

FORMULARIO

(Lista de los medicamentos cubiertos)

2017

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

Versión 16
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Departamento de Servicios para Miembros:
(855) 665-4623, TTY / TDD al 711
De lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.



Your Extended Family.

MyCareOhio
Connecting Medicare + Medicaid

Molina Healthcare of Ohio (Molina) cumple con todas las leyes federales de derechos civiles relacionadas a los servicios de atención médica. Molina ofrece servicios de atención médica a todo miembro, sin discriminar basándose en la raza, color, origen nacional, edad, discapacidad o género. Molina no excluye personas ni las trata de manera diferente debido a la raza, color, origen nacional, edad, discapacidad o género. Esto incluye identidad de género, embarazo y estereotipo de sexo.

Para ayudarle a hablar con nosotros, Molina proporciona los siguientes servicios sin costo alguno:

- Ayuda y servicios para personas con discapacidades
 - intérpretes capacitados en el lenguaje de señas
 - material escrito en otros formatos (letra grande, audio, formatos accesibles electrónicamente y braille)
- Servicios lingüísticos para personas que hablan otro idioma o tienen entendimiento limitado del inglés
 - intérpretes capacitados
 - material escrito traducido a su idioma
 - material escrito de manera sencilla con lenguaje fácil de entender

Si usted necesita estos servicios, comuníquese con el Departamento de Servicios para Miembros 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.

Si usted cree que Molina no ha cumplido en proporcionar estos servicios o lo ha tratado de forma diferente basándose en su raza, color, origen nacional, edad, discapacidad o género, usted puede presentar una queja. Puede presentar su queja en persona, por correo, fax o correo electrónico. Si usted necesita ayuda para escribir su queja, le podemos ayudar. Llame a nuestro Coordinador de Derechos Civiles al (866) 606-3889 o TTY al 711. Envíe su queja por correo al:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

También puede enviar su queja por correo electrónico al civil.rights@molinahealthcare.com. O envíe su queja por fax al (562) 499-0610.

También puede entablar una queja sobre derechos civiles con el Departamento de Salud y Servicios Humanos de los EE. UU. Los formularios para quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Puede enviarlo por correo a:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

También puede enviarlo usando el portal de la página web de la Oficina para Quejas sobre Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Si usted necesita ayuda, llame al 1-800-368-1019; TTY al 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 helfft 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 | 2017 Lista de medicamentos cubiertos (Formulario)

Ésta es una lista de medicamentos que los miembros pueden obtener en Molina Dual Options MyCare Ohio.

- ❖ Molina Dual Options MyCare Ohio Medicare-Medicaid Plan es un plan de salud con contratos con ambos Medicare y Medicaid de Ohio para proporcionar los beneficios de ambos programas a las personas inscritas.
- ❖ La lista de medicamentos cubiertos o red de farmacias y de proveedores pueden cambiar durante el año. Le enviaremos una nota tan pronto hagamos los cambios que le afecten.
- ❖ Los beneficios pueden cambiar a partir del 1.º de enero de cada año.
- ❖ Usted siempre puede consultar la lista más reciente de medicamentos de Molina Dual Options MyCare Ohio en línea, www.MolinaHealthcare.com/Duals.
- ❖ Pueden aplicarse limitaciones y restricciones. Para obtener más información, llame al Departamento de Servicios para Miembros de Molina Dual Options MyCare Ohio o consulte el Manual del miembro de Molina Dual Options MyCare Ohio.
- ❖ Puede obtener esta información gratuitamente en otros formatos, como letra grande, braille o audio. Llame al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Para solicitar materiales en un formato alternativo, por favor comuníquese con el Departamento de Servicios para Miembros al (855) 665-4627, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite**, www.MolinaHealthcare.com/Duals.



Las preguntas más frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que usted tenga sobre esta lista de medicamentos cubiertos. Usted puede leer todas las preguntas frecuentes para saber más o buscar preguntas y respuestas.

1. ¿Qué medicamentos recetados se encuentran en la Lista de Medicamentos cubiertos? (Llamamos "Lista de Medicamentos" a la Lista de medicamentos cubiertos, para abreviar.)

Los medicamentos de la Lista de medicamentos cubiertos que comienza en la página 1 son los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella, para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

→ Molina Dual Options MyCare Ohio cubrirá todos los medicamentos necesarios por razones médicas de la lista de medicamentos, si:

- su médico u otro proveedor recetador dice que usted los necesita para mejorar o para mantenerse sano, y
- usted surte la receta en una farmacia de la red de Molina Dual Options MyCare Ohio.

→ Molina Dual Options MyCare Ohio puede tener pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta #5 a continuación).

También puede consultar la lista actualizada de medicamentos que cubrimos en nuestra página web en www.MolinaHealthcare.com/Duals o llamando al Departamento de Servicios para Miembros al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

2. ¿La Lista de Medicamentos cambia alguna vez?

Sí. Molina Dual Options MyCare Ohio puede agregar o quitar medicamentos de la Lista de Medicamentos durante el año. Por lo general, la Lista de Medicamentos solo se modificará si:

- surge un medicamento más económico que sea tan efectivo como alguno de los medicamentos que se encuentran en la Lista de Medicamentos o
- nos enteramos de que algún medicamento no es seguro.

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite**, www.MolinaHealthcare.com/Duals.



También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no autorización previa para algún medicamento. (*La autorización previa* es el permiso de Molina Dual Options MyCare Ohio antes de que usted pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que usted puede obtener (llamado "límites de cantidades").
- Añadir o cambiar restricciones de terapia escalonada con respecto a un medicamento. (*La terapia escalonada* significa que usted debe probar un medicamento antes de que cubramos otro medicamento.)

(Para obtener más información acerca de estas reglas de medicamentos, lea la página xi.)

Le avisaremos cuando quitemos de la Lista de Medicamentos algún medicamento que usted esté tomando. También le diremos cuando cambiemos nuestras reglas para cubrir algún medicamento. En las siguientes preguntas 3, 4 y 7 obtendrá más información sobre lo que sucederá cuando cambie la Lista de Medicamentos.

→ Usted siempre puede consultar la Lista de Medicamentos más reciente de Molina Dual Options MyCare Ohio en línea en, www.MolinaHealthcare.com/Duals. También puede llamar al Departamento de Servicios para Miembros para revisar la lista actual de medicamentos al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

3. ¿Qué sucede si aparece un medicamento más barato que funcione tan bien como algún medicamento que actualmente se encuentra en la Lista de Medicamentos?

Si usted toma algún medicamento que hayamos quitado de la lista porque hay un medicamento más barato que funciona igual de bien, le avisaremos. Le diremos por lo menos 60 días antes de sacarlo de la lista de medicamentos o la próxima vez que pida una renovación. En ese momento, usted podrá obtener un suministro de 60 días del medicamento antes de que se haga el cambio en la Lista de medicamentos. Usted recibirá esta notificación por correo al menos 60 días antes de que se realice este cambio.



4. ¿Qué sucederá si nos enteramos que un medicamento no es seguro?

Si la Administración de Medicamentos y Alimentos (FDA, por sus siglas en inglés) dice que cierto medicamento no es seguro, inmediatamente lo quitaremos de la Lista de Medicamentos. También le enviaremos una carta avisándole. Consulte con su médico para encontrar una alternativa que sea segura para usted.

5. ¿La cobertura de medicamentos tiene alguna restricción o límite? ¿O bien, hay que hacer algo en particular para poder obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos usted, su médico u otro proveedor recetador tendrá que hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa (o aprobación previa):** Para algunos medicamentos, usted, su médico u otro proveedor recetador deben obtener una aprobación de Molina Dual Options MyCare Ohio antes de surtir su receta. Si no recibe la aprobación, Molina Medicare Options Plus MyCare Ohio no podrá cubrir el medicamento.
- **Límites de cantidades:** A veces Molina Dual Options MyCare Ohio limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** Algunas veces Molina Dual Options MyCare Ohio le exigirá realizar una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su enfermedad. Posiblemente tendría que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Puede consultar si su medicamento tiene algún requisito o límite adicional, leyendo los cuadros de las páginas 1-164. También puede obtener más información en nuestra página web, www.MolinaHealthcare.com/Duals. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedir que se le envíe una copia.

También puede pedir una "excepción" de esos límites. Por favor lea la pregunta 11 para más información acerca de las excepciones.

→ Si usted está en una residencia para ancianos u otro centro de atención a largo plazo y necesita algún medicamento que no esté en la lista de medicamentos, o si no puede obtener

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite**, www.MolinaHealthcare.com/Duals.



fácilmente el medicamento que necesita, nosotros podemos ayudarle. Cubriremos un suministro de emergencia de 31 días del medicamento que usted necesite (a menos que tenga una receta para menos días), sin importar que usted sea o no un miembro nuevo de Molina Dual Options MyCare Ohio. Esto le dará tiempo para hablar con su médico u otro proveedor recetador. Él o ella podrá ayudarle a decidir si hay algún otro medicamento similar en la lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción. Por favor lea la pregunta 11 para obtener más información sobre las excepciones.

6. ¿Cómo sabrá si el medicamento que usted quiere tiene limitaciones o si tiene que hacer algo para obtenerlo?

La lista de medicamentos cubiertos de la página 1 tiene una columna llamada "Medidas necesarias, restricciones o límites de uso".

7. ¿Qué sucederá si cambiamos nuestras reglas sobre cómo cubrimos algunos medicamentos? Por ejemplo, si agregamos requisitos de autorización (aprobación) previa, límites de cantidad o restricciones de terapia escalonada sobre algún medicamento.

Le avisaremos si agregamos requisitos de aprobación previa, límites de cantidades y restricciones de terapia escalonada a un medicamento. Le avisaremos por lo menos 60 días antes de agregar la restricción o cuando pida su siguiente resurtido. En ese momento, usted podrá obtener un suministro de 60 días del medicamento antes de que se haga el cambio en la Lista de Medicamentos. Esto le dará tiempo para hablar con su médico u otro proveedor recetador sobre qué hacer después.

8. ¿Cómo puede encontrar un medicamento en la Lista de Medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético (si sabe cómo se escribe el nombre del medicamento)
- o
- Puede buscar por condición médica.

Para buscar **por orden alfabético**, vaya a la sección alfabética de la lista. Puede encontrarla en el Índice. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos.

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite**, www.MolinaHealthcare.com/Duals.



Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

Para buscar **por enfermedad**, encuentre la sección llamada “lista de medicamentos por enfermedad” en la página 1. Los medicamentos en esta sección están agrupados en categorías según el tipo de condición médica que tratan. Por ejemplo, si tiene una enfermedad del corazón, usted debe buscar en la categoría de bloqueadores beta. Ahí encontrará los medicamentos que traten enfermedades del corazón.

9. ¿Qué pasa si el medicamento que usted quiere tomar no está en la Lista de Medicamentos?

Si no encuentra su medicamento en la lista de medicamentos, llame al Departamento de Servicios para Miembros al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local y consulte sobre el tema. Si se entera que Molina Dual Options MyCare Ohio no cubrirá el medicamento, podrá optar por una de las siguientes:

- Solicite al Departamento de Servicios para Miembros una lista de medicamentos similares al que desea tomar. Luego, enséñele la lista a su médico u otro recetador. Éste podrá recetarle un medicamento de la lista de medicamentos similar al que usted quiere tomar. **O**
- También puede pedir al plan de salud que haga una excepción para cubrir su medicamento. Por favor lea la pregunta 11 para obtener más información sobre las excepciones.

10. ¿Qué pasa si usted es un miembro nuevo de Molina Dual Options My Care Ohio y no puede encontrar su medicamento en la lista de medicamentos o tiene problemas para obtener su medicamento?

Nosotros podemos ayudarle. Es posible que cubramos un suministro provisional de 60 días de su medicamento durante los primeros 90 días de ser un miembro de Molina Dual Options My Care Ohio. Esto le dará tiempo para hablar con su médico u otro proveedor recetador. Él o ella podrá ayudarle a decidir si hay algún otro medicamento similar en la lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción.

Cubriremos un suministro de 60 días de su medicamento si usted:

- está tomando algún medicamento que no esté en nuestra lista de medicamentos; **O**

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite**, www.MolinaHealthcare.com/Duals.



- las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor recetador; **o**
- el medicamento requiere autorización previa de Molina Dual Options MyCare Ohio; **o**
- toma algún medicamento que forme parte de una restricción de terapia escalonada.

Si usted vive en un hogar para personas mayores u otra institución de cuidados a largo plazo, usted puede volver a surtir su receta médica

hasta por 98 días. Usted puede realizar la renovación del medicamento varias veces durante los primeros 90 días en el plan. Esto le dará tiempo a su proveedor médico para cambiar su medicamento por alguno que esté en la Lista de Medicamentos o para pedir una excepción.

Política de transición

Los miembros nuevos de nuestro plan podrían estar tomando medicamentos no incluidos en nuestro formulario o medicamentos sujetos a determinadas restricciones, como una autorización previa o terapia escalonada. Los miembros actuales también pueden estar afectados por los cambios en nuestro formulario de un año al siguiente. Los miembros deberían hablar con sus médicos para determinar si deben cambiar su medicamento a uno distinto que cubramos o si deben solicitar una excepción al formulario para recibir cobertura para ese medicamento.

Consulte el Manual del miembro para conocer más sobre cómo pedir una excepción.

Comuníquese con el Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, si está sujeto a ciertas restricciones, tales como autorización previa o terapia escalonada, o si ya no se incluirá en nuestro formulario el próximo año y necesita ayuda para cambiar el medicamento a uno distinto que cubramos o para pedir una excepción al formulario.

Durante el tiempo que un miembro esté hablando con su médico para determinar la medida de acción correcta, es posible que podamos proporcionar un suministro provisional del medicamento no incluido en el formulario si esos miembros necesitan una renovación del medicamento durante los primeros 90 días de membresía con nuestro plan de medicamentos de Parte D (categoría 1 y 2) y 90 días para sus medicamentos de Medicaid (categoría 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al siguiente, le proporcionaremos un suministro provisional del medicamento no incluido en el formulario si necesita una renovación del medicamento durante los primeros 90 días del nuevo año del plan.

Cuando un miembro va a una farmacia que participa en la red y le proporcionamos un suministro provisional del medicamento que ya no está incluido en el formulario, o que tiene restricciones en cobertura o límites (pero de lo contrario, se considera ser un "medicamento de Parte D"), cubriremos un suministro de 60 días (a menos que la receta médica sea para menos días).



Después de cubrir el suministro provisional de 60 días, comúnmente no pagaremos por estos medicamentos de nuevo como parte de nuestra política de transición.

Le proporcionaremos un aviso por escrito después de cubrir su suministro provisional. Este aviso le explicará los pasos que puede tomar para solicitar una excepción y cómo trabajar con su médico para decidir si debería cambiarse a un medicamento que sea apropiado y que cubramos.

Si un miembro nuevo es residente de un centro de atención médica a largo plazo (tal como una residencia para ancianos), cubriremos un suministro provisional de transición para 31 días (a menos que la receta médica sea para menos días). Conforme sea necesario, cubriremos más de una renovación de estos medicamentos durante los primeros 90 días que un miembro nuevo esté inscrito en nuestro plan. Si el residente ha estado inscrito en nuestro plan durante más de 90 días y necesita un medicamento que ya no está incluido en nuestro formulario o está sujeto a otras restricciones, tal como una terapia escalonada o límites en dosificación, cubriremos un suministro provisional de emergencia de 31 días para ese medicamento (a menos que la receta médica sea para menos días) mientras que el nuevo miembro solicite una excepción de formulario. Se considerarán excepciones a las situaciones donde usted está pasando por un cambio en el nivel de cuidado que recibe, el cual también requiere que usted sea trasladado de un centro de atención a otro. En dichas circunstancias, usted será elegible para una excepción provisional una sola vez, aun si han pasado los primeros 90 días de su membresía con el plan.

11. ¿Puede pedir al plan que sea haga una excepción para cubrir su medicamento?

Sí. Puede solicitarle a Molina Dual Options MyCare Ohio que haga una excepción para cubrir su medicamento que no está en la Lista de Medicamentos.

Usted también puede pedirnos un cambio en las reglas sobre su medicamento.

- Por ejemplo, Molina Dual Options MyCare Ohio podría limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, usted puede pedirnos que cambiemos el límite y extendamos la cobertura.
- Otros ejemplos: usted puede solicitarnos que quitemos las restricciones de la terapia escalonada o los requisitos de autorización previa.



12. ¿Cuánto tiempo toma obtener una excepción?

Primero, debemos obtener una declaración de su proveedor recetador apoyando su solicitud de una excepción. Después de obtener la declaración, le daremos una decisión sobre su solicitud de excepción a más tardar en 72 horas.

Si usted o su proveedor recetador piensa que su salud puede estar en peligro si esperar 72 horas para una decisión, puede solicitar una excepción acelerada. Se trata de una decisión más rápida. Si su recetador apoya su solicitud, le daremos una decisión dentro de las primeras 24 horas de haber recibido la declaración de apoyo de su recetador.

13. ¿Cómo se puede solicitar una excepción?

Para solicitar una excepción, comuníquese con el Departamento de Servicios para Miembros. Un representante del Departamento de Servicios para Miembros trabajará con usted y su proveedor para ayudarle a solicitar una excepción.

14. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidos. Los medicamentos genéricos son aprobados por la Administración de Medicamentos y Alimentos (FDA).

Molina Medicare Options MyCare Ohio cubre tanto medicamentos de marcas registradas como medicamentos genéricos.

15. ¿Qué son los medicamentos de venta libre (OTC)?

OTC son siglas en inglés que significan "medicamentos de venta libre". Molina Dual Options MyCare Ohio cubre algunos medicamentos de venta libre cuando su proveedor recetador los escribe como recetas.

Usted puede leer la Lista de Medicamentos de Molina Dual Options MyCare Ohio para ver qué medicamentos de venta libre tienen cobertura.



16. ¿Molina Dual Options MyCare Ohio cubre los productos no farmacológicos de venta libre?

Molina Dual Options MyCare Ohio cubre algunos productos no farmacológicos de venta libre cuando su proveedor recetador los escribe como recetas.

Usted puede leer la Lista de Medicamentos de Molina Dual Options MyCare Ohio para ver qué medicamentos no farmacológicos de venta libre tienen cobertura.

17. ¿Qué es su copago?

Como miembro de Molina Dual Options MyCare Ohio, usted no tiene copagos por medicamentos recetados y medicamentos de venta libre, siempre y cuando usted siga las reglas de Molina Dual Options MyCare Ohio.

18. ¿Qué son las categorías de medicamentos?

Las categorías son grupos de medicamentos en nuestra lista de medicamentos.

- Los medicamentos de categoría 1 son los medicamentos genéricos. Para medicamentos de categoría 1, usted no paga nada.
- Los medicamentos de categoría 2 son medicamentos de marca comercial. Para medicamentos de categoría 2, usted no paga nada.
- Los medicamentos de categoría 3 son los medicamentos Rx / OTC que no son de Medicare. Para medicamentos de categoría 3, usted no paga nada.



Lista de medicamentos cubiertos por condición médica

Los medicamentos en esta sección están agrupados en categorías según el tipo de condición médica que tratan. Por ejemplo, si tiene una enfermedad del corazón, usted debe buscar en la categoría de bloqueadores beta. Ahí encontrará los medicamentos que traten enfermedades del corazón.

La siguiente lista de medicamentos cubiertos le proporciona información sobre los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 165.

La primera columna del cuadro contiene el nombre del medicamento. Los medicamentos de marca registrada están escritos en mayúsculas (p. ej.: BYSTOLIC) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: *metoprolol*).

La información de la columna titulada Medidas necesarias, restricciones o límites de uso, le indica si Molina Dual Options MyCare Ohio tiene alguna regla para cubrir su medicamento.

Nota: El (*) junto a un medicamento significa que el medicamento no es un "Medicamento de la Parte D". La cantidad que usted paga cuándo surta una receta de este medicamento no cuenta hacia el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para ser elegible para cobertura catastrófica). Además, si recibe Ayuda Adicional para pagar sus medicamentos recetados, usted no recibirá ninguna Ayuda Adicional para pagar estos medicamentos. Estos medicamentos también tienen reglas diferentes para las apelaciones. Una *apelación* es una manera formal de solicitarnos la revisión de una decisión de cobertura y cambiarlo si usted piensa que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid. Si usted o su médico no están de acuerdo con nuestra decisión, puede apelar. Para pedir instrucciones sobre cómo presentar una apelación, comuníquese con el Departamento de Servicios para Miembros al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. Usted también puede saber cómo apelar una decisión leyendo el Manual del miembro.

La información en la columna de requerimientos y límites le informa si Molina Dual Options MyCare Ohio tiene algún requerimiento especial para la cobertura de su medicamento.

PA significa "autorización previa" (consulte la página 4 para obtener más información sobre PA). QL significa "límites de cantidades" (consulte la página 4 para obtener más información sobre OTC).

ST significa "criterios de terapia escalonada" (consulte la página 4 para obtener más información sobre ST).

Si tiene alguna pregunta, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información visite,** www.MolinaHealthcare.com/Duals.



OTC significa "medicamentos de venta libre" (consulte la página 9 para obtener más información sobre OTC).

B/D significa que ciertos medicamentos pueden ser cubiertos bajo Medicare Parte D o Medicare Parte B, dependiendo de las circunstancias. Molina Dual Options MyCare Ohio requiere información médica adicional para medicamentos que necesitan B/D para poder determinar si se debería cubrir bajo Medicare Parte B o Medicare Parte D.

LA significa "medicamento con acceso limitado". Esto significa que ciertos medicamentos típicamente utilizados para el tratamiento de enfermedades raras solamente están disponibles por medio de determinadas farmacias que se especializan en el tratamiento de dichas enfermedades poco comunes, y no están disponibles en la mayoría de farmacias minoristas.

NM significa "no disponible para servicio por correo". Esto significa que ciertos medicamentos no están disponibles por medio de farmacias con servicio por correo y se deben obtener en una farmacia local.



MOLINA_OH_CY17_2T_MMP eff 11/01/2017

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

GOUT - DRUGS TO TREAT GOUT

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

MISCELLANEOUS

ACEPHEN SUP 120MG	\$0 (3)	NM; *
<i>acephen sup 325mg</i>	\$0 (3)	NM; *
<i>acephen sup 650mg</i>	\$0 (3)	NM; *
<i>acetamin tab 500mg</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>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>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 suppos 300 mg</i>	\$0 (3)	NM; *
<i>aspirin suppos 600 mg</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; *
<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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>eq aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>fever reduce sup 120mg</i>	\$0 (3)	NM; *
FEVERALL INF SUP 80MG	\$0 (3)	NM; *
FEVERALL SUP 120MG	\$0 (3)	NM; *
FEVERALL SUP 325MG	\$0 (3)	NM; *
FEVERALL SUP 650MG	\$0 (3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 81mg ec</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; *
INF SILAPAP DRO 80/0.8ML	\$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 sus 160/5ml</i>	\$0 (3)	NM; *
<i>mapap child tab 80mg rt</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; *
<i>pain relief tab 500mg</i>	\$0 (3)	NM; *
<i>pain relieve sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain relieve tab 325mg</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>pain relieve tab 500mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg/rr</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 infant dro 80/0.8ml</i>	\$0 (3)	NM; *
<i>q-pap liq 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>qc child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sb aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sb non-asa chw 80mg frt</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)	
<i>etodolac tab 500 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>ks ibuprofen cap 200mg</i>	\$0 (3)	NM; *
MELOXICAM SUSP 7.5 MG/5ML	\$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)	
NAPROXEN SOD CAP 220MG	\$0 (3)	NM; *
<i>naproxen sod tab 220mg</i>	\$0 (3)	NM; *
NAPROXEN SODIUM CAP 220 MG	\$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pain & fever sus 160/5ml</i>	\$0 (3)	NM; *
<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 (1)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (1)	
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 (1)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>tramadol hcl tab 50 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH INJ 0.5MG/ML	\$0 (1)	B/D
DURAMORPH INJ 1MG/ML	\$0 (1)	B/D
<i>endocet tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA

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 600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	\$0 (2)	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 (1)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (60 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access ***** - 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
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (60 tabs / 30 days)
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 (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 150/30ML	\$0 (1)	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	\$0 (1)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	\$0 (1)	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	\$0 (1)	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	\$0 (1)	
MORPHINE SULFATE TAB 15 MG	\$0 (1)	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 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)
<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)	
OXYCODONE HCL SOLN 5 MG/5ML	\$0 (1)	
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 soln 5-325 mg/5ml</i>	\$0 (1)	QL (1800 mL / 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)	
<i>gentamicin sulfate inj 10 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 40 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	\$0 (1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0 (1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (1)	
<i>sulfadiazine tab 500mg</i>	\$0 (2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (2)	NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0 (2)	
<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)	
ALINIA SUS 100/5ML	\$0 (2)	
ALINIA TAB 500MG	\$0 (2)	
<i>atovaquone susp 750 mg/5ml</i>	\$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)	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 300 mg</i>	\$0 (1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (1)	
<i>clindamycin phosphate 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)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 sodium for inj 150 mg</i>	\$0 (1)	
CUBICIN SOL 500MG	\$0 (2)	
<i>dapsone tab 25 mg</i>	\$0 (1)	
<i>dapsone tab 100 mg</i>	\$0 (1)	
<i>daptomycin for iv soln 500 mg</i>	\$0 (2)	
<i>emverm chw 100mg</i>	\$0 (2)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (1)	
INVANZ INJ 1GM	\$0 (2)	
<i>ivermectin tab 3 mg</i>	\$0 (1)	
LINEZOLID FOR SUSP 100 MG/5ML	\$0 (2)	
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	\$0 (2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (2)	
LINEZOLID TAB 600 MG	\$0 (2)	
<i>meropenem iv for soln 1 gm</i>	\$0 (1)	
<i>meropenem iv for soln 500 mg</i>	\$0 (1)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0 (1)	
<i>metronidazole tab 250 mg</i>	\$0 (1)	
<i>metronidazole tab 500 mg</i>	\$0 (1)	
NEBUPENT INH 300MG	\$0 (2)	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
PIN-X CHW 250MG	\$0 (3)	NM; *
<i>pin-x sus 50mg/ml</i>	\$0 (3)	NM; *
PINWORM TAB MEDICINE	\$0 (3)	NM; *
<i>reeses med sus pinworm</i>	\$0 (3)	NM; *
REESES MED SUS PINWORM	\$0 (3)	NM; *
SIVEXTRO INJ 200MG	\$0 (2)	
SIVEXTRO TAB 200MG	\$0 (2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (1)	
SYNERCID INJ 500MG	\$0 (2)	
TIGECYCLINE INJ 50MG	\$0 (2)	
<i>trimethoprim tab 100 mg</i>	\$0 (1)	
TYGACIL INJ 50MG	\$0 (2)	
<i>vancomycin hcl cap 125 mg</i>	\$0 (2)	
<i>vancomycin hcl cap 250 mg</i>	\$0 (2)	
<i>vancomycin hcl for inj 10 gm</i>	\$0 (1)	
<i>vancomycin hcl for inj 500 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 750 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 1000 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 5000 mg</i>	\$0 (1)	
VANCOMYCIN INJ 1 GM	\$0 (2)	
VANCOMYCIN INJ 500MG	\$0 (2)	
VANCOMYCIN INJ 750MG	\$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0 (2)	B/D
AMBISOME INJ 50MG	\$0 (2)	B/D
<i>amphotericin b for inj 50 mg</i>	\$0 (1)	B/D
CANCIDAS INJ 50MG	\$0 (2)	
CANCIDAS INJ 70MG	\$0 (2)	
CASPOFUNGIN INJ 50MG	\$0 (2)	
CASPOFUNGIN INJ 70MG	\$0 (2)	
<i>fluconazole for susp 10 mg/ml</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluconazole for susp 40 mg/ml</i>	\$0 (1)	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole tab 50 mg</i>	\$0 (1)	
<i>fluconazole tab 100 mg</i>	\$0 (1)	
<i>fluconazole tab 150 mg</i>	\$0 (1)	
<i>fluconazole tab 200 mg</i>	\$0 (1)	
<i>fluconazole/ inj nacl 100</i>	\$0 (1)	
<i>flucytosine cap 250 mg</i>	\$0 (2)	
<i>flucytosine cap 500 mg</i>	\$0 (2)	
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (1)	
<i>itraconazole cap 100 mg</i>	\$0 (1)	PA
<i>ketoconazole tab 200 mg</i>	\$0 (1)	PA
MYCAMINE INJ 50MG	\$0 (2)	
MYCAMINE INJ 100MG	\$0 (2)	
NOXAFIL SUS 40MG/ML	\$0 (2)	
NOXAFIL TAB 100MG	\$0 (2)	
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	\$0 (1)	
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	
<i>voriconazole tab 50 mg</i>	\$0 (2)	
<i>voriconazole tab 200 mg</i>	\$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (1)	
COARTEM TAB 20-120MG	\$0 (2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (1)	
PRIMAQUINE TAB 26.3MG	\$0 (2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (1)	PA

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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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ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (1)	
APTIVUS CAP 250MG	\$0 (2)	
APTIVUS SOL	\$0 (2)	
CRIXIVAN CAP 200MG	\$0 (2)	
CRIXIVAN CAP 400MG	\$0 (2)	
<i>didanosine delayed release capsule 125 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 200 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0 (1)	
EDURANT TAB 25MG	\$0 (2)	
EMTRIVA CAP 200MG	\$0 (2)	
EMTRIVA SOL 10MG/ML	\$0 (2)	
FUZEON INJ 90MG	\$0 (2)	NM
INTELENCE TAB 25MG	\$0 (2)	
INTELENCE TAB 100MG	\$0 (2)	
INTELENCE TAB 200MG	\$0 (2)	
INVIRASE CAP 200MG	\$0 (2)	
INVIRASE TAB 500MG	\$0 (2)	
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	
ISENTRESS HD TAB 600MG	\$0 (2)	
ISENTRESS POW 100MG	\$0 (2)	
ISENTRESS TAB 400MG	\$0 (2)	
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (1)	
<i>lamivudine tab 150 mg</i>	\$0 (1)	
<i>lamivudine tab 300 mg</i>	\$0 (1)	
LEXIVA SUS 50MG/ML	\$0 (2)	
LEXIVA TAB 700MG	\$0 (2)	
NEVIRAPINE SUSP 50 MG/5ML	\$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 SOL 80MG/ML	\$0 (2)	
NORVIR TAB 100MG	\$0 (2)	
PREZISTA SUS 100MG/ML	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREZISTA TAB 75MG	\$0 (2)	
PREZISTA TAB 150MG	\$0 (2)	
PREZISTA TAB 600MG	\$0 (2)	
PREZISTA TAB 800MG	\$0 (2)	
RESCRIPTOR TAB 100 MG	\$0 (2)	
RESCRIPTOR TAB 200MG	\$0 (2)	
RETROVIR INJ 10MG/ML	\$0 (2)	
REYATAZ CAP 150MG	\$0 (2)	
REYATAZ CAP 200MG	\$0 (2)	
REYATAZ CAP 300MG	\$0 (2)	
REYATAZ POW 50MG	\$0 (2)	
SELZENTRY SOL 20MG/ML	\$0 (2)	
SELZENTRY TAB 25MG	\$0 (2)	
SELZENTRY TAB 75MG	\$0 (2)	
SELZENTRY TAB 150MG	\$0 (2)	
SELZENTRY TAB 300MG	\$0 (2)	
<i>stavudine cap 15 mg</i>	\$0 (1)	
<i>stavudine cap 20 mg</i>	\$0 (1)	
<i>stavudine cap 30 mg</i>	\$0 (1)	
<i>stavudine cap 40 mg</i>	\$0 (1)	
SUSTIVA CAP 50MG	\$0 (2)	
SUSTIVA CAP 200MG	\$0 (2)	
SUSTIVA TAB 600MG	\$0 (2)	
TIVICAY TAB 10MG	\$0 (2)	
TIVICAY TAB 25MG	\$0 (2)	
TIVICAY TAB 50MG	\$0 (2)	
TYBOST TAB 150MG	\$0 (2)	
VIDEX SOL 2GM	\$0 (2)	
VIDEX SOL 4GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	
VIRACEPT TAB 625MG	\$0 (2)	
VIRAMUNE SUS 50MG/5ML	\$0 (2)	
VIREAD POW 40MG/GM	\$0 (2)	
VIREAD TAB 150MG	\$0 (2)	
VIREAD TAB 200MG	\$0 (2)	
VIREAD TAB 250MG	\$0 (2)	
VIREAD TAB 300MG	\$0 (2)	
ZERIT SOL 1MG/ML	\$0 (2)	
ZIAGEN SOL 20MG/ML	\$0 (2)	
<i>zidovudine cap 100 mg</i>	\$0 (1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine tab 300 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	\$0 (2)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	
ATRIPLA TAB	\$0 (2)	
COMPLERA TAB	\$0 (2)	
DESCOVY TAB 200/25	\$0 (2)	
EVOTAZ TAB 300-150	\$0 (2)	
GENVOYA TAB	\$0 (2)	
KALETRA SOL	\$0 (2)	
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (2)	
ODEFSEY TAB	\$0 (2)	
PREZCOBIX TAB 800-150	\$0 (2)	
STRIBILD TAB	\$0 (2)	
TRIUMEQ TAB	\$0 (2)	
TRUVADA TAB 100-150	\$0 (2)	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	\$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0 (2)	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

CAPASTAT SUL INJ 1GM	\$0 (2)	
<i>cycloserine cap 250 mg</i>	\$0 (2)	
<i>ethambutol hcl tab 100 mg</i>	\$0 (1)	
<i>ethambutol hcl tab 400 mg</i>	\$0 (1)	
<i>isoniazid inj 100 mg/ml</i>	\$0 (1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid tab 100 mg</i>	\$0 (1)	
<i>isoniazid tab 300 mg</i>	\$0 (1)	
<i>paser gra 4gm</i>	\$0 (2)	
PRIFTIN TAB 150MG	\$0 (2)	
<i>pyrazinamide tab 500 mg</i>	\$0 (1)	
<i>rifabutin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 300 mg</i>	\$0 (1)	
<i>rifampin for inj 600 mg</i>	\$0 (1)	
RIFATER TAB	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIRTURO TAB 100MG	\$0 (2)	LA, PA
TRECTOR TAB 250MG	\$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0 (1)	
<i>acyclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir tab 400 mg</i>	\$0 (1)	
<i>acyclovir tab 800 mg</i>	\$0 (1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (2)	
BARACLUDE SOL .05MG/ML	\$0 (2)	
DAKLINZA TAB 30MG	\$0 (2)	NM, PA
DAKLINZA TAB 60MG	\$0 (2)	NM, PA
DAKLINZA TAB 90MG	\$0 (2)	NM, PA
<i>entecavir tab 0.5 mg</i>	\$0 (2)	
<i>entecavir tab 1 mg</i>	\$0 (2)	
EPCLUSA TAB 400-100	\$0 (2)	NM, 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)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
HARVONI TAB 90-400MG	\$0 (2)	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (1)	
MAVYRET TAB 100-40MG	\$0 (2)	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (1)	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (1)	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (1)	
PEGASYS INJ	\$0 (2)	NM, PA
PEGASYS INJ 180MCG/M	\$0 (2)	NM, PA
PEGASYS INJ PROCLICK	\$0 (2)	NM, PA
REBETOL SOL 40MG/ML	\$0 (2)	NM
RELENZA MIS DISKHALE	\$0 (2)	
<i>ribasphere cap 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 400mg</i>	\$0 (2)	NM
<i>ribasphere tab 600mg</i>	\$0 (2)	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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOVALDI TAB 400MG	\$0 (2)	NM, PA
TAMIFLU SUS 6MG/ML	\$0 (2)	
TYZEKA TAB 600MG	\$0 (2)	
<i>valacyclovir hcl tab 1 gm</i>	\$0 (1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0 (1)	
VALCYTE SOL 50MG/ML	\$0 (2)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (2)	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (2)	
VEMLIDY TAB 25MG	\$0 (2)	
VOSEVI TAB	\$0 (2)	NM, PA
ZEPATIER TAB 50-100MG	\$0 (2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
<i>cefaclor er tab 500mg</i>	\$0 (2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (1)	
<i>cefadroxil cap 500 mg</i>	\$0 (1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (1)	
<i>cefadroxil tab 1 gm</i>	\$0 (1)	
<i>cefazolin inj 1gm/50ml</i>	\$0 (2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 20 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil tab 250 mg</i>	\$0 (1)	
<i>cefprozil tab 500 mg</i>	\$0 (1)	
<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 1.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (1)	
<i>cephalexin cap 250 mg</i>	\$0 (1)	
<i>cephalexin cap 500 mg</i>	\$0 (1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (1)	
SUPRAX CAP 400MG	\$0 (2)	
<i>suprax chw 100mg</i>	\$0 (2)	
<i>suprax chw 200mg</i>	\$0 (2)	
SUPRAX SUS 500/5ML	\$0 (2)	
<i>tazicef inj 1gm</i>	\$0 (1)	
<i>tazicef inj 2gm</i>	\$0 (1)	
<i>tazicef inj 6gm</i>	\$0 (1)	
TEFLARO INJ 400MG	\$0 (2)	
TEFLARO INJ 600MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (1)	
<i>azithromycin iv for soln 500 mg</i>	\$0 (1)	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	\$0 (1)	
<i>azithromycin tab 250 mg</i>	\$0 (1)	
<i>azithromycin tab 500 mg</i>	\$0 (1)	
<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)	
<i>e.e.s. 400 tab 400mg</i>	\$0 (1)	
<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)	
<i>erythrocin inj 500mg</i>	\$0 (2)	
<i>erythrocin tab 250mg</i>	\$0 (1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (1)	
<i>erythromycin tab 250 mg</i>	\$0 (1)	
<i>erythromycin tab 500 mg</i>	\$0 (1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (1)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<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)	
<i>BICILLIN L-A INJ 600000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 1200000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 2400000</i>	\$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 inj 10 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>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 2 gm (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>oxacillin sodium for inj 10 gm (base equivalent)</i>	\$0 (2)	
<i>pen g proc inj 600000</i>	\$0 (2)	
PENICILL GK/ INJ DEX 2MU	\$0 (2)	
PENICILL GK/ INJ DEX 3MU	\$0 (2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (1)	
<i>piper/tazoba inj 12-1.5gm</i>	\$0 (1)	
<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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENDEKA INJ 100/4ML	\$0 (2)	B/D, NM
BICNU INJ 100MG	\$0 (2)	B/D
<i>busulfan inj 6 mg/ml</i>	\$0 (2)	B/D
BUSULFEX INJ 6MG/ML	\$0 (2)	B/D
CYCLOPHOSPH CAP 25MG	\$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	\$0 (2)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (2)	B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0 (2)	B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (2)	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 5MG	\$0 (2)	
GLEOSTINE CAP 10MG	\$0 (2)	
GLEOSTINE CAP 40MG	\$0 (2)	
GLEOSTINE CAP 100MG	\$0 (2)	
HEXALEN CAP 50MG	\$0 (2)	
IFEX INJ 3GM	\$0 (2)	B/D
<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>melphalan hcl for inj 50 mg (base equiv)</i>	\$0 (2)	B/D
MUSTARGEN INJ 10MG	\$0 (2)	B/D
TREANDA INJ 25MG	\$0 (2)	B/D, NM
TREANDA INJ 100MG	\$0 (2)	B/D, NM
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	\$0 (1)	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</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)	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0 (1)	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0 (1)	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	\$0 (2)	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	\$0 (2)	B/D
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	\$0 (1)	B/D
<i>bleomycin sulfate for inj 30 unit</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 5 mg</i>	\$0 (2)	B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (2)	B/D
<i>mitomycin for iv soln 40 mg</i>	\$0 (2)	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)	B/D
ALIMTA INJ 500MG	\$0 (2)	B/D
<i>azacitidine for inj 100 mg</i>	\$0 (2)	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	\$0 (2)	B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (1)	B/D
<i>fludarabine phosphate for inj 50 mg</i>	\$0 (1)	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	\$0 (1)	B/D
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (2)	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (1)	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	\$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 100 mg/4ml (25 mg/ml)</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>methotrexate sodium inj pf 200 mg/8ml (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)	B/D
PURIXAN SUS 20MG/ML	\$0 (2)	NM
TABLOID TAB 40MG	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0 (2)	B/D
DOCEFREZ INJ 20MG	\$0 (2)	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	\$0 (2)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (2)	B/D
DOCETAXEL INJ 20MG/2ML	\$0 (2)	B/D
DOCETAXEL INJ 80MG/4ML	\$0 (2)	B/D
DOCETAXEL INJ 80MG/8ML	\$0 (2)	B/D
DOCETAXEL INJ 160/8ML	\$0 (2)	B/D
DOCETAXEL INJ 160/16ML	\$0 (2)	B/D
<i>docetaxel inj 200/10</i>	\$0 (2)	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (1)	B/D
TAXOTERE INJ 80MG/4ML	\$0 (2)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	\$0 (2)	B/D
<i>vincasar pfs inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0 (2)	NM, LA, PA
AVASTIN INJ 400/16ML	\$0 (2)	NM, LA, PA
BELEODAQ INJ 500MG	\$0 (2)	NM, PA
ERIVEDGE CAP 150MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FARYDAK CAP 15MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NM, LA, PA
HERCEPTIN INJ 150MG	\$0 (2)	NM, PA
HERCEPTIN INJ 440MG	\$0 (2)	NM, PA
IBRANCE CAP 75MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NM, LA, PA
IDHIFA TAB 50MG	\$0 (2)	NM, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NM, LA, PA
ISTODAX OVR INJ 10MG	\$0 (2)	B/D, NM
KADCYLA INJ 100MG	\$0 (2)	B/D, NM
KADCYLA INJ 160MG	\$0 (2)	B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NM, PA
KEYTRUDA SOL 50MG	\$0 (2)	NM, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NM, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NM, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NM, PA
KISQALI TAB 200DOSE	\$0 (2)	NM, PA
KISQALI TAB 400DOSE	\$0 (2)	NM, PA
KISQALI TAB 600DOSE	\$0 (2)	NM, PA
LYNPARZA CAP 50MG	\$0 (2)	NM, LA, PA
NINLARO CAP 2.3MG	\$0 (2)	NM, PA
NINLARO CAP 3MG	\$0 (2)	NM, PA
NINLARO CAP 4MG	\$0 (2)	NM, PA
PROLEUKIN INJ 22MU	\$0 (2)	B/D, NM
RITUXAN INJ 100MG	\$0 (2)	NM, LA, PA
RITUXAN INJ 500MG	\$0 (2)	NM, LA, PA
RITUXAN INJ HYCELA	\$0 (2)	NM, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NM, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NM, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NM, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NM, LA, PA
VELCADE INJ 3.5MG	\$0 (2)	NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB 100MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB START PK	\$0 (2)	NM, LA, PA
YERVOY INJ 50MG	\$0 (2)	NM, PA
YERVOY INJ 200MG	\$0 (2)	NM, PA
ZEJULA CAP 100MG	\$0 (2)	NM, LA, PA
ZOLINZA CAP 100MG	\$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 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>bicalutamide tab 50 mg</i>	\$0 (1)	
DEPO-PROVERA INJ 400/ML	\$0 (2)	B/D
<i>exemestane tab 25 mg</i>	\$0 (1)	
FARESTON TAB 60MG	\$0 (2)	
FASLODEX INJ 250MG	\$0 (2)	B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	\$0 (2)	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)	NM, PA
LUPRON DEPOT INJ 11.25MG	\$0 (2)	NM, PA
LYSODREN TAB 500MG	\$0 (2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	\$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)	
SOLTAMOX SOL 10MG/5ML	\$0 (2)	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (1)	
TRELSTAR MIX INJ 3.75MG	\$0 (2)	NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NM, PA
XTANDI CAP 40MG	\$0 (2)	NM, LA, PA
ZYTIGA TAB 250MG	\$0 (2)	NM, LA, PA
ZYTIGA TAB 500MG	\$0 (2)	NM, LA, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 3MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 2.5MG	\$0 (2)	NM, PA
AFINITOR TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NM, PA
AFINITOR TAB 10MG	\$0 (2)	NM, PA
ALECENSA CAP 150MG	\$0 (2)	NM, LA, PA
ALUNBRIG TAB 30MG	\$0 (2)	NM, LA, PA
BOSULIF TAB 100MG	\$0 (2)	NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BOSULIF TAB 500MG	\$0 (2)	NM, PA
CABOMETYX TAB 20MG	\$0 (2)	NM, LA, PA
CABOMETYX TAB 40MG	\$0 (2)	NM, LA, PA
CABOMETYX TAB 60MG	\$0 (2)	NM, LA, PA
CAPRELSA TAB 100MG	\$0 (2)	NM, LA, PA
CAPRELSA TAB 300MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 60MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 100MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 140MG	\$0 (2)	NM, LA, PA
COTELLIC TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NM, LA, PA
ICLUSIG TAB 15MG	\$0 (2)	NM, LA, PA
ICLUSIG TAB 45MG	\$0 (2)	NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (2)	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (2)	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	\$0 (2)	NM, LA, PA
INLYTA TAB 1MG	\$0 (2)	NM, LA, PA
INLYTA TAB 5MG	\$0 (2)	NM, LA, PA
IRESSA TAB 250MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 8 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 10 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NM, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NM, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NM, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NM, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NM, PA
SPRYCEL TAB 20MG	\$0 (2)	NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRYCEL TAB 100MG	\$0 (2)	NM, PA
SPRYCEL TAB 140MG	\$0 (2)	NM, PA
STIVARGA TAB 40MG	\$0 (2)	NM, LA, PA
SUTENT CAP 12.5MG	\$0 (2)	NM, PA
SUTENT CAP 25MG	\$0 (2)	NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NM, PA
SUTENT CAP 50MG	\$0 (2)	NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NM, LA, PA
TAGRISSO TAB 40MG	\$0 (2)	NM, LA, PA
TAGRISSO TAB 80MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NM, LA, PA
TASIGNA CAP 150MG	\$0 (2)	NM, PA
TASIGNA CAP 200MG	\$0 (2)	NM, PA
TYKERB TAB 250MG	\$0 (2)	NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NM, LA, PA
XALKORI CAP 200MG	\$0 (2)	NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NM, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NM, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NM, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NM, PA
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NM, PA
LONSURF TAB 20-8.19	\$0 (2)	NM, PA
MATULANE CAP 50MG	\$0 (2)	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
ODOMZO CAP 200MG	\$0 (2)	NM, LA, PA
SYLATRON KIT 200MCG	\$0 (2)	NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNRIBO INJ 3.5MG	\$0 (2)	NM, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	
TRISENOX SOL 10MG/10M	\$0 (2)	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (1)	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		
AMIFOSTINE FOR INJ 500 MG	\$0 (2)	B/D
<i>dexrazoxane for inj 250 mg</i>	\$0 (2)	B/D
<i>dexrazoxane for inj 500 mg</i>	\$0 (2)	B/D
ELITEK INJ 1.5MG	\$0 (2)	B/D
ELITEK INJ 7.5MG	\$0 (2)	B/D
FUSILEV INJ 50MG	\$0 (2)	B/D, NM
<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)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
LEVOLEUCOVOR INJ 175MG	\$0 (2)	B/D, NM
<i>levoleucovor sol 250mg/25</i>	\$0 (2)	B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	\$0 (2)	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	\$0 (2)	B/D, NM
<i>mesna inj 100 mg/ml</i>	\$0 (1)	B/D
MESNEX TAB 400MG	\$0 (2)	
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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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</i>	\$0 (2)	B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0 (1)	
<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)	
<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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>spironolactone tab 25 mg</i>	\$0 (1)	
<i>spironolactone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 100 mg</i>	\$0 (1)	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

<i>amlodipine besylate-olmesartan</i>	\$0 (1)	
<i>medoxomil tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan</i>	\$0 (1)	
<i>medoxomil tab 5-40 mg</i>		

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<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
DOFETILIDE CAP 125 MCG (0.125 MG)	\$0 (1)	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	\$0 (1)	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	\$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)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>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)	
<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)	NM, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NM, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	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)	NM, PA
PRALUENT INJ 150MG/ML	\$0 (2)	NM, 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
<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)	
BYSTOLIC TAB 5MG	\$0 (2)	
BYSTOLIC TAB 10MG	\$0 (2)	
BYSTOLIC TAB 20MG	\$0 (2)	
<i>carvedilol tab 3.125 mg</i>	\$0 (1)	
<i>carvedilol tab 6.25 mg</i>	\$0 (1)	
<i>carvedilol tab 12.5 mg</i>	\$0 (1)	
<i>carvedilol tab 25 mg</i>	\$0 (1)	
<i>labetalol hcl tab 100 mg</i>	\$0 (1)	
<i>labetalol hcl tab 200 mg</i>	\$0 (1)	
<i>labetalol hcl tab 300 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<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</i>	\$0 (1)	
<i>amlodipine besylate tab 5 mg</i>	\$0 (1)	
<i>amlodipine besylate tab 10 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 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>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)	
<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)	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	\$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (1)	
<i>nimodipine cap 30 mg</i>	\$0 (2)	
NYMALIZE SOL 60/20ML	\$0 (2)	
<i>taztia xt cap 120mg/24</i>	\$0 (1)	
<i>taztia xt cap 180mg/24</i>	\$0 (1)	
<i>taztia xt cap 240mg/24</i>	\$0 (1)	
<i>taztia xt cap 300mg/24</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap 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)	
VERAPAMIL HCL CAP ER 24HR 360 MG	\$0 (1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl tab 40 mg</i>	\$0 (1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab 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)	
DIGOXIN ORAL SOLN 0.05 MG/ML	\$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

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)	
FUROSEMIDE INJ 10 MG/ML	\$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>torseamide tab 5 mg</i>	\$0 (1)	
<i>torseamide tab 10 mg</i>	\$0 (1)	
<i>torseamide tab 20 mg</i>	\$0 (1)	
<i>torseamide tab 100 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (1)	

