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كتيب الوصفات الدوائية (قائمة الأدوية المشمولة بالتغطية) California

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan

تقديم ملف كتيب الوصفات الدوائية المعتمد من HPMS رقم 00022276، النسخة 7

تم التحديث في: 2021/15/10

للحصول على معلومات أحدث أو إذا كانت لديك أسئلة أخرى، اتصل بنا على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي أو تفضل بزيارة Molinahealthcare.com/Duals

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan 2022 قائمة الأدوية المشمولة بالتغطية (كتيب الوصفات الدوائية)

مقدمة

يُطلق على هذا المستند اسم قائمة الأدوية الخاضعة للتغطية (ويُعرف أيضًا باسم قائمة الأدوية). يُطلعك هذا المستند على الأدوية الموصوفة والأدوية التي لا تستلزم وصفة طبية والعناصر المشمولة بتغطية خطة Molina Dual Options. توضح لك قائمة الأدوية أيضًا ما إذا كان هناك أي قواعد أو قيود خاصة على أي أدوية مشمولة بتغطية خطة Molina Dual Options. توجد المصطلحات الرئيسية وتعريفاتها في الفصل الأخير من دليل الأعضاء.

جدول المحتويات

- A. إخلاء المسؤولية 3
- B. الأسئلة الشائعة (FAQ) 4
- ب1. ما هي الأدوية الموصوفة الموجودة في قائمة الأدوية الخاضعة للتغطية؟ (تُطلق على قائمة الأدوية الخاضعة للتغطية اختصارًا اسم "قائمة الأدوية"). 4
- ب2. هل يتم إجراء أي تغيير على قائمة الأدوية؟ 4
- ب3. ما الذي يحدث عند إجراء تغيير على قائمة الأدوية؟ 5
- ب4. هل توجد أية قيود أو حدود على تغطية الأدوية أو هل يجب القيام بأية إجراءات للحصول على أدوية معينة؟ 6
- ب5. كيف أعرف ما إذا كان ثمة حدود للدواء الذي أود الحصول عليه أو ما إذا كان ينبغي اتخاذ إجراءات للحصول عليه؟ 7
- ب6. ماذا يحدث إذا أجرت Molina Dual Options تغييرات على قواعدها المتعلقة ببعض الأدوية (على سبيل المثال، التصريح (الموافقة) المسبق و/أو حدود الكمية و/أو قيود العلاج التدريجي)؟ 7
- ب7. كيف يمكنني العثور على دواء في قائمة الأدوية؟ 7
- ب8. ماذا أفعل إذا لم أجد الدواء الذي أريده في قائمة الأدوية؟ 7
- ب9. ماذا أفعل إذا كنت عضوًا جديدًا في خطة Molina Dual Options ولم أتمكن من العثور على الدواء الذي أريده في قائمة الأدوية، أو إذا واجهتني مشكلة في الحصول على الدواء الذي أريده؟ 8
- ب10. هل يمكنني طلب الحصول على استثناء لتغطية الدواء الذي أريده؟ 9
- ب11. كيف يمكنني طلب الحصول على استثناء؟ 9
- ب12. ما المدة التي يستغرقها الحصول على استثناء؟ 9
- ب13. ما هي الأدوية العامة؟ 9



إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

ب14 ما هي الأدوية التي تُصرف بدون وصفة طبية (OTC)؟ 9

ب15 هل تغطي خطة Molina Dual Options المنتجات غير الدوائية التي تُصرف بدون وصفة طبية (OTC)؟ 10

ب16 ما هو المبلغ المشترك الذي عليّ دفعه؟ 10

ب17 ما هي فئات الأدوية؟ 10

C. نظرة عامة على قائمة الأدوية الخاضعة للتغطية 11

ج-1 الأدوية المصنفة حسب الحالة الطبية 11

D. فهرس الأدوية الخاضعة للتغطية 124

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665 TTY، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

A. إخلاء المسؤولية

هذه قائمة بالأدوية التي يمكن للأعضاء الحصول عليها في خطة Molina Dual Options.

❖ إن Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan هي خطة صحية تتعاقد مع كل من Medicare و Medi-Cal لتوفير مزايا البرنامجين للمسجلين.

- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATTENTION: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4627, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- إذا كنت تتحدث اللغة العربية، توفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 665-4627، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت المحلي. هذه المكالمات مجانية.
- ❖ Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa (855) 665-4627, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag na ito.
- ❖ Nếu quý vị nói tiếng Việt, có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi (855) 665-4627, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi là miễn phí.
- ❖ Եթե ձեր մայրենի լեզուն հայերենն է, ձեզ համար հասանելի են անվճար լեզվի օժանդակության ծառայությունները: Չանգահարե՞ք (855) 665-4627, TTY՝ 711, երկուշաբթիից ուրբաթ 8:00-ից 20:00-ը տեղական ժամանակով: Չանգն անվճար է:
- ❖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY៖ 711 ពីថ្ងៃចន្ទ - សុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងនៅក្នុងស្រុក។ ការហៅទូរសព្ទគឺឥតគិតថ្លៃ។
- ❖ 如果您講中文，可為您提供免費的語言輔助服務。當地時間週一至週五，上午 8 點至下午 8 點，撥打 (855) 665-4627，TTY：711。此為免費電話。
- اگر فارسی زبان هستید، خدمات کمک زبانی رایگان برای شما فراهم است. از دوشنبه تا جمعه 8 صبح تا 8 شب به وقت محلی با شماره (855) 665-4627، TTY: 711 تماس بگیرید. این تماس رایگان است.
- ❖ 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 전화 (855) 665-4627번(TTY는 711번) 월~금 오전 8시~오후 8시(현지 시각) 무료 전화입니다.

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- ❖ Если Вы говорите на русском языке, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по телефону: (855) 665-4627, ТТУ: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.

❖ ملتزم Molina Healthcare بقوانين الحقوق المدنية الفيدرالية المطبقة ولا تميز على أساس الانتماء العرقي أو الإثني أو الأصل الوطني أو الدين أو النوع أو الجنس أو العمر أو الإعاقة العقلية أو الجسدية أو الحالة الصحية أو تلقي الرعاية الصحية أو تاريخ المطالبات أو التاريخ الطبي أو المعلومات الجينية أو وجود أدلة على إمكانية التأمين أو الموقع الجغرافي.

❖ يمكنك الحصول على هذا المستند مجانًا بتنسيقات أخرى، مثل المطبوعات بأحرف كبيرة أو بطريقة برايل أو تنسيق التسجيل الصوتي. اتصل على (855) 4627-665، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً بالتوقيت المحلي. هذا الاتصال مجاني.

❖ لتقديم طلب دائم للحصول على المواد بلغة غير اللغة الإنجليزية أو بتنسيق مختلف الآن وفي المستقبل، يُرجى الاتصال بقسم خدمات الأعضاء على الرقم (855) 4627-665، 711 TTY، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي.

B. الأسئلة الشائعة (FAQ)

ستجد هنا أجوبة على أسئلتك بشأن قائمة الأدوية الخاضعة للتغطية. يمكنك قراءة كل الأسئلة الشائعة لمعرفة المزيد أو يمكنك البحث عن سؤال محدد للحصول على إجابته.

ب1. ما هي الأدوية الموصوفة الموجودة في قائمة الأدوية الخاضعة للتغطية؟ (تطلق على قائمة الأدوية الخاضعة للتغطية اختصارًا اسم "قائمة الأدوية".)

الأدوية المدرجة في قائمة الأدوية هي الأدوية المغطاة من جانب خطة Molina Dual Options. وتتوفر الأدوية في الصيدليات الموجودة ضمن نطاق شبكتنا. وتتواجد الصيدلية ضمن نطاق شبكتنا إذا أبرمنا معها اتفاقية للعمل معنا وتقديم الخدمات لك. ونشير إلى هذه الصيدليات باسم "الصيدليات التابعة للشبكة".

- ستغطي خطة Molina Dual Options جميع الأدوية اللازمة طبياً المدرجة في قائمة الأدوية إذا:
 - أخبر طبيبك أو أي واصل آخر أنك بحاجة إلى هذه الأدوية للتحسن أو للحفاظ على صحتك، و
 - قمت بصرف الوصفة الطبية من صيدلية تابعة لشبكة Molina Dual Options.
- في بعض الحالات، يتعين عليك القيام بإجراء ما قبل التمكن من الحصول على دواء (راجع السؤال ب4 أدناه).

يمكنك أيضًا الاطلاع على قائمة محدّثة بالأدوية المشمولة بتغطيتنا على موقعنا الإلكتروني MolinaHealthcare.com/Duals أو يمكنك الاتصال بقسم خدمات الأعضاء على الرقم (855) 4627-665، 711 TTY، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي.

ب2 هل يتم إجراء أي تغيير على قائمة الأدوية؟

نعم، ويجب أن تتبع خطة Molina Dual Options قواعد Medicare و Medicaid عند إجراء التغييرات. قد نضيف أدوية إلى قائمة الأدوية أو نزيلها منها على مدار العام.

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وقد نغير كذلك قواعدنا المتعلقة بالأدوية. فعلى سبيل المثال، يمكننا:

- اتخاذ قرار بشأن ضرورة الحصول على موافقة مسبقة على دواء من عدمها. (الموافقة المسبقة هي عبارة عن تصريح تحصل عليه من خطة Molina Dual Options قبل أن تتمكن من الحصول على دواء.)

- إضافة أو تغيير كمية الدواء التي يمكنك الحصول عليها (وتُسمى حدود الكمية).
- إضافة أو تغيير قيود العلاج التدريجي على دواء ما. (يُقصد بعبارة العلاج التدريجي أنه يجب عليك تجربة دواء قبل أن نقوم بتغطية دواء آخر.)

للمزيد من المعلومات حول القواعد المفروضة على الأدوية هذه، راجع السؤال ب4.

إذا كنت تتناول دواء تمت تغطيته في بداية العام، فلن نلغي أو نغير تغطية هذا الدواء بصورة عامة خلال الفترة المتبقية من السنة إلا إذا:

- ظهر دواء جديد أرخص في السوق وله نفس فعالية الدواء المدرج في قائمة الأدوية الآن، أو
- علمنا بأن دواء ما ليس آمنًا، أو
- تم سحب الدواء من السوق.

يوجد بالسؤالين ب3 وب6 أدناه المزيد من المعلومات حول ما يحدث عند إجراء تغيير على قائمة الأدوية.

- يمكنك دائمًا التحقق من قائمة الأدوية المحدثة لخطة Molina Dual Options عبر الإنترنت على MolinaHealthcare.com/Duals.
- يمكنك أيضًا الاتصال بقسم خدمات الأعضاء للتحقق من قائمة الأدوية الحالية على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي.

ب3 ما الذي يحدث عند إجراء تغيير على قائمة الأدوية؟

سنطرح بعض التغييرات على قائمة الأدوية في الحال. على سبيل المثال:

- **توافر نوع جديد من الأدوية العامة.** يظهر أحيانًا دواء عام جديد في السوق ويكون له نفس فعالية الدواء الذي يحمل علامة تجارية والمدرج بقائمة الأدوية الآن. عند حدوث ذلك، قد نقوم بإزالة الدواء الذي يحمل العلامة التجارية وإضافة الدواء العام الجديد، لكن ستظل التكلفة التي تدفعها مقابل الدواء الجديد هي نفسها. وعند إضافتنا للدواء العام الجديد، فقد نقرر أيضًا الإبقاء على الدواء الذي يحمل العلامة التجارية الموجود بالقائمة مع تغيير قواعد أو حدود تغطيته.

○ قد لا نحيطك علمًا قبل أن نجري هذا التغيير، ولكن سنرسل لك معلومات حول التغييرات المحددة التي أجريناها فور حدوثها.

○ يمكنك أنت أو موفر الرعاية المتابع لحالتك طلب استثناء من هذه التغييرات. وسنرسل لك إخطارًا بالخطوات التي يمكنك اتباعها لطلب استثناء. يُرجى مراجعة السؤال ب10 لمعرفة المزيد من المعلومات المتعلقة بالاستثناءات.

- **سحب دواء ما من السوق.** إذا أعربت إدارة الغذاء والدواء (Food and Drug Administration, FDA) أن الدواء الذي تتناوله ليس آمنًا، أو إذا سحبت الجهة المصنعة الدواء من السوق، فسنستبعد

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هذا الدواء من قائمة الادوية. وإذا كنت تتناول هذا الدواء، فسنحيطك علمًا. تحدث مع طبيبك أو واصف آخر للعثور على بديل آمن لك.

قد نقوم بإجراء تغييرات أخرى من شأنها أن تؤثر على الأدوية التي تتناولها. سنبلغك مسبقًا بهذه التغييرات الأخرى التي تطرأ على قائمة الأدوية. وقد تطرأ هذه التغييرات إذا:

- قدمت إدارة الغذاء والدواء (FDA) إرشادات جديدة أو إذا ظهرت توجيهات سريرية جديدة بشأن دواء ما.

- قمنا بإضافة دواء عام غير جديد في السوق و

- قمنا باستبدال دواء يحمل علامة تجارية موجود في الوقت الراهن في قائمة الأدوية أو

- قمنا بتغيير قواعد أو حدود تغطية الدواء الذي يحمل العلامة التجارية.

عند إجراء هذه التغييرات، سنقوم بما يلي:

- إعلامك قبل 30 يومًا على الأقل من إجرائنا التغيير في قائمة الأدوية أو

- إعلامك وإمدادك بالدواء لمدة 60 يومًا بعد طلبك إعادة صرف الدواء.

سيمنحك ذلك الوقت الكافي للتحدث مع طبيبك أو أي واصف آخر، ويمكن أن يساعدك الطبيب على اتخاذ قرار يتعلق بما يلي:

- ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو

- ما إذا كان ينبغي عليك طلب استثناء من هذه التغييرات. لمعرفة المزيد بشأن الاستثناءات، راجع السؤال ب10.

ب4 هل توجد أية قيود أو حدود على تغطية الأدوية أو هل يجب القيام بأية إجراءات للحصول على أدوية معينة؟

نعم، توجد قواعد تغطية أو حدود على كمية بعض الأدوية التي يمكنك الحصول عليها. وفي بعض الحالات، يجب عليك أو على طبيبك أو أي واصف آخر القيام بإجراء ما قبل الحصول على الدواء. على سبيل المثال:

- **الموافقة المسبقة (أو التصريح المسبق):** بالنسبة إلى بعض الأدوية، يجب عليك أو على طبيبك أو واصف آخر الحصول على موافقة من خطة Molina Dual Options قبل صرف وصفتك الطبية. وقد لا تغطي خطة Molina Dual Options الدواء إذا لم تحصل على الموافقة.

- **حدود الكمية:** في بعض الأحيان، تحدّ خطة Molina Dual Options من كمية الدواء التي يمكنك الحصول عليها.

- **العلاج التدريجي:** في بعض الأحيان، تطلب منك خطة Molina Dual Options اتباع العلاج التدريجي. مما يعني أنه سيتعين عليك تجربة الأدوية بترتيب معين وفقًا لحالتك الصحية. وقد تضطر إلى تجربة دواء قبل أن نقوم بتغطية دواء آخر. وإذا رأى طبيبك أن الدواء الأول لا يتناسب مع حالتك، سنقوم حينها بتغطية الدواء الثاني.

يمكنك معرفة ما إذا كان للدواء الخاص بك أي متطلبات أو حدود إضافية من خلال مراجعة الجداول الموجودة في الصفحات 123 - 13 ويمكنك أيضًا الحصول على المزيد من المعلومات من خلال زيارة موقعنا الإلكتروني عبر الرابط التالي

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665، TTY: من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

MolinaHealthcare.com/Duals. قمنا بنشر مستندات عبر الإنترنت تشرح القيود المتعلقة بالعلاج التدريجي والتصريح المسبق التي نعرضها. ويمكنك أيضًا أن تطلب منا إرسال نسخة إليك.

يمكنك طلب استثناء من هذه التغييرات. سيمنحك ذلك الوقت الكافي للتحدث مع طبيبك أو أي واصل آخر، إذ يمكنه مساعدتك في اتخاذ قرار بشأن ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو ما إذا كان ينبغي عليك طلب استثناء. يُرجى مراجعة الأسئلة من ب10 حتى ب12 لمعرفة المزيد من المعلومات بشأن الاستثناءات.

ب5 كيف أعرف ما إذا كان ثمة حدود للدواء الذي أود الحصول عليه أو ما إذا كان ينبغي اتخاذ إجراءات للحصول عليه؟

يحتوي جدول الأدوية في الصفحة 11 على عمود يُسمى "الإجراءات الضرورية، أو القيود، أو حدود الاستخدام".

ب6 ماذا يحدث إذا أجرت Molina Dual Options تغييرات على قواعدها المتعلقة ببعض الأدوية (على سبيل المثال، التصريح (الموافقة) المسبق و/أو حدود الكمية و/أو قيود العلاج التدريجي)؟

في بعض الحالات، سنقوم بإبلاغك مسبقًا إذا قمنا بإضافة أو تغيير الموافقة المسبقة و/أو حدود الكمية و/أو قيود العلاج التدريجي الخاصة بالدواء. راجع السؤال ب3 للحصول على المزيد من المعلومات حول هذا الإخطار المسبق والمواقف التي قد لا نتمكن فيها من إبلاغك مسبقًا عند تغيير قواعدها الخاصة بالأدوية الموجودة في قائمة الأدوية.

ب7 كيف يمكنني العثور على دواء في قائمة الأدوية؟

توجد طريقتان للعثور على دواء ما:

- يمكنك البحث حسب الترتيب الأبجدي وفقًا لاسم الدواء، أو
- ويمكنك البحث بحسب الحالة الصحية.

للبحث حسب الترتيب الأبجدي، راجع قسم فهرس الأدوية المشمولة بالتغطية. يمكنك العثور عليه في الصفحة 124.

للبحث حسب الحالة الصحية، اعثر على القسم المسمى "الأدوية المصنفة حسب الحالة الصحية" الموجود في الصفحة 11. تم تصنيف الأدوية في هذا القسم إلى فئات وفقًا لنوع الحالات الصحية المستخدمة في علاجها. على سبيل المثال، إذا كانت لديك مشكلة بالقلب، يجب عليك النظر في فئة Beta-blockers. وستجد في هذه الفئة الأدوية التي تعالج مشاكل القلب.

ب8 ماذا أفعل إذا لم أجد الدواء الذي أريده في قائمة الأدوية؟

إذا لم تجد دواءك في قائمة الأدوية، عليك الاتصال بقسم خدمات الأعضاء على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي والسؤال عنه. وإذا علمت أن خطة Molina Dual Options لن تقوم بتغطية الدواء، يمكنك القيام بأحد الإجراءات التالية:

- اطلب من قسم خدمات الأعضاء تزويدك بقائمة أدوية ماثلة للدواء الذي تود الحصول عليه. ثم قم بعرض القائمة على طبيبك أو أي واصل آخر. يمكنه وصف دواء موجود في قائمة الأدوية مماثل للدواء الذي كنت تود الحصول عليه. أو
- يمكنك طلب استثناء من خطة الرعاية الصحية لتغطية الدواء الذي تريده. يُرجى مراجعة الأسئلة من ب10 حتى ب12 لمعرفة المزيد من المعلومات بشأن الاستثناءات.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

ب9 ماذا أفعل إذا كنت عضوًا جديدًا في خطة Molina Dual Options ولم أتمكن من العثور على الدواء الذي أريده في قائمة الأدوية، أو إذا واجهتني مشكلة في الحصول على الدواء الذي أريده؟

يمكننا تقديم المساعدة. يمكننا تغطية إمدادك مؤقتًا بالدواء لمدة 60 يومًا خلال الأيام الـ 90 الأولى من عضويتك في Molina Dual Options. سيمنحك ذلك الوقت الكافي للتحدث مع طبيبك أو أي واصل آخر، إذ يمكنه مساعدتك في اتخاذ قرار بشأن ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو ما إذا كان ينبغي عليك طلب استثناء.

إذا كانت وصفتك الطبية تغطي أيامًا أقل، فسنتيح لك صرف الدواء عدة مرات لتغطية مدة تصل إلى 60 يومًا من العلاج.

سنقوم بتغطية إمدادك بالدواء لمدة 60 يومًا إذا:

- كنت تتناول دواء غير موجود في قائمة الأدوية لدينا، أو
- لم تكن قواعد خطة الرعاية الصحية تسمح لك بالحصول على الكمية التي حددها الواصل المتابع لحالتك، أو
- كان الدواء يتطلب موافقة مسبقة من خطة Molina Dual Options، أو
- كنت تتناول دواء يُعد جزءًا من قيود العلاج التدريجي.

إذا كنت في دار للرعاية أو في أي مرفق آخر للرعاية طويلة الأمد وكنت بحاجة إلى دواء غير موجود في قائمة الأدوية أو إذا لم تتمكن من الحصول على الدواء الذي تريده، فإمكاننا مساعدتك. إذا كنت عضوًا في الخطة لمدة تتجاوز الـ 90 يومًا وكنت تعيش في أحد مرافق الرعاية طويلة الأمد وتحتاج إلى الدواء فورًا:

- سنقوم بتغطية إمدادك بالدواء الذي تحتاج إليه لمدة 60 يومًا مرة واحدة (ما لم تكن الوصفة الطبية تغطي عدد أيام أقل)، سواء أكنت عضوًا جديدًا في خطة Molina Dual Options أم لا.
- وذلك بالإضافة إلى إمدادك بشكل مؤقت بالدواء خلال الـ 90 يومًا الأولى من عضويتك في خطة Molina Dual Options.

سياسة الانتقال

قد يكون الأعضاء الجدد في خطتنا يتناولون أدوية غير موجودة في كتيب الأدوية لدينا أو أدوية تخضع لقيود معينة، مثل التصريح المسبق أو العلاج التدريجي. وقد يتأثر الأعضاء الحاليون أيضًا بالتغييرات التي تطرأ على كتيب الأدوية لدينا من عام إلى آخر. فيجب على الأعضاء التحدث إلى أطبائهم لتحديد ما إذا كان ينبغي عليهم تبديل دوائهم بدواء آخر نغطيه أو طلب استثناء كتيب الأدوية للحصول على تغطية للدواء. راجع دليل الأعضاء لمعرفة المزيد بشأن كيفية طلب استثناء. ويُرجى الاتصال بقسم خدمات الأعضاء إذا لم يكن الدواء الخاص بك مدرجًا في كتيب الأدوية لدينا، أو إذا كان الدواء يخضع لقيود معينة، مثل التصريح المسبق أو العلاج التدريجي، أو لن يكون مدرجًا في كتيب الأدوية لدينا في العام المقبل، وكنت في حاجة إلى المساعدة في تبديل الدواء بدواء آخر نغطيه أو طلب استثناء كتيب الأدوية.

خلال المدة التي يتحدث فيها الأعضاء مع أطبائهم لتحديد المسار الصحيح للعمل، قد نوفر إمدادًا مؤقتًا للدواء غير المشمول في كتيب الأدوية إذا احتاج هؤلاء الأعضاء إلى إعادة صرف الدواء خلال الـ 90 days الأولى من الانضمام إلى خطتنا فيما يخص أدوية الجزء د (الفئات 1 و 2) و 90 days لأدوية Medi-Cal (الفئة 3). وإذا كنت عضوًا حاليًا متأثرًا بإجراء تغيير على كتيب الأدوية من عام إلى آخر، فسنوفر إمدادًا مؤقتًا للدواء غير المشمول في كتيب الأدوية إذا كنت بحاجة إلى إعادة صرف الدواء خلال الـ 90 days الأولى من سنة الخطة الجديدة.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665 TTY، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

عندما يذهب أحد الأعضاء إلى صيدلية تابعة للشبكة عند توفيرنا لإمداد مؤقت لدواء غير مشمول في كتيب الأدوية لدينا، أو يحتوي على قيود أو حدود للتغطية (ولكن يُعتبر بخلاف ذلك "دواء من أدوية الجزء د")، فسنقوم بتوفير إمداد لمدة day-60 (ما لم تكن الوصفة الطبية لعدد أيام أقل). وبعد أن نقوم بتغطية الإمداد المؤقت لمدة day-60، لن ندفع بشكل عام مقابل هذه الأدوية كجزء من سياسة الانتقال الخاصة بنا مرة أخرى.

سنزودك بإخطار كتابي بعد أن نغطي الإمداد المؤقت الخاص بك. وسيوضح هذا الإخطار الخطوات التي يمكنك اتخاذها لطلب استثناء وكيفية العمل مع طبيبك لتقرير ما إذا كان يجب عليك تبديل الدواء بدواء مناسب نغطيه.

ب10 هل يمكنني طلب الحصول على استثناء لتغطية الدواء الذي أريده؟

نعم، يمكن طلب استثناء من خطة Molina Dual Options لتغطية الدواء غير الموجود في قائمة الأدوية.

يمكنك أيضًا أن تطلب منا تغيير القواعد المطبقة على الدواء الذي نتناوله.

- على سبيل المثال، قد تحدد خطة Molina Dual Options كمية العقار التي سنغطيها. فإذا كان هناك حد لكمية الدواء الذي تريده، يمكنك أن تطلب منا تغيير هذا الحد وتغطية كمية أكبر.
- أمثلة أخرى: يمكنك أن تطلب منا إلغاء قيود العلاج التدريجي أو متطلبات الموافقة المسبقة.

ب11 كيف يمكنني طلب الحصول على استثناء؟

لطلب الحصول على استثناء، اتصل بقسم خدمات الأعضاء. سيتعاون قسم خدمات الأعضاء معك ومع موفر الرعاية الخاص بك لمساعدتك في طلب الحصول على استثناء. ويمكنك أيضًا قراءة الفصل 9 من دليل الأعضاء لمعرفة المزيد بشأن الاستثناءات.

ب12 ما المدة التي يستغرقها الحصول على استثناء؟

بعد استلامنا بيانًا من الواصف يدعم فيه طلبك بالحصول على استثناء، سنعلمك بالقرار في غضون 72 ساعة. يمكن أن يتصل الواصف بخطة Molina Dual Options أو أن يرسل البيان الداعم بالفاكس إلى (866) 1309-290.

