

2018

Formulary

(List of Covered Drugs)

Ohio

**Molina Dual Options MyCare Ohio
Medicare-Medicaid Plan**

Version 15

DATE OF ISSUANCE: 11/2018

Member Services (855) 665-4623, TTY/TDD: 711

Monday - Friday, 8 a.m. - 8 p.m., local time



MolinaHealthcare.com/Duals

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not discriminate based on race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 665-4623;
TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-665-4623 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4623 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-665-4623 (TTY : 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4623 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-665-4623 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch

Wann du Deutsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-665-4623 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4623 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4623 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-665-4623 (TTY: 711).

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-665-4623 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4623 (TTY: 711) 번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-665-4623 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-665-4623（TTY: 711）まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-665-4623 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-665-4623 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-665-4623 (TTY: 711).

Somali

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-665-4623 (TTY: 711).

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-665-4623 (टिटिवाइ: 711) ।

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4623 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4623 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4623 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-665-4623 (TTY: 711) पर कॉल करें।

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4623 (TTY: 711).

Molina Dual Options MyCare Ohio | 2018 List of Covered Drugs (Formulary)

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

- ❖ Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or copays may change on January 1 of each year.
- ❖ You can always check Molina Dual Options MyCare Ohio's up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- ❖ Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook.
- ❖ If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4623, servicio TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Hadii aad ku hadasho Soomaali, adeega kaalmada luuqadu, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal (855) 665-4623, TTY/TDD: 711, Isniin – Jimce, 8 subaxnimo ilaa 8 fiidnimo, saacada deegaanka. Wacitaanka taleefonku waa bilaa lacag.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ Please contact Member Services at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time to request materials in a language other than English or in an alternate format.

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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 MyCare Ohio. 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 MyCare Ohio 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 MyCare Ohio network pharmacy.

→ Molina Dual Options MyCare Ohio 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) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

2. Does the Drug List ever change?

Yes. Molina Dual Options MyCare Ohio 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 MyCare Ohio 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.)

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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

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 MyCare Ohio's 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) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

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 doctor 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 or your doctor or other prescriber 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 MyCare Ohio before you fill your prescription. If you don't get approval, Molina Dual Options MyCare Ohio may not cover the drug.

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- **Quantity limits:** Sometimes Molina Dual Options MyCare Ohio limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options MyCare Ohio 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 doctor 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 1-181. 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 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 MyCare Ohio 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 ask for 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.

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. 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) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. If you learn that Molina Dual Options MyCare Ohio 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 MyCare Ohio 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 60-day supply of your drug during the first 90 days you are a member of Molina Dual Options MyCare Ohio. 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 ask for an exception.

We will cover a 60-day supply of your drug if:

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- 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 MyCare Ohio, **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 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Transition Policy

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 60-day supply (unless the prescription is written for fewer days). After we cover the temporary 60-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 MyCare Ohio 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 MyCare Ohio 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 get a statement from your prescriber supporting your request for an exception. After we get 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 getting 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 MyCare Ohio covers both brand name drugs and generic drugs.

15. What are OTC drugs?

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

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

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

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

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

17. What is your copay?

As a Molina Dual Options MyCare Ohio member, you have no copays for prescription and OTC drugs as long as you follow Molina Dual Options MyCare Ohio's rules.



18. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay nothing.
- Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay nothing.
- Tier 3 drugs are Non-Medicare Rx/Over-The-Counter (OTC) drugs. For Tier 3 drugs, you pay nothing.

List of Covered Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index that begins on page 182.

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

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

Note: The (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. These drugs also 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 doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You can also read the Member Handbook to learn how to appeal a decision.

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

PA stands for Prior Authorization (see page 3 for more information about PA).

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



QL stands for Quantity Limits (see page <4> for more information on QL).

ST stands for Step Therapy Criteria (see page <4> for more information about ST).

NM stands for not available through mail-order. This means certain drugs are not available through mail order pharmacy and must be obtained at a local pharmacy.

OTC stands for Over the Counter (see page <8> for more information about OTC).

B/D means certain drugs may be covered under Medicare Part D or Medicare Part B, depending on the circumstances. Molina Dual Options MyCare Ohio requires additional medical information on drugs that require B/D to determine if it should be covered under Medicare Part B or Medicare Part D.

LA stands for Limited Access Drug. This means certain drugs that are typically used to treat rare diseases are only carried by certain pharmacies that specialize in the treatment of these rare diseases and are not available at most retail pharmacies.

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

NDS stands for Non-Extended Days Supply



MOLINA_OH_CY18_2T_MMP eff 11/01/2018

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)
MITIGARE CAP 0.6MG	\$0 (2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (1)	
ULORIC TAB 40MG	\$0 (2)	ST
ULORIC TAB 80MG	\$0 (2)	ST

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0 (3)	NM; *
<i>acephen sup 325mg</i>	\$0 (3)	NM; *
<i>acephen sup 650mg</i>	\$0 (3)	NM; *
<i>acetaminophen chew tab 80 mg</i>	\$0 (3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0 (3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0 (3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0 (3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0 (3)	NM; *
<i>acetaminophn sus 325mg</i>	\$0 (3)	NM; *
<i>acetaminophn tab 500mg</i>	\$0 (3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0 (3)	NM; *
<i>aspir-81 tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0 (3)	NM; *
<i>aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin sup 300mg</i>	\$0 (3)	NM; *
<i>aspirin sup 600mg</i>	\$0 (3)	NM; *
<i>aspirin tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab 325 mg</i>	\$0 (3)	NM; *
<i>aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0 (3)	NM; *

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 NDS - Non-Extended Days Supply * - 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>child asa chw 81mg</i>	\$0 (3)	NM; *
<i>child asa ls chw 81mg</i>	\$0 (3)	NM; *
<i>chld pain rl tab 80mg</i>	\$0 (3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>chlds mapap tab 80mg rt</i>	\$0 (3)	NM; *
<i>ecpirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0 (3)	NM; *
<i>enteric asa tab 325mg</i>	\$0 (3)	NM; *
<i>eq aspirin tab 325mg ec</i>	\$0 (3)	NM; *
FEVERALL INF SUP 80MG	\$0 (3)	NM; *
<i>feverall sup 120mg</i>	\$0 (3)	NM; *
<i>feverall sup 325mg</i>	\$0 (3)	NM; *
<i>feverall sup 650mg</i>	\$0 (3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>hm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>hm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>8 hour pain tab 650mg</i>	\$0 (3)	NM; *
<i>junior mapap tab 160mg rt</i>	\$0 (3)	NM; *
<i>mapap apap liq 500/15ml</i>	\$0 (3)	NM; *
<i>mapap cap 500mg</i>	\$0 (3)	NM; *
<i>mapap child tab 80mg rt</i>	\$0 (3)	NM; *
<i>mapap childr sus 160/5ml</i>	\$0 (3)	NM; *
<i>mapap chw 80mg</i>	\$0 (3)	NM; *
<i>mapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>mapap tab 325mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg/rr</i>	\$0 (3)	NM; *
<i>non-asa jr tab 160mg</i>	\$0 (3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0 (3)	NM; *
<i>non-aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0 (3)	NM; *
<i>pain & fever chw 80mg</i>	\$0 (3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever tab 325mg</i>	\$0 (3)	NM; *
<i>pain & fever tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief dro 80/0.8ml</i>	\$0 (3)	NM; *
<i>pain relief sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain relief tab 325mg</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>pain relief tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief tab 650mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 325mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg/rr</i>	\$0 (3)	NM; *
<i>pain/fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pharbetol tab 325mg</i>	\$0 (3)	NM; *
<i>pharbetol tab 500mg</i>	\$0 (3)	NM; *
<i>q-pap child sus 160/5ml</i>	\$0 (3)	NM; *
<i>q-pap tab 325mg</i>	\$0 (3)	NM; *
<i>q-pap tab 500mg</i>	\$0 (3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 81mg ec</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>sm child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sm pain rel cap 500mg</i>	\$0 (3)	NM; *
<i>tactinal tab 325mg</i>	\$0 (3)	NM; *
<i>tactinal tab 500mg</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 (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (1)	QL (120 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 (30 caps / 30 days)
<i>chld ibuprfrn dro 40mg/ml</i>	\$0 (3)	NM; *
<i>diclofenac potassium tab 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 50mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 75mg</i>	\$0 (1)	
<i>diclofenac sodium tab er 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)	

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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>etodolac tab 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (1)	
<i>flurbiprofen tab 50 mg</i>	\$0 (1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (1)	
<i>hm ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibu-200 tab 200mg</i>	\$0 (3)	NM; *
<i>ibu-drops dro 40mg/ml</i>	\$0 (3)	NM; *
<i>ibu-drops dro 50/1.25</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 ib chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen sus 100/5ml</i>	\$0 (3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (3)	NM; *
<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 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 cap 220mg</i>	\$0 (3)	NM; *
<i>naproxen sod tab 220mg</i>	\$0 (3)	NM; *
<i>naproxen sodium cap 220 mg</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)	

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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>piroxicam cap 10 mg</i>	\$0 (1)	
<i>piroxicam cap 20 mg</i>	\$0 (1)	
<i>provil tab 200mg</i>	\$0 (3)	NM; *
<i>qc ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sb ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen tab 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 (2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (2)	
BUTRANS DIS 5MCG/HR	\$0 (2)	QL (16 patches / 28 days)
BUTRANS DIS 7.5/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	\$0 (2)	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	\$0 (2)	QL (4 patches / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (2)	
<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		
<i>endocet tab 2.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<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)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0 (2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0 (2)	NDS, QL (120 lozenges / 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
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0 (2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0 (2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0 (2)	NDS, 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)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
<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>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (2)	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)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (60 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
HYSINGLA ER TAB 40 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	\$0 (2)	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 150/30ML	\$0 (2)	B/D
<i>morphine sulfate inj 8 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate inj 10 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 (1)	
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (1)	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	
<i>morphine sulfate tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 50MG	\$0 (2)	QL (120 tabs / 30 days)
NUCYNTA ER TAB 100MG	\$0 (2)	QL (120 tabs / 30 days)
NUCYNTA ER TAB 150MG	\$0 (2)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 200MG	\$0 (2)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 250MG	\$0 (2)	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	\$0 (1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (1)	

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<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)
OXYCONTIN TAB 10MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	\$0 (2)	QL (120 tabs / 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 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
<i>lidocaine hcl local preservative free (pf) inj 1.5%</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>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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40 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)	
SULFADIAZINE TAB 500MG	\$0 (2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (2)	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0 (2)	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (1)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (1)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (1)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (1)	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	\$0 (2)	NDS
ALINIA SUS 100/5ML	\$0 (2)	NDS
ALINIA TAB 500MG	\$0 (2)	NDS
<i>atovaquone susp 750 mg/5ml</i>	\$0 (2)	NDS
AZACTAM INJ 1GM	\$0 (2)	
AZACTAM INJ 2GM	\$0 (2)	
AZACTAM/DEX INJ 1GM	\$0 (2)	
AZACTAM/DEX INJ 2GM	\$0 (2)	
<i>aztreonam for inj 1 gm</i>	\$0 (1)	
<i>aztreonam for inj 2 gm</i>	\$0 (1)	
BILTRICIDE TAB 600MG	\$0 (2)	
CAYSTON INH 75MG	\$0 (2)	NDS, 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 in d5w iv soln 300 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</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 900 mg/6ml</i>	\$0 (1)	
CLINDMYC/NAC INJ 300/50ML	\$0 (2)	
CLINDMYC/NAC INJ 600/50ML	\$0 (2)	
CLINDMYC/NAC INJ 900/50ML	\$0 (2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0 (1)	
<i>dapsone tab 25 mg</i>	\$0 (1)	
<i>dapsone tab 100 mg</i>	\$0 (1)	
<i>daptomycin for iv soln 500 mg</i>	\$0 (2)	NDS
EMVERM CHW 100MG	\$0 (2)	NDS
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<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 for susp 100 mg/5ml</i>	\$0 (2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0 (2)	NDS
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (2)	NDS
<i>linezolid tab 600 mg</i>	\$0 (2)	NDS
<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; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	\$0 (2)	
PINWORM TAB MEDICINE	\$0 (3)	NM; *
<i>praziquantel tab 600 mg</i>	\$0 (1)	
REESES MED SUS PINWORM	\$0 (3)	NM; *
SIVEXTRO INJ 200MG	\$0 (2)	NDS
SIVEXTRO TAB 200MG	\$0 (2)	NDS
<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)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0 (2)	NDS
TIGECYCLINE INJ 50MG	\$0 (2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0 (1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (2)	NDS
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (2)	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0 (1)	
VANCOMYCIN INJ 1 GM	\$0 (2)	
VANCOMYCIN INJ 500MG	\$0 (2)	
VANCOMYCIN INJ 750MG	\$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
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	\$0 (2)	NDS, B/D
AMBISOME INJ 50MG	\$0 (2)	NDS, B/D
<i>amphotericin b for inj 50 mg</i>	\$0 (1)	B/D
CANCIDAS INJ 50MG	\$0 (2)	NDS
CANCIDAS INJ 70MG	\$0 (2)	NDS
<i>caspofungin inj 50mg</i>	\$0 (2)	NDS
CASPOFUNGIN INJ 50MG	\$0 (2)	NDS
<i>caspofungin inj 70mg</i>	\$0 (2)	NDS
CASPOFUNGIN INJ 70MG	\$0 (2)	NDS
<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)	
FLUCONAZOLE/ INJ NACL 100	\$0 (2)	
<i>flucytosine cap 250 mg</i>	\$0 (2)	NDS
<i>flucytosine cap 500 mg</i>	\$0 (2)	NDS
<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)	NDS
MYCAMINE INJ 100MG	\$0 (2)	NDS
NOXAFIL SUS 40MG/ML	\$0 (2)	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	\$0 (1)	

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<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	NDS
<i>voriconazole tab 50 mg</i>	\$0 (2)	NDS
<i>voriconazole tab 200 mg</i>	\$0 (2)	NDS
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 soln 20 mg/ml (base equiv)</i>	\$0 (1)	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (1)	
APTIVUS CAP 250MG	\$0 (2)	NDS
APTIVUS SOL	\$0 (2)	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (2)	NDS
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (2)	NDS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (2)	NDS
CRIXIVAN CAP 200MG	\$0 (2)	
CRIXIVAN CAP 400MG	\$0 (2)	
<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)	NDS
<i>efavirenz cap 50 mg</i>	\$0 (1)	
<i>efavirenz cap 200 mg</i>	\$0 (2)	NDS
<i>efavirenz tab 600 mg</i>	\$0 (2)	NDS
EMTRIVA CAP 200MG	\$0 (2)	
EMTRIVA SOL 10MG/ML	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 (2)	NDS
FUZEON INJ 90MG	\$0 (2)	NDS, NM
INTELENCE TAB 25MG	\$0 (2)	NM
INTELENCE TAB 100MG	\$0 (2)	NDS, NM
INTELENCE TAB 200MG	\$0 (2)	NDS, NM
INVIRASE CAP 200MG	\$0 (2)	NDS
INVIRASE TAB 500MG	\$0 (2)	NDS
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	NDS
ISENTRESS HD TAB 600MG	\$0 (2)	NDS
ISENTRESS POW 100MG	\$0 (2)	NDS
ISENTRESS TAB 400MG	\$0 (2)	NDS
<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)	
LEXIVA TAB 700MG	\$0 (2)	NDS
<i>nevirapine susp 50 mg/5ml</i>	\$0 (1)	
<i>nevirapine tab 200 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 100 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (1)	
NORVIR CAP 100MG	\$0 (2)	
NORVIR POW 100MG	\$0 (2)	
NORVIR SOL 80MG/ML	\$0 (2)	
NORVIR TAB 100MG	\$0 (2)	
PREZISTA SUS 100MG/ML	\$0 (2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0 (2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0 (2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	\$0 (2)	
RESCRIPTOR TAB 200MG	\$0 (2)	
RETROVIR INJ 10MG/ML	\$0 (2)	
REYATAZ POW 50MG	\$0 (2)	NDS
<i>ritonavir tab 100 mg</i>	\$0 (1)	
SELZENTRY SOL 20MG/ML	\$0 (2)	NDS
SELZENTRY TAB 25MG	\$0 (2)	

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SELZENTRY TAB 75MG	\$0 (2)	NDS
SELZENTRY TAB 150MG	\$0 (2)	NDS
SELZENTRY TAB 300MG	\$0 (2)	NDS
<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)	
SUSTIVA TAB 600MG	\$0 (2)	NDS
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (2)	NDS
TIVICAY TAB 10MG	\$0 (2)	
TIVICAY TAB 25MG	\$0 (2)	NDS
TIVICAY TAB 50MG	\$0 (2)	NDS
TROGARZO INJ 150MG/ML	\$0 (2)	NDS, LA
TYBOST TAB 150MG	\$0 (2)	
VIDEX EC CAP 125MG	\$0 (2)	
VIDEX SOL 2GM	\$0 (2)	
VIDEX SOL 4GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	NDS
VIRACEPT TAB 625MG	\$0 (2)	NDS
VIRAMUNE SUS 50MG/5ML	\$0 (2)	
VIREAD POW 40MG/GM	\$0 (2)	NDS
VIREAD TAB 150MG	\$0 (2)	NDS
VIREAD TAB 200MG	\$0 (2)	NDS
VIREAD TAB 250MG	\$0 (2)	NDS
VIREAD TAB 300MG	\$0 (2)	NDS
ZERIT SOL 1MG/ML	\$0 (2)	NDS
<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 tab 600-300 mg</i>	\$0 (2)	NDS
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	NDS
ATRIPLA TAB	\$0 (2)	NDS
BIKTARVY TAB	\$0 (2)	NDS
CIMDUO TAB 300-300	\$0 (2)	NDS
COMPLERA TAB	\$0 (2)	NDS
DESCOVY TAB 200/25	\$0 (2)	NDS
EVOTAZ TAB 300-150	\$0 (2)	NDS
GENVOYA TAB	\$0 (2)	NDS

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JULUCA TAB 50-25MG	\$0 (2)	NDS
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (2)	NDS
ODEFSEY TAB	\$0 (2)	NDS
PREZCOBIX TAB 800-150	\$0 (2)	NDS
STRIBILD TAB	\$0 (2)	NDS
SYMFI LO TAB	\$0 (2)	NDS
SYMFI TAB	\$0 (2)	NDS
SYMTUZA TAB	\$0 (2)	NDS
TRIUMEQ TAB	\$0 (2)	NDS
TRUVADA TAB 100-150	\$0 (2)	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	\$0 (2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0 (2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0 (2)	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SUL INJ 1GM	\$0 (2)	
<i>cycloserine cap 250 mg</i>	\$0 (2)	NDS
<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)	
PASER GRA 4GM	\$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)	NDS, LA, PA
TRECATOR 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 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)	NDS
BARACLUDE SOL .05MG/ML	\$0 (2)	NDS
DAKLINZA TAB 30MG	\$0 (2)	NDS, PA
DAKLINZA TAB 60MG	\$0 (2)	NDS, PA
DAKLINZA TAB 90MG	\$0 (2)	NDS, PA
<i>entecavir tab 0.5 mg</i>	\$0 (2)	NDS
<i>entecavir tab 1 mg</i>	\$0 (2)	NDS
EPCLUSA TAB 400-100	\$0 (2)	NDS, PA
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)	
GANCICLOVIR INJ 500MG	\$0 (1)	B/D
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
HARVONI TAB 90-400MG	\$0 (2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (1)	
MAVYRET TAB 100-40MG	\$0 (2)	NDS, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (1)	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 (1)	QL (1080 mL / year)
PEGASYS INJ	\$0 (2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0 (2)	NDS, NM, PA
PEGASYS INJ PROCLICK	\$0 (2)	NDS, NM, PA
REBETOL SOL 40MG/ML	\$0 (2)	NDS, NM
RELENZA MIS DISKHALE	\$0 (2)	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 400mg</i>	\$0 (2)	NDS, NM
<i>ribasphere tab 600mg</i>	\$0 (2)	NDS, NM
<i>ribavirin cap 200 mg</i>	\$0 (1)	NM
<i>ribavirin tab 200 mg</i>	\$0 (1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (1)	
SOVALDI TAB 400MG	\$0 (2)	NDS, NM, 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
<i>valacyclovir hcl tab 1 gm</i>	\$0 (1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0 (1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (2)	NDS
VEMLIDY TAB 25MG	\$0 (2)	NDS
VOSEVI TAB	\$0 (2)	NDS, PA
ZEPATIER TAB 50-100MG	\$0 (2)	NDS, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
CEFACTOR ER TAB 500MG	\$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)	
CEFAZOLIN INJ 1GM/50ML	\$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)	
CEFAZOLIN SOL	\$0 (2)	
<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)	

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<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)	
<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 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)	
SUPRAX CHW 100MG	\$0 (2)	
SUPRAX CHW 200MG	\$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)	NDS
TEFLARO INJ 600MG	\$0 (2)	NDS
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)	

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<i>azithromycin iv for soln 500 mg</i>	\$0 (1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0 (1)	
<i>azithromycin tab 250 mg</i>	\$0 (1)	
<i>azithromycin tab 500 mg</i>	\$0 (1)	
<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 er 24hr 500 mg</i>	\$0 (1)	
DIFICID TAB 200MG	\$0 (2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0 (1)	
<i>ery-tab tab 333mg ec</i>	\$0 (1)	
<i>ery-tab tab 500mg ec</i>	\$0 (1)	
ERYTHROCIN INJ 500MG	\$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)	
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>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)	

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<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)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</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 er 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 1.5 (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 inj 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (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 10 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 (1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0 (2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	\$0 (2)	NDS
PEN G PROC INJ 600000	\$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
PIPER/TAZOBA INJ 12-1.5GM	\$0 (2)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 150 mg</i>	\$0 (1)	
<i>minocycline hcl cap 50 mg</i>	\$0 (1)	
<i>minocycline hcl cap 75 mg</i>	\$0 (1)	
<i>minocycline hcl cap 100 mg</i>	\$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	\$0 (2)	NDS, B/D
<i>busulfan inj 6 mg/ml</i>	\$0 (2)	NDS, B/D
CYCLOPHOSPH CAP 25MG	\$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	\$0 (2)	B/D
<i>cyclophosphamide cap 25 mg</i>	\$0 (1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0 (1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (2)	NDS, B/D

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<i>cyclophosphamide for inj 2 gm</i>	\$0 (2)	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (2)	NDS, B/D
<i>dacarbazine for inj 100 mg</i>	\$0 (1)	B/D
<i>dacarbazine for inj 200 mg</i>	\$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)	NDS
IFEX INJ 3GM	\$0 (2)	B/D
<i>ifosfamide for inj 1 gm</i>	\$0 (1)	B/D
IFOSFAMIDE INJ 3GM	\$0 (2)	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	\$0 (1)	B/D
LEUKERAN TAB 2MG	\$0 (2)	
<i>melfalan hcl for inj 50 mg (base equiv)</i>	\$0 (2)	NDS, B/D
MUSTARGEN INJ 10MG	\$0 (2)	NDS, B/D
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl for inj 10 mg</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)	NDS, 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
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 (2)	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	\$0 (2)	NDS, B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	\$0 (1)	B/D
<i>adrucil inj 5gm/100m</i>	\$0 (1)	B/D
<i>adrucil inj 500/10ml</i>	\$0 (1)	B/D
ALIMTA INJ 100MG	\$0 (2)	NDS, B/D
ALIMTA INJ 500MG	\$0 (2)	NDS, B/D
<i>azacitidine for inj 100 mg</i>	\$0 (2)	NDS, B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	\$0 (2)	NDS, B/D

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<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 iv soln 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (2)	NDS, B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (2)	NDS, B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (2)	NDS, B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 (1)	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 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (1)	B/D
NIPENT INJ 10MG	\$0 (2)	NDS, B/D
PURIXAN SUS 20MG/ML	\$0 (2)	NDS
TABLOID TAB 40MG	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0 (2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0 (2)	NDS, B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0 (2)	NDS, B/D

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DOCETAXEL INJ 160/8ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 200/10	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 (2)	NDS, 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
TAXOTERE INJ 80MG/4ML	\$0 (2)	NDS, B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	\$0 (1)	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)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	\$0 (2)	NDS, NM, LA, PA
BELEODAQ INJ 500MG	\$0 (2)	NDS, NM, PA
BORTEZOMIB INJ 3.5MG	\$0 (2)	NDS, PA
ERIVEDGE CAP 150MG	\$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NDS, LA, PA
FARYDAK CAP 15MG	\$0 (2)	NDS, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NDS, LA, PA
HERCEPTIN INJ 150MG	\$0 (2)	NDS, PA
HERCEPTIN INJ 440MG	\$0 (2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0 (2)	NDS, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NDS, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NDS, LA, PA
IDHIFA TAB 50MG	\$0 (2)	NDS, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NDS, LA, PA
KADCYLA INJ 100MG	\$0 (2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0 (2)	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NDS, PA

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KEYTRUDA SOL 50MG	\$0 (2)	NDS, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI TAB 200DOSE	\$0 (2)	NDS, PA
KISQALI TAB 400DOSE	\$0 (2)	NDS, PA
KISQALI TAB 600DOSE	\$0 (2)	NDS, PA
LYNPARZA CAP 50MG	\$0 (2)	NDS, LA, PA
LYNPARZA TAB 100MG	\$0 (2)	NDS, LA, PA
LYNPARZA TAB 150MG	\$0 (2)	NDS, LA, PA
MYLOTARG INJ 4.5MG	\$0 (2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0 (2)	NDS, PA
NINLARO CAP 3MG	\$0 (2)	NDS, PA
NINLARO CAP 4MG	\$0 (2)	NDS, PA
ODOMZO CAP 200MG	\$0 (2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0 (2)	NDS, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NDS, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NDS, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NDS, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NDS, LA, PA
TIBSOVO TAB 250MG	\$0 (2)	NDS, LA, PA
VELCADE INJ 3.5MG	\$0 (2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	LA, PA
VENCLEXTA TAB 100MG	\$0 (2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0 (2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0 (2)	NDS, LA, PA
VERZENIO TAB 100MG	\$0 (2)	NDS, LA, PA
VERZENIO TAB 150MG	\$0 (2)	NDS, LA, PA
VERZENIO TAB 200MG	\$0 (2)	NDS, LA, PA
YERVOY INJ 50MG	\$0 (2)	NDS, NM, PA
YERVOY INJ 200MG	\$0 (2)	NDS, NM, PA
ZEJULA CAP 100MG	\$0 (2)	NDS, LA, PA
ZOLINZA CAP 100MG	\$0 (2)	NDS, 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
ERLEADA TAB 60MG	\$0 (2)	NDS, LA, PA
<i>exemestane tab 25 mg</i>	\$0 (1)	

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FARESTON TAB 60MG	\$0 (2)	NDS
FASLODEX INJ 250/5ML	\$0 (2)	NDS, B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	\$0 (2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0 (1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0 (2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0 (2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0 (2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 (2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	\$0 (2)	NDS
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)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NDS, NM, PA
XTANDI CAP 40MG	\$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0 (2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, 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
REVLIMID CAP 25MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	\$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	\$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	\$0 (2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0 (2)	NDS, LA, PA
ALUNBRIG PAK	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 30MG	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 90MG	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 180MG	\$0 (2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0 (2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0 (2)	NDS, PA
BOSULIF TAB 500MG	\$0 (2)	NDS, NM, PA
BRAFTOVI CAP 50MG	\$0 (2)	NDS, LA, PA
BRAFTOVI CAP 75MG	\$0 (2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 40MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	\$0 (2)	NDS, LA, PA
CAPRELSA TAB 100MG	\$0 (2)	NDS, LA, PA

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CAPRELSA TAB 300MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 60MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0 (2)	NDS, LA, PA
COTELLIC TAB 20MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NDS, LA, PA
ICLUSIG TAB 15MG	\$0 (2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0 (2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0 (2)	NDS, LA, PA
IMBRUVICA CAP 140MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0 (2)	NDS, LA, PA
INLYTA TAB 1MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	\$0 (2)	NDS, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 8 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 10 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 12MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NDS, LA, PA

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MEKINIST TAB 0.5MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NDS, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NDS, NM, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NDS, PA
SPRYCEL TAB 20MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 100MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 140MG	\$0 (2)	NDS, NM, PA
STIVARGA TAB 40MG	\$0 (2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 25MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 50MG	\$0 (2)	NDS, NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	\$0 (2)	NDS, LA, PA
TAGRISSO TAB 80MG	\$0 (2)	NDS, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0 (2)	NDS, PA
TASIGNA CAP 150MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0 (2)	NDS, NM, PA
TYKERB TAB 250MG	\$0 (2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NDS, NM, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NDS, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NDS, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NDS, NM, PA
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	

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DROXIA CAP 400MG	\$0 (2)	
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NDS, PA
LONSURF TAB 20-8.19	\$0 (2)	NDS, PA
MATULANE CAP 50MG	\$0 (2)	NDS, LA
<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
SYLATRON KIT 200MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0 (2)	NDS, NM, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	NDS
TRISENOX INJ 12MG/6ML	\$0 (2)	NDS, 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)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (1)	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane for inj 250 mg</i>	\$0 (2)	NDS, B/D
<i>dexrazoxane for inj 500 mg</i>	\$0 (2)	NDS, B/D
ELITEK INJ 1.5MG	\$0 (2)	NDS, B/D
ELITEK INJ 7.5MG	\$0 (2)	NDS, 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 for inj 500 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)	

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<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
LEVOLEUCOVOR INJ 175MG	\$0 (2)	NDS, B/D
LEVOLEUCOVOR SOL 250MG/25	\$0 (2)	NDS, B/D
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	\$0 (2)	NDS, B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	\$0 (2)	NDS, B/D
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	\$0 (1)	B/D
<i>mesna inj 100 mg/ml</i>	\$0 (1)	B/D
MESNEX TAB 400MG	\$0 (2)	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>toposar inj 100/5ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	\$0 (2)	NDS, B/D, NM
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	\$0 (2)	NDS, B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	NDS, 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)	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 10-40 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>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)	
<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

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 **NDS** - Non-Extended Days Supply ***** - 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>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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 (base equivalent)</i>	\$0 (1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0 (1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 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>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0 (1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0 (1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0 (1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0 (1)	
ENTRESTO TAB 24-26MG	\$0 (2)	
ENTRESTO TAB 49-51MG	\$0 (2)	
ENTRESTO TAB 97-103MG	\$0 (2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0 (1)	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0 (1)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 80-25 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>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (1)	
<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

<i>candesartan cilexetil tab 4 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0 (1)	
<i>irbesartan tab 75 mg</i>	\$0 (1)	
<i>irbesartan tab 150 mg</i>	\$0 (1)	
<i>irbesartan tab 300 mg</i>	\$0 (1)	
<i>losartan potassium tab 25 mg</i>	\$0 (1)	
<i>losartan potassium tab 50 mg</i>	\$0 (1)	
<i>losartan potassium tab 100 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 20 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 40 mg</i>	\$0 (1)	
<i>telmisartan tab 20 mg</i>	\$0 (1)	
<i>telmisartan tab 40 mg</i>	\$0 (1)	
<i>telmisartan tab 80 mg</i>	\$0 (1)	
<i>valsartan tab 40 mg</i>	\$0 (1)	
<i>valsartan tab 80 mg</i>	\$0 (1)	
<i>valsartan tab 160 mg</i>	\$0 (1)	
<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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amiodarone hcl tab 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0 (1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0 (1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (1)	NM
<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 if 65 years and older
NORPACE CAP 150MG CR	\$0 (2)	PA; PA if 65 years and 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 er 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 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 er 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 **NDS** - Non-Extended Days Supply * - 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
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ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

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

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0 (1)	
<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>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (1)	
<i>colesevelam hcl tab 625 mg</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>ezetimibe tab 10 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 134 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 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)	
JUXTAPID CAP 5MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NDS, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	NDS, NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacin tab er 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)	
PRALUENT INJ 75MG/ML	\$0 (2)	NDS, PA
PRALUENT INJ 150MG/ML	\$0 (2)	NDS, PA
<i>prevalite pow 4gm</i>	\$0 (1)	
<i>prevalite pow 4gm pk</i>	\$0 (1)	
VASCEPA CAP 0.5GM	\$0 (2)	
VASCEPA CAP 1GM	\$0 (2)	
WELCHOL PAK 3.75GM	\$0 (2)	
WELCHOL TAB 625MG	\$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<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)	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	\$0 (2)	QL (60 tabs / 30 days)
<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 er 24hr 25 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 er 24hr 60 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 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)	
<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)	
<i>afeditab tab 60mg cr</i>	\$0 (1)	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0 (1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 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>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 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)	
<i>diltiazem hcl tab 120 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0 (1)	
<i>felodipine tab er 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>nifedipine tab er 24hr 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 60 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>nifedipine tab er 24hr osmotic release 90mg</i>	\$0 (1)	
<i>nimodipine cap 30 mg</i>	\$0 (2)	NDS
NYMALIZE SOL 30/10ML	\$0 (2)	NDS
<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 er 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$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 er 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 180 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 240 mg</i>	\$0 (1)	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	\$0 (1)	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (1)	PA; PA if 65 years and 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 if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i>		
TEKTURNA HCT TAB 150-12.5	\$0 (2)	
TEKTURNA HCT TAB 150-25MG	\$0 (2)	
TEKTURNA HCT TAB 300-12.5	\$0 (2)	
TEKTURNA HCT TAB 300-25MG	\$0 (2)	
TEKTURNA TAB 150MG	\$0 (2)	
TEKTURNA TAB 300MG	\$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
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DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide cap er 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)	
<i>furosemide inj 10 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 10 mg/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>torsemide tab 5 mg</i>	\$0 (1)	
<i>torsemide tab 10 mg</i>	\$0 (1)	
<i>torsemide tab 20 mg</i>	\$0 (1)	
<i>torsemide tab 100 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 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>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 td patch weekly 0.1 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (1)	
CORLANOR TAB 5MG	\$0 (2)	
CORLANOR TAB 7.5MG	\$0 (2)	
DEMSEER CAP 250MG	\$0 (2)	NDS
<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)	
<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)	
NORTHERA CAP 100MG	\$0 (2)	NDS, LA, PA
NORTHERA CAP 200MG	\$0 (2)	NDS, LA, PA
NORTHERA CAP 300MG	\$0 (2)	NDS, LA, PA
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 er 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 er 24hr 30 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 60 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>isosorbide mononitrate tab er 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)	
NITRO-BID OIN 2%	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (1)	
<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)	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION

ADCIRCA TAB 20MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	\$0 (2)	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (1)	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
<i>tadalafil tab 20 mg (pah)</i>	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	\$0 (2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<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 conc 2 mg/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)	
<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)	NDS, QL (180 tabs / 30 days)
APTiom TAB 400MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
APTiom TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	NDS, PA
BANZEL TAB 200MG	\$0 (2)	NDS, PA
BANZEL TAB 400MG	\$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	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
BRIVIACT SOL 10MG/ML	\$0 (2)	NDS, PA
BRIVIACT TAB 10MG	\$0 (2)	NDS, PA
BRIVIACT TAB 25MG	\$0 (2)	NDS, PA
BRIVIACT TAB 50MG	\$0 (2)	NDS, PA
BRIVIACT TAB 75MG	\$0 (2)	NDS, PA
BRIVIACT TAB 100MG	\$0 (2)	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap er 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 er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (120 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 (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (120 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; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	\$0 (2)	
DIASTAT ACDL GEL 12.5-20	\$0 (2)	
DIASTAT PED GEL 2.5M GEL	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (1)	
<i>diazepam tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0 (2)	
DILANTIN CAP 100MG	\$0 (2)	
DILANTIN CHW 50MG	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium cap delayed release 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 er 24 hr 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 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)	NDS
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA SUS 0.5MG/ML	\$0 (2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (2)	NDS, QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (2)	NDS, 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)
<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 er 24hr 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</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>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 er 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab er 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)	NDS, PA
ONFI TAB 10MG	\$0 (2)	NDS, PA
ONFI TAB 20MG	\$0 (2)	NDS, PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<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 if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
PHENYTEK CAP 200MG	\$0 (2)	
PHENYTEK CAP 300MG	\$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)	
<i>primidone tab 50 mg</i>	\$0 (1)	
<i>primidone tab 250 mg</i>	\$0 (1)	
<i>roweepra tab 500mg</i>	\$0 (1)	
<i>roweepra tab 750mg</i>	\$0 (1)	
<i>roweepra tab 1000mg</i>	\$0 (1)	
<i>roweepra xr tab 500mg xr</i>	\$0 (1)	
<i>roweepra xr tab 750mg xr</i>	\$0 (1)	
SABRIL TAB 500MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	\$0 (2)	
SPRITAM TAB 500MG	\$0 (2)	
SPRITAM TAB 750MG	\$0 (2)	
SPRITAM TAB 1000MG	\$0 (2)	
TEGRETOL SUS 100/5ML	\$0 (2)	
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>tiagabine hcl tab 12 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 16 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)	

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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>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 oral soln 250 mg/5ml (base equiv)</i>	\$0 (1)	
<i>valproic acid cap 250 mg</i>	\$0 (1)	
<i>vigabatrin powd pack 500 mg</i>	\$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0 (2)	NDS
VIMPAT SOL 10MG/ML	\$0 (2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	NDS, 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 (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 23 mg</i>	\$0 (1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 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 cap er 24hr 7 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 (1)	PA; PA if < 30 yrs

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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>memantine hcl cap er 24hr 21 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0 (1)	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	\$0 (2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (2)	
NAMZARIC CAP 7-10MG	\$0 (2)	
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 21-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	\$0 (1)	

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<i>amoxapine tab 50 mg</i>	\$0 (1)	
<i>amoxapine tab 100 mg</i>	\$0 (1)	
<i>amoxapine tab 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab 75 mg</i>	\$0 (1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 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 if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and 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>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (1)	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (2)	NDS, 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>imipramine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older

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<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)	
<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)	
<i>protriptyline hcl tab 5 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (1)	
<i>sertraline hcl oral concentrate for solution 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)	
<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>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	\$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 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 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)	QL (120 caps / 30 days)
<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)	NDS, NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</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 er 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$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>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rasagiline mesylate tab 1 mg (base equiv)</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 if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	\$0 (2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	NDS, QL (1 injection / 28 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
ARISTADA INJ 1064MG	\$0 (2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0 (2)	NDS
CHLORPROMAZ INJ 25MG/ML	\$0 (2)	
CHLORPROMAZ INJ 50MG/2ML	\$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)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 (2)	NDS, 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)	
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days)
<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)	

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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>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)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (2)	NDS, QL (1 injection / 90 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)	
NUPLAZID CAP 34MG	\$0 (2)	NDS, QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	\$0 (2)	NDS, QL (60 tabs / 30 days), LA, 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
<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 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (120 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)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<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>pimozide tab 1 mg</i>	\$0 (1)	
<i>pimozide tab 2 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)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (2)	NDS, QL (360 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
REXULTI TAB 1MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
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)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	NDS, 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)
<i>thioridazine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thioridazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	\$0 (1)	
<i>thiothixene cap 2 mg</i>	\$0 (1)	
<i>thiothixene cap 5 mg</i>	\$0 (1)	
<i>thiothixene cap 10 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
VERSACLOZ SUS 50MG/ML	\$0 (2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (2)	PA
VRAYLAR CAP 1.5MG	\$0 (2)	NDS, QL (120 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0 (2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 4.5MG	\$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	\$0 (2)	NDS, QL (30 caps / 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 (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (1)	QL (90 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>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 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)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<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)

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<i>methylphenidate hcl tab er 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i>		
<i>eszopiclone tab 1 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0 (2)	NDS, LA, PA
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; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (2)	NDS

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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>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 (2)	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (1)	
<i>migergot sup 2/100</i>	\$0 (2)	NDS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 (1)	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 (1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (1)	QL (12 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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (2)	NDS, QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	\$0 (2)	NDS, QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	\$0 (2)	NDS, QL (120 tabs / 30 days), LA, PA
<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 er 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
LYRICA CR TAB 82.5MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUDEXTA CAP 20-10MG	\$0 (2)	PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0 (2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	\$0 (2)	NDS, NM, LA, PA
BETASERON INJ 0.3MG	\$0 (2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (2)	NDS, NM, PA
GILENYA CAP 0.5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	\$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatopa inj 40mg/ml</i>	\$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
TYSABRI INJ 300/15ML	\$0 (2)	NDS, 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>carisoprodol tab 350 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and 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>methocarbamol tab 500 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	\$0 (2)	PA; PA if 65 years and older
<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		
<i>armodafinil tab 50 mg</i>	\$0 (1)	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (1)	QL (60 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (2)	NDS, 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
<i>buprenorphine hcl sl tab 8 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-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>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</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>eq nicotine dis 7mg/24hr</i>	\$0 (3)	NM; *
<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>gnp nicotine loz mini 2mg</i>	\$0 (3)	NM; *
<i>hm nicotine dis 14mg/24h</i>	\$0 (3)	NM; *
<i>hm nicotine dis 21mg/24h</i>	\$0 (3)	NM; *
<i>hm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine gum 4mg 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 4 mg/10ml</i>	\$0 (1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (1)	
NARCAN SPR	\$0 (2)	
<i>nicorelief gum 2mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0 (3)	NM; *
<i>nicotine gum 4mg</i>	\$0 (3)	NM; *
<i>nicotine pol loz 4mg mint</i>	\$0 (3)	NM; *
<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; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NICOTINE SYS KIT TRANSDER	\$0 (3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td dis 14mg/24h</i>	\$0 (3)	NM; *
<i>nicotine td dis 21mg/24h</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</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 dis 7mg/24hr</i>	\$0 (3)	NM; *
<i>sm nicotine dis 14mg/24h</i>	\$0 (3)	NM; *
<i>sm nicotine dis 21mg/24h</i>	\$0 (3)	NM; *
<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 (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	\$0 (2)	QL (60 SL films / 30 days), PA
<i>thrive gum 2mg mint</i>	\$0 (3)	NM; *
VIVITROL INJ 380MG	\$0 (2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0 (2)	NDS, PA
ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDROGEL GEL 1.62%	\$0 (2)	QL (150 grams / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0 (1)	PA
<i>oxandrolone tab 10 mg</i>	\$0 (1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (1)	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
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 (1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (1)	QL (300 gm / 30 days), PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	\$0 (2)	
BASAGLAR INJ 100UNIT	\$0 (2)	
BD ULTRAFINE INSULIN SYRINGE	\$0 (2)	
BD ULTRAFINE/NANO PEN NEEDLES	\$0 (2)	
BYDUREON INJ 2MG	\$0 (2)	QL (4 vials / 28 days)
BYDUREON INJ BCISE	\$0 (2)	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	\$0 (2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0 (2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	\$0 (2)	
FIASP INJ 100/ML	\$0 (2)	
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	NDS; KwikPen
HUMULIN R INJ U-500	\$0 (2)	NDS, B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTUOC	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0 (2)	(brand 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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0 (2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0 (2)	
TRESIBA FLEX INJ 200UNIT	\$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)
XULTOPHY INJ 100/3.6	\$0 (2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<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 er 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</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)
<i>glyburide micronized tab 1.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	\$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide tab 2.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
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)
INVOKAMET XR TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR 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)
JENTADUETO TAB XR	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$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 er 24hr 500 mg</i>	\$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<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)

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<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<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)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	\$0 (2)	QL (60 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
<i>pamidronate disodium for inj 30 mg</i>	\$0 (1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0 (1)	B/D
<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
PAMIDRONATE INJ 6MG/ML	\$0 (2)	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	NDS
JADENU SPRKL GRA 90MG	\$0 (2)	NDS, LA, PA
JADENU SPRKL GRA 180MG	\$0 (2)	NDS, LA, PA
JADENU SPRKL GRA 360MG	\$0 (2)	NDS, LA, PA
JADENU TAB 90MG	\$0 (2)	NDS, LA, PA
JADENU TAB 180MG	\$0 (2)	NDS, LA, PA
JADENU TAB 360MG	\$0 (2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (1)	
SYPRINE CAP 250MG	\$0 (2)	NDS
<i>trientine hcl cap 250 mg</i>	\$0 (2)	NDS
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera tab 1.5mg</i>	\$0 (3)	NM; *
<i>alyacen tab 1/35</i>	\$0 (1)	
<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>bekyree tab</i>	\$0 (1)	
<i>blisovi fe tab 1.5/30</i>	\$0 (1)	
<i>blisovi fe tab 1/20</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>dasetta tab 1/35</i>	\$0 (1)	
<i>dasetta 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>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</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)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
<i>econtra ez tab 1.5mg</i>	\$0 (3)	NM; *
ELLA TAB 30MG	\$0 (2)	
<i>emoquette tab</i>	\$0 (1)	
<i>enpresse-28 tab</i>	\$0 (1)	
<i>enskyce tab</i>	\$0 (1)	
<i>errin tab 0.35mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (1)	
<i>fallback tab 1.5mg</i>	\$0 (3)	NM; *
<i>falmina tab</i>	\$0 (1)	
<i>femynor tab 0.25-35</i>	\$0 (1)	
<i>gildagia tab 0.4-35</i>	\$0 (1)	
<i>heather tab 0.35mg</i>	\$0 (1)	
<i>incassia tab 0.35mg</i>	\$0 (1)	
<i>introvale tab</i>	\$0 (1)	
<i>isibloom tab</i>	\$0 (1)	
<i>jolivette tab 0.35mg</i>	\$0 (1)	
<i>juleber tab</i>	\$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>kelnor 1/50 tab</i>	\$0 (1)	
<i>kelnor tab 1/35</i>	\$0 (1)	
<i>kimidess tab</i>	\$0 (1)	
<i>kurvelo tab 0.15/30</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)	
<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)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0 (3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (1)	
<i>levora-28 tab 0.15/30</i>	\$0 (1)	
<i>loryna tab 3-0.02mg</i>	\$0 (1)	
<i>lutra tab</i>	\$0 (1)	
<i>lyza tab 0.35mg</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>marlissa tab 0.15/30</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (1)	
<i>mili tab 0.25/35</i>	\$0 (1)	
<i>mononessa tab</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 7/7/7</i>	\$0 (1)	
<i>next choice tab 1.5mg</i>	\$0 (3)	NM; *
<i>nikki tab 3-0.02mg</i>	\$0 (1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (1)	
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	\$0 (1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (1)	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	\$0 (1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0 (1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (1)	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 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)	

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<i>opcicon tab 1.5mg</i>	\$0 (3)	NM; *
<i>option 2 tab 1.5mg</i>	\$0 (3)	NM; *
<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>react tab 1.5mg</i>	\$0 (3)	NM; *
<i>reclipsen tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
<i>take action tab 1.5mg</i>	\$0 (3)	NM; *
<i>tarina fe tab 1/20</i>	\$0 (1)	
<i>tri-legest tab fe</i>	\$0 (1)	
<i>tri-lo- tab sprintec</i>	\$0 (1)	
<i>tri-mili tab</i>	\$0 (1)	
<i>tri-previfem tab</i>	\$0 (1)	
<i>tri-sprintec tab</i>	\$0 (1)	
<i>tri-vylibra tab</i>	\$0 (1)	
<i>trinessa lo tab</i>	\$0 (1)	
<i>trinessa tab</i>	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>tulana tab 0.35mg</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>vestura tab 3-0.02mg</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	
<i>vioarele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>vylibra tab 0.25-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zenchent tab</i>	\$0 (1)	
<i>zovia 1/35e tab</i>	\$0 (1)	
<i>zovia 1/50e 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)	NDS, NM

ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADAGEN INJ 250/ML	\$0 (2)	NDS, LA, PA
ALDURAZYME INJ 2.9MG/5M	\$0 (2)	NDS, NM, LA, PA
CARBAGLU TAB 200MG	\$0 (2)	NDS, LA, PA
CERDELGA CAP 84MG	\$0 (2)	NDS, NM, PA
CEREZYME INJ 400UNIT	\$0 (2)	NDS, NM, LA, PA
CYSTADANE POW	\$0 (2)	NDS, LA
CYSTAGON CAP 50MG	\$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	\$0 (2)	NDS, NM, LA, PA
FABRAZYME INJ 35MG	\$0 (2)	NDS, NM, LA, PA
KUVAN POW 100MG	\$0 (2)	NDS, NM, LA, PA
KUVAN POW 500MG	\$0 (2)	NDS, NM, LA, PA
KUVAN TAB 100MG	\$0 (2)	NDS, NM, LA, 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)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0 (2)	NDS, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NDS, NM, PA
ZAVESCA CAP 100MG	\$0 (2)	NDS, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0 (2)	
<i>estradiol tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0 (1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (1)	
<i>jinteli tab 1mg-5mcg</i>	\$0 (2)	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (2)	PA; PA if 65 years and older
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate tab 25 mg</i>	\$0 (1)	
DEXAMETHASON CON 1MG/ML	\$0 (2)	
<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 4 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)	

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<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 sod succ for inj 40 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (1)	
<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
PREDNISON CON 5MG/ML	\$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 10 mg</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
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (1)	
SOLU-CORTEF INJ 250MG	\$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHW 5GM	\$0 (3)	NM; *
CVS GLUCOSE CHW FRUIT	\$0 (3)	NM; *
CVS GLUCOSE CHW ORANGE	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CVS GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
<i>cvs glucose gel 40%</i>	\$0 (3)	NM; *
DEX4 CHW FRUIT	\$0 (3)	NM; *
DEX4 CHW GRAPE	\$0 (3)	NM; *
DEX4 CHW ORANGE	\$0 (3)	NM; *
DEX4 CHW RASPBERRY	\$0 (3)	NM; *
DEX4 CHW SOUR APL	\$0 (3)	NM; *
DEX4 CHW WATERMLN	\$0 (3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	\$0 (3)	NM; *
DEX4 POUCH CHW PACK	\$0 (3)	NM; *
GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
<i>gluco burst gel 40%</i>	\$0 (3)	NM; *
GLUCOSE CHW 4GM	\$0 (3)	NM; *
GLUCOSE CHW FRUIT	\$0 (3)	NM; *
GLUCOSE CHW GRAPE	\$0 (3)	NM; *
GLUCOSE CHW ORANGE	\$0 (3)	NM; *
GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
GLUCOSE CHW WATERMLN	\$0 (3)	NM; *
<i>glucose gel 40%</i>	\$0 (3)	NM; *
GNP GLUCOSE CHW GRAPE	\$0 (3)	NM; *
GNP GLUCOSE CHW ORANGE	\$0 (3)	NM; *
GNP GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
GNP GLUCOSE CHW WATERMLN	\$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	\$0 (3)	NM; *
KROG GLUCOSE CHW ORANGE	\$0 (3)	NM; *
KROG GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
KROG GLUCOSE CHW WATERMLN	\$0 (3)	NM; *
PROGLYCEM SUS 50MG/ML	\$0 (2)	
PX GLUCOSE CHW FRUIT	\$0 (3)	NM; *
PX GLUCOSE CHW ORANGE	\$0 (3)	NM; *
PX GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
PX GLUCOSE CHW SOUR APL	\$0 (3)	NM; *
QUICK DISSOL CHW GLUCOSE	\$0 (3)	NM; *
RA GLUCOSE CHW GRAPE	\$0 (3)	NM; *
RA GLUCOSE CHW ORANGE	\$0 (3)	NM; *
RA GLUCOSE CHW TROP FRT	\$0 (3)	NM; *
<i>ra glucose gel</i>	\$0 (3)	NM; *
SM GLUCOSE CHW ORANGE	\$0 (3)	NM; *
SM GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
SM GLUCOSE CHW SOUR APP	\$0 (3)	NM; *
VP GLUCOSE CHW FRUIT	\$0 (3)	NM; *

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VP GLUCOSE CHW GRAPE	\$0 (3)	NM; *
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 10/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 15/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 30/3ML	\$0 (2)	NDS, NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	B/D
FORTEO SOL 600/2.4	\$0 (2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0 (2)	NDS, NM, LA, PA
KORLYM TAB 300MG	\$0 (2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0 (2)	NDS, NM, PA
MIACALCIN INJ 200/ML	\$0 (2)	NDS, B/D
NATPARA INJ 25MCG	\$0 (2)	NDS, PA
NATPARA INJ 50MCG	\$0 (2)	NDS, PA
NATPARA INJ 75MCG	\$0 (2)	NDS, PA
NATPARA INJ 100MCG	\$0 (2)	NDS, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	NM, PA
<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)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (2)	NDS, NM, PA
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SANDOSTATIN KIT LAR 10MG	\$0 (2)	NDS, NM, PA
SANDOSTATIN KIT LAR 20MG	\$0 (2)	NDS, NM, PA
SANDOSTATIN KIT LAR 30MG	\$0 (2)	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (2)	NDS, LA, 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 **NDS** - Non-Extended Days Supply * - 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
SOMATULINE INJ 60/0.2ML	\$0 (2)	NDS, PA
SOMATULINE INJ 90/0.3ML	\$0 (2)	NDS, PA
SOMATULINE INJ 120/.5ML	\$0 (2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	\$0 (2)	NDS, NM, LA, PA
XGEVA INJ	\$0 (2)	NDS, NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TAB 210MG	\$0 (2)	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0 (1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	\$0 (1)	QL (540 packs / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	\$0 (1)	QL (180 packs / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	\$0 (1)	QL (540 tabs / 30 days)