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 hcl td patch weekly 0.1 mg/24hr</i>	\$0 (1)	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	\$0 (1)	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	\$0 (1)	
DEMSEER CAP 250MG	\$0 (2)	
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 25 mg</i>	\$0 (1)	
<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)	NM, LA, PA
NORTHERA CAP 200MG	\$0 (2)	NM, LA, PA
NORTHERA CAP 300MG	\$0 (2)	NM, 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)	
<i>nitro-bid oin 2%</i>	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin 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)	NM, PA
ADEMPAS TAB 0.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0 (2)	NM, LA, PA
REMODULIN INJ 1MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 2.5MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 5MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 10MG/ML	\$0 (2)	NM, LA, PA
REVATIO SUS 10MG/ML	\$0 (2)	QL (224 mL / 30 days), NM, 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
TRACLEER TAB 62.5MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	\$0 (2)	NM, LA, PA
UPTRAVI TAB 200MCG	\$0 (2)	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	\$0 (2)	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	\$0 (2)	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (2)	NM, PA
VENTAVIS SOL 20MCG/ML	\$0 (2)	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 con 2mg/ml</i>	\$0 (1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0 (1)	
<i>lorazepam inj 4 mg/ml</i>	\$0 (1)	
<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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lorazepam tab 2 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
APTIOM TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
APTIOM TAB 600MG	\$0 (2)	QL (60 tabs / 30 days)
APTIOM TAB 800MG	\$0 (2)	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	PA
BANZEL TAB 200MG	\$0 (2)	PA
BANZEL TAB 400MG	\$0 (2)	PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	PA
BRIVIACT SOL 10MG/ML	\$0 (2)	PA
BRIVIACT TAB 10MG	\$0 (2)	PA
BRIVIACT TAB 25MG	\$0 (2)	PA
BRIVIACT TAB 50MG	\$0 (2)	PA
BRIVIACT TAB 75MG	\$0 (2)	PA
BRIVIACT TAB 100MG	\$0 (2)	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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<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
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	\$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	\$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	\$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
<i>dilantin cap 30mg</i>	\$0 (2)	
<i>dilantin cap 100mg</i>	\$0 (2)	
<i>dilantin chw 50mg</i>	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium cap 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (1)	
FYCOMPA SUS 0.5MG/ML	\$0 (2)	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (2)	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 (1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0 (1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0 (1)	QL (270 caps / 30 days)
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (1)	
LEVETIRACETA INJ 5MG/ML	\$0 (2)	
LEVETIRACETA INJ 10MG/ML	\$0 (2)	
LEVETIRACETA INJ 15MG/ML	\$0 (2)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	\$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	\$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	\$0 (1)	
<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)	PA
ONFI TAB 10MG	\$0 (2)	PA
ONFI TAB 20MG	\$0 (2)	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<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
<i>phenytek cap 200mg</i>	\$0 (2)	
<i>phenytek cap 300mg</i>	\$0 (2)	
<i>phenytoin chew tab 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (1)	
POTIGA TAB 50MG	\$0 (2)	
POTIGA TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
POTIGA TAB 300MG	\$0 (2)	QL (90 tabs / 30 days)
POTIGA TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	\$0 (1)	
<i>primidone tab 250 mg</i>	\$0 (1)	
<i>roweepra tab 500mg</i>	\$0 (1)	
<i>roweepra tab 750mg</i>	\$0 (1)	
<i>roweepra tab 1000mg</i>	\$0 (1)	
SABRIL POW 500MG	\$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEGRETOL-XR TAB 100MG	\$0 (2)	
TEGRETOL-XR TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 400MG	\$0 (2)	
<i>tiagabine hcl tab 2 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0 (1)	
<i>topiramate tab 25 mg</i>	\$0 (1)	
<i>topiramate tab 50 mg</i>	\$0 (1)	
<i>topiramate tab 100 mg</i>	\$0 (1)	
<i>topiramate tab 200 mg</i>	\$0 (1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (1)	
<i>valproate sodium 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)	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0 (2)	
VIMPAT SOL 10MG/ML	\$0 (2)	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (1)	
<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 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
MEMANTINE HCL TAB 10 MG	\$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</i>	\$0 (1)	
<i>rivastigmine tartrate cap 3 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 4.5 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 6 mg</i>	\$0 (1)	
<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)	
<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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (2)	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (1)	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	\$0 (2)	
<i>fluoxetine hcl cap 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (1)	
<i>fluoxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	\$0 (1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (2)	PA; PA 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
<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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mirtazapine orally disintegrating tab 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)
<i>PAXIL SUS 10MG/5ML</i>	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (1)	
<i>PRISTIQ TAB 25MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>PRISTIQ TAB 50MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>PRISTIQ TAB 100MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (1)	
<i>sertraline hcl oral conc 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
<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)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 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>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)	NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	\$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)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbidopa & levodopa 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)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	\$0 (1)	
ENTACAPONE TAB 200 MG	\$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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (2)	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (2)	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)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	\$0 (2)	QL (1 syringe / 56 days)
<i>chlorpromaz inj 25mg/ml</i>	\$0 (2)	
<i>chlorpromaz inj 50mg/2ml</i>	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	\$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	\$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	\$0 (1)	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	\$0 (1)	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	\$0 (2)	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)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
<i>haloperidol tab 0.5 mg</i>	\$0 (1)	
<i>haloperidol tab 1 mg</i>	\$0 (1)	
<i>haloperidol tab 2 mg</i>	\$0 (1)	
<i>haloperidol tab 5 mg</i>	\$0 (1)	
<i>haloperidol tab 10 mg</i>	\$0 (1)	
<i>haloperidol tab 20 mg</i>	\$0 (1)	
INVEGA SUST INJ 39/0.25	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (2)	QL (1 injection / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 117/0.75	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (2)	QL (1 syringe / 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)	
<i>molindone hcl tab 10 mg</i>	\$0 (1)	
<i>molindone hcl tab 25 mg</i>	\$0 (1)	
NUPLAZID TAB 17MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<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)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (1)	
<i>perphenazine tab 4 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>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)	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (2)	QL (360 tabs / 30 days)
REXULTI TAB 1MG	\$0 (2)	QL (90 tabs / 30 days)
REXULTI TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (2)	QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (2)	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)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0 (1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<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)	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (2)	
VRAYLAR CAP 1.5MG	\$0 (2)	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	\$0 (2)	QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	\$0 (2)	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	\$0 (2)	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (2)	QL (1 vial / 28 days), PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab 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)
STRATTERA CAP 10MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 18MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 40MG	\$0 (2)	QL (60 caps / 30 days)
STRATTERA CAP 60MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 100MG	\$0 (2)	QL (30 caps / 30 days)
<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)	NM, 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

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

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (1)	
<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)	
<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)
RELPAK TAB 20MG	\$0 (2)	QL (12 tabs / 30 days)
RELPAK TAB 40MG	\$0 (2)	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)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	\$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	\$0 (1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	\$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)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	\$0 (2)	QL (120 tabs / 30 days), NM, 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)	
NUDEXTA CAP 20-10MG	\$0 (2)	PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
TETRABENAZINE TAB 12.5 MG	\$0 (2)	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	\$0 (2)	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	\$0 (2)	NM, LA, PA
BETASERON INJ 0.3MG	\$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	\$0 (2)	QL (28 caps / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	\$0 (2)	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
TYSABRI INJ 300/15ML	\$0 (2)	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen tab 10 mg</i>	\$0 (1)	
<i>baclofen tab 20 mg</i>	\$0 (1)	
<i>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
ARMODAFINIL TAB 200 MG	\$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)	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
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>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; *
HM NICOTINE DIS 14MG/24H	\$0 (3)	NM; *
HM NICOTINE DIS 21MG/24H	\$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)	
NICODERM CQ DIS 7MG/24HR	\$0 (3)	NM; *
NICODERM CQ DIS 14MG/24H	\$0 (3)	NM; *
NICODERM CQ DIS 21MG/24H	\$0 (3)	NM; *
<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; *
NICORETTE GUM 2MG CINN	\$0 (3)	NM; *
NICORETTE GUM 2MG MINT	\$0 (3)	NM; *
NICORETTE GUM 2MG ORIG	\$0 (3)	NM; *
NICORETTE GUM 2MGFRUIT	\$0 (3)	NM; *
NICORETTE GUM 4MG CINN	\$0 (3)	NM; *
NICORETTE GUM 4MG MINT	\$0 (3)	NM; *
NICORETTE GUM 4MG ORIG	\$0 (3)	NM; *
NICORETTE GUM 4MGFRUIT	\$0 (3)	NM; *
NICORETTE LOZ 2MG CHRY	\$0 (3)	NM; *
NICORETTE LOZ 2MG MINT	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NICORETTE LOZ 2MG ORIG	\$0 (3)	NM; *
NICORETTE LOZ 4MG CHRY	\$0 (3)	NM; *
NICORETTE LOZ 4MG MINT	\$0 (3)	NM; *
NICORETTE LOZ 4MG ORIG	\$0 (3)	NM; *
NICORETTE ST GUM 2MG MINT	\$0 (3)	NM; *
NICORETTE ST GUM 2MG ORIG	\$0 (3)	NM; *
NICORETTE ST GUM 4MG ORIG	\$0 (3)	NM; *
<i>nicotine gum 4mg</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; *
NICOTINE SYS KIT TRANSDER	\$0 (3)	NM; *
NICOTINE TD DIS 7MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 7 MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 14 MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 21 MG/24HR	\$0 (3)	NM; *
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
<i>nighttime tab 25mg</i>	\$0 (3)	NM; *
<i>sleep aid tab 25mg</i>	\$0 (3)	NM; *
SM NICOTINE DIS 7MG/24HR	\$0 (3)	NM; *
SM NICOTINE DIS 14MG/24H	\$0 (3)	NM; *
SM NICOTINE DIS 21MG	\$0 (3)	NM; *
SM NICOTINE DIS 21MG/24H	\$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

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

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0 (2)	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
AXIRON SOL 30MG/ACT	\$0 (2)	QL (440 mL / 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
<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 soln 30 mg/act</i>	\$0 (1)	QL (440 mL / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
BYDUREON INJ 2MG	\$0 (2)	QL (4 vials / 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)
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	KwikPen
HUMULIN R INJ U-500	\$0 (2)	B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LANTUS INJ 100/ML	\$0 (2)	
LANTUS INJ SOLOSTAR	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTUOC	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	(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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG INJ FLEXPEN	\$0 (2)	
NOVOLOG INJ PENFILL	\$0 (2)	
NOVOLOG MIX INJ 70/30	\$0 (2)	
NOVOLOG MIX INJ FLEXPEN	\$0 (2)	
SYMLINPEN 60 INJ 1000MCG	\$0 (2)	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	\$0 (2)	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	\$0 (2)	
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)
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)
GLIPIZIDE TAB ER 24HR 2.5 MG	\$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)
GLIPIZIDE XL TAB 5MG	\$0 (1)	QL (120 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide tab 1.25 mg</i>	\$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older
<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)

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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>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<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 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>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
<i>pamidronate inj 6mg/ml</i>	\$0 (1)	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
<i>zoledronic inj 4mg</i>	\$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	\$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	
EXJADE TAB 125MG	\$0 (2)	NM, LA, PA
EXJADE TAB 250MG	\$0 (2)	NM, LA, PA
EXJADE TAB 500MG	\$0 (2)	NM, LA, PA
FERRIPROX SOL 100MG/ML	\$0 (2)	NM, LA, PA
FERRIPROX TAB 500MG	\$0 (2)	NM, LA, PA
<i>kionex pow</i>	\$0 (1)	
<i>kionex sus 15gm/60</i>	\$0 (1)	

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)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
AFTERA TAB 1.5MG	\$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>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)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	\$0 (1)	
<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>errin tab 0.35mg</i>	\$0 (1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 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>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>introvale tab</i>	\$0 (1)	
<i>isibloom tab 0.15-30</i>	\$0 (1)	
JOLIVETTE TAB 0.35MG	\$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 tab 1/35</i>	\$0 (1)	
<i>kimidess tab</i>	\$0 (1)	
<i>larin fe tab 1.5/30</i>	\$0 (1)	
<i>larin fe tab 1/20</i>	\$0 (1)	
<i>larin tab 1.5/30</i>	\$0 (1)	
<i>larin tab 1/20</i>	\$0 (1)	
<i>lessina tab</i>	\$0 (1)	
<i>levonest tab</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (1)	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>levonorgestrel tab 1.5 mg</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)	
<i>marlissa tab 0.15/30</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MONONESSA TAB	\$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)	
NECON TAB 1/50-28	\$0 (1)	
NECON TAB 7/7/7	\$0 (1)	
<i>necon tab 10/11-28</i>	\$0 (2)	
<i>next choice tab 1.5mg</i>	\$0 (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 & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (1)	
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	\$0 (1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (1)	
NORETHINDRONE TAB 0.35 MG	\$0 (1)	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	\$0 (1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>opcicon 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)	
PLAN B TAB 1.5MG	\$0 (3)	NM; *
<i>portia-28 tab</i>	\$0 (1)	
<i>previfem tab</i>	\$0 (1)	
<i>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
TAKE ACTION TAB 1.5MG	\$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-previfem tab</i>	\$0 (1)	
<i>tri-sprintec tab</i>	\$0 (1)	
TRINESSA LO TAB	\$0 (1)	
TRINESSA TAB	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	
<i>viorele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zenchent tab</i>	\$0 (1)	
<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)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INJ 250/ML	\$0 (2)	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	\$0 (2)	NM, LA, PA
BUPHENYL TAB 500MG	\$0 (2)	NM, LA, PA
CARBAGLU TAB 200MG	\$0 (2)	NM, LA, PA
CERDELGA CAP 84MG	\$0 (2)	NM, PA
CEREZYME INJ 400UNIT	\$0 (2)	NM, LA, PA
CYSTADANE POW	\$0 (2)	NM, LA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAP 50MG	\$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 35MG	\$0 (2)	NM, LA, PA
KUVAN POW 100MG	\$0 (2)	NM, LA, PA
KUVAN POW 500MG	\$0 (2)	NM, LA, PA
KUVAN TAB 100MG	\$0 (2)	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)	NM, LA, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NM, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NM, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	\$0 (2)	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NM, PA
ZAVESCA CAP 100MG	\$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0 (2)	
<i>estrace vag cre 0.1mg/gm</i>	\$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
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>dexamethason con 1mg/ml</i>	\$0 (1)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 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)	
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<i>prednisone con 5mg/ml</i>	\$0 (2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (1)	B/D
<i>prednisone tab 1 mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 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; *
<i>cvs glucose gel 40%</i>	\$0 (3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	\$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 ORANGE	\$0 (3)	NM; *
GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
<i>glucose gel 40%</i>	\$0 (3)	NM; *
<i>glutose 15 gel 40%</i>	\$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROGLYCEM SUS 50MG/ML	\$0 (2)	
QUICK DISSOL CHW GLUCOSE	\$0 (3)	NM; *
<i>ra glucose gel</i>	\$0 (3)	NM; *
SM GLUCOSE CHW SOUR APP	\$0 (3)	NM; *
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 10/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 15/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 30/3ML	\$0 (2)	NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	B/D
FORTICAL SPR 200/ACT	\$0 (2)	B/D
INCRELEX INJ 40MG/4ML	\$0 (2)	NM, LA, PA
KORLYM TAB 300MG	\$0 (2)	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 7.5MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 11.25MG	\$0 (2)	NM, PA
LUPR DEP-PED INJ 15MG	\$0 (2)	NM, PA
<i>methergine tab 0.2mg</i>	\$0 (1)	
<i>methylergonovine maleate tab 0.2 mg</i>	\$0 (1)	
MIACALCIN INJ 200/ML	\$0 (2)	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (2)	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (2)	NM, PA
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 syringe / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SANDOSTATIN KIT LAR 10MG	\$0 (2)	NM, PA
SANDOSTATIN KIT LAR 20MG	\$0 (2)	NM, PA
SANDOSTATIN KIT LAR 30MG	\$0 (2)	NM, PA
SIGNIFOR INJ 0.3MG/ML	\$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (2)	NM, 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 * - 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)	NM, PA
SOMATULINE INJ 90/0.3ML	\$0 (2)	NM, PA
SOMATULINE INJ 120/.5ML	\$0 (2)	NM, PA
SOMAVERT INJ 10MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 15MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 20MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 25MG	\$0 (2)	NM, LA, PA
SOMAVERT INJ 30MG	\$0 (2)	NM, LA, PA
XGEVA INJ	\$0 (2)	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO SOL 600/2.4	\$0 (2)	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	\$0 (2)	NM, PA
NATPARA INJ 50MCG	\$0 (2)	NM, PA
NATPARA INJ 75MCG	\$0 (2)	NM, PA
NATPARA INJ 100MCG	\$0 (2)	NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TAB 210MG	\$0 (2)	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	\$0 (1)	
calcium acetate (phosphate binder) tab 667 mg	\$0 (1)	
REVELA PAK 0.8GM	\$0 (2)	
REVELA PAK 2.4GM	\$0 (2)	
REVELA TAB 800MG	\$0 (2)	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

medroxyprogesterone acetate tab 2.5 mg	\$0 (1)	
medroxyprogesterone acetate tab 5 mg	\$0 (1)	
medroxyprogesterone acetate tab 10 mg	\$0 (1)	
norethindrone acetate tab 5 mg	\$0 (1)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UNITHROID TAB 200MCG	\$0 (1)	
UNITHROID TAB 300MCG	\$0 (1)	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

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

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid control tab 150mg</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>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; *
<i>antacid/anti sus -gas ds</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid) tab 648 mg</i>	\$0 (3)	NM; *
GAVISCON SUS	\$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>hm antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>maalox advan sus max st</i>	\$0 (3)	NM; *
<i>maalox sus advanced</i>	\$0 (3)	NM; *
MAG-AL LIQ	\$0 (3)	NM; *
<i>mag-al plus liq</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>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; *
<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; *
<i>sodium bicarbonate tab 650 mg</i>	\$0 (3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0 (3)	NM; *
ANTI-DIARRHEAL		
ACIDOPHILUS/ TAB CIT PECT	\$0 (3)	NM; *
ACIDOPHILUS/ TAB PECTIN	\$0 (3)	NM; *
ANTI-DIARRHE CAP 2MG	\$0 (3)	NM; *
<i>anti-diarrhe liq 1mg/5ml</i>	\$0 (3)	NM; *
<i>anti-diarrhe tab 2mg</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; *
KALA TAB	\$0 (3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0 (3)	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	\$0 (3)	NM; *
LOPERAMIDE CAP 2MG	\$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; *
<i>peptic relf sus 262/15ml</i>	\$0 (3)	NM; *
PEPTO-BISMOL SUS 262/15ML	\$0 (3)	NM; *
PEPTO-BISMOL SUS 525/15ML	\$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 sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>anti-nausea liq</i>	\$0 (3)	NM; *
<i>anti-nausea sol</i>	\$0 (3)	NM; *
<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>dimenhydrinate tab 50 mg</i>	\$0 (3)	NM; *
<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 CAP 40MG	\$0 (2)	B/D
EMEND CAP 80MG	\$0 (2)	B/D
EMEND CAP 125MG	\$0 (2)	B/D
EMEND SUS 125MG	\$0 (2)	B/D
EMEND TRIPAC PAK 80 & 125	\$0 (2)	B/D
<i>formula em sol</i>	\$0 (3)	NM; *
<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; *
<i>meclizine hcl tab 25 mg</i>	\$0 (1)	
<i>meclizine hcl tab 25 mg</i>	\$0 (3)	NM; *
<i>metoclopramide hcl inj 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg</i>	\$0 (1)	
<i>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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>phenadoz sup 12.5mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	\$0 (2)	PA; PA if 65 years and older
<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 suppos 12.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</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
<i>promethegan sup 25mg</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>promethegan sup 50mg</i>	\$0 (2)	PA; PA if 65 years and older
<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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)	
<i>ranitidine hcl tab 75 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)	
<i>ranitidine hcl tab 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; *
ZANTAC TAB 75MG	\$0 (3)	NM; *
ZANTAC TAB 150MG	\$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	\$0 (2)	
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	
CANASA SUP 1000MG	\$0 (2)	
DELZICOL CAP 400MG	\$0 (2)	
DIPENTUM CAP 250MG	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
HYDROCORTISONE ENEMA 100 MG/60ML	\$0 (1)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (1)	
MESALAMINE TAB DELAYED RELEASE 800 MG	\$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>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	\$0 (1)	
<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; *
CITRUCCEL TAB 500MG	\$0 (3)	NM; *
<i>clearlax pow</i>	\$0 (3)	NM; *
COLACE CAP 100MG	\$0 (3)	NM; *
COLACE CLEAR CAP 50 MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>docusate sodium tab 100 mg</i>	\$0 (3)	NM; *
<i>docusil cap 100mg</i>	\$0 (3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	\$0 (3)	NM; *
<i>docusol mini ene</i>	\$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>enemeez mini ene</i>	\$0 (3)	NM; *
<i>enemeez plus ene 20-283</i>	\$0 (3)	NM; *
<i>enulose sol 10gm/15</i>	\$0 (1)	
EX-LAX CHW 15MG	\$0 (3)	NM; *
EX-LAX TAB 15MG	\$0 (3)	NM; *
EX-LAX TAB MAX ST	\$0 (3)	NM; *
<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 pow 58.6%</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; *
FLEET ENE	\$0 (3)	NM; *
FLEET ENE PED	\$0 (3)	NM; *
<i>fleet laxati tab 5mg ec</i>	\$0 (3)	NM; *
FLEET OIL ENE	\$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 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; *
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 fiber cap 0.52gm</i>	\$0 (3)	NM; *
<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 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 fiber tab 625mg</i>	\$0 (3)	NM; *
<i>konsyl pow 28.3%</i>	\$0 (3)	NM; *
KONSYL POW 28.3%	\$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 POW 100%	\$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 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>metamucil pow 58.6%org</i>	\$0 (3)	NM; *
<i>milk of magn sus</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>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; *
MOVIPREP SOL	\$0 (2)	
<i>nat fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>nat fiber pow therapy</i>	\$0 (3)	NM; *
<i>nat veg lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>naturl fiber pow therapy</i>	\$0 (3)	NM; *
NULYTELY SOL FLAV PKS	\$0 (2)	
<i>oral saline sol laxative</i>	\$0 (3)	NM; *
PEDIA-LAX CHW 400MG	\$0 (3)	NM; *
PEDIA-LAX LIQ 50MG	\$0 (3)	NM; *
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	\$0 (1)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>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>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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>senna laxati 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; *
<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; *
SENOKOT S TAB 8.6-50MG	\$0 (3)	NM; *
SENOKOT TAB 8.6MG	\$0 (3)	NM; *
SENOKOT XTRA TAB 17.2MG	\$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 enema ene</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 sup 10mg</i>	\$0 (3)	NM; *
<i>sm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>sm milk magn sus cherry</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; *
SORBITOL SOL 70%	\$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; *
SUPREP BOWEL SOL PREP KIT	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
<i>womans laxat tab 5mg ec</i>	\$0 (3)	NM; *
<i>womens laxat tab 5mg ec</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	PA
AMITIZA CAP 8MCG	\$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>anti-gas cap 180mg</i>	\$0 (3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (1)	
<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; *
GAS-X CHW 80MG	\$0 (3)	NM; *
GAS-X EX-STR CHW 125MG	\$0 (3)	NM; *
GATTEX KIT 5MG	\$0 (2)	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; *
RELISTOR INJ 8/0.4ML	\$0 (2)	PA
RELISTOR INJ 12/0.6ML	\$0 (2)	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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm gas relf chw 80mg</i>	\$0 (3)	NM; *
SUCRAID SOL 8500/ML	\$0 (2)	LA
<i>sucralfate tab 1 gm</i>	\$0 (1)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0 (2)	
CREON CAP 6000UNIT	\$0 (2)	
CREON CAP 12000UNT	\$0 (2)	
CREON CAP 24000UNT	\$0 (2)	
CREON CAP 36000UNT	\$0 (2)	
ZENPEP CAP 3000UNIT	\$0 (2)	
ZENPEP CAP 5000UNIT	\$0 (2)	
ZENPEP CAP 10000UNT	\$0 (2)	
ZENPEP CAP 15000UNT	\$0 (2)	
ZENPEP CAP 20000UNT	\$0 (2)	
ZENPEP CAP 25000UNT	\$0 (2)	
ZENPEP CAP 40000UNT	\$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
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 GRA 2.5MG DR	\$0 (2)	
NEXIUM GRA 5MG DR	\$0 (2)	
NEXIUM GRA 10MG DR	\$0 (2)	QL (30 packets / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEXIUM GRA 20MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	\$0 (2)	QL (30 packets / 30 days)
<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)
PREVACID 24H CAP 15MG DR	\$0 (3)	NM; *
PRILOSEC OTC TAB 20MG	\$0 (3)	NM; *
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)

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>azo tabs tab 95mg</i>	\$0 (3)	NM; *
<i>bethanechol chloride tab 5 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 25 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (1)	
ELMIRON CAP 100MG	\$0 (2)	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	\$0 (1)	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	\$0 (1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (1)	
<i>urinary pain tab 95mg</i>	\$0 (3)	NM; *

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

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
<i>clotrimazole cre 1% vag</i>	\$0 (3)	NM; *
CLOTRIMAZOLE CRE 3 DAY	\$0 (3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
3 DAY VAGINL CRE 2%	\$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>tioconazole oin 6.5% vag</i>	\$0 (3)	NM; *
VAGISTAT-1 OIN 6.5% VAG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vagistat-3 kit combo pk</i>	\$0 (3)	NM; *
VANDAZOLE GEL 0.75%	\$0 (1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TAB 1MG	\$0 (2)	
COUMADIN TAB 2.5MG	\$0 (2)	
COUMADIN TAB 2MG	\$0 (2)	
COUMADIN TAB 3MG	\$0 (2)	
COUMADIN TAB 4MG	\$0 (2)	
COUMADIN TAB 5MG	\$0 (2)	
COUMADIN TAB 6MG	\$0 (2)	
COUMADIN TAB 7.5MG	\$0 (2)	
COUMADIN TAB 10MG	\$0 (2)	
ELIQUIS TAB 2.5MG	\$0 (2)	PA
ELIQUIS TAB 5MG	\$0 (2)	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0 (1)	
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0 (1)	
ENOXAPARIN SODIUM INJ 300 MG/3ML	\$0 (1)	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (2)	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (2)	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	
HEP SOD/NACL INJ 25000UNT	\$0 (2)	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	\$0 (2)	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	\$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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (1)	B/D
<i>jantoven tab 1mg</i>	\$0 (1)	
<i>jantoven tab 2.5mg</i>	\$0 (1)	
<i>jantoven tab 2mg</i>	\$0 (1)	
<i>jantoven tab 3mg</i>	\$0 (1)	
<i>jantoven tab 4mg</i>	\$0 (1)	
<i>jantoven tab 5mg</i>	\$0 (1)	
<i>jantoven tab 6mg</i>	\$0 (1)	
<i>jantoven tab 7.5mg</i>	\$0 (1)	
<i>jantoven tab 10mg</i>	\$0 (1)	
PRADAXA CAP 75MG	\$0 (2)	
PRADAXA CAP 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)	
<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)	NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NM, PA
LEUKINE INJ 250MCG	\$0 (2)	NM, PA
MOZOBIL INJ	\$0 (2)	NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROCRIT INJ 20000/ML	\$0 (2)	NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	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; *
FEOSOL TAB 45MG	\$0 (3)	NM; *
<i>feosol tab 65mg</i>	\$0 (3)	NM; *
FEOSOL TAB 200MG	\$0 (3)	NM; *
FERAHEME INJ 510/17ML	\$0 (3)	NM; *
<i>ferate tab 27mg</i>	\$0 (3)	NM; *
FERGON TAB 27MG	\$0 (3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0 (3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0 (3)	NM; *
<i>ferric x-150 cap 150mg</i>	\$0 (3)	NM; *
FERRLECIT INJ 12.5MG/M	\$0 (3)	NM; *
<i>ferro-bob tab 325mg</i>	\$0 (3)	NM; *
FERROUS GLUC TAB 225MG	\$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; *
<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 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; *
ICAR PEDS SUS	\$0 (3)	NM; *
ICAR PEDS SUS GRAPE	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>iferex 150 cap</i>	\$0 (3)	NM; *
INFED INJ 50MG/ML	\$0 (3)	NM; *
IRON CHEWS 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; *
IRON TAB 18MG	\$0 (3)	NM; *
IRON TAB 28MG	\$0 (3)	NM; *
<i>iron tab 325mg</i>	\$0 (3)	NM; *
IRON UP LIQ	\$0 (3)	NM; *
<i>myferon 150 cap 150mg</i>	\$0 (3)	NM; *
MYKIDZ IRON SUS 15/1.5ML	\$0 (3)	NM; *
NOVAFERRUM CAP 50MG	\$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0 (3)	NM; *
NOVAFERRUM LIQ 125	\$0 (3)	NM; *
<i>nu-iron 150 cap 150mg</i>	\$0 (3)	NM; *
PERFECT IRON TAB 25MG	\$0 (3)	NM; *
PIC 200 CAP	\$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; *
<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; *
SLOW FE TAB 142MG	\$0 (3)	NM; *
SLOW FE TAB 160MG CR	\$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; *
SLOW RELEASE TAB 143MG	\$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; *
TRIFERIC SOL	\$0 (3)	NM; *
VENOFER INJ 20MG/ML	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	NM, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NM, PA
HAEGARDA INJ 2000UNIT	\$0 (2)	NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0 (2)	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA TAB 12.5MG	\$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	
EFFIENT TAB 5MG	\$0 (2)	
EFFIENT TAB 10MG	\$0 (2)	
<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 10MG/0.2	\$0 (2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	\$0 (2)	QL (2 syringes / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA KIT 40MG/0.8	\$0 (2)	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	\$0 (2)	NM, PA
HUMIRA PEN INJ PSORIASI	\$0 (2)	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NM, PA
XATMEP SOL 2.5MG/ML	\$0 (2)	B/D
XELJANZ TAB 5MG	\$0 (2)	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0 (2)	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	\$0 (2)	NM, PA
CARIMUNE NF INJ 6GM	\$0 (2)	NM, PA
CARIMUNE NF INJ 12GM	\$0 (2)	NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ 10/100ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ 10/200ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ 20/200ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ 20/400ML	\$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 5%	\$0 (2)	NM, PA
GAMASTAN S/D INJ	\$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0 (2)	NM, PA
GAMMAGARD INJ 2.5GM/25	\$0 (2)	NM, PA
GAMMAGARD INJ 5GM/50ML	\$0 (2)	NM, PA
GAMMAGARD INJ 10GM/100	\$0 (2)	NM, PA
GAMMAGARD INJ 20GM/200	\$0 (2)	NM, PA
GAMMAGARD INJ 30GM/300	\$0 (2)	NM, PA
GAMMAGARD SD INJ 5GM HU	\$0 (2)	NM, PA
GAMMAGARD SD INJ 10GM HU	\$0 (2)	NM, PA
GAMMAKED INJ 1GM/10ML	\$0 (2)	NM, PA
GAMMAKED INJ 2.5GM/25	\$0 (2)	NM, PA
GAMMAKED INJ 5GM/50ML	\$0 (2)	NM, PA
GAMMAKED INJ 10GM/100	\$0 (2)	NM, PA
GAMMAKED INJ 20GM/200	\$0 (2)	NM, PA
GAMMAPLEX INJ 5%	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAPLEX INJ 10%	\$0 (2)	NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (2)	NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0 (2)	NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (2)	NM, PA
GAMUNEX-C INJ 10GM/100	\$0 (2)	NM, PA
GAMUNEX-C INJ 20GM/200	\$0 (2)	NM, PA
GAMUNEX-C INJ 40/400ML	\$0 (2)	NM, PA
OCTAGAM INJ 1GM	\$0 (2)	NM, PA
OCTAGAM INJ 2.5GM	\$0 (2)	NM, PA
OCTAGAM INJ 2GM/20ML	\$0 (2)	NM, PA
OCTAGAM INJ 5GM	\$0 (2)	NM, PA
OCTAGAM INJ 10GM	\$0 (2)	NM, PA
OCTAGAM INJ 25GM	\$0 (2)	NM, PA
PRIVIGEN INJ 5 GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 10GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 20GRAMS	\$0 (2)	NM, PA
PRIVIGEN INJ 40GRAMS	\$0 (2)	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0 (2)	NM, LA, PA
ARCALYST INJ 220MG	\$0 (2)	NM, PA
INTRON A INJ 10MU	\$0 (2)	B/D, NM
INTRON A INJ 18MU	\$0 (2)	B/D, NM
INTRON A INJ 25MU	\$0 (2)	B/D, NM
INTRON A INJ 50MU	\$0 (2)	B/D, NM
POMALYST CAP 1MG	\$0 (2)	NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 2.5MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 5MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 10MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 15MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 20MG	\$0 (2)	NM, LA, PA
REVLIMID CAP 25MG	\$0 (2)	NM, LA, PA
THALOMID CAP 50MG	\$0 (2)	NM, PA
THALOMID CAP 100MG	\$0 (2)	NM, PA
THALOMID CAP 150MG	\$0 (2)	NM, PA
THALOMID CAP 200MG	\$0 (2)	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine inj 100mg</i>	\$0 (1)	B/D
<i>azathioprine tab 50 mg</i>	\$0 (1)	B/D
BENLYSTA INJ 120MG	\$0 (2)	NM, PA
BENLYSTA INJ 400MG	\$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 50mg</i>	\$0 (1)	B/D
<i>engraf cap 100mg</i>	\$0 (1)	B/D
<i>engraf sol 100mg/ml</i>	\$0 (1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (2)	B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
NEORAL CAP 25MG	\$0 (2)	B/D
NEORAL CAP 100MG	\$0 (2)	B/D
NEORAL SOL 100MG/ML	\$0 (2)	B/D
NULOJIX INJ 250MG	\$0 (2)	B/D
PROGRAF CAP 0.5MG	\$0 (2)	B/D
PROGRAF CAP 1MG	\$0 (2)	B/D
PROGRAF CAP 5MG	\$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	\$0 (2)	B/D
SANDIMMUNE 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)	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)	B/D
ZORTRESS TAB 0.25MG	\$0 (2)	B/D
ZORTRESS TAB 0.75MG	\$0 (2)	B/D
VACCINES		
ACTHIB INJ	\$0 (2)	
ADACEL INJ	\$0 (2)	
BCG VACCINE INJ	\$0 (2)	
BEXSERO INJ	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
GARDASIL INJ	\$0 (2)	
HAVRIX INJ 720UNIT	\$0 (2)	
HAVRIX INJ 1440UNIT	\$0 (2)	
HIBERIX SOL 10MCG	\$0 (2)	
IMOVAX RABIE INJ 2.5/ML	\$0 (2)	
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA INJ	\$0 (2)	
MENOMUNE INJ A/C/Y/W	\$0 (2)	
MENVEO INJ	\$0 (2)	
PEDIARIX INJ 0.5ML	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PENTACEL INJ	\$0 (2)	
PROQUAD INJ	\$0 (2)	
QUADRACEL INJ	\$0 (2)	
RABAVERT INJ	\$0 (2)	
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SYNAGIS INJ 50MG	\$0 (2)	NM
SYNAGIS INJ 100MG/ML	\$0 (2)	NM
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	\$0 (2)	B/D
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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>baby darling sol ped elec</i>	\$0 (3)	NM; *
CERALYTE 70 LIQ	\$0 (3)	NM; *
<i>cvs electrol sol</i>	\$0 (3)	NM; *
ENFAMIL SOL ENFALYTE	\$0 (3)	NM; *
EQUALYTE SOL	\$0 (3)	NM; *
FRUCTOSE GRA	\$0 (3)	NM; *
<i>gnp pediatri sol electrol</i>	\$0 (3)	NM; *
KLOR-CON 8 TAB 8MEQ ER	\$0 (1)	
KLOR-CON 10 TAB 10MEQ ER	\$0 (1)	
<i>klor-con m15 tab 15meq er</i>	\$0 (1)	
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 (1)	
<i>magnesium sulfate inj 50%</i>	\$0 (1)	
MAGNESIUM SULFATE INJ 50%	\$0 (1)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (1)	
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 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 unflavor</i>	\$0 (3)	NM; *
<i>ped elctrlyt sol unflavrd</i>	\$0 (3)	NM; *
<i>pedia vance sol apple</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEDIALYTE SOL ADV CARE	\$0 (3)	NM; *
PEDIALYTE SOL BLU RASP	\$0 (3)	NM; *
PEDIALYTE SOL BUBL GUM	\$0 (3)	NM; *
PEDIALYTE SOL CHRY PUN	\$0 (3)	NM; *
PEDIALYTE SOL FREEZE	\$0 (3)	NM; *
PEDIALYTE SOL FRUIT	\$0 (3)	NM; *
PEDIALYTE SOL GRAPE	\$0 (3)	NM; *
PEDIALYTE SOL SINGLES	\$0 (3)	NM; *
PEDIALYTE SOL STRAWBRY	\$0 (3)	NM; *
PEDIALYTE SOL UNFLAVOR	\$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 crys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	\$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	\$0 (1)	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	\$0 (1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (1)	
<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; *
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	\$0 (1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (1)	
TPN ELECTROL INJ	\$0 (2)	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	\$0 (2)	B/D
AMINOSYN II INJ 8.5%	\$0 (2)	B/D
AMINOSYN II INJ 8.5/LYTE	\$0 (2)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMINOSYN INJ 8.5%	\$0 (2)	B/D
AMINOSYN INJ 8.5/LYTE	\$0 (2)	B/D
AMINOSYN INJ 10%	\$0 (2)	B/D
AMINOSYN M INJ 3.5%	\$0 (2)	B/D
AMINOSYN-HBC INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 10%	\$0 (2)	B/D
AMINOSYN-RF INJ 5.2%	\$0 (2)	B/D
CHROMIC CHLORIDE INJ 40 MCG/10ML (4 MCG/ML) (ELEMENTAL CR)	\$0 (3)	NM; *
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
CUPRIC CHLORIDE INJ 0.4 MG/ML	\$0 (3)	NM; *
<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
HEPATAMINE SOL 8%	\$0 (2)	B/D
INTRALIPID INJ 20%	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D
<i>premasol sol 10%</i>	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
TRAVASOL INJ 10%	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D
ZINC CHLORIDE INJ 1 MG/ML	\$0 (3)	NM; *
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0 (2)	
D5W/NACL INJ 0.3%	\$0 (1)	
D10W/NACL INJ 0.2%	\$0 (2)	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	\$0 (1)	
DEXTROSE 5% IN LACTATED RINGERS	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	\$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PLASMA-LYTE INJ -A	\$0 (2)	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	\$0 (1)	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	\$0 (1)	
RINGER'S SOLUTION	\$0 (1)	
SODIUM CHLORIDE INJ 0.45%	\$0 (1)	
SODIUM CHLORIDE INJ 3%	\$0 (1)	
SODIUM CHLORIDE INJ 5%	\$0 (1)	
SODIUM CHLORIDE IV SOLN 0.9%	\$0 (1)	
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 LACTATE TAB 100MG	\$0 (3)	NM; *
<i>ca/d/mineral tab</i>	\$0 (3)	NM; *
<i>ca/d/mineral tab 600-200</i>	\$0 (3)	NM; *
CAL-CITRATE TAB PLUS D	\$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; *
<i>calc citr/d3 tab 200-250</i>	\$0 (3)	NM; *
<i>calc citr/d tab 315-250</i>	\$0 (3)	NM; *
CALC CITRATE TAB 200MG	\$0 (3)	NM; *
<i>calc citrate tab +d</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALC GUMMIES CHW CHILD	\$0 (3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0 (3)	NM; *
<i>calcarb 600 tab</i>	\$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	\$0 (3)	NM; *
CALCI-MIX CAP 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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 CHW GUMMIES</i>	\$0 (3)	NM; *
<i>calcium cit/ tab vit d</i>	\$0 (3)	NM; *
<i>CALCIUM CIT/ TAB VIT D</i>	\$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; *
<i>CALCIUM GRA CITRATE</i>	\$0 (3)	NM; *
<i>CALCIUM LACT TAB 648MG</i>	\$0 (3)	NM; *
<i>calcium plus cap d3</i>	\$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 w/ vitamin d tab 600 mg-200 unit</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 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; *
<i>calphron tab 667mg</i>	\$0 (3)	NM; *
CALTRATE 600 CHW 600-800	\$0 (3)	NM; *
CALTRATE 600 CHW +D PLUS	\$0 (3)	NM; *
<i>caltrate 600 tab</i>	\$0 (3)	NM; *
CALTRATE + D TAB 300-800	\$0 (3)	NM; *
CALTRATE +D TAB 600-800	\$0 (3)	NM; *
CALTRATE+D TAB 600-800	\$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 TAB MAXIMUM	\$0 (3)	NM; *
CITRACAL TAB VIT D	\$0 (3)	NM; *
CITRACAL+D3 CHW 250-500	\$0 (3)	NM; *
CITRACAL+D3 TAB MAXIMUM	\$0 (3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0 (3)	NM; *
<i>eq calcium tab citr+d</i>	\$0 (3)	NM; *
<i>eql ca/vit d chw minerals</i>	\$0 (3)	NM; *
EQL CALCIUM CAP VIT D	\$0 (3)	NM; *
<i>eql calcium tab w/vit d</i>	\$0 (3)	NM; *
<i>gnp ca/vit d chw minerals</i>	\$0 (3)	NM; *
<i>gnp calcium tab 500/d</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 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; *
<i>mag64 tab 64mg</i>	\$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; *
<i>magdelay tab 70mg</i>	\$0 (3)	NM; *
MAGNEBIND TAB 300	\$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; *
MAGOX 400 TAB 400MG	\$0 (3)	NM; *
MANGANESE CHLORIDE INJ 0.1 MG/ML	\$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; *

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>oysco d tab 250-125</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 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; *
<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 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; *
<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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm magnesium tab 250mg</i>	\$0 (3)	NM; *
SOD CHLORIDE GRA	\$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 400	\$0 (3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0 (3)	NM; *
ZINC SULFATE POW HEPTAHYD	\$0 (3)	NM; *
<i>zinc-220 cap</i>	\$0 (3)	NM; *
MISCELLANEOUS		
CASTOR OIL	\$0 (3)	NM; *
<i>coenzyme q10 cap 100 mg</i>	\$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; *
<i>fish oil cap 300mg</i>	\$0 (3)	NM; *
<i>fish oil cap 435mg</i>	\$0 (3)	NM; *
<i>fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>fish oil cap 1200mg</i>	\$0 (3)	NM; *
<i>fish oil con cap 300mg</i>	\$0 (3)	NM; *
<i>fish oil con cap 1000mg</i>	\$0 (3)	NM; *
<i>gnp fish oil cap</i>	\$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 CASTOR OIL	\$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; *
L-ARGININE POW	\$0 (3)	NM; *
<i>maximum epa cap 1000mg</i>	\$0 (3)	NM; *
METHOCEL E4M POW PREMIUM	\$0 (3)	NM; *
<i>omega 3 500 cap 500mg</i>	\$0 (3)	NM; *
<i>omega iii cap epa+dha</i>	\$0 (3)	NM; *
<i>omega-3 cap 1200mg</i>	\$0 (3)	NM; *
<i>omega-3 chld chw 113.5mg</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>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; *
<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; *
PROPYLENE GL SOL	\$0 (3)	NM; *
<i>px fish oil cap 1000mg</i>	\$0 (3)	NM; *
QC CASTOR OIL	\$0 (3)	NM; *
<i>ra fish oil cap 1000mg</i>	\$0 (3)	NM; *
<i>salmon oil cap 1000mg</i>	\$0 (3)	NM; *
<i>sea-omega 30 cap 1200mg</i>	\$0 (3)	NM; *
<i>sea-omega 50 cap 1000mg</i>	\$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; *
VITAMINS		
<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>airborne chw</i>	\$0 (3)	NM; *
<i>airborne chw gummies</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>airborne tab</i>	\$0 (3)	NM; *
ALIVE ENERGY TAB WOMENS	\$0 (3)	NM; *
ALIVE WOMENS CHW GUMMY	\$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; *
AQUADEKS CAP	\$0 (3)	NM; *
AQUADEKS CHW	\$0 (3)	NM; *
AQUASOL A INJ 50000/ML	\$0 (3)	NM; *
<i>b comp/iron/ tab vit c/e</i>	\$0 (3)	NM; *
<i>bdy/hair/skn cap nails</i>	\$0 (3)	NM; *
<i>berocca tab</i>	\$0 (3)	NM; *
BIO-35 GLUTE CAP FREE	\$0 (3)	NM; *
BIOCAL CAP	\$0 (3)	NM; *
BIOSUPP LIQ	\$0 (3)	NM; *
BIOTECT PLUS LIQ	\$0 (3)	NM; *
<i>biotin plus/ tab cal/vitd</i>	\$0 (3)	NM; *
<i>calcet plus tab</i>	\$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
CARDENZ TAB	\$0 (3)	NM; *
<i>carravite tab</i>	\$0 (3)	NM; *
<i>cent cardio tab hlth for</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; *
<i>central-vite tab perform</i>	\$0 (3)	NM; *
CENTRAL-VITE TAB UNDER 50	\$0 (3)	NM; *
<i>central-vite tab wmns mat</i>	\$0 (3)	NM; *
<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 SILVER	\$0 (3)	NM; *
CENTRUM KIDS CHW FLAV BST	\$0 (3)	NM; *
CENTRUM LIQ	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CENTRUM SILV TAB ADULT 50	\$0 (3)	NM; *
CENTRUM SPEC TAB HEART	\$0 (3)	NM; *
CENTRUM SPEC TAB VISION	\$0 (3)	NM; *
CENTRUM TAB	\$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 liq advanced</i>	\$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 antioxi</i>	\$0 (3)	NM; *
CERTAVITE TAB SENIOR	\$0 (3)	NM; *
<i>certavite/ tab antioxi</i>	\$0 (3)	NM; *
<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 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>comp multivi liq mineral</i>	\$0 (3)	NM; *
<i>companion tab</i>	\$0 (3)	NM; *
<i>compete tab</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; *
COMPLETE CAP FORMULAT	\$0 (3)	NM; *
<i>complete tab</i>	\$0 (3)	NM; *
<i>complete tab senior</i>	\$0 (3)	NM; *
CONCEPTIONXR MIS MOTILITY	\$0 (3)	NM; *
<i>cvd d3 chw 1000unit</i>	\$0 (3)	NM; *
<i>cvs d3 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>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 daily chw gummies</i>	\$0 (3)	NM; *
<i>cvs daily tab energy</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 vision tab formula</i>	\$0 (3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
<i>d3 adult chw 1000unit</i>	\$0 (3)	NM; *
<i>d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>d3 kids chw 400unit</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 1000 chw 1000unit</i>	\$0 (3)	NM; *
<i>d 1000 tab 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-400 tab 400unit</i>	\$0 (3)	NM; *
<i>daily combo tab</i>	\$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; *
<i>daily multi tab minerals</i>	\$0 (3)	NM; *
<i>daily multi tab pls iron</i>	\$0 (3)	NM; *
<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 weight</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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>daily-vite tab</i>	\$0 (3)	NM; *
<i>daily-vite/ tab iron</i>	\$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 PLUS CAP	\$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/d</i>	\$0 (3)	NM; *
DRISDOL CAP 50000UNT	\$0 (3)	NM; *
DRISDOL DRO 8000/ML	\$0 (3)	NM; *
ELDERTONIC ELX	\$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; *
EQ ONE DAILY TAB MENS	\$0 (3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0 (3)	NM; *
<i>eql central- tab vite</i>	\$0 (3)	NM; *
<i>eql central- tab vite sel</i>	\$0 (3)	NM; *
<i>eql century tab</i>	\$0 (3)	NM; *
<i>eql century tab mature</i>	\$0 (3)	NM; *
<i>eql century tab womens</i>	\$0 (3)	NM; *
<i>eql one dail tab essentia</i>	\$0 (3)	NM; *
<i>eql vision tab formula</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>eye vitamins tab /mineral</i>	\$0 (3)	NM; *
<i>eye-vite ext tab lutein</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>folic acid cap 0.8 mg</i>	\$0 (3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0 (3)	NM; *
<i>folic acid tab 1 mg</i>	\$0 (3)	NM; *
<i>folic acid tab 400 mcg</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>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; *
FOSFREE TAB	\$0 (3)	NM; *
FREEDAVITE TAB	\$0 (3)	NM; *
<i>gerivite tab complete</i>	\$0 (3)	NM; *
<i>glucoten cap</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; *
GNP DAILY MIS PRENATAL	\$0 (3)	NM; *
<i>gnp healthy tab eyes</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; *
<i>gnp opti-vit tab</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>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; *
<i>hm complete tab</i>	\$0 (3)	NM; *
HM COMPLETE TAB	\$0 (3)	NM; *
<i>hm complete tab 50+</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 d tab 1000unit</i>	\$0 (3)	NM; *
HYALEX TAB	\$0 (3)	NM; *
<i>hydroxocobalamin inj 1000 mcg/ml</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; *
<i>icaps mv tab</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICAPS PLUS TAB	\$0 (3)	NM; *
INFUVITE INJ	\$0 (3)	NM; *
INFUVITE INJ ADULT	\$0 (3)	NM; *
INFUVITE INJ PEDIATRI	\$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 mens 50+ tab daily</i>	\$0 (3)	NM; *
<i>kp mens tab daily</i>	\$0 (3)	NM; *
<i>kp women 50+ tab daily</i>	\$0 (3)	NM; *
<i>kp womens tab daily</i>	\$0 (3)	NM; *
LIFE PACK MIS MENS	\$0 (3)	NM; *
LIFE PACK MIS WOMENS	\$0 (3)	NM; *
<i>lysiplex liq plus</i>	\$0 (3)	NM; *
M.V.I PEDIAT INJ	\$0 (3)	NM; *
M.V.I-12 W/O INJ VIT K	\$0 (3)	NM; *
M.V.I. ADULT INJ	\$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; *
<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; *
<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; *
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; *
MH MACULAR MIS HEALTH	\$0 (3)	NM; *
<i>milltrium sr tab</i>	\$0 (3)	NM; *
<i>mult vitamin tab daily</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>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; *
<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; *
MULTI VITAMN TAB MINERALS	\$0 (3)	NM; *
MULTI-BETIC TAB	\$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-vit tab</i>	\$0 (3)	NM; *
<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>multivital chw silver</i>	\$0 (3)	NM; *
<i>multivital tab</i>	\$0 (3)	NM; *
<i>multivital tab performa</i>	\$0 (3)	NM; *
<i>multivital tab platinum</i>	\$0 (3)	NM; *
<i>multivitamin cap</i>	\$0 (3)	NM; *
<i>multivitamin cap daily</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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multivitamin tab womens</i>	\$0 (3)	NM; *
<i>my-vitalife cap</i>	\$0 (3)	NM; *
<i>myamulti tab</i>	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>niacin cap er 250 mg</i>	\$0 (3)	NM; *
<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; *
<i>ocutabs tab</i>	\$0 (3)	NM; *
<i>ocutabs tab lutein</i>	\$0 (3)	NM; *
OCUVITE CAP ADULT	\$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 50 tab plus</i>	\$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 diet sup</i>	\$0 (3)	NM; *
ONE DAILY TAB DIET SUP	\$0 (3)	NM; *
<i>one daily tab essent</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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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; *
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 ESSENT	\$0 (3)	NM; *
ONE-A-DAY TAB MENOPAUS	\$0 (3)	NM; *
ONE-A-DAY TAB MENS	\$0 (3)	NM; *
ONE-A-DAY TAB PETITES	\$0 (3)	NM; *
<i>one-a-day tab teen/her</i>	\$0 (3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0 (3)	NM; *
ONE-A-DAY TAB WOMENS	\$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; *
<i>optimal-d cap 50000unt</i>	\$0 (3)	NM; *
<i>optimum pms tab</i>	\$0 (3)	NM; *
OPTISOURCE CHW BARIATRC	\$0 (3)	NM; *
OPTIVITE TAB P.M.T.	\$0 (3)	NM; *
OPURITY CHW BYPASS	\$0 (3)	NM; *
<i>orthovite tab</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; *
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>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0 (3)	NM; *
<i>poly vitamin chw</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PORENAL+D CAP OMEGA 3	\$0 (3)	NM; *
PRENATAL TAB 27-0.8MG	\$0 (3)	NM; *
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	\$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; *
PRO-CAL TAB	\$0 (3)	NM; *
PROCERV HP TAB	\$0 (3)	NM; *
PRORENAL +D TAB	\$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>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; *
<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 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; *
<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 vitamin cap 2000unit</i>	\$0 (3)	NM; *
RAGUS 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>renal tab</i>	\$0 (3)	NM; *
<i>renal/zinc tab multivit</i>	\$0 (3)	NM; *
<i>savision tab</i>	\$0 (3)	NM; *
<i>sclerex tab</i>	\$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; *
<i>slo-niacin tab 250mg cr</i>	\$0 (3)	NM; *
SLO-NIACIN TAB 500MG CR	\$0 (3)	NM; *
SLO-NIACIN TAB 750MG CR	\$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 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; *
<i>sm vitamin d tab 400unit</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; *
<i>spectravite tab</i>	\$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 500 tab bcomp/zn</i>	\$0 (3)	NM; *
<i>stress form tab</i>	\$0 (3)	NM; *
<i>stress form tab /iron</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>stress formu tab</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>sunvite tab advanced</i>	\$0 (3)	NM; *
<i>super antiox tab a/c/e/se</i>	\$0 (3)	NM; *
<i>super liq nu-thera</i>	\$0 (3)	NM; *
<i>super multip cap</i>	\$0 (3)	NM; *
<i>super multip tab</i>	\$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>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 complete tab multi</i>	\$0 (3)	NM; *
<i>th vision tab vitamins</i>	\$0 (3)	NM; *
THERA BETA- TAB CAROTENE	\$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; *
THERAMILL CAP FORTE	\$0 (3)	NM; *
THERANATAL MIS LACTATIO	\$0 (3)	NM; *
THERAPEUTIC SOL	\$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 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>trueplus tab diabetic</i>	\$0 (3)	NM; *
<i>ultra freeda tab</i>	\$0 (3)	NM; *
<i>ultra freeda tab /iron</i>	\$0 (3)	NM; *
ULTRA MENS MIS PACK	\$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; *
<i>vita hair tab</i>	\$0 (3)	NM; *
<i>vitabasic tab complete</i>	\$0 (3)	NM; *
<i>vitabasic tab senior</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; *
VITAMIN D2 TAB 400UNIT	\$0 (3)	NM; *
VITAMIN D2 TAB 2000UNIT	\$0 (3)	NM; *
<i>vitamin d3 cap 1000unit</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 chw 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 chw 1000unit</i>	\$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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; *
<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; *
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>vitrum tab senior</i>	\$0 (3)	NM; *
VITRUM TAB SENIOR	\$0 (3)	NM; *
WEIGHT SMART TAB ADVANCED	\$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; *
<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; *
YOUR LIFE CHW GUMMIES	\$0 (3)	NM; *
<i>zoo friends chw gummies</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)	
<i>blephamide oin s.o.p.</i>	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (1)	
TOBRADEX OIN 0.3-0.1%	\$0 (2)	
TOBRADEX ST SUS 0.3-0.05	\$0 (2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0 (1)	
ZYLET SUS 0.5-0.3%	\$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (1)	
BESIVANCE SUS 0.6%	\$0 (2)	
CILOXAN OIN 0.3% OP	\$0 (2)	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	\$0 (1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth oint 0.3%</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
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-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
TOBREX OIN 0.3% OP	\$0 (2)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
VIGAMOX DRO 0.5%	\$0 (2)	
ZIRGAN GEL 0.15%	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALREX SUS 0.2%	\$0 (2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (1)	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</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)	
FLUOROMETHOLONE OPHTH SUSP 0.1%	\$0 (1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (1)	
ILEVRO DRO 0.3% OP	\$0 (2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (1)	
LOTEMAX GEL 0.5%	\$0 (2)	
LOTEMAX OIN 0.5%	\$0 (2)	
LOTEMAX SUS 0.5%	\$0 (2)	
MAXIDEX SUS 0.1% OP	\$0 (2)	
<i>pred sod pho sol 1% op</i>	\$0 (2)	
PREDNISOLONE ACETATE OPHTH SUSP 1%	\$0 (1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALAWAY CHILD DRO 0.025%OP	\$0 (3)	NM; *
ALAWAY DRO 0.025%OP	\$0 (3)	NM; *
<i>allergy eye dro 0.025%op</i>	\$0 (3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>eye drops sol a/r</i>	\$0 (3)	NM; *
<i>eye itch rel 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)	
<i>opti-clear sol 0.05%</i>	\$0 (3)	NM; *
PATADAY SOL 0.2%	\$0 (2)	
PAZEO DRO 0.7%	\$0 (2)	
<i>zaditor dro 0.025%op</i>	\$0 (3)	NM; *
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AZOPT SUS 1% OP	\$0 (2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (1)	
BETOPTIC-S SUS 0.25% OP	\$0 (2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (1)	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	\$0 (1)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (1)	
COMBIGAN SOL 0.2/0.5%	\$0 (2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0 (1)	
ISTALOL SOL 0.5% OP	\$0 (2)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (1)	
LUMIGAN SOL 0.01%	\$0 (2)	
<i>metipranolol ophth soln 0.3%</i>	\$0 (1)	
PHOSPHOLINE SOL 0.125%OP	\$0 (2)	
PILOCARPINE HCL OPHTH SOLN 1%	\$0 (1)	
PILOCARPINE HCL OPHTH SOLN 2%	\$0 (1)	
PILOCARPINE HCL OPHTH SOLN 4%	\$0 (1)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	\$0 (1)	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (1)	
TRAVATAN Z DRO 0.004%	\$0 (2)	
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)	NM, LA, PA
<i>eye drops dro 0.5-0.9%</i>	\$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0 (3)	NM; *
GENTEAL DRO OPTH	\$0 (3)	NM; *
GENTEAL GEL	\$0 (3)	NM; *
GENTEAL GEL 0.3%	\$0 (3)	NM; *
GENTEAL MILD DRO 0.2%	\$0 (3)	NM; *
<i>genteal tear oin nt-time</i>	\$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>liquitears sol</i>	\$0 (3)	NM; *
<i>lubric tears sol 0.4-0.3%</i>	\$0 (3)	NM; *
<i>lubricant dro 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>lubricating sol 0.4-0.3%</i>	\$0 (3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0 (3)	NM; *
<i>lubrifresh oin p.m.</i>	\$0 (3)	NM; *
MURO 128 OIN 5% OP	\$0 (3)	NM; *
MURO 128 SOL 2% OP	\$0 (3)	NM; *
MURO 128 SOL 5% OP	\$0 (3)	NM; *
<i>naphazoline hcl ophth soln 0.1%</i>	\$0 (1)	
<i>natural bal sol 0.4%</i>	\$0 (3)	NM; *
<i>natural bal sol tears</i>	\$0 (3)	NM; *
<i>natures sol tears</i>	\$0 (3)	NM; *
<i>natures tear sol 0.4%</i>	\$0 (3)	NM; *
PROLENSA SOL 0.07%	\$0 (2)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
<i>purulube oin</i>	\$0 (3)	NM; *
<i>pure & gentl dro 0.3%</i>	\$0 (3)	NM; *
REFRESH CELL DRO 1% OP	\$0 (3)	NM; *
REFRESH DRO 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 PLUS DRO 0.5% OP	\$0 (3)	NM; *
REFRESH SOL OPTIVE	\$0 (3)	NM; *
REFRESH TEAR DRO 0.5% OP	\$0 (3)	NM; *
RESTASIS EMU 0.05%	\$0 (2)	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0 (2)	QL (1 bottle / 30 days)
<i>sm artificia sol tears</i>	\$0 (3)	NM; *
<i>sm lubricant dro 0.4-0.3%</i>	\$0 (3)	NM; *
<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; *
SYSTANE PF SOL	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYSTANE SOL	\$0 (3)	NM; *
SYSTANE ULTR SOL PF	\$0 (3)	NM; *
<i>tears natura sol forte</i>	\$0 (3)	NM; *
<i>tears natura sol free op</i>	\$0 (3)	NM; *
<i>tears natura sol ii 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

