

FORMULARY

(List of Covered Drugs)

2017

**Molina Dual Options MI Health
Link Medicare-Medicaid Plan**



Your Extended Family.

Version 16

DATE OF ISSUANCE: 11/2017

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

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





Your Extended Family.



Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

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

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

If you need these services, contact Molina Member Services at (855) 735-5604; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST.

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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

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

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

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

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

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5604 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5604 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5604 (TTY : 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-735-5604 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5604 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5604 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-735-5604 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5604 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5604 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم

والبكم: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5604 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-735-5604 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5604 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 1-855-735-5604 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-735-5604 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-735-5604（TTY: 711）まで、お電話にてご連絡ください。

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-735-5604 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৪৫৫-৭৩৫-৫৬০৪ (TTY: ৭১১)।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-735-5604 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

[illegible]

Molina Dual Options MI Health Link Medicare-Medicaid Plan | 2017 List of Covered Drugs (Formulary)

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

- ❖ Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year. You can always check Molina Dual Options' up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free.
- ❖ Our plan also has written materials available in Spanish and Arabic translations. Please contact Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST to request alternate format materials.

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



Frequently Asked Questions (FAQ)

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

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

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

→ Molina Dual Options will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Molina Dual Options network pharmacy.

→ Molina Dual Options may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services toll-free at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.

2. Does the Drug List ever change?

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

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

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

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Molina Dual Options before you can get a drug.)
 - Add or change the amount of a drug you can get (called “quantity limits”).
 - Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)
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If you have questions, please call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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

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

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

You can also call Member Services to check the current Drug List at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.

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

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

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

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

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

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

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

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have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-136. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

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

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

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



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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

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

If you don’t see your drug on the Drug List, call Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

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

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

We can help. We may cover a temporary 60-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

- you are taking a drug that is not on our Drug List, **or**

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

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Transition Policy

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

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

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 60-day supply (unless the prescription is written for fewer days). After we cover the temporary 60-day supply, we generally will not pay for these drugs as part of our transition policy again.

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

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary,

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

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

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

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

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

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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

13. How can you ask for an exception?

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

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



14. What are generic drugs?

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

Molina Dual Options covers both brand name drugs and generic drugs.

15. What are OTC drugs?

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

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

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

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

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

17. What is your copay?

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

18. What are drug tiers?

Tiers are groups of drugs.

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

List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 137.

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

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

Note: The (*) next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid. If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. You can also read Chapter 9 in the Member Handbook to learn how to appeal a decision.

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

QL stands for Quantity Limits

PA stands for Prior Authorization

ST stands for Step Therapy Criteria

OTC stands for Over the Counter

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

LA stands for Limited Access Drug

NM stands for Not available through mail-order

List of Drugs by Medical Condition

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

MI_CY17_2T_MMP eff 11/01/2017

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

GOUT - DRUGS TO TREAT GOUT

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

MISCELLANEOUS

ACEPHEN SUP 120MG	\$0 (3)	NM; *
<i>acephen sup 325mg</i>	\$0 (3)	NM; *
<i>acetamin tab 500mg</i>	\$0 (3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0 (3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0 (3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0 (3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0 (3)	NM; *
<i>aspir-81 tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0 (3)	NM; *
<i>aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab 325 mg</i>	\$0 (3)	NM; *
<i>aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0 (3)	NM; *
<i>child asa chw 81mg</i>	\$0 (3)	NM; *
<i>child asa ls chw 81mg</i>	\$0 (3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>ecpirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0 (3)	NM; *
<i>fever reduce sup 120mg</i>	\$0 (3)	NM; *
FEVERALL INF SUP 80MG	\$0 (3)	NM; *
FEVERALL SUP 120MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>FEVERALL SUP 325MG</i>	\$0 (3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>hm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>hm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>8 hour pain tab 650mg</i>	\$0 (3)	NM; *
<i>inf silapap dro 80/0.8ml</i>	\$0 (3)	NM; *
<i>mapap apap liq 500/15ml</i>	\$0 (3)	NM; *
<i>mapap child sus 160/5ml</i>	\$0 (3)	NM; *
<i>mapap chw 80mg</i>	\$0 (3)	NM; *
<i>mapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>mapap tab 325mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg/rr</i>	\$0 (3)	NM; *
<i>miniprin low tab 81mg ec</i>	\$0 (3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0 (3)	NM; *
<i>non-aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0 (3)	NM; *
<i>pain & fever chw 80mg</i>	\$0 (3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever tab 325mg</i>	\$0 (3)	NM; *
<i>pain & fever tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief dro 80/0.8ml</i>	\$0 (3)	NM; *
<i>pain relief sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain relief tab 325mg</i>	\$0 (3)	NM; *
<i>pain relief tab 500mg</i>	\$0 (3)	NM; *
<i>pain relieve sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain relieve tab 325mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg</i>	\$0 (3)	NM; *
<i>pharbetol tab 325mg</i>	\$0 (3)	NM; *
<i>pharbetol tab 500mg</i>	\$0 (3)	NM; *
<i>q-pap child sus 160/5ml</i>	\$0 (3)	NM; *
<i>q-pap infant dro 80/0.8ml</i>	\$0 (3)	NM; *
<i>q-pap liq 160/5ml</i>	\$0 (3)	NM; *
<i>q-pap tab 325mg</i>	\$0 (3)	NM; *
<i>q-pap tab 500mg</i>	\$0 (3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>qc child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sb aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb child asa chw 81mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 81mg ec</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>sm child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sm pain rel cap 500mg</i>	\$0 (3)	NM; *
<i>tactinal tab 325mg</i>	\$0 (3)	NM; *
<i>tactinal tab 500mg</i>	\$0 (3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain tab 220mg</i>	\$0 (3)	NM; *
<i>all day relf tab 220mg</i>	\$0 (3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0 (1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (1)	
<i>diflunisal tab 500 mg</i>	\$0 (1)	
<i>etodolac cap 200 mg</i>	\$0 (1)	
<i>etodolac cap 300 mg</i>	\$0 (1)	
<i>etodolac tab 400 mg</i>	\$0 (1)	
<i>etodolac tab 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (1)	
<i>flurbiprofen tab 50 mg</i>	\$0 (1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (1)	
<i>hm ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibu-200 tab 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200 mg</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0 (3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen sus 100/5ml</i>	\$0 (3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (3)	NM; *
<i>ibuprofen tab 200 mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0 (1)	
<i>ibuprofen tab 600 mg</i>	\$0 (1)	
<i>ibuprofen tab 800 mg</i>	\$0 (1)	
<i>ketoprofen cap 50 mg</i>	\$0 (1)	
<i>ketoprofen cap 75 mg</i>	\$0 (1)	
MELOXICAM SUSP 7.5 MG/5ML	\$0 (1)	
<i>meloxicam tab 7.5 mg</i>	\$0 (1)	
<i>meloxicam tab 15 mg</i>	\$0 (1)	
<i>nabumetone tab 500 mg</i>	\$0 (1)	
<i>nabumetone tab 750 mg</i>	\$0 (1)	
<i>naproxen dr tab 375mg</i>	\$0 (1)	
<i>naproxen dr tab 500mg</i>	\$0 (1)	
<i>naproxen sod tab 220mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0 (1)	
<i>naproxen sodium tab 550 mg</i>	\$0 (1)	
<i>naproxen susp 125 mg/5ml</i>	\$0 (1)	
<i>naproxen tab 250 mg</i>	\$0 (1)	
<i>naproxen tab 375 mg</i>	\$0 (1)	
<i>naproxen tab 500 mg</i>	\$0 (1)	
<i>piroxicam cap 10 mg</i>	\$0 (1)	
<i>piroxicam cap 20 mg</i>	\$0 (1)	
<i>provil tab 200mg</i>	\$0 (3)	NM; *
<i>qc ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sb ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sulindac tab 150 mg</i>	\$0 (1)	
<i>sulindac tab 200 mg</i>	\$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (1)	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (1)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (1)	
BUTRANS DIS 5MCG/HR	\$0 (2)	QL (16 patches / 28 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BUTRANS DIS 7.5/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	\$0 (2)	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	\$0 (2)	QL (4 patches / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (1)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>tramadol hcl tab 50 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH INJ 0.5MG/ML	\$0 (1)	B/D
DURAMORPH INJ 1MG/ML	\$0 (1)	B/D
<i>endocet tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	\$0 (2)	QL (120 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FENTORA TAB 600MCG	\$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	\$0 (2)	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0 (1)	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (1)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	\$0 (2)	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (1)	B/D
MORPHINE SUL INJ 150/30ML	\$0 (1)	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	\$0 (1)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	\$0 (1)	B/D

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	\$0 (1)	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	\$0 (1)	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	\$0 (1)	
MORPHINE SULFATE TAB 15 MG	\$0 (1)	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	\$0 (1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	
OXYCODONE HCL SOLN 5 MG/5ML	\$0 (1)	
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	\$0 (2)	QL (120 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine hcl local inj 2%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 (1)	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	\$0 (1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0 (1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (1)	
<i>sulfadiazine tab 500mg</i>	\$0 (2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (2)	NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0 (2)	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (1)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (1)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (1)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (1)	

ANTI-INFECTIVES - MISCELLANEOUS

<i>ALBENZA TAB 200MG</i>	\$0 (2)	
<i>ALINIA SUS 100/5ML</i>	\$0 (2)	
<i>ALINIA TAB 500MG</i>	\$0 (2)	
<i>atovaquone susp 750 mg/5ml</i>	\$0 (2)	
<i>AZACTAM/DEX INJ 1GM</i>	\$0 (2)	
<i>AZACTAM/DEX INJ 2GM</i>	\$0 (2)	
<i>aztreonam for inj 1 gm</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aztreonam for inj 2 gm</i>	\$0 (1)	
BILTRICIDE TAB 600MG	\$0 (2)	
CAYSTON INH 75MG	\$0 (2)	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (1)	
<i>clindamycin hcl cap 300 mg</i>	\$0 (1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 9 gm/60ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	\$0 (1)	
CLINDMYC/NAC INJ 300/50ML	\$0 (2)	
CLINDMYC/NAC INJ 600/50ML	\$0 (2)	
CLINDMYC/NAC INJ 900/50ML	\$0 (2)	
<i>colistimethate sodium for inj 150 mg</i>	\$0 (1)	
CUBICIN SOL 500MG	\$0 (2)	
<i>dapsone tab 25 mg</i>	\$0 (1)	
<i>dapsone tab 100 mg</i>	\$0 (1)	
<i>daptomycin for iv soln 500 mg</i>	\$0 (2)	
<i>emverm chw 100mg</i>	\$0 (2)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (1)	
INVANZ INJ 1GM	\$0 (2)	
<i>ivermectin tab 3 mg</i>	\$0 (1)	
LINEZOLID FOR SUSP 100 MG/5ML	\$0 (2)	
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	\$0 (2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (2)	
LINEZOLID TAB 600 MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>meropenem iv for soln 1 gm</i>	\$0 (1)	
<i>meropenem iv for soln 500 mg</i>	\$0 (1)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0 (1)	
<i>metronidazole tab 250 mg</i>	\$0 (1)	
<i>metronidazole tab 500 mg</i>	\$0 (1)	
NEBUPENT INH 300MG	\$0 (2)	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	\$0 (2)	
<i>pin-x sus 50mg/ml</i>	\$0 (3)	NM; *
<i>reeses med sus pinworm</i>	\$0 (3)	NM; *
SIVEXTRO INJ 200MG	\$0 (2)	
SIVEXTRO TAB 200MG	\$0 (2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (1)	
SYNERCID INJ 500MG	\$0 (2)	
TIGECYCLINE INJ 50MG	\$0 (2)	
<i>trimethoprim tab 100 mg</i>	\$0 (1)	
TYGACIL INJ 50MG	\$0 (2)	
<i>vancomycin hcl cap 125 mg</i>	\$0 (2)	
<i>vancomycin hcl cap 250 mg</i>	\$0 (2)	
<i>vancomycin hcl for inj 10 gm</i>	\$0 (1)	
<i>vancomycin hcl for inj 500 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 750 mg</i>	\$0 (1)	
<i>vancomycin hcl for inj 1000 mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	
<i>voriconazole tab 50 mg</i>	\$0 (2)	
<i>voriconazole tab 200 mg</i>	\$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (1)	
COARTEM TAB 20-120MG	\$0 (2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (1)	
PRIMAQUINE TAB 26.3MG	\$0 (2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (1)	
APTIVUS CAP 250MG	\$0 (2)	
APTIVUS SOL	\$0 (2)	
CRIXIVAN CAP 200MG	\$0 (2)	
CRIXIVAN CAP 400MG	\$0 (2)	
<i>didanosine delayed release capsule 125 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 200 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0 (1)	
EDURANT TAB 25MG	\$0 (2)	
EMTRIVA CAP 200MG	\$0 (2)	
EMTRIVA SOL 10MG/ML	\$0 (2)	
FUZEON INJ 90MG	\$0 (2)	NM
INTELENCE TAB 25MG	\$0 (2)	
INTELENCE TAB 100MG	\$0 (2)	
INTELENCE TAB 200MG	\$0 (2)	
INVIRASE CAP 200MG	\$0 (2)	
INVIRASE TAB 500MG	\$0 (2)	
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	
ISENTRESS HD TAB 600MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISENTRESS POW 100MG	\$0 (2)	
ISENTRESS TAB 400MG	\$0 (2)	
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (1)	
<i>lamivudine tab 150 mg</i>	\$0 (1)	
<i>lamivudine tab 300 mg</i>	\$0 (1)	
LEXIVA SUS 50MG/ML	\$0 (2)	
LEXIVA TAB 700MG	\$0 (2)	
NEVIRAPINE SUSP 50 MG/5ML	\$0 (1)	
<i>nevirapine tab 200 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 100 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (1)	
NORVIR CAP 100MG	\$0 (2)	
NORVIR SOL 80MG/ML	\$0 (2)	
NORVIR TAB 100MG	\$0 (2)	
PREZISTA SUS 100MG/ML	\$0 (2)	
PREZISTA TAB 75MG	\$0 (2)	
PREZISTA TAB 150MG	\$0 (2)	
PREZISTA TAB 600MG	\$0 (2)	
PREZISTA TAB 800MG	\$0 (2)	
RESCRIPTOR TAB 100 MG	\$0 (2)	
RESCRIPTOR TAB 200MG	\$0 (2)	
RETROVIR INJ 10MG/ML	\$0 (2)	
REYATAZ CAP 150MG	\$0 (2)	
REYATAZ CAP 200MG	\$0 (2)	
REYATAZ CAP 300MG	\$0 (2)	
REYATAZ POW 50MG	\$0 (2)	
SELZENTRY SOL 20MG/ML	\$0 (2)	
SELZENTRY TAB 25MG	\$0 (2)	
SELZENTRY TAB 75MG	\$0 (2)	
SELZENTRY TAB 150MG	\$0 (2)	
SELZENTRY TAB 300MG	\$0 (2)	
<i>stavudine cap 15 mg</i>	\$0 (1)	
<i>stavudine cap 20 mg</i>	\$0 (1)	
<i>stavudine cap 30 mg</i>	\$0 (1)	
<i>stavudine cap 40 mg</i>	\$0 (1)	
SUSTIVA CAP 50MG	\$0 (2)	
SUSTIVA CAP 200MG	\$0 (2)	
SUSTIVA TAB 600MG	\$0 (2)	
TIVICAY TAB 10MG	\$0 (2)	
TIVICAY TAB 25MG	\$0 (2)	
TIVICAY TAB 50MG	\$0 (2)	
TYBOST TAB 150MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIDEX SOL 2GM	\$0 (2)	
VIDEX SOL 4GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	
VIRACEPT TAB 625MG	\$0 (2)	
VIRAMUNE SUS 50MG/5ML	\$0 (2)	
VIREAD POW 40MG/GM	\$0 (2)	
VIREAD TAB 150MG	\$0 (2)	
VIREAD TAB 200MG	\$0 (2)	
VIREAD TAB 250MG	\$0 (2)	
VIREAD TAB 300MG	\$0 (2)	
ZERIT SOL 1MG/ML	\$0 (2)	
ZIAGEN SOL 20MG/ML	\$0 (2)	
<i>zidovudine cap 100 mg</i>	\$0 (1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine tab 300 mg</i>	\$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
ABACAIR SULFATE-LAMIVUDINE TAB 600-300 MG	\$0 (2)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	
ATRIPLA TAB	\$0 (2)	
COMPLERA TAB	\$0 (2)	
DESCOVY TAB 200/25	\$0 (2)	
EVOTAZ TAB 300-150	\$0 (2)	
GENVOYA TAB	\$0 (2)	
KALETRA SOL	\$0 (2)	
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (2)	
ODEFSEY TAB	\$0 (2)	
PREZCOBIX TAB 800-150	\$0 (2)	
STRIBILD TAB	\$0 (2)	
TRIUMEQ TAB	\$0 (2)	
TRUVADA TAB 100-150	\$0 (2)	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	\$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0 (2)	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SUL INJ 1GM	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cycloserine cap 250 mg</i>	\$0 (2)	
<i>ethambutol hcl tab 100 mg</i>	\$0 (1)	
<i>ethambutol hcl tab 400 mg</i>	\$0 (1)	
<i>isoniazid inj 100 mg/ml</i>	\$0 (1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid tab 100 mg</i>	\$0 (1)	
<i>isoniazid tab 300 mg</i>	\$0 (1)	
<i>paser gra 4gm</i>	\$0 (2)	
PRIFTIN TAB 150MG	\$0 (2)	
<i>pyrazinamide tab 500 mg</i>	\$0 (1)	
<i>rifabutin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 300 mg</i>	\$0 (1)	
<i>rifampin for inj 600 mg</i>	\$0 (1)	
RIFATER TAB	\$0 (2)	
SIRTURO TAB 100MG	\$0 (2)	LA, PA
TRECTOR TAB 250MG	\$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0 (1)	
<i>acyclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir tab 400 mg</i>	\$0 (1)	
<i>acyclovir tab 800 mg</i>	\$0 (1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (2)	
BARACLUDE SOL .05MG/ML	\$0 (2)	
DAKLINZA TAB 30MG	\$0 (2)	NM, PA
DAKLINZA TAB 60MG	\$0 (2)	NM, PA
DAKLINZA TAB 90MG	\$0 (2)	NM, PA
<i>entecavir tab 0.5 mg</i>	\$0 (2)	
<i>entecavir tab 1 mg</i>	\$0 (2)	
EPCLUSA TAB 400-100	\$0 (2)	NM, PA
EPIVIR HBV SOL 5MG/ML	\$0 (2)	
<i>famciclovir tab 125 mg</i>	\$0 (1)	
<i>famciclovir tab 250 mg</i>	\$0 (1)	
<i>famciclovir tab 500 mg</i>	\$0 (1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
HARVONI TAB 90-400MG	\$0 (2)	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (1)	
MAVYRET TAB 100-40MG	\$0 (2)	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (1)	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (1)	
PEGASYS INJ	\$0 (2)	NM, PA
PEGASYS INJ 180MCG/M	\$0 (2)	NM, PA
PEGASYS INJ PROCLICK	\$0 (2)	NM, PA
REBETOL SOL 40MG/ML	\$0 (2)	NM
RELENZA MIS DISKHALE	\$0 (2)	
<i>ribasphere cap 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 400mg</i>	\$0 (2)	NM
<i>ribasphere tab 600mg</i>	\$0 (2)	NM
<i>ribavirin cap 200 mg</i>	\$0 (1)	NM
<i>ribavirin tab 200 mg</i>	\$0 (1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (1)	
SOVALDI TAB 400MG	\$0 (2)	NM, PA
TAMIFLU SUS 6MG/ML	\$0 (2)	
TYZEKA TAB 600MG	\$0 (2)	
<i>valacyclovir hcl tab 1 gm</i>	\$0 (1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0 (1)	
VALCYTE SOL 50MG/ML	\$0 (2)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (2)	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (2)	
VEMLIDY TAB 25MG	\$0 (2)	
VOSEVI TAB	\$0 (2)	NM, PA
ZEPATIER TAB 50-100MG	\$0 (2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
<i>cefaclor er tab 500mg</i>	\$0 (2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (1)	
<i>cefadroxil cap 500 mg</i>	\$0 (1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (1)	
<i>cefadroxil tab 1 gm</i>	\$0 (1)	
<i>cefazolin inj 1gm/50ml</i>	\$0 (2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefazolin sodium for inj 20 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
CEFAZOLIN SOL	\$0 (2)	
<i>cefdinir cap 300 mg</i>	\$0 (1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefepime hcl for inj 1 gm</i>	\$0 (1)	
<i>cefepime hcl for inj 2 gm</i>	\$0 (1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0 (1)	
<i>cefotaxime sodium for inj 1 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 2 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 500 mg</i>	\$0 (1)	
<i>cefoxitin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil tab 250 mg</i>	\$0 (1)	
<i>cefprozil tab 500 mg</i>	\$0 (1)	
<i>ceftazidime for inj 1 gm</i>	\$0 (1)	
<i>ceftazidime for inj 2 gm</i>	\$0 (1)	
<i>ceftazidime for inj 6 gm</i>	\$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0 (2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0 (1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium for inj 1.5 gm</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (1)	
<i>cephalexin cap 250 mg</i>	\$0 (1)	
<i>cephalexin cap 500 mg</i>	\$0 (1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (1)	
SUPRAX CAP 400MG	\$0 (2)	
<i>suprax chw 100mg</i>	\$0 (2)	
<i>suprax chw 200mg</i>	\$0 (2)	
SUPRAX SUS 500/5ML	\$0 (2)	
<i>tazicef inj 1gm</i>	\$0 (1)	
<i>tazicef inj 2gm</i>	\$0 (1)	
<i>tazicef inj 6gm</i>	\$0 (1)	
TEFLARO INJ 400MG	\$0 (2)	
TEFLARO INJ 600MG	\$0 (2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0 (1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (1)	
<i>azithromycin iv for soln 500 mg</i>	\$0 (1)	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	\$0 (1)	
<i>azithromycin tab 250 mg</i>	\$0 (1)	
<i>azithromycin tab 500 mg</i>	\$0 (1)	
<i>azithromycin tab 600 mg</i>	\$0 (1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (1)	
<i>clarithromycin tab 250 mg</i>	\$0 (1)	
<i>clarithromycin tab 500 mg</i>	\$0 (1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0 (1)	
DIFICID TAB 200MG	\$0 (2)	
<i>e.e.s. 400 tab 400mg</i>	\$0 (1)	
<i>ery-tab tab 250mg ec</i>	\$0 (1)	
<i>ery-tab tab 333mg ec</i>	\$0 (1)	
<i>ery-tab tab 500mg ec</i>	\$0 (1)	
<i>erythrocin inj 500mg</i>	\$0 (2)	
<i>erythrocin tab 250mg</i>	\$0 (1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (1)	
<i>erythromycin tab 250 mg</i>	\$0 (1)	
<i>erythromycin tab 500 mg</i>	\$0 (1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (1)	

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

<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	\$0 (1)	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	\$0 (1)	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg (base eq)</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin tab 250 mg</i>	\$0 (1)	
<i>levofloxacin tab 500 mg</i>	\$0 (1)	
<i>levofloxacin tab 750 mg</i>	\$0 (1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (1)	

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (1)	

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 400-57 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin cap 250 mg</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin for susp 125 mg/5ml</i>	\$0 (1)	
<i>ampicillin for susp 250 mg/5ml</i>	\$0 (1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 10 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ampicillin sodium for inj 250 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (1)	
BICILLIN L-A INJ 600000	\$0 (2)	
BICILLIN L-A INJ 1200000	\$0 (2)	
BICILLIN L-A INJ 2400000	\$0 (2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (1)	
<i>nafcillin sodium for inj 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0 (1)	
<i>nafcillin sodium for inj 10 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	\$0 (2)	
<i>pen g proc inj 600000</i>	\$0 (2)	
PENICILL GK/ INJ DEX 2MU	\$0 (2)	
PENICILL GK/ INJ DEX 3MU	\$0 (2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (1)	
<i>piper/tazoba inj 12-1.5gm</i>	\$0 (1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (1)	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100 inj 100mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 150 mg</i>	\$0 (1)	
<i>minocycline hcl cap 50 mg</i>	\$0 (1)	
<i>minocycline hcl cap 75 mg</i>	\$0 (1)	
<i>minocycline hcl cap 100 mg</i>	\$0 (1)	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	\$0 (2)	B/D, NM
BICNU INJ 100MG	\$0 (2)	B/D
<i>busulfan inj 6 mg/ml</i>	\$0 (2)	B/D
BUSULFEX INJ 6MG/ML	\$0 (2)	B/D
CYCLOPHOSPH CAP 25MG	\$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	\$0 (2)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (2)	B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0 (2)	B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (2)	B/D
<i>dacarbazine for inj 100 mg</i>	\$0 (1)	B/D
<i>dacarbazine for inj 200 mg</i>	\$0 (1)	B/D
EMCYT CAP 140MG	\$0 (2)	
GLEOSTINE CAP 5MG	\$0 (2)	
GLEOSTINE CAP 10MG	\$0 (2)	
GLEOSTINE CAP 40MG	\$0 (2)	
GLEOSTINE CAP 100MG	\$0 (2)	
HEXALEN CAP 50MG	\$0 (2)	
IFEX INJ 3GM	\$0 (2)	B/D
<i>ifosfamide for inj 1 gm</i>	\$0 (1)	B/D
IFOSFAMIDE INJ 3GM	\$0 (2)	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	\$0 (1)	B/D

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (2)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (2)	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	\$0 (2)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (1)	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	\$0 (1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (1)	B/D
NIPENT INJ 10MG	\$0 (2)	B/D
PURIXAN SUS 20MG/ML	\$0 (2)	NM
TABLOID TAB 40MG	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0 (2)	B/D
DOCEFREZ INJ 20MG	\$0 (2)	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	\$0 (2)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (2)	B/D
DOCETAXEL INJ 20MG/2ML	\$0 (2)	B/D
DOCETAXEL INJ 80MG/4ML	\$0 (2)	B/D
DOCETAXEL INJ 80MG/8ML	\$0 (2)	B/D
DOCETAXEL INJ 160/8ML	\$0 (2)	B/D
DOCETAXEL INJ 160/16ML	\$0 (2)	B/D
<i>docetaxel inj 200/10</i>	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (1)	B/D
TAXOTERE INJ 80MG/4ML	\$0 (2)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	\$0 (2)	B/D
<i>vincasar pfs inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0 (2)	NM, LA, PA
AVASTIN INJ 400/16ML	\$0 (2)	NM, LA, PA
BELEODAQ INJ 500MG	\$0 (2)	NM, PA
ERIVEDGE CAP 150MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 15MG	\$0 (2)	NM, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NM, LA, PA
HERCEPTIN INJ 150MG	\$0 (2)	NM, PA
HERCEPTIN INJ 440MG	\$0 (2)	NM, PA
IBRANCE CAP 75MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NM, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NM, LA, PA
IDHIFA TAB 50MG	\$0 (2)	NM, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NM, LA, PA
ISTODAX OVR INJ 10MG	\$0 (2)	B/D, NM
KADCYLA INJ 100MG	\$0 (2)	B/D, NM
KADCYLA INJ 160MG	\$0 (2)	B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NM, PA
KEYTRUDA SOL 50MG	\$0 (2)	NM, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NM, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NM, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NM, PA
KISQALI TAB 200DOSE	\$0 (2)	NM, PA
KISQALI TAB 400DOSE	\$0 (2)	NM, PA
KISQALI TAB 600DOSE	\$0 (2)	NM, PA
LYNPARZA CAP 50MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NINLARO CAP 2.3MG	\$0 (2)	NM, PA
NINLARO CAP 3MG	\$0 (2)	NM, PA
NINLARO CAP 4MG	\$0 (2)	NM, PA
PROLEUKIN INJ 22MU	\$0 (2)	B/D, NM
RITUXAN INJ 100MG	\$0 (2)	NM, LA, PA
RITUXAN INJ 500MG	\$0 (2)	NM, LA, PA
RITUXAN INJ HYCELA	\$0 (2)	NM, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NM, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NM, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NM, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NM, LA, PA
VELCADE INJ 3.5MG	\$0 (2)	NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB 100MG	\$0 (2)	NM, LA, PA
VENCLEXTA TAB START PK	\$0 (2)	NM, LA, PA
YERVOY INJ 50MG	\$0 (2)	NM, PA
YERVOY INJ 200MG	\$0 (2)	NM, PA
ZEJULA CAP 100MG	\$0 (2)	NM, LA, PA
ZOLINZA CAP 100MG	\$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1 mg</i>	\$0 (1)	
<i>bicalutamide tab 50 mg</i>	\$0 (1)	
DEPO-PROVERA INJ 400/ML	\$0 (2)	B/D
<i>exemestane tab 25 mg</i>	\$0 (1)	
FARESTON TAB 60MG	\$0 (2)	
FASLODEX INJ 250MG	\$0 (2)	B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	\$0 (2)	B/D
<i>letrozole tab 2.5 mg</i>	\$0 (1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0 (2)	NM, PA
LUPRON DEPOT INJ 11.25MG	\$0 (2)	NM, PA
LYSODREN TAB 500MG	\$0 (2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	\$0 (2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nilutamide tab 150 mg</i>	\$0 (2)	
SOLTAMOX SOL 10MG/5ML	\$0 (2)	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (1)	
TRELSTAR MIX INJ 3.75MG	\$0 (2)	NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NM, PA
XTANDI CAP 40MG	\$0 (2)	NM, LA, PA
ZYTIGA TAB 250MG	\$0 (2)	NM, LA, PA
ZYTIGA TAB 500MG	\$0 (2)	NM, LA, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 3MG	\$0 (2)	NM, PA
AFINITOR DIS TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 2.5MG	\$0 (2)	NM, PA
AFINITOR TAB 5MG	\$0 (2)	NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NM, PA
AFINITOR TAB 10MG	\$0 (2)	NM, PA
ALECENSA CAP 150MG	\$0 (2)	NM, LA, PA
ALUNBRIG TAB 30MG	\$0 (2)	NM, LA, PA
BOSULIF TAB 100MG	\$0 (2)	NM, PA
BOSULIF TAB 500MG	\$0 (2)	NM, PA
CABOMETYX TAB 20MG	\$0 (2)	NM, LA, PA
CABOMETYX TAB 40MG	\$0 (2)	NM, LA, PA
CABOMETYX TAB 60MG	\$0 (2)	NM, LA, PA
CAPRELSA TAB 100MG	\$0 (2)	NM, LA, PA
CAPRELSA TAB 300MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 60MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 100MG	\$0 (2)	NM, LA, PA
COMETRIQ KIT 140MG	\$0 (2)	NM, LA, PA
COTELLIC TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NM, LA, PA
ICLUSIG TAB 15MG	\$0 (2)	NM, LA, PA
ICLUSIG TAB 45MG	\$0 (2)	NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (2)	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (2)	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	\$0 (2)	NM, LA, PA
INLYTA TAB 1MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TAB 5MG	\$0 (2)	NM, LA, PA
IRESSA TAB 250MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 8 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 10 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NM, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NM, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NM, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NM, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NM, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NM, PA
SPRYCEL TAB 20MG	\$0 (2)	NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NM, PA
SPRYCEL TAB 100MG	\$0 (2)	NM, PA
SPRYCEL TAB 140MG	\$0 (2)	NM, PA
STIVARGA TAB 40MG	\$0 (2)	NM, LA, PA
SUTENT CAP 12.5MG	\$0 (2)	NM, PA
SUTENT CAP 25MG	\$0 (2)	NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NM, PA
SUTENT CAP 50MG	\$0 (2)	NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NM, LA, PA
TAGRISSO TAB 40MG	\$0 (2)	NM, LA, PA
TAGRISSO TAB 80MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NM, LA, PA
TASIGNA CAP 150MG	\$0 (2)	NM, PA
TASIGNA CAP 200MG	\$0 (2)	NM, PA
TYKERB TAB 250MG	\$0 (2)	NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NM, LA, PA
XALKORI CAP 200MG	\$0 (2)	NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NM, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYDELIG TAB 100MG	\$0 (2)	NM, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NM, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NM, PA
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NM, PA
LONSURF TAB 20-8.19	\$0 (2)	NM, PA
MATULANE CAP 50MG	\$0 (2)	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
ODOMZO CAP 200MG	\$0 (2)	NM, LA, PA
SYLATRON KIT 200MCG	\$0 (2)	NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NM, PA
SYNRIBO INJ 3.5MG	\$0 (2)	NM, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	
TRISENOX SOL 10MG/10M	\$0 (2)	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (1)	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (1)	B/D
PROTECTIVE AGENTS		
AMIFOSTINE FOR INJ 500 MG	\$0 (2)	B/D
<i>dexrazoxane for inj 250 mg</i>	\$0 (2)	B/D
<i>dexrazoxane for inj 500 mg</i>	\$0 (2)	B/D
ELITEK INJ 1.5MG	\$0 (2)	B/D
ELITEK INJ 7.5MG	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FUSILEV INJ 50MG	\$0 (2)	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
LEVOLEUCOVOR INJ 175MG	\$0 (2)	B/D, NM
<i>levoleucovor sol 250mg/25</i>	\$0 (2)	B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	\$0 (2)	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	\$0 (2)	B/D, NM
<i>mesna inj 100 mg/ml</i>	\$0 (1)	B/D
MESNEX TAB 400MG	\$0 (2)	

TOPOISOMERASE INHIBITORS

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>toposar inj 100/5ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg</i>	\$0 (2)	B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0 (1)	
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ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	\$0 (1)	
<i>benazepril hcl tab 10 mg</i>	\$0 (1)	
<i>benazepril hcl tab 20 mg</i>	\$0 (1)	
<i>benazepril hcl tab 40 mg</i>	\$0 (1)	
<i>captopril tab 12.5 mg</i>	\$0 (1)	
<i>captopril tab 25 mg</i>	\$0 (1)	
<i>captopril tab 50 mg</i>	\$0 (1)	
<i>captopril tab 100 mg</i>	\$0 (1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 10 mg</i>	\$0 (1)	
<i>enalapril maleate tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 10 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 40 mg</i>	\$0 (1)	
<i>lisinopril tab 2.5 mg</i>	\$0 (1)	
<i>lisinopril tab 5 mg</i>	\$0 (1)	
<i>lisinopril tab 10 mg</i>	\$0 (1)	
<i>lisinopril tab 20 mg</i>	\$0 (1)	
<i>lisinopril tab 30 mg</i>	\$0 (1)	
<i>lisinopril tab 40 mg</i>	\$0 (1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0 (1)	
<i>moexipril hcl tab 15 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 2 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 4 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 8 mg</i>	\$0 (1)	
<i>quinapril hcl tab 5 mg</i>	\$0 (1)	
<i>quinapril hcl tab 10 mg</i>	\$0 (1)	
<i>quinapril hcl tab 20 mg</i>	\$0 (1)	
<i>quinapril hcl tab 40 mg</i>	\$0 (1)	
<i>ramipril cap 1.25 mg</i>	\$0 (1)	
<i>ramipril cap 2.5 mg</i>	\$0 (1)	
<i>ramipril cap 5 mg</i>	\$0 (1)	
<i>ramipril cap 10 mg</i>	\$0 (1)	
<i>trandolapril tab 1 mg</i>	\$0 (1)	
<i>trandolapril tab 2 mg</i>	\$0 (1)	
<i>trandolapril tab 4 mg</i>	\$0 (1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eplerenone tab 25 mg</i>	\$0 (1)	
<i>eplerenone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 25 mg</i>	\$0 (1)	
<i>spironolactone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 100 mg</i>	\$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	\$0 (1)	
<i>prazosin hcl cap 1 mg</i>	\$0 (1)	
<i>prazosin hcl cap 2 mg</i>	\$0 (1)	
<i>prazosin hcl cap 5 mg</i>	\$0 (1)	
<i>terazosin hcl cap 1 mg</i>	\$0 (1)	
<i>terazosin hcl cap 2 mg</i>	\$0 (1)	
<i>terazosin hcl cap 5 mg</i>	\$0 (1)	
<i>terazosin hcl cap 10 mg</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0 (1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (1)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (1)	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0 (1)	
<i>irbesartan tab 75 mg</i>	\$0 (1)	
<i>irbesartan tab 150 mg</i>	\$0 (1)	
<i>irbesartan tab 300 mg</i>	\$0 (1)	
<i>losartan potassium tab 25 mg</i>	\$0 (1)	
<i>losartan potassium tab 50 mg</i>	\$0 (1)	
<i>losartan potassium tab 100 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 20 mg</i>	\$0 (1)	
<i>olmesartan medoxomil tab 40 mg</i>	\$0 (1)	
<i>telmisartan tab 20 mg</i>	\$0 (1)	
<i>telmisartan tab 40 mg</i>	\$0 (1)	
<i>telmisartan tab 80 mg</i>	\$0 (1)	
<i>valsartan tab 40 mg</i>	\$0 (1)	
<i>valsartan tab 80 mg</i>	\$0 (1)	
<i>valsartan tab 160 mg</i>	\$0 (1)	
<i>valsartan tab 320 mg</i>	\$0 (1)	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl tab 100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amiodarone hcl tab 200 mg</i>	\$0 (1)	
<i>amiodarone hcl tab 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	\$0 (1)	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	\$0 (1)	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	\$0 (1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0 (1)	
<i>flecainide acetate tab 100 mg</i>	\$0 (1)	
<i>flecainide acetate tab 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 200 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 250 mg</i>	\$0 (1)	
MULTAQ TAB 400MG	\$0 (2)	
NORPACE CAP 100MG CR	\$0 (2)	PA; PA if 65 years and older
NORPACE CAP 150MG CR	\$0 (2)	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	\$0 (1)	
<i>pacerone tab 200mg</i>	\$0 (1)	
<i>pacerone tab 400mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (1)	
<i>propafenone hcl tab 150 mg</i>	\$0 (1)	
<i>propafenone hcl tab 225 mg</i>	\$0 (1)	
<i>propafenone hcl tab 300 mg</i>	\$0 (1)	
<i>quinidine gluconate tab er 324 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 200 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 300 mg</i>	\$0 (1)	
<i>sorine tab 80mg</i>	\$0 (1)	
<i>sorine tab 120mg</i>	\$0 (1)	
<i>sorine tab 160mg</i>	\$0 (1)	
<i>sorine tab 240mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl tab 160 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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sotalol hcl tab 240 mg

\$0 (1)

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

atorvastatin calcium tab 10 mg (base equivalent)

\$0 (1)

atorvastatin calcium tab 20 mg (base equivalent)

\$0 (1)

atorvastatin calcium tab 40 mg (base equivalent)

\$0 (1)

atorvastatin calcium tab 80 mg (base equivalent)

\$0 (1)

lovastatin tab 10 mg

\$0 (1)

lovastatin tab 20 mg

\$0 (1)

lovastatin tab 40 mg

\$0 (1)

pravastatin sodium tab 10 mg

\$0 (1)

pravastatin sodium tab 20 mg

\$0 (1)

pravastatin sodium tab 40 mg

\$0 (1)

pravastatin sodium tab 80 mg

\$0 (1)

rosuvastatin calcium tab 5 mg

\$0 (1)

QL (30 tabs / 30 days)

rosuvastatin calcium tab 10 mg

\$0 (1)

QL (30 tabs / 30 days)

rosuvastatin calcium tab 20 mg

\$0 (1)

QL (30 tabs / 30 days)

rosuvastatin calcium tab 40 mg

\$0 (1)

QL (30 tabs / 30 days)

simvastatin tab 5 mg

\$0 (1)

simvastatin tab 10 mg

\$0 (1)

simvastatin tab 20 mg

\$0 (1)

simvastatin tab 40 mg

\$0 (1)

simvastatin tab 80 mg

\$0 (1)

QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

cholestyramine light powder 4 gm/dose

\$0 (1)

cholestyramine light powder packets 4 gm

\$0 (1)

cholestyramine powder 4 gm/dose

\$0 (1)

cholestyramine powder packets 4 gm

\$0 (1)

colestipol hcl granule packets 5 gm

\$0 (1)

colestipol hcl granules 5 gm

\$0 (1)

colestipol hcl tab 1 gm

\$0 (1)

ezetimibe tab 10 mg

\$0 (1)

fenofibrate micronized cap 67 mg

\$0 (1)

fenofibrate micronized cap 134 mg

\$0 (1)

fenofibrate micronized cap 200 mg

\$0 (1)

fenofibrate tab 48 mg

\$0 (1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fenofibrate tab 54 mg</i>	\$0 (1)	
<i>fenofibrate tab 145 mg</i>	\$0 (1)	
<i>fenofibrate tab 160 mg</i>	\$0 (1)	
<i>gemfibrozil tab 600 mg</i>	\$0 (1)	
JUXTAPID CAP 5MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NM, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NM, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacor tab 500mg</i>	\$0 (1)	
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 (1)	
PRALUENT INJ 75MG/ML	\$0 (2)	NM, PA
PRALUENT INJ 150MG/ML	\$0 (2)	NM, PA
<i>prevalite pow 4gm</i>	\$0 (1)	
<i>prevalite pow 4gm pk</i>	\$0 (1)	
VASCEPA CAP 0.5GM	\$0 (2)	
VASCEPA CAP 1GM	\$0 (2)	
WELCHOL PAK 3.75GM	\$0 (2)	
WELCHOL TAB 625MG	\$0 (2)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0 (1)	
<i>acebutolol hcl cap 400 mg</i>	\$0 (1)	
<i>atenolol tab 25 mg</i>	\$0 (1)	
<i>atenolol tab 50 mg</i>	\$0 (1)	
<i>atenolol tab 100 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (1)	
BYSTOLIC TAB 2.5MG	\$0 (2)	
BYSTOLIC TAB 5MG	\$0 (2)	
BYSTOLIC TAB 10MG	\$0 (2)	
BYSTOLIC TAB 20MG	\$0 (2)	
<i>carvedilol tab 3.125 mg</i>	\$0 (1)	
<i>carvedilol tab 6.25 mg</i>	\$0 (1)	
<i>carvedilol tab 12.5 mg</i>	\$0 (1)	
<i>carvedilol tab 25 mg</i>	\$0 (1)	
<i>labetalol hcl tab 100 mg</i>	\$0 (1)	
<i>labetalol hcl tab 200 mg</i>	\$0 (1)	
<i>labetalol hcl tab 300 mg</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	\$0 (1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0 (1)	
<i>nadolol tab 20 mg</i>	\$0 (1)	
<i>nadolol tab 40 mg</i>	\$0 (1)	
<i>nadolol tab 80 mg</i>	\$0 (1)	
<i>pindolol tab 5 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pindolol tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (1)	
<i>propranolol hcl inj 1 mg/ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl tab 20 mg</i>	\$0 (1)	
<i>propranolol hcl tab 40 mg</i>	\$0 (1)	
<i>propranolol hcl tab 60 mg</i>	\$0 (1)	
<i>propranolol hcl tab 80 mg</i>	\$0 (1)	
<i>timolol maleate tab 5 mg</i>	\$0 (1)	
<i>timolol maleate tab 10 mg</i>	\$0 (1)	
<i>timolol maleate tab 20 mg</i>	\$0 (1)	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>afeditab tab 30mg cr</i>	\$0 (1)	
<i>afeditab tab 60mg cr</i>	\$0 (1)	
<i>amlodipine besylate tab 2.5 mg</i>	\$0 (1)	
<i>amlodipine besylate tab 5 mg</i>	\$0 (1)	
<i>amlodipine besylate tab 10 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (1)	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (1)	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (1)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl tab 30 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 60 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 90 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 120 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 10 mg</i>	\$0 (1)	
<i>isradipine cap 2.5 mg</i>	\$0 (1)	
<i>isradipine cap 5 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 20 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (1)	
<i>nimodipine cap 30 mg</i>	\$0 (2)	
<i>NYMALIZE SOL 60/20ML</i>	\$0 (2)	
<i>taztia xt cap 120mg/24</i>	\$0 (1)	
<i>taztia xt cap 180mg/24</i>	\$0 (1)	
<i>taztia xt cap 240mg/24</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>taztia xt cap 300mg/24</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (1)	
VERAPAMIL HCL CAP ER 24HR 360 MG	\$0 (1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl tab 40 mg</i>	\$0 (1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 180 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 240 mg</i>	\$0 (1)	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	\$0 (1)	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (1)	
DIGOXIN ORAL SOLN 0.05 MG/ML	\$0 (1)	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (1)	PA; PA if 65 years and older
<i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (1)	
<i>acetazolamide tab 125 mg</i>	\$0 (1)	
<i>acetazolamide tab 250 mg</i>	\$0 (1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (1)	
<i>amiloride hcl tab 5 mg</i>	\$0 (1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide tab 0.5 mg</i>	\$0 (1)	
<i>bumetanide tab 1 mg</i>	\$0 (1)	
<i>bumetanide tab 2 mg</i>	\$0 (1)	
<i>chlorothiazide tab 250 mg</i>	\$0 (1)	
<i>chlorothiazide tab 500 mg</i>	\$0 (1)	
<i>chlorthalidone tab 25 mg</i>	\$0 (1)	
<i>chlorthalidone tab 50 mg</i>	\$0 (1)	
<i>furosemide inj 10 mg/ml</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydralazine hcl tab 25 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 50 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 100 mg</i>	\$0 (1)	
<i>midodrine hcl tab 2.5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 10 mg</i>	\$0 (1)	
<i>minoxidil tab 2.5 mg</i>	\$0 (1)	
<i>minoxidil tab 10 mg</i>	\$0 (1)	
NORTHERA CAP 100MG	\$0 (2)	NM, LA, PA
NORTHERA CAP 200MG	\$0 (2)	NM, LA, PA
NORTHERA CAP 300MG	\$0 (2)	NM, LA, PA
RANEXA TAB 500MG	\$0 (2)	
RANEXA TAB 1000MG	\$0 (2)	
<i>NITRATES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>isosorbide dinitrate tab 5 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab er 40 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (1)	
<i>minitran dis 0.1mg/hr</i>	\$0 (1)	
<i>minitran dis 0.2mg/hr</i>	\$0 (1)	
<i>minitran dis 0.4mg/hr</i>	\$0 (1)	
<i>minitran dis 0.6mg/hr</i>	\$0 (1)	
<i>nitro-bid oin 2%</i>	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADCIRCA TAB 20MG	\$0 (2)	NM, PA
ADEMPAS TAB 0.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0 (2)	NM, LA, PA
REMODULIN INJ 1MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 2.5MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 5MG/ML	\$0 (2)	NM, LA, PA
REMODULIN INJ 10MG/ML	\$0 (2)	NM, LA, PA
REVATIO SUS 10MG/ML	\$0 (2)	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	\$0 (2)	NM, LA, PA
UPTRAVI TAB 200MCG	\$0 (2)	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	\$0 (2)	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	\$0 (2)	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 1400MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (2)	NM, PA
VENTAVIS SOL 20MCG/ML	\$0 (2)	NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

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

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTOM TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
APTOM TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
APTOM TAB 600MG	\$0 (2)	QL (60 tabs / 30 days)
APTOM TAB 800MG	\$0 (2)	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	PA
BANZEL TAB 200MG	\$0 (2)	PA
BANZEL TAB 400MG	\$0 (2)	PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	PA
BRIVIACT SOL 10MG/ML	\$0 (2)	PA
BRIVIACT TAB 10MG	\$0 (2)	PA
BRIVIACT TAB 25MG	\$0 (2)	PA
BRIVIACT TAB 50MG	\$0 (2)	PA
BRIVIACT TAB 75MG	\$0 (2)	PA
BRIVIACT TAB 100MG	\$0 (2)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine tab 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	\$0 (2)	
DIASTAT ACDL GEL 12.5-20	\$0 (2)	
DIASTAT PED GEL 2.5M GEL	\$0 (2)	
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	\$0 (1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	\$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	\$0 (1)	
<i>diazepam tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>dilantin cap 30mg</i>	\$0 (2)	
<i>dilantin cap 100mg</i>	\$0 (2)	
<i>dilantin chw 50mg</i>	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (1)	
<i>epitol tab 200mg</i>	\$0 (1)	
<i>ethosuximide cap 250 mg</i>	\$0 (1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (1)	
<i>felbamate susp 600 mg/5ml</i>	\$0 (2)	
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (1)	
FYCOMPA SUS 0.5MG/ML	\$0 (2)	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (2)	QL (30 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (2)	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 (1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0 (1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0 (1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 (1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	\$0 (2)	
GABITRIL TAB 16MG	\$0 (2)	
<i>lamotrigine tab 25 mg</i>	\$0 (1)	
<i>lamotrigine tab 100 mg</i>	\$0 (1)	
<i>lamotrigine tab 150 mg</i>	\$0 (1)	
<i>lamotrigine tab 200 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (1)	
LEVETIRACETA INJ 5MG/ML	\$0 (2)	
LEVETIRACETA INJ 10MG/ML	\$0 (2)	
LEVETIRACETA INJ 15MG/ML	\$0 (2)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	\$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	\$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	\$0 (1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam tab 250 mg</i>	\$0 (1)	
<i>levetiracetam tab 500 mg</i>	\$0 (1)	
<i>levetiracetam tab 750 mg</i>	\$0 (1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (1)	
LYRICA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	\$0 (2)	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	\$0 (2)	PA
ONFI TAB 10MG	\$0 (2)	PA
ONFI TAB 20MG	\$0 (2)	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (1)	
PEGANONE TAB 250MG	\$0 (2)	
PHENOBARB INJ 65MG/ML	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenytek cap 200mg</i>	\$0 (2)	
<i>phenytek cap 300mg</i>	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenytoin chew tab 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (1)	
POTIGA TAB 50MG	\$0 (2)	
POTIGA TAB 200MG	\$0 (2)	QL (180 tabs / 30 days)
POTIGA TAB 300MG	\$0 (2)	QL (90 tabs / 30 days)
POTIGA TAB 400MG	\$0 (2)	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	\$0 (1)	
<i>primidone tab 250 mg</i>	\$0 (1)	
<i>roweepra tab 500mg</i>	\$0 (1)	
<i>roweepra tab 750mg</i>	\$0 (1)	
<i>roweepra tab 1000mg</i>	\$0 (1)	
SABRIL POW 500MG	\$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	\$0 (2)	
SPRITAM TAB 500MG	\$0 (2)	
SPRITAM TAB 750MG	\$0 (2)	
SPRITAM TAB 1000MG	\$0 (2)	
TEGRETOL SUS 100/5ML	\$0 (2)	
TEGRETOL TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 100MG	\$0 (2)	
TEGRETOL-XR TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 400MG	\$0 (2)	
<i>tiagabine hcl tab 2 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0 (1)	
<i>topiramate tab 25 mg</i>	\$0 (1)	
<i>topiramate tab 50 mg</i>	\$0 (1)	
<i>topiramate tab 100 mg</i>	\$0 (1)	
<i>topiramate tab 200 mg</i>	\$0 (1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (1)	
<i>valproic acid cap 250 mg</i>	\$0 (1)	
<i>vigabatrin powd pack 500 mg</i>	\$0 (2)	QL (180 packets / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIMPAT INJ 200MG/20	\$0 (2)	
VIMPAT SOL 10MG/ML	\$0 (2)	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (1)	
<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 23 mg</i>	\$0 (1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (1)	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (1)	
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0 (1)	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	\$0 (1)	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	\$0 (2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (2)	
NAMZARIC CAP 7-10MG	\$0 (2)	
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 21-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 3 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rivastigmine tartrate cap 4.5 mg</i>	\$0 (1)	
<i>rivastigmine tartrate cap 6 mg</i>	\$0 (1)	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	\$0 (1)	
<i>amoxapine tab 50 mg</i>	\$0 (1)	
<i>amoxapine tab 100 mg</i>	\$0 (1)	
<i>amoxapine tab 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab 75 mg</i>	\$0 (1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clomipramine hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	\$0 (1)	
<i>desipramine hcl tab 25 mg</i>	\$0 (1)	
<i>desipramine hcl tab 50 mg</i>	\$0 (1)	
<i>desipramine hcl tab 75 mg</i>	\$0 (1)	
<i>desipramine hcl tab 100 mg</i>	\$0 (1)	
<i>desipramine hcl tab 150 mg</i>	\$0 (1)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (1)	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (2)	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (1)	QL (600 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	\$0 (2)	
<i>fluoxetine hcl cap 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (1)	
<i>fluoxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	\$0 (1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 50 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 75 mg</i>	\$0 (1)	
MARPLAN TAB 10MG	\$0 (2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (1)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	\$0 (1)	
<i>mirtazapine tab 45 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 50 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 200 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nortriptyline hcl cap 25 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (1)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (1)	
<i>paroxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (1)	
PRISTIQ TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (1)	
<i>sertraline hcl oral conc 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (1)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	\$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 37.5 mg</i>	\$0 (1)	

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

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0 (1)	
<i>amantadine hcl tab 100 mg</i>	\$0 (1)	
APOKYN INJ 10MG/ML	\$0 (2)	NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	\$0 (1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	\$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	\$0 (1)	
ENTACAPONE TAB 200 MG	\$0 (1)	
NEUPRO DIS 1MG/24HR	\$0 (2)	
NEUPRO DIS 2MG/24HR	\$0 (2)	
NEUPRO DIS 3MG/24HR	\$0 (2)	
NEUPRO DIS 4MG/24HR	\$0 (2)	
NEUPRO DIS 6MG/24HR	\$0 (2)	
NEUPRO DIS 8MG/24HR	\$0 (2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 syringe / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (2)	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	\$0 (2)	QL (1 syringe / 56 days)
<i>chlorpromaz inj 25mg/ml</i>	\$0 (2)	
<i>chlorpromaz inj 50mg/2ml</i>	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	\$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	\$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	\$0 (1)	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	\$0 (1)	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	\$0 (2)	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (1)	
<i>clozapine tab 50 mg</i>	\$0 (1)	
<i>clozapine tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0 (2)	
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0 (1)	
GEODON INJ 20MG	\$0 (2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
<i>haloperidol tab 0.5 mg</i>	\$0 (1)	
<i>haloperidol tab 1 mg</i>	\$0 (1)	
<i>haloperidol tab 2 mg</i>	\$0 (1)	
<i>haloperidol tab 5 mg</i>	\$0 (1)	
<i>haloperidol tab 10 mg</i>	\$0 (1)	
<i>haloperidol tab 20 mg</i>	\$0 (1)	
INVEGA SUST INJ 39/0.25	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (2)	QL (1 syringe / 90 days)
LATUDA TAB 20MG	\$0 (2)	QL (240 tabs / 30 days)
LATUDA TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0 (2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loxapine succinate cap 25 mg</i>	\$0 (1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (1)	
<i>molindone hcl tab 10 mg</i>	\$0 (1)	
<i>molindone hcl tab 25 mg</i>	\$0 (1)	
NUPLAZID TAB 17MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (1)	
<i>perphenazine tab 4 mg</i>	\$0 (1)	
<i>perphenazine tab 8 mg</i>	\$0 (1)	
<i>perphenazine tab 16 mg</i>	\$0 (1)	
<i>pimozide tab 1 mg</i>	\$0 (1)	
<i>pimozide tab 2 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	\$0 (2)	QL (180 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 0.25MG	\$0 (2)	QL (360 tabs / 30 days)
REXULTI TAB 1MG	\$0 (2)	QL (90 tabs / 30 days)
REXULTI TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (2)	QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (2)	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0 (1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	\$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	\$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	\$0 (2)	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thiothixene cap 2 mg</i>	\$0 (1)	
<i>thiothixene cap 5 mg</i>	\$0 (1)	
<i>thiothixene cap 10 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
VERSACLOZ SUS 50MG/ML	\$0 (2)	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (2)	
VRAYLAR CAP 1.5MG	\$0 (2)	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	\$0 (2)	QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	\$0 (2)	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	\$0 (2)	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (2)	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (1)	QL (360 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (1)	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 18MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 40MG	\$0 (2)	QL (60 caps / 30 days)
STRATTERA CAP 60MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 100MG	\$0 (2)	QL (30 caps / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone tab 1 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0 (2)	NM, LA, PA
SILENOR TAB 3MG	\$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (1)	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (1)	
<i>migergot sup 2/100</i>	\$0 (2)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
RELPAK TAB 20MG	\$0 (2)	QL (12 tabs / 30 days)
RELPAK TAB 40MG	\$0 (2)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	\$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	\$0 (1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO TAB 12MG	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	\$0 (1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
NUDEXTA CAP 20-10MG	\$0 (2)	PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
TETRABENAZINE TAB 12.5 MG	\$0 (2)	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	\$0 (2)	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AMPYRA TAB 10MG	\$0 (2)	NM, LA, PA
BETASERON INJ 0.3MG	\$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	\$0 (2)	QL (28 caps / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	\$0 (2)	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	\$0 (2)	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	\$0 (1)	
<i>baclofen tab 20 mg</i>	\$0 (1)	
<i>carisoprodol tab 350 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methocarbamol tab 500 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (1)	
<i>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</i>		
<i>armodafinil tab 50 mg</i>	\$0 (1)	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (1)	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	\$0 (1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (2)	QL (540 mL / 30 days), LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (1)	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (1)	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 (1)	
CHANTIX PAK 0.5& 1MG	\$0 (2)	PA
CHANTIX PAK 1MG	\$0 (2)	PA
CHANTIX TAB 0.5MG	\$0 (2)	PA
CHANTIX TAB 1MG	\$0 (2)	PA
<i>disulfiram tab 250 mg</i>	\$0 (1)	
<i>disulfiram tab 500 mg</i>	\$0 (1)	
<i>gnp nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz mini 2mg</i>	\$0 (3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (1)	
<i>nicorelief gum 2mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0 (3)	NM; *
NICOTINE TD DIS 7MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 7 MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 14 MG/24HR	\$0 (3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (3)	NM; *
NICOTINE TD PATCH 24HR 21 MG/24HR	\$0 (3)	NM; *
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
<i>sleep aid tab 25mg</i>	\$0 (3)	NM; *
SM NICOTINE DIS 14MG/24H	\$0 (3)	NM; *
SM NICOTINE DIS 21MG	\$0 (3)	NM; *
<i>sm nicotine gum 2mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
SUBOXONE MIS 2-0.5MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	\$0 (2)	QL (120 SL films / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SUBOXONE MIS 12-3MG	\$0 (2)	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0 (2)	PA
ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	\$0 (2)	QL (440 mL / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0 (1)	PA
<i>oxandrolone tab 10 mg</i>	\$0 (1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone td soln 30 mg/act</i>	\$0 (1)	QL (440 mL / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
BYDUREON INJ 2MG	\$0 (2)	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	\$0 (2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0 (2)	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	KwikPen
HUMULIN R INJ U-500	\$0 (2)	B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LANTUS INJ 100/ML	\$0 (2)	
LANTUS INJ SOLOSTAR	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTUOC	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0 (2)	(brand RELION not covered)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN R INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0 (2)	
NOVOLOG INJ FLEXPEN	\$0 (2)	
NOVOLOG INJ PENFILL	\$0 (2)	
NOVOLOG MIX INJ 70/30	\$0 (2)	
NOVOLOG MIX INJ FLEXPEN	\$0 (2)	
SYMLINPEN 60 INJ 1000MCG	\$0 (2)	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	\$0 (2)	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	\$0 (2)	
TRESIBA FLEX INJ 100UNIT	\$0 (2)	
TRESIBA FLEX INJ 200UNIT	\$0 (2)	
TRULICITY INJ 0.75/0.5	\$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (2)	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose tab 25 mg</i>	\$0 (1)	
<i>acarbose tab 50 mg</i>	\$0 (1)	
<i>acarbose tab 100 mg</i>	\$0 (1)	
FARXIGA TAB 5MG	\$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide micronized tab 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	\$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 2.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	\$0 (2)	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	\$0 (2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nateglinide tab 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium tab 5 mg</i>	\$0 (1)	
<i>alendronate sodium tab 10 mg</i>	\$0 (1)	
<i>alendronate sodium tab 35 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	\$0 (1)	
<i>alendronate sodium tab 70 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>pamidronate disodium for inj 30 mg</i>	\$0 (1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0 (1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 (1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (1)	B/D
<i>pamidronate inj 6mg/ml</i>	\$0 (1)	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (1)	B/D, NM
<i>zoledronic inj 4mg</i>	\$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	\$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	
EXJADE TAB 125MG	\$0 (2)	NM, LA, PA
EXJADE TAB 250MG	\$0 (2)	NM, LA, PA
EXJADE TAB 500MG	\$0 (2)	NM, LA, PA
FERRIPROX SOL 100MG/ML	\$0 (2)	NM, LA, PA
FERRIPROX TAB 500MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kionex pow</i>	\$0 (1)	
<i>kionex sus 15gm/60</i>	\$0 (1)	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (1)	
SYPRINE CAP 250MG	\$0 (2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
AFTERA TAB 1.5MG	\$0 (3)	NM; *
<i>alyacen tab 1/35</i>	\$0 (1)	
<i>apri tab</i>	\$0 (1)	
<i>aranelle tab</i>	\$0 (1)	
<i>aubra tab 0.1-0.02</i>	\$0 (1)	
<i>aviane tab</i>	\$0 (1)	
<i>balziva tab</i>	\$0 (1)	
<i>bekyree tab</i>	\$0 (1)	
<i>blisovi fe tab 1.5/30</i>	\$0 (1)	
<i>blisovi fe tab 1/20</i>	\$0 (1)	
<i>brielllyn tab</i>	\$0 (1)	
<i>camila tab 0.35mg</i>	\$0 (1)	
CONDOMS MIS LUBRICAT	\$0 (3)	NM; *
<i>cryselle-28 tab 28 tabs</i>	\$0 (1)	
<i>cyclafem tab 1/35</i>	\$0 (1)	
<i>cyclafem tab 7/7/7</i>	\$0 (1)	
<i>deblitane tab 0.35mg</i>	\$0 (1)	
<i>delyla tab 0.1-0.02</i>	\$0 (1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (1)	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	\$0 (1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	\$0 (1)	
<i>econtra ez tab 1.5mg</i>	\$0 (3)	NM; *
ELLA TAB 30MG	\$0 (2)	
<i>emoquette tab</i>	\$0 (1)	
<i>enpresse-28 tab</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>errin tab 0.35mg</i>	\$0 (1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (1)	
<i>fallback tab 1.5mg</i>	\$0 (3)	NM; *
<i>falmina tab</i>	\$0 (1)	
FANTASY LUBR MIS COLORS	\$0 (3)	NM; *
FANTASY LUBR MIS SPERMICI	\$0 (3)	NM; *
FANTASY MIS LUBRICAT	\$0 (3)	NM; *
<i>femynor tab 0.25-35</i>	\$0 (1)	
<i>gildagia tab 0.4-35</i>	\$0 (1)	
<i>heather tab 0.35mg</i>	\$0 (1)	
<i>introvale tab</i>	\$0 (1)	
<i>isibloom tab 0.15-30</i>	\$0 (1)	
JOLIVETTE TAB 0.35MG	\$0 (1)	
<i>juleber tab</i>	\$0 (1)	
<i>junel 1.5/30 tab</i>	\$0 (1)	
<i>junel 1/20 tab</i>	\$0 (1)	
<i>junel fe tab 1.5/30</i>	\$0 (1)	
<i>junel fe tab 1/20</i>	\$0 (1)	
<i>kariva tab 28 day</i>	\$0 (1)	
<i>kelnor tab 1/35</i>	\$0 (1)	
<i>kimidess tab</i>	\$0 (1)	
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>larin fe tab 1.5/30</i>	\$0 (1)	
<i>larin fe tab 1/20</i>	\$0 (1)	
<i>larin tab 1.5/30</i>	\$0 (1)	
<i>larin tab 1/20</i>	\$0 (1)	
<i>lessina tab</i>	\$0 (1)	
<i>levonest tab</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (1)	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levonorgestrel tab 1.5 mg</i>	\$0 (3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (1)	
<i>levora-28 tab 0.15/30</i>	\$0 (1)	
<i>loryna tab 3-0.02mg</i>	\$0 (1)	
<i>lutra tab</i>	\$0 (1)	
<i>lyza tab 0.35mg</i>	\$0 (1)	
<i>marlissa tab 0.15/30</i>	\$0 (1)	
MAXX MIS LUBRICAT	\$0 (3)	NM; *
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	\$0 (1)	
MONONESSA TAB	\$0 (1)	
<i>my way tab 1.5mg</i>	\$0 (3)	NM; *
<i>myzilra tab</i>	\$0 (1)	
<i>necon tab 0.5/35</i>	\$0 (1)	
NECON TAB 1/50-28	\$0 (1)	
NECON TAB 7/7/7	\$0 (1)	
<i>necon tab 10/11-28</i>	\$0 (2)	
<i>next choice tab 1.5mg</i>	\$0 (3)	NM; *
<i>nikki tab 3-0.02mg</i>	\$0 (1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (1)	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (1)	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	\$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	\$0 (1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (1)	
NORETHINDRONE TAB 0.35 MG	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	\$0 (1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0 (1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (1)	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	\$0 (1)	
<i>norlyroc tab 0.35mg</i>	\$0 (1)	
<i>nortrel tab 0.5/35</i>	\$0 (1)	
<i>nortrel tab 1/35</i>	\$0 (1)	
<i>nortrel tab 7/7/7</i>	\$0 (1)	
NUVARING MIS	\$0 (2)	
<i>opcicon tab 1.5mg</i>	\$0 (3)	NM; *
<i>orsythia tab</i>	\$0 (1)	
<i>philith tab 0.4-35</i>	\$0 (1)	
<i>pimtrea tab</i>	\$0 (1)	
<i>pirmella tab 1/35</i>	\$0 (1)	
<i>portia-28 tab</i>	\$0 (1)	
<i>previfem tab</i>	\$0 (1)	
<i>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
TAKE ACTION TAB 1.5MG	\$0 (3)	NM; *
<i>tarina fe tab 1/20</i>	\$0 (1)	
<i>tri-legest tab fe</i>	\$0 (1)	
<i>tri-lo- tab sprintec</i>	\$0 (1)	
<i>tri-previfem tab</i>	\$0 (1)	
<i>tri-sprintec tab</i>	\$0 (1)	
TRINESSA LO TAB	\$0 (1)	
TRINESSA TAB	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
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; *
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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>velivet pak</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	
<i>viorele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zenchent tab</i>	\$0 (1)	
<i>zovia 1/35e tab</i>	\$0 (1)	
<i>zovia 1/50e tab</i>	\$0 (1)	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	\$0 (1)	
<i>danazol cap 100 mg</i>	\$0 (1)	
<i>danazol cap 200 mg</i>	\$0 (1)	
SYNAREL SOL 2MG/ML	\$0 (2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INJ 250/ML	\$0 (2)	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	\$0 (2)	NM, LA, PA
BUPHENYL TAB 500MG	\$0 (2)	NM, LA, PA
CARBAGLU TAB 200MG	\$0 (2)	NM, LA, PA
CERDELGA CAP 84MG	\$0 (2)	NM, PA
CEREZYME INJ 400UNIT	\$0 (2)	NM, LA, PA
CYSTADANE POW	\$0 (2)	NM, LA
CYSTAGON CAP 50MG	\$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 35MG	\$0 (2)	NM, LA, PA
KUVAN POW 100MG	\$0 (2)	NM, LA, PA
KUVAN POW 500MG	\$0 (2)	NM, LA, PA
KUVAN TAB 100MG	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levocarnitine inj 200 mg/ml</i>	\$0 (1)	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0 (1)	B/D
LUMIZYME INJ 50MG	\$0 (2)	NM, LA, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NM, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NM, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NM, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	\$0 (2)	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NM, PA
ZAVESCA CAP 100MG	\$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0 (2)	
<i>estrace vag cre 0.1mg/gm</i>	\$0 (2)	
<i>estradiol tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	\$0 (1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (1)	
<i>jinteli tab 1mg-5mcg</i>	\$0 (2)	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (2)	PA; PA if 65 years and older

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>cortisone acetate tab 25 mg</i>	\$0 (1)	
<i>dexamethason con 1mg/ml</i>	\$0 (1)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (1)	
<i>dexamethasone tab 1 mg</i>	\$0 (1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 2 mg</i>	\$0 (1)	
<i>dexamethasone tab 4 mg</i>	\$0 (1)	
<i>dexamethasone tab 6 mg</i>	\$0 (1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone tab 5 mg</i>	\$0 (1)	
<i>hydrocortisone tab 10 mg</i>	\$0 (1)	
<i>hydrocortisone tab 20 mg</i>	\$0 (1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (1)	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0 (1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0 (1)	B/D
<i>prednisone con 5mg/ml</i>	\$0 (2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (1)	B/D
<i>prednisone tab 1 mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 10 mg</i>	\$0 (1)	B/D
<i>prednisone tab 20 mg</i>	\$0 (1)	B/D
<i>prednisone tab 50 mg</i>	\$0 (1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (1)	
SOLU-CORTEF INJ 250MG	\$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
DEX4 GLUCOSE CHW	\$0 (3)	NM; *
GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
GLUCOSE CHW 4GM	\$0 (3)	NM; *
<i>glutose 15 gel 40%</i>	\$0 (3)	NM; *
HM GLUCOSE CHW ORANGE	\$0 (3)	NM; *
HM GLUCOSE CHW RASPBERRY	\$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	\$0 (3)	NM; *
PROGLYCEM SUS 50MG/ML	\$0 (2)	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 10/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 15/1.5ML	\$0 (2)	NM, PA
NORDITROPIN INJ 30/3ML	\$0 (2)	NM, PA
MISCELLANEOUS		

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

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FORTEO SOL 600/2.4	\$0 (2)	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	\$0 (2)	NM, PA
NATPARA INJ 50MCG	\$0 (2)	NM, PA
NATPARA INJ 75MCG	\$0 (2)	NM, PA
NATPARA INJ 100MCG	\$0 (2)	NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	\$0 (2)	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0 (1)	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0 (1)	
REVELA PAK 0.8GM	\$0 (2)	
REVELA PAK 2.4GM	\$0 (2)	
REVELA TAB 800MG	\$0 (2)	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (1)	
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (1)	
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (1)	
<i>norethindrone acetate tab 5 mg</i>	\$0 (1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levothyroxine sodium tab 25 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 50 mcg</i>	\$0 (1)	
LEVOTHYROXINE SODIUM TAB 75 MCG	\$0 (1)	
<i>levothyroxine sodium tab 88 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 100 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 112 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 125 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 137 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (1)	
<i>levothyroxine sodium tab 200 mcg</i>	\$0 (1)	
LEVOTHYROXINE SODIUM TAB 300 MCG	\$0 (1)	
LEVOXYL TAB 25MCG	\$0 (1)	
LEVOXYL TAB 50MCG	\$0 (1)	
LEVOXYL TAB 75MCG	\$0 (1)	
LEVOXYL TAB 88MCG	\$0 (1)	
LEVOXYL TAB 100MCG	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEVOXYL TAB 112MCG	\$0 (1)	
LEVOXYL TAB 125MCG	\$0 (1)	
LEVOXYL TAB 137MCG	\$0 (1)	
LEVOXYL TAB 150MCG	\$0 (1)	
LEVOXYL TAB 175MCG	\$0 (1)	
LEVOXYL TAB 200MCG	\$0 (1)	
<i>liothyronine sodium tab 5 mcg</i>	\$0 (1)	
<i>liothyronine sodium tab 25 mcg</i>	\$0 (1)	
<i>liothyronine sodium tab 50 mcg</i>	\$0 (1)	
<i>methimazole tab 5 mg</i>	\$0 (1)	
<i>methimazole tab 10 mg</i>	\$0 (1)	
<i>propylthiouracil tab 50 mg</i>	\$0 (1)	
SYNTHROID TAB 25MCG	\$0 (2)	
SYNTHROID TAB 50MCG	\$0 (2)	
SYNTHROID TAB 75MCG	\$0 (2)	
SYNTHROID TAB 88MCG	\$0 (2)	
SYNTHROID TAB 100MCG	\$0 (2)	
SYNTHROID TAB 112MCG	\$0 (2)	
SYNTHROID TAB 125MCG	\$0 (2)	
SYNTHROID TAB 137MCG	\$0 (2)	
SYNTHROID TAB 150MCG	\$0 (2)	
SYNTHROID TAB 175MCG	\$0 (2)	
SYNTHROID TAB 200MCG	\$0 (2)	
SYNTHROID TAB 300MCG	\$0 (2)	
UNITHROID TAB 25MCG	\$0 (1)	
UNITHROID TAB 50MCG	\$0 (1)	
UNITHROID TAB 75MCG	\$0 (1)	
UNITHROID TAB 88MCG	\$0 (1)	
UNITHROID TAB 100MCG	\$0 (1)	
UNITHROID TAB 112MCG	\$0 (1)	
UNITHROID TAB 125MCG	\$0 (1)	
UNITHROID TAB 150MCG	\$0 (1)	
UNITHROID TAB 175MCG	\$0 (1)	
UNITHROID TAB 200MCG	\$0 (1)	
UNITHROID TAB 300MCG	\$0 (1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 (1)	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	\$0 (1)	
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (1)	
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (1)	
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (1)	
STIMATE SOL 1.5MG/ML	\$0 (2)	NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone sus</i>	\$0 (3)	NM; *
<i>almacone chw</i>	\$0 (3)	NM; *
<i>almacone dbl sus strength</i>	\$0 (3)	NM; *
<i>almacone sus</i>	\$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0 (3)	NM; *
<i>antacid chw 500mg</i>	\$0 (3)	NM; *
<i>antacid chw 750mg</i>	\$0 (3)	NM; *
<i>antacid fast sus relief</i>	\$0 (3)	NM; *
<i>antacid plus sus anti-gas</i>	\$0 (3)	NM; *
<i>antacid plus sus gas rel</i>	\$0 (3)	NM; *
<i>antacid sus</i>	\$0 (3)	NM; *
<i>antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>antacid sus max st</i>	\$0 (3)	NM; *
<i>antacid/anti sus -gas ds</i>	\$0 (3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>cal-gest chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 750mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0 (3)	NM; *
GAVISCON CHW	\$0 (3)	NM; *
GAVISCON SUS	\$0 (3)	NM; *
GAVISCON SUS CHERRY	\$0 (3)	NM; *
<i>gnp antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>gnp antacid sus cherry</i>	\$0 (3)	NM; *
<i>gnp masanti sus max st</i>	\$0 (3)	NM; *
<i>gnp masanti sus reg st</i>	\$0 (3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>mag-al plus liq</i>	\$0 (3)	NM; *
<i>mag-al plus liq xs</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0 (3)	NM; *
<i>mi-acid chw</i>	\$0 (3)	NM; *
<i>mi-acid sus</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mi-acid sus max st</i>	\$0 (3)	NM; *
<i>mintox plus chw</i>	\$0 (3)	NM; *
<i>mintox sus</i>	\$0 (3)	NM; *
<i>mintox sus max st</i>	\$0 (3)	NM; *
<i>px antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>qc antacid sus</i>	\$0 (3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>rulox sus</i>	\$0 (3)	NM; *
<i>sb antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>sb antacid/ sus antigas</i>	\$0 (3)	NM; *
<i>sm antacid sus advanced</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0 (3)	NM; *
<i>tgt antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>th antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>tums fresher chw 500mg</i>	\$0 (3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0 (3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrhe tab 2mg</i>	\$0 (3)	NM; *
<i>bismatrol chw 262mg</i>	\$0 (3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0 (3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0 (3)	NM; *
<i>bismuth ms sus 525/15ml</i>	\$0 (3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0 (3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0 (3)	NM; *
<i>peptic relf chw 262mg</i>	\$0 (3)	NM; *
<i>peptic relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0 (3)	NM; *
<i>sb bismuth sus 262/15ml</i>	\$0 (3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0 (3)	NM; *
<i>stomach relf chw 262mg</i>	\$0 (3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>anti-nausea liq</i>	\$0 (3)	NM; *
<i>anti-nausea sol</i>	\$0 (3)	NM; *
<i>aprepitant capsule 40 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 (1)	B/D
<i>compro sup 25mg</i>	\$0 (1)	
<i>dimenhydrinate tab 50 mg</i>	\$0 (3)	NM; *
<i>driminate tab 50mg</i>	\$0 (3)	NM; *
<i>dronabinol cap 2.5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	\$0 (2)	B/D
EMEND CAP 80MG	\$0 (2)	B/D
EMEND CAP 125MG	\$0 (2)	B/D
EMEND SUS 125MG	\$0 (2)	B/D
EMEND TRIPAC PAK 80 & 125	\$0 (2)	B/D
<i>formula em sol</i>	\$0 (3)	NM; *
<i>granisetron hcl inj 0.1 mg/ml</i>	\$0 (1)	
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (1)	
<i>granisetron hcl tab 1 mg</i>	\$0 (1)	B/D
<i>meclizine hcl chew tab 25 mg</i>	\$0 (3)	NM; *
<i>meclizine hcl tab 12.5 mg</i>	\$0 (1)	
<i>meclizine hcl tab 12.5 mg</i>	\$0 (3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0 (1)	
<i>metoclopramide hcl inj 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg</i>	\$0 (1)	
<i>motion relf tab 25mg</i>	\$0 (3)	NM; *
<i>motion sick tab 25mg</i>	\$0 (3)	NM; *
<i>motion sick tab 50mg</i>	\$0 (3)	NM; *
<i>motion-time chw 25mg</i>	\$0 (3)	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (1)	B/D
<i>phenadoz sup 12.5mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>prochlorperazine edisylate inj 5 mg/ml</i>	\$0 (1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl suppos 12.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethegan sup 25mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethegan sup 50mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older

