

2020

Formulary

(List of Covered Drugs)

South Carolina

**Molina Dual Options
Medicare-Medicaid Plan**

Version 17

Updated: 12/01/2020

Member Services (855) 735-5831, TTY 711

7 days a week, 8 a.m. to 8 p.m., local time

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

Molina Dual Options 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. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Molina Dual Options. 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 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?.....	7
B11. How can you ask for an exception?.....	9
B12. How long does it take to get an exception?	9



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

B13. What are generic drugs?	9
B14. What are OTC drugs?	9
B15. Does Molina Dual Options cover OTC non-drug products?	10
B16. What is your copay?	10
B17. What are drug tiers?	10
C. List of Covered Drugs	10
D. List of Drugs by Medical Condition	11
E. Index of Covered Drugs	151



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A. Disclaimers

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

- ❖ Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections 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) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5831, servicio TTY al 711, los 7 días a la semana, de 8:00 a. m. a 8:00 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) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

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. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, and
 - you fill the prescription at a Molina Dual Options network pharmacy.
- Molina Dual Options may have additional steps to access certain drugs (see question B4 below).



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

You can also see an up-to-date list of drugs that we cover on our website listed at the bottom of the page or by calling Member Services at the number at the bottom of the page.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options 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 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 up to date Drug List on our website listed at the bottom of the page.
- You can also call Member Services to check the current Drug List at the number at the bottom of the page.

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

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.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- 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. 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?

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 before you fill your prescription. Molina Dual Options may not cover the drug if you do not get approval.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might 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 12-150. 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**
- 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.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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 the number at the bottom of the page and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

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

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

We can help. We will cover a temporary 60-day supply of your Part D drug and a 90-day supply of your Healthy Connections Medicaid drug during the first 180 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she will determine 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 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, **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:

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

Transition Policy



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Members may be affected by changes in our formulary from one year to the next. You should talk to your doctor to decide if you should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See Chapter 9 of the Member Handbook to learn more about how to request an exception. Please contact Member Services if you need help switching to a different drug that we cover or if you need help requesting a formulary exception.

- **If you are a current member affected by a formulary change from one year to the next**, we will provide a 60-day temporary supply of the non-formulary drug if you need a refill for the drug during the first 180 days of the new plan year for Part D drugs and Healthy Connections Medicaid drugs.

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.

- **If you are a current member and are not affected by a formulary change**
 - And if you don't live in a long term care facility, we will provide a 31-day supply of Part D and Healthy Connections Medicaid drugs that are non-formulary or have limitations during the first 90-days of the calendar year.
 - And you enter a long-term-care facility (like a nursing home) in the first 180 days from joining the plan, an additional temporary supply of up to 31 days will be covered during the first 90 days of your admittance into the long-term care facility if your drug is not on the formulary or has other limitations.

Temporary Supply

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

If the resident has been enrolled in our Plan for more than 180 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while pursuing a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a



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temporary, one-time fill exception for a 31-day supply even if you are outside of the first 180 days as a member of the plan.

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

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

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

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

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 covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

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



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

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

B16. What is your copay?

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

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

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 151. The index alphabetically lists all drugs covered by Molina Dual Options.

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

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

Note: The * next to a drug means the drug is not a “Part D drug.” 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).



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- 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.”

- 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 Healthy Connections 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 the number at the bottom of the page. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

D. List of Drugs by Medical Condition

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

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



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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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>acetamin tab 500mg</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>acetaminophn sus 160/5ml</i>	\$0(3)	NM; *
<i>acetaminophn sus 325mg</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 chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0(3)	NM; *
ASPIRIN SUP 300MG	\$0(3)	NM; *
ASPIRIN SUP 600MG	\$0(3)	NM; *
<i>aspirin tab 325 mg</i>	\$0(3)	NM; *
<i>aspirin tab 325mg</i>	\$0(3)	NM; *
<i>aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0(3)	NM; *
<i>child asa ls chw 81mg</i>	\$0(3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0(3)	NM; *
<i>easy-melts tab 80mg</i>	\$0(3)	NM; *
<i>ecpirin tab 325mg ec</i>	\$0(3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0(3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0(3)	NM; *
<i>gnp aspirin tab 325mg ec</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 migraine tab relief</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>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 liq 160/5ml</i>	\$0(3)	NM; *
<i>mapap tab 325mg</i>	\$0(3)	NM; *
<i>mapap tab 500mg</i>	\$0(3)	NM; *
<i>migraine tab formula</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 500mg</i>	\$0(3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0(3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0(3)	NM; *
<i>pain & fever sus 160/5ml</i>	\$0(3)	NM; *
<i>pain & fever tab 325mg</i>	\$0(3)	NM; *
<i>pain & fever tab 500mg</i>	\$0(3)	NM; *
<i>pain relief tab 500mg</i>	\$0(3)	NM; *
<i>pain relief tab 650mg</i>	\$0(3)	NM; *
<i>pain relieve tab 325mg</i>	\$0(3)	NM; *
<i>pain relieve tab 500mg</i>	\$0(3)	NM; *
<i>pain relievr tab plus</i>	\$0(3)	NM; *
<i>pharbetol tab 325mg</i>	\$0(3)	NM; *
<i>pharbetol tab 500mg</i>	\$0(3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0(3)	NM; *
<i>qc aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>qc headache tab relief</i>	\$0(3)	NM; *
<i>sb aspirin tab 325mg</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 migraine tab relief</i>	\$0(3)	NM; *
<i>tactinal chw children</i>	\$0(3)	NM; *
<i>tactinal tab 325mg</i>	\$0(3)	NM; *
<i>tactinal tab 500mg</i>	\$0(3)	NM; *
<i>tri-buff asa tab 325mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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>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>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 200mg</i>	\$0(3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0(3)	NM; *
<i>ibuprofen ib chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen sus 100/5ml</i>	\$0(3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0(1)	
<i>ibuprofen 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>meloxicam tab 7.5 mg</i>	\$0(1)	

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<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>qc ibuprofen tab 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)	
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)	

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<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
<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

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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
<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

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<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)
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

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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
<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)	

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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>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)
<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

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<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>praziquantel tab 600 mg</i>	\$0(1)	
<i>SIVEXTRO INJ 200MG</i>	\$0(2)	NDS
<i>SIVEXTRO TAB 200MG</i>	\$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)	
<i>SYNERCID INJ 500MG</i>	\$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)
<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)	

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<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>micafungin sodium for iv soln 50 mg</i>	\$0(2)	NDS
<i>micafungin 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)	
<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

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>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)	
INTELENCE TAB 100MG	\$0(2)	NDS
INTELENCE TAB 200MG	\$0(2)	NDS

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIVICAY TAB 25MG	\$0(2)	NDS
TIVICAY TAB 50MG	\$0(2)	NDS
TROGARZO INJ 150MG/ML	\$0(2)	NDS, LA
TYBOST TAB 150MG	\$0(2)	
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)	

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ceftriaxone sodium for inj 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0(1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0(1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0(1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0(1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0(1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0(1)	
<i>cephalexin cap 250 mg</i>	\$0(1)	
<i>cephalexin cap 500 mg</i>	\$0(1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<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)	

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

<i>CIPRO (10%) SUS 500MG/5</i>	\$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)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for 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)	

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

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

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

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

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

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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
XTANDI CAP 40MG	\$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA

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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
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GILOTRIF TAB 40MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 15MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0(2)	NDS, LA, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0(2)	NDS, LA, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
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

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

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

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

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<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benazepril hcl tab 40 mg</i>	\$0(1)	
<i>captopril tab 12.5 mg</i>	\$0(1)	
<i>captopril tab 25 mg</i>	\$0(1)	
<i>captopril tab 50 mg</i>	\$0(1)	
<i>captopril tab 100 mg</i>	\$0(1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0(1)	
<i>enalapril maleate tab 5 mg</i>	\$0(1)	
<i>enalapril maleate tab 10 mg</i>	\$0(1)	
<i>enalapril maleate tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 10 mg</i>	\$0(1)	
<i>fosinopril sodium tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 40 mg</i>	\$0(1)	
<i>lisinopril tab 2.5 mg</i>	\$0(1)	
<i>lisinopril tab 5 mg</i>	\$0(1)	
<i>lisinopril tab 10 mg</i>	\$0(1)	
<i>lisinopril tab 20 mg</i>	\$0(1)	
<i>lisinopril tab 30 mg</i>	\$0(1)	
<i>lisinopril tab 40 mg</i>	\$0(1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0(1)	
<i>moexipril hcl tab 15 mg</i>	\$0(1)	
<i>perindopril erbumine tab 2 mg</i>	\$0(1)	
<i>perindopril erbumine tab 4 mg</i>	\$0(1)	
<i>perindopril erbumine tab 8 mg</i>	\$0(1)	
<i>quinapril hcl tab 5 mg</i>	\$0(1)	
<i>quinapril hcl tab 10 mg</i>	\$0(1)	
<i>quinapril hcl tab 20 mg</i>	\$0(1)	
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	\$0(1)	
<i>eplerenone tab 50 mg</i>	\$0(1)	
<i>spironolactone tab 25 mg</i>	\$0(1)	
<i>spironolactone tab 50 mg</i>	\$0(1)	
<i>spironolactone tab 100 mg</i>	\$0(1)	

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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)	
<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)	

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

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>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)	
<i>irbesartan tab 75 mg</i>	\$0(1)	
<i>irbesartan tab 150 mg</i>	\$0(1)	
<i>irbesartan tab 300 mg</i>	\$0(1)	
<i>losartan potassium tab 25 mg</i>	\$0(1)	
<i>losartan potassium tab 50 mg</i>	\$0(1)	
<i>losartan potassium tab 100 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 20 mg</i>	\$0(1)	
<i>telmisartan tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 40 mg</i>	\$0(1)	
<i>valsartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 160 mg</i>	\$0(1)	
<i>valsartan tab 320 mg</i>	\$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<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)	
<i>sotalol hcl (afib/af) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/af) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/af) 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0(1)	
<i>lovastatin tab 10 mg</i>	\$0(1)	
<i>lovastatin tab 20 mg</i>	\$0(1)	
<i>lovastatin tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 10 mg</i>	\$0(1)	
<i>pravastatin sodium tab 20 mg</i>	\$0(1)	
<i>pravastatin sodium tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 80 mg</i>	\$0(1)	
<i>rosuvastatin calcium tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0(1)	
<i>simvastatin tab 10 mg</i>	\$0(1)	
<i>simvastatin tab 20 mg</i>	\$0(1)	
<i>simvastatin tab 40 mg</i>	\$0(1)	
<i>simvastatin tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>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)	

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

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

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

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 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)	
<i>tiadylt cap 240mg/24</i>	\$0(1)	

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<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)	

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<i>chlorthalidone tab 50 mg</i>	\$0(1)	
<i>furosemide inj 10 mg/ml</i>	\$0(1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0(1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0(1)	
<i>furosemide tab 20 mg</i>	\$0(1)	
<i>furosemide tab 40 mg</i>	\$0(1)	
<i>furosemide tab 80 mg</i>	\$0(1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0(1)	
<i>indapamide tab 1.25 mg</i>	\$0(1)	
<i>indapamide tab 2.5 mg</i>	\$0(1)	
<i>methazolamide tab 25 mg</i>	\$0(1)	
<i>methazolamide tab 50 mg</i>	\$0(1)	
<i>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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CORLANOR SOL 5MG/5ML	\$0(2)	
CORLANOR TAB 5MG	\$0(2)	
CORLANOR TAB 7.5MG	\$0(2)	
DEMSER CAP 250MG	\$0(2)	NDS, PA
<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)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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>buspirone hcl tab 5 mg</i>	\$0(1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0(1)	
<i>buspirone hcl tab 10 mg</i>	\$0(1)	
<i>buspirone hcl tab 15 mg</i>	\$0(1)	
<i>buspirone hcl tab 30 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0(1)	
<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)

ANTI-CONVULSANTS - 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)	

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0(2)	
DILANTIN CAP 100MG	\$0(2)	
DILANTIN CHW 50MG	\$0(2)	
DILANTIN-125 SUS 125/5ML	\$0(2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
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

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
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)	
<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)	

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<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
<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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>roweepra tab 500mg</i>	\$0(1)	
<i>roweepra tab 750mg</i>	\$0(1)	
<i>roweepra tab 1000mg</i>	\$0(1)	
<i>roweepra xr tab 500mg xr</i>	\$0(1)	
<i>roweepra xr tab 750mg xr</i>	\$0(1)	
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
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)	

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

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

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

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 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)	
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
FETZIMA CAP 40MG	\$0(2)	QL (60 caps / 30 days), PA

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

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0(1)	
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	
<i>trihexyphenidyl hcl 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)

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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)	
<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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
GEODON INJ 20MG	\$0(2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0(1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0(1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0(1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0(1)	
<i>haloperidol tab 0.5 mg</i>	\$0(1)	
<i>haloperidol tab 1 mg</i>	\$0(1)	
<i>haloperidol tab 2 mg</i>	\$0(1)	
<i>haloperidol tab 5 mg</i>	\$0(1)	
<i>haloperidol tab 10 mg</i>	\$0(1)	
<i>haloperidol tab 20 mg</i>	\$0(1)	
INVEGA SUST INJ 39/0.25	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0(2)	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)

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

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

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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		
BELSOMRA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	\$0(2)	QL (30 tabs / 30 days)
BELSOMRA TAB 20MG	\$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)
<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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	\$0(2)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	\$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)
EMGALITY INJ 120MG/ML	\$0(2)	QL (2 pens / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMGALITY INJ 120MG/ML	\$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)
<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

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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
<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

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>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
<i>XYREM SOL 500MG/ML</i>	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
<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

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>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>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	
<i>gnp nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0(3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>headache pm tab 25-500mg</i>	\$0(3)	NM; *
<i>headache tab 25-500mg</i>	\$0(3)	NM; *
<i>hm nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>hm nicotine dis 21mg/24h</i>	\$0(3)	NM; *
<i>hm nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>hm nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>hm nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>hm nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 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; *
<i>nicotine td dis 7mg/24hr</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 25mg</i>	\$0(3)	NM; *
<i>nighttime tab 25mg</i>	\$0(3)	NM; *
<i>pain relief tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relieve tab 25-500mg</i>	\$0(3)	NM; *
<i>qc sleep aid cap 50mg</i>	\$0(3)	NM; *
<i>sleep aid tab 25mg</i>	\$0(3)	NM; *
<i>sleep tab 25mg</i>	\$0(3)	NM; *
<i>sleep time liq 50mg/30</i>	\$0(3)	NM; *
<i>sleeptime cap 25mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>sm nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>sm sleep aid tab 25mg</i>	\$0(3)	NM; *
<i>sm z-sleep liq 50mg/30</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

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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)	
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 FLEXTOUC	\$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)

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

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<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
<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)

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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)
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)

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BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<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

CHELATING AGENTS

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
<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)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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-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>necon tab 0.5/35</i>	\$0(1)	
<i>nikki tab 3-0.02mg</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>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>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>tarina 24 fe tab</i>	\$0(1)	
<i>tarina fe tab 1/20</i>	\$0(1)	
<i>tri-estaryl 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)	
<i>tulana tab 0.35mg</i>	\$0(1)	
<i>tydemy tab</i>	\$0(1)	
<i>velivet pak</i>	\$0(1)	

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

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ORFADIN SUS 4MG/ML	\$0(2)	NDS, LA, PA
sapropterin dihydrochloride powder packet 100 mg	\$0(2)	NDS, NM, PA
sapropterin dihydrochloride powder packet 500 mg	\$0(2)	NDS, NM, PA
sapropterin dihydrochloride soluble tab 100 mg	\$0(2)	NDS, NM, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	\$0(2)	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	\$0(2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0(2)	
estradiol tab 0.5 mg	\$0(2)	
estradiol tab 1 mg	\$0(2)	
estradiol tab 2 mg	\$0(2)	
estradiol td patch weekly 0.1 mg/24hr	\$0(2)	
estradiol td patch weekly 0.05 mg/24hr	\$0(2)	
estradiol td patch weekly 0.06 mg/24hr	\$0(2)	
estradiol td patch weekly 0.025 mg/24hr	\$0(2)	
estradiol td patch weekly 0.075 mg/24hr	\$0(2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	\$0(2)	
estradiol vaginal cream 0.1 mg/gm	\$0(1)	
estradiol vaginal tab 10 mcg	\$0(1)	
estradiol valerate im in oil 20 mg/ml	\$0(1)	
estradiol valerate im in oil 40 mg/ml	\$0(1)	
fyavolv tab 0.5-2.5	\$0(2)	
jinteli tab 1mg-5mcg	\$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	\$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	\$0(2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	\$0(1)	
DEXAMETHASON CON 1MG/ML	\$0(2)	
dexamethasone elixir 0.5 mg/5ml	\$0(1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	\$0(1)	
dexamethasone sodium phosphate inj 4 mg/ml	\$0(1)	
dexamethasone sodium phosphate inj 10 mg/ml	\$0(1)	

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<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)	
<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

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PREDNISONE 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)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide susp 50 mg/ml</i>	\$0(1)	
GLUCAGEN INJ HYPOKIT	\$0(2)	
GLUCAGON KIT 1MG	\$0(2)	
GVOKE HYPO 2 INJ 1MG/.2ML	\$0(2)	
GVOKE HYPO 2 INJ .5/.1ML	\$0(2)	
GVOKE PFS INJ	\$0(2)	
PROGLYCEM SUS 50MG/ML	\$0(2)	
MISCELLANEOUS		
BLOOD GLUCOS TES PREMIUM	\$0(3)	NM; *
<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

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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
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

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

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<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)	
<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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<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 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; *
<i>ant/anti-gas chw 1000-60</i>	\$0(3)	NM; *
<i>antacid chw 500mg</i>	\$0(3)	NM; *
<i>antacid chw 750mg</i>	\$0(3)	NM; *
<i>antacid fast sus acting</i>	\$0(3)	NM; *
<i>antacid fast sus relief</i>	\$0(3)	NM; *
<i>antacid plus sus gas rel</i>	\$0(3)	NM; *
<i>antacid sus</i>	\$0(3)	NM; *
<i>antacid sus anti-gas</i>	\$0(3)	NM; *
<i>antacid sus max st</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>antacid sus reg st</i>	\$0(3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0(3)	NM; *
<i>calc antacid chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 750mg</i>	\$0(3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0(3)	NM; *
<i>foam antacid sus</i>	\$0(3)	NM; *
GAVISCON SUS	\$0(3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0(3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0(3)	NM; *
<i>mag-al plus liq</i>	\$0(3)	NM; *
<i>mag-al plus liq xs</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>mi-acid sus</i>	\$0(3)	NM; *
<i>mi-acid sus max st</i>	\$0(3)	NM; *
<i>mintox sus</i>	\$0(3)	NM; *
<i>mintox sus max st</i>	\$0(3)	NM; *
<i>qc antacid sus</i>	\$0(3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0(3)	NM; *
<i>rulox sus</i>	\$0(3)	NM; *
<i>sb antacid sus 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 antigas</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
ACIDOPHILUS CAP	\$0(3)	NM; *
<i>anti-diarrhe cap 2mg</i>	\$0(3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0(3)	NM; *
<i>bismatrol chw 262mg</i>	\$0(3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0(3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0(3)	NM; *
<i>diarrhea rel sus 262/15ml</i>	\$0(3)	NM; *
<i>floranex gra</i>	\$0(3)	NM; *
<i>floranex tab</i>	\$0(3)	NM; *
<i>gnp k-pec sus 262/15ml</i>	\$0(3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0(3)	NM; *
<i>lactobacillus acidophilus-pectin cap</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 sus 1mg/7.5</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pink bismuth chw 262mg</i>	\$0(3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0(3)	NM; *
RISA-BID TAB PROBIO	\$0(3)	NM; *
RISAQUAD CAP	\$0(3)	NM; *
RISAQUAD-2 CAP	\$0(3)	NM; *
<i>sb bismuth tab 262mg</i>	\$0(3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0(3)	NM; *
<i>stomach relf chw 262mg</i>	\$0(3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0(3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0(3)	NM; *
<i>stomach relf tab 262mg</i>	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro sup 25mg</i>	\$0(1)	
<i>driminate tab 50mg</i>	\$0(3)	NM; *
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	\$0(2)	B/D
<i>granisetron hcl inj 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 tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<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; *

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<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)	
<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 tab 50mg</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; *

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<i>acid control tab 20mg</i>	\$0(3)	NM; *
<i>acid control tab 150mg</i>	\$0(3)	NM; *
<i>acid reducer tab 10mg</i>	\$0(3)	NM; *
<i>acid reducer tab 20mg</i>	\$0(3)	NM; *
<i>acid reducer tab 75mg</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine tab 10mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	
<i>famotidine tab 20mg</i>	\$0(3)	NM; *
<i>famotidine tab 40 mg</i>	\$0(1)	
<i>heartburn tab 20mg</i>	\$0(3)	NM; *
<i>heartburn tab 150mg</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 150 mg</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>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>clearlax pow</i>	\$0(3)	NM; *
<i>constulose sol 10gm/15</i>	\$0(1)	

