

2020

Formulary

(List of Covered Drugs)

Ohio

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

Version 17

Updated: 12/01/2020

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

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

[MolinaHealthcare.com/Duals](https://www.MolinaHealthcare.com/Duals)

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) | 2020 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Molina Dual Options MyCare Ohio. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Molina Dual Options MyCare Ohio. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	3
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	3
B2. Does the Drug List ever change?	4
B3. What happens when there is a change to the Drug List?.....	4
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	5
B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?	6
B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	6
B7. How can you find a drug on the Drug List?.....	6
B8. What if the drug you want to take is not on the Drug List?.....	7
B9. What if you are a new Molina Dual Options MyCare Ohio member and can’t find your drug on the Drug List or have a problem getting your drug?	7
B10. Can you ask for an exception to cover your drug?.....	8
B11. How can you ask for an exception?.....	9
B12. How long does it take to get an exception?	9
B13. What are generic drugs?	9



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

B14. What are OTC drugs?	9
B15. Does Molina Dual Options MyCare Ohio cover non-drug OTC products?	9
B16. What is your copay?.....	10
B17. What are drug tiers?.....	10
C. List of Covered Drugs by Medical Condition	10
D. Index of Covered Drugs.....	207



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

A. Disclaimers

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

- ❖ Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 665-4623, servicio TTY al 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information.
- ❖ To get this document in a language other than English or in an alternate format, call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Care Manager for help with standing requests. To permanently change your preferred language or format with your county caseworker, call the Medicaid Hotline at (800) 324-8680, TTY: 711, Monday – Friday, 7 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m., local time to update your record with the preferred language.

B. 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.

B1. 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 12 are the drugs covered by Molina Dual Options MyCare Ohio. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options MyCare Ohio will cover all medically necessary drugs on the Drug List if:



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Molina Dual Options MyCare Ohio network pharmacy.
- Molina Dual Options MyCare Ohio may have additional steps to access certain drugs (see question B4 below)

You can also see an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals or call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options MyCare Ohio must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Molina Dual Options MyCare Ohio's up to date Drug List online at MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

B3. What happens when there is a change to the Drug List?



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know that. Please speak with your doctor to find an alternative that is safe for you.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 60-day supply of the drug after you ask for a refill.

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 from these changes. To learn more about exceptions, see question B10.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12-206. You can also get more information by visiting our web site at MolinaHealthcare.com/Duals. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. 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 questions B10-B12 for more information about exceptions.

B5. 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 12 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. 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**



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 12. 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.

B8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. If you learn that Molina Dual Options MyCare Ohio will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.

B9. What if you are a new Molina Dual Options MyCare Ohio member and can't find your drug on the Drug List or have a problem getting your drug?

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

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 60 days of medication.

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

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

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. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

- We will cover one 60 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options MyCare Ohio member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options MyCare Ohio.

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.

B10. Can you ask for an exception to cover your drug?

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

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



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

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

B11. 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. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. 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.

B13. What are generic drugs?

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

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

B14. What are OTC drugs?

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

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

B15. Does Molina Dual Options MyCare Ohio cover non-drug OTC products?

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

Examples of OTC non-drug products include *non-aspirin tab 325mg, cough syp 100/5ml*

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



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

B16. What is your copay?

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

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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

C. List of Covered Drugs by Medical Condition

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

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 207. The index alphabetically lists all drugs covered by Molina Dual Options MyCare Ohio.

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

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

Note: The * next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You can also read the Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA stands for Prior Authorization

QL stands for Quantity Limits

ST stands for Step Therapy Criteria

NM stands for Not available through mail-order

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

LA stands for Limited Access Drug

(*) stands for Non-Part D Drugs, or OTC items that are covered by Medicaid

NDS stands for Non-Extended Days Supply



If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your care manager, please call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. These calls are free. **For more information**, visit MolinaHealthcare.com/Duals.

MOLINA_OH_CY20_2T_MMP eff 12/01/2020

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

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0(1)	
<i>allopurinol tab 300 mg</i>	\$0(1)	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
COLCRYS TAB 0.6MG	\$0(2)	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	\$0(2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0(1)	

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0(3)	NM; *
<i>acephen sup 325mg</i>	\$0(3)	NM; *
<i>acephen sup 650mg</i>	\$0(3)	NM; *
<i>acetamin liq 500/15ml</i>	\$0(3)	NM; *
<i>acetamin tab 500mg</i>	\$0(3)	NM; *
<i>acetaminophe chw 160mg</i>	\$0(3)	NM; *
<i>acetaminophe tab 500mg</i>	\$0(3)	NM; *
<i>acetaminophen chew tab 160 mg</i>	\$0(3)	NM; *
<i>acetaminophen elixir 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0(3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0(3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab 500 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0(3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0(3)	NM; *
<i>acetaminophn sus 325mg</i>	\$0(3)	NM; *
<i>acetaminophn tab 500mg</i>	\$0(3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0(3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin 81 tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin adlt tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin chld chw 81mg</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; *
ASPIRIN SUP 300MG	\$0(3)	NM; *
ASPIRIN SUP 600MG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>aspirin tab delayed release 500 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 650 mg</i>	\$0(3)	NM; *
<i>bayer asa tab 325mg</i>	\$0(3)	NM; *
<i>bayer low tab 81mg ec</i>	\$0(3)	NM; *
<i>betatemp sus 160/5ml</i>	\$0(3)	NM; *
<i>child asa chw 81mg</i>	\$0(3)	NM; *
<i>child asa ls chw 81mg</i>	\$0(3)	NM; *
<i>childrens chw apap</i>	\$0(3)	NM; *
<i>chld pain rl tab 80mg</i>	\$0(3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0(3)	NM; *
<i>easy-melts tab 80mg</i>	\$0(3)	NM; *
<i>ecotrin low tab 81mg ec</i>	\$0(3)	NM; *
<i>ecotrin tab 325mg ec</i>	\$0(3)	NM; *
<i>ecepirin tab 325mg ec</i>	\$0(3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0(3)	NM; *
<i>enteric asa tab 325mg ec</i>	\$0(3)	NM; *
<i>eq aspirin tab 325mg ec</i>	\$0(3)	NM; *
FEVERALL INF SUP 80MG	\$0(3)	NM; *
<i>feverall sup 120mg</i>	\$0(3)	NM; *
<i>feverall sup 325mg</i>	\$0(3)	NM; *
<i>feverall sup 650mg</i>	\$0(3)	NM; *
<i>gnp acetamin tab 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0(3)	NM; *
<i>gnp aspirin tab 81mg ec</i>	\$0(3)	NM; *
<i>gnp aspirin tab 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>hm aspirin chw 81mg</i>	\$0(3)	NM; *
<i>hm aspirin tab 325mg</i>	\$0(3)	NM; *
<i>8 hour pain tab 650mg</i>	\$0(3)	NM; *
<i>kp aspirin tab 81mg ec</i>	\$0(3)	NM; *
<i>little remed liq 160/5ml</i>	\$0(3)	NM; *
<i>mapap apap liq 500/15ml</i>	\$0(3)	NM; *
<i>mapap cap 500mg</i>	\$0(3)	NM; *
<i>mapap child chw 80mg</i>	\$0(3)	NM; *
<i>mapap chw 160mg</i>	\$0(3)	NM; *
<i>mapap liq 160/5ml</i>	\$0(3)	NM; *
<i>mapap tab 325mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mapap tab 500mg</i>	\$0(3)	NM; *
<i>medi-tabs tab 500mg</i>	\$0(3)	NM; *
<i>menstrual tab pain rlf</i>	\$0(3)	NM; *
<i>non-asa jr tab 160mg</i>	\$0(3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0(3)	NM; *
<i>non-aspirin tab 325mg</i>	\$0(3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0(3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0(3)	NM; *
<i>nortemp sus 160/5ml</i>	\$0(3)	NM; *
NORTEMP SUS INFANTS	\$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 liq 160/5ml</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 relief tab 500mg/rr</i>	\$0(3)	NM; *
<i>pain relief tab 650mg</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>pain relieve tab 500mg/rr</i>	\$0(3)	NM; *
<i>pharbetol tab 325mg</i>	\$0(3)	NM; *
<i>pharbetol tab 500mg</i>	\$0(3)	NM; *
<i>px aspirin chw 81mg</i>	\$0(3)	NM; *
<i>px aspirin tab 325mg</i>	\$0(3)	NM; *
<i>qc apap 8 hr tab 650mg</i>	\$0(3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0(3)	NM; *
<i>qc aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>sb aspirin tab 325mg</i>	\$0(3)	NM; *
<i>sb child asa chw 81mg</i>	\$0(3)	NM; *
<i>shake ache tab 500mg</i>	\$0(3)	NM; *
<i>sm aspirin chw 81mg</i>	\$0(3)	NM; *
<i>sm aspirin tab 81mg ec</i>	\$0(3)	NM; *
<i>sm aspirin tab 325mg</i>	\$0(3)	NM; *
<i>sm aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>sm child asa chw 81mg</i>	\$0(3)	NM; *
<i>sm pain rel tab 500mg</i>	\$0(3)	NM; *
<i>sm pain rlvr tab 650mg</i>	\$0(3)	NM; *
<i>st joseph chw low 81mg</i>	\$0(3)	NM; *
<i>tactinal chw children</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tactinal tab 325mg</i>	\$0(3)	NM; *
<i>tactinal tab 500mg</i>	\$0(3)	NM; *
<i>tension tab 500-65mg</i>	\$0(3)	NM; *
<i>tgt acetamin tab 500mg</i>	\$0(3)	NM; *
<i>tgt aspirin chw 81mg</i>	\$0(3)	NM; *
<i>tgt aspirin chw child</i>	\$0(3)	NM; *
<i>tgt aspirin tab 81mg</i>	\$0(3)	NM; *
<i>tgt aspirin tab 325mg</i>	\$0(3)	NM; *
<i>v-r aspirin tab 500mg ec</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>advil jr st tab 100mg</i>	\$0(3)	NM; *
<i>advil jr str chw 100mg</i>	\$0(3)	NM; *
<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>ec-naproxen tab 375mg</i>	\$0(1)	
<i>ec-naproxen tab 500mg</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>flanax pain tab 220mg</i>	\$0(3)	NM; *
<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 ch sus 100/5ml</i>	\$0(3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibuprofen ib chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen js 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 tab 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0(1)	
<i>ibuprofen tab 600 mg</i>	\$0(1)	
<i>ibuprofen tab 800 mg</i>	\$0(1)	
<i>kls naproxen tab 220mg</i>	\$0(3)	NM; *
<i>ks ibuprofen cap 200mg</i>	\$0(3)	NM; *
<i>medi-profen sus 40mg/ml</i>	\$0(3)	NM; *
<i>mediproxen tab 220mg</i>	\$0(3)	NM; *
<i>meloxicam tab 7.5 mg</i>	\$0(1)	
<i>meloxicam tab 15 mg</i>	\$0(1)	
<i>nabumetone tab 500 mg</i>	\$0(1)	
<i>nabumetone tab 750 mg</i>	\$0(1)	
<i>naproxen dr tab 375mg</i>	\$0(1)	
<i>naproxen dr tab 500mg</i>	\$0(1)	
<i>naproxen sod cap 220mg</i>	\$0(3)	NM; *
<i>naproxen sod tab 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium cap 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	
<i>naproxen 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>px ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>px profen ib dro 50/1.25</i>	\$0(3)	NM; *
<i>px profen ib sus 100/5ml</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 100mg jr</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)	

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

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 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 (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0(2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0(2)	
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 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)	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0(2)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0(1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	\$0(1)	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0(2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0(2)	B/D

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	\$0(2)	QL (60 tabs / 30 days), PA
<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)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 10MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	\$0(2)	QL (60 tabs / 30 days), PA

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0(1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0(1)	
<i>neomycin sulfate tab 500 mg</i>	\$0(1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0(1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0(2)	NDS
SULFADIAZINE TAB 500MG	\$0(2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0(2)	NDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>albendazole tab 200 mg</i>	\$0(2)	NDS
ALINIA SUS 100/5ML	\$0(2)	NDS
ALINIA TAB 500MG	\$0(2)	NDS
<i>atovaquone susp 750 mg/5ml</i>	\$0(2)	NDS
<i>aztreonam for inj 1 gm</i>	\$0(1)	
<i>aztreonam for inj 2 gm</i>	\$0(1)	
CAYSTON INH 75MG	\$0(2)	NDS, 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)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0(1)	
<i>cvs pinworm sus 50mg/ml</i>	\$0(3)	NM; *
<i>dapsone tab 25 mg</i>	\$0(1)	
<i>dapsone tab 100 mg</i>	\$0(1)	
<i>daptomycin for iv soln 350 mg</i>	\$0(2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0(2)	NDS
EMVERM CHW 100MG	\$0(2)	NDS, QL (12 tabs / 365 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin tab 3 mg</i>	\$0(1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0(2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0(1)	
<i>linezolid tab 600 mg</i>	\$0(1)	
<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)	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0(2)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0(2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0(2)	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	\$0(1)	B/D
<i>pentamidine isethionate for soln 300 mg</i>	\$0(1)	
<i>pinworm med sus 144mg/ml</i>	\$0(3)	NM; *
PINWORM TAB MEDICINE	\$0(3)	NM; *
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>reeses med sus pinworm</i>	\$0(3)	NM; *
SIVEXTRO INJ 200MG	\$0(2)	NDS
SIVEXTRO TAB 200MG	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0(2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0(1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0(1)	QL (120 caps / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0(2)	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0(2)	NDS, B/D
AMBISOME INJ 50MG	\$0(2)	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0(1)	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	\$0(2)	NDS
<i>caspofungin acetate for iv soln 70 mg</i>	\$0(2)	NDS
<i>fluconazole for susp 10 mg/ml</i>	\$0(1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>fluconazole tab 50 mg</i>	\$0(1)	
<i>fluconazole tab 100 mg</i>	\$0(1)	
<i>fluconazole tab 150 mg</i>	\$0(1)	
<i>fluconazole tab 200 mg</i>	\$0(1)	
<i>flucytosine cap 250 mg</i>	\$0(2)	NDS
<i>flucytosine cap 500 mg</i>	\$0(2)	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0(1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0(1)	
<i>itraconazole cap 100 mg</i>	\$0(1)	PA
<i>ketoconazole tab 200 mg</i>	\$0(1)	PA
<i>miconazole sodium for iv soln 50 mg</i>	\$0(2)	NDS
<i>miconazole sodium for iv soln 100 mg</i>	\$0(2)	NDS
MYCAMINE INJ 50MG	\$0(2)	NDS
MYCAMINE INJ 100MG	\$0(2)	NDS
NOXAFIL SUS 40MG/ML	\$0(2)	NDS, QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>posaconazole tab delayed release 100 mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0(2)	NDS, PA
<i>voriconazole for susp 40 mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole tab 50 mg</i>	\$0(1)	
<i>voriconazole tab 200 mg</i>	\$0(2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl tab 250 mg</i>	\$0(1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0(1)	
PRIMAQUINE TAB 26.3MG	\$0(2)	
<i>quinine sulfate cap 324 mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0(1)	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0(1)	
APTIVUS CAP 250MG	\$0(2)	NDS
APTIVUS SOL	\$0(2)	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0(1)	
CRIXIVAN CAP 200MG	\$0(2)	
CRIXIVAN CAP 400MG	\$0(2)	
<i>didanosine delayed release capsule 200 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0(1)	
EDURANT TAB 25MG	\$0(2)	NDS
<i>efavirenz cap 50 mg</i>	\$0(1)	
<i>efavirenz cap 200 mg</i>	\$0(2)	NDS
<i>efavirenz tab 600 mg</i>	\$0(2)	NDS
<i>emtricitabine caps 200 mg</i>	\$0(1)	
EMTRIVA CAP 200MG	\$0(2)	
EMTRIVA SOL 10MG/ML	\$0(2)	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0(2)	NDS
FUZEON INJ 90MG	\$0(2)	NDS, NM
INTELENCE TAB 25MG	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INTELENCE TAB 100MG	\$0(2)	NDS
INTELENCE TAB 200MG	\$0(2)	NDS
INVIRASE TAB 500MG	\$0(2)	NDS
ISENTRESS CHW 25MG	\$0(2)	
ISENTRESS CHW 100MG	\$0(2)	NDS
ISENTRESS HD TAB 600MG	\$0(2)	NDS
ISENTRESS POW 100MG	\$0(2)	
ISENTRESS TAB 400MG	\$0(2)	NDS
<i>lamivudine oral soln 10 mg/ml</i>	\$0(1)	
<i>lamivudine tab 150 mg</i>	\$0(1)	
<i>lamivudine tab 300 mg</i>	\$0(1)	
LEXIVA SUS 50MG/ML	\$0(2)	
<i>nevirapine susp 50 mg/5ml</i>	\$0(1)	
<i>nevirapine tab 200 mg</i>	\$0(1)	
<i>nevirapine tab er 24hr 100 mg</i>	\$0(1)	
<i>nevirapine tab er 24hr 400 mg</i>	\$0(1)	
NORVIR POW 100MG	\$0(2)	
NORVIR SOL 80MG/ML	\$0(2)	
PIFELTRO TAB 100MG	\$0(2)	NDS
PREZISTA SUS 100MG/ML	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ POW 50MG	\$0(2)	NDS
<i>ritonavir tab 100 mg</i>	\$0(1)	
RUKOBIA TAB 600MG ER	\$0(2)	NDS
SELZENTRY SOL 20MG/ML	\$0(2)	NDS
SELZENTRY TAB 25MG	\$0(2)	
SELZENTRY TAB 75MG	\$0(2)	NDS
SELZENTRY TAB 150MG	\$0(2)	NDS
SELZENTRY TAB 300MG	\$0(2)	NDS
<i>stavudine cap 15 mg</i>	\$0(1)	
<i>stavudine cap 20 mg</i>	\$0(1)	
<i>stavudine cap 30 mg</i>	\$0(1)	
<i>stavudine cap 40 mg</i>	\$0(1)	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0(1)	
TIVICAY PD TAB 5MG	\$0(2)	
TIVICAY TAB 10MG	\$0(2)	
TIVICAY TAB 25MG	\$0(2)	NDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIVICAY TAB 50MG	\$0(2)	NDS
TROGARZO INJ 150MG/ML	\$0(2)	NDS, LA
TYBOST TAB 150MG	\$0(2)	
VIRACEPT TAB 250MG	\$0(2)	NDS
VIRACEPT TAB 625MG	\$0(2)	NDS
VIREAD POW 40MG/GM	\$0(2)	NDS
VIREAD TAB 150MG	\$0(2)	NDS
VIREAD TAB 200MG	\$0(2)	NDS
VIREAD TAB 250MG	\$0(2)	NDS
<i>zidovudine cap 100 mg</i>	\$0(1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0(1)	
<i>zidovudine tab 300 mg</i>	\$0(1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0(1)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0(2)	NDS
ATRIPLA TAB	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200-25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
KALETRA TAB 100-25MG	\$0(2)	
KALETRA TAB 200-50MG	\$0(2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	
ODEFSEY TAB	\$0(2)	NDS
PREZCOBIX TAB 800-150	\$0(2)	NDS
STRIBILD TAB	\$0(2)	NDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMFI LO TAB	\$0(2)	NDS
SYMFI TAB	\$0(2)	NDS
SYMTUZA TAB	\$0(2)	NDS
TEMIXYS TAB 300-300	\$0(2)	NDS
TRIUMEQ TAB	\$0(2)	NDS
TRUVADA TAB 100-150	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 133-200	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0(2)	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	\$0(2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0(1)	
<i>ethambutol hcl tab 400 mg</i>	\$0(1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0(1)	
<i>isoniazid tab 100 mg</i>	\$0(1)	
<i>isoniazid tab 300 mg</i>	\$0(1)	
PASER GRA 4GM	\$0(2)	
PRIFTIN TAB 150MG	\$0(2)	
<i>pyrazinamide tab 500 mg</i>	\$0(1)	
<i>rifabutin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 300 mg</i>	\$0(1)	
<i>rifampin for inj 600 mg</i>	\$0(1)	
SIRTURO TAB 20MG	\$0(2)	NDS, LA, PA
SIRTURO TAB 100MG	\$0(2)	NDS, LA, PA
TRECTOR TAB 250MG	\$0(2)	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	\$0(1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0(1)	
<i>acyclovir tab 400 mg</i>	\$0(1)	
<i>acyclovir tab 800 mg</i>	\$0(1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0(2)	NDS
BARACLUDE SOL	\$0(2)	NDS
<i>entecavir tab 0.5 mg</i>	\$0(1)	
<i>entecavir tab 1 mg</i>	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 PAK	\$0(2)	NDS, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0(1)	QL (1080 mL / year)
PEGASYS INJ	\$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0(2)	NDS, NM, PA
PEGASYS INJ PROCLICK	\$0(2)	NDS, NM, PA
RELENZA MIS DISKHALE	\$0(2)	QL (6 inhalers / year)
<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)	
<i>valacyclovir hcl tab 1 gm</i>	\$0(1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0(1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0(2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0(2)	NDS
VEMLIDY TAB 25MG	\$0(2)	NDS
VOSEVI TAB	\$0(2)	NDS, NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0(1)	
<i>cefaclor cap 500 mg</i>	\$0(1)	
CEFACLOR ER TAB 500MG	\$0(2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0(1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0(1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0(1)	
<i>cefadroxil cap 500 mg</i>	\$0(1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0(1)	
<i>cefadroxil tab 1 gm</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 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>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 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<i>tazicef inj 1gm</i>	\$0(1)	
<i>tazicef inj 2gm</i>	\$0(1)	
<i>tazicef inj 6gm</i>	\$0(1)	
TEFLARO INJ 400MG	\$0(2)	NDS
TEFLARO INJ 600MG	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID TAB 200MG	\$0(2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0(1)	
<i>ery-tab tab 333mg ec</i>	\$0(1)	
<i>ery-tab tab 500mg ec</i>	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
<i>erythrocin tab 250mg</i>	\$0(1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0(1)	
<i>erythromycin tab 250 mg</i>	\$0(1)	
<i>erythromycin tab 500 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0(1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (10%) SUS 500MG/5	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin tab 250 mg</i>	\$0(1)	
<i>levofloxacin tab 500 mg</i>	\$0(1)	
<i>levofloxacin tab 750 mg</i>	\$0(1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin cap 500 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0(1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0(1)	
BICILLIN L-A INJ 600000	\$0(2)	
BICILLIN L-A INJ 1200000	\$0(2)	
BICILLIN L-A INJ 2400000	\$0(2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0(1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0(1)	
NAFCILLIN INJ 10GM	\$0(2)	
<i>nafcillin sodium for inj 1 gm</i>	\$0(1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0(2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0(2)	NDS
PEN G PROC INJ 600000	\$0(2)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0(1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium tab 250 mg</i>	\$0(1)	
<i>penicillin v potassium tab 500 mg</i>	\$0(1)	
<i>piperacillin 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
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	\$0(1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)	
<i>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)	
<i>tetracycline hcl cap 250 mg</i>	\$0(1)	
<i>tetracycline hcl cap 500 mg</i>	\$0(1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1GM	\$0(2)	NDS, B/D
CYCLOPHOSPHA INJ 500MG	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	\$0(2)	NDS, B/D, NM
EMCYT CAP 140MG	\$0(2)	
GLEOSTINE CAP 10MG	\$0(2)	
GLEOSTINE CAP 40MG	\$0(2)	NDS
GLEOSTINE CAP 100MG	\$0(2)	NDS
LEUKERAN TAB 2MG	\$0(2)	NDS
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0(2)	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0(1)	B/D
ANTIMETABOLITES		
ALIMTA INJ 100MG	\$0(2)	NDS, B/D
ALIMTA INJ 500MG	\$0(2)	NDS, B/D
<i>azacitidine for inj 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0(1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0(1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0(1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0(1)	B/D
ONUREG TAB 200MG	\$0(2)	NDS, LA, PA
ONUREG TAB 300MG	\$0(2)	NDS, LA, PA
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0(2)	NDS, B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DOCETAXEL INJ 20MG/2ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/4ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/8ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 160/8ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 160/16ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 200/10	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0(2)	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0(1)	B/D, NM
TAXOTERE INJ 80MG/4ML	\$0(2)	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<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, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0(1)	B/D, NM
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0(2)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	\$0(2)	NDS, NM, PA
DAURISMO TAB 25MG	\$0(2)	NDS, NM, LA, PA
DAURISMO TAB 100MG	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	\$0(2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0(2)	NDS, NM, LA, PA
FARYDAK CAP 20MG	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 440MG	\$0(2)	NDS, NM, PA
HERZUMA INJ 150MG	\$0(2)	NDS, PA
HERZUMA INJ 420MG	\$0(2)	NDS, PA
IBRANCE CAP 75MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IDHIFA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	\$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	\$0(2)	NDS, PA
KANJINTI SOL 150MG	\$0(2)	NDS, PA
KEYTRUDA INJ 100MG/4M	\$0(2)	NDS, NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI TAB 200DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 400DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 600DOSE	\$0(2)	NDS, NM, PA
LYNPARZA TAB 100MG	\$0(2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	\$0(2)	NDS, NM, LA, PA
MVASI INJ 100MG	\$0(2)	NDS, LA, PA
MVASI INJ 400MG	\$0(2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 4MG	\$0(2)	NDS, NM, PA
ODOMZO CAP 200MG	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 150MG	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT INJ 150MG	\$0(2)	NDS, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, PA
PHEGO SOL	\$0(2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	\$0(2)	NDS, NM, LA, PA
RUXIENCE INJ 100/10ML	\$0(2)	NDS, NM, PA
RUXIENCE INJ 500/50ML	\$0(2)	NDS, NM, PA
TALZENNA CAP 0.25MG	\$0(2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, LA, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUXIMA INJ 100/10ML	\$0(2)	NDS, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, PA
VELCADE INJ 3.5MG	\$0(2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0(2)	LA, PA
VENCLEXTA TAB 50MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB 100MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 200MG	\$0(2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	\$0(2)	NDS, LA, PA
ZIRABEV INJ 100/4ML	\$0(2)	NDS, PA
ZIRABEV INJ 400/16ML	\$0(2)	NDS, PA
ZOLINZA CAP 100MG	\$0(2)	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
DEPO-PROVERA INJ 400/ML	\$0(2)	B/D
ERLEADA TAB 60MG	\$0(2)	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	\$0(1)	
<i>flutamide cap 125 mg</i>	\$0(1)	
<i>fulvestrant inj 250 mg/5ml</i>	\$0(2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0(2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0(2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0(2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0(2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XTANDI CAP 40MG	\$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0(2)	NDS, NM, LA, PA
<i>IMMUNOMODULATORS</i>		
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	\$0(2)	NDS, NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TAB 3MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 4MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 5MG	\$0(2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 500MG	\$0(2)	NDS, NM, PA
BRAFTOVI CAP 75MG	\$0(2)	NDS, LA, PA
BRUKINSA CAP 80MG	\$0(2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	\$0(2)	NDS, LA, PA
CAPRELSA TAB 100MG	\$0(2)	NDS, LA, PA
CAPRELSA TAB 300MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 60MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, LA, PA
COPIKTRA CAP 15MG	\$0(2)	NDS, LA, PA
COPIKTRA CAP 25MG	\$0(2)	NDS, LA, PA
COTELLIC TAB 20MG	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0(2)	NDS, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 15MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0(2)	NDS, LA, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0(2)	NDS, LA, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	\$0(2)	NDS, LA, PA
IRESSA TAB 250MG	\$0(2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0(2)	NDS, NM, PA
LENVIMA CAP 4MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0(2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0(2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0(2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	\$0(2)	NDS, NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEMAZYRE TAB 4.5MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 9MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 13.5MG	\$0(2)	NDS, LA, PA
PIQRAY 200MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	\$0(2)	NDS, NM, PA
QINLOCK TAB 50MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 40MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 80MG	\$0(2)	NDS, LA, PA
ROZLYTREK CAP 100MG	\$0(2)	NDS, LA, PA
ROZLYTREK CAP 200MG	\$0(2)	NDS, LA, PA
RYDAPT CAP 25MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 20MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 50MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 70MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 80MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 100MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 140MG	\$0(2)	NDS, NM, PA
STIVARGA TAB 40MG	\$0(2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 37.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	\$0(2)	NDS, PA
TABRECTA TAB 200MG	\$0(2)	NDS, PA
TAFINLAR CAP 50MG	\$0(2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0(2)	NDS, NM, LA, PA
TAGRISSE TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TAGRISSE TAB 80MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0(2)	NDS, NM, PA
TASIGNA CAP 150MG	\$0(2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	\$0(2)	NDS, LA, PA
TUKYSA TAB 150MG	\$0(2)	NDS, LA, PA
TURALIO CAP 200MG	\$0(2)	NDS, LA, PA
TYKERB TAB 250MG	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	\$0(2)	NDS, NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITRAKVI SOL 20MG/ML	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	\$0(2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	\$0(2)	NDS, NM, LA, PA
XALKORI CAP 200MG	\$0(2)	NDS, NM, LA, PA
XALKORI CAP 250MG	\$0(2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	\$0(2)	NDS, LA, PA
ZELBORAF TAB 240MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	\$0(2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	\$0(2)	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0(2)	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
MATULANE CAP 50MG	\$0(2)	NDS, LA
SYLATRON KIT 200MCG	\$0(2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0(2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0(2)	NDS, PA
TAZVERIK TAB 200MG	\$0(2)	NDS, LA, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
XPOVIO PAK 40MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 60MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 80MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 100MG	\$0(2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	\$0(1)	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0(1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0(1)	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 inj 500 mg/50ml (10 mg/ml)</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)	
MESNEX TAB 400MG	\$0(2)	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (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
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lisinopril tab 10 mg</i>	\$0(1)	
<i>lisinopril tab 20 mg</i>	\$0(1)	
<i>lisinopril tab 30 mg</i>	\$0(1)	
<i>lisinopril tab 40 mg</i>	\$0(1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0(1)	
<i>moexipril hcl tab 15 mg</i>	\$0(1)	
<i>perindopril erbumine tab 2 mg</i>	\$0(1)	
<i>perindopril erbumine tab 4 mg</i>	\$0(1)	
<i>perindopril erbumine tab 8 mg</i>	\$0(1)	
<i>quinapril hcl tab 5 mg</i>	\$0(1)	
<i>quinapril hcl tab 10 mg</i>	\$0(1)	
<i>quinapril hcl tab 20 mg</i>	\$0(1)	
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	\$0(1)	
<i>eplerenone tab 50 mg</i>	\$0(1)	
<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)	
<i>doxazosin mesylate tab 2 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 4 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 8 mg</i>	\$0(1)	
<i>prazosin hcl cap 1 mg</i>	\$0(1)	
<i>prazosin hcl cap 2 mg</i>	\$0(1)	
<i>prazosin hcl cap 5 mg</i>	\$0(1)	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 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-amlodipine tab 40-5 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)	
<i>irbesartan tab 75 mg</i>	\$0(1)	
<i>irbesartan tab 150 mg</i>	\$0(1)	
<i>irbesartan tab 300 mg</i>	\$0(1)	
<i>losartan potassium tab 25 mg</i>	\$0(1)	
<i>losartan potassium tab 50 mg</i>	\$0(1)	
<i>losartan potassium tab 100 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 20 mg</i>	\$0(1)	
<i>telmisartan tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 40 mg</i>	\$0(1)	
<i>valsartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 160 mg</i>	\$0(1)	
<i>valsartan tab 320 mg</i>	\$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<i>disopyramide phosphate cap 150 mg</i>	\$0(2)	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0(1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0(1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0(1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0(1)	
<i>flecainide acetate tab 100 mg</i>	\$0(1)	
<i>flecainide acetate tab 150 mg</i>	\$0(1)	
MULTAQ TAB 400MG	\$0(2)	
NORPACE CAP 100MG CR	\$0(2)	
NORPACE CAP 150MG CR	\$0(2)	
<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 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 80 mg</i>	\$0(1)	
<i>sotalol hcl tab 120 mg</i>	\$0(1)	
<i>sotalol hcl tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 240 mg</i>	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0(1)	
<i>lovastatin tab 10 mg</i>	\$0(1)	
<i>lovastatin tab 20 mg</i>	\$0(1)	
<i>lovastatin tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 10 mg</i>	\$0(1)	
<i>pravastatin sodium tab 20 mg</i>	\$0(1)	
<i>pravastatin sodium tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 80 mg</i>	\$0(1)	
<i>rosuvastatin calcium tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0(1)	
<i>simvastatin tab 10 mg</i>	\$0(1)	
<i>simvastatin tab 20 mg</i>	\$0(1)	
<i>simvastatin tab 40 mg</i>	\$0(1)	
<i>simvastatin tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0(1)	
<i>fenofibrate tab 48 mg</i>	\$0(1)	
<i>fenofibrate tab 54 mg</i>	\$0(1)	
<i>fenofibrate tab 145 mg</i>	\$0(1)	
<i>fenofibrate tab 160 mg</i>	\$0(1)	
<i>gemfibrozil tab 600 mg</i>	\$0(1)	
JUXTAPID CAP 5MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0(2)	NDS, LA, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	\$0(1)	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 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)	
PRALUENT INJ 75MG/ML	\$0(2)	PA
PRALUENT INJ 150MG/ML	\$0(2)	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)	
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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
BYSTOLIC TAB 2.5MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	\$0(1)	
<i>carvedilol tab 6.25 mg</i>	\$0(1)	
<i>carvedilol tab 12.5 mg</i>	\$0(1)	
<i>carvedilol tab 25 mg</i>	\$0(1)	
<i>labetalol hcl tab 100 mg</i>	\$0(1)	
<i>labetalol hcl tab 200 mg</i>	\$0(1)	
<i>labetalol hcl tab 300 mg</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0(1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	\$0(1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0(1)	
<i>nadolol tab 20 mg</i>	\$0(1)	
<i>nadolol tab 40 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nadolol tab 80 mg</i>	\$0(1)	
<i>pindolol tab 5 mg</i>	\$0(1)	
<i>pindolol tab 10 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0(1)	
<i>propranolol hcl 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>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0(1)	

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 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)	NDS
NYMALIZE SOL	\$0(2)	NDS
NYMALIZE SOL 60/20ML	\$0(2)	NDS
<i>taztia xt cap 120mg/24</i>	\$0(1)	
<i>taztia xt cap 180mg/24</i>	\$0(1)	
<i>taztia xt cap 240mg/24</i>	\$0(1)	
<i>taztia xt cap 300mg er</i>	\$0(1)	
<i>taztia xt cap 360mg/24</i>	\$0(1)	
<i>tiadylt cap 120mg/24</i>	\$0(1)	
<i>tiadylt cap 180mg/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>tiadylt cap 240mg/24</i>	\$0(1)	
<i>tiadylt cap 300mg/24</i>	\$0(1)	
<i>tiadylt cap 360mg/24</i>	\$0(1)	
<i>tiadylt cap 420mg/24</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0(1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0(1)	
<i>verapamil hcl tab 40 mg</i>	\$0(1)	
<i>verapamil hcl tab 80 mg</i>	\$0(1)	
<i>verapamil hcl tab 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 180 mg</i>	\$0(1)	
<i>verapamil hcl tab er 240 mg</i>	\$0(1)	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	\$0(1)	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0(1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0(1)	PA; PA if 70 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 70 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>furosemide inj 10 mg/ml</i>	\$0(1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0(1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0(1)	
<i>furosemide tab 20 mg</i>	\$0(1)	
<i>furosemide tab 40 mg</i>	\$0(1)	
<i>furosemide tab 80 mg</i>	\$0(1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0(1)	
<i>indapamide tab 1.25 mg</i>	\$0(1)	
<i>indapamide tab 2.5 mg</i>	\$0(1)	
<i>methazolamide tab 25 mg</i>	\$0(1)	
<i>methazolamide tab 50 mg</i>	\$0(1)	
<i>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>toremide tab 5 mg</i>	\$0(1)	
<i>toremide tab 10 mg</i>	\$0(1)	
<i>toremide tab 20 mg</i>	\$0(1)	
<i>toremide 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>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	
CORLANOR SOL 5MG/5ML	\$0(2)	
CORLANOR TAB 5MG	\$0(2)	
CORLANOR TAB 7.5MG	\$0(2)	
DEMSER CAP 250MG	\$0(2)	NDS, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
NORTHERA CAP 100MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
<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 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)	
NITRO-BID OIN 2%	\$0(2)	
NITRO-DUR DIS 0.3MG/HR	\$0(2)	
NITRO-DUR DIS 0.8MG/HR	\$0(2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0(1)	

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

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

<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0(1)	
---	--------	--

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADEMPAS TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0(2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	\$0(2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	\$0(1)	
<i>bupirone hcl tab 7.5 mg</i>	\$0(1)	
<i>bupirone 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>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)	
<i>fluvoxamine maleate tab 50 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0(1)	
<i>lorazepam conc 2 mg/ml</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0(1)	
<i>lorazepam inj 4 mg/ml</i>	\$0(1)	
<i>lorazepam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTiom TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 400MG	\$0(2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0(2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0(2)	NDS, PA
BANZEL TAB 200MG	\$0(2)	NDS, PA
BANZEL TAB 400MG	\$0(2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0(2)	PA
BRIVIACT SOL 10MG/ML	\$0(2)	NDS, PA
BRIVIACT TAB 10MG	\$0(2)	NDS, PA
BRIVIACT TAB 25MG	\$0(2)	NDS, PA
BRIVIACT TAB 50MG	\$0(2)	NDS, PA
BRIVIACT TAB 75MG	\$0(2)	NDS, PA
BRIVIACT TAB 100MG	\$0(2)	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0(1)	
<i>carbamazepine chew tab 100 mg</i>	\$0(1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0(1)	
<i>carbamazepine tab 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0(1)	
CELONTIN CAP 300MG	\$0(2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0(1)	PA
<i>clobazam tab 10 mg</i>	\$0(1)	PA
<i>clobazam tab 20 mg</i>	\$0(1)	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0(1)	QL (90 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 (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0(1)	QL (90 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 (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0(1)	QL (180 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 conc 5 mg/ml</i>	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0(1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0(2)	
DILANTIN CAP 100MG	\$0(2)	
DILANTIN CHW 50MG	\$0(2)	
DILANTIN-125 SUS 125/5ML	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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)	
EPIDIOLEX SOL 100MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0(1)	
<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(2)	NDS
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
FINTEPLA SOL 2.2MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUS 0.5MG/ML	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<i>levetiracetam tab 500 mg</i>	\$0(1)	
<i>levetiracetam tab 750 mg</i>	\$0(1)	
<i>levetiracetam tab 1000 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0(1)	
NAYZILAM SPR 5MG	\$0(2)	
<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)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0(2)	PA; PA if 70 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 64.8 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	\$0(2)	
PHENYTEK CAP 300MG	\$0(2)	
<i>phenytoin chew tab 50 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0(1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0(1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0(1)	
<i>pregabalin cap 25 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0(1)	
<i>primidone tab 250 mg</i>	\$0(1)	
<i>roweeptra tab 500mg</i>	\$0(1)	
<i>roweeptra tab 750mg</i>	\$0(1)	
<i>roweeptra tab 1000mg</i>	\$0(1)	
<i>roweeptra xr tab 500mg xr</i>	\$0(1)	
<i>roweeptra xr tab 750mg xr</i>	\$0(1)	
SPRITAM TAB 250MG	\$0(2)	
SPRITAM TAB 500MG	\$0(2)	
SPRITAM TAB 750MG	\$0(2)	
SPRITAM TAB 1000MG	\$0(2)	
SYMPAZAN MIS 5MG	\$0(2)	PA
SYMPAZAN MIS 10MG	\$0(2)	NDS, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMPAZAN MIS 20MG	\$0(2)	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	\$0(1)	
<i>tiagabine hcl tab 4 mg</i>	\$0(1)	
<i>tiagabine hcl tab 12 mg</i>	\$0(1)	
<i>tiagabine hcl tab 16 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0(1)	
<i>topiramate tab 25 mg</i>	\$0(1)	
<i>topiramate tab 50 mg</i>	\$0(1)	
<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)	
VALTOCO LIQ 15MG	\$0(2)	
VALTOCO LIQ 20MG	\$0(2)	
VALTOCO SPR 5MG	\$0(2)	
VALTOCO SPR 10MG	\$0(2)	
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0(2)	NDS
VIMPAT SOL 10MG/ML	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	\$0(2)	NDS, QL (56 tabs / 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0(1)	
<i>zonisamide cap 50 mg</i>	\$0(1)	
<i>zonisamide cap 100 mg</i>	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0(1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0(1)	
<i>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)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0(1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0(2)	
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0(1)	QL (90 caps / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<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)	
<i>amitriptyline hcl tab 25 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0(2)	
<i>amoxapine tab 25 mg</i>	\$0(2)	
<i>amoxapine tab 50 mg</i>	\$0(2)	
<i>amoxapine tab 100 mg</i>	\$0(2)	
<i>amoxapine tab 150 mg</i>	\$0(2)	
<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)	
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0(1)	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0(1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0(1)	
<i>clomipramine hcl cap 25 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0(2)	PA
<i>desipramine hcl tab 10 mg</i>	\$0(2)	
<i>desipramine hcl tab 25 mg</i>	\$0(2)	
<i>desipramine hcl tab 50 mg</i>	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl tab 75 mg</i>	\$0(2)	
<i>desipramine hcl tab 100 mg</i>	\$0(2)	
<i>desipramine hcl tab 150 mg</i>	\$0(2)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	\$0(2)	
<i>doxepin hcl cap 25 mg</i>	\$0(2)	
<i>doxepin hcl cap 50 mg</i>	\$0(2)	
<i>doxepin hcl cap 75 mg</i>	\$0(2)	
<i>doxepin hcl cap 100 mg</i>	\$0(2)	
<i>doxepin hcl cap 150 mg</i>	\$0(2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0(2)	
DRIZALMA CAP 20MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	\$0(2)	QL (90 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0(1)	
FETZIMA CAP 20MG	\$0(2)	QL (60 caps / 30 days), PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP 40MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl cap 10 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0(1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0(1)	
<i>imipramine hcl tab 10 mg</i>	\$0(2)	
<i>imipramine hcl tab 25 mg</i>	\$0(2)	
<i>imipramine hcl tab 50 mg</i>	\$0(2)	
<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)	
<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)	
<i>mirtazapine tab 15 mg</i>	\$0(1)	
<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(2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0(2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0(2)	
<i>paroxetine hcl tab 10 mg</i>	\$0(2)	
<i>paroxetine hcl tab 20 mg</i>	\$0(2)	
<i>paroxetine hcl tab 30 mg</i>	\$0(2)	
<i>paroxetine hcl tab 40 mg</i>	\$0(2)	
PAXIL SUS 10MG/5ML	\$0(2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0(1)	
<i>protriptyline hcl tab 5 mg</i>	\$0(2)	
<i>protriptyline hcl tab 10 mg</i>	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0(1)	
<i>sertraline hcl tab 25 mg</i>	\$0(1)	
<i>sertraline hcl tab 50 mg</i>	\$0(1)	
<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)
<i>trimipramine maleate cap 50 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0(2)	QL (60 caps / 30 days)
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)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0(1)	
VIIBRYD KIT STARTER	\$0(2)	
VIIBRYD TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0(1)	
<i>amantadine hcl tab 100 mg</i>	\$0(1)	
APOKYN INJ 10MG/ML	\$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	\$0(1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0(2)	PA; PA if 70 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benztropine mesylate tab 2 mg</i>	\$0(2)	PA; PA if 70 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)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone tab 200 mg</i>	\$0(1)	
NEUPRO DIS 1MG/24HR	\$0(2)	
NEUPRO DIS 2MG/24HR	\$0(2)	
NEUPRO DIS 3MG/24HR	\$0(2)	
NEUPRO DIS 4MG/24HR	\$0(2)	
NEUPRO DIS 6MG/24HR	\$0(2)	
NEUPRO DIS 8MG/24HR	\$0(2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0(2)	NDS
CAPLYTA CAP 42MG	\$0(2)	QL (30 caps / 30 days)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0(1)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>chlorpromazine hcl tab 50 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0(1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0(1)	
<i>clozapine tab 50 mg</i>	\$0(1)	
<i>clozapine tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0(1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0(2)	PA
FANAPT TAB 1MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
GEODON INJ 20MG	\$0(2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0(1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0(1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0(1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0(1)	
<i>haloperidol tab 0.5 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>haloperidol tab 1 mg</i>	\$0(1)	
<i>haloperidol tab 2 mg</i>	\$0(1)	
<i>haloperidol tab 5 mg</i>	\$0(1)	
<i>haloperidol tab 10 mg</i>	\$0(1)	
<i>haloperidol tab 20 mg</i>	\$0(1)	
INVEGA SUST INJ 39/0.25	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0(2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	\$0(2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	\$0(2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	\$0(2)	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 80MG	\$0(2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0(2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0(1)	
<i>loxapine succinate cap 10 mg</i>	\$0(1)	
<i>loxapine succinate cap 25 mg</i>	\$0(1)	
<i>loxapine succinate cap 50 mg</i>	\$0(1)	
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	
<i>molindone hcl tab 25 mg</i>	\$0(1)	
NUPLAZID CAP 34MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	\$0(2)	NDS, QL (30 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 (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 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 (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0(1)	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)	
PERSERIS INJ 90MG	\$0(2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	\$0(2)	NDS, QL (1 injection / 30 days)
<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)	
<i>quetiapine fumarate tab 50 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 100 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 200 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 300 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 400 mg</i>	\$0(1)	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0(2)	NDS, QL (30 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 4MG	\$0(2)	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0(2)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0(1)	QL (60 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)	
<i>risperidone tab 0.25 mg</i>	\$0(1)	
<i>risperidone tab 1 mg</i>	\$0(1)	
<i>risperidone tab 2 mg</i>	\$0(1)	
<i>risperidone tab 3 mg</i>	\$0(1)	
<i>risperidone tab 4 mg</i>	\$0(1)	
SAPHRIS SUB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 5MG	\$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 10MG	\$0(2)	QL (60 tabs / 30 days)
SECUADO DIS 3.8MG	\$0(2)	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0(2)	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0(1)	
<i>thioridazine hcl tab 25 mg</i>	\$0(1)	
<i>thioridazine hcl tab 50 mg</i>	\$0(1)	
<i>thioridazine hcl tab 100 mg</i>	\$0(1)	
<i>thiothixene cap 1 mg</i>	\$0(1)	
<i>thiothixene cap 2 mg</i>	\$0(1)	
<i>thiothixene cap 5 mg</i>	\$0(1)	
<i>thiothixene cap 10 mg</i>	\$0(1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0(1)	
VERSACLOZ SUS 50MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
VRAYLAR CAP 1.5MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0(2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (90 caps / 30 days)
<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 (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (90 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>dexmethylphenidate hcl tab 2.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0(2)	PA; PA if 70 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)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>BELSOMRA TAB 5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 10MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 15MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 20MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone tab 1 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0(2)	NDS, LA, PA
<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>zaleplon cap 5 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

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

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>AIMOVIG INJ 70MG/ML</i>	\$0(2)	QL (1 pen / 30 days), PA
<i>AIMOVIG INJ 140MG/ML</i>	\$0(2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0(2)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>EMGALITY INJ 120MG/ML</i>	\$0(2)	QL (2 pens / 30 days), PA
<i>EMGALITY INJ 120MG/ML</i>	\$0(2)	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0(1)	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0(1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0(1)	QL (12 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 450 mg</i>	\$0(1)	
LITHIUM SOL 8MEQ/5ML	\$0(2)	
LYRICA CR TAB 82.5MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON INJ 0.3MG	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0(2)	NDS, NM, PA
GILENYA CAP 0.5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, 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 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	\$0(1)	
<i>dantrolene sodium cap 50 mg</i>	\$0(1)	
<i>dantrolene sodium cap 100 mg</i>	\$0(1)	
<i>methocarbamol tab 500 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	\$0(2)	PA; PA if 70 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>vanadom tab 350mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
---	--------	--

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acetamin pm tab 25-500mg</i>	\$0(3)	NM; *
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<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>cvs nicotine loz 4mg cinn</i>	\$0(3)	NM; *
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	\$0(3)	NM; *
<i>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	
<i>eazze pain tab 25-500mg</i>	\$0(3)	NM; *
<i>gnp nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>gnp nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>gnp nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0(3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine gum 4mg orig</i>	\$0(3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine loz mini 2mg</i>	\$0(3)	NM; *
<i>headache pm tab 25-500mg</i>	\$0(3)	NM; *
<i>headache pm tab 500-25mg</i>	\$0(3)	NM; *
<i>headache tab 25-500mg</i>	\$0(3)	NM; *
<i>hm nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>hm nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>hm nicotine dis 21mg/24h</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>hm nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>hm nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>hm nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>mapap pm tab 25-500mg</i>	\$0(3)	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0(1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0(1)	
<i>naltrexone hcl tab 50 mg</i>	\$0(1)	
NARCAN SPR	\$0(2)	
<i>nicorelief gum 2mg mint</i>	\$0(3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0(3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0(3)	NM; *
<i>nicotine gum 4mg</i>	\$0(3)	NM; *
<i>nicotine pol loz 4mg chry</i>	\$0(3)	NM; *
<i>nicotine pol loz 4mg mint</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td dis 14mg/24h</i>	\$0(3)	NM; *
<i>nicotine td dis 21mg/24h</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0(3)	NM; *
NICOTROL INH	\$0(2)	
NICOTROL NS SPR 10MG/ML	\$0(2)	
<i>night time tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relief tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relieve tab 25-500</i>	\$0(3)	NM; *
<i>pain relieve tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relievrr tab 25-500mg</i>	\$0(3)	NM; *
<i>sb non-asa tab 25-500mg</i>	\$0(3)	NM; *
<i>sm nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>sm nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>sm nicotine dis 21mg/24h</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>stop smoking loz 2mg mint</i>	\$0(3)	NM; *
<i>stop smoking loz 4mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>tgt nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>tgt nicotine dis 21mg/24h</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mg orig</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mgfruit</i>	\$0(3)	NM; *
<i>tgt nicotine gum 4mg</i>	\$0(3)	NM; *
<i>tgt nicotine gum 4mg orig</i>	\$0(3)	NM; *
<i>tgt nicotine loz 2mg chry</i>	\$0(3)	NM; *
<i>tgt nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine loz 4mg chry</i>	\$0(3)	NM; *
<i>tgt nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>thrive gum 2mg mint</i>	\$0(3)	NM; *
VIVITROL INJ 380MG	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0(2)	NDS, PA
ANDRODERM DIS 2MG/24HR	\$0(2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0(2)	QL (30 patches / 30 days), PA
<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 gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

BASAGLAR INJ 100UNIT	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
BD ULTRAFINE INSULIN SYRINGE	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BD ULTRAFINE/NANO PEN NEEDLES	\$0(2)	
BYDUREON BC INJ 2/0.85ML	\$0(2)	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	\$0(2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0(2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0(2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R INJ U-500	\$0(2)	NDS
HUMULIN R INJ U-500	\$0(2)	NDS, B/D
INSULIN PEN NEEDLE	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGE	\$0(2)	
LEVEMIR INJ	\$0(2)	
LEVEMIR INJ FLEXTOU	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0(2)	
NOVOLOG INJ FLEXPEN	\$0(2)	
NOVOLOG INJ PENFILL	\$0(2)	
NOVOLOG MIX INJ 70/30	\$0(2)	
NOVOLOG MIX INJ FLEXPEN	\$0(2)	
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$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)
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	\$0(2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0(2)	QL (3 pens / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose tab 25 mg</i>	\$0(1)	
<i>acarbose tab 50 mg</i>	\$0(1)	
<i>acarbose tab 100 mg</i>	\$0(1)	
FARXIGA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0(2)	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0(2)	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0(2)	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 (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 6 mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	\$0(2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide-metformin tab 5-500 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
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)
JARDIANCE TAB 10MG	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<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)
RYBELSUS TAB 3MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY XR TAB	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
<i>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</i>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	
<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)	
<i>alendronate sodium tab 40 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 30 mg</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0(2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	
<i>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM
<i>CHELATING AGENTS</i>		
CHEMET CAP 100MG	\$0(2)	
<i>clovique cap 250mg</i>	\$0(2)	NDS, PA
<i>deferasirox granules packet 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 180 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 360 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 180 mg</i>	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>deferasirox tab 360 mg</i>	\$0(2)	NDS, NM, PA
JADENU SPRKL GRA 90MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	\$0(2)	NDS, NM, LA, PA
JADENU TAB 180MG	\$0(2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	\$0(2)	
LOKELMA PAK 10GM	\$0(2)	
<i>penicillamine tab 250 mg</i>	\$0(2)	NDS
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0(1)	
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>trientine hcl cap 250 mg</i>	\$0(2)	NDS, PA
VELTASSA POW 8.4GM	\$0(2)	PA
VELTASSA POW 16.8GM	\$0(2)	PA
VELTASSA POW 25.2GM	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera tab 1.5mg</i>	\$0(3)	NM; *
<i>alyacen tab 1/35</i>	\$0(1)	
<i>amethia lo tab</i>	\$0(1)	
<i>amethia tab</i>	\$0(1)	
<i>apri tab</i>	\$0(1)	
<i>aranelle tab</i>	\$0(1)	
<i>ashlyna 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 24 tab fe 1/20</i>	\$0(1)	
<i>blisovi fe tab 1.5/30</i>	\$0(1)	
<i>briellyn tab</i>	\$0(1)	
<i>camila tab 0.35mg</i>	\$0(1)	
<i>camrese lo tab</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>dasetta tab 1/35</i>	\$0(1)	
<i>dasetta tab 7/7/7</i>	\$0(1)	
<i>deblitane tab 0.35mg</i>	\$0(1)	
<i>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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	NM; *
<i>econtra ez tab 1.5mg</i>	\$0(3)	NM; *
<i>econtra os tab 1.5mg</i>	\$0(3)	NM; *
ELLA TAB 30MG	\$0(2)	
<i>eluryng mis</i>	\$0(1)	
<i>emoquette tab</i>	\$0(1)	
<i>enpresse-28 tab</i>	\$0(1)	
<i>enskyce tab</i>	\$0(1)	
<i>errin tab 0.35mg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina tab</i>	\$0(1)	
<i>fayosim tab</i>	\$0(1)	
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>femynor tab 0.25-35</i>	\$0(1)	
<i>hailey 24 tab fe</i>	\$0(1)	
<i>heather tab 0.35mg</i>	\$0(1)	
<i>incassia tab 0.35mg</i>	\$0(1)	
<i>introvale tab</i>	\$0(1)	
<i>isibloom tab</i>	\$0(1)	
<i>jasmiel tab 3-0.02mg</i>	\$0(1)	
<i>jolivette tab 0.35mg</i>	\$0(1)	
<i>juleber tab</i>	\$0(1)	
<i>junel 1.5/30 tab</i>	\$0(1)	
<i>junel 1/20 tab</i>	\$0(1)	
<i>junel fe 24 tab 1/20</i>	\$0(1)	
<i>junel fe tab 1.5/30</i>	\$0(1)	
<i>junel fe tab 1/20</i>	\$0(1)	
<i>kaitlib fe chw</i>	\$0(1)	
<i>kariva tab 28 day</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kelnor 1/50 tab</i>	\$0(1)	
<i>kelnor tab 1/35</i>	\$0(1)	
<i>kurvelo tab 0.15/30</i>	\$0(1)	
<i>larin fe tab 1.5/30</i>	\$0(1)	
<i>larin fe tab 1/20</i>	\$0(1)	
<i>larin tab 1.5/30</i>	\$0(1)	
<i>larin tab 1/20</i>	\$0(1)	
<i>layolis fe chw</i>	\$0(1)	
<i>lessina tab</i>	\$0(1)	
<i>levonest tab</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora-28 tab 0.15/30</i>	\$0(1)	
<i>loryna tab 3-0.02mg</i>	\$0(1)	
<i>lutra tab</i>	\$0(1)	
<i>lyza tab 0.35mg</i>	\$0(1)	
<i>marlissa tab 0.15/30</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0(1)	
<i>melodetta chw 24 fe</i>	\$0(1)	
<i>mibelas 24 chw fe</i>	\$0(1)	
<i>mili tab 0.25/35</i>	\$0(1)	
<i>my choice tab 1.5mg</i>	\$0(3)	NM; *
<i>my way tab 1.5mg</i>	\$0(3)	NM; *
<i>necon tab 0.5/35</i>	\$0(1)	
<i>new day 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norethindrone tab 0.35 mg</i>	\$0(1)	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	\$0(1)	
<i>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)	
<i>opcicon tab 1.5mg</i>	\$0(3)	NM; *
<i>option 2 tab 1.5mg</i>	\$0(3)	NM; *
<i>orsythia tab</i>	\$0(1)	
<i>philith tab 0.4-35</i>	\$0(1)	
<i>pimtrea tab</i>	\$0(1)	
<i>pirmella tab 1/35</i>	\$0(1)	
<i>portia-28 tab</i>	\$0(1)	
<i>previfem tab</i>	\$0(1)	
<i>react tab 1.5mg</i>	\$0(3)	NM; *
<i>reclipsen tab</i>	\$0(1)	
<i>rivelsa tab</i>	\$0(1)	
<i>sharobel tab 0.35mg</i>	\$0(1)	
<i>sprintec 28 tab 28 day</i>	\$0(1)	
<i>take action tab 1.5mg</i>	\$0(3)	NM; *
<i>tarina 24 fe tab</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tarina fe tab 1/20</i>	\$0(1)	
<i>tri-estaryll tab</i>	\$0(1)	
<i>tri-legest tab fe</i>	\$0(1)	
<i>tri-lo- tab sprintec</i>	\$0(1)	
<i>tri-mili tab</i>	\$0(1)	
<i>tri-previfem tab</i>	\$0(1)	
<i>tri-sprintec tab</i>	\$0(1)	
<i>tri-vylibra tab</i>	\$0(1)	
<i>tri-vylibra tab lo</i>	\$0(1)	
<i>trivora-28 tab</i>	\$0(1)	
TRUSTEX/RIA MIS NON-LUB	\$0(3)	NM; *
<i>tulana tab 0.35mg</i>	\$0(1)	
<i>tydemy tab</i>	\$0(1)	
<i>velivet pak</i>	\$0(1)	
<i>vienva tab 0.1-20</i>	\$0(1)	
<i>viorele tab</i>	\$0(1)	
<i>vyfemla tab 0.4-35</i>	\$0(1)	
<i>vylibra tab 0.25-35</i>	\$0(1)	
<i>wymzya fe chw 0.4mg-35</i>	\$0(1)	
<i>zarah tab 3-0.03mg</i>	\$0(1)	
<i>zovia 1/35e tab</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	\$0(1)	
<i>danazol cap 100 mg</i>	\$0(1)	
<i>danazol cap 200 mg</i>	\$0(1)	
SYNAREL SOL 2MG/ML	\$0(2)	NDS, NM
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INJ 2.9MG/5M	\$0(2)	NDS, NM, LA, PA
CARBAGLU TAB 200MG	\$0(2)	NDS, LA, PA
CERDELGA CAP 84MG	\$0(2)	NDS, NM, PA
CEREZYME INJ 400UNIT	\$0(2)	NDS, NM, LA, PA
CYSTADANE POW	\$0(2)	NDS, LA
CYSTAGON CAP 50MG	\$0(2)	NM, LA, PA
CYSTAGON CAP 150MG	\$0(2)	NM, LA, PA
FABRAZYME INJ 5MG	\$0(2)	NDS, NM, LA, PA
FABRAZYME INJ 35MG	\$0(2)	NDS, NM, LA, PA
KUVAN POW 100MG	\$0(2)	NDS, NM, LA, PA
KUVAN POW 500MG	\$0(2)	NDS, NM, LA, PA
KUVAN TAB 100MG	\$0(2)	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0(1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0(1)	B/D
LUMIZYME INJ 50MG	\$0(2)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAGLAZYME INJ 1MG/ML	\$0(2)	NDS, NM, LA, PA
<i>nitisinone cap 2 mg</i>	\$0(2)	NDS, PA
<i>nitisinone cap 5 mg</i>	\$0(2)	NDS, PA
<i>nitisinone cap 10 mg</i>	\$0(2)	NDS, PA
NITYR TAB 2MG	\$0(2)	NDS, LA, PA
NITYR TAB 5MG	\$0(2)	NDS, LA, PA
NITYR TAB 10MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 2MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 5MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0(2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0(2)	NDS, LA, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0(2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0(2)	
<i>estradiol tab 0.5 mg</i>	\$0(2)	
<i>estradiol tab 1 mg</i>	\$0(2)	
<i>estradiol tab 2 mg</i>	\$0(2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0(2)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0(1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0(1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5-2.5</i>	\$0(2)	
<i>jinteli tab 1mg-5mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	

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

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>cortisone acetate tab 25 mg</i>	\$0(1)	
<i>DEXAMETHASON CON 1MG/ML</i>	\$0(2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0(1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone tab 0.5 mg</i>	\$0(1)	
<i>dexamethasone tab 0.75 mg</i>	\$0(1)	
<i>dexamethasone tab 1 mg</i>	\$0(1)	
<i>dexamethasone tab 1.5 mg</i>	\$0(1)	
<i>dexamethasone tab 2 mg</i>	\$0(1)	
<i>dexamethasone tab 4 mg</i>	\$0(1)	
<i>dexamethasone tab 6 mg</i>	\$0(1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0(1)	
<i>hydrocortisone tab 5 mg</i>	\$0(1)	
<i>hydrocortisone tab 10 mg</i>	\$0(1)	
<i>hydrocortisone tab 20 mg</i>	\$0(1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0(1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0(1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0(1)	B/D
PREDNISON CON 5MG/ML	\$0(2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0(1)	
SOLU-CORTEF INJ 100MG	\$0(2)	
SOLU-CORTEF INJ 250MG	\$0(2)	
SOLU-CORTEF INJ 500MG	\$0(2)	
SOLU-CORTEF INJ 1000MG	\$0(2)	
<i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i>		
BD GLUCOSE CHW 5GM	\$0(3)	NM; *
CVS GLUCOSE CHW FRUIT	\$0(3)	NM; *
CVS GLUCOSE CHW ORANGE	\$0(3)	NM; *
CVS GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
CVS GLUCOSE CHW TROP BLS	\$0(3)	NM; *
CVS GLUCOSE CHW TROPICAL	\$0(3)	NM; *
<i>cvs glucose gel 40%</i>	\$0(3)	NM; *
DEX4 CHW FRUIT	\$0(3)	NM; *
DEX4 CHW GRAPE	\$0(3)	NM; *
DEX4 CHW ORANGE	\$0(3)	NM; *
DEX4 CHW RASPBERR	\$0(3)	NM; *
DEX4 CHW RASPBERRY	\$0(3)	NM; *
DEX4 CHW SOUR APL	\$0(3)	NM; *
DEX4 CHW TROP FRT	\$0(3)	NM; *
DEX4 CHW WATERMLN	\$0(3)	NM; *
DEX4 GLUCOSE CHW	\$0(3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	\$0(3)	NM; *
DEX4 GLUCOSE GEL	\$0(3)	NM; *
DEX4 POUCH CHW PACK	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazoxide susp 50 mg/ml</i>	\$0(1)	
GLUCAGEN INJ HYPOKIT	\$0(2)	
GLUCAGON KIT 1MG	\$0(2)	
<i>gluco burst gel 40%</i>	\$0(3)	NM; *
GLUCOSE BITS CHW 1GM	\$0(3)	NM; *
GLUCOSE CHW 4-0.006	\$0(3)	NM; *
GLUCOSE CHW 4-.006GM	\$0(3)	NM; *
GLUCOSE CHW 4GM	\$0(3)	NM; *
GLUCOSE CHW FRUIT	\$0(3)	NM; *
GLUCOSE CHW GRAPE	\$0(3)	NM; *
GLUCOSE CHW ORANGE	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW RASPBRRY	\$0(3)	NM; *
GLUCOSE CHW TROP FRT	\$0(3)	NM; *
GLUCOSE CHW WATERMLN	\$0(3)	NM; *
<i>glucose drnk liq 15/59ml</i>	\$0(3)	NM; *
<i>glucose gel 40%</i>	\$0(3)	NM; *
GLUCOSE LIQ POMEGRAN	\$0(3)	NM; *
<i>glucose oral liquid 15 gm/59ml</i>	\$0(3)	NM; *
<i>glucose shot liq 15/59ml</i>	\$0(3)	NM; *
<i>glucose shot liq 15gm</i>	\$0(3)	NM; *
GNP GLUCOSE CHW GRAPE	\$0(3)	NM; *
GNP GLUCOSE CHW ORANGE	\$0(3)	NM; *
GNP GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GNP GLUCOSE CHW WATERMLN	\$0(3)	NM; *
GVOKE HYPO 2 INJ 1MG/.2ML	\$0(2)	
GVOKE HYPO 2 INJ .5/.1ML	\$0(2)	
GVOKE PFS INJ	\$0(2)	
HM GLUCOSE CHW ORANGE	\$0(3)	NM; *
HM GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
INSTA-GLUCOS GEL 77.4%	\$0(3)	NM; *
KROG GLUCOSE CHW GRAPE	\$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	\$0(3)	NM; *
KROG GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
KROG GLUCOSE CHW WATERMLN	\$0(3)	NM; *
PROGLYCEM SUS 50MG/ML	\$0(2)	
PX GLUCOSE CHW FRUIT	\$0(3)	NM; *
PX GLUCOSE CHW ORANGE	\$0(3)	NM; *
PX GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
PX GLUCOSE CHW SOUR APL	\$0(3)	NM; *
QUICK DISSOL CHW GLUCOSE	\$0(3)	NM; *
RA GLUCOSE CHW GRAPE	\$0(3)	NM; *
RA GLUCOSE CHW ORANGE	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RA GLUCOSE CHW TROP FRT	\$0(3)	NM; *
<i>ra glucose gel</i>	\$0(3)	NM; *
RELION GLUCO CHW 4GM	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SM GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
SM GLUCOSE CHW SOUR APP	\$0(3)	NM; *
SMART SENSE CHW 4GM	\$0(3)	NM; *
TGT GLUCOSE CHW GRAPE	\$0(3)	NM; *
TGT GLUCOSE CHW ORANGE	\$0(3)	NM; *
TGT GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
TRUEPLS GLUC GEL 15/32ML	\$0(3)	NM; *
UP&UP CHW GRAPE	\$0(3)	NM; *
UP&UP CHW ORANGE	\$0(3)	NM; *
UP&UP CHW RASPBERRY	\$0(3)	NM; *
VP GLUCOSE CHW FRUIT	\$0(3)	NM; *
VP GLUCOSE CHW GRAPE	\$0(3)	NM; *
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0(1)	B/D
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
FORTEO SOL 600/2.4	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	\$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0(2)	NDS, NM, LA, PA
KORLYM TAB 300MG	\$0(2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NATPARA INJ 25MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 50MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 75MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 100MCG	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
OSPHENA TAB 60MG	\$0(2)	PA
PROLIA SOL 60MG/ML	\$0(2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	
SIGNIFOR INJ 0.3MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0(2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	\$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	\$0(2)	NDS, NM, LA, PA
TYMLOS INJ	\$0(2)	NDS, NM, PA
XGEVA INJ	\$0(2)	NDS, NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	\$0(2)	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	\$0(2)	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	\$0(1)	QL (540 tabs / 30 days)

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

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

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

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

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)	NM
<i>desmopressin acetate tab 0.2 mg</i>	\$0(1)	NM
STIMATE SOL 1.5MG/ML	\$0(2)	NDS, NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone chw</i>	\$0(3)	NM; *
<i>acid gone sus</i>	\$0(3)	NM; *
<i>advanced sus antacid</i>	\$0(3)	NM; *
<i>almacone dbl sus strength</i>	\$0(3)	NM; *
<i>almacone sus</i>	\$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0(3)	NM; *
<i>aluminum hydroxide gel susp 600 mg/5ml</i>	\$0(3)	NM; *
<i>ant/anti-gas chw 1000-60</i>	\$0(3)	NM; *
<i>antacid chw 500mg</i>	\$0(3)	NM; *
<i>antacid chw 550-110</i>	\$0(3)	NM; *
<i>antacid chw 750mg</i>	\$0(3)	NM; *
<i>antacid extr chw 675-135</i>	\$0(3)	NM; *
<i>antacid extr chw 750mg</i>	\$0(3)	NM; *
<i>antacid fast sus acting</i>	\$0(3)	NM; *
<i>antacid fast sus relief</i>	\$0(3)	NM; *
<i>antacid flav chw 750mg</i>	\$0(3)	NM; *
<i>antacid kids chw 750mg</i>	\$0(3)	NM; *
<i>antacid max chw 1000mg</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 advanced</i>	\$0(3)	NM; *
<i>antacid sus anti-gas</i>	\$0(3)	NM; *
<i>antacid sus max st</i>	\$0(3)	NM; *
<i>antacid sus mint crm</i>	\$0(3)	NM; *
<i>antacid sus reg</i>	\$0(3)	NM; *
<i>antacid sus reg st</i>	\$0(3)	NM; *
ANTACID ULTR CHW 1000-200	\$0(3)	NM; *
<i>antacid/sime sus ds</i>	\$0(3)	NM; *
<i>cal antacid chw 750mg</i>	\$0(3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0(3)	NM; *
<i>cal-gest chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 750mg</i>	\$0(3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium anta chw 500mg</i>	\$0(3)	NM; *
<i>calcium anta chw 750mg</i>	\$0(3)	NM; *
<i>calcium carb chw 500mg</i>	\$0(3)	NM; *
CALCIUM CARB TAB 648MG	\$0(3)	NM; *
CALCIUM CARB TAB 650MG	\$0(3)	NM; *
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) chew tab 750 mg</i>	\$0(3)	NM; *
<i>cvs antacid sus supreme</i>	\$0(3)	NM; *
<i>cvs antacid/ sus anti-gas</i>	\$0(3)	NM; *
<i>eq antacid chw 750mg</i>	\$0(3)	NM; *
<i>eq antacid chw 1000mg</i>	\$0(3)	NM; *
<i>eql antacid chw 1000mg</i>	\$0(3)	NM; *
<i>eql antacid sus anti-gas</i>	\$0(3)	NM; *
<i>flavor chews chw 750mg</i>	\$0(3)	NM; *
<i>foam antacid chw 80-20mg</i>	\$0(3)	NM; *
<i>foam antacid sus</i>	\$0(3)	NM; *
GAVISCON CHW	\$0(3)	NM; *
GAVISCON SUS	\$0(3)	NM; *
GAVISCON SUS CHERRY	\$0(3)	NM; *
<i>geri-lanta sus</i>	\$0(3)	NM; *
<i>geri-mox sus</i>	\$0(3)	NM; *
<i>gnp antacid chw 160-105</i>	\$0(3)	NM; *
<i>gnp antacid chw 550-110</i>	\$0(3)	NM; *
<i>gnp antacid 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 antacid sus coolmint</i>	\$0(3)	NM; *
<i>gnp antacid sus original</i>	\$0(3)	NM; *
<i>gnp antacid sus reg st</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>heartbrn ant chw 160-105</i>	\$0(3)	NM; *
<i>heartbrn rlf chw 160-105</i>	\$0(3)	NM; *
<i>heartburn chw ex st</i>	\$0(3)	NM; *
<i>hm antacid sus</i>	\$0(3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0(3)	NM; *
<i>hm magnesium tab 250mg</i>	\$0(3)	NM; *
MAG OXIDE CAP 400MG	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus liq</i>	\$0(3)	NM; *
<i>mag-al plus liq xs</i>	\$0(3)	NM; *
MAGN OXIDE POW HEAVY	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM CAP 500MG	\$0(3)	NM; *
<i>magnesium oxide tab 250 mg</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>magnesium tab 250mg</i>	\$0(3)	NM; *
MI-ACID CHW	\$0(3)	NM; *
<i>mi-acid sus</i>	\$0(3)	NM; *
<i>mi-acid sus max st</i>	\$0(3)	NM; *
<i>milantex sus ex st</i>	\$0(3)	NM; *
<i>milantex sus original</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>px antacid sus max st</i>	\$0(3)	NM; *
<i>px antacid sus reg st</i>	\$0(3)	NM; *
<i>qc antacid chw 500mg</i>	\$0(3)	NM; *
<i>qc antacid sus</i>	\$0(3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0(3)	NM; *
<i>ra antacid chw 500mg</i>	\$0(3)	NM; *
<i>rolaids chw 550-110</i>	\$0(3)	NM; *
<i>rulox sus</i>	\$0(3)	NM; *
<i>sb antacid sus anti-gas</i>	\$0(3)	NM; *
<i>sm antacid sus advanced</i>	\$0(3)	NM; *
<i>sm antacid sus anti-gas</i>	\$0(3)	NM; *
<i>sm antacid sus max st</i>	\$0(3)	NM; *
<i>sm antacid/ sus antigas</i>	\$0(3)	NM; *
<i>smooth antac chw 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *
SODIUM POW BICARBON	\$0(3)	NM; *
<i>tame flame chw 500mg</i>	\$0(3)	NM; *
<i>tgt antacid chw 1000mg</i>	\$0(3)	NM; *
<i>tgt antacid sus anti-gas</i>	\$0(3)	NM; *
TUMS CHW DEL CHW 1177MG	\$0(3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0(3)	NM; *
URO MAG CAP 140MG	\$0(3)	NM; *
URO-MAG CAP 140MG	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>abatinex cap 680mg</i>	\$0(3)	NM; *
<i>acidoph/prob tab formula</i>	\$0(3)	NM; *
<i>acidophilus cap</i>	\$0(3)	NM; *
<i>acidophilus cap 10mg</i>	\$0(3)	NM; *
<i>acidophilus cap 100mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acidophilus cap ex st</i>	\$0(3)	NM; *
<i>acidophilus tab probiotc</i>	\$0(3)	NM; *
ACIDOPHILUS WAF	\$0(3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	\$0(3)	NM; *
ACIDOPHILUS/ WAF BIFIDUS	\$0(3)	NM; *
<i>align jr chw for kids</i>	\$0(3)	NM; *
<i>anti-diarrhe cap 2mg</i>	\$0(3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0(3)	NM; *
<i>anti-diarrhl sus 262/15ml</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 subsalicylate chew tab 262 mg</i>	\$0(3)	NM; *
CULTURE BABY DRO GRW THVE	\$0(3)	NM; *
<i>cvs bismuth chw 262mg</i>	\$0(3)	NM; *
<i>cvs bismuth sus max str</i>	\$0(3)	NM; *
<i>cvs bismuth tab 262mg</i>	\$0(3)	NM; *
<i>diamode tab 2mg</i>	\$0(3)	NM; *
<i>diarrhea rel sus 262/15ml</i>	\$0(3)	NM; *
<i>diarrhea sus 262/15ml</i>	\$0(3)	NM; *
<i>digestive cap health</i>	\$0(3)	NM; *
<i>digestive cap probioti</i>	\$0(3)	NM; *
<i>dofus cap</i>	\$0(3)	NM; *
<i>eql probioti cap acidophi</i>	\$0(3)	NM; *
<i>eql stomach chw 262mg</i>	\$0(3)	NM; *
FLORAJEN CAP ACIDOPHI	\$0(3)	NM; *
<i>floranex gra</i>	\$0(3)	NM; *
<i>floranex tab</i>	\$0(3)	NM; *
<i>geri-pectate sus 262/15ml</i>	\$0(3)	NM; *
<i>gnp k-pec sus 262/15ml</i>	\$0(3)	NM; *
<i>hm stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>intestinex cap</i>	\$0(3)	NM; *
KALA TAB	\$0(3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0(3)	NM; *
<i>kaopectate sus 262/15ml</i>	\$0(3)	NM; *
<i>kaopectate sus ex st</i>	\$0(3)	NM; *
<i>kaopectate tab 262mg</i>	\$0(3)	NM; *
<i>lactinex chw</i>	\$0(3)	NM; *
<i>lacto-key- cap 100</i>	\$0(3)	NM; *
<i>lacto-key- cap 600</i>	\$0(3)	NM; *
<i>lactobacillu cap</i>	\$0(3)	NM; *
<i>lactobacillus - packet</i>	\$0(3)	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lactobacillus cap</i>	\$0(3)	NM; *
<i>lactobacillus tab</i>	\$0(3)	NM; *
<i>loperamide cap 2mg</i>	\$0(3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0(3)	NM; *
<i>loperamide liq 1mg/7.5</i>	\$0(3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0(3)	NM; *
<i>medi-bismuth chw 262mg</i>	\$0(3)	NM; *
MORE-DOPHILU POW ACIDOPHI	\$0(3)	NM; *
<i>peptic relf chw 262mg</i>	\$0(3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0(3)	NM; *
<i>pink bismuth sus 262/15ml</i>	\$0(3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0(3)	NM; *
<i>probiata tab</i>	\$0(3)	NM; *
PROBIOTIC CAP	\$0(3)	NM; *
<i>probiotic cap acidophi</i>	\$0(3)	NM; *
<i>probiotic cap gold</i>	\$0(3)	NM; *
<i>px stomach chw 262mg</i>	\$0(3)	NM; *
<i>px stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>px stomach sus 525/15ml</i>	\$0(3)	NM; *
<i>ra acidophil cap 300mg</i>	\$0(3)	NM; *
<i>ra pink bism chw 262mg</i>	\$0(3)	NM; *
<i>ra pink bism tab 262mg</i>	\$0(3)	NM; *
REPHRESH CAP PRO-B	\$0(3)	NM; *
<i>sb bismuth tab 262mg</i>	\$0(3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0(3)	NM; *
<i>sm stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>sm stomach sus 525/30ml</i>	\$0(3)	NM; *
<i>soothe chw 262mg</i>	\$0(3)	NM; *
<i>soothe sus 262/15ml</i>	\$0(3)	NM; *
<i>soothe tab 262mg</i>	\$0(3)	NM; *
<i>stomach relf chw 262mg</i>	\$0(3)	NM; *
<i>stomach relf sus</i>	\$0(3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0(3)	NM; *
<i>stomach relf sus 524/30ml</i>	\$0(3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0(3)	NM; *
<i>stomach relf sus 525/30ml</i>	\$0(3)	NM; *
<i>stomach relf tab 262mg</i>	\$0(3)	NM; *
<i>stomach rlf tab 262mg</i>	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D