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

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	\$0 (1)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (1)	
<i>dicyclomine hcl tab 20 mg</i>	\$0 (1)	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	\$0 (1)	
<i>glycopyrrolate tab 1 mg</i>	\$0 (1)	
<i>glycopyrrolate tab 2 mg</i>	\$0 (1)	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid control tab 10mg</i>	\$0 (3)	NM; *
<i>acid control tab 20mg</i>	\$0 (3)	NM; *
<i>acid control tab 150mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 10mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 20mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 75mg</i>	\$0 (3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0 (1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (1)	
<i>famotidine inj 20 mg/2ml</i>	\$0 (1)	
<i>famotidine inj 40 mg/4ml</i>	\$0 (1)	
<i>famotidine inj 200 mg/20ml</i>	\$0 (1)	
<i>famotidine tab 10 mg</i>	\$0 (3)	NM; *
<i>famotidine tab 10mg</i>	\$0 (3)	NM; *
<i>famotidine tab 20 mg</i>	\$0 (1)	
<i>famotidine tab 40 mg</i>	\$0 (1)	
<i>heartburn tab 20mg</i>	\$0 (3)	NM; *
<i>heartburn tab 150mg</i>	\$0 (3)	NM; *
<i>heartburn tab relief</i>	\$0 (3)	NM; *
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)	
<i>ranitidine hcl tab 75 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)	
<i>ranitidine hcl tab 150 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm acid redu tab 200mg</i>	\$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	\$0 (2)	
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	
CANASA SUP 1000MG	\$0 (2)	
DELZICOL CAP 400MG	\$0 (2)	
DIPENTUM CAP 250MG	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
HYDROCORTISONE ENEMA 100 MG/60ML	\$0 (1)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (1)	
MESALAMINE TAB DELAYED RELEASE 800 MG	\$0 (1)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (1)	
LAXATIVES		
<i>bisac-evac sup 10mg</i>	\$0 (3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0 (3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	\$0 (1)	
<i>biscolax sup 10mg</i>	\$0 (3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0 (3)	NM; *
<i>clearlax pow</i>	\$0 (3)	NM; *
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>diocto liq 50mg/5ml</i>	\$0 (3)	NM; *
<i>diocto syp 60/15ml</i>	\$0 (3)	NM; *
<i>doc-q-lax tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>docqlace cap 100mg</i>	\$0 (3)	NM; *
<i>docu liq 50mg/5ml</i>	\$0 (3)	NM; *
<i>docusate cal cap 240mg</i>	\$0 (3)	NM; *
<i>docusate sod cap 100mg</i>	\$0 (3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0 (3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (3)	NM; *
<i>docusate sodium tab 100 mg</i>	\$0 (3)	NM; *
<i>docusil cap 100mg</i>	\$0 (3)	NM; *
<i>dok cap 100mg</i>	\$0 (3)	NM; *
<i>dok cap 250mg</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>dok plus tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>dok tab 100mg</i>	\$0 (3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>enulose sol 10gm/15</i>	\$0 (1)	
<i>fiber laxatv tab 625mg</i>	\$0 (3)	NM; *
<i>fiber therap tab 500mg</i>	\$0 (3)	NM; *
<i>fiber-caps tab 625mg</i>	\$0 (3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0 (3)	NM; *
<i>fleet laxati tab 5mg ec</i>	\$0 (3)	NM; *
<i>gavilax pow</i>	\$0 (3)	NM; *
<i>gavilyte-c sol</i>	\$0 (1)	
<i>gavilyte-g sol</i>	\$0 (1)	
<i>gavilyte-n sol flav pk</i>	\$0 (1)	
<i>generlac sol 10gm/15</i>	\$0 (1)	
<i>geri-mucil pow 68%</i>	\$0 (3)	NM; *
<i>glycerin suppos 1 gm</i>	\$0 (3)	NM; *
<i>glycolax pow 3350 nf</i>	\$0 (3)	NM; *
<i>gnp best pow fiber</i>	\$0 (3)	NM; *
<i>gnp bisa-lax tab 5mg ec</i>	\$0 (3)	NM; *
<i>gnp clearlax pow</i>	\$0 (3)	NM; *
<i>gnp enema ene</i>	\$0 (3)	NM; *
<i>gnp fiber cap 0.52gm</i>	\$0 (3)	NM; *
<i>gnp glycerin sup 1.2gm</i>	\$0 (3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>gnp milk mag sus</i>	\$0 (3)	NM; *
GOLYTELY SOL	\$0 (2)	
<i>healthylax pow</i>	\$0 (3)	NM; *
<i>hm clearlax pow</i>	\$0 (3)	NM; *
<i>hm enema ene</i>	\$0 (3)	NM; *
<i>hm fiber cap 0.52gm</i>	\$0 (3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>hm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>hm fiber tab 500mg</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>kao-tin cap 240mg</i>	\$0 (3)	NM; *
<i>kls fiber tb tab 625mg</i>	\$0 (3)	NM; *
<i>konsyl cap 520mg</i>	\$0 (3)	NM; *
<i>konsyl fiber tab 625mg</i>	\$0 (3)	NM; *
<i>konsyl pow 28.3%</i>	\$0 (3)	NM; *
<i>konsyl pow 30.9%</i>	\$0 (3)	NM; *
KONSYL POW 60.3%	\$0 (3)	NM; *
KONSYL POW 71.67%	\$0 (3)	NM; *
KONSYL-D POW 52.3%	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
<i>lax diet sup tab 500mg</i>	\$0 (3)	NM; *
<i>lax/stl soft tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>laxative sup 10mg</i>	\$0 (3)	NM; *
<i>metamucil pow 28.3%org</i>	\$0 (3)	NM; *
<i>metamucil pow 58.6% sf</i>	\$0 (3)	NM; *
<i>metamucil pow 58.6%org</i>	\$0 (3)	NM; *
<i>milk of magn sus</i>	\$0 (3)	NM; *
<i>milk of magn sus 400/5ml</i>	\$0 (3)	NM; *
<i>milk of magn sus 1200/15</i>	\$0 (3)	NM; *
<i>milk of magn sus cherry</i>	\$0 (3)	NM; *
<i>milk of magn sus frsh mnt</i>	\$0 (3)	NM; *
<i>milk of magn sus mint</i>	\$0 (3)	NM; *
MOVIPREP SOL	\$0 (2)	
<i>nat fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>nat fiber pow therapy</i>	\$0 (3)	NM; *
<i>nat psyllium pow fiber</i>	\$0 (3)	NM; *
<i>nat veg lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>natrul colon pow care</i>	\$0 (3)	NM; *
<i>natrul fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>natrul fiber pow therapy</i>	\$0 (3)	NM; *
NULYTELY SOL FLAV PKS	\$0 (2)	
NUTRISOURCE POW FIBER	\$0 (3)	NM; *
PEDIA-LAX SUP 2.8GM	\$0 (3)	NM; *
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	\$0 (1)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>perdiem over tab 15mg</i>	\$0 (3)	NM; *
<i>peri-colace tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>polyeth glyc pow 3350 nf</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral packet</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral packet</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral powder</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral powder</i>	\$0 (3)	NM; *
<i>px fiber cap 0.52gm</i>	\$0 (3)	NM; *
<i>px fiber tab 625mg</i>	\$0 (3)	NM; *
<i>qc natural pow vegetabl</i>	\$0 (3)	NM; *
<i>ra fib lax pow 48.57%</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>reguloid cap 0.52gm</i>	\$0 (3)	NM; *
<i>reguloid pow 28.3%</i>	\$0 (3)	NM; *
<i>reguloid pow 48.57%</i>	\$0 (3)	NM; *
<i>reguloid pow 58.6%</i>	\$0 (3)	NM; *
<i>sani-supp sup adult</i>	\$0 (3)	NM; *
<i>sani-supp sup pediatri</i>	\$0 (3)	NM; *
<i>sb bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>sb laxative sup 10mg</i>	\$0 (3)	NM; *
<i>sb milk magn sus</i>	\$0 (3)	NM; *
<i>sb milk magn sus mint</i>	\$0 (3)	NM; *
<i>sb senna-lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senexon liq 8.8mg/5</i>	\$0 (3)	NM; *
<i>senexon tab 8.6mg</i>	\$0 (3)	NM; *
<i>senexon-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>SENNA SYP</i>	\$0 (3)	NM; *
<i>senna tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-lax tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna-tabs tab 8.6mg</i>	\$0 (3)	NM; *
<i>senna-time s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna-time tab 8.6mg</i>	\$0 (3)	NM; *
<i>sennalax-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senno tab 8.6mg</i>	\$0 (3)	NM; *
<i>sennosides syrup 8.8 mg/5ml</i>	\$0 (3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0 (3)	NM; *
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (3)	NM; *
<i>silace liq 10mg/ml</i>	\$0 (3)	NM; *
<i>silace syp 60/15ml</i>	\$0 (3)	NM; *
<i>sm clearlax pow</i>	\$0 (3)	NM; *
<i>sm fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>sm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>sm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>sodium phosphates - enema</i>	\$0 (3)	NM; *
<i>sof-lax cap 100mg</i>	\$0 (3)	NM; *
<i>soluble fib pow therapy</i>	\$0 (3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0 (3)	NM; *
<i>stool softnr cap 50mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 100mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 240mg</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>stool softnr cap 250mg</i>	\$0 (3)	NM; *
<i>stool softnr tab 8.6-50mg</i>	\$0 (3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0 (2)	
<i>total fiber pow</i>	\$0 (3)	NM; *
<i>trilyte sol</i>	\$0 (1)	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	PA
AMITIZA CAP 8MCG	\$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (1)	
GATTEX KIT 5MG	\$0 (2)	NM, LA, PA
LINZESS CAP 72MCG	\$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	\$0 (2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (1)	
<i>misoprostol tab 100 mcg</i>	\$0 (1)	
<i>misoprostol tab 200 mcg</i>	\$0 (1)	
MOVANTIK TAB 12.5MG	\$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0 (2)	PA
RELISTOR INJ 12/0.6ML	\$0 (2)	PA
SUCRAID SOL 8500/ML	\$0 (2)	LA
<i>sucralfate tab 1 gm</i>	\$0 (1)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0 (2)	
CREON CAP 6000UNIT	\$0 (2)	
CREON CAP 12000UNT	\$0 (2)	
CREON CAP 24000UNT	\$0 (2)	
CREON CAP 36000UNT	\$0 (2)	
ZENPEP CAP 3000UNIT	\$0 (2)	
ZENPEP CAP 5000UNIT	\$0 (2)	
ZENPEP CAP 10000UNT	\$0 (2)	
ZENPEP CAP 15000UNT	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 20000UNT	\$0 (2)	
ZENPEP CAP 25000UNT	\$0 (2)	
ZENPEP CAP 40000UNT	\$0 (2)	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>complete chw dual act</i>	\$0 (3)	NM; *
DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	QL (30 caps / 30 days)
<i>dual action chw complete</i>	\$0 (3)	NM; *
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	\$0 (1)	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	\$0 (1)	
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	\$0 (2)	
NEXIUM GRA 5MG DR	\$0 (2)	
NEXIUM GRA 10MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	\$0 (2)	QL (30 packets / 30 days)
<i>omeprazole cap 20.6mgdr</i>	\$0 (3)	NM; *
<i>omeprazole cap delayed release 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	\$0 (3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
PRILOSEC OTC TAB 20MG	\$0 (3)	NM; *
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 25 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (1)	
ELMIRON CAP 100MG	\$0 (2)	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	\$0 (1)	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	\$0 (1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	\$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	
<i>tolterodine tartrate tab 2 mg</i>	\$0 (1)	
TOVIAZ TAB 4MG	\$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0 (2)	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
VESICARE TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
VESICARE TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
CLOTRIMAZOLE CRE 3 DAY	\$0 (3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
3 DAY VAGINL CRE 2%	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>3 day vaginal cre 4%</i>	\$0 (3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0 (1)	
<i>miconazole 3 kit combinat</i>	\$0 (3)	NM; *
<i>miconazole 3 kit combo pk</i>	\$0 (3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0 (3)	NM; *
<i>miconazole 7 cre tube/kit</i>	\$0 (3)	NM; *
<i>miconazole 7 sup 100mg</i>	\$0 (3)	NM; *
<i>miconazole nitrate vaginal cream 2%</i>	\$0 (3)	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	\$0 (3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0 (1)	
<i>terconazole vaginal cream 0.8%</i>	\$0 (1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0 (1)	
<i>tioconazole oin 6.5% vag</i>	\$0 (3)	NM; *
<i>vagistat-3 kit combo pk</i>	\$0 (3)	NM; *
VANDAZOLE GEL 0.75%	\$0 (1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (2)	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	
HEP SOD/NACL INJ 25000UNT	\$0 (2)	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	\$0 (2)	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	\$0 (2)	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0 (2)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (1)	B/D
<i>jantoven tab 1mg</i>	\$0 (1)	
<i>jantoven tab 2.5mg</i>	\$0 (1)	
<i>jantoven tab 2mg</i>	\$0 (1)	
<i>jantoven tab 3mg</i>	\$0 (1)	
<i>jantoven tab 4mg</i>	\$0 (1)	
<i>jantoven tab 5mg</i>	\$0 (1)	
<i>jantoven tab 6mg</i>	\$0 (1)	
<i>jantoven tab 7.5mg</i>	\$0 (1)	
<i>jantoven tab 10mg</i>	\$0 (1)	
PRADAXA CAP 75MG	\$0 (2)	
PRADAXA CAP 110MG	\$0 (2)	
PRADAXA CAP 150MG	\$0 (2)	
<i>warfarin sodium tab 1 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 3 mg</i>	\$0 (1)	
<i>warfarin sodium tab 4 mg</i>	\$0 (1)	
<i>warfarin sodium tab 5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 6 mg</i>	\$0 (1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 10 mg</i>	\$0 (1)	
XARELTO STAR TAB 15/20MG	\$0 (2)	
XARELTO TAB 10MG	\$0 (2)	
XARELTO TAB 15MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 20MG	\$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	\$0 (2)	NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NM, PA
LEUKINE INJ 250MCG	\$0 (2)	NM, PA
MOZOBIL INJ	\$0 (2)	NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA
PROCRIT INJ 20000/ML	\$0 (2)	NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NM, PA
IRON		
<i>cvs iron tab 325mg</i>	\$0 (3)	NM; *
DUOFER TAB 28MG	\$0 (3)	NM; *
<i>ezfe 200 cap 200mg</i>	\$0 (3)	NM; *
<i>fe c tab</i>	\$0 (3)	NM; *
<i>fer-iron dro 15mg/ml</i>	\$0 (3)	NM; *
FERAHEME INJ 510/17ML	\$0 (3)	NM; *
<i>ferate tab 27mg</i>	\$0 (3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0 (3)	NM; *
FERRETTES IPS SOL	\$0 (3)	NM; *
FERRETTES TAB 325MG	\$0 (3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0 (3)	NM; *
FERRIMIN 150 TAB	\$0 (3)	NM; *
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0 (3)	NM; *
FERROUS GLUC TAB 324MG	\$0 (3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	\$0 (3)	NM; *
FERROUS SULF TAB 140MG	\$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	\$0 (3)	NM; *
<i>ferrous sulf tab 325mg</i>	\$0 (3)	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (3)	NM; *
<i>ferrousul tab 325mg</i>	\$0 (3)	NM; *
FOLGARD TAB	\$0 (3)	NM; *
FOLITAB 500 TAB	\$0 (3)	NM; *
<i>foltabs 800 tab</i>	\$0 (3)	NM; *
<i>gnp iron tab 45mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 65mg</i>	\$0 (3)	NM; *
<i>hm iron tab 65mg</i>	\$0 (3)	NM; *
I.L.X. B-12 ELX	\$0 (3)	NM; *
<i>iferex 150 cap</i>	\$0 (3)	NM; *
INFED INJ 50MG/ML	\$0 (3)	NM; *
INTEGRA CAP	\$0 (3)	NM; *
<i>iron 100 tab plus</i>	\$0 (3)	NM; *
<i>iron 100/c tab 100-250</i>	\$0 (3)	NM; *
<i>iron supplem tab 325mg</i>	\$0 (3)	NM; *
<i>iron supplem tab therapy</i>	\$0 (3)	NM; *
<i>iron tab 325mg</i>	\$0 (3)	NM; *
NOVAFERRUM CAP 50MG	\$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0 (3)	NM; *
NOVAFERRUM LIQ 125	\$0 (3)	NM; *
PROFE CAP 180MG	\$0 (3)	NM; *
<i>ra iron tab 325mg</i>	\$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	\$0 (3)	NM; *
<i>sm iron tab 325mg</i>	\$0 (3)	NM; *
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0 (3)	NM; *
TANDEM CAP	\$0 (3)	NM; *
<i>th iron tab 65mg</i>	\$0 (3)	NM; *
VENOFER INJ 20MG/ML	\$0 (3)	NM; *
<i>wee care sus 15/1.25</i>	\$0 (3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (1)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (1)	
<i>cilostazol tab 50 mg</i>	\$0 (1)	
<i>cilostazol tab 100 mg</i>	\$0 (1)	
CINRYZE SOL 500 UNIT	\$0 (2)	NM, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NM, PA
HAEGARDA INJ 2000UNIT	\$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA INJ 3000UNIT	\$0 (2)	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA TAB 12.5MG	\$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	
EFFIENT TAB 5MG	\$0 (2)	
EFFIENT TAB 10MG	\$0 (2)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (1)	
ZONTIVITY TAB 2.08MG	\$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10MG/0.2	\$0 (2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	\$0 (2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0 (2)	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	\$0 (2)	NM, PA
HUMIRA PEN INJ PSORIASI	\$0 (2)	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gengraf cap 100mg</i>	\$0 (1)	B/D
<i>gengraf sol 100mg/ml</i>	\$0 (1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (2)	B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
NEORAL CAP 25MG	\$0 (2)	B/D
NEORAL CAP 100MG	\$0 (2)	B/D
NEORAL SOL 100MG/ML	\$0 (2)	B/D
NULOJIX INJ 250MG	\$0 (2)	B/D
PROGRAF CAP 0.5MG	\$0 (2)	B/D
PROGRAF CAP 1MG	\$0 (2)	B/D
PROGRAF CAP 5MG	\$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	\$0 (2)	B/D
SANDIMMUNE SOL 100MG/ML	\$0 (2)	B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 1 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 2 mg</i>	\$0 (2)	B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0 (1)	B/D
ZORTRESS TAB 0.5MG	\$0 (2)	B/D
ZORTRESS TAB 0.25MG	\$0 (2)	B/D
ZORTRESS TAB 0.75MG	\$0 (2)	B/D
VACCINES		
ACTHIB INJ	\$0 (2)	
ADACEL INJ	\$0 (2)	
BCG VACCINE INJ	\$0 (2)	
BEXSERO INJ	\$0 (2)	
BOOSTRIX INJ	\$0 (2)	
DAPTACEL INJ	\$0 (2)	
DIP/TET PED INJ 25-5LFU	\$0 (2)	B/D
ENGRIX-B INJ 10/0.5ML	\$0 (2)	B/D
ENGRIX-B INJ 20MCG/ML	\$0 (2)	B/D
GARDASIL 9 INJ	\$0 (2)	
GARDASIL INJ	\$0 (2)	
HAVRIX INJ 720UNIT	\$0 (2)	
HAVRIX INJ 1440UNIT	\$0 (2)	
HIBERIX SOL 10MCG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMOVAX RABIE INJ 2.5/ML	\$0 (2)	
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA INJ	\$0 (2)	
MENOMUNE INJ A/C/Y/W	\$0 (2)	
MENVEO INJ	\$0 (2)	
PEDIARIX INJ 0.5ML	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PENTACEL INJ	\$0 (2)	
PROQUAD INJ	\$0 (2)	
QUADRACEL INJ	\$0 (2)	
RABAVERT INJ	\$0 (2)	
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SYNAGIS INJ 50MG	\$0 (2)	NM
SYNAGIS INJ 100MG/ML	\$0 (2)	NM
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	
VAQTA INJ 25/0.5ML	\$0 (2)	
VAQTA INJ 50UNT/ML	\$0 (2)	
VARIVAX INJ	\$0 (2)	
YF-VAX INJ	\$0 (2)	
ZOSTAVAX INJ	\$0 (2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES</i>		
ENFAMIL SOL ENFALYTE	\$0 (3)	NM; *
<i>gnp pediatri sol electrol</i>	\$0 (3)	NM; *
KLOR-CON 8 TAB 8MEQ ER	\$0 (1)	
KLOR-CON 10 TAB 10MEQ ER	\$0 (1)	
<i>klor-con m15 tab 15meq er</i>	\$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	\$0 (2)	
MAGNESIUM SU INJ 4G/100ML	\$0 (2)	
MAGNESIUM SU INJ 20/500ML	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SU INJ 40G/1000	\$0 (2)	
MAGNESIUM SU INJ 80MG/ML	\$0 (2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (1)	
<i>magnesium sulfate inj 50%</i>	\$0 (1)	
MAGNESIUM SULFATE INJ 50%	\$0 (1)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (1)	
MG SO4/D5W INJ 10MG/ML	\$0 (2)	
MG SO4/D5W INJ 20MG/ML	\$0 (2)	
<i>oral electro sol h-e-b</i>	\$0 (3)	NM; *
<i>oral electrolyte solution</i>	\$0 (3)	NM; *
<i>oralyte sol</i>	\$0 (3)	NM; *
<i>ped elctrylt sol fruit</i>	\$0 (3)	NM; *
<i>ped elctrylt sol grape</i>	\$0 (3)	NM; *
<i>ped elctrylt sol unflavrd</i>	\$0 (3)	NM; *
<i>potassium chloride cap er 8 meq</i>	\$0 (1)	
<i>potassium chloride cap er 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated cys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated cys er tab 20 meq</i>	\$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	\$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	\$0 (1)	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	\$0 (1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (1)	
<i>potassium chloride tab er 10 meq</i>	\$0 (1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (1)	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	\$0 (1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (1)	
TPN ELECTROL INJ	\$0 (2)	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	\$0 (2)	B/D
AMINOSYN II INJ 8.5%	\$0 (2)	B/D
AMINOSYN II INJ 8.5/LYTE	\$0 (2)	B/D

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	\$0 (1)	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	\$0 (1)	
RINGER'S SOLUTION	\$0 (1)	
SODIUM CHLORIDE INJ 0.45%	\$0 (1)	
SODIUM CHLORIDE INJ 3%	\$0 (1)	
SODIUM CHLORIDE INJ 5%	\$0 (1)	
SODIUM CHLORIDE IV SOLN 0.9%	\$0 (1)	
MINERALS		
<i>ca cit/vit d tab 315/200</i>	\$0 (3)	NM; *
<i>ca citrate tab + d</i>	\$0 (3)	NM; *
CAL-MAG-ZINC TAB -D	\$0 (3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0 (3)	NM; *
<i>calc cit+d3 tab 250-200</i>	\$0 (3)	NM; *
<i>calc citr/d tab 315-250</i>	\$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	\$0 (3)	NM; *
CALCIONATE SYP 1.8GM/5	\$0 (3)	NM; *
<i>calcitrate tab</i>	\$0 (3)	NM; *
<i>calcitrate tab 950mg</i>	\$0 (3)	NM; *
<i>calcium 600 chw +d/miner</i>	\$0 (3)	NM; *
<i>calcium 600 tab</i>	\$0 (3)	NM; *
<i>calcium 600 tab +d</i>	\$0 (3)	NM; *
<i>calcium 600 tab +d/mnrls</i>	\$0 (3)	NM; *
<i>calcium 600 tab -d</i>	\$0 (3)	NM; *
<i>calcium 600/ tab vit d</i>	\$0 (3)	NM; *
<i>calcium + d tab</i>	\$0 (3)	NM; *
<i>calcium +d3 tab maximum</i>	\$0 (3)	NM; *
<i>calcium carb tab 1250mg</i>	\$0 (3)	NM; *
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 600 mg</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-ergocalciferol tab 500mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0 (3)	NM; *
<i>calcium cit/ tab vit d</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0 (3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0 (3)	NM; *
<i>calcium tab 500/d</i>	\$0 (3)	NM; *
<i>calcium tab 600mg</i>	\$0 (3)	NM; *
<i>calcium tab vit d</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 315-250</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcium+d tab 600-400</i>	\$0 (3)	NM; *
<i>calcium+d tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/d3 tab</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium/d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/d tab 500-200</i>	\$0 (3)	NM; *
<i>calcium/d tab 500mg</i>	\$0 (3)	NM; *
<i>calcium/d tab 600-200</i>	\$0 (3)	NM; *
<i>caltrate 600 tab</i>	\$0 (3)	NM; *
<i>cit calc/d tab 315-250</i>	\$0 (3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0 (3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0 (3)	NM; *
<i>hm ca/vit d3 tab 600-400</i>	\$0 (3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0 (3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0 (3)	NM; *
<i>oys shell ca tab /d3</i>	\$0 (3)	NM; *
<i>oys shell ca tab /vit d</i>	\$0 (3)	NM; *
<i>oys shell+d tab 250-125</i>	\$0 (3)	NM; *
<i>oysco 500 tab 500mg</i>	\$0 (3)	NM; *
<i>oysco 500+d chw</i>	\$0 (3)	NM; *
<i>oysco 500+d tab</i>	\$0 (3)	NM; *
<i>oysco d tab 250-125</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500-200</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0 (3)	NM; *
<i>oyst-cal-d tab 500mg</i>	\$0 (3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0 (3)	NM; *
<i>oyster shell tab 500mg</i>	\$0 (3)	NM; *
PHOS-NAK POW CONCENTR	\$0 (3)	NM; *
<i>ra hi cal tab 500-200</i>	\$0 (3)	NM; *
<i>ra hi-cal/d tab 500mg</i>	\$0 (3)	NM; *
<i>ra oys shl/d tab 500mg</i>	\$0 (3)	NM; *
RISACAL-D TAB	\$0 (3)	NM; *
<i>sm calcium/d tab 500-200</i>	\$0 (3)	NM; *
<i>super calciu tab 600mg</i>	\$0 (3)	NM; *
<i>th calcium/d tab 600-400</i>	\$0 (3)	NM; *
VITAMIN D TAB 400	\$0 (3)	NM; *
MISCELLANEOUS		
GLYCERIN LIQ	\$0 (3)	NM; *
VITAMINS		
<i>a thru z sel tab advanced</i>	\$0 (3)	NM; *
ADULT 50+ CAP OCUVITE	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>animal chews chw</i>	\$0 (3)	NM; *
<i>animal shape chw</i>	\$0 (3)	NM; *
<i>animal shape chw + iron</i>	\$0 (3)	NM; *
<i>antioxidant tab vitamins</i>	\$0 (3)	NM; *
APATATE FORT LIQ	\$0 (3)	NM; *
APATATE LIQ	\$0 (3)	NM; *
AQUADEKS CAP	\$0 (3)	NM; *
AQUADEKS CHW	\$0 (3)	NM; *
<i>aquadeks dro</i>	\$0 (3)	NM; *
AQUASOL A INJ 50000/ML	\$0 (3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0 (3)	NM; *
<i>ascorbic acid cap er 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid chew tab 250 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid chew tab 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 250 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0 (3)	NM; *
<i>b-complex vitamin tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c & calcium tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c tab</i>	\$0 (3)	NM; *
<i>balanc b-50 tab</i>	\$0 (3)	NM; *
<i>balanc b-100 tab 100mg</i>	\$0 (3)	NM; *
<i>bee zee tab</i>	\$0 (3)	NM; *
<i>biotin cap 5 mg</i>	\$0 (3)	NM; *
<i>biotin tab 300 mcg</i>	\$0 (3)	NM; *
<i>brewers yeast tab</i>	\$0 (3)	NM; *
<i>c 250 tab</i>	\$0 (3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>calciferol dro 8000/ml</i>	\$0 (3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0 (1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0 (1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0 (1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (1)	B/D
<i>centamin liq</i>	\$0 (3)	NM; *
CENTRAL-VITE TAB UNDER 50	\$0 (3)	NM; *
CENTRUM CHW	\$0 (3)	NM; *
CENTRUM CHW SILVER	\$0 (3)	NM; *
<i>centrum kids chw complete</i>	\$0 (3)	NM; *
CENTRUM SPEC TAB ENERGY	\$0 (3)	NM; *
CENTRUM SPEC TAB HEART	\$0 (3)	NM; *
CENTRUM SPEC TAB VISION	\$0 (3)	NM; *
CENTRUM TAB SILVER	\$0 (3)	NM; *
CENTRUM TAB ULTRA	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>century tab</i>	\$0 (3)	NM; *
<i>century tab mature</i>	\$0 (3)	NM; *
<i>cerovite jr chw</i>	\$0 (3)	NM; *
<i>cerovite liq advanced</i>	\$0 (3)	NM; *
<i>cerovite tab advanced</i>	\$0 (3)	NM; *
<i>certa plus tab</i>	\$0 (3)	NM; *
<i>certavite liq antioxid</i>	\$0 (3)	NM; *
CERTAVITE TAB SENIOR	\$0 (3)	NM; *
<i>certavite/ tab antioxid</i>	\$0 (3)	NM; *
<i>chewabl vite chw childrns</i>	\$0 (3)	NM; *
<i>child chew chw iron</i>	\$0 (3)	NM; *
<i>child chew chw vitamins</i>	\$0 (3)	NM; *
<i>child chew/ chw extra c</i>	\$0 (3)	NM; *
<i>child multi chw vit/iron</i>	\$0 (3)	NM; *
<i>children vit chw</i>	\$0 (3)	NM; *
<i>children vit chw extra c</i>	\$0 (3)	NM; *
<i>childrens chw /iron</i>	\$0 (3)	NM; *
CHILDRENS CHW COMPLETE	\$0 (3)	NM; *
<i>childrens chw vitamins</i>	\$0 (3)	NM; *
<i>chld mltivit chw /iron</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 2000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 5000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 10000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol oral liquid 400 unit/ml</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 2000 unit</i>	\$0 (3)	NM; *
COD LIVER OIL	\$0 (3)	NM; *
<i>cod liver oil cap</i>	\$0 (3)	NM; *
COD LIVER OIL OIL	\$0 (3)	NM; *
<i>compete tab</i>	\$0 (3)	NM; *
<i>complete tab</i>	\$0 (3)	NM; *
<i>complete tab senior</i>	\$0 (3)	NM; *
<i>cvs daily tab multiple</i>	\$0 (3)	NM; *
<i>cvs stress tab form/zn</i>	\$0 (3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 100 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 250 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 500 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 1000 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab er 1000 mcg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyanocobalamin tab er 2000 mcg</i>	\$0 (3)	NM; *
<i>d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0 (3)	NM; *
<i>d 400 tab 400unit</i>	\$0 (3)	NM; *
<i>d-vita liq 400unit</i>	\$0 (3)	NM; *
<i>daily multi tab men</i>	\$0 (3)	NM; *
<i>daily multi tab minerals</i>	\$0 (3)	NM; *
<i>daily multi tab pls iron</i>	\$0 (3)	NM; *
<i>daily multi tab vit/iron</i>	\$0 (3)	NM; *
<i>daily multi tab vit/min</i>	\$0 (3)	NM; *
<i>daily multi tab vitamin</i>	\$0 (3)	NM; *
<i>daily multi tab vitamins</i>	\$0 (3)	NM; *
<i>daily multi tab women</i>	\$0 (3)	NM; *
<i>daily tab vitamin</i>	\$0 (3)	NM; *
<i>daily value tab multivit</i>	\$0 (3)	NM; *
<i>daily vit tab</i>	\$0 (3)	NM; *
<i>daily vit tab +iron</i>	\$0 (3)	NM; *
<i>daily vit tab +mineral</i>	\$0 (3)	NM; *
<i>daily vit tab iron</i>	\$0 (3)	NM; *
<i>daily vite tab</i>	\$0 (3)	NM; *
<i>daily-vite tab</i>	\$0 (3)	NM; *
<i>daily-vite/ tab iron</i>	\$0 (3)	NM; *
DECARA CAP 25000UNT	\$0 (3)	NM; *
<i>decara cap 50000unt</i>	\$0 (3)	NM; *
DIALYVITE 80 TAB ZINC 15	\$0 (3)	NM; *
<i>dialyvite d cap 5000unit</i>	\$0 (3)	NM; *
<i>dialyvite tab 800</i>	\$0 (3)	NM; *
<i>dialyvite tab 800/d</i>	\$0 (3)	NM; *
DIALYVITE TAB 800/ZINC	\$0 (3)	NM; *
<i>dino-life chw</i>	\$0 (3)	NM; *
<i>dino-life chw extra c</i>	\$0 (3)	NM; *
<i>ecee plus tab</i>	\$0 (3)	NM; *
ELDERTONIC ELX	\$0 (3)	NM; *
<i>eql child c chw</i>	\$0 (3)	NM; *
<i>eql one dail tab essentia</i>	\$0 (3)	NM; *
<i>ergocalciferol cap 50000 unit</i>	\$0 (3)	NM; *
<i>ergocalciferol soln 8000 unit/ml</i>	\$0 (3)	NM; *
<i>essentl one tab daily</i>	\$0 (3)	NM; *
<i>flintstones chw extra c</i>	\$0 (3)	NM; *
<i>flintstones chw my first</i>	\$0 (3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0 (3)	NM; *
<i>folic acid tab 1 mg</i>	\$0 (3)	NM; *
FOLIC ACID TAB 1 MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>folic acid tab 400 mcg</i>	\$0 (3)	NM; *
<i>folic acid tab 400mcg</i>	\$0 (3)	NM; *
<i>folic acid tab 800 mcg</i>	\$0 (3)	NM; *
<i>fruity chews chw</i>	\$0 (3)	NM; *
<i>geravim liq</i>	\$0 (3)	NM; *
<i>geriaton liq</i>	\$0 (3)	NM; *
<i>gnp animal chw shapes</i>	\$0 (3)	NM; *
<i>gnp century tab</i>	\$0 (3)	NM; *
<i>gnp century tab senior</i>	\$0 (3)	NM; *
<i>gnp century tab ultimate</i>	\$0 (3)	NM; *
<i>gnp healthy tab eyes</i>	\$0 (3)	NM; *
<i>gnp little chw ones</i>	\$0 (3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0 (3)	NM; *
<i>gnp zoochews chw gummies</i>	\$0 (3)	NM; *
<i>gummi bear chw multivit</i>	\$0 (3)	NM; *
<i>hair/skin/ tab nails</i>	\$0 (3)	NM; *
<i>healthy eyes tab</i>	\$0 (3)	NM; *
HM COMPLETE TAB	\$0 (3)	NM; *
<i>hm complete tab 50+</i>	\$0 (3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0 (3)	NM; *
HONEY BEARS CHW	\$0 (3)	NM; *
<i>hydroxocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
<i>i-vite tab</i>	\$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	\$0 (3)	NM; *
<i>icaps cap</i>	\$0 (3)	NM; *
<i>icaps lutein cap /omega-3</i>	\$0 (3)	NM; *
<i>icaps mv tab</i>	\$0 (3)	NM; *
ICAPS PLUS TAB	\$0 (3)	NM; *
INFUVITE INJ	\$0 (3)	NM; *
INFUVITE INJ ADULT	\$0 (3)	NM; *
INFUVITE INJ PEDIATRI	\$0 (3)	NM; *
<i>kids vitamin chw</i>	\$0 (3)	NM; *
<i>kids vitamin chw extra c</i>	\$0 (3)	NM; *
<i>kids vitamin chw pls iron</i>	\$0 (3)	NM; *
<i>lipoflavovit tab</i>	\$0 (3)	NM; *
M.V.I PEDIAT INJ	\$0 (3)	NM; *
M.V.I-12 W/O INJ VIT K	\$0 (3)	NM; *
M.V.I. ADULT INJ	\$0 (3)	NM; *
<i>mega multi tab men</i>	\$0 (3)	NM; *
<i>mega multi tab w/che mi</i>	\$0 (3)	NM; *
<i>mega multi tab women</i>	\$0 (3)	NM; *
MEGA MULTIVI TAB MEN	\$0 (3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEPHYTON TAB 5MG	\$0 (3)	NM; *
<i>mult vitamin tab daily</i>	\$0 (3)	NM; *
<i>mult vitamin tab essent</i>	\$0 (3)	NM; *
<i>mult vitamin tab mens</i>	\$0 (3)	NM; *
<i>mult vitamin tab no iron</i>	\$0 (3)	NM; *
<i>mult vitamin tab womens</i>	\$0 (3)	NM; *
MULTI VITAMN TAB MINERALS	\$0 (3)	NM; *
<i>multi-day tab vitamins</i>	\$0 (3)	NM; *
<i>multi-delyn liq</i>	\$0 (3)	NM; *
MULTI-DELYN LIQ /IRON	\$0 (3)	NM; *
<i>multi-vit/ tab minerals</i>	\$0 (3)	NM; *
<i>multi-vitamn tab</i>	\$0 (3)	NM; *
<i>multi-vite tab</i>	\$0 (3)	NM; *
<i>multilex tab</i>	\$0 (3)	NM; *
<i>multilex-t&m tab</i>	\$0 (3)	NM; *
<i>multiple vitamin tab</i>	\$0 (3)	NM; *
<i>multiple vitamins w/ iron tab</i>	\$0 (3)	NM; *
<i>multiple vitamins w/ minerals tab</i>	\$0 (3)	NM; *
<i>multivital tab platinum</i>	\$0 (3)	NM; *
<i>multivitamin tab daily</i>	\$0 (3)	NM; *
MYKIDZ IRON SUS 10MG/2ML	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>niacin cap 500mg</i>	\$0 (3)	NM; *
<i>niacin cap er 250 mg</i>	\$0 (3)	NM; *
<i>niacin cap er 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab 50 mg</i>	\$0 (3)	NM; *
<i>niacin tab 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 500 mg</i>	\$0 (3)	NM; *
<i>niacinamide tab 500 mg</i>	\$0 (3)	NM; *
<i>ocutabs tab</i>	\$0 (3)	NM; *
<i>ocuvite tab lutein</i>	\$0 (3)	NM; *
<i>once daily tab</i>	\$0 (3)	NM; *
<i>once daily tab iron</i>	\$0 (3)	NM; *
ONCOVITE TAB	\$0 (3)	NM; *
<i>one daily tab</i>	\$0 (3)	NM; *
<i>one daily tab /mineral</i>	\$0 (3)	NM; *
<i>one daily tab complete</i>	\$0 (3)	NM; *
<i>one daily tab essent</i>	\$0 (3)	NM; *
<i>one daily tab maximum</i>	\$0 (3)	NM; *
<i>one daily tab mens</i>	\$0 (3)	NM; *
<i>one daily tab mens 50+</i>	\$0 (3)	NM; *
<i>one daily tab pls iron</i>	\$0 (3)	NM; *
<i>one daily tab plus iro</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE DAILY TAB WOMANS	\$0 (3)	NM; *
<i>one daily tab womens</i>	\$0 (3)	NM; *
<i>one daily/ tab minerals</i>	\$0 (3)	NM; *
<i>one-a-day tab teen/her</i>	\$0 (3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0 (3)	NM; *
<i>one-daily tab mult vit</i>	\$0 (3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0 (1)	B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0 (3)	NM; *
<i>poly vitamin chw</i>	\$0 (3)	NM; *
<i>poly-vita dro</i>	\$0 (3)	NM; *
<i>poly-vita dro /iron</i>	\$0 (3)	NM; *
<i>polyvitamin chw /iron</i>	\$0 (3)	NM; *
<i>porenal+d cap omega 3</i>	\$0 (3)	NM; *
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	\$0 (1)	
PRESERVISION CAP AREDS	\$0 (3)	NM; *
PRESERVISION CAP LUTEIN	\$0 (3)	NM; *
PRESERVISION TAB AREDS	\$0 (3)	NM; *
<i>prorenal +d tab</i>	\$0 (3)	NM; *
<i>prorenal+d tab</i>	\$0 (3)	NM; *
<i>prosight tab</i>	\$0 (3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 25 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 50 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 100 mg</i>	\$0 (3)	NM; *
<i>qc childrens chw extra c</i>	\$0 (3)	NM; *
<i>qc therin-m tab</i>	\$0 (3)	NM; *
<i>ra central tab -vite</i>	\$0 (3)	NM; *
<i>ra one daily tab +iron</i>	\$0 (3)	NM; *
<i>ra one daily tab energy</i>	\$0 (3)	NM; *
<i>ra one daily tab multivit</i>	\$0 (3)	NM; *
<i>renal vitamn tab</i>	\$0 (3)	NM; *
<i>risanoid tab plus</i>	\$0 (3)	NM; *
<i>sentry tab</i>	\$0 (3)	NM; *
<i>sentry tab senior</i>	\$0 (3)	NM; *
<i>sm complete tab</i>	\$0 (3)	NM; *
<i>sm complete tab adv form</i>	\$0 (3)	NM; *
<i>sm complete tab senior</i>	\$0 (3)	NM; *
<i>sm folic acd tab 400mcg</i>	\$0 (3)	NM; *
<i>sm hair/skin tab /nails</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm multiple tab vit/iron</i>	\$0 (3)	NM; *
<i>sm multiple tab vitamins</i>	\$0 (3)	NM; *
SM ONE DAILY TAB WOMENS	\$0 (3)	NM; *
<i>sm opti-vita tab</i>	\$0 (3)	NM; *
<i>sm vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>spectravite tab advanced</i>	\$0 (3)	NM; *
<i>stress 500 tab bcomp/zn</i>	\$0 (3)	NM; *
<i>stress b/ tab zinc</i>	\$0 (3)	NM; *
<i>stress form tab /zinc</i>	\$0 (3)	NM; *
<i>stress form/ tab zinc</i>	\$0 (3)	NM; *
<i>stress formu tab</i>	\$0 (3)	NM; *
<i>stress formu tab w/iron</i>	\$0 (3)	NM; *
<i>superplex-t tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0 (3)	NM; *
<i>tab-a-vite tab beta car</i>	\$0 (3)	NM; *
<i>tab-a-vite tab maximum</i>	\$0 (3)	NM; *
<i>th vision tab vitamins</i>	\$0 (3)	NM; *
THERA BETA- TAB CAROTENE	\$0 (3)	NM; *
THERA M PLUS TAB	\$0 (3)	NM; *
<i>thera tab</i>	\$0 (3)	NM; *
THERA TAB	\$0 (3)	NM; *
<i>thera-m tab</i>	\$0 (3)	NM; *
THERA-M TAB	\$0 (3)	NM; *
<i>theradex-m tab</i>	\$0 (3)	NM; *
THERAPEUTIC SOL	\$0 (3)	NM; *
<i>therapeutic tab</i>	\$0 (3)	NM; *
<i>therapeutic- tab m</i>	\$0 (3)	NM; *
<i>therems tab</i>	\$0 (3)	NM; *
THEREMS-M TAB	\$0 (3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>thiamine hcl tab 50 mg</i>	\$0 (3)	NM; *
<i>thiamine hcl tab 100 mg</i>	\$0 (3)	NM; *
<i>thiamine mononitrate tab 100 mg</i>	\$0 (3)	NM; *
<i>total b/c tab</i>	\$0 (3)	NM; *
TRI-VI-SOL SOL	\$0 (3)	NM; *
<i>tri-vita sol</i>	\$0 (3)	NM; *
UNICOMPLEX-M TAB	\$0 (3)	NM; *
<i>vit for hair tab</i>	\$0 (3)	NM; *
VITALETS CHW	\$0 (3)	NM; *
VITALETS CHW CHILD	\$0 (3)	NM; *
<i>vitamin a cap 10000 unit</i>	\$0 (3)	NM; *
<i>vitamin c tab 500mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitamin d3 cap 10000unt</i>	\$0 (3)	NM; *
<i>vitamin d3 dro 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0 (3)	NM; *
<i>vitamin d tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0 (3)	NM; *
<i>vite/iron chw children</i>	\$0 (3)	NM; *
<i>womens one tab daily</i>	\$0 (3)	NM; *
<i>ZINC LOZ</i>	\$0 (3)	NM; *
<i>zoo friends chw</i>	\$0 (3)	NM; *
<i>ZOO FRIENDS CHW COMPLETE</i>	\$0 (3)	NM; *
<i>zoo friends chw extra c</i>	\$0 (3)	NM; *
<i>zoo friends chw gummies</i>	\$0 (3)	NM; *
<i>zoo friends chw pls iron</i>	\$0 (3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (1)
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (1)
<i>BESIVANCE SUS 0.6%</i>	\$0 (2)
<i>CILOXAN OIN 0.3% OP</i>	\$0 (2)
<i>ciprofloxacin hcl ophth soln 0.3%</i>	\$0 (1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth oint 0.3%</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (1)	
NATACYN SUS 5% OP	\$0 (2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
TOBREX OIN 0.3% OP	\$0 (2)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
VIGAMOX DRO 0.5%	\$0 (2)	
ZIRGAN GEL 0.15%	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0 (2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (1)	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	\$0 (1)	
BROMSITE DRO 0.075%	\$0 (2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (1)	
DUREZOL EMU 0.05%	\$0 (2)	
FLUOROMETHOLONE OPHTH SUSP 0.1%	\$0 (1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (1)	
ILEVRO DRO 0.3% OP	\$0 (2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (1)	
LOTEMAX GEL 0.5%	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LOTEMAX OIN 0.5%	\$0 (2)	
LOTEMAX SUS 0.5%	\$0 (2)	
MAXIDEX SUS 0.1% OP	\$0 (2)	
<i>pred sod pho sol 1% op</i>	\$0 (2)	
PREDNISOLONE ACETATE OPHTH SUSP 1%	\$0 (1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0 (3)	NM; *
LASTACFT SOL 0.25%	\$0 (2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (1)	
PATADAY SOL 0.2%	\$0 (2)	
PAZEO DRO 0.7%	\$0 (2)	
<i>zaditor dro 0.025%op</i>	\$0 (3)	NM; *
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0 (2)	
AZOPT SUS 1% OP	\$0 (2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (1)	
BETOPTIC-S SUS 0.25% OP	\$0 (2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (1)	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	\$0 (1)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (1)	
COMBIGAN SOL 0.2/0.5%	\$0 (2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0 (1)	
ISTALOL SOL 0.5% OP	\$0 (2)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (1)	
LUMIGAN SOL 0.01%	\$0 (2)	
<i>metipranolol ophth soln 0.3%</i>	\$0 (1)	
PHOSPHOLINE SOL 0.125%OP	\$0 (2)	
PILOCARPINE HCL OPHTH SOLN 1%	\$0 (1)	
PILOCARPINE HCL OPHTH SOLN 2%	\$0 (1)	
PILOCARPINE HCL OPHTH SOLN 4%	\$0 (1)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.5%	\$0 (1)	
TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.25%	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (1)	
TRAVATAN Z DRO 0.004%	\$0 (2)	
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0 (3)	NM; *
<i>artificial sol tears</i>	\$0 (3)	NM; *
CYSTARAN SOL 0.44%	\$0 (2)	NM, LA, PA
<i>liquitears sol</i>	\$0 (3)	NM; *
<i>lubrifresh oin p.m.</i>	\$0 (3)	NM; *
MURO 128 SOL 2% OP	\$0 (3)	NM; *
<i>naphazoline hcl ophth soln 0.1%</i>	\$0 (1)	
<i>natural bal sol 0.4%</i>	\$0 (3)	NM; *
<i>natural bal sol tears</i>	\$0 (3)	NM; *
<i>natures sol tears</i>	\$0 (3)	NM; *
<i>natures tear sol 0.4%</i>	\$0 (3)	NM; *
PROLENSA SOL 0.07%	\$0 (2)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
<i>refresh lacr oin op</i>	\$0 (3)	NM; *
RESTASIS EMU 0.05%	\$0 (2)	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0 (2)	QL (1 bottle / 30 days)
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0 (3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0 (3)	NM; *
<i>tears natura sol ii op</i>	\$0 (3)	NM; *
<i>tears pure sol</i>	\$0 (3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (1)	B/D
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	\$0 (2)	QL (2 inhalers / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INCRUSE ELPT INH 62.5MCG	\$0 (2)	QL (1 inhaler / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (1)	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allg sol 1mg/ml</i>	\$0 (3)	NM; *
<i>all day allg sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>all day allg syp 1mg/ml</i>	\$0 (3)	NM; *
<i>all day allg tab 10mg</i>	\$0 (3)	NM; *
<i>allergy cap 25mg</i>	\$0 (3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy comp sol 1mg/ml</i>	\$0 (3)	NM; *
<i>allergy liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy relf cap 25mg</i>	\$0 (3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy relf sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>allergy relf syp 5mg/5ml</i>	\$0 (3)	NM; *
<i>allergy relf tab 1.34mg</i>	\$0 (3)	NM; *
<i>allergy relf tab 10mg</i>	\$0 (3)	NM; *
<i>allergy tab 10mg</i>	\$0 (3)	NM; *
<i>allerhist-1 tab 1.34mg</i>	\$0 (3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0 (1)	
<i>banophen cap 25mg</i>	\$0 (3)	NM; *
<i>banophen cap 50mg</i>	\$0 (3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (1)	
<i>cetirizine hcl tab 5 mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0 (3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>cetirizine syp 1mg/ml</i>	\$0 (3)	NM; *
<i>chld allergy liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0 (3)	NM; *
<i>comp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>cypheptadine hcl syrup 2 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cypiroheptadine hcl tab 4 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>dayhist alrg tab 12 hour</i>	\$0 (3)	NM; *
<i>diphenhist cap 25mg</i>	\$0 (3)	NM; *
<i>diphenhist liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (1)	
<i>gnp all day tab allergy</i>	\$0 (3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>gnp dayhist tab 1.34mg</i>	\$0 (3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (1)	
<i>loratadine sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>loratadine syp 5mg/5ml</i>	\$0 (3)	NM; *
<i>loratadine tab 10 mg</i>	\$0 (3)	NM; *
<i>loratadine tab 10mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0 (3)	NM; *
<i>q-dryl cap 25mg</i>	\$0 (3)	NM; *
<i>q-dryl liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>qc allergy tab 10mg</i>	\$0 (3)	NM; *
<i>qlearquil 24 tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 10mg</i>	\$0 (3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0 (3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm all day tab allergy</i>	\$0 (3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (1)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (1)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0 (1)	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (1)	B/D
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	\$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	\$0 (2)	
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (1)	
VENTOLIN HFA AER	\$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
<i>cough syp 100/5ml</i>	\$0 (3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	\$0 (3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0 (3)	NM; *
<i>extra action syp 100-10/5</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm cough</i>	\$0 (3)	NM; *
<i>gnp tussin liq dm max</i>	\$0 (3)	NM; *
<i>gnp tussin syp 100/5ml</i>	\$0 (3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0 (3)	NM; *
<i>hm tussin liq adlt dm</i>	\$0 (3)	NM; *
<i>iophen dm-nr liq 100-10/5</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>iophen-nr liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0 (3)	NM; *
<i>mucus-dm tab 30-600mg</i>	\$0 (3)	NM; *
<i>nasal decong tab 30mg</i>	\$0 (3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0 (3)	NM; *
<i>q-tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>q-tussin sol 100/5ml</i>	\$0 (3)	NM; *
<i>robafen dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>robafen syp 100/5ml</i>	\$0 (3)	NM; *
<i>robitussin liq cgh/cong</i>	\$0 (3)	NM; *
<i>sb cgh contr liq dm</i>	\$0 (3)	NM; *
<i>sb cgh contr syp 100/5ml</i>	\$0 (3)	NM; *
<i>siltuss das liq 100/5ml</i>	\$0 (3)	NM; *
<i>siltussin dm liq das</i>	\$0 (3)	NM; *
<i>siltussin sa syp 100/5ml</i>	\$0 (3)	NM; *
<i>siltussin-dm liq diabetic</i>	\$0 (3)	NM; *
<i>siltussin-dm liq max st</i>	\$0 (3)	NM; *
<i>siltussin-dm syp alc free</i>	\$0 (3)	NM; *
<i>sm nasal dec tab 30mg</i>	\$0 (3)	NM; *
<i>sm tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
<i>sm tussin syp 100/5ml</i>	\$0 (3)	NM; *
<i>sm tussin syp dm</i>	\$0 (3)	NM; *
<i>sodium chloride soln nebu 0.9%</i>	\$0 (3)	NM; *
<i>sudogest tab 30mg</i>	\$0 (3)	NM; *
<i>suphedrine tab 30mg</i>	\$0 (3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$0 (3)	NM; *
<i>tussin adult liq 100/5ml</i>	\$0 (3)	NM; *
<i>tussin adult liq cgh/cong</i>	\$0 (3)	NM; *
<i>tussin chest syp 100/5ml</i>	\$0 (3)	NM; *
<i>tussin dm liq</i>	\$0 (3)	NM; *
<i>tussin dm liq 10-200/5</i>	\$0 (3)	NM; *
<i>tussin dm liq 100-10/5</i>	\$0 (3)	NM; *
<i>tussin dm liq max</i>	\$0 (3)	NM; *
<i>tussin dm syp 100-10/5</i>	\$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (1)	
<i>zafirlukast tab 10 mg</i>	\$0 (1)	
<i>zafirlukast tab 20 mg</i>	\$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0 (1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (1)	B/D
<i>altamist spr 0.65%</i>	\$0 (3)	NM; *
ARALAST NP INJ 500MG	\$0 (2)	NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	NM, LA, PA
<i>ayr spr 0.65%</i>	\$0 (3)	NM; *
DALIRESP TAB 500MCG	\$0 (2)	
<i>deep sea spr 0.65%</i>	\$0 (3)	NM; *
EPIPEN 2-PAK INJ 0.3MG	\$0 (2)	
EPIPEN-JR INJ 2-PAK	\$0 (2)	
ESBRIET CAP 267MG	\$0 (2)	NM, PA
ESBRIET TAB 267MG	\$0 (2)	NM, PA
ESBRIET TAB 801MG	\$0 (2)	NM, PA
<i>hm saline spr 0.65%</i>	\$0 (3)	NM; *
KALYDECO PAK 50MG	\$0 (2)	NM, PA
KALYDECO PAK 75MG	\$0 (2)	NM, PA
KALYDECO TAB 150MG	\$0 (2)	NM, PA
<i>little noses spr 0.65%</i>	\$0 (3)	NM; *
<i>nasal moist spr 0.65%</i>	\$0 (3)	NM; *
OFEV CAP 100MG	\$0 (2)	NM, PA
OFEV CAP 150MG	\$0 (2)	NM, PA
ORKAMBI TAB 100-125	\$0 (2)	NM, PA
ORKAMBI TAB 200-125	\$0 (2)	NM, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (2)	NM, PA
<i>saline mist spr 0.65%</i>	\$0 (3)	NM; *
<i>saline nasal spr 0.65%</i>	\$0 (3)	NM; *
<i>saline nasal spray 0.65%</i>	\$0 (3)	NM; *
<i>sb saline spr 0.65%</i>	\$0 (3)	NM; *
<i>sea soft spr 0.65%</i>	\$0 (3)	NM; *
<i>tgt nasal spr 0.65%</i>	\$0 (3)	NM; *
XOLAIR SOL 150MG	\$0 (2)	NM, LA, PA
ZEMAIRA INJ 1000MG	\$0 (2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (1)	QL (2 bottles / 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 nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 100MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (1)	B/D
FLOVENT DISK AER 50MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0 (2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	\$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0 (2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0 (2)	QL (1 inhaler / 30 days)
XANTHINES - DRUGS TO TREAT COPD		
<i>aminophylline inj 25 mg/ml</i>	\$0 (1)	
<i>elixophyllin elx 80/15ml</i>	\$0 (2)	
<i>theo-24 cap 100mg cr</i>	\$0 (2)	
<i>theo-24 cap 200mg cr</i>	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>theo-24 cap 300mg cr</i>	\$0 (2)	
<i>theo-24 cap 400mg er</i>	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab er 12hr 100 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 200 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (1)	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>acne medicat gel 5%</i>	\$0 (3)	NM; *
<i>acne medicat gel 10%</i>	\$0 (3)	NM; *
ACNE MEDICAT LOT 5%	\$0 (3)	NM; *
ACNE MEDICAT LOT 10%	\$0 (3)	NM; *
<i>adapalene cream 0.1%</i>	\$0 (1)	
<i>adapalene gel 0.1%</i>	\$0 (1)	
<i>amnesteeem cap 10mg</i>	\$0 (1)	PA
<i>amnesteeem cap 20mg</i>	\$0 (1)	PA
<i>amnesteeem cap 40mg</i>	\$0 (1)	PA
AVITA CRE 0.025%	\$0 (1)	PA
AVITA GEL 0.025%	\$0 (1)	PA
<i>benzoyl peroxide gel 5%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (1)	
<i>claravis cap 10mg</i>	\$0 (1)	PA
<i>claravis cap 20mg</i>	\$0 (1)	PA
<i>claravis cap 30mg</i>	\$0 (1)	PA
<i>claravis cap 40mg</i>	\$0 (1)	PA
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	
<i>clindamycin phosphate lotion 1%</i>	\$0 (1)	
<i>clindamycin phosphate soln 1%</i>	\$0 (1)	
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	
<i>erythromycin gel 2%</i>	\$0 (1)	
<i>erythromycin pads 2%</i>	\$0 (1)	
<i>erythromycin soln 2%</i>	\$0 (1)	
<i>myorisan cap 10mg</i>	\$0 (1)	PA
<i>myorisan cap 20mg</i>	\$0 (1)	PA
<i>myorisan cap 30mg</i>	\$0 (1)	PA
<i>myorisan cap 40mg</i>	\$0 (1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin cream 0.1%</i>	\$0 (1)	PA
<i>tretinoin cream 0.05%</i>	\$0 (1)	PA
<i>tretinoin cream 0.025%</i>	\$0 (1)	PA
TRETINOIN GEL 0.01%	\$0 (1)	PA
<i>tretinoin gel 0.025%</i>	\$0 (1)	PA
<i>zenatane cap 10mg</i>	\$0 (1)	PA
<i>zenatane cap 20mg</i>	\$0 (1)	PA
<i>zenatane cap 30mg</i>	\$0 (1)	PA
<i>zenatane cap 40mg</i>	\$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitr zinc oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oint 500 unit/gm</i>	\$0 (3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (3)	NM; *
<i>double antib oin</i>	\$0 (3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0 (1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0 (1)	
<i>gnp triple oin antibiot</i>	\$0 (3)	NM; *
<i>hm triple oin antibiot</i>	\$0 (3)	NM; *
<i>mupirocin oint 2%</i>	\$0 (1)	
<i>neomycin-bacitracin-polymyxin oint</i>	\$0 (3)	NM; *
<i>sb triple oin antibiot</i>	\$0 (3)	NM; *
SILVER SULFADIAZINE CREAM 1%	\$0 (1)	
<i>sm antibioti oin 500/gm</i>	\$0 (3)	NM; *
<i>sm triple oin antibiot</i>	\$0 (3)	NM; *
SSD CRE 1%	\$0 (1)	
SULFAMYLON CRE 85MG/GM	\$0 (2)	
SULFAMYLON PAK 5%	\$0 (2)	
<i>triple antib oin</i>	\$0 (3)	NM; *
<i>triple antib oin max st</i>	\$0 (3)	NM; *
<i>triple antib oin plus</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal cre 2%</i>	\$0 (3)	NM; *
<i>athlete foot cre 1%</i>	\$0 (3)	NM; *
<i>baza antifun cre 2%</i>	\$0 (3)	NM; *
<i>ciclopirox gel 0.77%</i>	\$0 (1)	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox shampoo 1%</i>	\$0 (1)	
<i>clotrimazole cre 1%</i>	\$0 (3)	NM; *
<i>clotrimazole cream 1%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole cream 1%</i>	\$0 (3)	NM; *
<i>clotrimazole soln 1%</i>	\$0 (1)	
<i>dermafungal oin 2%</i>	\$0 (3)	NM; *
<i>desenex shak pow 2%</i>	\$0 (3)	NM; *
<i>FUNGOID TINC SOL 2%</i>	\$0 (3)	NM; *
<i>ketoconazole cream 2%</i>	\$0 (1)	
<i>lamisil at cre 1%</i>	\$0 (3)	NM; *
<i>miconazole nitrate cream 2%</i>	\$0 (3)	NM; *
<i>micro guard pow 2%</i>	\$0 (3)	NM; *
<i>nyamyc pow 100000</i>	\$0 (1)	
<i>nyata pow 100000</i>	\$0 (1)	
<i>nystatin cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin oint 100000 unit/gm</i>	\$0 (1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
<i>remedy cre antifung</i>	\$0 (3)	NM; *
<i>sm antifungl cre 2%</i>	\$0 (3)	NM; *
<i>terbinafine cre 1%</i>	\$0 (3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0 (3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>DOXEPIN HCL CREAM 5%</i>	\$0 (1)	
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>procto-med cre hc 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	PA
<i>acitretin cap 25 mg</i>	\$0 (2)	PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	
<i>8-MOP CAP 10MG</i>	\$0 (2)	
<i>tazarotene cream 0.1%</i>	\$0 (1)	PA
<i>TAZORAC CRE 0.1%</i>	\$0 (2)	PA
<i>TAZORAC CRE 0.05%</i>	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0 (1)	
<i>selenium sulfide lotion 2.5%</i>	\$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	\$0 (1)	
<i>ala-cort cre 2.5%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>anti-itch cre 1%</i>	\$0 (3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (1)	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	\$0 (1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (1)	
<i>desoximetasone cream 0.05%</i>	\$0 (1)	
<i>desoximetasone cream 0.25%</i>	\$0 (1)	
<i>desoximetasone gel 0.05%</i>	\$0 (1)	
DESOXIMETASONE OINT 0.05%	\$0 (1)	
<i>desoximetasone oint 0.25%</i>	\$0 (1)	
<i>fluocin acet oil body</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1)	
<i>fluocinonide cream 0.05%</i>	\$0 (1)	
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (1)	
<i>fluocinonide gel 0.05%</i>	\$0 (1)	
<i>fluocinonide soln 0.05%</i>	\$0 (1)	
<i>fluticasone propionate cream 0.05%</i>	\$0 (1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	
<i>gnp hydrocor cre 1% plus</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>hydro-lotion lot 1%</i>	\$0 (3)	NM; *
<i>hydrocort cre 0.5%</i>	\$0 (3)	NM; *
<i>hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone butyrate cream 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate oint 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate soln 0.1%</i>	\$0 (1)	
<i>hydrocortisone cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 1%</i>	\$0 (1)	
<i>hydrocortisone oint 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0 (1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (1)	
<i>hydrocortisone valerate oint 0.2%</i>	\$0 (1)	
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0 (3)	NM; *
<i>hydroskin cre 1%</i>	\$0 (3)	NM; *
<i>hydroskin lot 1%</i>	\$0 (3)	NM; *
<i>mometasone furoate cream 0.1%</i>	\$0 (1)	
<i>mometasone furoate oint 0.1%</i>	\$0 (1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (1)	
<i>prep h hc cre 1%</i>	\$0 (3)	NM; *
<i>qc hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sb hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sb hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>texacort sol 2.5%</i>	\$0 (2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	
<i>triderm cre 0.1%</i>	\$0 (1)	