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<i>docu liq 50mg/5ml</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 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>dok plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>ducodyl tab 5mg ec</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; *
<i>fiber laxatv tab 625mg</i>	\$0(3)	NM; *
<i>fiber laxtiv cap 0.52gm</i>	\$0(3)	NM; *
<i>fiber therap tab 500mg</i>	\$0(3)	NM; *
<i>fiber-caps tab 625mg</i>	\$0(3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0(3)	NM; *
FLEET BISACO ENE 10/30ML	\$0(3)	NM; *
FLEET LIQUID ENE GLYCERIN	\$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>glycerin sup 2gm</i>	\$0(3)	NM; *
<i>glycerin suppos 1 gm</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 clearlax pow</i>	\$0(3)	NM; *
<i>gnp enema ene</i>	\$0(3)	NM; *
<i>gnp fiber cap 0.52gm</i>	\$0(3)	NM; *
<i>gnp glycerin sup 1.2gm</i>	\$0(3)	NM; *
<i>gnp glycerin sup 2.1gm</i>	\$0(3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp laxative tab 25mg</i>	\$0(3)	NM; *
<i>gnp milk mag sus</i>	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>healthylax pow</i>	\$0(3)	NM; *

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<i>hm clearlax pow</i>	\$0(3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0(3)	NM; *
<i>hm fiber tab 500mg</i>	\$0(3)	NM; *
<i>hm mineral oil</i>	\$0(3)	NM; *
<i>konsyl daily pow 28.3%</i>	\$0(3)	NM; *
KONSYL DAILY POW 28.3%	\$0(3)	NM; *
KONSYL DAILY POW 100%	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>laxative sup 10mg</i>	\$0(3)	NM; *
<i>laxative tab 25mg</i>	\$0(3)	NM; *
<i>mag citrate sol cherry</i>	\$0(3)	NM; *
<i>mag citrate sol lemon</i>	\$0(3)	NM; *
<i>magnesium citrate soln</i>	\$0(3)	NM; *
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; *
<i>metamucil pow 58.6%</i>	\$0(3)	NM; *
<i>metamucil pow 58.6% sf</i>	\$0(3)	NM; *
<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; *
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; *
<i>mineral oil enema</i>	\$0(3)	NM; *
<i>nat fiber pow 28.3%</i>	\$0(3)	NM; *
<i>nat fiber pow 48.57%</i>	\$0(3)	NM; *
<i>nat fiber pow therapy</i>	\$0(3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0(3)	NM; *
NULYTELY SOL FLAV PKS	\$0(2)	
PEDIA-LAX CHW 400MG	\$0(3)	NM; *
PEDIA-LAX LIQ 50MG	\$0(3)	NM; *

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PEDIA-LAX SUP 2.8GM	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
<i>perdiem over tab 15mg</i>	\$0(3)	NM; *
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; *
<i>qc enema ene</i>	\$0(3)	NM; *
<i>qc laxative sup 10mg</i>	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natural pow vegetabl</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>senna plus tab 8.6-50mg</i>	\$0(3)	NM; *
SENNALAX SYP	\$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 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>silace liq 10mg/ml</i>	\$0(3)	NM; *
<i>silace syp 60/15ml</i>	\$0(3)	NM; *
<i>sm clearlax pow</i>	\$0(3)	NM; *
<i>sm epsom gra salt</i>	\$0(3)	NM; *
<i>sm fiber lax tab 500mg</i>	\$0(3)	NM; *
<i>sm fiber pow 28.3%</i>	\$0(3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0(3)	NM; *
<i>sm gentle tab laxative</i>	\$0(3)	NM; *
<i>sm laxative sup 10mg</i>	\$0(3)	NM; *
<i>sm stool tab softener</i>	\$0(3)	NM; *

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<i>sodium phosphates - enema</i>	\$0(3)	NM; *
<i>soluble fib pow therapy</i>	\$0(3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>stool softnr cap 100mg</i>	\$0(3)	NM; *
<i>stool softnr syp 60/15ml</i>	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>trilyte sol</i>	\$0(1)	
<i>womans laxat tab 5mg ec</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>alose tron 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 180mg</i>	\$0(3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<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 dro 20/0.3ml</i>	\$0(3)	NM; *
<i>gas relief dro 40/0.6ml</i>	\$0(3)	NM; *
<i>gas-x cap 125mg</i>	\$0(3)	NM; *
<i>gas-x cap 180mg</i>	\$0(3)	NM; *
GATTEX KIT 5MG	\$0(2)	NDS, NM, LA, PA
<i>gnp gas relf chw 80mg</i>	\$0(3)	NM; *
<i>gnp gas relf chw 125mg</i>	\$0(3)	NM; *
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>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)
RELISTOR INJ 8/0.4ML	\$0(2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0(2)	NDS, PA
<i>simethicone cap 180 mg</i>	\$0(3)	NM; *

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<i>simethicone chew tab 80 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>sucalfate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
XIFAXAN TAB 550MG	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
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		
DEXILANT CAP 30MG DR	\$0(2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<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>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)
<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; *
OMEPRAZOLE TAB 20MG	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>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; *
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)	
<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>summers eve sol 0.3%</i>	\$0(3)	NM; *
<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

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<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>trospium 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 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 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>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)
<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)	

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<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)	
<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)

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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		
EZFE 200 CAP 200MG	\$0(3)	NM; *
<i>ferate tab 27mg</i>	\$0(3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0(3)	NM; *
<i>ferosul tab 325mg</i>	\$0(3)	NM; *
FERRETTTS TAB 325MG	\$0(3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0(3)	NM; *
FERRIMIN 150 TAB	\$0(3)	NM; *
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0(3)	NM; *
FERROUS GLUC TAB 324MG	\$0(3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0(3)	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0(3)	NM; *
FERROUS SULF TAB 324MG EC	\$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 325 mg (65 mg elemental fe)</i>	\$0(3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0(3)	NM; *
<i>ferrousul tab 325mg</i>	\$0(3)	NM; *
<i>folbee tab</i>	\$0(3)	NM; *
<i>folplex 2.2 tab</i>	\$0(3)	NM; *

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FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron tab 45mg</i>	\$0(3)	NM; *
<i>gnp iron tab 65mg</i>	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
<i>iferex 150 cap</i>	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
NOVAFERRUM CAP 50MG	\$0(3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0(3)	NM; *
<i>poly-iron cap 150mg</i>	\$0(3)	NM; *
PROFE CAP 180MG	\$0(3)	NM; *
SLOW REL FE TAB 143MG CR	\$0(3)	NM; *
TARON FORTE CAP	\$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
<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

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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
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

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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
<i>IMMUNOGLOBULINS</i>		
BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA

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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
PRIVIGEN INJ 5 GRAMS	\$0(2)	NDS, NM, PA

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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

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<i>sirolimus tab 0.5 mg</i>	\$0(1)	B/D
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D
<i>sirolimus tab 2 mg</i>	\$0(2)	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0(1)	B/D
ZORTRESS TAB 0.5MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0(2)	NDS, B/D
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

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RECOMBIVA-HB INJ 40MCG/ML	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
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

<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)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
<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)	

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<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)	
<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>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)	
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)	

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D5W/NACL INJ 0.3%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</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)	

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<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		
BEELITH TAB	\$0(3)	NM; *
<i>calcitrate tab</i>	\$0(3)	NM; *
<i>calcitrate tab 950mg</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-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 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0(3)	NM; *
<i>calcium tab 600mg</i>	\$0(3)	NM; *
<i>calcium tab vit d</i>	\$0(3)	NM; *
<i>calcium/d3 tab</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>calphron tab 667mg</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0(3)	NM; *
MAGDELAY TAB 70MG	\$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 250 mg</i>	\$0(3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0(3)	NM; *

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<i>os-cal extra 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; *
<i>oysco 500 tab 500mg</i>	\$0(3)	NM; *
<i>oysco 500+d tab</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0(3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0(3)	NM; *
<i>phospha 250 tab neutral</i>	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
ZINC SULFATE CAP 50MG	\$0(3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>coenzyme q10 cap 30 mg</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 100 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 200 mg</i>	\$0(3)	NM; *
<i>glucos/chond tab 500-400</i>	\$0(3)	NM; *
<i>glucosamine sulfate cap 500 mg</i>	\$0(3)	NM; *
<i>melatonin tab 3 mg</i>	\$0(3)	NM; *
<i>melatonin tab 5mg</i>	\$0(3)	NM; *
<i>omega-3 cap 1200mg</i>	\$0(3)	NM; *
OMEGA-3 CAP 1400MG	\$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 delayed release 1000 mg</i>	\$0(3)	NM; *
<i>sm melatonin tab 3mg</i>	\$0(3)	NM; *
VITAMINS		
ADULT 50+ CAP OCUVITE	\$0(3)	NM; *
<i>animal chews chw</i>	\$0(3)	NM; *
<i>animal shape chw</i>	\$0(3)	NM; *
ANIMAL SHAPE CHW IRON	\$0(3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0(3)	NM; *
<i>ascorbic acid cap er 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 250 mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 250 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>b-complex vitamin tab</i>	\$0(3)	NM; *
<i>c 250 tab</i>	\$0(3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
CENTRUM SILV TAB 50+MEN	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
<i>certavite/ tab antioxid</i>	\$0(3)	NM; *
<i>child chew chw iron</i>	\$0(3)	NM; *
<i>child chew chw vitamins</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 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>cyanocobalamin inj 1000 mcg/ml</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 100 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 250 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 1000 mcg</i>	\$0(3)	NM; *
<i>d3 cap 1000unit</i>	\$0(3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0(3)	NM; *
<i>d 400 tab 400unit</i>	\$0(3)	NM; *
<i>daily tab vitamin</i>	\$0(3)	NM; *
<i>daily vit tab +iron</i>	\$0(3)	NM; *
DECARA CAP 25000UNT	\$0(3)	NM; *
<i>decara cap 50000unt</i>	\$0(3)	NM; *
DIALYVIT 800 TAB ZINC 15	\$0(3)	NM; *
<i>dialyvite d cap 5000unit</i>	\$0(3)	NM; *
<i>dialyvite tab 800</i>	\$0(3)	NM; *
<i>dialyvite tab 800/d</i>	\$0(3)	NM; *
DIALYVITE TAB 800/ZINC	\$0(3)	NM; *
<i>eldertonic liq</i>	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>essentl one tab daily</i>	\$0(3)	NM; *
<i>folbee plus tab</i>	\$0(3)	NM; *

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<i>folbic tab</i>	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
<i>folic acid tab 400 mcg</i>	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
<i>gnp century tab ultimate</i>	\$0(3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
<i>icaps cap</i>	\$0(3)	NM; *
ICAPS LUTEIN TAB ZEAXANTH	\$0(3)	NM; *
<i>icaps mv tab</i>	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
M-NATAL PLUS TAB	\$0(2)	
<i>maximum d3 cap 325mcg</i>	\$0(3)	NM; *
METAFOLBIC TAB	\$0(3)	NM; *
NASCOBAL SPR 500MCG	\$0(3)	NM; *
<i>niacin cap er 250 mg</i>	\$0(3)	NM; *
<i>niacin cap er 500 mg</i>	\$0(3)	NM; *
<i>niacin tab 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 500 mg</i>	\$0(3)	NM; *
OCUVITE LUTE CAP	\$0(3)	NM; *
<i>once daily tab</i>	\$0(3)	NM; *
<i>once daily tab iron</i>	\$0(3)	NM; *
<i>one daily tab pls iron</i>	\$0(3)	NM; *
<i>one daily tab womens</i>	\$0(3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$0(3)	NM; *
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>poly-vite sol /iron</i>	\$0(3)	NM; *
<i>polyvitamin dro</i>	\$0(3)	NM; *
PRENATAL PLUS	\$0(2)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
PRESERVISION CAP AREDS	\$0(3)	NM; *
PRESERVISION CAP AREDS 2	\$0(3)	NM; *
PRESERVISION CAP LUTEIN	\$0(3)	NM; *

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PRESERVISION TAB AREDS	\$0(3)	NM; *
PRORENAL +D TAB	\$0(3)	NM; *
PRORENAL+D TAB	\$0(3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
<i>pyridoxine hcl tab 50 mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl tab 100 mg</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>sentry tab senior</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 vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>stress form/ tab zinc</i>	\$0(3)	NM; *
<i>stress formu tab</i>	\$0(3)	NM; *
<i>stress formu tab w/iron</i>	\$0(3)	NM; *
<i>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; *
THERA M PLUS TAB	\$0(3)	NM; *
THERA TAB	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
<i>therapeutic- tab m</i>	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
<i>thiamine hcl tab 50 mg</i>	\$0(3)	NM; *
<i>thiamine hcl tab 100 mg</i>	\$0(3)	NM; *
<i>thiamine mononitrate tab 100 mg</i>	\$0(3)	NM; *
TRICARE TAB PRENATAL	\$0(2)	
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitamin a cap 3 mg (10000 unit)</i>	\$0(3)	NM; *
<i>vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>vitamin d3 dro 10mcg/ml</i>	\$0(3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0(3)	NM; *
<i>vitamin d tab 400unit</i>	\$0(3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0(3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0(3)	NM; *

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

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

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

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<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)	
<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 allergy sol relief</i>	\$0(3)	NM; *
<i>eye itch rel dro 0.025%op</i>	\$0(3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0(3)	NM; *
LASTACAFT SOL 0.25%	\$0(2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0(1)	

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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)	
<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>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; *
FRESHKOTE SOL 2.7-2%	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENTEAL GEL 0.3%	\$0(3)	NM; *
GONAK OP SOL 2.5%	\$0(3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0(3)	NM; *
<i>lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricant oin eye</i>	\$0(3)	NM; *
<i>lubricating dro 0.5%</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0(3)	NM; *
MURO 128 SOL 2% OP	\$0(3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>refresh cell gel 1% op</i>	\$0(3)	NM; *
REFRESH DRO CONTACTS	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
<i>refresh lacr oin op</i>	\$0(3)	NM; *
REFRESH LIQU DRO 1% OP	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
<i>refresh p.m. oin op</i>	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMU 0.05%	\$0(2)	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0(2)	QL (1 bottle / 30 days)
<i>sm lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0(3)	NM; *
SYSTANE GEL 0.3%	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
<i>systane oin</i>	\$0(3)	NM; *
<i>ultra fresh dro 0.5% op</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)
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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRELEGY AER ELLIPTA	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TAB 2MG	\$0(3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0(3)	NM; *
<i>aller-ease tab 60mg</i>	\$0(3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy med liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf cap 25mg</i>	\$0(3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf tab 25mg</i>	\$0(3)	NM; *
<i>allergy tab 4mg</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 hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	
<i>chld allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>chlor-phenir tab 4mg</i>	\$0(3)	NM; *
<i>chlorphenir tab 4mg</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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diphenhist liq 12.5/5ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>ed chlorped syp jr</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>gnp allergy cap 25mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 4mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 180mg</i>	\$0(3)	NM; *
<i>hm allergy tab 4mg</i>	\$0(3)	NM; *
<i>hm allergy tab 25mg</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA if 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
<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>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	
<i>pharbechlor tab 4mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0(3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0(3)	NM; *
<i>sm allergy tab 4mg</i>	\$0(3)	NM; *
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)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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; *
ALA-HIST PE TAB 2-10MG	\$0(3)	NM; *
<i>allergy d 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>benzonatate cap 100 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 200 mg</i>	\$0(3)	NM; *
<i>bromfed dm syp</i>	\$0(3)	NM; *
BROTAPP DM LIQ 15-1-5/5	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0(3)	NM; *
<i>child silfed liq 15mg/5ml</i>	\$0(3)	NM; *
<i>decongestant tab 120mg er</i>	\$0(3)	NM; *
<i>gnp chest oin rub</i>	\$0(3)	NM; *
<i>gnp nasal spr 0.05%</i>	\$0(3)	NM; *
<i>gnp suphedrn liq 15mg/5ml</i>	\$0(3)	NM; *
<i>hm chest rub oin</i>	\$0(3)	NM; *
<i>hm nasal spr 0.05%</i>	\$0(3)	NM; *
<i>12 hr nasal spr 0.05%</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydromet syp 5-1.5/5</i>	\$0(3)	NM; *
LODRANE D CAP 4-60MG	\$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 30mg</i>	\$0(3)	NM; *
<i>nasal relief spr 0.05%</i>	\$0(3)	NM; *
<i>nasal spr 0.05%</i>	\$0(3)	NM; *
<i>no drip nasl spr 0.05%</i>	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedr tab 120mg er</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0(3)	NM; *
<i>qc suphedrin tab 120mg sr</i>	\$0(3)	NM; *
<i>rynex pse liq</i>	\$0(3)	NM; *
<i>sinus nasal spr 0.05%</i>	\$0(3)	NM; *
<i>sm medicated mis chst rub</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>sudogest tab 30mg</i>	\$0(3)	NM; *
<i>sudogest tab 60mg</i>	\$0(3)	NM; *
<i>sudogest tab 120mg er</i>	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
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 spr 0.65%</i>	\$0(3)	NM; *
<i>baby ayr spr 0.65%</i>	\$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>nasal saline spr 0.65%</i>	\$0(3)	NM; *

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NUCALA INJ 100MG	\$0(2)	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	\$0(2)	NDS, NM, LA, PA
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
<i>saline mist spr 0.65%</i>	\$0(3)	NM; *
<i>sb saline spr 0.65%</i>	\$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)	
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
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>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)
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUIITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUIITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0(1)	B/D
FLOVENT DISK AER 50MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0(2)	QL (2 inhalers / 30 days)

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

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

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>amneestem cap 10mg</i>	\$0(1)	PA
<i>amneestem cap 20mg</i>	\$0(1)	PA
<i>amneestem cap 40mg</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>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 liq 5% wash</i>	\$0(3)	NM; *
<i>BENZOYL PER LIQ 6%</i>	\$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; *
<i>BENZOYL PEROXIDE GEL 2.5%</i>	\$0(3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0(3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	
<i>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

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>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
<i>zenatane cap 40mg</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitr zinc oin 500/gm</i>	\$0(3)	NM; *
<i>bacitracin oin 500/gm</i>	\$0(3)	NM; *
<i>bacitracin oint 500 unit/gm</i>	\$0(3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0(3)	NM; *
<i>double antib oin</i>	\$0(3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	
<i>hm triple oin antibiot</i>	\$0(3)	NM; *
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 grams / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<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>triple antib oin</i>	\$0(3)	NM; *
<i>triple antib oin max st</i>	\$0(3)	NM; *
<i>triple antib oin plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	\$0(3)	NM; *
<i>anti-fungal pow 1%</i>	\$0(3)	NM; *
<i>anti-itch cre 2-0.1%</i>	\$0(3)	NM; *
<i>anti-itch spr 2%</i>	\$0(3)	NM; *
<i>antifungal cre 1%</i>	\$0(3)	NM; *
<i>antifungal cre 2%</i>	\$0(3)	NM; *
<i>ath foot spr aer 1%</i>	\$0(3)	NM; *
<i>athlete foot cre 1%</i>	\$0(3)	NM; *
<i>athlete foot cre af</i>	\$0(3)	NM; *
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>castellani paint</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 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>ketoconazole cream 2%</i>	\$0(1)	QL (60 grams / 30 days)
<i>lamisil af aer 1%</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>remedy cre antifung</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; *
<i>soothe&cool cre inzo 2%</i>	\$0(3)	NM; *
<i>terbinafine cre 1%</i>	\$0(3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0(3)	NM; *
<i>tolnaftate cre 1%</i>	\$0(3)	NM; *
<i>tolnaftate cream 1%</i>	\$0(3)	NM; *

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<i>tolnaftate powder 1%</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>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)	
<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)	

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<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	
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 hydrocort 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 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)
<i>hydrocortisone cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 1%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(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>mometasone furoate cream 0.1%</i>	\$0(1)	
<i>mometasone furoate oint 0.1%</i>	\$0(1)	

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<i>mometasone furoate solution 0.1% (lotion)</i>	\$0(1)	
<i>prep h cre 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
<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		
ABREVA CRE 10%	\$0(3)	NM; *
ABSORBASE OIN	\$0(3)	NM; *
ADLT BARRIER AER 10%	\$0(3)	NM; *
ALOE VESTA OIN PROTECT	\$0(3)	NM; *
<i>americerin cre</i>	\$0(3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0(3)	NM; *
<i>anti-dandruf sha coal tar</i>	\$0(3)	NM; *
<i>anti-itch lot 0.5-0.5%</i>	\$0(3)	NM; *
<i>arctic relf gel 0.2-3.5%</i>	\$0(3)	NM; *
<i>arthricream cre 10%</i>	\$0(3)	NM; *
<i>baza protect cre</i>	\$0(3)	NM; *

