

KelseyCare Advantage



Dow Preferred  
(HMO)

2012  
Comprehensive  
Formulary





# KelseyCare Advantage 2012 Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

KelseyCare Advantage is a Medicare Advantage organization with a Medicare contract.

This information is available for free in other languages. Please call our Member Services Department at 1-866-534-0554 for additional information.

Esta información es gratuito en otros idiomas. Por favor llame a nuestro departamento de Servicios al número gratuito 1-866-534-0554 para obtener información adicional.

Formulary ID: 00012291, Version 4

# What is the KelseyCare Advantage formulary?

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

## Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, 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, 2012. To get updated information about the drugs covered by KelseyCare Advantage, please visit our Web site at [www.kelseycareadvantage.com/dow/](http://www.kelseycareadvantage.com/dow/) or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

To review and/or print formulary changes during the year, please visit our Web site at [www.kelseycareadvantage.com/dow/](http://www.kelseycareadvantage.com/dow/) and refer to the 2012 KelseyCare Advantage Formulary Addendum on the Dow Chemical page. If you would like to request a copy of the Formulary Addendum to be mailed to your home, please call Member Services at 713-442-CARE (2273) or 1-866-534-0554, 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users should call 1-866-302-9336.

# How do I use the formulary?

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

## **Medical Condition**

The formulary begins on page 9. 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 Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 9. 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 70. 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?

KelseyCare Advantage 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:** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you don't get approval, KelseyCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for CRESTOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, KelseyCare Advantage 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, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.kelseycareadvantage.com/dow/](http://www.kelseycareadvantage.com/dow/).

You can ask KelseyCare Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the KelseyCare Advantage formulary?” below for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that KelseyCare Advantage does not cover your drug, you have two options:

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

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, KelseyCare Advantage limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

## Unexpected medication changes due to level-of-care changes

When you transfer from one treatment setting to another, such as moving from an inpatient hospital setting to home, it is called a level-of-care change. These types of changes often do not leave you enough time to determine if a new prescription contains a drug that is on the plan formulary. In these unexpected situations, KelseyCare Advantage will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days). If your level-of-care change involves moving to a long-term care facility and a new drug is prescribed, the plan covers a temporary 31-day supply (unless you have a prescription written for fewer days).

## For more information

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

If you have questions about KelseyCare Advantage, please call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. (TTY/TDD users should call 1-888-206-8041.) Or visit [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com).

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

# KelseyCare Advantage's Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

The abbreviations represent special drug requirements, limits that are described on page 3, and other information abbreviation descriptions.

GAP= We provide additional coverage of these prescription drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. Copayments may differ depending on which network pharmacy fills your prescription.

LA= Limited Access

PA= Prior Authorization Required

QL= Quantity Limits Apply

ST= Step Therapy Applies

Drugs with “LA” have limited distribution. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

Next to the “Drug Name” column is a column labeled “Tier”. This identifies in which tier the drug is assigned and will determine the amount you pay for your prescription.

The amount you pay for your prescriptions depends on the medication's tier. Every drug on the plan's Drug List is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug:

<b>Cost Sharing Tier</b>	<b>Drugs included in tier</b>
Tier 1 (lowest)	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4 (highest)	Non-Preferred Brand
Tier 5 (highest)	Specialty

## **Tier 1 – Preferred Generic**

Lowest cost tier – Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

**Tier 2 – Non-Preferred Generic**

Middle cost tier – includes non-preferred generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer.

**Tier 3 – Preferred Brand**

Middle cost tier – includes preferred brand drugs.

**Tier 4 – Non-Preferred Brand**

Highest cost tier – includes non-preferred brand drugs.

**Tier 5 – Specialty**

Highest cost tier – contains very high cost brand and generic prescription drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

The copays/coinsurance are:

<b>Network Pharmacy</b>		
Tier	30-day Supply	90-day Supply
1	\$10	\$20
2	\$15	\$30
3	\$15	\$30
4	\$30	\$60
5	\$30	\$60

## Drug Table

Drug Name	Tier	Requirement/Limits
<b>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<i>acetaminophen-codeine Elixir 120-12 mg/5 mL</i>	1	GAP
<i>acetaminophen-codeine Tab 300-15 mg, 300-30 mg, 300-60 mg</i>	1	GAP; QL (360 EA per 30 day(s))
ASCOMP W/CODEINE CAP 30-50-325-40 mg	1	GAP; QL (240 EA per 30 day(s))
<i>buprenorphine Sublingual Tab 2 mg, 8 mg</i>	2	
<i>butorphanol tartrate Injection 1 mg/mL</i>	1	GAP
<i>butorphanol tartrate Injection 2 mg/mL</i>	2	
<i>butorphanol tartrate Nasal Spray 10 mg/mL</i>	1	GAP; QL (10 ML per 30 day(s))
<i>codeine-butalbital-acetaminophen-caffeine Cap 30-50-325-40 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>codeine Tab 15 mg, 30 mg, 60 mg</i>	1	GAP
CO-GESIC TAB 5-500 mg	1	GAP; QL (240 EA per 30 day(s))
<i>dihydrocode-acetaminophen-caffeine Tab 32-712.8-60 mg</i>	1	GAP
DILAUDID-5 ORAL LIQUID 1 mg/mL	3	
DURAMORPH INJECTION 0.5 mg/mL, 1 mg/mL	1	PA; GAP
ENDOCET TAB 10-650 mg	1	GAP; QL (180 EA per 30 day(s))
ENDOCET TAB 7.5-500 mg	1	GAP; QL (240 EA per 30 day(s))
ENDOCET TAB 10-325 mg, 5-325 mg, 7.5-325 mg	1	GAP; QL (360 EA per 30 day(s))
ENDODAN TAB 4.8355-325 mg	1	GAP; QL (360 EA per 30 day(s))
<i>fentanyl Transderm Patch 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (15 EA per 30 day(s))
<i>fentanyl Transderm Patch 100 mcg/hr</i>	2	PA; QL (30 EA per 30 day(s))
<i>fentanyl Lozenge on a Handle 200 mcg</i>	2	PA; QL (120 EA per 30 day(s))
<i>fentanyl Lozenge on a Handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 day(s))
<i>hydrocodone-acetaminophen Oral Soln 7.5-500 mg/15 mL</i>	1	GAP
<i>hydrocodone-acetaminophen Tab 10-750 mg, 7.5-750 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-650 mg, 10-660 mg, 7.5-650 mg</i>	1	GAP; QL (180 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	GAP; QL (360 EA per 30 day(s))
<i>hydrocodone-ibuprofen Tab 7.5-200 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>hydromorphone Tab 2 mg, 4 mg, 8 mg</i>	2	

GAP - 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.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>hydromorphone (PF) Injection 10 mg/mL</i>	2	
<i>ibuprofen-oxycodone Tab 400-5 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>levorphanol tartrate Tab 2 mg</i>	2	
MARGESIC-H CAP 5-500 mg	1	GAP; QL (240 EA per 30 day(s))
<i>methadone Oral Concentrate 10 mg/mL</i>	1	GAP
<i>methadone Oral Soln 10 mg/5 mL, 5 mg/5 mL</i>	1	GAP
<i>methadone Tab 10 mg, 5 mg</i>	1	GAP
METHADOSE TAB 10 mg, 5 mg	1	GAP
<i>morphine ER Tab 60 mg</i>	1	GAP
<i>morphine ER Tab 100 mg, 15 mg, 200 mg, 30 mg</i>	2	
<i>morphine Oral Soln 10 mg/5 mL, 20 mg/5 mL</i>	1	GAP
<i>morphine Tab 15 mg, 30 mg</i>	1	GAP
<i>morphine (PF) Injection 0.5 mg/mL, 1 mg/mL</i>	1	PA; GAP
<i>morphine concentrate Oral 100 mg/5 mL (20 mg/mL)</i>	1	GAP
<i>nalbuphine Injection 10 mg/mL, 20 mg/mL</i>	2	
<i>oxycodone Tab 15 mg, 30 mg, 5 mg</i>	1	GAP
<i>oxycodone HCl-oxycodone ter-aspirin Tab 4.5-0.38-325 mg</i>	1	GAP; QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen Cap 5-500 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen Tab 7.5-500 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen Tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	GAP; QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen Tab 2.5-325 mg</i>	2	QL (360 EA per 30 day(s))
OXYCONTIN 12 HR TAB 10 mg, 20 mg, 30 mg, 40 mg	3	QL (62 EA per 31 day(s))
OXYCONTIN 12 HR TAB 80 mg	5	QL (124 EA per 31 day(s))
<i>oxymorphone Tab 5 mg</i>	2	QL (180 EA per 30 day(s))
<i>oxymorphone Tab 10 mg</i>	2	QL (360 EA per 30 day(s))
<i>pentazocine-naloxone Tab 50-0.5 mg</i>	1	GAP
ROXICET TAB 5-325 mg	1	GAP; QL (360 EA per 30 day(s))
STAGESIC CAP 5-500 mg	1	GAP
<i>tramadol ER 24 hr Tab 200 mg</i>	2	QL (30 EA per 30 day(s))
<i>tramadol ER 24 hr Tab 100 mg</i>	2	QL (90 EA per 30 day(s))
<i>tramadol Tab 50 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>tramadol-acetaminophen Tab 37.5-325 mg</i>	1	GAP; QL (240 EA per 30 day(s))
ZERLOR TAB 32-712.8-60 mg	1	GAP
<b>Anesthetics - Drugs for Numbing</b>		
<i>lidocaine (PF) Injection 10 mg/mL (1 %)</i>	1	GAP
<i>lidocaine Injection 5 mg/mL (0.5 %)</i>	1	GAP
<i>lidocaine Mucosal Gel 2 %</i>	1	GAP

GAP - 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.

Drug Name	Tier	Requirement/Limits
<i>lidocaine Mucosal Soln 2 %, 4 %</i>	1	GAP
<i>lidocaine Mucous Membrane Jelly in Applicator 2 %</i>	1	GAP
<i>lidocaine Ointment 5 %</i>	1	PA; GAP
<i>lidocaine-prilocaine Topical Cream 2.5-2.5 %</i>	1	PA; GAP
LIDODERM ADHESIVE PATCH 5 % (700 mg/patch)	4	PA; QL (90 EA per 30 day(s))
PARCAINE EYE DROPS 0.5 %	1	GAP
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>		
<i>alcohol swabs</i>	1	GAP
<i>amikacin Injection 100 mg/2 mL, 500 mg/2 mL</i>	1	GAP
<i>amoxicillin Cap 250 mg, 500 mg</i>	1	GAP
<i>amoxicillin Chewable Tab 125 mg, 200 mg, 250 mg</i>	1	GAP
<i>amoxicillin Oral Susp 125 mg/5 mL, 200 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL</i>	1	GAP
<i>amoxicillin Tab 500 mg, 875 mg</i>	1	GAP
<i>amoxicillin-potassium clavulanate Chewable Tab 200-28.5 mg, 400-57 mg</i>	1	GAP
<i>amoxicillin-potassium clavulanate ER 12 hr Tab 1,000-62.5 mg</i>	1	GAP
<i>amoxicillin-potassium clavulanate Oral Susp 200-28.5 mg/5 mL, 250-62.5 mg/5 mL, 400-57 mg/5 mL, 600-42.9 mg/5 mL</i>	1	GAP
<i>amoxicillin-potassium clavulanate Tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	GAP
<i>ampicillin Cap 250 mg, 500 mg</i>	1	GAP
<i>ampicillin Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>ampicillin Solution for Injection 1 gram, 10 gram, 125 mg</i>	2	
<i>ampicillin-sulbactam Solution for Injection 15 gram, 3 gram</i>	2	
AVELOX TAB 400 mg	3	
AVELOX ABC PACK TAB 400 mg	3	
AVELOX IN SODIUM CHLORIDE (ISO-OSMOTIC) IV PIGGY BACK 400 mg/250 mL	3	
<i>azithromycin IV Solution 500 mg</i>	1	GAP
<i>azithromycin Oral Susp 100 mg/5 mL, 200 mg/5 mL</i>	1	GAP
<i>azithromycin Tab 250 mg, 500 mg</i>	1	GAP; QL (12 EA per 30 day(s))
<i>azithromycin Tab 600 mg</i>	1	GAP; QL (30 EA per 30 day(s))
<i>aztreonam Solution for Injection 1 gram</i>	2	
BACI-IM IM 50,000 unit	1	PA; GAP
BACTROBAN TOPICAL CREAM 2 %	3	

GAP - 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.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
BICILLIN C-R IM SYRINGE 1,200,000 unit/ 2 mL(600k/600k), 1,200,000 unit/ 2 mL(900k/300k)	3	
BICILLIN L-A IM SYRINGE 1,200,000 unit/2 mL, 2,400,000 unit/4 mL, 600,000 unit/mL	3	
CAYSTON NEB SOLUTION 75 mg/mL	5	PA; QL (84 ML per 28 day(s))
<i>cefaclor Cap 250 mg, 500 mg</i>	1	GAP
<i>cefadroxil Cap 500 mg</i>	1	GAP
<i>cefadroxil Oral Susp 250 mg/5 mL, 500 mg/5 mL</i>	1	GAP
<i>cefadroxil Tab 1 gram</i>	1	GAP
<i>cefazolin Solution for Injection 1 gram, 20 gram, 500 mg</i>	1	GAP
<i>cefazolin in dextrose (iso-osmotic) IV Piggy Back 1 gram/50 mL</i>	1	GAP
<i>cefdinir Cap 300 mg</i>	1	GAP
<i>cefdinir Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>cefepime Solution for Injection 1 gram, 2 gram</i>	2	
<i>cefotaxime Solution for Injection 1 gram, 10 gram, 2 gram, 500 mg</i>	2	
<i>cefoxitin IV Solution 1 gram, 10 gram, 2 gram</i>	1	GAP
<i>cefpodoxime Oral Susp 100 mg/5 mL, 50 mg/5 mL</i>	1	GAP
<i>cefpodoxime Tab 100 mg, 200 mg</i>	1	GAP
<i>cefprozil Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>cefprozil Tab 250 mg, 500 mg</i>	1	GAP
<i>ceftazidime Solution for Injection 1 gram, 2 gram, 6 gram</i>	1	GAP
<i>ceftriaxone Solution for Injection 10 gram</i>	1	GAP
<i>ceftriaxone Solution for Injection 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil Oral Susp 125 mg/5 mL</i>	1	GAP
<i>cefuroxime axetil Tab 250 mg, 500 mg</i>	1	GAP
<i>cefuroxime sodium IV Solution 7.5 gram</i>	2	
<i>cefuroxime sodium Solution for Injection 1.5 gram, 750 mg</i>	2	
<i>cephalexin Cap 250 mg, 500 mg</i>	1	GAP
<i>cephalexin Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
CIPRO ORAL SUSP 250 mg/5 mL, 500 mg/5 mL	4	
CIPRO HC EAR DROPS, SUSP 0.2-1 %	3	
CIPRODEX EAR DROPS, SUSP 0.3-0.1 %	4	QL (7.5 ML per 25 day(s))
<i>ciprofloxacin Eye Drops 0.3 %</i>	1	GAP
<i>ciprofloxacin IV 400 mg/40 mL</i>	1	GAP

GAP - 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.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>ciprofloxacin Tab 100 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>ciprofloxacin ER multiphase 24 hr Tab 1,000 mg, 500 mg</i>	1	GAP
<i>clarithromycin ER 24 hr Tab 500 mg</i>	1	GAP
<i>clarithromycin Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>clarithromycin Tab 250 mg, 500 mg</i>	1	GAP
CLEOCIN CAP 75 mg	4	
CLEOCIN ORAL SOLUTION 75 mg/5 mL	4	
CLEOCIN VAGINAL SUPPOSITORY 100 mg	3	
<i>clindamycin Cap 150 mg, 300 mg</i>	1	GAP
<i>clindamycin IV 600 mg/4 mL</i>	1	GAP
<i>clindamycin Vaginal Cream 2 %</i>	1	GAP
<i>colistimethate sodium Solution for Injection 150 mg</i>	2	PA
CUBICIN IV SOLUTION 500 mg	5	PA
<i>demeclocycline Tab 150 mg, 300 mg</i>	2	
<i>dicloxacillin Cap 250 mg, 500 mg</i>	1	GAP
DORYX TAB 150 mg	4	
<i>doxycycline hyclate Cap 100 mg, 50 mg</i>	1	GAP
<i>doxycycline hyclate Cap, Delayed Release 100 mg, 75 mg</i>	1	GAP
<i>doxycycline hyclate IV Solution 100 mg</i>	2	
<i>doxycycline hyclate Tab 100 mg, 20 mg</i>	1	GAP
<i>doxycycline hyclate Tab, Delayed Release 100 mg, 75 mg</i>	1	GAP
<i>doxycycline Tab 150 mg, 50 mg, 75 mg</i>	1	GAP
E.E.S. 400 TAB 400 mg	1	GAP
E.E.S. GRANULES ORAL SUSP 200 mg/5 mL	3	
ERYPED 200 ORAL SUSP 200 mg/5 mL	3	
ERYTHROCIN IV SOLUTION 500 mg	3	
ERYTHROCIN STEARATE TAB 250 mg	1	GAP
<i>erythromycin Eye Ointment 5 mg/gram (0.5 %)</i>	1	GAP
<i>erythromycin Tab 250 mg, 500 mg</i>	1	GAP
<i>erythromycin ethylsuccinate Tab 400 mg</i>	1	GAP
<i>erythromycin-sulfisoxazole Oral Susp 200-600 mg/5 mL</i>	1	GAP
FURADANTIN SUS 25MG/5ML	4	
<i>gentamicin Eye Drops 0.3 %</i>	1	GAP
<i>gentamicin Injection 40 mg/mL</i>	1	GAP
<i>gentamicin Ointment 0.1 %</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>gentamicin Topical Cream 0.1 %</i>	1	GAP
<i>gentamicin in sodium chloride(iso-osmotic) IV Piggy Back 100 mg/100 mL, 60 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL</i>	1	GAP
<i>gentamicin sulfate (PF) IV 80 mg/8 mL</i>	1	GAP
INVANZ SOLUTION FOR INJECTION 1 gram	4	
<i>kanamycin Injection 1 gram/3 mL</i>	1	GAP
LEVAQUIN IV 25 mg/mL	3	
LEVAQUIN ORAL SOLN 250 mg/10 mL	3	
LEVAQUIN TAB 250 mg, 500 mg, 750 mg	3	
LEVAQUIN IN D5W IV PIGGY BACK 750 mg/150 mL	3	
LINCOCIN INJECTION 300 mg/mL	4	
MACRODANTIN CAP 100 mg, 50mg, 25 mg	3	
<i>meropenem IV Solution 500 mg</i>	2	
<i>methenamine hippurate Tab 1 gram</i>	1	GAP
<i>metronidazole Cap 375 mg</i>	1	GAP
<i>metronidazole Lotion 0.75 %</i>	1	GAP
<i>metronidazole Tab 250 mg, 500 mg</i>	1	GAP
<i>metronidazole Topical Cream 0.75 %</i>	1	GAP
<i>metronidazole Topical Gel 0.75 %</i>	1	GAP
<i>metronidazole Vaginal Gel 0.75 %</i>	1	GAP
<i>metronidazole in sodium chloride (iso-osm) IV Piggy Back 500 mg/100 mL</i>	1	GAP
<i>minocycline Cap 100 mg, 50 mg, 75 mg</i>	1	GAP
<i>minocycline ER 24 hr Tab 135 mg, 45 mg, 90 mg</i>	2	
<i>minocycline Tab 100 mg, 50 mg, 75 mg</i>	2	
<i>mupirocin Ointment 2 %</i>	1	GAP
<i>nafcillin Solution for Injection 10 gram</i>	1	GAP
<i>nafcillin Solution for Injection 1 gram</i>	2	
<i>neomycin Tab 500 mg</i>	1	GAP
<i>neomycin-polymyxin B GU Irrigation Soln 40-200,000 mg-unit/mL</i>	1	GAP
<i>neomycin-polymyxin-HC Ear Drops, Susp 3.5-10,000-1 mg-unit/mL-%</i>	1	GAP
<i>neomycin-polymyxin-HC Ear Soln 3.5-10,000-1 mg-unit/mL-%</i>	1	GAP
<i>nitrofurantoin macrocrystal Cap 50 mg</i>	1	GAP
<i>nitrofurantoin monohydrate/macrocrystals Cap 100 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>ofloxacin Ear Drops 0.3 %</i>	1	GAP
<i>ofloxacin Eye Drops 0.3 %</i>	1	GAP
<i>ofloxacin Tab 200 mg, 300 mg, 400 mg</i>	1	GAP
ORACEA 24 HR CAP 40 mg	3	
<i>paromomycin Cap 250 mg</i>	1	GAP
<i>penicillin G potassium Solution for Injection 5 million unit</i>	2	
<i>penicillin G procaine IM Syringe 1,200,000 unit</i>	1	GAP
<i>penicillin G sodium Solution for Injection 5 million unit</i>	1	GAP
<i>penicillin V potassium Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>penicillin V potassium Tab 250 mg, 500 mg</i>	1	GAP
<i>piperacillin-tazobactam IV Solution 3.375 gram</i>	2	
<i>polymyxin B sulfate Solution for Injection 500,000 unit</i>	1	GAP
PREVPAC ORAL PACK 500-500-30 mg	4	
PRIMAXIN IM SUSP 500 mg	3	
PRIMAXIN IV SOLUTION 250 mg, 500 mg	3	
<i>silver sulfadiazine Topical Cream 1 %</i>	1	GAP
SPECTRACEF TAB 400 mg	3	
SSD TOPICAL CREAM 1 %	1	GAP
<i>streptomycin IM 1 gram</i>	4	
<i>sulfacetamide sodium (acne) Topical Susp 10 %</i>	1	GAP
<i>sulfacetamide-prednisolone Eye Drops 10 %-0.25 % (0.23 %)</i>	1	GAP
<i>sulfadiazine Tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim IV 400-80 mg/5 mL</i>	1	GAP
<i>sulfamethoxazole-trimethoprim Oral Susp 200-40 mg/5 mL</i>	1	GAP
<i>sulfamethoxazole-trimethoprim Tab 400-80 mg, 800-160 mg</i>	1	GAP
SUPRAX ORAL SUSP 100 mg/5 mL, 200 mg/5 mL	4	
TAZICEF IV SOLUTION 2 gram	1	GAP
TAZICEF SOLUTION FOR INJECTION 1 gram, 6 gram	1	GAP
TEFLARO IV SOLUTION 400 mg, 600 mg	4	PA
<i>tetracycline Cap 250 mg, 500 mg</i>	1	GAP
THERMAZENE TOPICAL CREAM 1 %	1	GAP
TIMENTIN IV SOLUTION 3.1 g	4	
TOBI NEB SOLUTION 300 mg/5 mL	5	PA

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>tobramycin Eye Drops 0.3 %</i>	2	
<i>tobramycin Injection 10 mg/mL, 40 mg/mL</i>	2	
<i>trimethoprim Tab 100 mg</i>	1	GAP
TYGACIL IV SOLUTION 50 mg	4	
VANCOCIN CAP 125 mg, 250 mg	5	PA
<i>vancomycin IV Solution 1,000 mg, 10 gram</i>	1	PA; GAP
VANDAZOLE VAGINAL GEL 0.75 %	1	GAP
VIBATIV IV SOLUTION 250 mg	4	PA
VIBRAMYCIN ORAL SUSP 25 mg/5 mL	3	
VIBRAMYCIN SYRUP 50 mg/5 mL	3	
ZOSYN IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK 2.25 gram/50 mL, 3.375 gram/50 mL	3	
ZYVOX IV 600 mg/300 mL	5	PA
ZYVOX ORAL SUSP 100 mg/5 mL	3	PA
ZYVOX TAB 600 mg	3	PA
<b>Anticonvulsants - Drugs to Treat Seizures</b>		
BANZEL TAB 200 mg, 400 mg	3	
<i>carbamazepine Chewable Tab 100 mg</i>	1	GAP
<i>carbamazepine ER 12 hr Tab 200 mg, 400 mg</i>	1	GAP
<i>carbamazepine Oral Susp 100 mg/5 mL</i>	1	GAP
<i>carbamazepine Tab 200 mg</i>	1	GAP
CARBATROL 12 HR CAP 100 mg, 200 mg, 300 mg	3	
CELONTIN CAP 300 mg	4	
DILANTIN CAP 30 mg	3	
DILANTIN EXTENDED CAP 100 mg	3	
DILANTIN INFATABS CHEWABLE 50 mg	3	
DILANTIN-125 ORAL SUSP 125 mg/5 mL	3	
<i>divalproex ER 24 hr Tab 250 mg, 500 mg</i>	1	GAP
<i>divalproex sprinkle Cap 125 mg</i>	1	GAP
<i>divalproex Tab, Delayed Release 125 mg, 250 mg, 500 mg</i>	1	GAP
EPITOL TAB 200 mg	1	GAP
<i>ethosuximide Cap 250 mg</i>	1	GAP
<i>ethosuximide Syrup 250 mg/5 mL</i>	1	GAP
FELBATOL ORAL SUSP 600 mg/5 mL	4	
FELBATOL TAB 400 mg, 600 mg	4	
<i>fosphenytoin Injection 100 mg PE/2 mL</i>	1	GAP
<i>gabapentin Cap 100 mg, 300 mg, 400 mg</i>	1	GAP
<i>gabapentin Oral Soln 250 mg/5 mL</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>gabapentin Tab 600 mg, 800 mg</i>	1	GAP
GABITRIL TAB 12 mg, 16 mg, 2 mg, 4 mg	4	
KEPPRA XR 24 HR TAB 500 mg, 750 mg	3	
<i>lamotrigine Dispersible Tab 25 mg, 5 mg</i>	2	
<i>lamotrigine Tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GAP
<i>levetiracetam IV 500 mg/5 mL</i>	2	
<i>levetiracetam Oral Soln 100 mg/mL</i>	1	GAP
<i>levetiracetam Tab 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	PA
NEURONTIN SOL 250/5ML	3	
<i>oxcarbazepine Oral Susp 300 mg/5 mL</i>	2	
<i>oxcarbazepine Tab 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE TAB 250 mg	4	
<i>phenytoin Oral Susp 125 mg/5 mL</i>	1	GAP
<i>phenytoin sodium IV 50 mg/mL</i>	1	GAP
<i>phenytoin sodium extended Cap 100 mg, 200 mg, 300 mg</i>	1	GAP
<i>primidone Tab 250 mg, 50 mg</i>	1	GAP
SABRIL ORAL POWDER IN PACKET 500 mg	5	LA
SABRIL TAB 500 mg	5	LA
TEGRETOL XR 12 HR TAB 100 mg	3	
<i>topiramate sprinkle Cap 15 mg, 25 mg</i>	2	
<i>topiramate Tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>valproate sodium IV 500 mg/5 mL (100 mg/mL)</i>	2	
<i>valproic acid Cap 250 mg</i>	1	GAP
<i>valproic acid (as sodium salt) Syrup 250 mg/5 mL</i>	1	GAP
VIMPAT IV 200 mg/20 mL	3	
VIMPAT ORAL SOLN 10 mg/mL	3	
VIMPAT TAB 100 mg, 150 mg, 200 mg, 50 mg	3	
<i>zonisamide Cap 100 mg, 25 mg, 50 mg</i>	1	GAP
<b>Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia</b>		
ARICEPT TAB 23 mg	3	QL (30 EA per 30 day(s))
<i>donepezil Tab 10 mg, 5 mg</i>	2	QL (30 EA per 30 day(s))
<i>donepezil Tab, Rapid Dissolve 10 mg, 5 mg</i>	2	QL (30 EA per 30 day(s))
<i>ergoloid Tab 1 mg</i>	2	
EXELON ORAL SOLN 2 mg/mL	3	QL (180 ML per 30 day(s))
EXELON TRANSDERM 24 HR PATCH 4.6 mg/24 hour, 9.5 mg/24 hour	3	QL (30 EA per 30 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>galantamine ER 24 hr Cap 16 mg, 24 mg, 8 mg</i>	1	GAP; QL (31 EA per 31 day(s))
<i>galantamine Oral Soln 4 mg/mL</i>	1	GAP; QL (180 ML per 30 day(s))
<i>galantamine Tab 12 mg, 4 mg, 8 mg</i>	1	GAP; QL (60 EA per 30 day(s))
NAMENDA ORAL SOLN 10 mg/5 mL	3	QL (300 ML per 30 day(s))
NAMENDA TAB 10 mg	3	QL (60 EA per 30 day(s))
NAMENDA TAB 5 mg	3	QL (90 EA per 30 day(s))
NAMENDA TITRATION PAK TABS IN A DOSE PACK 5-10 mg	3	
<i>rivastigmine Cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 day(s))
<b>Antidepressants - Drugs to Treat Depression</b>		
<i>amitriptyline Tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>amoxapine Tab 100 mg, 150 mg, 25 mg, 50 mg</i>	1	GAP
APLENZIN 24 HR TAB 174 mg	4	QL (90 EA per 30 day(s))
BUDEPRION SR TAB 150 mg	1	GAP; QL (60 EA per 30 day(s))
BUDEPRION SR TAB 100 mg	1	GAP; QL (90 EA per 30 day(s))
BUDEPRION XL 24 HR TAB 150 mg, 300 mg	1	GAP
BUPROBAN TAB 150 mg	1	GAP
<i>bupropion HCl SR Tab 150 mg, 200 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>bupropion HCl SR Tab 100 mg</i>	1	GAP; QL (90 EA per 30 day(s))
<i>bupropion HCl Tab 100 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>bupropion HCl Tab 75 mg</i>	1	GAP; QL (90 EA per 30 day(s))
<i>clomipramine Cap 25 mg, 50 mg, 75 mg</i>	1	GAP
CYMBALTA CAP 60 mg	3	ST; QL (30 EA per 30 day(s))
CYMBALTA CAP 20 mg, 30 mg	3	ST; QL (60 EA per 30 day(s))
<i>desipramine Tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>doxepin Cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>doxepin Oral Concentrate 10 mg/mL</i>	1	GAP
EMSAM TRANSDERM 24 HR PATCH 12 mg/24 hr, 6 mg/24 hr, 9 mg/24 hr	4	QL (30 EA per 30 day(s))
<i>imipramine Tab 10 mg, 25 mg, 50 mg</i>	1	GAP
<i>imipramine pamoate Cap 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline Tab 25 mg, 50 mg, 75 mg</i>	1	GAP
MARPLAN TAB 10 mg	4	
<i>mirtazapine Tab 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GAP; QL (30 EA per 30 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>mirtazapine Tab, Rapid Dissolve 15 mg, 30 mg, 45 mg</i>	1	GAP; QL (30 EA per 30 day(s))
NARDIL TAB 15MG	4	
<i>nefazodone Tab 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	GAP
<i>nortriptyline Cap 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>nortriptyline Oral Soln 10 mg/5 mL</i>	1	GAP
<i>perphenazine-amitriptyline Tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	GAP
PRISTIQ 24 HR TAB 100 mg, 50 mg	4	ST; QL (30 EA per 30 day(s))
<i>protriptyline Tab 10 mg, 5 mg</i>	1	GAP
SAVELLA TAB 100 mg, 12.5 mg, 25 mg, 50 mg	3	QL (60 EA per 30 day(s))
SAVELLA TABS IN A DOSE PACK 12.5 mg (5)-25 mg(8)-50 mg(42)	3	QL (55 EA per 28 day(s))
SURMONTIL CAP 100 mg, 25 mg, 50 mg	4	
<i>tranylcypromine Tab 10 mg</i>	1	GAP
<i>trazodone Tab 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GAP
<i>venlafaxine ER 24 hr Cap 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine ER 24 hr Tab 225 mg</i>	3	ST; QL (30 EA per 30 day(s))
<i>venlafaxine ER 24 hr Tab 150 mg</i>	2	QL (60 EA per 30 day(s))
<i>venlafaxine ER 24 hr Tab 37.5 mg, 75 mg</i>	2	QL (90 EA per 30 day(s))
<i>venlafaxine Tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GAP
<b>Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents</b>		
<i>acetylcysteine Soln 10 % (100 mg/mL), 20 % (200 mg/mL)</i>	1	PA; GAP
<i>amifostine crystalline IV Solution 500 mg</i>	5	
ANTABUSE TAB 250 mg	3	
<i>buprenorphine Syringe 0.3 mg/mL</i>	2	
CAMPRAL DOSE PAK TABS 333 mg	3	QL (180 EA per 30 day(s))
CHANTIX TAB 0.5 mg, 1 mg	3	PA; QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH PAK TABS IN A DOSE PACK 0.5(11)-1(3X14) mg	3	PA; QL (60 EA per 30 day(s))
DEPADE TAB 50 mg	1	GAP
EXJADE TAB 125 mg	4	PA; LA
EXJADE TAB 250 mg, 500 mg	5	PA; LA
<i>fomepizole IV 1 gram/mL</i>	1	GAP
KIONEX ORAL POWDER	1	GAP
<i>leucovorin calcium Solution for Injection 100 mg, 350 mg</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>leucovorin calcium Tab 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna IV 100 mg/mL</i>	2	
MESNEX TAB 400 mg	4	
<i>naloxone Syringe 0.4 mg/mL, 1 mg/mL</i>	2	
<i>naltrexone Tab 50 mg</i>	1	GAP
NICOTROL INHALATION CARTRIDGE 10 mg	3	
<i>sodium polystyrene sulfonate Oral Powder</i>	1	GAP
SYPRINE CAP 250 mg	4	
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>		
COMPRO RECTAL SUPPOSITORY 25 mg	1	GAP
<i>dronabinol Cap 2.5 mg, 5 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>dronabinol Cap 10 mg</i>	5	PA; QL (60 EA per 30 day(s))
EMEND CAP 125 mg, 40 mg	3	PA; QL (1 EA per 1 day(s))
EMEND CAP 80 mg	3	PA; QL (2 EA per 1 day(s))
EMEND CAPS IN DOSE PACK 125-80-80 mg	3	PA; QL (3 EA per 1 day(s))
<i>granisetron IV 1 mg/mL (1 mL)</i>	2	PA
<i>granisetron Tab 1 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>granisetron (PF) IV 100 mcg/mL</i>	2	PA
GRANISOL ORAL SOLN 1 mg/5 mL	2	PA
<i>meclizine Tab 12.5 mg, 25 mg</i>	1	GAP
<i>metoclopramide Injection 5 mg/mL</i>	1	GAP
<i>metoclopramide Oral Soln 5 mg/5 mL</i>	1	GAP
<i>metoclopramide Tab 5 mg</i>	1	GAP
<i>metoclopramide Tab 10 mg</i>	1	GAP
METIZOLV ODT TAB, RAPID DISSOLVE 10 mg, 5 mg	4	
<i>ondansetron Tab, Rapid Dissolve 8 mg</i>	1	PA; GAP; QL (45 EA per 30 day(s))
<i>ondansetron Tab, Rapid Dissolve 4 mg</i>	1	PA; GAP; QL (9 EA per 3 day(s))
<i>ondansetron HCl Oral Soln 4 mg/5 mL</i>	1	PA; GAP; QL (450 ML per 30 day(s))
<i>ondansetron HCl Tab 24 mg</i>	1	PA; GAP; QL (18 EA per 30 day(s))
<i>ondansetron HCl Tab 4 mg, 8 mg</i>	1	PA; GAP; QL (9 EA per 3 day(s))
<i>ondansetron HCl (PF) Injection 4 mg/2 mL</i>	1	PA; GAP
<i>prochlorperazine Rectal Suppository 25 mg</i>	1	GAP
<i>prochlorperazine Edisylate Injection 5 mg/mL</i>	1	GAP
<i>prochlorperazine maleate Tab 10 mg, 5 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
SANCUSO TRANSDERM PATCH 3.1 mg/24 hour	4	PA; QL (4 EA per 28 day(s))
<b>Antifungals - Drugs to Treat Fungal Infections</b>		
<i>amphotericin b Solution for Injection 50 mg</i>	1	GAP
ANCOBON CAP 250 mg, 500 mg	5	
CANCIDAS IV SOLUTION 50 mg, 70 mg	5	PA
<i>ciclopirox Shampoo 1 %</i>	2	
<i>ciclopirox Topical Cream 0.77 %</i>	2	PA
<i>ciclopirox Topical Gel 0.77 %</i>	2	PA
<i>ciclopirox Topical Soln 8 %</i>	2	PA
<i>ciclopirox Topical Susp 0.77 %</i>	2	PA
<i>clotrimazole Topical Cream 1 %</i>	1	GAP
<i>clotrimazole Topical Soln 1 %</i>	1	GAP
<i>clotrimazole Troche 10 mg</i>	1	GAP
<i>clotrimazole-betamethasone Lotion 1-0.05 %</i>	1	GAP
<i>clotrimazole-betamethasone Topical Cream 1-0.05 %</i>	1	GAP
<i>econazole Topical Cream 1 %</i>	1	GAP
ERAXIS(WATER DILUENT) IV SOLUTION 100 mg	4	PA
EXTINA TOPICAL FOAM 2 %	4	
<i>fluconazole Oral Susp 10 mg/mL, 40 mg/mL</i>	1	GAP
<i>fluconazole Tab 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GAP
<i>fluconazole in dextrose (iso-osmotic) IV Piggy Back 400 mg/200 mL</i>	2	
<i>griseofulvin microsize Oral Susp 125 mg/5 mL</i>	1	GAP
GRIS-PEG TAB 125 mg, 250 mg	4	
<i>itraconazole Cap 100 mg</i>	2	PA
<i>ketoconazole Shampoo 2 %</i>	1	GAP
<i>ketoconazole Tab 200 mg</i>	1	GAP
<i>ketoconazole Topical Cream 2 %</i>	1	GAP
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 mg	1	GAP
NAFTIN TOPICAL CREAM 1 %	4	
NATACYN EYE DROPS 5 %	3	
NOXAFIL ORAL SUSP 200 mg/5 mL (40 mg/mL)	5	PA; ST
NYAMYC TOPICAL POWDER 100,000 unit/g	1	GAP
<i>nystatin Ointment 100,000 unit/g</i>	1	GAP
<i>nystatin Oral Susp 100,000 unit/mL</i>	1	GAP
<i>nystatin Tab 500,000 unit</i>	1	GAP
<i>nystatin Topical Cream 100,000 unit/g</i>	1	GAP
<i>nystatin Topical Powder 100,000 unit/g</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>nystatin-triamcinolone Ointment 100,000-0.1 unit/gram-%</i>	1	GAP
<i>nystatin-triamcinolone Topical Cream 100,000-0.1 unit/g-%</i>	1	GAP
NYSTOP TOPICAL POWDER 100,000 unit/g	1	GAP
OXISTAT LOTION 1 %	4	
OXISTAT TOPICAL CREAM 1 %	4	
PEDI-DRI TOPICAL POWDER 100,000 unit/g	1	GAP
SPORANOX ORAL SOLN 10 mg/mL	4	PA
<i>terbinafine Tab 250 mg</i>	1	PA; GAP
<i>terconazole Vaginal Cream 0.4 %, 0.8 %</i>	1	GAP
<i>terconazole Vaginal Suppository 80 mg</i>	1	GAP
VFEND ORAL SUSP 200 mg/5 mL (40 mg/mL)	5	PA
VFEND TAB 200 mg	5	PA
VFEND TAB 50 mg	5	PA
VFEND IV SOLN 200 mg	4	PA
ZAZOLE VAGINAL CREAM 0.4 %, 0.8 %	1	GAP
<b>Antigout Agents - Drugs to Treat Gout</b>		
<i>allopurinol Tab 100 mg, 300 mg</i>	1	GAP
<i>allopurinol IV Solution 500 mg</i>	1	GAP
<i>colchicine-probenecid Tab 0.5-500 mg</i>	1	GAP
COLCRYS TAB 0.6 mg	3	QL (120 EA per 30 day(s))
<i>probenecid Tab 500 mg</i>	1	GAP
ULORIC TAB 40 mg, 80 mg	3	PA; QL (30 EA per 30 day(s))
<b>Anti-inflammatory Agents</b>		
ARTHROTEC 50 TAB 50-200 mg-mcg	3	
ARTHROTEC 75 TAB 75-200 mg-mcg	3	
CELEBREX CAP 100 mg	3	ST; QL (30 EA per 30 day(s))
CELEBREX CAP 200 mg, 400 mg, 50 mg	3	ST; QL (60 EA per 30 day(s))
<i>diclofenac potassium Tab 50 mg</i>	1	GAP
<i>diclofenac sodium ER 24 hr Tab 100 mg</i>	1	GAP
<i>diclofenac sodium Tab, Delayed Release 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>diflunisal Tab 500 mg</i>	1	GAP
<i>etodolac Cap 200 mg, 300 mg</i>	1	GAP
<i>etodolac ER 24 hr Tab 400 mg, 500 mg, 600 mg</i>	1	GAP
<i>etodolac Tab 400 mg, 500 mg</i>	1	GAP
<i>fenoprofen Tab 600 mg</i>	1	GAP
FLECTOR ADHESIVE PATCH 1.3 %	4	QL (60 EA per 30 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>flurbiprofen Tab 100 mg, 50 mg</i>	1	GAP
<i>ibuprofen Oral Susp 100 mg/5 mL</i>	1	GAP
<i>ibuprofen Tab 400 mg, 600 mg, 800 mg</i>	1	GAP
<i>indomethacin Cap 25 mg, 50 mg</i>	1	GAP
<i>indomethacin ER Cap 75 mg</i>	1	GAP
<i>ketoprofen Cap 50 mg, 75 mg</i>	1	GAP
<i>ketoprofen ER 24 hr Cap 200 mg</i>	1	GAP
<i>meclofenamate Cap 100 mg, 50 mg</i>	1	GAP
<i>mefenamic acid Cap 250 mg</i>	2	
<i>meloxicam Oral Susp 7.5 mg/5 mL</i>	1	GAP
<i>meloxicam Tab 15 mg, 7.5 mg</i>	1	GAP
<i>nabumetone Tab 500 mg, 750 mg</i>	1	GAP
<i>naproxen Oral Susp 125 mg/5 mL</i>	1	GAP
<i>naproxen Tab 250 mg, 375 mg</i>	1	GAP
<i>naproxen Tab, Delayed Release 375 mg, 500 mg</i>	1	GAP
<i>naproxen sodium Tab 275 mg, 550 mg</i>	1	GAP
<i>oxaprozin Tab 600 mg</i>	1	GAP
<i>piroxicam Cap 10 mg, 20 mg</i>	1	GAP
<i>sulindac Tab 150 mg, 200 mg</i>	1	GAP
<i>tolmetin Cap 400 mg</i>	1	GAP
<i>tolmetin Tab 200 mg, 600 mg</i>	1	GAP
<b>Antimigraine Agents - Drugs to Treat Migraines</b>		
<i>dihydroergotamine Injection 1 mg/mL</i>	2	QL (24 ML per 28 day(s))
<i>ergotamine-caffeine Tab 1-100 mg</i>	1	GAP; QL (40 EA per 30 day(s))
FROVA TAB 2.5 mg	4	ST; QL (12 EA per 30 day(s))
MAXALT TAB 10 mg, 5 mg	4	ST; QL (12 EA per 30 day(s))
MAXALT-MLT TAB, RAPID DISSOLVE 10 mg, 5 mg	4	ST; QL (12 EA per 30 day(s))
MIGERGOT RECTAL SUPPOSITORY 2-100 mg	3	QL (20 EA per 28 day(s))
MIGRANAL NASAL SPRAY 0.5 mg/pump Act.	4	QL (12 ML per 30 day(s))
<i>naratriptan Tab 1 mg, 2.5 mg</i>	2	QL (12 EA per 28 day(s))
RELPAX TAB 20 mg, 40 mg	3	ST; QL (9 EA per 30 day(s))
<i>sumatriptan Sub-Q 4 mg/0.5 mL, 6 mg/0.5 mL</i>	1	GAP; QL (4 ML per 30 day(s))
<i>sumatriptan Tab 100 mg, 25 mg, 50 mg</i>	1	GAP; QL (9 EA per 30 day(s))
ZOMIG NASAL SPRAY 5 mg	4	ST; QL (6 EA per 30 day(s))
ZOMIG TAB 2.5 mg, 5 mg	4	ST; QL (9 EA per 30 day(s))
ZOMIG ZMT TAB, RAPID DISSOLVE 2.5 mg, 5 mg	4	ST; QL (9 EA per 30 day(s))
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
<i>guanidine Tab 125 mg</i>	4	