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>dramamine tab 25mg</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)
<i>EMEND SUS 125MG</i>	\$0(2)	B/D
<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(2)	
<i>meclizine hcl tab 12.5 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>meclizine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>motion relf tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 50mg</i>	\$0(3)	NM; *
<i>motion-time chw 25mg</i>	\$0(3)	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>travel sick chw 25mg</i>	\$0(3)	NM; *
<i>travel sick tab 50mg</i>	\$0(3)	NM; *
<i>travel-ease tab 25mg</i>	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap 10 mg</i>	\$0(2)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0(2)	
<i>dicyclomine hcl tab 20 mg</i>	\$0(2)	
<i>glycopyrrolate tab 1 mg</i>	\$0(1)	
<i>glycopyrrolate tab 2 mg</i>	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control tab 10mg</i>	\$0(3)	NM; *
<i>acid control tab 20mg</i>	\$0(3)	NM; *
<i>acid control tab 150mg</i>	\$0(3)	NM; *
<i>acid reducer tab 10mg</i>	\$0(3)	NM; *
<i>acid reducer tab 20mg</i>	\$0(3)	NM; *
<i>acid reducer tab 75mg</i>	\$0(3)	NM; *
<i>acid reducer tab 150mg</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 10mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>famotidine tab 20mg</i>	\$0(3)	NM; *
<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 200mg</i>	\$0(3)	NM; *
<i>heartburn tab relief</i>	\$0(3)	NM; *
<i>nizatidine cap 150 mg</i>	\$0(1)	
<i>nizatidine cap 300 mg</i>	\$0(1)	
<i>ranitidine hcl tab 75 mg</i>	\$0(3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0(3)	NM; *
<i>ranitidine tab 150mg</i>	\$0(3)	NM; *
<i>sm acid redu tab 200mg</i>	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	\$0(1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0(1)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0(1)	
<i>mesalamine cap dr 400 mg</i>	\$0(1)	
<i>mesalamine enema 4 gm</i>	\$0(1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0(1)	
<i>mesalamine suppos 1000 mg</i>	\$0(2)	NDS
<i>mesalamine tab delayed release 1.2 gm</i>	\$0(1)	
<i>sulfasalazine tab 500 mg</i>	\$0(1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0(1)	
LAXATIVES		
<i>bisac-evac sup 10mg</i>	\$0(3)	NM; *
<i>bisacodyl sup 10mg</i>	\$0(3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0(3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>biscolax sup 10mg</i>	\$0(3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0(3)	NM; *
<i>castor laxat oil 100%</i>	\$0(3)	NM; *
<i>choc laxativ chw 15mg</i>	\$0(3)	NM; *
<i>clearlax pow</i>	\$0(3)	NM; *
<i>colace 2in1 tab 8.6-50mg</i>	\$0(3)	NM; *
<i>COLACE CLEAR CAP 50MG</i>	\$0(3)	NM; *
<i>constulose sol 10gm/15</i>	\$0(1)	
<i>cvs castor oil 100%</i>	\$0(3)	NM; *
<i>cvs epsom gra salt</i>	\$0(3)	NM; *
<i>cvs fibr lax tab 625mg</i>	\$0(3)	NM; *
<i>cvs laxative chw 15mg</i>	\$0(3)	NM; *
<i>cvs laxative tab 25mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cvs mineral oil</i>	\$0(3)	NM; *
<i>cvs natural pow fiber</i>	\$0(3)	NM; *
<i>cvs senna tab 8.6mg</i>	\$0(3)	NM; *
<i>daily fiber pow 48.57%</i>	\$0(3)	NM; *
<i>diocto liq 50mg/5ml</i>	\$0(3)	NM; *
<i>diocto syp 60/15ml</i>	\$0(3)	NM; *
<i>docu liq 50mg/5ml</i>	\$0(3)	NM; *
<i>docu soft cap 100mg</i>	\$0(3)	NM; *
<i>docusate cal cap 240mg</i>	\$0(3)	NM; *
<i>docusate calcium cap 240 mg</i>	\$0(3)	NM; *
<i>docusate sod cap 100mg</i>	\$0(3)	NM; *
<i>docusate sod liq 50mg/5ml</i>	\$0(3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0(3)	NM; *
<i>docusate sodium cap 250 mg</i>	\$0(3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0(3)	NM; *
<i>docusate sodium tab 100 mg</i>	\$0(3)	NM; *
<i>docusil cap 100mg</i>	\$0(3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	\$0(3)	NM; *
DOCUSOL MINI ENE	\$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0(3)	NM; *
<i>docuzen tab 8.6-50mg</i>	\$0(3)	NM; *
<i>dok cap 100mg</i>	\$0(3)	NM; *
<i>dok cap 250mg</i>	\$0(3)	NM; *
<i>dok plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>dok tab 100mg</i>	\$0(3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>enema ready- ene to-use</i>	\$0(3)	NM; *
ENEMEEZ MINI ENE	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose sol 10gm/15</i>	\$0(1)	
<i>epsom salt gra</i>	\$0(3)	NM; *
EPSOM SALT GRA	\$0(3)	NM; *
EPSOM SALT POW	\$0(3)	NM; *
<i>eq laxative tab 8.6mg</i>	\$0(3)	NM; *
<i>eq mineral oil</i>	\$0(3)	NM; *
<i>eql castor oil 100%</i>	\$0(3)	NM; *
<i>eql fiber pow therapy</i>	\$0(3)	NM; *
<i>eql laxative chw 15mg</i>	\$0(3)	NM; *
<i>eql laxative tab 25mg</i>	\$0(3)	NM; *
EQUALACTIN CHW 625MG	\$0(3)	NM; *
<i>evac-u-gen tab 8.6mg</i>	\$0(3)	NM; *
<i>fiber laxatv tab 625mg</i>	\$0(3)	NM; *
<i>fiber laxtiv cap 0.52gm</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fiber therap pow 28.3%</i>	\$0(3)	NM; *
<i>fiber therap pow sf orang</i>	\$0(3)	NM; *
<i>fiber therap tab 500mg</i>	\$0(3)	NM; *
<i>fiber-caps tab 625mg</i>	\$0(3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0(3)	NM; *
FLEET BISACO ENE 10/30ML	\$0(3)	NM; *
<i>gavilax pow</i>	\$0(3)	NM; *
<i>gavilyte-c sol</i>	\$0(1)	
<i>gavilyte-g sol</i>	\$0(1)	
<i>gavilyte-n sol flav pk</i>	\$0(1)	
<i>generlac sol 10gm/15</i>	\$0(1)	
<i>gentle laxat sup 10mg</i>	\$0(3)	NM; *
<i>gentle laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>gentlelax pow</i>	\$0(3)	NM; *
<i>geri-kot tab 8.6mg</i>	\$0(3)	NM; *
<i>geri-mucil pow 68%</i>	\$0(3)	NM; *
<i>glycolax pow 3350 nf</i>	\$0(3)	NM; *
<i>gnp bisa-lax tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp castor oil 100%</i>	\$0(3)	NM; *
<i>gnp clearlax pak 3350 nf</i>	\$0(3)	NM; *
<i>gnp clearlax pow</i>	\$0(3)	NM; *
<i>gnp enema ene</i>	\$0(3)	NM; *
<i>gnp epsom gra salt</i>	\$0(3)	NM; *
<i>gnp fiber cap 0.52gm</i>	\$0(3)	NM; *
<i>gnp laxative sup 10mg</i>	\$0(3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp laxative tab 25mg</i>	\$0(3)	NM; *
<i>gnp milk mag sus</i>	\$0(3)	NM; *
<i>gnp milk mag sus cherry</i>	\$0(3)	NM; *
<i>gnp milk mag sus mint</i>	\$0(3)	NM; *
<i>gnp milk mag sus original</i>	\$0(3)	NM; *
<i>gnp mineral oil heavy</i>	\$0(3)	NM; *
<i>gnp senna tab 8.6mg</i>	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>goodsense oil mineral</i>	\$0(3)	NM; *
<i>healthylax pow</i>	\$0(3)	NM; *
<i>hm clearlax pow</i>	\$0(3)	NM; *
<i>hm enema ene r-t-u</i>	\$0(3)	NM; *
<i>hm epsom gra salt</i>	\$0(3)	NM; *
<i>hm fiber pow 28.3%</i>	\$0(3)	NM; *
<i>hm fiber pow 30.9%</i>	\$0(3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0(3)	NM; *
<i>hm fiber pow 58.6%</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm fiber tab 500mg</i>	\$0(3)	NM; *
<i>hm laxative tab 5mg</i>	\$0(3)	NM; *
<i>hm mineral oil</i>	\$0(3)	NM; *
<i>hm senna tab 8.6mg</i>	\$0(3)	NM; *
<i>hm senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>hm stool sof tab 8.6-50mg</i>	\$0(3)	NM; *
HYDROCIL INS POW 95%	\$0(3)	NM; *
<i>kao-tin cap 240mg</i>	\$0(3)	NM; *
<i>kls fiber tb tab 625mg</i>	\$0(3)	NM; *
<i>konsyl daily pow 28.3%</i>	\$0(3)	NM; *
KONSYL DAILY POW 28.3%	\$0(3)	NM; *
KONSYL DAILY POW 100%	\$0(3)	NM; *
KONSYL POW 60.3%	\$0(3)	NM; *
KONSYL POW 71.67%	\$0(3)	NM; *
KONSYL-D POW 52.3%	\$0(3)	NM; *
<i>kp bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>kp senna tab 8.6mg</i>	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>lax/stl soft tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxa basic cap 100mg</i>	\$0(3)	NM; *
<i>laxacin tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxative pls tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxative sup 10mg</i>	\$0(3)	NM; *
<i>laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>laxative tab 15mg</i>	\$0(3)	NM; *
<i>laxative tab 25mg</i>	\$0(3)	NM; *
<i>laxative tab max-str</i>	\$0(3)	NM; *
<i>mag citrate sol</i>	\$0(3)	NM; *
<i>mag citrate sol cherry</i>	\$0(3)	NM; *
<i>mag citrate sol lemon</i>	\$0(3)	NM; *
<i>magic bullet sup 10mg</i>	\$0(3)	NM; *
<i>magnesium citrate soln</i>	\$0(3)	NM; *
<i>medi-natural tab 8.6-50mg</i>	\$0(3)	NM; *
<i>medi-natural tab 8.6mg</i>	\$0(3)	NM; *
METAMUCIL CAP 0.36GM	\$0(3)	NM; *
METAMUCIL PAK 51.7%	\$0(3)	NM; *
METAMUCIL POW 28%ORG	\$0(3)	NM; *
<i>metamucil pow 28.3%org</i>	\$0(3)	NM; *
METAMUCIL POW 43%	\$0(3)	NM; *
<i>metamucil pow 58.6%</i>	\$0(3)	NM; *
<i>metamucil pow 58.6% sf</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>metamucil pow 58.6%org</i>	\$0(3)	NM; *
METAMUCIL POW 58.12%	\$0(3)	NM; *
METAMUCIL POW 63%	\$0(3)	NM; *
METAMUCIL WAF	\$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 2400/30</i>	\$0(3)	NM; *
MILK OF MAGN SUS 2400MG	\$0(3)	NM; *
<i>milk of magn sus cherry</i>	\$0(3)	NM; *
<i>milk of magn sus frsh mnt</i>	\$0(3)	NM; *
<i>milk of magn sus mint</i>	\$0(3)	NM; *
<i>mineral oil</i>	\$0(3)	NM; *
MINERAL OIL	\$0(3)	NM; *
<i>mineral oil ene</i>	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
MINERAL OIL HEAVY	\$0(3)	NM; *
<i>mineral oil oil</i>	\$0(3)	NM; *
<i>move along tab 100mg</i>	\$0(3)	NM; *
<i>multihealth pow fiber</i>	\$0(3)	NM; *
<i>nat fiber pow 28.3%</i>	\$0(3)	NM; *
<i>nat fiber pow 48.57%</i>	\$0(3)	NM; *
NAT FIBER POW 58.6%	\$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>natura-lax pow 3350 nf</i>	\$0(3)	NM; *
<i>natural lax tab 8.6mg</i>	\$0(3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0(3)	NM; *
<i>naturl fiber pow 58.6%</i>	\$0(3)	NM; *
NULYTELY SOL FLAV PKS	\$0(2)	
PEDIA-LAX CHW 400MG	\$0(3)	NM; *
PEDIA-LAX LIQ 50MG	\$0(3)	NM; *
<i>pediatric ene enema</i>	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>powderlax pow</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 enema ene</i>	\$0(3)	NM; *
<i>qc epsom gra salt</i>	\$0(3)	NM; *
<i>qc laxative sup 10mg</i>	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natural pow vegetabl</i>	\$0(3)	NM; *
<i>qc senna tab 8.6mg</i>	\$0(3)	NM; *
<i>ra epsom gra salt</i>	\$0(3)	NM; *
RA EPSOM GRA SALT	\$0(3)	NM; *
RA EPSOM GRA SALT/LVN	\$0(3)	NM; *
<i>ra laxative tab 25mg</i>	\$0(3)	NM; *
<i>ra mineral oil</i>	\$0(3)	NM; *
<i>reguloid cap 400mg</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>saline ene laxative</i>	\$0(3)	NM; *
<i>sb bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>sb docusate tab 8.6-50mg</i>	\$0(3)	NM; *
<i>sb fib lax pow 33%</i>	\$0(3)	NM; *
<i>sb laxative sup 10mg</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-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna lax tab 8.6mg</i>	\$0(3)	NM; *
<i>senna laxati tab 8.6mg</i>	\$0(3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-extra tab 17.2mg</i>	\$0(3)	NM; *
<i>senna-grx syp 8.8mg/5</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>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>senokot extr tab 17.2mg</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>silace liq 10mg/ml</i>	\$0(3)	NM; *
<i>silace syp 60/15ml</i>	\$0(3)	NM; *
<i>sm castor oil 100%</i>	\$0(3)	NM; *
<i>sm clearlax pow</i>	\$0(3)	NM; *
<i>sm enema ene</i>	\$0(3)	NM; *
<i>sm epsom gra salt</i>	\$0(3)	NM; *
<i>sm fiber lax tab 500mg</i>	\$0(3)	NM; *
SM FIBER POW	\$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 51.7%</i>	\$0(3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0(3)	NM; *
<i>sm fiber tab 625mg</i>	\$0(3)	NM; *
<i>sm gentle tab laxative</i>	\$0(3)	NM; *
<i>sm laxative sup 10mg</i>	\$0(3)	NM; *
<i>sm laxative tab 25mg</i>	\$0(3)	NM; *
<i>sm magnesium sol cherry</i>	\$0(3)	NM; *
<i>sm mineral oil</i>	\$0(3)	NM; *
<i>sm senna lax tab 8.6mg</i>	\$0(3)	NM; *
<i>sm senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>sm stool tab softener</i>	\$0(3)	NM; *
<i>sodium phosphates - enema</i>	\$0(3)	NM; *
<i>soluble fib pow therapy</i>	\$0(3)	NM; *
<i>soluble fib tab therapy</i>	\$0(3)	NM; *
SORBITOL SOL 70%	\$0(3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>stool softnr cap 100mg</i>	\$0(3)	NM; *
<i>stool softnr cap 240mg</i>	\$0(3)	NM; *
<i>stool softnr cap 250mg</i>	\$0(3)	NM; *
<i>stool softnr syp 60/15ml</i>	\$0(3)	NM; *
<i>stool softnr tab 8.6-50mg</i>	\$0(3)	NM; *
<i>stool softnr tab 100mg</i>	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>tgt natural tab laxative</i>	\$0(3)	NM; *
<i>tgt psyllium cap 0.52gm</i>	\$0(3)	NM; *
<i>trilyte sol</i>	\$0(1)	
<i>wal-mucil pow 28.3%</i>	\$0(3)	NM; *
<i>wal-mucil pow 48.57%</i>	\$0(3)	NM; *
<i>wal-mucil pow 58.6%</i>	\$0(3)	NM; *
<i>womans laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>womens laxat tab 5mg ec</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	\$0(2)	NDS, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, PA
AMITIZA CAP 8MCG	\$0(2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	\$0(2)	QL (60 caps / 30 days)
<i>anti-gas cap 166mg</i>	\$0(3)	NM; *
<i>anti-gas cap 180mg</i>	\$0(3)	NM; *
BICARSIM TAB 125MG	\$0(3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(2)	NDS
<i>cvs gas relf chw 125mg</i>	\$0(3)	NM; *
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>eql gas rlf cap 180mg</i>	\$0(3)	NM; *
<i>gas relief cap 125mg</i>	\$0(3)	NM; *
<i>gas relief cap 180mg</i>	\$0(3)	NM; *
<i>gas relief chw 80mg</i>	\$0(3)	NM; *
<i>gas relief chw 125mg</i>	\$0(3)	NM; *
<i>gas relief dro 20/0.3ml</i>	\$0(3)	NM; *
<i>gas relief dro 40/0.6ml</i>	\$0(3)	NM; *
<i>gas relief dro infants</i>	\$0(3)	NM; *
<i>gas relief liq infants</i>	\$0(3)	NM; *
<i>gas-x cap 125mg</i>	\$0(3)	NM; *
<i>gas-x cap 180mg</i>	\$0(3)	NM; *
GAS-X EX-STR MIS 62.5MG	\$0(3)	NM; *
GATTEX KIT 5MG	\$0(2)	NDS, NM, LA, PA
<i>gnp gas relf chw 80mg</i>	\$0(3)	NM; *
<i>gnp gas relf chw 125mg</i>	\$0(3)	NM; *
<i>hm gas relf chw 80mg</i>	\$0(3)	NM; *
LINZESS CAP 72MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0(2)	QL (30 caps / 30 days)
<i>little remed sus 20/.03ml</i>	\$0(3)	NM; *
<i>loperamide hcl cap 2 mg</i>	\$0(1)	
<i>mi-acid gas chw 80mg</i>	\$0(3)	NM; *
<i>misoprostol tab 100 mcg</i>	\$0(1)	
<i>misoprostol tab 200 mcg</i>	\$0(1)	
MOVANTIK TAB 12.5MG	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
PHAZYME CAP 250MG	\$0(3)	NM; *
<i>ra gas relf chw 125mg</i>	\$0(3)	NM; *
RELISTOR INJ 8/0.4ML	\$0(2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0(2)	NDS, PA
<i>simethicone cap 125 mg</i>	\$0(3)	NM; *
<i>simethicone cap 180 mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>simethicone chew tab 80 mg</i>	\$0(3)	NM; *
<i>simethicone chew tab 125 mg</i>	\$0(3)	NM; *
<i>simethicone dro 20/0.3ml</i>	\$0(3)	NM; *
<i>simethicone susp 40 mg/0.6ml</i>	\$0(3)	NM; *
<i>sm gas rel chw 125mg</i>	\$0(3)	NM; *
<i>sm gas relf chw 80mg</i>	\$0(3)	NM; *
<i>sm gas relie chw 80mg</i>	\$0(3)	NM; *
<i>sucrafate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
XIFAXAN TAB 550MG	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer cap 20.6mgdr</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>esomepra mag cap 20mg dr</i>	\$0(3)	NM; *
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(3)	NM; *
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>heartburn tr cap 15mg</i>	\$0(3)	NM; *
<i>heartburn tr cap 24h 20mg</i>	\$0(3)	NM; *
<i>lansoprazole cap 15mg dr</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (30 caps / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>omeprazole cap 20.6mgdr</i>	\$0(3)	NM; *
<i>omeprazole cap delayed release 10 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0(1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$0(3)	NM; *
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	\$0(3)	NM; *
OMEPRAZOLE TAB 20MG	\$0(3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0(1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0(1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	\$0(1)	
<i>bethanechol chloride tab 10 mg</i>	\$0(1)	
<i>bethanechol chloride tab 25 mg</i>	\$0(1)	
<i>bethanechol chloride tab 50 mg</i>	\$0(1)	
<i>gnp urinary tab 95mg</i>	\$0(3)	NM; *
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0(1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0(1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0(1)	
<i>sb urinary tab pain max</i>	\$0(3)	NM; *
<i>sm urinary tab pain max</i>	\$0(3)	NM; *
<i>urinary pain tab 95mg</i>	\$0(3)	NM; *
<i>urinary pain tab 97.5mg</i>	\$0(3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	ST
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)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole cre 1% vag</i>	\$0(3)	NM; *
<i>clotrimazole cre 2%</i>	\$0(3)	NM; *
<i>clotrimazole cre 3 day</i>	\$0(3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>3 day vaginl cre 2%</i>	\$0(3)	NM; *
<i>3 day vagnal cre 4%</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 1 kit 1200-2%</i>	\$0(3)	NM; *
<i>miconazole 3 cre 4%</i>	\$0(3)	NM; *
<i>miconazole 3 kit combinat</i>	\$0(3)	NM; *
<i>miconazole 3 kit combo pk</i>	\$0(3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0(3)	NM; *
<i>miconazole 7 cre tube/kit</i>	\$0(3)	NM; *
<i>miconazole 7 sup 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal cream 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	\$0(3)	NM; *
<i>sm micon 7 sup 100mg</i>	\$0(3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0(1)	
<i>terconazole vaginal cream 0.8%</i>	\$0(1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0(1)	
<i>vandazole gel 0.75%</i>	\$0(1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

ELIQUIS ST P TAB 5MG	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	\$0(2)	QL (74 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0(1)	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$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>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(2)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(2)	
HEPARIN/NAACL INJ 25000UNT	\$0(2)	
<i>jantoven tab 1mg</i>	\$0(1)	
<i>jantoven tab 2.5mg</i>	\$0(1)	
<i>jantoven tab 2mg</i>	\$0(1)	
<i>jantoven tab 3mg</i>	\$0(1)	
<i>jantoven tab 4mg</i>	\$0(1)	
<i>jantoven tab 5mg</i>	\$0(1)	
<i>jantoven tab 6mg</i>	\$0(1)	
<i>jantoven tab 7.5mg</i>	\$0(1)	
<i>jantoven tab 10mg</i>	\$0(1)	
PRADAXA CAP 75MG	\$0(2)	QL (60 caps / 30 days)
PRADAXA CAP 110MG	\$0(2)	QL (60 caps / 30 days)
PRADAXA CAP 150MG	\$0(2)	QL (60 caps / 30 days)
<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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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)	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 2000/ML	\$0(2)	NM, PA
PROCRIT INJ 3000/ML	\$0(2)	NM, PA
PROCRIT INJ 4000/ML	\$0(2)	NM, PA
PROCRIT INJ 10000/ML	\$0(2)	NM, PA
PROCRIT INJ 20000/ML	\$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	\$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	\$0(2)	NDS, NM, PA
IRON		
<i>carbonyl tab fe 45mg</i>	\$0(3)	NM; *
CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
<i>cvs iron tab 325mg</i>	\$0(3)	NM; *
EZFE 200 CAP 200MG	\$0(3)	NM; *
FE SULFATE POW	\$0(3)	NM; *
FERAHEME INJ 510/17ML	\$0(3)	NM; *
<i>ferate tab 27mg</i>	\$0(3)	NM; *
<i>fergon tab 27mg</i>	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAFA CAP 110-1MG	\$0(3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0(3)	NM; *
<i>ferosul tab 325mg</i>	\$0(3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0(3)	NM; *
<i>ferric x-150 cap 150mg</i>	\$0(3)	NM; *
<i>ferrous gluc tab 324mg</i>	\$0(3)	NM; *
FERROUS GLUC TAB 324MG	\$0(3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0(3)	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0(3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0(3)	NM; *
<i>ferrous sulf tab 65mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FERROUS SULF TAB 324MG EC	\$0(3)	NM; *
<i>ferrous sulf tab 325mg</i>	\$0(3)	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0(3)	NM; *
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0(3)	NM; *
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	\$0(3)	NM; *
<i>ferrous sulfate tab 28 mg (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; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron tab 45mg</i>	\$0(3)	NM; *
<i>gnp iron tab 65mg</i>	\$0(3)	NM; *
<i>gnp iron tab 325mg</i>	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
<i>hemocyte-f tab</i>	\$0(3)	NM; *
<i>high potency tab fe 27mg</i>	\$0(3)	NM; *
<i>hm iron tab 45mg</i>	\$0(3)	NM; *
<i>hm iron tab 65mg</i>	\$0(3)	NM; *
<i>iferex 150 cap</i>	\$0(3)	NM; *
INJECTAFER INJ 750/15ML	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
IRON CHW PEDIATRI	\$0(3)	NM; *
<i>iron slow tab 45mg</i>	\$0(3)	NM; *
<i>iron supplem tab therapy</i>	\$0(3)	NM; *
<i>iron supplmt dro 15mg/ml</i>	\$0(3)	NM; *
IRON TAB 18MG	\$0(3)	NM; *
<i>iron tab 27mg</i>	\$0(3)	NM; *
IRON TAB 28MG	\$0(3)	NM; *
IRON UP LIQ	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *
<i>myferon 150 cap 150mg</i>	\$0(3)	NM; *
<i>myferon 150 cap forte</i>	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
NOVAFERRUM CAP 50MG	\$0(3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0(3)	NM; *
<i>nu-iron 150 cap 150mg</i>	\$0(3)	NM; *
<i>pedia iron dro 15mg/ml</i>	\$0(3)	NM; *
PERFECT IRON TAB 25MG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>poly-iron cap 150 fort</i>	\$0(3)	NM; *
<i>poly-iron cap 150mg</i>	\$0(3)	NM; *
PROFE CAP 180MG	\$0(3)	NM; *
PROFERRIN- TAB FORTE	\$0(3)	NM; *
PROTECTIRON TAB	\$0(3)	NM; *
<i>px iron tab 27mg</i>	\$0(3)	NM; *
<i>px iron tab 200mg</i>	\$0(3)	NM; *
<i>ra iron tab 27mg</i>	\$0(3)	NM; *
<i>ra iron tab 325mg</i>	\$0(3)	NM; *
<i>slow fe tab 45mg</i>	\$0(3)	NM; *
<i>slow iron tab 50mg</i>	\$0(3)	NM; *
<i>slow iron tab 160mg cr</i>	\$0(3)	NM; *
SLOW REL FE TAB 143MG CR	\$0(3)	NM; *
<i>slow rel fe tab 160mg cr</i>	\$0(3)	NM; *
<i>slow release tab 45mg</i>	\$0(3)	NM; *
<i>slow release tab 47.5mg</i>	\$0(3)	NM; *
<i>slow release tab 143mg</i>	\$0(3)	NM; *
<i>slow release tab iron 45</i>	\$0(3)	NM; *
<i>slow-release tab fe 45mg</i>	\$0(3)	NM; *
<i>sm iron slow tab 45mg</i>	\$0(3)	NM; *
<i>sm iron slow tab 160mg cr</i>	\$0(3)	NM; *
<i>sm iron tab 45mg</i>	\$0(3)	NM; *
<i>sm iron tab 325mg</i>	\$0(3)	NM; *
<i>sod ferric gluc cmlpx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0(3)	NM; *
TARON FORTE CAP	\$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)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
ENDARI POW 5GM	\$0(2)	NDS, LA, PA
HAEGARDA INJ 2000UNIT	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
PROMACTA PAK 25MG	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
PROMACTA POW 12.5MG	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0(2)	NDS, 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		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TAB 60MG	\$0(2)	
BRILINTA TAB 90MG	\$0(2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ENBREL INJ 25/0.5ML	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 20/0.2ML	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	\$0(2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	\$0(2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0(2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, LA, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	\$0(2)	NDS, QL (7 kits / year), NM, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XATMEP SOL 2.5MG/ML	\$0(2)	B/D
XELJANZ TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA INJ 5GM/50ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 25GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	\$0(2)	NDS, NM, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIVIGEN INJ 5 GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0(2)	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE INJ 2MU/0.5	\$0(2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	\$0(2)	NDS, NM, PA
INTRON A INJ 10MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 18MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 25MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 50MU	\$0(2)	NDS, B/D, NM
<i>IMMUNOSUPPRESSANTS</i>		
<i>azathioprine tab 50 mg</i>	\$0(1)	B/D
BENLYSTA INJ 120MG	\$0(2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	\$0(2)	NDS, NM, PA
BENLYSTA INJ 400MG	\$0(2)	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0(1)	B/D
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D
<i>gengraf cap 25mg</i>	\$0(1)	B/D
<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)	NDS, 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
NULOJIX INJ 250MG	\$0(2)	NDS, B/D
PROGRAF GRA 0.2MG	\$0(2)	B/D
PROGRAF GRA 1MG	\$0(2)	B/D
SANDIMMUNE SOL 100MG/ML	\$0(2)	B/D
<i>sirolimus oral soln 1 mg/ml</i>	\$0(2)	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D
<i>sirolimus tab 2 mg</i>	\$0(2)	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0(1)	B/D
ZORTRESS TAB 0.5MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0(2)	NDS, B/D
ZORTRESS TAB 1MG	\$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B INJ 10/0.5ML	\$0(2)	B/D
ENGERIX-B INJ 20MCG/ML	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX INJ 720UNIT	\$0(2)	
HAVRIX INJ 1440UNIT	\$0(2)	
HIBERIX SOL 10MCG	\$0(2)	
IMOVAX RABIE INJ 2.5/ML	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB INJ	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SHINGRIX INJ 50/0.5ML	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI INJ	\$0(2)	
VAQTA INJ 25/0.5ML	\$0(2)	
VAQTA INJ 50UNT/ML	\$0(2)	
VARIVAX INJ	\$0(2)	
YF-VAX INJ	\$0(2)	
ZOSTAVAX INJ	\$0(2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

CERALYTE 50 POW	\$0(3)	NM; *
CERALYTE 70 POW	\$0(3)	NM; *
CERALYTE 90 POW	\$0(3)	NM; *
CERASPORT POW	\$0(3)	NM; *
CERASPORT POW EX1	\$0(3)	NM; *
CERASPORT SOL	\$0(3)	NM; *
CERASPORT SOL EX1	\$0(3)	NM; *
<i>cvs electrol sol</i>	\$0(3)	NM; *
DRIPDROP POW BERRY	\$0(3)	NM; *
DRIPDROP POW ORS	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *
<i>gnp pediatri sol electrol</i>	\$0(3)	NM; *
<i>klor-con 8 tab 8meq er</i>	\$0(1)	
<i>klor-con 10 tab 10meq er</i>	\$0(1)	
MAGNESIUM SU INJ 2GM/50ML	\$0(2)	
MAGNESIUM SU INJ 4G/100ML	\$0(2)	
MAGNESIUM SU INJ 20/500ML	\$0(2)	
MAGNESIUM SU INJ 40G/1000	\$0(2)	
MAGNESIUM SU INJ 80MG/ML	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>magnesium sulfate inj 50%</i>	\$0(2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)	
MEDI-LYTE TAB	\$0(3)	NM; *
MG SO4/D5W INJ 10MG/ML	\$0(2)	
NORMALYTE POW	\$0(3)	NM; *
NORMALYTE POW GRAPE	\$0(3)	NM; *
NORMALYTE POW ORANGE	\$0(3)	NM; *
NORMALYTE POW PURE	\$0(3)	NM; *
<i>oral electro sol cherry</i>	\$0(3)	NM; *
<i>oral electro sol h-e-b</i>	\$0(3)	NM; *
<i>oral electrolyte solution</i>	\$0(3)	NM; *
<i>oralyte sol</i>	\$0(3)	NM; *
<i>oralyte sol freeze</i>	\$0(3)	NM; *
<i>ped elctrylt sol</i>	\$0(3)	NM; *
<i>ped elctrylt sol /zinc</i>	\$0(3)	NM; *
<i>ped elctrylt sol apple</i>	\$0(3)	NM; *
<i>ped elctrylt sol freeze</i>	\$0(3)	NM; *
<i>ped elctrylt sol freezer</i>	\$0(3)	NM; *
<i>ped elctrylt sol freezpop</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 pineappl</i>	\$0(3)	NM; *
<i>ped elctrylt sol unflavrd</i>	\$0(3)	NM; *
<i>pedia vance sol apple</i>	\$0(3)	NM; *
PEDIALYTE PAK	\$0(3)	NM; *
PEDIALYTE POW APPLE	\$0(3)	NM; *
PEDIALYTE POW CHERRY	\$0(3)	NM; *
PEDIALYTE POW FRUIT PN	\$0(3)	NM; *
PEDIALYTE POW GRAPE	\$0(3)	NM; *
PEDIALYTE POW STRBRRY	\$0(3)	NM; *
PEDIALYTE POW VARIETY	\$0(3)	NM; *
PEDIATRIC POW ELECTROL	\$0(3)	NM; *
<i>potassium chloride cap er 8 meq</i>	\$0(1)	
<i>potassium chloride cap er 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0(1)	
<i>ra pediatric sol electrol</i>	\$0(3)	NM; *
<i>rehydralyte sol</i>	\$0(3)	NM; *
REPLACE TAB SR	\$0(3)	NM; *
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0(1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
THERMOTABS TAB	\$0(3)	NM; *
TPN ELECTROL INJ	\$0(2)	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	\$0(2)	B/D
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
<i>clinisol sf inj 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine sol 8%</i>	\$0(2)	B/D
INTRALIPID INJ 20%	\$0(2)	B/D
INTRALIPID INJ 30%	\$0(2)	B/D
NEPHRAMINE INJ 5.4%	\$0(2)	B/D
NUTRILIPID EMU 20%	\$0(2)	B/D
<i>plenamine inj 15%</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0(2)	
D5W/NACL INJ 0.3%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose inj 5%</i>	\$0(1)	
<i>dextrose inj 10%</i>	\$0(1)	
<i>dextrose inj 50%</i>	\$0(1)	
<i>dextrose inj 70%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
NORMOSOL -M INJ /D5W	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHLORIDE INJ 10MEQ	\$0(1)	
POT CHLORIDE INJ 20MEQ	\$0(1)	
POT CHLORIDE INJ 40MEQ	\$0(1)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
MINERALS		
CA CITRATE TAB 250MG	\$0(3)	NM; *
<i>ca citrate tab + d</i>	\$0(3)	NM; *
<i>ca citrate tab plus d</i>	\$0(3)	NM; *
CA HI-CAL/D TAB 500MG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CA LACTATE TAB 100MG	\$0(3)	NM; *
<i>cal cit+d3 tab maximum</i>	\$0(3)	NM; *
CAL-CITRATE TAB PLUS D	\$0(3)	NM; *
CAL-LAC CAP 500MG	\$0(3)	NM; *
CAL-MINT CHW 260MG	\$0(3)	NM; *
CAL-QUICK LIQ 500-400	\$0(3)	NM; *
<i>calc 600+d3 cap 600-500</i>	\$0(3)	NM; *
<i>calc 600+d3 tab minerals</i>	\$0(3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0(3)	NM; *
<i>calc 600+d+ tab minerals</i>	\$0(3)	NM; *
<i>calc 600+d/ chw 600-800</i>	\$0(3)	NM; *
<i>calc 600/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calc cit+d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc cit+d3 tab 250-200</i>	\$0(3)	NM; *
<i>calc citr+d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc citr+d tab 315-250</i>	\$0(3)	NM; *
<i>calc citr/d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc citra+d tab 315-250</i>	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
<i>calc citrate tab +d</i>	\$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0(3)	NM; *
CALCI-CHEW CHW 1250MG	\$0(3)	NM; *
CALCI-MIX CAP 1250MG	\$0(3)	NM; *
<i>calcitrate tab</i>	\$0(3)	NM; *
<i>calcitrate tab 950mg</i>	\$0(3)	NM; *
<i>calcium 500 tab +d</i>	\$0(3)	NM; *
<i>calcium 500 tab /vit d</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/miner</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/mnrsl</i>	\$0(3)	NM; *
<i>calcium 600 chw w/vit d</i>	\$0(3)	NM; *
<i>calcium 600 tab</i>	\$0(3)	NM; *
<i>calcium 600 tab + d</i>	\$0(3)	NM; *
<i>calcium 600 tab +d</i>	\$0(3)	NM; *
<i>calcium 600 tab +d3</i>	\$0(3)	NM; *
<i>calcium 600 tab +d/mnrsl</i>	\$0(3)	NM; *
<i>calcium 600 tab -d</i>	\$0(3)	NM; *
<i>calcium 600 tab vit d/mi</i>	\$0(3)	NM; *
<i>calcium 600/ tab vit d</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
<i>calcium 1200 chw</i>	\$0(3)	NM; *
<i>calcium + d tab</i>	\$0(3)	NM; *
<i>calcium + d tab 600-200</i>	\$0(3)	NM; *
<i>calcium +d3 tab maximum</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium +d tab maximum</i>	\$0(3)	NM; *
CALCIUM CARB CHW 260MG	\$0(3)	NM; *
CALCIUM CARB POW	\$0(3)	NM; *
CALCIUM CARB POW 800/2GM	\$0(3)	NM; *
CALCIUM CARB POW EX-LIGHT	\$0(3)	NM; *
CALCIUM CARB POW HEAVY	\$0(3)	NM; *
<i>calcium carb tab 1250mg</i>	\$0(3)	NM; *
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate tab 600 mg</i>	\$0(3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium carbonate-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-vitamin d cap 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium chw gummies</i>	\$0(3)	NM; *
CALCIUM CIT TAB 1040MG	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$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 citr tab +d</i>	\$0(3)	NM; *
<i>calcium citr tab plus d-3</i>	\$0(3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0(3)	NM; *
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>	\$0(3)	NM; *
CALCIUM GRA CITRATE	\$0(3)	NM; *
CALCIUM LACT TAB 648MG	\$0(3)	NM; *
CALCIUM LACT TAB 750MG	\$0(3)	NM; *
<i>calcium plus cap d3</i>	\$0(3)	NM; *
CALCIUM PLUS CAP VIT D	\$0(3)	NM; *
<i>calcium plus tab 600 +d</i>	\$0(3)	NM; *
<i>calcium tab 500+d</i>	\$0(3)	NM; *
<i>calcium tab 500/d</i>	\$0(3)	NM; *
<i>calcium tab 600mg</i>	\$0(3)	NM; *
CALCIUM TAB 600MG	\$0(3)	NM; *
<i>calcium tab vit d</i>	\$0(3)	NM; *
<i>calcium+d3 tab 315-250</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium+d tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d tab 600-800</i>	\$0(3)	NM; *
<i>calcium/d3 cap 600-500</i>	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/d3 tab</i>	\$0(3)	NM; *
<i>calcium/d3 tab 200-250</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-600</i>	\$0(3)	NM; *
<i>calcium/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium/d chw 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>calcium/d tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500/200</i>	\$0(3)	NM; *
<i>calcium/d tab 500mg</i>	\$0(3)	NM; *
<i>calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>calcium/d tab 600-800</i>	\$0(3)	NM; *
<i>calcium/vita tab d3</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
<i>calcium/vitd cap 600-500</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>caltrate 600 tab</i>	\$0(3)	NM; *
CALTRATE + D TAB 300-800	\$0(3)	NM; *
<i>caltrate+d3 chw 600-800</i>	\$0(3)	NM; *
CHEWABLE CHW CALCIUM	\$0(3)	NM; *
<i>cit calc/d tab 315-250</i>	\$0(3)	NM; *
CITRACAL CAL CHW GUMMIES	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *
<i>creamies chw 600-400</i>	\$0(3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0(3)	NM; *
CVS MAGNESIU CHW 200MG	\$0(3)	NM; *
<i>eq calcium tab citr+d</i>	\$0(3)	NM; *
EQL CALCIUM CAP VIT D	\$0(3)	NM; *
<i>eql calcium tab citr/d3</i>	\$0(3)	NM; *
<i>eql calcium tab w/vit d</i>	\$0(3)	NM; *
GALZIN CAP 25MG	\$0(3)	NM; *
GALZIN CAP 50MG	\$0(3)	NM; *
<i>gnp ca/vit d chw minerals</i>	\$0(3)	NM; *
<i>gnp calcium tab 500/d</i>	\$0(3)	NM; *
<i>gnp calcium tab 600/d</i>	\$0(3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0(3)	NM; *
<i>hm calcium tab citr+d</i>	\$0(3)	NM; *
<i>hm calcium tab d/minera</i>	\$0(3)	NM; *
<i>kp calcium cap 600+d</i>	\$0(3)	NM; *
<i>kp calcium tab 600+d</i>	\$0(3)	NM; *
<i>kp calcium tab +d</i>	\$0(3)	NM; *
<i>kp mag-oxide tab 200mg</i>	\$0(3)	NM; *
<i>liq ca/vit d cap 600mg</i>	\$0(3)	NM; *
LIQUID CALCI CAP WITH D3	\$0(3)	NM; *
MAG64 TAB 64MG	\$0(3)	NM; *
<i>mag-g tab 500mg</i>	\$0(3)	NM; *
<i>mag-oxide tab 200mg</i>	\$0(3)	NM; *
MAG-SR PLUS TAB CALCIUM	\$0(3)	NM; *
MAGDELAY TAB 70MG	\$0(3)	NM; *
MAGN CHLORID POW	\$0(3)	NM; *
MAGNESIUM CAP 400MG	\$0(3)	NM; *
MAGNESIUM CHLORIDE TAB DR 64 MG (ELEMENTAL MG)	\$0(3)	NM; *
MAGNESIUM GL TAB 500MG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM GL TAB 550MG	\$0(3)	NM; *
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0(3)	NM; *
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	\$0(3)	NM; *
MAGNESIUM OX PAK 240MG	\$0(3)	NM; *
<i>magnesium oxide cap 500 mg (elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 250 mg (mg supplement)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0(3)	NM; *
<i>magnesium tab 500mg</i>	\$0(3)	NM; *
<i>magnesium-ox tab 400mg</i>	\$0(3)	NM; *
<i>magonate tab 500mg</i>	\$0(3)	NM; *
MG GLUCONATE TAB 250MG	\$0(3)	NM; *
<i>mgo tab 400mg</i>	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>orazinc cap 220mg</i>	\$0(3)	NM; *
ORAZINC TAB 110MG	\$0(3)	NM; *
<i>os calcium tab /vit d</i>	\$0(3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0(3)	NM; *
<i>os-cal chw</i>	\$0(3)	NM; *
<i>os-cal chw 500-600</i>	\$0(3)	NM; *
<i>os-cal extra tab d3</i>	\$0(3)	NM; *
OSTEO-PORETI TAB	\$0(3)	NM; *
<i>oys shell ca tab 500 + d</i>	\$0(3)	NM; *
<i>oys shell ca tab /d3</i>	\$0(3)	NM; *
<i>oys shell+d chw 500-400</i>	\$0(3)	NM; *
<i>oys shell+d tab 250-125</i>	\$0(3)	NM; *
OYS SHL CALC PAK VIT D	\$0(3)	NM; *
<i>oysco 500 tab 500mg</i>	\$0(3)	NM; *
<i>oysco 500+d chw</i>	\$0(3)	NM; *
<i>oysco 500+d tab</i>	\$0(3)	NM; *
<i>oyst cal/d tab 250mg</i>	\$0(3)	NM; *
<i>oyst cal/d tab 500mg</i>	\$0(3)	NM; *
<i>oyst shell/d tab 250mg</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-125</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oyst shell/d tab 500-200</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-400</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0(3)	NM; *
<i>oyst-cal-d tab 500mg</i>	\$0(3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0(3)	NM; *
<i>oyster shell tab 500mg</i>	\$0(3)	NM; *
<i>oystercal tab 500mg</i>	\$0(3)	NM; *
<i>oystercal-d tab 500mg</i>	\$0(3)	NM; *
<i>pa oyster sh tab 500mg</i>	\$0(3)	NM; *
<i>phospha 250 tab neutral</i>	\$0(3)	NM; *
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	\$0(3)	NM; *
<i>px calcium&d tab 600-400</i>	\$0(3)	NM; *
<i>qc calcium tab 600mg</i>	\$0(3)	NM; *
<i>ra ca/vit d3 chw minerals</i>	\$0(3)	NM; *
<i>ra ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>ra calcium tab 600mg</i>	\$0(3)	NM; *
<i>ra calcium tab vit d</i>	\$0(3)	NM; *
<i>ra calcium+d tab 600mg</i>	\$0(3)	NM; *
<i>ra hi cal tab 500-200</i>	\$0(3)	NM; *
<i>ra hi-cal tab 500mg</i>	\$0(3)	NM; *
<i>ra hi-cal/d tab 500mg</i>	\$0(3)	NM; *
<i>ra magnesium cap 500mg</i>	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
<i>slow mag/cal tab 70-117mg</i>	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
<i>sm ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>sm calcium tab /vit d3</i>	\$0(3)	NM; *
<i>sm calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>sm calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>sm magnesium tab 250mg</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3 400</i>	\$0(3)	NM; *
<i>super ca 600 tab + d 400</i>	\$0(3)	NM; *
<i>super calciu tab 600mg</i>	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
ZINC 15 TAB 66MG	\$0(3)	NM; *
ZINC SULFATE CAP 50MG	\$0(3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0(3)	NM; *
ZINC SULFATE POW	\$0(3)	NM; *
ZINC SULFATE POW GRANULAR	\$0(3)	NM; *
ZINC SULFATE POW MONOHYD	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	\$0(3)	NM; *
<i>zinc-220 cap</i>	\$0(3)	NM; *
MISCELLANEOUS		
ALPHA LIPOIC CAP 50MG	\$0(3)	NM; *
ALPHA LIPOIC CAP 300MG	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 100 mg</i>	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 200 mg</i>	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 600 mg</i>	\$0(3)	NM; *
ALPHA-LIPOIC CAP 50MG	\$0(3)	NM; *
ARGININE2000 PAK 2000MG	\$0(3)	NM; *
<i>arginine cap 500 mg</i>	\$0(3)	NM; *
ARGININE PAK 500MG	\$0(3)	NM; *
ARGININE TAB 500MG	\$0(3)	NM; *
<i>arginine tab 1000 mg</i>	\$0(3)	NM; *
CHEW Q CHW 30MG	\$0(3)	NM; *
CHEW Q CHW 100MG	\$0(3)	NM; *
CHEW Q CHW 600MG	\$0(3)	NM; *
<i>co q10 ms cap 200mg</i>	\$0(3)	NM; *
<i>co q-10 cap 100mg</i>	\$0(3)	NM; *
CO-ENZYME WAF Q10/E	\$0(3)	NM; *
<i>coenzyme q10 cap 10 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 30 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 30mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 50 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 60 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 75 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 100 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 100mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 150 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 200 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 200mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 300 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 400 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 400mg</i>	\$0(3)	NM; *
COENZYME Q10 CHW 60MG	\$0(3)	NM; *
COENZYME Q10 LIQ 30MG/5ML	\$0(3)	NM; *
COENZYME Q10 TAB 25MG	\$0(3)	NM; *
COENZYME Q10 TAB 50MG	\$0(3)	NM; *
<i>coenzyme q10 tab 60 mg</i>	\$0(3)	NM; *
COENZYME Q10 TAB 100MG	\$0(3)	NM; *
COENZYME Q10 TAB 200MG	\$0(3)	NM; *
<i>coq10 cap 400mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COQ-10 CAP 100MG TR	\$0(3)	NM; *
COROMEGA EMU OMEGA 3	\$0(3)	NM; *
<i>cvs coq-10 cap 200mg</i>	\$0(3)	NM; *
<i>cvs coq-10 cap 400mg</i>	\$0(3)	NM; *
<i>cvs fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>cvs fish oil cap 1200mg</i>	\$0(3)	NM; *
CYTO-Q LIQ 80MG/10	\$0(3)	NM; *
CYTO-Q MAX LIQ 100MG/ML	\$0(3)	NM; *
CYTO-Q T/F LIQ 80MG/10	\$0(3)	NM; *
ENDUR-THINE TAB 500-200	\$0(3)	NM; *
<i>eql coq10 cap 100mg</i>	\$0(3)	NM; *
<i>eql coq10 cap 200mg</i>	\$0(3)	NM; *
<i>eql fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>eql fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>finest fish liq oil</i>	\$0(3)	NM; *
FISH OIL CAP 150MG	\$0(3)	NM; *
FISH OIL CAP 180MG	\$0(3)	NM; *
FISH OIL CAP 183.33MG	\$0(3)	NM; *
<i>fish oil cap 300mg</i>	\$0(3)	NM; *
<i>fish oil cap 435mg</i>	\$0(3)	NM; *
FISH OIL CAP 900MG	\$0(3)	NM; *
<i>fish oil cap 1000mg</i>	\$0(3)	NM; *
FISH OIL CAP 1000MG	\$0(3)	NM; *
<i>fish oil cap 1200mg</i>	\$0(3)	NM; *
FISH OIL CAP 1360MG	\$0(3)	NM; *
FISH OIL CAP 1400MG	\$0(3)	NM; *
FISH OIL CHW 875MG	\$0(3)	NM; *
<i>fish oil chw gummies</i>	\$0(3)	NM; *
<i>fish oil con cap 300mg</i>	\$0(3)	NM; *
<i>fish oil con cap 1000mg</i>	\$0(3)	NM; *
<i>glutamine powder</i>	\$0(3)	NM; *
<i>glutimmune pow 100%</i>	\$0(3)	NM; *
<i>gnp co q10 cap 60mg</i>	\$0(3)	NM; *
<i>gnp co q10 cap 100mg</i>	\$0(3)	NM; *
<i>gnp co q10 cap 200mg</i>	\$0(3)	NM; *
<i>gnp fish oil cap</i>	\$0(3)	NM; *
GNP FISH OIL CAP 840MG	\$0(3)	NM; *
<i>gnp fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>gnp fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>h2q cap 100mg</i>	\$0(3)	NM; *
<i>healthy kids chw gummies</i>	\$0(3)	NM; *
<i>hm coq10 cap 50mg</i>	\$0(3)	NM; *
<i>hm coq10 cap 100mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HM FISH OIL CAP 554MG	\$0(3)	NM; *
<i>hm fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>hm fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>kp fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>kp omega-3 cap 1200mg</i>	\$0(3)	NM; *
<i>l-arginine cap 500mg</i>	\$0(3)	NM; *
L-ARGININE POW	\$0(3)	NM; *
<i>l-arginine tab 1000mg</i>	\$0(3)	NM; *
<i>l-arginine- cap 500</i>	\$0(3)	NM; *
L-CITRULLINE CAP 600MG	\$0(3)	NM; *
L-GLUTAMINE POW	\$0(3)	NM; *
L-GLUTATHION CRY	\$0(3)	NM; *
L-ISOLEUCINE POW	\$0(3)	NM; *
LIPOIC ACID CAP 150MG	\$0(3)	NM; *
LIQ-10 SYP	\$0(3)	NM; *
LIQ-10 SYP 50-15/5	\$0(3)	NM; *
<i>maximum epa cap 1000mg</i>	\$0(3)	NM; *
<i>melatonin chew tab 2.5 mg</i>	\$0(3)	NM; *
NEOQ10 CAP 125MG	\$0(3)	NM; *
<i>omega 3 500 cap 500mg</i>	\$0(3)	NM; *
<i>omega 3 cap 1000mg</i>	\$0(3)	NM; *
OMEGA BABY EMU PRENATAL	\$0(3)	NM; *
<i>omega essent liq basic</i>	\$0(3)	NM; *
<i>omega iii cap epa+dha</i>	\$0(3)	NM; *
OMEGA-3 2100 CAP 1050MG	\$0(3)	NM; *
OMEGA-3 CAP 350MG	\$0(3)	NM; *
<i>omega-3 cap 1200mg</i>	\$0(3)	NM; *
OMEGA-3 CAP 1400MG	\$0(3)	NM; *
OMEGA-3 CAP FISH OIL	\$0(3)	NM; *
<i>omega-3 fatty acids cap 300 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 435 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 500 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 1200 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fish cap 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fish cap 1200mg</i>	\$0(3)	NM; *
<i>omega-3 fish chw 113.5mg</i>	\$0(3)	NM; *
OMEGA-3 IQ CHW 240MG	\$0(3)	NM; *
<i>omera cap 1000mg</i>	\$0(3)	NM; *
<i>ovega-3 cap 500mg</i>	\$0(3)	NM; *
<i>pa fish oil cap 1000mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRO NUTRIENT CAP OMEGA3	\$0(3)	NM; *
<i>px fish oil cap 1000mg</i>	\$0(3)	NM; *
Q-GEL CAP 15MG	\$0(3)	NM; *
<i>q-gel forte cap 30mg</i>	\$0(3)	NM; *
<i>q-gel mega cap 100mg</i>	\$0(3)	NM; *
<i>q-gel ultra cap 60mg</i>	\$0(3)	NM; *
<i>q-sorb cap 30mg</i>	\$0(3)	NM; *
<i>q-sorb cap 50mg</i>	\$0(3)	NM; *
<i>q-sorb cap 75mg</i>	\$0(3)	NM; *
<i>q-sorb cap 150mg</i>	\$0(3)	NM; *
<i>q-sorb co q cap 200mg</i>	\$0(3)	NM; *
<i>q-sorb co-q cap 100mg</i>	\$0(3)	NM; *
<i>ra coenzyme cap 100mg</i>	\$0(3)	NM; *
<i>ra fish oil cap 600mg</i>	\$0(3)	NM; *
<i>ra fish oil cap 1000mg</i>	\$0(3)	NM; *
RA FISH OIL CAP 1400MG	\$0(3)	NM; *
<i>salmon oil cap 1000mg</i>	\$0(3)	NM; *
SALMON OIL- CAP 1000	\$0(3)	NM; *
<i>sam-e.p.a. cap 500mg</i>	\$0(3)	NM; *
<i>sea-omega 30 cap 1200mg</i>	\$0(3)	NM; *
<i>sea-omega 50 cap 1000mg</i>	\$0(3)	NM; *
<i>sm coq-10 cap 50mg</i>	\$0(3)	NM; *
SM FISH OIL CAP 554MG	\$0(3)	NM; *
<i>sm fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>sm fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>super dha cap gems</i>	\$0(3)	NM; *
<i>super omega cap -3</i>	\$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0(3)	NM; *
<i>theromega cap 1000mg</i>	\$0(3)	NM; *
ULTRA OMEGA3 CAP 1400MG	\$0(3)	NM; *
<i>vitajoy gumm chw 2.5mg</i>	\$0(3)	NM; *
VITAMINS		
<i>a thru z chw select</i>	\$0(3)	NM; *
<i>a thru z sel tab 50+ adva</i>	\$0(3)	NM; *
<i>a thru z sel tab 50+ mens</i>	\$0(3)	NM; *
<i>a thru z sel tab advanced</i>	\$0(3)	NM; *
<i>a thru z tab advanced</i>	\$0(3)	NM; *
<i>a thru z tab high pot</i>	\$0(3)	NM; *
<i>a thru z tab select</i>	\$0(3)	NM; *
<i>a thru z tab ultimate</i>	\$0(3)	NM; *
<i>a thru z ult tab mens</i>	\$0(3)	NM; *
A-25 CAP 25000UNT	\$0(3)	NM; *
<i>abaneu-sl sub</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>abc plus tab</i>	\$0(3)	NM; *
<i>abc plus tab senior</i>	\$0(3)	NM; *
ABDEK CAP	\$0(3)	NM; *
<i>abdek chw</i>	\$0(3)	NM; *
<i>abdek pediat dro</i>	\$0(3)	NM; *
<i>acerola c chw 500mg</i>	\$0(3)	NM; *
ACEROLA C WAF 500MG	\$0(3)	NM; *
<i>actical cap</i>	\$0(3)	NM; *
<i>adlt multivi chw gummies</i>	\$0(3)	NM; *
ADLT ONE DLY CHW GUMMIES	\$0(3)	NM; *
ADULT 50+ CAP OCUVITE	\$0(3)	NM; *
<i>50+ adult cap eye hlth</i>	\$0(3)	NM; *
<i>advanced chw multi ea</i>	\$0(3)	NM; *
<i>advanced tab formula</i>	\$0(3)	NM; *
<i>airborne chw</i>	\$0(3)	NM; *
<i>airborne chw gummies</i>	\$0(3)	NM; *
AIRBORNE LOZ	\$0(3)	NM; *
<i>airborne tab</i>	\$0(3)	NM; *
AIRSHIELD CHW IMMUNITY	\$0(3)	NM; *
<i>airshield tab</i>	\$0(3)	NM; *
<i>airshield tab berry</i>	\$0(3)	NM; *
ALIVE 50+ TAB WOMENS	\$0(3)	NM; *
ALIVE ENERGY TAB WOMENS	\$0(3)	NM; *
ALIVE PRENAT CHW DHA	\$0(3)	NM; *
ALIVE WOMENS CHW GUMMY	\$0(3)	NM; *
<i>allbee plus tab vit c</i>	\$0(3)	NM; *
<i>alph-e cap 400unit</i>	\$0(3)	NM; *
<i>alph-e-mixed cap 200unit</i>	\$0(3)	NM; *
<i>alph-e-mixed cap 1000unit</i>	\$0(3)	NM; *
<i>animal chews chw</i>	\$0(3)	NM; *
<i>animal shape chw</i>	\$0(3)	NM; *
<i>animal shape chw /iron</i>	\$0(3)	NM; *
<i>animal shape chw complete</i>	\$0(3)	NM; *
ANIMAL SHAPE CHW IRON	\$0(3)	NM; *
<i>anti-oxidant tab</i>	\$0(3)	NM; *
<i>antioxidant cap</i>	\$0(3)	NM; *
<i>antioxidant tab</i>	\$0(3)	NM; *
<i>antioxidant tab vitamins</i>	\$0(3)	NM; *
APETIGEN TAB PLUS	\$0(3)	NM; *
AQUA-E LIQ 75/ML	\$0(3)	NM; *
AQUADEKS CHW	\$0(3)	NM; *
<i>aquadeks dro</i>	\$0(3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>asco-tabs tab 1000mg</i>	\$0(3)	NM; *
ASCOR SOL 25000MG	\$0(3)	NM; *
ASCORBIC ACID POW	\$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 liquid 500 mg/5ml</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>ascorbic acid tab er 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 1000 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 1500 mg</i>	\$0(3)	NM; *
<i>b6 natural tab 100mg</i>	\$0(3)	NM; *
<i>b complex tab plus c</i>	\$0(3)	NM; *
<i>b complex tab vit c</i>	\$0(3)	NM; *
B-12 CAP 1000MCG	\$0(3)	NM; *
B-12 CAP 3000MCG	\$0(3)	NM; *
B-12 CAP 5000MCG	\$0(3)	NM; *
B-12 DOTS TAB 500MCG	\$0(3)	NM; *
B-12 DS TAB 5000MCG	\$0(3)	NM; *
B-12 LIQ 5000/ML	\$0(3)	NM; *
B-12 LOZ 1000MCG	\$0(3)	NM; *
B-12 METHYCO TAB 1000MCG	\$0(3)	NM; *
<i>b-12 micrloz sub 500mcg</i>	\$0(3)	NM; *
<i>b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>b-12 tab 2000mcg</i>	\$0(3)	NM; *
B-12 TAB 2000MCG	\$0(3)	NM; *
B-12 TAB 2500MCG	\$0(3)	NM; *
<i>b-12 tr tab 1000 mcg</i>	\$0(3)	NM; *
<i>b-complex tab /vit c</i>	\$0(3)	NM; *
<i>b-complex tab balanced</i>	\$0(3)	NM; *
<i>b-complex w/ c & calcium tab</i>	\$0(3)	NM; *
<i>b-complex w/ c & folic acid tab</i>	\$0(3)	NM; *
<i>b-complex w/ c cap</i>	\$0(3)	NM; *
<i>b-complex w/ c tab</i>	\$0(3)	NM; *
B-COMPLEX/FA TAB /VIT C	\$0(3)	NM; *
B-NATAL LOZ 25MG	\$0(3)	NM; *
<i>baby super dro daily d3</i>	\$0(3)	NM; *
<i>baby vit d dro 400/.028</i>	\$0(3)	NM; *
<i>balanced b tab complex</i>	\$0(3)	NM; *
<i>bdy/hair/skn cap nails</i>	\$0(3)	NM; *
<i>bec/zinc tab</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>berocca tab</i>	\$0(3)	NM; *
<i>better b tab complex</i>	\$0(3)	NM; *
BIO-35 GLUTE CAP FREE	\$0(3)	NM; *
BIO-D-MULSIO LIQ 400/0.4	\$0(3)	NM; *
BIO-D-MULSIO LIQ FORTE	\$0(3)	NM; *
BIOCAL CAP	\$0(3)	NM; *
BIOSUPP LIQ	\$0(3)	NM; *
BIOTECT PLUS CAP	\$0(3)	NM; *
BIOTECT PLUS LIQ	\$0(3)	NM; *
<i>biotin 5000 cap</i>	\$0(3)	NM; *
BIOTIN CAP 1MG	\$0(3)	NM; *
<i>biotin cap 2.5 mg</i>	\$0(3)	NM; *
<i>biotin cap 5 mg</i>	\$0(3)	NM; *
<i>biotin cap 10 mg</i>	\$0(3)	NM; *
<i>biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>biotin plus/ tab cal/vitd</i>	\$0(3)	NM; *
BIOTIN POW	\$0(3)	NM; *
<i>biotin tab 5 mg</i>	\$0(3)	NM; *
<i>biotin tab 300 mcg</i>	\$0(3)	NM; *
<i>biotin tab 1000 mcg</i>	\$0(3)	NM; *
BIOVOL SYP	\$0(3)	NM; *
<i>bprotected liq multi-vi</i>	\$0(3)	NM; *
<i>bprotected sol tri-vite</i>	\$0(3)	NM; *
BRAINSTRONG MIS PRENATAL	\$0(3)	NM; *
<i>c 250 tab</i>	\$0(3)	NM; *
<i>c 1000 tab 1000mg</i>	\$0(3)	NM; *
<i>c-250 tab 250mg</i>	\$0(3)	NM; *
<i>c-500 chw</i>	\$0(3)	NM; *
<i>c-500 chw 500mg</i>	\$0(3)	NM; *
<i>c-500 tab 500mg</i>	\$0(3)	NM; *
<i>c-1000 tab 1000mg</i>	\$0(3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0(3)	NM; *
C-BUFF POW	\$0(3)	NM; *
<i>c-chewable chw 500mg</i>	\$0(3)	NM; *
<i>c/rose hips chw 500mg</i>	\$0(3)	NM; *
<i>c/rose hips tab 500mg</i>	\$0(3)	NM; *
<i>c/rose hips tab 500mg tr</i>	\$0(3)	NM; *
<i>c/rose hips tab 1000mg</i>	\$0(3)	NM; *
<i>c/rosehip tr tab 1000mg</i>	\$0(3)	NM; *
CAL-CITRATE CAP 150MG	\$0(3)	NM; *
<i>calcidol dro 8000/ml</i>	\$0(3)	NM; *
<i>calciferol dro 8000/ml</i>	\$0(3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
<i>carravite tab</i>	\$0(3)	NM; *
CENT MATURE TAB ADLT 50+	\$0(3)	NM; *
<i>centamin liq</i>	\$0(3)	NM; *
<i>centavite az tab minerals</i>	\$0(3)	NM; *
<i>centavite liq</i>	\$0(3)	NM; *
CENTRAL-VITE TAB	\$0(3)	NM; *
CENTRAL-VITE TAB UNDER 50	\$0(3)	NM; *
<i>central-vite tab wmn's mat</i>	\$0(3)	NM; *
<i>centravites tab</i>	\$0(3)	NM; *
<i>centravites tab 50 plus</i>	\$0(3)	NM; *
CENTRAVITES TAB 50 PLUS	\$0(3)	NM; *
CENTRAVITES TAB ADULTS	\$0(3)	NM; *
CENTRUM CHW	\$0(3)	NM; *
CENTRUM CHW FLAV BST	\$0(3)	NM; *
CENTRUM CHW MULTI	\$0(3)	NM; *
CENTRUM CHW SILVER	\$0(3)	NM; *
<i>centrum kids chw</i>	\$0(3)	NM; *
<i>centrum kids chw complete</i>	\$0(3)	NM; *
CENTRUM KIDS CHW FLAV BST	\$0(3)	NM; *
CENTRUM SILV TAB 50+MEN	\$0(3)	NM; *
CENTRUM SILV TAB 50+WOMEN	\$0(3)	NM; *
CENTRUM SPEC PAK PRENATAL	\$0(3)	NM; *
CENTRUM SPEC TAB HEART	\$0(3)	NM; *
CENTRUM SPEC TAB VISION	\$0(3)	NM; *
CENTRUM TAB CARDIO	\$0(3)	NM; *
CENTRUM TAB SILVER	\$0(3)	NM; *
CENTRUM TAB ULTRA	\$0(3)	NM; *
<i>century tab</i>	\$0(3)	NM; *
<i>century tab mature</i>	\$0(3)	NM; *
<i>cerovite jr chw</i>	\$0(3)	NM; *
<i>cerovite tab advanced</i>	\$0(3)	NM; *
<i>cerovite tab senior</i>	\$0(3)	NM; *
<i>certa plus tab</i>	\$0(3)	NM; *
<i>certa-vite liq</i>	\$0(3)	NM; *
<i>certagen tab</i>	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
<i>certavite/ tab antioxidant</i>	\$0(3)	NM; *
CHEW-12 CHW	\$0(3)	NM; *
<i>chewabl vite chw childrns</i>	\$0(3)	NM; *
<i>chewable c chw 500mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>chewable chw children</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 multiv chw iron</i>	\$0(3)	NM; *
<i>child vitami chw</i>	\$0(3)	NM; *
<i>children vit chw</i>	\$0(3)	NM; *
<i>childrens chw /iron</i>	\$0(3)	NM; *
CHILDRENS CHW COMPLETE	\$0(3)	NM; *
<i>childrens chw gummies</i>	\$0(3)	NM; *
<i>childrens chw multivit</i>	\$0(3)	NM; *
<i>childrens chw vitamins</i>	\$0(3)	NM; *
<i>chld mltivit chw /mineral</i>	\$0(3)	NM; *
<i>chld vitamin chw iron</i>	\$0(3)	NM; *
CHLORELLA CAP	\$0(3)	NM; *
<i>chlorocaps cap</i>	\$0(3)	NM; *
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	\$0(3)	NM; *
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	\$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>comp multivi liq mineral</i>	\$0(3)	NM; *
<i>companion tab</i>	\$0(3)	NM; *
<i>compete tab</i>	\$0(3)	NM; *
<i>compl multiv chw childrns</i>	\$0(3)	NM; *
<i>comple multi tab adlt 50+</i>	\$0(3)	NM; *
COMPLETE 50+ TAB MENS	\$0(3)	NM; *
COMPLETE 50+ TAB WOMENS	\$0(3)	NM; *
<i>complete tab</i>	\$0(3)	NM; *
<i>complete tab senior</i>	\$0(3)	NM; *
CONCEPTIONXR MIS MOTILITY	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>corvite free tab</i>	\$0(3)	NM; *
CORVITE TAB	\$0(3)	NM; *
<i>cvd d3 chw 1000unit</i>	\$0(3)	NM; *
<i>cvs b1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b6 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b12 chw 2500mcg</i>	\$0(3)	NM; *
<i>cvs b-1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b-12 liq 1000/15</i>	\$0(3)	NM; *
<i>cvs biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>cvs biotin cap 10000mcg</i>	\$0(3)	NM; *
<i>cvs biotin tab 1000mcg</i>	\$0(3)	NM; *
<i>cvs children chw complete</i>	\$0(3)	NM; *
<i>cvs d3 cap 400unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 1000unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 2000unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 5000unit</i>	\$0(3)	NM; *
<i>cvs d3 chw 1000 unt</i>	\$0(3)	NM; *
<i>cvs daily chw gummies</i>	\$0(3)	NM; *
<i>cvs e cap 200unit</i>	\$0(3)	NM; *
CVS PRENATAL TAB 27-0.8MG	\$0(3)	NM; *
<i>cvs stress tab form/zn</i>	\$0(3)	NM; *
<i>cvs super b tab complx/c</i>	\$0(3)	NM; *
<i>cvs vit b12 tab 1000 tr</i>	\$0(3)	NM; *
<i>cvs vit b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>cvs vit c tab 1000mg</i>	\$0(3)	NM; *
<i>cvs vit e cap 400unit</i>	\$0(3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0(3)	NM; *
<i>cyanocobalamin liquid 1000 mcg/15ml</i>	\$0(3)	NM; *
<i>cyanocobalamin lozenge 500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 1000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 2500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 3000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 5000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 50 mcg</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; *
<i>cyanocobalamin tab er 2000 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>d3 adult chw 1000unit</i>	\$0(3)	NM; *
<i>d3 cap 1000unit</i>	\$0(3)	NM; *
<i>d3 cap 2000unit</i>	\$0(3)	NM; *
D3 DOTS TAB 2000UNIT	\$0(3)	NM; *
<i>d3 kids chw 400unit</i>	\$0(3)	NM; *
<i>d3 max st dro 5000unit</i>	\$0(3)	NM; *
<i>d3 maximum cap 5000unit</i>	\$0(3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0(3)	NM; *
<i>d3 tab 400unit</i>	\$0(3)	NM; *
<i>d3 tab 1000unit</i>	\$0(3)	NM; *
<i>d3 vitamin liq 400unit</i>	\$0(3)	NM; *
<i>d3-50 cap 50000unt</i>	\$0(3)	NM; *
<i>d3-1000 cap 1000unit</i>	\$0(3)	NM; *
<i>d 400 tab 400unit</i>	\$0(3)	NM; *
<i>d 1000 cap 1000unit</i>	\$0(3)	NM; *
<i>d 2000 tab 2000unit</i>	\$0(3)	NM; *
<i>d-3 gummy chw 400unit</i>	\$0(3)	NM; *
<i>daily combo tab</i>	\$0(3)	NM; *
DAILY D3 DRO 1000UNIT	\$0(3)	NM; *
<i>daily multi tab</i>	\$0(3)	NM; *
<i>daily multi tab men</i>	\$0(3)	NM; *
<i>daily multi tab vit/iron</i>	\$0(3)	NM; *
<i>daily multi tab vit/mens</i>	\$0(3)	NM; *
<i>daily multi tab vit/min</i>	\$0(3)	NM; *
<i>daily multi tab vitamin</i>	\$0(3)	NM; *
<i>daily multi tab vitamins</i>	\$0(3)	NM; *
<i>daily multi tab women</i>	\$0(3)	NM; *
<i>daily multi tab womn 50+</i>	\$0(3)	NM; *
<i>daily tab vitamin</i>	\$0(3)	NM; *
<i>daily value tab multivit</i>	\$0(3)	NM; *
<i>daily vit tab</i>	\$0(3)	NM; *
<i>daily vit tab +iron</i>	\$0(3)	NM; *
<i>daily vit tab +mineral</i>	\$0(3)	NM; *
<i>daily vit tab iron</i>	\$0(3)	NM; *
<i>daily vite tab</i>	\$0(3)	NM; *
<i>daily vite tab iron</i>	\$0(3)	NM; *
<i>daily-vite tab</i>	\$0(3)	NM; *
<i>daily-vite/ tab iron</i>	\$0(3)	NM; *
DDROPS LIQ	\$0(3)	NM; *
<i>decara cap 10000unt</i>	\$0(3)	NM; *
DECARA CAP 25000UNT	\$0(3)	NM; *
<i>decara cap 50000unt</i>	\$0(3)	NM; *
DECUBI-VITE CAP	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS CHW BARIATRI	\$0(3)	NM; *
DEKAS LIQ ESSENTIA	\$0(3)	NM; *
DEKAS PLUS CAP	\$0(3)	NM; *
DEKAS PLUS CHW	\$0(3)	NM; *
DEKAS PLUS LIQ	\$0(3)	NM; *
<i>delta d3 tab 400unit</i>	\$0(3)	NM; *
DIABET HLTH PAK SUPPORT	\$0(3)	NM; *
DIABETES PAK HEALTH	\$0(3)	NM; *
<i>diabetic sup tab formula</i>	\$0(3)	NM; *
<i>diabets hlth tab formula</i>	\$0(3)	NM; *
<i>dialyvite d cap 5000unit</i>	\$0(3)	NM; *
<i>dialyvite tab 800</i>	\$0(3)	NM; *
<i>dialyvite tab 800/d</i>	\$0(3)	NM; *
DIALYVITE TAB 800/IRON	\$0(3)	NM; *
DIALYVITE WAF 800	\$0(3)	NM; *
<i>dino-life chw</i>	\$0(3)	NM; *
<i>dino-life chw extra c</i>	\$0(3)	NM; *
DINO-LIFE CHW IRON-ZIN	\$0(3)	NM; *
<i>disney cars chw gummies</i>	\$0(3)	NM; *
DOSOQUIN TAB	\$0(3)	NM; *
<i>dry eye cap formula</i>	\$0(3)	NM; *
<i>e200 cap 200unit</i>	\$0(3)	NM; *
<i>e400 mixed cap 400unit</i>	\$0(3)	NM; *
<i>e 1000 cap 1000unit</i>	\$0(3)	NM; *
<i>e-200 cap 200unit</i>	\$0(3)	NM; *
<i>e-400 cap 400unit</i>	\$0(3)	NM; *
<i>e-400 clear cap</i>	\$0(3)	NM; *
<i>e-400-mixed cap</i>	\$0(3)	NM; *
<i>e-max-1000 cap</i>	\$0(3)	NM; *
<i>e-oil oil 30000unt</i>	\$0(3)	NM; *
<i>e-pherol tab 400unit</i>	\$0(3)	NM; *
<i>eldertonic liq</i>	\$0(3)	NM; *
ELFOLATE PLU TAB 3-35-2MG	\$0(3)	NM; *
EMERGEN-C CHW VITA C	\$0(3)	NM; *
EMERGEN-C PAK BLUE	\$0(3)	NM; *
EMERGEN-C PAK HEART	\$0(3)	NM; *
EMERGEN-C PAK IMMUNE	\$0(3)	NM; *
EMERGEN-C PAK KIDZ	\$0(3)	NM; *
EMERGEN-C PAK MSM LITE	\$0(3)	NM; *
EMERGEN-C PAK PINK	\$0(3)	NM; *
EMERGEN-C PAK SUPER FR	\$0(3)	NM; *
EMERGEN-C PAK VIT D/CA	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMERGEN-C PAK VITA C	\$0(3)	NM; *
<i>endur-acin tab 250mg</i>	\$0(3)	NM; *
<i>endur-acin tab 250mg sr</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg sr</i>	\$0(3)	NM; *
<i>endur-acin tab 750mg</i>	\$0(3)	NM; *
<i>endur-c/rose tab 500mg</i>	\$0(3)	NM; *
<i>endur-c/rose tab 1000mg</i>	\$0(3)	NM; *
ENDUR-VM TAB	\$0(3)	NM; *
ENDUR-VM TAB IRON	\$0(3)	NM; *
ENFAMIL MIS EXPECTA	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>enviro-stres tab</i>	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
<i>eq multivita chw gummies</i>	\$0(3)	NM; *
EQ ONE DAILY TAB MENS	\$0(3)	NM; *
<i>eq one daily tab womens</i>	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>eql b-6 tab 100mg</i>	\$0(3)	NM; *
<i>eql century tab</i>	\$0(3)	NM; *
<i>eql century tab mature</i>	\$0(3)	NM; *
EQL CENTURY TAB MENS	\$0(3)	NM; *
<i>eql vision tab formula</i>	\$0(3)	NM; *
<i>eql vit c tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit e cap 400unit</i>	\$0(3)	NM; *
<i>eql vit e cap 1000unit</i>	\$0(3)	NM; *
<i>eql vitamin cap d3</i>	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0(3)	NM; *
ESCAVITE CHW	\$0(3)	NM; *
<i>essentia tab</i>	\$0(3)	NM; *
<i>essential tab balance</i>	\$0(3)	NM; *
<i>essentl one tab daily</i>	\$0(3)	NM; *
<i>ester-e cap 400unit</i>	\$0(3)	NM; *
<i>eye health & tab lutein</i>	\$0(3)	NM; *
<i>eyeprotect tab</i>	\$0(3)	NM; *
<i>fa-8 cap 800mcg</i>	\$0(3)	NM; *
<i>fa-8 tab 0.8mg</i>	\$0(3)	NM; *
<i>flintstones chw bone bld</i>	\$0(3)	NM; *
<i>flintstones chw complete</i>	\$0(3)	NM; *
<i>flintstones chw extra c</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>flintstones chw my first</i>	\$0(3)	NM; *
<i>flintstones chw omega-3</i>	\$0(3)	NM; *
<i>flintstones chw pls calc</i>	\$0(3)	NM; *
<i>flintstones chw w/iron</i>	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
<i>folate tab 400mcg</i>	\$0(3)	NM; *
<i>folbee plus tab</i>	\$0(3)	NM; *
<i>folbee plus tab cz</i>	\$0(3)	NM; *
<i>folbee tab</i>	\$0(3)	NM; *
<i>folbic tab</i>	\$0(3)	NM; *
<i>folic acid cap 0.8 mg</i>	\$0(3)	NM; *
FOLIC ACID CAP 5MG	\$0(3)	NM; *
FOLIC ACID CAP 20MG	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
FOLIC ACID POW	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
<i>folic acid tab 400 mcg</i>	\$0(3)	NM; *
<i>folic acid tab 400mcg</i>	\$0(3)	NM; *
<i>folic acid tab 800 mcg</i>	\$0(3)	NM; *
<i>folic acid tab 800mcg</i>	\$0(3)	NM; *
<i>folic acid tab 1000mcg</i>	\$0(3)	NM; *
<i>folplex 2.2 tab</i>	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
<i>formula e cap 400unit</i>	\$0(3)	NM; *
FREEDAVITE TAB	\$0(3)	NM; *
<i>fruit c chw 500mg</i>	\$0(3)	NM; *
<i>fruit c-100 chw</i>	\$0(3)	NM; *
<i>fruity c chw 250mg</i>	\$0(3)	NM; *
<i>fruity chews chw</i>	\$0(3)	NM; *
<i>fruity chews chw /iron</i>	\$0(3)	NM; *
<i>fruity chw multivit</i>	\$0(3)	NM; *
FULL SPECT TAB B/ VIT C	\$0(3)	NM; *
<i>geriaton liq</i>	\$0(3)	NM; *
<i>gerivite tab complete</i>	\$0(3)	NM; *
<i>glucoten cap</i>	\$0(3)	NM; *
GLYCO-TECH TAB	\$0(3)	NM; *
<i>gnp animal chw plus c</i>	\$0(3)	NM; *
<i>gnp animal chw shapes</i>	\$0(3)	NM; *
<i>gnp b-12 sub 2500mcg</i>	\$0(3)	NM; *
<i>gnp biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>gnp century tab</i>	\$0(3)	NM; *
<i>gnp century tab cardio</i>	\$0(3)	NM; *
<i>gnp century tab mature</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 niacin tab 250mg</i>	\$0(3)	NM; *
<i>gnp niacin tab 250mg tr</i>	\$0(3)	NM; *
<i>gnp one dail tab maximum</i>	\$0(3)	NM; *
<i>gnp opti-vit tab</i>	\$0(3)	NM; *
GNP PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>gnp vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 1000 cr</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 1000 pr</i>	\$0(3)	NM; *
<i>gnp vit c chw 500mg</i>	\$0(3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 250mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 500mg pr</i>	\$0(3)	NM; *
<i>gnp vit c tab 1000mg</i>	\$0(3)	NM; *
<i>gnp vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>gnp vit d3 tab 1000unit</i>	\$0(3)	NM; *
<i>gnp vit d tab 1000unit</i>	\$0(3)	NM; *
<i>gnp vit d tab 5000unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 200unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 400unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 1000unit</i>	\$0(3)	NM; *
<i>gnp zoochews chw gummies</i>	\$0(3)	NM; *
GOODSENSE TAB 28-0.8MG	\$0(3)	NM; *
<i>gummi bear chw multivit</i>	\$0(3)	NM; *
<i>gummy dinos chw</i>	\$0(3)	NM; *
<i>gummy dinos chw chldrn</i>	\$0(3)	NM; *
<i>gummy multiv chw kids</i>	\$0(3)	NM; *
<i>gummy vit/ chw minerals</i>	\$0(3)	NM; *
<i>hair formula tab ex stren</i>	\$0(3)	NM; *
HAIR SKIN & TAB NAILS AD	\$0(3)	NM; *
<i>hair/skin cap nails</i>	\$0(3)	NM; *
HAIR/SKIN/ CAP NAILS	\$0(3)	NM; *
<i>hair/skin/ tab nails</i>	\$0(3)	NM; *
<i>halls defens loz vit c</i>	\$0(3)	NM; *
<i>healthy eyes cap supervis</i>	\$0(3)	NM; *
<i>healthy eyes tab</i>	\$0(3)	NM; *
<i>healthy eyes tab lutein</i>	\$0(3)	NM; *
<i>healthy hair tab skn/nail</i>	\$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm animal chw shapes</i>	\$0(3)	NM; *
<i>hm b complex tab with c</i>	\$0(3)	NM; *
<i>hm biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>hm complete tab</i>	\$0(3)	NM; *
HM COMPLETE TAB	\$0(3)	NM; *
<i>hm complete tab 50+</i>	\$0(3)	NM; *
HM COMPLETE TAB MEN	\$0(3)	NM; *
<i>hm complete tab women</i>	\$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0(3)	NM; *
<i>hm niacin tab 250mg</i>	\$0(3)	NM; *
<i>hm niacin tr tab 250mg</i>	\$0(3)	NM; *
<i>hm one daily tab /iron</i>	\$0(3)	NM; *
HM ONE DAILY TAB MENS	\$0(3)	NM; *
HM PRENATAL TAB	\$0(3)	NM; *
<i>hm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>hm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>hm vit d3 cap 2000unit</i>	\$0(3)	NM; *
<i>hm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>hm vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>hm vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>hm vitamin d tab 1000unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 1000unit</i>	\$0(3)	NM; *
HONEY BEARS CHW	\$0(3)	NM; *
HONEY BEARS CHW IRON-ZIN	\$0(3)	NM; *
HYALEX TAB	\$0(3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0(3)	NM; *
<i>i-vite prote tab</i>	\$0(3)	NM; *
<i>i-vite tab</i>	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
<i>icaps cap</i>	\$0(3)	NM; *
<i>icaps lutein cap /omega-3</i>	\$0(3)	NM; *
<i>icaps mv tab</i>	\$0(3)	NM; *
ICAPS PLUS TAB	\$0(3)	NM; *
IMMUNE CHW SUPPORT	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
<i>just d liq 400unit</i>	\$0(3)	NM; *
<i>k 100 tab 100mcg</i>	\$0(3)	NM; *
K-PAX CAP DOUBLE	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
K-PAX CAP SINGLE	\$0(3)	NM; *
K-PAX TAB PROF ST	\$0(3)	NM; *
<i>kids vit d3 chw 1000unit</i>	\$0(3)	NM; *
<i>kp adult 50+ tab daily</i>	\$0(3)	NM; *
<i>kp adults tab daily</i>	\$0(3)	NM; *
<i>kp b complex tab /c</i>	\$0(3)	NM; *
<i>kp mens 50+ tab daily</i>	\$0(3)	NM; *
KP MENS MIS DAILY PK	\$0(3)	NM; *
<i>kp mens tab daily</i>	\$0(3)	NM; *
<i>kp niacin tab 500mg</i>	\$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	\$0(3)	NM; *
<i>kp vision tab for/ltn</i>	\$0(3)	NM; *
<i>kp vision tab formula</i>	\$0(3)	NM; *
<i>kp vitamin e cap 100unit</i>	\$0(3)	NM; *
<i>kp women 50+ tab daily</i>	\$0(3)	NM; *
KP WOMENS PAK DAILY	\$0(3)	NM; *
<i>kp womens tab daily</i>	\$0(3)	NM; *
KPN PRENATAL TAB	\$0(3)	NM; *
L-METHYL- TAB B6-B12	\$0(3)	NM; *
L-METHYL-MC TAB	\$0(3)	NM; *
<i>land bfr tim chw vit/iron</i>	\$0(3)	NM; *
LIFE PACK MIS MENS	\$0(3)	NM; *
LIFE PACK MIS WOMENS	\$0(3)	NM; *
<i>liqui-e liq 400/15ml</i>	\$0(3)	NM; *
<i>little anima chw plus fe</i>	\$0(3)	NM; *
<i>lysiplex liq plus</i>	\$0(3)	NM; *
M-NATAL PLUS TAB	\$0(2)	
M.V.I PEDIAT INJ	\$0(3)	NM; *
M.V.I. ADULT INJ	\$0(3)	NM; *
<i>macular hlth cap formula</i>	\$0(3)	NM; *
MACULAR VIT TAB BENEFIT	\$0(3)	NM; *
<i>macuvite tab</i>	\$0(3)	NM; *
<i>macuvite tab eye care</i>	\$0(3)	NM; *
<i>macuvite tab lutein</i>	\$0(3)	NM; *
<i>max daily tab green</i>	\$0(3)	NM; *
MAXIMIN PAK	\$0(3)	NM; *
<i>maximum d3 cap 325mcg</i>	\$0(3)	NM; *
<i>maximum tab blue lab</i>	\$0(3)	NM; *
<i>maximum tab green lb</i>	\$0(3)	NM; *
<i>maximum tab red labl</i>	\$0(3)	NM; *
<i>mediplex tab plus</i>	\$0(3)	NM; *
<i>mega multi tab men</i>	\$0(3)	NM; *
MEGA MULTI TAB MEN	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mega multi tab women</i>	\$0(3)	NM; *
MEGA MULTIVI TAB MEN	\$0(3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0(3)	NM; *
<i>mega vm-80 tab</i>	\$0(3)	NM; *
<i>mega-maratho tab 100 tr</i>	\$0(3)	NM; *
MEGAVITE TAB FRT/VEG	\$0(3)	NM; *
MEGAVITE TAB GOLD 55+	\$0(3)	NM; *
<i>mens 50+ adv tab one daly</i>	\$0(3)	NM; *
MENS 50+ CAP ADVANCED	\$0(3)	NM; *
<i>mens daily cap lycopene</i>	\$0(3)	NM; *
<i>mens daily chw gummies</i>	\$0(3)	NM; *
<i>mens daily tab formula</i>	\$0(3)	NM; *
MENS MULTI TAB VIT/MIN	\$0(3)	NM; *
MENS PAK	\$0(3)	NM; *
<i>meribin cap 5mg</i>	\$0(3)	NM; *
METAFOLBIC TAB	\$0(3)	NM; *
MH MACULAR MIS HEALTH	\$0(3)	NM; *
MIL-A-MULSIO EMU	\$0(3)	NM; *
<i>milltrium sr tab</i>	\$0(3)	NM; *
MTERYTI TAB	\$0(3)	NM; *
MTERYTI TAB FOLIC 5	\$0(3)	NM; *
MULT VITAM DRO	\$0(3)	NM; *
<i>mult vitamin tab daily</i>	\$0(3)	NM; *
<i>mult vitamin tab essent</i>	\$0(3)	NM; *
<i>mult vitamin tab mens</i>	\$0(3)	NM; *
<i>mult vitamin tab no iron</i>	\$0(3)	NM; *
<i>mult vitamin tab womens</i>	\$0(3)	NM; *
<i>multi 50+ cap for her</i>	\$0(3)	NM; *
<i>multi 50+ tab for her</i>	\$0(3)	NM; *
<i>multi 50+ tab for him</i>	\$0(3)	NM; *
MULTI ADULT CHW EXTRA C	\$0(3)	NM; *
<i>multi adult chw gummies</i>	\$0(3)	NM; *
<i>multi cap for her</i>	\$0(3)	NM; *
<i>multi complt tab /iron</i>	\$0(3)	NM; *
MULTI FOR POW HIM	\$0(3)	NM; *
<i>multi gummie chw mens</i>	\$0(3)	NM; *
<i>multi gummie chw womens</i>	\$0(3)	NM; *
MULTI PRENAT TAB	\$0(3)	NM; *
<i>multi tab for her</i>	\$0(3)	NM; *
<i>multi tab for him</i>	\$0(3)	NM; *
MULTI VITAMI TAB	\$0(3)	NM; *
MULTI VITAMI TAB D-3	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multi+omega3 chw adult</i>	\$0(3)	NM; *
<i>multi-day tab</i>	\$0(3)	NM; *
<i>multi-day tab /iron</i>	\$0(3)	NM; *
<i>multi-day tab minerals</i>	\$0(3)	NM; *
<i>multi-day tab vitamins</i>	\$0(3)	NM; *
<i>multi-delyn liq</i>	\$0(3)	NM; *
MULTI-DELYN LIQ /IRON	\$0(3)	NM; *
<i>multi-vit/ tab minerals</i>	\$0(3)	NM; *
<i>multi-vit/fe dro /fl 0.25</i>	\$0(3)	NM; *
<i>multi-vit/fe tab</i>	\$0(3)	NM; *
<i>multi-vitami chw gummies</i>	\$0(3)	NM; *
MULTI-VITAMI TAB MONOCAPS	\$0(3)	NM; *
<i>multi-vitamn tab</i>	\$0(3)	NM; *
<i>multi-vite tab</i>	\$0(3)	NM; *
<i>multi-vite tab 50&over</i>	\$0(3)	NM; *
<i>multilex tab</i>	\$0(3)	NM; *
<i>multilex-t&m tab</i>	\$0(3)	NM; *
<i>multimineral tab plus</i>	\$0(3)	NM; *
<i>multiple vitamin tab</i>	\$0(3)	NM; *
<i>multiple vitamins w/ iron tab</i>	\$0(3)	NM; *
<i>multiple vitamins w/ minerals tab</i>	\$0(3)	NM; *
<i>multiv women tab 50+</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.5mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.25mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 1mg</i>	\$0(3)	NM; *
<i>multivit/fl dro 0.25mg</i>	\$0(3)	NM; *
<i>multivitamin cap</i>	\$0(3)	NM; *
<i>multivitamin cap daily</i>	\$0(3)	NM; *
MULTIVITAMIN CHW ADULT	\$0(3)	NM; *
<i>multivitamin chw child</i>	\$0(3)	NM; *
MULTIVITAMIN CHW CHILD	\$0(3)	NM; *
<i>multivitamin chw children</i>	\$0(3)	NM; *
MULTIVITAMIN CHW IRON	\$0(3)	NM; *
<i>multivitamin chw vita d3</i>	\$0(3)	NM; *
MULTIVITAMIN DRO /IRON	\$0(3)	NM; *
<i>multivitamin liq</i>	\$0(3)	NM; *
MULTIVITAMIN LIQ	\$0(3)	NM; *
<i>multivitamin liq mineral</i>	\$0(3)	NM; *
<i>multivitamin tab adlt 50+</i>	\$0(3)	NM; *
<i>multivitamin tab adt 50+</i>	\$0(3)	NM; *
MULTIVITAMIN TAB ADULT	\$0(3)	NM; *
<i>multivitamin tab adults</i>	\$0(3)	NM; *
MULTIVITAMIN TAB ADULTS	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multivitamin tab daily</i>	\$0(3)	NM; *
<i>multivitamin tab men 50+</i>	\$0(3)	NM; *
<i>multivitamin tab mens</i>	\$0(3)	NM; *
<i>multivitamin tab women</i>	\$0(3)	NM; *
<i>multivitamin tab womens</i>	\$0(3)	NM; *
MVW COMPLETE CAP D3000	\$0(3)	NM; *
MVW COMPLETE CAP D5000	\$0(3)	NM; *
MVW COMPLETE CAP FORMULAT	\$0(3)	NM; *
MVW COMPLETE CAP MINIS	\$0(3)	NM; *
<i>mvw complete chw bubblgum</i>	\$0(3)	NM; *
<i>mvw complete chw d3000</i>	\$0(3)	NM; *
MVW COMPLETE CHW GRAPE	\$0(3)	NM; *
<i>mvw complete chw orange</i>	\$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0(3)	NM; *
<i>my-vitalife cap</i>	\$0(3)	NM; *
<i>myamulti tab</i>	\$0(3)	NM; *
<i>mynephrocaps cap</i>	\$0(3)	NM; *
<i>mynephron cap</i>	\$0(3)	NM; *
<i>nail-ex tab 2.5mg</i>	\$0(3)	NM; *
NANOVM POW 1-3 YRS	\$0(3)	NM; *
NANOVM POW 4-8YEARS	\$0(3)	NM; *
NANOVM POW 9-18 YRS	\$0(3)	NM; *
NANOVM T/F POW	\$0(3)	NM; *
NASCOBAL SPR 500MCG	\$0(3)	NM; *
<i>nat vit e cap 400unit</i>	\$0(3)	NM; *
<i>nat vit e cap 1000unit</i>	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	\$0(3)	NM; *
<i>neuro-k-50 tab</i>	\$0(3)	NM; *
<i>niacin cap er 250 mg</i>	\$0(3)	NM; *
<i>niacin cap er 500 mg</i>	\$0(3)	NM; *
NIACIN POW	\$0(3)	NM; *
<i>niacin tab 50 mg</i>	\$0(3)	NM; *
<i>niacin tab 100 mg</i>	\$0(3)	NM; *
<i>niacin tab 100mg</i>	\$0(3)	NM; *
<i>niacin tab 250 mg</i>	\$0(3)	NM; *
<i>niacin tab 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 250 mg</i>	\$0(3)	NM; *
<i>niacin tab er 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 750 mg</i>	\$0(3)	NM; *
NIACIN TR TAB 1000MG	\$0(3)	NM; *
<i>niacin-50 tab</i>	\$0(3)	NM; *
NUFOLA CAP	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nutr-e-sol liq 400/15ml</i>	\$0(3)	NM; *
NUTRICAP TAB	\$0(3)	NM; *
NUTRIVIT LIQ 800-15-1	\$0(3)	NM; *
<i>ocutabs tab</i>	\$0(3)	NM; *
<i>ocutabs tab lutein</i>	\$0(3)	NM; *
OCUVITE CAP ADULT	\$0(3)	NM; *
<i>ocuvite eye chw health</i>	\$0(3)	NM; *
<i>ocuvite eye tab + multi</i>	\$0(3)	NM; *
OCUVITE LUTE CAP	\$0(3)	NM; *
<i>ocuvite tab lutein</i>	\$0(3)	NM; *
<i>ocuvite xtra tab</i>	\$0(3)	NM; *
OMNICAP TAB	\$0(3)	NM; *
<i>once daily tab</i>	\$0(3)	NM; *
<i>once daily tab iron</i>	\$0(3)	NM; *
ONCOVITE TAB	\$0(3)	NM; *
<i>one daily chw gummy</i>	\$0(3)	NM; *
<i>one daily mv tab /iron</i>	\$0(3)	NM; *
<i>one daily tab</i>	\$0(3)	NM; *
<i>one daily tab 50+</i>	\$0(3)	NM; *
<i>one daily tab 50+ adv</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 essentl</i>	\$0(3)	NM; *
<i>one daily tab fe/ca</i>	\$0(3)	NM; *
<i>one daily tab maximum</i>	\$0(3)	NM; *
<i>one daily tab men</i>	\$0(3)	NM; *
<i>one daily tab men 50+</i>	\$0(3)	NM; *
<i>one daily tab mens</i>	\$0(3)	NM; *
<i>one daily tab mens 50+</i>	\$0(3)	NM; *
ONE DAILY TAB MENS 50+	\$0(3)	NM; *
<i>one daily tab multivit</i>	\$0(3)	NM; *
<i>one daily tab pls iron</i>	\$0(3)	NM; *
<i>one daily tab plus iro</i>	\$0(3)	NM; *
<i>one daily tab wom 50+</i>	\$0(3)	NM; *
ONE DAILY TAB WOMANS	\$0(3)	NM; *
<i>one daily tab women</i>	\$0(3)	NM; *
<i>one daily tab women 50</i>	\$0(3)	NM; *
<i>one daily tab womens</i>	\$0(3)	NM; *
<i>one daily wm tab pro-actv</i>	\$0(3)	NM; *
<i>one daily/ tab minerals</i>	\$0(3)	NM; *
<i>one dly hlth tab wght adv</i>	\$0(3)	NM; *
ONE-A-DAY CHW IMMUNITY	\$0(3)	NM; *
ONE-A-DAY CHW VITACRAV	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE-A-DAY TAB 50+ ADV	\$0(3)	NM; *
ONE-A-DAY TAB 65+	\$0(3)	NM; *
ONE-A-DAY TAB ENERGY	\$0(3)	NM; *
ONE-A-DAY TAB MENOPAUS	\$0(3)	NM; *
ONE-A-DAY TAB MENS	\$0(3)	NM; *
<i>one-a-day tab teen/her</i>	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
ONE-DAILY PAK MULT-VIT	\$0(3)	NM; *
ONE-DAILY PAK VIT/MIN	\$0(3)	NM; *
<i>one-daily tab /iron</i>	\$0(3)	NM; *
<i>one-daily tab mult vit</i>	\$0(3)	NM; *
<i>one-daily tab mult-vit</i>	\$0(3)	NM; *
<i>optic-vites tab</i>	\$0(3)	NM; *
OPTIMAL D3 M CAP	\$0(3)	NM; *
<i>optimal-d cap 50000unt</i>	\$0(3)	NM; *
<i>optimum pms tab</i>	\$0(3)	NM; *
OPTISOURCE CHW BARIATRC	\$0(3)	NM; *
OPURITY CHW BYPASS	\$0(3)	NM; *
<i>orthovite tab</i>	\$0(3)	NM; *
<i>pa biotin cap 5000mcg</i>	\$0(3)	NM; *
PA MENS 50 PAK VITAPAK	\$0(3)	NM; *
PA MENS PAK VITAPAK	\$0(3)	NM; *
<i>pa vitamin cap 2000unit</i>	\$0(3)	NM; *
<i>pa vitamin e cap 400unit</i>	\$0(3)	NM; *
PA WOMENS 50 PAK VITAPAK	\$0(3)	NM; *
PA WOMENS PAK VITAPAK	\$0(3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
PARVLEX TAB	\$0(3)	NM; *
<i>pedia d-vite dro 400unit</i>	\$0(3)	NM; *
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	\$0(3)	NM; *
<i>pediavit liq</i>	\$0(3)	NM; *
PHLEXY-VITS POW	\$0(3)	NM; *
PHYTOMULTI TAB	\$0(3)	NM; *
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$0(3)	NM; *
<i>phytonadione tab 100 mcg</i>	\$0(3)	NM; *
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>poly vitamin chw</i>	\$0(3)	NM; *
<i>poly-vite dro</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>poly-vite sol /iron</i>	\$0(3)	NM; *
<i>polyvitamin chw /iron</i>	\$0(3)	NM; *
<i>polyvitamin dro</i>	\$0(3)	NM; *
PORENAL+D CAP OMEGA 3	\$0(3)	NM; *
PRENAT MULTI CAP +DHA	\$0(3)	NM; *
PRENATAL MV MIS + DHA	\$0(3)	NM; *
PRENATAL ONE TAB DAILY	\$0(3)	NM; *
PRENATAL PLUS	\$0(2)	
PRENATAL TAB	\$0(3)	NM; *
PRENATAL TAB 27-0.8MG	\$0(3)	NM; *
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL TAB IRON	\$0(3)	NM; *
PRENATAL TAB LOW IRON	\$0(3)	NM; *
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL VIT TAB LOW IRON	\$0(2)	
PRENATAL VIT TAB MINERALS	\$0(3)	NM; *
PRENATL MULT CAP + DHA	\$0(3)	NM; *
PRENTAT MULT CAP PLUS DHA	\$0(3)	NM; *
PRESERVISION CAP AREDS	\$0(3)	NM; *
PRESERVISION CAP AREDS 2	\$0(3)	NM; *
PRESERVISION CAP LUTEIN	\$0(3)	NM; *
PRESERVISION TAB AREDS	\$0(3)	NM; *
<i>prevent cap</i>	\$0(3)	NM; *
<i>princess chw gummies</i>	\$0(3)	NM; *
PRO-CAL TAB	\$0(3)	NM; *
PROCERV HP TAB	\$0(3)	NM; *
PRORENAL +D TAB	\$0(3)	NM; *
PRORENAL+D CAP OMEGA-3	\$0(3)	NM; *
PRORENAL+D TAB	\$0(3)	NM; *
<i>prosight cap w/lutein</i>	\$0(3)	NM; *
<i>prosight tab</i>	\$0(3)	NM; *
PROTECT CAP CARDIO	\$0(3)	NM; *
PROTECT CAP PLUS SO	\$0(3)	NM; *
PROTECT PLUS LIQ NF	\$0(3)	NM; *
PROTEGRA CAP	\$0(3)	NM; *
<i>pure c cap 500mg cr</i>	\$0(3)	NM; *
<i>pureway-c tab 500mg</i>	\$0(3)	NM; *
<i>px advanced tab multivit</i>	\$0(3)	NM; *
<i>px complete tab senior</i>	\$0(3)	NM; *
<i>px mens mult tab vitamins</i>	\$0(3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>pyridoxine hcl tab 250 mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl tab 500 mg</i>	\$0(3)	NM; *
<i>qc childrens chw complete</i>	\$0(3)	NM; *
<i>qc childrens chw extra c</i>	\$0(3)	NM; *
<i>qc childrens chw iron</i>	\$0(3)	NM; *
QC PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>qc therin-m tab</i>	\$0(3)	NM; *
QUIN B TAB STRONG	\$0(3)	NM; *
QUINTABS TAB	\$0(3)	NM; *
<i>quintabs-m tab</i>	\$0(3)	NM; *
QUINTABS-M TAB	\$0(3)	NM; *
<i>ra b-complex tab vit c tr</i>	\$0(3)	NM; *
<i>ra biotin cap 2500mcg</i>	\$0(3)	NM; *
<i>ra c/acerola chw 500mg</i>	\$0(3)	NM; *
<i>ra central tab -vite</i>	\$0(3)	NM; *
<i>ra central tab energy</i>	\$0(3)	NM; *
<i>ra central tab vite sel</i>	\$0(3)	NM; *
<i>ra central tab vite sen</i>	\$0(3)	NM; *
RA ESSENCE-C POW LMN-LIME	\$0(3)	NM; *
RA ESSENCE-C POW ORANGE	\$0(3)	NM; *
RA ESSENCE-C POW RASPBRY	\$0(3)	NM; *
RA ESSENCE-C POW TNGERINE	\$0(3)	NM; *
<i>ra hair/skin tab /nails</i>	\$0(3)	NM; *
<i>ra mature wm tab diet sup</i>	\$0(3)	NM; *
<i>ra nat vit e cap 400unit</i>	\$0(3)	NM; *
<i>ra niacin tab 100mg</i>	\$0(3)	NM; *
<i>ra niacin tab 500mg</i>	\$0(3)	NM; *
<i>ra one daily pak mens 50+</i>	\$0(3)	NM; *
<i>ra one daily tab +iron</i>	\$0(3)	NM; *
<i>ra one daily tab energy</i>	\$0(3)	NM; *
<i>ra one daily tab essentia</i>	\$0(3)	NM; *
<i>ra one daily tab maximum</i>	\$0(3)	NM; *
<i>ra one daily tab mens 50+</i>	\$0(3)	NM; *
<i>ra one daily tab mens/d3</i>	\$0(3)	NM; *
<i>ra one daily tab multivit</i>	\$0(3)	NM; *
<i>ra one daily tab womens</i>	\$0(3)	NM; *
<i>ra therapeut tab m/beta</i>	\$0(3)	NM; *
<i>ra vision tab vite/zn</i>	\$0(3)	NM; *
<i>ra vit b-6 tab 50mg</i>	\$0(3)	NM; *
<i>ra vit b-6 tab 100mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ra vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>ra vit b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>ra vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>ra vitamin cap 2000unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 1000unit</i>	\$0(3)	NM; *
<i>rabano liq yodado</i>	\$0(3)	NM; *
RAYALDEE CAP 30MCG	\$0(2)	NDS
<i>rena-vite rx tab</i>	\$0(3)	NM; *
<i>rena-vite tab</i>	\$0(3)	NM; *
<i>renal cap</i>	\$0(3)	NM; *
<i>renal tab multivit</i>	\$0(3)	NM; *
<i>renal vitamn tab</i>	\$0(3)	NM; *
<i>renal-vite tab</i>	\$0(3)	NM; *
<i>renal/zinc tab multivit</i>	\$0(3)	NM; *
<i>renaplex tab</i>	\$0(3)	NM; *
RENAPLEX-D TAB	\$0(3)	NM; *
<i>reno cap</i>	\$0(3)	NM; *
REPLACE CAP	\$0(3)	NM; *
REPLESTA NX WAF 14000UNT	\$0(3)	NM; *
REPLESTA WAF 14000UNT	\$0(3)	NM; *
REPLESTA WAF 50000UNT	\$0(3)	NM; *
RIGHT STEP TAB PRENATAL	\$0(3)	NM; *
<i>savision tab</i>	\$0(3)	NM; *
<i>sclerex tab</i>	\$0(3)	NM; *
SCOOBY-DOO CHW	\$0(3)	NM; *
<i>senior tabs tab</i>	\$0(3)	NM; *
<i>sentry adult tab under 50</i>	\$0(3)	NM; *
<i>sentry tab</i>	\$0(3)	NM; *
SENTRY TAB	\$0(3)	NM; *
<i>sentry tab senior</i>	\$0(3)	NM; *
SENTRY TAB SENIOR	\$0(3)	NM; *
<i>slo-niacin tab 250mg cr</i>	\$0(3)	NM; *
<i>slo-niacin tab 250mg er</i>	\$0(3)	NM; *
<i>sm animal chw shapes</i>	\$0(3)	NM; *
<i>sm animal sh chw complete</i>	\$0(3)	NM; *
<i>sm b super tab vita com</i>	\$0(3)	NM; *
SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm complete tab</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm complete tab 50+</i>	\$0(3)	NM; *
<i>sm complete tab 50+ mens</i>	\$0(3)	NM; *
<i>sm complete tab 50+ wmn</i>	\$0(3)	NM; *
<i>sm complete tab adv form</i>	\$0(3)	NM; *
<i>sm complete tab senior</i>	\$0(3)	NM; *
<i>sm folic acd tab 400mcg</i>	\$0(3)	NM; *
<i>sm hair/skin tab /nails</i>	\$0(3)	NM; *
<i>sm multiple tab vit/iron</i>	\$0(3)	NM; *
<i>sm multiple tab vitamins</i>	\$0(3)	NM; *
<i>sm niacin tab 250mg cr</i>	\$0(3)	NM; *
SM ONE DAILY TAB MENS	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm opti-vita tab</i>	\$0(3)	NM; *
SM PRENATAL TAB VITAMINS	\$0(3)	NM; *
<i>sm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 1000mcg</i>	\$0(3)	NM; *
<i>sm vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>sm vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin d tab 400unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 1000unit</i>	\$0(3)	NM; *
SOLO TAB	\$0(3)	NM; *
<i>spectr women tab hlth sen</i>	\$0(3)	NM; *
<i>spectra ultr tab hlth men</i>	\$0(3)	NM; *
SPECTRAVITE CHW ADLT 50+	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0(3)	NM; *
<i>spectravite tab advanced</i>	\$0(3)	NM; *
SPECTRAVITE TAB MEN 50+	\$0(3)	NM; *
<i>spectravite tab senior</i>	\$0(3)	NM; *
SPECTRAVITE TAB SENIOR	\$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0(3)	NM; *
<i>stress b com tab vit c/zn</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>stress b/ tab zinc</i>	\$0(3)	NM; *
<i>stress form tab</i>	\$0(3)	NM; *
<i>stress form tab /iron</i>	\$0(3)	NM; *
<i>stress form tab /zinc</i>	\$0(3)	NM; *
<i>stress form/ tab zinc</i>	\$0(3)	NM; *
<i>stress formu tab</i>	\$0(3)	NM; *
<i>stress formu tab /zinc</i>	\$0(3)	NM; *
<i>stress formu tab advanced</i>	\$0(3)	NM; *
<i>stress formu tab energy</i>	\$0(3)	NM; *
<i>stress formu tab w/iron</i>	\$0(3)	NM; *
<i>stresstabs tab advanced</i>	\$0(3)	NM; *
<i>stresstabs tab energy</i>	\$0(3)	NM; *
<i>sunvite tab advanced</i>	\$0(3)	NM; *
SUPER ANTIOX CAP	\$0(3)	NM; *
<i>super antiox tab a/c/e/se</i>	\$0(3)	NM; *
<i>super b comp tab vit c</i>	\$0(3)	NM; *
<i>super b w/c cap</i>	\$0(3)	NM; *
<i>super b-comp tab /fa/vitc</i>	\$0(3)	NM; *
<i>super b-comp tab vit c/fa</i>	\$0(3)	NM; *
<i>super biotin cap 5000mcg</i>	\$0(3)	NM; *
SUPER DAILY DRO D3	\$0(3)	NM; *
<i>super liq nu-thera</i>	\$0(3)	NM; *
<i>super multip cap</i>	\$0(3)	NM; *
<i>super multip tab</i>	\$0(3)	NM; *
SUPER POW NU-THERA	\$0(3)	NM; *
<i>super tab nu-thera</i>	\$0(3)	NM; *
<i>super thera tab vite m</i>	\$0(3)	NM; *
<i>super vikaps tab</i>	\$0(3)	NM; *
SUPERIORSOUR CHW K1	\$0(3)	NM; *
<i>superplex-t tab</i>	\$0(3)	NM; *
<i>supr aytinal tab</i>	\$0(3)	NM; *
<i>supr aytinal tab 50 plus</i>	\$0(3)	NM; *
<i>supr vitamin tab</i>	\$0(3)	NM; *
<i>tab-a-vite tab</i>	\$0(3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0(3)	NM; *
<i>tab-a-vite tab beta car</i>	\$0(3)	NM; *
<i>thera form/ tab hematin</i>	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
<i>thera tab</i>	\$0(3)	NM; *
THERA TAB	\$0(3)	NM; *
<i>thera vital tab m</i>	\$0(3)	NM; *
<i>thera-d tab 2000unit</i>	\$0(3)	NM; *
THERA-D TAB 4000UNIT	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thera-m tab</i>	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
THERA-TABS M TAB	\$0(3)	NM; *
<i>thera-tabs tab</i>	\$0(3)	NM; *
<i>therabasic-m tab</i>	\$0(3)	NM; *
THERAGRAN-M TAB	\$0(3)	NM; *
THERAGRAN-M TAB 50 PLUS	\$0(3)	NM; *
THERAGRAN-M TAB ADVANCED	\$0(3)	NM; *
THERAGRAN-M TAB PREMIER	\$0(3)	NM; *
THERANATAL MIS PLUS	\$0(3)	NM; *
<i>therapeutic tab</i>	\$0(3)	NM; *
<i>therapeutic tab -m</i>	\$0(3)	NM; *
<i>therapeutic tab multi</i>	\$0(3)	NM; *
<i>therapeutic- tab m</i>	\$0(3)	NM; *
<i>therapeutic- tab m/lutein</i>	\$0(3)	NM; *
<i>theratrum co tab 50 plus</i>	\$0(3)	NM; *
<i>theratrum tab complete</i>	\$0(3)	NM; *
<i>theravim -m tab</i>	\$0(3)	NM; *
<i>therems tab</i>	\$0(3)	NM; *
THEREMS-H TAB	\$0(3)	NM; *
THEREMS-M TAB	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
THIAMINE HCL POW	\$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 hcl tab 250 mg</i>	\$0(3)	NM; *
THRIVITE 19 TAB	\$0(3)	NM; *
<i>total b/c tab</i>	\$0(3)	NM; *
<i>total formul tab</i>	\$0(3)	NM; *
<i>total formul tab 2</i>	\$0(3)	NM; *
<i>total formul tab 3</i>	\$0(3)	NM; *
<i>totalday mul tab tr</i>	\$0(3)	NM; *
TRI-VITAMIN DRO	\$0(3)	NM; *
TRICARE TAB PRENATAL	\$0(2)	
<i>tropical liq nutritio</i>	\$0(3)	NM; *
<i>trueplus tab diabetic</i>	\$0(3)	NM; *
<i>ultra choice chw kids</i>	\$0(3)	NM; *
<i>ultra freeda tab</i>	\$0(3)	NM; *
<i>ultra freeda tab /iron</i>	\$0(3)	NM; *
ULTRA MEGA G TAB 75MG CR	\$0(3)	NM; *
ULTRA MEGA G TAB 100MG	\$0(3)	NM; *
ULTRA MEGA TAB 75MG CR	\$0(3)	NM; *
ULTRA MEGA TAB TWO	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ULTRA MENS MIS PACK	\$0(3)	NM; *
<i>ultrachoice tab advanced</i>	\$0(3)	NM; *
UNICOMPLEX-M TAB	\$0(3)	NM; *
UPSPRING BAB LIQ VIT D	\$0(3)	NM; *
UPSPRINGBABY DRO MV/IRON	\$0(3)	NM; *
<i>v-c forte cap</i>	\$0(3)	NM; *
<i>vic-forte cap</i>	\$0(3)	NM; *
<i>virt-caps cap</i>	\$0(3)	NM; *
<i>vision form cap 2</i>	\$0(3)	NM; *
<i>vision form cap eye hlth</i>	\$0(3)	NM; *
<i>vision form/ tab lutein</i>	\$0(3)	NM; *
<i>vision tab vitamins</i>	\$0(3)	NM; *
<i>vit b complx tab /vit c</i>	\$0(3)	NM; *
<i>vit d3 drops liq 400unit</i>	\$0(3)	NM; *
<i>vit d child chw 1000unit</i>	\$0(3)	NM; *
<i>vit e complx cap 400unit</i>	\$0(3)	NM; *
<i>vit e complx cap 1000unit</i>	\$0(3)	NM; *
<i>vit e d-alph cap 200unit</i>	\$0(3)	NM; *
<i>vit e d-alph cap 400unit</i>	\$0(3)	NM; *
<i>vita hair tab</i>	\$0(3)	NM; *
<i>vita-bee/c tab</i>	\$0(3)	NM; *
VITA-C CRY	\$0(3)	NM; *
VITA-RESPA TAB	\$0(3)	NM; *
<i>vitabasic tab complete</i>	\$0(3)	NM; *
<i>vitabasic tab senior</i>	\$0(3)	NM; *
VITABEX PLUS CAP	\$0(3)	NM; *
<i>vitachew chw</i>	\$0(3)	NM; *
VITACRAVES CHW IMMUNITY	\$0(3)	NM; *
VITACRAVES CHW MENS	\$0(3)	NM; *
VITACRAVES CHW SOUR GUM	\$0(3)	NM; *
VITACRAVES CHW WOMENS	\$0(3)	NM; *
<i>vitajoy daly chw d 1000iu</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitalee tab</i>	\$0(3)	NM; *
VITALETS CHW CHILD	\$0(3)	NM; *
VITAMAX CHW	\$0(3)	NM; *
VITAMENT PAK	\$0(3)	NM; *
VITAMIN B12 DRO 3000/ML	\$0(3)	NM; *
<i>vitamin b12 tab 1000 tr</i>	\$0(3)	NM; *
<i>vitamin b12 tab 1000mcg</i>	\$0(3)	NM; *
<i>vitamin b12 tab 2000mcg</i>	\$0(3)	NM; *
<i>vitamin b12 tab 5000mcg</i>	\$0(3)	NM; *
VITAMIN B 12 LOZ 250MCG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitamin b-1 tab 100mg</i>	\$0(3)	NM; *
VITAMIN B-1 TAB 500MG	\$0(3)	NM; *
<i>vitamin b-6 tab 100mg</i>	\$0(3)	NM; *
VITAMIN B-12 DRO 3000MCG	\$0(3)	NM; *
VITAMIN B-12 LIQ 1000MCG	\$0(3)	NM; *
VITAMIN B-12 LOZ 50MCG	\$0(3)	NM; *
<i>vitamin b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 1000mcg</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 2000mcg</i>	\$0(3)	NM; *
<i>vitamin c loz 60mg</i>	\$0(3)	NM; *
VITAMIN C PAK 500MG	\$0(3)	NM; *
VITAMIN C POW	\$0(3)	NM; *
VITAMIN C TAB 100MG	\$0(3)	NM; *
<i>vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>vitamin c tab 1000mg</i>	\$0(3)	NM; *
VITAMIN D2 TAB 400UNIT	\$0(3)	NM; *
VITAMIN D2 TAB 2000UNIT	\$0(3)	NM; *
<i>vitamin d3 cap 400unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 2000 unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap 2000unit</i>	\$0(3)	NM; *
VITAMIN D3 CAP 4000UNIT	\$0(3)	NM; *
<i>vitamin d3 cap 5000unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 10000unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap 50000unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap us 5000u</i>	\$0(3)	NM; *
<i>vitamin d3 chw 400unit</i>	\$0(3)	NM; *
<i>vitamin d3 chw 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 dro 10mcg/ml</i>	\$0(3)	NM; *
VITAMIN D3 LIQ 1000UNIT	\$0(3)	NM; *
VITAMIN D3 LIQ 1200UNIT	\$0(3)	NM; *
VITAMIN D3 SPR 1000UNIT	\$0(3)	NM; *
<i>vitamin d3 tab 400unit</i>	\$0(3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 tab 2000unit</i>	\$0(3)	NM; *
VITAMIN D3 TAB 3000UNIT	\$0(3)	NM; *
<i>vitamin d3 tab 5000unit</i>	\$0(3)	NM; *
VITAMIN D3 TAB 5000UNIT	\$0(3)	NM; *
VITAMIN D3 TAB 10000UNT	\$0(3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN D3 TAB COMPLETE	\$0(3)	NM; *
<i>vitamin d cap 1000unit</i>	\$0(3)	NM; *
<i>vitamin d cap 2000unit</i>	\$0(3)	NM; *
<i>vitamin d chw 400unit</i>	\$0(3)	NM; *
<i>vitamin d chw 1000unit</i>	\$0(3)	NM; *
<i>vitamin d dro 400unit</i>	\$0(3)	NM; *
<i>vitamin d tab 400unit</i>	\$0(3)	NM; *
<i>vitamin d tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d tab 2000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 cap 2000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0(3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>vitamin e cap 600 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 1000unit</i>	\$0(3)	NM; *
VITAMIN E CHW 400UNIT	\$0(3)	NM; *
<i>vitamin e oral oil 100 unit/0.25ml</i>	\$0(3)	NM; *
<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	\$0(3)	NM; *
VITAMIN E TAB 100UNIT	\$0(3)	NM; *
VITAMIN E TAB 200UNIT	\$0(3)	NM; *
<i>vitamin e tab 400 unit</i>	\$0(3)	NM; *
VITAMIN LIQ MINERAL	\$0(3)	NM; *
VITASANA TAB	\$0(3)	NM; *
<i>vitatrum chw</i>	\$0(3)	NM; *
VITATRUM TAB	\$0(3)	NM; *
<i>vitatrum tab complete</i>	\$0(3)	NM; *
<i>vite/iron chw children</i>	\$0(3)	NM; *
<i>vitrum tab senior</i>	\$0(3)	NM; *
VITRUM TAB SENIOR	\$0(3)	NM; *
<i>vol-care rx tab</i>	\$0(3)	NM; *
VOL-NATE TAB	\$0(3)	NM; *
VOL-TAB RX TAB	\$0(3)	NM; *
<i>vp-vite rx tab</i>	\$0(3)	NM; *
<i>vt b complex cap</i>	\$0(3)	NM; *
<i>whole source tab dietary</i>	\$0(3)	NM; *
<i>whole source tab for men</i>	\$0(3)	NM; *
<i>whole source tab mature</i>	\$0(3)	NM; *
<i>womens 50+ cap advanced</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>womens 50+ tab advanced</i>	\$0(3)	NM; *
WOMENS BIO- TAB MULTIPLE	\$0(3)	NM; *
<i>womens cap multi</i>	\$0(3)	NM; *
<i>womens daily chw gummies</i>	\$0(3)	NM; *
<i>womens daily tab fa/ca/fe</i>	\$0(3)	NM; *
<i>womens daily tab formula</i>	\$0(3)	NM; *
<i>womens one tab daily</i>	\$0(3)	NM; *
WOMENS PAK	\$0(3)	NM; *
<i>womns active tab daily</i>	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *
<i>yl folic aci tab 400mcg</i>	\$0(3)	NM; *
<i>yl vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>yl vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>yl vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>yl vitamin e cap 400unit</i>	\$0(3)	NM; *
YOUR LIFE CHW GUMMIES	\$0(3)	NM; *
ZINC LOZ	\$0(3)	NM; *
<i>zoo friends chw</i>	\$0(3)	NM; *
ZOO FRIENDS CHW COMPLETE	\$0(3)	NM; *
<i>zoo friends chw extra c</i>	\$0(3)	NM; *
<i>zoo friends chw gummies</i>	\$0(3)	NM; *
<i>zoo friends chw pls iron</i>	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE SOL 1%	\$0(2)	
<i>bacitracin ophth oint 500 unit/gm</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUS 0.6%	\$0(2)	
CILOXAN OIN 0.3% OP	\$0(2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0(1)	
<i>gentak oin 0.3% op</i>	\$0(1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)	
MOXEZA SOL 0.5%	\$0(2)	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	\$0(1)	
<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)	
<i>trifluridine ophth soln 1%</i>	\$0(1)	
ZIRGAN GEL 0.15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0(2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0(1)	
BROMSITE DRO 0.075%	\$0(2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
DUREZOL EMU 0.05%	\$0(2)	
FLAREX SUS 0.1% OP	\$0(2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
ILEVRO DRO 0.3% OP	\$0(2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	
LOTEMAX GEL 0.5%	\$0(2)	
LOTEMAX OIN 0.5%	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0(1)	
PRED SOD PHO SOL 1% OP	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
PROLENSA SOL 0.07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway child dro 0.025%op</i>	\$0(3)	NM; *
<i>alaway dro 0.025%op</i>	\$0(3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
BEPREVE DRO 1.5%	\$0(2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0(1)	
<i>eye itch rel dro 0.025%op</i>	\$0(3)	NM; *
<i>eye itch sol relief</i>	\$0(3)	NM; *
<i>ketotif fum dro 0.025%op</i>	\$0(3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0(3)	NM; *
LASTACFT SOL 0.25%	\$0(2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0(1)	
PAZEO DRO 0.7%	\$0(2)	
ZERVIATE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0(2)	
AZOPT SUS 1% OP	\$0(2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01%	\$0(2)	
PHOSPHOLINE SOL 0.125%OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$0(1)	
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0(3)	NM; *
<i>altachlore oin 5% op</i>	\$0(3)	NM; *
<i>altachlore sol 5% op</i>	\$0(3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0(3)	NM; *
<i>artificial sol tears</i>	\$0(3)	NM; *
ATROPINE SUL SOL 1% OP	\$0(2)	
CYSTARAN SOL 0.44%	\$0(2)	NDS, LA, PA
<i>eye drops dro 0.5-0.9%</i>	\$0(3)	NM; *
<i>for sty reli oin</i>	\$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	\$0(3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0(3)	NM; *
GENTEAL GEL 0.3%	\$0(3)	NM; *
<i>genteal tear oin nt-time</i>	\$0(3)	NM; *
<i>genteal tear sol moderate</i>	\$0(3)	NM; *
<i>gnp eye drop dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>gnp eye drop sol 0.5% op</i>	\$0(3)	NM; *
<i>hm dry eye sol relief</i>	\$0(3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0(3)	NM; *
<i>liquitears sol</i>	\$0(3)	NM; *
<i>lubric tears sol 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricant oin eye</i>	\$0(3)	NM; *
<i>lubricat eye dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricating dro 0.5%</i>	\$0(3)	NM; *
<i>lubricating sol 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0(3)	NM; *
MURO 128 SOL 2% OP	\$0(3)	NM; *
<i>ophthalmic sol 5% op</i>	\$0(3)	NM; *
<i>polyvinyl alcohol ophth soln 1.4%</i>	\$0(3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>puralube oin</i>	\$0(3)	NM; *
<i>pure & gentl dro 0.3%</i>	\$0(3)	NM; *
<i>refresh cell gel 1% op</i>	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REFRESH GEL OPTIVE	\$0(3)	NM; *
<i>refresh lacr oin op</i>	\$0(3)	NM; *
REFRESH LIQU DRO 1% OP	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
<i>refresh p.m. oin op</i>	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMU 0.05%	\$0(2)	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0(2)	QL (1 bottle / 30 days)
<i>restore plus dro 0.5% op</i>	\$0(3)	NM; *
<i>restore tear dro 0.5% op</i>	\$0(3)	NM; *
RETAINÉ HPMC SOL 0.3%	\$0(3)	NM; *
<i>retaine pm oin</i>	\$0(3)	NM; *
<i>sm artificia sol tears</i>	\$0(3)	NM; *
<i>sm dry eye sol relief</i>	\$0(3)	NM; *
<i>sm lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>sochlor sol 5% op</i>	\$0(3)	NM; *
<i>sod chloride oin 5% op</i>	\$0(3)	NM; *
<i>sod chloride sol 5% op</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0(3)	NM; *
<i>soothe xp dro 1%-4.5%</i>	\$0(3)	NM; *
STERILE LUBR DRO 0.7%	\$0(3)	NM; *
<i>stye oin</i>	\$0(3)	NM; *
SYSTANE GEL 0.3%	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
<i>systane oin</i>	\$0(3)	NM; *
<i>tears again dro 1.4%</i>	\$0(3)	NM; *
<i>tgt lubricnt oin eye nite</i>	\$0(3)	NM; *
<i>th eye adv dro relief</i>	\$0(3)	NM; *
THERATEARS SOL 0.25% PF	\$0(3)	NM; *
<i>ultra fresh dro 0.5% op</i>	\$0(3)	NM; *
<i>ultra fresh oin pm</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)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (4 inhalers / 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