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)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levo-t tab 25mcg</i>	\$0 (1)	
<i>levo-t tab 50mcg</i>	\$0 (1)	
<i>levo-t tab 75mcg</i>	\$0 (1)	
<i>levo-t tab 88mcg</i>	\$0 (1)	
<i>levo-t tab 100mcg</i>	\$0 (1)	
<i>levo-t tab 112mcg</i>	\$0 (1)	
<i>levo-t tab 125mcg</i>	\$0 (1)	
<i>levo-t tab 137mcg</i>	\$0 (1)	
<i>levo-t tab 150mcg</i>	\$0 (1)	
<i>levo-t tab 175mcg</i>	\$0 (1)	
<i>levo-t tab 200 mcg</i>	\$0 (1)	
<i>levo-t tab 300 mcg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>levoxyl tab 25mcg</i>	\$0 (1)	
<i>levoxyl tab 50mcg</i>	\$0 (1)	
<i>levoxyl tab 75mcg</i>	\$0 (1)	
<i>levoxyl tab 88mcg</i>	\$0 (1)	
<i>levoxyl tab 100mcg</i>	\$0 (1)	
<i>levoxyl tab 112mcg</i>	\$0 (1)	
<i>levoxyl tab 125mcg</i>	\$0 (1)	
<i>levoxyl tab 137mcg</i>	\$0 (1)	
<i>levoxyl tab 150mcg</i>	\$0 (1)	
<i>levoxyl tab 175mcg</i>	\$0 (1)	
<i>levoxyl tab 200mcg</i>	\$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
<i>unithroid tab 25mcg</i>	\$0 (1)	
<i>unithroid tab 50mcg</i>	\$0 (1)	
<i>unithroid tab 75mcg</i>	\$0 (1)	
<i>unithroid tab 88mcg</i>	\$0 (1)	
<i>unithroid tab 100mcg</i>	\$0 (1)	
<i>unithroid tab 112mcg</i>	\$0 (1)	
<i>unithroid tab 125mcg</i>	\$0 (1)	
<i>unithroid tab 150mcg</i>	\$0 (1)	
<i>unithroid tab 175mcg</i>	\$0 (1)	
<i>unithroid tab 200mcg</i>	\$0 (1)	
<i>unithroid tab 300mcg</i>	\$0 (1)	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 (1)	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (1)	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (1)	NM
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (1)	NM
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (1)	NM
STIMATE SOL 1.5MG/ML	\$0 (2)	NDS, NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone chw</i>	\$0 (3)	NM; *
<i>acid gone sus</i>	\$0 (3)	NM; *
<i>advanced sus antacid</i>	\$0 (3)	NM; *
<i>almacone chw</i>	\$0 (3)	NM; *
<i>almacone dbl sus strength</i>	\$0 (3)	NM; *
<i>almacone sus</i>	\$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0 (3)	NM; *
<i>ant/anti-gas chw 1000-60</i>	\$0 (3)	NM; *
<i>antacid chw 500mg</i>	\$0 (3)	NM; *
<i>antacid chw 750mg</i>	\$0 (3)	NM; *
<i>antacid fast sus acting</i>	\$0 (3)	NM; *
<i>antacid fast sus relief</i>	\$0 (3)	NM; *
<i>antacid plus sus anti-gas</i>	\$0 (3)	NM; *
<i>antacid plus sus gas rel</i>	\$0 (3)	NM; *
<i>antacid sus</i>	\$0 (3)	NM; *
<i>antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>antacid sus max st</i>	\$0 (3)	NM; *
<i>antacid sus reg st</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>antacid/anti sus -gas ds</i>	\$0 (3)	NM; *
<i>cal antacid chw 750mg</i>	\$0 (3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>cal-gest chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 750mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>calcium carb tab 648mg</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid) tab 648 mg</i>	\$0 (3)	NM; *
GAVISCON CHW	\$0 (3)	NM; *
GAVISCON SUS	\$0 (3)	NM; *
GAVISCON SUS CHERRY	\$0 (3)	NM; *
<i>gnp antacid chw 160-105</i>	\$0 (3)	NM; *
<i>gnp antacid chw 550-110</i>	\$0 (3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>gnp antacid sus cherry</i>	\$0 (3)	NM; *
<i>gnp masanti sus max st</i>	\$0 (3)	NM; *
<i>gnp masanti sus reg st</i>	\$0 (3)	NM; *
<i>heartburn chw ex st</i>	\$0 (3)	NM; *
<i>hm antacid sus</i>	\$0 (3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0 (3)	NM; *
MAG-AL LIQ	\$0 (3)	NM; *
<i>mag-al plus liq</i>	\$0 (3)	NM; *
<i>mag-al plus liq xs</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 420 mg</i>	\$0 (3)	NM; *
MI-ACID CHW	\$0 (3)	NM; *
<i>mi-acid sus</i>	\$0 (3)	NM; *
<i>mi-acid sus max st</i>	\$0 (3)	NM; *
<i>mintox plus chw</i>	\$0 (3)	NM; *
<i>mintox sus</i>	\$0 (3)	NM; *
<i>mintox sus max st</i>	\$0 (3)	NM; *
<i>qc antacid sus</i>	\$0 (3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>rulox sus</i>	\$0 (3)	NM; *
<i>sb antacid/ sus antigas</i>	\$0 (3)	NM; *
<i>sm antacid sus advanced</i>	\$0 (3)	NM; *
<i>sm antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>sm antacid/ sus antigas</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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>sodium bicarbonate tab 650 mg</i>	\$0 (3)	NM; *
TUMS CHW DEL CHW 1177MG	\$0 (3)	NM; *
<i>tums fresher chw 500mg</i>	\$0 (3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0 (3)	NM; *
ANTI-DIARRHEAL		
<i>abatinex cap 680mg</i>	\$0 (3)	NM; *
ACIDOPH/PROB TAB FORMULA	\$0 (3)	NM; *
<i>acidophilus cap</i>	\$0 (3)	NM; *
<i>acidophilus cap 10mg</i>	\$0 (3)	NM; *
<i>acidophilus cap 100mg</i>	\$0 (3)	NM; *
<i>acidophilus cap ex st</i>	\$0 (3)	NM; *
<i>acidophilus tab probiotc</i>	\$0 (3)	NM; *
ACIDOPHILUS WAF	\$0 (3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	\$0 (3)	NM; *
ACIDOPHILUS/ WAF BIFIDUS	\$0 (3)	NM; *
<i>anti-diarrhe cap 2mg</i>	\$0 (3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0 (3)	NM; *
<i>bismatrol chw 262mg</i>	\$0 (3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0 (3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0 (3)	NM; *
<i>bismuth ms sus 525/15ml</i>	\$0 (3)	NM; *
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0 (3)	NM; *
<i>dofus cap</i>	\$0 (3)	NM; *
<i>eql probioti cap acidophi</i>	\$0 (3)	NM; *
FLORAJEN CAP ACIDOPHI	\$0 (3)	NM; *
<i>floranex gra</i>	\$0 (3)	NM; *
<i>floranex tab</i>	\$0 (3)	NM; *
<i>intestinex cap</i>	\$0 (3)	NM; *
KALA TAB	\$0 (3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0 (3)	NM; *
<i>lactinex chw</i>	\$0 (3)	NM; *
<i>lacto-key- cap 100</i>	\$0 (3)	NM; *
<i>lacto-key- cap 600</i>	\$0 (3)	NM; *
<i>lactobacillu cap</i>	\$0 (3)	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	\$0 (3)	NM; *
<i>lactobacillus cap</i>	\$0 (3)	NM; *
<i>lactobacillus tab</i>	\$0 (3)	NM; *
<i>loperamide cap 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 liq 1mg/7.5</i>	\$0 (3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORE-DOPHILU POW ACIDOPHI	\$0 (3)	NM; *
<i>peptic relf chw 262mg</i>	\$0 (3)	NM; *
<i>peptic relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0 (3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0 (3)	NM; *
<i>probiata tab</i>	\$0 (3)	NM; *
PROBIOTIC CAP	\$0 (3)	NM; *
<i>probiotic cap acidophi</i>	\$0 (3)	NM; *
<i>probiotic cap gold</i>	\$0 (3)	NM; *
<i>probiotic pak children</i>	\$0 (3)	NM; *
<i>ra acidophil cap 300mg</i>	\$0 (3)	NM; *
REPHRESH CAP PRO-B	\$0 (3)	NM; *
<i>sb bismuth sus 262/15ml</i>	\$0 (3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0 (3)	NM; *
<i>sm stomach sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf chw 262mg</i>	\$0 (3)	NM; *
<i>stomach relf sus</i>	\$0 (3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0 (3)	NM; *
<i>stomach relf tab 262mg</i>	\$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 (1)	B/D
<i>compro sup 25mg</i>	\$0 (1)	
<i>driminate tab 50mg</i>	\$0 (3)	NM; *
<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 (1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	\$0 (2)	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	\$0 (1)	
<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 chew tab 25 mg</i>	\$0 (3)	NM; *
<i>meclizine hcl tab 12.5 mg</i>	\$0 (1)	
<i>meclizine hcl tab 12.5 mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>meclizine hcl tab 25 mg</i>	\$0 (1)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>motion relf tab 25mg</i>	\$0 (3)	NM; *
<i>motion sick tab 25mg</i>	\$0 (3)	NM; *
<i>motion sick tab 50mg</i>	\$0 (3)	NM; *
<i>motion-time chw 25mg</i>	\$0 (3)	NM; *
<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 if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	\$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older
<i>travel sick chw 25mg</i>	\$0 (3)	NM; *
<i>travel sick tab 50mg</i>	\$0 (3)	NM; *

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<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 20mg</i>	\$0 (3)	NM; *
<i>acid control tab 150mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 10mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 20mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 75mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 150mg</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 10mg</i>	\$0 (3)	NM; *
<i>famotidine tab 20 mg</i>	\$0 (1)	
<i>famotidine tab 20mg</i>	\$0 (3)	NM; *
<i>famotidine tab 40 mg</i>	\$0 (1)	
<i>heartbrn rel tab 75mg</i>	\$0 (3)	NM; *
<i>heartburn tab 20mg</i>	\$0 (3)	NM; *
<i>heartburn tab 150mg</i>	\$0 (3)	NM; *
<i>heartburn tab 200mg</i>	\$0 (3)	NM; *
<i>heartburn tab relief</i>	\$0 (3)	NM; *
<i>ranitidine hcl inj 50 mg/2ml (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>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 150 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)	
<i>sm acid redu tab 200mg</i>	\$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>APRISO CAP 0.375GM</i>	\$0 (2)	
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	NDS
<i>CANASA SUP 1000MG</i>	\$0 (2)	
<i>DELZICOL CAP 400MG</i>	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (1)	
<i>mesalamine tab delayed release 800 mg</i>	\$0 (1)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (1)	
LAXATIVES		
<i>bisac-evac sup 10mg</i>	\$0 (3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0 (3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>biscolax sup 10mg</i>	\$0 (3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0 (3)	NM; *
<i>castor laxat oil 100%</i>	\$0 (3)	NM; *
<i>clearlax pow</i>	\$0 (3)	NM; *
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>diocto liq 50mg/5ml</i>	\$0 (3)	NM; *
<i>diocto syp 60/15ml</i>	\$0 (3)	NM; *
<i>doc-q-lax tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>docqlace cap 100mg</i>	\$0 (3)	NM; *
<i>docu liq 50mg/5ml</i>	\$0 (3)	NM; *
<i>docusate cal cap 240mg</i>	\$0 (3)	NM; *
<i>docusate sod cap 100mg</i>	\$0 (3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0 (3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (3)	NM; *
<i>docusil cap 100mg</i>	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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
DOCUSOL MINI ENE	\$0 (3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0 (3)	NM; *
<i>dok cap 100mg</i>	\$0 (3)	NM; *
<i>dok cap 250mg</i>	\$0 (3)	NM; *
<i>dok plus tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>dok tab 100mg</i>	\$0 (3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>easy-lax pls tab 8.6-50mg</i>	\$0 (3)	NM; *
ENEMEEZ MINI ENE	\$0 (3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0 (3)	NM; *
<i>enulose sol 10gm/15</i>	\$0 (1)	
<i>feminine lax tab 5mg ec</i>	\$0 (3)	NM; *
<i>fiber laxativ tab 625mg</i>	\$0 (3)	NM; *
<i>fiber laxativ cap 0.52gm</i>	\$0 (3)	NM; *
<i>fiber therap tab 500mg</i>	\$0 (3)	NM; *
<i>fiber-caps tab 625mg</i>	\$0 (3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0 (3)	NM; *
FLEET BISACO ENE 10/30ML	\$0 (3)	NM; *
<i>fleet laxativ tab 5mg ec</i>	\$0 (3)	NM; *
<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>gentle laxat tab 5mg ec</i>	\$0 (3)	NM; *
<i>glycolax pow 3350 nf</i>	\$0 (3)	NM; *
<i>gnp bisa-lax tab 5mg ec</i>	\$0 (3)	NM; *
<i>gnp castor oil 100%</i>	\$0 (3)	NM; *
<i>gnp clearlax pow</i>	\$0 (3)	NM; *
<i>gnp enema ene</i>	\$0 (3)	NM; *
<i>gnp epsom gra salt</i>	\$0 (3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>gnp laxative tab 25mg</i>	\$0 (3)	NM; *
<i>gnp milk mag sus</i>	\$0 (3)	NM; *
<i>gnp mineral oil heavy</i>	\$0 (3)	NM; *
GOLYTELY SOL	\$0 (2)	
<i>healthylax pow</i>	\$0 (3)	NM; *
<i>hm clearlax pow</i>	\$0 (3)	NM; *
<i>hm enema ene</i>	\$0 (3)	NM; *
<i>hm enema ene r-t-u</i>	\$0 (3)	NM; *
<i>hm epsom gra salt</i>	\$0 (3)	NM; *
<i>hm fiber cap 0.52gm</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>hm fiber pow 30.9%</i>	\$0 (3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>hm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>hm fiber tab 500mg</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>hm senna tab 8.6mg</i>	\$0 (3)	NM; *
<i>kao-tin cap 240mg</i>	\$0 (3)	NM; *
<i>konsyl cap 520mg</i>	\$0 (3)	NM; *
<i>konsyl daily pow 28.3%</i>	\$0 (3)	NM; *
KONSYL DAILY POW 28.3%	\$0 (3)	NM; *
KONSYL DAILY POW 100%	\$0 (3)	NM; *
<i>konsyl fiber tab 625mg</i>	\$0 (3)	NM; *
<i>konsyl pow 30.9%</i>	\$0 (3)	NM; *
KONSYL POW 60.3%	\$0 (3)	NM; *
KONSYL POW 71.67%	\$0 (3)	NM; *
KONSYL-D POW 52.3%	\$0 (3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
<i>lax/stl soft tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>laxative chw 15mg</i>	\$0 (3)	NM; *
<i>laxative sup 10mg</i>	\$0 (3)	NM; *
<i>laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>laxative tab 25mg</i>	\$0 (3)	NM; *
<i>mag citrate sol cherry</i>	\$0 (3)	NM; *
<i>mag citrate sol lemon</i>	\$0 (3)	NM; *
<i>magnesium citrate soln</i>	\$0 (3)	NM; *
<i>milk of magn sus</i>	\$0 (3)	NM; *
<i>milk of magn sus 400/5ml</i>	\$0 (3)	NM; *
<i>milk of magn sus 1200/15</i>	\$0 (3)	NM; *
MILK OF MAGN SUS 2400MG	\$0 (3)	NM; *
<i>milk of magn sus cherry</i>	\$0 (3)	NM; *
<i>milk of magn sus frsh mnt</i>	\$0 (3)	NM; *
<i>milk of magn sus mint</i>	\$0 (3)	NM; *
<i>mineral oil ene</i>	\$0 (3)	NM; *
<i>mineral oil enema</i>	\$0 (3)	NM; *
<i>mini enema ene 100/5ml</i>	\$0 (3)	NM; *
MOVIPREP SOL	\$0 (2)	
<i>nat fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>nat fiber pow therapy</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nat veg lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0 (3)	NM; *
NULYTELY SOL FLAV PKS	\$0 (2)	
PEDIA-LAX CHW 400MG	\$0 (3)	NM; *
PEDIA-LAX LIQ 50MG	\$0 (3)	NM; *
<i>pediatric ene enema</i>	\$0 (3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0 (1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>perdiem over tab 15mg</i>	\$0 (3)	NM; *
<i>peri-colace tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral packet</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral packet</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral powder</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral powder</i>	\$0 (3)	NM; *
<i>qc enema ene</i>	\$0 (3)	NM; *
<i>qc laxative sup 10mg</i>	\$0 (3)	NM; *
<i>qc mineral oil heavy</i>	\$0 (3)	NM; *
<i>ra col-rite cap 50mg</i>	\$0 (3)	NM; *
<i>reguloid cap 0.52gm</i>	\$0 (3)	NM; *
<i>reguloid pow 28.3%</i>	\$0 (3)	NM; *
<i>reguloid pow 48.57%</i>	\$0 (3)	NM; *
<i>reguloid pow 58.6%</i>	\$0 (3)	NM; *
<i>sb bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>sb milk magn sus</i>	\$0 (3)	NM; *
<i>sb milk magn sus mint</i>	\$0 (3)	NM; *
<i>sb senna-lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senexon liq 8.8mg/5</i>	\$0 (3)	NM; *
<i>senexon tab 8.6mg</i>	\$0 (3)	NM; *
<i>senexon-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna-tabs tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-time s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna-time tab 8.6mg</i>	\$0 (3)	NM; *
<i>sennalax-s tab 8.6-50mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>senno tab 8.6mg</i>	\$0 (3)	NM; *
<i>sennosides syrup 8.8 mg/5ml</i>	\$0 (3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0 (3)	NM; *
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (3)	NM; *
<i>silace liq 10mg/ml</i>	\$0 (3)	NM; *
<i>silace syp 60/15ml</i>	\$0 (3)	NM; *
<i>sm castor oil 100%</i>	\$0 (3)	NM; *
<i>sm clearlax pow</i>	\$0 (3)	NM; *
<i>sm epsom gra salt</i>	\$0 (3)	NM; *
<i>sm fiber lax cap 0.52gm</i>	\$0 (3)	NM; *
<i>sm fiber lax tab 500mg</i>	\$0 (3)	NM; *
<i>sm fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>sm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>sm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>sm mineral oil</i>	\$0 (3)	NM; *
<i>sm senna lax tab max str</i>	\$0 (3)	NM; *
<i>sodium phosphates - enema</i>	\$0 (3)	NM; *
<i>sof-lax cap 100mg</i>	\$0 (3)	NM; *
<i>soluble fib pow therapy</i>	\$0 (3)	NM; *
<i>SORBITOL SOL 70%</i>	\$0 (3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0 (3)	NM; *
<i>stool softnr cap 100mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 240mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 250mg</i>	\$0 (3)	NM; *
<i>stool softnr tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>stool softnr tab 100mg</i>	\$0 (3)	NM; *
<i>SUPREP BOWEL SOL PREP KIT</i>	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
<i>wal-mucil pow 100%</i>	\$0 (3)	NM; *
<i>womans laxat tab 5mg ec</i>	\$0 (3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	NDS, PA
<i>AMITIZA CAP 8MCG</i>	\$0 (2)	QL (180 caps / 30 days)
<i>AMITIZA CAP 24MCG</i>	\$0 (2)	QL (60 caps / 30 days)
<i>anti-gas cap 180mg</i>	\$0 (3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (1)	
<i>gas relief cap 125mg</i>	\$0 (3)	NM; *
<i>gas relief cap 180mg</i>	\$0 (3)	NM; *
<i>gas relief chw 80mg</i>	\$0 (3)	NM; *
<i>gas relief chw 125mg</i>	\$0 (3)	NM; *
<i>gas relief dro 20/0.3ml</i>	\$0 (3)	NM; *
<i>gas relief dro 40/0.6ml</i>	\$0 (3)	NM; *
<i>gas-x cap 125mg</i>	\$0 (3)	NM; *
<i>gas-x cap 180mg</i>	\$0 (3)	NM; *
GATTEX KIT 5MG	\$0 (2)	NDS, NM, LA, PA
<i>gnp gas relf chw 80mg</i>	\$0 (3)	NM; *
<i>gnp gas relf chw 125mg</i>	\$0 (3)	NM; *
<i>hm gas relf chw 80mg</i>	\$0 (3)	NM; *
LINZESS CAP 72MCG	\$0 (2)	QL (30 caps / 30 days)
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)	
<i>mi-acid gas chw 80mg</i>	\$0 (3)	NM; *
<i>misoprostol tab 100 mcg</i>	\$0 (1)	
<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)
<i>mytab gas chw 80mg</i>	\$0 (3)	NM; *
<i>mytab gas chw 125mg</i>	\$0 (3)	NM; *
<i>phazyme chw 125mg</i>	\$0 (3)	NM; *
RELISTOR INJ 8/0.4ML	\$0 (2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0 (2)	NDS, PA
<i>simethicone cap 180 mg</i>	\$0 (3)	NM; *
<i>simethicone chew tab 80 mg</i>	\$0 (3)	NM; *
<i>simethicone chew tab 125 mg</i>	\$0 (3)	NM; *
<i>simethicone dro 20/0.3ml</i>	\$0 (3)	NM; *
<i>simethicone susp 40 mg/0.6ml</i>	\$0 (3)	NM; *
<i>sm gas relf chw 80mg</i>	\$0 (3)	NM; *
<i>sucalfate 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)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0 (2)	
CREON CAP 6000UNIT	\$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
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 25000	\$0 (2)	
ZENPEP CAP 40000	\$0 (2)	
ZENPEP CAP 40000UNT	\$0 (2)	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	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 magnesium cap delayed release 40 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)	
<i>heartburn tr cap 15mg</i>	\$0 (3)	NM; *
<i>lansoprazole cap 15mg dr</i>	\$0 (3)	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
NEXIUM 24HR CAP 20MG	\$0 (3)	NM; *
<i>omeprazole cap 20.6mgdr</i>	\$0 (3)	NM; *
<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>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	\$0 (3)	NM; *
OMEPRAZOLE TAB 20MG	\$0 (3)	NM; *
<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)
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (1)	QL (30 tabs / 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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GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (1)	

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)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (1)	
<i>sm urinary tab pain max</i>	\$0 (3)	NM; *

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 er 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
OXYTROL/WOMN DIS 3.9MG/24	\$0 (3)	NM; *
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	
<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>trospium 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

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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 vaginal cream 2%</i>	\$0 (1)	
<i>clotrimazole cre 1% vag</i>	\$0 (3)	NM; *
<i>clotrimazole cre 3 day</i>	\$0 (3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
<i>3 day vaginl cre 2%</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 combinat</i>	\$0 (3)	NM; *
<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>miconazole nitrate vaginal cream 2%</i>	\$0 (3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0 (3)	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	\$0 (3)	NM; *
<i>sm micon 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>vagistat-3 kit combo pk</i>	\$0 (3)	NM; *
<i>vandazole gel 0.75%</i>	\$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 ST P TAB 5MG	\$0 (2)	
ELIQUIS TAB 2.5MG	\$0 (2)	
ELIQUIS TAB 5MG	\$0 (2)	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0 (1)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (1)	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (1)	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (2)	NDS, NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (2)	NDS, NM
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	NDS, NM
HEP SOD/NACL INJ 25000UNT	\$0 (2)	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	\$0 (2)	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	\$0 (2)	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$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
HEPARIN/NACL INJ 25000UNT	\$0 (2)	
<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 110MG	\$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)	

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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>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)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NDS, NM, PA
MOZOBIL INJ	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NDS, 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)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NDS, NM, PA
IRON		
<i>cvs iron tab 27mg</i>	\$0 (3)	NM; *
<i>cvs iron tab 325mg</i>	\$0 (3)	NM; *
<i>ezfe 200 cap 200mg</i>	\$0 (3)	NM; *
<i>fer-iron dro 15mg/ml</i>	\$0 (3)	NM; *
FERAHEME INJ 510/17ML	\$0 (3)	NM; *
<i>ferate tab 27mg</i>	\$0 (3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0 (3)	NM; *
<i>ferosul tab 325mg</i>	\$0 (3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0 (3)	NM; *
<i>ferric x-150 cap 150mg</i>	\$0 (3)	NM; *
<i>ferro-bob tab 325mg</i>	\$0 (3)	NM; *
<i>ferrous gluc tab 324mg</i>	\$0 (3)	NM; *
FERROUS GLUC TAB 324MG	\$0 (3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	\$0 (3)	NM; *
FERROUS SULF TAB 140MG	\$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	\$0 (3)	NM; *
<i>ferrous sulf tab 325mg</i>	\$0 (3)	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (3)	NM; *
FERROUS SULFATE TAB 28 MG (ELEMENTAL FE)	\$0 (3)	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (3)	NM; *
<i>ferrousul tab 325mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 45mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 65mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 325mg</i>	\$0 (3)	NM; *
<i>hm iron tab 45mg</i>	\$0 (3)	NM; *
<i>hm iron tab 65mg</i>	\$0 (3)	NM; *
<i>iferex 150 cap</i>	\$0 (3)	NM; *
INFED INJ 50MG/ML	\$0 (3)	NM; *
INJECTAFER INJ 750/15ML	\$0 (3)	NM; *
IRON CHW PEDIATRI	\$0 (3)	NM; *
<i>iron slow tab 45mg</i>	\$0 (3)	NM; *
<i>iron supplem tab 325mg</i>	\$0 (3)	NM; *
<i>iron supplem tab therapy</i>	\$0 (3)	NM; *
<i>iron supplmt dro 15mg/ml</i>	\$0 (3)	NM; *
IRON TAB 18MG	\$0 (3)	NM; *
IRON TAB 28MG	\$0 (3)	NM; *
IRON UP LIQ	\$0 (3)	NM; *
<i>myferon 150 cap 150mg</i>	\$0 (3)	NM; *
NOVAFERRUM CAP 50MG	\$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0 (3)	NM; *
<i>nu-iron 150 cap 150mg</i>	\$0 (3)	NM; *
PERFECT IRON TAB 25MG	\$0 (3)	NM; *
<i>poly-iron cap 150mg</i>	\$0 (3)	NM; *
PROFE CAP 180MG	\$0 (3)	NM; *
<i>px iron tab 27mg</i>	\$0 (3)	NM; *
<i>px iron tab 200mg</i>	\$0 (3)	NM; *

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<i>ra iron tab 27mg</i>	\$0 (3)	NM; *
<i>ra iron tab 325mg</i>	\$0 (3)	NM; *
<i>slow fe tab 45mg</i>	\$0 (3)	NM; *
<i>slow iron tab 50mg</i>	\$0 (3)	NM; *
<i>slow iron tab 160mg cr</i>	\$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	\$0 (3)	NM; *
<i>slow rel fe tab 160mg cr</i>	\$0 (3)	NM; *
<i>slow release tab 45mg</i>	\$0 (3)	NM; *
<i>slow release tab 47.5mg</i>	\$0 (3)	NM; *
<i>slow release tab 143mg</i>	\$0 (3)	NM; *
<i>slow-release tab fe 45mg</i>	\$0 (3)	NM; *
<i>sm iron slow tab 160mg cr</i>	\$0 (3)	NM; *
<i>sm iron tab 45mg</i>	\$0 (3)	NM; *
<i>sm iron tab 325mg</i>	\$0 (3)	NM; *
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0 (3)	NM; *
<i>th iron tab 65mg</i>	\$0 (3)	NM; *
VENOFER INJ 20MG/ML	\$0 (3)	NM; *
<i>wee care sus 15/1.25</i>	\$0 (3)	NM; *
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)	NDS, QL (20 vials / 30 days), NM, LA, PA
ENDARI POW 5GM	\$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	\$0 (2)	NDS, QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	\$0 (2)	NDS, QL (20 vials / 30 days), LA, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA TAB 12.5MG	\$0 (2)	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA

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<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (1)	
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		
HUMIRA INJ 10/0.1ML	\$0 (2)	NDS, QL (2 syringes / 28 days), PA
HUMIRA INJ 10MG/0.2	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0 (2)	NDS, QL (2 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	\$0 (2)	NDS, QL (6 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0 (2)	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	\$0 (2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0 (2)	NDS, PA
HUMIRA PEN KIT PS/UV	\$0 (2)	NDS, 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)	

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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>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NDS, NM, PA
XATMEP SOL 2.5MG/ML	\$0 (2)	B/D
XELJANZ TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	\$0 (2)	NDS, QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 6GM	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 12GM	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0 (2)	NDS, NM, PA
GAMASTAN S/D INJ	\$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OCTAGAM INJ 1GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 25GM	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0 (2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0 (2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	\$0 (2)	NDS, NM, PA
INTRON A INJ 10MU	\$0 (2)	NDS, B/D, NM
INTRON A INJ 18MU	\$0 (2)	NDS, B/D, NM
INTRON A INJ 25MU	\$0 (2)	NDS, B/D, NM
INTRON A INJ 50MU	\$0 (2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ 100MG	\$0 (2)	B/D
<i>azathioprine tab 50 mg</i>	\$0 (1)	B/D
BENLYSTA INJ 120MG	\$0 (2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	\$0 (2)	NDS, PA
BENLYSTA INJ 400MG	\$0 (2)	NDS, NM, PA
<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)	NDS, B/D
<i>mycophenolate mofetil tab 500 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>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 (1)	B/D
NULOJIX INJ 250MG	\$0 (2)	NDS, B/D
RAPAMUNE SOL 1MG/ML	\$0 (2)	NDS, B/D
SANDIMMUNE SOL 100MG/ML	\$0 (2)	B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 1 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 2 mg</i>	\$0 (2)	NDS, 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 (1)	B/D
ZORTRESS TAB 0.5MG	\$0 (2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0 (2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0 (2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0 (2)	
ADACEL INJ	\$0 (2)	
BCG VACCINE INJ	\$0 (2)	
BEXSERO INJ	\$0 (2)	
BOOSTRIX 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)	
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)	
MENVEO INJ	\$0 (2)	
PEDIARIX INJ 0.5ML	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PENTACEL INJ	\$0 (2)	
PROQUAD INJ	\$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 **NDS** - Non-Extended Days Supply * - 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
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)	
SHINGRIX INJ 50MCG	\$0 (2)	QL (2 vials per lifetime)
SYNAGIS INJ 50MG	\$0 (2)	NDS, NM
SYNAGIS INJ 100MG/ML	\$0 (2)	NDS, NM
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	
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

<i>buffered tab salt</i>	\$0 (3)	NM; *
CERALYTE 70 LIQ	\$0 (3)	NM; *
CERASPORT SOL EX1	\$0 (3)	NM; *
<i>cvs electrol sol</i>	\$0 (3)	NM; *
ENFAMIL SOL ENFALYTE	\$0 (3)	NM; *
<i>gnp pediatri sol electrol</i>	\$0 (3)	NM; *
<i>klor-con 8 tab 8meq er</i>	\$0 (1)	
<i>klor-con 10 tab 10meq er</i>	\$0 (1)	
KLOR-CON M15 TAB 15MEQ ER	\$0 (2)	
MAGNESIUM SU INJ 2GM/50ML	\$0 (2)	
MAGNESIUM SU INJ 4G/100ML	\$0 (2)	
MAGNESIUM SU INJ 20/500ML	\$0 (2)	
MAGNESIUM SU INJ 40G/1000	\$0 (2)	
MAGNESIUM SU INJ 80MG/ML	\$0 (2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (2)	
<i>magnesium sulfate inj 50%</i>	\$0 (2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 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>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (2)	
MEDI-LYTE TAB	\$0 (3)	NM; *
MG SO4/D5W INJ 10MG/ML	\$0 (2)	
MG SO4/D5W INJ 20MG/ML	\$0 (2)	
<i>naturalyte sol fruit</i>	\$0 (3)	NM; *
<i>oral electro sol cherry</i>	\$0 (3)	NM; *
<i>oral electro sol h-e-b</i>	\$0 (3)	NM; *
<i>oral electrolyte solution</i>	\$0 (3)	NM; *
<i>oralyte sol</i>	\$0 (3)	NM; *
<i>oralyte sol freeze</i>	\$0 (3)	NM; *
<i>pc ped elect sol fruit</i>	\$0 (3)	NM; *
<i>pc ped elect sol grape</i>	\$0 (3)	NM; *
<i>pc pediatric sol electrol</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol /zinc</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol freeze</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol freezer</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol freezpop</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol fruit</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol grape</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol unflavrd</i>	\$0 (3)	NM; *
<i>pedia vance sol apple</i>	\$0 (3)	NM; *
<i>potassium chloride cap er 8 meq</i>	\$0 (1)	
<i>potassium chloride cap er 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated cys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated cys er 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 powder packet 20 meq</i>	\$0 (1)	
<i>potassium chloride tab er 8 meq (600 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>potassium chloride tab er 10 meq</i>	\$0 (1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (1)	
<i>ra pediatric sol electrol</i>	\$0 (3)	NM; *
<i>rehydralyte sol</i>	\$0 (3)	NM; *
<i>revital frzr sol pops</i>	\$0 (3)	NM; *
<i>revital jell sol cups</i>	\$0 (3)	NM; *
<i>revital lqd sol squeezer</i>	\$0 (3)	NM; *
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (1)	
<i>temp tab tab</i>	\$0 (3)	NM; *
THERMOTABS TAB	\$0 (3)	NM; *
<i>tpn electrol inj</i>	\$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 8.5%	\$0 (2)	B/D
<i>aminosyn ii inj 8.5/lyte</i>	\$0 (2)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D
AMINOSYN INJ 8.5%	\$0 (2)	B/D
<i>aminosyn inj 8.5/lyte</i>	\$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
<i>fat emulsion iv soln 20%</i>	\$0 (2)	B/D
FREAMINE HBC INJ 6.9%	\$0 (2)	B/D
FREAMINE III INJ 10%	\$0 (2)	B/D
<i>hepatamine sol 8%</i>	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREMASOL SOL 10%	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
TRAVASOL INJ 10%	\$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 (2)	
D10W/NACL INJ 0.2%	\$0 (2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% in lactated ringers</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose inj 5%</i>	\$0 (1)	
<i>dextrose inj 10%</i>	\$0 (1)	
<i>dextrose inj 50%</i>	\$0 (1)	
<i>dextrose inj 70%</i>	\$0 (1)	
IONOSOL-MB INJ /D5W	\$0 (2)	
ISOLYTE-P INJ /D5W	\$0 (2)	
ISOLYTE-S INJ	\$0 (2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0 (2)	
<i>lactated ringer's solution</i>	\$0 (1)	
NORMOSOL -M INJ /D5W	\$0 (2)	
NORMOSOL -R INJ /D5W	\$0 (2)	
NORMOSOL-R INJ PH 7.4	\$0 (2)	
PLASMA-LYTE INJ -148	\$0 (2)	
PLASMA-LYTE INJ -A	\$0 (2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	
<i>potassium chloride inj 10 meq/50ml</i>	\$0 (1)	
<i>potassium chloride inj 10 meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 20 meq/50ml</i>	\$0 (1)	
<i>potassium chloride inj 20 meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 40 meq/100ml</i>	\$0 (1)	
<i>ringer's solution</i>	\$0 (1)	
<i>sodium chloride inj 0.45%</i>	\$0 (1)	
<i>sodium chloride inj 3%</i>	\$0 (1)	
<i>sodium chloride inj 5%</i>	\$0 (1)	
<i>sodium chloride iv soln 0.9%</i>	\$0 (1)	
MINERALS		
<i>ca cit/vit d tab 315/200</i>	\$0 (3)	NM; *
<i>ca cit/vit d tab 315/250</i>	\$0 (3)	NM; *
CA CITRATE TAB 250MG	\$0 (3)	NM; *
<i>ca citrate tab + d</i>	\$0 (3)	NM; *
<i>ca citrate tab plus d</i>	\$0 (3)	NM; *
CA HI-CAL/D TAB 500MG	\$0 (3)	NM; *
CA LACTATE TAB 100MG	\$0 (3)	NM; *
<i>ca/d/mineral tab 600-200</i>	\$0 (3)	NM; *
CAL-CITRATE TAB PLUS D	\$0 (3)	NM; *
CAL-LAC CAP 500MG	\$0 (3)	NM; *
CAL-MINT CHW 260MG	\$0 (3)	NM; *
CAL-QUICK LIQ 500-400	\$0 (3)	NM; *
<i>calc 600+d3 tab minerals</i>	\$0 (3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0 (3)	NM; *
<i>calc 600+d+ tab minerals</i>	\$0 (3)	NM; *
<i>calc cit+d3 tab 250-200</i>	\$0 (3)	NM; *
<i>calc citr+d3 tab 200-250</i>	\$0 (3)	NM; *
<i>calc citr+d tab 315-250</i>	\$0 (3)	NM; *

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<i>calc citr/d3 tab 200-250</i>	\$0 (3)	NM; *
<i>calc citr/d tab 315-250</i>	\$0 (3)	NM; *
<i>calc citrate tab +d</i>	\$0 (3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	\$0 (3)	NM; *
CALCIONATE SYP 1.8GM/5	\$0 (3)	NM; *
<i>calcitrate tab</i>	\$0 (3)	NM; *
<i>calcitrate tab 950mg</i>	\$0 (3)	NM; *
<i>calcium 500 tab +d</i>	\$0 (3)	NM; *
<i>calcium 500 tab /vit d</i>	\$0 (3)	NM; *
<i>calcium 600 chw +d/miner</i>	\$0 (3)	NM; *
<i>calcium 600 chw +d/mnrsls</i>	\$0 (3)	NM; *
<i>calcium 600 chw w/vit d</i>	\$0 (3)	NM; *
<i>calcium 600 tab</i>	\$0 (3)	NM; *
<i>calcium 600 tab + d</i>	\$0 (3)	NM; *
<i>calcium 600 tab +d</i>	\$0 (3)	NM; *
<i>calcium 600 tab +d3</i>	\$0 (3)	NM; *
<i>calcium 600 tab +d/mnrsls</i>	\$0 (3)	NM; *
<i>calcium 600 tab -d</i>	\$0 (3)	NM; *
<i>calcium 600 tab vit d/mi</i>	\$0 (3)	NM; *
<i>calcium 600/ tab vit d</i>	\$0 (3)	NM; *
CALCIUM 1000 TAB + D	\$0 (3)	NM; *
<i>calcium 1200 chw</i>	\$0 (3)	NM; *
<i>calcium + d tab</i>	\$0 (3)	NM; *
<i>calcium + d tab 600-200</i>	\$0 (3)	NM; *
<i>calcium +d3 tab maximum</i>	\$0 (3)	NM; *
<i>calcium +d tab maximum</i>	\$0 (3)	NM; *
CALCIUM CARB CHW 260MG	\$0 (3)	NM; *
CALCIUM CARB POW 800/2GM	\$0 (3)	NM; *
<i>calcium carb tab 1250mg</i>	\$0 (3)	NM; *
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 600 mg</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0 (3)	NM; *

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<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0 (3)	NM; *
CALCIUM CHW GUMMIES	\$0 (3)	NM; *
CALCIUM CIT TAB 1040MG	\$0 (3)	NM; *
<i>calcium cit/ tab vit d</i>	\$0 (3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0 (3)	NM; *
<i>calcium citr tab +d</i>	\$0 (3)	NM; *
<i>calcium citr tab plus d-3</i>	\$0 (3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0 (3)	NM; *
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0 (3)	NM; *
CALCIUM GRA CITRATE	\$0 (3)	NM; *
CALCIUM LACT TAB 648MG	\$0 (3)	NM; *
CALCIUM LACT TAB 750MG	\$0 (3)	NM; *
<i>calcium plus cap d3</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM PLUS CAP VIT D	\$0 (3)	NM; *
<i>calcium plus tab 600 +d</i>	\$0 (3)	NM; *
<i>calcium tab 500+d</i>	\$0 (3)	NM; *
<i>calcium tab 500/d</i>	\$0 (3)	NM; *
<i>calcium tab 600mg</i>	\$0 (3)	NM; *
CALCIUM TAB 600MG	\$0 (3)	NM; *
<i>calcium tab vit d</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 315-250</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 600-400</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcium+d tab 600-400</i>	\$0 (3)	NM; *
<i>calcium+d tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/d3 cap 600-500</i>	\$0 (3)	NM; *
<i>calcium/d3 tab</i>	\$0 (3)	NM; *
<i>calcium/d3 tab 500-400</i>	\$0 (3)	NM; *
<i>calcium/d3 tab 500-600</i>	\$0 (3)	NM; *
<i>calcium/d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/d chw 500-400</i>	\$0 (3)	NM; *
<i>calcium/d tab 500-200</i>	\$0 (3)	NM; *
<i>calcium/d tab 500-400</i>	\$0 (3)	NM; *
<i>calcium/d tab 500mg</i>	\$0 (3)	NM; *
<i>calcium/d tab 600-200</i>	\$0 (3)	NM; *
<i>calcium/d tab 600-400</i>	\$0 (3)	NM; *
<i>calcium/d tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/vita tab d3</i>	\$0 (3)	NM; *
CALCIUM/VITD CAP 600-400	\$0 (3)	NM; *
CALTRATE 600 CHW 600-800	\$0 (3)	NM; *
<i>caltrate 600 tab</i>	\$0 (3)	NM; *
CALTRATE + D TAB 300-800	\$0 (3)	NM; *
CHEWABLE CHW CALCIUM	\$0 (3)	NM; *
<i>cit calc/d tab 315-250</i>	\$0 (3)	NM; *
CITRACAL CAL CHW GUMMIES	\$0 (3)	NM; *
CITRACAL+D3 CHW 250-500	\$0 (3)	NM; *
<i>creamies chw 600-400</i>	\$0 (3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0 (3)	NM; *
<i>600+d3 plus chw minerals</i>	\$0 (3)	NM; *
<i>eq calcium tab citr+d</i>	\$0 (3)	NM; *
EQL CALCIUM CAP VIT D	\$0 (3)	NM; *
<i>eql calcium tab citr/d3</i>	\$0 (3)	NM; *
<i>eql calcium tab w/vit d</i>	\$0 (3)	NM; *
GALZIN CAP 25MG	\$0 (3)	NM; *
GALZIN CAP 50MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp ca/vit d chw minerals</i>	\$0 (3)	NM; *
<i>gnp calcium tab 500/d</i>	\$0 (3)	NM; *
<i>gnp calcium tab 600/d</i>	\$0 (3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0 (3)	NM; *
<i>hm ca/vit d3 tab 600-400</i>	\$0 (3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0 (3)	NM; *
<i>hm calcium tab citr+d</i>	\$0 (3)	NM; *
<i>hm calcium tab d/minera</i>	\$0 (3)	NM; *
<i>kp calcium cap 600+d</i>	\$0 (3)	NM; *
<i>kp calcium tab 600+d</i>	\$0 (3)	NM; *
<i>liq ca/vit d cap 600mg</i>	\$0 (3)	NM; *
LIQUID CALCI CAP WITH D3	\$0 (3)	NM; *
MAG64 TAB 64MG	\$0 (3)	NM; *
<i>mag-g tab 500mg</i>	\$0 (3)	NM; *
MAG-SR PLUS TAB CALCIUM	\$0 (3)	NM; *
MAG-TAB SR TAB 84MG	\$0 (3)	NM; *
MAGDELAY TAB 70MG	\$0 (3)	NM; *
MAGNESIUM CAP 400MG	\$0 (3)	NM; *
MAGNESIUM GL TAB 500MG	\$0 (3)	NM; *
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide cap 500 mg (elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 250 mg (mg supplement)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0 (3)	NM; *
<i>magnesium tab 500mg</i>	\$0 (3)	NM; *
<i>magnesium-ox tab 400mg</i>	\$0 (3)	NM; *
MAGONATE LIQ 1000/5ML	\$0 (3)	NM; *
<i>magonate tab 500mg</i>	\$0 (3)	NM; *
MG GLUCONATE TAB 250MG	\$0 (3)	NM; *
<i>mgo tab 400mg</i>	\$0 (3)	NM; *
NU-MAG TAB 71.5-119	\$0 (3)	NM; *
<i>orazinc cap 220mg</i>	\$0 (3)	NM; *
<i>os calcium tab /vit d</i>	\$0 (3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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>os-cal chw</i>	\$0 (3)	NM; *
<i>os-cal chw 500-600</i>	\$0 (3)	NM; *
<i>os-cal extra tab d3</i>	\$0 (3)	NM; *
OSTEO-PORETI TAB	\$0 (3)	NM; *
<i>oys shell ca tab 500 + d</i>	\$0 (3)	NM; *
<i>oys shell ca tab /d3</i>	\$0 (3)	NM; *
<i>oys shell ca tab /vit d</i>	\$0 (3)	NM; *
<i>oys shell+d chw 500-400</i>	\$0 (3)	NM; *
<i>oys shell+d tab 250-125</i>	\$0 (3)	NM; *
<i>oysco 500 tab 500mg</i>	\$0 (3)	NM; *
<i>oysco 500+d chw</i>	\$0 (3)	NM; *
<i>oysco 500+d tab</i>	\$0 (3)	NM; *
<i>oyst cal/d tab 250mg</i>	\$0 (3)	NM; *
<i>oyst cal/d tab 500mg</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 250mg</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500-125</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500-200</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500-400</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0 (3)	NM; *
<i>oyst-cal d tab 250mg</i>	\$0 (3)	NM; *
<i>oyst-cal-d tab 500mg</i>	\$0 (3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0 (3)	NM; *
<i>oyster shell tab 500mg</i>	\$0 (3)	NM; *
<i>oystercal tab 500mg</i>	\$0 (3)	NM; *
<i>oystercal-d tab 500mg</i>	\$0 (3)	NM; *
<i>pa oyster sh tab 500mg</i>	\$0 (3)	NM; *
PHOS-NAK POW CONCENTR	\$0 (3)	NM; *
<i>px calcium&d tab 600-400</i>	\$0 (3)	NM; *
<i>qc calcium tab 600mg</i>	\$0 (3)	NM; *
<i>ra ca/vit d3 chw minerals</i>	\$0 (3)	NM; *
<i>ra ca/vit d3 tab 600-400</i>	\$0 (3)	NM; *
<i>ra calcium tab 600mg</i>	\$0 (3)	NM; *
<i>ra calcium tab vit d</i>	\$0 (3)	NM; *
<i>ra calcium+d tab 600mg</i>	\$0 (3)	NM; *
<i>ra hi cal tab 500-200</i>	\$0 (3)	NM; *
<i>ra hi-cal tab 500mg</i>	\$0 (3)	NM; *
<i>ra hi-cal/d tab 500mg</i>	\$0 (3)	NM; *
<i>ra magnesium cap 500mg</i>	\$0 (3)	NM; *
RISACAL-D TAB	\$0 (3)	NM; *
<i>slow mag/cal tab 70-117mg</i>	\$0 (3)	NM; *
SLOW-MAG TAB	\$0 (3)	NM; *
<i>sm ca/vit d3 tab 600-400</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm calcium tab /vit d3</i>	\$0 (3)	NM; *
<i>sm calcium/d tab 500-200</i>	\$0 (3)	NM; *
<i>sm calcium/d tab 600-400</i>	\$0 (3)	NM; *
<i>sm magnesium tab 250mg</i>	\$0 (3)	NM; *
<i>super ca 600 tab + d3</i>	\$0 (3)	NM; *
<i>super ca 600 tab + d3 400</i>	\$0 (3)	NM; *
<i>super ca 600 tab + d 400</i>	\$0 (3)	NM; *
<i>super calciu tab 600mg</i>	\$0 (3)	NM; *
<i>th calcium/d chw 600-400</i>	\$0 (3)	NM; *
<i>th calcium/d tab 600-400</i>	\$0 (3)	NM; *
UPCAL D POW	\$0 (3)	NM; *
VITAMIN D TAB 400UNIT	\$0 (3)	NM; *
<i>zinc sulfate cap 50 mg (elemental zn)</i>	\$0 (3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0 (3)	NM; *
<i>zinc-220 cap</i>	\$0 (3)	NM; *
MISCELLANEOUS		
ARGININE2000 PAK 2000MG	\$0 (3)	NM; *
<i>arginine cap 500 mg</i>	\$0 (3)	NM; *
ARGININE PAK 500MG	\$0 (3)	NM; *
<i>arginine tab 500 mg</i>	\$0 (3)	NM; *
<i>arginine tab 500mg</i>	\$0 (3)	NM; *
<i>arginine tab 1000 mg</i>	\$0 (3)	NM; *
COROMEGA EMU OMEGA 3	\$0 (3)	NM; *
<i>cvs fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>cvs fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>eql fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>eql fish oil cap 1200mg</i>	\$0 (3)	NM; *
FISH OIL CAP 150MG	\$0 (3)	NM; *
FISH OIL CAP 180MG	\$0 (3)	NM; *
FISH OIL CAP 183.33MG	\$0 (3)	NM; *
<i>fish oil cap 300mg</i>	\$0 (3)	NM; *
<i>fish oil cap 435mg</i>	\$0 (3)	NM; *
FISH OIL CAP 900MG	\$0 (3)	NM; *
<i>fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>fish oil cap 1200mg</i>	\$0 (3)	NM; *
FISH OIL CAP 1400MG	\$0 (3)	NM; *
FISH OIL CHW 875MG	\$0 (3)	NM; *
<i>fish oil con cap 300mg</i>	\$0 (3)	NM; *
<i>fish oil con cap 1000mg</i>	\$0 (3)	NM; *
<i>glutamine powder</i>	\$0 (3)	NM; *
<i>glutimmune pow 100%</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp fish oil cap</i>	\$0 (3)	NM; *
GNP FISH OIL CAP 840MG	\$0 (3)	NM; *
<i>gnp fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>gnp fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>healthy kids chw gummies</i>	\$0 (3)	NM; *
HM FISH OIL CAP 554MG	\$0 (3)	NM; *
<i>hm fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>hm fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>kp fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>kp omega-3 cap 1200mg</i>	\$0 (3)	NM; *
<i>l-arginine cap 500mg</i>	\$0 (3)	NM; *
L-ARGININE POW	\$0 (3)	NM; *
<i>l-arginine tab 1000mg</i>	\$0 (3)	NM; *
<i>l-arginine- cap 500</i>	\$0 (3)	NM; *
L-CITRULLINE CAP 600MG	\$0 (3)	NM; *
L-GLUTAMINE POW	\$0 (3)	NM; *
L-GLUTATHION CRY	\$0 (3)	NM; *
L-ISOLEUCINE POW	\$0 (3)	NM; *
<i>maximum epa cap 1000mg</i>	\$0 (3)	NM; *
<i>omega 3 500 cap 500mg</i>	\$0 (3)	NM; *
OMEGA BABY EMU PRENATAL	\$0 (3)	NM; *
<i>omega essent liq basic</i>	\$0 (3)	NM; *
<i>omega iii cap epa+dha</i>	\$0 (3)	NM; *
OMEGA-3 2100 CAP 1050MG	\$0 (3)	NM; *
OMEGA-3 CAP 350MG	\$0 (3)	NM; *
<i>omega-3 cap 1200mg</i>	\$0 (3)	NM; *
OMEGA-3 CAP 1400MG	\$0 (3)	NM; *
OMEGA-3 CAP FISH OIL	\$0 (3)	NM; *
<i>omega-3 fatty acids cap 300 mg</i>	\$0 (3)	NM; *
<i>omega-3 fatty acids cap 435 mg</i>	\$0 (3)	NM; *
<i>omega-3 fatty acids cap 500 mg</i>	\$0 (3)	NM; *
<i>omega-3 fatty acids cap 1000 mg</i>	\$0 (3)	NM; *
<i>omega-3 fatty acids cap 1200 mg</i>	\$0 (3)	NM; *
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	\$0 (3)	NM; *
<i>omega-3 fish cap 1000 mg</i>	\$0 (3)	NM; *
<i>omega-3 fish cap 1000mg</i>	\$0 (3)	NM; *
<i>omega-3 fish chw 113.5mg</i>	\$0 (3)	NM; *
OMEGA-3 IQ CHW 240MG	\$0 (3)	NM; *
<i>omera cap 1000mg</i>	\$0 (3)	NM; *
<i>ovega-3 cap 500mg</i>	\$0 (3)	NM; *
<i>pa fish oil cap 1000mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>px fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>ra fish oil cap 600mg</i>	\$0 (3)	NM; *
<i>ra fish oil cap 1000mg</i>	\$0 (3)	NM; *
RA FISH OIL CAP 1400MG	\$0 (3)	NM; *
<i>salmon oil cap 1000mg</i>	\$0 (3)	NM; *
SALMON OIL- CAP 1000	\$0 (3)	NM; *
<i>sam-e.p.a. cap 500mg</i>	\$0 (3)	NM; *
<i>sea-omega 30 cap 1200mg</i>	\$0 (3)	NM; *
<i>sea-omega 50 cap 1000mg</i>	\$0 (3)	NM; *
SM FISH OIL CAP 554MG	\$0 (3)	NM; *
<i>sm fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>sm fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>super dha cap gems</i>	\$0 (3)	NM; *
<i>super omega cap -3</i>	\$0 (3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0 (3)	NM; *
<i>theromega cap 1000mg</i>	\$0 (3)	NM; *
ULTRA OMEGA3 CAP 1400MG	\$0 (3)	NM; *