إذا كنت تعتقد أنت أو الواصف أن صحتك قد تتضرر إذا انتظرت مدة 72 ساعة لمعرفة القرار، يمكنك طلب استثناء سريع. ويجعل هذا الطلب عملية إصدار القرار. إذا دعم الواصف طلبك، فسنصدر القرار في غضون 24 ساعة من تلقي البيان الداعم منه.

ب13 ما هي الأدوية العامة؟

يتم صنع الأدوية العامة من نفس مكونات الأدوية التي تحمل علامة تجارية. وتكون تكلفة هذه الأدوية عادةً أقل من الأدوية التي تحمل العلامة التجارية، كما أن أسماءها أقل شيوعًا. وتقوم إدارة الغذاء والدواء (FDA) باعتماد هذه الأدوية العامة.

تغطي خطة Molina Dual Options كلاً من الأدوية التي تحمل علامة تجارية والأدوية العامة.

ب14 ما هي الأدوية التي تُصرف بدون وصفة طبية (OTC)؟

يشير اختصار OTC إلى الأدوية التي لا تستلزم وصفة طبية. وتغطي خطة Molina Dual Options بعض الأدوية التي لا تستلزم وصفة طبية (OTC) عندما يتم وصفها على شكل وصفات طبية من قبل موفر الرعاية المتابع لحالتك.

يمكنك الاطلاع على قائمة الأدوية في خطة Molina Dual Options لمعرفة الأدوية التي لا تستلزم وصفة طبية التي تتم تغطيتها.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

ب15 هل تغطي خطة Molina Dual Options المنتجات غير الدوائية التي تُصرف بدون وصفة طبية (OTC)؟

تغطي خطة Molina Dual Options بعض المنتجات غير الدوائية التي تُصرف بدون وصفة طبية (OTC) عندما يتم كتابتها كوصفات طبية من قبل موفر الرعاية الخاص بك.

تتضمن أمثلة المنتجات غير الدوائية التي لا تستلزم وصفة طبية (OTC) non-aspirin tab 325mg, cough syp 100/5ml.

يمكنك الاطلاع على قائمة الأدوية في خطة Molina Dual Options لمعرفة المنتجات غير الدوائية التي لا تستلزم وصفة طبية (OTC) التي تتم تغطيتها.

ب16 ما هو المبلغ المشترك الذي علي دفعه؟

بصفتك عضوًا في خطة Molina Dual Options، ليس عليك تقديم أي مدفوعات مشتركة للحصول على الأدوية الموصوفة أو الأدوية التي تصرف بدون وصفة طبية (OTC) طالما أنك تتبع قواعد خطة Molina Dual Options.

لن يكون على أعضاء خطة Molina Dual Options الذين يعيشون في دور الرعاية أو غيرها من مرافق الرعاية طويلة الأمد تقديم أي مدفوعات مشتركة. وأيضًا، لن يكون على بعض الأعضاء الذين يحصلون على رعاية طويلة الأمد في المجتمع تقديم مدفوعات مشتركة.

ب17 ما هي فئات الأدوية؟

الفئات هي عبارة عن مجموعات من الأدوية الموجودة في قائمة الأدوية لدينا.

- تتمثل أدوية الفئة الأولى في الأدوية العامة. وبالنسبة لأدوية الفئة الأولى، لا تدفع أي مقابل.
- تتمثل أدوية الفئة الثانية في الأدوية ذات العلامة التجارية. وبالنسبة لأدوية الفئة الثانية، لا تدفع أي مقابل.
- أدوية الفئة الثالثة هي الأدوية الموصوفة غير المشمولة بتغطية برنامج Medicare Rx / الأدوية التي لا تستلزم وصفة طبية (OTC). وبالنسبة لأدوية الفئة الثالثة، لا تدفع أي مقابل.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

C. نظرة عامة على قائمة الأدوية الخاضعة للتغطية

توفر لك القائمة التالية للأدوية الخاضعة للتغطية معلومات حول الأدوية التي تغطيها خطة Molina Dual Options. وإذا واجهت مشكلة في العثور على الدواء الخاص بك في القائمة، فانقل إلى فهرس الأدوية الخاضعة للتغطية الذي يبدأ في الصفحة رقم 124 ويسرد الفهرس جميع الأدوية التي تغطيها خطة Molina Dual Options حسب الترتيب الأبجدي.

يشتمل العمود الأول من الجدول على اسم الدواء. تتم كتابة الأدوية التي تحمل علامة تجارية بالحروف الكبيرة (على سبيل المثال BYSTOLIC) والأدوية العامة بحروف صغيرة مائلة (على سبيل المثال metoprolol).

توضح لك المعلومات الواردة في عمود "الإجراءات الضرورية، أو القيود، أو حدود الاستخدام" بما إذا كانت خطة Molina Dual Options لديها أي قواعد لتغطية الدواء الذي تريده.

ملاحظة: تشير العلامة * بجانب الدواء إلى أنه ليس من "أدوية الجزء د". ولن يُطلب منك المشاركة في الدفع مقابل هذه الأدوية. ولهذه الأدوية أيضًا قواعد مختلفة للاستئناف.

- يُعدُّ الاستئناف وسيلة رسمية لمطالبتنا بمراجعة قرارٍ اتخذناه حول التغطية الخاصة بك وتغييره إذا كنت تعتقد أننا ارتكبنا خطأً. على سبيل المثال، قد نقرر أن الدواء الذي تريده غير خاضع للتغطية أو لم يعد خاضعًا للتغطية من جانب Medicare أو Medi-Cal.
- فإذا لم تكن موافقًا أنت أو طبيبك على قرارنا، فيمكنك طلب استئناف. إذا كانت لديك أي أسئلة، يُرجى الاتصال بقسم خدمات الأعضاء على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. يمكنك أيضًا قراءة الفصل 9 من دليل الأعضاء لمعرفة كيفية استئناف قرار ما.

ج1 الأدوية المصنفة حسب الحالة الطبية

تم تصنيف الأدوية في هذا القسم إلى فئات وفقًا لنوع الحالات الصحية المستخدمة في علاجها. على سبيل المثال، إذا كانت لديك مشكلة بالقلب، يجب عليك النظر في فئة Beta-blockers. وستجد في هذه الفئة الأدوية التي تعالج مشاكل القلب.

في ما يلي معاني الرموز المستخدمة في عمود "الإجراءات الضرورية أو القيود أو حدود الاستخدام":

PA = التصريح (الموافقة) المسبق: يجب أن تحصل على موافقة قبل أن تتمكن من الحصول على هذا الدواء.

QL = حدود الكمية: كمية الدواء التي ستغطيها الخطة.

ST = معايير العلاج التدريجي: يجب أن تجرب دواءً آخر قبل أن تتمكن من الحصول على هذا الدواء.

NM = طلب غير بريدي: لا يمكن صرف هذا الدواء بطلب عن طريق البريد.

B / D = قد يتم تغطية هذا الدواء بموجب الجزء ب أو د من برنامج Medicare حسب الظروف.

LA = الدواء محدود الوصول: قد يتوفر هذا الدواء فقط في صيدليات معينة.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 4627-665، TTY: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.

(*) = الأدوية غير المدرجة في الجزء D، أو العناصر التي تُصرف بدون وصفة طبية (OTC) والتي يغطيها برنامج Medicaid.

NDS = الإمداد لأيام غير ممتدة: ستقتصر على عدد الأيام التي يمكنك الحصول فيها على إمداد.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على الرقم (855) 711.4627-665 TTY: من الإثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. هذا الاتصال مجاني. للاطلاع على المزيد من المعلومات، تفضل بزيارة الرابط التالي MolinaHealthcare.com/Duals.



MOLINA_CA_CY22_2T_MMP eff 01/01/2022

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</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
<i>MITIGARE</i> CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

MISCELLANEOUS

<i>acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
<i>ASPIRIN</i> SUPP 300mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult low strengt</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>goodsense aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>goodsense aspirin adult l</i> CHEW 81mg	\$0(3)	NM; *
<i>goodsense aspirin low dos</i> TBEC 81mg	\$0(3)	NM; *
<i>hm aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>qc aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc chewable aspirin low d</i> CHEW 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg	\$0(3)	NM; *
<i>sm childrens aspirin</i> CHEW 81mg	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>celecoxib</i> CAPS 50mg	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp ibuprofen junior stre</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen ib/junior st</i> CHEW 100mg	\$0(3)	NM; *
<i>hm ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 600mg, 800mg	\$0(1)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen infants drops</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 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>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5- 325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$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>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	\$0(2)	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$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 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)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</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 SOLN 10mg/ml, 40mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin TABS 3mg</i>	\$0(1)	
<i>linezolid SOLN 600mg/300ml</i>	\$0(1)	
<i>linezolid SUSR 100mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(1)	
<i>meropenem SOLR 1gm, 500mg</i>	\$0(1)	
<i>methenamine hippurate TABS 1gm</i>	\$0(1)	
<i>metronidazole TABS 250mg, 500mg</i>	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0(1)	
<i>neomycin sulfate TABS 500mg</i>	\$0(1)	
<i>nitazoxanide TABS 500mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	\$0(2)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(1)	
SULFADIAZINE TABS 500mg	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$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 SUSP 5mg/ml	\$0(2)	B/D
AMBISOME SUSR 50mg	\$0(2)	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	\$0(2)	NDS
<i>NOXAFIL SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSP 40mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole TABS 50mg</i>	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
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 TABS 250mg, 500mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl TABS 250mg</i>	\$0(1)	
<i>primaquine phosphate TABS 26.3mg</i>	\$0(1)	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	\$0(2)	
<i>quinine sulfate CAPS 324mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	\$0(1)	
<i>APTIVUS CAPS 250mg</i>	\$0(2)	NDS
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	\$0(1)	
<i>EDURANT TABS 25mg</i>	\$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	
<i>emtricitabine</i> CAPS 200mg	\$0(1)	
EMTRIVA SOLN 10mg/ml	\$0(2)	
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS
FUZEON SOLR 90mg	\$0(2)	NDS
INTELENCE TABS 25mg	\$0(2)	
INVIRASE TABS 500mg	\$0(2)	NDS
ISENTRESS CHEW 25mg; PACK 100mg	\$0(2)	
ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS
ISENTRESS HD TABS 600mg	\$0(2)	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	
LEXIVA SUSP 50mg/ml	\$0(2)	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	
PIFELTRO TABS 100mg	\$0(2)	NDS
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	\$0(2)	NDS
<i>ritonavir</i> TABS 100mg	\$0(1)	
RUKOBIA TB12 600mg	\$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS
SELZENTRY TABS 25mg	\$0(2)	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	
TIVICAY TABS 10mg	\$0(2)	
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS
TIVICAY PD TBSO 5mg	\$0(2)	
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, LA
TYBOST TABS 150mg	\$0(2)	
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	\$0(1)	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200/25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	\$0(2)	NDS
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	\$0(2)	NDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	\$0(2)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
lamivudine-zidovudine tab 150-300 mg	\$0(1)	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	\$0(1)	
lopinavir-ritonavir tab 100-25 mg	\$0(1)	
lopinavir-ritonavir tab 200-50 mg	\$0(2)	NDS
ODEFSEY TAB	\$0(2)	NDS
PREZCOBIX TAB 800-150	\$0(2)	NDS
STRIBILD TAB	\$0(2)	NDS
SYMTUZA TAB	\$0(2)	NDS
TEMIXYS TAB 300-300	\$0(2)	NDS
TRIUMEQ TAB	\$0(2)	NDS

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	\$0(2)	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(2)	NDS
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
CEFACTOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	NDS
<i>erythrocine stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	\$0(1)	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	\$0(1)	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	\$0(1)	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-</i> <i>125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-</i> <i>125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-</i> <i>125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3</i> <i>(2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv</i> <i>soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv</i> <i>soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm,</i> <i>10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSP 600000unit/ml,</i> <i>1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg,</i> <i>500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm,</i> <i>10gm</i>	\$0(1)	
<i>PEN GK/DEXTR INJ 40000/ML</i>	\$0(2)	
<i>PEN GK/DEXTR INJ 60000/ML</i>	\$0(2)	
<i>penicillin g potassium SOLR</i> <i>5000000unit, 20000000unit</i>	\$0(1)	
<i>PENICILLIN G PROCAINE SUSP</i> <i>600000unit/ml</i>	\$0(2)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR</i> <i>125mg/5ml, 250mg/5ml; TABS</i> <i>250mg, 500mg</i>	\$0(1)	

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<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>mondoxylene nl</i> CAPS 100mg	\$0(1)	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(1)	
TIGECYCLINE SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>BENDEKA</i> SOLN 100mg/4ml	\$0(2)	NDS, B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	\$0(1)	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
<i>LEUKERAN</i> TABS 2mg	\$0(2)	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, NM, LA, PA
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
EMCYT CAPS 140mg	\$0(2)	NDS
ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	\$0(1)	
<i>flutamide</i> CAPS 125mg	\$0(1)	
<i>fulvestrant</i> SOLN 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, PA
LYSODREN TABS 500mg	\$0(2)	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, PA
XTANDI CAPS 40mg	\$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	\$0(2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
vincristine sulfate SOLN 1mg/ml	\$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
AYVAKIT TABS 25mg, 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, NM, LA, PA
GILOTTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 15mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, PA
KISQALI 200 DOSE TBPk 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, NM, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, NM, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	\$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	\$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	\$0(1)	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	\$0(1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	\$0(1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	\$0(1)	
benazepril & hydrochlorothiazide tab 20-25 mg	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	\$0(1)	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	\$0(1)	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<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)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>olmesartan medoxomil</i> TABS 5mg	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
ANTIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>BYSTOLIC TABS 2.5mg, 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TABS 20mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	\$0(1)	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	\$0(1)	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	\$0(1)	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek</i> TABS .125mg, .25mg	\$0(1)	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
METHYLDOPA TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>ANTIANXIETY - DRUGS TO TREAT ANXIETY</i>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</i>		
APTOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TDBP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TDBP .125mg, .25mg, .5mg, 1mg	\$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>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	\$0(2)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2300 mL / 28 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rufinamide</i> TABS 200mg	\$0(2)	NDS, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg	\$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	\$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	\$0(1)	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	\$0(2)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
PAXIL SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone</i> TABS 200mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

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 (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	\$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</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg	\$0(1)	QL (40 tabs / 28 days), PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAPS 60mg	\$0(2)	NDS, QL (30 caps / 30 days), LA, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dalfampridine</i> TB12 10mg	\$0(1)	NM, PA
<i>GILENYA</i> CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil</i> TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>XYREM</i> SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	\$0(1)	QL (90 films / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	\$0(2)	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i> LOZG 2mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	NM; *
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>goodsense nicotine</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>goodsense nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>goodsense nicotine polacr</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>hm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>hm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
NARCAN LIQD 4mg/0.1ml	\$0(2)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>phendimetrazine tartrate</i> CP24 105mg; TABS 35mg	\$0(3)	NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
VIVITROL SUSR 380mg	\$0(2)	NDS

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
testosterone enanthate SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	\$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$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 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	\$0(2)	
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen</i> 1/35	\$0(1)	
<i>alyacen</i> 7/7/7	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela</i> 1/20	\$0(1)	
<i>aurovela</i> 24 fe	\$0(1)	
<i>aurovela fe</i> 1.5/30	\$0(1)	
<i>aurovela fe</i> 1/20	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi</i> 24 fe	\$0(1)	
<i>blisovi fe</i> 1.5/30	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i> TABS .35mg	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
CONDOMS MIS LUBRICAT	\$0(3)	NM; *
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem</i> 1/35	\$0(1)	
<i>cyclafem</i> 7/7/7	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta</i> 1/35	\$0(1)	
<i>dasetta</i> 7/7/7	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	NM; *
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *
<i>econtra one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
ELLA TABS 30mg	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin TABS .35mg</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
FANTASY LUBR MIS COLORS	\$0(3)	NM; *
FANTASY LUBR MIS SPERMICI	\$0(3)	NM; *
FANTASY MIS LUBRICAT	\$0(3)	NM; *
<i>fayosim</i>	\$0(1)	
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>femynor</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>heather TABS .35mg</i>	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia TABS .35mg</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
KIMONO MICRO MIS THIN	\$0(3)	NM; *
KIMONO MICRO MIS THIN +	\$0(3)	NM; *
KIMONO MIS LUBRICAT	\$0(3)	NM; *
KIMONO MIS SENSATIO	\$0(3)	NM; *
KIMONO SENS MIS PLUS	\$0(3)	NM; *
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>larissia</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luter</i>	\$0(1)	
<i>lyleq</i> TABS .35mg	\$0(1)	
<i>lyza</i> TABS .35mg	\$0(1)	
<i>marlissa</i>	\$0(1)	
MAXX MIS LUBRICAT	\$0(3)	NM; *
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice</i> TABS 1.5mg	\$0(3)	NM; *
<i>my way</i> TABS 1.5mg	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i> TABS 1.5mg	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be</i> TABS .35mg	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS</i> <i>.35mg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-</i> <i>fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i> TABS .35mg	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
TRUSTEX LUBR MIS ASSORTED	\$0(3)	NM; *
TRUSTEX LUBR MIS BANANA	\$0(3)	NM; *
TRUSTEX LUBR MIS CHOC	\$0(3)	NM; *
TRUSTEX LUBR MIS COLA	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUSTEX LUBR MIS COLORS	\$0(3)	NM; *
TRUSTEX LUBR MIS EX LARGE	\$0(3)	NM; *
TRUSTEX LUBR MIS EX STR	\$0(3)	NM; *
TRUSTEX LUBR MIS GRAPE	\$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	\$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	\$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	\$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	\$0(3)	NM; *
TRUSTEX MIS BANANA	\$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	\$0(3)	NM; *
TRUSTEX MIS FLAVORS	\$0(3)	NM; *
TRUSTEX MIS MINT	\$0(3)	NM; *
TRUSTEX MIS STRWBRY	\$0(3)	NM; *
TRUSTEX MIS VANILLA	\$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	\$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	\$0(3)	NM; *
TRUSTEX/RIA MIS SPERMICI	\$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	\$0(3)	NM; *
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zarah</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, NM
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz</i>	\$0(2)	
DELESTROGEN OIL 10mg/ml	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab</i> 0.5-0.1 mg	\$0(2)	
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab</i> 0.5mg-2.5mcg	\$0(2)	
<i>fyavolv tab</i> 1mg-5mcg	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab</i> 0.5 mg-2.5 mcg	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab</i> 1 mg-5 mcg	\$0(2)	
<i>yuvaferm</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBP 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
DEX4 CHW ORANGE	\$0(3)	NM; *
DEX4 CHW RASPBERR	\$0(3)	NM; *
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	\$0(3)	NM; *
DEX4 GLUCOSE CHW	\$0(3)	NM; *
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
<i>gluco burst</i> GEL 40%	\$0(3)	NM; *
GLUCOSE CHEW 4gm	\$0(3)	NM; *
GLUCOSE CHW 4-0.006	\$0(3)	NM; *
GLUCOSE CHW 4-.006GM	\$0(3)	NM; *
GLUCOSE CHW GRAPE	\$0(3)	NM; *
GLUCOSE CHW ORANGE	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW TROP FRT	\$0(3)	NM; *
<i>glutose 5</i> GEL 40%	\$0(3)	NM; *
GNP GLUCOSE CHEW 4gm	\$0(3)	NM; *
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
INSTA-GLUCOSE GEL 77.4%	\$0(3)	NM; *
KROG GLUCOSE CHW GRAPE	\$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	\$0(3)	NM; *
RELION GLUCO CHW 4GM	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SMART SENSE CHW 4GM	\$0(3)	NM; *
TGT GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
MISCELLANEOUS		
ACCU-CHEK MIS MLTICLIX	\$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
ASSURE LANCE MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	\$0(3)	NM; *
ASSURE LANCE MIS MICRO	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ASSURE LANCE MIS SAFE 25G	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	\$0(3)	NM; *
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days)
COMFORTOUCH MIS LANCET	\$0(3)	NM; *
CYSTADANE POW	\$0(2)	NDS, NM, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
GENTEEL MIS LANCETS	\$0(3)	NM; *
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
IOSAT TABS 130mg	\$0(3)	NM; *
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
LANCETS ULTR MIS THIN	\$0(3)	NM; *
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, PA
MEDLANCE MIS PLUS	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	\$0(2)	NDS, NM, PA
ONETOUCH DEL MIS PLUS 30G	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 33G	\$0(3)	NM; *
ONETOUCH MIS 30G	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
POTASSIUM IODIDE SOLN 65mg/ml	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
RIGHTTEST MIS GL300	\$0(3)	NM; *
SAFETY 28G MIS LANCETS	\$0(3)	NM; *
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOFTCLIX MIS LANCETS	\$0(3)	NM; *
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
SUREFLEX MIS LANCETS	\$0(3)	NM; *
TECHLITE MIS LANC 30G	\$0(3)	NM; *
TECHLITE MIS LANCETS	\$0(3)	NM; *
TRUE METRIX STRIPS	\$0(3)	NM; *
TRUPLUS LANC MIS 26G	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
ULTILET MIS 28G	\$0(3)	NM; *
ULTILET MIS 30G	\$0(3)	NM; *
ULTILET MIS LANCETS	\$0(3)	NM; *
ULTRA THIN MIS 31G	\$0(3)	NM; *
ULTRA THIN MIS 33G	\$0(3)	NM; *
UNILET GP 28 MIS ULT THIN	\$0(3)	NM; *
UNILET LANCT MIS 28G	\$0(3)	NM; *
UNILET LANCT MIS 30G	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UNILET LANCT MIS 33G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 30G	\$0(3)	NM; *
XENICAL CAPS 120mg	\$0(3)	NM, PA; *
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	\$0(3)	NM; *
ALKA SELTZER TAB HEARTBRN	\$0(3)	NM; *
ALKA-SELTZER CHW 750-80MG	\$0(3)	NM; *
ALKA-SELTZER TAB GOLD	\$0(3)	NM; *
almacone double strength	\$0(3)	NM; *
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	\$0(3)	NM; *
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	\$0(3)	NM; *
alumina/magnesia/simethic	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
antacid CHEW 500mg	\$0(3)	NM; *
antacid anti-gas maximum	\$0(3)	NM; *
antacid calcium regular s CHEW 500mg	\$0(3)	NM; *
antacid calcium rich CHEW 500mg	\$0(3)	NM; *
antacid extra strength CHEW 750mg	\$0(3)	NM; *
antacid fast relief	\$0(3)	NM; *
antacid maximum strength	\$0(3)	NM; *
antacid plus anti-gas fas	\$0(3)	NM; *
antacid plus anti-gas rel	\$0(3)	NM; *
antacid regular strength	\$0(3)	NM; *
antacid ultra strength CHEW 1000mg	\$0(3)	NM; *
antacid/antigas liquid	\$0(3)	NM; *
cal-gest antacid CHEW 500mg	\$0(3)	NM; *
calcium antacid CHEW 500mg	\$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 antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> CHEW 500mg	\$0(3)	NM; *
<i>gnp antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>gnp antacid & anti-gas ma</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt</i> CHEW 750mg	\$0(3)	NM; *
<i>gnp antacid ultra strengt</i> CHEW 1000mg	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>goodsense antacid/extra s</i> CHEW 750mg	\$0(3)	NM; *
<i>goodsense antacid/regular</i> CHEW 500mg	\$0(3)	NM; *
<i>hm advanced antacid maxim</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>hm antacid regular streng</i> CHEW 500mg	\$0(3)	NM; *
<i>hm antacid/antigas</i>	\$0(3)	NM; *
<i>hm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 250mg, 400mg, 420mg	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>qc antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>qc heartburn antacid</i>	\$0(3)	NM; *
<i>rolaids</i>	\$0(3)	NM; *
<i>sm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS</i> 325mg, 650mg	\$0(3)	NM; *
<i>tums smoothies CHEW 750mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS 2mg; LIQD</i> 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>bismatrol CHEW 262mg</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal CAPS 2mg; TABS</i> 2mg	\$0(3)	NM; *
<i>gnp loperamide hydrochlor LIQD</i> 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth CHEW 262mg; TABS</i> 262mg	\$0(3)	NM; *
<i>gnp stomach relief SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal LIQD</i> 1mg/7.5ml	\$0(3)	NM; *
<i>goodsense anti-diarrheal/</i>	\$0(3)	NM; *
<i>goodsense stomach relief CHEW</i> 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
<i>hm anti-diarrheal CAPS 2mg; TABS</i> 2mg	\$0(3)	NM; *
<i>hm stomach relief CHEW 262mg</i>	\$0(3)	NM; *
<i>loperamide hcl LIQD 1mg/7.5ml;</i> SUSP 1mg/7.5ml	\$0(3)	NM; *
<i>LOPERAMIDE HYDROCHLORIDE SOLN</i> 1mg/7.5ml, 2mg/15ml	\$0(3)	NM; *
<i>peptic relief CHEW 262mg</i>	\$0(3)	NM; *
<i>qc anti-diarrheal CAPS 2mg; TABS</i> 2mg	\$0(3)	NM; *
<i>sm anti-diarrheal CAPS 2mg; LIQD</i> 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief CHEW 262mg;</i> TABS 262mg	\$0(3)	NM; *
<i>stomach relief CHEW 262mg; SUSP</i> 525mg/30ml	\$0(3)	NM; *
<i>stomach relief extra stre SUSP</i> 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant CAPS 40mg, 80mg, 125mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 &</i> 125 mg	\$0(1)	B/D
<i>compro SUPP 25mg</i>	\$0(1)	
<i>driminate TABS 50mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion sickness</i> TABS 50mg	\$0(3)	NM; *
<i>hm motion sickness relief</i> TABS 25mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	\$0(1)	
<i>famotidine SUSR 40mg/5ml</i>	\$0(1)	QL (300 mL / 30 days)
<i>famotidine TABS 20mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine TABS 40mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine maximum streng TABS 20mg</i>	\$0(3)	NM; *
<i>gnp acid reducer TABS 10mg</i>	\$0(3)	NM; *
<i>gnp acid reducer maximum TABS 20mg</i>	\$0(3)	NM; *
<i>gnp heartburn relief TABS 200mg</i>	\$0(3)	NM; *
<i>heartburn relief TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>heartburn relief maximum TABS 20mg</i>	\$0(3)	NM; *
<i>hm famotidine TABS 10mg, 20mg</i>	\$0(3)	NM; *
<i>nizatidine CAPS 150mg, 300mg</i>	\$0(1)	
<i>qc acid controller TABS 10mg</i>	\$0(3)	NM; *
<i>qc acid controller maximu TABS 20mg</i>	\$0(3)	NM; *
<i>sm acid reducer TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>sm acid reducer maximum s TABS 20mg</i>	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	\$0(1)	
<i>budesonide CPEP 3mg</i>	\$0(1)	PA
<i>budesonide TB24 9mg</i>	\$0(2)	NDS, PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	\$0(1)	
<i>mesalamine CP24 .375gm</i>	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	\$0(1)	
<i>mesalamine TBEC 1.2gm</i>	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	\$0(1)	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	\$0(1)	
LAXATIVES		
<i>bisacodyl SUPP 10mg</i>	\$0(3)	NM; *
<i>bisacodyl ec TBEC 5mg</i>	\$0(3)	NM; *
<i>calcium polycarbophil TABS 625mg</i>	\$0(3)	NM; *
<i>CEO-TWO SUP</i>	\$0(3)	NM; *
<i>clearlax POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>COLACE CLEAR CAPS 50mg</i>	\$0(3)	NM; *
<i>constulose SOLN 10gm/15ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>docu</i> LIQD 50mg/5ml	\$0(3)	NM; *
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0(3)	NM; *
<i>dok</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>dulcolax liquid</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
EQUALACTIN CHEW 625mg	\$0(3)	NM; *
<i>evac-u-gen</i> TABS 8.6mg	\$0(3)	NM; *
<i>fiber laxative</i> TABS 625mg	\$0(3)	NM; *
<i>fiber therapy</i> POWD 25%, 43%	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	NM; *
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>geri-kot</i> TABS 8.6mg	\$0(3)	NM; *
<i>geri-mucil</i> POWD 68%	\$0(3)	NM; *
<i>glycerin (laxative)</i> SUPP 1gm, 2gm	\$0(3)	NM; *
<i>glycolax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp epsom salt</i>	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp fiber-caps</i> TABS 625mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp glycerin adult</i> SUPP 2.1gm	\$0(3)	NM; *
<i>gnp glycerin child</i> SUPP 1.2gm	\$0(3)	NM; *
<i>gnp magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp mineral oil</i>	\$0(3)	NM; *
<i>gnp natural fiber</i> POWD 28.3%, 48.57%	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>goodsense bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>goodsense magnesium citra</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>goodsense mineral oil lub</i> OIL 99.9%	\$0(3)	NM; *
<i>goodsense senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema mineral oil</i> ENEM 100%	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber</i> TABS 500mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg	\$0(3)	NM; *
HYDROCIL INSTANT PACK 95%	\$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%; POWD 60.3%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
KONSYL-D POWD 52.3%	\$0(3)	NM; *
<i>kp senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative regular strength</i> TABS 15mg	\$0(3)	NM; *
<i>magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
METAMUCIL PACK 28%	\$0(3)	NM; *
<i>metamucil</i> POWD 28.3%	\$0(3)	NM; *
METAMUCIL FIBER PACK 51.7%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
METAMUCIL MULTIHEALTH FIB PACK 58.12%	\$0(3)	NM; *
<i>metamucil smooth texture</i> POWD 28.3%, 58.6%	\$0(3)	NM; *
METAMUCIL WAF	\$0(3)	NM; *
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	\$0(3)	NM; *
<i>mineral oil</i> OIL 100%	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
<i>natural senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
NULYTELY SOL LMN/LIME	\$0(2)	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$0(1)	
PHILLIPS TABS 500mg	\$0(3)	NM; *
<i>phillips milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>psyllium</i> POWD 28.3%	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>qc laxative</i> TABS 25mg	\$0(3)	NM; *
<i>qc magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc natural vegetable</i> POWD 95%	\$0(3)	NM; *
<i>qc natural vegetable laxa</i> TABS 8.6mg	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>reguloid</i> POWD 28.3%, 43%, 48.57%, 51.7%, 58.6%	\$0(3)	NM; *
REGULOID POWD 57.6%	\$0(3)	NM; *
<i>senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
SENNALAX PLUS CAP 8.6-50MG	\$0(3)	NM; *
<i>senna regular strength</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$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-tabs</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>silace</i> LIQD 150mg/15ml; SYRP 60mg/15ml	\$0(3)	NM; *
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber</i> POWD 58.6%; TABS 625mg	\$0(3)	NM; *
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	NM; *
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.5-50MG	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener laxative e</i> CAPS 250mg	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>womens laxative</i> TBEC 5mg	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	\$0(2)	
<i>gas relief</i> CHEW 80mg; SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>gas relief drops infants</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>gas relief extra strength</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gas relief ultra strength</i> CAPS 180mg	\$0(3)	NM; *
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>gnp anti-gas</i> CAPS 180mg	\$0(3)	NM; *
<i>gnp gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>gnp gas relief extra stre</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *
<i>gnp infant gas relief</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>hm gas relief</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>hm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
<i>hm gas relief infants</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>infants gas relief</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>infants simethicone</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>mi-acid gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	\$0(3)	NM; *
<i>qc gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>sm gas relief</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>sm gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>sm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XERMELO TABS 250mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>gnp omeprazole odt</i> TBDD 20mg	\$0(3)	NM; *
<i>goodsense esomeprazole ma</i> CPDR 20mg	\$0(3)	NM; *
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>hm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBDD 20mg; TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>qc lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>qc omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>OXYTROL FOR WOMEN</i> PTTW 3.9mg/24hr	\$0(3)	NM; *
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
<i>TOVIAZ</i> TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole</i> 3 CREA 2%	\$0(3)	NM; *
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole</i> 3 CREA 2%	\$0(3)	NM; *
<i>gnp miconazole</i> 3	\$0(3)	NM; *
<i>gnp miconazole</i> 7 CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole</i> 1	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>miconazole 3 CREA 4%</i>	\$0(3)	NM; *
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal CREA 2%</i>	\$0(3)	NM; *
MONISTAT 7 KIT COMBO PK	\$0(3)	NM; *
<i>qc 3 day vaginal cream CREA 4%</i>	\$0(3)	NM; *
<i>qc miconazole 7 CREA 2%</i>	\$0(3)	NM; *
<i>sm 3-day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>sm tioconazole-1 OINT 6.5%</i>	\$0(3)	NM; *
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	\$0(1)	
<i>tioconazole 1 OINT 6.5%</i>	\$0(3)	NM; *
<i>vandazole GEL .75%</i>	\$0(1)	
VAGINAL CONTRACEPTIVE		
OPTIONS GYNOL II VAGINAL GEL 3%	\$0(3)	NM; *
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%; GEL 4%	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	

