



AlohaCare

For a healthy Hawaii.



AlohaCare Advantage (HMO)

2012 COMPREHENSIVE 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.

Medicare_{Rx}
Prescription Drug Coverage

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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.

AlohaCare Advantage is a health plan with a Medicare contract. Call 1-866-973-6395 to receive material in an alternate format or language.

What is the AlohaCare Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by AlohaCare 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. AlohaCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an AlohaCare 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-

day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 10, 2011. To get updated information about the drugs covered by AlohaCare Advantage, please visit our Web site at www.AlohaCare.org or call Customer Service at 1-866-973-6395 8 a.m. to 8 p.m., 7 days a week. TTY users should call 1-877-447-5990.

If we make any mid-year non-maintenance changes to the AlohaCare Advantage formulary, we will mail you a copy of the formulary changes via errata sheets to ensure that you have a complete and updated formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. 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?

AlohaCare 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:** AlohaCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AlohaCare Advantage before you fill your prescriptions. If you don't get approval, AlohaCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, AlohaCare Advantage limits the amount of the drug that AlohaCare Advantage will cover. For example, AlohaCare Advantage provides 18 tablets per prescription for sumatriptan. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, AlohaCare 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, AlohaCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AlohaCare 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.AlohaCare.org.

You can ask AlohaCare Advantage to make an exception to these restrictions or limits. See the section, "How do I request an exception to the AlohaCare Advantage formulary?" on page iv for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. AlohaCare Advantage pays for certain OTC drugs, *Prilosec OTC 20mg, omeprazole OTC 20mg, Prevacid 24 Hour 15mg, Claritin OTC 10mg, loratadine OTC 10mg, Allegra OTC 180mg, Zyrtec OTC 10mg, and cetirizine OTC 10mg*. AlohaCare Advantage will provide these OTC drugs at no cost to you. The cost to AlohaCare Advantage of these OTC drugs will not count toward your total drug costs.

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 AlohaCare Advantage does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by AlohaCare 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 AlohaCare Advantage.
- You can ask AlohaCare 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 AlohaCare Advantage's Formulary?

You can ask AlohaCare 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, AlohaCare 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 tier designated as the high-cost tier.

Generally, AlohaCare 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.

Transition policy for level of care changes

Upon notification, AlohaCare Advantage will cover up to a 60 day supply of a prescription drug (unless you have a prescription written for fewer days) for current members who have a level of care change. A level of care change includes the following situations: if you enter a long-term care facility from a hospital or other setting; if you leave a long-term care facility to return to a community/home setting; if you are discharged from a hospital to a community/home setting; if you end your skilled nursing facility stay covered under Medicare Part A and need to revert to coverage under AlohaCare Advantage; if your hospice status reverts to standard Medicare Part A and B benefits; or, if you are discharged from a psychiatric hospital with a drug regimen that is highly individualized.

For more information

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

If you have questions about AlohaCare Advantage, please call Customer Service at 1-866-973-6395, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 1-877-447-5990. Or visit www.AlohaCare.org.

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.

AlohaCare Advantage's Formulary

The formulary that begins on the next page provides coverage information about some of

the drugs covered by AlohaCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

The following abbreviations explain any restrictions on coverage, which are described in more detail on iii.

MO = Mail Order service available

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

LA = Limited Access: This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Customer Service at 1-866-973-6395, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 1-877-447-5990.

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

All drugs on the AlohaCare Advantage formulary are listed with a tier designation. The tier designation of a drug and coverage level determines the amount of copayment or coinsurance that you will pay for that drug. Please refer to the following table for copayment and coinsurance amounts. For more information, please see the Evidence of Coverage.

Effective January 1, 2012	Initial Coverage	Coverage Gap (Doughnut Hole)	Catastrophic Coverage
	When your total drug cost for Part D drugs (paid by you and any Part D plan) for 2012 is less than \$2,930, you pay:	Once the total cost of your Part D drugs paid by you and any Part D plan reaches \$2,930, you pay:	Once your out-of-pocket expense (TrOOP) for covered Part D drugs reach \$4,700 you pay:
Tier 1: Preferred Generic Drugs <ul style="list-style-type: none"> • 30-day retail • 90-day retail • 90-day mail 	\$4 copayment \$12 copayment \$8 copayment	Member pays 86% of the costs of generic drugs for a 30 or 90-day supply	The greater of: \$2.60 or 5% \$2.60 or 5% \$2.60 or 5%
Tier 2: Non-Preferred Generic Drugs <ul style="list-style-type: none"> • 30-day retail • 90-day retail • 90-day mail 	\$7 copayment \$21 copayment \$14 copayment	Member pays 86% of the costs of generic drugs for a 30 or 90-day supply	The greater of: \$2.60 or 5% \$2.60 or 5% \$2.60 or 5%
Tier 3: Preferred Brand Drugs <ul style="list-style-type: none"> • 30-day retail • 90-day retail • 90-day mail 	\$40 copayment \$120 copayment \$80 copayment	You receive a discount on brand name drugs Member pays for a 30 or 90-day supply	The greater of: \$6.50 or 5% \$6.50 or 5% \$6.50 or 5%
Tier 4: Non-Preferred Brand Drugs <ul style="list-style-type: none"> • 30-day retail • 90-day retail • 90-day mail 	\$80 copayment \$240 copayment \$160 copayment	You receive a discount on brand name drugs Member pays for a 30 or 90-day supply	The greater of: \$6.50 or 5% \$6.50 or 5% \$6.50 or 5%
Tier 5: Specialty Drugs <ul style="list-style-type: none"> • 30-day retail • 90-day retail • 90-day mail 	33% coinsurance 33% coinsurance 33% coinsurance	Member pays for a 30 or 90-day supply	The greater of: \$6.50 or 5% \$6.50 or 5% \$6.50 or 5%

2012 AlohaCare Advantage Formulary

Drug	Tier	Requirements/ Limits
Anti - Infectives		
Antibiotics		
<i>levofloxacin eye drops 0.5 %</i>	2	MO
Antifungal Agents		
ABELCET IV 5 MG/ML	4	BvsD; MO
AMBISOME IV SUSP 50 MG	4	BvsD; MO
AMPHOTEC IV SUSP 50 MG	4	BvsD; MO
<i>amphotericin b solution for injection 50 mg</i>	2	BvsD; MO
ANCOBON CAP 250 MG, 500 MG	5	MO
CANCIDAS IV SOLUTION 50 MG, 70 MG	4	BvsD; MO
<i>clotrimazole troche 10 mg</i>	2	MO
ERAXIS(WATER DILUENT) IV SOLUTION 100 MG	3	BvsD; MO
<i>fluconazole oral susp 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole tab 100 mg, 200 mg, 50 mg</i>	1	MO
<i>fluconazole tab 150 mg</i>	1	MO; QL (2 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
<i>fluconazole in dextrose (iso-osmotic) iv piggy back 400 mg/200 ml</i>	1	BvsD; MO
GRIFULVIN V TAB 500 MG	4	MO
GRIS-PEG TAB 125 MG, 250 MG	3	MO
<i>griseofulvin microsize oral susp 125 mg/5 ml</i>	1	MO
<i>itraconazole cap 100 mg</i>	2	MO; QL (120 EA per 30 day(s))
<i>ketoconazole tab 200 mg</i>	1	MO
MYCAMINE IV SOLUTION 100 MG, 50 MG	4	BvsD; MO
<i>nystatin oral susp 100,000 unit/ml</i>	1	MO
<i>nystatin tab 500,000 unit</i>	1	MO
SPORANOX ORAL SOLN 10 MG/ML	4	MO
<i>terbinafine tab 250 mg</i>	1	MO
VFEND ORAL SUSP 200 MG/5 ML (40 MG/ML)	5	MO
VFEND TAB 200 MG, 50 MG	5	MO
VFEND IV SOLN 200 MG	4	BvsD; MO
<i>voriconazole tab 200 mg, 50 mg</i>	2	MO
Antivirals		
<i>acyclovir cap 200 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>acyclovir oral susp 200 mg/5 ml</i>	1	MO
<i>acyclovir tab 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium iv powder for solution 500 mg</i>	2	MO
<i>amantadine cap 100 mg</i>	1	MO
<i>amantadine syrup 50 mg/5 ml</i>	1	MO
<i>amantadine tab 100 mg</i>	1	MO
APTIVUS CAP 250 MG	5	MO
APTIVUS ORAL SOLN 100 MG/ML	5	MO
ATRIPLA TAB 600-200-300 MG	5	MO
BARACLUDE ORAL SOLN 0.05 MG/ML	3	MO
BARACLUDE TAB 0.5 MG, 1 MG	5	MO
COMBIVIR TAB 150-300 MG	5	MO
CRIXIVAN CAP 100 MG, 200 MG, 400 MG	4	MO
CYTOVENE IV SOLUTION 500 MG	4	BvsD; MO
<i>didanosine cap, delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	2	MO
EDURANT TAB 25 MG	5	MO
EMTRIVA CAP 200 MG	4	MO
EMTRIVA ORAL SOLN 10 MG/ML	4	MO
EPIVIR ORAL SOLN 10 MG/ML	4	MO
EPIVIR TAB 150 MG, 300 MG	4	MO
EPIVIR HBV ORAL SOLN 25 MG/5 ML (5 MG/ML)	4	MO
EPIVIR HBV TAB 100 MG	4	MO
EPZICOM TAB 600-300 MG	5	MO
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	1	MO
<i>foscarnet iv 24 mg/ml</i>	1	MO

Drug	Tier	Requirements/ Limits
FUZEON SUB-Q KIT 90 MG	5	MO
<i>ganciclovir cap 250 mg, 500 mg</i>	2	MO
<i>ganciclovir iv solution 500 mg</i>	2	BvsD; MO
HEPSERA TAB 10 MG	5	MO; QL (30 EA per 30 day(s))
INTELENCE TAB 100 MG	5	MO
INVIRASE CAP 200 MG	4	MO
INVIRASE TAB 500 MG	5	MO
ISENTRESS TAB 400 MG	5	MO
KALETRA ORAL SOLN 400-100 MG/5 ML	5	MO
KALETRA TAB 100-25 MG	4	MO
KALETRA TAB 200-50 MG	5	MO
LEXIVA ORAL SUSP 50 MG/ML	4	MO
LEXIVA TAB 700 MG	5	MO
NORVIR CAP 100 MG	3	MO
NORVIR ORAL SOLN 80 MG/ML	4	MO
NORVIR TAB 100 MG	3	MO
PREZISTA TAB 150 MG, 400 MG, 600 MG	5	MO
PREZISTA TAB 75 MG	4	MO
REBETOL ORAL SOLN 40 MG/ML	4	MO
RELENZA DISKHALER FOR INHALATION 5 MG/ACTUATION	3	MO
RESCRIPTOR DISPERSIBLE TAB 100 MG	3	MO
RESCRIPTOR TAB 200 MG	3	MO
RETROVIR IV 10 MG/ML	4	MO

Drug	Tier	Requirements/ Limits
REYATAZ CAP 100 MG	4	MO
REYATAZ CAP 150 MG, 200 MG, 300 MG	5	MO
RIBAPAK DOSE PACK TABS 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	2	MO
RIBASPHERE CAP 200 MG	2	MO; QL (180 EA per 30 day(s))
RIBASPHERE TAB 200 MG	2	MO; QL (180 EA per 30 day(s))
RIBASPHERE TAB 400 MG, 600 MG	2	MO
<i>ribavirin cap 200 mg</i>	2	MO
<i>ribavirin tab 200 mg</i>	2	MO
<i>rimantadine tab 100 mg</i>	1	MO
SELZENTRY TAB 150 MG, 300 MG	5	MO
<i>stavudine cap 15 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>stavudine oral solution 1 mg/ml</i>	2	MO
SUSTIVA CAP 200 MG, 50 MG	4	MO
SUSTIVA TAB 600 MG	4	MO
SYNAGIS IM SOLN 50 MG/0.5 ML	4	MO
TAMIFLU CAP 30 MG, 45 MG, 75 MG	3	MO
TAMIFLU ORAL SUSP 12 MG/ML	3	MO
TRIZIVIR TAB 300-150-300 MG	5	MO
TRUVADA TAB 200-300 MG	5	MO
TYZEKA TAB 600 MG	5	MO

Drug	Tier	Requirements/ Limits
<i>valacyclovir tab 1 g, 500 mg</i>	2	MO; QL (60 EA per 30 day(s))
VALCYTE TAB 450 MG	4	MO
VALTREX TAB 1 G, 500 MG	4	MO; QL (60 EA per 30 day(s))
VICTRELIS CAP 200 MG	5	MO
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION 10 MG/ML (FINAL)	4	MO
VIDEX EC CAP 125 MG	4	MO
VIRACEPT ORAL POWDER 50 MG/G	3	MO
VIRACEPT TAB 250 MG, 625 MG	3	MO
VIRAMUNE ORAL SUSP 50 MG/5 ML	4	MO
VIRAMUNE TAB 200 MG	4	MO
VIRAMUNE XR 24 HR TAB 400 MG	4	MO
VIRAZOLE SOLUTION FOR INHALATION 6 GRAM	5	MO
VIREAD TAB 300 MG	4	MO
VISTIDE IV 75 MG/ML	3	BvsD; MO
ZERIT ORAL SOLUTION 1 MG/ML	4	MO
ZIAGEN ORAL SOLN 20 MG/ML	4	MO
ZIAGEN TAB 300 MG	4	MO
<i>zidovudine cap 100 mg</i>	2	MO
<i>zidovudine syrup 10 mg/ml</i>	2	MO
<i>zidovudine tab 300 mg</i>	2	MO

Drug	Tier	Requirements/ Limits
Cephalosporins		
CEDAX CAP 400 MG	4	MO
cefaclor cap 250 mg, 500 mg	1	MO
cefaclor er 12 hr tab 500 mg	1	MO
cefadroxil cap 500 mg	1	MO
cefadroxil oral susp 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil tab 1 gram	1	MO
cefazolin solution for injection 1 gram, 500 mg	2	MO
cefazolin solution for injection 20 gram	4	MO
cefazolin in dextrose (iso-osmotic) iv piggy back 1 gram/50 ml	1	MO
cefdinir cap 300 mg	1	MO
cefdinir oral susp 125 mg/5 ml, 250 mg/5 ml	1	MO
cefepime solution for injection 1 gram, 2 gram	2	MO
cefotaxime solution for injection 1 gram, 10 gram, 2 gram, 500 mg	2	MO
cefotetan iv solution 10 gram	1	MO
cefotetan solution for injection 1 gram, 2 gram	3	MO
cefoxitin iv solution 1 gram, 10 gram, 2 gram	1	MO
cefpodoxime oral susp 100 mg/5 ml, 50 mg/5 ml	2	MO
cefpodoxime tab 100 mg, 200 mg	2	MO
cefprozil oral susp 125 mg/5 ml, 250 mg/5 ml	2	MO
cefprozil tab 250 mg, 500 mg	2	MO
ceftriaxone iv solution 1 gram, 2 gram	1	MO
ceftriaxone solution for injection 10 gram, 250 mg, 500 mg	2	MO

Drug	Tier	Requirements/ Limits
cefuroxime axetil oral susp 125 mg/5 ml	2	MO
cefuroxime axetil tab 250 mg, 500 mg	2	MO
cefuroxime sodium iv solution 7.5 gram	2	MO
cefuroxime sodium solution for injection 1.5 gram, 750 mg	2	BvsD; MO
cephalexin cap 250 mg, 500 mg	1	MO
cephalexin oral susp 125 mg/5 ml, 250 mg/5 ml	1	MO
cephalexin tab 250 mg, 500 mg	1	MO
CLAFORAN IV SOLUTION 1 GRAM	3	BvsD; MO
FORTAZ SOLUTION FOR INJECTION 6 GRAM	4	MO
FORTAZ IN D5W IV PIGGY BACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	MO
KEFLEX CAP 750 MG	3	MO
TAZICEF IV SOLUTION 2 GRAM	4	MO
TAZICEF SOLUTION FOR INJECTION 1 GRAM, 6 GRAM	4	MO
ZINACEF IN STERILE WATER IV PIGGY BACK 1.5 GRAM/50 ML	4	BvsD; MO
Erythromycins / Other Macrolides		
azithromycin iv solution 500 mg	2	MO
azithromycin oral susp 100 mg/5 ml, 200 mg/5 ml	2	MO
azithromycin tab 250 mg, 500 mg, 600 mg	2	MO
clarithromycin er 24 hr tab 500 mg	1	MO
clarithromycin oral susp 125 mg/5 ml, 250 mg/5 ml	1	MO
clarithromycin tab 250 mg, 500 mg	1	MO

Drug	Tier	Requirements/ Limits
E.E.S. 400 TAB 400 MG	1	MO
ERY-TAB TAB 250 MG, 333 MG	1	MO
ERY-TAB TAB 500 MG	3	MO
ERYPED 200 ORAL SUSP 200 MG/5 ML	3	MO
ERYTHROCIN IV SOLUTION 500 MG	3	BvsD; MO
ERYTHROCIN STEARATE TAB 250 MG	2	MO
<i>erythromycin tab 250 mg, 500 mg</i>	3	MO
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	MO
<i>erythromycin-sulfisoxazole oral susp 200-600 mg/5 ml</i>	1	MO
ZMAX ADULT-PEDIATRIC ORAL SUSP 2 GRAM/60 ML	4	MO
Miscellaneous Antiinfectives		
ALBENZA TAB 200 MG	4	MO
ALINIA ORAL SUSP 100 MG/5 ML	4	MO
ALINIA TAB 500 MG	4	MO; QL (6 EA per 30 day(s))
<i>amikacin injection 100 mg/2 ml, 500 mg/2 ml</i>	1	MO
AZACTAM SOLUTION FOR INJECTION 2 GRAM	4	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE IV PIGGY BACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	MO
<i>aztreonam solution for injection 1 gram</i>	2	MO
BACI-IM IM 50,000 UNIT	2	MO
<i>bacitracin im 50,000 unit</i>	2	MO
BILTRICIDE TAB 600 MG	3	MO

Drug	Tier	Requirements/ Limits
CAPASTAT SOLUTION FOR INJECTION 1 GRAM	3	BvsD; MO
<i>chloramphenicol sod succinate iv solution 1 gram</i>	4	BvsD; MO
<i>chloroquine tab 250 mg, 500 mg</i>	1	MO
CLEOCIN CAP 75 MG	4	MO
CLEOCIN ORAL SOLUTION 75 MG/5 ML	4	MO
CLEOCIN IN D5W IV PIGGY BACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	4	BvsD; MO
<i>clindamycin cap 150 mg, 300 mg</i>	1	MO
<i>clindamycin iv 600 mg/4 ml</i>	1	MO
<i>colistimethate sodium solution for injection 150 mg</i>	2	MO
CUBICIN IV SOLUTION 500 MG	4	BvsD; MO
<i>dapsone tab 100 mg, 25 mg</i>	3	MO
DARAPRIM TAB 25 MG	3	MO
DORIBAX IV SUSP 500 MG	4	BvsD; MO
<i>ethambutol tab 100 mg, 400 mg</i>	1	MO
FLAGYL ER TAB 750 MG	4	MO
<i>gentamicin injection 40 mg/ml</i>	1	MO
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 100 mg/100 ml, 60 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml</i>	1	BvsD; MO
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 70 mg/50 ml, 90 mg/100 ml</i>	3	MO
<i>gentamicin in sodium chloride(iso-osmotic) iv piggy back 80 mg/50 ml</i>	1	MO
<i>gentamicin sulfate (pf) iv 80 mg/8 ml</i>	3	MO
<i>hydroxychloroquine tab 200 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
INVANZ SOLUTION FOR INJECTION 1 GRAM	3	BvsD; MO
<i>isoniazid injection 100 mg/ml</i>	1	MO
<i>isoniazid syrup 50 mg/5 ml</i>	3	MO
<i>isoniazid tab 100 mg, 300 mg</i>	1	MO
<i>kanamycin injection 1 gram/3 ml</i>	2	MO
KETEK TAB 300 MG, 400 MG	4	MO
MALARONE TAB 250-100 MG, 62.5-25 MG	4	MO
<i>mebendazole chewable tab 100 mg</i>	1	MO
<i>mefloquine tab 250 mg</i>	1	MO
MEPRON ORAL SUSP 750 MG/5 ML	4	MO
<i>meropenem iv solution 500 mg</i>	2	BvsD; MO
MERREM IV SOLUTION 500 MG	4	BvsD; MO
<i>metronidazole cap 375 mg</i>	1	MO
<i>metronidazole tab 250 mg, 500 mg</i>	1	MO
<i>metronidazole in sodium chloride (iso-osm) iv piggy back 500 mg/100 ml</i>	1	MO
MYCOBUTIN CAP 150 MG	4	MO
NEBUPENT SOLUTION FOR INHALATION 300 MG	4	BvsD; MO
<i>neomycin tab 500 mg</i>	2	MO
<i>paromomycin cap 250 mg</i>	2	MO
PASER ORAL PACKET 4 GRAM	3	MO
PENTAM SOLUTION FOR INJECTION 300 MG	4	BvsD; MO
<i>polymyxin b sulfate solution for injection 500,000 unit</i>	2	MO
PRIFTIN TAB 150 MG	4	MO
<i>primaquine tab 26.3 mg</i>	4	MO

Drug	Tier	Requirements/ Limits
PRIMAXIN IM SUSP 500 MG	4	MO
PRIMAXIN IV SOLUTION 250 MG, 500 MG	4	MO
<i>pyrazinamide tab 500 mg</i>	2	MO
QUALAQUIN CAP 324 MG	4	MO
<i>rifampin cap 150 mg, 300 mg</i>	1	MO
<i>rifampin iv solution 600 mg</i>	2	MO
RIFATER TAB 50-120-300 MG	4	MO
SEROMYCIN CAP 250 MG	4	MO
<i>streptomycin im 1 gram</i>	3	BvsD; MO
STROMEKTOL TAB 3 MG	3	MO
SYNERCID IV SOLUTION 500 MG	5	BvsD; MO
TOBI NEB SOLUTION 300 MG/5 ML	5	BvsD; MO
<i>tobramycin in ns iv piggy back 60 mg/50 ml, 80 mg/100 ml</i>	3	BvsD; MO
<i>tobramycin injection 10 mg/ml, 40 mg/ml</i>	1	MO
TRECTOR TAB 250 MG	4	MO
TYGACIL IV SOLUTION 50 MG	4	BvsD; MO
XIFAXAN TAB 200 MG, 550 MG	4	MO
ZYVOX IV 600 MG/300 ML	4	MO
ZYVOX ORAL SUSP 100 MG/5 ML	4	MO
ZYVOX TAB 600 MG	4	MO
Penicillins		
<i>amoxicillin cap 250 mg, 500 mg</i>	1	MO
<i>amoxicillin chewable tab 125 mg, 200 mg, 250 mg</i>	1	MO
<i>amoxicillin oral susp 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>amoxicillin tab 500 mg, 875 mg</i>	1	MO
<i>amoxicillin-potassium clavulanate chewable tab 200-28.5 mg, 400-57 mg</i>	1	MO
<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	MO
<i>amoxicillin-potassium clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>ampicillin cap 250 mg, 500 mg</i>	1	MO
<i>ampicillin oral susp 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>ampicillin solution for injection 1 gram, 10 gram</i>	2	MO
<i>ampicillin solution for injection 125 mg</i>	4	MO
<i>ampicillin-sulbactam solution for injection 15 gram, 3 gram</i>	2	MO
BICILLIN C-R IM SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	MO
BICILLIN L-A IM SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	MO
<i>dicloxacillin cap 250 mg, 500 mg</i>	1	MO
MOXATAG 24 HR TAB 775 MG	4	MO
<i>nafcillin solution for injection 1 gram, 10 gram</i>	2	MO
<i>nafcillin in d2.4w iv piggy back 1 gram/50 ml</i>	4	MO
<i>oxacillin solution for injection 1 gram, 10 gram</i>	3	MO
<i>oxacillin in dextrose, iso-osmotic iv piggy back 1 g/50 ml, 2 g/50 ml</i>	4	BvsD; MO

Drug	Tier	Requirements/ Limits
<i>penicillin g pot in dextrose iv piggy back 2 million unit/50 ml, 3 million unit/50 ml</i>	3	BvsD; MO
<i>penicillin g potassium solution for injection 5 million unit</i>	2	MO
<i>penicillin g procaine im syringe 1,200,000 unit</i>	3	BvsD; MO
<i>penicillin g sodium solution for injection 5 million unit</i>	3	BvsD; MO
<i>penicillin v potassium oral susp 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	MO
PFIZERPEN-G SOLUTION FOR INJECTION 20 MILLION UNIT	2	MO
<i>piperacillin iv solution 3 gram</i>	4	BvsD; MO
<i>piperacillin solution for injection 40 gram</i>	4	BvsD; MO
<i>piperacillin-tazobactam iv solution 3.375 gram</i>	2	BvsD; MO
TIMENTIN IV SOLUTION 3.1 G	4	BvsD; MO
ZOSYN IV SOLUTION 3.375 GRAM	4	BvsD; MO
ZOSYN IN DEXTROSE (ISO-OSMOTIC) IV PIGGY BACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	4	BvsD; MO
Quinolones		
AVELOX TAB 400 MG	4	MO
AVELOX ABC PACK TAB 400 MG	4	MO
AVELOX IN SODIUM CHLORIDE (ISO-OSMOTIC) IV PIGGY BACK 400 MG/250 ML	4	BvsD; MO
CIPRO ORAL SUSP 250 MG/5 ML, 500 MG/5 ML	4	MO

Drug	Tier	Requirements/ Limits
<i>ciprofloxacin iv 400 mg/40 ml</i>	2	MO
<i>ciprofloxacin tab 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin er multiphase 24 hr tab 1,000 mg, 500 mg</i>	2	MO
FACTIVE TAB 320 MG	4	MO
LEVAQUIN IV 25 MG/ML	4	BvsD; MO
LEVAQUIN ORAL SOLN 250 MG/10 ML	4	MO
LEVAQUIN TAB 250 MG, 500 MG, 750 MG	4	MO
LEVAQUIN IN D5W IV PIGGY BACK 750 MG/150 ML	4	BvsD; MO
NOROXIN TAB 400 MG	4	MO
<i>ofloxacin tab 200 mg, 300 mg, 400 mg</i>	2	MO
Sulfa's / Related Agents		
<i>sulfadiazine tab 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim iv 400-80 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral susp 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	MO
Tetracyclines		
<i>demeclocycline tab 150 mg, 300 mg</i>	2	MO
<i>doxycycline hyclate cap 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate cap, delayed release 100 mg, 75 mg</i>	4	MO
<i>doxycycline hyclate iv solution 100 mg</i>	2	MO
<i>doxycycline hyclate tab 100 mg, 20 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>doxycycline tab 150 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline cap 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline er 24 hr tab 135 mg, 45 mg, 90 mg</i>	2	MO
<i>minocycline tab 100 mg, 50 mg, 75 mg</i>	1	MO
ORACEA 24 HR CAP 40 MG	4	MO
<i>tetracycline cap 250 mg, 500 mg</i>	1	MO
VIBRAMYCIN SYRUP 50 MG/5 ML	4	MO
Urinary Tract Agents		
FURADANTIN ORAL SUSP 25 MG/5 ML	4	MO
MACRODANTIN CAP 25 MG	3	MO
<i>methenamine hippurate tab 1 gram</i>	1	MO
MONUROL ORAL PACKET 3 GRAM	4	MO
<i>nitrofurantoin oral susp 25 mg/5 ml</i>	2	MO
<i>nitrofurantoin macrocrystal cap 50 mg</i>	1	MO
<i>nitrofurantoin monohydrate/macrocrystals cap 100 mg</i>	2	MO
PRIMSOL ORAL SOLN 50 MG/5 ML	3	MO
<i>trimethoprim tab 100 mg</i>	1	MO
Vancomycin		
VANCOCIN CAP 125 MG, 250 MG	4	MO
<i>vancomycin iv solution 1,000 mg</i>	2	MO
<i>vancomycin iv solution 10 gram, 500 mg</i>	4	BvsD; MO

Drug	Tier	Requirements/ Limits
Antineoplastic / Immunosuppressant Drugs		
Adjunctive Agents		
<i>amifostine crystalline iv solution 500 mg</i>	2	MO
<i>dexrazoxane iv solution 500 mg</i>	2	BvsD; MO
ELITEK IV SOLUTION 1.5 MG	4	BvsD; MO
KEPIVANCE SOLUTION 6.25 MG	5	BvsD; MO
<i>leucovorin calcium solution for injection 100 mg, 350 mg</i>	2	BvsD; MO
<i>leucovorin calcium tab 10 mg, 15 mg</i>	3	MO
<i>leucovorin calcium tab 25 mg, 5 mg</i>	1	MO
<i>mesna iv 100 mg/ml</i>	1	BvsD; MO
MESNEX TAB 400 MG	4	MO
XGEVA SUB-Q 120 MG/1.7 ML (70 MG/ML)	5	BvsD; MO
ZINECARD IV SOLUTION 250 MG	4	BvsD; MO
Antineoplastic / Immunosuppressant Drugs		
ADRIAMYCIN PFS IV 2 MG/ML	1	BvsD; MO
AFINITOR TAB 10 MG, 2.5 MG, 5 MG	5	MO
ALIMTA IV SOLUTION 500 MG	4	BvsD; MO
ALKERAN IV SOLUTION 50 MG	5	BvsD; MO
<i>anastrozole tab 1 mg</i>	2	MO
ARIMIDEX TAB 1 MG	4	MO
AROMASIN TAB 25 MG	4	MO
ARRANON IV 250 MG/50 ML	4	BvsD; MO

Drug	Tier	Requirements/ Limits
ARZERRA IV 100 MG/5 ML	5	MO
AVASTIN IV 25 MG/ML	5	BvsD; MO
AZASAN TAB 100 MG, 75 MG	4	BvsD; MO
<i>azathioprine tab 50 mg</i>	1	BvsD; MO
<i>azathioprine solution for injection 100 mg</i>	2	BvsD; MO
<i>bicalutamide tab 50 mg</i>	1	MO
BICNU IV SOLUTION 100 MG	4	BvsD; MO
<i>bleomycin solution for injection 30 unit</i>	2	BvsD; MO
BUSULFEX IV 60 MG/10 ML	4	BvsD; MO
CAMPATH IV 30 MG/ML	5	BvsD; MO
<i>carboplatin iv 10 mg/ml</i>	2	BvsD; MO
CASODEX TAB 50 MG	4	MO
CEENU CAP 10 MG, 100 MG, 40 MG	4	MO
CELLCEPT CAP 250 MG	4	BvsD; MO
CELLCEPT ORAL SUSP 200 MG/ML	4	BvsD; MO
CELLCEPT TAB 500 MG	4	BvsD; MO
CELLCEPT INTRAVENOUS IV SOLUTION 500 MG	4	BvsD; MO
<i>cisplatin iv 1 mg/ml</i>	2	BvsD; MO
<i>cladribine iv 10 mg/10 ml</i>	2	BvsD; MO
CLOLAR IV 20 MG/20 ML	5	BvsD; MO

Drug	Tier	Requirements/ Limits
COSMEGEN IV SOLUTION 0.5 MG	3	BvsD; MO
<i>cyclophosphamide tab 25 mg, 50 mg</i>	2	BvsD; MO
<i>cyclosporine cap 100 mg, 25 mg</i>	2	BvsD; MO
<i>cyclosporine iv 250 mg/5 ml</i>	2	BvsD; MO
<i>cyclosporine modified cap 100 mg</i>	2	BvsD; MO
<i>cyclosporine modified cap 50 mg</i>	4	BvsD; MO
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	BvsD; MO
<i>cytarabine injection 20 mg/ml</i>	2	BvsD; MO
<i>cytarabine (pf) injection 2 gram/20 ml (100 mg/ml)</i>	1	BvsD; MO
<i>cytarabine (pf) solution for injection 500 mg</i>	2	BvsD; MO
<i>dacarbazine iv solution 200 mg</i>	2	BvsD; MO
DACOGEN IV SOLUTION 50 MG	4	BvsD; MO
<i>daunorubicin iv solution 20 mg</i>	4	BvsD; MO
DAUNOXOME IV 2 MG/ML	3	BvsD; MO
<i>docetaxel iv 80 mg/8 ml (10 mg/ml)</i>	4	BvsD; MO
DOXIL IV 2 MG/ML	4	BvsD; MO
<i>doxorubicin iv 2 mg/ml</i>	2	BvsD; MO
DROXIA CAP 200 MG, 300 MG, 400 MG	3	MO
ELIGARD SUB-Q SYRINGE 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	BvsD; MO

Drug	Tier	Requirements/ Limits
ELLEENCE IV 200 MG/100 ML	5	BvsD; MO
ELOXATIN SOLN 100 MG/20 ML	4	BvsD; MO
ELSPAR SOLUTION FOR INJECTION 10,000 UNIT	4	BvsD; MO
EMCYT CAP 140 MG	4	MO
<i>epirubicin iv 50 mg/25 ml</i>	2	BvsD; MO
ERBITUX IV 100 MG/50 ML	4	BvsD; MO
ETOPOPHOS IV SOLUTION 100 MG	4	BvsD; MO
<i>etoposide iv 20 mg/ml</i>	2	BvsD; MO
<i>exemestane tab 25 mg</i>	2	MO
FARESTON TAB 60 MG	4	MO
FASLODEX IM SYRINGE 250 MG/5 ML	5	BvsD; MO
FEMARA TAB 2.5 MG	4	MO
<i>fludarabine iv powder for solution 50 mg</i>	2	BvsD; MO
<i>fluorouracil iv 500 mg/10 ml</i>	2	BvsD; MO
<i>flutamide cap 125 mg</i>	2	MO
GEMZAR IV SOLUTION 1 GRAM	4	BvsD; MO
GENGRAF CAP 100 MG, 25 MG	2	BvsD; MO
GENGRAF ORAL SOLN 100 MG/ML	2	BvsD; MO
GLEEVEC TAB 100 MG, 400 MG	5	MO
HALAVEN IV 1 MG/2 ML (0.5 MG/ML)	4	BvsD; MO
HERCEPTIN IV SOLUTION 440 MG	5	BvsD; MO

Drug	Tier	Requirements/ Limits
HEXALEN CAP 50 MG	5	MO
HYCANTIN IV SOLUTION 4 MG	4	BvsD; MO
<i>hydroxyurea cap 500 mg</i>	2	MO
<i>idarubicin iv 1 mg/ml</i>	2	BvsD; MO
IFEX IV SOLUTION 3 GRAM	4	BvsD; MO
<i>ifosfamide iv solution 1 gram</i>	4	BvsD; MO
<i>ifosfamide-mesna iv kit 1-1 gram</i>	2	BvsD; MO
IRESSA TAB 250 MG	3	MO
<i>irinotecan iv 100 mg/5 ml</i>	2	MO
IXEMPRA IV SOLUTION 45 MG	4	BvsD; MO
JEVTANA IV 10 MG/ML (FINAL)	5	MO
<i>letrozole tab 2.5 mg</i>	2	MO
LEUKERAN TAB 2 MG	4	MO
<i>leuprolide sub-q kit 1 mg/0.2 ml</i>	2	BvsD; MO
LEUSTATIN IV 10 MG/10 ML	4	BvsD; MO
LUPRON DEPOT IM KIT 3.75 MG	4	BvsD; MO
LUPRON DEPOT IM SYRINGE 7.5 MG	4	BvsD; MO
LUPRON DEPOT (3 MONTH) IM KIT 11.25 MG	4	BvsD; MO
LUPRON DEPOT (3 MONTH) IM SYRINGE KIT 22.5 MG	4	BvsD; MO
LUPRON DEPOT (4 MONTH) IM KIT 30 MG	4	BvsD; MO
LUPRON DEPOT-PED IM KIT 11.25 MG, 15 MG	4	BvsD; MO
LYSODREN TAB 500 MG	3	MO