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (2)	QL (1 inhaler / 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

<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 syp 1mg/ml</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; *
<i>allergy liq 12.5/5ml</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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (3)	NM; *
<i>cetirizine hcl tab 5 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0 (3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>cetirizine syp 1mg/ml</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>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i>	\$0 (3)	NM; *
<i>comp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>comp allergy tab 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; *
<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>diphenhydramine hcl cap 25 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 * - 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>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 SYP 2.5MG/5	\$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
<i>hydroxyzine pamoate cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
J-TAN PD DRO 1MG/ML	\$0 (3)	NM; *
<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; *

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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>loratadine tab 10 mg</i>	\$0 (3)	NM; *
<i>loratadine tab 10mg</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>qlearquil 24 tab 10mg</i>	\$0 (3)	NM; *
<i>qlearquil tab 25mg</i>	\$0 (3)	NM; *
<i>quenalin syp 12.5/5ml</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 10mg</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; *
VANAHIST PD LIQ 0.625MG	\$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
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	\$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate inj 1 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>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 7.5-4-15	\$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>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>ap-hist dm liq 7.5-4-15</i>	\$0 (3)	NM; *
<i>aproline tab 2.5-60mg</i>	\$0 (3)	NM; *
AQUANAZ TAB	\$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; *
<i>brotapp dm liq 15-1-5/5</i>	\$0 (3)	NM; *
<i>brotapp liq</i>	\$0 (3)	NM; *
BROVEX PEB LIQ	\$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; *
<i>cgh/cold day liq delsym</i>	\$0 (3)	NM; *
<i>cheratussin sol dac</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>cld head cng tab nighttim</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CODITUSS DM SYP	\$0 (3)	NM; *
<i>cold & flu liq day time</i>	\$0 (3)	NM; *
<i>cold & flu tab daytime</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 cont liq dm max</i>	\$0 (3)	NM; *
<i>cough dm sus 30mg/5ml</i>	\$0 (3)	NM; *
<i>cough syp 100/5ml</i>	\$0 (3)	NM; *
<i>coughtab tab 200mg</i>	\$0 (3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
<i>dallergy dro 1-2.5mg</i>	\$0 (3)	NM; *
DALLERGY SYP	\$0 (3)	NM; *
DALLERGY TAB 1-5MG	\$0 (3)	NM; *
<i>day cold/flu cap 10-5-325</i>	\$0 (3)	NM; *
<i>day time cap 10-5-325</i>	\$0 (3)	NM; *
DAY TIME CAP COLD/FLU	\$0 (3)	NM; *
<i>day time liq cold/flu</i>	\$0 (3)	NM; *
<i>day time liq cough</i>	\$0 (3)	NM; *
<i>dayquil sev liq cold/flu</i>	\$0 (3)	NM; *
<i>dayquil sev tab 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 10-380MG	\$0 (3)	NM; *
<i>decongestant sol 1%</i>	\$0 (3)	NM; *
<i>decongestant tab 120mg er</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DELSYM CHILD SUS 30MG/5ML	\$0 (3)	NM; *
<i>delsym cough liq congs dm</i>	\$0 (3)	NM; *
<i>delsym night liq cgh+cld</i>	\$0 (3)	NM; *
DELSYM SUS 30MG/5ML	\$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>diabetic tus liq 100/5ml</i>	\$0 (3)	NM; *
<i>diabetic tus liq dm</i>	\$0 (3)	NM; *
<i>diabetic tus liq max st</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; *
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; *
ED A-HIST LIQ 4-10/5ML	\$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; *
<i>ed bron gp liq</i>	\$0 (3)	NM; *
ED CHLORPED DRO D	\$0 (3)	NM; *
<i>endacof-dm liq 2.5-1-5</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; *
FLU & SORE POW THROAT	\$0 (3)	NM; *
<i>flu/cold/cgh pow daytime</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; *
<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 cap sinus</i>	\$0 (3)	NM; *
<i>gnp day time liq cold/flu</i>	\$0 (3)	NM; *
<i>gnp flu relf liq daytime</i>	\$0 (3)	NM; *
<i>gnp flu relf liq nighttime</i>	\$0 (3)	NM; *
<i>gnp ibuprofn tab cold/sin</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 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>guaiaitussin syp 100-10/5</i>	\$0 (3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0 (3)	NM; *
<i>guaifenesin sol dac</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; *
<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 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; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0 (3)	NM; *
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	\$0 (3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0 (3)	NM; *
<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>intense coug liq reliever</i>	\$0 (3)	NM; *
<i>iophen c-nr liq 100-10/5</i>	\$0 (3)	NM; *
<i>iophen dm-nr liq 100-10/5</i>	\$0 (3)	NM; *
<i>iophen-nr liq 100/5ml</i>	\$0 (3)	NM; *
J-MAX SYP 5-200MG	\$0 (3)	NM; *
J-TAN D PD DRO 1-7.5MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kidkare liq cgh/cold</i>	\$0 (3)	NM; *
LODRANE D CAP 4-60MG	\$0 (3)	NM; *
LOHIST-D LIQ	\$0 (3)	NM; *
<i>lohist-dm syp 5-2-10mg</i>	\$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 PE LIQ	\$0 (3)	NM; *
<i>m-end wc liq</i>	\$0 (3)	NM; *
<i>mapap cold tab 10-5-325</i>	\$0 (3)	NM; *
<i>mapap sinus tab max st</i>	\$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 LIQ MULTISYM	\$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; *
MUCINEX COLD LIQ 2.5-100	\$0 (3)	NM; *
MUCINEX COLD LIQ CHILD	\$0 (3)	NM; *
MUCINEX COLD LIQ CHILDREN	\$0 (3)	NM; *
MUCINEX COLD LIQ FLU&SORE	\$0 (3)	NM; *
MUCINEX COLD LIQ SINUS	\$0 (3)	NM; *
<i>mucinex cold tab flu&sore</i>	\$0 (3)	NM; *
<i>mucinex cold tab sinus</i>	\$0 (3)	NM; *
MUCINEX CONG LIQ & COUGH	\$0 (3)	NM; *
MUCINEX CONG LIQ COUGH	\$0 (3)	NM; *
MUCINEX D TAB 60-600MG	\$0 (3)	NM; *
MUCINEX D TAB 120-1200	\$0 (3)	NM; *
<i>mucinex dm liq 20-400</i>	\$0 (3)	NM; *
MUCINEX DM TAB 30-600ER	\$0 (3)	NM; *
MUCINEX DM TAB 60-1200	\$0 (3)	NM; *
<i>mucinex fast liq cold flu</i>	\$0 (3)	NM; *
MUCINEX FAST LIQ SEV COLD	\$0 (3)	NM; *
<i>mucinex fast mis day/nght</i>	\$0 (3)	NM; *
MUCINEX FAST MIS DAY/NGHT	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
MUCINEX TAB 600MG ER	\$0 (3)	NM; *
MUCINEX TAB 1200MG	\$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 relief liq 5-100mg</i>	\$0 (3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucus relief liq cong/cgh</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 cong/cld</i>	\$0 (3)	NM; *
<i>mucus relief tab dm</i>	\$0 (3)	NM; *
<i>mucus relief tab pe</i>	\$0 (3)	NM; *
<i>mucus+chst liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucus-dm max tab 60-1200</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>multi-sympt sus pls cold</i>	\$0 (3)	NM; *
<i>nasal 12 hr spr 0.05%</i>	\$0 (3)	NM; *
<i>nasal decon syp 30mg/5ml</i>	\$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; *
<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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>night time liq cough</i>	\$0 (3)	NM; *
<i>night time tab sinus</i>	\$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 cough</i>	\$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 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>nyquil sev liq cold/flu</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 relief tab 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-TUSSIN LIQ 10-4-10	\$0 (3)	NM; *
PRO-CLEAR AC SYP 9-8.33MG	\$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>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>q-tapp dm elx</i>	\$0 (3)	NM; *
<i>q-tapp elx 1-15/5ml</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>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 cgh relf liq 15mg/5ml</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>qlearquil spr 0.05%</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; *
RESCON-GG LIQ	\$0 (3)	NM; *
RESPAIRE-30 CAP	\$0 (3)	NM; *
<i>robafen cf liq 5-10-100</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; *
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 liq cf</i>	\$0 (3)	NM; *
<i>sb cgh contr liq dm</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 daytime liq</i>	\$0 (3)	NM; *
<i>sb flu hbp tab max st</i>	\$0 (3)	NM; *
<i>sb severe tab cold pe</i>	\$0 (3)	NM; *
<i>sb sinus cng pak /pain</i>	\$0 (3)	NM; *
<i>sb sinus cng tab /pain</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 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>SINEX 12HR SPR 0.05%</i>	\$0 (3)	NM; *
<i>sinus congst 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/allergy tab max st</i>	\$0 (3)	NM; *
<i>sinus/allergy tab pe max</i>	\$0 (3)	NM; *
<i>sinus/allerg tab 4-10mg</i>	\$0 (3)	NM; *
<i>sm 12-hour spr 0.05%</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 head tab congest</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 nite time liq cold/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 liq max</i>	\$0 (3)	NM; *
<i>sm tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>sm tussin syp 100/5ml</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>stuffy nose liq & cold</i>	\$0 (3)	NM; *
<i>sudogest pe tab 10mg</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>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 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; *
TESSALON PER CAP 100MG	\$0 (3)	NM; *
THERAFLU FLU PAK SORE THR	\$0 (3)	NM; *
THERAFLU SEV POW COLD/CGH	\$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; *
TUSNEL C SYP	\$0 (3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$0 (3)	NM; *
TUSNEL LIQ	\$0 (3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0 (3)	NM; *
<i>tussicaps cap 5-4mg</i>	\$0 (3)	NM; *
<i>tussicaps cap 10-8mg</i>	\$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; *
<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 syp 100/5ml</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TUSSIONEX SUS 10-8/5ML	\$0 (3)	NM; *
<i>vick dayquil cap cold/flu</i>	\$0 (3)	NM; *
<i>vick dayquil liq cold/flu</i>	\$0 (3)	NM; *
<i>vicks nyquil cap cold/flu</i>	\$0 (3)	NM; *
VICKS NYQUIL LIQ COLD/FLU	\$0 (3)	NM; *
<i>virtussin ac sol 100-10/5</i>	\$0 (3)	NM; *
<i>virtussin sol dac</i>	\$0 (3)	NM; *
<i>4-way fast spr 1%</i>	\$0 (3)	NM; *
<i>zonatuss cap 150mg</i>	\$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)	NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	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 500MCG	\$0 (2)	
<i>deep sea spr 0.65%</i>	\$0 (3)	NM; *
EPIPEN 2-PAK INJ 0.3MG	\$0 (2)	
EPIPEN-JR INJ 2-PAK	\$0 (2)	
ESBRIET CAP 267MG	\$0 (2)	NM, PA
ESBRIET TAB 267MG	\$0 (2)	NM, PA
ESBRIET TAB 801MG	\$0 (2)	NM, PA
<i>hm saline spr 0.65%</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>humist spr 0.65%</i>	\$0 (3)	NM; *
KALYDECO PAK 50MG	\$0 (2)	NM, PA
KALYDECO PAK 75MG	\$0 (2)	NM, PA
KALYDECO TAB 150MG	\$0 (2)	NM, PA
<i>little noses dro stof 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; *
<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; *
OCEAN NASAL SPR 0.65%	\$0 (3)	NM; *
OFEV CAP 100MG	\$0 (2)	NM, PA
OFEV CAP 150MG	\$0 (2)	NM, PA
ORKAMBI TAB 100-125	\$0 (2)	NM, PA
ORKAMBI TAB 200-125	\$0 (2)	NM, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (2)	NM, PA
RHINARIS GEL 0.2%	\$0 (3)	NM; *
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; *
<i>tgt nasal spr 0.65%</i>	\$0 (3)	NM; *
XOLAIR SOL 150MG	\$0 (2)	NM, LA, PA
ZEMAIRA INJ 1000MG	\$0 (2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
FLONASE ALGY SPR 50MCG	\$0 (3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (1)	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (3)	NM; *
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 100MCG	\$0 (2)	QL (30 inhalations / 30 days)

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

STEROID/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)
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)	
<i>elixophyllin elx 80/15ml</i>	\$0 (2)	
<i>theo-24 cap 100mg cr</i>	\$0 (2)	
<i>theo-24 cap 200mg cr</i>	\$0 (2)	
<i>theo-24 cap 300mg cr</i>	\$0 (2)	
<i>theo-24 cap 400mg er</i>	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>adapalene cream 0.1%</i>	\$0 (1)	
<i>adapalene gel 0.1%</i>	\$0 (1)	
<i>amnestem cap 10mg</i>	\$0 (1)	PA
<i>amnestem cap 20mg</i>	\$0 (1)	PA
<i>amnestem cap 40mg</i>	\$0 (1)	PA
AVITA CRE 0.025%	\$0 (1)	PA
AVITA GEL 0.025%	\$0 (1)	PA
<i>benzepro aer 5.3%</i>	\$0 (3)	NM; *
<i>benzepro sc aer 9.8%</i>	\$0 (3)	NM; *
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 pero kit acne pck</i>	\$0 (3)	NM; *
<i>benzoyl peroxide foam 5.3%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide foam 9.8%</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)	
<i>benzyl perox lot clnsr 6%</i>	\$0 (3)	NM; *
<i>bpo creamy kit 4% wash</i>	\$0 (3)	NM; *
BPO CREAMY KIT 8% WASH	\$0 (3)	NM; *
<i>claravis cap 10mg</i>	\$0 (1)	PA
<i>claravis cap 20mg</i>	\$0 (1)	PA
<i>claravis cap 30mg</i>	\$0 (1)	PA
<i>claravis cap 40mg</i>	\$0 (1)	PA
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
PANOXYL GEL 3%	\$0 (3)	NM; *
<i>panoxyl wash liq 10%</i>	\$0 (3)	NM; *
PANOXYL-4 LIQ CREM WSH	\$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
TRETINOIN GEL 0.01%	\$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>mupirocin oint 2%</i>	\$0 (1)	
<i>neomycin-bacitracin-polymyxin oint</i>	\$0 (3)	NM; *
SILVER SULFADIAZINE CREAM 1%	\$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; *
SSD CRE 1%	\$0 (1)	
SULFAMYLON CRE 85MG/GM	\$0 (2)	
SULFAMYLON PAK 5%	\$0 (2)	
<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; *
ALOE VESTA OIN 2%	\$0 (3)	NM; *
<i>anti-fungal pow 1%</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>antifungal aer 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 2%</i>	\$0 (3)	NM; *
<i>antifungal pow 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>baza antifun cre 2%</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)	
<i>clotrimazole cream 1%</i>	\$0 (3)	NM; *
<i>clotrimazole soln 1%</i>	\$0 (1)	
<i>clotrimazole soln 1%</i>	\$0 (3)	NM; *
<i>critic-aid oin 2%</i>	\$0 (3)	NM; *
<i>desenex shak pow 2%</i>	\$0 (3)	NM; *
FUNGOID TINC KIT	\$0 (3)	NM; *
FUNGOID TINC SOL 2%	\$0 (3)	NM; *
<i>fungoid-d cre 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; *
<i>lamisil at cre 1%</i>	\$0 (3)	NM; *
LAMISIL AT CRE 1%	\$0 (3)	NM; *
LAMISIL AT SPR 1%	\$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; *
<i>nyamyc pow 100000</i>	\$0 (1)	
<i>nyata 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)	
<i>remedy cre antifung</i>	\$0 (3)	NM; *
<i>remedy oin af 2%</i>	\$0 (3)	NM; *
<i>sm antifungl cre 1%</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 antifungl cre 2%</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>tolnaftate soln 1%</i>	\$0 (3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	\$0 (1)	
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<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)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	PA
<i>acitretin cap 25 mg</i>	\$0 (2)	PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	
8-MOP CAP 10MG	\$0 (2)	
<i>tazarotene cream 0.1%</i>	\$0 (1)	PA
TAZORAC CRE 0.1%	\$0 (2)	PA
TAZORAC CRE 0.05%	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0 (1)	
<i>selenium sulfide lotion 2.5%</i>	\$0 (1)	
DERMATOLOGY, 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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	\$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)	
DESOXIMETASONE OINT 0.05%	\$0 (1)	
<i>desoximetasone oint 0.25%</i>	\$0 (1)	
<i>fluocin acet oil body</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% (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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>qc hydrocort cre 1%</i>	\$0 (3)	NM; *
<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 acetanide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetanide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetanide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetanide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetanide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetanide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetanide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetanide oint 0.025%</i>	\$0 (1)	
<i>triderm cre 0.1%</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine cream 4%</i>	\$0 (3)	NM; *
<i>lidocaine hcl gel 2%</i>	\$0 (1)	PA
<i>lidocaine hcl soln 4%</i>	\$0 (1)	PA
<i>lidocaine oint 5%</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>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA LOT SKN COND	\$0 (3)	NM; *
ALOE VESTA OIN PROTECT	\$0 (3)	NM; *
<i>americerin cre</i>	\$0 (3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0 (3)	NM; *
<i>anti-itch cre 2-0.1%</i>	\$0 (3)	NM; *
AQUABASE OIN	\$0 (3)	NM; *
<i>banophen cre 2-0.1%</i>	\$0 (3)	NM; *
<i>baza protect cre</i>	\$0 (3)	NM; *
BENZYL ALC LIQ	\$0 (3)	NM; *
BETADINE SKN SOL 7.5% CLR	\$0 (3)	NM; *
BETADINE SOL 10%	\$0 (3)	NM; *
BETADINE SRG SOL 7.5%	\$0 (3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0 (3)	NM; *
CARRINGTON CRE /ZINC	\$0 (3)	NM; *
CARRINGTON CRE MOISTURE	\$0 (3)	NM; *
CRITIC-AID OIN CLEAR	\$0 (3)	NM; *
<i>dermacerin cre</i>	\$0 (3)	NM; *
DERMAGRAN BC CRE	\$0 (3)	NM; *
DERMAGRAN OIN	\$0 (3)	NM; *
<i>dermamed oin</i>	\$0 (3)	NM; *
<i>dermazinc sha 2%</i>	\$0 (3)	NM; *
DHS TAR GEL SHA 0.5%	\$0 (3)	NM; *
DHS TAR SHA	\$0 (3)	NM; *
DHS ZINC SHA 2%	\$0 (3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	\$0 (3)	NM; *
EUCERIN CRE	\$0 (3)	NM; *
EUCERIN CRE UNSCENT	\$0 (3)	NM; *
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
<i>hemorrhoidal oin</i>	\$0 (3)	NM; *
<i>hemorrhoidal sup</i>	\$0 (3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0 (3)	NM; *
HYDROCERIN CRE	\$0 (3)	NM; *
<i>hydrocerin cre plus</i>	\$0 (3)	NM; *
HYDROPHILIC OIN PETROLAT	\$0 (3)	NM; *
<i>imiquimod cream 5%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>itch relief cre ex st</i>	\$0 (3)	NM; *
<i>itch relief spr 2-0.1%</i>	\$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; *
<i>major-prep oin hemorrho</i>	\$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>operand scrb sol 7.5%</i>	\$0 (3)	NM; *
PANRETIN GEL 0.1%	\$0 (2)	
<i>pedi-boro pow soak pak</i>	\$0 (3)	NM; *
<i>periguard oin</i>	\$0 (3)	NM; *
PICATO GEL 0.05%	\$0 (2)	
PICATO GEL 0.015%	\$0 (2)	
<i>podofilox soln 0.5%</i>	\$0 (1)	
<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/iod sol 10%</i>	\$0 (3)	NM; *
PROSHIELD CRE PLUS 1%	\$0 (3)	NM; *
<i>purpose cre</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; *
<i>rosadan cre 0.75%</i>	\$0 (1)	
<i>sal-plant gel 17%</i>	\$0 (3)	NM; *
<i>salactic fil sol 17%</i>	\$0 (3)	NM; *
SALICYLIC POW ACID	\$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; *
SENSI-CARE CRE MOISTURI	\$0 (3)	NM; *
<i>sm anti-itch cre 2-0.1%</i>	\$0 (3)	NM; *
<i>sm hemorrhoi oin</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 povid-iod sol 10%</i>	\$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; *
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NM, PA
<i>therapeutic sha</i>	\$0 (3)	NM; *
TRIXAICIN CRE 0.025%	\$0 (3)	NM; *
<i>trixaicin hp cre 0.075%</i>	\$0 (3)	NM; *
<i>ureacin-10 lot 10%</i>	\$0 (3)	NM; *
VALCHLOR GEL 0.016%	\$0 (2)	NM, LA, PA
<i>wart remover liq 17%</i>	\$0 (3)	NM; *
ZIKS ARTHRIT CRE RELIEF	\$0 (3)	NM; *
ZOSTRIX HP CRE 0.1%	\$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>complete kit lice</i>	\$0 (3)	NM; *
EURAX CRE 10%	\$0 (2)	
EURAX LOT 10%	\$0 (2)	
<i>gnp lice kit</i>	\$0 (3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice soln kit</i>	\$0 (3)	NM; *
<i>lice treatme lot 1%</i>	\$0 (3)	NM; *
<i>lice treatmt lot 1%</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>lice trtmnt liq crm rnse</i>	\$0 (3)	NM; *
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
<i>sm lice lot treatmnt</i>	\$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID IRRIGATION SOLN 0.25%	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	PA
SANTYL OIN 250/GM	\$0 (2)	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	\$0 (1)	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</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 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)	
PILOCARPINE HCL TAB 5 MG	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>acetic acid 2% in aluminum acetate otic soln</i>	\$0 (1)	
ACETIC ACID OTIC SOLN 2%	\$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>earwax trmnt dro 6.5% ot</i>	\$0 (3)	NM; *
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
<i>gnp ear drop sol 6.5% ot</i>	\$0 (3)	NM; *
<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 TES GLUCOSE	\$0	

Index

1		
12 hr nasal spr 0.05%	145	
3		
3 DAY VAGINL CRE 2%.....	98	
3 day vaginal cre 4%	98	
4		
4-way fast spr 1%	152	
8		
8-MOP CAP 10MG	158	
A		
a thru z sel tab 50+ adva.....	119	
a thru z sel tab 50+ mens.....	119	
a thru z sel tab advanced.....	119	
a thru z tab advanced.....	119	
a thru z tab high pot	119	
a thru z tab select.....	119	
a thru z tab ultimate	119	
a thru z ult tab mens.....	119	
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	
abc plus tab	119	
abc plus tab senior.....	119	
ABELCET INJ 5MG/ML.....	11	
ABILIFY MAIN INJ 300MG	59	
ABILIFY MAIN INJ 400MG	59	
ABRAXANE INJ 100MG.....	25	
acamprosate calcium tab delayed release		
333 mg	68	
acarbose tab 100 mg.....	72	
acarbose tab 25 mg	72	
acarbose tab 50 mg	72	
acebutolol hcl cap 200 mg	39	
acebutolol hcl cap 400 mg	39	
ACEPHEN SUP 120MG.....	1	
acephen sup 325mg	1	
acephen sup 650mg.....	1	
aceta-gesic tab 12.5-325	142	
acetamin tab 500mg	1	
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 w/ codeine soln 120-12		5
mg/5ml.....		5
acetaminophen w/ codeine tab 300-15		5
mg		5
acetaminophen w/ codeine tab 300-30		5
mg		5
acetaminophen w/ codeine tab 300-60		5
mg		5
acetaminophen sus 160/5ml	1	
acetaminophen sus 325mg	1	
acetaminophen tab 500mg.....	1	
acetazolamide cap er 12hr 500 mg.....	43	
acetazolamide tab 125 mg	43	
acetazolamide tab 250 mg	43	
acetic acid 2% in aluminum acetate otic		
soln	164	
ACETIC ACID IRRIGATION SOLN 0.25%		163
.....		164
ACETIC ACID OTIC SOLN 2%.....		164
acetylcysteine inhal soln 10%	152	
acetylcysteine inhal soln 20%	152	
acid control tab 10mg	89	
acid control tab 150mg	85, 89	
acid control tab 20mg	89	
acid gone sus	85	
acid reducer tab 10mg	89	
acid reducer tab 150mg	89	
acid reducer tab 20mg	89	
acid reducer tab 75mg	89	
ACIDOPHILUS/ TAB CIT PECT	86	
ACIDOPHILUS/ TAB PECTIN.....	86	
acitretin cap 10 mg	158	
acitretin cap 17.5 mg.....	158	
acitretin cap 25 mg	158	
acne medicat gel 10%	155	
acne medicat gel 5%	155	
ACNE MEDICAT LOT 10%	155	
ACNE MEDICAT LOT 5%.....	155	
ACTHIB INJ	107	
actical cap	120	
ACTIMMUNE INJ 2MU/0.5.....	105	
acyclovir cap 200 mg.....	16	
acyclovir sodium for inj 500 mg	16	
acyclovir sodium iv soln 50 mg/ml.....	16	

<i>acyclovir susp 200 mg/5ml</i>	16	ALAWAY DRO 0.025%OP.....	135
<i>acyclovir tab 400 mg</i>	16	ALBENZA TAB 200MG	9
<i>acyclovir tab 800 mg</i>	16	<i>albuterol sulfate soln nebu 0.083% (2.5</i>	
ADACEL INJ.....	107	<i>mg/3ml)</i>	141
ADAGEN INJ 250/ML	79	<i>albuterol sulfate soln nebu 0.5% (5</i>	
<i>adapalene cream 0.1%</i>	155	<i>mg/ml)</i>	141
<i>adapalene gel 0.1%</i>	155	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	
ADCIRCA TAB 20MG.....	45	<i>(base equiv)</i>	141
<i>adefovir dipivoxil tab 10 mg</i>	16	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	
ADEMPAS TAB 0.5MG	45	<i>(base equiv)</i>	141
ADEMPAS TAB 1.5MG	45	<i>albuterol sulfate syrup 2 mg/5ml</i>	141
ADEMPAS TAB 1MG.....	45	<i>albuterol sulfate tab 2 mg</i>	141
ADEMPAS TAB 2.5MG	45	<i>albuterol sulfate tab 4 mg</i>	141
ADEMPAS TAB 2MG.....	45	<i>albuterol sulfate tab er 12hr 4 mg</i>	141
<i>adlt multivi chw gummies</i>	120	<i>albuterol sulfate tab er 12hr 8 mg</i>	141
ADLT ONE DLY CHW GUMMIES	120	<i>alclometasone dipropionate cream 0.05%</i>	
<i>adriamycin inj 20mg</i>	23	.....	159
<i>adrucil inj 2.5g/50m</i>	24	<i>alclometasone dipropionate oint 0.05%</i>	
<i>adrucil inj 500/10ml</i>	24	.....	159
<i>adrucil inj 5gm/100m</i>	24	ALCOHOL SWABS.....	71
ADULT 50+ CAP OCUVITE	120	ALDURAZYME INJ 2.9MG/5M	79
ADVAIR DISKU AER 100/50	154	ALECENSA CAP 150MG	27
ADVAIR DISKU AER 250/50	154	<i>alendronate sodium tab 10 mg</i>	74
ADVAIR DISKU AER 500/50	154	<i>alendronate sodium tab 35 mg</i>	74
ADVAIR HFA AER 115/21	154	<i>alendronate sodium tab 40 mg</i>	74
ADVAIR HFA AER 230/21	154	<i>alendronate sodium tab 5 mg</i>	74
ADVAIR HFA AER 45/21.....	154	<i>alendronate sodium tab 70 mg</i>	74
<i>advanced sus antacid</i>	85	ALEVAZOL OIN 1%.....	157
<i>afeditab tab 30mg cr</i>	40	<i>alfuzosin hcl tab er 24hr 10 mg</i>	97
<i>afeditab tab 60mg cr</i>	40	ALIMTA INJ 100MG.....	24
AFINITOR DIS TAB 2MG.....	27	ALIMTA INJ 500MG.....	24
AFINITOR DIS TAB 3MG.....	27	ALINIA SUS 100/5ML.....	9
AFINITOR DIS TAB 5MG.....	27	ALINIA TAB 500MG	9
AFINITOR TAB 10MG.....	27	ALIVE ENERGY TAB WOMENS	120
AFINITOR TAB 2.5MG.....	27	ALIVE WOMENS CHW GUMMY	120
AFINITOR TAB 5MG.....	27	<i>all day allg chw 10mg</i>	138
AFINITOR TAB 7.5MG.....	27	<i>all day allg sol 1mg/ml</i>	138
<i>afrin saline spr 0.65%</i>	152	<i>all day allg sol 5mg/5ml</i>	138
AFTERA TAB 1.5MG.....	75	<i>all day allg syp 1mg/ml</i>	138
<i>airborne chw</i>	120	<i>all day allg tab 10mg</i>	138
<i>airborne chw gummies</i>	120	<i>all day alrg tab 5-120mg</i>	142
<i>airborne tab</i>	120	<i>all day pain tab 220mg</i>	3
<i>akwa tears oin op</i>	136	<i>all day relf tab 220mg</i>	3
<i>ala-cort cre 1%</i>	158	<i>aller/conges tab 10-240mg</i>	142
<i>ala-cort cre 2.5%</i>	158	<i>aller-chlor syp 2mg/5ml</i>	138
ALAHIST DM LIQ 7.5-4-15	142	<i>aller-chlor tab 4mg</i>	138
ALA-HIST PE TAB 2-10MG.....	142	<i>aller-ease tab 180mg</i>	138
ALAWAY CHILD DRO 0.025%OP	135	<i>aller-ease tab 60mg</i>	138

<i>allergy cap 25mg</i>	138	<i>ALUNBRIG TAB 30MG</i>	27
<i>allergy chld liq 12.5/5ml</i>	138	<i>alyacen tab 1/35</i>	75
<i>allergy comp sol 1mg/ml</i>	138	<i>amantadine hcl cap 100 mg</i>	57
<i>allergy d tab 5-120mg</i>	142	<i>amantadine hcl syrup 50 mg/5ml</i>	57
<i>allergy eye dro 0.025%op</i>	135	<i>amantadine hcl tab 100 mg</i>	57
<i>allergy liq 12.5/5ml</i>	138	<i>AMBISOME INJ 50MG</i>	11
<i>allergy plus tab sev/sinu</i>	142	<i>americerin cre</i>	161
<i>allergy plus tab sinus</i>	142	<i>AMIFOSTINE FOR INJ 500 MG</i>	30
<i>allergy rel/ tab deconges</i>	142	<i>amikacin sulfate inj 1 gm/4ml (250</i>	
<i>allergy relf cap 25mg</i>	139	<i>mg/ml)</i>	8
<i>allergy relf liq 12.5/5ml</i>	139	<i>amikacin sulfate inj 500 mg/2ml (250</i>	
<i>allergy relf sol 5mg/5ml</i>	139	<i>mg/ml)</i>	8
<i>allergy relf syp 5mg/5ml</i>	139	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
<i>allergy relf tab 1.34mg</i>	139	<i>mg</i>	43
<i>allergy relf tab 10mg</i>	139	<i>amiloride hcl tab 5 mg</i>	43
<i>allergy relf tab 25mg</i>	139	<i>amino acid infusion 6%</i>	110
<i>allergy relf tab d-24</i>	142	<i>aminophylline inj 25 mg/ml</i>	155
<i>allergy relf tab deconges</i>	142	<i>AMINOSYN 7% INJ /LYTES</i>	110
<i>allergy tab 10mg</i>	139	<i>AMINOSYN II INJ 10%</i>	110
<i>allergy tab 12mg cr</i>	139	<i>AMINOSYN II INJ 8.5%</i>	110
<i>allergy tab 180mg</i>	139	<i>AMINOSYN II INJ 8.5/LYTE</i>	110
<i>allergy tab 25mg</i>	139	<i>AMINOSYN INJ 10%</i>	110
<i>allergy tab 4mg</i>	139	<i>AMINOSYN INJ 8.5%</i>	110
<i>allergy tab multi-sy</i>	142	<i>AMINOSYN INJ 8.5/LYTE</i>	110
<i>allergy/cong tab 5-120mg</i>	142	<i>AMINOSYN M INJ 3.5%</i>	110
<i>allergy-d tab 5-120mg</i>	142	<i>AMINOSYN-HBC INJ 7%</i>	110
<i>allergy-time tab 4mg</i>	139	<i>AMINOSYN-PF INJ 10%</i>	110
<i>allerhist-1 tab 1.34mg</i>	139	<i>AMINOSYN-PF INJ 7%</i>	110
<i>allgy comp-d tab 5-120mg</i>	142	<i>AMINOSYN-RF INJ 5.2%</i>	110
<i>all-nite liq cold/flu</i>	142	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>allopurinol tab 100 mg</i>	1	<i>mg/ml)</i>	36
<i>allopurinol tab 300 mg</i>	1	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>almacone chw</i>	85	<i>mg/ml)</i>	36
<i>almacone dbl sus strength</i>	85	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>almacone sus</i>	85	<i>mg/ml)</i>	36
<i>ALOE VESTA LOT SKN COND</i>	161	<i>amiodarone hcl tab 100 mg</i>	36
<i>ALOE VESTA OIN 2%</i>	157	<i>amiodarone hcl tab 200 mg</i>	36
<i>ALOE VESTA OIN PROTECT</i>	161	<i>amiodarone hcl tab 400 mg</i>	36
<i>alose tron hcl tab 0.5 mg (base equiv)</i> .	95	<i>AMITIZA CAP 24MCG</i>	95
<i>alose tron hcl tab 1 mg (base equiv)</i> ...	95	<i>AMITIZA CAP 8MCG</i>	95
<i>ALPHAGAN P SOL 0.1%</i>	136	<i>amitriptyline hcl tab 10 mg</i>	53
<i>alprazolam tab 0.25 mg</i>	46	<i>amitriptyline hcl tab 100 mg</i>	53
<i>alprazolam tab 0.5 mg</i>	46	<i>amitriptyline hcl tab 150 mg</i>	53
<i>alprazolam tab 1 mg</i>	46	<i>amitriptyline hcl tab 25 mg</i>	53
<i>alprazolam tab 2 mg</i>	46	<i>amitriptyline hcl tab 50 mg</i>	53
<i>ALREX SUS 0.2%</i>	135	<i>amitriptyline hcl tab 75 mg</i>	53
<i>altamist spr 0.65%</i>	152	<i>amlodipine besylate tab 10 mg</i>	40
<i>ALUM HYDROX SUS 320/5ML</i>	85	<i>amlodipine besylate tab 2.5 mg</i>	40

<i>amlodipine besylate tab 5 mg</i>	40	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	20
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	31	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	31	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	31	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	31	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	31	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	31	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	34	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	34	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	33	<i>amoxicillin (trihydrate) cap 250 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	33	<i>amoxicillin (trihydrate) cap 500 mg</i>	20
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	34	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	20
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	34	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	20
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	34	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	20
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	34	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	34	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	34	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	34	<i>amoxicillin (trihydrate) tab 500 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	34	<i>amoxicillin (trihydrate) tab 875 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	64
<i>amnestem cap 10mg</i>	155	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	64
<i>amnestem cap 20mg</i>	155	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	64
<i>amnestem cap 40mg</i>	155	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	64
<i>amoxapine tab 100 mg</i>	54	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	64
<i>amoxapine tab 150 mg</i>	54	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	64
<i>amoxapine tab 25 mg</i>	54	<i>amphetamine-dextroamphetamine tab 10 mg</i>	64
<i>amoxapine tab 50 mg</i>	54		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	20		

<i>amphetamine-dextroamphetamine tab</i>		<i>antacid sus max st</i>	85
<i>12.5 mg</i>	64	<i>antacid sus reg st.....</i>	85
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid/anti sus -gas ds</i>	85
<i>15 mg</i>	64	<i>anti-dandruf sha 1%.....</i>	161
<i>amphetamine-dextroamphetamine tab</i>		<i>ANTI-DIARRHE CAP 2MG.....</i>	86
<i>20 mg</i>	64	<i>anti-diarrhe liq 1mg/5ml</i>	86
<i>amphetamine-dextroamphetamine tab</i>		<i>anti-diarrhe tab 2mg</i>	86
<i>30 mg</i>	64	<i>antifungal aer 1%</i>	157
<i>amphetamine-dextroamphetamine tab 5</i>		<i>antifungal cre 1%.....</i>	157
<i>mg.....</i>	64	<i>antifungal cre 2%.....</i>	157
<i>amphetamine-dextroamphetamine tab</i>		<i>anti-fungal pow 1%</i>	157
<i>7.5 mg</i>	64	<i>antifungal pow 2%</i>	157
<i>amphotericin b for inj 50 mg</i>	11	<i>anti-gas cap 180mg.....</i>	95
<i>ampicillin & sulbactam sodium for inj 1.5</i>		<i>anti-itch cre 1%.....</i>	159
<i>(1-0.5) gm.....</i>	21	<i>anti-itch cre 2-0.1%</i>	161
<i>ampicillin & sulbactam sodium for inj 15</i>		<i>anti-nausea liq.....</i>	87
<i>(10-5) gm.....</i>	21	<i>anti-nausea sol</i>	87
<i>ampicillin & sulbactam sodium for inj 3</i>		<i>antioxidant cap</i>	120
<i>(2-1) gm</i>	21	<i>ANTIOXIDANT CAP</i>	120
<i>ampicillin & sulbactam sodium for iv soln</i>		<i>antioxidant tab</i>	120
<i>15 (10-5) gm</i>	21	<i>anti-oxidant tab</i>	120
<i>ampicillin cap 250 mg.....</i>	21	<i>antioxidant tab vitamins.....</i>	120
<i>ampicillin cap 500 mg.....</i>	21	<i>APATATE FORT LIQ.....</i>	120
<i>ampicillin for susp 125 mg/5ml.....</i>	21	<i>ap-hist dm liq 7.5-4-15.....</i>	142
<i>ampicillin for susp 250 mg/5ml.....</i>	21	<i>APOKYN INJ 10MG/ML</i>	57
<i>ampicillin sodium for inj 1 gm.....</i>	21	<i>aprepitant capsule 125 mg</i>	87
<i>ampicillin sodium for inj 10 gm.....</i>	21	<i>aprepitant capsule 40 mg.....</i>	87
<i>ampicillin sodium for inj 125 mg</i>	21	<i>aprepitant capsule 80 mg.....</i>	87
<i>ampicillin sodium for inj 2 gm.....</i>	21	<i>aprepitant capsule therapy pack 80 &</i>	
<i>ampicillin sodium for inj 250 mg</i>	21	<i>125 mg.....</i>	87
<i>ampicillin sodium for inj 500 mg</i>	21	<i>apri tab.....</i>	75
<i>ampicillin sodium for iv soln 1 gm</i>	21	<i>APRISO CAP 0.375GM.....</i>	90
<i>ampicillin sodium for iv soln 10 gm</i>	21	<i>aprodine tab 2.5-60mg</i>	142
<i>ampicillin sodium for iv soln 2 gm</i>	21	<i>APTIOM TAB 200MG</i>	47
<i>AMPYRA TAB 10MG</i>	67	<i>APTIOM TAB 400MG</i>	47
<i>ANADROL-50 TAB 50MG</i>	71	<i>APTIOM TAB 600MG</i>	47
<i>anagrelide hcl cap 0.5 mg</i>	103	<i>APTIOM TAB 800MG</i>	47
<i>anagrelide hcl cap 1 mg.....</i>	103	<i>APTIVUS CAP 250MG.....</i>	13
<i>anastrozole tab 1 mg</i>	26	<i>APTIVUS SOL.....</i>	13
<i>ANDRODERM DIS 2MG/24HR.....</i>	71	<i>AQUABASE OIN.....</i>	161
<i>ANDRODERM DIS 4MG/24HR.....</i>	71	<i>AQUADEKS CAP</i>	120
<i>ANORO ELLIPT AER 62.5-25.....</i>	138	<i>AQUADEKS CHW</i>	120
<i>antacid fast sus acting</i>	85	<i>AQUANAZ TAB</i>	142
<i>antacid fast sus relief</i>	85	<i>AQUASOL A INJ 50000/ML.....</i>	120
<i>antacid plus sus anti-gas</i>	85	<i>ARALAST NP INJ 1000MG.....</i>	152
<i>antacid plus sus gas rel</i>	85	<i>ARALAST NP INJ 500MG.....</i>	152
<i>antacid sus</i>	85	<i>aranelle tab</i>	75
<i>antacid sus anti-gas</i>	85	<i>ARCALYST INJ 220MG.....</i>	105

<i>aripiprazole oral solution 1 mg/ml</i>	59	<i>athlete foot cre 1%</i>	157
<i>aripiprazole orally disintegrating tab 10 mg</i>	59	<i>athlete foot cre af</i>	157
<i>aripiprazole orally disintegrating tab 15 mg</i>	59	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	64
<i>aripiprazole tab 10 mg</i>	59	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	64
<i>aripiprazole tab 15 mg</i>	59	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	64
<i>aripiprazole tab 2 mg</i>	59	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	64
<i>aripiprazole tab 20 mg</i>	59	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	64
<i>aripiprazole tab 30 mg</i>	59	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	64
<i>aripiprazole tab 5 mg</i>	59	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	64
<i>ARISTADA INJ 1064MG</i>	59	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	37
<i>ARISTADA INJ 441MG/1.</i>	59	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	37
<i>ARISTADA INJ 662MG/2</i>	59	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	37
<i>ARISTADA INJ 882MG/3</i>	59	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	37
<i>armodafinil tab 150 mg</i>	68	<i>atovaquone susp 750 mg/5ml</i>	9
<i>ARMODAFINIL TAB 200 MG</i>	68	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>armodafinil tab 250 mg</i>	68	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
<i>armodafinil tab 50 mg</i>	68	<i>ATRIPLA TAB</i>	15
<i>ARNUITY ELPT INH 100MCG</i>	154	<i>ATROVENT HFA AER 17MCG</i>	138
<i>ARNUITY ELPT INH 200MCG</i>	154	<i>aubra tab 0.1-0.02</i>	75
<i>artifi tears oin op</i>	136	<i>AURYXIA TAB 210MG</i>	83
<i>artifi tears sol 1.4% op</i>	136	<i>AUSTEDO TAB 12MG</i>	67
<i>artificial sol tears</i>	136	<i>AUSTEDO TAB 6MG</i>	67
<i>aspir-81 tab 81mg ec</i>	1	<i>AUSTEDO TAB 9MG</i>	67
<i>aspirin chew tab 81 mg</i>	1	<i>AVASTIN INJ</i>	25
<i>aspirin chw 81mg</i>	1	<i>AVASTIN INJ 400/16ML</i>	25
<i>aspirin low chw 81mg</i>	1	<i>aviane tab</i>	75
<i>aspirin low tab 81mg ec</i>	1	<i>AVITA CRE 0.025%</i>	155
<i>aspirin suppos 300 mg</i>	1	<i>AVITA GEL 0.025%</i>	155
<i>aspirin suppos 600 mg</i>	1	<i>AXIRON SOL 30MG/ACT</i>	71
<i>aspirin tab 325 mg</i>	1	<i>AYR ALLERGY SPR & SINUS</i>	152
<i>aspirin tab 325mg</i>	1	<i>AYR NASAL DRO 0.65%</i>	152
<i>aspirin tab 325mg ec</i>	1	<i>ayr saline gel nasal</i>	152
<i>aspirin tab 81mg ec</i>	1	<i>ayr spr 0.65%</i>	153
<i>aspirin tab delayed release 325 mg</i>	1	<i>azacitidine for inj 100 mg</i>	24
<i>aspirin tab delayed release 81 mg</i>	1	<i>AZACTAM/DEX INJ 1GM</i>	9
<i>ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG</i>	103		
<i>aspir-low tab 81mg ec</i>	1		
<i>atenolol & chlorthalidone tab 100-25 mg</i>	39		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	39		
<i>atenolol tab 100 mg</i>	39		
<i>atenolol tab 25 mg</i>	39		
<i>atenolol tab 50 mg</i>	39		
<i>ath foot spr aer 1%</i>	157		

AZACTAM/DEX INJ 2GM.....	9
<i>azathioprine inj 100mg</i>	106
<i>azathioprine tab 50 mg</i>	106
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	139
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	139
<i>azelastine hcl ophth soln 0.05%</i>	135
<i>azithromycin for susp 100 mg/5ml</i>	19
<i>azithromycin for susp 200 mg/5ml</i>	19
<i>azithromycin iv for soln 500 mg</i>	19
AZITHROMYCIN POWD PACK FOR SUSP 1 GM.....	19
<i>azithromycin tab 250 mg</i>	19
<i>azithromycin tab 500 mg</i>	19
<i>azithromycin tab 600 mg</i>	19
<i>azo tabs tab 95mg</i>	97
AZOPT SUS 1% OP.....	136
<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>	120
<i>baby ayr spr 0.65%</i>	153
<i>baby darlng sol ped elec</i>	108
<i>bacitr zinc oin 500/gm</i>	156
<i>bacitracin oin 500/gm</i>	156
<i>bacitracin oint 500 unit/gm</i>	156
<i>bacitracin ophth oint 500 unit/gm</i>	134
<i>bacitracin zinc oint 500 unit/gm</i>	156
<i>bacitracin-polymyxin b ophth oint</i>	134
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	134
<i>baclofen tab 10 mg</i>	68
<i>baclofen tab 20 mg</i>	68
<i>balsalazide disodium cap 750 mg</i>	90
<i>balziva tab</i>	75
<i>banophen cap 25mg</i>	139
<i>banophen cap 50mg</i>	139
<i>banophen cre 2-0.1%</i>	161
<i>banophen liq 12.5/5ml</i>	139
<i>banophen tab 25mg</i>	139
BANZEL SUS 40MG/ML.....	47
BANZEL TAB 200MG.....	47
BANZEL TAB 400MG.....	47
BARACLUDE SOL .05MG/ML.....	16
<i>baza antifun cre 2%</i>	157
<i>baza protect cre</i>	161
BCG VACCINE INJ.....	107

