

HealthSun Health Plan

Formulary for SunPlus Advantage Plans 001 and 002 (List of Covered Drugs)

Formulario de Medicinas para SunPlus Advantage Plans Plan 001 and 002 (Listado de Medicinas Cubiertas)

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

POR FAVOR: LEA ESTE DOCUMENTO QUE CONTIENE INFORMACION SOBRE LAS
MEDICINAS CUBIERTAS POR NUESTRO 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.

Nota a los miembros: Este formulario ha cambiado del Formulario del año pasado. Favor revise este documento para asegurarse que contenga las medicinas que usted necesita.

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, 2012. Beneficiaries who wish to receive materials in an alternate format please call (305) 234-9292 or (877) 207-4900. TTY (877) 206-0500

HealthSun Health Plans is a Medicare Advantage Organization with a Medicare Contract

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What is the HealthSun Health Plan Formulary?

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

Can the Formulary 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 contract year 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 September 2011. To get updated information about the drugs covered by HealthSun Health Plan, please visit our Web site at www.HealthSun.com or call Member Services at 1-877-207-4900, Monday through Friday 8:30a.m. To 5:30p.m. TTY/TDD users should call 1-877-206-0500. In the event of a midyear non maintenance formulary change, HealthSun shall update the formulary and will advise members. This information may be found in our website.

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 agents". 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 4, . 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?

HealthSun Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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:** HealthSun Health Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Health Sun before you fill your prescriptions. If you don't get approval, HealthSun may not cover the drug.
- **Quantity Limits:** For certain drugs HealthSun Health Plans, limits the amount of the drug that HealthSun will cover. For example HealthSun provides 30 caps/month per prescription for SPIRIVA HANDIHALER CAP. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, HealthSun 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, HealthSun may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSun 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.HealthSun.com.

You can ask HealthSun Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the HealthSun Health Plan's formulary?" on page 5 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. HealthSun Health Plan pays for certain OTC drugs. HealthSun Health Plans provides members with Pain Relievers, Antacids, Cough/Cold and Allergy, Eye and Ear Care, First Aid, Laxatives, Vitamins and Antifungal Creams. You may request a form by contacting the Member Services Department. HealthSun Health Plan will provide these OTC drugs at no cost to you. The cost to HealthSun Health Plan 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 HealthSun does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthSun. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthSun Health Plan.
- You can ask HealthSun Health 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 Health Sun's Formulary?

You can ask Health Sun Health Plan 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, HealthSun Health Plan 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.

Generally, HealthSun 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 those 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.

HealthSun Health Plans transition procedure will be maintained with respect to: (a) the transition of new members into the plan during the annual election period

(b) the transition of newly eligible Medicare members from other coverage into our plan (c) the transition of individuals who switch from one Plan to another after the start of the 2012 contract year, (d) members residing in a Long Term care (LTC) facility (e) current members affected by negative formulary changes from one contract year to the next (f) members who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period (g) members who remain in the same plan for the new plan year and are on a drug that was the result of an exception that was granted in the previous year (h) current members experiencing a level of care change (i) current members entering the LTC setting from other care settings; and (j) current members in a LTC setting requiring an emergency supply of a non formulary drug.

For more information

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

If you have questions about HealthSun Health Plan, please call Member Services at 1-877-207-4900, Monday through Friday from 8:30a.m. to 5:30p.m. TTY/TDD users should call 1-877-206-0500. Or visit www.HealthSun.com.

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

HealthSun Health Plan Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by HealthSun Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 1.

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

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

Below is a definition of what each of the abbreviations means:

ST- Step Therapy

QL-Quantity Limit per 30 day supply

PA- Prior Authorization required

E – Enhanced Drugs

SP – Only Available through Specialty Pharmacy

Below is a chart showing your copays by Plan and by Tier.

SunPlus Advantage Plan 001

Formulary Tier	In Network Preferred	In Network Non Preferred	Network long-term care	Out-of-network pharmacy
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0
Tier 2 Non Preferred Generic	\$0	\$10	\$10	\$10
Tier 3 Preferred Brand	\$0	\$10	\$10	\$10
Tier 4 Non Preferred Brand	\$40	\$40	\$40	\$40
Tier 5 Specialty	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 6 Supplemental Brand and Generic Brands	\$0	\$10	\$10	\$10

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

SunPlus Advantage Plan 002

Formulary Tier	In Network Preferred	In Network Non Preferred	Network long-term care	Out-of-network pharmacy
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0
Tier 2 Non Preferred Generic	\$0	\$10	\$10	\$10
Tier 3 Preferred Brand	\$0	\$10	\$10	\$10
Tier 4 Non Preferred Brand	\$40	\$40	\$40	\$40
Tier 5 Specialty	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsuranc
Tier 6 Supplemental Brand and Generic Brands	\$0	\$10	\$10	\$10

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

HealthSun Health Plan

Formulario para los planes SunPlus Advantage Plan 001 and 002 (Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS
MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Nota para los miembros actuales: Este formulario cambió con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Los beneficiarios deben utilizar las farmacias de la red para tener acceso al beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias, la prima y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2012. Los beneficiarios que deseen recibir el material en un formato alternativo, deben llamar al (305) 234-9292 o (877) 207-4900 TTY (877) 206-0500

HealthSun Health Plans es una organización Medicare Advantage que tiene un contrato con Medicare.

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¿En qué consiste el Formulario de HealthSun Health Plan?

Un formulario es una lista de medicamentos cubiertos seleccionados por HealthSun Health Plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera son parte necesaria de un programa de tratamiento de calidad. Normalmente, HealthSun Health Plan cubrirá los medicamentos incluidos en el formulario siempre que el medicamento sea necesario desde el punto de vista médico, el medicamento con receta se obtenga en una farmacia de la red de HealthSun Health Plans y se cumpla con otras normas del plan. Para obtener más información acerca de cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿El Formulario puede cambiar?

En general, si usted toma un medicamento de nuestro formulario que estaba cubierto al comienzo del año 2012, nosotros no discontinuaremos o reduciremos la cobertura del medicamento durante el año de cobertura 2012 excepto cuando esté disponible un nuevo medicamento genérico menos costoso o cuando se dé a conocer nueva información adversa acerca de la seguridad o efectividad del medicamento. Otros tipos de cambios en el formulario, como por ejemplo el retiro de un medicamento de nuestro formulario, no afectarán a los miembros que estén actualmente tomando el medicamento. Continuará disponible al mismo costo compartido para aquellos miembros que estén tomándolo por el resto del año de cobertura. Consideramos que es importante que tenga acceso continuo a los medicamentos del formulario que estaban disponibles cuando eligió nuestro plan durante el resto del año de cobertura, salvo los casos en los que usted podría ahorrar más dinero o que nosotros podríamos garantizarle su seguridad.

Si retiramos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones en tratamientos escalonados en relación con un medicamento, o pasamos el medicamento a un nivel superior de costo compartido, debemos notificar a los miembros afectados del cambio al menos 60 días antes de que entre en vigencia dicho cambio, o en el momento que el miembro solicite una reposición del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Drogas y Alimentos considera inseguro un medicamento de nuestro formulario o el fabricante del medicamento lo retira del mercado, quitaremos de inmediato el medicamento de nuestro formulario y notificaremos a los miembros que tomen el medicamento en cuestión. El formulario que se adjunta entra en vigencia a partir de septiembre de 2011. Para obtener información actualizada acerca de los medicamentos cubiertos por HealthSun Health Plan, visite nuestro sitio web: www.HealthSun.com, o llame al Servicio para los Miembros al 1 877 207-4900, de lunes a viernes, de 8:30 a. m. a 5:30 p. m. Los usuarios de TTY/TDD deben llamar al 1 877 206-0500. En caso de que se realice a mitad de año un cambio en el formulario no relacionado con su mantenimiento, HealthSun deberá actualizar el formulario y avisarles a los miembros sobre dicho cambio. Es posible que esta información se encuentre en nuestro sitio web.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del formulario:

Enfermedad

El formulario empieza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de enfermedad para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca se enumeran dentro de la categoría “agentes cardiovasculares”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en índice que empieza en la página 4, . Luego busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría debe consultar, debe buscar su medicamento en el índice que comienza en la página 1. El índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

HealthSun Health Plan cubre tanto los medicamentos de marca como los genéricos. La FDA aprueba un medicamento genérico que tiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos son más económicos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** HealthSun Health Plans exige que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de HealthSun Health Plans antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que HealthSun Health Plans no cubra el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, HealthSun Health Plans limita la cantidad de medicamento que HealthSun cubrirá. Por ejemplo, HealthSun proporciona 30 cápsulas al mes por receta para SPIRIVA HANDIHALER CAP. Esto puede ser sumado a un suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, HealthSun Health Plans requiere que usted primero pruebe ciertos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo: si tanto el Medicamento A como el Medicamento B tratan su enfermedad, HealthSun puede no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces HealthSun cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web: www.HealthSun.com.

Puede pedirle a HealthSun Health Plan que haga una excepción a estas restricciones o límites. Para obtener información sobre cómo solicitar una excepción, consulte la sección titulada “¿Cómo puedo solicitar que se haga una excepción al formulario de HealthSun Health Plans?”, en la página (a)6.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC, por sus siglas en inglés) son medicamentos sin receta que, normalmente, no están cubiertos por un plan de medicamentos con receta de Medicare. HealthSun Health Plan paga por ciertos medicamentos de venta libre. HealthSun Health Plans proporciona a los miembros: analgésicos; antiácidos; medicamentos para la tos, el resfriado y las alergias; productos para el cuidado de los ojos y los oídos; suministros de primeros auxilios; laxantes, vitaminas, y cremas antimicóticas. Puede solicitar un formulario poniéndose en contacto con el Departamento de Servicio para los Miembros. HealthSun Health Plan le proporcionará estos medicamentos de venta libre, sin costo alguno para usted. El costo de estos medicamentos de venta libre, pagado por HealthSun Health Plan, no se tendrá en cuenta para los costos totales de los medicamentos.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este formulario, primero debe ponerse en contacto con el Servicio para los miembros y confirmar si su medicamento no está cubierto. Si resulta que HealthSun Health Plan no cubre el medicamento que toma, tiene dos alternativas:

- Puede solicitar al Servicio para los Miembros una lista de medicamentos similares que HealthSun Health Plan cubra. Cuando reciba la lista, muéstrasela a su médico y pídale a él o ella que le recete un medicamento similar que esté cubierto por HealthSun.
- Puede pedirle a HealthSun Health Plan que haga una excepción en su caso y cubra el medicamento. Consulte más abajo para obtener información acerca de cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de HealthSun Health Plan?

Puede pedirle a HealthSun Health Plans que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos su medicamento aunque no esté en nuestro formulario.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, HealthSun Health Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite en la cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.
- Puede pedirnos que le brindemos un nivel de cobertura superior para su medicamento. Si su medicamento está contenido en nuestro nivel de medicamentos no preferidos o de nivel más alto que está sujeto al proceso de excepciones de nivel puede solicitarnos que en su lugar lo cubramos al costo compartido que corresponde a los medicamentos preferidos/del nivel más bajo sujetos al proceso de excepciones de nivel. Esto reduciría la cantidad que usted debe pagar por su medicamento. Tenga en cuenta que si le concedemos su solicitud de cubrir un medicamento que no está incluido en el formulario, no podrá pedirnos que le brindemos un nivel de cobertura más alto para el medicamento. Además, no puede solicitarnos que le demos un nivel más alto de cobertura para medicamentos que están en el nivel designado como el nivel de costo alto de medicamentos.

Por lo general, HealthSun sólo aprobará su pedido de excepción si los demás medicamentos incluidos en el formulario del plan, el medicamento del nivel más bajo o las restricciones de uso adicionales no fueran tan efectivos para tratar su enfermedad y/o pudieran causarle efectos médicos adversos.

Debe contactarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción de formulario, categoría o restricción de uso. **Cuando solicita una excepción de formulario, categoría o restricción de uso, usted debe presentar**

una declaración de su médico que avale su pedido. Por lo general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración que respalda su pedido de parte del médico o de la persona que le extiende la receta. Puede solicitar una excepción rápida (acelerada) si usted o su médico considera que la espera de hasta 72 horas para la toma de decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de recibida la declaración que respalda su pedido de parte del médico o de la persona que le extiende la receta.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como afiliado nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el formulario. O, tal vez, esté tomando un medicamento incluido en el formulario pero para el cual tenga una capacidad limitada para conseguirlo. Por ejemplo, puede necesitar una autorización previa de parte nuestra antes de que pueda obtener su medicamento con receta. Debe consultar con su médico para decidir si usted debe cambiarlo por un medicamento apropiado que nosotros cubramos o solicitar una excepción de formulario para que le cubramos el medicamento que usted toma. Mientras evalúa con su médico el curso de acción adecuado en su caso, podremos cubrir su medicamento en ciertos casos durante los primeros 90 días que usted es miembro del plan.

Para cada uno de los medicamentos que no están incluidos en el formulario o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días (a menos que tenga una receta para menos días) cuando acuda a una farmacia de la red. Después del primer suministro para 30 días, no pagaremos los medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si reside en un centro de atención a largo plazo, cubriremos un suministro de transición temporal para 31 días (a menos que tenga una receta para menos días). Cubriremos más de un resurtido de estos medicamentos durante los primeros 90 días que usted es miembro del plan. Si necesita un medicamento que no está en el formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya han pasado los primeros 90 días de ser miembro del plan, cubriremos un suministro de emergencia del medicamento para 31 días (a menos que tenga una receta para menos días) mientras solicita la excepción al formulario.

El procedimiento de transición de HealthSun Health Plans se mantendrá en lo que concierne a: (a) la transición de miembros nuevos al plan durante el periodo de elección anual; (b) la transición de miembros de Medicare que acaban de hacerse

elegibles, que pasan de otra cobertura a nuestro plan; (c) la transición de personas que se cambian de un plan a otro después de que se inicia el año del contrato; (d) los miembros que residen en un centro de atención a largo plazo; (e) miembros actuales que se ven afectados por cambios negativos en el formulario que se dan de un año del contrato al siguiente; (f) miembros que solicitan una excepción, y para la cual no se emite una decisión oportuna al final del periodo de transición; (g) miembros que permanecen en el mismo plan para el año del plan nuevo, y que están tomando un medicamento que fue provisto como resultado de una excepción que se otorgó en el año anterior; (h) miembros actuales que experimentan un cambio en el nivel de atención; (i) miembros actuales que ingresan en el centro de atención a largo plazo provenientes de otros centros de atención; y (j) miembros actuales que están en un centro de atención a largo plazo y que requieren un suministro de emergencia de un medicamento que no está incluido en el formulario.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de HealthSun Health Plan, consulte la Evidencia de cobertura y la demás documentación del plan.

Si tiene preguntas sobre HealthSun Health Plan, llame al Servicio para los Miembros al 1-877-207-4900, de lunes a viernes, de 8:30 a. m. a 5:30 p. m. Los usuarios de TTY/TDD deben llamar al 1-877-206-0500. O bien, visite www.HealthSun.com.

Si tiene preguntas generales acerca de su cobertura para medicamentos con receta de Medicare, comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227) durante las 24 horas, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Formulario de HealthSun Health Plans

El formulario que empieza en la página 1 proporciona información acerca de la cobertura de algunos medicamentos cubiertos por HealthSun Health Plans. Si tiene alguna dificultad para encontrar en la lista el medicamento que toma, consulte el índice que comienza en la página (, "

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., AVINZA), y los medicamentos genéricos están en letra minúscula y cursiva (p. ej., *endocet*). La información incluida en la columna de Notas indica si HealthSun Health Plans tiene algún requisito especial para la cobertura del medicamento.

A continuación se incluye el significado de cada una de las siguientes abreviaturas:

ST: Tratamiento escalonado

QL: Límite de cantidad por un suministro para 30 días

PA: Autorización previa requerida

E: Medicamentos mejorados

SP: Disponible solamente en una Farmacia Especializada

A continuación se muestran los copagos según el plan y el nivel.

SunPlus Advantage Plan 001

Niveles del formulario	Farmacia preferida de la red	Farmacia no preferida de la red	Farmacia de la red para atención a largo plazo	Farmacia fuera de la red
Nivel 1 Medicamentos genéricos preferidos	\$0	\$0	\$0	\$0
Nivel 2 Medicamentos genéricos no preferidos	\$0	\$10	\$10	\$10
Nivel 3 Medicamentos de marca preferidos	\$0	\$10	\$10	\$10
Nivel 4 Medicamentos de marca no preferidos	\$40	\$40	\$40	\$40
Nivel 5 Medicamentos especializados	25% de coseguro	25% de coseguro	25% de coseguro	25% de coseguro
Nivel 6 Medicamentos complementarios de marca y genéricos	\$0	\$10	\$10	\$10

Los beneficiarios elegibles deben usar las farmacias de la red para tener acceso al beneficio de medicamentos con receta, salvo en casos que no sean los habituales, y es posible que se apliquen restricciones y limitaciones en las cantidades

SunPlus Advantage Plan 002

Niveles del formulario	Farmacia preferida de la red	Farmacia no preferida de la red	Farmacia de la red para atención a largo plazo	Farmacia fuera de la red
Nivel 1 Medicamentos genéricos preferidos	\$0	\$0	\$0	\$0
Nivel 2 Medicamentos genéricos no preferidos	\$0	\$10	\$10	\$10
Nivel 3 Medicamentos de marca preferidos	\$0	\$10	\$10	\$10
Nivel 4 Medicamentos de marca no preferidos	\$40	\$40	\$40	\$40
Nivel 5 Medicamentos especializados	25% de coseguro	25% de coseguro	25% de coseguro	25% de coseguro
Nivel 6 Medicamentos complementarios de marca y genéricos	\$0	\$10	\$10	\$10

Los beneficiarios elegibles deben usar las farmacias de la red para tener acceso al beneficio de medicamentos con receta, salvo en casos que no sean los habituales, y es posible que se apliquen restricciones y limitaciones en las cantidades.

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ANALGESICS					
Non-opioid Analgesics					
<i>diflunisal 500 mg tab</i>	1	GC	EMBEDA 60-2.4 MG CAP	4	
<i>meclofenamate sod 100 mg cap</i>	1	GC	EMBEDA 80-3.2 MG CAP	4	
<i>meclofenamate sod 50 mg cap</i>	1	GC	<i>endocet 10-325 mg tab</i>	1	GC
Opioid Analgesics			<i>endocet 10-650 mg tab</i>	1	GC
<i>apap/cod 120-12 mg/5ml sol</i>	1	GC	<i>endocet 5-325 mg tab</i>	1	GC
<i>apap/codeine 300-15 mg tab</i>	1	GC	<i>endocet 7.5-325 mg tab</i>	1	GC
<i>apap/codeine 300-30 mg tab</i>	1	GC	<i>endocet 7.5-325 mg tab</i>	1	GC
<i>apap/codeine 300-60 mg tab</i>	1	GC	<i>fentanyl 100 mcg/hr dis</i>	2	PA QL 10 GC
<i>ascomp/cod cap 30 mg</i>	1	GC	<i>fentanyl 12 mcg/hr dis</i>	2	PA QL 10 GC
<i>astramorph 0.5 mg/ml inj</i>	1	GC	<i>fentanyl 50 mcg/hr dis</i>	2	PA QL 10 GC
<i>astramorph 1 mg/ml inj</i>	1	GC	<i>fentanyl 75 mcg/hr dis</i>	2	PA QL 10 GC
AVINZA 45 MG ER CAP	3		FENTORA 0.2 MG TAB	4	PA QL 120
AVINZA 75 MG ER CAP	3		FENTORA 0.4 MG TAB	4	PA QL 120
<i>buprenorphine 0.3 mg/ml inj</i>	1	GC	FENTORA 0.6 MG TAB	4	PA QL 120
<i>buprenorphine 2 mg sl tab</i>	2	GC	FENTORA 0.8 MG TAB	4	PA QL 120
<i>buprenorphine 8 mg sl tab</i>	2	GC	<i>hydroco/apap 10-325 mg tab</i>	1	GC
<i>but/apap/caf 50-325-40 mg tab</i>	6	E GC	<i>hydroco/apap 10-500 mg tab</i>	1	GC
<i>but/apap/caf 50-500-40 mg tab</i>	6	E GC	<i>hydroco/apap 10-650 mg tab</i>	1	GC
<i>but/apap/caf w/cod cap</i>	1	GC	<i>hydroco/apap 10-660 mg tab</i>	1	GC
<i>butalbital cpd tab</i>	6	E GC	<i>hydroco/apap 10-750 mg tab</i>	1	GC
<i>butorphanol 1 mg/ml inj</i>	1	GC	<i>hydroco/apap 10-750 mg tab</i>	1	GC
<i>butorphanol 10 mg/ml sol</i>	1	GC	<i>hydroco/apap 2.5-500 mg tab</i>	1	GC
<i>butorphanol 2 mg/ml inj</i>	1	GC	<i>hydroco/apap 5-325 mg tab</i>	1	GC
<i>co-gesic 5-500 mg tab</i>	1	GC	<i>hydroco/apap 5-500 mg tab</i>	1	GC
<i>duramorph 0.5 mg/ml inj</i>	1	GC	<i>hydroco/apap 7.5-325 mg tab</i>	1	GC
<i>duramorph 1 mg/ml inj</i>	1	GC	<i>hydroco/apap 7.5-500 mg tab</i>	1	GC
EMBEDA 100-4 MG CAP	4		<i>hydroco/apap 7.5-650 mg tab</i>	1	GC
EMBEDA 20-0.8 MG CAP	4		<i>hydroco/apap 7.5-750 mg tab</i>	1	GC
EMBEDA 30-1.2 MG CAP	4		<i>hydroco/apap sol</i>	1	GC
EMBEDA 50-2 MG CAP	4		<i>hydroco/ibu 7.5-200 mg tab</i>	1	GC
			<i>hydromorphone 10 mg/ml inj</i>	2	GC
			<i>hydromorphone 2 mg tab</i>	2	GC
			<i>hydromorphone 4 mg tab</i>	2	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 1
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>hydromorphone 8 mg tab</i>	2	GC	<i>morphine sul 30 mg er tab</i>	2	GC
KADIAN 10 MG ER CAP	3		<i>morphine sul 30 mg tab</i>	1	GC
KADIAN 100 MG ER CAP	3		<i>morphine sul 60 mg er tab</i>	2	GC
KADIAN 20 MG ER CAP	3		OPANA 10 MG ER TAB	3	
KADIAN 200 MG ER CAP	3		OPANA 20 MG ER TAB	3	
KADIAN 30 MG ER CAP	3		OPANA 30 MG ER TAB	3	
KADIAN 50 MG ER CAP	3		OPANA 40 MG ER TAB	3	
KADIAN 60 MG ER CAP	3		OPANA 5 MG ER TAB	3	
KADIAN 80 MG ER CAP	3		<i>oxycod/apap 2.5-325 mg tab</i>	2	GC
<i>meperidine 10 mg/ml inj</i>	1	GC	<i>oxycod/asa tab</i>	1	GC
<i>meperidine 100 mg tab</i>	1	GC	<i>oxycodone 15 mg tab</i>	2	GC
<i>meperidine 25 mg/ml inj</i>	1	GC	OXYCODONE 20 MG/ML CONC	4	
<i>meperidine 50 mg tab</i>	1	GC	<i>oxycodone 30 mg tab</i>	2	GC
<i>meperidine 50 mg/5ml sol</i>	1	GC	OXYCODONE 5 MG CAP	2	GC
<i>meperidine 50 mg/ml inj</i>	1	GC	<i>oxycodone 5 mg tab</i>	2	GC
<i>methadone 10 mg tab</i>	1	GC	<i>oxycodone/apap 10-325 mg tab</i>	1	GC
<i>methadone 10 mg/5ml sol</i>	1	GC	<i>oxycodone/apap 5-325 mg tab</i>	1	GC
<i>methadone 10 mg/ml conc</i>	1	GC	<i>oxycodone/apap 7.5-325 mg tab</i>	1	GC
<i>methadone 10 mg/ml inj</i>	1	GC	<i>oxycodone/apap 7.5-500 mg tab</i>	1	GC
<i>methadone 5 mg tab</i>	1	GC	<i>oxycodone/asa tab</i>	1	GC
<i>methadone 5 mg/5ml sol</i>	1	GC	<i>oxycodone/ibu 5-400 mg tab</i>	2	GC
<i>methadose 10 mg tab</i>	1	GC	OXYCONTIN 10 MG ER TAB	4	
<i>methadose 5 mg tab</i>	1	GC	OXYCONTIN 15 MG ER TAB	4	
<i>morphine sul 0.5 mg/ml inj</i>	1	GC	OXYCONTIN 20 MG ER TAB	4	
<i>morphine sul 1 mg/ml inj</i>	1	GC	OXYCONTIN 30 MG ER TAB	4	
<i>morphine sul 10 mg/5ml sol</i>	1	GC	OXYCONTIN 40 MG ER TAB	4	
<i>morphine sul 100 mg er tab</i>	2	GC	OXYCONTIN 60 MG ER TAB	4	
<i>morphine sul 15 mg er tab</i>	2	GC	OXYCONTIN 80 MG ER TAB	4	
<i>morphine sul 15 mg tab</i>	1	GC	<i>oxymorphone 10 mg tab</i>	2	GC
<i>morphine sul 20 mg/5ml sol</i>	1	GC	<i>oxymorphone 5 mg tab</i>	2	GC
<i>morphine sul 20 mg/ml sol</i>	1	GC	<i>pentazocine/apap 25-650 mg ta</i>	1	GC
<i>morphine sul 200 mg er tab</i>	2	GC	<i>pentazocine/naloxone tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>repan tab</i>	6	E GC	<i>fenoprofen 600 mg tab</i>	1	GC
<i>roxicet 5-325 mg tab</i>	1	GC	FLECTOR 1.3% DIS	4	
<i>roxicet 5-325 mg/5ml sol</i>	1	GC	<i>flurbiprofen 100 mg tab</i>	1	GC
<i>roxicet 5-500 mg tab</i>	1	GC	<i>flurbiprofen 50 mg tab</i>	1	GC
<i>roxicodone 5 mg tab</i>	1	GC	<i>ibuprofen 100 mg/5ml susp</i>	1	GC
SUBUTEX 2 MG SL TAB	4		<i>ibuprofen 400 mg tab</i>	1	GC
SUBUTEX 8 MG SL TAB	4		<i>ibuprofen 600 mg tab</i>	1	GC
<i>tramadol hcl 50 mg tab</i>	1	QL 240 GC	<i>ibuprofen 800 mg tab</i>	1	GC
<i>tramadol/apap 37.5-325 mg tab</i>	1	QL 240 GC	<i>indomethacin 25 mg cap</i>	1	GC
ANESTHETICS			<i>indomethacin 50 mg cap</i>	1	GC
Local Anesthetics			<i>indomethacin 75 mg er cap</i>	1	GC
<i>lidocaine 0.5% inj</i>	1	GC	<i>ketoprofen 200 mg er cap</i>	1	GC
<i>lidocaine 1% inj</i>	1	GC	<i>ketoprofen 50 mg cap</i>	1	GC
<i>lidocaine visc 2% sol</i>	1	GC	<i>ketoprofen 75 mg cap</i>	1	GC
ANTI-INFLAMMATORY AGENTS			<i>ketorolac 10 mg tab</i>	1	GC
Nonsteroidal Anti-inflammatory Drugs			<i>ketorolac 15 mg/ml inj</i>	1	GC
CELEBREX 100 MG CAP	3		<i>ketorolac 30 mg/ml inj</i>	1	GC
CELEBREX 200 MG CAP	3		<i>meloxicam 15 mg tab</i>	2	GC
CELEBREX 400 MG CAP	3		<i>meloxicam 7.5 mg tab</i>	2	GC
CELEBREX 50 MG CAP	4		<i>meloxicam 7.5 mg/5ml susp</i>	3	
<i>diclofen pot tab 50 mg</i>	1	GC	<i>nabumetone 500 mg tab</i>	1	GC
<i>diclofenac 100 mg xr tab</i>	1	GC	<i>nabumetone 750 mg tab</i>	1	GC
<i>diclofenac 25 mg ec tab</i>	1	GC	<i>naproxen 125 mg/5ml susp</i>	1	GC
<i>diclofenac 50 mg ec tab</i>	1	GC	<i>naproxen 250 mg tab</i>	1	GC
<i>diclofenac 75 mg ec tab</i>	1	GC	<i>naproxen 275 mg tab</i>	1	GC
<i>etodolac 200 mg cap</i>	1	GC	<i>naproxen 375 mg dr tab</i>	1	GC
<i>etodolac 300 mg cap</i>	1	GC	<i>naproxen 375 mg tab</i>	1	GC
<i>etodolac 400 mg er tab</i>	2	GC	<i>naproxen 500 mg dr tab</i>	1	GC
<i>etodolac 400 mg tab</i>	1	GC	<i>naproxen 550 mg tab</i>	1	GC
<i>etodolac 500 mg er tab</i>	2	GC	<i>oxaprozin 600 mg tab</i>	1	GC
<i>etodolac 500 mg tab</i>	1	GC	<i>piroxicam 10 mg cap</i>	1	GC
<i>etodolac 600 mg er tab</i>	2	GC	<i>piroxicam 20 mg cap</i>	1	GC

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E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>sulindac 150 mg tab</i>	1	GC	<i>metronidazole 250 mg tab</i>	1	GC
<i>sulindac 200 mg tab</i>	1	GC	<i>metronidazole 375 mg cap</i>	1	GC
<i>tolmetin sod 200 mg tab</i>	1	GC	<i>metronidazole 500 mg tab</i>	1	GC
<i>tolmetin sod 400 mg cap</i>	1	GC	<i>metronidazole/nacl 500mg inj</i>	1	GC
<i>tolmetin sod 600 mg tab</i>	1	GC	<i>trimethoprim 100 mg tab</i>	1	GC
VOLTAREN 1% GEL	4		VANCOCIN HCL 125 MG CAP	5	
ANTIBACTERIALS			VANCOCIN HCL 250 MG CAP	5	
Aminoglycosides			VANCOCIN/DEX 1 GM INJ	4	PA
<i>amikacin 100 mg/2ml inj</i>	1	GC	<i>vancomycin 10 gm inj</i>	4	PA
<i>amikacin 500 mg/2ml inj</i>	1	GC	<i>vancomycin 1000 mg inj</i>	4	PA
<i>gentamicin 10 mg/ml inj</i>	1	GC	ZYVOX 2 MG/ML INJ	4	
<i>gentamicin 40 mg/ml inj</i>	1	GC	ZYVOX 20 MG/ML SUSP	4	
<i>gentamicin/nacl 0.9 mg/ml inj</i>	1	GC	ZYVOX 600 MG TAB	4	
<i>gentamicin/nacl 1.4 mg/ml inj</i>	1	GC	Beta-lactam, Cephalosporins		
<i>gentamicin/nacl 100 mg inj</i>	1	GC	<i>cefaclor 250 mg cap</i>	1	GC
<i>gentamicin/nacl 60 mg inj</i>	1	GC	<i>cefaclor 500 mg cap</i>	1	GC
<i>gentamicin/nacl 60mg inj</i>	1	GC	<i>cefaclor 500 mg er tab</i>	1	GC
<i>gentamicin/nacl 80 mg inj</i>	1	GC	<i>cefadroxil 1000 mg tab</i>	1	GC
<i>gentamicin/nacl 80 mg inj</i>	1	GC	<i>cefadroxil 250 mg/5ml susp</i>	1	GC
<i>kanamycin 333 mg/ml inj</i>	1	GC	<i>cefadroxil 500 mg cap</i>	1	GC
<i>neomycin 500 mg tab</i>	1	GC	<i>cefadroxil 500 mg/5ml susp</i>	1	GC
<i>paromomycin 250 mg cap</i>	1	GC	<i>cefazolin 1 gm inj</i>	1	GC
<i>tobramycin 10 mg/ml inj</i>	2	GC	<i>cefazolin 1 gm/50ml inj</i>	1	GC
<i>tobramycin 40 mg/ml inj</i>	2	GC	<i>cefazolin 20 gm inj</i>	1	GC
Antibacterials, Other			<i>cefazolin 500 mg inj</i>	1	GC
<i>baciiim 50000 unt inj</i>	1	GC	<i>cefdinir 125 mg/5ml susp</i>	1	GC
<i>chloramphenicol 1 gm inj</i>	1	GC	<i>cefdinir 250 mg/5ml susp</i>	1	GC
<i>clindamycin 150 mg cap</i>	1	GC	<i>cefdinir 300 mg cap</i>	1	GC
<i>clindamycin 150 mg/ml inj</i>	1	GC	<i>cefepime 1 gm inj</i>	2	GC
<i>clindamycin 300 mg cap</i>	1	GC	<i>cefepime 2 gm inj</i>	2	GC
<i>colistimethate 150 mg inj</i>	2	GC	<i>cefpodoxime 100 mg tab</i>	1	GC
LINCOCIN 300 MG/ML INJ	3		<i>cefpodoxime 100 mg/5ml susp</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>cefpodoxime 200 mg tab</i>	1	GC	<i>amox/k clav 250 mg tab</i>	1	GC
<i>cefpodoxime 50 mg/5ml susp</i>	1	GC	<i>amox/k clav 400 mg chw tab</i>	1	GC
<i>cefprozil 25 mg/ml susp</i>	2	GC	<i>amox/k clav 400/5ml susp</i>	1	GC
<i>cefprozil 250 mg tab</i>	1	GC	<i>amox/k clav 500 mg tab</i>	1	GC
<i>cefprozil 50 mg/ml susp</i>	2	GC	<i>amox/k clav 600/5ml susp</i>	1	GC
<i>cefprozil 500 mg tab</i>	1	GC	<i>amox/k clav 875 mg tab</i>	1	GC
<i>ceftriaxone 10 gm inj</i>	2	GC	<i>amoxicillin 125 mg chw tab</i>	1	GC
<i>ceftriaxone 250 mg inj</i>	2	GC	<i>amoxicillin 125 mg/5ml susp</i>	1	GC
<i>ceftriaxone 500 mg inj</i>	2	GC	AMOXICILLIN 200 MG CHW TAB	1	GC
<i>cefuroxime 1.5 gm inj</i>	1	GC	<i>amoxicillin 200 mg/5ml susp</i>	1	GC
<i>cefuroxime 125 mg/5ml susp</i>	1	GC	<i>amoxicillin 250 mg cap</i>	1	GC
<i>cefuroxime 250 mg tab</i>	1	GC	<i>amoxicillin 250 mg chw tab</i>	1	GC
<i>cefuroxime 500 mg tab</i>	1	GC	<i>amoxicillin 250 mg/5ml susp</i>	1	GC
<i>cefuroxime 7.5 gm inj</i>	1	GC	<i>amoxicillin 400 mg/5ml susp</i>	1	GC
<i>cefuroxime 750 mg inj</i>	1	GC	<i>amoxicillin 500 mg cap</i>	1	GC
<i>cephalexin 125 mg/5ml susp</i>	1	GC	<i>amoxicillin 500 mg tab</i>	1	GC
<i>cephalexin 250 mg cap</i>	1	GC	<i>amoxicillin 875 mg tab</i>	1	GC
<i>cephalexin 250 mg tab</i>	1	GC	<i>ampicillin 1 gm inj</i>	1	GC
<i>cephalexin 250 mg/5ml susp</i>	1	GC	<i>ampicillin 10 gm inj</i>	1	GC
<i>cephalexin 500 mg cap</i>	1	GC	<i>ampicillin 125 mg inj</i>	1	GC
<i>cephalexin 500 mg tab</i>	1	GC	<i>ampicillin 125 mg/5ml susp</i>	1	GC
SUPRAX 40 MG/ML SUSP	4		<i>ampicillin 250 mg cap</i>	1	GC
Beta-lactam, Other			<i>ampicillin 250 mg/5ml susp</i>	1	GC
AZACTAM/DEX 1 GM INJ	3		<i>ampicillin 500 mg cap</i>	1	GC
AZACTAM/DEX 2 GM INJ	5		<i>ampicillin/sulbactam 15 gm in</i>	2	PA GC
<i>aztreonam 1 gm inj</i>	2	GC	<i>dicloxacillin 250 mg cap</i>	1	GC
INVANZ 1GM INJ	4	PA	<i>dicloxacillin 500 mg cap</i>	1	GC
<i>meropenem 500 mg inj</i>	2	GC	<i>nafcillin 1 gm inj</i>	1	GC
Beta-lactam, Penicillins			<i>nafcillin 10 gm inj</i>	1	GC
<i>amox/k clav 1000-62.5 mg tab</i>	2	GC	<i>penicilln g sod 5000000 u inj</i>	1	GC
<i>amox/k clav 200 mg chw tab</i>	1	GC	<i>penicilln gk 5mu inj</i>	1	GC
<i>amox/k clav 200/5ml susp</i>	1	GC	<i>penicilln vk 125 mg/5ml sol</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>penicillin vk 250 mg/5ml sol</i>	1	GC	LEVAQUIN 250 MG TAB	3	
<i>penicillin vk 250mg tab</i>	1	GC	LEVAQUIN 500 MG TAB	3	
<i>penicillin vk tab 500mg</i>	1	GC	LEVAQUIN 750 MG TAB	3	
<i>piperacillin 3 gm inj</i>	4		LEVAQUIN/D5W 250 MG/50ML INJ	3	
<i>piperacillin 40 gm inj</i>	4		<i>ofloxacin 200 mg tab</i>	1	GC
Macrolides			<i>ofloxacin 300 mg tab</i>	1	GC
<i>azithromycin 100 mg/5ml susp</i>	1	GC	<i>ofloxacin 400 mg tab</i>	1	GC
<i>azithromycin 200 mg/5ml susp</i>	1	GC	Sulfonamides		
<i>azithromycin 250 mg tab</i>	1	GC	<i>smz/tmp 200-40 mg/5ml susp</i>	1	GC
<i>azithromycin 500 mg inj</i>	1	GC	<i>smz/tmp 400-80 mg tab</i>	1	GC
<i>azithromycin 500 mg tab</i>	1	GC	<i>smz/tmp 400-80 mg/5ml inj</i>	1	GC
<i>azithromycin 600 mg tab</i>	1	GC	<i>smz/tmp 800-160 mg tab</i>	1	GC
<i>clarithromycin 125 mg/5ml sus</i>	1	GC	<i>sulfadiazine 500 mg tab</i>	4	
<i>clarithromycin 250 mg tab</i>	1	GC	Tetracyclines		
<i>clarithromycin 250 mg/5ml sus</i>	1	GC	<i>doxycycline hyc 100 mg cap</i>	1	GC
<i>clarithromycin 500 mg er tab</i>	1	GC	<i>doxycycline hyc 100 mg inj</i>	1	PA GC
<i>clarithromycin 500 mg tab</i>	1	GC	<i>doxycycline hyc 100 mg tab</i>	1	GC
<i>e.e.s. 400 mg tab</i>	1	GC	<i>doxycycline hyc 20 mg tab</i>	1	GC
<i>ees/sulfisox 200-600 mg susp</i>	1	GC	<i>doxycycline hyc 50 mg cap</i>	1	GC
<i>erythrocin 250 mg tab</i>	1	GC	<i>doxycycline hyc 75 mg ec cap</i>	1	GC
KETEK 300 MG TAB	3		<i>doxycycline mono 50 mg tab</i>	1	GC
KETEK 400 MG TAB	3		<i>doxycycline mono 75 mg tab</i>	1	GC
Quinolones			<i>minocycline 100 mg cap</i>	2	GC
<i>ciprofloxacin 100 mg tab</i>	1	GC	<i>minocycline 100 mg tab</i>	2	GC
<i>ciprofloxacin 1000 mg er tab</i>	1	GC	<i>minocycline 50 mg cap</i>	2	GC
<i>ciprofloxacin 250 mg tab</i>	1	GC	<i>minocycline 50 mg tab</i>	2	GC
<i>ciprofloxacin 400 mg inj</i>	1	GC	<i>minocycline 75 mg cap</i>	2	GC
<i>ciprofloxacin 500 mg er tab</i>	1	GC	<i>minocycline 75 mg tab</i>	2	GC
<i>ciprofloxacin 500 mg tab</i>	1	GC	<i>tetracycline 250 mg cap</i>	1	GC
<i>ciprofloxacin 750 mg tab</i>	1	GC	<i>tetracycline 500 mg cap</i>	1	GC
LEVAQUIN 25 MG/ML INJ	3		ANTICONVULSANTS		
LEVAQUIN 25 MG/ML SOL	3		Anticonvulsants, Other		