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

<i>dibucaine oint 1%</i>	\$0 (3)	NM; *
<i>lidocaine cream 4%</i>	\$0 (3)	NM; *
<i>lidocaine hcl gel 2%</i>	\$0 (1)	PA
<i>lidocaine hcl soln 4%</i>	\$0 (1)	PA
<i>lidocaine oint 5%</i>	\$0 (1)	PA
<i>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALOE VESTA LOT SKN COND	\$0 (3)	NM; *
<i>anu-med sup</i>	\$0 (3)	NM; *
<i>baza protect cre</i>	\$0 (3)	NM; *
BETASEPT LIQ 4%	\$0 (3)	NM; *
CALAMINE LOT	\$0 (3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0 (3)	NM; *
<i>cerave baby lot 1%</i>	\$0 (3)	NM; *
<i>dibucaine rectal ointment 1%</i>	\$0 (3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
<i>duofilm sol 17%</i>	\$0 (3)	NM; *
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
<i>glycerin liq</i>	\$0 (3)	NM; *
<i>glycerin topical liquid</i>	\$0 (3)	NM; *
<i>hemorrhoidal sup</i>	\$0 (3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>imiquimod cream 5%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (1)	
<i>lidocaine anorectal cream 5%</i>	\$0 (3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0 (1)	
<i>metronidazole gel 0.75%</i>	\$0 (1)	
<i>metronidazole lotion 0.75%</i>	\$0 (1)	
4-N-1 CRE	\$0 (3)	NM; *
<i>nasal antise mis 10%</i>	\$0 (3)	NM; *
<i>operand scrb sol 7.5%</i>	\$0 (3)	NM; *
PANRETIN GEL 0.1%	\$0 (2)	
<i>pedi-boro pow soak pak</i>	\$0 (3)	NM; *
<i>periguard oin</i>	\$0 (3)	NM; *
PICATO GEL 0.05%	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PICATO GEL 0.015%	\$0 (2)	
<i>podofilox soln 0.5%</i>	\$0 (1)	
<i>povidone-iod sol 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0 (3)	NM; *
<i>povidone/iod sol 10%</i>	\$0 (3)	NM; *
<i>rosadan cre 0.75%</i>	\$0 (1)	
SM CALAMINE LOT	\$0 (3)	NM; *
<i>surgilube gel</i>	\$0 (3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NM, PA
<i>tgt wart liq remover</i>	\$0 (3)	NM; *
TRIXAICIN CRE 0.025%	\$0 (3)	NM; *
<i>trixaicin hp cre 0.075%</i>	\$0 (3)	NM; *
VALCHLOR GEL 0.016%	\$0 (2)	NM, LA, PA
<i>vitamins a & d oint</i>	\$0 (3)	NM; *
<i>wart remover liq 17%</i>	\$0 (3)	NM; *
<i>zinc oxide oin 20%</i>	\$0 (3)	NM; *
<i>zinc oxide oint 20%</i>	\$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>bedding spra aer 0.5%</i>	\$0 (3)	NM; *
EURAX CRE 10%	\$0 (2)	
EURAX LOT 10%	\$0 (2)	
<i>gnp lice kit</i>	\$0 (3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice treatme lot 1%</i>	\$0 (3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0 (3)	NM; *
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID IRRIGATION SOLN 0.25%	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	PA
SANTYL OIN 250/GM	\$0 (2)	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	\$0 (1)	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole troche 10 mg</i>	\$0 (1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (1)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (1)	
<i>periogard sol 0.12%</i>	\$0 (1)	
PILOCARPINE HCL TAB 5 MG	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid 2% in aluminum acetate otic soln</i>	\$0 (1)	
ACETIC ACID OTIC SOLN 2%	\$0 (1)	
CIPRODEX SUS 0.3-0.1%	\$0 (2)	
<i>ear wax remv dro 6.5% ot</i>	\$0 (3)	NM; *
<i>earwax remv sol 6.5% ot</i>	\$0 (3)	NM; *
<i>earwax trmnt dro 6.5% ot</i>	\$0 (3)	NM; *
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
<i>gnp ear dro 6.5% ot</i>	\$0 (3)	NM; *
<i>gnp ear drop sol 6.5% ot</i>	\$0 (3)	NM; *
<i>gnp ear sys sol 6.5% ot</i>	\$0 (3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (1)	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX TES GLUCOSE	\$0	

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mg/5ml 4

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<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	125	<i>allopurinol tab 100 mg</i>	1
<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	125	<i>allopurinol tab 300 mg</i>	1
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	125	<i>almacone chw</i>	85
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	125	<i>almacone dbl sus strength</i>	85
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		<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	42

<i>amiloride hcl tab 5 mg</i>	42	<i>medoxomil tab 10-20 mg</i>	33
<i>amino acid infusion 6%</i>	106	<i>amlodipine besylate-olmesartan</i>	
<i>aminophylline inj 25 mg/ml</i>	128	<i>medoxomil tab 10-40 mg</i>	33
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AMINOSYN-PF INJ 7%	107	<i>amlodipine besylate-valsartan tab 5-320</i>	
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<i>amiodarone hcl inj 150 mg/3ml (50</i>		<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>mg/ml)</i>	35	<i>tab 10-160-12.5 mg</i>	33
<i>amiodarone hcl inj 450 mg/9ml (50</i>		<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>mg/ml)</i>	35	<i>tab 10-160-25 mg</i>	33
<i>amiodarone hcl inj 900 mg/18ml (50</i>		<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>mg/ml)</i>	36	<i>tab 10-320-25 mg</i>	34
<i>amiodarone hcl tab 100 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amiodarone hcl tab 200 mg</i>	36	<i>tab 5-160-12.5 mg</i>	33
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<i>amlodipine besylate tab 5 mg</i>	40	<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>57 mg</i>	19
<i>10-20 mg</i>	31	<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>28.5 mg/5ml</i>	19
<i>10-40 mg</i>	31	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>62.5 mg/5ml</i>	19
<i>2.5-10 mg</i>	30	<i>amoxicillin & k clavulanate for susp 400-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>57 mg/5ml</i>	20
<i>10 mg</i>	30	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>42.9 mg/5ml</i>	20
<i>20 mg</i>	30	<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>mg</i>	20
<i>40 mg</i>	30	<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	20

<i>amoxicillin & k clavulanate tab 875-125 mg</i>	20
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	20
<i>amoxicillin (trihydrate) cap 250 mg</i>	20
<i>amoxicillin (trihydrate) cap 500 mg</i>	20
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	20
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<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	20
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<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	20
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<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	20
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	20
<i>ampicillin cap 250 mg</i>	20
<i>ampicillin cap 500 mg</i>	20
<i>ampicillin for susp 125 mg/5ml</i>	20
<i>ampicillin for susp 250 mg/5ml</i>	20
<i>ampicillin sodium for inj 1 gm</i>	20
<i>ampicillin sodium for inj 10 gm</i>	20
<i>ampicillin sodium for inj 125 mg</i>	20
<i>ampicillin sodium for inj 2 gm</i>	20
<i>ampicillin sodium for inj 250 mg</i>	21
<i>ampicillin sodium for inj 500 mg</i>	21
<i>ampicillin sodium for iv soln 1 gm</i>	21
<i>ampicillin sodium for iv soln 10 gm</i>	21
<i>ampicillin sodium for iv soln 2 gm</i>	21
<i>AMPYRA TAB 10MG</i>	67
<i>ANADROL-50 TAB 50MG</i>	70
<i>anagrelide hcl cap 0.5 mg</i>	100
<i>anagrelide hcl cap 1 mg</i>	100
<i>anastrozole tab 1 mg</i>	26
<i>ANDRODERM DIS 2MG/24HR</i>	70
<i>ANDRODERM DIS 4MG/24HR</i>	70
<i>animal chews chw</i>	112
<i>animal shape chw</i>	112
<i>animal shape chw + iron</i>	112
<i>ANORO ELLIPT AER 62.5-25</i>	122
<i>antacid chw 500mg</i>	85
<i>antacid chw 750mg</i>	85
<i>antacid fast sus relief</i>	85
<i>antacid plus sus anti-gas</i>	85
<i>antacid plus sus gas rel</i>	85
<i>antacid sus</i>	85
<i>antacid sus anti-gas</i>	85
<i>antacid sus max st</i>	85
<i>antacid/anti sus -gas ds</i>	85
<i>anti-diarrhe tab 2mg</i>	86
<i>antifungal cre 2%</i>	130
<i>anti-itch cre 1%</i>	132
<i>anti-nausea liq</i>	86
<i>anti-nausea sol</i>	86
<i>antioxidant tab vitamins</i>	112
<i>anu-med sup</i>	134
<i>APATATE FORT LIQ</i>	112

APATATE LIQ.....	112	<i>artificial sol tears.....</i>	122
APOKYN INJ 10MG/ML	57	<i>ascorbic acid cap er 500 mg</i>	112
<i>aprepitant capsule 125 mg.....</i>	87	<i>ascorbic acid chew tab 250 mg</i>	112
<i>aprepitant capsule 40 mg</i>	86	<i>ascorbic acid chew tab 500 mg</i>	112
<i>aprepitant capsule 80 mg</i>	86	<i>ascorbic acid tab 1000 mg.....</i>	112
<i>aprepitant capsule therapy pack 80 &</i>		<i>ascorbic acid tab 250 mg</i>	112
<i>125 mg</i>	87	<i>ascorbic acid tab 500 mg</i>	112
<i>apri tab</i>	74	<i>aspir-81 tab 81mg ec</i>	1
APRISO CAP 0.375GM	90	<i>aspirin chew tab 81 mg.....</i>	1
APTIOM TAB 200MG.....	46	<i>aspirin chw 81mg.....</i>	1
APTIOM TAB 400MG.....	46	<i>aspirin low chw 81mg</i>	1
APTIOM TAB 600MG.....	46	<i>aspirin low tab 81mg ec</i>	1
APTIOM TAB 800MG.....	46	<i>aspirin tab 325 mg</i>	1
APTIVUS CAP 250MG.....	12	<i>aspirin tab 325mg</i>	1
APTIVUS SOL	12	<i>aspirin tab 325mg ec.....</i>	1
AQUADEKS CAP	112	<i>aspirin tab 81mg ec.....</i>	1
AQUADEKS CHW.....	112	<i>aspirin tab delayed release 325 mg</i>	1
<i>aquadeks dro</i>	112	<i>aspirin tab delayed release 81 mg</i>	1
AQUASOL A INJ 50000/ML	112	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR	
<i>aqueous e dro 15/0.3ml</i>	112	25-200 MG.....	101
ARALAST NP INJ 1000MG.....	127	<i>aspir-low tab 81mg ec</i>	1
ARALAST NP INJ 500MG	127	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>aranelle tab.....</i>	74	<i>.....</i>	38
ARCALYST INJ 220MG	103	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>aripiprazole oral solution 1 mg/ml</i>	59	<i>.....</i>	38
<i>aripiprazole orally disintegrating tab 10</i>		<i>atenolol tab 100 mg</i>	39
<i>mg.....</i>	59	<i>atenolol tab 25 mg</i>	39
<i>aripiprazole orally disintegrating tab 15</i>		<i>atenolol tab 50 mg</i>	39
<i>mg.....</i>	59	<i>athlete foot cre 1%</i>	130
<i>aripiprazole tab 10 mg.....</i>	59	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aripiprazole tab 15 mg.....</i>	59	<i>.....</i>	64
<i>aripiprazole tab 2 mg</i>	59	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>aripiprazole tab 20 mg.....</i>	59	<i>equiv).....</i>	64
<i>aripiprazole tab 30 mg.....</i>	59	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>aripiprazole tab 5 mg</i>	59	<i>.....</i>	64
ARISTADA INJ 1064MG.....	59	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
ARISTADA INJ 441MG/1.	59	<i>.....</i>	64
ARISTADA INJ 662MG/2	59	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
ARISTADA INJ 882MG/3	59	<i>.....</i>	64
<i>armodafinil tab 150 mg</i>	68	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	
ARMODAFINIL TAB 200 MG	68	<i>.....</i>	64
<i>armodafinil tab 250 mg</i>	68	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	
<i>armodafinil tab 50 mg</i>	68	<i>.....</i>	64
ARNUITY ELPT INH 100MCG.....	128	<i>atorvastatin calcium tab 10 mg (base</i>	
ARNUITY ELPT INH 200MCG.....	128	<i>equivalent).....</i>	37
<i>arthrts pain tab 650mg.....</i>	1	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>artifi tears oin op</i>	122	<i>equivalent).....</i>	37
<i>artifi tears sol 1.4% op</i>	122	<i>atorvastatin calcium tab 40 mg (base</i>	

<i>equivalent)</i>	37
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	37
<i>atovaquone susp 750 mg/5ml</i>	8
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
ATRIPLA TAB.....	14
ATROVENT HFA AER 17MCG.....	122
<i>aubra tab 0.1-0.02</i>	74
AURYXIA TAB 210MG	83
AUSTEDO TAB 12MG	67
AUSTEDO TAB 6MG.....	66
AUSTEDO TAB 9MG.....	66
AVASTIN INJ	25
AVASTIN INJ 400/16ML	25
<i>aviane tab</i>	74
AVITA CRE 0.025%	129
AVITA GEL 0.025%	129
AXIRON SOL 30MG/ACT.....	70
<i>ayr spr 0.65%</i>	127
<i>azacitidine for inj 100 mg</i>	23
AZACTAM/DEX INJ 1GM.....	8
AZACTAM/DEX INJ 2GM.....	8
<i>azathioprine inj 100mg</i>	103
<i>azathioprine tab 50 mg</i>	103
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	123
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	123
<i>azelastine hcl ophth soln 0.05%</i>	121
<i>azithromycin for susp 100 mg/5ml</i>	18
<i>azithromycin for susp 200 mg/5ml</i>	18
<i>azithromycin iv for soln 500 mg</i>	18
AZITHROMYCIN POWD PACK FOR SUSP 1 GM.....	18
<i>azithromycin tab 250 mg</i>	18
<i>azithromycin tab 500 mg</i>	18
<i>azithromycin tab 600 mg</i>	18
AZOPT SUS 1% OP	121
<i>aztreonam for inj 1 gm</i>	8
<i>aztreonam for inj 2 gm</i>	9
B	
<i>bacitr zinc oin 500/gm</i>	130
<i>bacitracin oin 500/gm</i>	130
<i>bacitracin oint 500 unit/gm</i>	130
<i>bacitracin ophth oint 500 unit/gm</i>	119

<i>bacitracin zinc oint 500 unit/gm</i>	130
<i>bacitracin-polymyxin b ophth oint</i>	119
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	119
<i>baclofen tab 10 mg</i>	67
<i>baclofen tab 20 mg</i>	67
<i>balanc b-100 tab 100mg</i>	112
<i>balanc b-50 tab</i>	112
<i>balsalazide disodium cap 750 mg</i>	90
<i>balziva tab</i>	74
<i>banophen cap 25mg</i>	123
<i>banophen cap 50mg</i>	123
<i>banophen liq 12.5/5ml</i>	123
BANZEL SUS 40MG/ML	46
BANZEL TAB 200MG	46
BANZEL TAB 400MG	46
BARACLUDE SOL .05MG/ML.....	15
<i>baza antifun cre 2%</i>	130
<i>baza protect cre</i>	134
BCG VACCINE INJ	104
<i>b-complex vitamin tab</i>	112
<i>b-complex w/ c & calcium tab</i>	112
<i>b-complex w/ c tab</i>	112
<i>bedding spra aer 0.5%</i>	135
<i>bee zee tab</i>	112
<i>bekyree tab</i>	74
BELEODAQ INJ 500MG.....	25
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>benazepril hcl tab 10 mg</i>	32
<i>benazepril hcl tab 20 mg</i>	32
<i>benazepril hcl tab 40 mg</i>	32
<i>benazepril hcl tab 5 mg</i>	32
BENDEKA INJ 100/4ML	22
BENLYSTA INJ 120MG.....	103
BENLYSTA INJ 400MG.....	103
<i>benzoyl peroxide gel 10%</i>	129
<i>benzoyl peroxide gel 5%</i>	129
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	129
BENZTROPINE MESYLATE INJ 1 MG/ML.....	57
<i>benztropine mesylate tab 0.5 mg</i>	57

<i>benztropine mesylate tab 1 mg</i>	57	<i>biscolax sup 10mg</i>	90
<i>benztropine mesylate tab 2 mg</i>	57	<i>bismatrol chw 262mg</i>	86
BEPREVE DRO 1.5%.....	121	<i>bismatrol sus 262/15ml</i>	86
BESIVANCE SUS 0.6%.....	119	<i>bismatrol sus 525/15ml</i>	86
<i>betamethasone dipropionate augmented cream 0.05%</i>	132	<i>bismuth ms sus 525/15ml</i>	86
<i>betamethasone dipropionate augmented gel 0.05%</i>	132	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	38
<i>betamethasone dipropionate augmented lotion 0.05%</i>	132	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	38
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	132	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	38
<i>betamethasone dipropionate cream 0.05%</i>	132	<i>bisoprolol fumarate tab 10 mg</i>	39
<i>betamethasone dipropionate lotion 0.05%</i>	132	<i>bisoprolol fumarate tab 5 mg</i>	39
<i>betamethasone dipropionate oint 0.05%</i>	132	BIVIGAM INJ 10%	102
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	132	<i>bleomycin sulfate for inj 15 unit</i>	23
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	132	<i>bleomycin sulfate for inj 30 unit</i>	23
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	132	<i>blephamide oin s.o.p.</i>	119
BETASEPT LIQ 4%	134	<i>blisovi fe tab 1.5/30</i>	74
BETASERON INJ 0.3MG.....	67	<i>blisovi fe tab 1/20</i>	74
<i>betaxolol hcl ophth soln 0.5%</i>	121	BOOSTRIX INJ	104
<i>bethanechol chloride tab 10 mg</i>	96	BOSULIF TAB 100MG	27
<i>bethanechol chloride tab 25 mg</i>	96	BOSULIF TAB 500MG	27
<i>bethanechol chloride tab 5 mg</i>	96	BREO ELLIPTA INH 100-25	128
<i>bethanechol chloride tab 50 mg</i>	96	BREO ELLIPTA INH 200-25	128
BETOPTIC-S SUS 0.25% OP	121	<i>brewers yeast tab</i>	112
BEVESPI AER 9-4.8MCG.....	122	<i>briellyn tab</i>	74
<i>bexarotene cap 75 mg</i>	29	BRILINTA TAB 60MG.....	101
BEXSERO INJ	104	BRILINTA TAB 90MG.....	101
<i>bicalutamide tab 50 mg</i>	26	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	121
BICILLIN L-A INJ 1200000	21	<i>brimonidine tartrate ophth soln 0.2%</i> 121	
BICILLIN L-A INJ 2400000	21	BRIVIACT INJ 50MG/5ML	46
BICILLIN L-A INJ 600000	21	BRIVIACT SOL 10MG/ML	46
BICNU INJ 100MG.....	22	BRIVIACT TAB 100MG.....	46
BILTRICIDE TAB 600MG	9	BRIVIACT TAB 10MG	46
<i>biotin cap 5 mg</i>	112	BRIVIACT TAB 25MG	46
<i>biotin tab 300 mcg</i>	112	BRIVIACT TAB 50MG	46
<i>bisac-evac sup 10mg</i>	90	BRIVIACT TAB 75MG	46
<i>bisacodyl suppos 10 mg</i>	90	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	120
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	90	<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	120
<i>bisacodyl tab 5mg ec</i>	90	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	57
		<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	57
		BROMSITE DRO 0.075%	120
		<i>budesonide delayed release particles cap</i>	

3 mg	90
budesonide inhalation susp 0.25 mg/2ml	128
budesonide inhalation susp 0.5 mg/2ml	128
bumetanide inj 0.25 mg/ml	42
bumetanide tab 0.5 mg	42
bumetanide tab 1 mg	42
bumetanide tab 2 mg	42
BUPHENYL TAB 500MG	78
buprenorphine hcl sl tab 2 mg (base equiv)	68
buprenorphine hcl sl tab 8 mg (base equiv)	68
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	68
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	68
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	68
bupropion hcl tab 100 mg	53
bupropion hcl tab 75 mg	53
bupropion hcl tab er 12hr 100 mg	53
bupropion hcl tab er 12hr 150 mg	53
bupropion hcl tab er 12hr 200 mg	53
bupropion hcl tab er 24hr 150 mg	53
bupropion hcl tab er 24hr 300 mg	53
buspirone hcl tab 10 mg	46
buspirone hcl tab 15 mg	46
buspirone hcl tab 30 mg	46
buspirone hcl tab 5 mg	46
buspirone hcl tab 7.5 mg	46
busulfan inj 6 mg/ml	22
BUSULFEX INJ 6MG/ML	22
butorphanol tartrate inj 1 mg/ml	4
butorphanol tartrate inj 2 mg/ml	4
BUTRANS DIS 10MCG/HR	5
BUTRANS DIS 15MCG/HR	5
BUTRANS DIS 20MCG/HR	5
BUTRANS DIS 5MCG/HR	4
BUTRANS DIS 7.5/HR	5
BYDUREON INJ 2MG	70
BYDUREON PEN INJ 2MG	70
BYETTA INJ 10MCG	70
BYETTA INJ 5MCG	70
BYSTOLIC TAB 10MG	39
BYSTOLIC TAB 2.5MG	39
BYSTOLIC TAB 20MG	39

BYSTOLIC TAB 5MG	39
C	
c 250 tab	112
c-1000/rh tab 1000mg	112
ca cit/vit d tab 315/200	109
ca citrate tab + d	109
cabergoline tab 0.5 mg	82
CABOMETYX TAB 20MG	27
CABOMETYX TAB 40MG	27
CABOMETYX TAB 60MG	27
cal antacid chw 1000mg	85
CALAMINE LOT	134
calc 600+d tab 600-800	109
calc antacid chw 1000mg	85
calc antacid chw 500mg	85
calc antacid chw 750mg	85
calc cit+d3 tab 250-200	109
calc citr/d tab 315-250	109
CALCI-CHEW CHW 1250MG	109
calciferol dro 8000/ml	112
CALCIONATE SYP 1.8GM/5	109
calcipotriene cream 0.005%	131
calcipotriene soln 0.005% (50 mcg/ml)	131
calcitonin (salmon) nasal soln 200 unit/act	82
calcitrate tab	109
calcitrate tab 950mg	109
calcitriol cap 0.25 mcg	112
calcitriol cap 0.5 mcg	112
calcitriol inj 1 mcg/ml	112
calcitriol oral soln 1 mcg/ml	112
calcium + d tab	109
calcium +d3 tab maximum	109
calcium 600 chw +d/miner	109
calcium 600 tab	109
calcium 600 tab +d	109
calcium 600 tab +d/mnrls	109
calcium 600 tab -d	109
calcium 600/ tab vit d	109
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	83
calcium acetate (phosphate binder) tab 667 mg	83
calcium carb tab 1250mg	109
calcium carbonate (antacid) chew tab 500 mg	85
calcium carbonate (antacid) susp 1250	

<i>mg/5ml</i>	110	<i>calcium+d3 tab 315-250</i>	110
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	110	<i>calcium+d3 tab 600-800</i>	110
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	110	<i>cal-gest chw 500mg</i>	85
<i>calcium carbonate tab 600 mg</i>	110	<i>CAL-MAG-ZINC TAB -D</i>	109
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	110	<i>caltrate 600 tab</i>	111
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	110	<i>camila tab 0.35mg</i>	74
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	110	<i>CANASA SUP 1000MG</i>	90
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	110	<i>CANCIDAS INJ 50MG</i>	11
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	110	<i>CANCIDAS INJ 70MG</i>	11
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	110	<i>candesartan cilexetil tab 16 mg</i>	35
<i>calcium carbonate-ergocalciferol tab 500mg-200 unit</i>	110	<i>candesartan cilexetil tab 32 mg</i>	35
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	110	<i>candesartan cilexetil tab 4 mg</i>	35
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	110	<i>candesartan cilexetil tab 8 mg</i>	35
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	110	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	34
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	110	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	34
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	109	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	34
<i>calcium cit/ tab vit d</i>	110	<i>CAPASTAT SUL INJ 1GM</i>	14
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	110	<i>CAPRELSA TAB 100MG</i>	27
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	110	<i>CAPRELSA TAB 300MG</i>	27
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	110	<i>capsaicin cream 0.025%</i>	134
<i>calcium polycarbophil tab 625 mg</i>	90	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	31
<i>calcium tab 500/d</i>	110	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	31
<i>calcium tab 600mg</i>	110	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	31
<i>calcium tab vit d</i>	110	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	31
<i>calcium/d tab 500-200</i>	111	<i>captopril tab 100 mg</i>	32
<i>calcium/d tab 500mg</i>	111	<i>captopril tab 12.5 mg</i>	32
<i>calcium/d tab 600-200</i>	111	<i>captopril tab 25 mg</i>	32
<i>calcium/d3 tab</i>	110	<i>captopril tab 50 mg</i>	32
<i>calcium/d3 tab 600-800</i>	111	<i>CARBAGLU TAB 200MG</i>	78
<i>calcium+d tab 600-400</i>	110	<i>carbamazepine cap er 12hr 100 mg</i>	47
<i>calcium+d tab 600-800</i>	110	<i>carbamazepine cap er 12hr 200 mg</i>	47
		<i>carbamazepine cap er 12hr 300 mg</i>	47
		<i>carbamazepine chew tab 100 mg</i>	47
		<i>carbamazepine susp 100 mg/5ml</i>	47
		<i>carbamazepine tab 200 mg</i>	47
		<i>carbamazepine tab er 12hr 100 mg</i>	47
		<i>carbamazepine tab er 12hr 200 mg</i>	47
		<i>carbamazepine tab er 12hr 400 mg</i>	47
		<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	57
		<i>carbidopa & levodopa orally</i>	

<i>disintegrating tab 25-100 mg</i>	57	<i>cefazolin sodium for inj 1 gm</i>	16
<i>carbidopa & levodopa orally</i>		<i>cefazolin sodium for inj 10 gm</i>	16
<i>disintegrating tab 25-250 mg</i>	57	<i>cefazolin sodium for inj 20 gm</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i> ..	57	<i>cefazolin sodium for inj 500 mg</i>	17
<i>carbidopa & levodopa tab 25-100 mg</i> ..	57	<i>cefazolin sodium for iv soln 1 gm</i>	17
<i>carbidopa & levodopa tab 25-250 mg</i> ..	57	CEFAZOLIN SOL.....	17
<i>carbidopa & levodopa tab er 25-100 mg</i>		<i>cefdinir cap 300 mg</i>	17
.....	57	<i>cefdinir for susp 125 mg/5ml</i>	17
<i>carbidopa & levodopa tab er 50-200 mg</i>		<i>cefdinir for susp 250 mg/5ml</i>	17
.....	57	<i>cefepime hcl for inj 1 gm</i>	17
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefepime hcl for inj 2 gm</i>	17
TABS 12.5-50-200 MG.....	57	<i>cefixime for susp 100 mg/5ml</i>	17
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefixime for susp 200 mg/5ml</i>	17
TABS 18.75-75-200 MG	57	<i>cefotaxime sodium for inj 1 gm</i>	17
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefotaxime sodium for inj 2 gm</i>	17
TABS 25-100-200 MG.....	57	<i>cefotaxime sodium for inj 500 mg</i>	17
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefoxitin sodium for inj 10 gm</i>	17
TABS 31.25-125-200 MG	57	<i>cefoxitin sodium for iv soln 1 gm</i>	17
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>cefoxitin sodium for iv soln 2 gm</i>	17
TABS 37.5-150-200 MG	58	<i>cefpodoxime proxetil for susp 100</i>	
CARBIDOPA-LEVODOPA-ENTACAPONE		<i>mg/5ml</i>	17
TABS 50-200-200 MG.....	58	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>carboplatin iv soln 150 mg/15ml</i>	29	.....	17
<i>carboplatin iv soln 450 mg/45ml</i>	29	<i>cefpodoxime proxetil tab 100 mg</i>	17
<i>carboplatin iv soln 50 mg/5ml</i>	29	<i>cefpodoxime proxetil tab 200 mg</i>	17
<i>carboplatin iv soln 600 mg/60ml</i>	29	<i>cefprozil for susp 125 mg/5ml</i>	17
CARIMUNE NF INJ 12GM	102	<i>cefprozil for susp 250 mg/5ml</i>	17
CARIMUNE NF INJ 6GM.....	102	<i>cefprozil tab 250 mg</i>	17
<i>carisoprodol tab 350 mg</i>	67	<i>cefprozil tab 500 mg</i>	17
<i>carteolol hcl ophth soln 1%</i>	121	<i>ceftazidime for inj 1 gm</i>	17
<i>carvedilol tab 12.5 mg</i>	39	<i>ceftazidime for inj 2 gm</i>	17
<i>carvedilol tab 25 mg</i>	39	<i>ceftazidime for inj 6 gm</i>	17
<i>carvedilol tab 3.125 mg</i>	39	CEFTAZIDIME/ SOL D5W 1GM	17
<i>carvedilol tab 6.25 mg</i>	39	CEFTAZIDIME/ SOL D5W 2GM	17
CASPOFUNGIN INJ 50MG	11	<i>ceftriaxone sodium for inj 1 gm</i>	17
CASPOFUNGIN INJ 70MG	11	<i>ceftriaxone sodium for inj 10 gm</i>	17
CAYSTON INH 75MG	9	<i>ceftriaxone sodium for inj 2 gm</i>	17
<i>cefaclor cap 250 mg</i>	16	<i>ceftriaxone sodium for inj 250 mg</i>	17
<i>cefaclor cap 500 mg</i>	16	<i>ceftriaxone sodium for inj 500 mg</i>	17
<i>cefaclor er tab 500mg</i>	16	<i>ceftriaxone sodium for iv soln 1 gm</i>	17
<i>cefaclor for susp 125 mg/5ml</i>	16	<i>ceftriaxone sodium for iv soln 2 gm</i>	17
<i>cefaclor for susp 250 mg/5ml</i>	16	<i>cefuroxime axetil tab 250 mg</i>	17
<i>cefaclor for susp 375 mg/5ml</i>	16	<i>cefuroxime axetil tab 500 mg</i>	17
<i>cefadroxil cap 500 mg</i>	16	<i>cefuroxime sodium for inj 1.5 gm</i>	17
<i>cefadroxil for susp 250 mg/5ml</i>	16	<i>cefuroxime sodium for inj 7.5 gm</i>	18
<i>cefadroxil for susp 500 mg/5ml</i>	16	<i>cefuroxime sodium for inj 750 mg</i>	18
<i>cefadroxil tab 1 gm</i>	16	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	18
<i>cefazolin inj 1gm/50ml</i>	16	<i>celecoxib cap 100 mg</i>	3