VITAMINS

<i>a thru z chw select</i>	\$0 (3)	NM; *
<i>a thru z sel tab 50+ adva</i>	\$0 (3)	NM; *
<i>a thru z sel tab 50+ mens</i>	\$0 (3)	NM; *
<i>a thru z sel tab advanced</i>	\$0 (3)	NM; *
<i>a thru z tab advanced</i>	\$0 (3)	NM; *
<i>a thru z tab high pot</i>	\$0 (3)	NM; *
<i>a thru z tab select</i>	\$0 (3)	NM; *
<i>a thru z tab ultimate</i>	\$0 (3)	NM; *
<i>a thru z ult tab mens</i>	\$0 (3)	NM; *
<i>abc plus tab</i>	\$0 (3)	NM; *
<i>abc plus tab senior</i>	\$0 (3)	NM; *
<i>actical cap</i>	\$0 (3)	NM; *
<i>adlt multivi chw gummies</i>	\$0 (3)	NM; *
ADLT ONE DLY CHW GUMMIES	\$0 (3)	NM; *
ADULT 50+ CAP OCUVITE	\$0 (3)	NM; *
<i>50+ adult cap eye hlth</i>	\$0 (3)	NM; *
<i>advanced tab formula</i>	\$0 (3)	NM; *
<i>airborne chw</i>	\$0 (3)	NM; *
<i>airborne chw gummies</i>	\$0 (3)	NM; *
AIRBORNE LOZ	\$0 (3)	NM; *
<i>airborne tab</i>	\$0 (3)	NM; *
AIRSHIELD CHW IMMUNITY	\$0 (3)	NM; *
ALIVE ENERGY TAB WOMENS	\$0 (3)	NM; *
ALIVE WOMENS CHW GUMMY	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alph-e cap 400unit</i>	\$0 (3)	NM; *
<i>alph-e-mixed cap 200unit</i>	\$0 (3)	NM; *
<i>alph-e-mixed cap 1000unit</i>	\$0 (3)	NM; *
ALPHA LIPOIC CAP 50MG	\$0 (3)	NM; *
ALPHA LIPOIC CAP 300MG	\$0 (3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 100 mg</i>	\$0 (3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 200 mg</i>	\$0 (3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 600 mg</i>	\$0 (3)	NM; *
<i>animal chews chw</i>	\$0 (3)	NM; *
<i>animal shape chw</i>	\$0 (3)	NM; *
<i>animal shape chw /iron</i>	\$0 (3)	NM; *
<i>animal shape chw complete</i>	\$0 (3)	NM; *
<i>animal shape chw iron</i>	\$0 (3)	NM; *
<i>anti-oxidant tab</i>	\$0 (3)	NM; *
<i>antioxidant cap</i>	\$0 (3)	NM; *
ANTIOXIDANT CAP	\$0 (3)	NM; *
<i>antioxidant tab</i>	\$0 (3)	NM; *
<i>antioxidant tab vitamins</i>	\$0 (3)	NM; *
APATATE FORT LIQ	\$0 (3)	NM; *
APETIGEN TAB PLUS	\$0 (3)	NM; *
AQUADEKS CHW	\$0 (3)	NM; *
<i>aquadeks dro</i>	\$0 (3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0 (3)	NM; *
<i>asco-tabs tab 1000mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 100 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 250 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0 (3)	NM; *
<i>b comp/iron/ tab vit c/e</i>	\$0 (3)	NM; *
<i>b complex tab plus c</i>	\$0 (3)	NM; *
<i>b complex tab vit c</i>	\$0 (3)	NM; *
<i>b-complex tab /vit c</i>	\$0 (3)	NM; *
<i>b-complex tab balanced</i>	\$0 (3)	NM; *
<i>b-complex w/ c & calcium tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c & folic acid tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c cap</i>	\$0 (3)	NM; *
<i>b-complex w/ c tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c tab er</i>	\$0 (3)	NM; *
BABY VIT D DRO 400/.028	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>balanced b tab complex</i>	\$0 (3)	NM; *
<i>bdy/hair/skn cap nails</i>	\$0 (3)	NM; *
<i>bec/zinc tab</i>	\$0 (3)	NM; *
<i>bee zee tab</i>	\$0 (3)	NM; *
<i>berocca tab</i>	\$0 (3)	NM; *
<i>better b tab complex</i>	\$0 (3)	NM; *
BIO-35 GLUTE CAP FREE	\$0 (3)	NM; *
<i>bio-d-mulsio liq 400unit</i>	\$0 (3)	NM; *
<i>bio-d-mulsio liq 2000unit</i>	\$0 (3)	NM; *
BIOCAL CAP	\$0 (3)	NM; *
BIOSUPP LIQ	\$0 (3)	NM; *
BIOTECT PLUS CAP	\$0 (3)	NM; *
BIOTECT PLUS LIQ	\$0 (3)	NM; *
<i>biotin 5000 cap</i>	\$0 (3)	NM; *
BIOTIN CAP 1MG	\$0 (3)	NM; *
<i>biotin cap 2.5 mg</i>	\$0 (3)	NM; *
<i>biotin cap 5 mg</i>	\$0 (3)	NM; *
<i>biotin cap 5000mcg</i>	\$0 (3)	NM; *
<i>biotin plus/ tab cal/vitd</i>	\$0 (3)	NM; *
BIOTIN POW	\$0 (3)	NM; *
BIOVOL SYP	\$0 (3)	NM; *
<i>c 250 tab</i>	\$0 (3)	NM; *
<i>c 1000 tab 1000mg</i>	\$0 (3)	NM; *
<i>c-250 tab 250mg</i>	\$0 (3)	NM; *
<i>c-500 tab 500mg</i>	\$0 (3)	NM; *
<i>c-1000 tab 1000mg</i>	\$0 (3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0 (3)	NM; *
C-BUFF POW	\$0 (3)	NM; *
<i>c/rose hips tab 1000mg</i>	\$0 (3)	NM; *
CAL-CITRATE CAP 150MG	\$0 (3)	NM; *
<i>calcidol dro 8000/ml</i>	\$0 (3)	NM; *
<i>calciferol dro 8000/ml</i>	\$0 (3)	NM; *
<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>carravite tab</i>	\$0 (3)	NM; *
<i>centamin liq</i>	\$0 (3)	NM; *
<i>centavite az tab minerals</i>	\$0 (3)	NM; *
<i>centavite liq</i>	\$0 (3)	NM; *
CENTRAL-VITE TAB UNDER 50	\$0 (3)	NM; *
<i>central-vite tab wmns mat</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>centravites tab</i>	\$0 (3)	NM; *
<i>centravites tab 50 plus</i>	\$0 (3)	NM; *
CENTRUM CHW	\$0 (3)	NM; *
CENTRUM CHW FLAV BST	\$0 (3)	NM; *
CENTRUM CHW MULTI	\$0 (3)	NM; *
CENTRUM CHW SILVER	\$0 (3)	NM; *
<i>centrum kids chw complete</i>	\$0 (3)	NM; *
CENTRUM KIDS CHW FLAV BST	\$0 (3)	NM; *
CENTRUM SPEC TAB HEART	\$0 (3)	NM; *
CENTRUM SPEC TAB VISION	\$0 (3)	NM; *
CENTRUM TAB CARDIO	\$0 (3)	NM; *
CENTRUM TAB SILVER	\$0 (3)	NM; *
CENTRUM TAB ULTRA	\$0 (3)	NM; *
<i>century tab</i>	\$0 (3)	NM; *
<i>century tab mature</i>	\$0 (3)	NM; *
<i>cerovite jr chw</i>	\$0 (3)	NM; *
CEROVITE LIQ ADVANCED	\$0 (3)	NM; *
<i>cerovite tab advanced</i>	\$0 (3)	NM; *
<i>cerovite tab senior</i>	\$0 (3)	NM; *
<i>certa plus tab</i>	\$0 (3)	NM; *
<i>certa-vite liq</i>	\$0 (3)	NM; *
<i>certagen tab</i>	\$0 (3)	NM; *
<i>certavite liq antioxid</i>	\$0 (3)	NM; *
CERTAVITE TAB SENIOR	\$0 (3)	NM; *
<i>certavite/ tab antioxid</i>	\$0 (3)	NM; *
CHEW-12 CHW	\$0 (3)	NM; *
<i>chewabl vite chw childrns</i>	\$0 (3)	NM; *
<i>child chew chw iron</i>	\$0 (3)	NM; *
<i>child chew chw vitamins</i>	\$0 (3)	NM; *
<i>child chew/ chw extra c</i>	\$0 (3)	NM; *
<i>child multi chw vit/iron</i>	\$0 (3)	NM; *
<i>child multi chw vitamin</i>	\$0 (3)	NM; *
<i>child multiv chw iron</i>	\$0 (3)	NM; *
<i>child vitam chw</i>	\$0 (3)	NM; *
<i>children vit chw</i>	\$0 (3)	NM; *
<i>childrens chw /iron</i>	\$0 (3)	NM; *
CHILDRENS CHW COMPLETE	\$0 (3)	NM; *
<i>childrens chw gummies</i>	\$0 (3)	NM; *
<i>childrens chw vitamins</i>	\$0 (3)	NM; *
<i>chld mltivit chw /mineral</i>	\$0 (3)	NM; *
<i>chld vitamin chw iron</i>	\$0 (3)	NM; *
CHLORELLA CAP	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cholecalciferol cap 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 2000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 5000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 10000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 50000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol chew tab 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol chew tab 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)</i>	\$0 (3)	NM; *
<i>cholecalciferol oral liquid 400 unit/ml</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 2000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 5000 unit</i>	\$0 (3)	NM; *
<i>co q10 ms cap 200mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 10 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 30 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 30mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 50 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 50mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 60 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 75 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 100 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 100mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 150 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 200 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 200mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 300 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 400 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 400mg</i>	\$0 (3)	NM; *
<i>comp multivi liq mineral</i>	\$0 (3)	NM; *
<i>companion tab</i>	\$0 (3)	NM; *
<i>compete tab</i>	\$0 (3)	NM; *
<i>compl multiv chw childrns</i>	\$0 (3)	NM; *
<i>comple multi tab adlt 50+</i>	\$0 (3)	NM; *
COMPLETE 50+ TAB MENS	\$0 (3)	NM; *
<i>complete 50+ tab multi</i>	\$0 (3)	NM; *
COMPLETE 50+ TAB WOMENS	\$0 (3)	NM; *
<i>complete tab</i>	\$0 (3)	NM; *
<i>complete tab senior</i>	\$0 (3)	NM; *
CONCEPTIONXR MIS MOTILITY	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>coq10 cap 400mg</i>	\$0 (3)	NM; *
<i>cvd d3 chw 1000unit</i>	\$0 (3)	NM; *
<i>cvs biotin cap 5000mcg</i>	\$0 (3)	NM; *
<i>cvs biotin cap 10000mcg</i>	\$0 (3)	NM; *
<i>cvs children chw complete</i>	\$0 (3)	NM; *
<i>cvs d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>cvs d3 cap 2000unit</i>	\$0 (3)	NM; *
<i>cvs d3 cap 5000unit</i>	\$0 (3)	NM; *
<i>cvs d3 chw 1000 unt</i>	\$0 (3)	NM; *
<i>cvs daily chw gummies</i>	\$0 (3)	NM; *
<i>cvs daily tab fe/ca/zn</i>	\$0 (3)	NM; *
<i>cvs daily tab multiple</i>	\$0 (3)	NM; *
<i>cvs e cap 200unit</i>	\$0 (3)	NM; *
<i>cvs e oil oil 30000unt</i>	\$0 (3)	NM; *
<i>cvs stress tab form/zn</i>	\$0 (3)	NM; *
<i>cvs super b tab complx/c</i>	\$0 (3)	NM; *
<i>cvs vision tab formula</i>	\$0 (3)	NM; *
<i>cvs vit c tab 1000mg</i>	\$0 (3)	NM; *
<i>cvs vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>cvs vit e cap 400unit</i>	\$0 (3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
CYTO-Q LIQ 80MG/10	\$0 (3)	NM; *
CYTO-Q MAX LIQ 100MG/ML	\$0 (3)	NM; *
CYTO-Q T/F LIQ 80MG/10	\$0 (3)	NM; *
<i>d3 adult chw 1000unit</i>	\$0 (3)	NM; *
<i>d3 cap 1000unit</i>	\$0 (3)	NM; *
D3 DOTS TAB 2000UNIT	\$0 (3)	NM; *
<i>d3 kids chw 400unit</i>	\$0 (3)	NM; *
<i>d3 max st dro 5000unit</i>	\$0 (3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0 (3)	NM; *
<i>d3-50 cap 50000unt</i>	\$0 (3)	NM; *
<i>d3-1000 cap 1000unit</i>	\$0 (3)	NM; *
<i>d 400 tab 400unit</i>	\$0 (3)	NM; *
<i>d 1000 cap 1000unit</i>	\$0 (3)	NM; *
<i>d 2000 tab 2000unit</i>	\$0 (3)	NM; *
<i>d-3 gummy chw 400unit</i>	\$0 (3)	NM; *
<i>d-vita liq 400unit</i>	\$0 (3)	NM; *
<i>daily combo tab</i>	\$0 (3)	NM; *
DAILY D3 DRO 1000UNIT	\$0 (3)	NM; *
<i>daily multi tab</i>	\$0 (3)	NM; *
<i>daily multi tab men</i>	\$0 (3)	NM; *
<i>daily multi tab men 50+</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>daily multi tab vit/iron</i>	\$0 (3)	NM; *
<i>daily multi tab vit/mens</i>	\$0 (3)	NM; *
<i>daily multi tab vit/min</i>	\$0 (3)	NM; *
<i>daily multi tab vitamin</i>	\$0 (3)	NM; *
<i>daily multi tab vitamins</i>	\$0 (3)	NM; *
<i>daily multi tab women</i>	\$0 (3)	NM; *
<i>daily multi tab womn 50+</i>	\$0 (3)	NM; *
<i>daily tab vitamin</i>	\$0 (3)	NM; *
<i>daily value tab multivit</i>	\$0 (3)	NM; *
<i>daily vit tab</i>	\$0 (3)	NM; *
<i>daily vit tab +iron</i>	\$0 (3)	NM; *
<i>daily vit tab +mineral</i>	\$0 (3)	NM; *
<i>daily vit tab iron</i>	\$0 (3)	NM; *
<i>daily vite tab</i>	\$0 (3)	NM; *
<i>daily-vite tab</i>	\$0 (3)	NM; *
<i>daily-vite/ tab iron</i>	\$0 (3)	NM; *
DDROPS LIQ	\$0 (3)	NM; *
DECARA CAP 25000UNT	\$0 (3)	NM; *
<i>decara cap 50000unt</i>	\$0 (3)	NM; *
DECUBI-VITE CAP	\$0 (3)	NM; *
DEKAS CAP ESSENTIA	\$0 (3)	NM; *
DEKAS LIQ ESSENTIA	\$0 (3)	NM; *
DEKAS PLUS CAP	\$0 (3)	NM; *
DEKAS PLUS CHW	\$0 (3)	NM; *
DEKAS PLUS LIQ	\$0 (3)	NM; *
<i>delta d3 tab 400unit</i>	\$0 (3)	NM; *
DIABET HLTH PAK SUPPORT	\$0 (3)	NM; *
DIABETES PAK HEALTH	\$0 (3)	NM; *
<i>diabetic sup tab formula</i>	\$0 (3)	NM; *
<i>diabets hlth tab formula</i>	\$0 (3)	NM; *
<i>dialyvite d cap 5000unit</i>	\$0 (3)	NM; *
<i>dialyvite tab 800</i>	\$0 (3)	NM; *
<i>dialyvite tab 800/d</i>	\$0 (3)	NM; *
<i>dino-life chw</i>	\$0 (3)	NM; *
<i>dino-life chw extra c</i>	\$0 (3)	NM; *
DINO-LIFE CHW IRON-ZIN	\$0 (3)	NM; *
<i>disney cars chw gummies</i>	\$0 (3)	NM; *
<i>e200 cap 200unit</i>	\$0 (3)	NM; *
<i>e400 mixed cap 400unit</i>	\$0 (3)	NM; *
<i>e 1000 cap 1000unit</i>	\$0 (3)	NM; *
<i>e-200 cap 200unit</i>	\$0 (3)	NM; *
<i>e-400 cap 400unit</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>e-400 clear cap</i>	\$0 (3)	NM; *
<i>e-400-mixed cap</i>	\$0 (3)	NM; *
<i>e-max-1000 cap</i>	\$0 (3)	NM; *
<i>e-oil oil 30000unt</i>	\$0 (3)	NM; *
<i>e-pherol tab 400unit</i>	\$0 (3)	NM; *
ELDERTONIC ELX	\$0 (3)	NM; *
EMERGEN-C PAK BLUE	\$0 (3)	NM; *
EMERGEN-C PAK HEART	\$0 (3)	NM; *
EMERGEN-C PAK IMMUNE	\$0 (3)	NM; *
EMERGEN-C PAK KIDZ	\$0 (3)	NM; *
EMERGEN-C PAK MSM LITE	\$0 (3)	NM; *
EMERGEN-C PAK PINK	\$0 (3)	NM; *
EMERGEN-C PAK VIT D/CA	\$0 (3)	NM; *
EMERGEN-C PAK VITA C	\$0 (3)	NM; *
<i>endur-acin tab 500mg sr</i>	\$0 (3)	NM; *
<i>enviro-stres tab</i>	\$0 (3)	NM; *
EQ COMPLETE TAB ADULT	\$0 (3)	NM; *
<i>eq multivita chw gummies</i>	\$0 (3)	NM; *
EQ ONE DAILY TAB MENS	\$0 (3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0 (3)	NM; *
<i>eql century tab</i>	\$0 (3)	NM; *
<i>eql century tab mature</i>	\$0 (3)	NM; *
<i>eql coq10 cap 100mg</i>	\$0 (3)	NM; *
<i>eql coq10 cap 200mg</i>	\$0 (3)	NM; *
<i>eql vision tab formula</i>	\$0 (3)	NM; *
<i>eql vit c tab 1000mg</i>	\$0 (3)	NM; *
<i>eql vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>eql vit e cap 400unit</i>	\$0 (3)	NM; *
<i>eql vit e cap 1000unit</i>	\$0 (3)	NM; *
<i>eql vitamin cap d3</i>	\$0 (3)	NM; *
<i>ergocalciferol cap 50000 unit</i>	\$0 (3)	NM; *
<i>ergocalciferol soln 8000 unit/ml</i>	\$0 (3)	NM; *
<i>essentia tab</i>	\$0 (3)	NM; *
<i>essential tab balance</i>	\$0 (3)	NM; *
<i>essentl one tab daily</i>	\$0 (3)	NM; *
<i>ester-e cap 400unit</i>	\$0 (3)	NM; *
<i>eye vitamins tab /mineral</i>	\$0 (3)	NM; *
<i>eyeprotect tab</i>	\$0 (3)	NM; *
<i>fa-8 cap 800mcg</i>	\$0 (3)	NM; *
<i>fa-8 tab 0.8mg</i>	\$0 (3)	NM; *
<i>flintstones chw bone bld</i>	\$0 (3)	NM; *
<i>flintstones chw complete</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLINTSTONES CHW COMPLETE	\$0 (3)	NM; *
<i>flintstones chw extra c</i>	\$0 (3)	NM; *
<i>flintstones chw my first</i>	\$0 (3)	NM; *
<i>flintstones chw omega-3</i>	\$0 (3)	NM; *
<i>flintstones chw pls calc</i>	\$0 (3)	NM; *
<i>flnston plus chw iron</i>	\$0 (3)	NM; *
<i>folic acid cap 0.8 mg</i>	\$0 (3)	NM; *
FOLIC ACID CAP 5MG	\$0 (3)	NM; *
FOLIC ACID CAP 20MG	\$0 (3)	NM; *
FOLIC ACID POW	\$0 (3)	NM; *
<i>folic acid tab 1 mg</i>	\$0 (3)	NM; *
<i>folic acid tab 400 mcg</i>	\$0 (3)	NM; *
<i>folic acid tab 400mcg</i>	\$0 (3)	NM; *
<i>folic acid tab 800 mcg</i>	\$0 (3)	NM; *
<i>folic acid tab 800mcg</i>	\$0 (3)	NM; *
<i>formula e cap 400unit</i>	\$0 (3)	NM; *
FREEDAVITE TAB	\$0 (3)	NM; *
<i>fruity chews chw</i>	\$0 (3)	NM; *
<i>fruity chews chw /iron</i>	\$0 (3)	NM; *
<i>fruity chw multivit</i>	\$0 (3)	NM; *
FULL SPECT TAB B/ VIT C	\$0 (3)	NM; *
<i>geriaton liq</i>	\$0 (3)	NM; *
<i>gerivite tab complete</i>	\$0 (3)	NM; *
<i>glucoten cap</i>	\$0 (3)	NM; *
GLYCO-TECH TAB	\$0 (3)	NM; *
<i>gnp animal chw plus c</i>	\$0 (3)	NM; *
<i>gnp animal chw shapes</i>	\$0 (3)	NM; *
<i>gnp biotin cap 5000mcg</i>	\$0 (3)	NM; *
<i>gnp century tab</i>	\$0 (3)	NM; *
<i>gnp century tab active</i>	\$0 (3)	NM; *
<i>gnp century tab cardio</i>	\$0 (3)	NM; *
<i>gnp century tab mature</i>	\$0 (3)	NM; *
<i>gnp century tab senior</i>	\$0 (3)	NM; *
<i>gnp century tab ultimate</i>	\$0 (3)	NM; *
<i>gnp co q10 cap 60mg</i>	\$0 (3)	NM; *
<i>gnp co q10 cap 100mg</i>	\$0 (3)	NM; *
<i>gnp co q10 cap 200mg</i>	\$0 (3)	NM; *
<i>gnp healthy tab eyes</i>	\$0 (3)	NM; *
<i>gnp little chw ones</i>	\$0 (3)	NM; *
<i>gnp niacin tab 250mg</i>	\$0 (3)	NM; *
<i>gnp niacin tab 250mg tr</i>	\$0 (3)	NM; *
<i>gnp one dail tab maximum</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp opti-vit tab</i>	\$0 (3)	NM; *
<i>gnp vit c tab 250mg</i>	\$0 (3)	NM; *
<i>gnp vit c tab 1000mg</i>	\$0 (3)	NM; *
<i>gnp vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>gnp vit d3 tab 1000unit</i>	\$0 (3)	NM; *
<i>gnp vit d tab 1000unit</i>	\$0 (3)	NM; *
<i>gnp vit d tab 5000unit</i>	\$0 (3)	NM; *
<i>gnp vit e cap 200unit</i>	\$0 (3)	NM; *
<i>gnp vit e cap 400unit</i>	\$0 (3)	NM; *
<i>gnp vit e cap 1000unit</i>	\$0 (3)	NM; *
<i>gnp zoochews chw gummies</i>	\$0 (3)	NM; *
<i>gummi bear chw multivit</i>	\$0 (3)	NM; *
<i>gummy dinos chw</i>	\$0 (3)	NM; *
<i>gummy multiv chw kids</i>	\$0 (3)	NM; *
<i>gummy vit/ chw minerals</i>	\$0 (3)	NM; *
<i>h2q cap 100mg</i>	\$0 (3)	NM; *
<i>hair formula tab ex stren</i>	\$0 (3)	NM; *
<i>hair/skin/ tab nails</i>	\$0 (3)	NM; *
<i>healthy eyes cap supervis</i>	\$0 (3)	NM; *
<i>healthy eyes tab</i>	\$0 (3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0 (3)	NM; *
<i>hm animal chw shapes</i>	\$0 (3)	NM; *
<i>hm b complex tab with c</i>	\$0 (3)	NM; *
<i>hm complete tab</i>	\$0 (3)	NM; *
HM COMPLETE TAB	\$0 (3)	NM; *
<i>hm complete tab 50+</i>	\$0 (3)	NM; *
<i>hm coq10 cap 50mg</i>	\$0 (3)	NM; *
<i>hm coq10 cap 100mg</i>	\$0 (3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0 (3)	NM; *
<i>hm niacin tab 250mg</i>	\$0 (3)	NM; *
<i>hm one daily tab /iron</i>	\$0 (3)	NM; *
HM ONE DAILY TAB MENS	\$0 (3)	NM; *
<i>hm vit d3 cap 2000unit</i>	\$0 (3)	NM; *
<i>hm vitamin c tab 1000mg</i>	\$0 (3)	NM; *
<i>hm vitamin d tab 1000unit</i>	\$0 (3)	NM; *
<i>hm vitamin e cap 200unit</i>	\$0 (3)	NM; *
<i>hm vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>hm vitamin e cap 1000unit</i>	\$0 (3)	NM; *
HONEY BEARS CHW	\$0 (3)	NM; *
HONEY BEARS CHW IRON-ZIN	\$0 (3)	NM; *
HYALEX TAB	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (3)	NM; *
<i>i-vite prote tab</i>	\$0 (3)	NM; *
<i>i-vite tab</i>	\$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	\$0 (3)	NM; *
<i>icaps cap</i>	\$0 (3)	NM; *
<i>icaps lutein cap /omega-3</i>	\$0 (3)	NM; *
ICAPS LUTEIN TAB ZEAXANTH	\$0 (3)	NM; *
<i>icaps mv tab</i>	\$0 (3)	NM; *
ICAPS PLUS TAB	\$0 (3)	NM; *
IMMUNE SUPP POW VIT C	\$0 (3)	NM; *
<i>just d liq 400unit</i>	\$0 (3)	NM; *
K-PAX CAP DOUBLE	\$0 (3)	NM; *
K-PAX CAP SINGLE	\$0 (3)	NM; *
K-PAX TAB PROF ST	\$0 (3)	NM; *
<i>kp adult 50+ tab daily</i>	\$0 (3)	NM; *
<i>kp adults tab daily</i>	\$0 (3)	NM; *
<i>kp b complex tab /c</i>	\$0 (3)	NM; *
<i>kp mens 50+ tab daily</i>	\$0 (3)	NM; *
<i>kp mens tab daily</i>	\$0 (3)	NM; *
<i>kp vitamin e cap 100unit</i>	\$0 (3)	NM; *
<i>kp women 50+ tab daily</i>	\$0 (3)	NM; *
<i>kp womens tab daily</i>	\$0 (3)	NM; *
<i>land bfr tim chw vit/iron</i>	\$0 (3)	NM; *
LIFE PACK MIS MENS	\$0 (3)	NM; *
LIFE PACK MIS WOMENS	\$0 (3)	NM; *
LIPOIC ACID CAP 150MG	\$0 (3)	NM; *
LIQ-10 SYP	\$0 (3)	NM; *
<i>liqui-e liq 400/15ml</i>	\$0 (3)	NM; *
<i>little anima chw plus fe</i>	\$0 (3)	NM; *
<i>lysiplex liq plus</i>	\$0 (3)	NM; *
MACULAR VIT TAB BENEFIT	\$0 (3)	NM; *
<i>macuvite tab</i>	\$0 (3)	NM; *
<i>macuvite tab eye care</i>	\$0 (3)	NM; *
<i>macuvite tab lutein</i>	\$0 (3)	NM; *
<i>max daily tab green</i>	\$0 (3)	NM; *
MAXIMIN PAK	\$0 (3)	NM; *
<i>maximum tab blue lab</i>	\$0 (3)	NM; *
<i>maximum tab green lb</i>	\$0 (3)	NM; *
<i>maximum tab red labl</i>	\$0 (3)	NM; *
<i>mediplex tab plus</i>	\$0 (3)	NM; *
<i>mega multi tab men</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mega multi tab women</i>	\$0 (3)	NM; *
MEGA MULTIVI TAB MEN	\$0 (3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0 (3)	NM; *
<i>mega vm-80 tab</i>	\$0 (3)	NM; *
<i>mega-maratho tab 100 tr</i>	\$0 (3)	NM; *
MEGAVITE TAB FRT/VEG	\$0 (3)	NM; *
MEGAVITE TAB GOLD 55+	\$0 (3)	NM; *
MENS 50+ CAP ADVANCED	\$0 (3)	NM; *
<i>mens daily cap lycopene</i>	\$0 (3)	NM; *
<i>mens daily chw gummies</i>	\$0 (3)	NM; *
MENS PAK	\$0 (3)	NM; *
MEPHYTON TAB 5MG	\$0 (3)	NM; *
<i>meribin cap 5mg</i>	\$0 (3)	NM; *
MH MACULAR MIS HEALTH	\$0 (3)	NM; *
MIL-A-MULSIO EMU	\$0 (3)	NM; *
<i>milltrium sr tab</i>	\$0 (3)	NM; *
<i>mult vitamin tab daily</i>	\$0 (3)	NM; *
<i>mult vitamin tab essent</i>	\$0 (3)	NM; *
<i>mult vitamin tab mens</i>	\$0 (3)	NM; *
<i>mult vitamin tab no iron</i>	\$0 (3)	NM; *
<i>mult vitamin tab womens</i>	\$0 (3)	NM; *
<i>multi 50+ cap for her</i>	\$0 (3)	NM; *
<i>multi 50+ tab for her</i>	\$0 (3)	NM; *
<i>multi 50+ tab for him</i>	\$0 (3)	NM; *
<i>multi adult chw gummies</i>	\$0 (3)	NM; *
<i>multi cap for her</i>	\$0 (3)	NM; *
<i>multi complt tab /iron</i>	\$0 (3)	NM; *
MULTI FOR POW HIM	\$0 (3)	NM; *
<i>multi gummie chw mens</i>	\$0 (3)	NM; *
<i>multi gummie chw womens</i>	\$0 (3)	NM; *
<i>multi tab for her</i>	\$0 (3)	NM; *
<i>multi tab for him</i>	\$0 (3)	NM; *
<i>multi vitam tab</i>	\$0 (3)	NM; *
<i>multi vitam tab d-3</i>	\$0 (3)	NM; *
MULTI VITAMN TAB MINERALS	\$0 (3)	NM; *
<i>multi+omega3 chw adult</i>	\$0 (3)	NM; *
<i>multi-day tab</i>	\$0 (3)	NM; *
<i>multi-day tab /iron</i>	\$0 (3)	NM; *
<i>multi-day tab minerals</i>	\$0 (3)	NM; *
<i>multi-day tab vitamins</i>	\$0 (3)	NM; *
<i>multi-delyn liq</i>	\$0 (3)	NM; *
MULTI-DELYN LIQ /IRON	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multi-vit/ tab minerals</i>	\$0 (3)	NM; *
<i>multi-vit/fe tab</i>	\$0 (3)	NM; *
<i>multi-vitami chw gummies</i>	\$0 (3)	NM; *
MULTI-VITAMI TAB MONOCAPS	\$0 (3)	NM; *
<i>multi-vitamn tab</i>	\$0 (3)	NM; *
<i>multi-vite tab</i>	\$0 (3)	NM; *
<i>multi-vite tab 50&over</i>	\$0 (3)	NM; *
<i>multilex tab</i>	\$0 (3)	NM; *
<i>multilex-t&m tab</i>	\$0 (3)	NM; *
<i>multimineral tab plus</i>	\$0 (3)	NM; *
<i>multiple vitamin tab</i>	\$0 (3)	NM; *
<i>multiple vitamins w/ iron tab</i>	\$0 (3)	NM; *
<i>multiple vitamins w/ minerals tab</i>	\$0 (3)	NM; *
<i>multivitamin cap</i>	\$0 (3)	NM; *
<i>multivitamin cap daily</i>	\$0 (3)	NM; *
<i>multivitamin chw child</i>	\$0 (3)	NM; *
<i>multivitamin chw children</i>	\$0 (3)	NM; *
<i>multivitamin liq</i>	\$0 (3)	NM; *
<i>multivitamin liq mineral</i>	\$0 (3)	NM; *
<i>multivitamin tab daily</i>	\$0 (3)	NM; *
<i>multivitamin tab womens</i>	\$0 (3)	NM; *
MVW COMPLETE CAP D3000	\$0 (3)	NM; *
MVW COMPLETE CAP D5000	\$0 (3)	NM; *
MVW COMPLETE CAP FORMULAT	\$0 (3)	NM; *
<i>mvw complete chw bubblgum</i>	\$0 (3)	NM; *
<i>mvw complete chw d3000</i>	\$0 (3)	NM; *
<i>mvw complete chw orange</i>	\$0 (3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0 (3)	NM; *
<i>my-vitalife cap</i>	\$0 (3)	NM; *
<i>myamulti tab</i>	\$0 (3)	NM; *
MYKIDZ IRON SUS 10MG/2ML	\$0 (3)	NM; *
NANOVN POW 1-3 YRS	\$0 (3)	NM; *
NANOVN POW 4-8YEARS	\$0 (3)	NM; *
NANOVN POW 9-18 YRS	\$0 (3)	NM; *
NANOVN T/F LIQ	\$0 (3)	NM; *
NANOVN T/F POW	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>nat vit e cap 400unit</i>	\$0 (3)	NM; *
<i>nat vit e cap 1000unit</i>	\$0 (3)	NM; *
NEOQ10 CAP 125MG	\$0 (3)	NM; *
NEPHRONEX LIQ 0.9/5ML	\$0 (3)	NM; *
<i>niacin cap er 250 mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>niacin cap er 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab 50 mg</i>	\$0 (3)	NM; *
<i>niacin tab 100 mg</i>	\$0 (3)	NM; *
<i>niacin tab 100mg</i>	\$0 (3)	NM; *
<i>niacin tab 250 mg</i>	\$0 (3)	NM; *
<i>niacin tab 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 250 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 750 mg</i>	\$0 (3)	NM; *
NIACIN TR TAB 1000MG	\$0 (3)	NM; *
<i>niacin-50 tab</i>	\$0 (3)	NM; *
NIVA-PLUS TAB	\$0 (1)	
<i>nutr-e-sol liq 400/15ml</i>	\$0 (3)	NM; *
O-CAL FA TAB	\$0 (1)	
<i>ocutabs tab</i>	\$0 (3)	NM; *
<i>ocutabs tab lutein</i>	\$0 (3)	NM; *
OCUVITE CAP ADULT	\$0 (3)	NM; *
<i>ocuvite eye chw heatlh</i>	\$0 (3)	NM; *
<i>ocuvite eye tab + multi</i>	\$0 (3)	NM; *
OCUVITE LUTE CAP	\$0 (3)	NM; *
<i>ocuvite tab lutein</i>	\$0 (3)	NM; *
<i>ocuvite xtra tab</i>	\$0 (3)	NM; *
OMNICAP TAB	\$0 (3)	NM; *
<i>once daily tab</i>	\$0 (3)	NM; *
<i>once daily tab iron</i>	\$0 (3)	NM; *
ONCOVITE TAB	\$0 (3)	NM; *
<i>one daily chw gummy</i>	\$0 (3)	NM; *
<i>one daily mv tab /iron</i>	\$0 (3)	NM; *
<i>one daily tab</i>	\$0 (3)	NM; *
<i>one daily tab 50+</i>	\$0 (3)	NM; *
<i>one daily tab /mineral</i>	\$0 (3)	NM; *
<i>one daily tab complete</i>	\$0 (3)	NM; *
<i>one daily tab fe/ca</i>	\$0 (3)	NM; *
<i>one daily tab maximum</i>	\$0 (3)	NM; *
<i>one daily tab men</i>	\$0 (3)	NM; *
<i>one daily tab men 50+</i>	\$0 (3)	NM; *
<i>one daily tab mens</i>	\$0 (3)	NM; *
<i>one daily tab mens 50+</i>	\$0 (3)	NM; *
<i>one daily tab pls iron</i>	\$0 (3)	NM; *
<i>one daily tab plus iro</i>	\$0 (3)	NM; *
ONE DAILY TAB PLUS IRO	\$0 (3)	NM; *
<i>one daily tab wom 50+</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE DAILY TAB WOMANS	\$0 (3)	NM; *
<i>one daily tab women</i>	\$0 (3)	NM; *
<i>one daily tab women 50</i>	\$0 (3)	NM; *
<i>one daily tab womens</i>	\$0 (3)	NM; *
<i>one daily wm tab pro-actv</i>	\$0 (3)	NM; *
<i>one daily/ tab minerals</i>	\$0 (3)	NM; *
<i>one dly hlth tab wght adv</i>	\$0 (3)	NM; *
ONE-A-DAY CHW IMMUNITY	\$0 (3)	NM; *
ONE-A-DAY CHW VITACRAV	\$0 (3)	NM; *
ONE-A-DAY TAB 50+ ADV	\$0 (3)	NM; *
ONE-A-DAY TAB ENERGY	\$0 (3)	NM; *
ONE-A-DAY TAB MENOPAUS	\$0 (3)	NM; *
ONE-A-DAY TAB MENS	\$0 (3)	NM; *
<i>one-a-day tab teen/her</i>	\$0 (3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0 (3)	NM; *
<i>one-daily tab /iron</i>	\$0 (3)	NM; *
<i>one-daily tab mult vit</i>	\$0 (3)	NM; *
<i>optic-vites tab</i>	\$0 (3)	NM; *
OPTIMAL D3 M CAP	\$0 (3)	NM; *
<i>optimal-d cap 50000unt</i>	\$0 (3)	NM; *
<i>optimum pms tab</i>	\$0 (3)	NM; *
OPTISOURCE CHW BARIATRC	\$0 (3)	NM; *
OPURITY CHW BYPASS	\$0 (3)	NM; *
<i>orthovite tab</i>	\$0 (3)	NM; *
<i>pa biotin cap 5000mcg</i>	\$0 (3)	NM; *
PA MENS 50 PAK VITAPAK	\$0 (3)	NM; *
PA MENS PAK VITAPAK	\$0 (3)	NM; *
<i>pa vitamin cap 2000unit</i>	\$0 (3)	NM; *
<i>pa vitamin e cap 400unit</i>	\$0 (3)	NM; *
PA WOMENS 50 PAK VITAPAK	\$0 (3)	NM; *
PA WOMENS PAK VITAPAK	\$0 (3)	NM; *
<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
PARVLEX TAB	\$0 (3)	NM; *
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	\$0 (3)	NM; *
<i>pediavit liq</i>	\$0 (3)	NM; *
PHLEXY-VITS POW	\$0 (3)	NM; *
PHYTOMULTI TAB	\$0 (3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0 (3)	NM; *
PNV FOLIC AC TAB + IRON	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PNV PRENATAL TAB PLUS	\$0 (1)	
<i>poly vitamin chw</i>	\$0 (3)	NM; *
<i>poly-vita dro</i>	\$0 (3)	NM; *
<i>poly-vita dro /iron</i>	\$0 (3)	NM; *
<i>polyvitamin chw /iron</i>	\$0 (3)	NM; *
<i>polyvitamin dro</i>	\$0 (3)	NM; *
<i>polyvitamin dro /iron</i>	\$0 (3)	NM; *
PORENAL+D CAP OMEGA 3	\$0 (3)	NM; *
PRENATAL TAB 27-0.8MG	\$0 (3)	NM; *
PRENATAL TAB 27-1MG	\$0 (1)	
PRENATAL TAB PLUS	\$0 (1)	
PRENATAL VIT TAB LOW IRON	\$0 (1)	
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	\$0 (1)	
PREPLUS TAB 27-1MG	\$0 (1)	
PRESERVISION CAP AREDS	\$0 (3)	NM; *
PRESERVISION CAP AREDS 2	\$0 (3)	NM; *
PRESERVISION CAP LUTEIN	\$0 (3)	NM; *
PRESERVISION TAB AREDS	\$0 (3)	NM; *
<i>prevent cap</i>	\$0 (3)	NM; *
<i>princess chw gummies</i>	\$0 (3)	NM; *
PRO-CAL TAB	\$0 (3)	NM; *
PROCERV HP TAB	\$0 (3)	NM; *
PRORENAL +D TAB	\$0 (3)	NM; *
PRORENAL+D CAP OMEGA-3	\$0 (3)	NM; *
PRORENAL+D TAB	\$0 (3)	NM; *
<i>prosight cap w/lutein</i>	\$0 (3)	NM; *
<i>prosight tab</i>	\$0 (3)	NM; *
PROTECT CAP CARDIO	\$0 (3)	NM; *
PROTECT CAP PLUS SO	\$0 (3)	NM; *
PROTECT PLUS LIQ NF	\$0 (3)	NM; *
<i>pureway-c tab 500mg</i>	\$0 (3)	NM; *
<i>px advanced tab multivit</i>	\$0 (3)	NM; *
<i>px complete tab senior</i>	\$0 (3)	NM; *
<i>px mens mult tab vitamins</i>	\$0 (3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
Q-GEL CAP 15MG	\$0 (3)	NM; *
<i>q-gel forte cap 30mg</i>	\$0 (3)	NM; *
<i>q-gel mega cap 100mg</i>	\$0 (3)	NM; *
<i>q-gel ultra cap 60mg</i>	\$0 (3)	NM; *
<i>q-sorb cap 30mg</i>	\$0 (3)	NM; *
<i>q-sorb cap 50mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>q-sorb cap 75mg</i>	\$0 (3)	NM; *
<i>q-sorb cap 150mg</i>	\$0 (3)	NM; *
<i>q-sorb cap 200mg</i>	\$0 (3)	NM; *
<i>q-sorb co q cap 200mg</i>	\$0 (3)	NM; *
<i>q-sorb co-q cap 100mg</i>	\$0 (3)	NM; *
<i>qc childrens chw complete</i>	\$0 (3)	NM; *
<i>qc childrens chw extra c</i>	\$0 (3)	NM; *
<i>qc childrens chw iron</i>	\$0 (3)	NM; *
<i>qc therin-m tab</i>	\$0 (3)	NM; *
QUIN B TAB STRONG	\$0 (3)	NM; *
QUINTABS TAB	\$0 (3)	NM; *
<i>quintabs-m tab</i>	\$0 (3)	NM; *
QUINTABS-M TAB	\$0 (3)	NM; *
<i>ra b-complex tab vit c tr</i>	\$0 (3)	NM; *
<i>ra biotin cap 2500mcg</i>	\$0 (3)	NM; *
<i>ra central tab -vite</i>	\$0 (3)	NM; *
<i>ra central tab energy</i>	\$0 (3)	NM; *
<i>ra central tab vite sel</i>	\$0 (3)	NM; *
<i>ra central tab vite sen</i>	\$0 (3)	NM; *
RA ESSENCE-C POW LMN-LIME	\$0 (3)	NM; *
RA ESSENCE-C POW ORANGE	\$0 (3)	NM; *
RA ESSENCE-C POW RASPBRY	\$0 (3)	NM; *
RA ESSENCE-C POW TNGERINE	\$0 (3)	NM; *
<i>ra hair/skin tab /nails</i>	\$0 (3)	NM; *
<i>ra mature wm tab diet sup</i>	\$0 (3)	NM; *
<i>ra nat vit e cap 400unit</i>	\$0 (3)	NM; *
<i>ra niacin tab 100mg</i>	\$0 (3)	NM; *
<i>ra niacin tab 500mg</i>	\$0 (3)	NM; *
<i>ra one daily pak mens 50+</i>	\$0 (3)	NM; *
<i>ra one daily tab +iron</i>	\$0 (3)	NM; *
<i>ra one daily tab energy</i>	\$0 (3)	NM; *
<i>ra one daily tab essentia</i>	\$0 (3)	NM; *
<i>ra one daily tab maximum</i>	\$0 (3)	NM; *
<i>ra one daily tab mens/d3</i>	\$0 (3)	NM; *
<i>ra one daily tab multivit</i>	\$0 (3)	NM; *
<i>ra one daily tab womens</i>	\$0 (3)	NM; *
<i>ra therapeut tab m/beta</i>	\$0 (3)	NM; *
<i>ra vision tab vite/zn</i>	\$0 (3)	NM; *
<i>ra vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>ra vitamin c tab 250mg</i>	\$0 (3)	NM; *
<i>ra vitamin cap 2000unit</i>	\$0 (3)	NM; *
<i>ra vitamin e cap 200unit</i>	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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>ra vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>ra vitamin e cap 1000unit</i>	\$0 (3)	NM; *
<i>rabano liq yodado</i>	\$0 (3)	NM; *
RAYALDEE CAP 30MCG	\$0 (2)	NDS
<i>rena-vite tab</i>	\$0 (3)	NM; *
<i>renal tab</i>	\$0 (3)	NM; *
<i>renal tab multivit</i>	\$0 (3)	NM; *
<i>renal vitamn tab</i>	\$0 (3)	NM; *
<i>renal-vite tab</i>	\$0 (3)	NM; *
<i>renal/zinc tab multivit</i>	\$0 (3)	NM; *
REPLACE CAP	\$0 (3)	NM; *
REPLESTA NX WAF 14000UNT	\$0 (3)	NM; *
REPLESTA WAF 14000UNT	\$0 (3)	NM; *
REPLESTA WAF 50000UNT	\$0 (3)	NM; *
<i>savision tab</i>	\$0 (3)	NM; *
<i>sclerex tab</i>	\$0 (3)	NM; *
SCOOBY-DOO CHW	\$0 (3)	NM; *
<i>senior tabs tab</i>	\$0 (3)	NM; *
<i>sentry adult tab under 50</i>	\$0 (3)	NM; *
<i>sentry tab</i>	\$0 (3)	NM; *
SENTRY TAB	\$0 (3)	NM; *
<i>sentry tab senior</i>	\$0 (3)	NM; *
SIMILAC PREN PAK EARLY SH	\$0 (3)	NM; *
<i>slo-niacin tab 250mg cr</i>	\$0 (3)	NM; *
<i>sm animal chw shapes</i>	\$0 (3)	NM; *
<i>sm animal sh chw complete</i>	\$0 (3)	NM; *
SM B-COMPLEX TAB /VIT C	\$0 (3)	NM; *
<i>sm complete tab</i>	\$0 (3)	NM; *
<i>sm complete tab 50+</i>	\$0 (3)	NM; *
<i>sm complete tab 50+ mens</i>	\$0 (3)	NM; *
<i>sm complete tab 50+ wmn</i>	\$0 (3)	NM; *
<i>sm complete tab adv form</i>	\$0 (3)	NM; *
<i>sm complete tab senior</i>	\$0 (3)	NM; *
<i>sm coq-10 cap 50mg</i>	\$0 (3)	NM; *
<i>sm folic acd tab 400mcg</i>	\$0 (3)	NM; *
<i>sm hair/skin tab /nails</i>	\$0 (3)	NM; *
<i>sm multiple tab vit/iron</i>	\$0 (3)	NM; *
<i>sm multiple tab vitamins</i>	\$0 (3)	NM; *
<i>sm niacin tab 250mg cr</i>	\$0 (3)	NM; *
SM ONE DAILY TAB MENS	\$0 (3)	NM; *
SM ONE DAILY TAB WOMENS	\$0 (3)	NM; *
<i>sm opti-vita tab</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>sm vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>sm vitamin c tab 250mg</i>	\$0 (3)	NM; *
<i>sm vitamin c tab 500mg</i>	\$0 (3)	NM; *
<i>sm vitamin c tab 1000mg</i>	\$0 (3)	NM; *
<i>sm vitamin d tab 400unit</i>	\$0 (3)	NM; *
<i>sm vitamin e cap 200unit</i>	\$0 (3)	NM; *
<i>sm vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>sm vitamin e cap 1000unit</i>	\$0 (3)	NM; *
SOLO TAB	\$0 (3)	NM; *
<i>spectr women tab hlth sen</i>	\$0 (3)	NM; *
<i>spectra ultr tab hlth men</i>	\$0 (3)	NM; *
SPECTRAVITE CHW ADLT 50+	\$0 (3)	NM; *
SPECTRAVITE CHW ADULT	\$0 (3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0 (3)	NM; *
<i>spectravite tab advanced</i>	\$0 (3)	NM; *
SPECTRAVITE TAB MEN 50+	\$0 (3)	NM; *
<i>spectravite tab senior</i>	\$0 (3)	NM; *
SPECTRAVITE TAB SENIOR	\$0 (3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0 (3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0 (3)	NM; *
<i>stress b com tab vit c/zn</i>	\$0 (3)	NM; *
<i>stress b/ tab zinc</i>	\$0 (3)	NM; *
<i>stress form tab</i>	\$0 (3)	NM; *
<i>stress form tab /iron</i>	\$0 (3)	NM; *
<i>stress form tab /zinc</i>	\$0 (3)	NM; *
<i>stress form/ tab zinc</i>	\$0 (3)	NM; *
<i>stress formu tab</i>	\$0 (3)	NM; *
<i>stress formu tab /zinc</i>	\$0 (3)	NM; *
<i>stress formu tab advanced</i>	\$0 (3)	NM; *
<i>stress formu tab energy</i>	\$0 (3)	NM; *
<i>stress formu tab w/iron</i>	\$0 (3)	NM; *
<i>stresstabs tab advanced</i>	\$0 (3)	NM; *
<i>stresstabs tab energy</i>	\$0 (3)	NM; *
<i>sunvite tab advanced</i>	\$0 (3)	NM; *
SUPER ANTIOX CAP	\$0 (3)	NM; *
<i>super antiox tab a/c/e/se</i>	\$0 (3)	NM; *
<i>super b comp tab vit c</i>	\$0 (3)	NM; *
<i>super b w/c cap</i>	\$0 (3)	NM; *
<i>super b-comp tab vit c/fa</i>	\$0 (3)	NM; *
<i>super biotin cap 5000mcg</i>	\$0 (3)	NM; *
<i>super liq nu-thera</i>	\$0 (3)	NM; *
<i>super multip cap</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>super multip tab</i>	\$0 (3)	NM; *
SUPER POW NU-THERA	\$0 (3)	NM; *
<i>super tab nu-thera</i>	\$0 (3)	NM; *
<i>super thera tab vite m</i>	\$0 (3)	NM; *
<i>super vikaps tab</i>	\$0 (3)	NM; *
<i>superplex-t tab</i>	\$0 (3)	NM; *
<i>supr aytinal tab</i>	\$0 (3)	NM; *
<i>supr aytinal tab 50 plus</i>	\$0 (3)	NM; *
<i>supr vitamin tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0 (3)	NM; *
<i>tab-a-vite tab beta car</i>	\$0 (3)	NM; *
<i>tab-a-vite tab maximum</i>	\$0 (3)	NM; *
<i>th co q-10 cap 100mg</i>	\$0 (3)	NM; *
<i>th complete tab multi</i>	\$0 (3)	NM; *
<i>th vision tab vitamins</i>	\$0 (3)	NM; *
<i>th vitamin c tab 250mg</i>	\$0 (3)	NM; *
<i>th vitamin c tab 1000mg</i>	\$0 (3)	NM; *
<i>th vitamin e cap 200unit</i>	\$0 (3)	NM; *
<i>th vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>th vitamin e cap 1000unit</i>	\$0 (3)	NM; *
THERA M PLUS TAB	\$0 (3)	NM; *
<i>thera tab</i>	\$0 (3)	NM; *
THERA TAB	\$0 (3)	NM; *
<i>thera vital tab m</i>	\$0 (3)	NM; *
<i>thera-d sprt tab 2000unit</i>	\$0 (3)	NM; *
<i>thera-d tab 2000unit</i>	\$0 (3)	NM; *
THERA-D TAB 4000UNIT	\$0 (3)	NM; *
<i>thera-m tab</i>	\$0 (3)	NM; *
THERA-M TAB	\$0 (3)	NM; *
THERA-TABS M TAB	\$0 (3)	NM; *
<i>thera-tabs tab</i>	\$0 (3)	NM; *
<i>therabasic-m tab</i>	\$0 (3)	NM; *
<i>theradex-m tab</i>	\$0 (3)	NM; *
THERAGRAN-M TAB	\$0 (3)	NM; *
THERAGRAN-M TAB 50 PLUS	\$0 (3)	NM; *
THERAGRAN-M TAB ADVANCED	\$0 (3)	NM; *
THERAGRAN-M TAB PREMIER	\$0 (3)	NM; *
THERANATAL MIS LACTATIO	\$0 (3)	NM; *
<i>therapeutic tab</i>	\$0 (3)	NM; *
<i>therapeutic tab -m</i>	\$0 (3)	NM; *
<i>therapeutic tab multi</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>therapeutic- tab m</i>	\$0 (3)	NM; *
<i>therapeutic- tab m/lutein</i>	\$0 (3)	NM; *
<i>theratrum co tab 50 plus</i>	\$0 (3)	NM; *
<i>theratrum tab complete</i>	\$0 (3)	NM; *
<i>theravim -m tab</i>	\$0 (3)	NM; *
<i>therems tab</i>	\$0 (3)	NM; *
THEREMS-H TAB	\$0 (3)	NM; *
THEREMS-M TAB	\$0 (3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>total b/c tab</i>	\$0 (3)	NM; *
<i>total formul tab</i>	\$0 (3)	NM; *
<i>total formul tab 2</i>	\$0 (3)	NM; *
<i>total formul tab 3</i>	\$0 (3)	NM; *
<i>totalday mul tab tr</i>	\$0 (3)	NM; *
TRI-VI-SOL SOL	\$0 (3)	NM; *
<i>tri-vita sol</i>	\$0 (3)	NM; *
<i>tri-vitamin dro</i>	\$0 (3)	NM; *
TRICARE TAB PRENATAL	\$0 (1)	
<i>tropical liq nutritio</i>	\$0 (3)	NM; *
<i>trueplus tab diabetic</i>	\$0 (3)	NM; *
<i>ultra choice chw kids</i>	\$0 (3)	NM; *
<i>ultra freeda tab</i>	\$0 (3)	NM; *
<i>ultra freeda tab /iron</i>	\$0 (3)	NM; *
ULTRA MEGA G TAB 75MG CR	\$0 (3)	NM; *
ULTRA MEGA G TAB 100MG	\$0 (3)	NM; *
ULTRA MEGA TAB 75MG CR	\$0 (3)	NM; *
ULTRA MEGA TAB TWO	\$0 (3)	NM; *
ULTRA MENS MIS PACK	\$0 (3)	NM; *
<i>ultrachoice tab advanced</i>	\$0 (3)	NM; *
UNICOMPLEX-M TAB	\$0 (3)	NM; *
<i>vision form/ tab lutein</i>	\$0 (3)	NM; *
<i>vision tab vitamins</i>	\$0 (3)	NM; *
VIT D3 DROPS LIQ 400UNIT	\$0 (3)	NM; *
<i>vit d child chw 1000unit</i>	\$0 (3)	NM; *
<i>vit e complx cap 400unit</i>	\$0 (3)	NM; *
<i>vit e complx cap 1000unit</i>	\$0 (3)	NM; *
<i>vit e d-alph cap 200unit</i>	\$0 (3)	NM; *
<i>vit e d-alph cap 400unit</i>	\$0 (3)	NM; *
<i>vita hair tab</i>	\$0 (3)	NM; *
<i>vita-bee/c tab</i>	\$0 (3)	NM; *
VITA-BOB CAP	\$0 (3)	NM; *
<i>vita-plus e cap 400unit</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitabasic tab complete</i>	\$0 (3)	NM; *
<i>vitabasic tab senior</i>	\$0 (3)	NM; *
<i>vitachew chw</i>	\$0 (3)	NM; *
VITACRAVES CHW IMMUNITY	\$0 (3)	NM; *
VITACRAVES CHW MENS	\$0 (3)	NM; *
VITACRAVES CHW SOUR GUM	\$0 (3)	NM; *
VITACRAVES CHW WOMENS	\$0 (3)	NM; *
<i>vitalee tab</i>	\$0 (3)	NM; *
VITALETS CHW	\$0 (3)	NM; *
VITALETS CHW CHILD	\$0 (3)	NM; *
VITAMAX CHW	\$0 (3)	NM; *
VITAMENT PAK	\$0 (3)	NM; *
<i>vitamin c tab 100mg</i>	\$0 (3)	NM; *
<i>vitamin c tab 250mg</i>	\$0 (3)	NM; *
<i>vitamin c tab 500mg</i>	\$0 (3)	NM; *
VITAMIN D2 TAB 400UNIT	\$0 (3)	NM; *
VITAMIN D2 TAB 2000UNIT	\$0 (3)	NM; *
<i>vitamin d3 cap 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 2000 unt</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 2000unit</i>	\$0 (3)	NM; *
VITAMIN D3 CAP 4000UNIT	\$0 (3)	NM; *
<i>vitamin d3 cap 5000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 10000unt</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 50000unt</i>	\$0 (3)	NM; *
<i>vitamin d3 cap us 5000u</i>	\$0 (3)	NM; *
<i>vitamin d3 chw 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 chw 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 dro 400unit</i>	\$0 (3)	NM; *
VITAMIN D3 LIQ 1200UNIT	\$0 (3)	NM; *
VITAMIN D3 SPR 1000UNIT	\$0 (3)	NM; *
<i>vitamin d3 tab 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 2000unit</i>	\$0 (3)	NM; *
VITAMIN D3 TAB 3000UNIT	\$0 (3)	NM; *
<i>vitamin d3 tab 5000unit</i>	\$0 (3)	NM; *
VITAMIN D3 TAB 10000UNT	\$0 (3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0 (3)	NM; *
VITAMIN D3 TAB COMPLETE	\$0 (3)	NM; *
<i>vitamin d cap 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d cap 2000unit</i>	\$0 (3)	NM; *
<i>vitamin d chw 400unit</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitamin d chw 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d tab 400unit</i>	\$0 (3)	NM; *
<i>vitamin d tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d tab 2000unit</i>	\$0 (3)	NM; *
<i>vitamin d-3 cap 2000unit</i>	\$0 (3)	NM; *
<i>vitamin d-3 tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 200unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 1000unit</i>	\$0 (3)	NM; *
VITAMIN E CHW 400UNIT	\$0 (3)	NM; *
<i>vitamin e oral oil 100 unit/0.25ml</i>	\$0 (3)	NM; *
<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	\$0 (3)	NM; *
VITAMIN E TAB 100UNIT	\$0 (3)	NM; *
VITAMIN E TAB 200UNIT	\$0 (3)	NM; *
<i>vitamin e tab 400 unit</i>	\$0 (3)	NM; *
VITASANA TAB	\$0 (3)	NM; *
<i>vitatrum chw</i>	\$0 (3)	NM; *
VITATRUM TAB	\$0 (3)	NM; *
<i>vitatrum tab complete</i>	\$0 (3)	NM; *
<i>vite/iron chw children</i>	\$0 (3)	NM; *
<i>vitrum tab senior</i>	\$0 (3)	NM; *
VITRUM TAB SENIOR	\$0 (3)	NM; *
VOL-PLUS TAB	\$0 (1)	
<i>vt b complex cap</i>	\$0 (3)	NM; *
<i>whole source tab dietary</i>	\$0 (3)	NM; *
<i>whole source tab for men</i>	\$0 (3)	NM; *
<i>whole source tab mature</i>	\$0 (3)	NM; *
<i>womens 50+ cap advanced</i>	\$0 (3)	NM; *
WOMENS BIO- TAB MULTIPLE	\$0 (3)	NM; *
<i>womens cap multi</i>	\$0 (3)	NM; *
<i>womens daily chw gummies</i>	\$0 (3)	NM; *
<i>womens daily tab</i>	\$0 (3)	NM; *
<i>womens daily tab fa/ca/fe</i>	\$0 (3)	NM; *
<i>womens daily tab formula</i>	\$0 (3)	NM; *
<i>womens one tab daily</i>	\$0 (3)	NM; *
WOMENS PAK	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>womns active tab daily</i>	\$0 (3)	NM; *
YELETS TEEN TAB FORMULA	\$0 (3)	NM; *
<i>yl folic aci tab 400mcg</i>	\$0 (3)	NM; *
<i>yl vit c/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>yl vitamin c tab 1000mg</i>	\$0 (3)	NM; *
<i>yl vitamin e cap 400unit</i>	\$0 (3)	NM; *
YOUR LIFE CHW GUMMIES	\$0 (3)	NM; *
ZINC LOZ	\$0 (3)	NM; *
<i>zoo friends chw</i>	\$0 (3)	NM; *
ZOO FRIENDS CHW COMPLETE	\$0 (3)	NM; *
<i>zoo friends chw extra c</i>	\$0 (3)	NM; *
<i>zoo friends chw gummies</i>	\$0 (3)	NM; *
<i>zoo friends chw pls iron</i>	\$0 (3)	NM; *

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)	
BLEPHAMIDE OIN S.O.P.	\$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