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>levetiracetam 100 mg/ml inj</i>	2	GC	LYRICA 50 MG CAP	4	
<i>levetiracetam 100 mg/ml sol</i>	3		LYRICA 75 MG CAP	4	
<i>levetiracetam 1000 mg tab</i>	3		<i>zonisamide 100 mg cap</i>	1	GC
<i>levetiracetam 250 mg tab</i>	1	GC	<i>zonisamide 25 mg cap</i>	1	GC
<i>levetiracetam 500 mg tab</i>	1	GC	<i>zonisamide 50 mg cap</i>	1	GC
<i>levetiracetam 750 mg tab</i>	1	GC	Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>phenobarbital 100 mg tab</i>	6	E GC	<i>divalproex 125 mg ec cap</i>	2	GC
<i>phenobarbital 15 mg tab</i>	6	E GC	<i>divalproex 125 mg ec tab</i>	2	GC
<i>phenobarbital 16.2 mg tab</i>	6	E GC	<i>divalproex 250 mg ec tab</i>	2	GC
<i>phenobarbital 30 mg tab</i>	6	E GC	<i>divalproex 500 mg ec tab</i>	2	GC
<i>phenobarbital 32.4 mg tab</i>	6	E GC	<i>gabapentin 100 mg cap</i>	1	GC
<i>phenobarbital 60 mg tab</i>	6	E GC	<i>gabapentin 300 mg cap</i>	1	GC
<i>phenobarbital 64.8 mg tab</i>	6	E GC	<i>gabapentin 400 mg cap</i>	1	GC
<i>phenobarbital 97.2 mg tab</i>	6	E GC	<i>gabapentin 600 mg tab</i>	1	GC
<i>primidone 250 mg tab</i>	1	GC	<i>gabapentin 800 mg tab</i>	1	GC
<i>primidone 50 mg tab</i>	1	GC	GABITRIL 12 MG TAB	4	
VIMPAT 10 MG/ML INJ	4		GABITRIL 16 MG TAB	4	
VIMPAT 10 MG/ML SOL	4		GABITRIL 2 MG TAB	4	
VIMPAT 100 MG TAB	4		GABITRIL 4 MG TAB	4	
VIMPAT 150 MG TAB	4		NEURONTIN 250 MG/5ML SOL	4	
VIMPAT 200 MG TAB	4		SABRIL 500 MG POW	3	
VIMPAT 50 MG TAB	4		SABRIL 500 MG TAB	3	
Calcium Channel Modifying Agents			<i>valproate 100 mg/ml inj</i>	1	GC
CELONTIN 300 MG CAP	4		<i>valproic acid 250 mg cap</i>	1	GC
<i>ethosuximide 250 mg cap</i>	1	GC	<i>valproic acid 50 mg/ml sol</i>	1	GC
<i>ethosuximide 250 mg/5ml sol</i>	1	GC	Glutamate Reducing Agents		
LYRICA 100 MG CAP	4		FELBATOL 400 MG TAB	4	
LYRICA 150 MG CAP	4		FELBATOL 600 MG TAB	4	
LYRICA 200 MG CAP	4		FELBATOL 600 MG/5ML SUSP	4	
LYRICA 225 MG CAP	4		<i>lamotrigine 100 mg tab</i>	2	GC
LYRICA 25 MG CAP	4		<i>lamotrigine 150 mg tab</i>	2	GC
LYRICA 300 MG CAP	4		<i>lamotrigine 200 mg tab</i>	2	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>lamotrigine 25 mg chw tab</i>	2	GC	<i>phenytoin 300 mg ex cap</i>	2	GC
<i>lamotrigine 25 mg tab</i>	2	GC	<i>phenytoin 50 mg/ml inj</i>	1	GC
<i>lamotrigine 5 mg chw tab</i>	2	GC	TEGRETOL 100 MG XR TAB	4	
<i>topiramate 100 mg tab</i>	1	GC	TRILEPTAL 60 MG/ML SUSP	3	
<i>topiramate 15 mg cap</i>	1	GC	ANTIDEMENTIA AGENTS		
<i>topiramate 200 mg tab</i>	1	GC	Antidementia Agents, Other		
<i>topiramate 25 mg cap</i>	1	GC	<i>ergoloid mes 1 mg tab</i>	1	GC
<i>topiramate 25 mg tab</i>	1	GC	Cholinesterase Inhibitors		
<i>topiramate 50 mg tab</i>	1	GC	ARICEPT 23 MG ER TAB	3	
Sodium Channel Inhibitors			<i>donepezil 10 mg odt tab</i>	2	GC
BANZEL 200 MG TAB	4		<i>donepezil 10 mg tab</i>	2	GC
BANZEL 40 MG/ML SUSP	4		<i>donepezil 5 mg odt tab</i>	2	GC
BANZEL 400 MG TAB	4		<i>donepezil 5 mg tab</i>	2	GC
<i>carbamazepine 100 mg chw tab</i>	1	GC	EXELON 2 MG/ML SOL	3	
<i>carbamazepine 100 mg/5ml susp</i>	1	GC	EXELON 4.6 MG/24HR DIS	3	
<i>carbamazepine 200 mg er tab</i>	1	GC	EXELON 9.5 MG/24HR DIS	3	
<i>carbamazepine 200 mg tab</i>	1	GC	<i>galantamine 12 mg tab</i>	2	GC
<i>carbamazepine 400 mg er tab</i>	1	GC	<i>galantamine 16 mg er cap</i>	1	GC
CARBATROL 100 MG ER CAP	4		<i>galantamine 24 mg er cap</i>	1	GC
CARBATROL 200 MG ER CAP	4		<i>galantamine 4 mg tab</i>	2	GC
CARBATROL 300 MG ER CAP	4		<i>galantamine 8 mg er cap</i>	1	GC
DILANTIN 30 MG ER CAP	4		<i>galantamine 8 mg tab</i>	2	GC
DILANTIN 50 MG CHW TAB	4		RAZADYNE 4 MG/ML SOL	4	
<i>epitol 200 mg tab</i>	1	GC	<i>rivastigmine 1.5 mg cap</i>	2	GC
<i>fosphenytoin 100 mg/2ml inj</i>	2	GC	<i>rivastigmine 3 mg cap</i>	2	GC
<i>oxcarbazepine 150 mg tab</i>	2	GC	<i>rivastigmine 4.5 mg cap</i>	2	GC
<i>oxcarbazepine 300 mg tab</i>	2	GC	<i>rivastigmine 6 mg cap</i>	2	GC
<i>oxcarbazepine 600 mg tab</i>	2	GC	Glutamate Pathway Modifiers		
PEGANONE 250 MG TAB	4		NAMENDA 10 MG TAB	3	
<i>phenytoin 100 mg ex cap</i>	1	GC	NAMENDA 2 MG/ML SOL	3	
<i>phenytoin 125 mg/5ml susp</i>	1	GC	NAMENDA 5 MG TAB	3	
<i>phenytoin 200 mg ex cap</i>	2	GC	ANTIDEPRESSANTS		

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
Antidepressants, Other					
APLENZIN 174 MG ER TAB	4		SYMBYAX 6-25 MG CAP	4	
APLENZIN 348 MG ER TAB	4		SYMBYAX 6-50 MG CAP	4	
APLENZIN 522 MG ER TAB	4		<i>trazodone 100 mg tab</i>	1	GC
<i>budeprion 100 mg sr tab</i>	1	GC	<i>trazodone 150 mg tab</i>	1	GC
<i>budeprion 150 mg er tab</i>	2	GC	<i>trazodone 300 mg tab</i>	1	GC
<i>budeprion 150 mg sr tab</i>	1	GC	<i>trazodone 50 mg tab</i>	1	GC
<i>budeprion 300 mg xl tab</i>	2	GC	Monoamine Oxidase Inhibitors		
<i>bupropion 100 mg sr tab</i>	1	GC	EMSAM 12 MG/24HR DIS	4	
<i>bupropion 100 mg tab</i>	1	GC	EMSAM 6 MG/24HR DIS	4	
<i>bupropion 200 mg sr tab</i>	1	GC	EMSAM 9 MG/24HR DIS	4	
<i>bupropion 75 mg tab</i>	1	GC	MARPLAN 10 MG TAB	4	
<i>maprotiline 25 mg tab</i>	1	GC	<i>phenelzine 15 mg tab</i>	2	GC
<i>maprotiline 50 mg tab</i>	1	GC	<i>tranylcypromine 10 mg tab</i>	1	GC
<i>maprotiline 75 mg tab</i>	1	GC	Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>mirtazapine 15 mg odt tab</i>	1	GC	<i>citalopram 10 mg tab</i>	1	GC
<i>mirtazapine 15 mg tab</i>	1	GC	<i>citalopram 10 mg/5ml sol</i>	1	GC
<i>mirtazapine 30 mg odt tab</i>	1	GC	<i>citalopram 20 mg tab</i>	1	GC
<i>mirtazapine 30 mg tab</i>	1	GC	<i>citalopram 40 mg tab</i>	1	GC
<i>mirtazapine 45 mg odt tab</i>	1	GC	CYMBALTA 20 MG EC CAP	4	QL 90
<i>mirtazapine 45 mg tab</i>	1	GC	CYMBALTA 30 MG EC CAP	4	QL 60
<i>mirtazapine 7.5 mg tab</i>	1	GC	CYMBALTA 60 MG EC CAP	4	QL 30
<i>nefazodone 100 mg tab</i>	1	GC	<i>fluoxetine 10 mg cap</i>	1	GC
<i>nefazodone 150 mg tab</i>	1	GC	<i>fluoxetine 10 mg tab</i>	1	GC
<i>nefazodone 200 mg tab</i>	1	GC	<i>fluoxetine 20 mg cap</i>	1	GC
<i>nefazodone 250 mg tab</i>	1	GC	<i>fluoxetine 20 mg tab</i>	1	GC
<i>nefazodone 50 mg tab</i>	1	GC	<i>fluoxetine 20 mg/5ml sol</i>	1	GC
OLEPTRO 150 MG ER TAB	4		<i>fluoxetine 40 mg cap</i>	1	GC
OLEPTRO 300 MG ER TAB	4		<i>fluoxetine 90 mg ec cap</i>	2	GC
SYMBYAX 12-25 MG CAP	4		<i>fluvoxamine 100 mg tab</i>	1	GC
SYMBYAX 12-50 MG CAP	4		<i>fluvoxamine 25 mg tab</i>	1	GC
SYMBYAX 3-25 MG CAP	4		<i>fluvoxamine 50 mg tab</i>	1	GC
			LEXAPRO 10 MG TAB	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
LEXAPRO 20 MG TAB	3		<i>amitriptyline 10 mg tab</i>	1	GC
LEXAPRO 5 MG TAB	3		<i>amitriptyline 100 mg tab</i>	1	GC
LEXAPRO 5 MG/5ML SOL	3		<i>amitriptyline 150 mg tab</i>	1	GC
<i>paroxetine 10 mg tab</i>	1	GC	<i>amitriptyline 25 mg tab</i>	1	GC
<i>paroxetine 10 mg/5ml susp</i>	1	GC	<i>amitriptyline 50 mg tab</i>	1	GC
<i>paroxetine 12.5 mg er tab</i>	2	GC	<i>amitriptyline 75 mg tab</i>	1	GC
<i>paroxetine 20 mg tab</i>	1	GC	<i>amoxapine 100 mg tab</i>	1	GC
<i>paroxetine 25 mg er tab</i>	2	GC	<i>amoxapine 150 mg tab</i>	1	GC
<i>paroxetine 30 mg tab</i>	1	GC	<i>amoxapine 25 mg tab</i>	1	GC
<i>paroxetine 40 mg tab</i>	1	GC	<i>amoxapine 50 mg tab</i>	1	GC
PRISTIQ 100 MG ER TAB	4		<i>chlordiaz/amit 10-25 mg tab</i>	1	GC
PRISTIQ 50 MG ER TAB	4		<i>chlordiaz/amit 5-12.5 mg tab</i>	1	GC
<i>sertraline 100 mg tab</i>	1	GC	<i>clomipramine 25 mg cap</i>	1	GC
<i>sertraline 20 mg/ml conc</i>	1	GC	<i>clomipramine 50 mg cap</i>	1	GC
<i>sertraline 25 mg tab</i>	1	GC	<i>clomipramine 75 mg cap</i>	1	GC
<i>sertraline 50 mg tab</i>	1	GC	<i>desipramine 10 mg tab</i>	1	GC
<i>venlafaxine 37.5 mg er cap</i>	2	GC	<i>desipramine 100 mg tab</i>	1	GC
<i>venlafaxine 150 mg er cap</i>	2	GC	<i>desipramine 150 mg tab</i>	1	GC
<i>venlafaxine 150 mg er tab</i>	1	GC	<i>desipramine 25 mg tab</i>	1	GC
<i>venlafaxine 225 mg er tab</i>	1	GC	<i>desipramine 50 mg tab</i>	1	GC
<i>venlafaxine 25 mg tab</i>	2	GC	<i>desipramine 75 mg tab</i>	1	GC
<i>venlafaxine 37.5 mg er tab</i>	1	GC	<i>doxepin hcl 10 mg cap</i>	1	GC
<i>venlafaxine 37.5 mg tab</i>	2	GC	<i>doxepin hcl 10 mg/ml conc</i>	1	GC
<i>venlafaxine 50 mg tab</i>	2	GC	<i>doxepin hcl 100 mg cap</i>	1	GC
<i>venlafaxine 75 mg er cap</i>	2	GC	<i>doxepin hcl 25 mg cap</i>	1	GC
<i>venlafaxine 75 mg er tab</i>	1	GC	<i>doxepin hcl 50 mg cap</i>	1	GC
<i>venlafaxine 75 mg tab</i>	2	GC	<i>doxepin hcl 75 mg cap</i>	1	GC
<i>venlafaxine mg tab</i>	2	GC	<i>doxepine hcl 150 mg cap</i>	2	GC
VIIBRYD 10 MG TAB	4		<i>imipramine hcl 10 mg tab</i>	1	GC
VIIBRYD 20 MG TAB	4		<i>imipramine hcl 25 mg tab</i>	1	GC
VIIBRYD 40 MG TAB	4		<i>imipramine hcl 50 mg tab</i>	1	GC
Tricyclics			<i>imipramine pam 100 mg cap</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>imipramine pam 125 mg cap</i>	1	GC	<i>naloxone 0.4 mg/ml inj</i>	1	GC
<i>imipramine pam 150 mg cap</i>	1	GC	<i>naloxone 1 mg/ml inj</i>	1	GC
<i>imipramine pam 75 mg cap</i>	1	GC	<i>naltrexone 50 mg tab</i>	1	GC
<i>nortriptyline 10 mg cap</i>	1	GC	ANTIEMETICS		
<i>nortriptyline 2 mg/ml sol</i>	1	GC	Antiemetics		
<i>nortriptyline 25 mg cap</i>	1	GC	<i>dronabinol 10 mg cap</i>	5	PA
<i>nortriptyline 50 mg cap</i>	1	GC	<i>dronabinol 2.5 mg cap</i>	2	PA GC
<i>nortriptyline 75 mg cap</i>	1	GC	<i>dronabinol 5 mg cap</i>	2	PA GC
<i>perphenazine/ amit 2-10 mg tab</i>	1	GC	EMEND 125 MG CAP	3	QL 30
<i>perphenazine/ amit 2-25 mg tab</i>	1	GC	EMEND 40 MG CAP	3	QL 30
<i>perphenazine/ amit 4-10 mg tab</i>	1	GC	EMEND 80 & 125 MG PACK	3	
<i>perphenazine/ amit 4-25 mg tab</i>	1	GC	<i>granisetron 0.1 mg/ml inj</i>	2	PA GC
<i>perphenazine/ amit 4-50 mg tab</i>	1	GC	<i>granisetron 1 mg tab</i>	2	PA GC
<i>protriptyline 10 mg tab</i>	1	GC	<i>granisetron 1 mg/ml inj</i>	2	PA GC
<i>protriptyline 5 mg tab</i>	1	GC	<i>meclizine 12.5 mg tab</i>	1	GC
SURMONTIL 100 MG CAP	4		<i>meclizine 25 mg tab</i>	1	GC
ANTIDOTES, DETERRENTS, AND TOXICOLOGIC AGENTS			<i>ondansetron 2 mg/ml inj</i>	2	PA GC
Antidotes			<i>ondansetron 24 mg tab</i>	2	PA QL 30 GC
EXJADE 125 MG TAB	4		<i>ondansetron 4 mg odt tab</i>	2	PA QL 60 GC
EXJADE 250 MG TAB	5		<i>ondansetron 4 mg tab</i>	2	PA QL 60 GC
EXJADE 500 MG TAB	5		<i>ondansetron 4 mg/5ml sol</i>	2	PA GC
<i>sodium poly sul pow</i>	1	GC	<i>ondansetron 8 mg odt tab</i>	2	PA QL 60 GC
Deterrents			<i>ondansetron 8 mg tab</i>	2	PA QL 60 GC
ANTABUSE 250 MG TAB	4		ANTIFUNGALS		
ANTABUSE 500 MG TAB	4		Antifungals		
<i>bupropion 150 mg sr tab</i>	1	GC	<i>amphotericin 50 mg inj</i>	2	PA GC
CHANTIX 0.5 MG TAB	4	QL 11	ANCOBON 250 MG CAP	5	
CHANTIX 0.5-1 MG PACK	4	QL 53	ANCOBON 500 MG CAP	5	
CHANTIX 1 MG TAB	4	QL 60	ERAXIS 100 MG INJ	4	
NICOTROL INH SOL	4	QL 504	<i>fluconazole 10 mg/ml susp</i>	2	GC
			<i>fluconazole 100 mg tab</i>	2	GC
			<i>fluconazole 150 mg tab</i>	2	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 11
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>fluconazole 200 mg tab</i>	2	GC	RELPAZ 20 MG TAB	3	QL 6
<i>fluconazole 40 mg/ml susp</i>	2	GC	RELPAZ 40 MG TAB	3	QL 6
<i>fluconazole 50 mg tab</i>	2	GC	<i>sumatriptan 100 mg tab</i>	1	QL 9 GC
<i>fluconazole/dex 2 mg/ml inj</i>	2	GC	<i>sumatriptan 25 mg tab</i>	1	QL 9 GC
GRIFULVIN V 500 MG TAB	4		<i>sumatriptan 4 mg/0.5ml inj</i>	2	GC
<i>itraconazole 100 mg cap</i>	2	GC	<i>sumatriptan 50 mg tab</i>	1	QL 9 GC
<i>ketoconazole 200 mg tab</i>	1	GC	<i>sumatriptan 6 mg/0.5ml inj</i>	1	QL 4 GC
MYCAMINE 100 MG INJ	5		ZOMIG 2.5 MG TAB	3	QL 6
MYCAMINE 50 MG INJ	5		ZOMIG 5 MG SPR	3	QL 6
<i>nystatin 500000 unt tab</i>	1	GC	ZOMIG 5 MG TAB	3	QL 6
ORACIG 50 MG TAB	4		ZOMIG ZMT 2.5 MG TAB	3	QL 6
<i>terbinafine 250 mg tab</i>	1	GC	ZOMIG ZMT 5 MG TAB	3	QL 6
Antifungals (Other)			Prophylactic		
<i>ciclopirox 0.77% crm</i>	1	GC	<i>divalproex 250 mg er tab</i>	1	GC
<i>ciclopirox 0.77% gel</i>	1	GC	<i>divalproex 500 mg er tab</i>	2	GC
<i>ciclopirox 0.77% susp</i>	1	GC	<i>propranolol 10 mg tab</i>	1	GC
<i>ciclopirox 1% sha</i>	1	GC	<i>propranolol 20 mg tab</i>	1	GC
<i>ciclopirox 8% sol</i>	2	GC	<i>propranolol 40 mg tab</i>	1	GC
<i>griseofulvin 125 mg/5ml susp</i>	1	GC	<i>propranolol 60 mg tab</i>	1	GC
ANTIGOUT AGENTS			<i>propranolol 80 mg tab</i>	1	GC
Antigout Agents			ANTIMYASTHENIC AGENTS		
<i>allopurinol 100 mg tab</i>	1	GC	Parasympathomimetics		
<i>allopurinol 300 mg tab</i>	1	GC	MESTINON 60 MG/5ML SOL	3	
<i>allopurinol 500 mg inj</i>	1	GC	MYTELASE 10 MG TAB	3	
COLCRYS 0.6 MG TAB	4		<i>pyridostigmine 60 mg tab</i>	1	GC
<i>proben/colch 0.5-500 mg tab</i>	1	GC	ANTIMYCOBACTERIALS		
<i>probenecid 500 mg tab</i>	1	GC	Antimycobacterials, Other		
ANTIMIGRAINE AGENTS			<i>dapsone 100 mg tab</i>	3	
Abortive			<i>dapsone 25 mg tab</i>	3	
<i>dihydroergot 1 mg/ml inj</i>	1	GC	MYCOBUTIN 150 MG CAP	3	
ERGOMAR 2 MG SL TAB	4		Antituberculars		
<i>ergotamine/caff 1-100 mg tab</i>	1	GC	CAPASTAT SUL 1 GM INJ	4	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>ethambutol 100 mg tab</i>	1	GC	Antiestrogens/Modifiers		
<i>ethambutol 400 mg tab</i>	1	GC	EMCYT 140 MG CAP	3	
<i>isonarif cap</i>	1	GC	FARESTON 60 MG TAB	3	
<i>isoniazid 10 mg/ml sol</i>	1	GC	<i>tamoxifen 10 mg tab</i>	1	GC
<i>isoniazid 100 mg tab</i>	1	GC	<i>tamoxifen 20 mg tab</i>	1	GC
<i>isoniazid 100 mg/ml inj</i>	1	GC	Antimetabolites		
<i>isoniazid 300 mg tab</i>	1	GC	<i>fludarabine 50 mg inj</i>	5	
PASER ACID 4 GM GRA	4		<i>hydroxyurea 500 mg cap</i>	1	GC
PRIFTIN 150 MG TAB	4		<i>mercaptopurine 50 mg tab</i>	1	GC
<i>pyrazinamide 500 mg tab</i>	3		TABLOID 40 MG TAB	4	
<i>rifampin 150 mg cap</i>	1	GC	Antineoplastics, Other		
<i>rifampin 300 mg cap</i>	1	GC	ALIMTA 500 MG INJ	5	
<i>rifampin 600 mg inj</i>	1	GC	<i>amifostine 500 mg inj</i>	5	
SEROMYCIN 250 MG CAP	4		AVASTIN 25 MG/ML INJ	5	
TRECTOR 250 MG TAB	4		<i>bleomycin 30 unt inj</i>	2	GC
ANTINEOPLASTICS			DACOGEN 50 MG INJ	5	
Alkylating Agents			DAUNOXOME 2 MG/ML INJ	4	PA
CEENU 10 MG CAP	4		<i>dexrazoxane 500 mg inj</i>	5	PA
CEENU 100 MG CAP	4		DOCETAXEL 80 MG/8ML INJ	5	
CEENU 40 MG CAP	4		ELITEK 1.5 MG INJ	5	
HEXALEN 50 MG CAP	4		HALAVEN 1 MG/2ML INJ	5	
LEUKERAN 2 MG TAB	3		JEVTANA 60 MG/1.5ML INJ	5	PA
MATULANE 50 MG CAP	4		<i>leucovorin 10 mg tab</i>	2	GC
Antiangiogenic Agents			<i>leucovorin 100 mg inj</i>	2	PA GC
REVLIMID 10 MG CAP	5	SP	<i>leucovorin 15 mg tab</i>	2	GC
REVLIMID 15 MG CAP	5	SP	<i>leucovorin 25 mg tab</i>	2	GC
REVLIMID 25 MG CAP	5	SP	<i>leucovorin 350 mg inj</i>	2	PA GC
REVLIMID 5 MG CAP	5	SP	<i>leucovorin 5 mg tab</i>	2	GC
THALOMID 100 MG CAP	5		MESNEX 400 MG TAB	4	
THALOMID 150 MG CAP	5		<i>mitoxantrone 2 mg/ml inj</i>	1	GC
THALOMID 200 MG CAP	5		ONTAK 150 MCG/ML INJ	5	
THALOMID 50 MG CAP	5		PROLEUKIN 22 MU INJ	5	

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 13
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
TASIGNA 200 MG CAP	5		VOTRIENT 200 MG TAB	5	
TRISENOX 1 MG/ML INJ	4		Monoclonal Antibodies		
VELCADE 3.5 MG INJ	5		ARZERRA 100 MG/5ML INJ	5	
VIDAZA 100 MG INJ	5		CAMPATH 30 MG/ML INJ	5	
ZOLINZA 100 MG CAP	5		RITUXAN 500 MG INJ	5	
Aromatase Inhibitors, 3rd Generation			Retinoids		
<i>anastrozole 1 mg tab</i>	2	GC	PANRETIN 0.1% GEL	4	
AROMASIN 25 MG TAB	4		TARGRETIN 75 MG CAP	3	
<i>exemestane 25 mg tab</i>	2	GC	TRETINOIN 10 MG CAP	5	
<i>letrozole 2.5 mg tab</i>	2	GC	ANTIPARASITICS		
Molecular Target Inhibitors			Anthelmintics		
AFINITOR 10 MG TAB	5		ALBENZA 200 MG TAB	3	
AFINITOR 2.5 MG TAB	5		<i>mebendazole 100 mg chw tab</i>	1	GC
AFINITOR 5 MG TAB	5		STROMEKTOL 3 MG TAB	4	
GLEEVEC 100 MG TAB	5		Antiprotozoals		
GLEEVEC 400 MG TAB	5		<i>chloroquine 250 mg tab</i>	1	GC
IRESSA 250 MG TAB	5		<i>chloroquine 500 mg tab</i>	1	GC
ISTODAX 5 MG/ML INJ	5		DARAPRIM 25 MG TAB	4	
NEXAVAR 200 MG TAB	5	SP	<i>hydroxychloroquine 200 mg tab</i>	1	GC
SPRYCEL 100 MG TAB	5		MEPRON 750 MG/5ML SUSP	4	
SPRYCEL 20 MG TAB	5		NEBUPENT 300 MG INH SOL	3	
SPRYCEL 50 MG TAB	5		QUALAQUIN 324 MG CAP	3	
SPRYCEL 70 MG TAB	5		Pediculicides/ Scabicides		
SUTENT 12.5 MG CAP	5		<i>acticin 5% crm</i>	1	GC
SUTENT 25 MG CAP	5		EURAX 10% CRM	4	
SUTENT 50 MG CAP	5		EURAX 10% LOT	4	
TARCEVA 100 MG TAB	5		<i>lindane 1% lot</i>	3	
TARCEVA 150 MG TAB	5		<i>lindane 1% shampoo</i>	3	
TARCEVA 25 MG TAB	5		<i>permethrin 5% crm</i>	1	GC
TYKERB 250 MG TAB	5		ANTIPARKINSON AGENTS		
VANDETANIB 100 MG TAB	4		Antiparkinson Agents		
VANDETANIB 300 MG TAB	4		<i>amantadine 100 mg cap</i>	1	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 14
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>amantadine 100 mg tab</i>	1	GC	<i>ropinirole 5 mg tab</i>	1	GC
<i>amantadine 50 mg/5ml syp</i>	1	GC	<i>selegiline 5 mg cap</i>	1	GC
APOKYN INJ	5	SP	<i>selegiline 5 mg tab</i>	1	GC
AZILECT 0.5 MG TAB	4		STALEVO 100 TAB	3	
AZILECT 1 MG TAB	4		STALEVO 125 TAB	3	
<i>benztropine 0.5 mg tab</i>	1	GC	STALEVO 150 TAB	3	
<i>benztropine 1 mg tab</i>	1	GC	STALEVO 200 TAB	3	
<i>benztropine 2 mg tab</i>	1	GC	STALEVO 50 TAB	3	
<i>bromocriptine 2.5 mg tab</i>	2	GC	STALEVO 75 TAB	3	
<i>bromocriptine 5 mg cap</i>	2	GC	TASMAR 100 MG TAB	4	
<i>carbid/levo 10-100 mg odt tab</i>	1	GC	<i>trihexyphenidyl 0.4 mg/ml syp</i>	1	GC
<i>carbid/levo 10-100 mg tab</i>	1	GC	<i>trihexyphenidyl 2 mg tab</i>	1	GC
<i>carbid/levo 25-100 mg cr tab</i>	1	GC	<i>trihexyphenidyl 5 mg tab</i>	1	GC
<i>carbid/levo 25-100 mg odt tab</i>	1	GC	ANTIPSYCHOTICS		
<i>carbid/levo 25-100 mg tab</i>	1	GC	Atypicals		
<i>carbid/levo 25-250 mg odt tab</i>	1	GC	ABILIFY 1 MG/ML SOL	4	
<i>carbid/levo 25-250 mg tab</i>	1	GC	ABILIFY 10 MG TAB	4	
<i>carbid/levo 50-200 mg sr tab</i>	1	GC	ABILIFY 15 MG TAB	4	
COMTAN 200 MG TAB	3		ABILIFY 2 MG TAB	4	
LODOSYN 25 MG TAB	4		ABILIFY 20 MG TAB	4	
<i>pramipexole 0.125 mg tab</i>	4		ABILIFY 30 MG TAB	4	
<i>pramipexole 0.25 mg tab</i>	4		ABILIFY 5 MG TAB	4	
<i>pramipexole 0.5 mg tab</i>	4		ABILIFY 7.5 MG/ML INJ	4	
<i>pramipexole 0.75 mg tab</i>	2	GC	ABILIFY DISCMELT 10 MG TAB	4	
<i>pramipexole 1 mg tab</i>	4		ABILIFY DISCMELT 15 MG TAB	4	
<i>pramipexole 1.5 mg tab</i>	4		<i>clozapine 100 mg tab</i>	1	GC
<i>ropinirole 0.25 mg tab</i>	1	GC	<i>clozapine 200 mg tab</i>	2	GC
<i>ropinirole 0.5 mg tab</i>	1	GC	<i>clozapine 25 mg tab</i>	2	GC
<i>ropinirole 1 mg tab</i>	1	GC	<i>clozapine 50 mg tab</i>	2	GC
<i>ropinirole 2 mg tab</i>	1	GC	FANAPT 1 MG TAB	4	
<i>ropinirole 3 mg tab</i>	1	GC	FANAPT 10 MG TAB	4	
<i>ropinirole 4 mg tab</i>	1	GC	FANAPT 12 MG TAB	4	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FANAPT 2 MG TAB	4		<i>risperidone 1 mg odt tab</i>	1	GC
FANAPT 4 MG TAB	4		<i>risperidone 1 mg tab</i>	2	GC
FANAPT 6 MG TAB	4		<i>risperidone 1 mg/ml sol</i>	2	GC
FANAPT 8 MG TAB	4		<i>risperidone 2 mg odt tab</i>	2	GC
FANAPT PACK	4		<i>risperidone 2 mg tab</i>	2	GC
FAZACLO 100 MG ODT TAB	4		<i>risperidone 3 mg odt tab</i>	2	GC
FAZACLO 12.5 MG ODT TAB	4		<i>risperidone 3 mg tab</i>	2	GC
FAZACLO 25 MG ODT TAB	4		<i>risperidone 4 mg odt tab</i>	2	GC
GEODON 20 MG CAP	4		<i>risperidone 4 mg tab</i>	2	GC
GEODON 20 MG INJ	4		SAPHRIS 10 MG SL TAB	3	
GEODON 40 MG CAP	4		SAPHRIS 5 MG SL TAB	3	
GEODON 60 MG CAP	4		SEROQUEL 100 MG TAB	3	
GEODON 80 MG CAP	4		SEROQUEL 150 MG ER TAB	3	
INVEGA 1.5 MG ER TAB	4		SEROQUEL 200 MG TAB	3	
INVEGA 117 MG/0.75ML INJ	4		SEROQUEL 200 MG XR TAB	3	
INVEGA 156 MG/ML INJ	4		SEROQUEL 25 MG TAB	3	
INVEGA 234 MG/1.5ML INJ	4		SEROQUEL 300 MG TAB	3	
INVEGA 3 MG ER TAB	4		SEROQUEL 300 MG XR TAB	3	
INVEGA 39 MG/0.25ML INJ	4		SEROQUEL 400 MG TAB	3	
INVEGA 6 MG ER TAB	4		SEROQUEL 400 MG XR TAB	3	
INVEGA 78 MG/0.5ML INJ	4		SEROQUEL 50 MG ER TAB	3	
INVEGA 9 MG ER TAB	4		SEROQUEL 50 MG TAB	3	
LATUDA 40 MG TAB	4		ZYPREXA 10 MG INJ	4	
LATUDA 80 MG TAB	4		ZYPREXA 10 MG TAB	4	
RISPERDAL 12.5 MG INJ	4		ZYPREXA 15 MG TAB	4	
RISPERDAL 25 MG INJ	4		ZYPREXA 2.5 MG TAB	4	
RISPERDAL 37.5 MG INJ	5		ZYPREXA 20 MG TAB	4	
RISPERDAL 50 MG INJ	5		ZYPREXA 5 MG TAB	4	
RISPERDAL M 1 MG TAB	4		ZYPREXA 7.5 MG TAB	4	
<i>risperidone 0.25 mg tab</i>	2	GC	ZYPREXA ZYDIS 10 MG TAB	4	
<i>risperidone 0.5 mg odt tab</i>	2	GC	ZYPREXA ZYDIS 15 MG TAB	4	
<i>risperidone 0.5 mg tab</i>	2	GC	ZYPREXA ZYDIS 20 MG TAB	4	