<i>celecoxib cap 200 mg</i>	3	<i>child chew chw vitamins</i>	113
<i>celecoxib cap 400 mg</i>	3	<i>child chew/ chw extra c</i>	113
<i>celecoxib cap 50 mg</i>	3	<i>child multi chw vit/iron</i>	113
CELONTIN CAP 300MG	47	<i>children vit chw</i>	113
<i>centamin liq</i>	112	<i>children vit chw extra c</i>	113
CENTRAL-VITE TAB UNDER 50.....	112	<i>childrens chw /iron</i>	113
CENTRUM CHW.....	112	CHILDRENS CHW COMPLETE	113
CENTRUM CHW SILVER	112	<i>childrens chw vitamins</i>	113
<i>centrum kids chw complete</i>	112	<i>chld allergy liq 12.5/5ml</i>	123
CENTRUM SPEC TAB ENERGY	112	<i>chld mltivit chw /iron</i>	113
CENTRUM SPEC TAB HEART	112	<i>chld silapap liq 160/5ml</i>	1
CENTRUM SPEC TAB VISION	112	<i>chlorhexidine gluconate soln 0.12%..</i>	135
CENTRUM TAB SILVER.....	112	<i>chloroquine phosphate tab 250 mg</i>	12
CENTRUM TAB ULTRA.....	112	<i>chloroquine phosphate tab 500 mg</i>	12
<i>century tab</i>	113	<i>chlorothiazide tab 250 mg</i>	42
<i>century tab mature</i>	113	<i>chlorothiazide tab 500 mg</i>	42
<i>cephalexin cap 250 mg</i>	18	<i>chlorpheniramine maleate tab er 12 mg</i>	123
<i>cephalexin cap 500 mg</i>	18	.....	123
<i>cephalexin for susp 125 mg/5ml</i>	18	<i>chlorpromaz inj 25mg/ml</i>	59
<i>cephalexin for susp 250 mg/5ml</i>	18	<i>chlorpromaz inj 50mg/2ml</i>	59
<i>cerave baby lot 1%</i>	134	<i>chlorpromazine hcl tab 10 mg</i>	59
CERDELGA CAP 84MG.....	78	<i>chlorpromazine hcl tab 100 mg</i>	59
CEREZYME INJ 400UNIT	78	<i>chlorpromazine hcl tab 200 mg</i>	59
<i>cerovite jr chw</i>	113	<i>chlorpromazine hcl tab 25 mg</i>	59
<i>cerovite liq advanced</i>	113	<i>chlorpromazine hcl tab 50 mg</i>	59
<i>cerovite tab advanced</i>	113	<i>chlorthalidone tab 25 mg</i>	42
<i>certa plus tab</i>	113	<i>chlorthalidone tab 50 mg</i>	42
<i>certavite liq antioxid</i>	113	<i>cholecalciferol cap 1000 unit</i>	113
CERTAVITE TAB SENIOR.....	113	<i>cholecalciferol cap 10000 unit</i>	113
<i>certavite/ tab antioxid</i>	113	<i>cholecalciferol cap 2000 unit</i>	113
<i>cetirizine hcl chew tab 10 mg</i>	123	<i>cholecalciferol cap 400 unit</i>	113
<i>cetirizine hcl chew tab 5 mg</i>	123	<i>cholecalciferol cap 5000 unit</i>	113
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>cholecalciferol oral liquid 400 unit/ml</i>	113
<i>mg/5ml)</i>	123	<i>cholecalciferol tab 1000 unit</i>	113
<i>cetirizine hcl tab 10 mg</i>	123	<i>cholecalciferol tab 2000 unit</i>	113
<i>cetirizine hcl tab 5 mg</i>	123	<i>cholecalciferol tab 400 unit</i>	113
<i>cetirizine sol 5mg/5ml</i>	123	<i>cholestyramine light powder 4 gm/dose</i>	37
<i>cetirizine syp 1mg/ml</i>	123	.....	37
<i>cevimeline hcl cap 30 mg</i>	135	<i>cholestyramine light powder packets 4</i>	37
CHANTIX PAK 0.5& 1MG	68	<i>gm</i>	37
CHANTIX PAK 1MG.....	68	<i>cholestyramine powder 4 gm/dose</i>	37
CHANTIX TAB 0.5MG.....	68	<i>cholestyramine powder packets 4 gm</i> .	37
CHANTIX TAB 1MG.....	68	<i>ciclopirox gel 0.77%</i>	130
CHEMET CAP 100MG	73	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>chewabl vite chw childrns</i>	113	<i>equiv)</i>	130
<i>child asa chw 81mg</i>	1	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>child asa ls chw 81mg</i>	1	<i>equiv)</i>	130
<i>child chew chw iron</i>	113	<i>ciclopirox shampoo 1%</i>	130

<i>cilostazol tab 100 mg</i>	100	<i>clarithromycin tab 250 mg</i>	18
<i>cilostazol tab 50 mg</i>	100	<i>clarithromycin tab 500 mg</i>	18
<i>CILOXAN OIN 0.3% OP</i>	119	<i>clarithromycin tab er 24hr 500 mg</i>	18
<i>CINRYZE SOL 500 UNIT</i>	100	<i>clearlax pow</i>	90
<i>CIPRODEX SUS 0.3-0.1%</i>	136	<i>clindamycin hcl cap 150 mg</i>	9
<i>ciprofloxacin 200 mg/100ml in d5w</i>	19	<i>clindamycin hcl cap 300 mg</i>	9
<i>ciprofloxacin 400 mg/200ml in d5w</i>	19	<i>clindamycin hcl cap 75 mg</i>	9
<i>ciprofloxacin for oral susp 250 mg/5ml</i> <i>(5%) (5 gm/100ml)</i>	19	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	9
<i>ciprofloxacin for oral susp 500 mg/5ml</i> <i>(10%) (10 gm/100ml)</i>	19	<i>clindamycin phosphate gel 1%</i>	129
<i>ciprofloxacin hcl ophth soln 0.3%</i>	119	<i>clindamycin phosphate in d5w iv soln</i> <i>300 mg/50ml</i>	9
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	19	<i>clindamycin phosphate in d5w iv soln</i> <i>600 mg/50ml</i>	9
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19	<i>clindamycin phosphate in d5w iv soln</i> <i>900 mg/50ml</i>	9
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19	<i>clindamycin phosphate inj 300 mg/2ml</i> .	9
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19	<i>clindamycin phosphate inj 600 mg/4ml</i> .	9
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	19	<i>clindamycin phosphate inj 9 gm/60ml</i> ...	9
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	19	<i>clindamycin phosphate inj 900 mg/6ml</i> .	9
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i> <i>1000 mg(base eq)</i>	19	<i>clindamycin phosphate iv soln 300</i> <i>mg/2ml</i>	9
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i> <i>500 mg (base eq)</i>	19	<i>clindamycin phosphate iv soln 900</i> <i>mg/6ml</i>	9
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	29	<i>clindamycin phosphate lotion 1%</i>	129
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	29	<i>clindamycin phosphate soln 1%</i>	129
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	29	<i>clindamycin phosphate swab 1%</i>	129
<i>cit calc/d tab 315-250</i>	111	<i>clindamycin phosphate vaginal cream 2%</i>	96
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	53	<i>CLINDMYC/NAC INJ 300/50ML</i>	9
<i>citalopram hydrobromide tab 10 mg</i> <i>(base equiv)</i>	53	<i>CLINDMYC/NAC INJ 600/50ML</i>	9
<i>citalopram hydrobromide tab 20 mg</i> <i>(base equiv)</i>	53	<i>CLINDMYC/NAC INJ 900/50ML</i>	9
<i>citalopram hydrobromide tab 40 mg</i> <i>(base equiv)</i>	53	<i>CLINIMIX INJ 2.75/D5W</i>	107
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	23	<i>CLINIMIX INJ 4.25/D10</i>	107
<i>claravis cap 10mg</i>	129	<i>CLINIMIX INJ 4.25/D20</i>	107
<i>claravis cap 20mg</i>	129	<i>CLINIMIX INJ 4.25/D25</i>	107
<i>claravis cap 30mg</i>	129	<i>CLINIMIX INJ 4.25/D5W</i>	107
<i>claravis cap 40mg</i>	129	<i>CLINIMIX INJ 5%/D15W</i>	107
<i>clarithromycin for susp 125 mg/5ml</i>	18	<i>CLINIMIX INJ 5%/D20W</i>	107
<i>clarithromycin for susp 250 mg/5ml</i>	18	<i>CLINIMIX INJ 5%/D25W</i>	107
		<i>clomipramine hcl cap 25 mg</i>	53
		<i>clomipramine hcl cap 50 mg</i>	54
		<i>clomipramine hcl cap 75 mg</i>	54
		<i>clonazepam orally disintegrating tab</i> <i>0.125 mg</i>	47
		<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	47
		<i>clonazepam orally disintegrating tab 0.5</i> <i>mg</i>	47

<i>mg</i>	47	COLCRYS TAB 0.6MG.....	1
<i>clonazepam orally disintegrating tab 1 mg</i>	47	<i>colestipol hcl granule packets 5 gm</i>	37
<i>clonazepam orally disintegrating tab 2 mg</i>	47	<i>colestipol hcl granules 5 gm</i>	37
<i>clonazepam tab 0.5 mg</i>	47	<i>colestipol hcl tab 1 gm</i>	37
<i>clonazepam tab 1 mg</i>	47	<i>colistimethate sodium for inj 150 mg</i>	9
<i>clonazepam tab 2 mg</i>	47	COMBIGAN SOL 0.2/0.5%	121
<i>clonidine hcl tab 0.1 mg</i>	43	COMBIVENT AER 20-100	122
<i>clonidine hcl tab 0.2 mg</i>	43	COMETRIQ KIT 100MG.....	27
<i>clonidine hcl tab 0.3 mg</i>	43	COMETRIQ KIT 140MG.....	27
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	43	COMETRIQ KIT 60MG	27
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	43	<i>comp allergy cap 25mg</i>	123
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	43	<i>compete tab</i>	113
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	101	COMPLERA TAB.....	14
<i>clorazepate dipotassium tab 15 mg</i>	47	<i>complete chw dual act</i>	95
<i>clorazepate dipotassium tab 3.75 mg</i> ..	47	<i>complete tab</i>	113
<i>clorazepate dipotassium tab 7.5 mg</i>	47	<i>complete tab senior</i>	113
<i>clotrimazole cre 1%</i>	130	<i>compro sup 25mg</i>	87
CLOTTRIMAZOLE CRE 3 DAY	96	CONDOMS MIS LUBRICAT	74
<i>clotrimazole cream 1%</i>	130, 131	<i>constulose sol 10gm/15</i>	90
<i>clotrimazole soln 1%</i>	131	COPAXONE INJ 40MG/ML	67
<i>clotrimazole troche 10 mg</i>	136	<i>cortisone acetate tab 25 mg</i>	80
<i>clotrimazole vaginal cream 1%</i>	96	COTELLIC TAB 20MG	27
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	59	<i>cough syp 100/5ml</i>	125
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	59	COUMADIN TAB 10MG	97
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	59	COUMADIN TAB 1MG	97
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	59	COUMADIN TAB 2.5MG	97
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG.....	59	COUMADIN TAB 2MG	97
<i>clozapine tab 100 mg</i>	59	COUMADIN TAB 3MG	97
<i>clozapine tab 200 mg</i>	59	COUMADIN TAB 4MG	97
<i>clozapine tab 25 mg</i>	59	COUMADIN TAB 5MG	97
<i>clozapine tab 50 mg</i>	59	COUMADIN TAB 6MG	97
COARTEM TAB 20-120MG	12	COUMADIN TAB 7.5MG	97
COD LIVER OIL.....	113	CREON CAP 12000UNT.....	94
<i>cod liver oil cap</i>	113	CREON CAP 24000UNT.....	94
COD LIVER OIL OIL.....	113	CREON CAP 3000UNIT	94
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	CREON CAP 36000UNT.....	94
		CREON CAP 6000UNIT	94
		CRIXIVAN CAP 200MG	12
		CRIXIVAN CAP 400MG	12
		<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	125
		<i>cromolyn sodium ophth soln 4%</i>	121
		<i>cromolyn sodium oral conc 100 mg/5ml</i>	94
		<i>cromolyn sodium soln nebu 20 mg/2ml</i>	127
		<i>cryselle-28 tab 28 tabs</i>	74
		CUBICIN SOL 500MG	9

<i>cvs calcium tab 600mg</i>	111	<i>daily multi tab vit/iron</i>	114
<i>cvs daily tab multiple</i>	113	<i>daily multi tab vit/min</i>	114
<i>cvs iron tab 325mg</i>	99	<i>daily multi tab vitamin</i>	114
<i>cvs stress tab form/zn</i>	113	<i>daily multi tab vitamins</i>	114
<i>cyanocobalamin inj 1000 mcg/ml</i>	113	<i>daily multi tab women</i>	114
<i>cyanocobalamin tab 100 mcg</i>	113	<i>daily tab vitamin</i>	114
<i>cyanocobalamin tab 1000 mcg</i>	113	<i>daily value tab multivit</i>	114
<i>cyanocobalamin tab 250 mcg</i>	113	<i>daily vit tab</i>	114
<i>cyanocobalamin tab 500 mcg</i>	113	<i>daily vit tab +iron</i>	114
<i>cyanocobalamin tab er 1000 mcg</i>	113	<i>daily vit tab +mineral</i>	114
<i>cyanocobalamin tab er 2000 mcg</i>	114	<i>daily vit tab iron</i>	114
<i>cyclafem tab 1/35</i>	74	<i>daily vite tab</i>	114
<i>cyclafem tab 7/7/7</i>	74	<i>daily-vite tab</i>	114
<i>cyclobenzaprine hcl tab 10 mg</i>	67	<i>daily-vite/ tab iron</i>	114
<i>cyclobenzaprine hcl tab 5 mg</i>	67	DAKLINZA TAB 30MG	15
CYCLOPHOSPH CAP 25MG	22	DAKLINZA TAB 60MG	15
CYCLOPHOSPH CAP 50MG	22	DAKLINZA TAB 90MG	15
<i>cyclophosphamide for inj 1 gm</i>	22	DALIRESP TAB 500MCG	127
<i>cyclophosphamide for inj 2 gm</i>	22	<i>danazol cap 100 mg</i>	78
<i>cyclophosphamide for inj 500 mg</i>	22	<i>danazol cap 200 mg</i>	78
<i>cycloserine cap 250 mg</i>	15	<i>danazol cap 50 mg</i>	78
<i>cyclosporine cap 100 mg</i>	103	<i>dantrolene sodium cap 100 mg</i>	67
<i>cyclosporine cap 25 mg</i>	103	<i>dantrolene sodium cap 25 mg</i>	67
<i>cyclosporine iv soln 50 mg/ml</i>	103	<i>dantrolene sodium cap 50 mg</i>	67
<i>cyclosporine modified cap 100 mg</i>	103	<i>dapsone tab 100 mg</i>	9
<i>cyclosporine modified cap 25 mg</i>	103	<i>dapsone tab 25 mg</i>	9
<i>cyclosporine modified cap 50 mg</i>	103	DAPTACEL INJ	104
<i>cyclosporine modified oral soln 100</i>		<i>daptomycin for iv soln 500 mg</i>	9
<i>mg/ml</i>	103	<i>daunorubicin hcl inj 5 mg/ml (base</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	123	<i>equiv)</i>	23
<i>cyproheptadine hcl tab 4 mg</i>	124	<i>dayhist alrg tab 12 hour</i>	124
CYSTADANE POW	78	<i>deblitane tab 0.35mg</i>	74
CYSTAGON CAP 150MG	78	DECARA CAP 25000UNT	114
CYSTAGON CAP 50MG	78	<i>decara cap 50000unt</i>	114
CYSTARAN SOL 0.44%	122	<i>deep sea spr 0.65%</i>	127
<i>cytarabine inj 20 mg/ml</i>	23	DELESTROGEN INJ 10MG/ML	79
D		<i>delyla tab 0.1-0.02</i>	74
<i>d 400 tab 400unit</i>	114	DELZICOL CAP 400MG	90
D10W/NACL INJ 0.2%	107	DEMSEER CAP 250MG	43
<i>d3 cap 1000unit</i>	114	DEPEN TITRA TAB 250MG	73
<i>d3 super str cap 2000unit</i>	114	DEPO-PROVERA INJ 400/ML	26
D5W/LYTES INJ #48	107	<i>dermafungal oin 2%</i>	131
D5W/NACL INJ 0.3%	107	DESCOVY TAB 200/25	14
<i>dacarbazine for inj 100 mg</i>	22	<i>desenex shak pow 2%</i>	131
<i>dacarbazine for inj 200 mg</i>	22	<i>desipramine hcl tab 10 mg</i>	54
<i>daily multi tab men</i>	114	<i>desipramine hcl tab 100 mg</i>	54
<i>daily multi tab minerals</i>	114	<i>desipramine hcl tab 150 mg</i>	54
<i>daily multi tab pls iron</i>	114	<i>desipramine hcl tab 25 mg</i>	54

<i>desipramine hcl tab 50 mg</i>	54	<i>dexamethasone tab 1 mg</i>	80
<i>desipramine hcl tab 75 mg</i>	54	<i>dexamethasone tab 1.5 mg</i>	80
<i>desmopressin acetate inj 4 mcg/ml</i>	84	<i>dexamethasone tab 2 mg</i>	80
DESMOPRESSIN ACETATE NASAL SOLN		<i>dexamethasone tab 4 mg</i>	80
0.01% (REFRIGERATED).....	84	<i>dexamethasone tab 6 mg</i>	80
<i>desmopressin acetate nasal spray soln</i>		DEXILANT CAP 30MG DR.....	95
0.01%.....	85	DEXILANT CAP 60MG DR.....	95
<i>desmopressin acetate nasal spray soln</i>		<i>dexrazoxane for inj 250 mg</i>	29
0.01% (refrigerated).....	85	<i>dexrazoxane for inj 500 mg</i>	29
<i>desmopressin acetate tab 0.1 mg</i>	85	<i>dextromethorphan-guaifenesin liquid 10-</i>	
<i>desmopressin acetate tab 0.2 mg</i>	85	<i>100 mg/5ml</i>	125
<i>desogest-eth estrad & eth estrad tab</i>		<i>dextromethorphan-guaifenesin syrup 10-</i>	
<i>0.15-0.02/0.01 mg(21/5)</i>	74	<i>100 mg/5ml</i>	125
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		DEXTROSE 10% W/ SODIUM CHLORIDE	
<i>0.025/0.15-0.025mg-mg</i>	74	0.45%.....	108
<i>desogestrel & ethinyl estradiol tab 0.15</i>		DEXTROSE 2.5% W/ SODIUM CHLORIDE	
<i>mg-30 mcg</i>	74	0.45%.....	107
<i>desoximetasone cream 0.05%</i>	132	DEXTROSE 5% IN LACTATED RINGERS	
<i>desoximetasone cream 0.25%</i>	132		107
<i>desoximetasone gel 0.05%</i>	132	DEXTROSE 5% W/ SODIUM CHLORIDE	
DESOXIMETASONE OINT 0.05%.....	132	0.2%.....	107
<i>desoximetasone oint 0.25%</i>	132	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>desvenlafaxine succinate tab er 24hr 100</i>		0.225%.....	108
<i>mg (base equiv)</i>	54	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>desvenlafaxine succinate tab er 24hr 25</i>		0.33%.....	107
<i>mg (base equiv)</i>	54	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>desvenlafaxine succinate tab er 24hr 50</i>		0.45%.....	108
<i>mg (base equiv)</i>	54	DEXTROSE 5% W/ SODIUM CHLORIDE	
DEX4 GLUCOSE CHW.....	81	0.9%.....	107
<i>dexamethason con 1mg/ml</i>	80	DEXTROSE INJ 10%.....	108
<i>dexamethasone elixir 0.5 mg/5ml</i>	80	DEXTROSE INJ 5%.....	108
<i>dexamethasone sod phosphate</i>		DEXTROSE INJ 50%.....	108
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<i>disulfiram tab 500 mg</i>	68	<i>dorzolamide hcl ophth soln 2%</i>	121
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	48	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	121
<i>divalproex sodium tab delayed release 125 mg</i>	48	<i>double antib oin</i>	130
<i>divalproex sodium tab delayed release 250 mg</i>	48	<i>doxazosin mesylate tab 1 mg</i>	33
<i>divalproex sodium tab delayed release 500 mg</i>	48	<i>doxazosin mesylate tab 2 mg</i>	33
<i>divalproex sodium tab er 24 hr 250 mg</i>	48	<i>doxazosin mesylate tab 4 mg</i>	33
<i>divalproex sodium tab er 24 hr 500 mg</i>	48	<i>doxazosin mesylate tab 8 mg</i>	33
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<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	24	<i>doxepin hcl cap 150 mg</i>	54
DOCETAXEL INJ 160/16ML	24	<i>doxepin hcl cap 25 mg</i>	54
DOCETAXEL INJ 160/8ML	24	<i>doxepin hcl cap 50 mg</i>	54
<i>docetaxel inj 200/10</i>	24	<i>doxepin hcl cap 75 mg</i>	54
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<i>doc-q-lax tab 8.6-50mg</i>	90	<i>doxorubicin hcl inj 2 mg/ml</i>	23
<i>docu liq 50mg/5ml</i>	90	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	23
<i>docusate cal cap 240mg</i>	90	<i>doxy 100 inj 100mg</i>	22
<i>docusate sod cap 100mg</i>	90	<i>doxycycline hyclate cap 100 mg</i>	22
<i>docusate sodium cap 100 mg</i>	90	<i>doxycycline hyclate cap 50 mg</i>	22
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DURAMORPH INJ 1MG/ML	5	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	31
DUREZOL EMU 0.05%	120	<i>enalapril maleate tab 10 mg</i>	32
<i>dutasteride cap 0.5 mg</i>	96	<i>enalapril maleate tab 2.5 mg</i>	32
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	96	<i>enalapril maleate tab 20 mg</i>	32
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<i>e.e.s. 400 tab 400mg</i>	18	<i>endocet tab 5-325mg</i>	5
<i>ear wax remv dro 6.5% ot</i>	136	<i>endocet tab 7.5-325</i>	5
<i>earwax remv sol 6.5% ot</i>	136	ENFAMIL SOL ENFALYTE	105
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		<i>epirubicin hcl iv soln 50 mg/25ml (2</i>	

<i>mg/ml)</i>	23	<i>estradiol tab 0.5 mg</i>	79
<i>epitol tab 200mg</i>	48	<i>estradiol tab 1 mg</i>	79
<i>EPIVIR HBV SOL 5MG/ML</i>	15	<i>estradiol tab 2 mg</i>	79
<i>eplerenone tab 25 mg</i>	33	<i>estradiol td patch weekly 0.025 mg/24hr</i>	79
<i>eplerenone tab 50 mg</i>	33	<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	79
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<i>eqi one dail tab essentia</i>	114	<i>estradiol td patch weekly 0.06 mg/24hr</i>	79
<i>ergocalciferol cap 50000 unit</i>	114	<i>estradiol td patch weekly 0.075 mg/24hr</i>	79
<i>ergocalciferol soln 8000 unit/ml</i>	114	<i>estradiol td patch weekly 0.1 mg/24hr</i>	79
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<i>errin tab 0.35mg</i>	75	<i>estradiol valerate im in oil 40 mg/ml</i> ..	79
<i>ery-tab tab 250mg ec</i>	18	<i>eszopiclone tab 1 mg</i>	65
<i>ery-tab tab 333mg ec</i>	18	<i>eszopiclone tab 2 mg</i>	65
<i>ery-tab tab 500mg ec</i>	18	<i>eszopiclone tab 3 mg</i>	65
<i>erythrocin inj 500mg</i>	18	<i>ethambutol hcl tab 100 mg</i>	15
<i>erythrocin tab 250mg</i>	18	<i>ethambutol hcl tab 400 mg</i>	15
<i>erythromycin ethylsuccinate tab 400 mg</i>	18	<i>ethosuximide cap 250 mg</i>	48
<i>erythromycin gel 2%</i>	129	<i>ethosuximide soln 250 mg/5ml</i>	48
<i>erythromycin ophth oint 5 mg/gm</i>	120	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	75
<i>erythromycin pads 2%</i>	129	<i>etodolac cap 200 mg</i>	3
<i>erythromycin soln 2%</i>	129	<i>etodolac cap 300 mg</i>	3
<i>erythromycin tab 250 mg</i>	18	<i>etodolac tab 400 mg</i>	3
<i>erythromycin tab 500 mg</i>	18	<i>etodolac tab 500 mg</i>	3
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	18	<i>etodolac tab er 24hr 400 mg</i>	3
<i>ESBRIET CAP 267MG</i>	127	<i>etodolac tab er 24hr 500 mg</i>	3
<i>ESBRIET TAB 267MG</i>	127	<i>etodolac tab er 24hr 600 mg</i>	3
<i>ESBRIET TAB 801MG</i>	127	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	30
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	54	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	30
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	55	<i>EURAX CRE 10%</i>	135
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	55	<i>EURAX LOT 10%</i>	135
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	55	<i>EVOTAZ TAB 300-150</i>	14
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	95	<i>exemestane tab 25 mg</i>	26
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	95	<i>EXJADE TAB 125MG</i>	73
<i>esomeprazole sodium for intravenous</i> <i>soln 20 mg (base equiv)</i>	95	<i>EXJADE TAB 250MG</i>	73
<i>esomeprazole sodium for intravenous</i> <i>soln 40 mg (base equiv)</i>	95	<i>EXJADE TAB 500MG</i>	73
<i>essentl one tab daily</i>	114	<i>extra action syp 100-10/5</i>	125
<i>estrace vag cre 0.1mg/gm</i>	79	<i>ezetimibe tab 10 mg</i>	37
		<i>ezfe 200 cap 200mg</i>	99
		F	
		<i>FABRAZYME INJ 35MG</i>	78

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<i>fallback tab 1.5mg</i>	75	<i>fenofibrate tab 54 mg</i>	38
<i>falmina tab</i>	75	<i>fentanyl citrate lozenge on a handle 1200</i>	
<i>famciclovir tab 125 mg</i>	15	<i>mcg</i>	5
<i>famciclovir tab 250 mg</i>	15	<i>fentanyl citrate lozenge on a handle 1600</i>	
<i>famciclovir tab 500 mg</i>	15	<i>mcg</i>	5
<i>famotidine for susp 40 mg/5ml</i>	89	<i>fentanyl citrate lozenge on a handle 200</i>	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>mcg</i>	5
<i>mg/50ml</i>	89	<i>fentanyl citrate lozenge on a handle 400</i>	
<i>famotidine inj 20 mg/2ml</i>	89	<i>mcg</i>	5
<i>famotidine inj 200 mg/20ml</i>	89	<i>fentanyl citrate lozenge on a handle 600</i>	
<i>famotidine inj 40 mg/4ml</i>	89	<i>mcg</i>	5
<i>famotidine tab 10 mg</i>	89	<i>fentanyl citrate lozenge on a handle 800</i>	
<i>famotidine tab 10mg</i>	89	<i>mcg</i>	5
<i>famotidine tab 20 mg</i>	89	<i>fentanyl td patch 72hr 100 mcg/hr</i>	5
<i>famotidine tab 40 mg</i>	89	<i>fentanyl td patch 72hr 12 mcg/hr</i>	5
FANAPT PAK	59	<i>fentanyl td patch 72hr 25 mcg/hr</i>	5
FANAPT TAB 10MG	60	<i>fentanyl td patch 72hr 50 mcg/hr</i>	5
FANAPT TAB 12MG	60	<i>fentanyl td patch 72hr 75 mcg/hr</i>	5
FANAPT TAB 1MG	59	FENTORA TAB 100MCG	5
FANAPT TAB 2MG	59	FENTORA TAB 200MCG	5
FANAPT TAB 4MG	59	FENTORA TAB 400MCG	5
FANAPT TAB 6MG	59	FENTORA TAB 600MCG	6
FANAPT TAB 8MG	59	FENTORA TAB 800MCG	6
FANTASY LUBR MIS COLORS	75	FERAHEME INJ 510/17ML	99
FANTASY LUBR MIS SPERMICI	75	<i>ferate tab 27mg</i>	99
FANTASY MIS LUBRICAT	75	<i>fer-iron dro 15mg/ml</i>	99
FARESTON TAB 60MG	26	<i>ferosul elx 220/5ml</i>	99
FARXIGA TAB 10MG	71	FERRETTS IPS SOL	99
FARXIGA TAB 5MG	71	FERRETTS TAB 325MG	99
FARYDAK CAP 10MG	25	<i>ferrex 150 cap 150mg</i>	99
FARYDAK CAP 15MG	25	FERRIMIN 150 TAB.....	99
FARYDAK CAP 20MG	25	FERRIPROX SOL 100MG/ML	73
FASLODEX INJ 250MG	26	FERRIPROX TAB 500MG	73
<i>fat emulsion iv soln 20%</i>	107	<i>ferrous fumarate tab 324 mg (106 mg</i>	
<i>fe c tab</i>	99	<i>elemental fe)</i>	99
<i>felbamate susp 600 mg/5ml</i>	48	FERROUS GLUC TAB 324MG	99
<i>felbamate tab 400 mg</i>	48	<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>felbamate tab 600 mg</i>	48	<i>elemental fe)</i>	99
<i>felodipine tab er 24hr 10 mg</i>	41	<i>ferrous gluconate tab 324 mg (37.5 mg</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	41	<i>elemental iron)</i>	99
<i>felodipine tab er 24hr 5 mg</i>	41	FERROUS SUL LIQ 220/5ML.....	99
<i>femynor tab 0.25-35</i>	75	FERROUS SULF SYP 300/5ML.....	99
<i>fenofibrate micronized cap 134 mg</i>	37	FERROUS SULF TAB 140MG	99
<i>fenofibrate micronized cap 200 mg</i>	38	FERROUS SULF TAB 324MG EC	99
<i>fenofibrate micronized cap 67 mg</i>	37	<i>ferrous sulf tab 325mg</i>	99
<i>fenofibrate tab 145 mg</i>	38	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>fenofibrate tab 160 mg</i>	38	<i>mg/5ml elemental fe)</i>	99

<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	100	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	100	<i>fluconazole tab 100 mg</i>	11
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	100	<i>fluconazole tab 150 mg</i>	11
<i>ferrousul tab 325mg</i>	100	<i>fluconazole tab 200 mg</i>	11
FETZIMA CAP 120MG.....	55	<i>fluconazole tab 50 mg</i>	11
FETZIMA CAP 20MG	55	<i>fluconazole/ inj nacl 100</i>	11
FETZIMA CAP 40MG	55	<i>flucytosine cap 250 mg</i>	11
FETZIMA CAP 80MG	55	<i>flucytosine cap 500 mg</i>	11
FETZIMA CAP TITRATIO	55	<i>fludarabine phosphate for inj 50 mg ...</i>	23
<i>fever reduce sup 120mg</i>	1	<i>fludarabine phosphate inj 25 mg/ml ...</i>	23
FEVERALL INF SUP 80MG	1	<i>fludrocortisone acetate tab 0.1 mg</i>	80
FEVERALL SUP 120MG	1	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	127
FEVERALL SUP 325MG	2	<i>fluocin acet oil body</i>	132
<i>fiber laxatv tab 625mg</i>	91	<i>fluocinolone acetonide (otic) oil 0.01%</i>	136
<i>fiber therap tab 500mg</i>	91	<i>fluocinolone acetonide cream 0.01%</i>	132
<i>fiber-caps tab 625mg</i>	91	<i>fluocinolone acetonide cream 0.025%</i>	132
<i>fiber-lax tab 625mg</i>	91	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	132
<i>finasteride tab 5 mg</i>	96	<i>fluocinolone acetonide oint 0.025% ..</i>	132
FIRAZYR INJ 30MG/3ML.....	100	<i>fluocinolone acetonide soln 0.01% ...</i>	132
FLEBOGAMMA INJ 10/100ML	102	<i>fluocinonide cream 0.05%</i>	132
FLEBOGAMMA INJ 10/200ML	102	<i>fluocinonide emulsified base cream 0.05%</i>	132
FLEBOGAMMA INJ 20/200ML	102	<i>fluocinonide gel 0.05%</i>	132
FLEBOGAMMA INJ 20/400ML	102	<i>fluocinonide soln 0.05%</i>	132
FLEBOGAMMA INJ 5GM/50ML	102	FLUOROMETHOLONE OPHTH SUSP 0.1%	120
FLEBOGAMMA INJ DIF 5%	102	<i>fluorouracil cream 5%</i>	134
<i>flecainide acetate tab 100 mg</i>	36	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	23
<i>flecainide acetate tab 150 mg</i>	36	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	24
<i>flecainide acetate tab 50 mg</i>	36	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	24
<i>fleet laxati tab 5mg ec</i>	91	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	24
<i>flintstones chw extra c</i>	114	<i>fluorouracil soln 2%</i>	134
<i>flintstones chw my first</i>	114	<i>fluorouracil soln 5%</i>	134
FLOVENT DISK AER 100MCG	128	<i>fluoxetine hcl cap 10 mg</i>	55
FLOVENT DISK AER 250MCG	128	<i>fluoxetine hcl cap 20 mg</i>	55
FLOVENT DISK AER 50MCG	128	<i>fluoxetine hcl cap 40 mg</i>	55
FLOVENT HFA AER 110MCG.....	128	<i>fluoxetine hcl solution 20 mg/5ml</i>	55
FLOVENT HFA AER 220MCG.....	128	<i>fluoxetine hcl tab 10 mg</i>	55
FLOVENT HFA AER 44MCG	128	<i>fluoxetine hcl tab 20 mg</i>	55
<i>fluconazole for susp 10 mg/ml</i>	11	<i>fluphenazine decanoate inj 25 mg/ml</i> .	60
<i>fluconazole for susp 40 mg/ml</i>	11	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	60
<i>fluconazole in dextrose inj 200 mg/100ml</i>	11		
<i>fluconazole in dextrose inj 400 mg/200ml</i>	11		
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11		

<i>fluphenazine hcl inj 2.5 mg/ml</i>	60	<i>FUNGOID TINC SOL 2%</i>	131
<i>fluphenazine hcl oral conc 5 mg/ml</i>	60	<i>furosemide inj 10 mg/ml</i>	42
<i>fluphenazine hcl tab 1 mg</i>	60	<i>FUROSEMIDE INJ 10 MG/ML</i>	43
<i>fluphenazine hcl tab 10 mg</i>	60	<i>furosemide oral soln 10 mg/ml</i>	43
<i>fluphenazine hcl tab 2.5 mg</i>	60	<i>furosemide oral soln 8 mg/ml</i>	43
<i>fluphenazine hcl tab 5 mg</i>	60	<i>furosemide tab 20 mg</i>	43
<i>flurbiprofen sodium ophth soln 0.03%</i>	120	<i>furosemide tab 40 mg</i>	43
<i>flurbiprofen tab 100 mg</i>	3	<i>furosemide tab 80 mg</i>	43
<i>flurbiprofen tab 50 mg</i>	3	<i>FUSILEV INJ 50MG</i>	30
<i>flutamide cap 125 mg</i>	26	<i>FUZEON INJ 90MG</i>	12
<i>fluticasone propionate cream 0.05%</i> .	132	<i>FYCOMPA SUS 0.5MG/ML</i>	48
<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	128	<i>FYCOMPA TAB 10MG</i>	49
<i>fluticasone propionate oint 0.005%</i> ...	132	<i>FYCOMPA TAB 12MG</i>	49
<i>fluvoxamine maleate tab 100 mg</i>	46	<i>FYCOMPA TAB 2MG</i>	48
<i>fluvoxamine maleate tab 25 mg</i>	46	<i>FYCOMPA TAB 4MG</i>	48
<i>fluvoxamine maleate tab 50 mg</i>	46	<i>FYCOMPA TAB 6MG</i>	48
<i>FOLGARD TAB</i>	100	<i>FYCOMPA TAB 8MG</i>	48
<i>folic acid inj 5 mg/ml</i>	114	G	
<i>folic acid tab 1 mg</i>	114	<i>gabapentin cap 100 mg</i>	49
<i>FOLIC ACID TAB 1 MG</i>	114	<i>gabapentin cap 300 mg</i>	49
<i>folic acid tab 400 mcg</i>	115	<i>gabapentin cap 400 mg</i>	49
<i>folic acid tab 400mcg</i>	115	<i>gabapentin oral soln 250 mg/5ml</i>	49
<i>folic acid tab 800 mcg</i>	115	<i>gabapentin tab 600 mg</i>	49
<i>FOLITAB 500 TAB</i>	100	<i>gabapentin tab 800 mg</i>	49
<i>foltabs 800 tab</i>	100	<i>GABITRIL TAB 12MG</i>	49
<i>fondaparinux sodium subcutaneous inj</i> <i>10 mg/0.8ml</i>	98	<i>GABITRIL TAB 16MG</i>	49
<i>fondaparinux sodium subcutaneous inj</i> <i>2.5 mg/0.5ml</i>	97	<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	52
<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	97	<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	52
<i>fondaparinux sodium subcutaneous inj</i> <i>7.5 mg/0.6ml</i>	98	<i>galantamine hydrobromide cap er 24hr 8</i> <i>mg</i>	52
<i>formula em sol</i>	87	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	52
<i>FORTEO SOL 600/2.4</i>	83	<i>galantamine hydrobromide tab 12 mg</i> ..	52
<i>FORTICAL SPR 200/ACT</i>	82	<i>galantamine hydrobromide tab 4 mg</i> ..	52
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	31	<i>galantamine hydrobromide tab 8 mg</i> ..	52
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	31	<i>GAMASTAN S/D INJ</i>	102
<i>fosinopril sodium tab 10 mg</i>	32	<i>GAMMAGARD INJ 10GM/100</i>	102
<i>fosinopril sodium tab 20 mg</i>	32	<i>GAMMAGARD INJ 1GM/10ML</i>	102
<i>fosinopril sodium tab 40 mg</i>	32	<i>GAMMAGARD INJ 2.5GM/25</i>	102
<i>FREAMINE HBC INJ 6.9%</i>	107	<i>GAMMAGARD INJ 20GM/200</i>	102
<i>FREAMINE III INJ 10%</i>	107	<i>GAMMAGARD INJ 30GM/300</i>	102
<i>fruity chews chw</i>	115	<i>GAMMAGARD INJ 5GM/50ML</i>	102
		<i>GAMMAGARD SD INJ 10GM HU</i>	102
		<i>GAMMAGARD SD INJ 5GM HU</i>	102
		<i>GAMMAKED INJ 10GM/100</i>	102
		<i>GAMMAKED INJ 1GM/10ML</i>	102

GAMMAKED INJ 2.5GM/25	102
GAMMAKED INJ 20GM/200.....	102
GAMMAKED INJ 5GM/50ML	102
GAMMAPLEX INJ 10%.....	102
GAMMAPLEX INJ 5%	102
GAMUNEX-C INJ 10GM/100.....	102
GAMUNEX-C INJ 1GM/10ML	102
GAMUNEX-C INJ 2.5GM/25.....	102
GAMUNEX-C INJ 20GM/200.....	102
GAMUNEX-C INJ 40/400ML	102
GAMUNEX-C INJ 5GM/50ML	102
<i>ganciclovir sodium for inj 500 mg</i>	15
GARDASIL 9 INJ	104
GARDASIL INJ	104
<i>gatifloxacin ophth soln 0.5%</i>	120
GATTEX KIT 5MG	94
GAUZE PADS 2	70
<i>gavilax pow</i>	91
<i>gavilyte-c sol</i>	91
<i>gavilyte-g sol</i>	91
<i>gavilyte-n sol flav pk</i>	91
GAVISCON CHW	85
GAVISCON SUS	85
GAVISCON SUS CHERRY.....	85
<i>gemcitabine hcl for inj 1 gm</i>	24
<i>gemcitabine hcl for inj 2 gm</i>	24
<i>gemcitabine hcl for inj 200 mg</i>	24
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	24
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	24
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV).....	24
<i>gemfibrozil tab 600 mg</i>	38
<i>generlac sol 10gm/15</i>	91
<i>gengraf cap 100mg</i>	104
<i>gengraf cap 25mg</i>	103
<i>gengraf cap 50mg</i>	103
<i>gengraf sol 100mg/ml</i>	104
<i>gentak oin 0.3% op</i>	120
<i>gentamicin in saline inj 0.8 mg/ml</i>	8
<i>gentamicin in saline inj 1 mg/ml</i>	8
<i>gentamicin in saline inj 1.2 mg/ml</i>	8
<i>gentamicin in saline inj 1.6 mg/ml</i>	8
<i>gentamicin in saline inj 2 mg/ml</i>	8
<i>gentamicin sulfate cream 0.1%</i>	130
<i>gentamicin sulfate inj 10 mg/ml</i>	8
<i>gentamicin sulfate inj 40 mg/ml</i>	8