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HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, PA
IRON		
<i>chromagen</i>	\$0(3)	NM; *
<i>eqi carbonyl iron</i> TABS 45mg	\$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	\$0(3)	NM; *
<i>ferate</i> TABS 27mg	\$0(3)	NM; *
<i>fergon</i> TABS 240mg	\$0(3)	NM; *
<i>ferosul</i> TABS 325mg	\$0(3)	NM; *
FERRETTES TABS 325mg	\$0(3)	NM; *
<i>ferrex 150</i> CAPS 150mg	\$0(3)	NM; *
<i>ferric x-150</i> CAPS 150mg	\$0(3)	NM; *
FERRIMIN 150 TABS 150mg	\$0(3)	NM; *
FERROUS FUMARATE TABS 29mg	\$0(3)	NM; *
<i>ferrous fumarate</i> TABS 324mg	\$0(3)	NM; *
<i>ferrous gluconate</i> TABS 27mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *
<i>ferrous sulfate</i> ELIX 220mg/5ml; SOLN 15mg/ml; SYRP 300mg/5ml; TABS 65mg, 325mg; TBEC 325mg	\$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	\$0(3)	NM; *
<i>gnp iron</i> TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	\$0(3)	NM; *
HEMATEX POLYSACCHARIDE IR TABS 150mg	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	\$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>iron supplement</i> ELIX 220mg/5ml	\$0(3)	NM; *
IRON UP LIQD 15mg/0.5ml	\$0(3)	NM; *
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
MONOFERRIC SOLN 1000mg/10ml	\$0(3)	NM; *
<i>myferon 150</i> CAPS 150mg	\$0(3)	NM; *
NIFEREX TAB	\$0(3)	NM; *
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
NUFERA TAB	\$0(3)	NM; *
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
PROFERRIN ES TABS 12mg	\$0(3)	NM; *
<i>slow iron</i> TBCR 160mg	\$0(3)	NM; *
<i>sm iron</i> TABS 325mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 160mg	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	NM; *
TRIFERIC PACK 272mg	\$0(3)	NM; *
VENOFER SOLN 20mg/ml	\$0(3)	NM; *
<i>wee care</i> SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTLET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sajazir</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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

<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	\$0(2)	NDS, B/D, NM
INTRON A SOLR 10mu, 18mu	\$0(2)	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	\$0(2)	NDS, B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	\$0(1)	B/D
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D
REZUROCK TABS 200mg	\$0(2)	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D
sirolimus SOLN 1mg/ml	\$0(2)	NDS, B/D

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D
ZORTRESS TABS 1mg	\$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
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)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(1)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	\$0(2)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	\$0(2)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<i>IV NUTRITION</i>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
CAL-CITRATE TAB PLUS D	\$0(3)	NM; *
CAL-MINT CHEW 260mg	\$0(3)	NM; *
CAL-QUICK LIQ 500-400	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0(3)	NM; *
<i>calcitrate TABS 950mg</i>	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
CALCIUM ACETATE TABS 668mg	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	\$0(3)	NM; *
<i>calcium carbonate TABS 600mg, 1250mg</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 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 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 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 tab 250 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 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0(3)	NM; *
CALCIUM CHW 500MG	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3 petite</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 250 unit (elemental ca)</i>	\$0(3)	NM; *
CALCIUM GLUCONATE TABS 50mg	\$0(3)	NM; *
<i>calcium high potency TABS 1500mg</i>	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
CALCIUM LACTATE TABS 100mg	\$0(3)	NM; *
<i>calcium plus vitamin d</i>	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/vitamin d3</i>	\$0(3)	NM; *
<i>calphron TABS 667mg</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
CHELATED CALCIUM TABS 200mg	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *
GALZIN CAPS 25mg, 50mg	\$0(3)	NM; *
<i>gnp calcium TABS 600mg</i>	\$0(3)	NM; *
<i>gnp calcium 500 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GUMMY BITES CHW	\$0(3)	NM; *
<i>kp calcium citrate+d</i>	\$0(3)	NM; *
<i>kp mag-oxide magnesium</i> TABS 200mg	\$0(3)	NM; *
<i>liquid calcium/d3</i>	\$0(3)	NM; *
<i>liquid calcium/vitamin d</i>	\$0(3)	NM; *
MAG-G TABS 500mg	\$0(3)	NM; *
<i>mag-oxide</i> TABS 200mg	\$0(3)	NM; *
<i>magdelay</i> TBEC 64mg	\$0(3)	NM; *
<i>magnesium chloride</i> TBEC 64mg	\$0(3)	NM; *
MAGNESIUM CITRATE TABS 100mg	\$0(3)	NM; *
<i>magnesium gluconate</i> TABS 27.5mg	\$0(3)	NM; *
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	\$0(3)	NM; *
MAGNESIUM OXIDE 400 PACK 240mg	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	\$0(3)	NM; *
<i>magnesium-oxide</i> TABS 400mg	\$0(3)	NM; *
MAGONATE LIQ 1000/5ML	\$0(3)	NM; *
<i>mgo</i> TABS 400mg	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>os-cal calcium + d3</i>	\$0(3)	NM; *
<i>os-cal extra d3</i>	\$0(3)	NM; *
OYS SHL CALC PAK VIT D	\$0(3)	NM; *
<i>oysco 500+d</i>	\$0(3)	NM; *
<i>oyster shell</i> TABS 500mg	\$0(3)	NM; *
<i>oyster shell calcium 250+</i>	\$0(3)	NM; *
<i>oyster shell calcium 500</i>	\$0(3)	NM; *
<i>oyster shell calcium 500+</i>	\$0(3)	NM; *
<i>oyster shell calcium + d</i>	\$0(3)	NM; *
<i>oyster shell calcium + d3</i>	\$0(3)	NM; *
<i>oyster shell calcium + vi</i>	\$0(3)	NM; *
<i>oyster shell calcium plus</i>	\$0(3)	NM; *
<i>oyster shell calcium+d</i>	\$0(3)	NM; *
<i>oyster shell calcium/vita</i>	\$0(3)	NM; *
<i>oystercal-d</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
<i>virt-phos 250 neutral</i>	\$0(3)	NM; *
VITAMIN D3 TAB CAL/PHOS	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
COMPLETE CAP OMEGA	\$0(3)	NM; *
OMEGA DHA CHW	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 1000 mg**</i>	\$0(3)	NM; *
PRELIEF TAB 340MG	\$0(3)	NM; *
<i>super omega-3</i>	\$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0(3)	NM; *
VITAMINS		
<i>aqueous vitamin d infants</i> LIQD 10mcg/ml	\$0(3)	NM; *
<i>aqueous vitamin e</i> SOLN 15mg/0.67ml	\$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	\$0(3)	NM; *
<i>ascorbic acid</i> LIQD 500mg/5ml; SOLN 500mg/ml; TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
B12-ACTIVE CHEW 1mg	\$0(3)	NM; *
B-12 DOTS TBDP 500mcg	\$0(3)	NM; *
B-12 DUAL SPECTRUM TBCR 5000mcg	\$0(3)	NM; *
<i>b-12 fast dissolve</i> SUBL 5000mcg	\$0(3)	NM; *
B-12 METHYLCOBALAMIN TBDP 1000mcg	\$0(3)	NM; *
B-12 SUPER STRENGTH LIQD 5000mcg/ml	\$0(3)	NM; *
<i>baby vitamin d3 drops</i> LIQD 400ut/0.028ml	\$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	\$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	\$0(3)	NM; *
<i>c-250</i> TABS 250mg	\$0(3)	NM; *
<i>c-500</i> TABS 500mg	\$0(3)	NM; *
<i>c-500/rose hips</i>	\$0(3)	NM; *
<i>c-1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-1000/rose hips</i>	\$0(3)	NM; *
<i>calcium ascorbate</i> TABS 500mg	\$0(3)	NM; *
<i>cholecalciferol</i> CAPS 1.25mg, 25mcg, 50mcg, 125mcg, 250mcg, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; LIQD 400unit/ml; TABS 25mcg, 50mcg, 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	NM; *
<i>cholecalciferol cap 1.25 mg (50000 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>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>cyanocobalamin SOLN 1000mcg/ml; SUBL 500mcg, 2500mcg; TABS 100mcg, 250mcg, 500mcg, 1000mcg</i>	\$0(3)	NM; *
CYTO B2 POWD 343mg/gm	\$0(3)	NM; *
<i>d3 high potency CAPS 1000unit, 2000unit; TABS 400unit</i>	\$0(3)	NM; *
<i>d3 maximum strength CAPS 5000unit; LIQD 5000unit/ml</i>	\$0(3)	NM; *
<i>d3 super strength CAPS 2000unit</i>	\$0(3)	NM; *
<i>d3-50 CAPS 50000unit</i>	\$0(3)	NM; *
<i>d3-1000 CAPS 1000unit; TABS 1000unit</i>	\$0(3)	NM; *
<i>d-3-5 CAPS 5000unit</i>	\$0(3)	NM; *
DDROPS LIQD 2000ut/0.028ml	\$0(3)	NM; *
DECARA CAPS 25000unit	\$0(3)	NM; *
<i>decara CAPS 50000unit</i>	\$0(3)	NM; *
<i>delta d3 TABS 400unit</i>	\$0(3)	NM; *
<i>dialyvite vitamin d3 max TABS 50000unit</i>	\$0(3)	NM; *
<i>dialyvite vitamin d 5000 CAPS 5000unit</i>	\$0(3)	NM; *
<i>e-200 CAPS 200unit</i>	\$0(3)	NM; *
<i>e-400 CAPS 400unit</i>	\$0(3)	NM; *
<i>endur-acin TBCR 250mg, 500mg</i>	\$0(3)	NM; *
<i>endur-amide TBCR 500mg</i>	\$0(3)	NM; *
ERGOCAL CAPS 2500unit	\$0(3)	NM; *
<i>ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml</i>	\$0(3)	NM; *
<i>fa-8 CAPS .8mg</i>	\$0(3)	NM; *
<i>folate TABS 400mcg</i>	\$0(3)	NM; *
FOLIC ACID CAPS 20mg	\$0(3)	NM; *
<i>folic acid CAPS 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg</i>	\$0(3)	NM; *
FOLITE TAB	\$0(3)	NM; *
<i>gnp d 1000 CAPS 1000unit</i>	\$0(3)	NM; *
<i>gnp folic acid TABS 400mcg</i>	\$0(3)	NM; *
<i>gnp niacin flush free</i>	\$0(3)	NM; *
GNP PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>gnp vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp vitamin d-400</i> TABS 400unit	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>kp folic acid</i> TABS 1mg, 800mcg	\$0(3)	NM; *
<i>kp niacin</i> TABS 500mg	\$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	\$0(3)	NM; *
<i>kp vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>kp vitamin b-12</i> TABS 1000mcg	\$0(3)	NM; *
<i>kp vitamin e</i> CAPS 100unit	\$0(3)	NM; *
<i>meijer c</i> TABS 500mg	\$0(3)	NM; *
<i>methylcobalamin</i> SUBL 1000mcg	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
<i>natural vitamin d-3</i> TABS 5000unit	\$0(3)	NM; *
<i>niacin</i> CPCR 250mg, 500mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg, 750mg	\$0(3)	NM; *
<i>niacin flush free</i> CAPS 500mg	\$0(3)	NM; *
<i>niacinamide</i> TABS 500mg; TBCR 500mg	\$0(3)	NM; *
<i>no flush niacin</i>	\$0(3)	NM; *
<i>optimal-d</i> CAPS 50000unit	\$0(3)	NM; *
<i>optimal-d pack</i> CAPS 50000unit	\$0(3)	NM; *
<i>pharmacist choice d-vitam</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg, 100mcg	\$0(3)	NM; *
PRENATAL ONE TAB DAILY	\$0(3)	NM; *
PRENATAL TAB	\$0(3)	NM; *
PRENATAL TAB 27-0.8MG	\$0(3)	NM; *
PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL VIT TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL VIT TAB MINERALS	\$0(3)	NM; *
<i>pyridoxine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *
SUPERIORSOURCE K1 TBDP 500mcg	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
<i>thiamine mononitrate</i> TABS 100mg	\$0(3)	NM; *
<i>vitamin a</i> CAPS 10000unit; TABS 10000unit	\$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	\$0(3)	NM; *
VITAMIN B12 LIQD 3000mcg/ml	\$0(3)	NM; *
VITAMIN B-12 LIQD 3000mcg/ml	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN C TABS 100mg	\$0(3)	NM; *
VITAMIN C SOL	\$0(3)	NM; *
VITAMIN D CAPS 2000unit	\$0(3)	NM; *
VITAMIN D2 TABS 400unit, 2000unit	\$0(3)	NM; *
VITAMIN D3 TABS 3000unit	\$0(3)	NM; *
<i>vitamin d high potency</i> CAPS 1000unit	\$0(3)	NM; *
<i>vitamin d infant</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>vitamin e</i> CAPS 45mg, 180mg, 400unit, 450mg; SOLN 15unit/0.3ml	\$0(3)	NM; *
VITAMIN E TABS 100unit	\$0(3)	NM; *
<i>vitamin e high potency</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e-200</i> CAPS 200unit	\$0(3)	NM; *
VITAMIN K2 TABS 40mcg	\$0(3)	NM; *
<i>weekly-d</i> CAPS 1.25mg	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)
BLEPHAMIDE OIN S.O.P.	\$0(2)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)
TOBRADEX OIN 0.3-0.1%	\$0(2)
TOBRADEX ST SUS 0.3-0.05	\$0(2)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)
ZYLET SUS 0.5-0.3%	\$0(2)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)
BESIVANCE SUSP .6%	\$0(2)
CILOXAN OINT .3%	\$0(2)
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)
<i>gentak OINT .3%</i>	\$0(1)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NATACYN SUSP 5%	\$0(2)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	\$0(1)	
ofloxacin (ophth) SOLN .3%	\$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	\$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	\$0(1)	
tobramycin (ophth) SOLN .3%	\$0(1)	
trifluridine SOLN 1%	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
bromfenac sodium (ophth) SOLN .09%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	\$0(1)	
diclofenac sodium (ophth) SOLN .1%	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
fluorometholone (ophth) SUSP .1%	\$0(1)	
flurbiprofen sodium SOLN .03%	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
prednisolone acetate (ophth) SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .025%	\$0(3)	NM; *
alaway childrens allergy SOLN .025%	\$0(3)	NM; *
azelastine hcl (ophth) SOLN .05%	\$0(1)	
bepotastine besilate SOLN 1.5%	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
cromolyn sodium (ophth) SOLN 4%	\$0(1)	
eye itch relief SOLN .025%	\$0(3)	NM; *
ketotifen fumarate (ophth) SOLN .025%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LASTACFT SOLN .25%	\$0(2)	
NAPHCON-A SOL OP	\$0(3)	NM; *
<i>olopatadine hcl</i> SOLN .1%	\$0(1)	
<i>olopatadine hcl</i> SOLN .1%, .2%	\$0(3)	NM; *
OPCON-A SOL OP	\$0(3)	NM; *
<i>sm eye itch relief</i> SOLN .025%	\$0(3)	NM; *
ZERVIAE SOLN .24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	\$0(2)	
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
<i>altachlore</i> OINT 5%; SOLN 5%	\$0(3)	NM; *
<i>artificial tears</i> SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>bion tears</i>	\$0(3)	NM; *
<i>carboxymethylcellulose sodium (ophth)</i> SOLN .5%	\$0(3)	NM; *
<i>clear eyes natural tears</i>	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
<i>dry eye relief drops</i>	\$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	\$0(3)	NM; *
<i>genteal tears liquid drop</i>	\$0(3)	NM; *
<i>genteal tears mild</i>	\$0(3)	NM; *
<i>gnp artificial tears</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 lubricating plus eye SOLN .5%</i>	\$0(3)	NM; *
<i>goodsense lubricating plu SOLN .5%</i>	\$0(3)	NM; *
<i>hm dry eye relief</i>	\$0(3)	NM; *
<i>hm lubricating plus SOLN .5%</i>	\$0(3)	NM; *
<i>hm lubricating tears</i>	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
<i>lubricant eye drops</i>	\$0(3)	NM; *
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubricating plus eye drop SOLN .5%</i>	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>proparacaine hcl SOLN .5%</i>	\$0(1)	
<i>qc artificial tears</i>	\$0(3)	NM; *
<i>refresh celluvisc GEL 1%</i>	\$0(3)	NM; *
REFRESH DRO CONTACTS	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
REFRESH DRO RELIEVA	\$0(3)	NM; *
REFRESH GEL OPTIVE	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
REFRESH SOL DIGITAL	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
RETAIN HPMC SOLN .3%	\$0(3)	NM; *
<i>sm lubricant eye drops</i>	\$0(3)	NM; *
<i>sm lubricating plus SOLN .5%</i>	\$0(3)	NM; *
<i>sm lubricating tears</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic OINT 5%; SOLN 5%</i>	\$0(3)	NM; *
<i>soothe xp/xtra protection</i>	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
THERATEARS SOLN .25%	\$0(3)	NM; *
<i>ultra fresh pm</i>	\$0(3)	NM; *
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid (otic) SOLN 2%</i>	\$0(1)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)
<i>flac OIL .01%</i>	\$0(1)
<i>fluocinolone acetone (otic) OIL .01%</i>	\$0(1)
<i>neomycin-polymyxin-hc otic soln 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>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic) SOLN .3%</i>	\$0(1)	
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)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy TABS 10mg</i>	\$0(3)	NM; *
<i>all day allergy childrens SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>all-day allergy childrens SOLN 5mg/5ml</i>	\$0(3)	NM; *
<i>aller-chlor TABS 4mg</i>	\$0(3)	NM; *
<i>aller-ease TABS 60mg</i>	\$0(3)	NM; *
<i>allergy TABS 4mg</i>	\$0(3)	NM; *
<i>allergy 24-hr TABS 180mg</i>	\$0(3)	NM; *
<i>allergy childrens LIQD 12.5mg/5ml; SYRP 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relief CAPS 10mg, 25mg; TABS 4mg, 10mg, 25mg, 180mg</i>	\$0(3)	NM; *
<i>allergy relief 24hr TABS 5mg, 180mg</i>	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>allergy-time</i> TABS 4mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>diphenhydramine hydrochlo</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense allergy relief</i> TABS 4mg, 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
<i>hm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	
<i>liquid allergy relief</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> CHEW 5mg; SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>MICLARA LQ</i> LIQD 1.25mg/5ml	\$0(3)	NM; *
<i>PEDIACLEAR 8 CHILDRENS</i> LIQD 12.5mg/15ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>PEDIAVENT</i> CHEW 1mg; SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbechlor</i> TABS 4mg	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc chlor-pheniramine</i> TABS 4mg	\$0(3)	NM; *
<i>qc fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$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 all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .625mg/ml, .938mg/ml	\$0(3)	NM; *
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml, 2.5mg/5ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHIST D TAB	\$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0(3)	NM; *
ALAHIST PE TAB 2-7.5MG	\$0(3)	NM; *
<i>allergy multi-symptom</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>aprodine</i>	\$0(3)	NM; *
AQUANAZ PSE TAB	\$0(3)	NM; *
AQUANAZ TAB	\$0(3)	NM; *
ATUSS DA LIQ	\$0(3)	NM; *
<i>benzonatate</i> CAPS 100mg, 150mg, 200mg	\$0(3)	NM; *
CAPCOF SYP 5-2-10MG	\$0(3)	NM; *
CAPMIST DM TAB	\$0(3)	NM; *
<i>chest congestion relief</i> SYRP 100mg/5ml	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>childrens cold & allergy</i>	\$0(3)	NM; *
<i>childrens mucus relief co</i>	\$0(3)	NM; *
CHLO HIST SOL	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
<i>cold & cough childrens</i>	\$0(3)	NM; *
<i>cold/cough childrens</i>	\$0(3)	NM; *
CONEX SOL CLD/ALRG	\$0(3)	NM; *
CONEX TAB 2-60MG	\$0(3)	NM; *
CORICIDN HBP TAB COLD/FLU	\$0(3)	NM; *
<i>cough & chest congestion</i>	\$0(3)	NM; *
DAY CLEAR CHW ALGY/CGH	\$0(3)	NM; *
DAYCLEAR TAB 25-50MG	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
<i>delsym cough + chest cong</i>	\$0(3)	NM; *
<i>delsym cough + cold night</i>	\$0(3)	NM; *
<i>dexbrompheniramine-phenylephrine</i> <i>tab 2-10 mg</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin liquid</i> <i>10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup</i> <i>10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dimaphen dm cold & cough</i>	\$0(3)	NM; *
DOLOGESIC TAB 1-500MG	\$0(3)	NM; *
DOLOGESIC-DF TAB 1-500MG	\$0(3)	NM; *
<i>doxylamine-phenylephrine tab 7.5-10</i> <i>mg</i>	\$0(3)	NM; *
<i>ed a-hist</i>	\$0(3)	NM; *
<i>ed a-hist dm</i>	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
<i>endacof-dm</i>	\$0(3)	NM; *
<i>gnp allergy relief multi-</i>	\$0(3)	NM; *
<i>gnp cold & cough children</i>	\$0(3)	NM; *
<i>gnp nasal decongestant</i> TABS 30mg	\$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 nasal decongestant/ma TABS 30mg</i>	\$0(3)	NM; *
<i>gnp sinus & allergy relie</i>	\$0(3)	NM; *
<i>gnp tussin cf cough & col</i>	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>goodsense mucus relief ch</i>	\$0(3)	NM; *
<i>goodsense tussin cf</i>	\$0(3)	NM; *
<i>guaiaatussin ac</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
<i>hm adult tussin cough & c</i>	\$0(3)	NM; *
<i>hm childrens mucus relief</i>	\$0(3)	NM; *
<i>hm cold & allergy childre</i>	\$0(3)	NM; *
<i>hm cold & cough childrens</i>	\$0(3)	NM; *
<i>hm cold & sinus relief</i>	\$0(3)	NM; *
<i>hm mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>hm nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>hm tussin adult LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>hm tussin adult cough & c</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet</i>	\$0(3)	NM; *
LODRANE D CAP 4-60MG	\$0(3)	NM; *
LOHIST-D LIQ	\$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0(3)	NM; *
LORTUSS LQ LIQ	\$0(3)	NM; *
M-CLEAR WC LIQ 100-6.3	\$0(3)	NM; *
M-END DMX LIQ	\$0(3)	NM; *
M-END PE LIQ	\$0(3)	NM; *
MAR-COF CG LIQ 225-7.5	\$0(3)	NM; *
<i>maxi-tuss ac</i>	\$0(3)	NM; *
<i>maxi-tuss g</i>	\$0(3)	NM; *
<i>maxi-tuss gmx</i>	\$0(3)	NM; *
MAXI-TUSS JR LIQ	\$0(3)	NM; *
MAXI-TUSS LIQ CD	\$0(3)	NM; *
MAXI-TUSS PE LIQ	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAXI-TUSS PE LIQ JR	\$0(3)	NM; *
MAXI-TUSS PE LIQ MAX	\$0(3)	NM; *
MAXI-TUSS TR LIQ 1.25-30	\$0(3)	NM; *
MAXIFED TR TAB 1.25-30	\$0(3)	NM; *
MUCINEX CHIL LIQ	\$0(3)	NM; *
<i>mucinex childrens freefor</i>	\$0(3)	NM; *
<i>mucinex cough childrens</i>	\$0(3)	NM; *
MUCINEX FAST LIQ DAY/NITE	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
<i>mucinex fast-max dm max</i>	\$0(3)	NM; *
<i>mucinex fast-max night ti</i>	\$0(3)	NM; *
MUCINEX FREE LIQ DAY/NIGH	\$0(3)	NM; *
MUCINEX JUNI TAB COUGH	\$0(3)	NM; *
MUCINEX LIQ CLR/COOL	\$0(3)	NM; *
MUCINEX LIQ DAY/NITE	\$0(3)	NM; *
<i>mucinex multi-symptom col</i>	\$0(3)	NM; *
MUCINEX NIGH SOL COLD/FLU	\$0(3)	NM; *
<i>mucinex sinus-max night t</i>	\$0(3)	NM; *
<i>mucus & cough relief chil</i>	\$0(3)	NM; *
<i>mucus relief childrens</i>	\$0(3)	NM; *
<i>mucus relief cough childr</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>nasal decongestant maximu TABS 30mg</i>	\$0(3)	NM; *
NASOPEN PE LIQ	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
NINJACOF-D LIQ	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *
<i>nohist-dm</i>	\$0(3)	NM; *
<i>nohist-lq</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	\$0(3)	NM; *
POLY HIST FO TAB 10.5-10	\$0(3)	NM; *
POLY-TUSSIN LIQ 10-4-10	\$0(3)	NM; *
POLY-VENT DM TAB	\$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg, 60mg</i>	\$0(3)	NM; *
<i>qc allergy relief multi-s</i>	\$0(3)	NM; *
<i>qc tussin cf</i>	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>RESCON TAB 2-60MG</i>	\$0(3)	NM; *
<i>robafen cf multi-symptom</i>	\$0(3)	NM; *
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge LIQD 200mg/10ml</i>	\$0(3)	NM; *
<i>RU-HIST D TAB 4-10MG</i>	\$0(3)	NM; *
<i>RYMED TAB 2-10MG</i>	\$0(3)	NM; *
<i>rynex dm</i>	\$0(3)	NM; *
<i>rynex pe</i>	\$0(3)	NM; *
<i>rynex pse</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa SYRP 100mg/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sm cold & allergy childre</i>	\$0(3)	NM; *
<i>sm cold & cough dm childr</i>	\$0(3)	NM; *
<i>sm mucus relief cough chi</i>	\$0(3)	NM; *
<i>sm nasal decongestant max TABS 30mg</i>	\$0(3)	NM; *
<i>sm tussin cf</i>	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin dm max/cough +</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>STAHIST AD TAB 25-60MG</i>	\$0(3)	NM; *
<i>STAHIST LIQ</i>	\$0(3)	NM; *
<i>STAHIST TP TAB 2.5-10MG</i>	\$0(3)	NM; *
<i>sudogest TABS 30mg, 60mg</i>	\$0(3)	NM; *
<i>sudogest maximum strength TABS 30mg</i>	\$0(3)	NM; *
<i>sudogest sinus & allergy</i>	\$0(3)	NM; *
<i>triacting nighttime cold&</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>TUSNEL DM 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>tusnel dm pediatric</i>	\$0(3)	NM; *
TUSNEL LIQ	\$0(3)	NM; *
TUSNEL PED DRO 7.5-50	\$0(3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0(3)	NM; *
TUSNEL PEDIA LIQ	\$0(3)	NM; *
TUSNEL TAB	\$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	\$0(3)	NM; *
TUSNEL-DM LIQ	\$0(3)	NM; *
<i>tusnel-ex LIQD 100mg/5ml</i>	\$0(3)	NM; *
TUSSICAPS CAP 10-8MG	\$0(3)	NM; *
<i>tussin cf</i>	\$0(3)	NM; *
<i>tussin cf multi-symptom c</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm maximum strengt</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong LIQD 100mg/5ml; SYRP 100mg/5ml</i>	\$0(3)	NM; *
VANACOF DMX LIQ	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>virtussin a/c</i>	\$0(3)	NM; *
<i>virtussin ac/alc</i>	\$0(3)	NM; *
VIRTUSSIN SOL DAC	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	\$0(1)	
<i>zafirlukast TABS 10mg, 20mg</i>	\$0(1)	
MISCELLANEOUS		
ACE AERO CLD MIS ENHANCER	\$0(3)	NM; *
<i>acetylcysteine SOLN 10%, 20%</i>	\$0(1)	B/D
AERCHMBR PLS MIS FLOW-VU	\$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	\$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	\$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	\$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROTRC PLUS MIS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ASTHMA CHECK MIS SYSTEM	\$0(3)	NM; *
<i>ayr</i> SOLN .65%	\$0(3)	NM; *
AYR NASAL DROPS SOLN .65%	\$0(3)	NM; *
AYR NASAL MIST ALLERGY & SOLN 2.65%	\$0(3)	NM; *
<i>baby ayr saline</i> SOLN .65%	\$0(3)	NM; *
BREATHERITE MIS MDI CHMB	\$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
COMPACT SPAC MIS LG MASK	\$0(3)	NM; *
COMPACT SPAC MIS MD MASK	\$0(3)	NM; *
COMPACT SPAC MIS SM MASK	\$0(3)	NM; *
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	\$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	\$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	\$0(3)	NM; *
HOLD CHAMBER MIS SMALL	\$0(3)	NM; *
IN-CHK FLOW MIS METER	\$0(3)	NM; *
INSPIRACHAMB MIS LARGE	\$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPC	\$0(3)	NM; *
INSPIRACHAMB MIS SMALL	\$0(3)	NM; *
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>little noses stuffy nose</i> SOLN .65%	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
MINI WRIGHT MIS PFM	\$0(3)	NM; *

