

FORMULARY

(List of Covered Drugs)



2015

Molina Dual Options MI Health Link Medicare-Medicaid Plan

Version 14

UPDATED: 11/2015

Member Services (855) 735-5604, TTY/TDD 711

Monday - Friday, 8 a.m. - 8 p.m. EST



Your Extended Family.





Molina Dual Options MI Health Link (Medicare-Medicaid Plan)

2015 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Molina Dual Options.

- Molina Dual Options is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Benefits, List of Covered Drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year. Please contact the plan for more details.
- You can always check Molina Dual Options up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- You can speak with someone about getting this information in other languages. Call (855) 735-5604. The call is free.
- Usted puede hablar con una persona para obtener esta información en otros idiomas. Llame al (855) 735-5604. La llamada es gratuita.

❖ يمكنك التحدث مع شخص حول الحصول على هذه المعلومات بلغات أخرى. اتصل برقم الهاتف المجاني (855) 735-5604. تكون المكالمات مجانية.



Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs?

(We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 1 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Molina Dual Options network pharmacy.
- Molina Dual Options may have additional steps to access certain drugs (see question #5 below).
You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services at (855) 735-5604, TTY/TDD: 711.

2. Does the Drug List ever change?

Yes. Molina Dual Options may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Molina Dual Options before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page iii.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

- You can always check Molina Dual Options up to date Drug List online at www.MolinaHealthcare.com/Duals.

You can also call Member Services to check the current Drug List at (855) 735-5604, TTY/TDD: 711.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will receive this notification by mail at least 60 days before this change occurs.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Please speak with your physician to find an alternative that is safe for you.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options before you fill your prescription. If you don't get approval, Molina Dual Options may not cover the drug.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-98. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals. We have posted online *documents* that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an “exception” from these limits. Please see question 11 for more information on exceptions.

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 11 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 1 has a column labeled “Necessary actions, restrictions, or limits on use.”

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), *or*
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index. 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.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at (855) 735-5604, TTY/TDD: 711 and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take.
Or
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you are a new Molina Dual Options member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Molina Dual Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 days. You may refill the drug multiple times during the 90-days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 90 days for your Medicaid drugs (tier 3). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a “Part D drug”), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Molina Dual Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Dual Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours. If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). Molina Dual Options covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter". Molina Dual Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Molina Dual Options Drug List to see what OTC drugs are covered.

16. Does Molina Dual Options cover OTC non-drug products?

Molina Dual Options covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the Molina Dual Options Drug List to see what OTC non-drug products are covered.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

17. What is your copay?

Molina Dual Options members have no copays for prescription and OTC drugs.

18. What are drug tiers?

- Tier 1 drugs are generic drugs. The co-pay will be \$0.
- Tier 2 drugs are brand name drugs. The co-pay will be \$0.
- Tier 3 drugs are Non-Medicare/OTC Drugs. The co-pay will be \$0.



List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Molina Dual Options has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 735-5604, TTY/TDD: 711. You can also read the Member Handbook to learn how to appeal a decision.

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

QL stands for Quantity Limits

PA stands for Prior Authorization

ST stands for Step Therapy Criteria

OTC stands for Over the Counter

B/D - This drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug

NM stands for Not available through mail-order



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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0 (1)	
<i>allopurinol tab 300 mg</i>	\$0 (1)	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (1)	
COLCRYS TAB 0.6MG	\$0 (2)	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (1)	
ULORIC TAB 40MG	\$0 (2)	ST
ULORIC TAB 80MG	\$0 (2)	ST

MISCELLANEOUS

<i>acetaminophen suppos 120 mg</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0 (3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0 (3)	NM; *
<i>8 hour pain tab 650mg</i>	\$0 (3)	NM; *
<i>pain relief tab 650mg</i>	\$0 (3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain tab 220mg</i>	\$0 (3)	NM; *
<i>all day relf tab 220mg</i>	\$0 (3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (1)	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	\$0 (1)	
<i>diflunisal tab 500 mg</i>	\$0 (1)	
<i>etodolac cap 200 mg</i>	\$0 (1)	
<i>etodolac cap 300 mg</i>	\$0 (1)	
<i>etodolac tab 400 mg</i>	\$0 (1)	
<i>etodolac tab 500 mg</i>	\$0 (1)	
<i>etodolac tab sr 24hr 400 mg</i>	\$0 (1)	
<i>etodolac tab sr 24hr 500 mg</i>	\$0 (1)	
<i>etodolac tab sr 24hr 600 mg</i>	\$0 (1)	
<i>flurbiprofen tab 50 mg</i>	\$0 (1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibu-200 tab 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200 mg</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0 (3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen tab 200 mg</i>	\$0 (3)	NM; *
<i>ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0 (1)	
<i>ibuprofen tab 600 mg</i>	\$0 (1)	
<i>ibuprofen tab 800 mg</i>	\$0 (1)	
<i>ketoprofen cap 50 mg</i>	\$0 (1)	
<i>ketoprofen cap 75 mg</i>	\$0 (1)	
<i>MELOXICAM SUSP 7.5 MG/5ML</i>	\$0 (1)	
<i>meloxicam tab 7.5 mg</i>	\$0 (1)	
<i>meloxicam tab 15 mg</i>	\$0 (1)	
<i>nabumetone tab 500 mg</i>	\$0 (1)	
<i>nabumetone tab 750 mg</i>	\$0 (1)	
<i>naproxen dr tab 375mg</i>	\$0 (1)	
<i>naproxen dr tab 500mg</i>	\$0 (1)	
<i>naproxen sod tab 220mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0 (1)	
<i>naproxen sodium tab 550 mg</i>	\$0 (1)	
<i>naproxen susp 125 mg/5ml</i>	\$0 (1)	
<i>naproxen tab 250 mg</i>	\$0 (1)	
<i>naproxen tab 375 mg</i>	\$0 (1)	
<i>naproxen tab 500 mg</i>	\$0 (1)	
<i>piroxicam cap 10 mg</i>	\$0 (1)	
<i>piroxicam cap 20 mg</i>	\$0 (1)	
<i>sb ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>sulindac tab 150 mg</i>	\$0 (1)	
<i>sulindac tab 200 mg</i>	\$0 (1)	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (1)	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (1)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0 (1)	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH INJ 0.5MG/ML	\$0 (1)	B/D
DURAMORPH INJ 1MG/ML	\$0 (1)	B/D
<i>endocet tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	\$0 (2)	QL (120 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FENTORA TAB 600MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	\$0 (2)	QL (120 tabs / 30 days), PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (1)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
LAZANDA SPR 100MCG	\$0 (2)	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	\$0 (2)	QL (30 bottles / 30 days), PA
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (1)	B/D
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 90 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate beads cap sr 24hr 120 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 10 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 30 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 50 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 60 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 80 mg</i>	\$0 (2)	QL (60 caps / 30 days)
<i>morphine sulfate cap sr 24hr 100 mg</i>	\$0 (2)	QL (60 caps / 30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	\$0 (1)	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	\$0 (1)	
MORPHINE SULFATE TAB 15 MG	\$0 (1)	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab cr 15 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab cr 200 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	\$0 (1)	QL (180 caps / 30 days)
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	\$0 (1)	
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (1)	
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>roxicet sol 5-325/5</i>	\$0 (2)	QL (1800 mL / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 1.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 (1)	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (1)	
<i>gentam/nacl inj 0.9mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentam/nacl inj 1.4mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	\$0 (1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0 (1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (1)	
<i>sulfadiazine tab 500mg</i>	\$0 (2)	
<i>tobra/nacl inj 80/0.9</i>	\$0 (2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (2)	B/D, NM
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0 (1)	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	\$0 (1)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	\$0 (1)	
<i>tobramycin sulfate inj 10 mg/ml</i>	\$0 (1)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	\$0 (1)	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>ALBENZA TAB 200MG</i>	\$0 (2)	
<i>ALINIA SUS 100/5ML</i>	\$0 (2)	
<i>ALINIA TAB 500MG</i>	\$0 (2)	
<i>atovaquone susp 750 mg/5ml</i>	\$0 (2)	
<i>AZACTAM INJ 1GM</i>	\$0 (2)	
<i>AZACTAM INJ 2GM</i>	\$0 (2)	
<i>AZACTAM/DEX INJ 1GM</i>	\$0 (2)	
<i>AZACTAM/DEX INJ 2GM</i>	\$0 (2)	
<i>aztreonam for inj 1 gm</i>	\$0 (1)	
<i>aztreonam for inj 2 gm</i>	\$0 (1)	
<i>BILTRICIDE TAB 600MG</i>	\$0 (2)	
<i>CAYSTON INH 75MG</i>	\$0 (2)	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 300 mg</i>	\$0 (1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (1)	
<i>clindamycin phosphate inj 9 gm/60ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	\$0 (1)	
<i>colistimethate sodium for inj 150 mg</i>	\$0 (1)	
CUBICIN SOL 500MG	\$0 (2)	
<i>dapsone tab 25 mg</i>	\$0 (1)	
<i>dapsone tab 100 mg</i>	\$0 (1)	
DARAPRIM TAB 25MG	\$0 (2)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (1)	
INVANZ INJ 1GM	\$0 (2)	
<i>ivermectin tab 3 mg</i>	\$0 (1)	
<i>linezolid iv soln 2 mg/ml</i>	\$0 (2)	
LINEZOLID TAB 600 MG	\$0 (2)	
<i>meropenem iv for soln 1 gm</i>	\$0 (1)	
<i>meropenem iv for soln 500 mg</i>	\$0 (1)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0 (1)	
<i>metronidazole tab 250 mg</i>	\$0 (1)	
<i>metronidazole tab 500 mg</i>	\$0 (1)	
NEBUPENT INH 300MG	\$0 (2)	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (2)	PA; 90 day limit if >64 yr
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (2)	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (2)	PA; 90 day limit if >64 yr
PENTAM 300 INJ 300MG	\$0 (2)	
SIVEXTRO INJ 200MG	\$0 (2)	
SIVEXTRO TAB 200MG	\$0 (2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (1)	
SYNERCID INJ 500MG	\$0 (2)	
<i>trimethoprim tab 100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYGACIL INJ 50MG	\$0 (2)	
<i>vancomycin hcl cap 125 mg</i>	\$0 (2)	
<i>vancomycin hcl cap 250 mg</i>	\$0 (2)	
<i>vancomycin hcl for inj 10 gm</i>	\$0 (1)	
<i>vancomycin hcl for inj 500 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 1000 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 5000 mg</i>	\$0 (1)	
<i>vancomycin inj 750mg</i>	\$0 (1)	
ZYVOX SUS 100MG/5M	\$0 (2)	
ZYVOX TAB 600MG	\$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0 (2)	B/D
AMBISOME INJ 50MG	\$0 (2)	B/D
<i>amphotericin b for inj 50 mg</i>	\$0 (1)	B/D
CANCIDAS INJ 50MG	\$0 (2)	
CANCIDAS INJ 70MG	\$0 (2)	
ERAXIS INJ 50MG	\$0 (2)	
ERAXIS INJ 100MG	\$0 (2)	
<i>fluconazole for susp 10 mg/ml</i>	\$0 (1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0 (1)	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole tab 50 mg</i>	\$0 (1)	
<i>fluconazole tab 100 mg</i>	\$0 (1)	
<i>fluconazole tab 150 mg</i>	\$0 (1)	
<i>fluconazole tab 200 mg</i>	\$0 (1)	
<i>flucytosine cap 250 mg</i>	\$0 (2)	
<i>flucytosine cap 500 mg</i>	\$0 (2)	
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (1)	
<i>itraconazole cap 100 mg</i>	\$0 (1)	PA
<i>ketoconazole tab 200 mg</i>	\$0 (1)	PA
MYCAMINE INJ 50MG	\$0 (2)	
MYCAMINE INJ 100MG	\$0 (2)	
NOXAFIL SUS 40MG/ML	\$0 (2)	
NOXAFIL TAB 100MG	\$0 (2)	
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / 365 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>voriconazole for inj 200 mg</i>	\$0 (1)	
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	
<i>voriconazole tab 50 mg</i>	\$0 (2)	
<i>voriconazole tab 200 mg</i>	\$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (1)	
COARTEM TAB 20-120MG	\$0 (2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (1)	
PRIMAQUINE TAB 26.3MG	\$0 (2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (1)	
APTIVUS CAP 250MG	\$0 (2)	
APTIVUS SOL	\$0 (2)	
CRIXIVAN CAP 200MG	\$0 (2)	
CRIXIVAN CAP 400MG	\$0 (2)	
<i>didanosine delayed release capsule 125 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 200 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0 (1)	
EDURANT TAB 25MG	\$0 (2)	
EMTRIVA CAP 200MG	\$0 (2)	
EMTRIVA SOL 10MG/ML	\$0 (2)	
EPIVIR SOL 10MG/ML	\$0 (2)	
FUZEON INJ 90MG	\$0 (2)	NM
INTELENCE TAB 25MG	\$0 (2)	
INTELENCE TAB 100MG	\$0 (2)	
INTELENCE TAB 200MG	\$0 (2)	
INVIRASE CAP 200MG	\$0 (2)	
INVIRASE TAB 500MG	\$0 (2)	
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	
ISENTRESS POW 100MG	\$0 (1)	
ISENTRESS TAB 400MG	\$0 (2)	
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (1)	
<i>lamivudine tab 150 mg</i>	\$0 (1)	
<i>lamivudine tab 300 mg</i>	\$0 (1)	
LEXIVA SUS 50MG/ML	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEXIVA TAB 700MG	\$0 (2)	
NEVIRAPINE SUSP 50 MG/5ML	\$0 (1)	
<i>nevirapine tab 200 mg</i>	\$0 (1)	
<i>nevirapine tab sr 24hr 400 mg</i>	\$0 (1)	
NORVIR CAP 100MG	\$0 (2)	
NORVIR SOL 80MG/ML	\$0 (2)	
NORVIR TAB 100MG	\$0 (2)	
PREZISTA SUS 100MG/ML	\$0 (2)	
PREZISTA TAB 75MG	\$0 (2)	
PREZISTA TAB 150MG	\$0 (2)	
PREZISTA TAB 600MG	\$0 (2)	
PREZISTA TAB 800MG	\$0 (2)	
RESCRIPTOR TAB 100 MG	\$0 (2)	
RESCRIPTOR TAB 200MG	\$0 (2)	
RETROVIR INJ 10MG/ML	\$0 (2)	
REYATAZ CAP 150MG	\$0 (2)	
REYATAZ CAP 200MG	\$0 (2)	
REYATAZ CAP 300MG	\$0 (2)	
REYATAZ POW 50MG	\$0 (2)	
SELZENTRY TAB 150MG	\$0 (2)	
SELZENTRY TAB 300MG	\$0 (2)	
<i>stavudine cap 15 mg</i>	\$0 (1)	
<i>stavudine cap 20 mg</i>	\$0 (1)	
<i>stavudine cap 30 mg</i>	\$0 (1)	
<i>stavudine cap 40 mg</i>	\$0 (1)	
<i>stavudine for oral soln 1 mg/ml</i>	\$0 (1)	
SUSTIVA CAP 50MG	\$0 (2)	
SUSTIVA CAP 200MG	\$0 (2)	
SUSTIVA TAB 600MG	\$0 (2)	
TIVICAY TAB 50MG	\$0 (2)	
TYBOST TAB 150MG	\$0 (2)	
VIDEX SOL 2GM	\$0 (2)	
VIDEX SOL 4GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	
VIRACEPT TAB 625MG	\$0 (2)	
VIRAMUNE XR TAB 100MG	\$0 (2)	
VIREAD POW 40MG/GM	\$0 (2)	
VIREAD TAB 150MG	\$0 (2)	
VIREAD TAB 200MG	\$0 (2)	
VIREAD TAB 250MG	\$0 (2)	
VIREAD TAB 300MG	\$0 (2)	
VITEKTA TAB 85MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITEKTA TAB 150MG	\$0 (2)	
ZIAGEN SOL 20MG/ML	\$0 (2)	
<i>zidovudine cap 100 mg</i>	\$0 (1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine tab 300 mg</i>	\$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	
ATRIPLA TAB	\$0 (2)	
COMPLERA TAB	\$0 (2)	
EPZICOM TAB 600-300	\$0 (2)	
EVOTAZ TAB 300-150	\$0 (2)	
KALETRA SOL	\$0 (2)	
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (2)	
PREZCOBIX TAB 800-150	\$0 (2)	
STRIBILD TAB	\$0 (2)	
TRIUMEQ TAB	\$0 (2)	
TRUVADA TAB 200-300	\$0 (2)	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SUL INJ 1GM	\$0 (2)	
<i>cycloserine cap 250 mg</i>	\$0 (1)	
<i>ethambutol hcl tab 100 mg</i>	\$0 (1)	
<i>ethambutol hcl tab 400 mg</i>	\$0 (1)	
<i>isoniazid inj 100 mg/ml</i>	\$0 (1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid tab 100 mg</i>	\$0 (1)	
<i>isoniazid tab 300 mg</i>	\$0 (1)	
<i>paser gra 4gm</i>	\$0 (2)	
PRIFTIN TAB 150MG	\$0 (2)	
<i>pyrazinamide tab 500 mg</i>	\$0 (1)	
<i>rifabutin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 300 mg</i>	\$0 (1)	
<i>rifampin for inj 600 mg</i>	\$0 (1)	
RIFATER TAB	\$0 (2)	
SIRTURO TAB 100MG	\$0 (2)	LA, PA
TRECTOR TAB 250MG	\$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0 (1)	

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<i>acyclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
<i>acyclovir sodium for inj 1000 mg</i>	\$0 (1)	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir tab 400 mg</i>	\$0 (1)	
<i>acyclovir tab 800 mg</i>	\$0 (1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (2)	
BARACLUDE SOL .05MG/ML	\$0 (2)	
<i>entecavir tab 0.5 mg</i>	\$0 (2)	
<i>entecavir tab 1 mg</i>	\$0 (2)	
EPIVIR HBV SOL 5MG/ML	\$0 (2)	
<i>famciclovir tab 125 mg</i>	\$0 (1)	
<i>famciclovir tab 250 mg</i>	\$0 (1)	
<i>famciclovir tab 500 mg</i>	\$0 (1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
HARVONI TAB 90-400MG	\$0 (2)	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (1)	
<i>moderiba pak 600/day</i>	\$0 (2)	NM, PA
<i>moderiba pak 800/day</i>	\$0 (2)	NM, PA
<i>moderiba pak 1000/day</i>	\$0 (2)	NM, PA
<i>moderiba pak 1200/day</i>	\$0 (2)	NM, PA
OLYSIO CAP 150MG	\$0 (2)	NM, PA
REBETOL SOL 40MG/ML	\$0 (2)	NM, PA
RELENZA MIS DISKHALE	\$0 (2)	
<i>ribapak pak 600/day</i>	\$0 (2)	NM, PA
<i>ribapak pak 800/day</i>	\$0 (2)	NM, PA
<i>ribapak pak 1000/day</i>	\$0 (2)	NM, PA
<i>ribapak pak 1200/day</i>	\$0 (2)	NM, PA
<i>ribasphere cap 200mg</i>	\$0 (1)	NM, PA
<i>ribasphere tab 200mg</i>	\$0 (1)	NM, PA
<i>ribasphere tab 400mg</i>	\$0 (1)	NM, PA
<i>ribasphere tab 600mg</i>	\$0 (2)	NM, PA
<i>ribavirin cap 200 mg</i>	\$0 (1)	NM, PA
<i>ribavirin tab 200 mg</i>	\$0 (1)	NM, PA
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (1)	
SOVALDI TAB 400MG	\$0 (2)	NM, PA
TAMIFLU CAP 30MG	\$0 (2)	
TAMIFLU CAP 45MG	\$0 (2)	
TAMIFLU CAP 75MG	\$0 (2)	
TAMIFLU SUS 6MG/ML	\$0 (2)	
TYZEKA TAB 600MG	\$0 (2)	
<i>valacyclovir hcl tab 1 gm</i>	\$0 (1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0 (1)	

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 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALCYTE SOL 50MG/ML	\$0 (2)	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (2)	
VICTRELIS CAP 200MG	\$0 (2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
<i>cefaclor er tab 500mg</i>	\$0 (2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (1)	
<i>cefadroxil cap 500 mg</i>	\$0 (1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (1)	
<i>cefadroxil tab 1 gm</i>	\$0 (1)	
<i>cefazolin inj 1gm/50ml</i>	\$0 (2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 20 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefdinir cap 300 mg</i>	\$0 (1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefepime hcl for inj 1 gm</i>	\$0 (1)	
<i>cefepime hcl for inj 2 gm</i>	\$0 (1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0 (1)	
<i>cefotaxime sodium for inj 1 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 2 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 500 mg</i>	\$0 (1)	
<i>cefoxitin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil tab 250 mg</i>	\$0 (1)	
<i>cefprozil tab 500 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ceftazidime for inj 1 gm</i>	\$0 (1)	
<i>ceftazidime for inj 2 gm</i>	\$0 (1)	
<i>ceftazidime for inj 6 gm</i>	\$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0 (2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0 (1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0 (1)	
<i>cefuroxime inj 7.5gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 1.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (1)	
<i>cephalexin cap 250 mg</i>	\$0 (1)	
<i>cephalexin cap 500 mg</i>	\$0 (1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (1)	
SUPRAX CAP 400MG	\$0 (2)	
<i>suprax chw 100mg</i>	\$0 (2)	
<i>suprax chw 200mg</i>	\$0 (2)	
<i>suprax sus 100/5ml</i>	\$0 (2)	
<i>suprax sus 200/5ml</i>	\$0 (2)	
SUPRAX SUS 500/5ML	\$0 (2)	
<i>tazicef inj 1gm</i>	\$0 (1)	
<i>tazicef inj 2gm</i>	\$0 (1)	
<i>tazicef inj 6gm</i>	\$0 (1)	
TEFLARO INJ 400MG	\$0 (2)	
TEFLARO INJ 600MG	\$0 (2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0 (1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (1)	
<i>azithromycin iv for soln 500 mg</i>	\$0 (1)	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	\$0 (1)	
<i>azithromycin tab 250 mg</i>	\$0 (1)	
<i>azithromycin tab 500 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>azithromycin tab 600 mg</i>	\$0 (1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (1)	
<i>clarithromycin tab 250 mg</i>	\$0 (1)	
<i>clarithromycin tab 500 mg</i>	\$0 (1)	
<i>clarithromycin tab sr 24hr 500 mg</i>	\$0 (1)	
DIFICID TAB 200MG	\$0 (2)	
<i>e.e.s. 400 tab 400mg</i>	\$0 (1)	
E.E.S. GRAN SUS 200/5ML	\$0 (2)	
<i>ery-tab tab 250mg ec</i>	\$0 (2)	
<i>ery-tab tab 333mg ec</i>	\$0 (2)	
<i>ery-tab tab 500mg ec</i>	\$0 (2)	
ERYPED SUS 200/5ML	\$0 (2)	
ERYPED SUS 400/5ML	\$0 (2)	
<i>erythrocin inj 500mg</i>	\$0 (2)	
<i>erythrocin tab 250mg</i>	\$0 (1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (1)	
<i>erythromycin tab 250 mg</i>	\$0 (1)	
<i>erythromycin tab 500 mg</i>	\$0 (1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (1)	
ZMAX SUS 2GM	\$0 (2)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	\$0 (1)	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin tab 250 mg</i>	\$0 (1)	
<i>levofloxacin tab 500 mg</i>	\$0 (1)	
<i>levofloxacin tab 750 mg</i>	\$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 1-0.5 gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 1-0.5 gm</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ampicillin & sulbactam sodium for iv soln 2-1 gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	\$0 (1)	
<i>ampicillin cap 250 mg</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin for susp 125 mg/5ml</i>	\$0 (1)	
<i>ampicillin for susp 250 mg/5ml</i>	\$0 (1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (1)	
BICILLIN L-A INJ 600000	\$0 (2)	
BICILLIN L-A INJ 1200000	\$0 (2)	
BICILLIN L-A INJ 2400000	\$0 (2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (1)	
<i>nafcillin sodium for inj 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0 (2)	
<i>nafcillin sodium for inj 10 gm</i>	\$0 (2)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0 (2)	
<i>oxacillin sodium for inj 1 gm</i>	\$0 (1)	
<i>oxacillin sodium for inj 2 gm</i>	\$0 (1)	
<i>oxacillin sodium for inj 10 gm</i>	\$0 (2)	
<i>pen g proc inj 600000</i>	\$0 (2)	
PENICILL GK/ INJ DEX 2MU	\$0 (2)	
PENICILL GK/ INJ DEX 3MU	\$0 (2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (1)	
<i>piperacillin sodium-tazobactam sodium for inj 2-0.25 gm</i>	\$0 (1)	
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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piperacillin sodium-tazobactam sodium for inj 4-0.5 gm \$0 (1)

piperacillin sodium-tazobactam sodium for inj 36-4.5 gm \$0 (1)

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

doxycycline hyclate cap 50 mg \$0 (1)

doxycycline hyclate cap 100 mg \$0 (1)

doxycycline hyclate for inj 100 mg \$0 (1)

doxycycline hyclate tab 20 mg \$0 (1)

doxycycline hyclate tab 100 mg \$0 (1)

doxycycline monohydrate cap 50 mg \$0 (1)

doxycycline monohydrate cap 100 mg \$0 (1)

doxycycline monohydrate tab 50 mg \$0 (1)

doxycycline monohydrate tab 75 mg \$0 (1)

doxycycline monohydrate tab 100 mg \$0 (1)

doxycycline monohydrate tab 150 mg \$0 (1)

minocycline hcl cap 50 mg \$0 (1)

minocycline hcl cap 75 mg \$0 (1)

minocycline hcl cap 100 mg \$0 (1)

VIBRAMYCIN SYP 50MG/5ML \$0 (2)

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BICNU INJ 100MG \$0 (2) B/D

BUSULFEX INJ 6MG/ML \$0 (2) B/D

CYCLOPHOSPH CAP 25MG \$0 (2) B/D

CYCLOPHOSPH CAP 50MG \$0 (2) B/D

cyclophosphamide for inj 1 gm \$0 (1) B/D

cyclophosphamide for inj 2 gm \$0 (1) B/D

cyclophosphamide for inj 500 mg \$0 (1) B/D

dacarbazine for inj 100 mg \$0 (1) B/D

dacarbazine for inj 200 mg \$0 (1) B/D

EMCYT CAP 140MG \$0 (2)

GLEOSTINE CAP 10MG \$0 (2)

GLEOSTINE CAP 40MG \$0 (2)

GLEOSTINE CAP 100MG \$0 (2)

HEXALEN CAP 50MG \$0 (2)

IFEX INJ 3GM \$0 (2) B/D

ifosfamide for inj 1 gm \$0 (1) B/D

IFOSFAMIDE INJ 3GM \$0 (2) B/D

ifosfamide iv inj 1 gm/20ml (50 mg/ml) \$0 (1) B/D

ifosfamide iv inj 3 gm/60ml (50 mg/ml) \$0 (1) B/D

LEUKERAN TAB 2MG \$0 (2)

LOMUSTINE CAP 10 MG \$0 (1)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LOMUSTINE CAP 40 MG	\$0 (1)	
LOMUSTINE CAP 100 MG	\$0 (1)	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	\$0 (2)	B/D
MUSTARGEN INJ 10MG	\$0 (2)	B/D
TREANDA INJ 25MG	\$0 (2)	B/D, NM
TREANDA INJ 45/0.5ML	\$0 (2)	B/D, NM
TREANDA INJ 100MG	\$0 (2)	B/D, NM
TREANDA INJ 180/2ML	\$0 (2)	B/D, NM
ANTHRACYCLINES		
<i>adriamyc inj 50mg</i>	\$0 (1)	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	\$0 (1)	B/D
<i>doxorubicin hcl for inj 50 mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0 (2)	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0 (1)	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0 (1)	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	\$0 (2)	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	\$0 (2)	B/D
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	\$0 (2)	B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	\$0 (1)	B/D
<i>bleomycin sulfate for inj 30 unit</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 5 mg</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 40 mg</i>	\$0 (1)	B/D
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	\$0 (1)	B/D
ALIMTA INJ 100MG	\$0 (2)	B/D
ALIMTA INJ 500MG	\$0 (2)	B/D
<i>azacitidine for inj 100 mg</i>	\$0 (2)	B/D, NM
<i>cladribine inj 1 mg/ml</i>	\$0 (2)	B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (1)	B/D
<i>fludarabine phosphate for inj 50 mg</i>	\$0 (1)	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	\$0 (1)	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GEMCITABINE INJ 1GM	\$0 (2)	B/D
GEMCITABINE INJ 2GM	\$0 (2)	B/D
GEMCITABINE INJ 200MG	\$0 (2)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 25 mg/ml</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 25 mg/ml</i>	\$0 (1)	B/D
NIPENT INJ 10MG	\$0 (2)	B/D
PURIXAN SUS 20MG/ML	\$0 (2)	
TABLOID TAB 40MG	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL FOR INJ CONC 20 MG/ML	\$0 (2)	B/D
DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	\$0 (2)	B/D
DOCETAXEL INJ 20MG/2ML	\$0 (1)	B/D
DOCETAXEL INJ 80MG/8ML	\$0 (2)	B/D
<i>docetaxel inj 140/7ml</i>	\$0 (2)	B/D
DOCETAXEL INJ 160/16ML	\$0 (2)	B/D
DOCETAXEL INJ 200MG/20	\$0 (2)	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (1)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine inj 1mg/ml</i>	\$0 (2)	B/D
<i>vincasar pfs inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0 (2)	B/D, NM
AVASTIN INJ 400/16ML	\$0 (2)	B/D, NM
ERIVEDGE CAP 150MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 15MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NM, LA, PA
HERCEPTIN INJ 440MG	\$0 (2)	B/D, NM
IBRANCE CAP 75MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISTODAX INJ 10MG	\$0 (2)	B/D, NM
KADCYLA INJ 100MG	\$0 (2)	B/D, NM
KADCYLA INJ 160MG	\$0 (2)	B/D, NM
LYNPARZA CAP 50MG	\$0 (2)	NM, PA
PROLEUKIN INJ 22MU	\$0 (2)	B/D, NM
RITUXAN INJ 500MG	\$0 (2)	NM, PA
VELCADE INJ 3.5MG	\$0 (2)	B/D, NM
ZOLINZA CAP 100MG	\$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 mg</i>	\$0 (1)	
<i>bicalutamide tab 50 mg</i>	\$0 (1)	
DEPO-PROVERA INJ 400/ML	\$0 (2)	B/D
<i>exemestane tab 25 mg</i>	\$0 (1)	
FARESTON TAB 60MG	\$0 (2)	
FASLODEX INJ 250MG	\$0 (2)	B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>letrozole tab 2.5 mg</i>	\$0 (1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0 (1)	NM, PA
LUPR DEP-PED INJ 7.5MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 11.25MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 15MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 30MG	\$0 (2)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0 (2)	NM, PA
LUPRON DEPOT INJ 11.25MG	\$0 (2)	NM, PA
LYSODREN TAB 500MG	\$0 (2)	
MEGACE ES SUS 625/5ML	\$0 (2)	PA
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
MEGESTROL ACETATE SUSP 625 MG/5ML	\$0 (2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>megestrol acetate tab 40 mg</i>	\$0 (2)	PA; PA for age 65 or older
NILANDRON TAB 150MG	\$0 (2)	
SOLTAMOX SOL 10MG/5ML	\$0 (2)	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (1)	
TRELSTAR MIX INJ 3.75MG	\$0 (2)	NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NM, PA
XTANDI CAP 40MG	\$0 (2)	NM, LA, PA
ZYTIGA TAB 250MG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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KINASE INHIBITORS