<i>gentamicin sulfate iv soln 10 mg/ml</i>	8
<i>gentamicin sulfate oint 0.1%</i>	130
<i>gentamicin sulfate ophth oint 0.3%</i> ..	120
<i>gentamicin sulfate ophth soln 0.3%</i> ..	120
GENVOYA TAB	14
GEODON INJ 20MG.....	60
<i>geravim liq</i>	115
<i>geriaton liq</i>	115
<i>geri-mucil pow 68%</i>	91
<i>gildagia tab 0.4-35</i>	75
GILENYA CAP 0.5MG.....	67
GILOTRIF TAB 20MG.....	27
GILOTRIF TAB 30MG.....	27
GILOTRIF TAB 40MG.....	27
<i>glatopa inj 20mg/ml</i>	67
GLEOSTINE CAP 100MG	22
GLEOSTINE CAP 10MG.....	22
GLEOSTINE CAP 40MG.....	22
GLEOSTINE CAP 5MG.....	22
<i>glimepiride tab 1 mg</i>	71
<i>glimepiride tab 2 mg</i>	71
<i>glimepiride tab 4 mg</i>	71
<i>glipizide tab 10 mg</i>	71
<i>glipizide tab 5 mg</i>	71
<i>glipizide tab er 24hr 10 mg</i>	71
<i>glipizide tab er 24hr 2.5 mg</i>	71
GLIPIZIDE TAB ER 24HR 2.5 MG	71
<i>glipizide tab er 24hr 5 mg</i>	71
GLIPIZIDE XL TAB 5MG.....	71
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	71
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	71
<i>glipizide-metformin hcl tab 5-500 mg</i> .	71
GLUCAGEN INJ HYPOKIT	81
GLUCAGON KIT 1MG	81
GLUCOSE CHW 4GM	81
<i>glutose 15 gel 40%</i>	81
<i>glyburide micronized tab 1.5 mg</i>	71
<i>glyburide micronized tab 3 mg</i>	71
<i>glyburide micronized tab 6 mg</i>	72
<i>glyburide tab 1.25 mg</i>	72
<i>glyburide tab 2.5 mg</i>	72
<i>glyburide tab 5 mg</i>	72
<i>glycerin liq</i>	134
GLYCERIN LIQ	111
<i>glycerin suppos 1 gm</i>	91
<i>glycerin topical liquid</i>	134

<i>glycolax pow 3350 nf</i>	91	<i>gnp tussin liq dm max</i>	125
<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i>	89	<i>gnp tussin syp 100/5ml</i>	125
<i>glycopyrrolate tab 1 mg</i>	89	<i>gnp vit c loz 60mg</i>	115
<i>glycopyrrolate tab 2 mg</i>	89	<i>gnp zoochews chw gummies</i>	115
<i>gnp all day tab allergy</i>	124	GOLYTELY SOL.....	91
<i>gnp allergy cap 25mg</i>	124	<i>granisetron hcl inj 0.1 mg/ml</i>	87
<i>gnp animal chw shapes</i>	115	<i>granisetron hcl inj 1 mg/ml</i>	87
<i>gnp antacid chw 1000mg</i>	85	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	87
<i>gnp antacid sus anti-gas</i>	85	<i>granisetron hcl tab 1 mg</i>	87
<i>gnp antacid sus cherry</i>	85	GRANIX INJ 300/0.5	99
<i>gnp aspirin chw 81mg</i>	2	GRANIX INJ 480/0.8	99
<i>gnp aspirin tab 325mg</i>	2	<i>griseofulvin microsize susp 125 mg/5ml</i>	11
<i>gnp aspirin tab 325mg ec</i>	2	<i>griseofulvin microsize tab 500 mg</i>	11
<i>gnp best pow fiber</i>	91	<i>griseofulvin ultramicrosize tab 125 mg</i>	11
<i>gnp bisa-lax tab 5mg ec</i>	91	<i>griseofulvin ultramicrosize tab 250 mg</i>	11
<i>gnp calcium tab cit +d3</i>	111	<i>guaifenesin liquid 100 mg/5ml</i>	125
<i>gnp century tab</i>	115	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	64
<i>gnp century tab senior</i>	115	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	64
<i>gnp century tab ultimate</i>	115	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	64
<i>gnp clearlax pow</i>	91	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	64
<i>gnp dayhist tab 1.34mg</i>	124	<i>gummi bear chw multivit</i>	115
<i>gnp ear dro 6.5% ot</i>	136	H	
<i>gnp ear drop sol 6.5% ot</i>	136	HAEGARDA INJ 2000UNIT	100
<i>gnp ear sys sol 6.5% ot</i>	136	HAEGARDA INJ 3000UNIT	101
<i>gnp enema ene</i>	91	<i>hair/skin/ tab nails</i>	115
<i>gnp fiber cap 0.52gm</i>	91	<i>halobetasol propionate cream 0.05%</i>	133
<i>gnp glycerin sup 1.2gm</i>	91	<i>halobetasol propionate oint 0.05% ...</i>	133
<i>gnp healthy tab eyes</i>	115	<i>haloperidol decanoate im soln 100 mg/ml</i>	60
<i>gnp hydrocor cre 1% plus</i>	132	<i>haloperidol decanoate im soln 50 mg/ml</i>	60
<i>gnp iron tab 45mg</i>	100	<i>haloperidol lactate inj 5 mg/ml</i>	60
<i>gnp iron tab 65mg</i>	100	<i>haloperidol lactate oral conc 2 mg/ml</i>	60
<i>gnp laxative tab 5mg ec</i>	91	<i>haloperidol tab 0.5 mg</i>	60
<i>gnp lice kit</i>	135	<i>haloperidol tab 1 mg</i>	60
<i>gnp little chw ones</i>	115	<i>haloperidol tab 10 mg</i>	60
<i>gnp masanti sus max st</i>	85	<i>haloperidol tab 2 mg</i>	60
<i>gnp masanti sus reg st</i>	85	<i>haloperidol tab 20 mg</i>	60
<i>gnp milk mag sus</i>	91	<i>haloperidol tab 5 mg</i>	60
<i>gnp nicotine gum 2mg mint</i>	68	HARVONI TAB 90-400MG	15
<i>gnp nicotine gum 2mg orig</i>	68	HAVRIX INJ 1440UNIT	104
<i>gnp nicotine gum 4mg mint</i>	68	HAVRIX INJ 720UNIT	104
<i>gnp nicotine loz 2mg mint</i>	68		
<i>gnp nicotine loz 4mg mint</i>	68		
<i>gnp nicotine loz mini 2mg</i>	68		
<i>gnp pediatri sol electrol</i>	105		
<i>gnp triple oin antibiot</i>	130		
<i>gnp tussin liq dm</i>	125		
<i>gnp tussin liq dm cough</i>	125		

<i>healthy eyes tab</i>	115	<i>hm nicotine gum 2mg mint</i>	69
<i>healthylax pow</i>	91	<i>hm nicotine loz 2mg mint</i>	69
<i>heartburn tab 150mg</i>	89	<i>hm nicotine loz 4mg mint</i>	69
<i>heartburn tab 20mg</i>	89	<i>hm povid-iod sol 10%</i>	134
<i>heartburn tab relief</i>	89	<i>hm saline spr 0.65%</i>	127
<i>heather tab 0.35mg</i>	75	<i>hm triple oin antibiot</i>	130
<i>hemorrhoidal sup</i>	134	<i>hm tussin liq adlt dm</i>	125
HEP SOD/NACL INJ 25000UNT.....	98	HONEY BEARS CHW.....	115
<i>heparin sodium (porcine) 100 unit/ml in</i>		HUMIRA INJ 10MG/0.2.....	101
<i>d5w</i>	98	HUMIRA KIT 20MG/0.4	101
HEPARIN SODIUM (PORCINE) 40		HUMIRA KIT 40MG/0.8	101
UNIT/ML IN D5W	98	HUMIRA PEDIA INJ CROHNS	101
HEPARIN SODIUM (PORCINE) 50		HUMIRA PEN INJ 40MG/0.8	101
UNIT/ML IN D5W	98	HUMIRA PEN INJ CROHNS	101
<i>heparin sodium (porcine) inj 1000</i>		HUMIRA PEN INJ PSORIASI	101
<i>unit/ml</i>	98	HUMULIN R INJ U-500	70
<i>heparin sodium (porcine) inj 10000</i>		<i>hydralazine hcl inj 20 mg/ml</i>	43
<i>unit/ml</i>	98	<i>hydralazine hcl tab 10 mg</i>	43
<i>heparin sodium (porcine) inj 20000</i>		<i>hydralazine hcl tab 100 mg</i>	44
<i>unit/ml</i>	98	<i>hydralazine hcl tab 25 mg</i>	44
<i>heparin sodium (porcine) inj 5000</i>		<i>hydralazine hcl tab 50 mg</i>	44
<i>unit/ml</i>	98	<i>hydrochlorothiazide cap 12.5 mg</i>	43
HEPATAMINE SOL 8%	107	<i>hydrochlorothiazide tab 12.5 mg</i>	43
HERCEPTIN INJ 150MG.....	25	<i>hydrochlorothiazide tab 25 mg</i>	43
HERCEPTIN INJ 440MG.....	25	<i>hydrochlorothiazide tab 50 mg</i>	43
HETLIOZ CAP 20MG	65	<i>hydrocodone-acetaminophen soln 7.5-</i>	
HEXALEN CAP 50MG.....	22	<i>325 mg/15ml</i>	6
HIBERIX SOL 10MCG.....	104	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>hm antacid sus anti-gas</i>	85	<i>mg</i>	6
<i>hm aspirin chw 81mg</i>	2	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>hm aspirin tab 325mg</i>	2	<i>mg</i>	6
<i>hm ca/vit d3 tab 600-400</i>	111	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>hm ca/vit d3 tab 600-800</i>	111	<i>mg</i>	6
<i>hm clearlax pow</i>	91	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	6
HM COMPLETE TAB	115	<i>hydrocort cre 0.5%</i>	133
<i>hm complete tab 50+</i>	115	<i>hydrocort cre 1%</i>	133
<i>hm enema ene</i>	91	<i>hydrocort oin 1%</i>	133
<i>hm fiber cap 0.52gm</i>	91	<i>hydrocort/ cre aloe 1%</i>	133
<i>hm fiber pow 48.57%</i>	91	<i>hydrocortisone butyrate cream 0.1%</i>	133
<i>hm fiber pow 58.6%</i>	91	<i>hydrocortisone butyrate oint 0.1% ..</i>	133
<i>hm fiber tab 500mg</i>	91	<i>hydrocortisone butyrate soln 0.1% ..</i>	133
HM GLUCOSE CHW ORANGE.....	81	<i>hydrocortisone cream 0.5%</i>	133
HM GLUCOSE CHW RASPBERRY.....	81	<i>hydrocortisone cream 1%</i>	133
HM HAIR/SKIN TAB /NAILS	115	<i>hydrocortisone cream 2.5%</i>	133
<i>hm hydrocort cre 1% plus</i>	133	<i>hydrocortisone enema 100 mg/60ml ..</i>	90
<i>hm ibuprofen tab 200mg</i>	3	HYDROCORTISONE ENEMA 100 MG/60ML	
<i>hm iron tab 65mg</i>	100	.....	90
<i>hm laxative tab 5mg ec</i>	91	<i>hydrocortisone lotion 2.5%</i>	133

<i>hydrocortisone oint 1%</i>	133	<i>ibuprofen cap 200mg</i>	3
<i>hydrocortisone oint 2.5%</i>	133	<i>ibuprofen dro 50/1.25</i>	3
<i>hydrocortisone rectal cream 2.5%</i>	131	<i>ibuprofen jr chw 100mg</i>	3
<i>hydrocortisone tab 10 mg</i>	80	<i>ibuprofen sus 100/5ml</i>	3
<i>hydrocortisone tab 20 mg</i>	80	<i>ibuprofen susp 100 mg/5ml</i>	3
<i>hydrocortisone tab 5 mg</i>	80	<i>ibuprofen tab 200 mg</i>	3
<i>hydrocortisone valerate cream 0.2%</i>	133	<i>ibuprofen tab 200mg</i>	4
<i>hydrocortisone valerate oint 0.2%</i>	133	<i>ibuprofen tab 400 mg</i>	4
<i>hydrocortisone-aloe vera cream 0.5%</i>	133	<i>ibuprofen tab 600 mg</i>	4
<i>hydrocortisone-aloe vera cream 1%</i> ..	133	<i>ibuprofen tab 800 mg</i>	4
<i>hydro-lotion lot 1%</i>	133	ICAPS AREDS TAB FORMULA	115
<i>hydromorphone hcl liqd 1 mg/ml</i>	6	<i>icaps cap</i>	115
<i>hydromorphone hcl preservative free (pf)</i>		<i>icaps lutein cap /omega-3</i>	115
<i>inj 10 mg/ml</i>	6	<i>icaps mv tab</i>	115
<i>hydromorphone hcl tab 2 mg</i>	6	ICAPS PLUS TAB	115
<i>hydromorphone hcl tab 4 mg</i>	6	ICLUSIG TAB 15MG	27
<i>hydromorphone hcl tab 8 mg</i>	6	ICLUSIG TAB 45MG	27
<i>hydroskin cre 1%</i>	133	<i>idarubicin hcl iv inj 10 mg/10ml (1</i>	
<i>hydroskin lot 1%</i>	133	<i>mg/ml)</i>	23
<i>hydroxocobalamin inj 1000 mcg/ml</i> ..	115	<i>idarubicin hcl iv inj 20 mg/20ml (1</i>	
<i>hydroxychloroquine sulfate tab 200 mg</i>		<i>mg/ml)</i>	23
.....	101	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	
<i>hydroxyprogesterone caproate im in oil</i>		.....	23
<i>1.25 gm/5ml</i>	26	IDHIFA TAB 100MG	25
<i>hydroxyurea cap 500 mg</i>	29	IDHIFA TAB 50MG	25
<i>hydroxyzine hcl im soln 25 mg/ml</i>	124	<i>iferex 150 cap</i>	100
<i>hydroxyzine hcl im soln 50 mg/ml</i>	124	IFEX INJ 3GM	22
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	124	<i>ifosfamide for inj 1 gm</i>	22
<i>hydroxyzine hcl tab 10 mg</i>	124	IFOSFAMIDE INJ 3GM	22
<i>hydroxyzine hcl tab 25 mg</i>	124	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	
<i>hydroxyzine hcl tab 50 mg</i>	124	.....	22
<i>hydroxyzine pamoate cap 100 mg</i>	124	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
<i>hydroxyzine pamoate cap 25 mg</i>	124	.....	22
<i>hydroxyzine pamoate cap 50 mg</i>	124	ILEVRO DRO 0.3% OP	120
HYSINGLA ER TAB 100 MG	6	<i>imatinib mesylate tab 100 mg (base</i>	
HYSINGLA ER TAB 120 MG	6	<i>equivalent)</i>	27
HYSINGLA ER TAB 20 MG	6	<i>imatinib mesylate tab 400 mg (base</i>	
HYSINGLA ER TAB 30 MG	6	<i>equivalent)</i>	27
HYSINGLA ER TAB 40 MG	6	IMBRUVICA CAP 140MG	27
HYSINGLA ER TAB 60 MG	6	<i>imipenem-cilastatin intravenous for soln</i>	
HYSINGLA ER TAB 80 MG	6	<i>250 mg</i>	9
I		<i>imipenem-cilastatin intravenous for soln</i>	
I.L.X. B-12 ELX	100	<i>500 mg</i>	9
IBRANCE CAP 100MG	25	<i>imipramine hcl tab 10 mg</i>	55
IBRANCE CAP 125MG	25	<i>imipramine hcl tab 25 mg</i>	55
IBRANCE CAP 75MG	25	<i>imipramine hcl tab 50 mg</i>	55
<i>ibu-200 tab 200mg</i>	3	<i>imiquimod cream 5%</i>	134
<i>ibuprofen cap 200 mg</i>	3	IMOVAX RABIE INJ 2.5/ML	105

INCRELEX INJ 40MG/4ML.....	82	INVOKANA TAB 300MG	72
INCRUSE ELPT INH 62.5MCG.....	123	IONOSOL-B/ INJ D5W.....	108
<i>indapamide tab 1.25 mg</i>	43	IONOSOL-MB INJ /D5W	108
<i>indapamide tab 2.5 mg</i>	43	<i>iophen dm-nr liq 100-10/5</i>	125
<i>inf silapap dro 80/0.8ml</i>	2	<i>iophen-nr liq 100/5ml</i>	126
INFANRIX INJ	105	IPOL INJ INACTIVE.....	105
INFED INJ 50MG/ML.....	100	<i>ipratropium bromide inhal soln 0.02%</i>	123
INFUVITE INJ	115	<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray).....	123
INFUVITE INJ ADULT	115	<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray).....	123
INFUVITE INJ PEDIATRI.....	115	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	122
INLYTA TAB 1MG	27	<i>irbesartan tab 150 mg</i>	35
INLYTA TAB 5MG	28	<i>irbesartan tab 300 mg</i>	35
INSTA-GLUCOS GEL 77.4%.....	81	<i>irbesartan tab 75 mg</i>	35
INSULIN PEN NEEDLE.....	70	<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	34
INSULIN SAFETY NEEDLES.....	70	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	34
INSULIN SYRINGE.....	70	IRESSA TAB 250MG.....	28
INTEGRA CAP	100	<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	30
INTELENCE TAB 100MG	12	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30
INTELENCE TAB 200MG	12	<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	30
INTELENCE TAB 25MG.....	12	<i>iron 100 tab plus</i>	100
INTRALIPID INJ 20%.....	107	<i>iron 100/c tab 100-250</i>	100
INTRALIPID INJ 30%.....	107	<i>iron supplem tab 325mg</i>	100
INTRON A INJ 10MU.....	103	<i>iron supplem tab therapy</i>	100
INTRON A INJ 18MU.....	103	<i>iron tab 325mg</i>	100
INTRON A INJ 25MU.....	103	ISENTRESS CHW 100MG.....	12
INTRON A INJ 50MU.....	103	ISENTRESS CHW 25MG.....	12
<i>introvale tab</i>	75	ISENTRESS HD TAB 600MG.....	12
INVANZ INJ 1GM	9	ISENTRESS POW 100MG.....	13
INVEGA SUST INJ 117/0.75	60	ISENTRESS TAB 400MG	13
INVEGA SUST INJ 156MG/ML	60	<i>isibloom tab 0.15-30</i>	75
INVEGA SUST INJ 234/1.5	60	ISOLYTE-P INJ /D5W	108
INVEGA SUST INJ 39/0.25	60	ISOLYTE-S INJ	108
INVEGA SUST INJ 78/0.5ML.....	60	<i>isoniazid inj 100 mg/ml</i>	15
INVEGA TRINZ INJ 273MG	60	<i>isoniazid syrup 50 mg/5ml</i>	15
INVEGA TRINZ INJ 410MG	60	<i>isoniazid tab 100 mg</i>	15
INVEGA TRINZ INJ 546MG	60	<i>isoniazid tab 300 mg</i>	15
INVEGA TRINZ INJ 819MG	60	<i>isosorbide dinitrate tab 10 mg</i>	44
INVIRASE CAP 200MG	12	<i>isosorbide dinitrate tab 20 mg</i>	44
INVIRASE TAB 500MG	12	<i>isosorbide dinitrate tab 30 mg</i>	44
INVOKAMET TAB 150-1000	72		
INVOKAMET TAB 150-500.....	72		
INVOKAMET TAB 50-1000.....	72		
INVOKAMET TAB 50-500MG	72		
INVOKAMET XR TAB 150-1000	72		
INVOKAMET XR TAB 150-500	72		
INVOKAMET XR TAB 50-1000	72		
INVOKAMET XR TAB 50-500MG	72		
INVOKANA TAB 100MG.....	72		

<i>isosorbide dinitrate tab 5 mg</i>	44
<i>isosorbide dinitrate tab er 40 mg</i>	44
<i>isosorbide mononitrate tab 10 mg</i>	44
<i>isosorbide mononitrate tab 20 mg</i>	44
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	44
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	44
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	44
<i>isradipine cap 2.5 mg</i>	41
<i>isradipine cap 5 mg</i>	41
ISTALOL SOL 0.5% OP	121
ISTODAX OVR INJ 10MG	25
<i>itraconazole cap 100 mg</i>	11
<i>ivermectin tab 3 mg</i>	9
<i>i-vite tab</i>	115
IXIARO INJ	105
J	
JAKAFI TAB 10MG	28
JAKAFI TAB 15MG	28
JAKAFI TAB 20MG	28
JAKAFI TAB 25MG	28
JAKAFI TAB 5MG	28
<i>jantoven tab 10mg</i>	98
<i>jantoven tab 1mg</i>	98
<i>jantoven tab 2.5mg</i>	98
<i>jantoven tab 2mg</i>	98
<i>jantoven tab 3mg</i>	98
<i>jantoven tab 4mg</i>	98
<i>jantoven tab 5mg</i>	98
<i>jantoven tab 6mg</i>	98
<i>jantoven tab 7.5mg</i>	98
JANUMET TAB 50-1000	72
JANUMET TAB 50-500MG	72
JANUMET XR TAB 100-1000	72
JANUMET XR TAB 50-1000	72
JANUMET XR TAB 50-500MG	72
JANUVIA TAB 100MG	72
JANUVIA TAB 25MG	72
JANUVIA TAB 50MG	72
JENTADUETO TAB 2.5-1000	72
JENTADUETO TAB 2.5-500	72
JENTADUETO TAB 2.5-850	72
JENTADUETO TAB XR	72
<i>jinteli tab 1mg-5mcg</i>	79
JOLIVETTE TAB 0.35MG	75
<i>juleber tab</i>	75

<i>junel 1.5/30 tab</i>	75
<i>junel 1/20 tab</i>	75
<i>junel fe tab 1.5/30</i>	75
<i>junel fe tab 1/20</i>	75
JUXTAPID CAP 10MG	38
JUXTAPID CAP 20MG	38
JUXTAPID CAP 30MG	38
JUXTAPID CAP 40MG	38
JUXTAPID CAP 5MG	38
JUXTAPID CAP 60MG	38
K	
KADCYLA INJ 100MG	25
KADCYLA INJ 160MG	25
KALETRA SOL	14
KALETRA TAB 100-25MG	14
KALETRA TAB 200-50MG	14
KALYDECO PAK 50MG	127
KALYDECO PAK 75MG	127
KALYDECO TAB 150MG	127
<i>kao-tin cap 240mg</i>	91
<i>kao-tin sus 262/15ml</i>	86
<i>kariva tab 28 day</i>	75
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	108
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	108
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	108
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	108
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	108
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	108
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	108
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	108
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	108
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	108
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	108
KCL/D5W/NACL INJ 0.15/0.2	108
KCL/D5W/NACL INJ 0.3/0.9%	108
<i>kelnor tab 1/35</i>	75
<i>ketoconazole cream 2%</i>	131

<i>ketoconazole shampoo 2%</i>	131	<i>labetalol hcl tab 200 mg</i>	39
<i>ketoconazole tab 200 mg</i>	11	<i>labetalol hcl tab 300 mg</i>	39
<i>ketoprofen cap 50 mg</i>	4	LACTATED RINGER'S SOLUTION	108
<i>ketoprofen cap 75 mg</i>	4	<i>lactic acid (ammonium lactate) cream</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>		12%	134
.....	120	<i>lactic acid (ammonium lactate) lotion</i>	
<i>ketorolac tromethamine ophth soln 0.5%</i>		12%	134
.....	120	<i>lactulose (encephalopathy) solution 10</i>	
<i>ketotifen fumarate ophth soln 0.025%</i>		<i>gm/15ml</i>	92
<i>(base equiv)</i>	121	<i>lactulose solution 10 gm/15ml</i>	92
KEYTRUDA INJ 100MG/4M	25	<i>lamisil at cre 1%</i>	131
KEYTRUDA SOL 50MG	25	<i>lamivudine oral soln 10 mg/ml</i>	13
<i>kids vitamin chw</i>	115	<i>lamivudine tab 100 mg (hbv)</i>	15
<i>kids vitamin chw extra c</i>	115	<i>lamivudine tab 150 mg</i>	13
<i>kids vitamin chw pls iron</i>	115	<i>lamivudine tab 300 mg</i>	13
<i>kimidess tab</i>	75	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KIMONO MICRO MIS THIN	75	.....	14
KIMONO MICRO MIS THIN +	75	<i>lamotrigine tab 100 mg</i>	49
KIMONO MIS LUBRICAT	75	<i>lamotrigine tab 150 mg</i>	49
KIMONO MIS SENSATIO	75	<i>lamotrigine tab 200 mg</i>	49
KIMONO SENSE MIS PLUS	75	<i>lamotrigine tab 25 mg</i>	49
KINRIX INJ.....	105	<i>lamotrigine tab chewable dispersible 25</i>	
<i>kionex pow</i>	74	<i>mg</i>	49
<i>kionex sus 15gm/60</i>	74	<i>lamotrigine tab chewable dispersible 5</i>	
KISQALI 200 PAK FEMARA	25	<i>mg</i>	49
KISQALI 400 PAK FEMARA	25	<i>lamotrigine tab er 24hr 100 mg</i>	49
KISQALI 600 PAK FEMARA	25	<i>lamotrigine tab er 24hr 200 mg</i>	49
KISQALI TAB 200DOSE.....	25	<i>lamotrigine tab er 24hr 25 mg</i>	49
KISQALI TAB 400DOSE.....	25	<i>lamotrigine tab er 24hr 250 mg</i>	49
KISQALI TAB 600DOSE.....	25	<i>lamotrigine tab er 24hr 300 mg</i>	49
KLOR-CON 10 TAB 10MEQ ER.....	105	<i>lamotrigine tab er 24hr 50 mg</i>	49
KLOR-CON 8 TAB 8MEQ ER	105	<i>lansoprazole cap delayed release 15 mg</i>	
<i>klor-con m15 tab 15meq er</i>	105	.....	95
<i>kls fiber tb tab 625mg</i>	91	<i>lansoprazole cap delayed release 30 mg</i>	
<i>konsyl cap 520mg</i>	91	.....	95
<i>konsyl fiber tab 625mg</i>	91	LANTUS INJ 100/ML	70
<i>konsyl pow 28.3%</i>	91	LANTUS INJ SOLOSTAR.....	70
<i>konsyl pow 30.9%</i>	91	<i>larin fe tab 1.5/30</i>	75
KONSYL POW 60.3%	91	<i>larin fe tab 1/20</i>	75
KONSYL POW 71.67%	91	<i>larin tab 1.5/30</i>	75
KONSYL-D POW 52.3%.....	91	<i>larin tab 1/20</i>	75
KORLYM TAB 300MG	82	LASTACFT SOL 0.25%.....	121
KUVAN POW 100MG	78	<i>latanoprost ophth soln 0.005%</i>	121
KUVAN POW 500MG	78	LATUDA TAB 120MG	60
KUVAN TAB 100MG	79	LATUDA TAB 20MG.....	60
KYNAMRO INJ 200MG/ML.....	38	LATUDA TAB 40MG.....	60
L		LATUDA TAB 60MG.....	60
<i>labetalol hcl tab 100 mg</i>	39	LATUDA TAB 80MG.....	60

<i>lax diet sup tab 500mg</i>	92	<i>levetiracetam tab 1000 mg</i>	49
<i>lax/stl soft tab 8.6-50mg</i>	92	<i>levetiracetam tab 250 mg</i>	49
<i>laxative sup 10mg</i>	92	<i>levetiracetam tab 500 mg</i>	49
<i>leflunomide tab 10 mg</i>	101	<i>levetiracetam tab 750 mg</i>	49
<i>leflunomide tab 20 mg</i>	101	<i>levetiracetam tab er 24hr 500 mg</i>	50
LENVIMA CAP 10 MG	28	<i>levetiracetam tab er 24hr 750 mg</i>	50
LENVIMA CAP 14 MG	28	<i>levobunolol hcl ophth soln 0.5%</i>	121
LENVIMA CAP 18 MG	28	<i>levocarnitine inj 200 mg/ml</i>	79
LENVIMA CAP 20 MG	28	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	79
LENVIMA CAP 24 MG	28	.....	79
LENVIMA CAP 8 MG.....	28	<i>levocarnitine tab 330 mg</i>	79
<i>lessina tab</i>	75	<i>levocetirizine dihydrochloride soln 2.5</i>	
LETAIRIS TAB 10MG.....	45	<i>mg/5ml (0.5 mg/ml)</i>	124
LETAIRIS TAB 5MG	45	<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>letrozole tab 2.5 mg</i>	26	.....	124
<i>leucovorin calcium for inj 100 mg</i>	30	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
<i>leucovorin calcium for inj 200 mg</i>	30	.....	19
<i>leucovorin calcium for inj 350 mg</i>	30	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium for inj 50 mg</i>	30	<i>mg/100ml</i>	19
<i>leucovorin calcium for inj 500 mg</i>	30	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium tab 10 mg</i>	30	<i>mg/150ml</i>	19
<i>leucovorin calcium tab 15 mg</i>	30	<i>levofloxacin iv soln 25 mg/ml</i>	19
<i>leucovorin calcium tab 25 mg</i>	30	<i>levofloxacin oral soln 25 mg/ml</i>	19
<i>leucovorin calcium tab 5 mg</i>	30	<i>levofloxacin tab 250 mg</i>	19
LEUKERAN TAB 2MG.....	23	<i>levofloxacin tab 500 mg</i>	19
LEUKINE INJ 250MCG.....	99	<i>levofloxacin tab 750 mg</i>	19
<i>leuprolide acetate inj kit 5 mg/ml</i>	26	LEVOLEUCOVOR INJ 175MG	30
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levoleucovor sol 250mg/25</i>	30
<i>(base equiv)</i>	125	<i>levoleucovorin calcium for iv inj 50 mg</i>	
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>(base equiv)</i>	30
<i>mg/0.5ml (base equiv)</i>	125	<i>levoleucovorin calcium inj 175</i>	
LEVALBUTEROL TARTRATE INHAL		<i>mg/17.5ml (base equiv)</i>	30
AEROSOL 45 MCG/ACT (BASE EQUIV)		<i>levonest tab</i>	75
.....	125	<i>levonorgestrel & ethinyl estradiol (91-</i>	
LEVEMIR INJ	70	<i>day) tab 0.15-0.03 mg</i>	75
LEVEMIR INJ FLEXTUOC.....	70	LEVONORGESTREL & ETHINYL	
LEVETIRACETA INJ 10MG/ML.....	49	ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	
LEVETIRACETA INJ 15MG/ML.....	49	.....	75
LEVETIRACETA INJ 5MG/ML	49	<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
LEVETIRACETAM IN SODIUM CHLORIDE		<i>mg-20 mcg</i>	75
IV SOLN 1000 MG/100ML	49	<i>levonorgestrel & ethinyl estradiol tab</i>	
LEVETIRACETAM IN SODIUM CHLORIDE		<i>0.15 mg-30 mcg</i>	75
IV SOLN 1500 MG/100ML	49	<i>levonorgestrel tab 1.5 mg</i>	76
LEVETIRACETAM IN SODIUM CHLORIDE		<i>levonorgestrel-eth estra tab 0.05-</i>	
IV SOLN 500 MG/100ML	49	<i>30/0.075-40/0.125-30mg-mcg</i>	76
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levora-28 tab 0.15/30</i>	76
<i>mg/ml)</i>	49	<i>levothyroxine sodium tab 100 mcg</i>	83
<i>levetiracetam oral soln 100 mg/ml</i>	49	<i>levothyroxine sodium tab 112 mcg</i>	83

<i>levothyroxine sodium tab 125 mcg</i>	83	<i>SOLN 600 MG/300ML-0.9%</i>	9
<i>levothyroxine sodium tab 137 mcg</i>	83	<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>levothyroxine sodium tab 150 mcg</i>	83	<i>mg/ml)</i>	9
<i>levothyroxine sodium tab 175 mcg</i>	83	<i>LINEZOLID TAB 600 MG</i>	9
<i>levothyroxine sodium tab 200 mcg</i>	83	<i>LINZESS CAP 145MCG</i>	94
<i>levothyroxine sodium tab 25 mcg</i>	83	<i>LINZESS CAP 290MCG</i>	94
<i>LEVOTHYROXINE SODIUM TAB 300 MCG</i>		<i>LINZESS CAP 72MCG</i>	94
.....	83	<i>liothyronine sodium tab 25 mcg</i>	84
<i>levothyroxine sodium tab 50 mcg</i>	83	<i>liothyronine sodium tab 5 mcg</i>	84
<i>LEVOTHYROXINE SODIUM TAB 75 MCG</i>		<i>liothyronine sodium tab 50 mcg</i>	84
.....	83	<i>lipoflavovit tab</i>	115
<i>levothyroxine sodium tab 88 mcg</i>	83	<i>liquitears sol</i>	122
<i>LEVOXYL TAB 100MCG</i>	84	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>LEVOXYL TAB 112MCG</i>	84	<i>12.5 mg</i>	31
<i>LEVOXYL TAB 125MCG</i>	84	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>LEVOXYL TAB 137MCG</i>	84	<i>12.5 mg</i>	31
<i>LEVOXYL TAB 150MCG</i>	84	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>LEVOXYL TAB 175MCG</i>	84	<i>mg</i>	31
<i>LEVOXYL TAB 200MCG</i>	84	<i>lisinopril tab 10 mg</i>	32
<i>LEVOXYL TAB 25MCG</i>	83	<i>lisinopril tab 2.5 mg</i>	32
<i>LEVOXYL TAB 50MCG</i>	83	<i>lisinopril tab 20 mg</i>	32
<i>LEVOXYL TAB 75MCG</i>	83	<i>lisinopril tab 30 mg</i>	32
<i>LEVOXYL TAB 88MCG</i>	84	<i>lisinopril tab 40 mg</i>	32
<i>LEXIVA SUS 50MG/ML</i>	13	<i>lisinopril tab 5 mg</i>	32
<i>LEXIVA TAB 700MG</i>	13	<i>lithium carbonate cap 150 mg</i>	67
<i>lice killing sha 0.33-4%</i>	135	<i>lithium carbonate cap 300 mg</i>	67
<i>lice treatme lot 1%</i>	135	<i>lithium carbonate cap 600 mg</i>	67
<i>lice treatmt sha 0.33-4%</i>	135	<i>lithium carbonate tab 300 mg</i>	67
<i>lice trtmnt liq 1%</i>	135	<i>lithium carbonate tab er 300 mg</i>	67
<i>lidocaine anorectal cream 5%</i>	134	<i>lithium carbonate tab er 450 mg</i>	67
<i>lidocaine cream 4%</i>	134	<i>LITHIUM SOL 8MEQ/5ML</i>	67
<i>lidocaine hcl gel 2%</i>	134	<i>little noses spr 0.65%</i>	127
<i>lidocaine hcl local inj 0.5%</i>	7	<i>LONSURF TAB 15-6.14</i>	29
<i>lidocaine hcl local inj 1%</i>	7	<i>LONSURF TAB 20-8.19</i>	29
<i>lidocaine hcl local inj 2%</i>	8	<i>loperamide hcl cap 2 mg</i>	94
<i>lidocaine hcl local preservative free (pf)</i>		<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	
<i>inj 0.5%</i>	8	.....	86
<i>lidocaine hcl local preservative free (pf)</i>		<i>loperamide hcl liq 1 mg/7.5ml</i>	86
<i>inj 1%</i>	8	<i>loperamide sus 1mg/7.5</i>	86
<i>lidocaine hcl local preservative free (pf)</i>		<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
<i>inj 1.5%</i>	8	<i>(80-20 mg/ml)</i>	14
<i>lidocaine hcl soln 4%</i>	134	<i>loratadine sol 5mg/5ml</i>	124
<i>lidocaine hcl viscous soln 2%</i>	136	<i>loratadine syp 5mg/5ml</i>	124
<i>lidocaine oint 5%</i>	134	<i>loratadine tab 10 mg</i>	124
<i>lidocaine patch 5%</i>	134	<i>loratadine tab 10mg</i>	124
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .	134	<i>lorazepam con 2mg/ml</i>	46
<i>LINEZOLID FOR SUSP 100 MG/5ML</i>	9	<i>lorazepam inj 2 mg/ml</i>	46
<i>LINEZOLID IN SODIUM CHLORIDE IV</i>		<i>lorazepam inj 4 mg/ml</i>	46

<i>lorazepam tab 0.5 mg</i>	46
<i>lorazepam tab 1 mg</i>	46
<i>lorazepam tab 2 mg</i>	46
<i>loryna tab 3-0.02mg</i>	76
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	34
<i>losartan potassium tab 100 mg</i>	35
<i>losartan potassium tab 25 mg</i>	35
<i>losartan potassium tab 50 mg</i>	35
LOTEMAX GEL 0.5%	120
LOTEMAX OIN 0.5%	121
LOTEMAX SUS 0.5%	121
<i>lovastatin tab 10 mg</i>	37
<i>lovastatin tab 20 mg</i>	37
<i>lovastatin tab 40 mg</i>	37
<i>loxapine succinate cap 10 mg</i>	60
<i>loxapine succinate cap 25 mg</i>	61
<i>loxapine succinate cap 5 mg</i>	60
<i>loxapine succinate cap 50 mg</i>	61
<i>lubrifresh oin p.m.</i>	122
LUMIGAN SOL 0.01%	121
LUMIZYME INJ 50MG	79
LUPR DEP-PED INJ 11.25MG	82
LUPR DEP-PED INJ 15MG	82
LUPR DEP-PED INJ 3M 30MG	82
LUPR DEP-PED INJ 7.5MG	82
LUPRON DEPOT INJ 11.25MG	26
LUPRON DEPOT INJ 3.75MG	26
<i>luteria tab</i>	76
LYNPARZA CAP 50MG	25
LYRICA CAP 100MG	50
LYRICA CAP 150MG	50
LYRICA CAP 200MG	50
LYRICA CAP 225MG	50
LYRICA CAP 25MG	50
LYRICA CAP 300MG	50
LYRICA CAP 50MG	50
LYRICA CAP 75MG	50
LYRICA SOL 20MG/ML	50
LYSODREN TAB 500MG	26
<i>lyza tab 0.35mg</i>	76

M

M.V.I PEDIAT INJ	115
M.V.I. ADULT INJ	115

M.V.I-12 W/O INJ VIT K	115
<i>mag-al plus liq</i>	85
<i>mag-al plus liq xs</i>	85
<i>magnesium oxide tab 400 mg</i>	85
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	111
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	111
<i>magnesium oxide tab 500 mg (mg supplement)</i>	111
MAGNESIUM SU INJ 20/500ML	105
MAGNESIUM SU INJ 2GM/50ML	105
MAGNESIUM SU INJ 40G/1000	106
MAGNESIUM SU INJ 4G/100ML	105
MAGNESIUM SU INJ 80MG/ML	106
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	106
<i>magnesium sulfate inj 50%</i>	106
MAGNESIUM SULFATE INJ 50%	106
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	106
<i>malathion lotion 0.5%</i>	135
<i>mapap apap liq 500/15ml</i>	2
<i>mapap child sus 160/5ml</i>	2
<i>mapap chw 80mg</i>	2
<i>mapap liq 160/5ml</i>	2
<i>mapap tab 325mg</i>	2
<i>mapap tab 500mg</i>	2
<i>mapap tab 500mg/rr</i>	2
<i>maprotiline hcl tab 25 mg</i>	55
<i>maprotiline hcl tab 50 mg</i>	55
<i>maprotiline hcl tab 75 mg</i>	55
<i>marlissa tab 0.15/30</i>	76
MARPLAN TAB 10MG	55
MATULANE CAP 50MG	29
MAVYRET TAB 100-40MG	15
MAXIDEX SUS 0.1% OP	121
MAXX MIS LUBRICAT	76
<i>meclizine hcl chew tab 25 mg</i>	87
<i>meclizine hcl tab 12.5 mg</i>	87
<i>meclizine hcl tab 25 mg</i>	87
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	76
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	76
<i>medroxyprogesterone acetate tab 10 mg</i>	83
<i>medroxyprogesterone acetate tab 2.5</i>	