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Drug Name	Tier	Requirement/Limits
MESTINON SYRUP 60 mg/5 mL	3	
MESTINON TIMESPAN TAB 180 mg	3	
<i>pyridostigmine bromide Tab 60 mg</i>	1	GAP
REGONOL INJECTION 5 mg/mL	3	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
ACZONE TOPICAL GEL 5 %	4	PA
CAPASTAT SOLUTION FOR INJECTION 1 gram	3	
<i>dapsone Tab 100 mg, 25 mg</i>	3	
<i>ethambutol Tab 100 mg, 400 mg</i>	1	GAP
ISONARIF CAP 300-150 mg	1	GAP
<i>isoniazid Injection 100 mg/mL</i>	1	GAP
<i>isoniazid Syrup 50 mg/5 mL</i>	1	GAP
<i>isoniazid Tab 100 mg, 300 mg</i>	1	GAP
MYCOBUTIN CAP 150 mg	4	
PASER ORAL PACKET 4 gram	4	
PRIFTIN TAB 150 mg	4	
<i>pyrazinamide Tab 500 mg</i>	1	GAP
<i>rifampin Cap 150 mg, 300 mg</i>	1	GAP
<i>rifampin IV Solution 600 mg</i>	1	GAP
SEROMYCIN CAP 250 mg	4	
TRECTOR TAB 250 mg	4	
<b>Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects</b>		
ABRAXANE IV SOLUTION 100 mg	5	
ADRIAMYCIN PFS IV 2 mg/mL	1	GAP
AFINITOR TAB 10 mg, 2.5 mg, 5 mg	5	PA
ALIMTA IV SOLUTION 500 mg	5	
<i>anastrozole Tab 1 mg</i>	2	
AROMASIN TAB 25MG	4	
ARRANON IV 250 mg/50 mL	4	
ARZERRA IV 100 mg/5 mL	5	PA
AVASTIN IV 25 mg/mL	5	PA
BICNU IV SOLUTION 100 mg	3	
<i>bleomycin Solution for Injection 30 unit</i>	2	
BUSULFEX IV 60 mg/10 mL	3	
CAMPATH IV 30 mg/mL	5	
<i>carboplatin IV 10 mg/mL</i>	1	GAP
CEENU CAP 10 mg, 100 mg, 40 mg	3	
CERUBIDINE IV SOLUTION 20 mg	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>cisplatin IV 1 mg/mL</i>	1	GAP
<i>cladribine IV 10 mg/10 mL</i>	5	
CLOLAR IV 20 mg/20 mL	4	
COSMEGEN IV SOLUTION 0.5 mg	3	
<i>cyclophosphamide Tab 25 mg, 50 mg</i>	2	PA
<i>cytarabine Injection 20 mg/mL</i>	1	GAP
<i>cytarabine (PF) Injection 2 gram/20 mL (100 mg/mL)</i>	1	GAP
<i>cytarabine (PF) Solution for Injection 500 mg</i>	1	GAP
<i>dacarbazine IV Solution 200 mg</i>	1	GAP
DACOGEN IV SOLUTION 50 mg	5	PA
<i>daunorubicin IV Solution 20 mg</i>	1	GAP
DAUNOXOME IV 2 mg/mL	4	
DOXIL IV 2 mg/mL	5	
<i>doxorubicin IV 2 mg/mL</i>	1	GAP
DROXIA CAP 200 mg, 300 mg, 400 mg	3	
ELSPAR SOLUTION FOR INJECTION 10,000 unit	3	
EMCYT CAP 140 mg	3	
<i>epirubicin IV 50 mg/25 mL</i>	2	
ERBITUX IV 100 mg/50 mL	5	PA
ETOPOPHOS IV SOLUTION 100 mg	4	
<i>etoposide IV 20 mg/mL</i>	1	GAP
FARESTON TAB 60 mg	3	
FASLODEX IM SYRINGE 250 mg/5 mL	5	
FEMARA TAB 2.5MG	3	
<i>fludarabine IV powder for Solution 50 mg</i>	5	
<i>fluorouracil IV 500 mg/10 mL</i>	1	GAP
FOLOTYN IV 40 mg/2 mL (20 mg/mL)	5	PA
<i>gemcitabine IV Solution 1 gram</i>	5	
GLEEVEC TAB 400 mg	5	PA; QL (60 EA per 30 day(s))
GLEEVEC TAB 100 mg	5	PA; QL (90 EA per 30 day(s))
HALAVEN IV 1 mg/2 mL (0.5 mg/mL)	5	PA
HERCEPTIN IV SOLUTION 440 mg	5	
HEXALEN CAP 50 mg	5	PA
<i>hydroxyurea Cap 500 mg</i>	1	GAP
<i>idarubicin IV 1 mg/mL</i>	5	
IFEX IV SOLUTION 3 gram	4	
<i>ifosfamide IV Solution 1 gram</i>	2	

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Drug Name	Tier	Requirement/Limits
<i>ifosfamide-mesna IV Kit 1-1 gram, 3,000-1,000 mg</i>	5	
IRESSA TAB 250 mg	5	PA
<i>irinotecan IV 100 mg/5 mL</i>	2	
ISTODAX IV SOLUTION 10 mg/2 mL	5	PA
IXEMPRA IV SOLUTION 45 mg	5	PA
JEVTANA IV 10 mg/mL (Final)	5	PA
LEUKERAN TAB 2 mg	3	
LYSODREN TAB 500 mg	3	
MATULANE CAP 50 mg	5	
<i>melphalan IV Solution 50 mg</i>	5	
<i>mercaptapurine Tab 50 mg</i>	1	GAP
<i>mitomycin IV Solution 20 mg</i>	1	GAP
<i>mitoxantrone Concentrate, IV 2 mg/mL</i>	2	
MUSTARGEN SOLUTION FOR INJECTION 10 mg	3	
NEXAVAR TAB 200 mg	5	PA; LA
ONTAK IV 150 mcg/mL	5	
<i>oxaliplatin Soln 100 mg/20 mL</i>	5	
<i>paclitaxel Concentrate, IV 6 mg/mL</i>	1	GAP
PANRETIN TOPICAL GEL 0.1 %	5	
<i>pentostatin IV Solution 10 mg</i>	5	
PHOTOFRIN IV SOLUTION 75 mg	5	
REVLIMID CAP 10 mg, 15 mg, 25 mg, 5 mg	5	PA; LA
RITUXAN CONCENTRATE, IV 10 mg/mL	5	PA
SPRYCEL TAB 20 mg	5	PA; ST; QL (150 EA per 30 day(s))
SPRYCEL TAB 140 mg, 80 mg	5	PA; ST; QL (30 EA per 30 day(s))
SPRYCEL TAB 100 mg, 50 mg, 70 mg	5	PA; ST; QL (60 EA per 30 day(s))
SUTENT CAP 25 mg, 50 mg	5	PA; QL (30 EA per 30 day(s))
SUTENT CAP 12.5 mg	5	PA; QL (90 EA per 30 day(s))
TABLOID TAB 40 mg	4	
<i>tamoxifen Tab 10 mg, 20 mg</i>	1	GAP
TARCEVA TAB 100 mg, 150 mg, 25 mg	5	PA
TARGRETIN CAP 75 mg	5	PA
TARGRETIN TOPICAL GEL 1 %	5	
TASIGNA CAP 200 mg	5	PA; ST; QL (120 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
TAXOTERE IV 80 mg/4 mL (20 mg/mL), 80 mg/2 mL (40mg/mL)	5	
THALOMID CAP 100 mg, 150 mg, 200 mg, 50 mg	5	PA
<i>thiotepa Solution for Injection 15 mg</i>	4	
TOPOSAR IV 20 mg/mL	1	GAP
<i>topotecan IV Solution 4 mg</i>	2	
TORISEL IV SOLUTION 30 mg/3 mL (10 mg/mL) (Final)	5	PA
TREANDA IV SOLUTION 100 mg	5	
<i>tretinoin (chemotherapy) Cap 10 mg</i>	5	
TRISENOX IV 10 mg/10 mL	4	
TYKERB TAB 250 mg	5	PA; LA
VECTIBIX IV 100 mg/5 mL (20 mg/mL)	5	PA
VELCADE IV SOLUTION 3.5 mg	5	
VIDAZA SUB-Q SOLN 100 mg	5	
<i>vinblastine IV powder for Solution 10 mg</i>	1	GAP
<i>vincristine IV 1 mg/mL</i>	1	GAP
<i>vinorelbine IV 50 mg/5 mL</i>	1	GAP
VOTRIENT TAB 200 mg	5	PA
ZANOSAR IV SOLUTION 1 gram	4	
ZOLINZA CAP 100 mg	5	PA; ST
ZORTRESS TAB 0.25 mg	4	PA
ZORTRESS TAB 0.5 mg, 0.75 mg	5	PA
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>		
ACTICIN TOPICAL CREAM 5 %	1	GAP
ALBENZA TAB 200 mg	3	
ALINIA ORAL SUSP 100 mg/5 mL	3	QL (150 ML per 30 day(s))
ALINIA TAB 500 mg	3	QL (6 EA per 30 day(s))
<i>chloroquine Tab 250 mg, 500 mg</i>	1	GAP
COARTEM TAB 20-120 mg	3	QL (24 EA per 30 day(s))
DARAPRIM TAB 25 mg	3	
EURAX LOTION 10 %	3	
EURAX TOPICAL CREAM 10 %	3	
<i>hydroxychloroquine Tab 200 mg</i>	1	GAP
<i>lindane Lotion 1 %</i>	2	
<i>lindane Shampoo 1 %</i>	2	
MALARONE TAB 250-100 mg, 62.5-25 mg	4	
<i>malathion Lotion 0.5 %</i>	1	GAP
<i>mebendazole Chewable Tab 100 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>mefloquine Tab 250 mg</i>	1	GAP
MEPRON ORAL SUSP 750 mg/5 mL	5	
NEBUPENT SOLUTION FOR INHALATION 300 mg	4	
PENTAM SOLUTION FOR INJECTION 300 mg	4	
<i>permethrin Topical Cream 5 %</i>	1	GAP
QUALAQUIN CAP 324 mg	3	
<b>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</b>		
<i>amantadine Cap 100 mg</i>	1	GAP
<i>amantadine Syrup 50 mg/5 mL</i>	1	GAP
<i>amantadine Tab 100 mg</i>	1	GAP
APOKYN SUBQ CARTRIDGE 10 mg/mL	5	PA; LA; QL (60 ML per 30 day(s))
AZILECT TAB 0.5 mg, 1 mg	3	
<i>benztropine Injection 2 mg/2 mL</i>	2	
<i>benztropine Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
<i>bromocriptine Cap 5 mg</i>	2	
<i>bromocriptine Tab 2.5 mg</i>	1	GAP
<i>cabergoline Tab 0.5 mg</i>	1	GAP
<i>carbidopa-levodopa ER Tab 25-100 mg, 50-200 mg</i>	1	GAP
<i>carbidopa-levodopa Tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GAP
<i>carbidopa-levodopa Tab, Rapid Dissolve 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GAP
COMTAN TAB 200 mg	3	
<i>pramipexole Tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GAP
<i>selegiline Cap 5 mg</i>	1	GAP
<i>selegiline Tab 5 mg</i>	1	GAP
STALEVO 100 TAB 25-100-200 mg	3	
STALEVO 125 TAB 31.25-125-200 mg	3	
STALEVO 150 TAB 37.5-150-200 mg	3	
STALEVO 200 TAB 50-200-200 mg	3	
STALEVO 50 TAB 12.5-50-200 mg	3	
STALEVO 75 TAB 18.75-75-200 mg	3	
TASMAR TAB 100 mg	4	
<i>trihexyphenidyl Elixir 0.4 mg/mL</i>	1	GAP
<i>trihexyphenidyl Tab 2 mg, 5 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<b>Antipsychotics - Drugs to Treat Mood Disorders</b>		
ABILIFY IM 9.75 mg/1.3 mL	4	
ABILIFY ORAL SOLN 1 mg/mL	4	QL (900 ML per 30 day(s))
ABILIFY TAB 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 day(s))
ABILIFY DISCMELT 10 mg, 15 mg	4	QL (60 EA per 30 day(s))
<i>chlorpromazine Injection 25 mg/mL</i>	1	GAP
<i>chlorpromazine Tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>clozapine Tab 100 mg, 200 mg, 25 mg, 50 mg</i>	2	ST
FANAPT TAB 1 mg, 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	ST
FANAPT TABS IN A DOSE PACK 1mg(2)-2mg(2)-4mg(2)-6mg(2)	4	ST
FAZACLO TAB, RAPID DISSOLVE 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	ST
<i>fluphenazine decanoate Injection 25 mg/mL</i>	1	GAP
<i>fluphenazine Elixir 2.5 mg/5 mL</i>	1	GAP
<i>fluphenazine Injection 2.5 mg/mL</i>	1	GAP
<i>fluphenazine Oral Concentrate 5 mg/mL</i>	1	GAP
<i>fluphenazine Tab 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
GEODON CAP 20 mg, 40 mg, 60 mg, 80 mg	3	QL (60 EA per 30 day(s))
GEODON IM 20 mg	3	QL (60 EA per 30 day(s))
<i>haloperidol Tab 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GAP
<i>haloperidol decanoate IM 100 mg/mL, 50 mg/mL</i>	1	GAP
<i>haloperidol Injection 5 mg/mL</i>	1	GAP
<i>haloperidol Oral Concentrate 2 mg/mL</i>	1	GAP
INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 day(s))
INVEGA 24 HR TAB 6 mg	4	QL (60 EA per 30 day(s))
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL	4	QL (1 ML per 28 day(s))
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL	5	QL (1 ML per 28 day(s))
LATUDA TAB 80 mg	4	ST; QL (30 EA per 30 day(s))
LATUDA TAB 40 mg	4	ST; QL (90 EA per 30 day(s))
<i>loxapine Cap 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GAP
ORAP TAB 1 mg, 2 mg	3	
<i>perphenazine Tab 16 mg, 2 mg, 4 mg, 8 mg</i>	1	GAP
RISPERDAL CONSTA IM SYRINGE 12.5 mg/2 mL, 25 mg/2 mL	4	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
RISPERDAL CONSTA IM SYRINGE 37.5 mg/2 mL, 50 mg/2 mL	5	
<i>risperidone Oral Soln 1 mg/mL</i>	2	QL (480 ML per 30 day(s))
<i>risperidone Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (120 EA per 30 day(s))
<i>risperidone Tab, Rapid Dissolve 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (120 EA per 30 day(s))
SAPHRIS SUBLINGUAL TAB 10 mg, 5 mg	4	QL (62 EA per 31 day(s))
SEROQUEL TAB 400 mg	3	PA; QL (60 EA per 30 day(s))
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg	3	PA; QL (90 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 150 mg, 200 mg	3	PA; QL (30 EA per 30 day(s))
SEROQUEL XR 24 HR TAB 300 mg, 400 mg, 50 mg	3	PA; QL (60 EA per 30 day(s))
<i>thioridazine Tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>thiothixene Cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP
<i>trifluoperazine Tab 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP
ZYPREXA IM 10 mg	3	QL (30 EA per 30 day(s))
ZYPREXA TAB 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	3	QL (30 EA per 30 day(s))
ZYPREXA ZYDIS TAB, RAPID DISSOLVE 10 mg, 15 mg, 20 mg, 5 mg	3	QL (30 EA per 30 day(s))
<b>Antispasticity Agents - Drugs to Treat Spasms</b>		
<i>baclofen Tab 10 mg, 20 mg</i>	1	GAP
<i>dantrolene Cap 100 mg, 25 mg, 50 mg</i>	2	
<i>tizanidine Tab 2 mg, 4 mg</i>	1	GAP
<b>Antivirals - Drugs to Treat Viral Infections</b>		
<i>acyclovir Cap 200 mg</i>	1	GAP
<i>acyclovir Oral Susp 200 mg/5 mL</i>	1	GAP
<i>acyclovir Tab 400 mg, 800 mg</i>	1	GAP
<i>acyclovir sodium IV powder for Solution 500 mg</i>	1	GAP
APTIVUS CAP 250 mg	5	QL (120 EA per 30 day(s))
APTIVUS ORAL SOLN 100 mg/mL	5	QL (300 ML per 30 day(s))
ATRIPLA TAB 600-200-300 mg	5	QL (30 EA per 30 day(s))
BARACLUDE ORAL SOLN 0.05 mg/mL	3	QL (600 ML per 30 day(s))
BARACLUDE TAB 1 mg	5	QL (30 EA per 30 day(s))
BARACLUDE TAB 0.5 mg	5	QL (60 EA per 30 day(s))
COMBIVIR TAB 150-300 mg	3	
CRIXIVAN CAP 100 mg, 200 mg, 400 mg	3	
DENA VIR TOPICAL CREAM 1 %	3	

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Drug Name	Tier	Requirement/Limits
<i>didanosine Cap, Delayed Release 125 mg, 200 mg, 250 mg, 400 mg</i>	2	
EMTRIVA CAP 200 mg	4	
EMTRIVA ORAL SOLN 10 mg/mL	4	
EPIVIR ORAL SOLN 10 mg/mL	3	
EPIVIR TAB 150 mg, 300 mg	3	
EPIVIR HBV ORAL SOLN 25 mg/5 mL (5 mg/mL)	3	
EPIVIR HBV TAB 100 mg	3	
EPZICOM TAB 600-300 mg	5	
<i>famciclovir Tab 125 mg, 250 mg, 500 mg</i>	2	
<i>foscarnet IV 24 mg/mL</i>	2	
FUZEON SUB-Q KIT 90 mg	5	QL (60 EA per 30 day(s))
<i>ganciclovir Cap 250 mg</i>	3	
<i>ganciclovir Cap 500 mg</i>	5	
<i>ganciclovir IV Solution 500 mg</i>	2	PA
HEPSERA TAB 10 mg	5	QL (30 EA per 30 day(s))
INTELENCE TAB 100 mg	5	QL (120 EA per 30 day(s))
INTELENCE TAB 200 mg	5	QL (60 EA per 30 day(s))
INVIRASE CAP 200 mg	4	
INVIRASE TAB 500 mg	5	
ISENTRESS TAB 400 mg	5	QL (60 EA per 30 day(s))
KALETRA ORAL SOLN 400-100 mg/5 mL	5	
KALETRA TAB 100-25 mg	4	
KALETRA TAB 200-50 mg	5	
LEXIVA ORAL SUSP 50 mg/mL	4	
LEXIVA TAB 700 mg	5	
NORVIR CAP 100 mg	3	
NORVIR ORAL SOLN 80 mg/mL	3	
NORVIR TAB 100 mg	3	
PREZISTA TAB 150 mg, 75 mg	4	
PREZISTA TAB 400 mg, 600 mg	5	
REBETOL ORAL SOLN 40 mg/mL	4	PA
RELENZA DISKHALER FOR INHALATION 5 mg/ Actuation	3	QL (60 EA per 180 day(s))
RESCRIPTOR DISPERSIBLE TAB 100 mg	4	
RESCRIPTOR TAB 200 mg	4	
RETROVIR IV 10 mg/mL	4	
REYATAZ CAP 100 mg	4	
REYATAZ CAP 150 mg, 200 mg, 300 mg	5	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
RIBASPHERE CAP 200 mg	2	PA
RIBASPHERE TAB 200 mg	2	PA
RIBASPHERE TAB 400 mg, 600 mg	5	PA
<i>ribavirin Cap 200 mg</i>	2	PA
<i>ribavirin Tab 200 mg</i>	2	PA
<i>rimantadine Tab 100 mg</i>	1	GAP
SELZENTRY TAB 300 mg	5	QL (120 EA per 30 day(s))
SELZENTRY TAB 150 mg	5	QL (60 EA per 30 day(s))
<i>stavudine Cap 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>stavudine Oral Solution 1 mg/mL</i>	2	
SUSTIVA CAP 200 mg, 50 mg	4	
SUSTIVA TAB 600 mg	4	
TAMIFLU CAP 45 mg, 75 mg	3	QL (28 EA per 180 day(s))
TAMIFLU CAP 30 mg	3	QL (84 EA per 90 day(s))
TAMIFLU ORAL SUSP 12 mg/mL	3	QL (275 ML per 180 day(s))
TRIZIVIR TAB 300-150-300 mg	5	
TRUVADA TAB 200-300 mg	5	
TYZEKA TAB 600 mg	5	QL (30 EA per 30 day(s))
<i>valacyclovir Tab 1 g, 500 mg</i>	2	
VALCYTE ORAL SOLUTION 50 mg/mL	5	
VALCYTE TAB 450 mg	5	
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION 10 mg/ mL (Final)	4	
VIRACEPT ORAL POWDER 50 mg/g	4	
VIRACEPT TAB 250 mg, 625 mg	5	
VIRAMUNE ORAL SUSP 50 mg/5 mL	3	
VIRAMUNE TAB 200 mg	3	
VIREAD TAB 300 mg	4	
ZIAGEN ORAL SOLN 20 mg/mL	3	
ZIAGEN TAB 300 mg	3	
<i>zidovudine Cap 100 mg</i>	2	
<i>zidovudine Syrup 10 mg/mL</i>	2	
<i>zidovudine Tab 300 mg</i>	2	
ZOVIRAX OINTMENT 5 %	3	QL (30 GM per 30 day(s))
ZOVIRAX TOPICAL CREAM 5 %	3	QL (15 GM per 30 day(s))
<b>Anxiolytics - Drugs to Treat Anxiety</b>		
<i>bupirone Tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GAP
<i>citalopram Oral Soln 10 mg/5 mL</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>citalopram Tab 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fluoxetine Cap 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fluoxetine Cap, Delayed Release 90 mg</i>	2	
<i>fluoxetine Oral Soln 20 mg/5 mL</i>	1	GAP
<i>fluoxetine Tab 10 mg, 20 mg</i>	1	GAP
<i>fluvoxamine Tab 100 mg, 25 mg, 50 mg</i>	1	GAP; QL (90 EA per 30 day(s))
LEXAPRO ORAL SOLN 5 mg/5 mL	3	ST; QL (600 ML per 30 day(s))
LEXAPRO TAB 10 mg	3	ST
LEXAPRO TAB 20 mg, 5 mg	3	ST; QL (30 EA per 30 day(s))
<i>meprobamate Tab 200 mg, 400 mg</i>	1	GAP
<i>paroxetine ER 24 hr Tab 12.5 mg, 25 mg</i>	1	GAP
<i>paroxetine Oral Susp 10 mg/5 mL</i>	2	
<i>paroxetine Tab 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GAP
<i>sertraline Oral Concentrate 20 mg/mL</i>	1	GAP
<i>sertraline Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>Bipolar Agents - Drugs to Treat Mood Disorders</i>		
<i>lithium carbonate Cap 150 mg, 300 mg, 600 mg</i>	1	GAP
<i>lithium carbonate ER Tab 300 mg, 450 mg</i>	1	GAP
<i>lithium carbonate Tab 300 mg</i>	1	GAP
<i>lithium citrate Oral Soln 8 mEq/5 mL</i>	1	GAP
<b>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</b>		
<i>acarbose Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
ACTOPLUS MET TAB 15-500 mg, 15-850 mg	3	QL (90 EA per 30 day(s))
ACTOS TAB 30 mg, 45 mg	3	QL (30 EA per 30 day(s))
ACTOS TAB 15 mg	3	QL (60 EA per 30 day(s))
APIDRA SUB-Q 100 unit/mL	3	
APIDRA SOLOSTAR SUB-Q INSULIN PEN 100 unit/mL	3	
AVANDAMET TAB 2-1,000 mg, 2-500 mg, 4-1,000 mg, 4-500 mg	3	ST; QL (60 EA per 30 day(s))
AVANDARYL TAB 4-1 mg, 4-4 mg, 8-2 mg, 8-4 mg	3	ST; QL (30 EA per 30 day(s))
AVANDARYL TAB 4-2 mg	3	ST; QL (60 EA per 30 day(s))
AVANDIA TAB 2 mg, 8 mg	3	ST; QL (30 EA per 30 day(s))
AVANDIA TAB 4 mg	3	ST; QL (60 EA per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 10 mcg/0.04 mL	3	ST; QL (2.4 ML per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 5 mcg/0.02 mL	3	ST; QL (4.8 ML per 30 day(s))
CURITY GAUZE BANDAGE 2 X 2"	1	GAP
DUETACT TAB 30-2 mg, 30-4 mg	3	ST; QL (30 EA per 30 day(s))
<i>glimepiride Tab 2 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glimepiride Tab 1 mg</i>	1	GAP; QL (240 EA per 30 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>glimepiride Tab 4 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 5 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 2.5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 10 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>glipizide Tab 10 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glipizide Tab 5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glipizide-metformin Tab 2.5-500 mg, 5-500 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glipizide-metformin Tab 2.5-250 mg</i>	1	GAP; QL (240 EA per 30 day(s))
GLUCAGEN HYPOKIT INJECTION 1 mg	4	
GLUCAGON EMERGENCY INJECTION KIT 1 mg	3	
<i>glyburide Tab 5 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glyburide Tab 2.5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glyburide Tab 1.25 mg</i>	1	GAP; QL (480 EA per 30 day(s))
<i>glyburide micronized Tab 3 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glyburide micronized Tab 1.5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glyburide micronized Tab 6 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>glyburide-metformin Tab 2.5-500 mg, 5-500 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glyburide-metformin Tab 1.25-250 mg</i>	1	GAP; QL (240 EA per 30 day(s))
GLYCRON TAB 3 mg	1	GAP; QL (120 EA per 30 day(s))
GLYCRON TAB 1.5 mg	1	GAP; QL (240 EA per 30 day(s))
GLYCRON TAB 4.5 mg, 6 mg	1	GAP; QL (60 EA per 30 day(s))
GLYSET TAB 100 mg, 25 mg, 50 mg	4	ST; QL (90 EA per 30 day(s))
HUMALOG SUB-Q 100 unit/mL	3	
HUMALOG KWIKPEN SUB-Q PEN 100 unit/mL	3	
HUMALOG MIX 50-50 SUSP, SUB-Q INJ 100 unit/mL (50-50)	3	
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN 100 unit/mL (50-50)	3	
HUMALOG MIX 75-25 SUSP, SUB-Q INJ 100 unit/mL (75-25)	3	
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN 100 unit/mL (75-25)	3	
HUMULIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30)	3	
HUMULIN 70/30 PEN SUBQ 100 unit/mL (70-30)	3	
HUMULIN N SUSP, SUB-Q INJ 100 unit/mL	3	
HUMULIN N PEN SUBQ 100 unit/mL (3 mL)	3	
HUMULIN R INJECTION 100 unit/mL	3	
HUMULIN R U-500 "CONCENTRATED" INSULIN INJECTION 500 unit/mL	3	