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 16
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ZYPREXA ZYDIS 5 MG TAB	4		ORAP 2 MG TAB	4	
Conventional			<i>perphenazine 16 mg tab</i>	1	GC
<i>chlorpromazine 10 mg tab</i>	1	GC	<i>perphenazine 2 mg tab</i>	1	GC
<i>chlorpromazine 100 mg tab</i>	1	GC	<i>perphenazine 4 mg tab</i>	1	GC
<i>chlorpromazine 200 mg tab</i>	1	GC	<i>perphenazine 8 mg tab</i>	1	GC
<i>chlorpromazine 25 mg tab</i>	1	GC	<i>prochlorperazine 10 mg tab</i>	1	GC
<i>chlorpromazine 25 mg/ml inj</i>	1	GC	<i>prochlorperazine 25 mg supp</i>	1	GC
<i>chlorpromazine 50 mg tab</i>	1	GC	<i>prochlorperazine 5 mg tab</i>	1	GC
<i>compro 25 mg supp</i>	1	GC	<i>prochlorperazine 5 mg/ml inj</i>	1	GC
<i>fluphenazine 1 mg tab</i>	1	GC	<i>thioridazine 10 mg tab</i>	1	GC
<i>fluphenazine 10 mg tab</i>	1	GC	<i>thioridazine 100 mg tab</i>	1	GC
<i>fluphenazine 2.5 mg tab</i>	1	GC	<i>thioridazine 25 mg tab</i>	1	GC
<i>fluphenazine 2.5 mg/5ml elx</i>	1	GC	<i>thioridazine 50 mg tab</i>	1	GC
<i>fluphenazine 2.5 mg/ml inj</i>	1	GC	<i>thiothixene 1 mg cap</i>	1	GC
<i>fluphenazine 25 mg/ml inj</i>	1	GC	<i>thiothixene 10 mg cap</i>	1	GC
<i>fluphenazine 5 mg tab</i>	1	GC	<i>thiothixene 2 mg cap</i>	1	GC
<i>fluphenazine 5 mg/ml conc</i>	4		<i>thiothixene 5 mg cap</i>	1	GC
<i>haloperidol 0.5 mg tab</i>	1	GC	<i>trifluoperazine 1 mg tab</i>	1	GC
<i>haloperidol 1 mg tab</i>	1	GC	<i>trifluoperazine 10 mg tab</i>	1	GC
<i>haloperidol 10 mg tab</i>	1	GC	<i>trifluoperazine 2 mg tab</i>	1	GC
<i>haloperidol 2 mg tab</i>	1	GC	<i>trifluoperazine 5 mg tab</i>	1	GC
<i>haloperidol 2 mg/ml conc</i>	1	GC	ANTISPASTICITY AGENTS		
<i>haloperidol 20 mg tab</i>	1	GC	Antispasticity Agents		
<i>haloperidol 5 mg tab</i>	1	GC	<i>baclofen 10 mg tab</i>	1	GC
<i>haloperidol dec 100 mg/ml inj</i>	1	GC	<i>baclofen 20 mg tab</i>	1	GC
<i>haloperidol dec 50 mg/ml inj</i>	1	GC	<i>tizanidine 2 mg tab</i>	1	GC
<i>haloperidol lac 5 mg/ml inj</i>	1	GC	<i>tizanidine 4 mg tab</i>	1	GC
<i>loxapine 10 mg cap</i>	2	GC	ANTIVIRALS		
<i>loxapine 25 mg cap</i>	2	GC	Anti-cytomegalovirus (CMV) Agents		
<i>loxapine 5 mg cap</i>	2	GC	<i>foscarnet 24 mg/ml inj</i>	4	
<i>loxapine 50 mg cap</i>	2	GC	<i>ganciclovir 250 mg cap</i>	1	GC
ORAP 1 MG TAB	4		<i>ganciclovir 500 mg cap</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
GANCICLOVIR 500 MG INJ	2	PA GC	<i>stavudine 1 mg/ml sol</i>	2	GC
VALCYTE 450 MG TAB	5		<i>stavudine 15 mg cap</i>	1	GC
VALCYTE 50 MG/ML SOL	5		<i>stavudine 20 mg cap</i>	1	GC
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors			<i>stavudine 30 mg cap</i>	1	GC
ATRIPLA TAB	5		<i>stavudine 40 mg cap</i>	1	GC
EDURANT 25 MG TAB	4		TRIZIVIR TAB	5	
INTELENCE 100 MG TAB	5		TRUVADA TAB	5	
RESCRIPTOR 100 MG TAB	3		VIDEX 2 GM SOL	3	
RESCRIPTOR 200 MG TAB	3		VIREAD 300 MG TAB	5	
SUSTIVA 200 MG CAP	3		ZIAGEN 20 MG/ML SOL	4	
SUSTIVA 50 MG CAP	3		ZIAGEN 300 MG TAB	4	
SUSTIVA 600 MG TAB	3		<i>zidovudine 10 mg/ml syp</i>	1	GC
VIRAMUNE 200 MG TAB	4		<i>zidovudine 100 mg cap</i>	1	GC
VIRAMUNE 400 MG ER TAB	4		<i>zidovudine 300 mg tab</i>	1	GC
VIRAMUNE 50 MG/5ML SUSP	4		Anti-HIV Agents, Protease Inhibitors		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors			APTIVUS 250 MG CAP	5	
COMBIVIR 150-300 MG TAB	5		APTIVUS SOL	5	
<i>didanosine 125 mg ec cap</i>	1	GC	CRIXIVAN 100 MG CAP	3	
<i>didanosine 200 mg ec cap</i>	2	GC	CRIXIVAN 200 MG CAP	3	
<i>didanosine 250 mg ec cap</i>	2	GC	CRIXIVAN 400 MG CAP	3	
<i>didanosine 400 mg ec cap</i>	2	GC	INVIRASE 200 MG CAP	4	
EMTRIVA 10 MG/ML SOL	3		INVIRASE 500 MG TAB	5	
EMTRIVA 200 MG CAP	3		ISENTRESS 400 MG TAB	5	
EPIVIR 10 MG/ML SOL	3		KALETRA 100-25 MGTAB	3	
EPIVIR 150 MG TAB	3		KALETRA 200-50 MG TAB	5	
EPIVIR 300 MG TAB	4		KALETRA 80-20 MG/ML SOL	5	
EPIVIR HBV 100 MG TAB	3		LEXIVA 50 MG/ML SUSP	4	
EPIVIR HBV 5 MG/ML SOL	3		LEXIVA 700 MG TAB	5	
EPZICOM 600-300 MG TAB	5		NORVIR 100 MG CAP	4	
RETROVIR 10 MG/ML INJ	4		NORVIR 100 MG TAB	3	
			NORVIR 80 MG/ML SOL	3	
			PREZISTA 150 MG TAB	4	

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 18
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PREZISTA 400 MG TAB	5		<i>ribavirin 200 mg cap</i>	2	GC
PREZISTA 600 MG TAB	5		<i>ribavirin 200 mg tab</i>	2	GC
PREZISTA 75 MG TAB	4		TYZEKA 600 MG TAB	4	
REYATAZ 100 MG CAP	4		Antiherpetic Agents		
REYATAZ 150 MG CAP	5		<i>acyclovir 200 mg cap</i>	1	GC
REYATAZ 200 MG CAP	5		<i>acyclovir 200 mg/5ml susp</i>	1	GC
REYATAZ 300 MG CAP	5		<i>acyclovir 400 mg tab</i>	1	GC
SELZENTRY 150 MG TAB	5		<i>acyclovir 500 mg inj</i>	1	GC
SELZENTRY 300 MG TAB	5		<i>acyclovir 800 mg tab</i>	1	GC
VIRACEPT 250 MG TAB	5		<i>famciclovir 125 mg tab</i>	2	GC
VIRACEPT 50 MG/GM POW	3		<i>famciclovir 250 mg tab</i>	2	GC
VIRACEPT 625 MG TAB	5		<i>famciclovir 500 mg tab</i>	2	GC
Anti-human Immunodeficiency Virus (HIV) Agents, Fusion Inhibitors			<i>valacyclovir 1000 mg tab</i>	2	GC
FUZEON 90 MG KIT	5		<i>valacyclovir 500 mg tab</i>	2	GC
Anti-influenza Agents			VALTREX 1 GM TAB	3	
<i>rimantadine 100 mg tab</i>	1	GC	VALTREX 500 MG TAB	3	
TAMIFLU 30 MG CAP	4		ANXIOLYTICS		
TAMIFLU 45 MG CAP	4		Anxiolytics, Other		
TAMIFLU 75 MG CAP	4		<i>alprazolam 0.25 mg tab</i>	6	E GC
Antihepatitis Agents			<i>alprazolam 0.5 mg tab</i>	6	E GC
BARACLUDE 0.05 MG/ML SOL	4		<i>alprazolam 1 mg tab</i>	6	E GC
BARACLUDE 0.5 MG TAB	5		<i>alprazolam 2 mg tab</i>	6	E GC
BARACLUDE 1 MG TAB	5		<i>bupirone 10 mg tab</i>	1	GC
HEPSERA 10 MG TAB	5		<i>bupirone 15 mg tab</i>	1	GC
RIBAPAK 1000 MG/DAY PACK	5		<i>bupirone 30 mg tab</i>	1	GC
<i>ribapak 400 mg pack</i>	5		<i>bupirone 5 mg tab</i>	1	GC
<i>ribapak 600 mg pack</i>	5		<i>bupirone 7.5 mg tab</i>	1	GC
<i>ribasphere 200 mg cap</i>	2	GC	<i>chlordiazepoxide</i>	6	E GC
<i>ribasphere 200 mg tab</i>	2	GC	<i>chlordiazepoxide 10 mg cap</i>	6	E GC
<i>ribasphere 400 mg tab</i>	5		<i>chlordiazepoxide 5 mg cap</i>	6	E GC
<i>ribasphere 600 mg tab</i>	5		<i>clonazepam 0.125 mg odt tab</i>	6	E GC
			<i>clonazepam 0.25 mg odt tab</i>	6	E GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 19
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>clonazepam 0.5 mg odt tab</i>	6	E GC	<i>acarbose 25 mg tab</i>	1	GC
<i>clonazepam 0.5 mg tab</i>	6	E GC	<i>acarbose 50 mg tab</i>	1	GC
<i>clonazepam 1 mg odt tab</i>	6	E GC	ACTOPLUS MET 15-1000 MG XR TA	3	
<i>clonazepam 1 mg tab</i>	6	E GC	ACTOPLUS MET 15-500 MG TAB	3	
<i>clonazepam 2 mg odt tab</i>	6	E GC	ACTOPLUS MET 15-850 MG TAB	3	
<i>clonazepam 2 mg tab</i>	6	E GC	ACTOPLUS MET 30-1000 MG XR TA	3	
<i>cloraz dipot 15 mg tab</i>	6	E GC	ACTOS 15 MG TAB	3	
<i>cloraz dipot 3.75 mg tab</i>	6	E GC	ACTOS 30 MG TAB	3	
<i>cloraz dipot 7.5 mg tab</i>	6	E GC	ACTOS 45 MG TAB	3	
<i>diazepam 10 mg tab</i>	6	E GC	ALCOHOL PREP PAD	3	
<i>diazepam 2 mg tab</i>	6	E GC	AVANDAMET 2-1000 MGTAB	3	
<i>diazepam 5 mg tab</i>	6	E GC	AVANDAMET 2-500 MG TAB	3	
<i>lorazepam 0.5 mg tab</i>	6	E GC	AVANDAMET 4-1000 MG TAB	3	
<i>lorazepam 1 mg tab</i>	6	E GC	AVANDAMET 4-500 MG TAB	3	
<i>lorazepam 2 mg tab</i>	6	E GC	AVANDARYL 4-1 MG TAB	3	
<i>meprobamate 200 mg tab</i>	1	GC	AVANDARYL 4-2 MG TAB	3	
<i>meprobamate 400 mg tab</i>	1	GC	AVANDARYL 4-4 MG TAB	3	
<i>oxazepam 10 mg cap</i>	6	E GC	AVANDARYL 8-2 MG TAB	3	
<i>oxazepam 15 mg cap</i>	6	E GC	AVANDARYL 8-4 MG TAB	3	
<i>oxazepam 30 mg cap</i>	6	E GC	AVANDIA 2 MG TAB	3	
BIPOLAR AGENTS			AVANDIA 4 MG TAB	3	
Bipolar Agents			AVANDIA 8 MG TAB	3	
<i>lithium carb 150 mg cap</i>	1	GC	AVANDIA 8 MG TAB	3	
<i>lithium carb 300 mg cap</i>	1	GC	BYETTA 10 MCG INJ	3	
<i>lithium carb 300 mg er tab</i>	1	GC	BYETTA 5 MCG INJ	3	
<i>lithium carb 300 mg tab</i>	1	GC	GAUZE PADS & DRESSINGS	1	GC
<i>lithium carb 450 mg er tab</i>	1	GC	<i>glimepiride 1 mg tab</i>	1	GC
<i>lithium carb 600 mg cap</i>	1	GC	<i>glimepiride 2 mg tab</i>	1	GC
LITHIUM CIT 8 MEQ/5ML SOL	1	GC	<i>glimepiride 4 mg tab</i>	1	GC
BLOOD GLUCOSE REGULATORS			<i>glipizide 10 mg tab</i>	1	GC
Antidiabetic Agents			<i>glipizide 10 mg xl tab</i>	1	GC
<i>acarbose 100 mg tab</i>	1	GC	<i>glipizide 2.5 mg er tab</i>	1	GC
			<i>glipizide 5 mg tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>glipizide 5 mg xl tab</i>	1	GC	<i>metformin 750 mg er tab</i>	1	GC
<i>glipizide/met 2.5-250 mg tab</i>	1	GC	<i>metformin 850 mg tab</i>	1	GC
<i>glipizide/met 2.5-500 mg tab</i>	1	GC	ONGLYZA 5 MG TAB	4	
<i>glipizide/met 5-500 mg tab</i>	1	GC	PRANDIN 0.5 MG TAB	4	
<i>glyburide 1.25 mg tab</i>	1	GC	PRANDIN 1 MG TAB	4	
<i>glyburide 2.5 mg tab</i>	1	GC	PRANDIN 2 MG TAB	4	
<i>glyburide 5 mg tab</i>	1	GC	RIOMET SOL	4	
<i>glyburide micro 1.5 mg tab</i>	1	GC	SYMLIN 600 MCG INJ	3	
<i>glyburide micro 3 mg tab</i>	1	GC	SYMLINPEN 60 INJ 1000 MCG	3	
<i>glyburide micro 6 mg tab</i>	1	GC	SYMLINPEN 120 INJ 1000 MCG	3	
<i>glyburide/met 1.25-250 mg tab</i>	1	GC	Glycemic Agents		
<i>glyburide/met 2.5-500 mg tab</i>	1	GC	GLUCAGEN HYPOKIT INJ	3	
<i>glyburide/met 5-500 mg tab</i>	1	GC	GLUCAGON 1MG INJ	3	
<i>glycron 1.5 mg tab</i>	1	GC	PROGLYCEM 50 MG/ML SUSP	3	
<i>glycron 3 mg tab</i>	1	GC	Insulins		
<i>glycron 6 mg tab</i>	1	GC	APIDRA 100 UNT/ML INJ	3	
INSULIN PEN NEEDLE 29GX12.7MM	3		APIDRA SOLOSTAR	3	
INSULIN SYRG MIS 0.3 ML/31G	3		HUMALOG 100 UNT/ML INJ	3	
INSULIN SYRG MIS 0.5 ML/30G	3		HUMALOG 100 UNT/ML PEN INJ	3	
INSULIN SYRG MIS 1 ML/31G	3		HUMALOG MIX 50/50 INJ	3	
INSULIN SYRG MIS 1ML/29G	3		HUMALOG MIX 50/50 PEN INJ	3	
JANUMET 50-1000 MG TAB	3		HUMALOG MIX 75/25 INJ	3	
JANUMET 50-500 MG TAB	3		HUMALOG MIX 75/25 PEN INJ	3	
JANUVIA 100 MG TAB	3		HUMULIN 70/30 INJ	3	
JANUVIA 25 MG TAB	3		HUMULIN 70/30 PEN INJ	3	
JANUVIA 50 MG TAB	3		HUMULIN N INJ	3	
KOMBIGLYZE 2.5-1000 MG TAB	4		HUMULIN N PEN INJ	3	
KOMBIGLYZE 5-1000 MG TAB	4		HUMULIN R INJ	3	
KOMBIGLYZE 5-500 MG TAB	4		HUMULIN R U-500 INJ	3	
<i>metformin 1000 mg tab</i>	1	GC	LANTUS 100 UNT/ML INJ	3	
<i>metformin 500 mg er tab</i>	1	GC	LANTUS SOLOSTAR INJ	3	
<i>metformin 500 mg tab</i>	1	GC	LEVEMIR FLEXPEN INJ	3	

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 21
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
LEVEMIR INJ	3		FRAGMIN 10000 UNT/ML INJ	4	
NOVOLIN 70/30 INJ	3		FRAGMIN 12500 UNT/0.5ML INJ	4	
NOVOLIN N U-100 INJ	3		FRAGMIN 15000 UNT/0.6ML INJ	4	
NOVOLIN R U-100 INJ	3		FRAGMIN 18000 UNT/0.72ML INJ	4	
NOVOLOG 100 UNT/ML INJ	3		FRAGMIN 2500 UNT/0.2ML INJ	4	
NOVOLOG 100 UNT/ML INJ	3		FRAGMIN 25000 UNT/ML INJ	4	
NOVOLOG MIX 70/30 FLEXPEN INJ	3		FRAGMIN 5000 UNT/0.2ML INJ	4	
NOVOLOG MIX 70/30 INJ	3		FRAGMIN 7500 UNT/0.3ML INJ	4	
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS			<i>heparin sod 1000 unt/ml inj</i>	1	GC
Anticoagulants			<i>heparin sod 10000 unt/ml inj</i>	1	GC
ARIXTRA 10 MG/0.8ML INJ	3		<i>heparin sod 2000 unt/ml inj</i>	1	GC
ARIXTRA 2.5 MG/0.5ML INJ	3		<i>heparin sod 20000 unt/ml inj</i>	1	GC
ARIXTRA 7.5 MG/0.6ML INJ	3		<i>heparin sod 5000 unt/ml inj</i>	1	GC
ARIXTRA 7.5 MG/0.6ML INJ	3		<i>heparin sod/d5w 20000 unt inj</i>	1	GC
COUMADIN 1 MG TAB	4		<i>heparin sod/d5w 25000 unt inj</i>	1	GC
COUMADIN 10 MG TAB	4		<i>heparin sod/nacl 2 unt/ml inj</i>	1	GC
COUMADIN 2 MG TAB	4		LOVENOX 300 MG/3ML INJ	4	
COUMADIN 2.5 MG TAB	4		<i>warfarin 1 mg tab</i>	1	GC
COUMADIN 3 MG TAB	4		<i>warfarin 10 mg tab</i>	1	GC
COUMADIN 4 MG TAB	4		<i>warfarin 2 mg tab</i>	1	GC
COUMADIN 5 MG INJ	4		<i>warfarin 2.5 mg tab</i>	1	GC
COUMADIN 5 MG TAB	4		<i>warfarin 3 mg tab</i>	1	GC
COUMADIN 6 MG TAB	4		<i>warfarin 4 mg tab</i>	1	GC
COUMADIN 7.5 MG TAB	4		<i>warfarin 5 mg tab</i>	1	GC
<i>enoxaparin 100 mg/ml inj</i>	2	GC	<i>warfarin 6 mg tab</i>	1	GC
<i>enoxaparin 120 mg/0.8ml inj</i>	2	GC	<i>warfarin 7.5 mg tab</i>	1	GC
<i>enoxaparin 150 mg/ml inj</i>	2	GC	Blood Formation Products		
<i>enoxaparin 30 mg/0.3ml inj</i>	2	GC	ARANESP 100 MCG INJ	4	PA
<i>enoxaparin 40 mg/0.4ml inj</i>	2	GC	ARANESP 100 MCG/0.5ML INJ	4	PA
<i>enoxaparin 60 mg/0.6ml inj</i>	2	GC	ARANESP 150 MCG INJ	5	PA
<i>enoxaparin 80 mg/0.8ml inj</i>	2	GC	ARANESP 200 MCG INJ	5	PA

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 22
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ARANESP 200 MCG/0.4ML INJ	5	PA	<i>cilostazol 50 mg tab</i>	1	GC
ARANESP 25 MCG INJ	4	PA	<i>dipyridamole 25 mg tab</i>	1	GC
ARANESP 25 MCG/0.42ML INJ	4	PA	<i>dipyridamole 50 mg tab</i>	1	GC
ARANESP 300 MCG INJ	5	PA	<i>dipyridamole 75 mg tab</i>	1	GC
ARANESP 300 MCG/0.6ML INJ	5	PA	EFFIENT 5 MG TAB	4	
ARANESP 40 MCG INJ	4	PA	PLAVIX 300 MG TAB	3	
ARANESP 40 MCG/0.4ML INJ	4	PA	PLAVIX 75 MG TAB	3	
ARANESP 500 MCG INJ	5	PA	<i>ticlopidine 125 mcg tab</i>	1	GC
ARANESP 60 MCG INJ	4	PA	CARDIOVASCULAR AGENTS		
ARANESP 60 MCG/0.3ML INJ	4	PA	Alpha-adrenergic Agonists		
LEUKINE 250 MCG INJ	5		<i>clonidine 0.1 mg tab</i>	1	GC
NEULASTA 6 MG/0.6ML INJ	5		<i>clonidine 0.2 mg tab</i>	1	GC
NEUMEGA 5 MG INJ	5		<i>clonidine 0.3 mg tab</i>	1	GC
NEUPOGEN 300 MCG/0.5ML INJ	5		<i>methyldopa 250 mg tab</i>	1	GC
NEUPOGEN 480 MCG/0.8ML INJ	5		<i>methyldopa 500 mg tab</i>	1	GC
NEUPOGEN 480 MCG/1.6ML INJ	5		<i>methyldopa/hctz 250-25 mg tab</i>	1	GC
PROCRIT 10000 UNT/ML INJ	4	PA	<i>methyldopa/hctz 50-15 mg tab</i>	1	GC
PROCRIT 2000 UNT/ML INJ	3	PA QL 23	<i>methyldopate 250 mg/5ml inj</i>	1	GC
PROCRIT 20000 UNT/ML INJ	5	PA	<i>reserpine 0.1 mg tab</i>	1	GC
PROCRIT 3000 UNT/ML INJ	3	PA QL 16	Alpha-adrenergic Blocking Agents		
PROCRIT 4000 UNT/ML INJ	3	PA QL 12	<i>doxazosin 1 mg tab</i>	1	GC
PROCRIT 40000 UNT/ML INJ	5	PA	<i>doxazosin 2 mg tab</i>	1	GC
PROMACTA 25 MG TAB	5		<i>doxazosin 4 mg tab</i>	1	GC
PROMACTA 50 MG TAB	5		<i>doxazosin 8 mg tab</i>	1	GC
Coagulants			<i>prazosin hcl 1 mg cap</i>	1	GC
CYKLOKAPRON 100 MG/ML INJ	3		<i>prazosin hcl 2 mg cap</i>	1	GC
LYSTEDA 650 MG TAB	4		<i>prazosin hcl 5 mg cap</i>	1	GC
Platelet Aggregation Inhibitors			<i>terazosin 1 mg cap</i>	1	GC
AGGRENOX 25-200 MG CAP	3		<i>terazosin 10 mg cap</i>	1	GC
<i>anagrelide 0.5 mg cap</i>	1	GC	<i>terazosin 2 mg cap</i>	1	GC
<i>anagrelide 1 mg cap</i>	1	GC	<i>terazosin 5 mg cap</i>	1	GC
<i>cilostazol 100 mg tab</i>	1	GC	Antiarrhythmics		

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>amiodarone 200 mg tab</i>	1	GC	<i>sotalol 240 mg tab</i>	1	GC
<i>amiodarone 400 mg tab</i>	1	GC	<i>sotalol 80 mg tab</i>	1	GC
<i>amiodarone 50 mg/ml inj</i>	1	GC	TIKOSYN 125 MCG CAP	3	
<i>disopyramide 100 mg cap</i>	1	GC	TIKOSYN 250 MCG CAP	3	
<i>disopyramide 150 mg cap</i>	1	GC	TIKOSYN 500 MCG CAP	3	
<i>flecainide 100 mg tab</i>	1	GC	Beta-adrenergic Blocking Agents		
<i>flecainide 150 mg tab</i>	1	GC	<i>acebutolol 200 mg cap</i>	1	GC
<i>flecainide 50 mg tab</i>	1	GC	<i>acebutolol 400 mg cap</i>	1	GC
<i>mexiletine 150 mg cap</i>	1	GC	<i>atenolol 100 mg tab</i>	1	GC
<i>mexiletine 200 mg cap</i>	1	GC	<i>atenolol 25 mg tab</i>	1	GC
<i>mexiletine 250 mg cap</i>	1	GC	<i>atenolol 50 mg tab</i>	1	GC
MULTAQ 400 MG TAB	4		<i>atenolol/chlort 100-25 mg tab</i>	1	GC
<i>pacerone 100 mg tab</i>	1	GC	<i>atenolol/chlort 50-25 mg tab</i>	1	GC
<i>pacerone 200 mg tab</i>	1	GC	<i>betaxolol 10 mg tab</i>	1	GC
<i>procainamide 100 mg/ml inj</i>	1	GC	<i>betaxolol 20 mg tab</i>	1	GC
<i>procainamide 500 mg/ml inj</i>	1	GC	<i>bisoprolol fum 10 mg tab</i>	1	GC
<i>propafenone 150 mg tab</i>	1	GC	<i>bisoprolol fum 5 mg tab</i>	1	GC
<i>propafenone 225 mg er cap</i>	2	GC	<i>bisoprolol/hctz 10- 6.25 mg t</i>	1	GC
<i>propafenone 225 mg tab</i>	1	GC	<i>bisoprolol/hctz 2.5-6.25 mg t</i>	1	GC
<i>propafenone 300 mg tab</i>	1	GC	<i>bisoprolol/hctz 5-6.25 mg tab</i>	1	GC
<i>propafenone 325 mg er cap</i>	2	GC	<i>carvedilol 12.5 mg tab</i>	1	GC
<i>propafenone 425 mg er cap</i>	2	GC	<i>carvedilol 25 mg tab</i>	1	GC
<i>quinidine gl 324 mg cr tab</i>	1	GC	<i>carvedilol 3.13 mg tab</i>	1	GC
<i>quinidine sul 200 mg tab</i>	1	GC	<i>carvedilol 6.25 mg tab</i>	1	GC
<i>quinidine sul 300 mg er tab</i>	1	GC	COREG 10 MG CR CAP	3	
<i>quinidine sul 300 mg tab</i>	1	GC	COREG 20 MG CR CAP	3	
<i>sorine 120 mg tab</i>	1	GC	COREG 40 MG CR CAP	3	
<i>sorine 160 mg tab</i>	1	GC	COREG 80 MG CR CAP	3	
<i>sorine 240 mg tab</i>	1	GC	<i>labetalol 100 mg tab</i>	1	GC
<i>sorine 80 mg tab</i>	1	GC	<i>labetalol 200 mg tab</i>	1	GC
<i>sotalol 120 mg tab</i>	1	GC	<i>labetalol 300 mg tab</i>	1	GC
<i>sotalol 160 mg tab</i>	1	GC	<i>labetalol 5 mg/ml inj</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>metoprolol 1 mg/ml inj</i>	1	GC	<i>afeditab 60 mg cr tab</i>	1	GC
<i>metoprolol 100 mg er tab</i>	1	GC	<i>amlodipine 10 mg tab</i>	1	GC
<i>metoprolol 100 mg tab</i>	1	GC	<i>amlodipine 2.5 mg tab</i>	1	GC
<i>metoprolol 200 mg er tab</i>	1	GC	<i>amlodipine 5 mg tab</i>	1	GC
<i>metoprolol 25 mg er tab</i>	1	GC	<i>cartia 120 mg xt cap</i>	1	GC
<i>metoprolol 25 mg tab</i>	1	GC	<i>cartia 180 mg xt cap</i>	1	GC
<i>metoprolol 50 mg er tab</i>	1	GC	<i>cartia 240 mg xt cap</i>	1	GC
<i>metoprolol 50 mg tab</i>	1	GC	<i>cartia 300 mg xt cap</i>	1	GC
<i>metoprolol/hctz 100-25 mg tab</i>	1	GC	<i>dilt-xr 180 mg cap</i>	1	GC
<i>metoprolol/hctz 100-50 mg tab</i>	1	GC	<i>dilt-xr 240 mg er cap</i>	1	GC
<i>metoprolol/hctz 50-25 mg tab</i>	1	GC	<i>diltiazem 100 mg inj</i>	1	GC
<i>nadolol 20 mg tab</i>	1	GC	<i>diltiazem 120 mg cd cap</i>	1	GC
<i>nadolol 40 mg tab</i>	1	GC	<i>diltiazem 120 mg er cap</i>	1	GC
<i>nadolol 80 mg tab</i>	1	GC	<i>diltiazem 120 mg tab</i>	1	GC
<i>nadolol/bend 40-5 mg tab</i>	2	GC	<i>diltiazem 180 mg er tab</i>	2	GC
<i>nadolol/bend 80-5 mg tab</i>	2	GC	<i>diltiazem 240 mg cd cap</i>	1	GC
<i>pindolol 10 mg tab</i>	1	GC	<i>diltiazem 240 mg er tab</i>	2	GC
<i>pindolol 5 mg tab</i>	1	GC	<i>diltiazem 25 mg/5ml inj</i>	1	GC
<i>propranolol 1 mg/ml inj</i>	1	GC	<i>diltiazem 30 mg tab</i>	1	GC
<i>propranolol 120 mg er cap</i>	1	GC	<i>diltiazem 300 mg cd cap</i>	1	GC
<i>propranolol 160 mg er cap</i>	1	GC	<i>diltiazem 300 mg er tab</i>	2	GC
<i>propranolol 20 mg/5ml sol</i>	1	GC	<i>diltiazem 360 mg er cap</i>	1	GC
<i>propranolol 60 mg er cap</i>	1	GC	<i>diltiazem 360 mg er tab</i>	2	GC
<i>propranolol 8 mg/ml sol</i>	1	GC	<i>diltiazem 420 mg er cap</i>	1	GC
<i>propranolol 80 mg er cap</i>	1	GC	<i>diltiazem 420 mg er tab</i>	2	GC
<i>propranolol/hctz 40-25 mg tab</i>	1	GC	<i>diltiazem 60 mg er cap</i>	1	GC
<i>propranolol/hctz 80-25 mg tab</i>	1	GC	<i>diltiazem 60 mg tab</i>	1	GC
<i>timolol mal 10 mg tab</i>	1	GC	<i>diltiazem 90 mg er cap</i>	1	GC
<i>timolol mal 20 mg tab</i>	1	GC	<i>diltiazem 90 mg tab</i>	1	GC
<i>timolol mal 5 mg tab</i>	1	GC	<i>diltzac 120 mg er cap</i>	1	GC
Calcium Channel Blocking Agents			<i>felodipine 10 mg er tab</i>	1	GC
<i>afeditab 30 mg cr tab</i>	1	GC	<i>felodipine 2.5 mg er tab</i>	1	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 25
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>felodipine 5 mg er tab</i>	1	GC	<i>verapamil 240 mg er cap</i>	1	GC
<i>isradipine 2.5 mg cap</i>	1	GC	<i>verapamil 240 mg er tab</i>	1	GC
<i>isradipine 5 mg cap</i>	1	GC	<i>verapamil 300 mg er cap</i>	2	GC
<i>nicardipine hcl 20 mg cap</i>	1	GC	<i>verapamil 40 mg tab</i>	1	GC
<i>nicardipine hcl 30 mg cap</i>	1	GC	<i>verapamil 80 mg tab</i>	1	GC
<i>nifediac cc 30 mg er tab</i>	1	GC	Cardiovascular Agents, Others		
<i>nifediac cc 60 mg er tab</i>	1	GC	<i>amlodipine/benaz 10-20 mg cap</i>	1	GC
<i>nifediac cc 90 mg er tab</i>	1	GC	<i>amlodipine/benaz 2.5-10 mg cp</i>	1	GC
<i>nifedical 30 mg xl tab</i>	1	GC	<i>amlodipine/benaz 5-10 mg cap</i>	1	GC
<i>nifedical 60 mg xl tab</i>	1	GC	<i>amlodipine/benaz 5-20 mg cap</i>	1	GC
<i>nifedipine 10 mg cap</i>	1	GC	<i>amlodipine/benazepril 10-40 m</i>	2	GC
<i>nifedipine 20 mg cap</i>	1	GC	<i>amlodipine/benazepril 5-40 mg</i>	2	GC
<i>nifedipine 30 mg er tab</i>	1	GC	<i>digoxin 0.05 mg/ml sol</i>	1	GC
<i>nifedipine 60 mg er tab</i>	1	GC	<i>digoxin 0.125 mg tab</i>	1	GC
<i>nifedipine 90 mg er tab</i>	1	GC	<i>digoxin 0.25 mg tab</i>	1	GC
<i>nimodipine 30 mg cap</i>	2	GC	<i>digoxin 0.25 mg/ml inj</i>	1	GC
<i>nisoldipine 20 mg er tab</i>	1	GC	RANEXA 1000 MG ER TAB	3	
<i>nisoldipine 30 mg er tab</i>	1	GC	RANEXA 500 MG ER TAB	3	
<i>nisoldipine 40 mg er tab</i>	1	GC	Diuretics		
<i>taztia 120 mg xt cap</i>	1	GC	<i>acetazolamide 125 mg tab</i>	1	GC
<i>taztia 180 mg xt cap</i>	1	GC	<i>acetazolamide 250 mg tab</i>	1	GC
<i>taztia 240 mg xt cap</i>	1	GC	<i>acetazolamide 500 mg er cap</i>	1	GC
<i>taztia 300 mg xt cap</i>	1	GC	<i>amiloride 5 mg tab</i>	1	GC
<i>taztia 360 mg xt cap</i>	1	GC	<i>amiloride/hctz 50-5 mg tab</i>	1	GC
<i>verapamil 100 mg er cap</i>	2	GC	<i>bumetanide 0.25 mg/ml inj</i>	1	GC
<i>verapamil 120 mg er cap</i>	1	GC	<i>bumetanide 0.5 mg tab</i>	1	GC
<i>verapamil 120 mg sr tab</i>	1	GC	<i>bumetanide 1 mg tab</i>	1	GC
<i>verapamil 120 mg tab</i>	1	GC	<i>bumetanide 2 mg tab</i>	1	GC
<i>verapamil 180 mg er cap</i>	1	GC	<i>chlorothiazide 250 mg tab</i>	1	GC
<i>verapamil 180 mg er tab</i>	1	GC	<i>chlorothiazide 500 mg tab</i>	1	GC
<i>verapamil 2.5 mg/ml inj</i>	1	GC	<i>chlorthalidone 25 mg tab</i>	1	GC
<i>verapamil 200 mg er cap</i>	2	GC	<i>chlorthalidone 50 mg tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
DYRENIUM 100 MG CAP	4		ANTARA 43 MG CAP	3	
<i>furosemide 10 mg/ml inj</i>	1	GC	<i>cholestyramine 4gm lite pow</i>	1	GC
<i>furosemide 10 mg/ml sol</i>	1	GC	<i>colestipol 1 gm tab</i>	1	GC
<i>furosemide 20 mg tab</i>	1	GC	<i>colestipol 5 gm gra</i>	1	GC
<i>furosemide 40 mg tab</i>	1	GC	CRESTOR 10 MG TAB	3	
<i>furosemide 8 mg/ml sol</i>	1	GC	CRESTOR 20 MG TAB	3	
<i>furosemide 80 mg tab</i>	1	GC	CRESTOR 40 MG TAB	3	
<i>hctz zide 12.5 mg cap</i>	1	GC	CRESTOR 5 MG TAB	3	
<i>hctz zide 12.5 mg tab</i>	1	GC	<i>fenofibrate 134 mg cap</i>	1	GC
<i>hctz zide 25 mg tab</i>	1	GC	<i>fenofibrate 160 mg tab</i>	1	GC
<i>hctz zide 50 mg tab</i>	1	GC	<i>fenofibrate 200 mg cap</i>	1	GC
<i>indapamide 1.25 mg tab</i>	1	GC	<i>fenofibrate 54 mg tab</i>	1	GC
<i>indapamide 2.5 mg tab</i>	1	GC	<i>fenofibrate 67 mg cap</i>	1	GC
<i>methazolamide 25 mg tab</i>	1	GC	<i>gemfibrozil 600 mg tab</i>	1	GC
<i>methazolamide 50 mg tab</i>	1	GC	<i>lovastatin 10 mg tab</i>	1	GC
<i>methyclothiazide 5 mg tab</i>	1	GC	<i>lovastatin 20 mg tab</i>	1	GC
<i>metolazone 10 mg tab</i>	1	GC	<i>lovastatin 40 mg tab</i>	1	GC
<i>metolazone 2.5 mg tab</i>	1	GC	LOVAZA 1 GM CAP	3	
<i>metolazone 5 mg tab</i>	1	GC	NIASPAN 1000 MG ER TAB	3	
<i>spironolactone 100 mg tab</i>	1	GC	NIASPAN 500 MG ER TAB	3	
<i>spironolactone 25 mg tab</i>	1	GC	NIASPAN 750 MG ER TAB	3	
<i>spironolactone 50 mg tab</i>	1	GC	<i>pravastatin 10 mg tab</i>	1	GC
<i>spironolactone/hctz25-25 mg t</i>	1	GC	<i>pravastatin 20 mg tab</i>	1	GC
<i>torseamide 10 mg tab</i>	1	GC	<i>pravastatin 40 mg tab</i>	1	GC
<i>torseamide 100 mg tab</i>	1	GC	<i>pravastatin 80 mg tab</i>	1	GC
<i>torseamide 20 mg tab</i>	1	GC	<i>prevalite 4 gm pow</i>	1	GC
<i>torseamide 5 mg tab</i>	1	GC	<i>simvastatin 10 mg tab</i>	1	GC
<i>triamter/hctz 37.5-25 mg tab</i>	1	GC	<i>simvastatin 20 mg tab</i>	1	GC
<i>triamter/hctz 50-25 mg cap</i>	1	GC	<i>simvastatin 40 mg tab</i>	1	GC
<i>triamter/hctz 75-50 mg tab</i>	1	GC	<i>simvastatin 5 mg tab</i>	1	GC
Dyslipidemics			<i>simvastatin 80 mg tab</i>	1	GC
ANTARA 130 MG CAP	3		TRICOR 145 MG TAB	3	