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة 11

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MINI WRIGHT MIS PFM LOW	\$0(3)	NM; *
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA MD	\$0(3)	NM; *
OPTICHAMBER MIS DIA SM	\$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
PEAK AIR FLO MIS ADLT/PED	\$0(3)	NM; *
PEAK FLOW MIS METER	\$0(3)	NM; *
PEAK FLW MTR MIS ADULT	\$0(3)	NM; *
PEAK FLW MTR MIS CHILD	\$0(3)	NM; *
PERSONAL BES MIS FULL RNG	\$0(3)	NM; *
PERSONAL BES MIS LOW RANG	\$0(3)	NM; *
PIKO 1 MIS ELECTRON	\$0(3)	NM; *
POCKET CHAMB MIS	\$0(3)	NM; *
POCKET PEAK MIS METER	\$0(3)	NM; *
PROCARE MIS ADULT	\$0(3)	NM; *
PROCARE MIS CHILD	\$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
RITEFLO MIS	\$0(3)	NM; *
<i>saline</i> SOLN .65%	\$0(3)	NM; *
<i>saline mist</i> SOLN .65%	\$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	\$0(3)	NM; *
SPACE CHAMBR MIS LARGE	\$0(3)	NM; *
SPACE CHAMBR MIS MEDIUM	\$0(3)	NM; *
SPACE CHAMBR MIS SMALL	\$0(3)	NM; *
SPACER CHAMB MIS ADULT	\$0(3)	NM; *
SPACER CHAMB MIS CHILD	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRUZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
VORTEX/MASK MIS CHILDS	\$0(3)	NM; *
VORTEX/MASK MIS TODDLER	\$0(3)	NM; *
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>gnp 24 hour nasal allerg</i> AERO 55mcg/act	\$0(3)	NM; *
<i>gnp budesonide nasal spra</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>gnp fluticasone propionat</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>goodsense nasal allergy s</i> AERO 55mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>nasal allergy 24 hour mul</i> AERO 55mcg/act	\$0(3)	NM; *
<i>qc allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act	\$0(3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$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)

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

<i>accutane</i> CAPS 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	NM; *
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
ACNEFREE KIT SEVERE	\$0(3)	NM; *
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>avita</i> CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>benzefoam</i> FOAM 5.3%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
BENZOYL PEROXIDE CLEANSER LIQD 6%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	\$0(1)	QL (46.6 gm / 30 days)
<i>bpo foaming cloths</i> MISC 6%	\$0(3)	NM; *
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>double antibiotic</i>	\$0(3)	NM; *
<i>first aid antibiotic</i>	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>hm bacitracin</i> OINT 500unit/gm	\$0(3)	NM; *
<i>hm double antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm antibiotic</i> OINT 500unit/gm	\$0(3)	NM; *
<i>sm antibiotic plus pain r</i>	\$0(3)	NM; *
<i>sm double antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
<i>SULFAMYLON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OINT 1%	\$0(3)	NM; *
anti-fungal powder POWD 1%	\$0(3)	NM; *
antifungal CREA 1%, 2%	\$0(3)	NM; *
antifungal powder POWD 2%	\$0(3)	NM; *
athletes foot CREA 1%	\$0(3)	NM; *
athletes foot powder spra AERP 2%	\$0(3)	NM; *
athletes foot spray AERO 1%	\$0(3)	NM; *
butenafine hcl CREA 1%	\$0(3)	NM; *
ciclopirox olamine CREA .77%	\$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	\$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	\$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) CREA 1%; SOLN 1%	\$0(3)	NM; *
clotrimazole (topical) SOLN 1%	\$0(1)	QL (30 mL / 30 days)
clotrimazole antifungal CREA 1%	\$0(3)	NM; *
clotrimazole athletes foo CREA 1%	\$0(3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	\$0(1)	QL (45 gm / 30 days)
FUNGOID TINCTURE SOLN 2%	\$0(3)	NM; *
gnp athletes foot CREA 1%	\$0(3)	NM; *
gnp terbinafine hydrochlo CREA 1%	\$0(3)	NM; *
gnp tolnaftate CREA 1%	\$0(3)	NM; *
ketoconazole (topical) CREA 2%	\$0(1)	QL (60 gm / 30 days)
miconazole nitrate (topical) CREA 2%	\$0(3)	NM; *
mycozyl ap POWD 2%	\$0(3)	NM; *
nyamyc POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
qc tolnaftate CREA 1%	\$0(3)	NM; *
sm antifungal clotrimazol CREA 1%	\$0(3)	NM; *
sm antifungal miconazole CREA 2%	\$0(3)	NM; *
sm antifungal tolnaftate CREA 1%	\$0(3)	NM; *
sm athletes foot CREA 1%	\$0(3)	NM; *
terbinafine hcl (topical) CREA 1%	\$0(3)	NM; *
tolnaftate CREA 1%; POWD 1%	\$0(3)	NM; *
tolnaftate antifungal CREA 1%	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
calcipotriene OINT .005%	\$0(1)	QL (120 gm / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
HYDROCORTISONE OINT 1%	\$0(3)	NM; *
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>scalpicin maximum strengt</i> SOLN 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CALAMINE LOT	\$0(3)	NM; *
CALAMINE LOT 8-8%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(3)	NM; *
<i>docosanol</i> CREA 10%	\$0(3)	NM; *
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>gnp arthritis pain</i> GEL 1%	\$0(3)	NM; *
GNP CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>goodsense arthritis pain</i> GEL 1%	\$0(3)	NM; *
HM CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>procto-pak</i> CREA 1%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>qc diclofenac sodium</i> GEL 1%	\$0(3)	NM; *
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	\$0(1)	QL (45 gm / 30 days)
SM CALAMINE LOT	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>hm lice killing maximum s</i>	\$0(3)	NM; *
<i>hm lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment</i> LOTN 1%	\$0(3)	NM; *
LYCELLE GEL	\$0(3)	NM; *
<i>malathion</i> LOTN .5%	\$0(1)	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	\$0(3)	NM; *
<i>permethrin</i> CREA 5%	\$0(1)	QL (60 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rid lice killing shampoo</i>	\$0(3)	NM; *
RID LIQ	\$0(3)	NM; *
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice solution kit</i>	\$0(3)	NM; *
<i>sm lice treatment LOTN 1%</i>	\$0(3)	NM; *
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *
<i>DERMATOLOGY, WOUND CARE AGENTS</i>		
REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>cevimeline hcl CAPS 30mg</i>	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$0(1)	
<i>clotrimazole TROC 10mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	\$0(1)	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	\$0(1)	
<i>periogard SOLN .12%</i>	\$0(1)	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	\$0(1)	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	\$0(1)	
<i>PART B</i>		
<i>DIABETIC METERS AND TEST STRIPS</i>		
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

*	
<i>*omega-3 fatty acids cap 1000 mg**</i>	98
<i>*sodium phosphates - enema***</i>	82
2	
24hr allergy relief	107
3	
3 day vaginal	85
A	
abacavir sulfate	20
abacavir sulfate-lamivudine tab 600-300 mg	22
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	22
ABELCET	19
ABILIFY MAINTENA	51
abiraterone acetate	28
ABRAXANE INJ 100MG	29
acamprosate calcium	57
acarbose	59
ACCU-CHEK MIS MLTICLIX	70
accutane	117
ACE AERO CLD MIS ENHANCER	113
acebutolol hcl	41
acetaminophen	13
acetaminophen w/ codeine soln 120-12 mg/5ml	16
acetaminophen w/ codeine tab 300-15 mg	16
acetaminophen w/ codeine tab 300-30 mg	16
acetaminophen w/ codeine tab 300-60 mg	16
acetazolamide	42
acetic acid	85
acetic acid (otic)	104
acetylcysteine	113
acid gone	74
acid reducer	77, 84
acid reducer maximum stre	77
acid reducer original str	77
acitretin	119
acne medication 10	117

ACNE MEDICATION 10	117
acne medication 2.5	117
acne medication 5	117
ACNE MEDICATION 5	117
ACNEFREE KIT SEVERE	117
ACTHIB INJ	92
ACTIMMUNE	91
acyclovir	23
acyclovir sodium	23
ADACEL INJ	92
adefovir dipivoxil	23
ADEMPAS	43
ADRENALIN	42
adriamycin	28
adult aspirin regimen	13
ADVAIR DISKU AER 100/50	117
ADVAIR DISKU AER 250/50	117
ADVAIR DISKU AER 500/50	117
ADVAIR HFA AER 115/21	117
ADVAIR HFA AER 230/21	117
ADVAIR HFA AER 45/21	117
AERCHMBR PLS MIS FLOW-VU ..	113
AERCHMBR PLS MIS LRG MASK ..	113
AERCHMBR PLS MIS MED MASK ..	113
AERCHMBR PLS MIS SM MASK ..	113
AERCHMBR Z- MIS STAT PLS	113
AEROCHAMBER MIS CHAMBER ..	113
AEROCHAMBER MIS FLOSIGNA ..	113
AEROCHAMBER MIS MV	113
AEROCHAMBER MIS PLUS	113
AEROTRC PLUS MIS	113
AEROVENT MIS PLUS	113
AFINITOR	30
AFINITOR DISPERZ	30
afirmelle	63
AHIST	105
AIMOVIG	55
AIRZONE PEAK MIS FLOW MTR ..	113
ala-cort	120
ALAHIST D TAB	108
ALAHIST DM LIQ 7.5-2-15	108
ALA-HIST IR	105
ALAHIST PE TAB 2-7.5MG	108
alaway	102

<i>alaway childrens allergy</i>	102
<i>albendazole</i>	17
<i>albuterol sulfate</i>	108
<i>alclometasone dipropionate</i>	120
ALDURAZYME.....	70
ALECENSA	30
<i>alendronate sodium</i>	62
ALEVAZOL	119
<i>alfuzosin hcl</i>	85
ALIMTA	28
<i>aliskiren fumarate</i>	43
ALKA SELTZER TAB HEARTBRN ...	74
ALKA-SELTZER CHW 750-80MG...	74
ALKA-SELTZER TAB GOLD	74
<i>all day allergy</i>	105
<i>all day allergy childrens</i>	105
<i>all day pain relief</i>	13
<i>all day relief</i>	13
<i>all-day allergy childrens</i>	105
<i>aller-chlor</i>	105
<i>aller-ease</i>	105
<i>allergy</i>	105
<i>allergy 24-hr</i>	105
<i>allergy childrens</i>	105
<i>allergy multi-symptom</i>	108
<i>allergy relief</i>	105, 116
<i>allergy relief 24hr</i>	105
<i>allergy relief childrens</i>	106
<i>allergy relief/indoor/out</i>	106
<i>allergy-time</i>	106
<i>allopurinol</i>	13
<i>almacone double strength</i>	74
<i>alosetron hcl</i>	82
ALPHAGAN P	103
<i>alprazolam</i>	44
ALREX.....	102
<i>altachlore</i>	103
<i>altavera</i>	63
<i>alum & mag hydroxide-simethicone</i> <i>susp 200-200-20 mg/5ml</i>	74
<i>alum & mag hydroxide-simethicone</i> <i>susp 400-400-40 mg/5ml</i>	74
<i>alumina/magnesia/simethic</i>	74
ALUMINUM HYDROXIDE	74
ALUNBRIG	30
ALUNBRIG PAK.....	30
<i>alyacen 1/35</i>	63
<i>alyacen 7/7/7</i>	63

<i>amabelz</i>	68
<i>amantadine hcl</i>	50
AMBISOME	19
<i>ambrisentan</i>	43
<i>amethia</i>	63
<i>amikacin sulfate</i>	17
<i>amiloride & hydrochlorothiazide tab</i> <i>5-50 mg</i>	42
<i>amiloride hcl</i>	42
AMINOSYN-PF INJ 7%	94
<i>amiodarone hcl</i>	39
<i>amitriptyline hcl</i>	48
<i>amlodipine besylate</i>	41
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-20 mg</i>	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-40 mg</i>	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 2.5-10 mg</i>	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-10 mg</i>	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-20 mg</i>	35
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-40 mg</i>	35
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	37
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	37
<i>amlodipine besylate-valsartan tab</i> <i>10-160 mg</i>	37
<i>amlodipine besylate-valsartan tab</i> <i>10-320 mg</i>	37
<i>amlodipine besylate-valsartan tab</i> <i>5-160 mg</i>	37
<i>amlodipine besylate-valsartan tab</i> <i>5-320 mg</i>	37
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-</i> <i>12.5 mg</i>	37
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab 10-160-</i> <i>25 mg</i>	37

amlodipine-valsartan-
 hydrochlorothiazide tab 10-320-
 25 mg37
 amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-
 12.5 mg37
 amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-25
 mg37
 amnesteem.....117
 amoxapine.....48
 amoxicillin25
 amoxicillin & k clavulanate chew tab
 200-28.5 mg25
 amoxicillin & k clavulanate chew tab
 400-57 mg25
 amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml25
 amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml26
 amoxicillin & k clavulanate for susp
 400-57 mg/5ml26
 amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml26
 amoxicillin & k clavulanate tab 250-
 125 mg26
 amoxicillin & k clavulanate tab 500-
 125 mg26
 amoxicillin & k clavulanate tab 875-
 125 mg26
 amoxicillin & k clavulanate tab er
 12hr 1000-62.5 mg26
 amphetamine-dextroamphetamine
 cap er 24hr 10 mg54
 amphetamine-dextroamphetamine
 cap er 24hr 15 mg54
 amphetamine-dextroamphetamine
 cap er 24hr 20 mg54
 amphetamine-dextroamphetamine
 cap er 24hr 25 mg54
 amphetamine-dextroamphetamine
 cap er 24hr 30 mg54
 amphetamine-dextroamphetamine
 cap er 24hr 5 mg54
 amphetamine-dextroamphetamine
 tab 10 mg54
 amphetamine-dextroamphetamine
 tab 12.5 mg54

amphetamine-dextroamphetamine
 tab 15 mg54
 amphetamine-dextroamphetamine
 tab 20 mg54
 amphetamine-dextroamphetamine
 tab 30 mg54
 amphetamine-dextroamphetamine
 tab 5 mg54
 amphetamine-dextroamphetamine
 tab 7.5 mg54
 amphotericin b.....19
 ampicillin26
 ampicillin & sulbactam sodium for
 inj 1.5 (1-0.5) gm26
 ampicillin & sulbactam sodium for
 inj 3 (2-1) gm26
 ampicillin & sulbactam sodium for iv
 soln 1.5 (1-0.5) gm26
 ampicillin & sulbactam sodium for iv
 soln 15 (10-5) gm26
 ampicillin & sulbactam sodium for iv
 soln 3 (2-1) gm26
 ampicillin sodium26
 anagrelide hcl88
 anastrozole28
 ANDRODERM59
 ANORO ELLIPT AER 62.5-25105
 antacid74
 antacid anti-gas maximum74
 antacid calcium regular s.....74
 antacid calcium rich.....74
 antacid extra strength74
 antacid fast relief74
 antacid maximum strength74
 antacid plus anti-gas fas74
 antacid plus anti-gas rel.....74
 antacid regular strength74
 antacid ultra strength74
 antacid/antigas liquid.....74
 anti-diarrheal.....76
 antifungal.....119
 antifungal powder119
 anti-fungal powder119
 anti-gas/
 and gnp antacid75
 anti-itch maximum strengt120
 aprepitant76

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	76
<i>apri</i>	63
<i>aproline</i>	109
APTIOM.....	44
APTIVUS.....	20
AQUANAZ PSE TAB	109
AQUANAZ TAB	109
<i>aqueous vitamin d infants</i>	98
<i>aqueous vitamin e</i>	98
ARALAST NP	113
<i>aranelle</i>	63
ARCALYST	91
<i>aripiprazole</i>	51
ARISTADA	51
ARISTADA INITIO	51
<i>armodafinil</i>	57
ARNUITY ELLIPTA	116
<i>artificial tears</i>	103
ASCOR	98
<i>ascorbic acid</i>	98
<i>ascorbic acid tab 1000 mg</i>	98
<i>ascorbic acid tab 500 mg</i>	98
<i>asenapine maleate</i>	51
<i>ashlyna</i>	63
<i>aspirin</i>	13
ASPIRIN	13
<i>aspirin adult low dose</i>	13
<i>aspirin adult low strengt</i>	13
<i>aspirin low dose</i>	13
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	89
ASSURE LANCE MIS 28G	70
ASSURE LANCE MIS LOW FLOW ..	70
ASSURE LANCE MIS MICRO	70
ASSURE LANCE MIS SAFE 25G	71
ASSURE LANCE MIS SAFE 30G	71
ASTHMA CHECK MIS SYSTEM....	114
<i>atazanavir sulfate</i>	20
<i>atenolol</i>	41
<i>atenolol & chlorthalidone tab 100-25 mg</i>	40
<i>atenolol & chlorthalidone tab 50-25 mg</i>	40
<i>athletes foot</i>	119
<i>athletes foot powder spra</i>	119
<i>athletes foot spray</i>	119
<i>atomoxetine hcl</i>	54