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<i>betasept liq 4%</i>	\$0(3)	NM; *
CALAZIME SKN PST PROTECT	\$0(3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0(3)	NM; *
CAPSAICIN LIQ 0.15%	\$0(3)	NM; *
CARRINGTON CRE MOISTURE	\$0(3)	NM; *
CERAVE CRE	\$0(3)	NM; *
CERAVE HYDRA LIQ CLEANSER	\$0(3)	NM; *
CERAVE LOT	\$0(3)	NM; *
CERAVE PM LOT	\$0(3)	NM; *
CETAKLENZ LIQ	\$0(3)	NM; *
CETAPHIL DAY LOT ADVANCE	\$0(3)	NM; *
CETAPHIL LIQ CLEANSER	\$0(3)	NM; *
CETAPHIL LIQ OIL SKIN	\$0(3)	NM; *
CETAPHIL LOT MOISTURE	\$0(3)	NM; *
<i>cvs moisture cre</i>	\$0(3)	NM; *
<i>dermacerin cre</i>	\$0(3)	NM; *
DHS ZINC SHA 2%	\$0(3)	NM; *
DIAPER RASH AER 10%	\$0(3)	NM; *
<i>diaper rash oin creamy</i>	\$0(3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0(1)	QL (1000 grams / 30 days), PA
<i>dyna-hex 4 sol 4%</i>	\$0(3)	NM; *
EYE-SCRUB PAD	\$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)
<i>gnp cold&hot oin ext st</i>	\$0(3)	NM; *
<i>gnp muscle cre rub</i>	\$0(3)	NM; *
<i>hemorrhoidal cre</i>	\$0(3)	NM; *
<i>hemorrhoidal cre max st</i>	\$0(3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0(3)	NM; *
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>ionil-t sha 1%</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; *
<i>medi pad</i>	\$0(3)	NM; *

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<i>metronidazole cream 0.75%</i>	\$0(1)	
<i>metronidazole gel 0.75%</i>	\$0(1)	
<i>metronidazole lotion 0.75%</i>	\$0(1)	
<i>minerin cre</i>	\$0(3)	NM; *
<i>muscle rub cre</i>	\$0(3)	NM; *
PANRETIN GEL 0.1%	\$0(2)	NDS, QL (60 grams / 30 days)
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-iodine oint 10%</i>	\$0(3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>povidone-iodine swabs 10%</i>	\$0(3)	NM; *
<i>povidone/iod sol 10%</i>	\$0(3)	NM; *
<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)	
RECTIV OIN 0.4%	\$0(2)	QL (30 grams / 30 days)
REMEDY CLEAR OIN AID	\$0(3)	NM; *
<i>rosadan cre 0.75%</i>	\$0(1)	
<i>sarna sensit lot 1%</i>	\$0(3)	NM; *
SCYTERA AER 2%	\$0(3)	NM; *
<i>sebex sha</i>	\$0(3)	NM; *
<i>skin cleansr sol 4%</i>	\$0(3)	NM; *
<i>sm cold& hot cre extra st</i>	\$0(3)	NM; *
<i>sm povid-iod sol 10%</i>	\$0(3)	NM; *
<i>sports pain cre relf rub</i>	\$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
<i>thera-gesic cre</i>	\$0(3)	NM; *
<i>thera-gesic cre plus</i>	\$0(3)	NM; *
<i>therapeutic sha</i>	\$0(3)	NM; *
<i>trolamine salicylate cream 10%</i>	\$0(3)	NM; *
<i>ureacin-10 lot 10%</i>	\$0(3)	NM; *
<i>ureacin-20 cre 20%</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
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 grams / 30 days), LA, PA
vitamins a & d oint	\$0(3)	NM; *
zinc oxide oin 20%	\$0(3)	NM; *
zinc oxide oint 20%	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
bedding spra aer 0.5%	\$0(3)	NM; *
lice bedding aer 0.5%	\$0(3)	NM; *
lice killing sha	\$0(3)	NM; *
lice trtmnt liq 1%	\$0(3)	NM; *
malathion lotion 0.5%	\$0(1)	
permethrin cream 5%	\$0(1)	
sm bedding aer lice	\$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation soln 0.25%	\$0(1)	
REGRANEX GEL 0.01%	\$0(2)	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	\$0(2)	
sodium chloride irrigation soln 0.9%	\$0(1)	
water for irrigation, sterile irrigation soln	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	\$0(1)	
chlorhexidine gluconate soln 0.12%	\$0(1)	
clotrimazole troche 10 mg	\$0(1)	
lidocaine hcl viscous soln 2%	\$0(1)	
nystatin susp 100000 unit/ml	\$0(1)	
perio gard sol 0.12%	\$0(1)	
pilocarpine hcl tab 5 mg	\$0(1)	
pilocarpine hcl tab 7.5 mg	\$0(1)	
sore throat loz 15-3.6mg	\$0(3)	NM; *
sore throat spr 1.4%	\$0(3)	NM; *
triamcinolone acetamide dental paste 0.1%	\$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	\$0(1)	
CIPRODEX SUS 0.3-0.1%	\$0(2)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	\$0(1)	
earwax remv sol 6.5% ot	\$0(3)	NM; *
flac oil 0.01%	\$0(1)	
fluocinolone acetamide (otic) oil 0.01%	\$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>gnp ear sys sol 6.5% ot</i>	\$0(3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin otic soln 0.3%</i>	\$0(1)	
<i>sm ear dro 6.5% ot</i>	\$0(3)	NM; *

_PART B

DIABETIC METERS AND TEST STRIPS

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

E. Index of Covered Drugs

<i>12 hr nasal spr 0.05%</i>	137	<i>acetaminophn sus 325mg</i>	12
<i>3 day vaginl cre 2%</i>	113	<i>acetazolamide cap er 12hr 500 mg</i>	55
<i>3 day vaginal cre 4%</i>	113	<i>acetazolamide tab 125 mg</i>	55
<i>8 hour pain tab 650mg</i>	13	<i>acetazolamide tab 250 mg</i>	55
<i>abacavir sulfate soln 20 mg/ml</i> <i>(base equiv)</i>	23	<i>acetic acid irrigation soln 0.25%</i>	149
<i>abacavir sulfate tab 300 mg (base</i> <i>equiv)</i>	23	<i>acetic acid otic soln 2%</i>	149
<i>abacavir sulfate-lamivudine tab</i> <i>600-300 mg</i>	25	<i>acetylcysteine inhal soln 10%</i> ...	138
<i>abacavir sulfate-lamivudine-</i> <i>zidovudine tab 300-150-300 mg</i> ..	25	<i>acetylcysteine inhal soln 20%</i> ...	138
ABELCET INJ 5MG/ML	22	<i>acid control tab 10mg</i>	105
ABILIFY MAIN INJ 300MG	72	<i>acid control tab 150mg</i>	106
ABILIFY MAIN INJ 400MG	72	<i>acid control tab 20mg</i>	106
<i>abiraterone acetate tab 250 mg</i> ..	37	<i>acid gone sus</i>	102
ABRAXANE INJ 100MG	34	<i>acid reducer tab 10mg</i>	106
ABREVA CRE 10%	146	<i>acid reducer tab 20mg</i>	106
ABSORBASE OIN	146	<i>acid reducer tab 75mg</i>	106
<i>acamprosate calcium tab delayed</i> <i>release 333 mg</i>	83	ACIDOPHILUS CAP	103
<i>acarbose tab 100 mg</i>	87	<i>acitretin cap 10 mg</i>	144
<i>acarbose tab 25 mg</i>	87	<i>acitretin cap 17.5 mg</i>	144
<i>acarbose tab 50 mg</i>	87	<i>acitretin cap 25 mg</i>	144
<i>acebutolol hcl cap 200 mg</i>	51	ACTHIB INJ	121
<i>acebutolol hcl cap 400 mg</i>	52	ACTIMMUNE INJ 2MU/0.5	120
<i>aceta-gesic tab 12.5-325</i>	136	<i>acyclovir cap 200 mg</i>	26
<i>acetamin pm tab 25-500mg</i>	83	<i>acyclovir sodium iv soln 50 mg/ml</i>	26
<i>acetamin tab 500mg</i>	12	<i>acyclovir susp 200 mg/5ml</i>	26
<i>acetaminophen soln 160 mg/5ml</i> ..	12	<i>acyclovir tab 400 mg</i>	26
<i>acetaminophen suppos 120 mg</i> ...	12	<i>acyclovir tab 800 mg</i>	26
<i>acetaminophen suppos 650 mg</i> ...	12	ADACEL INJ.....	121
<i>acetaminophen susp 160 mg/5ml</i> ..	12	<i>adefovir dipivoxil tab 10 mg</i>	27
<i>acetaminophen tab 325 mg</i>	12	ADEMPAS TAB 0.5MG	58
<i>acetaminophen w/ codeine soln</i> <i>120-12 mg/5ml</i>	15	ADEMPAS TAB 1.5MG	58
<i>acetaminophen w/ codeine tab 300-</i> <i>15 mg</i>	15	ADEMPAS TAB 1MG	58
<i>acetaminophen w/ codeine tab 300-</i> <i>30 mg</i>	15	ADEMPAS TAB 2.5MG	58
<i>acetaminophen w/ codeine tab 300-</i> <i>60 mg</i>	15	ADEMPAS TAB 2MG	58
<i>acetaminophn sus 160/5ml</i>	12	ADLT BARRIER AER 10%.....	146
		<i>adriamycin inj 20mg</i>	33
		ADULT 50+ CAP OCUVITE	126
		ADVAIR DISKU AER 100/50	140
		ADVAIR DISKU AER 250/50	140
		ADVAIR DISKU AER 500/50	140
		ADVAIR HFA AER 115/21	140
		ADVAIR HFA AER 230/21	140

ADVAIR HFA AER 45/21 140
advanced sus antacid 102
advil jr st tab 100mg 14
advil jr str chw 100mg 14
AFINITOR DIS TAB 2MG 38
AFINITOR DIS TAB 3MG 38
AFINITOR DIS TAB 5MG 38
AFINITOR TAB 10MG 38
AIMOVIG INJ 140MG/ML 80
AIMOVIG INJ 70MG/ML 80
akwa tears oin op 132
ala-cort cre 1% 144
ala-cort cre 2.5% 144
ALA-HIST IR TAB 2MG 134
ALA-HIST PE TAB 2-10MG 136
alaway child dro 0.025%op 131
alaway dro 0.025%op 131
albendazole tab 200 mg 20
*albuterol sulfate inhal aero 108
mcg/act (90mcg base equiv)....* 135,
136
*albuterol sulfate soln nebu 0.083%
(2.5 mg/3ml)* 136
*albuterol sulfate soln nebu 0.5% (5
mg/ml)* 136
*albuterol sulfate soln nebu 0.63
mg/3ml (base equiv)* 136
*albuterol sulfate soln nebu 1.25
mg/3ml (base equiv)* 136
albuterol sulfate syrup 2 mg/5ml
..... 136
albuterol sulfate tab 2 mg 136
albuterol sulfate tab 4 mg 136
albuterol sulfate tab er 12hr 4 mg
..... 136
albuterol sulfate tab er 12hr 8 mg
..... 136
*alclometasone dipropionate cream
0.05%* 144
*alclometasone dipropionate oint
0.05%* 144
ALDURAZYME INJ 2.9MG/5M 95
ALECENSA CAP 150MG 38
*alendronate sodium oral soln 70
mg/75ml* 90
alendronate sodium tab 10 mg 90

alendronate sodium tab 35 mg ... 90
alendronate sodium tab 40 mg ... 90
alendronate sodium tab 5 mg 90
alendronate sodium tab 70 mg ... 90
ALEVAZOL OIN 1% 142
alfuzosin hcl tab er 24hr 10 mg. 112
ALIMTA INJ 100MG 33
ALIMTA INJ 500MG 33
ALINIA SUS 100/5ML 20
ALINIA TAB 500MG 20
*aliskiren fumarate tab 150 mg
(base equivalent)* 56
*aliskiren fumarate tab 300 mg
(base equivalent)* 56
all day pain tab 220mg 14
aller-chlor tab 4mg 134
aller-ease tab 60mg 134
allergy chld liq 12.5/5ml 134
allergy d tab 5-120mg 136
allergy med liq 12.5/5ml 134
allergy relf cap 25mg 134
allergy relf liq 12.5/5ml 134
allergy relf tab 25mg 134
allergy tab 4mg 134
allergy-d tab 5-120mg 136
allergy-time tab 4mg 134
allgy comp-d tab 5-120mg 136
allopurinol tab 100 mg 12
allopurinol tab 300 mg 12
almacone dbl sus strength 102
almacone sus 102
ALOE VESTA OIN PROTECT 146
*alose tron hcl tab 0.5 mg (base
equiv)* 110
alose tron hcl tab 1 mg (base equiv)
..... 110
ALPHAGAN P SOL 0.1% 132
alprazolam tab 0.25 mg 59
alprazolam tab 0.5 mg 59
alprazolam tab 1 mg 59
alprazolam tab 2 mg 59
ALREX SUS 0.2% 131
ALUNBRIG PAK 38
ALUNBRIG TAB 180MG 38
ALUNBRIG TAB 30MG 38
ALUNBRIG TAB 90MG 38

alyacen tab 1/3591
 amantadine hcl cap 100 mg70
 amantadine hcl syrup 50 mg/5ml 70
 amantadine hcl tab 100 mg70
 AMBISOME INJ 50MG22
 ambrisentan tab 10 mg58
 ambrisentan tab 5 mg58
 americerin cre146
 amethia lo tab91
 amethia tab91
 amikacin sulfate inj 1 gm/4ml (250 mg/ml)19
 amikacin sulfate inj 500 mg/2ml (250 mg/ml)19
 amiloride & hydrochlorothiazide tab 5-50 mg55
 amiloride hcl tab 5 mg55
 AMINOSYN II INJ 10%123
 AMINOSYN-PF INJ 7%123
 amiodarone hcl inj 150 mg/3ml (50 mg/ml)48
 amiodarone hcl inj 450 mg/9ml (50 mg/ml)48
 amiodarone hcl inj 900 mg/18ml (50 mg/ml)48
 amiodarone hcl tab 100 mg48
 amiodarone hcl tab 200 mg48
 amiodarone hcl tab 400 mg49
 AMITIZA CAP 24MCG110
 AMITIZA CAP 8MCG110
 amitriptyline hcl tab 10 mg67
 amitriptyline hcl tab 100 mg67
 amitriptyline hcl tab 150 mg67
 amitriptyline hcl tab 25 mg67
 amitriptyline hcl tab 50 mg67
 amitriptyline hcl tab 75 mg67
 amlodipine besylate tab 10 mg (base equivalent)53
 amlodipine besylate tab 2.5 mg (base equivalent)53
 amlodipine besylate tab 5 mg (base equivalent)53
 amlodipine besylate-benazepril hcl cap 10-20 mg44
 amlodipine besylate-benazepril hcl cap 10-40 mg44

amlodipine besylate-benazepril hcl cap 2.5-10 mg43
 amlodipine besylate-benazepril hcl cap 5-10 mg43
 amlodipine besylate-benazepril hcl cap 5-20 mg43
 amlodipine besylate-benazepril hcl cap 5-40 mg43
 amlodipine besylate-olmesartan medoxomil tab 10-20 mg46
 amlodipine besylate-olmesartan medoxomil tab 10-40 mg46
 amlodipine besylate-olmesartan medoxomil tab 5-20 mg46
 amlodipine besylate-olmesartan medoxomil tab 5-40 mg46
 amlodipine besylate-valsartan tab 10-160 mg46
 amlodipine besylate-valsartan tab 10-320 mg46
 amlodipine besylate-valsartan tab 5-160 mg46
 amlodipine besylate-valsartan tab 5-320 mg46
 amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg46
 amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg46
 amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg46
 amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg46
 amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg46
 amnesteem cap 10mg140
 amnesteem cap 20mg140
 amnesteem cap 40mg140
 amoxapine tab 100 mg67
 amoxapine tab 150 mg67
 amoxapine tab 25 mg67
 amoxapine tab 50 mg67

amoxicillin & k clavulanate chew tab 200-28.5 mg.....30
amoxicillin & k clavulanate chew tab 400-57 mg30
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml30
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml30
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....30
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml30
amoxicillin & k clavulanate tab 250-125 mg30
amoxicillin & k clavulanate tab 500-125 mg30
amoxicillin & k clavulanate tab 875-125 mg30
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg30
amoxicillin (trihydrate) cap 250 mg31
amoxicillin (trihydrate) cap 500 mg31
amoxicillin (trihydrate) chew tab 125 mg31
amoxicillin (trihydrate) chew tab 250 mg31
amoxicillin (trihydrate) for susp 125 mg/5ml31
amoxicillin (trihydrate) for susp 200 mg/5ml31
amoxicillin (trihydrate) for susp 250 mg/5ml31
amoxicillin (trihydrate) for susp 400 mg/5ml31
amoxicillin (trihydrate) tab 500 mg31
amoxicillin (trihydrate) tab 875 mg31
amphetamine-dextroamphetamine cap er 24hr 10 mg.....78
amphetamine-dextroamphetamine cap er 24hr 15 mg.....78
amphetamine-dextroamphetamine cap er 24hr 20 mg.....78

amphetamine-dextroamphetamine cap er 24hr 25 mg 78
amphetamine-dextroamphetamine cap er 24hr 30 mg 78
amphetamine-dextroamphetamine cap er 24hr 5 mg 78
amphetamine-dextroamphetamine tab 10 mg 78
amphetamine-dextroamphetamine tab 12.5 mg 78
amphetamine-dextroamphetamine tab 15 mg 78
amphetamine-dextroamphetamine tab 20 mg 78
amphetamine-dextroamphetamine tab 30 mg 78
amphetamine-dextroamphetamine tab 5 mg..... 78
amphetamine-dextroamphetamine tab 7.5 mg 78
amphotericin b for iv soln 50 mg .22
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 31
ampicillin & sulbactam sodium for inj 3 (2-1) gm..... 31
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 31
ampicillin cap 500 mg 31
ampicillin sodium for inj 1 gm 31
ampicillin sodium for inj 125 mg .31
ampicillin sodium for inj 2 gm 31
ampicillin sodium for inj 250 mg .31
ampicillin sodium for inj 500 mg .31
ampicillin sodium for iv soln 1 gm 31
ampicillin sodium for iv soln 10 gm 31
ampicillin sodium for iv soln 2 gm 31
ANADROL-50 TAB 50MG..... 85
anagrelide hcl cap 0.5 mg 116
anagrelide hcl cap 1 mg 116
anastrozole tab 1 mg 37
ANDRODERM DIS 2MG/24HR..... 85
ANDRODERM DIS 4MG/24HR..... 86
animal chews chw 126
animal shape chw 126
ANIMAL SHAPE CHW IRON 126

ANORO ELLIPT AER 62.5-25..... 133
 ant/anti-gas chw 1000-60 102
 antacid chw 500mg..... 102
 antacid chw 750mg..... 102
 antacid fast sus acting..... 102
 antacid fast sus relief..... 102
 antacid plus sus gas rel 102
 antacid sus 102
 antacid sus anti-gas..... 102
 antacid sus max st..... 102
 antacid sus reg st 103
 anti-dandruf sha 1% 146
 anti-dandruf sha coal tar 146
 anti-diarrhe cap 2mg 103
 anti-diarrhe tab 2mg..... 103
 antifungal cre 1% 142
 antifungal cre 2% 142
 anti-fungal pow 1% 142
 anti-gas cap 180mg 110
 anti-itch cre 1% 144
 anti-itch cre 2-0.1% 142
 anti-itch lot 0.5-0.5% 146
 anti-itch spr 2% 142
 APOKYN INJ 10MG/ML..... 70
 aprepitant capsule 125 mg 104
 aprepitant capsule 40 mg 104
 aprepitant capsule 80 mg 104
 aprepitant capsule therapy pack 80
 & 125 mg 104
 apri tab 91
 APTIOM TAB 200MG..... 59
 APTIOM TAB 400MG..... 59
 APTIOM TAB 600MG..... 59
 APTIOM TAB 800MG..... 59
 APTIVUS CAP 250MG 23
 APTIVUS SOL 23
 aquanil hc lot 1% 144
 aqueous e dro 15/0.3ml 126
 ARALAST NP INJ 1000MG 138
 ARALAST NP INJ 500MG 138
 aranelle tab 91
 ARCALYST INJ 220MG 120
 arctic relf gel 0.2-3.5% 146
 aripiprazole oral solution 1 mg/ml 72
 aripiprazole orally disintegrating tab
 10 mg 72

aripiprazole orally disintegrating tab
 15 mg..... 72
 aripiprazole tab 10 mg 72
 aripiprazole tab 15 mg 72
 aripiprazole tab 2 mg 72
 aripiprazole tab 20 mg 72
 aripiprazole tab 30 mg 72
 aripiprazole tab 5 mg..... 72
 ARISTADA INJ 1064MG 73
 ARISTADA INJ 441MG/1..... 72
 ARISTADA INJ 662MG/2..... 73
 ARISTADA INJ 882MG/3..... 73
 ARISTADA INJ INITIO 73
 armodafinil tab 150 mg 83
 armodafinil tab 200 mg 83
 armodafinil tab 250 mg 83
 armodafinil tab 50 mg 83
 ARNUITY ELPT INH 100MCG 139
 ARNUITY ELPT INH 200MCG 140
 ARNUITY ELPT INH 50MCG 139
 arthricream cre 10% 146
 arthrts pain tab 650mg 12
 artifi tears sol 1.4% op 132
 artificial sol tears..... 132
 ascorbic acid cap er 500 mg 126
 ascorbic acid chew tab 250 mg . 126
 ascorbic acid chew tab 500 mg . 126
 ascorbic acid tab 1000 mg 126
 ascorbic acid tab 250 mg 126
 ascorbic acid tab 500 mg 126
 ashlyna tab 91
 aspirin 81 tab 81mg ec 12
 aspirin chew tab 81 mg 12
 aspirin chw 81mg 12
 aspirin low chw 81mg 12
 aspirin low tab 81mg ec 12
 ASPIRIN SUP 300MG 12
 ASPIRIN SUP 600MG 12
 aspirin tab 325 mg 12
 aspirin tab 325mg 12
 aspirin tab 325mg ec 12
 aspirin tab delayed release 325 mg
 12
 aspirin tab delayed release 81 mg
 12
 aspirin-dipyridamole cap er 12hr