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E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
TRICOR 48 MG TAB	3		<i>captopril/hctz 50-15 mg tab</i>	1	GC
TRIGLIDE 160 MG TAB	3		<i>captopril/hctz 50-25 mg tab</i>	1	GC
TRIGLIDE 50 MG TAB	3		DIOVAN 160 MG TAB	3	
ZETIA 10 MG TAB	3		DIOVAN 320 MG TAB	3	
Renin-angiotensin-aldosterone System Inhibitors			DIOVAN 40 MG TAB	3	
ATACAND 16 MG TAB	3		DIOVAN 80 MG TAB	3	
ATACAND 32 MG TAB	3		DIOVAN HCT 160-12.5 MG TAB	3	
ATACAND 4 MG TAB	3		DIOVAN HCT 160-25 MG TAB	3	
ATACAND 8 MG TAB	3		DIOVAN HCT 320-12.5 MG TAB	3	
ATACAND HCT 16-12.5 MG TAB	3		DIOVAN HCT 320-25 MG TAB	3	
ATACAND HCT 32-12.5 MG TAB	3		DIOVAN HCT 80-12.5 MG TAB	3	
ATACAND HCT 32-25 MG TAB	3		<i>enalapril 10 mg tab</i>	1	GC
<i>benazepril 10 mg tab</i>	1	GC	<i>enalapril 2.5 mg tab</i>	1	GC
<i>benazepril 20 mg tab</i>	1	GC	<i>enalapril 20 mg tab</i>	1	GC
<i>benazepril 40 mg tab</i>	1	GC	<i>enalapril 5 mg tab</i>	1	GC
<i>benazepril 5 mg tab</i>	1	GC	<i>enalapril/hctz 10-25 mg tab</i>	1	GC
<i>benazepril/hctz 10-12.5 mg ta</i>	1	GC	<i>enalapril/hctz 5-12.5 mg tab</i>	1	GC
<i>benazepril/hctz 20-12.5 mg ta</i>	1	GC	<i>eplerenone 25 mg tab</i>	2	GC
<i>benazepril/hctz 20-25 mg tab</i>	1	GC	<i>eplerenone 50 mg tab</i>	2	GC
<i>benazepril/hctz 5-6.25 mg tab</i>	1	GC	<i>fosinopril 10 mg tab</i>	1	GC
BENICAR 20 MG TAB	4	ST	<i>fosinopril 20 mg tab</i>	1	GC
BENICAR 40 MG TAB	4	ST	<i>fosinopril 40 mg tab</i>	1	GC
BENICAR 5 MG TAB	4	ST	<i>fosinopril/hctz 10-12.5 mg ta</i>	1	GC
BENICAR HCT 20-12.5 MG TAB	4	ST	<i>fosinopril/hctz 20-12.5 mg ta</i>	1	GC
BENICAR HCT 40-12.5 MG TAB	4	ST	<i>lisinopril 10 mg tab</i>	1	GC
BENICAR HCT 40-25 MG TAB	4	ST	<i>lisinopril 2.5 mg tab</i>	1	GC
<i>captopril 100 mg tab</i>	1	GC	<i>lisinopril 20 mg tab</i>	1	GC
<i>captopril 12.5 mg tab</i>	1	GC	<i>lisinopril 30 mg tab</i>	1	GC
<i>captopril 25 mg tab</i>	1	GC	<i>lisinopril 40 mg tab</i>	1	GC
<i>captopril 50 mg tab</i>	1	GC	<i>lisinopril 5 mg tab</i>	1	GC
<i>captopril/hctz 25-15 mg tab</i>	1	GC	<i>lisinopril/hctz 10-12.5 mg ta</i>	1	GC
<i>captopril/hctz 25-25 mg tab</i>	1	GC	<i>lisinopril/hctz 20-12.5 mg ta</i>	1	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 28
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>lisinopril/hctz 20-25 mg tab</i>	1	GC	<i>trandolapril 2 mg tab</i>	1	GC
<i>losartan pot 100 mg tab</i>	2	GC	<i>trandolapril 4 mg tab</i>	1	GC
<i>losartan pot 25 mg tab</i>	2	GC	Vasodilators		
<i>losartan pot 50 mg tab</i>	2	GC	<i>hydralazine 10 mg tab</i>	1	GC
<i>losartan/hctz 100-12.5 mg tab</i>	2	GC	<i>hydralazine 100 mg tab</i>	1	GC
<i>losartan/hctz 100-25 mg tab</i>	2	GC	<i>hydralazine 20 mg/ml inj</i>	1	GC
<i>losartan/hctz 50-12.5 mg tab</i>	2	GC	<i>hydralazine 25 mg tab</i>	1	GC
MICARDIS 20 MG TAB	3		<i>hydralazine 50 mg tab</i>	1	GC
MICARDIS 40 MG TAB	3		<i>isochron 40 mg er tab</i>	1	GC
MICARDIS 80 MG TAB	3		<i>isosorbide din 10 mg tab</i>	1	GC
MICARDIS HCT 40-12.5 MG TAB	3		<i>isosorbide din 2.5 mg sl tab</i>	1	GC
MICARDIS HCT 80-12.5 MG TAB	3		<i>isosorbide din 20 mg tab</i>	1	GC
MICARDIS HCT 80-25 MG TAB	3		<i>isosorbide din 30 mg tab</i>	1	GC
<i>moexipril hcl 15 mg tab</i>	1	GC	<i>isosorbide din 40 mg er tab</i>	1	GC
<i>moexipril hcl 7.5 mg tab</i>	1	GC	<i>isosorbide din 5 mg sl tab</i>	1	GC
<i>moexipril/hctz 15-12.5 mg tab</i>	1	GC	<i>isosorbide din 5 mg tab</i>	1	GC
<i>moexipril/hctz 15-25 mg tab</i>	1	GC	<i>isosorbide mono 10 mg tab</i>	1	GC
<i>moexipril/hctz 7.5-12.5 mg ta</i>	1	GC	<i>isosorbide mono 120 mg er tab</i>	1	GC
<i>quinapril 10 mg tab</i>	1	GC	<i>isosorbide mono 20 mg tab</i>	1	GC
<i>quinapril 20 mg tab</i>	1	GC	<i>isosorbide mono 30 mg er tab</i>	1	GC
<i>quinapril 40 mg tab</i>	1	GC	<i>isosorbide mono 60 mg er tab</i>	1	GC
<i>quinapril 5 mg tab</i>	1	GC	<i>minitran 0.1 mg/hr dis</i>	1	GC
<i>quinapril/hctz 10-12.5 mg tab</i>	1	GC	<i>minitran 0.2 mg/hr dis</i>	1	GC
<i>quinapril/hctz 20-12.5 mg tab</i>	1	GC	<i>minitran 0.4 mg/hr dis</i>	1	GC
<i>quinapril/hctz 20-25 mg tab</i>	1	GC	<i>minitran 0.6 mg/hr dis</i>	1	GC
<i>ramipril 1.25 mg er cap</i>	1	GC	<i>minoxidil 10 mg tab</i>	1	GC
<i>ramipril 10 mg cap</i>	1	GC	<i>minoxidil 2.5 mg tab</i>	1	GC
<i>ramipril 2.5 mg cap</i>	1	GC	<i>nitroglycerin 0.1 mg/hr dis</i>	1	GC
<i>ramipril 5 mg cap</i>	1	GC	<i>nitroglycerin 0.2 mg/hr dis</i>	1	GC
TEKTURNA 150 MG TAB	3		<i>nitroglycerin 0.4 mg/hr dis</i>	1	GC
TEKTURNA 300 MG TAB	3		<i>nitroglycerin 0.6 mg/hr dis</i>	1	GC
<i>trandolapril 1 mg tab</i>	1	GC	<i>nitroglycerin 5 mg/ml inj</i>	1	GC

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E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
NITROLINGUAL PUMPSPRAY SPR	3		<i>methylphenidate 20 mg tab</i>	1	GC
NITROSTAT 0.3 MG SL TAB	1	GC	<i>methylphenidate 5 mg tab</i>	1	GC
NITROSTAT 0.4 MG SL TAB	1	GC	<i>methylphenidate 5 mg/5ml sol</i>	1	GC
NITROSTAT 0.6 MG SL TAB	1	GC	STRATTERA 10 MG CAP	3	
CENTRAL NERVOUS SYSTEM AGENTS			STRATTERA 100 MG CAP	3	
Amphetamines, ADHD			STRATTERA 18 MG CAP	3	
<i>amphetamine 10 mg tab</i>	1	GC	STRATTERA 25 MG CAP	3	
<i>amphetamine 12.5 mg tab</i>	1	GC	STRATTERA 40 MG CAP	3	
<i>amphetamine 15 mg tab</i>	1	GC	STRATTERA 60 MG CAP	3	
<i>amphetamine 20 mg tab</i>	1	GC	STRATTERA 80 MG CAP	3	
<i>amphetamine 30 mg tab</i>	1	GC	Non-amphetamines, Other		
<i>amphetamine 5 mg tab</i>	1	GC	AMPYRA 10 MG ER TAB	5	
<i>amphetamine 7.5 mg tab</i>	1	GC	PROVIGIL 100 MG TAB	3	PA
<i>dextroamphet 10 mg er cap</i>	2	GC	PROVIGIL 200 MG TAB	3	PA
<i>dextroamphet 10 mg tab</i>	2	GC	RILUTEK 50 MG TAB	5	
<i>dextroamphet 15 mg er cap</i>	2	GC	SAVELLA 100 MG TAB	4	
<i>dextroamphet 5 mg er cap</i>	2	GC	SAVELLA 12.5 MG TAB	4	
<i>dextroamphet 5 mg tab</i>	2	GC	SAVELLA 25 MG TAB	4	
Non-amphetamines, ADHD			SAVELLA 50 MG TAB	4	
FOCALIN 30 MG XR CAP	2	GC	SAVELLA MIS TITRATION PACK	4	
<i>metadate 20 mg er tab</i>	1	GC	XYREM 500 MG/ML SOL	4	SP
<i>methylin 10 mg chw tab</i>	1	GC	DENTAL AND ORAL AGENTS		
<i>methylin 10 mg er tab</i>	1	GC	Dental and Oral Agents		
<i>methylin 10 mg tab</i>	1	GC	<i>pilocarpine 5 mg tab</i>	1	GC
<i>methylin 2.5 mg chw tab</i>	1	GC	<i>pilocarpine 7.5 mg tab</i>	1	GC
<i>methylin 20 mg er tab</i>	1	GC	<i>triamcinolone/ora 0.1% pst</i>	1	GC
<i>methylin 20 mg tab</i>	1	GC	DERMATOLOGICAL AGENTS		
<i>methylin 5 mg chw tab</i>	1	GC	Dermatological Agents		
<i>methylin 5 mg tab</i>	1	GC	8-MOP 10 MG CAP	4	
<i>methylphenidate 10 mg tab</i>	1	GC	<i>ala-cort 1% crm</i>	1	GC
<i>methylphenidate 10 mg/5ml sol</i>	1	GC	<i>ala-cort 1% lot</i>	1	GC
<i>methylphenidate 20 mg er tab</i>	1	GC	<i>alclometasone 0.05% crm</i>	1	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 30
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>alclometasone 0.05% oint</i>	1	GC	<i>desoximetasone 0.05% gel</i>	1	GC
<i>amcinonide 0.1% crm</i>	1	GC	<i>desoximetasone 0.25% crm</i>	1	GC
<i>amcinonide 0.1% lot</i>	1	GC	<i>desoximetasone 0.25% oint</i>	1	GC
<i>amcinonide 0.1% oint</i>	1	GC	<i>diflorasone 0.05% crm</i>	1	GC
<i>ammonium lactate 12% crm</i>	1	GC	<i>diflorasone 0.05% oint</i>	1	GC
<i>ammonium lactate 12% lot</i>	1	GC	DOVONEX 0.005% CRM	3	
<i>augmented beta 0.05% lot</i>	1	GC	<i>econazole 1%crm</i>	1	GC
<i>betamethasone dip 0.05% crm</i>	1	GC	ELIDEL 1% CRM	4	
<i>betamethasone dip 0.05% oint</i>	1	GC	<i>erythromycin 2% gel</i>	1	GC
<i>betamethasone val 0.1% crm</i>	1	GC	<i>erythromycin 2% sol</i>	1	GC
<i>betamethasone val 0.1% lot</i>	1	GC	<i>erythromycin/benzoyl 5-3% gel</i>	1	GC
<i>betamethasone val 0.1% oint</i>	1	GC	<i>fluocinolone 0.01% crm</i>	1	GC
CALCIPOTRIENE 0.005% OINT	2	GC	<i>fluocinolone 0.01% sol</i>	1	GC
<i>calcipotriene 0.005% sol</i>	2	GC	<i>fluocinolone 0.025% crm</i>	1	GC
<i>clindamycin 1% gel</i>	1	GC	<i>fluocinolone 0.025% oint</i>	1	GC
<i>clindamycin 1% lot</i>	1	GC	<i>fluocinonide 0.05% crm</i>	1	GC
<i>clindamycin 1% pad</i>	1	GC	<i>fluocinonide 0.05% gel</i>	1	GC
<i>clindamycin 1% sol</i>	1	GC	<i>fluocinonide 0.05% oint</i>	1	GC
<i>clobetasol 0.05% crm</i>	1	GC	<i>fluocinonide 0.05% sol</i>	1	GC
<i>clobetasol 0.05% gel</i>	1	GC	<i>fluorouracil 5% crm</i>	2	GC
<i>clobetasol 0.05% oint</i>	1	GC	<i>fluticasone 0.005% oint</i>	1	GC
<i>clobetasol 0.05% sol</i>	1	GC	<i>fluticasone 0.05% crm</i>	1	GC
<i>clotrimazole 1% crm</i>	1	GC	<i>gentamicin 0.1% crm</i>	1	GC
<i>clotrimazole 1% sol</i>	1	GC	<i>gentamicin 0.1% oint</i>	1	GC
<i>clotrimazole/beta 1-0.05% crm</i>	1	GC	<i>halobetasol 0.05% crm</i>	1	GC
<i>clotrimazole/beta 1-0.05% lot</i>	1	GC	<i>halobetasol 0.05% oint</i>	1	GC
CONDYLOX 0.5% GEL	4		<i>hydrocortisone 1% crm</i>	1	GC
DENAVIR 1% CRM	4		<i>hydrocortisone 1% oint</i>	1	GC
<i>desonide 0.05% crm</i>	1	GC	<i>hydrocortisone 2.5% crm</i>	1	GC
<i>desonide 0.05% lot</i>	1	GC	<i>hydrocortisone 2.5% lot</i>	1	GC
<i>desonide 0.05% oint</i>	1	GC	<i>hydrocortisone 2.5% oint</i>	1	GC
<i>desoximetasone 0.05% crm</i>	1	GC	<i>hydrocortisone but 0.1% crm</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>hydrocortisone but 0.1% oint</i>	1	GC	PROTOPIC 0.03% OINT	3	
<i>hydrocortisone but 0.1% sol</i>	1	GC	PROTOPIC 0.1% OINT	3	
<i>hydrocortisone val 0.2% crm</i>	1	GC	REGRANEX 0.01% GEL	5	
<i>hydrocortisone val 0.2% oint</i>	1	GC	SANTYL 250 UNT/GM OINT	3	
<i>imiquimod 5% crm</i>	2	GC	<i>selenium sulfide 2.5% lot</i>	1	GC
<i>ketoconazole 2% crm</i>	1	GC	<i>silver sulfadiazine 1% crm</i>	1	GC
<i>ketoconazole 2% sha</i>	1	GC	SOLARAZE 3% GEL	3	
<i>laclotion 12% lot</i>	1	GC	<i>ssd 1% crm</i>	1	GC
<i>lidocaine 4% sol</i>	1	GC	<i>sulfacetamide 10% lot</i>	1	GC
<i>lidocaine 5% oint</i>	1	GC	TARGRETIN 1% GEL	3	
<i>lidocaine jelly 2% gel</i>	1	GC	TAZORA C0.1%	3	
<i>lidocaine/priloc 2.5-2.5% crm</i>	1	GC	TAZORAC 0.05% CRM	3	
LIDODERM 5% DIS	3		TAZORAC 0.05% GEL	3	
<i>lokara 0.05% lot</i>	1	GC	TAZORAC 0.1% GEL	3	
<i>metronidazole 0.75% crm</i>	1	GC	<i>thermazene 1% crm</i>	1	GC
<i>metronidazole 0.75% gel</i>	1	GC	<i>tretinoin 0.01% gel</i>	1	PA GC
<i>metronidazole 0.75% lot</i>	1	GC	<i>tretinoin 0.025% crm</i>	1	PA GC
<i>mometasone 0.1% crm</i>	1	GC	<i>tretinoin 0.025% gel</i>	1	PA GC
<i>mometasone 0.1% lot</i>	1	GC	<i>tretinoin 0.05% crm</i>	1	PA GC
<i>mometasone 0.1% oint</i>	1	GC	<i>tretinoin 0.1% crm</i>	1	PA GC
<i>mupirocin 2% oint</i>	1	GC	<i>triamcinolone 0.025% crm</i>	1	GC
<i>nystatin 100000 unt oint</i>	1	GC	<i>triamcinolone 0.025% lot</i>	1	GC
<i>nystatin 100000 unt pow</i>	1	GC	<i>triamcinolone 0.025% oint</i>	1	GC
<i>nystatin 100000 untrcm</i>	1	GC	<i>triamcinolone 0.1% crm</i>	1	GC
<i>nystatin/triamcinolone crm</i>	1	GC	<i>triamcinolone 0.1% lot</i>	1	GC
<i>nystatin/triamcinolone oint</i>	1	GC	<i>triamcinolone 0.1% oint</i>	1	GC
<i>nystop 100000 unt pow</i>	1	GC	<i>triamcinolone 0.5% crm</i>	1	GC
OXSORALEN-UL 10 MG CAP	4		<i>triamcinolone 0.5% oint</i>	1	GC
<i>podofilox 0.5% sol</i>	1	GC	<i>triderm 0.1% crm</i>	1	GC
<i>prednicarbate 0.1% oint</i>	1	GC	<i>u-cort 1% crm</i>	1	GC
<i>prednicarbate 0.1%crm</i>	1	GC	ZOVIRAX 5% OINT	3	
<i>procto-pak 1% crm</i>	1	GC	ENDOCRINE/METABOLIC AGENT		

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
Insulin Like Growth Factor			ZAVESCA 100 MG CAP	5	
INCRELEX 10 MG/ML INJ	5	SP	ZENPEP 10000 UNT CAP	3	
Somatostatin Analog			ZENPEP 15000 UNTCAP	3	
<i>octreotide 100 mcg inj</i>	2	GC	ZENPEP 20000 UNT CAP	3	
<i>octreotide 1000 mcg inj</i>	5		ZENPEP 5000 UNT EC CAP	3	
<i>octreotide 200 mcg inj</i>	2	GC	GASTROINTESTINAL AGENTS		
<i>octreotide 50 mcg/ml inj</i>	4		Antispasmodics, Gastrointestinal		
<i>octreotide 500 mcg inj</i>	5		<i>atropine sul 0.05 mg/ml inj</i>	1	GC
SANDOSTATIN LAR 10 MG KIT	5		<i>atropine sul 0.1 mg/ml inj</i>	1	GC
SANDOSTATIN LAR 20 MG KIT	5		<i>dicyclomine 10 mg cap</i>	1	GC
SANDOSTATIN LAR 30 MG KIT	5		<i>dicyclomine 10 mg/5ml sol</i>	1	GC
SOMATULINE 120 MG/0.5ML INJ	5		<i>dicyclomine 10 mg/ml inj</i>	1	GC
SOMATULINE 60 MG/0.2ML INJ	5		<i>dicyclomine 20 mg tab</i>	1	GC
SOMATULINE 90 MG/0.3ML INJ	5		<i>methscopolamine 2.5 mg tab</i>	2	GC
ENZYME REPLACEMENTS/ MODIFIERS			Gastrointestinal Agents, Others		
Enzyme Replacements/ Modifiers			<i>constulose 10 gm/15ml sol</i>	1	GC
ADAGEN 250 UNT/ML INJ	5	SP	<i>diphen/atrop 2.5 mg tab</i>	1	GC
ALDURAZYME 2.9 MG/5ML INJ	5	SP	<i>diphen/atrop 2.5/5ml liq</i>	1	GC
BUPHENYL 500 MG TAB	4		ENTOCORT 3 MG EC CAP	4	
BUPHENYL POW	4		<i>enulose 10 gm/15ml sol</i>	1	GC
CEREDASE 80 UNT/ML INJ	5		<i>lactulose 10 gm/15ml sol</i>	1	GC
CEREZYME 40 UNT/ML INJ	5	SP	<i>loperamide 2 mg cap</i>	1	GC
CYSTADANE POW	3		<i>metoclopramide 10 mg tab</i>	1	GC
CYSTAGON 150 MG CAP	3		<i>metoclopramide 5 mg tab</i>	1	GC
CYSTAGON 50 MG CAP	3		<i>metoclopramide 5 mg/5ml sol</i>	1	GC
ELAPRASE 2 MG/ML INJ	5		<i>metoclopramide 5 mg/ml inj</i>	1	GC
FABRAZYME 35 MG INJ	5	SP	<i>polyeth glyc pow 3350 nf</i>	1	GC
KUVAN 100 MG TAB	5	SP	RELISTOR 12 MG/0.6ML INJ	4	
NAGLAZYME 1 MG/ML INJ	5		<i>trilyte sol</i>	1	GC
ORFADIN 10 MG CAP	5	SP	<i>ursodiol 250 mg tab</i>	2	GC
ORFADIN 2 MG CAP	5	SP	<i>ursodiol 300 mg cap</i>	4	
ORFADIN 5 MG CAP	5	SP	<i>ursodiol 500 mg tab</i>	2	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
XIFAXAN 550 MG TAB	4		NEXIUM 40 MG DR CAP	4	ST
Histamine2 (H2) Blocking Agents			NEXIUM 40 MG EC CAP	4	ST
<i>cimetidine 150 mg/ml inj</i>	1	GC	NEXIUM I.V. 20 MG INJ	4	ST
<i>cimetidine 200 mg tab</i>	1	GC	NEXIUM I.V. 8 40MG INJ	4	ST
<i>cimetidine 60 mg/ml sol</i>	1	GC	<i>omeprazole 10 mg ec cap</i>	2	GC
<i>famotidine 10 mg/ml inj</i>	1	GC	<i>omeprazole 20 mg ec cap</i>	1	GC
<i>famotidine 20 mg tab</i>	1	GC	<i>omeprazole 40 mg ec cap</i>	1	GC
<i>famotidine 20 mg/50ml inj</i>	1	GC	OTC PRODUCT	1	GC
<i>famotidine 40 mg tab</i>	1	GC	<i>pantoprazole 20 mg ec tab</i>	2	GC
<i>nizatidine 150 mg cap</i>	1	GC	<i>pantoprazole 40 mg ec tab</i>	2	GC
<i>nizatidine 300 mg cap</i>	1	GC	GENITOURINARY AGENTS		
<i>ranitidine 15 mg/ml syp</i>	1	GC	Antispasmodics, Urinary		
<i>ranitidine 150 mg cap</i>	1	GC	<i>bethanechol 10 mg tab</i>	1	GC
<i>ranitidine 150 mg tab</i>	1	GC	<i>bethanechol 25 mg tab</i>	1	GC
<i>ranitidine 150 mg/6ml inj</i>	1	GC	<i>bethanechol 5 mg tab</i>	1	GC
<i>ranitidine 300 mg cap</i>	1	GC	<i>bethanechol 50 mg tab</i>	1	GC
<i>ranitidine 300 mg tab</i>	1	GC	DETROL LA 4 MG CAP	4	
Irritable Bowel Syndrome Agents			<i>oxybutynin 10 mg er tab</i>	1	GC
LOTRONEX 0.5 MG TAB	3		<i>oxybutynin 15 mg er tab</i>	1	GC
LOTRONEX 1 MG TAB	3		<i>oxybutynin 5 mg er tab</i>	1	GC
Protectants			<i>oxybutynin 5 mg tab</i>	1	GC
CARAFATE 1 GM/10ML SUSP	3		<i>oxybutynin 5 mg/5ml syp</i>	1	GC
<i>misoprostol 0.1 mg tab</i>	1	GC	VESICARE 10 MG TAB	3	
<i>misoprostol 0.2 mg tab</i>	1	GC	VESICARE 5 MG TAB	3	
<i>sucralfate 1000 mg tab</i>	1	GC	Benign Prostatic Hypertrophy Agents		
Proton Pump Inhibitors			AVODART 0.5 MG CAP	3	
DEXILANT 30 MG EC CAP	3		<i>finasteride 5 mg tab</i>	1	GC
DEXILANT 60 MG EC CAP	3		JALYN CAP	3	
<i>lansoprazole 15 mg ec cap</i>	2	GC	<i>tamsulosin 0.4 mg cap</i>	2	GC
<i>lansoprazole 30 mg ec cap</i>	2	GC	Genitourinary Agents, Others		
NEXIUM 20 MG EC CAP	4	ST	CIALIS 10 MG TAB	6	QL 6 E GC
NEXIUM 20 MG GRA CAP	4	ST	CIALIS 20 MG TAB	6	QL 6 E GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 34
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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CIALIS 5 MG TAB	6	QL 6 E GC	Glucocorticoids/ Mineralocorticoids		
<i>clindamycin 2% vag crm</i>	1	GC	<i>dexameth sod pho 4 mg/ml inj</i>	1	GC
CUPRIMINE 250 MG CAP	3		<i>dexamethasone 0.5 mg tab</i>	1	GC
ESTRACE 0.1 MG/ML VAG CRM	4		<i>dexamethasone 0.5 mg/5ml elx</i>	1	GC
<i>metronidazole 0.75% vag gel</i>	1	GC	<i>dexamethasone 0.75 mg tab</i>	1	GC
<i>miconazole 3 200 mg vag supp</i>	1	GC	<i>dexamethasone 1 mg tab</i>	1	GC
<i>neo/poly gu 40 mg/ml irr</i>	1	GC	<i>dexamethasone 1.5 mg tab</i>	1	GC
<i>nitrofurantoin mac 50 mg cap</i>	1	GC	<i>dexamethasone 2 mg tab</i>	1	GC
<i>nitrofurantoin mon 100 mg cap</i>	1	GC	<i>dexamethasone 4 mg tab</i>	1	GC
<i>pot citrate 10 meq er tab</i>	1	GC	<i>dexamethasone 6 mg tab</i>	1	GC
<i>pot citrate 5 meq er tab</i>	1	GC	<i>hydrocortisone 10 mg tab</i>	1	GC
PREMARIN 0.625 MG VAG CRM	3		<i>hydrocortisone 5 mg tab</i>	1	GC
<i>sodium chloride 0.9% irr sol</i>	1	GC	<i>methylpredn ace 40 mg/ml inj</i>	1	GC
<i>terconazole 0.4% vag crm</i>	1	GC	<i>methylpredn ace 80 mg/ml inj</i>	1	GC
<i>terconazole 0.8% vag crm</i>	1	GC	<i>methylpredn sod 1000 mg inj</i>	1	GC
<i>terconazole 80 mg vag supp</i>	1	GC	<i>methylpredn sod 125 mg inj</i>	1	GC
<i>vandazole 0.75% vag gel</i>	1	GC	<i>methylpredn sod 40 mg inj</i>	1	GC
VIAGRA 100 MG TAB	6	QL 6 E GC	<i>methylprednisolone 16 mg tab</i>	1	GC
VIAGRA 25 MG TAB	6	QL 6 E GC	<i>methylprednisolone 32 mg tab</i>	1	GC
VIAGRA 50 MG TAB	6	QL 6 E GC	<i>methylprednisolone 4 mg pack</i>	1	GC
<i>zazole 0.4% vag crm</i>	1	GC	<i>methylprednisolone 8 mg tab</i>	1	GC
<i>zazole 0.8% vag crm</i>	1	GC	<i>predn sod pho 15 mg/5ml sol</i>	1	GC
Phosphate Binders			<i>predn sod pho 5 mg/5ml sol</i>	1	GC
<i>calcium acetate 667 mg cap</i>	1	GC	<i>prednisone 1 mg tab</i>	1	GC
FOSRENOL 1000 MG CHW TAB	4		<i>prednisone 10 mg tab</i>	1	GC
FOSRENOL 500 MG CHW TAB	4		<i>prednisone 2.5 mg tab</i>	1	GC
FOSRENOL 750 MG CHW TAB	4		<i>prednisone 20 mg tab</i>	1	GC
RENVELA 0.8 GM PAK	4		<i>prednisone 5 mg tab</i>	1	GC
RENVELA 2.4 GM PAK	4		<i>prednisone 5 mg/5ml sol</i>	1	GC
RENVELA 800 MG TAB	4		<i>prednisone 50 mg tab</i>	1	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			<i>proctocream-hc 2.5% crm</i>	1	GC
			<i>proctosol hc 2.5% crm</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>proctozone-hc 2.5% crm</i>	1	GC	<i>megestrol ace 20 mg tab</i>	2	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)			<i>megestrol ace 40 mg tab</i>	2	GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			<i>megestrol ace 40 mg/ml susp</i>	2	GC
<i>chorionic gonad 10000 unt inj</i>	3		<i>testoster cyp 100 mg/ml inj</i>	1	GC
<i>desmopressin 0.01% sol</i>	2	GC	<i>testoster enan 200 mg/ml inj</i>	1	GC
<i>desmopressin 0.1 mg tab</i>	2	GC	TESTRED 10 MG CAP	3	
<i>desmopressin 0.2 mg tab</i>	2	GC	Estrogens		
<i>desmopressin 4 mcg/ml inj</i>	2	GC	CLIMARA PRO DIS WEEKLY	3	
HUMATROPE 12 MG INJ	5	PA	ESTRADERM 0.05 MG DIS	3	
HUMATROPE 24 MG INJ	5	PA	ESTRADERM 0.1 MG DIS	3	
HUMATROPE 5 MG INJ	5	PA	<i>estradiol 0.025 mg dis</i>	1	GC
HUMATROPE 6 MG INJ	4	PA	<i>estradiol 0.0375 mg dis</i>	1	GC
NUTROPIN 10 MG INJ	5	PA	<i>estradiol 0.05 mg dis</i>	1	GC
NUTROPIN 10 MG/2ML INJ	5	PA	<i>estradiol 0.06 mg dis</i>	1	GC
NUTROPIN 20 MG/2ML INJ	5	PA	<i>estradiol 0.075 mg dis</i>	1	GC
NUTROPIN AQ NUSPIN 5 INJ	5	PA	<i>estradiol 0.1 mg dis</i>	1	GC
SAIZEN 5 MG INJ	5	PA	<i>estradiol 0.5 mg tab</i>	1	GC
SAIZEN 8.8 MG INJ	5	PA	<i>estradiol 1 mg tab</i>	1	GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			<i>estradiol 2 mg tab</i>	1	GC
Anabolic Steroids			<i>estropipate 0.75 mg tab</i>	1	GC
ANADROL-50 MG TAB	4		<i>estropipate 1.5 mg tab</i>	1	GC
<i>oxandrolone 10 mg tab</i>	1	GC	<i>estropipate 3 mg tab</i>	1	GC
<i>oxandrolone 2.5 mg tab</i>	1	GC	<i>ortho-est 0.75 mg tab</i>	1	GC
Androgens			<i>ortho-est 1.5 mg tab</i>	1	GC
ANDRODERM 2.5 MG/24HR DIS	3		PREMARIN 0.3 MG TAB	3	
ANDRODERM 5 MG/24HR DIS	3		PREMARIN 0.45 MG TAB	3	
ANDROXY 10 MG TAB	4		PREMARIN 0.625 MG TAB	3	
<i>danazol 100 mg cap</i>	2	GC	PREMARIN 0.9 MG TAB	3	
<i>danazol 200 mg cap</i>	2	GC	PREMARIN 1.25 MG TAB	3	
<i>danazol 50 mg cap</i>	2	GC	PREMARIN 5 MG/ML INJ	3	
			PREMPHASE TAB	3	
			PREMPRO 0.3-1.5 MG TAB	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PREMPRO 0.45-1.5 MG TAB	3		levothyroxine 150 mcg tab	1	GC
PREMPRO 0.625-2.5 MG TAB	3		levothyroxine 175 mcg tab	1	GC
PREMPRO 0.625-5 MG TAB	3		levothyroxine 200 mcg tab	1	GC
Progestins			levothyroxine 25 mcg tab	1	GC
medroxyprogesterone 10 mg tab	1	GC	levothyroxine 300 mcg tab	1	GC
medroxyprogesterone 150 mg/ml	1	GC	levothyroxine 50 mcg tab	1	GC
medroxyprogesterone 2.5 mg tab	1	GC	levothyroxine 75 mcg tab	1	GC
medroxyprogesterone 5 mg tab	1	GC	levothyroxine 88 mcg tab	1	GC
norethindrone 5 mg tab	1	GC	levoxyl 100 mcg tab	3	
PROMETRIUM 100 MG CAP	3		levoxyl 112 mcg tab	3	
PROMETRIUM 200 MG CAP	3		levoxyl 125 mcg tab	3	
Selective Estrogen Receptor Modifying Agents			levoxyl 137 mcg tab	3	
EVISTA 60 MG TAB	3		levoxyl 150 mcg tab	3	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			levoxyl 175 mcg tab	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			levoxyl 200 mcg tab	3	
levothyroid 100 mcg tab	1	GC	levoxyl 25 mcg tab	3	
levothyroid 112 mcg tab	1	GC	levoxyl 50 mcg tab	3	
levothyroid 125 mcg tab	1	GC	levoxyl 75 mcg tab	3	
levothyroid 137 mcg tab	1	GC	levoxyl 88 mcg tab	3	
levothyroid 150 mcg tab	1	GC	liothyronine 10 mcg/ml inj	1	GC
levothyroid 175 mcg tab	1	GC	SYNTHROID 100 MCG TAB	3	
levothyroid 200 mcg tab	1	GC	SYNTHROID 112 MCG TAB	3	
levothyroid 25 mcg tab	1	GC	SYNTHROID 125 MCG TAB	3	
levothyroid 300 mcg tab	1	GC	SYNTHROID 137 MCG TAB	3	
levothyroid 50 mcg tab	1	GC	SYNTHROID 150 MCG TAB	3	
levothyroid 75 mcg tab	1	GC	SYNTHROID 175 MCG TAB	3	
levothyroid 88 mcg tab	1	GC	SYNTHROID 200 MCG TAB	3	
levothyroxine 100 mcg tab	1	GC	SYNTHROID 25 MCG TAB	3	
levothyroxine 112 mcg tab	1	GC	SYNTHROID 300 MCG TAB	3	
levothyroxine 125 mcg tab	1	GC	SYNTHROID 50 MCG TAB	3	
levothyroxine 137 mcg tab	1	GC	SYNTHROID 75 MCG TAB	3	
			SYNTHROID 75 MCG TAB	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>triiodothyronine 25 mcg tab</i>	1	GC	FASLODEX 250 MG INJ	2	GC
<i>triiodothyronine 5 mcg tab</i>	1	GC	<i>flutamide 125 mg cap</i>	2	GC
<i>triiodothyronine 50 mcg tab</i>	1	GC	NILANDRON 150 MG TAB	4	
<i>unthroid 0.025 mg tab</i>	1	GC	ZYTIGA 250 MG TAB	5	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)			HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Hormonal Agents, Suppressant (Adrenal)			Antithyroid Agents		
LYSODREN 500 MG TAB	3		<i>methimazole 10 mg tab</i>	1	GC
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)			<i>methimazole 5 mg tab</i>	1	GC
Hormonal Agents, Suppressant (Parathyroid)			<i>propylthiouracil 50 mg tab</i>	1	GC
SENSIPAR 30 MG TAB	3		IMMUNOLOGICAL AGENTS		
SENSIPAR 60 MG TAB	5		Immune Stimulants		
SENSIPAR 90 MG TAB	5		ACTHIB INJ	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			ADACEL INJ	4	
Hormonal Agents, Suppressant (Pituitary)			BOOSTRIX INJ	3	
<i>leuprolide 5 mg/ml kit inj</i>	2	GC	CERVARIX INJ	4	
LUPRON DEPOT 11.25 MG INJ	3		COMVAX INJ	4	
LUPRON DEPOT 22.5 MG INJ	3		DAPTACEL INJ	4	
LUPRON DEPOT 3.75 MG INJ	3		DECAVAC 5-2LF INJ	4	
LUPRON DEPOT 30 MG INJ	3		DIPHTHERIA/TET PED 6.7-5LF INJ	4	
LUPRON DEPOT 7.5 MG INJ	3		ENGERIX-B 10 MCG/0.5ML INJ	4	
LUPRON DEPOT-PED 11.25 MG INJ	3		ENGERIX-B 10 MCG/0.5ML INJ	4	
LUPRON DEPOT-PED 15 MG INJ	3		ENGERIX-B 20 MCG/ML INJ	4	
SOMAVERT 10 MG INJ	5	SP	GARDASIL INJ	4	
SOMAVERT 15 MG INJ	5	SP	HAVRIX 1440 UNT/ML INJ	4	
SOMAVERT 20 MG INJ	5	SP	HAVRIX 720 UNT/0.5ML INJ	4	
SYNAREL 2 MG/ML SPR	5		IMOVAX RABIES 2.5 UNT/ML INJ	4	
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/ MODIFIERS)			INFANRIX INJ	4	
Antiandrogens			IPOL INACTIVE INJ	3	
<i>bicalutamide 50 mg tab</i>	2	GC	IXIARO INJ	4	
			JE-VAX INJ	4	
			M-M-R II LIVE INJ	3	
			MENACTRA INJ	4	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
MENOMUNE A/C/Y/W INJ	4		<i>methotrexate 50 mg/ml inj</i>	1	PA GC
MENVEO INJ	4		<i>mycophenolate 250 mg cap</i>	1	PA GC
PEDVAX HIB INJ	4		<i>mycophenolate 500 mg tab</i>	1	PA GC
PROQUAD INJ	4		ORTHOCLONE OKT3 INJ	5	PA
RABAVERT INJ	4		PROGRAF 0.5 MG CAP	4	PA
RECOMBIVAX HB 10 MCG/ML INJ	4		PROGRAF 1 MG CAP	4	PA
RECOMBIVAX HB 40 MCG/ML INJ	4		PROGRAF 5 MG CAP	4	PA
ROTATEQ SUSP	3		PROGRAF 5 MG/ML INJ	4	PA
TETANUS TOX 5LF ADS INJ	3		RAPAMUNE 0.5 MG TAB	4	
TETANUS/DIP TOX 2-2 LF INJ	4		RAPAMUNE 1 MG TAB	3	PA
TRIPEDIA P/F INJ	4		RAPAMUNE 1 MG/ML SOL	3	PA
TWINRIX INJ	4		RAPAMUNE 2 MG TAB	3	PA
TYPHIM VI INJ	4		<i>tacrolimus 0.5 mg cap</i>	2	GC
VAQTA 25 UNT/0.5ML INJ	4		<i>tacrolimus 1 mg cap</i>	2	GC
VARIVAX INJ	4		<i>tacrolimus 5 mg cap</i>	2	GC
YF-VAX INJ	4		ZORTRESS .5 MG TAB	5	PA
ZOSTAVAX INJ	4		ZORTRESS 0.25 MG TAB	2	PA GC
Immune Suppressants			ZORTRESS 0.75 MG TAB	5	PA
<i>azathioprine 50 mg tab</i>	1	PA GC	Immunizing Agents, Passive		
CELLCEPT 200 MG/ML SUSP	3	PA	ATGAM 250 MG INJ	5	PA
CELLCEPT IV 500 MG INJ	3	PA	CARIMUNE NF 3 GM INJ	5	PA
<i>cyclosporine 100 mg cap</i>	2	PA GC	GAMASTAN S/D INJ	3	PA
<i>cyclosporine 25 mg cap</i>	2	PA GC	GAMMAGARD 2.5 GM/25ML INJ	5	PA
<i>cyclosporine 50 mg/ml inj</i>	2	PA GC	THYMOGLOBULIN 25 MG INJ	5	PA
<i>cyclosporine mod 100 mg cap</i>	4		VIVAGLOBIN 160 MG/ML INJ	5	PA
<i>cyclosporine mod 50 mg cap</i>	2	PA GC	Immunomodulators		
<i>cyclosporine mod sol</i>	2	PA GC	ACTIMMUNE 2 MU/0.5ML INJ	5	SP
<i>gengraf 100 mg cap</i>	2	PA GC	ARCALYST 80 MG/ML INJ INJ	5	
<i>gengraf 100 mg/ml sol</i>	2	PA GC	AVONEX 30 MCG KIT	5	
<i>gengraf 25 mg cap</i>	2	PA GC	AVONEX 30 MCG PREFL KIT	5	
<i>methotrexate 2.5 mg tab</i>	1	PA GC	BETASERON 0.3 MG INJ	5	
<i>methotrexate 25 mg/ml inj</i>	1	PA GC	COPAXONE 20 MG/ML KIT	5	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ENBREL 25 MG INJ	5		Metabolic Bone Disease Agents		
ENBREL 50 MG/ML INJ	5		ACTONEL 150 MG TAB	3	ST
EXTAVIA 0.3MG INJ	5		ACTONEL 30 MG TAB	3	QL 4 ST
HUMIRA 20 MG/0.4ML KIT	5		ACTONEL 35 MG TAB	3	QL 4 ST
HUMIRA 50 MG/ML INJ	5		ACTONEL 5 MG TAB	3	QL 30 ST
HUMIRA PEN-CROHNS KIT	5		<i>alendronate 10 mg tab</i>	1	GC
INTRON-A 10 MU INJ	4		<i>alendronate 35 mg tab</i>	1	GC
INTRON-A 10 MU PEN INJ	5		<i>alendronate 40 mg tab</i>	1	GC
INTRON-A 18 MU INJ	4		<i>alendronate 5 mg tab</i>	1	GC
INTRON-A 3 MU PEN INJ	4		<i>alendronate 70 mg tab</i>	1	GC
INTRON-A 5 MU PEN INJ	5		BONIVA 150 MG TAB	3	QL 2 ST
KINERET 149 MG/ML INJ	5		<i>calcitonin 200 unt/act spr</i>	1	PA GC
<i>leflunomide 10 mg tab</i>	1	GC	FORTEO 600 MCG/2.4ML INJ	5	
<i>leflunomide 20 mg tab</i>	1	GC	<i>fortical 200 unt/act spr</i>	1	PA QL 8 GC
ORENCIA 250 MGINJ	5		FOSAMAX SOL	3	
PEG-INTRON 120 MCG RP KIT	3		FOSAMAX+D 70-2800 MG TAB	3	QL 4
PEG-INTRON 150 MCG RP KIT	3		FOSAMAX+D 70-5600 MG TAB	3	
PEG-INTRON 50 MCG KIT	5		PROLIA 60 MG/ML INJ	4	
PEG-INTRON 50 MCG RP KIT	3		XGEVA 70 MG/ML INJ	5	
PEG-INTRON 80 MCG RP KIT	3		ZEMPLAR 1 MCG CAP	4	PA
PEGASYS KIT	5		ZEMPLAR 2 MCG CAP	4	PA
REMICADE 100 MG INJ	5		ZEMPLAR 2 MCG/ML INJ	4	PA
INFLAMMATORY BOWEL DISEASE AGENTS			ZEMPLAR 4 MCG CAP	5	PA
Salicylates			ZEMPLAR 5 MCG/ML INJ	4	PA
ASACOL 400 MG EC TAB	3		ZOMETA 4 MG/5ML INJ	5	
ASACOL 800 MG EC TAB	3		MISCELLANEOUS THERAPEUTIC AGENTS		
<i>balsalazide 750 mg cap</i>	2	GC	Miscellaneous Therapeutic Agents		
<i>mesalamine 4 gm enema</i>	1	GC	<i>levocarnitine 1 gm/10ml sol</i>	1	PA GC
Sulfonamides			<i>levocarnitine 200 mg/ml inj</i>	1	PA GC
<i>sulfasalazine 500 mg tab</i>	1	GC	<i>levocarnitine 330 mg tab</i>	1	PA GC
<i>sulfazine 500 mg ec tab</i>	1	GC	<i>pentopak 400 mg er tab</i>	1	GC
METABOLIC BONE DISEASE AGENTS			<i>pentoxifylline 400 mg er tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
SAMSCA 15 MG TAB	5	PA	<i>trimethoprim/polymyxn op sol</i>	1	GC
SAMSCA 30 MG TAB	5	PA	<i>tropicamide 0.5% ophth sol</i>	1	GC
XENAZINE 12.5 MG TAB	5		<i>tropicamide 1% ophth sol</i>	1	GC
XENAZINE 25 MG TAB	5		VIGAMOX 0.5% OPHTH SOL	3	
OPHTHALMIC AGENTS			ZIRGAN 0.15% OPHTH GEL	4	
Ophthalmic Agents, Other			Ophthalmic Anti-allergy Agents		
<i>ak-con 0.1% ophth sol</i>	1	GC	ALAMAST 0.1% OPHTH SOL	3	
<i>ak-tob 0.3% ophth sol</i>	1	GC	<i>azelastine 0.05% ophth sol</i>	2	GC
<i>bacit/polymy ophth oint</i>	1	GC	<i>cromolyn 4% ophth sol</i>	1	GC
<i>bacitracin 500 unt/gm op oint</i>	1	GC	OPTIVAR 0.05% OPHTH SOL	3	
<i>ciprofloxacin 3 mg/ml ophth s</i>	1	GC	PATADAY 0.2% OPHTH SOL	3	
<i>dorzola/timol 2-0.5% op sol</i>	1	GC	PATANOL 0.1% OPHTH SOL	3	
<i>erythromycin 5 mg/gm op oint</i>	1	GC	Ophthalmic Anti-inflammatories		
<i>gentak 0.3% ophth oint</i>	1	GC	ACULAR 0.5% OPHTH SOL	4	
<i>gentamicin 0.3% ophth sol</i>	1	GC	ACULAR LS 0.4% OPHTH SOL	4	
<i>gentasol 0.3% ophth sol</i>	1	GC	BETOPTIC-S 0.25% OPHTH SUSP	3	
LACRISERT 5 MG OPHTH MIS	4		<i>dexameth sod pho 0.1% op sol</i>	1	GC
MOXEZA 0.5% OPHTH SOL	3		<i>diclofenac 0.1% ophth sol</i>	2	GC
NATACYN 5% OPHTH SUSP	3		<i>fluorometholone 0.1% op susp</i>	1	GC
<i>neo/bac/poly ophth oint</i>	1	GC	<i>flurbiprofen 0.03% ophth sol</i>	1	GC
<i>neo/poly/bac/hc 1% ophth oint</i>	1	GC	<i>ketorolac 0.4% ophth sol</i>	2	GC
<i>neo/poly/gra op sol</i>	1	GC	<i>ketorolac 0.5% ophth sol</i>	2	GC
<i>neo/poly/hc ophth susp</i>	1	GC	<i>neo/poly/dex 0.1% op oint</i>	1	GC
<i>ofloxacin 0.3% ophth sol</i>	1	GC	<i>neo/poly/dex 0.1% op susp</i>	1	GC
<i>parcaine 0.5% ophth sol</i>	1	GC	NEVANAC 0.1% OPHTH SUSP	3	
<i>proparacaine 0.5% ophth sol</i>	1	GC	<i>poly-dex 0.1% ophth oint</i>	1	GC
RESTASIS 0.05% OPHTH SUSP	3		<i>poly-dex 0.1% ophth susp</i>	1	GC
<i>romycin 5 mg/gm ophth oint</i>	1	GC	<i>predn sod pho 1% ophth sol</i>	1	GC
<i>sodium sulfacet 10% op sol</i>	1	GC	<i>prednisolone 1% ophth susp</i>	1	GC
<i>tobramycin 0.3% ophth sol</i>	1	GC	<i>sulfacetamide/pred na op sol</i>	1	GC
<i>tobrasol 0.3% ophth sol</i>	1	GC	TOBRADEX 0.3-0.1% OPHTH OINT	3	
<i>trifluridine 1% ophth sol</i>	1	GC	<i>tobramy/dex 0.3-0.1% op susp</i>	1	GC