<i>atorvastatin calcium</i>	40
<i>atovaquone</i>	17
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	20
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	20
ATROPINE SULFATE.....	103
ATROVENT HFA.....	105
ATUSS DA LIQ	109
<i>aubra eq</i>	63
<i>aurovela 1/20</i>	63
<i>aurovela 24 fe</i>	63
<i>aurovela fe 1.5/30</i>	63
<i>aurovela fe 1/20</i>	63
AUSTEDO	56
AVASTIN	30
<i>aviane</i>	63
<i>avita</i>	117
<i>ayr</i>	114
AYR NASAL DROPS	114
AYR NASAL MIST ALLERGY &	114
<i>ayuna</i>	63
AYVAKIT	30
<i>azacitidine</i>	28
<i>azathioprine</i>	91
<i>azelastine hcl</i>	106
<i>azelastine hcl (ophth)</i>	102
<i>azithromycin</i>	25
<i>aztreonam</i>	17
<i>azurette</i>	63
B	
B-12 DOTS	98
B-12 DUAL SPECTRUM	98
<i>b-12 fast dissolve</i>	98
B-12 METHYLCOBALAMIN.....	98
B-12 SUPER STRENGTH	98
B12-ACTIVE	98
<i>baby ayr saline</i>	114
<i>baby vitamin d3 drops</i>	98
<i>bacitracin (ophthalmic)</i>	101
<i>bacitracin (topical)</i>	118
<i>bacitracin zinc</i>	118
<i>bacitracin-polymyxin b ophth oint</i>	101
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	101
<i>baclofen</i>	57
<i>balsalazide disodium</i>	78

BALVERSA	30
<i>balziva</i>	63
<i>banophen</i>	106
BARACLUDE.....	23
BASAGLAR KWIKPEN	61
BCG VACCINE INJ.....	92
BD ALCOHOL SWABS	61
<i>bekyree</i>	63
BELSOMRA	55
<i>benazepril & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	35
<i>benazepril & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	35
<i>benazepril & hydrochlorothiazide</i> <i>tab 20-25 mg</i>	35
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	35
<i>benazepril hcl</i>	36
BENDEKA	27
BENLYSTA	91
<i>benzefoam</i>	117
<i>benzonatate</i>	109
<i>benzoyl peroxide</i>	117
BENZOYL PEROXIDE CLEANSER	117
<i>benzoyl peroxide wash</i>	117
<i>benzoyl peroxide-erythromycin gel</i> <i>5-3%</i>	118
<i>benztropine mesylate</i>	50
<i>bepotastine besilate</i>	102
BEPREVE	102
BERINERT.....	88
BESIVANCE.....	101
<i>betamethasone dipropionate</i> <i>(topical)</i>	120
<i>betamethasone dipropionate</i> <i>augmented</i>	120
<i>betamethasone valerate</i>	120
BETASERON.....	56
<i>betaxolol hcl</i>	41
<i>betaxolol hcl (ophth)</i>	103
<i>bethanechol chloride</i>	85
BETOPTIC-S.....	103
BEVESPI AER 9-4.8MCG	105
<i>bexarotene</i>	29
BEXSERO INJ	92
<i>bicalutamide</i>	28
BICILLIN L-A.....	26

BIKTARVY TAB.....	22
BIO-D-MULSION	98
BIO-D-MULSION FORTE	98
<i>bion tears</i>	103
<i>bisacodyl</i>	78
<i>bisacodyl ec</i>	78
<i>bismatrol</i>	76
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	40
<i>bisoprolol fumarate</i>	41
BIVIGAM	90
BLEPHAMIDE OIN S.O.P.	101
<i>blisovi 24 fe</i>	63
<i>blisovi fe 1.5/30</i>	63
BOOSTRIX INJ	92
BORTEZOMIB.....	30
<i>bosentan</i>	43, 44
BOSULIF	30
<i>bpo foaming cloths</i>	118
BRAFTOVI	30
BREATHERITE MIS MDI CHMB... ..	114
BREO ELLIPTA INH 100-25	117
BREO ELLIPTA INH 200-25	117
BREZTRI AERO AER SPHERE.....	105
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	105
<i>brillyn</i>	63
BRILINTA	89
<i>brimonidine tartrate</i>	103
<i>brinzolamide</i>	103
BRIVIACT	44
<i>bromfenac sodium (ophth)</i>	102
<i>bromocriptine mesylate</i>	50
BROMSITE.....	102
BRUKINSA.....	30
<i>budesonide</i>	78
<i>budesonide (inhalation)</i>	116
<i>budesonide (nasal)</i>	116
<i>bumetanide</i>	42
<i>buprenorphine</i>	15
<i>buprenorphine hcl</i>	57
<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	58

buprenorphine hcl-naloxone hcl sl
film 2-0.5 mg (base equiv)57
buprenorphine hcl-naloxone hcl sl
film 4-1 mg (base equiv)57
buprenorphine hcl-naloxone hcl sl
film 8-2 mg (base equiv)57
buprenorphine hcl-naloxone hcl sl
tab 2-0.5 mg (base equiv)58
buprenorphine hcl-naloxone hcl sl
tab 8-2 mg (base equiv)58
bupropion hcl48
bupropion hcl (smoking deterrent)
.....58
buspirone hcl44
butenafine hcl119
butorphanol tartrate16
BYDUREON BCISE59
BYETTA59
BYSTOLIC.....41
C
c-100098
c-1000/rose hips98
c-250.....98
c-500.....98
c-500/rose hips98
cabergoline71
CABOMETYX30
CAL CIT MAL/ TAB VITAMIND95
CALAMINE LOT121
CALAMINE LOT 8-8%121
CALC CITRATE LIQ VIT D395
CALC/VIT D3 CHW DISNEY95
calcipotriene 119, 120
calcitonin (salmon) spray.....62
calcitrate95
CAL-CITRATE TAB PLUS D95
calcitrene120
calcitriol74
CALCIUM 1000 TAB + D95
calcium 500 +d395
calcium 60095
calcium 600 with vitamin95
calcium 600/vitamin d.....95
calcium 600/vitamin d395
calcium 600+d95
calcium 600+d395
CALCIUM ACETATE95

calcium acetate (phosphate binder)
.....73
calcium antacid.....74
calcium antacid extra str75
calcium ascorbate98
calcium carbonate95
CALCIUM CARBONATE 75, 95
calcium carbonate (antacid) . 75, 95
calcium carbonate-cholecalciferol
chew tab 500 mg-400 unit..... 95
calcium carbonate-cholecalciferol
tab 250 mg-125 unit..... 96
calcium carbonate-cholecalciferol
tab 500 mg-200 unit..... 96
calcium carbonate-cholecalciferol
tab 600 mg-200 unit..... 96
calcium carbonate-cholecalciferol
tab 600 mg-400 unit..... 96
calcium carbonate-vitamin d tab
250 mg-125 unit 96
calcium carbonate-vitamin d tab
500 mg-200 unit 96
calcium carbonate-vitamin d tab
600 mg-200 unit 96
calcium carbonate-vitamin d tab
600 mg-400 unit 96
CALCIUM CHW 500MG 96
CALCIUM CIT/ TAB VIT D 96
CALCIUM CITRATE..... 96
calcium citrate + d3 maxi..... 96
calcium citrate+d3 petite 96
calcium citrate-vitamin d tab 315
mg-200 unit (elemental ca) 96
calcium citrate-vitamin d tab 315
mg-250 unit (elemental ca) 96
CALCIUM GLUCONATE 96
calcium high potency 96
calcium high potency + vi 96
CALCIUM LACTATE 96
calcium plus vitamin d 96
calcium polycarbophil 78
CALCIUM/C/D CHW 500MG..... 96
CALCIUM/D3 CAP 600-2500 96
calcium/vitamin d3 96
calcium+d3 96
cal-gest antacid 74
CAL-MINT..... 95
calphron..... 96

CALQUENCE.....	30
CAL-QUICK LIQ 500-400	95
CALTRATE 600 CHW 600-800.....	96
camila	63
camrese	63
camrese lo.....	63
candesartan cilexetil	39
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg.....	37
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg.....	37
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg	37
CAPCOF SYP 5-2-10MG	109
CAPLYTA	51
CAPMIST DM TAB	109
CAPRELSA	30
captopril	36
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	50
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	50
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	50
CARBAGLU.....	71
carbamazepine.....	44
carbidopa & levodopa tab 10-100 mg.....	50
carbidopa & levodopa tab 25-100 mg.....	50
carbidopa & levodopa tab 25-250 mg.....	50
carbidopa & levodopa tab er 25-100 mg.....	50
carbidopa & levodopa tab er 50-200 mg.....	50
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	50
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	50
carbidopa-levodopa-entacapone tabs 25-100-200 mg	50

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	50
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	50
carbidopa-levodopa-entacapone tabs 50-200-200 mg	50
carboplatin	27
carboxymethylcellulose sodium (ophth)	103
carisoprodol.....	57
carteolol hcl (ophth)	103
cartia xt	41
carvedilol	41
caspofungin acetate.....	19
CAYSTON	17
caziant.....	63
cefaclor.....	24
CEFACLOER ER	24
cefadroxil	24
CEFAZOLIN INJ 1GM/50ML	24
cefazolin sodium	24
CEFAZOLIN SOLN 2GM/100ML-4%	24
cefdinir	24
cefepime hcl	24
cefixime	24
cefoxitin sodium.....	24
cefpodoxime proxetil	24
cefprozil	24
ceftazidime.....	24
CEFTAZIDIME/ SOL D5W 1GM	24
CEFTAZIDIME/ SOL D5W 2GM	24
ceftriaxone sodium	24
cefuroxime axetil	24
cefuroxime sodium	24
celecoxib.....	14
CELONTIN	44
CEO-TWO SUP	78
cephalexin.....	24
CERDELGA	71
CEREZYME	71
cetirizine hcl	106
cetirizine hcl allergy ch	106
cetirizine hcl childrens.....	106
cetirizine hydrochloride	106
cevimeline hcl.....	123
CHANTIX.....	58
CHANTIX CONTINUING MONTH...	58

CHANTIX PAK 0.5& 1MG.....58
chateal.....63
 CHELATED CALCIUM96
 CHEMET62
chest congestion relief109
chest congestion relief d.....109
childrens cold & allergy109
childrens ibuprofen14
childrens loratadine106
childrens mucus relief co109
 CHLO HIST SOL.....109
 CHLO TUSS LIQ.....109
chlorhexidine gluconate (mouth-throat)123
chloroquine phosphate20
chlorpromazine hcl51
 CHLORPROMAZINE HYDROCHLOR51
chlorthalidone42
cholecalciferol98
cholecalciferol cap 1.25 mg (50000 unit)98
cholecalciferol cap 250 mcg (10000 unit)99
cholestyramine.....40
cholestyramine light.....40
chromagen87
ciclopirox olamine.....119
cilostazol88
 CILOXAN101
 CIMDUO TAB 300-300.....22
cinacalcet hcl71
 CIPRO25
ciprofloxacin 200 mg/100ml in d5w25
ciprofloxacin 400 mg/200ml in d5w25
ciprofloxacin hcl25
ciprofloxacin hcl (ophth)101
ciprofloxacin-dexamethasone otic susp 0.3-0.1%104
cisplatin27
citalopram hydrobromide.....48
 CITRACAL+D3 CHW 250-50096
 CL PRENATAL TAB 28-0.8MG.....99
claravis118
clarithromycin25
clear eyes natural tears.....103
clearlax78

clindamycin hcl17
clindamycin palmitate hydrochloride17
clindamycin phosphate.....17
clindamycin phosphate (topical) 118
clindamycin phosphate in d5w iv soln 300 mg/50ml18
clindamycin phosphate in d5w iv soln 600 mg/50ml18
clindamycin phosphate in d5w iv soln 900 mg/50ml18
clindamycin phosphate vaginal....85
 CLINDMYC/NAC INJ 300/50ML18
 CLINDMYC/NAC INJ 600/50ML18
 CLINDMYC/NAC INJ 900/50ML18
 CLINIMIX INJ 4.25/D1094
 CLINIMIX INJ 4.25/D5W94
 CLINIMIX INJ 5%/D15W94
 CLINIMIX INJ 5%/D20W94
 CLINIMIX INJ 6/594
 CLINIMIX INJ 8/1095
 CLINIMIX INJ 8/1495
clinisol sf 15%95
 CLINOLIPID EMU 20%95
clobazam44
clobetasol propionate.....120
clobetasol propionate e120
clomipramine hcl.....48
clonazepam44
clonidine43
clonidine hcl43
clopidogrel bisulfate.....89
clorazepate dipotassium.....45
clotrimazole.....123
clotrimazole (topical)119
clotrimazole 385
clotrimazole antifungal119
clotrimazole athletes foo119
clotrimazole vaginal.....85
clotrimazole w/ betamethasone cream 1-0.05%119
clozapine.....51, 52
 COARTEM TAB 20-120MG.....20
 COLACE CLEAR78
colchicine13
colchicine w/ probenecid tab 0.5-500 mg13
cold & cough childrens109

cold/cough childrens109
colesevelam hcl40
colestipol hcl40
colistimethate sodium18
 COMBIGAN SOL 0.2/0.5%103
 COMBIVENT AER 20-100105
 COMETRIQ (60MG DOSE)30
 COMETRIQ KIT 100MG30
 COMETRIQ KIT 140MG30
 COMFORTOUCH MIS LANCET71
 COMPACT SPAC MIS CHAMBER..114
 COMPACT SPAC MIS LG MASK...114
 COMPACT SPAC MIS MD MASK..114
 COMPACT SPAC MIS SM MASK..114
 COMPLERA TAB22
complete allergy medicine106
 COMPLETE CAP OMEGA98
compro76
 CONDOMS MIS LUBRICAT.....63
 CONEX SOL CLD/ALRG109
 CONEX TAB 2-60MG109
constulose78
 COPIKTRA30
 CORICIDN HBP TAB COLD/FLU..109
 CORLANOR43
 COTELLIC31
cough & chest congestion109
 CREON CAP 12000UNT83
 CREON CAP 24000UNT83
 CREON CAP 3000UNIT83
 CREON CAP 36000UNT83
 CREON CAP 6000UNIT83
cromolyn sodium114
cromolyn sodium (mastocytosis) .82
cromolyn sodium (nasal)114
cromolyn sodium (ophth)102
cryselle-2863
cyanocobalamin99
cyclafem 1/3563
cyclafem 7/7/763
cyclobenzaprine hcl57
cyclophosphamide27
 CYCLOPHOSPHAMIDE.....27
cycloserine23
cyclosporine.....91
cyclosporine modified (for microemulsion)91
ciproheptadine hcl106

cyred eq63
 CYSTADANE POW71
 CYSTADROPS.....103
 CYSTAGON71
 CYSTARAN103
cytarabine28
 CYTO B299
D
 D10W/NACL INJ 0.2%93
 D2.5W/NACL INJ 0.45%.....93
d3 high potency99
d3 maximum strength99
d3 super strength.....99
d3-1000.....99
d-3-5.....99
d3-5099
 D5W/LYTES INJ #48.....93
dalfampridine57
 DALIRESP114
danazol.....68
dantrolene sodium57
dapsone18
 DAPTACEL INJ92
daptomycin18
 DAPTOMYCIN.....18
dasetta 1/35.....63
dasetta 7/7/763
 DAURISMO31
 DAY CLEAR CHW ALGY/CGH109
 DAYCLEAR TAB 25-50MG109
daysee.....63
 DDROPS.....99
deblitane.....63
decara99
 DECARA99
 DECONEX DMX TAB.....109
deep sea nasal spray114
deferasirox62
 DELESTROGEN.....68
 DELSTRIGO TAB.....22
delsym cough + chest cong109
delsym cough + cold night109
delta d399
 DESCOVY TAB 200/25MG22
desipramine hcl.....49
desmopressin acetate71
desmopressin acetate spray71

desmopressin acetate spray
refrigerated.....71
desogest-eth estrad & eth estrad
*tab 0.15-0.02/0.01 mg(21/5)...*63
desogestrel & ethinyl estradiol tab
0.15 mg-30 mcg.....64
desvenlafaxine succinate49
DEX4 CHW ORANGE.....70
DEX4 CHW RASPBERR.....70
DEX4 FAST ACTING GLUCOSE.....70
DEX4 GLUCOSE CHW70
dexamethasone.....69
DEXAMETHASONE INTENSOL69
dexamethasone sodium phosphate
.....69
dexamethasone sodium phosphate
(ophth).....102
dexbrompheniramine-phenylephrine
tab 2-10 mg.....109
DEXILANT.....84
dexmethylphenidate hcl54
dextromethorphan-guaifenesin
liquid 10-100 mg/5ml.....109
dextromethorphan-guaifenesin
syrup 10-100 mg/5ml109
dextrose.....95
dextrose 10% w/ sodium chloride
0.45%.....93
dextrose 2.5% w/ sodium chloride
0.45%.....93
dextrose 5% in lactated ringers...93
dextrose 5% w/ sodium chloride
0.2%.....93
dextrose 5% w/ sodium chloride
0.225%.....93
dextrose 5% w/ sodium chloride
0.3%.....93
dextrose 5% w/ sodium chloride
0.45%.....93
dextrose 5% w/ sodium chloride
0.9%.....93
DIACOMIT45
dialyvite vitamin d 5000.....99
dialyvite vitamin d3 max99
diazepam45
diazepam (anticonvulsant).....45
diazepam inj.....45
diazoxide.....70

diclofenac potassium 14
diclofenac sodium..... 14
diclofenac sodium (ophth) 102
diclofenac sodium (topical) 122
dicloxacin sodium 26
dicyclomine hcl 77
DIFICID 25
diflunisal 14
digitek 43
digox 43
digoxin 43
dihydroergotamine mesylate..... 55
DILANTIN.....45
DILANTIN INFATABS.....45
DILANTIN-12545
diltiazem hcl41
diltiazem hcl coated beads41
diltiazem hcl extended release
beads.....41
dilt-xr41
dimaphen dm cold & cough 109
DIP/TET PED INJ 25-5LFU 92
diphenhist 106
diphenhydramine hcl 106
diphenhydramine hydrochlo..... 106
diphenoxylate w/ atropine liq 2.5-
0.025 mg/5ml.....82
diphenoxylate w/ atropine tab 2.5-
0.025 mg82
dipyridamole 89
disopyramide phosphate 39
disulfiram 58
divalproex sodium 45
docetaxel 29
DOCETAXEL..... 30
docosanol..... 122
docu 79
docusate calcium..... 79
docusate mini 79
docusate sodium 79
DOCUSOL KIDS 79
docusol mini 79
DOCUSOL PLUS ENE 20-283..... 79
dofetilide..... 39
dok 79
DOLOGESIC TAB 1-500MG 109
DOLOGESIC-DF TAB 1-500MG .. 109
donepezil hydrochloride 48

DOPTELET	88
dorzolamide hcl	103
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	103
dotti	68
double antibiotic	118
DOVATO TAB 50-300MG	22
doxazosin mesylate	37
doxepin hcl	49
doxepin hcl (sleep)	55
doxorubicin hcl	28
doxorubicin hcl liposomal.....	28
doxy 100	27
doxycycline (monohydrate).....	27
doxycycline hyclate.....	27
doxylamine-phenylephrine tab 7.5- 10 mg	109
driminate.....	76
DRIZALMA SPRINKLE	49
dronabinol	77
drospirenone-ethinyl estradiol tab 3-0.02 mg	64
drospirenone-ethinyl estradiol tab 3-0.03 mg	64
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg.....	64
DROXIA.....	88
droxidopa	43
dry eye relief drops.....	103
dulcolax liquid	79
duloxetine hcl	49
DUREX MIS REALFEEL	64
DUREZOL	102
dutasteride	85
dutasteride-tamsulosin hcl cap 0.5- 0.4 mg	85
E	
e-200.....	99
e-400.....	99
EASIVENT MIS	114
ec-naproxen	14
econtra ez	64
econtra one-step	64
ed a-hist	109
ed a-hist dm	109
ED BRON GP LIQ	109
ed chlorped jr	106

EDURANT	20
efavirenz	21
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	22
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	22
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	22
elinest	64
ELIQUIS.....	86
ELIQUIS STARTER PACK.....	86
ELLA	64
eluryng	64
EMCYT	28
emoquette	64
EMSAM	49
emtricitabine	21
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	22
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	22
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	22
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	22
EMTRIVA.....	21
EMVERM	18
enalapril maleate	36
enalapril maleate & hydrochlorothiazide tab 10-25 mg	36
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	36
ENBREL.....	89
ENBREL MINI.....	89
ENBREL SURECLICK	89
endacof-dm	109
ENDARI.....	88
endocet tab 10-325mg.....	16
endocet tab 2.5-325mg.....	16
endocet tab 5-325mg	16
endocet tab 7.5-325mg.....	16
endur-acin.....	99
endur-amide.....	99
enema ready-to-use	79
enemeez mini	79
ENEMEEZ PLUS ENE 20-283	79

ENGERIX-B	92
enoxaparin sodium	86
enpresse-28.....	64
enskyce.....	64
ENSTILAR AER	120
entacapone.....	50
entecavir	23
ENTRESTO TAB 24-26MG.....	37
ENTRESTO TAB 49-51MG.....	37
ENTRESTO TAB 97-103MG.....	37
enulose	79
EPCLUSA TAB 200-50MG	23
EPCLUSA TAB 400-100.....	23
EPIDIOLEX.....	45
epinephrine (anaphylaxis)	114
epirubicin hcl	28
epitol	45
EPIVIR HBV	23
eplerenone	36
eqi carbonyl iron	87
EQUALACTIN.....	79
ERGOCAL	99
ergocalciferol	99
ergotamine w/ caffeine tab 1-100 mg.....	55
ERIVEDGE	31
ERLEADA.....	28
erlotinib hcl.....	31
errin	64
ertapenem sodium.....	18
ery	118
ery-tab.....	25
ERYTHROCIN LACTOBIONATE	25
erythrocin stearate	25
erythromycin (acne aid)	118
erythromycin (ophth).....	101
erythromycin base.....	25
erythromycin ethylsuccinate	25
ESBRIET.....	114
escitalopram oxalate.....	49
esomeprazole magnesium	84
estarylla	64
estradiol.....	69
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	69
estradiol & norethindrone acetate tab 1-0.5 mg.....	69
estradiol vaginal.....	69

estradiol valerate	69
eszopiclone	55
ethambutol hcl.....	23
ethosuximide	45
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	64
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	64
etodolac.....	14
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	64
etoposide	30
etravirine	21
euthyrox	73
evac-u-gen.....	79
everolimus	31
everolimus (immunosuppressant).....	91
EVOTAZ TAB 300-150.....	22
exemestane.....	28
eye itch relief.....	102
ezetimibe	40
ezetimibe-simvastatin tab 10-10 mg	40
ezetimibe-simvastatin tab 10-20 mg	40
ezetimibe-simvastatin tab 10-40 mg	40
ezetimibe-simvastatin tab 10-80 mg	40

F

fa-8.....	99
FABRAZYME.....	71
falmina	64
famciclovir	23
famotidine.....	78
famotidine in nacl 0.9% iv soln 20 mg/50ml	78
famotidine maximum streng	78
FANAPT.....	52
FANAPT PAK	52
FANTASY LUBR MIS COLORS	64
FANTASY LUBR MIS SPERMICI	64
FANTASY MIS LUBRICAT	64
FARXIGA.....	59
FARYDAK	31
FASENRA	114
FASENRA PEN	114
FASTCLIX MIS LANCETS.....	71

<i>fayosim</i>	64
FC2 FEMALE MIS CONDOM	64
<i>felbamate</i>	45
<i>felodipine</i>	42
<i>femynor</i>	64
<i>fenofibrate</i>	39
<i>fenofibrate micronized</i>	39
<i>fentanyl</i>	15
<i>fentanyl citrate</i>	16
FERAHEME	87
<i>ferate</i>	87
<i>fergon</i>	87
<i>ferosul</i>	87
FERRETTIS	87
<i>ferrex 150</i>	87
<i>ferric x-150</i>	87
FERRIMIN 150	87
<i>ferrous fumarate</i>	87
FERROUS FUMARATE	87
<i>ferrous gluconate</i>	87
FERROUS GLUCONATE	87
<i>ferrous sulfate</i>	87
FERROUS SULFATE	87
FETZIMA	49
FETZIMA CAP TITRATIO	49
<i>fexofenadine hcl</i>	106
FIASP FLEX INJ TOUCH	61
FIASP INJ 100/ML	61
FIASP PENFIL INJ U-100	61
<i>fiber laxative</i>	79
<i>fiber therapy</i>	79
<i>fiber-lax</i>	79
<i>finasteride</i>	85
FINE 30 MIS	71
FINTEPLA	45
<i>first aid antibiotic</i>	118
<i>flac</i>	104
FLAREX	102
FLEBOGAMMA DIF	90
<i>flecainide acetate</i>	39
FLEET BISACODYL	79
FLEET ENE PED	79
FLEET LIQUID GLYCERIN SUP	79
FLEXICHAMBER MIS	114
FLOVENT DISKUS	117
FLOVENT HFA	117
<i>fluconazole</i>	19