25-200 mg	117
<i>aspir-low tab 81mg ec</i>	12
<i>atazanavir sulfate cap 150 mg</i> <i>(base equiv)</i>	23
<i>atazanavir sulfate cap 200 mg</i> <i>(base equiv)</i>	23
<i>atazanavir sulfate cap 300 mg</i> <i>(base equiv)</i>	23
<i>atenolol & chlorthalidone tab 100-</i> <i>25 mg</i>	51
<i>atenolol & chlorthalidone tab 50-25</i> <i>mg</i>	51
<i>atenolol tab 100 mg</i>	52
<i>atenolol tab 25 mg</i>	52
<i>atenolol tab 50 mg</i>	52
<i>ath foot spr aer 1%</i>	142
<i>athlete foot cre 1%</i>	142
<i>athlete foot cre af</i>	142
<i>atomoxetine hcl cap 10 mg (base</i> <i>equiv)</i>	78
<i>atomoxetine hcl cap 100 mg (base</i> <i>equiv)</i>	79
<i>atomoxetine hcl cap 18 mg (base</i> <i>equiv)</i>	78
<i>atomoxetine hcl cap 25 mg (base</i> <i>equiv)</i>	78
<i>atomoxetine hcl cap 40 mg (base</i> <i>equiv)</i>	78
<i>atomoxetine hcl cap 60 mg (base</i> <i>equiv)</i>	78
<i>atomoxetine hcl cap 80 mg (base</i> <i>equiv)</i>	78
<i>atorvastatin calcium tab 10 mg</i> <i>(base equivalent)</i>	49
<i>atorvastatin calcium tab 20 mg</i> <i>(base equivalent)</i>	49
<i>atorvastatin calcium tab 40 mg</i> <i>(base equivalent)</i>	50
<i>atorvastatin calcium tab 80 mg</i> <i>(base equivalent)</i>	50
<i>atovaquone susp 750 mg/5ml</i>	20
<i>atovaquone-proguanil hcl tab 250-</i> <i>100 mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-</i> <i>25 mg</i>	23
<i>ATRIPLA TAB</i>	25

<i>ATROPINE SUL SOL 1% OP</i>	132
<i>ATROVENT HFA AER 17MCG</i>	134
<i>aubra tab 0.1-0.02</i>	91
<i>AURYXIA TAB 210MG</i>	100
<i>AUSTEDO TAB 12MG</i>	82
<i>AUSTEDO TAB 6MG</i>	81
<i>AUSTEDO TAB 9MG</i>	81
<i>AVASTIN INJ</i>	35
<i>AVASTIN INJ 400/16ML</i>	35
<i>aviane tab</i>	91
<i>avita cre 0.025%</i>	141
<i>avita gel 0.025%</i>	141
<i>AYR ALLERGY SPR & SINUS</i>	138
<i>AYR NASAL DRO 0.65%</i>	138
<i>ayr spr 0.65%</i>	138
<i>AYVAKIT TAB 100MG</i>	38
<i>AYVAKIT TAB 200MG</i>	39
<i>AYVAKIT TAB 300MG</i>	39
<i>azacitidine for inj 100 mg</i>	33
<i>AZASITE SOL 1%</i>	130
<i>azathioprine tab 50 mg</i>	120
<i>azelastine hcl nasal spray 0.1%</i> <i>(137 mcg/spray)</i>	134
<i>azelastine hcl nasal spray 0.15%</i> <i>(205.5 mcg/spray)</i>	134
<i>azelastine hcl ophth soln 0.05%</i>	131
<i>azithromycin for susp 100 mg/5ml</i>	29
<i>azithromycin for susp 200 mg/5ml</i>	29
<i>azithromycin iv for soln 500 mg</i> ..	29
<i>azithromycin powd pack for susp 1</i> <i>gm</i>	29
<i>azithromycin tab 250 mg</i>	29
<i>azithromycin tab 500 mg</i>	29
<i>azithromycin tab 600 mg</i>	29
<i>AZOLEN TINC SOL 2%</i>	142
<i>AZOPT SUS 1% OP</i>	132
<i>aztreonam for inj 1 gm</i>	20
<i>aztreonam for inj 2 gm</i>	20
<i>baby ayr spr 0.65%</i>	138
<i>bacitr zinc oin 500/gm</i>	142
<i>bacitracin oin 500/gm</i>	142
<i>bacitracin oint 500 unit/gm</i>	142
<i>bacitracin ophth oint 500 unit/gm</i>	130

bacitracin zinc oint 500 unit/gm 142
bacitracin-polymyxin b ophth oint
130
bacitracin-polymyxin-neomycin-hc
ophth oint 1%130
baclofen tab 10 mg83
baclofen tab 20 mg83
balsalazide disodium cap 750 mg
106
 BALVERSA TAB 3MG39
 BALVERSA TAB 4MG39
 BALVERSA TAB 5MG39
balziva tab91
banophen cap 25mg134
banophen cap 50mg134
banophen cre 2-0.1%142
banophen liq 12.5/5ml134
banophen tab 25mg134
 BANZEL SUS 40MG/ML59
 BANZEL TAB 200MG59
 BANZEL TAB 400MG59
 BARACLUDE SOL27
 BASAGLAR INJ 100UNIT86
baza antifun cre 2%142
baza protect cre146
 BCG VACCINE INJ121
b-complex vitamin tab127
 BD ALCOHOL SWABS86
 BD ULTRAFINE INSULIN SYRINGE86
 BD ULTRAFINE/NANO PEN NEEDLES
86
bedding spra aer 0.5%149
 BEELITH TAB125
bekyree tab91
 BELSOMRA TAB 10MG79
 BELSOMRA TAB 15MG79
 BELSOMRA TAB 20MG79
 BELSOMRA TAB 5MG79
benazepril & hydrochlorothiazide
tab 10-12.5 mg44
benazepril & hydrochlorothiazide
tab 20-12.5 mg44
benazepril & hydrochlorothiazide
tab 20-25 mg44
benazepril & hydrochlorothiazide
tab 5-6.25 mg44

benazepril hcl tab 10 mg 44
benazepril hcl tab 20 mg 44
benazepril hcl tab 40 mg 45
benazepril hcl tab 5 mg 44
 BENDEKA INJ 100/4ML 33
 BENLYSTA INJ 120MG 120
 BENLYSTA INJ 200MG/ML 120
 BENLYSTA INJ 400MG 120
benzepero aer 5.3% 141
benzepero sc aer 9.8% 141
benzonatate cap 100 mg 136
benzonatate cap 200 mg 136
benzoyl per liq 10% wash 141
benzoyl per liq 5% wash 141
 BENZOYL PER LIQ 6% 141
benzoyl peroxide foam 5.3% 141
benzoyl peroxide foam 9.8% 141
benzoyl peroxide gel 10% 141
 BENZOYL PEROXIDE GEL 2.5% . 141
benzoyl peroxide gel 5% 141
benzoyl peroxide-erythromycin gel
5-3% 141
*benztropine mesylate inj 1 mg/ml*71
benztropine mesylate tab 0.5 mg 71
benztropine mesylate tab 1 mg ... 71
benztropine mesylate tab 2 mg ... 71
 BEPREVE DRO 1.5% 131
 BERINERT INJ 500UNIT 116
 BESIVANCE SUS 0.6% 130
betamethasone dipropionate
augmented cream 0.05% 144
betamethasone dipropionate
augmented gel 0.05% 144
betamethasone dipropionate
augmented lotion 0.05% 144
betamethasone dipropionate
augmented oint 0.05% 144
betamethasone dipropionate cream
0.05% 144
betamethasone dipropionate lotion
0.05% 144
betamethasone dipropionate oint
0.05% 144
betamethasone valerate cream
0.1% (base equivalent) 144
betamethasone valerate lotion

<i>0.1% (base equivalent)</i>	144	BOSULIF TAB 500MG	39
<i>betamethasone valerate oint 0.1%</i> <i>(base equivalent)</i>	145	BRAFTOVI CAP 75MG.....	39
<i>betasept liq 4%</i>	147	BREO ELLIPTA INH 100-25	140
BETASERON INJ 0.3MG	82	BREO ELLIPTA INH 200-25	140
<i>betaxolol hcl ophth soln 0.5%</i> ...	132	BREZTRI AERO AER SPHERE.....	133
<i>betaxolol hcl tab 10 mg</i>	52	<i>briellyn tab</i>	91
<i>betaxolol hcl tab 20 mg</i>	52	BRILINTA TAB 60MG.....	117
<i>bethanechol chloride tab 10 mg.</i>	112	BRILINTA TAB 90MG.....	117
<i>bethanechol chloride tab 25 mg.</i>	112	<i>brimonidine tartrate ophth soln</i> <i>0.15%</i>	132
<i>bethanechol chloride tab 5 mg ..</i>	112	<i>brimonidine tartrate ophth soln</i> <i>0.2%</i>	132
<i>bethanechol chloride tab 50 mg.</i>	112	BRIVIACT INJ 50MG/5ML	59
BETOPTIC-S SUS 0.25% OP.....	132	BRIVIACT SOL 10MG/ML	59
BEVESPI AER 9-4.8MCG	133	BRIVIACT TAB 100MG.....	59
<i>bexarotene cap 75 mg</i>	42	BRIVIACT TAB 10MG	59
BEXSERO INJ	121	BRIVIACT TAB 25MG	59
<i>bicalutamide tab 50 mg</i>	37	BRIVIACT TAB 50MG	59
BICILLIN L-A INJ 1200000.....	31	BRIVIACT TAB 75MG	59
BICILLIN L-A INJ 2400000.....	31	<i>bromfed dm syp</i>	136
BICILLIN L-A INJ 600000.....	31	<i>bromfenac sodium ophth soln</i> <i>0.09% (base equiv) (once-daily)</i>	131
BIKTARVY TAB	25	<i>bromocriptine mesylate cap 5 mg</i> <i>(base equivalent)</i>	71
<i>bisacodyl suppos 10 mg</i>	106	<i>bromocriptine mesylate tab 2.5 mg</i> <i>(base equivalent)</i>	71
<i>bisacodyl tab 5mg ec</i>	106	BROMSITE DRO 0.075%	131
<i>biscolax sup 10mg</i>	106	BROTAPP DM LIQ 15-1-5/5.....	136
<i>bismatrol chw 262mg</i>	103	BRUKINSA CAP 80MG	39
<i>bismatrol sus 262/15ml</i>	103	<i>budesonide delayed release</i> <i>particles cap 3 mg</i>	106
<i>bismatrol sus 525/15ml</i>	103	<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i>	140
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	51	<i>budesonide inhalation susp 0.5</i> <i>mg/2ml</i>	140
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	51	<i>bumetanide inj 0.25 mg/ml</i>	55
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	51	<i>bumetanide tab 0.5 mg</i>	55
<i>bisoprolol fumarate tab 10 mg</i>	52	<i>bumetanide tab 1 mg</i>	55
<i>bisoprolol fumarate tab 5 mg</i>	52	<i>bumetanide tab 2 mg</i>	55
BIVIGAM INJ 10%	118	<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	83
BLEPHAMIDE OIN S.O.P.	130	<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	84
<i>blisovi 24 tab fe 1/20</i>	91	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	84
<i>blisovi fe tab 1.5/30</i>	91	<i>buprenorphine hcl-naloxone hcl sl</i>	
BLOOD GLUCOS TES PREMIUM....	98		
BOOSTRIX INJ	121		
BORTZOMIB INJ 3.5MG	35		
<i>bosentan tab 125 mg</i>	58		
<i>bosentan tab 62.5 mg</i>	58		
BOSULIF TAB 100MG	39		
BOSULIF TAB 400MG	39		

film 2-0.5 mg (base equiv)84
buprenorphine hcl-naloxone hcl sl
film 4-1 mg (base equiv)84
buprenorphine hcl-naloxone hcl sl
film 8-2 mg (base equiv)84
buprenorphine hcl-naloxone hcl sl
tab 2-0.5 mg (base equiv)84
buprenorphine hcl-naloxone hcl sl
tab 8-2 mg (base equiv)84
buprenorphine td patch weekly 10
mcg/hr15
buprenorphine td patch weekly 15
mcg/hr15
buprenorphine td patch weekly 20
mcg/hr15
buprenorphine td patch weekly 5
mcg/hr15
buprenorphine td patch weekly 7.5
mcg/hr15
bupropion hcl (smoking deterrent)
tab er 12hr 150 mg84
bupropion hcl tab 100 mg67
bupropion hcl tab 75 mg67
bupropion hcl tab er 12hr 100 mg 67
bupropion hcl tab er 12hr 150 mg 67
bupropion hcl tab er 12hr 200 mg 67
bupropion hcl tab er 24hr 150 mg 67
bupropion hcl tab er 24hr 300 mg 67
bupirone hcl tab 10 mg59
bupirone hcl tab 15 mg59
bupirone hcl tab 30 mg59
bupirone hcl tab 5 mg59
bupirone hcl tab 7.5 mg59
butorphanol tartrate inj 1 mg/ml .15
butorphanol tartrate inj 2 mg/ml .15
 BYDUREON BC INJ 2/0.85ML86
 BYDUREON PEN INJ 2MG86
 BYETTA INJ 10MCG86
 BYETTA INJ 5MCG86
 BYSTOLIC TAB 10MG52
 BYSTOLIC TAB 2.5MG52
 BYSTOLIC TAB 20MG52
 BYSTOLIC TAB 5MG52
c 250 tab127
cabergoline tab 0.5 mg98
 CABOMETYX TAB 20MG39

CABOMETYX TAB 40MG 39
 CABOMETYX TAB 60MG 39
cal antacid chw 1000mg 103
 CALAZIME SKN PST PROTECT ... 147
calc antacid chw 1000mg 103
calc antacid chw 500mg 103
calc antacid chw 750mg 103
calcipotriene cream 0.005% 144
calcipotriene oint 0.005% 144
calcipotriene soln 0.005% (50
mcg/ml) 144
calcitonin (salmon) nasal soln 200
unit/act 98
calcitrate tab 125
calcitrate tab 950mg 125
calcitriol cap 0.25 mcg 127
calcitriol cap 0.5 mcg 127
calcitriol inj 1 mcg/ml 127
calcitriol oral soln 1 mcg/ml 127
calcium acetate (phosphate binder)
cap 667 mg (169 mg ca) 100
calcium acetate (phosphate binder)
tab 667 mg 100
calcium carbonate (antacid) susp
1250 mg/5ml 125
calcium carbonate tab 600 mg .. 125
calcium carbonate-cholecalciferol
chew tab 500 mg-100 unit 125
calcium carbonate-cholecalciferol
tab 250 mg-125 unit 125
calcium carbonate-cholecalciferol
tab 500 mg-200 unit 125
calcium carbonate-cholecalciferol
tab 600 mg-200 unit 125
calcium carbonate-cholecalciferol
tab 600 mg-400 unit 125
calcium carbonate-vitamin d tab
500 mg-200 unit 125
calcium carbonate-vitamin d tab
600 mg-200 unit 125
calcium citr tab w/vit d3 125
calcium polycarbophil tab 625 mg
..... 106
calcium tab 600mg 125
calcium tab vit d 125
calcium/d chw 500-400 125

calcium/d3 tab125
calcium/d3 tab 600-800125
calphron tab 667mg.....125
 CALQUENCE CAP 100MG39
 CALTRATE 600 CHW 600-800....125
camila tab 0.35mg.....91
camrese lo tab91
candesartan cilexetil tab 16 mg...48
candesartan cilexetil tab 32 mg...48
candesartan cilexetil tab 4 mg....48
candesartan cilexetil tab 8 mg....48
*candesartan cilexetil-
hydrochlorothiazide tab 16-12.5 mg*
46
*candesartan cilexetil-
hydrochlorothiazide tab 32-12.5 mg*
47
*candesartan cilexetil-
hydrochlorothiazide tab 32-25 mg*
47
 CAPLYTA CAP 42MG73
 CAPRELSA TAB 100MG39
 CAPRELSA TAB 300MG39
capsaicin cream 0.025%147
 CAPSAICIN LIQ 0.15%147
*captopril & hydrochlorothiazide tab
25-15 mg*44
*captopril & hydrochlorothiazide tab
25-25 mg*44
*captopril & hydrochlorothiazide tab
50-15 mg*44
*captopril & hydrochlorothiazide tab
50-25 mg*44
captopril tab 100 mg.....45
captopril tab 12.5 mg.....45
captopril tab 25 mg45
captopril tab 50 mg45
 CARBAGLU TAB 200MG95
carbamazepine cap er 12hr 100 mg
59
carbamazepine cap er 12hr 200 mg
60
carbamazepine cap er 12hr 300 mg
60
carbamazepine chew tab 100 mg.60
carbamazepine susp 100 mg/5ml 60

carbamazepine tab 200 mg 60
carbamazepine tab er 12hr 100 mg
 60
carbamazepine tab er 12hr 200 mg
 60
carbamazepine tab er 12hr 400 mg
 60
*carbidopa & levodopa orally
disintegrating tab 10-100 mg*71
*carbidopa & levodopa orally
disintegrating tab 25-100 mg*71
*carbidopa & levodopa orally
disintegrating tab 25-250 mg*71
*carbidopa & levodopa tab 10-100
mg* 71
*carbidopa & levodopa tab 25-100
mg* 71
*carbidopa & levodopa tab 25-250
mg* 71
*carbidopa & levodopa tab er 25-100
mg* 71
*carbidopa & levodopa tab er 50-200
mg* 71
*carbidopa-levodopa-entacapone
tabs 12.5-50-200 mg*..... 71
*carbidopa-levodopa-entacapone
tabs 18.75-75-200 mg*..... 71
*carbidopa-levodopa-entacapone
tabs 25-100-200 mg*..... 71
*carbidopa-levodopa-entacapone
tabs 31.25-125-200 mg* 71
*carbidopa-levodopa-entacapone
tabs 37.5-150-200 mg* 71
*carbidopa-levodopa-entacapone
tabs 50-200-200 mg*..... 71
carboplatin iv soln 150 mg/15ml .42
carboplatin iv soln 450 mg/45ml .42
carboplatin iv soln 50 mg/5ml.... 42
carboplatin iv soln 600 mg/60ml .42
carisoprodol tab 350 mg 83
 CARRINGTON CRE MOISTURE... 147
carteolol hcl ophth soln 1% 132
carvedilol tab 12.5 mg 52
carvedilol tab 25 mg..... 52
carvedilol tab 3.125 mg 52
carvedilol tab 6.25 mg 52

casprofungin acetate for iv soln 50 mg22
casprofungin acetate for iv soln 70 mg22
castellani paint.....142
 CAYSTON INH 75MG20
cefaclor cap 250 mg.....28
cefaclor cap 500 mg.....28
 CEFACLOR ER TAB 500MG28
cefaclor for susp 125 mg/5ml.....28
cefaclor for susp 250 mg/5ml.....28
cefaclor for susp 375 mg/5ml.....28
cefadroxil cap 500 mg28
cefadroxil for susp 250 mg/5ml ...28
cefadroxil for susp 500 mg/5ml ...28
cefadroxil tab 1 gm.....28
 CEFAZOLIN INJ 1GM/50ML28
cefazolin sodium for inj 1 gm28
cefazolin sodium for inj 10 gm28
cefazolin sodium for inj 500 mg...28
cefazolin sodium for iv soln 1 gm.28
 CEFAZOLIN SOL28
cefdinir cap 300 mg28
cefdinir for susp 125 mg/5ml28
cefdinir for susp 250 mg/5ml28
cefepime hcl for inj 1 gm28
cefepime hcl for inj 2 gm28
cefixime for susp 100 mg/5ml28
cefixime for susp 200 mg/5ml28
cefoxitin sodium for inj 10 gm28
cefoxitin sodium for iv soln 1 gm .28
cefoxitin sodium for iv soln 2 gm .28
cefpodoxime proxetil for susp 100 mg/5ml28
cefpodoxime proxetil for susp 50 mg/5ml28
cefpodoxime proxetil tab 100 mg.28
cefpodoxime proxetil tab 200 mg.28
cefprozil for susp 125 mg/5ml.....28
cefprozil for susp 250 mg/5ml.....28
cefprozil tab 250 mg28
cefprozil tab 500 mg28
ceftazidime for inj 1 gm28
ceftazidime for inj 2 gm28
ceftazidime for inj 6 gm28
 CEFTAZIDIME/ SOL D5W 1GM.....28