Drug	Tier	Requirements/ Limits
MATULANE CAP 50 MG	3	MO
<i>megestrol oral susp 400 mg/10 ml (40 mg/ml)</i>	1	MO
<i>megestrol tab 20 mg, 40 mg</i>	1	MO
<i>melphalan iv solution 50 mg</i>	2	BvsD; MO
<i>mercaptopurine tab 50 mg</i>	2	MO
<i>methotrexate sodium injection 25 mg/ml</i>	1	BvsD; MO
<i>methotrexate sodium tab 2.5 mg</i>	1	BvsD; MO
<i>methotrexate sodium (pf) solution for injection 1 gram</i>	3	BvsD; MO
<i>mitomycin iv solution 20 mg</i>	2	BvsD; MO
<i>mitoxantrone concentrate, iv 2 mg/ml</i>	2	BvsD; MO
MUSTARGEN SOLUTION FOR INJECTION 10 MG	3	BvsD; MO
<i>mycophenolate mofetil cap 250 mg</i>	2	BvsD; MO
<i>mycophenolate mofetil tab 500 mg</i>	2	BvsD; MO
MYFORTIC TAB 180 MG, 360 MG	4	BvsD; MO
NEORAL CAP 100 MG, 25 MG	4	BvsD; MO
NEORAL ORAL SOLN 100 MG/ML	4	BvsD; MO
NEXAVAR TAB 200 MG	5	MO
NILANDRON TAB 150 MG	4	MO
<i>octreotide acetate injection 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	BvsD; MO
ONTAK IV 150 MCG/ML	5	BvsD; MO

Drug	Tier	Requirements/ Limits
ORTHOCLONE OKT3 IV 1 MG/ML	5	BvsD; MO
<i>oxaliplatin soln 100 mg/20 ml</i>	2	BvsD; MO
<i>paclitaxel concentrate, iv 6 mg/ml</i>	2	BvsD; MO
<i>pentostatin iv solution 10 mg</i>	2	BvsD; MO
PHOTOFRIN IV SOLUTION 75 MG	5	BvsD; MO
PROGRAF CAP 0.5 MG, 1 MG, 5 MG	4	BvsD; MO
PROGRAF IV 5 MG/ML	4	BvsD; MO
RAPAMUNE ORAL SOLN 1 MG/ML	4	BvsD; MO
RAPAMUNE TAB 0.5 MG, 1 MG, 2 MG	4	BvsD; MO
REVLIMID CAP 10 MG, 15 MG, 25 MG, 5 MG	5	MO; LA
RHEUMATREX TABS IN A DOSE PACK 2.5 MG	4	BvsD; MO
RITUXAN CONCENTRATE, IV 10 MG/ML	3	BvsD; MO
SANDIMMUNE CAP 100 MG, 25 MG	4	BvsD; MO
SANDIMMUNE IV 250 MG/5 ML	4	BvsD; MO
SANDIMMUNE ORAL SOLN 100 MG/ML	4	BvsD; MO
SIMULECT IV SOLUTION 20 MG	4	BvsD; MO
SOMATULINE DEPOT SUB-Q SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	4	BvsD; MO
SPRYCEL TAB 100 MG, 20 MG, 50 MG, 70 MG	5	MO

Drug	Tier	Requirements/ Limits
SUTENT CAP 12.5 MG, 25 MG, 50 MG	5	MO
TABLOID TAB 40 MG	4	MO
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	2	BvsD; MO
<i>tamoxifen tab 10 mg, 20 mg</i>	1	MO
TARCEVA TAB 100 MG, 150 MG, 25 MG	5	MO
TARGRETIN CAP 75 MG	4	MO
TARGRETIN TOPICAL GEL 1 %	4	MO
TASIGNA CAP 200 MG	4	MO
TAXOTERE IV 80 MG/8 ML (FINAL)	4	BvsD; MO
THALOMID CAP 100 MG, 150 MG, 200 MG, 50 MG	5	MO
<i>thiotepa solution for injection 15 mg</i>	2	BvsD; MO
<i>topotecan iv solution 4 mg</i>	2	BvsD; MO
TORISEL IV SOLUTION 30 MG/3 ML (10 MG/ML) (FINAL)	4	BvsD; MO
TREANDA IV SOLUTION 100 MG	4	BvsD; MO
TRELSTAR IM SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	4	BvsD; MO
<i>tretinoin (chemotherapy) cap 10 mg</i>	2	MO
TREXALL TAB 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvsD; MO
TRISENOX IV 10 MG/10 ML	4	BvsD; MO
TYKERB TAB 250 MG	4	MO
<i>vandetanib tab 100 mg, 300 mg</i>	5	MO
VECTIBIX IV 100 MG/5 ML (20 MG/ML)	4	BvsD; MO
VELCADE IV SOLUTION 3.5 MG	4	BvsD; MO

Drug	Tier	Requirements/ Limits
VIDAZA SUB-Q SOLN 100 MG	5	BvsD; MO
<i>vinblastine iv powder for solution 10 mg</i>	2	BvsD; MO
<i>vincristine iv 1 mg/ml</i>	2	BvsD; MO
<i>vinorelbine iv 50 mg/5 ml</i>	2	BvsD; MO
VOTRIENT TAB 200 MG	5	MO
ZANOSAR IV SOLUTION 1 GRAM	4	BvsD; MO
ZOLINZA CAP 100 MG	5	MO
ZORTRESS TAB 0.25 MG	4	BvsD; MO
ZORTRESS TAB 0.5 MG, 0.75 MG	5	BvsD; MO
ZYTIGA TAB 250 MG	5	MO
Autonomic / Cns Drugs, Neurology / Psych		
Anticonvulsants		
BANZEL ORAL SUSP 40 MG/ML	4	MO
BANZEL TAB 200 MG, 400 MG	4	MO
<i>carbamazepine chewable tab 100 mg</i>	1	MO
<i>carbamazepine er 12 hr tab 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral susp 100 mg/5 ml</i>	1	MO
<i>carbamazepine tab 200 mg</i>	1	MO
CARBATROL 12 HR CAP 100 MG, 200 MG, 300 MG	4	MO
CELONTIN CAP 300 MG	4	MO
DEPAKOTE TAB 125 MG, 250 MG, 500 MG	4	MO
DEPAKOTE ER 24 HR TAB 250 MG, 500 MG	4	MO

Drug	Tier	Requirements/ Limits
DEPAKOTE SPRINKLES SPRINKLE CAP 125 MG	4	MO
DILANTIN CAP 30 MG	4	MO
DILANTIN INFATABS CHEWABLE 50 MG	4	MO
<i>divalproex er 24 hr tab 250 mg, 500 mg</i>	1	MO
<i>divalproex sprinkle cap 125 mg</i>	1	MO
<i>divalproex tab, delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
EPITOL TAB 200 MG	2	MO
EQUETRO 12 HR CAP 100 MG, 200 MG, 300 MG	4	MO
<i>ethosuximide cap 250 mg</i>	1	MO
<i>ethosuximide syrup 250 mg/5 ml</i>	1	MO
FELBATOL ORAL SUSP 600 MG/5 ML	4	MO
FELBATOL TAB 400 MG, 600 MG	4	MO
<i>fosphenytoin injection 100 mg pe/2 ml</i>	1	MO
<i>gabapentin cap 100 mg, 300 mg, 400 mg</i>	1	MO
<i>gabapentin tab 600 mg, 800 mg</i>	1	MO
GABITRIL TAB 12 MG, 16 MG, 2 MG, 4 MG	4	MO
KEPPRA IV 500 MG/5 ML	4	BvsD; MO
KEPPRA ORAL SOLN 100 MG/ML	4	MO
KEPPRA TAB 1,000 MG, 250 MG, 500 MG, 750 MG	4	MO
KEPPRA XR 24 HR TAB 500 MG, 750 MG	4	MO
LAMICTAL TAB 100 MG, 150 MG, 200 MG, 25 MG	4	MO

Drug	Tier	Requirements/ Limits
LAMICTAL STARTER (BLUE) KIT TABS IN A DOSE PACK 25 MG (35)	4	MO
LAMICTAL STARTER (GREEN) KIT TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	4	MO
LAMICTAL STARTER (ORANGE) KIT TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	4	MO
LAMICTAL XR 24 HR TAB 100 MG, 200 MG, 25 MG, 50 MG	4	MO
LAMICTAL XR STARTER (BLUE) TAB, DOSE PACK 25 MG (21) -50 MG (7)	4	MO
LAMICTAL XR STARTER (GREEN) TAB, PACK 50 MG(14)-100MG (14)-200 MG (7)	4	MO
LAMICTAL XR STARTER (ORANGE) TAB, PACK 25MG (14)-50 MG (14)-100MG (7)	4	MO
<i>lamotrigine dispersible tab 25 mg, 5 mg</i>	2	MO
<i>levetiracetam iv 500 mg/5 ml</i>	2	BvsD; MO
<i>levetiracetam oral soln 100 mg/ml</i>	2	MO
<i>levetiracetam tab 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO
LYRICA CAP 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	
NEURONTIN ORAL SOLN 250 MG/5 ML	4	MO
<i>oxcarbazepine oral susp 300 mg/5 ml</i>	2	MO
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	2	MO
PEGANONE TAB 250 MG	3	MO

Drug	Tier	Requirements/ Limits
PHENYTEK CAP 200 MG, 300 MG	4	MO
<i>phenytoin oral susp 125 mg/5 ml</i>	1	MO
<i>phenytoin sodium iv 50 mg/ml</i>	3	MO
<i>phenytoin sodium extended cap 100 mg</i>	1	MO
<i>primidone tab 250 mg, 50 mg</i>	1	MO
SABRIL ORAL POWDER IN PACKET 500 MG	5	MO; LA
SABRIL TAB 500 MG	5	MO; LA
STAVZOR CAP 125 MG, 250 MG, 500 MG	3	MO
TEGRETOL XR 12 HR TAB 100 MG, 200 MG, 400 MG	3	MO
TOPAMAX SPRINKLE CAP 15 MG, 25 MG	4	MO
TOPAMAX TAB 100 MG, 200 MG, 25 MG, 50 MG	4	MO
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	2	MO
<i>topiramate tab 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
TRILEPTAL ORAL SUSP 300 MG/5 ML	4	MO
TRILEPTAL TAB 150 MG, 300 MG, 600 MG	4	MO
<i>valproate sodium iv 500 mg/5 ml (100 mg/ml)</i>	1	MO
<i>valproic acid cap 250 mg</i>	1	MO
<i>valproic acid (as sodium salt) syrup 250 mg/5 ml</i>	1	MO
VIMPAT IV 200 MG/20 ML	4	MO
VIMPAT ORAL SOLN 10 MG/ML	4	MO
VIMPAT TAB 100 MG, 150 MG, 200 MG, 50 MG	4	MO

Drug	Tier	Requirements/ Limits
<i>zonisamide cap 100 mg, 25 mg, 50 mg</i>	2	MO
Antiparkinsonism Agents		
APOKYN SUBQ CARTRIDGE 10 MG/ML	4	BvsD; MO
AZILECT TAB 0.5 MG, 1 MG	4	MO
<i>benztropine injection 2 mg/2 ml</i>	3	MO
<i>benztropine tab 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine cap 5 mg</i>	2	MO
<i>bromocriptine tab 2.5 mg</i>	2	MO
<i>carbidopa-levodopa er tab 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa tab, rapid dissolve 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
COMTAN TAB 200 MG	4	MO
LODOSYN TAB 25 MG	4	MO
MIRAPEX TAB 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	4	MO
MIRAPEX ER 24 HR TAB 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	4	MO
<i>pramipexole tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
REQUIP XL 24 HR TAB 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	MO
<i>ropinirole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MO
<i>selegiline cap 5 mg</i>	1	MO
<i>selegiline tab 5 mg</i>	1	MO
STALEVO 100 TAB 25-100-200 MG	4	MO
STALEVO 125 TAB 31.25-125-200 MG	4	MO

Drug	Tier	Requirements/ Limits
STALEVO 150 TAB 37.5-150-200 MG	4	MO
STALEVO 200 TAB 50-200-200 MG	4	MO
STALEVO 50 TAB 12.5-50-200 MG	4	MO
STALEVO 75 TAB 18.75-75-200 MG	4	MO
TASMAR TAB 100 MG	4	MO
<i>trihexyphenidyl elixir 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl tab 2 mg, 5 mg</i>	1	MO
ZELAPAR TAB, RAPID DISSOLVE 1.25 MG	4	MO
Migraine / Cluster Headache Therapy		
<i>dihydroergotamine injection 1 mg/ml</i>	1	MO
ERGOMAR SUBLINGUAL TAB 2 MG	4	MO
<i>ergotamine-caffeine tab 1-100 mg</i>	1	MO
MAXALT TAB 10 MG, 5 MG	4	MO; QL (12 EA per 30 day(s))
MAXALT-MLT TAB, RAPID DISSOLVE 10 MG, 5 MG	4	MO; QL (12 EA per 30 day(s))
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	MO
MIGRANAL NASAL SPRAY 0.5 MG/PUMP ACT.	4	MO
<i>sumatriptan sub-q 4 mg/0.5 ml</i>	3	MO
<i>sumatriptan sub-q 6 mg/0.5 ml</i>	2	MO

Drug	Tier	Requirements/ Limits
<i>sumatriptan tab 100 mg</i>	2	MO; QL (9 EA per 30 day(s))
<i>sumatriptan tab 25 mg</i>	2	MO
<i>sumatriptan tab 50 mg</i>	2	MO; QL (18 EA per 30 day(s))
Miscellaneous Neurological Therapy		
ARICEPT TAB 10 MG, 23 MG, 5 MG	4	MO; QL (30 EA per 30 day(s))
ARICEPT ODT TAB, RAPID DISSOLVE 10 MG, 5 MG	4	MO; QL (30 EA per 30 day(s))
COPAXONE SUB-Q KIT 20 MG	4	BvsD; MO
<i>donepezil tab 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 day(s))
<i>donepezil tab, rapid dissolve 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 day(s))
EXELON CAP 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	MO; QL (60 EA per 30 day(s))
EXELON ORAL SOLN 2 MG/ML	4	MO

Drug	Tier	Requirements/ Limits
EXELON TRANSDERM 24 HR PATCH 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	MO
<i>galantamine er 24 hr cap 16 mg, 24 mg, 8 mg</i>	2	MO; QL (30 EA per 30 day(s))
<i>galantamine oral soln 4 mg/ml</i>	2	MO
<i>galantamine tab 12 mg, 4 mg, 8 mg</i>	2	MO
MYTELASE TAB 10 MG	4	MO
NAMENDA ORAL SOLN 10 MG/5 ML	3	MO
NAMENDA TAB 10 MG	3	MO; QL (60 EA per 30 day(s))
NAMENDA TAB 5 MG	3	MO; QL (90 EA per 30 day(s))
NAMENDA TITRATION PAK TABS IN A DOSE PACK 5-10 MG	3	MO
<i>rivastigmine cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO; QL (60 EA per 30 day(s))
TYSABRI IV 300 MG/15 ML	4	BvsD; MO; LA
XENAZINE TAB 12.5 MG, 25 MG	5	MO; LA
Muscle Relaxants / Antispasmodic Therapy		
AMRIX 24 HR CAP 15 MG, 30 MG	4	MO

Drug	Tier	Requirements/ Limits
<i>baclofen tab 10 mg, 20 mg</i>	1	MO
<i>carisoprodol tab 350 mg</i>	1	MO
<i>carisoprodol-asa-codeine tab 200-325-16 mg</i>	1	MO
<i>carisoprodol-aspirin tab 200-325 mg</i>	1	MO
<i>chlorzoxazone tab 500 mg</i>	1	MO
<i>cyclobenzaprine er 24 hr cap 15 mg, 30 mg</i>	1	MO
<i>cyclobenzaprine tab 10 mg, 5 mg</i>	1	MO
<i>dantrolene cap 100 mg, 25 mg, 50 mg</i>	2	MO
<i>meprobamate tab 200 mg, 400 mg</i>	2	MO
MESTINON SYRUP 60 MG/5 ML	4	MO
MESTINON TIMESPAN TAB 180 MG	4	MO
<i>metaxalone tab 800 mg</i>	2	MO
<i>methocarbamol tab 500 mg, 750 mg</i>	2	MO
<i>orphenadrine citrate er tab 100 mg</i>	2	MO
ORPHENADRINE COMPOUND TAB 25-385-30 MG	2	MO
ORPHENADRINE COMPOUND-DS TAB 50-770-60 MG	2	MO
<i>pyridostigmine bromide tab 60 mg</i>	1	MO
REGONOL INJECTION 5 MG/ML	1	MO
ROBAXIN INJECTION 100 MG/ML	4	BvsD; MO
SKELAXIN TAB 800 MG	4	MO
SOMA TAB 250 MG	4	MO
<i>tizanidine tab 2 mg, 4 mg</i>	2	MO
ZANAFLEX CAP 2 MG, 4 MG, 6 MG	4	MO

Drug	Tier	Requirements/ Limits
Narcotic Analgesics		
<i>acetaminophen-codeine elixir 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine tab 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ASCOMP W/CODEINE CAP 30-50-325-40 MG	2	
<i>buprenorphine sublingual tab 2 mg</i>	2	MO
<i>buprenorphine sublingual tab 8 mg</i>	2	
<i>buprenorphine syringe 0.3 mg/ml</i>	2	BvsD
<i>codeine-butalbital-acetaminophen-caffeine cap 30-50-325-40 mg</i>	1	
<i>codeine tab 15 mg, 30 mg, 60 mg</i>	1	
DILAUDID-5 ORAL LIQUID 1 MG/ML	4	
DURAMORPH INJECTION 0.5 MG/ML, 1 MG/ML	2	
ENDOCET TAB 10-325 MG, 10-650 MG, 5-325 MG, 7.5-325 MG, 7.5-500 MG	1	
<i>fentanyl transderm patch 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	
<i>fentanyl lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	
<i>fentanyl (pf) syringe 50 mcg/ml</i>	2	BvsD
<i>hydrocodone-acetaminophen oral soln 7.5-500 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen tab 10-300 mg, 10-750 mg, 5-300 mg, 7.5-300 mg</i>	2	
<i>hydrocodone-acetaminophen tab 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 2.5-500 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg</i>	1	

Drug	Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	
<i>hydromorphone tab 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone (pf) injection 10 mg/ml</i>	1	
<i>ibuprofen-oxycodone tab 400-5 mg</i>	1	
INFUMORPH P/F INJECTION 10 MG/ML	4	BvsD
<i>levorphanol tartrate tab 2 mg</i>	2	
MAGNACET TAB 10-400 MG, 5-400 MG, 7.5-400 MG	4	
MARGESIC-H CAP 5-500 MG	2	
<i>meperidine oral soln 50 mg/5 ml</i>	1	
<i>meperidine tab 100 mg, 50 mg</i>	1	
<i>meperidine (pf) injection 25 mg/ml, 50 mg/ml</i>	2	
<i>meperidine (pf) pca syringe 500 mg/50 ml</i>	2	
<i>methadone injection 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	1	
<i>methadone oral soln 10 mg/5 ml, 5 mg/5 ml</i>	4	
<i>methadone tab 10 mg, 5 mg</i>	1	
METHADOSE TAB 10 MG, 5 MG	1	
<i>morphine er tab 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
<i>morphine oral soln 10 mg/5 ml, 20 mg/5 ml</i>	1	
<i>morphine tab 15 mg, 30 mg</i>	1	
<i>morphine (pf) injection 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine concentrate oral 100 mg/5 ml (20 mg/ml)</i>	1	

Drug	Tier	Requirements/ Limits
OPANA TAB 10 MG, 5 MG	4	
OPANA ER 12 HR TAB 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	
<i>oxycodone cap 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone tab 15 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone hcl-oxycodone ter-aspirin tab 4.5-0.38-325 mg</i>	1	
<i>oxycodone-acetaminophen cap 5-500 mg</i>	1	
<i>oxycodone-acetaminophen tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg, 7.5-500 mg</i>	1	
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	2	
<i>oxymorphone tab 10 mg, 5 mg</i>	2	
REPREXAIN TAB 10-200 MG	2	
REPREXAIN TAB 5-200 MG	3	
ROXICET ORAL SOLN 5-325 MG/5 ML	3	
ROXICET TAB 5-325 MG	2	
ROXICET TAB 5-500 MG	3	
STAGESIC CAP 5-500 MG	2	
SUBUTEX SUBLINGUAL TAB 2 MG, 8 MG	4	
ZERLOR TAB 32-712.8-60 MG	2	
Non-Narcotic Analgesics		
ARTHROTEC 50 TAB 50-200 MG-MCG	4	MO
ARTHROTEC 75 TAB 75-200 MG-MCG	4	MO
<i>butorphanol tartrate injection 1 mg/ml, 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal spray 10 mg/ml</i>	2	

Drug	Tier	Requirements/ Limits
CELEBREX CAP 100 MG, 200 MG, 400 MG, 50 MG	3	MO; QL (60 EA per 30 day(s))
DEPADE TAB 50 MG	2	MO
diclofenac potassium tab 50 mg	1	MO
diclofenac sodium er 24 hr tab 100 mg	2	MO
diclofenac sodium tab, delayed release 25 mg, 50 mg	2	MO
diclofenac sodium tab, delayed release 75 mg	1	MO
diflunisal tab 500 mg	2	MO
etodolac cap 200 mg, 300 mg	2	MO
etodolac er 24 hr tab 400 mg, 500 mg, 600 mg	2	MO
etodolac tab 400 mg, 500 mg	2	MO
fenoprofen tab 600 mg	2	MO
flurbiprofen tab 100 mg, 50 mg	1	MO
ibuprofen oral susp 100 mg/5 ml	1	MO
ibuprofen tab 400 mg, 600 mg, 800 mg	1	MO
INDOCIN ORAL SUSP 25 MG/5 ML	4	MO
indomethacin cap 25 mg, 50 mg	1	MO
indomethacin er cap 75 mg	2	MO
ketoprofen cap 50 mg, 75 mg	1	MO
ketoprofen er 24 hr cap 200 mg	2	MO
ketorolac injection 15 mg/ml, 30 mg/ml (1 ml)	1	MO
ketorolac tab 10 mg	1	MO; QL (20 EA per 30 day(s))
meclofenamate cap 100 mg, 50 mg	2	MO

Drug	Tier	Requirements/ Limits
mefenamic acid cap 250 mg	2	MO
meloxicam oral susp 7.5 mg/5 ml	1	MO
meloxicam tab 15 mg, 7.5 mg	1	MO
nabumetone tab 500 mg, 750 mg	1	MO
nalbuphine injection 10 mg/ml, 20 mg/ml	2	
NALFON CAP 200 MG, 400 MG	4	MO
naloxone syringe 0.4 mg/ml, 1 mg/ml	2	MO
naltrexone tab 50 mg	2	MO
naproxen oral susp 125 mg/5 ml	1	MO
naproxen tab 250 mg, 375 mg	1	MO
naproxen tab, delayed release 375 mg, 500 mg	2	MO
naproxen sodium tab 275 mg, 550 mg	1	MO
oxaprozin tab 600 mg	1	MO
pentazocine-acetaminophen tab 25-650 mg	2	
pentazocine-naloxone tab 50-0.5 mg	2	
piroxicam cap 10 mg, 20 mg	1	MO
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	4	
SUBOXONE SUBLINGUAL TAB 2-0.5 MG, 8-2 MG	4	
sulindac tab 150 mg, 200 mg	1	MO
TALWIN INJECTION 30 MG/ML	4	BvsD
tolmetin cap 400 mg	2	MO
tolmetin tab 200 mg, 600 mg	2	MO
tramadol er 24 hr tab 100 mg, 200 mg	2	MO
tramadol tab 50 mg	1	MO

Drug	Tier	Requirements/ Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	MO
ULTRAM ER 24 HR TAB 300 MG	3	MO
VIVITROL IM SUSP 380 MG	4	BvsD; MO
VOLTAREN TOPICAL GEL 1 %	4	MO
Psychotherapeutic Drugs		
ABILIFY IM 9.75 MG/1.3 ML	4	MO
ABILIFY ORAL SOLN 1 MG/ML	4	MO
ABILIFY TAB 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	MO
ABILIFY DISCMELT 10 MG, 15 MG	4	MO
ADDERALL XR 24 HR CAP 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	4	
<i>amitriptyline tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amitriptyline-chlordiazepoxide tab 12.5-5 mg, 25-10 mg</i>	2	MO
<i>amoxapine tab 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO
AMPHETAMINE SALT COMBO TAB 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	1	
APLENZIN 24 HR TAB 174 MG, 348 MG, 522 MG	4	MO
BUDEPRION SR TAB 100 MG, 150 MG	2	MO
BUDEPRION XL 24 HR TAB 150 MG, 300 MG	2	MO
<i>bupropion hcl sr tab 100 mg, 200 mg</i>	1	MO
<i>bupropion hcl sr tab 150 mg</i>	2	MO
<i>bupropion hcl tab 100 mg, 75 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>bupirone tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>chlorpromazine injection 25 mg/ml</i>	1	MO
<i>chlorpromazine tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>citalopram oral soln 10 mg/5 ml</i>	2	MO
<i>citalopram tab 10 mg, 20 mg, 40 mg</i>	2	MO
<i>clomipramine cap 25 mg, 50 mg, 75 mg</i>	1	MO
<i>clozapine tab 100 mg, 25 mg, 50 mg</i>	1	MO
<i>clozapine tab 200 mg</i>	4	MO
CLOZARIL TAB 100 MG, 25 MG	4	MO
CONCERTA 24 HR TAB 18 MG, 27 MG, 36 MG, 54 MG	4	
CYMBALTA CAP 20 MG, 30 MG, 60 MG	4	MO
<i>desipramine tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
DESOXYN TAB 5 MG	4	
<i>dexmethylphenidate tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine er cap 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine tab 10 mg, 5 mg</i>	1	
<i>doxepin cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	MO
EFFEXOR XR 24 HR CAP 150 MG, 37.5 MG, 75 MG	4	MO
EMSAM TRANSDERM 24 HR PATCH 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	MO
<i>ergoloid tab 1 mg</i>	2	MO

Drug	Tier	Requirements/ Limits
FANAPT TAB 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	MO
FANAPT TABS IN A DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	MO
FAZACLO TAB, RAPID DISSOLVE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	4	MO
<i>fluoxetine cap 10 mg, 20 mg, 40 mg</i>	2	MO
<i>fluoxetine cap, delayed release 90 mg</i>	2	MO
<i>fluoxetine oral soln 20 mg/5 ml</i>	2	MO
<i>fluoxetine tab 10 mg, 20 mg</i>	2	MO
<i>fluphenazine decanoate injection 25 mg/ml</i>	2	MO
<i>fluphenazine elixir 2.5 mg/5 ml</i>	1	MO
<i>fluphenazine injection 2.5 mg/ml</i>	1	MO
<i>fluphenazine oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine tab 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fluvoxamine tab 100 mg, 25 mg, 50 mg</i>	2	MO
FOCALIN TAB 10 MG, 2.5 MG, 5 MG	3	
FOCALIN XR CAP 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	
GEODON CAP 20 MG, 40 MG, 60 MG, 80 MG	4	MO
GEODON IM 20 MG	4	BvsD; MO
<i>guanidine tab 125 mg</i>	4	MO
HALDOL INJECTION 5 MG/ML	4	MO
HALDOL DECANOATE IM 100 MG/ML, 50 MG/ML	4	MO

Drug	Tier	Requirements/ Limits
<i>haloperidol tab 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate im 100 mg/ml, 50 mg/ml</i>	2	MO
<i>haloperidol injection 5 mg/ml</i>	1	MO
<i>haloperidol oral concentrate 2 mg/ml</i>	1	MO
<i>imipramine tab 10 mg, 25 mg, 50 mg</i>	1	MO
<i>imipramine pamoate cap 100 mg, 125 mg, 150 mg, 75 mg</i>	2	MO
INVEGA 24 HR TAB 1.5 MG, 3 MG, 6 MG, 9 MG	4	MO
INVEGA SUSTENNA IM SYRINGE 117 MG/0.75 ML, 156 MG/ML (1 ML), 234 MG/1.5 ML	5	BvsD; MO
INVEGA SUSTENNA IM SYRINGE 39 MG/0.25 ML, 78 MG/0.5 ML	4	BvsD; MO
LATUDA TAB 40 MG, 80 MG	4	MO
LEXAPRO ORAL SOLN 5 MG/5 ML	4	MO
LEXAPRO TAB 10 MG, 20 MG, 5 MG	4	MO
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate cap 600 mg</i>	3	MO
<i>lithium carbonate er tab 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate tab 300 mg</i>	1	MO
<i>lithium citrate oral soln 8 meq/5 ml</i>	1	MO
<i>loxapine cap 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
LUNESTA TAB 1 MG, 2 MG, 3 MG	4	PA
LUVOX CR 24 HR CAP 100 MG, 150 MG	4	MO

Drug	Tier	Requirements/ Limits
<i>maprotiline tab 25 mg, 50 mg, 75 mg</i>	1	MO
MARPLAN TAB 10 MG	4	MO
METADATE CD CAP 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	
METADATE ER TAB 20 MG	2	
<i>methamphetamine tab 5 mg</i>	2	
METHYLIN CHEWABLE TAB 10 MG, 2.5 MG, 5 MG	3	
METHYLIN ORAL SOLN 10 MG/5 ML, 5 MG/5 ML	3	
METHYLIN TAB 10 MG, 20 MG, 5 MG	1	
METHYLIN ER TAB 10 MG, 20 MG	1	
<i>methylphenidate er tab 20 mg</i>	1	
<i>methylphenidate oral soln 5 mg/5 ml</i>	1	
<i>methylphenidate tab 10 mg, 20 mg, 5 mg</i>	1	
<i>mirtazapine tab 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	MO
<i>mirtazapine tab, rapid dissolve 15 mg, 30 mg, 45 mg</i>	2	MO
NARDIL TAB 15 MG	4	MO
<i>nefazodone tab 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>nortriptyline cap 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral soln 10 mg/5 ml</i>	1	MO
ORAP TAB 1 MG, 2 MG	4	MO
<i>paroxetine er 24 hr tab 12.5 mg</i>	1	MO
<i>paroxetine er 24 hr tab 25 mg, 37.5 mg</i>	2	MO
<i>paroxetine oral susp 10 mg/5 ml</i>	2	MO

Drug	Tier	Requirements/ Limits
<i>paroxetine tab 10 mg, 20 mg, 30 mg, 40 mg</i>	2	MO
<i>perphenazine tab 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	MO
PEXEVA TAB 10 MG, 20 MG, 30 MG, 40 MG	4	MO
<i>phenelzine tab 15 mg</i>	2	MO
PRISTIQ 24 HR TAB 100 MG, 50 MG	4	MO
<i>protriptyline tab 10 mg, 5 mg</i>	2	MO
PROVIGIL TAB 100 MG, 200 MG	3	PA
PROZAC WEEKLY CAP 90 MG	4	MO
RISPERDAL CONSTA IM SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	BvsD; MO
RISPERDAL M-TAB 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	MO
<i>risperidone oral soln 1 mg/ml</i>	2	MO
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO
<i>risperidone tab, rapid dissolve 0.25 mg</i>	3	MO
<i>risperidone tab, rapid dissolve 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO
ROZEREM TAB 8 MG	4	PA; MO
SAPHRIS SUBLINGUAL TAB 10 MG, 5 MG	4	MO
SARAFEM TAB 10 MG, 20 MG	4	MO
SELFEMRA CAP 10 MG, 20 MG	2	MO
SEROQUEL TAB 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	4	MO

Drug	Tier	Requirements/ Limits
SEROQUEL XR 24 HR TAB 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	4	MO
<i>sertraline oral concentrate 20 mg/ml</i>	2	MO
<i>sertraline tab 100 mg, 25 mg, 50 mg</i>	2	MO
STRATTERA CAP 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	4	MO
SURMONTIL CAP 100 MG	4	MO
SYMBYAX CAP 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	4	MO
<i>thioridazine tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
TOFRANIL-PM CAP 100 MG, 125 MG, 150 MG, 75 MG	4	MO
<i>tranlycypromine tab 10 mg</i>	1	MO
<i>trazodone tab 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
<i>trifluoperazine tab 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>venlafaxine er 24 hr cap 150 mg, 37.5 mg, 75 mg</i>	2	MO
<i>venlafaxine er 24 hr tab 150 mg, 225 mg, 37.5 mg, 75 mg</i>	4	MO
<i>venlafaxine tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
VIIBRYD TAB 10 MG, 20 MG, 40 MG	4	MO
VYVANSE CAP 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	
XYREM ORAL SOLN 500 MG/ML	4	LA
<i>zaleplon cap 10 mg, 5 mg</i>	2	

Drug	Tier	Requirements/ Limits
<i>zolpidem er multiphase tab 12.5 mg, 6.25 mg</i>	2	
<i>zolpidem tab 10 mg, 5 mg</i>	2	
ZYPREXA IM 10 MG	4	MO
ZYPREXA TAB 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	4	MO
ZYPREXA ZYDIS TAB, RAPID DISSOLVE 10 MG, 15 MG, 20 MG, 5 MG	4	MO
Cardiovascular, Hypertension / Lipids		
Antiarrhythmic Agents		
<i>amiodarone iv 50 mg/ml</i>	1	MO
<i>amiodarone tab 200 mg, 400 mg</i>	1	MO
<i>disopyramide cap 100 mg, 150 mg</i>	1	MO
<i>flecainide tab 100 mg, 150 mg, 50 mg</i>	2	MO
<i>mexiletine cap 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ TAB 400 MG	4	MO; QL (60 EA per 30 day(s))
PACERONE TAB 100 MG	4	MO
PACERONE TAB 200 MG	2	MO
<i>procainamide injection 100 mg/ml, 500 mg/ml</i>	1	MO
<i>propafenone er 12 hr cap 225 mg, 325 mg, 425 mg</i>	2	MO
<i>propafenone tab 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine er tab 324 mg</i>	1	MO
<i>quinidine injection 80 mg/ml</i>	3	MO
<i>quinidine sulfate er tab 300 mg</i>	1	MO
<i>quinidine tab 200 mg, 300 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
SORINE TAB 120 MG, 160 MG, 240 MG, 80 MG	2	MO
<i>sotalol tab 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
TIKOSYN CAP 125 MCG, 250 MCG, 500 MCG	4	MO
Antihypertensive Therapy		
<i>acebutolol cap 200 mg, 400 mg</i>	1	MO
AFEDITAB CR 30 MG, 60 MG	1	MO
ALDACTAZIDE TAB 50-50 MG	4	MO
<i>amiloride tab 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide tab 5-50 mg</i>	1	MO
<i>amlodipine tab 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>amlodipine-benazepril cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	MO
<i>atenolol tab 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone tab 100-25 mg, 50-25 mg</i>	1	MO
AZOR TAB 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	4	MO
<i>benazepril tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol tab 10 mg, 20 mg</i>	1	MO
BIDIL TAB 20-37.5 MG	4	MO
<i>bisoprolol fumarate tab 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection 0.25 mg/ml</i>	1	BvsD; MO

Drug	Tier	Requirements/ Limits
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	1	MO
BYSTOLIC TAB 10 MG, 2.5 MG, 20 MG, 5 MG	4	MO
<i>captopril tab 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>captopril-hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
CARDURA XL 24 HR TAB 4 MG, 8 MG	4	MO; QL (60 EA per 30 day(s))
CARTIA XT 24 HR CAP 120 MG, 180 MG, 240 MG, 300 MG	1	MO
<i>carvedilol tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>chlorothiazide tab 250 mg, 500 mg</i>	1	MO
<i>chlorothiazide sodium iv solution 500 mg</i>	1	BvsD; MO
<i>chlorthalidone tab 25 mg, 50 mg</i>	1	MO
<i>clonidine tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine weekly transderm patch 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO
CLOPRES TAB 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	4	MO
COREG CR 24 HR CAP 10 MG, 20 MG, 40 MG, 80 MG	4	MO
COZAAR TAB 100 MG	4	MO; QL (30 EA per 30 day(s))
COZAAR TAB 25 MG, 50 MG	4	MO; QL (60 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
DEMSER CAP 250 MG	4	MO
DIBENZYLINE CAP 10 MG	4	MO
DILT-CD 24 HR CAP 120 MG, 300 MG	1	MO
DILT-XR CAP 180 MG, 240 MG	1	MO
<i>diltiazem cd 24 hr cap 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem er 12 hr cap 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem er cap 360 mg, 420 mg</i>	1	MO
<i>diltiazem iv 5 mg/ml</i>	1	MO
<i>diltiazem iv powder for solution 100 mg</i>	3	MO
<i>diltiazem tab 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
DILTZAC ER CAP 120 MG, 180 MG, 240 MG, 300 MG	1	MO
DIOVAN TAB 160 MG, 40 MG, 80 MG	4	MO; QL (60 EA per 30 day(s))
DIOVAN TAB 320 MG	4	MO; 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	4	MO; QL (30 EA per 30 day(s))
DIURIL ORAL SUSP 250 MG/5 ML	4	MO
DIURIL IV SOLUTION 500 MG	4	BvsD; MO