AFINITOR DIS TAB 2MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 3MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 2.5MG	\$0 (2)	NM, PA
AFINITOR TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NM, PA
AFINITOR TAB 10MG	\$0 (2)	NM, PA
BOSULIF TAB 100MG	\$0 (2)	NM, PA
BOSULIF TAB 500MG	\$0 (2)	NM, PA
CAPRELSA TAB 100MG	\$0 (2)	NM, LA, PA
CAPRELSA TAB 300MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 60MG	\$0 (2)	NM, PA
COMETRIQ KIT 100MG	\$0 (2)	NM, PA
COMETRIQ KIT 140MG	\$0 (2)	NM, PA
GILOTRIF TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NM, LA, PA
GLEEVEC TAB 100MG	\$0 (2)	NM, PA
GLEEVEC TAB 400MG	\$0 (2)	NM, PA
ICLUSIG TAB 15MG	\$0 (2)	NM, LA, PA
ICLUSIG TAB 45MG	\$0 (2)	NM, LA, PA
IMBRUVICA CAP 140MG	\$0 (2)	NM, LA, PA
INLYTA TAB 1MG	\$0 (2)	NM, LA, PA
INLYTA TAB 5MG	\$0 (2)	NM, LA, PA
IRESSA TAB 250MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 10MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 14MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 20MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 24MG	\$0 (2)	NM, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NM, PA
MEKINIST TAB 2MG	\$0 (2)	NM, PA
NEXAVAR TAB 200MG	\$0 (2)	NM, LA, PA
SPRYCEL TAB 20MG	\$0 (2)	NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NM, PA
SPRYCEL TAB 100MG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRYCEL TAB 140MG	\$0 (2)	NM, PA
STIVARGA TAB 40MG	\$0 (2)	NM, LA, PA
SUTENT CAP 12.5MG	\$0 (2)	NM, PA
SUTENT CAP 25MG	\$0 (2)	NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NM, PA
SUTENT CAP 50MG	\$0 (2)	NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NM, PA
TAFINLAR CAP 75MG	\$0 (2)	NM, PA
TARCEVA TAB 25MG	\$0 (2)	NM, PA
TARCEVA TAB 100MG	\$0 (2)	NM, PA
TARCEVA TAB 150MG	\$0 (2)	NM, PA
TASIGNA CAP 150MG	\$0 (2)	NM, PA
TASIGNA CAP 200MG	\$0 (2)	NM, PA
TYKERB TAB 250MG	\$0 (2)	NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NM, PA
XALKORI CAP 200MG	\$0 (2)	NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NM, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NM, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NM, LA, PA
ZYKADIA CAP 150MG	\$0 (1)	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NM, PA
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
MATULANE CAP 50MG	\$0 (2)	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
POMALYST CAP 1MG	\$0 (2)	NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NM, LA, PA
SYLATRON KIT 200MCG	\$0 (2)	NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NM, PA
TARGRETIN CAP 75MG	\$0 (2)	NM, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRISENOX SOL 10MG/10M	\$0 (2)	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (2)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (2)	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (2)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (2)	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline for inj 500 mg</i>	\$0 (2)	B/D
<i>dexrazoxane for inj 250 mg</i>	\$0 (2)	B/D
ELITEK INJ 1.5MG	\$0 (2)	B/D
ELITEK INJ 7.5MG	\$0 (2)	B/D
<i>leucovorin calcium for inj 50 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
<i>leucovorin inj calcium</i>	\$0 (1)	B/D
<i>mesna inj 100 mg/ml</i>	\$0 (1)	B/D
MESNEX TAB 400MG	\$0 (2)	
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (2)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (2)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (2)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg</i>	\$0 (2)	B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0 (1)	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0 (1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0 (1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0 (1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0 (1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0 (1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0 (1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (1)	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	\$0 (1)	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0 (1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tab 5 mg</i>	\$0 (1)	
<i>benazepril hcl tab 10 mg</i>	\$0 (1)	
<i>benazepril hcl tab 20 mg</i>	\$0 (1)	
<i>benazepril hcl tab 40 mg</i>	\$0 (1)	
<i>captopril tab 12.5 mg</i>	\$0 (1)	
<i>captopril tab 25 mg</i>	\$0 (1)	
<i>captopril tab 50 mg</i>	\$0 (1)	
<i>captopril tab 100 mg</i>	\$0 (1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 10 mg</i>	\$0 (1)	
<i>enalapril maleate tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 10 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 40 mg</i>	\$0 (1)	
<i>lisinopril tab 2.5 mg</i>	\$0 (1)	
<i>lisinopril tab 5 mg</i>	\$0 (1)	
<i>lisinopril tab 10 mg</i>	\$0 (1)	
<i>lisinopril tab 20 mg</i>	\$0 (1)	
<i>lisinopril tab 30 mg</i>	\$0 (1)	
<i>lisinopril tab 40 mg</i>	\$0 (1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0 (1)	
<i>moexipril hcl tab 15 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 2 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 4 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 8 mg</i>	\$0 (1)	
<i>quinapril hcl tab 5 mg</i>	\$0 (1)	
<i>quinapril hcl tab 10 mg</i>	\$0 (1)	
<i>quinapril hcl tab 20 mg</i>	\$0 (1)	
<i>quinapril hcl tab 40 mg</i>	\$0 (1)	
<i>ramipril cap 1.25 mg</i>	\$0 (1)	
<i>ramipril cap 2.5 mg</i>	\$0 (1)	
<i>ramipril cap 5 mg</i>	\$0 (1)	
<i>ramipril cap 10 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trandolapril tab 1 mg</i>	\$0 (1)	
<i>trandolapril tab 2 mg</i>	\$0 (1)	
<i>trandolapril tab 4 mg</i>	\$0 (1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	\$0 (1)	
<i>eplerenone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 25 mg</i>	\$0 (1)	
<i>spironolactone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 100 mg</i>	\$0 (1)	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate tab 1 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	\$0 (1)	
<i>prazosin hcl cap 1 mg</i>	\$0 (1)	
<i>prazosin hcl cap 2 mg</i>	\$0 (1)	
<i>prazosin hcl cap 5 mg</i>	\$0 (1)	
<i>terazosin hcl cap 1 mg</i>	\$0 (1)	
<i>terazosin hcl cap 2 mg</i>	\$0 (1)	
<i>terazosin hcl cap 5 mg</i>	\$0 (1)	
<i>terazosin hcl cap 10 mg</i>	\$0 (1)	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0 (1)	
AZOR TAB 5-20MG	\$0 (2)	QL (30 tabs / 30 days)

PA - Prior Authorization available at mail-order
QL - Quantity Limits
ST - Step Therapy
NM - Not available at mail-order
B/D - Covered under Medicare B or D
LA - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AZOR TAB 5-40MG	\$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	\$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	\$0 (2)	
BENICAR HCT TAB 20-12.5	\$0 (2)	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	\$0 (2)	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	\$0 (2)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (1)	
TRIBENZOR20- TAB 5-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	\$0 (2)	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
BENICAR TAB 5MG	\$0 (2)	QL (60 tabs / 30 days)
BENICAR TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
BENICAR TAB 40MG	\$0 (2)	
<i>losartan potassium tab 25 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>losartan potassium tab 50 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>losartan potassium tab 100 mg</i>	\$0 (1)	
<i>valsartan tab 40 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	\$0 (1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl tab 100 mg</i>	\$0 (1)	
<i>amiodarone hcl tab 200 mg</i>	\$0 (1)	
<i>amiodarone hcl tab 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>disopyramide phosphate cap 150 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>flecainide acetate tab 50 mg</i>	\$0 (1)	
<i>flecainide acetate tab 100 mg</i>	\$0 (1)	
<i>flecainide acetate tab 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 200 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 250 mg</i>	\$0 (1)	
MULTAQ TAB 400MG	\$0 (2)	
NORPACE CAP 100MG CR	\$0 (2)	PA; PA for age 65 or older
NORPACE CAP 150MG CR	\$0 (2)	PA; PA for age 65 or older
<i>pacerone tab 100mg</i>	\$0 (1)	
<i>pacerone tab 200mg</i>	\$0 (1)	
<i>pacerone tab 400mg</i>	\$0 (1)	
<i>propafenone hcl cap sr 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap sr 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap sr 12hr 425 mg</i>	\$0 (1)	
<i>propafenone hcl tab 150 mg</i>	\$0 (1)	
<i>propafenone hcl tab 225 mg</i>	\$0 (1)	
<i>propafenone hcl tab 300 mg</i>	\$0 (1)	
<i>quinidine gluconate tab cr 324 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 200 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 300 mg</i>	\$0 (1)	
<i>sorine tab 80mg</i>	\$0 (1)	
<i>sorine tab 120mg</i>	\$0 (1)	
<i>sorine tab 160mg</i>	\$0 (1)	
<i>sorine tab 240mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 240 mg</i>	\$0 (1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIKOSYN CAP 125MCG	\$0 (2)	NM
TIKOSYN CAP 250MCG	\$0 (2)	NM
TIKOSYN CAP 500MCG	\$0 (2)	NM

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 (1)	QL (30 tabs / 30 days)
CRESTOR TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0 (1)	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder packets 4 gm</i>	\$0 (1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0 (1)	
<i>cholestyramine powder packets 4 gm</i>	\$0 (1)	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	\$0 (1)	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	\$0 (1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0 (1)	
<i>colestipol hcl granules 5 gm</i>	\$0 (1)	
<i>colestipol hcl tab 1 gm</i>	\$0 (1)	
<i>fenofibrate micronized cap 43 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fenofibrate micronized cap 130 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0 (1)	
<i>fenofibrate tab 48 mg</i>	\$0 (1)	
<i>fenofibrate tab 54 mg</i>	\$0 (1)	
<i>fenofibrate tab 145 mg</i>	\$0 (1)	
<i>fenofibrate tab 160 mg</i>	\$0 (1)	
<i>gemfibrozil tab 600 mg</i>	\$0 (1)	
<i>niacin tab cr 500 mg (antihyperlipidemic)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin tab cr 750 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacin tab cr 1000 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacor tab 500mg</i>	\$0 (1)	
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 (1)	
<i>prevalite pow 4gm</i>	\$0 (1)	
VASCEPA CAP 1GM	\$0 (2)	
WELCHOL PAK 3.75GM	\$0 (2)	
WELCHOL TAB 625MG	\$0 (2)	
ZETIA TAB 10MG	\$0 (2)	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0 (1)	
<i>acebutolol hcl cap 400 mg</i>	\$0 (1)	
<i>atenolol tab 25 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>atenolol tab 50 mg</i>	\$0 (1)	
<i>atenolol tab 100 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (1)	
BYSTOLIC TAB 2.5MG	\$0 (2)	
BYSTOLIC TAB 5MG	\$0 (2)	
BYSTOLIC TAB 10MG	\$0 (2)	
BYSTOLIC TAB 20MG	\$0 (2)	
<i>carvedilol tab 3.125 mg</i>	\$0 (1)	
<i>carvedilol tab 6.25 mg</i>	\$0 (1)	
<i>carvedilol tab 12.5 mg</i>	\$0 (1)	
<i>carvedilol tab 25 mg</i>	\$0 (1)	
<i>labetalol hcl tab 100 mg</i>	\$0 (1)	
<i>labetalol hcl tab 200 mg</i>	\$0 (1)	
<i>labetalol hcl tab 300 mg</i>	\$0 (1)	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 50 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 100 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>metoprolol succinate tab sr 24hr 200 mg</i>	\$0 (1)	
<i>metoprolol tartrate inj 1 mg/ml</i>	\$0 (1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0 (1)	
<i>nadolol tab 20 mg</i>	\$0 (1)	
<i>nadolol tab 40 mg</i>	\$0 (1)	
<i>nadolol tab 80 mg</i>	\$0 (1)	
<i>pindolol tab 5 mg</i>	\$0 (1)	
<i>pindolol tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl cap sr 24hr 60 mg</i>	\$0 (1)	
<i>propranolol hcl cap sr 24hr 80 mg</i>	\$0 (1)	
<i>propranolol hcl cap sr 24hr 120 mg</i>	\$0 (1)	
<i>propranolol hcl cap sr 24hr 160 mg</i>	\$0 (1)	
<i>propranolol hcl inj 1 mg/ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl tab 20 mg</i>	\$0 (1)	
<i>propranolol hcl tab 40 mg</i>	\$0 (1)	
<i>propranolol hcl tab 60 mg</i>	\$0 (1)	
<i>propranolol hcl tab 80 mg</i>	\$0 (1)	
<i>timolol maleate tab 5 mg</i>	\$0 (1)	
<i>timolol maleate tab 10 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>timolol maleate tab 20 mg</i>	\$0 (1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>afeditab tab 30mg cr</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>afeditab tab 60mg cr</i>	\$0 (1)	
<i>amlodipine besylate tab 2.5 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 5 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>amlodipine besylate tab 10 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl cap sr 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap sr 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap sr 24hr 360 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	\$0 (1)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl tab 30 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 60 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 90 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl tab 120 mg</i>	\$0 (1)	
<i>diltzac cap 120mg/24</i>	\$0 (1)	
<i>diltzac cap 180mg/24</i>	\$0 (1)	
<i>diltzac cap 240mg/24</i>	\$0 (1)	
<i>diltzac cap 300mg/24</i>	\$0 (1)	
<i>felodipine tab sr 24hr 2.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>felodipine tab sr 24hr 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>felodipine tab sr 24hr 10 mg</i>	\$0 (1)	
<i>isradipine cap 2.5 mg</i>	\$0 (1)	
<i>isradipine cap 5 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 20 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 30 mg</i>	\$0 (1)	
<i>nifedical xl tab 30mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>nifedical xl tab 60mg</i>	\$0 (1)	
<i>nifedipine tab sr 24hr 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>nifedipine tab sr 24hr 60 mg</i>	\$0 (1)	
<i>nifedipine tab sr 24hr 90 mg</i>	\$0 (1)	
<i>nifedipine tab sr 24hr osmotic release 30 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>nifedipine tab sr 24hr osmotic release 60 mg</i>	\$0 (1)	
<i>nifedipine tab sr 24hr osmotic release 90 mg</i>	\$0 (1)	
<i>nimodipine cap 30 mg</i>	\$0 (1)	
NYMALIZE SOL 60/20ML	\$0 (2)	
<i>taztia xt cap 120mg/24</i>	\$0 (1)	
<i>taztia xt cap 180mg/24</i>	\$0 (1)	
<i>taztia xt cap 240mg/24</i>	\$0 (1)	
<i>taztia xt cap 300mg/24</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap sr 24hr 300 mg</i>	\$0 (1)	
VERAPAMIL HCL CAP SR 24HR 360 MG	\$0 (1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl tab 40 mg</i>	\$0 (1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab cr 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab cr 180 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>verapamil hcl tab cr 240 mg</i>	\$0 (1)	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	\$0 (1)	PA; PA for age 65 or older
<i>digitek tab 0.125mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (1)	
DIGOXIN ORAL SOLN 0.05 MG/ML	\$0 (1)	PA; PA for age 65 or older
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (1)	PA; PA for age 65 or older
LANOXIN TAB 0.25MG	\$0 (2)	PA; PA for age 65 or older
LANOXIN TAB 0.125MG	\$0 (2)	QL (30 tabs / 30 days)
<i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i>		
TEKAMLO TAB 150-5MG	\$0 (2)	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	\$0 (2)	QL (30 tabs / 30 days)
TEKTURN HCT TAB 150-12.5	\$0 (2)	QL (30 tabs / 30 days)
TEKTURN HCT TAB 150-25MG	\$0 (2)	QL (60 tabs / 30 days)
TEKTURN HCT TAB 300-12.5	\$0 (2)	QL (30 tabs / 30 days)
TEKTURN HCT TAB 300-25MG	\$0 (2)	
TEKTURN TAB 150MG	\$0 (2)	QL (30 tabs / 30 days)
TEKTURN TAB 300MG	\$0 (2)	
<i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>acetazolamide cap sr 12hr 500 mg</i>	\$0 (1)	
<i>acetazolamide tab 125 mg</i>	\$0 (1)	
<i>acetazolamide tab 250 mg</i>	\$0 (1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (1)	
<i>amiloride hcl tab 5 mg</i>	\$0 (1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide tab 0.5 mg</i>	\$0 (1)	
<i>bumetanide tab 1 mg</i>	\$0 (1)	
<i>bumetanide tab 2 mg</i>	\$0 (1)	
<i>chlorothiazide tab 250 mg</i>	\$0 (1)	
<i>chlorothiazide tab 500 mg</i>	\$0 (1)	
<i>chlorthalidone tab 25 mg</i>	\$0 (1)	
<i>chlorthalidone tab 50 mg</i>	\$0 (1)	
DIURIL SUS 250/5ML	\$0 (2)	
DYRENIUM CAP 50MG	\$0 (2)	
DYRENIUM CAP 100MG	\$0 (2)	
EDECIN TAB 25MG	\$0 (2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>furosemide inj 10 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0 (1)	
<i>furosemide sol 8mg/ml</i>	\$0 (1)	
<i>furosemide tab 20 mg</i>	\$0 (1)	
<i>furosemide tab 40 mg</i>	\$0 (1)	
<i>furosemide tab 80 mg</i>	\$0 (1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (1)	
<i>indapamide tab 1.25 mg</i>	\$0 (1)	
<i>indapamide tab 2.5 mg</i>	\$0 (1)	
<i>methazolamide tab 25 mg</i>	\$0 (1)	
<i>methazolamide tab 50 mg</i>	\$0 (1)	
<i>methyclothiazide tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 2.5 mg</i>	\$0 (1)	
<i>metolazone tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 10 mg</i>	\$0 (1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (1)	
<i>torseamide inj 20mg/2ml</i>	\$0 (1)	
<i>torseamide inj 50mg/5ml</i>	\$0 (1)	
<i>torseamide tab 5 mg</i>	\$0 (1)	
<i>torseamide tab 10 mg</i>	\$0 (1)	
<i>torseamide tab 20 mg</i>	\$0 (1)	
<i>torseamide tab 100 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0 (1)	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	\$0 (1)	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	\$0 (1)	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	\$0 (1)	
DEMSER CAP 250MG	\$0 (2)	
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 25 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydralazine hcl tab 50 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 100 mg</i>	\$0 (1)	
<i>midodrine hcl tab 2.5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 10 mg</i>	\$0 (1)	
<i>minoxidil tab 2.5 mg</i>	\$0 (1)	
<i>minoxidil tab 10 mg</i>	\$0 (1)	
RANEXA TAB 500MG	\$0 (2)	
RANEXA TAB 1000MG	\$0 (2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab cr 40 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	\$0 (1)	
<i>minitran dis 0.1mg/hr</i>	\$0 (1)	
<i>minitran dis 0.2mg/hr</i>	\$0 (1)	
<i>minitran dis 0.4mg/hr</i>	\$0 (1)	
<i>minitran dis 0.6mg/hr</i>	\$0 (1)	
<i>nitro-bid oin 2%</i>	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (1)	
NITROLINGUAL SPR PUMPSRA	\$0 (2)	
NITROSTAT SUB 0.3MG	\$0 (2)	
NITROSTAT SUB 0.4MG	\$0 (2)	
NITROSTAT SUB 0.6MG	\$0 (2)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA TAB 20MG	\$0 (2)	QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADEMPAS TAB 1.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	\$0 (2)	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	\$0 (2)	QL (90 tabs / 30 days), NM, PA
LETAIRIS TAB 5MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	\$0 (2)	B/D, NM, LA
REMODULIN INJ 2.5MG/ML	\$0 (2)	B/D, NM, LA
REMODULIN INJ 5MG/ML	\$0 (2)	B/D, NM, LA
REMODULIN INJ 10MG/ML	\$0 (2)	B/D, NM, LA
REVATIO SUS 10MG/ML	\$0 (2)	QL (2 bottles / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (2)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam con 1 mg/ml</i>	\$0 (1)	QL (300 mL / 30 days)
<i>alprazolam tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0 (1)	QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	\$0 (1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0 (1)	
<i>buspirone hcl tab 10 mg</i>	\$0 (1)	
<i>buspirone hcl tab 15 mg</i>	\$0 (1)	
<i>buspirone hcl tab 30 mg</i>	\$0 (1)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	\$0 (1)	
<i>lorazepam con 2mg/ml</i>	\$0 (1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0 (1)	
<i>lorazepam inj 4 mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lorazepam tab 0.5 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0 (1)	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTiom TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
APTiom TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
APTiom TAB 600MG	\$0 (2)	QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0 (2)	QL (30 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	PA
BANZEL TAB 200MG	\$0 (2)	PA
BANZEL TAB 400MG	\$0 (2)	PA
<i>carbamazepine cap sr 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap sr 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap sr 12hr 300 mg</i>	\$0 (1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine tab 200 mg</i>	\$0 (1)	
<i>carbamazepine tab sr 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab sr 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (1200 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (2400 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (4800 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (600 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (1)	QL (1200 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (600 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	\$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	\$0 (1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	\$0 (1)	
<i>diazepam soln 1 mg/ml</i>	\$0 (1)	QL (1200 mL / 30 days), PA
<i>diazepam tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>diazepam tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>diazepam tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>dilantin cap 30mg</i>	\$0 (2)	
<i>dilantin cap 100mg</i>	\$0 (2)	
<i>dilantin chw 50mg</i>	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium cap sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (1)	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	\$0 (1)	
<i>epitol tab 200mg</i>	\$0 (1)	
<i>ethosuximide cap 250 mg</i>	\$0 (1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (1)	
<i>felbamate susp 600 mg/5ml</i>	\$0 (2)	
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (2)	
FYCOMPA TAB 2MG	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (2)	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 (1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0 (1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0 (1)	QL (270 caps / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 (1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	\$0 (2)	
GABITRIL TAB 16MG	\$0 (2)	
<i>lamotrigine tab 25 mg</i>	\$0 (1)	
<i>lamotrigine tab 100 mg</i>	\$0 (1)	
<i>lamotrigine tab 150 mg</i>	\$0 (1)	
<i>lamotrigine tab 200 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 25 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 50 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 100 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 200 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 250 mg</i>	\$0 (1)	
<i>lamotrigine tab sr 24hr 300 mg</i>	\$0 (1)	
LEVETIRACETA INJ 5MG/ML	\$0 (2)	
LEVETIRACETA INJ 10MG/ML	\$0 (2)	
LEVETIRACETA INJ 15MG/ML	\$0 (2)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam tab 250 mg</i>	\$0 (1)	
<i>levetiracetam tab 500 mg</i>	\$0 (1)	
<i>levetiracetam tab 750 mg</i>	\$0 (1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (1)	
<i>levetiracetam tab sr 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab sr 24hr 750 mg</i>	\$0 (1)	
LYRICA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	\$0 (2)	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	\$0 (2)	PA
ONFI TAB 10MG	\$0 (2)	PA
ONFI TAB 20MG	\$0 (2)	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxcarbazepine tab 300 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (1)	
PEGANONE TAB 250MG	\$0 (2)	
PHENOBARB INJ 65MG/ML	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>phenytek cap 200mg</i>	\$0 (2)	
<i>phenytek cap 300mg</i>	\$0 (2)	
<i>phenytoin chew tab 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (1)	
POTIGA TAB 50MG	\$0 (2)	
POTIGA TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
POTIGA TAB 300MG	\$0 (2)	QL (90 tabs / 30 days)
POTIGA TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	\$0 (1)	
<i>primidone tab 250 mg</i>	\$0 (1)	
SABRIL POW 500MG	\$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL SUS 100/5ML	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEGRETOL TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 100MG	\$0 (2)	
TEGRETOL-XR TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 400MG	\$0 (2)	
<i>tiagabine hcl tab 2 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0 (1)	
<i>topiramate tab 25 mg</i>	\$0 (1)	
<i>topiramate tab 50 mg</i>	\$0 (1)	
<i>topiramate tab 100 mg</i>	\$0 (1)	
<i>topiramate tab 200 mg</i>	\$0 (1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (1)	
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	\$0 (1)	
<i>valproic acid cap 250 mg</i>	\$0 (1)	
VIMPAT INJ 200MG/20	\$0 (2)	
VIMPAT SOL 10MG/ML	\$0 (2)	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (1)	
<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 23 mg</i>	\$0 (1)	
EXELON DIS 4.6MG/24	\$0 (2)	QL (30 patches / 30 days)
EXELON DIS 9.5MG/24	\$0 (2)	QL (30 patches / 30 days)
EXELON DIS 13.3/24	\$0 (2)	QL (30 patches / 30 days)
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	\$0 (1)	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (1)	
<i>memantine hcl tab 5 mg</i>	\$0 (1)	PA; PA if <30 yr
MEMANTINE HCL TAB 10 MG	\$0 (1)	PA; PA if <30 yr
NAMENDA SOL 10MG/5ML	\$0 (2)	PA; PA if <30 yr
NAMENDA TAB 5MG	\$0 (2)	PA; PA if <30 yr
NAMENDA TAB 10MG	\$0 (2)	PA; PA if <30 yr
NAMENDA XR CAP 7MG	\$0 (2)	PA; PA if <30 yr
NAMENDA XR CAP 14MG	\$0 (2)	PA; PA if <30 yr
NAMENDA XR CAP 21MG	\$0 (2)	PA; PA if <30 yr
NAMENDA XR CAP 28MG	\$0 (2)	PA; PA if <30 yr
NAMENDA XR CAP TITRATIO	\$0 (2)	PA; PA if <30 yr
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 3 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 4.5 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 6 mg</i>	\$0 (1)	
RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	\$0 (1)	QL (30 patches / 30 days)
RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	\$0 (1)	QL (30 patches / 30 days)
RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	\$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amitriptyline hcl tab 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amitriptyline hcl tab 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amitriptyline hcl tab 75 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amitriptyline hcl tab 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amitriptyline hcl tab 150 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>amoxapine tab 25 mg</i>	\$0 (1)	
<i>amoxapine tab 50 mg</i>	\$0 (1)	

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<i>amoxapine tab 100 mg</i>	\$0 (1)	
<i>amoxapine tab 150 mg</i>	\$0 (1)	
BRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
BRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
BRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>bupropion hcl tab 75 mg</i>	\$0 (1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab sr 12hr 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab sr 12hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab sr 12hr 200 mg</i>	\$0 (1)	
<i>bupropion hcl tab sr 24hr 150 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl tab sr 24hr 300 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>clomipramine hcl cap 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>clomipramine hcl cap 75 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>desipramine hcl tab 10 mg</i>	\$0 (1)	
<i>desipramine hcl tab 25 mg</i>	\$0 (1)	
<i>desipramine hcl tab 50 mg</i>	\$0 (1)	
<i>desipramine hcl tab 75 mg</i>	\$0 (1)	
<i>desipramine hcl tab 100 mg</i>	\$0 (1)	
<i>desipramine hcl tab 150 mg</i>	\$0 (1)	
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	PA; PA for age 65 or older

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<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (2)	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (1)	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	\$0 (2)	
<i>fluoxetine hcl cap 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (1)	
<i>fluoxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	\$0 (1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>imipramine hcl tab 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>imipramine hcl tab 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>maprotiline hcl tab 25 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 50 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 75 mg</i>	\$0 (1)	
MARPLAN TAB 10MG	\$0 (2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (1)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	\$0 (1)	
<i>mirtazapine tab 45 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 50 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 200 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 25 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (1)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (1)	
<i>paroxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (1)	
PRISTIQ TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (1)	
<i>sertraline hcl oral conc 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
SURMONTIL CAP 25MG	\$0 (2)	QL (240 caps / 30 days), PA; PA for age 65 or older
SURMONTIL CAP 50MG	\$0 (2)	QL (120 caps / 30 days), PA; PA for age 65 or older
SURMONTIL CAP 100MG	\$0 (2)	QL (60 caps / 30 days), PA; PA for age 65 or older
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 37.5 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 50 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 75 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 100 mg</i>	\$0 (1)	
VIIBRYD KIT	\$0 (2)	
VIIBRYD KIT STARTER	\$0 (2)	
VIIBRYD TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 (1)	
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0 (1)	
<i>amantadine hcl tab 100 mg</i>	\$0 (1)	
APOKYN INJ 10MG/ML	\$0 (2)	NM, LA, PA
AZILECT TAB 0.5MG	\$0 (2)	
AZILECT TAB 1MG	\$0 (2)	
<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>benztropine mesylate tab 1 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>benztropine mesylate tab 2 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>bromocriptine mesylate cap 5 mg</i>	\$0 (1)	
<i>bromocriptine mesylate tab 2.5 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbidopa & levodopa tab cr 50-200 mg</i>	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	\$0 (1)	
<i>entacapone tab 200 mg</i>	\$0 (1)	
NEUPRO DIS 1MG/24HR	\$0 (2)	
NEUPRO DIS 2MG/24HR	\$0 (2)	
NEUPRO DIS 3MG/24HR	\$0 (2)	
NEUPRO DIS 4MG/24HR	\$0 (2)	
NEUPRO DIS 6MG/24HR	\$0 (2)	
NEUPRO DIS 8MG/24HR	\$0 (2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA for age 65 or older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY DISC TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY DISC TAB 15MG	\$0 (2)	QL (60 tabs / 30 days)
ABILIFY INJ 9.75MG	\$0 (2)	QL (4 mL / 1 day)
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY SOL 1MG/ML	\$0 (2)	
ABILIFY TAB 2MG	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY TAB 15MG	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY TAB 30MG	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (2)	
<i>aripiprazole tab 2 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>chlorpromaz inj 50mg/2ml</i>	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	\$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	\$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	\$0 (1)	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	\$0 (1)	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	\$0 (1)	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (1)	
<i>clozapine tab 50 mg</i>	\$0 (1)	
<i>clozapine tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0 (2)	ST
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days), ST

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days), ST
FAZACLO TAB 12.5/ODT	\$0 (2)	PA
FAZACLO TAB 25MG ODT	\$0 (2)	PA
FAZACLO TAB 100/ODT	\$0 (2)	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	\$0 (2)	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	\$0 (2)	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0 (1)	
GEODON INJ 20MG	\$0 (2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
<i>haloperidol tab 0.5 mg</i>	\$0 (1)	
<i>haloperidol tab 1 mg</i>	\$0 (1)	
<i>haloperidol tab 2 mg</i>	\$0 (1)	
<i>haloperidol tab 5 mg</i>	\$0 (1)	
<i>haloperidol tab 10 mg</i>	\$0 (1)	
<i>haloperidol tab 20 mg</i>	\$0 (1)	
INVEGA SUST INJ 39/0.25	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	QL (1 injection / 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TAB 1.5MG	\$0 (2)	QL (30 tabs / 30 days)
INVEGA TAB 3MG	\$0 (2)	QL (30 tabs / 30 days)
INVEGA TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
INVEGA TAB 9MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 20MG	\$0 (2)	QL (240 tabs / 30 days)
LATUDA TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0 (2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (1)	
<i>loxapine succinate cap 25 mg</i>	\$0 (1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (1)	
<i>olanzapine for im inj 10 mg</i>	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
ORAP TAB 1MG	\$0 (2)	
ORAP TAB 2MG	\$0 (2)	
<i>perphenazine tab 2 mg</i>	\$0 (1)	
<i>perphenazine tab 4 mg</i>	\$0 (1)	
<i>perphenazine tab 8 mg</i>	\$0 (1)	
<i>perphenazine tab 16 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
REXULTI TAB 0.5MG	\$0 (2)	QL (180 tabs / 30 days), ST
REXULTI TAB 0.25MG	\$0 (2)	QL (360 tabs / 30 days), ST
REXULTI TAB 1MG	\$0 (2)	QL (90 tabs / 30 days), ST
REXULTI TAB 2MG	\$0 (2)	QL (60 tabs / 30 days), ST

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available at mail-order

QL - Quantity Limits

B/D - Covered under Medicare B or D

ST - Step Therapy

LA - Limited Access

NM - Not

LA - Limited Access

* - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 3MG	\$0 (2)	QL (30 tabs / 30 days), ST
REXULTI TAB 4MG	\$0 (2)	QL (30 tabs / 30 days), ST
RISPERDAL INJ 12.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0 (1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	\$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	\$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	\$0 (2)	QL (60 tabs / 30 days)
SEROQUEL XR TAB 50MG	\$0 (2)	QL (120 tabs / 30 days)
SEROQUEL XR TAB 150MG	\$0 (2)	QL (30 tabs / 30 days)
SEROQUEL XR TAB 200MG	\$0 (2)	QL (30 tabs / 30 days)
SEROQUEL XR TAB 300MG	\$0 (2)	QL (60 tabs / 30 days)
SEROQUEL XR TAB 400MG	\$0 (2)	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>thioridazine hcl tab 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>thioridazine hcl tab 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>thioridazine hcl tab 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>thiothixene cap 1 mg</i>	\$0 (1)	
<i>thiothixene cap 2 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thiothixene cap 5 mg</i>	\$0 (1)	
<i>thiothixene cap 10 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 1 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 2 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 5 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 10 mg</i>	\$0 (1)	
VERSACLOZ SUS 50MG/ML	\$0 (2)	QL (600 mL / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	B/D
ZYPREXA RELP INJ 300MG	\$0 (2)	B/D
ZYPREXA RELP INJ 405MG	\$0 (2)	B/D

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (1)	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i>	\$0 (2)	
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i>	\$0 (2)	
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i>	\$0 (2)	
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i>	\$0 (2)	
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab cr 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 18MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 40MG	\$0 (2)	QL (60 caps / 30 days)
STRATTERA CAP 60MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 100MG	\$0 (2)	QL (30 caps / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
ROZEREM TAB 8MG	\$0 (2)	QL (30 tabs / 30 days)
SILENOR TAB 3MG	\$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<i>cafergot tab 1-100mg</i>	\$0 (2)	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (1)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (1)	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (1)	QL (9 tabs / 30 days)
RELPAK TAB 20MG	\$0 (2)	QL (12 tabs / 30 days)
RELPAK TAB 40MG	\$0 (2)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate orally disintegrating tab 5 mg</i>	\$0 (1)	QL (18 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rizatriptan benzoate orally disintegrating tab 10 mg</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg</i>	\$0 (1)	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	\$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	\$0 (1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (1)	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	\$0 (1)	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (1)	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (1)	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (1)	QL (9 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
<i>lithium carbonate cap 150 mg</i>	\$0 (1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab cr 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab cr 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
NUDEXTA CAP 20-10MG	\$0 (2)	PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
TETRABENAZINE TAB 12.5 MG	\$0 (2)	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	\$0 (2)	QL (120 tabs / 30 days), NM, PA
XENAZINE TAB 12.5MG	\$0 (2)	QL (240 tabs / 30 days), NM, LA, PA

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ST - Step Therapy

NM - Not

LA - Limited Access

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XENAZINE TAB 25MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BETASERON INJ 0.3MG	\$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	\$0 (2)	QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	\$0 (2)	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (2)	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	\$0 (2)	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	\$0 (1)	
<i>baclofen tab 20 mg</i>	\$0 (1)	
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (1)	PA; PA for age 65 or older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (1)	PA; PA for age 65 or older
<i>dantrolene sodium cap 25 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (1)	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (1)	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

NUVIGIL TAB 50MG	\$0 (2)	QL (150 tabs / 30 days), PA
NUVIGIL TAB 150MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUVIGIL TAB 200MG	\$0 (2)	QL (30 tabs / 30 days), PA
NUVIGIL TAB 250MG	\$0 (2)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (2)	QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (1)	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	\$0 (1)	
CHANTIX PAK 0.5& 1MG	\$0 (2)	PA
CHANTIX PAK 1MG	\$0 (2)	PA
CHANTIX TAB 0.5MG	\$0 (2)	PA
CHANTIX TAB 1MG	\$0 (2)	PA
<i>disulfiram tab 250 mg</i>	\$0 (1)	
<i>disulfiram tab 500 mg</i>	\$0 (1)	
<i>gnp nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl inj 1 mg/ml</i>	\$0 (1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (1)	
<i>nicotine polacrilex gum 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (3)	NM; *
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
<i>sm nicotine gum 2mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
SUBOXONE MIS 2-0.5MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	\$0 (2)	QL (2 boxes / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0 (1)	PA
<i>oxandrolone tab 10 mg</i>	\$0 (1)	PA
TESTIM GEL 1%(50MG)	\$0 (2)	QL (300 grams / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (1)	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (1)	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (1)	