BD GLUCOSE CHW 5GM.....	81
<i>bdy/hair/skn cap nails</i>	120
<i>bekyree tab</i>	75
BELEODAQ INJ 500MG.....	25
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>benazepril hcl tab 10 mg</i>	32
<i>benazepril hcl tab 20 mg</i>	32
<i>benazepril hcl tab 40 mg</i>	32
<i>benazepril hcl tab 5 mg</i>	32
BENDEKA INJ 100/4ML.....	23
BENLYSTA INJ 120MG.....	106
BENLYSTA INJ 400MG.....	106
<i>benzepero aer 5.3%</i>	155
<i>benzepero sc aer 9.8%</i>	155
<i>benzonatate cap 100 mg</i>	142
<i>benzonatate cap 150 mg</i>	142
<i>benzonatate cap 200 mg</i>	142
BENZOYL PER GEL 2.5%.....	155
<i>benzoyl per liq 10% wash</i>	155
<i>benzoyl per liq 5% wash</i>	155
<i>benzoyl per lot 6%</i>	155
<i>benzoyl pero kit acne pck</i>	155
<i>benzoyl peroxide foam 5.3%</i>	155
<i>benzoyl peroxide foam 9.8%</i>	155
<i>benzoyl peroxide gel 10%</i>	155
<i>benzoyl peroxide gel 5%</i>	155
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	155
BENZTROPINE MESYLATE INJ 1 MG/ML.....	57
<i>benztropine mesylate tab 0.5 mg</i>	57
<i>benztropine mesylate tab 1 mg</i>	57
<i>benztropine mesylate tab 2 mg</i>	57
BENZYL ALC LIQ.....	161
<i>benzyl perox lot clnsr 6%</i>	155
BEPREVE DRO 1.5%.....	135
<i>berocca tab</i>	120
BESIVANCE SUS 0.6%.....	134
BETADINE SKN SOL 7.5% CLR.....	161
BETADINE SOL 10%.....	161
BETADINE SRG SOL 7.5%.....	161
<i>betamethasone dipropionate augmented</i>	

cream 0.05% 159
betamethasone dipropionate augmented gel 0.05%.....159
betamethasone dipropionate augmented lotion 0.05% 159
 BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% 159
betamethasone dipropionate cream 0.05% 159
betamethasone dipropionate lotion 0.05% 159
betamethasone dipropionate oint 0.05% 159
betamethasone valerate cream 0.1% (base equivalent).....159
betamethasone valerate lotion 0.1% (base equivalent) 159
betamethasone valerate oint 0.1% (base equivalent) 159
 BETASERON INJ 0.3MG.....67
betaxolol hcl ophth soln 0.5% 136
bethanechol chloride tab 10 mg 97
bethanechol chloride tab 25 mg 97
bethanechol chloride tab 5 mg 97
bethanechol chloride tab 50 mg 97
 BETOPTIC-S SUS 0.25% OP 136
 BEVESPI AER 9-4.8MCG.....138
bexarotene cap 75 mg 29
 BEXSERO INJ 107
bicalutamide tab 50 mg 27
 BICILLIN L-A INJ 1200000 21
 BICILLIN L-A INJ 2400000 21
 BICILLIN L-A INJ 600000 21
 BICNU INJ 100MG.....23
 BILTRICIDE TAB 600MG 9
 BIO-35 GLUTE CAP FREE 120
 BIOCAL CAP 120
bion tears sol op 136
 BIOSUPP LIQ.....120
 BIOTECT PLUS LIQ.....120
biotin plus/ tab cal/vitd.....120
bisac-evac sup 10mg.....90
bisacodyl suppos 10 mg.....90
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit.....91
bisacodyl tab 5mg ec.....91
biscolax sup 10mg 91
bismatrol sus 262/15ml 86

bismatrol sus 525/15ml 86
bismuth ms sus 525/15ml 86
bisoprolol & hydrochlorothiazide tab 10-6.25 mg..... 39
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg..... 39
bisoprolol & hydrochlorothiazide tab 5-6.25 mg..... 39
bisoprolol fumarate tab 10 mg 39
bisoprolol fumarate tab 5 mg..... 39
 BIVIGAM INJ 10% 104
bleomycin sulfate for inj 15 unit..... 24
bleomycin sulfate for inj 30 unit..... 24
blephamide oin s.o.p. 134
blisovi fe tab 1.5/30 75
blisovi fe tab 1/20 75
 BOOSTRIX INJ 107
 BOSULIF TAB 100MG 27
 BOSULIF TAB 500MG 28
bpo creamy kit 4% wash..... 155
 BPO CREAMY KIT 8% WASH 155
 BREO ELLIPTA INH 100-25 154
 BREO ELLIPTA INH 200-25 154
briellyn tab..... 75
 BRILINTA TAB 60MG..... 103
 BRILINTA TAB 90MG..... 103
 BRIMONIDINE TARTRATE OPHTH SOLN 0.15% 136
brimonidine tartrate ophth soln 0.2% 136
 BRIVIACT INJ 50MG/5ML 47
 BRIVIACT SOL 10MG/ML 47
 BRIVIACT TAB 100MG..... 47
 BRIVIACT TAB 10MG 47
 BRIVIACT TAB 25MG 47
 BRIVIACT TAB 50MG 47
 BRIVIACT TAB 75MG 47
bromfed dm syp..... 142
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 135
bromfenac sodium ophth soln 0.09% (base equivalent) 135
bromocriptine mesylate cap 5 mg (base equivalent)..... 58
bromocriptine mesylate tab 2.5 mg (base equivalent)..... 58
 BROMSITE DRO 0.075% 135
brotapp dm liq 15-1-5/5 142
brotapp liq 142

BROVEX PEB LIQ	142
<i>budesonide delayed release particles cap</i>	
<i>3 mg</i>	90
<i>budesonide inhalation susp 0.25 mg/2ml</i>	
.....	154
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	154
<i>bumetanide inj 0.25 mg/ml</i>	43
<i>bumetanide tab 0.5 mg</i>	43
<i>bumetanide tab 1 mg</i>	43
<i>bumetanide tab 2 mg</i>	43
BUPHENYL TAB 500MG	79
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv)</i>	68
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv)</i>	69
<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>0.5 mg (base equiv)</i>	69
<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>2 mg (base equiv)</i>	69
<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>12hr 150 mg</i>	69
<i>bupropion hcl tab 100 mg</i>	54
<i>bupropion hcl tab 75 mg</i>	54
<i>bupropion hcl tab er 12hr 100 mg</i>	54
<i>bupropion hcl tab er 12hr 150 mg</i>	54
<i>bupropion hcl tab er 12hr 200 mg</i>	54
<i>bupropion hcl tab er 24hr 150 mg</i>	54
<i>bupropion hcl tab er 24hr 300 mg</i>	54
<i>buspirone hcl tab 10 mg</i>	46
<i>buspirone hcl tab 15 mg</i>	46
<i>buspirone hcl tab 30 mg</i>	46
<i>buspirone hcl tab 5 mg</i>	46
<i>buspirone hcl tab 7.5 mg</i>	46
<i>busulfan inj 6 mg/ml</i>	23
BUSULFEX INJ 6MG/ML.....	23
<i>butorphanol tartrate inj 1 mg/ml</i>	5
<i>butorphanol tartrate inj 2 mg/ml</i>	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.....	71
BYDUREON PEN INJ 2MG	71
BYETTA INJ 10MCG	71
BYETTA INJ 5MCG.....	71
BYSTOLIC TAB 10MG.....	39

BYSTOLIC TAB 2.5MG	39
BYSTOLIC TAB 20MG	39
BYSTOLIC TAB 5MG.....	39
C	
<i>ca cit/vit d tab 315/200</i>	112
<i>ca cit/vit d tab 315/250</i>	112
<i>ca citrate tab + d</i>	112
CA CITRATE TAB 250MG	112
<i>ca citrate tab plus d</i>	112
CA LACTATE TAB 100MG	112
<i>ca/d/mineral tab</i>	112
<i>ca/d/mineral tab 600-200</i>	112
<i>cabergoline tab 0.5 mg</i>	82
CABOMETYX TAB 20MG.....	28
CABOMETYX TAB 40MG.....	28
CABOMETYX TAB 60MG.....	28
<i>calc 600+d tab 600-800</i>	112
<i>calc 600+d+ tab minerals</i>	112
<i>calc 600+d3 tab minerals</i>	112
<i>calc cit+d3 tab 250-200</i>	112
<i>calc citr/d tab 315-250</i>	113
<i>calc citr/d3 tab 200-250</i>	113
<i>calc citr+d tab 315-250</i>	113
<i>calc citr+d3 tab 200-250</i>	113
<i>calc citrate tab +d</i>	113
CALC CITRATE TAB 200MG.....	113
CALC GUMMIES CHW CHILD	113
CALC/VIT D3 CHW DISNEY.....	113
<i>calcarb 600 tab</i>	113
<i>calcet plus tab</i>	120
CALCI-CHEW CHW 1250MG.....	113
<i>calcidol dro 8000/ml</i>	120
<i>calciferol dro 8000/ml</i>	120
CALCI-MIX CAP 1250MG	113
CALCIONATE SYP 1.8GM/5	113
<i>calcipotriene cream 0.005%</i>	158
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	158
<i>calcitonin (salmon) nasal soln 200</i>	
<i>unit/act</i>	82
<i>calcitrate tab</i>	113
<i>calcitrate tab 950mg</i>	113
CAL-CITRATE TAB PLUS D	112
<i>calcitriol cap 0.25 mcg</i>	120
<i>calcitriol cap 0.5 mcg</i>	120
<i>calcitriol inj 1 mcg/ml</i>	120
<i>calcitriol oral soln 1 mcg/ml</i>	120
<i>calcium + d tab</i>	113

<i>calcium + d tab 600-200</i>	113	<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	114
<i>calcium +d tab maximum</i>	113	<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	114
<i>calcium +d3 tab maximum</i>	113	<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	114
<i>CALCIUM 1000 TAB + D</i>	113	<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	114
<i>calcium 1200 chw</i>	113	<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	114
<i>calcium 500 tab /vit d</i>	113	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	114
<i>calcium 500 tab +d</i>	113	<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	113
<i>calcium 600 chw +d/miner</i>	113	<i>CALCIUM CHW GUMMIES</i>	114
<i>calcium 600 chw +d/mnrsls</i>	113	<i>calcium cit/ tab vit d</i>	114
<i>calcium 600 chw w/vit d</i>	113	<i>CALCIUM CIT/ TAB VIT D</i>	114
<i>calcium 600 tab</i>	113	<i>calcium citr tab +d</i>	114
<i>calcium 600 tab + d</i>	113	<i>calcium citr tab plus d-3</i>	114
<i>calcium 600 tab +d</i>	113	<i>calcium citr tab w/vit d3</i>	114
<i>calcium 600 tab +d/mnrsls</i>	113	<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	114
<i>calcium 600 tab +d3</i>	113	<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	114
<i>calcium 600 tab -d</i>	113	<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	114
<i>calcium 600 tab vit d/mi</i>	113	<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	114
<i>calcium 600/ tab vit d</i>	113	<i>CALCIUM GRA CITRATE</i>	115
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	83	<i>CALCIUM LACT TAB 648MG</i>	115
<i>calcium acetate (phosphate binder) tab 667 mg</i>	83	<i>calcium plus cap d3</i>	115
<i>CALCIUM CARB CHW 260MG</i>	113	<i>calcium plus tab 600 +d</i>	115
<i>CALCIUM CARB POW 800/2GM</i>	113	<i>calcium polycarbophil tab 625 mg</i>	91
<i>calcium carb tab 1250mg</i>	113	<i>calcium tab 500/d</i>	115
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	113	<i>calcium tab 500+d</i>	115
<i>calcium carbonate (antacid) tab 648 mg</i>	85	<i>calcium tab 600mg</i>	115
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	113	<i>CALCIUM TAB 600MG</i>	115
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	114	<i>calcium tab vit d</i>	115
<i>calcium carbonate tab 600 mg</i>	113	<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	115
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	114	<i>calcium/d chw 500-400</i>	115
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	114	<i>calcium/d tab 500-200</i>	115
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	114	<i>calcium/d tab 500-400</i>	115
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	114	<i>calcium/d tab 500mg</i>	115
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	114	<i>calcium/d tab 600-200</i>	115
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	114	<i>calcium/d tab 600-400</i>	115
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	114		

<i>calcium/d tab 600-800</i>	115	<i>mg</i>	31
<i>calcium/d3 cap 600-500</i>	115	<i>captopril tab 100 mg</i>	32
<i>calcium/d3 tab</i>	115	<i>captopril tab 12.5 mg</i>	32
<i>calcium/d3 tab 600-800</i>	115	<i>captopril tab 25 mg</i>	32
<i>calcium/vita tab d3</i>	115	<i>captopril tab 50 mg</i>	32
CALCIUM/VITD CAP 600-400	115	CARBAGLU TAB 200MG	79
<i>calcium+d tab 600-400</i>	115	<i>carbamazepine cap er 12hr 100 mg</i>	47
<i>calcium+d tab 600-800</i>	115	<i>carbamazepine cap er 12hr 200 mg</i>	47
<i>calcium+d3 tab 315-250</i>	115	<i>carbamazepine cap er 12hr 300 mg</i>	47
<i>calcium+d3 tab 600-400</i>	115	<i>carbamazepine chew tab 100 mg</i>	47
<i>calcium+d3 tab 600-800</i>	115	<i>carbamazepine susp 100 mg/5ml</i>	47
CAL-MINT CHW 260MG	112	<i>carbamazepine tab 200 mg</i>	47
<i>calphron tab 667mg</i>	115	<i>carbamazepine tab er 12hr 100 mg</i>	47
CAL-QUICK LIQ 500-400	112	<i>carbamazepine tab er 12hr 200 mg</i>	47
CALTRATE + D TAB 300-800	115	<i>carbamazepine tab er 12hr 400 mg</i>	47
CALTRATE +D TAB 600-800	115	<i>carbidopa & levodopa orally</i>	
CALTRATE 600 CHW +D PLUS	115	<i>disintegrating tab 10-100 mg</i>	58
CALTRATE 600 CHW 600-800	115	<i>carbidopa & levodopa orally</i>	
<i>caltrate 600 tab</i>	115	<i>disintegrating tab 25-100 mg</i>	58
CALTRATE+D TAB 600-800	115	<i>carbidopa & levodopa orally</i>	
<i>camila tab 0.35mg</i>	75	<i>disintegrating tab 25-250 mg</i>	58
CANASA SUP 1000MG	90	<i>carbidopa & levodopa tab 10-100 mg</i> .	58
CANCIDAS INJ 50MG	11	<i>carbidopa & levodopa tab 25-100 mg</i> .	58
CANCIDAS INJ 70MG	11	<i>carbidopa & levodopa tab 25-250 mg</i> .	58
<i>candesartan cilexetil tab 16 mg</i>	35	<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>candesartan cilexetil tab 32 mg</i>	35	.....	58
<i>candesartan cilexetil tab 4 mg</i>	35	<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>candesartan cilexetil tab 8 mg</i>	35	.....	58
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 16-12.5 mg</i>	34	TABS 12.5-50-200 MG	58
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 32-12.5 mg</i>	34	TABS 18.75-75-200 MG	58
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 32-25 mg</i>	34	TABS 25-100-200 MG	58
CAPASTAT SUL INJ 1GM	15	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPCOF SYP 5-2-10MG	142	TABS 31.25-125-200 MG	58
CAPMIST DM TAB	142	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPRELSA TAB 100MG	28	TABS 37.5-150-200 MG	58
CAPRELSA TAB 300MG	28	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPRON DM LIQ	142	TABS 50-200-200 MG	58
<i>capsaicin cream 0.025%</i>	161	<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>captopril & hydrochlorothiazide tab 25-15</i>		<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>mg</i>	31	<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>captopril & hydrochlorothiazide tab 25-25</i>		<i>carboplatin iv soln 600 mg/60ml</i>	30
<i>mg</i>	31	CARDENZ TAB	120
<i>captopril & hydrochlorothiazide tab 50-15</i>		CARIMUNE NF INJ 12GM	104
<i>mg</i>	31	CARIMUNE NF INJ 6GM	104
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carisoprodol tab 350 mg</i>	68

<i>carravite tab</i>	120	<i>cefpodoxime proxetil tab 200 mg</i>	18
CARRINGTON CRE /ZINC	161	<i>cefprozil for susp 125 mg/5ml</i>	18
CARRINGTON CRE MOISTURE	161	<i>cefprozil for susp 250 mg/5ml</i>	18
<i>carteolol hcl ophth soln 1%</i>	136	<i>cefprozil tab 250 mg</i>	18
<i>carvedilol tab 12.5 mg</i>	39	<i>cefprozil tab 500 mg</i>	18
<i>carvedilol tab 25 mg</i>	39	<i>ceftazidime for inj 1 gm</i>	18
<i>carvedilol tab 3.125 mg</i>	39	<i>ceftazidime for inj 2 gm</i>	18
<i>carvedilol tab 6.25 mg</i>	39	<i>ceftazidime for inj 6 gm</i>	18
CASPOFUNGIN INJ 50MG	11	CEFTAZIDIME/ SOL D5W 1GM	18
CASPOFUNGIN INJ 70MG	11	CEFTAZIDIME/ SOL D5W 2GM	18
<i>castor laxat oil 100%</i>	91	<i>ceftriaxone sodium for inj 1 gm</i>	18
CASTOR OIL	118	<i>ceftriaxone sodium for inj 10 gm</i>	18
CAYSTON INH 75MG	9	<i>ceftriaxone sodium for inj 2 gm</i>	18
<i>cefaclor cap 250 mg</i>	17	<i>ceftriaxone sodium for inj 250 mg</i>	18
<i>cefaclor cap 500 mg</i>	17	<i>ceftriaxone sodium for inj 500 mg</i>	18
<i>cefaclor er tab 500mg</i>	17	<i>ceftriaxone sodium for iv soln 1 gm</i>	18
<i>cefaclor for susp 125 mg/5ml</i>	17	<i>ceftriaxone sodium for iv soln 2 gm</i>	18
<i>cefaclor for susp 250 mg/5ml</i>	17	<i>cefuroxime axetil tab 250 mg</i>	18
<i>cefaclor for susp 375 mg/5ml</i>	17	<i>cefuroxime axetil tab 500 mg</i>	18
<i>cefadroxil cap 500 mg</i>	17	<i>cefuroxime sodium for inj 1.5 gm</i>	18
<i>cefadroxil for susp 250 mg/5ml</i>	17	<i>cefuroxime sodium for inj 7.5 gm</i>	18
<i>cefadroxil for susp 500 mg/5ml</i>	17	<i>cefuroxime sodium for inj 750 mg</i>	18
<i>cefadroxil tab 1 gm</i>	17	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	18
<i>cefazolin inj 1gm/50ml</i>	17	<i>celecoxib cap 100 mg</i>	3
<i>cefazolin sodium for inj 1 gm</i>	17	<i>celecoxib cap 200 mg</i>	3
<i>cefazolin sodium for inj 10 gm</i>	17	<i>celecoxib cap 400 mg</i>	3
<i>cefazolin sodium for inj 20 gm</i>	17	<i>celecoxib cap 50 mg</i>	3
<i>cefazolin sodium for inj 500 mg</i>	17	CELONTIN CAP 300MG	47
<i>cefazolin sodium for iv soln 1 gm</i>	17	<i>cent cardio tab hlth for</i>	120
CEFAZOLIN SOL	17	<i>centamin liq</i>	120
<i>cefdinir cap 300 mg</i>	17	<i>centavite az tab minerals</i>	120
<i>cefdinir for susp 125 mg/5ml</i>	17	<i>centavite liq</i>	120
<i>cefdinir for susp 250 mg/5ml</i>	17	<i>central-vite tab perform</i>	120
<i>cefepime hcl for inj 1 gm</i>	17	CENTRAL-VITE TAB UNDER 50	120
<i>cefepime hcl for inj 2 gm</i>	17	<i>central-vite tab wmn's mat</i>	120
<i>cefixime for susp 100 mg/5ml</i>	17	<i>centravites tab</i>	120
<i>cefixime for susp 200 mg/5ml</i>	17	<i>centravites tab 50 plus</i>	121
<i>cefotaxime sodium for inj 1 gm</i>	17	CENTRUM CHW	121
<i>cefotaxime sodium for inj 2 gm</i>	17	CENTRUM CHW FLAV BST	121
<i>cefotaxime sodium for inj 500 mg</i>	17	CENTRUM CHW SILVER	121
<i>cefoxitin sodium for inj 10 gm</i>	17	CENTRUM KIDS CHW FLAV BST	121
<i>cefoxitin sodium for iv soln 1 gm</i>	18	CENTRUM LIQ	121
<i>cefoxitin sodium for iv soln 2 gm</i>	18	CENTRUM SILV TAB ADULT 50	121
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	18	CENTRUM SPEC TAB HEART	121
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	18	CENTRUM SPEC TAB VISION	121
<i>cefpodoxime proxetil tab 100 mg</i>	18	CENTRUM TAB	121
		CENTRUM TAB CARDIO	121
		CENTRUM TAB SILVER	121

CENTRUM TAB ULTRA.....	121	<i>chld silapap liq 160/5ml</i>	2
<i>century tab</i>	121	<i>chlds mapap tab 80mg rt</i>	2
<i>century tab mature</i>	121	<i>chlorhexidine gluconate soln 0.12%..</i>	164
<i>cephalexin cap 250 mg</i>	18	<i>chloroquine phosphate tab 250 mg.....</i>	12
<i>cephalexin cap 500 mg</i>	18	<i>chloroquine phosphate tab 500 mg.....</i>	12
<i>cephalexin for susp 125 mg/5ml</i>	18	<i>chlorothiazide tab 250 mg</i>	43
<i>cephalexin for susp 250 mg/5ml</i>	18	<i>chlorothiazide tab 500 mg</i>	43
CERALYTE 70 LIQ.....	108	<i>chlorphen sr tab 12mg</i>	139
CERDELGA CAP 84MG.....	79	<i>chlorphenir tab 4mg</i>	139
CEREZYME INJ 400UNIT	79	<i>chlorpheniramine maleate tab 4 mg .</i>	139
<i>cerovite liq advanced.....</i>	121	<i>chlorpheniramine maleate tab er 12 mg</i>	
<i>cerovite tab advanced</i>	121	<i>.....</i>	139
<i>cerovite tab senior</i>	121	<i>chlorpromaz inj 25mg/ml</i>	59
<i>certa plus tab</i>	121	<i>chlorpromaz inj 50mg/2ml</i>	59
<i>certagen tab.....</i>	121	<i>chlorpromazine hcl tab 10 mg</i>	59
<i>certa-vite liq</i>	121	<i>chlorpromazine hcl tab 100 mg</i>	59
<i>certavite liq antioxid.....</i>	121	<i>chlorpromazine hcl tab 200 mg</i>	60
CERTAVITE TAB SENIOR.....	121	<i>chlorpromazine hcl tab 25 mg</i>	59
<i>certavite/ tab antioxid</i>	121	<i>chlorpromazine hcl tab 50 mg</i>	59
<i>cetirizine hcl chew tab 10 mg</i>	139	<i>chlorthalidone tab 25 mg</i>	43
<i>cetirizine hcl chew tab 5 mg</i>	139	<i>chlorthalidone tab 50 mg</i>	43
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>cholecalciferol cap 1000 unit.....</i>	121
<i>mg/5ml)</i>	139	<i>cholecalciferol cap 10000 unit.....</i>	121
<i>cetirizine hcl tab 10 mg</i>	139	<i>cholecalciferol cap 2000 unit.....</i>	121
<i>cetirizine hcl tab 5 mg</i>	139	<i>cholecalciferol cap 400 unit</i>	121
<i>cetirizine sol 5mg/5ml</i>	139	<i>cholecalciferol cap 5000 unit.....</i>	121
<i>cetirizine syp 1mg/ml</i>	139	<i>cholecalciferol cap 50000 unit.....</i>	121
<i>cetirizine-pseudoephedrine tab er 12hr</i>		<i>cholecalciferol chew tab 1000 unit....</i>	121
<i>5-120 mg</i>	143	<i>cholecalciferol chew tab 400 unit.....</i>	121
<i>cevimeline hcl cap 30 mg.....</i>	164	<i>cholecalciferol tab 1000 unit</i>	121
<i>cgh/cold day liq delsym</i>	143	<i>cholecalciferol tab 2000 unit</i>	121
CHANTIX PAK 0.5& 1MG	69	<i>cholecalciferol tab 400 unit.....</i>	121
CHANTIX PAK 1MG.....	69	<i>cholecalciferol tab 5000 unit</i>	121
CHANTIX TAB 0.5MG.....	69	<i>cholestyramine light powder 4 gm/dose</i>	
CHANTIX TAB 1MG.....	69	<i>.....</i>	38
CHEMET CAP 100MG	74	<i>cholestyramine light powder packets 4</i>	
<i>cheratussin sol dac.....</i>	143	<i>gm</i>	38
<i>cheratussin syp 100-10/5</i>	143	<i>cholestyramine powder 4 gm/dose</i>	38
<i>chest conges tab 20-400mg</i>	143	<i>cholestyramine powder packets 4 gm .</i>	38
<i>chest conges tab 400mg</i>	143	CHROMIC CHLORIDE INJ 40 MCG/10ML	
<i>chest conges tab relf dm.....</i>	143	<i>(4 MCG/ML) (ELEMENTAL CR)</i>	110
<i>chest congst tab rlf pe</i>	143	<i>ciclopirox gel 0.77%</i>	157
CHEWABLE CHW CALCIUM.....	115	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>child asa chw 81mg.....</i>	1	<i>equiv).....</i>	157
<i>child asa ls chw 81mg</i>	1	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>chld allergy liq 12.5/5ml</i>	139	<i>equiv).....</i>	157
<i>chld ibuprfrn dro 40mg/ml</i>	3	<i>ciclopirox shampoo 1%</i>	157
<i>chld pain rl tab 80mg</i>	1	<i>cilostazol tab 100 mg.....</i>	103

<i>cilostazol tab 50 mg</i>	103	<i>claravis cap 20mg</i>	156
CILOXAN OIN 0.3% OP.....	134	<i>claravis cap 30mg</i>	156
CINRYZE SOL 500 UNIT	103	<i>claravis cap 40mg</i>	156
CIPRODEX SUS 0.3-0.1%	164	<i>clarithromycin for susp 125 mg/5ml</i> ...	19
<i>ciprofloxacin 200 mg/100ml in d5w</i>	19	<i>clarithromycin for susp 250 mg/5ml</i> ...	19
<i>ciprofloxacin 400 mg/200ml in d5w</i>	19	<i>clarithromycin tab 250 mg</i>	19
<i>ciprofloxacin for oral susp 250 mg/5ml</i> <i>(5%) (5 gm/100ml)</i>	19	<i>clarithromycin tab 500 mg</i>	19
<i>ciprofloxacin for oral susp 500 mg/5ml</i> <i>(10%) (10 gm/100ml)</i>	19	<i>clarithromycin tab er 24hr 500 mg</i>	19
<i>ciprofloxacin hcl ophth soln 0.3%</i>	134	<i>cld head cng tab nighttim</i>	143
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	19	<i>clearlax pow</i>	91
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19	<i>clemastine fumarate tab 1.34 mg (1 mg</i> <i>base equiv)</i>	139
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19	<i>clindamycin hcl cap 150 mg</i>	9
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19	<i>clindamycin hcl cap 300 mg</i>	9
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	19	<i>clindamycin hcl cap 75 mg</i>	9
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	19	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	9
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i> <i>1000 mg(base eq)</i>	20	<i>clindamycin phosphate gel 1%</i>	156
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i> <i>500 mg (base eq)</i>	20	<i>clindamycin phosphate in d5w iv soln</i> <i>300 mg/50ml</i>	9
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	30	<i>clindamycin phosphate in d5w iv soln</i> <i>600 mg/50ml</i>	9
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	30	<i>clindamycin phosphate in d5w iv soln</i> <i>900 mg/50ml</i>	9
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	30	<i>clindamycin phosphate inj 300 mg/2ml</i> .	9
<i>cit calc/d tab 315-250</i>	115	<i>clindamycin phosphate inj 600 mg/4ml</i> .	9
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	54	<i>clindamycin phosphate inj 9 gm/60ml</i> ...	9
<i>citalopram hydrobromide tab 10 mg</i> <i>(base equiv)</i>	54	<i>clindamycin phosphate inj 900 mg/6ml</i> .	9
<i>citalopram hydrobromide tab 20 mg</i> <i>(base equiv)</i>	54	<i>clindamycin phosphate iv soln 300</i> <i>mg/2ml</i>	10
<i>citalopram hydrobromide tab 40 mg</i> <i>(base equiv)</i>	54	<i>clindamycin phosphate iv soln 900</i> <i>mg/6ml</i>	10
CITRACAL CAL CHW GUMMIES	115	<i>clindamycin phosphate lotion 1%</i>	156
CITRACAL TAB MAXIMUM.....	115	<i>clindamycin phosphate soln 1%</i>	156
CITRACAL TAB VIT D.....	115	<i>clindamycin phosphate swab 1%</i>	156
CITRACAL+D3 CHW 250-500	115	<i>clindamycin phosphate vaginal cream 2%</i>	98
CITRACAL+D3 TAB MAXIMUM	115	CLINDMYC/NAC INJ 300/50ML	10
CITRUCEL TAB 500MG	91	CLINDMYC/NAC INJ 600/50ML	10
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	24	CLINDMYC/NAC INJ 900/50ML	10
<i>claravis cap 10mg</i>	155	CLINIMIX INJ 2.75/D5W	110
		CLINIMIX INJ 4.25/D10	110
		CLINIMIX INJ 4.25/D20	110
		CLINIMIX INJ 4.25/D25	110
		CLINIMIX INJ 4.25/D5W	110
		CLINIMIX INJ 5%/D15W	110
		CLINIMIX INJ 5%/D20W	110
		CLINIMIX INJ 5%/D25W	110

<i>clomipramine hcl cap 25 mg</i>	54	<i>clozapine tab 200 mg</i>	60
<i>clomipramine hcl cap 50 mg</i>	54	<i>clozapine tab 25 mg</i>	60
<i>clomipramine hcl cap 75 mg</i>	54	<i>clozapine tab 50 mg</i>	60
<i>clonazepam orally disintegrating tab</i>		COARTEM TAB 20-120MG.....	12
<i>0.125 mg</i>	47	CODITUSS DM SYP	143
<i>clonazepam orally disintegrating tab 0.25</i>		<i>coenzyme q10 cap 100 mg</i>	118
<i>mg</i>	47	COLACE CAP 100MG	91
<i>clonazepam orally disintegrating tab 0.5</i>		COLACE CLEAR CAP 50 MG.....	91
<i>mg</i>	47	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
<i>clonazepam orally disintegrating tab 1</i>		.....	1
<i>mg</i>	47	COLCRYS TAB 0.6MG.....	1
<i>clonazepam orally disintegrating tab 2</i>		<i>cold & flu liq day time</i>	143
<i>mg</i>	47	<i>cold & flu tab daytime</i>	143
<i>clonazepam tab 0.5 mg</i>	47	<i>cold & sinus tab relief</i>	143
<i>clonazepam tab 1 mg</i>	47	<i>cold head pak day/nght</i>	143
<i>clonazepam tab 2 mg</i>	47	<i>cold head tab cong dt</i>	143
<i>clonidine hcl tab 0.1 mg</i>	44	<i>cold head tab congesti</i>	143
<i>clonidine hcl tab 0.2 mg</i>	44	<i>cold multi-s tab nighttim</i>	143
<i>clonidine hcl tab 0.3 mg</i>	44	<i>cold mult-sy tab daytime</i>	143
<i>clonidine hcl td patch weekly 0.1</i>		<i>cold mult-sy tab sevr day</i>	143
<i>mg/24hr</i>	44	<i>cold relief tab multi-s</i>	143
<i>clonidine hcl td patch weekly 0.2</i>		<i>cold relief tab multi-sy</i>	143
<i>mg/24hr</i>	44	<i>cold relief tab plus</i>	143
<i>clonidine hcl td patch weekly 0.3</i>		<i>cold/allergy elx children</i>	143
<i>mg/24hr</i>	44	<i>cold/allergy tab 4-10mg</i>	143
<i>clopidogrel bisulfate tab 75 mg (base</i>		<i>cold/cgh/flu pow daytime</i>	143
<i>equiv)</i>	103	<i>cold/cough elx child</i>	143
<i>clorazepate dipotassium tab 15 mg</i>	48	<i>cold/cough elx dm child</i>	143
<i>clorazepate dipotassium tab 3.75 mg</i> ..	48	<i>colestipol hcl granule packets 5 gm</i>	38
<i>clorazepate dipotassium tab 7.5 mg</i>	48	<i>colestipol hcl granules 5 gm</i>	38
<i>clotrimazole cre 1%</i>	157	<i>colestipol hcl tab 1 gm</i>	38
<i>clotrimazole cre 1% vag</i>	98	<i>colistimethate sodium for inj 150 mg</i> ..	10
CLOTTRIMAZOLE CRE 3 DAY	98	COMBIGAN SOL 0.2/0.5%	136
<i>clotrimazole cream 1%</i>	157	COMBIVENT AER 20-100	138
<i>clotrimazole soln 1%</i>	157	COMETRIQ KIT 100MG.....	28
<i>clotrimazole troche 10 mg</i>	164	COMETRIQ KIT 140MG.....	28
<i>clotrimazole vaginal cream 1%</i>	98	COMETRIQ KIT 60MG	28
CLOZAPINE ORALLY DISINTEGRATING		<i>comp allergy cap 25mg</i>	139
TAB 100 MG	60	<i>comp allergy tab 25mg</i>	139
CLOZAPINE ORALLY DISINTEGRATING		<i>comp multivi liq mineral</i>	121
TAB 12.5 MG	60	<i>companion tab</i>	121
CLOZAPINE ORALLY DISINTEGRATING		<i>compete tab</i>	121
TAB 150 MG	60	<i>comple multi tab adlt 50+</i>	121
CLOZAPINE ORALLY DISINTEGRATING		COMPLERA TAB.....	15
TAB 200 MG	60	COMPLETE 50+ TAB MENS	121
CLOZAPINE ORALLY DISINTEGRATING		<i>complete 50+ tab multi</i>	121
TAB 25 MG.....	60	COMPLETE 50+ TAB WOMENS	121
<i>clozapine tab 100 mg</i>	60	COMPLETE CAP FORMULAT	122

<i>complete kit lice</i>	163	<i>cvs d3 cap 2000unit</i>	122
<i>complete tab</i>	122	<i>cvs d3 cap 400unit</i>	122
<i>complete tab senior</i>	122	<i>cvs d3 cap 5000unit</i>	122
<i>compro sup 25mg</i>	87	<i>cvs daily chw gummies</i>	122
CONCEPTIONXR MIS MOTILITY.....	122	<i>cvs daily tab energy</i>	122
CONEX SOL CLD/ALRG	143	<i>cvs daily tab fe/ca/zn</i>	122
CONEX TAB 2-60MG.....	143	<i>cvs daily tab multiple</i>	122
<i>constulose sol 10gm/15</i>	91	<i>cvs electrol sol</i>	108
COPAXONE INJ 40MG/ML.....	68	<i>cvs fish oil cap 1000mg</i>	118
<i>cortisone acetate tab 25 mg</i>	80	<i>cvs fish oil cap 1200mg</i>	118
COTELLIC TAB 20MG	28	<i>cvs glucose gel 40%</i>	81
<i>cough & cold tab</i>	143	<i>cvs iron tab 27mg</i>	101
<i>cough & sore liq thrt day</i>	143	<i>cvs iron tab 325mg</i>	101
<i>cough cont liq dm max</i>	143	CVS NASAL SPR MIST	153
<i>cough dm sus 30mg/5ml</i>	143	<i>cvs vision tab formula</i>	122
<i>cough syp 100/5ml</i>	143	<i>cyanocobalamin inj 1000 mcg/ml</i>	122
<i>cough tab tab 200mg</i>	143	<i>cyclafem tab 1/35</i>	75
COUMADIN TAB 10MG	99	<i>cyclafem tab 7/7/7</i>	75
COUMADIN TAB 1MG.....	99	<i>cyclobenzaprine hcl tab 10 mg</i>	68
COUMADIN TAB 2.5MG.....	99	<i>cyclobenzaprine hcl tab 5 mg</i>	68
COUMADIN TAB 2MG.....	99	CYCLOPHOSPH CAP 25MG	23
COUMADIN TAB 3MG.....	99	CYCLOPHOSPH CAP 50MG	23
COUMADIN TAB 4MG.....	99	<i>cyclophosphamide for inj 1 gm</i>	23
COUMADIN TAB 5MG.....	99	<i>cyclophosphamide for inj 2 gm</i>	23
COUMADIN TAB 6MG.....	99	<i>cyclophosphamide for inj 500 mg</i>	23
COUMADIN TAB 7.5MG	99	<i>cycloserine cap 250 mg</i>	15
CREON CAP 12000UNT	96	<i>cyclosporine cap 100 mg</i>	106
CREON CAP 24000UNT	96	<i>cyclosporine cap 25 mg</i>	106
CREON CAP 3000UNIT.....	96	<i>cyclosporine iv soln 50 mg/ml</i>	106
CREON CAP 36000UNT	96	<i>cyclosporine modified cap 100 mg</i>	106
CREON CAP 6000UNIT.....	96	<i>cyclosporine modified cap 25 mg</i>	106
<i>critic-aid oin 2%</i>	157	<i>cyclosporine modified cap 50 mg</i>	106
CRITIC-AID OIN CLEAR	161	<i>cyclosporine modified oral soln 100</i>	
CRIXIVAN CAP 200MG	13	<i>mg/ml</i>	106
CRIXIVAN CAP 400MG	13	<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	139
<i>cromolyn sodium nasal aerosol soln 5.2</i>		<i>cyproheptadine hcl tab 4 mg</i>	140
<i>mg/act (4%)</i>	143	CYSTADANE POW	79
<i>cromolyn sodium ophth soln 4%</i>	135	CYSTAGON CAP 150MG.....	79
<i>cromolyn sodium oral conc 100 mg/5ml</i>		CYSTAGON CAP 50MG	79
.....	95	CYSTARAN SOL 0.44%.....	136
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>cytarabine inj 20 mg/ml</i>	24
.....	152	D	
<i>cryselle-28 tab 28 tabs</i>	75	<i>d 1000 cap 1000unit</i>	122
CUBICIN SOL 500MG.....	10	<i>d 1000 chw 1000unit</i>	122
CUPRIC CHLORIDE INJ 0.4 MG/ML	110	<i>d 1000 tab 1000unit</i>	122
<i>cvd d3 chw 1000unit</i>	122	<i>d 2000 tab 2000unit</i>	122
<i>cvs calcium tab 600mg</i>	115	<i>d 400 tab 400unit</i>	122
<i>cvs d3 cap 1000unit</i>	122	D10W/NACL INJ 0.2%	110

<i>d3 adult chw 1000unit</i>	122	<i>dapsone tab 100 mg</i>	10
<i>d3 cap 1000unit</i>	122	<i>dapsone tab 25 mg</i>	10
<i>d-3 gummy chw 400unit</i>	122	DAPTACEL INJ	107
<i>d3 kids chw 400unit</i>	122	<i>daptomycin for iv soln 500 mg</i>	10
<i>d3 super str cap 2000unit</i>	122	<i>daunorubicin hcl inj 5 mg/ml (base</i>	
<i>d3-1000 cap 1000unit</i>	122	<i>equiv)</i>	23
<i>d3-50 cap 50000unt</i>	122	<i>day cold/flu cap 10-5-325</i>	143
<i>d-400 tab 400unit</i>	122	<i>day time cap 10-5-325</i>	143
D5W/LYTES INJ #48	110	DAY TIME CAP COLD/FLU	144
D5W/NACL INJ 0.3%.....	110	<i>day time liq cold/flu</i>	144
<i>dacarbazine for inj 100 mg</i>	23	<i>day time liq cough</i>	144
<i>dacarbazine for inj 200 mg</i>	23	<i>dayhist alrg tab 12 hour</i>	140
<i>daily combo tab</i>	122	<i>dayquil sev liq cold/flu</i>	144
<i>daily multi tab</i>	122	<i>dayquil sev tab cold/flu</i>	144
<i>daily multi tab men</i>	122	<i>daytime pe cap cold/flu</i>	144
<i>daily multi tab men 50+</i>	122	<i>deblitane tab 0.35mg</i>	75
<i>daily multi tab minerals</i>	122	DECARA CAP 25000UNT.....	123
<i>daily multi tab pls iron</i>	122	<i>decara cap 50000unt</i>	123
<i>daily multi tab vit/iron</i>	122	DECONEX DMX TAB.....	144
<i>daily multi tab vit/mens</i>	122	DECONEX IR TAB 10-380MG.....	144
<i>daily multi tab vit/min</i>	122	<i>decongestant sol 1%</i>	144
<i>daily multi tab vitamin</i>	122	<i>decongestant tab 120mg er</i>	144
<i>daily multi tab vitamins</i>	122	DECUBI-VITE CAP	123
<i>daily multi tab weight</i>	122	<i>deep sea spr 0.65%</i>	153
<i>daily multi tab women</i>	122	DEKAS CAP ESSENTIA	123
<i>daily multi tab womn 50+</i>	122	DEKAS PLUS CAP	123
<i>daily tab vitamin</i>	122	DELESTROGEN INJ 10MG/ML.....	79
<i>daily value tab multivit</i>	123	DELSYM CHILD SUS 30MG/5ML.....	144
<i>daily vit tab</i>	123	<i>delsym cough liq congs dm</i>	144
<i>daily vit tab +iron</i>	123	<i>delsym night liq cgh+cld</i>	144
<i>daily vit tab +mineral</i>	123	DELSYM SUS 30MG/5ML	144
<i>daily vit tab iron</i>	123	<i>delta d3 tab 400unit</i>	123
<i>daily vite tab</i>	123	<i>delyla tab 0.1-0.02</i>	75
<i>daily-vite tab</i>	123	DELZICOL CAP 400MG	90
<i>daily-vite/ tab iron</i>	123	DEMSEER CAP 250MG	44
DAKLINZA TAB 30MG	16	DEPEN TITRA TAB 250MG	74
DAKLINZA TAB 60MG	16	DEPO-PROVERA INJ 400/ML	27
DAKLINZA TAB 90MG	16	<i>dermacerin cre</i>	161
DALIRESP TAB 500MCG	153	DERMAGRAN BC CRE	161
<i>dallergy dro 1-2.5mg</i>	143	DERMAGRAN OIN	161
DALLERGY SYP	143	<i>dermamed oin</i>	161
DALLERGY TAB 1-5MG	143	<i>dermazinc sha 2%</i>	161
<i>danazol cap 100 mg</i>	78	DESCOVY TAB 200/25	15
<i>danazol cap 200 mg</i>	78	<i>desenex shak pow 2%</i>	157
<i>danazol cap 50 mg</i>	78	<i>desipramine hcl tab 10 mg</i>	54
<i>dantrolene sodium cap 100 mg</i>	68	<i>desipramine hcl tab 100 mg</i>	54
<i>dantrolene sodium cap 25 mg</i>	68	<i>desipramine hcl tab 150 mg</i>	54
<i>dantrolene sodium cap 50 mg</i>	68	<i>desipramine hcl tab 25 mg</i>	54

<i>desipramine hcl tab 50 mg</i>	54	<i>dexamethasone tab 1 mg</i>	80
<i>desipramine hcl tab 75 mg</i>	54	<i>dexamethasone tab 1.5 mg</i>	80
<i>desmopressin acetate inj 4 mcg/ml</i>	85	<i>dexamethasone tab 2 mg</i>	80
DESMOPRESSIN ACETATE NASAL SOLN		<i>dexamethasone tab 4 mg</i>	80
0.01% (REFRIGERATED).....	85	<i>dexamethasone tab 6 mg</i>	80
<i>desmopressin acetate nasal spray soln</i>		DEXILANT CAP 30MG DR.....	96
0.01%.....	85	DEXILANT CAP 60MG DR.....	96
<i>desmopressin acetate nasal spray soln</i>		<i>dexrazoxane for inj 250 mg</i>	30
0.01% (refrigerated).....	85	<i>dexrazoxane for inj 500 mg</i>	30
<i>desmopressin acetate tab 0.1 mg</i>	85	DEXTROMETHOR CRY MONOHYDR....	144
<i>desmopressin acetate tab 0.2 mg</i>	85	<i>dextromethorphan polistirex extended</i>	
<i>desogest-eth estrad & eth estrad tab</i>		<i>release susp 30 mg/5ml</i>	144
0.15-0.02/0.01 mg(21/5).....	75	<i>dextromethorphan-guaifenesin liquid 10-</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		<i>100 mg/5ml</i>	144
<i>0.025/0.15-0.025mg-mg</i>	75	<i>dextromethorphan-guaifenesin syrup 10-</i>	
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>100 mg/5ml</i>	144
<i>mg-30 mcg</i>	75	DEXTROSE 10% W/ SODIUM CHLORIDE	
<i>desoximetasone cream 0.05%</i>	159	0.45%.....	111
<i>desoximetasone cream 0.25%</i>	159	DEXTROSE 2.5% W/ SODIUM CHLORIDE	
<i>desoximetasone gel 0.05%</i>	159	0.45%.....	111
DESOXIMETASONE OINT 0.05%.....	159	DEXTROSE 5% IN LACTATED RINGERS	
<i>desoximetasone oint 0.25%</i>	159	.....	111
<i>desvenlafaxine succinate tab er 24hr 100</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	54	0.2%.....	111
<i>desvenlafaxine succinate tab er 24hr 25</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	54	0.225%.....	111
<i>desvenlafaxine succinate tab er 24hr 50</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	54	0.33%.....	111
DEX4 GLUCOSE CHW QK DISLV.....	81	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>dexamethason con 1mg/ml</i>	80	0.45%.....	111
<i>dexamethasone elixir 0.5 mg/5ml</i>	80	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>dexamethasone sod phosphate</i>		0.9%.....	111
<i>preservative free inj 10 mg/ml</i>	80	DEXTROSE INJ 10%.....	111
<i>dexamethasone sodium phosphate inj 10</i>		DEXTROSE INJ 5%.....	111
<i>mg/ml</i>	80	DEXTROSE INJ 50%.....	111
<i>dexamethasone sodium phosphate inj</i>		DEXTROSE INJ 70%.....	111
<i>100 mg/10ml</i>	80	DHS TAR GEL SHA 0.5%.....	161
<i>dexamethasone sodium phosphate inj</i>		DHS TAR SHA.....	161
<i>120 mg/30ml</i>	80	DHS ZINC SHA 2%.....	161
<i>dexamethasone sodium phosphate inj 20</i>		DIABET HLTH PAK SUPPORT.....	123
<i>mg/5ml</i>	80	DIABETES PAK HEALTH.....	123
<i>dexamethasone sodium phosphate inj 4</i>		<i>diabetic sup tab formula</i>	123
<i>mg/ml</i>	80	<i>diabetic tus liq 100/5ml</i>	144
<i>dexamethasone sodium phosphate ophth</i>		<i>diabetic tus liq dm</i>	144
<i>soln 0.1%</i>	135	<i>diabetic tus liq max st</i>	144
<i>dexamethasone soln 0.5 mg/5ml</i>	80	<i>diabets hlth tab formula</i>	123
<i>dexamethasone tab 0.5 mg</i>	80	<i>dialyvite d cap 5000unit</i>	123
<i>dexamethasone tab 0.75 mg</i>	80	<i>dialyvite tab 800/d</i>	123

DIASTAT ACDL GEL 12.5-20.....	48
DIASTAT ACDL GEL 5-10MG.....	48
DIASTAT PED GEL 2.5M GEL	48
<i>diazepam con 5mg/ml</i>	<i>48</i>
<i>diazepam inj 5 mg/ml</i>	<i>48</i>
<i>diazepam oral soln 1 mg/ml</i>	<i>48</i>
DIAZEPAM RECTAL GEL DELIVERY	
SYSTEM 10 MG.....	48
DIAZEPAM RECTAL GEL DELIVERY	
SYSTEM 2.5 MG.....	48
DIAZEPAM RECTAL GEL DELIVERY	
SYSTEM 20 MG.....	48
<i>diazepam tab 10 mg</i>	<i>48</i>
<i>diazepam tab 2 mg</i>	<i>48</i>
<i>diazepam tab 5 mg</i>	<i>48</i>
<i>diclofenac potassium tab 50 mg.....</i>	<i>3</i>
<i>diclofenac sodium gel 1%</i>	<i>161</i>
<i>diclofenac sodium ophth soln 0.1% ..</i>	<i>135</i>
<i>diclofenac sodium tab delayed release 25</i>	<i>mg..... 3</i>
<i>diclofenac sodium tab delayed release 50</i>	<i>mg..... 3</i>
<i>diclofenac sodium tab delayed release 75</i>	<i>mg..... 3</i>
<i>diclofenac sodium tab er 24hr 100 mg..</i>	<i>3</i>
<i>dicloxacillin sodium cap 250 mg.....</i>	<i>21</i>
<i>dicloxacillin sodium cap 500 mg.....</i>	<i>21</i>
<i>dicyclomine hcl cap 10 mg</i>	<i>89</i>
<i>dicyclomine hcl oral soln 10 mg/5ml....</i>	<i>89</i>
<i>dicyclomine hcl tab 20 mg</i>	<i>89</i>
<i>didanosine delayed release capsule 125</i>	<i>mg.....13</i>
<i>didanosine delayed release capsule 200</i>	<i>mg.....13</i>
<i>didanosine delayed release capsule 250</i>	<i>mg.....13</i>
<i>didanosine delayed release capsule 400</i>	<i>mg.....13</i>
DIFICID TAB 200MG.....	19
<i>diflunisal tab 500 mg.....</i>	<i>3</i>
<i>digitek tab 0.125mg.....</i>	<i>42</i>
<i>digitek tab 0.25mg.....</i>	<i>42</i>
<i>digoxin inj 0.25 mg/ml</i>	<i>42</i>
DIGOXIN ORAL SOLN 0.05 MG/ML	42
<i>digoxin tab 125 mcg (0.125 mg).....</i>	<i>42</i>
<i>digoxin tab 250 mcg (0.25 mg)</i>	<i>43</i>
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	<i>.....66</i>

<i>dilantin cap 100mg.....</i>	<i>48</i>
<i>dilantin cap 30mg</i>	<i>48</i>
<i>dilantin chw 50mg</i>	<i>48</i>
DILANTIN-125 SUS 125/5ML	48
<i>diltiazem hcl cap er 12hr 120 mg</i>	<i>41</i>
<i>diltiazem hcl cap er 12hr 60 mg</i>	<i>41</i>
<i>diltiazem hcl cap er 12hr 90 mg</i>	<i>41</i>
<i>diltiazem hcl cap er 24hr 120 mg</i>	<i>41</i>
<i>diltiazem hcl cap er 24hr 180 mg</i>	<i>41</i>
<i>diltiazem hcl cap er 24hr 240 mg</i>	<i>41</i>
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>120 mg..... 41</i>
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>180 mg..... 41</i>
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>240 mg..... 41</i>
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>300 mg..... 41</i>
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>360 mg..... 41</i>
DILTIAZEM HCL COATED BEADS CAP ER	
24HR 360 MG	41
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 120 mg..... 41</i>
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 180 mg..... 41</i>
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 240 mg..... 41</i>
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 300 mg..... 41</i>
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 360 mg..... 41</i>
<i>diltiazem hcl extended release beads cap</i>	<i>er 24hr 420 mg..... 41</i>
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	<i>mg/ml)</i>
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	<i>mg/ml)</i>
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	<i>mg/ml)</i>
<i>diltiazem hcl tab 120 mg</i>	<i>41</i>
<i>diltiazem hcl tab 30 mg.....</i>	<i>41</i>
<i>diltiazem hcl tab 60 mg.....</i>	<i>41</i>
<i>diltiazem hcl tab 90 mg.....</i>	<i>41</i>
<i>dimaphen dm elx 2.5-1-5.....</i>	<i>144</i>
<i>dimaphen elx children.....</i>	<i>144</i>
<i>dimenhydrinate tab 50 mg</i>	<i>87</i>
<i>diocto liq 50mg/5ml</i>	<i>91</i>