CEFTAZIDIME/ SOL D5W 2GM 28
ceftriaxone sodium for inj 1 gm .. 28
ceftriaxone sodium for inj 10 gm .29
ceftriaxone sodium for inj 2 gm .. 29
ceftriaxone sodium for inj 250 mg 29
ceftriaxone sodium for inj 500 mg 29
ceftriaxone sodium for iv soln 1 gm 29
ceftriaxone sodium for iv soln 2 gm 29
cefuroxime axetil tab 250 mg 29
cefuroxime axetil tab 500 mg 29
cefuroxime sodium for inj 7.5 gm 29
cefuroxime sodium for inj 750 mg 29
cefuroxime sodium for iv soln 1.5 gm 29
celecoxib cap 100 mg 14
celecoxib cap 200 mg 14
celecoxib cap 400 mg 14
celecoxib cap 50 mg 14
 CELONTIN CAP 300MG 60
 CENTRUM SILV TAB 50+MEN 127
cephalexin cap 250 mg 29
cephalexin cap 500 mg 29
cephalexin for susp 125 mg/5ml . 29
cephalexin for susp 250 mg/5ml . 29
 CERA VE CRE 147
 CERA VE HYDRA LIQ CLEANSER . 147
 CERA VE LOT 147
 CERA VE PM LOT 147
 CERDELGA CAP 84MG 95
 CEREZYME INJ 400UNIT 95
 CERTAVITE TAB SENIOR 127
certavite/ tab antioxid 127
 CETAKLENZ LIQ 147
 CETAPHIL DAY LOT ADVANCE ... 147
 CETAPHIL LIQ CLEANSER 147
 CETAPHIL LIQ OIL SKIN 147
 CETAPHIL LOT MOISTURE 147
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 134
cetirizine-pseudoephedrine tab er 12hr 5-120 mg 137

cevimeline hcl cap 30 mg149
 CHANTIX PAK 0.5& 1MG84
 CHANTIX PAK 1MG84
 CHANTIX TAB 0.5MG.....84
 CHANTIX TAB 1MG84
 CHEMET CAP 100MG90
child asa ls chw 81mg12
child chew chw iron127
child chew chw vitamins127
child silfed liq 15mg/5ml137
chld allergy liq 12.5/5ml134
chld silapap liq 160/5ml12
chlorhexidine gluconate soln 0.12%
149
chloroquine phosphate tab 250 mg
23
chloroquine phosphate tab 500 mg
23
chlorothiazide tab 250 mg55
chlorothiazide tab 500 mg55
chlorphenir tab 4mg.....134
chlor-phenir tab 4mg134
chlorpromazine hcl inj 25 mg/ml .73
*chlorpromazine hcl inj 50 mg/2ml*73
chlorpromazine hcl tab 10 mg73
chlorpromazine hcl tab 100 mg ..73
chlorpromazine hcl tab 200 mg ..73
chlorpromazine hcl tab 25 mg73
chlorpromazine hcl tab 50 mg73
chlorthalidone tab 25 mg55
chlorthalidone tab 50 mg56
cholecalciferol cap 125 mcg (5000
unit)127
cholecalciferol cap 25 mcg (1000
unit)127
cholecalciferol cap 250 mcg (10000
unit)127
cholecalciferol cap 50 mcg (2000
unit)127
cholecalciferol oral liquid 10 mcg/ml
(400 unit/ml)127
cholecalciferol tab 10 mcg (400
unit)127
cholecalciferol tab 25 mcg (1000
unit)127
cholecalciferol tab 50 mcg (2000

unit)127
cholestyramine light powder 4
gm/dose50
cholestyramine light powder
packets 4 gm.....50
cholestyramine powder 4 gm/dose
50
cholestyramine powder packets 4
gm50
ciclopirox olamine cream 0.77%
(base equiv)143
ciclopirox olamine susp 0.77%
(base equiv)143
cilostazol tab 100 mg.....116
cilostazol tab 50 mg116
 CILOXAN OIN 0.3% OP130
 CIMDUO TAB 300-30025
cinacalcet hcl tab 30 mg (base
equiv).....98
cinacalcet hcl tab 60 mg (base
equiv).....98
cinacalcet hcl tab 90 mg (base
equiv).....98
 CIPRO (10%) SUS 500MG/530
 CIPRODEX SUS 0.3-0.1%149
ciprofloxacin 200 mg/100ml in d5w
30
ciprofloxacin 400 mg/200ml in d5w
30
ciprofloxacin hcl ophth soln 0.3%
(base equivalent)130
ciprofloxacin hcl tab 100 mg (base
equiv).....30
ciprofloxacin hcl tab 250 mg (base
equiv).....30
ciprofloxacin hcl tab 500 mg (base
equiv).....30
ciprofloxacin hcl tab 750 mg (base
equiv).....30
ciprofloxacin-dexamethasone otic
susp 0.3-0.1%149
cisplatin inj 100 mg/100ml (1
mg/ml)43
cisplatin inj 200 mg/200ml (1
mg/ml)43
cisplatin inj 50 mg/50ml (1 mg/ml)

.....43
citalopram hydrobromide oral soln
10 mg/5ml67
citalopram hydrobromide tab 10 mg
(base equiv)67
citalopram hydrobromide tab 20 mg
(base equiv)67
citalopram hydrobromide tab 40 mg
(base equiv)67
claravis cap 10mg.....141
claravis cap 20mg.....141
claravis cap 30mg.....141
claravis cap 40mg.....141
clarithromycin for susp 125 mg/5ml
29
clarithromycin for susp 250 mg/5ml
29
clarithromycin tab 250 mg.....29
clarithromycin tab 500 mg.....29
clarithromycin tab er 24hr 500 mg
29
clearlax pow106
clindamycin hcl cap 150 mg20
clindamycin hcl cap 300 mg20
clindamycin hcl cap 75 mg.....20
clindamycin palmitate hcl for soln
75 mg/5ml (base equiv)20
clindamycin phosphate gel 1% ..141
clindamycin phosphate in d5w iv
soln 300 mg/50ml20
clindamycin phosphate in d5w iv
soln 600 mg/50ml20
clindamycin phosphate in d5w iv
soln 900 mg/50ml20
clindamycin phosphate inj 300
mg/2ml.....20
clindamycin phosphate inj 600
mg/4ml.....20
clindamycin phosphate inj 9
gm/60ml20
clindamycin phosphate inj 900
mg/6ml.....20
clindamycin phosphate lotion 1%
141
clindamycin phosphate soln 1%.141
clindamycin phosphate vaginal

cream 2% 113
 CLINDMYC/NAC INJ 300/50ML 20
 CLINDMYC/NAC INJ 600/50ML 20
 CLINDMYC/NAC INJ 900/50ML 20
 CLINIMIX INJ 4.25/D10 123
 CLINIMIX INJ 4.25/D5W 123
 CLINIMIX INJ 5%/D15W 123
 CLINIMIX INJ 5%/D20W 123
clinisol sf inj 15% 123
 CLINOLIPID EMU 20% 123
clobazam suspension 2.5 mg/ml .60
clobazam tab 10 mg 60
clobazam tab 20 mg 60
clomipramine hcl cap 25 mg 67
clomipramine hcl cap 50 mg 67
clomipramine hcl cap 75 mg 67
clonazepam orally disintegrating tab
0.125 mg 60
clonazepam orally disintegrating tab
0.25 mg..... 60
clonazepam orally disintegrating tab
0.5 mg..... 60
clonazepam orally disintegrating tab
1 mg 60
clonazepam orally disintegrating tab
2 mg 60
clonazepam tab 0.5 mg..... 60
clonazepam tab 1 mg 60
clonazepam tab 2 mg 60
clonidine hcl tab 0.1 mg 56
clonidine hcl tab 0.2 mg 56
clonidine hcl tab 0.3 mg 56
clonidine td patch weekly 0.1
mg/24hr 56
clonidine td patch weekly 0.2
mg/24hr 56
clonidine td patch weekly 0.3
mg/24hr 56
clopidogrel bisulfate tab 75 mg
(base equiv) 117
clorazepate dipotassium tab 15 mg
 60
clorazepate dipotassium tab 3.75
mg 60
clorazepate dipotassium tab 7.5 mg
 60

clotrimazole cre 1% 143
clotrimazole cre 1% vag 113
clotrimazole cre 3 day 113
clotrimazole cream 1%..... 143
clotrimazole soln 1%..... 143
clotrimazole troche 10 mg 149
clotrimazole vaginal cream 1%.. 113
clotrimazole w/ betamethasone cream 1-0.05%..... 143
clovique cap 250mg 90
clozapine orally disintegrating tab 100 mg 73
clozapine orally disintegrating tab 12.5 mg 73
clozapine orally disintegrating tab 150 mg 73
clozapine orally disintegrating tab 200 mg 73
clozapine orally disintegrating tab 25 mg 73
clozapine tab 100 mg 73
clozapine tab 200 mg 73
clozapine tab 25 mg..... 73
clozapine tab 50 mg..... 73
 COARTEM TAB 20-120MG 23
coenzyme q10 cap 100 mg 126
coenzyme q10 cap 200 mg 126
coenzyme q10 cap 30 mg 126
coenzyme q10 cap 50 mg 126
coenzyme q10 cap 60 mg 126
colchicine w/ probenecid tab 0.5-500 mg 12
 COLCRYS TAB 0.6MG 12
colesevelam hcl packet for susp 3.75 gm 50
colesevelam hcl tab 625 mg..... 50
colestipol hcl granule packets 5 gm 50
colestipol hcl granules 5 gm 50
colestipol hcl tab 1 gm 50
colistimethate sod for inj 150 mg (colistin base activity) 20
 COMBIGAN SOL 0.2/0.5% 132
 COMBIVENT AER 20-100 133
 COMETRIQ KIT 100MG 39
 COMETRIQ KIT 140MG 39

COMETRIQ KIT 60MG 39
comp allergy cap 25mg 134
comp allergy tab 25mg 134
 COMPLERA TAB 25
compro sup 25mg 104
constulose sol 10gm/15 106
 COPIKTRA CAP 15MG 39
 COPIKTRA CAP 25MG 39
 CORLANOR SOL 5MG/5ML 57
 CORLANOR TAB 5MG 57
 CORLANOR TAB 7.5MG 57
cortisone acetate tab 25 mg 96
 COTELLIC TAB 20MG 39
 CREON CAP 12000UNT 111
 CREON CAP 24000UNT 111
 CREON CAP 3000UNIT 111
 CREON CAP 36000UNT 111
 CREON CAP 6000UNIT 111
critic-aid oin 2% 143
 CRIXIVAN CAP 200MG 23
 CRIXIVAN CAP 400MG 23
cromolyn sodium ophth soln 4% 131
cromolyn sodium oral conc 100 mg/5ml..... 110
cromolyn sodium soln nebu 20 mg/2ml..... 138
cryselle-28 tab 28 tabs 91
cvs moisture cre 147
cyanocobalamin inj 1000 mcg/ml 127
cyanocobalamin tab 100 mcg.... 127
cyanocobalamin tab 1000 mcg.. 127
cyanocobalamin tab 250 mcg.... 127
cyanocobalamin tab 500 mcg.... 127
cyclafem tab 1/35 91
cyclafem tab 7/7/7 91
cyclobenzaprine hcl tab 10 mg 83
cyclobenzaprine hcl tab 5 mg..... 83
 CYCLOPHOSPH INJ 1GM 33
 CYCLOPHOSPHA INJ 500MG 33
cyclophosphamide cap 25 mg 33
cyclophosphamide cap 50 mg 33
cyclophosphamide for inj 1 gm ... 33
cyclophosphamide for inj 2 gm ... 33
cyclophosphamide for inj 500 mg 33
cycloserine cap 250 mg..... 26

cyclosporine cap 100 mg 120
cyclosporine cap 25 mg 120
cyclosporine iv soln 50 mg/ml ... 120
cyclosporine modified cap 100 mg
 120
cyclosporine modified cap 25 mg
 120
cyclosporine modified cap 50 mg
 120
cyclosporine modified oral soln 100
mg/ml..... 120
ciproheptadine hcl syrup 2 mg/5ml
 134
ciproheptadine hcl tab 4 mg..... 134
 CYSTADANE POW 95
 CYSTAGON CAP 150MG 95
 CYSTAGON CAP 50MG 95
 CYSTARAN SOL 0.44% 132
cytarabine inj 20 mg/ml 33
d 400 tab 400unit..... 127
 D10W/NACL INJ 0.2% 124
d3 cap 1000unit 127
d3 super str cap 2000unit..... 127
 D5W/LYTES INJ #48 123
 D5W/NACL INJ 0.3% 124
daily tab vitamin 127
daily vit tab +iron..... 127
dalfampridine tab er 12hr 10 mg .82
 DALIRESP TAB 250MCG..... 138
 DALIRESP TAB 500MCG..... 138
danazol cap 100 mg..... 95
danazol cap 200 mg..... 95
danazol cap 50 mg 95
dantrolene sodium cap 100 mg ...83
dantrolene sodium cap 25 mg 83
dantrolene sodium cap 50 mg 83
dapsone tab 100 mg 20
dapsone tab 25 mg 20
 DAPTACEL INJ 121
daptomycin for iv soln 350 mg 20
daptomycin for iv soln 500 mg 20
dasetta tab 1/35 91
dasetta tab 7/7/7 91
 DAURISMO TAB 100MG 35
 DAURISMO TAB 25MG 35
deblitane tab 0.35mg 91

DECARA CAP 25000UNT 127
decara cap 50000unt 127
decongestant tab 120mg er 137
deep sea spr 0.65% 138
deferasirox granules packet 180 mg
 90
deferasirox granules packet 360 mg
 90
deferasirox granules packet 90 mg
 90
deferasirox tab 180 mg 90
deferasirox tab 360 mg 90
deferasirox tab 90 mg 90
 DELESTROGEN INJ 10MG/ML 96
 DELSTRIGO TAB 25
 DEMSER CAP 250MG 57
 DEPO-PROVERA INJ 400/ML 37
dermacerin cre 147
dermafungal oin 2% 143
 DESCOVY TAB 200-25MG 25
desenex shak pow 2% 143
desipramine hcl tab 10 mg 67
desipramine hcl tab 100 mg 67
desipramine hcl tab 150 mg 67
desipramine hcl tab 25 mg 67
desipramine hcl tab 50 mg 67
desipramine hcl tab 75 mg 67
desmopressin acetate inj 4 mcg/ml
 102
desmopressin acetate nasal spray
soln 0.01%..... 102
desmopressin acetate nasal spray
soln 0.01% (refrigerated)..... 102
desmopressin acetate tab 0.1 mg
 102
desmopressin acetate tab 0.2 mg
 102
desogest-eth estrad & eth estrad
tab 0.15-0.02/0.01 mg(21/5) 91
desogest-ethin est tab 0.1-
0.025/0.125-0.025/0.15-0.025mg-
mg 91
desogestrel & ethinyl estradiol tab
0.15 mg-30 mcg 91
desvenlafaxine succinate tab er
24hr 100 mg (base equiv) 68

<i>desvenlafaxine succinate tab er</i>		<i>dextrose inj 10%</i>	124
<i>24hr 25 mg (base equiv)</i>	67	<i>dextrose inj 5%</i>	124
<i>desvenlafaxine succinate tab er</i>		<i>dextrose inj 50%</i>	124
<i>24hr 50 mg (base equiv)</i>	68	<i>dextrose inj 70%</i>	124
DEXAMETHASON CON 1MG/ML....	96	DHS ZINC SHA 2%.....	147
<i>dexamethasone elixir 0.5 mg/5ml</i>	96	DIALYVIT 800 TAB ZINC 15	127
<i>dexamethasone sod phosphate</i>		<i>dialyvite d cap 5000unit</i>	127
<i>preservative free inj 10 mg/ml</i>	96	<i>dialyvite tab 800</i>	127
<i>dexamethasone sodium phosphate</i>		<i>dialyvite tab 800/d</i>	127
<i>inj 10 mg/ml</i>	96	DIALYVITE TAB 800/ZINC	127
<i>dexamethasone sodium phosphate</i>		DIAPER RASH AER 10%	147
<i>inj 100 mg/10ml</i>	97	<i>diaper rash oin creamy</i>	147
<i>dexamethasone sodium phosphate</i>		<i>diarrhea rel sus 262/15ml</i>	103
<i>inj 120 mg/30ml</i>	97	DIASTAT ACDL GEL 12.5-20	60
<i>dexamethasone sodium phosphate</i>		DIASTAT ACDL GEL 5-10MG	60
<i>inj 20 mg/5ml</i>	97	DIASTAT PED GEL 2.5M GEL.....	60
<i>dexamethasone sodium phosphate</i>		<i>diazepam conc 5 mg/ml</i>	60
<i>inj 4 mg/ml</i>	96	<i>diazepam inj 5 mg/ml</i>	60
<i>dexamethasone sodium phosphate</i>		<i>diazepam oral soln 1 mg/ml</i>	60
<i>ophth soln 0.1%</i>	131	<i>diazepam rectal gel delivery system</i>	
<i>dexamethasone soln 0.5 mg/5ml</i> .	97	<i>10 mg</i>	61
<i>dexamethasone tab 0.5 mg</i>	97	<i>diazepam rectal gel delivery system</i>	
<i>dexamethasone tab 0.75 mg</i>	97	<i>2.5 mg</i>	61
<i>dexamethasone tab 1 mg</i>	97	<i>diazepam rectal gel delivery system</i>	
<i>dexamethasone tab 1.5 mg</i>	97	<i>20 mg</i>	61
<i>dexamethasone tab 2 mg</i>	97	<i>diazepam tab 10 mg</i>	61
<i>dexamethasone tab 4 mg</i>	97	<i>diazepam tab 2 mg</i>	61
<i>dexamethasone tab 6 mg</i>	97	<i>diazepam tab 5 mg</i>	61
DEXILANT CAP 30MG DR	111	<i>diazoxide susp 50 mg/ml</i>	98
DEXILANT CAP 60MG DR	111	<i>diclofenac potassium tab 50 mg</i> ..	14
<i>dexmethylphenidate hcl tab 10 mg</i>		<i>diclofenac sodium gel 1%</i>	147
.....	79	<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dexmethylphenidate hcl tab 2.5 mg</i>		.....	131
.....	79	<i>diclofenac sodium tab delayed</i>	
<i>dexmethylphenidate hcl tab 5 mg</i>	79	<i>release 25 mg</i>	14
<i>dextrose 10% w/ sodium chloride</i>		<i>diclofenac sodium tab delayed</i>	
<i>0.45%</i>	124	<i>release 50 mg</i>	14
<i>dextrose 2.5% w/ sodium chloride</i>		<i>diclofenac sodium tab delayed</i>	
<i>0.45%</i>	124	<i>release 75 mg</i>	14
<i>dextrose 5% in lactated ringers</i> .	124	<i>diclofenac sodium tab er 24hr 100</i>	
<i>dextrose 5% w/ sodium chloride</i>		<i>mg</i>	14
<i>0.2%</i>	124	<i>dicloxacillin sodium cap 250 mg</i> ..	31
<i>dextrose 5% w/ sodium chloride</i>		<i>dicloxacillin sodium cap 500 mg</i> ..	31
<i>0.45%</i>	124	<i>dicyclomine hcl cap 10 mg</i>	105
<i>dextrose 5% w/ sodium chloride</i>		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>0.9%</i>	124	.....	105