AZASITE SOL 1%	\$0 (2)	
<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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (1)	
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)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
ZIRGAN GEL 0.15%	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0 (2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (1)	
BROMSITE DRO 0.075%	\$0 (2)	
<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)	
<i>fluorometholone ophth susp 0.1%</i>	\$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)	
PRED SOD PHO SOL 1% OP	\$0 (2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0 (1)	
PROLENSA SOL 0.07%	\$0 (2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway child dro 0.025%op</i>	\$0 (3)	NM; *
<i>alaway dro 0.025%op</i>	\$0 (3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>eye itch rel dro 0.025%op</i>	\$0 (3)	NM; *
<i>eye itch sol relief</i>	\$0 (3)	NM; *
<i>ketotif fum dro 0.025%op</i>	\$0 (3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0 (3)	NM; *
LASTACFT SOL 0.25%	\$0 (2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (1)	
PAZEO DRO 0.7%	\$0 (2)	
ANTIGLAUCOMA - 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)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$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)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (1)	
LUMIGAN SOL 0.01%	\$0 (2)	
<i>metipranolol ophth soln 0.3%</i>	\$0 (1)	
PHOSPHOLINE SOL 0.125%OP	\$0 (2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0 (1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0 (1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0 (1)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</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
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0 (3)	NM; *
<i>artificial sol tears</i>	\$0 (3)	NM; *
<i>bion tears sol op</i>	\$0 (3)	NM; *
CYSTARAN SOL 0.44%	\$0 (2)	NDS, LA, PA
<i>eq gentle dro 0.3%</i>	\$0 (3)	NM; *
<i>eye drops dro 0.5-0.9%</i>	\$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0 (3)	NM; *
GENTEAL GEL 0.3%	\$0 (3)	NM; *
<i>genteal tear oin nt-time</i>	\$0 (3)	NM; *
<i>genteal tear sol mild</i>	\$0 (3)	NM; *
<i>genteal tear sol moderate</i>	\$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0 (3)	NM; *
<i>liquitears sol</i>	\$0 (3)	NM; *
<i>lubric tears sol 0.4-0.3%</i>	\$0 (3)	NM; *
<i>lubricant dro eye</i>	\$0 (3)	NM; *
<i>lubricant oin eye</i>	\$0 (3)	NM; *
<i>lubricating dro 0.5%</i>	\$0 (3)	NM; *
<i>lubricnt eye dro 0.4-0.3%</i>	\$0 (3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0 (3)	NM; *
<i>lubricnt gel dro 0.25-0.3</i>	\$0 (3)	NM; *
<i>lubrifresh oin p.m.</i>	\$0 (3)	NM; *
MURO 128 SOL 2% OP	\$0 (3)	NM; *
<i>natural bal sol tears</i>	\$0 (3)	NM; *
<i>natures sol tears</i>	\$0 (3)	NM; *
<i>optics mini dro</i>	\$0 (3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
<i>purallube oin</i>	\$0 (3)	NM; *
REFRESH CELL GEL 1% OP	\$0 (3)	NM; *
REFRESH GEL OPTIVE	\$0 (3)	NM; *
<i>refresh lacr oin op</i>	\$0 (3)	NM; *
REFRESH LIQU DRO 1% OP	\$0 (3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0 (3)	NM; *
<i>refresh p.m. oin op</i>	\$0 (3)	NM; *
REFRESH SOL OPTIVE	\$0 (3)	NM; *
RESTASIS EMU 0.05%	\$0 (2)	QL (64 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0 (2)	QL (1 bottle / 30 days)
<i>sm lubricant dro 0.4-0.3%</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0 (3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0 (3)	NM; *
SYSTANE GEL 0.3%	\$0 (3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0 (3)	NM; *
<i>systane oin</i>	\$0 (3)	NM; *
<i>tears natura sol free op</i>	\$0 (3)	NM; *
<i>tears pure sol</i>	\$0 (3)	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (1)	B/D
TRELEGY AER ELLIPTA	\$0 (2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (2)	QL (30 blisters / 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)	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ALA-HIST IR TAB 2MG	\$0 (3)	NM; *
<i>all day allg chw 10mg</i>	\$0 (3)	NM; *
<i>all day allg sol 1mg/ml</i>	\$0 (3)	NM; *
<i>all day allg sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>all day allg tab 10mg</i>	\$0 (3)	NM; *
<i>aller-chlor syp 2mg/5ml</i>	\$0 (3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0 (3)	NM; *
<i>aller-ease tab 60mg</i>	\$0 (3)	NM; *
<i>aller-ease tab 180mg</i>	\$0 (3)	NM; *
<i>allergy cap 25mg</i>	\$0 (3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy comp sol 1mg/ml</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>allergy liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy med tab 25mg</i>	\$0 (3)	NM; *
<i>allergy relf cap 25mg</i>	\$0 (3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy relf sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>allergy relf syp 5mg/5ml</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 relf tab 25mg</i>	\$0 (3)	NM; *
<i>allergy tab 4mg</i>	\$0 (3)	NM; *
<i>allergy tab 10mg</i>	\$0 (3)	NM; *
<i>allergy tab 12mg cr</i>	\$0 (3)	NM; *
<i>allergy tab 25mg</i>	\$0 (3)	NM; *
<i>allergy tab 180mg</i>	\$0 (3)	NM; *
<i>allergy-time tab 4mg</i>	\$0 (3)	NM; *
<i>allerhist-1 tab 1.34mg</i>	\$0 (3)	NM; *
<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>banophen cap 25mg</i>	\$0 (3)	NM; *
<i>banophen cap 50mg</i>	\$0 (3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>banophen tab 25mg</i>	\$0 (3)	NM; *
<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>cetirizine sol 1mg/ml</i>	\$0 (3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>chld allergy liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>chlorphen sr tab 12mg</i>	\$0 (3)	NM; *
<i>chlorphenir tab 4mg</i>	\$0 (3)	NM; *
<i>chlorpheniramine maleate tab 4 mg</i>	\$0 (3)	NM; *
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0 (3)	NM; *
<i>comp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>dayhist alrg tab 12 hour</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>diphenhist cap 25mg</i>	\$0 (3)	NM; *
<i>diphenhist liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>diphenhist tab 25mg</i>	\$0 (3)	NM; *
<i>diphenhydram cap 25mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (1)	
<i>diphenhydramine hcl tab 25 mg</i>	\$0 (3)	NM; *
ED CHLORPED LIQ 2MG/ML	\$0 (3)	NM; *
<i>ed chlorped syp jr</i>	\$0 (3)	NM; *
<i>ed-chlortan tab 4mg</i>	\$0 (3)	NM; *
<i>fexofenadine hcl tab 60 mg</i>	\$0 (3)	NM; *
<i>fexofenadine hcl tab 180 mg</i>	\$0 (3)	NM; *
<i>fexofenadine sus 30mg/5ml</i>	\$0 (3)	NM; *
<i>fexofenadine tab 60mg</i>	\$0 (3)	NM; *
<i>fexofenadine tab 180mg</i>	\$0 (3)	NM; *
<i>gnp all day tab allergy</i>	\$0 (3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 4mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 180mg</i>	\$0 (3)	NM; *
<i>gnp dayhist tab 1.34mg</i>	\$0 (3)	NM; *
HISTEX PD DRO 0.938MG	\$0 (3)	NM; *
HISTEX SYP 2.5MG/5	\$0 (3)	NM; *
<i>hm allergy cap 25mg</i>	\$0 (3)	NM; *
<i>hm allergy tab 4mg</i>	\$0 (3)	NM; *
<i>hm allergy tab 25mg</i>	\$0 (3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older

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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>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>m-hist pd liq 0.625/ml</i>	\$0 (3)	NM; *
<i>mucinex allr tab 180mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0 (3)	NM; *
<i>q-dryl cap 25mg</i>	\$0 (3)	NM; *
<i>q-dryl liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>qc allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 25mg med</i>	\$0 (3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>silphen coug syp 12.5/5ml</i>	\$0 (3)	NM; *
<i>sm all day tab allergy</i>	\$0 (3)	NM; *
<i>sm allergy tab 4mg</i>	\$0 (3)	NM; *
<i>sm allergy tab 25mg rlf</i>	\$0 (3)	NM; *
<i>triprolidine hcl liquid 0.625 mg/ml</i>	\$0 (3)	NM; *
<i>VANACLEAR PD LIQ 0.313MG</i>	\$0 (3)	NM; *
<i>VANAMINE PD LIQ 6.25/ML</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 er 12hr 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0 (1)	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</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>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (1)	
VENTOLIN HFA AER	\$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
<i>aceta-gesic tab 12.5-325</i>	\$0 (3)	NM; *
ALA-HIST PE TAB 2-10MG	\$0 (3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0 (3)	NM; *
<i>all day alrg tab 5-120mg</i>	\$0 (3)	NM; *
<i>all-nite liq cold/flu</i>	\$0 (3)	NM; *
<i>aller/conges tab 10-240mg</i>	\$0 (3)	NM; *
<i>allerfed tab 4-10mg</i>	\$0 (3)	NM; *
<i>allergy d tab 5-120mg</i>	\$0 (3)	NM; *
<i>allergy plus tab sev/sinu</i>	\$0 (3)	NM; *
<i>allergy plus tab sinus</i>	\$0 (3)	NM; *
<i>allergy rel/ tab deconges</i>	\$0 (3)	NM; *
<i>allergy relf tab d-24</i>	\$0 (3)	NM; *
<i>allergy relf tab deconges</i>	\$0 (3)	NM; *
<i>allergy tab multi-sy</i>	\$0 (3)	NM; *
<i>allergy-d tab 5-120mg</i>	\$0 (3)	NM; *
<i>allergy/cong tab 5-120mg</i>	\$0 (3)	NM; *
<i>allgy comp-d tab 5-120mg</i>	\$0 (3)	NM; *
<i>ambi 60pse/ tab 400gfn</i>	\$0 (3)	NM; *
<i>ap-hist dm liq 7.5-4-15</i>	\$0 (3)	NM; *
<i>aprodine tab 2.5-60mg</i>	\$0 (3)	NM; *
AQUANAZ TAB	\$0 (3)	NM; *
ATUSS DA LIQ	\$0 (3)	NM; *
BENZEDREX INH	\$0 (3)	NM; *
<i>benzonatate cap 100 mg</i>	\$0 (3)	NM; *
<i>benzonatate cap 150 mg</i>	\$0 (3)	NM; *
<i>benzonatate cap 200 mg</i>	\$0 (3)	NM; *
<i>bromfed dm syp</i>	\$0 (3)	NM; *
BROTAPP DM LIQ 15-1-5/5	\$0 (3)	NM; *
<i>brotapp liq</i>	\$0 (3)	NM; *
CAPCOF SYP 5-2-10MG	\$0 (3)	NM; *
CAPMIST DM TAB	\$0 (3)	NM; *
CAPRON DM LIQ	\$0 (3)	NM; *
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cgh/cold day liq delsym</i>	\$0 (3)	NM; *
<i>cheratussin syp 100-10/5</i>	\$0 (3)	NM; *
<i>chest conges tab 20-400mg</i>	\$0 (3)	NM; *
<i>chest conges tab 400mg</i>	\$0 (3)	NM; *
<i>chest conges tab relf dm</i>	\$0 (3)	NM; *
<i>chest congst tab rlf pe</i>	\$0 (3)	NM; *
<i>child silfed liq 15mg/5ml</i>	\$0 (3)	NM; *
CHLO HIST SOL	\$0 (3)	NM; *
CHLO TUSS LIQ	\$0 (3)	NM; *
<i>cld head cng tab nighttim</i>	\$0 (3)	NM; *
<i>cold & flu liq day time</i>	\$0 (3)	NM; *
<i>cold & flu tab daytime</i>	\$0 (3)	NM; *
<i>cold & flu tab severe</i>	\$0 (3)	NM; *
<i>cold & sinus tab relief</i>	\$0 (3)	NM; *
<i>cold head pak day/nght</i>	\$0 (3)	NM; *
<i>cold head tab cong dt</i>	\$0 (3)	NM; *
<i>cold head tab congesti</i>	\$0 (3)	NM; *
<i>cold mult-sy tab daytime</i>	\$0 (3)	NM; *
<i>cold mult-sy tab sevr day</i>	\$0 (3)	NM; *
<i>cold multi-s tab nighttim</i>	\$0 (3)	NM; *
<i>cold relief tab multi-s</i>	\$0 (3)	NM; *
<i>cold relief tab multi-sy</i>	\$0 (3)	NM; *
<i>cold relief tab plus</i>	\$0 (3)	NM; *
<i>cold/allergy elx children</i>	\$0 (3)	NM; *
<i>cold/allergy tab 4-10mg</i>	\$0 (3)	NM; *
<i>cold/cgh/flu pow daytime</i>	\$0 (3)	NM; *
<i>cold/cough elx child</i>	\$0 (3)	NM; *
<i>cold/cough elx dm child</i>	\$0 (3)	NM; *
CONEX SOL CLD/ALRG	\$0 (3)	NM; *
CONEX TAB 2-60MG	\$0 (3)	NM; *
<i>cough & cold tab</i>	\$0 (3)	NM; *
<i>cough & sore liq thrt day</i>	\$0 (3)	NM; *
<i>cough dm sus 30mg/5ml</i>	\$0 (3)	NM; *
<i>cough syp</i>	\$0 (3)	NM; *
<i>cough syp 100/5ml</i>	\$0 (3)	NM; *
<i>coughtab tab 200mg</i>	\$0 (3)	NM; *
<i>12.5cpd/1dcp liq m/30pse</i>	\$0 (3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
DALLERGY DRO 1-2.5MG	\$0 (3)	NM; *
DALLERGY SYP	\$0 (3)	NM; *
DALLERGY TAB 1-5MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>day cold/flu cap 10-5-325</i>	\$0 (3)	NM; *
<i>day time cap 10-5-325</i>	\$0 (3)	NM; *
<i>day time liq cold/flu</i>	\$0 (3)	NM; *
<i>daytime pe cap cold/flu</i>	\$0 (3)	NM; *
DECONEX DMX TAB	\$0 (3)	NM; *
DECONEX IR TAB 10-385MG	\$0 (3)	NM; *
<i>decongestant sol 1%</i>	\$0 (3)	NM; *
<i>decongestant tab 120mg er</i>	\$0 (3)	NM; *
<i>delsym cough liq congs dm</i>	\$0 (3)	NM; *
<i>delsym night liq cgh+cld</i>	\$0 (3)	NM; *
DEXTROMETHOR CRY MONOHYDR	\$0 (3)	NM; *
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	\$0 (3)	NM; *
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	\$0 (3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0 (3)	NM; *
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	\$0 (3)	NM; *
<i>dimaphen dm elx 2.5-1-5</i>	\$0 (3)	NM; *
<i>dimaphen elx children</i>	\$0 (3)	NM; *
DONATUSSIN SYP	\$0 (3)	NM; *
DURAFLU TAB	\$0 (3)	NM; *
DURAVENT DM TAB	\$0 (3)	NM; *
<i>ed a-hist dm liq</i>	\$0 (3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0 (3)	NM; *
<i>ed a-hist tab 2.5-60mg</i>	\$0 (3)	NM; *
<i>ed a-hist tab 4-10mg</i>	\$0 (3)	NM; *
ED BRON GP LIQ	\$0 (3)	NM; *
ED CHLORPED DRO D	\$0 (3)	NM; *
<i>endacof-dm liq 2.5-1-5</i>	\$0 (3)	NM; *
<i>eql mucus-er tab 1200mg</i>	\$0 (3)	NM; *
<i>extra action syp 100-10/5</i>	\$0 (3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0 (3)	NM; *
FLOWTUSS SOL 2.5-200	\$0 (3)	NM; *
FLU & SORE POW THROAT	\$0 (3)	NM; *
<i>flu/cold/cgh pow daytime</i>	\$0 (3)	NM; *
<i>glentuss liq</i>	\$0 (3)	NM; *
<i>gnp allergy tab multi-sy</i>	\$0 (3)	NM; *
<i>gnp cgh relf liq 15mg/5ml</i>	\$0 (3)	NM; *
<i>gnp cld/alle elx children</i>	\$0 (3)	NM; *
<i>gnp cold rlf tab daytime</i>	\$0 (3)	NM; *

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<i>gnp cold/cgh elx child</i>	\$0 (3)	NM; *
<i>gnp cough dm sus 30mg/5ml</i>	\$0 (3)	NM; *
<i>gnp day time cap cold/flu</i>	\$0 (3)	NM; *
<i>gnp day time liq cold/flu</i>	\$0 (3)	NM; *
<i>gnp flu relf liq nighttime</i>	\$0 (3)	NM; *
<i>gnp ibuprofn tab cold/sin</i>	\$0 (3)	NM; *
<i>gnp mucus-er tab 600mg</i>	\$0 (3)	NM; *
<i>gnp nasal spr 0.05%</i>	\$0 (3)	NM; *
<i>gnp nasal spr 1%</i>	\$0 (3)	NM; *
<i>gnp nose dro 1%</i>	\$0 (3)	NM; *
<i>gnp sinus tab cng/pain</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm cough</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm max</i>	\$0 (3)	NM; *
<i>gnp tussin syp 100/5ml</i>	\$0 (3)	NM; *
<i>gnp tussin syp cf</i>	\$0 (3)	NM; *
<i>guaiaatusin syp 100-10/5</i>	\$0 (3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0 (3)	NM; *
<i>guaifenesin syp 100-10/5</i>	\$0 (3)	NM; *
<i>guaifenesin tab 200 mg</i>	\$0 (3)	NM; *
<i>guaifenesin tab er 12hr 600 mg</i>	\$0 (3)	NM; *
<i>guaifenesin tab er 12hr 1200 mg</i>	\$0 (3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0 (3)	NM; *
HISTEX-AC SYP	\$0 (3)	NM; *
HISTEX-DM SYP	\$0 (3)	NM; *
HISTEX-PE SYP 2.5-10/5	\$0 (3)	NM; *
<i>hm cold/cgh elx children</i>	\$0 (3)	NM; *
<i>hm cough dm sus 30mg/5ml</i>	\$0 (3)	NM; *
<i>hm day time cap</i>	\$0 (3)	NM; *
<i>hm mucus er tab 600mg</i>	\$0 (3)	NM; *
<i>hm mucus er tab 1200mg</i>	\$0 (3)	NM; *
<i>hm nasal spr 0.05%</i>	\$0 (3)	NM; *
<i>hm nose dro 1%</i>	\$0 (3)	NM; *
<i>hm severe tab cold/flu</i>	\$0 (3)	NM; *
<i>hm tussin liq adlt dm</i>	\$0 (3)	NM; *
<i>12 hr nasal spr 0.05%</i>	\$0 (3)	NM; *
HYCOFENIX SOL	\$0 (3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0 (3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0 (3)	NM; *
<i>hydromet syp 5-1.5/5</i>	\$0 (3)	NM; *
<i>ibuprofen tab cold/sin</i>	\$0 (3)	NM; *
<i>kidkare liq cgh/cold</i>	\$0 (3)	NM; *
LODRANE D CAP 4-60MG	\$0 (3)	NM; *
LOHIST-D LIQ	\$0 (3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0 (3)	NM; *
<i>lorata-dine tab d 24hr</i>	\$0 (3)	NM; *
<i>loratadine d tab 5-120mg</i>	\$0 (3)	NM; *
<i>loratadine-d tab 5-120mg</i>	\$0 (3)	NM; *
<i>loratadine-d tab 10-240mg</i>	\$0 (3)	NM; *
LORTUSS EX LIQ	\$0 (3)	NM; *
LORTUSS LQ LIQ	\$0 (3)	NM; *
<i>m-clear wc liq 100-6.3</i>	\$0 (3)	NM; *
M-END DMX LIQ	\$0 (3)	NM; *
M-END PE LIQ	\$0 (3)	NM; *
<i>mapap cold tab 10-5-325</i>	\$0 (3)	NM; *
<i>mapap sinus tab max st</i>	\$0 (3)	NM; *
MAR-COF BP LIQ 30-2-7.5	\$0 (3)	NM; *
MUCINEX CAP DAY/NGHT	\$0 (3)	NM; *
MUCINEX CAP FAST-MAX	\$0 (3)	NM; *
MUCINEX CAP SINUS	\$0 (3)	NM; *
MUCINEX CGH GRA 5-100MG	\$0 (3)	NM; *
<i>mucinex cgh liq 5-100mg</i>	\$0 (3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0 (3)	NM; *
MUCINEX CHLD MIS DAY/NITE	\$0 (3)	NM; *
<i>mucinex cold cap flu nght</i>	\$0 (3)	NM; *
<i>mucinex cold cap sinus</i>	\$0 (3)	NM; *
<i>mucinex cold tab flu&sore</i>	\$0 (3)	NM; *
<i>mucinex cold tab sinus</i>	\$0 (3)	NM; *
<i>mucinex dm liq 20-400</i>	\$0 (3)	NM; *
<i>mucinex fast liq cold flu</i>	\$0 (3)	NM; *
<i>mucinex fast mis day/nght</i>	\$0 (3)	NM; *
MUCINEX FAST MIS DAY/NGHT	\$0 (3)	NM; *
MUCINEX FAST MIS MX DAY/N	\$0 (3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0 (3)	NM; *
<i>mucinex fast tab 25-5-325</i>	\$0 (3)	NM; *
<i>mucinex fast tab sev cold</i>	\$0 (3)	NM; *
<i>mucinex ff spr 0.05%</i>	\$0 (3)	NM; *
<i>mucinex liq</i>	\$0 (3)	NM; *
<i>mucinex ms liq cold ngh</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUCINEX TAB 600MG ER	\$0 (3)	NM; *
<i>mucinex tab sinus</i>	\$0 (3)	NM; *
MUCINEX/KIDS GRA 100MG	\$0 (3)	NM; *
<i>mucosa dm tab 20-400mg</i>	\$0 (3)	NM; *
<i>mucosa tab 400mg</i>	\$0 (3)	NM; *
<i>mucus d tab 60-600mg</i>	\$0 (3)	NM; *
<i>mucus d tab 120/1200</i>	\$0 (3)	NM; *
<i>mucus relf d tab 60-600mg</i>	\$0 (3)	NM; *
<i>mucus relief liq 5-100mg</i>	\$0 (3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucus relief liq cold/sin</i>	\$0 (3)	NM; *
<i>mucus relief liq cong/cgh</i>	\$0 (3)	NM; *
<i>mucus relief tab 20-400mg</i>	\$0 (3)	NM; *
<i>mucus relief tab 60-1200</i>	\$0 (3)	NM; *
<i>mucus relief tab 400mg</i>	\$0 (3)	NM; *
<i>mucus relief tab cld/sinu</i>	\$0 (3)	NM; *
<i>mucus relief tab cold/flu</i>	\$0 (3)	NM; *
<i>mucus relief tab dm</i>	\$0 (3)	NM; *
<i>mucus relief tab pe</i>	\$0 (3)	NM; *
<i>mucus rlf pe tab 10-400mg</i>	\$0 (3)	NM; *
<i>mucus-dm tab 30-600mg</i>	\$0 (3)	NM; *
<i>mucus-er tab 600mg</i>	\$0 (3)	NM; *
<i>mucusrelief tab sinus</i>	\$0 (3)	NM; *
<i>multi-sympt liq cld nght</i>	\$0 (3)	NM; *
<i>nasal 12 hr spr 0.05%</i>	\$0 (3)	NM; *
NASAL DECON SYP 30MG/5ML	\$0 (3)	NM; *
NASAL DECONG LIQ 30MG/5ML	\$0 (3)	NM; *
<i>nasal decong spr 0.05%</i>	\$0 (3)	NM; *
<i>nasal decong tab 10mg</i>	\$0 (3)	NM; *
<i>nasal decong tab 30mg</i>	\$0 (3)	NM; *
<i>nasal decong tab 120mg er</i>	\$0 (3)	NM; *
<i>nasal four sol 1%</i>	\$0 (3)	NM; *
<i>nasal relief spr 0.05%</i>	\$0 (3)	NM; *
<i>nasal spr 0.05%</i>	\$0 (3)	NM; *
NASOPEN PE LIQ	\$0 (3)	NM; *
<i>night time cap cold&flu</i>	\$0 (3)	NM; *
<i>night time cap cold/flu</i>	\$0 (3)	NM; *
<i>night time liq cld/flu</i>	\$0 (3)	NM; *
<i>night time liq cold/flu</i>	\$0 (3)	NM; *
<i>night time liq cough</i>	\$0 (3)	NM; *
<i>night time tab sinus</i>	\$0 (3)	NM; *
NINJACOF LIQ	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NINJACOF-A LIQ	\$0 (3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0 (3)	NM; *
<i>nite time cap cold/flu</i>	\$0 (3)	NM; *
<i>nite time liq cold/flu</i>	\$0 (3)	NM; *
<i>nite-time liq cold/flu</i>	\$0 (3)	NM; *
<i>nite-time liq cough</i>	\$0 (3)	NM; *
<i>niva-hist dm liq 7.5-4-15</i>	\$0 (3)	NM; *
<i>nivanex dmx tab</i>	\$0 (3)	NM; *
<i>no drip nasl spr 0.05%</i>	\$0 (3)	NM; *
<i>nohist-dm liq</i>	\$0 (3)	NM; *
<i>nohist-lq liq 4-10/5ml</i>	\$0 (3)	NM; *
NOREL AD TAB 4-10-325	\$0 (3)	NM; *
<i>nose dro 1%</i>	\$0 (3)	NM; *
<i>nrs nasal spr 0.05%</i>	\$0 (3)	NM; *
<i>organ-i nr tab 200mg</i>	\$0 (3)	NM; *
<i>pain relief sus pls cold</i>	\$0 (3)	NM; *
<i>pain rlf sin tab pe day</i>	\$0 (3)	NM; *
<i>pedia relief liq cgh/cold</i>	\$0 (3)	NM; *
<i>pediatric liq cgh/cold</i>	\$0 (3)	NM; *
PHENHIST DH LIQ 30-2-10	\$0 (3)	NM; *
POLY HIST TAB 7.5-10MG	\$0 (3)	NM; *
POLY-HIST DM LIQ 5-25-10	\$0 (3)	NM; *
POLY-HIST PD LIQ	\$0 (3)	NM; *
POLY-TUSSIN LIQ 10-4-10	\$0 (3)	NM; *
POLY-VENT DM TAB	\$0 (3)	NM; *
POLY-VENT IR TAB 60-380MG	\$0 (3)	NM; *
PRO-RED AC SYP 5-1-9/5	\$0 (3)	NM; *
<i>prometh vc/ syp codeine</i>	\$0 (3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0 (3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0 (3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0 (3)	NM; *
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	\$0 (3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0 (3)	NM; *
<i>pseudoephedr tab 120mg er</i>	\$0 (3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0 (3)	NM; *
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0 (3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0 (3)	NM; *
<i>pyrilamin/pe tab 25-10mg</i>	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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>q-tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>q-tussin sol 100/5ml</i>	\$0 (3)	NM; *
<i>qc allergy tab relief</i>	\$0 (3)	NM; *
<i>qc allergy/ tab sinus</i>	\$0 (3)	NM; *
<i>qc cold relf sus plus ms</i>	\$0 (3)	NM; *
<i>qc cough liq sore thr</i>	\$0 (3)	NM; *
<i>qc ibuprofen tab cold/sin</i>	\$0 (3)	NM; *
<i>qc sinus pai tab relief</i>	\$0 (3)	NM; *
<i>qc suphedrin tab 120mg sr</i>	\$0 (3)	NM; *
<i>relcof c sol 100-6.3</i>	\$0 (3)	NM; *
<i>relcof ir tab 10-380mg</i>	\$0 (3)	NM; *
RELHIST BP TAB	\$0 (3)	NM; *
<i>relhist dmx tab</i>	\$0 (3)	NM; *
RESCON TAB 2-60MG	\$0 (3)	NM; *
RESCON-DM SYP	\$0 (3)	NM; *
RESPAIRE-30 CAP	\$0 (3)	NM; *
REZIRA SOL 60-5/5ML	\$0 (3)	NM; *
<i>robafen cf liq 5-10-100</i>	\$0 (3)	NM; *
<i>robafen cgh cap 15mg</i>	\$0 (3)	NM; *
<i>robafen dm liq 10-100/5</i>	\$0 (3)	NM; *
<i>robafen dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>robafen syp 100/5ml</i>	\$0 (3)	NM; *
<i>robitussin cap cold+flu</i>	\$0 (3)	NM; *
<i>robitussin liq severe</i>	\$0 (3)	NM; *
<i>robitussin mis severe</i>	\$0 (3)	NM; *
<i>robitussin sus 30mg/5ml</i>	\$0 (3)	NM; *
RU-HIST D TAB 4-10MG	\$0 (3)	NM; *
RYDEX LIQ	\$0 (3)	NM; *
RYMED TAB 2-10MG	\$0 (3)	NM; *
<i>rynex dm liq</i>	\$0 (3)	NM; *
<i>rynex pe elx</i>	\$0 (3)	NM; *
<i>rynex pse liq</i>	\$0 (3)	NM; *
<i>sb allergy/ tab cold pe</i>	\$0 (3)	NM; *
<i>sb cgh contr cap 15mg</i>	\$0 (3)	NM; *
<i>sb cgh contr liq cf</i>	\$0 (3)	NM; *
<i>sb cgh contr syp 100/5ml</i>	\$0 (3)	NM; *
<i>sb cgh relf liq 15mg/5ml</i>	\$0 (3)	NM; *
<i>sb cold head tab congest</i>	\$0 (3)	NM; *
<i>sb cold mult tab symp sev</i>	\$0 (3)	NM; *
<i>sb cold/cgh tab hbp</i>	\$0 (3)	NM; *
<i>sb cough tab 200mg</i>	\$0 (3)	NM; *
<i>sb severe tab cold pe</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sb sinus cng pak /pain</i>	\$0 (3)	NM; *
<i>sb sinus cng tab /pain</i>	\$0 (3)	NM; *
<i>sb sinus cng tab /pain dt</i>	\$0 (3)	NM; *
<i>silphen dm syp 10mg/5ml</i>	\$0 (3)	NM; *
<i>siltuss das liq 100/5ml</i>	\$0 (3)	NM; *
<i>siltussin dm liq das</i>	\$0 (3)	NM; *
<i>siltussin sa syp 100/5ml</i>	\$0 (3)	NM; *
<i>siltussin-dm liq diabetic</i>	\$0 (3)	NM; *
<i>siltussin-dm liq max st</i>	\$0 (3)	NM; *
<i>siltussin-dm syp alc free</i>	\$0 (3)	NM; *
<i>sinus congest tab /pain dt</i>	\$0 (3)	NM; *
<i>sinus nasal spr 0.05%</i>	\$0 (3)	NM; *
<i>sinus relief pak cng/pain</i>	\$0 (3)	NM; *
<i>sinus relief spr 0.05%</i>	\$0 (3)	NM; *
<i>sinus-max mis day/nght</i>	\$0 (3)	NM; *
<i>sinus/alergy tab max st</i>	\$0 (3)	NM; *
<i>sinus/alergy tab pe max</i>	\$0 (3)	NM; *
<i>sinus/allerg tab 4-10mg</i>	\$0 (3)	NM; *
<i>sinus/cold-d tab 120-220</i>	\$0 (3)	NM; *
<i>sm allergy tab multi-sy</i>	\$0 (3)	NM; *
<i>sm childrens sus ms cold</i>	\$0 (3)	NM; *
<i>sm cld/alrgy elx children</i>	\$0 (3)	NM; *
<i>sm cold&flu tab severe</i>	\$0 (3)	NM; *
<i>sm cold/cgh elx dm child</i>	\$0 (3)	NM; *
<i>sm day time cap pe</i>	\$0 (3)	NM; *
<i>sm day time liq cold/flu</i>	\$0 (3)	NM; *
<i>sm mucus er tab 600mg</i>	\$0 (3)	NM; *
<i>sm nasal 12h spr 0.05%</i>	\$0 (3)	NM; *
<i>sm nasal dec tab 30mg</i>	\$0 (3)	NM; *
<i>sm nasal spr 0.05%</i>	\$0 (3)	NM; *
<i>sm nite time cap cold/flu</i>	\$0 (3)	NM; *
<i>sm nite time liq cld/flu</i>	\$0 (3)	NM; *
<i>sm nose dro 1%</i>	\$0 (3)	NM; *
<i>sm tussin cf liq</i>	\$0 (3)	NM; *
<i>sm tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>sm tussin syp dm</i>	\$0 (3)	NM; *
<i>sodium chloride aero soln 0.9%</i>	\$0 (3)	NM; *
<i>sodium chloride soln nebu 0.9%</i>	\$0 (3)	NM; *
<i>sodium chloride soln nebu 7%</i>	\$0 (3)	NM; *
STAFLEX TAB 2-250MG	\$0 (3)	NM; *
STAHIST AD LIQ	\$0 (3)	NM; *
STAHIST AD TAB 25-60MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>stuffy nose liq & cold</i>	\$0 (3)	NM; *
<i>sudogest pe tab 10mg</i>	\$0 (3)	NM; *
<i>sudogest tab 4-60mg</i>	\$0 (3)	NM; *
<i>sudogest tab 30mg</i>	\$0 (3)	NM; *
<i>sudogest tab 60mg</i>	\$0 (3)	NM; *
<i>sudogest tab 120mg er</i>	\$0 (3)	NM; *
<i>suphedrine tab 30mg</i>	\$0 (3)	NM; *
<i>tab tussin tab 20-400mg</i>	\$0 (3)	NM; *
<i>tab tussin tab 400mg</i>	\$0 (3)	NM; *
<i>tab tussin tab dm</i>	\$0 (3)	NM; *
<i>tabtussin dm tab 20-400mg</i>	\$0 (3)	NM; *
<i>tabtussin tab 400mg</i>	\$0 (3)	NM; *
THERAFLU FLU PAK SORE THR	\$0 (3)	NM; *
<i>theraflu liq exprsmx</i>	\$0 (3)	NM; *
<i>triacting dt liq cold/cgh</i>	\$0 (3)	NM; *
<i>triacting nt liq cold/cgh</i>	\$0 (3)	NM; *
TRIAMINIC SOL COLD/CGH	\$0 (3)	NM; *
TRIAMINIC SUS CGH/ST	\$0 (3)	NM; *
<i>triaminic sus fev&cld</i>	\$0 (3)	NM; *
TRIAMINIC SYP CGH/CNG	\$0 (3)	NM; *
TRIAMINIC SYP CLD/ALRG	\$0 (3)	NM; *
TRIAMINIC SYP COLD/CGH	\$0 (3)	NM; *
<i>trymine cg liq 225-7.5</i>	\$0 (3)	NM; *
TUSNEL C SYP	\$0 (3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$0 (3)	NM; *
TUSNEL LIQ	\$0 (3)	NM; *
TUSNEL PED DRO 7.5-50	\$0 (3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0 (3)	NM; *
TUSNEL-DM DRO PEDIATRC	\$0 (3)	NM; *
TUSSICAPS CAP 5-4MG	\$0 (3)	NM; *
TUSSICAPS CAP 10-8MG	\$0 (3)	NM; *
<i>tussigon tab 5-1.5mg</i>	\$0 (3)	NM; *
<i>tussin adult liq 100/5ml</i>	\$0 (3)	NM; *
<i>tussin adult liq cgh/cong</i>	\$0 (3)	NM; *
<i>tussin adult liq cold</i>	\$0 (3)	NM; *
<i>tussin cf liq</i>	\$0 (3)	NM; *
<i>tussin cf liq cgh/cold</i>	\$0 (3)	NM; *
<i>tussin cf liq max/m-s</i>	\$0 (3)	NM; *
<i>tussin chest syp 100/5ml</i>	\$0 (3)	NM; *
<i>tussin cough syp 15mg/5ml</i>	\$0 (3)	NM; *
<i>tussin dm liq</i>	\$0 (3)	NM; *
<i>tussin dm liq 10-200/5</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tussin dm liq 100-10/5</i>	\$0 (3)	NM; *
<i>tussin dm liq clear</i>	\$0 (3)	NM; *
<i>tussin dm liq max</i>	\$0 (3)	NM; *
<i>tussin dm mx liq 10-200/5</i>	\$0 (3)	NM; *
<i>tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>tussin mucus liq 100/5ml</i>	\$0 (3)	NM; *
VANACOF DM LIQ	\$0 (3)	NM; *
VANACOF-8 LIQ 25-50/15	\$0 (3)	NM; *
<i>virtussin ac sol 100-10/5</i>	\$0 (3)	NM; *
<i>virtussin sol dac</i>	\$0 (3)	NM; *
<i>wal-flu seve pow cold/cgh</i>	\$0 (3)	NM; *
<i>4-way fast spr 1%</i>	\$0 (3)	NM; *
Z-TUSS AC LIQ 2-9/5ML	\$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
<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 4 mg (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 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
<i>afrin saline spr 0.65%</i>	\$0 (3)	NM; *
<i>altamist spr 0.65%</i>	\$0 (3)	NM; *
ARALAST NP INJ 500MG	\$0 (2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
AYR ALLERGY SPR & SINUS	\$0 (3)	NM; *
AYR NASAL DRO 0.65%	\$0 (3)	NM; *
<i>ayr saline gel nasal</i>	\$0 (3)	NM; *
<i>ayr spr 0.65%</i>	\$0 (3)	NM; *
<i>baby ayr spr 0.65%</i>	\$0 (3)	NM; *
CVS NASAL SPR MIST	\$0 (3)	NM; *
DALIRESP TAB 250MCG	\$0 (2)	
DALIRESP TAB 500MCG	\$0 (2)	
<i>deep sea spr 0.65%</i>	\$0 (3)	NM; *

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 NDS - Non-Extended Days Supply * - 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>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0 (2)	NDS, PA
ESBRIET TAB 267MG	\$0 (2)	NDS, PA
ESBRIET TAB 801MG	\$0 (2)	NDS, PA
<i>hm saline spr 0.65%</i>	\$0 (3)	NM; *
<i>humist spr 0.65%</i>	\$0 (3)	NM; *
KALYDECO PAK 50MG	\$0 (2)	NDS, PA
KALYDECO PAK 75MG	\$0 (2)	NDS, PA
KALYDECO TAB 150MG	\$0 (2)	NDS, PA
<i>little noses dro stuf nos</i>	\$0 (3)	NM; *
<i>little noses spr 0.65%</i>	\$0 (3)	NM; *
<i>na-zone spr 0.65%</i>	\$0 (3)	NM; *
NASADROPS DRO 0.9%	\$0 (3)	NM; *
<i>nasal moist spr 0.65%</i>	\$0 (3)	NM; *
<i>nasal saline spr 0.65%</i>	\$0 (3)	NM; *
<i>nasogel gel</i>	\$0 (3)	NM; *
<i>ocean kids spr 0.65%</i>	\$0 (3)	NM; *
OFEV CAP 100MG	\$0 (2)	NDS, PA
OFEV CAP 150MG	\$0 (2)	NDS, PA
ORKAMBI GRA 100-125	\$0 (2)	NDS, PA
ORKAMBI GRA 150-188	\$0 (2)	NDS, PA
ORKAMBI TAB 100-125	\$0 (2)	NDS, PA
ORKAMBI TAB 200-125	\$0 (2)	NDS, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (2)	NDS, NM, PA
RHINARIS SPR 0.2%	\$0 (3)	NM; *
<i>saline mist spr 0.65%</i>	\$0 (3)	NM; *
<i>saline nasal gel</i>	\$0 (3)	NM; *
<i>saline nasal spr 0.65%</i>	\$0 (3)	NM; *
<i>saline nasal spray 0.65%</i>	\$0 (3)	NM; *
<i>saline nose spr 0.65%</i>	\$0 (3)	NM; *
<i>sb saline spr 0.65%</i>	\$0 (3)	NM; *
<i>sea soft spr 0.65%</i>	\$0 (3)	NM; *
SIMPLY SALIN AER 0.9%	\$0 (3)	NM; *
SINUS WASH CRY SALT	\$0 (3)	NM; *
SYMDEKO TAB 100-150	\$0 (2)	NDS, LA, PA
<i>tgt nasal spr 0.65%</i>	\$0 (3)	NM; *
XOLAIR SOL 150MG	\$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEMAIRA INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal susp 32 mcg/act</i>	\$0 (3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)
<i>nasal allgy spr 55mcg/ac</i>	\$0 (3)	NM; *
<i>nasoflow spr 50mcg</i>	\$0 (3)	NM; *
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (2)	QL (30 inhalations / 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 (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0 (2)	QL (240 inhalations / 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)
PULMICORT INH 90MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0 (2)	QL (2 inhalers / 30 days)
STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	\$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0 (2)	QL (60 inhalations / 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 (60 blisters / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREO ELLIPTA INH 200-25	\$0 (2)	QL (60 blisters / 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)	
THEO-24 CAP 100MG CR	\$0 (2)	
THEO-24 CAP 200MG CR	\$0 (2)	
THEO-24 CAP 300MG CR	\$0 (2)	
THEO-24 CAP 400MG ER	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab er 12hr 100 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 200 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (1)	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>acne medicat gel 5%</i>	\$0 (3)	NM; *
<i>acne medicat gel 10%</i>	\$0 (3)	NM; *
ACNE MEDICAT LOT 5%	\$0 (3)	NM; *
ACNE MEDICAT LOT 10%	\$0 (3)	NM; *
<i>amnestem cap 10mg</i>	\$0 (1)	PA
<i>amnestem cap 20mg</i>	\$0 (1)	PA
<i>amnestem cap 40mg</i>	\$0 (1)	PA
<i>avita cre 0.025%</i>	\$0 (1)	PA
<i>avita gel 0.025%</i>	\$0 (1)	PA
BENZOYL PER GEL 2.5%	\$0 (3)	NM; *
<i>benzoyl per liq 5% wash</i>	\$0 (3)	NM; *
<i>benzoyl per liq 10% wash</i>	\$0 (3)	NM; *
<i>benzoyl per lot 6%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide foam 5.3%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (1)	
BENZYL PEROX LOT CLNSR9%	\$0 (3)	NM; *
BENZYL PEROX LOT CLNSR 3%	\$0 (3)	NM; *
<i>benzyl perox lot clnsr 6%</i>	\$0 (3)	NM; *
<i>claravis cap 10mg</i>	\$0 (1)	PA
<i>claravis cap 20mg</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>claravis cap 30mg</i>	\$0 (1)	PA
<i>claravis cap 40mg</i>	\$0 (1)	PA
<i>clindacin-p pad 1%</i>	\$0 (1)	
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	
<i>clindamycin phosphate lotion 1%</i>	\$0 (1)	
<i>clindamycin phosphate soln 1%</i>	\$0 (1)	
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	
<i>erythromycin gel 2%</i>	\$0 (1)	
<i>erythromycin pads 2%</i>	\$0 (1)	
<i>erythromycin soln 2%</i>	\$0 (1)	
<i>isotretinoin cap 10 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 20 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 30 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 40 mg</i>	\$0 (1)	PA
<i>myorisan cap 10mg</i>	\$0 (1)	PA
<i>myorisan cap 20mg</i>	\$0 (1)	PA
<i>myorisan cap 30mg</i>	\$0 (1)	PA
<i>myorisan cap 40mg</i>	\$0 (1)	PA
<i>panoxyl bar 10%</i>	\$0 (3)	NM; *
<i>panoxyl wash liq 10%</i>	\$0 (3)	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (1)	
<i>tretinoin cream 0.1%</i>	\$0 (1)	PA
<i>tretinoin cream 0.05%</i>	\$0 (1)	PA
<i>tretinoin cream 0.025%</i>	\$0 (1)	PA
<i>tretinoin gel 0.01%</i>	\$0 (1)	PA
<i>tretinoin gel 0.025%</i>	\$0 (1)	PA
<i>zenatane cap 10mg</i>	\$0 (1)	PA
<i>zenatane cap 20mg</i>	\$0 (1)	PA
<i>zenatane cap 30mg</i>	\$0 (1)	PA
<i>zenatane cap 40mg</i>	\$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitr zinc oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oint 500 unit/gm</i>	\$0 (3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (3)	NM; *
<i>double antib oin</i>	\$0 (3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0 (1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0 (1)	
<i>gnp triple oin antibiot</i>	\$0 (3)	NM; *
<i>hm triple oin antibiot</i>	\$0 (3)	NM; *
<i>mafenide acetate packet for topical soln 5% (50 gm)</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 **NDS** - Non-Extended Days Supply * - 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>mupirocin oint 2%</i>	\$0 (1)	
<i>neomycin-bacitracin-polymyxin oint</i>	\$0 (3)	NM; *
<i>silver sulfadiazine cream 1%</i>	\$0 (1)	
<i>sm antibioti cre plus</i>	\$0 (3)	NM; *
<i>sm antibioti oin 500/gm</i>	\$0 (3)	NM; *
<i>sm triple oin antibiot</i>	\$0 (3)	NM; *
<i>ssd cre 1%</i>	\$0 (1)	
SULFAMYLON CRE 85MG/GM	\$0 (2)	
SULFAMYLON PAK 5%	\$0 (2)	NDS
<i>tolnaftate soln 1%</i>	\$0 (3)	NM; *
<i>triple antib oin</i>	\$0 (3)	NM; *
<i>triple antib oin max st</i>	\$0 (3)	NM; *
<i>triple antib oin plus</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	\$0 (3)	NM; *
<i>anti-fungal pow 1%</i>	\$0 (3)	NM; *
<i>anti-itch cre 2-0.1%</i>	\$0 (3)	NM; *
<i>anti-itch spr 2%</i>	\$0 (3)	NM; *
<i>antifungal aer 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 2%</i>	\$0 (3)	NM; *
<i>ath foot spr aer 1%</i>	\$0 (3)	NM; *
<i>athlete foot cre 1%</i>	\$0 (3)	NM; *
<i>athlete foot cre af</i>	\$0 (3)	NM; *
<i>banophen cre 2-0.1%</i>	\$0 (3)	NM; *
<i>baza antifun cre 2%</i>	\$0 (3)	NM; *
<i>benzoin compound tincture</i>	\$0 (3)	NM; *
BENZOIN TIN	\$0 (3)	NM; *
BENZOIN TIN PLAIN	\$0 (3)	NM; *
BETADINE SPR 5%	\$0 (3)	NM; *
BULL FROG SPR MOSQUITO	\$0 (3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0 (3)	NM; *
CAPSAICIN LIQ 0.15%	\$0 (3)	NM; *
<i>castellani paint</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 cre 1%</i>	\$0 (3)	NM; *
<i>clotrimazole cream 1%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole cream 1%</i>	\$0 (3)	NM; *
<i>clotrimazole soln 1%</i>	\$0 (1)	
<i>clotrimazole soln 1%</i>	\$0 (3)	NM; *
COLE INS REP SPR DRY 25%	\$0 (3)	NM; *
COLE INS REP SPR SPRT 40%	\$0 (3)	NM; *
COLEMAN 100 LIQ 98.11%	\$0 (3)	NM; *
COLEMAN 100 SPR 98.11%	\$0 (3)	NM; *
COLEMN BOTAN LIQ INSECT	\$0 (3)	NM; *
COLEMN INSEC LIQ SKINSMAR	\$0 (3)	NM; *
COLEMN INSEC SPR SKINSMAR	\$0 (3)	NM; *
<i>critic-aid oin 2%</i>	\$0 (3)	NM; *
CUTTER AER 10%	\$0 (3)	NM; *
CUTTER AER NATURAL	\$0 (3)	NM; *
CUTTER BACKW AER 25%	\$0 (3)	NM; *
CUTTER BACKW LIQ 25%	\$0 (3)	NM; *
CUTTER DRY AER 10%	\$0 (3)	NM; *
CUTTER FAMLY AER 7%	\$0 (3)	NM; *
CUTTER FAMLY LIQ 7%	\$0 (3)	NM; *
CUTTER LEMON LIQ EUCALYPT	\$0 (3)	NM; *
CUTTER LIQ NATURAL	\$0 (3)	NM; *
CUTTER SKINS AER 7%	\$0 (3)	NM; *
CUTTER SKINS LIQ 7%	\$0 (3)	NM; *
CUTTER SPORT AER 15%	\$0 (3)	NM; *
CUTTER WIPES MIS 7.15%	\$0 (3)	NM; *
CVS INSECT AER REPELLNT	\$0 (3)	NM; *
<i>dermazinc sha 2%</i>	\$0 (3)	NM; *
<i>desenex shak pow 2%</i>	\$0 (3)	NM; *
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	\$0 (3)	NM; *
EAGLE WATCH LIQ MOS ELIM	\$0 (3)	NM; *
FUNGOID TINC KIT	\$0 (3)	NM; *
FUNGOID TINC SOL 2%	\$0 (3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>itch relief cre ex st</i>	\$0 (3)	NM; *
<i>itch relief spr 2-0.1%</i>	\$0 (3)	NM; *
<i>jock itch aer 1%</i>	\$0 (3)	NM; *
<i>ketoconazole cream 2%</i>	\$0 (1)	
LAMISIL ADV GEL 1%	\$0 (3)	NM; *
<i>lamisil af aer 1%</i>	\$0 (3)	NM; *
LAMISIL AT SPR 1%	\$0 (3)	NM; *
<i>lidocaine cream 4%</i>	\$0 (3)	NM; *
MAXI DEET SPR 98.11%	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>miconazole nitrate aerosol pow 2%</i>	\$0 (3)	NM; *
<i>miconazole nitrate cream 2%</i>	\$0 (3)	NM; *
<i>miconazorb pow af 2%</i>	\$0 (3)	NM; *
<i>micro guard pow 2%</i>	\$0 (3)	NM; *
NATRAPEL 12H SPR 20%	\$0 (3)	NM; *
NATRAPEL LIQ 20%	\$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 100000 unit/gm</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
OFF ACTIVE AER 15%	\$0 (3)	NM; *
OFF DEEP WDS AER 25%	\$0 (3)	NM; *
OFF DEEP WDS AER 30%	\$0 (3)	NM; *
OFF DEEP WDS MIS 25%	\$0 (3)	NM; *
OFF DEEP WDS SPR 25%	\$0 (3)	NM; *
OFF DEEP WDS SPR 98.25%	\$0 (3)	NM; *
OFF FAMILYCR SPR 5%	\$0 (3)	NM; *
OFF FAMILYCR SPR 7%	\$0 (3)	NM; *
OFF SMTH/DRY AER 15%	\$0 (3)	NM; *
<i>povidone-iod sol 7.5%</i>	\$0 (3)	NM; *
<i>povidone-iod sol 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine swabs 10%</i>	\$0 (3)	NM; *
<i>povidone/iod sol 10%</i>	\$0 (3)	NM; *
PROSHIELD CRE PLUS 1%	\$0 (3)	NM; *
<i>remedy cre antifung</i>	\$0 (3)	NM; *
REMEDY MOIST CRE 5%	\$0 (3)	NM; *
REMEDY NUTRA CRE 1%	\$0 (3)	NM; *
REMEDY SKIN CRE REPAIR	\$0 (3)	NM; *
REPEL 100 LIQ 98.11%	\$0 (3)	NM; *
REPEL FAMILY AER 10%	\$0 (3)	NM; *
REPEL FAMILY AER 15%	\$0 (3)	NM; *
REPEL HUNTER AER 25%	\$0 (3)	NM; *
REPEL LEMON SPR INSECT	\$0 (3)	NM; *
REPEL SPORTS AER 25%	\$0 (3)	NM; *
REPEL SPORTS AER 40%	\$0 (3)	NM; *
REPEL SPORTS LIQ 40%	\$0 (3)	NM; *
REPEL SPORTS LOT 40%	\$0 (3)	NM; *
REPEL TICK AER 15%	\$0 (3)	NM; *
REPEL WIPES MIS 30%	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sal-plant gel 17%</i>	\$0 (3)	NM; *
<i>salactic fil sol 17%</i>	\$0 (3)	NM; *
SAWYER REPEL AER 30%	\$0 (3)	NM; *
SAWYER REPEL LOT 20%	\$0 (3)	NM; *
SAWYER REPEL SPR 20%	\$0 (3)	NM; *
<i>sb anti-itch cre 2-0.1%</i>	\$0 (3)	NM; *
<i>scalp relief liq 3%</i>	\$0 (3)	NM; *
SECURA PROTE CRE 5%	\$0 (3)	NM; *
<i>sm anti-itch cre 2-0.1%</i>	\$0 (3)	NM; *
<i>sm antifungl cre 1%</i>	\$0 (3)	NM; *
<i>sm antifungl cre 2%</i>	\$0 (3)	NM; *
SM BENZOIN TIN	\$0 (3)	NM; *
<i>sm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>soothe&cool cre inzo 2%</i>	\$0 (3)	NM; *
<i>terbinafine cre 1%</i>	\$0 (3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0 (3)	NM; *
<i>tolnaftate cre 1%</i>	\$0 (3)	NM; *
<i>tolnaftate cream 1%</i>	\$0 (3)	NM; *
<i>tolnaftate powder 1%</i>	\$0 (3)	NM; *
<i>triple paste oin af 2%</i>	\$0 (3)	NM; *
ULTRATHON AER INSECT	\$0 (3)	NM; *
ULTRATHON LOT REPELLNT	\$0 (3)	NM; *
<i>wart remover liq 17%</i>	\$0 (3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0 (3)	NM; *
ZIKS ARTHRIT CRE RELIEF	\$0 (3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 25 mg</i>	\$0 (2)	NDS, PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	
<i>tazarotene cream 0.1%</i>	\$0 (1)	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, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	\$0 (1)	
<i>ala-cort cre 2.5%</i>	\$0 (1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>alclometasone dipropionate oint 0.05%</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>anti-itch cre 1%</i>	\$0 (3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (1)	
<i>desoximetasone cream 0.05%</i>	\$0 (1)	
<i>desoximetasone cream 0.25%</i>	\$0 (1)	
<i>desoximetasone gel 0.05%</i>	\$0 (1)	
<i>desoximetasone oint 0.05%</i>	\$0 (1)	
<i>desoximetasone oint 0.25%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	
<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 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>gnp hydrocor cre 1% plus</i>	\$0 (3)	NM; *
<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>hydro-lotion lot 1%</i>	\$0 (3)	NM; *
<i>hydrocort cre 0.5%</i>	\$0 (3)	NM; *
<i>hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0 (3)	NM; *
<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 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0 (1)	
<i>hydrocortisone oint 1%</i>	\$0 (3)	NM; *
<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>hydrocortisone-aloe vera cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0 (3)	NM; *
<i>hydroskin cre 1%</i>	\$0 (3)	NM; *
<i>hydroskin lot 1%</i>	\$0 (3)	NM; *
<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>sb hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sb hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>scalpicin sol 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>TEXACORT SOL 2.5%</i>	\$0 (2)	
<i>triamcinolone acetone cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetone cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetone cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetone lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetone lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetone oint 0.1%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	\$0 (1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl gel 2%</i>	\$0 (1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0 (1)	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0 (1)	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALBOLINE CRE SCENTED	\$0 (3)	NM; *
ALBOLINE CRE UNSCENT	\$0 (3)	NM; *
ALOE VESTA OIN PROTECT	\$0 (3)	NM; *
<i>americerin cre</i>	\$0 (3)	NM; *
AMLACTIN CRE ULTRA	\$0 (3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0 (3)	NM; *
AQUA GLYCOL CRE FACE	\$0 (3)	NM; *
AQUADERM CRE	\$0 (3)	NM; *
AQUAPHILIC OIN	\$0 (3)	NM; *
AQUAPHOR OIN	\$0 (3)	NM; *
AQUAPHOR OIN ADVANCED	\$0 (3)	NM; *
BASLE CRE	\$0 (3)	NM; *
<i>baza protect cre</i>	\$0 (3)	NM; *
BETA CARE CRE	\$0 (3)	NM; *
BETA XMA CRE	\$0 (3)	NM; *
CARRINGTON CRE /ZINC	\$0 (3)	NM; *
CARRINGTON CRE MOISTURE	\$0 (3)	NM; *
CERAVE CRE	\$0 (3)	NM; *
CETAPHIL CRE	\$0 (3)	NM; *
CETAPHIL CRE HAND	\$0 (3)	NM; *
COCONUT OIL CRE BEAUTY	\$0 (3)	NM; *
CRITIC-AID OIN CLEAR	\$0 (3)	NM; *
<i>cvs advanced oin healing</i>	\$0 (3)	NM; *
<i>cvs moisture cre</i>	\$0 (3)	NM; *
DAILY CONDIT OIN	\$0 (3)	NM; *
DERMABASE CRE	\$0 (3)	NM; *