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	B/D
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LANTUS INJ 100/ML	\$0 (2)	
LANTUS INJ SOLOSTAR	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTUOC	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	RELION not covered
NOVOLIN N INJ U-100	\$0 (2)	RELION not covered
NOVOLIN R INJ U-100	\$0 (2)	RELION not covered
NOVOLOG INJ 100/ML	\$0 (2)	
NOVOLOG INJ FLEXPEN	\$0 (2)	
NOVOLOG INJ PENFILL	\$0 (2)	
NOVOLOG MIX INJ 70/30	\$0 (2)	
NOVOLOG MIX INJ FLEXPEN	\$0 (2)	
SYMLINPEN 60 INJ 1000MCG	\$0 (2)	QL (8 pens / 30 days), PA
SYMLINPEN 120 INJ 1000MCG	\$0 (2)	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	\$0 (2)	
TRULICITY INJ 0.75/0.5	\$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (2)	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES

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 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acarbose tab 25 mg</i>	\$0 (1)	
<i>acarbose tab 50 mg</i>	\$0 (1)	
<i>acarbose tab 100 mg</i>	\$0 (1)	
FARXIGA TAB 5MG	\$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab sr 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab sr 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	\$0 (2)	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	\$0 (2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (1)	QL (75 tabs / 30 days)
<i>metformin hcl tab sr 24hr 500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>metformin hcl tab sr 24hr 750 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>nateglinide tab 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>repaglinide tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
RIOMET SOL	\$0 (2)	QL (946 mL / 30 days)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium tab 5 mg</i>	\$0 (1)	
<i>alendronate sodium tab 10 mg</i>	\$0 (1)	
<i>alendronate sodium tab 35 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	\$0 (1)	
<i>alendronate sodium tab 70 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 (1)	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 (1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (1)	B/D
<i>pamidronate inj 6mg/ml</i>	\$0 (1)	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (2)	B/D, NM
ZOMETA INJ 4MG/100	\$0 (2)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	\$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	
EXJADE TAB 125MG	\$0 (2)	NM, LA, PA
EXJADE TAB 250MG	\$0 (2)	NM, LA, PA
EXJADE TAB 500MG	\$0 (2)	NM, LA, PA
<i>kionex pow</i>	\$0 (1)	
<i>kionex sus 15gm/60</i>	\$0 (1)	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sps sus 15gm/60</i>	\$0 (1)	
SYPRINE CAP 250MG	\$0 (2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>altavera tab</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>apri tab</i>	\$0 (1)	
<i>aranelle tab</i>	\$0 (1)	
<i>aubra tab 0.1-0.02</i>	\$0 (1)	
<i>aviane tab</i>	\$0 (1)	
<i>balziva tab</i>	\$0 (1)	
<i>briellyn tab</i>	\$0 (1)	
<i>camila tab 0.35mg</i>	\$0 (1)	
<i>cryselle-28 tab 28 tabs</i>	\$0 (1)	
<i>cyclafem tab 1/35</i>	\$0 (1)	
<i>cyclafem tab 7/7/7</i>	\$0 (1)	
<i>deblitane tab 0.35mg</i>	\$0 (1)	
<i>delyla tab 0.1-0.02</i>	\$0 (1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	\$0 (1)	
ELLA TAB 30MG	\$0 (2)	
<i>emoquette tab</i>	\$0 (1)	
<i>enpresse-28 tab</i>	\$0 (1)	
<i>errin tab 0.35mg</i>	\$0 (1)	
<i>falmina tab</i>	\$0 (1)	
<i>gildagia tab 0.4-35</i>	\$0 (1)	
<i>gildess tab 1.5/30</i>	\$0 (1)	
<i>heather tab 0.35mg</i>	\$0 (1)	
<i>introvale tab</i>	\$0 (1)	
JOLIVETTE TAB 0.35MG	\$0 (1)	
<i>junel 1.5/30 tab</i>	\$0 (1)	
<i>junel 1/20 tab</i>	\$0 (1)	
<i>junel fe tab 1.5/30</i>	\$0 (1)	
<i>junel fe tab 1/20</i>	\$0 (1)	
<i>kariva tab 28 day</i>	\$0 (1)	
<i>kimidess tab</i>	\$0 (1)	
<i>larin fe tab 1.5/30</i>	\$0 (1)	
<i>larin fe tab 1/20</i>	\$0 (1)	
<i>larin tab 1.5/30</i>	\$0 (1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>larin tab 1/20</i>	\$0 (1)	
<i>lessina tab</i>	\$0 (1)	
<i>levonest tab</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (1)	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (1)	
<i>levonorgestrel tab 0.75 mg</i>	\$0 (1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0 (1)	
<i>levora-28 tab 0.15/30</i>	\$0 (1)	
<i>loryna tab 3-0.02mg</i>	\$0 (1)	
<i>low-ogestrel tab</i>	\$0 (1)	
<i>lutra tab</i>	\$0 (1)	
<i>lyza tab 0.35mg</i>	\$0 (1)	
<i>marlissa tab 0.15/30</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
<i>microgestin tab 1.5/30</i>	\$0 (1)	
<i>microgestin tab 1/20</i>	\$0 (1)	
<i>microgestin tab fe1.5/30</i>	\$0 (1)	
<i>microgestin tab fe 1/20</i>	\$0 (1)	
MONONESSA TAB	\$0 (1)	
<i>my way tab 1.5mg</i>	\$0 (1)	
<i>my way tab 1.5mg</i>	\$0 (3)	NM; *
<i>myzilra tab</i>	\$0 (1)	
<i>necon tab 0.5/35</i>	\$0 (1)	
<i>necon tab 1/35</i>	\$0 (1)	
NECON TAB 1/50-28	\$0 (1)	
NECON TAB 7/7/7	\$0 (1)	
<i>necon tab 10/11-28</i>	\$0 (2)	
<i>next choice tab 1.5mg</i>	\$0 (1)	
<i>nikki tab 3-0.02mg</i>	\$0 (1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (1)	
NORETHINDRONE TAB 0.35 MG	\$0 (1)	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norgestimate-eth estrad tab</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (1)	
<i>norlyroc tab 0.35mg</i>	\$0 (1)	
<i>nortrel tab 0.5/35</i>	\$0 (1)	
<i>nortrel tab 1/35</i>	\$0 (1)	
<i>nortrel tab 7/7/7</i>	\$0 (1)	
NUVARING MIS	\$0 (2)	
<i>orsythia tab</i>	\$0 (1)	
<i>philith tab 0.4-35</i>	\$0 (1)	
<i>pimtrea tab</i>	\$0 (1)	
<i>pirmella tab 1/35</i>	\$0 (1)	
<i>portia-28 tab</i>	\$0 (1)	
<i>previfem tab</i>	\$0 (1)	
<i>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
SOLIA TAB	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
<i>syeda tab 3-0.03mg</i>	\$0 (1)	
<i>tri-legest tab fe</i>	\$0 (1)	
<i>tri-previfem tab</i>	\$0 (1)	
<i>tri-sprintec tab</i>	\$0 (1)	
TRINESSA TAB	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>viorele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zenchent tab</i>	\$0 (1)	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	\$0 (1)	
<i>danazol cap 100 mg</i>	\$0 (1)	
<i>danazol cap 200 mg</i>	\$0 (1)	
SYNAREL SOL 2MG/ML	\$0 (2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INJ 250/ML	\$0 (2)	NM, LA, PA
ALDURAZyme INJ 2.9MG/5M	\$0 (2)	NM, LA, PA
CARBAGLU TAB 200MG	\$0 (2)	NM, LA, PA
CERDELGA CAP 84MG	\$0 (2)	NM, PA
CEREZYME INJ 200UNIT	\$0 (2)	NM, PA
CEREZYME INJ 400UNIT	\$0 (2)	NM, PA
CYSTADANE POW	\$0 (2)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAP 50MG	\$0 (2)	NM, PA
CYSTAGON CAP 150MG	\$0 (2)	NM, PA
FABRAZYME INJ 5MG	\$0 (2)	NM, PA
FABRAZYME INJ 35MG	\$0 (2)	NM, PA
KUVAN POW 100MG	\$0 (2)	NM, PA
KUVAN POW 500MG	\$0 (2)	NM, PA
KUVAN TAB 100MG	\$0 (2)	NM, PA
<i>levocarnitine inj 200 mg/ml</i>	\$0 (1)	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0 (1)	B/D
LUMIZYME INJ 50MG	\$0 (2)	NM, PA
MYOZYME INJ 50MG	\$0 (2)	NM, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NM, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NM, PA
ORFADIN CAP 5MG	\$0 (2)	NM, PA
ORFADIN CAP 10MG	\$0 (2)	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NM
ZAVESCA CAP 100MG	\$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH DIS .05/.14	\$0 (2)	PA; PA for age 65 or older
COMBIPATCH DIS .05/.25	\$0 (2)	PA; PA for age 65 or older
<i>estradiol tab 0.5 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol tab 1 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol tab 2 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (2)	PA; PA for age 65 or older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (2)	PA; PA for age 65 or older
ESTRADIOL VALERATE IM IN OIL 10 MG/ML	\$0 (1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (1)	

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ESTRADIOL VALERATE IM IN OIL 40 MG/ML	\$0 (1)	
PREMARIN VAG CRE 0.625MG	\$0 (2)	
VAGIFEM TAB 10MCG	\$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>a-hydrocort inj 100mg</i>	\$0 (1)	
<i>cortisone acetate tab 25 mg</i>	\$0 (1)	
<i>dexamethason con 1mg/ml</i>	\$0 (1)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (1)	
<i>dexamethasone tab 1 mg</i>	\$0 (1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 2 mg</i>	\$0 (1)	
<i>dexamethasone tab 4 mg</i>	\$0 (1)	
<i>dexamethasone tab 6 mg</i>	\$0 (1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone tab 5 mg</i>	\$0 (1)	
<i>hydrocortisone tab 10 mg</i>	\$0 (1)	
<i>hydrocortisone tab 20 mg</i>	\$0 (1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone sodium succinate for inj 40 mg</i>	\$0 (1)	B/D
<i>methylprednisolone sodium succinate for inj 125 mg</i>	\$0 (1)	B/D
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg dose pack</i>	\$0 (1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone tab 16 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (1)	B/D
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0 (1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0 (1)	B/D
<i>prednisone con 5mg/ml</i>	\$0 (2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (1)	B/D
<i>prednisone tab 1 mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg dose pack</i>	\$0 (1)	B/D
<i>prednisone tab 10 mg</i>	\$0 (1)	B/D
<i>prednisone tab 10 mg dose pack</i>	\$0 (1)	B/D
<i>prednisone tab 20 mg</i>	\$0 (1)	B/D
<i>prednisone tab 50 mg</i>	\$0 (1)	B/D
SOLU-CORTEF INJ 250MG	\$0 (2)	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
PROGLYCEM SUS 50MG/ML	\$0 (2)	

HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

NORDITROPIN INJ 5/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 10/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 15/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 30/3ML	\$0 (2)	NM, PA
TEV-TROPIN INJ 5MG	\$0 (2)	NM, PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	
FORTICAL SPR 200/ACT	\$0 (2)	
INCRELEX INJ 40MG/4ML	\$0 (2)	NM, LA, PA
<i>methylergonovine maleate tab 0.2 mg</i>	\$0 (1)	
MIACALCIN INJ 200/ML	\$0 (2)	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (2)	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (2)	NM, PA
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SANDOSTATIN KIT LAR 10MG	\$0 (2)	NM, PA
SANDOSTATIN KIT LAR 20MG	\$0 (2)	NM, PA
SANDOSTATIN KIT LAR 30MG	\$0 (2)	NM, PA
SOMATULINE INJ 60/0.2ML	\$0 (2)	NM, PA
SOMATULINE INJ 90/0.3ML	\$0 (2)	NM, PA
SOMATULINE INJ 120/.5ML	\$0 (2)	NM, PA
SOMAVERT INJ 10MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 15MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 20MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 25MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 30MG	\$0 (2)	NM, LA, PA
XGEVA INJ	\$0 (2)	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO SOL 600/2.4	\$0 (2)	QL (1 pen / 28 days), NM, PA
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0 (1)	
FOSRENOL CHW 500MG	\$0 (2)	
FOSRENOL CHW 750MG	\$0 (2)	
FOSRENOL CHW 1000MG	\$0 (2)	
PHOSLYRA SOL	\$0 (2)	
REVELA PAK 0.8GM	\$0 (2)	
REVELA PAK 2.4GM	\$0 (2)	
REVELA TAB 800MG	\$0 (2)	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (1)	
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (1)	
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (1)	
<i>norethindrone acetate tab 5 mg</i>	\$0 (1)	

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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium tab 25 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 50 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 75 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 88 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 100 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 112 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 125 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 137 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 200 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 300 mcg</i>	\$0 (1)	
LEVOXYL TAB 25MCG	\$0 (1)	
LEVOXYL TAB 50MCG	\$0 (1)	
LEVOXYL TAB 75MCG	\$0 (1)	
LEVOXYL TAB 88MCG	\$0 (1)	
LEVOXYL TAB 100MCG	\$0 (1)	
LEVOXYL TAB 112MCG	\$0 (1)	
LEVOXYL TAB 125MCG	\$0 (1)	
LEVOXYL TAB 137MCG	\$0 (1)	
LEVOXYL TAB 150MCG	\$0 (1)	
LEVOXYL TAB 175MCG	\$0 (1)	
LEVOXYL TAB 200MCG	\$0 (1)	
<i>liothyronine sodium tab 5 mcg</i>	\$0 (1)	
<i>liothyronine sodium tab 25 mcg</i>	\$0 (1)	
<i>liothyronine sodium tab 50 mcg</i>	\$0 (1)	
<i>methimazole tab 5 mg</i>	\$0 (1)	
<i>methimazole tab 10 mg</i>	\$0 (1)	
<i>propylthiouracil tab 50 mg</i>	\$0 (1)	
SYNTHROID TAB 25MCG	\$0 (2)	
SYNTHROID TAB 50MCG	\$0 (2)	
SYNTHROID TAB 75MCG	\$0 (2)	
SYNTHROID TAB 88MCG	\$0 (2)	
SYNTHROID TAB 100MCG	\$0 (2)	
SYNTHROID TAB 112MCG	\$0 (2)	
SYNTHROID TAB 125MCG	\$0 (2)	
SYNTHROID TAB 137MCG	\$0 (2)	
SYNTHROID TAB 150MCG	\$0 (2)	
SYNTHROID TAB 175MCG	\$0 (2)	
SYNTHROID TAB 200MCG	\$0 (2)	
SYNTHROID TAB 300MCG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UNITHROID TAB 25MCG	\$0 (1)	
UNITHROID TAB 50MCG	\$0 (1)	
UNITHROID TAB 75MCG	\$0 (1)	
UNITHROID TAB 88MCG	\$0 (1)	
UNITHROID TAB 100MCG	\$0 (1)	
UNITHROID TAB 112MCG	\$0 (1)	
UNITHROID TAB 125MCG	\$0 (1)	
UNITHROID TAB 150MCG	\$0 (1)	
UNITHROID TAB 175MCG	\$0 (1)	
UNITHROID TAB 200MCG	\$0 (1)	
UNITHROID TAB 300MCG	\$0 (1)	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 (1)	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	\$0 (1)	
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (1)	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (1)	
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (1)	
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (1)	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTI-DIARRHEAL

<i>anti-diarrhe liq 1mg/5ml</i>	\$0 (3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0 (3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0 (3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0 (3)	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>compro sup 25mg</i>	\$0 (1)	
<i>dronabinol cap 2.5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 (2)	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	\$0 (1)	B/D
EMEND CAP 80MG	\$0 (2)	B/D
EMEND CAP 125MG	\$0 (2)	B/D
EMEND PAK 80 & 125	\$0 (2)	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	\$0 (1)	

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<i>granisetron hcl inj 1 mg/ml</i>	\$0 (1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (1)	
<i>granisetron hcl tab 1 mg</i>	\$0 (1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0 (1)	
<i>meclizine hcl tab 25 mg</i>	\$0 (1)	
<i>metoclopramide hcl inj 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg</i>	\$0 (1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (1)	B/D
<i>prochlorperazine edisylate inj 5 mg/ml</i>	\$0 (1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA for age 65 or older
TRANSDERM-SC DIS 1MG	\$0 (2)	QL (10 patches / 30 days), PA; PA for age 65 or older
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>CUVPOSA SOL 1MG/5ML</i>	\$0 (2)	
<i>dicyclomine hcl cap 10 mg</i>	\$0 (1)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (1)	
<i>dicyclomine hcl tab 20 mg</i>	\$0 (1)	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	\$0 (1)	
<i>glycopyrrolate tab 1 mg</i>	\$0 (1)	
<i>glycopyrrolate tab 2 mg</i>	\$0 (1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control tab 10mg</i>	\$0 (3)	NM; *
<i>acid control tab 75mg</i>	\$0 (3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acid reducer tab 10mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 75mg</i>	\$0 (3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0 (1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (1)	
<i>famotidine inj 20 mg/2ml</i>	\$0 (1)	
<i>famotidine inj 40 mg/4ml</i>	\$0 (1)	
<i>famotidine inj 200 mg/20ml</i>	\$0 (1)	
<i>famotidine tab 10 mg</i>	\$0 (3)	NM; *
<i>famotidine tab 20 mg</i>	\$0 (1)	
<i>famotidine tab 40 mg</i>	\$0 (1)	
<i>heartburn tab relief</i>	\$0 (3)	NM; *
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)	
<i>ranitidine hcl tab 75 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)	
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	\$0 (2)	
ASACOL HD TAB 800MG	\$0 (2)	
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide cap sr 24hr 3 mg</i>	\$0 (2)	
CANASA SUP 1000MG	\$0 (2)	
DELZICOL CAP 400MG	\$0 (2)	
DIPENTUM CAP 250MG	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
HYDROCORTISONE ENEMA 100 MG/60ML	\$0 (1)	
LIALDA TAB 1.2GM	\$0 (2)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm & cleanser</i>	\$0 (1)	
<i>wipe kit</i>		
PENTASA CAP 250MG CR	\$0 (2)	
PENTASA CAP 500MG CR	\$0 (2)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfazine ec tab 500mg</i>	\$0 (1)	
UCERIS TAB 9MG	\$0 (2)	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod</i>	\$0 (1)	
<i>bicarb-nacl for soln kit</i>		
<i>clearlax pow</i>	\$0 (3)	NM; *
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>enulose sol 10gm/15</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gavilax pow</i>	\$0 (3)	NM; *
<i>gavilyte-c sol</i>	\$0 (1)	
<i>gavilyte-g sol</i>	\$0 (1)	
<i>gavilyte-n sol flav pk</i>	\$0 (1)	
<i>generlac sol 10gm/15</i>	\$0 (1)	
<i>gnp clearlax pow</i>	\$0 (3)	NM; *
GOLYTELY SOL	\$0 (2)	
<i>healthylax pow</i>	\$0 (3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
MOVIPREP SOL	\$0 (2)	
NULYTELY SOL FLAV PKS	\$0 (2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0 (1)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral packet</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral powder</i>	\$0 (1)	
RELISTOR INJ 8/0.4ML	\$0 (2)	PA
RELISTOR INJ 12/0.6ML	\$0 (2)	PA
RELISTOR KIT 12/0.6ML	\$0 (2)	PA
<i>sm clearlax pow</i>	\$0 (3)	NM; *
SUPREP BOWEL SOL PREP	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	PA
AMITIZA CAP 8MCG	\$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (1)	
LINZESS CAP 145MCG	\$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	\$0 (2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (1)	
LOTRONEX TAB 0.5MG	\$0 (2)	PA
LOTRONEX TAB 1MG	\$0 (2)	PA
<i>misoprostol tab 100 mcg</i>	\$0 (1)	

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<i>misoprostol tab 200 mcg</i>	\$0 (1)	
MOVANTIK TAB 12.5MG	\$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
SUCRAID SOL 8500/ML	\$0 (2)	
<i>sucralfate tab 1 gm</i>	\$0 (1)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0 (2)	
CREON CAP 6000UNIT	\$0 (2)	
CREON CAP 12000UNT	\$0 (2)	
CREON CAP 24000UNT	\$0 (2)	
CREON CAP 36000UNT	\$0 (2)	
ZENPEP CAP 3000UNIT	\$0 (2)	
ZENPEP CAP 5000UNIT	\$0 (2)	
ZENPEP CAP 10000UNT	\$0 (2)	
ZENPEP CAP 15000UNT	\$0 (2)	
ZENPEP CAP 20000UNT	\$0 (2)	
ZENPEP CAP 25000UNT	\$0 (2)	
ZENPEP CAP 40000UNT	\$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>complete chw dual act</i>	\$0 (3)	NM; *
DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	QL (30 caps / 30 days)
<i>dual action chw complete</i>	\$0 (3)	NM; *
<i>esomepra mag cap 40mg dr</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	\$0 (1)	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	\$0 (1)	
NEXIUM CAP 20MG	\$0 (2)	QL (30 caps / 30 days)
NEXIUM CAP 40MG	\$0 (2)	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	\$0 (2)	
NEXIUM GRA 5MG DR	\$0 (2)	
NEXIUM GRA 10MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	\$0 (2)	QL (30 packets / 30 days)

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NEXIUM GRA 40MG DR	\$0 (2)	QL (30 packets / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
PRILOSEC OTC TAB 20MG	\$0 (3)	NM; *

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab sr 24hr 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
AVODART CAP 0.5MG	\$0 (2)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (1)	
JALYN CAP	\$0 (2)	QL (30 caps / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (1)	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 25 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (1)	
ELMIRON CAP 100MG	\$0 (2)	
POTASSIUM CITRATE TAB CR 5 MEQ (540 MG)	\$0 (1)	
POTASSIUM CITRATE TAB CR 10 MEQ (1080 MG)	\$0 (1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

MYRBETRIQ TAB 25MG	\$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
TOLTERODINE TARTRATE CAP SR 24HR 2 MG	\$0 (1)	QL (30 caps / 30 days)
TOLTERODINE TARTRATE CAP SR 24HR 4 MG	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	

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<i>tolterodine tartrate tab 2 mg</i>	\$0 (1)	
TOVIAZ TAB 4MG	\$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0 (2)	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
VESICARE TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
VESICARE TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
<i>3 day vaginal cre 4%</i>	\$0 (3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0 (1)	
<i>miconazole 3 kit combo pk</i>	\$0 (3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0 (3)	NM; *
<i>miconazole 7 cre tube/kit</i>	\$0 (3)	NM; *
<i>miconazole 7 sup 100mg</i>	\$0 (3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0 (1)	
<i>terconazole vaginal cream 0.8%</i>	\$0 (1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0 (1)	
<i>tioconazole oin 6.5% vag</i>	\$0 (3)	NM; *
VANADAZOLE GEL 0.75%	\$0 (1)	
<i>zazole cre 0.4%</i>	\$0 (1)	
ZAZOLE CRE 0.8%	\$0 (1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TAB 1MG	\$0 (2)	
COUMADIN TAB 2.5MG	\$0 (2)	
COUMADIN TAB 2MG	\$0 (2)	
COUMADIN TAB 3MG	\$0 (2)	
COUMADIN TAB 4MG	\$0 (2)	
COUMADIN TAB 5MG	\$0 (2)	
COUMADIN TAB 6MG	\$0 (2)	
COUMADIN TAB 7.5MG	\$0 (2)	
COUMADIN TAB 10MG	\$0 (2)	
ELIQUIS TAB 2.5MG	\$0 (2)	
ELIQUIS TAB 5MG	\$0 (2)	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0 (2)	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0 (2)	
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (1)	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (2)	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (2)	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	
HEP SOD/D5W INJ 25000UNT	\$0 (2)	
HEP SOD/NAACL INJ 25000UNT	\$0 (2)	
HEPARIN SOD INJ 2000/ML	\$0 (2)	B/D
HEPARIN SOD INJ 2500/ML	\$0 (2)	B/D
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	\$0 (2)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (1)	B/D
<i>jantoven tab 1mg</i>	\$0 (1)	
<i>jantoven tab 2.5mg</i>	\$0 (1)	
<i>jantoven tab 2mg</i>	\$0 (1)	
<i>jantoven tab 3mg</i>	\$0 (1)	
<i>jantoven tab 4mg</i>	\$0 (1)	
<i>jantoven tab 5mg</i>	\$0 (1)	
<i>jantoven tab 6mg</i>	\$0 (1)	
<i>jantoven tab 7.5mg</i>	\$0 (1)	
<i>jantoven tab 10mg</i>	\$0 (1)	
PRADAXA CAP 75MG	\$0 (2)	
PRADAXA CAP 150MG	\$0 (2)	
<i>warfarin sodium tab 1 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 3 mg</i>	\$0 (1)	
<i>warfarin sodium tab 4 mg</i>	\$0 (1)	
<i>warfarin sodium tab 5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 6 mg</i>	\$0 (1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 10 mg</i>	\$0 (1)	
XARELTO STAR TAB 15/20MG	\$0 (2)	
XARELTO TAB 10MG	\$0 (2)	
XARELTO TAB 15MG	\$0 (2)	
XARELTO TAB 20MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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HEMATOPOIETIC GROWTH FACTORS

GRANIX INJ 300/0.5	\$0 (2)	NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NM, PA
LEUKINE INJ 250MCG	\$0 (2)	NM, PA
MOZOBIL INJ	\$0 (2)	NM, PA
NEUMEGA INJ 5MG	\$0 (2)	NM
NEUPOGEN INJ 300/0.5	\$0 (2)	NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA
PROCRIT INJ 20000/ML	\$0 (2)	NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NM, PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	\$0 (1)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (1)	
<i>cilostazol tab 50 mg</i>	\$0 (1)	
<i>cilostazol tab 100 mg</i>	\$0 (1)	
CINRYZE SOL 500 UNIT	\$0 (2)	NM, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NM, PA
<i>pentoxifylline tab cr 400 mg</i>	\$0 (1)	
PROMACTA TAB 12.5MG	\$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid inj 100 mg/ml</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	

PLATELET AGGREGATION INHIBITORS

AGGRENOX CAP 25-200MG	\$0 (2)	
ASPIRIN-DIPYRIDAMOLE CAP SR 12HR 25-200 MG	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
EFFIENT TAB 5MG	\$0 (2)	
EFFIENT TAB 10MG	\$0 (2)	

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ZONTIVITY TAB 2.08MG	\$0 (2)	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

CIMZIA KIT	\$0 (2)	NM, PA
CIMZIA KIT STARTER	\$0 (2)	NM, PA
CIMZIA PREFL KIT 200MG/ML	\$0 (2)	NM, PA
HUMIRA INJ 10MG/0.2	\$0 (2)	NM, PA
HUMIRA KIT 20MG/0.4	\$0 (2)	NM, PA
HUMIRA KIT 40MG/0.8	\$0 (1)	NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	NM, PA
HUMIRA PEN INJ CROHNS	\$0 (2)	NM, PA
HUMIRA PEN INJ PSORIASI	\$0 (2)	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NM, PA

IMMUNOGLOBULINS

BIVIGAM INJ 10%	\$0 (2)	NM, PA
CARIMUNE NF INJ 3GM	\$0 (2)	NM, PA
CARIMUNE NF INJ 6GM	\$0 (2)	NM, PA
CARIMUNE NF INJ 12GM	\$0 (2)	NM, PA
FLEBOGAMMA INJ 5%	\$0 (2)	NM, PA
FLEBOGAMMA INJ 10/200ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ 20/400ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 5%	\$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 10%	\$0 (2)	NM, PA
GAMASTAN S/D INJ	\$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0 (2)	NM, PA
GAMMAGARD INJ 2.5GM/25	\$0 (2)	NM, PA
GAMMAGARD INJ 5GM/50ML	\$0 (2)	NM, PA
GAMMAGARD INJ 10GM/100	\$0 (2)	NM, PA
GAMMAGARD INJ 20GM/200	\$0 (2)	NM, PA
GAMMAGARD INJ 30GM/300	\$0 (2)	NM, PA
GAMMAGARD SD INJ 2.5GM HU	\$0 (2)	NM, PA
GAMMAGARD SD INJ 5GM HU	\$0 (2)	NM, PA
GAMMAGARD SD INJ 10GM HU	\$0 (2)	NM, PA
GAMMAKED INJ 1GM/10ML	\$0 (2)	NM, PA
GAMMAKED INJ 2.5GM/25	\$0 (2)	NM, PA
GAMMAKED INJ 5GM/50ML	\$0 (2)	NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAKED INJ 10GM/100	\$0 (2)	NM, PA
GAMMAKED INJ 20GM/200	\$0 (2)	NM, PA
GAMMAPLEX INJ 2.5GM	\$0 (2)	NM, PA
GAMMAPLEX INJ 5GM	\$0 (2)	NM, PA
GAMMAPLEX INJ 10GM	\$0 (2)	NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (2)	NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0 (2)	NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (2)	NM, PA
GAMUNEX-C INJ 10GM/100	\$0 (2)	NM, PA
GAMUNEX-C INJ 20GM/200	\$0 (2)	NM, PA
GAMUNEX-C INJ 40/400ML	\$0 (2)	NM, PA
OCTAGAM INJ 1GM	\$0 (2)	NM, PA
OCTAGAM INJ 2.5GM	\$0 (2)	NM, PA
OCTAGAM INJ 2GM/20ML	\$0 (2)	NM, PA
OCTAGAM INJ 5GM	\$0 (2)	NM, PA
OCTAGAM INJ 10GM	\$0 (2)	NM, PA
OCTAGAM INJ 25GM	\$0 (2)	NM, PA
PRIVIGEN INJ 5 GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 10GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 20GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 40GRAMS	\$0 (2)	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0 (2)	NM, LA, PA
ARCALYST INJ 220MG	\$0 (2)	NM, PA
INTRON A INJ 10MU	\$0 (2)	B/D, NM
INTRON A INJ 18MU	\$0 (2)	B/D, NM
INTRON A INJ 25MU	\$0 (2)	B/D, NM
INTRON A INJ 50MU	\$0 (2)	B/D, NM
PEG-INTRON KIT 50MCG	\$0 (2)	NM, PA
PEG-INTRON KIT 50MCG RP	\$0 (2)	NM, PA
PEG-INTRON KIT 80MCG RP	\$0 (2)	NM, PA
PEG-INTRON KIT 120 RP	\$0 (2)	NM, PA
PEG-INTRON KIT 150 RP	\$0 (2)	NM, PA
PEGINTRON KIT 80MCG	\$0 (2)	NM, PA
PEGINTRON KIT 120MCG	\$0 (2)	NM, PA
PEGINTRON KIT 150MCG	\$0 (2)	NM, PA
REVLIMID CAP 2.5MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 5MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 10MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 15MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 20MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 25MG	\$0 (2)	NM, LA, PA
THALOMID CAP 50MG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THALOMID CAP 100MG	\$0 (2)	NM, PA
THALOMID CAP 150MG	\$0 (2)	NM, PA
THALOMID CAP 200MG	\$0 (2)	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine cap 25 mg</i>	\$0 (1)	B/D
<i>cyclosporine cap 100 mg</i>	\$0 (1)	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (1)	B/D
<i>engraf cap 25mg</i>	\$0 (1)	B/D
<i>engraf cap 100mg</i>	\$0 (1)	B/D
<i>engraf sol 100mg/ml</i>	\$0 (1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (2)	B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (2)	B/D
NEORAL CAP 25MG	\$0 (2)	B/D
NEORAL CAP 100MG	\$0 (2)	B/D
NEORAL SOL 100MG/ML	\$0 (2)	B/D
NULOJIX INJ 250MG	\$0 (2)	B/D
PROGRAF CAP 0.5MG	\$0 (2)	B/D
PROGRAF CAP 1MG	\$0 (2)	B/D
PROGRAF CAP 5MG	\$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	\$0 (2)	B/D
SANDIMMUNE CAP 25MG	\$0 (2)	B/D
SANDIMMUNE CAP 100MG	\$0 (2)	B/D
SANDIMMUNE SOL 100MG/ML	\$0 (2)	B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (1)	B/D
SIROLIMUS TAB 1 MG	\$0 (1)	B/D
SIROLIMUS TAB 2 MG	\$0 (2)	B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0 (2)	B/D
ZORTRESS TAB 0.5MG	\$0 (2)	B/D
ZORTRESS TAB 0.25MG	\$0 (2)	B/D
ZORTRESS TAB 0.75MG	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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VACCINES

ACTHIB INJ	\$0 (2)	
ADACEL INJ	\$0 (2)	
BCG VACCINE INJ	\$0 (2)	
BEXSERO INJ	\$0 (2)	
BOOSTRIX INJ	\$0 (2)	
CERVARIX INJ	\$0 (2)	
COMVAX INJ	\$0 (2)	
DAPTACEL INJ	\$0 (2)	
DIP/TET PED INJ 25-5LFU	\$0 (2)	B/D
ENGRIX-B INJ 10/0.5ML	\$0 (2)	B/D
ENGRIX-B INJ 20MCG/ML	\$0 (2)	B/D
GARDASIL 9 INJ	\$0 (2)	
GARDASIL INJ	\$0 (2)	
HAVRIX INJ 720UNIT	\$0 (2)	
HAVRIX INJ 1440UNIT	\$0 (2)	
HIBERIX SOL 10MCG	\$0 (2)	
IMOVAX RABIE INJ 2.5/ML	\$0 (2)	
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA INJ	\$0 (2)	
MENOMUNE INJ A/C/Y/W	\$0 (2)	
MENVEO INJ	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PROQUAD INJ	\$0 (2)	
QUADRACEL INJ	\$0 (2)	
RABAVERT INJ	\$0 (2)	
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SYNAGIS INJ 50MG	\$0 (2)	NM
SYNAGIS INJ 100MG/ML	\$0 (2)	NM
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	\$0 (2)	B/D
TETANUS TOX INJ 5LF ADS	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAQTA INJ 25/0.5ML	\$0 (2)	
VAQTA INJ 50UNT/ML	\$0 (2)	
VARIVAX INJ	\$0 (2)	
YF-VAX INJ	\$0 (2)	
ZOSTAVAX INJ	\$0 (2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8 TAB 8MEQ ER	\$0 (1)	
KLOR-CON 10 TAB 10MEQ ER	\$0 (1)	
<i>klor-con m15 tab 15meq er</i>	\$0 (1)	
<i>klor-con pow 20meq</i>	\$0 (1)	
MAGNESIUM SU INJ 20/500ML	\$0 (2)	
MAGNESIUM SU INJ 80MG/ML	\$0 (2)	
<i>magnesium sulfate inj 50%</i>	\$0 (1)	
MAGNESIUM SULFATE INJ 50%	\$0 (1)	
MG SO4/D5W INJ 10MG/ML	\$0 (2)	
MG SO4/D5W INJ 20MG/ML	\$0 (2)	
<i>potassium chloride cap cr 8 meq</i>	\$0 (1)	
<i>potassium chloride cap cr 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	\$0 (1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride tab cr 8 meq (600 mg)</i>	\$0 (1)	
POTASSIUM CHLORIDE TAB CR 10 MEQ	\$0 (1)	
POTASSIUM CHLORIDE TAB CR 20 MEQ (1500 MG)	\$0 (1)	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	\$0 (1)	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	\$0 (1)	
TPN ELECTROL INJ	\$0 (2)	B/D