Drug	Tier	Requirements/ Limits
<i>doxazosin tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 day(s))
DYNACIRC CR 24 HR TAB 10 MG, 5 MG	4	MO
DYRENIUM CAP 100 MG, 50 MG	4	MO
EDECIN TAB 25 MG	4	MO
<i>enalapril maleate tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide tab 10-25 mg, 5-12.5 mg</i>	1	MO
<i>eplerenone tab 25 mg, 50 mg</i>	2	MO
EXFORGE TAB 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	4	MO
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	MO
<i>felodipine er 24 hr tab 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fosinopril tab 10 mg, 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 day(s))
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>furosemide injection 10 mg/ml</i>	1	MO
<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>furosemide oral soln 40 mg/5 ml</i>	3	MO
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanabenz tab 4 mg</i>	1	MO
<i>guanfacine tab 1 mg, 2 mg</i>	1	MO
<i>hydralazine injection 20 mg/ml</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>hydralazine tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide cap 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	MO
HYZAAR TAB 100-12.5 MG, 100-25 MG, 50-12.5 MG	4	MO; QL (30 EA per 30 day(s))
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	MO
<i>isradipine cap 2.5 mg, 5 mg</i>	2	MO
<i>labetalol iv 5 mg/ml</i>	1	MO
<i>labetalol tab 100 mg, 200 mg, 300 mg</i>	1	MO
LEVATOL TAB 20 MG	4	MO
<i>lisinopril tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan tab 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide tab 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>methyclothiazide tab 5 mg</i>	1	MO
<i>methyldopa tab 250 mg, 500 mg</i>	1	MO
<i>methyldopa-hydrochlorothiazide tab 250-15 mg, 250-25 mg</i>	1	MO
<i>methyldopate iv 250 mg/5 ml</i>	1	MO
<i>metolazone tab 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>metoprolol succinate er 24 hr tab 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>metoprolol iv 5 mg/5 ml</i>	1	BvsD; MO
<i>metoprolol tartrate tab 100 mg, 25 mg, 50 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>metoprolol-hydrochlorothiazide tab 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
MICARDIS TAB 20 MG, 40 MG, 80 MG	3	MO
MICARDIS HCT TAB 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	MO
<i>minoxidil tab 10 mg, 2.5 mg</i>	2	MO
<i>moexipril tab 15 mg, 7.5 mg</i>	2	MO
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	MO
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	2	MO
<i>nadolol-bendroflumethiazide tab 40-5 mg, 80-5 mg</i>	2	MO
<i>nicardipine cap 20 mg, 30 mg</i>	1	MO
NIFEDIAC CC TAB 30 MG, 60 MG, 90 MG	1	MO
NIFEDICAL XL 24 HR TAB 30 MG, 60 MG	1	MO
<i>nifedipine cap 10 mg, 20 mg</i>	1	MO
<i>nifedipine er 24 hr tab 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine cap 30 mg</i>	2	MO
<i>nisoldipine er 24 hr tab 20 mg, 30 mg, 40 mg</i>	2	MO
<i>pindolol tab 10 mg, 5 mg</i>	2	MO
<i>prazosin cap 1 mg</i>	1	MO; QL (90 EA per 30 day(s))
<i>prazosin cap 2 mg, 5 mg</i>	1	MO; QL (120 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
<i>propranolol er 24 hr cap extended release 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol iv 1 mg/ml</i>	1	MO
<i>propranolol oral soln 20 mg/5 ml, 40 mg/5 ml</i>	1	MO
<i>propranolol tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol-hydrochlorothiazide tab 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 10 mg, 2.5 mg, 5 mg</i>	2	MO
REMODYLIN INJECTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	BvsD; MO
<i>reserpine tab 0.1 mg, 0.25 mg</i>	1	MO
SODIUM EDECRIN IV SOLUTION 50 MG	4	BvsD; MO
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>spironolactone tab 100 mg, 25 mg, 50 mg</i>	1	MO
SULAR 24 HR TAB 25.5 MG, 34 MG, 8.5 MG	4	MO
TAZTIA XT CAP 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	MO
TEKTURNA TAB 150 MG, 300 MG	4	PA; MO
TEKTURNA HCT TAB 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	PA; MO
<i>terazosin cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
THALITONE TAB 15 MG	4	MO

Drug	Tier	Requirements/ Limits
<i>timolol tab 10 mg, 20 mg, 5 mg</i>	1	MO
<i>torseamide iv 20 mg/2 ml (10 mg/ml)</i>	4	BvsD; MO
<i>torseamide tab 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg, 50-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	MO
<i>verapamil er (pm) cap 24hr pellet ct 100 mg, 200 mg, 300 mg</i>	1	MO
<i>verapamil er 24 hr cap 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil er tab 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil iv 2.5 mg/ml</i>	1	MO
<i>verapamil tab 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiac Glycosides		
<i>digoxin injection 250 mcg/ml</i>	1	MO
<i>digoxin oral soln 50 mcg/ml</i>	1	MO
<i>digoxin tab 125 mcg, 250 mcg</i>	1	MO
LANOXIN PEDIATRIC INJECTION 100 MCG/ML	4	BvsD; MO
Coagulation Therapy		
AGGRENOX 12 HR CAP 200-25 MG	4	MO; QL (60 EA per 30 day(s))
ARIXTRA SUB-Q SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	BvsD; MO
<i>cilostazol tab 100 mg, 50 mg</i>	2	MO
CYKLOKAPRON IV 100 MG/ML	3	MO

Drug	Tier	Requirements/ Limits
<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i>	2	MO
<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	BvsD; MO
FRAGMIN SUB-Q 25,000 UNIT/ML	4	BvsD; MO
FRAGMIN SUB-Q SYRINGE 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML, 7,500 UNIT/0.3 ML	4	BvsD; MO
<i>heparin (porcine) injection 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	MO
<i>heparin (porcine) in d5w iv 20,000 unit/500 ml</i>	2	BvsD; MO
<i>heparin (porcine) in ns (pf) iv 2,000 unit/1,000 ml</i>	2	MO
<i>heparin (porcine)-0.45% nacl iv 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) iv 10,000 unit/5 ml</i>	4	MO
INNOHEP SUB-Q 20,000 ANTI-XA UNIT/ML	4	BvsD; MO
JANTOVEN TAB 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	MO
LOVENOX SUB-Q 300 MG/3 ML	4	BvsD; MO
LOVENOX 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	4	BvsD; MO
PENTOPAK TAB 400 MG	1	MO
<i>pentoxifylline er tab 400 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
PLAVIX TAB 300 MG	3	MO
PLAVIX TAB 75 MG	3	MO; QL (30 EA per 30 day(s))
PROMACTA TAB 25 MG, 50 MG, 75 MG	5	MO
<i>ticlopidine tab 250 mg</i>	1	MO
<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	MO
Direct Renin Inhibitors		
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	MO; QL (30 EA per 30 day(s))
Lipid/Cholesterol Lowering Agents		
ADVICOR 24 HR TAB 1,000-20 MG, 1,000-40 MG, 500-20 MG, 750-20 MG	4	MO
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	4	MO; QL (30 EA per 30 day(s))
CHOLESTYRAMINE LIGHT PACKET 4 GRAM	2	MO
<i>colestipol oral granules 5 gram</i>	2	MO
<i>colestipol tab 1 gram</i>	2	MO
<i>fenofibrate tab 160 mg, 54 mg</i>	1	MO
<i>fenofibrate micronized cap 134 mg, 200 mg, 67 mg</i>	2	MO
<i>gemfibrozil tab 600 mg</i>	1	MO
LIPITOR TAB 10 MG, 20 MG, 40 MG, 80 MG	4	PA; MO
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
LOVAZA CAP 1 GRAM	4	MO
NIACOR TAB 500 MG	4	MO
NIASPAN EXTENDED-RELEASE 24 HR TAB 1,000 MG, 500 MG, 750 MG	4	MO
<i>pravastatin tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
PREVALITE ORAL POWDER 4 GRAM	2	MO
<i>simvastatin tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
VYTORIN 10-10 TAB 10-10 MG	4	MO; QL (30 EA per 30 day(s))
VYTORIN 10-20 TAB 10-20 MG	4	MO; QL (30 EA per 30 day(s))
VYTORIN 10-40 TAB 10-40 MG	4	MO; QL (30 EA per 30 day(s))
VYTORIN 10-80 TAB 10-80 MG	4	MO; QL (30 EA per 30 day(s))
WELCHOL ORAL POWDER PACK 3.75 GRAM	4	MO
WELCHOL TAB 625 MG	4	MO
ZETIA TAB 10 MG	4	MO; QL (30 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
Miscellaneous Cardiovascular Agents		
RANEXA 12 HR TAB 1,000 MG, 500 MG	4	PA; MO
Nitrates		
<i>isosorbide dinitrate er tab 40 mg</i>	1	MO
<i>isosorbide dinitrate sublingual tab 2.5 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er 24 hr tab 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate tab 10 mg, 20 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	MO
<i>nitroglycerin iv 50 mg/10 ml (5 mg/ml)</i>	1	MO
<i>nitroglycerin transderm 24 hr patch 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
NITROLINGUAL SPRAY 0.4 MG/DOSE	4	MO
Dermatologicals/Topical Therapy		
Antipsoriatic / Antiseborrheic		
AMEVIVE IM 15 MG (0.5 ML)	4	BvsD; MO
<i>calcipotriene ointment 0.005 %</i>	2	MO
<i>calcipotriene topical soln 0.005 %</i>	2	MO
DOVONEX TOPICAL CREAM 0.005 %	4	MO
<i>selenium sulfide topical susp 2.5 %</i>	1	MO
SORIATANE CAP 10 MG, 17.5 MG, 25 MG	4	MO
TACLONEX SCALP TOPICAL SUSP 0.005-0.064 %	4	MO

Drug	Tier	Requirements/ Limits
Burn Therapy		
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
SSD TOPICAL CREAM 1 %	1	MO
THERMAZENE TOPICAL CREAM 1 %	1	MO
Miscellaneous Dermatologicals		
8-MOP CAP 10 MG	4	MO
ALDARA TOPICAL CREAM PACKET 5 %	4	MO
<i>ammonium lactate lotion 12 %</i>	1	MO
<i>ammonium lactate topical cream 12 %</i>	1	MO
CARAC TOPICAL CREAM 0.5 %	4	MO
ELIDEL TOPICAL CREAM 1 %	4	MO
FLUOROPLEX TOPICAL CREAM 1 %	4	MO
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical soln 2 %, 5 %</i>	2	MO
<i>imiquimod topical cream packet 5 %</i>	2	MO
LACLOTION 12 %	2	MO
OXSORALEN LOTION 1 %	4	MO
OXSORALEN ULTRA CAP 10 MG	4	MO
PANRETIN TOPICAL GEL 0.1 %	4	MO
<i>podofilox topical soln 0.5 %</i>	2	MO
PROTOPIC OINTMENT 0.03 %, 0.1 %	4	MO
SOLARAZE TOPICAL GEL 3 %	4	MO
U-CORT TOPICAL CREAM 1-10 %	4	MO
UVADEX INJECTION 20 MCG/ML	4	BvsD; MO

Drug	Tier	Requirements/ Limits
VEREGEN OINTMENT 15 %	4	MO
Therapy For Acne		
ACANYA TOPICAL GEL 1.2-2.5 %	4	MO
<i>adapalene topical cream 0.1 %</i>	2	MO
<i>adapalene topical gel 0.1 %</i>	2	MO
AMNESTEEM CAP 10 MG, 20 MG, 40 MG	2	MO
AVITA TOPICAL CREAM 0.025 %	2	MO
AZELEX TOPICAL CREAM 20 %	4	MO
CLARAVIS CAP 10 MG, 20 MG, 30 MG, 40 MG	2	MO
<i>clindamycin lotion 1 %</i>	2	MO
<i>clindamycin phosphate topical swab 1 %</i>	2	MO
<i>clindamycin topical gel 1 %</i>	2	MO
<i>clindamycin topical soln 1 %</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	MO
ERY PADS TOPICAL SWAB 2 %	2	MO
<i>erythromycin with ethanol topical gel 2 %</i>	2	MO
<i>erythromycin with ethanol topical soln 2 %</i>	2	MO
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	MO
FINACEA TOPICAL GEL 15 %	4	MO
METROGEL TOPICAL 1 %	4	MO
<i>metronidazole lotion 0.75 %</i>	2	MO
<i>metronidazole topical cream 0.75 %</i>	2	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO

Drug	Tier	Requirements/ Limits
NORITATE TOPICAL CREAM 1 %	4	MO
SOTRET CAP 10 MG, 20 MG, 30 MG, 40 MG	2	MO
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	4	MO
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	MO
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	MO
Topical Anesthetics		
<i>lidocaine (pf) injection 10 mg/ml (1 %)</i>	1	MO
<i>lidocaine injection 5 mg/ml (0.5 %)</i>	1	MO
<i>lidocaine mucosal gel 2 %</i>	1	MO
<i>lidocaine mucosal soln 4 %</i>	1	MO
<i>lidocaine mucous membrane jelly in applicator 2 %</i>	1	MO
<i>lidocaine ointment 5 %</i>	1	MO
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO
LIDODERM ADHESIVE PATCH 5 % (700 MG/PATCH)	4	MO
SYNERA PATCH 70-70 MG	4	MO
Topical Antibacterials		
ALTABAX OINTMENT 1 %	4	MO
BACTROBAN TOPICAL CREAM 2 %	3	MO
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	MO
<i>gentamicin ointment 0.1 %</i>	1	MO
<i>gentamicin topical cream 0.1 %</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>mupirocin ointment 2 %</i>	1	MO
PHISOHEX TOPICAL LIQUID 3 %	3	MO
<i>sulfacetamide sodium (acne) topical susp 10 %</i>	2	MO
SULFAMYLON TOPICAL CREAM 85 MG/G	3	MO
SULFAMYLON TOPICAL PACKET 50 GRAM	3	MO
Topical Antifungals		
<i>ciclopirox topical cream 0.77 %</i>	2	MO
<i>ciclopirox topical gel 0.77 %</i>	2	MO
<i>ciclopirox topical soln 8 %</i>	2	MO
<i>ciclopirox topical susp 0.77 %</i>	2	MO
<i>clotrimazole topical cream 1 %</i>	1	MO
<i>clotrimazole topical soln 1 %</i>	1	MO
<i>clotrimazole-betamethasone lotion 1-0.05 %</i>	2	MO
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	MO
<i>econazole topical cream 1 %</i>	1	MO
EXELDERM TOPICAL CREAM 1 %	3	MO
EXELDERM TOPICAL SOLN 1 %	3	MO
EXTINA TOPICAL FOAM 2 %	3	MO
<i>ketoconazole shampoo 2 %</i>	1	MO
<i>ketoconazole topical cream 2 %</i>	1	MO
NYAMYC TOPICAL POWDER 100,000 UNIT/G	2	MO
<i>nystatin ointment 100,000 unit/g</i>	1	MO
<i>nystatin topical cream 100,000 unit/g</i>	1	MO
<i>nystatin topical powder 100,000 unit/g</i>	2	MO

Drug	Tier	Requirements/ Limits
<i>nystatin-triamcinolone ointment 100,000-0.1 unit/gram-%</i>	1	MO
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	MO
NYSTOP TOPICAL POWDER 100,000 UNIT/G	2	MO
PEDI-DRI TOPICAL POWDER 100,000 UNIT/G	2	MO
Topical Antivirals		
DENAVIR TOPICAL CREAM 1 %	3	MO
ZOVIRAX OINTMENT 5 %	4	MO
ZOVIRAX TOPICAL CREAM 5 %	4	MO
Topical Corticosteroids		
ALA-CORT LOTION 1 %	1	MO
ALA-CORT TOPICAL CREAM 1 %	2	MO
ALA-SCALP LOTION 2 %	4	MO
<i>alclometasone ointment 0.05 %</i>	1	MO
<i>alclometasone topical cream 0.05 %</i>	1	MO
<i>amcinonide lotion 0.1 %</i>	1	MO
<i>amcinonide ointment 0.1 %</i>	1	MO
<i>amcinonide topical cream 0.1 %</i>	1	MO
<i>betamethasone dipropionate lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate ointment 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO
<i>betamethasone valerate lotion 0.1 %</i>	1	MO
<i>betamethasone valerate ointment 0.1 %</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO
<i>betamethasone, augmented lotion 0.05 %</i>	1	MO
<i>betamethasone, augmented ointment 0.05 %</i>	1	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO
CAPEX SHAMPOO 0.01 %	4	MO
<i>clobetasol ointment 0.05 %</i>	1	MO
<i>clobetasol topical gel 0.05 %</i>	1	MO
<i>clobetasol topical soln 0.05 %</i>	1	MO
<i>clobetasol-emollient topical cream 0.05 %</i>	1	MO
CORDRAN LOTION 0.05 %	4	MO
CORDRAN TAPE 4 MCG/CM2	4	MO
CORDRAN SP TOPICAL CREAM 0.05 %	4	MO
CUTIVATE LOTION 0.05 %	4	MO
DERMA-SMOOTH/FS BODY OIL TOPICAL 0.01 %	4	MO
DESONATE TOPICAL GEL 0.05 %	3	MO
<i>desonide lotion 0.05 %</i>	1	MO
<i>desonide ointment 0.05 %</i>	1	MO
<i>desonide topical cream 0.05 %</i>	1	MO
<i>desoximetasone ointment 0.25 %</i>	2	MO
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	MO
<i>desoximetasone topical gel 0.05 %</i>	2	MO
<i>diflorasone ointment 0.05 %</i>	2	MO
<i>diflorasone topical cream 0.05 %</i>	2	MO
<i>fluocinolone ointment 0.025 %</i>	1	MO
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>fluocinolone topical soln 0.01 %</i>	1	MO
<i>fluocinonide ointment 0.05 %</i>	1	MO
<i>fluocinonide topical gel 0.05 %</i>	1	MO
<i>fluocinonide topical soln 0.05 %</i>	1	MO
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO
<i>fluticasone ointment 0.005 %</i>	1	MO
<i>fluticasone topical cream 0.05 %</i>	1	MO
<i>halobetasol propionate ointment 0.05 %</i>	2	MO
<i>halobetasol propionate topical cream 0.05 %</i>	2	MO
HALOG OINTMENT 0.1 %	4	MO
HALOG TOPICAL CREAM 0.1 %	4	MO
<i>hydrocortisone lotion 2.5 %</i>	1	MO
<i>hydrocortisone ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone butyrate ointment 0.1 %</i>	2	MO
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	MO
<i>hydrocortisone butyrate topical soln 0.1 %</i>	2	MO
<i>hydrocortisone valerate ointment 0.2 %</i>	2	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	MO
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	MO
LOCOID LOTION 0.1 %	4	MO
<i>mometasone ointment 0.1 %</i>	2	MO
<i>mometasone topical cream 0.1 %</i>	2	MO
<i>mometasone topical soln 0.1 %</i>	2	MO

Drug	Tier	Requirements/ Limits
<i>prednicarbate ointment 0.1 %</i>	2	MO
<i>prednicarbate topical cream 0.1 %</i>	2	MO
<i>triamcinolone acetonide lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide ointment 0.05 %</i>	3	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
TRIDERM TOPICAL CREAM 0.1 %	2	MO
Topical Enzymes		
SANTYL OINTMENT 250 UNIT/G	3	MO
Topical Scabicides / Pediculicides		
ACTICIN TOPICAL CREAM 5 %	1	MO
EURAX LOTION 10 %	3	MO
EURAX TOPICAL CREAM 10 %	3	MO
<i>lindane lotion 1 %</i>	3	MO
<i>lindane shampoo 1 %</i>	3	MO
<i>malathion lotion 0.5 %</i>	2	MO
<i>permethrin topical cream 5 %</i>	1	MO
Diagnostics / Miscellaneous Agents		
Irrigating Solutions		
<i>lactated ringers irrigation soln</i>	2	MO
<i>neomycin-polymyxin b gu irrigation soln 40-200,000 mg-unit/ml</i>	2	MO
<i>ringers irrigation soln</i>	2	MO

Drug	Tier	Requirements/ Limits
Miscellaneous Agents		
ACTONEL TAB 30 MG	4	ST; MO; QL (30 EA per 30 day(s))
ADAGEN IM 250 UNIT/ML	5	BvsD; MO
<i>alendronate tab 40 mg</i>	2	MO
<i>anagrelide cap 0.5 mg, 1 mg</i>	2	MO
ANTABUSE TAB 250 MG, 500 MG	4	MO
ARALAST NP IV SUSP 500 MG	4	BvsD; MO
BUPHENYL ORAL POWDER	4	MO
BUPHENYL TAB 500 MG	4	MO
CAMPRAL DOSE PAK TABS 333 MG	4	MO; QL (180 EA per 30 day(s))
CARNITOR IV 200 MG/ML	4	BvsD; MO
CHEMET CAP 100 MG	4	MO
CLINIMIX 4.25%/D5 SULFITE FREE IV 4.25 %	4	BvsD; MO
CLINIMIX E 2.75%/D10 SULFITE FREE IV 2.75 %	4	BvsD; MO
CLINIMIX E 2.75%/D5 SULFITE FREE IV 2.75 %	4	BvsD; MO
<i>dextrose 10 %-0.45 % sodium chloride iv</i>	3	BvsD; MO
<i>dextrose 2.5 %-0.45 % sodium chloride iv</i>	2	BvsD; MO
<i>dextrose 5 %-0.45 % sodium chloride iv</i>	2	BvsD; MO

Drug	Tier	Requirements/ Limits
<i>dextrose 5 %-0.9 % sodium chloride iv</i>	2	BvsD; MO
<i>dextrose 10% in water (d10w) iv soln</i>	2	BvsD; MO
<i>dextrose 10%-1/4 normal saline iv</i>	3	BvsD; MO
<i>dextrose 5% in water (d5w) iv</i>	2	BvsD; MO
<i>dextrose 5%-0.3 % sodium chloride iv</i>	3	BvsD; MO
<i>dextrose 5%-1/4 normal saline iv</i>	2	BvsD; MO
<i>etidronate disodium tab 200 mg, 400 mg</i>	2	MO
EVOXAC CAP 30 MG	4	MO
EXJADE TAB 125 MG	4	MO
EXJADE TAB 250 MG, 500 MG	5	MO
FOSRENOL CHEWABLE TAB 1,000 MG, 500 MG, 750 MG	4	MO
INCRELEX SUB-Q 10 MG/ML	5	BvsD; MO
KIONEX ORAL POWDER	2	MO
<i>levocarnitine iv 200 mg/ml</i>	4	BvsD; MO
<i>levocarnitine tab 330 mg</i>	2	MO
<i>levocarnitine (with sucrose) oral soln 100 mg/ml</i>	2	MO
<i>midodrine tab 10 mg</i>	1	MO
<i>midodrine tab 2.5 mg, 5 mg</i>	2	MO
ORFADIN CAP 10 MG, 2 MG, 5 MG	5	MO
<i>pilocarpine tab 5 mg, 7.5 mg</i>	2	MO
PROLASTIN IV SUSP 500 MG	5	BvsD; MO
PROLASTIN C IV SUSP 1,000 MG	5	BvsD; MO

Drug	Tier	Requirements/ Limits
RENAGEL TAB 400 MG, 800 MG	4	MO
RENVELA ORAL PWP 0.8 GRAM, 2.4 GRAM	4	MO
RENVELA TAB 800 MG	4	MO
RILUTEK TAB 50 MG	5	MO
SKELID TAB 240 MG	4	PA; MO; QL (60 EA per 30 day(s))
sodium chloride irrigation soln 0.9 %	2	MO
sodium chloride 0.9 % iv 0.9 %	2	BvsD; MO
SYPRINE CAP 250 MG	4	MO
water for irrigation, sterile solution	2	MO
ZEMAIRA IV SUSP 1,000 MG	5	BvsD; MO
Smoking Deterrents		
BUPROBAN TAB 150 MG	2	MO
CHANTIX TAB 0.5 MG, 1 MG	4	PA; MO
CHANTIX STARTING MONTH PAK TABS IN A DOSE PACK 0.5(11)-1(3X14) MG	4	PA; MO
NICOTROL INHALATION CARTRIDGE 10 MG	4	PA; MO
NICOTROL NS NASAL SPRAY 10 MG/ML	4	PA; MO
Ear, Nose / Throat Medications		
Miscellaneous Agents		
ASTELIN NASAL SPRAY AEROSOL 137 MCG	3	MO
azelastine nasal spray aerosol 137 mcg	2	MO

Drug	Tier	Requirements/ Limits
BACTROBAN NASAL OINTMENT 2 %	3	MO
chlorhexidine gluconate mouthwash 0.12 %	1	MO
ipratropium bromide nasal spray 0.03 %, 0.06 %	1	MO
PATANASE NASAL SPRAY 0.6 %	4	MO
PERIOGARD MOUTHWASH 0.12 %	1	MO
triamcinolone acetonide dental paste 0.1 %	1	MO
TYZINE NASAL DROPS 0.05 %, 0.1 %	3	MO
Miscellaneous Otic Preparations		
ACETASOL HC EAR DROPS 1-2 %	2	MO
acetic acid ear soln 2 %	1	MO
DERMOTIC OIL EAR DROPS 0.01 %	3	MO
hydrocortisone-acetic acid ear drops 1-2 %	1	MO
ofloxacin ear drops 0.3 %	2	MO
Otic Steroid / Antibiotic		
CIPRO HC EAR DROPS, SUSP 0.2-1 %	4	MO
CIPRODEX EAR DROPS, SUSP 0.3-0.1 %	4	MO
COLY-MYCIN S EAR DROPS, SUSP 3.3-3-10-0.5 MG/ML	3	MO
CORTISPORIN-TC EAR DROPS, SUSP 3.3-3-10-0.5 MG/ML	3	MO
CORTOMYCIN EAR DROPS, SUSP 3.5-10,000-1 MG-UNIT/ML-%	2	MO
CORTOMYCIN EAR SOLN 3.5-10,000-1 MG-UNIT/ML-%	2	MO

Drug	Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc ear drops, susp 3.5-10,000-1 mg-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc ear soln 3.5-10,000-1 mg-unit/ml-%</i>	1	MO
Endocrine/Diabetes		
Adrenal Hormones		
A-HYDROCORT SOLUTION FOR INJECTION 100 MG	2	BvsD; MO
A-METHAPRED SOLUTION FOR INJECTION 125 MG/2 ML, 40 MG/ML	2	BvsD; MO
CELESTONE ORAL SOLN 0.6 MG/5 ML	3	MO
<i>cortisone tab 25 mg</i>	1	MO
<i>dexamethasone elixir 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	MO
<i>dexamethasone tab 1 mg, 2 mg</i>	3	MO
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	4	MO
<i>dexamethasone injection 4 mg/ml</i>	1	MO
DEXPAK DOSE PACK, TAB 1.5 MG (51 TABS)	3	MO
<i>fludrocortisone tab 0.1 mg</i>	1	MO
<i>hydrocortisone tab 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone tab 16 mg, 32 mg, 8 mg</i>	1	MO
<i>methylprednisolone tabs in a dose pack 4 mg</i>	1	MO
<i>methylprednisolone acetate susp for injection 40 mg/ml, 80 mg/ml</i>	1	BvsD; MO
<i>methylprednisolone sodium succ iv solution 1,000 mg</i>	3	BvsD; MO
<i>methylprednisolone sodium succ solution for injection 125 mg, 40 mg</i>	2	BvsD; MO

Drug	Tier	Requirements/ Limits
MILLIPRED ORAL SOLN 10 MG/5 ML	3	MO
ORAPRED ODT TAB, RAPID DISSOLVE 15 MG, 30 MG	4	MO
<i>prednisolone sodium phosphate oral soln 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone oral soln 5 mg/5 ml</i>	1	MO
<i>prednisone tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	BvsD; MO
SOLU-CORTEF (PF) SOLUTION FOR INJECTION 100 MG/2 ML, 250 MG/2 ML	3	BvsD; MO
SOLU-MEDROL IV SOLUTION 2 GRAM	3	BvsD; MO
SOLU-MEDROL (PF) IV SOLUTION 500 MG/4 ML	2	BvsD; MO
SOLU-MEDROL (PF) SOLUTION FOR INJECTION 40 MG/ML	3	BvsD; MO
VERIPRED 20 ORAL SOLN 20 MG/5 ML	3	MO
Antithyroid Agents		
<i>methimazole tab 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil tab 50 mg</i>	1	MO
Diabetes Therapy		
<i>acarbose tab 100 mg, 25 mg, 50 mg</i>	2	MO
ACTOPLUS MET TAB 15-500 MG, 15-850 MG	3	ST; MO
ACTOPLUS MET XR 24 HR TAB 15-1,000 MG, 30-1,000 MG	3	ST; MO

Drug	Tier	Requirements/ Limits
ACTOS TAB 15 MG, 30 MG, 45 MG	3	ST; MO; QL (30 EA per 30 day(s))
<i>alcohol swabs</i>	3	MO
BYETTA SUB-Q PEN INJECTOR 10 MCG/0.04 ML, 5 MCG/0.02 ML	4	MO
<i>chlorpropamide tab 100 mg, 250 mg</i>	1	MO
CURITY GAUZE BANDAGE 2 X 2 "	3	MO
DUETACT TAB 30-2 MG, 30-4 MG	3	ST; MO
<i>glimepiride tab 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er 24 hour tab 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide tab 10 mg, 5 mg</i>	1	MO
<i>glipizide-metformin tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
GLUCAGEN HYPOKIT INJECTION 1 MG	3	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	MO
<i>glyburide tab 1.25 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glyburide micronized tab 1.5 mg, 3 mg, 6 mg</i>	1	MO
<i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
GLYCRON TAB 1.5 MG, 3 MG	1	MO
GLYCRON TAB 4.5 MG	4	MO
HUMALOG SUB-Q 100 UNIT/ML	3	MO
HUMALOG KWIKPEN SUB-Q PEN 100 UNIT/ML	4	MO

Drug	Tier	Requirements/ Limits
HUMALOG MIX 50-50 SUSP, SUB-Q INJ 100 UNIT/ML (50-50)	3	MO
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN 100 UNIT/ML (50-50)	4	MO
HUMALOG MIX 75-25 SUSP, SUB-Q INJ 100 UNIT/ML (75-25)	3	MO
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN 100 UNIT/ML (75-25)	4	MO
INSULIN PEN NEEDLE 31	3	MO
<i>insulin syringe-needle u-100 0.3 ml 30, 1 ml 28, 1/2 ml</i>	3	MO
JANUMET TAB 50-1,000 MG, 50-500 MG	4	ST; MO
JANUVIA TAB 100 MG, 25 MG, 50 MG	4	ST; MO
KOMBIGLYZE XR 24 HR TAB 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	ST; MO
LANTUS SUB-Q 100 UNIT/ML	3	MO
LANTUS SOLOSTAR SUB-Q INSULIN PEN 100 UNIT/ML (3 ML)	4	MO
LEVEMIR SUB-Q 100 UNIT/ML	3	MO
LEVEMIR FLEXPEN SUB-Q INSULIN PEN 100 UNIT/ML	4	MO
<i>metformin er 24 hr tab 500 mg, 750 mg</i>	1	MO
<i>metformin tab 1,000 mg, 500 mg, 850 mg</i>	1	MO
<i>nateglinide tab 120 mg, 60 mg</i>	2	MO
NOVOLIN 70/30 SUSP, SUB-Q INJ 100 UNIT/ML (70-30)	3	MO
NOVOLIN N SUSP, SUB-Q INJ 100 UNIT/ML	3	MO
NOVOLIN R INJECTION 100 UNIT/ML	3	MO

Drug	Tier	Requirements/ Limits
NOVOLOG SUB-Q 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN SUB-Q 100 UNIT/ML	4	MO
NOVOLOG MIX 70-30 SUB-Q 100 UNIT/ML (70-30)	3	MO
NOVOLOG MIX 70-30 FLEXPEN SUB-Q 100 UNIT/ML (70-30)	4	MO
ONGLYZA TAB 2.5 MG, 5 MG	4	ST; MO
PRANDIMET TAB 1-500 MG, 2-500 MG	4	MO
PRANDIN TAB 0.5 MG, 1 MG	4	MO; QL (120 EA per 30 day(s))
PRANDIN TAB 2 MG	4	MO; QL (240 EA per 30 day(s))
PROGLYCEM ORAL SUSP 50 MG/ML	4	MO
RIOMET ORAL SOLN 500 MG/5 ML	3	MO
<i>safety needles 18 x 1 1/2 "</i>	3	MO
SYMLIN SUB-Q 600 MCG/ML	4	PA; MO
SYMLINPEN 120 SUB-Q PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; MO
SYMLINPEN 60 SUB-Q PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; MO
<i>tolazamide tab 250 mg, 500 mg</i>	1	MO
<i>tolbutamide tab 500 mg</i>	1	MO
TRADJENTA TAB 5 MG	4	ST; MO
Miscellaneous Hormones		
ALDURAZYME IV 2.9 MG/5 ML	5	BvsD; MO

Drug	Tier	Requirements/ Limits
ANADROL-50 TAB 50 MG	5	
ANDRODERM TRANSDERM 24 HR PATCH 2.5 MG/24 HR	4	QL (60 EA per 30 day(s))
ANDRODERM TRANSDERM 24 HR PATCH 5 MG/24 HR	4	QL (30 EA per 30 day(s))
ANDROGEL TRANSDERMAL GEL PUMP 20.25 MG/1.25 GRAM (1.62 %)	4	
ANDROGEL TRANSDERMAL PACKET 1 %(50 MG/5 GRAM)	4	
ANDROID CAP 10 MG	4	
ANDROXY TAB 10 MG	2	
<i>cabergoline tab 0.5 mg</i>	2	MO
<i>calcitonin (salmon) nasal spray aerosol 200 unit/actuation</i>	2	MO
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol iv 1 mcg/ml</i>	1	MO
<i>calcitriol oral soln 1 mcg/ml</i>	1	MO
CEREDASE IV 80 UNIT/ML	5	BvsD; MO
CEREZYME IV SOLUTION 200 UNIT	5	BvsD; MO
<i>danazol cap 100 mg, 200 mg, 50 mg</i>	2	MO
<i>desmopressin injection 4 mcg/ml</i>	2	BvsD; MO
<i>desmopressin nasal soln 0.01 % (refrig)</i>	2	MO
<i>desmopressin tab 0.1 mg, 0.2 mg</i>	2	MO
ELAPRASE IV 6 MG/3 ML	5	BvsD; MO
FABRAZYME IV SOLUTION 35 MG	5	BvsD; MO

Drug	Tier	Requirements/ Limits
FORTICAL NASAL SPRAY AEROSOL 200 UNIT/ACTUATION	2	MO
HECTOROL CAP 0.5 MCG, 1 MCG, 2.5 MCG	4	MO
HECTOROL IV 4 MCG/2 ML	4	BvsD; MO
KUVAN SOLUBLE TAB 100 MG	4	MO
METHITEST TAB 10 MG	4	
MIACALCIN INJECTION 200 UNIT/ML	3	MO
MYOZYME IV SOLUTION 50 MG	5	BvsD; MO
NAGLAZYME IV 5 MG/5 ML	5	BvsD; MO
<i>oxandrolone tab 10 mg, 2.5 mg</i>	2	
<i>pamidronate iv 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	MO
<i>pamidronate iv 60 mg/10 ml (6 mg/ml)</i>	4	MO
SENSIPAR TAB 30 MG	3	MO; QL (60 EA per 30 day(s))
SENSIPAR TAB 60 MG	5	MO; QL (60 EA per 30 day(s))
SENSIPAR TAB 90 MG	5	MO; QL (120 EA per 30 day(s))
SOMAVERT SUB-Q SOLN 10 MG, 15 MG, 20 MG	4	BvsD; MO
STIMATE NASAL SPRAY 150 MCG/SPRAY	4	MO