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

COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ALA-HIST IR TAB 2MG	\$0(3)	NM; *
<i>aler-cap cap 25mg</i>	\$0(3)	NM; *
<i>all day allg sol 1mg/ml</i>	\$0(3)	NM; *
<i>all day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>all day allg tab 10mg</i>	\$0(3)	NM; *
<i>all-day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0(3)	NM; *
<i>aller-ease tab 60mg</i>	\$0(3)	NM; *
<i>aller-ease tab 180mg</i>	\$0(3)	NM; *
<i>aller-tec tab 10mg</i>	\$0(3)	NM; *
<i>allerclear 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 chld sol 1mg/ml</i>	\$0(3)	NM; *
<i>allergy chld syp 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy med liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy med tab 25mg</i>	\$0(3)	NM; *
<i>allergy relf cap 25mg</i>	\$0(3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf sol 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relf syp 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relf tab 1.34mg</i>	\$0(3)	NM; *
<i>allergy relf tab 4mg</i>	\$0(3)	NM; *
<i>allergy relf tab 5mg</i>	\$0(3)	NM; *
<i>allergy relf tab 10mg</i>	\$0(3)	NM; *
<i>allergy relf tab 25mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>allergy relf tab 180mg</i>	\$0(3)	NM; *
<i>allergy reli tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 4mg</i>	\$0(3)	NM; *
<i>allergy tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 12mg cr</i>	\$0(3)	NM; *
<i>allergy tab 25mg</i>	\$0(3)	NM; *
<i>allergy tab 180mg</i>	\$0(3)	NM; *
<i>allergy-time tab 4mg</i>	\$0(3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0(1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0(1)	
<i>banophen cap 25mg</i>	\$0(3)	NM; *
<i>banophen cap 50mg</i>	\$0(3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0(3)	NM; *
<i>banophen tab 25mg</i>	\$0(3)	NM; *
<i>cetirizine chw 5mg</i>	\$0(3)	NM; *
<i>cetirizine chw 10mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine sol 1mg/ml</i>	\$0(3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>cetirizine tab 10mg</i>	\$0(3)	NM; *
<i>child allrgy sol 5mg/5ml</i>	\$0(3)	NM; *
<i>chld allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>chlor-phenir tab 4mg</i>	\$0(3)	NM; *
<i>chlorhist tab 4mg</i>	\$0(3)	NM; *
<i>chlorphen sr tab 12mg</i>	\$0(3)	NM; *
<i>chlorphenir tab 4mg</i>	\$0(3)	NM; *
<i>chlorpheniramine maleate tab 4 mg</i>	\$0(3)	NM; *
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0(3)	NM; *
<i>comp allergy cap 25mg</i>	\$0(3)	NM; *
<i>comp allergy tab 25mg</i>	\$0(3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>dayhist alrg tab 12 hour</i>	\$0(3)	NM; *
<i>diphen tab 25mg</i>	\$0(3)	NM; *
<i>diphenhist cap 25mg</i>	\$0(3)	NM; *
<i>diphenhist liq 12.5/5ml</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diphenhist tab 25mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl liquid 6.25 mg/ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>ed chlorped syp jr</i>	\$0(3)	NM; *
<i>eql all day tab allergy</i>	\$0(3)	NM; *
<i>fexofenadine hcl tab 60 mg</i>	\$0(3)	NM; *
<i>fexofenadine hcl tab 180 mg</i>	\$0(3)	NM; *
<i>fexofenadine tab 60mg</i>	\$0(3)	NM; *
<i>fexofenadine tab 180mg</i>	\$0(3)	NM; *
<i>geri-dryl liq 12.5/5ml</i>	\$0(3)	NM; *
<i>geri-dryl tab 25mg</i>	\$0(3)	NM; *
<i>gnp all day tab allergy</i>	\$0(3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0(3)	NM; *
<i>gnp allergy chw 12.5mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 4mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 180mg</i>	\$0(3)	NM; *
<i>gnp dayhist tab 1.34mg</i>	\$0(3)	NM; *
<i>gs allergy tab 4mg</i>	\$0(3)	NM; *
HISTEX CHW 1.25MG	\$0(3)	NM; *
HISTEX PD DRO 0.938MG	\$0(3)	NM; *
HISTEX PDX DRO 1.25MG	\$0(3)	NM; *
HISTEX SYP 2.5MG/5	\$0(3)	NM; *
<i>hm allergy cap 25mg</i>	\$0(3)	NM; *
<i>hm allergy tab 4mg</i>	\$0(3)	NM; *
<i>hm allergy tab 25mg</i>	\$0(3)	NM; *
<i>24hr allergy tab 180mg</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 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 **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydroxyzine pamoate cap 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>kp loratadin tab 10mg</i>	\$0(3)	NM; *
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(3)	NM; *
<i>loradamed tab 10mg</i>	\$0(3)	NM; *
<i>loratadine cap 10 mg</i>	\$0(3)	NM; *
<i>loratadine chew tab 5 mg</i>	\$0(3)	NM; *
<i>loratadine chw 5mg</i>	\$0(3)	NM; *
<i>loratadine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine sol 10/10ml</i>	\$0(3)	NM; *
<i>loratadine syp 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine tab 10 mg</i>	\$0(3)	NM; *
<i>loratadine tab 10mg</i>	\$0(3)	NM; *
<i>m-hist pd liq 0.625/ml</i>	\$0(3)	NM; *
<i>medi-phedryl cap 25mg</i>	\$0(3)	NM; *
<i>mucinex allr tab 180mg</i>	\$0(3)	NM; *
PEDIAVENT CHW 1MG	\$0(3)	NM; *
PEDIAVENT SYP 2MG/5ML	\$0(3)	NM; *
<i>pharbecchlor tab 4mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0(3)	NM; *
<i>px allergy cap 25mg</i>	\$0(3)	NM; *
<i>px allergy tab 25mg</i>	\$0(3)	NM; *
<i>qc allergy tab 10mg</i>	\$0(3)	NM; *
<i>sb allergy tab 10mg</i>	\$0(3)	NM; *
<i>sb allergy tab 25mg med</i>	\$0(3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0(3)	NM; *
<i>sm all day tab 10mg</i>	\$0(3)	NM; *
<i>sm all day tab allergy</i>	\$0(3)	NM; *
<i>sm allergy cap relief</i>	\$0(3)	NM; *
<i>sm allergy tab 4mg</i>	\$0(3)	NM; *
<i>sm allergy tab 25mg</i>	\$0(3)	NM; *
<i>sm allergy tab 25mg rlf</i>	\$0(3)	NM; *
<i>sm loratadin tab 10mg</i>	\$0(3)	NM; *
<i>total allerg tab 25mg</i>	\$0(3)	NM; *
<i>triprolidine hcl liquid 0.313 mg/ml</i>	\$0(3)	NM; *
<i>triprolidine hcl liquid 0.625 mg/ml</i>	\$0(3)	NM; *
<i>wal-dryl liq 12.5/5ml</i>	\$0(3)	NM; *

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

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<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 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<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
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
VENTOLIN HFA AER	\$0(2)	QL (2 inhalers / 30 days)

COUGH AND COLD

<i>aceta-gesic tab 12.5-325</i>	\$0(3)	NM; *
<i>acetaminophe tab 5-325mg</i>	\$0(3)	NM; *
ALA-HIST PE TAB 2-10MG	\$0(3)	NM; *
ALAHIST CF TAB 10-2-20	\$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0(3)	NM; *
<i>all day alrg tab 5-120mg</i>	\$0(3)	NM; *
<i>all-nite liq cold/flu</i>	\$0(3)	NM; *
<i>aller-tec d tab 5-120mg</i>	\$0(3)	NM; *
<i>aller/conges tab 10-240mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>allerclear d tab 10-240mg</i>	\$0(3)	NM; *
<i>allerved tab 4-10mg</i>	\$0(3)	NM; *
<i>allergy d tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy plus tab sev/sinu</i>	\$0(3)	NM; *
<i>allergy plus tab sinus</i>	\$0(3)	NM; *
<i>allergy rel/ tab deconges</i>	\$0(3)	NM; *
<i>allergy relf tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy relf tab /nsl dec</i>	\$0(3)	NM; *
<i>allergy relf tab d</i>	\$0(3)	NM; *
<i>allergy relf tab d-24</i>	\$0(3)	NM; *
<i>allergy relf tab deconges</i>	\$0(3)	NM; *
<i>allergy tab multi-sy</i>	\$0(3)	NM; *
<i>allergy+ con tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy-d tab 5-120mg</i>	\$0(3)	NM; *
<i>allgy comp-d tab 5-120mg</i>	\$0(3)	NM; *
<i>allrgy rel d tab 10-240mg</i>	\$0(3)	NM; *
<i>allrgy rlf-d tab 10-240mg</i>	\$0(3)	NM; *
<i>ambi 10peh/ tab 400gfn</i>	\$0(3)	NM; *
<i>ambi 40pse/ tab 400gfn</i>	\$0(3)	NM; *
<i>aprodine tab 2.5-60mg</i>	\$0(3)	NM; *
AQUANAZ TAB	\$0(3)	NM; *
ATUSS DA LIQ	\$0(3)	NM; *
BENZEDREX INH	\$0(3)	NM; *
<i>benzonatate cap 100 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 150 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 200 mg</i>	\$0(3)	NM; *
BROHIST D TAB 4-10MG	\$0(3)	NM; *
<i>bromfed dm syp</i>	\$0(3)	NM; *
BRONKAID TAB 25-400MG	\$0(3)	NM; *
BROTAPP DM LIQ 15-1-5/5	\$0(3)	NM; *
CAPCOF SYP 5-2-10MG	\$0(3)	NM; *
CAPMIST DM TAB	\$0(3)	NM; *
CAPRON DM LIQ	\$0(3)	NM; *
CAPRON DMT TAB 30-30MG	\$0(3)	NM; *
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0(3)	NM; *
<i>cgh/cold day liq delsym</i>	\$0(3)	NM; *
<i>cheratussin syp ac</i>	\$0(3)	NM; *
<i>chest conges tab 20-400mg</i>	\$0(3)	NM; *
<i>chest conges tab 400mg</i>	\$0(3)	NM; *
<i>chest conges tab relf dm</i>	\$0(3)	NM; *
<i>chest congst tab rlf pe</i>	\$0(3)	NM; *
<i>child silfed liq 15mg/5ml</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHLO HIST SOL	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
<i>cold & flu liq day time</i>	\$0(3)	NM; *
<i>cold & flu liq daytime</i>	\$0(3)	NM; *
<i>cold & flu tab daytime</i>	\$0(3)	NM; *
<i>cold & flu tab severe</i>	\$0(3)	NM; *
<i>cold & sinus tab relief</i>	\$0(3)	NM; *
<i>cold head pak day/nght</i>	\$0(3)	NM; *
<i>cold head tab cong dt</i>	\$0(3)	NM; *
<i>cold head tab congesti</i>	\$0(3)	NM; *
<i>cold relief liq children</i>	\$0(3)	NM; *
<i>cold relief tab multi-s</i>	\$0(3)	NM; *
<i>cold relief tab multi-sy</i>	\$0(3)	NM; *
<i>cold/allergy elx children</i>	\$0(3)	NM; *
<i>cold/allergy tab 4-10mg</i>	\$0(3)	NM; *
<i>cold/cgh/flu pow daytime</i>	\$0(3)	NM; *
<i>cold/cough liq child</i>	\$0(3)	NM; *
<i>cold/flu liq daytime</i>	\$0(3)	NM; *
CONEX SOL CLD/ALRG	\$0(3)	NM; *
CONEX TAB 2-60MG	\$0(3)	NM; *
<i>cough & cold tab</i>	\$0(3)	NM; *
<i>cough & cold tab 4-30mg</i>	\$0(3)	NM; *
<i>cough cont liq dm max</i>	\$0(3)	NM; *
<i>cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>cough syp</i>	\$0(3)	NM; *
<i>cough syp 100/5ml</i>	\$0(3)	NM; *
<i>cough/chest syp dm</i>	\$0(3)	NM; *
<i>coughtab tab 200mg</i>	\$0(3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0(3)	NM; *
<i>cvs cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>day cold/flu liq 10-5-325</i>	\$0(3)	NM; *
<i>day time cap 10-5-325</i>	\$0(3)	NM; *
DAYCLEAR TAB 25-50MG	\$0(3)	NM; *
<i>daytime cold cap flu</i>	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
<i>decongestant tab 120mg er</i>	\$0(3)	NM; *
<i>delsym cough liq congs dm</i>	\$0(3)	NM; *
<i>delsym night liq cgh+cld</i>	\$0(3)	NM; *
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diabetic tus liq 100/5ml</i>	\$0(3)	NM; *
<i>diabetic tus liq dm</i>	\$0(3)	NM; *
<i>diabetic tus liq max st</i>	\$0(3)	NM; *
<i>dimaphen dm liq 2.5-1-5</i>	\$0(3)	NM; *
<i>dimaphen elx children</i>	\$0(3)	NM; *
<i>dt cold/flu cap 10-5-325</i>	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
DURAVENT DM TAB	\$0(3)	NM; *
<i>ed a-hist dm liq</i>	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
<i>ed a-hist tab 2.5-60mg</i>	\$0(3)	NM; *
<i>ed a-hist tab 4-10mg</i>	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
ED CHLORPED DRO D	\$0(3)	NM; *
<i>endacof-dm liq 2.5-1-5</i>	\$0(3)	NM; *
<i>eq cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>eql allergy tab 10-240mg</i>	\$0(3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0(3)	NM; *
<i>flu hbp tab max st</i>	\$0(3)	NM; *
<i>flu/cold pow daytime</i>	\$0(3)	NM; *
<i>flu/cold/cgh pow daytime</i>	\$0(3)	NM; *
<i>flu/severe pow cold/cgh</i>	\$0(3)	NM; *
<i>gnp cgh relf liq 15mg/5ml</i>	\$0(3)	NM; *
<i>gnp cld/alle elx children</i>	\$0(3)	NM; *
<i>gnp cold rlf tab daytime</i>	\$0(3)	NM; *
<i>gnp cold/cgh liq child</i>	\$0(3)	NM; *
<i>gnp cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>gnp day time cap cold/flu</i>	\$0(3)	NM; *
<i>gnp day time liq cold/flu</i>	\$0(3)	NM; *
<i>gnp deconge tab 30mg</i>	\$0(3)	NM; *
<i>gnp nasal spr 0.05%</i>	\$0(3)	NM; *
<i>gnp nasal spr 1%</i>	\$0(3)	NM; *
<i>gnp nose dro 1%</i>	\$0(3)	NM; *
<i>gnp sins rlf tab prs/pain</i>	\$0(3)	NM; *
<i>gnp sins rlf tab svr cng</i>	\$0(3)	NM; *
<i>gnp sinus tab cng/pain</i>	\$0(3)	NM; *
<i>gnp suphedrn liq 15mg/5ml</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 cf</i>	\$0(3)	NM; *
<i>guaiaatuss ac syp 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>guaifenesin liquid 100 mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin syp 100-10/5</i>	\$0(3)	NM; *
<i>guaifenesin tab 200 mg</i>	\$0(3)	NM; *
<i>guaifenesin tab 400 mg</i>	\$0(3)	NM; *
<i>guaifenesin tab er 12hr 1200 mg</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
HISTEX-AC SYP	\$0(3)	NM; *
HISTEX-DM SYP	\$0(3)	NM; *
HISTEX-PE SYP 2.5-10/5	\$0(3)	NM; *
<i>hm cold/cgh liq children</i>	\$0(3)	NM; *
<i>hm cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>hm day time cap</i>	\$0(3)	NM; *
<i>hm mucus er tab 1200mg</i>	\$0(3)	NM; *
<i>hm nasal spr 0.05%</i>	\$0(3)	NM; *
<i>hm nose dro 1%</i>	\$0(3)	NM; *
<i>hm severe tab cold/flu</i>	\$0(3)	NM; *
<i>hm tussin liq adlt dm</i>	\$0(3)	NM; *
<i>hm tussin liq dm max</i>	\$0(3)	NM; *
<i>12hour nasal spr 0.05%</i>	\$0(3)	NM; *
<i>12 hr nasal spr 0.05%</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet syp 5-1.5/5</i>	\$0(3)	NM; *
<i>kidkare liq cgh/cold</i>	\$0(3)	NM; *
LODRANE D CAP 4-60MG	\$0(3)	NM; *
LOHIST-D LIQ	\$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0(3)	NM; *
<i>lorata-dine tab d 24hr</i>	\$0(3)	NM; *
<i>loratadine d tab 5-120mg</i>	\$0(3)	NM; *
<i>loratadine-d tab 5-120mg</i>	\$0(3)	NM; *
<i>loratadine-d tab 10-240mg</i>	\$0(3)	NM; *
LORTUSS DM LIQ	\$0(3)	NM; *
LORTUSS EX LIQ	\$0(3)	NM; *
LORTUSS LQ LIQ	\$0(3)	NM; *
M-CLEAR WC LIQ 100-6.3	\$0(3)	NM; *
M-END DMX LIQ	\$0(3)	NM; *
M-END PE LIQ	\$0(3)	NM; *
<i>mapap cold tab 10-5-325</i>	\$0(3)	NM; *
<i>mapap sinus tab max st</i>	\$0(3)	NM; *
MAR-COF BP LIQ 30-2-7.5	\$0(3)	NM; *
MAXI-TUSS DM LIQ	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAXI-TUSS LIQ CD	\$0(3)	NM; *
MAXICHLOR TAB PEH DM	\$0(3)	NM; *
MAXIFED TAB 60-360MG	\$0(3)	NM; *
<i>medi-tussin syp dm</i>	\$0(3)	NM; *
<i>medifin 400 tab 400mg</i>	\$0(3)	NM; *
MUCINEX CAP DAY/NGHT	\$0(3)	NM; *
MUCINEX CAP FAST-MAX	\$0(3)	NM; *
MUCINEX CAP SINUS	\$0(3)	NM; *
MUCINEX CGH GRA 5-100MG	\$0(3)	NM; *
<i>mucinex cgh liq 5-100mg</i>	\$0(3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0(3)	NM; *
MUCINEX CHLD MIS DAY/NITE	\$0(3)	NM; *
<i>mucinex cold cap flu nght</i>	\$0(3)	NM; *
<i>mucinex cold cap sinus</i>	\$0(3)	NM; *
MUCINEX COLD LIQ 2.5-100	\$0(3)	NM; *
<i>mucinex cold tab flu&sore</i>	\$0(3)	NM; *
<i>mucinex cold tab sinus</i>	\$0(3)	NM; *
<i>mucinex cong cap headache</i>	\$0(3)	NM; *
MUCINEX D TAB 120-1200	\$0(3)	NM; *
MUCINEX D/N PAK FAST/MAX	\$0(3)	NM; *
<i>mucinex dm liq 20-400</i>	\$0(3)	NM; *
<i>mucinex fast liq cold flu</i>	\$0(3)	NM; *
<i>mucinex fast mis day/nght</i>	\$0(3)	NM; *
MUCINEX FAST MIS DAY/NGHT	\$0(3)	NM; *
MUCINEX FAST MIS MX DAY/N	\$0(3)	NM; *
<i>mucinex fast pak day/nght</i>	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
<i>mucinex fast tab 25-5-325</i>	\$0(3)	NM; *
<i>mucinex fast tab sev cold</i>	\$0(3)	NM; *
<i>mucinex ff spr 0.05%</i>	\$0(3)	NM; *
<i>mucinex liq</i>	\$0(3)	NM; *
<i>mucinex liq sinus</i>	\$0(3)	NM; *
<i>mucinex ms liq cold ngh</i>	\$0(3)	NM; *
<i>mucinex tab sinus</i>	\$0(3)	NM; *
MUCINEX/KIDS GRA 100MG	\$0(3)	NM; *
<i>mucosa dm tab 20-400mg</i>	\$0(3)	NM; *
<i>mucosa tab 400mg</i>	\$0(3)	NM; *
<i>mucus d tab 60-600mg</i>	\$0(3)	NM; *
<i>mucus relf d tab 60-600mg</i>	\$0(3)	NM; *
<i>mucus relief liq 5-100mg</i>	\$0(3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus relief liq 400/20ml</i>	\$0(3)	NM; *
<i>mucus relief liq child</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mucus relief liq children</i>	\$0(3)	NM; *
<i>mucus relief tab 10-400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 20-400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 30-600er</i>	\$0(3)	NM; *
<i>mucus relief tab 60-1200</i>	\$0(3)	NM; *
<i>mucus relief tab 200mg</i>	\$0(3)	NM; *
<i>mucus relief tab 400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 600mg er</i>	\$0(3)	NM; *
<i>mucus relief tab cld/sinu</i>	\$0(3)	NM; *
<i>mucus relief tab cold/flu</i>	\$0(3)	NM; *
<i>mucus relief tab dm</i>	\$0(3)	NM; *
<i>mucus relief tab pe</i>	\$0(3)	NM; *
<i>mucus relief tab sev cold</i>	\$0(3)	NM; *
<i>mucus relief tab sinus</i>	\$0(3)	NM; *
<i>mucus rlf pe tab 10-400mg</i>	\$0(3)	NM; *
<i>mucus+chst liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus-dm max tab 60-1200</i>	\$0(3)	NM; *
<i>mucusrelief tab sinus</i>	\$0(3)	NM; *
<i>nasal 12 hr spr 0.05%</i>	\$0(3)	NM; *
NASAL DECON SYP 30MG/5ML	\$0(3)	NM; *
NASAL DECONG LIQ 30MG/5ML	\$0(3)	NM; *
<i>nasal decong spr 0.05%</i>	\$0(3)	NM; *
<i>nasal decong tab 10mg</i>	\$0(3)	NM; *
<i>nasal decong tab 30mg</i>	\$0(3)	NM; *
<i>nasal decong tab 120mg er</i>	\$0(3)	NM; *
<i>nasal four sol 1%</i>	\$0(3)	NM; *
<i>nasal relief spr 0.05%</i>	\$0(3)	NM; *
<i>nasal spr 0.05%</i>	\$0(3)	NM; *
NASOPEN PE LIQ	\$0(3)	NM; *
<i>night time cap</i>	\$0(3)	NM; *
<i>night time cap cold&flu</i>	\$0(3)	NM; *
<i>night time cap cold/flu</i>	\$0(3)	NM; *
<i>night time liq cld/flu</i>	\$0(3)	NM; *
<i>night time liq cold/flu</i>	\$0(3)	NM; *
<i>night time liq cough</i>	\$0(3)	NM; *
<i>night time tab sinus</i>	\$0(3)	NM; *
<i>nighttime cap cold/flu</i>	\$0(3)	NM; *
<i>nighttime liq cold/flu</i>	\$0(3)	NM; *
<i>nighttime liq cough</i>	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
NINJACOF-A LIQ	\$0(3)	NM; *
NINJACOF-D LIQ	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nite time liq cold/flu</i>	\$0(3)	NM; *
NIVANEX DMX TAB	\$0(3)	NM; *
<i>no drip nasl spr 0.05%</i>	\$0(3)	NM; *
<i>nohist-dm liq</i>	\$0(3)	NM; *
<i>nohist-lq liq 4-10/5ml</i>	\$0(3)	NM; *
NOREL AD TAB 4-10-325	\$0(3)	NM; *
<i>pain relief sus pls cold</i>	\$0(3)	NM; *
<i>pedia relief dro 7.5/0.8</i>	\$0(3)	NM; *
<i>pedia relief liq cgh/cold</i>	\$0(3)	NM; *
<i>pediatric liq cgh/cold</i>	\$0(3)	NM; *
<i>10peh/400gfn tab /20dm</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
POLY HIST TAB 7.5-10MG	\$0(3)	NM; *
POLY-HIST DM LIQ 5-25-10	\$0(3)	NM; *
POLY-HIST PD LIQ	\$0(3)	NM; *
POLY-TUSSIN LIQ 10-4-10	\$0(3)	NM; *
POLY-VENT DM TAB	\$0(3)	NM; *
POLY-VENT IR TAB 60-380MG	\$0(3)	NM; *
POLYTUSSIN SYP 5-10-1MG	\$0(3)	NM; *
PRIMATENE AER 0.125MG	\$0(3)	NM; *
PRO-RED AC SYP 5-1-9/5	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedr tab 30mg</i>	\$0(3)	NM; *
<i>pseudoephedr tab 60mg</i>	\$0(3)	NM; *
<i>pseudoephedr tab 120mg er</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 60 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pulmosal neb 7%</i>	\$0(3)	NM; *
PYRILAMIN/PE TAB 25-10MG	\$0(3)	NM; *
<i>qc allergy tab relief</i>	\$0(3)	NM; *
<i>qc allergy/ tab sinus</i>	\$0(3)	NM; *
<i>qc cough liq sore thr</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>qc ibuprofen tab cold/sin</i>	\$0(3)	NM; *
<i>qc medifin tab dm</i>	\$0(3)	NM; *
<i>qc sinus pai tab relief</i>	\$0(3)	NM; *
<i>qc suphedrin tab 120mg sr</i>	\$0(3)	NM; *
<i>ra cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
RESCON TAB 2-60MG	\$0(3)	NM; *
RESCON-DM SYP	\$0(3)	NM; *
RESPIRE-30 CAP	\$0(3)	NM; *
<i>robafen ac sol 100-10/5</i>	\$0(3)	NM; *
<i>robafen cf liq 5-10-100</i>	\$0(3)	NM; *
<i>robafen cgh cap 15mg</i>	\$0(3)	NM; *
<i>robafen dm liq 10-100/5</i>	\$0(3)	NM; *
<i>robafen dm liq cough</i>	\$0(3)	NM; *
<i>robafen dm syp 100-10/5</i>	\$0(3)	NM; *
<i>robafen liq 200/10ml</i>	\$0(3)	NM; *
<i>robafen syp 100/5ml</i>	\$0(3)	NM; *
RONDEC-D LIQ	\$0(3)	NM; *
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYDEX LIQ	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *
<i>rynex dm liq</i>	\$0(3)	NM; *
<i>rynex pe elx</i>	\$0(3)	NM; *
<i>rynex pse liq</i>	\$0(3)	NM; *
<i>sb allergy/ tab cold pe</i>	\$0(3)	NM; *
<i>sb cgh contr liq dm</i>	\$0(3)	NM; *
<i>sb cgh contr syp 100/5ml</i>	\$0(3)	NM; *
<i>sb cold mult tab symp sev</i>	\$0(3)	NM; *
<i>sb cold/cgh tab hbp</i>	\$0(3)	NM; *
<i>sb cough tab 200mg</i>	\$0(3)	NM; *
<i>sb severe tab cold pe</i>	\$0(3)	NM; *
<i>sb sinus cng pak /pain</i>	\$0(3)	NM; *
<i>sb sinus cng tab /pain</i>	\$0(3)	NM; *
<i>sb sinus cng tab /pain dt</i>	\$0(3)	NM; *
<i>silphen dm syp 10mg/5ml</i>	\$0(3)	NM; *
<i>siltuss das liq 100/5ml</i>	\$0(3)	NM; *
<i>siltussin dm liq das</i>	\$0(3)	NM; *
<i>siltussin sa syp 100/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm liq diabetic</i>	\$0(3)	NM; *
<i>siltussin-dm liq max st</i>	\$0(3)	NM; *
<i>siltussin-dm syp alc free</i>	\$0(3)	NM; *
<i>sinus conges tab pain sev</i>	\$0(3)	NM; *
<i>sinus congst tab /pain dt</i>	\$0(3)	NM; *
<i>sinus headch tab pe 5-325</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sinus nasal spr 0.05%</i>	\$0(3)	NM; *
<i>sinus relief pak cng/pain</i>	\$0(3)	NM; *
<i>sinus relief sol 1%</i>	\$0(3)	NM; *
<i>sinus relief tab 5-325mg</i>	\$0(3)	NM; *
<i>sinus-max mis day/night</i>	\$0(3)	NM; *
<i>sinus/allergy tab max st</i>	\$0(3)	NM; *
<i>sinus/cold-d tab 120-220</i>	\$0(3)	NM; *
<i>sm cld/allrgy elx children</i>	\$0(3)	NM; *
<i>sm cold tab alrgy pe</i>	\$0(3)	NM; *
<i>sm cold&flu tab severe</i>	\$0(3)	NM; *
<i>sm cold/cgh liq dm child</i>	\$0(3)	NM; *
<i>sm day time cap pe</i>	\$0(3)	NM; *
<i>sm day time liq cold/flu</i>	\$0(3)	NM; *
<i>sm nasal 12h spr 0.05%</i>	\$0(3)	NM; *
<i>sm nasal dec tab 30mg</i>	\$0(3)	NM; *
<i>sm nasal spr 0.05%</i>	\$0(3)	NM; *
<i>sm nite time liq cld/flu</i>	\$0(3)	NM; *
<i>sm nose dro 1%</i>	\$0(3)	NM; *
<i>sm tussin cf liq</i>	\$0(3)	NM; *
<i>sm tussin dm syp 100-10/5</i>	\$0(3)	NM; *
<i>sm tussin syp dm</i>	\$0(3)	NM; *
<i>sodium chloride aero soln 0.9%</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 3%</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 7%</i>	\$0(3)	NM; *
STAHIST AD LIQ	\$0(3)	NM; *
STAHIST AD TAB 25-60MG	\$0(3)	NM; *
STAHIST LIQ	\$0(3)	NM; *
<i>sudafed 12hr tab 120mg cr</i>	\$0(3)	NM; *
<i>sudogest pe tab 10mg</i>	\$0(3)	NM; *
<i>sudogest tab 4-60mg</i>	\$0(3)	NM; *
<i>sudogest tab 30mg</i>	\$0(3)	NM; *
<i>sudogest tab 60mg</i>	\$0(3)	NM; *
<i>sudogest tab 120mg er</i>	\$0(3)	NM; *
<i>tab tussin tab 20-400mg</i>	\$0(3)	NM; *
<i>tab tussin tab 400mg</i>	\$0(3)	NM; *
<i>tab tussin tab dm</i>	\$0(3)	NM; *
<i>tgt allergy/ tab congest</i>	\$0(3)	NM; *
<i>tgt sinus tab 120mg</i>	\$0(3)	NM; *
<i>theraflu exp tab cold/cgh</i>	\$0(3)	NM; *
THERAFLU FLU PAK SORE THR	\$0(3)	NM; *
<i>theraflu liq exprsmx</i>	\$0(3)	NM; *
<i>triacing nt liq cold/cgh</i>	\$0(3)	NM; *
TRIAMINIC SOL COLD/CGH	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>triaminic sus fev&cl</i>	\$0(3)	NM; *
TRIAMINIC SYP CLD/ALRG	\$0(3)	NM; *
TRIAMINIC SYP COLD/CGH	\$0(3)	NM; *
<i>trymine cg liq 225-7.5</i>	\$0(3)	NM; *
TUSNEL C SYP	\$0(3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$0(3)	NM; *
TUSNEL LIQ	\$0(3)	NM; *
TUSNEL PED DRO 7.5-50	\$0(3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0(3)	NM; *
TUSNEL TAB	\$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	\$0(3)	NM; *
TUSSICAPS CAP 10-8MG	\$0(3)	NM; *
<i>tussin adult liq 100/5ml</i>	\$0(3)	NM; *
<i>tussin adult liq cgh/cong</i>	\$0(3)	NM; *
<i>tussin adult liq cold</i>	\$0(3)	NM; *
<i>tussin cf liq</i>	\$0(3)	NM; *
<i>tussin cf liq 5-10-100</i>	\$0(3)	NM; *
<i>tussin cf liq cgh/cold</i>	\$0(3)	NM; *
<i>tussin cf liq cgh/flu</i>	\$0(3)	NM; *
<i>tussin cf liq max/m-s</i>	\$0(3)	NM; *
<i>tussin chest syp 100/5ml</i>	\$0(3)	NM; *
<i>tussin cough syp 15mg/5ml</i>	\$0(3)	NM; *
<i>tussin dm liq</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100/5</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100mg</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 mx liq 10-200/5</i>	\$0(3)	NM; *
<i>tussin dm syp 100-10/5</i>	\$0(3)	NM; *
<i>tussin mucus liq 100/5ml</i>	\$0(3)	NM; *
VANACOF AC LIQ 12.5-25	\$0(3)	NM; *
VANACOF LIQ	\$0(3)	NM; *
VANACOF-8 LIQ 25-50/15	\$0(3)	NM; *
VANATAB AC TAB 12.5-25	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>virtussin ac sol 100-10/5</i>	\$0(3)	NM; *
<i>4-way fast spr 1%</i>	\$0(3)	NM; *
Z-TUSS AC LIQ 2-9/5ML	\$0(3)	NM; *

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
<i>afrin saline spr 0.65%</i>	\$0(3)	NM; *
<i>altamist spr 0.65%</i>	\$0(3)	NM; *
ARALAST NP INJ 500MG	\$0(2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	\$0(2)	NDS, NM, LA, PA
AYR ALLERGY SPR & SINUS	\$0(3)	NM; *
AYR NASAL DRO 0.65%	\$0(3)	NM; *
<i>ayr saline gel nasal</i>	\$0(3)	NM; *
<i>ayr spr 0.65%</i>	\$0(3)	NM; *
<i>baby ayr spr 0.65%</i>	\$0(3)	NM; *
CVS NASAL SPR MIST	\$0(3)	NM; *
DALIRESP TAB 250MCG	\$0(2)	
DALIRESP TAB 500MCG	\$0(2)	
<i>deep sea spr 0.65%</i>	\$0(3)	NM; *
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 801MG	\$0(2)	NDS, NM, PA
FASENRA INJ 30MG/ML	\$0(2)	NDS, NM, LA, PA
FASENRA PEN INJ 30MG/ML	\$0(2)	NDS, LA, PA
<i>hm saline spr 0.65%</i>	\$0(3)	NM; *
KALYDECO PAK 25MG	\$0(2)	NDS, PA
KALYDECO PAK 50MG	\$0(2)	NDS, PA
KALYDECO PAK 75MG	\$0(2)	NDS, PA
KALYDECO TAB 150MG	\$0(2)	NDS, PA
<i>little noses dro stof nos</i>	\$0(3)	NM; *
<i>little noses spr 0.65%</i>	\$0(3)	NM; *
LITTLE REMED AER MIST	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NASADROPS DRO 0.9%	\$0(3)	NM; *
<i>nasal moist spr 0.65%</i>	\$0(3)	NM; *
<i>nasal saline spr 0.65%</i>	\$0(3)	NM; *
<i>nasogel gel</i>	\$0(3)	NM; *
NUCALA INJ 100MG	\$0(2)	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	\$0(2)	NDS, NM, LA, PA
<i>ocean kids spr 0.65%</i>	\$0(3)	NM; *
OFEV CAP 100MG	\$0(2)	NDS, NM, PA
OFEV CAP 150MG	\$0(2)	NDS, NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0(2)	NDS, NM, PA
RA STERILE SOL NASAL	\$0(3)	NM; *
RHINARIS SPR 0.2%	\$0(3)	NM; *
<i>saline mist spr 0.65%</i>	\$0(3)	NM; *
<i>saline nasal gel</i>	\$0(3)	NM; *
<i>saline nasal spr 0.65%</i>	\$0(3)	NM; *
<i>saline nasal spray 0.65%</i>	\$0(3)	NM; *
<i>saline nose spr 0.65%</i>	\$0(3)	NM; *
<i>sb saline spr 0.65%</i>	\$0(3)	NM; *
SIMPLY SALIN AER 0.9%	\$0(3)	NM; *
SINUS WASH CRY SALT	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, LA, PA
SYMJEPI INJ 0.3MG	\$0(2)	
SYMJEPI INJ 0.15MG	\$0(2)	
<i>tgt nasal spr 0.65%</i>	\$0(3)	NM; *
THEO-24 CAP 100MG CR	\$0(2)	
THEO-24 CAP 200MG CR	\$0(2)	
THEO-24 CAP 300MG CR	\$0(2)	
THEO-24 CAP 400MG ER	\$0(2)	
<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 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)	
TRIKAFTA TAB	\$0(2)	NDS, LA, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOLAIR SOL 150MG	\$0(2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relf spr 50mcg</i>	\$0(3)	NM; *
<i>budesonide nasal susp 32 mcg/act</i>	\$0(3)	NM; *
<i>budesonide sus 32mcg</i>	\$0(3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(3)	NM; *
<i>fluticasone spr 50mcg</i>	\$0(3)	NM; *
<i>24 hr nasal spr allergy</i>	\$0(3)	NM; *
<i>nasal allrgy spr 55mcg/ac</i>	\$0(3)	NM; *
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	\$0(3)	NM; *
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0(1)	B/D
FLOVENT DISK AER 50MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0(2)	QL (2 inhalers / 30 days)