<i>diocto syp 60/15ml</i>	91	<i>docusate sodium liquid 150 mg/15ml..</i>	91
DIP/TET PED INJ 25-5LFU	107	<i>docusate sodium tab 100 mg</i>	91
DIPENTUM CAP 250MG	90	<i>docusil cap 100mg</i>	91
<i>diphenhist cap 25mg</i>	140	DOCUSOL KIDS ENE 100MG/5M.....	91
<i>diphenhist liq 12.5/5ml</i>	140	<i>docusol mini ene</i>	91
<i>diphenhist tab 25mg</i>	140	DOCUSOL PLUS ENE 20-283.....	91
<i>diphenhydramine hcl cap 25 mg</i>	140	DOFETILIDE CAP 125 MCG (0.125 MG) 36	
<i>diphenhydramine hcl cap 50 mg</i>	140	DOFETILIDE CAP 250 MCG (0.25 MG) .	36
<i>diphenhydramine hcl inj 50 mg/ml</i>	140	DOFETILIDE CAP 500 MCG (0.5 MG)...	36
<i>diphenhydramine hcl tab 25 mg</i>	140	<i>dok cap 100mg</i>	91
<i>diphenhydramine-zinc acetate cream 2-</i>		<i>dok cap 250mg</i>	91
<i>0.1%</i>	161	<i>dok plus tab 8.6-50mg</i>	91
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>dok tab 100mg</i>	91
<i>mg/5ml</i>	95	DONATUSSIN SYP	144
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		<i>donepezil hydrochloride orally</i>	
<i>mg</i>	95	<i>disintegrating tab 10 mg</i>	52
<i>disopyramide phosphate cap 100 mg</i> ..36		<i>donepezil hydrochloride orally</i>	
<i>disopyramide phosphate cap 150 mg</i> ..36		<i>disintegrating tab 5 mg</i>	52
<i>disulfiram tab 250 mg</i>	69	<i>donepezil hydrochloride tab 10 mg</i>	52
<i>disulfiram tab 500 mg</i>	69	<i>donepezil hydrochloride tab 23 mg</i>	52
<i>divalproex sodium cap delayed release</i>		<i>donepezil hydrochloride tab 5 mg</i>	52
<i>sprinkle 125 mg</i>	48	<i>dorzolamide hcl ophth soln 2%</i>	136
<i>divalproex sodium tab delayed release</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>125 mg</i>	48	<i>soln 22.3-6.8 mg/ml</i>	136
<i>divalproex sodium tab delayed release</i>		<i>double antib oin</i>	156
<i>250 mg</i>	48	<i>doxazosin mesylate tab 1 mg</i>	33
<i>divalproex sodium tab delayed release</i>		<i>doxazosin mesylate tab 2 mg</i>	33
<i>500 mg</i>	49	<i>doxazosin mesylate tab 4 mg</i>	33
<i>divalproex sodium tab er 24 hr 250 mg</i>		<i>doxazosin mesylate tab 8 mg</i>	33
.....	49	<i>doxepin hcl cap 10 mg</i>	54
<i>divalproex sodium tab er 24 hr 500 mg</i>		<i>doxepin hcl cap 100 mg</i>	55
.....	49	<i>doxepin hcl cap 150 mg</i>	55
DOCEFREZ INJ 20MG	25	<i>doxepin hcl cap 25 mg</i>	54
DOCETAXEL FOR INJ CONC 20 MG/ML.25		<i>doxepin hcl cap 50 mg</i>	54
<i>docetaxel for inj conc 80 mg/4ml (20</i>		<i>doxepin hcl cap 75 mg</i>	55
<i>mg/ml)</i>	25	<i>doxepin hcl conc 10 mg/ml</i>	55
DOCETAXEL INJ 160/16ML.....	25	DOXEPIN HCL CREAM 5%	158
DOCETAXEL INJ 160/8ML.....	25	<i>doxorubicin hcl for inj 10 mg</i>	23
<i>docetaxel inj 200/10</i>	25	<i>doxorubicin hcl for inj 50 mg</i>	23
DOCETAXEL INJ 20MG/2ML.....	25	<i>doxorubicin hcl inj 2 mg/ml</i>	23
DOCETAXEL INJ 80MG/4ML.....	25	<i>doxorubicin hcl liposomal inj (for iv</i>	
DOCETAXEL INJ 80MG/8ML.....	25	<i>infusion) 2 mg/ml</i>	23
<i>docqlace cap 100mg</i>	91	<i>doxy 100 inj 100mg</i>	22
<i>doc-q-lax tab 8.6-50mg</i>	91	<i>doxycycline hyclate cap 100 mg</i>	22
<i>docu liq 50mg/5ml</i>	91	<i>doxycycline hyclate cap 50 mg</i>	22
<i>docusate cal cap 240mg</i>	91	<i>doxycycline hyclate for inj 100 mg</i>	22
<i>docusate sod cap 100mg</i>	91	<i>doxycycline hyclate tab 100 mg</i>	22
<i>docusate sodium cap 100 mg</i>	91	<i>doxycycline hyclate tab 20 mg</i>	22

<i>doxycycline monohydrate cap 100 mg</i>	22
<i>doxycycline monohydrate cap 50 mg</i>	22
<i>doxycycline monohydrate tab 100 mg</i>	22
<i>doxycycline monohydrate tab 150 mg</i>	22
<i>doxycycline monohydrate tab 50 mg</i>	22
<i>doxycycline monohydrate tab 75 mg</i>	22
<i>driminate tab 50mg</i>	87
DRISDOL CAP 50000UNT	123
DRISDOL DRO 8000/ML	123
<i>dronabinol cap 10 mg</i>	87
<i>dronabinol cap 2.5 mg</i>	87
<i>dronabinol cap 5 mg</i>	87
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	75
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	75
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	75
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	75
DROXIA CAP 200MG	29
DROXIA CAP 300MG	29
DROXIA CAP 400MG	29
<i>ducodyl tab 5mg ec</i>	91
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	55
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	55
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	55
DURAMORPH INJ 0.5MG/ML	5
DURAMORPH INJ 1MG/ML	5
DURAVENT DM TAB	144
DUREZOL EMU 0.05%	135
<i>dutasteride cap 0.5 mg</i>	97
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	97
E	
<i>e.e.s. 400 tab 400mg</i>	19
<i>ear wax remv dro 6.5% ot</i>	164
<i>ear wax remv sol 6.5% ot</i>	164
<i>earwax remv sol 6.5% ot</i>	164
<i>earwax trmnt dro 6.5% ot</i>	164
<i>econtra ez tab 1.5mg</i>	75
<i>ecpirin tab 325mg ec</i>	2
<i>ed a-hist dm liq</i>	144
ED A-HIST DM TAB 10-4-10	144
ED A-HIST LIQ 4-10/5ML	144

<i>ed a-hist tab 2.5-60mg</i>	144
<i>ed a-hist tab 4-10mg</i>	144
<i>ed bron gp liq</i>	144
ED CHLORPED DRO D	144
ED CHLORPED LIQ 2MG/ML	140
<i>ed chlorped syp jr</i>	140
<i>ed-apap liq 80mg/2.5</i>	2
<i>ed-chlortan tab 4mg</i>	140
EDURANT TAB 25MG	13
EFFIENT TAB 10MG	103
EFFIENT TAB 5MG	103
ELDERTONIC ELX	123
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	66
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	66
ELIQUIS TAB 2.5MG	99
ELIQUIS TAB 5MG	99
ELITEK INJ 1.5MG	30
ELITEK INJ 7.5MG	30
<i>elixophyllin elx 80/15ml</i>	155
ELLA TAB 30MG	76
ELMIRON CAP 100MG	98
EMCYT CAP 140MG	23
EMEND CAP 125MG	87
EMEND CAP 40MG	87
EMEND CAP 80MG	87
EMEND SUS 125MG	87
EMEND TRIPAC PAK 80 & 125	87
<i>emoquette tab</i>	76
EMSAM DIS 12MG/24H	55
EMSAM DIS 6MG/24HR	55
EMSAM DIS 9MG/24HR	55
EMTRIVA CAP 200MG	13
EMTRIVA SOL 10MG/ML	13
<i>emverm chw 100mg</i>	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	31
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	31
<i>enalapril maleate tab 10 mg</i>	32
<i>enalapril maleate tab 2.5 mg</i>	32
<i>enalapril maleate tab 20 mg</i>	32
<i>enalapril maleate tab 5 mg</i>	32
<i>endacof-dm liq 2.5-1-5</i>	144
<i>endocet tab 10-325mg</i>	5
<i>endocet tab 5-325mg</i>	5
<i>endocet tab 7.5-325</i>	5

<i>endur-acin tab 500mg sr</i>	123	<i>eql fish oil cap 1000mg</i>	118
<i>enemeez mini ene</i>	91	<i>eql fish oil cap 1200mg</i>	118
<i>enemeez plus ene 20-283</i>	91	<i>eql one dail tab essentia</i>	123
ENFAMIL SOL ENFALYTE	108	<i>eql vision tab formula</i>	123
ENGERIX-B INJ 10/0.5ML.....	107	EQUALYTE SOL	108
ENGERIX-B INJ 20MCG/ML.....	107	<i>ergocalciferol cap 50000 unit</i>	123
<i>enoxaparin sodium inj 100 mg/ml</i>	99	<i>ergocalciferol soln 8000 unit/ml</i>	123
<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	99	<i>ergotamine w/ caffeine tab 1-100 mg</i> .	66
<i>enoxaparin sodium inj 150 mg/ml</i>	99	ERIVEDGE CAP 150MG.....	25
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	99	<i>errin tab 0.35mg</i>	76
ENOXAPARIN SODIUM INJ 300 MG/3ML		<i>ery-tab tab 250mg ec</i>	19
.....	99	<i>ery-tab tab 333mg ec</i>	19
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	99	<i>ery-tab tab 500mg ec</i>	19
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	99	<i>erythrocine inj 500mg</i>	19
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	99	<i>erythrocine tab 250mg</i>	19
<i>enpresse-28 tab</i>	76	<i>erythromycin ethylsuccinate tab 400 mg</i>	
ENTACAPONE TAB 200 MG	58	.....	19
<i>entecavir tab 0.5 mg</i>	16	<i>erythromycin gel 2%</i>	156
<i>entecavir tab 1 mg</i>	16	<i>erythromycin ophth oint 5 mg/gm</i>	134
ENTRESTO TAB 24-26MG.....	34	<i>erythromycin pads 2%</i>	156
ENTRESTO TAB 49-51MG	34	<i>erythromycin soln 2%</i>	156
ENTRESTO TAB 97-103MG	34	<i>erythromycin tab 250 mg</i>	19
<i>enulose sol 10gm/15</i>	91	<i>erythromycin tab 500 mg</i>	19
<i>enviro-stres tab</i>	123	<i>erythromycin w/ delayed release</i>	
EPCLUSA TAB 400-100	16	<i>particles cap 250 mg</i>	19
EPIPEN 2-PAK INJ 0.3MG	153	ESBRIET CAP 267MG	153
EPIPEN-JR INJ 2-PAK.....	153	ESBRIET TAB 267MG	153
<i>epirubicin hcl iv soln 200 mg/100ml (2</i>		ESBRIET TAB 801MG	153
<i>mg/ml)</i>	23	<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>epirubicin hcl iv soln 50 mg/25ml (2</i>		<i>(base equiv)</i>	55
<i>mg/ml)</i>	23	<i>escitalopram oxalate tab 10 mg (base</i>	
<i>epitol tab 200mg</i>	49	<i>equiv)</i>	55
EPIVIR HBV SOL 5MG/ML.....	16	<i>escitalopram oxalate tab 20 mg (base</i>	
<i>eplerenone tab 25 mg</i>	33	<i>equiv)</i>	55
<i>eplerenone tab 50 mg</i>	33	<i>escitalopram oxalate tab 5 mg (base</i>	
<i>eq aspirin tab 325mg ec</i>	2	<i>equiv)</i>	55
<i>eq calcium tab citr+d</i>	116	<i>esomeprazole magnesium cap delayed</i>	
EQ COMPLETE TAB ADULT.....	123	<i>release 20 mg (base eq)</i>	96
EQ ONE DAILY TAB MENS	123	<i>esomeprazole magnesium cap delayed</i>	
EQ ONE DAILY TAB WOMENS	123	<i>release 40 mg (base eq)</i>	96
<i>eql ca/vit d chw minerals</i>	116	<i>esomeprazole sodium for intravenous</i>	
EQ CALCIUM CAP VIT D	116	<i>soln 20 mg (base equiv)</i>	96
<i>eql calcium tab w/vit d</i>	116	<i>esomeprazole sodium for intravenous</i>	
<i>eql central- tab vite</i>	123	<i>soln 40 mg (base equiv)</i>	96
<i>eql central- tab vite sel</i>	123	<i>essentia tab</i>	123
<i>eql century tab</i>	123	<i>essential tab balance</i>	123
<i>eql century tab mature</i>	123	<i>essentl one tab daily</i>	123
<i>eql century tab womens</i>	123	<i>estrace vag cre 0.1mg/gm</i>	79

<i>estradiol tab 0.5 mg</i>	79	<i>extra action syp 100-10/5</i>	144
<i>estradiol tab 1 mg</i>	79	<i>eye drops dro 0.5-0.9%</i>	136
<i>estradiol tab 2 mg</i>	79	<i>eye drops sol a/r</i>	135
<i>estradiol td patch weekly 0.025 mg/24hr</i>	80	<i>eye itch rel dro 0.025%op</i>	135
<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	80	<i>eye vitamins tab /mineral</i>	123
<i>estradiol td patch weekly 0.05 mg/24hr</i>	79	<i>eyeprotect tab</i>	123
<i>estradiol td patch weekly 0.06 mg/24hr</i>	80	<i>eye-vite ext tab lutein</i>	123
<i>estradiol td patch weekly 0.075 mg/24hr</i>	80	<i>ezetimibe tab 10 mg</i>	38
<i>estradiol td patch weekly 0.1 mg/24hr</i>	79	<i>ezfe 200 cap 200mg</i>	101
<i>estradiol vaginal tab 10 mcg</i>	80	F	
<i>estradiol valerate im in oil 20 mg/ml</i> ...	80	<i>fa-8 cap 800mcg</i>	124
<i>estradiol valerate im in oil 40 mg/ml</i> ...	80	<i>fa-8 tab 0.8mg</i>	124
<i>eszopiclone tab 1 mg</i>	65	<i>FABRAZYME INJ 35MG</i>	79
<i>eszopiclone tab 2 mg</i>	65	<i>FABRAZYME INJ 5MG</i>	79
<i>eszopiclone tab 3 mg</i>	65	<i>fallback tab 1.5mg</i>	76
<i>ethambutol hcl tab 100 mg</i>	15	<i>falmina tab</i>	76
<i>ethambutol hcl tab 400 mg</i>	15	<i>famciclovir tab 125 mg</i>	16
<i>ethosuximide cap 250 mg</i>	49	<i>famciclovir tab 250 mg</i>	16
<i>ethosuximide soln 250 mg/5ml</i>	49	<i>famciclovir tab 500 mg</i>	16
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	76	<i>famotidine for susp 40 mg/5ml</i>	89
<i>etodolac cap 200 mg</i>	3	<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	89
<i>etodolac cap 300 mg</i>	3	<i>famotidine inj 20 mg/2ml</i>	89
<i>etodolac tab 400 mg</i>	3	<i>famotidine inj 200 mg/20ml</i>	89
<i>etodolac tab 500 mg</i>	3	<i>famotidine inj 40 mg/4ml</i>	89
<i>etodolac tab er 24hr 400 mg</i>	4	<i>famotidine tab 10 mg</i>	90
<i>etodolac tab er 24hr 500 mg</i>	4	<i>famotidine tab 10mg</i>	90
<i>etodolac tab er 24hr 600 mg</i>	4	<i>famotidine tab 20 mg</i>	90
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	.30	<i>famotidine tab 20mg</i>	90
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	30	<i>famotidine tab 40 mg</i>	90
<i>EUCERIN CRE</i>	161	<i>FANAPT PAK</i>	60
<i>EUCERIN CRE UNSCENT</i>	161	<i>FANAPT TAB 10MG</i>	60
<i>EURAX CRE 10%</i>	163	<i>FANAPT TAB 12MG</i>	60
<i>EURAX LOT 10%</i>	163	<i>FANAPT TAB 1MG</i>	60
<i>EVOTAZ TAB 300-150</i>	15	<i>FANAPT TAB 2MG</i>	60
<i>exemestane tab 25 mg</i>	27	<i>FANAPT TAB 4MG</i>	60
<i>EXJADE TAB 125MG</i>	74	<i>FANAPT TAB 6MG</i>	60
<i>EXJADE TAB 250MG</i>	74	<i>FANAPT TAB 8MG</i>	60
<i>EXJADE TAB 500MG</i>	75	<i>FARESTON TAB 60MG</i>	27
<i>EX-LAX CHW 15MG</i>	91	<i>FARXIGA TAB 10MG</i>	72
<i>EX-LAX TAB 15MG</i>	91	<i>FARXIGA TAB 5MG</i>	72
<i>EX-LAX TAB MAX ST</i>	91	<i>FARYDAK CAP 10MG</i>	25
		<i>FARYDAK CAP 15MG</i>	26
		<i>FARYDAK CAP 20MG</i>	26
		<i>FASLODEX INJ 250MG</i>	27
		<i>fat emulsion iv soln 20%</i>	110
		<i>felbamate susp 600 mg/5ml</i>	49
		<i>felbamate tab 400 mg</i>	49

<i>felbamate tab 600 mg</i>	49	FERROUS GLUC TAB 225MG	101
<i>felodipine tab er 24hr 10 mg</i>	41	<i>ferrous gluc tab 324mg</i>	101
<i>felodipine tab er 24hr 2.5 mg</i>	41	FERROUS GLUC TAB 324MG	101
<i>felodipine tab er 24hr 5 mg</i>	41	<i>ferrous gluconate tab 240 mg (27 mg</i> <i>elemental fe)</i>	101
<i>feminine lax tab 5mg ec</i>	91	<i>ferrous gluconate tab 324 mg (37.5 mg</i> <i>elemental iron)</i>	101
<i>femynor tab 0.25-35</i>	76	FERROUS SUL LIQ 220/5ML.....	101
<i>fenofibrate micronized cap 134 mg</i>	38	FERROUS SULF SYP 300/5ML.....	101
<i>fenofibrate micronized cap 200 mg</i>	38	FERROUS SULF TAB 140MG.....	101
<i>fenofibrate micronized cap 67 mg</i>	38	FERROUS SULF TAB 324MG EC	101
<i>fenofibrate tab 145 mg</i>	38	<i>ferrous sulf tab 325mg</i>	101
<i>fenofibrate tab 160 mg</i>	38	<i>ferrous sulfate elixir 220 mg/5ml (44</i> <i>mg/5ml elemental fe)</i>	101
<i>fenofibrate tab 48 mg</i>	38	<i>ferrous sulfate tab 325 mg (65 mg</i> <i>elemental fe)</i>	101
<i>fenofibrate tab 54 mg</i>	38	<i>ferrous sulfate tab ec 325 mg (65 mg fe</i> <i>equivalent)</i>	101
<i>fentanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	6	<i>ferrousul tab 325mg</i>	101
<i>fentanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	6	FETZIMA CAP 120MG.....	55
<i>fentanyl citrate lozenge on a handle 200</i> <i>mcg</i>	5	FETZIMA CAP 20MG.....	55
<i>fentanyl citrate lozenge on a handle 400</i> <i>mcg</i>	5	FETZIMA CAP 40MG.....	55
<i>fentanyl citrate lozenge on a handle 600</i> <i>mcg</i>	6	FETZIMA CAP 80MG.....	55
<i>fentanyl citrate lozenge on a handle 800</i> <i>mcg</i>	6	FETZIMA CAP TITRATIO	55
<i>fentanyl td patch 72hr 100 mcg/hr</i>	6	<i>fever reduce sup 120mg</i>	2
<i>fentanyl td patch 72hr 12 mcg/hr</i>	6	FEVERALL INF SUP 80MG	2
<i>fentanyl td patch 72hr 25 mcg/hr</i>	6	FEVERALL SUP 120MG	2
<i>fentanyl td patch 72hr 50 mcg/hr</i>	6	FEVERALL SUP 325MG	2
<i>fentanyl td patch 72hr 75 mcg/hr</i>	6	FEVERALL SUP 650MG	2
FENTORA TAB 100MCG.....	6	<i>fexofenadine hcl tab 180 mg</i>	140
FENTORA TAB 200MCG.....	6	<i>fexofenadine hcl tab 60 mg</i>	140
FENTORA TAB 400MCG.....	6	<i>fexofenadine sus 30mg/5ml</i>	140
FENTORA TAB 600MCG.....	6	<i>fexofenadine tab 180mg</i>	140
FENTORA TAB 800MCG.....	6	<i>fexofenadine tab 60mg</i>	140
FEOSOL TAB 200MG.....	101	<i>fexofenadine-pseudoephedrine tab er</i> <i>12hr 60-120 mg</i>	144
FEOSOL TAB 45MG.....	101	<i>fiber laxativ tab 625mg</i>	91
<i>feosol tab 65mg</i>	101	<i>fiber laxtiv cap 0.52gm</i>	91
FERAHEME INJ 510/17ML.....	101	<i>fiber therap pow 58.6%</i>	91
<i>ferate tab 27mg</i>	101	<i>fiber therap tab 500mg</i>	91
FERGON TAB 27MG	101	<i>fiber-caps tab 625mg</i>	91
<i>ferosul elx 220/5ml</i>	101	<i>fiber-lax tab 625mg</i>	91
<i>ferrex 150 cap 150mg</i>	101	<i>finasteride tab 5 mg</i>	97
<i>ferric x-150 cap 150mg</i>	101	FIRAZYR INJ 30MG/3ML.....	103
FERRIPROX SOL 100MG/ML.....	75	<i>fish oil cap 1000mg</i>	118
FERRIPROX TAB 500MG.....	75	<i>fish oil cap 1200mg</i>	118
FERRLECIT INJ 12.5MG/M	101	<i>fish oil cap 300mg</i>	118
<i>ferro-bob tab 325mg</i>	101	<i>fish oil cap 435mg</i>	118

<i>fish oil con cap 1000mg</i>	118	<i>fluocinolone acetone (otic) oil 0.01%</i>	164
<i>fish oil con cap 300mg</i>	118	<i>fluocinolone acetone cream 0.01%</i>	159
FLEBOGAMMA INJ 10/100ML	104	<i>fluocinolone acetone cream 0.025%</i>	159
FLEBOGAMMA INJ 10/200ML	104	<i>fluocinolone acetone oil 0.01% (scalp oil)</i>	159
FLEBOGAMMA INJ 20/200ML	104	<i>fluocinolone acetone oint 0.025%</i> ..	159
FLEBOGAMMA INJ 20/400ML	104	<i>fluocinolone acetone soln 0.01%</i> ...	159
FLEBOGAMMA INJ 5GM/50ML	104	<i>fluocinolone cream 0.05%</i>	159
FLEBOGAMMA INJ DIF 5%	104	<i>fluocinolone emulsified base cream 0.05%</i>	159
<i>flecainide acetate tab 100 mg</i>	36	<i>fluocinolone gel 0.05%</i>	159
<i>flecainide acetate tab 150 mg</i>	36	<i>fluocinolone soln 0.05%</i>	159
<i>flecainide acetate tab 50 mg</i>	36	FLUOROMETHOLONE OPHTH SUSP 0.1%	135
FLEET BISACO ENE 10/30ML	92	<i>fluorouracil cream 5%</i>	161
FLEET ENE	92	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	24
FLEET ENE PED	92	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	24
<i>fleet laxati tab 5mg ec</i>	92	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	24
FLEET OIL ENE	92	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	24
FLONASE ALGY SPR 50MCG	154	<i>fluorouracil soln 2%</i>	162
FLOVENT DISK AER 100MCG	154	<i>fluorouracil soln 5%</i>	162
FLOVENT DISK AER 250MCG	154	<i>fluoxetine hcl cap 10 mg</i>	55
FLOVENT DISK AER 50MCG	154	<i>fluoxetine hcl cap 20 mg</i>	55
FLOVENT HFA AER 110MCG	154	<i>fluoxetine hcl cap 40 mg</i>	55
FLOVENT HFA AER 220MCG	154	<i>fluoxetine hcl solution 20 mg/5ml</i>	55
FLOVENT HFA AER 44MCG	154	<i>fluoxetine hcl tab 10 mg</i>	55
FLU & SORE POW THROAT	144	<i>fluoxetine hcl tab 20 mg</i>	55
<i>flu/cold/cgh pow daytime</i>	144	<i>fluphenazine decanoate inj 25 mg/ml</i> .	60
<i>fluconazole for susp 10 mg/ml</i>	11	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	60
<i>fluconazole for susp 40 mg/ml</i>	12	<i>fluphenazine hcl inj 2.5 mg/ml</i>	60
<i>fluconazole in dextrose inj 200 mg/100ml</i>	12	<i>fluphenazine hcl oral conc 5 mg/ml</i>	60
<i>fluconazole in dextrose inj 400 mg/200ml</i>	12	<i>fluphenazine hcl tab 1 mg</i>	60
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12	<i>fluphenazine hcl tab 10 mg</i>	60
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12	<i>fluphenazine hcl tab 2.5 mg</i>	60
<i>fluconazole tab 100 mg</i>	12	<i>fluphenazine hcl tab 5 mg</i>	60
<i>fluconazole tab 150 mg</i>	12	<i>flurbiprofen sodium ophth soln 0.03%</i>	135
<i>fluconazole tab 200 mg</i>	12	<i>flurbiprofen tab 100 mg</i>	4
<i>fluconazole tab 50 mg</i>	12	<i>flurbiprofen tab 50 mg</i>	4
<i>fluconazole/ inj nacl 100</i>	12	<i>flutamide cap 125 mg</i>	27
<i>flucytosine cap 250 mg</i>	12	<i>fluticasone propionate cream 0.05%</i> .	159
<i>flucytosine cap 500 mg</i>	12	<i>fluticasone propionate nasal susp 50 mcg/act</i>	154
<i>fludarabine phosphate for inj 50 mg</i>	24	<i>fluticasone propionate oint 0.005%</i> ..	159
<i>fludarabine phosphate inj 25 mg/ml</i>	24		
<i>fludrocortisone acetate tab 0.1 mg</i>	80		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	154		
<i>fluocin acet oil body</i>	159		

<i>fluvoxamine maleate tab 100 mg</i>	46	FYCOMPA TAB 12MG.....	49
<i>fluvoxamine maleate tab 25 mg</i>	46	FYCOMPA TAB 2MG	49
<i>fluvoxamine maleate tab 50 mg</i>	46	FYCOMPA TAB 4MG	49
<i>folic acid cap 0.8 mg</i>	124	FYCOMPA TAB 6MG	49
<i>folic acid inj 5 mg/ml</i>	124	FYCOMPA TAB 8MG	49
<i>folic acid tab 1 mg</i>	124	G	
<i>folic acid tab 400 mcg</i>	124	<i>gabapentin cap 100 mg</i>	49
<i>folic acid tab 400mcg</i>	124	<i>gabapentin cap 300 mg</i>	49
<i>folic acid tab 800 mcg</i>	124	<i>gabapentin cap 400 mg</i>	49
<i>folic acid tab 800mcg</i>	124	<i>gabapentin oral soln 250 mg/5ml</i>	49
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 600 mg</i>	49
<i>10 mg/0.8ml</i>	99	<i>gabapentin tab 800 mg</i>	49
<i>fondaparinux sodium subcutaneous inj</i>		GABITRIL TAB 12MG.....	49
<i>2.5 mg/0.5ml</i>	99	GABITRIL TAB 16MG.....	49
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>mg/0.4ml</i>	99	<i>16 mg</i>	52
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>7.5 mg/0.6ml</i>	99	<i>24 mg</i>	53
<i>formula em sol</i>	87	<i>galantamine hydrobromide cap er 24hr 8</i>	
FORTEO SOL 600/2.4	83	<i>mg</i>	52
FORTICAL SPR 200/ACT.....	82	<i>galantamine hydrobromide oral soln 4</i>	
FOSFREE TAB	124	<i>mg/ml</i>	53
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 12 mg</i>	53
<i>tab 10-12.5 mg</i>	32	<i>galantamine hydrobromide tab 4 mg ..</i>	53
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 8 mg ..</i>	53
<i>tab 20-12.5 mg</i>	32	GAMASTAN S/D INJ.....	104
<i>fosinopril sodium tab 10 mg</i>	32	GAMMAGARD INJ 10GM/100.....	104
<i>fosinopril sodium tab 20 mg</i>	32	GAMMAGARD INJ 1GM/10ML	104
<i>fosinopril sodium tab 40 mg</i>	32	GAMMAGARD INJ 2.5GM/25	104
FREAMINE HBC INJ 6.9%.....	110	GAMMAGARD INJ 20GM/200.....	104
FREAMINE III INJ 10%	110	GAMMAGARD INJ 30GM/300.....	104
FREEDAVITE TAB	124	GAMMAGARD INJ 5GM/50ML	104
FRESHKOTE SOL 2.7-2%	136	GAMMAGARD SD INJ 10GM HU	104
FRUCTOSE GRA	108	GAMMAGARD SD INJ 5GM HU	104
FUNGOID TINC KIT	157	GAMMAKED INJ 10GM/100	105
FUNGOID TINC SOL 2%.....	157	GAMMAKED INJ 1GM/10ML.....	105
<i>fungoid-d cre 1%</i>	157	GAMMAKED INJ 2.5GM/25.....	105
<i>furosemide inj 10 mg/ml</i>	43	GAMMAKED INJ 20GM/200	105
FUROSEMIDE INJ 10 MG/ML.....	43	GAMMAKED INJ 5GM/50ML.....	105
<i>furosemide oral soln 10 mg/ml</i>	43	GAMMAPLEX INJ 10%	105
<i>furosemide oral soln 8 mg/ml</i>	43	GAMMAPLEX INJ 5%.....	105
<i>furosemide tab 20 mg</i>	43	GAMUNEX-C INJ 10GM/100	105
<i>furosemide tab 40 mg</i>	43	GAMUNEX-C INJ 1GM/10ML.....	105
<i>furosemide tab 80 mg</i>	43	GAMUNEX-C INJ 2.5GM/25.....	105
FUSILEV INJ 50MG.....	30	GAMUNEX-C INJ 20GM/200	105
FUZEON INJ 90MG	13	GAMUNEX-C INJ 40/400ML.....	105
FYCOMPA SUS 0.5MG/ML.....	49	GAMUNEX-C INJ 5GM/50ML.....	105
FYCOMPA TAB 10MG	49	<i>ganciclovir sodium for inj 500 mg</i>	16

GARDASIL 9 INJ	107
GARDASIL INJ	107
gas relief cap 125mg	95
gas relief cap 180mg	95
gas relief chw 125mg	95
gas relief chw 80mg	95
gas relief dro 20/0.3ml	95
gas relief dro 40/0.6ml	95
gas-x cap 125mg	95
gas-x cap 180mg	95
GAS-X CHW 80MG	95
GAS-X EX-STR CHW 125MG	95
gatifloxacin ophth soln 0.5%	134
GATTEX KIT 5MG	95
GAUZE PADS 2	71
gavilax pow.....	92
gavilyte-c sol.....	92
gavilyte-g sol	92
gavilyte-n sol flav pk	92
GAVISCON SUS	86
gemcitabine hcl for inj 1 gm	24
gemcitabine hcl for inj 2 gm	24
gemcitabine hcl for inj 200 mg	24
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	24
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	24
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV).....	24
gemfibrozil tab 600 mg.....	38
generlac sol 10gm/15.....	92
gengraf cap 100mg	106
gengraf cap 25mg.....	106
gengraf cap 50mg.....	106
gengraf sol 100mg/ml	106
gentak oin 0.3% op.....	134
gentamicin in saline inj 0.8 mg/ml	8
gentamicin in saline inj 1 mg/ml	8
gentamicin in saline inj 1.2 mg/ml	8
gentamicin in saline inj 1.6 mg/ml	8
gentamicin in saline inj 2 mg/ml	8
gentamicin sulfate cream 0.1%	156
gentamicin sulfate inj 10 mg/ml	8
gentamicin sulfate inj 40 mg/ml	9
gentamicin sulfate iv soln 10 mg/ml	9
gentamicin sulfate oint 0.1%	156
gentamicin sulfate ophth oint 0.3% ..	134
gentamicin sulfate ophth soln 0.3% ..	134

GENTEAL DRO OPTH.....	136
GENTEAL GEL	137
GENTEAL GEL 0.3%.....	137
GENTEAL MILD DRO 0.2%.....	137
genteal tear oin nt-time	137
GENVOYA TAB	15
GEODON INJ 20MG.....	60
gerivite tab complete	124
gildagia tab 0.4-35	76
GILENYA CAP 0.5MG.....	68
GILOTRIF TAB 20MG.....	28
GILOTRIF TAB 30MG.....	28
GILOTRIF TAB 40MG.....	28
glatopa inj 20mg/ml	68
GLEOSTINE CAP 100MG	23
GLEOSTINE CAP 10MG.....	23
GLEOSTINE CAP 40MG.....	23
GLEOSTINE CAP 5MG.....	23
glimepiride tab 1 mg	72
glimepiride tab 2 mg	72
glimepiride tab 4 mg	72
glipizide tab 10 mg	72
glipizide tab 5 mg.....	72
glipizide tab er 24hr 10 mg.....	72
glipizide tab er 24hr 2.5 mg.....	72
GLIPIZIDE TAB ER 24HR 2.5 MG	72
glipizide tab er 24hr 5 mg	72
GLIPIZIDE XL TAB 5MG.....	72
glipizide-metformin hcl tab 2.5-250 mg	72
glipizide-metformin hcl tab 2.5-500 mg	72
glipizide-metformin hcl tab 5-500 mg .	72
GLUCAGEN INJ HYPOKIT	81
GLUCAGON KIT 1MG	82
gluco burst gel 40%	82
GLUCOSE CHW 4GM	82
GLUCOSE CHW ORANGE	82
GLUCOSE CHW RASPBERRY.....	82
glucose gel 40%	82
glucoten cap.....	124
glutose 15 gel 40%	82
glyburide micronized tab 1.5 mg	72
glyburide micronized tab 3 mg	73
glyburide micronized tab 6 mg	73
glyburide tab 1.25 mg	73
glyburide tab 2.5 mg	73
glyburide tab 5 mg	73

<i>glycolax pow 3350 nf</i>	92	<i>gnp gas relf chw 125mg</i>	95
<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i>	89	<i>gnp gas relf chw 80mg</i>	95
<i>glycopyrrolate tab 1 mg</i>	89	<i>gnp healthy tab eyes</i>	124
<i>glycopyrrolate tab 2 mg</i>	89	<i>gnp hydrocor cre 1% plus</i>	159
<i>gnp all day tab allergy</i>	140	<i>gnp ibuprofn tab cold/sin</i>	145
<i>gnp allergy cap 25mg</i>	140	<i>gnp iron tab 325mg</i>	102
<i>gnp allergy tab 180mg</i>	140	<i>gnp iron tab 45mg</i>	102
<i>gnp allergy tab 25mg</i>	140	<i>gnp iron tab 65mg</i>	102
<i>gnp allergy tab 4mg</i>	140	<i>gnp laxative tab 25mg</i>	92
<i>gnp allergy tab multi-sy</i>	144	<i>gnp laxative tab 5mg ec</i>	92
<i>gnp antacid sus anti-gas</i>	86	<i>gnp lice kit</i>	163
<i>gnp antacid sus cherry</i>	86	<i>gnp masanti sus max st</i>	86
<i>gnp aspirin chw 81mg</i>	2	<i>gnp masanti sus reg st</i>	86
<i>gnp aspirin tab 325mg</i>	2	<i>gnp milk mag sus</i>	92
<i>gnp aspirin tab 325mg ec</i>	2	<i>gnp mucus-er tab 600mg</i>	145
<i>gnp aspirin tab 81mg ec</i>	2	<i>gnp nasal spr 0.05%</i>	145
<i>gnp bisa-lax tab 5mg ec</i>	92	<i>gnp nasal spr 1%</i>	145
<i>gnp ca/vit d chw minerals</i>	116	<i>gnp niacin tab 250mg</i>	124
<i>gnp calcium tab 500/d</i>	116	<i>gnp niacin tab 250mg tr</i>	124
<i>gnp calcium tab 600/d</i>	116	<i>gnp nicotine gum 2mg mint</i>	69
<i>gnp calcium tab cit +d3</i>	116	<i>gnp nicotine gum 2mg orig</i>	69
<i>gnp castor oil 100%</i>	92	<i>gnp nicotine gum 4mg mint</i>	69
<i>gnp century tab</i>	124	<i>gnp nicotine loz 2mg mint</i>	69
<i>gnp century tab active</i>	124	<i>gnp nicotine loz 4mg mint</i>	69
<i>gnp century tab cardio</i>	124	<i>gnp nicotine loz mini 2mg</i>	69
<i>gnp century tab mature</i>	124	<i>gnp nose dro 1%</i>	145
<i>gnp century tab senior</i>	124	<i>gnp one dail tab maximum</i>	124
<i>gnp century tab ultimate</i>	124	<i>gnp opti-vit tab</i>	124
<i>gnp cgh relf liq 15mg/5ml</i>	144	<i>gnp pediatri sol electrol</i>	108
<i>gnp cld/alle elx children</i>	145	<i>gnp sinus tab cng/pain</i>	145
<i>gnp clearlax pow</i>	92	<i>gnp triple oin antibiot</i>	156
<i>gnp cold rlf tab daytime</i>	145	<i>gnp tussin liq dm</i>	145
<i>gnp cold/cgh elx child</i>	145	<i>gnp tussin liq dm cough</i>	145
<i>gnp cough dm sus 30mg/5ml</i>	145	<i>gnp tussin liq dm max</i>	145
GNP DAILY MIS PRENATAL	124	<i>gnp tussin syp 100/5ml</i>	145
<i>gnp day time cap cold/flu</i>	145	<i>gnp tussin syp cf</i>	145
<i>gnp day time cap sinus</i>	145	<i>gnp vit d tab 1000unit</i>	124
<i>gnp day time liq cold/flu</i>	145	<i>gnp vit d tab 5000unit</i>	124
<i>gnp dayhist tab 1.34mg</i>	140	<i>gnp vit d3 tab 1000unit</i>	124
<i>gnp ear drop sol 6.5% ot</i>	164	GOLYTELY SOL	92
<i>gnp ear sys sol 6.5% ot</i>	164	<i>granisetron hcl inj 0.1 mg/ml</i>	87
<i>gnp enema ene</i>	92	<i>granisetron hcl inj 1 mg/ml</i>	87
<i>gnp fish oil cap</i>	118	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	87
<i>gnp fish oil cap 1000mg</i>	118	<i>granisetron hcl tab 1 mg</i>	87
<i>gnp fish oil cap 1200mg</i>	118	GRANIX INJ 300/0.5	100
<i>gnp flu relf liq daytime</i>	145	GRANIX INJ 480/0.8	100
<i>gnp flu relf liq nighttime</i>	145	<i>griseofulvin microsize susp 125 mg/5ml</i>	

.....	12	heartburn tab 150mg.....	90
<i>griseofulvin microsize tab 500 mg</i>	12	<i>heartburn tab 200mg</i>	90
<i>griseofulvin ultramicrosize tab 125 mg</i>	12	<i>heartburn tab 20mg</i>	90
<i>griseofulvin ultramicrosize tab 250 mg</i>	12	<i>heartburn tab relief</i>	90
<i>guaifenesin syp 100-10/5</i>	145	<i>heartburn tr cap 15mg</i>	97
<i>guaifenesin liquid 100 mg/5ml</i>	145	<i>heather tab 0.35mg</i>	76
<i>guaifenesin sol dac</i>	145	<i>hemorrhoidal oin</i>	162
<i>guaifenesin syp 100-10/5</i>	145	<i>hemorrhoidal sup</i>	162
<i>guaifenesin tab 200 mg</i>	145	HEP SOD/NACL INJ 25000UNT	99
<i>guaifenesin tab er 12hr 1200 mg</i>	145	<i>heparin sodium (porcine) 100 unit/ml in</i>	
<i>guaifenesin tab er 12hr 600 mg</i>	145	<i>d5w</i>	100
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>		HEPARIN SODIUM (PORCINE) 40	
.....	145	UNIT/ML IN D5W.....	99
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HEPARIN SODIUM (PORCINE) 50	
<i>equiv)</i>	64	UNIT/ML IN D5W.....	100
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		<i>heparin sodium (porcine) inj 1000</i>	
<i>equiv)</i>	65	<i>unit/ml</i>	100
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		<i>heparin sodium (porcine) inj 10000</i>	
<i>equiv)</i>	65	<i>unit/ml</i>	100
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		<i>heparin sodium (porcine) inj 20000</i>	
<i>equiv)</i>	65	<i>unit/ml</i>	100
H		<i>heparin sodium (porcine) inj 5000</i>	
HAEGARDA INJ 2000UNIT	103	<i>unit/ml</i>	100
HAEGARDA INJ 3000UNIT	103	HEPATAMINE SOL 8%.....	110
<i>hair formula tab ex stren</i>	124	HERCEPTIN INJ 150MG	26
<i>hair/skin/ tab nails</i>	124	HERCEPTIN INJ 440MG	26
<i>halobetasol propionate cream 0.05%</i>	160	HETLIOZ CAP 20MG.....	65
<i>halobetasol propionate oint 0.05%</i>	160	HEXALEN CAP 50MG	23
<i>haloperidol decanoate im soln 100 mg/ml</i>		HIBERIX SOL 10MCG	107
.....	60	HISTEX SYP 2.5MG/5.....	140
<i>haloperidol decanoate im soln 50 mg/ml</i>		<i>hm allergy tab 25mg</i>	140
.....	60	<i>hm allergy tab 4mg</i>	140
<i>haloperidol lactate inj 5 mg/ml</i>	60	<i>hm antacid sus anti-gas</i>	86
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	60	<i>hm aspirin chw 81mg</i>	2
<i>haloperidol tab 0.5 mg</i>	60	<i>hm aspirin tab 325mg</i>	2
<i>haloperidol tab 1 mg</i>	60	<i>hm ca/vit d3 tab 600-400</i>	116
<i>haloperidol tab 10 mg</i>	60	<i>hm ca/vit d3 tab 600-800</i>	116
<i>haloperidol tab 2 mg</i>	60	<i>hm calcium tab citr+d</i>	116
<i>haloperidol tab 20 mg</i>	60	<i>hm calcium tab d/minera</i>	116
<i>haloperidol tab 5 mg</i>	60	HM CASTOR OIL.....	118
HARVONI TAB 90-400MG	16	<i>hm clearlax pow</i>	92
HAVRIX INJ 1440UNIT	107	<i>hm cold/cgh elx children</i>	145
HAVRIX INJ 720UNIT.....	107	<i>hm complete tab</i>	124
<i>healthy eyes cap supervis</i>	124	HM COMPLETE TAB.....	124
<i>healthy eyes tab</i>	124	<i>hm complete tab 50+</i>	124
<i>healthy kids chw gummies</i>	118	<i>hm cough dm sus 30mg/5ml</i>	145
<i>healthylax pow</i>	92	<i>hm day time cap</i>	145
<i>heartbrn rel tab 75mg</i>	90	<i>hm enema ene</i>	92

<i>hm enema ene r-t-u</i>	92	<i>hydralazine hcl tab 100 mg</i>	44
<i>hm fiber cap 0.52gm</i>	92	<i>hydralazine hcl tab 25 mg</i>	44
<i>hm fiber pow 28.3%</i>	92	<i>hydralazine hcl tab 50 mg</i>	44
<i>hm fiber pow 30.9%</i>	92	HYDROCERIN CRE	162
<i>hm fiber pow 48.57%</i>	92	<i>hydrocerin cre plus</i>	162
<i>hm fiber pow 58.6%</i>	92	<i>hydrochlorothiazide cap 12.5 mg</i>	43
<i>hm fiber tab 500mg</i>	92	<i>hydrochlorothiazide tab 12.5 mg</i>	43
<i>hm fish oil cap 1000mg</i>	118	<i>hydrochlorothiazide tab 25 mg</i>	43
<i>hm fish oil cap 1200mg</i>	118	<i>hydrochlorothiazide tab 50 mg</i>	43
<i>hm gas relf chw 80mg</i>	95	<i>hydrocod polst-chlorphen polst er susp</i>	
HM HAIR/SKIN TAB /NAILS	124	<i>10-8 mg/5ml</i>	145
<i>hm hydrocort cre 1% plus</i>	160	HYDROCOD POLST-CHLORPHEN POLST	
<i>hm ibuprofen tab 200mg</i>	4	ER SUSP 10-8 MG/5ML	145
<i>hm iron tab 45mg</i>	102	<i>hydrocodone w/ homatropine syrup 5-</i>	
<i>hm iron tab 65mg</i>	102	<i>1.5 mg/5ml</i>	145
<i>hm laxative tab 5mg ec</i>	92	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
<i>hm mucus er tab 600mg</i>	145	<i>mg</i>	146
<i>hm nasal spr 0.05%</i>	145	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>hm niacin tab 250mg</i>	124	<i>325 mg/15ml</i>	6
HM NICOTINE DIS 14MG/24H.....	69	<i>hydrocodone-acetaminophen tab 10-325</i>	
HM NICOTINE DIS 21MG/24H.....	69	<i>mg</i>	6
<i>hm nicotine gum 2mg mint</i>	69	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>hm nicotine gum 4mg mint</i>	69	<i>mg</i>	6
<i>hm nicotine loz 2mg mint</i>	69	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>hm nicotine loz 4mg mint</i>	69	<i>mg</i>	6
<i>hm nose dro 1%</i>	145	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	6
<i>hm one daily tab /iron</i>	124	<i>hydrocort cre 0.5%</i>	160
HM ONE DAILY TAB MENS.....	124	<i>hydrocort cre 1%</i>	160
<i>hm povid-iod sol 10%</i>	162	<i>hydrocort oin 1%</i>	160
<i>hm saline spr 0.65%</i>	153	<i>hydrocort/ cre aloe 1%</i>	160
<i>hm senna tab 8.6mg</i>	92	<i>hydrocortisone butyrate cream 0.1%</i>	160
<i>hm severe tab cold/flu</i>	145	<i>hydrocortisone butyrate oint 0.1% ...</i>	160
<i>hm triple oin antibiot</i>	156	<i>hydrocortisone butyrate soln 0.1% ...</i>	160
<i>hm tussin liq adlt dm</i>	145	<i>hydrocortisone cream 0.5%</i>	160
<i>hm vit d3 cap 2000unit</i>	124	<i>hydrocortisone cream 1%</i>	160
<i>hm vitamin d tab 1000unit</i>	124	<i>hydrocortisone cream 2.5%</i>	160
HUMIRA INJ 10MG/0.2	104	<i>hydrocortisone enema 100 mg/60ml ..</i>	90
HUMIRA KIT 20MG/0.4	104	HYDROCORTISONE ENEMA 100 MG/60ML	
HUMIRA KIT 40MG/0.8	104	.....	90
HUMIRA PEDIA INJ CROHNS.....	104	<i>hydrocortisone lotion 2.5%</i>	160
HUMIRA PEN INJ 40MG/0.8	104	<i>hydrocortisone oint 0.5%</i>	160
HUMIRA PEN INJ CROHNS.....	104	<i>hydrocortisone oint 1%</i>	160
HUMIRA PEN INJ PSORIASI	104	<i>hydrocortisone oint 2.5%</i>	160
<i>humist spr 0.65%</i>	153	<i>hydrocortisone rectal cream 2.5%</i>	158
HUMULIN R INJ U-500	71	<i>hydrocortisone tab 10 mg</i>	80
HYALEX TAB.....	124	<i>hydrocortisone tab 20 mg</i>	80
<i>hydralazine hcl inj 20 mg/ml</i>	44	<i>hydrocortisone tab 5 mg</i>	80
<i>hydralazine hcl tab 10 mg</i>	44	<i>hydrocortisone valerate cream 0.2%</i>	160

<i>hydrocortisone valerate oint 0.2%</i>	160
<i>hydrocortisone-aloe vera cream 0.5%</i>	160
<i>hydrocortisone-aloe vera cream 1% ..</i>	160
<i>hydro-lotion lot 1%</i>	160
<i>hydromet syp 5-1.5/5</i>	146
<i>hydromorphone hcl liqd 1 mg/ml</i>	6
<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>HYDROPHILIC OIN PETROLAT</i>	162
<i>hydroskin cre 1%.....</i>	160
<i>hydroskin lot 1%</i>	160
<i>hydroxocobalamin inj 1000 mcg/ml...</i>	124
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>.....</i>	104
<i>hydroxyprogesterone caproate im in oil</i>	
<i>1.25 gm/5ml</i>	27
<i>hydroxyurea cap 500 mg</i>	29
<i>hydroxyzine hcl im soln 25 mg/ml.....</i>	140
<i>hydroxyzine hcl im soln 50 mg/ml.....</i>	140
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	140
<i>hydroxyzine hcl tab 10 mg</i>	140
<i>hydroxyzine hcl tab 25 mg</i>	140
<i>hydroxyzine hcl tab 50 mg</i>	140
<i>hydroxyzine pamoate cap 100 mg.....</i>	141
<i>hydroxyzine pamoate cap 25 mg</i>	140
<i>hydroxyzine pamoate cap 50 mg</i>	140
<i>HYSINGLA ER TAB 100 MG.....</i>	7
<i>HYSINGLA ER TAB 120 MG.....</i>	7
<i>HYSINGLA ER TAB 20 MG.....</i>	6
<i>HYSINGLA ER TAB 30 MG.....</i>	7
<i>HYSINGLA ER TAB 40 MG.....</i>	7
<i>HYSINGLA ER TAB 60 MG.....</i>	7
<i>HYSINGLA ER TAB 80 MG.....</i>	7
I	
<i>IBRANCE CAP 100MG</i>	26
<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>	146
<i>ICAPS AREDS TAB FORMULA</i>	125
<i>icaps cap.....</i>	125
<i>icaps lutein cap /omega-3</i>	125
<i>icaps mv tab.....</i>	125
<i>ICAPS PLUS TAB</i>	125
<i>ICAR PEDS SUS</i>	102
<i>ICAR PEDS SUS GRAPE</i>	102
<i>ICLUSIG TAB 15MG</i>	28
<i>ICLUSIG TAB 45MG</i>	28
<i>idarubicin hcl iv inj 10 mg/10ml (1</i>	
<i>mg/ml)</i>	23
<i>idarubicin hcl iv inj 20 mg/20ml (1</i>	
<i>mg/ml)</i>	24
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	
<i>.....</i>	23
<i>IDHIFA TAB 100MG</i>	26
<i>IDHIFA TAB 50MG</i>	26
<i>iferex 150 cap.....</i>	102
<i>IFEX INJ 3GM</i>	23
<i>ifosfamide for inj 1 gm.....</i>	23
<i>IFOSFAMIDE INJ 3GM</i>	23
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	
<i>.....</i>	23
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
<i>.....</i>	23
<i>ILEVRO DRO 0.3% OP</i>	135
<i>imatinib mesylate tab 100 mg (base</i>	
<i>equivalent).....</i>	28
<i>imatinib mesylate tab 400 mg (base</i>	
<i>equivalent).....</i>	28
<i>IMBRUVICA CAP 140MG</i>	28
<i>imipenem-cilastatin intravenous for soln</i>	
<i>250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln</i>	
<i>500 mg</i>	10
<i>imipramine hcl tab 10 mg</i>	55
<i>imipramine hcl tab 25 mg</i>	55
<i>imipramine hcl tab 50 mg</i>	56
<i>imiquimod cream 5%.....</i>	162
<i>IMOVAX RABIE INJ 2.5/ML</i>	107

INCRELEX INJ 40MG/4ML.....	82	INVOKANA TAB 300MG	73
INCRUSE ELPT INH 62.5MCG.....	138	IONOSOL-B/ INJ D5W.....	111
<i>indapamide tab 1.25 mg</i>	43	IONOSOL-MB INJ /D5W	111
<i>indapamide tab 2.5 mg</i>	43	<i>iophen c-nr liq 100-10/5</i>	146
INF SILAPAP DRO 80/0.8ML	2	<i>iophen dm-nr liq 100-10/5</i>	146
INFANRIX INJ.....	107	<i>iophen-nr liq 100/5ml</i>	146
INFED INJ 50MG/ML.....	102	IPOL INJ INACTIVE.....	107
INFUVITE INJ	125	<i>ipratropium bromide inhal soln 0.02%</i>	138
INFUVITE INJ ADULT	125	<i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i>	138
INFUVITE INJ PEDIATRI.....	125	<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i>	138
INLYTA TAB 1MG	28	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	138
INLYTA TAB 5MG	28	<i>irbesartan tab 150 mg</i>	35
INSTA-GLUCOS GEL 77.4%.....	82	<i>irbesartan tab 300 mg</i>	35
INSULIN PEN NEEDLE.....	71	<i>irbesartan tab 75 mg</i>	35
INSULIN SAFETY NEEDLES.....	71	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	34
INSULIN SYRINGE.....	71	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	34
INTELENCE TAB 100MG	13	IRESSA TAB 250MG.....	28
INTELENCE TAB 200MG	13	<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	31
INTELENCE TAB 25MG	13	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30
<i>intense coug liq reliever</i>	146	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	31
INTRALIPID INJ 20%.....	110	IRON CHEWS CHW PEDIATRI.....	102
INTRALIPID INJ 30%.....	110	<i>iron slow tab 45mg</i>	102
INTRON A INJ 10MU.....	105	<i>iron supplem tab 325mg</i>	102
INTRON A INJ 18MU.....	105	<i>iron supplem tab therapy</i>	102
INTRON A INJ 25MU.....	105	IRON TAB 18MG.....	102
INTRON A INJ 50MU.....	105	IRON TAB 28MG.....	102
<i>introvale tab</i>	76	<i>iron tab 325mg</i>	102
INVANZ INJ 1GM	10	IRON UP LIQ.....	102
INVEGA SUST INJ 117/0.75	61	ISENTRESS CHW 100MG.....	13
INVEGA SUST INJ 156MG/ML	61	ISENTRESS CHW 25MG.....	13
INVEGA SUST INJ 234/1.5	61	ISENTRESS HD TAB 600MG.....	13
INVEGA SUST INJ 39/0.25	61	ISENTRESS POW 100MG	13
INVEGA SUST INJ 78/0.5ML.....	61	ISENTRESS TAB 400MG	13
INVEGA TRINZ INJ 273MG	61	<i>isibloom tab 0.15-30</i>	76
INVEGA TRINZ INJ 410MG	61	ISOLYTE-P INJ /D5W	111
INVEGA TRINZ INJ 546MG	61	ISOLYTE-S INJ.....	111
INVEGA TRINZ INJ 819MG	61	<i>isoniazid inj 100 mg/ml</i>	15
INVIRASE CAP 200MG	13	<i>isoniazid syrup 50 mg/5ml</i>	15
INVIRASE TAB 500MG	13	<i>isoniazid tab 100 mg</i>	15
INVOKAMET TAB 150-1000	73		
INVOKAMET TAB 150-500.....	73		
INVOKAMET TAB 50-1000.....	73		
INVOKAMET TAB 50-500MG	73		
INVOKAMET XR TAB 150-1000	73		
INVOKAMET XR TAB 150-500	73		
INVOKAMET XR TAB 50-1000	73		
INVOKAMET XR TAB 50-500MG	73		
INVOKANA TAB 100MG.....	73		