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Drug Name	Tier	Requirement/Limits
INSULIN PEN NEEDLE 31	1	GAP
<i>insulin syringe-needle U-100 0.3 mL 30, 1 mL 28, 1/2 mL</i>	1	GAP
JANUMET TAB 50-1,000 mg, 50-500 mg	3	ST; QL (60 EA per 30 day(s))
JANUVIA TAB 100 mg, 25 mg, 50 mg	3	ST; QL (30 EA per 30 day(s))
KOMBIGLYZE XR 24 HR TAB 5-1,000 mg, 5-500 mg	3	ST; QL (30 EA per 30 day(s))
KOMBIGLYZE XR 24 HR TAB 2.5-1,000 mg	3	ST; QL (60 EA per 30 day(s))
LANTUS SUB-Q 100 unit/mL	3	
LANTUS SOLOSTAR SUB-Q INSULIN PEN 100 unit/mL (3 mL)	3	
LEVEMIR SUB-Q 100 unit/mL	4	
LEVEMIR FLEXPEN SUB-Q INSULIN PEN 100 unit/mL	4	
<i>metformin ER 24 hr Tab 500 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>metformin ER 24 hr Tab 750 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>metformin Tab 500 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>metformin Tab 1,000 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>metformin Tab 850 mg</i>	1	GAP; QL (90 EA per 30 day(s))
<i>nateglinide Tab 120 mg, 60 mg</i>	2	QL (90 EA per 30 day(s))
NOVOLIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30)	4	
NOVOLIN N SUSP, SUB-Q INJ 100 unit/mL	4	
NOVOLIN R INJECTION 100 unit/mL	4	
NOVOLOG SUB-Q 100 unit/mL	4	
NOVOLOG FLEXPEN SUB-Q 100 unit/mL	4	
NOVOLOG MIX 70-30 SUB-Q 100 unit/mL (70-30)	4	
NOVOLOG MIX 70-30 FLEXPEN SUB-Q 100 unit/mL (70-30)	4	
ONGLYZA TAB 5 mg	3	ST; QL (30 EA per 30 day(s))
ONGLYZA TAB 2.5 mg	3	ST; QL (60 EA per 30 day(s))
PRANDIN TAB 0.5 mg, 1 mg	3	QL (120 EA per 30 day(s))
PRANDIN TAB 2 mg	3	QL (240 EA per 30 day(s))
RIOMET ORAL SOLN 500 mg/5 mL	4	QL (750 ML per 30 day(s))
<i>“safety needles 18 x 1 1/2 “”</i>	1	GAP
SYMLIN SUB-Q 600 mcg/mL	3	PA
SYMLINPEN 120 SUB-Q PEN INJECTOR 2,700 mcg/2.7 mL	3	PA
SYMLINPEN 60 SUB-Q PEN INJECTOR 1,500 mcg/1.5 mL	3	PA
<i>tolazamide Tab 500 mg</i>	1	GAP; QL (180 EA per 30 day(s))
<i>tolazamide Tab 250 mg</i>	1	GAP; QL (360 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
<i>tolbutamide Tab 500 mg</i>	1	GAP; QL (180 EA per 30 day(s))
VICTOZA SUB-Q PEN INJECTOR 0.6 mg/0.1 mL (18 mg/3 mL)	4	ST; QL (18 ML per 28 day(s))
<b>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</b>		
AGGRENOX 12 HR CAP 200-25 mg	3	QL (60 EA per 30 day(s))
<i>anagrelide Cap 0.5 mg, 1 mg</i>	1	GAP
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 40 mcg/mL, 60 mcg/mL	4	PA
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL	4	PA; QL (4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 200 mcg/mL, 300 mcg/mL	5	PA
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL, 40 mcg/0.4 mL, 60 mcg/0.3 mL	4	PA
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL	4	PA; QL (1.7 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL	5	PA
ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL	3	
ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL	5	
<i>cilostazol Tab 100 mg, 50 mg</i>	1	GAP
COUMADIN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	3	
<i>dipyridamole Tab 25 mg, 50 mg, 75 mg</i>	1	GAP
EFFIENT TAB 10 mg	3	PA; QL (36 EA per 30 day(s))
EFFIENT TAB 5 mg	3	PA; QL (43 EA per 30 day(s))
<i>enoxaparin Sub-Q Syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL</i>	2	
EPOGEN INJECTION 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	4	PA; QL (12 ML per 30 day(s))
<i>heparin (porcine) Injection 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL</i>	1	PA; GAP
<i>heparin (porcine) in D5W IV 20,000 unit/500 mL</i>	1	PA; GAP
<i>heparin (porcine) in NS (PF) IV 2,000 unit/1,000 mL</i>	1	PA; GAP
<i>heparin (porcine)-0.45% NaCl IV 25,000 unit/250 mL</i>	1	PA; GAP
<i>heparin, porcine (PF) IV 10,000 unit/5 mL</i>	1	PA; GAP
JANTOVEN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GAP
LEUKINE INJECTION 500 mcg/mL	5	PA
LEUKINE SOLUTION FOR INJECTION 250 mcg	5	PA
LOVENOX SUB-Q 300 mg/3 mL	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
LYSTEDA TAB 650 mg	4	
MOZOBIL SUB-Q 24 mg/1.2 mL (20 mg/mL)	5	PA
NEULASTA SUB-Q SYRINGE 6 mg/0.6mL	5	PA
NEUMEGA SUB-Q SOLN 5 mg	5	QL (21 EA per 30 day(s))
NEUPOGEN INJECTION 480 mcg/1.6 mL	5	PA
NEUPOGEN SYRINGE 300 mcg/0.5 mL, 480 mcg/0.8 mL	5	PA
PLAVIX TAB 300 mg	3	
PLAVIX TAB 75 mg	3	QL (34 EA per 30 day(s))
PRADAXA CAP 150 mg, 75 mg	4	PA; QL (60 EA per 30 day(s))
PROCRIT INJECTION 10,000 unit/mL, 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL	3	PA; QL (12 ML per 30 day(s))
PROCRIT INJECTION 20,000 unit/mL, 40,000 unit/mL	5	PA; QL (12 ML per 30 day(s))
PROMACTA TAB 25 mg, 50 mg, 75 mg	5	PA; LA; QL (30 EA per 30 day(s))
<i>ticlopidine Tab 250 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>warfarin Tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GAP
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>		
<i>acebutolol Cap 200 mg, 400 mg</i>	1	GAP
<i>acetazolamide ER Cap 500 mg</i>	1	GAP
<i>acetazolamide Tab 125 mg, 250 mg</i>	1	GAP
ADVICOR 24 HR TAB 1,000-40 mg	4	ST; QL (30 EA per 30 day(s))
ADVICOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg	4	ST; QL (60 EA per 30 day(s))
AFEDITAB CR 30 mg, 60 mg	1	GAP
ALDACTAZIDE TAB 50-50 mg	4	
<i>amiloride Tab 5 mg</i>	1	GAP
<i>amiloride-hydrochlorothiazide Tab 5-50 mg</i>	1	GAP
<i>amiodarone IV 50 mg/mL</i>	1	GAP
<i>amiodarone Tab 200 mg, 400 mg</i>	1	GAP
<i>amlodipine Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>amlodipine-benazepril Cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GAP
AMTURNIDE TAB 150-5-12.5 mg, 300-10-12.5 mg, 300-10-25 mg, 300-5-12.5 mg, 300-5-25 mg	4	ST; QL (30 EA per 30 day(s))
ATACAND TAB 16 mg, 32 mg, 4 mg, 8 mg	4	ST; QL (30 EA per 30 day(s))
ATACAND HCT TAB 16-12.5 mg, 32-12.5 mg, 32-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>atenolol Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>atenolol-chlorthalidone Tab 100-25 mg, 50-25 mg</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
AVALIDE TAB 300-12.5 mg, 300-25 mg	4	ST; QL (30 EA per 30 day(s))
AVALIDE TAB 150-12.5 mg	4	ST; QL (60 EA per 30 day(s))
AVAPRO TAB 150 mg, 300 mg, 75 mg	4	ST; QL (30 EA per 30 day(s))
AZOR TAB 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	4	ST; QL (30 EA per 30 day(s))
<i>benazepril Tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>benazepril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GAP
BENICAR TAB 20 mg, 40 mg, 5 mg	4	ST; QL (30 EA per 30 day(s))
BENICAR HCT TAB 20-12.5 mg, 40-12.5 mg, 40-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>betaxolol Tab 10 mg, 20 mg</i>	1	GAP
<i>bisoprolol fumarate Tab 10 mg, 5 mg</i>	1	GAP
<i>bisoprolol-hydrochlorothiazide Tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GAP
<i>bumetanide Injection 0.25 mg/mL</i>	1	GAP
<i>bumetanide Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
BYSTOLIC TAB 10 mg	3	QL (120 EA per 30 day(s))
BYSTOLIC TAB 2.5 mg	3	QL (30 EA per 30 day(s))
BYSTOLIC TAB 20 mg	3	QL (60 EA per 30 day(s))
BYSTOLIC TAB 5 mg	3	QL (90 EA per 30 day(s))
CADUET TAB 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	3	ST; QL (30 EA per 30 day(s))
<i>captopril Tab 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GAP
<i>captopril-hydrochlorothiazide Tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	GAP
CARTIA XT 24 HR CAP 120 mg, 180 mg, 240 mg, 300 mg	1	GAP
<i>carvedilol Tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GAP
<i>chlorothiazide Tab 250 mg, 500 mg</i>	1	GAP
<i>chlorothiazide sodium IV Solution 500 mg</i>	5	
<i>chlorthalidone Tab 25 mg, 50 mg</i>	1	GAP
CHOLESTYRAMINE LIGHT PACKET 4 gram	1	GAP
<i>clonidine Tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GAP
<i>clonidine Weekly Transderm Patch 0.1 mg/24 hr</i>	1	GAP; QL (8 EA per 30 day(s))
<i>clonidine Weekly Transderm Patch 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (8 EA per 30 day(s))
<i>colestipol Oral Granules 5 gram</i>	1	GAP
<i>colestipol Tab 1 gram</i>	1	GAP
COREG CR 24 HR CAP 10 mg, 20 mg, 40 mg, 80 mg	3	QL (30 EA per 30 day(s))
CRESTOR TAB 20 mg, 40 mg	3	QL (30 EA per 30 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
CRESTOR TAB 10 mg, 5 mg	3	ST; QL (30 EA per 30 day(s))
<i>dexrazoxane IV Solution 500 mg</i>	5	
<i>digoxin Injection 250 mcg/mL</i>	1	GAP
<i>digoxin Oral Soln 50 mcg/mL</i>	1	GAP
<i>digoxin Tab 125 mcg, 250 mcg</i>	1	GAP
DILT-CD 24 HR CAP 120 mg, 300 mg	1	GAP
<i>diltiazem CD 24 hr Cap 120 mg, 240 mg, 300 mg</i>	1	GAP
<i>diltiazem ER 12 hr Cap 120 mg, 60 mg, 90 mg</i>	1	GAP
<i>diltiazem ER Cap 360 mg, 420 mg</i>	1	GAP
<i>diltiazem IV 5 mg/mL</i>	1	GAP
<i>diltiazem Tab 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GAP
DILT-XR CAP 180 mg, 240 mg	1	GAP
DILTZAC ER CAP 120 mg, 180 mg, 240 mg, 300 mg	1	GAP
DIOVAN TAB 160 mg, 320 mg, 40 mg, 80 mg	3	ST; QL (30 EA per 30 day(s))
DIOVAN HCT TAB 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	3	ST; QL (30 EA per 30 day(s))
<i>disopyramide Cap 100 mg, 150 mg</i>	1	GAP
<i>doxazosin Tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GAP
<i>enalapril maleate Tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GAP
<i>enalapril-hydrochlorothiazide Tab 10-25 mg, 5-12.5 mg</i>	1	GAP
<i>eplerenone Tab 25 mg</i>	1	GAP; QL (30 EA per 30 day(s))
<i>eplerenone Tab 50 mg</i>	1	GAP; QL (60 EA per 30 day(s))
EXFORGE TAB 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	4	ST; QL (30 EA per 30 day(s))
EXFORGE HCT TAB 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>felodipine ER 24 hr Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>fenofibrate Tab 160 mg, 54 mg</i>	1	GAP
<i>fenofibrate micronized Cap 134 mg, 200 mg, 67 mg</i>	1	GAP
FENOGLIDE TAB 120 mg	4	QL (30 EA per 30 day(s))
FENOGLIDE TAB 40 mg	4	QL (60 EA per 30 day(s))
<i>flecainide Tab 100 mg, 150 mg, 50 mg</i>	1	GAP
<i>fosinopril Tab 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fosinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg</i>	1	GAP
<i>furosemide Injection 10 mg/mL</i>	1	GAP
<i>furosemide Oral Soln 10 mg/mL, 40 mg/5 mL</i>	1	GAP
<i>furosemide Tab 20 mg, 40 mg, 80 mg</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>gemfibrozil Tab 600 mg</i>	1	GAP
<i>guanabenz Tab 4 mg</i>	1	GAP
<i>guanfacine Tab 1 mg, 2 mg</i>	1	GAP
<i>hydralazine Injection 20 mg/mL</i>	1	GAP
<i>hydralazine Tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>hydrochlorothiazide Cap 12.5 mg</i>	1	GAP
<i>hydrochlorothiazide Tab 12.5 mg, 25 mg, 50 mg</i>	1	GAP
<i>indapamide Tab 1.25 mg, 2.5 mg</i>	1	GAP
ISOCHRON TAB 40 mg	1	GAP
ISORDIL TAB 40 mg	3	
<i>isosorbide dinitrate ER Tab 40 mg</i>	1	GAP
<i>isosorbide dinitrate Sublingual Tab 2.5 mg, 5 mg</i>	1	GAP
<i>isosorbide dinitrate Tab 10 mg, 20 mg, 30 mg, 5 mg</i>	1	GAP
<i>isosorbide mononitrate ER 24 hr Tab 120 mg, 30 mg, 60 mg</i>	1	GAP
<i>isosorbide mononitrate Tab 10 mg, 20 mg</i>	1	GAP
<i>isradipine Cap 2.5 mg, 5 mg</i>	1	GAP
<i>labetalol IV 5 mg/mL</i>	1	GAP
<i>labetalol Tab 100 mg, 200 mg, 300 mg</i>	1	GAP
LANOXIN INJECTION 250 mcg/mL	3	
LANOXIN TAB 125 mcg, 250 mcg	3	
LANOXIN PEDIATRIC INJECTION 100 mcg/mL	3	
LESCOL XL 24 HR TAB 80 mg	4	ST; QL (30 EA per 30 day(s))
LIPITOR TAB 40 mg, 80 mg	4	QL (30 EA per 30 day(s))
LIPITOR TAB 10 mg, 20 mg	4	ST; QL (30 EA per 30 day(s))
<i>lisinopril Tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GAP
<i>lisinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GAP
<i>losartan Tab 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 day(s))
<i>losartan-hydrochlorothiazide Tab 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	QL (30 EA per 30 day(s))
<i>lovastatin Tab 10 mg, 20 mg, 40 mg</i>	1	GAP
LOVAZA CAP 1 gram	3	
MATZIM LA 24 HR TAB 420 mg	1	GAP; QL (30 EA per 30 day(s))
MATZIM LA 24 HR TAB 180 mg, 240 mg, 300 mg, 360 mg	2	QL (30 EA per 30 day(s))
<i>methazolamide Tab 25 mg, 50 mg</i>	1	GAP
<i>methyclothiazide Tab 5 mg</i>	1	GAP
<i>methyldopa Tab 250 mg, 500 mg</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>methyldopa-hydrochlorothiazide Tab 250-15 mg, 250-25 mg</i>	1	GAP
<i>metolazone Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>metoprolol succinate ER 24 hr Tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>metoprolol IV 5 mg/5 mL</i>	1	GAP
<i>metoprolol tartrate Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>metoprolol-hydrochlorothiazide Tab 100-25 mg, 100-50 mg, 50-25 mg</i>	1	GAP
<i>mexiletine Cap 150 mg, 200 mg, 250 mg</i>	1	GAP
MICARDIS TAB 20 mg, 40 mg, 80 mg	4	ST; QL (30 EA per 30 day(s))
MICARDIS HCT TAB 40-12.5 mg, 80-12.5 mg, 80-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>midodrine Tab 10 mg, 2.5 mg, 5 mg</i>	2	
MINITRAN TRANSDERM 24 HR PATCH 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	GAP
<i>minoxidil Tab 10 mg, 2.5 mg</i>	1	GAP
<i>moexipril Tab 15 mg, 7.5 mg</i>	1	GAP
<i>moexipril-hydrochlorothiazide Tab 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	GAP
MULTAQ TAB 400 mg	4	
<i>nadolol Tab 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>nadolol-bendroflumethiazide Tab 40-5 mg, 80-5 mg</i>	1	GAP
NIACOR TAB 500 mg	1	GAP
NIASPAN EXTENDED-RELEASE 24 HR TAB 1,000 mg, 500 mg, 750 mg	3	QL (60 EA per 30 day(s))
<i>nicardipine Cap 20 mg, 30 mg</i>	1	GAP
<i>nicardipine IV 25 mg/10 mL</i>	1	GAP
NIFEDIAC CC TAB 30 mg, 60 mg, 90 mg	1	GAP
NIFEDICAL XL 24 HR TAB 30 mg, 60 mg	1	GAP
<i>nifedipine ER 24 hr Tab 30 mg, 60 mg, 90 mg</i>	1	GAP
<i>nimodipine Cap 30 mg</i>	2	
<i>nisoldipine ER 24 hr Tab 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	GAP
NITRO-DUR TRANSDERM 24 HR PATCH 0.3 mg/hr, 0.8 mg/hr	3	
<i>nitroglycerin IV 50 mg/10 mL (5 mg/mL)</i>	1	GAP
<i>nitroglycerin Transderm 24 hr Patch 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GAP
NITROLINGUAL SPRAY 0.4 mg/dose	4	
NITROSTAT SUBLINGUAL TAB 0.3 mg, 0.4 mg, 0.6 mg	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
PACERONE TAB 200 mg	1	GAP
PACERONE TAB 100 mg	3	
PENTOPAK TAB 400 mg	1	GAP
<i>pentoxifylline ER Tab 400 mg</i>	1	GAP
<i>perindopril erbumine Tab 2 mg, 4 mg, 8 mg</i>	2	
<i>pindolol Tab 10 mg, 5 mg</i>	1	GAP
<i>pravastatin Tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>prazosin Cap 1 mg, 2 mg, 5 mg</i>	1	GAP
PREVALITE ORAL POWDER 4 gram	1	GAP
<i>procainamide Injection 100 mg/mL, 500 mg/mL</i>	1	GAP
PROGLYCEM ORAL SUSP 50 mg/mL	4	
<i>propafenone ER 12 hr Cap 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone Tab 150 mg, 225 mg</i>	1	GAP
<i>propafenone Tab 300 mg</i>	2	
<i>propranolol ER 24 hr Cap extended release 120 mg, 160 mg, 60 mg, 80 mg</i>	1	GAP
<i>propranolol IV 1 mg/mL</i>	1	GAP
<i>propranolol Oral Soln 20 mg/5 mL, 40 mg/5 mL</i>	1	GAP
<i>propranolol Tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GAP
<i>propranolol-hydrochlorothiazide Tab 40-25 mg, 80-25 mg</i>	1	GAP
<i>quinapril Tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>quinapril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GAP
<i>quinidine ER Tab 324 mg</i>	1	GAP
<i>quinidine Injection 80 mg/mL</i>	1	GAP
<i>quinidine sulfate ER Tab 300 mg</i>	1	GAP
<i>quinidine Tab 200 mg, 300 mg</i>	1	GAP
<i>ramipril Cap 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
RANEXA 12 HR TAB 1,000 mg, 500 mg	4	PA; ST; QL (120 EA per 30 day(s))
<i>reserpine Tab 0.1 mg, 0.25 mg</i>	1	GAP
SAMSCA TAB 15 mg	5	QL (30 EA per 30 day(s))
SAMSCA TAB 30 mg	5	QL (60 EA per 30 day(s))
SIMCOR 24 HR TAB 500-40 mg	3	QL (60 EA per 30 day(s))
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg	3	ST; QL (30 EA per 30 day(s))
SIMCOR 24 HR TAB 1,000-40 mg	3	ST; QL (60 EA per 30 day(s))
<i>simvastatin Tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GAP
SORINE TAB 120 mg, 160 mg, 240 mg, 80 mg	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>sotalol IV 150 mg/10 mL (15 mg/mL)</i>	1	GAP
<i>sotalol Tab 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GAP
<i>spironolactone Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>spironolactone-hydrochlorothiazide Tab 25-25 mg</i>	1	GAP
TAZTIA XT CAP 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	GAP
TEKAMLO TAB 150-10 mg, 150-5 mg, 300-10 mg, 300-5 mg	4	ST
TEKTURNA TAB 150 mg, 300 mg	4	ST; QL (30 EA per 30 day(s))
TEKTURNA HCT TAB 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>terazosin Cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP
TIKOSYN CAP 125 mcg, 250 mcg, 500 mcg	4	
<i>timolol Tab 10 mg, 20 mg, 5 mg</i>	1	GAP
<i>toremide IV 20 mg/2 mL (10 mg/mL)</i>	1	GAP
<i>toremide Tab 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GAP
<i>trandolapril Tab 1 mg, 2 mg, 4 mg</i>	1	GAP
<i>trandolapril-verapamil ER multiphase 24 hr Tab 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
<i>triamterene-hydrochlorothiazide Cap 37.5-25 mg, 50-25 mg</i>	1	GAP
<i>triamterene-hydrochlorothiazide Tab 37.5-25 mg, 75-50 mg</i>	1	GAP
TRIBENZOR TAB 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	4	ST
TRICOR TAB 145 mg, 48 mg	4	QL (30 EA per 30 day(s))
TRILIPIX CAP 135 mg, 45 mg	3	QL (30 EA per 30 day(s))
<i>verapamil ER (PM) Cap 24hr Pellet CT 100 mg, 200 mg, 300 mg</i>	1	GAP
<i>verapamil ER 24 hr Cap 120 mg, 180 mg, 240 mg</i>	1	GAP
<i>verapamil ER Tab 120 mg, 180 mg, 240 mg</i>	1	GAP
<i>verapamil IV 2.5 mg/mL</i>	1	GAP
<i>verapamil Tab 120 mg, 40 mg, 80 mg</i>	1	GAP
VYTORIN 10-10 TAB 10-10 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-20 TAB 10-20 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-40 TAB 10-40 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-80 TAB 10-80 mg	4	ST; QL (30 EA per 30 day(s))
WELCHOL ORAL POWDER PACK 3.75 gram	3	
WELCHOL TAB 625 mg	3	QL (210 EA per 30 day(s))
ZETIA TAB 10 mg	3	ST; QL (30 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
<b>Central Nervous System Agents - Drugs to Treat Nerve Conditions</b>		
ADDERALL XR 24 HR CAP 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	3	PA; QL (30 EA per 30 day(s))
AMPHETAMINE SALT COMBO TAB 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; GAP; QL (60 EA per 30 day(s))
AMPYRA 12 HR TAB 10 mg	5	PA; LA; QL (60 EA per 30 day(s))
<i>dexmethylphenidate Tab 10 mg, 2.5 mg, 5 mg</i>	1	PA; GAP; QL (60 EA per 30 day(s))
<i>dextroamphetamine ER Cap 10 mg, 15 mg, 5 mg</i>	2	PA; QL (120 EA per 30 day(s))
<i>dextroamphetamine Tab 10 mg, 5 mg</i>	2	PA
GILENYA CAP 0.5 mg	5	PA
METHYLIN TAB 10 mg, 20 mg, 5 mg	1	PA; GAP; QL (90 EA per 30 day(s))
METHYLIN ER TAB 10 mg, 20 mg	1	PA; GAP; QL (90 EA per 30 day(s))
<i>methylphenidate ER Tab 20 mg</i>	1	PA; GAP; QL (90 EA per 30 day(s))
<i>methylphenidate Tab 10 mg, 20 mg, 5 mg</i>	1	PA; GAP; QL (90 EA per 30 day(s))
NUVIGIL TAB 150 mg, 250 mg, 50 mg	4	PA; QL (31 EA per 31 day(s))
PROVIGIL TAB 200 mg	3	PA; QL (60 EA per 30 day(s))
PROVIGIL TAB 100 mg	3	PA; QL (90 EA per 30 day(s))
RILUTEK TAB 50 mg	5	PA
STRATTERA CAP 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	3	PA; QL (30 EA per 30 day(s))
XENAZINE TAB 12.5 mg, 25 mg	5	PA; LA; QL (124 EA per 25 day(s))
XYREM ORAL SOLN 500 mg/mL	3	PA; LA; QL (540 ML per 30 day(s))
<b>Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions</b>		
<i>chlorhexidine gluconate Mouthwash 0.12 %</i>	1	GAP
CYKLOKAPRON IV 100 mg/mL	3	
EVOXAC CAP 30 mg	4	
KEPIVANCE SOLUTION 6.25 mg	5	
PERIOGARD MOUTHWASH 0.12 %	1	GAP
<i>pilocarpine Tab 5 mg</i>	1	GAP
<i>pilocarpine Tab 7.5 mg</i>	2	
<i>triamcinolone acetonide Dental Paste 0.1 %</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<b>Dermatological Agents - Drugs to Treat Skin Conditions</b>		
ACANYA TOPICAL GEL 1.2-2.5 %	4	PA
<i>adapalene Topical Cream 0.1 %</i>	2	PA
<i>adapalene Topical Gel 0.1 %</i>	2	PA
<i>ammonium lactate Lotion 12 %</i>	1	GAP
<i>ammonium lactate Topical Cream 12 %</i>	1	GAP
AMNESTEEM CAP 10 mg, 20 mg, 40 mg	2	
ATRALIN TOPICAL GEL 0.05 %	4	PA
AVITA TOPICAL CREAM 0.025 %	1	PA; GAP
AVITA TOPICAL GEL 0.025 %	1	PA; GAP
AZELEX TOPICAL CREAM 20 %	4	
BENZACLIN PUMP TOPICAL GEL 1-5 %	3	
<i>calcipotriene Ointment 0.005 %</i>	2	
<i>calcipotriene Topical Soln 0.005 %</i>	2	QL (60 ML per 30 day(s))
CARAC TOPICAL CREAM 0.5 %	3	
CLARAVIS CAP 10 mg, 20 mg, 30 mg, 40 mg	2	
<i>clindamycin Lotion 1 %</i>	1	GAP
<i>clindamycin phosphate Topical Swab 1 %</i>	1	GAP
<i>clindamycin Topical Foam 1 %</i>	2	
<i>clindamycin Topical Gel 1 %</i>	1	GAP
<i>clindamycin Topical Soln 1 %</i>	1	GAP
<i>clindamycin-benzoyl peroxide Topical Gel 1-5 %</i>	2	
CONDYLOX TOPICAL GEL 0.5 %	3	
DIFFERIN TOPICAL GEL 0.3 %	3	PA
DOVONEX TOPICAL CREAM 0.005 %	3	QL (120 GM per 30 day(s))
ELIDEL TOPICAL CREAM 1 %	3	ST
ERY PADS TOPICAL SWAB 2 %	1	GAP
<i>erythromycin with ethanol Topical Gel 2 %</i>	1	GAP
<i>erythromycin with ethanol Topical Soln 2 %</i>	1	GAP
<i>erythromycin-benzoyl peroxide Topical Gel 3-5 %</i>	1	GAP
FINACEA TOPICAL GEL 15 %	4	
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil Topical Cream 5 %</i>	2	
<i>fluorouracil Topical Soln 2 %, 5 %</i>	1	GAP
<i>imiquimod Topical Cream Packet 5 %</i>	2	QL (12 EA per 30 day(s))
LACLOTION 12 %	1	GAP
OXSORALEN ULTRA CAP 10 mg	5	
<i>podofilox Topical Soln 0.5 %</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
PROTOPIC OINTMENT 0.03 %, 0.1 %	4	ST
REGRANEX TOPICAL GEL 0.01 %	5	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA
SANTYL OINTMENT 250 unit/g	4	
<i>selenium sulfide Topical Susp 2.5 %</i>	1	GAP
SOLARAZE TOPICAL GEL 3 %	4	
SORIATANE CAP 10 mg, 17.5 mg, 25 mg	4	PA
SOTRET CAP 10 mg, 20 mg, 40 mg	2	
SOTRET CAP 30 mg	3	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
<i>tretinoin Topical Cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; GAP
<i>tretinoin Topical Gel 0.01 %, 0.025 %</i>	1	PA; GAP
VECTICAL OINTMENT 3 mcg/gram	4	
VEREGEN OINTMENT 15 %	4	QL (15 GM per 30 day(s))
<i>water for irrigation, sterile Solution</i>	1	GAP
ZONALON TOPICAL CREAM 5 %	3	QL (45 GM per 30 day(s))
<b>Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency</b>		
ADAGEN IM 250 unit/mL	5	PA; LA
ALDURAZYME IV 2.9 mg/5 mL	5	PA; LA
BUPHENYL TAB 500 mg	5	
CEREDASE IV 80 unit/mL	5	PA
CEREZYME IV SOLUTION 200 unit	5	PA; LA
CREON CAP 12,000-38,000 -60,000 unit, 24,000-76,000 -120,000 unit, 6,000-19,000 -30,000 unit	3	
CYSTAGON CAP 150 mg, 50 mg	4	LA
ELAPRASE IV 6 mg/3 mL	5	PA
ELITEK IV SOLUTION 1.5 mg	5	PA
FABRAZYME IV SOLUTION 35 mg	5	PA; LA
KUVAN SOLUBLE TAB 100 mg	5	PA
NAGLAZYME IV 5 mg/5 mL	5	PA; LA
ORFADIN CAP 10 mg, 2 mg, 5 mg	5	LA
PANCREAZE CAP 10,500-25,000 -43,750 unit, 16,800-40,000 -70,000 unit, 21,000-37,000 -61,000 unit, 4,200-10,000 -17,500 unit	4	
VPRIV SOLUTION 400 unit	5	PA
ZAVESCA CAP 100 mg	5	LA

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Drug Name	Tier	Requirement/Limits
ZENPEP CAP 10,000-34,000 -55,000 unit, 15,000-51,000 -82,000 unit, 20,000-68,000 -109,000 unit, 5,000-17,000 -27,000 unit	3	
<b>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
ACIPHEX TAB 20 mg	4	ST; QL (30 EA per 30 day(s))
AMITIZA CAP 24 mcg, 8 mcg	4	
CARAFATE ORAL SUSP 100 mg/mL	3	
<i>cimetidine Injection 150 mg/mL</i>	1	GAP
<i>cimetidine Oral Soln 300 mg/5 mL</i>	1	GAP
<i>cimetidine Tab 200 mg</i>	1	GAP
<i>cimetidine Tab 300 mg, 400 mg, 800 mg</i>	1	GAP
CIMZIA SUBQ SYRINGE KIT 400 mg/2 mL (200 mg/mL x 2)	5	PA
CIMZIA POWDER FOR RECONSTITUTION SUB-Q KIT 400 mg (200 mg x 2)	5	PA
CONSTULOSE ORAL SOLN 10 gram/15 mL	1	GAP
DIPENTUM CAP 250 mg	4	
ENULOSE ORAL SOLN 10 gram/15 mL	1	GAP
<i>famotidine Oral Susp 40 mg/5 mL</i>	1	GAP
<i>famotidine Tab 20 mg, 40 mg</i>	1	GAP
<i>famotidine (PF) IV 20 mg/2 mL</i>	1	GAP
<i>famotidine (PF) in saline (iso-osmotic) IV Piggy Back 20 mg/50 mL</i>	1	GAP
GAVILYTE-C ORAL SOLUTION 240-22.72-6.72 gram	1	GAP
GAVILYTE-G ORAL SOLUTION 236-22.74-6.74 gram	1	GAP
GAVILYTE-N ORAL SOLUTION 420 g	1	GAP
<i>glycopyrrolate Injection 0.2 mg/mL</i>	1	GAP
<i>glycopyrrolate Tab 1 mg, 2 mg</i>	1	GAP
KRISTALOSE ORAL PACKET 10 gram, 20 gram	4	
<i>lactulose Oral Soln 10 gram/15 mL</i>	1	GAP
<i>lansoprazole Cap, Delayed Release 15 mg, 30 mg</i>	2	QL (30 EA per 30 day(s))
<i>lansoprazole Rapid Dissolve Tab, Delayed Release 15 mg, 30 mg</i>	2	QL (30 EA per 30 day(s))
<i>loperamide Cap 2 mg</i>	1	GAP
LOTRONEX TAB 0.5 mg, 1 mg	3	PA; QL (60 EA per 30 day(s))
<i>methscopolamine Tab 2.5 mg, 5 mg</i>	1	GAP
<i>misoprostol Tab 100 mcg, 200 mcg</i>	1	GAP
MOVIPREP ORAL POWDER PACKET 100-7.5-2.691 gram	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
NEXIUM CAP 20 mg, 40 mg	3	ST; QL (30 EA per 30 day(s))
NEXIUM IV SOLUTION 20 mg, 40 mg	3	ST
NEXIUM PACKET ORAL SUSP 10 mg, 20 mg, 40 mg	3	ST; QL (30 EA per 30 day(s))
<i>nizatidine Cap 150 mg, 300 mg</i>	1	GAP
<i>nizatidine Oral Soln 150 mg/10 mL</i>	2	
<i>omeprazole Cap, Delayed Release 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>omeprazole-sodium bicarbonate Cap 20-1.1 mg-gram</i>	2	QL (30 EA per 30 day(s))
<i>omeprazole-sodium bicarbonate Cap 40-1.1 mg-gram</i>	2	QL (60 EA per 30 day(s))
OSMOPREP TAB 1.5 gram	3	
<i>pantoprazole Tab, Delayed Release 20 mg, 40 mg</i>	1	GAP
<i>polyethylene glycol 3350 Oral Powder 17 gram/dose</i>	1	GAP
PROTONIX IV SOLUTION 40 mg	3	ST
<i>ranitidine Cap 150 mg, 300 mg</i>	1	GAP
<i>ranitidine Injection 25 mg/mL</i>	1	GAP
<i>ranitidine Syrup 15 mg/mL</i>	1	GAP
<i>ranitidine Tab 150 mg, 300 mg</i>	1	GAP
RELISTOR SUB-Q 12 mg/0.6 mL	4	PA; QL (18 ML per 30 day(s))
<i>sucralfate Tab 1 gram</i>	1	GAP
TRILYTE WITH FLAVOR PACKETS ORAL SOLUTION 420 g	1	GAP
<i>ursodiol Cap 300 mg</i>	2	
<i>ursodiol Tab 250 mg, 500 mg</i>	2	
VISICOL TAB 1.5 gram	3	
ZEGERID ORAL PACKET 20-1,680 mg, 40-1,680 mg	4	ST; QL (30 EA per 30 day(s))
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>		
AVODART CAP 0.5 mg	3	QL (30 EA per 30 day(s))
<i>bethanechol chloride Tab 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GAP
<i>calcium acetate Cap 667 mg</i>	1	GAP
DETROL TAB 1 mg, 2 mg	3	QL (60 EA per 30 day(s))
DETROL LA 24 HR CAP 2 mg, 4 mg	3	QL (30 EA per 30 day(s))
ELMIRON CAP 100 mg	4	
ENABLEX 24 HR TAB 15 mg, 7.5 mg	4	QL (30 EA per 30 day(s))
<i>finasteride Tab 5 mg</i>	1	GAP
<i>flavoxate Tab 100 mg</i>	1	GAP
FOSRENOL CHEWABLE TAB 750 mg	3	QL (150 EA per 30 day(s))
FOSRENOL CHEWABLE TAB 500 mg	3	QL (225 EA per 30 day(s))
FOSRENOL CHEWABLE TAB 1,000 mg	3	QL (90 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
JALYN 24 HR CAP 0.5-0.4 mg	4	QL (30 EA per 30 day(s))
<i>oxybutynin chloride ER 24 hr Tab 10 mg, 15 mg, 5 mg</i>	1	GAP
<i>oxybutynin chloride Syrup 5 mg/5 mL</i>	1	GAP
<i>oxybutynin chloride Tab 5 mg</i>	1	GAP
OXYTROL TRANSDERM PATCH 3.9 mg/24 hr	3	QL (8 EA per 28 day(s))
RENAGEL TAB 400 mg, 800 mg	3	
RENVELA ORAL PWPK 2.4 gram	3	QL (180 EA per 30 day(s))
RENVELA ORAL PWPK 0.8 gram	3	QL (525 EA per 30 day(s))
RENVELA TAB 800 mg	3	QL (525 EA per 30 day(s))
SANCTURA XR 24 HR CAP 60 mg	4	QL (30 EA per 30 day(s))
<i>tamsulosin ER 24 hr Cap 0.4 mg</i>	2	QL (60 EA per 30 day(s))
<i>tropium Tab 20 mg</i>	2	
UROXATRAL 24 HR TAB 10 mg	3	QL (30 EA per 30 day(s))
VESICARE TAB 10 mg, 5 mg	3	QL (30 EA per 30 day(s))
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
A-HYDROCORT SOLUTION FOR INJECTION 100 mg	1	GAP
ALA-CORT LOTION 1 %	1	GAP
<i>alclometasone Ointment 0.05 %</i>	1	GAP
<i>alclometasone Topical Cream 0.05 %</i>	1	GAP
<i>amcinonide Lotion 0.1 %</i>	1	GAP
<i>amcinonide Ointment 0.1 %</i>	1	GAP
<i>amcinonide Topical Cream 0.1 %</i>	1	GAP
A-METHAPRED SOLUTION FOR INJECTION 125 mg/2 mL, 40 mg/mL	1	GAP
<i>betamethasone dipropionate Lotion 0.05 %</i>	2	
<i>betamethasone dipropionate Ointment 0.05 %</i>	1	GAP
<i>betamethasone dipropionate Topical Cream 0.05 %</i>	1	GAP
<i>betamethasone valerate Lotion 0.1 %</i>	1	GAP
<i>betamethasone valerate Ointment 0.1 %</i>	1	GAP
<i>betamethasone valerate Topical Cream 0.1 %</i>	1	GAP
<i>betamethasone, augmented Lotion 0.05 %</i>	1	GAP
<i>betamethasone, augmented Ointment 0.05 %</i>	1	GAP
<i>betamethasone, augmented Topical Cream 0.05 %</i>	1	GAP
<i>clobetasol Ointment 0.05 %</i>	1	GAP
<i>clobetasol Topical Gel 0.05 %</i>	1	GAP
<i>clobetasol Topical Soln 0.05 %</i>	1	GAP
<i>clobetasol-emollient Topical Cream 0.05 %</i>	1	GAP
COLOCORT ENEMA 100 mg/60 mL	2	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
CORDRAN LOTION 0.05 %	4	
CORDRAN TAPE 4 mcg/cm <sup>2</sup>	4	
CORTIFOAM RECTAL 10 % (80 mg)	4	
<i>cortisone Tab 25 mg</i>	1	GAP
DERMA-SMOOTH/FS BODY OIL TOPICAL 0.01 %	4	
<i>desonide Lotion 0.05 %</i>	1	GAP
<i>desonide Ointment 0.05 %</i>	1	GAP
<i>desonide Topical Cream 0.05 %</i>	1	GAP
<i>desoximetasone Ointment 0.25 %</i>	2	
<i>desoximetasone Topical Cream 0.05 %, 0.25 %</i>	1	GAP
<i>desoximetasone Topical Gel 0.05 %</i>	1	GAP
<i>dexamethasone Elixir 0.5 mg/5 mL</i>	1	GAP
<i>dexamethasone Tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GAP
DEXAMETHASONE INTENSOL ORAL DROPS 1 mg/mL	1	GAP
<i>dexamethasone Injection 4 mg/mL</i>	1	GAP
<i>diflorasone Ointment 0.05 %</i>	1	GAP
<i>diflorasone Topical Cream 0.05 %</i>	1	GAP
<i>fludrocortisone Tab 0.1 mg</i>	1	GAP
<i>fluocinolone Ointment 0.025 %</i>	1	GAP
<i>fluocinolone Topical Cream 0.01 %, 0.025 %</i>	1	GAP
<i>fluocinolone Topical Soln 0.01 %</i>	1	GAP
<i>fluocinonide Ointment 0.05 %</i>	1	GAP
<i>fluocinonide Topical Gel 0.05 %</i>	1	GAP
<i>fluocinonide Topical Soln 0.05 %</i>	1	GAP
<i>fluocinonide-emollient Topical Cream 0.05 %</i>	1	GAP
<i>fluticasone Ointment 0.005 %</i>	1	GAP
<i>fluticasone Topical Cream 0.05 %</i>	1	GAP
<i>halobetasol propionate Ointment 0.05 %</i>	1	GAP
<i>halobetasol propionate Topical Cream 0.05 %</i>	1	GAP
<i>hydrocortisone Enema 100 mg/60 mL</i>	2	
<i>hydrocortisone Lotion 2.5 %</i>	1	GAP
<i>hydrocortisone Ointment 1 %, 2.5 %</i>	1	GAP
<i>hydrocortisone Tab 10 mg, 20 mg, 5 mg</i>	1	GAP
<i>hydrocortisone Topical Cream 1 %, 2.5 %</i>	1	GAP
<i>hydrocortisone butyrate Ointment 0.1 %</i>	1	GAP
<i>hydrocortisone butyrate Topical Cream 0.1 %</i>	1	GAP
<i>hydrocortisone butyrate Topical Soln 0.1 %</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>hydrocortisone valerate Ointment 0.2 %</i>	1	GAP
<i>hydrocortisone valerate Topical Cream 0.2 %</i>	1	GAP
LOKARA LOTION 0.05 %	1	GAP
LUXIQ TOPICAL FOAM 0.12 %	4	
<i>methylprednisolone Tab 16 mg, 32 mg, 4 mg, 8 mg</i>	1	GAP
<i>methylprednisolone Tabs in a Dose Pack 4 mg</i>	1	GAP
<i>methylprednisolone acetate Susp for Injection 40 mg/mL, 80 mg/mL</i>	1	GAP
<i>methylprednisolone sodium succ IV Solution 1,000 mg</i>	1	GAP
<i>methylprednisolone sodium succ Solution for Injection 125 mg, 40 mg</i>	1	GAP
<i>mometasone Ointment 0.1 %</i>	1	GAP
<i>mometasone Topical Cream 0.1 %</i>	1	GAP
<i>mometasone Topical Soln 0.1 %</i>	1	GAP
<i>prednicarbate Ointment 0.1 %</i>	1	GAP
<i>prednicarbate Topical Cream 0.1 %</i>	1	GAP
<i>prednisolone sodium phosphate Oral Soln 15 mg/5 mL, 5 mg base/5 mL (6.7 mg/5 mL)</i>	1	GAP
<i>prednisone Oral Soln 5 mg/5 mL</i>	1	GAP
<i>prednisone Tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	GAP
PREDNISONE INTENSOL ORAL CONCENTRATE 5 mg/mL	1	GAP
PROCTOCREAM-HC RECTAL 2.5 %	1	GAP
PROCTO-PAK RECTAL CREAM 1 %	1	GAP
PROCTOSOL HC RECTAL CREAM 2.5 %	1	GAP
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	GAP
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 250 mg/2 mL	3	
<i>triamcinolone acetonide Lotion 0.025 %, 0.1 %</i>	1	GAP
<i>triamcinolone acetonide Ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	GAP
<i>triamcinolone acetonide Topical Cream 0.025 %, 0.1 %, 0.5 %</i>	1	GAP
TRIDERM TOPICAL CREAM 0.1 %	1	GAP
U-CORT TOPICAL CREAM 1-10 %	1	GAP