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

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

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

ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>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>acne treatme bar 10%</i>	\$0(3)	NM; *
<i>acne-clear gel 10%</i>	\$0(3)	NM; *
ACNEFREE KIT SEVERE	\$0(3)	NM; *
<i>amnesteem cap 10mg</i>	\$0(1)	PA
<i>amnesteem cap 20mg</i>	\$0(1)	PA
<i>amnesteem cap 40mg</i>	\$0(1)	PA
<i>avita cre 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>avita gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>benzepro aer 5.3%</i>	\$0(3)	NM; *
<i>benzepro sc aer 9.8%</i>	\$0(3)	NM; *
<i>benzoyl per gel 10%</i>	\$0(3)	NM; *
<i>benzoyl per liq 5% wash</i>	\$0(3)	NM; *
BENZOYL PER LIQ 6%	\$0(3)	NM; *
<i>benzoyl per liq 10% wash</i>	\$0(3)	NM; *
<i>benzoyl peroxide foam 5.3%</i>	\$0(3)	NM; *
<i>benzoyl peroxide foam 9.8%</i>	\$0(3)	NM; *
BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0(3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	
<i>benzyl perox liq clnsr 6%</i>	\$0(3)	NM; *
BENZYL PEROX LOT CLNSR9%	\$0(3)	NM; *
<i>bp gel gel 5%</i>	\$0(3)	NM; *
<i>bp gel gel 10%</i>	\$0(3)	NM; *
<i>bp wash liq 2.5%</i>	\$0(3)	NM; *
<i>bp wash liq 5%</i>	\$0(3)	NM; *
<i>bp wash liq 10%</i>	\$0(3)	NM; *
<i>bpo cloths mis 6%</i>	\$0(3)	NM; *
BPO GEL 4%	\$0(3)	NM; *
BPO GEL 8%	\$0(3)	NM; *
<i>claravis cap 10mg</i>	\$0(1)	PA
<i>claravis cap 20mg</i>	\$0(1)	PA
<i>claravis cap 30mg</i>	\$0(1)	PA
<i>claravis cap 40mg</i>	\$0(1)	PA
<i>clindamycin phosphate gel 1%</i>	\$0(1)	QL (75 grams / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	
<i>erythromycin pads 2%</i>	\$0(1)	
<i>erythromycin soln 2%</i>	\$0(1)	
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>myorisan cap 10mg</i>	\$0(1)	PA
<i>myorisan cap 20mg</i>	\$0(1)	PA
<i>myorisan cap 30mg</i>	\$0(1)	PA
<i>myorisan cap 40mg</i>	\$0(1)	PA
<i>panoxyl wash liq 10%</i>	\$0(3)	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), 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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>blis-to-sol liq 1%</i>	\$0(3)	NM; *
<i>curad triple oin antibiot</i>	\$0(3)	NM; *
<i>double antib oin</i>	\$0(3)	NM; *
<i>first aid cre antibiot</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)	QL (220 grams / 30 days)
<i>px triple oin</i>	\$0(3)	NM; *
<i>sb triple oin antibiot</i>	\$0(3)	NM; *
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>sm antibioti cre plus</i>	\$0(3)	NM; *
<i>sm antibioti oin 500/gm</i>	\$0(3)	NM; *
<i>sm triple oin antibiot</i>	\$0(3)	NM; *
<i>ssd cre 1%</i>	\$0(1)	
SULFAMYLON CRE 85MG/GM	\$0(2)	
<i>tri-biozene oin</i>	\$0(3)	NM; *
<i>triple antib oin</i>	\$0(3)	NM; *
<i>triple antib oin frst aid</i>	\$0(3)	NM; *
<i>triple antib oin max st</i>	\$0(3)	NM; *
<i>triple antib oin plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	\$0(3)	NM; *
<i>anti-fungal cre 1%</i>	\$0(3)	NM; *
<i>anti-fungal pow 1%</i>	\$0(3)	NM; *
<i>anti-itch cre 2-0.1%</i>	\$0(3)	NM; *
<i>anti-itch spr 2%</i>	\$0(3)	NM; *
<i>antifung pow aer 1%</i>	\$0(3)	NM; *
<i>antifungal aer 1%</i>	\$0(3)	NM; *
<i>antifungal cre 1%</i>	\$0(3)	NM; *
<i>antifungal cre 2%</i>	\$0(3)	NM; *
<i>antifungal pow 2%</i>	\$0(3)	NM; *
<i>ath foot spr aer 1%</i>	\$0(3)	NM; *
<i>athlete foot aer 2%</i>	\$0(3)	NM; *
<i>athlete foot cre 1%</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>athlete foot cre af</i>	\$0(3)	NM; *
AZOLEN TINC SOL 2%	\$0(3)	NM; *
<i>banophen cre 2-0.1%</i>	\$0(3)	NM; *
<i>baza antifun cre 2%</i>	\$0(3)	NM; *
<i>benzoin compound tincture</i>	\$0(3)	NM; *
BENZOIN TIN	\$0(3)	NM; *
BENZOIN TIN PLAIN	\$0(3)	NM; *
<i>castellani paint</i>	\$0(3)	NM; *
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 grams / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole cre 1%</i>	\$0(3)	NM; *
<i>clotrimazole cre grx 1%</i>	\$0(3)	NM; *
<i>clotrimazole cream 1%</i>	\$0(1)	
<i>clotrimazole cream 1%</i>	\$0(3)	NM; *
<i>clotrimazole soln 1%</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole soln 1%</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	
<i>critic-aid oin 2%</i>	\$0(3)	NM; *
<i>dermafungal oin 2%</i>	\$0(3)	NM; *
<i>desenex shak pow 2%</i>	\$0(3)	NM; *
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	\$0(3)	NM; *
FUNGOID TINC KIT	\$0(3)	NM; *
FUNGOID TINC SOL 2%	\$0(3)	NM; *
<i>fungoid-d cre 1%</i>	\$0(3)	NM; *
<i>itch relief cre ex st</i>	\$0(3)	NM; *
<i>itch relief spr 2-0.1%</i>	\$0(3)	NM; *
<i>jock itch aer 1%</i>	\$0(3)	NM; *
<i>jock itch cre 1%</i>	\$0(3)	NM; *
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 grams / 30 days)
<i>miconazole aer 2%</i>	\$0(3)	NM; *
<i>miconazole cre 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate cream 2%</i>	\$0(3)	NM; *
<i>miconazorb pow af 2%</i>	\$0(3)	NM; *
<i>micro guard pow 2%</i>	\$0(3)	NM; *
<i>nyamyc pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<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)	QL (60 grams / 30 days)
<i>nystop pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>podactin pow 1%</i>	\$0(3)	NM; *
<i>remedy cre antifung</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>remedy oin af 2%</i>	\$0(3)	NM; *
<i>sm allergy cre 2%</i>	\$0(3)	NM; *
<i>sm anti-itch cre 2-0.1%</i>	\$0(3)	NM; *
<i>sm antifungl cre 1%</i>	\$0(3)	NM; *
<i>sm antifungl cre 2%</i>	\$0(3)	NM; *
SM BENZOIN TIN	\$0(3)	NM; *
<i>soothe&cool cre inzo 2%</i>	\$0(3)	NM; *
<i>terbinafine cre 1%</i>	\$0(3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0(3)	NM; *
<i>tgt antifung cre 1%</i>	\$0(3)	NM; *
<i>tolnaftate cre 1%</i>	\$0(3)	NM; *
<i>tolnaftate cream 1%</i>	\$0(3)	NM; *
<i>tolnaftate powder 1%</i>	\$0(3)	NM; *
<i>triple paste oin af 2%</i>	\$0(3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 grams / 30 days), PA
TAZORAC CRE 0.05%	\$0(2)	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0(1)	
<i>selenium sulfide lotion 2.5%</i>	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	\$0(1)	
<i>ala-cort cre 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	
<i>anti-itch cre 1%</i>	\$0(3)	NM; *
<i>anti-itch oin 1%</i>	\$0(3)	NM; *
<i>aquanil hc lot 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0(1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	
<i>cortisone cre 1%</i>	\$0(3)	NM; *
<i>curad hydro cre 1%</i>	\$0(3)	NM; *
<i>dermarest lot 1%</i>	\$0(3)	NM; *
ENSTILAR AER	\$0(2)	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0(1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0(1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0(1)	
<i>fluticasone propionate oint 0.005%</i>	\$0(1)	
<i>gnp hydrocor cre 1% plus</i>	\$0(3)	NM; *
<i>halobetasol propionate cream 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>hm hydrocort cre 1% plus</i>	\$0(3)	NM; *
<i>hydrocort cre 0.5%</i>	\$0(3)	NM; *
<i>hydrocort cre 1%</i>	\$0(3)	NM; *
<i>hydrocort cre plus 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)	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	\$0(1)	QL (45 grams / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 1%</i>	\$0(3)	NM; *
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 2.5%</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>hydrocream cre 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>noble formul cre hc 1%</i>	\$0(3)	NM; *
<i>noble formul spr 1%</i>	\$0(3)	NM; *
<i>prep h cre 1%</i>	\$0(3)	NM; *
<i>sb hydrocort cre 1%</i>	\$0(3)	NM; *
<i>sb hydrocort oin 1%</i>	\$0(3)	NM; *
<i>scalpicin sol 1%</i>	\$0(3)	NM; *
<i>sm hydrocort cre 1%</i>	\$0(3)	NM; *
<i>sm hydrocort cre 1% plus</i>	\$0(3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0(3)	NM; *
TEXACORT SOL 2.5%	\$0(2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 grams / 30 days)
<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)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0(1)	QL (50 grams / 30 days), PA

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

<i>lidocaine patch 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ABSORBASE OIN	\$0(3)	NM; *
ALBOLENE CRE SCENTED	\$0(3)	NM; *
ALBOLENE CRE UNSCENT	\$0(3)	NM; *
<i>aloe vera/ gel lidocain</i>	\$0(3)	QL (227 gm / 30 days), NM; *
ALOE VESTA OIN PROTECT	\$0(3)	NM; *
<i>americerin cre</i>	\$0(3)	NM; *
AMERIDERM OIN PERISHIE	\$0(3)	NM; *
<i>ameriphor oin</i>	\$0(3)	NM; *
<i>amlactin lot 12%</i>	\$0(3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0(3)	NM; *
<i>ap povid-iod sol 10%</i>	\$0(3)	NM; *
AQUA GLYCOL CRE FACE	\$0(3)	NM; *
AQUAPHILIC OIN	\$0(3)	NM; *
AQUAPHOR OIN	\$0(3)	NM; *
AQUAPHOR OIN ADVANCED	\$0(3)	NM; *
ARTH PAIN CRE 0.075%	\$0(3)	NM; *
BASLE CRE	\$0(3)	NM; *
<i>baza protect cre</i>	\$0(3)	NM; *
BETA CARE CRE	\$0(3)	NM; *
BETA XMA CRE	\$0(3)	NM; *
BETADINE SPR 5%	\$0(3)	NM; *
BULL FROG SPR MOSQUITO	\$0(3)	NM; *
CALAZIME SKN PST PROTECT	\$0(3)	NM; *
<i>callus remov pad 40%</i>	\$0(3)	NM; *
<i>capsaicin cre 0.1%</i>	\$0(3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0(3)	NM; *
CAPSAICIN LIQ 0.15%	\$0(3)	NM; *
CARRINGTON CRE /ZINC	\$0(3)	NM; *
CARRINGTON CRE MOISTURE	\$0(3)	NM; *
CERAVE CRE	\$0(3)	NM; *
CERAVE LOT	\$0(3)	NM; *
CERAVE PM LOT	\$0(3)	NM; *
CETAPHIL CRE HAND	\$0(3)	NM; *
CETAPHIL DAY LOT ADVANCE	\$0(3)	NM; *
CETAPHIL LOT MOISTURE	\$0(3)	NM; *
COCONUT OIL CRE BEAUTY	\$0(3)	NM; *
COLE INS REP SPR DRY 25%	\$0(3)	NM; *
COLE INS REP SPR SPRT 40%	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COLEMAN 100 LIQ 98.11%	\$0(3)	NM; *
COLEMAN 100 SPR 98.11%	\$0(3)	NM; *
COLEMN BOTAN LIQ INSECT	\$0(3)	NM; *
COLEMN INSEC LIQ SKINSMAR	\$0(3)	NM; *
COLEMN INSEC SPR SKINSMAR	\$0(3)	NM; *
<i>corn & callu liq</i>	\$0(3)	NM; *
<i>corn remover pad 40%</i>	\$0(3)	NM; *
CRITIC-AID OIN CLEAR	\$0(3)	NM; *
CRITIC-AID PST BARRIER	\$0(3)	NM; *
CUTTER AER 10%	\$0(3)	NM; *
CUTTER AER NATURAL	\$0(3)	NM; *
CUTTER BACKW AER 25%	\$0(3)	NM; *
CUTTER BACKW LIQ 25%	\$0(3)	NM; *
CUTTER DRY AER 10%	\$0(3)	NM; *
CUTTER FAMLY AER 7%	\$0(3)	NM; *
CUTTER FAMLY LIQ 7%	\$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	\$0(3)	NM; *
CUTTER LIQ NATURAL	\$0(3)	NM; *
CUTTER SKINS AER 7%	\$0(3)	NM; *
CUTTER SKINS LIQ 7%	\$0(3)	NM; *
CUTTER SPORT AER 15%	\$0(3)	NM; *
CUTTER WIPES MIS 7.15%	\$0(3)	NM; *
<i>cvs advanced oin healing</i>	\$0(3)	NM; *
CVS INSECT AER REPELLNT	\$0(3)	NM; *
<i>cvs moisture cre</i>	\$0(3)	NM; *
DAILY CONDIT OIN	\$0(3)	NM; *
DERMABASE CRE	\$0(3)	NM; *
<i>dermacerin cre</i>	\$0(3)	NM; *
<i>dermafix oin</i>	\$0(3)	NM; *
<i>dermamed oin</i>	\$0(3)	NM; *
<i>dermaphor oin</i>	\$0(3)	NM; *
<i>dermavantage lot</i>	\$0(3)	NM; *
DHS ZINC SHA 2%	\$0(3)	NM; *
DIABETIDERM CRE	\$0(3)	NM; *
DIABETIDERM CRE FOOT	\$0(3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0(1)	QL (1000 grams / 30 days), PA
DML FORTE CRE	\$0(3)	NM; *
DROXY CRE	\$0(3)	NM; *
<i>dry skin oin</i>	\$0(3)	NM; *
<i>e-ointment oin</i>	\$0(3)	NM; *
EAGLE WATCH LIQ MOS ELIM	\$0(3)	NM; *
EMOLLIA-CREM CRE	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EUCERIN CRE INT REPA	\$0(3)	NM; *
EUCERIN PLUS CRE	\$0(3)	NM; *
<i>flanders oin buttocks</i>	\$0(3)	NM; *
<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 grams / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
GENTLE CRE	\$0(3)	NM; *
<i>geri-hydrola cre 12%</i>	\$0(3)	NM; *
<i>gnp lidocain pad 4%</i>	\$0(3)	QL (30 patches / 30 days), NM; *
GOLD BOND CRE HEALING	\$0(3)	NM; *
GOLD BOND OIN HEALING	\$0(3)	NM; *
<i>hemorrhoidal oin</i>	\$0(3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0(3)	NM; *
HYDRASYN25 CRE	\$0(3)	NM; *
HYDRO-LAN CRE	\$0(3)	NM; *
HYDROCERIN CRE	\$0(3)	NM; *
<i>hydrocerin cre plus</i>	\$0(3)	NM; *
<i>hydrocerin lot</i>	\$0(3)	NM; *
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>hydrolatum oin</i>	\$0(3)	NM; *
<i>hydrophor oin</i>	\$0(3)	NM; *
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
KERADAN CRE	\$0(3)	NM; *
<i>kerodex-51 cre dry/oily</i>	\$0(3)	NM; *
<i>kerodex-71 cre wet</i>	\$0(3)	NM; *
<i>lac-hydrin lot five</i>	\$0(3)	NM; *
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(3)	NM; *
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(3)	NM; *
LACTINOL HX CRE	\$0(3)	NM; *
LANAPHILIC OIN	\$0(3)	NM; *
LANOLOR CRE	\$0(3)	NM; *
LEADER FINGE CRE	\$0(3)	NM; *
LEMON-GLYCER MIS	\$0(3)	NM; *
<i>lidocaine cream 4%</i>	\$0(3)	QL (133 gm / 30 days), NM; *
<i>major-prep oin hemorrho</i>	\$0(3)	NM; *
MAXI DEET SPR 98.11%	\$0(3)	NM; *
<i>medi pad</i>	\$0(3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0(1)	
<i>metronidazole gel 0.75%</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metronidazole lotion 0.75%</i>	\$0(1)	
<i>minerin cre</i>	\$0(3)	NM; *
<i>minerin lot</i>	\$0(3)	NM; *
<i>moisturel lot theraput</i>	\$0(3)	NM; *
<i>moisturizing cre</i>	\$0(3)	NM; *
MOISTURIZING CRE	\$0(3)	NM; *
<i>moisturizing cre renewal</i>	\$0(3)	NM; *
<i>moisturizing cre therapy</i>	\$0(3)	NM; *
<i>moisturizing cre xtr-dry</i>	\$0(3)	NM; *
<i>nasal antise mis swab 10%</i>	\$0(3)	NM; *
NATRAPEL 12H SPR 20%	\$0(3)	NM; *
NATRAPEL LIQ 20%	\$0(3)	NM; *
NEUTROGENA CRE HAND	\$0(3)	NM; *
NIVEA CRE	\$0(3)	NM; *
NIVEA SOFT CRE	\$0(3)	NM; *
<i>noble formul spr 0.25%</i>	\$0(3)	NM; *
NUTRADERM CRE	\$0(3)	NM; *
OFF ACTIVE AER 15%	\$0(3)	NM; *
OFF DEEP WDS AER 25%	\$0(3)	NM; *
OFF DEEP WDS AER 30%	\$0(3)	NM; *
OFF DEEP WDS MIS 25%	\$0(3)	NM; *
OFF DEEP WDS SPR 25%	\$0(3)	NM; *
OFF DEEP WDS SPR 98.25%	\$0(3)	NM; *
OFF FAMILYCR SPR 5%	\$0(3)	NM; *
OFF FAMILYCR SPR 7%	\$0(3)	NM; *
OFF SMTH/DRY AER 15%	\$0(3)	NM; *
OINTMENT OIN BASE	\$0(3)	NM; *
<i>pain relief cre 4%</i>	\$0(3)	QL (133 gm / 30 days), NM; *
PANRETIN GEL 0.1%	\$0(2)	NDS, QL (60 grams / 30 days)
PEN-KERA CRE	\$0(3)	NM; *
PENTRAVAN CRE	\$0(3)	NM; *
PENTRAVAN CRE PLUS	\$0(3)	NM; *
<i>periguard oin</i>	\$0(3)	NM; *
PETROLATUM OIN	\$0(3)	NM; *
PICATO GEL 0.05%	\$0(2)	QL (2 tubes / 30 days)
PICATO GEL 0.015%	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	\$0(1)	
<i>povidone-iod sol 7.5%</i>	\$0(3)	NM; *
<i>povidone-iod sol 10%</i>	\$0(3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0(3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>povidone-iodine swabs 10%</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>povidone/iod sol 10%</i>	\$0(3)	NM; *
PRETTY FEET CRE & HANDS	\$0(3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0(1)	
<i>procto-pak cre 1%</i>	\$0(1)	
<i>proctozone cre -hc 2.5%</i>	\$0(1)	
PROSHIELD CRE PLUS 1%	\$0(3)	NM; *
RA GENTLE CRE SKIN	\$0(3)	NM; *
<i>ra hydrating oin healing</i>	\$0(3)	NM; *
RA HYDRATING OIN HEALING	\$0(3)	NM; *
RECTIV OIN 0.4%	\$0(2)	QL (30 grams / 30 days)
REMEDY CLEAR OIN AID	\$0(3)	NM; *
REMEDY MOIST CRE 5%	\$0(3)	NM; *
REMEDY NUTRA CRE 1%	\$0(3)	NM; *
REMEDY SKIN CRE REPAIR	\$0(3)	NM; *
REPEL 100 LIQ 98.11%	\$0(3)	NM; *
REPEL FAMILY AER 10%	\$0(3)	NM; *
REPEL FAMILY AER 15%	\$0(3)	NM; *
REPEL HUNTER AER 25%	\$0(3)	NM; *
REPEL LEMON SPR INSECT	\$0(3)	NM; *
REPEL SPORTS AER 25%	\$0(3)	NM; *
REPEL SPORTS AER 40%	\$0(3)	NM; *
REPEL SPORTS LIQ 40%	\$0(3)	NM; *
REPEL SPORTS LOT 40%	\$0(3)	NM; *
REPEL TICK AER 15%	\$0(3)	NM; *
REPEL WIPES MIS 30%	\$0(3)	NM; *
RISABAL-PH CRE	\$0(3)	NM; *
<i>rosadan cre 0.75%</i>	\$0(1)	
<i>sal-plant gel 17%</i>	\$0(3)	NM; *
<i>salactic fil sol 17%</i>	\$0(3)	NM; *
<i>saratoga oin</i>	\$0(3)	NM; *
SAWYER REPEL AER 30%	\$0(3)	NM; *
SAWYER REPEL LOT 20%	\$0(3)	NM; *
SAWYER REPEL SPR 20%	\$0(3)	NM; *
<i>scalp relief liq 3%</i>	\$0(3)	NM; *
<i>sebex sha</i>	\$0(3)	NM; *
SENSI-CARE CRE MOISTURI	\$0(3)	NM; *
<i>sm povid-iod sol 10%</i>	\$0(3)	NM; *
SOOTHE&COOL CRE SKIN	\$0(3)	NM; *
SOOTHE&COOL OIN MEDSEPTI	\$0(3)	NM; *
SOOTHE&COOL OIN MOISTURE	\$0(3)	NM; *
SORBIDON CRE HYDRATE	\$0(3)	NM; *
SORBOLENE CRE	\$0(3)	NM; *
<i>sore throat loz 15-3.6mg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STUDIO 35 CRE MOIST	\$0(3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 grams / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 grams / 30 days), NM, PA
TENDER CARE CRE LANOLIN	\$0(3)	NM; *
<i>thera-derm lot</i>	\$0(3)	NM; *
THERAPEUTIC CRE MOISTUR	\$0(3)	NM; *
ULTRATHON AER INSECT	\$0(3)	NM; *
ULTRATHON LOT REPELLNT	\$0(3)	NM; *
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 grams / 30 days), LA, PA
VANICREAM CRE	\$0(3)	NM; *
VELVACHOL CRE	\$0(3)	NM; *
<i>wart remover liq 17%</i>	\$0(3)	NM; *
<i>wart remover mis 40%</i>	\$0(3)	NM; *
ZIKS ARTHRIT CRE RELIEF	\$0(3)	NM; *
<i>zostrix hp cre 0.1%</i>	\$0(3)	NM; *
ZOSTRIX NAT CRE 0.033%	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>bedding spra aer 0.5%</i>	\$0(3)	NM; *
<i>complete kit lice</i>	\$0(3)	NM; *
<i>cvs lice kit solution</i>	\$0(3)	NM; *
<i>gnp lice kit</i>	\$0(3)	NM; *
<i>lice bedding aer 0.5%</i>	\$0(3)	NM; *
<i>lice killing sha</i>	\$0(3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice treatmt lot 1%</i>	\$0(3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice trtmnt liq</i>	\$0(3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0(3)	NM; *
<i>licide sha 0.33-4%</i>	\$0(3)	NM; *
<i>malathion lotion 0.5%</i>	\$0(1)	
<i>permethrin cream 5%</i>	\$0(1)	
<i>ra lice solu kit</i>	\$0(3)	NM; *
RID ESS LICE KIT 0.33-4%	\$0(3)	NM; *
<i>rid lice kil sha 0.33-4%</i>	\$0(3)	NM; *
<i>sm bedding aer lice</i>	\$0(3)	NM; *
<i>sm lice soln kit</i>	\$0(3)	NM; *
<i>stop lice kit complete</i>	\$0(3)	NM; *
<i>stop lice ms sha 0.33-4%</i>	\$0(3)	NM; *
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *

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

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

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
REGRANEX GEL 0.01%	\$0(2)	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	\$0(2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	\$0(1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	
<i>nystatin susp 100000 unit/ml</i>	\$0(1)	
<i>periogard sol 0.12%</i>	\$0(1)	
PHOS FLUR SOL 0.044%	\$0(3)	NM; *
PHOS-FLUR SOL 0.044%	\$0(3)	NM; *
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)	
<i>triamcinolone acetamide dental paste 0.1%</i>	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>acetic acid otic soln 2%</i>	\$0(1)	
CIPRODEX SUS 0.3-0.1%	\$0(2)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>ear drops dro 6.5%</i>	\$0(3)	NM; *
<i>ear drops sol 6.5% ot</i>	\$0(3)	NM; *
<i>ear wax remv dro 6.5% ot</i>	\$0(3)	NM; *
<i>ear wax remv sol 6.5% ot</i>	\$0(3)	NM; *
<i>earwax remv sol 6.5% ot</i>	\$0(3)	NM; *
<i>earwax sol removal</i>	\$0(3)	NM; *
<i>flac oil 0.01%</i>	\$0(1)	
<i>fluocinolone acetamide (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>murine ear dro 6.5% ot</i>	\$0(3)	NM; *
<i>murine ear sol 6.5% ot</i>	\$0(3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin otic soln 0.3%</i>	\$0(1)	
<i>sm ear dro 6.5% ot</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)

**WHAT THE
DRUG WILL
COST YOU
(TIER LEVEL)**

**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE**

_PART B

DIABETIC METERS AND TEST STRIPS

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

D.Index of Covered Drugs

<i>10peh/400gfn tab /20dm</i>	185	<i>acarbose tab 25 mg</i>	85
<i>12 hr nasal spr 0.05%</i>	182	<i>acarbose tab 50 mg</i>	85
<i>12hour nasal spr 0.05%</i>	182	<i>acebutolol hcl cap 200 mg</i>	51
<i>24 hr nasal spr allergy</i>	191	<i>acebutolol hcl cap 400 mg</i>	51
<i>24hr allergy tab 180mg</i>	176	<i>acephen sup 120mg</i>	12
<i>3 day vaginl cre 2%</i>	118	<i>acephen sup 325mg</i>	12
<i>3 day vaginal cre 4%</i>	118	<i>acephen sup 650mg</i>	12
<i>4-way fast spr 1%</i>	188	<i>acerola c chw 500mg</i>	142
<i>50+ adult cap eye hlth</i>	142	ACEROLA C WAF 500MG	142
<i>8 hour pain tab 650mg</i>	13	<i>aceta-gesic tab 12.5-325</i>	178
<i>a thru z chw select</i>	141	<i>acetamin liq 500/15ml</i>	12
<i>a thru z sel tab 50+ adva</i>	141	<i>acetamin pm tab 25-500mg</i>	81
<i>a thru z sel tab 50+ mens</i>	141	<i>acetamin tab 500mg</i>	12
<i>a thru z sel tab advanced</i>	141	<i>acetaminophe chw 160mg</i>	12
<i>a thru z tab advanced</i>	141	<i>acetaminophe tab 500mg</i>	12
<i>a thru z tab high pot</i>	141	<i>acetaminophe tab 5-325mg</i>	178
<i>a thru z tab select</i>	141	<i>acetaminophen chew tab 160 mg</i>	12
<i>a thru z tab ultimate</i>	141	<i>acetaminophen elixir 160 mg/5ml</i>	12
<i>a thru z ult tab mens</i>	141	<i>acetaminophen liquid 160 mg/5ml</i>	12
A-25 CAP 25000UNT	141	<i>acetaminophen soln 160 mg/5ml</i>	12
<i>abacavir sulfate soln 20 mg/ml</i> (base equiv)	24	<i>acetaminophen suppos 120 mg</i> ..	12
<i>abacavir sulfate tab 300 mg (base</i> equiv)	24	<i>acetaminophen suppos 650 mg</i> ..	12
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg.....	26	<i>acetaminophen susp 160 mg/5ml</i>	12
<i>abacavir sulfate-lamivudine-</i> <i>zidovudine tab 300-150-300 mg</i>	26	<i>acetaminophen tab 325 mg</i>	12
<i>abaneu-sl sub</i>	141	<i>acetaminophen tab 500 mg</i>	12
<i>abatinez cap 680mg</i>	103	<i>acetaminophen tab er 650 mg</i> ...	12
<i>abc plus tab</i>	142	<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml.....	17
<i>abc plus tab senior</i>	142	<i>acetaminophen w/ codeine tab</i> 300-15 mg	17
ABDEK CAP	142	<i>acetaminophen w/ codeine tab</i> 300-30 mg	17
<i>abdek chw</i>	142	<i>acetaminophen w/ codeine tab</i> 300-60 mg	17
<i>abdek pediat dro</i>	142	<i>acetaminophn sus 160/5ml</i>	12
ABELCET INJ 5MG/ML	23	<i>acetaminophn sus 325mg</i>	12
ABILIFY MAIN INJ 300MG	70	<i>acetaminophn tab 500mg</i>	12
ABILIFY MAIN INJ 400MG	70	<i>acetazolamide cap er 12hr 500 mg</i>	54
<i>abiraterone acetate tab 250 mg</i> .	37	<i>acetazolamide tab 125 mg</i>	54
ABRAXANE INJ 100MG	34		
ABSORBASE OIN	199		
<i>acamprosate calcium tab delayed</i> <i>release 333 mg</i>	80		
<i>acarbose tab 100 mg</i>	85		

<i>acetazolamide tab 250 mg</i>	54	ADEMPAS TAB 2.5MG	57
<i>acetic acid irrigation soln 0.25%</i>	205	ADEMPAS TAB 2MG	57
<i>acetic acid otic soln 2%</i>	205	<i>adlt multivi chw gummies</i>	142
<i>acetylcysteine inhal soln 10%</i> ..	189	ADLT ONE DLY CHW GUMMIES	142
<i>acetylcysteine inhal soln 20%</i> ..	189	<i>adriamycin inj 20mg</i>	33
<i>acid control tab 10mg</i>	107	ADULT 50+ CAP OCUVITE	142
<i>acid control tab 150mg</i>	107	ADVAIR DISKU AER 100/50.....	192
<i>acid control tab 20mg</i>	107	ADVAIR DISKU AER 250/50.....	192
<i>acid gone chw</i>	101	ADVAIR DISKU AER 500/50.....	192
<i>acid gone sus</i>	101	ADVAIR HFA AER 115/21	192
<i>acid reducer cap 20.6mgdr</i>	116	ADVAIR HFA AER 230/21	192
<i>acid reducer tab 10mg</i>	107	ADVAIR HFA AER 45/21	192
<i>acid reducer tab 150mg</i>	107	<i>advanced chw multi ea</i>	142
<i>acid reducer tab 20mg</i>	107	<i>advanced sus antacid</i>	101
<i>acid reducer tab 75mg</i>	107	<i>advanced tab formula</i>	142
<i>acidoph/prob tab formula</i>	103	<i>advil jr st tab 100mg</i>	15
<i>acidophilus cap</i>	103	<i>advil jr str chw 100mg</i>	15
<i>acidophilus cap 100mg</i>	103	AFINITOR DIS TAB 2MG.....	38
<i>acidophilus cap 10mg</i>	103	AFINITOR DIS TAB 3MG.....	38
<i>acidophilus cap ex st</i>	104	AFINITOR DIS TAB 5MG.....	38
<i>acidophilus tab probiotc</i>	104	AFINITOR TAB 10MG	38
ACIDOPHILUS WAF	104	<i>afrin saline spr 0.65%</i>	189
ACIDOPHILUS/ TAB CIT PECT ..	104	<i>aftera tab 1.5mg</i>	88
ACIDOPHILUS/ WAF BIFIDUS...	104	AIMOVIG INJ 140MG/ML	78
<i>acitretin cap 10 mg</i>	196	AIMOVIG INJ 70MG/ML	78
<i>acitretin cap 17.5 mg</i>	196	<i>airborne chw</i>	142
<i>acitretin cap 25 mg</i>	196	<i>airborne chw gummies</i>	142
<i>acne medicat gel 10%</i>	192	AIRBORNE LOZ	142
<i>acne medicat gel 5%</i>	192	<i>airborne tab</i>	142
ACNE MEDICAT LOT 10%	192	AIRSHIELD CHW IMMUNITY.....	142
ACNE MEDICAT LOT 5%	192	<i>airshield tab</i>	142
<i>acne treatme bar 10%</i>	192	<i>airshield tab berry</i>	142
<i>acne-clear gel 10%</i>	192	<i>akwa tears oin op</i>	172
ACNEFREE KIT SEVERE	192	<i>ala-cort cre 1%</i>	196
ACTHIB INJ.....	127	<i>ala-cort cre 2.5%</i>	196
<i>actical cap</i>	142	ALAHIST CF TAB 10-2-20.....	178
ACTIMMUNE INJ 2MU/0.5	126	ALAHIST DM LIQ 7.5-2-15.....	178
<i>acyclovir cap 200 mg</i>	27	ALA-HIST IR TAB 2MG	174
<i>acyclovir sodium iv soln 50 mg/ml</i>	27	ALA-HIST PE TAB 2-10MG	178
<i>acyclovir susp 200 mg/5ml</i>	27	<i>alaway child dro 0.025%op</i>	171
<i>acyclovir tab 400 mg</i>	27	<i>alaway dro 0.025%op</i>	171
<i>acyclovir tab 800 mg</i>	27	<i>albendazole tab 200 mg</i>	21
ADACEL INJ	127	ALBOLENE CRE SCENTED.....	199
<i>adefovir dipivoxil tab 10 mg</i>	27	ALBOLENE CRE UNSCENT.....	199
ADEMPAS TAB 0.5MG.....	57	<i>albuterol sulfat inhal aero 108</i> <i>mcg/act (90mcg base equiv) ...</i>	178
ADEMPAS TAB 1.5MG.....	57	<i>albuterol sulfat soln nebu 0.083%</i> <i>(2.5 mg/3ml)</i>	178
ADEMPAS TAB 1MG.....	57	<i>albuterol sulfat soln nebu 0.5% (5</i>	

<i>mg/ml)</i>	178	<i>all-day allg sol 5mg/5ml</i>	174
<i>albuterol sulfate soln nebu 0.63</i>		<i>aller/conges tab 10-240mg</i>	178
<i>mg/3ml (base equiv)</i>	178	<i>aller-chlor tab 4mg</i>	174
<i>albuterol sulfate soln nebu 1.25</i>		<i>allerclear d tab 10-240mg</i>	179
<i>mg/3ml (base equiv)</i>	178	<i>allerclear tab 10mg</i>	174
<i>albuterol sulfate syrup 2 mg/5ml</i>		<i>aller-ease tab 180mg</i>	174
.....	178	<i>aller-ease tab 60mg</i>	174
<i>albuterol sulfate tab 2 mg</i>	178	<i>allerfed tab 4-10mg</i>	179
<i>albuterol sulfate tab 4 mg</i>	178	<i>allergy cap 25mg</i>	174
<i>albuterol sulfate tab er 12hr 4 mg</i>		<i>allergy chld liq 12.5/5ml</i>	174
.....	178	<i>allergy chld sol 1mg/ml</i>	174
<i>albuterol sulfate tab er 12hr 8 mg</i>		<i>allergy chld syp 5mg/5ml</i>	174
.....	178	<i>allergy d tab 5-120mg</i>	179
<i>alclometasone dipropionate cream</i>		<i>allergy liq 12.5/5ml</i>	174
<i>0.05%</i>	196	<i>allergy med liq 12.5/5ml</i>	174
<i>alclometasone dipropionate oint</i>		<i>allergy med tab 25mg</i>	174
<i>0.05%</i>	196	<i>allergy plus tab sev/sinu</i>	179
<i>ALDURAZYME INJ 2.9MG/5M</i>	92	<i>allergy plus tab sinus</i>	179
<i>ALECENSA CAP 150MG</i>	38	<i>allergy rel/ tab deconges</i>	179
<i>alendronate sodium oral soln 70</i>		<i>allergy relf cap 25mg</i>	174
<i>mg/75ml</i>	87	<i>allergy relf liq 12.5/5ml</i>	174
<i>alendronate sodium tab 10 mg</i> ...87		<i>allergy relf sol 5mg/5ml</i>	174
<i>alendronate sodium tab 35 mg</i> ...87		<i>allergy relf spr 50mcg</i>	191
<i>alendronate sodium tab 40 mg</i> ...87		<i>allergy relf syp 5mg/5ml</i>	174
<i>alendronate sodium tab 5 mg</i>....87		<i>allergy relf tab /nsl dec</i>	179
<i>alendronate sodium tab 70 mg</i> ...87		<i>allergy relf tab 1.34mg</i>	174
<i>aler-cap cap 25mg</i>	174	<i>allergy relf tab 10mg</i>	174
<i>ALEVAZOL OIN 1%</i>	194	<i>allergy relf tab 180mg</i>	175
<i>alfuzosin hcl tab er 24hr 10 mg</i>	117	<i>allergy relf tab 25mg</i>	174
<i>align jr chw for kids</i>	104	<i>allergy relf tab 4mg</i>	174
<i>ALIMTA INJ 100MG</i>	34	<i>allergy relf tab 5-120mg</i>	179
<i>ALIMTA INJ 500MG</i>	34	<i>allergy relf tab 5mg</i>	174
<i>ALINIA SUS 100/5ML</i>	21	<i>allergy relf tab d</i>	179
<i>ALINIA TAB 500MG</i>	21	<i>allergy relf tab d-24</i>	179
<i>aliskiren fumarate tab 150 mg</i>		<i>allergy relf tab deconges</i>	179
<i>(base equivalent)</i>	55	<i>allergy reli tab 10mg</i>	175
<i>aliskiren fumarate tab 300 mg</i>		<i>allergy tab 10mg</i>	175
<i>(base equivalent)</i>	55	<i>allergy tab 12mg cr</i>	175
<i>ALIVE 50+ TAB WOMENS</i>	142	<i>allergy tab 180mg</i>	175
<i>ALIVE ENERGY TAB WOMENS</i> ...142		<i>allergy tab 25mg</i>	175
<i>ALIVE PRENAT CHW DHA</i>	142	<i>allergy tab 4mg</i>	175
<i>ALIVE WOMENS CHW GUMMY</i> ..142		<i>allergy tab multi-sy</i>	179
<i>all day allg sol 1mg/ml</i>	174	<i>allergy+ con tab 5-120mg</i>	179
<i>all day allg sol 5mg/5ml</i>	174	<i>allergy-d tab 5-120mg</i>	179
<i>all day allg tab 10mg</i>	174	<i>allergy-time tab 4mg</i>	175
<i>all day alrg tab 5-120mg</i>	178	<i>aller-tec d tab 5-120mg</i>	178
<i>all day pain tab 220mg</i>	15	<i>aller-tec tab 10mg</i>	174
<i>all day relf tab 220mg</i>	15	<i>allgy comp-d tab 5-120mg</i>	179
<i>allbee plus tab vit c</i>	142	<i>all-nite liq cold/flu</i>	178

<i>allopurinol tab 100 mg</i>	12	<i>ambrisentan tab 5 mg</i>	57
<i>allopurinol tab 300 mg</i>	12	<i>americerin cre</i>	199
<i>allrgy rel d tab 10-240mg</i>	179	AMERIDERM OIN PERISHIE	199
<i>allrgy rlf-d tab 10-240mg</i>	179	<i>ameriphor oin</i>	199
<i>almacone dbl sus strength</i>	101	<i>amethia lo tab</i>	88
<i>almacone sus</i>	101	<i>amethia tab</i>	88
<i>aloe vera/ gel lidocain</i>	199	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	20
ALOE VESTA OIN PROTECT	199	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	20
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	114	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	54
<i>alose tron hcl tab 1 mg (base equiv)</i>	115	<i>amiloride hcl tab 5 mg</i>	54
ALPHA LIPOIC CAP 300MG	138	AMINOSYN II INJ 10%	130
ALPHA LIPOIC CAP 50MG	138	AMINOSYN-PF INJ 7%	130
ALPHAGAN P SOL 0.1%	171	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	48
<i>alpha-lipoic acid (thioctic acid) cap 100 mg</i>	138	<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	48
<i>alpha-lipoic acid (thioctic acid) cap 200 mg</i>	138	<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	48
<i>alpha-lipoic acid (thioctic acid) cap 600 mg</i>	138	<i>amiodarone hcl tab 100 mg</i>	48
ALPHA-LIPOIC CAP 50MG	138	<i>amiodarone hcl tab 200 mg</i>	48
<i>alph-e cap 400unit</i>	142	<i>amiodarone hcl tab 400 mg</i>	48
<i>alph-e-mixed cap 1000unit</i>	142	AMITIZA CAP 24MCG	115
<i>alph-e-mixed cap 200unit</i>	142	AMITIZA CAP 8MCG	115
<i>alprazolam tab 0.25 mg</i>	57	<i>amitriptyline hcl tab 10 mg</i>	65
<i>alprazolam tab 0.5 mg</i>	57	<i>amitriptyline hcl tab 100 mg</i>	65
<i>alprazolam tab 1 mg</i>	57	<i>amitriptyline hcl tab 150 mg</i>	65
<i>alprazolam tab 2 mg</i>	57	<i>amitriptyline hcl tab 25 mg</i>	65
ALREX SUS 0.2%	170	<i>amitriptyline hcl tab 50 mg</i>	65
<i>altachlore oin 5% op</i>	172	<i>amitriptyline hcl tab 75 mg</i>	65
<i>altachlore sol 5% op</i>	172	<i>amlactin lot 12%</i>	199
<i>altamist spr 0.65%</i>	189	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	52
ALUM HYDROX SUS 320/5ML ...	101	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	52
<i>aluminum hydroxide gel susp 600 mg/5ml</i>	101	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	52
ALUNBRIG PAK	38	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	43
ALUNBRIG TAB 180MG	38	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	43
ALUNBRIG TAB 30MG	38	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	43
ALUNBRIG TAB 90MG	38	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	43
<i>alyacen tab 1/35</i>	88	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	43
<i>amantadine hcl cap 100 mg</i>	68		
<i>amantadine hcl syrup 50 mg/5ml</i>	68		
<i>amantadine hcl tab 100 mg</i>	68		
<i>ambi 10peh/ tab 400gfn</i>	179		
<i>ambi 40pse/ tab 400gfn</i>	179		
AMBISOME INJ 50MG	23		
<i>ambrisentan tab 10 mg</i>	57		

<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	43	<i>400-57 mg/5ml</i>	31
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	46	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	31
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	46	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	31
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	45	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	31
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	46	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	31
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	46	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	31
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	46	<i>amoxicillin (trihydrate) cap 250 mg</i>	31
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	46	<i>amoxicillin (trihydrate) cap 500 mg</i>	31
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	46	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	31
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	46	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	31
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	46	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	31
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	46	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	31
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	46	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	31
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	46	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	31
<i>amnesteam cap 10mg</i>	192	<i>amoxicillin (trihydrate) tab 500 mg</i>	31
<i>amnesteam cap 20mg</i>	192	<i>amoxicillin (trihydrate) tab 875 mg</i>	31
<i>amnesteam cap 40mg</i>	192	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	75
<i>amoxapine tab 100 mg</i>	65	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	75
<i>amoxapine tab 150 mg</i>	65	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	75
<i>amoxapine tab 25 mg</i>	65	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	75
<i>amoxapine tab 50 mg</i>	65	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	75
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	31	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	75
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	31	<i>amphetamine-dextroamphetamine tab 10 mg</i>	76
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	31	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	76
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	31	<i>amphetamine-dextroamphetamine tab 15 mg</i>	76

<i>amphetamine-dextroamphetamine tab 20 mg</i>	76	<i>antacid max chw 1000mg</i>	101
<i>amphetamine-dextroamphetamine tab 30 mg</i>	76	<i>antacid plus sus anti-gas</i>	101
<i>amphetamine-dextroamphetamine tab 5 mg</i>	75	<i>antacid plus sus gas rel</i>	101
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	75	<i>antacid sus</i>	101
<i>amphotericin b for iv soln 50 mg</i>	23	<i>antacid sus advanced</i>	101
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	31	<i>antacid sus anti-gas</i>	101
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	31	<i>antacid sus max st</i>	101
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	32	<i>antacid sus mint crm</i>	101
<i>ampicillin cap 500 mg</i>	32	<i>antacid sus reg</i>	101
<i>ampicillin sodium for inj 1 gm</i>	32	<i>antacid sus reg st</i>	101
<i>ampicillin sodium for inj 125 mg</i>	32	ANTACID ULTR CHW 1000-200	101
<i>ampicillin sodium for inj 2 gm</i>	32	<i>antacid/sime sus ds</i>	101
<i>ampicillin sodium for inj 250 mg</i>	32	<i>anti-dandruf sha 1%</i>	199
<i>ampicillin sodium for inj 500 mg</i>	32	<i>anti-diarrhe cap 2mg</i>	104
<i>ampicillin sodium for iv soln 1 gm</i>	32	<i>anti-diarrhe tab 2mg</i>	104
<i>ampicillin sodium for iv soln 10 gm</i>	32	<i>anti-diarrhl sus 262/15ml</i>	104
<i>ampicillin sodium for iv soln 2 gm</i>	32	<i>antifung pow aer 1%</i>	194
ANADROL-50 TAB 50MG	83	<i>antifungal aer 1%</i>	194
<i>anagrelide hcl cap 0.5 mg</i>	122	<i>antifungal cre 1%</i>	194
<i>anagrelide hcl cap 1 mg</i>	122	<i>anti-fungal cre 1%</i>	194
<i>anastrozole tab 1 mg</i>	37	<i>antifungal cre 2%</i>	194
ANDRODERM DIS 2MG/24HR	83	<i>anti-fungal pow 1%</i>	194
ANDRODERM DIS 4MG/24HR	83	<i>antifungal pow 2%</i>	194
<i>animal chews chw</i>	142	<i>anti-gas cap 166mg</i>	115
<i>animal shape chw</i>	142	<i>anti-gas cap 180mg</i>	115
<i>animal shape chw /iron</i>	142	<i>anti-itch cre 1%</i>	196
<i>animal shape chw complete</i>	142	<i>anti-itch cre 2-0.1%</i>	194
ANIMAL SHAPE CHW IRON.....	142	<i>anti-itch oin 1%</i>	196
ANORO ELLIPT AER 62.5-25.....	173	<i>anti-itch spr 2%</i>	194
<i>ant/anti-gas chw 1000-60</i>	101	<i>antioxidant cap</i>	142
<i>antacid chw 500mg</i>	101	<i>antioxidant tab</i>	142
<i>antacid chw 550-110</i>	101	<i>anti-oxidant tab</i>	142
<i>antacid chw 750mg</i>	101	<i>antioxidant tab vitamins</i>	142
<i>antacid extr chw 675-135</i>	101	<i>ap povid-iod sol 10%</i>	199
<i>antacid extr chw 750mg</i>	101	APETIGEN TAB PLUS.....	142
<i>antacid fast sus acting</i>	101	APOKYN INJ 10MG/ML	68
<i>antacid fast sus relief</i>	101	<i>aprepitant capsule 125 mg</i>	105
<i>antacid flav chw 750mg</i>	101	<i>aprepitant capsule 40 mg</i>	105
<i>antacid kids chw 750mg</i>	101	<i>aprepitant capsule 80 mg</i>	105
		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	106
		<i>apri tab</i>	88
		<i>aprodine tab 2.5-60mg</i>	179
		APTIOM TAB 200MG	58
		APTIOM TAB 400MG	58
		APTIOM TAB 600MG	58
		APTIOM TAB 800MG	58
		APTIVUS CAP 250MG	24
		APTIVUS SOL.....	24

AQUA GLYCOL CRE FACE	199	<i>ascorbic acid cap er 500 mg</i>	143
AQUADEKS CHW	142	<i>ascorbic acid chew tab 250 mg</i>	143
<i>aquadeks dro</i>	142	<i>ascorbic acid chew tab 500 mg</i>	143
AQUA-E LIQ 75/ML	142	<i>ascorbic acid liquid 500 mg/5ml</i>	143
AQUANAZ TAB	179	<i>ascorbic acid tab 1000 mg.....</i>	143
<i>aquanil hc lot 1%</i>	196	<i>ascorbic acid tab 250 mg</i>	143
AQUAPHILIC OIN	199	<i>ascorbic acid tab 500 mg</i>	143
AQUAPHOR OIN.....	199	<i>ascorbic acid tab er 1000 mg... </i>	143
AQUAPHOR OIN ADVANCED	199	<i>ascorbic acid tab er 1500 mg... </i>	143
<i>aqueous e dro 15/0.3ml</i>	142	<i>ascorbic acid tab er 500 mg.....</i>	143
ARALAST NP INJ 1000MG	189	<i>asco-tabs tab 1000mg</i>	143
ARALAST NP INJ 500MG	189	<i>ashlyna tab</i>	88
<i>aranelle tab</i>	88	<i>aspirin 81 tab 81mg ec</i>	12
ARCALYST INJ 220MG	126	<i>aspirin adlt tab 81mg ec</i>	12
<i>arginine cap 500 mg</i>	138	<i>aspirin chew tab 81 mg.....</i>	12
ARGININE PAK 500MG	138	<i>aspirin chld chw 81mg</i>	12
<i>arginine tab 1000 mg</i>	138	<i>aspirin chw 81mg.....</i>	12
ARGININE TAB 500MG	138	<i>aspirin low chw 81mg</i>	12
ARGININE2000 PAK 2000MG....	138	<i>aspirin low tab 81mg ec</i>	12
<i>aripiprazole oral solution 1 mg/ml</i>	70	ASPIRIN SUP 300MG	12
.....	70	ASPIRIN SUP 600MG	12
<i>aripiprazole orally disintegrating</i>	70	<i>aspirin tab 325 mg</i>	13
<i>tab 10 mg</i>	70	<i>aspirin tab 325mg</i>	13
<i>aripiprazole orally disintegrating</i>	70	<i>aspirin tab 325mg ec.....</i>	13
<i>tab 15 mg</i>	70	<i>aspirin tab 81mg ec.....</i>	13
<i>aripiprazole tab 10 mg</i>	70	<i>aspirin tab delayed release 325 mg</i>	13
<i>aripiprazole tab 15 mg</i>	70	.....	13
<i>aripiprazole tab 2 mg</i>	70	<i>aspirin tab delayed release 500 mg</i>	13
<i>aripiprazole tab 20 mg</i>	70	.....	13
<i>aripiprazole tab 30 mg</i>	70	<i>aspirin tab delayed release 650 mg</i>	13
<i>aripiprazole tab 5 mg</i>	70	.....	13
ARISTADA INJ 1064MG	70	<i>aspirin tab delayed release 81 mg</i>	13
ARISTADA INJ 441MG/1.	70	.....	13
ARISTADA INJ 662MG/2	70	<i>aspirin-dipyridamole cap er 12hr</i>	123
ARISTADA INJ 882MG/3	70	<i>25-200 mg</i>	123
ARISTADA INJ INITIO	70	<i>aspir-low tab 81mg ec</i>	12
<i>armodafinil tab 150 mg</i>	80	<i>atazanavir sulfate cap 150 mg</i>	24
<i>armodafinil tab 200 mg</i>	80	<i>(base equiv)</i>	24
<i>armodafinil tab 250 mg</i>	80	<i>atazanavir sulfate cap 200 mg</i>	24
<i>armodafinil tab 50 mg</i>	80	<i>(base equiv)</i>	24
ARNUITY ELPT INH 100MCG....	191	<i>atazanavir sulfate cap 300 mg</i>	24
ARNUITY ELPT INH 200MCG....	191	<i>(base equiv)</i>	24
ARNUITY ELPT INH 50MCG	191	<i>atenolol & chlorthalidone tab 100-</i>	50
ARTH PAIN CRE 0.075%	199	<i>25 mg.....</i>	50
<i>arthrts pain tab 650mg</i>	12	<i>atenolol & chlorthalidone tab 50-25</i>	50
<i>artifi tears sol 1.4% op</i>	172	<i>mg</i>	50
<i>artificial sol tears</i>	172	<i>atenolol tab 100 mg</i>	51
ASCOR SOL 25000MG	143	<i>atenolol tab 25 mg</i>	51
ASCORBIC ACD POW	143	<i>atenolol tab 50 mg</i>	51

<i>ath foot spr aer 1%</i>	194	AYVAKIT TAB 100MG	39
<i>athlete foot aer 2%</i>	194	AYVAKIT TAB 200MG	39
<i>athlete foot cre 1%</i>	194	AYVAKIT TAB 300MG	39
<i>athlete foot cre af</i>	195	<i>azacitidine for inj 100 mg</i>	34
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	76	AZASITE SOL 1%	169
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	76	<i>azathioprine tab 50 mg</i>	126
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	76	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	175
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	76	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	175
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	76	<i>azelastine hcl ophth soln 0.05%</i>	171
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	76	<i>azithromycin for susp 100 mg/5ml</i>	30
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	76	<i>azithromycin for susp 200 mg/5ml</i>	30
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	49	<i>azithromycin iv for soln 500 mg</i> .	30
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	49	<i>azithromycin powd pack for susp 1 gm</i>	30
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	49	<i>azithromycin tab 250 mg</i>	30
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	49	<i>azithromycin tab 500 mg</i>	30
<i>atovaquone susp 750 mg/5ml</i>	21	<i>azithromycin tab 600 mg</i>	30
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	24	AZOLEN TINC SOL 2%	195
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	24	AZOPT SUS 1% OP.....	171
ATRIPLA TAB.....	26	<i>aztreonam for inj 1 gm</i>	21
ATROPINE SUL SOL 1% OP.....	172	<i>aztreonam for inj 2 gm</i>	21
ATROVENT HFA AER 17MCG.....	174	<i>b complex tab plus c</i>	143
ATUSS DA LIQ.....	179	<i>b complex tab vit c</i>	143
<i>aubra tab 0.1-0.02</i>	88	B-12 CAP 1000MCG.....	143
AURYXIA TAB 210MG	98	B-12 CAP 3000MCG.....	143
AUSTEDO TAB 12MG.....	79	B-12 CAP 5000MCG.....	143
AUSTEDO TAB 6MG	79	B-12 DOTS TAB 500MCG.....	143
AUSTEDO TAB 9MG	79	B-12 DS TAB 5000MCG	143
AVASTIN INJ.....	35	B-12 LIQ 5000/ML.....	143
AVASTIN INJ 400/16ML.....	35	B-12 LOZ 1000MCG.....	143
<i>aviane tab</i>	88	B-12 METHYCO TAB 1000MCG .	143
<i>avita cre 0.025%</i>	192	<i>b-12 micrloz sub 500mcg</i>	143
<i>avita gel 0.025%</i>	192	<i>b-12 tab 2000mcg</i>	143
AYR ALLERGY SPR & SINUS	189	B-12 TAB 2000MCG.....	143
AYR NASAL DRO 0.65%	189	B-12 TAB 2500MCG.....	143
<i>ayr saline gel nasal</i>	189	<i>b-12 tab 500mcg</i>	143
<i>ayr spr 0.65%</i>	189	<i>b-12 tr tab 1000 mcg</i>	143
		<i>b6 natural tab 100mg</i>	143
		<i>baby ayr spr 0.65%</i>	189
		<i>baby super dro daily d3</i>	143
		<i>baby vit d dro 400/.028</i>	143
		<i>bacitr zinc oin 500/gm</i>	194
		<i>bacitracin oin 500/gm</i>	194
		<i>bacitracin oint 500 unit/gm</i>	194

<i>bacitracin ophth oint 500 unit/gm</i>	BELSOMRA TAB 10MG.....	76
.....169	BELSOMRA TAB 15MG.....	76
<i>bacitracin zinc oint 500 unit/gm</i>	BELSOMRA TAB 20MG.....	76
194	BELSOMRA TAB 5MG	76
<i>bacitracin-polymyxin b ophth oint</i>	<i>benazepril & hydrochlorothiazide</i>	
.....170	<i>tab 10-12.5 mg.....</i>	43
<i>bacitracin-polymyxin-neomycin-hc</i>	<i>benazepril & hydrochlorothiazide</i>	
<i>ophth oint 1%.....</i>	<i>tab 20-12.5 mg.....</i>	43
169	<i>benazepril & hydrochlorothiazide</i>	
<i>baclofen tab 10 mg.....</i>	<i>tab 20-25 mg</i>	43
80	<i>benazepril & hydrochlorothiazide</i>	
<i>baclofen tab 20 mg.....</i>	<i>tab 5-6.25 mg</i>	43
80	<i>benazepril hcl tab 10 mg.....</i>	44
<i>balanced b tab complex.....</i>	<i>benazepril hcl tab 20 mg.....</i>	44
143	<i>benazepril hcl tab 40 mg.....</i>	44
<i>balsalazide disodium cap 750 mg</i>	<i>benazepril hcl tab 5 mg.....</i>	44
.....108	BENDEKA INJ 100/4ML	33
BALVERSA TAB 3MG	BENLYSTA INJ 120MG.....	126
39	BENLYSTA INJ 200MG/ML.....	126
BALVERSA TAB 4MG	BENLYSTA INJ 400MG.....	126
39	BENZEDREX INH	179
BALVERSA TAB 5MG	<i>benzepero aer 5.3%.....</i>	192
39	<i>benzepero sc aer 9.8%.....</i>	192
<i>balziva tab.....</i>	<i>benzoin compound tincture</i>	195
88	BENZOIN TIN.....	195
<i>banophen cap 25mg</i>	BENZOIN TIN PLAIN	195
175	<i>benzonatate cap 100 mg.....</i>	179
<i>banophen cap 50mg</i>	<i>benzonatate cap 150 mg.....</i>	179
175	<i>benzonatate cap 200 mg.....</i>	179
<i>banophen cre 2-0.1%</i>	<i>benzoyl per gel 10%.....</i>	192
195	<i>benzoyl per liq 10% wash</i>	192
<i>banophen liq 12.5/5ml</i>	<i>benzoyl per liq 5% wash</i>	192
175	BENZOYL PER LIQ 6%	192
<i>banophen tab 25mg.....</i>	<i>benzoyl peroxide foam 5.3% ...</i>	192
175	<i>benzoyl peroxide foam 9.8% ...</i>	192
BANZEL SUS 40MG/ML.....	<i>benzoyl peroxide gel 10%</i>	192
58	BENZOYL PEROXIDE GEL 2.5% 192	
BANZEL TAB 200MG	<i>benzoyl peroxide gel 5%.....</i>	192
58	<i>benzoyl peroxide-erythromycin gel</i>	
BANZEL TAB 400MG	<i>5-3%.....</i>	193
58	<i>benztropine mesylate inj 1 mg/ml</i>	
BARACLUDGE SOL .....	.....68	
27	<i>benztropine mesylate tab 0.5 mg</i>	
BASAGLAR INJ 100UNIT .....	.....68	
83	<i>benztropine mesylate tab 1 mg ..</i>	68
BASLE CRE	<i>benztropine mesylate tab 2 mg ..</i>	69
199	<i>benzyl perox liq clnsr 6%</i>	193
<i>bayer asa tab 325mg</i>	BENZYL PEROX LOT CLNSR9%. 193	
13	BEPREVE DRO 1.5%	171
<i>bayer low tab 81mg ec.....</i>		
13		
<i>baza antifun cre 2%.....</i>		
195		
<i>baza protect cre</i>		
199		
BCG VACCINE INJ.....		
127		
<i>b-complex tab /vit c.....</i>		
143		
<i>b-complex tab balanced</i>		
143		
<i>b-complex w/ c & calcium tab ..</i>		
143		
<i>b-complex w/ c & folic acid tab.</i>		
143		
<i>b-complex w/ c cap</i>		
143		
<i>b-complex w/ c tab.....</i>		
143		
B-COMPLEX/FA TAB /VIT C		
143		
BD ALCOHOL SWABS		
83		
BD GLUCOSE CHW 5GM		
95		
BD ULTRAFINE INSULIN SYRINGE		
.....83		
BD ULTRAFINE/NANO PEN		
NEEDLES.....		
84		
<i>bdy/hair/skn cap nails.....</i>		
143		
<i>bec/zinc tab</i>		
143		
<i>bedding spra aer 0.5%.....</i>		
204		
<i>bekyree tab</i>		
88		

BERINERT INJ 500UNIT	122	BIO-D-MULSIO LIQ FORTE	144
<i>berocca tab</i>	144	BIOSUPP LIQ	144
BESIVANCE SUS 0.6%	170	BIOTECT PLUS CAP.....	144
BETA CARE CRE	199	BIOTECT PLUS LIQ	144
BETA XMA CRE.....	199	<i>biotin 5000 cap</i>	144
BETADINE SPR 5%	199	<i>biotin cap 10 mg</i>	144
<i>betamethasone dipropionate</i>		BIOTIN CAP 1MG.....	144
<i>augmented cream 0.05%</i>	196	<i>biotin cap 2.5 mg</i>	144
<i>betamethasone dipropionate</i>		<i>biotin cap 5 mg</i>	144
<i>augmented gel 0.05%</i>	196	<i>biotin cap 5000mcg</i>	144
<i>betamethasone dipropionate</i>		<i>biotin plus/ tab cal/vitd</i>	144
<i>augmented lotion 0.05%</i>	197	BIOTIN POW.....	144
<i>betamethasone dipropionate</i>		<i>biotin tab 1000 mcg</i>	144
<i>augmented oint 0.05%</i>	197	<i>biotin tab 300 mcg</i>	144
<i>betamethasone dipropionate cream</i>		<i>biotin tab 5 mg</i>	144
<i>0.05%</i>	197	BIOVOL SYP	144
<i>betamethasone dipropionate lotion</i>		<i>bisac-evac sup 10mg</i>	108
<i>0.05%</i>	197	<i>bisacodyl sup 10mg</i>	108
<i>betamethasone dipropionate oint</i>		<i>bisacodyl suppos 10 mg</i>	108
<i>0.05%</i>	197	<i>bisacodyl tab 5mg ec</i>	108
<i>betamethasone valerate cream</i>		<i>biscolax sup 10mg</i>	108
<i>0.1% (base equivalent)</i>	197	<i>bismatrol chw 262mg</i>	104
<i>betamethasone valerate lotion</i>		<i>bismatrol sus 262/15ml</i>	104
<i>0.1% (base equivalent)</i>	197	<i>bismatrol sus 525/15ml</i>	104
<i>betamethasone valerate oint 0.1%</i>		<i>bismuth subsalicylate chew tab 262</i>	
<i>(base equivalent)</i>	197	<i>mg</i>	104
BETASERON INJ 0.3MG	79	<i>bisoprolol & hydrochlorothiazide</i>	
<i>betatemp sus 160/5ml</i>	13	<i>tab 10-6.25 mg</i>	50
<i>betaxolol hcl ophth soln 0.5%</i> ..	171	<i>bisoprolol & hydrochlorothiazide</i>	
<i>betaxolol hcl tab 10 mg</i>	51	<i>tab 2.5-6.25 mg</i>	50
<i>betaxolol hcl tab 20 mg</i>	51	<i>bisoprolol & hydrochlorothiazide</i>	
<i>bethanechol chloride tab 10 mg</i>	117	<i>tab 5-6.25 mg</i>	50
<i>bethanechol chloride tab 25 mg</i>	117	<i>bisoprolol fumarate tab 10 mg</i> ...	51
<i>bethanechol chloride tab 5 mg</i> .	117	<i>bisoprolol fumarate tab 5 mg</i>	51
<i>bethanechol chloride tab 50 mg</i>	117	BIVIGAM INJ 10%	124
BETOPTIC-S SUS 0.25% OP.....	171	BLEPHAMIDE OIN S.O.P.	169
<i>better b tab complex</i>	144	<i>blisovi 24 tab fe 1/20</i>	88
BEVESPI AER 9-4.8MCG	173	<i>blisovi fe tab 1.5/30</i>	88
<i>bexarotene cap 75 mg</i>	42	<i>blis-to-sol liq 1%</i>	194
BEXSERO INJ	127	B-NATAL LOZ 25MG.....	143
<i>bicalutamide tab 50 mg</i>	37	BOOSTRIX INJ	127
BICARSIM TAB 125MG	115	BORTEZOMIB INJ 3.5MG	35
BICILLIN L-A INJ 1200000	32	<i>bosentan tab 125 mg</i>	57
BICILLIN L-A INJ 2400000	32	<i>bosentan tab 62.5 mg</i>	57
BICILLIN L-A INJ 600000.....	32	BOSULIF TAB 100MG	39
BIKTARVY TAB	26	BOSULIF TAB 400MG	39
BIO-35 GLUTE CAP FREE	144	BOSULIF TAB 500MG	39
BIOCAL CAP.....	144	<i>bp gel gel 10%</i>	193
BIO-D-MULSIO LIQ 400/0.4.....	144	<i>bp gel gel 5%</i>	193

<i>bp wash liq 10%</i>	193	BULL FROG SPR MOSQUITO	199
<i>bp wash liq 2.5%</i>	193	<i>bumetanide inj 0.25 mg/ml</i>	54
<i>bp wash liq 5%</i>	193	<i>bumetanide tab 0.5 mg</i>	54
<i>bpo cloths mis 6%</i>	193	<i>bumetanide tab 1 mg</i>	54
BPO GEL 4%	193	<i>bumetanide tab 2 mg</i>	54
BPO GEL 8%	193	<i>buprenorphine hcl sl tab 2 mg</i>	
<i>bprotected liq multi-vi</i>	144	(base equiv)	81
<i>bprotected sol tri-vite</i>	144	<i>buprenorphine hcl sl tab 8 mg</i>	
BRAFTOVI CAP 75MG	39	(base equiv)	81
BRAINSTRONG MIS PRENATAL .	144	<i>buprenorphine hcl-naloxone hcl sl</i>	
BREO ELLIPTA INH 100-25	192	<i>film 12-3 mg (base equiv)</i>	81
BREO ELLIPTA INH 200-25	192	<i>buprenorphine hcl-naloxone hcl sl</i>	
BREZTRI AERO AER SPHERE	173	<i>film 2-0.5 mg (base equiv)</i>	81
<i>briellyn tab</i>	88	<i>buprenorphine hcl-naloxone hcl sl</i>	
BRILINTA TAB 60MG	123	<i>film 4-1 mg (base equiv)</i>	81
BRILINTA TAB 90MG	123	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>brimonidine tartrate ophth soln</i>		<i>film 8-2 mg (base equiv)</i>	81
<i>0.15%</i>	171	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>brimonidine tartrate ophth soln</i>		<i>tab 2-0.5 mg (base equiv)</i>	81
<i>0.2%</i>	171	<i>buprenorphine hcl-naloxone hcl sl</i>	
BRIVIACT INJ 50MG/5ML.....	58	<i>tab 8-2 mg (base equiv)</i>	81
BRIVIACT SOL 10MG/ML	58	<i>buprenorphine td patch weekly 10</i>	
BRIVIACT TAB 100MG	58	<i>mcg/hr</i>	17
BRIVIACT TAB 10MG.....	58	<i>buprenorphine td patch weekly 15</i>	
BRIVIACT TAB 25MG.....	58	<i>mcg/hr</i>	17
BRIVIACT TAB 50MG.....	58	<i>buprenorphine td patch weekly 20</i>	
BRIVIACT TAB 75MG.....	58	<i>mcg/hr</i>	17
BROHIST D TAB 4-10MG	179	<i>buprenorphine td patch weekly 5</i>	
<i>bromfed dm syp</i>	179	<i>mcg/hr</i>	17
<i>bromfenac sodium ophth soln</i>		<i>buprenorphine td patch weekly 7.5</i>	
<i>0.09% (base equiv) (once-daily)</i>		<i>mcg/hr</i>	17
.....	170	<i>bupropion hcl (smoking deterrent)</i>	
<i>bromocriptine mesylate cap 5 mg</i>		<i>tab er 12hr 150 mg</i>	81
(base equivalent)	69	<i>bupropion hcl tab 100 mg</i>	65
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>bupropion hcl tab 75 mg</i>	65
(base equivalent)	69	<i>bupropion hcl tab er 12hr 100 mg</i>	
BROMSITE DRO 0.075%.....	170	.....	65
BRONKAID TAB 25-400MG.....	179	<i>bupropion hcl tab er 12hr 150 mg</i>	
BROTAPP DM LIQ 15-1-5/5	179	.....	65
BRUKINSA CAP 80MG.....	39	<i>bupropion hcl tab er 12hr 200 mg</i>	
<i>budesonide delayed release</i>		.....	65
<i>particles cap 3 mg</i>	108	<i>bupropion hcl tab er 24hr 150 mg</i>	
<i>budesonide inhalation susp 0.25</i>		.....	65
<i>mg/2ml</i>	191	<i>bupropion hcl tab er 24hr 300 mg</i>	
<i>budesonide inhalation susp 0.5</i>		.....	65
<i>mg/2ml</i>	191	<i>buspirone hcl tab 10 mg</i>	57
<i>budesonide nasal susp 32 mcg/act</i>		<i>buspirone hcl tab 15 mg</i>	58
.....	191	<i>buspirone hcl tab 30 mg</i>	58
<i>budesonide sus 32mcg</i>	191	<i>buspirone hcl tab 5 mg</i>	57

<i>buspirone hcl tab 7.5 mg</i>	57	<i>calc citr+d tab 315-250</i>	132
<i>butorphanol tartrate inj 1 mg/ml</i>	17	<i>calc citr+d3 tab 200-250</i>	132
<i>butorphanol tartrate inj 2 mg/ml</i>	17	<i>calc citra+d tab 315-250</i>	132
BYDUREON BC INJ 2/0.85ML.....	84	CALC CITRATE LIQ VIT D3.....	132
BYDUREON PEN INJ 2MG	84	<i>calc citrate tab +d</i>	132
BYETTA INJ 10MCG.....	84	CALC/VIT D3 CHW DISNEY.....	132
BYETTA INJ 5MCG	84	CALCI-CHEW CHW 1250MG.....	132
BYSTOLIC TAB 10MG	51	<i>calcidol dro 8000/ml</i>	144
BYSTOLIC TAB 2.5MG	51	<i>calciferol dro 8000/ml</i>	144
BYSTOLIC TAB 20MG	51	CALCI-MIX CAP 1250MG	132
BYSTOLIC TAB 5MG	51	<i>calcipotriene cream 0.005%</i>	196
<i>c 1000 tab 1000mg</i>	144	<i>calcipotriene oint 0.005%</i>	196
<i>c 250 tab</i>	144	<i>calcipotriene soln 0.005% (50</i>	
<i>c/rose hips chw 500mg</i>	144	<i>mcg/ml)</i>	196
<i>c/rose hips tab 1000mg</i>	144	<i>calcitonin (salmon) nasal soln 200</i>	
<i>c/rose hips tab 500mg</i>	144	<i>unit/act</i>	97
<i>c/rose hips tab 500mg tr</i>	144	CAL-CITRATE CAP 150MG	144
<i>c/rosehip tr tab 1000mg</i>	144	<i>calcitrate tab</i>	132
<i>c-1000 tab 1000mg</i>	144	<i>calcitrate tab 950mg</i>	132
<i>c-1000/rh tab 1000mg</i>	144	CAL-CITRATE TAB PLUS D	132
<i>c-250 tab 250mg</i>	144	<i>calcitriol cap 0.25 mcg</i>	145
<i>c-500 chw</i>	144	<i>calcitriol cap 0.5 mcg</i>	144
<i>c-500 chw 500mg</i>	144	<i>calcitriol inj 1 mcg/ml</i>	145
<i>c-500 tab 500mg</i>	144	<i>calcitriol oral soln 1 mcg/ml</i>	145
<i>ca citrate tab + d</i>	131	<i>calcium + d tab</i>	132
CA CITRATE TAB 250MG.....	131	<i>calcium + d tab 600-200</i>	132
<i>ca citrate tab plus d</i>	131	<i>calcium +d tab maximum</i>	133
CA HI-CAL/D TAB 500MG	131	<i>calcium +d3 tab maximum</i>	132
CA LACTATE TAB 100MG	132	CALCIUM 1000 TAB + D.....	132
<i>cabergoline tab 0.5 mg</i>	97	<i>calcium 1200 chw</i>	132
CABOMETYX TAB 20MG	39	<i>calcium 500 tab /vit d</i>	132
CABOMETYX TAB 40MG	39	<i>calcium 500 tab +d</i>	132
CABOMETYX TAB 60MG	39	<i>calcium 600 chw +d/miner</i>	132
<i>cal antacid chw 1000mg</i>	101	<i>calcium 600 chw +d/mnrsls</i>	132
<i>cal antacid chw 750mg</i>	101	<i>calcium 600 chw w/vit d</i>	132
<i>cal cit+d3 tab maximum</i>	132	<i>calcium 600 tab</i>	132
CALAZIME SKN PST PROTECT ..	199	<i>calcium 600 tab + d</i>	132
<i>calc 600/d3 tab 600-800</i>	132	<i>calcium 600 tab +d</i>	132
<i>calc 600+d tab 600-800</i>	132	<i>calcium 600 tab +d/mnrsls</i>	132
<i>calc 600+d/ chw 600-800</i>	132	<i>calcium 600 tab +d3</i>	132
<i>calc 600+d+ tab minerals</i>	132	<i>calcium 600 tab -d</i>	132
<i>calc 600+d3 cap 600-500</i>	132	<i>calcium 600 tab vit d/mi</i>	132
<i>calc 600+d3 tab minerals</i>	132	<i>calcium 600/ tab vit d</i>	132
<i>calc antacid chw 1000mg</i>	101	<i>calcium acetate (phosphate binder)</i>	
<i>calc antacid chw 500mg</i>	101	<i>cap 667 mg (169 mg ca)</i>	98
<i>calc antacid chw 750mg</i>	101	<i>calcium acetate (phosphate binder)</i>	
<i>calc cit+d3 tab 200-250</i>	132	<i>tab 667 mg</i>	98
<i>calc cit+d3 tab 250-200</i>	132	<i>calcium anta chw 500mg</i>	102
<i>calc citr/d3 tab 200-250</i>	132	<i>calcium anta chw 750mg</i>	102

CALCIUM CARB CHW 260MG....	133	CALCIUM CIT TAB 1040MG.....	133
<i>calcium carb chw 500mg</i>	102	CALCIUM CIT/ TAB VIT D	133
CALCIUM CARB POW.....	133	<i>calcium citr tab +d</i>	134
CALCIUM CARB POW 800/2GM.	133	<i>calcium citr tab plus d-3</i>	134
CALCIUM CARB POW EX-LIGHT	133	<i>calcium citr tab w/vit d3</i>	134
CALCIUM CARB POW HEAVY	133	<i>calcium citrate tab 950 mg (200</i>	
<i>calcium carb tab 1250mg</i>	133	<i>mg elemental ca)</i>	134
CALCIUM CARB TAB 648MG	102	<i>calcium citrate-vitamin d tab 1500</i>	
CALCIUM CARB TAB 650MG	102	<i>mg-200 unit</i>	134
<i>calcium carbonate (antacid) chew</i>		<i>calcium citrate-vitamin d tab 200</i>	
<i>tab 500 mg</i>	102	<i>mg-250 unit (elemental ca)</i>	134
<i>calcium carbonate (antacid) chew</i>		<i>calcium citrate-vitamin d tab 315</i>	
<i>tab 750 mg</i>	102	<i>mg-200 unit (elemental ca)</i>	134
<i>calcium carbonate (antacid) susp</i>		<i>calcium citrate-vitamin d tab 315</i>	
<i>1250 mg/5ml</i>	133	<i>mg-250 unit (elemental ca)</i>	134
<i>calcium carbonate tab 1250 mg</i>		CALCIUM GRA CITRATE.....	134
<i>(500 mg elemental ca)</i>	133	CALCIUM LACT TAB 648MG	134
<i>calcium carbonate tab 600 mg</i> .	133	CALCIUM LACT TAB 750MG	134
<i>calcium carbonate-cholecalciferol</i>		<i>calcium plus cap d3</i>	134
<i>chew tab 500 mg-100 unit</i>	133	CALCIUM PLUS CAP VIT D	134
<i>calcium carbonate-cholecalciferol</i>		<i>calcium plus tab 600 +d</i>	134
<i>tab 250 mg-125 unit</i>	133	<i>calcium polycarbophil tab 625 mg</i>	
<i>calcium carbonate-cholecalciferol</i>		.....	108
<i>tab 500 mg-200 unit</i>	133	<i>calcium tab 500/d</i>	134
<i>calcium carbonate-cholecalciferol</i>		<i>calcium tab 500+d</i>	134
<i>tab 500 mg-400 unit</i>	133	<i>calcium tab 600mg</i>	134
<i>calcium carbonate-cholecalciferol</i>		CALCIUM TAB 600MG	134
<i>tab 600 mg-200 unit</i>	133	<i>calcium tab vit d</i>	134
<i>calcium carbonate-cholecalciferol</i>		<i>calcium/d chw 500-400</i>	134
<i>tab 600 mg-400 unit</i>	133	<i>calcium/d tab 500/200</i>	134
<i>calcium carbonate-vitamin d cap</i>		<i>calcium/d tab 500-200</i>	134
<i>600 mg-200 unit</i>	133	<i>calcium/d tab 500-400</i>	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/d tab 500mg</i>	134
<i>250 mg-125 unit</i>	133	<i>calcium/d tab 600-400</i>	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/d tab 600-800</i>	134
<i>500 mg-125 unit</i>	133	CALCIUM/D3 CAP 600-2500	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/d3 cap 600-500</i>	134
<i>500 mg-200 unit</i>	133	<i>calcium/d3 tab</i>	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/d3 tab 200-250</i>	134
<i>500 mg-400 unit</i>	133	<i>calcium/d3 tab 500-400</i>	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/d3 tab 500-600</i>	134
<i>600 mg-125 unit</i>	133	<i>calcium/d3 tab 600-800</i>	134
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/vita tab d3</i>	134
<i>600 mg-200 unit</i>	133	CALCIUM/VITD CAP 600-400 ...	135
<i>calcium carbonate-vitamin d tab</i>		<i>calcium/vitd cap 600-500</i>	135
<i>600 mg-400 unit</i>	133	<i>calcium+d tab 600-400</i>	134
<i>calcium carb-vit d w/ minerals</i>		<i>calcium+d tab 600-800</i>	134
<i>chew tab 600 mg-400 unit</i>	133	<i>calcium+d3 tab 315-250</i>	134
<i>calcium chw gummies</i>	133	<i>calcium+d3 tab 600-400</i>	134

<i>calcium+d3 tab 600-800</i>	134	<i>carbamazepine cap er 12hr 100 mg</i>	58
<i>cal-gest chw 500mg</i>	101	<i>carbamazepine cap er 12hr 200 mg</i>	58
CAL-LAC CAP 500MG.....	132	<i>carbamazepine cap er 12hr 300 mg</i>	58
<i>callus remov pad 40%</i>	199	<i>carbamazepine chew tab 100 mg</i> 58	
CAL-MINT CHW 260MG	132	<i>carbamazepine susp 100 mg/5ml</i>	58
CALQUENCE CAP 100MG	39	<i>carbamazepine tab 200 mg</i>	58
CAL-QUICK LIQ 500-400	132	<i>carbamazepine tab er 12hr 100 mg</i>	58
CALTRATE + D TAB 300-800....	135	<i>carbamazepine tab er 12hr 200 mg</i>	58
CALTRATE 600 CHW 600-800...	135	<i>carbamazepine tab er 12hr 400 mg</i>	58
<i>caltrate 600 tab</i>	135	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	69
<i>caltrate+d3 chw 600-800</i>	135	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	69
<i>camila tab 0.35mg</i>	88	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	69
<i>camrese lo tab</i>	88	<i>carbidopa & levodopa tab 10-100</i> <i>mg</i>	69
<i>candesartan cilexetil tab 16 mg</i> ..	47	<i>carbidopa & levodopa tab 25-100</i> <i>mg</i>	69
<i>candesartan cilexetil tab 32 mg</i> ..	47	<i>carbidopa & levodopa tab 25-250</i> <i>mg</i>	69
<i>candesartan cilexetil tab 4 mg</i>	47	<i>carbidopa & levodopa tab er 25-</i> <i>100 mg</i>	69
<i>candesartan cilexetil tab 8 mg</i>	47	<i>carbidopa & levodopa tab er 50-</i> <i>200 mg</i>	69
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5</i> <i>mg</i>	46	<i>carbidopa-levodopa-entacapone</i> <i>tabs 12.5-50-200 mg</i>	69
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5</i> <i>mg</i>	46	<i>carbidopa-levodopa-entacapone</i> <i>tabs 18.75-75-200 mg</i>	69
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i>	46	<i>carbidopa-levodopa-entacapone</i> <i>tabs 25-100-200 mg</i>	69
CAPCOF SYP 5-2-10MG	179	<i>carbidopa-levodopa-entacapone</i> <i>tabs 31.25-125-200 mg</i>	69
CAPLYTA CAP 42MG	70	<i>carbidopa-levodopa-entacapone</i> <i>tabs 37.5-150-200 mg</i>	69
CAPMIST DM TAB	179	<i>carbidopa-levodopa-entacapone</i> <i>tabs 50-200-200 mg</i>	69
CAPRELSA TAB 100MG	39	<i>carbonyl tab fe 45mg</i>	120
CAPRELSA TAB 300MG	39	<i>carboplatin iv soln 150 mg/15ml</i> 42	
CAPRON DM LIQ	179	<i>carboplatin iv soln 450 mg/45ml</i> 42	
CAPRON DMT TAB 30-30MG....	179	<i>carboplatin iv soln 50 mg/5ml</i>	42
<i>capsaicin cre 0.1%</i>	199	<i>carboplatin iv soln 600 mg/60ml</i> 42	
<i>capsaicin cream 0.025%</i>	199		
CAPSAICIN LIQ 0.15%	199		
<i>captopril & hydrochlorothiazide tab</i> <i>25-15 mg</i>	44		
<i>captopril & hydrochlorothiazide tab</i> <i>25-25 mg</i>	44		
<i>captopril & hydrochlorothiazide tab</i> <i>50-15 mg</i>	44		
<i>captopril & hydrochlorothiazide tab</i> <i>50-25 mg</i>	44		
<i>captopril tab 100 mg</i>	44		
<i>captopril tab 12.5 mg</i>	44		
<i>captopril tab 25 mg</i>	44		
<i>captopril tab 50 mg</i>	44		
CARBAGLU TAB 200MG	92		