<i>isoniazid tab 300 mg</i>	15
ISOPTO TEARS SOL 0.5% OP	137
<i>isosorbide dinitrate tab 10 mg</i>	44
<i>isosorbide dinitrate tab 20 mg</i>	44
<i>isosorbide dinitrate tab 30 mg</i>	44
<i>isosorbide dinitrate tab 5 mg</i>	44
<i>isosorbide dinitrate tab er 40 mg</i>	44
<i>isosorbide mononitrate tab 10 mg</i>	44
<i>isosorbide mononitrate tab 20 mg</i>	44
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	45
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	44
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	45
<i>isradipine cap 2.5 mg</i>	41
<i>isradipine cap 5 mg</i>	42
ISTALOL SOL 0.5% OP	136
ISTODAX OVR INJ 10MG	26
<i>itch relief cre ex st</i>	162
<i>itch relief spr 2-0.1%</i>	162
<i>itraconazole cap 100 mg</i>	12
<i>ivermectin tab 3 mg</i>	10
<i>i-vite prote tab</i>	125
<i>i-vite tab</i>	125
IXIARO INJ	107

J

JAKAFI TAB 10MG	28
JAKAFI TAB 15MG	28
JAKAFI TAB 20MG	28
JAKAFI TAB 25MG	28
JAKAFI TAB 5MG	28
<i>jantoven tab 10mg</i>	100
<i>jantoven tab 1mg</i>	100
<i>jantoven tab 2.5mg</i>	100
<i>jantoven tab 2mg</i>	100
<i>jantoven tab 3mg</i>	100
<i>jantoven tab 4mg</i>	100
<i>jantoven tab 5mg</i>	100
<i>jantoven tab 6mg</i>	100
<i>jantoven tab 7.5mg</i>	100
JANUMET TAB 50-1000	73
JANUMET TAB 50-500MG	73
JANUMET XR TAB 100-1000	73
JANUMET XR TAB 50-1000	73
JANUMET XR TAB 50-500MG	73
JANUVIA TAB 100MG	73
JANUVIA TAB 25MG	73

JANUVIA TAB 50MG	73
JENTADUETO TAB 2.5-1000	73
JENTADUETO TAB 2.5-500	73
JENTADUETO TAB 2.5-850	73
JENTADUETO TAB XR	73
<i>jinteli tab 1mg-5mcg</i>	80
J-MAX SYP 5-200MG	146
<i>jock itch aer 1%</i>	157
JOLIVETTE TAB 0.35MG	76
J-TAN D PD DRO 1-7.5MG	146
J-TAN PD DRO 1MG/ML	141
<i>juleber tab</i>	76
<i>junel 1.5/30 tab</i>	76
<i>junel 1/20 tab</i>	76
<i>junel fe tab 1.5/30</i>	76
<i>junel fe tab 1/20</i>	76
<i>junior mapap tab 160mg rt</i>	2
JUXTAPID CAP 10MG	38
JUXTAPID CAP 20MG	38
JUXTAPID CAP 30MG	38
JUXTAPID CAP 40MG	38
JUXTAPID CAP 5MG	38
JUXTAPID CAP 60MG	38

K

KADCYLA INJ 100MG	26
KADCYLA INJ 160MG	26
KALA TAB	86
KALETRA SOL	15
KALETRA TAB 100-25MG	15
KALETRA TAB 200-50MG	15
KALYDECO PAK 50MG	153
KALYDECO PAK 75MG	153
KALYDECO TAB 150MG	153
<i>kao-tin cap 240mg</i>	92
<i>kao-tin sus 262/15ml</i>	86
<i>kariva tab 28 day</i>	76
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	111
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	111
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	111
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	111
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	111
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	111

KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ.....	111	KONSYL POW 60.3%	92
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ.....	111	KONSYL POW 71.67%.....	92
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	111	KONSYL-D POW 52.3%	92
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	111	KORLYM TAB 300MG.....	82
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	111	<i>kp adult 50+ tab daily</i>	125
KCL/D5W/NACL INJ 0.15/0.2.....	112	<i>kp adults tab daily</i>	125
KCL/D5W/NACL INJ 0.3/0.9%	111	<i>kp calcium cap 600+d</i>	116
<i>kelnor tab 1/35</i>	76	<i>kp calcium tab 600+d</i>	116
<i>kerodex-51 cre dry/oily</i>	162	<i>kp fish oil cap 1200mg</i>	118
<i>kerodex-71 cre wet</i>	162	<i>kp mens 50+ tab daily</i>	125
<i>ketoconazole cream 2%</i>	157	<i>kp mens tab daily</i>	125
<i>ketoconazole shampoo 2%</i>	158	<i>kp omega-3 cap 1200mg</i>	118
<i>ketoconazole tab 200 mg</i>	12	<i>kp women 50+ tab daily</i>	125
<i>ketoprofen cap 50 mg</i>	4	<i>kp womens tab daily</i>	125
<i>ketoprofen cap 75 mg</i>	4	K-PAX CAP DOUBLE.....	125
<i>ketorolac tromethamine ophth soln 0.4%</i>	135	K-PAX CAP SINGLE.....	125
<i>ketorolac tromethamine ophth soln 0.5%</i>	135	K-PAX TAB PROF ST	125
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	135	<i>ks ibuprofen cap 200mg</i>	4
KEYTRUDA INJ 100MG/4M	26	KUVAN POW 100MG	79
KEYTRUDA SOL 50MG	26	KUVAN POW 500MG	79
<i>kidkare liq cgh/cold</i>	146	KUVAN TAB 100MG	79
<i>kimidess tab</i>	76	KYNAMRO INJ 200MG/ML	38
KINRIX INJ.....	107	L	
<i>kionex pow</i>	75	<i>labetalol hcl tab 100 mg</i>	39
<i>kionex sus 15gm/60</i>	75	<i>labetalol hcl tab 200 mg</i>	39
KISQALI 200 PAK FEMARA	26	<i>labetalol hcl tab 300 mg</i>	40
KISQALI 400 PAK FEMARA	26	LACTATED RINGER'S SOLUTION	112
KISQALI 600 PAK FEMARA	26	<i>lactic acid (ammonium lactate) cream 12%</i>	162
KISQALI TAB 200DOSE.....	26	<i>lactic acid (ammonium lactate) lotion 12%</i>	162
KISQALI TAB 400DOSE.....	26	<i>lactobacillus acidophilus-pectin cap</i>	86
KISQALI TAB 600DOSE.....	26	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	92
KLOR-CON 10 TAB 10MEQ ER.....	108	<i>lactulose solution 10 gm/15ml</i>	93
KLOR-CON 8 TAB 8MEQ ER	108	LAMISIL ADV GEL 1%	157
<i>klor-con m15 tab 15meq er</i>	108	<i>lamisil af aer 1%</i>	157
<i>konsyl cap 520mg</i>	92	<i>lamisil at cre 1%</i>	157
<i>konsyl fiber tab 625mg</i>	92	LAMISIL AT CRE 1%	157
KONSYL POW 100%	92	LAMISIL AT SPR 1%	157
<i>konsyl pow 28.3%</i>	92	<i>lamivudine oral soln 10 mg/ml</i>	13
KONSYL POW 28.3%	92	<i>lamivudine tab 100 mg (hbv)</i>	16
<i>konsyl pow 30.9%</i>	92	<i>lamivudine tab 150 mg</i>	13
		<i>lamivudine tab 300 mg</i>	13
		<i>lamivudine-zidovudine tab 150-300 mg</i>	15
		<i>lamotrigine tab 100 mg</i>	49
		<i>lamotrigine tab 150 mg</i>	49

<i>lamotrigine tab 200 mg</i>	49	<i>leucovorin calcium for inj 200 mg</i>	30
<i>lamotrigine tab 25 mg</i>	49	<i>leucovorin calcium for inj 350 mg</i>	30
<i>lamotrigine tab chewable dispersible 25 mg</i>	49	<i>leucovorin calcium for inj 50 mg</i>	30
<i>lamotrigine tab chewable dispersible 5 mg</i>	49	<i>leucovorin calcium for inj 500 mg</i>	30
<i>lamotrigine tab er 24hr 100 mg</i>	50	<i>leucovorin calcium tab 10 mg</i>	30
<i>lamotrigine tab er 24hr 200 mg</i>	50	<i>leucovorin calcium tab 15 mg</i>	30
<i>lamotrigine tab er 24hr 25 mg</i>	49	<i>leucovorin calcium tab 25 mg</i>	30
<i>lamotrigine tab er 24hr 250 mg</i>	50	<i>leucovorin calcium tab 5 mg</i>	30
<i>lamotrigine tab er 24hr 300 mg</i>	50	LEUKERAN TAB 2MG	23
<i>lamotrigine tab er 24hr 50 mg</i>	49	LEUKINE INJ 250MCG	100
<i>lansoprazole cap 15mg dr</i>	97	<i>leuprolide acetate inj kit 5 mg/ml</i>	27
<i>lansoprazole cap delayed release 15 mg</i>	97	<i>levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	142
<i>lansoprazole cap delayed release 30 mg</i>	97	<i>levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	142
LANTUS INJ 100/ML	71	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	142
LANTUS INJ SOLOSTAR	71	LEVEMIR INJ	71
L-ARGININE POW	118	LEVEMIR INJ FLEXTUOC	71
<i>larin fe tab 1.5/30</i>	76	LEVETIRACETA INJ 10MG/ML	50
<i>larin fe tab 1/20</i>	76	LEVETIRACETA INJ 15MG/ML	50
<i>larin tab 1.5/30</i>	76	LEVETIRACETA INJ 5MG/ML	50
<i>larin tab 1/20</i>	76	LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	50
LASTACFT SOL 0.25%	135	LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	50
<i>latanoprost ophth soln 0.005%</i>	136	LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	50
LATUDA TAB 120MG	61	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	50
LATUDA TAB 20MG	61	<i>levetiracetam oral soln 100 mg/ml</i>	50
LATUDA TAB 40MG	61	<i>levetiracetam tab 1000 mg</i>	50
LATUDA TAB 60MG	61	<i>levetiracetam tab 250 mg</i>	50
LATUDA TAB 80MG	61	<i>levetiracetam tab 500 mg</i>	50
<i>lax/stl soft tab 8.6-50mg</i>	93	<i>levetiracetam tab 750 mg</i>	50
<i>laxative sup 10mg</i>	93	<i>levetiracetam tab er 24hr 500 mg</i>	50
<i>laxative tab 25mg</i>	93	<i>levetiracetam tab er 24hr 750 mg</i>	50
<i>laxative tab 5mg ec</i>	93	<i>levobunolol hcl ophth soln 0.5%</i>	136
<i>leflunomide tab 10 mg</i>	104	<i>levocarnitine inj 200 mg/ml</i>	79
<i>leflunomide tab 20 mg</i>	104	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	79
LENVIMA CAP 10 MG	28	<i>levocarnitine tab 330 mg</i>	79
LENVIMA CAP 14 MG	28	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	141
LENVIMA CAP 18 MG	28	<i>levocetirizine dihydrochloride tab 5 mg</i>	141
LENVIMA CAP 20 MG	28	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
LENVIMA CAP 24 MG	28		
LENVIMA CAP 8 MG	28		
<i>lessina tab</i>	76		
LETAIRIS TAB 10MG	45		
LETAIRIS TAB 5MG	45		
<i>letrozole tab 2.5 mg</i>	27		
<i>leucovorin calcium for inj 100 mg</i>	30		

.....20	LEVOXYL TAB 150MCG..... 84
<i>levofloxacin in d5w iv soln 500</i>	LEVOXYL TAB 175MCG..... 84
<i>mg/100ml.....20</i>	LEVOXYL TAB 200MCG..... 84
<i>levofloxacin in d5w iv soln 750</i>	LEVOXYL TAB 25MCG..... 84
<i>mg/150ml.....20</i>	LEVOXYL TAB 50MCG..... 84
<i>levofloxacin iv soln 25 mg/ml 20</i>	LEVOXYL TAB 75MCG..... 84
<i>levofloxacin oral soln 25 mg/ml 20</i>	LEVOXYL TAB 88MCG..... 84
<i>levofloxacin tab 250 mg.....20</i>	LEXIVA SUS 50MG/ML 13
<i>levofloxacin tab 500 mg.....20</i>	LEXIVA TAB 700MG 13
<i>levofloxacin tab 750 mg.....20</i>	<i>lice killing sha 0.33-4%..... 163</i>
LEVOLEUCOVOR INJ 175MG 30	<i>lice soln kit..... 163</i>
<i>levoleucovor sol 250mg/25 30</i>	<i>lice treatme lot 1%..... 163</i>
<i>levoleucovorin calcium for iv inj 50 mg</i>	<i>lice treatmt lot 1% 163</i>
<i>(base equiv).....30</i>	<i>lice treatmt sha 0.33-4% 163</i>
<i>levoleucovorin calcium inj 175</i>	<i>lice trtmnt liq 1% 163</i>
<i>mg/17.5ml (base equiv) 30</i>	<i>lice trtmnt liq crm rnse 163</i>
<i>levonest tab 76</i>	<i>lidocaine cream 4%..... 161</i>
<i>levonorgestrel & ethinyl estradiol (91-</i>	<i>lidocaine hcl gel 2% 161</i>
<i>day) tab 0.15-0.03 mg 76</i>	<i>lidocaine hcl local inj 0.5% 8</i>
LEVONORGESTREL & ETHINYL	<i>lidocaine hcl local inj 1% 8</i>
ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	<i>lidocaine hcl local inj 2% 8</i>
.....76	<i>lidocaine hcl local preservative free (pf)</i>
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	<i>inj 0.5%..... 8</i>
<i>mg-20 mcg 76</i>	<i>lidocaine hcl local preservative free (pf)</i>
<i>levonorgestrel & ethinyl estradiol tab</i>	<i>inj 1% 8</i>
<i>0.15 mg-30 mcg.....76</i>	<i>lidocaine hcl local preservative free (pf)</i>
<i>levonorgestrel tab 1.5 mg 76</i>	<i>inj 1.5%..... 8</i>
<i>levonorgestrel-eth estra tab 0.05-</i>	<i>lidocaine hcl soln 4% 161</i>
<i>30/0.075-40/0.125-30mg-mcg.....76</i>	<i>lidocaine hcl viscous soln 2%..... 164</i>
<i>levora-28 tab 0.15/30 76</i>	<i>lidocaine oint 5% 161</i>
<i>levothyroxine sodium tab 100 mcg.....84</i>	<i>lidocaine patch 5%..... 161</i>
<i>levothyroxine sodium tab 112 mcg.....84</i>	<i>lidocaine-prilocaine cream 2.5-2.5%. 161</i>
<i>levothyroxine sodium tab 125 mcg.....84</i>	LIFE PACK MIS MENS..... 125
<i>levothyroxine sodium tab 137 mcg.....84</i>	LIFE PACK MIS WOMENS..... 125
<i>levothyroxine sodium tab 150 mcg.....84</i>	LINEZOLID FOR SUSP 100 MG/5ML 10
<i>levothyroxine sodium tab 175 mcg.....84</i>	LINEZOLID IN SODIUM CHLORIDE IV
<i>levothyroxine sodium tab 200 mcg.....84</i>	SOLN 600 MG/300ML-0.9%..... 10
<i>levothyroxine sodium tab 25 mcg 84</i>	<i>linezolid iv soln 600 mg/300ml (2</i>
LEVOTHYROXINE SODIUM TAB 300 MCG	<i>mg/ml) 10</i>
.....84	LINEZOLID TAB 600 MG..... 10
<i>levothyroxine sodium tab 50 mcg 84</i>	LINZESS CAP 145MCG 95
LEVOTHYROXINE SODIUM TAB 75 MCG	LINZESS CAP 290MCG 95
.....84	LINZESS CAP 72MCG..... 95
<i>levothyroxine sodium tab 88 mcg 84</i>	<i>liothyronine sodium tab 25 mcg 84</i>
LEVOXYL TAB 100MCG 84	<i>liothyronine sodium tab 5 mcg 84</i>
LEVOXYL TAB 112MCG 84	<i>liothyronine sodium tab 50 mcg 84</i>
LEVOXYL TAB 125MCG 84	<i>liq ca/vit d cap 600mg 116</i>
LEVOXYL TAB 137MCG 84	LIQUID CALCI CAP WITH D3..... 116

<i>liquitears sol</i>	137	<i>lorazepam tab 1 mg</i>	47
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	32	<i>lorazepam tab 2 mg</i>	47
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	32	LORTUSS EX LIQ.....	146
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	32	LORTUSS LQ LIQ.....	146
<i>lisinopril tab 10 mg</i>	32	<i>loryna tab 3-0.02mg</i>	76
<i>lisinopril tab 2.5 mg</i>	32	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	34
<i>lisinopril tab 20 mg</i>	32	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	34
<i>lisinopril tab 30 mg</i>	32	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	34
<i>lisinopril tab 40 mg</i>	33	<i>losartan potassium tab 100 mg</i>	36
<i>lisinopril tab 5 mg</i>	32	<i>losartan potassium tab 25 mg</i>	35
<i>lithium carbonate cap 150 mg</i>	67	<i>losartan potassium tab 50 mg</i>	35
<i>lithium carbonate cap 300 mg</i>	67	LOTEMAX GEL 0.5%	135
<i>lithium carbonate cap 600 mg</i>	67	LOTEMAX OIN 0.5%	135
<i>lithium carbonate tab 300 mg</i>	67	LOTEMAX SUS 0.5%	135
<i>lithium carbonate tab er 300 mg</i>	67	<i>lovastatin tab 10 mg</i>	37
<i>lithium carbonate tab er 450 mg</i>	67	<i>lovastatin tab 20 mg</i>	37
LITHIUM SOL 8MEQ/5ML.....	67	<i>lovastatin tab 40 mg</i>	37
<i>little noses dro stof nos</i>	153	<i>loxapine succinate cap 10 mg</i>	61
<i>little noses spr 0.65%</i>	153	<i>loxapine succinate cap 25 mg</i>	61
LODRANE D CAP 4-60MG	146	<i>loxapine succinate cap 5 mg</i>	61
LOHIST-D LIQ	146	<i>loxapine succinate cap 50 mg</i>	61
<i>lohist-dm syp 5-2-10mg</i>	146	<i>lubric tears sol 0.4-0.3%</i>	137
LONSURF TAB 15-6.14	29	<i>lubricant dro 0.4-0.3%</i>	137
LONSURF TAB 20-8.19	29	<i>lubricant dro eye</i>	137
LOPERAMIDE CAP 2MG	86	<i>lubricant oin eye</i>	137
<i>loperamide hcl cap 2 mg</i>	95	<i>lubricating dro 0.5%</i>	137
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	86	<i>lubricating sol 0.4-0.3%</i>	137
<i>loperamide hcl liq 1 mg/7.5ml</i>	86	<i>lubricnt eye dro 0.5% op</i>	137
<i>loperamide liq 1mg/7.5</i>	87	<i>lubrifresh oin p.m.</i>	137
<i>loperamide sus 1mg/7.5</i>	87	LUMIGAN SOL 0.01%	136
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15	LUMIZYME INJ 50MG	79
<i>loratadine d tab 5-120mg</i>	146	LUPR DEP-PED INJ 11.25MG	82
<i>loratadine sol 5mg/5ml</i>	141	LUPR DEP-PED INJ 15MG	82
<i>loratadine syp 5mg/5ml</i>	141	LUPR DEP-PED INJ 3M 30MG	82
<i>loratadine tab 10 mg</i>	141	LUPR DEP-PED INJ 7.5MG	82
<i>loratadine tab 10mg</i>	141	LUPRON DEPOT INJ 11.25MG.....	27
<i>lorata-dine tab d 24hr</i>	146	LUPRON DEPOT INJ 3.75MG	27
<i>loratadine-d tab 10-240mg</i>	146	<i>lutura tab</i>	76
<i>loratadine-d tab 5-120mg</i>	146	LYNPARZA CAP 50MG	26
<i>lorazepam con 2mg/ml</i>	46	LYRICA CAP 100MG	50
<i>lorazepam inj 2 mg/ml</i>	46	LYRICA CAP 150MG	50
<i>lorazepam inj 4 mg/ml</i>	46	LYRICA CAP 200MG	50
<i>lorazepam tab 0.5 mg</i>	47	LYRICA CAP 225MG	50
		LYRICA CAP 25MG	50
		LYRICA CAP 300MG	50

LYRICA CAP 50MG	50	MAGNESIUM SU INJ 80MG/ML	108
LYRICA CAP 75MG	50	<i>magnesium sulfate in dextrose 5% iv</i>	
LYRICA SOL 20MG/ML	50	<i>soln 1 gm/100ml.....</i>	108
<i>lysiplex liq plus.....</i>	125	<i>magnesium sulfate inj 50%</i>	108
LYSODREN TAB 500MG.....	27	MAGNESIUM SULFATE INJ 50%	108
<i>lyza tab 0.35mg</i>	77	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
M		<i>(40 mg/ml)</i>	108
M.V.I PEDIAT INJ	125	<i>magnesium tab 500mg</i>	116
M.V.I. ADULT INJ	125	<i>magnesium-ox tab 400mg.....</i>	116
M.V.I-12 W/O INJ VIT K.....	125	MAGONATE LIQ 1000/5ML.....	116
<i>maalox advan sus max st</i>	86	<i>magonate tab 500mg</i>	116
<i>maalox sus advanced</i>	86	MAGOX 400 TAB 400MG.....	116
MACULAR VIT TAB BENEFIT	125	MAG-SR PLUS TAB CALCIUM.....	116
<i>macuvite tab</i>	125	MAG-TAB SR TAB 84MG	116
<i>macuvite tab eye care</i>	125	<i>major-prep oin hemorrho</i>	162
<i>macuvite tab lutein</i>	125	<i>malathion lotion 0.5%</i>	163
<i>mag citrate sol cherry</i>	93	MANGANESE CHLORIDE INJ 0.1 MG/ML	
<i>mag citrate sol lemon.....</i>	93	.....	116
<i>mag64 tab 64mg</i>	116	<i>mapap apap liq 500/15ml</i>	2
MAG-AL LIQ	86	<i>mapap cap 500mg</i>	2
<i>mag-al plus liq</i>	86	<i>mapap child sus 160/5ml</i>	2
<i>mag-al plus liq xs</i>	86	<i>mapap child tab 80mg rt.....</i>	2
<i>magdelay tab 70mg</i>	116	<i>mapap chw 80mg.....</i>	2
<i>mag-g tab 500mg</i>	116	<i>mapap cold tab 10-5-325.....</i>	146
MAGNEBIND TAB 300	116	<i>mapap liq 160/5ml</i>	2
MAGNESIUM CAP 400MG	116	<i>mapap sinus tab max st.....</i>	146
<i>magnesium citrate soln</i>	93	<i>mapap tab 325mg.....</i>	2
MAGNESIUM GL TAB 500MG.....	116	<i>mapap tab 500mg</i>	2
<i>magnesium gluconate tab 27.5 mg</i>		<i>mapap tab 500mg/rr</i>	2
<i>(elemental mg).....</i>	116	<i>maprotiline hcl tab 25 mg</i>	56
<i>magnesium gluconate tab 500 mg (27</i>		<i>maprotiline hcl tab 50 mg</i>	56
<i>mg elemental mg)</i>	116	<i>maprotiline hcl tab 75 mg</i>	56
<i>magnesium oxide cap 500 mg (elemental</i>		<i>marlissa tab 0.15/30</i>	77
<i>mg)</i>	116	MARPLAN TAB 10MG.....	56
<i>magnesium oxide tab 250 mg (mg</i>		MATULANE CAP 50MG.....	29
<i>supplement).....</i>	116	MAVYRET TAB 100-40MG	16
<i>magnesium oxide tab 400 mg</i>	86	<i>max daily tab green.....</i>	125
<i>magnesium oxide tab 400 mg (240 mg</i>		MAXIDEX SUS 0.1% OP	135
<i>elemental mg).....</i>	116	<i>maximum epa cap 1000mg</i>	119
<i>magnesium oxide tab 400 mg (241.3 mg</i>		<i>maximum tab blue lab</i>	125
<i>elemental mg).....</i>	116	<i>maximum tab green lb.....</i>	125
<i>magnesium oxide tab 420 mg</i>	86	<i>maximum tab red labl.....</i>	125
<i>magnesium oxide tab 500 mg (mg</i>		<i>m-clear wc liq 100-6.3.....</i>	146
<i>supplement).....</i>	116	<i>meclizine hcl chew tab 25 mg</i>	87
MAGNESIUM SU INJ 20/500ML	108	<i>meclizine hcl tab 12.5 mg</i>	87
MAGNESIUM SU INJ 2GM/50ML	108	<i>meclizine hcl tab 25 mg</i>	87
MAGNESIUM SU INJ 40G/1000	108	<i>mediplex tab plus.....</i>	125
MAGNESIUM SU INJ 4G/100ML.....	108	<i>medroxyprogesterone acetate im susp</i>	

150 mg/ml.....	77
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	77
<i>medroxyprogesterone acetate tab 10 mg</i>	83
<i>medroxyprogesterone acetate tab 2.5 mg</i>	83
<i>medroxyprogesterone acetate tab 5 mg</i>	83
<i>mefloquine hcl tab 250 mg</i>	12
<i>mega multi tab men</i>	125
<i>mega multi tab women</i>	125
MEGA MULTIVI TAB MEN.....	125
MEGA MULTIVI TAB WOMEN.....	125
<i>mega vm-80 tab</i>	125
MEGAVITE TAB FRT/VEG.....	125
MEGAVITE TAB GOLD 55+	125
<i>megestrol acetate susp 40 mg/ml</i>	27
MEGESTROL ACETATE SUSP 625 MG/5ML	27
<i>megestrol acetate tab 20 mg</i>	27
<i>megestrol acetate tab 40 mg</i>	27
MEKINIST TAB 0.5MG.....	28
MEKINIST TAB 2MG	28
MELOXICAM SUSP 7.5 MG/5ML.....	4
<i>meloxicam tab 15 mg</i>	4
<i>meloxicam tab 7.5 mg</i>	4
<i>melphalan hcl for inj 50 mg (base equiv)</i>	23
<i>memantine hcl oral solution 2 mg/ml</i> ..	53
MEMANTINE HCL TAB 10 MG	53
<i>memantine hcl tab 5 mg</i>	53
MENACTRA INJ	107
M-END PE LIQ	146
<i>m-end wc liq</i>	146
MENOMUNE INJ A/C/Y/W	107
MENS 50+ CAP ADVANCED	125
<i>mens daily cap lycopene</i>	125
<i>mens daily chw gummies</i>	126
MENS PAK.....	126
MENVEO INJ.....	107
MEPHYTON TAB 5MG.....	126
<i>mercaptopurine tab 50 mg</i>	24
<i>meropenem iv for soln 1 gm</i>	10
<i>meropenem iv for soln 500 mg</i>	10
<i>mesalamine enema 4 gm</i>	90
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	90

MESALAMINE TAB DELAYED RELEASE 800 MG.....	90
<i>mesna inj 100 mg/ml</i>	30
MESNEX TAB 400MG.....	30
<i>metamucil pow 58.6%org</i>	93
<i>metformin hcl tab 1000 mg</i>	73
<i>metformin hcl tab 500 mg</i>	73
<i>metformin hcl tab 850 mg</i>	73
<i>metformin hcl tab er 24hr 500 mg</i>	73
<i>metformin hcl tab er 24hr 750 mg</i>	74
<i>methadone con 10mg/ml</i>	7
<i>methadone hcl soln 10 mg/5ml</i>	7
<i>methadone hcl soln 5 mg/5ml</i>	7
<i>methadone hcl tab 10 mg</i>	7
<i>methadone hcl tab 5 mg</i>	7
<i>methazolamide tab 25 mg</i>	43
<i>methazolamide tab 50 mg</i>	43
<i>methenamine hippurate tab 1 gm</i>	10
<i>methergine tab 0.2mg</i>	82
<i>methimazole tab 10 mg</i>	84
<i>methimazole tab 5 mg</i>	84
<i>methocarbamol tab 500 mg</i>	68
<i>methocarbamol tab 750 mg</i>	68
METHOCEL E4M POW PREMIUM.....	119
<i>methotrexate sodium for inj 1 gm</i>	24
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	24
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML).....	24
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	24
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	25
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	25
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	25
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	24
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	104
<i>methyclothiazide tab 5 mg</i>	43
<i>methylergonovine maleate tab 0.2 mg</i> 82	
<i>methylphenidate hcl soln 10 mg/5ml</i> ..	65
<i>methylphenidate hcl soln 5 mg/5ml</i>	65
<i>methylphenidate hcl tab 10 mg</i>	65
<i>methylphenidate hcl tab 20 mg</i>	65
<i>methylphenidate hcl tab 5 mg</i>	65

<i>methylphenidate hcl tab er 10 mg</i>	65	<i>metronidazole gel 0.75%</i>	162
<i>methylphenidate hcl tab er 20 mg</i>	65	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methylprednisolone acetate inj susp 40</i>		<i>mg/100ml</i>	10
<i>mg/ml</i>	81	<i>metronidazole lotion 0.75%</i>	162
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole tab 250 mg</i>	10
<i>mg/ml</i>	81	<i>metronidazole tab 500 mg</i>	10
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole vaginal gel 0.75%</i>	98
<i>mg (base equiv)</i>	81	<i>mexiletine hcl cap 150 mg</i>	36
<i>methylprednisolone sod succ for inj 125</i>		<i>mexiletine hcl cap 200 mg</i>	36
<i>mg (base equiv)</i>	81	<i>mexiletine hcl cap 250 mg</i>	36
<i>methylprednisolone sod succ for inj 40</i>		MG GLUCONATE TAB 250MG	117
<i>mg (base equiv)</i>	81	MG SO4/D5W INJ 10MG/ML	108
<i>methylprednisolone tab 16 mg</i>	81	MG SO4/D5W INJ 20MG/ML	108
<i>methylprednisolone tab 32 mg</i>	81	<i>mgo tab 400mg</i>	117
<i>methylprednisolone tab 4 mg</i>	81	MH MACULAR MIS HEALTH	126
<i>methylprednisolone tab 8 mg</i>	81	MIACALCIN INJ 200/ML	82
<i>methylprednisolone tab therapy pack 4</i>		<i>mi-acid gas chw 80mg</i>	95
<i>mg (21)</i>	81	<i>mi-acid sus</i>	86
<i>metipranolol ophth soln 0.3%</i>	136	<i>mi-acid sus max st</i>	86
<i>metoclopramide hcl inj 5 mg/ml</i>	87	<i>miconazole 3 kit combinat</i>	98
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>miconazole 3 kit combo pk</i>	98
<i>mg/10ml)</i>	88	<i>miconazole 7 cre 2%</i>	98
<i>metoclopramide hcl tab 10 mg</i>	88	<i>miconazole 7 cre tube/kit</i>	98
<i>metoclopramide hcl tab 5 mg</i>	88	<i>miconazole 7 sup 100mg</i>	98
<i>metolazone tab 10 mg</i>	43	<i>miconazole nitrate cream 2%</i>	157
<i>metolazone tab 2.5 mg</i>	43	<i>miconazole nitrate vaginal cream 2%</i> .	98
<i>metolazone tab 5 mg</i>	43	<i>miconazole nitrate vaginal supp 1200 mg</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>& 2% cream kit</i>	98
<i>100-25 mg</i>	39	<i>miconazole nitrate vaginal suppos 100</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	99
<i>100-50 mg</i>	39	<i>miconazorb pow af 2%</i>	157
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>micro guard pow 2%</i>	158
<i>25 mg</i>	39	<i>midodrine hcl tab 10 mg</i>	44
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>midodrine hcl tab 2.5 mg</i>	44
<i>(tartrate equiv)</i>	40	<i>midodrine hcl tab 5 mg</i>	44
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>migergot sup 2/100</i>	66
<i>(tartrate equiv)</i>	40	<i>milk of magn sus</i>	93
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>milk of magn sus 1200/15</i>	93
<i>(tartrate equiv)</i>	40	MILK OF MAGN SUS 2400MG	93
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>milk of magn sus 400/5ml</i>	93
<i>(tartrate equiv)</i>	40	<i>milk of magn sus cherry</i>	93
<i>metoprolol tartrate iv soln 5 mg/5ml ...</i>	40	<i>milk of magn sus frsh mnt</i>	93
<i>metoprolol tartrate iv soln cart inj 5</i>		<i>milk of magn sus mint</i>	93
<i>mg/5ml (1 mg/ml)</i>	40	<i>milltrium sr tab</i>	126
<i>metoprolol tartrate tab 100 mg</i>	40	<i>mineral oil ene</i>	93
<i>metoprolol tartrate tab 25 mg</i>	40	<i>minerin cre</i>	162
<i>metoprolol tartrate tab 50 mg</i>	40	<i>minitrans dis 0.1mg/hr</i>	45
<i>metronidazole cream 0.75%</i>	162	<i>minitrans dis 0.2mg/hr</i>	45

<i>minitran dis 0.4mg/hr</i>	45	<i>(base equiv)</i>	152
<i>minitran dis 0.6mg/hr</i>	45	<i>montelukast sodium chew tab 5 mg</i>	
<i>minocycline hcl cap 100 mg</i>	22	<i>(base equiv)</i>	152
<i>minocycline hcl cap 50 mg</i>	22	<i>montelukast sodium oral granules packet</i>	
<i>minocycline hcl cap 75 mg</i>	22	<i>4 mg (base equiv)</i>	152
<i>minoxidil tab 10 mg</i>	44	<i>montelukast sodium tab 10 mg (base</i>	
<i>minoxidil tab 2.5 mg</i>	44	<i>equiv)</i>	152
<i>mintox plus chw</i>	86	MORPHINE SUL INJ 150/30ML	7
<i>mintox sus</i>	86	MORPHINE SUL INJ 2MG/ML	7
<i>mintox sus max st</i>	86	MORPHINE SUL INJ 4MG/ML	7
<i>mirtazapine orally disintegrating tab 15</i>		MORPHINE SUL INJ 8MG/ML	7
<i>mg</i>	56	<i>morphine sulfate inj pf 0.5 mg/ml</i>	7
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate inj pf 1 mg/ml</i>	7
<i>mg</i>	56	MORPHINE SULFATE IV SOLN 1 MG/ML	7
<i>mirtazapine orally disintegrating tab 45</i>		MORPHINE SULFATE IV SOLN PF 10	
<i>mg</i>	56	MG/ML	7
<i>mirtazapine tab 15 mg</i>	56	MORPHINE SULFATE IV SOLN PF 15	
<i>mirtazapine tab 30 mg</i>	56	MG/ML	7
<i>mirtazapine tab 45 mg</i>	56	<i>morphine sulfate iv soln pf 4 mg/ml</i>	7
<i>mirtazapine tab 7.5 mg</i>	56	<i>morphine sulfate iv soln pf 8 mg/ml</i>	7
<i>misoprostol tab 100 mcg</i>	95	MORPHINE SULFATE ORAL SOLN 10	
<i>misoprostol tab 200 mcg</i>	95	MG/5ML	7
<i>mitomycin for iv soln 20 mg</i>	24	MORPHINE SULFATE ORAL SOLN 100	
<i>mitomycin for iv soln 40 mg</i>	24	MG/5ML (20 MG/ML)	7
<i>mitomycin for iv soln 5 mg</i>	24	MORPHINE SULFATE ORAL SOLN 20	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		MG/5ML	7
<i>mg/ml)</i>	29	MORPHINE SULFATE TAB 15 MG	7
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		MORPHINE SULFATE TAB 30 MG	7
<i>(2 mg/ml)</i>	29	<i>morphine sulfate tab er 100 mg</i>	7
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate tab er 15 mg</i>	7
<i>mg/ml)</i>	29	<i>morphine sulfate tab er 200 mg</i>	7
M-M-R II INJ	107	<i>morphine sulfate tab er 30 mg</i>	7
<i>moexipril hcl tab 15 mg</i>	33	<i>morphine sulfate tab er 60 mg</i>	7
<i>moexipril hcl tab 7.5 mg</i>	33	<i>motion relf tab 25mg</i>	88
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>motion sick tab 25mg</i>	88
<i>12.5 mg</i>	32	<i>motion sick tab 50mg</i>	88
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>motion-time chw 25mg</i>	88
<i>mg</i>	32	MOVANTIK TAB 12.5MG	95
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		MOVANTIK TAB 25MG	96
<i>12.5 mg</i>	32	MOVIPREP SOL	93
<i>molindone hcl tab 10 mg</i>	61	MOXEZA SOL 0.5%	134
<i>molindone hcl tab 25 mg</i>	61	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>mometasone furoate cream 0.1%</i>	160	<i>equiv)</i>	134
<i>mometasone furoate oint 0.1%</i>	160	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>mometasone furoate solution 0.1%</i>		.....	20
<i>(lotion)</i>	160	MOZOBIL INJ	100
MONONESSA TAB	77	<i>mucinex allr tab 180mg</i>	141
<i>montelukast sodium chew tab 4 mg</i>		MUCINEX CAP DAY/NGHT	146

MUCINEX CAP FAST-MAX	146	<i>mucus relief tab pe.....</i>	147
MUCINEX CAP SINUS	146	<i>mucus+chst liq 100/5ml</i>	147
MUCINEX CGH GRA 5-100MG	146	<i>mucus-dm max tab 60-1200</i>	147
<i>mucinex cgh liq 5-100mg.....</i>	146	<i>mucus-dm tab 30-600mg.....</i>	147
<i>mucinex chld liq 100/5ml.....</i>	146	<i>mucus-er tab 600mg</i>	147
MUCINEX CHLD LIQ MULTISYM.....	146	<i>mucusrelief tab sinus.....</i>	147
MUCINEX CHLD MIS DAY/NITE	146	<i>mult vitamin tab daily.....</i>	126
<i>mucinex cold cap flu nght</i>	146	<i>mult vitamin tab essent</i>	126
<i>mucinex cold cap sinus.....</i>	146	<i>mult vitamin tab mens.....</i>	126
MUCINEX COLD LIQ 2.5-100	146	<i>mult vitamin tab no iron.....</i>	126
MUCINEX COLD LIQ CHILD	146	<i>mult vitamin tab womens.....</i>	126
MUCINEX COLD LIQ CHILDREN.....	146	MULTAQ TAB 400MG.....	36
MUCINEX COLD LIQ FLU&SORE	146	<i>multi 50+ cap for her</i>	126
MUCINEX COLD LIQ SINUS	146	<i>multi 50+ tab for her.....</i>	126
<i>mucinex cold tab flu&sore.....</i>	146	<i>multi 50+ tab for him</i>	126
<i>mucinex cold tab sinus</i>	146	<i>multi adult chw gummies</i>	126
MUCINEX CONG LIQ & COUGH	146	<i>multi cap for her</i>	126
MUCINEX CONG LIQ COUGH	147	<i>multi complt tab /iron</i>	126
MUCINEX D TAB 120-1200.....	147	<i>multi gummie chw mens</i>	126
MUCINEX D TAB 60-600MG.....	147	<i>multi gummie chw womens</i>	126
<i>mucinex dm liq 20-400.....</i>	147	<i>multi tab for her.....</i>	126
MUCINEX DM TAB 30-600ER	147	<i>multi tab for him</i>	126
MUCINEX DM TAB 60-1200	147	MULTI VITAMN TAB MINERALS.....	126
<i>mucinex fast liq cold flu</i>	147	MULTI-BETIC TAB	126
MUCINEX FAST LIQ SEV COLD.....	147	<i>multi-day tab.....</i>	126
<i>mucinex fast mis day/nght.....</i>	147	<i>multi-day tab /iron</i>	126
MUCINEX FAST MIS DAY/NGHT	147	<i>multi-day tab minerals.....</i>	126
MUCINEX FAST MIS MX DAY/N	147	<i>multi-day tab vitamins.....</i>	126
<i>mucinex fast tab 25-5-325.....</i>	147	<i>multilex tab</i>	126
MUCINEX FAST TAB 5-10-200	147	<i>multilex-t&m tab</i>	126
<i>mucinex fast tab sev cold</i>	147	<i>multimineral tab plus.....</i>	126
<i>mucinex ff spr 0.05%</i>	147	<i>multiple vitamin tab</i>	126
<i>mucinex liq</i>	147	<i>multiple vitamins w/ iron tab</i>	126
<i>mucinex ms liq cold ngh</i>	147	<i>multiple vitamins w/ minerals tab.....</i>	126
MUCINEX TAB 1200MG	147	<i>multi-sympt liq cld nght</i>	147
MUCINEX TAB 600MG ER	147	<i>multi-sympt sus pls cold</i>	147
<i>mucinex tab sinus.....</i>	147	<i>multi-vit tab</i>	126
MUCINEX/KIDS GRA 100MG.....	147	<i>multi-vit/ tab minerals</i>	126
<i>mucosa dm tab 20-400mg</i>	147	<i>multi-vit/fe tab</i>	126
<i>mucosa tab 400mg</i>	147	<i>multivital chw silver.....</i>	126
<i>mucus relief liq 100/5ml</i>	147	<i>multivital tab</i>	126
<i>mucus relief liq 5-100mg</i>	147	<i>multivital tab performa</i>	126
<i>mucus relief liq cong/cgh</i>	147	<i>multivital tab platinum.....</i>	127
<i>mucus relief tab 400mg</i>	147	<i>multi-vitami chw gummies</i>	126
<i>mucus relief tab cld/sinu.....</i>	147	MULTI-VITAMI TAB MONOCAPS.....	126
<i>mucus relief tab cold/flu</i>	147	<i>multivitamin cap</i>	127
<i>mucus relief tab cong/cld</i>	147	<i>multivitamin cap daily.....</i>	127
<i>mucus relief tab dm</i>	147	<i>multivitamin liq</i>	127

<i>multivitamin liq mineral</i>	127
<i>multivitamin tab daily</i>	127
<i>multivitamin tab womens</i>	127
<i>multi-vitamn tab</i>	126
<i>multi-vite tab</i>	126
<i>multi-vite tab 50&over</i>	126
<i>mupirocin oint 2%</i>	156
MURO 128 OIN 5% OP	137
MURO 128 SOL 2% OP	137
MURO 128 SOL 5% OP	137
MUSTARGEN INJ 10MG	23
<i>my way tab 1.5mg</i>	77
<i>myamulti tab</i>	127
MYCAMINE INJ 100MG	12
MYCAMINE INJ 50MG	12
<i>mycophenolate mofetil cap 250 mg</i> ...	106
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	106
<i>mycophenolate mofetil tab 500 mg</i> ...	106
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	106
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	106
<i>myferon 150 cap 150mg</i>	102
MYKIDZ IRON SUS 15/1.5ML	102
<i>myorisan cap 10mg</i>	156
<i>myorisan cap 20mg</i>	156
<i>myorisan cap 30mg</i>	156
<i>myorisan cap 40mg</i>	156
MYRBETRIQ TAB 25MG	98
MYRBETRIQ TAB 50MG	98
<i>mytab gas chw 125mg</i>	96
<i>mytab gas chw 80mg</i>	96
<i>my-vitalife cap</i>	127
<i>myzilra tab</i>	77

N

<i>nabumetone tab 500 mg</i>	4
<i>nabumetone tab 750 mg</i>	4
<i>nadolol tab 20 mg</i>	40
<i>nadolol tab 40 mg</i>	40
<i>nadolol tab 80 mg</i>	40
<i>nafcillin sodium for inj 1 gm</i>	21
<i>nafcillin sodium for inj 10 gm</i>	21
<i>nafcillin sodium for inj 2 gm</i>	21
<i>nafcillin sodium for iv soln 1 gm</i>	21
<i>nafcillin sodium for iv soln 2 gm</i>	21
NAGLAZYME INJ 1MG/ML	79
<i>nalbuphine hcl inj 10 mg/ml</i>	5

<i>nalbuphine hcl inj 20 mg/ml</i>	5
<i>naloxone hcl inj 0.4 mg/ml</i>	69
<i>naloxone hcl inj 4 mg/10ml</i>	69
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	69
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	69
<i>naltrexone hcl tab 50 mg</i>	69
NAMENDA XR CAP 14MG	53
NAMENDA XR CAP 21MG	53
NAMENDA XR CAP 28MG	53
NAMENDA XR CAP 7MG	53
NAMENDA XR CAP TITRATIO	53
NAMZARIC CAP	53
NAMZARIC CAP 14-10MG	53
NAMZARIC CAP 21-10MG	53
NAMZARIC CAP 28-10MG	53
NAMZARIC CAP 7-10MG	53
<i>naphazoline hcl ophth soln 0.1%</i>	137
<i>naproxen dr tab 375mg</i>	4
<i>naproxen dr tab 500mg</i>	4
NAPROXEN SOD CAP 220MG	4
<i>naproxen sod tab 220mg</i>	4
NAPROXEN SODIUM CAP 220 MG	4
<i>naproxen sodium tab 220 mg</i>	4
<i>naproxen sodium tab 275 mg</i>	4
<i>naproxen sodium tab 550 mg</i>	4
<i>naproxen susp 125 mg/5ml</i>	4
<i>naproxen tab 250 mg</i>	4
<i>naproxen tab 375 mg</i>	4
<i>naproxen tab 500 mg</i>	4
<i>naratriptan hcl tab 1 mg (base equiv)</i> .	66
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	66
<i>nasal 12 hr spr 0.05%</i>	147
<i>nasal decon syp 30mg/5ml</i>	147
NASAL DECONG LIQ 30MG/5ML	147
<i>nasal decong spr 0.05%</i>	147
<i>nasal decong tab 10mg</i>	148
<i>nasal decong tab 120mg er</i>	148
<i>nasal decong tab 30mg</i>	148
<i>nasal four sol 1%</i>	148
<i>nasal moist spr 0.65%</i>	153
<i>nasal relief spr 0.05%</i>	148
<i>nasal saline spr 0.65%</i>	153
<i>nasal spr 0.05%</i>	148
NASCOBAL SPR 500MCG	127
<i>nasogel gel</i>	153
<i>nat fiber pow 48.57%</i>	93

<i>nat fiber pow therapy</i>	93	NEUPOGEN INJ 480/0.8	101
<i>nat veg lax tab 8.6mg</i>	93	NEUPOGEN INJ 480MCG.....	101
NATACYN SUS 5% OP	134	NEUPRO DIS 1MG/24HR.....	58
<i>nateglinide tab 120 mg</i>	74	NEUPRO DIS 2MG/24HR.....	58
<i>nateglinide tab 60 mg</i>	74	NEUPRO DIS 3MG/24HR.....	58
NATPARA INJ 100MCG.....	83	NEUPRO DIS 4MG/24HR.....	58
NATPARA INJ 25MCG.....	83	NEUPRO DIS 6MG/24HR.....	58
NATPARA INJ 50MCG.....	83	NEUPRO DIS 8MG/24HR.....	58
NATPARA INJ 75MCG.....	83	NEVIRAPINE SUSP 50 MG/5ML.....	13
<i>natural bal sol 0.4%</i>	137	<i>nevirapine tab 200 mg</i>	13
<i>natural bal sol tears</i>	137	<i>nevirapine tab er 24hr 100 mg</i>	13
<i>naturalyte sol fruit</i>	108	<i>nevirapine tab er 24hr 400 mg</i>	13
<i>natures sol tears</i>	137	NEXAVAR TAB 200MG	28
<i>natures tear sol 0.4%</i>	137	NEXIUM GRA 10MG DR	97
<i>naturl fiber pow 28.3%</i>	93	NEXIUM GRA 2.5MG DR	97
<i>naturl fiber pow therapy</i>	93	NEXIUM GRA 20MG DR	97
<i>na-zone spr 0.65%</i>	153	NEXIUM GRA 40MG DR	97
NEBUPENT INH 300MG	10	NEXIUM GRA 5MG DR.....	97
<i>necon tab 0.5/35</i>	77	<i>next choice tab 1.5mg</i>	77
NECON TAB 1/50-28	77	<i>niacin cap er 250 mg</i>	127
<i>necon tab 10/11-28</i>	77	<i>niacin cap er 500 mg</i>	127
NECON TAB 7/7/7	77	<i>niacin tab 100 mg</i>	127
<i>nefazodone hcl tab 100 mg</i>	56	<i>niacin tab 100mg</i>	127
<i>nefazodone hcl tab 150 mg</i>	56	<i>niacin tab 250 mg</i>	127
<i>nefazodone hcl tab 200 mg</i>	56	<i>niacin tab 50 mg</i>	127
<i>nefazodone hcl tab 250 mg</i>	56	<i>niacin tab 500 mg</i>	127
<i>nefazodone hcl tab 50 mg</i>	56	<i>niacin tab er 1000 mg</i> (antihyperlipidemic)	38
<i>neomycin sulfate tab 500 mg</i>	9	<i>niacin tab er 250 mg</i>	127
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> ...	134	<i>niacin tab er 500 mg</i>	127
<i>neomycin-bacitracin-polymyxin oint</i> ..	156	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	38
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	134	<i>niacin tab er 750 mg</i>	127
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	134	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	38
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	134	NIACIN TR TAB 1000MG.....	127
<i>neomycin-polymyxin-hc ophth susp</i> ..	134	<i>niacin-50 tab</i>	127
<i>neomycin-polymyxin-hc otic soln 1%</i>	164	<i>niacor tab 500mg</i>	38
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	164	<i>nicardipine hcl cap 20 mg</i>	42
NEORAL CAP 100MG.....	106	<i>nicardipine hcl cap 30 mg</i>	42
NEORAL CAP 25MG	106	NICODERM CQ DIS 14MG/24H.....	69
NEORAL SOL 100MG/ML	106	NICODERM CQ DIS 21MG/24H.....	69
NEPHRAMINE INJ 5.4%	110	NICODERM CQ DIS 7MG/24HR.....	69
NERLYNX TAB 40MG.....	28	<i>nicorelief gum 2mg mint</i>	69
NEUPOGEN INJ 300/0.5	100	<i>nicorelief gum 2mg orig</i>	69
NEUPOGEN INJ 300MCG	101	<i>nicorelief gum 4mg mint</i>	69
		<i>nicorelief gum 4mg orig</i>	69
		NICORETTE GUM 2MG CINN	69