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Drug Name	Tier	Requirement/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
<i>chorionic gonadotropin, human IM 10,000 unit</i>	2	PA
DDAVP INJECTION 4 mcg/mL	2	
DDAVP NASAL SPRAY AEROSOL 10 mcg/spray	2	
<i>desmopressin Injection 4 mcg/mL</i>	2	
<i>desmopressin Nasal Soln 0.01 % (Refrig)</i>	2	
<i>desmopressin Nasal Spray 10 mcg/spray</i>	2	
<i>desmopressin Tab 0.1 mg, 0.2 mg</i>	2	
EGRIFTA SUB-Q SOLN 1 mg	5	PA
GENOTROPIN SUBQ CARTRIDGE 12 mg/mL (36 unit/mL), 5 mg/mL (15 unit/mL)	5	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL	4	PA
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL	5	PA
HUMATROPE INJECTION, CARTRIDGE 6 (18 unit) mg	4	PA
HUMATROPE INJECTION, CARTRIDGE 12 (36 unit) mg, 24 (72 unit) mg	5	PA
HUMATROPE SOLUTION FOR INJECTION 5 (15 unit) mg	5	PA
INCRELEX SUB-Q 10 mg/mL	5	PA
NORDITROPIN FLEXPOR SUB-Q PEN INJECTOR 10 mg/1.5 mL (6.7 mg/mL), 15 mg/1.5 mL (10 mg/mL), 5 mg/1.5 mL (3.3 mg/mL)	5	PA
NORDITROPIN NORDIFLEX SUB-Q PEN INJECTOR 30 mg/3 mL (10 mg/mL)	5	PA
NUTROPIN SUB-Q SOLN 10 mg	5	PA
NUTROPIN AQ SUBQ CARTRIDGE 10 mg/2 mL (5 mg/mL), 20 mg/2 mL (10 mg/mL)	5	PA
NUTROPIN AQ NUSPIN SUBQ CARTRIDGE 5 mg/2 mL (2.5 mg/mL)	4	PA
PREGNYL IM 10,000 unit	1	PA; GAP
SAIZEN SUB-Q SOLN 5 mg	5	PA
SAIZEN CLICK.EASY SUBQ CARTRIDGE 8.8 mg/1.5 mL (Fnl)	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
ACTIVELLA TAB 0.5-0.1 mg	3	

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Drug Name	Tier	Requirement/Limits
ALORA TRANSDERM PATCH 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	QL (8 EA per 28 day(s))
ANADROL-50 TAB 50 mg	5	PA
ANDRODERM TRANSDERM 24 HR PATCH 2.5 mg/24 hr, 5 mg/24 hr	3	PA
ANDROGEL TRANSDERMAL PACKET 1 % (50 mg/5 gram)	3	PA
ANDROXY TAB 10 mg	4	
APRI TAB 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
ARANELLE (28) TAB 0.5/1/0.5-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
AVIANE TAB 0.1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
BALZIVA (28) TAB 0.4-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
CAMILA TAB 0.35 mg	1	GAP; QL (28 EA per 28 day(s))
CESIA TAB 0.1/.125/.15-25 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
CLIMARA PRO TRANSDERM PATCH 0.045-0.015 mg/24 hr	4	
COMBIPATCH TRANSDERMAL 0.05-0.14 mg/24 hr, 0.05-0.25 mg/24 hr	3	QL (8 EA per 28 day(s))
CRYSELLE (28) TAB 0.3-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
CYCLAFEM 1/35 (28) TAB 1-35 mg-mcg	2	QL (28 EA per 28 day(s))
<i>danazol Cap 100 mg, 200 mg, 50 mg</i>	2	
DEPO-PROVERA IM 400 mg/mL	3	
ENPRESSE TAB 50-30 (6)/75-40 (5)/125-30(10)	1	GAP; QL (28 EA per 28 day(s))
ERRIN TAB 0.35 mg	1	GAP; QL (28 EA per 28 day(s))
ESTRACE VAGINAL CREAM 0.01 % (0.1 mg/g)	4	
ESTRADERM TRANSDERM PATCH 0.05 mg/24 hr, 0.1 mg/24 hr	3	QL (8 EA per 28 day(s))
<i>estradiol Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
<i>estradiol Weekly Transderm Patch 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.1 mg/24 hr</i>	1	GAP; QL (4 EA per 28 day(s))
<i>estradiol Weekly Transderm Patch 0.025 mg/24 hr, 0.075 mg/24 hr</i>	1	GAP; QL (8 EA per 28 day(s))
<i>estradiol valerate IM Oil 10 mg/mL, 20 mg/mL, 40 mg/mL</i>	1	GAP
<i>estradiol-norethindrone acet Tab 1-0.5 mg</i>	1	GAP
ESTRING VAGINAL 2 mg	4	QL (1 EA per 90 day(s))
EVISTA TAB 60 mg	3	QL (30 EA per 30 day(s))
FEMHRT LOW DOSE TAB 0.5-2.5 mg-mcg	4	
FEMHRT 1/5 TAB 1-5 mg-mcg	4	
FEMRING VAGINAL 0.05 mg/24 hr, 0.1 mg/24 hr	4	QL (1 EA per 90 day(s))

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Drug Name	Tier	Requirement/Limits
GIANVI TAB 3-20 mg-mcg	2	QL (28 EA per 28 day(s))
JOLIVETTE TAB 0.35 mg	1	GAP; QL (28 EA per 28 day(s))
JUNEL 1.5/30 (21) TAB 1.5-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
JUNEL 1/20 (21) TAB 1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
JUNEL FE 1.5/30 (28) TAB 1.5-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
JUNEL FE 1/20 (28) TAB 1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
KARIVA TAB 0.15-0.02mg x21 /0.01 mg x 5	1	GAP; QL (28 EA per 28 day(s))
KELNOR 1/35 (28) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
LEENA 28 TAB 0.5/1/0.5-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
LESSINA TAB 0.1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
LEVORA-28 TAB 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
LOW-OGESTREL (28) TAB 0.3-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
LUTERA (28) TAB 0.1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
<i>medroxyprogesterone IM Susp 150 mg/mL</i>	1	GAP
<i>medroxyprogesterone Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
MEGACE ES ORAL SUSP 625 mg/5 mL	4	
<i>megestrol Oral Susp 400 mg/10 mL (40 mg/mL)</i>	1	GAP
<i>megestrol Tab 20 mg, 40 mg</i>	1	GAP
MICROGESTIN 1.5/30 (21) TAB 1.5-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
MICROGESTIN 1/20 (21) TAB 1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
MICROGESTIN FE 1.5/30 (28) TAB 1.5-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
MICROGESTIN FE 1/20 (28) TAB 1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
MONONESSA (28) TAB 0.25-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NECON 0.5/35 (28) TAB 0.5-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NECON 1/35 (28) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NECON 10/11 (28) TAB 0.5-35/1-35 mg-mcg/mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NECON 7/7/7 (28) TAB 0.5/0.75/1 mg- 35 mcg	1	GAP; QL (28 EA per 28 day(s))
NEXT CHOICE TAB 0.75 mg	2	
NORA-BE TAB 0.35 mg	1	GAP; QL (28 EA per 28 day(s))
<i>norethindrone acetate Tab 5 mg</i>	1	GAP
NORTREL 0.5/35 (28) TAB 0.5-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NORTREL 1/35 (21) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NORTREL 1/35 (28) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
NORTREL 7/7/7 (28) TAB 0.5/0.75/1 mg- 35 mcg	1	GAP; QL (28 EA per 28 day(s))
NUVARING VAGINAL 0.12-0.015 mg/24 hr	4	QL (1 EA per 28 day(s))
OCELLA TAB 3-0.03 mg	1	GAP; QL (28 EA per 28 day(s))
OGESTREL (28) TAB 0.5-50 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
ORTHO EVRA TRANSDERM PATCH 150-20 mcg/24 hr	4	QL (3 EA per 28 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>oxandrolone Tab 2.5 mg</i>	2	PA
<i>oxandrolone Tab 10 mg</i>	5	PA
PORTIA TAB 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
PREFEST TAB 1/1-0.09 mg (15/15)	4	
PREMARIN VAGINAL CREAM 0.625 mg/g	3	
PREMPRO TAB 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	3	QL (28 EA per 28 day(s))
PREVIFEM TAB 0.25-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
PROMETRIUM CAP 100 mg, 200 mg	4	
QUASENSE TABS,3 MONTH DOSE PACK 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
RECLIPSEN (28) TAB 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
SOLIA TAB 0.15-30 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
SPRINTEC (28) TAB 0.25-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
SRONYX TAB 0.1-20 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
TESTIM TRANSDERMAL GEL 50 mg/5 gram (1 %)	4	PA
<i>testosterone cypionate IM Oil 100 mg/mL</i>	1	PA; GAP
<i>testosterone enanthate IM Oil 200 mg/mL</i>	1	PA; GAP
TRI-LEGEST FE TAB 1-20(5)/1-30(7) /1mg-35mcg (9)	1	GAP; QL (28 EA per 28 day(s))
TRINESSA (28) TAB 0.18/0.215/0.25 mg-35 mcg (28)	1	GAP; QL (28 EA per 28 day(s))
TRI-PREVIFEM (28) TAB 0.18/0.215/0.25 mg-35 mcg (28)	1	GAP; QL (28 EA per 28 day(s))
TRI-SPRINTEC (28) TAB 0.18/0.215/0.25 mg-35 mcg (28)	1	GAP; QL (28 EA per 28 day(s))
TRIVORA (28) TAB 50-30 (6)/75-40 (5)/125-30(10)	1	GAP; QL (28 EA per 28 day(s))
VAGIFEM VAGINAL TAB 10 mcg	3	
VELIVET TAB 0.1/.125/.15-25 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
VIVELLE-DOT TRANSDERM PATCH 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (8 EA per 30 day(s))
YAZ 28 TAB 3-20 mg-mcg	4	QL (28 EA per 28 day(s))
ZOVIA 1/35E (28) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
ZOVIA 1/50E (28) TAB 1-50 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones</b>		
CYTOMEL TAB 25 mcg, 5 mcg, 50 mcg	4	
LEVOTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>levothyroxine Tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GAP
LEVOXYL TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP
<i>liothyronine IV 10 mcg/mL</i>	1	GAP
<i>liothyronine Tab 25 mcg, 5 mcg, 50 mcg</i>	1	GAP
SYNTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3	
UNITHROID TAB 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP
<b>Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
SENSIPAR TAB 30 mg	3	PA
SENSIPAR TAB 60 mg, 90 mg	5	PA
<b>Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
ELIGARD SUB-Q SYRINGE 22.5 mg, 30 mg, 7.5 mg	4	PA
ELIGARD SUB-Q SYRINGE 45 mg	5	PA
FIRMAGON SUB-Q SOLN 80 mg	4	PA
FIRMAGON SUB-Q SOLN 120 mg	5	PA
<i>leuprolide Sub-Q Kit 1 mg/0.2 mL</i>	1	PA; GAP
LUPRON DEPOT IM KIT 3.75 mg	5	PA
LUPRON DEPOT IM SYRINGE 7.5 mg	5	PA
LUPRON DEPOT (3 MONTH) IM KIT 11.25 mg	5	PA
LUPRON DEPOT (3 MONTH) IM SYRINGE KIT 22.5 mg	5	PA
LUPRON DEPOT (4 MONTH) IM KIT 30 mg	5	PA
LUPRON DEPOT-PED IM KIT 11.25 mg, 15 mg	5	PA
<i>octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	2	PA
<i>octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL</i>	5	PA
SANDOSTATIN LAR DEPOT IM KIT 10 mg, 20 mg, 30 mg	5	PA
SOMATULINE DEPOT SUB-Q SYRINGE 120 mg/0.5 mL, 60 mg/0.2 mL, 90 mg/0.3 mL	5	PA
SOMAVERT SUB-Q SOLN 10 mg, 15 mg, 20 mg	5	PA; LA
SYNAREL NASAL SPRAY 2 mg/mL	5	PA

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Drug Name	Tier	Requirement/Limits
TRELSTAR IM SUSP 22.5 mg	5	PA
TRELSTAR IM SYRINGE 11.25 mg/2 mL, 3.75 mg/2 mL	5	PA
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
<i>bicalutamide Tab 50 mg</i>	2	
<i>flutamide Cap 125 mg</i>	1	GAP
NILANDRON TAB 150 mg	3	
<b>Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones</b>		
<i>methimazole Tab 10 mg, 5 mg</i>	1	GAP
<i>propylthiouracil Tab 50 mg</i>	1	GAP
<b>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</b>		
ACTHIB IM 10 mcg/0.5 mL	3	
ACTIMMUNE SUB-Q 2 million unit/0.5 mL	5	PA; LA
ADACEL (ADOLESCENT & ADULT) IM SUSP 2-5-3-5-5 Lf-mcg-Lf/0.5mL	3	
ARCALYST SUB-Q SOLN 220 mg	5	PA
AVONEX IM KIT 30 mcg	5	PA
AVONEX ADMINISTRATION PACK IM KIT 30 mcg/0.5 mL	5	PA
AZASAN TAB 100 mg, 75 mg	4	PA
<i>azathioprine Tab 50 mg</i>	1	PA; GAP
BETASERON SUB-Q KIT 0.3 mg	5	PA
BOOSTRIX IM SYRINGE 2.5-8-5 Lf-mcg-Lf/0.5mL	3	
CELLCEPT ORAL SUSP 200 mg/mL	5	PA
CERVARIX IM SUSP 20-20 mcg/0.5 mL	4	
CERVARIX IM SYRINGE 20-20 mcg/0.5 mL	4	
COMVAX IM 5-7.5-125 mcg/0.5 mL	3	
COPAXONE SUB-Q KIT 20 mg	5	PA
CUPRIMINE CAP 250 mg	3	
<i>cyclosporine Cap 100 mg, 25 mg</i>	2	PA
<i>cyclosporine IV 250 mg/5 mL</i>	1	PA; GAP
<i>cyclosporine modified Cap 50 mg</i>	1	PA; GAP
<i>cyclosporine modified Cap 100 mg</i>	2	PA
<i>cyclosporine modified Oral Soln 100 mg/mL</i>	2	PA
DAPTACEL (PEDIATRIC) (PF) IM SUSP 15-10-5 Lf-mcg-Lf/0.5mL	3	
DECAVAC IM SYRINGE 5-2 Lf unit/0.5 mL	3	
ENBREL SUB-Q KIT 25 mg	5	PA; ST; QL (16 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
ENBREL SUB-Q SYRINGE 25 mg/0.5mL (0.51), 50 mg/mL (0.98 mL)	5	PA; ST
ENGERIX-B (PF) IM SUSP 10 mcg/0.5 mL	3	PA
ENGERIX-B (PF) IM SYRINGE 10 mcg/0.5 mL, 20 mcg/mL	3	PA
EXTAVIA SUB-Q KIT 0.3 mg	5	PA
GAMASTAN S/D IM 15-18 % Range	3	PA
GAMUNEX IV 10 %	5	PA
GARDASIL IM SUSP 20-40-40-20 mcg/0.5 mL	3	
GENGRAF CAP 100 mg, 25 mg	2	PA
GENGRAF ORAL SOLN 100 mg/mL	2	PA
HAVRIX (PF) IM SUSP 1,440 EL unit/mL	3	
HAVRIX (PF) IM SYRINGE 720 EL unit/0.5 mL	3	
HUMIRA SUB-Q KIT 20 mg/0.4 mL, 40 mg/0.8 mL	5	PA; ST; QL (6 EA per 28 day(s))
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT 40 mg/0.8 mL	5	PA; ST; QL (6 EA per 28 day(s))
IMOVAX RABIES VACCINE IM SOLUTION 2.5 unit	3	
INFANRIX (PF) IM SUSP 25-58-10 Lf-mcg-Lf/0.5mL	3	
INFERGEN SUB-Q 15 mcg/0.5 mL	5	PA
INTRON A INJECTION 6 million unit/mL	4	PA
INTRON A SOLUTION FOR INJECTION 10 million unit (1 mL)	5	PA
INTRON A SUBQ PEN KIT 3 million unit /0.2 mL-6 doses	4	PA
INTRON A SUBQ PEN KIT 10 million unit/0.2 mL, 5 million unit/0.2 mL	5	PA
IPOLE SUSP FOR INJECTION 40-8-32 unit/0.5 mL	3	
IXIARO (PF) IM SYRINGE 6 mcg/0.5 mL	3	
JE-VAX SUB-Q SOLN	3	
KINERET SUB-Q SYRINGE 100 mg/0.67 mL	5	PA; ST; QL (18.8 ML per 28 day(s))
<i>leflunomide Tab 10 mg, 20 mg</i>	1	GAP
MENACTRA (PF) IM SYRINGE 4 mcg/0.5 mL	3	
MENOMUNE - A/C/Y/W-135 (PF) SUB-Q SOLN 50 mcg	3	
MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 mcg/0.5 mL	3	
<i>methotrexate sodium Injection 25 mg/mL</i>	1	GAP
<i>methotrexate sodium Tab 2.5 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>methotrexate sodium (PF) Solution for Injection 1 gram</i>	1	GAP
M-M-R II (PF) SUB-Q SUSP 1,000-12,500 TCID50/0.5 mL	3	
<i>mycophenolate mofetil Cap 250 mg</i>	1	PA; GAP
<i>mycophenolate mofetil Tab 500 mg</i>	1	PA; GAP
MYFORTIC TAB 180 mg, 360 mg	4	PA
NEORAL CAP 100 mg, 25 mg	4	PA
NEORAL ORAL SOLN 100 mg/mL	4	PA
PEDVAX HIB (PF) IM 7.5 mcg/0.5 mL	3	
PEGASYS SUB-Q 180 mcg/mL	5	PA
PEGASYS CONVENIENCE PACK SUB-Q KIT 180 mcg/0.5 mL	5	PA
PEGINTRON SUB-Q KIT 50 mcg/0.5 mL	5	PA
PEGINTRON REDIPEN SUBQ KIT 120 mcg/0.5 mL, 150 mcg/0.5 mL, 50 mcg/0.5 mL, 80 mcg/0.5 mL	5	PA
PROLEUKIN IV SOLUTION 22 million unit	5	PA
PROQUAD SUB-Q 10exp3-4.3-3- 3.99 TCID50/0.5	3	
RABAVERT (PF) IM KIT 2.5 unit	3	
RAPAMUNE ORAL SOLN 1 mg/mL	4	PA
RAPAMUNE TAB 0.5 mg, 1 mg, 2 mg	4	PA
REBIF SUB-Q SYRINGE 22 mcg/0.5 mL, 44 mcg/0.5 mL	5	PA
REBIF TITRATION PACK SUB-Q SYRINGE 8.8mcg/0.2mL-22 mcg/0.5mL (6)	5	PA
RECOMBIVAX HB (PF) IM SUSP 10 mcg/mL, 40 mcg/mL	3	PA
REMICADE IV SOLUTION 100 mg	5	PA
RIDAURA CAP 3 mg	4	
ROTATEQ VACCINE ORAL SUSP 2 mL	3	
SANDIMMUNE CAP 100 mg, 25 mg	4	PA
SANDIMMUNE IV 250 mg/5 mL	4	PA
SANDIMMUNE ORAL SOLN 100 mg/mL	4	PA
SIMPONI SUB-Q SYRINGE 50 mg/0.5 mL	5	PA
STELARA SUB-Q SYRINGE 45 mg/0.5 mL, 90 mg/mL	5	PA; QL (1 ML per 28 day(s))
<i>tacrolimus Cap 0.5 mg, 1 mg, 5 mg</i>	2	PA
<i>tetanus toxoid,adsorbed (PF) IM 5 LF unit/0.5 mL</i>	3	
<i>tetanus,diphtheria toxoids ped (PF) IM Susp 5-6.7 Lf unit</i>	3	
<i>tetanus-diphtheria toxoids-Td IM Susp 2-2 Lf unit/0.5 mL</i>	3	

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Drug Name	Tier	Requirement/Limits
TREXALL TAB 10 mg, 15 mg, 5 mg, 7.5 mg	4	
TRIPEDIA (PF) IM SUSP 6.7-46.8-5 Lf-mcg-Lf/0.5mL	3	
TWINRIX (PF) IM SUSP 720-20 EL unit-mcg/mL	3	
TYPHIM VI IM 25 mcg/0.5 mL	3	
TYSABRI IV 300 mg/15 mL	5	PA; LA
VAQTA (PF) IM SUSP 25 unit/0.5 mL	3	
VARIVAX (PF) SUB-Q SOLN 1,350 unit/0.5 mL	3	
YF-VAX SUB-Q SUSP 10 exp4.74 unit/0.5 mL	3	
ZOSTAVAX SUB-Q SOLN 19,400 unit	3	
<b>Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease</b>		
APRISO 24 HR CAP 0.375 gram	3	
ASACOL TAB 400 mg	3	
<i>balsalazide Cap 750 mg</i>	2	
CANASA RECTAL SUPPOSITORY 1,000 mg	3	
ENTOCORT EC 24 HR CAP 3 mg	4	
<i>mesalamine Enema 4 gram/60 mL</i>	2	
PENTASA CAP 250 mg, 500 mg	3	
<i>sulfasalazine Tab 500 mg</i>	1	GAP
SULFAZINE EC TAB 500 mg	1	GAP
<b>Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
ACTONEL TAB 150 mg	4	ST; QL (1 EA per 28 day(s))
ACTONEL TAB 5 mg	4	ST; QL (30 EA per 30 day(s))
ACTONEL TAB 35 mg	4	ST; QL (4 EA per 30 day(s))
ACTONEL TAB 30 mg	4	ST; QL (30 EA per 30 day(s))
<i>alendronate Tab 40 mg</i>	1	GAP
<i>alendronate Tab 10 mg, 35 mg, 5 mg</i>	1	GAP
<i>alendronate Tab 70 mg</i>	1	GAP; QL (4 EA per 28 day(s))
BONIVA TAB 150 mg	3	ST; QL (1 EA per 30 day(s))
<i>calcitonin (salmon) Nasal Spray Aerosol 200 unit/Actuation</i>	1	PA; GAP; QL (3.7 ML per 30 day(s))
<i>calcitriol Cap 0.25 mcg, 0.5 mcg</i>	1	PA; GAP
<i>calcitriol IV 1 mcg/mL</i>	2	PA
<i>calcitriol Oral Soln 1 mcg/mL</i>	2	PA
CYSTADANE ORAL POWDER	3	
<i>etidronate disodium Tab 200 mg, 400 mg</i>	1	GAP
FORTEO SUB-Q PEN INJECTOR 20 mcg/dose - 600 mcg/2.4 mL	5	PA
FORTICAL NASAL SPRAY AEROSOL 200 unit/Actuation	1	PA; GAP; QL (4 ML per 28 day(s))

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Drug Name	Tier	Requirement/Limits
FOSAMAX ORAL SOLN 70 mg/75 mL	4	ST; QL (300 ML per 28 day(s))
FOSAMAX PLUS D TAB 70-2,800 mg-unit, 70-5,600 mg-unit	4	ST; QL (4 EA per 28 day(s))
HECTOROL CAP 0.5 mcg, 1 mcg, 2.5 mcg	4	PA
HECTOROL IV 4 mcg/2 mL	4	PA
MIACALCIN INJECTION 200 unit/mL	4	PA
<i>pamidronate IV 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	2	
PROLIA SUB-Q SYRINGE 60 mg/mL	4	PA
RECLAST IV 5 mg/100 mL	4	PA
XGEVA SUB-Q 120 mg/1.7 mL (70 mg/mL)	5	PA
ZEMPLAR CAP 1 mcg, 2 mcg, 4 mcg	4	PA
ZEMPLAR IV 2 mcg/mL	4	PA
ZOMETA IV 4 mg/5 mL	5	PA
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>		
AK-CON EYE DROPS 0.1 %	1	GAP
AK-TOB EYE DROPS 0.3 %	1	GAP
ALOCRIE EYE DROPS 2 %	4	QL (15 ML per 30 day(s))
ALOMIDE EYE DROPS 0.1 %	4	QL (30 ML per 30 day(s))
ALREX EYE DROPS 0.2 %	4	QL (15 ML per 30 day(s))
<i>apraclonidine Eye Drops 0.5 %</i>	2	
AZASITE EYE DROPS 1 %	3	QL (5 ML per 15 day(s))
<i>azelastine Eye Drops 0.05 %</i>	2	QL (6 ML per 30 day(s))
AZOPT EYE DROPS 1 %	3	QL (10 ML per 25 day(s))
<i>bacitracin Eye Ointment 500 unit/g</i>	1	GAP
<i>bacitracin-polymyxin B Eye Ointment 500-10,000 unit/g</i>	1	GAP
<i>betaxolol Eye Drops 0.5 %</i>	1	GAP
BETIMOL EYE DROPS 0.25 %, 0.5 %	4	QL (10 ML per 25 day(s))
BETOPTIC S EYE DROPS 0.25 %	3	QL (20 ML per 25 day(s))
BLEPHAMIDE S.O.P. EYE OINTMENT 10-0.2 %	3	
<i>brimonidine Eye Drops 0.2 %</i>	1	GAP
<i>carteolol Eye Drops 1 %</i>	1	GAP; QL (10 ML per 25 day(s))
CILOXAN EYE OINTMENT 0.3 %	3	QL (4 GM per 15 day(s))
COMBIGAN EYE DROPS 0.2-0.5 %	4	QL (10 ML per 25 day(s))
<i>cromolyn Eye Drops 4 %</i>	1	GAP
<i>dexamethasone Eye Drops 0.1 %</i>	1	GAP
<i>diclofenac Eye Drops 0.1 %</i>	1	GAP
<i>dorzolamide Eye Drops 2 %</i>	1	GAP; QL (10 ML per 25 day(s))

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>dorzolamide-timolol Eye Drops 2-0.5 %</i>	1	GAP; QL (10 ML per 25 day(s))
DUREZOL EYE DROPS 0.05 %	4	QL (10 ML per 25 day(s))
<i>fluorometholone Eye Drops, Susp 0.1 %</i>	1	GAP
<i>flurbiprofen Eye Drops 0.03 %</i>	1	GAP; QL (2.5 ML per 25 day(s))
FML S.O.P. EYE OINTMENT 0.1 %	3	
GENTAK EYE OINTMENT 0.3 % (3 mg/g)	1	GAP
GENTASOL EYE DROPS 0.3 %	1	GAP
<i>ketorolac Eye Drops 0.4 %, 0.5 %</i>	2	
LACRISERT EYE INSERTS 5 mg	3	QL (60 EA per 25 day(s))
LASTACAPT EYE DROPS 0.25 %	4	QL (5 ML per 30 day(s))
<i>levobunolol Eye Drops 0.25 %, 0.5 %</i>	1	GAP; QL (10 ML per 25 day(s))
LOTEMAX EYE DROPS 0.5 %	3	QL (20 ML per 25 day(s))
LUMIGAN EYE DROPS 0.01 %, 0.03 %	3	PA; QL (5 ML per 30 day(s))
<i>metipranolol Eye Drops 0.3 %</i>	1	GAP
<i>neomycin-bacitracin-poly-HC Eye Ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	GAP
<i>neomycin-bacitracin-polymyxin Eye Oint 3.5-400-10,000 mg-unit-unit/g</i>	1	GAP
<i>neomycin-polymyxin-dexameth Eye Drops 3.5-10,000-0.1 mg/mL-unit/mL-%</i>	1	GAP
<i>neomycin-polymyxin-dexameth Eye Ointment 3.5-10,000-0.1 mg-unit/g-%</i>	1	GAP
<i>neomycin-polymyxin-gramicidin Eye Drops 1.75-10K-0.025 mg-unit-mg/mL</i>	1	GAP
<i>neomycin-polymyxin-HC Eye Drops, Susp 3.5-10,000-10 mg-unit-mg/mL</i>	1	GAP
PATADAY EYE DROPS 0.2 %	3	QL (7.5 ML per 30 day(s))
PATANOL EYE DROPS 0.1 %	3	QL (15 ML per 30 day(s))
PHOSPHOLINE IODIDE EYE DROPS 0.125 %	3	
PILOPINE HS EYE GEL 4 %	4	
POLY-DEX EYE DROPS 3.5-10,000-0.1 mg/mL-unit/mL-%	1	GAP
POLY-DEX EYE OINTMENT 3.5-10,000-0.1 mg-unit/g-%	1	GAP
PRED MILD EYE DROPS 0.12 %	3	
<i>prednisolone acetate Eye Drops, Susp 1 %</i>	1	GAP
<i>prednisolone sodium phosphate Eye Drops 1 %</i>	1	GAP
<i>proparacaine Eye Drops 0.5 %</i>	1	GAP
QUIXIN EYE DROPS 0.5 %	4	
RESTASIS EYE DROPPERETTE 0.05 %	3	QL (60 EA per 30 day(s))
ROMYCIN EYE OINTMENT 5 mg/gram (0.5 %)	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>sulfacetamide sodium Eye Drops 10 %</i>	1	GAP
<i>timolol Eye Gel Forming Soln 0.25 %, 0.5 %</i>	1	GAP
<i>timolol maleate Eye Drops 0.25 %, 0.5 %</i>	1	GAP; QL (10 ML per 25 day(s))
<i>tobramycin-dexamethasone Eye Drops, Susp 0.3-0.1 %</i>	1	GAP; QL (20 ML per 25 day(s))
TOBRASOL EYE DROPS 0.3 %	1	GAP
TRAVATAN Z EYE DROPS 0.004 %	3	QL (5 ML per 30 day(s))
<i>trifluridine Eye Drops 1 %</i>	1	GAP
<i>trimethoprim-polymyxin B Eye Drops 0.1-10,000 %-unit/mL</i>	1	GAP
<i>tropicamide Eye Drops 0.5 %, 1 %</i>	1	GAP
VIGAMOX EYE DROPS 0.5 %	3	
XALATAN EYE DROPS 0.005 %	3	QL (2.5 ML per 25 day(s))
XIBROM EYE DROPS 0.09 %	3	QL (10 ML per 365 day(s))
ZYMAR EYE DROPS 0.3 %	3	
ZYMAXID EYE DROPS 0.5 %	4	
<b>Otic Agents - Drugs to Treat Ear Conditions</b>		
ACETASOL HC EAR DROPS 1-2 %	1	GAP
<i>acetic acid Ear Soln 2 %</i>	1	GAP
CORTOMYCIN EAR DROPS, SUSP 3.5-10,000-1 mg-unit/mL-%	1	GAP
CORTOMYCIN EAR SOLN 3.5-10,000-1 mg-unit/mL-%	1	GAP
<i>hydrocortisone-acetic acid Ear Drops 1-2 %</i>	1	GAP
<b>Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>		
ADCIRCA TAB 20 mg	5	PA; QL (60 EA per 30 day(s))
ADVAIR DISKUS FOR INHALATION 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 EA per 30 day(s))
ADVAIR HFA AEROSOL INHALER 115-21 mcg/Actuation, 230-21 mcg/Actuation, 45-21 mcg/Actuation	3	QL (60 GM per 30 day(s))
<i>albuterol sulfate ER 12 hour tab 4 mg, 8 mg</i>	1	GAP
<i>albuterol sulfate Neb Solution 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg/3 mL (0.083 %), 5 mg/mL</i>	1	PA; GAP
<i>albuterol sulfate Syrup 2 mg/5 mL</i>	1	GAP
<i>albuterol sulfate Tab 2 mg, 4 mg</i>	1	GAP
ALVESCO AEROSOL INHALER 160 mcg/Actuation	4	QL (18.3 GM per 25 day(s))
ALVESCO AEROSOL INHALER 80 mcg/Actuation	4	QL (24.4 GM per 25 day(s))
<i>aminophylline IV 250 mg/10 mL</i>	1	GAP
<i>aminophylline Tab 100 mg, 200 mg</i>	1	GAP
ARALAST NP IV SUSP 500 mg	5	PA; LA

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Drug Name	Tier	Requirement/Limits
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses)	3	QL (120 GM per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses)	3	QL (2 GM per 25 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses)	3	QL (30 GM per 30 day(s))
ASMANEX TWISTHALER BREATH ACTIVATED 110 mcg (30 doses), 220 mcg (60 doses)	3	QL (60 GM per 30 day(s))
ASTEPRO NASAL SPRAY 0.15 % (205.5 mcg)	3	QL (30 ML per 25 day(s))
ATROVENT HFA AEROSOL INHALER 17 mcg/Actuation	3	QL (25.8 GM per 30 day(s))
<i>azelastine Nasal Spray Aerosol 137 mcg</i>	2	QL (30 ML per 25 day(s))
BROVANA NEB SOLUTION 15 mcg/2 mL	4	PA
<i>budesonide Neb Suspension 0.25 mg/2 mL, 0.5 mg/2 mL</i>	2	PA; QL (120 ML per 25 day(s))
<i>carbinoxamine Oral Liquid 4 mg/5 mL</i>	1	GAP
<i>carbinoxamine Tab 4 mg</i>	1	GAP
<i>cetirizine Oral Soln 1 mg/mL</i>	1	GAP
CLARINEX SYRUP 2.5 mg/5 mL (0.5 mg/mL)	4	
CLARINEX TAB 5 mg	4	
CLARINEX TAB, RAPID DISSOLVE 2.5 mg, 5 mg	4	
CLARINEX-D 12 HOUR TAB 2.5-120 mg	4	
CLARINEX-D 24 HOUR TAB 5-240 mg	4	
<i>clemastine Syrup 0.67 mg/5 mL</i>	1	GAP
<i>clemastine Tab 2.68 mg</i>	1	GAP
COMBIVENT AEROSOL INHALER 18-103 mcg/Actuation	3	QL (29.4 GM per 30 day(s))
<i>cromolyn Neb Solution 20 mg/2 mL</i>	1	PA; GAP; QL (240 ML per 25 day(s))
DULERA INHALATION HFA AEROSOL INHALER 100-5 mcg/Actuation, 200-5 mcg/Actuation	4	QL (13 GM per 25 day(s))
ELIXOPHYLLIN 80 mg/15 mL	3	
<i>epinephrine HCl Syringe 0.1 mg/mL</i>	1	GAP
EPIPEN IM INJECTOR 0.3 mg/0.3 mL	3	QL (2 EA per 30 day(s))
EPIPEN JR IM INJECTOR 0.15 mg/0.3 mL	3	QL (2 EA per 30 day(s))
FLOVENT DISKUS FOR INHALATION 100 mcg/Actuation, 250 mcg/Actuation, 50 mcg/Actuation	3	
FLOVENT HFA AEROSOL INHALER 44 mcg/Actuation	3	QL (21.2 GM per 30 day(s))
FLOVENT HFA AEROSOL INHALER 110 mcg/Actuation, 220 mcg/Actuation	3	QL (24 GM per 30 day(s))
<i>flunisolide Nasal Spray 25 mcg (0.025 %)</i>	1	GAP; QL (16 ML per 25 day(s))

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<i>fluticasone Nasal Spray, Susp 50 mcg/Actuation</i>	1	GAP; QL (16 GM per 25 day(s))
FORADIL AEROLIZER INHALATION CAPS 12 mcg	3	PA; QL (60 EA per 30 day(s))
GASTROCROM ORAL SOLN 100 mg/5 mL	3	
GLASSIA IV 1 g/50 mL (2 %)	5	PA
<i>hydroxyzine IM 25 mg/mL, 50 mg/mL</i>	1	GAP
<i>ipratropium bromide Nasal Spray 0.03 %, 0.06 %</i>	1	GAP
<i>ipratropium bromide Soln for Inhalation 0.02 %</i>	1	PA; GAP
<i>ipratropium-albuterol Neb Solution 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	1	PA; GAP
LETAIRIS TAB 10 mg, 5 mg	5	PA; LA; QL (30 EA per 30 day(s))
<i>levalbuterol Neb Solution 1.25 mg/0.5 mL</i>	2	PA
<i>levocetirizine Tab 5 mg</i>	2	
MAXAIR AUTOHALER BREATH ACTIVATED 200 mcg/Inhalation	4	QL (14 GM per 25 day(s))
<i>metaproterenol Syrup 10 mg/5 mL</i>	1	GAP
<i>metaproterenol Tab 10 mg, 20 mg</i>	1	GAP
MYOZYME IV SOLUTION 50 mg	5	PA
NASACORT AQ NASAL SPRAY AEROSOL 55 mcg	4	QL (16.5 GM per 30 day(s))
NASONEX SPRAY 50 mcg/Actuation	3	QL (34 GM per 25 day(s))
PROAIR HFA AEROSOL INHALER 90 mcg/Actuation	3	QL (17 GM per 30 day(s))
PROLASTIN IV SUSP 500 mg	5	PA
PROVENTIL HFA AEROSOL INHALER 90 mcg/Actuation	3	QL (13.4 GM per 30 day(s))
PULMICORT NEB SUSPENSION 1 mg/2 mL	4	PA; QL (120 ML per 30 day(s))
PULMICORT FLEXHALER BREATH ACTIVATED 180 mcg/Inhalation, 90 mcg/Inhalation	4	QL (1 EA per 30 day(s))
PULMOZYME SOLN FOR INHALATION 1 mg/mL	5	PA
QVAR AEROSOL INHALER 40 mcg/Actuation, 80 mcg/Actuation	4	
REVATIO IV 10 mg/12.5 mL	5	PA
REVATIO TAB 20 mg	5	PA
RHINOCORT AQUA NASAL SPRAY 32 mcg/Actuation	4	QL (17.2 GM per 30 day(s))
SEREVENT DISKUS FOR INHALATION 50 mcg/dose	3	PA; QL (60 EA per 30 day(s))
SINGULAIR CHEWABLE TAB 4 mg, 5 mg	3	ST; QL (30 EA per 30 day(s))
SINGULAIR ORAL GRANULES IN PACKET 4 mg	3	ST; QL (30 EA per 30 day(s))
SINGULAIR TAB 10 mg	3	ST; QL (30 EA per 30 day(s))
SPIRIVA WITH HANDIHALER & INHALATION CAPS 18 mcg	3	QL (30 EA per 25 day(s))

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Drug Name	Tier	Requirement/Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 mcg/Actuation, 80-4.5 mcg/Actuation	3	QL (11 GM per 30 day(s))
<i>terbutaline Sub-Q 1 mg/mL</i>	2	
<i>terbutaline Tab 2.5 mg, 5 mg</i>	1	GAP
THEO-24 24 HR CAP 100 mg, 200 mg, 300 mg, 400 mg	3	
THEOCHRON 12 HR TAB 100 mg, 300 mg	1	GAP
<i>theophylline ER 12 hr Tab 100 mg, 200 mg, 300 mg, 450 mg</i>	1	GAP
<i>theophylline ER Tab 400 mg, 600 mg</i>	1	GAP
TRACLEER TAB 62.5 mg	5	PA; LA; QL (120 EA per 30 day(s))
TRACLEER TAB 125 mg	5	PA; LA; QL (60 EA per 30 day(s))
TWINJECT AUTOINJECTOR IM PEN 0.15 mg/0.15 mL, 0.3 mg/0.3 mL	3	QL (2 EA per 30 day(s))
TYZINE NASAL DROPS 0.05 %, 0.1 %	3	
VENTAVIS NEB SOLUTION 10 mcg/mL	3	PA
VENTOLIN HFA AEROSOL INHALER 90 mcg/Actuation	3	QL (36 GM per 30 day(s))
VERAMYST NASAL SPRAY 27.5 mcg/Actuation	4	QL (10 GM per 30 day(s))
XOLAIR SUB-Q SOLN 150 mg	5	PA; ST; LA
XOPENEX NEB SOLUTION 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	3	PA
XOPENEX HFA AEROSOL INHALER 45 mcg/Actuation	3	QL (30 GM per 30 day(s))
XYZAL ORAL SOLN 2.5 mg/5 mL	4	
<i>zafirlukast Tab 10 mg, 20 mg</i>	2	QL (60 EA per 30 day(s))
<i>Sedatives/Hypnotics - Drugs for Sedation and Sleep</i>		
LUNESTA TAB 1 mg, 2 mg, 3 mg	3	QL (30 EA per 30 day(s))
<i>zaleplon Cap 10 mg, 5 mg</i>	1	GAP
<i>zolpidem ER multiphase Tab 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 day(s))
<i>zolpidem Tab 10 mg, 5 mg</i>	1	GAP
<b>Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<i>carisoprodol-ASA-codeine Tab 200-325-16 mg</i>	1	GAP
<i>chlorzoxazone Tab 500 mg</i>	1	GAP
<i>metaxalone Tab 800 mg</i>	2	

GAP - 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.