<i>dicyclomine hcl tab 20 mg</i>	105	<i>beads cap er 24hr 300 mg</i>	54
<i>didanosine delayed release capsule</i>		<i>diltiazem hcl extended release</i>	
<i>200 mg</i>	23	<i>beads cap er 24hr 360 mg</i>	54
<i>didanosine delayed release capsule</i>		<i>diltiazem hcl extended release</i>	
<i>250 mg</i>	23	<i>beads cap er 24hr 420 mg</i>	54
<i>didanosine delayed release capsule</i>		<i>diltiazem hcl iv soln 125 mg/25ml</i>	
<i>400 mg</i>	23	<i>(5 mg/ml)</i>	54
DIFICID TAB 200MG	29	<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>diflunisal tab 500 mg</i>	14	<i>mg/ml)</i>	54
<i>digitek tab 0.125mg</i>	55	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>digitek tab 0.25mg</i>	55	<i>mg/ml)</i>	54
<i>digoxin inj 0.25 mg/ml</i>	55	<i>diltiazem hcl tab 120 mg</i>	54
<i>digoxin oral soln 0.05 mg/ml</i>	55	<i>diltiazem hcl tab 30 mg</i>	54
<i>digoxin tab 125 mcg (0.125 mg)</i> .	55	<i>diltiazem hcl tab 60 mg</i>	54
<i>digoxin tab 250 mcg (0.25 mg)</i> ...	55	<i>diltiazem hcl tab 90 mg</i>	54
<i>dihydroergotamine mesylate inj 1</i>		DIP/TET PED INJ 25-5LFU	121
<i>mg/ml</i>	80	<i>diphenhist liq 12.5/5ml</i>	135
<i>dihydroergotamine mesylate nasal</i>		<i>diphenhydramine hcl cap 25 mg</i> 135	
<i>spray 4 mg/ml</i>	80	<i>diphenhydramine hcl cap 50 mg</i> 135	
DILANTIN CAP 100MG.....	61	<i>diphenhydramine hcl inj 50 mg/ml</i>	
DILANTIN CAP 30MG.....	61	.....	135
DILANTIN CHW 50MG	61	<i>diphenhydramine hcl tab 25 mg</i> 135	
DILANTIN-125 SUS 125/5ML	61	<i>diphenhydramine-zinc acetate</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i> .53		<i>cream 2-0.1%</i>	143
<i>diltiazem hcl cap er 12hr 60 mg</i> ..53		<i>diphenoxylate w/ atropine liq 2.5-</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i> ..53		<i>0.025 mg/5ml</i>	110
<i>diltiazem hcl cap er 24hr 120 mg</i> .53		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i> .53		<i>0.025 mg</i>	110
<i>diltiazem hcl cap er 24hr 240 mg</i> .53		<i>disopyramide phosphate cap 100</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>mg</i>	49
<i>24hr 120 mg</i>	53	<i>disopyramide phosphate cap 150</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>mg</i>	49
<i>24hr 180 mg</i>	53	<i>disulfiram tab 250 mg</i>	84
<i>diltiazem hcl coated beads cap er</i>		<i>disulfiram tab 500 mg</i>	84
<i>24hr 240 mg</i>	53	<i>divalproex sodium cap delayed</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>release sprinkle 125 mg</i>	61
<i>24hr 300 mg</i>	53	<i>divalproex sodium tab delayed</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>release 125 mg</i>	61
<i>24hr 360 mg</i>	53	<i>divalproex sodium tab delayed</i>	
<i>diltiazem hcl extended release</i>		<i>release 250 mg</i>	61
<i>beads cap er 24hr 120 mg</i>	53	<i>divalproex sodium tab delayed</i>	
<i>diltiazem hcl extended release</i>		<i>release 500 mg</i>	61
<i>beads cap er 24hr 180 mg</i>	53	<i>divalproex sodium tab er 24 hr 250</i>	
<i>diltiazem hcl extended release</i>		<i>mg</i>	61
<i>beads cap er 24hr 240 mg</i>	53	<i>divalproex sodium tab er 24 hr 500</i>	
<i>diltiazem hcl extended release</i>		<i>mg</i>	61

docetaxel for inj conc 160 mg/8ml (20 mg/ml)34
docetaxel for inj conc 20 mg/ml ..34
docetaxel for inj conc 80 mg/4ml (20 mg/ml)34
 DOCETAXEL INJ 160/16ML.....34
 DOCETAXEL INJ 160/8ML34
 DOCETAXEL INJ 200/1034
 DOCETAXEL INJ 20MG/2ML.....34
 DOCETAXEL INJ 80MG/4ML.....34
 DOCETAXEL INJ 80MG/8ML.....34
docetaxel soln for iv infusion 160 mg/16ml34
docetaxel soln for iv infusion 20 mg/2ml34
docetaxel soln for iv infusion 80 mg/8ml34
docu liq 50mg/5ml.....107
docusate sod liq 50mg/5ml107
docusate sodium cap 100 mg107
docusate sodium liquid 150 mg/15ml107
docusate sodium tab 100 mg107
docusil cap 100mg107
 DOCUSOL KIDS ENE 100MG/5M 107
 DOCUSOL MINI ENE.....107
 DOCUSOL PLUS ENE 20-283107
dofetilide cap 125 mcg (0.125 mg)49
dofetilide cap 250 mcg (0.25 mg) 49
dofetilide cap 500 mcg (0.5 mg)..49
dok plus tab 8.6-50mg107
donepezil hydrochloride orally disintegrating tab 10 mg66
donepezil hydrochloride orally disintegrating tab 5 mg66
donepezil hydrochloride tab 10 mg66
donepezil hydrochloride tab 5 mg 66
dorzolamide hcl ophth soln 2% .132
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml132
double antib oin142
 DOVATO TAB 50-300MG25
doxazosin mesylate tab 1 mg46
doxazosin mesylate tab 2 mg46

doxazosin mesylate tab 4 mg46
doxazosin mesylate tab 8 mg46
doxepin hcl (sleep) tab 3 mg (base equiv)79
doxepin hcl (sleep) tab 6 mg (base equiv)79
doxepin hcl cap 10 mg68
doxepin hcl cap 100 mg68
doxepin hcl cap 150 mg68
doxepin hcl cap 25 mg68
doxepin hcl cap 50 mg68
doxepin hcl cap 75 mg68
doxepin hcl conc 10 mg/ml68
doxorubicin hcl inj 2 mg/ml33
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml33
doxy 100 inj 100mg32
doxycycline hyclate cap 100 mg..32
doxycycline hyclate cap 50 mg....32
doxycycline hyclate for inj 100 mg32
doxycycline hyclate tab 100 mg ..32
doxycycline hyclate tab 20 mg32
doxycycline monohydrate cap 100 mg32
doxycycline monohydrate cap 50 mg32
doxycycline monohydrate tab 100 mg32
doxycycline monohydrate tab 50 mg32
doxycycline monohydrate tab 75 mg32
driminate tab 50mg104
 DRIZALMA CAP 20MG DR68
 DRIZALMA CAP 30MG DR68
 DRIZALMA CAP 40MG DR68
 DRIZALMA CAP 60MG DR68
dronabinol cap 10 mg104
dronabinol cap 2.5 mg104
dronabinol cap 5 mg104
drospirenone-ethinyl estradiol tab 3-0.02 mg.....91
drospirenone-ethinyl estradiol tab 3-0.03 mg.....91
drospirenone-ethinyl estrad-

<i>levomefolate tab 3-0.02-0.451 mg</i>	91
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	91
DROXIA CAP 200MG	116
DROXIA CAP 300MG	116
DROXIA CAP 400MG	116
<i>ducodyl tab 5mg ec</i>	107
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	68
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	68
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	68
DUREZOL EMU 0.05%	131
<i>dutasteride cap 0.5 mg</i>	112
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	112
<i>dyna-hex 4 sol 4%</i>	147
<i>earwax remv sol 6.5% ot</i>	149
<i>easy-melts tab 80mg</i>	12
<i>ec-naproxen tab 375mg</i>	14
<i>ec-naproxen tab 500mg</i>	14
<i>ecpirin tab 325mg ec</i>	12
<i>ed chlorped syp jr</i>	135
<i>ed-apap liq 80mg/2.5</i>	12
EDURANT TAB 25MG	23
<i>efavirenz cap 200 mg</i>	23
<i>efavirenz cap 50 mg</i>	23
<i>efavirenz tab 600 mg</i>	23
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	25
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	25
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	25
<i>eldertonic liq</i>	127
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	80
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	80
ELIQUIS ST P TAB 5MG	113
ELIQUIS TAB 2.5MG	113
ELIQUIS TAB 5MG	113
ELLA TAB 30MG	92

<i>eluryng mis</i>	92
EMCYT CAP 140MG	33
EMEND SUS 125MG	104
EMGALITY INJ 120MG/ML	80, 81
<i>emoquette tab</i>	92
EMSAM DIS 12MG/24H	68
EMSAM DIS 6MG/24HR	68
EMSAM DIS 9MG/24HR	68
<i>emtricitabine caps 200 mg</i>	23
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	25
EMTRIVA CAP 200MG	23
EMTRIVA SOL 10MG/ML	23
EMVERM CHW 100MG	20
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	44
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	44
<i>enalapril maleate tab 10 mg</i>	45
<i>enalapril maleate tab 2.5 mg</i>	45
<i>enalapril maleate tab 20 mg</i>	45
<i>enalapril maleate tab 5 mg</i>	45
ENBREL INJ 25/0.5ML	117
ENBREL INJ 25MG	117
ENBREL INJ 50MG/ML	117
ENBREL MINI INJ 50MG/ML	117
ENBREL SRCLK INJ 50MG/ML	117
ENDARI POW 5GM	116
ENEMEEZ MINI ENE	107
ENEMEEZ PLUS ENE 20-283	107
ENGERIX-B INJ 10/0.5ML	121
ENGERIX-B INJ 20MCG/ML	121
ENLYTE CAP	127
<i>enoxaparin sodium inj 100 mg/ml</i>	113
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	113
<i>enoxaparin sodium inj 150 mg/ml</i>	113
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	113
<i>enoxaparin sodium inj 300 mg/3ml</i>	113
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	113

.....	113
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	
.....	113
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	
.....	113
<i>enpresse-28 tab</i>	92
<i>enskyce tab</i>	92
ENSTILAR AER	145
<i>entacapone tab 200 mg</i>	71
<i>entecavir tab 0.5 mg</i>	27
<i>entecavir tab 1 mg</i>	27
ENTRESTO TAB 24-26MG	47
ENTRESTO TAB 49-51MG	47
ENTRESTO TAB 97-103MG	47
<i>enulose sol 10gm/15</i>	107
EPCLUSA TAB 200-50MG	27
EPCLUSA TAB 400-100	27
EPIDIOLEX SOL 100MG/ML	61
<i>epinephrine solution auto-injector</i> <i>0.15 mg/0.15ml (1:1000)</i>	138
<i>epinephrine solution auto-injector</i> <i>0.15 mg/0.3ml (1:2000)</i>	138
<i>epinephrine solution auto-injector</i> <i>0.3 mg/0.3ml (1:1000)</i>	138
<i>epirubicin hcl iv soln 200 mg/100ml</i> <i>(2 mg/ml)</i>	33
<i>epirubicin hcl iv soln 50 mg/25ml</i> <i>(2 mg/ml)</i>	33
<i>epitol tab 200mg</i>	61
EPIVIR HBV SOL 5MG/ML	27
<i>eplerenone tab 25 mg</i>	45
<i>eplerenone tab 50 mg</i>	45
<i>epsom salt gra</i>	107
<i>ergotamine w/ caffeine tab 1-100</i> <i>mg</i>	81
ERIVEDGE CAP 150MG	35
ERLEADA TAB 60MG	37
<i>erlotinib hcl tab 100 mg (base</i> <i>equivalent)</i>	39
<i>erlotinib hcl tab 150 mg (base</i> <i>equivalent)</i>	39
<i>erlotinib hcl tab 25 mg (base</i> <i>equivalent)</i>	39
<i>errin tab 0.35mg</i>	92
<i>ertapenem sodium for inj 1 gm</i> <i>(base equivalent)</i>	20

<i>ery-tab tab 250mg ec</i>	29
<i>ery-tab tab 333mg ec</i>	29
<i>ery-tab tab 500mg ec</i>	29
ERYTHROCIN INJ 500MG	29
<i>erythrocine tab 250mg</i>	29
<i>erythromycin ethylsuccinate tab</i> <i>400 mg</i>	29
<i>erythromycin gel 2%</i>	141
<i>erythromycin ophth oint 5 mg/gm</i>	130
<i>erythromycin pads 2%</i>	141
<i>erythromycin soln 2%</i>	141
<i>erythromycin tab 250 mg</i>	29
<i>erythromycin tab 500 mg</i>	30
<i>erythromycin tab delayed release</i> <i>250 mg</i>	30
<i>erythromycin tab delayed release</i> <i>333 mg</i>	30
<i>erythromycin tab delayed release</i> <i>500 mg</i>	30
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	30
ESBRIET CAP 267MG	138
ESBRIET TAB 267MG	138
ESBRIET TAB 801MG	138
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	68
<i>escitalopram oxalate tab 10 mg</i> <i>(base equiv)</i>	68
<i>escitalopram oxalate tab 20 mg</i> <i>(base equiv)</i>	68
<i>escitalopram oxalate tab 5 mg</i> <i>(base equiv)</i>	68
<i>esomeprazole magnesium cap</i> <i>delayed release 20 mg (base eq)</i>	111
<i>esomeprazole magnesium cap</i> <i>delayed release 40 mg (base eq)</i>	111
<i>essentl one tab daily</i>	127
<i>estradiol tab 0.5 mg</i>	96
<i>estradiol tab 1 mg</i>	96
<i>estradiol tab 2 mg</i>	96
<i>estradiol td patch weekly 0.025</i> <i>mg/24hr</i>	96
<i>estradiol td patch weekly 0.0375</i>	

<i>mg/24hr (37.5 mcg/24hr)</i>	96
<i>estradiol td patch weekly 0.05 mg/24hr</i>	96
<i>estradiol td patch weekly 0.06 mg/24hr</i>	96
<i>estradiol td patch weekly 0.075 mg/24hr</i>	96
<i>estradiol td patch weekly 0.1 mg/24hr</i>	96
<i>estradiol vaginal cream 0.1 mg/gm</i>	96
<i>estradiol vaginal tab 10 mcg</i>	96
<i>estradiol valerate im in oil 20 mg/ml</i>	96
<i>estradiol valerate im in oil 40 mg/ml</i>	96
<i>eszopiclone tab 1 mg</i>	79
<i>eszopiclone tab 2 mg</i>	79
<i>eszopiclone tab 3 mg</i>	79
<i>ethambutol hcl tab 100 mg</i>	26
<i>ethambutol hcl tab 400 mg</i>	26
<i>ethosuximide cap 250 mg</i>	61
<i>ethosuximide soln 250 mg/5ml</i> ...	61
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	92
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	92
<i>etodolac cap 200 mg</i>	14
<i>etodolac cap 300 mg</i>	14
<i>etodolac tab 400 mg</i>	14
<i>etodolac tab 500 mg</i>	14
<i>etodolac tab er 24hr 400 mg</i>	14
<i>etodolac tab er 24hr 500 mg</i>	14
<i>etodolac tab er 24hr 600 mg</i>	14
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	92
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	43
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	43
<i>euthyrox tab 100mcg</i>	100
<i>euthyrox tab 112mcg</i>	100
<i>euthyrox tab 125mcg</i>	100
<i>euthyrox tab 137mcg</i>	100
<i>euthyrox tab 150mcg</i>	100
<i>euthyrox tab 175mcg</i>	100

<i>euthyrox tab 200mcg</i>	100
<i>euthyrox tab 25mcg</i>	100
<i>euthyrox tab 50mcg</i>	100
<i>euthyrox tab 75mcg</i>	100
<i>euthyrox tab 88mcg</i>	100
<i>everolimus tab 0.25 mg</i>	120
<i>everolimus tab 0.5 mg</i>	120
<i>everolimus tab 0.75 mg</i>	120
<i>everolimus tab 2.5 mg</i>	39
<i>everolimus tab 5 mg</i>	39
<i>everolimus tab 7.5 mg</i>	39
<i>EVOTAZ TAB 300-150</i>	25
<i>exemestane tab 25 mg</i>	37
<i>eye allergy sol relief</i>	131
<i>eye drops dro 0.5-0.9%</i>	132
<i>eye itch rel dro 0.025%op</i>	131
<i>EYE-SCRUB PAD</i>	147
<i>ezetimibe tab 10 mg</i>	50
<i>ezetimibe-simvastatin tab 10-10 mg</i>	50
<i>ezetimibe-simvastatin tab 10-20 mg</i>	50
<i>ezetimibe-simvastatin tab 10-40 mg</i>	50
<i>ezetimibe-simvastatin tab 10-80 mg</i>	50
<i>EZFE 200 CAP 200MG</i>	115
<i>FABRAZYME INJ 35MG</i>	95
<i>FABRAZYME INJ 5MG</i>	95
<i>falmina tab</i>	92
<i>famciclovir tab 125 mg</i>	27
<i>famciclovir tab 250 mg</i>	27
<i>famciclovir tab 500 mg</i>	27
<i>famotidine for susp 40 mg/5ml</i> .	106
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	106
<i>famotidine inj 20 mg/2ml</i>	106
<i>famotidine inj 200 mg/20ml</i>	106
<i>famotidine inj 40 mg/4ml</i>	106
<i>famotidine tab 10mg</i>	106
<i>famotidine tab 20 mg</i>	106
<i>famotidine tab 20mg</i>	106
<i>famotidine tab 40 mg</i>	106
<i>FANAPT PAK</i>	73
<i>FANAPT TAB 10MG</i>	73
<i>FANAPT TAB 12MG</i>	73

FANAPT TAB 1MG	73
FANAPT TAB 2MG	73
FANAPT TAB 4MG	73
FANAPT TAB 6MG	73
FANAPT TAB 8MG	73
FARXIGA TAB 10MG.....	87
FARXIGA TAB 5MG.....	87
FARYDAK CAP 10MG	35
FARYDAK CAP 20MG	35
FASENRA INJ 30MG/ML	138
FASENRA PEN INJ 30MG/ML.....	138
<i>fayosim tab</i>	92
<i>felbamate susp 600 mg/5ml</i>	61
<i>felbamate tab 400 mg</i>	61
<i>felbamate tab 600 mg</i>	61
<i>felodipine tab er 24hr 10 mg</i>	54
<i>felodipine tab er 24hr 2.5 mg</i>	54
<i>felodipine tab er 24hr 5 mg</i>	54
<i>femynor tab 0.25-35</i>	92
<i>fenofibrate micronized cap 134 mg</i>	50
<i>fenofibrate micronized cap 200 mg</i>	50
<i>fenofibrate micronized cap 67 mg</i>	50
<i>fenofibrate tab 145 mg</i>	51
<i>fenofibrate tab 160 mg</i>	51
<i>fenofibrate tab 48 mg</i>	50
<i>fenofibrate tab 54 mg</i>	50
<i>fentanyl citrate lozenge on a handle</i> <i>1200 mcg</i>	16
<i>fentanyl citrate lozenge on a handle</i> <i>1600 mcg</i>	16
<i>fentanyl citrate lozenge on a handle</i> <i>200 mcg</i>	16
<i>fentanyl citrate lozenge on a handle</i> <i>400 mcg</i>	16
<i>fentanyl citrate lozenge on a handle</i> <i>600 mcg</i>	16
<i>fentanyl citrate lozenge on a handle</i> <i>800 mcg</i>	16
<i>fentanyl td patch 72hr 100 mcg/hr</i>	16
<i>fentanyl td patch 72hr 12 mcg/hr</i>	16
<i>fentanyl td patch 72hr 25 mcg/hr</i>	16
<i>fentanyl td patch 72hr 50 mcg/hr</i>	16
<i>fentanyl td patch 72hr 75 mcg/hr</i>	16

<i>ferate tab 27mg</i>	115
<i>ferosul elx 220/5ml</i>	115
<i>ferosul tab 325mg</i>	115
FERRETTIS TAB 325MG	115
<i>ferrex 150 cap 150mg</i>	115
FERRIMIN 150 TAB.....	115
<i>ferrous fumarate tab 324 mg (106</i> <i>mg elemental fe)</i>	115
FERROUS GLUC TAB 324MG	115
<i>ferrous gluconate tab 240 mg (27</i> <i>mg elemental fe)</i>	115
<i>ferrous gluconate tab 324 mg (37.5</i> <i>mg elemental iron)</i>	115
FERROUS SULF TAB 324MG EC .	115
<i>ferrous sulfate elixir 220 mg/5ml</i> <i>(44 mg/5ml elemental fe)</i>	115
<i>ferrous sulfate soln 75 mg/ml (15</i> <i>mg/ml elemental fe)</i>	115
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	115
<i>ferrous sulfate tab 325 mg (65 mg</i> <i>elemental fe)</i>	115
<i>ferrous sulfate tab ec 325 mg (65</i> <i>mg fe equivalent)</i>	115
<i>ferrousul tab 325mg</i>	115
FETZIMA CAP 120MG	69
FETZIMA CAP 20MG.....	68
FETZIMA CAP 40MG.....	68
FETZIMA CAP 80MG.....	69
FETZIMA CAP TITRATIO	69
<i>fexofenadine hcl tab 180 mg</i>	135
<i>fexofenadine hcl tab 60 mg</i>	135
FIASP FLEX INJ TOUCH	86
FIASP INJ 100/ML	86
FIASP PENFIL INJ U-100	86
<i>fiber laxatv tab 625mg</i>	107
<i>fiber laxtiv cap 0.52gm</i>	107
<i>fiber therap tab 500mg</i>	107
<i>fiber-caps tab 625mg</i>	107
<i>fiber-lax tab 625mg</i>	107
<i>finasteride tab 5 mg</i>	112
FINTEPLA SOL 2.2MG/ML	61
<i>flac oil 0.01%</i>	149
FLAREX SUS 0.1% OP.....	131
FLEBOGAMMA INJ 10/100ML	118