<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	19
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	20
<i>flucytosine</i>	20
<i>fludrocortisone acetate</i>	69
<i>flunisolide (nasal)</i>	116
<i>fluocinolone acetonide</i>	120
<i>fluocinolone acetonide (otic)</i>	104
<i>fluocinonide</i>	120
<i>fluocinonide emulsified base</i>	120
<i>fluorometholone (ophth)</i>	102
<i>fluorouracil</i>	28
<i>fluorouracil (topical)</i>	122
<i>fluoxetine hcl</i>	49
<i>fluphenazine decanoate</i>	52
<i>fluphenazine hcl</i>	52
<i>flurbiprofen</i>	14
<i>flurbiprofen sodium</i>	102
<i>flutamide</i>	28
<i>fluticasone propionate</i>	121
<i>fluticasone propionate (nasal)</i>	116
<i>fluvoxamine maleate</i>	44
<i>folate</i>	99
<i>folic acid</i>	99
FOLIC ACID	99
FOLITE TAB	99
<i>fondaparinux sodium</i>	86
FORA MIS LANCETS	71
FORTEO	62
<i>fosamprenavir calcium</i>	21
<i>fosinopril sodium</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	36
FOTIVDA	31
FREAMINE HBC INJ 6.9%	95
FREAMINE III INJ 10%	95
FREESTYLE MIS LANCETS	71
FRESHKOTE PF SOL 2.7-2%	103
<i>fulvestrant</i>	28
FUNGOID TINCTURE	119
<i>furosemide</i>	42
<i>furosemide inj</i>	42
FUZEON	21

<i>fyavolv tab 0.5mg-2.5mcg</i>	69
<i>fyavolv tab 1mg-5mcg</i>	69
FYCOMPA	45
G	
<i>gabapentin</i>	46
<i>galantamine hydrobromide</i>	48
GALZIN	96
GAMASTAN INJ	90
GAMMAGARD LIQUID	90
GAMMAGARD S/D IGA LESS TH...	90
GAMMAKED	90
GAMMAPLEX	90
GAMUNEX-C	91
<i>ganciclovir sodium</i>	23
GARDASIL 9 INJ	92
<i>gas relief</i>	82
<i>gas relief drops infants</i>	82
<i>gas relief extra strength</i>	82
<i>gas relief ultra strength</i>	83
<i>gatifloxacin (ophth)</i>	101
GATTEX.....	83
GAUZE PADS 2.....	61
<i>gavilax</i>	79
<i>gavilyte-c</i>	79
<i>gavilyte-g</i>	79
<i>gavilyte-n/flavor pack</i>	79
GAVRETO	31
<i>gemcitabine hcl</i>	28
<i>gemfibrozil</i>	39
<i>generlac</i>	79
<i>engraf</i>	91
GENOTROPIN	71
GENOTROPIN MINIQUICK.....	71
<i>gentak</i>	101
<i>gentamicin in saline inj 0.8 mg/ml</i>	18
<i>gentamicin in saline inj 1 mg/ml</i> ..	18
<i>gentamicin in saline inj 1.2 mg/ml</i>	18
<i>gentamicin in saline inj 1.6 mg/ml</i>	18
<i>gentamicin in saline inj 2 mg/ml</i> ..	18
<i>gentamicin sulfate</i>	18
<i>gentamicin sulfate (ophth)</i>	101
<i>gentamicin sulfate (topical)</i>	118
<i>genteal tears liquid drop</i>	103
<i>genteal tears mild</i>	103
GENTEEL MIS LANCETS	71

<i>gentle laxative</i>	79
GENVOYA TAB	22
<i>geri-kot</i>	79
<i>geri-mucil</i>	79
GILENYA	57
GILOTRIF	31
<i>glatiramer acetate</i>	57
<i>glatopa</i>	57
<i>glimepiride</i>	59
<i>glipizide</i>	59
<i>glipizide xl</i>	59
<i>glipizide-metformin hcl tab 2.5-250</i> mg	59
<i>glipizide-metformin hcl tab 2.5-500</i> mg	59
<i>glipizide-metformin hcl tab 5-500</i> mg	59
<i>gluco burst</i>	70
GLUCOSE	70
GLUCOSE CHW 4-.006GM	70
GLUCOSE CHW 4-0.006	70
GLUCOSE CHW GRAPE	70
GLUCOSE CHW ORANGE	70
GLUCOSE CHW RASPBERRY.....	70
GLUCOSE CHW RASPBERRY	70
GLUCOSE CHW TROP FRT.....	70
<i>glutose 5</i>	70
<i>glycerin (laxative)</i>	79
<i>glycolax</i>	79
<i>glycopyrrolate</i>	77
<i>glydo</i>	121
GLYXAMBI TAB 10-5 MG	59
GLYXAMBI TAB 25-5 MG	59
<i>gnp 24 hour nasal allerg</i>	116
<i>gnp acid reducer</i>	78
<i>gnp acid reducer maximum</i>	78
<i>gnp adult aspirin low str</i>	13
<i>gnp all day allergy</i>	106
<i>gnp all day allergy child</i>	106
<i>gnp allergy</i>	106
<i>gnp allergy relief</i>	106
<i>gnp allergy relief multi-</i>	109
<i>gnp antacid</i>	75
and anti-gas/	75
<i>gnp antacid & anti-gas ma</i>	75
<i>gnp antacid & anti-gas/re</i>	75
<i>gnp antacid anti-gas/maxi</i>	75
<i>gnp antacid extra strengt</i>	75

gnp antacid ultra strengt75
gnp antacid/regular stren75
gnp anti-diarrheal.....76
gnp anti-gas83
gnp arthritis pain.....122
gnp artificial tears.....103
gnp aspirin13
gnp aspirin low dose13
gnp athletes foot119
gnp bacitracin zinc.....118
gnp budesonide nasal spra116
GNP CALAMINE LOT 8-8%122
gnp calcium96
gnp calcium 500 +d396
gnp calcium 600 +d396
gnp calcium citrate +d396
gnp calcium citrate+d3 ma96
gnp childrens allergy.....106
gnp childrens ibuprofen14
gnp clearlax.....79
gnp clotrimazole 385
gnp cold & cough children.....109
gnp d 100099
gnp enema79
gnp epsom salt79
gnp esomeprazole magnesiu84
gnp fiber therapy.....79
gnp fiber-caps.....79
gnp fluticasone propionat116
gnp folic acid99
gnp gas relief.....83
gnp gas relief extra stre83
gnp gentle laxative79
GNP GLUCOSE70
gnp glycerin adult.....79
gnp glycerin child79
gnp heartburn relief.....78
gnp hydrocortisone121
gnp hydrocortisone maximu121
gnp hydrocortisone plus121
gnp hydrocortisone/aloe121
gnp ibuprofen14
gnp ibuprofen infants14
gnp ibuprofen junior stre14
gnp infant gas relief.....83
gnp iron87
gnp lansoprazole84
gnp lice treatment122

gnp loperamide hydrochlor76
gnp loratadine106
gnp loratadine childrens.....106
gnp lubricating plus eye104
gnp magnesium citrate79
gnp miconazole 385
gnp miconazole 785
gnp milk of magnesia80
gnp mineral oil.....80
gnp motion sickness relie77
gnp naproxen14
gnp naproxen sodium14
gnp nasal decongestant109
gnp nasal decongestant/ma110
gnp natural fiber80
gnp niacin flush free99
gnp nicotine gum58
gnp nicotine mini lozenge.....58
gnp nicotine polacrilex58
gnp nicotine polacrilex m58
gnp nicotine transdermal.....58
gnp omeprazole84
gnp omeprazole odt.....84
gnp pink bismuth76
GNP PRENATAL TAB 28-0.8MG99
gnp senna lax80
gnp sinus & allergy relie110
gnp stomach relief.....76
gnp stool softener80
gnp terbinafine hydrochlo.....119
gnp tolnaftate119
gnp triple antibiotic118
gnp tussin cf cough & col110
gnp tussin dm.....110
gnp tussin dm cough110
gnp tussin mucus & chest.....110
gnp vitamin c.....99
gnp vitamin c w/rose hips99
gnp vitamin c/rose hips.....99
gnp vitamin d-400.....100
gnp womens gentle laxativ80
GOLYTELY SOL.....80
goodsense all day allergy106
goodsense aller-ease106
goodsense allergy relief107
goodsense antacid/extra s.....75
goodsense antacid/regular75
goodsense anti-diarrheal.....76

<i>goodsense anti-diarrheal/</i>	76
<i>goodsense arthritis pain</i>	122
<i>goodsense aspirin</i>	13
<i>goodsense aspirin adult l</i>	13
<i>goodsense aspirin low dos</i>	13
<i>goodsense bisacodyl ec</i>	80
<i>goodsense clearlax</i>	80
<i>goodsense esomeprazole ma</i>	84
<i>goodsense ibuprofen</i>	14
<i>goodsense ibuprofen child</i>	14
<i>goodsense ibuprofen infan</i>	14
<i>goodsense lansoprazole</i>	84
<i>goodsense lubricating plu</i>	104
<i>goodsense magnesium citra</i>	80
<i>goodsense mineral oil lub</i>	80
<i>goodsense mucus relief ch</i>	110
<i>goodsense naproxen sodium</i>	14
<i>goodsense nasal allergy s</i>	116
<i>goodsense nicotine</i>	58
<i>goodsense nicotine gum</i>	58
<i>goodsense nicotine polacr</i>	58
<i>goodsense senna laxative</i>	80
<i>goodsense stomach relief</i>	76
<i>goodsense tussin cf</i>	110
<i>granisetron hcl</i>	77
<i>griseofulvin microsize</i>	20
<i>griseofulvin ultramicrosize</i>	20
<i>guaifenesin ac</i>	110
<i>guaifenesin</i>	110
<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i>	110
<i>guanfacine hcl</i>	43
<i>guanfacine hcl (adhd)</i>	54
<i>GUMMY BITES CHW</i>	97
<i>GVOKE HYPOPEN 2-PACK</i>	70
<i>GVOKE PFS</i>	70
H	
<i>HAEGARDA</i>	88
<i>hailey 1.5/30</i>	64
<i>hailey 24 fe</i>	64
<i>halobetasol propionate</i>	121
<i>haloperidol</i>	52
<i>haloperidol decanoate</i>	52
<i>haloperidol lactate</i>	52
<i>HARVONI PAK 33.75-150MG</i>	23
<i>HARVONI PAK 45-200MG</i>	23
<i>HARVONI TAB 45-200MG</i>	23
<i>HARVONI TAB 90-400MG</i>	23

<i>HAVRIX</i>	92
<i>healthylax</i>	80
<i>heartburn relief</i>	78
<i>heartburn relief maximum</i>	78
<i>heather</i>	64
<i>HEMATEX</i>	87
<i>HEMATEX POLYSACCHARIDE IR</i> ..	87
<i>HEP SOD/NACL INJ 25000UNT</i>	86
<i>heparin sodium (porcine)</i>	86
<i>heparin sodium (porcine) 100</i> <i>unit/ml in d5w</i>	86
<i>heparin sodium (porcine)-dextrose</i> <i>iv sol 20000 unit/500ml-5%</i>	86
<i>heparin sodium (porcine)-dextrose</i> <i>iv sol 25000 unit/500ml-5%</i>	86
<i>HEPARIN/NACL INJ 25000UNT</i>	87
<i>hepatamine</i>	95
<i>HERCEP HYLEC SOL 60-10000</i>	31
<i>HERCEPTIN</i>	31
<i>HERZUMA</i>	31
<i>HETLIOZ</i>	55
<i>HIBERIX</i>	92
<i>hm adult tussin cough & c</i>	110
<i>hm advanced antacid maxim</i>	75
<i>hm all day allergy childr</i>	107
<i>hm allergy relief</i>	107
<i>hm allergy relief childre</i>	107
<i>hm allergy relief nasal s</i>	116
<i>hm antacid</i>	75
<i>hm antacid anti-gas extra</i>	75
<i>hm antacid extra strength</i>	75
<i>hm antacid regular streng</i>	75
<i>hm antacid/antigas</i>	75
<i>hm anti-diarrheal</i>	76
<i>hm aspirin</i>	13
<i>hm aspirin ec low dose</i>	13
<i>hm bacitracin</i>	118
<i>HM CALAMINE LOT 8-8%</i>	122
<i>hm calcium antacid extra</i>	75
<i>hm cetirizine hydrochlori</i>	107
<i>hm childrens mucus relief</i>	110
<i>hm clearlax</i>	80
<i>hm cold & allergy childre</i>	110
<i>hm cold & cough childrens</i>	110
<i>hm cold & sinus relief</i>	110
<i>hm double antibiotic</i>	118
<i>hm dry eye relief</i>	104
<i>hm enema mineral oil</i>	80

<i>hm enema saline laxative</i>	80
<i>hm esomeprazole magnesium</i>	84
<i>hm famotidine</i>	78
<i>hm fexofenadine hydrochlo</i>	107
<i>hm fiber</i>	80
<i>hm gas relief</i>	83
<i>hm gas relief extra stren</i>	83
<i>hm gas relief infants</i>	83
<i>hm hydrocortisone plus</i>	121
<i>hm hydrocortisone/aloe ma</i>	121
<i>hm ibuprofen</i>	14
<i>hm ibuprofen childrens</i>	14
<i>hm ibuprofen ib</i>	14
<i>hm ibuprofen ib/junior st</i>	14
<i>hm ibuprofen infants</i>	14
<i>hm lansoprazole</i>	84
<i>hm laxative</i>	80
<i>hm lice killing maximum s</i>	122
<i>hm lice treatment</i>	122
<i>hm loratadine</i>	107
<i>hm loratadine childrens</i>	107
<i>hm lubricating plus</i>	104
<i>hm lubricating tears</i>	104
<i>hm magnesium citrate</i>	80
<i>hm milk of magnesia</i>	80
<i>hm motion sickness</i>	77
<i>hm motion sickness relief</i>	77
<i>hm mucus relief</i>	110
<i>hm naproxen sodium</i>	14
<i>hm nasal decongestant</i>	110
<i>hm nicotine polacrilex</i>	58
<i>hm nicotine transdermal s</i>	58
<i>hm omeprazole</i>	84
<i>hm senna</i>	80
<i>hm stomach relief</i>	76
<i>hm stool softener</i>	80
<i>hm triple antibiotic</i>	118
<i>hm tussin adult</i>	110
<i>hm tussin adult cough & c</i>	110
HOLD CHAMBER MIS ADLT LG...	114
HOLD CHAMBER MIS MEDIUM...	114
HOLD CHAMBER MIS SMALL	114
HUMIRA	89
HUMIRA PEDIA INJ CROHNS	89
HUMIRA PEDIATRIC CROHNS D...	89
HUMIRA PEN	89
HUMIRA PEN KIT PS/UV	89
HUMIRA PEN-CD/UC/HS START...	89

HUMIRA PEN-PEDIATRIC UC S	89
HUMIRA PEN-PS/UV STARTER.....	89
HUMULIN R U-500 (CONCENTR...	61
HUMULIN R U-500 KWIKPEN	61
<i>hydralazine hcl</i>	43
<i>hydrochlorothiazide</i>	42
HYDROCIL INSTANT	80
<i>hydrocod polst-chlorphen polst er</i> <i>susp 10-8 mg/5ml</i>	110
<i>hydrocodone bitartrate</i>	15, 16
<i>hydrocodone w/ homatropine syrup</i> <i>5-1.5 mg/5ml</i>	110
<i>hydrocodone w/ homatropine tab 5-</i> <i>1.5 mg</i>	110
<i>hydrocodone-acetaminophen soln</i> <i>7.5-325 mg/15ml</i>	16
<i>hydrocodone-acetaminophen tab</i> <i>10-325 mg</i>	16
<i>hydrocodone-acetaminophen tab 5-</i> <i>325 mg</i>	16
<i>hydrocodone-acetaminophen tab</i> <i>7.5-325 mg</i>	16
<i>hydrocodone-ibuprofen tab 7.5-200</i> <i>mg</i>	16
<i>hydrocortisone</i>	69
HYDROCORTISONE	121
<i>hydrocortisone (intrarectal)</i>	78
<i>hydrocortisone (rectal)</i>	122
<i>hydrocortisone (topical)</i>	121
<i>hydrocortisone maximum st</i>	121
<i>hydrocortisone-aloe vera cream</i> <i>0.5%</i>	121
<i>hydromet</i>	110
<i>hydromorphone hcl</i>	16
<i>hydroxocobalamin acetate</i>	100
<i>hydroxychloroquine sulfate</i>	90
<i>hydroxyurea</i>	29
<i>hydroxyzine hcl</i>	107
<i>hydroxyzine pamoate</i>	107
HYSINGLA ER	16
I	
<i>ibandronate sodium</i>	62
IBRANCE	31
<i>ibu</i>	14
<i>ibu-200</i>	15
<i>ibuprofen</i>	15
<i>ibuprofen childrens</i>	15
<i>ibuprofen infants</i>	15

<i>ibuprofen infants drops</i>	15
<i>ibuprofen junior strength</i>	15
<i>icatibant acetate</i>	88
<i>iclevia</i>	64
ICLUSIG	31
IDHIFA.....	31
ILEVRO	102
<i>imatinib mesylate</i>	31
IMBRUVICA.....	31
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	18
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	18
<i>imipramine hcl</i>	49
<i>imiquimod</i>	122
IMOVAX RABIES (H.D.C.V.)	92
<i>incassia</i>	64
IN-CHK FLOW MIS METER	114
INCRELEX.....	71
INCRUSE ELLIPTA.....	105
<i>indapamide</i>	42
INFANRIX INJ.....	92
<i>infants gas relief</i>	83
<i>infants ibuprofen</i>	15
<i>infants simethicone</i>	83
INFED	87
INGREZZA	56
INGREZZA CAP 40-80MG.....	56
INJECTAFER.....	87
INLYTA.....	31
INQOVI TAB 35-100MG	28
INREBIC.....	31
INSPIRACHAMB MIS LARGE	114
INSPIRACHAMB MIS MEDIUM....	114
INSPIRACHAMB MIS MOUTHPCE	114
INSPIRACHAMB MIS SMALL	114
INSTA-GLUCOSE	70
INSULIN SAFETY NEEDLES	61
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/ MHC.....	61
INTELENCE	21
INTRALIPID	95
INTRON A.....	91
<i>introvale</i>	64
INVEGA SUSTENNA.....	52
INVEGA TRINZA	52
INVIRASE	21

IOSAT.....	71
IPOL INJ INACTIVE.....	92
<i>ipratropium bromide</i>	105
<i>ipratropium bromide (nasal)</i>	105
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	105
<i>irbesartan</i>	39
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	38
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	38
IRESSA	31
<i>irinotecan hcl</i>	29
IRON CHEWS PEDIATRIC	87
<i>iron supplement</i>	88
IRON UP	88
ISENTRESS	21
ISENTRESS HD	21
<i>isibloom</i>	64
ISOLYTE-P INJ /D5W	93
ISOLYTE-S INJ	93
ISOLYTE-S INJ PH 7.4.....	93
<i>isoniazid</i>	23
ISOPTO ATROPINE	104
<i>isosorbide dinitrate</i>	43
<i>isosorbide mononitrate</i>	43
<i>isotretinoin</i>	118
<i>isradipine</i>	42
<i>itraconazole</i>	20
<i>ivermectin</i>	18
IXIARO INJ.....	92
J	
JAKAFI.....	32
<i>jantoven</i>	87
JANUMET TAB 50-1000	59
JANUMET TAB 50-500MG	59
JANUMET XR TAB 100-1000.....	60
JANUMET XR TAB 50-1000	59
JANUMET XR TAB 50-500MG.....	59
JANUVIA	60
JARDIANCE	60
<i>jasmiel</i>	64
JENTADUETO TAB 2.5-1000.....	60
JENTADUETO TAB 2.5-500	60
JENTADUETO TAB 2.5-850	60
JENTADUETO TAB XR 2.5-1000MG	60
JENTADUETO TAB XR 5-1000MG	60

<i>jinteli</i>	69
<i>jolessa</i>	64
<i>juleber</i>	64
JULUCA TAB 50-25MG	22
<i>junel 1.5/30</i>	64
<i>junel 1/20</i>	64
<i>junel fe 1.5/30</i>	65
<i>junel fe 1/20</i>	65
<i>junel fe 24</i>	65
K	
KADCYLA	32
<i>kaitlib fe</i>	65
KALYDECO	114
KANJINTI	32
<i>kariva</i>	65
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	93
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	93
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	93
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	93
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	93
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	93
KCL/D5W/NACL INJ 0.3/0.9%	93
<i>kelnor 1/35</i>	65
<i>kelnor 1/50</i>	65
<i>ketoconazole</i>	20
<i>ketoconazole (topical)</i>	119, 120
<i>ketorolac tromethamine (ophth)</i>	102
<i>ketotifen fumarate (ophth)</i>	102
KEYTRUDA	32
KIMONO MICRO MIS THIN	65
KIMONO MICRO MIS THIN +	65
KIMONO MIS LUBRICAT	65
KIMONO MIS SENSATIO	65
KIMONO SENSE MIS PLUS	65

KINRIX INJ	92
KISQALI 200 DOSE	32
KISQALI 200 PAK FEMARA	29
KISQALI 400 DOSE	32
KISQALI 400 PAK FEMARA	29
KISQALI 600 DOSE	32
KISQALI 600 PAK FEMARA	29
<i>klor-con</i>	94
<i>klor-con 10</i>	94
<i>klor-con 8</i>	94
<i>klor-con m10</i>	94
<i>klor-con m15</i>	94
<i>klor-con m20</i>	94
<i>konsyl daily fiber</i>	80
KONSYL DAILY FIBER	80
KONSYL-D	80
KORLYM	71
<i>kp calcium citrate+d</i>	97
<i>kp ferrous gluconate</i>	88
<i>kp ferrous sulfate</i>	88
<i>kp folic acid</i>	100
<i>kp mag-oxide magnesium</i>	97
<i>kp niacin</i>	100
KP PRENATAL TAB MULTIVIT	100
<i>kp senna</i>	80
<i>kp vitamin b-12</i>	100
<i>kp vitamin b-6</i>	100
<i>kp vitamin e</i>	100
KROG GLUCOSE CHW GRAPE	70
KROG GLUCOSE CHW ORANGE ...	70
<i>kurvelo</i>	65
KYNMOBI	51
L	
<i>labetalol hcl</i>	41
<i>lactated ringer's solution</i>	93
<i>lactic acid (ammonium lactate)</i> .	122
<i>lactulose</i>	80
<i>lactulose (encephalopathy)</i>	80
<i>lamivudine</i>	21
<i>lamivudine (hbv)</i>	23
<i>lamivudine-zidovudine tab 150-300 mg</i>	22
<i>lamotrigine</i>	46
LANCETS ULTR MIS THIN	71
<i>lansoprazole</i>	84
<i>lapatinib ditosylate</i>	32
<i>larin 1.5/30</i>	65
<i>larin 1/20</i>	65

<i>larin 24 fe</i>	65
<i>larin fe 1.5/30</i>	65
<i>larin fe 1/20</i>	65
<i>larissia</i>	65
LASTACAFI	103
<i>latanoprost</i>	103
LATUDA.....	52
<i>laxative regular strength</i>	80
<i>layolis fe</i>	65
<i>leena</i>	65
<i>leflunomide</i>	90
LENVIMA 10 MG DAILY DOSE	32
LENVIMA 12MG DAILY DOSE.....	32
LENVIMA 20 MG DAILY DOSE	32
LENVIMA 4 MG DAILY DOSE.....	32
LENVIMA 8 MG DAILY DOSE.....	32
LENVIMA CAP 14 MG.....	32
LENVIMA CAP 18 MG.....	32
LENVIMA CAP 24 MG.....	32
<i>lessina</i>	65
<i>letrozole</i>	28
<i>leucovorin calcium</i>	35
LEUKERAN	27
<i>leuprolide acetate</i>	28
<i>levalbuterol hcl</i>	108
<i>levalbuterol tartrate</i>	108
LEVEMIR	61
LEVEMIR FLEXTOUCH.....	61
<i>levetiracetam</i>	46
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	46
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	46
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	46
<i>levobunolol hcl</i>	103
<i>levocarnitine (metabolic modifiers)</i>	71
<i>levocetirizine dihydrochloride</i>	107
<i>levofloxacin</i>	25
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	25
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	25
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	25
<i>levonest</i>	65

<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	65
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	65
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	65
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	65
<i>levonorgestrel (emergency oc)</i>	65
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> 65	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	65
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	65
<i>levora 0.15/30-28</i>	65
<i>levo-t</i>	73
<i>levothyroxine sodium</i>	73
<i>levoxyl</i>	73
LEXIVA	21
<i>lice killing maximum stre</i>	122
<i>lice killing shampoo</i>	122
<i>lice treatment</i>	122
<i>lidocaine</i>	121
<i>lidocaine hcl</i>	121
<i>lidocaine hcl (local anesth.)</i>	17
<i>lidocaine hcl (mouth-throat)</i>	123
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	121
<i>lillow</i>	65
<i>linezolid</i>	18
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	18
LINZESS	83
<i>liothyronine sodium</i>	73
<i>liquid allergy relief</i>	107
<i>liquid calcium/d3</i>	97
<i>liquid calcium/vitamin d</i>	97
<i>lisinopril</i>	36
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	36
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	36

LITHIUM.....	56
<i>lithium carbonate</i>	56
<i>little noses stuffy nose</i>	114
LODRANE D CAP 4-60MG.....	110
<i>loestrin 1.5/30-21</i>	65
<i>loestrin 1/20-21</i>	65
<i>loestrin fe 1.5/30</i>	65
<i>loestrin fe 1/20</i>	65
LOHIST-D LIQ	110
LOHIST-DM SYP 5-2-10MG	110
LOKELMA.....	62
LONSURF TAB 15-6.14	28
LONSURF TAB 20-8.19	28
<i>loperamide hcl</i>	76, 83
LOPERAMIDE HYDROCHLORIDE...76	
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	22
<i>lopinavir-ritonavir tab 100-25 mg</i> 22	
<i>lopinavir-ritonavir tab 200-50 mg</i> 22	
<i>loratadine</i>	107
<i>loratadine childrens</i>	107
<i>lorazepam</i>	44
<i>lorazepam intensol</i>	44
LORBRENA.....	32
LORTUSS LQ LIQ	110
<i>loryna</i>	66
<i>losartan potassium</i>	39
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5</i> <i>mg</i>	38
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25</i> <i>mg</i>	38
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5</i> <i>mg</i>	38
LOTEMAX.....	102
<i>lovastatin</i>	40
<i>low-ogestrel</i>	66
<i>loxapine succinate</i>	52
<i>lubricant eye drops</i>	104
<i>lubricating eye drops</i>	104
<i>lubricating plus eye drop</i>	104
LUMAKRAS	32
LUMIGAN.....	103
LUMIZYME	71
LUPRON DEPOT (1-MONTH)	28
LUPRON DEPOT (3-MONTH)	28