<i>carisoprodol tab 350 mg</i>	80	<i>cefprozil for susp 125 mg/5ml</i> ...	29
<i>carravite tab</i>	145	<i>cefprozil for susp 250 mg/5ml</i> ...	29
CARRINGTON CRE /ZINC	199	<i>cefprozil tab 250 mg</i>	29
CARRINGTON CRE MOISTURE ..	199	<i>cefprozil tab 500 mg</i>	29
<i>carteolol hcl ophth soln 1%</i>	171	<i>ceftazidime for inj 1 gm</i>	29
<i>carvedilol tab 12.5 mg</i>	51	<i>ceftazidime for inj 2 gm</i>	29
<i>carvedilol tab 25 mg</i>	51	<i>ceftazidime for inj 6 gm</i>	29
<i>carvedilol tab 3.125 mg</i>	51	CEFTAZIDIME/ SOL D5W 1GM ...	29
<i>carvedilol tab 6.25 mg</i>	51	CEFTAZIDIME/ SOL D5W 2GM ...	29
<i>caspofungin acetate for iv soln 50 mg</i>	23	<i>ceftriaxone sodium for inj 1 gm</i> .	29
<i>caspofungin acetate for iv soln 70 mg</i>	23	<i>ceftriaxone sodium for inj 10 gm</i>	29
<i>castellani paint</i>	195	<i>ceftriaxone sodium for inj 2 gm</i> .	29
<i>castor laxat oil 100%</i>	108	<i>ceftriaxone sodium for inj 250 mg</i>	29
CAYSTON INH 75MG	21	.....	29
C-BUFF POW	144	<i>ceftriaxone sodium for inj 500 mg</i>	29
<i>c-chewable chw 500mg</i>	144	.....	29
<i>cefaclor cap 250 mg</i>	28	<i>ceftriaxone sodium for iv soln 1 gm</i>	29
<i>cefaclor cap 500 mg</i>	28	.....	29
CEFACLOR ER TAB 500MG	28	<i>ceftriaxone sodium for iv soln 2 gm</i>	29
<i>cefaclor for susp 125 mg/5ml</i>	28	.....	29
<i>cefaclor for susp 250 mg/5ml</i>	28	<i>cefuroxime axetil tab 250 mg</i>	29
<i>cefaclor for susp 375 mg/5ml</i>	28	<i>cefuroxime axetil tab 500 mg</i>	29
<i>cefadroxil cap 500 mg</i>	28	<i>cefuroxime sodium for inj 7.5 gm</i>	29
<i>cefadroxil for susp 250 mg/5ml</i> ..	28	.....	29
<i>cefadroxil for susp 500 mg/5ml</i> ..	28	<i>cefuroxime sodium for inj 750 mg</i>	29
<i>cefadroxil tab 1 gm</i>	28	.....	29
CEFAZOLIN INJ 1GM/50ML	29	<i>cefuroxime sodium for iv soln 1.5 gm</i>	29
<i>cefazolin sodium for inj 1 gm</i>	29	.....	29
<i>cefazolin sodium for inj 10 gm</i> ...	29	<i>celecoxib cap 100 mg</i>	15
<i>cefazolin sodium for inj 500 mg</i> ..	29	<i>celecoxib cap 200 mg</i>	15
<i>cefazolin sodium for iv soln 1 gm</i>	29	<i>celecoxib cap 400 mg</i>	15
CEFAZOLIN SOL	29	<i>celecoxib cap 50 mg</i>	15
<i>cefdinir cap 300 mg</i>	29	CELONTIN CAP 300MG	58
<i>cefdinir for susp 125 mg/5ml</i>	29	CENT MATURE TAB ADLT 50+ ..	145
<i>cefdinir for susp 250 mg/5ml</i>	29	<i>centamin liq</i>	145
<i>cefepime hcl for inj 1 gm</i>	29	<i>centavite az tab minerals</i>	145
<i>cefepime hcl for inj 2 gm</i>	29	<i>centavite liq</i>	145
<i>cefixime for susp 100 mg/5ml</i>	29	CENTRAL-VITE TAB	145
<i>cefixime for susp 200 mg/5ml</i>	29	CENTRAL-VITE TAB UNDER 50 .	145
<i>cefoxitin sodium for inj 10 gm</i>	29	<i>central-vite tab wmns mat</i>	145
<i>cefoxitin sodium for iv soln 1 gm</i>	29	<i>centravites tab</i>	145
<i>cefoxitin sodium for iv soln 2 gm</i>	29	<i>centravites tab 50 plus</i>	145
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	29	CENTRAVITES TAB 50 PLUS	145
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	29	CENTRAVITES TAB ADULTS	145
<i>cefpodoxime proxetil tab 100 mg</i>	29	CENTRUM CHW	145
		CENTRUM CHW FLAV BST	145
		CENTRUM CHW MULTI	145
		CENTRUM CHW SILVER	145

<i>centrum kids chw</i>	145	<i>cetirizine sol 1mg/ml</i>	175
<i>centrum kids chw complete</i>	145	<i>cetirizine sol 5mg/5ml</i>	175
CENTRUM KIDS CHW FLAV BST	145	<i>cetirizine tab 10mg</i>	175
CENTRUM SILV TAB 50+MEN ...	145	<i>cetirizine-pseudoephedrine tab er</i>	
CENTRUM SILV TAB 50+WOMEN		<i>12hr 5-120 mg</i>	179
.....	145	<i>cevimeline hcl cap 30 mg</i>	205
CENTRUM SPEC PAK PRENATAL	145	<i>cgh/cold day liq delsym</i>	179
CENTRUM SPEC TAB HEART	145	CHANTIX PAK 0.5& 1MG	81
CENTRUM SPEC TAB VISION	145	CHANTIX PAK 1MG	81
CENTRUM TAB CARDIO	145	CHANTIX TAB 0.5MG	81
CENTRUM TAB SILVER	145	CHANTIX TAB 1MG	81
CENTRUM TAB ULTRA	145	CHEMET CAP 100MG.....	87
<i>century tab</i>	145	<i>cheratussin syp ac</i>	179
<i>century tab mature</i>	145	<i>chest conges tab 20-400mg</i>	179
<i>cephalexin cap 250 mg</i>	29	<i>chest conges tab 400mg</i>	179
<i>cephalexin cap 500 mg</i>	29	<i>chest conges tab relf dm</i>	179
<i>cephalexin for susp 125 mg/5ml</i> .30		<i>chest congst tab rlf pe</i>	179
<i>cephalexin for susp 250 mg/5ml</i> .30		CHEW Q CHW 100MG	138
CERALYTE 50 POW.....	128	CHEW Q CHW 30MG	138
CERALYTE 70 POW.....	128	CHEW Q CHW 600MG	138
CERALYTE 90 POW.....	128	CHEW-12 CHW	145
CERASPORT POW	128	<i>chewabl vite chw childrns</i>	145
CERASPORT POW EX1	128	<i>chewable c chw 500mg</i>	145
CERASPORT SOL	128	CHEWABLE CHW CALCIUM	135
CERASPORT SOL EX1	128	<i>chewable chw children</i>	146
CERAVE CRE	199	<i>child allrgy sol 5mg/5ml</i>	175
CERAVE LOT	199	<i>child asa chw 81mg</i>	13
CERAVE PM LOT	199	<i>child asa ls chw 81mg</i>	13
CERDELGA CAP 84MG	92	<i>child chew chw iron</i>	146
CEREZYME INJ 400UNIT	92	<i>child chew chw vitamins</i>	146
<i>cerovite jr chw</i>	145	<i>child chew/ chw extra c</i>	146
<i>cerovite tab advanced</i>	145	<i>child multiv chw iron</i>	146
<i>cerovite tab senior</i>	145	<i>child silfed liq 15mg/5ml</i>	179
<i>certa plus tab</i>	145	<i>child vitami chw</i>	146
<i>certagen tab</i>	145	<i>children vit chw</i>	146
<i>certa-vite liq</i>	145	<i>childrens chw /iron</i>	146
CERTAVITE TAB SENIOR.....	145	<i>childrens chw apap</i>	13
<i>certavite/ tab antioxid</i>	145	CHILDRENS CHW COMPLETE ..	146
CETAPHIL CRE HAND	199	<i>childrens chw gummies</i>	146
CETAPHIL DAY LOT ADVANCE ..	199	<i>childrens chw multivit</i>	146
CETAPHIL LOT MOISTURE.....	199	<i>childrens chw vitamins</i>	146
<i>cetirizine chw 10mg</i>	175	<i>chld allergy liq 12.5/5ml</i>	175
<i>cetirizine chw 5mg</i>	175	<i>chld mltivit chw /mineral</i>	146
<i>cetirizine hcl chew tab 10 mg</i> ...	175	<i>chld pain rl tab 80mg</i>	13
<i>cetirizine hcl chew tab 5 mg</i>	175	<i>chld silapap liq 160/5ml</i>	13
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>chld vitamin chw iron</i>	146
<i>mg/5ml)</i>	175	CHLO HIST SOL	180
<i>cetirizine hcl tab 10 mg</i>	175	CHLO TUSS LIQ	180
<i>cetirizine hcl tab 5 mg</i>	175	CHLORELLA CAP.....	146

<i>chlorhexidine gluconate soln 0.12%</i>	205	<i>mcg/ml (400 unit/ml)</i>	146
<i>chlorhist tab 4mg</i>	175	<i>cholecalciferol tab 10 mcg (400</i> <i>unit)</i>	146
<i>chlorocaps cap</i>	146	<i>cholecalciferol tab 125 mcg (5000</i> <i>unit)</i>	146
<i>chloroquine phosphate tab 250 mg</i>	24	<i>cholecalciferol tab 25 mcg (1000</i> <i>unit)</i>	146
<i>chloroquine phosphate tab 500 mg</i>	24	<i>cholecalciferol tab 50 mcg (2000</i> <i>unit)</i>	146
<i>chlorothiazide tab 250 mg</i>	54	<i>cholestyramine light powder 4</i> <i>gm/dose</i>	49
<i>chlorothiazide tab 500 mg</i>	54	<i>cholestyramine light powder</i> <i>packets 4 gm</i>	49
<i>chlorphen sr tab 12mg</i>	175	<i>cholestyramine powder 4 gm/dose</i>	49
<i>chlorphenir tab 4mg</i>	175	<i>cholestyramine powder packets 4</i> <i>gm</i>	49
<i>chlor-phenir tab 4mg</i>	175	<i>ciclopirox olamine cream 0.77%</i> <i>(base equiv)</i>	195
<i>chlorpheniramine maleate tab 4</i> <i>mg</i>	175	<i>ciclopirox olamine susp 0.77%</i> <i>(base equiv)</i>	195
<i>chlorpheniramine maleate tab er</i> <i>12 mg</i>	175	<i>cilostazol tab 100 mg</i>	122
<i>chlorpromazine hcl inj 25 mg/ml</i> 70		<i>cilostazol tab 50 mg</i>	122
<i>chlorpromazine hcl inj 50 mg/2ml</i>	70	CILOXAN OIN 0.3% OP	170
<i>chlorpromazine hcl tab 10 mg</i>	70	CIMDUO TAB 300-300	26
<i>chlorpromazine hcl tab 100 mg</i> ..	71	<i>cinacalcet hcl tab 30 mg (base</i> <i>equiv)</i>	97
<i>chlorpromazine hcl tab 200 mg</i> ..	71	<i>cinacalcet hcl tab 60 mg (base</i> <i>equiv)</i>	97
<i>chlorpromazine hcl tab 25 mg</i>	70	<i>cinacalcet hcl tab 90 mg (base</i> <i>equiv)</i>	97
<i>chlorpromazine hcl tab 50 mg</i>	71	CIPRO (10%) SUS 500MG/5	30
<i>chlorthalidone tab 25 mg</i>	54	CIPRODEX SUS 0.3-0.1%	205
<i>chlorthalidone tab 50 mg</i>	54	<i>ciprofloxacin 200 mg/100ml in d5w</i>	30
<i>choc laxativ chw 15mg</i>	108	<i>ciprofloxacin 400 mg/200ml in d5w</i>	30
<i>cholecalciferol cap 1.25 mg (50000</i> <i>unit)</i>	146	<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	170
<i>cholecalciferol cap 10 mcg (400</i> <i>unit)</i>	146	<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i>	30
<i>cholecalciferol cap 125 mcg (5000</i> <i>unit)</i>	146	<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i>	30
<i>cholecalciferol cap 25 mcg (1000</i> <i>unit)</i>	146	<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i>	30
<i>cholecalciferol cap 250 mcg (10000</i> <i>unit)</i>	146	<i>ciprofloxacin hcl tab 750 mg (base</i> <i>equiv)</i>	30
<i>cholecalciferol cap 50 mcg (2000</i> <i>unit)</i>	146	<i>ciprofloxacin-dexamethasone otic</i> <i>susp 0.3-0.1%</i>	205
<i>cholecalciferol chew tab 10 mcg</i> <i>(400 unit)</i>	146		
<i>cholecalciferol chew tab 25 mcg</i> <i>(1000 unit)</i>	146		
<i>cholecalciferol chew tab 50 mcg</i> <i>(2000 unit)</i>	146		
<i>cholecalciferol drops 125 mcg/ml</i> <i>(5000 unit/ml)</i>	146		
<i>cholecalciferol oral liquid 10</i>			

<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	42	<i>clindamycin phosphate inj 900 mg/6ml</i>	21
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	42	<i>clindamycin phosphate lotion 1%</i>	193
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	42	<i>clindamycin phosphate soln 1%</i> 193	
<i>cit calc/d tab 315-250</i>	135	<i>clindamycin phosphate vaginal cream 2%</i>	118
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	65	CLINDMYC/NAC INJ 300/50ML ...	21
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	65	CLINDMYC/NAC INJ 600/50ML ...	21
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	65	CLINDMYC/NAC INJ 900/50ML ...	21
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	65	CLINIMIX INJ 4.25/D10	130
CITRACAL CAL CHW GUMMIES .	135	CLINIMIX INJ 4.25/D5W	130
CITRACAL+D3 CHW 250-500 ...	135	CLINIMIX INJ 5%/D15W	130
CL PRENATAL TAB 28-0.8MG....	146	CLINIMIX INJ 5%/D20W	130
<i>claravis cap 10mg</i>	193	<i>clinisol sf inj 15%</i>	130
<i>claravis cap 20mg</i>	193	CLINOLIPID EMU 20%	130
<i>claravis cap 30mg</i>	193	<i>clobazam suspension 2.5 mg/ml</i> 58	
<i>claravis cap 40mg</i>	193	<i>clobazam tab 10 mg</i>	58
<i>clarithromycin for susp 125 mg/5ml</i>	30	<i>clobazam tab 20 mg</i>	58
<i>clarithromycin for susp 250 mg/5ml</i>	30	<i>clomipramine hcl cap 25 mg</i>	65
<i>clarithromycin tab 250 mg</i>	30	<i>clomipramine hcl cap 50 mg</i>	65
<i>clarithromycin tab 500 mg</i>	30	<i>clomipramine hcl cap 75 mg</i>	65
<i>clarithromycin tab er 24hr 500 mg</i>	30	<i>clonazepam orally disintegrating tab 0.125 mg</i>	59
<i>clearlax pow</i>	108	<i>clonazepam orally disintegrating tab 0.25 mg</i>	59
<i>clindamycin hcl cap 150 mg</i>	21	<i>clonazepam orally disintegrating tab 0.5 mg</i>	58
<i>clindamycin hcl cap 300 mg</i>	21	<i>clonazepam orally disintegrating tab 1 mg</i>	59
<i>clindamycin hcl cap 75 mg</i>	21	<i>clonazepam orally disintegrating tab 2 mg</i>	59
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	21	<i>clonazepam tab 0.5 mg</i>	59
<i>clindamycin phosphate gel 1%</i> .	193	<i>clonazepam tab 1 mg</i>	59
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	21	<i>clonazepam tab 2 mg</i>	59
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	21	<i>clonidine hcl tab 0.1 mg</i>	55
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	21	<i>clonidine hcl tab 0.2 mg</i>	55
<i>clindamycin phosphate inj 300 mg/2ml</i>	21	<i>clonidine hcl tab 0.3 mg</i>	55
<i>clindamycin phosphate inj 600 mg/4ml</i>	21	<i>clonidine td patch weekly 0.1 mg/24hr</i>	55
<i>clindamycin phosphate inj 9 gm/60ml</i>	21	<i>clonidine td patch weekly 0.2 mg/24hr</i>	55
		<i>clonidine td patch weekly 0.3 mg/24hr</i>	55
		<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	123
		<i>clorazepate dipotassium tab 15 mg</i>	59
		<i>clorazepate dipotassium tab 3.75</i>	

<i>mg</i>	59	COENZYME Q10 TAB 100MG	138
<i>clorazepate dipotassium tab 7.5</i>		COENZYME Q10 TAB 200MG	138
<i>mg</i>	59	COENZYME Q10 TAB 25MG.....	138
<i>clotrimazole cre 1%</i>	195	COENZYME Q10 TAB 50MG.....	138
<i>clotrimazole cre 1% vag</i>	118	<i>coenzyme q10 tab 60 mg</i>	138
<i>clotrimazole cre 2%</i>	118	CO-ENZYME WAF Q10/E.....	138
<i>clotrimazole cre 3 day</i>	118	<i>colace 2in1 tab 8.6-50mg</i>	108
<i>clotrimazole cre grx 1%</i>	195	COLACE CLEAR CAP 50MG.....	108
<i>clotrimazole cream 1%</i>	195	<i>colchicine w/ probenecid tab 0.5-</i>	
<i>clotrimazole soln 1%</i>	195	<i>500 mg</i>	12
<i>clotrimazole troche 10 mg</i>	205	COLCRYS TAB 0.6MG	12
<i>clotrimazole vaginal cream 1%</i> .118		<i>cold & flu liq day time</i>	180
<i>clotrimazole w/ betamethasone</i>		<i>cold & flu liq daytime</i>	180
<i>cream 1-0.05%</i>	195	<i>cold & flu tab daytime</i>	180
<i>clovique cap 250mg</i>	87	<i>cold & flu tab severe</i>	180
<i>clozapine orally disintegrating tab</i>		<i>cold & sinus tab relief</i>	180
<i>100 mg</i>	71	<i>cold head pak day/nght</i>	180
<i>clozapine orally disintegrating tab</i>		<i>cold head tab cong dt</i>	180
<i>12.5 mg</i>	71	<i>cold head tab congesti</i>	180
<i>clozapine orally disintegrating tab</i>		<i>cold relief liq children</i>	180
<i>150 mg</i>	71	<i>cold relief tab multi-s</i>	180
<i>clozapine orally disintegrating tab</i>		<i>cold relief tab multi-sy</i>	180
<i>200 mg</i>	71	<i>cold/allergy elx children</i>	180
<i>clozapine orally disintegrating tab</i>		<i>cold/allergy tab 4-10mg</i>	180
<i>25 mg</i>	71	<i>cold/cgh/flu pow daytime</i>	180
<i>clozapine tab 100 mg</i>	71	<i>cold/cough liq child</i>	180
<i>clozapine tab 200 mg</i>	71	<i>cold/flu liq daytime</i>	180
<i>clozapine tab 25 mg</i>	71	COLE INS REP SPR DRY 25% ...	199
<i>clozapine tab 50 mg</i>	71	COLE INS REP SPR SPRT 40% .	199
<i>co q-10 cap 100mg</i>	138	COLEMAN 100 LIQ 98.11%.....	200
<i>co q10 ms cap 200mg</i>	138	COLEMAN 100 SPR 98.11%	200
COARTEM TAB 20-120MG	24	COLEMN BOTAN LIQ INSECT ...	200
COCONUT OIL CRE BEAUTY	199	COLEMN INSEC LIQ SKINSMAR	200
<i>coenzyme q10 cap 10 mg</i>	138	COLEMN INSEC SPR SKINSMAR	200
<i>coenzyme q10 cap 100 mg</i>	138	<i>colesevelam hcl packet for susp</i>	
<i>coenzyme q10 cap 100mg</i>	138	<i>3.75 gm</i>	49
<i>coenzyme q10 cap 150 mg</i>	138	<i>colesevelam hcl tab 625 mg</i>	49
<i>coenzyme q10 cap 200 mg</i>	138	<i>colestipol hcl granule packets 5 gm</i>	
<i>coenzyme q10 cap 200mg</i>	138	.....	49
<i>coenzyme q10 cap 30 mg</i>	138	<i>colestipol hcl granules 5 gm</i>	49
<i>coenzyme q10 cap 300 mg</i>	138	<i>colestipol hcl tab 1 gm</i>	50
<i>coenzyme q10 cap 30mg</i>	138	<i>colistimethate sod for inj 150 mg</i>	
<i>coenzyme q10 cap 400 mg</i>	138	<i>(colistin base activity)</i>	21
<i>coenzyme q10 cap 400mg</i>	138	COMBIGAN SOL 0.2/0.5%	171
<i>coenzyme q10 cap 50 mg</i>	138	COMBIVENT AER 20-100	174
<i>coenzyme q10 cap 60 mg</i>	138	COMETRIQ KIT 100MG.....	39
<i>coenzyme q10 cap 75 mg</i>	138	COMETRIQ KIT 140MG.....	39
COENZYME Q10 CHW 60MG.....	138	COMETRIQ KIT 60MG	39
COENZYME Q10 LIQ 30MG/5ML	138	<i>comp allergy cap 25mg</i>	175

<i>comp allergy tab 25mg</i>	175	<i>critic-aid oin 2%</i>	195
<i>comp multivi liq mineral</i>	146	CRITIC-AID OIN CLEAR.....	200
<i>companion tab</i>	146	CRITIC-AID PST BARRIER	200
<i>compete tab</i>	146	CRIXIVAN CAP 200MG	24
<i>compl multiv chw childrns</i>	146	CRIXIVAN CAP 400MG	24
<i>comple multi tab adlt 50+</i>	146	<i>cromolyn sodium nasal aerosol soln</i>	
COMPLERA TAB	26	<i>5.2 mg/act (4%)</i>	180
COMPLETE 50+ TAB MENS.....	146	<i>cromolyn sodium ophth soln 4%</i>	
COMPLETE 50+ TAB WOMENS..	146	.....	171
<i>complete kit lice</i>	204	<i>cromolyn sodium oral conc 100</i>	
<i>complete tab</i>	146	<i>mg/5ml</i>	115
<i>complete tab senior</i>	146	<i>cromolyn sodium soln nebu 20</i>	
<i>compro sup 25mg</i>	106	<i>mg/2ml</i>	189
CONCEPTIONXR MIS MOTILITY	146	<i>cryselle-28 tab 28 tabs</i>	88
CONDOMS MIS LUBRICAT.....	88	CULTURE BABY DRO GRW THVE	
CONEX SOL CLD/ALRG	180	.....	104
CONEX TAB 2-60MG	180	<i>curad hydro cre 1%</i>	197
<i>constulose sol 10gm/15</i>	108	<i>curad triple oin antibiot</i>	194
COPIKTRA CAP 15MG	39	CUTTER AER 10%	200
COPIKTRA CAP 25MG	39	CUTTER AER NATURAL.....	200
COQ-10 CAP 100MG TR.....	139	CUTTER BACKW AER 25%	200
<i>coq10 cap 400mg</i>	138	CUTTER BACKW LIQ 25%.....	200
CORLANOR SOL 5MG/5ML	55	CUTTER DRY AER 10%.....	200
CORLANOR TAB 5MG	55	CUTTER FAMLY AER 7%	200
CORLANOR TAB 7.5MG.....	55	CUTTER FAMLY LIQ 7%	200
<i>corn & callu liq</i>	200	CUTTER LEMON LIQ EUCALYPT	200
<i>corn remover pad 40%</i>	200	CUTTER LIQ NATURAL	200
COROMEGA EMU OMEGA 3	139	CUTTER SKINS AER 7%	200
<i>cortisone acetate tab 25 mg</i>	94	CUTTER SKINS LIQ 7%	200
<i>cortisone cre 1%</i>	197	CUTTER SPORT AER 15%	200
CORVITE 150 TAB	120	CUTTER WIPES MIS 7.15%.....	200
CORVITE FE TAB	120	<i>cvd d3 chw 1000unit</i>	147
<i>corvite free tab</i>	147	<i>cvs advanced oin healing</i>	200
CORVITE TAB.....	147	<i>cvs antacid sus supreme</i>	102
COTELLIC TAB 20MG.....	39	<i>cvs antacid/ sus anti-gas</i>	102
<i>cough & cold tab</i>	180	<i>cvs b1 tab 100mg</i>	147
<i>cough & cold tab 4-30mg</i>	180	<i>cvs b-1 tab 100mg</i>	147
<i>cough cont liq dm max</i>	180	<i>cvs b12 chw 2500mcg</i>	147
<i>cough dm sus 30mg/5ml</i>	180	<i>cvs b-12 liq 1000/15</i>	147
<i>cough syp</i>	180	<i>cvs b6 tab 100mg</i>	147
<i>cough syp 100/5ml</i>	180	<i>cvs biotin cap 10000mcg</i>	147
<i>cough/chest syp dm</i>	180	<i>cvs biotin cap 5000mcg</i>	147
<i>coughtab tab 200mg</i>	180	<i>cvs biotin tab 1000mcg</i>	147
<i>creamies chw 600-400</i>	135	<i>cvs bismuth chw 262mg</i>	104
CREON CAP 12000UNT	116	<i>cvs bismuth sus max str</i>	104
CREON CAP 24000UNT	116	<i>cvs bismuth tab 262mg</i>	104
CREON CAP 3000UNIT	116	<i>cvs calcium tab 600mg</i>	135
CREON CAP 36000UNT	116	<i>cvs castor oil 100%</i>	108
CREON CAP 6000UNIT	116	<i>cvs children chw complete</i>	147

<i>cvx coq-10 cap 200mg</i>	139	<i>disintegrating tab 5000 mcg</i>	147
<i>cvx coq-10 cap 400mg</i>	139	<i>cyanocobalamin sl tab 1000 mcg</i>	
<i>cvx cough dm sus 30mg/5ml</i> ...	180	.....	147
<i>cvx d3 cap 1000unit</i>	147	<i>cyanocobalamin sl tab 2500 mcg</i>	
<i>cvx d3 cap 2000unit</i>	147	.....	147
<i>cvx d3 cap 400unit</i>	147	<i>cyanocobalamin sl tab 3000 mcg</i>	
<i>cvx d3 cap 5000unit</i>	147	.....	147
<i>cvx d3 chw 1000 unt</i>	147	<i>cyanocobalamin sl tab 500 mcg</i>	147
<i>cvx daily chw gummies</i>	147	<i>cyanocobalamin sl tab 5000 mcg</i>	
<i>cvx e cap 200unit</i>	147	.....	147
<i>cvx electrol sol</i>	128	<i>cyanocobalamin tab 100 mcg</i> ...	147
<i>cvx epsom gra salt</i>	108	<i>cyanocobalamin tab 1000 mcg</i> .	147
<i>cvx fibr lax tab 625mg</i>	108	<i>cyanocobalamin tab 250 mcg</i> ...	147
<i>cvx fish oil cap 1000mg</i>	139	<i>cyanocobalamin tab 50 mcg</i>	147
<i>cvx fish oil cap 1200mg</i>	139	<i>cyanocobalamin tab 500 mcg</i> ...	147
<i>cvx gas relf chw 125mg</i>	115	<i>cyanocobalamin tab er 1000 mcg</i>	
CVS GLUCOSE CHW FRUIT	95	.....	147
CVS GLUCOSE CHW ORANGE	95	<i>cyanocobalamin tab er 2000 mcg</i>	
CVS GLUCOSE CHW RASPBERRY ..	95	.....	147
CVS GLUCOSE CHW TROP BLS ...	95	<i>cyclafem tab 1/35</i>	88
CVS GLUCOSE CHW TROPICAL ...	95	<i>cyclafem tab 7/7/7</i>	88
<i>cvx glucose gel 40%</i>	95	<i>cyclobenzaprine hcl tab 10 mg</i> ...	80
CVS INSECT AER REPELLNT	200	<i>cyclobenzaprine hcl tab 5 mg</i>	80
<i>cvx iron tab 325mg</i>	120	CYCLOPHOSPH INJ 1GM	33
<i>cvx laxative chw 15mg</i>	108	CYCLOPHOSPHA INJ 500MG	33
<i>cvx laxative tab 25mg</i>	108	<i>cyclophosphamide cap 25 mg</i>	33
<i>cvx lice kit solution</i>	204	<i>cyclophosphamide cap 50 mg</i>	33
CVS MAGNESIU CHW 200MG ...	135	<i>cyclophosphamide for inj 1 gm</i> ..	33
<i>cvx mineral oil</i>	109	<i>cyclophosphamide for inj 2 gm</i> ..	33
<i>cvx moisture cre</i>	200	<i>cyclophosphamide for inj 500 mg</i>	
CVS NASAL SPR MIST	189	.....	33
<i>cvx natural pow fiber</i>	109	<i>cycloserine cap 250 mg</i>	27
<i>cvx nicotine loz 4mg cinn</i>	81	<i>cyclosporine cap 100 mg</i>	126
<i>cvx pinworm sus 50mg/ml</i>	21	<i>cyclosporine cap 25 mg</i>	126
CVS PRENATAL TAB 27-0.8MG .	147	<i>cyclosporine iv soln 50 mg/ml</i> ..	126
<i>cvx senna tab 8.6mg</i>	109	<i>cyclosporine modified cap 100 mg</i>	
<i>cvx stress tab form/zn</i>	147	.....	126
<i>cvx super b tab complx/c</i>	147	<i>cyclosporine modified cap 25 mg</i>	
<i>cvx vit b12 tab 1000 tr</i>	147	.....	126
<i>cvx vit b-12 tab 1000 tr</i>	147	<i>cyclosporine modified cap 50 mg</i>	
<i>cvx vit c tab 1000mg</i>	147	.....	126
<i>cvx vit e cap 400unit</i>	147	<i>cyclosporine modified oral soln 100</i>	
<i>cyanocobalamin inj 1000 mcg/ml</i>		<i>mg/ml</i>	126
.....	147	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
<i>cyanocobalamin liquid 1000</i>		.....	175
<i>mcg/15ml</i>	147	<i>cyproheptadine hcl tab 4 mg</i> ...	175
<i>cyanocobalamin lozenge 500 mcg</i>		CYSTADANE POW	92
.....	147	CYSTAGON CAP 150MG	92
<i>cyanocobalamin orally</i>		CYSTAGON CAP 50MG	92

CYSTARAN SOL 0.44%	172	DALIRESP TAB 250MCG	189
<i>cytarabine inj 20 mg/ml</i>	34	DALIRESP TAB 500MCG	189
CYTO-Q LIQ 80MG/10	139	<i>danazol cap 100 mg</i>	92
CYTO-Q MAX LIQ 100MG/ML....	139	<i>danazol cap 200 mg</i>	92
CYTO-Q T/F LIQ 80MG/10.....	139	<i>danazol cap 50 mg</i>	92
<i>d 1000 cap 1000unit</i>	148	<i>dantrolene sodium cap 100 mg</i> ..	80
<i>d 2000 tab 2000unit</i>	148	<i>dantrolene sodium cap 25 mg</i>	80
<i>d 400 tab 400unit</i>	148	<i>dantrolene sodium cap 50 mg</i>	80
D10W/NAACL INJ 0.2%.....	130	<i>dapsone tab 100 mg</i>	21
<i>d3 adult chw 1000unit</i>	148	<i>dapsone tab 25 mg</i>	21
<i>d3 cap 1000unit</i>	148	DAPTACEL INJ	127
<i>d3 cap 2000unit</i>	148	<i>daptomycin for iv soln 350 mg</i> ... 21	
D3 DOTS TAB 2000UNIT	148	<i>daptomycin for iv soln 500 mg</i> ... 21	
<i>d-3 gummy chw 400unit</i>	148	<i>dasetta tab 1/35</i>	88
<i>d3 kids chw 400unit</i>	148	<i>dasetta tab 7/7/7</i>	88
<i>d3 max st dro 5000unit</i>	148	DAURISMO TAB 100MG.....	35
<i>d3 maximum cap 5000unit</i>	148	DAURISMO TAB 25MG	35
<i>d3 super str cap 2000unit</i>	148	<i>day cold/flu liq 10-5-325</i>	180
<i>d3 tab 1000unit</i>	148	<i>day time cap 10-5-325</i>	180
<i>d3 tab 400unit</i>	148	DAYCLEAR TAB 25-50MG	180
<i>d3 vitamin liq 400unit</i>	148	<i>dayhist alrg tab 12 hour</i>	175
<i>d3-1000 cap 1000unit</i>	148	<i>daytime cold cap flu</i>	180
<i>d3-50 cap 50000unt</i>	148	DDROPS LIQ.....	148
D5W/LYTES INJ #48	130	<i>deblitane tab 0.35mg</i>	88
D5W/NAACL INJ 0.3%	130	<i>decara cap 10000unt</i>	148
<i>daily combo tab</i>	148	DECARA CAP 25000UNT.....	148
DAILY CONDIT OIN.....	200	<i>decara cap 50000unt</i>	148
DAILY D3 DRO 1000UNIT	148	DECONEX DMX TAB.....	180
<i>daily fiber pow 48.57%</i>	109	DECONEX IR TAB 10-385MG....	180
<i>daily multi tab</i>	148	<i>decongestant tab 120mg er</i>	180
<i>daily multi tab men</i>	148	DECUBI-VITE CAP	148
<i>daily multi tab vit/iron</i>	148	<i>deep sea spr 0.65%</i>	189
<i>daily multi tab vit/mens</i>	148	<i>deferasirox granules packet 180</i>	
<i>daily multi tab vit/min</i>	148	<i>mg</i>	87
<i>daily multi tab vitamin</i>	148	<i>deferasirox granules packet 360</i>	
<i>daily multi tab vitamins</i>	148	<i>mg</i>	87
<i>daily multi tab women</i>	148	<i>deferasirox granules packet 90 mg</i>	
<i>daily multi tab womn 50+</i>	148	.....	87
<i>daily tab vitamin</i>	148	<i>deferasirox tab 180 mg</i>	87
<i>daily value tab multivit</i>	148	<i>deferasirox tab 360 mg</i>	88
<i>daily vit tab</i>	148	<i>deferasirox tab 90 mg</i>	87
<i>daily vit tab +iron</i>	148	DEKAS CAP ESSENTIA	149
<i>daily vit tab +mineral</i>	148	DEKAS CHW BARIATRI.....	149
<i>daily vit tab iron</i>	148	DEKAS LIQ ESSENTIA.....	149
<i>daily vite tab</i>	148	DEKAS PLUS CAP	149
<i>daily vite tab iron</i>	148	DEKAS PLUS CHW	149
<i>daily-vite tab</i>	148	DEKAS PLUS LIQ.....	149
<i>daily-vite/ tab iron</i>	148	DELESTROGEN INJ 10MG/ML.....	93
<i>dalfampridine tab er 12hr 10 mg</i> 79		DELSTRIGO TAB.....	26

<i>delsym cough liq congs dm</i>	180	DEX4 CHW SOUR APL	95
<i>delsym night liq cgh+cld</i>	180	DEX4 CHW TROP FRT	95
<i>delta d3 tab 400unit</i>	149	DEX4 CHW WATERMLN	95
DEMSER CAP 250MG.....	55	DEX4 GLUCOSE CHW.....	95
DEPO-PROVERA INJ 400/ML.....	37	DEX4 GLUCOSE CHW QK DISLV .	95
DERMABASE CRE.....	200	DEX4 GLUCOSE GEL	95
<i>dermacerin cre</i>	200	DEX4 POUCH CHW PACK.....	95
<i>dermafix oin</i>	200	DEXAMETHASON CON 1MG/ML ..	94
<i>dermafungal oin 2%</i>	195	<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dermamed oin</i>	200	.....	94
<i>dermaphor oin</i>	200	<i>dexamethasone sod phosphate</i>	
<i>dermarest lot 1%</i>	197	<i>preservative free inj 10 mg/ml...</i>	94
<i>dermavantage lot</i>	200	<i>dexamethasone sodium phosphate</i>	
DESCOVY TAB 200-25MG	26	<i>inj 10 mg/ml</i>	94
<i>desenex shak pow 2%</i>	195	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 10 mg</i>	65	<i>inj 100 mg/10ml</i>	94
<i>desipramine hcl tab 100 mg</i>	66	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 150 mg</i>	66	<i>inj 120 mg/30ml</i>	94
<i>desipramine hcl tab 25 mg</i>	65	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 50 mg</i>	65	<i>inj 20 mg/5ml</i>	94
<i>desipramine hcl tab 75 mg</i>	66	<i>dexamethasone sodium phosphate</i>	
<i>desmopressin acetate inj 4 mcg/ml</i>		<i>inj 4 mg/ml</i>	94
.....	100	<i>dexamethasone sodium phosphate</i>	
<i>desmopressin acetate nasal spray</i>		<i>ophth soln 0.1%</i>	170
<i>soln 0.01%</i>	100	<i>dexamethasone soln 0.5 mg/5ml</i>	94
<i>desmopressin acetate nasal spray</i>		<i>dexamethasone tab 0.5 mg</i>	94
<i>soln 0.01% (refrigerated)</i>	101	<i>dexamethasone tab 0.75 mg</i>	94
<i>desmopressin acetate tab 0.1 mg</i>		<i>dexamethasone tab 1 mg</i>	94
.....	101	<i>dexamethasone tab 1.5 mg</i>	94
<i>desmopressin acetate tab 0.2 mg</i>		<i>dexamethasone tab 2 mg</i>	94
.....	101	<i>dexamethasone tab 4 mg</i>	94
<i>desogest-eth estrad & eth estrad</i>		<i>dexamethasone tab 6 mg</i>	94
<i>tab 0.15-0.02/0.01 mg(21/5)</i>	88	DEXILANT CAP 30MG DR.....	116
<i>desogest-ethin est tab 0.1-</i>		DEXILANT CAP 60MG DR.....	116
<i>0.025/0.125-0.025/0.15-0.025mg-</i>		<i>dexmethylphenidate hcl tab 10 mg</i>	
<i>mg</i>	88	.....	76
<i>desogestrel & ethinyl estradiol tab</i>		<i>dexmethylphenidate hcl tab 2.5 mg</i>	
<i>0.15 mg-30 mcg</i>	89	.....	76
<i>desvenlafaxine succinate tab er</i>		<i>dexmethylphenidate hcl tab 5 mg</i>	
<i>24hr 100 mg (base equiv)</i>	66	.....	76
<i>desvenlafaxine succinate tab er</i>		<i>dextromethorphan polistirex</i>	
<i>24hr 25 mg (base equiv)</i>	66	<i>extended release susp 30 mg/5ml</i>	
<i>desvenlafaxine succinate tab er</i>		.....	180
<i>24hr 50 mg (base equiv)</i>	66	<i>dextromethorphan-guaifenesin</i>	
DEX4 CHW FRUIT	95	<i>syrup 10-100 mg/5ml</i>	180
DEX4 CHW GRAPE	95	<i>dextrose 10% w/ sodium chloride</i>	
DEX4 CHW ORANGE.....	95	<i>0.45%</i>	131
DEX4 CHW RASPBERR.....	95	<i>dextrose 2.5% w/ sodium chloride</i>	
DEX4 CHW RASPBERRY	95	<i>0.45%</i>	130

<i>dextrose 5% in lactated ringers</i>	130	<i>diclofenac sodium tab delayed</i>	
<i>dextrose 5% w/ sodium chloride</i>		<i>release 25 mg</i>	15
<i>0.2%</i>	130	<i>diclofenac sodium tab delayed</i>	
<i>dextrose 5% w/ sodium chloride</i>		<i>release 50 mg</i>	15
<i>0.45%</i>	131	<i>diclofenac sodium tab delayed</i>	
<i>dextrose 5% w/ sodium chloride</i>		<i>release 75 mg</i>	15
<i>0.9%</i>	130	<i>diclofenac sodium tab er 24hr 100</i>	
<i>dextrose inj 10%</i>	131	<i>mg</i>	15
<i>dextrose inj 5%</i>	131	<i>dicloxacillin sodium cap 250 mg</i> .32	
<i>dextrose inj 50%</i>	131	<i>dicloxacillin sodium cap 500 mg</i> .32	
<i>dextrose inj 70%</i>	131	<i>dicyclomine hcl cap 10 mg</i>	107
DHS ZINC SHA 2%	200	<i>dicyclomine hcl oral soln 10</i>	
DIABET HLTH PAK SUPPORT	149	<i>mg/5ml</i>	107
DIABETES PAK HEALTH	149	<i>dicyclomine hcl tab 20 mg</i>	107
<i>diabetic sup tab formula</i>	149	<i>didanosine delayed release capsule</i>	
<i>diabetic tus liq 100/5ml</i>	181	<i>200 mg</i>	24
<i>diabetic tus liq dm</i>	181	<i>didanosine delayed release capsule</i>	
<i>diabetic tus liq max st</i>	181	<i>250 mg</i>	24
DIABETIDERM CRE	200	<i>didanosine delayed release capsule</i>	
DIABETIDERM CRE FOOT.....	200	<i>400 mg</i>	24
<i>diabets hlth tab formula</i>	149	DIFICID TAB 200MG	30
<i>dialyvite d cap 5000unit</i>	149	<i>diflunisal tab 500 mg</i>	15
<i>dialyvite tab 800</i>	149	<i>digestive cap health</i>	104
<i>dialyvite tab 800/d</i>	149	<i>digestive cap probioti</i>	104
DIALYVITE TAB 800/IRON	149	<i>digitek tab 0.125mg</i>	54
DIALYVITE WAF 800	149	<i>digitek tab 0.25mg</i>	54
<i>diamode tab 2mg</i>	104	<i>digoxin inj 0.25 mg/ml</i>	54
<i>diarrhea rel sus 262/15ml</i>	104	<i>digoxin oral soln 0.05 mg/ml</i>	54
<i>diarrhea sus 262/15ml</i>	104	<i>digoxin tab 125 mcg (0.125 mg)</i> 54	
DIASTAT ACDL GEL 12.5-20	59	<i>digoxin tab 250 mcg (0.25 mg)</i> ..	54
DIASTAT ACDL GEL 5-10MG	59	<i>dihydroergotamine mesylate inj 1</i>	
DIASTAT PED GEL 2.5M GEL	59	<i>mg/ml</i>	78
<i>diazepam conc 5 mg/ml</i>	59	<i>dihydroergotamine mesylate nasal</i>	
<i>diazepam inj 5 mg/ml</i>	59	<i>spray 4 mg/ml</i>	78
<i>diazepam oral soln 1 mg/ml</i>	59	DILANTIN CAP 100MG	59
<i>diazepam rectal gel delivery</i>		DILANTIN CAP 30MG	59
<i>system 10 mg</i>	59	DILANTIN CHW 50MG	59
<i>diazepam rectal gel delivery</i>		DILANTIN-125 SUS 125/5ML	59
<i>system 2.5 mg</i>	59	<i>diltiazem hcl cap er 12hr 120 mg</i> 52	
<i>diazepam rectal gel delivery</i>		<i>diltiazem hcl cap er 12hr 60 mg</i> .52	
<i>system 20 mg</i>	59	<i>diltiazem hcl cap er 12hr 90 mg</i> .52	
<i>diazepam tab 10 mg</i>	59	<i>diltiazem hcl cap er 24hr 120 mg</i> 52	
<i>diazepam tab 2 mg</i>	59	<i>diltiazem hcl cap er 24hr 180 mg</i> 52	
<i>diazepam tab 5 mg</i>	59	<i>diltiazem hcl cap er 24hr 240 mg</i> 52	
<i>diazoxide susp 50 mg/ml</i>	96	<i>diltiazem hcl coated beads cap er</i>	
<i>diclofenac potassium tab 50 mg</i> .15		<i>24hr 120 mg</i>	52
<i>diclofenac sodium gel 1%</i>	200	<i>diltiazem hcl coated beads cap er</i>	
<i>diclofenac sodium ophth soln 0.1%</i>		<i>24hr 180 mg</i>	52
.....	170	<i>diltiazem hcl coated beads cap er</i>	

24hr 240 mg.....	52	diphenhydramine hcl tab 25 mg	176
diltiazem hcl coated beads cap er		diphenhydramine-acetaminophen	
24hr 300 mg.....	52	tab 25-500 mg (sleep).....	81
diltiazem hcl coated beads cap er		diphenhydramine-zinc acetate	
24hr 360 mg.....	52	cream 2-0.1%	195
diltiazem hcl extended release		diphenoxylate w/ atropine liq 2.5-	
beads cap er 24hr 120 mg.....	52	0.025 mg/5ml.....	115
diltiazem hcl extended release		diphenoxylate w/ atropine tab 2.5-	
beads cap er 24hr 180 mg.....	53	0.025 mg	115
diltiazem hcl extended release		disney cars chw gummies.....	149
beads cap er 24hr 240 mg.....	53	disopyramide phosphate cap 100	
diltiazem hcl extended release		mg	48
beads cap er 24hr 300 mg.....	53	disopyramide phosphate cap 150	
diltiazem hcl extended release		mg	48
beads cap er 24hr 360 mg.....	53	disulfiram tab 250 mg.....	81
diltiazem hcl extended release		disulfiram tab 500 mg.....	81
beads cap er 24hr 420 mg.....	53	divalproex sodium cap delayed	
diltiazem hcl iv soln 125 mg/25ml		release sprinkle 125 mg.....	60
(5 mg/ml)	53	divalproex sodium tab delayed	
diltiazem hcl iv soln 25 mg/5ml (5		release 125 mg.....	60
mg/ml)	53	divalproex sodium tab delayed	
diltiazem hcl iv soln 50 mg/10ml (5		release 250 mg.....	60
mg/ml)	53	divalproex sodium tab delayed	
diltiazem hcl tab 120 mg	53	release 500 mg.....	60
diltiazem hcl tab 30 mg.....	53	divalproex sodium tab er 24 hr 250	
diltiazem hcl tab 60 mg.....	53	mg	60
diltiazem hcl tab 90 mg.....	53	divalproex sodium tab er 24 hr 500	
dimaphen dm liq 2.5-1-5.....	181	mg	60
dimaphen elx children	181	DML FORTE CRE.....	200
dino-life chw	149	docetaxel for inj conc 160 mg/8ml	
dino-life chw extra c	149	(20 mg/ml)	34
DINO-LIFE CHW IRON-ZIN	149	docetaxel for inj conc 20 mg/ml .	34
diecto liq 50mg/5ml.....	109	docetaxel for inj conc 80 mg/4ml	
diecto syp 60/15ml.....	109	(20 mg/ml)	34
DIP/TET PED INJ 25-5LFU.....	127	DOCETAXEL INJ 160/16ML	35
diphen tab 25mg	175	DOCETAXEL INJ 160/8ML.....	35
diphenhist cap 25mg.....	175	DOCETAXEL INJ 200/10	35
diphenhist liq 12.5/5ml	175	DOCETAXEL INJ 20MG/2ML	35
diphenhist tab 25mg	176	DOCETAXEL INJ 80MG/4ML	35
diphenhydramine hcl cap 25 mg		DOCETAXEL INJ 80MG/8ML	35
.....	176	docetaxel soln for iv infusion 160	
diphenhydramine hcl cap 50 mg		mg/16ml.....	35
.....	176	docetaxel soln for iv infusion 20	
diphenhydramine hcl inj 50 mg/ml		mg/2ml.....	35
.....	176	docetaxel soln for iv infusion 80	
diphenhydramine hcl liquid 12.5		mg/8ml.....	35
mg/5ml.....	176	docu liq 50mg/5ml	109
diphenhydramine hcl liquid 6.25		docu soft cap 100mg	109
mg/ml.....	176	docusate cal cap 240mg.....	109

<i>docusate calcium cap 240 mg</i> ..	109	<i>doxepin hcl cap 25 mg</i>	66
<i>docusate sod cap 100mg</i>	109	<i>doxepin hcl cap 50 mg</i>	66
<i>docusate sod liq 50mg/5ml</i>	109	<i>doxepin hcl cap 75 mg</i>	66
<i>docusate sodium cap 100 mg</i> ...	109	<i>doxepin hcl conc 10 mg/ml</i>	66
<i>docusate sodium cap 250 mg</i> ...	109	<i>doxorubicin hcl inj 2 mg/ml</i>	33
<i>docusate sodium liquid 150</i>		<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>mg/15ml</i>	109	<i>infusion) 2 mg/ml</i>	33
<i>docusate sodium tab 100 mg</i> ...	109	<i>doxy 100 inj 100mg</i>	33
<i>docusil cap 100mg</i>	109	<i>doxycycline hyclate cap 100 mg</i> .	33
DOCUSOL KIDS ENE 100MG/5M		<i>doxycycline hyclate cap 50 mg</i> ...	33
.....	109	<i>doxycycline hyclate for inj 100 mg</i>	
DOCUSOL MINI ENE.....	109	.....	33
DOCUSOL PLUS ENE 20-283	109	<i>doxycycline hyclate tab 100 mg</i> .	33
<i>docuzen tab 8.6-50mg</i>	109	<i>doxycycline hyclate tab 20 mg</i> ...	33
<i>dofetilide cap 125 mcg (0.125 mg)</i>		<i>doxycycline monohydrate cap 100</i>	
.....	48	<i>mg</i>	33
<i>dofetilide cap 250 mcg (0.25 mg)</i>		<i>doxycycline monohydrate cap 50</i>	
.....	48	<i>mg</i>	33
<i>dofetilide cap 500 mcg (0.5 mg)</i> .	48	<i>doxycycline monohydrate tab 100</i>	
<i>dofus cap</i>	104	<i>mg</i>	33
<i>dok cap 100mg</i>	109	<i>doxycycline monohydrate tab 50</i>	
<i>dok cap 250mg</i>	109	<i>mg</i>	33
<i>dok plus tab 8.6-50mg</i>	109	<i>doxycycline monohydrate tab 75</i>	
<i>dok tab 100mg</i>	109	<i>mg</i>	33
<i>donepezil hydrochloride orally</i>		<i>dramamine tab 25mg</i>	106
<i>disintegrating tab 10 mg</i>	64	<i>driminate tab 50mg</i>	106
<i>donepezil hydrochloride orally</i>		DRIPDROP POW BERRY	128
<i>disintegrating tab 5 mg</i>	64	DRIPDROP POW ORS	128
<i>donepezil hydrochloride tab 10 mg</i>		DRIZALMA CAP 20MG DR	66
.....	64	DRIZALMA CAP 30MG DR	66
<i>donepezil hydrochloride tab 5 mg</i>		DRIZALMA CAP 40MG DR	66
.....	64	DRIZALMA CAP 60MG DR	66
<i>dorzolamide hcl ophth soln 2%</i> 171		<i>dronabinol cap 10 mg</i>	106
<i>dorzolamide hcl-timolol maleate</i>		<i>dronabinol cap 2.5 mg</i>	106
<i>ophth soln 22.3-6.8 mg/ml</i>	171	<i>dronabinol cap 5 mg</i>	106
DOSOQUIN TAB	149	<i>drospirenone-ethinyl estradiol tab</i>	
<i>double antib oin</i>	194	<i>3-0.02 mg</i>	89
DOVATO TAB 50-300MG	26	<i>drospirenone-ethinyl estradiol tab</i>	
<i>doxazosin mesylate tab 1 mg</i>	45	<i>3-0.03 mg</i>	89
<i>doxazosin mesylate tab 2 mg</i>	45	<i>drospirenone-ethinyl estrad-</i>	
<i>doxazosin mesylate tab 4 mg</i>	45	<i>levomefolate tab 3-0.02-0.451 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	45	.....	89
<i>doxepin hcl (sleep) tab 3 mg (base</i>		<i>drospirenone-ethinyl estrad-</i>	
<i>equiv)</i>	76	<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>doxepin hcl (sleep) tab 6 mg (base</i>		.....	89
<i>equiv)</i>	76	DROXIA CAP 200MG	122
<i>doxepin hcl cap 10 mg</i>	66	DROXIA CAP 300MG	122
<i>doxepin hcl cap 100 mg</i>	66	DROXIA CAP 400MG	122
<i>doxepin hcl cap 150 mg</i>	66	DROXY CRE	200

<i>dry eye cap formula</i>	149	<i>efavirenz cap 200 mg</i>	24
<i>dry skin oin</i>	200	<i>efavirenz cap 50 mg</i>	24
<i>dt cold/flu cap 10-5-325</i>	181	<i>efavirenz tab 600 mg</i>	24
<i>ducodyl tab 5mg ec</i>	109	<i>efavirenz-emtricitabine-tenofovir df</i>	
<i>duloxetine hcl enteric coated</i>		<i>tab 600-200-300 mg</i>	26
<i>pellets cap 20 mg (base eq)</i>	66	<i>efavirenz-lamivudine-tenofovir df</i>	
<i>duloxetine hcl enteric coated</i>		<i>tab 400-300-300 mg</i>	26
<i>pellets cap 30 mg (base eq)</i>	66	<i>efavirenz-lamivudine-tenofovir df</i>	
<i>duloxetine hcl enteric coated</i>		<i>tab 600-300-300 mg</i>	26
<i>pellets cap 60 mg (base eq)</i>	66	<i>eldertonic liq</i>	149
DURAFLU TAB	181	<i>eletriptan hydrobromide tab 20 mg</i>	
DURAVENT DM TAB	181	<i>(base equivalent)</i>	78
DUREX MIS REALFEEL	89	<i>eletriptan hydrobromide tab 40 mg</i>	
DUREZOL EMU 0.05%	170	<i>(base equivalent)</i>	78
<i>dutasteride cap 0.5 mg</i>	117	ELFOLATE PLU TAB 3-35-2MG..	149
<i>dutasteride-tamsulosin hcl cap 0.5-</i>		ELIQUIS ST P TAB 5MG	118
<i>0.4 mg</i>	117	ELIQUIS TAB 2.5MG	118
<i>e 1000 cap 1000unit</i>	149	ELIQUIS TAB 5MG	118
<i>e200 cap 200unit</i>	149	ELLA TAB 30MG	89
<i>e-200 cap 200unit</i>	149	<i>eluryng mis</i>	89
<i>e-400 cap 400unit</i>	149	<i>e-max-1000 cap</i>	149
<i>e-400 clear cap</i>	149	EMCYT CAP 140MG.....	33
<i>e400 mixed cap 400unit</i>	149	EMEND SUS 125MG.....	106
<i>e-400-mixed cap</i>	149	EMERGEN-C CHW VITA C	149
EAGLE WATCH LIQ MOS ELIM ..	200	EMERGEN-C PAK BLUE.....	149
<i>ear drops dro 6.5%</i>	205	EMERGEN-C PAK HEART.....	149
<i>ear drops sol 6.5% ot</i>	205	EMERGEN-C PAK IMMUNE	149
<i>ear wax remv dro 6.5% ot</i>	205	EMERGEN-C PAK KIDZ	149
<i>ear wax remv sol 6.5% ot</i>	205	EMERGEN-C PAK MSM LITE	149
<i>earwax remv sol 6.5% ot</i>	205	EMERGEN-C PAK PINK	149
<i>earwax sol removal</i>	205	EMERGEN-C PAK SUPER FR	149
<i>easy-melts tab 80mg</i>	13	EMERGEN-C PAK VIT D/CA	149
<i>eazze pain tab 25-500mg</i>	81	EMERGEN-C PAK VITA C	150
<i>ec-naproxen tab 375mg</i>	15	EMGALITY INJ 120MG/ML.....	78
<i>ec-naproxen tab 500mg</i>	15	EMOLLIA-CREM CRE	200
<i>econtra ez tab 1.5mg</i>	89	<i>emoquette tab</i>	89
<i>econtra os tab 1.5mg</i>	89	EMSAM DIS 12MG/24H	66
<i>ecotrin low tab 81mg ec</i>	13	EMSAM DIS 6MG/24HR	66
<i>ecotrin tab 325mg ec</i>	13	EMSAM DIS 9MG/24HR	66
<i>ecpirin tab 325mg ec</i>	13	<i>emtricitabine caps 200 mg</i>	24
<i>ed a-hist dm liq</i>	181	<i>emtricitabine-tenofovir disoproxil</i>	
ED A-HIST DM TAB 10-4-10.....	181	<i>fumarate tab 200-300 mg</i>	26
<i>ed a-hist tab 2.5-60mg</i>	181	EMTRIVA CAP 200MG.....	24
<i>ed a-hist tab 4-10mg</i>	181	EMTRIVA SOL 10MG/ML	24
ED BRON GP LIQ	181	EMVERM CHW 100MG	21
ED CHLORPED DRO D	181	<i>enalapril maleate &</i>	
<i>ed chlorped syp jr</i>	176	<i>hydrochlorothiazide tab 10-25 mg</i>	
<i>ed-apap liq 80mg/2.5</i>	13	.....	44
EDURANT TAB 25MG.....	24	<i>enalapril maleate &</i>	

<i>hydrochlorothiazide tab 5-12.5 mg</i>	ENSTILAR AER.....	197
.....44	<i>entacapone tab 200 mg</i>	69
<i>enalapril maleate tab 10 mg</i>	<i>entecavir tab 0.5 mg</i>	27
.....44	<i>entecavir tab 1 mg</i>	27
<i>enalapril maleate tab 2.5 mg</i>	<i>enteric asa tab 325mg ec</i>	13
.....44	ENTRESTO TAB 24-26MG	46
<i>enalapril maleate tab 5 mg</i>	ENTRESTO TAB 49-51MG	46
.....44	ENTRESTO TAB 97-103MG	46
ENBREL INJ 25/0.5ML	<i>enulose sol 10gm/15</i>	109
.....123	<i>enviro-stres tab</i>	150
ENBREL INJ 25MG	<i>e-oil oil 30000unt</i>	149
.....123	<i>e-ointment oin</i>	200
ENBREL INJ 50MG/ML	EPCLUSA TAB 200-50MG	27
.....123	EPCLUSA TAB 400-100	27
ENBREL MINI INJ 50MG/ML	<i>e-pherol tab 400unit</i>	149
.....123	EPIDIOLEX SOL 100MG/ML	60
ENBREL SRCLK INJ 50MG/ML	<i>epinephrine solution auto-injector</i>	
...123	<i>0.15 mg/0.15ml (1:1000)</i>	189
<i>endacof-dm liq 2.5-1-5</i>	<i>epinephrine solution auto-injector</i>	
.....181	<i>0.15 mg/0.3ml (1:2000)</i>	189
ENDARI POW 5GM	<i>epinephrine solution auto-injector</i>	
.....122	<i>0.3 mg/0.3ml (1:1000)</i>	189
<i>endur-acin tab 250mg</i>	<i>epirubicin hcl iv soln 200</i>	
.....150	<i>mg/100ml (2 mg/ml)</i>	34
<i>endur-acin tab 250mg sr</i>	<i>epirubicin hcl iv soln 50 mg/25ml</i>	
.....150	<i>(2 mg/ml)</i>	33
<i>endur-acin tab 500mg</i>	<i>epitol tab 200mg</i>	60
.....150	EPIVIR HBV SOL 5MG/ML	27
<i>endur-acin tab 500mg sr</i>	<i>eplerenone tab 25 mg</i>	45
.....150	<i>eplerenone tab 50 mg</i>	45
<i>endur-acin tab 750mg</i>	<i>epsom salt gra</i>	109
.....150	EPSOM SALT GRA	109
<i>endur-c/rose tab 1000mg</i>	EPSOM SALT POW	109
.....150	<i>eq antacid chw 1000mg</i>	102
<i>endur-c/rose tab 500mg</i>	<i>eq antacid chw 750mg</i>	102
.....150	<i>eq aspirin tab 325mg ec</i>	13
ENDUR-THINE TAB 500-200	<i>eq calcium tab citr+d</i>	135
.....139	EQ COMPLETE TAB ADULT	150
ENDUR-VM TAB	<i>eq cough dm sus 30mg/5ml</i>	181
.....150	<i>eq laxative tab 8.6mg</i>	109
ENDUR-VM TAB IRON	<i>eq mineral oil</i>	109
.....150	<i>eq multivita chw gummies</i>	150
<i>enema ready- ene to-use</i>	EQ ONE DAILY TAB MENS	150
.....109	<i>eq one daily tab womens</i>	150
ENEMEEZ MINI ENE	EQ ONE DAILY TAB WOMENS	150
.....109	<i>eql all day tab allergy</i>	176
ENEMEEZ PLUS ENE 20-283	<i>eql allergy tab 10-240mg</i>	181
.....109	<i>eql antacid chw 1000mg</i>	102
ENFAMIL MIS EXPECTA	<i>eql antacid sus anti-gas</i>	102
.....150		
ENFAMIL SOL ENFALYTE		
.....128		
ENGERIX-B INJ 10/0.5ML		
.....127		
ENGERIX-B INJ 20MCG/ML		
.....127		
ENLYTE CAP		
.....150		
<i>enoxaparin sodium inj 100 mg/ml</i>		
.....119		
<i>enoxaparin sodium inj 120</i>		
<i>mg/0.8ml</i>		
.....119		
<i>enoxaparin sodium inj 150 mg/ml</i>		
.....119		
<i>enoxaparin sodium inj 30</i>		
<i>mg/0.3ml</i>		
.....119		
<i>enoxaparin sodium inj 300 mg/3ml</i>		
.....119		
<i>enoxaparin sodium inj 40</i>		
<i>mg/0.4ml</i>		
.....119		
<i>enoxaparin sodium inj 60</i>		
<i>mg/0.6ml</i>		
.....119		
<i>enoxaparin sodium inj 80</i>		
<i>mg/0.8ml</i>		
.....119		
<i>enpresse-28 tab</i>		
.....89		
<i>enskyce tab</i>		
.....89		

<i>eql b-6 tab 100mg</i>	150	<i>erythromycin gel 2%</i>	193
EQL CALCIUM CAP VIT D	135	<i>erythromycin ophth oint 5 mg/gm</i>	170
<i>eql calcium tab citr/d3</i>	135	<i>erythromycin pads 2%</i>	193
<i>eql calcium tab w/vit d</i>	135	<i>erythromycin soln 2%</i>	193
<i>eql castor oil 100%</i>	109	<i>erythromycin tab 250 mg</i>	30
<i>eql century tab</i>	150	<i>erythromycin tab 500 mg</i>	30
<i>eql century tab mature</i>	150	<i>erythromycin tab delayed release</i> <i>250 mg</i>	30
EQL CENTURY TAB MENS.....	150	<i>erythromycin tab delayed release</i> <i>333 mg</i>	30
<i>eql coq10 cap 100mg</i>	139	<i>erythromycin tab delayed release</i> <i>500 mg</i>	30
<i>eql coq10 cap 200mg</i>	139	<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	30
<i>eql fiber pow therapy</i>	109	ESBRIET CAP 267MG	189
<i>eql fish oil cap 1000mg</i>	139	ESBRIET TAB 267MG	189
<i>eql fish oil cap 1200mg</i>	139	ESBRIET TAB 801MG	189
<i>eql gas rif cap 180mg</i>	115	ESCAVITE CHW.....	150
<i>eql laxative chw 15mg</i>	109	<i>escitalopram oxalate soln 5</i> <i>mg/5ml (base equiv)</i>	66
<i>eql laxative tab 25mg</i>	109	<i>escitalopram oxalate tab 10 mg</i> <i>(base equiv)</i>	66
<i>eql probioti cap acidophi</i>	104	<i>escitalopram oxalate tab 20 mg</i> <i>(base equiv)</i>	66
<i>eql stomach chw 262mg</i>	104	<i>escitalopram oxalate tab 5 mg</i> <i>(base equiv)</i>	66
<i>eql vision tab formula</i>	150	<i>esomepra mag cap 20mg dr</i>	116
<i>eql vit c tab 1000mg</i>	150	<i>esomeprazole magnesium cap</i> <i>delayed release 20 mg (base eq)</i>	116
<i>eql vit c/rh tab 1000mg</i>	150	<i>esomeprazole magnesium cap</i> <i>delayed release 40 mg (base eq)</i>	116
<i>eql vit e cap 1000unit</i>	150	<i>essentia tab</i>	150
<i>eql vit e cap 400unit</i>	150	<i>essential tab balance</i>	150
<i>eql vitamin cap d3</i>	150	<i>essentl one tab daily</i>	150
EQUALACTIN CHW 625MG	109	<i>ester-e cap 400unit</i>	150
<i>ergocalciferol cap 1.25 mg (50000</i> <i>unit)</i>	150	<i>estradiol tab 0.5 mg</i>	93
<i>ergocalciferol soln 200 mcg/ml</i> <i>(8000 unit/ml)</i>	150	<i>estradiol tab 1 mg</i>	93
<i>ergotamine w/ caffeine tab 1-100</i> <i>mg</i>	78	<i>estradiol tab 2 mg</i>	93
ERIVEDGE CAP 150MG	35	<i>estradiol td patch weekly 0.025</i> <i>mg/24hr</i>	93
ERLEADA TAB 60MG	37	<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	93
<i>erlotinib hcl tab 100 mg (base</i> <i>equivalent)</i>	39	<i>estradiol td patch weekly 0.05</i> <i>mg/24hr</i>	93
<i>erlotinib hcl tab 150 mg (base</i> <i>equivalent)</i>	39	<i>estradiol td patch weekly 0.06</i> <i>mg/24hr</i>	93
<i>erlotinib hcl tab 25 mg (base</i> <i>equivalent)</i>	39		
<i>errin tab 0.35mg</i>	89		
<i>ertapenem sodium for inj 1 gm</i> <i>(base equivalent)</i>	22		
<i>ery-tab tab 250mg ec</i>	30		
<i>ery-tab tab 333mg ec</i>	30		
<i>ery-tab tab 500mg ec</i>	30		
ERYTHROCIN INJ 500MG	30		
<i>erythrocin tab 250mg</i>	30		
<i>erythromycin ethylsuccinate tab</i> <i>400 mg</i>	30		

<i>estradiol td patch weekly 0.075 mg/24hr</i>	93	<i>everolimus tab 0.25 mg</i>	126
<i>estradiol td patch weekly 0.1 mg/24hr</i>	93	<i>everolimus tab 0.5 mg</i>	126
<i>estradiol vaginal cream 0.1 mg/gm</i>	93	<i>everolimus tab 0.75 mg</i>	126
<i>estradiol vaginal tab 10 mcg</i>	93	<i>everolimus tab 2.5 mg</i>	39
<i>estradiol valerate im in oil 20 mg/ml</i>	93	<i>everolimus tab 5 mg</i>	39
<i>estradiol valerate im in oil 40 mg/ml</i>	93	<i>everolimus tab 7.5 mg</i>	39
<i>eszopiclone tab 1 mg</i>	77	EVOTAZ TAB 300-150	26
<i>eszopiclone tab 2 mg</i>	77	<i>exemestane tab 25 mg</i>	37
<i>eszopiclone tab 3 mg</i>	77	<i>eye drops dro 0.5-0.9%</i>	172
<i>ethambutol hcl tab 100 mg</i>	27	<i>eye health & tab lutein</i>	150
<i>ethambutol hcl tab 400 mg</i>	27	<i>eye itch rel dro 0.025%op</i>	171
<i>ethosuximide cap 250 mg</i>	60	<i>eye itch sol relief</i>	171
<i>ethosuximide soln 250 mg/5ml</i> ..	60	<i>eyeprotect tab</i>	150
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	89	<i>ezetimibe tab 10 mg</i>	50
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	89	<i>ezetimibe-simvastatin tab 10-10 mg</i>	50
<i>etodolac cap 200 mg</i>	15	<i>ezetimibe-simvastatin tab 10-20 mg</i>	50
<i>etodolac cap 300 mg</i>	15	<i>ezetimibe-simvastatin tab 10-40 mg</i>	50
<i>etodolac tab 400 mg</i>	15	<i>ezetimibe-simvastatin tab 10-80 mg</i>	50
<i>etodolac tab 500 mg</i>	15	EZFE 200 CAP 200MG	120
<i>etodolac tab er 24hr 400 mg</i>	15	<i>fa-8 cap 800mcg</i>	150
<i>etodolac tab er 24hr 500 mg</i>	15	<i>fa-8 tab 0.8mg</i>	150
<i>etodolac tab er 24hr 600 mg</i>	15	FABRAZYME INJ 35MG	92
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	89	FABRAZYME INJ 5MG	92
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	43	<i>falmina tab</i>	89
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	43	<i>famciclovir tab 125 mg</i>	28
EUCERIN CRE INT REPA	201	<i>famciclovir tab 250 mg</i>	28
EUCERIN PLUS CRE	201	<i>famciclovir tab 500 mg</i>	28
<i>euthyrox tab 100mcg</i>	99	<i>famotidine for susp 40 mg/5ml</i> 107	
<i>euthyrox tab 112mcg</i>	99	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	107
<i>euthyrox tab 125mcg</i>	99	<i>famotidine inj 20 mg/2ml</i>	107
<i>euthyrox tab 137mcg</i>	99	<i>famotidine inj 200 mg/20ml</i>	107
<i>euthyrox tab 150mcg</i>	99	<i>famotidine inj 40 mg/4ml</i>	107
<i>euthyrox tab 175mcg</i>	99	<i>famotidine tab 10 mg</i>	107
<i>euthyrox tab 200mcg</i>	99	<i>famotidine tab 10mg</i>	107
<i>euthyrox tab 25mcg</i>	99	<i>famotidine tab 20 mg</i>	107
<i>euthyrox tab 50mcg</i>	99	<i>famotidine tab 20mg</i>	108
<i>euthyrox tab 75mcg</i>	99	<i>famotidine tab 40 mg</i>	108
<i>euthyrox tab 88mcg</i>	99	FANAPT PAK	71
<i>evac-u-gen tab 8.6mg</i>	109	FANAPT TAB 10MG	71
		FANAPT TAB 12MG	71
		FANAPT TAB 1MG	71
		FANAPT TAB 2MG	71
		FANAPT TAB 4MG	71
		FANAPT TAB 6MG	71

FANAPT TAB 8MG	71	FERAHEME INJ 510/17ML	120
FARXIGA TAB 10MG	85	<i>ferate tab 27mg</i>	120
FARXIGA TAB 5MG	85	<i>fergon tab 27mg</i>	120
FARYDAK CAP 10MG	35	FERIVA TAB 21/7	120
FARYDAK CAP 20MG	35	FERIVAFA CAP 110-1MG	120
FASENRA INJ 30MG/ML	189	<i>ferosul elx 220/5ml</i>	120
FASENRA PEN INJ 30MG/ML	189	<i>ferosul tab 325mg</i>	120
<i>fayosim tab</i>	89	<i>ferrex 150 cap 150mg</i>	120
FC2 FEMALE MIS CONDOM	89	<i>ferric x-150 cap 150mg</i>	120
FE SULFATE POW	120	<i>ferrous gluc tab 324mg</i>	120
<i>felbamate susp 600 mg/5ml</i>	60	FERROUS GLUC TAB 324MG	120
<i>felbamate tab 400 mg</i>	60	<i>ferrous gluconate tab 240 mg (27</i>	
<i>felbamate tab 600 mg</i>	60	<i>mg elemental fe)</i>	120
<i>felodipine tab er 24hr 10 mg</i>	53	<i>ferrous gluconate tab 324 mg</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	53	<i>(37.5 mg elemental iron)</i>	120
<i>felodipine tab er 24hr 5 mg</i>	53	FERROUS SUL LIQ 220/5ML	120
<i>femynor tab 0.25-35</i>	89	FERROUS SULF TAB 324MG EC	121
<i>fenofibrate micronized cap 134 mg</i>		<i>ferrous sulf tab 325mg</i>	121
.....	50	<i>ferrous sulf tab 65mg</i>	120
<i>fenofibrate micronized cap 200 mg</i>		<i>ferrous sulfate elixir 220 mg/5ml</i>	
.....	50	<i>(44 mg/5ml elemental fe)</i>	121
<i>fenofibrate micronized cap 67 mg</i>		<i>ferrous sulfate soln 75 mg/ml (15</i>	
.....	50	<i>mg/ml elemental fe)</i>	121
<i>fenofibrate tab 145 mg</i>	50	FERROUS SULFATE SYRUP 300	
<i>fenofibrate tab 160 mg</i>	50	MG/5ML (60 MG/5ML ELEMENTAL	
<i>fenofibrate tab 48 mg</i>	50	FE)	121
<i>fenofibrate tab 54 mg</i>	50	<i>ferrous sulfate tab 28 mg</i>	
<i>fentanyl citrate lozenge on a</i>		<i>(elemental fe)</i>	121
<i>handle 1200 mcg</i>	17	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>fentanyl citrate lozenge on a</i>		<i>elemental fe)</i>	121
<i>handle 1600 mcg</i>	17	<i>ferrous sulfate tab ec 325 mg (65</i>	
<i>fentanyl citrate lozenge on a</i>		<i>mg fe equivalent)</i>	121
<i>handle 200 mcg</i>	17	<i>ferrosul tab 325mg</i>	121
<i>fentanyl citrate lozenge on a</i>		FETZIMA CAP 120MG	67
<i>handle 400 mcg</i>	17	FETZIMA CAP 20MG	66
<i>fentanyl citrate lozenge on a</i>		FETZIMA CAP 40MG	67
<i>handle 600 mcg</i>	17	FETZIMA CAP 80MG	67
<i>fentanyl citrate lozenge on a</i>		FETZIMA CAP TITRATIO	67
<i>handle 800 mcg</i>	17	FEVERALL INF SUP 80MG	13
<i>fentanyl td patch 72hr 100 mcg/hr</i>		<i>feverall sup 120mg</i>	13
.....	17	<i>feverall sup 325mg</i>	13
<i>fentanyl td patch 72hr 12 mcg/hr</i>		<i>feverall sup 650mg</i>	13
.....	17	<i>fexofenadine hcl tab 180 mg</i> ...	176
<i>fentanyl td patch 72hr 25 mcg/hr</i>		<i>fexofenadine hcl tab 60 mg</i>	176
.....	17	<i>fexofenadine tab 180mg</i>	176
<i>fentanyl td patch 72hr 50 mcg/hr</i>		<i>fexofenadine tab 60mg</i>	176
.....	17	<i>fexofenadine-pseudoephedrine tab</i>	
<i>fentanyl td patch 72hr 75 mcg/hr</i>		<i>er 12hr 60-120 mg</i>	181
.....	17	FIASP FLEX INJ TOUCH	84

FIASP INJ 100/ML.....	84	<i>flintstones chw w/iron.....</i>	151
FIASP PENFIL INJ U-100.....	84	FLORAJEN CAP ACIDOPHI.....	104
<i>fiber laxativ tab 625mg.....</i>	109	<i>floranex gra.....</i>	104
<i>fiber laxtiv cap 0.52gm.....</i>	109	<i>floranex tab.....</i>	104
<i>fiber therap pow 28.3%.....</i>	110	FLORIVA DRO PLUS.....	151
<i>fiber therap pow sf orang.....</i>	110	FLOVENT DISK AER 100MCG ...	191
<i>fiber therap tab 500mg.....</i>	110	FLOVENT DISK AER 250MCG ...	191
<i>fiber-caps tab 625mg.....</i>	110	FLOVENT DISK AER 50MCG.....	191
<i>fiber-lax tab 625mg.....</i>	110	FLOVENT HFA AER 110MCG.....	191
<i>finasteride tab 5 mg.....</i>	117	FLOVENT HFA AER 220MCG.....	191
<i>finest fish liq oil.....</i>	139	FLOVENT HFA AER 44MCG.....	191
FINTEPLA SOL 2.2MG/ML.....	60	<i>flu hbp tab max st.....</i>	181
<i>first aid cre antibiot.....</i>	194	<i>flu/cold pow daytime.....</i>	181
<i>fish oil cap 1000mg.....</i>	139	<i>flu/cold/cgh pow daytime.....</i>	181
FISH OIL CAP 1000MG.....	139	<i>flu/severe pow cold/cgh.....</i>	181
<i>fish oil cap 1200mg.....</i>	139	<i>fluconazole for susp 10 mg/ml ...</i>	23
FISH OIL CAP 1360MG.....	139	<i>fluconazole for susp 40 mg/ml ...</i>	23
FISH OIL CAP 1400MG.....	139	<i>fluconazole in nacl 0.9% inj 200</i>	
FISH OIL CAP 150MG.....	139	<i>mg/100ml.....</i>	23
FISH OIL CAP 180MG.....	139	<i>fluconazole in nacl 0.9% inj 400</i>	
FISH OIL CAP 183.33MG.....	139	<i>mg/200ml.....</i>	23
<i>fish oil cap 300mg.....</i>	139	<i>fluconazole tab 100 mg.....</i>	23
<i>fish oil cap 435mg.....</i>	139	<i>fluconazole tab 150 mg.....</i>	23
FISH OIL CAP 900MG.....	139	<i>fluconazole tab 200 mg.....</i>	23
FISH OIL CHW 875MG.....	139	<i>fluconazole tab 50 mg.....</i>	23
<i>fish oil chw gummies.....</i>	139	<i>flucytosine cap 250 mg.....</i>	23
<i>fish oil con cap 1000mg.....</i>	139	<i>flucytosine cap 500 mg.....</i>	23
<i>fish oil con cap 300mg.....</i>	139	<i>fludrocortisone acetate tab 0.1 mg</i>	
<i>flac oil 0.01%.....</i>	205	<i>.....</i>	94
<i>flanax pain tab 220mg.....</i>	15	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>flanders oin buttocks.....</i>	201	<i>(0.025%).....</i>	191
FLAREX SUS 0.1% OP.....	170	<i>fluocinolone acetonide (otic) oil</i>	
<i>flavor chews chw 750mg.....</i>	102	<i>0.01%.....</i>	205
FLEBOGAMMA INJ 10/100ML....	125	<i>fluocinolone acetonide cream</i>	
FLEBOGAMMA INJ 10/200ML....	125	<i>0.01%.....</i>	197
FLEBOGAMMA INJ 20/200ML....	125	<i>fluocinolone acetonide cream</i>	
FLEBOGAMMA INJ 20/400ML....	125	<i>0.025%.....</i>	197
FLEBOGAMMA INJ 5GM/50ML...	125	<i>fluocinolone acetonide oil 0.01%</i>	
FLEBOGAMMA INJ DIF 5%.....	125	<i>(body oil).....</i>	197
<i>flecainide acetate tab 100 mg ...</i>	48	<i>fluocinolone acetonide oil 0.01%</i>	
<i>flecainide acetate tab 150 mg ...</i>	48	<i>(scalp oil).....</i>	197
<i>flecainide acetate tab 50 mg.....</i>	48	<i>fluocinolone acetonide oint 0.025%</i>	
FLEET BISACO ENE 10/30ML....	110	<i>.....</i>	197
<i>flintstones chw bone bld.....</i>	150	<i>fluocinolone acetonide soln 0.01%</i>	
<i>flintstones chw complete.....</i>	150	<i>.....</i>	197
<i>flintstones chw extra c.....</i>	150	<i>fluocinonide cream 0.05%.....</i>	197
<i>flintstones chw my first.....</i>	151	<i>fluocinonide emulsified base cream</i>	
<i>flintstones chw omega-3.....</i>	151	<i>0.05%.....</i>	197
<i>flintstones chw pls calc.....</i>	151	<i>fluocinonide gel 0.05%.....</i>	197