<i>mg</i>	83	<i>methadone hcl soln 5 mg/5ml</i>	6
<i>medroxyprogesterone acetate tab 5 mg</i>	83	<i>methadone hcl tab 10 mg</i>	6
<i>mefloquine hcl tab 250 mg</i>	12	<i>methadone hcl tab 5 mg</i>	6
<i>mega multi tab men</i>	115	<i>methazolamide tab 25 mg</i>	43
<i>mega multi tab w/che mi</i>	115	<i>methazolamide tab 50 mg</i>	43
<i>mega multi tab women</i>	115	<i>methenamine hippurate tab 1 gm</i>	10
MEGA MULTIVI TAB MEN.....	115	<i>methergine tab 0.2mg</i>	82
MEGA MULTIVI TAB WOMEN.....	115	<i>methimazole tab 10 mg</i>	84
<i>megestrol acetate susp 40 mg/ml</i>	26	<i>methimazole tab 5 mg</i>	84
MEGESTROL ACETATE SUSP 625 MG/5ML	26	<i>methocarbamol tab 500 mg</i>	68
<i>megestrol acetate tab 20 mg</i>	26	<i>methocarbamol tab 750 mg</i>	68
<i>megestrol acetate tab 40 mg</i>	26	<i>methotrexate sodium for inj 1 gm</i>	24
MEKINIST TAB 0.5MG.....	28	<i>methotrexate sodium inj 250 mg/10ml</i> (25 mg/ml)	24
MEKINIST TAB 2MG	28	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML).....	24
MELOXICAM SUSP 7.5 MG/5ML.....	4	<i>methotrexate sodium inj pf 100 mg/4ml</i> (25 mg/ml)	24
<i>meloxicam tab 15 mg</i>	4	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	24
<i>meloxicam tab 7.5 mg</i>	4	<i>methotrexate sodium inj pf 200 mg/8ml</i> (25 mg/ml)	24
<i>melphalan hcl for inj 50 mg (base equiv)</i>	23	<i>methotrexate sodium inj pf 250 mg/10ml</i> (25 mg/ml)	24
<i>memantine hcl oral solution 2 mg/ml</i> ..	52	<i>methotrexate sodium inj pf 50 mg/2ml</i> (25 mg/ml)	24
MEMANTINE HCL TAB 10 MG	52	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	102
<i>memantine hcl tab 5 mg</i>	52	<i>methyclothiazide tab 5 mg</i>	43
MENACTRA INJ	105	<i>methylergonovine maleate tab 0.2 mg</i> 82	
MENOMUNE INJ A/C/Y/W	105	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	64
MENVEO INJ.....	105	<i>methylphenidate hcl soln 5 mg/5ml</i>	64
MEPHYTON TAB 5MG	116	<i>methylphenidate hcl tab 10 mg</i>	64
<i>mercaptopurine tab 50 mg</i>	24	<i>methylphenidate hcl tab 20 mg</i>	64
<i>meropenem iv for soln 1 gm</i>	10	<i>methylphenidate hcl tab 5 mg</i>	64
<i>meropenem iv for soln 500 mg</i>	10	<i>methylphenidate hcl tab er 10 mg</i>	64
<i>mesalamine enema 4 gm</i>	90	<i>methylphenidate hcl tab er 20 mg</i>	64
<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	90	<i>methylprednisolone acetate inj susp 40</i> <i>mg/ml</i>	80
MESALAMINE TAB DELAYED RELEASE 800 MG	90	<i>methylprednisolone acetate inj susp 80</i> <i>mg/ml</i>	80
<i>mesna inj 100 mg/ml</i>	30	<i>methylprednisolone sod succ for inj 1000</i> <i>mg (base equiv)</i>	80
MESNEX TAB 400MG	30	<i>methylprednisolone sod succ for inj 125</i> <i>mg (base equiv)</i>	80
<i>metamucil pow 28.3%org</i>	92	<i>methylprednisolone sod succ for inj 40</i> <i>mg (base equiv)</i>	80
<i>metamucil pow 58.6% sf</i>	92	<i>methyprednisolone tab 16 mg</i>	80
<i>metamucil pow 58.6%org</i>	92		
<i>metformin hcl tab 1000 mg</i>	72		
<i>metformin hcl tab 500 mg</i>	72		
<i>metformin hcl tab 850 mg</i>	72		
<i>metformin hcl tab er 24hr 500 mg</i>	72		
<i>metformin hcl tab er 24hr 750 mg</i>	72		
<i>methadone con 10mg/ml</i>	6		
<i>methadone hcl soln 10 mg/5ml</i>	6		

<i>methylprednisolone tab 32 mg</i>	81	<i>mi-acid chw</i>	86
<i>methylprednisolone tab 4 mg</i>	80	<i>mi-acid sus</i>	86
<i>methylprednisolone tab 8 mg</i>	80	<i>mi-acid sus max st</i>	86
<i>methylprednisolone tab therapy pack 4</i>		<i>miconazole 3 kit combinat</i>	97
<i>mg (21)</i>	81	<i>miconazole 3 kit combo pk</i>	97
<i>metipranolol ophth soln 0.3%</i>	121	<i>miconazole 7 cre 2%</i>	97
<i>metoclopramide hcl inj 5 mg/ml</i>	87	<i>miconazole 7 cre tube/kit</i>	97
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>miconazole 7 sup 100mg</i>	97
<i>mg/10ml)</i>	87	<i>miconazole nitrate cream 2%</i>	131
<i>metoclopramide hcl tab 10 mg</i>	87	<i>miconazole nitrate vaginal cream 2%</i> .	97
<i>metoclopramide hcl tab 5 mg</i>	87	<i>miconazole nitrate vaginal suppos 100</i>	
<i>metolazone tab 10 mg</i>	43	<i>mg</i>	97
<i>metolazone tab 2.5 mg</i>	43	<i>micro guard pow 2%</i>	131
<i>metolazone tab 5 mg</i>	43	<i>midodrine hcl tab 10 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab</i>		<i>midodrine hcl tab 2.5 mg</i>	44
<i>100-25 mg</i>	38	<i>midodrine hcl tab 5 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab</i>		<i>migergot sup 2/100</i>	66
<i>100-50 mg</i>	39	<i>milk of magn sus</i>	92
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>milk of magn sus 1200/15</i>	92
<i>25 mg</i>	38	<i>milk of magn sus 400/5ml</i>	92
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>milk of magn sus cherry</i>	92
<i>(tartrate equiv)</i>	39	<i>milk of magn sus frsh mnt</i>	92
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>milk of magn sus mint</i>	92
<i>(tartrate equiv)</i>	39	<i>miniprin low tab 81mg ec</i>	2
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>minitran dis 0.1mg/hr</i>	44
<i>(tartrate equiv)</i>	39	<i>minitran dis 0.2mg/hr</i>	44
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>minitran dis 0.4mg/hr</i>	44
<i>(tartrate equiv)</i>	39	<i>minitran dis 0.6mg/hr</i>	44
<i>metoprolol tartrate iv soln 5 mg/5ml ...</i>	39	<i>minocycline hcl cap 100 mg</i>	22
<i>metoprolol tartrate iv soln cart inj 5</i>		<i>minocycline hcl cap 50 mg</i>	22
<i>mg/5ml (1 mg/ml)</i>	39	<i>minocycline hcl cap 75 mg</i>	22
<i>metoprolol tartrate tab 100 mg</i>	39	<i>minoxidil tab 10 mg</i>	44
<i>metoprolol tartrate tab 25 mg</i>	39	<i>minoxidil tab 2.5 mg</i>	44
<i>metoprolol tartrate tab 50 mg</i>	39	<i>mintox plus chw</i>	86
<i>metronidazole cream 0.75%</i>	134	<i>mintox sus</i>	86
<i>metronidazole gel 0.75%</i>	134	<i>mintox sus max st</i>	86
<i>metronidazole in nacl 0.79% iv soln 500</i>		<i>mirtazapine orally disintegrating tab 15</i>	
<i>mg/100ml</i>	10	<i>mg</i>	55
<i>metronidazole lotion 0.75%</i>	134	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metronidazole tab 250 mg</i>	10	<i>mg</i>	55
<i>metronidazole tab 500 mg</i>	10	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metronidazole vaginal gel 0.75%</i>	97	<i>mg</i>	55
<i>mexiletine hcl cap 150 mg</i>	36	<i>mirtazapine tab 15 mg</i>	55
<i>mexiletine hcl cap 200 mg</i>	36	<i>mirtazapine tab 30 mg</i>	55
<i>mexiletine hcl cap 250 mg</i>	36	<i>mirtazapine tab 45 mg</i>	55
<i>MG SO4/D5W INJ 10MG/ML</i>	106	<i>mirtazapine tab 7.5 mg</i>	55
<i>MG SO4/D5W INJ 20MG/ML</i>	106	<i>misoprostol tab 100 mcg</i>	94
<i>MIACALCIN INJ 200/ML</i>	82	<i>misoprostol tab 200 mcg</i>	94

<i>mitomycin for iv soln 20 mg</i>	23
<i>mitomycin for iv soln 40 mg</i>	23
<i>mitomycin for iv soln 5 mg</i>	23
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	29
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	29
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	29
M-M-R II INJ	105
<i>moexipril hcl tab 15 mg</i>	32
<i>moexipril hcl tab 7.5 mg</i>	32
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	31
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	31
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	31
<i>molindone hcl tab 10 mg</i>	61
<i>molindone hcl tab 25 mg</i>	61
<i>mometasone furoate cream 0.1%</i>	133
<i>mometasone furoate oint 0.1%</i>	133
<i>mometasone furoate solution 0.1% (lotion)</i>	133
MONONESSA TAB	76
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	126
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	126
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	126
<i>montelukast sodium tab 10 mg (base equiv)</i>	127
MORPHINE SUL INJ 150/30ML	6
MORPHINE SUL INJ 2MG/ML	6
MORPHINE SUL INJ 4MG/ML	6
MORPHINE SUL INJ 8MG/ML	6
<i>morphine sulfate inj pf 0.5 mg/ml</i>	6
<i>morphine sulfate inj pf 1 mg/ml</i>	6
MORPHINE SULFATE IV SOLN 1 MG/ML	6
MORPHINE SULFATE IV SOLN PF 10 MG/ML	6
MORPHINE SULFATE IV SOLN PF 15 MG/ML	6
<i>morphine sulfate iv soln pf 4 mg/ml</i>	6
<i>morphine sulfate iv soln pf 8 mg/ml</i>	6
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	7

MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	7
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	7
MORPHINE SULFATE TAB 15 MG	7
MORPHINE SULFATE TAB 30 MG	7
<i>morphine sulfate tab er 100 mg</i>	7
<i>morphine sulfate tab er 15 mg</i>	7
<i>morphine sulfate tab er 200 mg</i>	7
<i>morphine sulfate tab er 30 mg</i>	7
<i>morphine sulfate tab er 60 mg</i>	7
<i>motion relf tab 25mg</i>	87
<i>motion sick tab 25mg</i>	87
<i>motion sick tab 50mg</i>	87
<i>motion-time chw 25mg</i>	87
MOVANTIK TAB 12.5MG	94
MOVANTIK TAB 25MG	94
MOVIPREP SOL	92
MOXEZA SOL 0.5%	120
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	120
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	19
MOZOBIL INJ	99
<i>mucinex chld liq 100/5ml</i>	126
<i>mucus relief liq 100/5ml</i>	126
<i>mucus-dm tab 30-600mg</i>	126
<i>mult vitamin tab daily</i>	116
<i>mult vitamin tab essent</i>	116
<i>mult vitamin tab mens</i>	116
<i>mult vitamin tab no iron</i>	116
<i>mult vitamin tab womens</i>	116
MULTAQ TAB 400MG	36
MULTI VITAMN TAB MINERALS	116
<i>multi-day tab vitamins</i>	116
<i>multi-delyn liq</i>	116
MULTI-DELYN LIQ /IRON	116
<i>multilex tab</i>	116
<i>multilex-t&m tab</i>	116
<i>multiple vitamin tab</i>	116
<i>multiple vitamins w/ iron tab</i>	116
<i>multiple vitamins w/ minerals tab</i>	116
<i>multi-vit/ tab minerals</i>	116
<i>multivital tab platinum</i>	116
<i>multivitamin tab daily</i>	116
<i>multi-vitamn tab</i>	116
<i>multi-vite tab</i>	116
<i>mupirocin oint 2%</i>	130

MURO 128 SOL 2% OP	122
MUSTARGEN INJ 10MG	23
<i>my way tab 1.5mg</i>	76
MYCAMINE INJ 100MG	11
MYCAMINE INJ 50MG	11
<i>mycophenolate mofetil cap 250 mg</i> ...	104
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	104
<i>mycophenolate mofetil tab 500 mg</i> ...	104
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	104
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	104
MYKIDZ IRON SUS 10MG/2ML	116
<i>myorisan cap 10mg</i>	129
<i>myorisan cap 20mg</i>	129
<i>myorisan cap 30mg</i>	129
<i>myorisan cap 40mg</i>	129
MYRBETRIQ TAB 25MG	96
MYRBETRIQ TAB 50MG	96
<i>myzilra tab</i>	76

N

<i>nabumetone tab 500 mg</i>	4
<i>nabumetone tab 750 mg</i>	4
<i>nadolol tab 20 mg</i>	39
<i>nadolol tab 40 mg</i>	39
<i>nadolol tab 80 mg</i>	39
<i>nafcillin sodium for inj 1 gm</i>	21
<i>nafcillin sodium for inj 10 gm</i>	21
<i>nafcillin sodium for inj 2 gm</i>	21
<i>nafcillin sodium for iv soln 1 gm</i>	21
<i>nafcillin sodium for iv soln 2 gm</i>	21
NAGLAZYME INJ 1MG/ML	79
<i>nalbuphine hcl inj 10 mg/ml</i>	5
<i>nalbuphine hcl inj 20 mg/ml</i>	5
<i>naloxone hcl inj 0.4 mg/ml</i>	69
<i>naloxone hcl inj 4 mg/10ml</i>	69
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> ..	69
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	69
<i>naltrexone hcl tab 50 mg</i>	69
NAMENDA XR CAP 14MG	52
NAMENDA XR CAP 21MG	52
NAMENDA XR CAP 28MG	52
NAMENDA XR CAP 7MG	52
NAMENDA XR CAP TITRATIO	52
NAMZARIC CAP	52
NAMZARIC CAP 14-10MG	52

NAMZARIC CAP 21-10MG	52
NAMZARIC CAP 28-10MG	52
NAMZARIC CAP 7-10MG	52
<i>naphazoline hcl ophth soln 0.1%</i>	122
<i>naproxen dr tab 375mg</i>	4
<i>naproxen dr tab 500mg</i>	4
<i>naproxen sod tab 220mg</i>	4
<i>naproxen sodium tab 220 mg</i>	4
<i>naproxen sodium tab 275 mg</i>	4
<i>naproxen sodium tab 550 mg</i>	4
<i>naproxen susp 125 mg/5ml</i>	4
<i>naproxen tab 250 mg</i>	4
<i>naproxen tab 375 mg</i>	4
<i>naproxen tab 500 mg</i>	4
<i>naratriptan hcl tab 1 mg (base equiv)</i> .	66
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	66
<i>nasal antise mis 10%</i>	134
<i>nasal decong tab 30mg</i>	126
<i>nasal moist spr 0.65%</i>	127
NASCOBAL SPR 500MCG	116
<i>nat fiber pow 48.57%</i>	92
<i>nat fiber pow therapy</i>	92
<i>nat psyllium pow fiber</i>	92
<i>nat veg lax tab 8.6mg</i>	92
NATACYN SUS 5% OP	120
<i>nateglinide tab 120 mg</i>	73
<i>nateglinide tab 60 mg</i>	73
NATPARA INJ 100MCG	83
NATPARA INJ 25MCG	83
NATPARA INJ 50MCG	83
NATPARA INJ 75MCG	83
<i>natrul colon pow care</i>	92
<i>natural bal sol 0.4%</i>	122
<i>natural bal sol tears</i>	122
<i>natures sol tears</i>	122
<i>natures tear sol 0.4%</i>	122
<i>naturl fiber pow 28.3%</i>	92
<i>naturl fiber pow therapy</i>	92
NEBUPENT INH 300MG	10
<i>necon tab 0.5/35</i>	76
NECON TAB 1/50-28	76
<i>necon tab 10/11-28</i>	76
NECON TAB 7/7/7	76
<i>nefazodone hcl tab 100 mg</i>	55
<i>nefazodone hcl tab 150 mg</i>	55
<i>nefazodone hcl tab 200 mg</i>	55
<i>nefazodone hcl tab 250 mg</i>	55

<i>nefazodone hcl tab 50 mg</i>	55	<i>niacin tab er 500 mg</i>	116
<i>neomycin sulfate tab 500 mg</i>	8	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	38
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin ...</i>	120	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	38
<i>neomycin-bacitracin-polymyxin oint ..</i>	130	<i>niacinamide tab 500 mg</i>	116
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	120	<i>niacor tab 500mg</i>	38
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	119	<i>nicardipine hcl cap 20 mg</i>	41
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	119	<i>nicardipine hcl cap 30 mg</i>	41
<i>neomycin-polymyxin-hc ophth susp ..</i>	119	<i>nicorelief gum 2mg mint</i>	69
<i>neomycin-polymyxin-hc otic soln 1%</i>	136	<i>nicorelief gum 2mg orig</i>	69
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	136	<i>nicorelief gum 4mg mint</i>	69
NEORAL CAP 100MG.....	104	<i>nicorelief gum 4mg orig</i>	69
NEORAL CAP 25MG	104	<i>nicotine polacrilex gum 2 mg</i>	69
NEORAL SOL 100MG/ML	104	<i>nicotine polacrilex gum 4 mg</i>	69
NEPHRAMINE INJ 5.4%	107	<i>nicotine polacrilex lozenge 2 mg</i>	69
NERLYNX TAB 40MG.....	28	<i>nicotine polacrilex lozenge 4 mg</i>	69
NEUPOGEN INJ 300/0.5	99	NICOTINE SYS KIT TRANSDER.....	69
NEUPOGEN INJ 300MCG	99	NICOTINE TD DIS 7MG/24HR	69
NEUPOGEN INJ 480/0.8	99	<i>nicotine td patch 24hr 14 mg/24hr</i>	69
NEUPOGEN INJ 480MCG	99	NICOTINE TD PATCH 24HR 14 MG/24HR	69
NEUPRO DIS 1MG/24HR	58	<i>nicotine td patch 24hr 21 mg/24hr</i>	69
NEUPRO DIS 2MG/24HR	58	NICOTINE TD PATCH 24HR 21 MG/24HR	69
NEUPRO DIS 3MG/24HR	58	<i>nicotine td patch 24hr 7 mg/24hr</i>	69
NEUPRO DIS 4MG/24HR	58	NICOTINE TD PATCH 24HR 7 MG/24HR	69
NEUPRO DIS 6MG/24HR	58	NICOTROL INH	69
NEUPRO DIS 8MG/24HR	58	NICOTROL NS SPR 10MG/ML	69
NEVIRAPINE SUSP 50 MG/5ML	13	<i>nifedipine tab er 24hr 30 mg</i>	41
<i>nevirapine tab 200 mg</i>	13	<i>nifedipine tab er 24hr 60 mg</i>	41
<i>nevirapine tab er 24hr 100 mg</i>	13	<i>nifedipine tab er 24hr 90 mg</i>	41
<i>nevirapine tab er 24hr 400 mg</i>	13	<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	41
NEXAVAR TAB 200MG.....	28	<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	41
NEXIUM GRA 10MG DR.....	95	<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	41
NEXIUM GRA 2.5MG DR.....	95	<i>nikki tab 3-0.02mg</i>	76
NEXIUM GRA 20MG DR.....	95	<i>nilutamide tab 150 mg</i>	27
NEXIUM GRA 40MG DR.....	95	<i>nimodipine cap 30 mg</i>	41
NEXIUM GRA 5MG DR.....	95	NINLARO CAP 2.3MG	26
<i>next choice tab 1.5mg</i>	76	NINLARO CAP 3MG	26
<i>niacin cap 500mg</i>	116	NINLARO CAP 4MG	26
<i>niacin cap er 250 mg</i>	116	NIPENT INJ 10MG.....	24
<i>niacin cap er 500 mg</i>	116	<i>nitro-bid oin 2%</i>	44
<i>niacin tab 50 mg</i>	116	NITRO-DUR DIS 0.3MG/HR.....	44
<i>niacin tab 500 mg</i>	116	NITRO-DUR DIS 0.8MG/HR.....	44
<i>niacin tab er 1000 mg</i> <i>(antihyperlipidemic)</i>	38		

<i>nitrofurantoin macrocrystalline cap 100 mg</i>	10	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	77
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	10	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	77
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	10	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	77
<i>nitroglycerin sl tab 0.3 mg</i>	44	<i>norlyroc tab 0.35mg</i>	77
<i>nitroglycerin sl tab 0.4 mg</i>	44	NORMOSOL -M INJ /D5W	108
<i>nitroglycerin sl tab 0.6 mg</i>	44	NORMOSOL -R INJ /D5W.....	108
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	44	NORMOSOL-R INJ PH 7.4	108
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	44	NORPACE CAP 100MG CR.....	36
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	44	NORPACE CAP 150MG CR.....	36
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	44	NORTHERA CAP 100MG.....	44
<i>non-aspirin sus 160/5ml</i>	2	NORTHERA CAP 200MG.....	44
<i>non-aspirin tab 325mg</i>	2	NORTHERA CAP 300MG.....	44
<i>non-aspirin tab 500mg</i>	2	<i>nortrel tab 0.5/35</i>	77
<i>non-aspirin tab 500mg/rr</i>	2	<i>nortrel tab 1/35</i>	77
NORDITROPIN INJ 10/1.5ML	81	<i>nortrel tab 7/7/7</i>	77
NORDITROPIN INJ 15/1.5ML	81	<i>nortriptyline hcl cap 10 mg</i>	55
NORDITROPIN INJ 30/3ML	81	<i>nortriptyline hcl cap 25 mg</i>	56
NORDITROPIN INJ 5/1.5ML	81	<i>nortriptyline hcl cap 50 mg</i>	56
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	76	<i>nortriptyline hcl cap 75 mg</i>	56
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	76	<i>nortriptyline hcl soln 10 mg/5ml</i>	56
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	76	NORVIR CAP 100MG	13
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	76	NORVIR SOL 80MG/ML.....	13
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	76	NORVIR TAB 100MG	13
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	76	NOVAFERRUM CAP 50MG	100
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	76	NOVAFERRUM DRO 15MG/ML	100
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....	76	NOVAFERRUM LIQ 125.....	100
<i>norethindrone acetate tab 5 mg</i>	83	NOVOLIN INJ 70/30.....	70
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	80	NOVOLIN N INJ U-100	70
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	76	NOVOLIN R INJ U-100	71
<i>norethindrone tab 0.35 mg</i>	76	NOVOLOG INJ 100/ML	71
NORETHINDRONE TAB 0.35 MG.....	77	NOVOLOG INJ FLEXPEN.....	71
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	77	NOVOLOG INJ PENFILL	71
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	77	NOVOLOG MIX INJ 70/30	71
		NOVOLOG MIX INJ FLEXPEN	71
		NOXAFIL SUS 40MG/ML	11
		NOXAFIL TAB 100MG.....	11
		NUEDEXTA CAP 20-10MG	67
		NULOJIX INJ 250MG	104
		NULYTELY SOL FLAV PKS	92
		NUPLAZID TAB 17MG.....	61
		NUTRISOURCE POW FIBER.....	92
		NUVARING MIS.....	77
		<i>nyamyc pow 100000</i>	131
		<i>nyata pow 100000</i>	131
		NYMALIZE SOL 60/20ML	41

<i>nystatin cream 100000 unit/gm</i>	131	<i>olmesartan medoxomil tab 40 mg</i>	35
<i>nystatin oint 100000 unit/gm</i>	131	<i>olmesartan medoxomil tab 5 mg</i>	35
<i>nystatin susp 100000 unit/ml</i>	136	<i>olmesartan medoxomil-</i>	
<i>nystatin tab 500000 unit</i>	11	<i>hydrochlorothiazide tab 20-12.5 mg</i> ...	34
<i>nystatin topical powder 100000 unit/gm</i>		<i>olmesartan medoxomil-</i>	
.....	131	<i>hydrochlorothiazide tab 40-12.5 mg</i> ...	34
<i>nystop pow 100000</i>	131	<i>olmesartan medoxomil-</i>	
O		<i>hydrochlorothiazide tab 40-25 mg</i>	34
<i>OCTAGAM INJ 10GM</i>	103	<i>olmesartan-amlodipine-</i>	
<i>OCTAGAM INJ 1GM</i>	102	<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	34
<i>OCTAGAM INJ 2.5GM</i>	102	<i>olmesartan-amlodipine-</i>	
<i>OCTAGAM INJ 25GM</i>	103	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>OCTAGAM INJ 2GM/20ML</i>	102	.....	34
<i>OCTAGAM INJ 5GM</i>	103	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>hydrochlorothiazide tab 40-10-25 mg</i> .	34
<i>mg/ml)</i>	82	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	34
<i>mg/ml)</i>	82	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>hydrochlorothiazide tab 40-5-25 mg</i> ...	34
<i>mg/ml)</i>	82	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>equivalent)</i>	121
<i>mg/ml)</i>	82	<i>omega-3-acid ethyl esters cap 1 gm</i> ...	38
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>omeprazole cap 20.6mgdr</i>	95
<i>mg/ml)</i>	82	<i>omeprazole cap delayed release 10 mg</i>	95
<i>ocutabs tab</i>	116	<i>omeprazole cap delayed release 20 mg</i>	95
<i>ocuvite tab lutein</i>	116	<i>omeprazole cap delayed release 40 mg</i>	95
<i>ODEFSEY TAB</i>	14	<i>omeprazole magnesium cap dr 20.6 mg</i>	
<i>ODOMZO CAP 200MG</i>	29	<i>(20 mg base equiv)</i>	95
<i>OFEV CAP 100MG</i>	127	<i>once daily tab</i>	116
<i>OFEV CAP 150MG</i>	127	<i>once daily tab iron</i>	116
<i>ofloxacin ophth soln 0.3%</i>	120	<i>ONCOVITE TAB</i>	116
<i>ofloxacin otic soln 0.3%</i>	136	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
<i>olanzapine for im inj 10 mg</i>	61	.....	87
<i>olanzapine orally disintegrating tab 10</i>		<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>mg</i>	61	<i>mg/ml)</i>	87
<i>olanzapine orally disintegrating tab 15</i>		<i>ondansetron hcl oral soln 4 mg/5ml</i>	87
<i>mg</i>	61	<i>ondansetron hcl tab 24 mg</i>	87
<i>olanzapine orally disintegrating tab 20</i>		<i>ondansetron hcl tab 4 mg</i>	87
<i>mg</i>	61	<i>ondansetron hcl tab 8 mg</i>	87
<i>olanzapine orally disintegrating tab 5 mg</i>		<i>ondansetron orally disintegrating tab 4</i>	
.....	61	<i>mg</i>	88
<i>olanzapine tab 10 mg</i>	61	<i>ondansetron orally disintegrating tab 8</i>	
<i>olanzapine tab 15 mg</i>	61	<i>mg</i>	88
<i>olanzapine tab 2.5 mg</i>	61	<i>one daily tab</i>	116
<i>olanzapine tab 20 mg</i>	61	<i>one daily tab /mineral</i>	116
<i>olanzapine tab 5 mg</i>	61	<i>one daily tab complete</i>	116
<i>olanzapine tab 7.5 mg</i>	61	<i>one daily tab essent</i>	116
<i>olmesartan medoxomil tab 20 mg</i>	35	<i>one daily tab maximum</i>	116

<i>one daily tab mens</i>	116
<i>one daily tab mens 50+</i>	116
<i>one daily tab pls iron</i>	116
<i>one daily tab plus iro</i>	116
ONE DAILY TAB WOMANS	117
<i>one daily tab womens</i>	117
<i>one daily/ tab minerals</i>	117
<i>one-a-day tab teen/her</i>	117
ONE-A-DAY TAB TEEN/HIM	117
<i>one-daily tab mult vit</i>	117
ONFI SUS 2.5MG/ML	50
ONFI TAB 10MG.....	50
ONFI TAB 20MG.....	50
<i>opcicon tab 1.5mg</i>	77
<i>operand scrb sol 7.5%</i>	134
OPSUMIT TAB 10MG.....	45
<i>oral electro sol h-e-b</i>	106
<i>oral electrolyte solution</i>	106
<i>oralyte sol</i>	106
ORFADIN CAP 10MG.....	79
ORFADIN CAP 20MG.....	79
ORFADIN CAP 2MG	79
ORFADIN CAP 5MG	79
ORFADIN SUS 4MG/ML.....	79
ORKAMBI TAB 100-125	127
ORKAMBI TAB 200-125	127
<i>orsythia tab</i>	77
<i>os-cal + d3 tab 500-200</i>	111
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	15
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	16
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	16
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	21
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	21
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	21
<i>oxaliplatin for iv inj 100 mg</i>	29
<i>oxaliplatin for iv inj 50 mg</i>	29
<i>oxaliplatin iv soln 100 mg/20ml</i>	29
<i>oxaliplatin iv soln 50 mg/10ml</i>	29
<i>oxandrolone tab 10 mg</i>	70
<i>oxandrolone tab 2.5 mg</i>	70
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	50

<i>oxcarbazepine tab 150 mg</i>	50
<i>oxcarbazepine tab 300 mg</i>	50
<i>oxcarbazepine tab 600 mg</i>	50
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	96
<i>oxybutynin chloride tab 5 mg</i>	96
<i>oxybutynin chloride tab er 24hr 10 mg</i> 96	
<i>oxybutynin chloride tab er 24hr 15 mg</i> 96	
<i>oxybutynin chloride tab er 24hr 5 mg</i> . 96	
<i>oxycodone hcl cap 5 mg</i>	7
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	7
OXYCODONE HCL SOLN 5 MG/5ML	7
<i>oxycodone hcl tab 10 mg</i>	7
<i>oxycodone hcl tab 15 mg</i>	7
<i>oxycodone hcl tab 20 mg</i>	7
<i>oxycodone hcl tab 30 mg</i>	7
<i>oxycodone hcl tab 5 mg</i>	7
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	7
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	7
OXYCONTIN TAB 10MG CR	7
OXYCONTIN TAB 15MG CR	7
OXYCONTIN TAB 20MG CR	7
OXYCONTIN TAB 30MG CR	7
OXYCONTIN TAB 40MG CR	7
OXYCONTIN TAB 60MG CR	7
OXYCONTIN TAB 80MG CR	7
<i>oys shell ca tab /d3</i>	111
<i>oys shell ca tab /vit d</i>	111
<i>oys shell+d tab 250-125</i>	111
<i>oysco 500 tab 500mg</i>	111
<i>oysco 500+d chw</i>	111
<i>oysco 500+d tab</i>	111
<i>oysco d tab 250-125</i>	111
<i>oyst shell/d tab 500-200</i>	111
<i>oyst shell/d tab 500mg</i>	111
<i>oyst-cal-d tab 500mg</i>	111
<i>oyster shell calcium tab 500 mg</i>	111
<i>oyster shell tab 500mg</i>	111
P	
<i>pacerone tab 100mg</i>	36

<i>pacerone tab 200mg</i>	36	<i>ped elctrlyt sol fruit</i>	106
<i>pacerone tab 400mg</i>	36	<i>ped elctrlyt sol grape</i>	106
<i>paclitaxel iv conc 100 mg/16.7ml (6</i> <i>mg/ml)</i>	25	<i>ped elctrlyt sol unflavrd</i>	106
<i>paclitaxel iv conc 150 mg/25ml (6</i> <i>mg/ml)</i>	25	PEDIA-LAX SUP 2.8GM.....	92
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	25	PEDIARIX INJ 0.5ML	105
<i>paclitaxel iv conc 300 mg/50ml (6</i> <i>mg/ml)</i>	25	<i>pedi-boro pow soak pak</i>	134
<i>pain & fever chw 80mg</i>	2	PEDVAX HIB INJ.....	105
<i>pain & fever sol 160/5ml</i>	2	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	92
<i>pain & fever sus 160/5ml</i>	2	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	92
<i>pain & fever tab 325mg</i>	2	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	92
<i>pain & fever tab 500mg</i>	2	PEGANONE TAB 250MG	50
<i>pain relief dro 80/0.8ml</i>	2	PEGASYS INJ	16
<i>pain relief sus 160/5ml</i>	2	PEGASYS INJ 180MCG/M.....	16
<i>pain relief tab 325mg</i>	2	PEGASYS INJ PROCLICK.....	16
<i>pain relief tab 500mg</i>	2	<i>pen g proc inj 600000</i>	21
<i>pain relieve sus 160/5ml</i>	2	PENICILL GK/ INJ DEX 2MU	21
<i>pain relieve tab 325mg</i>	2	PENICILL GK/ INJ DEX 3MU	21
<i>pain relieve tab 500mg</i>	2	<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	21
<i>paliperidone tab er 24hr 1.5 mg</i>	61	<i>penicillin g potassium for inj 5000000</i> <i>unit</i>	21
<i>paliperidone tab er 24hr 3 mg</i>	61	<i>penicillin g sodium for inj 5000000 unit</i>	21
<i>paliperidone tab er 24hr 6 mg</i>	61	<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	21
<i>paliperidone tab er 24hr 9 mg</i>	61	<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	21
<i>pamidronate disodium for inj 30 mg</i>	73	<i>penicillin v potassium tab 250 mg</i>	21
<i>pamidronate disodium for inj 90 mg</i>	73	<i>penicillin v potassium tab 500 mg</i>	21
<i>pamidronate disodium iv soln 3 mg/ml</i> 73		PENTACEL INJ.....	105
<i>pamidronate disodium iv soln 9 mg/ml</i> 73		PENTAM 300 INJ 300MG.....	10
<i>pamidronate inj 6mg/ml</i>	73	<i>pentoxifylline tab er 400 mg</i>	101
PANRETIN GEL 0.1%	134	<i>peptic relf chw 262mg</i>	86
<i>pantoprazole sodium ec tab 20 mg (base</i> <i>equiv)</i>	95	<i>peptic relf sus 262/15ml</i>	86
<i>pantoprazole sodium ec tab 40 mg (base</i> <i>equiv)</i>	95	<i>perdiem over tab 15mg</i>	92
<i>paricalcitol cap 1 mcg</i>	117	<i>peri-colace tab 8.6-50mg</i>	92
<i>paricalcitol cap 2 mcg</i>	117	<i>periguard oin</i>	134
<i>paricalcitol cap 4 mcg</i>	117	<i>perindopril erbumine tab 2 mg</i>	32
<i>paromomycin sulfate cap 250 mg</i>	8	<i>perindopril erbumine tab 4 mg</i>	32
<i>paroxetine hcl tab 10 mg</i>	56	<i>perindopril erbumine tab 8 mg</i>	32
<i>paroxetine hcl tab 20 mg</i>	56	<i>periogard sol 0.12%</i>	136
<i>paroxetine hcl tab 30 mg</i>	56	<i>permethrin cream 5%</i>	135
<i>paroxetine hcl tab 40 mg</i>	56	<i>perphenazine tab 16 mg</i>	61
<i>paser gra 4gm</i>	15	<i>perphenazine tab 2 mg</i>	61
PATADAY SOL 0.2%	121	<i>perphenazine tab 4 mg</i>	61
PAXIL SUS 10MG/5ML	56		
PAZEO DRO 0.7%	121		

<i>perphenazine tab 8 mg</i>	61	<i>pindolol tab 10 mg</i>	40
<i>pharbedryl cap 25mg</i>	124	<i>pindolol tab 5 mg</i>	40
<i>pharbedryl cap 50mg</i>	124	<i>pink bismuth chw 262mg</i>	86
<i>pharbetol tab 325mg</i>	2	<i>pin-x sus 50mg/ml</i>	10
<i>pharbetol tab 500mg</i>	2	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	73
<i>phenadoz sup 12.5mg</i>	88	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	73
<i>phenelzine sulfate tab 15 mg</i>	56	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	73
<i>phenergan sup 12.5mg</i>	88	<i>piper/tazoba inj 12-1.5gm</i>	21
<i>phenergan sup 25mg</i>	88	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	21
<i>phenergan sup 50mg</i>	88	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	21
<i>PHENOBARB INJ 65MG/ML</i>	50	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	21
<i>phenobarbital elixir 20 mg/5ml</i>	50	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	22
<i>phenobarbital sodium inj 130 mg/ml</i> ..	50	<i>pirmella tab 1/35</i>	77
<i>phenobarbital tab 100 mg</i>	50	<i>piroxicam cap 10 mg</i>	4
<i>phenobarbital tab 15 mg</i>	50	<i>piroxicam cap 20 mg</i>	4
<i>phenobarbital tab 16.2 mg</i>	50	<i>PLASMA-LYTE INJ -148</i>	108
<i>phenobarbital tab 30 mg</i>	50	<i>PLASMA-LYTE INJ -A</i>	108
<i>phenobarbital tab 32.4 mg</i>	50	<i>podofilox soln 0.5%</i>	135
<i>phenobarbital tab 60 mg</i>	50	<i>poly vitamin chw</i>	117
<i>phenobarbital tab 64.8 mg</i>	50	<i>polyeth glyc pow 3350 nf</i>	92
<i>phenobarbital tab 97.2 mg</i>	50	<i>polyethylene glycol 3350 oral packet</i> ..	92
<i>phenytek cap 200mg</i>	50	<i>polyethylene glycol 3350 oral powder</i> .	92
<i>phenytek cap 300mg</i>	50	<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	120
<i>phenytoin chew tab 50 mg</i>	51	<i>poly-vita dro</i>	117
<i>phenytoin sodium extended cap 100 mg</i>	51	<i>poly-vita dro /iron</i>	117
<i>phenytoin sodium extended cap 200 mg</i>	51	<i>polyvitamin chw /iron</i>	117
<i>phenytoin sodium extended cap 300 mg</i>	51	<i>POMALYST CAP 1MG</i>	103
<i>phenytoin sodium inj 50 mg/ml</i>	51	<i>POMALYST CAP 2MG</i>	103
<i>phenytoin susp 125 mg/5ml</i>	51	<i>POMALYST CAP 3MG</i>	103
<i>philith tab 0.4-35</i>	77	<i>POMALYST CAP 4MG</i>	103
<i>PHOS-NAK POW CONCENTR</i>	111	<i>porenal+d cap omega 3</i>	117
<i>PHOSPHOLINE SOL 0.125%OP</i>	121	<i>portia-28 tab</i>	77
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	117	<i>POTASSIUM CHLORIDE 20 MEQ/L</i> <i>(0.15%) IN DEXTROSE 5% INJ</i>	109
<i>phytonadione inj 10 mg/ml</i>	117	<i>POTASSIUM CHLORIDE 40 MEQ/L (0.3%)</i> <i>IN DEXTROSE 5% INJ</i>	109
<i>PICATO GEL 0.015%</i>	135	<i>potassium chloride cap er 10 meq</i>	106
<i>PICATO GEL 0.05%</i>	134	<i>potassium chloride cap er 8 meq</i>	106
<i>PILOCARPINE HCL OPHTH SOLN 1%</i> .	121	<i>POTASSIUM CHLORIDE INJ 10</i> <i>MEQ/100ML</i>	109
<i>PILOCARPINE HCL OPHTH SOLN 2%</i> .	121		
<i>PILOCARPINE HCL OPHTH SOLN 4%</i> .	121		
<i>PILOCARPINE HCL TAB 5 MG</i>	136		
<i>pilocarpine hcl tab 7.5 mg</i>	136		
<i>pimozide tab 1 mg</i>	61		
<i>pimozide tab 2 mg</i>	61		
<i>pimtrea tab</i>	77		

POTASSIUM CHLORIDE INJ 10 MEQ/50ML	109	.....	58
<i>potassium chloride inj 2 meq/ml</i>	109	<i>pramipexole dihydrochloride tab 0.75 mg</i>	58
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	109	<i>pramipexole dihydrochloride tab 1 mg</i>	58
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	109	<i>pramipexole dihydrochloride tab 1.5 mg</i>	58
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	109	<i>prasugrel hcl tab 10 mg (base equiv)</i>	101
<i>potassium chloride microencapsulated</i>		<i>prasugrel hcl tab 5 mg (base equiv)</i>	101
<i>crys er tab 10 meq</i>	106	<i>pravastatin sodium tab 10 mg</i>	37
<i>potassium chloride microencapsulated</i>		<i>pravastatin sodium tab 20 mg</i>	37
<i>crys er tab 20 meq</i>	106	<i>pravastatin sodium tab 40 mg</i>	37
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	106	<i>pravastatin sodium tab 80 mg</i>	37
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	106	<i>prazosin hcl cap 1 mg</i>	33
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	106	<i>prazosin hcl cap 2 mg</i>	33
<i>potassium chloride tab er 10 meq</i>	106	<i>prazosin hcl cap 5 mg</i>	33
<i>potassium chloride tab er 20 meq (1500 mg)</i>	106	<i>pred sod pho sol 1% op</i>	121
<i>potassium chloride tab er 8 meq (600 mg)</i>	106	PREDNISOLONE ACETATE OPHTH SUSP 1%.....	121
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	96	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	81
<i>potassium citrate tab er 15 meq (1620 mg)</i>	96	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	81
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	96	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	81
POTIGA TAB 200MG	51	<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	81
POTIGA TAB 300MG	51	<i>prednisone con 5mg/ml</i>	81
POTIGA TAB 400MG	51	<i>prednisone oral soln 5 mg/5ml</i>	81
POTIGA TAB 50MG	51	<i>prednisone tab 1 mg</i>	81
<i>povidone/iod sol 10%</i>	135	<i>prednisone tab 10 mg</i>	81
<i>povidone-iod sol 10%</i>	135	<i>prednisone tab 2.5 mg</i>	81
<i>povidone-iodine oint 10%</i>	135	<i>prednisone tab 20 mg</i>	81
<i>povidone-iodine soln 10%</i>	135	<i>prednisone tab 5 mg</i>	81
PRADAXA CAP 110MG.....	98	<i>prednisone tab 50 mg</i>	81
PRADAXA CAP 150MG.....	98	<i>prednisone tab therapy pack 10 mg (21)</i>	81
PRADAXA CAP 75MG	98	<i>prednisone tab therapy pack 10 mg (48)</i>	81
PRALUENT INJ 150MG/ML	38	.....	81
PRALUENT INJ 75MG/ML.....	38	<i>prednisone tab therapy pack 5 mg (21)</i>	81
<i>pramipexole dihydrochloride tab 0.125 mg</i>	58	.....	81
<i>pramipexole dihydrochloride tab 0.25 mg</i>	58	<i>premasol sol 10%</i>	107
<i>pramipexole dihydrochloride tab 0.5 mg</i>	58	<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	117
		<i>prep h hc cre 1%</i>	133
		PRESERVISION CAP AREDS	117
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<i>prevalite pow 4gm</i>	38	PROMACTA TAB 25MG	101
<i>prevalite pow 4gm pk</i>	38	PROMACTA TAB 50MG	101
<i>previfem tab</i>	77	PROMACTA TAB 75MG	101
PREZCOBIX TAB 800-150	14	<i>promethazine hcl inj 25 mg/ml</i>	88
PREZISTA SUS 100MG/ML.....	13	<i>promethazine hcl inj 50 mg/ml</i>	88
PREZISTA TAB 150MG	13	<i>promethazine hcl suppos 12.5 mg</i>	88
PREZISTA TAB 600MG	13	<i>promethazine hcl suppos 25 mg</i>	88
PREZISTA TAB 75MG.....	13	<i>promethazine hcl suppos 50 mg</i>	88
PREZISTA TAB 800MG	13	<i>promethazine hcl syrup 6.25 mg/5ml..</i>	88
PRIFTIN TAB 150MG.....	15	<i>promethazine hcl tab 12.5 mg</i>	88
PRILOSEC OTC TAB 20MG.....	95	<i>promethazine hcl tab 25 mg</i>	88
PRIMAQUINE TAB 26.3MG.....	12	<i>promethazine hcl tab 50 mg</i>	88
<i>primidone tab 250 mg</i>	51	<i>promethegan sup 25mg</i>	88
<i>primidone tab 50 mg</i>	51	<i>promethegan sup 50mg</i>	88
PRISTIQ TAB 100MG	56	<i>propafenone hcl cap er 12hr 225 mg</i> ..	36
PRISTIQ TAB 25MG	56	<i>propafenone hcl cap er 12hr 325 mg</i> ..	36
PRISTIQ TAB 50MG	56	<i>propafenone hcl cap er 12hr 425 mg</i> ..	36
PRIVIGEN INJ 10GRAMS	103	<i>propafenone hcl tab 150 mg</i>	36
PRIVIGEN INJ 20GRAMS	103	<i>propafenone hcl tab 225 mg</i>	36
PRIVIGEN INJ 40GRAMS	103	<i>propafenone hcl tab 300 mg</i>	36
PRIVIGEN INJ 5 GRAMS	103	<i>proparacaine hcl ophth soln 0.5%</i>	122
<i>probenecid tab 500 mg</i>	1	<i>propranolol & hydrochlorothiazide tab</i>	
PROCALAMINE INJ 3%.....	107	<i>40-25 mg</i>	39
<i>prochlorperazine edisylate inj 5 mg/ml</i>	88	<i>propranolol & hydrochlorothiazide tab</i>	
<i>prochlorperazine maleate tab 10 mg</i>		<i>80-25 mg</i>	39
<i>(base equivalent)</i>	88	<i>propranolol hcl cap er 24hr 120 mg</i>	40
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>propranolol hcl cap er 24hr 160 mg</i>	40
<i>equivalent)</i>	88	<i>propranolol hcl cap er 24hr 60 mg</i>	40
<i>prochlorperazine suppos 25 mg</i>	88	<i>propranolol hcl cap er 24hr 80 mg</i>	40
PROCRIT INJ 10000/ML	99	<i>propranolol hcl inj 1 mg/ml</i>	40
PROCRIT INJ 2000/ML	99	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	40
PROCRIT INJ 20000/ML	99	<i>propranolol hcl oral soln 40 mg/5ml</i> ...	40
PROCRIT INJ 3000/ML	99	<i>propranolol hcl tab 10 mg</i>	40
PROCRIT INJ 4000/ML	99	<i>propranolol hcl tab 20 mg</i>	40
PROCRIT INJ 40000/ML	99	<i>propranolol hcl tab 40 mg</i>	40
<i>procto-med cre hc 2.5%</i>	131	<i>propranolol hcl tab 60 mg</i>	40
<i>procto-pak cre 1%</i>	131	<i>propranolol hcl tab 80 mg</i>	40
<i>proctozone cre -hc 2.5%</i>	131	<i>propylthiouracil tab 50 mg</i>	84
PROFE CAP 180MG.....	100	PROQUAD INJ	105
PROGLYCEM SUS 50MG/ML	81	<i>prorenal +d tab</i>	117
PROGRAF CAP 0.5MG	104	<i>prorenal+d tab</i>	117
PROGRAF CAP 1MG	104	<i>prosight tab</i>	117
PROGRAF CAP 5MG	104	PROSOL INJ 20%	107
PROLASTIN-C INJ 1000MG.....	127	<i>protriptyline hcl tab 10 mg</i>	56
PROLENSA SOL 0.07%	122	<i>protriptyline hcl tab 5 mg</i>	56
PROLEUKIN INJ 22MU.....	26	<i>provil tab 200mg</i>	4
PROLIA SOL 60MG/ML	82	<i>pseudoephedrine hcl tab 30 mg</i>	126