FLEBOGAMMA INJ 10/200ML..... 118
 FLEBOGAMMA INJ 20/200ML..... 119
 FLEBOGAMMA INJ 20/400ML..... 119
 FLEBOGAMMA INJ 5GM/50ML.... 118
 FLEBOGAMMA INJ DIF 5% 119
flecainide acetate tab 100 mg49
flecainide acetate tab 150 mg49
flecainide acetate tab 50 mg49
 FLEET BISACO ENE 10/30ML..... 107
 FLEET LIQUID ENE GLYCERIN ... 107
floranex gra 103
floranex tab 103
 FLOVENT DISK AER 100MCG..... 140
 FLOVENT DISK AER 250MCG..... 140
 FLOVENT DISK AER 50MCG 140
 FLOVENT HFA AER 110MCG 140
 FLOVENT HFA AER 220MCG 140
 FLOVENT HFA AER 44MCG 140
fluconazole for susp 10 mg/ml22
fluconazole for susp 40 mg/ml22
fluconazole in nacl 0.9% inj 200 mg/100ml22
fluconazole in nacl 0.9% inj 400 mg/200ml22
fluconazole tab 100 mg22
fluconazole tab 150 mg22
fluconazole tab 200 mg22
fluconazole tab 50 mg22
flucytosine cap 250 mg22
flucytosine cap 500 mg22
fludrocortisone acetate tab 0.1 mg97
flunisolide nasal soln 25 mcg/act (0.025%) 139
fluocinolone acetonide (otic) oil 0.01%..... 149
fluocinolone acetonide cream 0.01%..... 145
fluocinolone acetonide cream 0.025%..... 145
fluocinolone acetonide oil 0.01% (body oil) 145
fluocinolone acetonide oil 0.01% (scalp oil) 145
fluocinolone acetonide oint 0.025% 145

fluocinolone acetonide soln 0.01% 145
fluocinonide cream 0.05% 145
fluocinonide emulsified base cream 0.05% 145
fluocinonide gel 0.05% 145
fluocinonide oint 0.05% 145
fluocinonide soln 0.05%..... 145
fluorometholone ophth susp 0.1% 131
fluorouracil cream 5% 147
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 33
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 33
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 33
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 33
fluorouracil soln 2%..... 147
fluorouracil soln 5%..... 147
fluoxetine hcl cap 10 mg 69
fluoxetine hcl cap 20 mg 69
fluoxetine hcl cap 40 mg 69
fluoxetine hcl solution 20 mg/5ml 69
fluphenazine decanoate inj 25 mg/ml 74
fluphenazine hcl elixir 2.5 mg/5ml 74
fluphenazine hcl inj 2.5 mg/ml 74
fluphenazine hcl oral conc 5 mg/ml 74
fluphenazine hcl tab 1 mg 74
fluphenazine hcl tab 10 mg 74
fluphenazine hcl tab 2.5 mg 74
fluphenazine hcl tab 5 mg 74
flurbiprofen sodium ophth soln 0.03% 131
flurbiprofen tab 100 mg 14
flutamide cap 125 mg 37
fluticasone propionate cream 0.05% 145
fluticasone propionate nasal susp 50 mcg/act..... 139
fluticasone propionate oint 0.005% 145

<i>fluvoxamine maleate tab 100 mg</i>	59
<i>fluvoxamine maleate tab 25 mg</i>	..59
<i>fluvoxamine maleate tab 50 mg</i>	..59
<i>foam antacid sus</i>	.....103
<i>folbee plus tab</i>	.....127
<i>folbee tab</i>	.....115
<i>folbic tab</i>	.....128
<i>folic acid inj 5 mg/ml</i>	.....128
<i>folic acid tab 1 mg</i>	.....128
<i>folic acid tab 400 mcg</i>	.....128
<i>folplex 2.2 tab</i>	.....115
FOLTANX TAB	.....128
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	.....114
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	.....113
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	.....114
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	.....114
FORTEO SOL 600/2.4	.....98
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	.....23
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	.....44
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	.....44
<i>fosinopril sodium tab 10 mg</i>	.....45
<i>fosinopril sodium tab 20 mg</i>	.....45
<i>fosinopril sodium tab 40 mg</i>	.....45
FREAMINE HBC INJ 6.9%	.....123
FREAMINE III INJ 10%	.....123
FRESHKOTE SOL 2.7-2%	.....132
<i>fulvestrant inj 250 mg/5ml</i>	.....37
FUNGOID TINC KIT	.....143
FUNGOID TINC SOL 2%	.....143
<i>fungoid-d cre 1%</i>	.....143
<i>furosemide inj 10 mg/ml</i>	.....56
<i>furosemide oral soln 10 mg/ml</i>	....56
<i>furosemide oral soln 8 mg/ml</i>	....56
<i>furosemide tab 20 mg</i>	.....56
<i>furosemide tab 40 mg</i>	.....56
<i>furosemide tab 80 mg</i>	.....56
FUSION PLUS CAP	.....116

FUZEON INJ 90MG	.....23
<i>fyavolv tab 0.5-2.5</i>	.....96
FYCOMPA SUS 0.5MG/ML	.....61
FYCOMPA TAB 10MG	.....62
FYCOMPA TAB 12MG	.....62
FYCOMPA TAB 2MG	.....61
FYCOMPA TAB 4MG	.....62
FYCOMPA TAB 6MG	.....62
FYCOMPA TAB 8MG	.....62
<i>gabapentin cap 100 mg</i>	.....62
<i>gabapentin cap 300 mg</i>	.....62
<i>gabapentin cap 400 mg</i>	.....62
<i>gabapentin oral soln 250 mg/5ml</i>	62
<i>gabapentin tab 600 mg</i>	.....62
<i>gabapentin tab 800 mg</i>	.....62
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	.....66
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	.....66
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	.....66
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	.....66
<i>galantamine hydrobromide tab 12 mg</i>	.....66
<i>galantamine hydrobromide tab 4 mg</i>	.....66
<i>galantamine hydrobromide tab 8 mg</i>	.....66
GAMASTAN INJ	.....119
GAMMAGARD INJ 10GM/100	.....119
GAMMAGARD INJ 1GM/10ML	....119
GAMMAGARD INJ 2.5GM/25	....119
GAMMAGARD INJ 20GM/200	.....119
GAMMAGARD INJ 30GM/300	.....119
GAMMAGARD INJ 5GM/50ML	....119
GAMMAGARD SD INJ 10GM HU	.119
GAMMAGARD SD INJ 5GM HU	...119
GAMMAKED INJ 10GM/100	.....119
GAMMAKED INJ 1GM/10ML	.....119
GAMMAKED INJ 20GM/200	.....119
GAMMAKED INJ 5GM/50ML	.....119
GAMMAPLEX INJ 10%	.....119
GAMMAPLEX INJ 5%	.....119
GAMUNEX-C INJ 10GM/100	.....119
GAMUNEX-C INJ 1GM/10ML	.....119

GAMUNEX-C INJ 2.5GM/25	119
GAMUNEX-C INJ 20GM/200	119
GAMUNEX-C INJ 40/400ML	119
GAMUNEX-C INJ 5GM/50ML	119
<i>ganciclovir sodium for inj 500 mg</i>	27
GARDASIL 9 INJ	121
<i>gas relief cap 125mg</i>	110
<i>gas relief cap 180mg</i>	110
<i>gas relief chw 80mg</i>	110
<i>gas relief dro 20/0.3ml</i>	110
<i>gas relief dro 40/0.6ml</i>	110
<i>gas-x cap 125mg</i>	110
<i>gas-x cap 180mg</i>	110
<i>gatifloxacin ophth soln 0.5%</i>	130
GATTEX KIT 5MG.....	110
GAUZE PADS 2	86
<i>gavilax pow</i>	107
<i>gavilyte-c sol</i>	107
<i>gavilyte-g sol</i>	107
<i>gavilyte-n sol flav pk</i>	107
GAVISCON SUS.....	103
GAVRETO CAP 100MG	39
<i>gemcitabine hcl for inj 1 gm</i>	33
<i>gemcitabine hcl for inj 2 gm</i>	33
<i>gemcitabine hcl for inj 200 mg</i>	33
<i>gemcitabine hcl inj 1 gm/26.3ml</i> <i>(38 mg/ml) (base equiv)</i>	33
<i>gemcitabine hcl inj 2 gm/52.6ml</i> <i>(38 mg/ml) (base equiv)</i>	34
<i>gemcitabine hcl inj 200 mg/5.26ml</i> <i>(38 mg/ml) (base equiv)</i>	34
<i>gemfibrozil tab 600 mg</i>	51
<i>generlac sol 10gm/15</i>	107
<i>gengraf cap 100mg</i>	120
<i>gengraf cap 25mg</i>	120
<i>gengraf sol 100mg/ml</i>	120
GENOTROPIN INJ 0.2MG	98
GENOTROPIN INJ 0.4MG	98
GENOTROPIN INJ 0.6MG	98
GENOTROPIN INJ 0.8MG	98
GENOTROPIN INJ 1.2MG	98
GENOTROPIN INJ 1.4MG	98
GENOTROPIN INJ 1.6MG	99
GENOTROPIN INJ 1.8MG	99
GENOTROPIN INJ 12MG	99
GENOTROPIN INJ 1MG	99

GENOTROPIN INJ 2MG	99
GENOTROPIN INJ 5MG	99
<i>gentak oin 0.3% op</i>	130
<i>gentamicin in saline inj 0.8 mg/ml</i>	19
<i>gentamicin in saline inj 1 mg/ml</i> .19	
<i>gentamicin in saline inj 1.2 mg/ml</i>	19
<i>gentamicin in saline inj 1.6 mg/ml</i>	19
<i>gentamicin in saline inj 2 mg/ml</i> .19	
<i>gentamicin sulfate cream 0.1%</i> .142	
<i>gentamicin sulfate inj 10 mg/ml</i> ..	19
<i>gentamicin sulfate inj 40 mg/ml</i> ..	19
<i>gentamicin sulfate oint 0.1%</i>	142
<i>gentamicin sulfate ophth soln 0.3%</i>	130
GENTEAL GEL 0.3%.....	133
GENVOYA TAB	25
GEODON INJ 20MG.....	74
GILENYA CAP 0.5MG	82
GILOTRIF TAB 20MG.....	39
GILOTRIF TAB 30MG.....	39
GILOTRIF TAB 40MG.....	40
<i>glatiramer acetate soln prefilled</i> <i>syringe 20 mg/ml</i>	82
<i>glatiramer acetate soln prefilled</i> <i>syringe 40 mg/ml</i>	82
<i>glatopa inj 20mg/ml</i>	82
<i>glatopa inj 40mg/ml</i>	83
GLEOSTINE CAP 100MG	33
GLEOSTINE CAP 10MG	33
GLEOSTINE CAP 40MG	33
<i>glimepiride tab 1 mg</i>	87
<i>glimepiride tab 2 mg</i>	87
<i>glimepiride tab 4 mg</i>	87
<i>glipizide tab 10 mg</i>	87
<i>glipizide tab 5 mg</i>	87
<i>glipizide tab er 24hr 10 mg</i>	87
<i>glipizide tab er 24hr 2.5 mg</i>	87
<i>glipizide tab er 24hr 5 mg</i>	87
<i>glipizide xl tab 10mg</i>	87
<i>glipizide xl tab 2.5mg</i>	87
<i>glipizide xl tab 5mg</i>	87
<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	87

glipizide-metformin hcl tab 2.5-500 mg88
glipizide-metformin hcl tab 5-500 mg88
 GLUCAGEN INJ HYPOKIT98
 GLUCAGON KIT 1MG98
glucos/chond tab 500-400126
glucosamine sulfate cap 500 mg 126
glyburide micronized tab 1.5 mg .88
glyburide micronized tab 3 mg88
glyburide micronized tab 6 mg88
glyburide tab 1.25 mg.....88
glyburide tab 2.5 mg.....88
glyburide tab 5 mg88
glyburide-metformin tab 1.25-250 mg88
glyburide-metformin tab 2.5-500 mg88
glyburide-metformin tab 5-500 mg88
glycerin sup 2gm107
glycerin suppos 1 gm107
glycolax pow 3350 nf107
glycopyrrolate tab 1 mg105
glycopyrrolate tab 2 mg105
glydo gel 2%146
 GLYXAMBI TAB 10-5 MG88
 GLYXAMBI TAB 25-5 MG88
gnp allergy cap 25mg.....135
gnp allergy tab 180mg135
gnp allergy tab 25mg135
gnp allergy tab 4mg.....135
gnp antacid sus anti-gas.....103
gnp aspirin chw 81mg12
gnp aspirin tab 325mg ec12
gnp bisa-lax tab 5mg ec107
gnp calcium tab cit +d3.....125
gnp century tab ultimate128
gnp chest oin rub137
gnp clearlax pow107
gnp cold&hot oin ext st147
gnp ear sys sol 6.5% ot150
gnp enema ene107
gnp fiber cap 0.52gm107
gnp gas relf chw 125mg110
gnp gas relf chw 80mg110

gnp glycerin sup 1.2gm..... 107
gnp glycerin sup 2.1gm..... 107
gnp hydrocor cre 1% plus 145
gnp iron tab 45mg..... 116
gnp iron tab 65mg..... 116
gnp k-pec sus 262/15ml 103
gnp laxative tab 25mg 107
gnp laxative tab 5mg ec..... 107
gnp migraine tab relief..... 13
gnp milk mag sus..... 107
gnp muscle cre rub..... 147
gnp nasal spr 0.05% 137
gnp nicotine gum 2mg mint..... 84
gnp nicotine gum 2mg orig..... 84
gnp nicotine gum 4mg mint..... 84
gnp nicotine loz 2mg mint 84
gnp nicotine loz 4mg mint 84
gnp suphedrn liq 15mg/5ml..... 137
gnp vit c loz 60mg..... 128
 GOLYTELY SOL..... 107
 GONAK OP SOL 2.5% 133
granisetron hcl inj 1 mg/ml 104
granisetron hcl inj 4 mg/4ml (1 mg/ml) 104
granisetron hcl tab 1 mg 104
griseofulvin microsize susp 125 mg/5ml..... 22
*griseofulvin microsize tab 500 mg*22
griseofulvin ultramicrosize tab 125 mg 22
griseofulvin ultramicrosize tab 250 mg 22
guanfacine hcl tab er 24hr 1 mg (base equiv) 79
guanfacine hcl tab er 24hr 2 mg (base equiv) 79
guanfacine hcl tab er 24hr 3 mg (base equiv) 79
guanfacine hcl tab er 24hr 4 mg (base equiv) 79
 GVOKE HYPO 2 INJ .5/.1ML 98
 GVOKE HYPO 2 INJ 1MG/.2ML..... 98
 GVOKE PFS INJ 98
 HAEGARDA INJ 2000UNIT 116
 HAEGARDA INJ 3000UNIT 116
hailey 24 tab fe..... 92

<i>halobetasol propionate cream</i>		<i>iv sol 20000 unit/500ml-5%</i>	114
<i>0.05%.....</i>	145	<i>heparin sodium (porcine)-dextrose</i>	
<i>halobetasol propionate oint 0.05%</i>		<i>iv sol 25000 unit/500ml-5%</i>	114
<i>.....</i>	145	HEPARIN/NACL INJ 25000UNT ..	114
<i>haloperidol decanoate im soln 100</i>		<i>hepatamine sol 8%</i>	123
<i>mg/ml.....</i>	74	HERCEP HYLEC SOL 60-10000	35
<i>haloperidol decanoate im soln 50</i>		HERCEPTIN INJ 150MG	35
<i>mg/ml.....</i>	74	HERCEPTIN INJ 440MG	35
<i>haloperidol lactate inj 5 mg/ml....</i>	74	HERZUMA INJ 150MG	35
<i>haloperidol lactate oral conc 2</i>		HERZUMA INJ 420MG	35
<i>mg/ml.....</i>	74	HETLIOZ CAP 20MG.....	79
<i>haloperidol tab 0.5 mg</i>	74	HIBERIX SOL 10MCG	121
<i>haloperidol tab 1 mg</i>	74	<i>hm allergy tab 25mg</i>	135
<i>haloperidol tab 10 mg</i>	74	<i>hm allergy tab 4mg</i>	135
<i>haloperidol tab 2 mg</i>	74	<i>hm antacid sus anti-gas</i>	103
<i>haloperidol tab 20 mg</i>	74	<i>hm aspirin chw 81mg</i>	13
<i>haloperidol tab 5 mg</i>	74	<i>hm aspirin tab 325mg.....</i>	13
HARVONI PAK	27	<i>hm chest rub oin.....</i>	137
HARVONI PAK 45-200MG.....	27	<i>hm clearlax pow.....</i>	108
HARVONI TAB 45-200MG.....	27	<i>hm fiber pow 48.57%</i>	108
HARVONI TAB 90-400MG.....	27	<i>hm fiber tab 500mg.....</i>	108
HAVRIX INJ 1440UNIT	121	<i>hm hydrocort cre 1% plus</i>	145
HAVRIX INJ 720UNIT	121	<i>hm ibuprofen tab 200mg.....</i>	14
<i>headache pm tab 25-500mg</i>	84	<i>hm mineral oil</i>	108
<i>headache tab 25-500mg.....</i>	84	<i>hm nasal spr 0.05%</i>	137
<i>healthylax pow.....</i>	107	<i>hm nicotine dis 14mg/24h.....</i>	84
<i>heartburn tab 150mg</i>	106	<i>hm nicotine dis 21mg/24h.....</i>	84
<i>heartburn tab 20mg.....</i>	106	<i>hm nicotine gum 2mg mint.....</i>	84
<i>heartburn tab relief.....</i>	106	<i>hm nicotine gum 4mg mint.....</i>	84
<i>heartburn tr cap 15mg</i>	111	<i>hm nicotine loz 2mg mint</i>	84
<i>heather tab 0.35mg</i>	92	<i>hm nicotine loz 4mg mint.....</i>	84
HEMOCYTE PLS CAP.....	116	<i>hm povid-iod sol 10%.....</i>	147
<i>hemorrhoidal cre</i>	147	<i>hm saline spr 0.65%</i>	138
<i>hemorrhoidal cre max st.....</i>	147	<i>hm triple oin antibiot</i>	142
HEP SOD/NACL INJ 25000UNT ..	114	HUMIRA INJ 10/0.1ML	117
<i>heparin sodium (porcine) 100</i>		HUMIRA INJ 10MG/0.2.....	117
<i>unit/ml in d5w.....</i>	114	HUMIRA INJ 20/0.2ML	117
<i>heparin sodium (porcine) inj 1000</i>		HUMIRA INJ 40/0.4ML	117
<i>unit/ml.....</i>	114	HUMIRA KIT 20MG/0.4	117
<i>heparin sodium (porcine) inj 10000</i>		HUMIRA KIT 40MG/0.8	118
<i>unit/ml.....</i>	114	HUMIRA PEDIA INJ CROHNS.....	118
<i>heparin sodium (porcine) inj 20000</i>		HUMIRA PEN INJ 40/0.4ML.....	118
<i>unit/ml.....</i>	114	HUMIRA PEN INJ 40MG/0.8	118
<i>heparin sodium (porcine) inj 5000</i>		HUMIRA PEN INJ CD/UC/HS.....	118
<i>unit/ml.....</i>	114	HUMIRA PEN INJ PS/UV	118
<i>heparin sodium (porcine)-dextrose</i>		HUMIRA PEN KIT CD/UC/HS	118

HUMIRA PEN KIT PS/UV	118	0.5%	145
HUMULIN R INJ U-500.....	86	hydrocortisone-aloe vera cream 1%	145
hydralazine hcl inj 20 mg/ml.....	57	hydromet syp 5-1.5/5.....	137
hydralazine hcl tab 10 mg	57	hydromorphone hcl liqd 1 mg/ml.	16
hydralazine hcl tab 100 mg.....	57	hydromorphone hcl preservative free (pf) inj 10 mg/ml.....	16
hydralazine hcl tab 25 mg	57	hydromorphone hcl tab 2 mg	16
hydralazine hcl tab 50 mg	57	hydromorphone hcl tab 4 mg	16
hydrochlorothiazide cap 12.5 mg .	56	hydromorphone hcl tab 8 mg	16
hydrochlorothiazide tab 12.5 mg .	56	hydroxychloroquine sulfat e tab 200 mg	118
hydrochlorothiazide tab 25 mg	56	hydroxyurea cap 500 mg	42
hydrochlorothiazide tab 50 mg	56	hydroxyzine hcl im soln 25 mg/ml	135
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	137	hydroxyzine hcl im soln 50 mg/ml	135
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	16	hydroxyzine hcl syrup 10 mg/5ml	135
hydrocodone-acetaminophen tab 10-325 mg	16	hydroxyzine hcl tab 10 mg	135
hydrocodone-acetaminophen tab 5-325 mg	16	hydroxyzine hcl tab 25 mg	135
hydrocodone-acetaminophen tab 7.5-325 mg	16	hydroxyzine hcl tab 50 mg	135
hydrocodone-ibuprofen tab 7.5-200 mg	16	hydroxyzine pamoate cap 25 mg	135
hydrocort cre 0.5%.....	145	hydroxyzine pamoate cap 50 mg	135
hydrocort cre 1%	145	HYSINGLA ER TAB 100 MG	17
hydrocort oin 1%.....	145	HYSINGLA ER TAB 120 MG	17
hydrocort/ cre aloe 1%	145	HYSINGLA ER TAB 20 MG.....	16
hydrocortisone butyrate cream 0.1%	145	HYSINGLA ER TAB 30 MG	17
hydrocortisone butyrate oint 0.1%	145	HYSINGLA ER TAB 40 MG.....	17
hydrocortisone cream 0.5%	145	HYSINGLA ER TAB 60 MG.....	17
hydrocortisone cream 1%.....	145	HYSINGLA ER TAB 80 MG.....	17
hydrocortisone cream 2.5%	145	ibandronate sodium tab 150 mg (base equivalent)	90
hydrocortisone enema 100 mg/60ml	106	IBRANCE CAP 100MG.....	35
hydrocortisone lotion 2.5%	145	IBRANCE CAP 125MG.....	35
hydrocortisone oint 0.5%	145	IBRANCE CAP 75MG	35
hydrocortisone oint 1%	145	IBRANCE TAB 100MG.....	35
hydrocortisone oint 2.5%	145	IBRANCE TAB 125MG.....	35
hydrocortisone perianal cream 2.5%	147	IBRANCE TAB 75MG	35
hydrocortisone tab 10 mg.....	97	ibu-200 tab 200mg.....	14
hydrocortisone tab 20 mg.....	97	ibuprofen cap 200mg.....	14
hydrocortisone tab 5 mg.....	97	ibuprofen dro 50/1.25.....	14
hydrocortisone-aloe vera cream		ibuprofen ib chw 100mg.....	14
		ibuprofen jr chw 100mg	14