LUPRON DEPOT-PED (1-MONTH ..	71
LUPRON DEPOT-PED (3-MONTH ..	71
<i>luteria</i>	66
LYCELLE GEL	122
<i>lyleq</i>	66
<i>lyllana</i>	69
LYNPARZA.....	32
LYSODREN	28
<i>lyza</i>	66
M	
MAG-AL LIQ.....	75
<i>mag-al plus</i>	75
<i>mag-al plus xs</i>	75
<i>magdelay</i>	97
MAG-G.....	97
<i>magnesium chloride</i>	97
<i>magnesium citrate</i>	80
MAGNESIUM CITRATE.....	97
<i>magnesium gluconate</i>	97
<i>magnesium lactate</i>	97
<i>magnesium oxide</i>	75
MAGNESIUM OXIDE.....	97
<i>magnesium oxide (mg supplement)</i>	97
MAGNESIUM OXIDE 400	97
<i>magnesium sulfate</i>	94
MAGNESIUM SULFATE	93
<i>magnesium sulfate in dextrose 5%</i> <i>iv soln 1 gm/100ml</i>	94
<i>magnesium-oxide</i>	97
MAGONATE LIQ 1000/5ML.....	97
<i>mag-oxide</i>	97
<i>malathion</i>	122
MAR-COF CG LIQ 225-7.5	110
<i>marlissa</i>	66
MARPLAN	49
MATULANE	29
MAVYRET TAB 100-40MG	23
MAXIFED TR TAB 1.25-30.....	111
<i>maxi-tuss ac</i>	110
<i>maxi-tuss g</i>	110
<i>maxi-tuss gmx</i>	110
MAXI-TUSS JR LIQ	110
MAXI-TUSS LIQ CD	110
MAXI-TUSS PE LIQ	110
MAXI-TUSS PE LIQ JR.....	111
MAXI-TUSS PE LIQ MAX	111
MAXI-TUSS TR LIQ 1.25-30.....	111

MAXX MIS LUBRICAT66
 M-CLEAR WC LIQ 100-6.3.....110
m-dryl.....107
meclizine hcl.....77
 MEDLANCE MIS PLUS.....71
medroxyprogesterone acetate.....73
medroxyprogesterone acetate
 (contraceptive).....66
mefloquine hcl20
megestrol acetate.....28, 73
megestrol acetate (appetite).....73
meijer c.....100
 MEKINIST.....32
 MEKTOVI.....32
meloxicam.....15
memantine hcl48
memantine hcl tab 28 x 5 mg & 21
 x 10 mg titration pack.....48
 MENACTRA INJ.....92
 M-END DMX LIQ.....110
 M-END PE LIQ.....110
 MENQUADFI INJ.....92
 MENVEO INJ.....92
mercaptopurine.....28
meropenem18
mesalamine78
mesalamine w/ cleanser.....78
 MESNEX.....35
metadate er.....54
metamucil80
 METAMUCIL.....80
 METAMUCIL FIBER.....80
 METAMUCIL MULTIHEALTH FIB....81
metamucil smooth texture.....81
 METAMUCIL WAF.....81
metformin hcl60
methadone hcl16
methadone hydrochloride i16
methazolamide.....42
methenamine hippurate18
methimazole73
methocarbamol57
methotrexate sodium.....28, 90
methylcobalamin100
 METHYLDOPA.....43
methylphenidate hcl54, 55
methylprednisolone69
methylprednisolone acetate69

methylprednisolone sod succ69
metoclopramide hcl77
metolazone42
metoprolol & hydrochlorothiazide
 tab 100-25 mg.....41
metoprolol & hydrochlorothiazide
 tab 100-50 mg.....41
metoprolol & hydrochlorothiazide
 tab 50-25 mg.....40
metoprolol succinate.....41
metoprolol tartrate41
metronidazole.....18
metronidazole (topical)122
metronidazole in nacl 0.79% iv soln
 500 mg/100ml.....18
metronidazole vaginal.....85
metyrosine43
 MG SO4/D5W INJ 10MG/ML.....94
mgo97
mi-acid75
mi-acid gas relief83
mibelas 24 fe.....66
micafungin sodium20
 MICLARA LQ.....107
miconazole 185
miconazole 386
miconazole 3 combination86
miconazole 3 combo pack86
miconazole 786
miconazole nitrate (topical)119
miconazole nitrate vaginal.....86
 MICROCHAMBER MIS.....114
microgestin 1.5/3066
microgestin 1/20.....66
microgestin fe 1.5/3066
microgestin fe 1/2066
midodrine hcl.....43
miglustat72
mili.....66
milk of magnesia.....81
milk of magnesia concentr.....81
mimvey69
mineral oil.....81
mineral oil enema81
 MINI WRIGHT MIS PFM.....114
 MINI WRIGHT MIS PFM LOW....115
minitran43
minocycline hcl27

<i>minoxidil</i>	43
<i>mintox maximum strength</i>	75
<i>mintox plus</i>	75
<i>mirtazapine</i>	49
<i>misoprostol</i>	83
MITIGARE.....	13
M-M-R II INJ	92
M-NATAL PLUS TAB	94
<i>moexipril hcl</i>	36
<i>molindone hcl</i>	52
<i>mometasone furoate</i>	121
<i>mondoxylene nl</i>	27
MONISTAT 7 KIT COMBO PK	86
MONJUVI	32
MONOFERRIC.....	88
<i>mono-lynyah</i>	66
<i>montelukast sodium</i>	113
<i>morphine sulfate</i>	16, 17
MORPHINE SULFATE	17
<i>motion sickness relief</i>	77
<i>motion-time</i>	77
MOVANTIK.....	83
<i>moxifloxacin hcl</i>	25
<i>moxifloxacin hcl (ophth)</i>	101
MUCINEX CHIL LIQ	111
<i>mucinex childrens freefor</i>	111
<i>mucinex cough childrens</i>	111
MUCINEX FAST LIQ DAY/NITE ..	111
MUCINEX FAST TAB 5-10-200 ..	111
<i>mucinex fast-max dm max</i>	111
<i>mucinex fast-max night ti</i>	111
MUCINEX FREE LIQ DAY/NIGH ..	111
MUCINEX JUNI TAB COUGH	111
MUCINEX LIQ CLR/COOL	111
MUCINEX LIQ DAY/NITE	111
<i>mucinex multi-symptom col</i>	111
MUCINEX NIGH SOL COLD/FLU .	111
<i>mucinex sinus-max night t</i>	111
<i>mucus & cough relief chil</i>	111
<i>mucus relief childrens</i>	111
<i>mucus relief cough childr</i>	111
MULTAQ	39
<i>mupirocin</i>	118
MURO 128	104
MVASI.....	32
<i>my choice</i>	66
<i>my way</i>	66
<i>mycophenolate mofetil</i>	91

<i>mycophenolate sodium</i>	91
<i>mycozyl ap</i>	119
<i>myferon 150</i>	88
<i>myorisan</i>	118
MYRBETRIQ.....	85
N	
<i>nabumetone</i>	15
<i>nadolol</i>	41
<i>nafticillin sodium</i>	26
NAGLAZYME	72
<i>nalbuphine hcl</i>	17
<i>naloxone hcl</i>	58
<i>naltrexone hcl</i>	58
NAMZARIC CAP 14-10MG	48
NAMZARIC CAP 21-10MG	48
NAMZARIC CAP 28-10MG	48
NAMZARIC CAP 7-10MG.....	48
NAMZARIC CAP PACK	48
NAPHCN-A SOL OP	103
<i>naproxen</i>	15
<i>naproxen sodium</i>	15
<i>naratriptan hcl</i>	56
NARCAN.....	58
<i>nasal allergy 24 hour mul</i>	116
<i>nasal decongestant</i>	111
<i>nasal decongestant maximu</i>	111
<i>nasal moisturizing spray</i>	115
NASCOBAL	100
NASOPEN PE LIQ.....	111
NATACYN	102
<i>nateglinide</i>	60
NATPARA	62
<i>natural senna laxative</i>	81
<i>natural vitamin d-3</i>	100
NAYZILAM	46
<i>necon 0.5/35-28</i>	66
<i>nefazodone hcl</i>	49
<i>neomycin sulfate</i>	18
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op</i> <i>oin</i>	102
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	102
<i>neomycin-polymyxin-</i> <i>dexamethasone ophth oint 0.1%</i>	101

<i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth susp 0.1%</i>	
.....	101
<i>neomycin-polymyxin-hc ophth susp</i>	
.....	101
<i>neomycin-polymyxin-hc otic soln</i>	
<i>1%</i>	104
<i>neomycin-polymyxin-hc otic susp</i>	
<i>3.5 mg/ml-10000 unit/ml-1%</i>	105
NERLYNX	32
NEUPRO	51
nevirapine	21
new day	66
NEXAVAR	32
niacin	100
<i>niacin (antihyperlipidemic)</i>	40
<i>niacin flush free</i>	100
<i>niacinamide</i>	100
<i>nicardipine hcl</i>	42
<i>nicotine</i>	58
<i>nicotine mini lozenge</i>	58
<i>nicotine polacrilex</i>	58
NICOTINE SYS KIT TRANSDER	58
<i>nicotine transdermal syst</i>	58
NICOTROL INHALER	58
NICOTROL NS	58
<i>nifedipine</i>	42
NIFEREX TAB	88
nikki	66
<i>nilutamide</i>	29
<i>nimodipine</i>	42
NINJACOF LIQ	111
NINJACOF-D LIQ	111
NINJACOF-XG LIQ 200-8/5	111
NINLARO	32
<i>nitazoxanide</i>	18
<i>nitisinone</i>	72
NITRO-BID	43
<i>nitrofurantoin macrocrystal</i>	18
<i>nitrofurantoin monohyd macro</i>	19
<i>nitroglycerin</i>	43
NIX COMPLETE KIT LICE 1%	122
<i>nizatidine</i>	78
<i>no flush niacin</i>	100
<i>nohist-dm</i>	111
<i>nohist-lq</i>	111
<i>nora-be</i>	66

<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35 mcg</i>	66
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.8 mg-25 mcg</i>	66
<i>norethindrone (contraceptive)</i>	66
<i>norethindrone ace & ethinyl</i>	
<i>estradiol tab 1 mg-20 mcg</i>	66
<i>norethindrone ace & ethinyl</i>	
<i>estradiol tab 1.5 mg-30 mcg</i>	66
<i>norethindrone ace & ethinyl</i>	
<i>estradiol-fe tab 1 mg-20 mcg</i> ...	66
<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)</i>	66
<i>norethindrone acetate</i>	73
<i>norethindrone acetate-ethinyl</i>	
<i>estradiol tab 0.5 mg-2.5 mcg</i> ...	69
<i>norethindrone acetate-ethinyl</i>	
<i>estradiol tab 1 mg-5 mcg</i>	69
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	66
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i> .66	
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i> .66	
<i>norlyroc</i>	66
NORPACE CR	39
<i>nortrel 0.5/35 (28)</i>	66
<i>nortrel 1/35 (21)</i>	67
<i>nortrel 1/35 (28)</i>	67
<i>nortrel 7/7/7</i>	67
<i>nortriptyline hcl</i>	49
NORVIR	21
NOVOLIN INJ 70/30	61
NOVOLIN INJ 70/30 FP	61
NOVOLIN N	61
NOVOLIN N FLEXPEN	61
NOVOLIN R	61
NOVOLIN R FLEXPEN	61
NOVOLOG	61
NOVOLOG FLEXPEN	61
NOVOLOG MIX INJ 70/30	62
NOVOLOG MIX INJ FLEXPEN	62
NOVOLOG PENFILL	62
NOXAFIL	20
NUBEQA	29
NUDEXTA CAP 20-10MG	56
NUFERA TAB	88
<i>nu-iron 150</i>	88

NULOJIX.....	91
NULYTELY SOL LMN/LIME	81
NU-MAG TAB 71.5-119.....	97
NUPLAZID	52
NUTRILIPID	95
<i>nyamyc</i>	119
<i>nylia 7/7/7</i>	67
NYMALIZE	42
<i>nymyo</i>	67
<i>nystatin</i>	20
<i>nystatin (mouth-throat)</i>	123
<i>nystatin (topical)</i>	119
<i>nystop</i>	119
O	
<i>ocella</i>	67
OCTAGAM.....	91
<i>octreotide acetate</i>	72
ODEFSEY TAB	22
ODOMZO	32
OFEV	115
<i>ofloxacin (ophth)</i>	102
<i>ofloxacin (otic)</i>	105
OGIVRI	32
OGIVRI INJ 420MG	32
<i>olanzapine</i>	52
<i>olmesartan medoxomil</i>	39
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	38
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5</i> <i>mg</i>	38
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-</i> <i>12.5 mg</i>	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25</i> <i>mg</i>	38
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	38

<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25</i> <i>mg</i>	38
<i>olopatadine hcl</i>	103
OMEGA DHA CHW	98
<i>omeprazole</i>	84
<i>omeprazole magnesium</i>	84
OMNIPOD KIT STARTER	62
OMNIPOD MIS 5 PACK	62
<i>ondansetron</i>	77
<i>ondansetron hcl</i>	77
ONETOUCH DEL MIS PLUS 30G ...	72
ONETOUCH DEL MIS PLUS 33G ...	72
ONETOUCH MIS 30G	72
ONETOUCH MIS LANCETS	72
ONTRUZANT	33
ONUREG	28
<i>opcicon one-step</i>	67
OPCON-A SOL OP	103
OPSUMIT	44
OPTICHAMBER MIS DIA MD	115
OPTICHAMBER MIS DIA SM	115
OPTICHAMBER MIS DIAMOND...	115
<i>optimal-d</i>	100
<i>optimal-d pack</i>	100
<i>option 2</i>	67
OPTIONS GYNOL II VAGINAL	86
ORGOVYX.....	29
ORKAMBI GRA 100-125	115
ORKAMBI GRA 150-188	115
ORKAMBI TAB 100-125.....	115
ORKAMBI TAB 200-125.....	115
<i>orsythia</i>	67
<i>os-cal calcium + d3</i>	97
<i>os-cal extra d3</i>	97
<i>oseltamivir phosphate</i>	23
<i>oxacillin sodium</i>	26
<i>oxaliplatin</i>	27
<i>oxandrolone</i>	59
<i>oxcarbazepine</i>	46
<i>oxybutynin chloride</i>	85
<i>oxycodone hcl</i>	17
<i>oxycodone w/ acetaminophen tab</i> <i>10-325 mg</i>	17
<i>oxycodone w/ acetaminophen tab</i> <i>2.5-325 mg</i>	17
<i>oxycodone w/ acetaminophen tab</i> <i>5-325 mg</i>	17

<i>oxycodone w/ acetaminophen tab</i>	
7.5-325 mg.....	17
OXYCONTIN.....	16
OXYTROL FOR WOMEN.....	85
OYS SHL CALC PAK VIT D.....	97
<i>oysco 500+d.....</i>	97
<i>oyster shell.....</i>	97
<i>oyster shell calcium + d.....</i>	97
<i>oyster shell calcium + d3.....</i>	97
<i>oyster shell calcium + vi.....</i>	97
<i>oyster shell calcium 250+.....</i>	97
<i>oyster shell calcium 500.....</i>	97
<i>oyster shell calcium 500+.....</i>	97
<i>oyster shell calcium plus.....</i>	97
<i>oyster shell calcium/vita.....</i>	97
<i>oyster shell calcium+d.....</i>	97
<i>oystercal-d.....</i>	97
OZEMPIC (0.25 OR 0.5MG/DOSE).....	60
OZEMPIC (1MG/DOSE).....	60
P	
<i>pacerone.....</i>	39
<i>paclitaxel.....</i>	30
<i>paliperidone.....</i>	52
<i>pamidronate disodium.....</i>	62
PAMIDRONATE DISODIUM.....	62
PANRETIN.....	122
<i>pantoprazole sodium.....</i>	84
PANZYGA.....	91
<i>paraplatin.....</i>	28
<i>paricalcitol.....</i>	74
<i>paromomycin sulfate.....</i>	19
<i>paroxetine hcl.....</i>	49
PASER.....	23
PAXIL.....	49
<i>pc pediatric iron drops.....</i>	88
PEAK AIR FLO MIS ADLT/PED....	115
PEAK FLOW MIS METER.....	115
PEAK FLW MTR MIS ADULT.....	115
PEAK FLW MTR MIS CHILD.....	115
PEDIACLEAR 8 CHILDRENS.....	107
<i>pediaclear pd childrens.....</i>	107
PEDIA-LAX.....	81
PEDIARIX INJ 0.5ML.....	92
PEDIAVENT.....	107
PEDVAX HIB.....	92
<i>peg 3350-kcl-na bicarb-nacl-na</i>	
<i>sulfate for soln 236 gm.....</i>	81

<i>peg 3350-kcl-sod bicarb-nacl for</i>	
<i>soln 420 gm.....</i>	81
PEGASYS.....	23
PEMAZYRE.....	33
PEN GK/DEXTR INJ 40000/ML.....	26
PEN GK/DEXTR INJ 60000/ML.....	26
PEN NEEDLES:	
NOVO/BD/ULTIMED/OWEN/TRIVI	
DIA.....	62
<i>penicillamine.....</i>	63
<i>penicillin g potassium.....</i>	26
PENICILLIN G PROCAINE.....	26
<i>penicillin g sodium.....</i>	26
<i>penicillin v potassium.....</i>	26
PENTACEL INJ.....	92
<i>pentamidine isethionate inh.....</i>	19
<i>pentamidine isethionate inj.....</i>	19
<i>pentoxifylline.....</i>	88
<i>peptic relief.....</i>	76
<i>perindopril erbumine.....</i>	36
<i>periogard.....</i>	123
<i>permethrin.....</i>	122
<i>perphenazine.....</i>	52
PERSERIS.....	52
PERSONAL BES MIS FULL RNG..	115
PERSONAL BES MIS LOW RANG	115
<i>pfizerpen.....</i>	27
<i>pharbechlor.....</i>	107
<i>pharbedryl.....</i>	107
<i>pharmacist choice d-vitam.....</i>	100
PHAZYME MAXIMUM STRENGTH..	83
<i>phendimetrazine tartrate.....</i>	58
<i>phenelzine sulfate.....</i>	49
<i>phenobarbital.....</i>	46
<i>phenobarbital sodium.....</i>	46
<i>phenylephrine w/ dm-gg liqd 10-18-</i>	
<i>200 mg/15ml.....</i>	111
<i>phenylephrine w/ dm-gg tab 10-</i>	
<i>17.5-385 mg.....</i>	111
PHENYTEK.....	46
<i>phenytoin.....</i>	46
<i>phenytoin sodium.....</i>	46
<i>phenytoin sodium extended.....</i>	46
PHESGO SOL.....	33
<i>philith.....</i>	67
PHILLIPS.....	81
<i>phillips milk of magnesia.....</i>	81
<i>phospha 250 neutral.....</i>	97

phytonadione100
 PIFELTRO21
 PIKO 1 MIS ELECTRON115
pilocarpine hcl.....103
pilocarpine hcl (oral)123
pimozide53
pimtrea67
pindolol41
pioglitazone hcl60
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)27
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....27
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....27
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)27
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....27
 PIQRAY 200MG DAILY DOSE33
 PIQRAY 250MG TAB DOSE33
 PIQRAY 300MG DAILY DOSE33
pirmella 1/3567
piroxicam15
 PLASMA-LYTE INJ -148.....94
 PLASMA-LYTE INJ -A94
plenamine95
 PLENVU SOL81
 POCKET CHAMB MIS115
 POCKET PEAK MIS METER.....115
podofilox122
poly bacitracin.....118
 POLY HIST FO TAB 10.5-10.....111
polyethylene glycol 335081
poly-iron 15088
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....102
polysaccharide iron complex88
 POLY-TUSSIN LIQ 10-4-10111
 POLY-VENT DM TAB111
 POMALYST29
portia-2867
posaconazole20
potassium chloride.....94
 POTASSIUM CHLORIDE94
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj94

potassium chloride microencapsulated crystals er ..94
potassium citrate (alkalinizer).....85
 POTASSIUM IODIDE72
 PRALUENT40
pramipexole dihydrochloride.....51
prasugrel hcl89
pravastatin sodium.....40
praziquantel19
prazosin hcl.....37
prednisolone.....69
prednisolone acetate (ophth)102
 PREDNISOLONE SODIUM PHOSP102
prednisolone sodium phosphate ..70
prednisone70
 PREDNISON INTENSOL70
pregabalin46
pregabalin (once-daily)56
 RELIEF TAB 340MG.....98
 REMASOL SOL 10%95
 RENATAL ONE TAB DAILY100
 RENATAL TAB.....100
 RENATAL TAB 27-0.8MG.....100
 RENATAL TAB 27-1MG.....94
 RENATAL TAB 28-0.8MG.....100
 RENATAL TAB PLUS94
 RENATAL VIT TAB 28-0.8MG...100
 RENATAL VIT TAB LOW IRON94
 RENATAL VIT TAB MINERALS ..100
prevalite40
previfem67
 PREVYMIS23
 PREZCOBIX TAB 800-150.....22
 PREZISTA.....21
 PRIFTIN23
primaquine phosphate20
 PRIMAQUINE PHOSPHATE20
primidone.....46
 PRIVIGEN.....91
probenecid13
 PROCALAMINE INJ 3%95
 PROCARE MIS ADULT115
 PROCARE MIS CHILD115
prochlorperazine77
prochlorperazine edisylate77
prochlorperazine maleate77
 PROCRIT87
procto-med hc122

<i>procto-pak</i>	122
<i>proctozone-hc</i>	122
PRODIGY MIS 28G.....	72
PROFERRIN ES.....	88
PROGRAF.....	91
PROLASTIN-C.....	115
PROLENSA.....	102
PROLIA.....	62
PROMACTA.....	88
<i>promethazine hcl</i>	77
<i>promethazine w/ codeine syrup</i> 6.25-10 mg/5ml.....	111
<i>promethazine-dm syrup</i> 6.25-15 mg/5ml.....	111
<i>promethazine-phenylephrine-</i> <i>codeine syrup</i> 6.25-5-10 mg/5ml	111
<i>propafenone hcl</i>	39
<i>proparacaine hcl</i>	104
<i>propranolol hcl</i>	41
<i>propylthiouracil</i>	73
PROQUAD INJ.....	92
PROSOL INJ 20%.....	95
<i>protriptyline hcl</i>	49
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml.....	112
<i>pseudoephedrine hcl</i>	112
<i>psyllium</i>	81
PULMICORT FLEXHALER.....	117
PULMOZYME.....	115
PURIXAN.....	28
<i>pyrazinamide</i>	23
<i>pyridostigmine bromide</i>	56
<i>pyridoxine hcl</i>	100
Q	
<i>qc 3 day vaginal cream</i>	86
<i>qc acid controller</i>	78
<i>qc acid controller maximu</i>	78
<i>qc all day allergy</i>	107
<i>qc allergy relief</i>	116
<i>qc allergy relief multi-s</i>	112
<i>qc antacid</i>	75
<i>qc antacid/anti-gas</i>	75
<i>qc antacid/anti-gas maxim</i>	75
<i>qc anti-diarrheal</i>	76
<i>qc artificial tears</i>	104
<i>qc aspirin</i>	13
<i>qc aspirin low dose</i>	13

<i>qc chewable aspirin low d</i>	13
<i>qc childrens allergy</i>	107
<i>qc childrens ibuprofen</i>	15
<i>qc chlor-pheniramine</i>	107
<i>qc diclofenac sodiium</i>	122
<i>qc enema</i>	81
<i>qc enteric aspirin</i>	13
<i>qc esomeprazole magnesium</i>	84
<i>qc fexofenadine hydrochlo</i>	107
<i>qc gas relief extra stren</i>	83
<i>qc gentle laxative</i>	81
<i>qc heartburn antacid</i>	75
<i>qc ibuprofen</i>	15
<i>qc ibuprofen ib</i>	15
<i>qc lansoprazole</i>	84
<i>qc laxative</i>	81
<i>qc loratadine allergy rel</i>	107
<i>qc magnesium citrate</i>	81
<i>qc miconazole 7</i>	86
<i>qc milk of magnesia</i>	81
<i>qc mineral oil heavy</i>	81
<i>qc naproxen sodium</i>	15
<i>qc natural vegetable</i>	81
<i>qc natural vegetable laxa</i>	81
<i>qc natura-lax</i>	81
<i>qc omeprazole magnesium</i>	84
<i>qc stool softener</i>	81
<i>qc tolnaftate</i>	119
<i>qc tussin cf</i>	112
<i>qc tussin dm cough & ches</i>	112
<i>qc tussin mucus + chest c</i>	112
QINLOCK.....	33
QUADRACEL INJ.....	92
<i>quetiapine fumarate</i>	53
<i>quinapril hcl</i>	36
<i>quinapril-hydrochlorothiazide tab</i> 10-12.5 mg.....	36
<i>quinapril-hydrochlorothiazide tab</i> 20-12.5 mg.....	36
<i>quinapril-hydrochlorothiazide tab</i> 20-25 mg.....	36
<i>quinidine sulfat</i>	39
<i>quinine sulfat</i>	20
R	
RABAVERT INJ.....	92
<i>rabeprazole sodium</i>	84
<i>raloxifene hcl</i>	72
<i>ramipril</i>	36