Drug Name	Tier	Requirement/Limits
<b>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>		
<i>1/2 NS with potassium chloride IV 20 mEq/L</i>	1	GAP
AMINOSYN 3.5 % IV 3.5 %	3	PA
AMINOSYN 5 % IV 5 %	3	PA
AMINOSYN 7 % IV 7 %	3	PA
AMINOSYN 8.5 % IV 8.5 %	3	PA
AMINOSYN 8.5 % WITH ELECTROLYTES IV 8.5 %	1	PA; GAP
AMINOSYN II 15% IV 15 %	3	PA
AMINOSYN II 3.5 %/DEXTROSE 5 % IV 3.5 %	3	PA
AMINOSYN II 3.5 % IN DEXTROSE 25 % IV 3.5 %	3	PA
AMINOSYN II 3.5% M/DEXTROSE 5% IV 3.5 %	3	PA
AMINOSYN II 3.5% WITH LYTES & CALCIUM IN D25W IV 3.5 %	3	PA
AMINOSYN II 4.25%/DEXTROSE 20% IV 4.25 %	3	PA
AMINOSYN II 4.25% IN DEXTROSE 10% IV 4.25 %	3	PA
AMINOSYN II 4.25 % IN DEXTROSE 25 % IV 4.25 %	3	PA
AMINOSYN II 4.25 % WITH LYTES & CALCIUM IN D25W IV 4.25 %	3	PA
AMINOSYN II 5%/DEXTROSE 25% IV 5 %	3	PA
AMINOSYN II 8.5 % WITH ELECTROLYTES IV 8.5 %	1	PA; GAP
AMINOSYN M 3.5 % IV 3.5 %	3	PA
AMINOSYN-HBC 7% IV 7 %	3	PA
AMINOSYN-HF 8 % IV 8 %	1	PA; GAP
AMINOSYN-PF 10 % IV 10 %	3	PA
CLINIMIX 2.75%/D5 SULFITE FREE IV 2.75 %	3	PA
CLINIMIX 4.25%/D5 SULFITE FREE IV 4.25 %	3	PA
CLINIMIX 5%/D15 SULFITE FREE IV 5 %	3	PA
CLINIMIX 5%/D20 SULFITE FREE IV 5 %	3	PA
CLINIMIX 5%/D25 SULFITE FREE IV 5 %	3	PA
<i>dextrose 10 %-0.45 % sodium chloride IV</i>	1	GAP
<i>D10-0.2 % sodium chloride &amp; potassium chloride IV 20 mEq</i>	1	GAP
<i>dextrose 2.5 %-0.45 % sodium chloride IV</i>	1	GAP
<i>dextrose 5 %-0.45 % sodium chloride IV</i>	1	GAP
<i>dextrose 5 %-0.9 % sodium chloride IV</i>	1	GAP
<i>D5-1/2 NS and potassium chloride IV 10 mEq/L, 20 mEq/L, 30 mEq/L, 40 mEq/L</i>	1	GAP

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
<i>D5-1/3 NS &amp; potassium chloride IV 20 mEq/L, 30 mEq/L</i>	1	GAP
<i>D5-1/4 NS &amp; potassium chloride IV 10 mEq/L, 20 mEq/L, 40 mEq/L</i>	1	GAP
<i>D5-LR with potassium chloride IV 40 mEq/L</i>	1	GAP
<i>D5-NS with potassium chloride IV 20 mEq/L, 40 mEq/L</i>	1	GAP
<i>D5W with potassium chloride IV 20 mEq/L, 40 mEq/L</i>	1	GAP
<i>dextrose 10% in water (D10W) IV Soln</i>	1	GAP
<i>dextrose 10%-1/4 normal saline IV</i>	1	GAP
<i>dextrose 5% in water (D5W) IV</i>	1	GAP
<i>dextrose 5%-0.3 % sodium chloride IV</i>	1	GAP
<i>dextrose 5%-1/4 normal saline IV</i>	1	GAP
ED K+10 TAB 10 mEq	1	GAP
INTRALIPID IV 20 %	1	PA; GAP
ISOLYTE-H IN D5W IV 5 %	3	
ISOLYTE-M IN D5W IV	1	GAP
ISOLYTE-P IN D5W IV 5 %	3	
ISOLYTE-S IV	3	
ISOLYTE-S IN D5W IV	3	
KLOR-CON TAB 8 mEq	1	GAP
KLOR-CON 10 TAB 10 mEq	1	GAP
KLOR-CON M15 TAB 15 mEq	3	
KLOR-CON M20 TAB 20 mEq	1	GAP
<i>lactated ringers Irrigation Soln</i>	1	GAP
<i>lactated ringers IV</i>	1	GAP
<i>levocarnitine IV 200 mg/mL</i>	1	PA; GAP
<i>levocarnitine Tab 330 mg</i>	1	PA; GAP
<i>levocarnitine (with sucrose) Oral Soln 100 mg/mL</i>	1	PA; GAP
LIPOSYN III IV 30 %	1	PA; GAP
NEPHRAMINE 5.4 % IV 5.4 %	3	PA
NORMOSOL-M IN D5W IV	1	GAP
NORMOSOL-R IN D5W IV 5 %	1	GAP
NORMOSOL-R PH 7.4 IV	1	GAP
<i>NS with potassium chloride IV 20 mEq/L, 40 mEq/L</i>	1	GAP
PHYSIOLYTE IRRIGATION SOLN 140-5-3-98 mEq/L	1	PA; GAP
PLASMA-LYTE 148 IV	3	
PLASMA-LYTE 148 IN D5W IV	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Requirement/Limits</b>
PLASMA-LYTE 56 IV	3	
PLASMA-LYTE A IV	3	
PLASMA-LYTE R IV	1	GAP
PLASMA-LYTE-56 IN D5W IV 5 %	3	
<i>potassium chloride ER Cap 10 mEq, 8 mEq</i>	1	GAP
<i>potassium chloride ER Tab, Particles/Crystals 10 mEq, 20 mEq</i>	1	GAP
<i>potassium chloride IV Piggy Back 10 mEq/100 mL, 20 mEq/50 mL, 30 mEq/100 mL</i>	1	GAP
<i>potassium chloride IV Soln 2 mEq/mL</i>	1	GAP
<i>potassium citrate ER Tab 10 mEq, 5 mEq</i>	1	GAP
PREMASOL 6 % IV	1	PA; GAP
PRENATABS OBN TAB 29-1 mg	1	GAP
PROCALAMINE 3% IV 3 %	3	PA
<i>ringers Irrigation Soln</i>	1	GAP
<i>sodium bicarbonate IV Syringe 7.5 % (0.9 mEq/mL), 8.4 % (1 mEq/mL)</i>	1	GAP
<i>sodium chloride Irrigation Soln 0.9 %</i>	1	GAP
<i>sodium chloride IV 2.5 mEq/mL</i>	1	GAP
<i>sodium chloride 0.45 % IV 0.45 %</i>	1	GAP
<i>sodium chloride 0.9 % IV 0.9 %</i>	1	GAP
<i>sodium chloride 3 % IV 3 %</i>	1	GAP
<i>sodium chloride 5 % IV 5 %</i>	1	GAP
<i>sodium fluoride Tab 1 mg fluoride (2.2 mg)</i>	1	GAP
<i>sodium lactate IV 5 mEq/mL</i>	1	GAP
<i>sodium lactate IV Soln 167 mEq/L</i>	1	GAP
TIS-U-SOL IRRIGATION SOLN	1	GAP
TPN ELECTROLYTES IV 35-20-5-4.5-35 mEq/20 mL	2	

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1/2 NS with potassium chloride IV 20 mEq/L . . . . .	67	dose . . . . .	63
ABILIFY DISCMELT 10 mg, 15 mg . . . . .	29	ADVAIR HFA AEROSOL INHALER 115-21 mcg/ Actuation, 230-21 mcg/Actuation, 45-21 mcg/ Actuation. . . . .	63
ABILIFY IM 9.75 mg/1.3 mL . . . . .	29	ADVICOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg . . . . .	37
ABILIFY ORAL SOLN 1 mg/mL . . . . .	29	ADVICOR 24 HR TAB 1,000-40 mg . . . . .	37
ABILIFY TAB 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg . . . . .	29	AFEDITAB CR 30 mg, 60 mg . . . . .	37
ABRAXANE IV SOLUTION 100 mg . . . . .	24	AFINITOR TAB 10 mg, 2.5 mg, 5 mg . . . . .	24
ACANYA TOPICAL GEL 1.2-2.5 % . . . . .	45	AGGRENOX 12 HR CAP 200-25 mg . . . . .	36
acarbose Tab 100 mg, 25 mg, 50 mg . . . . .	33	A-HYDROCORT SOLUTION FOR INJECTION 100 mg . . . . .	49
acebutolol Cap 200 mg, 400 mg . . . . .	37	AK-CON EYE DROPS 0.1 % . . . . .	61
acetaminophen-codeine Elixir 120-12 mg/5 mL 9 mg, 300-15 mg, 300-30 mg, 300-60 mg . . . . .	9	AK-TOB EYE DROPS 0.3 % . . . . .	61
ACETASOL HC EAR DROPS 1-2 % . . . . .	63	ALA-CORT LOTION 1 % . . . . .	49
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acetazolamide Tab 125 mg, 250 mg . . . . .	37	albuterol sulfate ER 12 hour tab 4 mg, 8 mg . . . . .	63
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acetylcysteine Soln 10 % (100 mg/mL), 20 % (200 mg/mL) . . . . .	19	albuterol sulfate Syrup 2 mg/5 mL . . . . .	63
ACIPHEX TAB 20 mg . . . . .	47	albuterol sulfate Tab 2 mg, 4 mg . . . . .	63
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acyclovir sodium IV powder for Solution 500 mg . . . . .	30	ALOCRIE EYE DROPS 2 % . . . . .	61
acyclovir Tab 400 mg, 800 mg . . . . .	30	ALOMIDE EYE DROPS 0.1 % . . . . .	61
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ADACEL (ADOLESCENT & ADULT) IM SUSP 2-5-3-5-5 Lf-mcg-Lf/0.5mL . . . . .	57	ALREX EYE DROPS 0.2 % . . . . .	61
ADAGEN IM 250 unit/mL . . . . .	46	ALVESCO AEROSOL INHALER 80 mcg/Actuation . . . . .	63
adapalene Topical Cream 0.1 % . . . . .	45	ALVESCO AEROSOL INHALER 160 mcg/Actuation . . . . .	63
adapalene Topical Gel 0.1 % . . . . .	45	amantadine Cap 100 mg . . . . .	28
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ADDERALL XR 24 HR CAP 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg . . . . .	44	amantadine Tab 100 mg . . . . .	28
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amcinonide Ointment 0.1 % . . . . .	49	amoxapine Tab 100 mg, 150 mg, 25 mg, 50 mg. . . . .	18
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amifostine crystalline IV Solution 500 mg . . . . .	19	amoxicillin Oral Susp 125 mg/5 mL, 200 mg/5	
amikacin Injection 100 mg/2 mL, 500 mg/2 mL	11	mL, 250 mg/5 mL, 400 mg/5 mL. . . . .	11
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AMINOSYN 8.5 % IV 8.5 % . . . . .	67	amoxicillin-potassium clavulanate Tab 250-125	
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8.5 % . . . . .	67	amoxicillin Tab 500 mg, 875 mg . . . . .	11
AMINOSYN-HBC 7% IV 7 % . . . . .	67	AMPHETAMINE SALT COMBO TAB 10 mg, 12.5	
AMINOSYN-HF 8 % IV 8 % . . . . .	67	mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg. . . . .	44
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AMINOSYN II 3.5% M/DEXTROSE 5% IV		250 mg/5 mL . . . . .	11
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AMINOSYN M 3.5 % IV 3.5 % . . . . .	67	mg/5 gram) . . . . .	53
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AMITIZA CAP 24 mcg, 8 mcg . . . . .	47	unit/mL . . . . .	33
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mg, 50 mg, 75 mg . . . . .	18	APLENZIN 24 HR TAB 174 mg. . . . .	18
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ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL, 40 mcg/0.4 mL, 60 mcg/0.3 mL . . . . .	36	AVASTIN IV 25 mg/mL . . . . .	24
ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL . . . . .	36	AVELOX ABC PACK TAB 400 mg . . . . .	11
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ARRANON IV 250 mg/50 mL . . . . .	24	AVODART CAP 0.5 mg . . . . .	48
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ASACOL TAB 400 mg . . . . .	60	AZASITE EYE DROPS 1 % . . . . .	61
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ASMANEX TWISTHALER BREATH ACTIVATED 110 mcg (30 doses), 220 mcg (60 doses) . . . . .	64	azelastine Eye Drops 0.05 % . . . . .	61
ASMANEX TWISTHALER BREATH ACTIVAT- ED 220 mcg (14 doses) . . . . .	64	azelastine Nasal Spray Aerosol 137 mcg . . . . .	64
ASMANEX TWISTHALER BREATH ACTIVAT- ED 220 mcg (30 doses) . . . . .	64	AZELEX TOPICAL CREAM 20 % . . . . .	45
ASMANEX TWISTHALER BREATH ACTIVAT- ED 220 mcg (120 doses) . . . . .	64	AZILECT TAB 0.5 mg, 1 mg . . . . .	28
ASTEPRO NASAL SPRAY 0.15 % (205.5 mcg) . . . . .	64	azithromycin IV Solution 500 mg . . . . .	11
ATACAND HCT TAB 16-12.5 mg, 32-12.5 mg, 32-25 mg . . . . .	37	azithromycin Oral Susp 100 mg/5 mL, 200 mg/5 mL . . . . .	11
ATACAND TAB 16 mg, 32 mg, 4 mg, 8 mg . . . . .	37	azithromycin Tab 250 mg, 500 mg . . . . .	11
atenolol-chlorthalidone Tab 100-25 mg, 50-25 mg . . . . .	37	azithromycin Tab 600 mg . . . . .	11
atenolol Tab 100 mg, 25 mg, 50 mg . . . . .	37	AZOPT EYE DROPS 1 % . . . . .	61
ATRALIN TOPICAL GEL 0.05 % . . . . .	45	AZOR TAB 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg . . . . .	38
ATRIPLA TAB 600-200-300 mg . . . . .	30	aztreonam Solution for Injection 1 gram . . . . .	11
ATROVENT HFA AEROSOL INHALER 17 mcg/ Actuation . . . . .	64	BACI-IM IM 50,000 unit . . . . .	11
AVALIDE TAB 150-12.5 mg . . . . .	38	bacitracin Eye Ointment 500 unit/g . . . . .	61
		bacitracin-polymyxin B Eye Ointment 500- 10,000 unit/g . . . . .	61
		baclofen Tab 10 mg, 20 mg . . . . .	30
		BACTROBAN TOPICAL CREAM 2 % . . . . .	11
		balsalazide Cap 750 mg . . . . .	60
		BALZIVA (28) TAB 0.4-35 mg-mcg. . . . .	53
		BANZEL TAB 200 mg, 400 mg . . . . .	16
		BARACLUDE ORAL SOLN 0.05 mg/mL . . . . .	30
		BARACLUDE TAB 0.5 mg . . . . .	30
		BARACLUDE TAB 1 mg . . . . .	30
		benazepril-hydrochlorothiazide Tab 10-12.5 mg,	

20-12.5 mg, 20-25 mg, 5-6.25 mg . . . . .	38	BUDEPRION XL 24 HR TAB 150 mg, 300 mg	18
benazepril Tab 10 mg, 20 mg, 40 mg, 5 mg . .	38	budesonide Neb Suspension 0.25 mg/2 mL, 0.5	
BENICAR HCT TAB 20-12.5 mg, 40-12.5 mg, 40-		mg/2 mL . . . . .	64
25 mg . . . . .	38	bumetanide Injection 0.25 mg/mL . . . . .	38
BENICAR TAB 20 mg, 40 mg, 5 mg . . . . .	38	bumetanide Tab 0.5 mg, 1 mg, 2 mg . . . . .	38
BENZACLIN PUMP TOPICAL GEL 1-5 % . . . . .	45	BUPHENYL TAB 500 mg . . . . .	46
benztropine Injection 2 mg/2 mL . . . . .	28	buprenorphine Sublingual Tab 2 mg, 8 mg . . . . .	9
benztropine Tab 0.5 mg, 1 mg, 2 mg . . . . .	28	buprenorphine Syringe 0.3 mg/mL . . . . .	19
betamethasone, augmented Lotion 0.05 % . .	49	BUPROBAN TAB 150 mg . . . . .	18
betamethasone, augmented Ointment 0.05 %	49	bupropion HCl SR Tab 100 mg . . . . .	18
betamethasone, augmented Topical Cream		bupropion HCl SR Tab 150 mg, 200 mg . . . . .	18
0.05 % . . . . .	49	bupropion HCl Tab 75 mg . . . . .	18
betamethasone dipropionate Lotion 0.05 % . .	49	bupropion HCl Tab 100 mg . . . . .	18
betamethasone dipropionate Ointment 0.05 %	49	bupirone Tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5	
betamethasone dipropionate Topical Cream		mg . . . . .	32
0.05 % . . . . .	49	BUSULFEX IV 60 mg/10 mL . . . . .	24
betamethasone valerate Lotion 0.1 % . . . . .	49	butorphanol tartrate Injection 1 mg/mL . . . . .	9
betamethasone valerate Ointment 0.1 % . . . .	49	butorphanol tartrate Injection 2 mg/mL . . . . .	9
betamethasone valerate Topical Cream 0.1 %	49	butorphanol tartrate Nasal Spray 10 mg/mL . .	9
BETASERON SUB-Q KIT 0.3 mg . . . . .	57	BYETTA SUB-Q PEN INJECTOR	
betaxolol Eye Drops 0.5 % . . . . .	61	5 mcg/0.02 mL . . . . .	33
betaxolol Tab 10 mg, 20 mg . . . . .	38	BYETTA SUB-Q PEN INJECTOR 10 mcg/0.04	
bethanechol chloride Tab 10 mg, 25 mg,		mL . . . . .	33
5 mg, 50 mg . . . . .	48	BYSTOLIC TAB 2.5 mg . . . . .	38
BETIMOL EYE DROPS 0.25 %, 0.5 % . . . . .	61	BYSTOLIC TAB 5 mg . . . . .	38
BETOPTIC S EYE DROPS 0.25 % . . . . .	61	BYSTOLIC TAB 10 mg . . . . .	38
bicalutamide Tab 50 mg . . . . .	57	BYSTOLIC TAB 20 mg . . . . .	38
BICILLIN C-R IM SYRINGE 1,200,000 unit/		cabergoline Tab 0.5 mg . . . . .	28
2 mL(600k/600k), 1,200,000 unit/ 2		CADUET TAB 10-10 mg, 10-20 mg, 10-40 mg,	
mL(900k/300k) . . . . .	12	10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg,	
BICILLIN L-A IM SYRINGE 1,200,000 unit/2 mL,		5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg . . . . .	38
2,400,000 unit/4 mL, 600,000 unit/mL . . . .	12	calcipotriene Ointment 0.005 % . . . . .	45
BICNU IV SOLUTION 100 mg . . . . .	24	calcipotriene Topical Soln 0.005 % . . . . .	45
Bipolar Agents - Drugs to Treat Mood		calcitonin (salmon) Nasal Spray Aerosol 200	
Disorders . . . . .	33	unit/Actuation . . . . .	60
bisoprolol fumarate Tab 10 mg, 5 mg . . . . .	38	calcitriol Cap 0.25 mcg, 0.5 mcg . . . . .	60
bisoprolol-hydrochlorothiazide Tab 10-6.25 mg,		calcitriol IV 1 mcg/mL . . . . .	60
2.5-6.25 mg, 5-6.25 mg . . . . .	38	calcitriol Oral Soln 1 mcg/mL . . . . .	60
bleomycin Solution for Injection 30 unit . . . .	24	calcium acetate Cap 667 mg . . . . .	48
BLEPHAMIDE S.O.P. EYE OINTMENT		CAMILA TAB 0.35 mg . . . . .	53
10-0.2 % . . . . .	61	CAMPATH IV 30 mg/mL . . . . .	24
BONIVA TAB 150 mg . . . . .	60	CAMPRAL DOSE PAK TABS 333 mg . . . . .	19
BOOSTRIX IM SYRINGE 2.5-8-5 Lf-mcg-		CANASA RECTAL SUPPOSITORY 1,000 mg .	60
Lf/0.5mL . . . . .	57	CANCIDAS IV SOLUTION 50 mg, 70 mg . . . .	21
brimonidine Eye Drops 0.2 % . . . . .	61	CAPASTAT SOLUTION FOR INJECTION	
bromocriptine Cap 5 mg . . . . .	28	1 gram . . . . .	24
bromocriptine Tab 2.5 mg . . . . .	28	captopril-hydrochlorothiazide Tab 25-15 mg, 25-	
BROVANA NEB SOLUTION 15 mcg/2 mL . . . .	64	25 mg, 50-15 mg, 50-25 mg . . . . .	38
BUDEPRION SR TAB 100 mg . . . . .	18	captopril Tab 100 mg, 12.5 mg, 25 mg, 50 mg	38
BUDEPRION SR TAB 150 mg . . . . .	18	CARAC TOPICAL CREAM 0.5 % . . . . .	45

CARAFATE ORAL SUSP 100 mg/mL . . . . .	47	mg . . . . .	12
carbamazepine Chewable Tab 100 mg . . . . .	16	cefuroxime axetil Oral Susp 125 mg/5 mL . . .	12
carbamazepine ER 12 hr Tab 200 mg, 400 mg	16	cefuroxime axetil Tab 250 mg, 500 mg . . . . .	12
carbamazepine Oral Susp 100 mg/5 mL . . . . .	16	cefuroxime sodium IV Solution 7.5 gram . . . .	12
carbamazepine Tab 200 mg . . . . .	16	cefuroxime sodium Solution for Injection 1.5	
CARBATROL 12 HR CAP 100 mg, 200 mg,		gram, 750 mg . . . . .	12
300 mg . . . . .	16	CELEBREX CAP 100 mg . . . . .	22
carbidopa-levodopa ER Tab 25-100 mg, 50-200		CELEBREX CAP 200 mg, 400 mg, 50 mg . . . .	22
mg . . . . .	28	CELLCEPT ORAL SUSP 200 mg/mL . . . . .	57
carbidopa-levodopa Tab 10-100 mg, 25-100 mg,		CELONTIN CAP 300 mg . . . . .	16
25-250 mg . . . . .	28	cephalexin Cap 250 mg, 500 mg . . . . .	12
carbidopa-levodopa Tab, Rapid Dissolve 10-100		cephalexin Oral Susp 125 mg/5 mL, 250 mg/5	
mg, 25-100 mg, 25-250 mg . . . . .	28	mL . . . . .	12
carbinoxamine Oral Liquid 4 mg/5 mL . . . . .	64	CEREDASE IV 80 unit/mL . . . . .	46
carbinoxamine Tab 4 mg . . . . .	64	CEREZYME IV SOLUTION 200 unit . . . . .	46
carboplatin IV 10 mg/mL . . . . .	24	CERUBIDINE IV SOLUTION 20 mg . . . . .	24
carisoprodol-ASA-codeine Tab 200-325-16 mg	66	CERVARIX IM SUSP 20-20 mcg/0.5 mL . . . . .	57
carteolol Eye Drops 1 % . . . . .	61	CERVARIX IM SYRINGE 20-20 mcg/0.5 mL . .	57
CARTIA XT 24 HR CAP 120 mg, 180 mg, 240		CESIA TAB 0.1/.125/.15-25 mg-mcg . . . . .	53
mg, 300 mg . . . . .	38	cetirizine Oral Soln 1 mg/mL . . . . .	64
carvedilol Tab 12.5 mg, 25 mg, 3.125 mg, 6.25		CHANTIX STARTING MONTH PAK TABS IN A	
mg . . . . .	38	DOSE PACK 0.5(11)-1(3X14) mg . . . . .	19
CAYSTON NEB SOLUTION 75 mg/mL . . . . .	12	CHANTIX TAB 0.5 mg, 1 mg . . . . .	19
CEENU CAP 10 mg, 100 mg, 40 mg . . . . .	24	chlorhexidine gluconate Mouthwash 0.12 % .	44
cefaclor Cap 250 mg, 500 mg . . . . .	12	chloroquine Tab 250 mg, 500 mg . . . . .	27
cefadroxil Cap 500 mg . . . . .	12	chlorothiazide sodium IV Solution 500 mg . .	38
cefadroxil Oral Susp 250 mg/5 mL,		chlorothiazide Tab 250 mg, 500 mg . . . . .	38
500 mg/5 mL . . . . .	12	chlorpromazine Injection 25 mg/mL . . . . .	29
cefadroxil Tab 1 gram . . . . .	12	chlorpromazine Tab 10 mg, 100 mg, 200 mg, 25	
cefazolin in dextrose (iso-osmotic) IV Piggy		mg, 50 mg . . . . .	29
Back 1 gram/50 mL . . . . .	12	chlorthalidone Tab 25 mg, 50 mg . . . . .	38
cefazolin Solution for Injection 1 gram, 20 gram,		chlorzoxazone Tab 500 mg . . . . .	66
500 mg . . . . .	12	CHOLESTYRAMINE LIGHT PACKET 4 gram	38
cefdinir Cap 300 mg . . . . .	12	chorionic gonadotropin, human IM	
cefdinir Oral Susp 125 mg/5 mL, 250 mg/5 mL	12	10,000 unit . . . . .	52
cefepime Solution for Injection 1 gram,		ciclopirox Shampoo 1 % . . . . .	21
2 gram . . . . .	12	ciclopirox Topical Cream 0.77 % . . . . .	21
cefotaxime Solution for Injection 1 gram, 10		ciclopirox Topical Gel 0.77 % . . . . .	21
gram, 2 gram, 500 mg . . . . .	12	ciclopirox Topical Soln 8 % . . . . .	21
cefoxitin IV Solution 1 gram, 10 gram, 2 gram	12	ciclopirox Topical Susp 0.77 % . . . . .	21
cefpodoxime Oral Susp 100 mg/5 mL, 50 mg/5		cilostazol Tab 100 mg, 50 mg . . . . .	36
mL . . . . .	12	CILOXAN EYE OINTMENT 0.3 % . . . . .	61
cefpodoxime Tab 100 mg, 200 mg . . . . .	12	cimetidine Injection 150 mg/mL . . . . .	47
cefprozil Oral Susp 125 mg/5 mL,		cimetidine Oral Soln 300 mg/5 mL . . . . .	47
250 mg/5 mL . . . . .	12	cimetidine Tab 200 mg . . . . .	47
cefprozil Tab 250 mg, 500 mg . . . . .	12	cimetidine Tab 300 mg, 400 mg, 800 mg . . . .	47
ceftazidime Solution for Injection 1 gram, 2		CIMZIA POWDER FOR RECONSTITUTION	
gram, 6 gram . . . . .	12	SUB-Q KIT 400 mg (200 mg x 2) . . . . .	47
ceftriaxone Solution for Injection 10 gram . .	12	CIMZIA SUBQ SYRINGE KIT 400 mg/2 mL (200	
ceftriaxone Solution for Injection 250 mg, 500		mg/mL x 2) . . . . .	47