PA-Prior Authorization Required ST-Step Therapy Required QL-Quantity Limit per 30 days SP-Only Available through Specialty Pharmacy 41
E- Enhanced GC-We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. **Healthsun** 2012 Formulary last updated date (09/27/2011)

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Ophthalmic Antiglaucoma Agents			<i>neo/poly/hc 1% otic sol</i>		
ALPHAGAN P 0.1% OPHTH SOL	3		<i>neo/poly/hc 1% otic susp</i>	1	GC
ALPHAGAN P 0.15% OPHTH SOL	3		<i>ofloxacin 0.3% otic sol</i>	1	GC
AZOPT 1% OPHTH SUSP	3		RESPIRATORY TRACT AGENTS		
<i>betaxolol 0.5% ophth sol</i>	1	GC	Anti-inflammatories, Inhaled Corticosteroids		
BETIMOL 0.25% OPHTH SOL	3		ASMANEX 120 AER 220 MCG	4	
BETIMOL 0.5% OPHTH SOL	3		ASMANEX 14 AER 220 MCG	4	
<i>brimonidine 0.2% ophth sol</i>	1	GC	ASMANEX 30 AER 110 MCG	4	
<i>carteolol 1% ophth sol</i>	1	GC	ASMANEX 30 AER 220 MCG	4	
COMBIGAN 0.2/0.5% OPHTH SOL	3		ASMANEX 60 AER 220 MCG	4	
<i>dorzolamide 2% ophth sol</i>	1	GC	FLOVENT DISK AER 100 MCG	3	
LEVOBUNOLOL 0.25% OPHTH SOL	1	GC	FLOVENT DISK AER 250 MCG	3	
<i>levobunolol 0.5% ophth sol</i>	1	GC	FLOVENT DISK AER 50 MCG	3	
<i>metipranolol 0.3% ophth sol</i>	1	GC	FLOVENT HFA AER 110 MCG	3	QL 30
PILOPINE HS 4% OPHTH GEL	3		FLOVENT HFA AER 220 MCG	3	QL 30
<i>timolol 0.25% ophth gel</i>	1	GC	FLOVENT HFA AER 44 MCG	3	QL 30
<i>timolol 0.5% ophth gel</i>	1	GC	PULMICORT 0.25 MG/2ML INH SOL	4	PA
<i>timolol mal 0.25% ophth sol</i>	1	GC	PULMICORT 0.5 MG/2ML INH SOL	4	PA
<i>timolol mal 0.5% ophth sol</i>	1	GC	PULMICORT 180 MCG INH	4	
Ophthalmic Prostaglandin and Prostanoid Analogs			PULMICORT 90 MCG INH	4	
<i>latanoprost 0.005% ophth sol</i>	2	GC	Antihistamines		
LUMIGAN 0.03% OPHTH SOL	4		<i>azelastine 0.1% spr</i>	2	GC
TRAVATAN Z 0.004% OPHTH SOL	3		<i>cetirizine hcl 1 mg/ml syp</i>	1	GC
OTIC AGENTS			<i>clemastine 0.1 mg/ml syp</i>	1	GC
Otic Agents			<i>clemastine 2 mg tab</i>	1	GC
<i>acetasol hc otic sol</i>	1	GC	<i>cyproheptadine 2 mg/5ml syp</i>	1	GC
<i>acetic acid 2% otic sol</i>	1	GC	<i>cyproheptadine 4 mg tab</i>	1	GC
<i>acetic acid/hc 1-2% otic sol</i>	1	GC	<i>dexchlorphen 2 mg/5ml syp</i>	1	GC
CIPRODEX 0.3-0.1% OTIC SUSP	3		<i>diphenhydram 12.5 mg/5ml elx</i>	1	GC
<i>cortomycin 1% otic sol</i>	1	GC	<i>diphenhydramine 50 mg cap</i>	1	GC
<i>cortomycin 1% otic susp</i>	1	GC	<i>diphenhydramine 50 mg/ml inj</i>	1	GC
DERMOTIC 0.01% OIL	3		<i>fexofenadine 180 mg tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>fexofenadine 30 mg tab</i>	1	GC	ZYFLO 600 MG CR TAB	3	
<i>fexofenadine 60 mg tab</i>	1	GC	Bronchodilators, Anticholinergic		
<i>hydroxyzine hcl 10 mg tab</i>	1	GC	ATROVENT HFA AER 17 MCG	3	
<i>hydroxyzine hcl 2 mg/ml sol</i>	1	GC	<i>ipratropium 0.02% inh sol</i>	1	PA GC
<i>hydroxyzine hcl 25 mg tab</i>	1	GC	SPIRIVA HANDIHALER CAP	3	
<i>hydroxyzine hcl 25 mg/ml inj</i>	1	GC	Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
HYDROXYZINE HCL 50 MG TAB	1	GC	<i>aminophylline 100 mg tab</i>	1	GC
<i>hydroxyzine hcl 50 mg/ml inj</i>	1	GC	<i>aminophylline 200 mg tab</i>	1	GC
<i>hydroxyzine pam 100 mg cap</i>	1	GC	<i>aminophylline 25 mg/ml inj</i>	1	GC
<i>hydroxyzine pam 25 mg cap</i>	1	GC	<i>theochron 100 mg er tab</i>	1	GC
<i>hydroxyzine pam 50 mg cap</i>	1	GC	<i>theochron 300 mg er tab</i>	1	GC
<i>levocetirizine dhcl 5 mg tab</i>	2	ST GC	<i>theophylline 100 mg er tab</i>	1	GC
<i>palgic 4 mg/5ml sol</i>	1	GC	<i>theophylline 200 mg er tab</i>	1	GC
<i>phenadoz 12.5 mg supp</i>	1	GC	<i>theophylline 300 mg er tab</i>	1	GC
<i>phenadoz 25 mg supp</i>	1	GC	<i>theophylline 400 mg er tab</i>	2	GC
<i>promethazine 12.5 mg supp</i>	1	GC	<i>theophylline 450 mg er tab</i>	1	GC
<i>promethazine 12.5 mg tab</i>	1	GC	<i>theophylline 600 mg er tab</i>	2	GC
<i>promethazine 25 mg supp</i>	1	GC	Bronchodilators, Sympathomimetic		
<i>promethazine 25 mg tab</i>	1	GC	ADVAIR DISKUS 100-50 MCG AER	3	QL 60
<i>promethazine 25 mg/ml inj</i>	1	GC	ADVAIR DISKUS 250-50 MCG AER	3	QL 60
<i>promethazine 50 mg tab</i>	1	GC	ADVAIR DISKUS 500-50 MCG AER	3	QL 60
<i>promethazine 50 mg/ml inj</i>	1	GC	ADVAIR HFA AER 115-21 MCG	3	QL 60
<i>promethazine 6.25 mg/5ml syp</i>	1	GC	ADVAIR HFA AER 230-21 MCG	3	QL 60
<i>promethegan 25 mg supp</i>	1	GC	ADVAIR HFA AER 45-21 MCG	3	QL 60
<i>promethegan 50 mg supp</i>	1	GC	<i>albuterol 0.083% neb</i>	1	PA GC
Antileukotrienes			<i>albuterol 0.5% neb</i>	1	PA GC
SINGULAIR 10 MG TAB	4	ST	<i>albuterol 0.63 mg/3ml neb</i>	2	PA GC
SINGULAIR 4 MG CHW TAB	4	ST	<i>albuterol 1.25 mg/3ml neb</i>	1	PA GC
SINGULAIR 4 MG GRA	4	ST	<i>albuterol 2 mg tab</i>	1	GC
SINGULAIR 5 MG CHW TAB	4	ST	<i>albuterol 2 mg/5ml syp</i>	1	GC
<i>zafirlukast 10 mg tab</i>	2	GC	<i>albuterol 4 mg er tab</i>	1	GC
<i>zafirlukast 20 mg tab</i>	2	GC	<i>albuterol 4 mg tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>albuterol 8 mg er tab</i>	1	GC	NASACORT AQ 55 MCG/ACT AER	4	QL 16.5
COMBIVENT AER	4		NASONEX 50 MCG/ACT SPR	3	QL 34
FORADIL AEROLIZE 12 MCG CAP	4		PROLASTIN 1000 MG INJ	5	
<i>ipratropium/albuterol inh sol</i>	2	PA GC	PROLASTIN 500 MG INJ	5	SP
PROAIR HFA AER	1	QL 27 GC	<i>prometh vc 6.25-5 mg/5ml syp</i>	1	GC
PROVENTIL AER HFA	4	QL 21	<i>prometh vc/cod syp</i>	6	E GC
SEREVENT DIS AER 50 MCG	3		<i>prometh/cod 6.25-10 mg syp</i>	6	E GC
SYMBICORT 160-4.5 MCG/ACT AER	3		PULMOZYME 1 MG/ML INH SOL	5	PA
SYMBICORT 80-4.5 MCG/ACT AER	3		RHINOCORT AQUA SUSP	3	QL 18
VENTOLIN HFA AER	3		TOBI 300 MG/5ML NEB	2	PA GC
XOPENEX HFA AER	4		TYZINE 0.1% SOL	4	
Mast Cell Stabilizers			TYZINE PED 0.05% SOL	4	
<i>cromolyn 20 mg/2ml neb</i>	1	PA GC	XOLAIR 150 MG INJ	5	SP
Pulmonary Antihypertensives			SEDATIVES/ HYPNOTICS		
LETAIRIS 10 MG TAB	5		Sedatives/ Hypnotics		
LETAIRIS 5 MG TAB	5		<i>esatazolam 1 mg tab</i>	6	E GC
REVATIO 20 MG TAB	5	PA	<i>esatazolam 2 mg tab</i>	6	E GC
TRACLEER 125 MG TAB	5	SP	<i>flurazepam 15 mg cap</i>	6	E GC
TRACLEER 62.5 MG TAB	5	SP	<i>flurazepam 30 mg cap</i>	6	E GC
VENTAVIS 10 MCG/ML INH SOL	5	PA	<i>temazepam 15 mg cap</i>	6	E GC
Respiratory Tract Agents, Other			<i>temazepam 30 mg cap</i>	6	E GC
<i>acetylcysteine 10% sol</i>	1	GC	<i>triazolam 0.125 mg tab</i>	6	E GC
<i>acetylcysteine 20% sol</i>	1	GC	<i>triazolam 0.25 mg tab</i>	6	E GC
<i>benzonatate 100 mg cap</i>	6	E GC	<i>zaleplon 10 mg cap</i>	2	GC
<i>benzonatate 200 mg cap</i>	6	E GC	<i>zaleplon 5 mg cap</i>	2	GC
CAYSTON 75 MG INH SOL	5		<i>zolpidem tart 10 mg tab</i>	1	GC
<i>flunisolide 0.025% spr</i>	1	GC	<i>zolpidem tart 5 mg tab</i>	1	GC
<i>fluticasone 50 mcgspr</i>	1	QL 32 GC	<i>zolpidem tart 6.25 mg cr tab</i>	2	ST GC
<i>hydrocodone/hom 5-1.5 mg/5ml</i>	6	E GC	SKELETAL MUSCLE RELAXANTS		
<i>hydromet 5-1.5 mg/5ml syp</i>	6	E GC	Skeletal Muscle Relaxants		
<i>ipratropium 0.03% spr</i>	1	GC	<i>carisopr/asa 200-325 mg tab</i>	1	GC
<i>ipratropium 0.06% spr</i>	1	GC	<i>carisoprodol 350 mg tab</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>carisoprodol/asa/cod tab</i>	2	GC	<i>aminosyn-hf 8% inj</i>	4	PA
<i>chlorzoxazone 500 mg tab</i>	1	GC	AMINOSYN-PF 10% INJ	4	PA
<i>cyclobenzaprine 10 mg tab</i>	1	GC	AMINOSYN-PF 7% INJ	4	PA
<i>cyclobenzaprine 5 mg tab</i>	1	GC	AMINOSYN/D25W II 3.5% INJ	4	PA
<i>metaxalone 800 mg tab</i>	2	GC	AMINOSYN/D25W II 4.25% INJ	4	PA
<i>methocarbamol 500 mg tab</i>	1	GC	<i>calcitriol 0.25 mcg cap</i>	1	PA GC
<i>methocarbamol 750 mg tab</i>	1	GC	<i>calcitriol 0.5 mcg cap</i>	1	PA GC
<i>orphenadrine 100 mg er tab</i>	1	GC	<i>calcitriol 1 mcg/ml inj</i>	1	PA GC
<i>orphenadrine 30 mg/ml inj</i>	1	GC	<i>calcitriol 1 mcg/ml sol</i>	1	PA GC
<i>orphenadrine cpd ds tab</i>	1	GC	CLINIMIX 2.75%/D5W INJ	3	PA
<i>orphenadrine/asa/cap tab</i>	1	GC	CLINIMIX 4.25%/D10W INJ	3	PA
THERAPEUTIC NUTRIENTS/ MINERALS/ ELECTROLYTES			CLINIMIX 4.25%/D20W INJ	3	PA
Electrolytes/ Minerals			CLINIMIX 4.25%/D25W INJ	3	PA
AMINOSYN 10% INJ	4	PA	CLINIMIX 4.25%/D5W INJ	3	PA
AMINOSYN 3.5% INJ	4	PA	CLINIMIX 5%/D15W INJ	3	PA
AMINOSYN 5% INJ	4	PA	CLINIMIX 5%/D20W INJ	3	PA
AMINOSYN 7% INJ	4	PA	CLINIMIX 5%/D25W INJ	3	PA
AMINOSYN 8.5% INJ	4	PA	CLINIMIX E 2.75%/D10W INJ	3	PA
<i>aminosyn 8.5/lyte inj</i>	1	PA GC	CLINIMIX E 2.75%/D5W INJ	3	PA
AMINOSYN II 10% INJ	4	PA	CLINIMIX E 4.25%/D25W INJ	3	PA
AMINOSYN II 3.5/D25W INJ	4	PA	CLINIMIX E 4.25%/D5W INJ	3	PA
AMINOSYN II 3.5/D5W INJ	4	PA	CLINIMIX E 5%/D15W INJ	3	PA
AMINOSYN II 4.25/D10W INJ	4	PA	CLINIMIX E 5%/D20W INJ	3	PA
AMINOSYN II 4.25/D20W INJ	4	PA	CLINIMIX E 5%/D25W INJ	3	PA
AMINOSYN II 4.25/D25W INJ	4	PA	<i>clinisol sf inj 15%</i>	1	PA GC
AMINOSYN II 5/D25W INJ	4	PA	<i>d10w/nacl 0.2% inj</i>	1	GC
AMINOSYN II 7% INJ	4	PA	<i>d2.5w/nacl 0.45% inj</i>	1	GC
AMINOSYN II 8.5% INJ	4	PA	<i>d5w/lytes-48 inj</i>	1	GC
<i>aminosyn ii 8.5/lyte inj</i>	4	PA	<i>d5w/nacl 0.2% inj</i>	1	GC
AMINOSYN M 3.5% INJ	4	PA	<i>d5w/nacl 0.33% inj</i>	1	GC
AMINOSYN-HBC 7% INJ	4	PA	<i>d5w/nacl 0.45% inj</i>	1	GC
			<i>d5w/nacl 0.9%</i>	1	GC

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>dextrose 10% inj</i>	1	GC	<i>klor-con 8 meq er tab</i>	1	GC
<i>dextrose 5% inj</i>	1	GC	<i>klor-con m20 meq er tab</i>	1	GC
<i>ed k+10 meq er tab</i>	1	GC	<i>lactated ringer's inj</i>	1	GC
<i>folic acid 1 mg tab</i>	6	E GC	<i>lactated ringer's irr</i>	1	GC
FREAMINE III 3% INJ	3	PA	<i>magnesium sul 4% inj</i>	1	GC
<i>freamine iii 8.5% inj</i>	3	PA	<i>magnesium sul 50% inj</i>	1	GC
<i>hepatamine 8% inj</i>	1	PA GC	<i>magnesium sul 8% inj</i>	1	GC
<i>intralipid 20% inj</i>	1	GC	<i>magnesium sul/d5w 1% inj</i>	1	GC
<i>isolyte-h/d5w inj</i>	3		NEPHRAMINE 5.4% INJ	3	PA
<i>isolyte-m/d5w inj</i>	3		<i>niacor 500 mg tab</i>	1	GC
ISOLYTE-P/D5W INJ	3		<i>normosol-m/d5w inj</i>	3	
ISOLYTE-S INJ	3		NORMOSOL-R PH 7.4 INJ	3	
ISOLYTE-S/D5W INJ	3		<i>normosol-r/d5w inj</i>	3	
<i>kcl in nacl inj</i>	1	GC	<i>physiolyte irr</i>	1	GC
<i>kcl/d5w 0.075% inj</i>	1	GC	<i>physiosol sol irr</i>	1	GC
<i>kcl/d5w 0.15% inj</i>	1	GC	PLASMA-LYTE 56 INJ	3	
<i>kcl/d5w 0.224% inj</i>	1	GC	PLASMA-LYTE A INJ	3	
<i>kcl/d5w 0.3% inj</i>	1	GC	PLASMA-LYTE-148 INJ	3	
<i>kcl/d5w/lr 0.15% inj</i>	2	GC	PLASMA-LYTE-148/D5W INJ	3	
<i>kcl/d5w/lr 0.3% inj</i>	2	GC	PLASMA-LYTE-56/D5W INJ	3	
<i>kcl/d5w/nacl 0.075%/0.2% inj</i>	1	GC	<i>plasma-lyte-r inj</i>	3	
<i>kcl/d5w/nacl 0.075%/0.45% inj</i>	1	GC	<i>pot chloride 10 meq cr tab</i>	1	GC
<i>kcl/d5w/nacl 0.15%/0.33% inj</i>	1	GC	<i>pot chloride 10 meq er cap</i>	1	GC
<i>kcl/d5w/nacl 0.15%/0.2% inj</i>	1	GC	<i>pot chloride 10 meq/100ml inj</i>	1	GC
<i>kcl/d5w/nacl 0.15%/0.2% inj</i>	1	GC	<i>pot chloride 10 meq/50ml inj</i>	1	GC
<i>kcl/d5w/nacl 0.15%/0.45% inj</i>	1	GC	<i>pot chloride 2 meq/ml inj</i>	1	GC
<i>kcl/d5w/nacl 0.22%/0.45% inj</i>	1	GC	<i>pot chloride 20 meq er tab</i>	1	GC
<i>kcl/d5w/nacl 0.224%/0.33% inj</i>	1	GC	<i>pot chloride 20 meq/50ml inj</i>	1	GC
<i>kcl/d5w/nacl 0.3%/0.45% inj</i>	1	GC	<i>pot chloride 30 meq/100ml inj</i>	1	GC
<i>kcl/d5w/nacl 0.3/0.2% inj</i>	1	GC	<i>pot chloride 8 meq er cap</i>	1	GC
<i>kcl/nacl 0.15%-0.9% inj</i>	1	GC	<i>premasol 6% sol</i>	1	PA GC
<i>klor-con 10 meq er tab</i>	1	GC	PROCALAMINE 3% INJ	3	PA

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<i>ringer's inj</i>	1	GC			
<i>ringer's irr sol</i>	1	GC			
<i>sod fluoride 1 mg f tab</i>	1	GC			
<i>sodium bicarb 7.5% inj</i>	1	GC			
<i>sodium chlor 2.5 meq/ml inj</i>	1	GC			
<i>sodium chloride 0.45% inj</i>	1	GC			
<i>sodium chloride 0.9% inj</i>	1	GC			
<i>sodium chloride 3% inj</i>	1	GC			
<i>sodium chloride 5% inj</i>	1	GC			
<i>sodium lac 0.167 meq/ml inj</i>	1	GC			
<i>sodium lac 5 meq/ml inj</i>	1	GC			
<i>sterile water irr sol</i>	1	GC			
<i>tis-u-sol irr</i>	1	GC			
<i>tpn electrol inj</i>	1	GC			
TRAVASOL 10% INJ	3	PA			
<i>vitamin d 50000 unt cap</i>	6	E GC			
Vitamins					
<i>prenatabs obn tab</i>	1	GC			