IV NUTRITION

<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	\$0 (2)	B/D
AMINOSYN II INJ 7%	\$0 (2)	B/D
AMINOSYN II INJ 8.5%	\$0 (2)	B/D
AMINOSYN II INJ 8.5/LYTE	\$0 (2)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMINOSYN INJ 8.5%	\$0 (2)	B/D
AMINOSYN INJ 8.5/LYTE	\$0 (2)	B/D
AMINOSYN INJ 10%	\$0 (2)	B/D
AMINOSYN M INJ 3.5%	\$0 (2)	B/D
AMINOSYN-HBC INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 10%	\$0 (2)	B/D
AMINOSYN-RF INJ 5.2%	\$0 (2)	B/D
CLINIMIX INJ 2.75/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D10	\$0 (2)	B/D
CLINIMIX INJ 4.25/D20	\$0 (2)	B/D
CLINIMIX INJ 4.25/D25	\$0 (2)	B/D
CLINIMIX INJ 5%/D15W	\$0 (2)	B/D
CLINIMIX INJ 5%/D20W	\$0 (2)	B/D
CLINIMIX INJ 5%/D25W	\$0 (2)	B/D
FAT EMULSION IV SOLN 20%	\$0 (2)	B/D
FREAMINE HBC INJ 6.9%	\$0 (2)	B/D
FREAMINE III INJ 10%	\$0 (2)	B/D
HEPATAMINE SOL 8%	\$0 (2)	B/D
INTRALIPID INJ 20%	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D
<i>premasol sol 10%</i>	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
<i>travasol inj 10%</i>	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0 (2)	
D5W/NACL INJ 0.3%	\$0 (1)	
D10W/NACL INJ 0.2%	\$0 (2)	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	\$0 (1)	
DEXTROSE 5% IN LACTATED RINGERS	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	\$0 (1)	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	\$0 (1)	
DEXTROSE INJ 5%	\$0 (1)	
DEXTROSE INJ 10%	\$0 (1)	
DEXTROSE INJ 50%	\$0 (1)	
<i>dextrose inj 70%</i>	\$0 (1)	
IONOSOL-B/ INJ D5W	\$0 (2)	
IONOSOL-MB INJ /D5W	\$0 (2)	
ISOLYTE-P INJ /D5W	\$0 (2)	
<i>isolyte-s inj</i>	\$0 (2)	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	\$0 (1)	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	\$0 (1)	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	\$0 (1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	\$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (1)	
KCL/D5W/NACL INJ 0.15/0.2	\$0 (2)	
LACTATED RINGER'S SOLUTION	\$0 (1)	
<i>normosol -m inj /d5w</i>	\$0 (1)	
NORMOSOL -R INJ /D5W	\$0 (2)	
NORMOSOL-R INJ PH 7.4	\$0 (2)	
PLASMA-LYTE INJ 56/D5W	\$0 (2)	
PLASMA-LYTE INJ -148	\$0 (2)	
PLASMA-LYTE INJ -A	\$0 (2)	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	\$0 (1)	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride inj 10 meq/50 ml</i>	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100 ML	\$0 (1)	
<i>potassium chloride inj 20 meq/50 ml</i>	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100 ML	\$0 (1)	
<i>potassium chloride inj 40 meq/100 ml</i>	\$0 (1)	
RINGER'S SOLUTION	\$0 (1)	
SODIUM CHLORIDE INJ 0.45%	\$0 (1)	
SODIUM CHLORIDE INJ 3%	\$0 (1)	
SODIUM CHLORIDE INJ 5%	\$0 (1)	
SODIUM CHLORIDE IV SOLN 0.9%	\$0 (1)	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	\$0 (1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0 (1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0 (1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (1)	B/D
<i>paricalcitol cap 1 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0 (1)	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	\$0 (1)	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0 (1)	
<i>blephamide oin s.o.p.</i>	\$0 (2)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (1)	
TOBRADEX OIN 0.3-0.1%	\$0 (2)	
TOBRADEX ST SUS 0.3-0.05	\$0 (2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0 (1)	
ZYLET SUS 0.5-0.3%	\$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (1)	
BESIVANCE SUS 0.6%	\$0 (2)	
CILOXAN OIN 0.3% OP	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciprofloxacin hcl ophth soln 0.3%</i>	\$0 (1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth oint 0.3%</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
<i>ilotycin oin op</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
NATACYN SUS 5% OP	\$0 (2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (1)	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
TOBREX OIN 0.3% OP	\$0 (2)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
VIGAMOX DRO 0.5%	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0 (2)	
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	\$0 (1)	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	\$0 (1)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (1)	
DUREZOL EMU 0.05%	\$0 (2)	
FLUOROMETHOLONE OPHTH SUSP 0.1%	\$0 (1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (1)	
ILEVRO DRO 0.3% OP	\$0 (2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (1)	
LOTEMAX GEL 0.5%	\$0 (2)	
LOTEMAX OIN 0.5%	\$0 (2)	
LOTEMAX SUS 0.5%	\$0 (2)	
MAXIDEX SUS 0.1% OP	\$0 (2)	
NEVANAC SUS 0.1%	\$0 (2)	
<i>pred sod pho sol 1% op</i>	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREDNISOLONE ACETATE OPTH SUSP 1%	\$0 (1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>itchy eye dro 0.025%op</i>	\$0 (3)	NM; *
LASTACFT SOL 0.25%	\$0 (2)	
PATADAY SOL 0.2%	\$0 (2)	
PATANOL SOL 0.1% OP	\$0 (2)	
PAZEO DRO 0.7%	\$0 (2)	
<i>zaditor dro 0.025%op</i>	\$0 (3)	NM; *
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0 (2)	
AZOPT SUS 1% OP	\$0 (2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (1)	
BETOPTIC-S SUS 0.25% OP	\$0 (2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (1)	
BRIMONIDINE TARTRATE OPTH SOLN 0.15%	\$0 (1)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (1)	
COMBIGAN SOL 0.2/0.5%	\$0 (2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0 (1)	
ISTALOL SOL 0.5% OP	\$0 (2)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (1)	
LEVOBUNOLOL HCL OPTH SOLN 0.25%	\$0 (1)	
LUMIGAN SOL 0.01%	\$0 (2)	
<i>metipranolol ophth soln 0.3%</i>	\$0 (1)	
PHOSPHOLINE SOL 0.125%OP	\$0 (2)	
PILOCARPINE HCL OPTH SOLN 1%	\$0 (1)	
PILOCARPINE HCL OPTH SOLN 2%	\$0 (1)	
PILOCARPINE HCL OPTH SOLN 4%	\$0 (1)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	
TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.5%	\$0 (1)	
TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.25%	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (1)	
TRAVATAN Z DRO 0.004%	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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MISCELLANEOUS

<i>naphazoline hcl ophth soln 0.1%</i>	\$0 (1)	
PROLENSA SOL 0.07%	\$0 (2)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
RESTASIS EMU 0.05%	\$0 (2)	QL (64 vials / 30 days)

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER RESPIMAT	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (1)	B/D

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (1)	
SPIRIVA CAP HANDIHLR	\$0 (2)	QL (30 caps / 30 days)
SPIRIVA SPR RESPIMAT	\$0 (2)	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	\$0 (2)	QL (1 inhaler / 30 days)
TUDORZA PRES AER 400/ACT	\$0 (2)	QL (2 inhalers / 30 days)

ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allg tab 10mg</i>	\$0 (3)	NM; *
<i>allergy relf tab 1.34mg</i>	\$0 (3)	NM; *
<i>allergy relf tab 10mg</i>	\$0 (3)	NM; *
<i>allergy tab 10mg</i>	\$0 (3)	NM; *
<i>allerhist-1 tab 1.34mg</i>	\$0 (3)	NM; *
ASTEPRO SPR 0.15%	\$0 (2)	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0 (1)	
<i>cetirizine hcl chew tab 5 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (1)	
<i>cetirizine hcl tab 5 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0 (3)	NM; *
<i>chlorpheniramine maleate tab cr 12 mg</i>	\$0 (3)	NM; *
<i>dayhist alrg tab 12 hour</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (1)	
<i>gnp dayhist tab 1.34mg</i>	\$0 (3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (2)	PA
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (2)	PA
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>hydroxyzine pamoate cap 100 mg</i>	\$0 (2)	PA; PA for age 65 or older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (1)	
<i>loratadine sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>loratadine syp 5mg/5ml</i>	\$0 (3)	NM; *
<i>loratadine tab 10 mg</i>	\$0 (3)	NM; *
<i>loratadine tab 10mg</i>	\$0 (3)	NM; *
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (1)	
<i>qc allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sm all day tab allergy</i>	\$0 (3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (1)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (1)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab sr 12hr 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab sr 12hr 8 mg</i>	\$0 (1)	
FORADIL CAP AEROLIZE	\$0 (2)	QL (60 caps / 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (1)	B/D
PERFOROMIST NEB 20MCG	\$0 (2)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROAIR HFA AER	\$0 (2)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (2)	QL (1 inhaler / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	\$0 (1)	
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (1)	
XOPENEX HFA AER	\$0 (2)	QL (2 inhalers / 30 days)

LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium oral granules packet 4mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (1)	
<i>zafirlukast tab 10 mg</i>	\$0 (1)	
<i>zafirlukast tab 20 mg</i>	\$0 (1)	

MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES

<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (1)	B/D

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	\$0 (1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (1)	B/D
ARALAST NP INJ 400MG	\$0 (2)	NM, LA, PA
ARALAST NP INJ 500MG	\$0 (2)	NM, LA, PA
ARALAST NP INJ 800MG	\$0 (2)	NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	NM, LA, PA
AUVI-Q INJ 0.3MG	\$0 (2)	
AUVI-Q INJ 0.15MG	\$0 (2)	
DALIRESP TAB 500MCG	\$0 (2)	
EPIPEN 2-PAK INJ 0.3MG	\$0 (2)	
EPIPEN-JR INJ 2-PAK	\$0 (2)	
ORKAMBI TAB 200-125	\$0 (2)	NM, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (2)	B/D, NM
XOLAIR SOL 150MG	\$0 (2)	NM, LA, PA
ZEMAIRA INJ 1000MG	\$0 (2)	NM, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (1)	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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NASONEX SPR 50MCG/AC	\$0 (2)	QL (2 bottles / 30 days)
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STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ASMANEX 14 AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX 30 AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX 30 AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX 60 AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX 120 AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (1)	B/D
FLOVENT DISK AER 50MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT DISK AER 100MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT DISK AER 250MCG	\$0 (2)	QL (4 inhalers / 30 days)
FLOVENT HFA AER 44MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
QVAR AER 40MCG	\$0 (2)	QL (1 inhaler / 30 days)
QVAR AER 80MCG	\$0 (2)	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR DISKU AER 100/50	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 250/50	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR DISKU AER 500/50	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 45/21	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 200-25	\$0 (2)	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	\$0 (2)	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	\$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	\$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0 (2)	QL (1 inhaler / 30 days)

XANTHINES - DRUGS TO TREAT COPD

<i>aminophylline inj 25 mg/ml</i>	\$0 (1)	
<i>elixophyllin elx 80/15ml</i>	\$0 (2)	
<i>theo-24 cap 100mg cr</i>	\$0 (2)	
<i>theo-24 cap 200mg cr</i>	\$0 (2)	
<i>theo-24 cap 300mg cr</i>	\$0 (2)	
<i>theo-24 cap 400mg er</i>	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab sr 12hr 100 mg</i>	\$0 (1)	
<i>theophylline tab sr 12hr 200 mg</i>	\$0 (1)	
<i>theophylline tab sr 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab sr 12hr 450 mg</i>	\$0 (1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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theophylline tab sr 24hr 400 mg

\$0 (1)

theophylline tab sr 24hr 600 mg

\$0 (1)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS DERMATOLOGY, ACNE

adapalene cream 0.1%

\$0 (1)

adapalene gel 0.1%

\$0 (1)

amnestem cap 10mg

\$0 (1)

amnestem cap 20mg

\$0 (1)

amnestem cap 40mg

\$0 (1)

AVITA CRE 0.025%

\$0 (1)

AVITA GEL 0.025%

\$0 (1)

benzoyl peroxide-erythromycin gel 5-3%

\$0 (1)

claravis cap 10mg

\$0 (1)

claravis cap 20mg

\$0 (1)

claravis cap 30mg

\$0 (1)

claravis cap 40mg

\$0 (1)

clindamax gel 1%

\$0 (1)

clindamycin phosphate gel 1%

\$0 (1)

clindamycin phosphate lotion 1%

\$0 (1)

clindamycin phosphate soln 1%

\$0 (1)

clindamycin phosphate swab 1%

\$0 (1)

erythromycin gel 2%

\$0 (1)

erythromycin pads 2%

\$0 (1)

erythromycin soln 2%

\$0 (1)

myorisan cap 10mg

\$0 (1)

myorisan cap 20mg

\$0 (1)

myorisan cap 40mg

\$0 (1)

sulfacetamide sodium lotion 10% (acne)

\$0 (1)

tretinoin cream 0.1%

\$0 (1)

tretinoin cream 0.05%

\$0 (1)

tretinoin cream 0.025%

\$0 (1)

tretinoin gel 0.01%

\$0 (1)

tretinoin gel 0.025%

\$0 (1)

zenatane cap 10mg

\$0 (1)

zenatane cap 20mg

\$0 (1)

zenatane cap 30mg

\$0 (1)

zenatane cap 40mg

\$0 (1)

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate cream 0.1%

\$0 (1)

gentamicin sulfate oint 0.1%

\$0 (1)

mupirocin oint 2%

\$0 (1)

SILVER SULFADIAZINE CREAM 1%

\$0 (1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SSD CRE 1%	\$0 (1)	
SULFAMYLON CRE 85MG/GM	\$0 (2)	
DERMATOLOGY, ANTIFUNGALS		
<i>athlete foot cre 1%</i>	\$0 (3)	NM; *
<i>ciclopirox gel 0.77%</i>	\$0 (1)	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox shampoo 1%</i>	\$0 (1)	
<i>clotrimazole cream 1%</i>	\$0 (1)	
<i>clotrimazole soln 1%</i>	\$0 (1)	
<i>econazole nitrate cream 1%</i>	\$0 (1)	
<i>ketoconazole cream 2%</i>	\$0 (1)	
<i>lamisil at cre 1%</i>	\$0 (3)	NM; *
<i>nyamyc pow 100000</i>	\$0 (1)	
<i>nystatin cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin oint 100000 unit/gm</i>	\$0 (1)	
<i>nystatin topical powder</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
<i>terbinafine cre 1%</i>	\$0 (3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
PRUDOXIN CRE 5%	\$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	PA
<i>acitretin cap 25 mg</i>	\$0 (2)	PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	
<i>calcipotriene oint 0.005%</i>	\$0 (1)	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	
<i>calcitrene oin 0.005%</i>	\$0 (1)	
8-MOP CAP 10MG	\$0 (2)	
TAZORAC CRE 0.1%	\$0 (2)	PA
TAZORAC CRE 0.05%	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0 (1)	
<i>selenium sulfide lotion 2.5%</i>	\$0 (1)	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir oint 5%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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DENAVIR CRE 1%	\$0 (2)	
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DERMATOLOGY, CORTICOSTEROIDS

<i>ala cort cre 1%</i>	\$0 (1)	
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<i>alclometasone dipropionate cream 0.05%</i>	\$0 (1)	
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<i>alclometasone dipropionate oint 0.05%</i>	\$0 (1)	
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<i>amcinonide cream 0.1%</i>	\$0 (1)	
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<i>amcinonide lotion 0.1%</i>	\$0 (1)	
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<i>amcinonide oin 0.1%</i>	\$0 (2)	
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<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate cream 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (1)	
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<i>betamethasone dipropionate oint 0.05%</i>	\$0 (1)	
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<i>betamethasone valerate cream 0.1%</i>	\$0 (1)	
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<i>betamethasone valerate lotion 0.1%</i>	\$0 (1)	
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<i>betamethasone valerate oint 0.1%</i>	\$0 (1)	
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<i>clobetasol e cre 0.05%</i>	\$0 (1)	
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<i>clobetasol propionate cream 0.05%</i>	\$0 (1)	
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<i>clobetasol propionate gel 0.05%</i>	\$0 (1)	
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<i>clobetasol propionate oint 0.05%</i>	\$0 (1)	
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<i>clobetasol propionate soln 0.05%</i>	\$0 (1)	
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<i>cormax scalp sol 0.05%</i>	\$0 (1)	
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DESONIDE CREAM 0.05%	\$0 (1)	
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<i>desonide lotion 0.05%</i>	\$0 (1)	
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<i>desonide oint 0.05%</i>	\$0 (1)	
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<i>desoximetasone cream 0.05%</i>	\$0 (1)	
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<i>desoximetasone cream 0.25%</i>	\$0 (1)	
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<i>desoximetasone gel 0.05%</i>	\$0 (1)	
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DESOXIMETASONE OINT 0.05%	\$0 (1)	
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<i>desoximetasone oint 0.25%</i>	\$0 (1)	
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<i>diflorasone diacetate cream 0.05%</i>	\$0 (1)	
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<i>diflorasone diacetate oint 0.05%</i>	\$0 (1)	
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<i>fluocin acet oil scalp</i>	\$0 (1)	
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<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
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<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
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<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (1)	
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<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	
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<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1)	
<i>fluocinonide cream 0.05%</i>	\$0 (1)	
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (1)	
<i>fluocinonide gel 0.05%</i>	\$0 (1)	
<i>fluocinonide oint 0.05%</i>	\$0 (1)	
<i>fluocinonide soln 0.05%</i>	\$0 (1)	
<i>fluticasone propionate cream 0.05%</i>	\$0 (1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	
<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hydrocortisone butyrate cream 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate oint 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate soln 0.1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 1%</i>	\$0 (1)	
<i>hydrocortisone oint 2.5%</i>	\$0 (1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (1)	
<i>hydrocortisone valerate oint 0.2%</i>	\$0 (1)	
<i>LOKARA LOT 0.05%</i>	\$0 (1)	
<i>mometasone furoate cream 0.1%</i>	\$0 (1)	
<i>mometasone furoate oint 0.1%</i>	\$0 (1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (1)	
<i>texacort sol 2.5%</i>	\$0 (2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	
<i>triderm cre 0.1%</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	\$0 (1)	
<i>lidocaine hcl soln 4%</i>	\$0 (1)	
<i>lidocaine oint 5%</i>	\$0 (1)	
<i>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIDEL CRE 1%	\$0 (2)	PA
fluorouracil cream 5%	\$0 (1)	
fluorouracil soln 2%	\$0 (1)	
fluorouracil soln 5%	\$0 (1)	
imiquimod cream 5%	\$0 (1)	
laclotion lot 12%	\$0 (1)	
lactic acid (ammonium lactate) cream 12%	\$0 (1)	
lactic acid (ammonium lactate) lotion 12%	\$0 (1)	
metronidazole cream 0.75%	\$0 (1)	
metronidazole gel 0.75%	\$0 (1)	
metronidazole lotion 0.75%	\$0 (1)	
PANRETIN GEL 0.1%	\$0 (2)	
podofilox soln 0.5%	\$0 (1)	
rosadan cre 0.75%	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NM, PA
VALCHLOR GEL 0.016%	\$0 (2)	NM, LA, PA
VOLTAREN GEL 1%	\$0 (2)	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	\$0 (2)	
EURAX LOT 10%	\$0 (2)	
lice treatme lot 1%	\$0 (3)	NM; *
lice trtmnt liq 1%	\$0 (3)	NM; *
malathion lotion 0.5%	\$0 (1)	
permethrin cream 5%	\$0 (1)	
permethrin lotion 1%	\$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation soln 0.25%	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	PA
SANTYL OIN 250/GM	\$0 (2)	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	\$0 (1)	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	\$0 (1)	
chlorhexidine gluconate soln 0.12%	\$0 (1)	
clotrimazole troche 10 mg	\$0 (1)	
lidocaine hcl viscous soln 2%	\$0 (1)	
nystatin susp 100000 unit/ml	\$0 (1)	
periogard sol 0.12%	\$0 (1)	
pilocarpine hcl tab 5 mg	\$0 (1)	
pilocarpine hcl tab 7.5 mg	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	
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OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>acetic acid 2% in aluminum acetate otic soln</i>	\$0 (1)	
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<i>acetic acid otic soln 2%</i>	\$0 (1)	
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CIPRODEX SUS 0.3-0.1%	\$0 (2)	
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<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
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<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (1)	
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<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (1)	
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<i>ofloxacin otic soln 0.3%</i>	\$0 (1)	
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_PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT METER	Tier 0	NM
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TRUE METRIX TES	Tier 0	NM
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TRUERESULT KIT SYSTEM	Tier 0	NM
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TRUETEST TES	Tier 0	NM
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Index

3

3 day vaginal cre 4%76

8

8 hour pain tab 650mg 1

8-MOP CAP 10MG94

A

abacavir sulfate tab 300 mg (base equiv)
..... 9

abacavir sulfate-lamivudine-zidovudine
tab 300-150-300 mg11

ABELCET INJ 5MG/ML..... 8

ABILIFY DISC TAB 10MG.....49

ABILIFY DISC TAB 15MG.....50

ABILIFY INJ 9.75MG.....50

ABILIFY MAIN INJ 300MG50

ABILIFY MAIN INJ 400MG50

ABILIFY SOL 1MG/ML50

ABILIFY TAB 10MG.....50

ABILIFY TAB 15MG.....50

ABILIFY TAB 20MG.....50

ABILIFY TAB 2MG50

ABILIFY TAB 30MG.....50

ABILIFY TAB 5MG50

acamprosate calcium tab delayed release
333 mg57

acarbose tab 100 mg.....60

acarbose tab 25 mg60

acarbose tab 50 mg60

acebutolol hcl cap 200 mg31

acebutolol hcl cap 400 mg31

acetaminophen suppos 120 mg 1

acetaminophen suppos 650 mg 1

acetaminophen w/ codeine soln 120-12
mg/5ml 2

acetaminophen w/ codeine tab 300-15 mg
..... 2

acetaminophen w/ codeine tab 300-30 mg
..... 2

acetaminophen w/ codeine tab 300-60 mg
..... 2

acetazolamide cap sr 12hr 500 mg.....35

acetazolamide tab 125 mg35

acetazolamide tab 250 mg35

acetic acid 2% in aluminum acetate otic
soln.....98

acetic acid irrigation soln 0.25%97

acetic acid otic soln 2%98

acetylcysteine inhal soln 10% 91

acetylcysteine inhal soln 20% 91

acid control tab 10mg 71

acid control tab 75mg 71

acid reducer tab 10mg 72

acid reducer tab 75mg 72

acitretin cap 10 mg 94

acitretin cap 17.5 mg..... 94

acitretin cap 25 mg 94

ACTHIB INJ 82

ACTIMMUNE INJ 2MU/0.5..... 80

acyclovir cap 200 mg..... 11

acyclovir oint 5% 94

acyclovir sodium for inj 1000 mg 12

acyclovir sodium for inj 500 mg 12

acyclovir sodium iv soln 50 mg/ml..... 12

acyclovir susp 200 mg/5ml..... 12

acyclovir tab 400 mg 12

acyclovir tab 800 mg 12

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ADAGEN INJ 250/ML..... 64

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adapalene gel 0.1%..... 93

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adefovir dipivoxil tab 10 mg 12

ADEMPAS TAB 0.5MG 37

ADEMPAS TAB 1.5MG 38

ADEMPAS TAB 1MG 38

ADEMPAS TAB 2.5MG 38

ADEMPAS TAB 2MG 38

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adrucil inj 500/10ml 19

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ADVAIR DISKU AER 250/50 92

ADVAIR DISKU AER 500/50 92

ADVAIR HFA AER 115/21 92

ADVAIR HFA AER 230/21 92

ADVAIR HFA AER 45/21 92

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afeditab tab 60mg cr 33

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AFINITOR DIS TAB 3MG..... 22

AFINITOR DIS TAB 5MG..... 22

AFINITOR TAB 10MG 22

AFINITOR TAB 2.5MG 22

AFINITOR TAB 5MG 22

AFINITOR TAB 7.5MG 22

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ala cort cre 1%.....	95	ALREX SUS 0.2%	87
ALBENZA TAB 200MG	6	altavera tab.....	61
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	90	amantadine hcl cap 100 mg.....	48
albuterol sulfate soln nebu 0.5% (5 mg/ml).....	90	amantadine hcl syrup 50 mg/5ml	48
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	90	amantadine hcl tab 100 mg	48
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	90	AMBISOME INJ 50MG.....	8
albuterol sulfate syrup 2 mg/5ml	90	amcinonide cream 0.1%	95
albuterol sulfate tab 2 mg	90	amcinonide lotion 0.1%	95
albuterol sulfate tab 4 mg	90	amcinonide oin 0.1%.....	95
albuterol sulfate tab sr 12hr 4 mg	90	amifostine crystalline for inj 500 mg ...	24
albuterol sulfate tab sr 12hr 8 mg	90	amikacin sulfate inj 1 gm/4ml (250 mg/ml)	5
alclometasone dipropionate cream 0.05%	95	amikacin sulfate inj 500 mg/2ml (250 mg/ml)	5
alclometasone dipropionate oint 0.05%	95	amiloride & hydrochlorothiazide tab 5-50 mg	35
ALCOHOL SWABS	59	amiloride hcl tab 5 mg	35
ALDURAZYME INJ 2.9MG/5M	64	amino acid infusion 6%.....	83
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alendronate sodium tab 35 mg	61	AMINOSYN 7% INJ /LYTES	83
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alendronate sodium tab 5 mg	61	AMINOSYN II INJ 7%.....	83
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ALIMTA INJ 100MG	19	AMINOSYN INJ 10%	84
ALIMTA INJ 500MG	19	AMINOSYN INJ 8.5%	84
ALINIA SUS 100/5ML	6	AMINOSYN INJ 8.5/LYTE	84
ALINIA TAB 500MG	6	AMINOSYN M INJ 3.5%	84
all day allg tab 10mg.....	89	AMINOSYN-HBC INJ 7%.....	84
all day pain tab 220mg	1	AMINOSYN-PF INJ 10%.....	84
all day relf tab 220mg	1	AMINOSYN-PF INJ 7%	84
allergy relf tab 1.34mg	89	AMINOSYN-RF INJ 5.2%	84
allergy relf tab 10mg.....	89	amiodarone hcl inj 150 mg/3ml (50 mg/ml)	28
allergy tab 10mg	89	amiodarone hcl inj 450 mg/9ml (50 mg/ml)	28
allerhist-1 tab 1.34mg	89	amiodarone hcl inj 900 mg/18ml (50 mg/ml)	29
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alprazolam tab 0.25 mg.....	38	amitriptyline hcl tab 100 mg	44
alprazolam tab 0.5 mg.....	38	amitriptyline hcl tab 150 mg	44

<i>amitriptyline hcl tab 25 mg</i>	44	<i>200-28.5 mg/5ml</i>	16
<i>amitriptyline hcl tab 50 mg</i>	44	<i>amoxicillin & k clavulanate for susp</i>	
<i>amitriptyline hcl tab 75 mg</i>	44	<i>250-62.5 mg/5ml</i>	16
<i>amlodipine besylate tab 10 mg</i>	33	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate tab 2.5 mg</i>	33	<i>400-57 mg/5ml</i>	16
<i>amlodipine besylate tab 5 mg</i>	33	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>600-42.9 mg/5ml</i>	16
<i>10-20 mg</i>	25	<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg</i>	16
<i>10-40 mg</i>	25	<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg</i>	16
<i>2.5-10 mg</i>	24	<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg</i>	16
<i>5-10 mg</i>	25	<i>amoxicillin & k clavulanate tab sr 12hr</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>1000-62.5 mg</i>	16
<i>5-20 mg</i>	25	<i>amoxicillin (trihydrate) cap 250 mg</i>	16
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin (trihydrate) cap 500 mg</i>	16
<i>5-40 mg</i>	25	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amlodipine besylate-valsartan tab 10-160</i>		<i>mg</i>	16
<i>mg</i>	27	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amlodipine besylate-valsartan tab 10-320</i>		<i>mg</i>	16
<i>mg</i>	27	<i>amoxicillin (trihydrate) for susp 125</i>	
<i>amlodipine besylate-valsartan tab 5-160</i>		<i>mg/5ml</i>	16
<i>mg</i>	27	<i>amoxicillin (trihydrate) for susp 200</i>	
<i>amlodipine besylate-valsartan tab 5-320</i>		<i>mg/5ml</i>	16
<i>mg</i>	27	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>mg/5ml</i>	16
<i>tab 10-160-12.5 mg</i>	27	<i>amoxicillin (trihydrate) for susp 400</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>mg/5ml</i>	16
<i>tab 10-160-25 mg</i>	27	<i>amoxicillin (trihydrate) tab 500 mg</i>	16
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amoxicillin (trihydrate) tab 875 mg</i>	16
<i>tab 10-320-25 mg</i>	27	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>24hr 10 mg</i>	54
<i>tab 5-160-12.5 mg</i>	27	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>24hr 15 mg</i>	54
<i>tab 5-160-25 mg</i>	27	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amnestem cap 10mg</i>	93	<i>24hr 20 mg</i>	54
<i>amnestem cap 20mg</i>	93	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amnestem cap 40mg</i>	93	<i>24hr 25 mg</i>	54
<i>amoxapine tab 100 mg</i>	45	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amoxapine tab 150 mg</i>	45	<i>24hr 30 mg</i>	54
<i>amoxapine tab 25 mg</i>	44	<i>amphetamine-dextroamphetamine cap sr</i>	
<i>amoxapine tab 50 mg</i>	44	<i>24hr 5 mg</i>	54
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab 10</i>	
<i>200-28.5 mg</i>	16	<i>mg</i>	54
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>400-57 mg</i>	16	<i>12.5 mg</i>	54
<i>amoxicillin & k clavulanate for susp</i>		<i>amphetamine-dextroamphetamine tab 15</i>	