CIPRODEX EAR DROPS, SUSP 0.3-0.1 % . . .	12	clobetasol Ointment 0.05 % . . . . .	49
ciprofloxacin ER multiphase 24 hr Tab 1,000 mg, 500 mg . . . . .	13	clobetasol Topical Gel 0.05 % . . . . .	49
ciprofloxacin Eye Drops 0.3 % . . . . .	12	clobetasol Topical Soln 0.05 % . . . . .	49
ciprofloxacin IV 400 mg/40 mL . . . . .	12	CLOLAR IV 20 mg/20 mL . . . . .	25
ciprofloxacin Tab 100 mg, 250 mg, 500 mg, 750 mg . . . . .	13	clomipramine Cap 25 mg, 50 mg, 75 mg . . . . .	18
CIPRO HC EAR DROPS, SUSP 0.2-1 % . . . . .	12	clonidine Tab 0.1 mg, 0.2 mg, 0.3 mg . . . . .	38
CIPRO ORAL SUSP 250 mg/5 mL, 500 mg/5 mL . . . . .	12	clonidine Weekly Transderm Patch 0.1 mg/24 hr . . . . .	38
cisplatin IV 1 mg/mL . . . . .	25	clonidine Weekly Transderm Patch 0.2 mg/24 hr, 0.3 mg/24 hr . . . . .	38
citalopram Oral Soln 10 mg/5 mL . . . . .	32	clotrimazole-betamethasone Lotion 1-0.05 %	21
citalopram Tab 10 mg, 20 mg, 40 mg . . . . .	33	clotrimazole-betamethasone Topical Cream 1-0.05 % . . . . .	21
cladribine IV 10 mg/10 mL . . . . .	25	clotrimazole Topical Cream 1 % . . . . .	21
CLARAVIS CAP 10 mg, 20 mg, 30 mg, 40 mg.	45	clotrimazole Topical Soln 1 % . . . . .	21
CLARINEX-D 12 HOUR TAB 2.5-120 mg . . . . .	64	clotrimazole Troche 10 mg . . . . .	21
CLARINEX-D 24 HOUR TAB 5-240 mg . . . . .	64	clozapine Tab 100 mg, 200 mg, 25 mg, 50 mg	29
CLARINEX SYRUP 2.5 mg/5 mL (0.5 mg/mL)	64	COARTEM TAB 20-120 mg . . . . .	27
CLARINEX TAB 5 mg . . . . .	64	codeine-butalbital-acetaminophen-caffeine Cap 30-50-325-40 mg . . . . .	9
CLARINEX TAB, RAPID DISSOLVE 2.5 mg, 5 mg . . . . .	64	codeine Tab 15 mg, 30 mg, 60 mg . . . . .	9
clarithromycin ER 24 hr Tab 500 mg . . . . .	13	CO-GESIC TAB 5-500 mg . . . . .	9
clarithromycin Oral Susp 125 mg/5 mL, 250 mg/5 mL . . . . .	13	colchicine-probenecid Tab 0.5-500 mg . . . . .	22
clarithromycin Tab 250 mg, 500 mg . . . . .	13	COLCRYS TAB 0.6 mg . . . . .	22
clemastine Syrup 0.67 mg/5 mL . . . . .	64	colestipol Oral Granules 5 gram . . . . .	38
clemastine Tab 2.68 mg . . . . .	64	colestipol Tab 1 gram . . . . .	38
CLEOCIN CAP 75 mg . . . . .	13	colistimethate sodium Solution for Injection 150 mg . . . . .	13
CLEOCIN ORAL SOLUTION 75 mg/5 mL . . . . .	13	COLOCORT ENEMA 100 mg/60 mL . . . . .	49
CLEOCIN VAGINAL SUPPOSITORY 100 mg . . . . .	13	COMBIGAN EYE DROPS 0.2-0.5 % . . . . .	61
CLIMARA PRO TRANSDERM PATCH 0.045-0.015 mg/24 hr . . . . .	53	COMBIPATCH TRANSDERMAL 0.05-0.14 mg/24 hr, 0.05-0.25 mg/24 hr . . . . .	53
clindamycin-benzoyl peroxide Topical Gel 1-5 % . . . . .	45	COMBIVENT AEROSOL INHALER 18-103 mcg/Actuation . . . . .	64
clindamycin Cap 150 mg, 300 mg . . . . .	13	COMBIVIR TAB 150-300 mg . . . . .	30
clindamycin IV 600 mg/4 mL . . . . .	13	COMPRO RECTAL SUPPOSITORY 25 mg . . . . .	20
clindamycin Lotion 1 % . . . . .	45	COMTAN TAB 200 mg . . . . .	28
clindamycin phosphate Topical Swab 1 % . . . . .	45	COMVAX IM 5-7.5-125 mcg/0.5 mL . . . . .	57
clindamycin Topical Foam 1 % . . . . .	45	CONDYLOX TOPICAL GEL 0.5 % . . . . .	45
clindamycin Topical Gel 1 % . . . . .	45	CONSTULOSE ORAL SOLN 10 gram/15 mL . . . . .	47
clindamycin Topical Soln 1 % . . . . .	45	COPAXONE SUB-Q KIT 20 mg . . . . .	57
clindamycin Vaginal Cream 2 % . . . . .	13	CORDRAN LOTION 0.05 % . . . . .	50
CLINIMIX 2.75%/D5 SULFITE FREE IV 2.75 % . . . . .	67	CORDRAN TAPE 4 mcg/cm2 . . . . .	50
CLINIMIX 4.25%/D5 SULFITE FREE IV 4.25 % . . . . .	67	COREG CR 24 HR CAP 10 mg, 20 mg, 40 mg, 80 mg . . . . .	38
CLINIMIX 5%/D15 SULFITE FREE IV 5 % . . . . .	67	CORTIFOAM RECTAL 10 % (80 mg) . . . . .	50
CLINIMIX 5%/D20 SULFITE FREE IV 5 % . . . . .	67	cortisone Tab 25 mg . . . . .	50
CLINIMIX 5%/D25 SULFITE FREE IV 5 % . . . . .	67	CORTOMYCIN EAR DROPS, SUSP 3.5-10,000-1 mg-unit/mL-% . . . . .	63
clobetasol-emollient Topical Cream 0.05 % . . . . .	49	CORTOMYCIN EAR SOLN 3.5-10,000-1 mg-unit/	

mL-%	63	dapsone Tab 100 mg, 25 mg	24
COSMEGEN IV SOLUTION 0.5 mg	25	DAPTACEL (PEDIATRIC) (PF) IM SUSP 15-10-5 Lf-mcg-Lf/0.5mL	57
COUMADIN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	36	DARAPRIM TAB 25 mg	27
CREON CAP 12,000-38,000 -60,000 unit, 24,000-76,000 -120,000 unit, 6,000-19,000 -30,000 unit	46	daunorubicin IV Solution 20 mg	25
CRESTOR TAB 10 mg, 5 mg	39	DAUNOXOME IV 2 mg/mL	25
CRESTOR TAB 20 mg, 40 mg	38	DDAVP INJECTION 4 mcg/mL	52
CRIVAN CAP 100 mg, 200 mg, 400 mg	30	DDAVP NASAL SPRAY AEROSOL 10 mcg/spray	52
cromolyn Eye Drops 4 %	61	DECAVAC IM SYRINGE 5-2 Lf unit/0.5 mL	57
cromolyn Neb Solution 20 mg/2 mL	64	demeclocycline Tab 150 mg, 300 mg	13
CRYSSELLE (28) TAB 0.3-30 mg-mcg	53	DENAVIR TOPICAL CREAM 1 %	30
CUBICIN IV SOLUTION 500 mg	13	DEPADE TAB 50 mg	19
CUPRIMINE CAP 250 mg	57	DEPO-PROVERA IM 400 mg/mL	53
CURITY GAUZE BANDAGE 2 X 2"	33	DERMA-SMOOTH/FS BODY OIL TOPICAL 0.01 %	50
CYCLAFEM 1/35 (28) TAB 1-35 mg-mcg	53	desipramine Tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	18
cyclophosphamide Tab 25 mg, 50 mg	25	desmopressin Injection 4 mcg/mL	52
cyclosporine Cap 100 mg, 25 mg	57	desmopressin Nasal Soln 0.01 % (Refrig)	52
cyclosporine IV 250 mg/5 mL	57	desmopressin Nasal Spray 10 mcg/spray	52
cyclosporine modified Cap 50 mg	57	desmopressin Tab 0.1 mg, 0.2 mg	52
cyclosporine modified Cap 100 mg	57	desonide Lotion 0.05 %	50
cyclosporine modified Oral Soln 100 mg/mL	57	desonide Ointment 0.05 %	50
CYKLOKAPRON IV 100 mg/mL	44	desonide Topical Cream 0.05 %	50
CYMBALTA CAP 20 mg, 30 mg	18	desoximetasone Ointment 0.25 %	50
CYMBALTA CAP 60 mg	18	desoximetasone Topical Cream 0.05 %, 0.25 %	50
CYSTADANE ORAL POWDER	60	desoximetasone Topical Gel 0.05 %	50
CYSTAGON CAP 150 mg, 50 mg	46	DETROL LA 24 HR CAP 2 mg, 4 mg	48
cytarabine Injection 20 mg/mL	25	DETROL TAB 1 mg, 2 mg	48
cytarabine (PF) Injection 2 gram/20 mL (100 mg/mL)	25	dexamethasone Elixir 0.5 mg/5 mL	50
cytarabine (PF) Solution for Injection 500 mg	25	dexamethasone Eye Drops 0.1 %	61
CYTOMEL TAB 25 mcg, 5 mcg, 50 mcg	55	dexamethasone Injection 4 mg/mL	50
D5-1/2 NS and potassium chloride IV 10 mEq/L, 20 mEq/L, 30 mEq/L, 40 mEq/L	67	DEXAMETHASONE INTENSOL ORAL DROPS 1 mg/mL	50
D5-1/3 NS & potassium chloride IV 20 mEq/L, 30 mEq/L	68	dexamethasone Tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	50
D5-1/4 NS & potassium chloride IV 10 mEq/L, 20 mEq/L, 40 mEq/L	68	dexmethylphenidate Tab 10 mg, 2.5 mg, 5 mg	44
D5-LR with potassium chloride IV 40 mEq/L	68	dextrazoxane IV Solution 500 mg	39
D5-NS with potassium chloride IV 20 mEq/L, 40 mEq/L	68	dextroamphetamine ER Cap 10 mg, 15 mg, 5 mg	44
D5W with potassium chloride IV 20 mEq/L, 40 mEq/L	68	dextroamphetamine Tab 10 mg, 5 mg	44
D10-0.2 % sodium chloride & potassium chloride IV 20 mEq	67	dextrose 2.5 %-0.45 % sodium chloride IV	67
dacarbazine IV Solution 200 mg	25	dextrose 5%-0.3 % sodium chloride IV	68
DACOGEN IV SOLUTION 50 mg	25	dextrose 5 %-0.9 % sodium chloride IV	67
danazol Cap 100 mg, 200 mg, 50 mg	53	dextrose 5 %-0.45 % sodium chloride IV	67
dantrolene Cap 100 mg, 25 mg, 50 mg	30	dextrose 5%-1/4 normal saline IV	68
		dextrose 5% in water (D5W) IV	68
		dextrose 10 %-0.45 % sodium chloride IV	67

dextrose 10%-1/4 normal saline IV . . . . .	68	DOVONEX TOPICAL CREAM 0.005 % . . . . .	45
dextrose 10% in water (D10W) IV Soln . . . . .	68	doxazosin Tab 1 mg, 2 mg, 4 mg, 8 mg . . . . .	39
diclofenac Eye Drops 0.1 % . . . . .	61	doxepin Cap 10 mg, 100 mg, 150 mg, 25 mg, 50	
diclofenac potassium Tab 50 mg . . . . .	22	mg, 75 mg . . . . .	18
diclofenac sodium ER 24 hr Tab 100 mg . . . . .	22	doxepin Oral Concentrate 10 mg/mL . . . . .	18
diclofenac sodium Tab, Delayed Release 25 mg,		DOXIL IV 2 mg/mL . . . . .	25
50 mg, 75 mg . . . . .	22	doxorubicin IV 2 mg/mL . . . . .	25
dicloxacillin Cap 250 mg, 500 mg . . . . .	13	doxycycline hyclate Cap 100 mg, 50 mg . . . . .	13
didanosine Cap, Delayed Release 125 mg, 200		doxycycline hyclate Cap, Delayed Release 100	
mg, 250 mg, 400 mg . . . . .	31	mg, 75 mg . . . . .	13
DIFFERIN TOPICAL GEL 0.3 % . . . . .	45	doxycycline hyclate IV Solution 100 mg . . . . .	13
diflorasone Ointment 0.05 % . . . . .	50	doxycycline hyclate Tab 100 mg, 20 mg . . . . .	13
diflorasone Topical Cream 0.05 % . . . . .	50	doxycycline hyclate Tab, Delayed Release 100	
diflunisal Tab 500 mg . . . . .	22	mg, 75 mg . . . . .	13
digoxin Injection 250 mcg/mL . . . . .	39	doxycycline Tab 150 mg, 50 mg, 75 mg . . . . .	13
digoxin Oral Soln 50 mcg/mL . . . . .	39	dronabinol Cap 2.5 mg, 5 mg . . . . .	20
digoxin Tab 125 mcg, 250 mcg . . . . .	39	dronabinol Cap 10 mg . . . . .	20
dihydrocode-acetaminophen-caffeine Tab 32-		DROXIA CAP 200 mg, 300 mg, 400 mg . . . . .	25
712.8-60 mg . . . . .	9	DUETACT TAB 30-2 mg, 30-4 mg . . . . .	33
dihydroergotamine Injection 1 mg/mL . . . . .	23	DULERA INHALATION HFA AEROSOL INHAL-	
DILANTIN-125 ORAL SUSP 125 mg/5 mL . . . . .	16	ER 100-5 mcg/Actuation, 200-5 mcg/Actua-	
DILANTIN CAP 30 mg . . . . .	16	tion . . . . .	64
DILANTIN EXTENDED CAP 100 mg . . . . .	16	DURAMORPH INJECTION 0.5 mg/mL,	
DILANTIN INFATABS CHEWABLE 50 mg . . . . .	16	1 mg/mL . . . . .	9
DILAUDID-5 ORAL LIQUID 1 mg/mL . . . . .	9	DUREZOL EYE DROPS 0.05 % . . . . .	62
DILT-CD 24 HR CAP 120 mg, 300 mg . . . . .	39	econazole Topical Cream 1 % . . . . .	21
diltiazem CD 24 hr Cap 120 mg, 240 mg,		ED K+10 TAB 10 mEq . . . . .	68
300 mg . . . . .	39	E.E.S. 400 TAB 400 mg . . . . .	13
diltiazem ER 12 hr Cap 120 mg, 60 mg, 90 mg	39	E.E.S. GRANULES ORAL SUSP 200 mg/5 mL	13
diltiazem ER Cap 360 mg, 420 mg . . . . .	39	EFFIENT TAB 5 mg . . . . .	36
diltiazem IV 5 mg/mL . . . . .	39	EFFIENT TAB 10 mg . . . . .	36
diltiazem Tab 120 mg, 30 mg, 60 mg, 90 mg . . . . .	39	EGRIFTA SUB-Q SOLN 1 mg . . . . .	52
DILT-XR CAP 180 mg, 240 mg . . . . .	39	ELAPRASE IV 6 mg/3 mL . . . . .	46
DILTZAC ER CAP 120 mg, 180 mg, 240 mg, 300		ELIDEL TOPICAL CREAM 1 % . . . . .	45
mg . . . . .	39	ELIGARD SUB-Q SYRINGE 22.5 mg, 30 mg, 7.5	
DIOVAN HCT TAB 160-12.5 mg, 160-25 mg,		mg . . . . .	56
320-12.5 mg, 320-25 mg, 80-12.5 mg . . . . .	39	ELIGARD SUB-Q SYRINGE 45 mg . . . . .	56
DIOVAN TAB 160 mg, 320 mg, 40 mg, 80 mg . . . . .	39	ELITEK IV SOLUTION 1.5 mg . . . . .	46
DIPENTUM CAP 250 mg . . . . .	47	ELIXOPHYLLIN 80 mg/15 mL . . . . .	64
dipyridamole Tab 25 mg, 50 mg, 75 mg . . . . .	36	ELMIRON CAP 100 mg . . . . .	48
disopyramide Cap 100 mg, 150 mg . . . . .	39	ELSPAR SOLUTION FOR INJECTION 10,000	
divalproex ER 24 hr Tab 250 mg, 500 mg . . . . .	16	unit . . . . .	25
divalproex sprinkle Cap 125 mg . . . . .	16	EMCYT CAP 140 mg . . . . .	25
divalproex Tab, Delayed Release 125 mg, 250		EMEND CAP 80 mg . . . . .	20
mg, 500 mg . . . . .	16	EMEND CAP 125 mg, 40 mg . . . . .	20
donepezil Tab 10 mg, 5 mg . . . . .	17	EMEND CAPS IN DOSE PACK 125-80-80 mg	20
donepezil Tab, Rapid Dissolve 10 mg, 5 mg . . . . .	17	EMSAM TRANSDERM 24 HR PATCH 12 mg/24	
DORYX TAB 150 mg . . . . .	13	hr, 6 mg/24 hr, 9 mg/24 hr . . . . .	18
dorzolamide Eye Drops 2 % . . . . .	61	EMTRIVA CAP 200 mg . . . . .	31
dorzolamide-timolol Eye Drops 2-0.5 % . . . . .	62	EMTRIVA ORAL SOLN 10 mg/mL . . . . .	31

ENABLEX 24 HR TAB 15 mg, 7.5 mg . . . . .	48	Gel 3-5 % . . . . .	45
enalapril-hydrochlorothiazide Tab 10-25 mg, 5-12.5 mg. . . . .	39	erythromycin ethylsuccinate Tab 400 mg. . . . .	13
enalapril maleate Tab 10 mg, 2.5 mg, 20 mg, 5 mg. . . . .	39	erythromycin Eye Ointment 5 mg/gram (0.5 %) . . . . .	13
ENBREL SUB-Q KIT 25 mg. . . . .	57	erythromycin-sulfisoxazole Oral Susp 200-600 mg/5 mL. . . . .	13
ENBREL SUB-Q SYRINGE 25 mg/0.5mL (0.51), 50 mg/mL (0.98 mL). . . . .	58	erythromycin Tab 250 mg, 500 mg . . . . .	13
ENDOCET TAB 7.5-500 mg. . . . .	9	erythromycin with ethanol Topical Gel 2 % . . . . .	45
ENDOCET TAB 10-325 mg, 5-325 mg, 7.5-325 mg. . . . .	9	erythromycin with ethanol Topical Soln 2 % . . . . .	45
ENDOCET TAB 10-650 mg . . . . .	9	ESTRACE VAGINAL CREAM 0.01 % (0.1 mg/g) . . . . .	53
ENDODAN TAB 4.8355-325 mg . . . . .	9	ESTRADERM TRANSDERM PATCH 0.05 mg/24 hr, 0.1 mg/24 hr. . . . .	53
ENGERIX-B (PF) IM SUSP 10 mcg/0.5 mL . . . . .	58	estradiol-norethindrone acet Tab 1-0.5 mg . . . . .	53
ENGERIX-B (PF) IM SYRINGE 10 mcg/0.5 mL, 20 mcg/mL. . . . .	58	estradiol Tab 0.5 mg, 1 mg, 2 mg. . . . .	53
enoxaparin Sub-Q Syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL. . . . .	36	estradiol valerate IM Oil 10 mg/mL, 20 mg/mL, 40 mg/mL. . . . .	53
ENPRESSE TAB 50-30 (6)/75-40 (5)/125- 30(10) . . . . .	53	estradiol Weekly Transderm Patch 0.025 mg/24 hr, 0.075 mg/24 hr. . . . .	53
ENTOCORT EC 24 HR CAP 3 mg. . . . .	60	estradiol Weekly Transderm Patch 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.1 mg/24 hr. . . . .	53
ENULOSE ORAL SOLN 10 gram/15 mL . . . . .	47	ESTRING VAGINAL 2 mg . . . . .	53
epinephrine HCl Syringe 0.1 mg/mL . . . . .	64	ethambutol Tab 100 mg, 400 mg. . . . .	24
EPIPEN IM INJECTOR 0.3 mg/0.3 mL . . . . .	64	ethosuximide Cap 250 mg. . . . .	16
EPIPEN JR IM INJECTOR 0.15 mg/0.3 mL . . . . .	64	ethosuximide Syrup 250 mg/5 mL. . . . .	16
epirubicin IV 50 mg/25 mL. . . . .	25	etidronate disodium Tab 200 mg, 400 mg. . . . .	60
EPITOL TAB 200 mg . . . . .	16	etodolac Cap 200 mg, 300 mg . . . . .	22
EPIVIR HBV ORAL SOLN 25 mg/5 mL (5 mg/ mL) . . . . .	31	etodolac ER 24 hr Tab 400 mg, 500 mg, 600 mg. . . . .	22
EPIVIR HBV TAB 100 mg . . . . .	31	etodolac Tab 400 mg, 500 mg . . . . .	22
EPIVIR ORAL SOLN 10 mg/mL. . . . .	31	ETOPOPHOS IV SOLUTION 100 mg . . . . .	25
EPIVIR TAB 150 mg, 300 mg. . . . .	31	etoposide IV 20 mg/mL . . . . .	25
eplerenone Tab 25 mg . . . . .	39	EURAX LOTION 10 % . . . . .	27
eplerenone Tab 50 mg . . . . .	39	EURAX TOPICAL CREAM 10 % . . . . .	27
EPOGEN INJECTION 2,000 unit/mL, 20,000 unit/2 mL, 20,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL . . . . .	36	EVISTA TAB 60 mg . . . . .	53
EPZICOM TAB 600-300 mg. . . . .	31	EVOXAC CAP 30 mg . . . . .	44
ERAXIS(WATER DILUENT) IV SOLUTION 100 mg . . . . .	21	EXELON ORAL SOLN 2 mg/mL . . . . .	17
ERBITUX IV 100 mg/50 mL. . . . .	25	EXELON TRANSDERM 24 HR PATCH 4.6 mg/24 hour, 9.5 mg/24 hour . . . . .	17
ergoloid Tab 1 mg. . . . .	17	EXFORGE HCT TAB 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg . . . . .	39
ergotamine-caffeine Tab 1-100 mg . . . . .	23	EXFORGE TAB 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg. . . . .	39
ERRIN TAB 0.35 mg. . . . .	53	EXJADE TAB 125 mg . . . . .	19
ERY PADS TOPICAL SWAB 2 % . . . . .	45	EXJADE TAB 250 mg, 500 mg . . . . .	19
ERYPED 200 ORAL SUSP 200 mg/5 mL. . . . .	13	EXTAVIA SUB-Q KIT 0.3 mg. . . . .	58
ERYTHROCIN IV SOLUTION 500 mg. . . . .	13	EXTINA TOPICAL FOAM 2 % . . . . .	21
ERYTHROCIN STEARATE TAB 250 mg. . . . .	13	FABRAZYME IV SOLUTION 35 mg. . . . .	46
erythromycin-benzoyl peroxide Topical			

famciclovir Tab 125 mg, 250 mg, 500 mg . . . .	31	fluconazole Oral Susp 10 mg/mL, 40 mg/mL . .	21
famotidine Oral Susp 40 mg/5 mL . . . . .	47	fluconazole Tab 100 mg, 150 mg,	
famotidine (PF) in saline (iso-osmotic) IV Piggy		200 mg, 50 mg . . . . .	21
Back 20 mg/50 mL . . . . .	47	fludarabine IV powder for Solution 50 mg . .	25
famotidine (PF) IV 20 mg/2 mL . . . . .	47	fludrocortisone Tab 0.1 mg . . . . .	50
famotidine Tab 20 mg, 40 mg . . . . .	47	flunisolide Nasal Spray 25 mcg (0.025 %) . .	64
FANAPT TAB 1 mg, 10 mg, 12 mg, 2 mg, 4 mg, 6		fluocinolone Ointment 0.025 % . . . . .	50
mg, 8 mg . . . . .	29	fluocinolone Topical Cream 0.01 %, 0.025 % .	50
FANAPT TABS IN A DOSE PACK 1mg(2)-		fluocinolone Topical Soln 0.01 % . . . . .	50
2mg(2)- 4mg(2)-6mg(2) . . . . .	29	fluocinonide-emollient Topical Cream 0.05 %	50
FARESTON TAB 60 mg . . . . .	25	fluocinonide Ointment 0.05 % . . . . .	50
FASLODEX IM SYRINGE 250 mg/5 mL . . . . .	25	fluocinonide Topical Gel 0.05 % . . . . .	50
FAZACLO TAB, RAPID DISSOLVE 100 mg, 12.5		fluocinonide Topical Soln 0.05 % . . . . .	50
mg, 150 mg, 200 mg, 25 mg . . . . .	29	fluorometholone Eye Drops, Susp 0.1 % . . .	62
FELBATOL ORAL SUSP 600 mg/5 mL . . . . .	16	FLUOROPLEX TOPICAL CREAM 1 % . . . . .	45
FELBATOL TAB 400 mg, 600 mg . . . . .	16	fluorouracil IV 500 mg/10 mL . . . . .	25
felodipine ER 24 hr Tab 10 mg, 2.5 mg, 5 mg.	39	fluorouracil Topical Cream 5 % . . . . .	45
FEMARA TAB 2.5MG . . . . .	25	fluorouracil Topical Soln 2 %, 5 % . . . . .	45
FEMHRT 1/5 TAB 1-5 mg-mcg . . . . .	53	fluoxetine Cap 10 mg, 20 mg, 40 mg . . . . .	33
FEMHRT LOW DOSE TAB 0.5-2.5 mg-mcg . .	53	fluoxetine Cap, Delayed Release 90 mg . . . .	33
FEMRING VAGINAL 0.05 mg/24 hr,		fluoxetine Oral Soln 20 mg/5 mL . . . . .	33
0.1 mg/24 hr . . . . .	53	fluoxetine Tab 10 mg, 20 mg . . . . .	33
fenofibrate micronized Cap 134 mg,		fluphenazine decanoate Injection 25 mg/mL .	29
200 mg, 67 mg . . . . .	39	fluphenazine Elixir 2.5 mg/5 mL . . . . .	29
fenofibrate Tab 160 mg, 54 mg . . . . .	39	fluphenazine Injection 2.5 mg/mL . . . . .	29
FENOGLIDE TAB 40 mg . . . . .	39	fluphenazine Oral Concentrate 5 mg/mL . . .	29
FENOGLIDE TAB 120 mg . . . . .	39	fluphenazine Tab 1 mg, 10 mg, 2.5 mg, 5 mg .	29
fenoprofen Tab 600 mg . . . . .	22	flurbiprofen Eye Drops 0.03 % . . . . .	62
fentanyl Lozenge on a Handle 1,200 mcg, 1,600		flurbiprofen Tab 100 mg, 50 mg . . . . .	23
mcg, 400 mcg, 600 mcg, 800 mcg . . . . .	9	flutamide Cap 125 mg . . . . .	57
fentanyl Lozenge on a Handle 200 mcg . . . . .	9	fluticasone Nasal Spray,	
fentanyl Transderm Patch 12 mcg/hr, 25 mcg/hr,		Susp 50 mcg/Actuation . . . . .	65
50 mcg/hr, 75 mcg/hr . . . . .	9	fluticasone Ointment 0.005 % . . . . .	50
fentanyl Transderm Patch 100 mcg/hr . . . . .	9	fluticasone Topical Cream 0.05 % . . . . .	50
FINACEA TOPICAL GEL 15 % . . . . .	45	fluvoxamine Tab 100 mg, 25 mg, 50 mg . . . .	33
finasteride Tab 5 mg . . . . .	48	FML S.O.P. EYE OINTMENT 0.1 % . . . . .	62
FIRMAGON SUB-Q SOLN 80 mg . . . . .	56	FOLOTYN IV 40 mg/2 mL (20 mg/mL) . . . . .	25
FIRMAGON SUB-Q SOLN 120 mg . . . . .	56	fomepizole IV 1 gram/mL . . . . .	19
flavoxate Tab 100 mg . . . . .	48	FORADIL AEROLIZER INHALATION CAPS 12	
flecainide Tab 100 mg, 150 mg, 50 mg . . . . .	39	mcg . . . . .	65
FLECTOR ADHESIVE PATCH 1.3 % . . . . .	22	FORTEO SUB-Q PEN INJECTOR 20 mcg/dose -	
FLOVENT DISKUS FOR INHALATION 100 mcg/		600 mcg/2.4 mL . . . . .	60
Actuation, 250 mcg/Actuation, 50 mcg/Actu-		FORTICAL NASAL SPRAY AEROSOL 200 unit/	
ation . . . . .	64	Actuation . . . . .	60
FLOVENT HFA AEROSOL INHALER 44 mcg/		FOSAMAX ORAL SOLN 70 mg/75 mL . . . . .	61
Actuation . . . . .	64	FOSAMAX PLUS D TAB 70-2,800 mg-unit, 70-	
FLOVENT HFA AEROSOL INHALER 110 mcg/		5,600 mg-unit . . . . .	61
Actuation, 220 mcg/Actuation . . . . .	64	foscarnet IV 24 mg/mL . . . . .	31
fluconazole in dextrose (iso-osmotic) IV Piggy		fosinopril-hydrochlorothiazide Tab 10-12.5 mg,	
Back 400 mg/200 mL . . . . .	21	20-12.5 mg . . . . .	39

fosinopril Tab 10 mg, 20 mg, 40 mg . . . . .	39	gentamicin Ointment 0.1 % . . . . .	13
fosphenytoin Injection 100 mg PE/2 mL . . . . .	16	gentamicin sulfate (PF) IV 80 mg/8 mL . . . . .	14
FOSRENOL CHEWABLE TAB 1,000 mg . . . . .	48	gentamicin Topical Cream 0.1 % . . . . .	14
FOSRENOL CHEWABLE TAB 500 mg . . . . .	48	GENTASOL EYE DROPS 0.3 % . . . . .	62
FOSRENOL CHEWABLE TAB 750 mg . . . . .	48	GEODON CAP 20 mg, 40 mg, 60 mg, 80 mg . . . . .	29
FROVA TAB 2.5 mg . . . . .	23	GEODON IM 20 mg . . . . .	29
FURADANTIN SUS 25MG/5ML . . . . .	13	GIANVI TAB 3-20 mg-mcg . . . . .	54
furosemide Injection 10 mg/mL . . . . .	39	GILENYA CAP 0.5 mg . . . . .	44
furosemide Oral Soln 10 mg/mL, 40 mg/5 mL . . . . .	39	GLASSIA IV 1 g/50 mL (2 %) . . . . .	65
furosemide Tab 20 mg, 40 mg, 80 mg . . . . .	39	GLEEVEC TAB 100 mg . . . . .	25
FUZEON SUB-Q KIT 90 mg . . . . .	31	GLEEVEC TAB 400 mg . . . . .	25
gabapentin Cap 100 mg, 300 mg, 400 mg . . . . .	16	glimepiride Tab 1 mg . . . . .	33
gabapentin Oral Soln 250 mg/5 mL . . . . .	16	glimepiride Tab 2 mg . . . . .	33
gabapentin Tab 600 mg, 800 mg . . . . .	17	glimepiride Tab 4 mg . . . . .	34
GABITRIL TAB 12 mg, 16 mg, 2 mg, 4 mg . . . . .	17	glipizide ER 24 hour Tab 2.5 mg . . . . .	34
galantamine ER 24 hr Cap 16 mg, 24 mg, 8 mg . . . . .	18	glipizide ER 24 hour Tab 5 mg . . . . .	34
galantamine Oral Soln 4 mg/mL . . . . .	18	glipizide ER 24 hour Tab 10 mg . . . . .	34
galantamine Tab 12 mg, 4 mg, 8 mg . . . . .	18	glipizide-metformin Tab 2.5-250 mg . . . . .	34
GAMASTAN S/D IM 15-18 % Range . . . . .	58	glipizide-metformin Tab 2.5-500 mg, 5-500 mg . . . . .	34
GAMUNEX IV 10 % . . . . .	58	glipizide Tab 5 mg . . . . .	34
ganciclovir Cap 250 mg . . . . .	31	glipizide Tab 10 mg . . . . .	34
ganciclovir Cap 500 mg . . . . .	31	GLUCAGEN HYPOKIT INJECTION 1 mg . . . . .	34
ganciclovir IV Solution 500 mg . . . . .	31	GLUCAGON EMERGENCY INJECTION KIT 1 mg . . . . .	34
GARDASIL IM SUSP 20-40-40-20 mcg/0.5 mL . . . . .	58	glyburide-metformin Tab 1.25-250 mg . . . . .	34
GASTROCROM ORAL SOLN 100 mg/5 mL . . . . .	65	glyburide-metformin Tab 2.5-500 mg, 5-500 mg . . . . .	34
GAVILYTE-C ORAL SOLUTION 240-22.72-6.72 gram . . . . .	47	glyburide micronized Tab 1.5 mg . . . . .	34
GAVILYTE-G ORAL SOLUTION 236-22.74-6.74 gram . . . . .	47	glyburide micronized Tab 3 mg . . . . .	34
GAVILYTE-N ORAL SOLUTION 420 g . . . . .	47	glyburide micronized Tab 6 mg . . . . .	34
gemcitabine IV Solution 1 gram . . . . .	25	glyburide Tab 1.25 mg . . . . .	34
gemfibrozil Tab 600 mg . . . . .	40	glyburide Tab 2.5 mg . . . . .	34
GENGRAF CAP 100 mg, 25 mg . . . . .	58	glyburide Tab 5 mg . . . . .	34
GENGRAF ORAL SOLN 100 mg/mL . . . . .	58	glycopyrrolate Injection 0.2 mg/mL . . . . .	47
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 mg/0.25 mL . . . . .	52	glycopyrrolate Tab 1 mg, 2 mg . . . . .	47
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.4 mg/0.25 mL, 0.6 mg/0.25 mL, 0.8 mg/0.25 mL, 1 mg/0.25 mL, 1.2 mg/0.25 mL, 1.4 mg/0.25 mL, 1.6 mg/0.25 mL, 1.8 mg/0.25 mL, 2 mg/0.25 mL . . . . .	52	GLYCRON TAB 1.5 mg . . . . .	34
GENOTROPIN SUBQ CARTRIDGE 12 mg/mL (36 unit/mL), 5 mg/mL (15 unit/mL) . . . . .	52	GLYCRON TAB 3 mg . . . . .	34
GENTAK EYE OINTMENT 0.3 % (3 mg/g) . . . . .	62	GLYCRON TAB 4.5 mg, 6 mg . . . . .	34
gentamicin Eye Drops 0.3 % . . . . .	13	GLYSET TAB 100 mg, 25 mg, 50 mg . . . . .	34
gentamicin Injection 40 mg/mL . . . . .	13	granisetron IV 1 mg/mL (1 mL) . . . . .	20
gentamicin in sodium chloride(iso-osmotic) IV Piggy Back 100 mg/100 mL, 60 mg/100 mL, 60 mg/50 mL, 70 mg/50 mL, 80 mg/100 mL, 80 mg/50 mL, 90 mg/100 mL . . . . .	14	granisetron (PF) IV 100 mcg/mL . . . . .	20
		granisetron Tab 1 mg . . . . .	20
		GRANISOL ORAL SOLN 1 mg/5 mL . . . . .	20
		griseofulvin microsize Oral Susp 125 mg/5 mL . . . . .	21
		GRIS-PEG TAB 125 mg, 250 mg . . . . .	21
		guanabenz Tab 4 mg . . . . .	40
		guanfacine Tab 1 mg, 2 mg . . . . .	40
		guanidine Tab 125 mg . . . . .	23
		HALAVEN IV 1 mg/2 mL (0.5 mg/mL) . . . . .	25
		halobetasol propionate Ointment 0.05 % . . . . .	50

halobetasol propionate Topical Cream 0.05 %	50	HUMULIN N PEN SUBQ 100 unit/mL (3 mL)	34
haloperidol decanoate IM 100 mg/mL, 50 mg/mL . . . . .	29	HUMULIN N SUSP, SUB-Q INJ 100 unit/mL . .	34
haloperidol Injection 5 mg/mL . . . . .	29	HUMULIN R INJECTION 100 unit/mL . . . . .	34
haloperidol Oral Concentrate 2 mg/mL . . . . .	29	HUMULIN R U-500 "CONCENTRATED" INSU- LIN INJECTION 500 unit/mL . . . . .	34
haloperidol Tab 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg . . . . .	29	hydralazine Injection 20 mg/mL . . . . .	40
HAVRIX (PF) IM SUSP 1,440 EL unit/mL . . .	58	hydralazine Tab 10 mg, 100 mg, 25 mg, 50 mg	40
HAVRIX (PF) IM SYRINGE 720 EL unit/0.5 mL . . . . .	58	hydrochlorothiazide Cap 12.5 mg . . . . .	40
HECTOROL CAP 0.5 mcg, 1 mcg, 2.5 mcg . .	61	hydrochlorothiazide Tab 12.5 mg, 25 mg, 50 mg . . . . .	40
HECTOROL IV 4 mcg/2 mL . . . . .	61	hydrocodone-acetaminophen Oral Soln 7.5-500 mg/15 mL . . . . .	9
heparin (porcine)-0.45% NaCl IV 25,000 unit/250 mL . . . . .	36	hydrocodone-acetaminophen Tab 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	9
heparin (porcine) in D5W IV 20,000 unit/500 mL . . . . .	36	hydrocodone-acetaminophen Tab 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg . . . . .	9
heparin (porcine) Injection 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/ mL . . . . .	36	hydrocodone-acetaminophen Tab 10-650 mg, 10-660 mg, 7.5-650 mg . . . . .	9
heparin (porcine) in NS (PF) IV 2,000 unit/1,000 mL . . . . .	36	hydrocodone-acetaminophen Tab 10-750 mg, 7.5-750 mg . . . . .	9
heparin, porcine (PF) IV 10,000 unit/5 mL . .	36	hydrocodone-ibuprofen Tab 7.5-200 mg . . . . .	9
HEPSERA TAB 10 mg . . . . .	31	hydrocortisone-acetic acid Ear Drops 1-2 % .	63
HERCEPTIN IV SOLUTION 440 mg . . . . .	25	hydrocortisone butyrate Ointment 0.1 % . . . .	50
HEXALEN CAP 50 mg . . . . .	25	hydrocortisone butyrate Topical Cream 0.1 %	50
HUMALOG KWIKPEN SUB-Q PEN 100 unit/mL . . . . .	34	hydrocortisone butyrate Topical Soln 0.1 % . .	50
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN 100 unit/mL (50-50) . . . . .	34	hydrocortisone Enema 100 mg/60 mL . . . . .	50
HUMALOG MIX 50-50 SUSP, SUB-Q INJ 100 unit/mL (50-50) . . . . .	34	hydrocortisone Lotion 2.5 % . . . . .	50
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN 100 unit/mL (75-25) . . . . .	34	hydrocortisone Ointment 1 %, 2.5 % . . . . .	50
HUMALOG MIX 75-25 SUSP, SUB-Q INJ 100 unit/mL (75-25) . . . . .	34	hydrocortisone Tab 10 mg, 20 mg, 5 mg . . . .	50
HUMALOG SUB-Q 100 unit/mL . . . . .	34	hydrocortisone Topical Cream 1 %, 2.5 % . . .	50
HUMATROPE INJECTION, CARTRIDGE 6 (18 unit) mg . . . . .	52	hydrocortisone valerate Ointment 0.2 % . . . .	51
HUMATROPE INJECTION, CARTRIDGE 12 (36 unit) mg, 24 (72 unit) mg . . . . .	52	hydrocortisone valerate Topical Cream 0.2 %	51
HUMATROPE SOLUTION FOR INJECTION 5 (15 unit) mg . . . . .	52	hydromorphone (PF) Injection 10 mg/mL . . .	10
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT 40 mg/0.8 mL . . . . .	58	hydromorphone Tab 2 mg, 4 mg, 8 mg . . . . .	9
HUMIRA SUB-Q KIT 20 mg/0.4 mL, 40 mg/0.8 mL . . . . .	58	hydroxychloroquine Tab 200 mg . . . . .	27
HUMULIN 70/30 PEN SUBQ 100 unit/mL (70- 30) . . . . .	34	hydroxyurea Cap 500 mg . . . . .	25
HUMULIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30) . . . . .	34	hydroxyzine IM 25 mg/mL, 50 mg/mL . . . . .	65
		ibuprofen Oral Susp 100 mg/5 mL . . . . .	23
		ibuprofen-oxycodone Tab 400-5 mg . . . . .	10
		ibuprofen Tab 400 mg, 600 mg, 800 mg . . . .	23
		idarubicin IV 1 mg/mL . . . . .	25
		IFEX IV SOLUTION 3 gram . . . . .	25
		ifosfamide IV Solution 1 gram . . . . .	25
		ifosfamide-mesna IV Kit 1-1 gram, 3,000-1,000 mg . . . . .	26
		imipramine pamoate Cap 100 mg, 125 mg, 150 mg, 75 mg . . . . .	18
		imipramine Tab 10 mg, 25 mg, 50 mg . . . . .	18
		imiquimod Topical Cream Packet 5 % . . . . .	45
		IMOVAX RABIES VACCINE IM SOLUTION 2.5	

unit. ....	58	isoniazid Tab 100 mg, 300 mg .....	24
INCRELEX SUB-Q 10 mg/mL .....	52	ISORDIL TAB 40 mg .....	40
indapamide Tab 1.25 mg, 2.5 mg. ....	40	isosorbide dinitrate ER Tab 40 mg .....	40
indomethacin Cap 25 mg, 50 mg. ....	23	isosorbide dinitrate Sublingual Tab	
indomethacin ER Cap 75 mg. ....	23	2.5 mg, 5 mg .....	40
INFANRIX (PF) IM SUSP 25-58-10 Lf-mcg-		isosorbide dinitrate Tab 10 mg, 20 mg,	
Lf/0.5mL .....	58	30 mg, 5 mg .....	40
INFERGEN SUB-Q 15 mcg/0.5 mL .....	58	isosorbide mononitrate ER 24 hr Tab	
INSULIN PEN NEEDLE 31 .....	35	120 mg, 30 mg, 60 mg. ....	40
insulin syringe-needle U-100 0.3 mL 30, 1 mL		isosorbide mononitrate Tab 10 mg, 20 mg ...	40
28, 1/2 mL .....	35	isradipine Cap 2.5 mg, 5 mg .....	40
INTELENCE TAB 100 mg .....	31	ISTODAX IV SOLUTION 10 mg/2 mL .....	26
INTELENCE TAB 200 mg .....	31	itraconazole Cap 100 mg .....	21
INTRALIPID IV 20 % .....	68	IXEMPRA IV SOLUTION 45 mg .....	26
INTRON A INJECTION 6 million unit/mL ...	58	IXIARO (PF) IM SYRINGE 6 mcg/0.5 mL ...	58
INTRON A SOLUTION FOR INJECTION 10 mil-		JALYN 24 HR CAP 0.5-0.4 mg .....	49
lion unit (1 mL) .....	58	JANTOVEN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3	
INTRON A SUBQ PEN KIT 3 million unit /0.2		mg, 4 mg, 5 mg, 6 mg, 7.5 mg. ....	36
mL-6 doses .....	58	JANUMET TAB 50-1,000 mg, 50-500 mg ...	35
INTRON A SUBQ PEN KIT 10 million unit/0.2		JANUVIA TAB 100 mg, 25 mg, 50 mg. ....	35
mL, 5 million unit/0.2 mL .....	58	JE-VAX SUB-Q SOLN. ....	58
INVANZ SOLUTION FOR INJECTION 1 gram	14	JEVTANA IV 10 mg/mL (Final) .....	26
INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg. ....	29	JOLIVETTE TAB 0.35 mg .....	54
INVEGA 24 HR TAB 6 mg .....	29	JUNEL 1.5/30 (21) TAB 1.5-30 mg-mcg ...	54
INVEGA SUSTENNA IM SYRINGE 39 mg/0.25		JUNEL 1/20 (21) TAB 1-20 mg-mcg. ....	54
mL, 78 mg/0.5 mL .....	29	JUNEL FE 1.5/30 (28) TAB 1.5-30 mg-mcg ..	54
INVEGA SUSTENNA IM SYRINGE 117 mg/0.75		JUNEL FE 1/20 (28) TAB 1-20 mg-mcg ...	54
mL, 156 mg/mL (1 mL), 234 mg/1.5 mL ..	29	KALETRA ORAL SOLN 400-100 mg/5 mL ...	31
INVIRASE CAP 200 mg .....	31	KALETRA TAB 100-25 mg .....	31
INVIRASE TAB 500 mg .....	31	KALETRA TAB 200-50 mg .....	31
IPOL SUSP FOR INJECTION 40-8-32 unit/0.5		kanamycin Injection 1 gram/3 mL .....	14
mL .....	58	KARIVA TAB 0.15-0.02mg x21 /0.01 mg x 5..	54
ipratropium-albuterol Neb Solution 0.5 mg-3		KELNOR 1/35 (28) TAB 1-35 mg-mcg .....	54
mg(2.5 mg base)/3 mL .....	65	KEPIVANCE SOLUTION 6.25 mg .....	44
ipratropium bromide Nasal Spray 0.03 %, 0.06 % .....	65	KEPPRA XR 24 HR TAB 500 mg, 750 mg. ...	17
ipratropium bromide Soln for Inhalation		ketoconazole Shampoo 2 % .....	21
0.02 % .....	65	ketoconazole Tab 200 mg .....	21
IRESSA TAB 250 mg .....	26	ketoconazole Topical Cream 2 % .....	21
irinotecan IV 100 mg/5 mL .....	26	ketoprofen Cap 50 mg, 75 mg .....	23
ISENTRESS TAB 400 mg. ....	31	ketoprofen ER 24 hr Cap 200 mg .....	23
ISOCHRON TAB 40 mg .....	40	ketorolac Eye Drops 0.4 %, 0.5 % .....	62
ISOLYTE-H IN D5W IV 5 % .....	68	KINERET SUB-Q SYRINGE 100 mg/0.67 mL. 58	
ISOLYTE-M IN D5W IV .....	68	KIONEX ORAL POWDER .....	19
ISOLYTE-P IN D5W IV 5 % .....	68	KLOR-CON 10 TAB 10 mEq .....	68
ISOLYTE-S IN D5W IV .....	68	KLOR-CON M15 TAB 15 mEq. ....	68
ISOLYTE-S IV .....	68	KLOR-CON M20 TAB 20 mEq. ....	68
ISONARIF CAP 300-150 mg .....	24	KLOR-CON TAB 8 mEq. ....	68
isoniazid Injection 100 mg/mL .....	24	KOMBIGLYZE XR 24 HR TAB 2.5-1,000 mg. .	35
isoniazid Syrup 50 mg/5 mL .....	24	KOMBIGLYZE XR 24 HR TAB 5-1,000 mg,	
		5-500 mg .....	35