<i>ranolazine</i>	43
<i>rasagiline mesylate</i>	51
RAYALDEE	74
<i>reclipsen</i>	67
RECOMBIVAX HB	92
RECTIV	122
<i>reeses pinworm medicine</i>	19
<i>refresh celluvisc</i>	104
REFRESH DRO CONTACTS	104
REFRESH DRO OP	104
REFRESH DRO RELIEVA	104
REFRESH GEL OPTIVE	104
REFRESH LIQUIGEL	104
REFRESH OPT SOL MEGA-3	104
REFRESH OPTI DRO 0.5-0.9%	104
REFRESH SOL DIGITAL	104
REFRESH SOL OPTIVE	104
REGRANEX	123
<i>reguloid</i>	81
REGULOID	81
RELENZA DISKHALER	23
RELION GLUCO CHW 4GM	70
RELISTOR	83
REMICADE	89
RENFLEXIS	89
<i>repaglinide</i>	60
RESCON TAB 2-60MG	112
RESTASIS	104
RESTASIS MULTIDOSE	104
RETAINÉ HPMC	104
RETEVMO	33
REVLIMID	29
REXULTI	53
REYATAZ	21
REZUROCK	91
RHOPRESSA	103
RIABNI	33
<i>ribavirin (hepatitis c)</i>	23
<i>riboflavin</i>	100
<i>rid lice killing shampoo</i>	123
RID LIQ	123
<i>rifabutin</i>	23
<i>rifampin</i>	23
RIGHTEST MIS GL300	72
<i>riluzole</i>	56
<i>rimantadine hydrochloride</i>	24
RINVOQ	90
RISACAL-D TAB	97

<i>risedronate sodium</i>	62
RISPERDAL CONSTA	53
<i>risperidone</i>	53
RITEFLO MIS	115
<i>ritonavir</i>	21
RITUXAN	33
RITUXAN INJ HYCELA	33
<i>rivastigmine</i>	48
<i>rivastigmine tartrate</i>	48
<i>rivelsa</i>	67
<i>rizatriptan benzoate</i>	56
<i>robafen cf multi-symptom</i>	112
<i>robafen dm cough</i>	112
<i>robafen dm cough/chest co</i>	112
<i>robafen mucus/chest conge</i>	112
<i>rolaids</i>	75
<i>ropinirole hydrochloride</i>	51
<i>rosadan</i>	122
<i>rosuvastatin calcium</i>	40
ROTARIX SUS	92
ROTATEQ SOL	92
<i>roweepra</i>	46
ROZLYTREK	33
RUBRACA	33
<i>rufinamide</i>	46, 47
RU-HIST D TAB 4-10MG	112
RUKOBIA	21
RUXIENCE	33
RYBELSUS	60
RYDAPT	33
RYMED TAB 2-10MG	112
<i>rynex dm</i>	112
<i>rynex pe</i>	112
<i>rynex pse</i>	112
S	
SAFETY 28G MIS LANCETS	72
<i>sajazir</i>	89
<i>saline</i>	115
<i>saline mist</i>	115
SANDIMMUNE	91
SANTYL	123
<i>sapropterin dihydrochloride</i>	72
<i>scalpicin maximum strengt</i>	121
<i>scopolamine</i>	77
SECUADO	53
<i>selegiline hcl</i>	51
<i>selenium sulfide</i>	120
SELZENTRY	21

<i>senna laxative</i>	81
SENNA PLUS CAP 8.6-50MG.....	81
<i>senna regular strength</i>	81
<i>senna-lax</i>	81
<i>senna-tabs</i>	82
<i>senna-time</i>	82
<i>sennosides</i>	82
<i>senokot extra strength</i>	82
SEREVENT DISKUS	108
<i>sertraline hcl</i>	49
<i>setlakin</i>	67
<i>sevelamer carbonate</i>	73
<i>sharobel</i>	67
SHINGRIX	92
SIGNIFOR.....	72
<i>silace</i>	82
<i>siladryl allergy</i>	107
<i>sildenafil citrate (pulmonary hypertension)</i>	44
<i>siltussin dm das</i>	112
<i>siltussin sa</i>	112
<i>siltussin-dm</i>	112
<i>silver sulfadiazine</i>	118
SIMBRINZA SUS 1-0.2%	103
<i>simliya</i>	67
<i>simpesse</i>	67
<i>simvastatin</i>	40
<i>sirolimus</i>	91, 92
SIRTURO	23
SIVEXTRO	19
SKYRIZI	90
SKYRIZI PEN.....	90
<i>slow iron</i>	88
SLOW-MAG TAB	97
SLOW-MAG TAB 71.5-119	97
<i>sm 3-day vaginal</i>	86
<i>sm acid reducer</i>	78
<i>sm acid reducer maximum s</i>	78
<i>sm all day allergy</i>	107
<i>sm all day allergy childr</i>	108
<i>sm allergy 4 hour</i>	108
<i>sm allergy childrens</i>	108
<i>sm allergy relief</i>	108
<i>sm allergy relief nasal s</i>	116
<i>sm antacid</i>	75
<i>sm antacid advanced</i>	75
<i>sm antacid advanced maxi</i>	75
<i>sm antacid/antigas</i>	76

<i>sm antibiotic</i>	118
<i>sm antibiotic plus pain r</i>	118
<i>sm anti-diarrheal</i>	76
<i>sm antifungal clotrimazol</i>	119
<i>sm antifungal miconazole</i>	119
<i>sm antifungal tolnaftate</i>	119
<i>sm aspirin</i>	13
<i>sm aspirin adult low stre</i>	13
<i>sm aspirin enteric coated</i>	13
<i>sm aspirin low dose</i>	13
<i>sm athletes foot</i>	119
SM CALAMINE LOT	122
<i>sm childrens aspirin</i>	13
<i>sm childrens ibuprofen</i>	15
<i>sm clearlax</i>	82
<i>sm clotrimazole vaginal</i>	86
<i>sm cold & allergy childre</i>	112
<i>sm cold & cough dm childr</i>	112
<i>sm double antibiotic</i>	118
<i>sm enema</i>	82
<i>sm esomeprazole magnesium</i>	84
<i>sm eye itch relief</i>	103
<i>sm fexofenadine hydrochlo</i>	108
<i>sm fiber</i>	82
<i>sm fiber laxative</i>	82
<i>sm gas relief</i>	83
<i>sm gas relief drops infan</i>	83
<i>sm gas relief extra stren</i>	83
<i>sm gentle laxative</i>	82
SM GLUCOSE CHW ORANGE	70
<i>sm hydrocortisone maximum</i>	121
<i>sm ibuprofen</i>	15
<i>sm ibuprofen ib</i>	15
<i>sm infants ibuprofen</i>	15
<i>sm iron</i>	88
<i>sm iron slow release</i>	88
<i>sm lansoprazole</i>	84
<i>sm lice killing maximum s</i>	123
<i>sm lice solution kit</i>	123
<i>sm lice treatment</i>	123
<i>sm loratadine</i>	108
<i>sm lubricant eye drops</i>	104
<i>sm lubricating plus</i>	104
<i>sm lubricating tears</i>	104
<i>sm magnesium citrate</i>	82
<i>sm miconazole 3</i>	86
<i>sm miconazole 7</i>	86
<i>sm milk of magnesia</i>	82

sm motion sickness77
sm mucus relief cough chi112
sm naproxen sodium.....15
sm nasal decongestant max.....112
sm nicotine59
sm nicotine polacrilex.....59
sm nicotine transdermal s.....59
sm omeprazole.....84
sm senna laxative.....82
sm stomach relief.....76
sm stool softener.....82
sm tioconazole-186
sm triple antibiotic orig118
sm tussin cf.....112
sm tussin dm112
sm tussin dm cough/chest112
sm tussin dm max/cough +112
sm tussin mucus + chest c112
SMART SENSE CHW 4GM.....70
sodium bicarbonate (antacid).....76
sodium chloride.....94
sodium chloride (gu irrigant).....123
sodium chloride hypertonic104
*sodium ferric gluconate complex in
sucrose*88
*sodium fluoride chew; tab; 1.1 (0.5
f) mg/ml soln*94
sodium phenylbutyrate.....72
*sodium polystyrene sulfonate
powder*.....63
SOFTCLIX MIS LANCETS.....72
solifenacin succinate85
SOLQUA INJ 100/3362
SOLTAMOX29
soluble fiber.....82
SOLU-CORTEF.....70
SOMATULINE DEPOT.....72
SOMAVERT72
soothe xp/xtra protection104
sorine39
sotalol hcl.....39
sotalol hcl (afib/afl)39
SPACE CHAMBR MIS ANTI-STA..115
SPACE CHAMBR MIS LARGE115
SPACE CHAMBR MIS MEDIUM ..115
SPACE CHAMBR MIS SMALL115
SPACER CHAMB MIS ADULT115
SPACER CHAMB MIS CHILD115

spironolactone36
*spironolactone &
hydrochlorothiazide tab 25-25 mg*
.....42
sprintec 28.....67
SPRITAM.....47
SPRYCEL.....33
sps.....63
sronyx67
ssd.....118
STAHIST AD TAB 25-60MG.....112
STAHIST LIQ112
STAHIST TP TAB 2.5-10MG112
STELARA.....90
STIVARGA.....33
STL SOFT/LAX CAP 8.5-50MG82
stomach relief.....76
stomach relief extra stre76
stool softener82
stool softener laxative.....82
stool softener laxative e82
streptomycin sulfate19
STRIBILD TAB.....22
subvenite47
sucalfate.....83
sudogest.....112
sudogest maximum strength112
sudogest sinus & allergy112
sulfacetamide sodium (acne)118
sulfacetamide sodium (ophth)...102
*sulfacetamide sodium-prednisolone
ophth soln 10-0.23(0.25)%* ...101
SULFADIAZINE19
*sulfamethoxazole-trimethoprim iv
soln 400-80 mg/5ml*19
*sulfamethoxazole-trimethoprim
susp 200-40 mg/5ml*19
*sulfamethoxazole-trimethoprim tab
400-80 mg*19
*sulfamethoxazole-trimethoprim tab
800-160 mg*19
SULFAMYLON.....118
sulfasalazine.....78
sulindac15
sumatriptan.....56
sumatriptan succinate.....56
sunitinib malate33
super omega-398

SUPER TWIN CAP EPA/DHA.....	98
SUPERIORSOURCE K1	100
SUPREP BOWEL SOL PREP KIT	82
SUREFLEX MIS LANCETS	72
<i>syeda</i>	67
SYMBICORT AER 160-4.5	117
SYMBICORT AER 80-4.5	117
SYMDEKO TAB 100-150.....	115
SYMDEKO TAB 50-75MG.....	115
SYMJEPI	115
SYMPAZAN	47
SYMTUZA TAB.....	22
SYNAREL	68
SYNERCID INJ 500MG	19
SYNJARDY TAB 12.5-1000MG.....	60
SYNJARDY TAB 12.5-500	60
SYNJARDY TAB 5-1000MG	60
SYNJARDY TAB 5-500MG	60
SYNJARDY XR TAB 10-1000	60
SYNJARDY XR TAB 12.5-1000MG.	60
SYNJARDY XR TAB 25-1000	60
SYNJARDY XR TAB 5-1000MG	60
SYNRIBO	29
SYNTHROID	74
SYSTANE GEL DRO 0.4-0.3%	104
T	
TABLOID	28
TABRECTA	33
<i>tacrolimus</i>	92
<i>tacrolimus (topical)</i>	122
TAFINLAR	33
TAGRISSO	33
TALTZ	90
TALZENNA	33
<i>tamoxifen citrate</i>	29
<i>tamsulosin hcl</i>	85
TARGRETIN.....	122
<i>tarina 24 fe</i>	67
<i>tarina fe 1/20 eq</i>	67
TASIGNA	33
<i>tazarotene</i>	120
<i>tazicef</i>	24
TAZORAC	120
<i>taztia xt</i>	42
TAZVERIK.....	33
TDVAX INJ 2-2 LF	92
TECENTRIQ.....	33
TECHLITE MIS LANC 30G.....	72

TECHLITE MIS LANCETS.....	72
TEFLARO	24
<i>telmisartan</i>	39
<i>telmisartan-amlodipine tab 40-10</i> <i>mg</i>	38
<i>telmisartan-amlodipine tab 40-5 mg</i>	38
<i>telmisartan-amlodipine tab 80-10</i> <i>mg</i>	38
<i>telmisartan-amlodipine tab 80-5 mg</i>	38
<i>telmisartan-hydrochlorothiazide tab</i> <i>40-12.5 mg</i>	38
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	38
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i>	38
<i>temazepam</i>	55
TEMIXYS TAB 300-300.....	22
TENIVAC INJ 5-2LF.....	92
<i>tenofovir disoproxil fumarate</i>	21
TEPMETKO	33
<i>terazosin hcl</i>	37
<i>terbinafine hcl</i>	20
<i>terbinafine hcl (topical)</i>	119
<i>terbutaline sulfate</i>	108
<i>terconazole vaginal</i>	86
<i>testosterone</i>	59
<i>testosterone cypionate</i>	59
<i>testosterone enanthate</i>	59
<i>tetrabenazine</i>	56
<i>tetracycline hcl</i>	27
TGT GLUCOSE CHW RASPBERRY ...	70
THALOMID	29
THEO-24	116
<i>theophylline</i>	116
THERATEARS	104
<i>thiamine hcl</i>	100
<i>thiamine mononitrate</i>	100
<i>thioridazine hcl</i>	53
<i>thiothixene</i>	53
<i>tiadylt er</i>	42
<i>tiagabine hcl</i>	47
TIBSOVO.....	33
<i>tigecycline</i>	27
TIGECYCLINE.....	27
<i>tilia fe</i>	67
<i>timolol maleate</i>	41

<i>timolol maleate (ophth)</i>	103
<i>timolol maleate (ophth) once-daily</i>	103
<i>tioconazole 1</i>	86
TIVICAY	21
TIVICAY PD.....	21
<i>tizanidine hcl</i>	57
TOBRADEX OIN 0.3-0.1%.....	101
TOBRADEX ST SUS 0.3-0.05.....	101
<i>tobramycin</i>	19
<i>tobramycin (ophth)</i>	102
<i>tobramycin sulfate</i>	19
<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	101
<i>tolnaftate</i>	119
<i>tolnaftate antifungal</i>	119
<i>tolterodine tartrate</i>	85
<i>topiramate</i>	47
<i>toposar</i>	30
<i>toremifene citrate</i>	29
<i>torsemide</i>	42
TOVIAZ	85
TPN ELECTROL INJ.....	94
TRADJENTA	60
<i>tramadol hcl</i>	17
<i>tramadol-acetaminophen tab 37.5-</i> <i>325 mg</i>	17
<i>trandolapril</i>	36
<i>tranexamic acid</i>	89
<i>tranylcypromine sulfate</i>	49
TRAVASOL INJ 10%	95
TRAZIMERA	33
<i>trazodone hcl</i>	49
TRECATOR.....	23
TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	105
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	105
TRELSTAR MIXJECT	29
<i>treprostinil</i>	44
TRESIBA.....	62
TRESIBA FLEXTOUCH	62
<i>tretinoin</i>	118
<i>tretinoin (chemotherapy)</i>	29
<i>triaacting nighttime cold&</i>	112
<i>triamcinolone acetonide (mouth)</i>	123
<i>triamcinolone acetonide (nasal)</i>	116

<i>triamcinolone acetonide (topical)</i>	121
<i>triamterene & hydrochlorothiazide</i> <i>cap 37.5-25 mg</i>	42
<i>triamterene & hydrochlorothiazide</i> <i>tab 37.5-25 mg</i>	42
<i>triamterene & hydrochlorothiazide</i> <i>tab 75-50 mg</i>	42
<i>tri-buffered aspirin</i>	13
TRICARE TAB PRENATAL	94
<i>triderm</i>	121
<i>trientine hcl</i>	63
<i>tri-estarylla</i>	67
TRIFERIC	88
<i>trifluoperazine hcl</i>	53
<i>trifluridine</i>	102
<i>trihexyphenidyl hcl</i>	51
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	60
TRIJARDY XR TAB ER 24HR 12.5- 2.5-1000MG	60
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	61
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	60
TRIKAFTA TAB 100-50-75MG & 150MG.....	116
TRIKAFTA TAB 50-25-37.5MG & 75MG.....	116
<i>tri-legest fe</i>	67
<i>tri-lynyah</i>	67
<i>tri-lo-estarylla</i>	67
<i>tri-lo-marzia</i>	67
<i>tri-lo-mili</i>	67
<i>tri-lo-sprintec</i>	67
<i>trimethoprim</i>	19
<i>tri-mili</i>	67
<i>trimipramine maleate</i>	49
TRINTELLIX	50
<i>tri-nymyo</i>	67
<i>triple antibiotic</i>	118
<i>tri-previfem</i>	67
<i>triprolidine hcl</i>	108
TRIPROLIDINE HYDROCHLORID	108
<i>tri-sprintec</i>	67
TRIUMEQ TAB.....	22
<i>trivora-28</i>	67
<i>tri-vylibra</i>	67

<i>tri-vylibra lo</i>	67
TROGARZO	21
TROPHAMINE INJ 10%	95
<i>trospium chloride</i>	85
TRUE METRIX KIT AIR	123
TRUE METRIX KIT METER	123
TRUE METRIX STRIPS	72, 123
TRULICITY	61
TRUMENBA INJ	92
TRUPLUS LANC MIS 26G.....	72
TRUPLUS LANC MIS 28G.....	72
TRUPLUS LANC MIS 30G.....	72
TRUPLUS LANC MIS 33G.....	72
TRUSELTIQ 100 MG DAILY DOSE..	34
TRUSELTIQ 125 MG DAILY DOSE..	34
TRUSELTIQ 50 MG DAILY DOSE...	33
TRUSELTIQ 75 MG DAILY DOSE...	33
TRUSTEX LUBR MIS ASSORTED...	67
TRUSTEX LUBR MIS BANANA	67
TRUSTEX LUBR MIS CHOC	67
TRUSTEX LUBR MIS COLA.....	67
TRUSTEX LUBR MIS COLORS	68
TRUSTEX LUBR MIS EX LARGE	68
TRUSTEX LUBR MIS EX STR	68
TRUSTEX LUBR MIS GRAPE.....	68
TRUSTEX LUBR MIS RIB/STUD	68
TRUSTEX LUBR MIS SPERMICI	68
TRUSTEX LUBR MIS STRWBRY	68
TRUSTEX LUBR MIS VANILLA	68
TRUSTEX MIS BANANA.....	68
TRUSTEX MIS CHOCOLAT	68
TRUSTEX MIS FLAVORS.....	68
TRUSTEX MIS MINT	68
TRUSTEX MIS STRWBRY.....	68
TRUSTEX MIS VANILLA	68
TRUSTEX/RIA MIS LUBRICAT	68
TRUSTEX/RIA MIS NON-LUB	68
TRUSTEX/RIA MIS SPERMICI	68
TRUSTX NON-9 MIS RIB/STUD	68
TRUXIMA.....	34
TRUZONE PEAK MIS FLOW MTR.	116
TUKYSA.....	34
<i>tums smoothies</i>	76
TURALIO	34
<i>tusnel diabetic</i>	112
TUSNEL DM LIQ	112
<i>tusnel dm pediatric</i>	113
TUSNEL LIQ	113

TUSNEL PED DRO 7.5-50	113
TUSNEL PEDI LIQ 15-5-50.....	113
TUSNEL PEDIA LIQ	113
TUSNEL TAB	113
TUSNEL-DM DRO PEDIATRC	113
TUSNEL-DM LIQ	113
<i>tusnel-ex</i>	113
TUSSICAPS CAP 10-8MG.....	113
<i>tussin cf</i>	113
<i>tussin cf multi-symptom c</i>	113
<i>tussin dm</i>	113
<i>tussin dm cough + chest c</i>	113
<i>tussin dm maximum strengt</i>	113
<i>tussin mucus & chest cong</i>	113
<i>tussin mucus + chest cong</i>	113
TWINRIX INJ	92
TYBOST	21
<i>tydemy</i>	68
TYPHIM VI.....	92

U

UBRELVY.....	56
UKONIQ	34
ULTILET MIS 28G	72
ULTILET MIS 30G	72
ULTILET MIS LANCETS	72
<i>ultra fresh pm</i>	104
<i>ultra lubricating eye dro</i>	104
ULTRA THIN MIS 31G	72
ULTRA THIN MIS 33G	72
UNILET GP 28 MIS ULT THIN	72
UNILET LANCT MIS 28G	72
UNILET LANCT MIS 30G	72
UNILET LANCT MIS 33G	73
UNISTIK SAFE MIS LANC 28G	73
UNISTIK SAFE MIS LANC 30G	73
<i>unithroid</i>	74
UPCAL D POW	97
<i>ursodiol</i>	83

V

<i>valacyclovir hcl</i>	24
VALCHLOR	122
<i>valganciclovir hcl</i>	24
<i>valproate sodium</i>	47
<i>valproic acid</i>	47
<i>valsartan</i>	39
<i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg	38

valsartan-hydrochlorothiazide tab
160-25 mg.....38
valsartan-hydrochlorothiazide tab
320-12.5 mg.....38
valsartan-hydrochlorothiazide tab
320-25 mg.....38
valsartan-hydrochlorothiazide tab
80-12.5 mg.....38
 VALTOCO47
 VANACOF DMX LIQ113
vanadom57
 VANALICE GEL 0.3-3.5%123
 VANATAB DM TAB 5-9-198113
vancomycin hcl19
 VANCOMYCIN INJ 1 GM.....19
 VANCOMYCIN INJ 500MG19
 VANCOMYCIN INJ 750MG19
vandazole86
 VAQTA92
 VARIVAX93
 VASCEPA40
 VCF VAGINAL CONTRACEPTIVE ...86
 VELCADE34
velivet68
 VELTASSA63
 VEMLIDY24
 VENCLEXTA34
 VENCLEXTA TAB START PK34
venlafaxine hcl50
 VENOFR88
 VENTAVIS.....44
 VENTOLIN HFA108
 VENTOLIN HFA (INSTITUTIONAL
 PACK)108
verapamil hcl42
 VERSACLOZ53
 VERZENIO34
vestura68
 V-GO 20 KIT62
 V-GO 30 KIT62
 V-GO 40 KIT62
 VICTOZA61
vienva68
vigabatrin47
vigadrone47
 VIIBRYD50
 VIIBRYD KIT STARTER50
 VIMPAT47

vincristine sulfate 30
vinorelbine tartrate..... 30
viorele 68
 VIRACEPT..... 21
 VIREAD 22
virt-phos 250 neutral 97
virtussin a/c 113
virtussin ac/alc 113
 VIRTUSSIN SOL DAC 113
vitamin a 100
 VITAMIN A PALMITATE..... 100
 VITAMIN B12 100
 VITAMIN B-12..... 100
 VITAMIN C 101
 VITAMIN C SOL..... 101
 VITAMIN D 101
vitamin d high potency 101
vitamin d infant 101
 VITAMIN D2 101
 VITAMIN D3 101
 VITAMIN D3 TAB CAL/PHOS 97
vitamin e 101
 VITAMIN E..... 101
vitamin e high potency..... 101
vitamin e-200 101
 VITAMIN K2..... 101
 VITRAKVI 34
 VIVITROL 59
 VIZIMPRO 34
voriconazole 20
 VORTEX VALVE MIS CHAMBER .. 116
 VORTEX/MASK MIS CHILDS..... 116
 VORTEX/MASK MIS TODDLER ... 116
 VOSEVI TAB 24
 VOTRIENT 34
 VRAYLAR..... 53
 VRAYLAR CAP 1.5-3MG 53
vyfemla 68
vylibra 68
 VYZULTA..... 103
W
warfarin sodium 87
water for irrigation, sterile irrigation
soln 123
wee care 88
weekly-d 101
wera 68
womens laxative 82

<i>wymzya fe</i>	68
X	
XALKORI	34
XARELTO	87
XARELTO STAR TAB 15/20MG	87
XATMEP	90
XCOPRI	47
XCOPRI PAK 100-150	47
XCOPRI PAK 12.5-25	47
XCOPRI PAK 150-200MG (MAINTENANCE)	48
XCOPRI PAK 150-200MG (TITRATION)	48
XCOPRI PAK 50-100MG	47
XELJANZ	90
XELJANZ XR	90
XENICAL	73
XERMELO	83
XGEVA	62
XIFAXAN	83
XIGDUO XR TAB 10-1000	61
XIGDUO XR TAB 10-500MG	61
XIGDUO XR TAB 2.5-1000	61
XIGDUO XR TAB 5-1000MG	61
XIGDUO XR TAB 5-500MG	61
XOFLUZA	24
XOLAIR	116
XOSPATA	34
XPOVIO 100 MG ONCE WEEKLY	35
XPOVIO 40 MG ONCE WEEKLY	34
XPOVIO 40 MG TWICE WEEKLY	34
XPOVIO 60 MG ONCE WEEKLY	34
XPOVIO 60 MG TWICE WEEKLY	34
XPOVIO 80 MG ONCE WEEKLY	34
XPOVIO 80 MG TWICE WEEKLY	34
XTANDI	29
<i>xulane</i>	68
XULTOPHY INJ 100/3.6	62
XYREM	57

Y

YF-VAX INJ	93
<i>yuvaferm</i>	69
Z	
<i>zafemy</i>	68
<i>zafirlukast</i>	113
<i>zaleplon</i>	55
<i>zarah</i>	68
ZARXIO	87
ZEJULA	35
ZELBORAF	35
ZEMAIRA	116
<i>zenatane</i>	118
ZENPEP CAP 10000UNT	84
ZENPEP CAP 15000UNT	84
ZENPEP CAP 20000UNT	84
ZENPEP CAP 25000	84
ZENPEP CAP 3000UNIT	83
ZENPEP CAP 40000	84
ZENPEP CAP 5000UNIT	83
ZERVIAE	103
<i>zidovudine</i>	22
<i>ziprasidone hcl</i>	53
<i>ziprasidone mesylate</i>	53
ZIRABEV	35
ZIRGAN	102
<i>zoledronic acid</i>	62
ZOLINZA	35
<i>zolmitriptan</i>	56
<i>zolpidem tartrate</i>	55
<i>zonisamide</i>	48
ZORTRESS	92
<i>zovia 1/35</i>	68
<i>zumandimine</i>	68
ZYDELIG	35
ZYKADIA	35
ZYLET SUS 0.5-0.3%	101
ZYPREXA RELPREVV	53



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تقديم ملف كتيب الوصفات الدوائية المعتمد من HPMS رقم 00022276، النسخة 7

تم التحديث في: 2021/15/10

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