Drug	Tier	Requirements/ Limits
STRIANT BUCCAL SYSTEM, MUCOADHESIVE 12 HR 30 MG	4	QL (60 EA per 30 day(s))
SYNAREL NASAL SPRAY 2 MG/ML	5	MO
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	
<i>testosterone cypionate im oil 100 mg/ml</i>	2	
<i>testosterone enanthate im oil 200 mg/ml</i>	2	
TESTRED CAP 10 MG	4	
ZAVESCA CAP 100 MG	4	MO
ZEMPLAR CAP 1 MCG, 2 MCG, 4 MCG	4	MO
ZEMPLAR IV 2 MCG/ML, 5 MCG/ML	4	BvsD; MO
ZOMETA IV 4 MG/5 ML	5	BvsD; MO
Thyroid Hormones		
<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	MO
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	MO
<i>liothyronine iv 10 mcg/ml</i>	1	MO
<i>liothyronine tab 25 mcg, 5 mcg, 50 mcg</i>	1	MO
THYROLAR-1 TAB 12.5-50 MCG	3	MO
THYROLAR-1/4 TAB 3.1-12.5 MCG	3	MO
THYROLAR-2 TAB 25-100 MCG	3	MO

Drug	Tier	Requirements/ Limits
THYROLAR-3 TAB 37.5-150 MCG	3	MO
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	MO
Gastroenterology		
Antidiarrheals / Antispasmodics		
<i>atropine syringe 0.05 mg/ml</i>	3	MO
<i>atropine syringe 0.1 mg/ml</i>	1	MO
BENTYL IM 10 MG/ML	3	BvsD; MO
CANTIL TAB 25 MG	3	MO
<i>dicyclomine cap 10 mg</i>	1	MO
<i>dicyclomine im 10 mg/ml</i>	1	BvsD; MO
<i>dicyclomine syrup 10 mg/5 ml</i>	1	MO
<i>dicyclomine tab 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	1	
<i>glycopyrrolate injection 0.2 mg/ml</i>	2	MO
<i>glycopyrrolate tab 1 mg, 2 mg</i>	2	MO
<i>loperamide cap 2 mg</i>	1	MO
<i>methscopolamine tab 2.5 mg, 5 mg</i>	2	MO
MOTOFEN TAB 1-0.025 MG	3	MO
<i>propantheline tab 15 mg</i>	2	MO
Miscellaneous Gastrointestinal Agents		
ALOXI IV 0.25 MG/5 ML	4	BvsD; MO
AMITIZA CAP 24 MCG, 8 MCG	4	PA; MO
ANTIVERT TAB 50 MG	3	MO

Drug	Tier	Requirements/ Limits
ANZEMET IV 100 MG/5 ML	4	BvsD; MO
ANZEMET TAB 100 MG, 50 MG	4	BvsD; MO; QL (7 EA per 30 day(s))
APRISO 24 HR CAP 0.375 GRAM	4	MO
ASACOL TAB 400 MG	4	MO
ASACOL HD TAB 800 MG	4	MO
<i>balsalazide cap 750 mg</i>	2	MO
CANASA RECTAL SUPPOSITORY 1,000 MG	4	MO
CESAMET CAP 1 MG	4	BvsD; MO
COMPRO RECTAL SUPPOSITORY 25 MG	2	MO
CONSTULOSE ORAL SOLN 10 GRAM/15 ML	1	MO
CREON CAP 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 6,000-19,000 -30,000 UNIT	3	MO
CYSTADANE ORAL POWDER	4	MO
DIPENTUM CAP 250 MG	4	MO
<i>dronabinol cap 10 mg, 2.5 mg, 5 mg</i>	2	BvsD
EMEND CAP 125 MG	4	BvsD; MO; QL (2 EA per 30 day(s))
EMEND CAP 40 MG	4	BvsD; MO

Drug	Tier	Requirements/ Limits
EMEND CAP 80 MG	4	BvsD; MO; QL (4 EA per 30 day(s))
EMEND CAPS IN DOSE PACK 125-80-80 MG	4	BvsD; MO; QL (6 EA per 30 day(s))
ENTOCORT EC 24 HR CAP 3 MG	4	MO
ENULOSE ORAL SOLN 10 GRAM/15 ML	1	MO
GASTROCROM ORAL SOLN 100 MG/5 ML	4	MO
GAVILYTE-C ORAL SOLUTION 240-22.72-6.72 GRAM	2	MO
GAVILYTE-N ORAL SOLUTION 420 G	2	MO
GOLYTELY ORAL SOLUTION 236-22.74-6.74 GRAM	3	MO
GOLYTELY PACKET 227.1-21.5-6.36 GRAM	3	MO
<i>granisetron iv 1 mg/ml (1 ml)</i>	2	BvsD; MO
<i>granisetron tab 1 mg</i>	2	BvsD; MO
<i>granisetron (pf) iv 100 mcg/ml</i>	2	BvsD; MO
GRANISOL ORAL SOLN 1 MG/5 ML	4	BvsD; MO
<i>hydrocortisone enema 100 mg/60 ml</i>	1	MO
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	MO
<i>lactulose oral soln 10 gram/15 ml</i>	1	MO

Drug	Tier	Requirements/ Limits
LIALDA TAB 1.2 G	4	MO
LOTRONEX TAB 0.5 MG, 1 MG	3	MO; QL (60 EA per 30 day(s))
<i>meclizine tab 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine enema 4 gram/60 ml</i>	1	MO
<i>metoclopramide injection 5 mg/ml</i>	1	BvsD; MO
<i>metoclopramide oral soln 5 mg/5 ml</i>	1	MO
<i>metoclopramide tab 10 mg, 5 mg</i>	1	MO
MOVIPREP ORAL POWDER PACKET 100-7.5-2.691 GRAM	3	MO
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION 420 G	3	MO
<i>ondansetron tab, rapid dissolve 4 mg, 8 mg</i>	2	BvsD; MO
<i>ondansetron hcl oral soln 4 mg/5 ml</i>	2	BvsD; MO
<i>ondansetron hcl tab 24 mg, 4 mg, 8 mg</i>	2	BvsD; MO
<i>ondansetron hcl (pf) injection 4 mg/2 ml</i>	2	BvsD; MO
OSMOPREP TAB 1.5 GRAM	4	MO
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	3	MO
PENTASA CAP 250 MG, 500 MG	4	MO
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>prochlorperazine edisylate injection 5 mg/ml</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>prochlorperazine maleate tab 10 mg, 5 mg</i>	1	MO
PROCTO-PAK RECTAL CREAM 1 %	1	MO
PROCTOSOL HC RECTAL CREAM 2.5 %	1	MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
RELISTOR SUB-Q 12 MG/0.6 ML	4	MO
REMICADE IV SOLUTION 100 MG	5	BvsD; MO
<i>sulfasalazine tab 500 mg</i>	1	MO
SULFAZINE EC TAB 500 MG	1	MO
TRILYTE WITH FLAVOR PACKETS ORAL SOLUTION 420 G	2	MO
<i>trimethobenzamide cap 300 mg</i>	2	MO
<i>trimethobenzamide im syringe 100 mg/ml</i>	2	MO
URSO 250 TAB 250 MG	4	MO
URSO FORTE TAB 500 MG	4	MO
<i>ursodiol cap 300 mg</i>	2	MO
<i>ursodiol tab 250 mg, 500 mg</i>	2	MO
VISICOL TAB 1.5 GRAM	4	MO
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	MO
Ulcer Therapy		
CARAFATE ORAL SUSP 100 MG/ML	3	MO
<i>cimetidine injection 150 mg/ml</i>	2	MO
<i>cimetidine oral soln 300 mg/5 ml</i>	2	MO
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	2	MO

Drug	Tier	Requirements/ Limits
DEXILANT CAPSULE 30 MG, 60 MG	3	ST; MO
<i>famotidine oral susp 40 mg/5 ml</i>	1	MO
<i>famotidine tab 20 mg, 40 mg</i>	1	MO
<i>famotidine (pf) iv 20 mg/2 ml</i>	1	MO
<i>famotidine (pf) in saline (iso-osmotic) iv piggy back 20 mg/50 ml</i>	2	MO
HELIDAC ORAL PACK 250-500-262.4 MG	4	MO
<i>lansoprazole cap, delayed release 15 mg, 30 mg</i>	2	MO
<i>lansoprazole rapid dissolve tab, delayed release 15 mg, 30 mg</i>	2	MO
<i>misoprostol tab 100 mcg, 200 mcg</i>	2	MO
<i>nizatidine cap 150 mg, 300 mg</i>	2	MO
<i>nizatidine oral soln 150 mg/10 ml</i>	1	MO
<i>omeprazole cap, delayed release 10 mg, 20 mg, 40 mg</i>	2	MO
<i>pantoprazole tab, delayed release 20 mg, 40 mg</i>	2	ST; MO
PEPCID ORAL SUSP 40 MG/5 ML	3	MO
PREVACID SOLUTAB RAPID DISSOLVE 15 MG, 30 MG	4	MO
PREVPAC ORAL PACK 500-500-30 MG	4	MO
PROTONIX IV SOLUTION 40 MG	4	MO
PYLERA CAP 140-125-125 MG	3	MO
<i>ranitidine cap 150 mg, 300 mg</i>	1	MO
<i>ranitidine injection 25 mg/ml</i>	2	MO
<i>ranitidine syrup 15 mg/ml</i>	1	MO
<i>ranitidine tab 150 mg, 300 mg</i>	1	MO
<i>sucralfate tab 1 gram</i>	1	MO

Drug	Tier	Requirements/ Limits
Immunology, Vaccines / Biotechnology		
Biotechnology Drugs		
ACTIMMUNE SUB-Q 2 MILLION UNIT/0.5 ML	5	MO
ARANESP (POLYSORBATE) INJECTION 100 MCG/ML, 60 MCG/ML	4	BvsD; MO
ARANESP (POLYSORBATE) INJECTION 200 MCG/ML, 300 MCG/ML	5	BvsD; MO
ARANESP (POLYSORBATE) INJECTION 25 MCG/ML, 40 MCG/ML	3	BvsD; MO
ARANESP (POLYSORBATE) SYRINGE 100 MCG/0.5 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	BvsD; MO
ARANESP (POLYSORBATE) SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	BvsD; MO
ARANESP (POLYSORBATE) SYRINGE 25 MCG/0.42 ML	3	BvsD; MO
ARCALYST SUB-Q SOLN 220 MG	5	BvsD; MO; LA
AVONEX IM KIT 30 MCG	5	BvsD; MO
AVONEX ADMINISTRATION PACK IM KIT 30 MCG/0.5 ML	5	BvsD; MO
BETASERON SUB-Q KIT 0.3 MG	5	BvsD; MO
EPOGEN INJECTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	BvsD; MO
GENOTROPIN SUBQ CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	BvsD; MO

Drug	Tier	Requirements/ Limits
GENOTROPIN MINIQUICK SUB-Q SYRINGE 0.2 MG/0.25 ML, 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	4	BvsD; MO
HUMATROPE INJECTION, CARTRIDGE 12 (36 UNIT) MG, 24 (72 UNIT) MG, 6 (18 UNIT) MG	4	BvsD; MO
HUMATROPE SOLUTION FOR INJECTION 5 (15 UNIT) MG	4	BvsD; MO
INFERGEN SUB-Q 15 MCG/0.5 ML	4	BvsD; MO
INTRON A INJECTION 6 MILLION UNIT/ML	4	BvsD; MO
INTRON A SOLUTION FOR INJECTION 10 MILLION UNIT (1 ML)	4	BvsD; MO
INTRON A SUBQ PEN KIT 10 MILLION UNIT/0.2 ML, 5 MILLION UNIT/0.2 ML	5	BvsD; MO
INTRON A SUBQ PEN KIT 3 MILLION UNIT /0.2 ML-6 DOSES	4	BvsD; MO
LEUKINE INJECTION 500 MCG/ML	5	BvsD; MO
LEUKINE SOLUTION FOR INJECTION 250 MCG	5	BvsD; MO
NEULASTA SUB-Q SYRINGE 6 MG/0.6ML	5	BvsD; MO
NEUMEGA SUB-Q SOLN 5 MG	5	BvsD; MO
NEUPOGEN INJECTION 480 MCG/1.6 ML	5	BvsD; MO
NEUPOGEN SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	BvsD; MO

Drug	Tier	Requirements/ Limits
NORDITROPIN FLEXP 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	BvsD; MO
NORDITROPIN NORDIFLEX SUB-Q PEN INJECTOR 30 MG/3 ML (10 MG/ML)	5	BvsD; MO
NUTROPIN SUB-Q SOLN 10 MG	4	BvsD; MO
NUTROPIN AQ SUBQ CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	BvsD; MO
NUTROPIN AQ NUSPIN SUBQ CARTRIDGE 5 MG/2 ML (2.5 MG/ML)	4	BvsD; MO
OMNITROPE SUB-Q SOLN 5.8 MG	4	BvsD; MO
OMNITROPE SUBQ CARTRIDGE 10 MG/1.5 ML	4	BvsD; MO
OMNITROPE SUBQ CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	2	BvsD; MO
PEGASYS SUB-Q 180 MCG/ML	5	MO
PEGASYS CONVENIENCE PACK SUB-Q KIT 180 MCG/0.5 ML	5	MO
PEGINTRON SUB-Q KIT 50 MCG/0.5 ML	4	BvsD; MO
PEGINTRON REDIPEN SUBQ KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	4	BvsD; MO
PROCRIT INJECTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	BvsD; MO
PROCRIT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	BvsD; MO

Drug	Tier	Requirements/ Limits
PROLEUKIN IV SOLUTION 22 MILLION UNIT	5	BvsD; MO
REBIF SUB-Q SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	BvsD; MO
REBIF TITRATION PACK SUB-Q SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	MO
SAIZEN SUB-Q SOLN 5 MG	4	BvsD; MO
SAIZEN CLICK.EASY SUBQ CARTRIDGE 8.8 MG/1.5 ML (FNL)	4	BvsD; MO
SEROSTIM SUB-Q SOLN 4 MG, 5 MG, 6 MG	5	BvsD; MO
TEV-TROPIN SUB-Q SOLN 5 MG	4	BvsD; MO
ZORBTIVE SUB-Q SOLN 8.8 MG	5	BvsD; MO
Vaccines / Miscellaneous Immunologicals		
ACTHIB IM 10 MCG/0.5 ML	4	MO
ADACEL (ADOLESCENT & ADULT) IM SUSP 2-5-3-5-5 LF-MCG-LF/0.5ML	4	MO
ATGAM IV 50 MG/ML	5	BvsD; MO
BOOSTRIX IM SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	4	MO
CARIMUNE NF NANOFILTERED IV SOLUTION 3 GRAM	4	BvsD; MO
CERVARIX IM SUSP 20-20 MCG/0.5 ML	4	MO
CERVARIX IM SYRINGE 20-20 MCG/0.5 ML	4	MO
COMVAX IM 5-7.5-125 MCG/0.5 ML	4	MO

Drug	Tier	Requirements/ Limits
DAPTACEL (PEDIATRIC) (PF) IM SUSP 15-10-5 LF-MCG-LF/0.5ML	4	MO
DECAVAC IM SYRINGE 5-2 LF UNIT/0.5 ML	4	BvsD; MO
ENGERIX-B (PF) IM SUSP 10 MCG/0.5 ML	4	BvsD; MO
ENGERIX-B (PF) IM SYRINGE 10 MCG/0.5 ML, 20 MCG/ML	4	BvsD; MO
<i>fomepizole iv 1 gram/ml</i>	2	MO
GAMASTAN S/D IM 15-18 % RANGE	4	BvsD; MO
GAMMAGARD LIQUID IV 10 %	2	BvsD; MO
GAMUNEX IV 10 %	4	BvsD; MO
GARDASIL IM SUSP 20-40-40-20 MCG/0.5 ML	4	MO
HAVRIX (PF) IM SUSP 1,440 EL UNIT/ML	4	BvsD; MO
HAVRIX (PF) IM SYRINGE 720 EL UNIT/0.5 ML	4	BvsD; MO
IMOVAX RABIES VACCINE IM SOLUTION 2.5 UNIT	4	BvsD; MO
INFANRIX (PF) IM SUSP 25-58-10 LF-MCG-LF/0.5ML	4	MO
IPOL SUSP FOR INJECTION 40-8-32 UNIT/0.5 ML	4	MO
IXIARO (PF) IM SYRINGE 6 MCG/0.5 ML	4	MO
JE-VAX SUB-Q SOLN	4	MO
M-M-R II (PF) SUB-Q SUSP 1,000-12,500 TCID50/0.5 ML	4	MO
MENACTRA (PF) IM SYRINGE 4 MCG/0.5 ML	4	MO
MENOMUNE - A/C/Y/W-135 (PF) SUB-Q SOLN 50 MCG	4	MO

Drug	Tier	Requirements/ Limits
MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 MCG/0.5 ML	4	MO
PEDVAX HIB (PF) IM 7.5 MCG/0.5 ML	4	MO
PROQUAD SUB-Q 10EXP3-4.3-3- 3.99 TCID50/0.5	4	MO
RABAVERT (PF) IM KIT 2.5 UNIT	4	BvsD; MO
RECOMBIVAX HB (PF) IM SUSP 10 MCG/ML, 40 MCG/ML	4	BvsD; MO
ROTATEQ VACCINE ORAL SUSP 2 ML	4	MO
<i>tetanus toxoid,adsorbed (pf) im 5 lf unit/0.5 ml</i>	2	BvsD; MO
<i>tetanus,diphtheria toxoids ped (pf) im susp 5-6.7 lf unit</i>	4	BvsD; MO
<i>tetanus-diphtheria toxoids-td im susp 2-2 lf unit/0.5 ml</i>	4	BvsD; MO
THYMOGLOBULIN IV SOLUTION 25 MG	4	BvsD; MO
TRIPEDIA (PF) IM SUSP 6.7-46.8-5 LF-MCG-LF/0.5ML	4	MO
TWINRIX (PF) IM SUSP 720-20 EL UNIT-MCG/ML	4	BvsD; MO
TYPHIM VI IM 25 MCG/0.5 ML	4	MO
VAQTA (PF) IM SUSP 25 UNIT/0.5 ML	4	BvsD; MO
VARIVAX (PF) SUB-Q SOLN 1,350 UNIT/0.5 ML	4	MO
VIVAGLOBIN SUB-Q 16 % (160 MG/ML)	4	BvsD; MO
YF-VAX SUB-Q SUSP 10 EXP4.74 UNIT/0.5 ML	4	MO
ZOSTAVAX SUB-Q SOLN 19,400 UNIT	4	MO

Drug	Tier	Requirements/ Limits
Musculoskeletal / Rheumatology		
Gout Therapy		
<i>allopurinol tab 100 mg, 300 mg</i>	1	MO
<i>allopurinol iv solution 500 mg</i>	3	BvsD; MO
ALOPRIM IV SOLUTION 500 MG	4	BvsD; MO
<i>colchicine-probenecid tab 0.5-500 mg</i>	1	MO
COLCRYS TAB 0.6 MG	4	MO
<i>probenecid tab 500 mg</i>	1	MO
Osteoporosis Therapy		
ACTONEL TAB 150 MG	4	ST; MO; QL (1 EA per 30 day(s))
ACTONEL TAB 35 MG	4	ST; MO; QL (4 EA per 30 day(s))
ACTONEL TAB 5 MG	4	ST; MO; QL (90 EA per 30 day(s))
<i>alendronate tab 10 mg</i>	2	MO; QL (60 EA per 30 day(s))
<i>alendronate tab 35 mg</i>	2	MO; QL (17 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
<i>alendronate tab 5 mg</i>	2	MO; QL (30 EA per 30 day(s))
<i>alendronate tab 70 mg</i>	2	MO; QL (4 EA per 30 day(s))
AELVIA TAB 35 MG	4	ST; MO; QL (4 EA per 30 day(s))
BONIVA IV SYRINGE 3 MG/3 ML	4	BvsD; MO
BONIVA TAB 150 MG	3	MO; QL (1 EA per 30 day(s))
EVISTA TAB 60 MG	3	MO; QL (30 EA per 30 day(s))
FORTEO SUB-Q PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	PA; MO; BvsD
FOSAMAX ORAL SOLN 70 MG/75 ML	4	ST; MO
FOSAMAX PLUS D TAB 70-2,800 MG-UNIT, 70-5,600 MG-UNIT	4	ST; MO
Other Rheumatologicals		
CUPRIMINE CAP 250 MG	4	MO
DEPEN TITRATABS TAB 250 MG	4	MO

Drug	Tier	Requirements/ Limits
ENBREL SUB-Q SYRINGE 50 MG/ML (0.98 ML)	5	BvsD; MO
HUMIRA SUB-Q KIT 20 MG/0.4 ML, 40 MG/0.8 ML	5	BvsD; MO
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT 40 MG/0.8 ML	5	MO
KINERET SUB-Q SYRINGE 100 MG/0.67 ML	5	BvsD; MO
<i>leflunomide tab 10 mg, 20 mg</i>	2	MO
ORENCIA IV SOLUTION 250 MG	4	BvsD; MO
RIDAURA CAP 3 MG	4	MO
Obstetrics / Gynecology		
Estrogens / Progestins		
CAMILA TAB 0.35 MG	1	MO
CENESTIN TAB 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
CRINONE VAGINAL GEL 8 %	4	MO
DEPO-ESTRADIOL IM OIL 5 MG/ML	4	MO
DEPO-PROVERA IM 400 MG/ML	4	BvsD; MO
DEPO-SUBQ PROVERA 104 SYRINGE 104 MG/0.65 ML	4	BvsD; MO
DIVIGEL TRANSDERMAL GEL PACKET 1 (0.1) MG (%)	3	MO
ENDOMETRIN VAGINAL INSERTS 100 MG	4	MO
ENJUVIA TAB 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	MO
ERRIN TAB 0.35 MG	1	MO
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/G)	4	MO
ESTRADERM TRANSDERM PATCH 0.05 MG/24 HR, 0.1 MG/24 HR	3	MO

Drug	Tier	Requirements/ Limits
<i>estradiol tab 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol weekly transderm patch 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO
<i>estradiol valerate im oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet tab 1-0.5 mg</i>	1	MO
ESTRING VAGINAL 2 MG	4	MO; QL (1 EA per 90 day(s))
<i>estropipate tab 0.75 mg, 1.5 mg, 3 mg</i>	1	MO
EVAMIST TRANSDERMAL SPRAY 1.53 MG/SPRAY (1.7%)	3	MO
FEMHRT 1/5 TAB 1-5 MG-MCG	4	MO
FEMHRT LOW DOSE TAB 0.5-2.5 MG-MCG	4	MO
FEMRING VAGINAL 0.05 MG/24 HR, 0.1 MG/24 HR	4	MO; QL (1 EA per 90 day(s))
JINTELI TAB 1-5 MG-MCG	2	MO; QL (30 EA per 30 day(s))
JOLIVETTE TAB 0.35 MG	1	MO
<i>medroxyprogesterone im susp 150 mg/ml</i>	1	BvsD; MO
<i>medroxyprogesterone tab 10 mg, 2.5 mg, 5 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
MENEST TAB 0.3 MG, 0.625 MG	3	MO; QL (30 EA per 30 day(s))
MENEST TAB 1.25 MG, 2.5 MG	3	MO; QL (90 EA per 30 day(s))
MENOSTAR TRANSDERM PATCH 14 MCG/24 HR	3	MO
NORA-BE TAB 0.35 MG	1	MO
<i>norethindrone acetate tab 5 mg</i>	1	MO
ORTHO-EST 0.625 TAB 0.75 MG	2	MO
ORTHO-EST 1.25 TAB 1.5 MG	2	MO
PREMARIN SOLUTION FOR INJECTION 25 MG	4	BvsD; MO
PREMARIN TAB 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	MO
PREMARIN VAGINAL CREAM 0.625 MG/G	4	MO
PREMPHASE TAB 0.625 MG (14)/ 0.625MG-5MG(14)	3	MO; QL (30 EA per 30 day(s))
PREMPRO TAB 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	MO; QL (30 EA per 30 day(s))
PROMETRIUM CAP 100 MG, 200 MG	4	MO
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	4	MO
Miscellaneous Ob/Gyn		
<i>clindamycin vaginal cream 2 %</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>metronidazole vaginal gel 0.75 %</i>	1	MO
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
VANDAZOLE VAGINAL GEL 0.75 %	2	MO
ZAZOLE VAGINAL CREAM 0.4 %	2	MO
Oral Contraceptives / Related Agents		
APRI TAB 0.15-30 MG-MCG	1	MO
ARANELLE (28) TAB 0.5/1/0.5-35 MG-MCG	1	MO
AVIANE TAB 0.1-20 MG-MCG	1	MO
BALZIVA (28) TAB 0.4-35 MG-MCG	1	MO
CESIA TAB 0.1/.125/.15-25 MG-MCG	1	MO
CRYSELLE (28) TAB 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 (28) TAB 1-35 MG-MCG	2	MO
CYCLAFEM 7/7/7 (28) TAB 0.5/0.75/1 MG- 35 MCG	2	MO
ENPRESSE TAB 50-30 (6)/75-40 (5)/125-30(10)	1	MO
FEMCON FE CHEWABLE TAB 0.4MG-35MCG(21) & 75 MG (7)	4	MO
GIANVI TAB 3-20 MG-MCG	2	MO
JUNEL 1.5/30 (21) TAB 1.5-30 MG-MCG	1	MO
JUNEL 1/20 (21) TAB 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 (28) TAB 1.5-30 MG-MCG	1	MO

Drug	Tier	Requirements/ Limits
JUNEL FE 1/20 (28) TAB 1-20 MG-MCG	1	MO
KARIVA TAB 0.15-0.02MG X21 /0.01 MG X 5	2	MO
KELNOR 1/35 (28) TAB 1-35 MG-MCG	2	MO
LEENA 28 TAB 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA TAB 0.1-20 MG-MCG	1	MO
LEVORA-28 TAB 0.15-30 MG-MCG	1	MO
LOESTRIN 24 FE TAB 1-20 (24)-75(4) MG-MCG-MG	4	MO
LOW-OGESTREL (28) TAB 0.3-30 MG-MCG	1	MO
LUTERA (28) TAB 0.1-20 MG-MCG	1	MO
LYBREL TAB 90-20 MCG	4	MO
MICROGESTIN 1.5/30 (21) TAB 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 (21) TAB 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 (28) TAB 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 (28) TAB 1-20 MG-MCG	1	MO
MONONESSA (28) TAB 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) TAB 0.5-35 MG-MCG	1	MO
NECON 1/35 (28) TAB 1-35 MG-MCG	1	MO
NECON 10/11 (28) TAB 0.5-35/1-35 MG-MCG/MG-MCG	1	MO
NECON 7/7/7 (28) TAB 0.5/0.75/1 MG- 35 MCG	1	MO
NORTREL 0.5/35 (28) TAB 0.5-35 MG-MCG	1	MO

Drug	Tier	Requirements/ Limits
NORTREL 1/35 (21) TAB 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) TAB 1-35 MG-MCG	1	MO
NORTREL 7/7/7 (28) TAB 0.5/0.75/1 MG- 35 MCG	1	MO
OCELLA TAB 3-0.03 MG	2	MO
OGESTREL (28) TAB 0.5-50 MG-MCG	1	MO
ORTHO TRI-CYCLEN LO TAB 0.18/0.215/0.25 MG-25 MCG	4	MO
OVCON-50 (28) TAB 1-50 MG-MCG	4	MO
PORTIA TAB 0.15-30 MG-MCG	1	MO
PREVIFEM TAB 0.25-35 MG-MCG	1	MO
QUASENSE TABS,3 MONTH DOSE PACK 0.15-30 MG-MCG	2	MO
RECLIPSEN (28) TAB 0.15-30 MG-MCG	2	MO
SEASONIQUE TABS,3 MONTH DOSE PACK 0.15 MG-30 MCG (84)/10 MCG (7)	4	MO
SOLIA TAB 0.15-30 MG-MCG	1	MO
SPRINTEC (28) TAB 0.25-35 MG-MCG	1	MO
SRONYX TAB 0.1-20 MG-MCG	1	MO
TRI-LEGEST FE TAB 1-20(5)/1-30(7) /1MG-35MCG (9)	2	MO
TRI-PREVIFEM (28) TAB 0.18/0.215/0.25 MG-35 MCG (28)	2	MO
TRI-SPRINTEC (28) TAB 0.18/0.215/0.25 MG-35 MCG (28)	2	MO
TRINESSA (28) TAB 0.18/0.215/0.25 MG-35 MCG (28)	2	MO
TRIVORA (28) TAB 50-30 (6)/75-40 (5)/125-30(10)	1	MO

Drug	Tier	Requirements/ Limits
VELIVET TAB 0.1/.125/.15-25 MG-MCG	1	MO
ZEOSA CHEWABLE TAB 0.4MG-35MCG(21) & 75 MG (7)	2	MO
ZOVIA 1/35E (28) TAB 1-35 MG-MCG	1	MO
ZOVIA 1/50E (28) TAB 1-50 MG-MCG	1	MO
Oxytocics		
METHERGINE TAB 0.2 MG	4	MO
Ophthalmology		
Antibiotics		
AK-TOB EYE DROPS 0.3 %	1	MO
AZASITE EYE DROPS 1 %	3	MO
<i>bacitracin eye ointment 500 unit/g</i>	1	MO
<i>bacitracin-polymyxin b eye ointment 500-10,000 unit/g</i>	1	MO
CILOXAN EYE OINTMENT 0.3 %	4	MO
<i>ciprofloxacin eye drops 0.3 %</i>	1	MO
<i>erythromycin eye ointment 5 mg/gram (0.5 %)</i>	1	MO
GENTAK EYE OINTMENT 0.3 % (3 MG/G)	1	MO
<i>gentamicin eye drops 0.3 %</i>	1	MO
GENTASOL EYE DROPS 0.3 %	1	MO
IQUIX EYE DROPS 1.5 %	3	MO
MOXEZA EYE DROPS 0.5 %	3	MO
NATACYN EYE DROPS 5 %	4	MO
<i>neomycin-bacitracin-polymyxin eye oint 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>neomycin-polymyxin-gramicidin eye drops 1.75-10k-0.025 mg-unit-mg/ml</i>	1	MO
<i>ofloxacin eye drops 0.3 %</i>	2	MO

Drug	Tier	Requirements/ Limits
<i>tobramycin eye drops 0.3 %</i>	1	MO
TOBRASOL EYE DROPS 0.3 %	1	MO
TOBREX EYE OINTMENT 0.3 %	3	MO
<i>trimethoprim-polymyxin b eye drops 0.1-10,000 %-unit/ml</i>	1	MO
VIGAMOX EYE DROPS 0.5 %	4	MO
Antivirals		
<i>trifluridine eye drops 1 %</i>	2	MO
VIROPTIC EYE DROPS 1 %	3	MO
ZIRGAN EYE GEL 0.15 %	4	MO
Beta-Blockers		
<i>betaxolol eye drops 0.5 %</i>	1	MO
BETOPTIC S EYE DROPS 0.25 %	4	MO
<i>carteolol eye drops 1 %</i>	1	MO
<i>levobunolol eye drops 0.25 %, 0.5 %</i>	1	MO
<i>metipranolol eye drops 0.3 %</i>	1	MO
<i>timolol eye gel forming soln 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate eye drops 0.25 %, 0.5 %</i>	1	MO
Cholinesterase Inhibitor Miotics		
PHOSPHOLINE IODIDE EYE DROPS 0.125 %	4	MO
Cycloplegic Mydriatics		
<i>tropicamide eye drops 0.5 %, 1 %</i>	1	MO
Direct Acting Miotics		
PILOPINE HS EYE GEL 4 %	3	MO
Miscellaneous Ophthalmologics		
ALAMAST EYE DROPS 0.1 %	3	MO
ALOCRIE EYE DROPS 2 %	3	MO
ALOMIDE EYE DROPS 0.1 %	3	MO

Drug	Tier	Requirements/ Limits
<i>azelastine eye drops 0.05 %</i>	2	MO
<i>cromolyn eye drops 4 %</i>	1	MO
ELESTAT EYE DROPS 0.05 %	4	MO
EMADINE EYE DROPS 0.05 %	3	MO
<i>epinastine eye drops 0.05 %</i>	2	MO
LACRISERT EYE INSERTS 5 MG	4	MO
PARCAINE EYE DROPS 0.5 %	1	MO
PATADAY EYE DROPS 0.2 %	3	MO
PATANOL EYE DROPS 0.1 %	3	MO
<i>proparacaine eye drops 0.5 %</i>	1	MO
RESTASIS EYE DROPPERETTE 0.05 %	4	MO; QL (60 EA per 30 day(s))
Non-Steroidal Anti-Inflammatory Agents		
ACUVAIL EYE DROPPERETTE 0.45 %	4	MO
<i>bromfenac eye drops 0.09 %</i>	2	MO
<i>diclofenac eye drops 0.1 %</i>	1	MO
<i>flurbiprofen eye drops 0.03 %</i>	1	MO
<i>ketorolac eye drops 0.4 %, 0.5 %</i>	2	MO
NEVANAC EYE DROPS 0.1 %	3	MO
Oral Drugs For Glaucoma		
<i>acetazolamide er cap 500 mg</i>	2	MO
<i>acetazolamide tab 125 mg, 250 mg</i>	1	MO
<i>acetazolamide solution for injection 500 mg</i>	2	MO
<i>methazolamide tab 25 mg, 50 mg</i>	1	MO
Other Glaucoma Drugs		
AZOPT EYE DROPS 1 %	3	MO
COMBIGAN EYE DROPS 0.2-0.5 %	3	MO

Drug	Tier	Requirements/ Limits
<i>dorzolamide eye drops 2 %</i>	1	MO
<i>dorzolamide-timolol eye drops 2-0.5 %</i>	2	MO
<i>latanoprost eye drops 0.005 %</i>	2	MO
LUMIGAN EYE DROPS 0.01 %, 0.03 %	3	MO
TRAVATAN Z EYE DROPS 0.004 %	4	MO
XALATAN EYE DROPS 0.005 %	4	MO
Steroid-Antibiotic Combinations		
<i>neomycin-bacitracin-poly-hc eye ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-polymyxin-dexameth eye drops 3.5-10,000-0.1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-dexameth eye ointment 3.5-10,000-0.1 mg-unit/g-%</i>	1	MO
<i>neomycin-polymyxin-hc eye drops, susp 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
POLY-DEX EYE DROPS 3.5-10,000-0.1 MG/ML-UNIT/ML-%	1	MO
POLY-DEX EYE OINTMENT 3.5-10,000-0.1 MG-UNIT/G-%	1	MO
POLY-PRED EYE DROPS 0.5 %	3	MO
PRED-G EYE DROPS 0.3-1 %	3	MO
PRED-G S.O.P. EYE OINTMENT 0.3-0.6 %	3	MO
TOBRADEX EYE OINTMENT 0.3-0.1 %	3	MO
<i>tobramycin-dexamethasone eye drops, susp 0.3-0.1 %</i>	2	MO
ZYLET EYE DROPS 0.3-0.5 %	4	MO