KRISTALOSE ORAL PACKET 10 gram, 20 gram . . . . .	47	levetiracetam IV 500 mg/5 mL . . . . .	17
KUVAN SOLUBLE TAB 100 mg . . . . .	46	levetiracetam Oral Soln 100 mg/mL . . . . .	17
labetalol IV 5 mg/mL . . . . .	40	levetiracetam Tab 1,000 mg, 250 mg, 500 mg, 750 mg . . . . .	17
labetalol Tab 100 mg, 200 mg, 300 mg . . . . .	40	levobunolol Eye Drops 0.25 %, 0.5 % . . . . .	62
LACLOTION 12 % . . . . .	45	levocarnitine IV 200 mg/mL . . . . .	68
LACRISERT EYE INSERTS 5 mg . . . . .	62	levocarnitine Tab 330 mg . . . . .	68
lactated ringers Irrigation Soln . . . . .	68	levocarnitine (with sucrose) Oral Soln 100 mg/ mL . . . . .	68
lactated ringers IV . . . . .	68	levocetirizine Tab 5 mg . . . . .	65
lactulose Oral Soln 10 gram/15 mL . . . . .	47	LEVORA-28 TAB 0.15-30 mg-mcg . . . . .	54
lamotrigine Dispersible Tab 25 mg, 5 mg . . . . .	17	levorphanol tartrate Tab 2 mg . . . . .	10
lamotrigine Tab 100 mg, 150 mg, 200 mg, 25 mg . . . . .	17	LEVOTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg . . . . .	55
LANOXIN INJECTION 250 mcg/mL . . . . .	40	levothyroxine Tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg . . . . .	56
LANOXIN PEDIATRIC INJECTION 100 mcg/mL . . . . .	40	LEVOXYL TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg . . . . .	56
LANOXIN TAB 125 mcg, 250 mcg . . . . .	40	LEXAPRO ORAL SOLN 5 mg/5 mL . . . . .	33
lansoprazole Cap, Delayed Release 15 mg, 30 mg . . . . .	47	LEXAPRO TAB 10 mg . . . . .	33
lansoprazole Rapid Dissolve Tab, Delayed Release 15 mg, 30 mg . . . . .	47	LEXAPRO TAB 20 mg, 5 mg . . . . .	33
LANTUS SOLOSTAR SUB-Q INSULIN PEN 100 unit/mL (3 mL) . . . . .	35	LEXIVA ORAL SUSP 50 mg/mL . . . . .	31
LANTUS SUB-Q 100 unit/mL . . . . .	35	LEXIVA TAB 700 mg . . . . .	31
LASTACAFIT EYE DROPS 0.25 % . . . . .	62	lidocaine Injection 5 mg/mL (0.5 %) . . . . .	10
LATUDA TAB 40 mg . . . . .	29	lidocaine Mucosal Gel 2 % . . . . .	10
LATUDA TAB 80 mg . . . . .	29	lidocaine Mucosal Soln 2 %, 4 % . . . . .	11
LEENA 28 TAB 0.5/1/0.5-35 mg-mcg . . . . .	54	lidocaine Mucous Membrane Jelly in Applicator 2 % . . . . .	11
leflunomide Tab 10 mg, 20 mg . . . . .	58	lidocaine Ointment 5 % . . . . .	11
LESCOL XL 24 HR TAB 80 mg . . . . .	40	lidocaine (PF) Injection 10 mg/mL (1 %) . . . . .	10
LESSINA TAB 0.1-20 mg-mcg . . . . .	54	lidocaine-prilocaine Topical Cream 2.5-2.5 % . . . . .	11
LETAIRIS TAB 10 mg, 5 mg . . . . .	65	LIDODERM ADHESIVE PATCH 5 % (700 mg/ patch) . . . . .	11
leucovorin calcium Solution for Injection 100 mg, 350 mg . . . . .	19	LINCOCIN INJECTION 300 mg/mL . . . . .	14
leucovorin calcium Tab 10 mg, 15 mg, 25 mg, 5 mg . . . . .	20	lindane Lotion 1 % . . . . .	27
LEUKERAN TAB 2 mg . . . . .	26	lindane Shampoo 1 % . . . . .	27
LEUKINE INJECTION 500 mcg/mL . . . . .	36	liothyronine IV 10 mcg/mL . . . . .	56
LEUKINE SOLUTION FOR INJECTION 250 mcg . . . . .	36	liothyronine Tab 25 mcg, 5 mcg, 50 mcg . . . . .	56
leuprolide Sub-Q Kit 1 mg/0.2 mL . . . . .	56	LIPITOR TAB 10 mg, 20 mg . . . . .	40
levalbuterol Neb Solution 1.25 mg/0.5 mL . . . . .	65	LIPITOR TAB 40 mg, 80 mg . . . . .	40
LEVAQUIN IN D5W IV PIGGY BACK 750 mg/150 mL . . . . .	14	LIPOSYN III IV 30 % . . . . .	68
LEVAQUIN IV 25 mg/mL . . . . .	14	lisinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg . . . . .	40
LEVAQUIN ORAL SOLN 250 mg/10 mL . . . . .	14	lisinopril Tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg . . . . .	40
LEVAQUIN TAB 250 mg, 500 mg, 750 mg . . . . .	14	lithium carbonate Cap 150 mg, 300 mg, 600 mg . . . . .	33
LEVEMIR FLEXPEN SUB-Q INSULIN PEN 100 unit/mL . . . . .	35		
LEVEMIR SUB-Q 100 unit/mL . . . . .	35		

lithium carbonate ER Tab 300 mg, 450 mg. . . . .	33	medroxyprogesterone IM Susp 150 mg/mL . . . . .	54
lithium carbonate Tab 300 mg. . . . .	33	medroxyprogesterone Tab 10 mg, 2.5 mg, 5 mg. . . . .	54
lithium citrate Oral Soln 8 mEq/5 mL. . . . .	33	mefenamic acid Cap 250 mg . . . . .	23
LOKARA LOTION 0.05 % . . . . .	51	mefloquine Tab 250 mg . . . . .	28
loperamide Cap 2 mg. . . . .	47	MEGACE ES ORAL SUSP 625 mg/5 mL. . . . .	54
losartan-hydrochlorothiazide Tab 100-12.5 mg, 100-25 mg, 50-12.5 mg . . . . .	40	megestrol Oral Susp 400 mg/10 mL (40 mg/mL). . . . .	54
losartan Tab 100 mg, 25 mg, 50 mg. . . . .	40	megestrol Tab 20 mg, 40 mg . . . . .	54
LOTEMAX EYE DROPS 0.5 % . . . . .	62	meloxicam Oral Susp 7.5 mg/5 mL . . . . .	23
LOTRONEX TAB 0.5 mg, 1 mg . . . . .	47	meloxicam Tab 15 mg, 7.5 mg. . . . .	23
lovastatin Tab 10 mg, 20 mg, 40 mg . . . . .	40	melphalan IV Solution 50 mg. . . . .	26
LOVAZA CAP 1 gram. . . . .	40	MENACTRA (PF) IM SYRINGE 4 mcg/0.5 mL	58
LOVENOX SUB-Q 300 mg/3 mL . . . . .	36	MENOMUNE - A/C/Y/W-135 (PF) SUB-Q SOLN 50 mcg. . . . .	58
LOW-OGESTREL (28) TAB 0.3-30 mg-mcg. . . . .	54	MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 mcg/0.5 mL . . . . .	58
loxapine Cap 10 mg, 25 mg, 5 mg, 50 mg . . . . .	29	meprobamate Tab 200 mg, 400 mg. . . . .	33
LUMIGAN EYE DROPS 0.01 %, 0.03 % . . . . .	62	MEPRON ORAL SUSP 750 mg/5 mL. . . . .	28
LUNESTA TAB 1 mg, 2 mg, 3 mg . . . . .	66	mercaptapurine Tab 50 mg . . . . .	26
LUPRON DEPOT (3 MONTH) IM KIT 11.25 mg . . . . .	56	meropenem IV Solution 500 mg . . . . .	14
LUPRON DEPOT (3 MONTH) IM SYRINGE KIT 22.5 mg . . . . .	56	mesalamine Enema 4 gram/60 mL . . . . .	60
LUPRON DEPOT (4 MONTH) IM KIT 30 mg. . . . .	56	mesna IV 100 mg/mL . . . . .	20
LUPRON DEPOT IM KIT 3.75 mg. . . . .	56	MESNEX TAB 400 mg . . . . .	20
LUPRON DEPOT IM SYRINGE 7.5 mg. . . . .	56	MESTINON SYRUP 60 mg/5 mL . . . . .	24
LUPRON DEPOT-PED IM KIT 11.25 mg, 15 mg. . . . .	56	MESTINON TIMESPAN TAB 180 mg . . . . .	24
LUTERA (28) TAB 0.1-20 mg-mcg. . . . .	54	metaproterenol Syrup 10 mg/5 mL. . . . .	65
LUXIQ TOPICAL FOAM 0.12 % . . . . .	51	metaproterenol Tab 10 mg, 20 mg . . . . .	65
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg. . . . .	17	metaxalone Tab 800 mg. . . . .	66
LYSODREN TAB 500 mg . . . . .	26	metformin ER 24 hr Tab 500 mg. . . . .	35
LYSTEDA TAB 650 mg. . . . .	37	metformin ER 24 hr Tab 750 mg. . . . .	35
MACRODANTIN CAP 100 mg, 50mg, 25 mg . . . . .	14	metformin Tab 1,000 mg . . . . .	35
MALARONE TAB 250-100 mg, 62.5-25 mg. . . . .	27	metformin Tab 500 mg. . . . .	35
malathion Lotion 0.5 % . . . . .	27	metformin Tab 850 mg. . . . .	35
maprotiline Tab 25 mg, 50 mg, 75 mg. . . . .	18	methadone Oral Concentrate 10 mg/mL. . . . .	10
MARGESIC-H CAP 5-500 mg . . . . .	10	methadone Oral Soln 10 mg/5 mL, 5 mg/5 mL	10
MARPLAN TAB 10 mg. . . . .	18	methadone Tab 10 mg, 5 mg . . . . .	10
MATULANE CAP 50 mg . . . . .	26	METHADOSE TAB 10 mg, 5 mg . . . . .	10
MATZIM LA 24 HR TAB 180 mg, 240 mg, 300 mg, 360 mg . . . . .	40	methazolamide Tab 25 mg, 50 mg. . . . .	40
MATZIM LA 24 HR TAB 420 mg . . . . .	40	methenamine hippurate Tab 1 gram. . . . .	14
MAXAIR AUTOHALER BREATH ACTIVATED 200 mcg/Inhalation . . . . .	65	methimazole Tab 10 mg, 5 mg. . . . .	57
MAXALT-MLT TAB, RAPID DISSOLVE 10 mg, 5 mg . . . . .	23	methotrexate sodium Injection 25 mg/mL . . . . .	58
MAXALT TAB 10 mg, 5 mg . . . . .	23	methotrexate sodium (PF) Solution for Injec- tion 1 gram . . . . .	59
mebendazole Chewable Tab 100 mg. . . . .	27	methotrexate sodium Tab 2.5 mg . . . . .	58
meclizine Tab 12.5 mg, 25 mg . . . . .	20	methscopolamine Tab 2.5 mg, 5 mg . . . . .	47
meclofenamate Cap 100 mg, 50 mg . . . . .	23	methyclothiazide Tab 5 mg . . . . .	40
		methyldopa-hydrochlorothiazide Tab 250-15 mg, 250-25 mg. . . . .	41
		methyldopa Tab 250 mg, 500 mg. . . . .	40

METHYLIN ER TAB 10 mg, 20 mg . . . . .	44	MIGERGOT RECTAL SUPPOSITORY	
METHYLIN TAB 10 mg, 20 mg, 5 mg . . . . .	44	2-100 mg . . . . .	23
methylphenidate ER Tab 20 mg . . . . .	44	MIGRANAL NASAL SPRAY 0.5 mg/pump Act.	23
methylphenidate Tab 10 mg, 20 mg, 5 mg . . .	44	MINITRAN TRANSDERM 24 HR PATCH 0.1 mg/	
methylprednisolone acetate Susp for Injection		hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr. . . . .	41
40 mg/mL, 80 mg/mL . . . . .	51	minocycline Cap 100 mg, 50 mg, 75 mg . . . . .	14
methylprednisolone sodium succ IV Solution		minocycline ER 24 hr Tab 135 mg,	
1,000 mg . . . . .	51	45 mg, 90 mg. . . . .	14
methylprednisolone sodium succ Solution for		minocycline Tab 100 mg, 50 mg, 75 mg . . . . .	14
Injection 125 mg, 40 mg . . . . .	51	minoxidil Tab 10 mg, 2.5 mg . . . . .	41
methylprednisolone Tab 16 mg, 32 mg, 4 mg, 8		mirtazapine Tab 15 mg, 30 mg, 45 mg, 7.5 mg	18
mg . . . . .	51	mirtazapine Tab, Rapid Dissolve 15 mg,	
methylprednisolone Tabs in a Dose Pack 4 mg	51	30 mg, 45 mg. . . . .	19
metipranolol Eye Drops 0.3 % . . . . .	62	misoprostol Tab 100 mcg, 200 mcg. . . . .	47
metoclopramide Injection 5 mg/mL . . . . .	20	mitomycin IV Solution 20 mg . . . . .	26
metoclopramide Oral Soln 5 mg/5 mL. . . . .	20	mitoxantrone Concentrate, IV 2 mg/mL. . . . .	26
metoclopramide Tab 5 mg . . . . .	20	M-M-R II (PF) SUB-Q SUSP 1,000-12,500	
metoclopramide Tab 10 mg. . . . .	20	TCID50/0.5 mL . . . . .	59
metolazone Tab 10 mg, 2.5 mg, 5 mg . . . . .	41	moexipril-hydrochlorothiazide Tab 15-12.5 mg,	
metoprolol-hydrochlorothiazide Tab 100-25 mg,		15-25 mg, 7.5-12.5 mg. . . . .	41
100-50 mg, 50-25 mg. . . . .	41	moexipril Tab 15 mg, 7.5 mg. . . . .	41
metoprolol IV 5 mg/5 mL. . . . .	41	mometasone Ointment 0.1 % . . . . .	51
metoprolol succinate ER 24 hr Tab 100 mg, 200		mometasone Topical Cream 0.1 % . . . . .	51
mg, 25 mg, 50 mg . . . . .	41	mometasone Topical Soln 0.1 % . . . . .	51
metoprolol tartrate Tab 100 mg, 25 mg, 50 mg	41	MONONESSA (28) TAB 0.25-35 mg-mcg. . . . .	54
METOZOLV ODT TAB, RAPID DISSOLVE 10		morphine concentrate Oral 100 mg/5 mL (20	
mg, 5 mg . . . . .	20	mg/mL) . . . . .	10
metronidazole Cap 375 mg . . . . .	14	morphine ER Tab 60 mg . . . . .	10
metronidazole in sodium chloride (iso-osm) IV		morphine ER Tab 100 mg, 15 mg,	
Piggy Back 500 mg/100 mL . . . . .	14	200 mg, 30 mg. . . . .	10
metronidazole Lotion 0.75 % . . . . .	14	morphine Oral Soln 10 mg/5 mL, 20 mg/5 mL	10
metronidazole Tab 250 mg, 500 mg . . . . .	14	morphine (PF) Injection 0.5 mg/mL, 1 mg/mL	10
metronidazole Topical Cream 0.75 % . . . . .	14	morphine Tab 15 mg, 30 mg . . . . .	10
metronidazole Topical Gel 0.75 % . . . . .	14	MOVIPREP ORAL POWDER PACKET 100-7.5-	
metronidazole Vaginal Gel 0.75 % . . . . .	14	2.691 gram. . . . .	47
mexiletine Cap 150 mg, 200 mg, 250 mg . . . .	41	MOZOBIL SUB-Q 24 mg/1.2 mL (20 mg/mL) .	37
MIACALCIN INJECTION 200 unit/mL . . . . .	61	MULTAQ TAB 400 mg . . . . .	41
MICARDIS HCT TAB 40-12.5 mg, 80-12.5 mg,		mupirocin Ointment 2 % . . . . .	14
80-25 mg . . . . .	41	MUSTARGEN SOLUTION FOR INJECTION	
MICARDIS TAB 20 mg, 40 mg, 80 mg. . . . .	41	10 mg. . . . .	26
MICONAZOLE-3 VAGINAL SUPPOSITORY		MYCOBUTIN CAP 150 mg. . . . .	24
200 mg. . . . .	21	mycophenolate mofetil Cap 250 mg . . . . .	59
MICROGESTIN 1.5/30 (21)		mycophenolate mofetil Tab 500 mg . . . . .	59
TAB 1.5-30 mg-mcg . . . . .	54	MYFORTIC TAB 180 mg, 360 mg . . . . .	59
MICROGESTIN 1/20 (21) TAB 1-20 mg-mcg .	54	MYOZYME IV SOLUTION 50 mg. . . . .	65
MICROGESTIN FE 1.5/30 (28)		nabumetone Tab 500 mg, 750 mg . . . . .	23
TAB 1.5-30 mg-mcg . . . . .	54	nadolol-bendroflumethiazide Tab 40-5 mg,	
MICROGESTIN FE 1/20 (28)		80-5 mg . . . . .	41
TAB 1-20 mg-mcg . . . . .	54	nadolol Tab 20 mg, 40 mg, 80 mg . . . . .	41
midodrine Tab 10 mg, 2.5 mg, 5 mg . . . . .	41	nafcillin Solution for Injection 1 gram. . . . .	14

nafcillin Solution for Injection 10 gram. . . . .	14	neomycin Tab 500 mg . . . . .	14
NAFTIN TOPICAL CREAM 1 % . . . . .	21	NEORAL CAP 100 mg, 25 mg . . . . .	59
NAGLAZYME IV 5 mg/5 mL . . . . .	46	NEORAL ORAL SOLN 100 mg/mL . . . . .	59
nalbuphine Injection 10 mg/mL, 20 mg/mL . .	10	NEPHRAMINE 5.4 % IV 5.4 % . . . . .	68
naloxone Syringe 0.4 mg/mL, 1 mg/mL . . . . .	20	NEULASTA SUB-Q SYRINGE 6 mg/0.6mL . . .	37
naltrexone Tab 50 mg . . . . .	20	NEUMEGA SUB-Q SOLN 5 mg . . . . .	37
NAMENDA ORAL SOLN 10 mg/5 mL . . . . .	18	NEUPOGEN INJECTION 480 mcg/1.6 mL . . .	37
NAMENDA TAB 5 mg . . . . .	18	NEUPOGEN SYRINGE 300 mcg/0.5 mL, 480	
NAMENDA TAB 10 mg . . . . .	18	mcg/0.8 mL . . . . .	37
NAMENDA TITRATION PAK TABS IN A DOSE		NEURONTIN SOL 250/5ML . . . . .	17
PACK 5-10 mg . . . . .	18	NEXAVAR TAB 200 mg . . . . .	26
naproxen Oral Susp 125 mg/5 mL . . . . .	23	NEXIUM CAP 20 mg, 40 mg . . . . .	48
naproxen sodium Tab 275 mg, 550 mg . . . . .	23	NEXIUM IV SOLUTION 20 mg, 40 mg . . . . .	48
naproxen Tab 250 mg, 375 mg . . . . .	23	NEXIUM PACKET ORAL SUSP 10 mg, 20 mg,	
naproxen Tab, Delayed Release 375 mg,		40 mg . . . . .	48
500 mg . . . . .	23	NEXT CHOICE TAB 0.75 mg . . . . .	54
naratriptan Tab 1 mg, 2.5 mg . . . . .	23	NIACOR TAB 500 mg . . . . .	41
NARDIL TAB 15MG . . . . .	19	NIASPAN EXTENDED-RELEASE 24 HR TAB	
NASACORT AQ NASAL SPRAY AEROSOL 55		1,000 mg, 500 mg, 750 mg . . . . .	41
mcg . . . . .	65	nicardipine Cap 20 mg, 30 mg . . . . .	41
NASONEX SPRAY 50 mcg/Actuation . . . . .	65	nicardipine IV 25 mg/10 mL . . . . .	41
NATACYN EYE DROPS 5 % . . . . .	21	NICOTROL INHALATION CARTRIDGE 10 mg20	
nateglinide Tab 120 mg, 60 mg . . . . .	35	NIFEDIAC CC TAB 30 mg, 60 mg, 90 mg . . .	41
NEBUPENT SOLUTION FOR INHALATION 300		NIFEDICAL XL 24 HR TAB 30 mg, 60 mg . . .	41
mg . . . . .	28	nifedipine ER 24 hr Tab 30 mg, 60 mg, 90 mg	41
NECON 0.5/35 (28) TAB 0.5-35 mg-mcg . . . .	54	NILANDRON TAB 150 mg . . . . .	57
NECON 1/35 (28) TAB 1-35 mg-mcg . . . . .	54	nimodipine Cap 30 mg . . . . .	41
NECON 7/7/7 (28) TAB 0.5/0.75/1 mg- 35 mcg	54	nisoldipine ER 24 hr Tab 17 mg, 20 mg, 25.5 mg,	
NECON 10/11 (28) TAB 0.5-35/1-35 mg-mcg/		30 mg, 34 mg, 40 mg, 8.5 mg . . . . .	41
mg-mcg . . . . .	54	NITRO-DUR TRANSDERM 24 HR PATCH 0.3	
nefazodone Tab 100 mg, 150 mg, 200 mg, 250		mg/hr, 0.8 mg/hr . . . . .	41
mg, 50 mg . . . . .	19	nitrofurantoin macrocrystal Cap 50 mg . . . . .	14
neomycin-bacitracin-poly-HC Eye Ointment 3.5-		nitrofurantoin monohydrate/macrocrystals Cap	
400-10,000 mg-unit/g-1% . . . . .	62	100 mg . . . . .	14
neomycin-bacitracin-polymyxin Eye Oint 3.5-		nitroglycerin IV 50 mg/10 mL (5 mg/mL) . . . .	41
400-10,000 mg-unit-unit/g . . . . .	62	nitroglycerin Transderm 24 hr Patch 0.1 mg/hr,	
neomycin-polymyxin B GU Irrigation Soln 40-		0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr . . . . .	41
200,000 mg-unit/mL . . . . .	14	NITROLINGUAL SPRAY 0.4 mg/dose . . . . .	41
neomycin-polymyxin-dexameth Eye Drops 3.5-		NITROSTAT SUBLINGUAL TAB 0.3 mg, 0.4 mg,	
10,000-0.1 mg/mL-unit/mL-% . . . . .	62	0.6 mg . . . . .	41
neomycin-polymyxin-dexameth Eye Ointment		nizatidine Cap 150 mg, 300 mg . . . . .	48
3.5-10,000-0.1 mg-unit/g-% . . . . .	62	nizatidine Oral Soln 150 mg/10 mL . . . . .	48
neomycin-polymyxin-gramicidin Eye Drops		NORA-BE TAB 0.35 mg . . . . .	54
1.75-10K-0.025 mg-unit-mg/mL . . . . .	62	NORDITROPIN FLEXPLO SUB-Q PEN INJEC-	
neomycin-polymyxin-HC Ear Drops, Susp 3.5-		TOR 10 mg/1.5 mL (6.7 mg/mL), 15 mg/1.5	
10,000-1 mg-unit/mL-% . . . . .	14	mL (10 mg/mL), 5 mg/1.5 mL (3.3 mg/mL)	52
neomycin-polymyxin-HC Ear Soln 3.5-10,000-1		NORDITROPIN NORDIFLEX SUB-Q PEN IN-	
mg-unit/mL-% . . . . .	14	JECTOR 30 mg/3 mL (10 mg/mL) . . . . .	52
neomycin-polymyxin-HC Eye Drops, Susp 3.5-		norethindrone acetate Tab 5 mg . . . . .	54
10,000-10 mg-unit-mg/mL . . . . .	62	NORMOSOL-M IN D5W IV . . . . .	68

NORMOSOL-R IN D5W IV 5 %	68	ofloxacin Eye Drops 0.3 %	15
NORMOSOL-R PH 7.4 IV	68	ofloxacin Tab 200 mg, 300 mg, 400 mg	15
NORTREL 0.5/35 (28) TAB 0.5-35 mg-mcg	54	OGESTREL (28) TAB 0.5-50 mg-mcg	54
NORTREL 1/35 (21) TAB 1-35 mg-mcg	54	omeprazole Cap, Delayed Release 10 mg, 20 mg, 40 mg	48
NORTREL 1/35 (28) TAB 1-35 mg-mcg	54	omeprazole-sodium bicarbonate Cap 20-1.1 mg-gram	48
NORTREL 7/7/7 (28) TAB 0.5/0.75/1 mg- 35 mcg	54	omeprazole-sodium bicarbonate Cap 40-1.1 mg-gram	48
nortriptyline Cap 10 mg, 25 mg, 50 mg, 75 mg	19	ondansetron HCl Oral Soln 4 mg/5 mL	20
nortriptyline Oral Soln 10 mg/5 mL	19	ondansetron HCl (PF) Injection 4 mg/2 mL	20
NORVIR CAP 100 mg	31	ondansetron HCl Tab 4 mg, 8 mg	20
NORVIR ORAL SOLN 80 mg/mL	31	ondansetron HCl Tab 24 mg	20
NORVIR TAB 100 mg	31	ondansetron Tab, Rapid Dissolve 4 mg	20
NOVOLIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30)	35	ondansetron Tab, Rapid Dissolve 8 mg	20
NOVOLIN N SUSP, SUB-Q INJ 100 unit/mL	35	ONGLYZA TAB 2.5 mg	35
NOVOLIN R INJECTION 100 unit/mL	35	ONGLYZA TAB 5 mg	35
NOVOLOG FLEXPEN SUB-Q 100 unit/mL	35	ONTAK IV 150 mcg/mL	26
NOVOLOG MIX 70-30 FLEXPEN SUB-Q 100 unit/mL (70-30)	35	ORACEA 24 HR CAP 40 mg	15
NOVOLOG MIX 70-30 SUB-Q 100 unit/mL (70-30)	35	ORAP TAB 1 mg, 2 mg	29
NOVOLOG SUB-Q 100 unit/mL	35	ORFADIN CAP 10 mg, 2 mg, 5 mg	46
NOXAFIL ORAL SUSP 200 mg/5 mL (40 mg/mL)	21	ORTHO EVRA TRANSDERM PATCH 150-20 mcg/24 hr	54
NS with potassium chloride IV 20 mEq/L, 40 mEq/L	68	OSMOPREP TAB 1.5 gram	48
NUTROPIN AQ NUSPIN SUBQ CARTRIDGE 5 mg/2 mL (2.5 mg/mL)	52	oxaliplatin Soln 100 mg/20 mL	26
NUTROPIN AQ SUBQ CARTRIDGE 10 mg/2 mL (5 mg/mL), 20 mg/2 mL (10 mg/mL)	52	oxandrolone Tab 2.5 mg	55
NUTROPIN SUB-Q SOLN 10 mg	52	oxandrolone Tab 10 mg	55
NUVARING VAGINAL 0.12-0.015 mg/24 hr	54	oxaprozin Tab 600 mg	23
NUVIGIL TAB 150 mg, 250 mg, 50 mg	44	oxcarbazepine Oral Susp 300 mg/5 mL	17
NYAMYC TOPICAL POWDER 100,000 unit/g	21	oxcarbazepine Tab 150 mg, 300 mg, 600 mg	17
nystatin Ointment 100,000 unit/g	21	OXISTAT LOTION 1 %	22
nystatin Oral Susp 100,000 unit/mL	21	OXISTAT TOPICAL CREAM 1 %	22
nystatin Tab 500,000 unit	21	OXSORALEN ULTRA CAP 10 mg	45
nystatin Topical Cream 100,000 unit/g	21	oxybutynin chloride ER 24 hr Tab 10 mg, 15 mg, 5 mg	49
nystatin Topical Powder 100,000 unit/g	21	oxybutynin chloride Syrup 5 mg/5 mL	49
nystatin-triamcinolone Ointment 100,000-0.1 unit/gram-%	22	oxybutynin chloride Tab 5 mg	49
nystatin-triamcinolone Topical Cream 100,000-0.1 unit/g-%	22	oxycodone-acetaminophen Cap 5-500 mg	10
NYSTOP TOPICAL POWDER 100,000 unit/g	22	oxycodone-acetaminophen Tab 2.5-325 mg	10
OCELLA TAB 3-0.03 mg	54	oxycodone-acetaminophen Tab 7.5-500 mg	10
octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL	56	oxycodone-acetaminophen Tab 10-325 mg, 5-325 mg, 7.5-325 mg	10
octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL	56	oxycodone HCl-oxycodone ter-aspirin Tab 4.5-0.38-325 mg	10
ofloxacin Ear Drops 0.3 %	15	oxycodone Tab 15 mg, 30 mg, 5 mg	10
		OXYCONTIN 12 HR TAB 10 mg, 20 mg, 30 mg, 40 mg	10
		OXYCONTIN 12 HR TAB 80 mg	10
		oxymorphone Tab 5 mg	10
		oxymorphone Tab 10 mg	10