<i>fluocinonide oint 0.05%</i>	197	<i>folbee plus tab cz</i>	151
<i>fluocinonide soln 0.05%</i>	197	<i>folbee tab</i>	151
<i>fluorometholone ophth susp 0.1%</i>	170	<i>folbic tab</i>	151
<i>fluorouracil cream 5%</i>	201	<i>folic acid cap 0.8 mg</i>	151
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	34	FOLIC ACID CAP 20MG	151
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	34	FOLIC ACID CAP 5MG	151
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	34	<i>folic acid inj 5 mg/ml</i>	151
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	34	FOLIC ACID POW	151
<i>fluorouracil soln 2%</i>	201	<i>folic acid tab 1 mg</i>	151
<i>fluorouracil soln 5%</i>	201	<i>folic acid tab 1000mcg</i>	151
<i>fluoxetine hcl cap 10 mg</i>	67	<i>folic acid tab 400 mcg</i>	151
<i>fluoxetine hcl cap 20 mg</i>	67	<i>folic acid tab 400mcg</i>	151
<i>fluoxetine hcl cap 40 mg</i>	67	<i>folic acid tab 800 mcg</i>	151
<i>fluoxetine hcl solution 20 mg/5ml</i>	67	<i>folic acid tab 800mcg</i>	151
<i>fluphenazine decanoate inj 25 mg/ml</i>	71	<i>folplex 2.2 tab</i>	151
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	71	FOLTANX TAB	151
<i>fluphenazine hcl inj 2.5 mg/ml</i> ...	71	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	119
<i>fluphenazine hcl oral conc 5 mg/ml</i>	71	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	119
<i>fluphenazine hcl tab 1 mg</i>	71	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	119
<i>fluphenazine hcl tab 10 mg</i>	71	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	119
<i>fluphenazine hcl tab 2.5 mg</i>	71	<i>for sty reli oin</i>	172
<i>fluphenazine hcl tab 5 mg</i>	71	<i>formula e cap 400unit</i>	151
<i>flurbiprofen sodium ophth soln 0.03%</i>	170	FORTEO SOL 600/2.4	97
<i>flurbiprofen tab 100 mg</i>	15	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	24
<i>flutamide cap 125 mg</i>	37	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	44
<i>fluticasone propionate cream 0.05%</i>	197	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	44
<i>fluticasone propionate nasal susp 50 mcg/act</i>	191	<i>fosinopril sodium tab 10 mg</i>	44
<i>fluticasone propionate oint 0.005%</i>	197	<i>fosinopril sodium tab 20 mg</i>	44
<i>fluticasone spr 50mcg</i>	191	<i>fosinopril sodium tab 40 mg</i>	44
<i>fluvoxamine maleate tab 100 mg</i>	58	FREAMINE HBC INJ 6.9%	130
<i>fluvoxamine maleate tab 25 mg</i>	58	FREAMINE III INJ 10%.....	130
<i>fluvoxamine maleate tab 50 mg</i>	58	FREEDAVITE TAB	151
<i>foam antacid chw 80-20mg</i>	102	FRESHKOTE PF SOL 2.7-2% ...	172
<i>foam antacid sus</i>	102	FRESHKOTE SOL 2.7-2%.....	172
<i>folate tab 400mcg</i>	151	<i>fruit c chw 500mg</i>	151
<i>folbee plus tab</i>	151	<i>fruit c-100 chw</i>	151
		<i>fruity c chw 250mg</i>	151
		<i>fruity chews chw</i>	151
		<i>fruity chews chw /iron</i>	151
		<i>fruity chw multivit</i>	151

FULL SPECT TAB B/ VIT C.....	151	GAMMAGARD INJ 30GM/300....	125
<i>fulvestrant inj 250 mg/5ml</i>	37	GAMMAGARD INJ 5GM/50ML ...	125
FUNGOID TINC KIT	195	GAMMAGARD SD INJ 10GM HU	125
FUNGOID TINC SOL 2%	195	GAMMAGARD SD INJ 5GM HU ..	125
<i>fungoid-d cre 1%</i>	195	GAMMAKED INJ 10GM/100	125
<i>furosemide inj 10 mg/ml</i>	55	GAMMAKED INJ 1GM/10ML.....	125
<i>furosemide oral soln 10 mg/ml</i> ...	55	GAMMAKED INJ 20GM/200	125
<i>furosemide oral soln 8 mg/ml</i>	55	GAMMAKED INJ 5GM/50ML.....	125
<i>furosemide tab 20 mg</i>	55	GAMMAPLEX INJ 10%	125
<i>furosemide tab 40 mg</i>	55	GAMMAPLEX INJ 5%.....	125
<i>furosemide tab 80 mg</i>	55	GAMUNEX-C INJ 10GM/100	125
FUSION PLUS CAP	121	GAMUNEX-C INJ 1GM/10ML.....	125
FUZEON INJ 90MG.....	24	GAMUNEX-C INJ 2.5GM/25	125
<i>fyavolv tab 0.5-2.5</i>	93	GAMUNEX-C INJ 20GM/200	125
FYCOMPA SUS 0.5MG/ML.....	60	GAMUNEX-C INJ 40/400ML.....	125
FYCOMPA TAB 10MG	60	GAMUNEX-C INJ 5GM/50ML.....	125
FYCOMPA TAB 12MG	60	<i>ganciclovir sodium for inj 500 mg</i>	
FYCOMPA TAB 2MG	60	.....	28
FYCOMPA TAB 4MG	60	GARDASIL 9 INJ.....	127
FYCOMPA TAB 6MG	60	<i>gas relief cap 125mg</i>	115
FYCOMPA TAB 8MG	60	<i>gas relief cap 180mg</i>	115
<i>gabapentin cap 100 mg</i>	60	<i>gas relief chw 125mg</i>	115
<i>gabapentin cap 300 mg</i>	60	<i>gas relief chw 80mg</i>	115
<i>gabapentin cap 400 mg</i>	60	<i>gas relief dro 20/0.3ml</i>	115
<i>gabapentin oral soln 250 mg/5ml</i>		<i>gas relief dro 40/0.6ml</i>	115
.....	60	<i>gas relief dro infants</i>	115
<i>gabapentin tab 600 mg</i>	60	<i>gas relief liq infants</i>	115
<i>gabapentin tab 800 mg</i>	60	<i>gas-x cap 125mg</i>	115
<i>galantamine hydrobromide cap er</i>		<i>gas-x cap 180mg</i>	115
<i>24hr 16 mg</i>	64	GAS-X EX-STR MIS 62.5MG.....	115
<i>galantamine hydrobromide cap er</i>		<i>gatifloxacin ophth soln 0.5%</i> ...	170
<i>24hr 24 mg</i>	64	GATTEX KIT 5MG	115
<i>galantamine hydrobromide cap er</i>		GAUZE PADS 2	84
<i>24hr 8 mg</i>	64	<i>gavilax pow</i>	110
<i>galantamine hydrobromide oral</i>		<i>gavilyte-c sol</i>	110
<i>soln 4 mg/ml</i>	64	<i>gavilyte-g sol</i>	110
<i>galantamine hydrobromide tab 12</i>		<i>gavilyte-n sol flav pk</i>	110
<i>mg</i>	64	GAVISCON CHW.....	102
<i>galantamine hydrobromide tab 4</i>		GAVISCON SUS	102
<i>mg</i>	64	GAVISCON SUS CHERRY	102
<i>galantamine hydrobromide tab 8</i>		GAVRETO CAP 100MG.....	39
<i>mg</i>	64	<i>gemcitabine hcl for inj 1 gm</i>	34
GALZIN CAP 25MG.....	135	<i>gemcitabine hcl for inj 2 gm</i>	34
GALZIN CAP 50MG.....	135	<i>gemcitabine hcl for inj 200 mg</i> ...	34
GAMASTAN INJ	125	<i>gemcitabine hcl inj 1 gm/26.3ml</i>	
GAMMAGARD INJ 10GM/100	125	<i>(38 mg/ml) (base equiv)</i>	34
GAMMAGARD INJ 1GM/10ML....	125	<i>gemcitabine hcl inj 2 gm/52.6ml</i>	
GAMMAGARD INJ 2.5GM/25.....	125	<i>(38 mg/ml) (base equiv)</i>	34
GAMMAGARD INJ 20GM/200	125	<i>gemcitabine hcl inj 200 mg/5.26ml</i>	

<i>(38 mg/ml) (base equiv)</i>	34	<i>geri-mucil pow 68%</i>	110
<i>gemfibrozil tab 600 mg</i>	50	<i>geri-pectate sus 262/15ml</i>	104
<i>generlac sol 10gm/15</i>	110	<i>gerivite tab complete</i>	151
<i>gengraf cap 100mg</i>	126	GILENYA CAP 0.5MG	79
<i>gengraf cap 25mg</i>	126	GILOTRIF TAB 20MG	39
<i>gengraf sol 100mg/ml</i>	126	GILOTRIF TAB 30MG	39
GENOTROPIN INJ 0.2MG	97	GILOTRIF TAB 40MG	39
GENOTROPIN INJ 0.4MG	97	<i>glatiramer acetate soln prefilled</i>	
GENOTROPIN INJ 0.6MG	97	<i>syringe 20 mg/ml</i>	80
GENOTROPIN INJ 0.8MG	97	<i>glatiramer acetate soln prefilled</i>	
GENOTROPIN INJ 1.2MG	97	<i>syringe 40 mg/ml</i>	80
GENOTROPIN INJ 1.4MG	97	<i>glatopa inj 20mg/ml</i>	80
GENOTROPIN INJ 1.6MG	97	<i>glatopa inj 40mg/ml</i>	80
GENOTROPIN INJ 1.8MG	97	GLEOSTINE CAP 100MG	33
GENOTROPIN INJ 12MG	97	GLEOSTINE CAP 10MG	33
GENOTROPIN INJ 1MG	97	GLEOSTINE CAP 40MG	33
GENOTROPIN INJ 2MG	97	<i>glimepiride tab 1 mg</i>	85
GENOTROPIN INJ 5MG	97	<i>glimepiride tab 2 mg</i>	85
<i>gentak oin 0.3% op</i>	170	<i>glimepiride tab 4 mg</i>	85
<i>gentamicin in saline inj 0.8 mg/ml</i>		<i>glipizide tab 10 mg</i>	85
.....	20	<i>glipizide tab 5 mg</i>	85
<i>gentamicin in saline inj 1 mg/ml</i>	20	<i>glipizide tab er 24hr 10 mg</i>	85
<i>gentamicin in saline inj 1.2 mg/ml</i>		<i>glipizide tab er 24hr 2.5 mg</i>	85
.....	20	<i>glipizide tab er 24hr 5 mg</i>	85
<i>gentamicin in saline inj 1.6 mg/ml</i>		<i>glipizide xl tab 10mg</i>	85
.....	20	<i>glipizide xl tab 2.5mg</i>	85
<i>gentamicin in saline inj 2 mg/ml</i>	20	<i>glipizide xl tab 5mg</i>	85
<i>gentamicin sulfate cream 0.1%</i>	194	<i>glipizide-metformin hcl tab 2.5-250</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	20	<i>mg</i>	85
<i>gentamicin sulfate inj 40 mg/ml</i>	20	<i>glipizide-metformin hcl tab 2.5-500</i>	
<i>gentamicin sulfate oint 0.1%</i> ...	194	<i>mg</i>	85
<i>gentamicin sulfate ophth soln 0.3%</i>		<i>glipizide-metformin hcl tab 5-500</i>	
.....	170	<i>mg</i>	85
GENTEAL GEL 0.3%	172	GLUCAGEN INJ HYPOKIT	96
<i>genteal tear oin nt-time</i>	172	GLUCAGON KIT 1MG	96
<i>genteal tear sol moderate</i>	172	<i>gluco burst gel 40%</i>	96
GENTLE CRE	201	GLUCOSE BITS CHW 1GM	96
<i>gentle laxat sup 10mg</i>	110	GLUCOSE CHW 4-.006GM	96
<i>gentle laxat tab 5mg ec</i>	110	GLUCOSE CHW 4-0.006	96
<i>gentlelax pow</i>	110	GLUCOSE CHW 4GM	96
GENVOYA TAB	26	GLUCOSE CHW FRUIT	96
GEODON INJ 20MG	71	GLUCOSE CHW GRAPE	96
<i>geriaton liq</i>	151	GLUCOSE CHW ORANGE	96
<i>geri-dryl liq 12.5/5ml</i>	176	GLUCOSE CHW RASPBERRY	96
<i>geri-dryl tab 25mg</i>	176	GLUCOSE CHW RASPBERRY	96
<i>geri-hydroxol cre 12%</i>	201	GLUCOSE CHW TROP FRT	96
<i>geri-kot tab 8.6mg</i>	110	GLUCOSE CHW WATERMLN	96
<i>geri-lanta sus</i>	102	<i>glucose drnk liq 15/59ml</i>	96
<i>geri-mox sus</i>	102	<i>glucose gel 40%</i>	96

GLUCOSE LIQ POMEGRAN	96	<i>gnp bisa-lax tab 5mg ec</i>	110
<i>glucose oral liquid 15 gm/59ml</i> ..	96	<i>gnp ca/vit d chw minerals</i>	135
<i>glucose shot liq 15/59ml</i>	96	<i>gnp calcium tab 500/d</i>	135
<i>glucose shot liq 15gm</i>	96	<i>gnp calcium tab 600/d</i>	135
<i>glucoten cap</i>	151	<i>gnp calcium tab cit +d3</i>	135
<i>glutamine powder</i>	139	<i>gnp castor oil 100%</i>	110
<i>glutimmune pow 100%</i>	139	<i>gnp century tab</i>	151
<i>glyburide micronized tab 1.5 mg</i> 85		<i>gnp century tab cardio</i>	151
<i>glyburide micronized tab 3 mg</i> ...	85	<i>gnp century tab mature</i>	151
<i>glyburide micronized tab 6 mg</i> ...	85	<i>gnp century tab senior</i>	152
<i>glyburide tab 1.25 mg</i>	85	<i>gnp century tab ultimate</i>	152
<i>glyburide tab 2.5 mg</i>	85	<i>gnp cgh relf liq 15mg/5ml</i>	181
<i>glyburide tab 5 mg</i>	85	<i>gnp cld/alle elx children</i>	181
<i>glyburide-metformin tab 1.25-250</i>		<i>gnp clearlax pak 3350 nf</i>	110
<i>mg</i>	85	<i>gnp clearlax pow</i>	110
<i>glyburide-metformin tab 2.5-500</i>		<i>gnp co q10 cap 100mg</i>	139
<i>mg</i>	85	<i>gnp co q10 cap 200mg</i>	139
<i>glyburide-metformin tab 5-500 mg</i>		<i>gnp co q10 cap 60mg</i>	139
.....	86	<i>gnp cold rlf tab daytime</i>	181
<i>glycolax pow 3350 nf</i>	110	<i>gnp cold/cgh liq child</i>	181
<i>glycopyrrolate tab 1 mg</i>	107	<i>gnp cough dm sus 30mg/5ml</i> ..	181
<i>glycopyrrolate tab 2 mg</i>	107	<i>gnp day time cap cold/flu</i>	181
GLYCO-TECH TAB	151	<i>gnp day time liq cold/flu</i>	181
<i>glydo gel 2%</i>	198	<i>gnp dayhist tab 1.34mg</i>	176
GLYXAMBI TAB 10-5 MG.....	86	<i>gnp deconge tab 30mg</i>	181
GLYXAMBI TAB 25-5 MG.....	86	<i>gnp ear dro 6.5% ot</i>	205
<i>gnp acetamin tab 325mg</i>	13	<i>gnp ear drop sol 6.5% ot</i>	205
<i>gnp all day tab allergy</i>	176	<i>gnp ear sys sol 6.5% ot</i>	205
<i>gnp allergy cap 25mg</i>	176	<i>gnp enema ene</i>	110
<i>gnp allergy chw 12.5mg</i>	176	<i>gnp epsom gra salt</i>	110
<i>gnp allergy tab 180mg</i>	176	<i>gnp eye drop dro 0.4-0.3%</i>	172
<i>gnp allergy tab 25mg</i>	176	<i>gnp eye drop sol 0.5% op</i>	172
<i>gnp allergy tab 4mg</i>	176	<i>gnp fiber cap 0.52gm</i>	110
<i>gnp animal chw plus c</i>	151	<i>gnp fish oil cap</i>	139
<i>gnp animal chw shapes</i>	151	<i>gnp fish oil cap 1000mg</i>	139
<i>gnp antacid chw 1000mg</i>	102	<i>gnp fish oil cap 1200mg</i>	139
<i>gnp antacid chw 160-105</i>	102	GNP FISH OIL CAP 840MG.....	139
<i>gnp antacid chw 550-110</i>	102	<i>gnp gas relf chw 125mg</i>	115
<i>gnp antacid sus anti-gas</i>	102	<i>gnp gas relf chw 80mg</i>	115
<i>gnp antacid sus cherry</i>	102	GNP GLUCOSE CHW GRAPE.....	96
<i>gnp antacid sus coolmint</i>	102	GNP GLUCOSE CHW ORANGE	96
<i>gnp antacid sus original</i>	102	GNP GLUCOSE CHW RASPBERRY..	96
<i>gnp antacid sus reg st</i>	102	GNP GLUCOSE CHW WATERMLN	96
<i>gnp aspirin chw 81mg</i>	13	<i>gnp healthy tab eyes</i>	152
<i>gnp aspirin tab 325mg</i>	13	<i>gnp hydrocor cre 1% plus</i>	197
<i>gnp aspirin tab 325mg ec</i>	13	<i>gnp iron tab 325mg</i>	121
<i>gnp aspirin tab 81mg ec</i>	13	<i>gnp iron tab 45mg</i>	121
<i>gnp b-12 sub 2500mcg</i>	151	<i>gnp iron tab 65mg</i>	121
<i>gnp biotin cap 5000mcg</i>	151	<i>gnp k-pec sus 262/15ml</i>	104

<i>gnp laxative sup 10mg</i>	110	<i>gnp vit c tab 250mg</i>	152
<i>gnp laxative tab 25mg</i>	110	<i>gnp vit c tab 500mg pr</i>	152
<i>gnp laxative tab 5mg ec</i>	110	<i>gnp vit c/rh tab 1000mg</i>	152
<i>gnp lice kit</i>	204	<i>gnp vit d tab 1000unit</i>	152
<i>gnp lidocain pad 4%</i>	201	<i>gnp vit d tab 5000unit</i>	152
<i>gnp little chw ones</i>	152	<i>gnp vit d3 tab 1000unit</i>	152
<i>gnp masanti sus max st</i>	102	<i>gnp vit e cap 1000unit</i>	152
<i>gnp masanti sus reg st</i>	102	<i>gnp vit e cap 200unit</i>	152
<i>gnp milk mag sus</i>	110	<i>gnp vit e cap 400unit</i>	152
<i>gnp milk mag sus cherry</i>	110	<i>gnp zoochews chw gummies</i>	152
<i>gnp milk mag sus mint</i>	110	GOLD BOND CRE HEALING	201
<i>gnp milk mag sus original</i>	110	GOLD BOND OIN HEALING	201
<i>gnp mineral oil heavy</i>	110	GOLYTELY SOL.....	110
<i>gnp nasal spr 0.05%</i>	181	<i>goodsense oil mineral</i>	110
<i>gnp nasal spr 1%</i>	181	GOODSENSE TAB 28-0.8MG	152
<i>gnp niacin tab 250mg</i>	152	<i>granisetron hcl inj 1 mg/ml</i>	106
<i>gnp niacin tab 250mg tr</i>	152	<i>granisetron hcl inj 4 mg/4ml (1</i> <i>mg/ml)</i>	106
<i>gnp nicotine dis 14mg/24h</i>	81	<i>granisetron hcl tab 1 mg</i>	106
<i>gnp nicotine dis 7mg/24hr</i>	81	<i>griseofulvin microsize susp 125</i> <i>mg/5ml</i>	23
<i>gnp nicotine gum 2mg mint</i>	81	<i>griseofulvin microsize tab 500 mg</i>	23
<i>gnp nicotine gum 2mg orig</i>	81	<i>griseofulvin ultramicrosize tab 125</i> <i>mg</i>	23
<i>gnp nicotine gum 4mg mint</i>	81	<i>griseofulvin ultramicrosize tab 250</i> <i>mg</i>	23
<i>gnp nicotine gum 4mg orig</i>	81	<i>gs allergy tab 4mg</i>	176
<i>gnp nicotine loz 2mg mint</i>	81	<i>guaifenesin ac syp 100-10/5</i>	181
<i>gnp nicotine loz 4mg mint</i>	81	<i>guaifenesin liquid 100 mg/5ml</i> .	182
<i>gnp nicotine loz mini 2mg</i>	81	<i>guaifenesin syp 100-10/5</i>	182
<i>gnp nose dro 1%</i>	181	<i>guaifenesin tab 200 mg</i>	182
<i>gnp one dail tab maximum</i>	152	<i>guaifenesin tab 400 mg</i>	182
<i>gnp opti-vit tab</i>	152	<i>guaifenesin tab er 12hr 1200 mg</i>	182
<i>gnp pediatri sol electrol</i>	128	<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i>	182
GNP PRENATAL TAB 28-0.8MG .	152	<i>guanfacine hcl tab er 24hr 1 mg</i> <i>(base equiv)</i>	76
<i>gnp senna tab 8.6mg</i>	110	<i>guanfacine hcl tab er 24hr 2 mg</i> <i>(base equiv)</i>	76
<i>gnp sins rlf tab prs/pain</i>	181	<i>guanfacine hcl tab er 24hr 3 mg</i> <i>(base equiv)</i>	76
<i>gnp sins rlf tab svr cng</i>	181	<i>guanfacine hcl tab er 24hr 4 mg</i> <i>(base equiv)</i>	76
<i>gnp sinus tab cng/pain</i>	181	<i>gummi bear chw multivit</i>	152
<i>gnp suphedrn liq 15mg/5ml</i>	181	<i>gummy dinos chw</i>	152
<i>gnp triple oin antibiot</i>	194	<i>gummy dinos chw chldrn</i>	152
<i>gnp tussin liq dm</i>	181	<i>gummy multiv chw kids</i>	152
<i>gnp tussin liq dm cough</i>	181		
<i>gnp tussin liq dm max</i>	181		
<i>gnp tussin syp cf</i>	181		
<i>gnp urinary tab 95mg</i>	117		
<i>gnp vit b-12 tab 1000 cr</i>	152		
<i>gnp vit b-12 tab 1000 pr</i>	152		
<i>gnp vit b-12 tab 500mcg</i>	152		
<i>gnp vit b-6 tab 100mg</i>	152		
<i>gnp vit c chw 500mg</i>	152		
<i>gnp vit c loz 60mg</i>	152		
<i>gnp vit c tab 1000mg</i>	152		

<i>gummy vit/ chw minerals</i>	152	<i>heartburn chw ex st</i>	102
GVOKE HYPO 2 INJ .5/.1ML	96	<i>heartburn tab 150mg</i>	108
GVOKE HYPO 2 INJ 1MG/.2ML....	96	<i>heartburn tab 200mg</i>	108
GVOKE PFS INJ	96	<i>heartburn tab 20mg</i>	108
<i>h2q cap 100mg</i>	139	<i>heartburn tab relief</i>	108
HAEGARDA INJ 2000UNIT.....	122	<i>heartburn tr cap 15mg</i>	116
HAEGARDA INJ 3000UNIT.....	122	<i>heartburn tr cap 24h 20mg</i>	116
<i>hailey 24 tab fe</i>	89	<i>heather tab 0.35mg</i>	89
<i>hair formula tab ex stren</i>	152	HEMOCYTE PLS CAP	121
HAIR SKIN & TAB NAILS AD.....	152	<i>hemocyte-f tab</i>	121
<i>hair/skin cap nails</i>	152	<i>hemorrhoidal oin</i>	201
HAIR/SKIN/ CAP NAILS	152	HEP SOD/NACL INJ 25000UNT .	119
<i>hair/skin/ tab nails</i>	152	<i>heparin sodium (porcine) 100</i>	
<i>halls defens loz vit c</i>	152	<i>unit/ml in d5w</i>	119
<i>halobetasol propionate cream</i>		<i>heparin sodium (porcine) inj 1000</i>	
<i>0.05%</i>	197	<i>unit/ml</i>	119
<i>halobetasol propionate oint 0.05%</i>		<i>heparin sodium (porcine) inj 10000</i>	
.....	197	<i>unit/ml</i>	119
<i>haloperidol decanoate im soln 100</i>		<i>heparin sodium (porcine) inj 20000</i>	
<i>mg/ml</i>	71	<i>unit/ml</i>	119
<i>haloperidol decanoate im soln 50</i>		<i>heparin sodium (porcine) inj 5000</i>	
<i>mg/ml</i>	71	<i>unit/ml</i>	119
<i>haloperidol lactate inj 5 mg/ml</i> ...71		<i>heparin sodium (porcine)-dextrose</i>	
<i>haloperidol lactate oral conc 2</i>		<i>iv sol 20000 unit/500ml-5%</i>	119
<i>mg/ml</i>	71	<i>heparin sodium (porcine)-dextrose</i>	
<i>haloperidol tab 0.5 mg</i>	71	<i>iv sol 25000 unit/500ml-5%</i>	119
<i>haloperidol tab 1 mg</i>	72	HEPARIN/NACL INJ 25000UNT .	119
<i>haloperidol tab 10 mg</i>	72	<i>hepatamine sol 8%</i>	130
<i>haloperidol tab 2 mg</i>	72	HERCEP HYLEC SOL 60-10000 ...	35
<i>haloperidol tab 20 mg</i>	72	HERCEPTIN INJ 150MG	35
<i>haloperidol tab 5 mg</i>	72	HERCEPTIN INJ 440MG	35
HARVONI PAK	28	HERZUMA INJ 150MG	35
HARVONI PAK 45-200MG.....	28	HERZUMA INJ 420MG	35
HARVONI TAB 45-200MG.....	28	HETLIOZ CAP 20MG.....	77
HARVONI TAB 90-400MG.....	28	HIBERIX SOL 10MCG	127
HAVRIX INJ 1440UNIT	127	<i>high potency tab fe 27mg</i>	121
HAVRIX INJ 720UNIT	127	HISTEX CHW 1.25MG	176
<i>headache pm tab 25-500mg</i>	81	HISTEX PD DRO 0.938MG	176
<i>headache pm tab 500-25mg</i>	81	HISTEX PDX DRO 1.25MG	176
<i>headache tab 25-500mg</i>	81	HISTEX SYP 2.5MG/5.....	176
<i>healthy eyes cap supervis</i>	152	HISTEX-AC SYP.....	182
<i>healthy eyes tab</i>	152	HISTEX-DM SYP	182
<i>healthy eyes tab lutein</i>	152	HISTEX-PE SYP 2.5-10/5.....	182
<i>healthy hair tab skn/nail</i>	152	<i>hm allergy cap 25mg</i>	176
<i>healthy kids chw gummies</i>	139	<i>hm allergy tab 25mg</i>	176
HEALTHY KIDS CHW GUMMIES.	152	<i>hm allergy tab 4mg</i>	176
<i>healthylax pow</i>	110	<i>hm animal chw shapes</i>	153
<i>heartbrn ant chw 160-105</i>	102	<i>hm antacid sus</i>	102
<i>heartbrn rlf chw 160-105</i>	102	<i>hm antacid sus anti-gas</i>	102

<i>hm aspirin chw 81mg</i>	13	<i>hm nicotine gum 4mg mint</i>	82
<i>hm aspirin tab 325mg</i>	13	<i>hm nicotine loz 2mg mint</i>	82
<i>hm b complex tab with c</i>	153	<i>hm nicotine loz 4mg mint</i>	82
<i>hm biotin cap 5000mcg</i>	153	<i>hm nose dro 1%</i>	182
<i>hm ca/vit d3 tab 600-400</i>	135	<i>hm one daily tab /iron</i>	153
<i>hm ca/vit d3 tab 600-800</i>	135	HM ONE DAILY TAB MENS.....	153
<i>hm calcium tab citr+d</i>	135	<i>hm povid-iod sol 10%</i>	201
<i>hm calcium tab d/minera</i>	135	HM PRENATAL TAB.....	153
<i>hm clearlax pow</i>	110	<i>hm saline spr 0.65%</i>	189
<i>hm cold/cgh liq children</i>	182	<i>hm senna tab 8.6mg</i>	111
<i>hm complete tab</i>	153	<i>hm senna-s tab 8.6-50mg</i>	111
HM COMPLETE TAB.....	153	<i>hm severe tab cold/flu</i>	182
<i>hm complete tab 50+</i>	153	<i>hm stomach sus 262/15ml</i>	104
HM COMPLETE TAB MEN.....	153	<i>hm stool sof tab 8.6-50mg</i>	111
<i>hm complete tab women</i>	153	<i>hm triple oin antibiot</i>	194
<i>hm coq10 cap 100mg</i>	139	<i>hm tussin liq adlt dm</i>	182
<i>hm coq10 cap 50mg</i>	139	<i>hm tussin liq dm max</i>	182
<i>hm cough dm sus 30mg/5ml</i>	182	<i>hm vit b12 tab 500mcg</i>	153
<i>hm day time cap</i>	182	<i>hm vit b6 tab 100mg</i>	153
<i>hm dry eye sol relief</i>	172	<i>hm vit d3 cap 2000unit</i>	153
<i>hm enema ene r-t-u</i>	110	<i>hm vitamin c chw 500mg</i>	153
<i>hm epsom gra salt</i>	110	<i>hm vitamin c tab 1000mg</i>	153
<i>hm fiber pow 28.3%</i>	110	<i>hm vitamin c tab 500mg</i>	153
<i>hm fiber pow 30.9%</i>	110	<i>hm vitamin d tab 1000unit</i>	153
<i>hm fiber pow 48.57%</i>	110	<i>hm vitamin e cap 1000unit</i>	153
<i>hm fiber pow 58.6%</i>	110	<i>hm vitamin e cap 200unit</i>	153
<i>hm fiber tab 500mg</i>	111	<i>hm vitamin e cap 400unit</i>	153
<i>hm fish oil cap 1000mg</i>	140	HONEY BEARS CHW.....	153
<i>hm fish oil cap 1200mg</i>	140	HONEY BEARS CHW IRON-ZIN.	153
HM FISH OIL CAP 554MG.....	140	HUMIRA INJ 10/0.1ML.....	123
<i>hm gas relf chw 80mg</i>	115	HUMIRA INJ 10MG/0.2.....	123
HM GLUCOSE CHW ORANGE.....	96	HUMIRA INJ 20/0.2ML.....	124
HM GLUCOSE CHW RASPBERRY....	96	HUMIRA INJ 40/0.4ML.....	124
HM HAIR/SKIN TAB /NAILS.....	153	HUMIRA KIT 20MG/0.4.....	124
<i>hm hydrocort cre 1% plus</i>	197	HUMIRA KIT 40MG/0.8.....	124
<i>hm ibuprofen tab 200mg</i>	15	HUMIRA PEDIA INJ CROHNS....	124
<i>hm iron tab 45mg</i>	121	HUMIRA PEN INJ 40/0.4ML.....	124
<i>hm iron tab 65mg</i>	121	HUMIRA PEN INJ 40MG/0.8.....	124
<i>hm laxative tab 5mg</i>	111	HUMIRA PEN INJ CD/UC/HS....	124
<i>hm magnesium tab 250mg</i>	102	HUMIRA PEN INJ PS/UV.....	124
<i>hm mineral oil</i>	111	HUMIRA PEN KIT CD/UC/HS....	124
<i>hm mucus er tab 1200mg</i>	182	HUMIRA PEN KIT PS/UV.....	124
<i>hm nasal spr 0.05%</i>	182	HUMULIN R INJ U-500.....	84
<i>hm niacin tab 250mg</i>	153	HYALEX TAB.....	153
<i>hm niacin tr tab 250mg</i>	153	<i>hydralazine hcl inj 20 mg/ml</i>	56
<i>hm nicotine dis 14mg/24h</i>	81	<i>hydralazine hcl tab 10 mg</i>	56
<i>hm nicotine dis 21mg/24h</i>	81	<i>hydralazine hcl tab 100 mg</i>	56
<i>hm nicotine dis 7mg/24hr</i>	81	<i>hydralazine hcl tab 25 mg</i>	56
<i>hm nicotine gum 2mg mint</i>	82	<i>hydralazine hcl tab 50 mg</i>	56

HYDRASYN25 CRE	201	<i>hydrocortisone-aloe vera cream</i>	
HYDROCERIN CRE	201	<i>0.5%</i>	198
<i>hydrocerin cre plus</i>	201	<i>hydrocortisone-aloe vera cream</i>	
<i>hydrocerin lot</i>	201	<i>1%</i>	198
<i>hydrochlorothiazide cap 12.5 mg</i>	55	<i>hydrocream cre 1%</i>	198
<i>hydrochlorothiazide tab 12.5 mg</i>	55	HYDRO-LAN CRE	201
<i>hydrochlorothiazide tab 25 mg</i> ...	55	<i>hydrolatum oin</i>	201
<i>hydrochlorothiazide tab 50 mg</i> ...	55	<i>hydromet syp 5-1.5/5</i>	182
HYDROCIL INS POW 95%	111	<i>hydromorphone hcl liqd 1 mg/ml</i>	18
<i>hydrocod polst-chlorphen polst er</i>		<i>hydromorphone hcl preservative</i>	
<i>susp 10-8 mg/5ml</i>	182	<i>free (pf) inj 10 mg/ml</i>	18
<i>hydrocodone w/ homatropine syrup</i>		<i>hydromorphone hcl tab 2 mg</i>	18
<i>5-1.5 mg/5ml</i>	182	<i>hydromorphone hcl tab 4 mg</i>	18
<i>hydrocodone w/ homatropine tab</i>		<i>hydromorphone hcl tab 8 mg</i>	18
<i>5-1.5 mg</i>	182	<i>hydrophor oin</i>	201
<i>hydrocodone-acetaminophen soln</i>		<i>hydroxocobalamin acetate inj 1000</i>	
<i>7.5-325 mg/15ml</i>	18	<i>mcg/ml (base equivalent)</i>	153
<i>hydrocodone-acetaminophen tab</i>		<i>hydroxychloroquine sulfate tab 200</i>	
<i>10-325 mg</i>	18	<i>mg</i>	124
<i>hydrocodone-acetaminophen tab</i>		<i>hydroxyurea cap 500 mg</i>	42
<i>5-325 mg</i>	18	<i>hydroxyzine hcl im soln 25 mg/ml</i>	
<i>hydrocodone-acetaminophen tab</i>		.....	176
<i>7.5-325 mg</i>	18	<i>hydroxyzine hcl im soln 50 mg/ml</i>	
<i>hydrocodone-ibuprofen tab 7.5-</i>		.....	176
<i>200 mg</i>	18	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	
<i>hydrocort cre 0.5%</i>	197	.....	176
<i>hydrocort cre 1%</i>	197	<i>hydroxyzine hcl tab 10 mg</i>	176
<i>hydrocort cre plus 1%</i>	197	<i>hydroxyzine hcl tab 25 mg</i>	176
<i>hydrocort oin 1%</i>	197	<i>hydroxyzine hcl tab 50 mg</i>	176
<i>hydrocort/ cre aloe 1%</i>	197	<i>hydroxyzine pamoate cap 25 mg</i>	
<i>hydrocortisone butyrate cream</i>		.....	177
<i>0.1%</i>	197	<i>hydroxyzine pamoate cap 50 mg</i>	
<i>hydrocortisone butyrate oint 0.1%</i>		.....	177
.....	197	HYSINGLA ER TAB 100 MG	18
<i>hydrocortisone cream 0.5%</i>	198	HYSINGLA ER TAB 120 MG	18
<i>hydrocortisone cream 1%</i>	198	HYSINGLA ER TAB 20 MG.....	18
<i>hydrocortisone cream 2.5%</i>	198	HYSINGLA ER TAB 30 MG.....	18
<i>hydrocortisone enema 100</i>		HYSINGLA ER TAB 40 MG.....	18
<i>mg/60ml</i>	108	HYSINGLA ER TAB 60 MG.....	18
<i>hydrocortisone lotion 1%</i>	198	HYSINGLA ER TAB 80 MG.....	18
<i>hydrocortisone lotion 2.5%</i>	198	<i>ibandronate sodium tab 150 mg</i>	
<i>hydrocortisone oint 0.5%</i>	198	<i>(base equivalent)</i>	87
<i>hydrocortisone oint 1%</i>	198	IBRANCE CAP 100MG.....	35
<i>hydrocortisone oint 2.5%</i>	198	IBRANCE CAP 125MG.....	35
<i>hydrocortisone perianal cream</i>		IBRANCE CAP 75MG	35
<i>2.5%</i>	201	IBRANCE TAB 100MG.....	35
<i>hydrocortisone tab 10 mg</i>	94	IBRANCE TAB 125MG.....	36
<i>hydrocortisone tab 20 mg</i>	94	IBRANCE TAB 75MG	35
<i>hydrocortisone tab 5 mg</i>	94	<i>ibu-200 tab 200mg</i>	15

<i>ibuprofen cap 200 mg</i>	15	INCRUSE ELPT INH 62.5MCG ...	174
<i>ibuprofen cap 200mg</i>	15	<i>indapamide tab 1.25 mg</i>	55
<i>ibuprofen ch sus 100/5ml</i>	15	<i>indapamide tab 2.5 mg</i>	55
<i>ibuprofen dro 50/1.25</i>	15	INFANRIX INJ	127
<i>ibuprofen ib chw 100mg</i>	16	INFUVITE INJ	153
<i>ibuprofen jr chw 100mg</i>	16	INFUVITE INJ ADULT	153
<i>ibuprofen js chw 100mg</i>	16	INFUVITE INJ PEDIATRI	153
<i>ibuprofen sus 100/5ml</i>	16	INGREZZA CAP 40-80MG	79
<i>ibuprofen susp 100 mg/5ml</i>	16	INGREZZA CAP 40MG	79
<i>ibuprofen tab 200 mg</i>	16	INGREZZA CAP 80MG	79
<i>ibuprofen tab 200mg</i>	16	INJECTAFER INJ 750/15ML	121
<i>ibuprofen tab 400 mg</i>	16	INLYTA TAB 1MG	40
<i>ibuprofen tab 600 mg</i>	16	INLYTA TAB 5MG	40
<i>ibuprofen tab 800 mg</i>	16	INQOVI TAB 35-100MG	42
ICAPS AREDS TAB FORMULA....	153	INREBIC CAP 100MG	40
<i>icaps cap</i>	153	INSTA-GLUCOS GEL 77.4%	96
<i>icaps lutein cap /omega-3</i>	153	INSULIN PEN NEEDLE	84
<i>icaps mv tab</i>	153	INSULIN SAFETY NEEDLES	84
ICAPS PLUS TAB	153	INSULIN SYRINGE	84
<i>icatibant acetate inj 30 mg/3ml</i> (base equivalent)	123	INTEGRA F CAP	121
ICLUSIG TAB 15MG	40	INTEGRA PLUS CAP	121
ICLUSIG TAB 45MG	40	INTELENCE TAB 100MG	25
IDHIFA TAB 100MG	36	INTELENCE TAB 200MG	25
IDHIFA TAB 50MG	36	INTELENCE TAB 25MG	24
<i>iferex 150 cap</i>	121	<i>intestinex cap</i>	104
ILEVRO DRO 0.3% OP	170	INTRALIPID INJ 20%	130
<i>imatinib mesylate tab 100 mg</i> (base equivalent)	40	INTRALIPID INJ 30%	130
<i>imatinib mesylate tab 400 mg</i> (base equivalent)	40	INTRON A INJ 10MU	126
IMBRUVICA CAP 140MG	40	INTRON A INJ 18MU	126
IMBRUVICA CAP 70MG	40	INTRON A INJ 25MU	126
IMBRUVICA TAB 140MG	40	INTRON A INJ 50MU	126
IMBRUVICA TAB 280MG	40	<i>introvale tab</i>	89
IMBRUVICA TAB 420MG	40	INVEGA SUST INJ 117/0.75	72
IMBRUVICA TAB 560MG	40	INVEGA SUST INJ 156MG/ML	72
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	22	INVEGA SUST INJ 234/1.5	72
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	22	INVEGA SUST INJ 39/0.25	72
<i>imipramine hcl tab 10 mg</i>	67	INVEGA SUST INJ 78/0.5ML	72
<i>imipramine hcl tab 25 mg</i>	67	INVEGA TRINZ INJ 273MG	72
<i>imipramine hcl tab 50 mg</i>	67	INVEGA TRINZ INJ 410MG	72
<i>imiquimod cream 5%</i>	201	INVEGA TRINZ INJ 546MG	72
IMMUNE CHW SUPPORT	153	INVEGA TRINZ INJ 819MG	72
IMOVAX RABIE INJ 2.5/ML	127	INVIRASE TAB 500MG	25
<i>incassia tab 0.35mg</i>	89	IPOL INJ INACTIVE	127
INCRELEX INJ 40MG/4ML	97	<i>ipratropium bromide inhal soln</i> 0.02%	174
		<i>ipratropium bromide nasal soln</i> 0.03% (21 mcg/spray)	174
		<i>ipratropium bromide nasal soln</i> 0.06% (42 mcg/spray)	174

<i>ipratropium-albuterol nebu soln</i>		<i>isosorbide mononitrate tab er 24hr</i>	
<i>0.5-2.5(3) mg/3ml</i>	174	<i>30 mg</i>	56
<i>irbesartan tab 150 mg</i>	47	<i>isosorbide mononitrate tab er 24hr</i>	
<i>irbesartan tab 300 mg</i>	47	<i>60 mg</i>	56
<i>irbesartan tab 75 mg</i>	47	<i>isotretinoin cap 10 mg</i>	193
<i>irbesartan-hydrochlorothiazide tab</i>		<i>isotretinoin cap 20 mg</i>	193
<i>150-12.5 mg</i>	46	<i>isotretinoin cap 30 mg</i>	193
<i>irbesartan-hydrochlorothiazide tab</i>		<i>isotretinoin cap 40 mg</i>	193
<i>300-12.5 mg</i>	46	<i>isradipine cap 2.5 mg</i>	53
IRESSA TAB 250MG	40	<i>isradipine cap 5 mg</i>	53
<i>irinotecan hcl inj 100 mg/5ml (20</i>		<i>itch relief cre ex st</i>	195
<i>mg/ml)</i>	43	<i>itch relief spr 2-0.1%</i>	195
<i>irinotecan hcl inj 300 mg/15ml (20</i>		<i>itraconazole cap 100 mg</i>	23
<i>mg/ml)</i>	43	<i>ivermectin tab 3 mg</i>	22
<i>irinotecan hcl inj 40 mg/2ml (20</i>		<i>i-vite prote tab</i>	153
<i>mg/ml)</i>	43	<i>i-vite tab</i>	153
<i>irinotecan hcl inj 500 mg/25ml (20</i>		IXIARO INJ.....	127
<i>mg/ml)</i>	43	JADENU SPRKL GRA 180MG.....	88
IRON CHW PEDIATRI	121	JADENU SPRKL GRA 360MG.....	88
<i>iron slow tab 45mg</i>	121	JADENU SPRKL GRA 90MG	88
<i>iron supplem tab therapy</i>	121	JADENU TAB 180MG	88
<i>iron supplmt dro 15mg/ml</i>	121	JAKAFI TAB 10MG	40
IRON TAB 18MG	121	JAKAFI TAB 15MG	40
<i>iron tab 27mg</i>	121	JAKAFI TAB 20MG	40
IRON TAB 28MG	121	JAKAFI TAB 25MG	40
IRON UP LIQ.....	121	JAKAFI TAB 5MG	40
IROSPAN 24/6 MIS	121	<i>jantoven tab 10mg</i>	119
ISENTRESS CHW 100MG	25	<i>jantoven tab 1mg</i>	119
ISENTRESS CHW 25MG.....	25	<i>jantoven tab 2.5mg</i>	119
ISENTRESS HD TAB 600MG	25	<i>jantoven tab 2mg</i>	119
ISENTRESS POW 100MG	25	<i>jantoven tab 3mg</i>	119
ISENTRESS TAB 400MG	25	<i>jantoven tab 4mg</i>	119
<i>isibloom tab</i>	89	<i>jantoven tab 5mg</i>	119
ISOLYTE-P INJ /D5W.....	131	<i>jantoven tab 6mg</i>	119
ISOLYTE-S INJ	131	<i>jantoven tab 7.5mg</i>	119
<i>isoniazid syrup 50 mg/5ml</i>	27	JANUMET TAB 50-1000	86
<i>isoniazid tab 100 mg</i>	27	JANUMET TAB 50-500MG	86
<i>isoniazid tab 300 mg</i>	27	JANUMET XR TAB 100-1000.....	86
ISOPTO TEARS SOL 0.5% OP...172		JANUMET XR TAB 50-1000	86
<i>isosorbide dinitrate tab 10 mg</i>	56	JANUMET XR TAB 50-500MG.....	86
<i>isosorbide dinitrate tab 20 mg</i>	56	JANUVIA TAB 100MG	86
<i>isosorbide dinitrate tab 30 mg</i>	56	JANUVIA TAB 25MG.....	86
<i>isosorbide dinitrate tab 5 mg</i>	56	JANUVIA TAB 50MG.....	86
<i>isosorbide mononitrate tab 10 mg</i>		JARDIANCE TAB 10MG	86
.....	56	JARDIANCE TAB 25MG.....	86
<i>isosorbide mononitrate tab 20 mg</i>		<i>jasmiel tab 3-0.02mg</i>	89
.....	56	JENTADUETO TAB 2.5-1000.....	86
<i>isosorbide mononitrate tab er 24hr</i>		JENTADUETO TAB 2.5-500	86
<i>120 mg</i>	56	JENTADUETO TAB 2.5-850	86

JENTADUETO TAB XR	86	5% & nacl 0.45% inj	131
<i>jinteli tab 1mg-5mcg</i>	93	<i>kcl 40 meq/l (0.3%) in dextrose</i>	
<i>jock itch aer 1%</i>	195	<i>5% & nacl 0.45% inj</i>	131
<i>jock itch cre 1%</i>	195	<i>kcl 40 meq/l (0.3%) in nacl 0.9%</i>	
<i>jolivette tab 0.35mg</i>	89	<i>inj</i>	131
<i>juleber tab</i>	89	KCL/D5W/NACL INJ 0.15/0.2... ..	131
JULUCA TAB 50-25MG	26	KCL/D5W/NACL INJ 0.3/0.9%.. ..	131
<i>junel 1.5/30 tab</i>	89	<i>kelnor 1/50 tab</i>	90
<i>junel 1/20 tab</i>	89	<i>kelnor tab 1/35</i>	90
<i>junel fe 24 tab 1/20</i>	89	KERADAN CRE	201
<i>junel fe tab 1.5/30</i>	89	<i>kerodex-51 cre dry/oily</i>	201
<i>junel fe tab 1/20</i>	89	<i>kerodex-71 cre wet</i>	201
<i>just d liq 400unit</i>	153	<i>ketoconazole cream 2%</i>	195
JUXTAPID CAP 10MG.....	50	<i>ketoconazole shampoo 2%</i>	196
JUXTAPID CAP 20MG.....	50	<i>ketoconazole tab 200 mg</i>	23
JUXTAPID CAP 30MG.....	50	<i>ketorolac tromethamine ophth soln</i>	
JUXTAPID CAP 5MG	50	<i>0.4%</i>	170
<i>k 100 tab 100mcg</i>	153	<i>ketorolac tromethamine ophth soln</i>	
KADCYLA INJ 100MG.....	36	<i>0.5%</i>	170
KADCYLA INJ 160MG.....	36	<i>ketotif fum dro 0.025%op</i>	171
<i>kaitlib fe chw</i>	89	<i>ketotifen fumarate ophth soln</i>	
KALA TAB	104	<i>0.025% (base equiv)</i>	171
KALETRA TAB 100-25MG	26	KEYTRUDA INJ 100MG/4M.....	36
KALETRA TAB 200-50MG	26	<i>kidkare liq cgh/cold</i>	182
KALYDECO PAK 25MG	189	<i>kids vit d3 chw 1000unit</i>	154
KALYDECO PAK 50MG	189	KINRIX INJ.....	127
KALYDECO PAK 75MG	189	KISQALI 200 PAK FEMARA.....	36
KALYDECO TAB 150MG	189	KISQALI 400 PAK FEMARA.....	36
KANJINTI INJ 420MG	36	KISQALI 600 PAK FEMARA.....	36
KANJINTI SOL 150MG	36	KISQALI TAB 200DOSE	36
<i>kaopectate sus 262/15ml</i>	104	KISQALI TAB 400DOSE	36
<i>kaopectate sus ex st</i>	104	KISQALI TAB 600DOSE	36
<i>kaopectate tab 262mg</i>	104	<i>klor-con 10 tab 10meq er</i>	128
<i>kao-tin cap 240mg</i>	111	<i>klor-con 8 tab 8meq er</i>	128
<i>kao-tin sus 262/15ml</i>	104	<i>kls fiber tb tab 625mg</i>	111
<i>kariva tab 28 day</i>	89	<i>kls naproxen tab 220mg</i>	16
<i>kcl 10 meq/l (0.075%) in dextrose</i>		KONSYL DAILY POW 100%.....	111
<i>5% & nacl 0.45% inj</i>	131	<i>konsyl daily pow 28.3%</i>	111
<i>kcl 20 meq/l (0.15%) in dextrose</i>		KONSYL DAILY POW 28.3%.....	111
<i>5% & nacl 0.2% inj</i>	131	KONSYL POW 60.3%	111
<i>kcl 20 meq/l (0.15%) in dextrose</i>		KONSYL POW 71.67%.....	111
<i>5% & nacl 0.45% inj</i>	131	KONSYL-D POW 52.3%	111
<i>kcl 20 meq/l (0.15%) in dextrose</i>		KORLYM TAB 300MG.....	97
<i>5% & nacl 0.9% inj</i>	131	<i>kp adult 50+ tab daily</i>	154
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>kp adults tab daily</i>	154
<i>0.45% inj</i>	131	<i>kp aspirin tab 81mg ec</i>	13
<i>kcl 20 meq/l (0.15%) in nacl 0.9%</i>		<i>kp b complex tab /c</i>	154
<i>inj</i>	131	<i>kp bisacodyl tab 5mg ec</i>	111
<i>kcl 30 meq/l (0.224%) in dextrose</i>		<i>kp calcium cap 600+d</i>	135

<i>kp calcium tab +d</i>	135	<i>lacto-key- cap 100</i>	104
<i>kp calcium tab 600+d</i>	135	<i>lacto-key- cap 600</i>	104
<i>kp fish oil cap 1200mg</i>	140	<i>lactulose (encephalopathy) solution</i>	
<i>kp loratadin tab 10mg</i>	177	<i>10 gm/15ml</i>	111
<i>kp mag-oxide tab 200mg</i>	135	<i>lactulose solution 10 gm/15ml</i> .	111
<i>kp mens 50+ tab daily</i>	154	<i>lamivudine oral soln 10 mg/ml</i> ...	25
KP MENS MIS DAILY PK.....	154	<i>lamivudine tab 100 mg (hbv)</i>	28
<i>kp mens tab daily</i>	154	<i>lamivudine tab 150 mg</i>	25
<i>kp niacin tab 500mg</i>	154	<i>lamivudine tab 300 mg</i>	25
<i>kp omega-3 cap 1200mg</i>	140	<i>lamivudine-zidovudine tab 150-300</i>	
KP PRENATAL TAB MULTIVIT....	154	<i>mg</i>	26
<i>kp senna tab 8.6mg</i>	111	<i>lamotrigine tab 100 mg</i>	60
<i>kp vision tab for/ltn</i>	154	<i>lamotrigine tab 150 mg</i>	60
<i>kp vision tab formula</i>	154	<i>lamotrigine tab 200 mg</i>	60
<i>kp vitamin e cap 100unit</i>	154	<i>lamotrigine tab 25 mg</i>	60
<i>kp women 50+ tab daily</i>	154	<i>lamotrigine tab chewable</i>	
KP WOMENS PAK DAILY	154	<i>dispersible 25 mg</i>	61
<i>kp womens tab daily</i>	154	<i>lamotrigine tab chewable</i>	
K-PAX CAP DOUBLE	153	<i>dispersible 5 mg</i>	61
K-PAX CAP SINGLE	154	<i>lamotrigine tab er 24hr 100 mg</i> .	61
K-PAX TAB PROF ST.....	154	<i>lamotrigine tab er 24hr 200 mg</i> .	61
KPN PRENATAL TAB	154	<i>lamotrigine tab er 24hr 25 mg</i> ...	61
KROG GLUCOSE CHW GRAPE	96	<i>lamotrigine tab er 24hr 250 mg</i> .	61
KROG GLUCOSE CHW ORANGE ..	96	<i>lamotrigine tab er 24hr 300 mg</i> .	61
KROG GLUCOSE CHW RASPBERRY	96	<i>lamotrigine tab er 24hr 50 mg</i> ...	61
KROG GLUCOSE CHW WATERMLN		LANAPHILIC OIN	201
.....	96	<i>land bfr tim chw vit/iron</i>	154
<i>ks ibuprofen cap 200mg</i>	16	LANOLOR CRE.....	201
<i>kurvelo tab 0.15/30</i>	90	<i>lansoprazole cap 15mg dr</i>	116
KUVAN POW 100MG.....	92	<i>lansoprazole cap delayed release</i>	
KUVAN POW 500MG.....	92	<i>15 mg</i>	116
KUVAN TAB 100MG.....	92	<i>lansoprazole cap delayed release</i>	
<i>labetalol hcl tab 100 mg</i>	51	<i>30 mg</i>	116
<i>labetalol hcl tab 200 mg</i>	51	<i>lapatinib ditosylate tab 250 mg</i>	
<i>labetalol hcl tab 300 mg</i>	51	<i>(base equiv)</i>	40
<i>lac-hydrin lot five</i>	201	<i>l-arginine- cap 500</i>	140
<i>lactated ringer's solution</i>	131	<i>l-arginine cap 500mg</i>	140
<i>lactic acid (ammonium lactate)</i>		L-ARGININE POW	140
<i>cream 12%</i>	201	<i>l-arginine tab 1000mg</i>	140
<i>lactic acid (ammonium lactate)</i>		<i>larin fe tab 1.5/30</i>	90
<i>lotion 12%</i>	201	<i>larin fe tab 1/20</i>	90
<i>lactinex chw</i>	104	<i>larin tab 1.5/30</i>	90
LACTINOL HX CRE	201	<i>larin tab 1/20</i>	90
<i>lactobacillu cap</i>	104	LASTACAFT SOL 0.25%.....	171
<i>lactobacillus - packet</i>	104	<i>latanoprost ophth soln 0.005%</i> .	171
<i>lactobacillus acidophilus-pectin cap</i>		LATUDA TAB 120MG	72
.....	104	LATUDA TAB 20MG.....	72
<i>lactobacillus cap</i>	105	LATUDA TAB 40MG.....	72
<i>lactobacillus tab</i>	105	LATUDA TAB 60MG.....	72

LATUDA TAB 80MG	72	<i>mg/3ml (base equiv)</i>	178
<i>lax/stl soft tab 8.6-50mg</i>	111	<i>levabuterol hcl soln nebu conc</i>	
<i>laxa basic cap 100mg</i>	111	<i>1.25 mg/0.5ml (base equiv)</i>	178
<i>laxacin tab 8.6-50mg</i>	111	<i>levabuterol tartrate inhal aerosol</i>	
<i>laxative pls tab 8.6-50mg</i>	111	<i>45 mcg/act (base equiv)</i>	178
<i>laxative sup 10mg</i>	111	LEVEMIR INJ.....	84
<i>laxative tab 15mg</i>	111	LEVEMIR INJ FLEXTOUC	84
<i>laxative tab 25mg</i>	111	<i>levetiracetam in sodium chloride iv</i>	
<i>laxative tab 5mg ec</i>	111	<i>soln 1000 mg/100ml</i>	61
<i>laxative tab max-str</i>	111	<i>levetiracetam in sodium chloride iv</i>	
<i>layolis fe chw</i>	90	<i>soln 1500 mg/100ml</i>	61
L-CITRULLINE CAP 600MG	140	<i>levetiracetam in sodium chloride iv</i>	
LEADER FINGE CRE	201	<i>soln 500 mg/100ml</i>	61
<i>leflunomide tab 10 mg</i>	124	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>leflunomide tab 20 mg</i>	124	<i>mg/ml)</i>	61
LEMON-GLYCER MIS	201	<i>levetiracetam oral soln 100 mg/ml</i>	
LENVIMA CAP 10 MG.....	40	.....	61
LENVIMA CAP 12MG.....	40	<i>levetiracetam tab 1000 mg.....</i>	61
LENVIMA CAP 14 MG.....	40	<i>levetiracetam tab 250 mg</i>	61
LENVIMA CAP 18 MG.....	40	<i>levetiracetam tab 500 mg</i>	61
LENVIMA CAP 20 MG.....	40	<i>levetiracetam tab 750 mg</i>	61
LENVIMA CAP 24 MG.....	40	<i>levetiracetam tab er 24hr 500 mg</i>	
LENVIMA CAP 4MG	40	.....	61
LENVIMA CAP 8 MG	40	<i>levetiracetam tab er 24hr 750 mg</i>	
<i>lessina tab</i>	90	.....	61
<i>letrozole tab 2.5 mg.....</i>	37	<i>levobunolol hcl ophth soln 0.5%</i>	
<i>leucovorin calcium for inj 100 mg</i>		.....	171
.....	42	<i>levocarnitine oral soln 1 gm/10ml</i>	
<i>leucovorin calcium for inj 200 mg</i>		<i>(10%)</i>	92
.....	43	<i>levocarnitine tab 330 mg.....</i>	92
<i>leucovorin calcium for inj 350 mg</i>		<i>levocetirizine dihydrochloride soln</i>	
.....	43	<i>2.5 mg/5ml (0.5 mg/ml)</i>	177
<i>leucovorin calcium for inj 50 mg.</i>	42	<i>levocetirizine dihydrochloride tab 5</i>	
<i>leucovorin calcium for inj 500 mg</i>		<i>mg</i>	177
.....	43	<i>levofloxacin in d5w iv soln 250</i>	
<i>leucovorin calcium inj 500</i>		<i>mg/50ml</i>	30
<i>mg/50ml (10 mg/ml)</i>	43	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium tab 10 mg.....</i>	43	<i>mg/100ml</i>	31
<i>leucovorin calcium tab 15 mg.....</i>	43	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium tab 25 mg.....</i>	43	<i>mg/150ml</i>	31
<i>leucovorin calcium tab 5 mg</i>	43	<i>levofloxacin iv soln 25 mg/ml</i>	31
LEUKERAN TAB 2MG	33	<i>levofloxacin oral soln 25 mg/ml..</i>	31
<i>leuprolide acetate inj kit 5 mg/ml</i>		<i>levofloxacin tab 250 mg</i>	31
.....	37	<i>levofloxacin tab 500 mg</i>	31
<i>levabuterol hcl soln nebu 0.31</i>		<i>levofloxacin tab 750 mg</i>	31
<i>mg/3ml (base equiv)</i>	178	<i>levonest tab</i>	90
<i>levabuterol hcl soln nebu 0.63</i>		<i>levonor-eth est tab 0.15-</i>	
<i>mg/3ml (base equiv)</i>	178	<i>0.02/0.025/0.03 mg &eth est 0.01</i>	
<i>levabuterol hcl soln nebu 1.25</i>		<i>mg</i>	90

<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	90	<i>levothyroxine sodium tab 88 mcg</i>	99
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	90	<i>levoxyl tab 100mcg</i>	100
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	90	<i>levoxyl tab 112mcg</i>	100
<i>levonorgestrel tab 1.5 mg</i>	90	<i>levoxyl tab 125mcg</i>	100
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> ..	90	<i>levoxyl tab 137mcg</i>	100
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	90	<i>levoxyl tab 150mcg</i>	100
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	90	<i>levoxyl tab 175mcg</i>	100
<i>levora-28 tab 0.15/30</i>	90	<i>levoxyl tab 200mcg</i>	100
<i>levo-t tab 100mcg</i>	99	<i>levoxyl tab 25mcg</i>	99
<i>levo-t tab 112mcg</i>	99	<i>levoxyl tab 50mcg</i>	99
<i>levo-t tab 125mcg</i>	99	<i>levoxyl tab 75mcg</i>	100
<i>levo-t tab 137mcg</i>	99	<i>levoxyl tab 88mcg</i>	100
<i>levo-t tab 150mcg</i>	99	LEXIVA SUS 50MG/ML	25
<i>levo-t tab 175mcg</i>	99	L-GLUTAMINE POW	140
<i>levo-t tab 200 mcg</i>	99	L-GLUTATHION CRY.....	140
<i>levo-t tab 25mcg</i>	99	<i>lice bedding aer 0.5%</i>	204
<i>levo-t tab 300 mcg</i>	99	<i>lice killing sha</i>	204
<i>levo-t tab 50mcg</i>	99	<i>lice killing sha 0.33-4%</i>	204
<i>levo-t tab 75mcg</i>	99	<i>lice treatmt lot 1%</i>	204
<i>levo-t tab 88mcg</i>	99	<i>lice treatmt sha 0.33-4%</i>	204
<i>levothyroxine sodium tab 100 mcg</i>	99	<i>lice trtmnt liq</i>	204
<i>levothyroxine sodium tab 112 mcg</i>	99	<i>lice trtmnt liq 1%</i>	204
<i>levothyroxine sodium tab 125 mcg</i>	99	<i>licide sha 0.33-4%</i>	204
<i>levothyroxine sodium tab 137 mcg</i>	99	<i>lidocaine cream 4%</i>	201
<i>levothyroxine sodium tab 150 mcg</i>	99	<i>lidocaine hcl local inj 0.5%</i>	20
<i>levothyroxine sodium tab 175 mcg</i>	99	<i>lidocaine hcl local inj 1%</i>	20
<i>levothyroxine sodium tab 200 mcg</i>	99	<i>lidocaine hcl local inj 2%</i>	20
<i>levothyroxine sodium tab 25 mcg</i>	99	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	20
<i>levothyroxine sodium tab 300 mcg</i>	99	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	20
<i>levothyroxine sodium tab 50 mcg</i>	99	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	20
<i>levothyroxine sodium tab 75 mcg</i>	99	<i>lidocaine hcl soln 4%</i>	198
		<i>lidocaine hcl urethral/mucosal gel 2%</i>	198
		<i>lidocaine hcl viscous soln 2%</i> ...	205
		<i>lidocaine oint 5%</i>	198
		<i>lidocaine patch 5%</i>	199
		<i>lidocaine-prilocaine cream 2.5-2.5%</i>	199
		LIFE PACK MIS MENS.....	154
		LIFE PACK MIS WOMENS.....	154
		<i>linezolid for susp 100 mg/5ml</i>	22
		<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	22
		<i>linezolid iv soln 600 mg/300ml (2</i>	

<i>mg/ml)</i>	22	LONSURF TAB 20-8.19.....	42
<i>linezolid tab 600 mg</i>	22	<i>loperamide cap 2mg</i>	105
LINZESS CAP 145MCG	115	<i>loperamide hcl cap 2 mg</i>	115
LINZESS CAP 290MCG	115	<i>loperamide hcl liq 1 mg/7.5ml</i> .	105
LINZESS CAP 72MCG	115	<i>loperamide liq 1mg/7.5</i>	105
<i>liothyronine sodium tab 25 mcg</i>	100	<i>loperamide sus 1mg/7.5</i>	105
<i>liothyronine sodium tab 5 mcg</i> .	100	<i>lopinavir-ritonavir soln 400-100</i>	
<i>liothyronine sodium tab 50 mcg</i>	100	<i>mg/5ml (80-20 mg/ml)</i>	26
LIPOIC ACID CAP 150MG.....	140	<i>loradamed tab 10mg</i>	177
<i>liq ca/vit d cap 600mg</i>	135	<i>loratadine cap 10 mg</i>	177
LIQ-10 SYP	140	<i>loratadine chew tab 5 mg</i>	177
LIQ-10 SYP 50-15/5.....	140	<i>loratadine chw 5mg</i>	177
LIQUID CALCI CAP WITH D3	135	<i>loratadine d tab 5-120mg</i>	182
<i>liqui-e liq 400/15ml</i>	154	<i>loratadine sol 10/10ml</i>	177
<i>liquitears sol</i>	172	<i>loratadine sol 5mg/5ml</i>	177
<i>lisinopril & hydrochlorothiazide tab</i>		<i>loratadine syp 5mg/5ml</i>	177
<i>10-12.5 mg</i>	44	<i>loratadine tab 10 mg</i>	177
<i>lisinopril & hydrochlorothiazide tab</i>		<i>loratadine tab 10mg</i>	177
<i>20-12.5 mg</i>	44	<i>lorata-dine tab d 24hr</i>	182
<i>lisinopril & hydrochlorothiazide tab</i>		<i>loratadine-d tab 10-240mg</i>	182
<i>20-25 mg</i>	44	<i>loratadine-d tab 5-120mg</i>	182
<i>lisinopril tab 10 mg</i>	45	<i>lorazepam conc 2 mg/ml</i>	58
<i>lisinopril tab 2.5 mg</i>	44	<i>lorazepam inj 2 mg/ml</i>	58
<i>lisinopril tab 20 mg</i>	45	<i>lorazepam inj 4 mg/ml</i>	58
<i>lisinopril tab 30 mg</i>	45	<i>lorazepam tab 0.5 mg</i>	58
<i>lisinopril tab 40 mg</i>	45	<i>lorazepam tab 1 mg</i>	58
<i>lisinopril tab 5 mg</i>	44	<i>lorazepam tab 2 mg</i>	58
L-ISOLEUCINE POW	140	LORBRENA TAB 100MG	40
<i>lithium carbonate cap 150 mg</i>	79	LORBRENA TAB 25MG.....	40
<i>lithium carbonate cap 300 mg</i>	79	LORTUSS DM LIQ.....	182
<i>lithium carbonate cap 600 mg</i>	79	LORTUSS EX LIQ.....	182
<i>lithium carbonate tab 300 mg</i>	79	LORTUSS LQ LIQ.....	182
<i>lithium carbonate tab er 300 mg</i>	79	<i>loryna tab 3-0.02mg</i>	90
<i>lithium carbonate tab er 450 mg</i>	79	<i>losartan potassium &</i>	
LITHIUM SOL 8MEQ/5ML	79	<i>hydrochlorothiazide tab 100-12.5</i>	
<i>little anima chw plus fe</i>	154	<i>mg</i>	46
<i>little noses dro stof nos</i>	189	<i>losartan potassium &</i>	
<i>little noses spr 0.65%</i>	189	<i>hydrochlorothiazide tab 100-25 mg</i>	
LITTLE REMED AER MIST	189	.....	46
<i>little remed liq 160/5ml</i>	13	<i>losartan potassium &</i>	
<i>little remed sus 20/.03ml</i>	115	<i>hydrochlorothiazide tab 50-12.5</i>	
L-METHYL- TAB B6-B12.....	154	<i>mg</i>	46
L-METHYL-MC TAB.....	154	<i>losartan potassium tab 100 mg</i> ..	47
LODRANE D CAP 4-60MG.....	182	<i>losartan potassium tab 25 mg</i>	47
LOHIST-D LIQ	182	<i>losartan potassium tab 50 mg</i>	47
LOHIST-DM SYP 5-2-10MG	182	LOTEMAX GEL 0.5%	170
LOKELMA PAK 10GM	88	LOTEMAX OIN 0.5%	170
LOKELMA PAK 5GM	88	<i>loteprednol etabonate ophth susp</i>	
LONSURF TAB 15-6.14	42	<i>0.5%</i>	171

<i>lovastatin tab 10 mg</i>	49	<i>magic bullet sup 10mg</i>	111
<i>lovastatin tab 20 mg</i>	49	MAGN CHLORID POW	135
<i>lovastatin tab 40 mg</i>	49	MAGN OXIDE POW HEAVY	102
<i>loxapine succinate cap 10 mg</i>	72	MAGNESIUM CAP 400MG.....	135
<i>loxapine succinate cap 25 mg</i>	72	MAGNESIUM CAP 500MG.....	103
<i>loxapine succinate cap 5 mg</i>	72	MAGNESIUM CHLORIDE TAB DR 64	
<i>loxapine succinate cap 50 mg</i>	72	MG (ELEMENTAL MG).....	135
<i>lubric tears sol 0.4-0.3%</i>	172	<i>magnesium citrate soln</i>	111
<i>lubricant dro 0.4-0.3%</i>	172	MAGNESIUM GL TAB 500MG	135
<i>lubricant oin eye</i>	172	MAGNESIUM GL TAB 550MG	136
<i>lubricat eye dro 0.4-0.3%</i>	172	<i>magnesium gluconate tab 27.5 mg</i>	
<i>lubricating dro 0.5%</i>	172	<i>(elemental mg)</i>	136
<i>lubricating sol 0.4-0.3%</i>	172	<i>magnesium gluconate tab 500 mg</i>	
<i>lubricnt eye dro 0.4-0.3%</i>	172	<i>(27 mg elemental mg)</i>	136
<i>lubricnt eye dro 0.5% op</i>	172	<i>magnesium lactate tab er 84 mg</i>	
LUMIGAN SOL 0.01%	171	<i>(elemental mg) (7 meq)</i>	136
LUMIZYME INJ 50MG.....	92	MAGNESIUM OX PAK 240MG....	136
LUPR DEP-PED INJ 11.25MG	97	<i>magnesium oxide cap 500 mg</i>	
LUPR DEP-PED INJ 15MG.....	97	<i>(elemental mg)</i>	136
LUPR DEP-PED INJ 3M 30MG.....	97	<i>magnesium oxide tab 250 mg..</i>	103
LUPR DEP-PED INJ 7.5MG.....	97	<i>magnesium oxide tab 250 mg (mg</i>	
LUPRON DEPOT INJ 11.25MG	37	<i>supplement)</i>	136
LUPRON DEPOT INJ 3.75MG.....	37	<i>magnesium oxide tab 400 mg..</i>	103
<i>lutra tab</i>	90	<i>magnesium oxide tab 400 mg (240</i>	
LYNPARZA TAB 100MG	36	<i>mg elemental mg)</i>	136
LYNPARZA TAB 150MG	36	<i>magnesium oxide tab 400 mg</i>	
LYRICA CR TAB 165MG.....	79	<i>(241.3 mg elemental mg)</i>	136
LYRICA CR TAB 330MG.....	79	<i>magnesium oxide tab 500 mg (mg</i>	
LYRICA CR TAB 82.5MG.....	79	<i>supplement)</i>	136
<i>lysiplex liq plus</i>	154	MAGNESIUM SU INJ 20/500ML.	128
LYSODREN TAB 500MG	37	MAGNESIUM SU INJ 2GM/50ML	128
<i>lyza tab 0.35mg</i>	90	MAGNESIUM SU INJ 40G/1000	128
M.V.I PEDIAT INJ.....	154	MAGNESIUM SU INJ 4G/100ML	128
M.V.I. ADULT INJ.....	154	MAGNESIUM SU INJ 80MG/ML .	128
<i>macular hlth cap formula</i>	154	<i>magnesium sulfate in dextrose 5%</i>	
MACULAR VIT TAB BENEFIT	154	<i>iv soln 1 gm/100ml</i>	128
<i>macuvite tab</i>	154	<i>magnesium sulfate inj 50%</i>	128
<i>macuvite tab eye care</i>	154	<i>magnesium sulfate iv soln 2</i>	
<i>macuvite tab lutein</i>	154	<i>gm/50ml (40 mg/ml)</i>	128
<i>mag citrate sol</i>	111	<i>magnesium sulfate iv soln 20</i>	
<i>mag citrate sol cherry</i>	111	<i>gm/500ml (40 mg/ml)</i>	128
<i>mag citrate sol lemon</i>	111	<i>magnesium sulfate iv soln 4</i>	
MAG OXIDE CAP 400MG	102	<i>gm/100ml (40 mg/ml)</i>	128
MAG64 TAB 64MG	135	<i>magnesium sulfate iv soln 4</i>	
MAG-AL LIQ	102	<i>gm/50ml (80 mg/ml)</i>	128
<i>mag-al plus liq</i>	102	<i>magnesium sulfate iv soln 40</i>	
<i>mag-al plus liq xs</i>	102	<i>gm/1000ml (40 mg/ml)</i>	129
MAGDELAY TAB 70MG	135	<i>magnesium tab 250mg</i>	103
<i>mag-g tab 500mg</i>	135	<i>magnesium tab 500mg</i>	136

<i>magnesium-ox tab 400mg</i>	136	<i>mediproxen tab 220mg</i>	16
<i>magonate tab 500mg</i>	136	<i>medi-tabs tab 500mg</i>	14
<i>mag-oxide tab 200mg</i>	135	<i>medi-tussin syp dm</i>	183
MAG-SR PLUS TAB CALCIUM	135	<i>medroxyprogesterone acetate im</i>	
<i>major-prep oin hemorrho</i>	201	<i>susp 150 mg/ml</i>	90
<i>malathion lotion 0.5%</i>	204	<i>medroxyprogesterone acetate im</i>	
<i>mapap apap liq 500/15ml</i>	13	<i>susp prefilled syr 150 mg/ml</i>	90
<i>mapap cap 500mg</i>	13	<i>medroxyprogesterone acetate tab</i>	
<i>mapap child chw 80mg</i>	13	<i>10 mg</i>	99
<i>mapap chw 160mg</i>	13	<i>medroxyprogesterone acetate tab</i>	
<i>mapap cold tab 10-5-325</i>	182	<i>2.5 mg</i>	99
<i>mapap liq 160/5ml</i>	13	<i>medroxyprogesterone acetate tab</i>	
<i>mapap pm tab 25-500mg</i>	82	<i>5 mg</i>	99
<i>mapap sinus tab max st</i>	182	<i>mefloquine hcl tab 250 mg</i>	24
<i>mapap tab 325mg</i>	13	<i>mega multi tab men</i>	154
<i>mapap tab 500mg</i>	14	MEGA MULTI TAB MEN	154
<i>maprotiline hcl tab 25 mg</i>	67	<i>mega multi tab women</i>	155
<i>maprotiline hcl tab 50 mg</i>	67	MEGA MULTIVI TAB MEN	155
<i>maprotiline hcl tab 75 mg</i>	67	MEGA MULTIVI TAB WOMEN	155
MAR-COF BP LIQ 30-2-7.5	182	<i>mega vm-80 tab</i>	155
<i>marlissa tab 0.15/30</i>	90	<i>mega-maratho tab 100 tr</i>	155
MARPLAN TAB 10MG	67	MEGAVITE TAB FRT/VEG	155
MATULANE CAP 50MG	42	MEGAVITE TAB GOLD 55+	155
MAVYRET TAB 100-40MG.....	28	<i>megestrol acetate susp 40 mg/ml</i>	
<i>max daily tab green</i>	154	.....	37
MAXI DEET SPR 98.11%.....	201	<i>megestrol acetate susp 625</i>	
MAXICHLOR TAB PEH DM	183	<i>mg/5ml</i>	37
MAXIFED TAB 60-360MG	183	<i>megestrol acetate tab 20 mg</i>	37
MAXIMIN PAK	154	<i>megestrol acetate tab 40 mg</i>	37
<i>maximum d3 cap 325mcg</i>	154	MEKINIST TAB 0.5MG	40
<i>maximum epa cap 1000mg</i>	140	MEKINIST TAB 2MG.....	40
<i>maximum tab blue lab</i>	154	MEKTOVI TAB 15MG	40
<i>maximum tab green lb</i>	154	<i>melatonin chew tab 2.5 mg</i>	140
<i>maximum tab red labl</i>	154	<i>melodetta chw 24 fe</i>	90
MAXI-TUSS DM LIQ	182	<i>meloxicam tab 15 mg</i>	16
MAXI-TUSS LIQ CD.....	183	<i>meloxicam tab 7.5 mg</i>	16
M-CLEAR WC LIQ 100-6.3.....	182	<i>memantine hcl cap er 24hr 14 mg</i>	
<i>meclizine hcl chew tab 25 mg</i> ..	106	.....	64
<i>meclizine hcl tab 12.5 mg</i>	106	<i>memantine hcl cap er 24hr 21 mg</i>	
<i>meclizine hcl tab 25 mg</i>	106	.....	64
<i>medi pad</i>	201	<i>memantine hcl cap er 24hr 28 mg</i>	
<i>medi-bismuth chw 262mg</i>	105	.....	64
<i>medifin 400 tab 400mg</i>	183	<i>memantine hcl cap er 24hr 7 mg</i>	64
MEDI-LYTE TAB	129	<i>memantine hcl oral solution 2</i>	
<i>medi-natural tab 8.6-50mg</i>	111	<i>mg/ml</i>	64
<i>medi-natural tab 8.6mg</i>	111	<i>memantine hcl tab 10 mg</i>	64
<i>medi-phedryl cap 25mg</i>	177	<i>memantine hcl tab 28 x 5 mg & 21</i>	
<i>mediplex tab plus</i>	154	<i>x 10 mg titration pack</i>	64
<i>medi-profen sus 40mg/ml</i>	16	<i>memantine hcl tab 5 mg</i>	64

MENACTRA INJ.....	127	<i>methazolamide tab 25 mg</i>	55
M-END DMX LIQ	182	<i>methazolamide tab 50 mg.....</i>	55
M-END PE LIQ	182	<i>methenamine hippurate tab 1 gm</i>	
MENQUADFI INJ	127	<i>.....</i>	22
<i>mens 50+ adv tab one daly</i>	155	<i>methimazole tab 10 mg</i>	100
MENS 50+ CAP ADVANCED.....	155	<i>methimazole tab 5 mg.....</i>	100
<i>mens daily cap lycopene.....</i>	155	<i>methocarbamol tab 500 mg.....</i>	80
<i>mens daily chw gummies.....</i>	155	<i>methocarbamol tab 750 mg.....</i>	80
<i>mens daily tab formula.....</i>	155	<i>methotrexate sodium for inj 1 gm</i>	
MENS MULTI TAB VIT/MIN	155	<i>.....</i>	34
MENS PAK	155	<i>methotrexate sodium inj 250</i>	
<i>menstrual tab pain rlf.....</i>	14	<i>mg/10ml (25 mg/ml).....</i>	34
MENVEO INJ	127	<i>methotrexate sodium inj 50</i>	
<i>mercaptapurine tab 50 mg</i>	34	<i>mg/2ml (25 mg/ml)</i>	34
<i>meribin cap 5mg</i>	155	<i>methotrexate sodium inj pf 1000</i>	
<i>meropenem iv for soln 1 gm</i>	22	<i>mg/40ml (25 mg/ml).....</i>	34
<i>meropenem iv for soln 500 mg...22</i>		<i>methotrexate sodium inj pf 250</i>	
<i>mesalamine cap dr 400 mg.....</i>	108	<i>mg/10ml (25 mg/ml).....</i>	34
<i>mesalamine enema 4 gm.....</i>	108	<i>methotrexate sodium inj pf 50</i>	
<i>mesalamine rectal enema 4 gm &</i>		<i>mg/2ml (25 mg/ml)</i>	34
<i>cleanser wipe kit</i>	108	<i>methotrexate sodium tab 2.5 mg</i>	
<i>mesalamine suppos 1000 mg ...108</i>		<i>(base equiv).....</i>	124
<i>mesalamine tab delayed release</i>		<i>methylphenidate hcl soln 10</i>	
<i>1.2 gm</i>	108	<i>mg/5ml.....</i>	76
MESNEX TAB 400MG.....	43	<i>methylphenidate hcl soln 5 mg/5ml</i>	
METAFOLBIC TAB	155	<i>.....</i>	76
METAMUCIL CAP 0.36GM.....	111	<i>methylphenidate hcl tab 10 mg..</i>	76
METAMUCIL PAK 51.7%	111	<i>methylphenidate hcl tab 20 mg..</i>	76
METAMUCIL POW 28%ORG.....	111	<i>methylphenidate hcl tab 5 mg....</i>	76
<i>metamucil pow 28.3%org.....</i>	111	<i>methylphenidate hcl tab er 10 mg</i>	
METAMUCIL POW 43%	111	<i>.....</i>	76
METAMUCIL POW 58.12%	112	<i>methylphenidate hcl tab er 20 mg</i>	
<i>metamucil pow 58.6%</i>	111	<i>.....</i>	76
<i>metamucil pow 58.6% sf.....</i>	111	<i>methylprednisolone acetate inj</i>	
<i>metamucil pow 58.6%org.....</i>	112	<i>susp 40 mg/ml</i>	94
METAMUCIL POW 63%	112	<i>methylprednisolone acetate inj</i>	
METAMUCIL WAF.....	112	<i>susp 80 mg/ml</i>	94
<i>metformin hcl tab 1000 mg</i>	86	<i>methylprednisolone sod succ for inj</i>	
<i>metformin hcl tab 500 mg</i>	86	<i>1000 mg (base equiv).....</i>	94
<i>metformin hcl tab 850 mg</i>	86	<i>methylprednisolone sod succ for inj</i>	
<i>metformin hcl tab er 24hr 500 mg</i>		<i>125 mg (base equiv)</i>	94
<i>.....</i>	86	<i>methylprednisolone sod succ for inj</i>	
<i>metformin hcl tab er 24hr 750 mg</i>		<i>40 mg (base equiv)</i>	94
<i>.....</i>	86	<i>methylprednisolone tab 16 mg...94</i>	
<i>methadone con 10mg/ml.....</i>	18	<i>methylprednisolone tab 32 mg...94</i>	
<i>methadone hcl soln 10 mg/5ml ..18</i>		<i>methylprednisolone tab 4 mg ....94</i>	
<i>methadone hcl soln 5 mg/5ml ....18</i>		<i>methylprednisolone tab 8 mg ....94</i>	
<i>methadone hcl tab 10 mg.....</i>	18	<i>methylprednisolone tab therapy</i>	
<i>methadone hcl tab 5 mg.....</i>	18	<i>pack 4 mg (21).....</i>	94