Drug	Tier	Requirements/ Limits
Steroid-Sulfonamide Combinations		
BLEPHAMIDE EYE DROPS 10-0.2 %	3	MO
BLEPHAMIDE S.O.P. EYE OINTMENT 10-0.2 %	3	MO
<i>sulfacetamide-prednisolone eye drops 10 %-0.25 % (0.23 %)</i>	1	MO
Steroids		
ALREX EYE DROPS 0.2 %	3	MO
<i>dexamethasone eye drops 0.1 %</i>	1	MO
FLAREX EYE DROPS 0.1 %	3	MO
<i>fluorometholone eye drops, susp 0.1 %</i>	1	MO
FML FORTE EYE DROPS 0.25 %	3	MO
FML S.O.P. EYE OINTMENT 0.1 %	3	MO
LOTEMAX EYE DROPS 0.5 %	4	MO
MAXIDEX EYE DROPS 0.1 %	3	MO
<i>prednisolone acetate eye drops, susp 1 %</i>	1	MO
<i>prednisolone sodium phosphate eye drops 1 %</i>	1	MO
VEXOL EYE DROPS 1 %	3	MO
Sulfonamides		
BLEPH-10 EYE DROPS 10 %	3	MO
<i>sulfacetamide sodium eye drops 10 %</i>	1	MO
Sympathomimetics		
ALPHAGAN P EYE DROPS 0.1 %, 0.15 %	3	MO
<i>apraclonidine eye drops 0.5 %</i>	2	MO
<i>brimonidine eye drops 0.2 %</i>	1	MO
IOPIDINE EYE DROPPERETTE 1 %	4	MO

Drug	Tier	Requirements/ Limits
IOPIDINE EYE DROPS 0.5 %	4	MO
Vasoconstrictor Decongestants		
AK-CON EYE DROPS 0.1 %	1	MO
Respiratory And Allergy		
Antihistamine / Antiallergenic Agents		
ALLEGRA ORAL SUSP 30 MG/5 ML	4	ST; MO
<i>carbinoxamine oral liquid 4 mg/5 ml</i>	2	MO
<i>carbinoxamine tab 4 mg</i>	2	MO
<i>cetirizine oral soln 1 mg/ml</i>	1	MO
CLARINEX SYRUP 2.5 MG/5 ML (0.5 MG/ML)	4	ST; MO
CLARINEX TAB 5 MG	4	ST; MO
CLARINEX TAB, RAPID DISSOLVE 2.5 MG, 5 MG	4	ST; MO
CLARINEX-D 12 HOUR TAB 2.5-120 MG	4	MO
CLARINEX-D 24 HOUR TAB 5-240 MG	4	MO
<i>clemastine syrup 0.67 mg/5 ml</i>	1	MO
<i>clemastine tab 2.68 mg</i>	1	MO
<i>cyproheptadine syrup 2 mg/5 ml</i>	2	MO
<i>cyproheptadine tab 4 mg</i>	2	MO
<i>dexchlorpheniramine maleate syrup 2 mg/5 ml</i>	1	MO
<i>diphenhydramine cap 50 mg</i>	1	MO
<i>epinephrine hcl syringe 0.1 mg/ml</i>	1	MO
EPIPEN IM INJECTOR 0.3 MG/0.3 ML	4	MO
EPIPEN JR IM INJECTOR 0.15 MG/0.3 ML	4	MO
<i>fexofenadine tab 180 mg, 30 mg, 60 mg</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>hydroxyzine im 25 mg/ml, 50 mg/ml</i>	1	MO
<i>hydroxyzine syrup 10 mg/5 ml</i>	1	MO
<i>hydroxyzine tab 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate cap 100 mg, 25 mg, 50 mg</i>	1	MO
PALGIC ORAL LIQUID 4 MG/5 ML	2	MO
PALGIC TAB 4 MG	4	MO
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	2	MO
<i>promethazine injection 50 mg/ml</i>	1	MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethazine syringe 25 mg/ml</i>	1	MO
<i>promethazine syrup 6.25 mg/5 ml</i>	1	MO
<i>promethazine tab 12.5 mg, 25 mg, 50 mg</i>	1	MO
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	MO
TWINJECT AUTOINJECTOR IM PEN 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO
XYZAL ORAL SOLN 2.5 MG/5 ML	4	ST; MO
XYZAL TAB 5 MG	4	ST; MO
Pulmonary Agents		
ACCOLATE TAB 10 MG, 20 MG	3	MO
<i>acetylcysteine soln 10 % (100 mg/ml), 20 % (200 mg/ml)</i>	1	MO
ADVAIR DISKUS FOR INHALATION 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	MO

Drug	Tier	Requirements/ Limits
ADVAIR HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	4	MO
<i>albuterol sulfate er 12 hour tab 4 mg, 8 mg</i>	1	MO
<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	BvsD; MO
<i>albuterol sulfate syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate tab 2 mg, 4 mg</i>	1	MO
<i>aminophylline iv 250 mg/10 ml</i>	1	MO
<i>aminophylline tab 100 mg, 200 mg</i>	1	MO
ASMANEX TWISTHALER BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (14 DOSES)	4	MO
ATROVENT HFA AEROSOL INHALER 17 MCG/ACTUATION	3	MO
BECONASE AQ NASAL SPRAY 42 MCG (0.042 %)	4	MO
BROVANA NEB SOLUTION 15 MCG/2 ML	4	BvsD; MO
COMBIVENT AEROSOL INHALER 18-103 MCG/ACTUATION	3	MO
<i>cromolyn neb solution 20 mg/2 ml</i>	1	BvsD; MO
ELIXOPHYLLIN 80 MG/15 ML	3	MO
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	MO
<i>flunisolide nasal spray 25 mcg (0.025 %)</i>	1	MO

Drug	Tier	Requirements/ Limits
<i>fluticasone nasal spray, susp 50 mcg/actuation</i>	2	MO
<i>ipratropium bromide soln for inhalation 0.02 %</i>	1	MO
<i>ipratropium-albuterol neb solution 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	MO
<i>levalbuterol neb solution 1.25 mg/0.5 ml</i>	1	PA; MO; BvsD
LUFYLLIN TAB 200 MG	3	MO
MAXAIR AUTOHALER BREATH ACTIVATED 200 MCG/INHALATION	4	MO
<i>metaproterenol syrup 10 mg/5 ml</i>	1	MO
<i>metaproterenol tab 10 mg, 20 mg</i>	1	MO
NASACORT AQ NASAL SPRAY AEROSOL 55 MCG	3	MO
NASONEX SPRAY 50 MCG/ACTUATION	3	MO
OMNARIS NASAL SPRAY 50 MCG	3	MO
PERFOROMIST NEB SOLUTION 20 MCG/2 ML	4	BvsD; MO
PROAIR HFA AEROSOL INHALER 90 MCG/ACTUATION	1	MO
PROVENTIL HFA AEROSOL INHALER 90 MCG/ACTUATION	3	MO
PULMICORT NEB SUSPENSION 1 MG/2 ML	4	BvsD; MO
PULMICORT FLEXHALER BREATH ACTIVATED 180 MCG/INHALATION, 90 MCG/INHALATION	4	MO
PULMOZYME SOLN FOR INHALATION 1 MG/ML	4	BvsD; MO

Drug	Tier	Requirements/ Limits
QVAR AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	4	MO
REVATIO TAB 20 MG	5	MO
SEREVENT DISKUS FOR INHALATION 50 MCG/DOSE	4	MO
SINGULAIR CHEWABLE TAB 4 MG, 5 MG	3	MO
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	MO
SINGULAIR TAB 10 MG	3	MO
SPIRIVA WITH HANDIHALER & INHALATION CAPS 18 MCG	3	MO
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	MO; QL (10.2 GM per 30 day(s))
<i>terbutaline sub-q 1 mg/ml</i>	2	BvsD; MO
<i>terbutaline tab 2.5 mg, 5 mg</i>	1	MO
THEOCHRON 12 HR TAB 100 MG, 300 MG	1	MO
<i>theophylline er 12 hr tab 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline er tab 400 mg, 600 mg</i>	1	MO
TRACLEER TAB 125 MG, 62.5 MG	5	PA; MO; LA
VENTAVIS NEB SOLUTION 10 MCG/ML	5	BvsD; MO
VENTOLIN HFA AEROSOL INHALER 90 MCG/ACTUATION	3	MO
XOLAIR SUB-Q SOLN 150 MG	4	BvsD; MO

Drug	Tier	Requirements/ Limits
XOPENEX NEB SOLUTION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	4	PA; MO; BvsD
XOPENEX HFA AEROSOL INHALER 45 MCG/ACTUATION	4	MO
<i>zafirlukast tab 10 mg, 20 mg</i>	2	MO
ZYFLO CR 12 HR TAB 600 MG	4	MO
Urologicals		
Anticholinergics / Antispasmodics		
DETROL TAB 1 MG, 2 MG	3	MO
DETROL LA 24 HR CAP 2 MG, 4 MG	3	MO
ENABLEX 24 HR TAB 15 MG, 7.5 MG	4	MO; QL (30 EA per 30 day(s))
<i>flavoxate tab 100 mg</i>	2	MO
<i>oxybutynin chloride er 24 hr tab 10 mg, 15 mg, 5 mg</i>	1	MO
<i>oxybutynin chloride syrup 5 mg/5 ml</i>	1	MO
<i>oxybutynin chloride tab 5 mg</i>	1	MO
SANCTURA TAB 20 MG	3	MO; QL (60 EA per 30 day(s))
SANCTURA XR 24 HR CAP 60 MG	3	MO; QL (30 EA per 30 day(s))
<i>tropium tab 20 mg</i>	2	MO; QL (60 EA per 30 day(s))

Drug	Tier	Requirements/ Limits
VESICARE TAB 10 MG, 5 MG	4	MO; QL (30 EA per 30 day(s))
Benign Prostatic Hyperplasia(Bph) Therapy		
AVODART CAP 0.5 MG	4	MO; QL (30 EA per 30 day(s))
<i>finasteride tab 5 mg</i>	1	MO; QL (30 EA per 30 day(s))
JALYN 24 HR CAP 0.5-0.4 MG	3	MO
<i>tamsulosin er 24 hr cap 0.4 mg</i>	1	MO; QL (60 EA per 30 day(s))
UROXATRAL 24 HR TAB 10 MG	4	MO; QL (30 EA per 30 day(s))
Cholinergic Stimulants		
<i>bethanechol chloride tab 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
Miscellaneous Urologicals		
<i>ammonium chloride iv 5 meq/ml</i>	3	BvsD; MO
CYSTAGON CAP 150 MG, 50 MG	3	MO
ELMIRON CAP 100 MG	3	MO
<i>potassium citrate er tab 10 meq, 5 meq</i>	1	MO

Drug	Tier	Requirements/ Limits
Vitamins, Hematinics / Electrolytes		
Electrolytes		
<i>1/2 ns with potassium chloride iv 20 meq/l</i>	3	BvsD; MO
<i>calcium acetate cap 667 mg</i>	2	MO
<i>d5-1/2 ns and potassium chloride iv 10 meq/l, 20 meq/l, 40 meq/l</i>	1	BvsD; MO
<i>d5-1/2 ns and potassium chloride iv 30 meq/l</i>	3	BvsD; MO
<i>d5-1/3 ns & potassium chloride iv 20 meq/l, 30 meq/l</i>	1	BvsD; MO
<i>d5-1/4 ns & potassium chloride iv 10 meq/l, 20 meq/l, 40 meq/l</i>	3	BvsD; MO
<i>d5-lr with potassium chloride iv 20 meq/l, 40 meq/l</i>	1	MO
<i>d5-ns with potassium chloride iv 20 meq/l, 40 meq/l</i>	1	BvsD; MO
<i>d5w with potassium chloride iv 10 meq/l, 20 meq/l</i>	3	BvsD; MO
<i>d5w with potassium chloride iv 30 meq/l, 40 meq/l</i>	2	BvsD; MO
ELIPHOS TAB 667 MG	1	MO
KLOR-CON TAB 8 MEQ	1	MO
KLOR-CON 10 TAB 10 MEQ	1	MO
KLOR-CON M15 TAB 15 MEQ	3	MO
KLOR-CON M20 TAB 20 MEQ	1	MO
<i>lactated ringers iv</i>	3	BvsD; MO
<i>magnesium sulfate iv 20 gram/500 ml</i>	3	BvsD; MO
<i>magnesium sulfate iv piggy back 4 gram/50 ml</i>	3	BvsD; MO
<i>magnesium sulfate syringe 4 meq/ml</i>	3	BvsD; MO
<i>magnesium sulfate in d5w iv piggy back 1 gram/100 ml</i>	3	MO

Drug	Tier	Requirements/ Limits
NORMOSOL-R IN D5W IV 5 %	3	BvsD; MO
<i>ns with potassium chloride iv 20 meq/l</i>	1	BvsD; MO
<i>ns with potassium chloride iv 40 meq/l</i>	3	BvsD; MO
PLASMA-LYTE R IV	1	BvsD; MO
<i>potassium chloride er cap 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er tab, particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride iv piggy back 10 meq/100 ml, 10 meq/50 ml</i>	1	BvsD; MO
<i>potassium chloride iv piggy back 20 meq/50 ml, 30 meq/100 ml</i>	3	BvsD; MO
<i>potassium chloride iv soln 2 meq/ml</i>	1	BvsD; MO
<i>ringers iv</i>	1	MO
<i>sodium bicarbonate iv syringe 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	MO
<i>sodium chloride iv 2.5 meq/ml</i>	1	BvsD; MO
<i>sodium chloride 0.45 % iv 0.45 %</i>	1	BvsD; MO
<i>sodium chloride 3 % iv 3 %</i>	1	BvsD; MO
<i>sodium chloride 5 % iv 5 %</i>	1	BvsD; MO
<i>sodium lactate iv 5 meq/ml</i>	1	BvsD; MO
<i>sodium lactate iv soln 167 meq/l</i>	1	BvsD; MO
Miscellaneous Nutrition Products		
AMINOSYN 10 % IV 10 %	3	BvsD; MO
AMINOSYN 3.5 % IV 3.5 %	3	BvsD; MO

Drug	Tier	Requirements/ Limits
AMINOSYN 5 % IV 5 %	3	BvsD; MO
AMINOSYN 7 % IV 7 %	3	BvsD; MO
AMINOSYN 8.5 % IV 8.5 %	3	BvsD; MO
AMINOSYN II 10 % IV	3	BvsD; MO
AMINOSYN II 15% IV 15 %	2	MO
AMINOSYN II 3.5 % IN DEXTROSE 25 % IV 3.5 %	3	BvsD; MO
AMINOSYN II 3.5 %/DEXTROSE 5 % IV 3.5 %	3	BvsD; MO
AMINOSYN II 3.5% M/DEXTROSE 5% IV 3.5 %	3	BvsD; MO
AMINOSYN II 3.5% WITH LYTES & CALCIUM IN D25W IV 3.5 %	3	BvsD; MO
AMINOSYN II 4.25% IN DEXTROSE 10% IV 4.25 %	3	BvsD; MO
AMINOSYN II 4.25 % IN DEXTROSE 25 % IV 4.25 %	2	MO
AMINOSYN II 4.25 % WITH LYTES & CALCIUM IN D25W IV 4.25 %	3	BvsD; MO
AMINOSYN II 4.25%/DEXTROSE 20% IV 4.25 %	3	BvsD; MO
AMINOSYN II 5%/DEXTROSE 25% IV 5 %	3	BvsD; MO
AMINOSYN II 7 % IV 7 %	3	BvsD; MO
AMINOSYN II 8.5 % IV 8.5 %	3	BvsD; MO
AMINOSYN M 3.5 % IV 3.5 %	3	BvsD; MO
AMINOSYN-HBC 7% IV 7 %	3	BvsD; MO

Drug	Tier	Requirements/ Limits
AMINOSYN-HF 8 % IV 8 %	3	BvsD; MO
AMINOSYN-PF 10 % IV 10 %	3	BvsD; MO
AMINOSYN-PF 7 % (SULFITE-FREE) IV 7 %	3	BvsD; MO
CLINIMIX 2.75%/D5 SULFITE FREE IV 2.75 %	3	BvsD; MO
CLINIMIX 4.25%/D10 SULFITE FREE IV 4.25 %	3	BvsD; MO
CLINIMIX 4.25%/D20 SULFITE FREE IV 4.25 %	3	BvsD; MO
CLINIMIX 5%/D15 SULFITE FREE IV 5 %	3	BvsD; MO
CLINIMIX 5%/D20 SULFITE FREE IV 5 %	3	BvsD; MO
CLINIMIX 5%/D25 SULFITE FREE IV 5 %	3	BvsD; MO
CLINIMIX E 4.25%/D25 SULFITE FREE IV 4.25 %	3	BvsD; MO
CLINIMIX E 4.25%/D5 SULFITE FREE IV 4.25 %	3	BvsD; MO
CLINIMIX E 5%/D15 SULFITE FREE IV 5 %	3	BvsD; MO
CLINIMIX E 5%/D20 SULFITE FREE IV 5 %	3	BvsD; MO
CLINIMIX E 5%/D25 SULFITE FREE IV 5 %	3	BvsD; MO
<i>d10-0.2 % sodium chloride & potassium chloride iv 20 meq</i>	3	BvsD; MO
<i>electrolyte-48 in d5w iv</i>	3	BvsD; MO
FREAMINE III 3 % WITH ELECTROLYTES IV 3 %	3	BvsD; MO
FREAMINE III 8.5 % IV 8.5 %	3	BvsD; MO
HEPATAMINE 8% IV 8 %	3	BvsD; MO

Drug	Tier	Requirements/ Limits
HEPATASOL 8 % IV 8 %	3	BvsD; MO
INTRALIPID IV 20 %	2	BvsD; MO
INTRALIPID IV 30 %	3	BvsD; MO
IONOSOL-B IN D5W IV 5 %	3	BvsD; MO
IONOSOL-MB IN D5W IV 5 %	3	BvsD; MO
IONOSOL-T IN D5W IV 5 %	3	BvsD; MO
ISOLYTE-H IN D5W IV 5 %	3	BvsD; MO
ISOLYTE-P IN D5W IV 5 %	3	BvsD; MO
ISOLYTE-S IV	3	BvsD; MO
ISOLYTE-S IN D5W IV	3	BvsD; MO
NEPHRAMINE 5.4 % IV 5.4 %	3	BvsD; MO
NORMOSOL-R PH 7.4 IV	3	BvsD; MO
PLASMA-LYTE 148 IV	3	BvsD; MO
PLASMA-LYTE 148 IN D5W IV	3	BvsD; MO
PLASMA-LYTE 56 IV	3	BvsD; MO
PLASMA-LYTE A IV	3	BvsD; MO
PLASMA-LYTE-56 IN D5W IV 5 %	3	BvsD; MO
PREMASOL 10 % IV	2	BvsD; MO
PREMASOL 6 % IV	3	BvsD; MO

Drug	Tier	Requirements/ Limits
PROCALAMINE 3% IV 3 %	3	BvsD; MO
PROSOL 20% IV	3	BvsD; MO
TRAVASOL 10 % IV 10 %	2	MO
TROPHAMINE 10 % IV 10 %	3	BvsD; MO
TROPHAMINE 6% IV 6 %	3	BvsD; MO
Vitamins / Hematinics		
PRENATABS OBN TAB 29-1 MG	1	MO
<i>sodium fluoride tab 1 mg fluoride (2.2 mg)</i>	1	MO

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<i>1/2 ns with potassium chloride 20 meq/l</i>	56	<i>acyclovir 200 mg</i>	2	<i>alcohol swabs</i>	37
8-MOP 10 MG.....	30	<i>acyclovir 200 mg/5 ml</i>	2	ALDACTAZIDE 50-50	
ABELCET 5 MG/ML.....	1	<i>acyclovir 400 mg, 800 mg</i>	2	MG.....	24
ABILIFY 1 MG/ML.....	20	<i>acyclovir sodium 500 mg</i>	2	ALDARA 5 %.....	30
ABILIFY 10 MG, 15 MG, 20 MG, 30 MG, 5 MG...	20	ADACEL (ADOLESCENT & ADULT) 2-5-3-5-5		ALDURAZYME 2.9 MG/5 ML.....	38
ABILIFY 9.75 MG/1.3 ML...	20	LF-MCG-LF/0.5ML.....	45	<i>alendronate 10 mg</i>	47
ABILIFY DISCMELT 10 MG, 15 MG.....	20	ADAGEN 250 UNIT/ML.....	34	<i>alendronate 35 mg</i>	47
ACANYA 1.2-2.5 %.....	30	<i>adapalene 0.1 %</i>	30	<i>alendronate 40 mg</i>	34
<i>acarbose 100 mg, 25 mg, 50 mg</i>	37	ADDERALL XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG.....	20	<i>alendronate 5 mg</i>	47
ACCOLATE 10 MG, 20 MG.....	53	ADRIAMYCIN PFS 2 MG/ML.....	9	<i>alendronate 70 mg</i>	47
<i>acebutolol 200 mg, 400 mg</i>	24	ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE.....	53	ALIMTA 500 MG.....	9
<i>acetaminophen-codeine 120-12 mg/5 ml</i>	17	ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION.....	53	ALINIA 100 MG/5 ML.....	5
<i>acetaminophen-codeine 300-15 mg, 300-30 mg, 300-60 mg</i>	17	ADVICOR 1,000-20 MG, 1,000-40 MG, 500-20 MG, 750-20 MG.....	28	ALINIA 500 MG.....	5
ACETASOL HC 1-2 %.....	36	AFEDITAB CR 30 MG, 60 MG.....	24	ALKERAN 50 MG.....	9
<i>acetazolamide 125 mg, 250 mg</i>	51	AFINITOR 10 MG, 2.5 MG, 5 MG.....	9	ALLEGRA 30 MG/5 ML.....	52
<i>acetazolamide 500 mg</i>	51	AGGRENOX 200-25 MG.....	27	<i>allopurinol 100 mg, 300 mg</i> ... 46	
<i>acetazolamide sodium 500 mg</i>	51	A-HYDROCORT 100 MG... 36		<i>allopurinol sodium 500 mg</i> 46	
<i>acetic acid 2 %</i>	36	AK-CON 0.1 %.....	52	ALOCRIL 2 %.....	51
<i>acetylcysteine 10 % (100 mg/ml), 20 % (200 mg/ml)</i>	53	AK-TOB 0.3 %.....	50	ALOMIDE 0.1 %.....	51
ACTHIB 10 MCG/0.5 ML....	45	ALA-CORT 1 %.....	32	ALOPRIM 500 MG.....	46
ACTICIN 5 %.....	33	ALAMAST 0.1 %.....	51	ALOXI 0.25 MG/5 ML.....	40
ACTIMMUNE 2 MILLION UNIT/0.5 ML.....	43	ALA-SCALP 2 %.....	32	ALPHAGAN P 0.1 %, 0.15 %.....	52
ACTONEL 150 MG.....	47	ALBENZA 200 MG.....	5	ALREX 0.2 %.....	52
ACTONEL 30 MG.....	34	<i>albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	53	ALTABAX 1 %.....	31
ACTONEL 35 MG.....	47	<i>albuterol sulfate 2 mg, 4 mg</i>	53	<i>amantadine 100 mg</i>	2
ACTONEL 5 MG.....	47	<i>albuterol sulfate 2 mg/5 ml</i>	53	<i>amantadine 50 mg/5 ml</i>	2
ACTOPLUS MET 15-500 MG, 15-850 MG.....	37	<i>albuterol sulfate 4 mg, 8 mg</i>	53	AMBISOME 50 MG.....	1
ACTOPLUS MET XR 15-1,000 MG, 30-1,000 MG.....	37	<i>alclometasone 0.05 %</i>	32	<i>amcinonide 0.1 %</i>	32
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ACUVAIL 0.45 %.....	51			AMEVIVE 15 MG (0.5 ML).....	30
				<i>amifostine crystalline 500 mg</i>	9
				<i>amikacin 100 mg/2 ml, 500 mg/2 ml</i>	5
				<i>amiloride 5 mg</i>	24
				<i>amiloride-hydrochlorothiazid e 5-50 mg</i>	24
				<i>aminophylline 100 mg, 200 mg</i>	54
				<i>aminophylline 250 mg/10 ml</i>	53

AMINOSYN 10 % 10 %.....	57	<i>amitriptyline-chlordiazepoxid</i>		ANADROL-50 50 MG.....	38
AMINOSYN 3.5 % 3.5 %.....	57	<i>e</i> 12.5-5 mg, 25-10 mg.....	20	<i>anagrelide</i> 0.5 mg, 1 mg.....	34
AMINOSYN 5 % 5 %.....	57	<i>amlodipine</i> 10 mg, 2.5 mg, 5		<i>anastrozole</i> 1 mg.....	9
AMINOSYN 7 % 7 %.....	57	mg.....	24	ANCOBON 250 MG, 500	
AMINOSYN 8.5 % 8.5 %.....	57	<i>amlodipine-benazepril</i> 10-20		MG.....	1
AMINOSYN II 10 %	57	mg, 10-40 mg, 2.5-10 mg,		ANDRODERM 2.5 MG/24	
AMINOSYN II 15% 15 %.....	57	5-10 mg, 5-20 mg, 5-40 mg....	24	HR.....	38
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%/DEXTROSE 5 % 3.5 %.....	57	<i>meq/ml</i>	56	HR.....	38
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%-DEXTROSE 25% 3.5 %... 57		AMNESTEEM 10 MG, 20		GRAM).....	38
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M/DEXTROSE 5% 3.5 %.....	57	<i>amoxapine</i> 100 mg, 150 mg,		GRAM (1.62 %)......	38
AMINOSYN II		25 mg, 50 mg.....	20	ANDROID 10 MG.....	38
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%.....	57	250 mg.....	6	ANTABUSE 250 MG, 500	
AMINOSYN II		<i>amoxicillin</i> 125 mg/5 ml, 200		MG.....	34
4.25%/DEXTROSE 20%		mg/5 ml, 250 mg/5 ml, 400		ANTIVERT 50 MG.....	40
4.25 %.....	57	mg/5 ml.....	6	ANZEMET 100 MG, 50	
AMINOSYN II		<i>amoxicillin</i> 250 mg, 500 mg....	6	MG.....	40
4.25%-DEXTROSE 10%		<i>amoxicillin</i> 500 mg, 875 mg....	7	ANZEMET 100 MG/5 ML....	40
4.25 %.....	57	<i>amoxicillin-pot clavulanate</i>		APLENZIN 174 MG, 348	
AMINOSYN II		200-28.5 mg, 400-57 mg.....	7	MG, 522 MG.....	20
4.25%-DEXTROSE 25%		<i>amoxicillin-pot clavulanate</i>		APOKYN 10 MG/ML.....	15
4.25 %.....	57	200-28.5 mg/5 ml, 250-62.5		<i>apraclonidine</i> 0.5 %.....	52
AMINOSYN II		mg/5 ml, 400-57 mg/5 ml,		APRI 0.15-30 MG-MCG.....	49
4.25%-LYTES-CA-D25 4.25		600-42.9 mg/5 ml.....	7	APRISO 0.375 GRAM.....	40
%.....	57	<i>amoxicillin-pot clavulanate</i>		APTIVUS 100 MG/ML.....	2
AMINOSYN II		250-125 mg, 500-125 mg,		APTIVUS 250 MG.....	2
5%/DEXTROSE 25% 5 %.....	57	875-125 mg.....	7	ARALAST NP 500 MG.....	34
AMINOSYN II 7 % 7 %.....	57	AMPHETAMINE SALT		ARANELLE (28)	
AMINOSYN II 8.5 % 8.5		COMBO 10 MG, 12.5 MG,		0.5/1/0.5-35 MG-MCG.....	49
%.....	57	15 MG, 20 MG, 30 MG, 5		ARANESP	
AMINOSYN M 3.5 % 3.5		MG, 7.5 MG.....	20	(POLYSORBATE) 100	
%.....	57	AMPHOTEC 50 MG.....	1	MCG/0.5 ML, 40 MCG/0.4	
AMINOSYN-HBC 7% 7 %... 57		<i>amphotericin b</i> 50 mg.....	1	ML, 60 MCG/0.3 ML.....	43
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AMINOSYN-PF 10 % 10		mg/5 ml.....	7	(POLYSORBATE) 100	
%.....	57	<i>ampicillin</i> 250 mg, 500 mg.....	7	MCG/ML, 60 MCG/ML.....	43
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(SULFITE-FREE) 7 %.....	57	gram.....	7	(POLYSORBATE) 150	
<i>amiodarone</i> 200 mg, 400		<i>ampicillin sodium</i> 125 mg.....	7	MCG/0.3 ML, 200 MCG/0.4	
mg.....	23	<i>ampicillin-sulbactam</i> 15 gram,		ML, 300 MCG/0.6 ML, 500	
<i>amiodarone</i> 50 mg/ml.....	23	3 gram.....	7	MCG/ML.....	43
AMITIZA 24 MCG, 8		AMRIX 15 MG, 30 MG.....	17	ARANESP	
MCG.....	40	AMTURNIDE 150-5-12.5		(POLYSORBATE) 200	
<i>amitriptyline</i> 10 mg, 100 mg,		MG, 300-10-12.5 MG,		MCG/ML, 300 MCG/ML.....	43
150 mg, 25 mg, 50 mg, 75		300-10-25 MG, 300-5-12.5			
mg.....	20	MG, 300-5-25 MG.....	28		

ARANESP (POLYSORBATE) 25 MCG/0.42 ML.....	43	AVIANE 0.1-20 MG-MCG...	49	BECONASE AQ 42 MCG (0.042 %)	54
ARANESP (POLYSORBATE) 25 MCG/ML, 40 MCG/ML.....	43	AVITA 0.025 %.....	30	<i>benazepril 10 mg, 20 mg, 40 mg, 5 mg</i>	24
ARCALYST 220 MG.....	43	AVODART 0.5 MG.....	55	<i>benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	24
ARICEPT 10 MG, 23 MG, 5 MG.....	16	AVONEX 30 MCG.....	43	BENTYL 10 MG/ML.....	40
ARICEPT ODT 10 MG, 5 MG.....	16	AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML.....	43	<i>benztropine 0.5 mg, 1 mg, 2 mg</i>	15
ARIMIDEX 1 MG.....	9	AZACTAM 2 GRAM.....	5	<i>benztropine 2 mg/2 ml</i>	15
ARIXTRA 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML.....	27	AZACTAM-ISO-OSMOTIC DEXTROSE 1 GRAM/50 ML, 2 GRAM/50 ML.....	5	<i>betamethasone dipropionate 0.05 %</i>	32
AROMASIN 25 MG.....	9	AZASAN 100 MG, 75 MG.....	9	<i>betamethasone valerate 0.1 %</i>	32
ARRANON 250 MG/50 ML....	9	AZASITE 1 %.....	50	<i>betamethasone, augmented 0.05 %</i>	32
ARTHROTEC 50 50-200 MG-MCG.....	19	<i>azathioprine 50 mg</i>	9	BETASERON 0.3 MG.....	43
ARTHROTEC 75 75-200 MG-MCG.....	19	<i>azathioprine sodium 100 mg</i>	9	<i>betaxolol 0.5 %</i>	51
ARZERRA 100 MG/5 ML.....	9	<i>azelastine 0.05 %</i>	51	<i>betaxolol 10 mg, 20 mg</i>	24
ASACOL 400 MG.....	40	<i>azelastine 137 mcg</i>	35	<i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg</i>	56
ASACOL HD 800 MG.....	40	AZELEX 20 %.....	30	BETOPTIC S 0.25 %.....	51
ASCOMP W/CODEINE 30-50-325-40 MG.....	17	AZILECT 0.5 MG, 1 MG.....	15	<i>bicalutamide 50 mg</i>	9
ASMANEX TWISTHALER 110 MCG (30 DOSES), 220 MCG (14 DOSES).....	54	<i>azithromycin 100 mg/5 ml, 200 mg/5 ml</i>	4	BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K).....	7
ASTELIN 137 MCG.....	35	<i>azithromycin 250 mg, 500 mg, 600 mg</i>	4	BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML.....	7
ATELVIA 35 MG.....	47	<i>azithromycin 500 mg</i>	4	BICNU 100 MG.....	9
<i>atenolol 100 mg, 25 mg, 50 mg</i>	24	AZOPT 1 %.....	51	BIDIL 20-37.5 MG.....	24
<i>atenolol-chlorthalidone 100-25 mg, 50-25 mg</i>	24	AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG.....	24	BILTRICIDE 600 MG.....	5
ATGAM 50 MG/ML.....	45	<i>aztreonam 1 gram</i>	5	<i>bisoprolol fumarate 10 mg, 5 mg</i>	24
ATRIPLA 600-200-300 MG....	2	BACI-IM 50,000 UNIT.....	5	<i>bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	24
<i>atropine 0.05 mg/ml</i>	40	<i>bacitracin 50,000 unit</i>	5	<i>bleomycin 30 unit</i>	9
<i>atropine 0.1 mg/ml</i>	40	<i>bacitracin 500 unit/g</i>	50	BLEPH-10 10 %.....	52
ATROVENT HFA 17 MCG/ACTUATION.....	54	<i>bacitracin-polymyxin b 500-10,000 unit/g</i>	50	BLEPHAMIDE 10-0.2 %.....	52
AVASTIN 25 MG/ML.....	9	<i>baclofen 10 mg, 20 mg</i>	17	BLEPHAMIDE S.O.P. 10-0.2 %.....	52
AVELOX 400 MG.....	7	BACTROBAN 2 %.....	31	BONIVA 150 MG.....	47
AVELOX ABC PACK 400 MG.....	7	BACTROBAN NASAL 2 %.....	35	BONIVA 3 MG/3 ML.....	47
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML.....	7	<i>balsalazide 750 mg</i>	40		
		BALZIVA (28) 0.4-35 MG-MCG.....	49		
		BANZEL 200 MG, 400 MG.....	13		
		BANZEL 40 MG/ML.....	13		
		BARACLUDE 0.05 MG/ML... 2			
		BARACLUDE 0.5 MG, 1 MG.....	2		