8

8-mop 10 mg cap 30

A

abilify 1 mg/ml sol 15

abilify 10 mg tab 15

abilify 15 mg tab 15

abilify 2 mg tab 15

abilify 20 mg tab 15

abilify 30 mg tab 15

abilify 5 mg tab 15

abilify 7.5 mg/ml inj 15

abilify discmelt 10 mg tab 15

abilify discmelt 15 mg tab 15

acarbose 100 mg tab 20

acarbose 25 mg tab 20

acarbose 50 mg tab 20

acebutolol 200 mg cap 24

acebutolol 400 mg cap 24

acetazol hc otic sol 42

acetazolamide 125 mg tab 26

acetazolamide 250 mg tab 26

acetazolamide 500 mg er cap 26

acetic acid 2% otic sol 42

acetic acid/hc 1-2% otic sol 42

acetylcysteine 10% sol 44

acetylcysteine 20% sol 44

acthib inj 38

acticin 5% crm 14

actimmune 2 mu/0.5ml inj 39

actonel 150 mg tab 40

actonel 30 mg tab 40

actonel 35 mg tab 40

actonel 5 mg tab 40

actoplus met 15-1000 mg xr ta 20

actoplus met 15-500 mg tab 20

actoplus met 15-850 mg tab 20

actoplus met 30-1000 mg xr ta 20

actos 15 mg tab 20

actos 30 mg tab 20

actos 45 mg tab 20

acular 0.5% ophth sol 41

acular ls 0.4% ophth sol 41

acyclovir 200 mg cap 19

acyclovir 200 mg/5ml susp 19

acyclovir 400 mg tab 19

acyclovir 500 mg inj 19

acyclovir 800 mg tab 19

adacel inj 38

adagen 250 unt/ml inj 33

advair diskus 100-50 mcg aer 43

advair diskus 250-50 mcg aer 43

advair diskus 500-50 mcg aer 43

advair hfa aer 115-21 mcg 43

advair hfa aer 230-21 mcg 43

advair hfa aer 45-21 mcg 43

afeditab 30 mg cr tab 25

afeditab 60 mg cr tab 25

afinitor 10 mg tab 14

afinitor 2.5 mg tab 14

afinitor 5 mg tab 14

aggrenox 25-200 mg cap 23

ak-con 0.1% ophth sol 41

ak-tob 0.3% ophth sol 41

ala-cort 1% crm 30

ala-cort 1% lot 30

alamast 0.1% ophth sol 41

albenza 200 mg tab 14

albuterol 0.083% neb 43

albuterol 0.5% neb 43

albuterol 0.63 mg/3ml neb 43

albuterol 1.25 mg/3ml neb 43

albuterol 2 mg tab 43

albuterol 2 mg/5ml syp 43

albuterol 4 mg er tab 43

albuterol 4 mg tab 44

albuterol 8 mg er tab 44

alclometasone 0.05% crm 30

alclometasone 0.05% oint 31

alcohol prep pad 20

aldurazyme 2.9 mg/5ml inj 33

alendronate 10 mg tab 40

alendronate 35 mg tab 40

alendronate 40 mg tab 40

alendronate 5 mg tab 40

alendronate 70 mg tab 40

alimta 500 mg inj 13

allopurinol 100 mg tab 12

allopurinol 300 mg tab 12

allopurinol 500 mg inj 12

alphagan p 0.1% ophth sol 42

alphagan p 0.15% ophth sol 42

alprazolam 0.25 mg tab 19

alprazolam 0.5 mg tab 19

alprazolam 1 mg tab 19

alprazolam 2 mg tab 19

amantadine 100 mg cap 14

amantadine 100 mg tab 15

amantadine 50 mg/5ml syp 15

amcinonide 0.1% crm 31

amcinonide 0.1% lot 31

amcinonide 0.1% oint 31

amifostine 500 mg inj 13

amikacin 100 mg/2ml inj 4

amikacin 500 mg/2ml inj 4

amiloride 5 mg tab 26

amiloride/hctz 50-5 mg tab 26

aminophylline 100 mg tab 43

aminophylline 200 mg tab 43

aminophylline 25 mg/ml inj.....	43	amlodipine/benaz 2.5-10 mg cp.....	26	amphetamine 7.5 mg tab.....	30
aminosyn 10% inj.....	45	amlodipine/benaz 5-10 mg cap.....	26	amphotericin 50 mg inj.....	11
aminosyn 3.5% inj.....	45	amlodipine/benaz 5-20 mg cap.....	26	ampicillin 1 gm inj.....	5
aminosyn 5% inj.....	45	amlodipine/benazepril 10-40 m.....	26	ampicillin 10 gm inj.....	5
aminosyn 7% inj.....	45	amlodipine/benazepril 5-40 mg.....	26	ampicillin 125 mg inj.....	5
aminosyn 8.5% inj.....	45	ammonium lactate 12% crm.....	31	ampicillin 125 mg/5ml susp.....	5
aminosyn 8.5/lyte inj.....	45	ammonium lactate 12% lot.....	31	ampicillin 250 mg cap.....	5
aminosyn ii 10% inj.....	45	amox/k clav 1000-62.5 mg tab.....	5	ampicillin 250 mg/5ml susp.....	5
aminosyn ii 3.5/d25w inj.....	45	amox/k clav 200 mg chw tab.....	5	ampicillin 500 mg cap.....	5
aminosyn ii 3.5/d5w inj.....	45	amox/k clav 200/5ml susp.....	5	ampicillin/sulbactam 15 gm in.....	5
aminosyn ii 4.25/d10w inj.....	45	amox/k clav 250 mg tab.....	5	ampyra 10 mg er tab.....	30
aminosyn ii 4.25/d20w inj.....	45	amox/k clav 400 mg chw tab.....	5	anadrol-50 mg tab.....	36
aminosyn ii 4.25/d25w inj.....	45	amox/k clav 400/5ml susp.....	5	anagrelide 0.5 mg cap.....	23
aminosyn ii 5/d25w inj.....	45	amox/k clav 500 mg tab.....	5	anagrelide 1 mg cap.....	23
aminosyn ii 7% inj.....	45	amox/k clav 600/5ml susp.....	5	anastrozole 1 mg tab.....	14
aminosyn ii 8.5% inj.....	45	amox/k clav 875 mg tab.....	5	ancobon 250 mg cap.....	11
aminosyn ii 8.5/lyte inj.....	45	amoxapine 100 mg tab.....	10	ancobon 500 mg cap.....	11
aminosyn m 3.5% inj.....	45	amoxapine 150 mg tab.....	10	androderm 2.5 mg/24hr dis.....	36
aminosyn/d25w ii 3.5% inj.....	45	amoxapine 25 mg tab.....	10	androderm 5 mg/24hr dis.....	36
aminosyn/d25w ii 4.25% inj.....	45	amoxapine 50 mg tab.....	10	androxy 10 mg tab.....	36
aminosyn-hbc 7% inj.....	45	amoxicillin 125 mg chw tab.....	5	antabuse 250 mg tab.....	11
aminosyn-hf 8% inj.....	45	amoxicillin 125 mg/5ml susp.....	5	antabuse 500 mg tab.....	11
aminosyn-pf 10% inj.....	45	amoxicillin 200 mg chw tab.....	5	antara 130 mg cap.....	27
aminosyn-pf 7% inj.....	45	amoxicillin 200 mg/5ml susp.....	5	antara 43 mg cap.....	27
amiodarone 200 mg tab.....	24	amoxicillin 250 mg cap.....	5	apap/cod 120-12 mg/5ml sol.....	1
amiodarone 400 mg tab.....	24	amoxicillin 250 mg chw tab.....	5	apap/codeine 300-15 mg tab.....	1
amiodarone 50 mg/ml inj.....	24	amoxicillin 250 mg/5ml susp.....	5	apap/codeine 300-30 mg tab.....	1
amitriptyline 10 mg tab.....	10	amoxicillin 400 mg/5ml susp.....	5	apap/codeine 300-60 mg tab.....	1
amitriptyline 100 mg tab.....	10	amoxicillin 500 mg cap.....	5	apidra 100 unt/ml inj.....	21
amitriptyline 150 mg tab.....	10	amoxicillin 500 mg tab.....	5	apidra solostar.....	21
amitriptyline 25 mg tab.....	10	amoxicillin 875 mg tab.....	5	aplenzin 174 mg er tab.....	9
amitriptyline 50 mg tab.....	10	amphetamine 10 mg tab.....	30	aplenzin 348 mg er tab.....	9
amitriptyline 75 mg tab.....	10	amphetamine 12.5 mg tab.....	30	aplenzin 522 mg er tab.....	9
amlodipine 10 mg tab.....	25	amphetamine 15 mg tab.....	30	apokyn inj.....	15
amlodipine 2.5 mg tab.....	25	amphetamine 20 mg tab.....	30	aptivus 250 mg cap.....	18
amlodipine 5 mg tab.....	25	amphetamine 30 mg tab.....	30	aptivus sol.....	18
amlodipine/benaz 10-20 mg cap.....	26	amphetamine 5 mg tab.....	30	aranesp 100 mcg inj.....	22

aranesp 100 mcg/0.5ml inj.....	22	atenolol 100 mg tab.....	24	azithromycin 200 mg/5ml susp.....	6
aranesp 150 mcg inj.....	22	atenolol 25 mg tab.....	24	azithromycin 250 mg tab.....	6
aranesp 200 mcg inj.....	22	atenolol 50 mg tab.....	24	azithromycin 500 mg inj.....	6
aranesp 200 mcg/0.4ml inj.....	23	atenolol/chlort 100-25 mg tab.....	24	azithromycin 500 mg tab.....	6
aranesp 25 mcg inj.....	23	atenolol/chlort 50-25 mg tab.....	24	azithromycin 600 mg tab.....	6
aranesp 25 mcg/0.42ml inj.....	23	atgam 250 mg inj.....	39	azopt 1% ophth susp.....	42
aranesp 300 mcg inj.....	23	atripla tab.....	18	aztreonam 1 gm inj.....	5
aranesp 300 mcg/0.6ml inj.....	23	atropine sul 0.05 mg/ml inj.....	33	B	
aranesp 40 mcg inj.....	23	atropine sul 0.1 mg/ml inj.....	33	baciiim 50000 unt inj.....	4
aranesp 40 mcg/0.4ml inj.....	23	atrovent hfa aer 17 mcg.....	43	bacit/polymy ophth oint.....	41
aranesp 500 mcg inj.....	23	augmented beta 0.05% lot.....	31	bacitracin 500 unt/gm op oint.....	41
aranesp 60 mcg inj.....	23	avandamet 2-1000 mgtab.....	20	baclofen 10 mg tab.....	17
aranesp 60 mcg/0.3ml inj.....	23	avandamet 2-500 mg tab.....	20	baclofen 20 mg tab.....	17
arcalyst 80 mg/ml inj inj.....	39	avandamet 4-1000 mg tab.....	20	balsalazide 750 mg cap.....	40
aricept 23 mg er tab.....	8	avandamet 4-500 mg tab.....	20	banzel 200 mg tab.....	8
arixtra 10 mg/0.8ml inj.....	22	avandaryl 4-1 mg tab.....	20	banzel 40 mg/ml susp.....	8
arixtra 2.5 mg/0.5ml inj.....	22	avandaryl 4-2 mg tab.....	20	banzel 400 mg tab.....	8
arixtra 7.5 mg/0.6ml inj.....	22	avandaryl 4-4 mg tab.....	20	baraclude 0.05 mg/ml sol.....	19
aromasin 25 mg tab.....	14	avandaryl 8-2 mg tab.....	20	baraclude 0.5 mg tab.....	19
arzerra 100 mg/5ml inj.....	14	avandaryl 8-4 mg tab.....	20	baraclude 1 mg tab.....	19
asacol 400 mg ec tab.....	40	avandia 2 mg tab.....	20	benazepril 10 mg tab.....	28
asacol 800 mg ec tab.....	40	avandia 4 mg tab.....	20	benazepril 20 mg tab.....	28
ascomp/cod cap 30 mg.....	1	avandia 8 mg tab.....	20	benazepril 40 mg tab.....	28
asmanex 120 aer 220 mcg.....	42	avastin 25 mg/ml inj.....	13	benazepril 5 mg tab.....	28
asmanex 14 aer 220 mcg.....	42	avinza 45 mg er cap.....	1	benazepril/hctz 10-12.5 mg ta.....	28
asmanex 30 aer 110 mcg.....	42	avinza 75 mg er cap.....	1	benazepril/hctz 20-12.5 mg ta.....	28
asmanex 30 aer 220 mcg.....	42	avodart 0.5 mg cap.....	34	benazepril/hctz 20-25 mg tab.....	28
asmanex 60 aer 220 mcg.....	42	avonex 30 mcg kit.....	39	benazepril/hctz 5-6.25 mg tab.....	28
astramorph 0.5 mg/ml inj.....	1	avonex 30 mcg prefl kit.....	39	benicar 20 mg tab.....	28
astramorph 1 mg/ml inj.....	1	azactam/dex 1 gm inj.....	5	benicar 40 mg tab.....	28
atacand 16 mg tab.....	28	azactam/dex 2 gm inj.....	5	benicar 5 mg tab.....	28
atacand 32 mg tab.....	28	azathioprine 50 mg tab.....	39	benicar hct 20-12.5 mg tab.....	28
atacand 4 mg tab.....	28	azelastine 0.05% ophth sol.....	41	benicar hct 40-12.5 mg tab.....	28
atacand 8 mg tab.....	28	azelastine 0.1% spr.....	42	benicar hct 40-25 mg tab.....	28
atacand hct 16-12.5 mg tab.....	28	azilect 0.5 mg tab.....	15	benzonatate 100 mg cap.....	44
atacand hct 32-12.5 mg tab.....	28	azilect 1 mg tab.....	15	benzonatate 200 mg cap.....	44
atacand hct 32-25 mg tab.....	28	azithromycin 100 mg/5ml susp.....	6	benztropine 0.5 mg tab.....	15

benztropine 1 mg tab.....	15	bumetanide 2 mg tab.....	26	captopril 12.5 mg tab	28
benztropine 2 mg tab.....	15	buphenyl 500 mg tab.....	33	captopril 25 mg tab	28
betamethasone dip 0.05% crm	31	buphenyl pow.....	33	captopril 50 mg tab	28
betamethasone dip 0.05% oint	31	buprenorphine 0.3 mg/ml inj.....	1	captopril/hctz 25-15 mg tab	28
betamethasone val 0.1% crm	31	buprenorphine 2 mg sl tab.....	1	captopril/hctz 25-25 mg tab	28
betamethasone val 0.1% lot	31	buprenorphine 8 mg sl tab.....	1	captopril/hctz 50-15 mg tab	28
betamethasone val 0.1% oint	31	bupropion 100 mg sr tab	9	captopril/hctz 50-25 mg tab	28
betaseron 0.3 mg inj.....	39	bupropion 100 mg tab	9	carafate 1 gm/10ml susp	34
betaxolol 0.5% ophth sol.....	42	bupropion 150 mg sr tab	11	carbamazepine 100 mg chw tab.....	8
betaxolol 10 mg tab.....	24	bupropion 200 mg sr tab	9	carbamazepine 100 mg/5ml susp.....	8
betaxolol 20 mg tab.....	24	bupropion 75 mg tab	9	carbamazepine 200 mg er tab	8
bethanechol 10 mg tab	34	bupirone 10 mg tab.....	19	carbamazepine 200 mg tab.....	8
bethanechol 25 mg tab	34	bupirone 15 mg tab.....	19	carbamazepine 400 mg er tab	8
bethanechol 5 mg tab	34	bupirone 30 mg tab.....	19	carbatrol 100 mg er cap.....	8
bethanechol 50 mg tab	34	bupirone 5 mg tab.....	19	carbatrol 200 mg er cap.....	8
betimol 0.25% ophth sol	42	bupirone 7.5 mg tab.....	19	carbatrol 300 mg er cap.....	8
betimol 0.5% ophth sol	42	but/apap/caf 50-325-40 mg tab	1	carbid/levo 10-100 mg odt tab	15
betoptic-s 0.25% ophth susp	41	but/apap/caf 50-500-40 mg tab	1	carbid/levo 10-100 mg tab	15
bicalutamide 50 mg tab	38	but/apap/caf w/cod cap	1	carbid/levo 25-100 mg cr tab	15
bisoprolol fum 10 mg tab.....	24	butalbital cpd tab.....	1	carbid/levo 25-100 mg odt tab	15
bisoprolol fum 5 mg tab.....	24	butorphanol 1 mg/ml inj.....	1	carbid/levo 25-100 mg tab	15
bisoprolol/hctz 10- 6.25 mg t.....	24	butorphanol 10 mg/ml sol	1	carbid/levo 25-250 mg odt tab	15
bisoprolol/hctz 2.5-6.25 mg t.....	24	butorphanol 2 mg/ml inj.....	1	carbid/levo 25-250 mg tab	15
bisoprolol/hctz 5-6.25 mg tab	24	byetta 10 mcg inj.....	20	carbid/levo 50-200 mg sr tab	15
bleomycin 30 unt inj	13	byetta 5 mcg inj.....	20	carimune nf 3 gm inj.....	39
boniva 150 mg tab.....	40	C		carisopr/asa 200-325 mg tab	44
boostrix inj	38	calcipotriene 0.005% oint	31	carisoprodol 350 mg tab.....	45
brimonidine 0.2% ophth sol.....	42	calcipotriene 0.005% sol.....	31	carisoprodol/asa/cod tab.....	45
bromocriptine 2.5 mg tab.....	15	calcitonin 200 unt/act spr	40	carteolol 1% ophth sol	42
bromocriptine 5 mg cap	15	calcitriol 0.25 mcg cap.....	45	cartia 120 mg xt cap.....	25
budeprion 100 mg sr tab	9	calcitriol 0.5 mcg cap.....	45	cartia 180 mg xt cap.....	25
budeprion 150 mg er tab	9	calcitriol 1 mcg/ml inj.....	45	cartia 240 mg xt cap.....	25
budeprion 150 mg sr tab	9	calcitriol 1 mcg/ml sol	45	cartia 300 mg xt cap.....	25
budeprion 300 mg xl tab	9	calcium acetate 667 mg cap	35	carvedilol 12.5 mg tab.....	24
bumetanide 0.25 mg/ml inj	26	campath 30 mg/ml inj	14	carvedilol 25 mg tab.....	24
bumetanide 0.5 mg tab.....	26	capastat sul 1 gm inj.....	12	carvedilol 3.13 mg tab.....	24
bumetanide 1 mg tab.....	26	captopril 100 mg tab	28	carvedilol 6.25 mg tab.....	24

cayston 75 mg inh sol	44	celebrex 100 mg cap	3	chlorthalidone 50 mg tab	26
ceenu 10 mg cap.....	13	celebrex 200 mg cap	3	chlorzoxazone 500 mg tab	45
ceenu 100 mg cap.....	13	celebrex 400 mg cap	3	cholestyramine 4gm lite pow	27
ceenu 40 mg cap.....	13	celebrex 50 mg cap	3	chorionic gonad 10000 unt inj	36
cefaclor 250 mg cap	4	cellcept 200 mg/ml susp.....	39	cialis 10 mg tab	34
cefaclor 500 mg cap	4	cellcept iv 500 mg inj.....	39	cialis 20 mg tab	34
cefaclor 500 mg er tab.....	4	celontin 300 mg cap	7	cialis 5 mg tab	35
cefadroxil 1000 mg tab	4	cephalexin 125 mg/5mlsusp.....	5	ciclopirox 0.77% crm.....	12
cefadroxil 250 mg/5ml susp.....	4	cephalexin 250 mg cap.....	5	ciclopirox 0.77% gel	12
cefadroxil 500 mg cap.....	4	cephalexin 250 mg tab	5	ciclopirox 0.77% susp.....	12
cefadroxil 500 mg/5ml susp.....	4	cephalexin 250 mg/5ml susp.....	5	ciclopirox 1% sha.....	12
cefazolin 1 gm inj.....	4	cephalexin 500 mg cap.....	5	ciclopirox 8% sol	12
cefazolin 1 gm/50ml inj	4	cephalexin 500 mg tab	5	cilostazol 100 mg tab	23
cefazolin 20 gm inj.....	4	ceredase 80 unt/ml inj.....	33	cilostazol 50 mg tab	23
cefazolin 500 mg inj.....	4	cerezyme 40 unt/ml inj.....	33	cimetidine 150 mg/ml inj.....	34
cefdinir 125 mg/5ml susp.....	4	cervarix inj	38	cimetidine 200 mg tab.....	34
cefdinir 250 mg/5ml susp.....	4	cetirizine hcl 1 mg/ml syp.....	42	cimetidine 60 mg/ml sol.....	34
cefdinir 300 mg cap	4	chantix 0.5 mg tab.....	11	ciprodex 0.3-0.1% otic susp.....	42
cefepime 1 gm inj.....	4	chantix 0.5-1 mg pack.....	11	ciprofloxacin 100 mg tab	6
cefepime 2 gm inj.....	4	chantix 1 mg tab.....	11	ciprofloxacin 1000 mg er tab	6
cefpodoxime 100 mg tab.....	4	chloramphenicol 1 gm inj	4	ciprofloxacin 250 mg tab	6
cefpodoxime 100 mg/5mlsusp	4	chlordiaz/amit 10-25 mg tab	10	ciprofloxacin 3 mg/ml ophth s	41
cefpodoxime 200 mg tab.....	5	chlordiaz/amit 5-12.5 mg tab	10	ciprofloxacin 400 mg inj.....	6
cefpodoxime 50 mg/5ml susp	5	chlordiazepoxide.....	19	ciprofloxacin 500 mg er tab	6
cefprozil 25 mg/ml susp.....	5	chlordiazepoxide 10 mg cap	19	ciprofloxacin 500 mg tab	6
cefprozil 250 mg tab	5	chlordiazepoxide 5 mg cap	19	ciprofloxacin 750 mg tab	6
cefprozil 50 mg/ml susp.....	5	chloroquine 250 mg tab	14	citalopram 10 mg tab	9
cefprozil 500 mg tab	5	chloroquine 500 mg tab	14	citalopram 10 mg/5ml sol	9
ceftriaxone 10 gm inj	5	chlorothiazide 250 mg tab.....	26	citalopram 20 mg tab	9
ceftriaxone 250 mg inj	5	chlorothiazide 500 mg tab.....	26	citalopram 40 mg tab	9
ceftriaxone 500 mg inj	5	chlorpromazine 10 mg tab	17	clarithromycin 125 mg/5ml sus	6
cefuroxime 1.5 gm inj.....	5	chlorpromazine 100 mg tab	17	clarithromycin 250 mg tab.....	6
cefuroxime 125 mg/5ml susp.....	5	chlorpromazine 200 mg tab	17	clarithromycin 250 mg/5ml sus	6
cefuroxime 250 mg tab	5	chlorpromazine 25 mg tab	17	clarithromycin 500 mg er tab.....	6
cefuroxime 500 mg tab	5	chlorpromazine 25 mg/ml inj.....	17	clarithromycin 500 mg tab.....	6
cefuroxime 7.5 gm inj.....	5	chlorpromazine 50 mg tab	17	clemastine 0.1 mg/ml syp	42
cefuroxime 750 mg inj.....	5	chlorthalidone 25 mg tab	26	clemastine 2 mg tab	42

climara pro dis weekly	36	clonazepam 1 mg tab	20	coumadin 1 mg tab.....	22
clindamycin 1% gel.....	31	clonazepam 2 mg odt tab	20	coumadin 10 mg tab.....	22
clindamycin 1% lot	31	clonazepam 2 mg tab	20	coumadin 2 mg tab.....	22
clindamycin 1% pad.....	31	clonidine 0.1 mg tab.....	23	coumadin 2.5 mg tab.....	22
clindamycin 1% sol.....	31	clonidine 0.2 mg tab.....	23	coumadin 3 mg tab.....	22
clindamycin 150 mg cap.....	4	clonidine 0.3 mg tab.....	23	coumadin 4 mg tab.....	22
clindamycin 150 mg/ml inj	4	cloraz dipot 15 mg tab.....	20	coumadin 5 mg inj	22
clindamycin 2% vag crm	35	cloraz dipot 3.75 mg tab.....	20	coumadin 5 mg tab.....	22
clindamycin 300 mg cap	4	cloraz dipot 7.5 mg tab.....	20	coumadin 6 mg tab.....	22
clinimix 2.75%/d5w inj.....	45	clotrimazole 1% crm	31	coumadin 7.5 mg tab.....	22
clinimix 4.25%/d10w inj.....	45	clotrimazole 1% sol.....	31	crestor 10 mg tab.....	27
clinimix 4.25%/d20w inj.....	45	clotrimazole/beta 1-0.05% crm.....	31	crestor 20 mg tab.....	27
clinimix 4.25%/d25w inj.....	45	clotrimazole/beta 1-0.05% lot.....	31	crestor 40 mg tab.....	27
clinimix 4.25%/d5w inj.....	45	clozapine 100 mg tab	15	crestor 5 mg tab.....	27
clinimix 5%/d15w inj.....	45	clozapine 200 mg tab	15	crixivan 100 mg cap.....	18
clinimix 5%/d20w inj.....	45	clozapine 25 mg tab	15	crixivan 200 mg cap.....	18
clinimix 5%/d25w inj.....	45	clozapine 50 mg tab	15	crixivan 400 mg cap.....	18
clinimix e 2.75%/d10w inj.....	45	co-gesic 5-500 mg tab.....	1	cromolyn 20 mg/2ml neb	44
clinimix e 2.75%/d5w inj.....	45	colcrys 0.6 mg tab	12	cromolyn 4% ophth sol	41
clinimix e 4.25%/d25w inj.....	45	colestipol 1 gm tab	27	cuprimine 250 mg cap.....	35
clinimix e 4.25%/d5w inj.....	45	colestipol 5 gm gra.....	27	cyclobenzaprine 10 mg tab	45
clinimix e 5%/d15w inj.....	45	colistimethate 150 mg inj.....	4	cyclobenzaprine 5 mg tab	45
clinimix e 5%/d20w inj.....	45	combigan 0.2/0.5% ophth sol.....	42	cyclosporine 100 mg cap	39
clinimix e 5%/d25w inj.....	45	combivent aer.....	44	cyclosporine 25 mg cap	39
clinisol sf inj 15%	45	combivir 150-300 mg tab.....	18	cyclosporine 50 mg/ml inj	39
clobetasol 0.05% crm.....	31	compro 25 mg supp.....	17	cyclosporine mod 100 mg cap	39
clobetasol 0.05% gel	31	comtan 200 mg tab.....	15	cyclosporine mod 50 mg cap	39
clobetasol 0.05% oint.....	31	comvax inj.....	38	cyclosporine mod sol	39
clobetasol 0.05% sol	31	condylox 0.5% gel	31	cyklokapron 100 mg/ml inj.....	23
clomipramine 25 mg cap.....	10	constulose 10 gm/15ml sol.....	33	cymbalta 20 mg ec cap.....	9
clomipramine 50 mg cap.....	10	copaxone 20 mg/ml kit.....	40	cymbalta 30 mg ec cap.....	9
clomipramine 75 mg cap.....	10	coreg 10 mg cr cap.....	24	cymbalta 60 mg ec cap.....	9
clonazepam 0.125 mg odt tab	19	coreg 20 mg cr cap.....	24	cyproheptadine 2 mg/5ml syp.....	42
clonazepam 0.25 mg odt tab	19	coreg 40 mg cr cap.....	24	cyproheptadine 4 mg tab.....	42
clonazepam 0.5 mg odt tab	20	coreg 80 mg cr cap.....	24	cystadane pow	33
clonazepam 0.5 mg tab	20	cortomycin 1% otic sol	42	cystagon 150 mg cap.....	33
clonazepam 1 mg odt tab	20	cortomycin 1% otic susp.....	42	cystagon 50 mg cap.....	33

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d10w/nacl 0.2% inj	45	
d2.5w/nacl 0.45% inj	45	
d5w/lytes-48 inj	45	
d5w/nacl 0.2% inj	45	
d5w/nacl 0.33% inj	45	
d5w/nacl 0.45% inj	45	
d5w/nacl 0.9%	46	
dacogen 50 mg inj	13	
danazol 100 mg cap	36	
danazol 200 mg cap	36	
danazol 50 mg cap	36	
dapsone 100 mg tab	12	
dapsone 25 mg tab	12	
daptacel inj	38	
daraprim 25 mg tab	14	
daunoxome 2 mg/ml inj	13	
decavac 5-2lf inj	38	
denavir 1% crm	31	
dermotic 0.01% oil	42	
desipramine 10 mg tab	10	
desipramine 100 mg tab	10	
desipramine 150 mg tab	10	
desipramine 25 mg tab	10	
desipramine 50 mg tab	10	
desipramine 75 mg tab	10	
desmopressin 0.01% sol	36	
desmopressin 0.1 mg tab	36	
desmopressin 0.2 mg tab	36	
desmopressin 4 mcg/ml inj	36	
desonide 0.05% crm	31	
desonide 0.05% lot	31	
desonide 0.05% oint	31	
desoximetasone 0.05% crm	31	
desoximetasone 0.05% gel	31	
desoximetasone 0.25% crm	31	
desoximetasone 0.25% oint	31	
detrol la 4 mg cap	34	
dexameth sod pho 0.1% op sol	41	
dexameth sod pho 4 mg/ml inj	35	
dexamethasone 0.5 mg tab	35	
dexamethasone 0.5 mg/5ml elx	35	
dexamethasone 0.75 mg tab	35	
dexamethasone 1 mg tab	35	
dexamethasone 1.5 mg tab	35	
dexamethasone 2 mg tab	35	
dexamethasone 4 mg tab	35	
dexamethasone 6 mg tab	35	
dexchlorphen 2 mg/5ml syp	42	
dexilant 30 mg ec cap	34	
dexilant 60 mg ec cap	34	
dexrazoxane 500 mg inj	13	
dextroamphet 10 mg er cap	30	
dextroamphet 10 mg tab	30	
dextroamphet 15 mg er cap	30	
dextroamphet 5 mg er cap	30	
dextroamphet 5 mg tab	30	
dextrose 10% inj	46	
dextrose 5% inj	46	
diazepam 10 mg tab	20	
diazepam 2 mg tab	20	
diazepam 5 mg tab	20	
diclofen pot tab 50 mg	3	
diclofenac 0.1% oph sol	41	
diclofenac 100 mg xr tab	3	
diclofenac 25 mg ec tab	3	
diclofenac 50 mg ec tab	3	
diclofenac 75 mg ec tab	3	
dicloxacillin 250 mg cap	5	
dicloxacillin 500 mg cap	5	
dicyclomine 10 mg cap	33	
dicyclomine 10 mg/5ml sol	33	
dicyclomine 10 mg/ml inj	33	
dicyclomine 20 mg tab	33	
didanosine 125 mg ec cap	18	
didanosine 200 mg ec cap	18	
didanosine 250 mg ec cap	18	
didanosine 400 mg ec cap	18	
diflorasone 0.05% crm	31	
diflorasone 0.05% oint	31	
diflunisal 500 mg tab	1	
digoxin 0.05 mg/ml sol	26	
digoxin 0.125 mg tab	26	
digoxin 0.25 mg tab	26	
digoxin 0.25 mg/ml inj	26	
dihydroergot 1 mg/ml inj	12	
dilantin 30 mg er cap	8	
dilantin 50 mg chw tab	8	
diltiazem 100 mg inj	25	
diltiazem 120 mg cd cap	25	
diltiazem 120 mg er cap	25	
diltiazem 120 mg tab	25	
diltiazem 180 mg er tab	25	
diltiazem 240 mg cd cap	25	
diltiazem 240 mg er tab	25	
diltiazem 25 mg/5ml inj	25	
diltiazem 30 mg tab	25	
diltiazem 300 mg cd cap	25	
diltiazem 300 mg er tab	25	
diltiazem 360 mg er cap	25	
diltiazem 360 mg er tab	25	
diltiazem 420 mg er cap	25	
diltiazem 420 mg er tab	25	
diltiazem 60 mg er cap	25	
diltiazem 60 mg tab	25	
diltiazem 90 mg er cap	25	
diltiazem 90 mg tab	25	
dilt-xr 180 mg cap	25	
dilt-xr 240 mg er cap	25	
diltzac 120 mg er cap	25	
diovan 160 mg tab	28	

diovan 320 mg tab.....	28
diovan 40 mg tab.....	28
diovan 80 mg tab.....	28
diovan hct 160-12.5 mg tab	28
diovan hct 160-25 mg tab	28
diovan hct 320-12.5 mg tab	28
diovan hct 320-25 mg tab	28
diovan hct 80-12.5 mg tab	28
diphen/atrop 2.5 mg tab	33
diphen/atrop 2.5/5ml liq.....	33
diphenhydram 12.5 mg/5ml elx	42
diphenhydramine 50 mg cap.....	42
diphenhydramine 50 mg/ml inj.....	42
diphtheria/tet ped 6.7-51f inj	38
dipyridamole 25 mg tab	23
dipyridamole 50 mg tab	23
dipyridamole 75 mg tab	23
disopyramide 100 mg cap	24
disopyramide 150 mg cap.....	24
divalproex 125 mg ec cap	7
divalproex 125 mg ec tab.....	7
divalproex 250 mg ec tab.....	7
divalproex 250 mg er tab	12
divalproex 500 mg ec tab.....	7
divalproex 500 mg er tab	12
docetaxel 80 mg/8ml inj.....	13
donepezil 10 mg odt tab.....	8
donepezil 10 mg tab.....	8
donepezil 5 mg odt tab.....	8
donepezil 5 mg tab	8
dorzola/timol 2-0.5% op sol.....	41
dorzolamide 2% ophth sol	42
dovonex 0.005% crm	31
doxazosin 1 mg tab	23
doxazosin 2 mg tab	23
doxazosin 4 mg tab	23
doxazosin 8 mg tab	23

doxepin hcl 10 mg cap	10
doxepin hcl 10 mg/ml conc.....	10
doxepin hcl 100 mg cap	10
doxepin hcl 25 mg cap	10
doxepin hcl 50 mg cap	10
doxepin hcl 75 mg cap	10
doxepine hcl 150 mg cap	10
doxycycline hyc 100 mg cap.....	6
doxycycline hyc 100 mg inj.....	6
doxycycline hyc 100 mg tab	6
doxycycline hyc 20 mg tab	6
doxycycline hyc 50 mg cap.....	6
doxycycline hyc 75 mg ec cap	6
doxycycline mono 50 mg tab.....	6
doxycycline mono 75 mg tab.....	6
dronabinol 10 mg cap.....	11
dronabinol 2.5 mg cap.....	11
dronabinol 5 mg cap.....	11
duramorph 0.5 mg/ml inj	1
duramorph 1 mg/ml inj	1
dyrenium 100 mg cap.....	27
E	
e.e.s. 400 mg tab	6
econazole 1%crm	31
ed k+10 meq er tab.....	46
edurant 25 mg tab.....	18
ees/sulfisox 200-600 mg susp	6
effient 5 mg tab	23
elapraxe 2 mg/ml inj.....	33
elidel 1% crm	31
elitek 1.5 mg inj	13
embeda 100-4 mg cap	1
embeda 20-0.8 mg cap	1
embeda 30-1.2 mg cap	1
embeda 50-2 mg cap	1
embeda 60-2.4 mg cap	1
embeda 80-3.2 mg cap	1

emcyt 140 mg cap	13
emend 125 mg cap	11
emend 40 mg cap	11
emend 80 & 125 mg pack.....	11
emsam 12 mg/24hr dis	9
emsam 6 mg/24hr dis	9
emsam 9 mg/24hr dis	9
emtriva 10 mg/ml sol	18
emtriva 200 mg cap.....	18
enalapril 10 mg tab.....	28
enalapril 2.5 mg tab.....	28
enalapril 20 mg tab.....	28
enalapril 5 mg tab.....	28
enalapril/hctz 10-25 mg tab	28
enalapril/hctz 5-12.5 mg tab	28
enbrel 25 mg inj	40
enbrel 50 mg/ml inj.....	40
endocet 10-325 mg tab.....	1
endocet 10-650 mg tab.....	1
endocet 5-325 mg tab.....	1
endocet 7.5-325 mg tab.....	1
engerix-b 10 mcg/0.5ml inj.....	38
engerix-b 20 mcg/ml inj.....	38
enoxaparin 100 mg/ml inj	22
enoxaparin 120 mg/0.8ml inj	22
enoxaparin 150 mg/ml inj	22
enoxaparin 30 mg/0.3ml inj	22
enoxaparin 40 mg/0.4ml inj	22
enoxaparin 60 mg/0.6ml inj	22
enoxaparin 80 mg/0.8ml inj	22
entocort 3 mg ec cap	33
enulose 10 gm/15ml sol	33
epitol 200 mg tab	8
epivir 10 mg/ml sol	18
epivir 150 mg tab	18
epivir 300 mg tab	18
epivir hbv 100 mg tab	18

epivir hbv 5 mg/ml sol.....	18	etodolac 400 mg tab.....	3	felbatol 400 mg tab.....	7
epplerenone 25 mg tab.....	28	etodolac 500 mg er tab.....	3	felbatol 600 mg tab.....	7
epplerenone 50 mg tab.....	28	etodolac 500 mg tab.....	3	felbatol 600 mg/5ml susp.....	7
epzicom 600-300 mg tab.....	18	etodolac 600 mg er tab.....	3	felodipine 10 mg er tab.....	25
eraxis 100 mg inj.....	11	eurax 10% crm.....	14	felodipine 2.5 mg er tab.....	25
ergoloid mes 1 mg tab.....	8	eurax 10% lot.....	14	felodipine 5 mg er tab.....	26
ergomar 2 mg sl tab.....	12	evista 60 mg tab.....	37	fenofibrate 134 mg cap.....	27
ergotamine/caff 1-100 mg tab.....	12	exelon 2 mg/ml sol.....	8	fenofibrate 160 mg tab.....	27
erythrocin 250 mg tab.....	6	exelon 4.6 mg/24hr dis.....	8	fenofibrate 200 mg cap.....	27
erythromycin 2% gel.....	31	exelon 9.5 mg/24hr dis.....	8	fenofibrate 54 mg tab.....	27
erythromycin 2% sol.....	31	exemestane 25 mg tab.....	14	fenofibrate 67 mg cap.....	27
erythromycin 5 mg/gm op oint.....	41	exjade 125 mg tab.....	11	fenopofen 600 mg tab.....	3
erythromycin/benzoyl 5-3% gel.....	31	exjade 250 mg tab.....	11	fentanyl 100 mcg/hr dis.....	1
esatazalam 1 mg tab.....	44	exjade 500 mg tab.....	11	fentanyl 12 mcg/hr dis.....	1
esatazalam 2 mg tab.....	44	extavia 0.3mg inj.....	40	fentanyl 50 mcg/hr dis.....	1
estrace 0.1 mg/ml vag crm.....	35	F		fentanyl 75 mcg/hr dis.....	1
estraderm 0.05 mg dis.....	36	fabrazyme 35 mg inj.....	33	fentora 0.2 mg tab.....	1
estraderm 0.1 mg dis.....	36	famciclovir 125 mg tab.....	19	fentora 0.4 mg tab.....	1
estradiol 0.025 mg dis.....	36	famciclovir 250 mg tab.....	19	fentora 0.6 mg tab.....	1
estradiol 0.0375 mg dis.....	36	famciclovir 500 mg tab.....	19	fentora 0.8 mg tab.....	1
estradiol 0.05 mg dis.....	36	famotidine 10 mg/ml inj.....	34	fexofenadine 180 mg tab.....	43
estradiol 0.06 mg dis.....	36	famotidine 20 mg tab.....	34	fexofenadine 30 mg tab.....	43
estradiol 0.075 mg dis.....	36	famotidine 20 mg/50ml inj.....	34	fexofenadine 60 mg tab.....	43
estradiol 0.1 mg dis.....	36	famotidine 40 mg tab.....	34	finasteride 5 mg tab.....	34
estradiol 0.5 mg tab.....	36	fanapt 1 mg tab.....	15	flecainide 100 mg tab.....	24
estradiol 1 mg tab.....	36	fanapt 10 mg tab.....	15	flecainide 150 mg tab.....	24
estradiol 2 mg tab.....	36	fanapt 12 mg tab.....	15	flecainide 50 mg tab.....	24
estropipate 0.75 mg tab.....	36	fanapt 2 mg tab.....	16	flector 1.3% dis.....	3
estropipate 1.5 mg tab.....	36	fanapt 4 mg tab.....	16	flovent disk aer 100 mcg.....	42
estropipate 3 mg tab.....	36	fanapt 6 mg tab.....	16	flovent disk aer 250 mcg.....	42
ethambutol 100 mg tab.....	13	fanapt 8 mg tab.....	16	flovent disk aer 50 mcg.....	42
ethambutol 400 mg tab.....	13	fanapt pack.....	16	flovent hfa aer 110 mcg.....	42
ethosuximide 250 mg cap.....	7	fareston 60 mg tab.....	13	flovent hfa aer 220 mcg.....	42
ethosuximide 250 mg/5ml sol.....	7	faslodex 250 mg inj.....	38	flovent hfa aer 44 mcg.....	42
etodolac 200 mg cap.....	3	fazaclo 100 mg odt tab.....	16	fluconazole 10 mg/ml susp.....	11
etodolac 300 mg cap.....	3	fazaclo 12.5 mg odt tab.....	16	fluconazole 100 mg tab.....	11
etodolac 400 mg er tab.....	3	fazaclo 25 mg odt tab.....	16	fluconazole 150 mg tab.....	11