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	106	<i>mi-acid sus</i>	103
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	106	<i>mi-acid sus max st</i>	103
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	106	<i>mibelas 24 chw fe</i>	90
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	106	<i>micafungin sodium for iv soln 100 mg</i>	23
<i>metolazone tab 10 mg</i>	55	<i>micafungin sodium for iv soln 50 mg</i>	23
<i>metolazone tab 2.5 mg</i>	55	<i>miconazole 1 kit 1200-2%</i>	118
<i>metolazone tab 5 mg</i>	55	<i>miconazole 3 cre 4%</i>	118
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	50	<i>miconazole 3 kit combinat</i>	118
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	51	<i>miconazole 3 kit combo pk</i>	118
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	50	<i>miconazole 7 cre 2%</i>	118
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	51	<i>miconazole 7 cre tube/kit</i>	118
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	51	<i>miconazole 7 sup 100mg</i>	118
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	51	<i>miconazole aer 2%</i>	195
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	51	<i>miconazole cre 2%</i>	195
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	51	<i>miconazole nitrate cream 2% ..</i>	195
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	51	<i>miconazole nitrate vaginal cream 2%</i>	118
<i>metoprolol tartrate tab 100 mg</i> ..	51	<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	118
<i>metoprolol tartrate tab 25 mg</i>	51	<i>miconazole nitrate vaginal suppos 100 mg</i>	118
<i>metoprolol tartrate tab 50 mg</i>	51	<i>miconazorb pow af 2%</i>	195
<i>metronidazole cream 0.75%</i>	201	<i>micro guard pow 2%</i>	195
<i>metronidazole gel 0.75%</i>	201	<i>midodrine hcl tab 10 mg</i>	56
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	22	<i>midodrine hcl tab 2.5 mg</i>	56
<i>metronidazole lotion 0.75%</i>	202	<i>midodrine hcl tab 5 mg</i>	56
<i>metronidazole tab 250 mg</i>	22	<i>miglustat cap 100 mg</i>	92
<i>metronidazole tab 500 mg</i>	22	MIL-A-MULSIO EMU.....	155
<i>metronidazole vaginal gel 0.75%</i>	118	<i>milantex sus ex st</i>	103
<i>metyrosine cap 250 mg</i>	56	<i>milantex sus original</i>	103
MG GLUCONATE TAB 250MG....	136	<i>mili tab 0.25/35</i>	90
MG SO4/D5W INJ 10MG/ML	129	<i>milk of magn sus</i>	112
<i>mgo tab 400mg</i>	136	<i>milk of magn sus 1200/15</i>	112
MH MACULAR MIS HEALTH	155	<i>milk of magn sus 2400/30</i>	112
<i>m-hist pd liq 0.625/ml</i>	177	MILK OF MAGN SUS 2400MG ...	112
MI-ACID CHW	103	<i>milk of magn sus 400/5ml</i>	112
<i>mi-acid gas chw 80mg</i>	115	<i>milk of magn sus cherry</i>	112
		<i>milk of magn sus frsh mnt</i>	112
		<i>milk of magn sus mint</i>	112
		<i>milltrium sr tab</i>	155
		<i>mineral oil</i>	112
		MINERAL OIL	112
		<i>mineral oil ene</i>	112
		<i>mineral oil enema</i>	112
		MINERAL OIL HEAVY.....	112
		<i>mineral oil oil</i>	112
		<i>minerin cre</i>	202

<i>minerin lot</i>	202	<i>packet 4 mg (base equiv)</i>	189
<i>minitran dis 0.1mg/hr</i>	56	<i>montelukast sodium tab 10 mg</i>	
<i>minitran dis 0.2mg/hr</i>	56	<i>(base equiv)</i>	189
<i>minitran dis 0.4mg/hr</i>	56	MORE-DOPHILU POW ACIDOPHI	
<i>minitran dis 0.6mg/hr</i>	56	.....	105
<i>minocycline hcl cap 100 mg</i>	33	MORPHINE SUL INJ 10MG/ML	18
<i>minocycline hcl cap 50 mg</i>	33	MORPHINE SUL INJ 2MG/ML	18
<i>minocycline hcl cap 75 mg</i>	33	MORPHINE SUL INJ 4MG/ML	18
<i>minoxidil tab 10 mg</i>	56	MORPHINE SUL INJ 5MG/ML	18
<i>minoxidil tab 2.5 mg</i>	56	MORPHINE SUL INJ 8MG/ML	18
<i>mintox plus chw</i>	103	<i>morphine sulfate iv soln 1 mg/ml</i>	18
<i>mintox sus</i>	103	<i>morphine sulfate iv soln pf 10</i>	
<i>mintox sus max st</i>	103	<i>mg/ml</i>	19
<i>mirtazapine orally disintegrating</i>		<i>morphine sulfate iv soln pf 4</i>	
<i>tab 15 mg</i>	67	<i>mg/ml</i>	18
<i>mirtazapine orally disintegrating</i>		<i>morphine sulfate iv soln pf 8</i>	
<i>tab 30 mg</i>	67	<i>mg/ml</i>	19
<i>mirtazapine orally disintegrating</i>		<i>morphine sulfate oral soln 10</i>	
<i>tab 45 mg</i>	67	<i>mg/5ml</i>	19
<i>mirtazapine tab 15 mg</i>	67	<i>morphine sulfate oral soln 100</i>	
<i>mirtazapine tab 30 mg</i>	67	<i>mg/5ml (20 mg/ml)</i>	19
<i>mirtazapine tab 45 mg</i>	67	<i>morphine sulfate oral soln 20</i>	
<i>mirtazapine tab 7.5 mg</i>	67	<i>mg/5ml</i>	19
<i>misoprostol tab 100 mcg</i>	115	<i>morphine sulfate tab 15 mg</i>	19
<i>misoprostol tab 200 mcg</i>	115	<i>morphine sulfate tab 30 mg</i>	19
MITIGARE CAP 0.6MG	12	<i>morphine sulfate tab er 100 mg</i> .	19
M-M-R II INJ	127	<i>morphine sulfate tab er 15 mg</i> ...	19
M-NATAL PLUS TAB	154	<i>morphine sulfate tab er 200 mg</i> .	19
<i>moexipril hcl tab 15 mg</i>	45	<i>morphine sulfate tab er 30 mg</i> ...	19
<i>moexipril hcl tab 7.5 mg</i>	45	<i>morphine sulfate tab er 60 mg</i> ...	19
<i>moisturel lot therapeut</i>	202	<i>motion relf tab 25mg</i>	106
<i>moisturizing cre</i>	202	<i>motion sick tab 25mg</i>	106
MOISTURIZING CRE	202	<i>motion sick tab 50mg</i>	106
<i>moisturizing cre renewal</i>	202	<i>motion-time chw 25mg</i>	106
<i>moisturizing cre therapy</i>	202	MOVANTIK TAB 12.5MG	115
<i>moisturizing cre xtr-dry</i>	202	MOVANTIK TAB 25MG.....	115
<i>molindone hcl tab 10 mg</i>	72	<i>move along tab 100mg</i>	112
<i>molindone hcl tab 25 mg</i>	72	MOXEZA SOL 0.5%	170
<i>molindone hcl tab 5 mg</i>	72	<i>moxifloxacin hcl ophth soln 0.5%</i>	
<i>mometasone furoate cream 0.1%</i>		<i>(base eq) (2 times daily)</i>	170
.....		<i>moxifloxacin hcl ophth soln 0.5%</i>	
<i>mometasone furoate oint 0.1%</i>	198	<i>(base equiv)</i>	170
<i>mometasone furoate solution 0.1%</i>		<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>(lotion)</i>	198	<i>equiv)</i>	31
<i>montelukast sodium chew tab 4</i>		MTERYTI TAB.....	155
<i>mg (base equiv)</i>	188	MTERYTI TAB FOLIC 5.....	155
<i>montelukast sodium chew tab 5</i>		<i>mucinex allr tab 180mg</i>	177
<i>mg (base equiv)</i>	188	MUCINEX CAP DAY/NGHT.....	183
<i>montelukast sodium oral granules</i>		MUCINEX CAP FAST-MAX	183

MUCINEX CAP SINUS	183	<i>mucus relief tab sinus</i>	184
MUCINEX CGH GRA 5-100MG ...	183	<i>mucus rlf pe tab 10-400mg</i>	184
<i>mucinex cgh liq 5-100mg</i>	183	<i>mucus+chst liq 100/5ml</i>	184
<i>mucinex chld liq 100/5ml</i>	183	<i>mucus-dm max tab 60-1200</i> ...	184
MUCINEX CHLD MIS DAY/NITE.	183	<i>mucusrelief tab sinus</i>	184
<i>mucinex cold cap flu nght</i>	183	MULT VITAM DRO.....	155
<i>mucinex cold cap sinus</i>	183	<i>mult vitamin tab daily</i>	155
MUCINEX COLD LIQ 2.5-100....	183	<i>mult vitamin tab essent</i>	155
<i>mucinex cold tab flu&sore</i>	183	<i>mult vitamin tab mens</i>	155
<i>mucinex cold tab sinus</i>	183	<i>mult vitamin tab no iron</i>	155
<i>mucinex cong cap headache</i>	183	<i>mult vitamin tab womens</i>	155
MUCINEX D TAB 120-1200	183	MULTAQ TAB 400MG.....	48
MUCINEX D/N PAK FAST/MAX ..	183	<i>multi 50+ cap for her</i>	155
<i>mucinex dm liq 20-400</i>	183	<i>multi 50+ tab for her</i>	155
<i>mucinex fast liq cold flu</i>	183	<i>multi 50+ tab for him</i>	155
<i>mucinex fast mis day/nght</i>	183	MULTI ADULT CHW EXTRA C....	155
MUCINEX FAST MIS DAY/NGHT	183	<i>multi adult chw gummies</i>	155
MUCINEX FAST MIS MX DAY/N.	183	<i>multi cap for her</i>	155
<i>mucinex fast pak day/nght</i>	183	<i>multi complt tab /iron</i>	155
<i>mucinex fast tab 25-5-325</i>	183	MULTI FOR POW HIM.....	155
MUCINEX FAST TAB 5-10-200 ..	183	<i>multi gummie chw mens</i>	155
<i>mucinex fast tab sev cold</i>	183	<i>multi gummie chw womens</i>	155
<i>mucinex ff spr 0.05%</i>	183	MULTI PRENAT TAB	155
<i>mucinex liq</i>	183	<i>multi tab for her</i>	155
<i>mucinex liq sinus</i>	183	<i>multi tab for him</i>	155
<i>mucinex ms liq cold ngh</i>	183	MULTI VITAMI TAB	155
<i>mucinex tab sinus</i>	183	MULTI VITAMI TAB D-3	155
MUCINEX/KIDS GRA 100MG.....	183	MULTI VITAMN TAB MINERALS.	155
<i>mucosa dm tab 20-400mg</i>	183	<i>multi+omega3 chw adult</i>	156
<i>mucosa tab 400mg</i>	183	<i>multi-day tab</i>	156
<i>mucus d tab 60-600mg</i>	183	<i>multi-day tab /iron</i>	156
<i>mucus relf d tab 60-600mg</i>	183	<i>multi-day tab minerals</i>	156
<i>mucus relief liq 100/5ml</i>	183	<i>multi-day tab vitamins</i>	156
<i>mucus relief liq 400/20ml</i>	183	<i>multi-delyn liq</i>	156
<i>mucus relief liq 5-100mg</i>	183	MULTI-DELYN LIQ /IRON.....	156
<i>mucus relief liq child</i>	183	<i>multihealth pow fiber</i>	112
<i>mucus relief liq children</i>	184	<i>multilex tab</i>	156
<i>mucus relief tab 10-400mg</i>	184	<i>multilex-t&m tab</i>	156
<i>mucus relief tab 200mg</i>	184	<i>multimineral tab plus</i>	156
<i>mucus relief tab 20-400mg</i>	184	<i>multiple vitamin tab</i>	156
<i>mucus relief tab 30-600er</i>	184	<i>multiple vitamins w/ iron tab</i> ...	156
<i>mucus relief tab 400mg</i>	184	<i>multiple vitamins w/ minerals tab</i>	156
<i>mucus relief tab 600mg er</i>	184	.....	156
<i>mucus relief tab 60-1200</i>	184	<i>multiv women tab 50+</i>	156
<i>mucus relief tab cld/sinu</i>	184	<i>multi-vit/ tab minerals</i>	156
<i>mucus relief tab cold/flu</i>	184	<i>multi-vit/fe dro /fl 0.25</i>	156
<i>mucus relief tab dm</i>	184	<i>multi-vit/fe tab</i>	156
<i>mucus relief tab pe</i>	184	<i>multivit/fl chw 0.25mg</i>	156
<i>mucus relief tab sev cold</i>	184	<i>multivit/fl chw 0.5mg</i>	156

<i>multivit/fl chw 1mg</i>	156	MYCAMINE INJ 50MG	23
<i>multivit/fl dro 0.25mg</i>	156	<i>mycophenolate mofetil cap 250 mg</i>	126
<i>multi-vitami chw gummies</i>	156	.....	126
MULTI-VITAMI TAB MONOCAPS	156	<i>mycophenolate mofetil for oral</i>	
<i>multivitamin cap</i>	156	<i>susp 200 mg/ml</i>	126
<i>multivitamin cap daily</i>	156	<i>mycophenolate mofetil tab 500 mg</i>	126
MULTIVITAMIN CHW ADULT	156	.....	126
<i>multivitamin chw child</i>	156	<i>mycophenolate sodium tab dr 180</i>	
MULTIVITAMIN CHW CHILD	156	<i>mg (mycophenolic acid equiv)</i> .	126
<i>multivitamin chw children</i>	156	<i>mycophenolate sodium tab dr 360</i>	
MULTIVITAMIN CHW IRON	156	<i>mg (mycophenolic acid equiv)</i> .	126
<i>multivitamin chw vita d3</i>	156	<i>myferon 150 cap 150mg</i>	121
MULTIVITAMIN DRO /IRON	156	<i>myferon 150 cap forte</i>	121
<i>multivitamin liq</i>	156	<i>mynephrocaps cap</i>	157
MULTIVITAMIN LIQ	156	<i>mynephron cap</i>	157
<i>multivitamin liq mineral</i>	156	<i>myorisan cap 10mg</i>	193
<i>multivitamin tab adlt 50+</i>	156	<i>myorisan cap 20mg</i>	193
<i>multivitamin tab adt 50+</i>	156	<i>myorisan cap 30mg</i>	193
MULTIVITAMIN TAB ADULT	156	<i>myorisan cap 40mg</i>	193
<i>multivitamin tab adults</i>	156	MYRBETRIQ TAB 25MG	117
MULTIVITAMIN TAB ADULTS	156	MYRBETRIQ TAB 50MG	117
<i>multivitamin tab daily</i>	157	<i>my-vitalife cap</i>	157
<i>multivitamin tab men 50+</i>	157	<i>nabumetone tab 500 mg</i>	16
<i>multivitamin tab mens</i>	157	<i>nabumetone tab 750 mg</i>	16
<i>multivitamin tab women</i>	157	<i>nadolol tab 20 mg</i>	51
<i>multivitamin tab womens</i>	157	<i>nadolol tab 40 mg</i>	51
<i>multi-vitamn tab</i>	156	<i>nadolol tab 80 mg</i>	52
<i>multi-vite tab</i>	156	NAFCILLIN INJ 10GM	32
<i>multi-vite tab 50&over</i>	156	<i>nafcillin sodium for inj 1 gm</i>	32
<i>mupirocin oint 2%</i>	194	<i>nafcillin sodium for inj 2 gm</i>	32
<i>murine ear dro 6.5% ot</i>	205	<i>nafcillin sodium for iv soln 1 gm</i> .	32
<i>murine ear sol 6.5% ot</i>	205	<i>nafcillin sodium for iv soln 10 gm</i>	32
MURO 128 SOL 2% OP	172	.....	32
MVASI INJ 100MG	36	<i>nafcillin sodium for iv soln 2 gm</i> .	32
MVASI INJ 400MG	36	NAGLAZYME INJ 1MG/ML	93
MVW COMPLETE CAP D3000	157	<i>nail-ex tab 2.5mg</i>	157
MVW COMPLETE CAP D5000	157	<i>nalbuphine hcl inj 10 mg/ml</i>	17
MVW COMPLETE CAP FORMULAT		<i>nalbuphine hcl inj 20 mg/ml</i>	17
.....	157	<i>naloxone hcl inj 0.4 mg/ml</i>	82
MVW COMPLETE CAP MINIS	157	<i>naloxone hcl inj 4 mg/10ml</i>	82
<i>mvw complete chw bubblgum</i> ..	157	<i>naloxone hcl soln cartridge 0.4</i>	
<i>mvw complete chw d3000</i>	157	<i>mg/ml</i>	82
MVW COMPLETE CHW GRAPE ...	157	<i>naloxone hcl soln prefilled syringe</i>	
<i>mvw complete chw orange</i>	157	<i>2 mg/2ml</i>	82
MVW COMPLETE DRO PEDIATRI	157	<i>naltrexone hcl tab 50 mg</i>	82
<i>my choice tab 1.5mg</i>	90	NAMZARIC CAP	64
<i>my way tab 1.5mg</i>	90	NAMZARIC CAP 14-10MG	64
<i>myamulti tab</i>	157	NAMZARIC CAP 21-10MG	64
MYCAMINE INJ 100MG	23	NAMZARIC CAP 28-10MG	64

NAMZARIC CAP 7-10MG	64	<i>nateglinide tab 60 mg</i>	86
NANOVM POW 1-3 YRS.....	157	NATPARA INJ 100MCG	98
NANOVM POW 4-8YEARS.....	157	NATPARA INJ 25MCG	98
NANOVM POW 9-18 YRS.....	157	NATPARA INJ 50MCG	98
NANOVM T/F POW	157	NATPARA INJ 75MCG	98
<i>naproxen dr tab 375mg</i>	16	NATRAPEL 12H SPR 20%	202
<i>naproxen dr tab 500mg</i>	16	NATRAPEL LIQ 20%.....	202
<i>naproxen sod cap 220mg</i>	16	<i>natural lax tab 8.6mg</i>	112
<i>naproxen sod tab 220mg</i>	16	<i>natura-lax pow 3350 nf</i>	112
<i>naproxen sodium cap 220 mg</i>	16	<i>naturl fiber pow 28.3%</i>	112
<i>naproxen sodium tab 220 mg</i>	16	<i>naturl fiber pow 58.6%</i>	112
<i>naproxen sodium tab 275 mg</i>	16	NAYZILAM SPR 5MG	61
<i>naproxen sodium tab 550 mg</i>	16	<i>necon tab 0.5/35</i>	90
<i>naproxen tab 250 mg</i>	16	<i>nefazodone hcl tab 100 mg</i>	67
<i>naproxen tab 375 mg</i>	16	<i>nefazodone hcl tab 150 mg</i>	67
<i>naproxen tab 500 mg</i>	16	<i>nefazodone hcl tab 200 mg</i>	67
<i>naratriptan hcl tab 1 mg (base</i> <i>equiv)</i>	78	<i>nefazodone hcl tab 250 mg</i>	67
<i>naratriptan hcl tab 2.5 mg (base</i> <i>equiv)</i>	78	<i>nefazodone hcl tab 50 mg</i>	67
NARCAN SPR.....	82	<i>neomycin sulfate tab 500 mg</i>	20
NASADROPS DRO 0.9%	190	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	170
<i>nasal 12 hr spr 0.05%</i>	184	<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	170
<i>nasal allrgy spr 55mcg/ac</i>	191	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth oint 0.1%</i>	169
<i>nasal antise mis swab 10%</i>	202	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth susp 0.1%</i>	169
NASAL DECON SYP 30MG/5ML .	184	<i>neomycin-polymyxin-hc ophth susp</i>	169
NASAL DECONG LIQ 30MG/5ML	184	<i>neomycin-polymyxin-hc otic soln</i> <i>1%</i>	205
<i>nasal decong spr 0.05%</i>	184	<i>neomycin-polymyxin-hc otic susp</i> <i>3.5 mg/ml-10000 unit/ml-1%</i> ..	205
<i>nasal decong tab 10mg</i>	184	NEOQ10 CAP 125MG.....	140
<i>nasal decong tab 120mg er</i>	184	NEPHPLEX RX TAB.....	157
<i>nasal decong tab 30mg</i>	184	NEPHRAMINE INJ 5.4%	130
<i>nasal four sol 1%</i>	184	NEPHRON FA TAB.....	121
<i>nasal moist spr 0.65%</i>	190	NEPHRONEX LIQ 0.9/5ML.....	157
<i>nasal relief spr 0.05%</i>	184	NERLYNX TAB 40MG	40
<i>nasal saline spr 0.65%</i>	190	NEUPRO DIS 1MG/24HR.....	69
<i>nasal spr 0.05%</i>	184	NEUPRO DIS 2MG/24HR.....	69
NASCOBAL SPR 500MCG	157	NEUPRO DIS 3MG/24HR.....	69
<i>nasogel gel</i>	190	NEUPRO DIS 4MG/24HR.....	69
NASOPEN PE LIQ	184	NEUPRO DIS 6MG/24HR.....	69
<i>nat fiber pow 28.3%</i>	112	NEUPRO DIS 8MG/24HR.....	69
<i>nat fiber pow 48.57%</i>	112		
NAT FIBER POW 58.6%	112		
<i>nat fiber pow therapy</i>	112		
<i>nat psyllium pow fiber</i>	112		
<i>nat veg lax tab 8.6mg</i>	112		
<i>nat vit e cap 1000unit</i>	157		
<i>nat vit e cap 400unit</i>	157		
NATACYN SUS 5% OP	170		
<i>nateglinide tab 120 mg</i>	86		

<i>neuro-k-50 tab</i>	157		
NEUTROGENA CRE HAND	202		
<i>nevirapine susp 50 mg/5ml</i>	25		
<i>nevirapine tab 200 mg</i>	25		
<i>nevirapine tab er 24hr 100 mg</i> ...	25		
<i>nevirapine tab er 24hr 400 mg</i> ...	25		
<i>new day tab 1.5mg</i>	90		
NEXAVAR TAB 200MG	40		
<i>niacin (antihyperlipidemic) tab 500 mg</i>	50		
<i>niacin cap er 250 mg</i>	157		
<i>niacin cap er 500 mg</i>	157		
NIACIN POW	157		
<i>niacin tab 100 mg</i>	157		
<i>niacin tab 100mg</i>	157		
<i>niacin tab 250 mg</i>	157		
<i>niacin tab 50 mg</i>	157		
<i>niacin tab 500 mg</i>	157		
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	50		
<i>niacin tab er 250 mg</i>	157		
<i>niacin tab er 500 mg</i>	157		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	50		
<i>niacin tab er 750 mg</i>	157		
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	50		
NIACIN TR TAB 1000MG	157		
<i>niacin-50 tab</i>	157		
<i>niacor tab 500mg</i>	50		
<i>nicardipine hcl cap 20 mg</i>	53		
<i>nicardipine hcl cap 30 mg</i>	53		
<i>nicorelief gum 2mg mint</i>	82		
<i>nicorelief gum 2mg orig</i>	82		
<i>nicorelief gum 4mg orig</i>	82		
<i>nicotine gum 4mg</i>	82		
<i>nicotine pol loz 4mg chry</i>	82		
<i>nicotine pol loz 4mg mint</i>	82		
<i>nicotine polacrilex gum 2 mg</i>	82		
<i>nicotine polacrilex gum 4 mg</i>	82		
<i>nicotine polacrilex lozenge 2 mg</i> .	82		
<i>nicotine polacrilex lozenge 4 mg</i> .	82		
NICOTINE SYS KIT TRANSDER ...	82		
<i>nicotine td dis 14mg/24h</i>	82		
<i>nicotine td dis 21mg/24h</i>	82		
<i>nicotine td dis 7mg/24hr</i>	82		
<i>nicotine td patch 24hr 14 mg/24hr</i>	82		
<i>nicotine td patch 24hr 21 mg/24hr</i>	82		
			82
			82
			82
			82
			53
			53
			53
			53
			53
			184
			184
			184
			184
			184
			82
			184
			184
			184
			90
			37
			53
			184
			184
			184
			36
			36
			36
			185
			93
			93
			93
			56
			56
			56
			22
			22
			22
			56

<i>nitroglycerin sl tab 0.4 mg</i>	56	<i>norethindrone acetate-ethinyl</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	56	<i>estradiol tab 0.5 mg-2.5 mcg</i>	93
<i>nitroglycerin td patch 24hr 0.1</i>		<i>norethindrone acetate-ethinyl</i>	
<i>mg/hr</i>	56	<i>estradiol tab 1 mg-5 mcg</i>	93
<i>nitroglycerin td patch 24hr 0.2</i>		<i>norethindrone ac-ethinyl estrad-fe</i>	
<i>mg/hr</i>	56	<i>tab 1-20/1-30/1-35 mg-mcg</i>	91
<i>nitroglycerin td patch 24hr 0.4</i>		<i>norethindrone tab 0.35 mg</i>	91
<i>mg/hr</i>	56	<i>norethindrone-eth estradiol tab</i>	
<i>nitroglycerin td patch 24hr 0.6</i>		<i>0.5-35/1-35/0.5-35 mg-mcg</i>	91
<i>mg/hr</i>	56	<i>norgestimate & ethinyl estradiol</i>	
<i>nitroglycerin tl soln 0.4 mg/spray</i>		<i>tab 0.25 mg-35 mcg</i>	91
<i>(400 mcg/spray)</i>	57	<i>norgestimate-eth estrad tab 0.18-</i>	
NITYR TAB 10MG	93	<i>25/0.215-25/0.25-25 mg-mcg</i> ...	91
NITYR TAB 2MG	93	<i>norgestimate-eth estrad tab 0.18-</i>	
NITYR TAB 5MG	93	<i>35/0.215-35/0.25-35 mg-mcg</i> ...	91
NIVANEX DMX TAB	185	<i>norgestrel & ethinyl estradiol tab</i>	
NIVEA CRE	202	<i>0.3 mg-30 mcg</i>	91
NIVEA SOFT CRE	202	NORMALYTE POW	129
<i>nizatidine cap 150 mg</i>	108	NORMALYTE POW GRAPE	129
<i>nizatidine cap 300 mg</i>	108	NORMALYTE POW ORANGE	129
<i>no drip nasl spr 0.05%</i>	185	NORMALYTE POW PURE	129
<i>noble formul cre hc 1%</i>	198	NORMOSOL -M INJ /D5W	131
<i>noble formul spr 0.25%</i>	202	NORPACE CAP 100MG CR	48
<i>noble formul spr 1%</i>	198	NORPACE CAP 150MG CR	48
<i>nohist-dm liq</i>	185	<i>nortemp sus 160/5ml</i>	14
<i>nohist-lq liq 4-10/5ml</i>	185	NORTEMP SUS INFANTS	14
<i>non-asa jr tab 160mg</i>	14	NORTHERA CAP 100MG	56
<i>non-aspirin sus 160/5ml</i>	14	NORTHERA CAP 200MG	56
<i>non-aspirin tab 325mg</i>	14	NORTHERA CAP 300MG	56
<i>non-aspirin tab 500mg</i>	14	<i>nortrel tab 0.5/35</i>	91
<i>non-aspirin tab 500mg/rr</i>	14	<i>nortrel tab 1/35</i>	91
NOREL AD TAB 4-10-325	185	<i>nortrel tab 7/7/7</i>	91
<i>norelgestromin-ethinyl estradiol td</i>		<i>nortriptyline hcl cap 10 mg</i>	67
<i>ptwk 150-35 mcg/24hr</i>	90	<i>nortriptyline hcl cap 25 mg</i>	67
<i>norethindrone & ethinyl estradiol-fe</i>		<i>nortriptyline hcl cap 50 mg</i>	67
<i>chew tab 0.4 mg-35 mcg</i>	91	<i>nortriptyline hcl cap 75 mg</i>	67
<i>norethindrone & ethinyl estradiol-fe</i>		<i>nortriptyline hcl soln 10 mg/5ml</i>	67
<i>chew tab 0.8 mg-25 mcg</i>	91	NORVIR POW 100MG	25
<i>norethindrone ace & ethinyl</i>		NORVIR SOL 80MG/ML	25
<i>estradiol tab 1 mg-20 mcg</i>	91	NOVAFERRUM CAP 50MG	121
<i>norethindrone ace & ethinyl</i>		NOVAFERRUM DRO 15MG/ML ..	121
<i>estradiol tab 1.5 mg-30 mcg</i>	91	NOVOLIN INJ 70/30	84
<i>norethindrone ace & ethinyl</i>		NOVOLIN INJ 70/30 FP	84
<i>estradiol-fe tab 1 mg-20 mcg</i>	91	NOVOLIN N INJ 100 UNIT	84
<i>norethindrone ace & ethinyl</i>		NOVOLIN N INJ U-100	84
<i>estradiol-fe tab 1.5 mg-30 mcg</i> ..	91	NOVOLIN R INJ 100 UNIT	84
<i>norethindrone ace-eth estradiol-fe</i>		NOVOLIN R INJ U-100	84
<i>chew tab 1 mg-20 mcg (24)</i>	91	NOVOLOG INJ 100/ML	84
<i>norethindrone acetate tab 5 mg</i> .	99	NOVOLOG INJ FLEXPEN	84

NOVOLOG INJ PENFILL.....	84	(1 mg/ml)	98
NOVOLOG MIX INJ 70/30	84	octreotide acetate inj 200 mcg/ml	
NOVOLOG MIX INJ FLEXPEN	84	(0.2 mg/ml)	98
NOXAFIL SUS 40MG/ML.....	23	octreotide acetate inj 50 mcg/ml	
NUBEQA TAB 300MG.....	37	(0.05 mg/ml).....	98
NUCALA INJ 100MG	190	octreotide acetate inj 500 mcg/ml	
NUCALA INJ 100MG/ML	190	(0.5 mg/ml)	98
NUCYNTA ER TAB 100MG	19	ocutabs tab	158
NUCYNTA ER TAB 150MG	19	ocutabs tab lutein	158
NUCYNTA ER TAB 200MG	19	OCUVITE CAP ADULT	158
NUCYNTA ER TAB 250MG	19	ocuvite eye chw health	158
NUCYNTA ER TAB 50MG	19	ocuvite eye tab + multi	158
NUEDEXTA CAP 20-10MG	79	OCUVITE LUTE CAP	158
NUFOLA CAP	157	ocuvite tab lutein	158
<i>nu-iron 150 cap 150mg</i>	121	ocuvite xtra tab	158
NULOJIX INJ 250MG	126	ODEFSEY TAB	26
NULYTELY SOL FLAV PKS.....	112	ODOMZO CAP 200MG	36
NU-MAG TAB 71.5-119.....	136	OFEV CAP 100MG.....	190
NUPLAZID CAP 34MG	72	OFEV CAP 150MG.....	190
NUPLAZID TAB 10MG.....	72	OFF ACTIVE AER 15%.....	202
NUTRADERM CRE	202	OFF DEEP WDS AER 25%	202
<i>nutr-e-sol liq 400/15ml</i>	158	OFF DEEP WDS AER 30%	202
NUTRICAP TAB	158	OFF DEEP WDS MIS 25%	202
NUTRILIPID EMU 20%.....	130	OFF DEEP WDS SPR 25%	202
NUTRIVIT LIQ 800-15-1	158	OFF DEEP WDS SPR 98.25%....	202
<i>nyamyc pow 100000</i>	195	OFF FAMILYCR SPR 5%	202
NYMALIZE SOL.....	53	OFF FAMILYCR SPR 7%	202
NYMALIZE SOL 60/20ML.....	53	OFF SMTH/DRY AER 15%	202
<i>nystatin cream 100000 unit/gm</i>	195	<i>ofloxacin ophth soln 0.3%</i>	170
<i>nystatin oint 100000 unit/gm</i> ...	195	<i>ofloxacin otic soln 0.3%</i>	205
<i>nystatin susp 100000 unit/ml</i> ...	205	OGIVRI INJ 150MG.....	36
<i>nystatin tab 500000 unit</i>	23	OGIVRI INJ 420MG.....	36
<i>nystatin topical powder 100000</i>		OINTMENT OIN BASE.....	202
<i>unit/gm</i>	195	<i>olanzapine for im inj 10 mg</i>	72
<i>nystop pow 100000</i>	195	<i>olanzapine orally disintegrating tab</i>	
<i>ocean kids spr 0.65%</i>	190	<i>10 mg</i>	72
OCTAGAM INJ 10/100ML	125	<i>olanzapine orally disintegrating tab</i>	
OCTAGAM INJ 10GM	125	<i>15 mg</i>	72
OCTAGAM INJ 1GM	125	<i>olanzapine orally disintegrating tab</i>	
OCTAGAM INJ 2.5GM	125	<i>20 mg</i>	72
OCTAGAM INJ 20/200ML	125	<i>olanzapine orally disintegrating tab</i>	
OCTAGAM INJ 25GM	125	<i>5 mg</i>	72
OCTAGAM INJ 2GM/20ML	125	<i>olanzapine tab 10 mg</i>	73
OCTAGAM INJ 30/300ML	125	<i>olanzapine tab 15 mg</i>	73
OCTAGAM INJ 5GM	125	<i>olanzapine tab 2.5 mg</i>	72
OCTAGAM INJ 5GM/50ML	125	<i>olanzapine tab 20 mg</i>	73
<i>octreotide acetate inj 100 mcg/ml</i>		<i>olanzapine tab 5 mg</i>	73
<i>(0.1 mg/ml)</i>	98	<i>olanzapine tab 7.5 mg</i>	73
<i>octreotide acetate inj 1000 mcg/ml</i>		<i>olmesartan medoxomil tab 20 mg</i>	

.....	48	.....	140
<i>olmesartan medoxomil tab 40 mg</i>		<i>omega-3 fatty acids cap delayed</i>	
.....	48	<i>release 1000 mg</i>	140
<i>olmesartan medoxomil tab 5 mg</i>	47	<i>omega-3 fish cap 1000 mg</i>	140
<i>olmesartan medoxomil-</i>		<i>omega-3 fish cap 1200mg</i>	140
<i>hydrochlorothiazide tab 20-12.5</i>		<i>omega-3 fish chw 113.5mg</i>	140
<i>mg</i>	46	OMEGA-3 IQ CHW 240MG	140
<i>olmesartan medoxomil-</i>		<i>omeprazole cap 20.6mgdr</i>	117
<i>hydrochlorothiazide tab 40-12.5</i>		<i>omeprazole cap delayed release 10</i>	
<i>mg</i>	46	<i>mg</i>	117
<i>olmesartan medoxomil-</i>		<i>omeprazole cap delayed release 20</i>	
<i>hydrochlorothiazide tab 40-25 mg</i>		<i>mg</i>	117
.....	47	<i>omeprazole cap delayed release 40</i>	
<i>olmesartan-amlodipine-</i>		<i>mg</i>	117
<i>hydrochlorothiazide tab 20-5-12.5</i>		OMEPRAZOLE DELAYED RELEASE	
<i>mg</i>	47	TAB 20 MG	117
<i>olmesartan-amlodipine-</i>		<i>omeprazole magnesium cap dr</i>	
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>20.6 mg (20 mg base equiv) ...</i>	117
<i>mg</i>	47	OMEPRAZOLE TAB 20MG	117
<i>olmesartan-amlodipine-</i>		<i>omera cap 1000mg</i>	140
<i>hydrochlorothiazide tab 40-10-25</i>		OMNICAP TAB.....	158
<i>mg</i>	47	<i>once daily tab</i>	158
<i>olmesartan-amlodipine-</i>		<i>once daily tab iron</i>	158
<i>hydrochlorothiazide tab 40-5-12.5</i>		ONCOVITE TAB	158
<i>mg</i>	47	<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>olmesartan-amlodipine-</i>		<i>mg/ml)</i>	106
<i>hydrochlorothiazide tab 40-5-25</i>		<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>mg</i>	47	<i>mg/ml)</i>	106
<i>olopatadine hcl ophth soln 0.2%</i>		<i>ondansetron hcl oral soln 4 mg/5ml</i>	
<i>(base equivalent)</i>	171	.....	106
<i>omega 3 500 cap 500mg</i>	140	<i>ondansetron hcl tab 24 mg</i>	106
<i>omega 3 cap 1000mg</i>	140	<i>ondansetron hcl tab 4 mg</i>	106
OMEGA BABY EMU PRENATAL... 140		<i>ondansetron hcl tab 8 mg</i>	106
<i>omega essent liq basic</i>	140	<i>ondansetron orally disintegrating</i>	
<i>omega iii cap epa+dha</i>	140	<i>tab 4 mg</i>	106
OMEGA-3 2100 CAP 1050MG ... 140		<i>ondansetron orally disintegrating</i>	
<i>omega-3 cap 1200mg</i>	140	<i>tab 8 mg</i>	106
OMEGA-3 CAP 1400MG	140	<i>one daily chw gummy</i>	158
OMEGA-3 CAP 350MG	140	<i>one daily mv tab /iron</i>	158
OMEGA-3 CAP FISH OIL	140	<i>one daily tab</i>	158
<i>omega-3 fatty acids cap 1000 mg</i>		<i>one daily tab /mineral</i>	158
.....	140	<i>one daily tab 50+</i>	158
<i>omega-3 fatty acids cap 1200 mg</i>		<i>one daily tab 50+ adv</i>	158
.....	140	<i>one daily tab complete</i>	158
<i>omega-3 fatty acids cap 300 mg</i>		<i>one daily tab essentl</i>	158
.....	140	<i>one daily tab fe/ca</i>	158
<i>omega-3 fatty acids cap 435 mg</i>		<i>one daily tab maximum</i>	158
.....	140	<i>one daily tab men</i>	158
<i>omega-3 fatty acids cap 500 mg</i>		<i>one daily tab men 50+</i>	158

<i>one daily tab mens</i>	158	ORFADIN CAP 10MG	93
<i>one daily tab mens 50+</i>	158	ORFADIN CAP 20MG	93
ONE DAILY TAB MENS 50+	158	ORFADIN CAP 2MG.....	93
<i>one daily tab multivit</i>	158	ORFADIN CAP 5MG.....	93
<i>one daily tab pls iron</i>	158	ORFADIN SUS 4MG/ML	93
<i>one daily tab plus iro</i>	158	ORKAMBI GRA 100-125	190
<i>one daily tab wom 50+</i>	158	ORKAMBI GRA 150-188	190
ONE DAILY TAB WOMANS.....	158	ORKAMBI TAB 100-125.....	190
<i>one daily tab women</i>	158	ORKAMBI TAB 200-125.....	190
<i>one daily tab women 50</i>	158	<i>orsythia tab</i>	91
<i>one daily tab womens</i>	158	<i>orthovite tab</i>	159
<i>one daily wm tab pro-actv</i>	158	<i>os calcium tab /vit d</i>	136
<i>one daily/ tab minerals</i>	158	<i>os-cal + d3 tab 500-200</i>	136
<i>one dly hlth tab wght adv</i>	158	<i>os-cal chw</i>	136
ONE-A-DAY CHW IMMUNITY	158	<i>os-cal chw 500-600</i>	136
ONE-A-DAY CHW VITACRAV.....	158	<i>os-cal extra tab d3</i>	136
ONE-A-DAY TAB 50+ ADV	159	<i>oseltamivir phosphate cap 30 mg</i> <i>(base equiv)</i>	28
ONE-A-DAY TAB 65+	159	<i>oseltamivir phosphate cap 45 mg</i> <i>(base equiv)</i>	28
ONE-A-DAY TAB ENERGY.....	159	<i>oseltamivir phosphate cap 75 mg</i> <i>(base equiv)</i>	28
ONE-A-DAY TAB MENOPAUS	159	<i>oseltamivir phosphate for susp 6</i> <i>mg/ml (base equiv)</i>	28
ONE-A-DAY TAB MENS	159	OSPHENA TAB 60MG	98
<i>one-a-day tab teen/her</i>	159	OSTEO-PORETI TAB.....	136
ONE-A-DAY TAB TEEN/HIM	159	<i>ovega-3 cap 500mg</i>	140
ONE-DAILY PAK MULT-VIT	159	<i>oxacillin sodium for inj 1 gm (base</i> <i>equivalent)</i>	32
ONE-DAILY PAK VIT/MIN	159	<i>oxacillin sodium for inj 2 gm (base</i> <i>equivalent)</i>	32
<i>one-daily tab /iron</i>	159	<i>oxacillin sodium for iv soln 10 gm</i> <i>(base equivalent)</i>	32
<i>one-daily tab mult vit</i>	159	<i>oxaliplatin for iv inj 100 mg</i>	42
<i>one-daily tab mult-vit</i>	159	<i>oxaliplatin for iv inj 50 mg</i>	42
ONTRUZANT INJ 150MG	36	<i>oxaliplatin iv soln 100 mg/20ml</i> .	42
ONTRUZANT INJ 420MG	36	<i>oxaliplatin iv soln 50 mg/10ml</i> ...	42
ONUREG TAB 200MG	34	<i>oxandrolone tab 10 mg</i>	83
ONUREG TAB 300MG	34	<i>oxandrolone tab 2.5 mg</i>	83
<i>opcicon tab 1.5mg</i>	91	<i>oxcarbazepine susp 300 mg/5ml</i> <i>(60 mg/ml)</i>	61
<i>ophthalmic sol 5% op</i>	172	<i>oxcarbazepine tab 150 mg</i>	61
OPSUMIT TAB 10MG	57	<i>oxcarbazepine tab 300 mg</i>	61
<i>optic-vites tab</i>	159	<i>oxcarbazepine tab 600 mg</i>	61
OPTIMAL D3 M CAP.....	159	<i>oxybutynin chloride syrup 5</i> <i>mg/5ml</i>	117
<i>optimal-d cap 50000unt</i>	159	<i>oxybutynin chloride tab 5 mg</i> ..	118
<i>optimum pms tab</i>	159	<i>oxybutynin chloride tab er 24hr 10</i> <i>mg</i>	118
<i>option 2 tab 1.5mg</i>	91		
OPTISOURCE CHW BARIATRC ..	159		
OPURITY CHW BYPASS.....	159		
<i>oral electro sol cherry</i>	129		
<i>oral electro sol h-e-b</i>	129		
<i>oral electrolyte solution</i>	129		
<i>oralyte sol</i>	129		
<i>oralyte sol freeze</i>	129		
<i>orazinc cap 220mg</i>	136		
ORAZINC TAB 110MG	136		

<i>oxybutynin chloride tab er 24hr 15 mg</i>	118	<i>OZEMPIC INJ 2/1.5ML</i>	84
<i>oxybutynin chloride tab er 24hr 5 mg</i>	118	<i>pa biotin cap 5000mcg</i>	159
<i>oxycodone hcl cap 5 mg</i>	19	<i>pa fish oil cap 1000mg</i>	140
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	19	<i>PA MENS 50 PAK VITAPAK</i>	159
<i>oxycodone hcl soln 5 mg/5ml</i>	19	<i>PA MENS PAK VITAPAK</i>	159
<i>oxycodone hcl tab 10 mg</i>	19	<i>pa oyster sh tab 500mg</i>	137
<i>oxycodone hcl tab 15 mg</i>	19	<i>pa vitamin cap 2000unit</i>	159
<i>oxycodone hcl tab 20 mg</i>	19	<i>pa vitamin e cap 400unit</i>	159
<i>oxycodone hcl tab 30 mg</i>	19	<i>PA WOMENS 50 PAK VITAPAK..</i>	159
<i>oxycodone hcl tab 5 mg</i>	19	<i>PA WOMENS PAK VITAPAK</i>	159
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	19	<i>pacerone tab 100mg</i>	48
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	19	<i>pacerone tab 200mg</i>	48
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	19	<i>pacerone tab 400mg</i>	48
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	19	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	35
<i>OXYCONTIN TAB 10MG CR</i>	20	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	35
<i>OXYCONTIN TAB 15MG CR</i>	20	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	35
<i>OXYCONTIN TAB 20MG CR</i>	20	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	35
<i>OXYCONTIN TAB 30MG CR</i>	20	<i>pain & fever sol 160/5ml</i>	14
<i>OXYCONTIN TAB 40MG CR</i>	20	<i>pain & fever sus 160/5ml</i>	14
<i>OXYCONTIN TAB 60MG CR</i>	20	<i>pain & fever tab 325mg</i>	14
<i>OXYCONTIN TAB 80MG CR</i>	20	<i>pain & fever tab 500mg</i>	14
<i>oys shell ca tab /d3</i>	136	<i>pain relief cre 4%</i>	202
<i>oys shell ca tab 500 + d</i>	136	<i>pain relief liq 160/5ml</i>	14
<i>oys shell+d chw 500-400</i>	136	<i>pain relief sus 160/5ml</i>	14
<i>oys shell+d tab 250-125</i>	136	<i>pain relief sus pls cold</i>	185
<i>OYS SHL CALC PAK VIT D</i>	136	<i>pain relief tab 25-500mg</i>	82
<i>oysco 500 tab 500mg</i>	136	<i>pain relief tab 325mg</i>	14
<i>oysco 500+d chw</i>	136	<i>pain relief tab 500mg</i>	14
<i>oysco 500+d tab</i>	136	<i>pain relief tab 500mg/rr</i>	14
<i>oyst cal/d tab 250mg</i>	136	<i>pain relief tab 650mg</i>	14
<i>oyst cal/d tab 500mg</i>	136	<i>pain relieve sus 160/5ml</i>	14
<i>oyst shell/d tab 250mg</i>	136	<i>pain relieve tab 25-500</i>	82
<i>oyst shell/d tab 500-125</i>	136	<i>pain relieve tab 25-500mg</i>	82
<i>oyst shell/d tab 500-200</i>	137	<i>pain relieve tab 325mg</i>	14
<i>oyst shell/d tab 500-400</i>	137	<i>pain relieve tab 500mg</i>	14
<i>oyst shell/d tab 500mg</i>	137	<i>pain relieve tab 500mg/rr</i>	14
<i>oyst-cal-d tab 500mg</i>	137	<i>pain relievr tab 25-500mg</i>	82
<i>oyster shell calcium tab 500 mg</i>	137	<i>paliperidone tab er 24hr 1.5 mg</i> .73	
<i>oyster shell tab 500mg</i>	137	<i>paliperidone tab er 24hr 3 mg</i>	73
<i>oystercal tab 500mg</i>	137	<i>paliperidone tab er 24hr 6 mg</i>	73
<i>oystercal-d tab 500mg</i>	137	<i>paliperidone tab er 24hr 9 mg</i>	73
		<i>pamidronate disodium for inj 30 mg</i>	87
		<i>pamidronate disodium for inj 90 mg</i>	87

<i>pamidronate disodium iv soln 3 mg/ml</i>	87	PEDIALYTE PAK.....	129
<i>pamidronate disodium iv soln 9 mg/ml</i>	87	PEDIALYTE POW APPLE	129
PAMIDRONATE INJ 6MG/ML	87	PEDIALYTE POW CHERRY	129
<i>panoxyl wash liq 10%</i>	193	PEDIALYTE POW FRUIT PN	129
PANRETIN GEL 0.1%.....	202	PEDIALYTE POW GRAPE	129
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	117	PEDIALYTE POW STRBRRY.....	129
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	117	PEDIALYTE POW VARIETY.....	129
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	117	PEDIARIX INJ 0.5ML	127
PANZYGA SOL 10/100ML.....	125	<i>pediatric ene enema</i>	112
PANZYGA SOL 1GM/10ML.....	125	<i>pediatric liq cgh/cold</i>	185
PANZYGA SOL 2.5/25ML.....	125	<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	159
PANZYGA SOL 20/200ML.....	125	PEDIAVIT LIQ	159
PANZYGA SOL 30/300ML.....	125	PEDIAVENT CHW 1MG	177
PANZYGA SOL 5GM/50ML	125	PEDIAVENT SYP 2MG/5ML	177
<i>paricalcitol cap 1 mcg</i>	159	<i>pediavit liq</i>	159
<i>paricalcitol cap 2 mcg</i>	159	PEDVAX HIB INJ.....	127
<i>paricalcitol cap 4 mcg</i>	159	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	112
<i>paromomycin sulfate cap 250 mg</i>	20	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	112
<i>paroxetine hcl tab 10 mg</i>	67	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	112
<i>paroxetine hcl tab 20 mg</i>	67	PEGANONE TAB 250MG.....	61
<i>paroxetine hcl tab 30 mg</i>	67	PEGASYS INJ	28
<i>paroxetine hcl tab 40 mg</i>	67	PEGASYS INJ 180MCG/M.....	28
PARVLEX TAB.....	159	PEGASYS INJ PROCLICK.....	28
PASER GRA 4GM	27	PEMAZYRE TAB 13.5MG	41
PAXIL SUS 10MG/5ML.....	67	PEMAZYRE TAB 4.5MG	41
PAZEO DRO 0.7%.....	171	PEMAZYRE TAB 9MG.....	41
<i>ped elctryl sol</i>	129	PEN G PROC INJ 600000	32
<i>ped elctryl sol /zinc</i>	129	PEN GK/DEXTR INJ 40000/ML....	32
<i>ped elctryl sol apple</i>	129	PEN GK/DEXTR INJ 60000/ML....	32
<i>ped elctryl sol freeze</i>	129	<i>penicillamine tab 250 mg</i>	88
<i>ped elctryl sol freezer</i>	129	<i>penicillin g potassium for inj 2000000 unit</i>	32
<i>ped elctryl sol freezpop</i>	129	<i>penicillin g potassium for inj 5000000 unit</i>	32
<i>ped elctryl sol fruit</i>	129	<i>penicillin g sodium for inj 5000000 unit</i>	32
<i>ped elctryl sol grape</i>	129	<i>penicillin v potassium for soln 125 mg/5ml</i>	32
<i>ped elctryl sol pineappl</i>	129	<i>penicillin v potassium for soln 250 mg/5ml</i>	32
<i>ped elctryl sol unflavrd</i>	129	<i>penicillin v potassium tab 250 mg</i>	32
<i>pedia d-vite dro 400unit</i>	159	.....	32
<i>pedia iron dro 15mg/ml</i>	121	<i>penicillin v potassium tab 500 mg</i>	32
<i>pedia relief dro 7.5/0.8</i>	185	.....	32
<i>pedia relief liq cgh/cold</i>	185	PEN-KERA CRE.....	202
<i>pedia vance sol apple</i>	129		
PEDIA-LAX CHW 400MG	112		
PEDIA-LAX LIQ 50MG.....	112		

PENTACEL INJ	127	100 mg	62
<i>pentamidine isethionate for</i>		<i>phenytoin sodium extended cap</i>	
<i>nebulization soln 300 mg</i>	22	200 mg	62
<i>pentamidine isethionate for soln</i>		<i>phenytoin sodium extended cap</i>	
<i>300 mg</i>	22	300 mg	62
<i>pentoxifylline tab er 400 mg</i>	123	<i>phenytoin sodium inj 50 mg/ml</i> .	62
PENTRAVAN CRE	202	<i>phenytoin susp 125 mg/5ml</i>	62
PENTRAVAN CRE PLUS	202	PHESGO SOL	36
<i>peptic relf chw 262mg</i>	105	<i>philith tab 0.4-35</i>	91
PERFECT IRON TAB 25MG	121	PHLEXY-VITS POW	159
<i>periguard oin</i>	202	PHOS FLUR SOL 0.044%	205
<i>perindopril erbumine tab 2 mg</i> ...	45	PHOS-FLUR SOL 0.044%	205
<i>perindopril erbumine tab 4 mg</i> ...	45	<i>phospha 250 tab neutral</i>	137
<i>perindopril erbumine tab 8 mg</i> ...	45	PHOSPHOLINE SOL 0.125%OP.	171
<i>periogard sol 0.12%</i>	205	PHYTOMULTI TAB	159
<i>permethrin cream 5%</i>	204	<i>phytonadione inj 1 mg/0.5ml (2</i>	
<i>perphenazine tab 16 mg</i>	73	<i>mg/ml)</i>	159
<i>perphenazine tab 2 mg</i>	73	<i>phytonadione inj 10 mg/ml</i>	159
<i>perphenazine tab 4 mg</i>	73	<i>phytonadione tab 100 mcg</i>	159
<i>perphenazine tab 8 mg</i>	73	<i>phytonadione tab 5 mg</i>	159
PERSERIS INJ 120MG	73	PICATO GEL 0.015%	202
PERSERIS INJ 90MG	73	PICATO GEL 0.05%	202
PETROLATUM OIN	202	PIFELTRO TAB 100MG	25
<i>pharbechlor tab 4mg</i>	177	<i>pilocarpine hcl ophth soln 1% ..</i>	171
<i>pharbedryl cap 25mg</i>	177	<i>pilocarpine hcl ophth soln 2% ..</i>	171
<i>pharbedryl cap 50mg</i>	177	<i>pilocarpine hcl ophth soln 4% ..</i>	171
<i>pharbetol tab 325mg</i>	14	<i>pilocarpine hcl tab 5 mg</i>	205
<i>pharbetol tab 500mg</i>	14	<i>pilocarpine hcl tab 7.5 mg</i>	205
PHAZYME CAP 250MG	115	<i>pimozide tab 1 mg</i>	73
<i>phenelzine sulfat tab 15 mg</i>	67	<i>pimozide tab 2 mg</i>	73
<i>phenobarbital elixir 20 mg/5ml</i> ..	61	<i>pimtrea tab</i>	91
<i>phenobarbital sodium inj 130</i>		<i>pindolol tab 10 mg</i>	52
<i>mg/ml</i>	61	<i>pindolol tab 5 mg</i>	52
<i>phenobarbital sodium inj 65 mg/ml</i>		<i>pink bismuth chw 262mg</i>	105
.....	61	<i>pink bismuth sus 262/15ml</i>	105
<i>phenobarbital tab 100 mg</i>	62	<i>pink bismuth tab 262mg</i>	105
<i>phenobarbital tab 15 mg</i>	61	<i>pinworm med sus 144mg/ml</i>	22
<i>phenobarbital tab 16.2 mg</i>	61	PINWORM TAB MEDICINE	22
<i>phenobarbital tab 30 mg</i>	61	<i>pioglitazone hcl tab 15 mg (base</i>	
<i>phenobarbital tab 32.4 mg</i>	61	<i>equiv)</i>	86
<i>phenobarbital tab 60 mg</i>	61	<i>pioglitazone hcl tab 30 mg (base</i>	
<i>phenobarbital tab 64.8 mg</i>	62	<i>equiv)</i>	86
<i>phenobarbital tab 97.2 mg</i>	62	<i>pioglitazone hcl tab 45 mg (base</i>	
<i>phenylephrine w/ dm-gg liqd 10-</i>		<i>equiv)</i>	86
<i>18-200 mg/15ml</i>	185	<i>piperacillin sod-tazobactam na for</i>	
PHENYTEK CAP 200MG	62	<i>inj 3.375 gm (3-0.375 gm)</i>	32
PHENYTEK CAP 300MG	62	<i>piperacillin sod-tazobactam sod for</i>	
<i>phenytoin chew tab 50 mg</i>	62	<i>inj 13.5 gm (12-1.5 gm)</i>	33
<i>phenytoin sodium extended cap</i>		<i>piperacillin sod-tazobactam sod for</i>	

<i>inj 2.25 gm (2-0.25 gm)</i>	32	POT CHLORIDE INJ 20MEQ	131
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	32	POT CHLORIDE INJ 40MEQ	131
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	33	<i>potassium & sodium phosphates powder pack 280-160-250 mg</i> .	137
PIQRAY 200MG TAB DOSE	41	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	131
PIQRAY 250MG TAB DOSE	41	<i>potassium chloride cap er 10 meq</i>	129
PIQRAY 300MG TAB DOSE	41	<i>potassium chloride cap er 8 meq</i>	129
<i>pirmella tab 1/35</i>	91	<i>potassium chloride inj 2 meq/ml</i>	131
<i>piroxicam cap 10 mg</i>	16	<i>potassium chloride microencapsulated crys er tab 10 meq</i>	129
<i>piroxicam cap 20 mg</i>	16	<i>potassium chloride microencapsulated crys er tab 15 meq</i>	129
PLASMA-LYTE INJ -148.....	131	<i>potassium chloride microencapsulated crys er tab 20 meq</i>	129
PLASMA-LYTE INJ -A	131	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	129
<i>plenamine inj 15%</i>	130	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	129
PLENVU SOL	112	<i>potassium chloride powder packet 20 meq</i>	130
PNV FOLIC AC TAB + IRON	159	<i>potassium chloride tab er 10 meq</i>	130
<i>podactin pow 1%</i>	195	<i>potassium chloride tab er 20 meq (1500 mg)</i>	130
<i>podofilox soln 0.5%</i>	202	<i>potassium chloride tab er 8 meq (600 mg)</i>	130
POLY HIST TAB 7.5-10MG.....	185	<i>potassium citrate tab er 10 meq (1080 mg)</i>	117
<i>poly vitamin chw</i>	159	<i>potassium citrate tab er 15 meq (1620 mg)</i>	117
<i>polyethylene glycol 3350 oral packet 17 gm</i>	112	<i>potassium citrate tab er 5 meq (540 mg)</i>	117
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	112	<i>povidone/iod sol 10%</i>	203
POLY-HIST DM LIQ 5-25-10	185	<i>povidone-iod sol 10%</i>	202
POLY-HIST PD LIQ	185	<i>povidone-iod sol 7.5%</i>	202
<i>poly-iron cap 150 fort</i>	122	<i>povidone-iodine oint 10%</i>	202
<i>poly-iron cap 150mg</i>	122	<i>povidone-iodine soln 10%</i>	202
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	170	<i>povidone-iodine swabs 10%</i>	202
POLY-TUSSIN LIQ 10-4-10	185	<i>powderlax pow</i>	113
POLYTUSSIN SYP 5-10-1MG.....	185	PRADAXA CAP 110MG	119
POLY-VENT DM TAB	185	PRADAXA CAP 150MG	119
POLY-VENT IR TAB 60-380MG..	185	PRADAXA CAP 75MG.....	119
<i>polyvinyl alcohol ophth soln 1.4%</i>	172		
<i>polyvitamin chw /iron</i>	160		
<i>polyvitamin dro</i>	160		
<i>poly-vite dro</i>	159		
<i>poly-vite sol /iron</i>	160		
POMALYST CAP 1MG	38		
POMALYST CAP 2MG	38		
POMALYST CAP 3MG	38		
POMALYST CAP 4MG	38		
PORENAL+D CAP OMEGA 3	160		
<i>portia-28 tab</i>	91		
<i>posaconazole tab delayed release 100 mg</i>	24		
POT CHLORIDE INJ 10MEQ	131		

PRALUENT INJ 150MG/ML.....	50	<i>prednisone tab therapy pack 5 mg</i>	95
PRALUENT INJ 75MG/ML.....	50	(21)	95
<i>pramipexole dihydrochloride tab</i>		<i>prednisone tab therapy pack 5 mg</i>	95
<i>0.125 mg</i>	69	(48)	95
<i>pramipexole dihydrochloride tab</i>		<i>pregabalin cap 100 mg</i>	62
<i>0.25 mg</i>	69	<i>pregabalin cap 150 mg</i>	62
<i>pramipexole dihydrochloride tab</i>		<i>pregabalin cap 200 mg</i>	62
<i>0.5 mg</i>	69	<i>pregabalin cap 225 mg</i>	62
<i>pramipexole dihydrochloride tab</i>		<i>pregabalin cap 25 mg</i>	62
<i>0.75 mg</i>	69	<i>pregabalin cap 300 mg</i>	62
<i>pramipexole dihydrochloride tab 1</i>		<i>pregabalin cap 50 mg</i>	62
<i>mg</i>	69	<i>pregabalin cap 75 mg</i>	62
<i>pramipexole dihydrochloride tab</i>		<i>pregabalin soln 20 mg/ml</i>	62
<i>1.5 mg</i>	69	PREMASOL SOL 10%	130
<i>prasugrel hcl tab 10 mg (base</i>		PRENAT MULTI CAP +DHA	160
<i>equiv)</i>	123	PRENATAL MV MIS + DHA	160
<i>prasugrel hcl tab 5 mg (base</i>		PRENATAL ONE TAB DAILY	160
<i>equiv)</i>	123	PRENATAL PLUS	160
<i>pravastatin sodium tab 10 mg</i>	49	PRENATAL TAB.....	160
<i>pravastatin sodium tab 20 mg</i>	49	PRENATAL TAB 27-0.8MG.....	160
<i>pravastatin sodium tab 40 mg</i>	49	PRENATAL TAB 27-1MG.....	160
<i>pravastatin sodium tab 80 mg</i>	49	PRENATAL TAB 28-0.8MG.....	160
<i>praziquantel tab 600 mg</i>	22	PRENATAL TAB IRON	160
<i>prazosin hcl cap 1 mg</i>	45	PRENATAL TAB LOW IRON.....	160
<i>prazosin hcl cap 2 mg</i>	45	PRENATAL TAB PLUS	160
<i>prazosin hcl cap 5 mg</i>	45	PRENATAL VIT TAB 28-0.8MG ..	160
PRED SOD PHO SOL 1% OP	171	PRENATAL VIT TAB LOW IRON .	160
<i>prednisolone acetate ophth susp</i>		PRENATAL VIT TAB MINERALS .	160
<i>1%</i>	171	PRENATL MULT CAP + DHA	160
<i>prednisolone sod phosph oral soln</i>		PRENTAT MULT CAP PLUS DHA	160
<i>6.7 mg/5ml (5 mg/5ml base)</i>	95	<i>prep h cre 1%</i>	198
<i>prednisolone sod phosphate oral</i>		PRESERVISION CAP AREDS	160
<i>soln 15 mg/5ml (base equiv)</i>	95	PRESERVISION CAP AREDS 2 ..	160
<i>prednisolone sodium phosphate</i>		PRESERVISION CAP LUTEIN	160
<i>oral soln 25 mg/5ml (base eq)</i> ...	95	PRESERVISION TAB AREDS	160
<i>prednisolone syrup 15 mg/5ml</i>		PRETTY FEET CRE & HANDS.....	203
<i>(usp solution equivalent)</i>	95	<i>prevalite pow 4gm</i>	50
PREDNISON CON 5MG/ML.....	95	<i>prevalite pow 4gm pk</i>	50
<i>prednisone oral soln 5 mg/5ml</i> ...	95	<i>prevent cap</i>	160
<i>prednisone tab 1 mg</i>	95	<i>previfem tab</i>	91
<i>prednisone tab 10 mg</i>	95	PREZCOBIX TAB 800-150	26
<i>prednisone tab 2.5 mg</i>	95	PREZISTA SUS 100MG/ML	25
<i>prednisone tab 20 mg</i>	95	PREZISTA TAB 150MG	25
<i>prednisone tab 5 mg</i>	95	PREZISTA TAB 600MG	25
<i>prednisone tab 50 mg</i>	95	PREZISTA TAB 75MG	25
<i>prednisone tab therapy pack 10 mg</i>		PREZISTA TAB 800MG	25
<i>(21)</i>	95	PRIFTIN TAB 150MG	27
<i>prednisone tab therapy pack 10 mg</i>		<i>primaquine phosphate tab 26.3 mg</i>	24
<i>(48)</i>	95	<i>(15 mg base)</i>	24

PRIMAQUINE TAB 26.3MG	24	<i>promethazine hcl inj 50 mg/ml</i>	107
PRIMATENE AER 0.125MG	185	<i>promethazine hcl syrup 6.25</i>	
<i>primidone tab 250 mg</i>	62	<i>mg/5ml</i>	107
<i>primidone tab 50 mg</i>	62	<i>promethazine hcl tab 12.5 mg</i> .	107
<i>princess chw gummies</i>	160	<i>promethazine hcl tab 25 mg</i>	107
PRIVIGEN INJ 10GRAMS	126	<i>promethazine hcl tab 50 mg</i>	107
PRIVIGEN INJ 20GRAMS	126	<i>promethazine w/ codeine syrup</i>	
PRIVIGEN INJ 40GRAMS	126	<i>6.25-10 mg/5ml</i>	185
PRIVIGEN INJ 5 GRAMS.....	126	<i>promethazine-dm syrup 6.25-15</i>	
PRO NUTRIENT CAP OMEGA3 ...	141	<i>mg/5ml</i>	185
<i>probenecid tab 500 mg</i>	12	<i>promethazine-phenylephrine-</i>	
<i>probiata tab</i>	105	<i>codeine syrup 6.25-5-10 mg/5ml</i>	
PROBIOTIC CAP	105	.....	185
<i>probiotic cap acidophi</i>	105	<i>propafenone hcl cap er 12hr</i>	225
<i>probiotic cap gold</i>	105	<i>mg</i>	48
PRO-CAL TAB	160	<i>propafenone hcl cap er 12hr</i>	325
PROCALAMINE INJ 3%	130	<i>mg</i>	48
PROCERV HP TAB	160	<i>propafenone hcl cap er 12hr</i>	425
<i>prochlorperazine edisylate inj 10</i>		<i>mg</i>	48
<i>mg/2ml</i>	106	<i>propafenone hcl tab 150 mg</i>	48
<i>prochlorperazine maleate tab 10</i>		<i>propafenone hcl tab 225 mg</i>	48
<i>mg (base equivalent)</i>	107	<i>propafenone hcl tab 300 mg</i>	48
<i>prochlorperazine maleate tab 5 mg</i>		<i>proparacaine hcl ophth soln 0.5%</i>	
<i>(base equivalent)</i>	106	.....	172
<i>prochlorperazine suppos 25 mg</i>	107	<i>propranolol & hydrochlorothiazide</i>	
PROCRIT INJ 10000/ML.....	120	<i>tab 40-25 mg</i>	51
PROCRIT INJ 2000/ML.....	120	<i>propranolol & hydrochlorothiazide</i>	
PROCRIT INJ 20000/ML.....	120	<i>tab 80-25 mg</i>	51
PROCRIT INJ 3000/ML.....	120	<i>propranolol hcl cap er 24hr</i>	120 mg
PROCRIT INJ 4000/ML.....	120	.....	52
<i>procto-med cre hc 2.5%</i>	203	<i>propranolol hcl cap er 24hr</i>	160 mg
<i>procto-pak cre 1%</i>	203	.....	52
<i>proctozone cre -hc 2.5%</i>	203	<i>propranolol hcl cap er 24hr</i>	60 mg
PROFE CAP 180MG	122	.....	52
PROFERRIN- TAB FORTE.....	122	<i>propranolol hcl cap er 24hr</i>	80 mg
PROGLYCEM SUS 50MG/ML.....	96	.....	52
PROGRAF GRA 0.2MG	126	<i>propranolol hcl oral soln 20</i>	
PROGRAF GRA 1MG	126	<i>mg/5ml</i>	52
PROLASTIN-C INJ 1000MG.....	190	<i>propranolol hcl oral soln 40</i>	
PROLENSA SOL 0.07%	171	<i>mg/5ml</i>	52
PROLIA SOL 60MG/ML.....	98	<i>propranolol hcl tab 10 mg</i>	52
PROMACTA PAK 25MG.....	123	<i>propranolol hcl tab 20 mg</i>	52
PROMACTA POW 12.5MG	123	<i>propranolol hcl tab 40 mg</i>	52
PROMACTA TAB 12.5MG	123	<i>propranolol hcl tab 60 mg</i>	52
PROMACTA TAB 25MG.....	123	<i>propranolol hcl tab 80 mg</i>	52
PROMACTA TAB 50MG.....	123	<i>propylthiouracil tab 50 mg</i>	100
PROMACTA TAB 75MG.....	123	PROQUAD INJ	127
<i>promethazine hcl inj 25 mg/ml</i> .	107	PRO-RED AC SYP 5-1-9/5.....	185
		PRORENAL +D TAB.....	160

PRORENAL+D CAP OMEGA-3.....	160	<i>px fish oil cap 1000mg</i>	141
PRORENAL+D TAB.....	160	PX GLUCOSE CHW FRUIT	96
PROSHIELD CRE PLUS 1%	203	PX GLUCOSE CHW ORANGE.....	96
<i>prosght cap w/lutein</i>	160	PX GLUCOSE CHW RASPBERRY	96
<i>prosght tab</i>	160	PX GLUCOSE CHW SOUR APL.....	96
PROSOL INJ 20%	130	<i>px ibuprofen tab 200mg</i>	16
PROTECT CAP CARDIO	160	<i>px iron tab 200mg</i>	122
PROTECT CAP PLUS SO	160	<i>px iron tab 27mg</i>	122
PROTECT PLUS LIQ NF	160	<i>px mens mult tab vitamins</i>	160
PROTECTIRON TAB	122	<i>px profen ib dro 50/1.25</i>	16
PROTEGRA CAP	160	<i>px profen ib sus 100/5ml</i>	16
<i>protriptyline hcl tab 10 mg</i>	67	<i>px stomach chw 262mg</i>	105
<i>protriptyline hcl tab 5 mg</i>	67	<i>px stomach sus 262/15ml</i>	105
<i>provil tab 200mg</i>	16	<i>px stomach sus 525/15ml</i>	105
<i>pseudoeph-chlorphen w/</i> <i>hydrocodone soln 60-4-5 mg/5ml</i>	185	<i>px triple oin</i>	194
<i>pseudoephed-bromphen-dm syrup</i> <i>30-2-10 mg/5ml</i>	185	<i>pyrazinamide tab 500 mg</i>	27
<i>pseudoephedr tab 120mg er</i>	185	<i>pyridostigmine bromide tab 60 mg</i>	79
<i>pseudoephedr tab 30mg</i>	185	<i>pyridoxine hcl inj 100 mg/ml</i> ...	160
<i>pseudoephedr tab 60mg</i>	185	<i>pyridoxine hcl tab 100 mg</i>	161
<i>pseudoephedrine hcl tab 30 mg</i>	185	<i>pyridoxine hcl tab 25 mg</i>	161
<i>pseudoephedrine hcl tab 60 mg</i>	185	<i>pyridoxine hcl tab 250 mg</i>	161
<i>pseudoephedrine hcl tab er 12hr</i> <i>120 mg</i>	185	<i>pyridoxine hcl tab 50 mg</i>	161
<i>pseudoephedrine-guaifenesin tab</i> <i>er 12hr 60-600 mg</i>	185	<i>pyridoxine hcl tab 500 mg</i>	161
PULMICORT INH 180MCG	191	PYRILAMIN/PE TAB 25-10MG ...	185
PULMICORT INH 90MCG	191	<i>qc allergy tab 10mg</i>	177
<i>pulmosal neb 7%</i>	185	<i>qc allergy tab relief</i>	185
PULMOZYME SOL 1MG/ML	190	<i>qc allergy/ tab sinus</i>	185
<i>puralube oin</i>	172	<i>qc antacid chw 500mg</i>	103
<i>pure & gentl dro 0.3%</i>	172	<i>qc antacid sus</i>	103
<i>pure c cap 500mg cr</i>	160	<i>qc antacid sus anti-gas</i>	103
<i>pureway-c tab 500mg</i>	160	<i>qc apap 8 hr tab 650mg</i>	14
PURIXAN SUS 20MG/ML	34	<i>qc aspirin tab 325mg</i>	14
<i>px advanced tab multivit</i>	160	<i>qc aspirin tab 325mg ec</i>	14
<i>px allergy cap 25mg</i>	177	<i>qc calcium tab 600mg</i>	137
<i>px allergy tab 25mg</i>	177	<i>qc childrens chw complete</i>	161
<i>px antacid chw 1000mg</i>	103	<i>qc childrens chw extra c</i>	161
<i>px antacid sus max st</i>	103	<i>qc childrens chw iron</i>	161
<i>px antacid sus reg st</i>	103	<i>qc cough liq sore thr</i>	185
<i>px aspirin chw 81mg</i>	14	<i>qc enema ene</i>	113
<i>px aspirin tab 325mg</i>	14	<i>qc epsom gra salt</i>	113
<i>px calcium&d tab 600-400</i>	137	<i>qc ibuprofen tab 200mg</i>	16
<i>px complete tab senior</i>	160	<i>qc ibuprofen tab cold/sin</i>	186
<i>px fiber cap 0.52gm</i>	113	<i>qc laxative sup 10mg</i>	113
<i>px fiber tab 625mg</i>	113	<i>qc medifin tab dm</i>	186
		<i>qc mineral oil heavy</i>	113
		<i>qc natural pow vegetabl</i>	113
		QC PRENATAL TAB 28-0.8MG...	161
		<i>qc senna tab 8.6mg</i>	113

<i>qc sinus pai tab relief</i>	186	<i>ra acidophil cap 300mg</i>	105
<i>qc suphedrin tab 120mg sr</i>	186	<i>ra antacid chw 500mg</i>	103
<i>qc therin-m tab</i>	161	<i>ra b-complex tab vit c tr</i>	161
Q-GEL CAP 15MG	141	<i>ra biotin cap 2500mcg</i>	161
<i>q-gel forte cap 30mg</i>	141	<i>ra c/acerola chw 500mg</i>	161
<i>q-gel mega cap 100mg</i>	141	<i>ra ca/vit d3 chw minerals</i>	137
<i>q-gel ultra cap 60mg</i>	141	<i>ra ca/vit d3 tab 600-400</i>	137
QINLOCK TAB 50MG	41	<i>ra calcium tab 600mg</i>	137
<i>q-sorb cap 150mg</i>	141	<i>ra calcium tab vit d</i>	137
<i>q-sorb cap 30mg</i>	141	<i>ra calcium+d tab 600mg</i>	137
<i>q-sorb cap 50mg</i>	141	<i>ra central tab energy</i>	161
<i>q-sorb cap 75mg</i>	141	<i>ra central tab -vite</i>	161
<i>q-sorb co q cap 200mg</i>	141	<i>ra central tab vite sel</i>	161
<i>q-sorb co-q cap 100mg</i>	141	<i>ra central tab vite sen</i>	161
QUADRACEL INJ	127	<i>ra coenzyme cap 100mg</i>	141
<i>quetiapine fumarate tab 100 mg</i> 73		<i>ra cough dm sus 30mg/5ml</i>	186
<i>quetiapine fumarate tab 200 mg</i> 73		<i>ra epsom gra salt</i>	113
<i>quetiapine fumarate tab 25 mg</i> ..73		RA EPSOM GRA SALT.....	113
<i>quetiapine fumarate tab 300 mg</i> 73		RA EPSOM GRA SALT/LVN	113
<i>quetiapine fumarate tab 400 mg</i> 73		RA ESSENCE-C POW LMN-LIME 161	
<i>quetiapine fumarate tab 50 mg</i> ..73		RA ESSENCE-C POW ORANGE.. 161	
<i>quetiapine fumarate tab er 24hr</i>		RA ESSENCE-C POW RASPBRY. 161	
<i>150 mg</i>	73	RA ESSENCE-C POW TNGERINE 161	
<i>quetiapine fumarate tab er 24hr</i>		<i>ra fish oil cap 1000mg</i>	141
<i>200 mg</i>	73	RA FISH OIL CAP 1400MG	141
<i>quetiapine fumarate tab er 24hr</i>		<i>ra fish oil cap 600mg</i>	141
<i>300 mg</i>	73	<i>ra gas relf chw 125mg</i>	115
<i>quetiapine fumarate tab er 24hr</i>		RA GENTLE CRE SKIN	203
<i>400 mg</i>	73	RA GLUCOSE CHW GRAPE	96
<i>quetiapine fumarate tab er 24hr 50</i>		RA GLUCOSE CHW ORANGE	96
<i>mg</i>	73	RA GLUCOSE CHW TROP FRT.....	97
QUICK DISSOL CHW GLUCOSE...96		<i>ra glucose gel</i>	97
QUIN B TAB STRONG	161	<i>ra hair/skin tab /nails</i>	161
<i>quinapril hcl tab 10 mg</i>	45	<i>ra hi cal tab 500-200</i>	137
<i>quinapril hcl tab 20 mg</i>	45	<i>ra hi-cal tab 500mg</i>	137
<i>quinapril hcl tab 40 mg</i>	45	<i>ra hi-cal/d tab 500mg</i>	137
<i>quinapril hcl tab 5 mg</i>	45	<i>ra hydrating oin healing</i>	203
<i>quinapril-hydrochlorothiazide tab</i>		RA HYDRATING OIN HEALING.. 203	
<i>10-12.5 mg</i>	44	<i>ra iron tab 27mg</i>	122
<i>quinapril-hydrochlorothiazide tab</i>		<i>ra iron tab 325mg</i>	122
<i>20-12.5 mg</i>	44	<i>ra laxative tab 25mg</i>	113
<i>quinapril-hydrochlorothiazide tab</i>		<i>ra lice solu kit</i>	204
<i>20-25 mg</i>	44	<i>ra magnesium cap 500mg</i>	137
<i>quinidine sulfate tab 200 mg</i>	48	<i>ra mature wm tab diet sup</i>	161
<i>quinidine sulfate tab 300 mg</i>	48	<i>ra mineral oil</i>	113
<i>quinine sulfate cap 324 mg</i>	24	<i>ra nat vit e cap 400unit</i>	161
QUINTABS TAB	161	<i>ra niacin tab 100mg</i>	161
<i>quintabs-m tab</i>	161	<i>ra niacin tab 500mg</i>	161
QUINTABS-M TAB.....	161	<i>ra one daily pak mens 50+</i>	161

<i>ra one daily tab +iron</i>	161	RECOMBIVA-HB INJ 40MCG/ML	127
<i>ra one daily tab energy</i>	161	RECTIV OIN 0.4%	203
<i>ra one daily tab essentia</i>	161	reeses med sus pinworm.....	22
<i>ra one daily tab maximum</i>	161	refresh cell gel 1% op.....	172
<i>ra one daily tab mens 50+</i>	161	REFRESH DRO OP	172
<i>ra one daily tab mens/d3</i>	161	REFRESH GEL OPTIVE.....	173
<i>ra one daily tab multivit</i>	161	refresh lacr oin op	173
<i>ra one daily tab womens</i>	161	REFRESH LIQU DRO 1% OP.....	173
<i>ra pediatric sol electrol</i>	130	REFRESH OPT SOL MEGA-3	173
<i>ra pink bism chw 262mg</i>	105	REFRESH OPTI DRO 0.5-0.9% .	173
<i>ra pink bism tab 262mg</i>	105	refresh p.m. oin op.....	173
RA STERILE SOL NASAL	190	REFRESH SOL OPTIVE.....	173
<i>ra therapeut tab m/beta</i>	161	REGRANEX GEL 0.01%	205
<i>ra vision tab vite/zn</i>	161	reguloid cap 400mg.....	113
<i>ra vit b-12 tab 1000 tr</i>	162	reguloid pow 28.3%	113
<i>ra vit b-12 tab 100mcg</i>	162	reguloid pow 48.57%.....	113
<i>ra vit b-6 tab 100mg</i>	161	reguloid pow 58.6%	113
<i>ra vit b-6 tab 50mg</i>	161	rehydralyte sol.....	130
<i>ra vit c/rh tab 1000mg</i>	162	RELENZA MIS DISKHALE	28
<i>ra vitamin c chw 500mg</i>	162	RELION GLUCO CHW 4GM	97
<i>ra vitamin c tab 250mg</i>	162	RELISTOR INJ 12/0.6ML.....	115
<i>ra vitamin c tab 500mg tr</i>	162	RELISTOR INJ 8/0.4ML	115
<i>ra vitamin cap 2000unit</i>	162	REMEDY CLEAR OIN AID	203
<i>ra vitamin e cap 1000unit</i>	162	remedy cre antifung	195
<i>ra vitamin e cap 200unit</i>	162	REMEDY MOIST CRE 5%	203
<i>ra vitamin e cap 400unit</i>	162	REMEDY NUTRA CRE 1%	203
<i>rabano liq yodado</i>	162	remedy oin af 2%	196
RABAVERT INJ	127	REMEDY SKIN CRE REPAIR.....	203
<i>rabeprazole sodium ec tab 20 mg</i>	117	REMICADE INJ 100MG	124
<i>raloxifene hcl tab 60 mg</i>	98	renal cap.....	162
<i>ramipril cap 1.25 mg</i>	45	renal tab multivit	162
<i>ramipril cap 10 mg</i>	45	renal vitamn tab	162
<i>ramipril cap 2.5 mg</i>	45	renal/zinc tab multivit.....	162
<i>ramipril cap 5 mg</i>	45	renal-vite tab.....	162
<i>ranitidine hcl tab 150 mg</i>	108	renaplex tab	162
<i>ranitidine hcl tab 75 mg</i>	108	RENAPLEX-D TAB	162
<i>ranitidine tab 150mg</i>	108	rena-vite rx tab.....	162
<i>ranolazine tab er 12hr 1000 mg</i> .56		rena-vite tab	162
<i>ranolazine tab er 12hr 500 mg</i> ...56		RENFLEXIS INJ 100MG.....	124
<i>rasagiline mesylate tab 0.5 mg</i> (base equiv)	69	reno cap	162
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	69	repaglinide tab 0.5 mg.....	86
RAYALDEE CAP 30MCG.....	162	repaglinide tab 1 mg.....	86
<i>react tab 1.5mg</i>	91	repaglinide tab 2 mg.....	86
<i>reclipsen tab</i>	91	REPEL 100 LIQ 98.11%	203
RECOMBIVA HB INJ 10MCG/ML	127	REPEL FAMILY AER 10%.....	203
RECOMBIVA HB INJ 5MCG/0.5 .	127	REPEL FAMILY AER 15%.....	203
		REPEL HUNTER AER 25%	203
		REPEL LEMON SPR INSECT	203
		REPEL SPORTS AER 25%.....	203