<i>mg</i>	54	APTIOM TAB 800MG	39
<i>amphetamine-dextroamphetamine tab 20 mg</i>	54	APTIVUS CAP 250MG	9
<i>amphetamine-dextroamphetamine tab 30 mg</i>	54	APTIVUS SOL.....	9
<i>amphetamine-dextroamphetamine tab 5 mg</i>	54	ARALAST NP INJ 1000MG	91
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	54	ARALAST NP INJ 400MG.....	91
<i>amphotericin b for inj 50 mg</i>	8	ARALAST NP INJ 500MG.....	91
<i>ampicillin & sulbactam sodium for inj 1-0.5 gm</i>	16	ARALAST NP INJ 800MG.....	91
<i>ampicillin & sulbactam sodium for inj 10-5 gm</i>	16	<i>aranelle tab</i>	62
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	16	ARCALYST INJ 220MG.....	80
<i>ampicillin & sulbactam sodium for iv soln 1-0.5 gm</i>	16	<i>aripiprazole oral solution 1 mg/ml</i>	50
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	17	<i>aripiprazole tab 10 mg</i>	50
<i>ampicillin & sulbactam sodium for iv soln 2-1 gm</i>	17	<i>aripiprazole tab 15 mg</i>	50
<i>ampicillin cap 250 mg</i>	17	<i>aripiprazole tab 2 mg</i>	50
<i>ampicillin cap 500 mg</i>	17	<i>aripiprazole tab 20 mg</i>	50
<i>ampicillin for susp 125 mg/5ml</i>	17	<i>aripiprazole tab 30 mg</i>	50
<i>ampicillin for susp 250 mg/5ml</i>	17	<i>aripiprazole tab 5 mg</i>	50
<i>ampicillin sodium for inj 1 gm</i>	17	<i>arthrts pain tab 650mg</i>	1
<i>ampicillin sodium for inj 125 mg</i>	17	ASACOL HD TAB 800MG.....	72
<i>ampicillin sodium for inj 2 gm</i>	17	ASMANEX 120 AER 220MCG	92
<i>ampicillin sodium for inj 250 mg</i>	17	ASMANEX 14 AER 220MCG	92
<i>ampicillin sodium for inj 500 mg</i>	17	ASMANEX 30 AER 110MCG	92
<i>ampicillin sodium for iv soln 1 gm</i>	17	ASMANEX 30 AER 220MCG	92
<i>ampicillin sodium for iv soln 10 gm</i>	17	ASMANEX 60 AER 220MCG	92
<i>ampicillin sodium for iv soln 2 gm</i>	17	ASPIRIN-DIPYRIDAMOLE CAP SR 12HR 25-200 MG.....	78
<i>anagrelide hcl cap 0.5 mg</i>	78	ASTEPRO SPR 0.15%.....	89
<i>anagrelide hcl cap 1 mg</i>	78	<i>atenolol & chlorthalidone tab 100-25 mg</i>	31
<i>anastrozole tab 1 mg</i>	21	<i>atenolol & chlorthalidone tab 50-25 mg</i>	31
ANDRODERM DIS 2MG/24HR.....	59	<i>atenolol tab 100 mg</i>	32
ANDRODERM DIS 4MG/24HR.....	59	<i>atenolol tab 25 mg</i>	31
ANORO ELLIPT AER 62.5-25	89	<i>atenolol tab 50 mg</i>	32
<i>anti-diarrhe liq 1mg/5ml</i>	70	<i>athlete foot cre 1%</i>	94
<i>anti-diarrhe tab 2mg</i>	70	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	30
APOKYN INJ 10MG/ML	48	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	30
<i>apri tab</i>	62	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	30
APRISO CAP 0.375GM	72	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	30
APTIOM TAB 200MG	39	<i>atovaquone susp 750 mg/5ml</i>	6
APTIOM TAB 400MG	39	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	9
APTIOM TAB 600MG	39	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	9
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ATROVENT HFA AER 17MCG	89	BANZEL TAB 200MG	39
<i>aubra tab 0.1-0.02</i>	62	BANZEL TAB 400MG	39
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AVASTIN INJ	20	<i>benazepril & hydrochlorothiazide tab</i>	
AVASTIN INJ 400/16ML	20	<i>10-12.5 mg</i>	25
<i>aviane tab</i>	62	<i>benazepril & hydrochlorothiazide tab</i>	
AVITA CRE 0.025%	93	<i>20-12.5 mg</i>	25
AVITA GEL 0.025%	93	<i>benazepril & hydrochlorothiazide tab</i>	
AVODART CAP 0.5MG	75	<i>20-25 mg</i>	25
<i>azacitidine for inj 100 mg</i>	19	<i>benazepril & hydrochlorothiazide tab</i>	
AZACTAM INJ 1GM	6	<i>5-6.25 mg</i>	25
AZACTAM INJ 2GM	6	<i>benazepril hcl tab 10 mg</i>	26
AZACTAM/DEX INJ 1GM	6	<i>benazepril hcl tab 20 mg</i>	26
AZACTAM/DEX INJ 2GM	6	<i>benazepril hcl tab 40 mg</i>	26
<i>azathioprine tab 50 mg</i>	81	<i>benazepril hcl tab 5 mg</i>	26
<i>azelastine hcl nasal spray 0.1% (137</i>		BENICAR HCT TAB 20-12.5.....	28
<i>mcg/spray)</i>	89	BENICAR HCT TAB 40-12.5.....	28
<i>azelastine hcl nasal spray 0.15% (205.5</i>		BENICAR HCT TAB 40-25MG	28
<i>mcg/spray)</i>	89	BENICAR TAB 20MG	28
<i>azelastine hcl ophth soln 0.05%</i>	88	BENICAR TAB 40MG	28
AZILECT TAB 0.5MG	48	BENICAR TAB 5MG	28
AZILECT TAB 1MG.....	48	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>azithromycin for susp 100 mg/5ml</i>	14	.....	93
<i>azithromycin for susp 200 mg/5ml</i>	14	<i>benztropine mesylate inj 1 mg/ml</i>	48
<i>azithromycin iv for soln 500 mg</i>	14	<i>benztropine mesylate tab 0.5 mg</i>	48
AZITHROMYCIN POWD PACK FOR SUSP 1		<i>benztropine mesylate tab 1 mg</i>	48
GM.....	14	<i>benztropine mesylate tab 2 mg</i>	48
<i>azithromycin tab 250 mg</i>	14	BEPREVE DRO 1.5%	88
<i>azithromycin tab 500 mg</i>	14	BESIVANCE SUS 0.6%	86
<i>azithromycin tab 600 mg</i>	15	<i>betamethasone dipropionate augmented</i>	
AZOPT SUS 1% OP	88	<i>cream 0.05%</i>	95
AZOR TAB 10-20MG	28	<i>betamethasone dipropionate augmented</i>	
AZOR TAB 10-40MG	28	<i>gel 0.05%</i>	95
AZOR TAB 5-20MG	27	<i>betamethasone dipropionate augmented</i>	
AZOR TAB 5-40MG	28	<i>lotion 0.05%</i>	95
<i>aztreonam for inj 1 gm</i>	6	<i>betamethasone dipropionate augmented</i>	
<i>aztreonam for inj 2 gm</i>	6	<i>oint 0.05%</i>	95
B		<i>betamethasone dipropionate cream</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	86	<i>0.05%</i>	95
<i>bacitracin-polymyxin b ophth oint</i>	86	<i>betamethasone dipropionate lotion 0.05%</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		.....	95
<i>oint 1%</i>	86	<i>betamethasone dipropionate oint 0.05%</i>	
<i>baclofen tab 10 mg</i>	57	.....	95
<i>baclofen tab 20 mg</i>	57	<i>betamethasone valerate cream 0.1%</i> .	95
<i>balsalazide disodium cap 750 mg</i>	72	<i>betamethasone valerate lotion 0.1%</i> ..	95
<i>balziva tab</i>	62	<i>betamethasone valerate oint 0.1%</i>	95
BANZEL SUS 40MG/ML	39	BETASERON INJ 0.3MG	57

<i>betaxolol hcl ophth soln 0.5%</i>	88	<i>budesonide cap sr 24hr 3 mg</i>	72
<i>bethanechol chloride tab 10 mg</i>	75	<i>budesonide inhalation susp 0.25 mg/2ml</i>	92
<i>bethanechol chloride tab 25 mg</i>	75	.....	92
<i>bethanechol chloride tab 5 mg</i>	75	<i>budesonide inhalation susp 0.5 mg/2ml</i>	92
<i>bethanechol chloride tab 50 mg</i>	75	.....	92
BETOPTIC-S SUS 0.25% OP	88	<i>bumetanide inj 0.25 mg/ml</i>	35
<i>bexarotene cap 75 mg</i>	23	<i>bumetanide tab 0.5 mg</i>	35
BEXSERO INJ	82	<i>bumetanide tab 1 mg</i>	35
<i>bicalutamide tab 50 mg</i>	21	<i>bumetanide tab 2 mg</i>	35
BICILLIN L-A INJ 1200000	17	<i>buprenorphine hcl sl tab 2 mg (base</i>	57
BICILLIN L-A INJ 2400000	17	<i>equiv)</i>	57
BICILLIN L-A INJ 600000	17	<i>buprenorphine hcl sl tab 8 mg (base</i>	58
BICNU INJ 100MG.....	18	<i>equiv)</i>	58
BILTRICIDE TAB 600MG	6	<i>buprenorphine hcl-naloxone hcl sl tab</i>	58
<i>bisacodyl tab & peg 3350-kcl-sod</i>		<i>2-0.5 mg (base equiv)</i>	58
<i>bicarb-nacl for soln kit</i>	72	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	58
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>mg (base equiv)</i>	58
<i>10-6.25 mg</i>	31	<i>buproban tab 150mg</i>	58
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl tab 100 mg</i>	45
<i>2.5-6.25 mg</i>	31	<i>bupropion hcl tab 75 mg</i>	45
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl tab sr 12hr 100 mg</i>	45
<i>5-6.25 mg</i>	31	<i>bupropion hcl tab sr 12hr 150 mg</i>	45
<i>bisoprolol fumarate tab 10 mg</i>	32	<i>bupropion hcl tab sr 12hr 200 mg</i>	45
<i>bisoprolol fumarate tab 5 mg</i>	32	<i>bupropion hcl tab sr 24hr 150 mg</i>	45
BIVIGAM INJ 10%.....	79	<i>bupropion hcl tab sr 24hr 300 mg</i>	45
<i>bleomycin sulfate for inj 15 unit</i>	19	<i>buspirone hcl tab 10 mg</i>	38
<i>bleomycin sulfate for inj 30 unit</i>	19	<i>buspirone hcl tab 15 mg</i>	38
<i>blephamide oin s.o.p.</i>	86	<i>buspirone hcl tab 30 mg</i>	38
BOOSTRIX INJ	82	<i>buspirone hcl tab 5 mg</i>	38
BOSULIF TAB 100MG.....	22	<i>buspirone hcl tab 7.5 mg</i>	38
BOSULIF TAB 500MG.....	22	BUSULFEX INJ 6MG/ML	18
BREO ELLIPTA INH 100-25.....	92	<i>butorphanol tartrate inj 1 mg/ml</i>	2
BREO ELLIPTA INH 200-25.....	92	<i>butorphanol tartrate inj 2 mg/ml</i>	2
<i>briellyn tab</i>	62	BYSTOLIC TAB 10MG	32
BRILINTA TAB 60MG	78	BYSTOLIC TAB 2.5MG	32
BRILINTA TAB 90MG	78	BYSTOLIC TAB 20MG	32
BRIMONIDINE TARTRATE OPTH SOLN		BYSTOLIC TAB 5MG.....	32
0.15%	88	C	
<i>brimonidine tartrate ophth soln 0.2%</i> ..	88	<i>cabergoline tab 0.5 mg</i>	67
BRINTELLIX TAB 10MG	45	<i>cafergot tab 1-100mg</i>	55
BRINTELLIX TAB 20MG	45	<i>calcipotriene cream 0.005%</i>	94
BRINTELLIX TAB 5MG.....	45	<i>calcipotriene oint 0.005%</i>	94
BROMFENAC SODIUM OPTH SOLN		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	94
0.09% (BASE EQUIV) (ONCE-DAILY)...	87	.....	94
<i>bromfenac sodium ophth soln 0.09%</i>		<i>calcitonin (salmon) nasal soln 200 unit/act</i>	67
<i>(base equivalent)</i>	87	.....	67
<i>bromocriptine mesylate cap 5 mg</i>	48	<i>calcitrene oin 0.005%</i>	94
<i>bromocriptine mesylate tab 2.5 mg</i>	48	<i>calcitriol cap 0.25 mcg</i>	86

<i>calcitriol cap 0.5 mcg</i>	86	CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>calcitriol inj 1 mcg/ml</i>	86	TABS 18.75-75-200 MG	49
<i>calcitriol oral soln 1 mcg/ml</i>	86	CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>calcium acetate (phosphate binder) cap</i>		TABS 25-100-200 MG	49
<i>667 mg (169 mg ca)</i>	68	CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>camila tab 0.35mg</i>	62	TABS 31.25-125-200 MG	49
CANASA SUP 1000MG	72	CARBIDOPA-LEVODOPA-ENTACAPONE	
CANCIDAS INJ 50MG	8	TABS 37.5-150-200 MG	49
CANCIDAS INJ 70MG	8	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPASTAT SUL INJ 1GM	11	TABS 50-200-200 MG	49
CAPRELSA TAB 100MG	22	<i>carboplatin iv soln 150 mg/15ml</i>	24
CAPRELSA TAB 300MG	22	<i>carboplatin iv soln 450 mg/45ml</i>	24
<i>captopril & hydrochlorothiazide tab 25-15</i>		<i>carboplatin iv soln 50 mg/5ml</i>	24
<i>mg</i>	25	<i>carboplatin iv soln 600 mg/60ml</i>	24
<i>captopril & hydrochlorothiazide tab 25-25</i>		CARIMUNE NF INJ 12GM	79
<i>mg</i>	25	CARIMUNE NF INJ 3GM	79
<i>captopril & hydrochlorothiazide tab 50-15</i>		CARIMUNE NF INJ 6GM	79
<i>mg</i>	25	<i>carteolol hcl ophth soln 1%</i>	88
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carvedilol tab 12.5 mg</i>	32
<i>mg</i>	25	<i>carvedilol tab 25 mg</i>	32
<i>captopril tab 100 mg</i>	26	<i>carvedilol tab 3.125 mg</i>	32
<i>captopril tab 12.5 mg</i>	26	<i>carvedilol tab 6.25 mg</i>	32
<i>captopril tab 25 mg</i>	26	CAYSTON INH 75MG	6
<i>captopril tab 50 mg</i>	26	<i>cefaclor cap 250 mg</i>	13
CARBAGLU TAB 200MG	64	<i>cefaclor cap 500 mg</i>	13
<i>carbamazepine cap sr 12hr 100 mg</i>	39	<i>cefaclor er tab 500mg</i>	13
<i>carbamazepine cap sr 12hr 200 mg</i>	39	<i>cefaclor for susp 125 mg/5ml</i>	13
<i>carbamazepine cap sr 12hr 300 mg</i>	39	<i>cefaclor for susp 250 mg/5ml</i>	13
<i>carbamazepine chew tab 100 mg</i>	39	<i>cefaclor for susp 375 mg/5ml</i>	13
<i>carbamazepine susp 100 mg/5ml</i>	39	<i>cefadroxil cap 500 mg</i>	13
<i>carbamazepine tab 200 mg</i>	39	<i>cefadroxil for susp 250 mg/5ml</i>	13
<i>carbamazepine tab sr 12hr 200 mg</i>	39	<i>cefadroxil for susp 500 mg/5ml</i>	13
<i>carbamazepine tab sr 12hr 400 mg</i>	39	<i>cefadroxil tab 1 gm</i>	13
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefazolin inj 1gm/50ml</i>	13
<i>tab 10-100 mg</i>	48	<i>cefazolin sodium for inj 1 gm</i>	13
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefazolin sodium for inj 10 gm</i>	13
<i>tab 25-100 mg</i>	48	<i>cefazolin sodium for inj 20 gm</i>	13
<i>carbidopa & levodopa orally disintegrating</i>		<i>cefazolin sodium for inj 500 mg</i>	13
<i>tab 25-250 mg</i>	48	<i>cefazolin sodium for iv soln 1 gm</i>	13
<i>carbidopa & levodopa tab 10-100 mg</i>	48	<i>cefdinir cap 300 mg</i>	13
<i>carbidopa & levodopa tab 25-100 mg</i>	48	<i>cefdinir for susp 125 mg/5ml</i>	13
<i>carbidopa & levodopa tab 25-250 mg</i>	48	<i>cefdinir for susp 250 mg/5ml</i>	13
<i>carbidopa & levodopa tab cr 25-100 mg</i>		<i>cefepime hcl for inj 1 gm</i>	13
.....	48	<i>cefepime hcl for inj 2 gm</i>	13
<i>carbidopa & levodopa tab cr 50-200 mg</i>		<i>cefixime for susp 100 mg/5ml</i>	13
.....	49	<i>cefixime for susp 200 mg/5ml</i>	13
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefotaxime sodium for inj 1 gm</i>	13
TABS 12.5-50-200 MG	49	<i>cefotaxime sodium for inj 2 gm</i>	13

<i>cefotaxime sodium for inj 500 mg</i>	13	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefoxitin sodium for inj 10 gm</i>	13	<i>mg/5ml)</i>	89
<i>cefoxitin sodium for iv soln 1 gm</i>	13	<i>cetirizine hcl tab 10 mg</i>	89
<i>cefoxitin sodium for iv soln 2 gm</i>	13	<i>cetirizine hcl tab 5 mg</i>	89
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>		<i>cevimeline hcl cap 30 mg</i>	97
.....	13	CHANTIX PAK 0.5& 1MG	58
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>		CHANTIX PAK 1MG	58
.....	13	CHANTIX TAB 0.5MG	58
<i>cefpodoxime proxetil tab 100 mg</i>	13	CHANTIX TAB 1MG	58
<i>cefpodoxime proxetil tab 200 mg</i>	13	CHEMET CAP 100MG	61
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>chlorhexidine gluconate soln 0.12%</i>	97
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>chloroquine phosphate tab 250 mg</i>	9
<i>cefprozil tab 250 mg</i>	13	<i>chloroquine phosphate tab 500 mg</i>	9
<i>cefprozil tab 500 mg</i>	13	<i>chlorothiazide tab 250 mg</i>	35
<i>ceftazidime for inj 1 gm</i>	14	<i>chlorothiazide tab 500 mg</i>	35
<i>ceftazidime for inj 2 gm</i>	14	<i>chlorpheniramine maleate tab cr 12 mg</i>	
<i>ceftazidime for inj 6 gm</i>	14	.....	89
CEFTAZIDIME/ SOL D5W 1GM	14	<i>chlorpromaz inj 50mg/2ml</i>	50
CEFTAZIDIME/ SOL D5W 2GM	14	<i>chlorpromazine hcl tab 10 mg</i>	50
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>chlorpromazine hcl tab 100 mg</i>	50
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>chlorpromazine hcl tab 200 mg</i>	50
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>chlorpromazine hcl tab 25 mg</i>	50
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>chlorpromazine hcl tab 50 mg</i>	50
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>chlorthalidone tab 25 mg</i>	35
<i>ceftriaxone sodium for iv soln 1 gm</i>	14	<i>chlorthalidone tab 50 mg</i>	35
<i>ceftriaxone sodium for iv soln 2 gm</i>	14	<i>cholestyramine light powder packets 4 gm</i>	
<i>cefuroxime axetil tab 250 mg</i>	14	.....	30
<i>cefuroxime axetil tab 500 mg</i>	14	<i>cholestyramine powder 4 gm/dose</i>	30
<i>cefuroxime inj 7.5gm</i>	14	<i>cholestyramine powder packets 4 gm</i> .	30
<i>cefuroxime sodium for inj 1.5 gm</i>	14	<i>choline fenofibrate cap dr 135 mg</i>	
<i>cefuroxime sodium for inj 7.5 gm</i>	14	(fenofibric acid equiv)	30
<i>cefuroxime sodium for inj 750 mg</i>	14	<i>choline fenofibrate cap dr 45 mg</i>	
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	14	(fenofibric acid equiv)	30
<i>celecoxib cap 100 mg</i>	1	<i>ciclopirox gel 0.77%</i>	94
<i>celecoxib cap 200 mg</i>	1	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>celecoxib cap 400 mg</i>	1	<i>equiv)</i>	94
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox olamine susp 0.77% (base</i>	
CELONTIN CAP 300MG	39	<i>equiv)</i>	94
<i>cephalexin cap 250 mg</i>	14	<i>ciclopirox shampoo 1%</i>	94
<i>cephalexin cap 500 mg</i>	14	<i>cilostazol tab 100 mg</i>	78
<i>cephalexin for susp 125 mg/5ml</i>	14	<i>cilostazol tab 50 mg</i>	78
<i>cephalexin for susp 250 mg/5ml</i>	14	CILOXAN OIN 0.3% OP	86
CERDELGA CAP 84MG	64	CIMZIA KIT	79
CEREZYME INJ 200UNIT	64	CIMZIA KIT STARTER	79
CEREZYME INJ 400UNIT	64	CIMZIA PREFL KIT 200MG/ML	79
CERVARIX INJ	82	CINRYZE SOL 500 UNIT	78
<i>cetirizine hcl chew tab 10 mg</i>	89	CIPRODEX SUS 0.3-0.1%	98
<i>cetirizine hcl chew tab 5 mg</i>	89	<i>ciprofloxacin 200 mg/100ml in d5w</i>	15

<i>ciprofloxacin 400 mg/200ml in d5w</i>.....15	<i>clindamycin palmitate hcl for soln 75</i>
<i>ciprofloxacin for oral susp 250 mg/5ml</i>	<i>mg/5ml (base equiv)</i> 6
<i>(5%) (5 gm/100ml)</i> .....15	<i>clindamycin phosphate gel 1%</i> 93
<i>ciprofloxacin for oral susp 500 mg/5ml</i>	<i>clindamycin phosphate inj 300 mg/2ml</i> .6
<i>(10%) (10 gm/100ml)</i>.....15	<i>clindamycin phosphate inj 600 mg/4ml</i> .7
<i>ciprofloxacin hcl ophth soln 0.3%</i>.....87	<i>clindamycin phosphate inj 9 gm/60ml</i> ... 6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	<i>clindamycin phosphate inj 900 mg/6ml</i> .7
.....15	<i>clindamycin phosphate iv soln 300</i>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>mg/2ml</i> 7
.....15	<i>clindamycin phosphate iv soln 600</i>
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>mg/4ml</i> 7
.....15	<i>clindamycin phosphate iv soln 900</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>mg/6ml</i> 7
.....15	<i>clindamycin phosphate lotion 1%</i> 93
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	<i>clindamycin phosphate soln 1%</i> 93
.....15	<i>clindamycin phosphate swab 1%</i> 93
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	<i>clindamycin phosphate vaginal cream 2%</i>
.....15	 76
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	<i>CLINIMIX INJ 2.75/D5W</i> 84
<i>1000 mg(base eq)</i> .....15	<i>CLINIMIX INJ 4.25/D10</i> 84
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr</i>	<i>CLINIMIX INJ 4.25/D20</i> 84
<i>500 mg (base eq)</i> .....15	<i>CLINIMIX INJ 4.25/D25</i> 84
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .24	<i>CLINIMIX INJ 4.25/D5W</i> 84
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .24	<i>CLINIMIX INJ 5%/D15W</i> 84
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>.....24	<i>CLINIMIX INJ 5%/D20W</i> 84
<i>citalopram hydrobromide oral soln 10</i>	<i>CLINIMIX INJ 5%/D25W</i> 84
<i>mg/5ml</i> .....45	<i>clobetasol e cre 0.05%</i> 95
<i>citalopram hydrobromide tab 10 mg (base</i>	<i>clobetasol propionate cream 0.05%</i> 95
<i>equiv)</i> .....45	<i>clobetasol propionate gel 0.05%</i> 95
<i>citalopram hydrobromide tab 20 mg (base</i>	<i>clobetasol propionate oint 0.05%</i> 95
<i>equiv)</i> .....45	<i>clobetasol propionate soln 0.05%</i> 95
<i>citalopram hydrobromide tab 40 mg (base</i>	<i>clomipramine hcl cap 25 mg</i> 45
<i>equiv)</i> .....45	<i>clomipramine hcl cap 50 mg</i> 45
<i>cladribine inj 1 mg/ml</i> .....19	<i>clomipramine hcl cap 75 mg</i> 45
<i>claravis cap 10mg</i> .....93	<i>clonazepam orally disintegrating tab</i>
<i>claravis cap 20mg</i> .....93	<i>0.125 mg</i> 39
<i>claravis cap 30mg</i> .....93	<i>clonazepam orally disintegrating tab 0.25</i>
<i>claravis cap 40mg</i> .....93	<i>mg</i> 39
<i>clarithromycin for susp 125 mg/5ml</i> ....15	<i>clonazepam orally disintegrating tab 0.5</i>
<i>clarithromycin for susp 250 mg/5ml</i> ....15	<i>mg</i> 39
<i>clarithromycin tab 250 mg</i> .....15	<i>clonazepam orally disintegrating tab 1 mg</i>
<i>clarithromycin tab 500 mg</i> .....15	 39
<i>clarithromycin tab sr 24hr 500 mg</i> .....15	<i>clonazepam orally disintegrating tab 2 mg</i>
<i>clearlax pow</i> .....72	 39
<i>clindamax gel 1%</i> .....93	<i>clonazepam tab 0.5 mg</i> 39
<i>clindamycin hcl cap 150 mg</i> 6	<i>clonazepam tab 1 mg</i> 39
<i>clindamycin hcl cap 300 mg</i> 6	<i>clonazepam tab 2 mg</i> 39
<i>clindamycin hcl cap 75 mg</i> 6	<i>clonidine hcl tab 0.1 mg</i> 36

<i>clonidine hcl tab 0.2 mg</i>	36	<i>compro sup 25mg</i>	70
<i>clonidine hcl tab 0.3 mg</i>	36	COMVAX INJ	82
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	36	<i>constulose sol 10gm/15</i>	72
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	36	COPAXONE INJ 20MG/ML	57
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	36	COPAXONE INJ 40MG/ML	57
<i>clopidogrel bisulfate tab 75 mg (base</i> <i>equiv)</i>	78	<i>cormax scalp sol 0.05%</i>	95
<i>clorazepate dipotassium tab 15 mg</i>	39	<i>cortisone acetate tab 25 mg</i>	66
<i>clorazepate dipotassium tab 3.75 mg</i> ..	39	COUMADIN TAB 10MG	76
<i>clorazepate dipotassium tab 7.5 mg</i>	39	COUMADIN TAB 1MG	76
<i>clotrimazole cream 1%</i>	94	COUMADIN TAB 2.5MG	76
<i>clotrimazole soln 1%</i>	94	COUMADIN TAB 2MG	76
<i>clotrimazole troche 10 mg</i>	97	COUMADIN TAB 3MG	76
<i>clotrimazole vaginal cream 1%</i>	76	COUMADIN TAB 4MG	76
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	50	COUMADIN TAB 5MG	76
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	50	COUMADIN TAB 6MG	76
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	50	COUMADIN TAB 7.5MG	76
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	50	CREON CAP 12000UNT.....	74
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG.....	50	CREON CAP 24000UNT.....	74
<i>clozapine tab 100 mg</i>	50	CREON CAP 3000UNIT	74
<i>clozapine tab 200 mg</i>	50	CREON CAP 36000UNT.....	74
<i>clozapine tab 25 mg</i>	50	CREON CAP 6000UNIT	74
<i>clozapine tab 50 mg</i>	50	CRESTOR TAB 10MG.....	30
COARTEM TAB 20-120MG	9	CRESTOR TAB 20MG.....	30
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CRESTOR TAB 40MG.....	30
COLCRYS TAB 0.6MG.....	1	CRESTOR TAB 5MG	30
<i>colestipol hcl granule packets 5 gm</i>	30	CRIXIVAN CAP 200MG	9
<i>colestipol hcl granules 5 gm</i>	30	CRIXIVAN CAP 400MG	9
<i>colestipol hcl tab 1 gm</i>	30	<i>cromolyn sodium nasal aerosol soln 5.2</i> <i>mg/act (4%)</i>	91
<i>colistimethate sodium for inj 150 mg</i>	7	<i>cromolyn sodium ophth soln 4%</i>	88
COMBIGAN SOL 0.2/0.5%.....	88	<i>cromolyn sodium oral conc 100 mg/5ml</i>	73
COMBIPATCH DIS .05/.14.....	65	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	91
COMBIPATCH DIS .05/.25.....	65	<i>cryselle-28 tab 28 tabs</i>	62
COMBIVENT AER RESPIMAT	89	CUBICIN SOL 500MG.....	7
COMETRIQ KIT 100MG	22	CUVPOSA SOL 1MG/5ML	71
COMETRIQ KIT 140MG	22	<i>cyclafem tab 1/35</i>	62
COMETRIQ KIT 60MG	22	<i>cyclafem tab 7/7/7</i>	62
COMPLERA TAB	11	<i>cyclobenzaprine hcl tab 10 mg</i>	57
<i>complete chw dual act</i>	74	<i>cyclobenzaprine hcl tab 5 mg</i>	57
		CYCLOPHOSPH CAP 25MG	18
		CYCLOPHOSPH CAP 50MG	18
		<i>cyclophosphamide for inj 1 gm</i>	18
		<i>cyclophosphamide for inj 2 gm</i>	18
		<i>cyclophosphamide for inj 500 mg</i>	18
		<i>cycloserine cap 250 mg</i>	11
		<i>cyclosporine cap 100 mg</i>	81

cyclosporine cap 25 mg81
cyclosporine iv soln 50 mg/ml81
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FENTORA TAB 600MCG	4	<i>fluocinolone acetonide cream 0.025%</i> ..	95
FENTORA TAB 800MCG	4	<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i>	95
FETZIMA CAP 120MG	46	<i>fluocinolone acetonide oint 0.025%</i>	95
FETZIMA CAP 20MG	46	<i>fluocinolone acetonide soln 0.01%</i>	96
FETZIMA CAP 40MG	46	<i>fluocinonide cream 0.05%</i>	96
FETZIMA CAP 80MG	46	<i>fluocinonide emulsified base cream 0.05%</i>	96
FETZIMA CAP TITRATIO	46	<i>fluocinonide gel 0.05%</i>	96
<i>finasteride tab 5 mg</i>	75	<i>fluocinonide oint 0.05%</i>	96
FIRAZYR INJ 30MG/3ML	78	<i>fluocinonide soln 0.05%</i>	96
FLEBOGAMMA INJ 10/200ML	79	FLUOROMETHOLONE OPHTH SUSP 0.1%	87
FLEBOGAMMA INJ 20/400ML	79	<i>fluorouracil cream 5%</i>	97
FLEBOGAMMA INJ 5%	79	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	19
FLEBOGAMMA INJ DIF 10%	79	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	19
FLEBOGAMMA INJ DIF 5%	79	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	19
<i>flecainide acetate tab 100 mg</i>	29	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	
<i>flecainide acetate tab 150 mg</i>	29		
<i>flecainide acetate tab 50 mg</i>	29		
FLOVENT DISK AER 100MCG	92		
FLOVENT DISK AER 250MCG	92		

.....	19
fluorouracil soln 2%	97
fluorouracil soln 5%	97
fluoxetine hcl cap 10 mg	46
fluoxetine hcl cap 20 mg	46
fluoxetine hcl cap 40 mg	46
fluoxetine hcl solution 20 mg/5ml	46
fluoxetine hcl tab 10 mg	46
fluoxetine hcl tab 20 mg	46
fluphenazine decanoate inj 25 mg/ml ..	51
fluphenazine hcl elixir 2.5 mg/5ml	51
fluphenazine hcl inj 2.5 mg/ml	51
fluphenazine hcl oral conc 5 mg/ml	51
fluphenazine hcl tab 1 mg	51
fluphenazine hcl tab 10 mg	51
fluphenazine hcl tab 2.5 mg	51
fluphenazine hcl tab 5 mg	51
flurbiprofen sodium ophth soln 0.03% ..	87
flurbiprofen tab 100 mg	1
flurbiprofen tab 50 mg	1
flutamide cap 125 mg	21
fluticasone propionate cream 0.05% ...	96
fluticasone propionate nasal susp 50 mcg/act	91
fluticasone propionate oint 0.005%	96
fluvoxamine maleate tab 100 mg	38
fluvoxamine maleate tab 25 mg	38
fluvoxamine maleate tab 50 mg	38
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	77
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	77
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	77
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	77
FORADIL CAP AEROLIZE	90
FORTEO SOL 600/2.4	68
FORTICAL SPR 200/ACT	67
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	25
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	25
fosinopril sodium tab 10 mg	26
fosinopril sodium tab 20 mg	26
fosinopril sodium tab 40 mg	26
FOSRENOL CHW 1000MG	68
FOSRENOL CHW 500MG	68

FOSRENOL CHW 750MG	68
FREAMINE HBC INJ 6.9%	84
FREAMINE III INJ 10%	84
furosemide inj 10 mg/ml	36
furosemide oral soln 10 mg/ml	36
furosemide sol 8mg/ml	36
furosemide tab 20 mg	36
furosemide tab 40 mg	36
furosemide tab 80 mg	36
FUZEON INJ 90MG	9
FYCOMPA TAB 10MG	40
FYCOMPA TAB 12MG	40
FYCOMPA TAB 2MG	40
FYCOMPA TAB 4MG	40
FYCOMPA TAB 6MG	40
FYCOMPA TAB 8MG	40
G	
gabapentin cap 100 mg	40
gabapentin cap 300 mg	40
gabapentin cap 400 mg	40
gabapentin oral soln 250 mg/5ml	41
gabapentin tab 600 mg	41
gabapentin tab 800 mg	41
GABITRIL TAB 12MG	41
GABITRIL TAB 16MG	41
galantamine hydrobromide cap sr 24hr 16 mg	43
galantamine hydrobromide cap sr 24hr 24 mg	44
galantamine hydrobromide cap sr 24hr 8 mg	43
galantamine hydrobromide oral soln 4 mg/ml	44
galantamine hydrobromide tab 12 mg ..	44
galantamine hydrobromide tab 4 mg ..	44
galantamine hydrobromide tab 8 mg ..	44
GAMASTAN S/D INJ	79
GAMMAGARD INJ 10GM/100	79
GAMMAGARD INJ 1GM/10ML	79
GAMMAGARD INJ 2.5GM/25	79
GAMMAGARD INJ 20GM/200	79
GAMMAGARD INJ 30GM/300	79
GAMMAGARD INJ 5GM/50ML	79
GAMMAGARD SD INJ 10GM HU	79
GAMMAGARD SD INJ 2.5GM HU	79
GAMMAGARD SD INJ 5GM HU	79
GAMMAKED INJ 10GM/100	80
GAMMAKED INJ 1GM/10ML	79

GAMMAKED INJ 2.5GM/25	79	<i>gildagia tab 0.4-35</i>	62
GAMMAKED INJ 20GM/200	80	<i>gildess tab 1.5/30</i>	62
GAMMAKED INJ 5GM/50ML	79	GILENYA CAP 0.5MG	57
GAMMAPLEX INJ 10GM	80	GILOTRIF TAB 20MG	22
GAMMAPLEX INJ 2.5GM	80	GILOTRIF TAB 30MG	22
GAMMAPLEX INJ 5GM	80	GILOTRIF TAB 40MG	22
GAMUNEX-C INJ 10GM/100	80	<i>glatiramer acetate soln prefilled syringe</i>	
GAMUNEX-C INJ 1GM/10ML	80	<i>20 mg/ml</i>	57
GAMUNEX-C INJ 2.5GM/25	80	GLEEVEC TAB 100MG	22
GAMUNEX-C INJ 20GM/200	80	GLEEVEC TAB 400MG	22
GAMUNEX-C INJ 40/400ML	80	GLEOSTINE CAP 100MG	18
GAMUNEX-C INJ 5GM/50ML	80	GLEOSTINE CAP 10MG	18
<i>ganciclovir sodium for inj 500 mg</i>	12	GLEOSTINE CAP 40MG	18
GARDASIL 9 INJ	82	<i>glimepiride tab 1 mg</i>	60
GARDASIL INJ	82	<i>glimepiride tab 2 mg</i>	60
<i>gatifloxacin ophth soln 0.5%</i>	87	<i>glimepiride tab 4 mg</i>	60
GAUZE PADS 2" X 2"	59	<i>glipizide tab 10 mg</i>	60
<i>gavilax pow</i>	73	<i>glipizide tab 5 mg</i>	60
<i>gavilyte-c sol</i>	73	<i>glipizide tab sr 24hr 10 mg</i>	60
<i>gavilyte-g sol</i>	73	<i>glipizide tab sr 24hr 2.5 mg</i>	60
<i>gavilyte-n sol flav pk</i>	73	<i>glipizide tab sr 24hr 5 mg</i>	60
<i>gemcitabine hcl for inj 1 gm</i>	19	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>gemcitabine hcl for inj 2 gm</i>	19	.....	60
<i>gemcitabine hcl for inj 200 mg</i>	19	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
GEMCITABINE INJ 1GM	20	.....	60
GEMCITABINE INJ 200MG	20	<i>glipizide-metformin hcl tab 5-500 mg</i> .	60
GEMCITABINE INJ 2GM	20	GLUCAGEN INJ HYPOKIT	67
<i>gemfibrozil tab 600 mg</i>	31	GLUCAGON KIT 1MG	67
<i>generlac sol 10gm/15</i>	73	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	
<i>engraf cap 100mg</i>	81	.....	71
<i>engraf cap 25mg</i>	81	<i>glycopyrrolate tab 1 mg</i>	71
<i>engraf sol 100mg/ml</i>	81	<i>glycopyrrolate tab 2 mg</i>	71
<i>gentak oin 0.3% op</i>	87	<i>gnp clearlax pow</i>	73
<i>gentam/nacl inj 0.9mg/ml</i>	5	<i>gnp dayhist tab 1.34mg</i>	89
<i>gentam/nacl inj 1.4mg/ml</i>	6	<i>gnp nicotine gum 2mg mint</i>	58
<i>gentamicin in saline inj 0.8 mg/ml</i>	6	<i>gnp nicotine gum 2mg orig</i>	58
<i>gentamicin in saline inj 1 mg/ml</i>	6	<i>gnp nicotine gum 4mg mint</i>	58
<i>gentamicin in saline inj 1.2 mg/ml</i>	6	<i>gnp nicotine loz 2mg mint</i>	58
<i>gentamicin in saline inj 1.6 mg/ml</i>	6	<i>gnp nicotine loz 4mg mint</i>	58
<i>gentamicin in saline inj 2 mg/ml</i>	6	GOLYTELY SOL	73
<i>gentamicin sulfate cream 0.1%</i>	93	<i>granisetron hcl inj 0.1 mg/ml</i>	70
<i>gentamicin sulfate inj 10 mg/ml</i>	6	<i>granisetron hcl inj 1 mg/ml</i>	71
<i>gentamicin sulfate inj 40 mg/ml</i>	6	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	6	.....	71
<i>gentamicin sulfate oint 0.1%</i>	93	<i>granisetron hcl tab 1 mg</i>	71
<i>gentamicin sulfate ophth oint 0.3%</i>	87	GRANIX INJ 300/0.5	78
<i>gentamicin sulfate ophth soln 0.3%</i>	87	GRANIX INJ 480/0.8	78
GEODON INJ 20MG	51	<i>griseofulvin microsize susp 125 mg/5ml</i> 8	