NICORETTE GUM 2MG MINT	69	<i>nighttime tab 25mg</i>	70
NICORETTE GUM 2MG ORIG	69	<i>nikki tab 3-0.02mg</i>	77
NICORETTE GUM 2MGFRUIT	69	<i>nilutamide tab 150 mg</i>	27
NICORETTE GUM 4MG CINN	70	<i>nimodipine cap 30 mg</i>	42
NICORETTE GUM 4MG MINT	70	NINLARO CAP 2.3MG	26
NICORETTE GUM 4MG ORIG	70	NINLARO CAP 3MG	26
NICORETTE GUM 4MGFRUIT	70	NINLARO CAP 4MG	26
NICORETTE LOZ 2MG CHRY	70	NIPENT INJ 10MG	25
NICORETTE LOZ 2MG MINT	70	<i>nite time cap cold/flu</i>	148
NICORETTE LOZ 2MG ORIG	70	<i>nite time liq cold/flu</i>	148
NICORETTE LOZ 4MG CHRY	70	<i>nite time liq cough</i>	148
NICORETTE LOZ 4MG MINT	70	<i>nite-time cap cold/flu</i>	148
NICORETTE LOZ 4MG ORIG	70	<i>nite-time liq cold/flu</i>	148
NICORETTE ST GUM 2MG MINT	70	<i>nite-time liq cough</i>	148
NICORETTE ST GUM 2MG ORIG	70	<i>nitro-bid oin 2%</i>	45
NICORETTE ST GUM 4MG ORIG	70	NITRO-DUR DIS 0.3MG/HR	45
<i>nicotine gum 4mg</i>	70	NITRO-DUR DIS 0.8MG/HR	45
<i>nicotine polacrilex gum 2 mg</i>	70	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>nicotine polacrilex gum 4 mg</i>	70	<i>mg</i>	10
<i>nicotine polacrilex lozenge 2 mg</i>	70	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>nicotine polacrilex lozenge 4 mg</i>	70	<i>mg</i>	10
NICOTINE SYS KIT TRANSDER	70	<i>nitrofurantoin monohydrate</i>	
NICOTINE TD DIS 7MG/24HR	70	<i>macrocrystalline cap 100 mg</i>	11
<i>nicotine td patch 24hr 14 mg/24hr</i>	70	<i>nitroglycerin sl tab 0.3 mg</i>	45
NICOTINE TD PATCH 24HR 14 MG/24HR		<i>nitroglycerin sl tab 0.4 mg</i>	45
.....	70	<i>nitroglycerin sl tab 0.6 mg</i>	45
<i>nicotine td patch 24hr 21 mg/24hr</i>	70	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	45
NICOTINE TD PATCH 24HR 21 MG/24HR		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	45
.....	70	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	45
<i>nicotine td patch 24hr 7 mg/24hr</i>	70	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	45
NICOTINE TD PATCH 24HR 7 MG/24HR	70	<i>niva-hist dm liq 7.5-4-15</i>	148
NICOTROL INH	70	<i>nivanex dmx tab</i>	148
NICOTROL NS SPR 10MG/ML	70	<i>no drip nasl spr 0.05%</i>	148
<i>nifedipine tab er 24hr 30 mg</i>	42	<i>nohist-dm liq</i>	148
<i>nifedipine tab er 24hr 60 mg</i>	42	<i>nohist-lq liq 4-10/5ml</i>	148
<i>nifedipine tab er 24hr 90 mg</i>	42	<i>non-asa jr tab 160mg</i>	2
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>non-aspirin sus 160/5ml</i>	2
<i>mg</i>	42	<i>non-aspirin tab 325mg</i>	2
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>non-aspirin tab 500mg</i>	2
<i>mg</i>	42	<i>non-aspirin tab 500mg/rr</i>	2
<i>nifedipine tab er 24hr osmotic release 90</i>		NORDITROPIN INJ 10/1.5ML	82
<i>mg</i>	42	NORDITROPIN INJ 15/1.5ML	82
<i>night time cap cold&flu</i>	148	NORDITROPIN INJ 30/3ML	82
<i>night time cap cold/flu</i>	148	NORDITROPIN INJ 5/1.5ML	82
<i>night time liq cld/flu</i>	148	NOREL AD TAB 4-10-325	148
<i>night time liq cold/flu</i>	148	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>night time liq cough</i>	148	<i>150-35 mcg/24hr</i>	77
<i>night time tab sinus</i>	148	<i>norethindrone & ethinyl estradiol tab 1</i>	

<i>mg-35 mcg</i>	77
<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>1 mg-20 mcg</i>	77
NORETHINDRONE ACE & ETHINYL	
ESTRADIOL TAB 1 MG-20 MCG	77
<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>1.5 mg-30 mcg</i>	77
NORETHINDRONE ACE & ETHINYL	
ESTRADIOL TAB 1.5 MG-30 MCG	77
NORETHINDRONE ACE & ETHINYL	
ESTRADIOL-FE TAB 1 MG-20 MCG	77
NORETHINDRONE ACE & ETHINYL	
ESTRADIOL-FE TAB 1.5 MG-30 MCG....	77
<i>norethindrone acetate tab 5 mg</i>	83
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	80
NORETHINDRONE AC-ETHINYL ESTRAD-	
FE TAB 1-20/1-30/1-35 MG-MCG	77
<i>norethindrone tab 0.35 mg</i>	77
NORETHINDRONE TAB 0.35 MG	77
NORETHINDRONE-ETH ESTRADIOL TAB	
0.5-35/1-35/0.5-35 MG-MCG	77
<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>mg-35 mcg</i>	77
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	77
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	77
<i>norgestrel & ethinyl estradiol tab 0.3 mg-</i>	
<i>30 mcg</i>	78
<i>norlyroc tab 0.35mg</i>	78
NORMOSOL -M INJ /D5W	112
NORMOSOL -R INJ /D5W	112
NORMOSOL-R INJ PH 7.4.....	112
NORPACE CAP 100MG CR.....	36
NORPACE CAP 150MG CR.....	36
NORTHERA CAP 100MG	44
NORTHERA CAP 200MG	44
NORTHERA CAP 300MG	44
<i>nortrel tab 0.5/35</i>	78
<i>nortrel tab 1/35</i>	78
<i>nortrel tab 7/7/7</i>	78
<i>nortriptyline hcl cap 10 mg</i>	56
<i>nortriptyline hcl cap 25 mg</i>	56
<i>nortriptyline hcl cap 50 mg</i>	56
<i>nortriptyline hcl cap 75 mg</i>	56
<i>nortriptyline hcl soln 10 mg/5ml</i>	56
NORVIR CAP 100MG.....	13

NORVIR SOL 80MG/ML.....	13
NORVIR TAB 100MG	13
<i>nose dro 1%</i>	148
NOVAFERRUM CAP 50MG	102
NOVAFERRUM DRO 15MG/ML	102
NOVAFERRUM LIQ 125.....	102
NOVOLIN INJ 70/30.....	72
NOVOLIN N INJ U-100	72
NOVOLIN R INJ U-100	72
NOVOLOG INJ 100/ML	72
NOVOLOG INJ FLEXPEN.....	72
NOVOLOG INJ PENFILL	72
NOVOLOG MIX INJ 70/30	72
NOVOLOG MIX INJ FLEXPEN	72
NOXAFIL SUS 40MG/ML	12
NOXAFIL TAB 100MG.....	12
<i>nrs nasal spr 0.05%</i>	148
NUEDEXTA CAP 20-10MG	67
<i>nu-iron 150 cap 150mg</i>	102
NULOJIX INJ 250MG	106
NULYTELY SOL FLAV PKS	93
NU-MAG TAB 71.5-119	117
NUPLAZID TAB 17MG.....	61
NUVARING MIS	78
<i>nyamyc pow 100000</i>	158
<i>nyata pow 100000</i>	158
NYMALIZE SOL 60/20ML	42
<i>nyquil sev liq cold/flu</i>	148
<i>nystatin cream 100000 unit/gm</i>	158
<i>nystatin oint 100000 unit/gm</i>	158
<i>nystatin susp 100000 unit/ml</i>	164
<i>nystatin tab 500000 unit</i>	12
<i>nystatin topical powder 100000 unit/gm</i>	
.....	158
<i>nystop pow 100000</i>	158
O	
<i>ocean kids spr 0.65%</i>	153
OCEAN NASAL SPR 0.65%.....	153
OCTAGAM INJ 10GM	105
OCTAGAM INJ 1GM.....	105
OCTAGAM INJ 2.5GM	105
OCTAGAM INJ 25GM	105
OCTAGAM INJ 2GM/20ML	105
OCTAGAM INJ 5GM.....	105
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	82
<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	82

octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	82
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	82
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	82
ocutabs tab.....	127
ocutabs tab lutein.....	127
OCUVITE CAP ADULT.....	127
ocuvite eye tab + multi.....	127
OCUVITE LUTE CAP.....	127
ocuvite tab lutein.....	127
ocuvite xtra tab.....	127
ODEFSEY TAB.....	15
ODOMZO CAP 200MG.....	29
OFEV CAP 100MG.....	153
OFEV CAP 150MG.....	153
ofloxacin ophth soln 0.3%.....	134
ofloxacin otic soln 0.3%.....	164
olanzapine for im inj 10 mg.....	61
olanzapine orally disintegrating tab 10 mg.....	61
olanzapine orally disintegrating tab 15 mg.....	61
olanzapine orally disintegrating tab 20 mg.....	61
olanzapine orally disintegrating tab 5 mg.....	61
olanzapine tab 10 mg.....	61
olanzapine tab 15 mg.....	61
olanzapine tab 2.5 mg.....	61
olanzapine tab 20 mg.....	61
olanzapine tab 5 mg.....	61
olanzapine tab 7.5 mg.....	61
olmesartan medoxomil tab 20 mg.....	36
olmesartan medoxomil tab 40 mg.....	36
olmesartan medoxomil tab 5 mg.....	36
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg....	34
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg....	35
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....	35
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.	35
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....	35
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg .	35
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	35
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg ...	35
olopatadine hcl ophth soln 0.2% (base equivalent).....	135
omega 3 500 cap 500mg.....	119
omega iii cap epa+dha.....	119
omega-3 cap 1200mg.....	119
omega-3 chld chw 113.5mg	119
omega-3 fatty acids cap 1000 mg	119
omega-3 fatty acids cap 1200 mg	119
omega-3 fatty acids cap 300 mg	119
omega-3 fatty acids cap 435 mg	119
omega-3 fatty acids cap 500 mg	119
omega-3 fatty acids cap delayed release 1000 mg	119
omega-3 fish cap 1000 mg	119
omega-3 fish cap 1000mg.....	119
omega-3 fish chw 113.5mg	119
omega-3-acid ethyl esters cap 1 gm ...	38
omeprazole cap 20.6mgdr.....	97
omeprazole cap delayed release 10 mg	97
omeprazole cap delayed release 20 mg	97
omeprazole cap delayed release 40 mg	97
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	97
OMEPRAZOLE TAB 20MG.....	97
omera cap 1000mg	119
OMNICAP TAB.....	127
once daily tab	127
once daily tab iron.....	127
ONCOVITE TAB	127
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	88
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	88
ondansetron hcl oral soln 4 mg/5ml....	88
ondansetron hcl tab 24 mg.....	88
ondansetron hcl tab 4 mg.....	88
ondansetron hcl tab 8 mg.....	88
ondansetron orally disintegrating tab 4 mg	88
ondansetron orally disintegrating tab 8 mg	88
one daily 50 tab plus	127

<i>one daily chw gummy</i>	127	<i>optimum pms tab</i>	128
<i>one daily mv tab /iron</i>	127	OPTISOURCE CHW BARIATRC	128
<i>one daily tab</i>	127	OPTIVITE TAB P.M.T.	128
<i>one daily tab /mineral</i>	127	OPURITY CHW BYPASS	128
<i>one daily tab 50+</i>	127	<i>oral electro sol h-e-b</i>	108
<i>one daily tab complete</i>	127	<i>oral electrolyte solution</i>	108
<i>one daily tab diet sup</i>	127	<i>oral saline sol laxative</i>	93
ONE DAILY TAB DIET SUP	127	<i>oralyte sol</i>	108
<i>one daily tab essent</i>	127	<i>oralyte sol freeze</i>	108
<i>one daily tab fe/ca</i>	128	<i>orazinc cap 220mg</i>	117
<i>one daily tab maximum</i>	128	ORFADIN CAP 10MG	79
<i>one daily tab men</i>	128	ORFADIN CAP 20MG	79
<i>one daily tab men 50+</i>	128	ORFADIN CAP 2MG.....	79
<i>one daily tab mens</i>	128	ORFADIN CAP 5MG.....	79
<i>one daily tab mens 50+</i>	128	ORFADIN SUS 4MG/ML	79
<i>one daily tab pls iron</i>	128	<i>organ-i nr tab 200mg</i>	148
<i>one daily tab plus iro</i>	128	ORKAMBI TAB 100-125	153
ONE DAILY TAB PLUS IRO	128	ORKAMBI TAB 200-125	153
<i>one daily tab wom 50+</i>	128	<i>orsythia tab</i>	78
ONE DAILY TAB WOMANS	128	<i>orthovite tab</i>	128
<i>one daily tab women</i>	128	<i>os calcium tab /vit d</i>	117
<i>one daily tab women 50</i>	128	<i>os-cal + d3 tab 500-200</i>	117
<i>one daily tab womens</i>	128	<i>os-cal chw</i>	117
<i>one daily wm tab pro-actv</i>	128	<i>os-cal chw 500-600</i>	117
<i>one daily/ tab minerals</i>	128	<i>os-cal extra tab d3</i>	117
<i>one dly hlth tab wght adv</i>	128	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	16
ONE-A-DAY CHW IMMUNITY.....	128	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	16
ONE-A-DAY CHW VITACRAV	128	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	16
ONE-A-DAY TAB 50+ ADV	128	OSTEO-PORETI TAB.....	117
ONE-A-DAY TAB ENERGY	128	<i>ovega-3 cap 500mg</i>	119
ONE-A-DAY TAB ESSENT	128	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	21
ONE-A-DAY TAB MENOPAUS.....	128	<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	22
ONE-A-DAY TAB MENS	128	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	21
ONE-A-DAY TAB PETITES.....	128	<i>oxaliplatin for iv inj 100 mg</i>	30
<i>one-a-day tab teen/her</i>	128	<i>oxaliplatin for iv inj 50 mg</i>	30
ONE-A-DAY TAB TEEN/HIM	128	<i>oxaliplatin iv soln 100 mg/20ml</i>	30
ONE-A-DAY TAB WOMENS.....	128	<i>oxaliplatin iv soln 50 mg/10ml</i>	30
<i>one-daily tab /iron</i>	128	<i>oxandrolone tab 10 mg</i>	71
<i>one-daily tab mult vit</i>	128	<i>oxandrolone tab 2.5 mg</i>	71
ONFI SUS 2.5MG/ML	50	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	50
ONFI TAB 10MG.....	50	<i>oxcarbazepine tab 150 mg</i>	50
ONFI TAB 20MG.....	50		
<i>opcicon tab 1.5mg</i>	78		
<i>operand scrb sol 7.5%</i>	162		
OPSUMIT TAB 10MG.....	45		
<i>opti-clear sol 0.05%</i>	135		
<i>optic-vites tab</i>	128		
<i>optimal-d cap 50000unt</i>	128		

<i>oxcarbazepine tab 300 mg</i>	50
<i>oxcarbazepine tab 600 mg</i>	50
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	98
<i>oxybutynin chloride tab 5 mg</i>	98
<i>oxybutynin chloride tab er 24hr 10 mg</i>	98
<i>oxybutynin chloride tab er 24hr 15 mg</i>	98
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	98
<i>oxycodone hcl cap 5 mg</i>	7
<i>oxycodone hcl conc 100 mg/5ml (20</i> <i>mg/ml)</i>	7
<i>OXYCODONE HCL SOLN 5 MG/5ML</i>	7
<i>oxycodone hcl tab 10 mg</i>	7
<i>oxycodone hcl tab 15 mg</i>	8
<i>oxycodone hcl tab 20 mg</i>	8
<i>oxycodone hcl tab 30 mg</i>	8
<i>oxycodone hcl tab 5 mg</i>	7
<i>oxycodone w/ acetaminophen soln 5-325</i> <i>mg/5ml</i>	8
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	8
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	8
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	8
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	8
<i>OXYCONTIN TAB 10MG CR</i>	8
<i>OXYCONTIN TAB 15MG CR</i>	8
<i>OXYCONTIN TAB 20MG CR</i>	8
<i>OXYCONTIN TAB 30MG CR</i>	8
<i>OXYCONTIN TAB 40MG CR</i>	8
<i>OXYCONTIN TAB 60MG CR</i>	8
<i>OXYCONTIN TAB 80MG CR</i>	8
<i>oys shell ca tab /d3</i>	117
<i>oys shell ca tab /vit d</i>	117
<i>oys shell ca tab 500 + d</i>	117
<i>oys shell+d chw 500-400</i>	117
<i>oys shell+d tab 250-125</i>	117
<i>oysco 500 tab 500mg</i>	117
<i>oysco 500+d chw</i>	117
<i>oysco 500+d tab</i>	117
<i>oysco d tab 250-125</i>	117
<i>oyst cal/d tab 250mg</i>	117
<i>oyst cal/d tab 500mg</i>	117
<i>oyst shell/d tab 500-125</i>	117
<i>oyst shell/d tab 500-200</i>	117
<i>oyst shell/d tab 500-400</i>	117
<i>oyst shell/d tab 500mg</i>	117

<i>oyst-cal d tab 250mg</i>	117
<i>oyst-cal-d tab 500mg</i>	117
<i>oyster shell calcium tab 500 mg</i>	117
<i>oyster shell tab 500mg</i>	117
<i>oystercal tab 500mg</i>	117
<i>oystercal-d tab 500mg</i>	117

P

<i>pa fish oil cap 1000mg</i>	119
<i>PA MENS 50 PAK VITAPAK</i>	128
<i>PA MENS PAK VITAPAK</i>	128
<i>pa oyster sh tab 500mg</i>	117
<i>pa vitamin cap 2000unit</i>	128
<i>PA WOMENS 50 PAK VITAPAK</i>	128
<i>PA WOMENS PAK VITAPAK</i>	128
<i>pacerone tab 100mg</i>	36
<i>pacerone tab 200mg</i>	36
<i>pacerone tab 400mg</i>	36
<i>paclitaxel iv conc 100 mg/16.7ml (6</i> <i>mg/ml)</i>	25
<i>paclitaxel iv conc 150 mg/25ml (6</i> <i>mg/ml)</i>	25
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	25
<i>paclitaxel iv conc 300 mg/50ml (6</i> <i>mg/ml)</i>	25
<i>pain & fever chw 80mg</i>	2
<i>pain & fever sol 160/5ml</i>	2
<i>pain & fever sus 160/5ml</i>	2, 5
<i>pain & fever tab 325mg</i>	2
<i>pain & fever tab 500mg</i>	2
<i>pain relief dro 80/0.8ml</i>	2
<i>pain relief sus 160/5ml</i>	2
<i>pain relief sus pls cold</i>	148
<i>pain relief tab 325mg</i>	2
<i>pain relief tab 500mg</i>	2
<i>pain relief tab cold</i>	148
<i>pain relieve sus 160/5ml</i>	2
<i>pain relieve tab 325mg</i>	2
<i>pain relieve tab 500mg</i>	3
<i>pain relieve tab 500mg/rr</i>	3
<i>pain rlf sin tab pe day</i>	148
<i>paliperidone tab er 24hr 1.5 mg</i>	61
<i>paliperidone tab er 24hr 3 mg</i>	61
<i>paliperidone tab er 24hr 6 mg</i>	62
<i>paliperidone tab er 24hr 9 mg</i>	62
<i>pamidronate disodium for inj 30 mg</i> ...	74
<i>pamidronate disodium for inj 90 mg</i> ...	74
<i>pamidronate disodium iv soln 3 mg/ml</i>	74

<i>pamidronate disodium iv soln 9 mg/ml</i>	74	<i>PEDIALYTE SOL UNFLAVOR</i>	109
<i>pamidronate inj 6mg/ml</i>	74	<i>PEDIARIX INJ 0.5ML</i>	107
<i>PANOXYL GEL 3%</i>	156	<i>pediatric liq cgh/cold</i>	148
<i>panoxyl wash liq 10%</i>	156	<i>pedi-boro pow soak pak</i>	162
<i>PANOXYL-4 LIQ CREM WSH</i>	156	<i>PEDVAX HIB INJ</i>	107
<i>PANRETIN GEL 0.1%</i>	162	<i>PEG 3350-KCL-NA BICARB-NACL-NA</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	97	<i>SULFATE FOR SOLN 236 GM</i>	93
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	97	<i>PEG 3350-KCL-NA BICARB-NACL-NA</i>	
<i>paricalcitol cap 1 mcg</i>	128	<i>SULFATE FOR SOLN 240 GM</i>	93
<i>paricalcitol cap 2 mcg</i>	129	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>paricalcitol cap 4 mcg</i>	129	<i>420 gm</i>	93
<i>paromomycin sulfate cap 250 mg</i>	9	<i>PEGANONE TAB 250MG</i>	50
<i>paroxetine hcl tab 10 mg</i>	56	<i>PEGASYS INJ</i>	16
<i>paroxetine hcl tab 20 mg</i>	56	<i>PEGASYS INJ 180MCG/M</i>	16
<i>paroxetine hcl tab 30 mg</i>	56	<i>PEGASYS INJ PROCLICK</i>	16
<i>paroxetine hcl tab 40 mg</i>	56	<i>pen g proc inj 600000</i>	22
<i>PARVLEX TAB</i>	129	<i>PENICILL GK/ INJ DEX 2MU</i>	22
<i>paser gra 4gm</i>	15	<i>PENICILL GK/ INJ DEX 3MU</i>	22
<i>PATADAY SOL 0.2%</i>	135	<i>penicillin g potassium for inj 20000000</i>	
<i>PAXIL SUS 10MG/5ML</i>	56	<i>unit</i>	22
<i>PAZEO DRO 0.7%</i>	136	<i>penicillin g potassium for inj 5000000</i>	
<i>pc ped elect sol fruit</i>	108	<i>unit</i>	22
<i>pc ped elect sol grape</i>	108	<i>penicillin g sodium for inj 5000000 unit</i>	
<i>pc pediatric sol electrol</i>	108		22
<i>ped elctrlt sol</i>	108	<i>penicillin v potassium for soln 125</i>	
<i>ped elctrlt sol /zinc</i>	108	<i>mg/5ml</i>	22
<i>ped elctrlt sol freeze</i>	108	<i>penicillin v potassium for soln 250</i>	
<i>ped elctrlt sol freezer</i>	109	<i>mg/5ml</i>	22
<i>ped elctrlt sol freezpop</i>	109	<i>penicillin v potassium tab 250 mg</i>	22
<i>ped elctrlt sol fruit</i>	109	<i>penicillin v potassium tab 500 mg</i>	22
<i>ped elctrlt sol grape</i>	109	<i>PENTACEL INJ</i>	107
<i>ped elctrlt sol unflavor</i>	109	<i>PENTAM 300 INJ 300MG</i>	11
<i>ped elctrlt sol unflavrd</i>	109	<i>pentoxifylline tab er 400 mg</i>	103
<i>pedia relief liq cgh/cold</i>	148	<i>peptic relf sus 262/15ml</i>	87
<i>pedia vance sol apple</i>	109	<i>PEPTO-BISMOL SUS 262/15ML</i>	87
<i>PEDIA-LAX CHW 400MG</i>	93	<i>PEPTO-BISMOL SUS 525/15ML</i>	87
<i>PEDIA-LAX LIQ 50MG</i>	93	<i>perdiem over tab 15mg</i>	93
<i>PEDIALYTE SOL ADV CARE</i>	109	<i>PERFECT IRON TAB 25MG</i>	102
<i>PEDIALYTE SOL BLU RASP</i>	109	<i>peri-colace tab 8.6-50mg</i>	93
<i>PEDIALYTE SOL BUBL GUM</i>	109	<i>periguard oin</i>	162
<i>PEDIALYTE SOL CHRY PUN</i>	109	<i>perindopril erbumine tab 2 mg</i>	33
<i>PEDIALYTE SOL FREEZE</i>	109	<i>perindopril erbumine tab 4 mg</i>	33
<i>PEDIALYTE SOL FRUIT</i>	109	<i>perindopril erbumine tab 8 mg</i>	33
<i>PEDIALYTE SOL GRAPE</i>	109	<i>periogard sol 0.12%</i>	164
<i>PEDIALYTE SOL SINGLES</i>	109	<i>permethrin cream 5%</i>	163
<i>PEDIALYTE SOL STRAWBRY</i>	109	<i>perphenazine tab 16 mg</i>	62
		<i>perphenazine tab 2 mg</i>	62
		<i>perphenazine tab 4 mg</i>	62

<i>perphenazine tab 8 mg</i>	62	<i>pimtreea tab</i>	78
<i>pharbedryl cap 25mg</i>	141	<i>pindolol tab 10 mg</i>	40
<i>pharbedryl cap 50mg</i>	141	<i>pindolol tab 5 mg</i>	40
<i>pharbetol tab 325mg</i>	3	PINWORM TAB MEDICINE.....	11
<i>pharbetol tab 500mg</i>	3	PIN-X CHW 250MG	11
<i>phenadoz sup 12.5mg</i>	88	<i>pin-x sus 50mg/ml</i>	11
<i>phenelzine sulfate tab 15 mg</i>	56	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	74
<i>phenergan sup 12.5mg</i>	88	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	74
<i>phenergan sup 25mg</i>	88	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	74
<i>phenergan sup 50mg</i>	88	<i>piper/tazoba inj 12-1.5gm</i>	22
PHENHIST DH LIQ 30-2-10	148	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	22
PHENOBARB INJ 65MG/ML	50	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	22
<i>phenobarbital elixir 20 mg/5ml</i>	51	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	22
<i>phenobarbital sodium inj 130 mg/ml</i> ...	51	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	22
<i>phenobarbital tab 100 mg</i>	51	<i>pirmella tab 1/35</i>	78
<i>phenobarbital tab 15 mg</i>	51	<i>piroxicam cap 10 mg</i>	5
<i>phenobarbital tab 16.2 mg</i>	51	<i>piroxicam cap 20 mg</i>	5
<i>phenobarbital tab 30 mg</i>	51	PLAN B TAB 1.5MG	78
<i>phenobarbital tab 32.4 mg</i>	51	PLASMA-LYTE INJ -148	112
<i>phenobarbital tab 60 mg</i>	51	PLASMA-LYTE INJ -A.....	112
<i>phenobarbital tab 64.8 mg</i>	51	<i>podofilox soln 0.5%</i>	162
<i>phenobarbital tab 97.2 mg</i>	51	POLY HIST TAB 7.5-10MG	148
<i>phenytek cap 200mg</i>	51	<i>poly vitamin chw</i>	129
<i>phenytek cap 300mg</i>	51	<i>polyethylene glycol 3350 oral packet</i> ..	93
<i>phenytoin chew tab 50 mg</i>	51	<i>polyethylene glycol 3350 oral powder</i> .	93
<i>phenytoin sodium extended cap 100 mg</i>	51	<i>poly-iron cap 150mg</i>	102
<i>phenytoin sodium extended cap 200 mg</i>	51	<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	134
<i>phenytoin sodium extended cap 300 mg</i>	51	POLY-TUSSIN LIQ 10-4-10	148
<i>phenytoin sodium inj 50 mg/ml</i>	51	POMALYST CAP 1MG	105
<i>phenytoin susp 125 mg/5ml</i>	51	POMALYST CAP 2MG	105
<i>philith tab 0.4-35</i>	78	POMALYST CAP 3MG	105
PHOSPHOLINE SOL 0.125%OP	136	POMALYST CAP 4MG	105
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	129	PORENAL+D CAP OMEGA 3	129
<i>phytonadione inj 10 mg/ml</i>	129	<i>portia-28 tab</i>	78
PIC 200 CAP.....	102	POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	112
PICATO GEL 0.015%	162	POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ.....	112
PICATO GEL 0.05%	162	<i>potassium chloride cap er 10 meq</i>	109
PILOCARPINE HCL OPHTH SOLN 1% .	136	<i>potassium chloride cap er 8 meq</i>	109
PILOCARPINE HCL OPHTH SOLN 2% .	136		
PILOCARPINE HCL OPHTH SOLN 4% .	136		
PILOCARPINE HCL TAB 5 MG	164		
<i>pilocarpine hcl tab 7.5 mg</i>	164		
<i>pimozide tab 1 mg</i>	62		
<i>pimozide tab 2 mg</i>	62		

POTASSIUM CHLORIDE INJ 10 MEQ/100ML	112	.....	58
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	112	<i>pramipexole dihydrochloride tab 0.5 mg</i>	58
<i>potassium chloride inj 2 meq/ml</i>	112	<i>pramipexole dihydrochloride tab 0.75 mg</i>	58
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	112	<i>pramipexole dihydrochloride tab 1 mg</i>	58
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	112	<i>pramipexole dihydrochloride tab 1.5 mg</i>	58
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	112	<i>prasugrel hcl tab 10 mg (base equiv)</i>	103
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	109	<i>prasugrel hcl tab 5 mg (base equiv)</i> .	103
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	109	<i>pravastatin sodium tab 10 mg</i>	37
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	109	<i>pravastatin sodium tab 20 mg</i>	37
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	109	<i>pravastatin sodium tab 40 mg</i>	37
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	109	<i>pravastatin sodium tab 80 mg</i>	37
<i>potassium chloride tab er 10 meq</i>	109	<i>prazosin hcl cap 1 mg</i>	33
<i>potassium chloride tab er 20 meq (1500 mg)</i>	109	<i>prazosin hcl cap 2 mg</i>	33
<i>potassium chloride tab er 8 meq (600 mg)</i>	109	<i>prazosin hcl cap 5 mg</i>	33
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	98	<i>pred sod pho sol 1% op</i>	135
<i>potassium citrate tab er 15 meq (1620 mg)</i>	98	PREDNISOLONE ACETATE OPTH SUSP 1%.....	135
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	98	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	81
POTIGA TAB 200MG	51	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	81
POTIGA TAB 300MG	51	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	81
POTIGA TAB 400MG	51	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	81
POTIGA TAB 50MG	51	<i>prednisone con 5mg/ml</i>	81
<i>povidone/iod sol 10%</i>	162	<i>prednisone oral soln 5 mg/5ml</i>	81
<i>povidone-iod sol 10%</i>	162	<i>prednisone tab 1 mg</i>	81
<i>povidone-iodine oint 10%</i>	162	<i>prednisone tab 10 mg</i>	81
<i>povidone-iodine soln 10%</i>	162	<i>prednisone tab 2.5 mg</i>	81
PRADAXA CAP 110MG.....	100	<i>prednisone tab 20 mg</i>	81
PRADAXA CAP 150MG.....	100	<i>prednisone tab 5 mg</i>	81
PRADAXA CAP 75MG	100	<i>prednisone tab 50 mg</i>	81
PRALUENT INJ 150MG/ML	38	<i>prednisone tab therapy pack 10 mg (21)</i>	81
PRALUENT INJ 75MG/ML	38	<i>prednisone tab therapy pack 10 mg (48)</i>	81
<i>pramipexole dihydrochloride tab 0.125 mg</i>	58	<i>prednisone tab therapy pack 5 mg (21)</i>	81
<i>pramipexole dihydrochloride tab 0.25 mg</i>		<i>prednisone tab therapy pack 5 mg (48)</i>	81
		<i>premasol sol 10%</i>	110
		PRENATAL TAB 27-0.8MG.....	129
		<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	129

PRESERVISION CAP AREDS.....	129
PRESERVISION CAP AREDS 2	129
PRESERVISION CAP LUTEIN	129
PRESERVISION TAB AREDS.....	129
PREVACID 24H CAP 15MG DR.....	97
<i>prevalite pow 4gm</i>	<i>38</i>
<i>prevalite pow 4gm pk.....</i>	<i>38</i>
<i>prevent cap.....</i>	<i>129</i>
<i>previfem tab</i>	<i>78</i>
PREZCOBIX TAB 800-150	15
PREZISTA SUS 100MG/ML.....	13
PREZISTA TAB 150MG	14
PREZISTA TAB 600MG	14
PREZISTA TAB 75MG.....	14
PREZISTA TAB 800MG	14
PRIFTIN TAB 150MG.....	15
PRILOSEC OTC TAB 20MG.....	97
PRIMAQUINE TAB 26.3MG.....	12
<i>primidone tab 250 mg</i>	<i>51</i>
<i>primidone tab 50 mg</i>	<i>51</i>
PRISTIQ TAB 100MG	56
PRISTIQ TAB 25MG	56
PRISTIQ TAB 50MG	56
PRIVIGEN INJ 10GRAMS	105
PRIVIGEN INJ 20GRAMS	105
PRIVIGEN INJ 40GRAMS	105
PRIVIGEN INJ 5 GRAMS	105
<i>probenecid tab 500 mg.....</i>	<i>1</i>
PRO-CAL TAB	129
PROCALAMINE INJ 3%.....	110
PROCERV HP TAB.....	129
<i>prochlorperazine edisylate inj 5 mg/ml</i>	<i>88</i>
<i>prochlorperazine maleate tab 10 mg</i>	<i></i>
<i>(base equivalent).....</i>	<i>88</i>
<i>prochlorperazine maleate tab 5 mg (base</i>	<i></i>
<i>equivalent)</i>	<i>88</i>
<i>prochlorperazine suppos 25 mg</i>	<i>88</i>
PRO-CLEAR AC SYP 9-8.33MG	148
PROCRIT INJ 10000/ML	101
PROCRIT INJ 2000/ML	101
PROCRIT INJ 20000/ML	101
PROCRIT INJ 3000/ML	101
PROCRIT INJ 4000/ML	101
PROCRIT INJ 40000/ML	101
<i>procto-med cre hc 2.5%</i>	<i>158</i>
<i>procto-pak cre 1%</i>	<i>158</i>
<i>proctozone cre -hc 2.5%.....</i>	<i>158</i>
PROFE CAP 180MG.....	102

PROGLYCEM SUS 50MG/ML	82
PROGRAF CAP 0.5MG.....	106
PROGRAF CAP 1MG	106
PROGRAF CAP 5MG	106
PROLASTIN-C INJ 1000MG	153
PROLENSA SOL 0.07%.....	137
PROLEUKIN INJ 22MU	26
PROLIA SOL 60MG/ML	83
PROMACTA TAB 12.5MG.....	103
PROMACTA TAB 25MG	103
PROMACTA TAB 50MG	103
PROMACTA TAB 75MG	103
<i>prometh vc/ syp codeine</i>	<i>148</i>
<i>promethazine hcl inj 25 mg/ml</i>	<i>88</i>
<i>promethazine hcl inj 50 mg/ml</i>	<i>88</i>
<i>promethazine hcl suppos 12.5 mg</i>	<i>88</i>
<i>promethazine hcl suppos 25 mg</i>	<i>88</i>
<i>promethazine hcl suppos 50 mg</i>	<i>88</i>
<i>promethazine hcl syrup 6.25 mg/5ml..</i>	<i>89</i>
<i>promethazine hcl tab 12.5 mg</i>	<i>89</i>
<i>promethazine hcl tab 25 mg</i>	<i>89</i>
<i>promethazine hcl tab 50 mg</i>	<i>89</i>
<i>promethazine w/ codeine syrup 6.25-10</i>	<i></i>
<i>mg/5ml.....</i>	<i>148</i>
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	<i></i>
<i>.....</i>	<i>148</i>
<i>promethazine-phenylephrine-codeine</i>	<i></i>
<i>syrup 6.25-5-10 mg/5ml.....</i>	<i>149</i>
<i>promethegan sup 25mg</i>	<i>89</i>
<i>promethegan sup 50mg</i>	<i>89</i>
<i>propafenone hcl cap er 12hr 225 mg ..</i>	<i>36</i>
<i>propafenone hcl cap er 12hr 325 mg ..</i>	<i>37</i>
<i>propafenone hcl cap er 12hr 425 mg ..</i>	<i>37</i>
<i>propafenone hcl tab 150 mg</i>	<i>37</i>
<i>propafenone hcl tab 225 mg</i>	<i>37</i>
<i>propafenone hcl tab 300 mg</i>	<i>37</i>
<i>proparacaine hcl ophth soln 0.5%</i>	<i>137</i>
<i>propranolol & hydrochlorothiazide tab</i>	<i></i>
<i>40-25 mg.....</i>	<i>39</i>
<i>propranolol & hydrochlorothiazide tab</i>	<i></i>
<i>80-25 mg.....</i>	<i>39</i>
<i>propranolol hcl cap er 24hr 120 mg</i>	<i>40</i>
<i>propranolol hcl cap er 24hr 160 mg</i>	<i>40</i>
<i>propranolol hcl cap er 24hr 60 mg.....</i>	<i>40</i>
<i>propranolol hcl cap er 24hr 80 mg.....</i>	<i>40</i>
<i>propranolol hcl inj 1 mg/ml</i>	<i>40</i>
<i>propranolol hcl oral soln 20 mg/5ml ...</i>	<i>40</i>
<i>propranolol hcl oral soln 40 mg/5ml ...</i>	<i>40</i>

<i>propranolol hcl tab 10 mg</i>	40	<i>qc allergy/ tab sinus</i>	149
<i>propranolol hcl tab 20 mg</i>	40	<i>qc antacid sus</i>	86
<i>propranolol hcl tab 40 mg</i>	40	<i>qc antacid sus anti-gas</i>	86
<i>propranolol hcl tab 60 mg</i>	40	<i>qc aspirin tab 325mg</i>	3
<i>propranolol hcl tab 80 mg</i>	40	<i>qc calcium tab 600mg</i>	117
PROPYLENE GL SOL.....	119	QC CASTOR OIL.....	119
<i>propylthiouracil tab 50 mg</i>	84	<i>qc cgh relf liq 15mg/5ml</i>	149
PROQUAD INJ.....	107	<i>qc child asa chw 81mg</i>	3
PRO-RED AC SYP 5-1-9/5	148	<i>qc cold relf sus plus ms</i>	149
PRORENAL +D TAB	129	<i>qc cough liq sore thr</i>	149
PRORENAL+D TAB	129	<i>qc enema ene</i>	93
PROSHIELD CRE PLUS 1%	162	<i>qc hydrocort cre 1%</i>	160
<i>prosight cap w/lutein</i>	129	<i>qc ibuprofen tab 200mg</i>	5
<i>prosight tab</i>	129	<i>qc ibuprofen tab cold/sin</i>	149
PROSOL INJ 20%.....	110	<i>qc laxative sup 10mg</i>	93
PROTECT CAP CARDIO.....	129	<i>qc sinus pai tab relief</i>	149
PROTECT CAP PLUS SO.....	129	<i>qc suphedrin tab 120mg sr</i>	149
PROTECT PLUS LIQ NF.....	129	<i>qc therin-m tab</i>	129
<i>protriptyline hcl tab 10 mg</i>	56	<i>q-dryl cap 25mg</i>	141
<i>protriptyline hcl tab 5 mg</i>	56	<i>q-dryl liq 12.5/5ml</i>	141
<i>provil tab 200mg</i>	5	<i>qlearquil 24 tab 10mg</i>	141
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	149	<i>qlearquil spr 0.05%</i>	149
<i>pseudoephedr tab 120mg er</i>	149	<i>qlearquil tab 25mg</i>	141
<i>pseudoephedrine hcl tab 30 mg</i>	149	<i>q-pap child sus 160/5ml</i>	3
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	149	<i>q-pap infant dro 80/0.8ml</i>	3
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	149	<i>q-pap liq 160/5ml</i>	3
PULMICORT INH 180MCG.....	154	<i>q-pap tab 325mg</i>	3
PULMICORT INH 90MCG	154	<i>q-pap tab 500mg</i>	3
PULMOZYME SOL 1MG/ML.....	153	<i>q-tapp dm elx</i>	149
<i>puralube oin</i>	137	<i>q-tapp elx 1-15/5ml</i>	149
<i>pure & gentl dro 0.3%</i>	137	<i>q-tussin dm syp 100-10/5</i>	149
PURIXAN SUS 20MG/ML.....	25	<i>q-tussin sol 100/5ml</i>	149
<i>purpose cre</i>	162	QUADRACEL INJ.....	107
<i>px calcium&d tab 600-400</i>	117	<i>quasense tab</i>	78
<i>px complete tab senior</i>	129	<i>quenalin syp 12.5/5ml</i>	141
<i>px fish oil cap 1000mg</i>	119	<i>quetiapine fumarate tab 100 mg</i>	62
<i>px iron tab 200mg</i>	102	<i>quetiapine fumarate tab 200 mg</i>	62
<i>px iron tab 27mg</i>	102	<i>quetiapine fumarate tab 25 mg</i>	62
<i>px mens mult tab vitamins</i>	129	<i>quetiapine fumarate tab 300 mg</i>	62
<i>pyrazinamide tab 500 mg</i>	15	<i>quetiapine fumarate tab 400 mg</i>	62
<i>pyridostigmine bromide tab 60 mg</i>	67	<i>quetiapine fumarate tab 50 mg</i>	62
<i>pyridoxine hcl inj 100 mg/ml</i>	129	<i>quetiapine fumarate tab er 24hr 150 mg</i>	62
Q		<i>quetiapine fumarate tab er 24hr 200 mg</i>	62
<i>qc allergy tab 10mg</i>	141	<i>quetiapine fumarate tab er 24hr 300 mg</i>	62
<i>qc allergy tab relief</i>	149	<i>quetiapine fumarate tab er 24hr 400 mg</i>	62

.....	62
quetiapine fumarate tab er 24hr 50 mg	62
QUICK DISSOL CHW GLUCOSE	82
QUIN B TAB STRONG	129
quinapril hcl tab 10 mg	33
quinapril hcl tab 20 mg	33
quinapril hcl tab 40 mg	33
quinapril hcl tab 5 mg	33
quinapril-hydrochlorothiazide tab 10-12.5 mg	32
quinapril-hydrochlorothiazide tab 20-12.5 mg	32
quinapril-hydrochlorothiazide tab 20-25 mg	32
quinidine gluconate tab er 324 mg	37
quinidine sulfate tab 200 mg	37
quinidine sulfate tab 300 mg	37
quinine sulfate cap 324 mg	12
QUINTABS TAB	129
quintabs-m tab	129
QUINTABS-M TAB	129
R	
ra ca/vit d3 chw minerals	117
ra ca/vit d3 tab 600-400	117
ra calcium tab 600mg	117
ra calcium tab vit d	117
ra central tab energy	129
ra central tab -vite	129
ra central tab vite sel	129
ra central tab vite sen	129
ra fish oil cap 1000mg	119
ra glucose gel	82
ra hi cal tab 500-200	117
ra hi-cal tab 500mg	117
ra hi-cal/d tab 500mg	117
ra iron tab 27mg	102
ra iron tab 325mg	102
ra magnesium cap 500mg	117
ra niacin tab 100mg	129
ra niacin tab 500mg	129
ra one daily pak mens 50+	129
ra one daily tab +iron	129
ra one daily tab energy	129
ra one daily tab essentia	129
ra one daily tab maximum	129
ra one daily tab mens/d3	130
ra one daily tab multivit	130

ra one daily tab womens	130
ra pediatric sol electrol	109
ra therapeut tab m/beta	130
ra vitamin cap 2000unit	130
RABAVERT INJ	107
rabeprazole sodium ec tab 20 mg	97
RAGUS TAB	130
raloxifene hcl tab 60 mg	83
ramipril cap 1.25 mg	33
ramipril cap 10 mg	33
ramipril cap 2.5 mg	33
ramipril cap 5 mg	33
RANEXA TAB 1000MG	44
RANEXA TAB 500MG	44
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	90
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	90
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	90
ranitidine hcl tab 150 mg	90
ranitidine hcl tab 300 mg	90
ranitidine hcl tab 75 mg	90
RAPAMUNE SOL 1MG/ML	106
rasagiline mesylate tab 0.5 mg (base equiv)	58
rasagiline mesylate tab 1 mg (base equiv)	59
RAVICTI LIQ 1.1GM/ML	79
REBETOL SOL 40MG/ML	16
reclipsen tab	78
RECOMBIVA HB INJ 10MCG/ML	107
RECOMBIVA HB INJ 5MCG/0.5	107
RECOMBIVA-HB INJ 40MCG/ML	107
reeses med sus pinworm	11
REESES MED SUS PINWORM	11
REFRESH CELL DRO 1% OP	137
REFRESH DRO OP	137
REFRESH GEL OPTIVE	137
refresh lacr oin op	137
REFRESH LIQU DRO 1% OP	137
REFRESH OPTI DRO 0.5-0.9%	137
refresh p.m. oin op	137
REFRESH PLUS DRO 0.5% OP	137
REFRESH SOL OPTIVE	137
REFRESH TEAR DRO 0.5% OP	137
REGRANEX GEL 0.01%	163
reguloid cap 0.52gm	93

<i>reguloid pow 28.3%</i>	93	REVLIMID CAP 25MG	105
<i>reguloid pow 48.57%</i>	94	REVLIMID CAP 5MG	105
<i>reguloid pow 58.6%</i>	94	REXULTI TAB 0.25MG	62
<i>rehydralyte sol</i>	109	REXULTI TAB 0.5MG	62
<i>relcof c sol 100-6.3</i>	149	REXULTI TAB 1MG	62
<i>relcof ir tab 10-380mg</i>	149	REXULTI TAB 2MG	62
RELENZA MIS DISKHALE	16	REXULTI TAB 3MG	62
RELHIST BP TAB	149	REXULTI TAB 4MG	62
<i>relhist dmx tab</i>	149	REYATAZ CAP 150MG	14
RELISTOR INJ 12/0.6ML	96	REYATAZ CAP 200MG	14
RELISTOR INJ 8/0.4ML	96	REYATAZ CAP 300MG	14
RELPAK TAB 20MG	66	REYATAZ POW 50MG	14
RELPAK TAB 40MG	66	RHINARIS GEL 0.2%	153
<i>remedy cre antifung</i>	158	RHINARIS SPR 0.2%	153
REMEDY MOIST CRE 5%	162	<i>ribasphere cap 200mg</i>	16
REMEDY NUTRA CRE 1%	162	<i>ribasphere tab 200mg</i>	16
<i>remedy oin af 2%</i>	158	<i>ribasphere tab 400mg</i>	16
REMEDY SKIN CRE REPAIR	162	<i>ribasphere tab 600mg</i>	16
REMICADE INJ 100MG	104	<i>ribavirin cap 200 mg</i>	16
REMODULIN INJ 10MG/ML	45	<i>ribavirin tab 200 mg</i>	16
REMODULIN INJ 1MG/ML	45	<i>rifabutin cap 150 mg</i>	15
REMODULIN INJ 2.5MG/ML	45	<i>rifampin cap 150 mg</i>	15
REMODULIN INJ 5MG/ML	45	<i>rifampin cap 300 mg</i>	15
<i>renal tab</i>	130	<i>rifampin for inj 600 mg</i>	15
<i>renal/zinc tab multivit</i>	130	RIFATER TAB	15
REVELA PAK 0.8GM	83	<i>riluzole tab 50 mg</i>	67
REVELA PAK 2.4GM	83	<i>rimantadine hydrochloride tab 100 mg</i>	16
REVELA TAB 800MG	83	RINGER'S SOLUTION	112
<i>repaglinide tab 0.5 mg</i>	74	RISACAL-D TAB	117
<i>repaglinide tab 1 mg</i>	74	RISPERDAL INJ 12.5MG	62
<i>repaglinide tab 2 mg</i>	74	RISPERDAL INJ 25MG	62
RESCON TAB 2-60MG	149	RISPERDAL INJ 37.5MG	62
RESCON-DM SYP	149	RISPERDAL INJ 50MG	62
RESCON-GG LIQ	149	<i>risperidone orally disintegrating tab 0.25</i> <i>mg</i>	62
RESCRIPTOR TAB 100 MG	14	<i>risperidone orally disintegrating tab 0.5</i> <i>mg</i>	62
RESCRIPTOR TAB 200MG	14	<i>risperidone orally disintegrating tab 1 mg</i>	62
RESPAIRE-30 CAP	149	<i>risperidone orally disintegrating tab 2 mg</i>	62
RESTASIS EMU 0.05%	137	<i>risperidone orally disintegrating tab 3 mg</i>	62
RESTASIS MUL EMU 0.05%	137	<i>risperidone orally disintegrating tab 4 mg</i>	63
RETROVIR INJ 10MG/ML	14	<i>risperidone soln 1 mg/ml</i>	63
REVATIO SUS 10MG/ML	45	<i>risperidone tab 0.25 mg</i>	63
<i>revital frzr sol pops</i>	109	<i>risperidone tab 0.5 mg</i>	63
<i>revital jell sol cups</i>	109		
<i>revital lqd sol squeezer</i>	109		
REVLIMID CAP 10MG	105		
REVLIMID CAP 15MG	105		
REVLIMID CAP 2.5MG	105		
REVLIMID CAP 20MG	105		

<i>risperidone tab 1 mg</i>	63	RUBRACA TAB 300MG.....	26
<i>risperidone tab 2 mg</i>	63	RU-HIST D TAB 4-10MG.....	149
<i>risperidone tab 3 mg</i>	63	<i>rulox sus</i>	86
<i>risperidone tab 4 mg</i>	63	RYDAPT CAP 25MG	28
RITUXAN INJ 100MG	26	RYDEX LIQ	149
RITUXAN INJ 500MG	26	RYMED TAB 2-10MG	149
RITUXAN INJ HYCELA	26	<i>rynex dm liq</i>	149
<i>rivastigmine tartrate cap 1.5 mg</i>	53	<i>rynex pe elx</i>	149
<i>rivastigmine tartrate cap 3 mg</i>	53	<i>rynex pse liq</i>	149
<i>rivastigmine tartrate cap 4.5 mg</i>	53	S	
<i>rivastigmine tartrate cap 6 mg</i>	53	SABRIL POW 500MG	51
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	53	SABRIL TAB 500MG	51
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	53	<i>salactic fil sol 17%</i>	163
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	53	SALICYLIC POW ACID	163
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 10 mg (base eq)</i>	66	<i>saline mist spr 0.65%</i>	153
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 5 mg (base eq)</i>	66	<i>saline nasal gel</i>	153
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	66	<i>saline nasal spr 0.65%</i>	153
<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	66	<i>saline nasal spray 0.65%</i>	153
<i>robafen cf liq 5-10-100</i>	149	<i>saline nose spr 0.65%</i>	153
<i>robafen dm liq 10-100/5</i>	149	<i>salmon oil cap 1000mg</i>	119
<i>robafen dm syp 100-10/5</i>	149	<i>sal-plant gel 17%</i>	163
<i>robafen syp 100/5ml</i>	149	SANDIMMUNE SOL 100MG/ML	106
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	59	SANDOSTATIN KIT LAR 10MG.....	83
<i>ropinirole hydrochloride tab 0.5 mg</i>	59	SANDOSTATIN KIT LAR 20MG.....	83
<i>ropinirole hydrochloride tab 1 mg</i>	59	SANDOSTATIN KIT LAR 30MG.....	83
<i>ropinirole hydrochloride tab 2 mg</i>	59	SANTYL OIN 250/GM	164
<i>ropinirole hydrochloride tab 3 mg</i>	59	SAPHRIS SUB 10MG	63
<i>ropinirole hydrochloride tab 4 mg</i>	59	SAPHRIS SUB 2.5MG	63
<i>ropinirole hydrochloride tab 5 mg</i>	59	SAPHRIS SUB 5MG	63
<i>rosadan cre 0.75%</i>	162	<i>savision tab</i>	130
<i>rosuvastatin calcium tab 10 mg</i>	37	<i>sb allergy tab 10mg</i>	141
<i>rosuvastatin calcium tab 20 mg</i>	37	<i>sb allergy tab 25mg med</i>	141
<i>rosuvastatin calcium tab 40 mg</i>	37	<i>sb allergy/ tab cold pe</i>	149
<i>rosuvastatin calcium tab 5 mg</i>	37	<i>sb antacid/ sus antigas</i>	86
ROTARIX SUS.....	107	<i>sb anti-itch cre 2-0.1%</i>	163
ROTATEQ SOL	107	<i>sb aspirin tab 325mg</i>	3
<i>roweepra tab 1000mg</i>	51	<i>sb bisacodyl tab 5mg ec</i>	94
<i>roweepra tab 500mg</i>	51	<i>sb bismuth sus 262/15ml</i>	87
<i>roweepra tab 750mg</i>	51	<i>sb cgh contr liq cf</i>	149
RUBRACA TAB 200MG	26	<i>sb cgh contr liq dm</i>	149
RUBRACA TAB 250MG	26	<i>sb cgh contr syp 100/5ml</i>	150
		<i>sb cgh relf liq 15mg/5ml</i>	150
		<i>sb child asa chw 81mg</i>	3
		<i>sb cold head tab congest</i>	150
		<i>sb cold mult tab symp sev</i>	150
		<i>sb cold/cgh tab hbp</i>	150
		<i>sb cough tab 200mg</i>	150
		<i>sb daytime liq</i>	150