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 **NDS** - Non-Extended Days Supply * - 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>dermacerin cre</i>	\$0 (3)	NM; *
<i>dermamed oin</i>	\$0 (3)	NM; *
<i>dermaphor oin</i>	\$0 (3)	NM; *
DIABETIDERM CRE	\$0 (3)	NM; *
DIABETIDERM CRE FOOT	\$0 (3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
DML FORTE CRE	\$0 (3)	NM; *
<i>doxepin hcl cream 5%</i>	\$0 (1)	
DROXY CRE	\$0 (3)	NM; *
<i>dry skin oin</i>	\$0 (3)	NM; *
<i>e-ointment oin</i>	\$0 (3)	NM; *
EMOLLIA-CREM CRE	\$0 (3)	NM; *
EUCERIN CRE INT REPA	\$0 (3)	NM; *
EUCERIN PLUS CRE	\$0 (3)	NM; *
<i>flanders oin buttocks</i>	\$0 (3)	NM; *
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
FORMULA 405 CRE FACE	\$0 (3)	NM; *
GENTLE CRE	\$0 (3)	NM; *
GOLD BOND CRE HEALING	\$0 (3)	NM; *
GOLD BOND OIN HEALING	\$0 (3)	NM; *
HYDRASYN25 CRE	\$0 (3)	NM; *
HYDRO-LAN CRE	\$0 (3)	NM; *
HYDROCERIN CRE	\$0 (3)	NM; *
<i>hydrocerin cre plus</i>	\$0 (3)	NM; *
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>hydrolatum oin</i>	\$0 (3)	NM; *
<i>hydrophor oin</i>	\$0 (3)	NM; *
<i>imiquimod cream 5%</i>	\$0 (1)	
KERADAN CRE	\$0 (3)	NM; *
<i>kerodex-51 cre dry/oily</i>	\$0 (3)	NM; *
<i>kerodex-71 cre wet</i>	\$0 (3)	NM; *
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (3)	NM; *
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (3)	NM; *
LACTINOL HX CRE	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LANAPHILIC OIN	\$0 (3)	NM; *
LANOLOR CRE	\$0 (3)	NM; *
LANTISEPTIC CRE THERAPEU	\$0 (3)	NM; *
LEADER FINGE CRE	\$0 (3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0 (1)	
<i>metronidazole gel 0.75%</i>	\$0 (1)	
<i>metronidazole lotion 0.75%</i>	\$0 (1)	
<i>minerin cre</i>	\$0 (3)	NM; *
<i>moisturizing cre</i>	\$0 (3)	NM; *
MOISTURIZING CRE	\$0 (3)	NM; *
<i>moisturizing cre renewal</i>	\$0 (3)	NM; *
<i>moisturizing cre therapy</i>	\$0 (3)	NM; *
<i>moisturizing cre xtr-dry</i>	\$0 (3)	NM; *
NEUTROGENA CRE HAND	\$0 (3)	NM; *
NIVEA CRE	\$0 (3)	NM; *
NIVEA SOFT CRE	\$0 (3)	NM; *
NUTRADERM CRE	\$0 (3)	NM; *
OINTMENT OIN BASE	\$0 (3)	NM; *
PANRETIN GEL 0.1%	\$0 (2)	NDS
PEN-KERA CRE	\$0 (3)	NM; *
PENTRAVAN CRE	\$0 (3)	NM; *
PENTRAVAN CRE PLUS	\$0 (3)	NM; *
PETROLATUM OIN	\$0 (3)	NM; *
PICATO GEL 0.05%	\$0 (2)	
PICATO GEL 0.015%	\$0 (2)	
<i>podofilox soln 0.5%</i>	\$0 (1)	
PRETTY FEET CRE & HANDS	\$0 (3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
RA GENTLE CRE SKIN	\$0 (3)	NM; *
<i>ra hydrating oin healing</i>	\$0 (3)	NM; *
RISABAL-PH CRE	\$0 (3)	NM; *
<i>rosadan cre 0.75%</i>	\$0 (1)	
<i>saratoga oin</i>	\$0 (3)	NM; *
<i>sebex sha</i>	\$0 (3)	NM; *
SENSI-CARE CRE MOISTURI	\$0 (3)	NM; *
SOOTHE&COOL CRE SKIN	\$0 (3)	NM; *
SOOTHE&COOL OIN FREE PST	\$0 (3)	NM; *
SOOTHE&COOL OIN MEDSEPTI	\$0 (3)	NM; *
SOOTHE&COOL OIN MOISTURE	\$0 (3)	NM; *
SORBIDON CRE HYDRATE	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SORBOLENE CRE	\$0 (3)	NM; *
STUDIO 35 CRE MOIST	\$0 (3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGETIN GEL 1%	\$0 (2)	NDS, NM, PA
TENDER CARE CRE LANOLIN	\$0 (3)	NM; *
THERAPEUTIC CRE MOISTUR	\$0 (3)	NM; *
VALCHLOR GEL 0.016%	\$0 (2)	NDS, LA, PA
VANICREAM CRE	\$0 (3)	NM; *
VELVACHOL CRE	\$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice kit</i>	\$0 (3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0 (3)	NM; *
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	NDS, PA
SANTYL OIN 250/GM	\$0 (2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (1)	
<i>clotrimazole troche 10 mg</i>	\$0 (1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (1)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (1)	
<i>periogard sol 0.12%</i>	\$0 (1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>triamcinolone acetanide dental paste 0.1%</i>	\$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic soln 2%</i>	\$0 (1)	
CIPRODEX SUS 0.3-0.1%	\$0 (2)	
<i>ear wax remv dro 6.5% ot</i>	\$0 (3)	NM; *
<i>ear wax remv sol 6.5% ot</i>	\$0 (3)	NM; *
<i>earwax remv sol 6.5% ot</i>	\$0 (3)	NM; *
<i>fluocinolone acetanide (otic) oil 0.01%</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>gnp ear sys sol 6.5% ot</i>	\$0 (3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (1)	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1)	
<i>sm ear dro 6.5% ot</i>	\$0 (3)	NM; *

_PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	\$0
TRUE METRIX KIT METER	\$0
TRUE METRIX STRIPS	\$0

Index

1		
12 hr nasal spr 0.05%	159	
12.5cpd/1dcp liq m/30pse	157	
3		
3 day vaginl cre 2%	104	
3 day vaginal cre 4%	104	
4		
4-way fast spr 1%	166	
5		
50+ adult cap eye hlth	125	
6		
600+d3 plus chw minerals	120	
8		
8 hour pain tab 650mg	2	
A		
a thru z chw select.....	125	
a thru z sel tab 50+ adva.....	125	
a thru z sel tab 50+ mens.....	125	
a thru z sel tab advanced.....	125	
a thru z tab advanced.....	125	
a thru z tab high pot	125	
a thru z tab select.....	125	
a thru z tab ultimate	125	
a thru z ult tab mens.....	125	
abacavir sulfate soln 20 mg/ml (base equiv)	13	
abacavir sulfate tab 300 mg (base equiv)	13	
abacavir sulfate-lamivudine tab 600-300 mg.....	15	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	15	
abatinec cap 680mg.....	92	
abc plus tab	125	
abc plus tab senior.....	125	
ABELCET INJ 5MG/ML.....	12	
ABILIFY MAIN INJ 300MG	62	
ABILIFY MAIN INJ 400MG	62	
ABRAXANE INJ 100MG.....	25	
acamprosate calcium tab delayed release 333 mg	72	
acarbose tab 100 mg.....	76	
acarbose tab 25 mg	76	
acarbose tab 50 mg	76	
acebutolol hcl cap 200 mg	42	
acebutolol hcl cap 400 mg	42	
acephen sup 120mg	1	
acephen sup 325mg	1	
acephen sup 650mg	1	
aceta-gesic tab 12.5-325	156	
acetaminophen chew tab 80 mg.....	1	
acetaminophen liquid 160 mg/5ml	1	
acetaminophen soln 160 mg/5ml	1	
acetaminophen suppos 120 mg.....	1	
acetaminophen suppos 650 mg.....	1	
acetaminophen tab 325 mg	1	
acetaminophen tab er 650 mg	1	
acetaminophen w/ codeine soln 120-12 mg/5ml.....	5	
acetaminophen w/ codeine tab 300-15 mg	5	
acetaminophen w/ codeine tab 300-30 mg	5	
acetaminophen w/ codeine tab 300-60 mg	5	
acetaminophn sus 160/5ml	1	
acetaminophn sus 325mg	1	
acetaminophn tab 500mg.....	1	
acetazolamide cap er 12hr 500 mg.....	46	
acetazolamide tab 125 mg	46	
acetazolamide tab 250 mg	46	
acetic acid irrigation soln 0.25%	180	
acetic acid otic soln 2%.....	180	
acetylcysteine inhal soln 10%	166	
acetylcysteine inhal soln 20%	166	
acid control tab 10mg	95	
acid control tab 150mg	95	
acid control tab 20mg	95	
acid gone chw.....	90	
acid gone sus	90	
acid reducer tab 10mg	95	
acid reducer tab 150mg	95	
acid reducer tab 20mg	95	
acid reducer tab 75mg	95	
ACIDOPH/PROB TAB FORMULA	92	
acidophilus cap	92	
acidophilus cap 100mg	92	
acidophilus cap 10mg	92	
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ACIDOPHILUS WAF.....	92	
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ACIDOPHILUS/ WAF BIFIDUS	92	AFINITOR TAB 7.5MG	29
<i>acitretin cap 10 mg</i>	174	<i>afrin saline spr 0.65%</i>	166
<i>acitretin cap 17.5 mg</i>	174	<i>aftera tab 1.5mg</i>	79
<i>acitretin cap 25 mg</i>	174	<i>airborne chw</i>	125
<i>acne medicat gel 10%</i>	169	<i>airborne chw gummies</i>	125
<i>acne medicat gel 5%</i>	169	AIRBORNE LOZ	125
ACNE MEDICAT LOT 10%	169	<i>airborne tab</i>	126
ACNE MEDICAT LOT 5%	169	AIRSHIELD CHW IMMUNITY	126
ACTHIB INJ	112	<i>akwa tears oin op</i>	151
<i>actical cap</i>	125	<i>ala-cort cre 1%</i>	174
ACTIMMUNE INJ 2MU/0.5	111	<i>ala-cort cre 2.5%</i>	174
<i>acyclovir cap 200 mg</i>	16	ALAHIST DM LIQ 7.5-2-15	156
<i>acyclovir sodium iv soln 50 mg/ml</i>	17	ALA-HIST IR TAB 2MG	152
<i>acyclovir susp 200 mg/5ml</i>	17	ALA-HIST PE TAB 2-10MG	156
<i>acyclovir tab 400 mg</i>	17	<i>alaway child dro 0.025%op</i>	149
<i>acyclovir tab 800 mg</i>	17	<i>alaway dro 0.025%op</i>	150
ADACEL INJ	112	ALBENZA TAB 200MG	9
ADAGEN INJ 250/ML	83	ALBOLENE CRE SCENTED	177
ADCIRCA TAB 20MG	48	ALBOLENE CRE UNSCENT	177
<i>adefovir dipivoxil tab 10 mg</i>	17	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	155
ADEMPAS TAB 0.5MG	48	<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	155
ADEMPAS TAB 1.5MG	48	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	155
ADEMPAS TAB 1MG	48	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	155
ADEMPAS TAB 2.5MG	48	<i>albuterol sulfate syrup 2 mg/5ml</i>	155
ADEMPAS TAB 2MG	48	<i>albuterol sulfate tab 2 mg</i>	155
<i>adlt multivi chw gummies</i>	125	<i>albuterol sulfate tab 4 mg</i>	155
ADLT ONE DLY CHW GUMMIES	125	<i>albuterol sulfate tab er 12hr 4 mg</i>	155
<i>adriamycin inj 20mg</i>	24	<i>albuterol sulfate tab er 12hr 8 mg</i>	155
<i>adrucil inj 2.5g/50m</i>	24	<i>alclometasone dipropionate cream 0.05%</i>	174
<i>adrucil inj 500/10ml</i>	24	<i>alclometasone dipropionate oint 0.05%</i>	174
<i>adrucil inj 5gm/100m</i>	24	ALCOHOL SWABS	75
ADULT 50+ CAP OCUVITE	125	ALDURAZYME INJ 2.9MG/5M	83
ADVAIR DISKU AER 100/50	168	ALECENSA CAP 150MG	29
ADVAIR DISKU AER 250/50	168	<i>alendronate sodium tab 10 mg</i>	78
ADVAIR DISKU AER 500/50	168	<i>alendronate sodium tab 35 mg</i>	78
ADVAIR HFA AER 115/21	168	<i>alendronate sodium tab 40 mg</i>	78
ADVAIR HFA AER 230/21	168	<i>alendronate sodium tab 5 mg</i>	78
ADVAIR HFA AER 45/21	168	<i>alendronate sodium tab 70 mg</i>	78
<i>advanced sus antacid</i>	90	ALEVAZOL OIN 1%	171
<i>advanced tab formula</i>	125	<i>alfuzosin hcl tab er 24hr 10 mg</i>	103
<i>afeditab tab 30mg cr</i>	43	ALIMTA INJ 100MG	24
<i>afeditab tab 60mg cr</i>	43	ALIMTA INJ 500MG	24
AFINITOR DIS TAB 2MG	29		
AFINITOR DIS TAB 3MG	29		
AFINITOR DIS TAB 5MG	29		
AFINITOR TAB 10MG	29		
AFINITOR TAB 2.5MG	29		
AFINITOR TAB 5MG	29		

ALINIA SUS 100/5ML	9	<i>allopurinol tab 300 mg</i>	1
ALINIA TAB 500MG	9	<i>almacone chw</i>	90
ALIVE ENERGY TAB WOMENS	126	<i>almacone dbl sus strength</i>	90
ALIVE WOMENS CHW GUMMY	126	<i>almacone sus</i>	90
<i>all day allg chw 10mg</i>	152	ALOE VESTA OIN PROTECT	177
<i>all day allg sol 1mg/ml</i>	152	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	100
<i>all day allg sol 5mg/5ml</i>	152	<i>alose tron hcl tab 1 mg (base equiv)</i> .	100
<i>all day allg tab 10mg</i>	152	ALPHA LIPOIC CAP 300MG	126
<i>all day alrg tab 5-120mg</i>	156	ALPHA LIPOIC CAP 50MG	126
<i>all day pain tab 220mg</i>	3	ALPHAGAN P SOL 0.1%	150
<i>all day relf tab 220mg</i>	3	<i>alpha-lipoic acid (thioctic acid) cap 100</i>	
<i>aller/conges tab 10-240mg</i>	156	<i>mg</i>	126
<i>aller-chlor syp 2mg/5ml</i>	152	<i>alpha-lipoic acid (thioctic acid) cap 200</i>	
<i>aller-chlor tab 4mg</i>	152	<i>mg</i>	126
<i>aller-ease tab 180mg</i>	152	<i>alpha-lipoic acid (thioctic acid) cap 600</i>	
<i>aller-ease tab 60mg</i>	152	<i>mg</i>	126
<i>allerfed tab 4-10mg</i>	156	<i>alph-e cap 400unit</i>	126
<i>allergy cap 25mg</i>	152	<i>alph-e-mixed cap 1000unit</i>	126
<i>allergy chld liq 12.5/5ml</i>	152	<i>alph-e-mixed cap 200unit</i>	126
<i>allergy comp sol 1mg/ml</i>	152	<i>alprazolam tab 0.25 mg</i>	49
<i>allergy d tab 5-120mg</i>	156	<i>alprazolam tab 0.5 mg</i>	49
<i>allergy liq 12.5/5ml</i>	153	<i>alprazolam tab 1 mg</i>	49
<i>allergy med tab 25mg</i>	153	<i>alprazolam tab 2 mg</i>	49
<i>allergy plus tab sev/sinu</i>	156	ALREX SUS 0.2%	149
<i>allergy plus tab sinus</i>	156	<i>altamist spr 0.65%</i>	166
<i>allergy rel/ tab deconges</i>	156	ALUM HYDROX SUS 320/5ML	90
<i>allergy relf cap 25mg</i>	153	ALUNBRIG PAK	29
<i>allergy relf liq 12.5/5ml</i>	153	ALUNBRIG TAB 180MG	29
<i>allergy relf sol 5mg/5ml</i>	153	ALUNBRIG TAB 30MG	29
<i>allergy relf syp 5mg/5ml</i>	153	ALUNBRIG TAB 90MG	29
<i>allergy relf tab 1.34mg</i>	153	<i>alyacen tab 1/35</i>	79
<i>allergy relf tab 10mg</i>	153	<i>amantadine hcl cap 100 mg</i>	60
<i>allergy relf tab 25mg</i>	153	<i>amantadine hcl syrup 50 mg/5ml</i>	60
<i>allergy relf tab d-24</i>	156	<i>amantadine hcl tab 100 mg</i>	60
<i>allergy relf tab deconges</i>	156	<i>ambi 60pse/ tab 400gfn</i>	156
<i>allergy tab 10mg</i>	153	AMBISOME INJ 50MG	12
<i>allergy tab 12mg cr</i>	153	<i>americerin cre</i>	177
<i>allergy tab 180mg</i>	153	<i>amikacin sulfate inj 1 gm/4ml (250</i>	
<i>allergy tab 25mg</i>	153	<i>mg/ml)</i>	8
<i>allergy tab 4mg</i>	153	<i>amikacin sulfate inj 500 mg/2ml (250</i>	
<i>allergy tab multi-sy</i>	156	<i>mg/ml)</i>	8
<i>allergy/cong tab 5-120mg</i>	156	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
<i>allergy-d tab 5-120mg</i>	156	<i>mg</i>	46
<i>allergy-time tab 4mg</i>	153	<i>amiloride hcl tab 5 mg</i>	46
<i>allerhist-1 tab 1.34mg</i>	153	<i>amino acid infusion 6%</i>	115
<i>allgy comp-d tab 5-120mg</i>	156	<i>aminophylline inj 25 mg/ml</i>	169
<i>all-nite liq cold/flu</i>	156	AMINOSYN 7% INJ /LYTES	115
<i>allopurinol tab 100 mg</i>	1	AMINOSYN II INJ 10%	115

AMINOSYN II INJ 8.5%.....	115	<i>amlodipine besylate-olmesartan</i>	
<i>aminosyn ii inj 8.5/lyte</i>	115	<i>medoxomil tab 10-40 mg</i>	36
AMINOSYN INJ 10%.....	115	<i>amlodipine besylate-olmesartan</i>	
AMINOSYN INJ 8.5%.....	115	<i>medoxomil tab 5-20 mg</i>	36
<i>aminosyn inj 8.5/lyte</i>	115	<i>amlodipine besylate-olmesartan</i>	
AMINOSYN M INJ 3.5%.....	115	<i>medoxomil tab 5-40 mg</i>	36
AMINOSYN-HBC INJ 7%	115	<i>amlodipine besylate-valsartan tab 10-</i>	
AMINOSYN-PF INJ 10%	115	<i>160 mg</i>	36
AMINOSYN-PF INJ 7%	115	<i>amlodipine besylate-valsartan tab 10-</i>	
AMINOSYN-RF INJ 5.2%	115	<i>320 mg</i>	36
<i>amiodarone hcl inj 150 mg/3ml (50</i>		<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>mg/ml)</i>	38	<i>mg</i>	36
<i>amiodarone hcl inj 450 mg/9ml (50</i>		<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>mg/ml)</i>	38	<i>mg</i>	36
<i>amiodarone hcl inj 900 mg/18ml (50</i>		<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>mg/ml)</i>	39	<i>tab 10-160-12.5 mg</i>	36
<i>amiodarone hcl tab 100 mg</i>	39	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amiodarone hcl tab 200 mg</i>	39	<i>tab 10-160-25 mg</i>	36
<i>amiodarone hcl tab 400 mg</i>	39	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
AMITIZA CAP 24MCG.....	100	<i>tab 10-320-25 mg</i>	37
AMITIZA CAP 8MCG	100	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amitriptyline hcl tab 10 mg</i>	56	<i>tab 5-160-12.5 mg</i>	36
<i>amitriptyline hcl tab 100 mg</i>	56	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amitriptyline hcl tab 150 mg</i>	57	<i>tab 5-160-25 mg</i>	36
<i>amitriptyline hcl tab 25 mg</i>	56	<i>amnestem cap 10mg</i>	169
<i>amitriptyline hcl tab 50 mg</i>	56	<i>amnestem cap 20mg</i>	169
<i>amitriptyline hcl tab 75 mg</i>	56	<i>amnestem cap 40mg</i>	169
AMLACTIN CRE ULTRA	177	<i>amoxapine tab 100 mg</i>	57
<i>amlodipine besylate tab 10 mg (base</i>		<i>amoxapine tab 150 mg</i>	57
<i>equivalent)</i>	43	<i>amoxapine tab 25 mg</i>	57
<i>amlodipine besylate tab 2.5 mg (base</i>		<i>amoxapine tab 50 mg</i>	57
<i>equivalent)</i>	43	<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>amlodipine besylate tab 5 mg (base</i>		<i>28.5 mg</i>	21
<i>equivalent)</i>	43	<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>57 mg</i>	21
<i>10-20 mg</i>	33	<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>28.5 mg/5ml</i>	21
<i>10-40 mg</i>	33	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>62.5 mg/5ml</i>	21
<i>2.5-10 mg</i>	33	<i>amoxicillin & k clavulanate for susp 400-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>57 mg/5ml</i>	21
<i>10 mg</i>	33	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>42.9 mg/5ml</i>	21
<i>20 mg</i>	33	<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>mg</i>	21
<i>40 mg</i>	33	<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	21
<i>medoxomil tab 10-20 mg</i>	36	<i>amoxicillin & k clavulanate tab 875-125</i>	

<i>mg</i>	21	<i>ampicillin & sulbactam sodium for inj 15</i>	15
<i>amoxicillin & k clavulanate tab er 12hr</i>		<i>(10-5) gm</i>	22
<i>1000-62.5 mg</i>	21	<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>amoxicillin (trihydrate) cap 250 mg</i>	21	<i>(2-1) gm</i>	22
<i>amoxicillin (trihydrate) cap 500 mg</i>	21	<i>ampicillin & sulbactam sodium for iv soln</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>		<i>15 (10-5) gm</i>	22
.....	21	<i>ampicillin cap 250 mg</i>	22
<i>amoxicillin (trihydrate) chew tab 250 mg</i>		<i>ampicillin cap 500 mg</i>	22
.....	21	<i>ampicillin for susp 125 mg/5ml</i>	22
<i>amoxicillin (trihydrate) for susp 125</i>		<i>ampicillin for susp 250 mg/5ml</i>	22
<i>mg/5ml</i>	21	<i>ampicillin sodium for inj 1 gm</i>	22
<i>amoxicillin (trihydrate) for susp 200</i>		<i>ampicillin sodium for inj 10 gm</i>	22
<i>mg/5ml</i>	21	<i>ampicillin sodium for inj 125 mg</i>	22
<i>amoxicillin (trihydrate) for susp 250</i>		<i>ampicillin sodium for inj 2 gm</i>	22
<i>mg/5ml</i>	21	<i>ampicillin sodium for inj 250 mg</i>	22
<i>amoxicillin (trihydrate) for susp 400</i>		<i>ampicillin sodium for inj 500 mg</i>	22
<i>mg/5ml</i>	21	<i>ampicillin sodium for iv soln 1 gm</i>	22
<i>amoxicillin (trihydrate) tab 500 mg</i>	21	<i>ampicillin sodium for iv soln 10 gm</i>	22
<i>amoxicillin (trihydrate) tab 875 mg</i>	21	<i>ampicillin sodium for iv soln 2 gm</i>	22
<i>amphetamine-dextroamphetamine cap er</i>		<i>AMPYRA TAB 10MG</i>	71
<i>24hr 10 mg</i>	68	<i>ANADROL-50 TAB 50MG</i>	74
<i>amphetamine-dextroamphetamine cap er</i>		<i>anagrelide hcl cap 0.5 mg</i>	108
<i>24hr 15 mg</i>	68	<i>anagrelide hcl cap 1 mg</i>	108
<i>amphetamine-dextroamphetamine cap er</i>		<i>anastrozole tab 1 mg</i>	27
<i>24hr 20 mg</i>	68	<i>ANDRODERM DIS 2MG/24HR</i>	74
<i>amphetamine-dextroamphetamine cap er</i>		<i>ANDRODERM DIS 4MG/24HR</i>	74
<i>24hr 25 mg</i>	68	<i>ANDROGEL GEL 1.62%</i>	74
<i>amphetamine-dextroamphetamine cap er</i>		<i>animal chews chw</i>	126
<i>24hr 30 mg</i>	68	<i>animal shape chw</i>	126
<i>amphetamine-dextroamphetamine cap er</i>		<i>animal shape chw /iron</i>	126
<i>24hr 5 mg</i>	67	<i>animal shape chw complete</i>	126
<i>amphetamine-dextroamphetamine tab</i>		<i>animal shape chw iron</i>	126
<i>10 mg</i>	68	<i>ANORO ELLIPT AER 62.5-25</i>	152
<i>amphetamine-dextroamphetamine tab</i>		<i>ant/anti-gas chw 1000-60</i>	90
<i>12.5 mg</i>	68	<i>antacid chw 500mg</i>	90
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid chw 750mg</i>	90
<i>15 mg</i>	68	<i>antacid fast sus acting</i>	90
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid fast sus relief</i>	90
<i>20 mg</i>	68	<i>antacid plus sus anti-gas</i>	90
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid plus sus gas rel</i>	90
<i>30 mg</i>	68	<i>antacid sus</i>	90
<i>amphetamine-dextroamphetamine tab 5</i>		<i>antacid sus anti-gas</i>	90
<i>mg</i>	68	<i>antacid sus max st</i>	91
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid sus reg st</i>	91
<i>7.5 mg</i>	68	<i>antacid/anti sus -gas ds</i>	91
<i>amphotericin b for inj 50 mg</i>	12	<i>anti-dandruf sha 1%</i>	177
<i>ampicillin & sulbactam sodium for inj 1.5</i>		<i>anti-diarrhe cap 2mg</i>	92
<i>(1-0.5) gm</i>	21	<i>anti-diarrhe tab 2mg</i>	92

<i>antifungal aer 1%</i>	171	<i>arginine tab 500mg</i>	123
<i>antifungal cre 1%</i>	171	ARGININE2000 PAK 2000MG	123
<i>antifungal cre 2%</i>	171	<i>aripiprazole oral solution 1 mg/ml</i>	62
<i>anti-fungal pow 1%</i>	171	<i>aripiprazole orally disintegrating tab 10</i>	
<i>anti-gas cap 180mg</i>	100	<i>mg</i>	62
<i>anti-itch cre 1%</i>	175	<i>aripiprazole orally disintegrating tab 15</i>	
<i>anti-itch cre 2-0.1%</i>	171	<i>mg</i>	62
<i>anti-itch spr 2%</i>	171	<i>aripiprazole tab 10 mg</i>	62
<i>antioxidant cap</i>	126	<i>aripiprazole tab 15 mg</i>	62
ANTIOXIDANT CAP.....	126	<i>aripiprazole tab 2 mg</i>	62
<i>antioxidant tab</i>	126	<i>aripiprazole tab 20 mg</i>	62
<i>anti-oxidant tab</i>	126	<i>aripiprazole tab 30 mg</i>	62
<i>antioxidant tab vitamins</i>	126	<i>aripiprazole tab 5 mg</i>	62
APATATE FORT LIQ	126	ARISTADA INJ 1064MG	63
APETIGEN TAB PLUS	126	ARISTADA INJ 441MG/1.....	62
<i>ap-hist dm liq 7.5-4-15</i>	156	ARISTADA INJ 662MG/2.....	62
APOKYN INJ 10MG/ML	60	ARISTADA INJ 882MG/3.....	63
<i>aprepitant capsule 125 mg</i>	93	ARISTADA INJ INITIO	63
<i>aprepitant capsule 40 mg</i>	93	<i>armodafinil tab 150 mg</i>	72
<i>aprepitant capsule 80 mg</i>	93	<i>armodafinil tab 200 mg</i>	72
<i>aprepitant capsule therapy pack 80 &</i>		<i>armodafinil tab 250 mg</i>	72
<i>125 mg</i>	93	<i>armodafinil tab 50 mg</i>	72
<i>apri tab</i>	79	ARNUITY ELPT INH 100MCG	168
APRISO CAP 0.375GM	96	ARNUITY ELPT INH 200MCG	168
<i>aprodine tab 2.5-60mg</i>	156	ARNUITY ELPT INH 50MCG	168
APTIOM TAB 200MG	49	<i>arthrts pain tab 650mg</i>	1
APTIOM TAB 400MG	49	<i>artifi tears oin op</i>	151
APTIOM TAB 600MG	49	<i>artifi tears sol 1.4% op</i>	151
APTIOM TAB 800MG	49	<i>artificial sol tears</i>	151
APTIVUS CAP 250MG.....	13	<i>ascorbic acid tab 100 mg</i>	126
APTIVUS SOL	13	<i>ascorbic acid tab 1000 mg</i>	126
AQUA GLYCOL CRE FACE	177	<i>ascorbic acid tab 250 mg</i>	126
AQUADEKS CHW.....	126	<i>ascorbic acid tab 500 mg</i>	126
<i>aquadeks dro</i>	126	<i>asco-tabs tab 1000mg</i>	126
AQUADERM CRE	177	<i>aspir-81 tab 81mg ec</i>	1
AQUANAZ TAB.....	156	<i>aspirin chew tab 81 mg</i>	1
AQUAPHILIC OIN	177	<i>aspirin chw 81mg</i>	1
AQUAPHOR OIN.....	177	<i>aspirin low chw 81mg</i>	1
AQUAPHOR OIN ADVANCED	177	<i>aspirin low tab 81mg ec</i>	1
<i>aqueous e dro 15/0.3ml</i>	126	<i>aspirin sup 300mg</i>	1
ARALAST NP INJ 1000MG.....	166	<i>aspirin sup 600mg</i>	1
ARALAST NP INJ 500MG	166	<i>aspirin tab 325 mg</i>	1
<i>aranelle tab</i>	79	<i>aspirin tab 325mg</i>	1
ARCALYST INJ 220MG	111	<i>aspirin tab 325mg ec</i>	1
<i>arginine cap 500 mg</i>	123	<i>aspirin tab 81mg ec</i>	1
ARGININE PAK 500MG.....	123	<i>aspirin tab delayed release 325 mg</i>	1
<i>arginine tab 1000 mg</i>	123	<i>aspirin tab delayed release 81 mg</i>	1
<i>arginine tab 500 mg</i>	123	<i>aspirin-dipyridamole cap er 12hr 25-200</i>	

<i>mg</i>	109	<i>aubra tab 0.1-0.02</i>	79
<i>aspir-low tab 81mg ec</i>	1	AURYXIA TAB 210MG.....	88
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	13	AUSTEDO TAB 12MG	71
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	13	AUSTEDO TAB 6MG	71
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	13	AUSTEDO TAB 9MG	71
<i>atenolol & chlorthalidone tab 100-25 mg</i>	41	AVASTIN INJ	26
<i>atenolol & chlorthalidone tab 50-25 mg</i>	41	AVASTIN INJ 400/16ML.....	26
<i>atenolol tab 100 mg</i>	42	<i>aviane tab</i>	79
<i>atenolol tab 25 mg</i>	42	<i>avita cre 0.025%</i>	169
<i>atenolol tab 50 mg</i>	42	<i>avita gel 0.025%</i>	169
<i>ath foot spr aer 1%</i>	171	AYR ALLERGY SPR & SINUS	166
<i>athlete foot cre 1%</i>	171	AYR NASAL DRO 0.65%	166
<i>athlete foot cre af</i>	171	<i>ayr saline gel nasal</i>	166
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	68	<i>ayr spr 0.65%</i>	166
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	68	<i>azacitidine for inj 100 mg</i>	24
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	68	AZACTAM INJ 1GM	9
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	68	AZACTAM INJ 2GM	9
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	68	AZACTAM/DEX INJ 1GM	9
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	68	AZACTAM/DEX INJ 2GM	9
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	68	AZASITE SOL 1%.....	148
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	40	AZATHIOPRINE INJ 100MG.....	111
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	40	<i>azathioprine tab 50 mg</i>	111
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	40	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	153
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	40	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	153
<i>atovaquone susp 750 mg/5ml</i>	9	<i>azelastine hcl ophth soln 0.05%</i>	150
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13	<i>azithromycin for susp 100 mg/5ml</i>	19
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13	<i>azithromycin for susp 200 mg/5ml</i>	19
ATRIPLA TAB.....	15	<i>azithromycin iv for soln 500 mg</i>	20
ATROVENT HFA AER 17MCG.....	152	<i>azithromycin powd pack for susp 1 gm</i> 20	
ATUSS DA LIQ.....	156	<i>azithromycin tab 250 mg</i>	20
		<i>azithromycin tab 500 mg</i>	20
		<i>azithromycin tab 600 mg</i>	20
		AZOPT SUS 1% OP.....	150
		<i>aztreonam for inj 1 gm</i>	9
		<i>aztreonam for inj 2 gm</i>	9
		B	
		<i>b comp/iron/ tab vit c/e</i>	126
		<i>b complex tab plus c</i>	126
		<i>b complex tab vit c</i>	126
		<i>baby ayr spr 0.65%</i>	166
		BABY VIT D DRO 400/.028	127
		<i>bacitr zinc oin 500/gm</i>	170
		<i>bacitracin oin 500/gm</i>	170
		<i>bacitracin oint 500 unit/gm</i>	170
		<i>bacitracin ophth oint 500 unit/gm</i>	148
		<i>bacitracin zinc oint 500 unit/gm</i>	170

<i>bacitracin-polymyxin b ophth oint</i>	148	<i>benazepril hcl tab 5 mg</i>	35
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	148	BENDEKA INJ 100/4ML	23
<i>baclofen tab 10 mg</i>	72	BENLYSTA INJ 120MG	111
<i>baclofen tab 20 mg</i>	72	BENLYSTA INJ 200MG/ML	111
<i>balanced b tab complex</i>	127	BENLYSTA INJ 400MG	111
<i>balsalazide disodium cap 750 mg</i>	96	BENZEDREX INH	156
<i>balziva tab</i>	79	<i>benzoin compound tincture</i>	171
<i>banophen cap 25mg</i>	153	BENZOIN TIN	171
<i>banophen cap 50mg</i>	153	BENZOIN TIN PLAIN	171
<i>banophen cre 2-0.1%</i>	171	<i>benzonatate cap 100 mg</i>	156
<i>banophen liq 12.5/5ml</i>	153	<i>benzonatate cap 150 mg</i>	156
<i>banophen tab 25mg</i>	153	<i>benzonatate cap 200 mg</i>	156
BANZEL SUS 40MG/ML	50	BENZOYL PER GEL 2.5%	169
BANZEL TAB 200MG	50	<i>benzoyl per liq 10% wash</i>	169
BANZEL TAB 400MG	50	<i>benzoyl per liq 5% wash</i>	169
BARACLUDE SOL .05MG/ML	17	<i>benzoyl per lot 6%</i>	169
BASAGLAR INJ 100UNIT	75	<i>benzoyl peroxide foam 5.3%</i>	169
BASLE CRE	177	<i>benzoyl peroxide gel 10%</i>	169
<i>baza antifun cre 2%</i>	171	<i>benzoyl peroxide gel 5%</i>	169
<i>baza protect cre</i>	177	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	169
BCG VACCINE INJ	112	<i>benztropine mesylate inj 1 mg/ml</i>	60
<i>b-complex tab /vit c</i>	126	<i>benztropine mesylate tab 0.5 mg</i>	60
<i>b-complex tab balanced</i>	126	<i>benztropine mesylate tab 1 mg</i>	60
<i>b-complex w/ c & calcium tab</i>	126	<i>benztropine mesylate tab 2 mg</i>	61
<i>b-complex w/ c & folic acid tab</i>	126	BENZYL PEROX LOT CLNSR 3%	169
<i>b-complex w/ c cap</i>	127	<i>benzyl perox lot clnsr 6%</i>	169
<i>b-complex w/ c tab</i>	127	BENZYL PEROX LOT CLNSR9%	169
<i>b-complex w/ c tab er</i>	127	BEPREVE DRO 1.5%	150
BD GLUCOSE CHW 5GM	85	<i>berocca tab</i>	127
BD ULTRAFINE INSULIN SYRINGE	75	BESIVANCE SUS 0.6%	148
BD ULTRAFINE/NANO PEN NEEDLES	75	BETA CARE CRE	177
<i>bdy/hair/skn cap nails</i>	127	BETA XMA CRE	177
<i>bec/zinc tab</i>	127	BETADINE SPR 5%	171
<i>bee zee tab</i>	127	<i>betamethasone dipropionate augmented cream 0.05%</i>	175
<i>bekyree tab</i>	79	<i>betamethasone dipropionate augmented gel 0.05%</i>	175
BELEODAQ INJ 500MG	26	<i>betamethasone dipropionate augmented lotion 0.05%</i>	175
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	34	<i>betamethasone dipropionate augmented oint 0.05%</i>	175
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	34	<i>betamethasone dipropionate cream 0.05%</i>	175
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	34	<i>betamethasone dipropionate lotion 0.05%</i>	175
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	34	<i>betamethasone dipropionate oint 0.05%</i>	175
<i>benazepril hcl tab 10 mg</i>	35		
<i>benazepril hcl tab 20 mg</i>	35		
<i>benazepril hcl tab 40 mg</i>	35		

<i>betamethasone valerate cream 0.1% (base equivalent)</i>	175	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	42
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	175	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	41
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	175	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	41
BETASERON INJ 0.3MG.....	71	<i>bisoprolol fumarate tab 10 mg</i>	42
<i>betaxolol hcl ophth soln 0.5%</i>	150	<i>bisoprolol fumarate tab 5 mg</i>	42
<i>bethanechol chloride tab 10 mg</i>	103	BIVIGAM INJ 10%	110
<i>bethanechol chloride tab 25 mg</i>	103	<i>bleomycin sulfate for inj 15 unit</i>	24
<i>bethanechol chloride tab 5 mg</i>	103	<i>bleomycin sulfate for inj 30 unit</i>	24
<i>bethanechol chloride tab 50 mg</i>	103	BLEPHAMIDE OIN S.O.P.	148
BETOPTIC-S SUS 0.25% OP	150	<i>blisovi fe tab 1.5/30</i>	79
<i>better b tab complex</i>	127	<i>blisovi fe tab 1/20</i>	79
BEVESPI AER 9-4.8MCG.....	152	BOOSTRIX INJ	112
<i>bexarotene cap 75 mg</i>	31	BORTEZOMIB INJ 3.5MG	26
BEXSERO INJ	112	BOSULIF TAB 100MG	29
<i>bicalutamide tab 50 mg</i>	27	BOSULIF TAB 400MG	29
BICILLIN L-A INJ 1200000	22	BOSULIF TAB 500MG	29
BICILLIN L-A INJ 2400000	22	BRAFTOVI CAP 50MG	29
BICILLIN L-A INJ 600000	22	BRAFTOVI CAP 75MG	29
BIKTARVY TAB.....	15	BREO ELLIPTA INH 100-25	168
BILTRICIDE TAB 600MG	9	BREO ELLIPTA INH 200-25	169
BIO-35 GLUTE CAP FREE	127	<i>briellyn tab</i>	79
BIOCAL CAP	127	BRILINTA TAB 60MG	109
<i>bio-d-mulsio liq 2000unit</i>	127	BRILINTA TAB 90MG	109
<i>bio-d-mulsio liq 400unit</i>	127	<i>brimonidine tartrate ophth soln 0.15%</i>	150
<i>bion tears sol op</i>	151	<i>brimonidine tartrate ophth soln 0.2%</i> 150	
BIOSUPP LIQ.....	127	BRIVIACT INJ 50MG/5ML	50
BIOTECT PLUS CAP	127	BRIVIACT SOL 10MG/ML	50
BIOTECT PLUS LIQ.....	127	BRIVIACT TAB 100MG.....	50
<i>biotin 5000 cap</i>	127	BRIVIACT TAB 10MG	50
BIOTIN CAP 1MG	127	BRIVIACT TAB 25MG	50
<i>biotin cap 2.5 mg</i>	127	BRIVIACT TAB 50MG	50
<i>biotin cap 5 mg</i>	127	BRIVIACT TAB 75MG	50
<i>biotin cap 5000mcg</i>	127	<i>bromfed dm syp</i>	156
<i>biotin plus/ tab cal/vitd</i>	127	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	149
BIOTIN POW	127	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	61
BIOVOL SYP	127	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	61
<i>bisac-evac sup 10mg</i>	96	BROMSITE DRO 0.075%	149
<i>bisacodyl suppos 10 mg</i>	96	BROTAPP DM LIQ 15-1-5/5.....	156
<i>bisacodyl tab 5mg ec</i>	96	<i>brotapp liq</i>	156
<i>biscolax sup 10mg</i>	96	<i>budesonide delayed release particles cap</i>	
<i>bismatrol chw 262mg</i>	92		
<i>bismatrol sus 262/15ml</i>	92		
<i>bismatrol sus 525/15ml</i>	92		
<i>bismuth ms sus 525/15ml</i>	92		
<i>bismuth subsalicylate chew tab 262 mg</i>			

3 mg	96
budesonide inhalation susp 0.25 mg/2ml	
.....	168
budesonide inhalation susp 0.5 mg/2ml	
.....	168
budesonide nasal susp 32 mcg/act....	168
buffered tab salt	113
BULL FROG SPR MOSQUITO	171
bumetanide inj 0.25 mg/ml	46
bumetanide tab 0.5 mg	46
bumetanide tab 1 mg	46
bumetanide tab 2 mg	46
buprenorphine hcl sl tab 2 mg (base	
equiv)	72
buprenorphine hcl sl tab 8 mg (base	
equiv)	73
buprenorphine hcl-naloxone hcl sl tab 2-	
0.5 mg (base equiv)	73
buprenorphine hcl-naloxone hcl sl tab 8-	
2 mg (base equiv)	73
bupropion hcl (smoking deterrent) tab er	
12hr 150 mg	73
bupropion hcl tab 100 mg	57
bupropion hcl tab 75 mg	57
bupropion hcl tab er 12hr 100 mg	57
bupropion hcl tab er 12hr 150 mg	57
bupropion hcl tab er 12hr 200 mg	57
bupropion hcl tab er 24hr 150 mg	57
bupropion hcl tab er 24hr 300 mg	57
buspirone hcl tab 10 mg	49
buspirone hcl tab 15 mg	49
buspirone hcl tab 30 mg	49
buspirone hcl tab 5 mg	49
buspirone hcl tab 7.5 mg	49
busulfan inj 6 mg/ml	23
butorphanol tartrate inj 1 mg/ml	5
butorphanol tartrate inj 2 mg/ml	5
BUTRANS DIS 10MCG/HR	5
BUTRANS DIS 15MCG/HR	5
BUTRANS DIS 20MCG/HR	5
BUTRANS DIS 5MCG/HR	5
BUTRANS DIS 7.5/HR	5
BYDUREON INJ 2MG	75
BYDUREON INJ BCISE	75
BYDUREON PEN INJ 2MG	75
BYETTA INJ 10MCG	75
BYETTA INJ 5MCG	75
BYSTOLIC TAB 10MG	42

BYSTOLIC TAB 2.5MG	42
BYSTOLIC TAB 20MG	42
BYSTOLIC TAB 5MG	42
C	
c 1000 tab 1000mg	127
c 250 tab	127
c/rose hips tab 1000mg	127
c-1000 tab 1000mg	127
c-1000/rh tab 1000mg	127
c-250 tab 250mg	127
c-500 tab 500mg	127
ca cit/vit d tab 315/200	117
ca cit/vit d tab 315/250	117
ca citrate tab + d	117
CA CITRATE TAB 250MG	117
ca citrate tab plus d	117
CA HI-CAL/D TAB 500MG	117
CA LACTATE TAB 100MG	117
ca/d/mineral tab 600-200	117
cabergoline tab 0.5 mg	87
CABOMETYX TAB 20MG	29
CABOMETYX TAB 40MG	29
CABOMETYX TAB 60MG	29
cal antacid chw 1000mg	91
cal antacid chw 750mg	91
calc 600+d tab 600-800	117
calc 600+d+ tab minerals	117
calc 600+d3 tab minerals	117
calc antacid chw 1000mg	91
calc antacid chw 500mg	91
calc antacid chw 750mg	91
calc cit+d3 tab 250-200	118
calc citr/d tab 315-250	118
calc citr/d3 tab 200-250	118
calc citr+d tab 315-250	118
calc citr+d3 tab 200-250	118
calc citrate tab + d	118
CALC/VIT D3 CHW DISNEY	118
CALCI-CHEW CHW 1250MG	118
calcidol dro 8000/ml	127
calciferol dro 8000/ml	127
CALCIONATE SYP 1.8GM/5	118
calcipotriene cream 0.005%	174
calcipotriene soln 0.005% (50 mcg/ml)	
.....	174
calcitonin (salmon) nasal soln 200	
unit/act	87
CAL-CITRATE CAP 150MG	127

<i>calcitrate tab</i>	118	<i>mg-125 unit</i>	119
<i>calcitrate tab 950mg</i>	118	<i>calcium carbonate-cholecalciferol tab 500</i>	
<i>CAL-CITRATE TAB PLUS D</i>	117	<i>mg-200 unit</i>	119
<i>calcitriol cap 0.25 mcg</i>	127	<i>calcium carbonate-cholecalciferol tab 500</i>	
<i>calcitriol cap 0.5 mcg</i>	127	<i>mg-400 unit</i>	119
<i>calcitriol inj 1 mcg/ml</i>	127	<i>calcium carbonate-cholecalciferol tab 600</i>	
<i>calcitriol oral soln 1 mcg/ml</i>	127	<i>mg-200 unit</i>	119
<i>calcium + d tab</i>	118	<i>calcium carbonate-cholecalciferol tab 600</i>	
<i>calcium + d tab 600-200</i>	118	<i>mg-400 unit</i>	119
<i>calcium +d tab maximum</i>	118	<i>calcium carbonate-vitamin d cap 600</i>	
<i>calcium +d3 tab maximum</i>	118	<i>mg-200 unit</i>	119
<i>CALCIUM 1000 TAB + D</i>	118	<i>calcium carbonate-vitamin d tab 250 mg-</i>	
<i>calcium 1200 chw</i>	118	<i>125 unit</i>	119
<i>calcium 500 tab /vit d</i>	118	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 500 tab +d</i>	118	<i>125 unit</i>	119
<i>calcium 600 chw +d/miner</i>	118	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 600 chw +d/mnrsls</i>	118	<i>200 unit</i>	119
<i>calcium 600 chw w/vit d</i>	118	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 600 tab</i>	118	<i>400 unit</i>	119
<i>calcium 600 tab + d</i>	118	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab +d</i>	118	<i>125 unit</i>	119
<i>calcium 600 tab +d/mnrsls</i>	118	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab +d3</i>	118	<i>200 unit</i>	119
<i>calcium 600 tab -d</i>	118	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab vit d/mi</i>	118	<i>400 unit</i>	119
<i>calcium 600/ tab vit d</i>	118	<i>calcium carb-vit d w/ minerals chew tab</i>	
<i>calcium acetate (phosphate binder) cap</i>		<i>600 mg-400 unit</i>	118
<i>667 mg (169 mg ca)</i>	88	<i>CALCIUM CHW GUMMIES</i>	119
<i>calcium acetate (phosphate binder) tab</i>		<i>CALCIUM CIT TAB 1040MG</i>	119
<i>667 mg</i>	88	<i>calcium cit/ tab vit d</i>	119
<i>CALCIUM CARB CHW 260MG</i>	118	<i>CALCIUM CIT/ TAB VIT D</i>	119
<i>CALCIUM CARB POW 800/2GM</i>	118	<i>calcium citr tab +d</i>	119
<i>calcium carb tab 1250mg</i>	118	<i>calcium citr tab plus d-3</i>	119
<i>calcium carb tab 648mg</i>	91	<i>calcium citr tab w/vit d3</i>	119
<i>calcium carbonate (antacid) chew tab</i>		<i>calcium citrate tab 950 mg (200 mg</i>	
<i>500 mg</i>	91	<i>elemental ca)</i>	119
<i>calcium carbonate (antacid) susp 1250</i>		<i>calcium citrate-vitamin d tab 200 mg-</i>	
<i>mg/5ml</i>	118	<i>250 unit (elemental ca)</i>	119
<i>calcium carbonate (antacid) tab 648 mg</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
.....	91	<i>200 unit (elemental ca)</i>	119
<i>calcium carbonate tab 1250 mg (500 mg</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
<i>elemental ca)</i>	118	<i>250 unit (elemental ca)</i>	119
<i>calcium carbonate tab 1500 mg (600 mg</i>		<i>CALCIUM GRA CITRATE</i>	120
<i>elemental ca)</i>	118	<i>CALCIUM LACT TAB 648MG</i>	120
<i>calcium carbonate tab 600 mg</i>	118	<i>CALCIUM LACT TAB 750MG</i>	120
<i>calcium carbonate-cholecalciferol chew</i>		<i>calcium plus cap d3</i>	120
<i>tab 500 mg-100 unit</i>	119	<i>CALCIUM PLUS CAP VIT D</i>	120
<i>calcium carbonate-cholecalciferol tab 250</i>		<i>calcium plus tab 600 +d</i>	120

<i>calcium polycarbophil tab 625 mg</i>	96	CAPCOF SYP 5-2-10MG	156
<i>calcium tab 500/d</i>	120	CAPMIST DM TAB	156
<i>calcium tab 500+d</i>	120	CAPRELSA TAB 100MG	29
<i>calcium tab 600mg</i>	120	CAPRELSA TAB 300MG	30
CALCIUM TAB 600MG	120	CAPRON DM LIQ	156
<i>calcium tab vit d</i>	120	<i>capsaicin cream 0.025%</i>	171
<i>calcium/d chw 500-400</i>	120	CAPSAICIN LIQ 0.15%	171
<i>calcium/d tab 500-200</i>	120	<i>captopril & hydrochlorothiazide tab 25-15</i>	
<i>calcium/d tab 500-400</i>	120	<i>mg</i>	34
<i>calcium/d tab 500mg</i>	120	<i>captopril & hydrochlorothiazide tab 25-25</i>	
<i>calcium/d tab 600-200</i>	120	<i>mg</i>	34
<i>calcium/d tab 600-400</i>	120	<i>captopril & hydrochlorothiazide tab 50-15</i>	
<i>calcium/d tab 600-800</i>	120	<i>mg</i>	34
<i>calcium/d3 cap 600-500</i>	120	<i>captopril & hydrochlorothiazide tab 50-25</i>	
<i>calcium/d3 tab</i>	120	<i>mg</i>	34
<i>calcium/d3 tab 500-400</i>	120	<i>captopril tab 100 mg</i>	35
<i>calcium/d3 tab 500-600</i>	120	<i>captopril tab 12.5 mg</i>	35
<i>calcium/d3 tab 600-800</i>	120	<i>captopril tab 25 mg</i>	35
<i>calcium/vita tab d3</i>	120	<i>captopril tab 50 mg</i>	35
CALCIUM/VITD CAP 600-400	120	CARBAGLU TAB 200MG	83
<i>calcium+d tab 600-400</i>	120	<i>carbamazepine cap er 12hr 100 mg</i>	50
<i>calcium+d tab 600-800</i>	120	<i>carbamazepine cap er 12hr 200 mg</i>	50
<i>calcium+d3 tab 315-250</i>	120	<i>carbamazepine cap er 12hr 300 mg</i>	50
<i>calcium+d3 tab 600-400</i>	120	<i>carbamazepine chew tab 100 mg</i>	50
<i>calcium+d3 tab 600-800</i>	120	<i>carbamazepine susp 100 mg/5ml</i>	50
<i>cal-gest chw 500mg</i>	91	<i>carbamazepine tab 200 mg</i>	50
CAL-LAC CAP 500MG	117	<i>carbamazepine tab er 12hr 100 mg</i>	50
CAL-MINT CHW 260MG	117	<i>carbamazepine tab er 12hr 200 mg</i>	50
CALQUENCE CAP 100MG	29	<i>carbamazepine tab er 12hr 400 mg</i>	50
CAL-QUICK LIQ 500-400	117	<i>carbidopa & levodopa orally</i>	
CALTRATE + D TAB 300-800	120	<i>disintegrating tab 10-100 mg</i>	61
CALTRATE 600 CHW 600-800	120	<i>carbidopa & levodopa orally</i>	
<i>caltrate 600 tab</i>	120	<i>disintegrating tab 25-100 mg</i>	61
<i>camila tab 0.35mg</i>	79	<i>carbidopa & levodopa orally</i>	
CANASA SUP 1000MG	96	<i>disintegrating tab 25-250 mg</i>	61
CANCIDAS INJ 50MG	12	<i>carbidopa & levodopa tab 10-100 mg</i> .	61
CANCIDAS INJ 70MG	12	<i>carbidopa & levodopa tab 25-100 mg</i> .	61
<i>candesartan cilexetil tab 16 mg</i>	38	<i>carbidopa & levodopa tab 25-250 mg</i> .	61
<i>candesartan cilexetil tab 32 mg</i>	38	<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>candesartan cilexetil tab 4 mg</i>	38	.....	61
<i>candesartan cilexetil tab 8 mg</i>	38	<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		.....	61
<i>tab 16-12.5 mg</i>	37	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>12.5-50-200 mg</i>	61
<i>tab 32-12.5 mg</i>	37	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>18.75-75-200 mg</i>	61
<i>tab 32-25 mg</i>	37	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
CAPASTAT SUL INJ 1GM	16	<i>100-200 mg</i>	61

<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg.....	61	<i>cefdinir for susp 250 mg/5ml</i>	18
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	61	<i>cefepime hcl for inj 1 gm</i>	18
<i>carbidopa-levodopa-entacapone tabs</i> 50- 200-200 mg	61	<i>cefepime hcl for inj 2 gm</i>	18
<i>carboplatin iv soln 150 mg/15ml</i>	32	<i>cefixime for susp 100 mg/5ml</i>	18
<i>carboplatin iv soln 450 mg/45ml</i>	32	<i>cefixime for susp 200 mg/5ml</i>	18
<i>carboplatin iv soln 50 mg/5ml</i>	32	<i>cefotaxime sodium for inj 1 gm</i>	18
<i>carboplatin iv soln 600 mg/60ml</i>	32	<i>cefotaxime sodium for inj 2 gm</i>	18
CARIMUNE NF INJ 12GM.....	110	<i>cefotaxime sodium for inj 500 mg</i>	18
CARIMUNE NF INJ 6GM.....	110	<i>cefoxitin sodium for inj 10 gm</i>	18
<i>carisoprodol tab 350 mg</i>	72	<i>cefoxitin sodium for iv soln 1 gm</i>	18
<i>carravite tab</i>	127	<i>cefoxitin sodium for iv soln 2 gm</i>	18
CARRINGTON CRE /ZINC	177	<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i>	19
CARRINGTON CRE MOISTURE	177	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	18
<i>carteolol hcl ophth soln 1%</i>	150	<i>cefpodoxime proxetil tab 100 mg</i>	19
<i>carvedilol tab 12.5 mg</i>	42	<i>cefpodoxime proxetil tab 200 mg</i>	19
<i>carvedilol tab 25 mg</i>	42	<i>cefprozil for susp 125 mg/5ml</i>	19
<i>carvedilol tab 3.125 mg</i>	42	<i>cefprozil for susp 250 mg/5ml</i>	19
<i>carvedilol tab 6.25 mg</i>	42	<i>cefprozil tab 250 mg</i>	19
<i>caspofungin inj 50mg</i>	12	<i>cefprozil tab 500 mg</i>	19
CASPOFUNGIN INJ 50MG	12	<i>ceftazidime for inj 1 gm</i>	19
<i>caspofungin inj 70mg</i>	12	<i>ceftazidime for inj 2 gm</i>	19
CASPOFUNGIN INJ 70MG	12	<i>ceftazidime for inj 6 gm</i>	19
<i>castellani paint</i>	171	CEFTAZIDIME/ SOL D5W 1GM	19
<i>castor laxat oil 100%</i>	96	CEFTAZIDIME/ SOL D5W 2GM	19
CAYSTON INH 75MG	9	<i>ceftriaxone sodium for inj 1 gm</i>	19
C-BUFF POW	127	<i>ceftriaxone sodium for inj 10 gm</i>	19
<i>cefaclor cap 250 mg</i>	18	<i>ceftriaxone sodium for inj 2 gm</i>	19
<i>cefaclor cap 500 mg</i>	18	<i>ceftriaxone sodium for inj 250 mg</i>	19
CEFACLOR ER TAB 500MG	18	<i>ceftriaxone sodium for inj 500 mg</i>	19
<i>cefaclor for susp 125 mg/5ml</i>	18	<i>ceftriaxone sodium for iv soln 1 gm</i>	19
<i>cefaclor for susp 250 mg/5ml</i>	18	<i>ceftriaxone sodium for iv soln 2 gm</i>	19
<i>cefaclor for susp 375 mg/5ml</i>	18	<i>cefuroxime axetil tab 250 mg</i>	19
<i>cefadroxil cap 500 mg</i>	18	<i>cefuroxime axetil tab 500 mg</i>	19
<i>cefadroxil for susp 250 mg/5ml</i>	18	<i>cefuroxime sodium for inj 7.5 gm</i>	19
<i>cefadroxil for susp 500 mg/5ml</i>	18	<i>cefuroxime sodium for inj 750 mg</i>	19
<i>cefadroxil tab 1 gm</i>	18	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	19
CEFAZOLIN INJ 1GM/50ML.....	18	<i>celecoxib cap 100 mg</i>	3
<i>cefazolin sodium for inj 1 gm</i>	18	<i>celecoxib cap 200 mg</i>	3
<i>cefazolin sodium for inj 10 gm</i>	18	<i>celecoxib cap 400 mg</i>	3
<i>cefazolin sodium for inj 20 gm</i>	18	<i>celecoxib cap 50 mg</i>	3
<i>cefazolin sodium for inj 500 mg</i>	18	CELONTIN CAP 300MG.....	50
<i>cefazolin sodium for iv soln 1 gm</i>	18	<i>centamin liq</i>	127
CEFAZOLIN SOL	18	<i>centavite az tab minerals</i>	128
<i>cefdinir cap 300 mg</i>	18	<i>centavite liq</i>	128
<i>cefdinir for susp 125 mg/5ml</i>	18	CENTRAL-VITE TAB UNDER 50	128
		<i>central-vite tab wmn's mat</i>	128