PULMICORT INH 180MCG.....	128
PULMICORT INH 90MCG	128
PULMOZYME SOL 1MG/ML.....	127
PURIXAN SUS 20MG/ML.....	24
px antacid chw 1000mg.....	86
px fiber cap 0.52gm	92
px fiber tab 625mg	92
pyrazinamide tab 500 mg	15
pyridostigmine bromide tab 60 mg.....	67
pyridoxine hcl inj 100 mg/ml.....	117
pyridoxine hcl tab 100 mg.....	117
pyridoxine hcl tab 25 mg	117
pyridoxine hcl tab 50 mg	117

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qc allergy tab 10mg	124
qc antacid sus	86
qc antacid sus anti-gas.....	86
qc aspirin tab 325mg.....	2
qc child asa chw 81mg	2
qc childrens chw extra c	117
qc hydrocort cre 1%.....	133
qc ibuprofen tab 200mg.....	4
qc natural pow vegetabl.....	92
qc therin-m tab	117
q-dryl cap 25mg	124
q-dryl liq 12.5/5ml.....	124
qlearquil 24 tab 10mg	124
q-pap child sus 160/5ml	2
q-pap infant dro 80/0.8ml.....	2
q-pap liq 160/5ml	2
q-pap tab 325mg	2
q-pap tab 500mg	2
q-tussin dm syp 100-10/5.....	126
q-tussin sol 100/5ml	126
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quasense tab.....	77
quetiapine fumarate tab 100 mg	61
quetiapine fumarate tab 200 mg	61
quetiapine fumarate tab 25 mg.....	61
quetiapine fumarate tab 300 mg	61
quetiapine fumarate tab 400 mg	61
quetiapine fumarate tab 50 mg.....	61
quetiapine fumarate tab er 24hr 150 mg	61
quetiapine fumarate tab er 24hr 200 mg	61
quetiapine fumarate tab er 24hr 300 mg	61

quetiapine fumarate tab er 24hr 400 mg	61
quetiapine fumarate tab er 24hr 50 mg	61
quinapril hcl tab 10 mg	32
quinapril hcl tab 20 mg	32
quinapril hcl tab 40 mg	32
quinapril hcl tab 5 mg	32
quinapril-hydrochlorothiazide tab 10-12.5 mg	31
quinapril-hydrochlorothiazide tab 20-12.5 mg	31
quinapril-hydrochlorothiazide tab 20-25 mg	32
quinidine gluconate tab er 324 mg	36
quinidine sulfate tab 200 mg	36
quinidine sulfate tab 300 mg	36
quinine sulfate cap 324 mg	12

R

ra central tab -vite	117
ra fib lax pow 48.57%	92
ra hi cal tab 500-200	111
ra hi-cal/d tab 500mg	111
ra iron tab 325mg	100
ra one daily tab +iron	117
ra one daily tab energy	117
ra one daily tab multivit	117
ra oys shl/d tab 500mg	111
RABAVERT INJ	105
rabeprazole sodium ec tab 20 mg.....	95
raloxifene hcl tab 60 mg	82
ramipril cap 1.25 mg	32
ramipril cap 10 mg	32
ramipril cap 2.5 mg	32
ramipril cap 5 mg	32
RANEXA TAB 1000MG	44
RANEXA TAB 500MG	44
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	89
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	89
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	89
ranitidine hcl tab 150 mg	89
ranitidine hcl tab 300 mg	89
ranitidine hcl tab 75 mg	89
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rasagiline mesylate tab 0.5 mg (base	

<i>equiv</i>)58	REXULTI TAB 1MG..... 62
<i>rasagiline mesylate tab 1 mg (base equiv)</i>58	REXULTI TAB 2MG..... 62
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RECOMBIVA-HB INJ 40MCG/ML105	REYATAZ POW 50MG 13
<i>reeses med sus pinworm</i>10	<i>ribasphere cap 200mg</i> 16
<i>refresh lacr oin op</i>.....122	<i>ribasphere tab 200mg</i> 16
REGRANEX GEL 0.01% .....135	<i>ribasphere tab 400mg</i> 16
<i>reguloid cap 0.52gm</i> .....93	<i>ribasphere tab 600mg</i> 16
<i>reguloid pow 28.3%</i> .....93	<i>ribavirin cap 200 mg</i> 16
<i>reguloid pow 48.57%</i>93	<i>ribavirin tab 200 mg</i> 16
<i>reguloid pow 58.6%</i>93	<i>rifabutin cap 150 mg</i> 15
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RELISTOR INJ 12/0.6ML94	<i>rifampin cap 300 mg</i> 15
RELISTOR INJ 8/0.4ML94	<i>rifampin for inj 600 mg</i> 15
RELPAK TAB 20MG .....66	RIFATER TAB 15
RELPAK TAB 40MG .....66	<i>riluzole tab 50 mg</i> 67
<i>remedy cre antifung</i> .....131	<i>rimantadine hydrochloride tab 100 mg</i> 16
REMICADE INJ 100MG .....102	RINGER'S SOLUTION 109
REMODULIN INJ 10MG/ML .....45	RISACAL-D TAB 111
REMODULIN INJ 1MG/ML .....45	<i>risanoid tab plus</i> 117
REMODULIN INJ 2.5MG/ML .....45	RISPERDAL INJ 12.5MG 62
REMODULIN INJ 5MG/ML45	RISPERDAL INJ 25MG 62
<i>renal vitamn tab</i>117	RISPERDAL INJ 37.5MG 62
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REVELA PAK 2.4GM83	<i>risperidone orally disintegrating tab 0.25 mg</i> 62
REVELA TAB 800MG83	<i>risperidone orally disintegrating tab 0.5 mg</i> 62
<i>repaglinide tab 0.5 mg</i> .....73	<i>risperidone orally disintegrating tab 1 mg</i> 62
<i>repaglinide tab 1 mg</i>73	 62
<i>repaglinide tab 2 mg</i>73	<i>risperidone orally disintegrating tab 2 mg</i> 62
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RESCRIPTOR TAB 200MG13	<i>risperidone orally disintegrating tab 3 mg</i> 62
RESTASIS EMU 0.05%122	 62
RESTASIS MUL EMU 0.05% .....122	<i>risperidone orally disintegrating tab 4 mg</i> 62
RETROVIR INJ 10MG/ML .....13	 62
REVATIO SUS 10MG/ML.....45	<i>risperidone soln 1 mg/ml</i> 62
REVLIMID CAP 10MG.....103	<i>risperidone tab 0.25 mg</i> 62
REVLIMID CAP 15MG.....103	<i>risperidone tab 0.5 mg</i> 62
REVLIMID CAP 2.5MG.....103	<i>risperidone tab 1 mg</i> 62
REVLIMID CAP 20MG.....103	<i>risperidone tab 2 mg</i> 62
REVLIMID CAP 25MG.....103	<i>risperidone tab 3 mg</i> 62
REVLIMID CAP 5MG103	<i>risperidone tab 4 mg</i> 62
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RITUXAN INJ 500MG	26	<i>saline mist spr 0.65%</i>	127
RITUXAN INJ HYCELA	26	<i>saline nasal spr 0.65%</i>	127
<i>rivastigmine tartrate cap 1.5 mg</i>	52	<i>saline nasal spray 0.65%</i>	127
<i>rivastigmine tartrate cap 3 mg</i>	52	SANDIMMUNE SOL 100MG/ML	104
<i>rivastigmine tartrate cap 4.5 mg</i>	53	SANDOSTATIN KIT LAR 10MG	82
<i>rivastigmine tartrate cap 6 mg</i>	53	SANDOSTATIN KIT LAR 20MG	82
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	53	SANDOSTATIN KIT LAR 30MG	82
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	53	<i>sani-suppl sup adult</i>	93
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	53	<i>sani-suppl sup pediatri</i>	93
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 10 mg (base eq)</i>	66	SANTYL OIN 250/GM	135
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 5 mg (base eq)</i>	66	SAPHRIS SUB 10MG	62
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	66	SAPHRIS SUB 2.5MG	62
<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	66	SAPHRIS SUB 5MG	62
<i>robafen dm syp 100-10/5</i>	126	<i>sb allergy tab 10mg</i>	124
<i>robafen syp 100/5ml</i>	126	<i>sb antacid sus anti-gas</i>	86
<i>robitussin liq cgh/cong</i>	126	<i>sb antacid/ sus antigas</i>	86
<i>ropinirole hydrochloride tab 0.25 mg</i>	58	<i>sb aspirin tab 325mg</i>	2
<i>ropinirole hydrochloride tab 0.5 mg</i>	58	<i>sb bisacodyl tab 5mg ec</i>	93
<i>ropinirole hydrochloride tab 1 mg</i>	58	<i>sb bismuth sus 262/15ml</i>	86
<i>ropinirole hydrochloride tab 2 mg</i>	58	<i>sb cgh contr liq dm</i>	126
<i>ropinirole hydrochloride tab 3 mg</i>	58	<i>sb cgh contr syp 100/5ml</i>	126
<i>ropinirole hydrochloride tab 4 mg</i>	58	<i>sb child asa chw 81mg</i>	2
<i>ropinirole hydrochloride tab 5 mg</i>	58	<i>sb hydrocort cre 1%</i>	133
<i>rosadan cre 0.75%</i>	135	<i>sb hydrocort oin 1%</i>	133
<i>rosuvastatin calcium tab 10 mg</i>	37	<i>sb ibuprofen tab 200mg</i>	4
<i>rosuvastatin calcium tab 20 mg</i>	37	<i>sb laxative sup 10mg</i>	93
<i>rosuvastatin calcium tab 40 mg</i>	37	<i>sb milk magn sus</i>	93
<i>rosuvastatin calcium tab 5 mg</i>	37	<i>sb milk magn sus mint</i>	93
ROTARIX SUS	105	<i>sb saline spr 0.65%</i>	127
ROTATEQ SOL	105	<i>sb senna-lax tab 8.6mg</i>	93
<i>roweepra tab 1000mg</i>	51	<i>sb triple oin antibiot</i>	130
<i>roweepra tab 500mg</i>	51	<i>scopolamine td patch 72hr 1 mg/3days</i>	88
<i>roweepra tab 750mg</i>	51	<i>sea soft spr 0.65%</i>	127
RUBRACA TAB 200MG	26	<i>selegiline hcl cap 5 mg</i>	58
RUBRACA TAB 250MG	26	<i>selegiline hcl tab 5 mg</i>	58
RUBRACA TAB 300MG	26	<i>selenium sulfide lotion 2.5%</i>	131
<i>rulox sus</i>	86	SELZENTRY SOL 20MG/ML	13
RYDAPT CAP 25MG	28	SELZENTRY TAB 150MG	13
S		SELZENTRY TAB 25MG	13
SABRIL POW 500MG	51	SELZENTRY TAB 300MG	13
SABRIL TAB 500MG	51	SELZENTRY TAB 75MG	13
		<i>senexon liq 8.8mg/5</i>	93
		<i>senexon tab 8.6mg</i>	93
		<i>senexon-s tab 8.6-50mg</i>	93
		<i>senna lax tab 8.6mg</i>	93
		<i>senna plus tab 8.6-50mg</i>	93
		SENNALAX SYP	93

<i>senna tab 8.6mg</i>	93	SIRTURO TAB 100MG	15
<i>senna-lax tab 8.6mg</i>	93	SIVEXTRO INJ 200MG	10
<i>sennalax-s tab 8.6-50mg</i>	93	SIVEXTRO TAB 200MG	10
<i>senna-s tab 8.6-50mg</i>	93	<i>sleep aid tab 25mg</i>	69
<i>senna-tabs tab 8.6mg</i>	93	SLOW REL FE TAB 143MG CR	100
<i>senna-time s tab 8.6-50mg</i>	93	<i>sm acid redu tab 200mg</i>	90
<i>senna-time tab 8.6mg</i>	93	<i>sm all day tab allergy</i>	125
<i>senno tab 8.6mg</i>	93	<i>sm antacid sus advanced</i>	86
<i>sennosides syrup 8.8 mg/5ml</i>	93	<i>sm antibioti oin 500/gm</i>	130
<i>sennosides tab 8.6 mg</i>	93	<i>sm anti-diar tab 2mg</i>	86
<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>	93	<i>sm antifungl cre 2%</i>	131
SENSIPAR TAB 30MG	73	<i>sm aspirin chw 81mg</i>	3
SENSIPAR TAB 60MG	73	<i>sm aspirin tab 325mg</i>	3
SENSIPAR TAB 90MG	73	<i>sm aspirin tab 325mg ec</i>	3
<i>sentry tab</i>	117	<i>sm aspirin tab 81mg ec</i>	3
<i>sentry tab senior</i>	117	SM CALAMINE LOT	135
SEREVENT DIS AER 50MCG	125	<i>sm calcium/d tab 500-200</i>	111
<i>sertraline hcl oral conc 20 mg/ml</i>	56	<i>sm child asa chw 81mg</i>	3
<i>sertraline hcl tab 100 mg</i>	56	<i>sm clearlax pow</i>	93
<i>sertraline hcl tab 25 mg</i>	56	<i>sm complete tab</i>	117
<i>sertraline hcl tab 50 mg</i>	56	<i>sm complete tab adv form</i>	117
<i>sharobel tab 0.35mg</i>	77	<i>sm complete tab senior</i>	117
SIGNIFOR INJ 0.3MG/ML	82	<i>sm fiber pow 28.3%</i>	93
SIGNIFOR INJ 0.6MG/ML	82	<i>sm fiber pow 48.57%</i>	93
SIGNIFOR INJ 0.9MG/ML	82	<i>sm fiber pow 58.6%</i>	93
<i>silace liq 10mg/ml</i>	93	<i>sm folic acd tab 400mcg</i>	117
<i>silace syp 60/15ml</i>	93	<i>sm hair/skin tab /nails</i>	117
<i>siladryl alr liq 12.5/5ml</i>	124	<i>sm ibuprofen cap 200mg</i>	4
<i>sildenafil citrate tab 20 mg</i>	45	<i>sm ibuprofen tab 200mg</i>	4
SILENOR TAB 3MG	65	<i>sm iron tab 325mg</i>	100
SILENOR TAB 6MG	65	<i>sm laxative tab 5mg ec</i>	93
<i>siltuss das liq 100/5ml</i>	126	<i>sm multiple tab vit/iron</i>	118
<i>siltussin dm liq das</i>	126	<i>sm multiple tab vitamins</i>	118
<i>siltussin sa syp 100/5ml</i>	126	<i>sm nasal dec tab 30mg</i>	126
<i>siltussin-dm liq diabetic</i>	126	SM NICOTINE DIS 14MG/24H	69
<i>siltussin-dm liq max st</i>	126	SM NICOTINE DIS 21MG	69
<i>siltussin-dm syp alc free</i>	126	<i>sm nicotine gum 2mg</i>	69
SILVER SULFADIAZINE CREAM 1% ..	130	<i>sm nicotine gum 2mg mint</i>	69
SIMBRINZA SUS 1-0.2%	121	<i>sm nicotine gum 4mg</i>	69
<i>simvastatin tab 10 mg</i>	37	<i>sm nicotine gum 4mg mint</i>	69
<i>simvastatin tab 20 mg</i>	37	<i>sm nicotine loz 2mg mint</i>	69
<i>simvastatin tab 40 mg</i>	37	<i>sm nicotine loz 4mg mint</i>	69
<i>simvastatin tab 5 mg</i>	37	SM ONE DAILY TAB WOMENS	118
<i>simvastatin tab 80 mg</i>	37	<i>sm opti-vita tab</i>	118
<i>sirolimus tab 0.5 mg</i>	104	<i>sm pain rel cap 500mg</i>	3
<i>sirolimus tab 1 mg</i>	104	<i>sm triple oin antibiot</i>	130
<i>sirolimus tab 2 mg</i>	104	<i>sm tussin dm syp 100-10/5</i>	126
		<i>sm tussin syp 100/5ml</i>	126

<i>sm tussin syp dm</i>	126	<i>sotalol hcl tab 160 mg</i>	37
<i>sm vitamin e cap 400unit</i>	118	<i>sotalol hcl tab 240 mg</i>	37
<i>sod ferric gluc cmplx in sucrose iv soln</i>		<i>sotalol hcl tab 80 mg</i>	36
<i>12.5 mg/ml (fe eq)</i>	100	<i>SOVALDI TAB 400MG</i>	16
<i>sodium bicarbonate tab 325 mg</i>	86	<i>spectravite tab advanced</i>	118
<i>sodium bicarbonate tab 650 mg</i>	86	<i>spironolactone & hydrochlorothiazide tab</i>	
<i>sodium chloride hypertonic ophth oint</i>		<i>25-25 mg</i>	43
<i>5%</i>	122	<i>spironolactone tab 100 mg</i>	33
<i>sodium chloride hypertonic ophth soln</i>		<i>spironolactone tab 25 mg</i>	33
<i>5%</i>	122	<i>spironolactone tab 50 mg</i>	33
<i>SODIUM CHLORIDE INJ 0.45%</i>	109	<i>sprintec 28 tab 28 day</i>	77
<i>SODIUM CHLORIDE INJ 2.5 MEQ/ML</i>		<i>SPRITAM TAB 1000MG</i>	51
<i>(14.6%)</i>	106	<i>SPRITAM TAB 250MG</i>	51
<i>SODIUM CHLORIDE INJ 3%</i>	109	<i>SPRITAM TAB 500MG</i>	51
<i>SODIUM CHLORIDE INJ 5%</i>	109	<i>SPRITAM TAB 750MG</i>	51
<i>SODIUM CHLORIDE IRRIGATION SOLN</i>		<i>SPRYCEL TAB 100MG</i>	28
<i>0.9%</i>	135	<i>SPRYCEL TAB 140MG</i>	28
<i>SODIUM CHLORIDE IV SOLN 0.9%</i> ...	109	<i>SPRYCEL TAB 20MG</i>	28
<i>sodium chloride soln nebu 0.9%</i>	126	<i>SPRYCEL TAB 50MG</i>	28
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		<i>SPRYCEL TAB 70MG</i>	28
<i>mg/ml soln</i>	106	<i>SPRYCEL TAB 80MG</i>	28
<i>sodium phenylbutyrate oral powder 3</i>		<i>SSD CRE 1%</i>	130
<i>gm/teaspoonful</i>	79	<i>stavudine cap 15 mg</i>	13
<i>sodium phenylbutyrate tab 500 mg</i>	79	<i>stavudine cap 20 mg</i>	13
<i>sodium phosphates - enema</i>	93	<i>stavudine cap 30 mg</i>	13
<i>sodium polystyrene sulfonate oral susp</i>		<i>stavudine cap 40 mg</i>	13
<i>15 gm/60ml</i>	74	<i>stim laxat tab 5mg ec</i>	93
<i>sodium polystyrene sulfonate powder</i> ..	74	<i>STIMATE SOL 1.5MG/ML</i>	85
<i>sof-lax cap 100mg</i>	93	<i>STIVARGA TAB 40MG</i>	28
<i>SOLTAMOX SOL 10MG/5ML</i>	27	<i>stomach relf chw 262mg</i>	86
<i>soluble fib pow therapy</i>	93	<i>stomach relf sus 262/15ml</i>	86
<i>SOLU-CORTEF INJ 250MG</i>	81	<i>stomach relf sus 525/15ml</i>	86
<i>SOMATULINE INJ 120/.5ML</i>	82	<i>stool softnr cap 100mg</i>	93
<i>SOMATULINE INJ 60/0.2ML</i>	82	<i>stool softnr cap 240mg</i>	93
<i>SOMATULINE INJ 90/0.3ML</i>	82	<i>stool softnr cap 250mg</i>	94
<i>SOMAVERT INJ 10MG</i>	82	<i>stool softnr cap 50mg</i>	93
<i>SOMAVERT INJ 15MG</i>	82	<i>stool softnr tab 8.6-50mg</i>	94
<i>SOMAVERT INJ 20MG</i>	82	<i>STRATTERA CAP 100MG</i>	64
<i>SOMAVERT INJ 25MG</i>	82	<i>STRATTERA CAP 10MG</i>	64
<i>SOMAVERT INJ 30MG</i>	82	<i>STRATTERA CAP 18MG</i>	64
<i>sorine tab 120mg</i>	36	<i>STRATTERA CAP 25MG</i>	64
<i>sorine tab 160mg</i>	36	<i>STRATTERA CAP 40MG</i>	64
<i>sorine tab 240mg</i>	36	<i>STRATTERA CAP 60MG</i>	64
<i>sorine tab 80mg</i>	36	<i>STRATTERA CAP 80MG</i>	64
<i>sotalol hcl (afib/afl) tab 120 mg</i>	36	<i>streptomycin sulfate for inj 1 gm</i>	8
<i>sotalol hcl (afib/afl) tab 160 mg</i>	36	<i>stress 500 tab bcomp/zn</i>	118
<i>sotalol hcl (afib/afl) tab 80 mg</i>	36	<i>stress b/ tab zinc</i>	118
<i>sotalol hcl tab 120 mg</i>	37	<i>stress form tab /zinc</i>	118

<i>stress form/ tab zinc</i>	118
<i>stress formu tab</i>	118
<i>stress formu tab w/iron</i>	118
STRIBILD TAB	14
SUBOXONE MIS 12-3MG	70
SUBOXONE MIS 2-0.5MG	69
SUBOXONE MIS 4-1MG	69
SUBOXONE MIS 8-2MG	69
SUCRAID SOL 8500/ML	94
<i>sucralfate tab 1 gm</i>	94
<i>sudogest tab 30mg</i>	126
<i>sulfacetamide sodium lotion 10% (acne)</i>	129
<i>sulfacetamide sodium ophth oint 10%</i>	120
<i>sulfacetamide sodium ophth soln 10%</i>	120
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	119
<i>sulfadiazine tab 500mg</i>	8
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	10
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	10
<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	10
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	10
SULFAMYLON CRE 85MG/GM	130
SULFAMYLON PAK 5%	130
<i>sulfasalazine tab 500 mg</i>	90
<i>sulfasalazine tab delayed release 500 mg</i>	90
<i>sulindac tab 150 mg</i>	4
<i>sulindac tab 200 mg</i>	4
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	66
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	66
<i>sumatriptan succinate inj 6 mg/0.5ml</i> ..	66
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	66
<i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i>	66
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	66
<i>sumatriptan succinate solution cartridge</i> <i>6 mg/0.5ml</i>	66

<i>sumatriptan succinate solution prefilled</i> <i>syringe 6 mg/0.5ml</i>	66
<i>sumatriptan succinate tab 100 mg</i>	66
<i>sumatriptan succinate tab 25 mg</i>	66
<i>sumatriptan succinate tab 50 mg</i>	66
<i>super calciu tab 600mg</i>	111
<i>superplex-t tab</i>	118
<i>suphedrine tab 30mg</i>	126
SUPRAX CAP 400MG	18
<i>suprax chw 100mg</i>	18
<i>suprax chw 200mg</i>	18
SUPRAX SUS 500/5ML	18
SUPREP BOWEL SOL PREP KIT	94
<i>surgilube gel</i>	135
SUSTIVA CAP 200MG	13
SUSTIVA CAP 50MG	13
SUSTIVA TAB 600MG	13
SUTENT CAP 12.5MG	28
SUTENT CAP 25MG	28
SUTENT CAP 37.5MG	28
SUTENT CAP 50MG	28
SYLATRON KIT 200MCG	29
SYLATRON KIT 300MCG	29
SYLATRON KIT 600MCG	29
SYMBICORT AER 160-4.5	128
SYMBICORT AER 80-4.5	128
SYMLINPEN 60 INJ 1000MCG	71
SYMLNPEN 120 INJ 1000MCG	71
SYNAGIS INJ 100MG/ML	105
SYNAGIS INJ 50MG	105
SYNAREL SOL 2MG/ML	78
SYNERCID INJ 500MG	10
SYNRIBO INJ 3.5MG	29
SYNTHROID TAB 100MCG	84
SYNTHROID TAB 112MCG	84
SYNTHROID TAB 125MCG	84
SYNTHROID TAB 137MCG	84
SYNTHROID TAB 150MCG	84
SYNTHROID TAB 175MCG	84
SYNTHROID TAB 200MCG	84
SYNTHROID TAB 25MCG	84
SYNTHROID TAB 300MCG	84
SYNTHROID TAB 50MCG	84
SYNTHROID TAB 75MCG	84
SYNTHROID TAB 88MCG	84
SYPRINE CAP 250MG	74
T	
<i>tab-a-vite tab</i>	118

<i>tab-a-vite tab /iron</i>	118	TEGRETOL TAB 200MG	51
<i>tab-a-vite tab beta car</i>	118	TEGRETOL-XR TAB 100MG	51
<i>tab-a-vite tab maximum</i>	118	TEGRETOL-XR TAB 200MG	51
TABLOID TAB 40MG	24	TEGRETOL-XR TAB 400MG	51
<i>tacrolimus cap 0.5 mg</i>	104	<i>telmisartan tab 20 mg</i>	35
<i>tacrolimus cap 1 mg</i>	104	<i>telmisartan tab 40 mg</i>	35
<i>tacrolimus cap 5 mg</i>	104	<i>telmisartan tab 80 mg</i>	35
<i>tacrolimus oint 0.03%</i>	135	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>tacrolimus oint 0.1%</i>	135	<i>12.5 mg</i>	35
<i>tactinal tab 325mg</i>	3	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tactinal tab 500mg</i>	3	<i>12.5 mg</i>	35
TAFINLAR CAP 50MG	28	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
TAFINLAR CAP 75MG	28	<i>25 mg</i>	35
TAGRISSO TAB 40MG	28	<i>temazepam cap 15 mg</i>	65
TAGRISSO TAB 80MG	28	<i>temazepam cap 7.5 mg</i>	65
TAKE ACTION TAB 1.5MG	77	TENIVAC INJ 5-2LF	105
TAMIFLU SUS 6MG/ML	16	<i>terazosin hcl cap 1 mg</i>	33
<i>tamoxifen citrate tab 10 mg (base</i>		<i>terazosin hcl cap 10 mg</i>	33
<i>equivalent)</i>	27	<i>terazosin hcl cap 2 mg</i>	33
<i>tamoxifen citrate tab 20 mg (base</i>		<i>terazosin hcl cap 5 mg</i>	33
<i>equivalent)</i>	27	<i>terbinafine cre 1%</i>	131
<i>tamsulosin hcl cap 0.4 mg</i>	96	<i>terbinafine hcl cream 1%</i>	131
TANDEM CAP	100	<i>terbinafine hcl tab 250 mg</i>	11
TARCEVA TAB 100MG	28	<i>terbutaline sulfate inj 1 mg/ml</i>	125
TARCEVA TAB 150MG	28	<i>terbutaline sulfate tab 2.5 mg</i>	125
TARCEVA TAB 25MG	28	<i>terbutaline sulfate tab 5 mg</i>	125
TARGRETIN GEL 1%	135	<i>terconazole vaginal cream 0.4%</i>	97
<i>tarina fe tab 1/20</i>	77	<i>terconazole vaginal cream 0.8%</i>	97
TASIGNA CAP 150MG	28	<i>terconazole vaginal suppos 80 mg</i>	97
TASIGNA CAP 200MG	28	<i>testosterone cypionate im inj in oil 100</i>	
TAXOTERE INJ 80MG/4ML	25	<i>mg/ml</i>	70
<i>tazarotene cream 0.1%</i>	131	<i>testosterone cypionate im inj in oil 200</i>	
<i>tazicef inj 1gm</i>	18	<i>mg/ml</i>	70
<i>tazicef inj 2gm</i>	18	<i>testosterone enanthate im inj in oil 200</i>	
<i>tazicef inj 6gm</i>	18	<i>mg/ml</i>	70
TAZORAC CRE 0.05%	131	<i>testosterone td soln 30 mg/act</i>	70
TAZORAC CRE 0.1%	131	TET/DIP TOX INJ 2-2 LF	105
<i>taztia xt cap 120mg/24</i>	41	TETRABENAZINE TAB 12.5 MG	67
<i>taztia xt cap 180mg/24</i>	41	TETRABENAZINE TAB 25 MG	67
<i>taztia xt cap 240mg/24</i>	41	<i>texacort sol 2.5%</i>	133
<i>taztia xt cap 300mg/24</i>	42	<i>tgt antacid chw 1000mg</i>	86
<i>taztia xt cap 360mg/24</i>	42	<i>tgt nasal spr 0.65%</i>	127
<i>tears natura sol ii op</i>	122	<i>tgt wart liq remover</i>	135
<i>tears pure sol</i>	122	<i>th antacid chw 1000mg</i>	86
TECENTRIQ INJ 1200/20	26	<i>th calcium/d tab 600-400</i>	111
TEFLARO INJ 400MG	18	<i>th iron tab 65mg</i>	100
TEFLARO INJ 600MG	18	<i>th vision tab vitamins</i>	118
TEGRETOL SUS 100/5ML	51	THALOMID CAP 100MG	103

THALOMID CAP 150MG.....	103	<i>timolol maleate tab 20 mg</i>	40
THALOMID CAP 200MG.....	103	<i>timolol maleate tab 5 mg</i>	40
THALOMID CAP 50MG.....	103	<i>tioconazole oin 6.5% vag</i>	97
<i>theo-24 cap 100mg cr</i>	128	TIVICAY TAB 10MG.....	13
<i>theo-24 cap 200mg cr</i>	128	TIVICAY TAB 25MG.....	13
<i>theo-24 cap 300mg cr</i>	129	TIVICAY TAB 50MG.....	13
<i>theo-24 cap 400mg er</i>	129	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	68
<i>theophylline soln 80 mg/15ml</i>	129	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	68
<i>theophylline tab er 12hr 100 mg</i>	129	TOBRADEX OIN 0.3-0.1%	119
<i>theophylline tab er 12hr 200 mg</i>	129	TOBRADEX ST SUS 0.3-0.05.....	119
<i>theophylline tab er 12hr 300 mg</i>	129	<i>tobramycin nebu soln 300 mg/5ml</i>	8
<i>theophylline tab er 12hr 450 mg</i>	129	<i>tobramycin ophth soln 0.3%.....</i>	120
<i>theophylline tab er 24hr 400 mg</i>	129	<i>tobramycin sulfate for inj 1.2 gm</i>	8
<i>theophylline tab er 24hr 600 mg</i>	129	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	8
THERA BETA- TAB CAROTENE.....	118	<i>mg/ml) (base equiv).....</i>	8
THERA M PLUS TAB.....	118	<i>tobramycin sulfate inj 10 mg/ml (base</i>	8
<i>thera tab</i>	118	<i>equivalent)</i>	8
THERA TAB	118	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	8
<i>theradex-m tab</i>	118	<i>mg/ml) (base equiv).....</i>	8
<i>thera-m tab</i>	118	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	8
THERA-M TAB.....	118	<i>mg/ml) (base equiv).....</i>	8
THERAPEUTIC SOL.....	118	<i>tobramycin-dexamethasone ophth susp</i>	119
<i>therapeutic tab</i>	118	<i>0.3-0.1%</i>	119
<i>therapeutic- tab m</i>	118	TOBREX OIN 0.3% OP	120
<i>therems tab</i>	118	<i>tolterodine tartrate cap er 24hr 2 mg..</i>	96
THEREMS-M TAB.....	118	<i>tolterodine tartrate cap er 24hr 4 mg..</i>	96
<i>thiamine hcl inj 100 mg/ml</i>	118	<i>tolterodine tartrate tab 1 mg</i>	96
<i>thiamine hcl tab 100 mg</i>	118	<i>tolterodine tartrate tab 2 mg</i>	96
<i>thiamine hcl tab 50 mg.....</i>	118	<i>topiramate sprinkle cap 15 mg.....</i>	51
<i>thiamine mononitrate tab 100 mg</i>	118	<i>topiramate sprinkle cap 25 mg.....</i>	51
<i>thioridazine hcl tab 10 mg.....</i>	62	<i>topiramate tab 100 mg</i>	51
<i>thioridazine hcl tab 100 mg</i>	62	<i>topiramate tab 200 mg</i>	51
<i>thioridazine hcl tab 25 mg.....</i>	62	<i>topiramate tab 25 mg</i>	51
<i>thioridazine hcl tab 50 mg.....</i>	62	<i>topiramate tab 50 mg</i>	51
<i>thiothixene cap 1 mg.....</i>	62	<i>toposar inj 100/5ml.....</i>	30
<i>thiothixene cap 10 mg</i>	63	<i>toposar inj 1gm/50ml</i>	30
<i>thiothixene cap 2 mg.....</i>	63	<i>topotecan hcl for inj 4 mg</i>	30
<i>thiothixene cap 5 mg.....</i>	63	TOPOTECAN INJ 4MG/4ML.....	30
<i>tiagabine hcl tab 2 mg</i>	51	<i>toremide tab 10 mg</i>	43
<i>tiagabine hcl tab 4 mg</i>	51	<i>toremide tab 100 mg</i>	43
TIGECYCLINE INJ 50MG.....	10	<i>toremide tab 20 mg</i>	43
TIMOLOL MALEATE OPHTH GEL FORMING		<i>toremide tab 5 mg</i>	43
SOLN 0.25%	122	<i>total b/c tab</i>	118
TIMOLOL MALEATE OPHTH GEL FORMING		<i>total fiber pow</i>	94
SOLN 0.5%	122	TOUJEO SOLO INJ 300IU/ML	71
<i>timolol maleate ophth soln 0.25%.....</i>	122	TOVIAZ TAB 4MG	96
<i>timolol maleate ophth soln 0.5%</i>	122		
<i>timolol maleate tab 10 mg</i>	40		

TOVIAZ TAB 8MG.....	96	<i>triamterene & hydrochlorothiazide cap</i>	
TPN ELECTROL INJ.....	106	<i>37.5-25 mg</i>	43
TRACLEER TAB 125MG	45	<i>triamterene & hydrochlorothiazide tab</i>	
TRACLEER TAB 62.5MG	45	<i>37.5-25 mg</i>	43
TRADJENTA TAB 5MG.....	73	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tramadol hcl tab 50 mg</i>	5	<i>75-50 mg.....</i>	43
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triderm cre 0.1%</i>	133
<i>mg.....</i>	5	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>trandolapril tab 1 mg.....</i>	32	<i>equivalent).....</i>	63
<i>trandolapril tab 2 mg.....</i>	32	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>trandolapril tab 4 mg.....</i>	32	<i>equivalent).....</i>	63
<i>tranexamic acid iv soln 1000 mg/10ml</i>		<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>(100 mg/ml)</i>	101	<i>equivalent).....</i>	63
<i>tranexamic acid tab 650 mg.....</i>	101	<i>trifluoperazine hcl tab 5 mg (base</i>	
TRANSDERM-SC DIS 1.5MG	89	<i>equivalent).....</i>	63
<i>tranylcypromine sulfate tab 10 mg.....</i>	56	<i>trifluridine ophth soln 1%.....</i>	120
TRAVASOL INJ 10%	107	<i>trihexyphenidyl hcl elixir 0.4 mg/ml....</i>	58
TRAVATAN Z DRO 0.004%	122	<i>trihexyphenidyl hcl tab 2 mg</i>	58
<i>travel sick chw 25mg.....</i>	89	<i>trihexyphenidyl hcl tab 5 mg</i>	58
<i>travel sick tab 50mg.....</i>	89	<i>tri-legest tab fe.....</i>	77
<i>trazodone hcl tab 100 mg</i>	56	<i>tri-lo- tab sprintec</i>	77
<i>trazodone hcl tab 150 mg</i>	56	<i>trilyte sol</i>	94
<i>trazodone hcl tab 50 mg</i>	56	<i>trimethoprim tab 100 mg</i>	10
TREANDA INJ 100MG	23	<i>trimipramine maleate cap 100 mg.....</i>	56
TREANDA INJ 25MG	23	<i>trimipramine maleate cap 25 mg.....</i>	56
TRECATOR TAB 250MG.....	15	<i>trimipramine maleate cap 50 mg.....</i>	56
TRELSTAR MIX INJ 11.25MG	27	TRINESSA LO TAB.....	77
TRELSTAR MIX INJ 3.75MG	27	TRINESSA TAB.....	77
TRESIBA FLEX INJ 100UNIT	71	TRINTELLIX TAB 10MG	56
TRESIBA FLEX INJ 200UNIT	71	TRINTELLIX TAB 20MG	56
<i>tretinoin cap 10 mg.....</i>	29	TRINTELLIX TAB 5MG	56
<i>tretinoin cream 0.025%.....</i>	130	<i>triple antib oin</i>	130
<i>tretinoin cream 0.05%.....</i>	130	<i>triple antib oin max st.....</i>	130
<i>tretinoin cream 0.1%</i>	130	<i>triple antib oin plus</i>	130
TRETINOIN GEL 0.01%.....	130	<i>tri-previfem tab</i>	77
<i>tretinoin gel 0.025%</i>	130	TRISENOX SOL 10MG/10M	29
<i>triamcinolone acetonide cream 0.025%</i>		<i>tri-sprintec tab.....</i>	77
<i>.....</i>	133	TRIUMEQ TAB.....	14
<i>triamcinolone acetonide cream 0.1%.</i>	133	TRI-VI-SOL SOL.....	118
<i>triamcinolone acetonide cream 0.5%.</i>	133	<i>tri-vita sol</i>	118
<i>triamcinolone acetonide dental paste</i>		<i>trivora-28 tab</i>	77
<i>0.1%.....</i>	136	TRIXAICIN CRE 0.025%	135
<i>triamcinolone acetonide lotion 0.025%</i>		<i>trixaicin hp cre 0.075%.....</i>	135
<i>.....</i>	133	TROPHAMINE INJ 10%.....	107
<i>triamcinolone acetonide lotion 0.1%..</i>	133	<i>trospium chloride tab 20 mg</i>	96
<i>triamcinolone acetonide oint 0.025%.</i>	133	TRUE METRIX KIT AIR.....	136
<i>triamcinolone acetonide oint 0.1%</i>	133	TRUE METRIX KIT METER	136
<i>triamcinolone acetonide oint 0.5%</i>	133	TRUE METRIX TES GLUCOSE	136

TRULICITY INJ 0.75/0.5.....	71
TRULICITY INJ 1.5/0.5	71
TRUMENBA INJ	105
TRUSTEX LUBR MIS ASSORTED	77
TRUSTEX LUBR MIS BANANA.....	77
TRUSTEX LUBR MIS CHOC	77
TRUSTEX LUBR MIS COLA	77
TRUSTEX LUBR MIS COLORS.....	77
TRUSTEX LUBR MIS EX LARGE.....	77
TRUSTEX LUBR MIS EX STR	77
TRUSTEX LUBR MIS GRAPE	78
TRUSTEX LUBR MIS RIB/STUD	78
TRUSTEX LUBR MIS SPERMICI.....	78
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Your Extended Family.



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