fluconazole 200 mg tab.....	12	fluticasone 0.005% oint	31	furosemide 40 mg tab.....	27
fluconazole 40 mg/ml susp	12	fluticasone 0.05% crm	31	furosemide 8 mg/ml sol	27
fluconazole 50 mg tab.....	12	fluticasone 50 mcgspr	44	furosemide 80 mg tab.....	27
fluconazole/dex 2 mg/ml inj	12	fluvoxamine 100 mg tab	9	fuzeon 90 mg kit	19
fludarabine 50 mg inj.....	13	fluvoxamine 25 mg tab	9	G	
flunisolide 0.025% spr	44	fluvoxamine 50 mg tab	9	gabapentin 100 mg cap	7
fluocinolone 0.01% crm.....	31	focalin 30 mg xr cap	30	gabapentin 300 mg cap	7
fluocinolone 0.01% sol	31	folic acid 1 mg tab.....	46	gabapentin 400 mg cap	7
fluocinolone 0.025% crm.....	31	foradil aerolize 12 mcg cap.....	44	gabapentin 600 mg tab	7
fluocinolone 0.025% oint.....	31	forteo 600 mcg/2.4ml inj.....	40	gabapentin 800 mg tab	7
fluocinonide 0.05% crm.....	31	fortical 200 unt/act spr	40	gabitril 12 mg tab	7
fluocinonide 0.05% gel	31	fosamax sol	40	gabitril 16 mg tab	7
fluocinonide 0.05% oint.....	31	fosamax+d 70-2800 mg tab	40	gabitril 2 mg tab	7
fluocinonide 0.05% sol	31	fosamax+d 70-5600 mg tab	40	gabitril 4 mg tab	7
fluorometholone 0.1% op susp	41	foscarnet 24 mg/ml inj	17	galantamine 12 mg tab	8
fluorouracil 5% crm	31	fosinopril 10 mg tab	28	galantamine 16 mg er cap	8
fluoxetine 10 mg cap.....	9	fosinopril 20 mg tab	28	galantamine 24 mg er cap	8
fluoxetine 10 mg tab	9	fosinopril 40 mg tab	28	galantamine 4 mg tab	8
fluoxetine 20 mg cap.....	9	fosinopril/hctz 10-12.5 mg ta.....	28	galantamine 8 mg er cap	8
fluoxetine 20 mg tab	9	fosinopril/hctz 20-12.5 mg ta.....	28	galantamine 8 mg tab	8
fluoxetine 20 mg/5ml sol	9	fosphenytoin 100 mg/2ml inj.....	8	gamastan s/d inj.....	39
fluoxetine 40 mg cap.....	9	fosrenol 1000 mg chw tab.....	35	gammagard 2.5 gm/25ml inj.....	39
fluoxetine 90 mg ec cap	9	fosrenol 500 mg chw tab.....	35	ganciclovir 250 mg cap.....	17
fluphenazine 1 mg tab.....	17	fosrenol 750 mg chw tab.....	35	ganciclovir 500 mg cap.....	17
fluphenazine 10 mg tab	17	fragmin 10000 unt/ml inj	22	ganciclovir 500 mg inj	18
fluphenazine 2.5 mg tab	17	fragmin 12500 unt/0.5ml inj	22	gardasil inj.....	38
fluphenazine 2.5 mg/5ml elx.....	17	fragmin 15000 unt/0.6ml inj	22	gauze pads & dressings.....	20
fluphenazine 2.5 mg/ml inj	17	fragmin 18000 unt/0.72ml inj	22	gemfibrozil 600 mg tab.....	27
fluphenazine 25 mg/ml inj	17	fragmin 2500 unt/0.2ml inj	22	gengraf 100 mg cap.....	39
fluphenazine 5 mg tab	17	fragmin 25000 unt/ml inj	22	gengraf 100 mg/ml sol	39
fluphenazine 5 mg/ml conc	17	fragmin 5000 unt/0.2ml inj	22	gengraf 25 mg cap.....	39
flurazepam 15 mg cap.....	44	fragmin 7500 unt/0.3ml inj	22	gentak 0.3% ophth oint	41
flurazepam 30 mg cap.....	44	freamine iii 3% inj	46	gentamicin 0.1% crm	31
flurbiprofen 0.03% ophth sol	41	freamine iii 8.5% inj	46	gentamicin 0.1% oint	31
flurbiprofen 100 mg tab	3	furosemide 10 mg/ml inj.....	27	gentamicin 0.3% ophth sol.....	41
flurbiprofen 50 mg tab	3	furosemide 10 mg/ml sol	27	gentamicin 10 mg/ml inj	4
flutamide 125 mg cap.....	38	furosemide 20 mg tab.....	27	gentamicin 40 mg/ml inj	4

gentamicin/nacl 0.9 mg/ml inj	4	glycron 3 mg tab	21	hexalen 50 mg cap	13
gentamicin/nacl 1.4 mg/ml inj	4	glycron 6 mg tab	21	humalog 100 unt/ml inj.....	21
gentamicin/nacl 100 mg inj.....	4	granisetron 0.1 mg/ml inj.....	11	humalog 100 unt/ml pen inj.....	21
gentamicin/nacl 60 mg inj.....	4	granisetron 1 mg tab.....	11	humalog mix 50/50 inj.....	21
gentamicin/nacl 60mg inj.....	4	granisetron 1 mg/ml inj.....	11	humalog mix 50/50 pen inj.....	21
gentamicin/nacl 80 mg inj.....	4	grifulvin v 500 mg tab.....	12	humalog mix 75/25 inj.....	21
gentasol 0.3% ophth sol.....	41	griseofulvin 125 mg/5ml susp.....	12	humalog mix 75/25 pen inj.....	21
geodon 20 mg cap	16	H		humatrope 12 mg inj.....	36
geodon 20 mg inj	16	halaven 1 mg/2ml inj	13	humatrope 24 mg inj.....	36
geodon 40 mg cap	16	halobetasol 0.05% crm.....	31	humatrope 5 mg inj.....	36
geodon 60 mg cap	16	halobetasol 0.05% oint.....	31	humatrope 6 mg inj.....	36
geodon 80 mg cap	16	haloperidol 0.5 mg tab	17	humira 20 mg/0.4ml kit.....	40
gleevec 100 mg tab	14	haloperidol 1 mg tab	17	humira 50 mg/ml inj.....	40
gleevec 400 mg tab	14	haloperidol 10 mg tab	17	humira pen-crohns kit.....	40
glimepiride 1 mg tab	20	haloperidol 2 mg tab	17	humulin 70/30 inj.....	21
glimepiride 2 mg tab	20	haloperidol 2 mg/ml conc	17	humulin 70/30 pen inj.....	21
glimepiride 4 mg tab	20	haloperidol 20 mg tab	17	humulin n inj.....	21
glipizide 10 mg tab.....	20	haloperidol 5 mg tab	17	humulin n pen inj.....	21
glipizide 10 mg xl tab	20	haloperidol dec 100 mg/ml inj.....	17	humulin r inj.....	21
glipizide 2.5 mg er tab	20	haloperidol dec 50 mg/ml inj.....	17	humulin r u-500 inj	21
glipizide 5 mg tab.....	20	haloperidol lac 5 mg/ml inj.....	17	hydralazine 10 mg tab.....	29
glipizide 5 mg xl tab	21	havrix 1440 unt/ml inj.....	38	hydralazine 100 mg tab.....	29
glipizide/met 2.5-250 mg tab	21	havrix 720 unt/0.5ml inj.....	38	hydralazine 20 mg/ml inj	29
glipizide/met 2.5-500 mg tab.....	21	hctz zide 12.5 mg cap.....	27	hydralazine 25 mg tab.....	29
glipizide/met 5-500 mg tab	21	hctz zide 12.5 mg tab	27	hydralazine 50 mg tab.....	29
glucagen hypokit inj.....	21	hctz zide 25 mg tab	27	hydroco/apap 10-325 mg tab	1
glucagon 1mg inj.....	21	hctz zide 50 mg tab	27	hydroco/apap 10-500 mg tab	1
glyburide 1.25 mg tab	21	heparin sod 1000 unt/ml inj	22	hydroco/apap 10-650 mg tab	1
glyburide 2.5 mg tab	21	heparin sod 10000 unt/ml inj	22	hydroco/apap 10-660 mg tab	1
glyburide 5 mg tab	21	heparin sod 2000 unt/ml inj	22	hydroco/apap 10-750 mg tab	1
glyburide micro 1.5 mg tab.....	21	heparin sod 20000 unt/ml inj	22	hydroco/apap 2.5-500 mg tab	1
glyburide micro 3 mg tab.....	21	heparin sod 5000 unt/ml inj	22	hydroco/apap 5-325 mg tab	1
glyburide micro 6 mg tab.....	21	heparin sod/d5w 20000 unt inj.....	22	hydroco/apap 5-500 mg tab	1
glyburide/met 1.25-250 mg tab.....	21	heparin sod/d5w 25000 unt inj.....	22	hydroco/apap 7.5-325 mg tab	1
glyburide/met 2.5-500 mg tab.....	21	heparin sod/nacl 2 unt/ml inj.....	22	hydroco/apap 7.5-500 mg tab	1
glyburide/met 5-500 mg tab.....	21	hepatamine 8% inj.....	46	hydroco/apap 7.5-650 mg tab	1
glycron 1.5 mg tab	21	hepsera 10 mg tab	19	hydroco/apap 7.5-750 mg tab	1

hydroco/apap sol.....	1	imipramine hcl 25 mg tab	10	invirase 200 mg cap	18
hydroco/ibu 7.5-200 mg tab.....	1	imipramine hcl 50 mg tab	10	invirase 500 mg tab.....	18
hydrocodone/hom 5-1.5 mg/5ml.....	44	imipramine pam 100 mg cap.....	10	ipol inactive inj	38
hydrocortisone 1% crm.....	31	imipramine pam 125 mg cap.....	11	ipratropium 0.02% inh sol.....	43
hydrocortisone 1% oint.....	31	imipramine pam 150 mg cap.....	11	ipratropium 0.03% spr	44
hydrocortisone 10 mg tab.....	35	imipramine pam 75 mg cap.....	11	ipratropium 0.06% spr	44
hydrocortisone 2.5% crm.....	31	imiquimod 5% crm	32	ipratropium/albuterol inh sol.....	44
hydrocortisone 2.5% lot.....	31	imovax rabies 2.5 unt/ml inj	38	iressa 250 mg tab	14
hydrocortisone 2.5% oint.....	31	increlex 10 mg/ml inj.....	33	isentress 400 mg tab.....	18
hydrocortisone 5 mg tab.....	35	indapamide 1.25 mg tab.....	27	isochron 40 mg er tab.....	29
hydrocortisone but 0.1% crm.....	31	indapamide 2.5 mg tab.....	27	isolyte-h/d5w inj	46
hydrocortisone but 0.1% oint.....	32	indomethacin 25 mg cap	3	isolyte-m/d5w inj	46
hydrocortisone but 0.1% sol	32	indomethacin 50 mg cap.....	3	isolyte-p/d5w inj	46
hydrocortisone val 0.2% crm	32	indomethacin 75 mg er cap.....	3	isolyte-s inj.....	46
hydrocortisone val 0.2% oint	32	infanrix inj.....	38	isolyte-s/d5w inj.....	46
hydromet 5-1.5 mg/5ml syp.....	44	insulin pen needle 29gx12.7mm	21	isonarif cap.....	13
hydromorphone 10 mg/ml inj	1	insulin syrg mis 0.3 ml/31g.....	21	isoniazid 10 mg/ml sol.....	13
hydromorphone 2 mg tab.....	1	insulin syrg mis 0.5 ml/30g.....	21	isoniazid 100 mg tab	13
hydromorphone 4 mg tab.....	1	insulin syrg mis 1 ml/31g.....	21	isoniazid 100 mg/ml inj	13
hydromorphone 8 mg tab.....	2	insulin syrg mis 1ml/29g.....	21	isoniazid 300 mg tab	13
hydroxychloroquine 200 mg tab	14	intelence 100 mg tab	18	isosorbide din 10 mg tab	29
hydroxyurea 500 mg cap.....	13	intralipid 20% inj	46	isosorbide din 2.5 mg sl tab	29
hydroxyzine hcl 10 mg tab.....	43	intron-a 10 mu inj.....	40	isosorbide din 20 mg tab.....	29
hydroxyzine hcl 2 mg/ml sol.....	43	intron-a 10 mu pen inj.....	40	isosorbide din 30 mg tab.....	29
hydroxyzine hcl 25 mg tab.....	43	intron-a 18 mu inj.....	40	isosorbide din 40 mg er tab.....	29
hydroxyzine hcl 25 mg/ml inj.....	43	intron-a 3 mu pen inj.....	40	isosorbide din 5 mg sl tab	29
hydroxyzine hcl 50 mg tab.....	43	intron-a 5 mu pen inj.....	40	isosorbide din 5 mg tab.....	29
hydroxyzine hcl 50 mg/ml inj.....	43	invanz 1gm inj.....	5	isosorbide mono 10 mg tab.....	29
hydroxyzine pam 100 mg cap.....	43	invega 1.5 mg er tab.....	16	isosorbide mono 120 mg er tab.....	29
hydroxyzine pam 25 mg cap.....	43	invega 117 mg/0.75ml inj	16	isosorbide mono 20 mg tab.....	29
hydroxyzine pam 50 mg cap.....	43	invega 156 mg/ml inj	16	isosorbide mono 30 mg er tab.....	29
I		invega 234 mg/1.5ml inj	16	isosorbide mono 60 mg er tab.....	29
ibuprofen 100 mg/5ml susp	3	invega 3 mg er tab.....	16	isradipine 2.5 mg cap	26
ibuprofen 400 mg tab.....	3	invega 39 mg/0.25ml inj	16	isradipine 5 mg cap	26
ibuprofen 600 mg tab.....	3	invega 6 mg er tab.....	16	istodax 5 mg/ml inj	14
ibuprofen 800 mg tab.....	3	invega 78 mg/0.5ml inj	16	itraconazole 100 mg cap	12
imipramine hcl 10 mg tab	10	invega 9 mg er tab.....	16	ixiario inj.....	38

J		
jalyn cap.....	34	
janumet 50-1000 mg tab.....	21	
janumet 50-500 mg tab.....	21	
januvia 100 mg tab.....	21	
januvia 25 mg tab.....	21	
januvia 50 mg tab.....	21	
je-vax inj.....	38	
jevtana 60 mg/1.5ml inj.....	13	
K		
kadian 10 mg er cap.....	2	
kadian 100 mg er cap.....	2	
kadian 20 mg er cap.....	2	
kadian 200 mg er cap.....	2	
kadian 30 mg er cap.....	2	
kadian 50 mg er cap.....	2	
kadian 60 mg er cap.....	2	
kadian 80 mg er cap.....	2	
kaletra 100-25 mgtab.....	18	
kaletra 200-50 mg tab.....	18	
kaletra 80-20 mg/ml sol.....	18	
kanamycin 333 mg/ml inj.....	4	
kcl in nacl inj.....	46	
kcl/d5w 0.075% inj.....	46	
kcl/d5w 0.15% inj.....	46	
kcl/d5w 0.224% inj.....	46	
kcl/d5w 0.3% inj.....	46	
kcl/d5w/lr 0.15% inj.....	46	
kcl/d5w/lr 0.3% inj.....	46	
kcl/d5w/nacl 0.075%/0.2% inj.....	46	
kcl/d5w/nacl 0.075%/0.45% inj.....	46	
kcl/d5w/nacl 0.15%/0.33% inj.....	46	
kcl/d5w/nacl 0.15%/0.2% inj.....	46	
kcl/d5w/nacl 0.15%/0.45% inj.....	46	
kcl/d5w/nacl 0.22%/0.45% inj.....	46	
kcl/d5w/nacl 0.224%/0.33% inj.....	46	
kcl/d5w/nacl 0.3%/0.45% inj.....	46	
kcl/d5w/nacl 0.3/0.2% inj.....	46	
kcl/nacl 0.15%-0.9% inj.....	46	
ketek 300 mg tab.....	6	
ketek 400 mg tab.....	6	
ketoconazole 2% crm.....	32	
ketoconazole 2% sha.....	32	
ketoconazole 200 mg tab.....	12	
ketoprofen 200 mg er cap.....	3	
ketoprofen 50 mg cap.....	3	
ketoprofen 75 mg cap.....	3	
ketorolac 0.4% ophth sol.....	41	
ketorolac 0.5% ophth sol.....	41	
ketorolac 10 mg tab.....	3	
ketorolac 15 mg/ml inj.....	3	
ketorolac 30 mg/ml inj.....	3	
kineret 149 mg/ml inj.....	40	
klor-con 10 meq er tab.....	46	
klor-con 8 meq er tab.....	46	
klor-con m20 meq er tab.....	46	
kombiglyze 2.5-1000 mg tab.....	21	
kombiglyze 5-1000 mg tab.....	21	
kombiglyze 5-500 mg tab.....	21	
kuvan 100 mg tab.....	33	
L		
labetalol 100 mg tab.....	24	
labetalol 200 mg tab.....	24	
labetalol 300 mg tab.....	24	
labetalol 5 mg/ml inj.....	24	
laclotion 12% lot.....	32	
lacrisert 5 mg ophth mis.....	41	
lactated ringer's inj.....	46	
lactated ringer's irr.....	46	
lactulose 10 gm/15ml sol.....	33	
lamotrigine 100 mg tab.....	7	
lamotrigine 150 mg tab.....	7	
lamotrigine 200 mg tab.....	7	
lamotrigine 25 mg chw tab.....	8	
lamotrigine 25 mg tab.....	8	
lamotrigine 5 mg chw tab.....	8	
lansoprazole 15 mg ec cap.....	34	
lansoprazole 30 mg ec cap.....	34	
lantus 100 unt/ml inj.....	21	
lantus solostar inj.....	21	
latanoprost 0.005% ophth sol.....	42	
latuda 40 mg tab.....	16	
latuda 80 mg tab.....	16	
leflunomide 10 mg tab.....	40	
leflunomide 20 mg tab.....	40	
letairis 10 mg tab.....	44	
letairis 5 mg tab.....	44	
letrozole 2.5 mg tab.....	14	
leucovorin 10 mg tab.....	13	
leucovorin 100 mg inj.....	13	
leucovorin 15 mg tab.....	13	
leucovorin 25 mg tab.....	13	
leucovorin 350 mg inj.....	13	
leucovorin 5 mg tab.....	13	
leukeran 2 mg tab.....	13	
leukine 250 mcg inj.....	23	
leuprolide 5 mg/ml kit inj.....	38	
levaquin 25 mg/ml inj.....	6	
levaquin 25 mg/ml sol.....	6	
levaquin 250 mg tab.....	6	
levaquin 500 mg tab.....	6	
levaquin 750 mg tab.....	6	
levaquin/d5w 250 mg/50ml inj.....	6	
levemir flexpen inj.....	21	
levemir inj.....	22	
levetiracetam 100 mg/ml inj.....	7	
levetiracetam 100 mg/ml sol.....	7	
levetiracetam 1000 mg tab.....	7	
levetiracetam 250 mg tab.....	7	
levetiracetam 500 mg tab.....	7	
levetiracetam 750 mg tab.....	7	

levobunolol 0.25% ophth sol	42	levoxyl 25 mcg tab.....	37	lithium cit 8 meq/5ml sol	20
levobunolol 0.5% ophth sol	42	levoxyl 50 mcg tab.....	37	lodosyn 25 mg tab.....	15
levocarnitine 1 gm/10ml sol.....	40	levoxyl 75 mcg tab.....	37	lokara 0.05% lot.....	32
levocarnitine 200 mg/ml inj.....	40	levoxyl 88 mcg tab.....	37	loperamide 2 mg cap.....	33
levocarnitine 330 mg tab.....	40	lexapro 10 mg tab.....	9	lorazepam 0.5 mg tab.....	20
levocetirizine dhcl 5 mg tab.....	43	lexapro 20 mg tab.....	10	lorazepam 1 mg tab.....	20
levothroid 100 mcg tab	37	lexapro 5 mg tab.....	10	lorazepam 2 mg tab.....	20
levothroid 112 mcg tab	37	lexapro 5 mg/5ml sol	10	losartan pot 100 mg tab.....	29
levothroid 125 mcg tab	37	lexiva 50 mg/ml susp	18	losartan pot 25 mg tab.....	29
levothroid 137 mcg tab	37	lexiva 700 mg tab.....	18	losartan pot 50 mg tab.....	29
levothroid 150 mcg tab	37	lidocaine 0.5% inj	3	losartan/hctz 100-12.5 mg tab.....	29
levothroid 175 mcg tab	37	lidocaine 1% inj	3	losartan/hctz 100-25 mg tab.....	29
levothroid 200 mcg tab	37	lidocaine 4% sol.....	32	losartan/hctz 50-12.5 mg tab.....	29
levothroid 25 mcg tab	37	lidocaine 5% oint	32	lotronex 0.5 mg tab	34
levothroid 300 mcg tab	37	lidocaine jelly 2% gel.....	32	lotronex 1 mg tab	34
levothroid 50 mcg tab	37	lidocaine visc 2% sol	3	lovastatin 10 mg tab.....	27
levothroid 75 mcg tab	37	lidocaine/priloc 2.5-2.5% crm.....	32	lovastatin 20 mg tab.....	27
levothroid 88 mcg tab	37	lidoderm 5% dis	32	lovastatin 40 mg tab.....	27
levothyroxine 100 mcg tab.....	37	lincocin 300 mg/ml inj.....	4	lovaza 1 gm cap	27
levothyroxine 112 mcg tab.....	37	lindane 1% lot	14	lovenox 300 mg/3ml inj.....	22
levothyroxine 125 mcg tab.....	37	lindane 1% shampoo	14	loxapine 10 mg cap	17
levothyroxine 137 mcg tab.....	37	liothyronine 10 mcg/ml inj.....	37	loxapine 25 mg cap	17
levothyroxine 150 mcg tab.....	37	lisinopril 10 mg tab	28	loxapine 5 mg cap	17
levothyroxine 175 mcg tab.....	37	lisinopril 2.5 mg tab	28	loxapine 50 mg cap	17
levothyroxine 200 mcg tab.....	37	lisinopril 20 mg tab	28	lumigan 0.03% ophth sol	42
levothyroxine 25 mcg tab.....	37	lisinopril 30 mg tab	28	lupron depot 11.25 mg inj.....	38
levothyroxine 300 mcg tab.....	37	lisinopril 40 mg tab	28	lupron depot 22.5 mg inj.....	38
levothyroxine 50 mcg tab.....	37	lisinopril 5 mg tab	28	lupron depot 3.75 mg inj.....	38
levothyroxine 75 mcg tab.....	37	lisinopril/hctz 10-12.5 mg ta.....	28	lupron depot 30 mg inj.....	38
levothyroxine 88 mcg tab.....	37	lisinopril/hctz 20-12.5 mg ta.....	28	lupron depot 7.5 mg inj.....	38
levoxyl 100 mcg tab.....	37	lisinopril/hctz 20-25 mg tab	29	lupron depot-ped 11.25 mg inj.....	38
levoxyl 112 mcg tab.....	37	lithium carb 150 mg cap	20	lupron depot-ped 15 mg inj.....	38
levoxyl 125 mcg tab.....	37	lithium carb 300 mg cap	20	lyrica 100 mg cap.....	7
levoxyl 137 mcg tab.....	37	lithium carb 300 mg er tab.....	20	lyrica 150 mg cap.....	7
levoxyl 150 mcg tab.....	37	lithium carb 300 mg tab	20	lyrica 200 mg cap.....	7
levoxyl 175 mcg tab.....	37	lithium carb 450 mg er tab.....	20	lyrica 225 mg cap.....	7
levoxyl 200 mcg tab.....	37	lithium carb 600 mg cap	20	lyrica 25 mg cap.....	7

lyrica 300 mg cap.....	7	meperidine 50 mg/5ml sol	2	methylidopa 500 mg tab.....	23
lyrica 50 mg cap.....	7	meperidine 50 mg/ml inj.....	2	methylidopa/hctz 250-25 mg tab.....	23
lyrica 75 mg cap.....	7	meprobamate 200 mg tab.....	20	methylidopa/hctz 50-15 mg tab.....	23
lysodren 500 mg tab.....	38	meprobamate 400 mg tab.....	20	methylidopate 250 mg/5ml inj.....	23
lysteda 650 mg tab	23	mepron 750 mg/5ml susp.....	14	methylin 10 mg chw tab.....	30
M		mercaptapurine 50 mg tab	13	methylin 10 mg er tab	30
magnesium sul 4% inj.....	46	meropenem 500 mg inj	5	methylin 10 mg tab	30
magnesium sul 50% inj.....	46	mesalamine 4 gm enema.....	40	methylin 2.5 mg chw tab.....	30
magnesium sul 8% inj.....	46	mesnex 400 mg tab	13	methylin 20 mg er tab	30
magnesium sul/d5w 1% inj.....	46	mestinon 60 mg/5ml sol.....	12	methylin 20 mg tab	30
maprotiline 25 mg tab	9	metadate 20 mg er tab	30	methylin 5 mg chw tab.....	30
maprotiline 50 mg tab	9	metaxalone 800 mg tab	45	methylin 5 mg tab	30
maprotiline 75 mg tab	9	metformin 1000 mg tab.....	21	methylphenidate 10 mg tab.....	30
marplan 10 mg tab	9	metformin 500 mg er tab.....	21	methylphenidate 10 mg/5ml sol.....	30
matulane 50 mg cap	13	metformin 500 mg tab.....	21	methylphenidate 20 mg er tab.....	30
mebendazole 100 mg chw tab.....	14	metformin 750 mg er tab.....	21	methylphenidate 20 mg tab.....	30
meclizine 12.5 mg tab.....	11	metformin 850 mg tab.....	21	methylphenidate 5 mg tab.....	30
meclizine 25 mg tab.....	11	methadone 10 mg tab.....	2	methylphenidate 5 mg/5ml sol.....	30
meclofenamate sod 100 mg cap.....	1	methadone 10 mg/5ml sol.....	2	methylpredn ace 40 mg/ml inj	35
meclofenamate sod 50 mg cap.....	1	methadone 10 mg/ml conc	2	methylpredn ace 80 mg/ml inj	35
medroxyprogest ace 10 mg tab	37	methadone 10 mg/ml inj	2	methylpredn sod 1000 mg inj	35
medroxyprogest ace 150 mg/ml.....	37	methadone 5 mg tab	2	methylpredn sod 125 mg inj	35
medroxyprogest ace 2.5 mg tab	37	methadone 5 mg/5ml sol.....	2	methylpredn sod 40 mg inj	35
medroxyprogest ace 5 mg tab	37	methadose 10 mg tab	2	methylprednisolone 16 mg tab.....	35
megestrol ace 20 mg tab	36	methadose 5 mg tab	2	methylprednisolone 32 mg tab.....	35
megestrol ace 40 mg tab	36	methazolamide 25 mg tab	27	methylprednisolone 4 mg pack	35
megestrol ace 40 mg/ml susp.....	36	methazolamide 50 mg tab	27	methylprednisolone 8 mg tab.....	35
meloxicam 15 mg tab.....	3	methimazole 10 mg tab.....	38	metipranolol 0.3% ophth sol.....	42
meloxicam 7.5 mg tab.....	3	methimazole 5 mg tab.....	38	metoclopramide 10 mg tab.....	33
meloxicam 7.5 mg/5ml susp	3	methocarbamol 500 mg tab.....	45	metoclopramide 5 mg tab.....	33
menactra inj.....	39	methocarbamol 750 mg tab.....	45	metoclopramide 5 mg/5ml sol	33
menomune a/c/y/w inj.....	39	methotrexate 2.5 mg tab.....	39	metoclopramide 5 mg/ml inj.....	33
menveo inj.....	39	methotrexate 25 mg/ml inj.....	39	metolazone 10 mg tab	27
meperidine 10 mg/ml inj.....	2	methotrexate 50 mg/ml inj.....	39	metolazone 2.5 mg tab	27
meperidine 100 mg tab.....	2	methscopolamine 2.5 mg tab	33	metolazone 5 mg tab	27
meperidine 25 mg/ml inj.....	2	methylclothiazide 5 mg tab	27	metoprolol 1 mg/ml inj	25
meperidine 50 mg tab.....	2	methylidopa 250 mg tab.....	23	metoprolol 100 mg er tab.....	25

metoprolol 100 mg tab.....	25	minoxidil 10 mg tab.....	29	mycamine 50 mg inj.....	12
metoprolol 200 mg er tab.....	25	minoxidil 2.5 mg tab.....	29	mycobutin 150 mg cap.....	12
metoprolol 25 mg er tab.....	25	mirtazapine 15 mg odt tab.....	9	mycophenolate 250 mg cap.....	39
metoprolol 25 mg tab.....	25	mirtazapine 15 mg tab.....	9	mycophenolate 500 mg tab.....	39
metoprolol 50 mg er tab.....	25	mirtazapine 30 mg odt tab.....	9	mytelase 10 mg tab.....	12
metoprolol 50 mg tab.....	25	mirtazapine 30 mg tab.....	9	N	
metoprolol/hctz 100-25 mg tab.....	25	mirtazapine 45 mg odt tab.....	9	nabumetone 500 mg tab.....	3
metoprolol/hctz 100-50 mg tab.....	25	mirtazapine 45 mg tab.....	9	nabumetone 750 mg tab.....	3
metoprolol/hctz 50-25 mg tab.....	25	mirtazapine 7.5 mg tab.....	9	nadolol 20 mg tab.....	25
metronidazole 0.75% crm.....	32	misoprostol 0.1 mg tab.....	34	nadolol 40 mg tab.....	25
metronidazole 0.75% gel.....	32	misoprostol 0.2 mg tab.....	34	nadolol 80 mg tab.....	25
metronidazole 0.75% lot.....	32	mitoxantrone 2 mg/ml inj.....	13	nadolol/bend 40-5 mg tab.....	25
metronidazole 0.75% vag gel.....	35	m-m-r ii live inj.....	38	nadolol/bend 80-5 mg tab.....	25
metronidazole 250 mg tab.....	4	moexipril hcl 15 mg tab.....	29	nafcillin 1 gm inj.....	5
metronidazole 375 mg cap.....	4	moexipril hcl 7.5 mg tab.....	29	nafcillin 10 gm inj.....	5
metronidazole 500 mg tab.....	4	moexipril/hctz 15-12.5 mg tab.....	29	naglazyme 1 mg/ml inj.....	33
metronidazole/nacl 500mg inj.....	4	moexipril/hctz 15-25 mg tab.....	29	naloxone 0.4 mg/ml inj.....	11
mexiletine 150 mg cap.....	24	moexipril/hctz 7.5-12.5 mg ta.....	29	naloxone 1 mg/ml inj.....	11
mexiletine 200 mg cap.....	24	mometasone 0.1% crm.....	32	naltrexone 50 mg tab.....	11
mexiletine 250 mg cap.....	24	mometasone 0.1% lot.....	32	namenda 10 mg tab.....	8
micardis 20 mg tab.....	29	mometasone 0.1% oint.....	32	namenda 2 mg/ml sol.....	8
micardis 40 mg tab.....	29	morphine sul 0.5 mg/ml inj.....	2	namenda 5 mg tab.....	8
micardis 80 mg tab.....	29	morphine sul 1 mg/ml inj.....	2	naproxen 125 mg/5ml susp.....	3
micardis hct 40-12.5 mg tab.....	29	morphine sul 10 mg/5ml sol.....	2	naproxen 250 mg tab.....	3
micardis hct 80-12.5 mg tab.....	29	morphine sul 100 mg er tab.....	2	naproxen 275 mg tab.....	3
micardis hct 80-25 mg tab.....	29	morphine sul 15 mg er tab.....	2	naproxen 375 mg dr tab.....	3
miconazole 3 200 mg vag supp.....	35	morphine sul 15 mg tab.....	2	naproxen 375 mg tab.....	3
minitran 0.1 mg/hr dis.....	29	morphine sul 20 mg/5ml sol.....	2	naproxen 500 mg dr tab.....	3
minitran 0.2 mg/hr dis.....	29	morphine sul 20 mg/ml sol.....	2	naproxen 550 mg tab.....	3
minitran 0.4 mg/hr dis.....	29	morphine sul 200 mg er tab.....	2	nasacort aq 55 mcg/act aer.....	44
minitran 0.6 mg/hr dis.....	29	morphine sul 30 mg er tab.....	2	nasonex 50 mcg/act spr.....	44
minocycline 100 mg cap.....	6	morphine sul 30 mg tab.....	2	natacyn 5% ophth susp.....	41
minocycline 100 mg tab.....	6	morphine sul 60 mg er tab.....	2	nebupent 300 mg inh sol.....	14
minocycline 50 mg cap.....	6	moxeza 0.5% ophth sol.....	41	nefazodone 100 mg tab.....	9
minocycline 50 mg tab.....	6	multaq 400 mg tab.....	24	nefazodone 150 mg tab.....	9
minocycline 75 mg cap.....	6	mupirocin 2% oint.....	32	nefazodone 200 mg tab.....	9
minocycline 75 mg tab.....	6	mycamine 100 mg inj.....	12	nefazodone 250 mg tab.....	9

nefazodone 50 mg tab	9	nifedical 60 mg xl tab	26	novolin n u-100 inj.....	22
neo/bac/poly ophth oint.....	41	nifedipine 10 mg cap.....	26	novolin r u-100 inj	22
neo/poly gu 40 mg/ml irr	35	nifedipine 20 mg cap.....	26	novolog 100 unt/ml inj.....	22
neo/poly/bac/hc 1% ophth oint	41	nifedipine 30 mg er tab	26	novolog mix 70/30 flexpen inj.....	22
neo/poly/dex 0.1% op oint	41	nifedipine 60 mg er tab	26	novolog mix 70/30 inj.....	22
neo/poly/dex 0.1% op susp	41	nifedipine 90 mg er tab	26	nutropin 10 mg inj.....	36
neo/poly/gra op sol.....	41	nilandron 150 mg tab	38	nutropin 10 mg/2ml inj	36
neo/poly/hc 1% otic sol.....	42	nimodipine 30 mg cap.....	26	nutropin 20 mg/2ml inj	36
neo/poly/hc 1% otic susp	42	nisoldipine 20 mg er tab.....	26	nutropin aq nuspin 5 inj	36
neo/poly/hc ophth susp	41	nisoldipine 30 mg er tab.....	26	nystatin 100000 unt oint.....	32
neomycin 500 mg tab.....	4	nisoldipine 40 mg er tab.....	26	nystatin 100000 unt pow	32
nephramine 5.4% inj	46	nitrofurantoin mac 50 mg cap	35	nystatin 100000 unterm.....	32
neulasta 6 mg/0.6ml inj.....	23	nitrofurantoin mon 100 mg cap.....	35	nystatin 500000 unt tab.....	12
neumega 5 mg inj.....	23	nitroglycerin 0.1 mg/hr dis.....	29	nystatin/triamcinolone crm	32
neupogen 300 mcg/0.5ml inj.....	23	nitroglycerin 0.2 mg/hr dis.....	29	nystatin/triamcinolone oint	32
neupogen 480 mcg/0.8ml inj.....	23	nitroglycerin 0.4 mg/hr dis.....	29	nystop 100000 unt pow	32
neupogen 480 mcg/1.6ml inj.....	23	nitroglycerin 0.6 mg/hr dis.....	29	O	
neurontin 250 mg/5ml sol	7	nitroglycerin 5 mg/ml inj	29	octreotide 100 mcg inj	33
nevanac 0.1% ophth susp.....	41	nitrolingual pumpspray spr	30	octreotide 1000 mcg inj	33
nexavar 200 mg tab.....	14	nitrostat 0.3 mg sl tab.....	30	octreotide 200 mcg inj	33
nexium 20 mg ec cap	34	nitrostat 0.4 mg sl tab.....	30	octreotide 50 mcg/ml inj.....	33
nexium 20 mg gra cap.....	34	nitrostat 0.6 mg sl tab.....	30	octreotide 500 mcg inj	33
nexium 40 mg dr cap.....	34	nizatidine 150 mg cap	34	ofloxacin 0.3% ophth sol	41
nexium 40 mg ec cap	34	nizatidine 300 mg cap	34	ofloxacin 0.3% otic sol	42
nexium i.v. 20 mg inj.....	34	norethindrone ace 5 mg tab.....	37	ofloxacin 200 mg tab	6
nexium i.v. 8 40mg inj.....	34	normosol-m/d5w inj.....	46	ofloxacin 300 mg tab	6
niacor 500 mg tab.....	46	normosol-r ph 7.4 inj.....	46	ofloxacin 400 mg tab	6
niaspan 1000 mg er tab	27	normosol-r/d5w inj.....	46	oleptro 150 mg er tab	9
niaspan 500 mg er tab	27	nortriptyline 10 mg cap.....	11	oleptro 300 mg er tab	9
niaspan 750 mg er tab	27	nortriptyline 2 mg/ml sol	11	omeprazole 10 mg ec cap.....	34
nicardipine hcl 20 mg cap	26	nortriptyline 25 mg cap.....	11	omeprazole 20 mg ec cap.....	34
nicardipine hcl 30 mg cap.....	26	nortriptyline 50 mg cap.....	11	omeprazole 40 mg ec cap.....	34
nicotrol inh sol	11	nortriptyline 75 mg cap.....	11	ondansetron 2 mg/ml inj	11
nifediac cc 30 mg er tab.....	26	norvir 100 mg cap	18	ondansetron 24 mg tab.....	11
nifediac cc 60 mg er tab.....	26	norvir 100 mg tab.....	18	ondansetron 4 mg odt tab.....	11
nifediac cc 90 mg er tab.....	26	norvir 80 mg/ml sol.....	18	ondansetron 4 mg tab.....	11
nifedical 30 mg xl tab	26	novolin 70/30 inj.....	22	ondansetron 4 mg/5ml sol.....	11