<i>centravites tab</i>	128	CHANTIX PAK 0.5& 1MG	73
<i>centravites tab 50 plus</i>	128	CHANTIX PAK 1MG	73
CENTRUM CHW.....	128	CHANTIX TAB 0.5MG	73
CENTRUM CHW FLAV BST	128	CHANTIX TAB 1MG	73
CENTRUM CHW MULTI	128	CHEMET CAP 100MG.....	78
CENTRUM CHW SILVER	128	<i>cheratussin syp 100-10/5</i>	157
<i>centrum kids chw complete</i>	128	<i>chest conges tab 20-400mg</i>	157
CENTRUM KIDS CHW FLAV BST	128	<i>chest conges tab 400mg</i>	157
CENTRUM SPEC TAB HEART	128	<i>chest conges tab relf dm</i>	157
CENTRUM SPEC TAB VISION	128	<i>chest congst tab rlf pe</i>	157
CENTRUM TAB CARDIO.....	128	CHEW-12 CHW	128
CENTRUM TAB SILVER.....	128	<i>chewabl vite chw childrns</i>	128
CENTRUM TAB ULTRA.....	128	CHEWABLE CHW CALCIUM	120
<i>century tab</i>	128	<i>child asa chw 81mg</i>	2
<i>century tab mature</i>	128	<i>child asa ls chw 81mg</i>	2
<i>cephalexin cap 250 mg</i>	19	<i>child chew chw iron</i>	128
<i>cephalexin cap 500 mg</i>	19	<i>child chew chw vitamins</i>	128
<i>cephalexin for susp 125 mg/5ml</i>	19	<i>child chew/ chw extra c</i>	128
<i>cephalexin for susp 250 mg/5ml</i>	19	<i>child multi chw vit/iron</i>	128
CERALYTE 70 LIQ.....	113	<i>child multi chw vitamin</i>	128
CERASPORT SOL EX1	113	<i>child multiv chw iron</i>	128
CERAVE CRE	177	<i>child silfed liq 15mg/5ml</i>	157
CERDELGA CAP 84MG.....	83	<i>child vitam chw</i>	128
CEREZYME INJ 400UNIT	83	<i>children vit chw</i>	128
<i>cerovite jr chw</i>	128	<i>childrens chw /iron</i>	128
CEROVITE LIQ ADVANCED	128	CHILDRENS CHW COMPLETE	128
<i>cerovite tab advanced</i>	128	<i>childrens chw gummies</i>	128
<i>cerovite tab senior</i>	128	<i>childrens chw vitamins</i>	129
<i>certa plus tab</i>	128	<i>chld allergy liq 12.5/5ml</i>	153
<i>certagen tab</i>	128	<i>chld ibuprfrn dro 40mg/ml</i>	3
<i>certa-vite liq</i>	128	<i>chld mltivit chw /mineral</i>	129
<i>certavite liq antioxid</i>	128	<i>chld pain rl tab 80mg</i>	2
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<i>cvs calcium tab 600mg</i>	120
<i>cvs children chw complete</i>	130
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<i>d-3 gummy chw 400unit</i>	130
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<i>dapsone tab 100 mg</i>	10	<i>desmopressin acetate inj 4 mcg/ml</i>	90
<i>dapsone tab 25 mg</i>	10	<i>desmopressin acetate nasal spray soln</i>	
DAPTACEL INJ	112	<i>0.01%</i>	90
<i>daptomycin for iv soln 500 mg</i>	10	<i>desmopressin acetate nasal spray soln</i>	
<i>dasetta tab 1/35</i>	79	<i>0.01% (refrigerated)</i>	90
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<i>day time cap 10-5-325</i>	158	<i>desogest-eth estrad & eth estrad tab</i>	
<i>day time liq cold/flu</i>	158	<i>0.15-0.02/0.01 mg(21/5)</i>	79
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<i>DEX4 CHW ORANGE</i>	86	<i>dextrose 5% w/ sodium chloride 0.225%</i>	116
<i>DEX4 CHW RASPBERRY</i>	86	<i>dextrose 5% w/ sodium chloride 0.33%</i>	116
<i>DEX4 CHW SOUR APL</i>	86	<i>dextrose 5% w/ sodium chloride 0.45%</i>	116
<i>DEX4 CHW WATERMLN</i>	86	<i>dextrose 5% w/ sodium chloride 0.9%</i>	116
<i>DEX4 GLUCOSE CHW QK DISLV</i>	86	<i>dextrose inj 10%</i>	116
<i>DEX4 POUCH CHW PACK</i>	86	<i>dextrose inj 5%</i>	116
<i>DEXAMETHASON CON 1MG/ML</i>	84	<i>dextrose inj 50%</i>	116
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<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	149	<i>dialyvite d cap 5000unit</i>	131
<i>dexamethasone soln 0.5 mg/5ml</i>	84	<i>dialyvite tab 800</i>	131
<i>dexamethasone tab 0.5 mg</i>	84	<i>dialyvite tab 800/d</i>	131
<i>dexamethasone tab 0.75 mg</i>	84	<i>DIASTAT ACDL GEL 12.5-20</i>	51
<i>dexamethasone tab 1 mg</i>	84	<i>DIASTAT ACDL GEL 5-10MG</i>	50
<i>dexamethasone tab 1.5 mg</i>	84	<i>DIASTAT PED GEL 2.5M GEL</i>	51
<i>dexamethasone tab 2 mg</i>	84	<i>diazepam con 5mg/ml</i>	51
<i>dexamethasone tab 4 mg</i>	84	<i>diazepam inj 5 mg/ml</i>	51
<i>dexamethasone tab 6 mg</i>	84	<i>diazepam oral soln 1 mg/ml</i>	51
<i>DEXILANT CAP 30MG DR</i>	102	<i>diazepam rectal gel delivery system 10 mg</i>	51
<i>DEXILANT CAP 60MG DR</i>	102	<i>diazepam rectal gel delivery system 2.5 mg</i>	51
<i>dexrazoxane for inj 250 mg</i>	32	<i>diazepam rectal gel delivery system 20 mg</i>	51
<i>dexrazoxane for inj 500 mg</i>	32	<i>diazepam tab 10 mg</i>	51
<i>DEXTROMETHOR CRY MONOHYDR</i>	158	<i>diazepam tab 2 mg</i>	51
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	158	<i>diazepam tab 5 mg</i>	51
<i>dextromethorphan-guaifenesin liquid 10-</i>			

<i>diclofenac potassium tab 50 mg</i>	3	<i>240 mg</i>	44
<i>diclofenac sodium gel 1%</i>	178	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac sodium ophth soln 0.1%</i> ...	149	<i>300 mg</i>	44
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>mg</i>	3	<i>360 mg</i>	44
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	3	<i>er 24hr 120 mg</i>	44
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	3	<i>er 24hr 180 mg</i>	44
<i>diclofenac sodium tab er 24hr 100 mg..</i>	3	<i>diltiazem hcl extended release beads cap</i>	
<i>dicloxacillin sodium cap 250 mg</i>	22	<i>er 24hr 240 mg</i>	44
<i>dicloxacillin sodium cap 500 mg</i>	22	<i>diltiazem hcl extended release beads cap</i>	
<i>dicyclomine hcl cap 10 mg</i>	95	<i>er 24hr 300 mg</i>	44
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	95	<i>diltiazem hcl extended release beads cap</i>	
<i>dicyclomine hcl tab 20 mg</i>	95	<i>er 24hr 360 mg</i>	44
<i>didanosine delayed release capsule 200</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	13	<i>er 24hr 420 mg</i>	44
<i>didanosine delayed release capsule 250</i>		<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>mg</i>	13	<i>mg/ml)</i>	44
<i>didanosine delayed release capsule 400</i>		<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg</i>	13	<i>mg/ml)</i>	44
<i>DIFICID TAB 200MG</i>	20	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>diflunisal tab 500 mg</i>	3	<i>mg/ml)</i>	44
<i>digitek tab 0.125mg</i>	45	<i>diltiazem hcl tab 120 mg</i>	44
<i>digitek tab 0.25mg</i>	45	<i>diltiazem hcl tab 30 mg</i>	44
<i>digoxin inj 0.25 mg/ml</i>	45	<i>diltiazem hcl tab 60 mg</i>	44
<i>digoxin oral soln 0.05 mg/ml</i>	45	<i>diltiazem hcl tab 90 mg</i>	44
<i>digoxin tab 125 mcg (0.125 mg)</i>	45	<i>dimaphen dm elx 2.5-1-5</i>	158
<i>digoxin tab 250 mcg (0.25 mg)</i>	45	<i>dimaphen elx children</i>	158
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		<i>dino-life chw</i>	131
.....	70	<i>dino-life chw extra c</i>	131
<i>dihydroergotamine mesylate nasal spray</i>		<i>DINO-LIFE CHW IRON-ZIN</i>	131
<i>4 mg/ml</i>	70	<i>diocto liq 50mg/5ml</i>	96
<i>DILANTIN CAP 100MG</i>	51	<i>diocto syp 60/15ml</i>	96
<i>DILANTIN CAP 30MG</i>	51	<i>DIP/TET PED INJ 25-5LFU</i>	112
<i>DILANTIN CHW 50MG</i>	51	<i>diphenhist cap 25mg</i>	154
<i>DILANTIN-125 SUS 125/5ML</i>	51	<i>diphenhist liq 12.5/5ml</i>	154
<i>diltiazem hcl cap er 12hr 120 mg</i>	43	<i>diphenhist tab 25mg</i>	154
<i>diltiazem hcl cap er 12hr 60 mg</i>	43	<i>diphenhydram cap 25mg</i>	154
<i>diltiazem hcl cap er 12hr 90 mg</i>	43	<i>diphenhydramine hcl cap 25 mg</i>	154
<i>diltiazem hcl cap er 24hr 120 mg</i>	43	<i>diphenhydramine hcl cap 50 mg</i>	154
<i>diltiazem hcl cap er 24hr 180 mg</i>	43	<i>diphenhydramine hcl inj 50 mg/ml ...</i>	154
<i>diltiazem hcl cap er 24hr 240 mg</i>	43	<i>diphenhydramine hcl tab 25 mg</i>	154
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenhydramine-zinc acetate cream 2-</i>	
<i>120 mg</i>	44	<i>0.1%</i>	172
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>180 mg</i>	44	<i>mg/5ml</i>	101
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	

<i>mg</i>	101	<i>dok cap 100mg</i>	97
<i>disney cars chw gummies</i>	131	<i>dok cap 250mg</i>	97
<i>disopyramide phosphate cap 100 mg</i> ..	39	<i>dok plus tab 8.6-50mg</i>	97
<i>disopyramide phosphate cap 150 mg</i> ..	39	<i>dok tab 100mg</i>	97
<i>disulfiram tab 250 mg</i>	73	DONATUSSIN SYP	158
<i>disulfiram tab 500 mg</i>	73	<i>donepezil hydrochloride orally</i>	
<i>divalproex sodium cap delayed release</i>		<i>disintegrating tab 10 mg</i>	55
<i>sprinkle 125 mg</i>	51	<i>donepezil hydrochloride orally</i>	
<i>divalproex sodium tab delayed release</i>		<i>disintegrating tab 5 mg</i>	55
<i>125 mg</i>	51	<i>donepezil hydrochloride tab 10 mg</i>	55
<i>divalproex sodium tab delayed release</i>		<i>donepezil hydrochloride tab 23 mg</i>	55
<i>250 mg</i>	51	<i>donepezil hydrochloride tab 5 mg</i>	55
<i>divalproex sodium tab delayed release</i>		<i>dorzolamide hcl ophth soln 2%</i>	150
<i>500 mg</i>	51	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>divalproex sodium tab er 24 hr 250 mg</i>		<i>soln 22.3-6.8 mg/ml</i>	150
.....	51	<i>double antib oin</i>	170
<i>divalproex sodium tab er 24 hr 500 mg</i>		<i>doxazosin mesylate tab 1 mg</i>	36
.....	51	<i>doxazosin mesylate tab 2 mg</i>	36
DML FORTE CRE	178	<i>doxazosin mesylate tab 4 mg</i>	36
<i>docetaxel for inj conc 20 mg/ml</i>	25	<i>doxazosin mesylate tab 8 mg</i>	36
<i>docetaxel for inj conc 80 mg/4ml (20</i>		<i>doxepin hcl cap 10 mg</i>	57
<i>mg/ml)</i>	25	<i>doxepin hcl cap 100 mg</i>	58
DOCETAXEL INJ 160/16ML.....	26	<i>doxepin hcl cap 150 mg</i>	58
DOCETAXEL INJ 160/8ML.....	26	<i>doxepin hcl cap 25 mg</i>	58
DOCETAXEL INJ 200/10.....	26	<i>doxepin hcl cap 50 mg</i>	58
DOCETAXEL INJ 20MG/2ML.....	25	<i>doxepin hcl cap 75 mg</i>	58
DOCETAXEL INJ 80MG/4ML.....	25	<i>doxepin hcl conc 10 mg/ml</i>	58
DOCETAXEL INJ 80MG/8ML.....	25	<i>doxepin hcl cream 5%</i>	178
<i>docetaxel soln for iv infusion 160</i>		<i>doxorubicin hcl for inj 10 mg</i>	24
<i>mg/16ml</i>	26	<i>doxorubicin hcl for inj 50 mg</i>	24
<i>docetaxel soln for iv infusion 20 mg/2ml</i>		<i>doxorubicin hcl inj 2 mg/ml</i>	24
.....	26	<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>		<i>infusion) 2 mg/ml</i>	24
.....	26	<i>doxy 100 inj 100mg</i>	23
<i>docqlace cap 100mg</i>	96	<i>doxycycline hyclate cap 100 mg</i>	23
<i>doc-q-lax tab 8.6-50mg</i>	96	<i>doxycycline hyclate cap 50 mg</i>	23
<i>docu liq 50mg/5ml</i>	96	<i>doxycycline hyclate for inj 100 mg</i>	23
<i>docusate cal cap 240mg</i>	96	<i>doxycycline hyclate tab 100 mg</i>	23
<i>docusate sod cap 100mg</i>	96	<i>doxycycline hyclate tab 20 mg</i>	23
<i>docusate sodium cap 100 mg</i>	96	<i>doxycycline monohydrate cap 100 mg</i> ..	23
<i>docusate sodium liquid 150 mg/15ml</i> ..	97	<i>doxycycline monohydrate cap 50 mg</i> ..	23
<i>docusil cap 100mg</i>	97	<i>doxycycline monohydrate tab 100 mg</i> ..	23
DOCUSOL MINI ENE	97	<i>doxycycline monohydrate tab 150 mg</i> ..	23
DOCUSOL PLUS ENE 20-283	97	<i>doxycycline monohydrate tab 50 mg</i> ..	23
<i>dofetilide cap 125 mcg (0.125 mg)</i>	39	<i>doxycycline monohydrate tab 75 mg</i> ..	23
<i>dofetilide cap 250 mcg (0.25 mg)</i>	39	<i>driminate tab 50mg</i>	93
<i>dofetilide cap 500 mcg (0.5 mg)</i>	39	<i>dronabinol cap 10 mg</i>	93
<i>dofus cap</i>	92	<i>dronabinol cap 2.5 mg</i>	93

<i>dronabinol cap 5 mg</i>	93
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	79
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	79
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<i>dry skin oin</i>	178
<i>ducodyl tab 5mg ec</i>	97
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	58
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	58
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	58
DURAFLU TAB.....	158
DURAVENT DM TAB.....	158
DUREZOL EMU 0.05%	149
<i>dutasteride cap 0.5 mg</i>	103
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	103
<i>d-vita liq 400unit</i>	130

E

<i>e 1000 cap 1000unit</i>	132
<i>e200 cap 200unit</i>	131
<i>e-200 cap 200unit</i>	132
<i>e-400 cap 400unit</i>	132
<i>e-400 clear cap</i>	132
<i>e400 mixed cap 400unit</i>	132
<i>e-400-mixed cap</i>	132
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<i>ear wax remv dro 6.5% ot</i>	180
<i>ear wax remv sol 6.5% ot</i>	180
<i>earwax remv sol 6.5% ot</i>	180
<i>easy-lax pls tab 8.6-50mg</i>	97
<i>econtra ez tab 1.5mg</i>	79
<i>ecpirin tab 325mg ec</i>	2
<i>ed a-hist dm liq</i>	158
ED A-HIST DM TAB 10-4-10	158
<i>ed a-hist tab 2.5-60mg</i>	158
<i>ed a-hist tab 4-10mg</i>	158
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<i>ed chlorped syp jr</i>	154
<i>ed-apap liq 80mg/2.5</i>	2

<i>ed-chlortan tab 4mg</i>	154
EDURANT TAB 25MG	13
<i>efavirenz cap 200 mg</i>	13
<i>efavirenz cap 50 mg</i>	13
<i>efavirenz tab 600 mg</i>	13
ELDERTONIC ELX	132
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	70
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	70
ELIQUIS ST P TAB 5MG	104
ELIQUIS TAB 2.5MG	104
ELIQUIS TAB 5MG	104
ELITEK INJ 1.5MG	32
ELITEK INJ 7.5MG	32
ELLA TAB 30MG	79
<i>e-max-1000 cap</i>	132
EMCYT CAP 140MG.....	24
EMEND SUS 125MG.....	93
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EMERGEN-C PAK HEART.....	132
EMERGEN-C PAK IMMUNE	132
EMERGEN-C PAK KIDZ	132
EMERGEN-C PAK MSM LITE	132
EMERGEN-C PAK PINK	132
EMERGEN-C PAK VIT D/CA	132
EMERGEN-C PAK VITA C	132
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<i>emoquette tab</i>	79
EMSAM DIS 12MG/24H	58
EMSAM DIS 6MG/24HR	58
EMSAM DIS 9MG/24HR	58
EMTRIVA CAP 200MG.....	13
EMTRIVA SOL 10MG/ML	13
EMVERM CHW 100MG	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	34
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	34
<i>enalapril maleate tab 10 mg</i>	35
<i>enalapril maleate tab 2.5 mg</i>	35
<i>enalapril maleate tab 20 mg</i>	35
<i>enalapril maleate tab 5 mg</i>	35
<i>endacof-dm liq 2.5-1-5</i>	158
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<i>endocet tab 10-325mg</i>	5
<i>endocet tab 2.5-325</i>	5
<i>endocet tab 5-325mg</i>	5

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ENEMEEZ PLUS ENE 20-283	97	<i>eql calcium tab citr/d3</i>	121
ENFAMIL SOL ENFALYTE	113	<i>eql calcium tab w/vit d</i>	121
ENGERIX-B INJ 10/0.5ML.....	112	<i>eql century tab</i>	132
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<i>enoxaparin sodium inj 100 mg/ml</i>	105	<i>eql coq10 cap 100mg</i>	132
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	105	<i>eql coq10 cap 200mg</i>	132
<i>enoxaparin sodium inj 150 mg/ml</i>	105	<i>eql fish oil cap 1000mg</i>	123
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	104	<i>eql fish oil cap 1200mg</i>	123
<i>enoxaparin sodium inj 300 mg/3ml</i> ...	105	<i>eql mucus-er tab 1200mg</i>	158
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	104	<i>eql probioti cap acidophi</i>	92
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ..	105	<i>eql vision tab formula</i>	132
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ..	105	<i>eql vit c tab 1000mg</i>	132
<i>enpresse-28 tab</i>	79	<i>eql vit c/rh tab 1000mg</i>	132
<i>enskyce tab</i>	80	<i>eql vit e cap 1000unit</i>	132
<i>entacapone tab 200 mg</i>	61	<i>eql vit e cap 400unit</i>	132
<i>entecavir tab 0.5 mg</i>	17	<i>eql vitamin cap d3</i>	132
<i>entecavir tab 1 mg</i>	17	<i>ergocalciferol cap 50000 unit</i>	132
<i>enteric asa tab 325mg</i>	2	<i>ergocalciferol soln 8000 unit/ml</i>	132
ENTRESTO TAB 24-26MG.....	37	<i>ergotamine w/ caffeine tab 1-100 mg</i> .	70
ENTRESTO TAB 49-51MG.....	37	ERIVEDGE CAP 150MG.....	26
ENTRESTO TAB 97-103MG.....	37	ERLEADA TAB 60MG	27
<i>enulose sol 10gm/15</i>	97	<i>errin tab 0.35mg</i>	80
<i>enviro-stres tab</i>	132	<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i>	10
<i>e-oil oil 30000unt</i>	132	<i>ery-tab tab 250mg ec</i>	20
<i>e-ointment oin</i>	178	<i>ery-tab tab 333mg ec</i>	20
EPCLUSA TAB 400-100	17	<i>ery-tab tab 500mg ec</i>	20
<i>e-pherol tab 400unit</i>	132	ERYTHROCIN INJ 500MG.....	20
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	167	<i>erythrocin tab 250mg</i>	20
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	167	<i>erythromycin ethylsuccinate tab 400 mg</i>	20
<i>epirubicin hcl iv soln 200 mg/100ml (2</i> <i>mg/ml)</i>	24	<i>erythromycin gel 2%</i>	170
<i>epirubicin hcl iv soln 50 mg/25ml (2</i> <i>mg/ml)</i>	24	<i>erythromycin ophth oint 5 mg/gm</i>	148
<i>epitol tab 200mg</i>	51	<i>erythromycin pads 2%</i>	170
EPIVIR HBV SOL 5MG/ML.....	17	<i>erythromycin soln 2%</i>	170
<i>eplerenone tab 25 mg</i>	35	<i>erythromycin tab 250 mg</i>	20
<i>eplerenone tab 50 mg</i>	35	<i>erythromycin tab 500 mg</i>	20
<i>eq aspirin tab 325mg ec</i>	2	<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	20
<i>eq calcium tab citr+d</i>	120	ESBRIET CAP 267MG	167
EQ COMPLETE TAB ADULT.....	132	ESBRIET TAB 267MG	167
<i>eq gentle dro 0.3%</i>	151	ESBRIET TAB 801MG	167
<i>eq multivita chw gummies</i>	132	<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	58
<i>eq nicotine dis 7mg/24hr</i>	73	<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	58

<i>equiv)</i>	58	<i>etodolac tab 400 mg</i>	3
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	58	<i>etodolac tab 500 mg</i>	4
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	58	<i>etodolac tab er 24hr 400 mg</i>	4
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	102	<i>etodolac tab er 24hr 500 mg</i>	4
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	102	<i>etodolac tab er 24hr 600 mg</i>	4
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	102	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	33
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	102	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	33
<i>essentia tab</i>	132	EUCERIN CRE INT REPA	178
<i>essential tab balance</i>	132	EUCERIN PLUS CRE	178
<i>essentl one tab daily</i>	132	EVOTAZ TAB 300-150	15
<i>ester-e cap 400unit</i>	132	<i>exemestane tab 25 mg</i>	27
<i>estradiol tab 0.5 mg</i>	83	<i>extra action syp 100-10/5</i>	158
<i>estradiol tab 1 mg</i>	83	<i>eye drops dro 0.5-0.9%</i>	151
<i>estradiol tab 2 mg</i>	83	<i>eye itch rel dro 0.025%op</i>	150
<i>estradiol td patch weekly 0.025 mg/24hr</i>	84	<i>eye itch sol relief</i>	150
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	84	<i>eye vitamins tab /mineral</i>	132
<i>estradiol td patch weekly 0.05 mg/24hr</i>	83	<i>eyeprotect tab</i>	132
<i>estradiol td patch weekly 0.06 mg/24hr</i>	84	<i>ezetimibe tab 10 mg</i>	41
<i>estradiol td patch weekly 0.075 mg/24hr</i>	84	<i>ezfe 200 cap 200mg</i>	106
<i>estradiol td patch weekly 0.1 mg/24hr</i>	83	F	
<i>estradiol vaginal cream 0.1 mg/gm</i>	84	<i>fa-8 cap 800mcg</i>	133
<i>estradiol vaginal tab 10 mcg</i>	84	<i>fa-8 tab 0.8mg</i>	133
<i>estradiol valerate im in oil 20 mg/ml</i>	84	FABRAZYME INJ 35MG	83
<i>estradiol valerate im in oil 40 mg/ml</i>	84	FABRAZYME INJ 5MG	83
<i>eszopiclone tab 1 mg</i>	69	<i>fallback tab 1.5mg</i>	80
<i>eszopiclone tab 2 mg</i>	69	<i>falmina tab</i>	80
<i>eszopiclone tab 3 mg</i>	69	<i>famciclovir tab 125 mg</i>	17
<i>ethambutol hcl tab 100 mg</i>	16	<i>famciclovir tab 250 mg</i>	17
<i>ethambutol hcl tab 400 mg</i>	16	<i>famciclovir tab 500 mg</i>	17
<i>ethosuximide cap 250 mg</i>	51	<i>famotidine for susp 40 mg/5ml</i>	95
<i>ethosuximide soln 250 mg/5ml</i>	51	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	95
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	80	<i>famotidine inj 20 mg/2ml</i>	95
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	80	<i>famotidine inj 200 mg/20ml</i>	95
<i>etodolac cap 200 mg</i>	3	<i>famotidine inj 40 mg/4ml</i>	95
<i>etodolac cap 300 mg</i>	3	<i>famotidine tab 10 mg</i>	95
		<i>famotidine tab 10mg</i>	95
		<i>famotidine tab 20 mg</i>	95
		<i>famotidine tab 20mg</i>	95
		<i>famotidine tab 40 mg</i>	95
		FANAPT PAK	63
		FANAPT TAB 10MG	63
		FANAPT TAB 12MG	63
		FANAPT TAB 1MG	63
		FANAPT TAB 2MG	63
		FANAPT TAB 4MG	63
		FANAPT TAB 6MG	63

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FARESTON TAB 60MG.....	28	<i>ferosul elx 220/5ml</i>	106
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FARXIGA TAB 5MG	76	<i>ferrex 150 cap 150mg</i>	106
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FARYDAK CAP 15MG.....	26	<i>ferro-bob tab 325mg</i>	106
FARYDAK CAP 20MG.....	26	<i>ferrous gluc tab 324mg</i>	106
FASLODEX INJ 250/5ML.....	28	FERROUS GLUC TAB 324MG	106
<i>fat emulsion iv soln 20%</i>	115	<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>felbamate susp 600 mg/5ml.....</i>	51	<i>elemental fe)</i>	107
<i>felbamate tab 400 mg</i>	51	<i>ferrous gluconate tab 324 mg (37.5 mg</i>	
<i>felbamate tab 600 mg</i>	52	<i>elemental iron)</i>	107
<i>felodipine tab er 24hr 10 mg</i>	44	FERROUS SUL LIQ 220/5ML.....	107
<i>felodipine tab er 24hr 2.5 mg</i>	44	FERROUS SULF SYP 300/5ML.....	107
<i>felodipine tab er 24hr 5 mg</i>	44	FERROUS SULF TAB 140MG.....	107
<i>feminine lax tab 5mg ec</i>	97	FERROUS SULF TAB 324MG EC	107
<i>femynor tab 0.25-35</i>	80	<i>ferrous sulf tab 325mg.....</i>	107
<i>fenofibrate micronized cap 134 mg</i>	41	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>fenofibrate micronized cap 200 mg</i>	41	<i>mg/5ml elemental fe)</i>	107
<i>fenofibrate micronized cap 67 mg</i>	41	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml</i>	
<i>fenofibrate tab 145 mg</i>	41	<i>elemental fe)</i>	107
<i>fenofibrate tab 160 mg</i>	41	FERROUS SULFATE TAB 28 MG	
<i>fenofibrate tab 48 mg.....</i>	41	(ELEMENTAL FE)	107
<i>fenofibrate tab 54 mg.....</i>	41	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>fantanyl citrate lozenge on a handle 1200</i>		<i>elemental fe)</i>	107
<i>mcg</i>	6	<i>ferrous sulfate tab ec 325 mg (65 mg fe</i>	
<i>fantanyl citrate lozenge on a handle 1600</i>		<i>equivalent).....</i>	107
<i>mcg</i>	6	<i>ferrousul tab 325mg</i>	107
<i>fantanyl citrate lozenge on a handle 200</i>		FETZIMA CAP 120MG.....	58
<i>mcg</i>	5	FETZIMA CAP 20MG.....	58
<i>fantanyl citrate lozenge on a handle 400</i>		FETZIMA CAP 40MG.....	58
<i>mcg</i>	5	FETZIMA CAP 80MG.....	58
<i>fantanyl citrate lozenge on a handle 600</i>		FETZIMA CAP TITRATIO	58
<i>mcg</i>	5	FEVERALL INF SUP 80MG	2
<i>fantanyl citrate lozenge on a handle 800</i>		<i>feverall sup 120mg.....</i>	2
<i>mcg</i>	6	<i>feverall sup 325mg.....</i>	2
<i>fantanyl td patch 72hr 100 mcg/hr.....</i>	6	<i>feverall sup 650mg.....</i>	2
<i>fantanyl td patch 72hr 12 mcg/hr</i>	6	<i>fexofenadine hcl tab 180 mg</i>	154
<i>fantanyl td patch 72hr 25 mcg/hr</i>	6	<i>fexofenadine hcl tab 60 mg</i>	154
<i>fantanyl td patch 72hr 50 mcg/hr</i>	6	<i>fexofenadine sus 30mg/5ml.....</i>	154
<i>fantanyl td patch 72hr 75 mcg/hr</i>	6	<i>fexofenadine tab 180mg</i>	154
FENTORA TAB 100MCG.....	6	<i>fexofenadine tab 60mg</i>	154
FENTORA TAB 200MCG.....	6	<i>fexofenadine-pseudoephedrine tab er</i>	
FENTORA TAB 400MCG.....	6	<i>12hr 60-120 mg.....</i>	158
FENTORA TAB 600MCG.....	6	FIASP FLEX INJ TOUCH	75
FENTORA TAB 800MCG.....	6	FIASP INJ 100/ML	75
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<i>ferate tab 27mg.....</i>	106	<i>fiber laxativ cap 0.52gm</i>	97

<i>fiber therap tab 500mg</i>	97	<i>flu/cold/cgh pow daytime</i>	158
<i>fiber-caps tab 625mg</i>	97	<i>fluconazole for susp 10 mg/ml</i>	12
<i>fiber-lax tab 625mg</i>	97	<i>fluconazole for susp 40 mg/ml</i>	12
<i>finasteride tab 5 mg</i>	103	<i>fluconazole in dextrose inj 200</i>	
FIRAZYR INJ 30MG/3ML.....	108	<i>mg/100ml</i>	12
<i>fish oil cap 1000mg</i>	123	<i>fluconazole in dextrose inj 400</i>	
<i>fish oil cap 1200mg</i>	123	<i>mg/200ml</i>	12
FISH OIL CAP 1400MG.....	123	<i>fluconazole in nacl 0.9% inj 200</i>	
FISH OIL CAP 150MG	123	<i>mg/100ml</i>	12
FISH OIL CAP 180MG	123	<i>fluconazole in nacl 0.9% inj 400</i>	
FISH OIL CAP 183.33MG.....	123	<i>mg/200ml</i>	12
<i>fish oil cap 300mg</i>	123	<i>fluconazole tab 100 mg</i>	12
<i>fish oil cap 435mg</i>	123	<i>fluconazole tab 150 mg</i>	12
FISH OIL CAP 900MG	123	<i>fluconazole tab 200 mg</i>	12
FISH OIL CHW 875MG	123	<i>fluconazole tab 50 mg</i>	12
<i>fish oil con cap 1000mg</i>	124	FLUCONAZOLE/ INJ NACL 100	12
<i>fish oil con cap 300mg</i>	124	<i>flucytosine cap 250 mg</i>	12
<i>flanders oin buttocks</i>	178	<i>flucytosine cap 500 mg</i>	12
FLEBOGAMMA INJ 10/100ML	110	<i>fludarabine phosphate for inj 50 mg</i> ...	25
FLEBOGAMMA INJ 10/200ML	110	<i>fludarabine phosphate inj 25 mg/ml</i> ...	25
FLEBOGAMMA INJ 20/200ML	110	<i>fludrocortisone acetate tab 0.1 mg</i>	84
FLEBOGAMMA INJ 20/400ML	110	<i>flunisolide nasal soln 25 mcg/act</i>	
FLEBOGAMMA INJ 5GM/50ML	110	<i>(0.025%)</i>	168
FLEBOGAMMA INJ DIF 5%	110	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>flecainide acetate tab 100 mg</i>	39	.....	180
<i>flecainide acetate tab 150 mg</i>	39	<i>fluocinolone acetonide cream 0.01%</i>	175
<i>flecainide acetate tab 50 mg</i>	39	<i>fluocinolone acetonide cream 0.025%</i>	175
FLEET BISACO ENE 10/30ML	97	<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>fleet laxati tab 5mg ec</i>	97	<i>oil)</i>	175
<i>flintstones chw bone bld</i>	133	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>flintstones chw complete</i>	133	<i>oil)</i>	175
FLINTSTONES CHW COMPLETE	133	<i>fluocinolone acetonide oint 0.025%</i> ..	175
<i>flintstones chw extra c</i>	133	<i>fluocinolone acetonide soln 0.01%</i> ...	175
<i>flintstones chw my first</i>	133	<i>fluocinonide cream 0.05%</i>	175
<i>flintstones chw omega-3</i>	133	<i>fluocinonide emulsified base cream</i>	
<i>flintstones chw pls calc</i>	133	<i>0.05%</i>	175
<i>flnston plus chw iron</i>	133	<i>fluocinonide gel 0.05%</i>	175
FLORAJEN CAP ACIDOPHI	92	<i>fluocinonide soln 0.05%</i>	175
<i>floranex gra</i>	92	<i>fluorometholone ophth susp 0.1%</i>	149
<i>floranex tab</i>	92	<i>fluorouracil cream 5%</i>	178
FLOVENT DISK AER 100MCG	168	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
FLOVENT DISK AER 250MCG	168	<i>mg/ml)</i>	25
FLOVENT DISK AER 50MCG.....	168	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
FLOVENT HFA AER 110MCG.....	168	<i>mg/ml)</i>	25
FLOVENT HFA AER 220MCG.....	168	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
FLOVENT HFA AER 44MCG	168	<i>mg/ml)</i>	25
FLOWTUSS SOL 2.5-200	158	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
FLU & SORE POW THROAT	158	<i>mg/ml)</i>	25

<i>fluorouracil soln 2%</i>	178	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluorouracil soln 5%</i>	178	<i>tab 10-12.5 mg</i>	34
<i>fluoxetine hcl cap 10 mg</i>	58	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluoxetine hcl cap 20 mg</i>	58	<i>tab 20-12.5 mg</i>	34
<i>fluoxetine hcl cap 40 mg</i>	58	<i>fosinopril sodium tab 10 mg</i>	35
<i>fluoxetine hcl solution 20 mg/5ml</i>	58	<i>fosinopril sodium tab 20 mg</i>	35
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	63	<i>fosinopril sodium tab 40 mg</i>	35
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	63	FREAMINE HBC INJ 6.9%	115
<i>fluphenazine hcl inj 2.5 mg/ml</i>	63	FREAMINE III INJ 10%.....	115
<i>fluphenazine hcl oral conc 5 mg/ml</i>	63	FREEDAVITE TAB	133
<i>fluphenazine hcl tab 1 mg</i>	63	FRESHKOTE SOL 2.7-2%.....	151
<i>fluphenazine hcl tab 10 mg</i>	63	<i>fruity chews chw</i>	133
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<i>fluphenazine hcl tab 5 mg</i>	63	<i>fruity chw multivit</i>	133
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<i>flurbiprofen tab 50 mg</i>	4	<i>furosemide inj 10 mg/ml</i>	46
<i>flutamide cap 125 mg</i>	28	<i>furosemide oral soln 10 mg/ml</i>	46
<i>fluticasone propionate cream 0.05%</i> .	175	<i>furosemide oral soln 8 mg/ml</i>	46
<i>fluticasone propionate nasal susp 50</i>		<i>furosemide tab 20 mg</i>	46
<i>mcg/act</i>	168	<i>furosemide tab 40 mg</i>	46
<i>fluticasone propionate oint 0.005%</i> ...	175	<i>furosemide tab 80 mg</i>	46
<i>fluvoxamine maleate tab 100 mg</i>	49	FUZEON INJ 90MG	14
<i>fluvoxamine maleate tab 25 mg</i>	49	FYCOMPA SUS 0.5MG/ML	52
<i>fluvoxamine maleate tab 50 mg</i>	49	FYCOMPA TAB 10MG.....	52
<i>folic acid cap 0.8 mg</i>	133	FYCOMPA TAB 12MG.....	52
FOLIC ACID CAP 20MG	133	FYCOMPA TAB 2MG	52
FOLIC ACID CAP 5MG.....	133	FYCOMPA TAB 4MG	52
FOLIC ACID POW	133	FYCOMPA TAB 6MG	52
<i>folic acid tab 1 mg</i>	133	FYCOMPA TAB 8MG	52
<i>folic acid tab 400 mcg</i>	133	G	
<i>folic acid tab 400mcg</i>	133	<i>gabapentin cap 100 mg</i>	52
<i>folic acid tab 800 mcg</i>	133	<i>gabapentin cap 300 mg</i>	52
<i>folic acid tab 800mcg</i>	133	<i>gabapentin cap 400 mg</i>	52
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	52
<i>10 mg/0.8ml</i>	105	<i>gabapentin tab 600 mg</i>	52
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 800 mg</i>	52
<i>2.5 mg/0.5ml</i>	105	GABITRIL TAB 12MG.....	52
<i>fondaparinux sodium subcutaneous inj 5</i>		GABITRIL TAB 16MG.....	52
<i>mg/0.4ml</i>	105	<i>galantamine hydrobromide cap er 24hr</i>	
<i>fondaparinux sodium subcutaneous inj</i>		<i>16 mg</i>	55
<i>7.5 mg/0.6ml</i>	105	<i>galantamine hydrobromide cap er 24hr</i>	
FORMULA 405 CRE FACE.....	178	<i>24 mg</i>	55
<i>formula e cap 400unit</i>	133	<i>galantamine hydrobromide cap er 24hr 8</i>	
FORTEO SOL 600/2.4	87	<i>mg</i>	55
<i>fosamprenavir calcium tab 700 mg (base</i>		<i>galantamine hydrobromide oral soln 4</i>	
<i>equiv)</i>	14	<i>mg/ml</i>	55

<i>galantamine hydrobromide tab 12 mg</i> .55	<i>gemcitabine hcl for inj 1 gm</i> 25
<i>galantamine hydrobromide tab 4 mg</i> ...55	<i>gemcitabine hcl for inj 2 gm</i> 25
<i>galantamine hydrobromide tab 8 mg</i> ...55	<i>gemcitabine hcl for inj 200 mg</i> 25
GALZIN CAP 25MG121	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>
GALZIN CAP 50MG121	<i>mg/ml) (base equiv)</i> 25
GAMASTAN S/D INJ.....110	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>
GAMMAGARD INJ 10GM/100110	<i>mg/ml) (base equiv)</i> 25
GAMMAGARD INJ 1GM/10ML110	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>
GAMMAGARD INJ 2.5GM/25110	<i>mg/ml) (base equiv)</i> 25
GAMMAGARD INJ 20GM/200110	<i>gemfibrozil tab 600 mg</i> 41
GAMMAGARD INJ 30GM/300110	<i>generlac sol 10gm/15</i> 97
GAMMAGARD INJ 5GM/50ML110	<i>gengraf cap 100mg</i> 111
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GAMMAKED INJ 5GM/50ML110	<i>gentamicin in saline inj 1.6 mg/ml</i> 8
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GAMMAPLEX INJ 5%110	<i>gentamicin sulfate cream 0.1%</i> 170
GAMUNEX-C INJ 10GM/100.....110	<i>gentamicin sulfate inj 10 mg/ml</i> 9
GAMUNEX-C INJ 1GM/10ML110	<i>gentamicin sulfate inj 40 mg/ml</i> 9
GAMUNEX-C INJ 2.5GM/25.....110	<i>gentamicin sulfate oint 0.1%</i> 170
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<i>ganciclovir sodium for inj 500 mg</i>17	<i>genteal tear sol moderate</i> 151
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<i>gas relief cap 125mg</i>101	<i>gentle laxat tab 5mg ec</i> 97
<i>gas relief cap 180mg</i>101	GENVOYA TAB 15
<i>gas relief chw 125mg</i>101	GEODON INJ 20MG..... 63
<i>gas relief chw 80mg</i>101	<i>geriaton liq</i> 133
<i>gas relief dro 20/0.3ml</i>101	<i>gerivite tab complete</i> 133
<i>gas relief dro 40/0.6ml</i>101	<i>gildagia tab 0.4-35</i> 80
<i>gas-x cap 125mg</i>101	GILENYA CAP 0.5MG 71
<i>gas-x cap 180mg</i>101	GILOTRIF TAB 20MG..... 30
<i>gatifloxacin ophth soln 0.5%</i>149	GILOTRIF TAB 30MG..... 30
GATTEX KIT 5MG101	GILOTRIF TAB 40MG..... 30
GAUZE PADS 275	<i>glatiramer acetate soln prefilled syringe</i>
<i>gavilax pow</i>97	<i>20 mg/ml</i> 71
<i>gavilyte-c sol</i>97	<i>glatiramer acetate soln prefilled syringe</i>
<i>gavilyte-g sol</i>97	<i>40 mg/ml</i> 71
<i>gavilyte-n sol flav pk</i>97	<i>glatopa inj 20mg/ml</i> 72
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<i>glimepiride tab 2 mg</i>	76	<i>gnp animal chw shapes</i>	133
<i>glimepiride tab 4 mg</i>	76	<i>gnp antacid chw 160-105</i>	91
<i>glipizide tab 10 mg</i>	76	<i>gnp antacid chw 550-110</i>	91
<i>glipizide tab 5 mg</i>	76	<i>gnp antacid sus anti-gas</i>	91
<i>glipizide tab er 24hr 10 mg</i>	76	<i>gnp antacid sus cherry</i>	91
<i>glipizide tab er 24hr 2.5 mg</i>	76	<i>gnp aspirin chw 81mg</i>	2
<i>glipizide tab er 24hr 5 mg</i>	76	<i>gnp aspirin tab 325mg</i>	2
<i>glipizide xl tab 10mg</i>	76	<i>gnp aspirin tab 325mg ec</i>	2
<i>glipizide xl tab 2.5mg</i>	76	<i>gnp biotin cap 5000mcg</i>	133
<i>glipizide xl tab 5mg</i>	76	<i>gnp bisa-lax tab 5mg ec</i>	97
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>gnp ca/vit d chw minerals</i>	121
.....	76	<i>gnp calcium tab 500/d</i>	121
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		<i>gnp calcium tab 600/d</i>	121
.....	76	<i>gnp calcium tab cit +d3</i>	121
<i>glipizide-metformin hcl tab 5-500 mg ..</i>	76	<i>gnp castor oil 100%</i>	97
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GLUCAGON KIT 1MG	86	<i>gnp century tab active</i>	133
<i>gluco burst gel 40%</i>	86	<i>gnp century tab cardio</i>	133
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GLUCOSE CHW ORANGE	86	<i>gnp cgh relf liq 15mg/5ml</i>	158
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GLUCOSE CHW WATERMLN	86	<i>gnp clearlax pow</i>	97
<i>glucose gel 40%</i>	86	<i>gnp co q10 cap 100mg</i>	133
<i>glucoten cap</i>	133	<i>gnp co q10 cap 200mg</i>	133
<i>glutamine powder</i>	124	<i>gnp co q10 cap 60mg</i>	133
<i>glutimmune pow 100%</i>	124	<i>gnp cold rlf tab daytime</i>	158
<i>glyburide micronized tab 1.5 mg</i>	76	<i>gnp cold/cgh elx child</i>	159
<i>glyburide micronized tab 3 mg</i>	76	<i>gnp cough dm sus 30mg/5ml</i>	159
<i>glyburide micronized tab 6 mg</i>	76	<i>gnp day time cap cold/flu</i>	159
<i>glyburide tab 1.25 mg</i>	77	<i>gnp day time liq cold/flu</i>	159
<i>glyburide tab 2.5 mg</i>	77	<i>gnp dayhist tab 1.34mg</i>	154
<i>glyburide tab 5 mg</i>	77	<i>gnp ear sys sol 6.5% ot</i>	181
<i>glycolax pow 3350 nf</i>	97	<i>gnp enema ene</i>	97
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		<i>gnp epsom gra salt</i>	97
<i>mg/ml)</i>	95	<i>gnp fish oil cap</i>	124
<i>glycopyrrolate tab 1 mg</i>	95	<i>gnp fish oil cap 1000mg</i>	124
<i>glycopyrrolate tab 2 mg</i>	95	<i>gnp fish oil cap 1200mg</i>	124
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<i>gnp all day tab allergy</i>	154	<i>gnp gas relf chw 125mg</i>	101
<i>gnp allergy cap 25mg</i>	154	<i>gnp gas relf chw 80mg</i>	101
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<i>gnp allergy tab 25mg</i>	154	GNP GLUCOSE CHW ORANGE	86

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<i>gnp hydrocor cre 1% plus</i>	175
<i>gnp ibuprofn tab cold/sin</i>	159
<i>gnp iron tab 325mg</i>	107
<i>gnp iron tab 45mg</i>	107
<i>gnp iron tab 65mg</i>	107
<i>gnp laxative tab 25mg</i>	97
<i>gnp laxative tab 5mg ec</i>	97
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<i>gnp masanti sus max st</i>	91
<i>gnp masanti sus reg st</i>	91
<i>gnp milk mag sus</i>	97
<i>gnp mineral oil heavy</i>	97
<i>gnp mucus-er tab 600mg</i>	159
<i>gnp nasal spr 0.05%</i>	159
<i>gnp nasal spr 1%</i>	159
<i>gnp niacin tab 250mg</i>	134
<i>gnp niacin tab 250mg tr</i>	134
<i>gnp nicotine gum 2mg mint</i>	73
<i>gnp nicotine gum 2mg orig</i>	73
<i>gnp nicotine gum 4mg mint</i>	73
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<i>hm nicotine gum 2mg mint</i>	73	<i>hydrochlorothiazide tab 25 mg</i>	46
<i>hm nicotine gum 4mg mint</i>	73	<i>hydrochlorothiazide tab 50 mg</i>	46
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<i>hm nicotine loz 4mg mint</i>	73	<i>10-8 mg/5ml</i>	159
<i>hm nose dro 1%</i>	159	<i>hydrocodone w/ homatropine syrup 5-</i>	
<i>hm one daily tab /iron</i>	134	<i>1.5 mg/5ml</i>	159
HM ONE DAILY TAB MENS	134	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
<i>hm povid-iod sol 10%</i>	172	<i>mg</i>	160
<i>hm saline spr 0.65%</i>	167	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>hm senna tab 8.6mg</i>	98	<i>325 mg/15ml</i>	6
<i>hm severe tab cold/flu</i>	159	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>hm triple oin antibiot</i>	170	<i>mg</i>	6
<i>hm tussin liq adlt dm</i>	159	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>hm vit d3 cap 2000unit</i>	134	<i>mg</i>	6
<i>hm vitamin c tab 1000mg</i>	134	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>hm vitamin d tab 1000unit</i>	134	<i>mg</i>	6
<i>hm vitamin e cap 1000unit</i>	134	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	6
<i>hm vitamin e cap 200unit</i>	134	<i>hydrocort cre 0.5%</i>	176
<i>hm vitamin e cap 400unit</i>	134	<i>hydrocort cre 1%</i>	176
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HUMIRA INJ 40/0.4ML	109	<i>hydrocortisone cream 0.5%</i>	176
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<i>humist spr 0.65%</i>	167	<i>hydrocortisone tab 20 mg</i>	85
HUMULIN R INJ U-500	75	<i>hydrocortisone tab 5 mg</i>	84
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<i>hydralazine hcl inj 20 mg/ml</i>	47	<i>hydrocortisone-aloe vera cream 0.5%</i>	176
<i>hydralazine hcl tab 10 mg</i>	47	<i>hydrocortisone-aloe vera cream 1%</i> .	176
<i>hydralazine hcl tab 100 mg</i>	47	HYDRO-LAN CRE	178
<i>hydralazine hcl tab 25 mg</i>	47	<i>hydrolatum oin</i>	178
<i>hydralazine hcl tab 50 mg</i>	47	<i>hydro-lotion lot 1%</i>	176
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HYDROCERIN CRE	178	<i>hydromorphone hcl liqd 1 mg/ml</i>	6
<i>hydrocerin cre plus</i>	178	<i>hydromorphone hcl preservative free (pf)</i>	

<i>inj 10 mg/ml</i>	6
<i>hydromorphone hcl tab 2 mg</i>	6
<i>hydromorphone hcl tab 4 mg</i>	6
<i>hydromorphone hcl tab 8 mg</i>	6
<i>hydrophor oin</i>	178
<i>hydroskin cre 1%</i>	176
<i>hydroskin lot 1%</i>	176
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	135
<i>hydroxychloroquine sulfate tab 200 mg</i>	109
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	28
<i>hydroxyurea cap 500 mg</i>	32
<i>hydroxyzine hcl im soln 25 mg/ml</i>	154
<i>hydroxyzine hcl im soln 50 mg/ml</i>	154
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	154
<i>hydroxyzine hcl tab 10 mg</i>	154
<i>hydroxyzine hcl tab 25 mg</i>	154
<i>hydroxyzine hcl tab 50 mg</i>	154
<i>hydroxyzine pamoate cap 25 mg</i>	154
<i>hydroxyzine pamoate cap 50 mg</i>	154
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<i>HYSINGLA ER TAB 120 MG</i>	7
<i>HYSINGLA ER TAB 20 MG</i>	6
<i>HYSINGLA ER TAB 30 MG</i>	6
<i>HYSINGLA ER TAB 40 MG</i>	7
<i>HYSINGLA ER TAB 60 MG</i>	7
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I

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<i>IBRANCE CAP 125MG</i>	26
<i>IBRANCE CAP 75MG</i>	26
<i>ibu-200 tab 200mg</i>	4
<i>ibu-drops dro 40mg/ml</i>	4
<i>ibu-drops dro 50/1.25</i>	4
<i>ibuprofen cap 200 mg</i>	4
<i>ibuprofen cap 200mg</i>	4
<i>ibuprofen dro 50/1.25</i>	4
<i>ibuprofen ib chw 100mg</i>	4
<i>ibuprofen jr chw 100mg</i>	4
<i>ibuprofen sus 100/5ml</i>	4
<i>ibuprofen susp 100 mg/5ml</i>	4
<i>ibuprofen tab 200 mg</i>	4
<i>ibuprofen tab 200mg</i>	4
<i>ibuprofen tab 400 mg</i>	4

<i>ibuprofen tab 600 mg</i>	4
<i>ibuprofen tab 800 mg</i>	4
<i>ibuprofen tab cold/sin</i>	160
<i>ICAPS AREDS TAB FORMULA</i>	135
<i>icaps cap</i>	135
<i>icaps lutein cap /omega-3</i>	135
<i>ICAPS LUTEIN TAB ZEAXANTH</i>	135
<i>icaps mv tab</i>	135
<i>ICAPS PLUS TAB</i>	135
<i>ICLUSIG TAB 15MG</i>	30
<i>ICLUSIG TAB 45MG</i>	30
<i>IDHIFA TAB 100MG</i>	26
<i>IDHIFA TAB 50MG</i>	26
<i>iferex 150 cap</i>	107
<i>IFEX INJ 3GM</i>	24
<i>ifosfamide for inj 1 gm</i>	24
<i>IFOSFAMIDE INJ 3GM</i>	24
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	24
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	24
<i>ILEVRO DRO 0.3% OP</i>	149
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	30
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	30
<i>IMBRUVICA CAP 140MG</i>	30
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<i>IMBRUVICA TAB 140MG</i>	30
<i>IMBRUVICA TAB 280MG</i>	30
<i>IMBRUVICA TAB 420MG</i>	30
<i>IMBRUVICA TAB 560MG</i>	30
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl tab 10 mg</i>	58
<i>imipramine hcl tab 25 mg</i>	59
<i>imipramine hcl tab 50 mg</i>	59
<i>imiquimod cream 5%</i>	178
<i>IMMUNE SUPP POW VIT C</i>	135
<i>IMOVAX RABIE INJ 2.5/ML</i>	112
<i>incassia tab 0.35mg</i>	80
<i>INCRELEX INJ 40MG/4ML</i>	87
<i>INCRUSE ELPT INH 62.5MCG</i>	152
<i>indapamide tab 1.25 mg</i>	46
<i>indapamide tab 2.5 mg</i>	46
<i>INFANRIX INJ</i>	112

INFED INJ 50MG/ML	107
INJECTAFER INJ 750/15ML	107
INLYTA TAB 1MG	30
INLYTA TAB 5MG	30
INSTA-GLUCOS GEL 77.4%	86
INSULIN PEN NEEDLE	75
INSULIN SAFETY NEEDLES	75
INSULIN SYRINGE	75
INTELENCE TAB 100MG	14
INTELENCE TAB 200MG	14
INTELENCE TAB 25MG	14
<i>intestinex cap</i>	92
INTRALIPID INJ 30%	116
INTRON A INJ 10MU	111
INTRON A INJ 18MU	111
INTRON A INJ 25MU	111
INTRON A INJ 50MU	111
<i>introvale tab</i>	80
INVANZ INJ 1GM	10
INVEGA SUST INJ 117/0.75	64
INVEGA SUST INJ 156MG/ML	64
INVEGA SUST INJ 234/1.5	64
INVEGA SUST INJ 39/0.25	64
INVEGA SUST INJ 78/0.5ML	64
INVEGA TRINZ INJ 273MG	64
INVEGA TRINZ INJ 410MG	64
INVEGA TRINZ INJ 546MG	64
INVEGA TRINZ INJ 819MG	64
INVIRASE CAP 200MG	14
INVIRASE TAB 500MG	14
INVOKAMET TAB 150-1000	77
INVOKAMET TAB 150-500	77
INVOKAMET TAB 50-1000	77
INVOKAMET TAB 50-500MG	77
INVOKAMET XR TAB 150-1000	77
INVOKAMET XR TAB 150-500	77
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INVOKAMET XR TAB 50-500MG	77
INVOKANA TAB 100MG	77
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<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	152
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	152