OXYTROL TRANSDERM PATCH 3.9 mg/24 hr	49	mg, 4-10 mg, 4-25 mg, 4-50 mg	19
PACERONE TAB 100 mg	42	perphenazine Tab 16 mg, 2 mg, 4 mg, 8 mg	29
PACERONE TAB 200 mg	42	phenytoin Oral Susp 125 mg/5 mL	17
paclitaxel Concentrate, IV 6 mg/mL	26	phenytoin sodium extended Cap 100 mg, 200 mg, 300 mg	17
pamidronate IV 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)	61	phenytoin sodium IV 50 mg/mL	17
PANCREAZE CAP 10,500-25,000 -43,750 unit, 16,800-40,000 -70,000 unit, 21,000-37,000 -61,000 unit, 4,200-10,000 -17,500 unit	46	PHOSPHOLINE IODIDE EYE DROPS 0.125 %	62
PANRETIN TOPICAL GEL 0.1 %	26	PHOTOFRIN IV SOLUTION 75 mg	26
pantoprazole Tab, Delayed Release 20 mg, 40 mg	48	PHYSIOLYTE IRRIGATION SOLN 140-5-3-98 mEq/L	68
PARCAINE EYE DROPS 0.5 %	11	pilocarpine Tab 5 mg	44
paramomycin Cap 250 mg	15	pilocarpine Tab 7.5 mg	44
paroxetine ER 24 hr Tab 12.5 mg, 25 mg	33	PILOPINE HS EYE GEL 4 %	62
paroxetine Oral Susp 10 mg/5 mL	33	pindolol Tab 10 mg, 5 mg	42
paroxetine Tab 10 mg, 20 mg, 30 mg, 40 mg	33	piperacillin-tazobactam IV Solution 3.375 gram	15
PASER ORAL PACKET 4 gram	24	piroxicam Cap 10 mg, 20 mg	23
PATADAY EYE DROPS 0.2 %	62	PLASMA-LYTE-56 IN D5W IV 5 %	69
PATANOL EYE DROPS 0.1 %	62	PLASMA-LYTE 56 IV	69
PEDI-DRI TOPICAL POWDER 100,000 unit/g	22	PLASMA-LYTE 148 IN D5W IV	68
PEDVAX HIB (PF) IM 7.5 mcg/0.5 mL	59	PLASMA-LYTE 148 IV	68
PEGANONE TAB 250 mg	17	PLASMA-LYTE A IV	69
PEGASYS CONVENIENCE PACK SUB-Q KIT 180 mcg/0.5 mL	59	PLASMA-LYTE R IV	69
PEGASYS SUB-Q 180 mcg/mL	59	PLAVIX TAB 75 mg	37
PEGINTRON REDIPEN SUBQ KIT 120 mcg/0.5 mL, 150 mcg/0.5 mL, 50 mcg/0.5 mL, 80 mcg/0.5 mL	59	PLAVIX TAB 300 mg	37
PEGINTRON SUB-Q KIT 50 mcg/0.5 mL	59	podofilox Topical Soln 0.5 %	45
penicillin G potassium Solution for Injection 5 million unit	15	POLY-DEX EYE DROPS 3.5-10,000-0.1 mg/mL-unit/mL-%	62
penicillin G procaine IM Syringe 1,200,000 unit	15	POLY-DEX EYE OINTMENT 3.5-10,000-0.1 mg-unit/g-%	62
penicillin G sodium Solution for Injection 5 million unit	15	polyethylene glycol 3350 Oral Powder 17 gram/dose	48
penicillin V potassium Oral Susp 125 mg/5 mL, 250 mg/5 mL	15	polymyxin B sulfate Solution for Injection 500,000 unit	15
penicillin V potassium Tab 250 mg, 500 mg	15	PORTIA TAB 0.15-30 mg-mcg	55
PENTAM SOLUTION FOR INJECTION 300 mg	28	potassium chloride ER Cap 10 mEq, 8 mEq	69
PENTASA CAP 250 mg, 500 mg	60	potassium chloride ER Tab, Particles/Crystals 10 mEq, 20 mEq	69
pentazocine-naloxone Tab 50-0.5 mg	10	potassium chloride IV Piggy Back 10 mEq/100 mL, 20 mEq/50 mL, 30 mEq/100 mL	69
PENTOPAK TAB 400 mg	42	potassium chloride IV Soln 2 mEq/mL	69
pentostatin IV Solution 10 mg	26	potassium citrate ER Tab 10 mEq, 5 mEq	69
pentoxifylline ER Tab 400 mg	42	PRADAXA CAP 150 mg, 75 mg	37
perindopril erbumine Tab 2 mg, 4 mg, 8 mg	42	pramipexole Tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	28
PERIOGARD MOUTHWASH 0.12 %	44	PRANDIN TAB 0.5 mg, 1 mg	35
permethrin Topical Cream 5 %	28	PRANDIN TAB 2 mg	35
perphenazine-amitriptyline Tab 2-10 mg, 2-25 mg	19	pravastatin Tab 10 mg, 20 mg, 40 mg, 80 mg	42
		prazosin Cap 1 mg, 2 mg, 5 mg	42
		PRED MILD EYE DROPS 0.12 %	62

prednicarbate Ointment 0.1 % . . . . .	51	PROMACTA TAB 25 mg, 50 mg, 75 mg . . . . .	37
prednicarbate Topical Cream 0.1 % . . . . .	51	PROMETRIUM CAP 100 mg, 200 mg . . . . .	55
prednisolone acetate Eye Drops, Susp 1 % . .	62	propafenone ER 12 hr Cap 225 mg, 325 mg,	
prednisolone sodium phosphate Eye		425 mg . . . . .	42
Drops 1 % . . . . .	62	propafenone Tab 150 mg, 225 mg . . . . .	42
prednisolone sodium phosphate Oral Soln 15		propafenone Tab 300 mg . . . . .	42
mg/5 mL, 5 mg base/5 mL (6.7 mg/5 mL) .	51	proparacaine Eye Drops 0.5 % . . . . .	62
PREDNISONE INTENSOL ORAL CONCEN-		propranolol ER 24 hr Cap extended release 120	
TRATE 5 mg/mL . . . . .	51	mg, 160 mg, 60 mg, 80 mg . . . . .	42
prednisone Oral Soln 5 mg/5 mL . . . . .	51	propranolol-hydrochlorothiazide Tab 40-25 mg,	
prednisone Tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5		80-25 mg . . . . .	42
mg, 50 mg . . . . .	51	propranolol IV 1 mg/mL . . . . .	42
PREFEST TAB 1/1-0.09 mg (15/15) . . . . .	55	propranolol Oral Soln 20 mg/5 mL,	
PREGNYL IM 10,000 unit . . . . .	52	40 mg/5 mL . . . . .	42
PREMARIN VAGINAL CREAM 0.625 mg/g . . . .	55	propranolol Tab 10 mg, 20 mg, 40 mg, 60 mg, 80	
PREMASOL 6 % IV . . . . .	69	mg . . . . .	42
PREMPRO TAB 0.3-1.5 mg, 0.45-1.5 mg, 0.625-		propylthiouracil Tab 50 mg . . . . .	57
2.5 mg, 0.625-5 mg . . . . .	55	PROQUAD SUB-Q 10exp3-4.3-3- 3.99	
PRENATABS OBN TAB 29-1 mg . . . . .	69	TCID50/0.5 . . . . .	59
PREVALITE ORAL POWDER 4 gram . . . . .	42	PROTONIX IV SOLUTION 40 mg . . . . .	48
PREVIFEM TAB 0.25-35 mg-mcg . . . . .	55	PROTOPIC OINTMENT 0.03 %, 0.1 % . . . . .	46
PREVPAC ORAL PACK 500-500-30 mg . . . . .	15	protriptyline Tab 10 mg, 5 mg . . . . .	19
PREZISTA TAB 150 mg, 75 mg . . . . .	31	PROVENTIL HFA AEROSOL INHALER	
PREZISTA TAB 400 mg, 600 mg . . . . .	31	90 mcg/Actuation . . . . .	65
PRIFTIN TAB 150 mg . . . . .	24	PROVIGIL TAB 100 mg . . . . .	44
PRIMAXIN IM SUSP 500 mg . . . . .	15	PROVIGIL TAB 200 mg . . . . .	44
PRIMAXIN IV SOLUTION 250 mg, 500 mg . . .	15	PULMICORT FLEXHALER BREATH ACTIVAT-	
primidone Tab 250 mg, 50 mg . . . . .	17	ED 180 mcg/Inhalation, 90 mcg/Inhalation	65
PRISTIQ 24 HR TAB 100 mg, 50 mg . . . . .	19	PULMICORT NEB SUSPENSION 1 mg/2 mL .	65
PROAIR HFA AEROSOL INHALER		PULMOZYME SOLN FOR INHALATION 1 mg/	
90 mcg/Actuation . . . . .	65	mL . . . . .	65
probenecid Tab 500 mg . . . . .	22	pyrazinamide Tab 500 mg . . . . .	24
procainamide Injection 100 mg/mL,		pyridostigmine bromide Tab 60 mg . . . . .	24
500 mg/mL . . . . .	42	QUALAQUIN CAP 324 mg . . . . .	28
PROCALAMINE 3% IV 3 % . . . . .	69	QUASENSE TABS,3 MONTH DOSE PACK 0.15-	
prochlorperazine Edisylate Injection 5 mg/mL	20	30 mg-mcg . . . . .	55
prochlorperazine maleate Tab 10 mg, 5 mg . .	20	quinapril-hydrochlorothiazide Tab 10-12.5 mg,	
prochlorperazine Rectal Suppository 25 mg . .	20	20-12.5 mg, 20-25 mg . . . . .	42
PROCRIT INJECTION 10,000 unit/mL, 2,000		quinapril Tab 10 mg, 20 mg, 40 mg, 5 mg . . . .	42
unit/mL, 3,000 unit/mL, 4,000 unit/mL . . .	37	quinidine ER Tab 324 mg . . . . .	42
PROCRIT INJECTION 20,000 unit/mL, 40,000		quinidine Injection 80 mg/mL . . . . .	42
unit/mL . . . . .	37	quinidine sulfate ER Tab 300 mg . . . . .	42
PROCTOCREAM-HC RECTAL 2.5 % . . . . .	51	quinidine Tab 200 mg, 300 mg . . . . .	42
PROCTO-PAK RECTAL CREAM 1 % . . . . .	51	QUIXIN EYE DROPS 0.5 % . . . . .	62
PROCTOSOL HC RECTAL CREAM 2.5 % . . . .	51	QVAR AEROSOL INHALER 40 mcg/Actuation,	
PROCTOZONE-HC RECTAL CREAM 2.5 % . . . .	51	80 mcg/Actuation . . . . .	65
PROGLYCEM ORAL SUSP 50 mg/mL . . . . .	42	RABAVERT (PF) IM KIT 2.5 unit . . . . .	59
PROLASTIN IV SUSP 500 mg . . . . .	65	ramipril Cap 1.25 mg, 10 mg, 2.5 mg, 5 mg . . .	42
PROLEUKIN IV SOLUTION 22 million unit . .	59	RANEXA 12 HR TAB 1,000 mg, 500 mg . . . . .	42
PROLIA SUB-Q SYRINGE 60 mg/mL . . . . .	61	ranitidine Cap 150 mg, 300 mg . . . . .	48

ranitidine Injection 25 mg/mL . . . . .	48	RIOMET ORAL SOLN 500 mg/5 mL . . . . .	35
ranitidine Syrup 15 mg/mL . . . . .	48	RISPERDAL CONSTA IM SYRINGE 12.5 mg/2	
ranitidine Tab 150 mg, 300 mg . . . . .	48	mL, 25 mg/2 mL . . . . .	29
RAPAMUNE ORAL SOLN 1 mg/mL . . . . .	59	RISPERDAL CONSTA IM SYRINGE 37.5 mg/2	
RAPAMUNE TAB 0.5 mg, 1 mg, 2 mg . . . . .	59	mL, 50 mg/2 mL . . . . .	30
REBETOL ORAL SOLN 40 mg/mL . . . . .	31	risperidone Oral Soln 1 mg/mL . . . . .	30
REBIF SUB-Q SYRINGE 22 mcg/0.5 mL, 44		risperidone Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3	
mcg/0.5 mL . . . . .	59	mg, 4 mg . . . . .	30
REBIF TITRATION PACK SUB-Q SYRINGE		risperidone Tab, Rapid Dissolve 0.25 mg, 0.5 mg,	
8.8mcg/0.2mL-22 mcg/0.5mL (6) . . . . .	59	1 mg, 2 mg, 3 mg, 4 mg . . . . .	30
RECLAST IV 5 mg/100 mL . . . . .	61	RITUXAN CONCENTRATE, IV 10 mg/mL . . . . .	26
RECLIPSEN (28) TAB 0.15-30 mg-mcg . . . . .	55	rivastigmine Cap 1.5 mg, 3 mg, 4.5 mg, 6 mg . . . . .	18
RECOMBIVAX HB (PF) IM SUSP 10 mcg/mL, 40		ROMYCIN EYE OINTMENT	
mcg/mL . . . . .	59	5 mg/gram (0.5 %) . . . . .	62
REGONOL INJECTION 5 mg/mL . . . . .	24	ropinirole Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3	
REGRANEX TOPICAL GEL 0.01 % . . . . .	46	mg, 4 mg, 5 mg . . . . .	28
RELENZA DISKHALER FOR INHALATION 5		ROTATEQ VACCINE ORAL SUSP 2 mL . . . . .	59
mg/Actuation . . . . .	31	ROXICET TAB 5-325 mg . . . . .	10
RELISTOR SUB-Q 12 mg/0.6 mL . . . . .	48	SABRIL ORAL POWDER IN PACKET 500 mg 17	
RELPAK TAB 20 mg, 40 mg . . . . .	23	SABRIL TAB 500 mg . . . . .	17
REMICADE IV SOLUTION 100 mg . . . . .	59	“safety needles 18 x 1 1/2 “” . . . . .	35
RENAGEL TAB 400 mg, 800 mg . . . . .	49	SAIZEN CLICK.EASY SUBQ CARTRIDGE 8.8	
RENVELA ORAL PWPK 0.8 gram . . . . .	49	mg/1.5 mL (Fnl) . . . . .	52
RENVELA ORAL PWPK 2.4 gram . . . . .	49	SAIZEN SUB-Q SOLN 5 mg . . . . .	52
RENVELA TAB 800 mg . . . . .	49	SAMSCA TAB 15 mg . . . . .	42
RESCRIPTOR DISPERSIBLE TAB 100 mg . . . . .	31	SAMSCA TAB 30 mg . . . . .	42
RESCRIPTOR TAB 200 mg . . . . .	31	SANCTURA XR 24 HR CAP 60 mg . . . . .	49
reserpine Tab 0.1 mg, 0.25 mg . . . . .	42	SANCUSO TRANSDERM PATCH	
RESTASIS EYE DROPPERETTE 0.05 % . . . . .	62	3.1 mg/24 hour . . . . .	21
RETIN-A MICRO TOPICAL		SANDIMMUNE CAP 100 mg, 25 mg . . . . .	59
GEL 0.04 %, 0.1 % . . . . .	46	SANDIMMUNE IV 250 mg/5 mL . . . . .	59
RETROVIR IV 10 mg/mL . . . . .	31	SANDIMMUNE ORAL SOLN 100 mg/mL . . . . .	59
REVATIO IV 10 mg/12.5 mL . . . . .	65	SANDOSTATIN LAR DEPOT IM KIT 10 mg, 20	
REVATIO TAB 20 mg . . . . .	65	mg, 30 mg . . . . .	56
REVLIMID CAP 10 mg, 15 mg, 25 mg, 5 mg . . . . .	26	SANTYL OINTMENT 250 unit/g . . . . .	46
REYATAZ CAP 100 mg . . . . .	31	SAPHRIS SUBLINGUAL TAB 10 mg, 5 mg . . . . .	30
REYATAZ CAP 150 mg, 200 mg, 300 mg . . . . .	31	SAVELLA TAB 100 mg, 12.5 mg, 25 mg,	
RHINOCORT AQUA NASAL SPRAY		50 mg . . . . .	19
32 mcg/Actuation . . . . .	65	SAVELLA TABS IN A DOSE PACK 12.5 mg (5)-	
RIBASPHERE CAP 200 mg . . . . .	32	25 mg(8)-50 mg(42) . . . . .	19
RIBASPHERE TAB 200 mg . . . . .	32	Sedatives/Hypnotics - Drugs for Sedation and	
RIBASPHERE TAB 400 mg, 600 mg . . . . .	32	Sleep . . . . .	66
ribavirin Cap 200 mg . . . . .	32	selegiline Cap 5 mg . . . . .	28
ribavirin Tab 200 mg . . . . .	32	selegiline Tab 5 mg . . . . .	28
RIDAURA CAP 3 mg . . . . .	59	selenium sulfide Topical Susp 2.5 % . . . . .	46
rifampin Cap 150 mg, 300 mg . . . . .	24	SELZENTRY TAB 150 mg . . . . .	32
rifampin IV Solution 600 mg . . . . .	24	SELZENTRY TAB 300 mg . . . . .	32
RILUTEK TAB 50 mg . . . . .	44	SENSIPAR TAB 30 mg . . . . .	56
rimantadine Tab 100 mg . . . . .	32	SENSIPAR TAB 60 mg, 90 mg . . . . .	56
ringers Irrigation Soln . . . . .	69	SEREVENT DISKUS FOR INHALATION 50	

mcg/dose . . . . .	65	spironolactone-hydrochlorothiazide Tab 25-25	
SEROMYCIN CAP 250 mg . . . . .	24	mg . . . . .	43
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300		spironolactone Tab 100 mg, 25 mg, 50 mg . . .	43
mg, 50 mg . . . . .	30	SPORANOX ORAL SOLN 10 mg/mL . . . . .	22
SEROQUEL TAB 400 mg . . . . .	30	SPRINTEC (28) TAB 0.25-35 mg-mcg . . . . .	55
SEROQUEL XR 24 HR TAB 150 mg, 200 mg .	30	SPRYCEL TAB 20 mg . . . . .	26
SEROQUEL XR 24 HR TAB 300 mg,		SPRYCEL TAB 100 mg, 50 mg, 70 mg . . . . .	26
400 mg, 50 mg . . . . .	30	SPRYCEL TAB 140 mg, 80 mg . . . . .	26
sertraline Oral Concentrate 20 mg/mL . . . . .	33	SRONYX TAB 0.1-20 mg-mcg . . . . .	55
sertraline Tab 100 mg, 25 mg, 50 mg . . . . .	33	SSD TOPICAL CREAM 1 % . . . . .	15
silver sulfadiazine Topical Cream 1 % . . . . .	15	STAGESIC CAP 5-500 mg . . . . .	10
SIMCOR 24 HR TAB 1,000-40 mg . . . . .	42	STALEVO 50 TAB 12.5-50-200 mg . . . . .	28
SIMCOR 24 HR TAB 500-20 mg, 750-20 mg .	42	STALEVO 75 TAB 18.75-75-200 mg . . . . .	28
SIMCOR 24 HR TAB 500-40 mg . . . . .	42	STALEVO 100 TAB 25-100-200 mg . . . . .	28
SIMPONI SUB-Q SYRINGE 50 mg/0.5 mL . . .	59	STALEVO 125 TAB 31.25-125-200 mg . . . . .	28
simvastatin Tab 10 mg, 20 mg, 40 mg,		STALEVO 150 TAB 37.5-150-200 mg . . . . .	28
5 mg, 80 mg . . . . .	42	STALEVO 200 TAB 50-200-200 mg . . . . .	28
SINGULAIR CHEWABLE TAB 4 mg, 5 mg . . .	65	stavudine Cap 15 mg, 20 mg, 30 mg, 40 mg . .	32
SINGULAIR ORAL GRANULES IN PACKET 4		stavudine Oral Solution 1 mg/mL . . . . .	32
mg . . . . .	65	STELARA SUB-Q SYRINGE 45 mg/0.5 mL, 90	
SINGULAIR TAB 10 mg . . . . .	65	mg/mL . . . . .	59
sodium bicarbonate IV Syringe 7.5 %		STRATTERA CAP 10 mg, 100 mg, 18 mg,	
(0.9 mEq/mL), 8.4 % (1 mEq/mL) . . . . .	69	25 mg, 40 mg, 60 mg, 80 mg . . . . .	44
sodium chloride 0.9 % IV 0.9 % . . . . .	69	streptomycin IM 1 gram . . . . .	15
sodium chloride 0.45 % IV 0.45 % . . . . .	69	sucralfate Tab 1 gram . . . . .	48
sodium chloride 3 % IV 3 % . . . . .	69	sulfacetamide-prednisolone Eye Drops 10	
sodium chloride 5 % IV 5 % . . . . .	69	%-0.25 % (0.23 %) . . . . .	15
sodium chloride Irrigation Soln 0.9 % . . . . .	69	sulfacetamide sodium (acne) Topical Susp	
sodium chloride IV 2.5 mEq/mL . . . . .	69	10 % . . . . .	15
sodium fluoride Tab 1 mg fluoride (2.2 mg) .	69	sulfacetamide sodium Eye Drops 10 % . . . . .	63
sodium lactate IV 5 mEq/mL . . . . .	69	sulfadiazine Tab 500 mg . . . . .	15
sodium lactate IV Soln 167 mEq/L . . . . .	69	sulfamethoxazole-trimethoprim IV 400-80 mg/5	
sodium polystyrene sulfonate Oral Powder . .	20	mL . . . . .	15
SOLARAZE TOPICAL GEL 3 % . . . . .	46	sulfamethoxazole-trimethoprim Oral Susp 200-	
SOLIA TAB 0.15-30 mg-mcg . . . . .	55	40 mg/5 mL . . . . .	15
SOLU-CORTEF (PF) SOLUTION FOR INJEC-		sulfamethoxazole-trimethoprim Tab 400-80 mg,	
TION 250 mg/2 mL . . . . .	51	800-160 mg . . . . .	15
SOMATULINE DEPOT SUB-Q SYRINGE 120		sulfasalazine Tab 500 mg . . . . .	60
mg/0.5 mL, 60 mg/0.2 mL, 90 mg/0.3 mL .	56	SULFAZINE EC TAB 500 mg . . . . .	60
SOMAVERT SUB-Q SOLN 10 mg, 15 mg,		sulindac Tab 150 mg, 200 mg . . . . .	23
20 mg . . . . .	56	sumatriptan Sub-Q 4 mg/0.5 mL, 6 mg/0.5 mL	23
SORIATANE CAP 10 mg, 17.5 mg, 25 mg . . .	46	sumatriptan Tab 100 mg, 25 mg, 50 mg . . . . .	23
SORINE TAB 120 mg, 160 mg, 240 mg, 80 mg	42	SUPRAX ORAL SUSP 100 mg/5 mL, 200 mg/5	
sotalol IV 150 mg/10 mL (15 mg/mL) . . . . .	43	mL . . . . .	15
sotalol Tab 120 mg, 160 mg, 240 mg, 80 mg .	43	SURMONTIL CAP 100 mg, 25 mg, 50 mg . . . . .	19
SOTRET CAP 10 mg, 20 mg, 40 mg . . . . .	46	SUSTIVA CAP 200 mg, 50 mg . . . . .	32
SOTRET CAP 30 mg . . . . .	46	SUSTIVA TAB 600 mg . . . . .	32
SPECTRACEF TAB 400 mg . . . . .	15	SUTENT CAP 12.5 mg . . . . .	26
SPIRIVA WITH HANDHALER & INHALATION		SUTENT CAP 25 mg, 50 mg . . . . .	26
CAPS 18 mcg . . . . .	65	SYMBICORT INHALATION HFA AEROSOL IN-	

HALER 160-4.5 mcg/Actuation, 80-4.5 mcg/Actuation.....	66	tetanus,diphtheria toxoids ped (PF) IM Susp 5-6.7 Lf unit.....	59
SYMLINPEN 60 SUB-Q PEN INJECTOR 1,500 mcg/1.5 mL.....	35	tetanus-diphtheria toxoids-Td IM Susp 2-2 Lf unit/0.5 mL.....	59
SYMLINPEN 120 SUB-Q PEN INJECTOR 2,700 mcg/2.7 mL.....	35	tetanus toxoid,adsorbed (PF) IM 5 LF unit/0.5 mL.....	59
SYMLIN SUB-Q 600 mcg/mL.....	35	tetracycline Cap 250 mg, 500 mg.....	15
SYNAREL NASAL SPRAY 2 mg/mL.....	56	THALOMID CAP 100 mg, 150 mg, 200 mg, 50 mg.....	27
SYNTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg... ..	56	THEO-24 24 HR CAP 100 mg, 200 mg, 300 mg, 400 mg.....	66
SYPRINE CAP 250 mg.....	20	THEOCHRON 12 HR TAB 100 mg, 300 mg... ..	66
TABLOID TAB 40 mg.....	26	theophylline ER 12 hr Tab 100 mg, 200 mg, 300 mg, 450 mg.....	66
tacrolimus Cap 0.5 mg, 1 mg, 5 mg.....	59	theophylline ER Tab 400 mg, 600 mg.....	66
TAMIFLU CAP 30 mg.....	32	THERMAZENE TOPICAL CREAM 1 %.....	15
TAMIFLU CAP 45 mg, 75 mg.....	32	thioridazine Tab 10 mg, 100 mg, 25 mg, 50 mg..	30
TAMIFLU ORAL SUSP 12 mg/mL.....	32	thiotepa Solution for Injection 15 mg.....	27
tamoxifen Tab 10 mg, 20 mg.....	26	thiothixene Cap 1 mg, 10 mg, 2 mg, 5 mg....	30
tamsulosin ER 24 hr Cap 0.4 mg.....	49	ticlopidine Tab 250 mg.....	37
TARCEVA TAB 100 mg, 150 mg, 25 mg.....	26	TIKOSYN CAP 125 mcg, 250 mcg, 500 mcg... ..	43
TARGRETIN CAP 75 mg.....	26	TIMENTIN IV SOLUTION 3.1 g.....	15
TARGRETIN TOPICAL GEL 1 %.....	26	timolol Eye Gel Forming Soln 0.25 %, 0.5 % ..	63
TASIGNA CAP 200 mg.....	26	timolol maleate Eye Drops 0.25 %, 0.5 %....	63
TASMAR TAB 100 mg.....	28	timolol Tab 10 mg, 20 mg, 5 mg.....	43
TAXOTERE IV 80 mg/4 mL (20 mg/mL), 80 mg/2 mL (40mg/mL).....	27	TIS-U-SOL IRRIGATION SOLN.....	69
TAZICEF IV SOLUTION 2 gram.....	15	tizanidine Tab 2 mg, 4 mg.....	30
TAZICEF SOLUTION FOR INJECTION 1 gram, 6 gram.....	15	TOBI NEB SOLUTION 300 mg/5 mL.....	15
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %..	46	tobramycin-dexamethasone Eye Drops, Susp 0.3-0.1 %.....	63
TAZORAC TOPICAL GEL 0.05 %, 0.1 %.....	46	tobramycin Eye Drops 0.3 %.....	16
TAZTIA XT CAP 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	43	tobramycin Injection 10 mg/mL, 40 mg/mL ..	16
TEFLARO IV SOLUTION 400 mg, 600 mg... ..	15	TOBRASOL EYE DROPS 0.3 %.....	63
TEGRETOL XR 12 HR TAB 100 mg.....	17	tolazamide Tab 250 mg.....	35
TEKAMLO TAB 150-10 mg, 150-5 mg, 300-10 mg, 300-5 mg.....	43	tolazamide Tab 500 mg.....	35
TEKTURNA HCT TAB 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg.....	43	tolbutamide Tab 500 mg.....	36
TEKTURNA TAB 150 mg, 300 mg.....	43	tolmetin Cap 400 mg.....	23
terazosin Cap 1 mg, 10 mg, 2 mg, 5 mg.....	43	tolmetin Tab 200 mg, 600 mg.....	23
terbinafine Tab 250 mg.....	22	topiramate sprinkle Cap 15 mg, 25 mg.....	17
terbutaline Sub-Q 1 mg/mL.....	66	topiramate Tab 100 mg, 200 mg, 25 mg, 50 mg..	17
terbutaline Tab 2.5 mg, 5 mg.....	66	TOPOSAR IV 20 mg/mL.....	27
terconazole Vaginal Cream 0.4 %, 0.8 %.....	22	topotecan IV Solution 4 mg.....	27
terconazole Vaginal Suppository 80 mg.....	22	TORISEL IV SOLUTION 30 mg/3 mL (10 mg/mL) (Final).....	27
TESTIM TRANSDERMAL GEL 50 mg/5 gram (1 %).....	55	torse mide IV 20 mg/2 mL (10 mg/mL).....	43
testosterone cypionate IM Oil 100 mg/mL... ..	55	torse mide Tab 10 mg, 100 mg, 20 mg, 5 mg... ..	43
testosterone enanthate IM Oil 200 mg/mL... ..	55	TPN ELECTROLYTES IV 35-20-5-4.5-35 mEq/20 mL.....	69
		TRACLEER TAB 62.5 mg.....	66
		TRACLEER TAB 125 mg.....	66

tramadol-acetaminophen Tab 37.5-325 mg . . .	10	TRIPEDIA (PF) IM SUSP 6.7-46.8-5 Lf-mcg- Lf/0.5mL . . . . .	60
tramadol ER 24 hr Tab 100 mg . . . . .	10	TRI-PREVI-FEM (28) TAB 0.18/0.215/ 0.25 mg-35 mcg (28). . . . .	55
tramadol ER 24 hr Tab 200 mg . . . . .	10	TRISENOX IV 10 mg/10 mL . . . . .	27
tramadol Tab 50 mg . . . . .	10	TRI-SPRINTEC (28) TAB 0.18/0.215/ 0.25 mg-35 mcg (28). . . . .	55
trandolapril Tab 1 mg, 2 mg, 4 mg. . . . .	43	TRIVORA (28) TAB 50-30 (6)/75-40 (5)/125- 30(10) . . . . .	55
trandolapril-verapamil ER multiphase 24 hr Tab 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg .	43	TRIZIVIR TAB 300-150-300 mg. . . . .	32
tranlycypromine Tab 10 mg. . . . .	19	tropicamide Eye Drops 0.5 %, 1 % . . . . .	63
TRAVATAN Z EYE DROPS 0.004 % . . . . .	63	trospium Tab 20 mg . . . . .	49
trazodone Tab 100 mg, 150 mg, 300 mg, 50 mg. . . . .	19	TRUVADA TAB 200-300 mg . . . . .	32
TREANDA IV SOLUTION 100 mg. . . . .	27	TWINJECT AUTOINJECTOR IM PEN 0.15 mg/0.15 mL, 0.3 mg/0.3 mL . . . . .	66
TRECATOR TAB 250 mg. . . . .	24	TWINRIX (PF) IM SUSP 720-20 EL unit-mcg/mL . . . . .	60
TRELSTAR IM SUSP 22.5 mg . . . . .	57	TYGACIL IV SOLUTION 50 mg. . . . .	16
TRELSTAR IM SYRINGE 11.25 mg/2 mL, 3.75 mg/2 mL. . . . .	57	TYKERB TAB 250 mg . . . . .	27
tretinoin (chemotherapy) Cap 10 mg. . . . .	27	TYPHIM VI IM 25 mcg/0.5 mL. . . . .	60
tretinoin Topical Cream 0.025 %, 0.05 %, 0.1 % . . . . .	46	TYSABRI IV 300 mg/15 mL . . . . .	60
tretinoin Topical Gel 0.01 %, 0.025 % . . . . .	46	TYZEKA TAB 600 mg. . . . .	32
TREXALL TAB 10 mg, 15 mg, 5 mg, 7.5 mg. .	60	TYZINE NASAL DROPS 0.05 %, 0.1 % . . . . .	66
triamcinolone acetonide Dental Paste 0.1 % .	44	U-CORT TOPICAL CREAM 1-10 % . . . . .	51
triamcinolone acetonide Lotion 0.025 %, 0.1 % . . . . .	51	ULORIC TAB 40 mg, 80 mg. . . . .	22
triamcinolone acetonide Ointment 0.025 %, 0.05 %, 0.1 %, 0.5 % . . . . .	51	UNITHROID TAB 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg. . . . .	56
triamcinolone acetonide Topical Cream 0.025 %, 0.1 %, 0.5 % . . . . .	51	UROXATRAL 24 HR TAB 10 mg . . . . .	49
triamterene-hydrochlorothiazide Cap 37.5-25 mg, 50-25 mg. . . . .	43	ursodiol Cap 300 mg . . . . .	48
triamterene-hydrochlorothiazide Tab 37.5-25 mg, 75-50 mg. . . . .	43	ursodiol Tab 250 mg, 500 mg. . . . .	48
TRIBENZOR TAB 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg . .	43	VAGIFEM VAGINAL TAB 10 mcg . . . . .	55
TRICOR TAB 145 mg, 48 mg. . . . .	43	valacyclovir Tab 1 g, 500 mg . . . . .	32
TRIDERM TOPICAL CREAM 0.1 % . . . . .	51	VALCYTE ORAL SOLUTION 50 mg/mL . . . . .	32
trifluoperazine Tab 1 mg, 10 mg, 2 mg, 5 mg .	30	VALCYTE TAB 450 mg. . . . .	32
trifluridine Eye Drops 1 % . . . . .	63	valproate sodium IV 500 mg/5 mL (100 mg/mL) . . . . .	17
trihexyphenidyl Elixir 0.4 mg/mL . . . . .	28	valproic acid (as sodium salt) Syrup 250 mg/5 mL. . . . .	17
trihexyphenidyl Tab 2 mg, 5 mg . . . . .	28	valproic acid Cap 250 mg. . . . .	17
TRI-LEGEST FE TAB 1-20(5)/1-30(7) /1mg- 35mcg (9) . . . . .	55	VANCOCIN CAP 125 mg, 250 mg . . . . .	16
TRILIPIX CAP 135 mg, 45 mg. . . . .	43	vancomycin IV Solution 1,000 mg, 10 gram . .	16
TRILYTE WITH FLAVOR PACKETS ORAL SO- LUTION 420 g. . . . .	48	VANDAZOLE VAGINAL GEL 0.75 % . . . . .	16
trimethoprim-polymyxin B Eye Drops 0.1- 10,000 %-unit/mL . . . . .	63	VAQTA (PF) IM SUSP 25 unit/0.5 mL . . . . .	60
trimethoprim Tab 100 mg . . . . .	16	VARIVAX (PF) SUB-Q SOLN 1,350 unit/0.5 mL . . . . .	60
TRINESSA (28) TAB 0.18/0.215/0.25 mg- 35 mcg (28). . . . .	55	VECTIBIX IV 100 mg/5 mL (20 mg/mL). . . . .	27
		VECTICAL OINTMENT 3 mcg/gram. . . . .	46
		VELCADE IV SOLUTION 3.5 mg . . . . .	27
		VELIVET TAB 0.1/.125/.15-25 mg-mcg. . . . .	55

venlafaxine ER 24 hr Cap 150 mg, 37.5 mg, 75 mg . . . . .	19	VOTRIENT TAB 200 mg . . . . .	27
venlafaxine ER 24 hr Tab 37.5 mg, 75 mg . . .	19	VPRIV SOLUTION 400 unit . . . . .	46
venlafaxine ER 24 hr Tab 150 mg . . . . .	19	VYTORIN 10-10 TAB 10-10 mg . . . . .	43
venlafaxine ER 24 hr Tab 225 mg . . . . .	19	VYTORIN 10-20 TAB 10-20 mg . . . . .	43
venlafaxine Tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg . . . . .	19	VYTORIN 10-40 TAB 10-40 mg . . . . .	43
VENTAVIS NEB SOLUTION 10 mcg/mL . . . . .	66	VYTORIN 10-80 TAB 10-80 mg . . . . .	43
VENTOLIN HFA AEROSOL INHALER 90 mcg/ Actuation . . . . .	66	warfarin Tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg . . . . .	37
VERAMYST NASAL SPRAY 27.5 mcg/Actuation . . . . .	66	water for irrigation, sterile Solution . . . . .	46
verapamil ER 24 hr Cap 120 mg, 180 mg, 240 mg . . . . .	43	WELCHOL ORAL POWDER PACK 3.75 gram	43
verapamil ER (PM) Cap 24hr Pellet CT 100 mg, 200 mg, 300 mg . . . . .	43	WELCHOL TAB 625 mg . . . . .	43
verapamil ER Tab 120 mg, 180 mg, 240 mg . .	43	XALATAN EYE DROPS 0.005 % . . . . .	63
verapamil IV 2.5 mg/mL . . . . .	43	XENAZINE TAB 12.5 mg, 25 mg . . . . .	44
verapamil Tab 120 mg, 40 mg, 80 mg . . . . .	43	XGEVA SUB-Q 120 mg/1.7 mL (70 mg/mL) . .	61
VEREGEN OINTMENT 15 % . . . . .	46	XIBROM EYE DROPS 0.09 % . . . . .	63
VESICARE TAB 10 mg, 5 mg . . . . .	49	XOLAIR SUB-Q SOLN 150 mg . . . . .	66
VFEND IV SOLN 200 mg . . . . .	22	XOPENEX HFA AEROSOL INHALER 45 mcg/ Actuation . . . . .	66
VFEND ORAL SUSP 200 mg/5 mL (40 mg/mL) . . . . .	22	XOPENEX NEB SOLUTION 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL . . . . .	66
VFEND TAB 50 mg . . . . .	22	XYREM ORAL SOLN 500 mg/mL . . . . .	44
VFEND TAB 200 mg . . . . .	22	XYZAL ORAL SOLN 2.5 mg/5 mL . . . . .	66
VIBATIV IV SOLUTION 250 mg . . . . .	16	YAZ 28 TAB 3-20 mg-mcg . . . . .	55
VIBRAMYCIN ORAL SUSP 25 mg/5 mL . . . . .	16	YF-VAX SUB-Q SUSP 10 exp4.74 unit/0.5 mL	60
VIBRAMYCIN SYRUP 50 mg/5 mL . . . . .	16	zafirlukast Tab 10 mg, 20 mg . . . . .	66
VICTOZA SUB-Q PEN INJECTOR 0.6 mg/0.1 mL (18 mg/3 mL) . . . . .	36	zaleplon Cap 10 mg, 5 mg . . . . .	66
VIDAZA SUB-Q SOLN 100 mg . . . . .	27	ZANOSAR IV SOLUTION 1 gram . . . . .	27
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION 10 mg/mL (Final) . . . . .	32	ZAVESCA CAP 100 mg . . . . .	46
VIGAMOX EYE DROPS 0.5 % . . . . .	63	ZAZOLE VAGINAL CREAM 0.4 %, 0.8 % . . . .	22
VIMPAT IV 200 mg/20 mL . . . . .	17	ZEGERID ORAL PACKET 20-1,680 mg, 40- 1,680 mg . . . . .	48
VIMPAT ORAL SOLN 10 mg/mL . . . . .	17	ZEMPLAR CAP 1 mcg, 2 mcg, 4 mcg . . . . .	61
VIMPAT TAB 100 mg, 150 mg, 200 mg, 50 mg	17	ZEMPLAR IV 2 mcg/mL . . . . .	61
vinblastine IV powder for Solution 10 mg . . .	27	ZENPEP CAP 10,000-34,000 -55,000 unit, 15,000-51,000 -82,000 unit, 20,000-68,000 -109,000 unit, 5,000-17,000 -27,000 unit . .	47
vincristine IV 1 mg/mL . . . . .	27	ZERLOR TAB 32-712.8-60 mg . . . . .	10
vinorelbine IV 50 mg/5 mL . . . . .	27	ZETIA TAB 10 mg . . . . .	43
VIRACEPT ORAL POWDER 50 mg/g . . . . .	32	ZIAGEN ORAL SOLN 20 mg/mL . . . . .	32
VIRACEPT TAB 250 mg, 625 mg . . . . .	32	ZIAGEN TAB 300 mg . . . . .	32
VIRAMUNE ORAL SUSP 50 mg/5 mL . . . . .	32	zidovudine Cap 100 mg . . . . .	32
VIRAMUNE TAB 200 mg . . . . .	32	zidovudine Syrup 10 mg/mL . . . . .	32
VIREAD TAB 300 mg . . . . .	32	zidovudine Tab 300 mg . . . . .	32
VISICOL TAB 1.5 gram . . . . .	48	ZOLINZA CAP 100 mg . . . . .	27
VIVELLE-DOT TRANSDERM PATCH 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr . . . . .	55	zolpidem ER multiphase Tab 12.5 mg, 6.25 mg . . . . .	66
		zolpidem Tab 10 mg, 5 mg . . . . .	66
		ZOMETA IV 4 mg/5 mL . . . . .	61
		ZOMIG NASAL SPRAY 5 mg . . . . .	23
		ZOMIG TAB 2.5 mg, 5 mg . . . . .	23

ZOMIG ZMT TAB, RAPID DISSOLVE		ZOVIRAX OINTMENT 5 %	32
2.5 mg, 5 mg	23	ZOVIRAX TOPICAL CREAM 5 %	32
ZONALON TOPICAL CREAM 5 %	46	ZYMAR EYE DROPS 0.3 %	63
zonisamide Cap 100 mg, 25 mg, 50 mg	17	ZYMAXID EYE DROPS 0.5 %	63
ZORTRESS TAB 0.5 mg, 0.75 mg	27	ZYPREXA IM 10 mg	30
ZORTRESS TAB 0.25 mg	27	ZYPREXA TAB 10 mg, 15 mg, 2.5 mg,	
ZOSTAVAX SUB-Q SOLN 19,400 unit	60	20 mg, 5 mg, 7.5 mg	30
ZOSYN IN DEXTROSE (ISO-OSMOTIC)		ZYPREXA ZYDIS TAB, RAPID DISSOLVE 10	
IV PIGGY BACK 2.25 gram/50 mL, 3.375		mg, 15 mg, 20 mg, 5 mg	30
gram/50 mL	16	ZYVOX IV 600 mg/300 mL	16
ZOVIA 1/35E (28) TAB 1-35 mg-mcg	55	ZYVOX ORAL SUSP 100 mg/5 mL	16
ZOVIA 1/50E (28) TAB 1-50 mg-mcg	55	ZYVOX TAB 600 mg	16

KelseyCare Advantage