<i>sb flu hbp tab max st</i>	150	<i>mg</i>	94
<i>sb hydrocort cre 1%</i>	160	SENOKOT S TAB 8.6-50MG.....	94
<i>sb hydrocort oin 1%</i>	160	SENOKOT TAB 8.6MG	94
<i>sb ibuprofen tab 200mg</i>	5	SENOKOT XTRA TAB 17.2MG	94
<i>sb milk magn sus</i>	94	SENSI-CARE CRE MOISTURI	163
<i>sb milk magn sus mint</i>	94	SENSIPAR TAB 30MG.....	74
<i>sb non-asa chw 80mg frt</i>	3	SENSIPAR TAB 60MG.....	74
<i>sb saline spr 0.65%</i>	153	SENSIPAR TAB 90MG.....	74
<i>sb senna-lax tab 8.6mg</i>	94	<i>sentry adult tab under 50</i>	130
<i>sb severe tab cold pe</i>	150	<i>sentry tab</i>	130
<i>sb sinus cng pak /pain</i>	150	SENTRY TAB.....	130
<i>sb sinus cng tab /pain</i>	150	<i>sentry tab senior</i>	130
<i>sb sinus cng tab /pain dt</i>	150	SEREVENT DIS AER 50MCG	142
<i>scalp relief liq 3%</i>	163	<i>sertraline hcl oral conc 20 mg/ml</i>	56
<i>scalpicin sol 1%</i>	160	<i>sertraline hcl tab 100 mg</i>	56
<i>sclerex tab</i>	130	<i>sertraline hcl tab 25 mg</i>	56
<i>scopolamine td patch 72hr 1 mg/3days</i>	89	<i>sertraline hcl tab 50 mg</i>	56
<i>sea soft spr 0.65%</i>	153	<i>sharobel tab 0.35mg</i>	78
<i>sea-omega 30 cap 1200mg</i>	119	SIGNIFOR INJ 0.3MG/ML.....	83
<i>sea-omega 50 cap 1000mg</i>	119	SIGNIFOR INJ 0.6MG/ML.....	83
SECURA PROTE CRE 5%	163	SIGNIFOR INJ 0.9MG/ML.....	83
<i>selegiline hcl cap 5 mg</i>	59	<i>silace liq 10mg/ml</i>	94
<i>selegiline hcl tab 5 mg</i>	59	<i>silace syp 60/15ml</i>	94
<i>selenium sulfide lotion 2.5%</i>	158	<i>siladryl alr liq 12.5/5ml</i>	141
SELZENTRY SOL 20MG/ML	14	<i>sildenafil citrate tab 20 mg</i>	46
SELZENTRY TAB 150MG.....	14	SILENOR TAB 3MG	65
SELZENTRY TAB 25MG	14	SILENOR TAB 6MG	65
SELZENTRY TAB 300MG.....	14	<i>silphen coug syp 12.5/5ml</i>	141
SELZENTRY TAB 75MG	14	<i>silphen dm syp 10mg/5ml</i>	150
<i>senexon liq 8.8mg/5</i>	94	<i>siltuss das liq 100/5ml</i>	150
<i>senexon tab 8.6mg</i>	94	<i>siltussin dm liq das</i>	150
<i>senexon-s tab 8.6-50mg</i>	94	<i>siltussin sa syp 100/5ml</i>	150
<i>senior tabs tab</i>	130	<i>siltussin-dm liq diabetic</i>	150
<i>senna lax tab 8.6mg</i>	94	<i>siltussin-dm liq max st</i>	150
<i>senna laxati tab 8.6mg</i>	94	<i>siltussin-dm syp alc free</i>	150
<i>senna plus tab 8.6-50mg</i>	94	SILVER SULFADIAZINE CREAM 1%...	156
<i>senna tab 8.6mg</i>	94	SIMBRINZA SUS 1-0.2%	136
<i>senna-lax tab 8.6mg</i>	94	<i>simethicone cap 180 mg</i>	96
<i>sennalax-s tab 8.6-50mg</i>	94	<i>simethicone chew tab 125 mg</i>	96
<i>senna-s tab 8.6-50mg</i>	94	<i>simethicone chew tab 80 mg</i>	96
<i>senna-tabs tab 8.6mg</i>	94	<i>simethicone dro 20/0.3ml</i>	96
<i>senna-time s tab 8.6-50mg</i>	94	<i>simethicone susp 40 mg/0.6ml</i>	96
<i>senna-time tab 8.6mg</i>	94	SIMPLY SALIN AER 0.9%.....	153
<i>senno tab 8.6mg</i>	94	<i>simvastatin tab 10 mg</i>	37
<i>sennosides syrup 8.8 mg/5ml</i>	94	<i>simvastatin tab 20 mg</i>	38
<i>sennosides tab 8.6 mg</i>	94	<i>simvastatin tab 40 mg</i>	38
<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>		<i>simvastatin tab 5 mg</i>	37
		<i>simvastatin tab 80 mg</i>	38

SINEX 12HR SPR 0.05%	150	sm artificia sol tears	137
sinus congst tab /pain dt	150	sm aspirin chw 81mg.....	3
sinus nasal spr 0.05%	150	sm aspirin tab 325mg	3
sinus relief pak cng/pain	150	sm aspirin tab 325mg ec.....	3
sinus relief spr 0.05%	150	sm aspirin tab 81mg ec.....	3
sinus/alergy tab max st	150	sm ca/vit d3 tab 600-400.....	118
sinus/alergy tab pe max	150	sm calcium tab /vit d3	118
sinus/allerg tab 4-10mg.....	150	sm calcium/d tab 500-200.....	118
sinus-max mis day/nght	150	sm calcium/d tab 600-400.....	118
sirolimus tab 0.5 mg	106	sm castor oil 100%	94
sirolimus tab 1 mg	106	sm child asa chw 81mg	3
sirolimus tab 2 mg	106	sm childrens sus ms cold.....	150
SIRTURO TAB 100MG	16	sm cld/alrgy elx children	150
SIVEXTRO INJ 200MG	11	sm clearlax pow	94
SIVEXTRO TAB 200MG	11	sm cold head tab congest.....	150
sleep aid tab 25mg	70	sm cold&flu tab severe.....	150
slo-niacin tab 250mg cr	130	sm cold/cgh elx dm child.....	150
SLO-NIACIN TAB 500MG CR.....	130	sm complete tab	130
SLO-NIACIN TAB 750MG CR.....	130	sm complete tab 50+	130
SLOW FE TAB 142MG	102	sm complete tab 50+ mens.....	130
SLOW FE TAB 160MG CR	102	sm complete tab 50+ wmn.....	130
slow fe tab 45mg	102	sm complete tab adv form.....	130
slow iron tab 160mg cr.....	102	sm complete tab senior.....	130
slow iron tab 50mg	102	sm day time cap pe	150
slow mag/cal tab 70-117mg.....	118	sm day time liq cold/flu.....	150
SLOW REL FE TAB 143MG CR	102	sm ear dro 6.5% ot	164
slow rel fe tab 160mg cr	102	sm enema ene	94
SLOW RELEASE TAB 143MG	102	sm fiber lax cap 0.52gm	94
slow release tab 45mg.....	102	sm fiber lax tab 500mg	94
slow release tab 47.5mg	102	sm fiber pow 28.3%	94
SLOW-MAG TAB.....	118	sm fiber pow 48.57%	94
slow-release tab fe 45mg.....	102	sm fiber pow 58.6%	94
sm 12-hour spr 0.05%	150	sm fish oil cap 1000mg	119
sm acid redu tab 200mg	90	sm fish oil cap 1200mg	119
sm all day tab 10mg	141	sm folic acd tab 400mcg	130
sm all day tab allergy	141	sm gas relf chw 80mg.....	96
sm allergy tab 25mg rlf	141	SM GLUCOSE CHW SOUR APP	82
sm allergy tab 4mg	141	sm hair/skin tab /nails	130
sm allergy tab multi-sy.....	150	sm hemorrhoi oin	163
sm antacid sus advanced	86	sm hydrocort cre 1%	160
sm antacid sus anti-gas	86	sm hydrocort cre 1% plus	160
sm antacid/ sus antigas	86	sm hydrocort oin 1%	160
sm antibioti cre plus.....	156	sm ibuprofen cap 200mg.....	5
sm antibioti oin 500/gm.....	156	sm ibuprofen tab 200mg	5
sm anti-diar tab 2mg.....	87	sm iron slow tab 160mg cr	102
sm antifungl cre 1%.....	158	sm iron tab 325mg	103
sm antifungl cre 2%.....	158	sm iron tab 45mg.....	103
sm anti-itch cre 2-0.1%.....	163	sm laxative sup 10mg.....	94

<i>sm laxative tab 5mg ec</i>	94	<i>5%</i>	137
<i>sm lice lot treatmnt</i>	163	<i>sodium chloride hypertonic ophth soln</i>	
<i>sm lubricant dro 0.4-0.3%</i>	137	<i>5%</i>	138
<i>sm magnesium tab 250mg</i>	118	<i>SODIUM CHLORIDE INJ 0.45%</i>	112
<i>sm micon 7 sup 100mg</i>	99	<i>SODIUM CHLORIDE INJ 2.5 MEQ/ML</i>	
<i>sm milk magn sus cherry</i>	94	<i>(14.6%)</i>	109
<i>sm mucus er tab 600mg</i>	150	<i>SODIUM CHLORIDE INJ 3%</i>	112
<i>sm multiple tab vit/iron</i>	130	<i>SODIUM CHLORIDE INJ 5%</i>	112
<i>sm multiple tab vitamins</i>	130	<i>SODIUM CHLORIDE IRRIGATION SOLN</i>	
<i>sm nasal 12h spr 0.05%</i>	150	<i>0.9%</i>	164
<i>sm nasal dec tab 30mg</i>	150	<i>SODIUM CHLORIDE IV SOLN 0.9%</i> ...	112
<i>sm nasal spr 0.05%</i>	150	<i>sodium chloride soln nebu 0.9%</i>	151
<i>sm niacin tab 250mg cr</i>	130	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>SM NICOTINE DIS 14MG/24H</i>	70	<i>mg/ml soln</i>	109
<i>SM NICOTINE DIS 21MG</i>	70	<i>sodium phenylbutyrate oral powder 3</i>	
<i>SM NICOTINE DIS 21MG/24H</i>	70	<i>gm/teaspoonful</i>	79
<i>SM NICOTINE DIS 7MG/24HR</i>	70	<i>sodium phenylbutyrate tab 500 mg</i>	79
<i>sm nicotine gum 2mg</i>	70	<i>sodium phosphates - enema</i>	94
<i>sm nicotine gum 2mg mint</i>	70	<i>sodium polystyrene sulfonate oral susp</i>	
<i>sm nicotine gum 4mg</i>	70	<i>15 gm/60ml</i>	75
<i>sm nicotine gum 4mg mint</i>	70	<i>sodium polystyrene sulfonate powder</i> .	75
<i>sm nicotine loz 2mg mint</i>	70	<i>sof-lax cap 100mg</i>	94
<i>sm nicotine loz 4mg mint</i>	70	<i>SOLO TAB</i>	130
<i>sm nite time cap cold/flu</i>	150	<i>SOLTAMOX SOL 10MG/5ML</i>	27
<i>sm nite time liq cld/flu</i>	150	<i>SOLU-CORTEF INJ 250MG</i>	81
<i>sm nite time liq cold/flu</i>	151	<i>SOMATULINE INJ 120/.5ML</i>	83
<i>sm nose dro 1%</i>	151	<i>SOMATULINE INJ 60/0.2ML</i>	83
<i>SM ONE DAILY TAB MENS</i>	130	<i>SOMATULINE INJ 90/0.3ML</i>	83
<i>SM ONE DAILY TAB WOMENS</i>	130	<i>SOMAVERT INJ 10MG</i>	83
<i>sm opti-vita tab</i>	130	<i>SOMAVERT INJ 15MG</i>	83
<i>sm pain rel cap 500mg</i>	3	<i>SOMAVERT INJ 20MG</i>	83
<i>sm povid-iod sol 10%</i>	163	<i>SOMAVERT INJ 25MG</i>	83
<i>sm senna lax tab max str</i>	94	<i>SOMAVERT INJ 30MG</i>	83
<i>sm stomach sus 262/15ml</i>	87	<i>soothe&cool cre inzo 2%</i>	158
<i>sm triple oin antibiot</i>	156	<i>SOOTHE&COOL OIN FREE PST</i>	163
<i>sm tussin cf liq</i>	151	<i>SOOTHE&COOL OIN MEDSEPTI</i>	163
<i>sm tussin dm liq max</i>	151	<i>SOOTHE&COOL OIN MOISTURE</i>	163
<i>sm tussin dm syp 100-10/5</i>	151	<i>SORBIDON CRE HYDRATE</i>	163
<i>sm tussin syp 100/5ml</i>	151	<i>SORBITOL SOL 70%</i>	95
<i>sm tussin syp dm</i>	151	<i>sorine tab 120mg</i>	37
<i>sm vitamin d tab 400unit</i>	130	<i>sorine tab 160mg</i>	37
<i>SOD CHLORIDE GRA</i>	118	<i>sorine tab 240mg</i>	37
<i>sod ferric gluc cmplx in sucrose iv soln</i>		<i>sorine tab 80mg</i>	37
<i>12.5 mg/ml (fe eq)</i>	103	<i>sotalol hcl (afib/afl) tab 120 mg</i>	37
<i>sodium bicarbonate tab 325 mg</i>	86	<i>sotalol hcl (afib/afl) tab 160 mg</i>	37
<i>sodium bicarbonate tab 650 mg</i>	86	<i>sotalol hcl (afib/afl) tab 80 mg</i>	37
<i>sodium chloride aero soln 0.9%</i>	151	<i>sotalol hcl tab 120 mg</i>	37
<i>sodium chloride hypertonic ophth oint</i>		<i>sotalol hcl tab 160 mg</i>	37

<i>sotalol hcl tab 240 mg</i>	37	STRATTERA CAP 25MG.....	65
<i>sotalol hcl tab 80 mg</i>	37	STRATTERA CAP 40MG.....	65
SOVALDI TAB 400MG	17	STRATTERA CAP 60MG.....	65
<i>spectr women tab hlth sen</i>	130	STRATTERA CAP 80MG.....	65
<i>spectra ultr tab hlth men</i>	130	<i>streptomycin sulfate for inj 1 gm</i>	9
SPECTRAVITE CHW ADLT 50+	130	<i>stress 500 tab bcomp/zn</i>	131
SPECTRAVITE CHW ADULT	130	<i>stress form tab</i>	131
<i>spectravite tab</i>	130	<i>stress form tab /iron</i>	131
SPECTRAVITE TAB ADLT 50+	130	<i>stress formu tab</i>	131
<i>spectravite tab advanced</i>	130	<i>stress formu tab advanced</i>	131
SPECTRAVITE TAB MEN 50+	130	<i>stress formu tab energy</i>	131
<i>spectravite tab senior</i>	130	<i>stress formu tab w/iron</i>	131
SPECTRAVITE TAB SENIOR	131	STRIBILD TAB.....	15
SPECTRAVITE TAB ULT MEN	131	<i>stuffy nose liq & cold</i>	151
SPECTRAVITE TAB ULT WMN	131	SUBOXONE MIS 12-3MG	71
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	43	SUBOXONE MIS 2-0.5MG	70
<i>spironolactone tab 100 mg</i>	33	SUBOXONE MIS 4-1MG	71
<i>spironolactone tab 25 mg</i>	33	SUBOXONE MIS 8-2MG	71
<i>spironolactone tab 50 mg</i>	33	SUCRAID SOL 8500/ML.....	96
<i>sprintec 28 tab 28 day</i>	78	<i>sucralfate tab 1 gm</i>	96
SPRITAM TAB 1000MG.....	52	<i>sudogest pe tab 10mg</i>	151
SPRITAM TAB 250MG	51	<i>sudogest tab 120mg er</i>	151
SPRITAM TAB 500MG	51	<i>sudogest tab 30mg</i>	151
SPRITAM TAB 750MG	52	<i>sudogest tab 4-60mg</i>	151
SPRYCEL TAB 100MG	29	<i>sudogest tab 60mg</i>	151
SPRYCEL TAB 140MG	29	<i>sulfacetamide sodium lotion 10% (acne)</i>	156
SPRYCEL TAB 20MG	28	<i>sulfacetamide sodium ophth oint 10%</i>	134
SPRYCEL TAB 50MG	28	<i>sulfacetamide sodium ophth soln 10%</i>	134
SPRYCEL TAB 70MG	28	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	134
SPRYCEL TAB 80MG	28	<i>sulfadiazine tab 500mg</i>	9
SSD CRE 1%	157	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	11
<i>stavudine cap 15 mg</i>	14	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	11
<i>stavudine cap 20 mg</i>	14	<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	11
<i>stavudine cap 30 mg</i>	14	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	11
<i>stavudine cap 40 mg</i>	14	SULFAMYLON CRE 85MG/GM	157
<i>stim laxat tab 5mg ec</i>	95	SULFAMYLON PAK 5%	157
STIMATE SOL 1.5MG/ML	85	<i>sulfasalazine tab 500 mg</i>	90
STIVARGA TAB 40MG	29	<i>sulfasalazine tab delayed release 500 mg</i>	90
<i>stomach relf sus 262/15ml</i>	86, 87	<i>sulindac tab 150 mg</i>	5
<i>stomach relf sus 525/15ml</i>	87		
<i>stool softnr cap 100mg</i>	95		
<i>stool softnr cap 240mg</i>	95		
<i>stool softnr cap 250mg</i>	95		
<i>stool softnr tab 8.6-50mg</i>	95		
STRATTERA CAP 100MG	65		
STRATTERA CAP 10MG	65		
STRATTERA CAP 18MG	65		

<i>sulindac tab 200 mg</i>	5
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	66
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	66
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	66
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	66
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	67
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	67
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	67
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	67
<i>sumatriptan succinate tab 100 mg</i>	67
<i>sumatriptan succinate tab 25 mg</i>	67
<i>sumatriptan succinate tab 50 mg</i>	67
<i>sunvite tab advanced</i>	131
<i>super antiox tab a/c/e/se</i>	131
<i>super ca 600 tab + d 400</i>	118
<i>super ca 600 tab + d3</i>	118
<i>super ca 600 tab + d3 400</i>	118
<i>super calciu tab 600mg</i>	118
<i>super dha cap gems</i>	119
<i>super liq nu-thera</i>	131
<i>super multip cap</i>	131
<i>super multip tab</i>	131
<i>super omega cap -3</i>	119
<i>super tab nu-thera</i>	131
<i>super thera tab vite m</i>	131
SUPER TWIN CAP EPA/DHA	119
<i>super vikaps tab</i>	131
<i>suphedrine tab 30mg</i>	151
<i>supr vitamin tab</i>	131
SUPRAX CAP 400MG	18
<i>suprax chw 100mg</i>	18
<i>suprax chw 200mg</i>	18
SUPRAX SUS 500/5ML	18
SUPREP BOWEL SOL PREP KIT	95
SUSTIVA CAP 200MG	14
SUSTIVA CAP 50MG	14
SUSTIVA TAB 600MG	14
SUTENT CAP 12.5MG	29
SUTENT CAP 25MG	29
SUTENT CAP 37.5MG	29
SUTENT CAP 50MG	29

SYLATRON KIT 200MCG	29
SYLATRON KIT 300MCG	29
SYLATRON KIT 600MCG	29
SYMBICORT AER 160-4.5	154
SYMBICORT AER 80-4.5	154
SYMLINPEN 60 INJ 1000MCG	72
SYMLNPEN 120 INJ 1000MCG	72
SYNAGIS INJ 100MG/ML	107
SYNAGIS INJ 50MG	107
SYNAREL SOL 2MG/ML	78
SYNERCID INJ 500MG	11
SYNRIBO INJ 3.5MG	30
SYNTHROID TAB 100MCG	84
SYNTHROID TAB 112MCG	84
SYNTHROID TAB 125MCG	84
SYNTHROID TAB 137MCG	84
SYNTHROID TAB 150MCG	84
SYNTHROID TAB 175MCG	84
SYNTHROID TAB 200MCG	84
SYNTHROID TAB 25MCG	84
SYNTHROID TAB 300MCG	84
SYNTHROID TAB 50MCG	84
SYNTHROID TAB 75MCG	84
SYNTHROID TAB 88MCG	84
SYPRINE CAP 250MG	75
SYSTANE GEL 0.3%	138
SYSTANE GEL DRO 0.4-0.3%	138
<i>systane oin</i>	138
SYSTANE PF SOL	138
SYSTANE SOL	138
SYSTANE ULTR SOL PF	138

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<i>tab tussin tab 400mg</i>	151
<i>tab tussin tab dm</i>	151
<i>tab-a-vite tab</i>	131
<i>tab-a-vite tab /iron</i>	131
<i>tab-a-vite tab beta car</i>	131
<i>tab-a-vite tab maximum</i>	131
TABLOID TAB 40MG	25
<i>tabtussin dm tab 20-400mg</i>	151
<i>tabtussin tab 400mg</i>	151
<i>tacrolimus cap 0.5 mg</i>	106
<i>tacrolimus cap 1 mg</i>	106
<i>tacrolimus cap 5 mg</i>	106
<i>tacrolimus oint 0.03%</i>	163
<i>tacrolimus oint 0.1%</i>	163
<i>tactinal tab 325mg</i>	3
<i>tactinal tab 500mg</i>	3

TAFINLAR CAP 50MG	29	12.5 mg	35
TAFINLAR CAP 75MG	29	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
TAGRISSO TAB 40MG	29	<i>25 mg</i>	35
TAGRISSO TAB 80MG	29	<i>temazepam cap 15 mg</i>	66
TAKE ACTION TAB 1.5MG	78	<i>temazepam cap 7.5 mg</i>	65
TAMIFLU SUS 6MG/ML	17	TENIVAC INJ 5-2LF	107
<i>tamoxifen citrate tab 10 mg (base</i>		<i>terazosin hcl cap 1 mg</i>	33
<i>equivalent)</i>	27	<i>terazosin hcl cap 10 mg</i>	33
<i>tamoxifen citrate tab 20 mg (base</i>		<i>terazosin hcl cap 2 mg</i>	33
<i>equivalent)</i>	27	<i>terazosin hcl cap 5 mg</i>	33
<i>tamsulosin hcl cap 0.4 mg</i>	97	<i>terbinafine cre 1%</i>	158
TARCEVA TAB 100MG	29	<i>terbinafine hcl cream 1%</i>	158
TARCEVA TAB 150MG	29	<i>terbinafine hcl tab 250 mg</i>	12
TARCEVA TAB 25MG	29	<i>terbutaline sulfate inj 1 mg/ml</i>	142
TARGRETIN GEL 1%	163	<i>terbutaline sulfate tab 2.5 mg</i>	142
<i>tarina fe tab 1/20</i>	78	<i>terbutaline sulfate tab 5 mg</i>	142
TASIGNA CAP 150MG	29	<i>terconazole vaginal cream 0.4%</i>	99
TASIGNA CAP 200MG	29	<i>terconazole vaginal cream 0.8%</i>	99
TAXOTERE INJ 80MG/4ML	25	<i>terconazole vaginal suppos 80 mg</i>	99
<i>tazarotene cream 0.1%</i>	158	TESSALON PER CAP 100MG	151
<i>tazicef inj 1gm</i>	18	<i>testosterone cypionate im inj in oil 100</i>	
<i>tazicef inj 2gm</i>	18	<i>mg/ml</i>	71
<i>tazicef inj 6gm</i>	18	<i>testosterone cypionate im inj in oil 200</i>	
TAZORAC CRE 0.05%	158	<i>mg/ml</i>	71
TAZORAC CRE 0.1%	158	<i>testosterone enanthate im inj in oil 200</i>	
<i>taztia xt cap 120mg/24</i>	42	<i>mg/ml</i>	71
<i>taztia xt cap 180mg/24</i>	42	<i>testosterone td soln 30 mg/act</i>	71
<i>taztia xt cap 240mg/24</i>	42	TET/DIP TOX INJ 2-2 LF	107
<i>taztia xt cap 300mg/24</i>	42	TETRABENAZINE TAB 12.5 MG	67
<i>taztia xt cap 360mg/24</i>	42	TETRABENAZINE TAB 25 MG	67
<i>tears natura sol forte</i>	138	<i>texacort sol 2.5%</i>	160
<i>tears natura sol free op</i>	138	<i>tgt nasal spr 0.65%</i>	153
<i>tears natura sol ii op</i>	138	<i>th calcium/d chw 600-400</i>	118
<i>tears pure sol</i>	138	<i>th calcium/d tab 600-400</i>	118
TECENTRIQ INJ 1200/20	26	<i>th complete tab multi</i>	131
TEFLARO INJ 400MG	18	<i>th iron tab 65mg</i>	103
TEFLARO INJ 600MG	18	<i>th vision tab vitamins</i>	131
TEGRETOL SUS 100/5ML	52	THALOMID CAP 100MG	105
TEGRETOL TAB 200MG	52	THALOMID CAP 150MG	105
TEGRETOL-XR TAB 100MG	52	THALOMID CAP 200MG	106
TEGRETOL-XR TAB 200MG	52	THALOMID CAP 50MG	105
TEGRETOL-XR TAB 400MG	52	<i>theo-24 cap 100mg cr</i>	155
<i>telmisartan tab 20 mg</i>	36	<i>theo-24 cap 200mg cr</i>	155
<i>telmisartan tab 40 mg</i>	36	<i>theo-24 cap 300mg cr</i>	155
<i>telmisartan tab 80 mg</i>	36	<i>theo-24 cap 400mg er</i>	155
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>theophylline soln 80 mg/15ml</i>	155
<i>12.5 mg</i>	35	<i>theophylline tab er 12hr 100 mg</i>	155
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>theophylline tab er 12hr 200 mg</i>	155

<i>theophylline tab er 12hr 300 mg</i>	155	<i>thiothixene cap 5 mg</i>	63
<i>theophylline tab er 12hr 450 mg</i>	155	<i>tiagabine hcl tab 2 mg</i>	52
<i>theophylline tab er 24hr 400 mg</i>	155	<i>tiagabine hcl tab 4 mg</i>	52
<i>theophylline tab er 24hr 600 mg</i>	155	TIGECYCLINE INJ 50MG	11
THERA BETA- TAB CAROTENE.....	131	TIMOLOL MALEATE OPHTH GEL FORMING	
THERA M PLUS TAB.....	131	SOLN 0.25%.....	136
<i>thera tab</i>	131	TIMOLOL MALEATE OPHTH GEL FORMING	
THERA TAB	131	SOLN 0.5%	136
<i>thera vital tab m</i>	131	<i>timolol maleate ophth soln 0.25%</i>	136
<i>therabasic-m tab</i>	131	<i>timolol maleate ophth soln 0.5%</i>	136
<i>thera-d sprr tab 2000unit</i>	131	<i>timolol maleate tab 10 mg</i>	40
<i>thera-d tab 2000unit</i>	131	<i>timolol maleate tab 20 mg</i>	40
THERA-D TAB 4000UNIT.....	131	<i>timolol maleate tab 5 mg</i>	40
<i>theradex-m tab</i>	131	<i>tioconazole oin 6.5% vag</i>	99
THERAFLU FLU PAK SORE THR.....	151	TIVICAY TAB 10MG.....	14
THERAFLU SEV POW COLD/CGH	151	TIVICAY TAB 25MG.....	14
THERAGRAN-M TAB.....	131	TIVICAY TAB 50MG.....	14
THERAGRAN-M TAB 50 PLUS	131	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
THERAGRAN-M TAB ADVANCED	131	.....	68
THERAGRAN-M TAB PREMIER	131	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>thera-m tab</i>	131	.....	68
THERA-M TAB.....	131	TOBRADEX OIN 0.3-0.1%	134
THERAMILL CAP FORTE.....	132	TOBRADEX ST SUS 0.3-0.05.....	134
THERANATAL MIS LACTATIO	132	<i>tobramycin nebu soln 300 mg/5ml</i>	9
<i>therapeutic sha</i>	163	<i>tobramycin ophth soln 0.3%</i>	134
THERAPEUTIC SOL	132	<i>tobramycin sulfate for inj 1.2 gm</i>	9
<i>therapeutic tab</i>	132	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>therapeutic tab -m</i>	132	<i>mg/ml) (base equiv)</i>	9
<i>therapeutic- tab m</i>	132	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>therapeutic- tab m/lutein</i>	132	<i>equivalent)</i>	9
<i>therapeutic tab multi</i>	132	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
THERA-TABS M TAB	131	<i>mg/ml) (base equiv)</i>	9
<i>thera-tabs tab</i>	131	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>theratrum co tab 50 plus</i>	132	<i>mg/ml) (base equiv)</i>	9
<i>theratrum tab complete</i>	132	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theravim -m tab</i>	132	<i>0.3-0.1%</i>	134
<i>therems tab</i>	132	TOBREX OIN 0.3% OP	134
THEREMS-H TAB.....	132	<i>tolnaftate cre 1%</i>	158
THEREMS-M TAB.....	132	<i>tolnaftate cream 1%</i>	158
<i>theromega cap 1000mg</i>	119	<i>tolnaftate powder 1%</i>	158
<i>thiamine hcl inj 100 mg/ml</i>	132	<i>tolnaftate soln 1%</i>	158
<i>thioridazine hcl tab 10 mg</i>	63	<i>tolterodine tartrate cap er 24hr 2 mg..</i>	98
<i>thioridazine hcl tab 100 mg</i>	63	<i>tolterodine tartrate cap er 24hr 4 mg..</i>	98
<i>thioridazine hcl tab 25 mg</i>	63	<i>tolterodine tartrate tab 1 mg</i>	98
<i>thioridazine hcl tab 50 mg</i>	63	<i>tolterodine tartrate tab 2 mg</i>	98
<i>thiothixene cap 1 mg</i>	63	<i>topiramate sprinkle cap 15 mg</i>	52
<i>thiothixene cap 10 mg</i>	63	<i>topiramate sprinkle cap 25 mg</i>	52
<i>thiothixene cap 2 mg</i>	63	<i>topiramate tab 100 mg</i>	52

<i>topiramate tab 200 mg</i>	52	<i>tretinoin cream 0.05%</i>	156
<i>topiramate tab 25 mg</i>	52	<i>tretinoin cream 0.1%</i>	156
<i>topiramate tab 50 mg</i>	52	TRETINOIN GEL 0.01%	156
<i>toposar inj 100/5ml</i>	31	<i>tretinoin gel 0.025%</i>	156
<i>toposar inj 1gm/50ml</i>	31	<i>triaacting dt liq cold/cgh</i>	151
<i>topotecan hcl for inj 4 mg</i>	31	<i>triaacting nt liq cold/cgh</i>	151
TOPOTECAN INJ 4MG/4ML	31	<i>triamcinolone acetone cream 0.025%</i>	160
<i>torsemide tab 10 mg</i>	43	<i>triamcinolone acetone cream 0.1%</i> 160	
<i>torsemide tab 100 mg</i>	43	<i>triamcinolone acetone cream 0.5%</i> 160	
<i>torsemide tab 20 mg</i>	43	<i>triamcinolone acetone dental paste</i> 0.1%	164
<i>total formul tab</i>	132	<i>triamcinolone acetone lotion 0.025%</i>	160
<i>total formul tab 2</i>	132	<i>triamcinolone acetone lotion 0.1%</i> . 160	
<i>total formul tab 3</i>	132	<i>triamcinolone acetone oint 0.025%</i> 161	
TOUJEO SOLO INJ 300IU/ML	72	<i>triamcinolone acetone oint 0.1%</i> ... 161	
TOVIAZ TAB 4MG.....	98	<i>triamcinolone acetone oint 0.5%</i> ... 161	
TOVIAZ TAB 8MG.....	98	TRIAMINIC SOL COLD/CGH	151
TPN ELECTROL INJ.....	109	TRIAMINIC SUS CGH/ST	151
TRACLEER TAB 125MG	46	<i>triaminic sus fev&cld</i>	151
TRACLEER TAB 62.5MG	46	TRIAMINIC SYP CGH/CNG	151
TRADJENTA TAB 5MG	74	TRIAMINIC SYP CLD/ALRG	151
<i>tramadol hcl tab 50 mg</i>	5	TRIAMINIC SYP COLD/CGH.....	151
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	5	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	44
<i>trandolapril tab 1 mg</i>	33	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	44
<i>trandolapril tab 2 mg</i>	33	<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg.....	44
<i>trandolapril tab 4 mg</i>	33	<i>triderm cre 0.1%</i>	161
<i>tranexamic acid iv soln 1000 mg/10ml</i> (100 mg/ml)	103	TRIFERIC SOL.....	103
<i>tranexamic acid tab 650 mg</i>	103	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	63
TRANSDERM-SC DIS 1.5MG	89	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	63
<i>tranylcypramine sulfate tab 10 mg</i>	56	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	63
TRAVASOL INJ 10%	110	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	63
TRAVATAN Z DRO 0.004%	136	<i>trifluridine ophth soln 1%</i>	135
<i>travel sick chw 25mg</i>	89	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	59
<i>travel sick tab 50mg</i>	89	<i>trihexyphenidyl hcl tab 2 mg</i>	59
<i>trazodone hcl tab 100 mg</i>	57	<i>trihexyphenidyl hcl tab 5 mg</i>	59
<i>trazodone hcl tab 150 mg</i>	57	<i>tri-legest tab fe</i>	78
<i>trazodone hcl tab 50 mg</i>	56	<i>tri-lo- tab sprintec</i>	78
TREANDA INJ 100MG	23	<i>trilyte sol</i>	95
TREANDA INJ 25MG	23	<i>trimethoprim tab 100 mg</i>	11
TRECATOR TAB 250MG.....	16		
TRELSTAR MIX INJ 11.25MG	27		
TRELSTAR MIX INJ 3.75MG	27		
TRESIBA FLEX INJ 100UNIT	72		
TRESIBA FLEX INJ 200UNIT	72		
<i>tretinoin cap 10 mg</i>	30		
<i>tretinoin cream 0.025%</i>	156		

<i>trimipramine maleate cap 100 mg</i>	57	<i>tussin dm liq 10-200/5</i>	152
<i>trimipramine maleate cap 25 mg</i>	57	<i>tussin dm liq clear</i>	152
<i>trimipramine maleate cap 50 mg</i>	57	<i>tussin dm liq max</i>	152
TRINESSA LO TAB.....	78	<i>tussin dm mx liq 10-200/5</i>	152
TRINESSA TAB	78	<i>tussin dm syp 100-10/5</i>	152
TRINTELLIX TAB 10MG	57	<i>tussin syp 100/5ml</i>	152
TRINTELLIX TAB 20MG	57	TUSSIONEX SUS 10-8/5ML.....	152
TRINTELLIX TAB 5MG	57	TWINRIX INJ	107
<i>triple antib oin</i>	157	TYBOST TAB 150MG	14
<i>triple antib oin max st</i>	157	TYGACIL INJ 50MG	11
<i>triple antib oin plus</i>	157	TYKERB TAB 250MG	29
<i>tri-previfem tab</i>	78	TYPHIM VI INJ	108
TRISENOX SOL 10MG/10M.....	30	TYSABRI INJ 300/15ML.....	68
<i>tri-sprintec tab</i>	78	TYZEKA TAB 600MG	17
TRIUMEQ TAB.....	15	U	
<i>trivora-28 tab</i>	78	ULORIC TAB 40MG	1
TRIXAICIN CRE 0.025%.....	163	ULORIC TAB 80MG	1
<i>trixaicin hp cre 0.075%</i>	163	<i>ultra freeda tab</i>	132
TROPHAMINE INJ 10%	110	<i>ultra freeda tab /iron</i>	132
<i>trosipium chloride tab 20 mg</i>	98	ULTRA MENS MIS PACK.....	132
TRUE METRIX KIT AIR	164	UNICOMPLEX-M TAB.....	132
TRUE METRIX KIT METER.....	164	UNITHROID TAB 100MCG.....	85
TRUE METRIX TES GLUCOSE	164	UNITHROID TAB 112MCG.....	85
<i>trueplus tab diabetic</i>	132	UNITHROID TAB 125MCG.....	85
TRULICITY INJ 0.75/0.5.....	72	UNITHROID TAB 150MCG.....	85
TRULICITY INJ 1.5/0.5	72	UNITHROID TAB 175MCG.....	85
TRUMENBA INJ	107	UNITHROID TAB 200MCG.....	85
TRUVADA TAB 100-150	15	UNITHROID TAB 25MCG.....	85
TRUVADA TAB 133-200	15	UNITHROID TAB 300MCG.....	85
TRUVADA TAB 167-250	15	UNITHROID TAB 50MCG.....	85
TRUVADA TAB 200-300	15	UNITHROID TAB 75MCG.....	85
TUSNEL C SYP	151	UNITHROID TAB 88MCG.....	85
<i>tusnel diabt liq 10-100/5</i>	151	UPCAL D POW	118
TUSNEL LIQ	151	UPTRAVI TAB 1000MCG	46
TUSNEL PEDI LIQ 15-5-50	151	UPTRAVI TAB 1200MCG	46
<i>tussicaps cap 10-8mg</i>	151	UPTRAVI TAB 1400MCG	46
<i>tussicaps cap 5-4mg</i>	151	UPTRAVI TAB 1600MCG	46
<i>tussigon tab 5-1.5mg</i>	151	UPTRAVI TAB 200/800	46
<i>tussin adult liq 100/5ml</i>	151	UPTRAVI TAB 200MCG	46
<i>tussin adult liq cgh/cong</i>	151	UPTRAVI TAB 400MCG	46
<i>tussin adult liq cold</i>	151	UPTRAVI TAB 600MCG	46
<i>tussin cf liq</i>	151	UPTRAVI TAB 800MCG	46
<i>tussin cf liq cgh/cold</i>	151	<i>ureacin-10 lot 10%</i>	163
<i>tussin cf liq max/m-s</i>	152	<i>urinary pain tab 95mg</i>	98
<i>tussin chest syp 100/5ml</i>	152	<i>ursodiol cap 300 mg</i>	96
<i>tussin cough syp 15mg/5ml</i>	152	<i>ursodiol tab 250 mg</i>	96
<i>tussin dm liq</i>	152	<i>ursodiol tab 500 mg</i>	96
<i>tussin dm liq 100-10/5</i>	152		

V

VAGISTAT-1 OIN 6.5% VAG	99	VEMLIDY TAB 25MG	17
<i>vagistat-3 kit combo pk</i>	99	VENCLEXTA TAB 100MG.....	26
<i>valacyclovir hcl tab 1 gm</i>	17	VENCLEXTA TAB 10MG.....	26
<i>valacyclovir hcl tab 500 mg</i>	17	VENCLEXTA TAB 50MG.....	26
VALCHLOR GEL 0.016%.....	163	VENCLEXTA TAB START PK.....	26
VALCYTE SOL 50MG/ML	17	<i>venlafaxine hcl cap er 24hr 150 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml</i>		<i>(base equivalent)</i>	57
<i>(base equiv)</i>	17	<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	
<i>valganciclovir hcl tab 450 mg (base</i>		<i>(base equivalent)</i>	57
<i>equivalent)</i>	17	<i>venlafaxine hcl cap er 24hr 75 mg (base</i>	
<i>valproate sodium inj 100 mg/ml</i>	52	<i>equivalent)</i>	57
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>venlafaxine hcl tab 100 mg</i>	57
<i>(base equiv)</i>	52	<i>venlafaxine hcl tab 25 mg</i>	57
<i>valproic acid cap 250 mg</i>	52	<i>venlafaxine hcl tab 37.5 mg</i>	57
<i>valsartan tab 160 mg</i>	36	<i>venlafaxine hcl tab 50 mg</i>	57
<i>valsartan tab 320 mg</i>	36	<i>venlafaxine hcl tab 75 mg</i>	57
<i>valsartan tab 40 mg</i>	36	VENOFER INJ 20MG/ML.....	103
<i>valsartan tab 80 mg</i>	36	VENTAVIS SOL 10MCG/ML	46
<i>valsartan-hydrochlorothiazide tab 160-</i>		VENTAVIS SOL 20MCG/ML	46
<i>12.5 mg</i>	35	VENTOLIN HFA AER	142
<i>valsartan-hydrochlorothiazide tab 160-25</i>		<i>verapamil hcl cap er 24hr 100 mg</i>	42
<i>mg</i>	35	<i>verapamil hcl cap er 24hr 120 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>verapamil hcl cap er 24hr 180 mg</i>	42
<i>12.5 mg</i>	35	<i>verapamil hcl cap er 24hr 200 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 320-25</i>		<i>verapamil hcl cap er 24hr 240 mg</i>	42
<i>mg</i>	35	<i>verapamil hcl cap er 24hr 300 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 80-</i>		VERAPAMIL HCL CAP ER 24HR 360 MG	42
<i>12.5 mg</i>	35	<i>verapamil hcl iv soln 2.5 mg/ml</i>	42
VANAHIST PD LIQ 0.625MG	141	<i>verapamil hcl tab 120 mg</i>	42
<i>vancomycin hcl cap 125 mg</i>	11	<i>verapamil hcl tab 40 mg</i>	42
<i>vancomycin hcl cap 250 mg</i>	11	<i>verapamil hcl tab 80 mg</i>	42
<i>vancomycin hcl for inj 10 gm</i>	11	<i>verapamil hcl tab er 120 mg</i>	42
<i>vancomycin hcl for inj 1000 mg</i>	11	<i>verapamil hcl tab er 180 mg</i>	42
<i>vancomycin hcl for inj 500 mg</i>	11	<i>verapamil hcl tab er 240 mg</i>	42
<i>vancomycin hcl for inj 5000 mg</i>	11	VERSACLOZ SUS 50MG/ML.....	63
<i>vancomycin hcl for inj 750 mg</i>	11	VESICARE TAB 10MG.....	98
VANCOMYCIN INJ 1 GM	11	VESICARE TAB 5MG.....	98
VANCOMYCIN INJ 500MG.....	11	<i>vick dayquil cap cold/flu</i>	152
VANCOMYCIN INJ 750MG.....	11	<i>vick dayquil liq cold/flu</i>	152
VANDAZOLE GEL 0.75%	99	<i>vicks nyquil cap cold/flu</i>	152
VAQTA INJ 25/0.5ML.....	108	VICKS NYQUIL LIQ COLD/FLU	152
VAQTA INJ 50UNT/ML.....	108	VICTOZA INJ 18MG/3ML	72
VARIVAX INJ	108	VIDEX SOL 2GM.....	14
VASCEPA CAP 0.5GM.....	38	VIDEX SOL 4GM.....	14
VASCEPA CAP 1GM	39	<i>vienva tab 0.1-20</i>	78
VELCADE INJ 3.5MG.....	26	<i>vigabatrin powd pack 500 mg</i>	52
<i>velivet pak</i>	78	VIGAMOX DRO 0.5%	135
		VIIBRYD KIT STARTER	57

VIIBRYD TAB 10MG.....	57	<i>vitamin d3 cap 1000unit</i>	132
VIIBRYD TAB 20MG.....	57	<i>vitamin d3 cap 2000unit</i>	132
VIIBRYD TAB 40MG.....	57	<i>vitamin d-3 cap 2000unit</i>	133
VIMPAT INJ 200MG/20	52	VITAMIN D3 CAP 4000UNIT	132
VIMPAT SOL 10MG/ML.....	52	<i>vitamin d3 cap 50000unt</i>	132
VIMPAT TAB 100MG	52	<i>vitamin d3 cap 5000unit</i>	132
VIMPAT TAB 150MG	52	<i>vitamin d3 chw 1000unit</i>	132
VIMPAT TAB 200MG	52	<i>vitamin d3 chw 400unit</i>	132
VIMPAT TAB 50MG	52	VITAMIN D3 TAB 10000UNT	133
<i>vinblastine sulfate inj 1 mg/ml</i>	25	<i>vitamin d3 tab 1000unit</i>	133
<i>vincasar pfs inj 1mg/ml</i>	25	<i>vitamin d-3 tab 1000unit</i>	133
<i>vincristine sulfate iv soln 1 mg/ml</i>	25	<i>vitamin d3 tab 2000unit</i>	133
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	25	VITAMIN D3 TAB 3000UNIT	133
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	25	<i>vitamin d3 tab 400unit</i>	133
<i>violele tab</i>	78	<i>vitamin d3 tab 50000unt</i>	133
VIRACEPT TAB 250MG	14	<i>vitamin d3 tab 5000unit</i>	133
VIRACEPT TAB 625MG	14	<i>vitamin d-3 tab 5000unit</i>	133
VIRAMUNE SUS 50MG/5ML	14	VITAMIN D3 TAB COMPLETE	133
VIREAD POW 40MG/GM	14	VITASANA TAB.....	133
VIREAD TAB 150MG	14	<i>vitatrum chw</i>	133
VIREAD TAB 200MG	14	VITATRUM TAB	133
VIREAD TAB 250MG	14	<i>vitatrum tab complete</i>	133
VIREAD TAB 300MG	14	<i>vitrum tab senior</i>	133
<i>virtussin ac sol 100-10/5</i>	152	VITRUM TAB SENIOR	133
<i>virtussin sol dac</i>	152	<i>voriconazole for inj 200 mg</i>	12
<i>vision form/ tab lutein</i>	132	<i>voriconazole for susp 40 mg/ml</i>	12
<i>vision tab vitamins</i>	132	<i>voriconazole tab 200 mg</i>	12
<i>vita hair tab</i>	132	<i>voriconazole tab 50 mg</i>	12
<i>vitabasic tab complete</i>	132	VOSEVI TAB	17
<i>vitabasic tab senior</i>	132	VOTRIENT TAB 200MG.....	29
VITACRAVES CHW IMMUNITY	132	VRAYLAR CAP 1.5-3MG	63
VITACRAVES CHW MENS	132	VRAYLAR CAP 1.5MG	63
VITACRAVES CHW SOUR GUM	132	VRAYLAR CAP 3MG	63
VITACRAVES CHW WOMENS	132	VRAYLAR CAP 4.5MG	63
<i>vitalee tab</i>	132	VRAYLAR CAP 6MG	63
<i>vitamin d cap 1000unit</i>	133	<i>vyfemla tab 0.4-35</i>	78
<i>vitamin d cap 2000unit</i>	133	W	
<i>vitamin d chw 1000unit</i>	133	<i>warfarin sodium tab 1 mg</i>	100
<i>vitamin d chw 400unit</i>	133	<i>warfarin sodium tab 10 mg</i>	100
<i>vitamin d tab 1000unit</i>	133	<i>warfarin sodium tab 2 mg</i>	100
<i>vitamin d tab 2000unit</i>	133	<i>warfarin sodium tab 2.5 mg</i>	100
VITAMIN D TAB 400	118	<i>warfarin sodium tab 3 mg</i>	100
<i>vitamin d tab 400unit</i>	133	<i>warfarin sodium tab 4 mg</i>	100
VITAMIN D2 TAB 2000UNIT.....	132	<i>warfarin sodium tab 5 mg</i>	100
VITAMIN D2 TAB 400UNIT	132	<i>warfarin sodium tab 6 mg</i>	100
<i>vitamin d3 cap 10000unt</i>	132	<i>warfarin sodium tab 7.5 mg</i>	100
		<i>wart remover liq 17%</i>	163
		WATER FOR IRRIGATION, STERILE	

IRRIGATION SOLN	164
<i>wee care sus 15/1.25</i>	103
WEIGHT SMART TAB ADVANCED.....	133
WELCHOL PAK 3.75GM	39
WELCHOL TAB 625MG	39
<i>whole source tab dietary</i>	133
<i>whole source tab for men</i>	133
<i>whole source tab mature</i>	133
<i>womans laxat tab 5mg ec</i>	95
<i>womens 50+ cap advanced</i>	133
WOMENS BIO- TAB MULTIPLE	133
<i>womens cap multi</i>	133
<i>womens daily chw gummies</i>	133
<i>womens daily tab</i>	133
<i>womens daily tab fa/ca/fe</i>	133
<i>womens daily tab formula</i>	133
<i>womens laxat tab 5mg ec</i>	95
<i>womens one tab daily</i>	133
WOMENS PAK.....	133
<i>womns active tab daily</i>	133

X

XALKORI CAP 200MG	29
XALKORI CAP 250MG	29
XARELTO STAR TAB 15/20MG.....	100
XARELTO TAB 10MG.....	100
XARELTO TAB 15MG.....	100
XARELTO TAB 20MG.....	100
XATMEP SOL 2.5MG/ML	104
XELJANZ TAB 5MG	104
XELJANZ XR TAB 11MG.....	104
XGEVA INJ	83
XIFAXAN TAB 550MG	96
XIGDUO XR TAB 10-1000	74
XIGDUO XR TAB 10-500MG.....	74
XIGDUO XR TAB 5-1000MG.....	74
XIGDUO XR TAB 5-500MG	74
XOLAIR SOL 150MG	153
XTANDI CAP 40MG.....	27
XYREM SOL 500MG/ML	68

Y

YELETS TEEN TAB FORMULA.....	133
YERVOY INJ 200MG.....	26
YERVOY INJ 50MG	26
YF-VAX INJ	108
<i>yl folic aci tab 400mcg</i>	133
YOUR LIFE CHW GUMMIES	133

Z

<i>zaditor dro 0.025%op</i>	136
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<i>zafirlukast tab 10 mg</i>	152
<i>zafirlukast tab 20 mg</i>	152
ZANTAC TAB 150MG.....	90
ZANTAC TAB 75MG.....	90
<i>zarah tab 3-0.03mg</i>	78
ZAVESCA CAP 100MG	79
<i>zeasorb-af pow 2%</i>	158
ZEJULA CAP 100MG.....	26
ZELBORAF TAB 240MG.....	29
ZEMAIRA INJ 1000MG.....	153
<i>zenatane cap 10mg</i>	156
<i>zenatane cap 20mg</i>	156
<i>zenatane cap 30mg</i>	156
<i>zenatane cap 40mg</i>	156
<i>zenchent tab</i>	78
ZENPEP CAP 10000UNT.....	96
ZENPEP CAP 15000UNT.....	96
ZENPEP CAP 20000UNT.....	96
ZENPEP CAP 25000UNT.....	96
ZENPEP CAP 3000UNIT	96
ZENPEP CAP 40000UNT.....	96
ZENPEP CAP 5000UNIT	96
ZEPATIER TAB 50-100MG.....	17
ZERIT SOL 1MG/ML	14
ZIAGEN SOL 20MG/ML.....	14
<i>zidovudine cap 100 mg</i>	14
<i>zidovudine syrup 10 mg/ml</i>	14
<i>zidovudine tab 300 mg</i>	14
ZIKS ARTHRIT CRE RELIEF	163
ZINC CHLORIDE INJ 1 MG/ML.....	110
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	118
ZINC SULFATE POW HEPTAHYD	118
<i>zinc-220 cap</i>	118
<i>ziprasidone hcl cap 20 mg</i>	63
<i>ziprasidone hcl cap 40 mg</i>	63
<i>ziprasidone hcl cap 60 mg</i>	63
<i>ziprasidone hcl cap 80 mg</i>	63
ZIRGAN GEL 0.15%.....	135
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	74
<i>zoledronic acid iv soln 5 mg/100ml</i>	74
<i>zoledronic inj 4mg</i>	74
ZOLINZA CAP 100MG.....	26
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	67
<i>zolmitriptan orally disintegrating tab 5 mg</i>	67

<i>zolmitriptan tab 2.5 mg</i>	67	ZOSTAVAX INJ.....	108
<i>zolmitriptan tab 5 mg</i>	67	ZOSTRIX HP CRE 0.1%	163
<i>zolpidem tartrate tab 10 mg</i>	66	<i>zovia 1/35e tab</i>	78
<i>zolpidem tartrate tab 5 mg</i>	66	<i>zovia 1/50e tab</i>	78
<i>zonatuss cap 150mg</i>	152	ZYDELIG TAB 100MG.....	29
<i>zonisamide cap 100 mg</i>	52	ZYDELIG TAB 150MG.....	29
<i>zonisamide cap 25 mg</i>	52	ZYKADIA CAP 150MG.....	29
<i>zonisamide cap 50 mg</i>	52	ZYLET SUS 0.5-0.3%.....	134
ZONTIVITY TAB 2.08MG	103	ZYPREXA RELP INJ 210MG.....	64
<i>zoo friends chw gummies</i>	133	ZYPREXA RELP INJ 300MG.....	64
ZORTRESS TAB 0.25MG.....	106	ZYPREXA RELP INJ 405MG.....	64
ZORTRESS TAB 0.5MG	106	ZYTIGA TAB 250MG.....	27
ZORTRESS TAB 0.75MG.....	107	ZYTIGA TAB 500MG.....	27



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