<i>griseofulvin microsize tab 500 mg</i>	8	HEXALEN CAP 50MG	18
<i>griseofulvin ultramicrosize tab 125 mg</i> .	8	HIBERIX SOL 10MCG	82
<i>griseofulvin ultramicrosize tab 250 mg</i> .	8	<i>hm nicotine gum 2mg mint</i>	58
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i>	55	<i>hm nicotine loz 2mg mint</i>	58
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i>	55	<i>hm nicotine loz 4mg mint</i>	58
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i>	55	HUMIRA INJ 10MG/0.2	79
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i>	55	HUMIRA KIT 20MG/0.4	79
H		HUMIRA KIT 40MG/0.8	79
<i>halobetasol propionate cream 0.05%</i> ..	96	HUMIRA PEN INJ 40MG/0.8	79
<i>halobetasol propionate oint 0.05%</i>	96	HUMIRA PEN INJ CROHNS	79
<i>haloperidol decanoate im soln 100 mg/ml</i>	51	HUMIRA PEN INJ PSORIASI	79
<i>haloperidol decanoate im soln 50 mg/ml</i>	51	HUMULIN R INJ U-500	59
<i>haloperidol lactate inj 5 mg/ml</i>	51	<i>hydralazine hcl inj 20 mg/ml</i>	36
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	51	<i>hydralazine hcl tab 10 mg</i>	36
<i>haloperidol tab 0.5 mg</i>	51	<i>hydralazine hcl tab 100 mg</i>	37
<i>haloperidol tab 1 mg</i>	51	<i>hydralazine hcl tab 25 mg</i>	36
<i>haloperidol tab 10 mg</i>	51	<i>hydralazine hcl tab 50 mg</i>	37
<i>haloperidol tab 2 mg</i>	51	<i>hydrochlorothiazide cap 12.5 mg</i>	36
<i>haloperidol tab 20 mg</i>	51	<i>hydrochlorothiazide tab 12.5 mg</i>	36
<i>haloperidol tab 5 mg</i>	51	<i>hydrochlorothiazide tab 25 mg</i>	36
HARVONI TAB 90-400MG	12	<i>hydrochlorothiazide tab 50 mg</i>	36
HAVRIX INJ 1440UNIT	82	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3
HAVRIX INJ 720UNIT.....	82	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3
<i>healthylax pow</i>	73	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>heartburn tab relief</i>	72	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3
<i>heather tab 0.35mg</i>	62	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 3	
HEP SOD/D5W INJ 25000UNT	77	<i>hydrocortisone butyrate cream 0.1%</i> ..	96
HEP SOD/NACL INJ 25000UNT.....	77	<i>hydrocortisone butyrate oint 0.1%</i>	96
HEPARIN SOD INJ 2000/ML.....	77	<i>hydrocortisone butyrate soln 0.1%</i>	96
HEPARIN SOD INJ 2500/ML.....	77	<i>hydrocortisone cream 1%</i>	96
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	77	<i>hydrocortisone cream 2.5%</i>	96
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	77	<i>hydrocortisone enema 100 mg/60ml</i> ..	72
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	77	HYDROCORTISONE ENEMA 100 MG/60ML	72
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	77	<i>hydrocortisone lotion 2.5%</i>	96
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	77	<i>hydrocortisone oint 1%</i>	96
HEPATAMINE SOL 8%	84	<i>hydrocortisone oint 2.5%</i>	96
HERCEPTIN INJ 440MG	20	<i>hydrocortisone rectal cream 2.5%</i>	94
		<i>hydrocortisone tab 10 mg</i>	66
		<i>hydrocortisone tab 20 mg</i>	66
		<i>hydrocortisone tab 5 mg</i>	66
		<i>hydrocortisone valerate cream 0.2%</i> ..	96
		<i>hydrocortisone valerate oint 0.2%</i>	96
		<i>hydromorphone hcl liqd 1 mg/ml</i>	4

<i>hydromorphone hcl preservative free (pf)</i>	18
<i>inj 10 mg/ml</i>	4
<i>hydromorphone hcl tab 2 mg</i>	4
<i>hydromorphone hcl tab 4 mg</i>	4
<i>hydromorphone hcl tab 8 mg</i>	4
<i>hydroxychloroquine sulfate tab 200 mg</i>	79
.....	79
<i>hydroxyurea cap 500 mg</i>	23
<i>hydroxyzine hcl im soln 25 mg/ml</i>	90
<i>hydroxyzine hcl im soln 50 mg/ml</i>	90
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	90
<i>hydroxyzine hcl tab 10 mg</i>	90
<i>hydroxyzine hcl tab 25 mg</i>	90
<i>hydroxyzine hcl tab 50 mg</i>	90
<i>hydroxyzine pamoate cap 100 mg</i>	90
<i>hydroxyzine pamoate cap 25 mg</i>	90
<i>hydroxyzine pamoate cap 50 mg</i>	90
I	
<i>ibandronate sodium tab 150 mg (base</i>	
<i>equivalent)</i>	61
<i>IBRANCE CAP 100MG</i>	20
<i>IBRANCE CAP 125MG</i>	20
<i>IBRANCE CAP 75MG</i>	20
<i>ibu-200 tab 200mg</i>	2
<i>ibuprofen cap 200 mg</i>	2
<i>ibuprofen cap 200mg</i>	2
<i>ibuprofen dro 50/1.25</i>	2
<i>ibuprofen jr chw 100mg</i>	2
<i>ibuprofen susp 100 mg/5ml</i>	2
<i>ibuprofen tab 200 mg</i>	2
<i>ibuprofen tab 200mg</i>	2
<i>ibuprofen tab 400 mg</i>	2
<i>ibuprofen tab 600 mg</i>	2
<i>ibuprofen tab 800 mg</i>	2
<i>ICLUSIG TAB 15MG</i>	22
<i>ICLUSIG TAB 45MG</i>	22
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	19
.....	19
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	19
.....	19
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	19
.....	19
<i>IFEX INJ 3GM</i>	18
<i>ifosfamide for inj 1 gm</i>	18
<i>IFOSFAMIDE INJ 3GM</i>	18
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	18
.....	18
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
.....	87
<i>ILEVRO DRO 0.3% OP</i>	87
<i>ilotycin oin op</i>	87
<i>IMBRUVICA CAP 140MG</i>	22
<i>imipenem-cilastatin intravenous for soln</i>	7
<i>250 mg</i>	7
<i>imipenem-cilastatin intravenous for soln</i>	7
<i>500 mg</i>	7
<i>imipramine hcl tab 10 mg</i>	46
<i>imipramine hcl tab 25 mg</i>	46
<i>imipramine hcl tab 50 mg</i>	46
<i>imiquimod cream 5%</i>	97
<i>IMOVAX RABIE INJ 2.5/ML</i>	82
<i>INCRELEX INJ 40MG/4ML</i>	67
<i>indapamide tab 1.25 mg</i>	36
<i>indapamide tab 2.5 mg</i>	36
<i>INFANRIX INJ</i>	82
<i>INLYTA TAB 1MG</i>	22
<i>INLYTA TAB 5MG</i>	22
<i>INSULIN PEN NEEDLE</i>	59
<i>INSULIN SAFETY NEEDLES</i>	59
<i>INSULIN SYRINGE</i>	59
<i>INTELENCE TAB 100MG</i>	9
<i>INTELENCE TAB 200MG</i>	9
<i>INTELENCE TAB 25MG</i>	9
<i>INTRALIPID INJ 20%</i>	84
<i>INTRALIPID INJ 30%</i>	84
<i>INTRON A INJ 10MU</i>	80
<i>INTRON A INJ 18MU</i>	80
<i>INTRON A INJ 25MU</i>	80
<i>INTRON A INJ 50MU</i>	80
<i>introvale tab</i>	62
<i>INVANZ INJ 1GM</i>	7
<i>INVEGA SUST INJ 117/0.75</i>	51
<i>INVEGA SUST INJ 156MG/ML</i>	51
<i>INVEGA SUST INJ 234/1.5</i>	51
<i>INVEGA SUST INJ 39/0.25</i>	51
<i>INVEGA SUST INJ 78/0.5ML</i>	51
<i>INVEGA TAB 1.5MG</i>	52
<i>INVEGA TAB 3MG</i>	52
<i>INVEGA TAB 6MG</i>	52
<i>INVEGA TAB 9MG</i>	52
<i>INVIRASE CAP 200MG</i>	9
<i>INVIRASE TAB 500MG</i>	9
<i>INVOKAMET TAB 150-1000</i>	60
<i>INVOKAMET TAB 150-500</i>	60
<i>INVOKAMET TAB 50-1000</i>	60
<i>INVOKAMET TAB 50-500MG</i>	60

INVOKANA TAB 100MG.....	60
INVOKANA TAB 300MG.....	60
IONOSOL-B/ INJ D5W	85
IONOSOL-MB INJ /D5W	85
IPOL INJ INACTIVE.....	82
<i>ipratropium bromide inhal soln 0.02%</i>	89
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	89
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	89
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	89
IRESSA TAB 250MG	22
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	24
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	24
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	24
ISENTRESS CHW 100MG.....	9
ISENTRESS CHW 25MG	9
ISENTRESS POW 100MG.....	9
ISENTRESS TAB 400MG.....	9
ISOLYTE-P INJ /D5W	85
<i>isolyte-s inj</i>	85
<i>isoniazid inj 100 mg/ml</i>	11
<i>isoniazid syrup 50 mg/5ml</i>	11
<i>isoniazid tab 100 mg</i>	11
<i>isoniazid tab 300 mg</i>	11
<i>isosorbide dinitrate tab 10 mg</i>	37
<i>isosorbide dinitrate tab 20 mg</i>	37
<i>isosorbide dinitrate tab 30 mg</i>	37
<i>isosorbide dinitrate tab 5 mg</i>	37
<i>isosorbide dinitrate tab cr 40 mg</i>	37
<i>isosorbide mononitrate tab 10 mg</i>	37
<i>isosorbide mononitrate tab 20 mg</i>	37
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	37
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	37
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	37
<i>isradipine cap 2.5 mg</i>	34
<i>isradipine cap 5 mg</i>	34
ISTALOL SOL 0.5% OP	88
ISTODAX INJ 10MG.....	21
<i>itchy eye dro 0.025%op</i>	88
<i>itraconazole cap 100 mg</i>	8

<i>ivermectin tab 3 mg</i>	7
IXIARO INJ.....	82
J	
JAKAFI TAB 10MG	22
JAKAFI TAB 15MG	22
JAKAFI TAB 20MG	22
JAKAFI TAB 25MG	22
JAKAFI TAB 5MG	22
JALYN CAP.....	75
<i>jantoven tab 10mg</i>	77
<i>jantoven tab 1mg</i>	77
<i>jantoven tab 2.5mg</i>	77
<i>jantoven tab 2mg</i>	77
<i>jantoven tab 3mg</i>	77
<i>jantoven tab 4mg</i>	77
<i>jantoven tab 5mg</i>	77
<i>jantoven tab 6mg</i>	77
<i>jantoven tab 7.5mg</i>	77
JANUMET TAB 50-1000	60
JANUMET TAB 50-500MG	60
JANUMET XR TAB 100-1000.....	60
JANUMET XR TAB 50-1000	60
JANUMET XR TAB 50-500MG.....	60
JANUVIA TAB 100MG	60
JANUVIA TAB 25MG.....	60
JANUVIA TAB 50MG.....	60
JENTADUETO TAB 2.5-1000.....	60
JENTADUETO TAB 2.5-500	60
JENTADUETO TAB 2.5-850	60
JOLIVETTE TAB 0.35MG	62
<i>junel 1.5/30 tab</i>	62
<i>junel 1/20 tab</i>	62
<i>junel fe tab 1.5/30</i>	62
<i>junel fe tab 1/20</i>	62
K	
KADCYLA INJ 100MG	21
KADCYLA INJ 160MG	21
KALETRA SOL	11
KALETRA TAB 100-25MG.....	11
KALETRA TAB 200-50MG.....	11
<i>kariva tab 28 day</i>	62
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ.....	85
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	85
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	85
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5%	

& NACL 0.45% INJ	85	<i>gm/15ml</i>	73
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	85	<i>lactulose solution 10 gm/15ml</i>	73
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	85	<i>lamisil at cre 1%</i>	94
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	85	<i>lamivudine oral soln 10 mg/ml</i>	9
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	85	<i>lamivudine tab 100 mg (hbv)</i>	12
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	85	<i>lamivudine tab 150 mg</i>	9
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	85	<i>lamivudine tab 300 mg</i>	9
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	85	<i>lamivudine-zidovudine tab 150-300 mg</i>	11
KCL/D5W/NACL INJ 0.15/0.2	85	<i>lamotrigine tab 100 mg</i>	41
KCL/D5W/NACL INJ 0.3/0.9%	85	<i>lamotrigine tab 150 mg</i>	41
<i>ketoconazole cream 2%</i>	94	<i>lamotrigine tab 200 mg</i>	41
<i>ketoconazole shampoo 2%</i>	94	<i>lamotrigine tab 25 mg</i>	41
<i>ketoconazole tab 200 mg</i>	8	<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	41
<i>ketoprofen cap 50 mg</i>	2	<i>lamotrigine tab chewable dispersible 5 mg</i>	41
<i>ketoprofen cap 75 mg</i>	2	<i>lamotrigine tab sr 24hr 100 mg</i>	41
<i>ketorolac tromethamine ophth soln 0.4%</i>	87	<i>lamotrigine tab sr 24hr 200 mg</i>	41
<i>ketorolac tromethamine ophth soln 0.5%</i>	87	<i>lamotrigine tab sr 24hr 25 mg</i>	41
<i>kimidess tab</i>	62	<i>lamotrigine tab sr 24hr 250 mg</i>	41
KINRIX INJ	82	<i>lamotrigine tab sr 24hr 300 mg</i>	41
<i>kionex pow</i>	61	<i>lamotrigine tab sr 24hr 50 mg</i>	41
<i>kionex sus 15gm/60</i>	61	LANOXIN TAB 0.125MG	35
KLOR-CON 10 TAB 10MEQ ER	83	LANOXIN TAB 0.25MG	35
KLOR-CON 8 TAB 8MEQ ER	83	LANTUS INJ 100/ML	59
<i>klor-con m15 tab 15meq er</i>	83	LANTUS INJ SOLOSTAR	59
<i>klor-con pow 20meq</i>	83	<i>larin fe tab 1.5/30</i>	62
KUVAN POW 100MG	65	<i>larin fe tab 1/20</i>	62
KUVAN POW 500MG	65	<i>larin tab 1.5/30</i>	62
KUVAN TAB 100MG	65	<i>larin tab 1/20</i>	63
L		LASTACFT SOL 0.25%	88
<i>labetalol hcl tab 100 mg</i>	32	<i>latanoprost ophth soln 0.005%</i>	88
<i>labetalol hcl tab 200 mg</i>	32	LATUDA TAB 120MG	52
<i>labetalol hcl tab 300 mg</i>	32	LATUDA TAB 20MG	52
<i>laclotion lot 12%</i>	97	LATUDA TAB 40MG	52
LACTATED RINGER'S SOLUTION	85	LATUDA TAB 60MG	52
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	97	LATUDA TAB 80MG	52
<i>lactic acid (ammonium lactate) lotion 12%</i>	97	LAZANDA SPR 100MCG	4
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	73	LAZANDA SPR 400MCG	4
		<i>leflunomide tab 10 mg</i>	79
		<i>leflunomide tab 20 mg</i>	79
		LENVIMA CAP 10MG	22
		LENVIMA CAP 14MG	22
		LENVIMA CAP 20MG	22
		LENVIMA CAP 24MG	22
		<i>lessina tab</i>	63
		LETAIRIS TAB 10MG	38

LETAIRIS TAB 5MG	38	levofloxacin tab 250 mg	16
letrozole tab 2.5 mg	21	levofloxacin tab 500 mg	16
leucovorin calcium for inj 100 mg	24	levofloxacin tab 750 mg	16
leucovorin calcium for inj 200 mg	24	levonest tab	63
leucovorin calcium for inj 350 mg	24	levonorgestrel & ethinyl estradiol	
leucovorin calcium for inj 50 mg	24	(91-day) tab 0.15-0.03 mg	63
leucovorin calcium tab 10 mg	24	LEVONORGESTREL & ETHINYL	
leucovorin calcium tab 15 mg	24	ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	
leucovorin calcium tab 25 mg	24	.....	63
leucovorin calcium tab 5 mg	24	levonorgestrel & ethinyl estradiol tab 0.1	
leucovorin inj calcium	24	mg-20 mcg	63
LEUKERAN TAB 2MG	18	levonorgestrel tab 0.75 mg	63
LEUKINE INJ 250MCG	78	levonorgestrel tab 1.5 mg	63
leuprolide acetate inj kit 5 mg/ml	21	levora-28 tab 0.15/30	63
levalbuterol hcl soln nebu conc 1.25		levothyroxine sodium tab 100 mcg	69
mg/0.5ml (base equiv)	90	levothyroxine sodium tab 112 mcg	69
LEVEMIR INJ	59	levothyroxine sodium tab 125 mcg	69
LEVEMIR INJ FLEXTUOC	59	levothyroxine sodium tab 137 mcg	69
LEVETIRACETA INJ 10MG/ML	41	levothyroxine sodium tab 150 mcg	69
LEVETIRACETA INJ 15MG/ML	41	levothyroxine sodium tab 175 mcg	69
LEVETIRACETA INJ 5MG/ML	41	levothyroxine sodium tab 200 mcg	69
levetiracetam inj 500 mg/5ml (100		levothyroxine sodium tab 25 mcg	69
mg/ml)	41	levothyroxine sodium tab 300 mcg	69
levetiracetam oral soln 100 mg/ml	41	levothyroxine sodium tab 50 mcg	69
levetiracetam tab 1000 mg	41	levothyroxine sodium tab 75 mcg	69
levetiracetam tab 250 mg	41	levothyroxine sodium tab 88 mcg	69
levetiracetam tab 500 mg	41	LEVOXYL TAB 100MCG	69
levetiracetam tab 750 mg	41	LEVOXYL TAB 112MCG	69
levetiracetam tab sr 24hr 500 mg	41	LEVOXYL TAB 125MCG	69
levetiracetam tab sr 24hr 750 mg	41	LEVOXYL TAB 137MCG	69
LEVOBUNOLOL HCL OPHTH SOLN 0.25%		LEVOXYL TAB 150MCG	69
.....	88	LEVOXYL TAB 175MCG	69
levobunolol hcl ophth soln 0.5%	88	LEVOXYL TAB 200MCG	69
levocarnitine inj 200 mg/ml	65	LEVOXYL TAB 25MCG	69
levocarnitine oral soln 1 gm/10ml (10%)		LEVOXYL TAB 50MCG	69
.....	65	LEVOXYL TAB 75MCG	69
levocarnitine tab 330 mg	65	LEVOXYL TAB 88MCG	69
levocetirizine dihydrochloride soln 2.5		LEXIVA SUS 50MG/ML	9
mg/5ml (0.5 mg/ml)	90	LEXIVA TAB 700MG	10
levocetirizine dihydrochloride tab 5 mg	90	LIALDA TAB 1.2GM	72
levofloxacin in d5w iv soln 250 mg/50ml		lice treatme lot 1%	97
.....	15	lice trtmnt liq 1%	97
levofloxacin in d5w iv soln 500 mg/100ml		lidocaine hcl gel 2%	96
.....	15	lidocaine hcl local inj 0.5%	5
levofloxacin in d5w iv soln 750 mg/150ml		lidocaine hcl local inj 1%	5
.....	15	lidocaine hcl local inj 1.5%	5
levofloxacin iv soln 25 mg/ml	15	lidocaine hcl local inj 2%	5
levofloxacin oral soln 25 mg/ml	16	lidocaine hcl local preservative free (pf) inj	

0.5%.....	5	lorazepam inj 2 mg/ml.....	38
lidocaine hcl local preservative free (pf) inj		lorazepam inj 4 mg/ml.....	38
1%	5	lorazepam tab 0.5 mg.....	39
lidocaine hcl soln 4%.....	96	lorazepam tab 1 mg	39
lidocaine hcl viscous soln 2%	97	lorazepam tab 2 mg	39
lidocaine oint 5%	96	loryna tab 3-0.02mg.....	63
lidocaine patch 5%.....	96	losartan potassium & hydrochlorothiazide	
lidocaine-prilocaine cream 2.5-2.5% ...	96	tab 100-12.5 mg.....	28
linezolid iv soln 2 mg/ml	7	losartan potassium & hydrochlorothiazide	
LINEZOLID TAB 600 MG	7	tab 100-25 mg.....	28
LINZESS CAP 145MCG.....	73	losartan potassium & hydrochlorothiazide	
LINZESS CAP 290MCG	73	tab 50-12.5 mg.....	28
liothyronine sodium tab 25 mcg	69	losartan potassium tab 100 mg	28
liothyronine sodium tab 5 mcg.....	69	losartan potassium tab 25 mg.....	28
liothyronine sodium tab 50 mcg.....	69	losartan potassium tab 50 mg.....	28
lisinopril & hydrochlorothiazide tab		LOTEMAX GEL 0.5%	87
10-12.5 mg.....	25	LOTEMAX OIN 0.5%	87
lisinopril & hydrochlorothiazide tab		LOTEMAX SUS 0.5%	87
20-12.5 mg.....	25	LOTRONEX TAB 0.5MG.....	73
lisinopril & hydrochlorothiazide tab 20-25		LOTRONEX TAB 1MG	73
mg.....	25	lovastatin tab 10 mg.....	30
lisinopril tab 10 mg	26	lovastatin tab 20 mg.....	30
lisinopril tab 2.5 mg	26	lovastatin tab 40 mg.....	30
lisinopril tab 20 mg	26	low-ogestrel tab.....	63
lisinopril tab 30 mg	26	loxapine succinate cap 10 mg	52
lisinopril tab 40 mg	26	loxapine succinate cap 25 mg	52
lisinopril tab 5 mg	26	loxapine succinate cap 5 mg	52
lithium carbonate cap 150 mg	56	loxapine succinate cap 50 mg	52
lithium carbonate cap 300 mg	56	LUMIGAN SOL 0.01%	88
lithium carbonate cap 600 mg	56	LUMIZYME INJ 50MG	65
lithium carbonate tab 300 mg.....	56	LUPR DEP-PED INJ 11.25MG.....	21
lithium carbonate tab cr 300 mg	56	LUPR DEP-PED INJ 15MG	21
lithium carbonate tab cr 450 mg	56	LUPR DEP-PED INJ 30MG	21
LITHIUM SOL 8MEQ/5ML.....	56	LUPR DEP-PED INJ 7.5MG	21
LOKARA LOT 0.05%	96	LUPRON DEPOT INJ 11.25MG.....	21
LOMUSTINE CAP 10 MG	18	LUPRON DEPOT INJ 3.75MG	21
LOMUSTINE CAP 100 MG	19	lutra tab.....	63
LOMUSTINE CAP 40 MG	19	LYNPARZA CAP 50MG	21
loperamide hcl cap 2 mg.....	73	LYRICA CAP 100MG	41
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)		LYRICA CAP 150MG	41
.....	70	LYRICA CAP 200MG	41
loperamide hcl liq 1 mg/7.5ml	70	LYRICA CAP 225MG	41
loperamide sus 1mg/7.5	70	LYRICA CAP 25MG.....	41
loratadine sol 5mg/5ml.....	90	LYRICA CAP 300MG	41
loratadine syp 5mg/5ml.....	90	LYRICA CAP 50MG.....	41
loratadine tab 10 mg	90	LYRICA CAP 75MG.....	41
loratadine tab 10mg.....	90	LYRICA SOL 20MG/ML.....	41
lorazepam con 2mg/ml.....	38	LYSODREN TAB 500MG	21

lyza tab 0.35mg63

M

MAGNESIUM SU INJ 20/500ML83

MAGNESIUM SU INJ 80MG/ML83

magnesium sulfate inj 50%83

MAGNESIUM SULFATE INJ 50%83

malathion lotion 0.5%97

maprotiline hcl tab 25 mg46

maprotiline hcl tab 50 mg46

maprotiline hcl tab 75 mg46

marlissa tab 0.15/3063

MARPLAN TAB 10MG46

MATULANE CAP 50MG23

MAXIDEX SUS 0.1% OP87

meclizine hcl tab 12.5 mg71

meclizine hcl tab 25 mg71

medroxyprogesterone acetate im susp
150 mg/ml63

medroxyprogesterone acetate tab 10 mg
.....68

medroxyprogesterone acetate tab 2.5 mg
.....68

medroxyprogesterone acetate tab 5 mg
.....68

mefloquine hcl tab 250 mg 9

MEGACE ES SUS 625/5ML21

megestrol acetate susp 40 mg/ml21

MEGESTROL ACETATE SUSP 625 MG/5ML
.....21

megestrol acetate tab 20 mg21

megestrol acetate tab 40 mg21

MEKINIST TAB 0.5MG22

MEKINIST TAB 2MG22

MELOXICAM SUSP 7.5 MG/5ML 2

meloxicam tab 15 mg 2

meloxicam tab 7.5 mg 2

melphalan hcl for inj 50 mg (base equiv)
.....19

MEMANTINE HCL TAB 10 MG44

memantine hcl tab 5 mg44

MENACTRA INJ82

MENOMUNE INJ A/C/Y/W82

MENVEO INJ82

mercaptopurine tab 50 mg20

meropenem iv for soln 1 gm 7

meropenem iv for soln 500 mg 7

mesalamine enema 4 gm72

mesalamine rectal enema 4 gm & cleanser

wipe kit 72

mesna inj 100 mg/ml 24

MESNEX TAB 400MG 24

metformin hcl tab 1000 mg 60

metformin hcl tab 500 mg 60

metformin hcl tab 850 mg 60

metformin hcl tab sr 24hr 500 mg 60

metformin hcl tab sr 24hr 750 mg 60

methadone con 10mg/ml 4

methadone hcl soln 10 mg/5ml 4

methadone hcl soln 5 mg/5ml 4

methadone hcl tab 10 mg 4

methadone hcl tab 5 mg 4

methazolamide tab 25 mg 36

methazolamide tab 50 mg 36

methenamine hippurate tab 1 gm 7

methimazole tab 10 mg 69

methimazole tab 5 mg 69

methotrexate sodium for inj 1 gm 20

methotrexate sodium inj 25 mg/ml 20

methotrexate sodium inj pf 25 mg/ml . 20

methotrexate sodium tab 2.5 mg (base
equiv) 79

methyclothiazide tab 5 mg 36

methylergonovine maleate tab 0.2 mg 67

methylphenidate hcl soln 10 mg/5ml .. 55

methylphenidate hcl soln 5 mg/5ml 55

methylphenidate hcl tab 10 mg 55

methylphenidate hcl tab 20 mg 55

methylphenidate hcl tab 5 mg 55

methylphenidate hcl tab cr 10 mg 55

methylphenidate hcl tab cr 20 mg 55

methylprednisolone acetate inj susp 40
mg/ml 66

methylprednisolone acetate inj susp 80
mg/ml 66

methylprednisolone sodium succinate for
inj 1000 mg 66

methylprednisolone sodium succinate for
inj 125 mg 66

methylprednisolone sodium succinate for
inj 40 mg 66

methylprednisolone tab 16 mg 67

methylprednisolone tab 32 mg 67

methylprednisolone tab 4 mg 66

methylprednisolone tab 4 mg dose pack
..... 66

methylprednisolone tab 8 mg 66

<i>metipranolol ophth soln 0.3%</i>	88	<i>microgestin tab fe1.5/30</i>	63
<i>metoclopramide hcl inj 5 mg/ml</i>	71	<i>midodrine hcl tab 10 mg</i>	37
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	71	<i>midodrine hcl tab 2.5 mg</i>	37
<i>metoclopramide hcl tab 10 mg</i>	71	<i>midodrine hcl tab 5 mg</i>	37
<i>metoclopramide hcl tab 5 mg</i>	71	<i>minitran dis 0.1mg/hr</i>	37
<i>metolazone tab 10 mg</i>	36	<i>minitran dis 0.2mg/hr</i>	37
<i>metolazone tab 2.5 mg</i>	36	<i>minitran dis 0.4mg/hr</i>	37
<i>metolazone tab 5 mg</i>	36	<i>minitran dis 0.6mg/hr</i>	37
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	31	<i>minocycline hcl cap 100 mg</i>	18
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	31	<i>minocycline hcl cap 50 mg</i>	18
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	31	<i>minocycline hcl cap 75 mg</i>	18
<i>metoprolol succinate tab sr 24hr 100 mg</i>	32	<i>minoxidil tab 10 mg</i>	37
<i>metoprolol succinate tab sr 24hr 200 mg</i>	32	<i>minoxidil tab 2.5 mg</i>	37
<i>metoprolol succinate tab sr 24hr 25 mg</i>	32	<i>mirtazapine orally disintegrating tab 15 mg</i>	46
<i>metoprolol succinate tab sr 24hr 50 mg</i>	32	<i>mirtazapine orally disintegrating tab 30 mg</i>	46
<i>metoprolol tartrate inj 1 mg/ml</i>	32	<i>mirtazapine orally disintegrating tab 45 mg</i>	47
<i>metoprolol tartrate tab 100 mg</i>	32	<i>mirtazapine tab 15 mg</i>	47
<i>metoprolol tartrate tab 25 mg</i>	32	<i>mirtazapine tab 30 mg</i>	47
<i>metoprolol tartrate tab 50 mg</i>	32	<i>mirtazapine tab 45 mg</i>	47
<i>metronidazole cream 0.75%</i>	97	<i>mirtazapine tab 7.5 mg</i>	47
<i>metronidazole gel 0.75%</i>	97	<i>misoprostol tab 100 mcg</i>	73
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	7	<i>misoprostol tab 200 mcg</i>	74
<i>metronidazole lotion 0.75%</i>	97	<i>mitomycin for iv soln 20 mg</i>	19
<i>metronidazole tab 250 mg</i>	7	<i>mitomycin for iv soln 40 mg</i>	19
<i>metronidazole tab 500 mg</i>	7	<i>mitomycin for iv soln 5 mg</i>	19
<i>metronidazole vaginal gel 0.75%</i>	76	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	23
<i>mexiletine hcl cap 150 mg</i>	29	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	23
<i>mexiletine hcl cap 200 mg</i>	29	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	23
<i>mexiletine hcl cap 250 mg</i>	29	<i>M-M-R II INJ</i>	82
<i>MG SO4/D5W INJ 10MG/ML</i>	83	<i>moderiba pak 1000/day</i>	12
<i>MG SO4/D5W INJ 20MG/ML</i>	83	<i>moderiba pak 1200/day</i>	12
<i>MIACALCIN INJ 200/ML</i>	67	<i>moderiba pak 600/day</i>	12
<i>miconazole 3 kit combo pk</i>	76	<i>moderiba pak 800/day</i>	12
<i>miconazole 7 cre 2%</i>	76	<i>moexipril hcl tab 15 mg</i>	26
<i>miconazole 7 cre tube/kit</i>	76	<i>moexipril hcl tab 7.5 mg</i>	26
<i>miconazole 7 sup 100mg</i>	76	<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	25
<i>microgestin tab 1.5/30</i>	63	<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	26
<i>microgestin tab 1/20</i>	63	<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	25
<i>microgestin tab fe 1/20</i>	63	<i>mometasone furoate cream 0.1%</i>	96

<i>mometasone furoate oint 0.1%</i>	96
<i>mometasone furoate solution 0.1%</i> <i>(lotion)</i>	96
MONONESSA TAB	63
<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	91
<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	91
<i>montelukast sodium oral granules packet</i> <i>4 mg (base equiv)</i>	91
<i>montelukast sodium tab 10 mg (base</i> <i>equiv)</i>	91
MORPHINE SUL INJ 2MG/ML.....	4
MORPHINE SUL INJ 4MG/ML.....	4
MORPHINE SUL INJ 8MG/ML.....	4
<i>morphine sulfate beads cap sr 24hr 120</i> <i>mg</i>	4
<i>morphine sulfate beads cap sr 24hr 30 mg</i>	4
<i>morphine sulfate beads cap sr 24hr 45 mg</i>	4
<i>morphine sulfate beads cap sr 24hr 60 mg</i>	4
<i>morphine sulfate beads cap sr 24hr 75 mg</i>	4
<i>morphine sulfate beads cap sr 24hr 90 mg</i>	4
<i>morphine sulfate cap sr 24hr 10 mg</i>	4
<i>morphine sulfate cap sr 24hr 100 mg</i> ...	4
<i>morphine sulfate cap sr 24hr 20 mg</i>	4
<i>morphine sulfate cap sr 24hr 30 mg</i>	4
<i>morphine sulfate cap sr 24hr 50 mg</i>	4
<i>morphine sulfate cap sr 24hr 60 mg</i>	4
<i>morphine sulfate cap sr 24hr 80 mg</i>	4
<i>morphine sulfate inj pf 0.5 mg/ml</i>	4
<i>morphine sulfate inj pf 1 mg/ml</i>	4
MORPHINE SULFATE IV SOLN 1 MG/ML	4
MORPHINE SULFATE IV SOLN PF 10 MG/ML.....	4
MORPHINE SULFATE IV SOLN PF 15 MG/ML.....	4
MORPHINE SULFATE ORAL SOLN 10 MG/5ML.....	4
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	5
MORPHINE SULFATE ORAL SOLN 20 MG/5ML.....	4
MORPHINE SULFATE TAB 15 MG	5