ondansetron 8 mg odt tab.....	11
ondansetron 8 mg tab.....	11
onglyza 5 mg tab.....	21
ontak 150 mcg/ml inj.....	13
opana 10 mg er tab.....	2
opana 20 mg er tab.....	2
opana 30 mg er tab.....	2
opana 40 mg er tab.....	2
opana 5 mg er tab.....	2
optivar 0.05% ophth sol.....	41
oracig 50 mg tab.....	12
orap 1 mg tab.....	17
orap 2 mg tab.....	17
orencia 250 mg inj.....	40
orfadin 10 mg cap.....	33
orfadin 2 mg cap.....	33
orfadin 5 mg cap.....	33
orphenadrine 100 mg er tab.....	45
orphenadrine 30 mg/ml inj.....	45
orphenadrine cpd ds tab.....	45
orphenadrine/asa/caf tab.....	45
orthoclone okt3 inj.....	39
ortho-est 0.75 mg tab.....	36
ortho-est 1.5 mg tab.....	36
otc product.....	34
oxandrolone 10 mg tab.....	36
oxandrolone 2.5 mg tab.....	36
oxaprozin 600 mg tab.....	3
oxazepam 10 mg cap.....	20
oxazepam 15 mg cap.....	20
oxazepam 30 mg cap.....	20
oxcarbazepine 150 mg tab.....	8
oxcarbazepine 300 mg tab.....	8
oxcarbazepine 600 mg tab.....	8
oxsoralen-ul 10 mg cap.....	32
oxybutynin 10 mg er tab.....	34
oxybutynin 15 mg er tab.....	34

oxybutynin 5 mg er tab.....	34
oxybutynin 5 mg tab.....	34
oxybutynin 5 mg/5ml syp.....	34
oxycod/apap 2.5-325 mg tab.....	2
oxycod/asa tab.....	2
oxycodone 15 mg tab.....	2
oxycodone 20 mg/ml conc.....	2
oxycodone 30 mg tab.....	2
oxycodone 5 mg cap.....	2
oxycodone 5 mg tab.....	2
oxycodone/apap 10-325 mg tab.....	2
oxycodone/apap 5-325 mg tab.....	2
oxycodone/apap 7.5-325 mg tab.....	2
oxycodone/apap 7.5-500 mg tab.....	2
oxycodone/asa tab.....	2
oxycodone/ibu 5-400 mg tab.....	2
oxycontin 10 mg er tab.....	2
oxycontin 15 mg er tab.....	2
oxycontin 20 mg er tab.....	2
oxycontin 30 mg er tab.....	2
oxycontin 40 mg er tab.....	2
oxycontin 60 mg er tab.....	2
oxycontin 80 mg er tab.....	2
oxymorphone 10 mg tab.....	2
oxymorphone 5 mg tab.....	2
P	
pacerone 100 mg tab.....	24
pacerone 200 mg tab.....	24
palgic 4 mg/5ml sol.....	43
panretin 0.1% gel.....	14
pantoprazole 20 mg ec tab.....	34
pantoprazole 40 mg ec tab.....	34
parcaine 0.5% ophth sol.....	41
paromomycin 250 mg cap.....	4
paroxetine 10 mg tab.....	10
paroxetine 10 mg/5ml susp.....	10
paroxetine 12.5 mg er tab.....	10

paroxetine 20 mg tab.....	10
paroxetine 25 mg er tab.....	10
paroxetine 30 mg tab.....	10
paroxetine 40 mg tab.....	10
paser acid 4 gm gra.....	13
pataday 0.2% ophth sol.....	41
patanol 0.1% ophth sol.....	41
pedvax hib inj.....	39
peganone 250 mg tab.....	8
pegasys kit.....	40
peg-intron 120 mcg rp kit.....	40
peg-intron 150 mcg rp kit.....	40
peg-intron 50 mcg kit.....	40
peg-intron 50 mcg rp kit.....	40
peg-intron 80 mcg rp kit.....	40
penicilln g sod 5000000 u inj.....	5
penicilln gk 5mu inj.....	5
penicilln vk 125 mg/5ml sol.....	5
penicilln vk 250 mg/5ml sol.....	6
penicilln vk 250mg tab.....	6
penicilln vk tab 500mg.....	6
pentazocine/apap 25-650 mg ta.....	2
pentazocine/naloxone tab.....	2
pentopak 400 mg er tab.....	40
pentoxifylline 400 mg er tab.....	41
permethrin 5% crm.....	14
perphenazine 16 mg tab.....	17
perphenazine 2 mg tab.....	17
perphenazine 4 mg tab.....	17
perphenazine 8 mg tab.....	17
perphenazine/ amit 2-10 mg tab.....	11
perphenazine/ amit 2-25 mg tab.....	11
perphenazine/ amit 4-10 mg tab.....	11
perphenazine/ amit 4-25 mg tab.....	11
perphenazine/ amit 4-50 mg tab.....	11
phenadoz 12.5 mg supp.....	43
phenadoz 25 mg supp.....	43

phenelzine 15 mg tab	9	pot chloride 10 meq cr tab	46	prednisone 5 mg tab	35
phenobarbital 100 mg tab.....	7	pot chloride 10 meq er cap.....	46	prednisone 5 mg/5ml sol.....	35
phenobarbital 15 mg tab.....	7	pot chloride 10 meq/100ml inj.....	46	prednisone 50 mg tab	35
phenobarbital 16.2 mg tab.....	7	pot chloride 10 meq/50ml inj.....	46	premarin 0.3 mg tab	36
phenobarbital 30 mg tab.....	7	pot chloride 2 meq/ml inj.....	46	premarin 0.45 mg tab	36
phenobarbital 32.4 mg tab.....	7	pot chloride 20 meq er tab	46	premarin 0.625 mg tab	36
phenobarbital 60 mg tab.....	7	pot chloride 20 meq/50ml inj.....	46	premarin 0.625 mg vag crm.....	35
phenobarbital 64.8 mg tab.....	7	pot chloride 30 meq/100ml inj.....	46	premarin 0.9 mg tab	36
phenobarbital 97.2 mg tab.....	7	pot chloride 8 meq er cap.....	46	premarin 1.25 mg tab	36
phenytoin 100 mg ex cap	8	pot citrate 10 meq er tab.....	35	premarin 5 mg/ml inj	36
phenytoin 125 mg/5ml susp.....	8	pot citrate 5 meq er tab.....	35	premasol 6% sol.....	46
phenytoin 200 mg ex cap	8	pramipexole 0.125 mg tab.....	15	prempase tab	36
phenytoin 300 mg ex cap	8	pramipexole 0.25 mg tab.....	15	prempo 0.3-1.5 mg tab.....	37
phenytoin 50 mg/ml inj.....	8	pramipexole 0.5 mg tab.....	15	prempo 0.45-1.5 mg tab.....	37
physiolyte irr	46	pramipexole 0.75 mg tab.....	15	prempo 0.625-2.5 mg tab.....	37
physiosol sol irr.....	46	pramipexole 1 mg tab.....	15	prempo 0.625-5 mg tab.....	37
pilocarpine 5 mg tab.....	30	pramipexole 1.5 mg tab.....	15	prenatabs obn tab	47
pilocarpine 7.5 mg tab.....	30	prandin 0.5 mg tab	21	prevalite 4 gm pow.....	27
pilopine hs 4% ophth gel.....	42	prandin 1 mg tab	21	prezista 150 mg tab	18
pindolol 10 mg tab	25	prandin 2 mg tab	21	prezista 400 mg tab	19
pindolol 5 mg tab	25	pravastatin 10 mg tab	27	prezista 600 mg tab	19
piperacillin 3 gm inj.....	6	pravastatin 20 mg tab	27	prezista 75 mg tab	19
piperacillin 40 gm inj.....	6	pravastatin 40 mg tab	27	priftin 150 mg tab.....	13
piroxicam 10 mg cap.....	3	pravastatin 80 mg tab.....	27	primidone 250 mg tab	7
piroxicam 20 mg cap.....	3	prazosin hcl 1 mg cap	23	primidone 50 mg tab	7
plasma-lyte 56 inj.....	46	prazosin hcl 2 mg cap	23	pristiq 100 mg er tab	10
plasma-lyte a inj.....	46	prazosin hcl 5 mg cap	23	pristiq 50 mg er tab	10
plasma-lyte-148 inj	46	predn sod pho 1% ophth sol.....	41	proair hfa aer	44
plasma-lyte-148/d5w inj	46	predn sod pho 15 mg/5ml sol.....	35	proben/colch 0.5-500 mg tab	12
plasma-lyte-56/d5w inj	46	predn sod pho 5 mg/5ml sol.....	35	probenecid 500 mg tab.....	12
plasma-lyte-r inj.....	46	prednicarbate 0.1% oint	32	procainamide 100 mg/ml inj.....	24
plavix 300 mg tab.....	23	prednicarbate 0.1% crm	32	procainamide 500 mg/ml inj.....	24
plavix 75 mg tab.....	23	prednisolone 1% ophth susp	41	procalamine 3% inj	47
podofilox 0.5% sol.....	32	prednisone 1 mg tab.....	35	prochlorperazine 10 mg tab	17
poly-dex 0.1% ophth oint.....	41	prednisone 10 mg tab	35	prochlorperazine 25 mg supp.....	17
poly-dex 0.1% ophth susp.....	41	prednisone 2.5 mg tab.....	35	prochlorperazine 5 mg tab	17
polyeth glyc pow 3350 nf	33	prednisone 20 mg tab.....	35	prochlorperazine 5 mg/ml inj.....	17

procrit 10000 unt/ml inj	23
procrit 2000 unt/ml inj	23
procrit 20000 unt/ml inj	23
procrit 3000 unt/ml inj	23
procrit 4000 unt/ml inj	23
procrit 40000 unt/ml inj	23
proctocream-hc 2.5% crm	35
procto-pak 1% crm.....	32
proctosol hc 2.5% crm	35
proctozone-hc 2.5% crm	36
proglycem 50 mg/ml susp.....	21
prograf 0.5 mg cap	39
prograf 1 mg cap	39
prograf 5 mg cap	39
prograf 5 mg/ml inj	39
prolastin 1000 mg inj	44
prolastin 500 mg inj	44
proleukin 22 mu inj.....	13
prolia 60 mg/ml inj.....	40
promacta 25 mg tab.....	23
promacta 50 mg tab.....	23
prometh vc 6.25-5 mg/5ml syp	44
prometh vc/cod syp.....	44
prometh/cod 6.25-10 mg syp	44
promethazine 12.5 mg supp	43
promethazine 12.5 mg tab.....	43
promethazine 25 mg supp	43
promethazine 25 mg tab.....	43
promethazine 25 mg/ml inj	43
promethazine 50 mg tab.....	43
promethazine 50 mg/ml inj	43
promethazine 6.25 mg/5ml syp.....	43
promethegan 25 mg supp	43
promethegan 50 mg supp	43
prometrium 100 mg cap	37
prometrium 200 mg cap	37
propafenone 150 mg tab.....	24

propafenone 225 mg er cap.....	24
propafenone 225 mg tab.....	24
propafenone 300 mg tab.....	24
propafenone 325 mg er cap.....	24
propafenone 425 mg er cap.....	24
proparacaine 0.5% ophth sol.....	41
propranolol 1 mg/ml inj	25
propranolol 10 mg tab.....	12
propranolol 120 mg er cap	25
propranolol 160 mg er cap	25
propranolol 20 mg tab.....	12
propranolol 20 mg/5ml sol.....	25
propranolol 40 mg tab.....	12
propranolol 60 mg er cap	25
propranolol 60 mg tab.....	12
propranolol 8 mg/ml sol.....	25
propranolol 80 mg er cap	25
propranolol 80 mg tab.....	12
propranolol/hctz 40-25 mg tab.....	25
propranolol/hctz 80-25 mg tab.....	25
propylthiouracil 50 mg tab.....	38
proquad inj	39
protopic 0.03% oint.....	32
protopic 0.1% oint.....	32
protriptyline 10 mg tab.....	11
protriptyline 5 mg tab.....	11
proventil aer hfa	44
provigil 100 mg tab.....	30
provigil 200 mg tab.....	30
pulmicort 0.25 mg/2ml inh sol.....	42
pulmicort 0.5 mg/2ml inh sol.....	42
pulmicort 180 mcg inh	42
pulmicort 90 mcg inh	42
pulmozyme 1 mg/ml inh sol	44
pyrazinamide 500 mg tab.....	13
pyridostigmine 60 mg tab	12

Q	
qualaquin 324 mg cap	14
quinapril 10 mg tab	29
quinapril 20 mg tab	29
quinapril 40 mg tab	29
quinapril 5 mg tab	29
quinapril/hctz 10-12.5 mg tab.....	29
quinapril/hctz 20-12.5 mg tab.....	29
quinapril/hctz 20-25 mg tab.....	29
quinidine gl 324 mg cr tab	24
quinidine sul 200 mg tab.....	24
quinidine sul 300 mg er tab.....	24
quinidine sul 300 mg tab.....	24
R	
rabavert inj	39
ramipril 1.25 mg er cap.....	29
ramipril 10 mg cap.....	29
ramipril 2.5 mg cap.....	29
ramipril 5 mg cap.....	29
ranexa 1000 mg er tab.....	26
ranexa 500 mg er tab.....	26
ranitidine 15 mg/ml syp	34
ranitidine 150 mg cap.....	34
ranitidine 150 mg tab	34
ranitidine 150 mg/6ml inj.....	34
ranitidine 300 mg cap.....	34
ranitidine 300 mg tab	34
rapamune 0.5 mg tab.....	39
rapamune 1 mg tab.....	39
rapamune 1 mg/ml sol.....	39
rapamune 2 mg tab.....	39
razadyne 4 mg/ml sol	8
recombivax hb 10 mcg/ml inj	39
recombivax hb 40 mcg/ml inj	39
regranex 0.01% gel	32
relistor 12 mg/0.6ml inj.....	33
relpax 20 mg tab.....	12

relpax 40 mg tab.....	12
remicade 100 mg inj.....	40
renvela 0.8 gm pak.....	35
renvela 2.4 gm pak.....	35
renvela 800 mg tab.....	35
repan tab.....	3
rescriptor 100 mg tab.....	18
rescriptor 200 mg tab.....	18
reserpine 0.1 mg tab.....	23
restasis 0.05% ophth susp.....	41
retrovir 10 mg/ml inj.....	18
revatio 20 mg tab.....	44
revlimid 10 mg cap.....	13
revlimid 15 mg cap.....	13
revlimid 25 mg cap.....	13
revlimid 5 mg cap.....	13
reyataz 100 mg cap.....	19
reyataz 150 mg cap.....	19
reyataz 200 mg cap.....	19
reyataz 300 mg cap.....	19
rhinocort aqua susp.....	44
ribapak 1000 mg/day pack.....	19
ribapak 400 mg pack.....	19
ribapak 600 mg pack.....	19
ribasphere 200 mg cap.....	19
ribasphere 200 mg tab.....	19
ribasphere 400 mg tab.....	19
ribasphere 600 mg tab.....	19
ribavirin 200 mg cap.....	19
ribavirin 200 mg tab.....	19
rifampin 150 mg cap.....	13
rifampin 300 mg cap.....	13
rifampin 600 mg inj.....	13
rilutek 50 mg tab.....	30
rimantadine 100 mg tab.....	19
ringer's inj.....	47
ringer's irr sol.....	47

riomet sol.....	21
risperdal 12.5 mg inj.....	16
risperdal 25 mg inj.....	16
risperdal 37.5 mg inj.....	16
risperdal 50 mg inj.....	16
risperdal m 1 mg tab.....	16
risperidone 0.25 mg tab.....	16
risperidone 0.5 mg odt tab.....	16
risperidone 0.5 mg tab.....	16
risperidone 1 mg odt tab.....	16
risperidone 1 mg tab.....	16
risperidone 1 mg/ml sol.....	16
risperidone 2 mg odt tab.....	16
risperidone 2 mg tab.....	16
risperidone 3 mg odt tab.....	16
risperidone 3 mg tab.....	16
risperidone 4 mg odt tab.....	16
risperidone 4 mg tab.....	16
rituxan 500 mg inj.....	14
rivastigmine 1.5 mg cap.....	8
rivastigmine 3 mg cap.....	8
rivastigmine 4.5 mg cap.....	8
rivastigmine 6 mg cap.....	8
romycin 5 mg/gm ophth oint.....	41
ropinirole 0.25 mg tab.....	15
ropinirole 0.5 mg tab.....	15
ropinirole 1 mg tab.....	15
ropinirole 2 mg tab.....	15
ropinirole 3 mg tab.....	15
ropinirole 4 mg tab.....	15
ropinirole 5 mg tab.....	15
rotateq susp.....	39
roxicet 5-325 mg tab.....	3
roxicet 5-325 mg/5ml sol.....	3
roxicet 5-500 mg tab.....	3
roxicondone 5 mg tab.....	3

S	
sabril 500 mg pow.....	7
sabril 500 mg tab.....	7
saizen 5 mg inj.....	36
saizen 8.8 mg inj.....	36
samsca 15 mg tab.....	41
samsca 30 mg tab.....	41
sandostatin lar 10 mg kit.....	33
sandostatin lar 20 mg kit.....	33
sandostatin lar 30 mg kit.....	33
santyl 250 unt/gm oint.....	32
saphris 10 mg sl tab.....	16
saphris 5 mg sl tab.....	16
savella 100 mg tab.....	30
savella 12.5 mg tab.....	30
savella 25 mg tab.....	30
savella 50 mg tab.....	30
savella mis titration pack.....	30
selegiline 5 mg cap.....	15
selegiline 5 mg tab.....	15
selenium sulfide 2.5% lot.....	32
selzentry 150 mg tab.....	19
selzentry 300 mg tab.....	19
sensipar 30 mg tab.....	38
sensipar 60 mg tab.....	38
sensipar 90 mg tab.....	38
serevent dis aer 50 mcg.....	44
seromycin 250 mg cap.....	13
seroquel 100 mg tab.....	16
seroquel 150 mg er tab.....	16
seroquel 200 mg tab.....	16
seroquel 200 mg xr tab.....	16
seroquel 25 mg tab.....	16
seroquel 300 mg tab.....	16
seroquel 300 mg xr tab.....	16
seroquel 400 mg tab.....	16
seroquel 400 mg xr tab.....	16

seroquel 50 mg er tab.....	16	somavert 15 mg inj.....	38	strattera 60 mg cap.....	30
seroquel 50 mg tab.....	16	somavert 20 mg inj.....	38	strattera 80 mg cap.....	30
sertraline 100 mg tab.....	10	sorine 120 mg tab.....	24	stromectol 3 mg tab.....	14
sertraline 20 mg/ml conc.....	10	sorine 160 mg tab.....	24	subutex 2 mg sl tab.....	3
sertraline 25 mg tab.....	10	sorine 240 mg tab.....	24	subutex 8 mg sl tab.....	3
sertraline 50 mg tab.....	10	sorine 80 mg tab.....	24	sucralfate 1000 mg tab.....	34
silver sulfadiazine 1% crm.....	32	sotalol 120 mg tab.....	24	sulfacetamide 10% lot.....	32
simvastatin 10 mg tab.....	27	sotalol 160 mg tab.....	24	sulfacetamide/pred na op sol.....	41
simvastatin 20 mg tab.....	27	sotalol 240 mg tab.....	24	sulfadiazine 500 mg tab.....	6
simvastatin 40 mg tab.....	27	sotalol 80 mg tab.....	24	sulfasalazine 500 mg tab.....	40
simvastatin 5 mg tab.....	27	spiriva handihaler cap.....	43	sulfazine 500 mg ec tab.....	40
simvastatin 80 mg tab.....	27	spironolactone 100 mg tab.....	27	sulindac 150 mg tab.....	4
singulair 10 mg tab.....	43	spironolactone 25 mg tab.....	27	sulindac 200 mg tab.....	4
singulair 4 mg chw tab.....	43	spironolactone 50 mg tab.....	27	sumatriptan 100 mg tab.....	12
singulair 4 mg gra.....	43	spironolactone/hctz25-25 mg t.....	27	sumatriptan 25 mg tab.....	12
singulair 5 mg chw tab.....	43	sprycel 100 mg tab.....	14	sumatriptan 4 mg/0.5ml inj.....	12
smz/tmp 200-40 mg/5ml susp.....	6	sprycel 20 mg tab.....	14	sumatriptan 50 mg tab.....	12
smz/tmp 400-80 mg tab.....	6	sprycel 50 mg tab.....	14	sumatriptan 6 mg/0.5ml inj.....	12
smz/tmp 400-80 mg/5ml inj.....	6	sprycel 70 mg tab.....	14	suprax 40 mg/ml susp.....	5
smz/tmp 800-160 mg tab.....	6	ssd 1% crm.....	32	surmontil 100 mg cap.....	11
sod fluoride 1 mg f tab.....	47	stalevo 100 tab.....	15	sustiva 200 mg cap.....	18
sodium bicarb 7.5% inj.....	47	stalevo 125 tab.....	15	sustiva 50 mg cap.....	18
sodium chlor 2.5 meq/ml inj.....	47	stalevo 150 tab.....	15	sustiva 600 mg tab.....	18
sodium chloride 0.45% inj.....	47	stalevo 200 tab.....	15	sutent 12.5 mg cap.....	14
sodium chloride 0.9% inj.....	47	stalevo 50 tab.....	15	sutent 25 mg cap.....	14
sodium chloride 0.9% irr sol.....	35	stalevo 75 tab.....	15	sutent 50 mg cap.....	14
sodium chloride 3% inj.....	47	stavudine 1 mg/ml sol.....	18	symbicort 160-4.5 mcg/act aer.....	44
sodium chloride 5% inj.....	47	stavudine 15 mg cap.....	18	symbicort 80-4.5 mcg/act aer.....	44
sodium lac 0.167 meq/ml inj.....	47	stavudine 20 mg cap.....	18	symbyax 12-25 mg cap.....	9
sodium lac 5 meq/ml inj.....	47	stavudine 30 mg cap.....	18	symbyax 12-50 mg cap.....	9
sodium poly sul pow.....	11	stavudine 40 mg cap.....	18	symbyax 3-25 mg cap.....	9
sodium sulfacet 10% op sol.....	41	sterile water irr sol.....	47	symbyax 6-25 mg cap.....	9
solaraze 3% gel.....	32	strattera 10 mg cap.....	30	symbyax 6-50 mgcap.....	9
somatuline 120 mg/0.5ml inj.....	33	strattera 100 mg cap.....	30	symlin 600 mcg inj.....	21
somatuline 60 mg/0.2ml inj.....	33	strattera 18 mg cap.....	30	symlinpen 60 inj 1000 mcg.....	21
somatuline 90 mg/0.3ml inj.....	33	strattera 25 mg cap.....	30	symlnpen 120 inj 1000 mcg.....	21
somavert 10 mg inj.....	38	strattera 40 mg cap.....	30	synarel 2 mg/ml spr.....	38

synthroid 100 mcg tab.....	37
synthroid 112 mcg tab.....	37
synthroid 125 mcg tab.....	37
synthroid 137 mcg tab.....	37
synthroid 150 mcg tab.....	37
synthroid 175 mcg tab.....	37
synthroid 200 mcg tab.....	37
synthroid 25 mcg tab.....	37
synthroid 300 mcg tab.....	37
synthroid 50 mcg tab.....	37
synthroid 75 mcg tab.....	37, 38

T

tabloid 40 mg tab	13
tacrolimus 0.5 mg cap.....	39
tacrolimus 1 mg cap.....	39
tacrolimus 5 mg cap.....	39
tamiflu 30 mg cap	19
tamiflu 45 mg cap	19
tamiflu 75 mg cap	19
tamoxifen 10 mg tab	13
tamoxifen 20 mg tab	13
tamsulosin 0.4 mg cap.....	34
tarceva 100 mg tab.....	14
tarceva 150 mg tab.....	14
tarceva 25 mg tab.....	14
targretin 1% gel.....	32
targretin 75 mg cap	14
tasigna 200 mg cap.....	14
tasmar 100 mg tab.....	15
tazora c0.1%.....	32
tazorac 0.05% crm	32
tazorac 0.05% gel.....	32
tazorac 0.1% gel.....	32
taztia 120 mg xt cap.....	26
taztia 180 mg xt cap.....	26
taztia 240 mg xt cap.....	26
taztia 300 mg xt cap.....	26

taztia 360 mg xt cap.....	26
tegretol 100 mg xr tab.....	8
tekturna 150 mg tab	29
tekturna 300 mg tab	29
temazepam 15 mg cap.....	44
temazepam 30 mg cap.....	44
terazosin 1 mg cap	23
terazosin 10 mg cap	23
terazosin 2 mg cap	23
terazosin 5 mg cap	23
terbinafine 250 mg tab	12
terconazole 0.4% vag crm.....	35
terconazole 0.8% vag crm.....	35
terconazole 80 mg vag supp.....	35
testoster cyp 100 mg/ml inj.....	36
testoster enan 200 mg/ml inj.....	36
testred 10 mg cap	36
tetanus tox 5lf ads inj.....	39
tetanus/dip tox 2-2 lf inj.....	39
tetracycline 250 mg cap	6
tetracycline 500 mg cap	6
thalomid 100 mg cap.....	13
thalomid 150 mg cap.....	13
thalomid 200 mg cap.....	13
thalomid 50 mg cap.....	13
theochron 100 mg er tab	43
theochron 300 mg er tab	43
theophylline 100 mg er tab	43
theophylline 200 mg er tab	43
theophylline 300 mg er tab	43
theophylline 400 mg er tab	43
theophylline 450 mg er tab	43
theophylline 600 mg er tab	43
thermazene 1% crm.....	32
thioridazine 10 mg tab	17
thioridazine 100 mg tab	17
thioridazine 25 mg tab	17

thioridazine 50 mg tab	17
thiothixene 1 mg cap.....	17
thiothixene 10 mg cap.....	17
thiothixene 2 mg cap.....	17
thiothixene 5 mg cap.....	17
thymoglobulin 25 mg inj.....	39
ticlopidine 125 mcg tab.....	23
tikosyn 125 mcg cap	24
tikosyn 250 mcg cap	24
tikosyn 500 mcg cap	24
timolol 0.25% ophth gel.....	42
timolol 0.5% ophth gel.....	42
timolol mal 0.25% ophth sol.....	42
timolol mal 0.5% ophth sol.....	42
timolol mal 10 mg tab.....	25
timolol mal 20 mg tab.....	25
timolol mal 5 mg tab.....	25
tis-u-sol irr.....	47
tizanidine 2 mg tab.....	17
tizanidine 4 mg tab.....	17
tobi 300 mg/5ml neb	44
tobradex 0.3-0.1% ophth oint.....	41
tobramy/dex 0.3-0.1% op susp.....	42
tobramycin 0.3% ophth sol	41
tobramycin 10 mg/ml inj.....	4
tobramycin 40 mg/ml inj.....	4
tobrasol0.3% ophth sol.....	41
tolmetin sod 200 mg tab.....	4
tolmetin sod 400 mg cap.....	4
tolmetin sod 600 mg tab.....	4
topiramate 100 mg tab	8
topiramate 15 mg cap.....	8
topiramate 200 mg tab	8
topiramate 25 mg cap.....	8
topiramate 25 mg tab	8
topiramate 50 mg tab	8
torse mide 10 mg tab.....	27

torseamide 100 mg tab.....	27	triazolam 0.125 mg tab	44	ursodiol 250 mg tab	33
torseamide 20 mg tab.....	27	triazolam 0.25 mg tab	44	ursodiol 300 mg cap.....	33
torseamide 5 mg tab.....	27	tricolor 145 mg tab.....	27	ursodiol 500 mg tab	33
tpn electrol inj	47	tricolor 48 mg tab.....	28	V	
tracleer 125 mg tab.....	44	triderm 0.1% crm	32	valacyclovir 1000 mg tab.....	19
tracleer 62.5 mg tab.....	44	trifluoperazine 1 mg tab	17	valacyclovir 500 mg tab.....	19
tramadol hcl 50 mg tab	3	trifluoperazine 10 mg tab	17	valcyte 450 mg tab	18
tramadol/apap 37.5-325 mg tab	3	trifluoperazine 2 mg tab	17	valcyte 50 mg/ml sol.....	18
trandolapril 1 mg tab	29	trifluoperazine 5 mg tab	17	valproate 100 mg/ml inj.....	7
trandolapril 2 mg tab.....	29	trifluridine 1% ophth sol	41	valproic acid 250 mg cap	7
trandolapril 4 mg tab.....	29	triglide 160 mg tab.....	28	valproic acid 50 mg/ml sol.....	7
tranylcypromine 10 mg tab	9	triglide 50 mg tab	28	valtrex 1 gm tab	19
travasol 10% inj	47	trihexyphenidyl 0.4 mg/ml syp	15	valtrex 500 mg tab	19
travatan z 0.004% ophth sol.....	42	trihexyphenidyl 2 mg tab	15	vancocin hcl 125 mg cap.....	4
trazodone 100 mg tab	9	trihexyphenidyl 5 mg tab	15	vancocin hcl 250 mg cap.....	4
trazodone 150 mg tab.....	9	triiodothyronine 25 mcg tab.....	38	vancocin/dex 1 gm inj.....	4
trazodone 300 mg tab.....	9	triiodothyronine 5 mcg tab.....	38	vancomycin 10 gm inj.....	4
trazodone 50 mg tab.....	9	triiodothyronine 50 mcg tab.....	38	vancomycin 1000 mg inj.....	4
trecator 250 mg tab	13	trileptal 60 mg/ml susp.....	8	vandazole 0.75% vag gel	35
tretinoin 0.01% gel.....	32	trilyte sol	33	vandetanib 100 mg tab.....	14
tretinoin 0.025% crm	32	trimethoprim 100 mg tab	4	vandetanib 300 mg tab.....	14
tretinoin 0.025% gel.....	32	trimethoprim/polymyxn op sol	41	vaqta 25 unt/0.5ml inj	39
tretinoin 0.05% crm	32	tripedia p/f inj.....	39	varivax inj	39
tretinoin 0.1% crm	32	trisenox 1 mg/ml inj.....	14	velcade 3.5 mg inj.....	14
tretinoin 10 mg cap	14	trizivir tab.....	18	venlafaxine 37.5 mg er cap	10
triamcinolone 0.025% crm.....	32	tropicamide 0.5% ophth sol	41	venlafaxine 150 mg er cap	10
triamcinolone 0.025% lot.....	32	tropicamide 1% ophth sol	41	venlafaxine 150 mg er tab.....	10
triamcinolone 0.025% oint.....	32	truvada tab.....	18	venlafaxine 225 mg er tab.....	10
triamcinolone 0.1% crm.....	32	twinrix inj.....	39	venlafaxine 25 mg tab.....	10
triamcinolone 0.1% lot.....	32	tykerb 250 mg tab	14	venlafaxine 37.5 mg er tab.....	10
triamcinolone 0.1% oint.....	32	typhim vi inj.....	39	venlafaxine 37.5 mg tab.....	10
triamcinolone 0.5% crm.....	32	tyzeka 600 mg tab	19	venlafaxine 50 mg tab.....	10
triamcinolone 0.5% oint.....	32	tyzine 0.1% sol.....	44	venlafaxine 75 mg er cap	10
triamcinolone/ora 0.1% pst.....	30	tyzine ped 0.05% sol.....	44	venlafaxine 75 mg er tab.....	10
triamter/hctz 37.5-25 mg tab.....	27	U		venlafaxine 75 mg tab.....	10
triamter/hctz 50-25 mg cap.....	27	u-cort 1% crm	32	venlafaxine mg tab.....	10
triamter/hctz 75-50 mg tab.....	27	unthroid 0.025 mg tab.....	38	ventavis 10 mcg/ml inh sol	44

ventolin hfa aer	44	viread 300 mg tab.....	18	zemplar 5 mcg/ml inj	40
verapamil 100 mg er cap.....	26	vitamin d 50000 unt cap.....	47	zenpep 10000 unt cap.....	33
verapamil 120 mg er cap.....	26	vivaglobin 160 mg/ml inj.....	39	zenpep 15000 untcap.....	33
verapamil 120 mg sr tab.....	26	voltaren 1% gel	4	zenpep 20000 unt cap.....	33
verapamil 120 mg tab.....	26	votrient 200 mg tab	14	zenpep 5000 unt ec cap.....	33
verapamil 180 mg er cap.....	26	W		zetia 10 mg tab	28
verapamil 180 mg er tab	26	warfarin 1 mg tab	22	ziagen 20 mg/ml sol	18
verapamil 2.5 mg/ml inj.....	26	warfarin 10 mg tab	22	ziagen 300 mg tab	18
verapamil 200 mg er cap.....	26	warfarin 2 mg tab	22	zidovudine 10 mg/ml syp.....	18
verapamil 240 mg er cap.....	26	warfarin 2.5 mg tab	22	zidovudine 100 mg cap	18
verapamil 240 mg er tab	26	warfarin 3 mg tab	22	zidovudine 300 mg tab.....	18
verapamil 300 mg er cap.....	26	warfarin 4 mg tab	22	zirgan 0.15% ophth gel	41
verapamil 40 mg tab.....	26	warfarin 5 mg tab	22	zolinza 100 mg cap	14
verapamil 80 mg tab.....	26	warfarin 6 mg tab	22	zolpidem tart 10 mg tab	44
vesicare 10 mg tab	34	warfarin 7.5 mg tab	22	zolpidem tart 5 mg tab	44
vesicare 5 mg tab	34	X		zolpidem tart 6.25 mg cr tab	44
viagra 100 mg tab.....	35	xenazine 12.5 mg tab	41	zometa 4 mg/5ml inj	40
viagra 25 mg tab.....	35	xenazine 25 mg tab	41	zomig 2.5 mg tab.....	12
viagra 50 mg tab.....	35	xgeva 70 mg/ml inj	40	zomig 5 mg spr.....	12
vidaza 100 mg inj.....	14	xifaxan 550 mg tab.....	34	zomig 5 mg tab.....	12
videx 2 gm sol.....	18	xolair 150 mg inj.....	44	zomig zmt 2.5 mg tab.....	12
vigamox 0.5% ophth sol	41	xopenex hfa aer	44	zomig zmt 5 mg tab.....	12
viibryd 10 mg tab	10	xyrem 500 mg/ml sol	30	zonisamide 100 mg cap.....	7
viibryd 20 mg tab	10	Y		zonisamide 25 mg cap.....	7
viibryd 40 mg tab	10	yf-vax inj.....	39	zonisamide 50 mg cap.....	7
vimpat 10 mg/ml inj.....	7	Z		zortress .5 mg tab	39
vimpat 10 mg/ml sol	7	zafirlukast 10 mg tab.....	43	zortress 0.25 mg tab	39
vimpat 100 mg tab	7	zafirlukast 20 mg tab.....	43	zortress 0.75 mg tab	39
vimpat 150 mg tab	7	zaleplon 10 mg cap	44	zostavax inj	39
vimpat 200 mg tab	7	zaleplon 5 mg cap	44	zovirax 5% oint.....	32
vimpat 50 mg tab	7	zavesca 100 mg cap	33	zyflo 600 mg cr tab	43
viracept 250 mg tab.....	19	zazole 0.4% vag crm.....	35	zyprexa 10 mg inj.....	16
viracept 50 mg/gm pow	19	zazole 0.8% vag crm.....	35	zyprexa 10 mg tab.....	16
viracept 625 mg tab.....	19	zemplar 1 mcg cap	40	zyprexa 15 mg tab.....	16
viramune 200 mg tab	18	zemplar 2 mcg cap	40	zyprexa 2.5 mg tab.....	16
viramune 400 mg er tab	18	zemplar 2 mcg/ml inj	40	zyprexa 20 mg tab.....	16
viramune 50 mg/5ml susp.....	18	zemplar 4 mcg cap	40	zyprexa 5 mg tab.....	16

zyprexa 7.5 mg tab..... 16
zyprexa zydis 10 mg tab 16
zyprexa zydis 15 mg tab 16

zyprexa zydis 20 mg tab 16
zyprexa zydis 5 mg tab 17
zytiga 250 mg tab..... 38

zyvox 2 mg/ml inj 4
zyvox 20 mg/ml susp 4
zyvox 600 mg tab..... 4