<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	152
<i>irbesartan tab 150 mg</i>	38
<i>irbesartan tab 300 mg</i>	38
<i>irbesartan tab 75 mg</i>	38
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	37
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	37
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<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	33
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	33
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	33
IRON CHW PEDIATRI	107
<i>iron slow tab 45mg</i>	107
<i>iron supplem tab 325mg</i>	107
<i>iron supplem tab therapy</i>	107
<i>iron supplmt dro 15mg/ml</i>	107
IRON TAB 18MG	107
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ISENTRESS CHW 25MG	14
ISENTRESS HD TAB 600MG	14
ISENTRESS POW 100MG	14
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<i>isibloom tab</i>	80
ISOLYTE-P INJ /D5W	116
ISOLYTE-S INJ	116
<i>isoniazid inj 100 mg/ml</i>	16
<i>isoniazid syrup 50 mg/5ml</i>	16
<i>isoniazid tab 100 mg</i>	16
<i>isoniazid tab 300 mg</i>	16
ISOPTO TEARS SOL 0.5% OP	151
<i>isosorbide dinitrate tab 10 mg</i>	47
<i>isosorbide dinitrate tab 20 mg</i>	47
<i>isosorbide dinitrate tab 30 mg</i>	47
<i>isosorbide dinitrate tab 5 mg</i>	47
<i>isosorbide dinitrate tab er 40 mg</i>	47
<i>isosorbide mononitrate tab 10 mg</i>	47
<i>isosorbide mononitrate tab 20 mg</i>	47
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	48
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	48

<i>isosorbide mononitrate tab er 24hr 60 mg</i>	48
<i>isotretinoin cap 10 mg</i>	170
<i>isotretinoin cap 20 mg</i>	170
<i>isotretinoin cap 30 mg</i>	170
<i>isotretinoin cap 40 mg</i>	170
<i>isradipine cap 2.5 mg</i>	44
<i>isradipine cap 5 mg</i>	44
<i>itch relief cre ex st</i>	172
<i>itch relief spr 2-0.1%</i>	172
<i>itraconazole cap 100 mg</i>	12
<i>ivermectin tab 3 mg</i>	10
<i>i-vite prote tab</i>	135
<i>i-vite tab</i>	135
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JADENU SPRKL GRA 180MG	78
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<i>jantoven tab 10mg</i>	105
<i>jantoven tab 1mg</i>	105
<i>jantoven tab 2.5mg</i>	105
<i>jantoven tab 2mg</i>	105
<i>jantoven tab 3mg</i>	105
<i>jantoven tab 4mg</i>	105
<i>jantoven tab 5mg</i>	105
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<i>jolivette tab 0.35mg</i>	80
<i>juleber tab</i>	80
JULUCA TAB 50-25MG.....	16
<i>junel 1.5/30 tab</i>	80
<i>junel 1/20 tab</i>	80
<i>junel fe tab 1.5/30</i>	80
<i>junel fe tab 1/20</i>	80
<i>junior mapap tab 160mg rt</i>	2
<i>just d liq 400unit</i>	135
JUXTAPID CAP 10MG	41
JUXTAPID CAP 20MG	41
JUXTAPID CAP 30MG	41
JUXTAPID CAP 40MG	41
JUXTAPID CAP 5MG	41
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K

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KADCYLA INJ 160MG	26
KALA TAB.....	92
KALETRA TAB 100-25MG.....	16
KALETRA TAB 200-50MG.....	16
KALYDECO PAK 50MG	167
KALYDECO PAK 75MG	167
KALYDECO TAB 150MG	167
<i>kao-tin cap 240mg</i>	98
<i>kao-tin sus 262/15ml</i>	92
<i>kariva tab 28 day</i>	80
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	116
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	116
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	116
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	116
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	116
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	116
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	116
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	116
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	117
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	117

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kelnor tab 1/35	80
KERADAN CRE	178
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ketoconazole tab 200 mg	12
ketoprofen cap 50 mg	4
ketoprofen cap 75 mg	4
ketorolac tromethamine ophth soln 0.4%	149
ketorolac tromethamine ophth soln 0.5%	149
ketotif fum dro 0.025%op	150
ketotifen fumarate ophth soln 0.025% (base equiv).....	150
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konsyl pow 30.9%	98
KONSYL POW 60.3%	98
KONSYL POW 71.67%	98
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kp adults tab daily	135
kp b complex tab /c	135
kp calcium cap 600+d	121
kp calcium tab 600+d.....	121

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kp mens 50+ tab daily	135
kp mens tab daily.....	135
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<i>lamotrigine tab 200 mg</i>	52	LENVIMA CAP 18 MG	30
<i>lamotrigine tab 25 mg</i>	52	LENVIMA CAP 20 MG	30
<i>lamotrigine tab chewable dispersible 25 mg</i>	52	LENVIMA CAP 24 MG	30
<i>lamotrigine tab chewable dispersible 5 mg</i>	52	LENVIMA CAP 4MG	30
<i>lamotrigine tab er 24hr 100 mg</i>	52	LENVIMA CAP 8 MG	30
<i>lamotrigine tab er 24hr 200 mg</i>	52	<i>lessina tab</i>	80
<i>lamotrigine tab er 24hr 25 mg</i>	52	LETAIRIS TAB 10MG	48
<i>lamotrigine tab er 24hr 250 mg</i>	52	LETAIRIS TAB 5MG.....	48
<i>lamotrigine tab er 24hr 300 mg</i>	52	<i>letrozole tab 2.5 mg</i>	28
<i>lamotrigine tab er 24hr 50 mg</i>	52	<i>leucovorin calcium for inj 100 mg</i>	32
LANAPHILIC OIN	179	<i>leucovorin calcium for inj 200 mg</i>	32
<i>land bfr tim chw vit/iron</i>	135	<i>leucovorin calcium for inj 350 mg</i>	32
LANOLOR CRE	179	<i>leucovorin calcium for inj 50 mg</i>	32
<i>lansoprazole cap 15mg dr</i>	102	<i>leucovorin calcium for inj 500 mg</i>	32
<i>lansoprazole cap delayed release 15 mg</i>	102	<i>leucovorin calcium tab 10 mg</i>	32
<i>lansoprazole cap delayed release 30 mg</i>	102	<i>leucovorin calcium tab 15 mg</i>	32
LANTISEPTIC CRE THERAPEU	179	<i>leucovorin calcium tab 25 mg</i>	33
<i>l-arginine- cap 500</i>	124	<i>leucovorin calcium tab 5 mg</i>	32
<i>l-arginine cap 500mg</i>	124	LEUKERAN TAB 2MG.....	24
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<i>l-arginine tab 1000mg</i>	124	<i>levaibuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	155
<i>larin fe tab 1.5/30</i>	80	<i>levaibuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	155
<i>larin fe tab 1/20</i>	80	<i>levaibuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	156
<i>larin tab 1.5/30</i>	80	LEVEMIR INJ.....	75
<i>larin tab 1/20</i>	80	LEVEMIR INJ FLEXTouc	75
LASTACAFt SOL 0.25%	150	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	52
<i>latanoprost ophth soln 0.005%</i>	150	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	53
LATUDA TAB 120MG.....	64	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	52
LATUDA TAB 20MG	64	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	53
LATUDA TAB 40MG	64	<i>levetiracetam oral soln 100 mg/ml</i>	53
LATUDA TAB 60MG	64	<i>levetiracetam tab 1000 mg</i>	53
LATUDA TAB 80MG	64	<i>levetiracetam tab 250 mg</i>	53
<i>lax/stl soft tab 8.6-50mg</i>	98	<i>levetiracetam tab 500 mg</i>	53
<i>laxative chw 15mg</i>	98	<i>levetiracetam tab 750 mg</i>	53
<i>laxative sup 10mg</i>	98	<i>levetiracetam tab er 24hr 500 mg</i>	53
<i>laxative tab 25mg</i>	98	<i>levetiracetam tab er 24hr 750 mg</i>	53
<i>laxative tab 5mg ec</i>	98	<i>levobunolol hcl ophth soln 0.5%</i>	150
L-CITRULLINE CAP 600MG	124	<i>levocarnitine inj 200 mg/ml</i>	83
LEADER FINGE CRE.....	179	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	83
<i>leflunomide tab 10 mg</i>	110		
<i>leflunomide tab 20 mg</i>	110		
LENVIMA CAP 10 MG	30		
LENVIMA CAP 12MG	30		

<i>levocarnitine tab 330 mg</i>	83	<i>levothyroxine sodium tab 112 mcg</i>	89
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>levothyroxine sodium tab 125 mcg</i>	89
<i>mg/5ml (0.5 mg/ml)</i>	155	<i>levothyroxine sodium tab 137 mcg</i>	89
<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>levothyroxine sodium tab 150 mcg</i>	89
.....	155	<i>levothyroxine sodium tab 175 mcg</i>	89
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>		<i>levothyroxine sodium tab 200 mcg</i>	89
.....	20	<i>levothyroxine sodium tab 25 mcg</i>	89
<i>levofloxacin in d5w iv soln 500</i>		<i>levothyroxine sodium tab 300 mcg</i>	89
<i>mg/100ml</i>	20	<i>levothyroxine sodium tab 50 mcg</i>	89
<i>levofloxacin in d5w iv soln 750</i>		<i>levothyroxine sodium tab 75 mcg</i>	89
<i>mg/150ml</i>	20	<i>levothyroxine sodium tab 88 mcg</i>	89
<i>levofloxacin iv soln 25 mg/ml</i>	20	<i>levoxyl tab 100mcg</i>	89
<i>levofloxacin oral soln 25 mg/ml</i>	21	<i>levoxyl tab 112mcg</i>	89
<i>levofloxacin tab 250 mg</i>	21	<i>levoxyl tab 125mcg</i>	89
<i>levofloxacin tab 500 mg</i>	21	<i>levoxyl tab 137mcg</i>	89
<i>levofloxacin tab 750 mg</i>	21	<i>levoxyl tab 150mcg</i>	89
<i>LEVOLEUCOVOR INJ 175MG</i>	33	<i>levoxyl tab 175mcg</i>	89
<i>LEVOLEUCOVOR SOL 250MG/25</i>	33	<i>levoxyl tab 200mcg</i>	89
<i>levoleucovorin calcium for iv inj 50 mg</i>		<i>levoxyl tab 25mcg</i>	89
<i>(base equiv)</i>	33	<i>levoxyl tab 50mcg</i>	89
<i>levoleucovorin calcium inj 175</i>		<i>levoxyl tab 75mcg</i>	89
<i>mg/17.5ml (base equiv)</i>	33	<i>levoxyl tab 88mcg</i>	89
<i>levoleucovorin calcium iv soln pf 250</i>		<i>LEXIVA SUS 50MG/ML</i>	14
<i>mg/25ml (base equiv)</i>	33	<i>LEXIVA TAB 700MG</i>	14
<i>levonest tab</i>	80	<i>L-GLUTAMINE POW</i>	124
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>L-GLUTATHION CRY</i>	124
<i>day) tab 0.15-0.03 mg</i>	80	<i>lice killing sha 0.33-4%</i>	180
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>		<i>lice treatmt sha 0.33-4%</i>	180
<i>mg-20 mcg</i>	80	<i>lice trtmnt liq 1%</i>	180
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lidocaine cream 4%</i>	172
<i>0.15 mg-30 mcg</i>	80	<i>lidocaine hcl gel 2%</i>	177
<i>levonorgestrel tab 1.5 mg</i>	80	<i>lidocaine hcl local inj 0.5%</i>	8
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>lidocaine hcl local inj 1%</i>	8
<i>30/0.075-40/0.125-30mg-mcg</i>	80	<i>lidocaine hcl local inj 2%</i>	8
<i>levora-28 tab 0.15/30</i>	80	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 100mcg</i>	88	<i>inj 0.5%</i>	8
<i>levo-t tab 112mcg</i>	88	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 125mcg</i>	88	<i>inj 1%</i>	8
<i>levo-t tab 137mcg</i>	88	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 150mcg</i>	88	<i>inj 1.5%</i>	8
<i>levo-t tab 175mcg</i>	88	<i>lidocaine hcl soln 4%</i>	177
<i>levo-t tab 200 mcg</i>	89	<i>lidocaine hcl viscous soln 2%</i>	180
<i>levo-t tab 25mcg</i>	88	<i>lidocaine oint 5%</i>	177
<i>levo-t tab 300 mcg</i>	89	<i>lidocaine patch 5%</i>	177
<i>levo-t tab 50mcg</i>	88	<i>lidocaine-prilocaine cream 2.5-2.5%</i> . 177	
<i>levo-t tab 75mcg</i>	88	<i>LIFE PACK MIS MENS</i>	135
<i>levo-t tab 88mcg</i>	88	<i>LIFE PACK MIS WOMENS</i>	135
<i>levothyroxine sodium tab 100 mcg</i>	89	<i>linezolid for susp 100 mg/5ml</i>	10

<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	10	<i>loperamide hcl liq 1 mg/7.5ml</i>	92
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	10	<i>loperamide liq 1mg/7.5</i>	93
<i>linezolid tab 600 mg</i>	10	<i>loperamide sus 1mg/7.5</i>	93
LINZESS CAP 145MCG.....	101	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	16
LINZESS CAP 290MCG.....	101	<i>loratadine d tab 5-120mg</i>	160
LINZESS CAP 72MCG	101	<i>loratadine sol 5mg/5ml</i>	155
<i>liothyronine sodium tab 25 mcg</i>	89	<i>loratadine syp 5mg/5ml</i>	155
<i>liothyronine sodium tab 5 mcg</i>	89	<i>loratadine tab 10 mg</i>	155
<i>liothyronine sodium tab 50 mcg</i>	89	<i>loratadine tab 10mg</i>	155
LIPOIC ACID CAP 150MG	135	<i>lorata-dine tab d 24hr</i>	160
<i>liq ca/vit d cap 600mg</i>	121	<i>loratadine-d tab 10-240mg</i>	160
LIQ-10 SYP	135	<i>loratadine-d tab 5-120mg</i>	160
LIQUID CALCI CAP WITH D3	121	<i>lorazepam conc 2 mg/ml</i>	49
<i>liqui-e liq 400/15ml</i>	135	<i>lorazepam inj 2 mg/ml</i>	49
<i>liquitears sol</i>	151	<i>lorazepam inj 4 mg/ml</i>	49
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	34	<i>lorazepam tab 0.5 mg</i>	49
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	34	<i>lorazepam tab 1 mg</i>	49
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	34	<i>lorazepam tab 2 mg</i>	49
<i>lisinopril tab 10 mg</i>	35	LORTUSS EX LIQ.....	160
<i>lisinopril tab 2.5 mg</i>	35	LORTUSS LQ LIQ.....	160
<i>lisinopril tab 20 mg</i>	35	<i>loryna tab 3-0.02mg</i>	80
<i>lisinopril tab 30 mg</i>	35	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	37
<i>lisinopril tab 40 mg</i>	35	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	37
<i>lisinopril tab 5 mg</i>	35	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	37
L-ISOLEUCINE POW	124	<i>losartan potassium tab 100 mg</i>	38
<i>lithium carbonate cap 150 mg</i>	71	<i>losartan potassium tab 25 mg</i>	38
<i>lithium carbonate cap 300 mg</i>	71	<i>losartan potassium tab 50 mg</i>	38
<i>lithium carbonate cap 600 mg</i>	71	LOTEMAX GEL 0.5%	149
<i>lithium carbonate tab 300 mg</i>	71	LOTEMAX OIN 0.5%	149
<i>lithium carbonate tab er 300 mg</i>	71	LOTEMAX SUS 0.5%	149
<i>lithium carbonate tab er 450 mg</i>	71	<i>lovastatin tab 10 mg</i>	40
LITHIUM SOL 8MEQ/5ML.....	71	<i>lovastatin tab 20 mg</i>	40
<i>little anima chw plus fe</i>	135	<i>lovastatin tab 40 mg</i>	40
<i>little noses dro stuf nos</i>	167	<i>loxapine succinate cap 10 mg</i>	64
<i>little noses spr 0.65%</i>	167	<i>loxapine succinate cap 25 mg</i>	64
LODRANE D CAP 4-60MG	160	<i>loxapine succinate cap 5 mg</i>	64
LOHIST-D LIQ	160	<i>loxapine succinate cap 50 mg</i>	64
LOHIST-DM SYP 5-2-10MG.....	160	<i>lubric tears sol 0.4-0.3%</i>	151
LONSURF TAB 15-6.14	32	<i>lubricant dro eye</i>	151
LONSURF TAB 20-8.19	32	<i>lubricant oin eye</i>	151
<i>loperamide cap 2mg</i>	92	<i>lubricating dro 0.5%</i>	151
<i>loperamide hcl cap 2 mg</i>	101	<i>lubricnt eye dro 0.4-0.3%</i>	151
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	92	<i>lubricnt eye dro 0.5% op</i>	151

<i>lubricnt gel dro 0.25-0.3</i>	151	<i>(elemental mg)</i>	121
<i>lubrifresh oin p.m.</i>	151	<i>magnesium gluconate tab 500 mg (27</i>	
LUMIGAN SOL 0.01%.....	150	<i>mg elemental mg)</i>	121
LUMIZYME INJ 50MG.....	83	<i>magnesium oxide cap 500 mg (elemental</i>	
LUPR DEP-PED INJ 11.25MG.....	87	<i>mg)</i>	121
LUPR DEP-PED INJ 15MG.....	87	<i>magnesium oxide tab 250 mg (mg</i>	
LUPR DEP-PED INJ 3M 30MG.....	87	<i>supplement)</i>	121
LUPR DEP-PED INJ 7.5MG.....	87	<i>magnesium oxide tab 400 mg</i>	91
LUPRON DEPOT INJ 11.25MG.....	28	<i>magnesium oxide tab 400 mg (240 mg</i>	
LUPRON DEPOT INJ 3.75MG.....	28	<i>elemental mg)</i>	121
<i>lutra tab</i>	81	<i>magnesium oxide tab 400 mg (241.3 mg</i>	
LYNPARZA CAP 50MG.....	27	<i>elemental mg)</i>	121
LYNPARZA TAB 100MG.....	27	<i>magnesium oxide tab 420 mg</i>	91
LYNPARZA TAB 150MG.....	27	<i>magnesium oxide tab 500 mg (mg</i>	
LYRICA CAP 100MG.....	53	<i>supplement)</i>	121
LYRICA CAP 150MG.....	53	MAGNESIUM SU INJ 20/500ML.....	113
LYRICA CAP 200MG.....	53	MAGNESIUM SU INJ 2GM/50ML.....	113
LYRICA CAP 225MG.....	53	MAGNESIUM SU INJ 40G/1000.....	113
LYRICA CAP 25MG.....	53	MAGNESIUM SU INJ 4G/100ML.....	113
LYRICA CAP 300MG.....	53	MAGNESIUM SU INJ 80MG/ML.....	113
LYRICA CAP 50MG.....	53	<i>magnesium sulfate in dextrose 5% iv</i>	
LYRICA CAP 75MG.....	53	<i>soln 1 gm/100ml</i>	113
LYRICA CR TAB 165MG.....	71	<i>magnesium sulfate inj 50%</i>	113
LYRICA CR TAB 330MG.....	71	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
LYRICA CR TAB 82.5MG.....	71	<i>(40 mg/ml)</i>	114
LYRICA SOL 20MG/ML.....	53	<i>magnesium sulfate iv soln 20 gm/500ml</i>	
<i>lysiplex liq plus</i>	135	<i>(40 mg/ml)</i>	114
LYSODREN TAB 500MG.....	28	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>lyza tab 0.35mg</i>	81	<i>(40 mg/ml)</i>	114
M		<i>magnesium sulfate iv soln 4 gm/50ml</i>	
MACULAR VIT TAB BENEFIT.....	135	<i>(80 mg/ml)</i>	114
<i>macuvite tab</i>	135	<i>magnesium sulfate iv soln 40 gm/1000ml</i>	
<i>macuvite tab eye care</i>	135	<i>(40 mg/ml)</i>	114
<i>macuvite tab lutein</i>	135	<i>magnesium tab 500mg</i>	121
<i>mafenide acetate packet for topical soln</i>		<i>magnesium-ox tab 400mg</i>	121
<i>5% (50 gm)</i>	170	MAGONATE LIQ 1000/5ML.....	121
<i>mag citrate sol cherry</i>	98	<i>magonate tab 500mg</i>	121
<i>mag citrate sol lemon</i>	98	MAG-SR PLUS TAB CALCIUM.....	121
MAG64 TAB 64MG.....	121	MAG-TAB SR TAB 84MG.....	121
MAG-AL LIQ.....	91	<i>malathion lotion 0.5%</i>	180
<i>mag-al plus liq</i>	91	<i>mapap apap liq 500/15ml</i>	2
<i>mag-al plus liq xs</i>	91	<i>mapap cap 500mg</i>	2
MAGDELAY TAB 70MG.....	121	<i>mapap child tab 80mg rt</i>	2
<i>mag-g tab 500mg</i>	121	<i>mapap childr sus 160/5ml</i>	2
MAGNESIUM CAP 400MG.....	121	<i>mapap chw 80mg</i>	2
<i>magnesium citrate soln</i>	98	<i>mapap cold tab 10-5-325</i>	160
MAGNESIUM GL TAB 500MG.....	121	<i>mapap liq 160/5ml</i>	2
<i>magnesium gluconate tab 27.5 mg</i>		<i>mapap sinus tab max st</i>	160

<i>mapap tab 325mg</i>	2	MEKINIST TAB 2MG.....	31
<i>mapap tab 500mg</i>	2	MEKTOVI TAB 15MG.....	31
<i>mapap tab 500mg/rr</i>	2	<i>meloxicam tab 15 mg</i>	4
<i>maprotiline hcl tab 25 mg</i>	59	<i>meloxicam tab 7.5 mg</i>	4
<i>maprotiline hcl tab 50 mg</i>	59	<i>melphalan hcl for inj 50 mg (base equiv)</i>	24
<i>maprotiline hcl tab 75 mg</i>	59	<i>memantine hcl cap er 24hr 14 mg</i>	56
MAR-COF BP LIQ 30-2-7.5	160	<i>memantine hcl cap er 24hr 21 mg</i>	56
<i>marlissa tab 0.15/30</i>	81	<i>memantine hcl cap er 24hr 28 mg</i>	56
MARPLAN TAB 10MG	59	<i>memantine hcl cap er 24hr 7 mg</i>	56
MATULANE CAP 50MG	32	<i>memantine hcl oral solution 2 mg/ml</i> ..	56
MAVYRET TAB 100-40MG.....	17	<i>memantine hcl tab 10 mg</i>	56
<i>max daily tab green</i>	135	<i>memantine hcl tab 5 mg</i>	56
MAXI DEET SPR 98.11%.....	172	MENACTRA INJ	112
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<i>maximum epa cap 1000mg</i>	124	M-END PE LIQ.....	160
<i>maximum tab blue lab</i>	135	MENS 50+ CAP ADVANCED	136
<i>maximum tab green lb</i>	135	<i>mens daily cap lycopene</i>	136
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<i>nicotine polacrilex gum 4 mg</i>	73	<i>nitroglycerin sl tab 0.4 mg</i>	48
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<i>non-aspirin sus 160/5ml</i>	2	<i>nortrel tab 7/7/7</i>	82
<i>non-aspirin tab 325mg</i>	2	<i>nortriptyline hcl cap 10 mg</i>	59
<i>non-aspirin tab 500mg</i>	2	<i>nortriptyline hcl cap 25 mg</i>	59
<i>non-aspirin tab 500mg/rr</i>	2	<i>nortriptyline hcl cap 50 mg</i>	59
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<i>norethindrone ace & ethinyl estradiol tab</i> <i>1 mg-20 mcg</i>	81	NOVAFERRUM CAP 50MG	107
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<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i>	81	NOVOLOG MIX INJ 70/30	76
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	81	NOVOLOG MIX INJ FLEXPEN	76
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	81	NOXAFIL SUS 40MG/ML	12
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		NYMALIZE SOL 30/10ML	45
		<i>nystatin cream 100000 unit/gm</i>	173
		<i>nystatin oint 100000 unit/gm</i>	173

<i>nystatin susp 100000 unit/ml</i>	180
<i>nystatin tab 500000 unit</i>	12
<i>nystatin topical powder 100000 unit/gm</i>	173
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<i>OCTAGAM INJ 25GM</i>	111
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<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	87
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	87
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	87
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	87
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<i>ocutabs tab lutein</i>	138
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<i>olanzapine orally disintegrating tab 15 mg</i>	65
<i>olanzapine orally disintegrating tab 20 mg</i>	65
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<i>olanzapine tab 15 mg</i>	65
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<i>OMEGA-3 CAP 1400MG</i>	124
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<i>omega-3 fatty acids cap 1200 mg</i>	124	<i>one daily tab mens</i>	138
<i>omega-3 fatty acids cap 300 mg</i>	124	<i>one daily tab mens 50+</i>	138
<i>omega-3 fatty acids cap 435 mg</i>	124	<i>one daily tab pls iron</i>	138
<i>omega-3 fatty acids cap 500 mg</i>	124	<i>one daily tab plus iro</i>	139
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<i>omega-3 fish cap 1000 mg</i>	124	ONE DAILY TAB WOMANS	139
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<i>omeprazole cap delayed release 20 mg</i>		ONE-A-DAY CHW VITACRAV	139
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<i>once daily tab</i>	138	ONFI SUS 2.5MG/ML	53
<i>once daily tab iron</i>	138	ONFI TAB 10MG	53
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<i>one daily tab /mineral</i>	138	<i>orazinc cap 220mg</i>	122
<i>one daily tab 50+</i>	138	ORFADIN CAP 10MG	83
<i>one daily tab complete</i>	138	ORFADIN CAP 20MG	83
<i>one daily tab fe/ca</i>	138	ORFADIN CAP 2MG	83
<i>one daily tab maximum</i>	138	ORFADIN CAP 5MG	83

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ORKAMBI GRA 100-125	167	oxycodone hcl tab 10 mg	8
ORKAMBI GRA 150-188	167	oxycodone hcl tab 15 mg	8
ORKAMBI TAB 100-125	167	oxycodone hcl tab 20 mg	8
ORKAMBI TAB 200-125	167	oxycodone hcl tab 30 mg	8
orsythia tab	82	oxycodone hcl tab 5 mg	8
orthovite tab	139	oxycodone w/ acetaminophen tab 10-325 mg	8
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oseltamivir phosphate cap 30 mg (base equiv)	17	OXYCONTIN TAB 20MG CR	8
oseltamivir phosphate cap 45 mg (base equiv)	17	OXYCONTIN TAB 30MG CR	8
oseltamivir phosphate cap 75 mg (base equiv)	17	OXYCONTIN TAB 40MG CR	8
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oxcarbazepine tab 150 mg	53	oyst shell/d tab 250mg	122
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oxybutynin chloride syrup 5 mg/5ml .	103	oyst shell/d tab 500-400	122
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oxybutynin chloride tab er 24hr 10 mg	103	oyst-cal d tab 250mg.....	122
oxybutynin chloride tab er 24hr 15 mg	103	oyst-cal-d tab 500mg	122
oxybutynin chloride tab er 24hr 5 mg	103	oyster shell calcium tab 500 mg	122
oxycodone hcl cap 5 mg	7	oyster shell tab 500mg	122
		oystercal tab 500mg	122
		oystercal-d tab 500mg	122
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PA MENS PAK VITAPAK	139	<i>equiv)</i>	102
<i>pa oyster sh tab 500mg</i>	122	<i>paricalcitol cap 1 mcg</i>	139
<i>pa vitamin cap 2000unit</i>	139	<i>paricalcitol cap 2 mcg</i>	139
<i>pa vitamin e cap 400unit</i>	139	<i>paricalcitol cap 4 mcg</i>	139
PA WOMENS 50 PAK VITAPAK	139	<i>paromomycin sulfate cap 250 mg</i>	9
PA WOMENS PAK VITAPAK	139	<i>paroxetine hcl tab 10 mg</i>	59
<i>pacerone tab 100mg</i>	39	<i>paroxetine hcl tab 20 mg</i>	59
<i>pacerone tab 200mg</i>	39	<i>paroxetine hcl tab 30 mg</i>	59
<i>pacerone tab 400mg</i>	39	<i>paroxetine hcl tab 40 mg</i>	59
<i>paclitaxel iv conc 100 mg/16.7ml (6</i>		PARVLEX TAB	139
<i>mg/ml)</i>	26	PASER GRA 4GM	16
<i>paclitaxel iv conc 150 mg/25ml (6</i>		PAXIL SUS 10MG/5ML.....	59
<i>mg/ml)</i>	26	PAZEO DRO 0.7%	150
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>		<i>pc ped elect sol fruit</i>	114
.....	26	<i>pc ped elect sol grape</i>	114
<i>paclitaxel iv conc 300 mg/50ml (6</i>		<i>pc pediatric sol electrol</i>	114
<i>mg/ml)</i>	26	<i>ped elctrlyt sol</i>	114
<i>pain & fever chw 80mg</i>	2	<i>ped elctrlyt sol /zinc</i>	114
<i>pain & fever sol 160/5ml</i>	2	<i>ped elctrlyt sol freeze</i>	114
<i>pain & fever sus 160/5ml</i>	2	<i>ped elctrlyt sol freezer</i>	114
<i>pain & fever tab 325mg</i>	2	<i>ped elctrlyt sol freezpop</i>	114
<i>pain & fever tab 500mg</i>	2	<i>ped elctrlyt sol fruit</i>	114
<i>pain relief dro 80/0.8ml</i>	2	<i>ped elctrlyt sol grape</i>	114
<i>pain relief sus 160/5ml</i>	2	<i>ped elctrlyt sol unflavrd</i>	114
<i>pain relief sus pls cold</i>	162	<i>pedia relief liq cgh/cold</i>	162
<i>pain relief tab 325mg</i>	2	<i>pedia vance sol apple</i>	114
<i>pain relief tab 500mg</i>	3	PEDIA-LAX CHW 400MG.....	99
<i>pain relief tab 650mg</i>	3	PEDIA-LAX LIQ 50MG	99
<i>pain relieve tab 325mg</i>	3	PEDIARIX INJ 0.5ML	112
<i>pain relieve tab 500mg</i>	3	<i>pediatric ene enema</i>	99
<i>pain relieve tab 500mg/rr</i>	3	<i>pediatric liq cgh/cold</i>	162
<i>pain rlf sin tab pe day</i>	162	<i>pediatric multiple vitamins w/ iron chew</i>	
<i>pain/fever sus 160/5ml</i>	3	<i>tab 15 mg</i>	139
<i>paliperidone tab er 24hr 1.5 mg</i>	65	<i>pediavit liq</i>	139
<i>paliperidone tab er 24hr 3 mg</i>	65	PEDVAX HIB INJ.....	112
<i>paliperidone tab er 24hr 6 mg</i>	65	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>paliperidone tab er 24hr 9 mg</i>	65	<i>for soln 236 gm</i>	99
<i>pamidronate disodium for inj 30 mg</i>	78	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>pamidronate disodium for inj 90 mg</i>	78	<i>for soln 240 gm</i>	99
<i>pamidronate disodium iv soln 3 mg/ml</i>	78	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>pamidronate disodium iv soln 9 mg/ml</i>	78	<i>420 gm</i>	99
PAMIDRONATE INJ 6MG/ML.....	78	PEGANONE TAB 250MG.....	53
<i>panoxyl bar 10%</i>	170	PEGASYS INJ	17
<i>panoxyl wash liq 10%</i>	170	PEGASYS INJ 180MCG/M.....	17
PANRETIN GEL 0.1%	179	PEGASYS INJ PROCLICK.....	17
<i>pantoprazole sodium ec tab 20 mg (base</i>		PEN G PROC INJ 600000	22

PENICILL GK/ INJ DEX 2MU.....	22	<i>phenobarbital tab 30 mg</i>	53
PENICILL GK/ INJ DEX 3MU.....	22	<i>phenobarbital tab 32.4 mg</i>	54
<i>penicillin g potassium for inj 20000000</i>		<i>phenobarbital tab 60 mg</i>	54
<i>unit</i>	22	<i>phenobarbital tab 64.8 mg</i>	54
<i>penicillin g potassium for inj 5000000</i>		<i>phenobarbital tab 97.2 mg</i>	54
<i>unit</i>	22	PHENYTEK CAP 200MG.....	54
<i>penicillin g sodium for inj 5000000 unit</i>		PHENYTEK CAP 300MG.....	54
.....	23	<i>phenytoin chew tab 50 mg</i>	54
<i>penicillin v potassium for soln 125</i>		<i>phenytoin sodium extended cap 100 mg</i>	
<i>mg/5ml</i>	23	.....	54
<i>penicillin v potassium for soln 250</i>		<i>phenytoin sodium extended cap 200 mg</i>	
<i>mg/5ml</i>	23	.....	54
<i>penicillin v potassium tab 250 mg</i>	23	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	23	.....	54
PEN-KERA CRE	179	<i>phenytoin sodium inj 50 mg/ml</i>	54
PENTACEL INJ	112	<i>phenytoin susp 125 mg/5ml</i>	54
PENTAM 300 INJ 300MG	11	<i>philith tab 0.4-35</i>	82
<i>pentoxifylline tab er 400 mg</i>	108	PHLEXY-VITS POW	139
PENTRAVAN CRE.....	179	PHOS-NAK POW CONCENTR	122
PENTRAVAN CRE PLUS.....	179	PHOSPHOLINE SOL 0.125%OP.....	150
<i>peptic relf chw 262mg</i>	93	PHYTOMULTI TAB.....	140
<i>peptic relf sus 262/15ml</i>	93	<i>phytonadione inj 10 mg/ml</i>	140
<i>perdiem over tab 15mg</i>	99	PICATO GEL 0.015%	179
PERFECT IRON TAB 25MG	107	PICATO GEL 0.05%	179
<i>peri-colace tab 8.6-50mg</i>	99	<i>pilocarpine hcl ophth soln 1%</i>	150
<i>perindopril erbumine tab 2 mg</i>	35	<i>pilocarpine hcl ophth soln 2%</i>	150
<i>perindopril erbumine tab 4 mg</i>	35	<i>pilocarpine hcl ophth soln 4%</i>	150
<i>perindopril erbumine tab 8 mg</i>	35	<i>pilocarpine hcl tab 5 mg</i>	180
<i>periogard sol 0.12%</i>	180	<i>pilocarpine hcl tab 7.5 mg</i>	180
<i>permethrin cream 5%</i>	180	<i>pimozide tab 1 mg</i>	65
<i>perphenazine tab 16 mg</i>	65	<i>pimozide tab 2 mg</i>	65
<i>perphenazine tab 2 mg</i>	65	<i>pimtrea tab</i>	82
<i>perphenazine tab 4 mg</i>	65	<i>pindolol tab 10 mg</i>	43
<i>perphenazine tab 8 mg</i>	65	<i>pindolol tab 5 mg</i>	43
PETROLATUM OIN	179	<i>pink bismuth chw 262mg</i>	93
<i>pharbedryl cap 25mg</i>	155	<i>pink bismuth tab 262mg</i>	93
<i>pharbedryl cap 50mg</i>	155	PINWORM TAB MEDICINE.....	11
<i>pharbetol tab 325mg</i>	3	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>pharbetol tab 500mg</i>	3	.....	78
<i>phazyme chw 125mg</i>	101	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenelzine sulfate tab 15 mg</i>	59	.....	78
PHENHIST DH LIQ 30-2-10	162	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
PHENOBARB INJ 65MG/ML	53	.....	78
<i>phenobarbital elixir 20 mg/5ml</i>	53	PIPER/TAZOBA INJ 12-1.5GM	23
<i>phenobarbital sodium inj 130 mg/ml</i> ...	53	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenobarbital tab 100 mg</i>	54	<i>3.375 gm (3-0.375 gm)</i>	23
<i>phenobarbital tab 15 mg</i>	53	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 16.2 mg</i>	53	<i>2.25 gm (2-0.25 gm)</i>	23

<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm).....	23	<i>crys er tab 10 meq</i>	114
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	23	<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	114
<i>pirmella tab 1/35</i>	82	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	114
<i>piroxicam cap 10 mg</i>	5	<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	114
<i>piroxicam cap 20 mg</i>	5	<i>potassium chloride powder packet 20</i> <i>meq</i>	114
PLASMA-LYTE INJ -148	117	<i>potassium chloride tab er 10 meq</i>	115
PLASMA-LYTE INJ -A	117	<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	115
PNV FOLIC AC TAB + IRON	140	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	115
PNV PRENATAL TAB PLUS	140	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	103
<i>podofilox soln 0.5%</i>	179	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	103
POLY HIST TAB 7.5-10MG	162	<i>potassium citrate tab er 5 meq (540 mg)</i>	103
<i>poly vitamin chw</i>	140	<i>povidone/iod sol 10%</i>	173
<i>polyethylene glycol 3350 oral packet</i> ...	99	<i>povidone-iod sol 10%</i>	173
<i>polyethylene glycol 3350 oral powder</i> ..	99	<i>povidone-iod sol 7.5%</i>	173
POLY-HIST DM LIQ 5-25-10	162	<i>povidone-iodine oint 10%</i>	173
POLY-HIST PD LIQ	162	<i>povidone-iodine soln 10%</i>	173
<i>poly-iron cap 150mg</i>	107	<i>povidone-iodine swabs 10%</i>	173
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	149	PRADAXA CAP 110MG	105
POLY-TUSSIN LIQ 10-4-10	162	PRADAXA CAP 150MG	105
POLY-VENT DM TAB	162	PRADAXA CAP 75MG.....	105
POLY-VENT IR TAB 60-380MG	162	PRALUENT INJ 150MG/ML	41
<i>poly-vita dro</i>	140	PRALUENT INJ 75MG/ML	41
<i>poly-vita dro /iron</i>	140	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	61
<i>polyvitamin chw /iron</i>	140	<i>pramipexole dihydrochloride tab 0.25 mg</i>	61
<i>polyvitamin dro</i>	140	<i>pramipexole dihydrochloride tab 0.5 mg</i>	61
<i>polyvitamin dro /iron</i>	140	<i>pramipexole dihydrochloride tab 0.75 mg</i>	61
POMALYST CAP 1MG	28	<i>pramipexole dihydrochloride tab 1 mg</i>	61
POMALYST CAP 2MG	28	<i>pramipexole dihydrochloride tab 1.5 mg</i>	62
POMALYST CAP 3MG	28	<i>prasugrel hcl tab 10 mg (base equiv)</i>	109
POMALYST CAP 4MG	28	<i>prasugrel hcl tab 5 mg (base equiv)</i> .	109
PORENAL+D CAP OMEGA 3	140	<i>pravastatin sodium tab 10 mg</i>	40
<i>portia-28 tab</i>	82	<i>pravastatin sodium tab 20 mg</i>	40
<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	117	<i>pravastatin sodium tab 40 mg</i>	40
<i>potassium chloride 40 meq/l (0.3%) in</i> <i>dextrose 5% inj</i>	117	<i>pravastatin sodium tab 80 mg</i>	40
<i>potassium chloride cap er 10 meq</i>	114		
<i>potassium chloride cap er 8 meq</i>	114		
<i>potassium chloride inj 10 meq/100ml</i>	117		
<i>potassium chloride inj 10 meq/50ml..</i>	117		
<i>potassium chloride inj 2 meq/ml</i>	117		
<i>potassium chloride inj 20 meq/100ml</i>	117		
<i>potassium chloride inj 20 meq/50ml..</i>	117		
<i>potassium chloride inj 40 meq/100ml</i>	117		
<i>potassium chloride microencapsulated</i>			

<i>praziquantel tab 600 mg</i>	11	PREZISTA SUS 100MG/ML.....	14
<i>prazosin hcl cap 1 mg</i>	36	PREZISTA TAB 150MG	14
<i>prazosin hcl cap 2 mg</i>	36	PREZISTA TAB 600MG	14
<i>prazosin hcl cap 5 mg</i>	36	PREZISTA TAB 75MG	14
PRED SOD PHO SOL 1% OP	149	PREZISTA TAB 800MG	14
<i>prednisolone acetate ophth susp 1% .</i>	149	PRIFTIN TAB 150MG.....	16
<i>prednisolone sod phosph oral soln 6.7</i>		PRIMAQUINE TAB 26.3MG	13
<i>mg/5ml (5 mg/5ml base)</i>	85	<i>primidone tab 250 mg</i>	54
<i>prednisolone sod phosphate oral soln 15</i>		<i>primidone tab 50 mg</i>	54
<i>mg/5ml (base equiv)</i>	85	<i>princess chw gummies</i>	140
<i>prednisolone sodium phosphate oral soln</i>		PRIVIGEN INJ 10GRAMS	111
<i>25 mg/5ml (base eq)</i>	85	PRIVIGEN INJ 20GRAMS	111
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRIVIGEN INJ 40GRAMS	111
<i>solution equivalent)</i>	85	PRIVIGEN INJ 5 GRAMS	111
PREDNISONE CON 5MG/ML.....	85	<i>probenecid tab 500 mg</i>	1
<i>prednisone oral soln 5 mg/5ml</i>	85	<i>probiata tab</i>	93
<i>prednisone tab 1 mg</i>	85	PROBIOTIC CAP	93
<i>prednisone tab 10 mg</i>	85	<i>probiotic cap acidophi</i>	93
<i>prednisone tab 2.5 mg</i>	85	<i>probiotic cap gold</i>	93
<i>prednisone tab 20 mg</i>	85	<i>probiotic pak children</i>	93
<i>prednisone tab 5 mg</i>	85	PRO-CAL TAB.....	140
<i>prednisone tab 50 mg</i>	85	PROCALAMINE INJ 3%.....	116
<i>prednisone tab therapy pack 10 mg (21)</i>		PROCERV HP TAB.....	140
.....	85	<i>prochlorperazine edisylate inj 5 mg/ml</i>	94
<i>prednisone tab therapy pack 10 mg (48)</i>		<i>prochlorperazine maleate tab 10 mg</i>	
.....	85	<i>(base equivalent)</i>	94
<i>prednisone tab therapy pack 5 mg (21)</i>		<i>prochlorperazine maleate tab 5 mg (base</i>	
.....	85	<i>equivalent)</i>	94
<i>prednisone tab therapy pack 5 mg (48)</i>		<i>prochlorperazine suppos 25 mg</i>	94
.....	85	PROCRIT INJ 10000/ML.....	106
PREMASOL SOL 10%.....	116	PROCRIT INJ 2000/ML	106
PRENATAL TAB 27-0.8MG	140	PROCRIT INJ 20000/ML.....	106
PRENATAL TAB 27-1MG	140	PROCRIT INJ 3000/ML	106
PRENATAL TAB PLUS	140	PROCRIT INJ 4000/ML	106
PRENATAL VIT TAB LOW IRON.....	140	PROCRIT INJ 40000/ML.....	106
<i>prenatal vitamin/folic acid > 0.8 mg</i>		<i>procto-med cre hc 2.5%</i>	179
<i>(generic)</i>	140	<i>procto-pak cre 1%</i>	179
PREPLUS TAB 27-1MG	140	<i>proctozone cre -hc 2.5%</i>	179
PRESERVISION CAP AREDS.....	140	PROFE CAP 180MG	107
PRESERVISION CAP AREDS 2	140	PROGLYCEM SUS 50MG/ML	86
PRESERVISION CAP LUTEIN	140	PROLASTIN-C INJ 1000MG	167
PRESERVISION TAB AREDS.....	140	PROLENSA SOL 0.07%.....	149
PRETTY FEET CRE & HANDS	179	PROLIA SOL 60MG/ML	87
<i>prevalite pow 4gm</i>	41	PROMACTA TAB 12.5MG.....	108
<i>prevalite pow 4gm pk</i>	41	PROMACTA TAB 25MG	108
<i>prevent cap</i>	140	PROMACTA TAB 50MG	108
<i>previfem tab</i>	82	PROMACTA TAB 75MG	109
PREZCOBIX TAB 800-150	16	<i>prometh vc/ syp codeine</i>	162

<i>promethazine hcl inj 25 mg/ml</i>	94
<i>promethazine hcl inj 50 mg/ml</i>	94
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	94
<i>promethazine hcl tab 12.5 mg</i>	94
<i>promethazine hcl tab 25 mg</i>	94
<i>promethazine hcl tab 50 mg</i>	95
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	162
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	162
<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	162
<i>propafenone hcl cap er 12hr 225 mg</i> ...	39
<i>propafenone hcl cap er 12hr 325 mg</i> ...	39
<i>propafenone hcl cap er 12hr 425 mg</i> ...	39
<i>propafenone hcl tab 150 mg</i>	39
<i>propafenone hcl tab 225 mg</i>	39
<i>propafenone hcl tab 300 mg</i>	39
<i>proparacaine hcl ophth soln 0.5%</i>	151
<i>propranolol & hydrochlorothiazide tab</i> <i>40-25 mg</i>	42
<i>propranolol & hydrochlorothiazide tab</i> <i>80-25 mg</i>	42
<i>propranolol hcl cap er 24hr 120 mg</i>	43
<i>propranolol hcl cap er 24hr 160 mg</i>	43
<i>propranolol hcl cap er 24hr 60 mg</i>	43
<i>propranolol hcl cap er 24hr 80 mg</i>	43
<i>propranolol hcl inj 1 mg/ml</i>	43
<i>propranolol hcl oral soln 20 mg/5ml</i> ...	43
<i>propranolol hcl oral soln 40 mg/5ml</i> ...	43
<i>propranolol hcl tab 10 mg</i>	43
<i>propranolol hcl tab 20 mg</i>	43
<i>propranolol hcl tab 40 mg</i>	43
<i>propranolol hcl tab 60 mg</i>	43
<i>propranolol hcl tab 80 mg</i>	43
<i>propylthiouracil tab 50 mg</i>	89
<i>PROQUAD INJ</i>	113
<i>PRO-RED AC SYP 5-1-9/5</i>	162
<i>PRORENAL +D TAB</i>	140
<i>PRORENAL+D CAP OMEGA-3</i>	140
<i>PRORENAL+D TAB</i>	140
<i>PROSHIELD CRE PLUS 1%</i>	173
<i>prosght cap w/lutein</i>	140
<i>prosght tab</i>	140
<i>PROSOL INJ 20%</i>	116
<i>PROTECT CAP CARDIO</i>	140
<i>PROTECT CAP PLUS SO</i>	140
<i>PROTECT PLUS LIQ NF</i>	140
<i>protriptyline hcl tab 10 mg</i>	59
<i>protriptyline hcl tab 5 mg</i>	59
<i>provil tab 200mg</i>	5
<i>pseudoeph-chlorphen w/ hydrocodone</i> <i>soln 60-4-5 mg/5ml</i>	162
<i>pseudoephed-bromphen-dm syrup 30-2-</i> <i>10 mg/5ml</i>	162
<i>pseudoephedr tab 120mg er</i>	162
<i>pseudoephedrine hcl tab 30 mg</i>	162
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	162
<i>pseudoephedrine-guaifenesin tab er 12hr</i> <i>60-600 mg</i>	162
<i>PULMICORT INH 180MCG</i>	168
<i>PULMICORT INH 90MCG</i>	168
<i>PULMOZYME SOL 1MG/ML</i>	167
<i>puralube oin</i>	151
<i>pureway-c tab 500mg</i>	140
<i>PURIXAN SUS 20MG/ML</i>	25
<i>px advanced tab multivit</i>	140
<i>px calcium&d tab 600-400</i>	122
<i>px complete tab senior</i>	140
<i>px fish oil cap 1000mg</i>	125
<i>PX GLUCOSE CHW FRUIT</i>	86
<i>PX GLUCOSE CHW ORANGE</i>	86
<i>PX GLUCOSE CHW RASPBERRY</i>	86
<i>PX GLUCOSE CHW SOUR APL</i>	86
<i>px iron tab 200mg</i>	108
<i>px iron tab 27mg</i>	108
<i>px mens mult tab vitamins</i>	140
<i>pyrazinamide tab 500 mg</i>	16
<i>pyridostigmine bromide tab 60 mg</i>	71
<i>pyridoxine hcl inj 100 mg/ml</i>	140
<i>pyrilamin/pe tab 25-10mg</i>	162
Q	
<i>qc allergy tab 10mg</i>	155
<i>qc allergy tab relief</i>	163
<i>qc allergy/ tab sinus</i>	163
<i>qc antacid sus</i>	91
<i>qc antacid sus anti-gas</i>	91
<i>qc aspirin tab 325mg</i>	3
<i>qc calcium tab 600mg</i>	122
<i>qc childrens chw complete</i>	141
<i>qc childrens chw extra c</i>	141
<i>qc childrens chw iron</i>	141
<i>qc cold relf sus plus ms</i>	163
<i>qc cough liq sore thr</i>	163
<i>qc enema ene</i>	99

<i>qc ibuprofen tab 200mg</i>	5
<i>qc ibuprofen tab cold/sin</i>	163
<i>qc laxative sup 10mg</i>	99
<i>qc mineral oil heavy</i>	99
<i>qc sinus pai tab relief</i>	163
<i>qc suphedrin tab 120mg sr</i>	163
<i>qc therin-m tab</i>	141
<i>q-dryl cap 25mg</i>	155
<i>q-dryl liq 12.5/5ml</i>	155
<i>Q-GEL CAP 15MG</i>	140
<i>q-gel forte cap 30mg</i>	140
<i>q-gel mega cap 100mg</i>	140
<i>q-gel ultra cap 60mg</i>	141
<i>q-pap child sus 160/5ml</i>	3
<i>q-pap tab 325mg</i>	3
<i>q-pap tab 500mg</i>	3
<i>q-sorb cap 150mg</i>	141
<i>q-sorb cap 200mg</i>	141
<i>q-sorb cap 30mg</i>	141
<i>q-sorb cap 50mg</i>	141
<i>q-sorb cap 75mg</i>	141
<i>q-sorb co q cap 200mg</i>	141
<i>q-sorb co-q cap 100mg</i>	141
<i>q-tussin dm syp 100-10/5</i>	163
<i>q-tussin sol 100/5ml</i>	163
<i>QUADRACEL INJ</i>	113
<i>quasense tab</i>	82
<i>quetiapine fumarate tab 100 mg</i>	65
<i>quetiapine fumarate tab 200 mg</i>	65
<i>quetiapine fumarate tab 25 mg</i>	65
<i>quetiapine fumarate tab 300 mg</i>	65
<i>quetiapine fumarate tab 400 mg</i>	65
<i>quetiapine fumarate tab 50 mg</i>	65
<i>quetiapine fumarate tab er 24hr 150 mg</i>	65
<i>quetiapine fumarate tab er 24hr 200 mg</i>	65
<i>quetiapine fumarate tab er 24hr 300 mg</i>	65
<i>quetiapine fumarate tab er 24hr 400 mg</i>	65
<i>quetiapine fumarate tab er 24hr 50 mg</i>	65
<i>QUICK DISSOL CHW GLUCOSE</i>	86
<i>QUIN B TAB STRONG</i>	141
<i>quinapril hcl tab 10 mg</i>	35
<i>quinapril hcl tab 20 mg</i>	35
<i>quinapril hcl tab 40 mg</i>	35

<i>quinapril hcl tab 5 mg</i>	35
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	34
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	34
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	34
<i>quinidine gluconate tab er 324 mg</i>	39
<i>quinidine sulfate tab 200 mg</i>	39
<i>quinidine sulfate tab 300 mg</i>	39
<i>quinine sulfate cap 324 mg</i>	13
<i>QUINTABS TAB</i>	141
<i>quintabs-m tab</i>	141
<i>QUINTABS-M TAB</i>	141

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<i>ra acidophil cap 300mg</i>	93
<i>ra b-complex tab vit c tr</i>	141
<i>ra biotin cap 2500mcg</i>	141
<i>ra ca/vit d3 chw minerals</i>	122
<i>ra ca/vit d3 tab 600-400</i>	122
<i>ra calcium tab 600mg</i>	122
<i>ra calcium tab vit d</i>	122
<i>ra calcium+d tab 600mg</i>	122
<i>ra central tab energy</i>	141
<i>ra central tab -vite</i>	141
<i>ra central tab vite sel</i>	141
<i>ra central tab vite sen</i>	141
<i>ra col-rite cap 50mg</i>	99
<i>RA ESSENCE-C POW LMN-LIME</i>	141
<i>RA ESSENCE-C POW ORANGE</i>	141
<i>RA ESSENCE-C POW RASPBRY</i>	141
<i>RA ESSENCE-C POW TNGERINE</i>	141
<i>ra fish oil cap 1000mg</i>	125
<i>RA FISH OIL CAP 1400MG</i>	125
<i>ra fish oil cap 600mg</i>	125
<i>RA GENTLE CRE SKIN</i>	179
<i>RA GLUCOSE CHW GRAPE</i>	86
<i>RA GLUCOSE CHW ORANGE</i>	86
<i>RA GLUCOSE CHW TROP FRT</i>	86
<i>ra glucose gel</i>	86
<i>ra hair/skin tab /nails</i>	141
<i>ra hi cal tab 500-200</i>	122
<i>ra hi-cal tab 500mg</i>	122
<i>ra hi-cal/d tab 500mg</i>	122
<i>ra hydrating oin healing</i>	179
<i>ra iron tab 27mg</i>	108
<i>ra iron tab 325mg</i>	108
<i>ra magnesium cap 500mg</i>	122

<i>ra mature wm tab diet sup</i>	141	<i>reclipsen tab</i>	82
<i>ra nat vit e cap 400unit</i>	141	RECOMBIVA HB INJ 10MCG/ML	113
<i>ra niacin tab 100mg</i>	141	RECOMBIVA HB INJ 5MCG/0.5	113
<i>ra niacin tab 500mg</i>	141	RECOMBIVA-HB INJ 40MCG/ML.....	113
<i>ra one daily pak mens 50+</i>	141	REESES MED SUS PINWORM	11
<i>ra one daily tab +iron</i>	141	REFRESH CELL GEL 1% OP.....	151
<i>ra one daily tab energy</i>	141	REFRESH GEL OPTIVE.....	151
<i>ra one daily tab essentia</i>	141	<i>refresh lacr oin op</i>	151
<i>ra one daily tab maximum</i>	141	REFRESH LIQU DRO 1% OP.....	151
<i>ra one daily tab mens/d3</i>	141	REFRESH OPTI DRO 0.5-0.9%	151
<i>ra one daily tab multivit</i>	141	<i>refresh p.m. oin op</i>	151
<i>ra one daily tab womens</i>	141	REFRESH SOL OPTIVE.....	151
<i>ra pediatric sol electrol</i>	115	REGANEX GEL 0.01%	180
<i>ra therapeut tab m/beta</i>	141	<i>reguloid cap 0.52gm</i>	99
<i>ra vision tab vite/zn</i>	141	<i>reguloid pow 28.3%</i>	99
<i>ra vit c/rh tab 1000mg</i>	141	<i>reguloid pow 48.57%</i>	99
<i>ra vitamin c tab 250mg</i>	142	<i>reguloid pow 58.6%</i>	99
<i>ra vitamin cap 2000unit</i>	142	<i>rehydralyte sol</i>	115
<i>ra vitamin e cap 1000unit</i>	142	<i>relcof c sol 100-6.3</i>	163
<i>ra vitamin e cap 200unit</i>	142	<i>relcof ir tab 10-380mg</i>	163
<i>ra vitamin e cap 400unit</i>	142	RELENZA MIS DISKHALE	17
<i>rabano liq yodado</i>	142	RELHIST BP TAB	163
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<i>rabeprazole sodium ec tab 20 mg</i>	103	RELISTOR INJ 12/0.6ML.....	101
<i>raloxifene hcl tab 60 mg</i>	87	RELISTOR INJ 8/0.4ML	101
<i>ramipril cap 1.25 mg</i>	35	<i>remedy cre antifung</i>	173
<i>ramipril cap 10 mg</i>	35	REMEDY MOIST CRE 5%	173
<i>ramipril cap 2.5 mg</i>	35	REMEDY NUTRA CRE 1%	173
<i>ramipril cap 5 mg</i>	35	REMEDY SKIN CRE REPAIR.....	173
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RANEXA TAB 500MG	47	REMODULIN INJ 10MG/ML.....	49
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	96	REMODULIN INJ 1MG/ML	48
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	96	REMODULIN INJ 2.5MG/ML.....	48
<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	96	REMODULIN INJ 5MG/ML	49
<i>ranitidine hcl tab 150 mg</i>	96	<i>renal tab</i>	142
<i>ranitidine hcl tab 300 mg</i>	96	<i>renal tab multivit</i>	142
<i>ranitidine hcl tab 75 mg</i>	96	<i>renal vitamn tab</i>	142
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<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	62	<i>renal-vite tab</i>	142
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	62	<i>rena-vite tab</i>	142
RAYALDEE CAP 30MCG	142	<i>repaglinide tab 0.5 mg</i>	78
<i>react tab 1.5mg</i>	82	<i>repaglinide tab 1 mg</i>	78
REBETOL SOL 40MG/ML.....	17	<i>repaglinide tab 2 mg</i>	78
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		REPEL FAMILY AER 10%.....	173
		REPEL FAMILY AER 15%.....	173
		REPEL HUNTER AER 25%	173
		REPEL LEMON SPR INSECT	173