MORPHINE SULFATE TAB 30 MG	5
<i>morphine sulfate tab cr 100 mg</i>	5
<i>morphine sulfate tab cr 15 mg</i>	5
<i>morphine sulfate tab cr 200 mg</i>	5
<i>morphine sulfate tab cr 30 mg</i>	5
<i>morphine sulfate tab cr 60 mg</i>	5
MOVANTIK TAB 12.5MG	74
MOVANTIK TAB 25MG.....	74
MOVIPREP SOL	73
MOXEZA SOL 0.5%	87
MOZOBIL INJ.....	78
MULTAQ TAB 400MG.....	29
<i>mupirocin oint 2%</i>	93
MUSTARGEN INJ 10MG	19
<i>my way tab 1.5mg</i>	63
MYCAMINE INJ 100MG	8
MYCAMINE INJ 50MG.....	8
<i>mycophenolate mofetil cap 250 mg</i>	81
<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	81
<i>mycophenolate mofetil tab 500 mg</i>	81
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	81
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	81
<i>myorisan cap 10mg</i>	93
<i>myorisan cap 20mg</i>	93
<i>myorisan cap 40mg</i>	93
MYOZYME INJ 50MG	65
MYRBETRIQ TAB 25MG	75
MYRBETRIQ TAB 50MG	75
<i>myzilra tab</i>	63

N

<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	32
<i>nadolol tab 40 mg</i>	32
<i>nadolol tab 80 mg</i>	32
<i>nafcillin sodium for inj 1 gm</i>	17
<i>nafcillin sodium for inj 10 gm</i>	17
<i>nafcillin sodium for inj 2 gm</i>	17
<i>nafcillin sodium for iv soln 1 gm</i>	17
<i>nafcillin sodium for iv soln 2 gm</i>	17
NAGLAZYME INJ 1MG/ML	65
<i>naloxone hcl inj 0.4 mg/ml</i>	58
<i>naloxone hcl inj 1 mg/ml</i>	58
<i>naltrexone hcl tab 50 mg</i>	58
NAMENDA SOL 10MG/5ML.....	44

NAMENDA TAB 10MG	44	<i>neomycin-polymyxin-hc otic soln 1%..</i>	98
NAMENDA TAB 5MG	44	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAMENDA XR CAP 14MG.....	44	<i>mg/ml-10000 unit/ml-1%</i>	98
NAMENDA XR CAP 21MG.....	44	NEORAL CAP 100MG	81
NAMENDA XR CAP 28MG.....	44	NEORAL CAP 25MG.....	81
NAMENDA XR CAP 7MG	44	NEORAL SOL 100MG/ML.....	81
NAMENDA XR CAP TITRATIO	44	NEPHRAMINE INJ 5.4%	84
NAMZARIC CAP 14-10MG.....	44	NEUMEGA INJ 5MG	78
NAMZARIC CAP 28-10MG.....	44	NEUPOGEN INJ 300/0.5	78
<i>naphazoline hcl ophth soln 0.1%</i>	89	NEUPOGEN INJ 300MCG.....	78
<i>naproxen dr tab 375mg</i>	2	NEUPOGEN INJ 480/0.8	78
<i>naproxen dr tab 500mg</i>	2	NEUPOGEN INJ 480MCG.....	78
<i>naproxen sod tab 220mg</i>	2	NEUPRO DIS 1MG/24HR.....	49
<i>naproxen sodium tab 220 mg</i>	2	NEUPRO DIS 2MG/24HR.....	49
<i>naproxen sodium tab 275 mg</i>	2	NEUPRO DIS 3MG/24HR.....	49
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 4MG/24HR.....	49
<i>naproxen susp 125 mg/5ml.....</i>	2	NEUPRO DIS 6MG/24HR.....	49
<i>naproxen tab 250 mg</i>	2	NEUPRO DIS 8MG/24HR.....	49
<i>naproxen tab 375 mg</i>	2	NEVANAC SUS 0.1%.....	87
<i>naproxen tab 500 mg</i>	2	NEVIRAPINE SUSP 50 MG/5ML.....	10
<i>naratriptan hcl tab 1 mg (base equiv)..</i>	55	<i>nevirapine tab 200 mg</i>	10
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>nevirapine tab sr 24hr 400 mg</i>	10
.....	55	NEXAVAR TAB 200MG	22
NASONEX SPR 50MCG/AC.....	92	NEXIUM CAP 20MG.....	74
NATACYN SUS 5% OP	87	NEXIUM CAP 40MG.....	74
<i>nateglinide tab 120 mg</i>	60	NEXIUM GRA 10MG DR	74
<i>nateglinide tab 60 mg</i>	60	NEXIUM GRA 2.5MG DR	74
NEBUPENT INH 300MG	7	NEXIUM GRA 20MG DR	74
<i>necon tab 0.5/35</i>	63	NEXIUM GRA 40MG DR	75
<i>necon tab 1/35</i>	63	NEXIUM GRA 5MG DR	74
NECON TAB 1/50-28	63	<i>next choice tab 1.5mg</i>	63
<i>necon tab 10/11-28</i>	63	<i>niacin tab cr 1000 mg</i>	
NECON TAB 7/7/7	63	<i>(antihyperlipidemic)</i>	31
<i>nefazodone hcl tab 100 mg</i>	47	<i>niacin tab cr 500 mg (antihyperlipidemic)</i>	
<i>nefazodone hcl tab 150 mg</i>	47	.....	31
<i>nefazodone hcl tab 200 mg</i>	47	<i>niacin tab cr 750 mg (antihyperlipidemic)</i>	
<i>nefazodone hcl tab 250 mg</i>	47	.....	31
<i>nefazodone hcl tab 50 mg</i>	47	<i>niacor tab 500mg</i>	31
<i>neomycin sulfate tab 500 mg</i>	6	<i>nicardipine hcl cap 20 mg.....</i>	34
<i>neomycin-bacitrac zn-polymyx</i>		<i>nicardipine hcl cap 30 mg.....</i>	34
<i>5(3.5)mg-400unt-10000unt op oin</i>	87	<i>nicotine polacrilex gum 2 mg</i>	58
<i>neomycin-polymy-gramicid op sol</i>		<i>nicotine polacrilex gum 4 mg</i>	58
<i>1.75-10000-0.025mg-unt-mg/ml.....</i>	87	<i>nicotine polacrilex lozenge 2 mg</i>	58
<i>neomycin-polymyxin-dexamethasone</i>		<i>nicotine polacrilex lozenge 4 mg</i>	58
<i>ophth oint 0.1%</i>	86	<i>nicotine td patch 24hr 21 mg/24hr</i>	58
<i>neomycin-polymyxin-dexamethasone</i>		NICOTROL INH	58
<i>ophth susp 0.1%</i>	86	NICOTROL NS SPR 10MG/ML	58
<i>neomycin-polymyxin-hc ophth susp</i>	86	<i>nifedical xl tab 30mg</i>	34

<i>nifedical xl tab 60mg</i>	34	NORMOSOL -R INJ /D5W.....	85
<i>nifedipine tab sr 24hr 30 mg</i>	34	NORMOSOL-R INJ PH 7.4	85
<i>nifedipine tab sr 24hr 60 mg</i>	34	NORPACE CAP 100MG CR	29
<i>nifedipine tab sr 24hr 90 mg</i>	34	NORPACE CAP 150MG CR	29
<i>nifedipine tab sr 24hr osmotic release 30 mg</i>	34	<i>nortrel tab 0.5/35</i>	64
<i>nifedipine tab sr 24hr osmotic release 60 mg</i>	34	<i>nortrel tab 1/35</i>	64
<i>nifedipine tab sr 24hr osmotic release 90 mg</i>	34	<i>nortrel tab 7/7/7</i>	64
<i>nikki tab 3-0.02mg</i>	63	<i>nortriptyline hcl cap 10 mg</i>	47
NILANDRON TAB 150MG.....	21	<i>nortriptyline hcl cap 25 mg</i>	47
<i>nimodipine cap 30 mg</i>	34	<i>nortriptyline hcl cap 50 mg</i>	47
NIPENT INJ 10MG	20	<i>nortriptyline hcl cap 75 mg</i>	47
<i>nitro-bid oin 2%</i>	37	<i>nortriptyline hcl soln 10 mg/5ml</i>	47
NITRO-DUR DIS 0.3MG/HR	37	NORVIR CAP 100MG	10
NITRO-DUR DIS 0.8MG/HR	37	NORVIR SOL 80MG/ML.....	10
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	7	NORVIR TAB 100MG	10
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7	NOVOLIN INJ 70/30.....	59
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	7	NOVOLIN N INJ U-100	59
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	37	NOVOLIN R INJ U-100	59
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	37	NOVOLOG INJ 100/ML	59
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	37	NOVOLOG INJ FLEXPEN.....	59
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	37	NOVOLOG INJ PENFILL	59
NITROLINGUAL SPR PUMPSRA	37	NOVOLOG MIX INJ 70/30	59
NITROSTAT SUB 0.3MG	37	NOVOLOG MIX INJ FLEXPEN	59
NITROSTAT SUB 0.4MG	37	NOXAFIL SUS 40MG/ML	8
NITROSTAT SUB 0.6MG	37	NOXAFIL TAB 100MG.....	8
NORDITROPIN INJ 10/1.5ML	67	NUEDEXTA CAP 20-10MG	56
NORDITROPIN INJ 15/1.5ML	67	NULOJIX INJ 250MG	81
NORDITROPIN INJ 30/3ML	67	NULYTELY SOL FLAV PKS	73
NORDITROPIN INJ 5/1.5ML	67	NUVARING MIS.....	64
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	63	NUVIGIL TAB 150MG	57
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	63	NUVIGIL TAB 200MG	57
<i>norethindrone acetate tab 5 mg</i>	68	NUVIGIL TAB 250MG	57
<i>norethindrone tab 0.35 mg</i>	63	NUVIGIL TAB 50MG	57
NORETHINDRONE TAB 0.35 MG.....	63	<i>nyamyc pow 100000</i>	94
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	63	NYMALIZE SOL 60/20ML	34
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	64	<i>nystatin cream 100000 unit/gm</i>	94
<i>norlyroc tab 0.35mg</i>	64	<i>nystatin oint 100000 unit/gm</i>	94
<i>normosol -m inj /d5w</i>	85	<i>nystatin susp 100000 unit/ml</i>	97
		<i>nystatin tab 500000 unit</i>	8
		<i>nystatin topical powder</i>	94
		<i>nystop pow 100000</i>	94
		●	
		OCTAGAM INJ 10GM	80
		OCTAGAM INJ 1GM.....	80
		OCTAGAM INJ 2.5GM	80
		OCTAGAM INJ 25GM	80
		OCTAGAM INJ 2GM/20ML	80
		OCTAGAM INJ 5GM.....	80

<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	68	ORAP TAB 1MG	52
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	68	ORAP TAB 2MG	52
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	68	ORFADIN CAP 10MG	65
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	67	ORFADIN CAP 2MG.....	65
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	68	ORFADIN CAP 5MG.....	65
<i>ofloxacin ophth soln 0.3%</i>	87	ORKAMBI TAB 200-125.....	91
<i>ofloxacin otic soln 0.3%</i>	98	<i>orsythia tab</i>	64
<i>olanzapine for im inj 10 mg</i>	52	<i>oxacillin sodium for inj 1 gm</i>	17
<i>olanzapine orally disintegrating tab 10 mg</i>	52	<i>oxacillin sodium for inj 10 gm</i>	17
<i>olanzapine orally disintegrating tab 15 mg</i>	52	<i>oxacillin sodium for inj 2 gm</i>	17
<i>olanzapine orally disintegrating tab 20 mg</i>	52	<i>oxaliplatin for iv inj 100 mg</i>	24
<i>olanzapine orally disintegrating tab 5 mg</i>	52	<i>oxaliplatin for iv inj 50 mg</i>	24
<i>olanzapine tab 10 mg</i>	52	<i>oxaliplatin iv soln 100 mg/20ml</i>	24
<i>olanzapine tab 15 mg</i>	52	<i>oxaliplatin iv soln 50 mg/10ml</i>	24
<i>olanzapine tab 2.5 mg</i>	52	<i>oxandrolone tab 10 mg</i>	59
<i>olanzapine tab 20 mg</i>	52	<i>oxandrolone tab 2.5 mg</i>	59
<i>olanzapine tab 5 mg</i>	52	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	41
<i>olanzapine tab 7.5 mg</i>	52	<i>oxcarbazepine tab 150 mg</i>	41
<i>olopatadine hcl nasal soln 0.6%</i>	90	<i>oxcarbazepine tab 300 mg</i>	42
OLYSIO CAP 150MG	12	<i>oxcarbazepine tab 600 mg</i>	42
<i>omega-3-acid ethyl esters cap 1 gm</i>	31	<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	75
<i>omeprazole cap delayed release 10 mg</i> 75		<i>oxybutynin chloride tab 5 mg</i>	75
<i>omeprazole cap delayed release 20 mg</i> 75		<i>oxybutynin chloride tab sr 24hr 10 mg</i> 75	
<i>omeprazole cap delayed release 40 mg</i> 75		<i>oxybutynin chloride tab sr 24hr 15 mg</i> 75	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	71	<i>oxybutynin chloride tab sr 24hr 5 mg</i> . 75	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	71	<i>oxycodone hcl cap 5 mg</i>	5
<i>ondansetron hcl oral soln 4 mg/5ml</i>	71	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML).....	5
<i>ondansetron hcl tab 24 mg</i>	71	<i>oxycodone hcl soln 5 mg/5ml</i>	5
<i>ondansetron hcl tab 4 mg</i>	71	<i>oxycodone hcl tab 10 mg</i>	5
<i>ondansetron hcl tab 8 mg</i>	71	<i>oxycodone hcl tab 15 mg</i>	5
<i>ondansetron orally disintegrating tab 4 mg</i>	71	<i>oxycodone hcl tab 20 mg</i>	5
<i>ondansetron orally disintegrating tab 8 mg</i>	71	<i>oxycodone hcl tab 30 mg</i>	5
ONFI SUS 2.5MG/ML	41	<i>oxycodone hcl tab 5 mg</i>	5
ONFI TAB 10MG.....	41	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
ONFI TAB 20MG.....	41	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
		<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
		<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
		P	
		<i>pacerone tab 100mg</i>	29
		<i>pacerone tab 200mg</i>	29
		<i>pacerone tab 400mg</i>	29
		<i>paclitaxel iv conc 100 mg/16.7ml (6</i>	

<i>mg/ml)</i>	20	<i>penicillin g potassium for inj 20000000</i>	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>		<i>unit</i>	17
.....	20	<i>penicillin g potassium for inj 5000000 unit</i>	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>		.....	17
.....	20	<i>penicillin g sodium for inj 5000000 unit</i>	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>		.....	17
.....	20	<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>pain relief tab 650mg</i>	1	.....	17
<i>pamidronate disodium iv soln 3 mg/ml</i>	61	<i>penicillin v potassium for soln 250 mg/5ml</i>	
<i>pamidronate disodium iv soln 9 mg/ml</i>	61	.....	17
<i>pamidronate inj 6mg/ml</i>	61	<i>penicillin v potassium tab 250 mg</i>	17
PANRETIN GEL 0.1%	97	<i>penicillin v potassium tab 500 mg</i>	17
<i>pantoprazole sodium ec tab 20 mg (base</i>		PENTAM 300 INJ 300MG.....	7
<i>equiv)</i>	75	PENTASA CAP 250MG CR	72
<i>pantoprazole sodium ec tab 40 mg (base</i>		PENTASA CAP 500MG CR	72
<i>equiv)</i>	75	<i>pentoxifylline tab cr 400 mg</i>	78
<i>paricalcitol cap 1 mcg</i>	86	PERFOROMIST NEB 20MCG	90
<i>paricalcitol cap 2 mcg</i>	86	<i>perindopril erbumine tab 2 mg</i>	26
<i>paricalcitol cap 4 mcg</i>	86	<i>perindopril erbumine tab 4 mg</i>	26
<i>paromomycin sulfate cap 250 mg</i>	6	<i>perindopril erbumine tab 8 mg</i>	26
<i>paroxetine hcl tab 10 mg</i>	47	<i>perlogard sol 0.12%</i>	97
<i>paroxetine hcl tab 20 mg</i>	47	<i>permethrin cream 5%</i>	97
<i>paroxetine hcl tab 30 mg</i>	47	<i>permethrin lotion 1%</i>	97
<i>paroxetine hcl tab 40 mg</i>	47	<i>perphenazine tab 16 mg</i>	52
<i>paser gra 4gm</i>	11	<i>perphenazine tab 2 mg</i>	52
PATADAY SOL 0.2%	88	<i>perphenazine tab 4 mg</i>	52
PATANOL SOL 0.1% OP	88	<i>perphenazine tab 8 mg</i>	52
PAXIL SUS 10MG/5ML	47	<i>phenelzine sulfate tab 15 mg</i>	47
PAZEO DRO 0.7%	88	PHENOBARB INJ 65MG/ML	42
PEDVAX HIB INJ	82	<i>phenobarbital elixir 20 mg/5ml</i>	42
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>		<i>phenobarbital sodium inj 130 mg/ml</i> ..	42
<i>soln 236 gm</i>	73	<i>phenobarbital tab 100 mg</i>	42
PEG 3350-KCL-NA BICARB-NACL-NA		<i>phenobarbital tab 15 mg</i>	42
SULFATE FOR SOLN 240 GM.....	73	<i>phenobarbital tab 16.2 mg</i>	42
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>phenobarbital tab 30 mg</i>	42
<i>gm</i>	73	<i>phenobarbital tab 32.4 mg</i>	42
PEGANONE TAB 250MG	42	<i>phenobarbital tab 60 mg</i>	42
PEG-INTRON KIT 120 RP.....	80	<i>phenobarbital tab 64.8 mg</i>	42
PEGINTRON KIT 120MCG	80	<i>phenobarbital tab 97.2 mg</i>	42
PEG-INTRON KIT 150 RP.....	80	<i>phenytek cap 200mg</i>	42
PEGINTRON KIT 150MCG	80	<i>phenytek cap 300mg</i>	42
PEG-INTRON KIT 50MCG	80	<i>phenytoin chew tab 50 mg</i>	42
PEG-INTRON KIT 50MCG RP.....	80	<i>phenytoin sodium extended cap 100 mg</i>	
PEGINTRON KIT 80MCG.....	80	.....	42
PEG-INTRON KIT 80MCG RP.....	80	<i>phenytoin sodium extended cap 200 mg</i>	
<i>pen g proc inj 600000</i>	17	.....	42
PENICILL GK/ INJ DEX 2MU.....	17	<i>phenytoin sodium extended cap 300 mg</i>	
PENICILL GK/ INJ DEX 3MU.....	17	.....	42

<i>phenytoin sodium inj 50 mg/ml</i>	42	<i>potassium chloride cap cr 8 meq</i>	83
<i>phenytoin susp 125 mg/5ml</i>	42	POTASSIUM CHLORIDE INJ 10 MEQ/100	
<i>philith tab 0.4-35</i>	64	ML	86
PHOSLYRA SOL	68	<i>potassium chloride inj 10 meq/50 ml</i> ..	86
PHOSPHOLINE SOL 0.125%OP	88	<i>potassium chloride inj 2 meq/ml</i>	85
PILOCARPINE HCL OPTH SOLN 1% ...	88	POTASSIUM CHLORIDE INJ 20 MEQ/100	
PILOCARPINE HCL OPTH SOLN 2% ...	88	ML	86
PILOCARPINE HCL OPTH SOLN 4% ...	88	<i>potassium chloride inj 20 meq/50 ml</i> ..	86
<i>pilocarpine hcl tab 5 mg</i>	97	<i>potassium chloride inj 40 meq/100 ml</i> ..	86
<i>pilocarpine hcl tab 7.5 mg</i>	97	<i>potassium chloride microencapsulated</i>	
<i>pimtrea tab</i>	64	<i>crys cr tab 10 meq</i>	83
<i>pindolol tab 10 mg</i>	32	<i>potassium chloride microencapsulated</i>	
<i>pindolol tab 5 mg</i>	32	<i>crys cr tab 20 meq</i>	83
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride oral soln 10% (20</i>	
.....	60	<i>meq/15ml)</i>	83
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride oral soln 20% (40</i>	
.....	60	<i>meq/15ml)</i>	83
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		POTASSIUM CHLORIDE TAB CR 10 MEQ	
.....	60	.....	83
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CHLORIDE TAB CR 20 MEQ	
<i>for inj 2-0.25 gm</i>	17	(1500 MG)	83
<i>piperacillin sodium-tazobactam sodium</i>		<i>potassium chloride tab cr 8 meq (600 mg)</i>	
<i>for inj 3-0.375 gm</i>	17	.....	83
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CITRATE TAB CR 10 MEQ	
<i>for inj 36-4.5 gm</i>	18	(1080 MG)	75
<i>piperacillin sodium-tazobactam sodium</i>		POTASSIUM CITRATE TAB CR 5 MEQ (540	
<i>for inj 4-0.5 gm</i>	18	MG)	75
<i>pirmella tab 1/35</i>	64	POTIGA TAB 200MG	42
<i>piroxicam cap 10 mg</i>	2	POTIGA TAB 300MG	42
<i>piroxicam cap 20 mg</i>	2	POTIGA TAB 400MG	42
PLASMA-LYTE INJ -148	85	POTIGA TAB 50MG	42
PLASMA-LYTE INJ 56/D5W	85	PRADAXA CAP 150MG	77
PLASMA-LYTE INJ -A	85	PRADAXA CAP 75MG	77
<i>podofilox soln 0.5%</i>	97	<i>pramipexole dihydrochloride tab 0.125</i>	
<i>polyethylene glycol 3350 oral packet</i> ...	73	<i>mg</i>	49
<i>polyethylene glycol 3350 oral powder</i> ..	73	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		.....	49
<i>10000 unit/ml-0.1%</i>	87	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
POMALYST CAP 1MG	23	.....	49
POMALYST CAP 2MG	23	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
POMALYST CAP 3MG	23	.....	49
POMALYST CAP 4MG	23	<i>pramipexole dihydrochloride tab 1 mg</i> ..	49
<i>portia-28 tab</i>	64	<i>pramipexole dihydrochloride tab 1.5 mg</i>	
POTASSIUM CHLORIDE 20 MEQ/L		.....	49
(0.15%) IN DEXTROSE 5% INJ	85	<i>pravastatin sodium tab 10 mg</i>	30
POTASSIUM CHLORIDE 40 MEQ/L (0.3%)		<i>pravastatin sodium tab 20 mg</i>	30
IN DEXTROSE 5% INJ	85	<i>pravastatin sodium tab 40 mg</i>	30
<i>potassium chloride cap cr 10 meq</i>	83	<i>pravastatin sodium tab 80 mg</i>	30

<i>prazosin hcl cap 1 mg</i>	27	PROAIR HFA AER.....	91
<i>prazosin hcl cap 2 mg</i>	27	<i>probenecid tab 500 mg</i>	1
<i>prazosin hcl cap 5 mg</i>	27	PROCALAMINE INJ 3%.....	84
<i>pred sod pho sol 1% op</i>	87	<i>prochlorperazine edisylate inj 5 mg/ml</i> 71	
PREDNISOLONE ACETATE OPTH SUSP		<i>prochlorperazine maleate tab 10 mg (base</i>	
1%	88	<i>equivalent)</i>	71
<i>prednisolone sod phosph oral soln 6.7</i>		<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>mg/5ml (5 mg/5ml base)</i>	67	<i>equivalent)</i>	71
<i>prednisolone sod phosphate oral soln 15</i>		<i>prochlorperazine suppos 25 mg</i>	71
<i>mg/5ml (base equiv)</i>	67	PROCRIT INJ 10000/ML.....	78
<i>prednisolone sodium phosphate oral soln</i>		PROCRIT INJ 2000/ML	78
<i>25 mg/5ml (base eq)</i>	67	PROCRIT INJ 20000/ML.....	78
<i>prednisolone syrup 15 mg/5ml (usp</i>		PROCRIT INJ 3000/ML	78
<i>solution equivalent)</i>	67	PROCRIT INJ 4000/ML	78
<i>prednisone con 5mg/ml</i>	67	PROCRIT INJ 40000/ML.....	78
<i>prednisone oral soln 5 mg/5ml</i>	67	<i>procto-pak cre 1%</i>	94
<i>prednisone tab 1 mg</i>	67	<i>proctozone cre -hc 2.5%</i>	94
<i>prednisone tab 10 mg</i>	67	PROGLYCEM SUS 50MG/ML	67
<i>prednisone tab 10 mg dose pack</i>	67	PROGRAF CAP 0.5MG.....	81
<i>prednisone tab 2.5 mg</i>	67	PROGRAF CAP 1MG	81
<i>prednisone tab 20 mg</i>	67	PROGRAF CAP 5MG	81
<i>prednisone tab 5 mg</i>	67	PROLASTIN-C INJ 1000MG	91
<i>prednisone tab 5 mg dose pack</i>	67	PROLENSA SOL 0.07%.....	89
<i>prednisone tab 50 mg</i>	67	PROLEUKIN INJ 22MU.....	21
PREMARIN VAG CRE 0.625MG	66	PROLIA SOL 60MG/ML	68
<i>premasol sol 10%</i>	84	PROMACTA TAB 12.5MG.....	78
PRENATAL VITAMIN/FOLIC ACID > 0.8		PROMACTA TAB 25MG	78
MG (GENERIC)	86	PROMACTA TAB 50MG	78
<i>prevalite pow 4gm</i>	31	PROMACTA TAB 75MG	78
<i>previfem tab</i>	64	<i>promethazine hcl inj 25 mg/ml</i>	71
PREZCOBIX TAB 800-150	11	<i>promethazine hcl inj 50 mg/ml</i>	71
PREZISTA SUS 100MG/ML.....	10	<i>propafenone hcl cap sr 12hr 225 mg</i> ... 29	
PREZISTA TAB 150MG	10	<i>propafenone hcl cap sr 12hr 325 mg</i> ... 29	
PREZISTA TAB 600MG	10	<i>propafenone hcl cap sr 12hr 425 mg</i> ... 29	
PREZISTA TAB 75MG.....	10	<i>propafenone hcl tab 150 mg</i>	29
PREZISTA TAB 800MG	10	<i>propafenone hcl tab 225 mg</i>	29
PRIFTIN TAB 150MG.....	11	<i>propafenone hcl tab 300 mg</i>	29
PRILOSEC OTC TAB 20MG.....	75	<i>proparacaine hcl ophth soln 0.5%</i>	89
PRIMAQUINE TAB 26.3MG.....	9	<i>propranolol & hydrochlorothiazide tab</i>	
<i>primidone tab 250 mg</i>	42	<i>40-25 mg</i>	31
<i>primidone tab 50 mg</i>	42	<i>propranolol & hydrochlorothiazide tab</i>	
PRISTIQ TAB 100MG	47	<i>80-25 mg</i>	31
PRISTIQ TAB 25MG.....	47	<i>propranolol hcl cap sr 24hr 120 mg</i>	32
PRISTIQ TAB 50MG.....	47	<i>propranolol hcl cap sr 24hr 160 mg</i>	32
PRIVIGEN INJ 10GRAMS	80	<i>propranolol hcl cap sr 24hr 60 mg</i>	32
PRIVIGEN INJ 20GRAMS	80	<i>propranolol hcl cap sr 24hr 80 mg</i>	32
PRIVIGEN INJ 40GRAMS	80	<i>propranolol hcl inj 1 mg/ml</i>	32
PRIVIGEN INJ 5 GRAMS	80	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	32

<i>propranolol hcl oral soln 40 mg/5ml</i>	32
<i>propranolol hcl tab 10 mg</i>	32
<i>propranolol hcl tab 20 mg</i>	32
<i>propranolol hcl tab 40 mg</i>	32
<i>propranolol hcl tab 60 mg</i>	32
<i>propranolol hcl tab 80 mg</i>	32
<i>propylthiouracil tab 50 mg</i>	69
PROQUAD INJ.....	82
PROSOL INJ 20%	84
<i>protriptyline hcl tab 10 mg</i>	47
<i>protriptyline hcl tab 5 mg</i>	47
PRUDOXIN CRE 5%	94
PULMOZYME SOL 1MG/ML.....	91
PURIXAN SUS 20MG/ML.....	20
<i>pyrazinamide tab 500 mg</i>	11
<i>pyridostigmine bromide tab 60 mg</i>	56

Q

<i>qc allergy tab 10mg</i>	90
QUADRACEL INJ	82
<i>quasense tab</i>	64
<i>quetiapine fumarate tab 100 mg</i>	52
<i>quetiapine fumarate tab 200 mg</i>	52
<i>quetiapine fumarate tab 25 mg</i>	52
<i>quetiapine fumarate tab 300 mg</i>	52
<i>quetiapine fumarate tab 400 mg</i>	52
<i>quetiapine fumarate tab 50 mg</i>	52
<i>quinapril hcl tab 10 mg</i>	26
<i>quinapril hcl tab 20 mg</i>	26
<i>quinapril hcl tab 40 mg</i>	26
<i>quinapril hcl tab 5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	26
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	26
<i>quinidine gluconate tab cr 324 mg</i>	29
<i>quinidine sulfate tab 200 mg</i>	29
<i>quinidine sulfate tab 300 mg</i>	29
<i>quinine sulfate cap 324 mg</i>	9
QVAR AER 40MCG.....	92
QVAR AER 80MCG.....	92

R

RABAVERT INJ.....	82
<i>raloxifene hcl tab 60 mg</i>	68
<i>ramipril cap 1.25 mg</i>	26
<i>ramipril cap 10 mg</i>	26
<i>ramipril cap 2.5 mg</i>	26

<i>ramipril cap 5 mg</i>	26
RANEXA TAB 1000MG	37
RANEXA TAB 500MG.....	37
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	72
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	72
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	72
<i>ranitidine hcl tab 150 mg</i>	72
<i>ranitidine hcl tab 300 mg</i>	72
<i>ranitidine hcl tab 75 mg</i>	72
RAPAMUNE SOL 1MG/ML.....	81
REBETOL SOL 40MG/ML.....	12
<i>reclipsen tab</i>	64
RECOMBIVA HB INJ 10MCG/ML.....	82
RECOMBIVA HB INJ 5MCG/0.5	82
RECOMBIVA-HB INJ 40MCG/ML.....	82
REGRANEX GEL 0.01%	97
RELENZA MIS DISKHALE	12
RELISTOR INJ 12/0.6ML.....	73
RELISTOR INJ 8/0.4ML	73
RELISTOR KIT 12/0.6ML	73
RELPAK TAB 20MG	55
RELPAK TAB 40MG	55
REMICADE INJ 100MG	79
REMODULIN INJ 10MG/ML.....	38
REMODULIN INJ 1MG/ML	38
REMODULIN INJ 2.5MG/ML.....	38
REMODULIN INJ 5MG/ML	38
REVELA PAK 0.8GM	68
REVELA PAK 2.4GM	68
REVELA TAB 800MG	68
<i>repaglinide tab 0.5 mg</i>	60
<i>repaglinide tab 1 mg</i>	61
<i>repaglinide tab 2 mg</i>	61
RESCRIPTOR TAB 100 MG	10
RESCRIPTOR TAB 200MG	10
RESTASIS EMU 0.05%	89
RETROVIR INJ 10MG/ML	10
REVATIO SUS 10MG/ML	38
REVLIMID CAP 10MG	80
REVLIMID CAP 15MG	80
REVLIMID CAP 2.5MG	80
REVLIMID CAP 20MG	80
REVLIMID CAP 25MG	80
REVLIMID CAP 5MG	80
REXULTI TAB 0.25MG	52