BOOSTRIX 2.5-8-5	CAMILA 0.35 MG.....	47	<i>carvedilol 12.5 mg, 25 mg,</i>
LF-MCG-LF/0.5ML.....	CAMPATH 30 MG/ML.....	9	<i>3.125 mg, 6.25 mg.....</i>
<i>brimonidine 0.2 %.....</i>	CAMPRAL DOSE PAK 333		CASODEX 50 MG.....
<i>bromfenac 0.09 %.....</i>	MG.....	34	CEDAX 400 MG.....
<i>bromocriptine 2.5 mg.....</i>	CANASA 1,000 MG.....	41	CEENU 10 MG, 100 MG, 40
<i>bromocriptine 5 mg.....</i>	CANCIDAS 50 MG, 70 MG... 1		MG.....
BROVANA 15 MCG/2 ML... 54	CANTIL 25 MG.....	40	<i>cefaclor 250 mg, 500 mg.....</i>
BUDEPRION SR 100 MG,	CAPASTAT 1 GRAM.....	5	<i>cefaclor 500 mg.....</i>
150 MG.....	CAPEX 0.01 %.....	32	<i>cefadroxil 1 gram.....</i>
BUDEPRION XL 150 MG,	<i>captopril 100 mg, 12.5 mg,</i>		<i>cefadroxil 250 mg/5 ml, 500</i>
300 MG.....	<i>25 mg, 50 mg.....</i>	24	<i>mg/5 ml.....</i>
<i>bumetanide 0.25 mg/ml.....</i>	<i>captopril-hydrochlorothiazid</i>		<i>cefadroxil 500 mg.....</i>
<i>bumetanide 0.5 mg, 1 mg, 2</i>	<i>e 25-15 mg, 25-25 mg, 50-15</i>		<i>cefazolin 1 gram, 500 mg.....</i>
<i>mg.....</i>	<i>mg, 50-25 mg.....</i>	24	<i>cefazolin 20 gram.....</i>
BUPHENYL 34	CARAC 0.5 %.....	30	<i>cefazolin in dextrose (iso-os) 1</i>
BUPHENYL 500 MG..... 34	CARAFATE 100 MG/ML.... 42		<i>gram/50 ml.....</i>
<i>buprenorphine 0.3 mg/ml.....</i>	<i>carbamazepine 100 mg.....</i>	13	<i>cefdinir 125 mg/5 ml, 250</i>
<i>buprenorphine 2 mg.....</i>	<i>carbamazepine 100 mg/5</i>		<i>mg/5 ml.....</i>
<i>buprenorphine 8 mg.....</i>	<i>ml.....</i>	13	<i>cefdinir 300 mg.....</i>
BUPROBAN 150 MG..... 35	<i>carbamazepine 200 mg.....</i>	13	<i>cefepime 1 gram, 2 gram.....</i>
<i>bupropion hcl 100 mg, 200</i>	<i>carbamazepine 200 mg, 400</i>		<i>cefotaxime 1 gram, 10 gram, 2</i>
<i>mg.....</i>	<i>mg.....</i>	13	<i>gram, 500 mg.....</i>
<i>bupropion hcl 100 mg, 75</i>	CARBATROL 100 MG, 200		<i>cefotetan 1 gram, 2 gram.....</i>
<i>mg.....</i>	MG, 300 MG.....	13	<i>cefotetan 10 gram.....</i>
<i>bupropion hcl 150 mg.....</i>	<i>carbidopa-levodopa 10-100</i>		<i>cefoxitin 1 gram, 10 gram, 2</i>
<i>mg, 15 mg, 30</i>	<i>mg, 25-100 mg, 25-250 mg....</i>	15	<i>gram.....</i>
<i>mg, 5 mg, 7.5 mg.....</i>	<i>carbidopa-levodopa 25-100</i>		<i>cefpodoxime 100 mg, 200 mg... 4</i>
BUSULFEX 60 MG/10 ML.... 9	<i>mg, 50-200 mg.....</i>	15	<i>cefpodoxime 100 mg/5 ml, 50</i>
<i>butorphanol tartrate 1 mg/ml,</i>	<i>carbinoxamine maleate 4</i>		<i>mg/5 ml.....</i>
<i>2 mg/ml.....</i>	<i>mg.....</i>	52	<i>cefprozil 125 mg/5 ml, 250</i>
<i>butorphanol tartrate 10</i>	<i>carbinoxamine maleate 4</i>		<i>mg/5 ml.....</i>
<i>mg/ml.....</i>	<i>mg/5 ml.....</i>	52	<i>cefprozil 250 mg, 500 mg.....</i>
BYETTA 10 MCG/0.04 ML,	<i>carboplatin 10 mg/ml.....</i>	9	<i>ceftriaxone 1 gram, 2 gram.....</i>
5 MCG/0.02 ML.....	CARDURA XL 4 MG, 8		<i>ceftriaxone 10 gram, 250 mg,</i>
BYSTOLIC 10 MG, 2.5 MG,	MG.....	24	<i>500 mg.....</i>
20 MG, 5 MG.....	CARIMUNE NF		<i>cefuroxime axetil 125 mg/5</i>
<i>cabergoline 0.5 mg.....</i>	NANOFILTERED 3		<i>ml.....</i>
CADUET 10-10 MG, 10-20	GRAM.....	45	<i>cefuroxime axetil 250 mg, 500</i>
MG, 10-40 MG, 10-80 MG,	<i>carisoprodol 350 mg.....</i>	17	<i>mg.....</i>
2.5-10 MG, 2.5-20 MG,	<i>carisoprodol-asa-codeine</i>		<i>cefuroxime sodium 1.5 gram,</i>
2.5-40 MG, 5-10 MG, 5-20	<i>200-325-16 mg.....</i>	17	<i>750 mg.....</i>
MG, 5-40 MG, 5-80 MG..... 28	<i>carisoprodol-aspirin 200-325</i>		<i>cefuroxime sodium 7.5 gram.... 4</i>
<i>calcipotriene 0.005 %.....</i>	<i>mg.....</i>	17	CELEBREX 100 MG, 200
<i>calcitonin (salmon) 200</i>	CARNITOR 200 MG/ML..... 34		MG, 400 MG, 50 MG..... 19
<i>unit/actuation.....</i>	<i>carteolol 1 %.....</i>	51	CELESTONE 0.6 MG/5
<i>calcitriol 0.25 mcg, 0.5 mcg... 39</i>	CARTIA XT 120 MG, 180		ML..... 36
<i>calcitriol 1 mcg/ml.....</i>	MG, 240 MG, 300 MG..... 24		CELLCEPT 200 MG/ML..... 9
<i>calcium acetate 667 mg.....</i>			CELLCEPT 250 MG..... 9

CELLCEPT 500 MG.....	9	<i>cimetidine</i> 200 mg, 300 mg,		<i>clindamycin-benzoyl</i>	
CELLCEPT INTRAVENOUS		400 mg, 800 mg.....	42	<i>peroxide 1-5 %</i>	30
500 MG.....	9	<i>cimetidine</i> 300 mg/5 ml.....	42	CLINIMIX 2.75%/D5	
CELONTIN 300 MG.....	13	CIPRO 250 MG/5 ML, 500		SULFITE FREE 2.75 %.....	57
CENESTIN 0.3 MG, 0.45		MG/5 ML.....	7	CLINIMIX 4.25%/D5	
MG, 0.625 MG, 0.9 MG,		CIPRO HC 0.2-1 %.....	36	SULFITE FREE 4.25 %.....	34
1.25 MG.....	47	CIPRODEX 0.3-0.1 %.....	36	CLINIMIX 4.25/D10	
<i>cephalexin</i> 125 mg/5 ml, 250		<i>ciprofloxacin</i> (mixture) 1,000		SULFITE FREE 4.25 %.....	57
mg/5 ml.....	4	mg, 500 mg.....	8	CLINIMIX 4.25/D20	
<i>cephalexin</i> 250 mg, 500 mg.....	4	<i>ciprofloxacin</i> 0.3 %.....	50	SULFITE FREE 4.25 %.....	57
CEREDASE 80 UNIT/ML....	39	<i>ciprofloxacin</i> 100 mg, 250 mg,		CLINIMIX 5%/D15	
CEREZYME 200 UNIT.....	39	500 mg, 750 mg.....	8	SULFITE FREE 5 %.....	57
CERVARIX 20-20 MCG/0.5		<i>ciprofloxacin</i> 400 mg/40 ml.....	8	CLINIMIX 5%/D20	
ML.....	45	<i>cisplatin</i> 1 mg/ml.....	9	SULFITE FREE 5 %.....	57
CESAMET 1 MG.....	41	<i>citalopram</i> 10 mg, 20 mg, 40		CLINIMIX 5%/D25	
CESIA 0.1/.125/.15-25		mg.....	20	SULFITE FREE 5 %.....	57
MG-MCG.....	49	<i>citalopram</i> 10 mg/5 ml.....	20	CLINIMIX E 2.75/D10	
<i>cetirizine</i> 1 mg/ml.....	52	<i>cladribine</i> 10 mg/10 ml.....	9	SULFITFREE 2.75 %.....	34
CHANTIX 0.5 MG, 1 MG....	35	CLAFORAN 1 GRAM.....	4	CLINIMIX E 2.75/D5	
CHANTIX STARTING		CLARAVIS 10 MG, 20 MG,		SULFITEFREE 2.75 %.....	34
MONTH PAK		30 MG, 40 MG.....	30	CLINIMIX E 4.25/D25	
0.5(11)-1(3X14) MG.....	35	CLARINEX 2.5 MG, 5		SULFITFREE 4.25 %.....	57
CHEMET 100 MG.....	34	MG.....	53	CLINIMIX E 4.25/D5	
<i>chloramphenicol sod succinate</i>		CLARINEX 2.5 MG/5 ML		SULFITEFREE 4.25 %.....	57
1 gram.....	5	(0.5 MG/ML).....	52	CLINIMIX E 5%/D15	
<i>chlorhexidine gluconate</i> 0.12		CLARINEX 5 MG.....	52	SULFITE FREE 5 %.....	57
%.....	35	CLARINEX-D 12 HOUR		CLINIMIX E 5%/D20	
<i>chloroquine phosphate</i> 250		2.5-120 MG.....	53	SULFITE FREE 5 %.....	58
mg, 500 mg.....	5	CLARINEX-D 24 HOUR		CLINIMIX E 5%/D25	
<i>chlorothiazide</i> 250 mg, 500		5-240 MG.....	53	<i>clobetasol</i> 0.05 %.....	32
mg.....	24	<i>clarithromycin</i> 125 mg/5 ml,		<i>clobetasol-emollient</i> 0.05 %...	32
<i>chlorothiazide sodium</i> 500		250 mg/5 ml.....	4	CLOLAR 20 MG/20 ML.....	10
mg.....	24	<i>clarithromycin</i> 250 mg, 500		<i>clomipramine</i> 25 mg, 50 mg,	
<i>chlorpromazine</i> 10 mg, 100		mg.....	4	75 mg.....	20
mg, 200 mg, 25 mg, 50 mg....	20	<i>clarithromycin</i> 500 mg.....	4	<i>clonidine</i> 0.1 mg, 0.2 mg, 0.3	
<i>chlorpromazine</i> 25 mg/ml.....	20	<i>clemastine</i> 0.67 mg/5 ml.....	53	mg.....	24
<i>chlorpropamide</i> 100 mg, 250		<i>clemastine</i> 2.68 mg.....	53	<i>clonidine</i> 0.1 mg/24 hr, 0.2	
mg.....	37	CLEOCIN 75 MG.....	5	mg/24 hr, 0.3 mg/24 hr.....	24
<i>chlorthalidone</i> 25 mg, 50		CLEOCIN 75 MG/5 ML.....	5	CLORPRES 0.1-15 MG,	
mg.....	24	CLEOCIN IN D5W 300		0.2-15 MG, 0.3-15 MG.....	24
<i>chlorzoxazone</i> 500 mg.....	17	MG/50 ML, 600 MG/50 ML,		<i>clotrimazole</i> 1 %.....	31
CHOLESTYRAMINE		900 MG/50 ML.....	5	<i>clotrimazole</i> 10 mg.....	1
LIGHT 4 GRAM.....	28	<i>clindamycin hcl</i> 150 mg, 300		<i>clotrimazole-betamethasone</i>	
<i>ciclopirox</i> 0.77 %.....	31	mg.....	5	1-0.05 %.....	31
<i>ciclopirox</i> 8 %.....	31	<i>clindamycin phosphate</i> 1 %... 30		<i>clozapine</i> 100 mg, 25 mg, 50	
<i>cilostazol</i> 100 mg, 50 mg.....	28	<i>clindamycin phosphate</i> 2 %... 48		mg.....	20
CILOXAN 0.3 %.....	50	<i>clindamycin phosphate</i> 600		<i>clozapine</i> 200 mg.....	20
<i>cimetidine</i> 150 mg/ml.....	42	mg/4 ml.....	5		

CLOZARIL 100 MG, 25 MG.....	20	CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 6,000-19,000 -30,000 UNIT.....	41	CYTOVENE 500 MG.....	2
<i>cod-butalbital-acetaminop-ca f 30-50-325-40 mg.....</i>	17	CRINONE 8 %.....	47	<i>d10 %-0.45 % sodium chloride</i>	34
<i>codeine sulfate 15 mg, 30 mg, 60 mg.....</i>	17	CRIXIVAN 100 MG, 200 MG, 400 MG.....	2	<i>d10-0.2 % nacl & potassium cl 20 meq.....</i>	58
<i>colchicine-probenecid 0.5-500 mg.....</i>	46	<i>cromolyn 20 mg/2 ml.....</i>	54	<i>d2.5 %-0.45 % sodium chloride</i>	34
COLCRYS 0.6 MG.....	46	<i>cromolyn 4 %.....</i>	51	<i>d5 %-0.45 % sodium chloride</i>	34
<i>colestipol 1 gram.....</i>	28	CRYSELLE (28) 0.3-30 MG-MCG.....	49	<i>d5 %-0.9 % sodium chloride</i>	34
<i>colestipol 5 gram.....</i>	28	CUBICIN 500 MG.....	5	<i>d5-1/2 ns & potassium chloride 10 meq/l, 20 meq/l, 40 meq/l.....</i>	56
<i>colistimethate sodium 150 mg.....</i>	5	CUPRIMINE 250 MG.....	47	<i>d5-1/2 ns & potassium chloride 30 meq/l.....</i>	56
COLY-MYCIN S 3.3-3-10-0.5 MG/ML.....	36	CURITY GAUZE 2 X 2 ".....	37	<i>d5-1/3 ns & potassium chloride 20 meq/l, 30 meq/l... </i>	56
COMBIGAN 0.2-0.5 %.....	51	CUTIVATE 0.05 %.....	33	<i>d5-1/4 ns & potassium chloride 10 meq/l, 20 meq/l, 40 meq/l.....</i>	56
COMBIVENT 18-103 MCG/ACTUATION.....	54	CYCLAFEM 1/35 (28) 1-35 MG-MCG.....	49	<i>d5-lr with potassium chloride 20 meq/l, 40 meq/l.....</i>	56
COMBIVIR 150-300 MG.....	2	CYCLAFEM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG.....	49	<i>d5-ns with potassium chloride 20 meq/l, 40 meq/l... </i>	56
COMPRO 25 MG.....	41	<i>cyclobenzaprine 10 mg, 5 mg.....</i>	17	<i>d5w with potassium chloride 10 meq/l, 20 meq/l.....</i>	56
COMTAN 200 MG.....	15	<i>cyclobenzaprine 15 mg, 30 mg.....</i>	17	<i>d5w with potassium chloride 30 meq/l, 40 meq/l.....</i>	56
COMVAX 5-7.5-125 MCG/0.5 ML.....	45	<i>cyclophosphamide 25 mg, 50 mg.....</i>	10	<i>dacarbazine 200 mg.....</i>	10
CONCERTA 18 MG, 27 MG, 36 MG, 54 MG.....	20	<i>cyclosporine 100 mg, 25 mg.....</i>	10	DACOGEN 50 MG.....	10
CONSTULOSE 10 GRAM/15 ML.....	41	<i>cyclosporine 250 mg/5 ml.....</i>	10	<i>danazol 100 mg, 200 mg, 50 mg.....</i>	39
COPAXONE 20 MG.....	16	<i>cyclosporine modified 100 mg.....</i>	10	<i>dantrolene 100 mg, 25 mg, 50 mg.....</i>	17
CORDRAN 0.05 %.....	32	<i>cyclosporine modified 100 mg/ml.....</i>	10	<i>dapsone 100 mg, 25 mg.....</i>	5
CORDRAN 4 MCG/CM2.....	33	<i>cyclosporine modified 50 mg.....</i>	10	DAPTACEL (PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML.....	45
CORDRAN SP 0.05 %.....	33	CYKLOKAPRON 100 MG/ML.....	28	DARAPRIM 25 MG.....	5
COREG CR 10 MG, 20 MG, 40 MG, 80 MG.....	25	CYMBALTA 20 MG, 30 MG, 60 MG.....	20	<i>daunorubicin 20 mg.....</i>	10
<i>cortisone 25 mg.....</i>	36	<i>cyproheptadine 2 mg/5 ml.....</i>	53	DAUNOXOME 2 MG/ML....	10
CORTISPORIN 3.5-10,000-0.5 MG/G-UNIT/G-%.....	31	<i>cyproheptadine 4 mg.....</i>	53	DECAVAC 5-2 LF UNIT/0.5 ML.....	45
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML.....	36	CYSTADANE	41	<i>demeclocycline 150 mg, 300 mg.....</i>	8
CORTOMYCIN 3.5-10,000-1 MG-UNIT/ML-%.....	36	CYSTAGON 150 MG, 50 MG.....	56	DEMSEER 250 MG.....	25
COSMEGEN 0.5 MG.....	10	<i>cytarabine (pf) 2 gram/20 ml (100 mg/ml).....</i>	10	DENAVIR 1 %.....	32
COZAAR 100 MG.....	25	<i>cytarabine (pf) 500 mg.....</i>	10	DEPADE 50 MG.....	19
COZAAR 25 MG, 50 MG....	25	<i>cytarabine 20 mg/ml.....</i>	10		

DEPAKOTE 125 MG, 250 MG, 500 MG.....	13	<i>dexmethylphenidate</i> 10 mg, 2.5 mg, 5 mg.....	21	<i>diltiazem hcl</i> 120 mg, 30 mg, 60 mg, 90 mg.....	25
DEPAKOTE ER 250 MG, 500 MG.....	13	DEXPAK 1.5 MG (51 TABS).....	36	<i>diltiazem hcl</i> 120 mg, 60 mg, 90 mg.....	25
DEPAKOTE SPRINKLES 125 MG.....	13	<i>dexrazoxane</i> 500 mg.....	9	<i>diltiazem hcl</i> 360 mg, 420 mg.....	25
DEPEN TITRATABS 250 MG.....	47	<i>dextroamphetamine</i> 10 mg, 15 mg, 5 mg.....	21	<i>diltiazem hcl</i> 5 mg/ml.....	25
DEPO-ESTRADIOL 5 MG/ML.....	47	<i>dextroamphetamine</i> 10 mg, 5 mg.....	21	DILT-XR 180 MG, 240 MG.....	25
DEPO-PROVERA 400 MG/ML.....	47	<i>dextrose</i> 10% in water (d10w)	34	DILTZAC ER 120 MG, 180 MG, 240 MG, 300 MG.....	25
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML.....	47	<i>dextrose</i> 10%-1/4 normal saline	34	DIOVAN 160 MG, 40 MG, 80 MG.....	25
DERMA-SMOOTH/FS BODY OIL 0.01 %.....	33	<i>dextrose</i> 5% in water (d5w)	34	DIOVAN 320 MG.....	25
DERMOTIC OIL 0.01 %.....	36	<i>dextrose</i> 5%-0.3 % <i>sod.chloride</i>	34	DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG.....	25
<i>desipramine</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg.....	20	<i>dextrose</i> 5%-1/4 normal saline	34	DIPENTUM 250 MG.....	41
<i>desmopressin</i> 0.01 % (refrig).....	39	DIBENZYLINE 10 MG.....	25	<i>diphenhydramine hcl</i> 50 mg... ..	53
<i>desmopressin</i> 0.1 mg, 0.2 mg.....	39	<i>diclofenac potassium</i> 50 mg... ..	19	<i>diphenoxylate-atropine</i> 2.5-0.025 mg.....	40
<i>desmopressin</i> 4 mcg/ml.....	39	<i>diclofenac sodium</i> 0.1 %.....	51	<i>diphenoxylate-atropine</i> 2.5-0.025 mg/5 ml.....	40
DESONATE 0.05 %.....	33	<i>diclofenac sodium</i> 100 mg....	19	<i>dipyridamole</i> 25 mg, 50 mg, 75 mg.....	28
<i>desonide</i> 0.05 %.....	33	<i>diclofenac sodium</i> 25 mg, 50 mg.....	19	<i>disopyramide</i> 100 mg, 150 mg.....	23
<i>desoximetasone</i> 0.05 %.....	33	<i>diclofenac sodium</i> 75 mg.....	19	DIURIL 250 MG/5 ML.....	25
<i>desoximetasone</i> 0.05 %, 0.25 %.....	33	<i>dicloxacillin</i> 250 mg, 500 mg... ..	7	DIURIL IV 500 MG.....	25
<i>desoximetasone</i> 0.25 %.....	33	<i>dicyclomine</i> 10 mg.....	40	<i>divalproex</i> 125 mg.....	13
DESXYN 5 MG.....	20	<i>dicyclomine</i> 10 mg/5 ml.....	40	<i>divalproex</i> 125 mg, 250 mg, 500 mg.....	13
DETROL 1 MG, 2 MG.....	55	<i>dicyclomine</i> 10 mg/ml.....	40	<i>divalproex</i> 250 mg, 500 mg....	13
DETROL LA 2 MG, 4 MG....	55	<i>dicyclomine</i> 20 mg.....	40	DIVIGEL 1 (0.1) MG (%).....	47
<i>dexamethasone</i> 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg.....	36	<i>didanosine</i> 125 mg, 200 mg, 250 mg, 400 mg.....	2	<i>docetaxel</i> 80 mg/8 ml (10 mg/ml).....	10
<i>dexamethasone</i> 0.5 mg/5 ml... ..	36	<i>diflorasone</i> 0.05 %.....	33	<i>donepezil</i> 10 mg, 5 mg.....	16
<i>dexamethasone</i> 1 mg, 2 mg....	36	<i>diflunisal</i> 500 mg.....	19	DORIBAX 500 MG.....	5
DEXAMETHASONE INTENSOL 1 MG/ML.....	36	<i>digoxin</i> 125 mcg, 250 mcg....	27	<i>dorzolamide</i> 2 %.....	51
<i>dexamethasone sodium phosphate</i> 0.1 %.....	52	<i>digoxin</i> 250 mcg/ml.....	27	<i>dorzolamide-timolol</i> 2-0.5 %.....	51
<i>dexamethasone sodium phosphate</i> 4 mg/ml.....	36	<i>digoxin</i> 50 mcg/ml.....	27	DOVONEX 0.005 %.....	30
<i>dexchlorpheniramine maleate</i> 2 mg/5 ml.....	53	<i>dihydroergotamine</i> 1 mg/ml... ..	15	<i>doxazosin</i> 1 mg, 2 mg, 4 mg, 8 mg.....	25
DEXILANT 30 MG, 60 MG.....	42	DILANTIN 30 MG.....	13	<i>doxepin</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg.....	21
		DILANTIN INFATABS 50 MG.....	13	<i>doxepin</i> 10 mg/ml.....	21
		DILAUDID-5 1 MG/ML.....	17		
		DILT-CD 120 MG, 300 MG.....	25		
		<i>diltiazem hcl</i> 100 mg.....	25		
		<i>diltiazem hcl</i> 120 mg, 240 mg, 300 mg.....	25		

DOXIL 2 MG/ML.....	10	EMEND 125-80-80 MG.....	41	<i>eplerenone 25 mg, 50 mg.....</i>	25
<i>doxorubicin 2 mg/ml.....</i>	10	EMEND 40 MG.....	41	EPOGEN 2,000 UNIT/ML,	
<i>doxycycline hyclate 100 mg.....</i>	8	EMEND 80 MG.....	41	20,000 UNIT/2 ML, 20,000	
<i>doxycycline hyclate 100 mg, 20</i>		EMSAM 12 MG/24 HR, 6		UNIT/ML, 3,000 UNIT/ML,	
<i>mg.....</i>	8	MG/24 HR, 9 MG/24 HR.....	21	4,000 UNIT/ML.....	44
<i>doxycycline hyclate 100 mg, 50</i>		EMTRIVA 10 MG/ML.....	2	EPZICOM 600-300 MG.....	2
<i>mg.....</i>	8	EMTRIVA 200 MG.....	2	EQUETRO 100 MG, 200	
<i>doxycycline hyclate 100 mg, 75</i>		ENABLEX 15 MG, 7.5		MG, 300 MG.....	13
<i>mg.....</i>	8	MG.....	55	ERAXIS(WATER DILUENT)	
<i>doxycycline monohydrate 150</i>		<i>enalapril maleate 10 mg, 2.5</i>		100 MG.....	1
<i>mg, 50 mg, 75 mg.....</i>	8	<i>mg, 20 mg, 5 mg.....</i>	25	ERBITUX 100 MG/50 ML....	10
<i>dronabinol 10 mg, 2.5 mg, 5</i>		<i>enalapril-hydrochlorothiazid</i>		<i>ergoloid 1 mg.....</i>	21
<i>mg.....</i>	41	<i>e 10-25 mg, 5-12.5 mg.....</i>	25	ERGOMAR 2 MG.....	15
DROXIA 200 MG, 300 MG,		ENBREL 50 MG/ML (0.98		<i>ergotamine-caffeine 1-100</i>	
400 MG.....	10	ML).....	47	<i>mg.....</i>	16
DUETACT 30-2 MG, 30-4		ENDOCET 10-325 MG,		ERRIN 0.35 MG.....	47
MG.....	37	10-650 MG, 5-325 MG,		ERY PADS 2 %.....	30
DURAMORPH 0.5 MG/ML,		7.5-325 MG, 7.5-500 MG.....	17	ERYPED 200 200 MG/5 ML... 5	
1 MG/ML.....	17	ENDOMETRIN 100 MG.....	47	ERY-TAB 250 MG, 333 MG... 5	
DYNACIRC CR 10 MG, 5		ENGERIX-B (PF) 10		ERY-TAB 500 MG.....	5
MG.....	25	MCG/0.5 ML.....	45	ERYTHROCIN 500 MG.....	5
DYRENIUM 100 MG, 50		ENGERIX-B (PF) 10		ERYTHROCIN STEARATE	
MG.....	25	MCG/0.5 ML, 20		250 MG.....	5
E.E.S. 400 400 MG.....	5	MCG/ML.....	45	<i>erythromycin 250 mg, 500</i>	
<i>econazole 1 %.....</i>	32	ENJUVIA 0.3 MG, 0.45 MG,		<i>mg.....</i>	5
EDECRIN 25 MG.....	25	0.625 MG, 0.9 MG, 1.25		<i>erythromycin 5 mg/gram (0.5</i>	
EDURANT 25 MG.....	2	MG.....	47	<i>%).....</i>	50
EFFEXOR XR 150 MG, 37.5		<i>enoxaparin 100 mg/ml, 120</i>		<i>erythromycin ethylsuccinate</i>	
MG, 75 MG.....	21	<i>mg/0.8 ml, 150 mg/ml, 30</i>		<i>400 mg.....</i>	5
ELAPRASE 6 MG/3 ML.....	39	<i>mg/0.3 ml, 40 mg/0.4 ml, 60</i>		<i>erythromycin with ethanol 2</i>	
<i>electrolyte-48 in d5w</i>	58	<i>mg/0.6 ml, 80 mg/0.8 ml.....</i>	28	<i>%.....</i>	30
ELESTAT 0.05 %.....	51	ENPRESSE 50-30 (6)/75-40		<i>erythromycin with ethanol 2</i>	
ELIDEL 1 %.....	30	(5)/125-30(10).....	49	<i>%.....</i>	31
ELIGARD 22.5 MG, 30 MG,		ENTOCORT EC 3 MG.....	41	<i>erythromycin-benzoyl</i>	
45 MG, 7.5 MG.....	10	ENULOSE 10 GRAM/15		<i>peroxide 3-5 %.....</i>	31
ELIPHOS 667 MG.....	56	ML.....	41	<i>erythromycin-sulfisoxazole</i>	
ELITEK 1.5 MG.....	9	<i>epinastine 0.05 %.....</i>	51	<i>200-600 mg/5 ml.....</i>	5
ELIXOPHYLLIN 80 MG/15		<i>epinephrine hcl 0.1 mg/ml.....</i>	53	ESTRACE 0.01 % (0.1	
ML.....	54	EPIPEN 0.3 MG/0.3 ML.....	53	MG/G).....	47
ELLENCE 200 MG/100		EPIPEN JR 0.15 MG/0.3		ESTRADERM 0.05 MG/24	
ML.....	10	ML.....	53	HR, 0.1 MG/24 HR.....	47
ELMIRON 100 MG.....	56	<i>epirubicin 50 mg/25 ml.....</i>	10	<i>estradiol 0.025 mg/24 hr,</i>	
ELOXATIN 100 MG/20		EPITOL 200 MG.....	13	<i>0.0375 mg/24 hr, 0.05 mg/24</i>	
ML.....	10	EPIVIR 10 MG/ML.....	2	<i>hr, 0.06 mg/24 hr, 0.075</i>	
ELSPAR 10,000 UNIT.....	10	EPIVIR 150 MG, 300 MG.....	2	<i>mg/24 hr, 0.1 mg/24 hr.....</i>	47
EMADINE 0.05 %.....	51	EPIVIR HBV 100 MG.....	2	<i>estradiol 0.5 mg, 1 mg, 2</i>	
EMCYT 140 MG.....	10	EPIVIR HBV 25 MG/5 ML (5		<i>mg.....</i>	47
EMEND 125 MG.....	41	MG/ML).....	2	<i>estradiol valerate 10 mg/ml,</i>	
				<i>20 mg/ml, 40 mg/ml.....</i>	48

<i>estradiol-norethindrone acet</i>	FANAPT 1 MG, 10 MG, 12	FLOVENT HFA 110
<i>1-0.5 mg</i> 48	MG, 2 MG, 4 MG, 6 MG, 8	MCG/ACTUATION, 220
ESTRING 2 MG..... 48	MG..... 21	MCG/ACTUATION, 44
<i>estropipate 0.75 mg, 1.5 mg,</i>	FANAPT 1MG(2)-2MG(2)-	MCG/ACTUATION..... 54
<i>3 mg</i> 48	4MG(2)-6MG(2)..... 21	<i>fluconazole 10 mg/ml, 40</i>
<i>ethambutol 100 mg, 400 mg</i> 5	FARESTON 60 MG..... 10	<i>mg/ml</i> 1
<i>ethosuximide 250 mg</i> 13	FASLODEX 250 MG/5	<i>fluconazole 100 mg, 200 mg,</i>
<i>ethosuximide 250 mg/5 ml</i> 13	ML..... 10	<i>50 mg</i> 1
<i>etidronate disodium 200 mg,</i>	FAZACLO 100 MG, 12.5	<i>fluconazole 150 mg</i> 1
<i>400 mg</i> 34	MG, 150 MG, 200 MG, 25	<i>fluconazole in dextrose(iso-o)</i>
<i>etodolac 200 mg, 300 mg</i> 19	MG..... 21	<i>400 mg/200 ml</i> 1
<i>etodolac 400 mg, 500 mg</i> 19	FELBATOL 400 MG, 600	<i>fludarabine 50 mg</i> 10
<i>etodolac 400 mg, 500 mg,</i>	MG..... 13	<i>fludrocortisone 0.1 mg</i> 36
<i>600 mg</i> 19	FELBATOL 600 MG/5 ML... 13	<i>flunisolide 25 mcg (0.025</i>
ETOPOPHOS 100 MG..... 10	<i>felodipine 10 mg, 2.5 mg, 5</i>	<i>%)</i> 54
<i>etoposide 20 mg/ml</i> 10	<i>mg</i> 25	<i>fluocinolone 0.01 %</i> 33
EURAX 10 %..... 34	FEMARA 2.5 MG..... 10	<i>fluocinolone 0.01 %, 0.025</i>
EVAMIST 1.53 MG/SPRAY	FEMCON FE	<i>%</i> 33
(1.7%)..... 48	0.4MG-35MCG(21) & 75	<i>fluocinolone 0.025 %</i> 33
EVISTA 60 MG..... 47	MG (7)..... 49	<i>fluocinonide 0.05 %</i> 33
EVOXAC 30 MG..... 34	FEMHRT 1/5 1-5	<i>fluocinonide-emollient 0.05</i>
EXELDERM 1 %..... 32	MG-MCG..... 48	<i>%</i> 33
EXELON 1.5 MG, 3 MG, 4.5	FEMHRT LOW DOSE	<i>fluorometholone 0.1 %</i> 52
MG, 6 MG..... 16	0.5-2.5 MG-MCG..... 48	FLUOROPLEX 1 %..... 30
EXELON 2 MG/ML..... 16	FEMRING 0.05 MG/24 HR,	<i>fluorouracil 2 %, 5 %</i> 30
EXELON 4.6 MG/24 HOUR,	0.1 MG/24 HR..... 48	<i>fluorouracil 5 %</i> 30
9.5 MG/24 HOUR..... 16	<i>fenofibrate 160 mg, 54 mg</i> 28	<i>fluorouracil 500 mg/10 ml</i> 10
<i>exemestane 25 mg</i> 10	<i>fenofibrate micronized 134</i>	<i>fluoxetine 10 mg, 20 mg</i> 21
EXFORGE 10-160 MG,	<i>mg, 200 mg, 67 mg</i> 28	<i>fluoxetine 10 mg, 20 mg, 40</i>
10-320 MG, 5-160 MG,	<i>fenopropfen 600 mg</i> 19	<i>mg</i> 21
5-320 MG..... 25	<i>fentanyl 100 mcg/hr, 12</i>	<i>fluoxetine 20 mg/5 ml</i> 21
EXFORGE HCT	<i>mcg/hr, 25 mcg/hr, 50</i>	<i>fluoxetine 90 mg</i> 21
10-160-12.5 MG, 10-160-25	<i>mcg/hr, 75 mcg/hr</i> 17	<i>fluphenazine decanoate 25</i>
MG, 10-320-25 MG,	<i>fentanyl citrate (pf) 50</i>	<i>mg/ml</i> 21
5-160-12.5 MG, 5-160-25	<i>mcg/ml</i> 18	<i>fluphenazine hcl 1 mg, 10</i>
MG..... 25	<i>fentanyl citrate 1,200 mcg,</i>	<i>mg, 2.5 mg, 5 mg</i> 21
EXJADE 125 MG..... 35	<i>1,600 mcg, 200 mcg, 400</i>	<i>fluphenazine hcl 2.5 mg/5</i>
EXJADE 250 MG, 500 MG... 35	<i>mcg, 600 mcg, 800 mcg</i> 17	<i>ml</i> 21
EXTINA 2 %..... 32	<i>fexofenadine 180 mg, 30 mg,</i>	<i>fluphenazine hcl 2.5 mg/ml</i> 21
FABRAZYME 35 MG..... 39	<i>60 mg</i> 53	<i>fluphenazine hcl 5 mg/ml</i> 21
FACTIVE 320 MG..... 8	FINACEA 15 %..... 31	<i>flurbiprofen 100 mg, 50 mg</i> ... 19
<i>famciclovir 125 mg, 250 mg,</i>	<i>finasteride 5 mg</i> 55	<i>flurbiprofen sodium 0.03 %</i> ... 51
<i>500 mg</i> 2	FLAGYL ER 750 MG..... 5	<i>flutamide 125 mg</i> 10
<i>famotidine (pf) 20 mg/2 ml</i> 42	FLAREX 0.1 %..... 52	<i>fluticasone 0.005 %</i> 33
<i>famotidine 20 mg, 40 mg</i> 42	<i>flavoxate 100 mg</i> 55	<i>fluticasone 0.05 %</i> 33
<i>famotidine 40 mg/5 ml</i> 42	<i>flecainide 100 mg, 150 mg,</i>	<i>fluticasone 50</i>
<i>famotidine(pf) in sal (iso-os)</i>	<i>50 mg</i> 23	<i>mcg/actuation</i> 54
<i>20 mg/50 ml</i> 42		