REPEL SPORTS AER 25%	173	<i>riluzole tab 50 mg</i>	71
REPEL SPORTS AER 40%	173	<i>rimantadine hydrochloride tab 100 mg</i>	17
REPEL SPORTS LIQ 40%	173	<i>ringer's solution</i>	117
REPEL SPORTS LOT 40%	173	RISABAL-PH CRE.....	179
REPEL TICK AER 15%.....	173	RISACAL-D TAB	123
REPEL WIPES MIS 30%	173	RISPERDAL INJ 12.5MG	66
REPHRESH CAP PRO-B.....	93	RISPERDAL INJ 25MG	66
REPLACE CAP	142	RISPERDAL INJ 37.5MG	66
REPLESTA NX WAF 14000UNT	142	RISPERDAL INJ 50MG	66
REPLESTA WAF 14000UNT	142	<i>risperidone orally disintegrating tab 0.25</i>	
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RESCON-DM SYP	163	<i>mg</i>	66
RESCRIPTOR TAB 100 MG.....	14	<i>risperidone orally disintegrating tab 1 mg</i>	
RESCRIPTOR TAB 200MG.....	14	<i>.....</i>	66
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RESTASIS MUL EMU 0.05%.....	151	<i>risperidone orally disintegrating tab 3 mg</i>	
RETROVIR INJ 10MG/ML	14	<i>.....</i>	66
<i>revital frzr sol pops</i>	115	<i>risperidone orally disintegrating tab 4 mg</i>	
<i>revital jell sol cups</i>	115	<i>.....</i>	66
<i>revital lqd sol squeezer</i>	115	<i>risperidone soln 1 mg/ml</i>	66
REVLIMID CAP 10MG.....	28	<i>risperidone tab 0.25 mg</i>	66
REVLIMID CAP 15MG.....	28	<i>risperidone tab 0.5 mg.....</i>	66
REVLIMID CAP 2.5MG.....	28	<i>risperidone tab 1 mg</i>	66
REVLIMID CAP 20MG.....	28	<i>risperidone tab 2 mg</i>	66
REVLIMID CAP 25MG.....	29	<i>risperidone tab 3 mg</i>	66
REVLIMID CAP 5MG	28	<i>risperidone tab 4 mg</i>	66
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REXULTI TAB 1MG	66	RITUXAN INJ 500MG.....	27
REXULTI TAB 2MG	66	RITUXAN INJ HYCELA	27
REXULTI TAB 3MG	66	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
REXULTI TAB 4MG	66	<i>equivalent).....</i>	56
REYATAZ POW 50MG.....	14	<i>rivastigmine tartrate cap 3 mg (base</i>	
REZIRA SOL 60-5/5ML.....	163	<i>equivalent).....</i>	56
RHINARIS SPR 0.2%	167	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>ribasphere cap 200mg</i>	17	<i>equivalent).....</i>	56
<i>ribasphere tab 200mg</i>	17	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>ribasphere tab 400mg</i>	17	<i>equivalent).....</i>	56
<i>ribasphere tab 600mg</i>	17	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	
<i>ribavirin cap 200 mg</i>	17	<i>.....</i>	56
<i>ribavirin tab 200 mg.....</i>	17	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>rifabutin cap 150 mg</i>	16	<i>.....</i>	56
<i>rifampin cap 150 mg</i>	16	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>rifampin cap 300 mg</i>	16	<i>.....</i>	56
<i>rifampin for inj 600 mg.....</i>	16	<i>rizatriptan benzoate oral disintegrating</i>	
RIFATER TAB.....	16	<i>tab 10 mg (base eq).....</i>	70

<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	<i>70</i>	<i>saline mist spr 0.65%</i>	<i>167</i>
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	<i>70</i>	<i>saline nasal gel</i>	<i>167</i>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	<i>70</i>	<i>saline nasal spr 0.65%</i>	<i>167</i>
<i>robafen cf liq 5-10-100</i>	<i>163</i>	<i>saline nasal spray 0.65%</i>	<i>167</i>
<i>robafen cgh cap 15mg</i>	<i>163</i>	<i>saline nose spr 0.65%</i>	<i>167</i>
<i>robafen dm liq 10-100/5</i>	<i>163</i>	<i>SALMON OIL- CAP 1000</i>	<i>125</i>
<i>robafen dm syp 100-10/5</i>	<i>163</i>	<i>salmon oil cap 1000mg</i>	<i>125</i>
<i>robafen syp 100/5ml</i>	<i>163</i>	<i>sal-plant gel 17%</i>	<i>174</i>
<i>robitussin cap cold+flu</i>	<i>163</i>	<i>sam-e.p.a. cap 500mg</i>	<i>125</i>
<i>robitussin liq severe</i>	<i>163</i>	<i>SANDIMMUNE SOL 100MG/ML</i>	<i>112</i>
<i>robitussin mis severe</i>	<i>163</i>	<i>SANDOSTATIN KIT LAR 10MG</i>	<i>87</i>
<i>robitussin sus 30mg/5ml</i>	<i>163</i>	<i>SANDOSTATIN KIT LAR 20MG</i>	<i>87</i>
<i>ropinirole hydrochloride tab 0.25 mg ...</i>	<i>62</i>	<i>SANDOSTATIN KIT LAR 30MG</i>	<i>87</i>
<i>ropinirole hydrochloride tab 0.5 mg</i>	<i>62</i>	<i>SANTYL OIN 250/GM</i>	<i>180</i>
<i>ropinirole hydrochloride tab 1 mg</i>	<i>62</i>	<i>SAPHRIS SUB 10MG</i>	<i>66</i>
<i>ropinirole hydrochloride tab 2 mg</i>	<i>62</i>	<i>SAPHRIS SUB 2.5MG</i>	<i>66</i>
<i>ropinirole hydrochloride tab 3 mg</i>	<i>62</i>	<i>SAPHRIS SUB 5MG</i>	<i>66</i>
<i>ropinirole hydrochloride tab 4 mg</i>	<i>62</i>	<i>saratoga oin</i>	<i>179</i>
<i>ropinirole hydrochloride tab 5 mg</i>	<i>62</i>	<i>savision tab</i>	<i>142</i>
<i>rosadan cre 0.75%</i>	<i>179</i>	<i>SAWYER REPEL AER 30%</i>	<i>174</i>
<i>rosuvastatin calcium tab 10 mg</i>	<i>40</i>	<i>SAWYER REPEL LOT 20%</i>	<i>174</i>
<i>rosuvastatin calcium tab 20 mg</i>	<i>40</i>	<i>SAWYER REPEL SPR 20%</i>	<i>174</i>
<i>rosuvastatin calcium tab 40 mg</i>	<i>40</i>	<i>sb allergy tab 10mg</i>	<i>155</i>
<i>rosuvastatin calcium tab 5 mg</i>	<i>40</i>	<i>sb allergy tab 25mg med</i>	<i>155</i>
<i>ROTARIX SUS</i>	<i>113</i>	<i>sb allergy/ tab cold pe</i>	<i>163</i>
<i>ROTATEQ SOL</i>	<i>113</i>	<i>sb antacid/ sus antigas</i>	<i>91</i>
<i>roweepra tab 1000mg</i>	<i>54</i>	<i>sb anti-itch cre 2-0.1%</i>	<i>174</i>
<i>roweepra tab 500mg</i>	<i>54</i>	<i>sb aspirin tab 325mg</i>	<i>3</i>
<i>roweepra tab 750mg</i>	<i>54</i>	<i>sb bisacodyl tab 5mg ec</i>	<i>99</i>
<i>roweepra xr tab 500mg xr</i>	<i>54</i>	<i>sb bismuth sus 262/15ml</i>	<i>93</i>
<i>roweepra xr tab 750mg xr</i>	<i>54</i>	<i>sb cgh contr cap 15mg</i>	<i>163</i>
<i>RUBRACA TAB 200MG</i>	<i>27</i>	<i>sb cgh contr liq cf</i>	<i>163</i>
<i>RUBRACA TAB 250MG</i>	<i>27</i>	<i>sb cgh contr syp 100/5ml</i>	<i>163</i>
<i>RUBRACA TAB 300MG</i>	<i>27</i>	<i>sb cgh relf liq 15mg/5ml</i>	<i>163</i>
<i>RU-HIST D TAB 4-10MG</i>	<i>163</i>	<i>sb child asa chw 81mg</i>	<i>3</i>
<i>rulox sus</i>	<i>91</i>	<i>sb cold head tab congest</i>	<i>163</i>
<i>RYDAPT CAP 25MG</i>	<i>31</i>	<i>sb cold mult tab symp sev</i>	<i>163</i>
<i>RYDEX LIQ</i>	<i>163</i>	<i>sb cold/cgh tab hbp</i>	<i>163</i>
<i>RYMED TAB 2-10MG</i>	<i>163</i>	<i>sb cough tab tab 200mg</i>	<i>163</i>
<i>rynex dm liq</i>	<i>163</i>	<i>sb hydrocort cre 1%</i>	<i>176</i>
<i>rynex pe elx</i>	<i>163</i>	<i>sb hydrocort oin 1%</i>	<i>176</i>
<i>rynex pse liq</i>	<i>163</i>	<i>sb ibuprofen tab 200mg</i>	<i>5</i>
S		<i>sb milk magn sus</i>	<i>99</i>
<i>SABRIL TAB 500MG</i>	<i>54</i>	<i>sb milk magn sus mint</i>	<i>99</i>
<i>salactic fil sol 17%</i>	<i>174</i>	<i>sb saline spr 0.65%</i>	<i>167</i>
		<i>sb senna-lax tab 8.6mg</i>	<i>99</i>
		<i>sb severe tab cold pe</i>	<i>163</i>
		<i>sb sinus cng pak /pain</i>	<i>164</i>

<i>sb sinus cng tab /pain</i>	164	<i>sertraline hcl oral concentrate for</i>	
<i>sb sinus cng tab /pain dt</i>	164	<i>solution 20 mg/ml</i>	59
<i>scalp relief liq 3%</i>	174	<i>sertraline hcl tab 100 mg</i>	59
<i>scalpicin sol 1%</i>	176	<i>sertraline hcl tab 25 mg</i>	59
<i>sclerex tab</i>	142	<i>sertraline hcl tab 50 mg</i>	59
<i>SCOOBY-DOO CHW</i>	142	<i>sevelamer carbonate packet 0.8 gm</i> ...	88
<i>scopolamine td patch 72hr 1 mg/3days</i>		<i>sevelamer carbonate packet 2.4 gm</i> ...	88
.....	95	<i>sevelamer carbonate tab 800 mg</i>	88
<i>sea soft spr 0.65%</i>	167	<i>sharobel tab 0.35mg</i>	82
<i>sea-omega 30 cap 1200mg</i>	125	<i>SHINGRIX INJ 50MCG</i>	113
<i>sea-omega 50 cap 1000mg</i>	125	<i>SIGNIFOR INJ 0.3MG/ML</i>	87
<i>sebex sha</i>	179	<i>SIGNIFOR INJ 0.6MG/ML</i>	88
<i>SECURA PROTE CRE 5%</i>	174	<i>SIGNIFOR INJ 0.9MG/ML</i>	88
<i>selegiline hcl cap 5 mg</i>	62	<i>silace liq 10mg/ml</i>	100
<i>selegiline hcl tab 5 mg</i>	62	<i>silace syp 60/15ml</i>	100
<i>selenium sulfide lotion 2.5%</i>	174	<i>siladryl alr liq 12.5/5ml</i>	155
<i>SELZENTRY SOL 20MG/ML</i>	14	<i>sildenafil citrate tab 20 mg</i>	49
<i>SELZENTRY TAB 150MG</i>	15	<i>SILENOR TAB 3MG</i>	69
<i>SELZENTRY TAB 25MG</i>	14	<i>SILENOR TAB 6MG</i>	69
<i>SELZENTRY TAB 300MG</i>	15	<i>silphen coug syp 12.5/5ml</i>	155
<i>SELZENTRY TAB 75MG</i>	15	<i>silphen dm syp 10mg/5ml</i>	164
<i>senexon liq 8.8mg/5</i>	99	<i>siltuss das liq 100/5ml</i>	164
<i>senexon tab 8.6mg</i>	99	<i>siltussin dm liq das</i>	164
<i>senexon-s tab 8.6-50mg</i>	99	<i>siltussin sa syp 100/5ml</i>	164
<i>senior tabs tab</i>	142	<i>siltussin-dm liq diabetic</i>	164
<i>senna lax tab 8.6mg</i>	99	<i>siltussin-dm liq max st</i>	164
<i>senna plus tab 8.6-50mg</i>	99	<i>siltussin-dm syp alc free</i>	164
<i>senna tab 8.6mg</i>	99	<i>silver sulfadiazine cream 1%</i>	171
<i>senna-lax tab 8.6mg</i>	99	<i>SIMBRINZA SUS 1-0.2%</i>	150
<i>sennalax-s tab 8.6-50mg</i>	100	<i>simethicone cap 180 mg</i>	101
<i>senna-s tab 8.6-50mg</i>	99	<i>simethicone chew tab 125 mg</i>	101
<i>senna-tabs tab 8.6mg</i>	99	<i>simethicone chew tab 80 mg</i>	101
<i>senna-time s tab 8.6-50mg</i>	99	<i>simethicone dro 20/0.3ml</i>	101
<i>senna-time tab 8.6mg</i>	100	<i>simethicone susp 40 mg/0.6ml</i>	101
<i>senno tab 8.6mg</i>	100	<i>SIMILAC PREN PAK EARLY SH</i>	142
<i>sennosides syrup 8.8 mg/5ml</i>	100	<i>SIMPLY SALIN AER 0.9%</i>	167
<i>sennosides tab 8.6 mg</i>	100	<i>simvastatin tab 10 mg</i>	40
<i>sennosides-docusate sodium tab 8.6-50</i>		<i>simvastatin tab 20 mg</i>	40
<i>mg</i>	100	<i>simvastatin tab 40 mg</i>	40
<i>SENSI-CARE CRE MOISTURI</i>	179	<i>simvastatin tab 5 mg</i>	40
<i>SENSIPAR TAB 30MG</i>	78	<i>simvastatin tab 80 mg</i>	40
<i>SENSIPAR TAB 60MG</i>	78	<i>sinus congst tab /pain dt</i>	164
<i>SENSIPAR TAB 90MG</i>	78	<i>sinus nasal spr 0.05%</i>	164
<i>sentry adult tab under 50</i>	142	<i>sinus relief pak cng/pain</i>	164
<i>sentry tab</i>	142	<i>sinus relief spr 0.05%</i>	164
<i>SENTRY TAB</i>	142	<i>SINUS WASH CRY SALT</i>	167
<i>sentry tab senior</i>	142	<i>sinus/alergy tab max st</i>	164
<i>SEREVENT DIS AER 50MCG</i>	156	<i>sinus/alergy tab pe max</i>	164

<i>sinus/allerg tab 4-10mg</i>	164	<i>sm child asa chw 81mg</i>	3
<i>sinus/cold-d tab 120-220</i>	164	<i>sm childrens sus ms cold</i>	164
<i>sinus-max mis day/nght</i>	164	<i>sm cld/alrgy elx children</i>	164
<i>sirolimus tab 0.5 mg</i>	112	<i>sm clearlax pow</i>	100
<i>sirolimus tab 1 mg</i>	112	<i>sm cold&flu tab severe</i>	164
<i>sirolimus tab 2 mg</i>	112	<i>sm cold/cgh elx dm child</i>	164
SIRTURO TAB 100MG	16	<i>sm complete tab</i>	142
SIVEXTRO INJ 200MG	11	<i>sm complete tab 50+</i>	142
SIVEXTRO TAB 200MG	11	<i>sm complete tab 50+ mens</i>	142
<i>slo-niacin tab 250mg cr</i>	142	<i>sm complete tab 50+ wmn</i>	142
<i>slow fe tab 45mg</i>	108	<i>sm complete tab adv form</i>	142
<i>slow iron tab 160mg cr</i>	108	<i>sm complete tab senior</i>	142
<i>slow iron tab 50mg</i>	108	<i>sm coq-10 cap 50mg</i>	142
<i>slow mag/cal tab 70-117mg</i>	123	<i>sm day time cap pe</i>	164
SLOW REL FE TAB 143MG CR	108	<i>sm day time liq cold/flu</i>	164
<i>slow rel fe tab 160mg cr</i>	108	<i>sm ear dro 6.5% ot</i>	181
<i>slow release tab 143mg</i>	108	<i>sm epsom gra salt</i>	100
<i>slow release tab 45mg</i>	108	<i>sm fiber lax cap 0.52gm</i>	100
<i>slow release tab 47.5mg</i>	108	<i>sm fiber lax tab 500mg</i>	100
SLOW-MAG TAB.....	123	<i>sm fiber pow 28.3%</i>	100
<i>slow-release tab fe 45mg</i>	108	<i>sm fiber pow 48.57%</i>	100
<i>sm acid redu tab 200mg</i>	96	<i>sm fiber pow 58.6%</i>	100
<i>sm all day tab allergy</i>	155	<i>sm fish oil cap 1000mg</i>	125
<i>sm allergy tab 25mg rlf</i>	155	<i>sm fish oil cap 1200mg</i>	125
<i>sm allergy tab 4mg</i>	155	SM FISH OIL CAP 554MG	125
<i>sm allergy tab multi-sy</i>	164	<i>sm folic acd tab 400mcg</i>	142
<i>sm animal chw shapes</i>	142	<i>sm gas relf chw 80mg</i>	101
<i>sm animal sh chw complete</i>	142	SM GLUCOSE CHW ORANGE	86
<i>sm antacid sus advanced</i>	91	SM GLUCOSE CHW RASPBERRY	86
<i>sm antacid sus anti-gas</i>	91	SM GLUCOSE CHW SOUR APP.....	87
<i>sm antacid/ sus antigas</i>	92	<i>sm hair/skin tab /nails</i>	142
<i>sm antibioti cre plus</i>	171	<i>sm hydrocort cre 1%</i>	176
<i>sm antibioti oin 500/gm</i>	171	<i>sm hydrocort cre 1% plus</i>	176
<i>sm anti-diar tab 2mg</i>	93	<i>sm hydrocort oin 1%</i>	176
<i>sm antifungl cre 1%</i>	174	<i>sm ibuprofen cap 200mg</i>	5
<i>sm antifungl cre 2%</i>	174	<i>sm ibuprofen tab 200mg</i>	5
<i>sm anti-itch cre 2-0.1%</i>	174	<i>sm iron slow tab 160mg cr</i>	108
<i>sm aspirin chw 81mg</i>	3	<i>sm iron tab 325mg</i>	108
<i>sm aspirin tab 325mg</i>	3	<i>sm iron tab 45mg</i>	108
<i>sm aspirin tab 325mg ec</i>	3	<i>sm laxative tab 5mg ec</i>	100
<i>sm aspirin tab 81mg ec</i>	3	<i>sm lubricant dro 0.4-0.3%</i>	151
SM B-COMPLEX TAB /VIT C	142	<i>sm magnesium tab 250mg</i>	123
SM BENZOIN TIN	174	<i>sm micon 7 sup 100mg</i>	104
<i>sm ca/vit d3 tab 600-400</i>	123	<i>sm mineral oil</i>	100
<i>sm calcium tab /vit d3</i>	123	<i>sm mucus er tab 600mg</i>	164
<i>sm calcium/d tab 500-200</i>	123	<i>sm multiple tab vit/iron</i>	142
<i>sm calcium/d tab 600-400</i>	123	<i>sm multiple tab vitamins</i>	142
<i>sm castor oil 100%</i>	100	<i>sm nasal 12h spr 0.05%</i>	164

<i>sm nasal dec tab 30mg</i>	164	<i>sodium chloride inj 5%</i>	117
<i>sm nasal spr 0.05%</i>	164	<i>sodium chloride irrigation soln 0.9%</i> .	180
<i>sm niacin tab 250mg cr</i>	142	<i>sodium chloride iv soln 0.9%</i>	117
<i>sm nicotine dis 14mg/24h</i>	74	<i>sodium chloride soln nebu 0.9%</i>	164
<i>sm nicotine dis 21mg/24h</i>	74	<i>sodium chloride soln nebu 7%</i>	164
<i>sm nicotine dis 7mg/24hr</i>	74	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>sm nicotine gum 2mg</i>	74	<i>mg/ml soln</i>	115
<i>sm nicotine gum 2mg mint</i>	74	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sm nicotine gum 4mg</i>	74	<i>gm/teaspoonful</i>	83
<i>sm nicotine gum 4mg mint</i>	74	<i>sodium phenylbutyrate tab 500 mg</i>	83
<i>sm nicotine loz 2mg mint</i>	74	<i>sodium phosphates - enema</i>	100
<i>sm nicotine loz 4mg mint</i>	74	<i>sodium polystyrene sulfonate oral susp</i>	
<i>sm nite time cap cold/flu</i>	164	<i>15 gm/60ml</i>	79
<i>sm nite time liq cld/flu</i>	164	<i>sodium polystyrene sulfonate powder</i> .	79
<i>sm nose dro 1%</i>	164	<i>sof-lax cap 100mg</i>	100
<i>SM ONE DAILY TAB MENS</i>	143	<i>SOLQUA INJ 100/33</i>	76
<i>SM ONE DAILY TAB WOMENS</i>	143	<i>SOLO TAB</i>	143
<i>sm opti-vita tab</i>	143	<i>SOLTAMOX SOL 10MG/5ML</i>	28
<i>sm pain rel cap 500mg</i>	3	<i>soluble fib pow therapy</i>	100
<i>sm povid-iod sol 10%</i>	174	<i>SOLU-CORTEF INJ 250MG</i>	85
<i>sm senna lax tab max str</i>	100	<i>SOMATULINE INJ 120/.5ML</i>	88
<i>sm stomach sus 262/15ml</i>	93	<i>SOMATULINE INJ 60/0.2ML</i>	88
<i>sm triple oin antibiot</i>	171	<i>SOMATULINE INJ 90/0.3ML</i>	88
<i>sm tussin cf liq</i>	164	<i>SOMAVERT INJ 10MG</i>	88
<i>sm tussin dm syp 100-10/5</i>	164	<i>SOMAVERT INJ 15MG</i>	88
<i>sm tussin syp dm</i>	164	<i>SOMAVERT INJ 20MG</i>	88
<i>sm urinary tab pain max</i>	103	<i>SOMAVERT INJ 25MG</i>	88
<i>sm vit c/rh tab 1000mg</i>	143	<i>SOMAVERT INJ 30MG</i>	88
<i>sm vitamin c tab 1000mg</i>	143	<i>soothe&cool cre inzo 2%</i>	174
<i>sm vitamin c tab 250mg</i>	143	<i>SOOTHE&COOL CRE SKIN</i>	179
<i>sm vitamin c tab 500mg</i>	143	<i>SOOTHE&COOL OIN FREE PST</i>	179
<i>sm vitamin d tab 400unit</i>	143	<i>SOOTHE&COOL OIN MEDSEPTI</i>	179
<i>sm vitamin e cap 1000unit</i>	143	<i>SOOTHE&COOL OIN MOISTURE</i>	179
<i>sm vitamin e cap 200unit</i>	143	<i>SORBIDON CRE HYDRATE</i>	179
<i>sm vitamin e cap 400unit</i>	143	<i>SORBITOL SOL 70%</i>	100
<i>sod ferric gluc cmplx in sucrose iv soln</i>		<i>SORBOLENE CRE</i>	180
<i>12.5 mg/ml (fe eq)</i>	108	<i>sorine tab 120mg</i>	39
<i>sodium bicarbonate tab 325 mg</i>	92	<i>sorine tab 160mg</i>	39
<i>sodium bicarbonate tab 650 mg</i>	92	<i>sorine tab 240mg</i>	39
<i>sodium chloride aero soln 0.9%</i>	164	<i>sorine tab 80mg</i>	39
<i>sodium chloride hypertonic ophth oint</i>		<i>sotalol hcl (afib/afl) tab 120 mg</i>	39
<i>5%</i>	152	<i>sotalol hcl (afib/afl) tab 160 mg</i>	39
<i>sodium chloride hypertonic ophth soln</i>		<i>sotalol hcl (afib/afl) tab 80 mg</i>	39
<i>5%</i>	152	<i>sotalol hcl tab 120 mg</i>	40
<i>sodium chloride inj 0.45%</i>	117	<i>sotalol hcl tab 160 mg</i>	40
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>		<i>sotalol hcl tab 240 mg</i>	40
.....	115	<i>sotalol hcl tab 80 mg</i>	40
<i>sodium chloride inj 3%</i>	117	<i>SOVALDI TAB 400MG</i>	17

<i>spectr women tab hlth sen</i>	143	<i>streptomycin sulfate for inj 1 gm</i>	9
<i>spectra ultr tab hlth men</i>	143	<i>stress b com tab vit c/zn</i>	143
SPECTRAVITE CHW ADLT 50+	143	<i>stress b/ tab zinc</i>	143
SPECTRAVITE CHW ADULT	143	<i>stress form tab</i>	143
SPECTRAVITE TAB ADLT 50+	143	<i>stress form tab /iron</i>	143
<i>spectravite tab advanced</i>	143	<i>stress form tab /zinc</i>	143
SPECTRAVITE TAB MEN 50+	143	<i>stress form/ tab zinc</i>	143
<i>spectravite tab senior</i>	143	<i>stress formu tab</i>	143
SPECTRAVITE TAB SENIOR	143	<i>stress formu tab /zinc</i>	143
SPECTRAVITE TAB ULT MEN	143	<i>stress formu tab advanced</i>	143
SPECTRAVITE TAB ULT WMN	143	<i>stress formu tab energy</i>	143
<i>spironolactone & hydrochlorothiazide tab</i>		<i>stress formu tab w/iron</i>	143
<i>25-25 mg</i>	46	<i>stresstabs tab advanced</i>	143
<i>spironolactone tab 100 mg</i>	36	<i>stresstabs tab energy</i>	143
<i>spironolactone tab 25 mg</i>	36	STRIBILD TAB.....	16
<i>spironolactone tab 50 mg</i>	36	STUDIO 35 CRE MOIST	180
<i>sprintec 28 tab 28 day</i>	82	<i>stuffy nose liq & cold</i>	165
SPRITAM TAB 1000MG.....	54	SUBOXONE MIS 12-3MG	74
SPRITAM TAB 250MG	54	SUBOXONE MIS 2-0.5MG	74
SPRITAM TAB 500MG	54	SUBOXONE MIS 4-1MG.....	74
SPRITAM TAB 750MG	54	SUBOXONE MIS 8-2MG	74
SPRYCEL TAB 100MG	31	<i>sucralfate tab 1 gm</i>	101
SPRYCEL TAB 140MG	31	<i>sudogest pe tab 10mg</i>	165
SPRYCEL TAB 20MG	31	<i>sudogest tab 120mg er</i>	165
SPRYCEL TAB 50MG	31	<i>sudogest tab 30mg</i>	165
SPRYCEL TAB 70MG	31	<i>sudogest tab 4-60mg</i>	165
SPRYCEL TAB 80MG	31	<i>sudogest tab 60mg</i>	165
<i>ssd cre 1%</i>	171	<i>sulfacetamide sodium lotion 10% (acne)</i>	
STAFLEX TAB 2-250MG.....	164	.....	170
STAHIST AD LIQ.....	164	<i>sulfacetamide sodium ophth oint 10%</i>	
STAHIST AD TAB 25-60MG.....	164	.....	149
<i>stavudine cap 15 mg</i>	15	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>stavudine cap 20 mg</i>	15	.....	149
<i>stavudine cap 30 mg</i>	15	<i>sulfacetamide sodium-prednisolone</i>	
<i>stavudine cap 40 mg</i>	15	<i>ophth soln 10-0.23(0.25)%</i>	148
<i>stim laxat tab 5mg ec</i>	100	SULFADIAZINE TAB 500MG	9
STIMATE SOL 1.5MG/ML.....	90	<i>sulfamethoxazole-trimethoprim iv soln</i>	
STIVARGA TAB 40MG	31	<i>400-80 mg/5ml</i>	11
<i>stomach relf chw 262mg</i>	93	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>stomach relf sus</i>	93	<i>200-40 mg/5ml</i>	11
<i>stomach relf sus 262/15ml</i>	93	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
<i>stomach relf sus 525/15ml</i>	93	<i>80 mg</i>	11
<i>stomach relf tab 262mg</i>	93	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>stool softnr cap 100mg</i>	100	<i>160 mg</i>	11
<i>stool softnr cap 240mg</i>	100	SULFAMYLON CRE 85MG/GM	171
<i>stool softnr cap 250mg</i>	100	SULFAMYLON PAK 5%	171
<i>stool softnr tab 100mg</i>	100	<i>sulfasalazine tab 500 mg</i>	96
<i>stool softnr tab 8.6-50mg</i>	100	<i>sulfasalazine tab delayed release 500 mg</i>	

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<i>sulindac tab 150 mg</i>	5
<i>sulindac tab 200 mg</i>	5
<i>sumatriptan nasal spray 20 mg/act</i>	70
<i>sumatriptan nasal spray 5 mg/act</i>	70
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	70
<i>sumatriptan succinate tab 100 mg</i>	70
<i>sumatriptan succinate tab 25 mg</i>	70
<i>sumatriptan succinate tab 50 mg</i>	70
<i>sunvite tab advanced</i>	143
SUPER ANTIOX CAP.....	143
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<i>super b comp tab vit c</i>	143
<i>super b w/c cap</i>	143
<i>super b-comp tab vit c/fa</i>	143
<i>super biotin cap 5000mcg</i>	144
<i>super ca 600 tab + d 400</i>	123
<i>super ca 600 tab + d3</i>	123
<i>super ca 600 tab + d3 400</i>	123
<i>super calciu tab 600mg</i>	123
<i>super dha cap gems</i>	125
<i>super liq nu-thera</i>	144
<i>super multip cap</i>	144
<i>super multip tab</i>	144
<i>super omega cap -3</i>	125
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<i>super tab nu-thera</i>	144
<i>super thera tab vite m</i>	144
SUPER TWIN CAP EPA/DHA.....	125
<i>super vikaps tab</i>	144
<i>superplex-t tab</i>	144
<i>suphedrine tab 30mg</i>	165
<i>supr aytinal tab</i>	144
<i>supr aytinal tab 50 plus</i>	144
<i>supr vitamin tab</i>	144
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SUPRAX CHW 100MG.....	19
SUPRAX CHW 200MG.....	19

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SUSTIVA TAB 600MG.....	15
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SUTENT CAP 25MG.....	31
SUTENT CAP 37.5MG.....	31
SUTENT CAP 50MG.....	31
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SYLATRON KIT 300MCG.....	32
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SYNAREL SOL 2MG/ML.....	83
SYNERCID INJ 500MG.....	11
SYNRIBO INJ 3.5MG.....	32
SYNTHROID TAB 100MCG.....	89
SYNTHROID TAB 112MCG.....	89
SYNTHROID TAB 125MCG.....	89
SYNTHROID TAB 137MCG.....	89
SYNTHROID TAB 150MCG.....	89
SYNTHROID TAB 175MCG.....	89
SYNTHROID TAB 200MCG.....	90
SYNTHROID TAB 25MCG.....	89
SYNTHROID TAB 300MCG.....	90
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SYNTHROID TAB 75MCG.....	89
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<i>tab-a-vite tab maximum</i>	144
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<i>tabtussin dm tab 20-400mg</i>	165
<i>tabtussin tab 400mg</i>	165

<i>tacrolimus cap 0.5 mg</i>	112	TEKTURNA HCT TAB 150-25MG.....	45
<i>tacrolimus cap 1 mg</i>	112	TEKTURNA HCT TAB 300-12.5	46
<i>tacrolimus cap 5 mg</i>	112	TEKTURNA HCT TAB 300-25MG.....	46
<i>tacrolimus oint 0.03%</i>	180	TEKTURNA TAB 150MG	46
<i>tacrolimus oint 0.1%</i>	180	TEKTURNA TAB 300MG	46
<i>tactinal tab 325mg</i>	3	<i>telmisartan tab 20 mg</i>	38
<i>tactinal tab 500mg</i>	3	<i>telmisartan tab 40 mg</i>	38
<i>tadalafil tab 20 mg (pah)</i>	49	<i>telmisartan tab 80 mg</i>	38
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TAFINLAR CAP 75MG.....	31	<i>12.5 mg</i>	37
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TAGRISSO TAB 80MG.....	31	<i>12.5 mg</i>	38
<i>take action tab 1.5mg</i>	82	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tamoxifen citrate tab 10 mg (base</i>		<i>25 mg</i>	38
<i>equivalent)</i>	28	<i>temazepam cap 15 mg</i>	69
<i>tamoxifen citrate tab 20 mg (base</i>		<i>temazepam cap 7.5 mg</i>	69
<i>equivalent)</i>	28	<i>temp tab tab</i>	115
<i>tamsulosin hcl cap 0.4 mg</i>	103	TENDER CARE CRE LANOLIN.....	180
TARCEVA TAB 100MG.....	31	TENIVAC INJ 5-2LF.....	113
TARCEVA TAB 150MG.....	31	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
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TARGRETIN GEL 1%.....	180	<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>tarina fe tab 1/20</i>	82		36
TASIGNA CAP 150MG	31	<i>terazosin hcl cap 10 mg (base</i>	
TASIGNA CAP 200MG	31	<i>equivalent)</i>	36
TASIGNA CAP 50MG.....	31	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
TAXOTERE INJ 80MG/4ML.....	26	.....	36
<i>tazarotene cream 0.1%</i>	174	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>tazicef inj 1gm</i>	19	.....	36
<i>tazicef inj 2gm</i>	19	<i>terbinafine cre 1%</i>	174
<i>tazicef inj 6gm</i>	19	<i>terbinafine hcl cream 1%</i>	174
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<i>taztia xt cap 120mg/24</i>	45	<i>terbutaline sulfate tab 2.5 mg</i>	156
<i>taztia xt cap 180mg/24</i>	45	<i>terbutaline sulfate tab 5 mg</i>	156
<i>taztia xt cap 240mg/24</i>	45	<i>terconazole vaginal cream 0.4%</i>	104
<i>taztia xt cap 300mg/24</i>	45	<i>terconazole vaginal cream 0.8%</i>	104
<i>taztia xt cap 360mg/24</i>	45	<i>terconazole vaginal suppos 80 mg</i>	104
<i>tears natura sol free op</i>	152	<i>testosterone cypionate im inj in oil 100</i>	
<i>tears pure sol</i>	152	<i>mg/ml</i>	75
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TEFLARO INJ 400MG	19	<i>mg/ml</i>	75
TEFLARO INJ 600MG	19	<i>testosterone enanthate im inj in oil 200</i>	
TEGRETOL SUS 100/5ML	54	<i>mg/ml</i>	75
TEGRETOL TAB 200MG	54	<i>testosterone td gel 12.5 mg/act (1%)</i> . 75	
TEGRETOL-XR TAB 100MG	54	<i>testosterone td gel 25 mg/2.5gm (1%)</i> 75	
TEGRETOL-XR TAB 200MG	54	<i>testosterone td gel 50 mg/5gm (1%)</i> .. 75	
TEGRETOL-XR TAB 400MG	54	TET/DIP TOX INJ 2-2 LF.....	113
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<i>tetrabenazine tab 25 mg</i>	71	<i>therapeutic tab</i>	145
TEXACORT SOL 2.5%	176	<i>therapeutic tab -m</i>	145
<i>tgt nasal spr 0.65%</i>	167	<i>therapeutic- tab m</i>	145
<i>th calcium/d chw 600-400</i>	123	<i>therapeutic- tab m/lutein</i>	145
<i>th calcium/d tab 600-400</i>	123	<i>therapeutic tab multi</i>	145
<i>th co q-10 cap 100mg</i>	144	THERA-TABS M TAB.....	144
<i>th complete tab multi</i>	144	<i>thera-tabs tab</i>	144
<i>th iron tab 65mg</i>	108	<i>theratrum co tab 50 plus</i>	145
<i>th vision tab vitamins</i>	144	<i>theratrum tab complete</i>	145
<i>th vitamin c tab 1000mg</i>	144	<i>theravim -m tab</i>	145
<i>th vitamin c tab 250mg</i>	144	<i>therems tab</i>	145
<i>th vitamin e cap 1000unit</i>	144	THEREMS-H TAB	145
<i>th vitamin e cap 200unit</i>	144	THEREMS-M TAB	145
<i>th vitamin e cap 400unit</i>	144	THERMOTABS TAB.....	115
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THALOMID CAP 150MG.....	29	<i>thiamine hcl inj 100 mg/ml</i>	145
THALOMID CAP 200MG.....	29	<i>thioridazine hcl tab 10 mg</i>	66
THALOMID CAP 50MG.....	29	<i>thioridazine hcl tab 100 mg</i>	67
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<i>theophylline soln 80 mg/15ml</i>	169	<i>thiothixene cap 2 mg</i>	67
<i>theophylline tab er 12hr 100 mg</i>	169	<i>thiothixene cap 5 mg</i>	67
<i>theophylline tab er 12hr 200 mg</i>	169	<i>thrive gum 2mg mint</i>	74
<i>theophylline tab er 12hr 300 mg</i>	169	<i>tiagabine hcl tab 12 mg</i>	54
<i>theophylline tab er 12hr 450 mg</i>	169	<i>tiagabine hcl tab 16 mg</i>	54
<i>theophylline tab er 24hr 400 mg</i>	169	<i>tiagabine hcl tab 2 mg</i>	54
<i>theophylline tab er 24hr 600 mg</i>	169	<i>tiagabine hcl tab 4 mg</i>	54
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<i>thera tab</i>	144	<i>tigecycline for iv soln 50 mg</i>	11
THERA TAB	144	TIGECYCLINE INJ 50MG	11
<i>thera vital tab m</i>	144	<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	150
<i>therabasic-m tab</i>	144	<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	150
<i>thera-d sprt tab 2000unit</i>	144	<i>timolol maleate ophth soln 0.25%</i>	150
<i>thera-d tab 2000unit</i>	144	<i>timolol maleate ophth soln 0.5%</i>	150
THERA-D TAB 4000UNIT	144	<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i>	150
<i>theradex-m tab</i>	144	<i>timolol maleate tab 10 mg</i>	43
THERAFLU FLU PAK SORE THR.....	165	<i>timolol maleate tab 20 mg</i>	43
<i>theraflu liq exprsmx</i>	165	<i>timolol maleate tab 5 mg</i>	43
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THERAGRAN-M TAB 50 PLUS	144	TIVICAY TAB 25MG.....	15
THERAGRAN-M TAB ADVANCED	144	TIVICAY TAB 50MG.....	15
THERAGRAN-M TAB PREMIER	144	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	72
<i>thera-m tab</i>	144		
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<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>tpn electrol inj</i>	115
.....	72	TRACLEER TAB 125MG.....	49
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<i>tobramycin nebu soln 300 mg/5ml</i>	9	<i>tramadol hcl tab 50 mg</i>	5
<i>tobramycin ophth soln 0.3%</i>	149	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tobramycin sulfate for inj 1.2 gm</i>	9	<i>mg</i>	5
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>trandolapril tab 1 mg</i>	35
<i>mg/ml) (base equiv)</i>	9	<i>trandolapril tab 2 mg</i>	35
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trandolapril tab 4 mg</i>	35
<i>equivalent)</i>	9	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>(100 mg/ml)</i>	109
<i>mg/ml) (base equiv)</i>	9	<i>tranexamic acid tab 650 mg</i>	109
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TRANSDERM-SC DIS 1.5MG.....	95
<i>mg/ml) (base equiv)</i>	9	<i>tranylcypromine sulfate tab 10 mg</i>	59
<i>tobramycin-dexamethasone ophth susp</i>		TRAVASOL INJ 10%.....	116
<i>0.3-0.1%</i>	148	TRAVATAN Z DRO 0.004%	151
<i>tolnaftate cre 1%</i>	174	<i>travel sick chw 25mg</i>	95
<i>tolnaftate cream 1%</i>	174	<i>travel sick tab 50mg</i>	95
<i>tolnaftate powder 1%</i>	174	<i>trazodone hcl tab 100 mg</i>	60
<i>tolnaftate soln 1%</i>	171	<i>trazodone hcl tab 150 mg</i>	60
<i>tolterodine tartrate cap er 24hr 2 mg</i>	103	<i>trazodone hcl tab 50 mg</i>	60
<i>tolterodine tartrate cap er 24hr 4 mg</i>	103	TRECATOR TAB 250MG	16
<i>tolterodine tartrate tab 1 mg</i>	103	TRELEGY AER ELLIPTA	152
<i>tolterodine tartrate tab 2 mg</i>	103	TRELSTAR MIX INJ 11.25MG.....	28
<i>topiramate sprinkle cap 15 mg</i>	54	TRELSTAR MIX INJ 3.75MG	28
<i>topiramate sprinkle cap 25 mg</i>	54	TRESIBA FLEX INJ 100UNIT.....	76
<i>topiramate tab 100 mg</i>	55	TRESIBA FLEX INJ 200UNIT.....	76
<i>topiramate tab 200 mg</i>	55	<i>tretinoin cap 10 mg</i>	32
<i>topiramate tab 25 mg</i>	55	<i>tretinoin cream 0.025%</i>	170
<i>topiramate tab 50 mg</i>	55	<i>tretinoin cream 0.05%</i>	170
<i>toposar inj 100/5ml</i>	33	<i>tretinoin cream 0.1%</i>	170
<i>toposar inj 1gm/50ml</i>	33	<i>tretinoin gel 0.01%</i>	170
<i>topotecan hcl for inj 4 mg (base equiv)</i>	33	<i>tretinoin gel 0.025%</i>	170
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>		<i>triaacting dt liq cold/cgh</i>	165
<i>(for infusion)</i>	33	<i>triaacting nt liq cold/cgh</i>	165
TOPOTECAN INJ 4MG/4ML	33	<i>triamcinolone acetonide cream 0.025%</i>	
<i>torsemide tab 10 mg</i>	46	.....	176
<i>torsemide tab 100 mg</i>	47	<i>triamcinolone acetonide cream 0.1%</i>	176
<i>torsemide tab 20 mg</i>	47	<i>triamcinolone acetonide cream 0.5%</i>	176
<i>torsemide tab 5 mg</i>	46	<i>triamcinolone acetonide dental paste</i>	
<i>total b/c tab</i>	145	<i>0.1%</i>	180
<i>total formul tab</i>	145	<i>triamcinolone acetonide lotion 0.025%</i>	
<i>total formul tab 2</i>	145	.....	176
<i>total formul tab 3</i>	145	<i>triamcinolone acetonide lotion 0.1%</i> .	176
<i>totalday mul tab tr</i>	145	<i>triamcinolone acetonide oint 0.025%</i>	177
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TRIAMINIC SUS CGH/ST	165	<i>tri-vita sol</i>	145
<i>triaminic sus fev&cld</i>	165	<i>tri-vitamin dro</i>	145
TRIAMINIC SYP CGH/CNG	165	<i>trivora-28 tab</i>	82
TRIAMINIC SYP CLD/ALRG	165	<i>tri-vylibra tab</i>	82
TRIAMINIC SYP COLD/CGH	165	TROGARZO INJ 150MG/ML	15
<i>triamterene & hydrochlorothiazide cap</i>		TROPHAMINE INJ 10%	116
<i>37.5-25 mg</i>	47	<i>tropical liq nutritio</i>	145
<i>triamterene & hydrochlorothiazide tab</i>		<i>trospium chloride tab 20 mg</i>	103
<i>37.5-25 mg</i>	47	TRUE METRIX KIT AIR	181
<i>triamterene & hydrochlorothiazide tab</i>		TRUE METRIX KIT METER	181
<i>75-50 mg</i>	47	TRUE METRIX STRIPS	181
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<i>trientine hcl cap 250 mg</i>	79	TRULICITY INJ 0.75/0.5	76
<i>trifluoperazine hcl tab 1 mg (base</i>		TRULICITY INJ 1.5/0.5	76
<i>equivalent)</i>	67	TRUMENBA INJ	113
<i>trifluoperazine hcl tab 10 mg (base</i>		TRUVADA TAB 100-150	16
<i>equivalent)</i>	67	TRUVADA TAB 133-200	16
<i>trifluoperazine hcl tab 2 mg (base</i>		TRUVADA TAB 167-250	16
<i>equivalent)</i>	67	TRUVADA TAB 200-300	16
<i>trifluoperazine hcl tab 5 mg (base</i>		<i>trymine cg liq 225-7.5</i>	165
<i>equivalent)</i>	67	<i>tulana tab 0.35mg</i>	82
<i>trifluridine ophth soln 1%</i>	149	TUMS CHW DEL CHW 1177MG	92
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	62	<i>tums fresher chw 500mg</i>	92
<i>trihexyphenidyl hcl tab 2 mg</i>	62	<i>tums smoothi chw 750mg</i>	92
<i>trihexyphenidyl hcl tab 5 mg</i>	62	TUSNEL C SYP	165
<i>tri-legest tab fe</i>	82	<i>tusnel diabt liq 10-100/5</i>	165
<i>tri-lo- tab sprintec</i>	82	TUSNEL LIQ	165
<i>trilyte sol</i>	100	TUSNEL PED DRO 7.5-50	165
<i>trimethoprim tab 100 mg</i>	11	TUSNEL PEDI LIQ 15-5-50	165
<i>tri-mili tab</i>	82	TUSNEL-DM DRO PEDIATRC	165
<i>trimipramine maleate cap 100 mg</i>	60	TUSSICAPS CAP 10-8MG	165
<i>trimipramine maleate cap 25 mg</i>	60	TUSSICAPS CAP 5-4MG	165
<i>trimipramine maleate cap 50 mg</i>	60	<i>tussigon tab 5-1.5mg</i>	165
<i>trinessa lo tab</i>	82	<i>tussin adult liq 100/5ml</i>	165
<i>trinessa tab</i>	82	<i>tussin adult liq cgh/cong</i>	165
TRINTELLIX TAB 10MG	60	<i>tussin adult liq cold</i>	165
TRINTELLIX TAB 20MG	60	<i>tussin cf liq</i>	165
TRINTELLIX TAB 5MG	60	<i>tussin cf liq cgh/cold</i>	165
<i>triple antib oin</i>	171	<i>tussin cf liq max/m-s</i>	165
<i>triple antib oin max st</i>	171	<i>tussin chest syp 100/5ml</i>	165
<i>triple antib oin plus</i>	171	<i>tussin cough syp 15mg/5ml</i>	165
<i>triple paste oin af 2%</i>	174	<i>tussin dm liq</i>	165
<i>tri-previfem tab</i>	82	<i>tussin dm liq 100-10/5</i>	166
<i>triprolidine hcl liquid 0.625 mg/ml</i> ...	155	<i>tussin dm liq 10-200/5</i>	165
TRISENOX INJ 12MG/6ML	32	<i>tussin dm liq clear</i>	166
<i>tri-sprintec tab</i>	82	<i>tussin dm liq max</i>	166
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<i>tussin mucus liq 100/5ml</i>	166
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TYPHIM VI INJ	113
TYSABRI INJ 300/15ML.....	72

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<i>ultra freeda tab</i>	145
<i>ultra freeda tab /iron</i>	145
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<i>unithroid tab 112mcg</i>	90
<i>unithroid tab 125mcg</i>	90
<i>unithroid tab 150mcg</i>	90
<i>unithroid tab 175mcg</i>	90
<i>unithroid tab 200mcg</i>	90
<i>unithroid tab 25mcg</i>	90
<i>unithroid tab 300mcg</i>	90
<i>unithroid tab 50mcg</i>	90
<i>unithroid tab 75mcg</i>	90
<i>unithroid tab 88mcg</i>	90
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<i>ursodiol cap 300 mg</i>	101
<i>ursodiol tab 250 mg</i>	101
<i>ursodiol tab 500 mg</i>	101

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<i>vagistat-3 kit combo pk</i>	104
<i>valacyclovir hcl tab 1 gm</i>	18
<i>valacyclovir hcl tab 500 mg</i>	18
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<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv).....	18
<i>valganciclovir hcl tab 450 mg</i> (base equivalent)	18
<i>valproate sodium inj 100 mg/ml</i>	55

<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	55
<i>valproic acid cap 250 mg</i>	55
<i>valsartan tab 160 mg</i>	38
<i>valsartan tab 320 mg</i>	38
<i>valsartan tab 40 mg</i>	38
<i>valsartan tab 80 mg</i>	38
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	38
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	38
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	38
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	38
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VANACOF-8 LIQ 25-50/15	166
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<i>vancomycin hcl cap 125 mg</i> (base equivalent).....	11
<i>vancomycin hcl cap 250 mg</i> (base equivalent).....	11
<i>vancomycin hcl for iv soln 1 gm</i> (base equivalent).....	11
<i>vancomycin hcl for iv soln 10 gm</i> (base equivalent).....	11
<i>vancomycin hcl for iv soln 5 gm</i> (base equivalent).....	11
<i>vancomycin hcl for iv soln 500 mg</i> (base equivalent).....	11
<i>vancomycin hcl for iv soln 750 mg</i> (base equivalent).....	11
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VANCOMYCIN INJ 500MG	11
VANCOMYCIN INJ 750MG	11
<i>vandazole gel 0.75%</i>	104
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VEMLIDY TAB 25MG	18	VIIBRYD KIT STARTER	60
VENCLEXTA TAB 100MG	27	VIIBRYD TAB 10MG	60
VENCLEXTA TAB 10MG	27	VIIBRYD TAB 20MG	60
VENCLEXTA TAB 50MG	27	VIIBRYD TAB 40MG	60
VENCLEXTA TAB START PK	27	VIMPAT INJ 200MG/20	55
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VIMPAT SOL 10MG/ML	55
<i>(base equivalent)</i>	60	VIMPAT TAB 100MG	55
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VIMPAT TAB 150MG	55
<i>(base equivalent)</i>	60	VIMPAT TAB 200MG	55
<i>venlafaxine hcl cap er 24hr 75 mg (base</i>		VIMPAT TAB 50MG	55
<i>equivalent)</i>	60	<i>vinblastine sulfat inj 1 mg/ml</i>	26
<i>venlafaxine hcl tab 100 mg</i>	60	<i>vincasar pfs inj 1mg/ml</i>	26
<i>venlafaxine hcl tab 25 mg</i>	60	<i>vincristine sulfat iv soln 1 mg/ml</i>	26
<i>venlafaxine hcl tab 37.5 mg</i>	60	<i>vinorelbine tartrate inj 10 mg/ml (base</i>	
<i>venlafaxine hcl tab 50 mg</i>	60	<i>equiv)</i>	26
<i>venlafaxine hcl tab 75 mg</i>	60	<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	
VENOFER INJ 20MG/ML	108	<i>mg/ml) (base equiv)</i>	26
VENTAVIS SOL 10MCG/ML	49	<i>viorele tab</i>	82
VENTAVIS SOL 20MCG/ML	49	VIRACEPT TAB 250MG	15
VENTOLIN HFA AER	156	VIRACEPT TAB 625MG	15
<i>verapamil hcl cap er 24hr 100 mg</i>	45	VIRAMUNE SUS 50MG/5ML	15
<i>verapamil hcl cap er 24hr 120 mg</i>	45	VIREAD POW 40MG/GM	15
<i>verapamil hcl cap er 24hr 180 mg</i>	45	VIREAD TAB 150MG	15
<i>verapamil hcl cap er 24hr 200 mg</i>	45	VIREAD TAB 200MG	15
<i>verapamil hcl cap er 24hr 240 mg</i>	45	VIREAD TAB 250MG	15
<i>verapamil hcl cap er 24hr 300 mg</i>	45	VIREAD TAB 300MG	15
<i>verapamil hcl cap er 24hr 360 mg</i>	45	<i>virtussin ac sol 100-10/5</i>	166
<i>verapamil hcl iv soln 2.5 mg/ml</i>	45	<i>virtussin sol dac</i>	166
<i>verapamil hcl tab 120 mg</i>	45	<i>vision form/ tab lutein</i>	145
<i>verapamil hcl tab 40 mg</i>	45	<i>vision tab vitamins</i>	145
<i>verapamil hcl tab 80 mg</i>	45	<i>vit d child chw 1000unit</i>	145
<i>verapamil hcl tab er 120 mg</i>	45	VIT D3 DROPS LIQ 400UNIT	145
<i>verapamil hcl tab er 180 mg</i>	45	<i>vit e complx cap 1000unit</i>	145
<i>verapamil hcl tab er 240 mg</i>	45	<i>vit e complx cap 400unit</i>	145
VERSACLOZ SUS 50MG/ML	67	<i>vit e d-alph cap 200unit</i>	145
VERZENIO TAB 100MG	27	<i>vit e d-alph cap 400unit</i>	145
VERZENIO TAB 150MG	27	<i>vita hair tab</i>	145
VERZENIO TAB 200MG	27	<i>vitabasic tab complete</i>	146
VERZENIO TAB 50MG	27	<i>vitabasic tab senior</i>	146
VESICARE TAB 10MG	103	<i>vita-bee/c tab</i>	146
VESICARE TAB 5MG	103	VITA-BOB CAP	146
<i>vestura tab 3-0.02mg</i>	82	<i>vitachew chw</i>	146
VICTOZA INJ 18MG/3ML	76	VITACRAVES CHW IMMUNITY	146
VIDEX EC CAP 125MG	15	VITACRAVES CHW MENS	146
VIDEX SOL 2GM	15	VITACRAVES CHW SOUR GUM	146
VIDEX SOL 4GM	15	VITACRAVES CHW WOMENS	146
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<i>vigabatrin powd pack 500 mg</i>	55	VITALETS CHW	146

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VITAMAX CHW.....	146	<i>vitamin e oral oil 100 unit/0.25ml</i>	147
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<i>vitamin c tab 100mg</i>	146		147
<i>vitamin c tab 250mg</i>	146	VITAMIN E TAB 100UNIT.....	147
<i>vitamin c tab 500mg</i>	146	VITAMIN E TAB 200UNIT.....	147
<i>vitamin d cap 1000unit.....</i>	147	<i>vitamin e tab 400 unit</i>	147
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<i>vitamin d tab 400unit</i>	147	<i>vite/iron chw children</i>	147
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<i>vitamin d3 cap 2000 unt.....</i>	146	<i>voriconazole for susp 40 mg/ml</i>	13
<i>vitamin d3 cap 2000unit</i>	146	<i>voriconazole tab 200 mg</i>	13
<i>vitamin d-3 cap 2000unit</i>	147	<i>voriconazole tab 50 mg</i>	13
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<i>vitamin d3 chw 1000unit</i>	146	VRAYLAR CAP 1.5MG	67
<i>vitamin d3 chw 400unit</i>	146	VRAYLAR CAP 3MG	67
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<i>vitamin d3 tab 1000unit</i>	146	<i>vylibra tab 0.25-35.....</i>	82
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<i>vitamin d3 tab 2000unit</i>	146	<i>wal-flu seve pow cold/cgh</i>	166
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<i>vitamin d3 tab 50000unt</i>	146	<i>warfarin sodium tab 10 mg.....</i>	106
<i>vitamin d3 tab 5000unit</i>	146	<i>warfarin sodium tab 2 mg</i>	106
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<i>vitamin e cap 100 unit</i>	147	<i>warfarin sodium tab 4 mg</i>	106
<i>vitamin e cap 1000 unit</i>	147	<i>warfarin sodium tab 5 mg</i>	106
<i>vitamin e cap 1000unit.....</i>	147	<i>warfarin sodium tab 6 mg</i>	106
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<i>womans laxat tab 5mg ec</i>	100
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