REXULTI TAB 0.5MG.....	52	<i>risperidone tab 2 mg</i>	53
REXULTI TAB 1MG	52	<i>risperidone tab 3 mg</i>	53
REXULTI TAB 2MG	52	<i>risperidone tab 4 mg</i>	53
REXULTI TAB 3MG	53	RITUXAN INJ 500MG.....	21
REXULTI TAB 4MG	53	<i>rivastigmine tartrate cap 1.5 mg</i>	44
REYATAZ CAP 150MG	10	<i>rivastigmine tartrate cap 3 mg</i>	44
REYATAZ CAP 200MG	10	<i>rivastigmine tartrate cap 4.5 mg</i>	44
REYATAZ CAP 300MG	10	<i>rivastigmine tartrate cap 6 mg</i>	44
REYATAZ POW 50MG.....	10	RIVASTIGMINE TD PATCH 24HR 13.3	
<i>ribapak pak 1000/day</i>	12	MG/24HR	44
<i>ribapak pak 1200/day</i>	12	RIVASTIGMINE TD PATCH 24HR 4.6	
<i>ribapak pak 600/day</i>	12	MG/24HR	44
<i>ribapak pak 800/day</i>	12	RIVASTIGMINE TD PATCH 24HR 9.5	
<i>ribasphere cap 200mg</i>	12	MG/24HR	44
<i>ribasphere tab 200mg</i>	12	<i>rizatriptan benzoate orally disintegrating</i>	
<i>ribasphere tab 400mg</i>	12	<i>tab 10 mg</i>	56
<i>ribasphere tab 600mg</i>	12	<i>rizatriptan benzoate orally disintegrating</i>	
<i>ribavirin cap 200 mg</i>	12	<i>tab 5 mg</i>	55
<i>ribavirin tab 200 mg.....</i>	12	<i>rizatriptan benzoate tab 10 mg</i>	56
<i>rifabutin cap 150 mg</i>	11	<i>rizatriptan benzoate tab 5 mg</i>	56
<i>rifampin cap 150 mg</i>	11	<i>ropinirole hydrochloride tab 0.25 mg ..</i>	49
<i>rifampin cap 300 mg</i>	11	<i>ropinirole hydrochloride tab 0.5 mg</i>	49
<i>rifampin for inj 600 mg.....</i>	11	<i>ropinirole hydrochloride tab 1 mg</i>	49
RIFATER TAB.....	11	<i>ropinirole hydrochloride tab 2 mg</i>	49
<i>riluzole tab 50 mg.....</i>	56	<i>ropinirole hydrochloride tab 3 mg</i>	49
<i>rimantadine hydrochloride tab 100 mg</i>	12	<i>ropinirole hydrochloride tab 4 mg</i>	49
RINGER'S SOLUTION.....	86	<i>ropinirole hydrochloride tab 5 mg</i>	49
RIOMET SOL	61	<i>rosadan cre 0.75%.....</i>	97
RISPERDAL INJ 12.5MG	53	ROTARIX SUS	82
RISPERDAL INJ 25MG.....	53	ROTATEQ SOL.....	82
RISPERDAL INJ 37.5MG.....	53	<i>roxiket sol 5-325/5</i>	5
RISPERDAL INJ 50MG.....	53	ROZEREM TAB 8MG	55
<i>risperidone orally disintegrating tab 0.25</i>		S	
<i>mg.....</i>	53	SABRIL POW 500MG.....	42
<i>risperidone orally disintegrating tab 0.5</i>		SABRIL TAB 500MG.....	42
<i>mg.....</i>	53	SANDIMMUNE CAP 100MG.....	81
<i>risperidone orally disintegrating tab 1 mg</i>		SANDIMMUNE CAP 25MG	81
<i>.....</i>	53	SANDIMMUNE SOL 100MG/ML	81
<i>risperidone orally disintegrating tab 2 mg</i>		SANDOSTATIN KIT LAR 10MG.....	68
<i>.....</i>	53	SANDOSTATIN KIT LAR 20MG.....	68
<i>risperidone orally disintegrating tab 3 mg</i>		SANDOSTATIN KIT LAR 30MG.....	68
<i>.....</i>	53	SANTYL OIN 250/GM	97
<i>risperidone orally disintegrating tab 4 mg</i>		SAPHRIS SUB 10MG	53
<i>.....</i>	53	SAPHRIS SUB 2.5MG	53
<i>risperidone soln 1 mg/ml</i>	53	SAPHRIS SUB 5MG	53
<i>risperidone tab 0.25 mg</i>	53	<i>sb allergy tab 10mg.....</i>	90
<i>risperidone tab 0.5 mg</i>	53	<i>sb ibuprofen tab 200mg</i>	2
<i>risperidone tab 1 mg</i>	53	<i>selegiline hcl cap 5 mg.....</i>	49

<i>selegiline hcl tab 5 mg</i>	49	SODIUM CHLORIDE INJ 5%.....	86
<i>selenium sulfide lotion 2.5%</i>	94	SODIUM CHLORIDE IRRIGATION SOLN	
SELZENTRY TAB 150MG.....	10	0.9%	97
SELZENTRY TAB 300MG.....	10	SODIUM CHLORIDE IV SOLN 0.9%.....	86
SENSIPAR TAB 30MG	61	SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5	
SENSIPAR TAB 60MG	61	F) MG/ML SOLN	83
SENSIPAR TAB 90MG	61	<i>sodium phenylbutyrate oral powder 3</i>	
SEREVENT DIS AER 50MCG.....	91	<i>gm/teaspoonful</i>	65
SEROQUEL XR TAB 150MG.....	53	<i>sodium polystyrene sulfonate oral susp 15</i>	
SEROQUEL XR TAB 200MG.....	53	<i>gm/60ml</i>	61
SEROQUEL XR TAB 300MG.....	53	SOLIA TAB	64
SEROQUEL XR TAB 400MG.....	53	SOLTAMOX SOL 10MG/5ML	21
SEROQUEL XR TAB 50MG.....	53	SOLU-CORTEF INJ 250MG	67
<i>sertraline hcl oral conc 20 mg/ml</i>	47	SOMATULINE INJ 120/.5ML	68
<i>sertraline hcl tab 100 mg</i>	47	SOMATULINE INJ 60/0.2ML	68
<i>sertraline hcl tab 25 mg</i>	47	SOMATULINE INJ 90/0.3ML	68
<i>sertraline hcl tab 50 mg</i>	47	SOMAVERT INJ 10MG	68
<i>sharobel tab 0.35mg</i>	64	SOMAVERT INJ 15MG	68
<i>sildenafil citrate tab 20 mg</i>	38	SOMAVERT INJ 20MG	68
SILENOR TAB 3MG.....	55	SOMAVERT INJ 25MG	68
SILENOR TAB 6MG.....	55	SOMAVERT INJ 30MG	68
SILVER SULFADIAZINE CREAM 1%	93	<i>sorine tab 120mg</i>	29
SIMBRINZA SUS 1-0.2%.....	88	<i>sorine tab 160mg</i>	29
<i>simvastatin tab 10 mg</i>	30	<i>sorine tab 240mg</i>	29
<i>simvastatin tab 20 mg</i>	30	<i>sorine tab 80mg</i>	29
<i>simvastatin tab 40 mg</i>	30	<i>sotalol hcl (afib/afl) tab 120 mg</i>	29
<i>simvastatin tab 5 mg</i>	30	<i>sotalol hcl (afib/afl) tab 160 mg</i>	29
<i>simvastatin tab 80 mg</i>	30	<i>sotalol hcl (afib/afl) tab 80 mg</i>	29
<i>sirolimus tab 0.5 mg</i>	81	<i>sotalol hcl tab 120 mg</i>	29
SIROLIMUS TAB 1 MG	81	<i>sotalol hcl tab 160 mg</i>	29
SIROLIMUS TAB 2 MG	81	<i>sotalol hcl tab 240 mg</i>	29
SIRTURO TAB 100MG	11	<i>sotalol hcl tab 80 mg</i>	29
SIVEXTRO INJ 200MG	7	SOVALDI TAB 400MG	12
SIVEXTRO TAB 200MG	7	SPIRIVA CAP HANDIHLR	89
<i>sm all day tab allergy</i>	90	SPIRIVA SPR RESPIMAT	89
<i>sm anti-diar tab 2mg</i>	70	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>sm clearlax pow</i>	73	<i>25-25 mg</i>	36
<i>sm ibuprofen cap 200mg</i>	2	<i>spironolactone tab 100 mg</i>	27
<i>sm nicotine gum 2mg</i>	58	<i>spironolactone tab 25 mg</i>	27
<i>sm nicotine gum 2mg mint</i>	58	<i>spironolactone tab 50 mg</i>	27
<i>sm nicotine gum 4mg</i>	58	<i>sprintec 28 tab 28 day</i>	64
<i>sm nicotine gum 4mg mint</i>	58	SPRYCEL TAB 100MG.....	22
<i>sm nicotine loz 2mg mint</i>	58	SPRYCEL TAB 140MG.....	23
<i>sm nicotine loz 4mg mint</i>	58	SPRYCEL TAB 20MG.....	22
SODIUM CHLORIDE INJ 0.45%	86	SPRYCEL TAB 50MG.....	22
SODIUM CHLORIDE INJ 2.5 MEQ/ML		SPRYCEL TAB 70MG.....	22
(14.6%)	83	SPRYCEL TAB 80MG.....	22
SODIUM CHLORIDE INJ 3%	86	<i>sps sus 15gm/60</i>	61

SSD CRE 1%	94	AUTO-INJECTOR 4 MG/0.5ML	56
<i>stavudine cap 15 mg</i>	10	<i>sumatriptan succinate solution</i>	
<i>stavudine cap 20 mg</i>	10	<i>auto-injector 6 mg/0.5ml</i>	56
<i>stavudine cap 30 mg</i>	10	SUMATRIPTAN SUCCINATE SOLUTION	
<i>stavudine cap 40 mg</i>	10	CARTRIDGE 4 MG/0.5ML	56
<i>stavudine for oral soln 1 mg/ml</i>	10	SUMATRIPTAN SUCCINATE SOLUTION	
STIVARGA TAB 40MG	23	CARTRIDGE 6 MG/0.5ML	56
STRATTERA CAP 100MG	55	<i>sumatriptan succinate solution prefilled</i>	
STRATTERA CAP 10MG	55	<i>syringe 6 mg/0.5ml</i>	56
STRATTERA CAP 18MG	55	<i>sumatriptan succinate tab 100 mg</i>	56
STRATTERA CAP 25MG	55	<i>sumatriptan succinate tab 25 mg</i>	56
STRATTERA CAP 40MG	55	<i>sumatriptan succinate tab 50 mg</i>	56
STRATTERA CAP 60MG	55	SUPRAX CAP 400MG	14
STRATTERA CAP 80MG	55	<i>suprax chw 100mg</i>	14
<i>streptomycin sulfate for inj 1 gm</i>	6	<i>suprax chw 200mg</i>	14
STRIBILD TAB	11	<i>suprax sus 100/5ml</i>	14
SUBOXONE MIS 12-3MG	58	<i>suprax sus 200/5ml</i>	14
SUBOXONE MIS 2-0.5MG	58	SUPRAX SUS 500/5ML	14
SUBOXONE MIS 4-1MG	58	SUPREP BOWEL SOL PREP	73
SUBOXONE MIS 8-2MG	58	SURMONTIL CAP 100MG	47
SUCRAID SOL 8500/ML	74	SURMONTIL CAP 25MG	47
<i>sucralfate tab 1 gm</i>	74	SURMONTIL CAP 50MG	47
<i>sulfacetamide sodium lotion 10% (acne)</i>		SUSTIVA CAP 200MG	10
.....	93	SUSTIVA CAP 50MG	10
<i>sulfacetamide sodium ophth oint 10%</i>	87	SUSTIVA TAB 600MG	10
<i>sulfacetamide sodium ophth soln 10%</i>	87	SUTENT CAP 12.5MG	23
<i>sulfacetamide sodium-prednisolone ophth</i>		SUTENT CAP 25MG	23
<i>soln 10-0.23(0.25)%</i>	86	SUTENT CAP 37.5MG	23
<i>sulfadiazine tab 500mg</i>	6	SUTENT CAP 50MG	23
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>syeda tab 3-0.03mg</i>	64
<i>400-80 mg/5ml</i>	7	SYLATRON KIT 200MCG	23
<i>sulfamethoxazole-trimethoprim susp</i>		SYLATRON KIT 300MCG	23
<i>200-40 mg/5ml</i>	7	SYLATRON KIT 600MCG	23
<i>sulfamethoxazole-trimethoprim tab</i>		SYMBICORT AER 160-4.5	92
<i>400-80 mg</i>	7	SYMBICORT AER 80-4.5	92
<i>sulfamethoxazole-trimethoprim tab</i>		SYMLINPEN 60 INJ 1000MCG	59
<i>800-160 mg</i>	7	SYMLINPEN 120 INJ 1000MCG	59
SULFAMYLLON CRE 85MG/GM	94	SYNAGIS INJ 100MG/ML	82
<i>sulfasalazine tab 500 mg</i>	72	SYNAGIS INJ 50MG	82
<i>sulfazine ec tab 500mg</i>	72	SYNAREL SOL 2MG/ML	64
<i>sulindac tab 150 mg</i>	2	SYNERCID INJ 500MG	7
<i>sulindac tab 200 mg</i>	2	SYNTHROID TAB 100MCG	69
SUMATRIPTAN NASAL SPRAY 20 MG/ACT		SYNTHROID TAB 112MCG	69
.....	56	SYNTHROID TAB 125MCG	69
SUMATRIPTAN NASAL SPRAY 5 MG/ACT		SYNTHROID TAB 137MCG	69
.....	56	SYNTHROID TAB 150MCG	69
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	56	SYNTHROID TAB 175MCG	69
SUMATRIPTAN SUCCINATE SOLUTION		SYNTHROID TAB 200MCG	69

SYNTHROID TAB 25MCG.....	69
SYNTHROID TAB 300MCG	69
SYNTHROID TAB 50MCG.....	69
SYNTHROID TAB 75MCG.....	69
SYNTHROID TAB 88MCG.....	69
SYPRINE CAP 250MG.....	61

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TABLOID TAB 40MG	20
<i>tacrolimus cap 0.5 mg</i>	81
<i>tacrolimus cap 1 mg</i>	81
<i>tacrolimus cap 5 mg</i>	81
TAFINLAR CAP 50MG.....	23
TAFINLAR CAP 75MG.....	23
TAMIFLU CAP 30MG	12
TAMIFLU CAP 45MG	12
TAMIFLU CAP 75MG	12
TAMIFLU SUS 6MG/ML.....	12
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	21
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	21
<i>tamsulosin hcl cap 0.4 mg</i>	75
TARCEVA TAB 100MG.....	23
TARCEVA TAB 150MG.....	23
TARCEVA TAB 25MG.....	23
TARGRETIN CAP 75MG	23
TARGRETIN GEL 1%.....	97
TASIGNA CAP 150MG	23
TASIGNA CAP 200MG	23
<i>tazicef inj 1gm</i>	14
<i>tazicef inj 2gm</i>	14
<i>tazicef inj 6gm</i>	14
TAZORAC CRE 0.05%.....	94
TAZORAC CRE 0.1%.....	94
<i>taztia xt cap 120mg/24</i>	34
<i>taztia xt cap 180mg/24</i>	34
<i>taztia xt cap 240mg/24</i>	34
<i>taztia xt cap 300mg/24</i>	34
<i>taztia xt cap 360mg/24</i>	34
TEFLARO INJ 400MG	14
TEFLARO INJ 600MG	14
TEGRETOL SUS 100/5ML	42
TEGRETOL TAB 200MG	43
TEGRETOL-XR TAB 100MG	43
TEGRETOL-XR TAB 200MG	43
TEGRETOL-XR TAB 400MG	43
TEKAMLO TAB 150-10MG.....	35
TEKAMLO TAB 150-5MG.....	35

TEKTURNA HCT TAB 150-12.5	35
TEKTURNA HCT TAB 150-25MG.....	35
TEKTURNA HCT TAB 300-12.5	35
TEKTURNA HCT TAB 300-25MG.....	35
TEKTURNA TAB 150MG	35
TEKTURNA TAB 300MG	35
<i>temazepam cap 15 mg</i>	55
<i>temazepam cap 7.5 mg</i>	55
TENIVAC INJ 5-2LF.....	82
<i>terazosin hcl cap 1 mg</i>	27
<i>terazosin hcl cap 10 mg</i>	27
<i>terazosin hcl cap 2 mg</i>	27
<i>terazosin hcl cap 5 mg</i>	27
<i>terbinafine cre 1%</i>	94
<i>terbinafine hcl cream 1%</i>	94
<i>terbinafine hcl tab 250 mg</i>	8
<i>terbutaline sulfate inj 1 mg/ml</i>	91
<i>terbutaline sulfate tab 2.5 mg</i>	91
<i>terbutaline sulfate tab 5 mg</i>	91
<i>terconazole vaginal cream 0.4%</i>	76
<i>terconazole vaginal cream 0.8%</i>	76
<i>terconazole vaginal suppos 80 mg</i>	76
TESTIM GEL 1%(50MG)	59
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	59
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	59
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	59
TET/DIP TOX INJ 2-2 LF.....	82
TETANUS TOX INJ 5LF ADS	82
TETRABENAZINE TAB 12.5 MG.....	56
TETRABENAZINE TAB 25 MG	56
TEV-TROPIN INJ 5MG	67
<i>texacort sol 2.5%</i>	96
THALOMID CAP 100MG	81
THALOMID CAP 150MG	81
THALOMID CAP 200MG	81
THALOMID CAP 50MG.....	80
<i>theo-24 cap 100mg cr</i>	92
<i>theo-24 cap 200mg cr</i>	92
<i>theo-24 cap 300mg cr</i>	92
<i>theo-24 cap 400mg er</i>	92
<i>theophylline soln 80 mg/15ml</i>	92
<i>theophylline tab sr 12hr 100 mg</i>	92
<i>theophylline tab sr 12hr 200 mg</i>	92
<i>theophylline tab sr 12hr 300 mg</i>	92
<i>theophylline tab sr 12hr 450 mg</i>	92

<i>theophylline tab sr 24hr 400 mg</i>	93	TOLTERODINE TARTRATE CAP SR 24HR 4	
<i>theophylline tab sr 24hr 600 mg</i>	93	MG	75
<i>thioridazine hcl tab 10 mg</i>	53	<i>tolterodine tartrate tab 1 mg</i>	75
<i>thioridazine hcl tab 100 mg</i>	53	<i>tolterodine tartrate tab 2 mg</i>	76
<i>thioridazine hcl tab 25 mg</i>	53	<i>topiramate sprinkle cap 15 mg</i>	43
<i>thioridazine hcl tab 50 mg</i>	53	<i>topiramate sprinkle cap 25 mg</i>	43
<i>thiothixene cap 1 mg</i>	53	<i>topiramate tab 100 mg</i>	43
<i>thiothixene cap 10 mg</i>	54	<i>topiramate tab 200 mg</i>	43
<i>thiothixene cap 2 mg</i>	53	<i>topiramate tab 25 mg</i>	43
<i>thiothixene cap 5 mg</i>	54	<i>topiramate tab 50 mg</i>	43
<i>tiagabine hcl tab 2 mg</i>	43	<i>toposar inj 1gm/50ml</i>	24
<i>tiagabine hcl tab 4 mg</i>	43	<i>topotecan hcl for inj 4 mg</i>	24
TIKOSYN CAP 125MCG	30	<i>toremide inj 20mg/2ml</i>	36
TIKOSYN CAP 250MCG	30	<i>toremide inj 50mg/5ml</i>	36
TIKOSYN CAP 500MCG	30	<i>toremide tab 10 mg</i>	36
TIMOLOL MALEATE OPTH GEL FORMING		<i>toremide tab 100 mg</i>	36
SOLN 0.25%	88	<i>toremide tab 20 mg</i>	36
TIMOLOL MALEATE OPTH GEL FORMING		<i>toremide tab 5 mg</i>	36
SOLN 0.5%	88	TOUJEO SOLO INJ 300IU/ML	59
<i>timolol maleate ophth soln 0.25%</i>	88	TOVIAZ TAB 4MG	76
<i>timolol maleate ophth soln 0.5%</i>	88	TOVIAZ TAB 8MG	76
<i>timolol maleate tab 10 mg</i>	32	TPN ELECTROL INJ	83
<i>timolol maleate tab 20 mg</i>	33	TRACLEER TAB 125MG	38
<i>timolol maleate tab 5 mg</i>	32	TRACLEER TAB 62.5MG	38
<i>tioconazole oin 6.5% vag</i>	76	TRADJENTA TAB 5MG	61
TIVICAY TAB 50MG	10	<i>tramadol hcl tab 50 mg</i>	3
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		<i>tramadol-acetaminophen tab 37.5-325</i>	
.....	57	<i>mg</i>	3
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>trandolapril tab 1 mg</i>	27
.....	57	<i>trandolapril tab 2 mg</i>	27
<i>tobra/nacl inj 80/0.9</i>	6	<i>trandolapril tab 4 mg</i>	27
TOBRADEX OIN 0.3-0.1%	86	<i>tranexamic acid inj 100 mg/ml</i>	78
TOBRADEX ST SUS 0.3-0.05	86	<i>tranexamic acid tab 650 mg</i>	78
<i>tobramycin nebu soln 300 mg/5ml</i>	6	TRANSDERM-SC DIS 1MG	71
<i>tobramycin ophth soln 0.3%</i>	87	<i>tranylcypromine sulfate tab 10 mg</i>	47
<i>tobramycin sulfate for inj 1.2 gm</i>	6	<i>travasol inj 10%</i>	84
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		TRAVATAN Z DRO 0.004%	88
<i>mg/ml)</i>	6	<i>trazodone hcl tab 100 mg</i>	47
<i>tobramycin sulfate inj 10 mg/ml</i>	6	<i>trazodone hcl tab 150 mg</i>	47
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>trazodone hcl tab 50 mg</i>	47
<i>mg/ml)</i>	6	TREANDA INJ 100MG	19
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TREANDA INJ 180/2ML	19
<i>mg/ml)</i>	6	TREANDA INJ 25MG	19
<i>tobramycin-dexamethasone ophth susp</i>		TREANDA INJ 45/0.5ML	19
<i>0.3-0.1%</i>	86	TRECATOR TAB 250MG	11
TOBREX OIN 0.3% OP	87	TRELSTAR MIX INJ 11.25MG	21
TOLTERODINE TARTRATE CAP SR 24HR 2		TRELSTAR MIX INJ 3.75MG	21
MG	75	<i>tretinoin cap 10 mg</i>	23

<i>tretinoin cream 0.025%</i>	93
<i>tretinoin cream 0.05%</i>	93
<i>tretinoin cream 0.1%</i>	93
<i>tretinoin gel 0.01%</i>	93
<i>tretinoin gel 0.025%</i>	93
<i>triamcinolone acetonide cream 0.025%</i>	96
<i>triamcinolone acetonide cream 0.1%</i> ...	96
<i>triamcinolone acetonide cream 0.5%</i> ...	96
<i>triamcinolone acetonide dental paste</i> <i>0.1%</i>	98
<i>triamcinolone acetonide lotion 0.025%</i>	96
<i>triamcinolone acetonide lotion 0.1%</i> ...	96
<i>triamcinolone acetonide oint 0.025%</i> ...	96
<i>triamcinolone acetonide oint 0.1%</i>	96
<i>triamcinolone acetonide oint 0.5%</i>	96
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	36
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	36
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	36
TRIBENZOR20- TAB 5-12.5MG.....	28
TRIBENZOR40- TAB 10-12.5	28
TRIBENZOR40- TAB 10-25MG.....	28
TRIBENZOR40- TAB 5-12.5MG.....	28
TRIBENZOR40- TAB 5-25MG	28
<i>triderm cre 0.1%</i>	96
<i>trifluoperazine hcl tab 1 mg</i>	54
<i>trifluoperazine hcl tab 10 mg</i>	54
<i>trifluoperazine hcl tab 2 mg</i>	54
<i>trifluoperazine hcl tab 5 mg</i>	54
<i>trifluridine ophth soln 1%</i>	87
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	49
<i>trihexyphenidyl hcl tab 2 mg</i>	49
<i>trihexyphenidyl hcl tab 5 mg</i>	49
<i>tri-legest tab fe</i>	64
<i>trilyte sol</i>	73
<i>trimethoprim tab 100 mg</i>	7
TRINESSA TAB	64
<i>tri-previfem tab</i>	64
TRISENOX SOL 10MG/10M.....	24
<i>tri-sprintec tab</i>	64
TRIUMEQ TAB.....	11
<i>trivora-28 tab</i>	64
TROPHAMINE INJ 10%	84
<i>trospium chloride tab 20 mg</i>	76
TRUE METRIX KIT METER.....	98

TRUE METRIX TES	98
TRUERESULT KIT SYSTEM	98
TRUETEST TES.....	98
TRULICITY INJ 0.75/0.5	59
TRULICITY INJ 1.5/0.5.....	59
TRUMENBA INJ	82
TRUVADA TAB 200-300.....	11
TUDORZA PRES AER 400/ACT	89
TWINRIX INJ	82
TYBOST TAB 150MG	10
TYGACIL INJ 50MG	8
TYKERB TAB 250MG	23
TYPHIM VI INJ	82
TYSABRI INJ 300/15ML	57
TYZEKA TAB 600MG	12

U

UCERIS TAB 9MG	72
ULORIC TAB 40MG	1
ULORIC TAB 80MG	1
UNITHROID TAB 100MCG.....	70
UNITHROID TAB 112MCG.....	70
UNITHROID TAB 125MCG.....	70
UNITHROID TAB 150MCG.....	70
UNITHROID TAB 175MCG.....	70
UNITHROID TAB 200MCG.....	70
UNITHROID TAB 25MCG.....	70
UNITHROID TAB 300MCG.....	70
UNITHROID TAB 50MCG.....	70
UNITHROID TAB 75MCG.....	70
UNITHROID TAB 88MCG.....	70
<i>ursodiol cap 300 mg</i>	74
<i>ursodiol tab 250 mg</i>	74
<i>ursodiol tab 500 mg</i>	74

V

VAGIFEM TAB 10MCG	66
<i>valacyclovir hcl tab 1 gm</i>	12
<i>valacyclovir hcl tab 500 mg</i>	12
VALCHLOR GEL 0.016%	97
VALCYTE SOL 50MG/ML	13
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	13
<i>valproate sodium inj 100 mg/ml</i>	43
<i>valproate sodium syrup 250 mg/5ml</i> <i>(base equiv)</i>	43
<i>valproic acid cap 250 mg</i>	43
<i>valsartan tab 160 mg</i>	28
<i>valsartan tab 320 mg</i>	28
<i>valsartan tab 40 mg</i>	28

<i>valsartan tab 80 mg</i>	28	<i>verapamil hcl tab cr 180 mg</i>	34
<i>valsartan-hydrochlorothiazide tab</i>		<i>verapamil hcl tab cr 240 mg</i>	35
<i>160-12.5 mg</i>	28	VERSACLOZ SUS 50MG/ML.....	54
<i>valsartan-hydrochlorothiazide tab 160-25</i>		VESICARE TAB 10MG.....	76
<i>mg</i>	28	VESICARE TAB 5MG.....	76
<i>valsartan-hydrochlorothiazide tab</i>		VIBRAMYCIN SYP 50MG/5ML	18
<i>320-12.5 mg</i>	28	VICTOZA INJ 18MG/3ML	59
<i>valsartan-hydrochlorothiazide tab 320-25</i>		VICTRELIS CAP 200MG	13
<i>mg</i>	28	VIDEX SOL 2GM.....	10
<i>valsartan-hydrochlorothiazide tab</i>		VIDEX SOL 4GM.....	10
<i>80-12.5 mg</i>	28	VIGAMOX DRO 0.5%	87
<i>vancomycin hcl cap 125 mg</i>	8	VIIBRYD KIT	48
<i>vancomycin hcl cap 250 mg</i>	8	VIIBRYD KIT STARTER	48
<i>vancomycin hcl for inj 10 gm</i>	8	VIIBRYD TAB 10MG	48
<i>vancomycin hcl for inj 1000 mg</i>	8	VIIBRYD TAB 20MG	48
<i>vancomycin hcl for inj 500 mg</i>	8	VIIBRYD TAB 40MG	48
<i>vancomycin hcl for inj 5000 mg</i>	8	VIMPAT INJ 200MG/20.....	43
<i>vancomycin inj 750mg</i>	8	VIMPAT SOL 10MG/ML	43
VANDAZOLE GEL 0.75%	76	VIMPAT TAB 100MG.....	43
VAQTA INJ 25/0.5ML.....	83	VIMPAT TAB 150MG.....	43
VAQTA INJ 50UNT/ML.....	83	VIMPAT TAB 200MG.....	43
VARIVAX INJ	83	VIMPAT TAB 50MG	43
VASCEPA CAP 1GM	31	<i>vinblastine inj 1mg/ml</i>	20
VELCADE INJ 3.5MG.....	21	<i>vincasar pfs inj 1mg/ml</i>	20
<i>velivet pak</i>	64	<i>vincristine sulfate iv soln 1 mg/ml</i>	20
<i>venlafaxine hcl cap sr 24hr 150 mg (base</i>		<i>vinorelbine tartrate inj 10 mg/ml (base</i>	
<i>equivalent)</i>	48	<i>equiv)</i>	20
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base</i>		<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	
<i>equivalent)</i>	48	<i>mg/ml) (base equiv)</i>	20
<i>venlafaxine hcl cap sr 24hr 75 mg (base</i>		<i>viorele tab</i>	64
<i>equivalent)</i>	48	VIRACEPT TAB 250MG	10
<i>venlafaxine hcl tab 100 mg</i>	48	VIRACEPT TAB 625MG	10
<i>venlafaxine hcl tab 25 mg</i>	48	VIRAMUNE XR TAB 100MG	10
<i>venlafaxine hcl tab 37.5 mg</i>	48	VIREAD POW 40MG/GM	10
<i>venlafaxine hcl tab 50 mg</i>	48	VIREAD TAB 150MG	10
<i>venlafaxine hcl tab 75 mg</i>	48	VIREAD TAB 200MG	10
<i>verapamil hcl cap sr 24hr 100 mg</i>	34	VIREAD TAB 250MG	10
<i>verapamil hcl cap sr 24hr 120 mg</i>	34	VIREAD TAB 300MG	10
<i>verapamil hcl cap sr 24hr 180 mg</i>	34	VITEKTA TAB 150MG	11
<i>verapamil hcl cap sr 24hr 200 mg</i>	34	VITEKTA TAB 85MG	10
<i>verapamil hcl cap sr 24hr 240 mg</i>	34	VOLTAREN GEL 1%	97
<i>verapamil hcl cap sr 24hr 300 mg</i>	34	<i>voriconazole for inj 200 mg</i>	9
VERAPAMIL HCL CAP SR 24HR 360 MG	34	<i>voriconazole for susp 40 mg/ml</i>	9
<i>verapamil hcl iv soln 2.5 mg/ml</i>	34	<i>voriconazole tab 200 mg</i>	9
<i>verapamil hcl tab 120 mg</i>	34	<i>voriconazole tab 50 mg</i>	9
<i>verapamil hcl tab 40 mg</i>	34	VOTRIENT TAB 200MG.....	23
<i>verapamil hcl tab 80 mg</i>	34	<i>vyfemla tab 0.4-35</i>	64
<i>verapamil hcl tab cr 120 mg</i>	34		

W

<i>warfarin sodium tab 1 mg</i>	77
<i>warfarin sodium tab 10 mg</i>	77
<i>warfarin sodium tab 2 mg</i>	77
<i>warfarin sodium tab 2.5 mg</i>	77
<i>warfarin sodium tab 3 mg</i>	77
<i>warfarin sodium tab 4 mg</i>	77
<i>warfarin sodium tab 5 mg</i>	77
<i>warfarin sodium tab 6 mg</i>	77
<i>warfarin sodium tab 7.5 mg</i>	77

WATER FOR IRRIGATION, STERILE

IRRIGATION SOLN	97
WELCHOL PAK 3.75GM	31
WELCHOL TAB 625MG	31

X

XALKORI CAP 200MG	23
XALKORI CAP 250MG	23
XARELTO STAR TAB 15/20MG.....	77
XARELTO TAB 10MG.....	77
XARELTO TAB 15MG.....	77
XARELTO TAB 20MG.....	77
XENAZINE TAB 12.5MG	56
XENAZINE TAB 25MG	57
XGEVA INJ	68
XIFAXAN TAB 550MG	74
XIGDUO XR TAB 10-1000	61
XIGDUO XR TAB 10-500MG.....	61
XIGDUO XR TAB 5-1000MG.....	61
XIGDUO XR TAB 5-500MG	61
XOLAIR SOL 150MG	91
XOPENEX HFA AER.....	91
XTANDI CAP 40MG.....	21
XYREM SOL 500MG/ML	57

Y

YF-VAX INJ	83
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Z

<i>zaditor dro 0.025%op</i>	88
<i>zafirlukast tab 10 mg</i>	91
<i>zafirlukast tab 20 mg</i>	91
<i>zarah tab 3-0.03mg</i>	64
ZAVESCA CAP 100MG.....	65
<i>zazole cre 0.4%</i>	76
ZAZOLE CRE 0.8%.....	76
ZELBORAF TAB 240MG	23
ZEMAIRA INJ 1000MG	91
<i>zenatane cap 10mg</i>	93
<i>zenatane cap 20mg</i>	93
<i>zenatane cap 30mg</i>	93

<i>zenatane cap 40mg</i>	93
<i>zenchent tab</i>	64
ZENPEP CAP 10000UNT.....	74
ZENPEP CAP 15000UNT.....	74
ZENPEP CAP 20000UNT.....	74
ZENPEP CAP 25000UNT.....	74
ZENPEP CAP 3000UNIT	74
ZENPEP CAP 40000UNT.....	74
ZENPEP CAP 5000UNIT	74
ZETIA TAB 10MG.....	31
ZIAGEN SOL 20MG/ML.....	11
<i>zidovudine cap 100 mg</i>	11
<i>zidovudine syrup 10 mg/ml</i>	11
<i>zidovudine tab 300 mg</i>	11
<i>ziprasidone hcl cap 20 mg</i>	54
<i>ziprasidone hcl cap 40 mg</i>	54
<i>ziprasidone hcl cap 60 mg</i>	54
<i>ziprasidone hcl cap 80 mg</i>	54
ZMAX SUS 2GM	15
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	61
ZOLINZA CAP 100MG.....	21
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	56
<i>zolmitriptan orally disintegrating tab 5 mg</i>	56
<i>zolmitriptan tab 2.5 mg</i>	56
<i>zolmitriptan tab 5 mg</i>	56
<i>zolpidem tartrate tab 10 mg</i>	55
<i>zolpidem tartrate tab 5 mg</i>	55
ZOMETA INJ 4MG/100	61
<i>zonisamide cap 100 mg</i>	43
<i>zonisamide cap 25 mg</i>	43
<i>zonisamide cap 50 mg</i>	43
ZONTIVITY TAB 2.08MG.....	79
ZORTRESS TAB 0.25MG	81
ZORTRESS TAB 0.5MG.....	81
ZORTRESS TAB 0.75MG	81
ZOSTAVAX INJ.....	83
ZYDELIG TAB 100MG.....	23
ZYDELIG TAB 150MG.....	23
ZYKADIA CAP 150MG.....	23
ZYLET SUS 0.5-0.3%.....	86
ZYPREXA RELP INJ 210MG.....	54
ZYPREXA RELP INJ 300MG.....	54
ZYPREXA RELP INJ 405MG.....	54
ZYTIGA TAB 250MG.....	21
ZYVOX SUS 100MG/5M	8

ZYVOX TAB 600MG 8



Your Extended Family.



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Monday - Friday, 8 a.m. - 8 p.m. EST