<i>fluvoxamine 100 mg, 25 mg, 50 mg</i>	21	<i>furosemide 20 mg, 40 mg, 80 mg</i>	26	<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 60 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml</i>	5
FML FORTE 0.25 %.....	52	<i>furosemide 40 mg/5 ml</i>	26	<i>gentamicin in nacl (iso-osm) 70 mg/50 ml, 90 mg/100 ml</i>	5
FML S.O.P. 0.1 %.....	52	FUZEON 90 MG.....	2	<i>gentamicin in nacl (iso-osm) 80 mg/50 ml</i>	5
FOCALIN 10 MG, 2.5 MG, 5 MG.....	21	<i>gabapentin 100 mg, 300 mg, 400 mg</i>	13	<i>gentamicin sulfate (pf) 80 mg/8 ml</i>	5
FOCALIN XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG.....	21	<i>gabapentin 600 mg, 800 mg</i> ...	13	GENTASOL 0.3 %.....	50
<i>fomepizole 1 gram/ml</i>	45	GABITRIL 12 MG, 16 MG, 2 MG, 4 MG.....	14	GEODON 20 MG.....	21
FORTAZ 6 GRAM.....	4	<i>galantamine 12 mg, 4 mg, 8 mg</i>	17	GEODON 20 MG, 40 MG, 60 MG, 80 MG.....	21
FORTAZ IN D5W 1 GRAM/50 ML, 2 GRAM/50 ML.....	4	<i>galantamine 16 mg, 24 mg, 8 mg</i>	16	GIANVI 3-20 MG-MCG.....	49
FORTEO 20 MCG/DOSE - 600 MCG/2.4 ML.....	47	<i>galantamine 4 mg/ml</i>	16	GLEEVEC 100 MG, 400 MG.....	11
FORTICAL 200 UNIT/ACTUATION.....	39	GAMASTAN S/D 15-18 % RANGE.....	45	<i>glimepiride 1 mg, 2 mg, 4 mg</i>	37
FOSAMAX 70 MG/75 ML... 47	47	GAMMAGARD LIQUID 10 %.....	45	<i>glipizide 10 mg, 2.5 mg, 5 mg</i>	37
FOSAMAX PLUS D 70-2,800 MG-UNIT, 70-5,600 MG-UNIT.....	47	GAMUNEX 10 %.....	45	<i>glipizide 10 mg, 5 mg</i>	37
<i>foscarnet 24 mg/ml</i>	2	<i>ganciclovir 250 mg, 500 mg</i>	2	<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	37
<i>fosinopril 10 mg, 20 mg, 40 mg</i>	25	<i>ganciclovir sodium 500 mg</i>	2	GLUCAGEN HYPOKIT 1 MG.....	37
<i>fosinopril-hydrochlorothiazid e 10-12.5 mg, 20-12.5 mg</i>	25	GARDASIL 20-40-40-20 MCG/0.5 ML.....	45	GLUCAGON EMERGENCY 1 MG.....	37
<i>fosphenytoin 100 mg pe/2 ml</i>	13	GASTROCROM 100 MG/5 ML.....	41	<i>glyburide 1.25 mg, 2.5 mg, 5 mg</i>	37
FOSRENOL 1,000 MG, 500 MG, 750 MG.....	35	GAVILYTE-C 240-22.72-6.72 GRAM.....	41	<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	37
FRAGMIN 10,000 UNIT/ML, 12,500 UNIT/0.5 ML, 15,000 UNIT/0.6 ML, 18,000 UNIT/0.72 ML, 2,500 UNIT/0.2 ML, 5,000 UNIT/0.2 ML, 7,500 UNIT/0.3 ML.....	28	GAVILYTE-N 420 G.....	41	<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	37
FRAGMIN 25,000 UNIT/ML.....	28	<i>gemfibrozil 600 mg</i>	29	<i>glycopyrrolate 0.2 mg/ml</i>	40
FREAMINE III 3 %-ELECTROLYTES 3 %....	58	GEMZAR 1 GRAM.....	10	<i>glycopyrrolate 1 mg, 2 mg</i>	40
FREAMINE III 8.5 % 8.5 %.....	58	GENGRAF 100 MG, 25 MG.....	10	GLYCRON 1.5 MG, 3 MG... 37	
FURADANTIN 25 MG/5 ML.....	8	GENGRAF 100 MG/ML.....	10	GLYCRON 4.5 MG.....	37
<i>furosemide 10 mg/ml</i>	25	GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML).....	44	GOLYTELY 227.1-21.5-6.36 GRAM.....	41
<i>furosemide 10 mg/ml</i>	26	GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 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.....	44	GOLYTELY 236-22.74-6.74 GRAM.....	41
		GENTAK 0.3 % (3 MG/G)....	50	<i>granisetron (pf) 100 mcg/ml</i>	41
		<i>gentamicin 0.1 %</i>	31	<i>granisetron 1 mg</i>	41
		<i>gentamicin 0.3 %</i>	50	<i>granisetron 1 mg/ml (1 ml)</i>	41
		<i>gentamicin 40 mg/ml</i>	5	GRANISOL 1 MG/5 ML.....	41
				GRIFULVIN V 500 MG.....	1

<i>griseofulvin microsize 125 mg/5 ml</i>	1	HUMALOG 100 UNIT/ML.....	37	<i>hydrocortisone 2.5 %</i>	33
GRIS-PEG 125 MG, 250 MG.....	1	HUMALOG KWIKPEN 100 UNIT/ML.....	37	<i>hydrocortisone butyrate 0.1 %</i>	33
<i>guanabenz 4 mg</i>	26	HUMALOG MIX 50-50 100 UNIT/ML (50-50).....	37	<i>hydrocortisone valerate 0.2 %</i>	33
<i>guanfacine 1 mg, 2 mg</i>	26	HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50).....	37	<i>hydrocortisone-acetic acid 1-2 %</i>	36
<i>guanidine 125 mg</i>	21	HUMALOG MIX 75-25 100 UNIT/ML (75-25).....	37	<i>hydromorphone (pf) 10 mg/ml</i>	18
HALAVEN 1 MG/2 ML (0.5 MG/ML).....	11	HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25).....	37	<i>hydromorphone 2 mg, 4 mg, 8 mg</i>	18
HALDOL 5 MG/ML.....	21	HUMATROPE 12 (36 UNIT) MG, 24 (72 UNIT) MG, 6 (18 UNIT) MG.....	44	<i>hydroxychloroquine 200 mg</i>	6
HALDOL DECANOATE 100 MG/ML, 50 MG/ML.....	21	HUMATROPE 5 (15 UNIT) MG.....	44	<i>hydroxyurea 500 mg</i>	11
<i>halobetasol propionate 0.05 %</i>	33	HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML.....	47	<i>hydroxyzine hcl 10 mg, 25 mg, 50 mg</i>	53
HALOG 0.1 %.....	33	HUMIRA CROHN'S DIS START PCK 40 MG/0.8 ML.....	47	<i>hydroxyzine hcl 10 mg/5 ml</i> ...	53
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	21	HYCAMTIN 4 MG.....	11	<i>hydroxyzine hcl 25 mg/ml, 50 mg/ml</i>	53
<i>haloperidol decanoate 100 mg/ml, 50 mg/ml</i>	21	<i>hydralazine 10 mg, 100 mg, 25 mg, 50 mg</i>	26	<i>hydroxyzine pamoate 100 mg, 25 mg, 50 mg</i>	53
<i>haloperidol lactate 2 mg/ml</i> ...	21	<i>hydralazine 20 mg/ml</i>	26	HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG.....	26
<i>haloperidol lactate 5 mg/ml</i> ...	21	<i>hydrochlorothiazide 12.5 mg</i>	26	<i>ibuprofen 100 mg/5 ml</i>	19
HAVRIX (PF) 1,440 EL UNIT/ML.....	45	<i>hydrochlorothiazide 12.5 mg, 25 mg, 50 mg</i>	26	<i>ibuprofen 400 mg, 600 mg, 800 mg</i>	19
HAVRIX (PF) 720 EL UNIT/0.5 ML.....	45	<i>hydrocodone-acetaminophen 10-300 mg, 10-750 mg, 5-300 mg, 7.5-300 mg</i>	18	<i>ibuprofen-oxycodone 400-5 mg</i>	18
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG.....	39	<i>hydrocodone-acetaminophen 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 2.5-500 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg</i>	18	<i>idarubicin 1 mg/ml</i>	11
HECTOROL 4 MCG/2 ML... 39		<i>hydrocodone-acetaminophen 7.5-500 mg/15 ml</i>	18	IFEX 3 GRAM.....	11
HELIDAC 250-500-262.4 MG.....	42	<i>hydrocodone-ibuprofen 7.5-200 mg</i>	18	<i>ifosfamide 1 gram</i>	11
<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	28	<i>hydrocortisone 1 %, 2.5 %</i>	33	<i>ifosfamide-mesna 1-1 gram</i> ...	11
<i>heparin (porcine) in d5w 20,000 unit/500 ml</i>	28	<i>hydrocortisone 10 mg, 20 mg, 5 mg</i>	36	<i>imipramine hcl 10 mg, 25 mg, 50 mg</i>	21
<i>heparin (porcine) in ns (pf) 2,000 unit/1,000 ml</i>	28	<i>hydrocortisone 100 mg/60 ml</i>	41	<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg</i>	21
<i>heparin (porcine)-0.45% nacl 25,000 unit/250 ml, 25,000 unit/500 ml</i>	28			<i>imiquiremod 5 %</i>	30
<i>heparin, porcine (pf) 10,000 unit/5 ml</i>	28			IMOVAX RABIES VACCINE 2.5 UNIT.....	45
HEPATAMINE 8% 8 %.....	58			INCRELEX 10 MG/ML.....	35
HEPATASOL 8 % 8 %.....	58			<i>indapamide 1.25 mg, 2.5 mg</i>	26
HEPSERA 10 MG.....	2			INDOCIN 25 MG/5 ML.....	19
HERCEPTIN 440 MG.....	11			<i>indomethacin 25 mg, 50 mg</i> ...	19
HEXALEN 50 MG.....	11			<i>indomethacin 75 mg</i>	19
				INFANRIX (PF) 25-58-10 LF-MCG-LF/0.5ML.....	45
				INFERGEN 15 MCG/0.5 ML.....	44

INFUMORPH P/F 10 MG/ML.....	18	ISENTRESS 400 MG.....	2	KARIVA 0.15-0.02MG X21 /0.01 MG X 5.....	49
INNOHEP 20,000 ANTI-XA UNIT/ML.....	28	ISOLYTE-H IN D5W 5 %....	58	KEFLEX 750 MG.....	4
INSULIN PEN NEEDLE 31	37	ISOLYTE-P IN D5W 5 %....	58	KELNOR 1/35 (28) 1-35 MG-MCG.....	49
<i>insulin syringe-needle u-100</i> <i>0.3 ml 30, 1 ml 28, 1/2 ml</i>	37	ISOLYTE-S	58	KENALOG 0.147 MG/GRAM.....	33
INTELENCE 100 MG.....	2	ISOLYTE-S IN D5W	58	KEPIVANCE 6.25 MG.....	9
INTRALIPID 20 %.....	58	<i>isoniazid 100 mg, 300 mg</i>	6	KEPPRA 1,000 MG, 250 MG, 500 MG, 750 MG.....	14
INTRALIPID 30 %.....	58	<i>isoniazid 100 mg/ml</i>	6	KEPPRA 100 MG/ML.....	14
INTRON A 10 MILLION UNIT (1 ML).....	44	<i>isoniazid 50 mg/5 ml</i>	6	KEPPRA 500 MG/5 ML.....	14
INTRON A 10 MILLION UNIT/0.2 ML, 5 MILLION UNIT/0.2 ML.....	44	<i>isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg</i>	29	KEPPRA XR 500 MG, 750 MG.....	14
INTRON A 3 MILLION UNIT /0.2 ML-6 DOSES.....	44	<i>isosorbide dinitrate 2.5 mg, 5 mg</i>	29	KETEK 300 MG, 400 MG.....	6
INTRON A 6 MILLION UNIT/ML.....	44	<i>isosorbide dinitrate 40 mg</i>	29	<i>ketoconazole 2 %</i>	32
INVANZ 1 GRAM.....	6	<i>isosorbide mononitrate 10 mg, 20 mg</i>	29	<i>ketoconazole 200 mg</i>	1
INVEGA 1.5 MG, 3 MG, 6 MG, 9 MG.....	21	<i>isosorbide mononitrate 120 mg, 30 mg, 60 mg</i>	29	<i>ketoprofen 200 mg</i>	19
INVEGA SUSTENNA 117 MG/0.75 ML, 156 MG/ML (1 ML), 234 MG/1.5 ML.....	21	<i>isradipine 2.5 mg, 5 mg</i>	26	<i>ketoprofen 50 mg, 75 mg</i>	19
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML.....	21	<i>itraconazole 100 mg</i>	1	<i>ketorolac 0.4 %, 0.5 %</i>	51
INVIRASE 200 MG.....	2	IXEMPRA 45 MG.....	11	<i>ketorolac 10 mg</i>	19
INVIRASE 500 MG.....	2	IXIARO (PF) 6 MCG/0.5 ML.....	45	<i>ketorolac 15 mg/ml, 30 mg/ml (1 ml)</i>	19
IONOSOL-B IN D5W 5 %....	58	JALYN 0.5-0.4 MG.....	55	KINERET 100 MG/0.67 ML.....	47
IONOSOL-MB IN D5W 5 %.....	58	JANTOVEN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG.....	28	KIONEX	35
IONOSOL-T IN D5W 5 %....	58	JANUMET 50-1,000 MG, 50-500 MG.....	37	KLOR-CON 10 10 MEQ.....	56
IOPIDINE 0.5 %.....	52	JANUVIA 100 MG, 25 MG, 50 MG.....	38	KLOR-CON 8 MEQ.....	56
IOPIDINE 1 %.....	52	JE-VAX	45	KLOR-CON M15 15 MEQ...	56
IPOL 40-8-32 UNIT/0.5 ML.....	45	JEVTANA 10 MG/ML (FINAL).....	11	KLOR-CON M20 20 MEQ...	56
<i>ipratropium bromide 0.02 %</i>	54	JINTELI 1-5 MG-MCG.....	48	KOMBIGLYZE XR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG.....	38
<i>ipratropium bromide 0.03 %, 0.06 %</i>	35	JOLIVETTE 0.35 MG.....	48	KRISTALOSE 10 GRAM, 20 GRAM.....	41
<i>ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml</i> ...	54	JUNEL 1.5/30 (21) 1.5-30 MG-MCG.....	49	KUVAN 100 MG.....	39
IQUIX 1.5 %.....	50	JUNEL 1/20 (21) 1-20 MG-MCG.....	49	<i>labetalol 100 mg, 200 mg, 300 mg</i>	26
IRESSA 250 MG.....	11	JUNEL FE 1.5/30 (28) 1.5-30 MG-MCG.....	49	<i>labetalol 5 mg/ml</i>	26
<i>irinotecan 100 mg/5 ml</i>	11	JUNEL FE 1/20 (28) 1-20 MG-MCG.....	49	LACLOTION 12 %.....	30
		KALETRA 100-25 MG.....	2	LACRISERT 5 MG.....	51
		KALETRA 200-50 MG.....	2	<i>lactated ringers</i>	34
		KALETRA 400-100 MG/5 ML.....	2	<i>lactated ringers</i>	56
		<i>kanamycin 1 gram/3 ml</i>	6	<i>lactulose 10 gram/15 ml</i>	41
				LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG.....	14

LAMICTAL STARTER (BLUE) KIT 25 MG (35).....	14	LEVAQUIN 25 MG/ML.....	8	LIDODERM 5 % (700 MG/PATCH).....	31
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14).....	14	LEVAQUIN 250 MG, 500 MG, 750 MG.....	8	<i>lindane 1 %</i>	34
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7).....	14	LEVAQUIN 250 MG/10 ML... 8		<i>liothyronine 10 mcg/ml</i>	40
LAMICTAL XR 100 MG, 200 MG, 25 MG, 50 MG.....	14	LEVAQUIN IN D5W 750 MG/150 ML.....	8	<i>liothyronine 25 mcg, 5 mcg, 50 mcg</i>	40
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7).....	14	LEVATOL 20 MG.....	26	LIPITOR 10 MG, 20 MG, 40 MG, 80 MG.....	29
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7).....	14	LEVEMIR 100 UNIT/ML....	38	<i>lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	26
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7).....	14	LEVEMIR FLEXPEN 100 UNIT/ML.....	38	<i>lisinopril-hydrochlorothiazid e 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	26
<i>lamotrigine 25 mg, 5 mg</i>	14	<i>levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg</i>	14	<i>lithium carbonate 150 mg, 300 mg</i>	22
LANOXIN PEDIATRIC 100 MCG/ML.....	27	<i>levetiracetam 100 mg/ml</i>	14	<i>lithium carbonate 300 mg</i>	22
<i>lansoprazole 15 mg, 30 mg</i>	42	<i>levetiracetam 500 mg/5 ml</i>	14	<i>lithium carbonate 300 mg, 450 mg</i>	22
LANTUS 100 UNIT/ML.....	38	<i>levobunolol 0.25 %, 0.5 %</i>	51	<i>lithium carbonate 600 mg</i>	22
LANTUS SOLOSTAR 100 UNIT/ML (3 ML).....	38	<i>levocarnitine (with sucrose) 100 mg/ml</i>	35	<i>lithium citrate 8 meq/5 ml</i>	22
<i>latanoprost 0.005 %</i>	51	<i>levocarnitine 200 mg/ml</i>	35	LOCOID 0.1 %.....	33
LATUDA 40 MG, 80 MG....	21	<i>levocarnitine 330 mg</i>	35	LODOSYN 25 MG.....	15
LEENA 28 0.5/1/0.5-35 MG-MCG.....	49	<i>levofloxacin 0.5 %</i>	1	LOESTRIN 24 FE 1-20 (24)-75(4) MG-MCG-MG....	49
<i>leflunomide 10 mg, 20 mg</i>	47	LEVORA-28 0.15-30 MG-MCG.....	49	<i>loperamide 2 mg</i>	40
LESSINA 0.1-20 MG-MCG.....	49	<i>levorphanol tartrate 2 mg</i>	18	<i>losartan 100 mg, 25 mg, 50 mg</i>	26
<i>letrozole 2.5 mg</i>	11	<i>levothyroxine 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>	40	<i>losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	26
<i>leucovorin calcium 10 mg, 15 mg</i>	9	LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG.....	40	LOTEMAX 0.5 %.....	52
<i>leucovorin calcium 100 mg, 350 mg</i>	9	LEXAPRO 10 MG, 20 MG, 5 MG.....	21	LOTRONEX 0.5 MG, 1 MG.....	41
<i>leucovorin calcium 25 mg, 5 mg</i>	9	LEXAPRO 5 MG/5 ML.....	21	<i>lovastatin 10 mg, 20 mg, 40 mg</i>	29
LEUKERAN 2 MG.....	11	LEXIVA 50 MG/ML.....	2	LOVAZA 1 GRAM.....	29
LEUKINE 250 MCG.....	44	LEXIVA 700 MG.....	2	LOVENOX 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.....	28
LEUKINE 500 MCG/ML.....	44	LIALDA 1.2 G.....	41	LOVENOX 300 MG/3 ML....	28
<i>leuprolide 1 mg/0.2 ml</i>	11	<i>lidocaine (pf) 10 mg/ml (1 %)</i>	31	LOW-OGESTREL (28) 0.3-30 MG-MCG.....	49
LEUSTATIN 10 MG/10 ML.....	11	<i>lidocaine hcl 2 %</i>	31	<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg</i>	22
<i>levabuterol hcl 1.25 mg/0.5 ml</i>	54	<i>lidocaine hcl 4 %</i>	31	LUFYLLIN 200 MG.....	54
		<i>lidocaine hcl 5 %</i>	31	LUMIGAN 0.01 %, 0.03 %...	51
		<i>lidocaine hcl 5 mg/ml (0.5 %)</i>	31		
		<i>lidocaine-prilocaine 2.5-2.5 %</i>	31		

LUNESTA 1 MG, 2 MG, 3 MG.....	22	<i>meclizine 12.5 mg, 25 mg.....</i>	41	METADATE CD 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG.....	22
LUPRON DEPOT (3 MONTH) 11.25 MG.....	11	<i>meclofenamate 100 mg, 50 mg.....</i>	19	METADATE ER 20 MG.....	22
LUPRON DEPOT (3 MONTH) 22.5 MG.....	11	<i>medroxyprogesterone 10 mg, 2.5 mg, 5 mg.....</i>	48	<i>metaproterenol 10 mg, 20 mg.....</i>	54
LUPRON DEPOT (4 MONTH) 30 MG.....	11	<i>medroxyprogesterone 150 mg/ml.....</i>	48	<i>metaproterenol 10 mg/5 ml....</i>	54
LUPRON DEPOT 3.75 MG.....	11	<i>mefenamic acid 250 mg.....</i>	19	<i>metaxalone 800 mg.....</i>	17
LUPRON DEPOT 7.5 MG....	11	<i>mefloquine 250 mg.....</i>	6	<i>metformin 1,000 mg, 500 mg, 850 mg.....</i>	38
LUPRON DEPOT-PED 11.25 MG, 15 MG.....	11	<i>megestrol 20 mg, 40 mg.....</i>	11	<i>metformin 500 mg, 750 mg....</i>	38
LUTERA (28) 0.1-20 MG-MCG.....	49	<i>megestrol 400 mg/10 ml (40 mg/ml).....</i>	11	<i>methadone 10 mg, 5 mg.....</i>	18
LUVOX CR 100 MG, 150 MG.....	22	<i>meloxicam 15 mg, 7.5 mg.....</i>	19	<i>methadone 10 mg/5 ml, 5 mg/5 ml.....</i>	18
LYBREL 90-20 MCG.....	49	<i>meloxicam 7.5 mg/5 ml.....</i>	19	<i>methadone 10 mg/ml.....</i>	18
LYRICA 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG.....	14	<i>melphalan 50 mg.....</i>	11	METHADOSE 10 MG, 5 MG.....	18
LYSODREN 500 MG.....	11	MENACTRA (PF) 4 MCG/0.5 ML.....	45	<i>methamphetamine 5 mg.....</i>	22
MACRODANTIN 25 MG.....	8	MENEST 0.3 MG, 0.625 MG.....	48	<i>methazolamide 25 mg, 50 mg.....</i>	51
MAGNACET 10-400 MG, 5-400 MG, 7.5-400 MG.....	18	MENEST 1.25 MG, 2.5 MG.....	48	<i>methenamine hippurate 1 gram.....</i>	8
<i>magnesium sulfate 20 gram/500 ml.....</i>	56	MENOMUNE - A/C/Y/W-135 (PF) 50 MCG.....	45	METHERGINE 0.2 MG.....	50
<i>magnesium sulfate 4 gram/50 ml.....</i>	56	MENOSTAR 14 MCG/24 HR.....	48	<i>methimazole 10 mg, 5 mg.....</i>	37
<i>magnesium sulfate 4 meq/ml.....</i>	56	MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML.....	45	METHITEST 10 MG.....	39
<i>magnesium sulfate in d5w 1 gram/100 ml.....</i>	56	<i>meperidine (pf) 25 mg/ml, 50 mg/ml.....</i>	18	<i>methocarbamol 500 mg, 750 mg.....</i>	17
MALARONE 250-100 MG, 62.5-25 MG.....	6	<i>meperidine (pf) 500 mg/50 ml.....</i>	18	<i>methotrexate sodium (pf) 1 gram.....</i>	11
<i>malathion 0.5 %.....</i>	34	<i>meperidine 100 mg, 50 mg.....</i>	18	<i>methotrexate sodium 2.5 mg.....</i>	11
<i>maprotiline 25 mg, 50 mg, 75 mg.....</i>	22	<i>meperidine 50 mg/5 ml.....</i>	18	<i>methotrexate sodium 25 mg/ml.....</i>	11
MARGESIC-H 5-500 MG....	18	<i>meprobamate 200 mg, 400 mg.....</i>	17	<i>methscopolamine 2.5 mg, 5 mg.....</i>	40
MARPLAN 10 MG.....	22	MEPRON 750 MG/5 ML.....	6	<i>methyclothiazide 5 mg.....</i>	26
MATULANE 50 MG.....	11	<i>mercaptopurine 50 mg.....</i>	11	<i>methyldopa 250 mg, 500 mg.....</i>	26
MAXAIR AUTOHALER 200 MCG/INHALATION....	54	<i>meropenem 500 mg.....</i>	6	<i>methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg.....</i>	26
MAXALT 10 MG, 5 MG.....	16	MERREM 500 MG.....	6	<i>methyldopate 250 mg/5 ml....</i>	26
MAXALT-MLT 10 MG, 5 MG.....	16	<i>mesalamine 4 gram/60 ml.....</i>	41	METHYLIN 10 MG, 2.5 MG, 5 MG.....	22
MAXIDEX 0.1 %.....	52	<i>mesna 100 mg/ml.....</i>	9	METHYLIN 10 MG, 20 MG, 5 MG.....	22
<i>mebendazole 100 mg.....</i>	6	MESNEX 400 MG.....	9	METHYLIN 10 MG/5 ML, 5 MG/5 ML.....	22
		MESTINON 60 MG/5 ML....	17		
		MESTINON TIMESPAN 180 MG.....	17		

METHYLIN ER 10 MG, 20 MG.....	22	MICROGESTIN 1.5/30 (21) 1.5-30 MG-MCG.....	49	<i>morphine 15 mg, 30 mg</i>	18
<i>methylphenidate 10 mg, 20 mg, 5 mg</i>	22	MICROGESTIN 1/20 (21) 1-20 MG-MCG.....	49	<i>morphine concentrate 100 mg/5 ml (20 mg/ml)</i>	18
<i>methylphenidate 20 mg</i>	22	MICROGESTIN FE 1.5/30 (28) 1.5-30 MG-MCG.....	49	MOTOFEN 1-0.025 MG.....	40
<i>methylphenidate 5 mg/5 ml</i>	22	MICROGESTIN FE 1/20 (28) 1-20 MG-MCG.....	49	MOVIPREP 100-7.5-2.691 GRAM.....	42
<i>methylprednisolone 16 mg, 32 mg, 8 mg</i>	36	<i>midodrine 10 mg</i>	35	MOXATAG 775 MG.....	7
<i>methylprednisolone 4 mg</i>	36	<i>midodrine 2.5 mg, 5 mg</i>	35	MOXEZA 0.5 %.....	50
<i>methylprednisolone acetate 40 mg/ml, 80 mg/ml</i>	36	MIGERGOT 2-100 MG.....	16	MULTAQ 400 MG.....	23
<i>methylprednisolone sodium succ 1,000 mg</i>	36	MIGRANAL 0.5 MG/PUMP ACT.....	16	<i>mupirocin 2 %</i>	31
<i>methylprednisolone sodium succ 125 mg, 40 mg</i>	36	MILLIPRED 10 MG/5 ML....	36	MUSTARGEN 10 MG.....	11
<i>metipranolol 0.3 %</i>	51	<i>minocycline 100 mg, 50 mg, 75 mg</i>	8	MYCAMINE 100 MG, 50 MG.....	1
<i>metoclopramide 10 mg, 5 mg</i>	42	<i>minocycline 135 mg, 45 mg, 90 mg</i>	8	MYCOBUTIN 150 MG.....	6
<i>metoclopramide 5 mg/5 ml</i>	41	<i>minoxidil 10 mg, 2.5 mg</i>	26	<i>mycophenolate mofetil 250 mg</i>	11
<i>metoclopramide 5 mg/ml</i>	41	MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG.....	15	<i>mycophenolate mofetil 500 mg</i>	11
<i>metolazone 10 mg, 2.5 mg, 5 mg</i>	26	MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG.....	15	MYFORTIC 180 MG, 360 MG.....	11
<i>metoprolol succinate 100 mg, 200 mg, 25 mg, 50 mg</i>	26	<i>mirtazapine 15 mg, 30 mg, 45 mg</i>	22	MYOZYME 50 MG.....	39
<i>metoprolol tartrate 100 mg, 25 mg, 50 mg</i>	26	<i>mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg</i>	22	MYTELASE 10 MG.....	17
<i>metoprolol tartrate 5 mg/5 ml</i>	26	<i>misoprostol 100 mcg, 200 mcg</i>	43	<i>nabumetone 500 mg, 750 mg</i>	19
<i>metoprolol-hydrochlorothiazide 100-25 mg, 100-50 mg, 50-25 mg</i>	26	<i>mitomycin 20 mg</i>	11	<i>nadolol 20 mg, 40 mg, 80 mg</i>	26
METROGEL 1 %.....	31	<i>mitoxantrone 2 mg/ml</i>	11	<i>nadolol-bendroflumethiazide 40-5 mg, 80-5 mg</i>	26
<i>metronidazole 0.75 %</i>	31	M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML.....	45	<i>nafcillin 1 gram, 10 gram</i>	7
<i>metronidazole 0.75 %</i>	48	<i>moexipril 15 mg, 7.5 mg</i>	26	<i>nafcillin in d2.4w 1 gram/50 ml</i>	7
<i>metronidazole 250 mg, 500 mg</i>	6	<i>moexipril-hydrochlorothiazide 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	26	NAGLAZYME 5 MG/5 ML.....	39
<i>metronidazole 375 mg</i>	6	<i>mometasone 0.1 %</i>	33	<i>nalbuphine 10 mg/ml, 20 mg/ml</i>	19
<i>metronidazole in nacl (iso-os) 500 mg/100 ml</i>	6	MONONESSA (28) 0.25-35 MG-MCG.....	49	NALFON 200 MG, 400 MG.....	19
<i>mexiletine 150 mg, 200 mg, 250 mg</i>	23	MONUROL 3 GRAM.....	8	<i>naloxone 0.4 mg/ml, 1 mg/ml</i>	19
MIACALCIN 200 UNIT/ML.....	39	<i>morphine (pf) 0.5 mg/ml, 1 mg/ml</i>	18	<i>naltrexone 50 mg</i>	19
MICARDIS 20 MG, 40 MG, 80 MG.....	26	<i>morphine 10 mg/5 ml, 20 mg/5 ml</i>	18	NAMENDA 10 MG.....	17
MICARDIS HCT 40-12.5 MG, 80-12.5 MG, 80-25 MG.....	26	<i>morphine 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	18	NAMENDA 10 MG/5 ML....	17
MICONAZOLE-3 200 MG... 48				NAMENDA 5 MG.....	17
				NAMENDA TITRATION PAK 5-10 MG.....	17
				<i>naproxen 125 mg/5 ml</i>	19
				<i>naproxen 250 mg, 375 mg</i>	19
				<i>naproxen 375 mg, 500 mg</i>	19

<i>naproxen sodium 275 mg, 550 mg</i>	19	NEUPOGEN 300 MCG/0.5 ML, 480 MCG/0.8 ML.....	44	NORDITROPIN	
NARDIL 15 MG.....	22	NEUPOGEN 480 MCG/1.6 ML.....	44	NORDIFLEX 30 MG/3 ML (10 MG/ML).....	44
NASACORT AQ 55 MCG....	54	NEURONTIN 250 MG/5 ML.....	14	<i>norethindrone acetate 5 mg</i> ...	48
NASONEX 50 MCG/ACTUATION.....	54	NEVANAC 0.1 %.....	51	NORITATE 1 %.....	31
NATACYN 5 %.....	50	NEXAVAR 200 MG.....	11	NORMOSOL-R IN D5W 5 %.....	56
<i>nateglinide 120 mg, 60 mg</i>	38	NIACOR 500 MG.....	29	NORMOSOL-R PH 7.4	58
NEBUPENT 300 MG.....	6	NIASPAN EXTENDED-RELEASE 1,000 MG, 500 MG, 750 MG.....	29	NOROXIN 400 MG.....	8
NECON 0.5/35 (28) 0.5-35 MG-MCG.....	49	<i>nicardipine 20 mg, 30 mg</i>	26	NORTREL 0.5/35 (28) 0.5-35 MG-MCG.....	49
NECON 1/35 (28) 1-35 MG-MCG.....	49	NICOTROL 10 MG.....	35	NORTREL 1/35 (21) 1-35 MG-MCG.....	49
NECON 10/11 (28) 0.5-35/1-35 MG-MCG/MG-MCG.....	49	NICOTROL NS 10 MG/ML.....	35	NORTREL 1/35 (28) 1-35 MG-MCG.....	49
NECON 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG.....	49	NIFEDIAC CC 30 MG, 60 MG, 90 MG.....	26	NORTREL 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG.....	49
<i>nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	22	NIFEDICAL XL 30 MG, 60 MG.....	26	<i>nortriptyline 10 mg, 25 mg, 50 mg, 75 mg</i>	22
<i>neomycin 500 mg</i>	6	<i>nifedipine 10 mg, 20 mg</i>	26	<i>nortriptyline 10 mg/5 ml</i>	22
<i>neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1%</i>	52	<i>nifedipine 30 mg, 60 mg, 90 mg</i>	26	NORVIR 100 MG.....	2
<i>neomycin-bacitracin-polymyx in 3.5-400-10,000 mg-unit-unit/g</i>	50	NILANDRON 150 MG.....	11	NORVIR 80 MG/ML.....	2
<i>neomycin-polymyxin b gu 40-200,000 mg-unit/ml</i>	34	<i>nimodipine 30 mg</i>	26	NOVOLIN 70/30 100 UNIT/ML (70-30).....	38
<i>neomycin-polymyxin-dexamet h 3.5-10,000-0.1 mg/ml-unit/ml-%</i>	52	<i>nisoldipine 20 mg, 30 mg, 40 mg</i>	26	NOVOLIN N 100 UNIT/ML.....	38
<i>neomycin-polymyxin-dexamet h 3.5-10,000-0.1 mg-unit/g-%</i>	52	NITRO-BID 2 %.....	29	NOVOLIN R 100 UNIT/ML.....	38
<i>neomycin-polymyxin-gramicidin 1.75-10k-0.025 mg-unit-mg/ml</i>	50	<i>nitrofurantoin 25 mg/5 ml</i>	8	NOVOLOG 100 UNIT/ML... 38	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg-unit/ml-%</i>	36	<i>nitrofurantoin macrocrystal 50 mg</i>	8	NOVOLOG FLEXPEN 100 UNIT/ML.....	38
<i>neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml</i>	52	<i>nitrofurantoin monohyd/m-cryst 100 mg</i>	8	NOVOLOG MIX 70-30 100 UNIT/ML (70-30).....	38
NEORAL 100 MG, 25 MG..	11	<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> ...	29	NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML (70-30).....	38
NEORAL 100 MG/ML.....	11	<i>nitroglycerin 50 mg/10 ml (5 mg/ml)</i>	29	<i>ns with potassium chloride 20 meq/l</i>	56
NEPHRAMINE 5.4 % 5.4 %.....	58	NITROLINGUAL 0.4 MG/DOSE.....	29	<i>ns with potassium chloride 40 meq/l</i>	56
NEULASTA 6 MG/0.6ML....	44	<i>nizatidine 150 mg, 300 mg</i>	43	NULYTELY WITH FLAVOR PACKS 420 G.....	42
NEUMEGA 5 MG.....	44	<i>nizatidine 150 mg/10 ml</i>	43	NUTROPIN 10 MG.....	44
		NORA-BE 0.35 MG.....	48	NUTROPIN AQ 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML).....	44
		NORDITROPIN FLEXPEN 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).....	44	NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML).....	44

NYAMYC 100,000 UNIT/G.....	32	<i>orphenadrine citrate 100 mg.....</i>	17	<i>oxycodone-aspirin 4.8355-325 mg.....</i>	18
<i>nystatin 100,000 unit/g.....</i>	32	ORPHENADRINE COMPOUND 25-385-30 MG.....	17	<i>oxymorphone 10 mg, 5 mg.....</i>	18
<i>nystatin 100,000 unit/ml.....</i>	1	ORPHENADRINE COMPOUND-DS 50-770-60 MG.....	17	PACERONE 100 MG.....	23
<i>nystatin 500,000 unit.....</i>	1	ORTHOTRI-CYCLEN LO 0.18/0.215/0.25 MG-25 MCG.....	50	PACERONE 200 MG.....	23
<i>nystatin-triamcinolone 100,000-0.1 unit/g-%.....</i>	32	ORTHOCLONE OKT3 1 MG/ML.....	12	<i>paclitaxel 6 mg/ml.....</i>	12
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-%.....</i>	32	ORTHO-EST 0.625 0.75 MG.....	48	PALGIC 4 MG.....	53
NYSTOP 100,000 UNIT/G... 32		ORTHO-EST 1.25 1.5 MG... 48		PALGIC 4 MG/5 ML.....	53
OCELLA 3-0.03 MG..... 50		OSMOPREP 1.5 GRAM..... 42		<i>pamidronate 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml).....</i>	39
<i>octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml.....</i>	11	OVCON-50 (28) 1-50 MG-MCG.....	50	<i>pamidronate 60 mg/10 ml (6 mg/ml).....</i>	39
<i>ofloxacin 0.3 %.....</i>	36	<i>oxacillin 1 gram, 10 gram.....</i>	7	PANCREAZE 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.....	42
<i>ofloxacin 0.3 %.....</i>	50	<i>oxacillin in dextrose, iso-osm 1 g/50 ml, 2 g/50 ml.....</i>	7	PANRETIN 0.1 %.....	30
<i>ofloxacin 200 mg, 300 mg, 400 mg.....</i>	8	<i>oxaliplatin 100 mg/20 ml.....</i>	12	<i>pantoprazole 20 mg, 40 mg....</i>	43
OGESTREL (28) 0.5-50 MG-MCG.....	50	<i>oxandrolone 10 mg, 2.5 mg....</i>	39	PARCAINE 0.5 %.....	51
<i>omeprazole 10 mg, 20 mg, 40 mg.....</i>	43	<i>oxaprozin 600 mg.....</i>	19	<i>paromomycin 250 mg.....</i>	6
OMNARIS 50 MCG.....	54	<i>oxcarbazepine 150 mg, 300 mg, 600 mg.....</i>	14	<i>paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg.....</i>	22
OMNITROPE 10 MG/1.5 ML.....	44	<i>oxcarbazepine 300 mg/5 ml... 14</i>		<i>paroxetine hcl 10 mg/5 ml.....</i>	22
OMNITROPE 5 MG/1.5 ML (3.3 MG/ML).....	44	OXSORALEN 1 %.....	30	<i>paroxetine hcl 12.5 mg.....</i>	22
OMNITROPE 5.8 MG.....	44	OXSORALEN ULTRA 10 MG.....	30	<i>paroxetine hcl 25 mg, 37.5 mg.....</i>	22
<i>ondansetron 4 mg, 8 mg.....</i>	42	<i>oxybutynin chloride 10 mg, 15 mg, 5 mg.....</i>	55	PASER 4 GRAM.....	6
<i>ondansetron hcl (pf) 4 mg/2 ml.....</i>	42	<i>oxybutynin chloride 5 mg.....</i>	55	PATADAY 0.2 %.....	51
<i>ondansetron hcl 24 mg, 4 mg, 8 mg.....</i>	42	<i>oxybutynin chloride 5 mg/5 ml.....</i>	55	PATANASE 0.6 %.....	36
<i>ondansetron hcl 4 mg/5 ml....</i>	42	<i>oxycodone 15 mg, 30 mg, 5 mg.....</i>	18	PATANOL 0.1 %.....	51
ONGLYZA 2.5 MG, 5 MG... 38		<i>oxycodone 20 mg/ml.....</i>	18	PEDI-DRI 100,000 UNIT/G.....	32
ONTAK 150 MCG/ML.....	12	<i>oxycodone 5 mg.....</i>	18	PEDVAX HIB (PF) 7.5 MCG/0.5 ML.....	46
OPANA 10 MG, 5 MG.....	18	<i>oxycodone hcl-oxycodone-asa 4.5-0.38-325 mg.....</i>	18	PEGANONE 250 MG.....	14
OPANA ER 10 MG, 20 MG, 30 MG, 40 MG, 5 MG.....	18	<i>oxycodone-acetaminophen 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg, 7.5-500 mg.....</i>	18	PEGASYS 180 MCG/ML.....	44
ORACEA 40 MG.....	8	<i>oxycodone-acetaminophen 5-500 mg.....</i>	18	PEGASYS CONVENIENCE PACK 180 MCG/0.5 ML.....	44
ORAP 1 MG, 2 MG.....	22			PEGINTRON 50 MCG/0.5 ML.....	44
ORAPRED ODT 15 MG, 30 MG.....	36			PEGINTRON REDIPEN 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML.....	44
ORENCIA 250 MG.....	47				
ORFADIN 10 MG, 2 MG, 5 MG.....	35				