REPEL SPORTS AER 40%	203	RINVOQ TAB 15MG ER.....	124
REPEL SPORTS LIQ 40%.....	203	RISABAL-PH CRE.....	203
REPEL SPORTS LOT 40%	203	RISACAL-D TAB	137
REPEL TICK AER 15%	203	<i>risedronate sodium tab 150 mg</i> .87	
REPEL WIPES MIS 30%	203	<i>risedronate sodium tab 35 mg</i> ...87	
REPHRESH CAP PRO-B	105	<i>risedronate sodium tab 5 mg</i> .....87	
REPLACE CAP	162	<i>risedronate sodium tab delayed</i>	
REPLACE TAB SR	130	<i>release 35 mg</i>	87
REPLESTA NX WAF 14000UNT ..	162	RISPERDAL INJ 12.5MG	74
REPLESTA WAF 14000UNT	162	RISPERDAL INJ 25MG	74
REPLESTA WAF 50000UNT	162	RISPERDAL INJ 37.5MG	74
RESCON TAB 2-60MG.....	186	RISPERDAL INJ 50MG	74
RESCON-DM SYP	186	<i>risperidone orally disintegrating tab</i>	
RESPIRE-30 CAP.....	186	<i>0.25 mg</i>	74
RESTASIS EMU 0.05%	173	<i>risperidone orally disintegrating tab</i>	
RESTASIS MUL EMU 0.05%	173	<i>0.5 mg</i>	74
<i>restore plus dro 0.5% op</i>	173	<i>risperidone orally disintegrating tab</i>	
<i>restore tear dro 0.5% op</i>	173	<i>1 mg</i>	74
RETAINÉ HPMC SOL 0.3%	173	<i>risperidone orally disintegrating tab</i>	
<i>retaine pm oin</i>	173	<i>2 mg</i>	74
RETEVMO CAP 40MG.....	41	<i>risperidone orally disintegrating tab</i>	
RETEVMO CAP 80MG.....	41	<i>3 mg</i>	74
REVLIMID CAP 10MG	38	<i>risperidone orally disintegrating tab</i>	
REVLIMID CAP 15MG	38	<i>4 mg</i>	74
REVLIMID CAP 2.5MG	38	<i>risperidone soln 1 mg/ml</i>	74
REVLIMID CAP 20MG	38	<i>risperidone tab 0.25 mg</i>	74
REVLIMID CAP 25MG	38	<i>risperidone tab 0.5 mg</i>	74
REVLIMID CAP 5MG	38	<i>risperidone tab 1 mg</i>	74
REXULTI TAB 0.25MG.....	73	<i>risperidone tab 2 mg</i>	74
REXULTI TAB 0.5MG	73	<i>risperidone tab 3 mg</i>	74
REXULTI TAB 1MG	73	<i>risperidone tab 4 mg</i>	74
REXULTI TAB 2MG	73	<i>ritonavir tab 100 mg</i>	25
REXULTI TAB 3MG	73	RITUXAN INJ 100MG.....	36
REXULTI TAB 4MG	74	RITUXAN INJ 500MG.....	36
REYATAZ POW 50MG	25	RITUXAN INJ HYCELA	36
RHINARIS SPR 0.2%.....	190	<i>rivastigmine tartrate cap 1.5 mg</i>	
RHOPRESSA SOL 0.02%.....	171	<i>(base equivalent)</i>	64
<i>ribavirin cap 200 mg</i>	28	<i>rivastigmine tartrate cap 3 mg</i>	
<i>ribavirin tab 200 mg</i>	28	<i>(base equivalent)</i>	65
RID ESS LICE KIT 0.33-4%.....	204	<i>rivastigmine tartrate cap 4.5 mg</i>	
<i>rid lice kil sha 0.33-4%</i>	204	<i>(base equivalent)</i>	65
<i>rifabutin cap 150 mg</i>	27	<i>rivastigmine tartrate cap 6 mg</i>	
<i>rifampin cap 150 mg</i>	27	<i>(base equivalent)</i>	65
<i>rifampin cap 300 mg</i>	27	<i>rivastigmine td patch 24hr 13.3</i>	
<i>rifampin for inj 600 mg</i>	27	<i>mg/24hr</i>	65
RIGHT STEP TAB PRENATAL.....	162	<i>rivastigmine td patch 24hr 4.6</i>	
<i>riluzole tab 50 mg</i>	79	<i>mg/24hr</i>	65
<i>rimantadine hydrochloride tab 100</i>		<i>mg/24hr</i>	65
<i>mg</i>	28		

<i>rivelsa tab</i>	91	RUBRACA TAB 200MG	36
<i>rizatriptan benzoate oral</i>		RUBRACA TAB 250MG	36
<i>disintegrating tab 10 mg (base eq)</i>		RUBRACA TAB 300MG	36
.....	78	RU-HIST D TAB 4-10MG	186
<i>rizatriptan benzoate oral</i>		RUKOBIA TAB 600MG ER.....	25
<i>disintegrating tab 5 mg (base eq)</i>		<i>rulox sus</i>	103
.....	78	RUXIENCE INJ 100/10ML.....	36
<i>rizatriptan benzoate tab 10 mg</i>		RUXIENCE INJ 500/50ML.....	36
<i>(base equivalent)</i>	78	RYBELSUS TAB 14MG	86
<i>rizatriptan benzoate tab 5 mg</i>		RYBELSUS TAB 3MG	86
<i>(base equivalent)</i>	78	RYBELSUS TAB 7MG	86
<i>robafen ac sol 100-10/5</i>	186	RYDAPT CAP 25MG	41
<i>robafen cf liq 5-10-100</i>	186	RYDEX LIQ	186
<i>robafen cgh cap 15mg</i>	186	RYMED TAB 2-10MG	186
<i>robafen dm liq 10-100/5</i>	186	<i>rynex dm liq</i>	186
<i>robafen dm liq cough</i>	186	<i>rynex pe elx</i>	186
<i>robafen dm syp 100-10/5</i>	186	<i>rynex pse liq</i>	186
<i>robafen liq 200/10ml</i>	186	<i>salactic fil sol 17%</i>	203
<i>robafen syp 100/5ml</i>	186	<i>saline ene laxative</i>	113
<i>rolaids chw 550-110</i>	103	<i>saline mist spr 0.65%</i>	190
RONDEC-D LIQ.....	186	<i>saline nasal gel</i>	190
<i>ropinirole hydrochloride tab 0.25</i>		<i>saline nasal spr 0.65%</i>	190
<i>mg</i>	70	<i>saline nasal spray 0.65%</i>	190
<i>ropinirole hydrochloride tab 0.5 mg</i>		<i>saline nose spr 0.65%</i>	190
.....	69	SALMON OIL- CAP 1000	141
<i>ropinirole hydrochloride tab 1 mg</i>		<i>salmon oil cap 1000mg</i>	141
.....	70	<i>sal-plant gel 17%</i>	203
<i>ropinirole hydrochloride tab 2 mg</i>		<i>sam-e.p.a. cap 500mg</i>	141
.....	70	SANDIMMUNE SOL 100MG/ML .	126
<i>ropinirole hydrochloride tab 3 mg</i>		SANTYL OIN 250/GM	205
.....	70	SAPHRIS SUB 10MG	74
<i>ropinirole hydrochloride tab 4 mg</i>		SAPHRIS SUB 2.5MG	74
.....	70	SAPHRIS SUB 5MG	74
<i>ropinirole hydrochloride tab 5 mg</i>		<i>sapropterin dihydrochloride powder</i>	
.....	70	<i>packet 100 mg</i>	93
<i>rosadan cre 0.75%</i>	203	<i>sapropterin dihydrochloride powder</i>	
<i>rosuvastatin calcium tab 10 mg</i> ..	49	<i>packet 500 mg</i>	93
<i>rosuvastatin calcium tab 20 mg</i> ..	49	<i>sapropterin dihydrochloride soluble</i>	
<i>rosuvastatin calcium tab 40 mg</i> ..	49	<i>tab 100 mg</i>	93
<i>rosuvastatin calcium tab 5 mg</i> ...	49	<i>saratoga oin</i>	203
ROTARIX SUS	127	<i>savision tab</i>	162
ROTATEQ SOL.....	127	SAWYER REPEL AER 30%	203
<i>roweepra tab 1000mg</i>	62	SAWYER REPEL LOT 20%	203
<i>roweepra tab 500mg</i>	62	SAWYER REPEL SPR 20%	203
<i>roweepra tab 750mg</i>	62	<i>sb allergy tab 10mg</i>	177
<i>roweepra xr tab 500mg xr</i>	62	<i>sb allergy tab 25mg med</i>	177
<i>roweepra xr tab 750mg xr</i>	62	<i>sb allergy/ tab cold pe</i>	186
ROZLYTREK CAP 100MG	41	<i>sb antacid sus anti-gas</i>	103
ROZLYTREK CAP 200MG	41	<i>sb aspirin tab 325mg</i>	14

<i>sb bisacodyl tab 5mg ec</i>	113	<i>senna plus tab 8.6-50mg</i>	113
<i>sb bismuth tab 262mg</i>	105	<i>senna tab 8.6mg</i>	113
<i>sb cgh contr liq dm</i>	186	<i>senna-extra tab 17.2mg</i>	113
<i>sb cgh contr syp 100/5ml</i>	186	<i>senna-grx syp 8.8mg/5</i>	113
<i>sb child asa chw 81mg</i>	14	<i>senna-lax tab 8.6mg</i>	113
<i>sb cold mult tab symp sev</i>	186	<i>senna-s tab 8.6-50mg</i>	113
<i>sb cold/cgh tab hbp</i>	186	<i>senna-tabs tab 8.6mg</i>	113
<i>sb coughtab tab 200mg</i>	186	<i>senna-time s tab 8.6-50mg</i>	113
<i>sb docusate tab 8.6-50mg</i>	113	<i>senna-time tab 8.6mg</i>	113
<i>sb fib lax pow 33%</i>	113	<i>senno tab 8.6mg</i>	113
<i>sb hydrocort cre 1%</i>	198	<i>sennosides syrup 8.8 mg/5ml</i> ..	113
<i>sb hydrocort oin 1%</i>	198	<i>sennosides tab 8.6 mg</i>	113
<i>sb ibuprofen tab 200mg</i>	16	<i>sennosides-docusate sodium tab</i>	
<i>sb laxative sup 10mg</i>	113	<i>8.6-50 mg</i>	113
<i>sb milk magn sus mint</i>	113	<i>senokot extr tab 17.2mg</i>	113
<i>sb non-asa tab 25-500mg</i>	82	SENSI-CARE CRE MOISTURI	203
<i>sb saline spr 0.65%</i>	190	<i>senry adult tab under 50</i>	162
<i>sb senna-lax tab 8.6mg</i>	113	<i>senry tab</i>	162
<i>sb severe tab cold pe</i>	186	SENTRY TAB.....	162
<i>sb sinus cng pak /pain</i>	186	<i>senry tab senior</i>	162
<i>sb sinus cng tab /pain</i>	186	SENTRY TAB SENIOR.....	162
<i>sb sinus cng tab /pain dt</i>	186	SEREVENT DIS AER 50MCG	178
<i>sb triple oin antibiot</i>	194	<i>sertraline hcl oral concentrate for</i>	
<i>sb urinary tab pain max</i>	117	<i>solution 20 mg/ml</i>	68
<i>scalp relief liq 3%</i>	203	<i>sertraline hcl tab 100 mg</i>	68
<i>scalpicin sol 1%</i>	198	<i>sertraline hcl tab 25 mg</i>	68
<i>sclerex tab</i>	162	<i>sertraline hcl tab 50 mg</i>	68
SCOOBY-DOO CHW	162	<i>sevelamer carbonate packet 0.8</i>	
<i>scopolamine td patch 72hr 1</i>		<i>gm</i>	98
<i>mg/3days</i>	107	<i>sevelamer carbonate packet 2.4</i>	
<i>sea-omega 30 cap 1200mg</i>	141	<i>gm</i>	98
<i>sea-omega 50 cap 1000mg</i>	141	<i>sevelamer carbonate tab 800 mg</i> 98	
<i>sebex sha</i>	203	<i>shake ache tab 500mg</i>	14
SECUADO DIS 3.8MG.....	74	<i>sharobel tab 0.35mg</i>	91
SECUADO DIS 5.7MG.....	74	SHINGRIX INJ 50/0.5ML	128
SECUADO DIS 7.6MG.....	74	SIGNIFOR INJ 0.3MG/ML.....	98
<i>selegiline hcl cap 5 mg</i>	70	SIGNIFOR INJ 0.6MG/ML.....	98
<i>selegiline hcl tab 5 mg</i>	70	SIGNIFOR INJ 0.9MG/ML.....	98
<i>selenium sulfide lotion 2.5%</i>	196	<i>silace liq 10mg/ml</i>	114
SELZENTRY SOL 20MG/ML.....	25	<i>silace syp 60/15ml</i>	114
SELZENTRY TAB 150MG	25	<i>siladryl alr liq 12.5/5ml</i>	177
SELZENTRY TAB 25MG	25	<i>sildenafil citrate tab 20 mg</i>	57
SELZENTRY TAB 300MG	25	<i>silphen dm syp 10mg/5ml</i>	186
SELZENTRY TAB 75MG	25	<i>siltuss das liq 100/5ml</i>	186
<i>senexon liq 8.8mg/5</i>	113	<i>siltussin dm liq das</i>	186
<i>senexon-s tab 8.6-50mg</i>	113	<i>siltussin sa syp 100/5ml</i>	186
<i>senior tabs tab</i>	162	<i>siltussin-dm liq diabetic</i>	186
<i>senna lax tab 8.6mg</i>	113	<i>siltussin-dm liq max st</i>	186
<i>senna laxati tab 8.6mg</i>	113	<i>siltussin-dm syp alc free</i>	186

<i>silver sulfadiazine cream 1%</i>.....194	<i>sm acid redu tab 200mg</i> 108
SIMBRINZA SUS 1-0.2% .....171	<i>sm all day tab 10mg</i> 177
<i>simethicone cap 125 mg</i>.....115	<i>sm all day tab allergy</i> 177
<i>simethicone cap 180 mg</i>.....115	<i>sm allergy cap relief</i> 177
<i>simethicone chew tab 125 mg</i> ..116	<i>sm allergy cre 2%</i> 196
<i>simethicone chew tab 80 mg</i>....116	<i>sm allergy tab 25mg</i> 177
<i>simethicone dro 20/0.3ml</i>.....116	<i>sm allergy tab 25mg rlf</i> 177
<i>simethicone susp 40 mg/0.6ml</i> .116	<i>sm allergy tab 4mg</i> 177
SIMPLY SALIN AER 0.9% .....190	<i>sm animal chw shapes</i> 162
<i>simvastatin tab 10 mg</i> .....49	<i>sm animal sh chw complete</i> 162
<i>simvastatin tab 20 mg</i> .....49	<i>sm antacid sus advanced</i> 103
<i>simvastatin tab 40 mg</i> .....49	<i>sm antacid sus anti-gas</i> 103
<i>simvastatin tab 5 mg</i> .....49	<i>sm antacid sus max st</i> 103
<i>simvastatin tab 80 mg</i> .....49	<i>sm antacid/ sus antigas</i> 103
<i>sinus conges tab pain sev</i> .....186	<i>sm antibioti cre plus</i> 194
<i>sinus congst tab /pain dt</i> .....186	<i>sm antibioti oin 500/gm</i> 194
<i>sinus headch tab pe 5-325</i>.....186	<i>sm anti-diar tab 2mg</i> 105
<i>sinus nasal spr 0.05%</i>.....187	<i>sm antifunql cre 1%</i> 196
<i>sinus relief pak cng/pain</i>.....187	<i>sm antifunql cre 2%</i> 196
<i>sinus relief sol 1%</i> .....187	<i>sm anti-itch cre 2-0.1%</i> 196
<i>sinus relief tab 5-325mg</i> 187	<i>sm artificia sol tears</i> 173
SINUS WASH CRY SALT.....190	<i>sm aspirin chw 81mg</i> 14
<i>sinus/alergy tab max st</i>.....187	<i>sm aspirin tab 325mg</i> 14
<i>sinus/cold-d tab 120-220</i> .....187	<i>sm aspirin tab 325mg ec</i> 14
<i>sinus-max mis day/nght</i> .....187	<i>sm aspirin tab 81mg ec</i> 14
<i>sirolimus oral soln 1 mg/ml</i>.....126	<i>sm b super tab vita com</i> 162
<i>sirolimus tab 0.5 mg</i> .....126	SM B-COMPLEX TAB /VIT C 162
<i>sirolimus tab 1 mg</i>.....127	<i>sm bedding aer lice</i> 204
<i>sirolimus tab 2 mg</i>.....127	SM BENZOIN TIN 196
SIRTURO TAB 100MG.....27	<i>sm ca/vit d3 tab 600-400</i> 137
SIRTURO TAB 20MG .....27	<i>sm calcium tab /vit d3</i> 137
SIVEXTRO INJ 200MG .....22	<i>sm calcium/d tab 500-200</i> 137
SIVEXTRO TAB 200MG .....22	<i>sm calcium/d tab 600-400</i> 137
SKYRIZI INJ 150DOSE .....124	<i>sm castor oil 100%</i> 114
<i>slo-niacin tab 250mg cr</i>.....162	<i>sm child asa chw 81mg</i> 14
<i>slo-niacin tab 250mg er</i>.....162	<i>sm cld/alrgy elx children</i> 187
<i>slow fe tab 45mg</i>.....122	<i>sm clearlax pow</i> 114
<i>slow iron tab 160mg cr</i>.....122	<i>sm cold tab alrgy pe</i> 187
<i>slow iron tab 50mg</i> .....122	<i>sm cold&flu tab severe</i> 187
<i>slow mag/cal tab 70-117mg</i> ....137	<i>sm cold/cgh liq dm child</i> 187
SLOW REL FE TAB 143MG CR...122	<i>sm complete tab</i> 162
<i>slow rel fe tab 160mg cr</i>.....122	<i>sm complete tab 50+</i> 163
<i>slow release tab 143mg</i> .....122	<i>sm complete tab 50+ mens</i> 163
<i>slow release tab 45mg</i> .....122	<i>sm complete tab 50+ wmn</i> 163
<i>slow release tab 47.5mg</i> .....122	<i>sm complete tab adv form</i> 163
<i>slow release tab iron 45</i> .....122	<i>sm complete tab senior</i> 163
SLOW-MAG TAB .....137	<i>sm coq-10 cap 50mg</i> 141
SLOW-MAG TAB 71.5-119 .....137	<i>sm day time cap pe</i> 187
<i>slow-release tab fe 45mg</i> .....122	<i>sm day time liq cold/flu</i> 187

<i>sm dry eye sol relief</i>	173	<i>sm nicotine dis 21mg/24h</i>	82
<i>sm ear dro 6.5% ot</i>	205	<i>sm nicotine dis 7mg/24hr</i>	82
<i>sm enema ene</i>	114	<i>sm nicotine gum 2mg</i>	82
<i>sm epsom gra salt</i>	114	<i>sm nicotine gum 2mg mint</i>	82
<i>sm fiber lax tab 500mg</i>	114	<i>sm nicotine gum 4mg</i>	82
SM FIBER POW.....	114	<i>sm nicotine gum 4mg mint</i>	82
<i>sm fiber pow 28.3%</i>	114	<i>sm nicotine loz 2mg mint</i>	83
<i>sm fiber pow 48.57%</i>	114	<i>sm nicotine loz 4mg mint</i>	83
<i>sm fiber pow 51.7%</i>	114	<i>sm nite time liq cld/flu</i>	187
<i>sm fiber pow 58.6%</i>	114	<i>sm nose dro 1%</i>	187
<i>sm fiber tab 625mg</i>	114	SM ONE DAILY TAB MENS	163
<i>sm fish oil cap 1000mg</i>	141	SM ONE DAILY TAB WOMENS ..	163
<i>sm fish oil cap 1200mg</i>	141	<i>sm opti-vita tab</i>	163
SM FISH OIL CAP 554MG.....	141	<i>sm pain rel tab 500mg</i>	14
<i>sm folic acd tab 400mcg</i>	163	<i>sm pain rlvr tab 650mg</i>	14
<i>sm gas rel chw 125mg</i>	116	<i>sm povid-iod sol 10%</i>	203
<i>sm gas relf chw 80mg</i>	116	SM PRENATAL TAB VITAMINS ..	163
<i>sm gas relie chw 80mg</i>	116	<i>sm senna lax tab 8.6mg</i>	114
<i>sm gentle tab laxative</i>	114	<i>sm senna-s tab 8.6-50mg</i>	114
SM GLUCOSE CHW ORANGE	97	<i>sm stomach sus 262/15ml</i>	105
SM GLUCOSE CHW RASPBERRY....	97	<i>sm stomach sus 525/30ml</i>	105
SM GLUCOSE CHW SOUR APP	97	<i>sm stool tab softener</i>	114
<i>sm hair/skin tab /nails</i>	163	<i>sm triple oin antibiot</i>	194
<i>sm hydrocort cre 1%</i>	198	<i>sm tussin cf liq</i>	187
<i>sm hydrocort cre 1% plus</i>	198	<i>sm tussin dm syp 100-10/5</i>	187
<i>sm hydrocort oin 1%</i>	198	<i>sm tussin syp dm</i>	187
<i>sm ibuprofen cap 200mg</i>	16	<i>sm urinary tab pain max</i>	117
<i>sm ibuprofen tab 100mg jr</i>	16	<i>sm vit b12 tab 1000mcg</i>	163
<i>sm ibuprofen tab 200mg</i>	16	<i>sm vit b-12 tab 100mcg</i>	163
<i>sm iron slow tab 160mg cr</i>	122	<i>sm vit b12 tab 500mcg</i>	163
<i>sm iron slow tab 45mg</i>	122	<i>sm vit b-12 tab 500mcg</i>	163
<i>sm iron tab 325mg</i>	122	<i>sm vit b6 tab 100mg</i>	163
<i>sm iron tab 45mg</i>	122	<i>sm vit b-6 tab 100mg</i>	163
<i>sm laxative sup 10mg</i>	114	<i>sm vit c/rh tab 1000mg</i>	163
<i>sm laxative tab 25mg</i>	114	<i>sm vitamin c chw 500mg</i>	163
<i>sm lice soln kit</i>	204	<i>sm vitamin c tab 1000mg</i>	163
<i>sm loratadin tab 10mg</i>	177	<i>sm vitamin c tab 250mg</i>	163
<i>sm lubricant dro 0.4-0.3%</i>	173	<i>sm vitamin c tab 500mg</i>	163
<i>sm magnesium sol cherry</i>	114	<i>sm vitamin c tab 500mg tr</i>	163
<i>sm magnesium tab 250mg</i>	137	<i>sm vitamin d tab 400unit</i>	163
<i>sm micon 7 sup 100mg</i>	118	<i>sm vitamin e cap 1000unit</i>	163
<i>sm mineral oil</i>	114	<i>sm vitamin e cap 200unit</i>	163
<i>sm multiple tab vit/iron</i>	163	<i>sm vitamin e cap 400unit</i>	163
<i>sm multiple tab vitamins</i>	163	SMART SENSE CHW 4GM	97
<i>sm nasal 12h spr 0.05%</i>	187	<i>smooth antac chw 750mg</i>	103
<i>sm nasal dec tab 30mg</i>	187	<i>sochlor sol 5% op</i>	173
<i>sm nasal spr 0.05%</i>	187	<i>sod chloride oin 5% op</i>	173
<i>sm niacin tab 250mg cr</i>	163	<i>sod chloride sol 5% op</i>	173
<i>sm nicotine dis 14mg/24h</i>	82	<i>sod ferric gluc cmplx in sucrose iv</i>	

<i>soln 12.5 mg/ml (fe eq)</i>	122	<i>soothe tab 262mg</i>	105
<i>sodium bicarbonate tab 325 mg</i>	103	<i>soothe xp dro 1%-4.5%</i>	173
<i>sodium bicarbonate tab 650 mg</i>	103	<i>soothe&cool cre inzo 2%</i>	196
<i>sodium chloride aero soln 0.9%</i>	187	SOOTHE&COOL CRE SKIN	203
<i>sodium chloride hypertonic ophth</i>		SOOTHE&COOL OIN MEDSEPTI	203
<i>oint 5%</i>	173	SOOTHE&COOL OIN MOISTURE	203
<i>sodium chloride hypertonic ophth</i>		SORBIDON CRE HYDRATE	203
<i>soln 5%</i>	173	SORBITOL SOL 70%.....	114
<i>sodium chloride inj 2.5 meq/ml</i>		SORBOLENE CRE.....	203
<i>(14.6%)</i>	130	<i>sore throat loz 15-3.6mg</i>	203
<i>sodium chloride irrigation soln</i>		<i>sorine tab 120mg</i>	48
<i>0.9%</i>	205	<i>sorine tab 160mg</i>	48
<i>sodium chloride iv soln 0.45%..</i>	131	<i>sorine tab 240mg</i>	48
<i>sodium chloride iv soln 0.9% ...</i>	131	<i>sorine tab 80mg</i>	48
<i>sodium chloride iv soln 3%</i>	131	<i>sotalol hcl (afib/af) tab 120 mg</i> .	49
<i>sodium chloride iv soln 5%</i>	131	<i>sotalol hcl (afib/af) tab 160 mg</i> .	49
<i>sodium chloride soln nebu 3%..</i>	187	<i>sotalol hcl (afib/af) tab 80 mg</i> ...	49
<i>sodium chloride soln nebu 7%..</i>	187	<i>sotalol hcl tab 120 mg</i>	49
<i>sodium fluoride chew; tab; 1.1 (0.5</i>		<i>sotalol hcl tab 160 mg</i>	49
<i>f) mg/ml soln</i>	130	<i>sotalol hcl tab 240 mg</i>	49
<i>sodium phenylbutyrate oral powder</i>		<i>sotalol hcl tab 80 mg</i>	49
<i>3 gm/teaspoonful</i>	93	<i>spectr women tab hlth sen</i>	163
<i>sodium phenylbutyrate tab 500 mg</i>		<i>spectra ultr tab hlth men</i>	163
.....	93	SPECTRAVITE CHW ADLT 50+ .	163
<i>sodium phosphates - enema</i>	114	SPECTRAVITE TAB.....	163
<i>sodium polystyrene sulfonate oral</i>		SPECTRAVITE TAB ADLT 50+...	163
<i>susp 15 gm/60ml</i>	88	<i>spectravite tab advanced</i>	163
<i>sodium polystyrene sulfonate</i>		SPECTRAVITE TAB MEN 50+	163
<i>powder</i>	88	<i>spectravite tab senior</i>	163
SODIUM POW BICARBON	103	SPECTRAVITE TAB SENIOR.....	163
SOLIQUA INJ 100/33	84	SPECTRAVITE TAB ULT MEN	163
SOLO TAB.....	163	SPECTRAVITE TAB ULT WMN ...	163
SOLTAMOX SOL 10MG/5ML.....	37	<i>spironolactone &</i>	
<i>soluble fib pow therapy</i>	114	<i>hydrochlorothiazide tab 25-25 mg</i>	
<i>soluble fib tab therapy</i>	114	.....	55
SOLU-CORTEF INJ 1000MG.....	95	<i>spironolactone tab 100 mg</i>	45
SOLU-CORTEF INJ 100MG.....	95	<i>spironolactone tab 25 mg</i>	45
SOLU-CORTEF INJ 250MG.....	95	<i>spironolactone tab 50 mg</i>	45
SOLU-CORTEF INJ 500MG.....	95	<i>sprintec 28 tab 28 day</i>	91
SOMATULINE INJ 120/.5ML.....	98	SPRITAM TAB 1000MG.....	62
SOMATULINE INJ 60/0.2ML.....	98	SPRITAM TAB 250MG.....	62
SOMATULINE INJ 90/0.3ML.....	98	SPRITAM TAB 500MG.....	62
SOMAVERT INJ 10MG.....	98	SPRITAM TAB 750MG.....	62
SOMAVERT INJ 15MG.....	98	SPRYCEL TAB 100MG.....	41
SOMAVERT INJ 20MG.....	98	SPRYCEL TAB 140MG.....	41
SOMAVERT INJ 25MG.....	98	SPRYCEL TAB 20MG.....	41
SOMAVERT INJ 30MG.....	98	SPRYCEL TAB 50MG.....	41
<i>soothe chw 262mg</i>	105	SPRYCEL TAB 70MG.....	41
<i>soothe sus 262/15ml</i>	105	SPRYCEL TAB 80MG.....	41

<i>ssd cre 1%</i>	194	<i>stye oin</i>	173
<i>st joseph chw low 81mg</i>	14	<i>sucralfate tab 1 gm</i>	116
STAHIST AD LIQ.....	187	<i>sudafed 12hr tab 120mg cr</i>	187
STAHIST AD TAB 25-60MG	187	<i>sudogest pe tab 10mg</i>	187
STAHIST LIQ.....	187	<i>sudogest tab 120mg er</i>	187
<i>stavudine cap 15 mg</i>	25	<i>sudogest tab 30mg</i>	187
<i>stavudine cap 20 mg</i>	25	<i>sudogest tab 4-60mg</i>	187
<i>stavudine cap 30 mg</i>	25	<i>sudogest tab 60mg</i>	187
<i>stavudine cap 40 mg</i>	25	<i>sulfacetamide sodium lotion 10%</i> <i>(acne)</i>	193
STELARA INJ 45MG/0.5	124	<i>sulfacetamide sodium ophth oint</i> <i>10%</i>	170
STELARA INJ 90MG/ML.....	124	<i>sulfacetamide sodium ophth soln</i> <i>10%</i>	170
STERILE LUBR DRO 0.7%	173	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	169
<i>stim laxat tab 5mg ec</i>	114	SULFADIAZINE TAB 500MG	20
STIMATE SOL 1.5MG/ML.....	101	<i>sulfamethoxazole-trimethoprim iv</i> <i>soln 400-80 mg/5ml</i>	22
STIVARGA TAB 40MG.....	41	<i>sulfamethoxazole-trimethoprim</i> <i>susp 200-40 mg/5ml</i>	22
<i>stomach relf chw 262mg</i>	105	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	22
<i>stomach relf sus</i>	105	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	22
<i>stomach relf sus 262/15ml</i>	105	SULFAMYLON CRE 85MG/GM ...	194
<i>stomach relf sus 524/30ml</i>	105	<i>sulfasalazine tab 500 mg</i>	108
<i>stomach relf sus 525/15ml</i>	105	<i>sulfasalazine tab delayed release</i> <i>500 mg</i>	108
<i>stomach relf sus 525/30ml</i>	105	<i>sulindac tab 150 mg</i>	16
<i>stomach relf tab 262mg</i>	105	<i>sulindac tab 200 mg</i>	16
<i>stomach rlf tab 262mg</i>	105	<i>sumatriptan nasal spray 20 mg/act</i>	78
<i>stool softnr cap 100mg</i>	114	<i>sumatriptan nasal spray 5 mg/act</i>	78
<i>stool softnr cap 240mg</i>	114	<i>sumatriptan succinate inj 6</i> <i>mg/0.5ml</i>	78
<i>stool softnr cap 250mg</i>	114	<i>sumatriptan succinate solution</i> <i>auto-injector 4 mg/0.5ml</i>	78
<i>stool softnr syp 60/15ml</i>	114	<i>sumatriptan succinate solution</i> <i>auto-injector 6 mg/0.5ml</i>	78
<i>stool softnr tab 100mg</i>	114	<i>sumatriptan succinate solution</i> <i>cartridge 4 mg/0.5ml</i>	78
<i>stool softnr tab 8.6-50mg</i>	114	<i>sumatriptan succinate solution</i> <i>cartridge 6 mg/0.5ml</i>	78
<i>stop lice kit complete</i>	204	<i>sumatriptan succinate solution</i> <i>prefilled syringe 6 mg/0.5ml</i>	78
<i>stop lice ms sha 0.33-4%</i>	204	<i>sumatriptan succinate tab 100 mg</i>	78
<i>stop smoking loz 2mg mint</i>	83		
<i>stop smoking loz 4mg mint</i>	83		
<i>streptomycin sulfate for inj 1 gm</i> 20			
<i>stress b com tab vit c/zn</i>	163		
<i>stress b/ tab zinc</i>	164		
<i>stress form tab</i>	164		
<i>stress form tab /iron</i>	164		
<i>stress form tab /zinc</i>	164		
<i>stress form/ tab zinc</i>	164		
<i>stress formu tab</i>	164		
<i>stress formu tab /zinc</i>	164		
<i>stress formu tab advanced</i>	164		
<i>stress formu tab energy</i>	164		
<i>stress formu tab w/iron</i>	164		
<i>stresstabs tab advanced</i>	164		
<i>stresstabs tab energy</i>	164		
STRIBILD TAB	26		
STUDIO 35 CRE MOIST	204		

<i>sumatriptan succinate tab 25 mg</i>	78	SYNAREL SOL 2MG/ML.....	92
<i>sumatriptan succinate tab 50 mg</i>	78	SYNERCID INJ 500MG.....	22
<i>sunvite tab advanced</i>	164	SYNJARDY TAB	86
SUPER ANTIOX CAP	164	SYNJARDY TAB 12.5-500.....	86
<i>super antiox tab a/c/e/se</i>	164	SYNJARDY TAB 5-1000MG	86
<i>super b comp tab vit c</i>	164	SYNJARDY TAB 5-500MG.....	86
<i>super b w/c cap</i>	164	SYNJARDY XR TAB.....	87
<i>super b-comp tab /fa/vitc</i>	164	SYNJARDY XR TAB 10-1000.....	87
<i>super b-comp tab vit c/fa</i>	164	SYNJARDY XR TAB 25-1000.....	87
<i>super biotin cap 5000mcg</i>	164	SYNJARDY XR TAB 5-1000MG ...	87
<i>super ca 600 tab + d 400</i>	137	SYNRIBO INJ 3.5MG	42
<i>super ca 600 tab + d3</i>	137	SYNTHROID TAB 100MCG	100
<i>super ca 600 tab + d3 400</i>	137	SYNTHROID TAB 112MCG	100
<i>super calciu tab 600mg</i>	137	SYNTHROID TAB 125MCG	100
SUPER DAILY DRO D3	164	SYNTHROID TAB 137MCG	100
<i>super dha cap gems</i>	141	SYNTHROID TAB 150MCG	100
<i>super liq nu-thera</i>	164	SYNTHROID TAB 175MCG	100
<i>super multip cap</i>	164	SYNTHROID TAB 200MCG	100
<i>super multip tab</i>	164	SYNTHROID TAB 25MCG	100
<i>super omega cap -3</i>	141	SYNTHROID TAB 300MCG	100
SUPER POW NU-THERA	164	SYNTHROID TAB 50MCG	100
<i>super tab nu-thera</i>	164	SYNTHROID TAB 75MCG	100
<i>super thera tab vite m</i>	164	SYNTHROID TAB 88MCG	100
SUPER TWIN CAP EPA/DHA.....	141	SYSTANE GEL 0.3%.....	173
<i>super vikaps tab</i>	164	SYSTANE GEL DRO 0.4-0.3%...	173
SUPERIORSOUR CHW K1.....	164	<i>systane oin</i>	173
<i>superplex-t tab</i>	164	<i>tab tussin tab 20-400mg</i>	187
<i>supr aytinal tab</i>	164	<i>tab tussin tab 400mg</i>	187
<i>supr aytinal tab 50 plus</i>	164	<i>tab tussin tab dm</i>	187
<i>supr vitamin tab</i>	164	<i>tab-a-vite tab</i>	164
SUPREP BOWEL SOL PREP KIT .	114	<i>tab-a-vite tab /iron</i>	164
SUTENT CAP 12.5MG	41	<i>tab-a-vite tab beta car</i>	164
SUTENT CAP 25MG	41	TABLOID TAB 40MG	34
SUTENT CAP 37.5MG	41	TABRECTA TAB 150MG	41
SUTENT CAP 50MG	41	TABRECTA TAB 200MG	41
SYLATRON KIT 200MCG	42	<i>tacrolimus cap 0.5 mg</i>	127
SYLATRON KIT 300MCG	42	<i>tacrolimus cap 1 mg</i>	127
SYMBICORT AER 160-4.5	192	<i>tacrolimus cap 5 mg</i>	127
SYMBICORT AER 80-4.5	192	<i>tacrolimus oint 0.03%</i>	204
SYMDEKO TAB 100-150.....	190	<i>tacrolimus oint 0.1%</i>	204
SYMDEKO TAB 50-75MG.....	190	<i>tactinal chw children</i>	14
SYMFI LO TAB	27	<i>tactinal tab 325mg</i>	15
SYMFI TAB.....	27	<i>tactinal tab 500mg</i>	15
SYMJEPI INJ 0.15MG.....	190	TAFINLAR CAP 50MG	41
SYMJEPI INJ 0.3MG.....	190	TAFINLAR CAP 75MG	41
SYMPAZAN MIS 10MG	62	TAGRISSO TAB 40MG	41
SYMPAZAN MIS 20MG	63	TAGRISSO TAB 80MG	41
SYMPAZAN MIS 5MG.....	62	<i>take action tab 1.5mg</i>	91
SYMTUZA TAB.....	27	TALZENNA CAP 0.25MG	36

TALZENNA CAP 1MG	36	temazepam cap 15 mg	77
tame flame chw 500mg.....	103	temazepam cap 7.5 mg	77
tamoxifen citrate tab 10 mg (base equivalent)	37	TEMIXYS TAB 300-300.....	27
tamoxifen citrate tab 20 mg (base equivalent)	37	TENDER CARE CRE LANOLIN....	204
tamsulosin hcl cap 0.4 mg	117	TENIVAC INJ 5-2LF.....	128
TARGRETIN GEL 1%	204	tenofovir disoproxil fumarate tab 300 mg.....	25
tarina 24 fe tab	91	tension tab 500-65mg	15
tarina fe tab 1/20	92	terazosin hcl cap 1 mg (base equivalent).....	45
TARON FORTE CAP	122	terazosin hcl cap 10 mg (base equivalent).....	45
TASIGNA CAP 150MG.....	41	terazosin hcl cap 2 mg (base equivalent).....	45
TASIGNA CAP 200MG.....	41	terazosin hcl cap 5 mg (base equivalent).....	45
TASIGNA CAP 50MG.....	41	terbinafine cre 1%.....	196
TAXOTERE INJ 80MG/4ML.....	35	terbinafine hcl cream 1%	196
tazarotene cream 0.1%.....	196	terbinafine hcl tab 250 mg	24
tazicef inj 1gm	30	terbutaline sulfate tab 2.5 mg..	178
tazicef inj 2gm	30	terbutaline sulfate tab 5 mg ...	178
tazicef inj 6gm	30	terconazole vaginal cream 0.4%	118
TAZORAC CRE 0.05%	196	terconazole vaginal cream 0.8%	118
taztia xt cap 120mg/24	53	terconazole vaginal suppos 80 mg	118
taztia xt cap 180mg/24	53	testosterone cypionate im inj in oil 100 mg/ml	83
taztia xt cap 240mg/24	53	testosterone cypionate im inj in oil 200 mg/ml	83
taztia xt cap 300mg er	53	testosterone enanthate im inj in oil 200 mg/ml	83
taztia xt cap 360mg/24	53	testosterone td gel 12.5 mg/act (1%)	83
TAZVERIK TAB 200MG	42	testosterone td gel 25 mg/2.5gm (1%)	83
TDVAX INJ 2-2 LF.....	128	testosterone td gel 50 mg/5gm (1%)	83
tears again dro 1.4%	173	tetrabenazine tab 12.5 mg	79
TECENTRIQ INJ 1200/20	36	tetrabenazine tab 25 mg	79
TECENTRIQ INJ 840/14	36	tetracycline hcl cap 250 mg.....	33
TEFLARO INJ 400MG.....	30	tetracycline hcl cap 500 mg.....	33
TEFLARO INJ 600MG.....	30	TEXACORT SOL 2.5%	198
telmisartan tab 20 mg.....	48	tgt acetamin tab 500mg.....	15
telmisartan tab 40 mg.....	48	tgt allergy/ tab congest.....	187
telmisartan tab 80 mg.....	48	tgt antacid chw 1000mg.....	103
telmisartan-amlodipine tab 40-10 mg	47	tgt antacid sus anti-gas.....	103
telmisartan-amlodipine tab 40-5 mg	47	tgt antifung cre 1%	196
telmisartan-amlodipine tab 80-10 mg	47		
telmisartan-amlodipine tab 80-5 mg	47		
telmisartan-hydrochlorothiazide tab 40-12.5 mg	47		
telmisartan-hydrochlorothiazide tab 80-12.5 mg	47		
telmisartan-hydrochlorothiazide tab 80-25 mg	47		

<i>tgt aspirin chw 81mg</i>	15	THERA-D TAB 4000UNIT	164
<i>tgt aspirin chw child</i>	15	<i>thera-derm lot</i>	204
<i>tgt aspirin tab 325mg</i>	15	<i>theraflu exp tab cold/cgh</i>	187
<i>tgt aspirin tab 81mg</i>	15	THERAFLU FLU PAK SORE THR.	187
TGT GLUCOSE CHW GRAPE.....	97	<i>theraflu liq exprsmx</i>	187
TGT GLUCOSE CHW ORANGE	97	THERAGRAN-M TAB	165
TGT GLUCOSE CHW RASPBERRY ..	97	THERAGRAN-M TAB 50 PLUS ...	165
<i>tgt lubricnt oin eye nite</i>	173	THERAGRAN-M TAB ADVANCED	165
<i>tgt nasal spr 0.65%</i>	190	THERAGRAN-M TAB PREMIER ..	165
<i>tgt natural tab laxative</i>	114	<i>thera-m tab</i>	165
<i>tgt nicotine dis 14mg/24h</i>	83	THERA-M TAB	165
<i>tgt nicotine dis 21mg/24h</i>	83	THERANATAL MIS PLUS	165
<i>tgt nicotine dis 7mg/24hr</i>	83	THERAPEUTIC CRE MOISTUR ...	204
<i>tgt nicotine gum 2mg mint</i>	83	<i>therapeutic tab</i>	165
<i>tgt nicotine gum 2mg orig</i>	83	<i>therapeutic tab -m</i>	165
<i>tgt nicotine gum 2mgfruit</i>	83	<i>therapeutic- tab m</i>	165
<i>tgt nicotine gum 4mg</i>	83	<i>therapeutic- tab m/lutein</i>	165
<i>tgt nicotine gum 4mg orig</i>	83	<i>therapeutic tab multi</i>	165
<i>tgt nicotine loz 2mg chry</i>	83	THERA-TABS M TAB.....	165
<i>tgt nicotine loz 2mg mint</i>	83	<i>thera-tabs tab</i>	165
<i>tgt nicotine loz 4mg chry</i>	83	THERATEARS SOL 0.25% PF ...	173
<i>tgt nicotine loz 4mg mint</i>	83	<i>theratrum co tab 50 plus</i>	165
<i>tgt psyllium cap 0.52gm</i>	114	<i>theratrum tab complete</i>	165
<i>tgt sinus tab 120mg</i>	187	<i>theravim -m tab</i>	165
<i>th eye adv dro relief</i>	173	<i>therems tab</i>	165
THALOMID CAP 100MG	38	THEREMS-H TAB	165
THALOMID CAP 150MG	38	THEREMS-M TAB	165
THALOMID CAP 200MG	38	THERMOTABS TAB.....	130
THALOMID CAP 50MG	38	<i>theromega cap 1000mg</i>	141
THEO-24 CAP 100MG CR	190	<i>thiamine hcl inj 100 mg/ml</i>	165
THEO-24 CAP 200MG CR	190	THIAMINE HCL POW	165
THEO-24 CAP 300MG CR	190	<i>thiamine hcl tab 100 mg</i>	165
THEO-24 CAP 400MG ER	190	<i>thiamine hcl tab 250 mg</i>	165
<i>theophylline soln 80 mg/15ml</i> ..	190	<i>thiamine hcl tab 50 mg</i>	165
<i>theophylline tab er 12hr 300 mg</i>	190	<i>thioridazine hcl tab 10 mg</i>	74
.....	190	<i>thioridazine hcl tab 100 mg</i>	74
<i>theophylline tab er 12hr 450 mg</i>	190	<i>thioridazine hcl tab 25 mg</i>	74
.....	190	<i>thioridazine hcl tab 50 mg</i>	74
<i>theophylline tab er 24hr 400 mg</i>	190	<i>thiothixene cap 1 mg</i>	74
.....	190	<i>thiothixene cap 10 mg</i>	74
<i>theophylline tab er 24hr 600 mg</i>	190	<i>thiothixene cap 2 mg</i>	74
.....	190	<i>thiothixene cap 5 mg</i>	74
<i>thera form/ tab hematin</i>	164	<i>thrive gum 2mg mint</i>	83
THERA M PLUS TAB.....	164	THRIVITE 19 TAB	165
<i>thera tab</i>	164	<i>tiadylt cap 120mg/24</i>	53
THERA TAB	164	<i>tiadylt cap 180mg/24</i>	53
<i>thera vital tab m</i>	164	<i>tiadylt cap 240mg/24</i>	54
<i>therabasic-m tab</i>	165	<i>tiadylt cap 300mg/24</i>	54
<i>thera-d tab 2000unit</i>	164	<i>tiadylt cap 360mg/24</i>	54

<i>tiadylt cap 420mg/24</i>	54	<i>tolterodine tartrate cap er 24hr 4</i>	
<i>tiagabine hcl tab 12 mg</i>	63	<i>mg</i>	118
<i>tiagabine hcl tab 16 mg</i>	63	<i>tolterodine tartrate tab 1 mg</i> ...	118
<i>tiagabine hcl tab 2 mg</i>	63	<i>tolterodine tartrate tab 2 mg</i> ...	118
<i>tiagabine hcl tab 4 mg</i>	63	<i>topiramate sprinkle cap 15 mg</i> ...	63
TIBSOVO TAB 250MG.....	36	<i>topiramate sprinkle cap 25 mg</i> ...	63
<i>tigecycline for iv soln 50 mg</i>	22	<i>topiramate tab 100 mg</i>	63
<i>timolol maleate ophth gel forming</i>		<i>topiramate tab 200 mg</i>	63
<i>soln 0.25%</i>	172	<i>topiramate tab 25 mg</i>	63
<i>timolol maleate ophth gel forming</i>		<i>topiramate tab 50 mg</i>	63
<i>soln 0.5%</i>	171	<i>toposar inj 100/5ml</i>	43
<i>timolol maleate ophth soln 0.25%</i>		<i>toposar inj 1gm/50ml</i>	43
.....	172	<i>toremifene citrate tab 60 mg (base</i>	
<i>timolol maleate ophth soln 0.5%</i>		<i>equivalent)</i>	37
.....	172	<i>torseamide tab 10 mg</i>	55
<i>timolol maleate ophth soln 0.5%</i>		<i>torseamide tab 100 mg</i>	55
<i>(once-daily)</i>	172	<i>torseamide tab 20 mg</i>	55
<i>timolol maleate tab 10 mg</i>	52	<i>torseamide tab 5 mg</i>	55
<i>timolol maleate tab 20 mg</i>	52	<i>total allerg tab 25mg</i>	177
<i>timolol maleate tab 5 mg</i>	52	<i>total b/c tab</i>	165
TIVICAY PD TAB 5MG.....	25	<i>total formul tab</i>	165
TIVICAY TAB 10MG.....	25	<i>total formul tab 2</i>	165
TIVICAY TAB 25MG.....	25	<i>total formul tab 3</i>	165
TIVICAY TAB 50MG.....	26	<i>totalday mul tab tr</i>	165
<i>tizanidine hcl tab 2 mg (base</i>		TOVIAZ TAB 4MG.....	118
<i>equivalent)</i>	80	TOVIAZ TAB 8MG.....	118
<i>tizanidine hcl tab 4 mg (base</i>		TPN ELECTROL INJ	130
<i>equivalent)</i>	80	TRADJENTA TAB 5MG	87
TOBRADEX OIN 0.3-0.1%.....	169	<i>tramadol hcl tab 50 mg</i>	17
TOBRADEX ST SUS 0.3-0.05....	169	<i>tramadol-acetaminophen tab 37.5-</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>		<i>325 mg</i>	17
.....	20	<i>trandolapril tab 1 mg</i>	45
<i>tobramycin ophth soln 0.3%</i>	170	<i>trandolapril tab 2 mg</i>	45
<i>tobramycin sulfate for inj 1.2 gm</i>	20	<i>trandolapril tab 4 mg</i>	45
<i>tobramycin sulfate inj 1.2 gm/30ml</i>		<i>tranexamic acid iv soln 1000</i>	
<i>(40 mg/ml) (base equiv)</i>	21	<i>mg/10ml (100 mg/ml)</i>	123
<i>tobramycin sulfate inj 10 mg/ml</i>		<i>tranexamic acid tab 650 mg</i>	123
<i>(base equivalent)</i>	21	<i>tranylcypramine sulfate tab 10 mg</i>	
<i>tobramycin sulfate inj 2 gm/50ml</i>		.....	68
<i>(40 mg/ml) (base equiv)</i>	21	TRAVASOL INJ 10%.....	130
<i>tobramycin sulfate inj 80 mg/2ml</i>		<i>travel sick chw 25mg</i>	107
<i>(40 mg/ml) (base equiv)</i>	21	<i>travel sick tab 50mg</i>	107
<i>tobramycin-dexamethasone ophth</i>		<i>travel-ease tab 25mg</i>	107
<i>susp 0.3-0.1%</i>	169	<i>travoprost ophth soln 0.004%</i>	
<i>tolnaftate cre 1%</i>	196	<i>(benzalkonium free) (bak free)</i>	172
<i>tolnaftate cream 1%</i>	196	TRAZIMERA INJ 420MG.....	36
<i>tolnaftate powder 1%</i>	196	<i>trazodone hcl tab 100 mg</i>	68
<i>tolterodine tartrate cap er 24hr 2</i>		<i>trazodone hcl tab 150 mg</i>	68
<i>mg</i>	118	<i>trazodone hcl tab 50 mg</i>	68

TRECATOR TAB 250MG.....	27	<i>tab 37.5-25 mg</i>	55
TRELEGY AER ELLIPTA	174	<i>triamterene & hydrochlorothiazide</i>	
TRELSTAR MIX INJ 11.25MG	37	<i>tab 75-50 mg</i>	55
TRELSTAR MIX INJ 3.75MG.....	37	<i>tri-biozene oin</i>	194
<i>treprostinil inj soln 100 mg/20ml</i>		TRICARE TAB PRENATAL	165
<i>(5 mg/ml)</i>	57	<i>trientine hcl cap 250 mg</i>	88
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>tri-estaryll tab</i>	92
<i>mg/ml)</i>	57	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>treprostinil inj soln 200 mg/20ml</i>		<i>equivalent)</i>	74
<i>(10 mg/ml)</i>	57	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>treprostinil inj soln 50 mg/20ml</i>		<i>equivalent)</i>	75
<i>(2.5 mg/ml)</i>	57	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRESIBA FLEX INJ 100UNIT	84	<i>equivalent)</i>	74
TRESIBA FLEX INJ 200UNIT	84	<i>trifluoperazine hcl tab 5 mg (base</i>	
TRESIBA INJ 100UNIT.....	84	<i>equivalent)</i>	75
<i>tretinoin cap 10 mg</i>	42	<i>trifluridine ophth soln 1%</i>	170
<i>tretinoin cream 0.025%</i>	193	<i>trihexyphenidyl hcl oral soln 0.4</i>	
<i>tretinoin cream 0.05%</i>	193	<i>mg/ml</i>	70
<i>tretinoin cream 0.1%</i>	193	<i>trihexyphenidyl hcl tab 2 mg</i>	70
<i>tretinoin gel 0.01%</i>	193	<i>trihexyphenidyl hcl tab 5 mg</i>	70
<i>tretinoin gel 0.025%</i>	193	TRIJARDY XR TAB	87
<i>triaacting nt liq cold/cgh</i>	187	TRIKAFTA TAB	190
<i>triamcinolone acetone cream</i>		<i>tri-legend tab fe</i>	92
<i>0.025%</i>	198	<i>tri-lo- tab sprintec</i>	92
<i>triamcinolone acetone cream</i>		<i>trilyte sol</i>	114
<i>0.1%</i>	198	<i>trimethoprim tab 100 mg</i>	22
<i>triamcinolone acetone cream</i>		<i>tri-mili tab</i>	92
<i>0.5%</i>	198	<i>trimipramine maleate cap 100 mg</i>	
<i>triamcinolone acetone dental</i>		.....	68
<i>paste 0.1%</i>	205	<i>trimipramine maleate cap 25 mg</i> 68	
<i>triamcinolone acetone lotion</i>		<i>trimipramine maleate cap 50 mg</i> 68	
<i>0.025%</i>	198	TRINTELLIX TAB 10MG	68
<i>triamcinolone acetone lotion</i>		TRINTELLIX TAB 20MG	68
<i>0.1%</i>	198	TRINTELLIX TAB 5MG	68
<i>triamcinolone acetone nasal</i>		<i>triple antib oin</i>	194
<i>aerosol suspension 55 mcg/act</i>	191	<i>triple antib oin frst aid</i>	194
<i>triamcinolone acetone oint</i>		<i>triple antib oin max st</i>	194
<i>0.025%</i>	198	<i>triple antib oin plus</i>	194
<i>triamcinolone acetone oint 0.1%</i>		<i>triple paste oin af 2%</i>	196
.....	198	<i>tri-previfem tab</i>	92
<i>triamcinolone acetone oint 0.5%</i>		<i>triprolidine hcl liquid 0.313 mg/ml</i>	
.....	198	.....	177
TRIAMINIC SOL COLD/CGH.....	187	<i>triprolidine hcl liquid 0.625 mg/ml</i>	
<i>triaminic sus fev&cld</i>	188	.....	177
TRIAMINIC SYP CLD/ALRG.....	188	<i>tri-sprintec tab</i>	92
TRIAMINIC SYP COLD/CGH	188	TRIUMEQ TAB.....	27
<i>triamterene & hydrochlorothiazide</i>		TRI-VITAMIN DRO	165
<i>cap 37.5-25 mg</i>	55	<i>trivora-28 tab</i>	92
<i>triamterene & hydrochlorothiazide</i>		<i>tri-vylibra tab</i>	92

<i>tri-vylibra tab lo</i>	92	<i>tussin dm liq 10-100/5</i>	188
TROGARZO INJ 150MG/ML.....	26	<i>tussin dm liq 10-100mg</i>	188
TROPHAMINE INJ 10%	130	<i>tussin dm liq max</i>	188
<i>tropical liq nutritio</i>	165	<i>tussin dm mx liq 10-200/5</i>	188
<i>trosplum chloride tab 20 mg</i>	118	<i>tussin dm syp 100-10/5</i>	188
TRUE METRIX KIT AIR.....	206	<i>tussin mucus liq 100/5ml</i>	188
TRUE METRIX KIT METER	206	TWINRIX INJ	128
TRUE METRIX STRIPS	206	TYBOST TAB 150MG	26
TRUEPLS GLUC GEL 15/32ML	97	<i>tydemy tab</i>	92
<i>trueplus tab diabetic</i>	165	TYKERB TAB 250MG	41
TRULICITY INJ 0.75/0.5	84	TYMLOS INJ.....	98
TRULICITY INJ 1.5/0.5	84	TYPHIM VI INJ	128
TRULICITY INJ 3/0.5	84	<i>ultra choice chw kids</i>	165
TRULICITY INJ 4.5/0.5	84	<i>ultra freeda tab</i>	165
TRUMENBA INJ.....	128	<i>ultra freeda tab /iron</i>	165
TRUSTEX/RIA MIS NON-LUB	92	<i>ultra fresh dro 0.5% op</i>	173
TRUVADA TAB 100-150	27	<i>ultra fresh oin pm</i>	173
TRUVADA TAB 133-200	27	ULTRA MEGA G TAB 100MG.....	165
TRUVADA TAB 167-250	27	ULTRA MEGA G TAB 75MG CR..	165
TRUVADA TAB 200-300	27	ULTRA MEGA TAB 75MG CR.....	165
TRUXIMA INJ 100/10ML	37	ULTRA MEGA TAB TWO	165
TRUXIMA INJ 500/50ML	37	ULTRA MENS MIS PACK.....	166
<i>trymine cg liq 225-7.5</i>	188	ULTRA OMEGA3 CAP 1400MG ..	141
TUKYSA TAB 150MG	41	<i>ultrachoice tab advanced</i>	166
TUKYSA TAB 50MG	41	ULTRATHON AER INSECT	204
<i>tulana tab 0.35mg</i>	92	ULTRATHON LOT REPELLNT	204
TUMS CHW DEL CHW 1177MG .	103	UNICOMPLEX-M TAB.....	166
<i>tums smoothi chw 750mg</i>	103	<i>unithroid tab 100mcg</i>	100
TURALIO CAP 200MG	41	<i>unithroid tab 112mcg</i>	100
TUSNEL C SYP.....	188	<i>unithroid tab 125mcg</i>	100
<i>tusnel diabt liq 10-100/5</i>	188	<i>unithroid tab 137mcg</i>	100
TUSNEL LIQ.....	188	<i>unithroid tab 150mcg</i>	100
TUSNEL PED DRO 7.5-50.....	188	<i>unithroid tab 175mcg</i>	100
TUSNEL PEDI LIQ 15-5-50	188	<i>unithroid tab 200mcg</i>	100
TUSNEL TAB	188	<i>unithroid tab 25mcg</i>	100
TUSNEL-DM DRO PEDIATRC.....	188	<i>unithroid tab 300mcg</i>	100
TUSSICAPS CAP 10-8MG	188	<i>unithroid tab 50mcg</i>	100
<i>tussin adult liq 100/5ml</i>	188	<i>unithroid tab 75mcg</i>	100
<i>tussin adult liq cgh/cong</i>	188	<i>unithroid tab 88mcg</i>	100
<i>tussin adult liq cold</i>	188	UP&UP CHW GRAPE	97
<i>tussin cf liq</i>	188	UP&UP CHW ORANGE	97
<i>tussin cf liq 5-10-100</i>	188	UP&UP CHW RASPBERRY	97
<i>tussin cf liq cgh/cold</i>	188	UPCAL D POW.....	137
<i>tussin cf liq cgh/flu</i>	188	UPSPRING BAB LIQ VIT D	166
<i>tussin cf liq max/m-s</i>	188	UPSPRINGBABY DRO MV/IRON	166
<i>tussin chest syp 100/5ml</i>	188	<i>urinary pain tab 95mg</i>	117
<i>tussin cough syp 15mg/5ml</i>	188	<i>urinary pain tab 97.5mg</i>	117
<i>tussin dm liq</i>	188	URO MAG CAP 140MG.....	103
<i>tussin dm liq 100-10/5</i>	188	URO-MAG CAP 140MG	103

<i>ursodiol cap 300 mg</i>	116	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	23
<i>ursodiol tab 250 mg</i>	116	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	23
<i>ursodiol tab 500 mg</i>	116	VANCOMYCIN INJ 1 GM.....	23
<i>valacyclovir hcl tab 1 gm</i>	28	VANCOMYCIN INJ 500MG	23
<i>valacyclovir hcl tab 500 mg</i>	28	VANCOMYCIN INJ 750MG	23
VALCHLOR GEL 0.016%	204	<i>vandazole gel 0.75%</i>	118
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	28	VANICREAM CRE	204
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	28	VAQTA INJ 25/0.5ML	128
<i>valproate sodium inj 100 mg/ml</i>	63	VAQTA INJ 50UNT/ML.....	128
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	63	VARIVAX INJ	128
<i>valproic acid cap 250 mg</i>	63	VASCEPA CAP 0.5GM	50
<i>valsartan tab 160 mg</i>	48	VASCEPA CAP 1GM.....	50
<i>valsartan tab 320 mg</i>	48	<i>v-c forte cap</i>	166
<i>valsartan tab 40 mg</i>	48	VELCADE INJ 3.5MG	37
<i>valsartan tab 80 mg</i>	48	<i>velivet pak</i>	92
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	47	VELTASSA POW 16.8GM.....	88
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	47	VELTASSA POW 25.2GM.....	88
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	47	VELTASSA POW 8.4GM	88
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	47	VELVACHOL CRE	204
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	47	VEMLIDY TAB 25MG	28
VALTOCO LIQ 15MG.....	63	VENCLEXTA TAB 100MG.....	37
VALTOCO LIQ 20MG.....	63	VENCLEXTA TAB 10MG.....	37
VALTOCO SPR 10MG	63	VENCLEXTA TAB 50MG.....	37
VALTOCO SPR 5MG	63	VENCLEXTA TAB START PK.....	37
VANACOF AC LIQ 12.5-25.....	188	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	68
VANACOF LIQ	188	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	68
VANACOF-8 LIQ 25-50/15	188	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	68
<i>vanadom tab 350mg</i>	80	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	68
VANALICE GEL 0.3-3.5%	204	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	68
VANATAB AC TAB 12.5-25	188	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	68
VANATAB DM TAB 5-9-198	188	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	68
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	22	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	68
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	23	VENOFER INJ 20MG/ML.....	122
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	23	VENTAVIS SOL 10MCG/ML	57
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	23	VENTAVIS SOL 20MCG/ML	57
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	23	VENTOLIN HFA AER.....	178
		<i>verapamil hcl cap er 24hr 100 mg</i>	54
		<i>verapamil hcl cap er 24hr 120 mg</i>	54

.....	54	VIREAD TAB 150MG	26
<i>verapamil hcl cap er 24hr 180 mg</i>		VIREAD TAB 200MG	26
.....	54	VIREAD TAB 250MG	26
<i>verapamil hcl cap er 24hr 200 mg</i>		<i>virt-caps cap</i>	166
.....	54	<i>virtussin ac sol 100-10/5</i>	188
<i>verapamil hcl cap er 24hr 240 mg</i>		<i>vision form cap 2</i>	166
.....	54	<i>vision form cap eye hlth</i>	166
<i>verapamil hcl cap er 24hr 300 mg</i>		<i>vision form/ tab lutein</i>	166
.....	54	<i>vision tab vitamins</i>	166
<i>verapamil hcl cap er 24hr 360 mg</i>		<i>vit b complx tab /vit c</i>	166
.....	54	<i>vit d child chw 1000unit</i>	166
<i>verapamil hcl iv soln 2.5 mg/ml</i> .	54	<i>vit d3 drops liq 400unit</i>	166
<i>verapamil hcl tab 120 mg</i>	54	<i>vit e complx cap 1000unit</i>	166
<i>verapamil hcl tab 40 mg</i>	54	<i>vit e complx cap 400unit</i>	166
<i>verapamil hcl tab 80 mg</i>	54	<i>vit e d-α cap 200unit</i>	166
<i>verapamil hcl tab er 120 mg</i>	54	<i>vit e d-α cap 400unit</i>	166
<i>verapamil hcl tab er 180 mg</i>	54	<i>vita hair tab</i>	166
<i>verapamil hcl tab er 240 mg</i>	54	<i>vitabasic tab complete</i>	166
VERSACLOZ SUS 50MG/ML	75	<i>vitabasic tab senior</i>	166
VERZENIO TAB 100MG	37	<i>vita-bee/c tab</i>	166
VERZENIO TAB 150MG	37	VITABEX PLUS CAP	166
VERZENIO TAB 200MG	37	VITA-C CRY	166
VERZENIO TAB 50MG	37	<i>vitachew chw</i>	166
<i>vic-forte cap</i>	166	VITACRAVES CHW IMMUNITY ..	166
VICTOZA INJ 18MG/3ML	84	VITACRAVES CHW MENS	166
<i>vienva tab 0.1-20</i>	92	VITACRAVES CHW SOUR GUM .	166
<i>vigabatrin powd pack 500 mg</i>	63	VITACRAVES CHW WOMENS	166
<i>vigabatrin tab 500 mg</i>	63	<i>vitajoy daly chw d 1000iu</i>	166
<i>vigadrone pow 500mg</i>	63	<i>vitajoy gumm chw 2.5mg</i>	141
VIIBRYD KIT STARTER	68	VITAL-D RX TAB	166
VIIBRYD TAB 10MG	68	<i>vitalee tab</i>	166
VIIBRYD TAB 20MG	68	VITALETS CHW CHILD	166
VIIBRYD TAB 40MG	68	VITAMAX CHW	166
VIMPAT INJ 200MG/20	63	VITAMENT PAK	166
VIMPAT SOL 10MG/ML	63	VITAMIN B 12 LOZ 250MCG....	166
VIMPAT TAB 100MG	63	<i>vitamin b-1 tab 100mg</i>	167
VIMPAT TAB 150MG	63	VITAMIN B-1 TAB 500MG	167
VIMPAT TAB 200MG	63	VITAMIN B12 DRO 3000/ML	166
VIMPAT TAB 50MG	63	VITAMIN B-12 DRO 3000MCG ..	167
<i>vincristine sulfat iv soln 1 mg/ml</i>		VITAMIN B-12 LIQ 1000MCG ..	167
.....	35	VITAMIN B-12 LOZ 50MCG	167
<i>vinorelbine tartrate inj 10 mg/ml</i>		<i>vitamin b12 tab 1000 tr</i>	166
<i>(base equiv)</i>	35	<i>vitamin b-12 tab 1000 tr</i>	167
<i>vinorelbine tartrate inj 50 mg/5ml</i>		<i>vitamin b12 tab 1000mcg</i>	166
<i>(10 mg/ml) (base equiv)</i>	35	<i>vitamin b-12 tab 1000mcg</i>	167
<i>violele tab</i>	92	<i>vitamin b12 tab 2000mcg</i>	166
VIRACEPT TAB 250MG	26	<i>vitamin b12 tab 2000mcg</i>	167
VIRACEPT TAB 625MG	26	<i>vitamin b-12 tab 5000mcg</i>	166
VIREAD POW 40MG/GM	26	<i>vitamin b-12 tab 500mcg</i>	167

<i>vitamin b-6 tab 100mg</i>	167	<i>vitamin e cap 200 unit</i>	168
<i>vitamin c loz 60mg</i>	167	<i>vitamin e cap 200unit</i>	168
VITAMIN C PAK 500MG	167	<i>vitamin e cap 400 unit</i>	168
VITAMIN C POW	167	<i>vitamin e cap 400unit</i>	168
<i>vitamin c tab 1000mg</i>	167	<i>vitamin e cap 600 unit</i>	168
VITAMIN C TAB 100MG	167	VITAMIN E CHW 400UNIT.....	168
<i>vitamin c tab 250mg</i>	167	<i>vitamin e oral oil 100 unit/0.25ml</i>	
<i>vitamin c tab 500mg</i>	167	.....	168
<i>vitamin c tab 500mg tr</i>	167	<i>vitamin e soln 15 unit/0.3ml (50</i>	
<i>vitamin d cap 1000unit</i>	168	<i>unit/ml)</i>	168
<i>vitamin d cap 2000unit</i>	168	VITAMIN E TAB 100UNIT	168
<i>vitamin d chw 1000unit</i>	168	VITAMIN E TAB 200UNIT	168
<i>vitamin d chw 400unit</i>	168	<i>vitamin e tab 400 unit</i>	168
<i>vitamin d dro 400unit</i>	168	VITAMIN LIQ MINERAL.....	168
<i>vitamin d tab 1000unit</i>	168	VITA-RESPA TAB	166
<i>vitamin d tab 2000unit</i>	168	VITASANA TAB.....	168
<i>vitamin d tab 400unit</i>	168	<i>vitatrum chw</i>	168
VITAMIN D2 TAB 2000UNIT	167	VITATRUM TAB	168
VITAMIN D2 TAB 400UNIT	167	<i>vitatrum tab complete</i>	168
<i>vitamin d3 cap 10000unt</i>	167	<i>vite/iron chw children</i>	168
<i>vitamin d3 cap 1000unit</i>	167	VITRAKVI CAP 100MG.....	41
<i>vitamin d3 cap 2000 unt</i>	167	VITRAKVI CAP 25MG	41
<i>vitamin d3 cap 2000unit</i>	167	VITRAKVI SOL 20MG/ML	42
<i>vitamin d-3 cap 2000unit</i>	168	<i>vitrum tab senior</i>	168
VITAMIN D3 CAP 4000UNIT	167	VITRUM TAB SENIOR	168
<i>vitamin d3 cap 400unit</i>	167	VIVITROL INJ 380MG	83
<i>vitamin d3 cap 50000unt</i>	167	VIZIMPRO TAB 15MG.....	42
<i>vitamin d3 cap 5000unit</i>	167	VIZIMPRO TAB 30MG	42
<i>vitamin d3 cap us 5000u</i>	167	VIZIMPRO TAB 45MG.....	42
<i>vitamin d3 chw 1000unit</i>	167	<i>vol-care rx tab</i>	168
<i>vitamin d3 chw 400unit</i>	167	VOL-NATE TAB.....	168
<i>vitamin d3 dro 10mcg/ml</i>	167	VOL-TAB RX TAB.....	168
VITAMIN D3 LIQ 1000UNIT	167	<i>voriconazole for inj 200 mg</i>	24
VITAMIN D3 LIQ 1200UNIT	167	<i>voriconazole for susp 40 mg/ml</i> .	24
VITAMIN D3 SPR 1000UNIT	167	<i>voriconazole tab 200 mg</i>	24
VITAMIN D3 TAB 10000UNT.....	167	<i>voriconazole tab 50 mg</i>	24
<i>vitamin d3 tab 1000unit</i>	167	VOSEVI TAB	28
<i>vitamin d-3 tab 1000unit</i>	168	VOTRIENT TAB 200MG.....	42
<i>vitamin d3 tab 2000unit</i>	167	VP GLUCOSE CHW FRUIT	97
VITAMIN D3 TAB 3000UNIT	167	VP GLUCOSE CHW GRAPE	97
<i>vitamin d3 tab 400unit</i>	167	<i>vp-vite rx tab</i>	168
<i>vitamin d3 tab 50000unt</i>	167	<i>v-r aspirin tab 500mg ec</i>	15
<i>vitamin d3 tab 5000unit</i>	167	VRAYLAR CAP 1.5-3MG	75
<i>vitamin d-3 tab 5000unit</i>	168	VRAYLAR CAP 1.5MG	75
VITAMIN D3 TAB 5000UNIT	167	VRAYLAR CAP 3MG	75
VITAMIN D3 TAB COMPLETE	168	VRAYLAR CAP 4.5MG	75
<i>vitamin e cap 100 unit</i>	168	VRAYLAR CAP 6MG	75
<i>vitamin e cap 1000 unit</i>	168	<i>vt b complex cap</i>	168
<i>vitamin e cap 1000unit</i>	168	<i>vyfemla tab 0.4-35</i>	92

<i>vylibra tab 0.25-35</i>	92	XCOPRI TAB 50-200MG	63
<i>wal-dryl liq 12.5/5ml</i>	177	XCOPRI TAB 50MG	64
<i>wal-mucil pow 28.3%</i>	114	XELJANZ TAB 10MG	124
<i>wal-mucil pow 48.57%</i>	114	XELJANZ TAB 5MG	124
<i>wal-mucil pow 58.6%</i>	114	XELJANZ XR TAB 11MG	124
<i>warfarin sodium tab 1 mg</i>	119	XELJANZ XR TAB 22MG	124
<i>warfarin sodium tab 10 mg</i>	120	XGEVA INJ	98
<i>warfarin sodium tab 2 mg</i>	119	XIFAXAN TAB 550MG	116
<i>warfarin sodium tab 2.5 mg</i>	119	XIGDUO XR TAB 10-1000	87
<i>warfarin sodium tab 3 mg</i>	119	XIGDUO XR TAB 10-500MG	87
<i>warfarin sodium tab 4 mg</i>	120	XIGDUO XR TAB 2.5-1000	87
<i>warfarin sodium tab 5 mg</i>	120	XIGDUO XR TAB 5-1000MG	87
<i>warfarin sodium tab 6 mg</i>	120	XIGDUO XR TAB 5-500MG	87
<i>warfarin sodium tab 7.5 mg</i>	120	XOLAIR INJ 150MG/ML	190
<i>wart remover liq 17%</i>	204	XOLAIR INJ 75/0.5	190
<i>wart remover mis 40%</i>	204	XOLAIR SOL 150MG	191
<i>water for irrigation, sterile</i>		XOSPATA TAB 40MG	42
<i>irrigation soln</i>	205	XPOVIO PAK 100MG	42
<i>wee care sus 15/1.25</i>	122	XPOVIO PAK 40MG	42
<i>whole source tab dietary</i>	168	XPOVIO PAK 60MG	42
<i>whole source tab for men</i>	168	XPOVIO PAK 80MG	42
<i>whole source tab mature</i>	168	XTANDI CAP 40MG	38
<i>womans laxat tab 5mg ec</i>	114	XULTOPHY INJ 100/3.6	85
<i>womens 50+ cap advanced</i>	168	XYREM SOL 500MG/ML	80
<i>womens 50+ tab advanced</i>	169	YELETS TEEN TAB FORMULA	169
WOMENS BIO- TAB MULTIPLE ..	169	YF-VAX INJ	128
<i>womens cap multi</i>	169	<i>yl folic aci tab 400mcg</i>	169
<i>womens daily chw gummies</i>	169	<i>yl vit b-6 tab 100mg</i>	169
<i>womens daily tab fa/ca/fe</i>	169	<i>yl vit c/rh tab 1000mg</i>	169
<i>womens daily tab formula</i>	169	<i>yl vitamin c tab 1000mg</i>	169
<i>womens laxat tab 5mg ec</i>	114	<i>yl vitamin e cap 400unit</i>	169
<i>womens one tab daily</i>	169	YOUR LIFE CHW GUMMIES	169
WOMENS PAK	169	<i>zafirlukast tab 10 mg</i>	189
<i>womns active tab daily</i>	169	<i>zafirlukast tab 20 mg</i>	189
<i>wymzya fe chw 0.4mg-35</i>	92	<i>zaleplon cap 10 mg</i>	77
XALKORI CAP 200MG	42	<i>zaleplon cap 5 mg</i>	77
XALKORI CAP 250MG	42	<i>zarah tab 3-0.03mg</i>	92
XARELTO STAR TAB 15/20MG ..	120	ZARXIO INJ 300/0.5	120
XARELTO TAB 10MG	120	ZARXIO INJ 480/0.8	120
XARELTO TAB 15MG	120	<i>zeasorb-af pow 2%</i>	196
XARELTO TAB 2.5MG	120	ZEJULA CAP 100MG	37
XARELTO TAB 20MG	120	ZELBORAF TAB 240MG	42
XATMEP SOL 2.5MG/ML	124	ZEMAIRA INJ 1000MG	191
XCOPRI PAK 12.5-25	63	<i>zenatane cap 10mg</i>	193
XCOPRI PAK 150-200	63	<i>zenatane cap 20mg</i>	193
XCOPRI PAK 50-100MG	63	<i>zenatane cap 30mg</i>	193
XCOPRI TAB 100MG	64	<i>zenatane cap 40mg</i>	194
XCOPRI TAB 150MG	64	ZENPEP CAP 10000UNT	116
XCOPRI TAB 200MG	64	ZENPEP CAP 15000UNT	116

ZENPEP CAP 20000UNT	116	.....	87
ZENPEP CAP 25000	116	ZOLINZA CAP 100MG.....	37
ZENPEP CAP 3000UNIT	116	<i>zolmitriptan orally disintegrating</i>	
ZENPEP CAP 40000.....	116	<i>tab 2.5 mg</i>	78
ZENPEP CAP 5000UNIT	116	<i>zolmitriptan orally disintegrating</i>	
ZERVIATE DRO 0.24%	171	<i>tab 5 mg</i>	79
<i>zidovudine cap 100 mg</i>	26	<i>zolmitriptan tab 2.5 mg</i>	79
<i>zidovudine syrup 10 mg/ml.....</i>	26	<i>zolmitriptan tab 5 mg</i>	79
<i>zidovudine tab 300 mg.....</i>	26	<i>zolpidem tartrate tab 10 mg</i>	77
ZIKS ARTHRIT CRE RELIEF	204	<i>zolpidem tartrate tab 5 mg.....</i>	77
ZINC 15 TAB 66MG.....	137	<i>zonisamide cap 100 mg</i>	64
ZINC LOZ	169	<i>zonisamide cap 25 mg</i>	64
<i>zinc sulfate cap 220 mg (50 mg</i>		<i>zonisamide cap 50 mg</i>	64
<i>elemental zn).....</i>	137	<i>zoo friends chw.....</i>	169
ZINC SULFATE CAP 50MG.....	137	ZOO FRIENDS CHW COMPLETE	169
ZINC SULFATE POW.....	137	<i>zoo friends chw extra c</i>	169
ZINC SULFATE POW GRANULAR	137	<i>zoo friends chw gummies</i>	169
ZINC SULFATE POW MONOHYD	137	<i>zoo friends chw pls iron</i>	169
<i>zinc sulfate tab 220 mg (50 mg</i>		ZORTRESS TAB 0.25MG	127
<i>zinc equivalent).....</i>	138	ZORTRESS TAB 0.5MG.....	127
<i>zinc-220 cap</i>	138	ZORTRESS TAB 0.75MG	127
<i>ziprasidone hcl cap 20 mg</i>	75	ZORTRESS TAB 1MG.....	127
<i>ziprasidone hcl cap 40 mg</i>	75	ZOSTAVAX INJ.....	128
<i>ziprasidone hcl cap 60 mg</i>	75	<i>zostrix hp cre 0.1%</i>	204
<i>ziprasidone hcl cap 80 mg</i>	75	ZOSTRIX NAT CRE 0.033%.....	204
<i>ziprasidone mesylate for inj 20 mg</i>		<i>zovia 1/35e tab.....</i>	92
<i>(base equivalent)</i>	75	Z-TUSS AC LIQ 2-9/5ML	188
ZIRABEV INJ 100/4ML.....	37	ZYDELIG TAB 100MG.....	42
ZIRABEV INJ 400/16ML.....	37	ZYDELIG TAB 150MG.....	42
ZIRGAN GEL 0.15%	170	ZYKADIA TAB 150MG.....	42
<i>zoledronic acid inj conc for iv</i>		ZYLET SUS 0.5-0.3%.....	169
<i>infusion 4 mg/5ml</i>	87	ZYPREXA RELP INJ 210MG.....	75
<i>zoledronic acid iv soln 4 mg/100ml</i>		ZYPREXA RELP INJ 300MG.....	75
<i>.....</i>	87	ZYPREXA RELP INJ 405MG.....	75
<i>zoledronic acid iv soln 5 mg/100ml</i>		ZYTIGA TAB 500MG.....	38



+MyCareOhio
Connecting Medicare + Medicaid

Version 17

Updated: 12/01/2020

Member Services (855) 665-4623, TTY 711

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