD.....26
VIIBRYD STARTER PACK
26
VIMPAT.....25
vinblastine sulfate15
vincasar.....15
vincristine sulfate15
vinorelbine tartrate15
violele35
VIRACEPT11
VIRAMUNE
 see *nevirapine tab 200mg*
11
VIRAMUNE XR11
 see *nevirapine tb24*11
VIREAD.....11
VIROPTIC
 see *trifluridine*45
VITEKTA.....11
VOLTAREN.....49
voriconazole.....11
VOTRIENT.....16
vyfemla 28 day.....35
W
warfarin sodium.....40
WELCHOL20
WELLBUTRIN
 see *bupropion hcl*.....25
WELLBUTRIN SR
 see *bupropion hcl*.....25
WELLBUTRIN XL
 see *bupropion hcl*.....25
X
XALATAN
 see *latanoprost*.....45
XALKORI16

XANAX
 see *alprazolam tab*
 0.25mg22
 see *alprazolam tab 0.5mg*
22
 see *alprazolam tab 1mg*22
 see *alprazolam tab 2 mg*
23
XARELTO40
XARELTO STARTER PACK
40
XENAZINE30
 see *tetrabenazine*.....30
XGEVA37
XIFAXAN39
XIGDUO XR TAB
 10-1000MG33
XIGDUO XR TAB 10-500MG
33
XIGDUO XR TAB 5-1000MG
33
XIGDUO XR TAB 5-500MG
33
XOLAIR.....46
XOPENEX HFA46
XTANDI.....16
xulane35
XYLOCAINE
 see *lidocaine hcl*.....48
 see *lidocaine hcl (local*
anesth.)9
 see *lidocaine inj 1%*.....9
 see *lidocaine inj 2%*.....9
XYLOCAINE-MPF
 see *lidocaine hcl (local*
anesth.)9
 see *lidocaine inj 0.5%*.....9
 see *lidocaine inj 1.5%*.....9
XYREM31
XYZAL
 see *levocetirizine*
dihydrochloride.....46
Y
YASMIN 28
 see *drospirenone-ethinyl*
estradiol.....34
 see *syeda*.....35
 see *zarah*35

YAZ
 see *drospirenone-ethinyl*
estradiol34
 see *loryna 28 day*.....34
 see *nikki 28 day*35
 see *vestura*35
YERVOY.....15
YF-VAX.....42
Z
zafirlukast46
ZANAFLEX
 see *tizanidine hcl*.....31
ZANTAC
 see *ranitidine hcl*38
 see *ranitidine hcl inj*.....38
zarah.....35
ZARONTIN
 see *ethosuximide*23
ZAVESCA36
zazole40
ZAZOLE40
ZEBETA
 see *bisoprolol fumarate*.20
ZELBORAF.....16
ZEMAIRA.....46
ZEMPLAR
 see *paricalcitol*44
zenatane.....47
zenchent 28 day35
ZENPEP39
ZERIT
 see *stavudine*.....11
ZESTORETIC
 see *lisinopril &*
hydrochlorothiazide17
ZESTRIL
 see *lisinopril*17
ZETIA20
ZIAC
 see *bisoprolol &*
hydrochlorothiazide20
ZIAGEN11
 see *abacavir sulfate*11
zidovudine11
ZINACEF
 see *cefuroxime sodium* .13
ZINECARD
 see *dexrazoxane*.....17

<i>ziprasidone hcl</i>.....29	<i>see zoledronic inj 4mg/5ml</i>	<i>see acyclovir topical</i>.....49
ZIRGAN .....45	.....33	ZYBAN
ZITHROMAX	ZOMIG	<i>see buproban</i> .....31
<i>see azithromycin</i> .....13	<i>see zolmitriptan</i> .....30	<i>see bupropion hcl</i>
ZOCOR	ZOMIG ZMT	<i>(smoking deterrent)</i>.....31
<i>see simvastatin</i>.....19	<i>see zolmitriptan odt</i>.....30	ZYDELIG .....16
ZOFRAN	ZONEGRAN	ZYKADIA .....16
<i>see ondansetron hcl</i>.....38	<i>see zonisamide</i> .....25	ZYLET .....44
<i>see ondansetron hcl inj.</i> 38	<i>zonisamide</i>.....25	ZYLOPRIM
<i>see ondansetron hcl oral</i>	ZONTIVITY .....41	<i>see allopurinol tab</i>.....7
<i>soln.</i>.....38	ZORTRESS TAB 0.25MG.42	ZYMAXID
ZOFRAN ODT	ZORTRESS TAB 0.5MG...42	<i>see gatifloxacin (ophth)</i> .45
<i>see ondansetron odt</i>.....38	ZORTRESS TAB 0.75MG.42	ZYPREXA
<i>zoledronic acid</i>.....33	ZOSTAVAX.....43	<i>see olanzapine</i>.....28
<i>zoledronic inj 4mg/5ml</i> .....33	ZOSYN	ZYPREXA RELPREVV .....29
ZOLINZA.....15	<i>see piperacillin</i>	ZYPREXA RELPREVV
<i>zolmitriptan</i>.....30	<i>sodium-tazobactam</i>	210MG .....29
<i>zolmitriptan odt</i>.....30	<i>sodium</i>.....14	ZYPREXA ZYDIS
ZOLOFT	<i>zovia 1/35e 28 day</i>.....35	<i>see olanzapine</i>.....28
<i>see sertraline hcl</i> .....26	<i>zovia 1/50e 28 day</i>.....35	ZYTIGA.....16
<i>zolpidem tartrate</i>30	ZOVIRAX	ZYVOX10
ZOMETA	<i>see acyclovir</i>12	<i>see linezolid</i>10

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