<i>penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml</i>	7	PHOTOFRIN 75 MG.....	12	PRANDIMET 1-500 MG, 2-500 MG.....	38
<i>penicillin g potassium 5 million unit</i>	7	<i>pilocarpine hcl 5 mg, 7.5 mg</i>	35	PRANDIN 0.5 MG, 1 MG.....	38
<i>penicillin g procaine 1,200,000 unit</i>	7	PILOPINE HS 4 %.....	51	PRANDIN 2 MG.....	38
<i>penicillin g sodium 5 million unit</i>	7	<i>pindolol 10 mg, 5 mg</i>	27	<i>pravastatin 10 mg, 20 mg, 40 mg, 80 mg</i>	29
<i>penicillin v potassium 125 mg/5 ml, 250 mg/5 ml</i>	7	<i>piperacillin 3 gram</i>	7	<i>prazosin 1 mg</i>	27
<i>penicillin v potassium 250 mg, 500 mg</i>	7	<i>piperacillin 40 gram</i>	7	<i>prazosin 2 mg, 5 mg</i>	27
PENTAM 300 MG.....	6	<i>piperacillin-tazobactam 3.375 gram</i>	7	PRED-G 0.3-1 %.....	52
PENTASA 250 MG, 500 MG.....	42	<i>piroxicam 10 mg, 20 mg</i>	19	PRED-G S.O.P. 0.3-0.6 %.....	52
<i>pentazocine-acetaminophen 25-650 mg</i>	19	PLASMA-LYTE 148	58	<i>prednicarbate 0.1 %</i>	33
<i>pentazocine-naloxone 50-0.5 mg</i>	19	PLASMA-LYTE 148 IN D5W	58	<i>prednisolone acetate 1 %</i>	52
PENTOPAK 400 MG.....	28	PLASMA-LYTE 56	58	<i>prednisolone sodium phosphate 1 %</i>	52
<i>pentostatin 10 mg</i>	12	PLASMA-LYTE A	58	<i>prednisolone sodium phosphate 15 mg/5 ml, 5 mg base/5 ml (6.7 mg/5 ml)</i>	36
<i>pentoxifylline 400 mg</i>	28	PLASMA-LYTE R	56	<i>prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	37
PEPCID 40 MG/5 ML.....	43	PLASMA-LYTE-56 IN D5W 5 %.....	58	<i>prednisone 5 mg/5 ml</i>	36
PERFOROMIST 20 MCG/2 ML.....	54	PLAVIX 300 MG.....	28	PREDNISONE INTENSOL 5 MG/ML.....	37
PERIOGARD 0.12 %.....	36	PLAVIX 75 MG.....	28	PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG.....	48
<i>permethrin 5 %</i>	34	<i>podofilox 0.5 %</i>	30	PREMARIN 0.625 MG/G.....	48
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg</i>	22	POLY-DEX 3.5-10,000-0.1 MG/ML-UNIT/ML-%.....	52	PREMARIN 25 MG.....	48
<i>perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	22	POLY-DEX 3.5-10,000-0.1 MG-UNIT/G-%.....	52	PREMASOL 10 %	58
PEXEVA 10 MG, 20 MG, 30 MG, 40 MG.....	22	<i>polyethylene glycol 3350 17 gram/dose</i>	42	PREMASOL 6 %	58
PFIZERPEN-G 20 MILLION UNIT.....	7	<i>polymyxin b sulfate 500,000 unit</i>	6	PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14).....	48
PHENADOZ 12.5 MG, 25 MG.....	53	POLY-PRED 0.5 %.....	52	PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG.....	48
<i>phenelzine 15 mg</i>	22	PORTIA 0.15-30 MG-MCG.....	50	PRENATABS OBN 29-1 MG.....	58
PHENYTEK 200 MG, 300 MG.....	14	<i>potassium chloride 10 meq, 20 meq</i>	56	PREVACID SOLUTAB 15 MG, 30 MG.....	43
<i>phenytoin 125 mg/5 ml</i>	14	<i>potassium chloride 10 meq, 8 meq</i>	56	PREVALITE 4 GRAM.....	29
<i>phenytoin sodium 50 mg/ml</i> ...	14	<i>potassium chloride 10 meq/100 ml, 10 meq/50 ml</i>	56	PREVIFEM 0.25-35 MG-MCG.....	50
<i>phenytoin sodium extended 100 mg</i>	14	<i>potassium chloride 2 meq/ml</i>	56	PREVPAC 500-500-30 MG.....	43
PHISOHEX 3 %.....	31	<i>potassium chloride 20 meq/50 ml, 30 meq/100 ml</i>	56	PREZISTA 150 MG, 400 MG, 600 MG.....	2
PHOSPHOLINE IODIDE 0.125 %.....	51	<i>potassium citrate 10 meq, 5 meq</i>	56	PREZISTA 75 MG.....	2
		<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	15	PRIFTIN 150 MG.....	6
				<i>primaquine 26.3 mg</i>	6

PRIMAXIN IM 500 MG.....	6	<i>propafenone 150 mg, 225 mg,</i>	<i>quinidine sulfate 200 mg, 300</i>
PRIMAXIN IV 250 MG, 500		<i>300 mg.....</i>	<i>mg.....</i>
MG.....	6	<i>propafenone 225 mg, 325 mg,</i>	<i>quinidine sulfate 300 mg.....</i>
<i>primidone 250 mg, 50 mg.....</i>	14	<i>425 mg.....</i>	24
PRIMSOL 50 MG/5 ML.....	8	<i>propantheline 15 mg.....</i>	40
PRISTIQ 100 MG, 50 MG.....	22	<i>proparacaine 0.5 %.....</i>	51
PROAIR HFA 90		<i>propranolol 1 mg/ml.....</i>	27
MCG/ACTUATION.....	54	<i>propranolol 10 mg, 20 mg,</i>	
<i>probenecid 500 mg.....</i>	47	<i>40 mg, 60 mg, 80 mg.....</i>	27
<i>procainamide 100 mg/ml,</i>		<i>propranolol 120 mg, 160 mg,</i>	
<i>500 mg/ml.....</i>	24	<i>60 mg, 80 mg.....</i>	27
PROCALAMINE 3% 3 %.....	58	<i>propranolol 20 mg/5 ml, 40</i>	
<i>prochlorperazine 25 mg.....</i>	42	<i>mg/5 ml.....</i>	27
<i>prochlorperazine edisylate 5</i>		<i>propranolol-hydrochlorothia</i>	
<i>mg/ml.....</i>	42	<i>zid 40-25 mg, 80-25 mg.....</i>	27
<i>prochlorperazine maleate 10</i>		<i>propylthiouracil 50 mg.....</i>	37
<i>mg, 5 mg.....</i>	42	PROQUAD 10EXP3-4.3-3-	
PROCRIT 10,000 UNIT/ML,		3.99 TCID50/0.5.....	46
2,000 UNIT/ML, 3,000		PROSOL 20%	58
UNIT/ML, 4,000		PROTONIX 40 MG.....	43
UNIT/ML.....	45	PROTOPIC 0.03 %, 0.1 %.....	30
PROCRIT 20,000 UNIT/ML,		<i>protriptyline 10 mg, 5 mg.....</i>	22
40,000 UNIT/ML.....	45	PROVENTIL HFA 90	
PROCTO-PAK 1 %.....	42	MCG/ACTUATION.....	54
PROCTOSOL HC 2.5 %.....	42	PROVIGIL 100 MG, 200	
PROCTOZONE-HC 2.5 %.....	42	MG.....	22
PROGLYCEM 50 MG/ML... 38		PROZAC WEEKLY 90	
PROGRAF 0.5 MG, 1 MG, 5		MG.....	22
MG.....	12	PULMICORT 1 MG/2 ML.... 54	
PROGRAF 5 MG/ML.....	12	PULMICORT FLEXHALER	
PROLASTIN 500 MG.....	35	180 MCG/INHALATION,	
PROLASTIN C 1,000 MG.... 35		90 MCG/INHALATION.....	54
PROLEUKIN 22 MILLION		PULMOZYME 1 MG/ML.... 54	
UNIT.....	45	PYLERA 140-125-125 MG... 43	
PROMACTA 25 MG, 50		<i>pyrazinamide 500 mg.....</i>	6
MG, 75 MG.....	28	<i>pyridostigmine bromide 60</i>	
<i>promethazine 12.5 mg, 25</i>		<i>mg.....</i>	17
<i>mg.....</i>	53	QUALAQUIN 324 MG.....	6
<i>promethazine 12.5 mg, 25</i>		QUASENSE 0.15-30	
<i>mg, 50 mg.....</i>	53	MG-MCG.....	50
<i>promethazine 25 mg/ml.....</i>	53	<i>quinapril 10 mg, 20 mg, 40</i>	
<i>promethazine 50 mg/ml.....</i>	53	<i>mg, 5 mg.....</i>	27
<i>promethazine 6.25 mg/5 ml....</i>	53	<i>quinapril-hydrochlorothiazid</i>	
PROMETHEGAN 25 MG,		<i>e 10-12.5 mg, 20-12.5 mg,</i>	
50 MG.....	53	<i>20-25 mg.....</i>	27
PROMETRIUM 100 MG,		<i>quinidine gluconate 324 mg... 24</i>	
200 MG.....	48	<i>quinidine gluconate 80</i>	
		<i>mg/ml.....</i>	24

RESCRIPTOR 200 MG.....	3	ROTATEQ VACCINE 2 ML.....	46	<i>silver sulfadiazine 1 %.....</i>	30
<i>reserpine 0.1 mg, 0.25 mg.....</i>	27	ROXICET 5-325 MG.....	18	SIMULECT 20 MG.....	12
RESTASIS 0.05 %.....	51	ROXICET 5-325 MG/5 ML.....	18	<i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg.....</i>	29
RETROVIR 10 MG/ML.....	3	ROXICET 5-500 MG.....	18	SINGULAIR 10 MG.....	54
REVATIO 20 MG.....	54	ROZEREM 8 MG.....	23	SINGULAIR 4 MG.....	54
REVLIMID 10 MG, 15 MG, 25 MG, 5 MG.....	12	SABRIL 500 MG.....	14	SINGULAIR 4 MG, 5 MG....	54
REYATAZ 100 MG.....	3	<i>safety needles 18 x 1 1/2 ".....</i>	38	SKELAXIN 800 MG.....	17
REYATAZ 150 MG, 200 MG, 300 MG.....	3	SAIZEN 5 MG.....	45	SKELID 240 MG.....	35
RHEUMATREX 2.5 MG.....	12	SAIZEN CLICK.EASY 8.8 MG/1.5 ML (FNL).....	45	<i>sodium bicarbonate 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml).....</i>	56
RIBAPAK DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28).....	3	SANCTURA 20 MG.....	55	<i>sodium chloride 0.45 % 0.45 %.....</i>	56
RIBASPHERE 200 MG.....	3	SANCTURA XR 60 MG.....	55	<i>sodium chloride 0.9 %.....</i>	35
RIBASPHERE 400 MG, 600 MG.....	3	SANDIMMUNE 100 MG, 25 MG.....	12	<i>sodium chloride 0.9 % 0.9 %.....</i>	35
<i>ribavirin 200 mg.....</i>	3	SANDIMMUNE 100 MG/ML.....	12	<i>sodium chloride 2.5 meq/ml... 56</i>	
RIDAURA 3 MG.....	47	SANDIMMUNE 250 MG/5 ML.....	12	<i>sodium chloride 3 % 3 %..... 57</i>	
<i>rifampin 150 mg, 300 mg.....</i>	6	SANTYL 250 UNIT/G.....	33	<i>sodium chloride 5 % 5 %..... 57</i>	
<i>rifampin 600 mg.....</i>	6	SAPHRIS 10 MG, 5 MG.....	23	SODIUM EDECIN 50 MG.....	27
RIFATER 50-120-300 MG.....	6	SARAFEM 10 MG, 20 MG... 23		<i>sodium fluoride 1 mg fluoride (2.2 mg).....</i>	58
RILUTEK 50 MG.....	35	SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7).....	50	<i>sodium lactate 167 meq/l..... 57</i>	
<i>rimantadine 100 mg.....</i>	3	<i>selegiline hcl 5 mg.....</i>	15	<i>sodium lactate 5 meq/ml..... 57</i>	
<i>ringers 34</i>		<i>selenium sulfide 2.5 %.....</i>	30	SOLARAZE 3 %.....	30
<i>ringers 56</i>		SELFEMRA 10 MG, 20 MG.....	23	SOLIA 0.15-30 MG-MCG....	50
RIOMET 500 MG/5 ML.....	38	SELZENTRY 150 MG, 300 MG.....	3	SOLU-CORTEF (PF) 100 MG/2 ML, 250 MG/2 ML....	37
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML.....	22	SENSIPAR 30 MG.....	39	SOLU-MEDROL (PF) 40 MG/ML.....	37
RISPERDAL M-TAB 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG.....	22	SENSIPAR 60 MG.....	39	SOLU-MEDROL (PF) 500 MG/4 ML.....	37
<i>risperidone 0.25 mg.....</i>	22	SENSIPAR 90 MG.....	39	SOLU-MEDROL 2 GRAM... 37	
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.....</i>	22	SEREVENT DISKUS 50 MCG/DOSE.....	54	SOMA 250 MG.....	17
<i>risperidone 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.....</i>	23	SEROMYCIN 250 MG.....	6	SOMATULINE DEPOT 120 MG/0.5 ML, 90 MG/0.3 ML.....	12
<i>risperidone 1 mg/ml.....</i>	22	SEROQUEL 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG.....	23	SOMAVERT 10 MG, 15 MG, 20 MG.....	39
RITUXAN 10 MG/ML.....	12	SEROQUEL XR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG.....	23	SORIATANE 10 MG, 17.5 MG, 25 MG.....	30
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg.....</i>	17	SEROSTIM 4 MG, 5 MG, 6 MG.....	45	SORINE 120 MG, 160 MG, 240 MG, 80 MG.....	24
ROBAXIN 100 MG/ML.....	17	<i>sertraline 100 mg, 25 mg, 50 mg.....</i>	23	<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg.....</i>	24
<i>ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg... 15</i>		<i>sertraline 20 mg/ml.....</i>	23		

SOTRET 10 MG, 20 MG, 30 MG, 40 MG.....	31	<i>sulfacetamide sodium (acne) 10 %</i>	31	SYPRINE 250 MG.....	35
SPIRIVA WITH HANDIHALER 18 MCG.....	54	<i>sulfacetamide sodium 10 %</i> ...	52	TABLOID 40 MG.....	12
<i>spironolactone 100 mg, 25 mg, 50 mg</i>	27	<i>sulfacetamide-prednisolone 10 %-0.25 % (0.23 %)</i>	52	TACLONEX SCALP 0.005-0.064 %.....	30
<i>spironolacton-hydrochlorothiaz 25-25 mg</i>	27	<i>sulfadiazine 500 mg</i>	8	<i>tacrolimus 0.5 mg, 1 mg, 5 mg</i>	12
SPORANOX 10 MG/ML.....	1	<i>sulfamethoxazole-trimethoprim 200-40 mg/5 ml</i>	8	TALWIN 30 MG/ML.....	20
SPRINTEC (28) 0.25-35 MG-MCG.....	50	<i>sulfamethoxazole-trimethoprim 400-80 mg, 800-160 mg</i>	8	TAMIFLU 12 MG/ML.....	3
SPRYCEL 100 MG, 20 MG, 50 MG, 70 MG.....	12	<i>sulfamethoxazole-trimethoprim 400-80 mg/5 ml</i>	8	TAMIFLU 30 MG, 45 MG, 75 MG.....	3
SRONYX 0.1-20 MG-MCG.....	50	SULFAMYLON 50 GRAM.....	31	<i>tamoxifen 10 mg, 20 mg</i>	12
SSD 1 %.....	30	SULFAMYLON 85 MG/G....	31	<i>tamsulosin 0.4 mg</i>	56
STAGESIC 5-500 MG.....	18	<i>sulfasalazine 500 mg</i>	42	TARCEVA 100 MG, 150 MG, 25 MG.....	12
STALEVO 100 25-100-200 MG.....	15	SULFAZINE EC 500 MG....	42	TARGRETIN 1 %.....	12
STALEVO 125 31.25-125-200 MG.....	15	<i>sulindac 150 mg, 200 mg</i>	20	TARGRETIN 75 MG.....	12
STALEVO 150 37.5-150-200 MG.....	15	<i>sumatriptan succinate 100 mg</i>	16	TASIGNA 200 MG.....	12
STALEVO 200 50-200-200 MG.....	15	<i>sumatriptan succinate 25 mg</i>	16	TASMAR 100 MG.....	15
STALEVO 50 12.5-50-200 MG.....	15	<i>sumatriptan succinate 4 mg/0.5 ml</i>	16	TAXOTERE 80 MG/8 ML (FINAL).....	12
STALEVO 75 18.75-75-200 MG.....	15	<i>sumatriptan succinate 50 mg</i>	16	TAZICEF 1 GRAM, 6 GRAM.....	4
<i>stavudine 1 mg/ml</i>	3	<i>sumatriptan succinate 6 mg/0.5 ml</i>	16	TAZICEF 2 GRAM.....	4
<i>stavudine 15 mg, 20 mg, 30 mg, 40 mg</i>	3	SURMONTIL 100 MG.....	23	TAZORAC 0.05 %, 0.1 %....	31
STAVZOR 125 MG, 250 MG, 500 MG.....	14	SUSTIVA 200 MG, 50 MG....	3	TAZTIA XT 120 MG, 180 MG, 240 MG, 300 MG, 360 MG.....	27
STIMATE 150 MCG/SPRAY.....	39	SUSTIVA 600 MG.....	3	TEGRETOL XR 100 MG, 200 MG, 400 MG.....	14
STRATTERA 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG.....	23	SUTENT 12.5 MG, 25 MG, 50 MG.....	12	TEKTURN 150 MG, 300 MG.....	27
<i>streptomycin 1 gram</i>	6	SYMBICORT 160-4.5 MCG/ACTION, 80-4.5 MCG/ACTION.....	55	TEKTURN HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG.....	27
STRIANT 30 MG.....	39	SYMBYAX 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG.....	23	<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg</i>	27
STROMECTOL 3 MG.....	6	SYMLIN 600 MCG/ML.....	38	<i>terbinafine 250 mg</i>	1
SUBOXONE 2-0.5 MG, 8-2 MG.....	19	SYMLINPEN 120 2,700 MCG/2.7 ML.....	38	<i>terbutaline 1 mg/ml</i>	55
SUBUTEX 2 MG, 8 MG.....	18	SYMLINPEN 60 1,500 MCG/1.5 ML.....	38	<i>terbutaline 2.5 mg, 5 mg</i>	55
<i>sucralfate 1 gram</i>	43	SYNAGIS 50 MG/0.5 ML.....	3	<i>terconazole 0.4 %, 0.8 %</i>	48
SULAR 25.5 MG, 34 MG, 8.5 MG.....	27	SYNAREL 2 MG/ML.....	39	<i>terconazole 80 mg</i>	49
		SYNERA 70-70 MG.....	31	TESTIM 50 MG/5 GRAM (1 %).....	40
		SYNERCID 500 MG.....	6	<i>testosterone cypionate 100 mg/ml</i>	40
				<i>testosterone enanthate 200 mg/ml</i>	40
				TESTRED 10 MG.....	40

<i>tetanus toxoid,adsorbed (pf)</i>	<i>tobramycin-dexamethasone</i>	TREXALL 10 MG, 15 MG,
<i>5 lf unit/0.5 ml</i> 46	<i>0.3-0.1 %</i> 52	<i>5 MG, 7.5 MG</i> 12
<i>tetanus,diphtheria toxid</i>	TOBRASOL 0.3 %..... 50	<i>triamcinolone acetonide</i>
<i>ped-pf 5-6.7 lf unit</i> 46	TOBREX 0.3 %..... 50	<i>0.025 %, 0.1 %</i> 33
<i>tetanus-diphtheria toxoids-td</i>	TOFRANIL-PM 100 MG,	<i>triamcinolone acetonide</i>
<i>2-2 lf unit/0.5 ml</i> 46	<i>125 MG, 150 MG, 75 MG</i> 23	<i>0.025 %, 0.1 %, 0.5 %</i> 33
<i>tetracycline 250 mg, 500 mg</i> ... 8	<i>tolazamide 250 mg, 500 mg</i> ... 38	<i>triamcinolone acetonide 0.05</i>
TEV-TROPIN 5 MG..... 45	<i>tolbutamide 500 mg</i> 38	<i>%</i> 33
THALITONE 15 MG..... 27	<i>tolmetin 200 mg, 600 mg</i> 20	<i>triamcinolone acetonide 0.1</i>
THALOMID 100 MG, 150	<i>tolmetin 400 mg</i> 20	<i>%</i> 36
MG, 200 MG, 50 MG..... 12	TOPAMAX 100 MG, 200	<i>triamterene-hydrochlorothiaz</i>
THEOCHRON 100 MG, 300	MG, 25 MG, 50 MG..... 15	<i>id 37.5-25 mg, 50-25 mg</i> 27
MG..... 55	TOPAMAX 15 MG, 25	<i>id 37.5-25 mg, 75-50 mg</i> 27
<i>theophylline 100 mg, 200 mg,</i>	MG..... 14	TRIDERM 0.1 %..... 33
<i>300 mg, 450 mg</i> 55	<i>topiramate 100 mg, 200 mg,</i>	<i>trifluoperazine 1 mg, 10 mg,</i>
<i>theophylline 400 mg, 600</i>	<i>25 mg, 50 mg</i> 15	<i>2 mg, 5 mg</i> 23
<i>mg</i> 55	<i>topiramate 15 mg, 25 mg</i> 15	<i>trifluridine 1 %</i> 51
THERMAZENE 1 %..... 30	<i>topotecan 4 mg</i> 12	<i>trihexyphenidyl 0.4 mg/ml</i> 15
<i>thioridazine 10 mg, 100 mg,</i>	TORISEL 30 MG/3 ML (10	<i>trihexyphenidyl 2 mg, 5 mg</i> 15
<i>25 mg, 50 mg</i> 23	MG/ML) (FINAL)..... 12	TRI-LEGEST FE
<i>thiotepa 15 mg</i> 12	<i>torseamide 10 mg, 100 mg, 20</i>	<i>1-20(5)/1-30(7)</i>
<i>thiothixene 1 mg, 10 mg, 2</i>	<i>mg, 5 mg</i> 27	<i>/1MG-35MCG (9)</i> 50
<i>mg, 5 mg</i> 23	<i>torseamide 20 mg/2 ml (10</i>	TRILEPTAL 150 MG, 300
THYMOGLOBULIN 25	<i>mg/ml)</i> 27	MG, 600 MG..... 15
MG..... 46	TRACLEER 125 MG, 62.5	TRILEPTAL 300 MG/5
THYROLAR-1 12.5-50	MG..... 55	ML..... 15
MCG..... 40	TRADJENTA 5 MG..... 38	TRILYTE WITH FLAVOR
THYROLAR-1/4 3.1-12.5	<i>tramadol 100 mg, 200 mg</i> 20	PACKETS 420 G..... 42
MCG..... 40	<i>tramadol 50 mg</i> 20	<i>trimethobenzamide 100</i>
THYROLAR-2 25-100	<i>tramadol-acetaminophen</i>	<i>mg/ml</i> 42
MCG..... 40	<i>37.5-325 mg</i> 20	<i>trimethobenzamide 300 mg</i> 42
THYROLAR-3 37.5-150	<i>trandolapril 1 mg, 2 mg, 4</i>	<i>trimethoprim 100 mg</i> 8
MCG..... 40	<i>mg</i> 27	<i>trimethoprim-polymyxin b</i>
<i>ticlopidine 250 mg</i> 28	<i>tranylcyromine 10 mg</i> 23	<i>0.1-10,000 %-unit/ml</i> 50
TIKOSYN 125 MCG, 250	TRAVASOL 10 % 10 %..... 58	TRINESSA (28)
MCG, 500 MCG..... 24	TRAVATAN Z 0.004 %..... 51	<i>0.18/0.215/0.25 MG-35</i>
TIMENTIN 3.1 G..... 7	<i>trazodone 100 mg, 150 mg,</i>	<i>MCG (28)</i> 50
<i>timolol maleate 0.25 %, 0.5</i>	<i>300 mg, 50 mg</i> 23	TRIPEDIA (PF) 6.7-46.8-5
<i>%</i> 51	TREANDA 100 MG..... 12	LF-MCG-LF/0.5ML..... 46
<i>timolol maleate 10 mg, 20</i>	TRECTOR 250 MG..... 6	TRI-PREVIFEM (28)
<i>mg, 5 mg</i> 27	TRELSTAR 11.25 MG/2	<i>0.18/0.215/0.25 MG-35</i>
<i>tizanidine 2 mg, 4 mg</i> 17	ML, 3.75 MG/2 ML..... 12	<i>MCG (28)</i> 50
TOBI 300 MG/5 ML..... 6	<i>tretinoin (chemotherapy) 10</i>	TRISENOX 10 MG/10 ML... 13
TOBRADEX 0.3-0.1 %..... 52	<i>mg</i> 12	TRI-SPRINTEC (28)
<i>tobramycin in ns 60 mg/50 ml,</i>	<i>tretinoin 0.01 %, 0.025 %</i> 31	<i>0.18/0.215/0.25 MG-35</i>
<i>80 mg/100 ml</i> 6	<i>tretinoin 0.025 %, 0.05 %,</i>	<i>MCG (28)</i> 50
<i>tobramycin sulfate 0.3 %</i> 50	<i>0.1 %</i> 31	TRIVORA (28) 50-30
<i>tobramycin sulfate 10 mg/ml,</i>		<i>(6)/75-40 (5)/125-30(10)</i> 50
<i>40 mg/ml</i> 6		

TRIZIVIR 300-150-300 MG... 3	VAQTA (PF) 25 UNIT/0.5 ML..... 46	vinblastine 10 mg..... 13
TROPHAMINE 10 % 10 %... 58	VARIVAX (PF) 1,350 UNIT/0.5 ML..... 46	vincristine 1 mg/ml..... 13
TROPHAMINE 6% 6 %..... 58	VECTIBIX 100 MG/5 ML (20 MG/ML)..... 13	vinorelbine 50 mg/5 ml..... 13
<i>tropicamide 0.5 %, 1 %</i> 51	VELCADE 3.5 MG..... 13	VIRACEPT 250 MG, 625 MG..... 3
<i>trospium 20 mg</i> 55	VELIVET 0.1/.125/.15-25 MG-MCG..... 50	VIRACEPT 50 MG/G..... 3
TRUVADA 200-300 MG..... 3	<i>venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> 23	VIRAMUNE 200 MG..... 3
TWINJECT AUTOINJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML..... 53	<i>venlafaxine 150 mg, 225 mg, 37.5 mg, 75 mg</i> 23	VIRAMUNE 50 MG/5 ML..... 3
TWINRIX (PF) 720-20 EL UNIT-MCG/ML..... 46	<i>venlafaxine 150 mg, 37.5 mg, 75 mg</i> 23	VIRAMUNE XR 400 MG..... 3
TYGACIL 50 MG..... 6	VENTAVIS 10 MCG/ML.... 55	VIRAZOLE 6 GRAM..... 3
TYKERB 250 MG..... 13	VENTOLIN HFA 90 MCG/ACTUATION..... 55	VIREAD 300 MG..... 3
TYPHIM VI 25 MCG/0.5 ML..... 46	<i>verapamil 100 mg, 200 mg, 300 mg</i> 27	VIROPTIC 1 %..... 51
TYSABRI 300 MG/15 ML.... 17	<i>verapamil 120 mg, 180 mg, 240 mg</i> 27	VISICOL 1.5 GRAM..... 42
TYZEKA 600 MG..... 3	<i>verapamil 120 mg, 40 mg, 80 mg</i> 27	VISTIDE 75 MG/ML..... 3
TYZINE 0.05 %, 0.1 %..... 36	<i>verapamil 2.5 mg/ml</i> 27	VIVAGLOBIN 16 % (160 MG/ML)..... 46
U-CORT 1-10 %..... 30	VEREGEN 15 %..... 30	VIVELLE-DOT 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... 48
ULTRAM ER 300 MG..... 20	VERIPRED 20 20 MG/5 ML..... 37	VIVITROL 380 MG..... 20
UNITHROID 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG..... 40	VESICARE 10 MG, 5 MG.... 55	VOLTAREN 1 %..... 20
UROXATRAL 10 MG..... 56	VEXOL 1 %..... 52	<i>voriconazole 200 mg, 50 mg</i> 2
URSO 250 250 MG..... 42	VFEND 200 MG, 50 MG..... 2	VOTRIENT 200 MG..... 13
URSO FORTE 500 MG..... 42	VFEND 200 MG/5 ML (40 MG/ML)..... 1	VYTORIN 10-10 10-10 MG..... 29
<i>ursodiol 250 mg, 500 mg</i> 42	VFEND IV 200 MG..... 2	VYTORIN 10-20 10-20 MG..... 29
<i>ursodiol 300 mg</i> 42	VIBRAMYCIN 50 MG/5 ML..... 8	VYTORIN 10-40 10-40 MG..... 29
UVADEX 20 MCG/ML..... 30	VICTRELIS 200 MG..... 3	VYTORIN 10-80 10-80 MG..... 29
<i>valacyclovir 1 g, 500 mg</i> 3	VIDAZA 100 MG..... 13	VYVANSE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG..... 23
VALCYTE 450 MG..... 3	VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL)..... 3	<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> 28
<i>valproate sodium 500 mg/5 ml (100 mg/ml)</i> 15	VIDEX EC 125 MG..... 3	<i>water for irrigation, sterile</i> 35
<i>valproic acid (as sodium salt) 250 mg/5 ml</i> 15	VIGAMOX 0.5 %..... 51	WELCHOL 3.75 GRAM..... 29
<i>valproic acid 250 mg</i> 15	VIIBRYD 10 MG, 20 MG, 40 MG..... 23	WELCHOL 625 MG..... 29
VALTREX 1 G, 500 MG..... 3	VIMPAT 10 MG/ML..... 15	XALATAN 0.005 %..... 51
VANCOGIN 125 MG, 250 MG..... 8	VIMPAT 100 MG, 150 MG, 200 MG, 50 MG..... 15	XENAZINE 12.5 MG, 25 MG..... 17
<i>vancomycin 1,000 mg</i> 8	VIMPAT 200 MG/20 ML.... 15	XGEVA 120 MG/1.7 ML (70 MG/ML)..... 9
<i>vancomycin 10 gram, 500 mg</i> 8		
VANDAZOLE 0.75 %..... 49		
<i>vandetanib 100 mg, 300 mg</i> ... 13		

XIFAXAN 200 MG, 550 MG.....	6	ZMAX ADULT-PEDIATRIC 2 GRAM/60 ML.....	5
XOLAIR 150 MG.....	55	ZOLINZA 100 MG.....	13
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML.....	55	<i>zolpidem 10 mg, 5 mg</i>	23
XOPENEX HFA 45 MCG/ACTUATION.....	55	<i>zolpidem 12.5 mg, 6.25 mg</i>	23
XYREM 500 MG/ML.....	23	ZOMETA 4 MG/5 ML.....	40
XYZAL 2.5 MG/5 ML.....	53	<i>zonisamide 100 mg, 25 mg, 50 mg</i>	15
XYZAL 5 MG.....	53	ZORBTIVE 8.8 MG.....	45
YF-VAX 10 EXP4.74 UNIT/0.5 ML.....	46	ZORTRESS 0.25 MG.....	13
<i>zafirlukast 10 mg, 20 mg</i>	55	ZORTRESS 0.5 MG, 0.75 MG.....	13
<i>zaleplon 10 mg, 5 mg</i>	23	ZOSTAVAX 19,400 UNIT...	46
ZANAFLEX 2 MG, 4 MG, 6 MG.....	17	ZOSYN 3.375 GRAM.....	7
ZANOSAR 1 GRAM.....	13	ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML.....	7
ZAVESCA 100 MG.....	40	ZOVIA 1/35E (28) 1-35 MG-MCG.....	50
ZAZOLE 0.4 %.....	49	ZOVIA 1/50E (28) 1-50 MG-MCG.....	50
ZELAPAR 1.25 MG.....	15	ZOVIRAX 5 %.....	32
ZEMAIRA 1,000 MG.....	35	ZYFLO CR 600 MG.....	55
ZEMPLAR 1 MCG, 2 MCG, 4 MCG.....	40	ZYLET 0.3-0.5 %.....	52
ZEMPLAR 2 MCG/ML, 5 MCG/ML.....	40	ZYPREXA 10 MG.....	23
ZENPEP 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.....	42	ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG.....	23
ZEOSA 0.4MG-35MCG(21) & 75 MG (7).....	50	ZYPREXA ZYDIS 10 MG, 15 MG, 20 MG, 5 MG.....	23
ZERIT 1 MG/ML.....	3	ZYTIGA 250 MG.....	13
ZERLOR 32-712.8-60 MG....	18	ZYVOX 100 MG/5 ML.....	6
ZETIA 10 MG.....	29	ZYVOX 600 MG.....	6
ZIAGEN 20 MG/ML.....	3	ZYVOX 600 MG/300 ML.....	6
ZIAGEN 300 MG.....	3		
<i>zidovudine 10 mg/ml</i>	4		
<i>zidovudine 100 mg</i>	3		
<i>zidovudine 300 mg</i>	4		
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML.....	4		
ZINECARD 250 MG.....	9		
ZIRGAN 0.15 %.....	51		