<i>ibuprofen sus 100/5ml</i>	14	INGREZZA CAP 40MG	82
<i>ibuprofen susp 100 mg/5ml</i>	14	INGREZZA CAP 80MG	82
<i>ibuprofen tab 200 mg</i>	14	INLYTA TAB 1MG.....	40
<i>ibuprofen tab 200mg</i>	14	INLYTA TAB 5MG.....	40
<i>ibuprofen tab 400 mg</i>	14	INQOVI TAB 35-100MG.....	42
<i>ibuprofen tab 600 mg</i>	14	INREBIC CAP 100MG	40
<i>ibuprofen tab 800 mg</i>	14	INSULIN PEN NEEDLE	86
ICAPS AREDS TAB FORMULA.....	128	INSULIN SAFETY NEEDLES	86
<i>icaps cap</i>	128	INSULIN SYRINGE.....	86
ICAPS LUTEIN TAB ZEAXANTH ..	128	INTEGRA F CAP.....	116
<i>icaps mv tab</i>	128	INTEGRA PLUS CAP	116
<i>icatibant acetate inj 30 mg/3ml</i> (base equivalent)	116	INTELENCE TAB 100MG	23
ICLUSIG TAB 15MG	40	INTELENCE TAB 200MG	23
ICLUSIG TAB 45MG	40	INTELENCE TAB 25MG	23
IDHIFA TAB 100MG.....	35	INTRALIPID INJ 20%	123
IDHIFA TAB 50MG	35	INTRALIPID INJ 30%	123
<i>iferex 150 cap</i>	116	INTRON A INJ 10MU	120
ILEVRO DRO 0.3% OP.....	131	INTRON A INJ 18MU	120
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	40	INTRON A INJ 25MU	120
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	40	INTRON A INJ 50MU	120
IMBRUVICA CAP 140MG	40	<i>introvale tab</i>	92
IMBRUVICA CAP 70MG	40	INVEGA SUST INJ 117/0.75.....	74
IMBRUVICA TAB 140MG	40	INVEGA SUST INJ 156MG/ML.....	74
IMBRUVICA TAB 280MG	40	INVEGA SUST INJ 234/1.5	74
IMBRUVICA TAB 420MG	40	INVEGA SUST INJ 39/0.25	74
IMBRUVICA TAB 560MG	40	INVEGA SUST INJ 78/0.5ML	74
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	20	INVEGA TRINZ INJ 273MG.....	74
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	20	INVEGA TRINZ INJ 410MG.....	74
<i>imipramine hcl tab 10 mg</i>	69	INVEGA TRINZ INJ 546MG.....	74
<i>imipramine hcl tab 25 mg</i>	69	INVEGA TRINZ INJ 819MG.....	74
<i>imipramine hcl tab 50 mg</i>	69	INVIRASE TAB 500MG	24
<i>imiquimod cream 5%</i>	147	<i>ionil-t sha 1%</i>	147
IMOVAX RABIE INJ 2.5/ML.....	121	IPOL INJ INACTIVE.....	121
<i>incassia tab 0.35mg</i>	92	<i>ipratropium bromide inhal soln</i> <i>0.02%</i>	134
INCRELEX INJ 40MG/4ML	99	<i>ipratropium bromide nasal soln</i> <i>0.03% (21 mcg/spray)</i>	134
INCRUSE ELPT INH 62.5MCG ...	134	<i>ipratropium bromide nasal soln</i> <i>0.06% (42 mcg/spray)</i>	134
<i>indapamide tab 1.25 mg</i>	56	<i>ipratropium-albuterol nebu soln</i> <i>0.5-2.5(3) mg/3ml</i>	133
<i>indapamide tab 2.5 mg</i>	56	<i>irbesartan tab 150 mg</i>	48
INFANRIX INJ.....	121	<i>irbesartan tab 300 mg</i>	48
INFUVITE INJ ADULT.....	128	<i>irbesartan tab 75 mg</i>	48
INGREZZA CAP 40-80MG.....	82	<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	47

irbesartan-hydrochlorothiazide tab
300-12.5 mg.....47
 IRESSA TAB 250MG40
irinotecan hcl inj 100 mg/5ml (20
mg/ml)43
irinotecan hcl inj 300 mg/15ml (20
mg/ml)43
irinotecan hcl inj 40 mg/2ml (20
mg/ml)43
irinotecan hcl inj 500 mg/25ml (20
mg/ml)43
 ISENTRESS CHW 100MG24
 ISENTRESS CHW 25MG24
 ISENTRESS HD TAB 600MG24
 ISENTRESS POW 100MG24
 ISENTRESS TAB 400MG24
isibloom tab.....92
 ISOLYTE-P INJ /D5W.....124
 ISOLYTE-S INJ124
isoniazid syrup 50 mg/5ml.....26
isoniazid tab 100 mg.....26
isoniazid tab 300 mg.....26
 ISOPTO TEARS SOL 0.5% OP133
isosorbide dinitrate tab 10 mg.....57
isosorbide dinitrate tab 20 mg.....57
isosorbide dinitrate tab 30 mg.....57
isosorbide dinitrate tab 5 mg57
isosorbide mononitrate tab 10 mg
57
isosorbide mononitrate tab 20 mg
57
isosorbide mononitrate tab er 24hr
120 mg57
isosorbide mononitrate tab er 24hr
30 mg57
isosorbide mononitrate tab er 24hr
60 mg57
isotretinoin cap 10 mg141
isotretinoin cap 20 mg141
isotretinoin cap 30 mg141
isotretinoin cap 40 mg141
isradipine cap 2.5 mg.....54
isradipine cap 5 mg54
itch relief cre ex st.....143
itch relief spr 2-0.1%143
itraconazole cap 100 mg.....22

ivermectin tab 3 mg 20
 IXIARO INJ..... 121
 JADENU SPRKL GRA 180MG..... 90
 JADENU SPRKL GRA 360MG..... 90
 JADENU SPRKL GRA 90MG 90
 JADENU TAB 180MG 90
 JAKAFI TAB 10MG 40
 JAKAFI TAB 15MG 40
 JAKAFI TAB 20MG 40
 JAKAFI TAB 25MG 40
 JAKAFI TAB 5MG 40
jantoven tab 10mg..... 114
jantoven tab 1mg..... 114
jantoven tab 2.5mg..... 114
jantoven tab 2mg..... 114
jantoven tab 3mg..... 114
jantoven tab 4mg..... 114
jantoven tab 5mg..... 114
jantoven tab 6mg..... 114
jantoven tab 7.5mg..... 114
 JANUMET TAB 50-1000 88
 JANUMET TAB 50-500MG 88
 JANUMET XR TAB 100-1000..... 88
 JANUMET XR TAB 50-1000 88
 JANUMET XR TAB 50-500MG..... 88
 JANUVIA TAB 100MG 88
 JANUVIA TAB 25MG 88
 JANUVIA TAB 50MG 88
 JARDIANCE TAB 10MG 88
 JARDIANCE TAB 25MG 88
jasmiel tab 3-0.02mg 92
 JENTADUETO TAB 2.5-1000..... 89
 JENTADUETO TAB 2.5-500 88
 JENTADUETO TAB 2.5-850 89
 JENTADUETO TAB XR..... 89
jinteli tab 1mg-5mcg 96
jock itch aer 1%..... 143
jolivette tab 0.35mg 92
juleber tab 92
 JULUCA TAB 50-25MG..... 25
junel 1.5/30 tab 92
junel 1/20 tab..... 92
junel fe 24 tab 1/20..... 92
junel fe tab 1.5/30 92
junel fe tab 1/20 92
 JUXTAPID CAP 10MG 51

JUXTAPID CAP 20MG.....51
 JUXTAPID CAP 30MG.....51
 JUXTAPID CAP 5MG51
 KADCYLA INJ 100MG.....35
 KADCYLA INJ 160MG.....35
kaitlib fe chw92
 KALETRA TAB 100-25MG25
 KALETRA TAB 200-50MG25
 KALYDECO PAK 25MG138
 KALYDECO PAK 50MG138
 KALYDECO PAK 75MG138
 KALYDECO TAB 150MG138
 KANJINTI INJ 420MG35
 KANJINTI SOL 150MG35
kao-tin sus 262/15ml.....103
kariva tab 28 day92
*kcl 10 meq/l (0.075%) in dextrose
 5% & nacl 0.45% inj*.....124
*kcl 20 meq/l (0.15%) in dextrose
 5% & nacl 0.2% inj*.....124
*kcl 20 meq/l (0.15%) in dextrose
 5% & nacl 0.45% inj*.....124
*kcl 20 meq/l (0.15%) in dextrose
 5% & nacl 0.9% inj*.....124
*kcl 20 meq/l (0.15%) in nacl 0.45%
 inj*124
*kcl 20 meq/l (0.15%) in nacl 0.9%
 inj*124
*kcl 30 meq/l (0.224%) in dextrose
 5% & nacl 0.45% inj*.....124
*kcl 40 meq/l (0.3%) in dextrose 5%
 & nacl 0.45% inj*124
*kcl 40 meq/l (0.3%) in nacl 0.9%
 inj*124
 KCL/D5W/NACL INJ 0.15/0.2 ...124
 KCL/D5W/NACL INJ 0.3/0.9% ...124
kelnor 1/50 tab92
kelnor tab 1/3592
ketoconazole cream 2%143
ketoconazole shampoo 2%144
ketoconazole tab 200 mg.....22
*ketorolac tromethamine ophth soln
 0.4%*131
*ketorolac tromethamine ophth soln
 0.5%*131
ketotifen fumarate ophth soln

0.025% (base equiv) 131
 KEYTRUDA INJ 100MG/4M 35
 KINRIX INJ 121
 KISQALI 200 PAK FEMARA..... 35
 KISQALI 400 PAK FEMARA..... 36
 KISQALI 600 PAK FEMARA..... 36
 KISQALI TAB 200DOSE 36
 KISQALI TAB 400DOSE 36
 KISQALI TAB 600DOSE 36
klor-con 10 tab 10meq er..... 122
klor-con 8 tab 8meq er 122
 KONSYL DAILY POW 100%..... 108
konsyl daily pow 28.3% 108
 KONSYL DAILY POW 28.3% 108
 KORLYM TAB 300MG..... 99
kurvelo tab 0.15/30..... 92
 KUVAN POW 100MG 95
 KUVAN POW 500MG 95
 KUVAN TAB 100MG 95
labetalol hcl tab 100 mg..... 52
labetalol hcl tab 200 mg..... 52
labetalol hcl tab 300 mg..... 52
lac-hydrin lot five 147
lactated ringer's solution 124
*lactic acid (ammonium lactate)
 cream 12%* 147
*lactic acid (ammonium lactate)
 lotion 12%* 147
*lactobacillus acidophilus-pectin cap
* 103
*lactulose (encephalopathy) solution
 10 gm/15ml* 108
lactulose solution 10 gm/15ml .. 108
lamisil af aer 1%..... 143
lamivudine oral soln 10 mg/ml.... 24
lamivudine tab 100 mg (hbv)..... 27
lamivudine tab 150 mg 24
lamivudine tab 300 mg 24
*lamivudine-zidovudine tab 150-300
 mg* 25
lamotrigine tab 100 mg..... 62
lamotrigine tab 150 mg..... 62
lamotrigine tab 200 mg..... 62
lamotrigine tab 25 mg 62
*lamotrigine tab chewable
 dispersible 25 mg* 62

<i>lamotrigine tab chewable dispersible 5 mg</i>	62	<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	43
<i>lamotrigine tab er 24hr 100 mg</i> ...	62	<i>leucovorin calcium tab 10 mg</i>	43
<i>lamotrigine tab er 24hr 200 mg</i> ...	62	<i>leucovorin calcium tab 15 mg</i>	43
<i>lamotrigine tab er 24hr 25 mg</i>	62	<i>leucovorin calcium tab 25 mg</i>	43
<i>lamotrigine tab er 24hr 250 mg</i> ...	62	<i>leucovorin calcium tab 5 mg</i>	43
<i>lamotrigine tab er 24hr 300 mg</i> ...	62	LEUKERAN TAB 2MG	33
<i>lamotrigine tab er 24hr 50 mg</i>	62	<i>leuprolide acetate inj kit 5 mg/ml</i>	37
<i>lansoprazole cap 15mg dr</i>	111	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	136
<i>lansoprazole cap delayed release 15 mg</i>	111	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	136
<i>lansoprazole cap delayed release 30 mg</i>	111	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	136
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	40	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	136
<i>larin fe tab 1.5/30</i>	92	<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	136
<i>larin fe tab 1/20</i>	92	LEVEMIR INJ	86
<i>larin tab 1.5/30</i>	92	LEVEMIR INJ FLEXTOUC	86
<i>larin tab 1/20</i>	92	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	62
LASTACRAFT SOL 0.25%	131	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	62
<i>latanoprost ophth soln 0.005%</i> .	132	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	62
LATUDA TAB 120MG	74	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	62
LATUDA TAB 20MG	74	<i>levetiracetam oral soln 100 mg/ml</i>	62
LATUDA TAB 40MG	74	<i>levetiracetam tab 1000 mg</i>	62
LATUDA TAB 60MG	74	<i>levetiracetam tab 250 mg</i>	62
LATUDA TAB 80MG	74	<i>levetiracetam tab 500 mg</i>	62
<i>laxative sup 10mg</i>	108	<i>levetiracetam tab 750 mg</i>	62
<i>laxative tab 25mg</i>	108	<i>levetiracetam tab er 24hr 500 mg</i>	62
<i>layolis fe chw</i>	92	<i>levetiracetam tab er 24hr 750 mg</i>	63
<i>leflunomide tab 10 mg</i>	118	<i>levobunolol hcl ophth soln 0.5%</i>	132
<i>leflunomide tab 20 mg</i>	118	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	95
LENVIMA CAP 10 MG.....	40	<i>levocarnitine tab 330 mg</i>	95
LENVIMA CAP 12MG.....	40	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	135
LENVIMA CAP 14 MG.....	40	<i>levocetirizine dihydrochloride tab 5 mg</i>	135
LENVIMA CAP 18 MG.....	40	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	30
LENVIMA CAP 20 MG.....	40		
LENVIMA CAP 24 MG.....	40		
LENVIMA CAP 4MG	40		
LENVIMA CAP 8 MG	40		
<i>lessina tab</i>	92		
<i>letrozole tab 2.5 mg</i>	37		
<i>leucovorin calcium for inj 100 mg</i>	43		
<i>leucovorin calcium for inj 200 mg</i>	43		
<i>leucovorin calcium for inj 350 mg</i>	43		
<i>leucovorin calcium for inj 50 mg</i> ..	43		
<i>leucovorin calcium for inj 500 mg</i>	43		

levofloxacin in d5w iv soln 500 mg/100ml30
levofloxacin in d5w iv soln 750 mg/150ml30
levofloxacin iv soln 25 mg/ml30
levofloxacin oral soln 25 mg/ml...30
levofloxacin tab 250 mg30
levofloxacin tab 500 mg30
levofloxacin tab 750 mg30
levonest tab.....92
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg93
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....93
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....93
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg93
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg ...93
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....93
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).....93
levora-28 tab 0.15/3093
levo-t tab 100mcg100
levo-t tab 112mcg100
levo-t tab 125mcg100
levo-t tab 137mcg100
levo-t tab 150mcg100
levo-t tab 175mcg101
levo-t tab 200 mcg101
levo-t tab 25mcg100
levo-t tab 300 mcg101
levo-t tab 50mcg100
levo-t tab 75mcg100
levo-t tab 88mcg100
levothyroxine sodium tab 100 mcg101
levothyroxine sodium tab 112 mcg101
levothyroxine sodium tab 125 mcg101

levothyroxine sodium tab 137 mcg 101
levothyroxine sodium tab 150 mcg 101
levothyroxine sodium tab 175 mcg 101
levothyroxine sodium tab 200 mcg 101
levothyroxine sodium tab 25 mcg 101
levothyroxine sodium tab 300 mcg 101
levothyroxine sodium tab 50 mcg 101
levothyroxine sodium tab 75 mcg 101
levothyroxine sodium tab 88 mcg 101
levoxyl tab 100mcg 101
levoxyl tab 112mcg 101
levoxyl tab 125mcg 101
levoxyl tab 137mcg 101
levoxyl tab 150mcg 101
levoxyl tab 175mcg 101
levoxyl tab 200mcg 101
levoxyl tab 25mcg 101
levoxyl tab 50mcg 101
levoxyl tab 75mcg 101
levoxyl tab 88mcg 101
LEXIVA SUS 50MG/ML 24
lice bedding aer 0.5%..... 149
lice killing sha 149
lice trtmnt liq 1% 149
lidocaine hcl local inj 0.5% 19
lidocaine hcl local inj 1% 19
lidocaine hcl local inj 2% 19
lidocaine hcl local preservative free (pf) inj 0.5% 19
lidocaine hcl local preservative free (pf) inj 1% 19
lidocaine hcl local preservative free (pf) inj 1.5% 19
lidocaine hcl soln 4% 146
lidocaine hcl urethral/mucosal gel 2%..... 146
lidocaine hcl viscous soln 2%.... 149

<i>lidocaine oint 5%</i>	146	<i>lorazepam conc 2 mg/ml</i>	59
<i>lidocaine patch 5%</i>	146	<i>lorazepam inj 2 mg/ml</i>	59
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	146	<i>lorazepam inj 4 mg/ml</i>	59
<i>linezolid for susp 100 mg/5ml</i>	20	<i>lorazepam tab 0.5 mg</i>	59
<i>linezolid in sodium chloride iv soln</i> <i>600 mg/300ml-0.9%</i>	21	<i>lorazepam tab 1 mg</i>	59
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	21	<i>lorazepam tab 2 mg</i>	59
<i>linezolid tab 600 mg</i>	21	LORBRENA TAB 100MG	40
LINZESS CAP 145MCG	110	LORBRENA TAB 25MG.....	40
LINZESS CAP 290MCG	110	<i>loryna tab 3-0.02mg</i>	93
LINZESS CAP 72MCG	110	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5</i> <i>mg</i>	47
<i>liothyronine sodium tab 25 mcg</i>	101	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	47
<i>liothyronine sodium tab 5 mcg</i> ..	101	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	47
<i>liothyronine sodium tab 50 mcg</i>	101	<i>losartan potassium tab 100 mg</i> ...	48
<i>lisinopril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	44	<i>losartan potassium tab 25 mg</i>	48
<i>lisinopril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	44	<i>losartan potassium tab 50 mg</i>	48
<i>lisinopril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	44	LOTEMAX GEL 0.5%	131
<i>lisinopril tab 10 mg</i>	45	LOTEMAX OIN 0.5%	131
<i>lisinopril tab 2.5 mg</i>	45	<i>loteprednol etabonate ophth susp</i> <i>0.5%</i>	131
<i>lisinopril tab 20 mg</i>	45	<i>lovastatin tab 10 mg</i>	50
<i>lisinopril tab 30 mg</i>	45	<i>lovastatin tab 20 mg</i>	50
<i>lisinopril tab 40 mg</i>	45	<i>lovastatin tab 40 mg</i>	50
<i>lisinopril tab 5 mg</i>	45	<i>loxapine succinate cap 10 mg</i>	75
<i>lithium carbonate cap 150 mg</i>	82	<i>loxapine succinate cap 25 mg</i>	75
<i>lithium carbonate cap 300 mg</i>	82	<i>loxapine succinate cap 5 mg</i>	75
<i>lithium carbonate cap 600 mg</i>	82	<i>loxapine succinate cap 50 mg</i>	75
<i>lithium carbonate tab 300 mg</i>	82	<i>lubricant dro 0.4-0.3%</i>	133
<i>lithium carbonate tab er 300 mg</i> .	82	<i>lubricant oin eye</i>	133
<i>lithium carbonate tab er 450 mg</i> .	82	<i>lubricating dro 0.5%</i>	133
LITHIUM SOL 8MEQ/5ML	82	<i>lubricnt eye dro 0.5% op</i>	133
LODRANE D CAP 4-60MG.....	137	LUMIGAN SOL 0.01%	132
LOKELMA PAK 10GM	90	LUMIZYME INJ 50MG	95
LOKELMA PAK 5GM	90	LUPR DEP-PED INJ 11.25MG	99
LONSURF TAB 15-6.14	42	LUPR DEP-PED INJ 15MG	99
LONSURF TAB 20-8.19	42	LUPR DEP-PED INJ 3M 30MG	99
<i>loperamide cap 2mg</i>	103	LUPR DEP-PED INJ 7.5MG	99
<i>loperamide hcl cap 2 mg</i>	110	LUPRON DEPOT INJ 11.25MG.....	37
<i>loperamide hcl liq 1 mg/7.5ml</i> ...	103	LUPRON DEPOT INJ 3.75MG	37
<i>loperamide sus 1mg/7.5</i>	103	<i>lutra tab</i>	93
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	26	LYNPARZA TAB 100MG.....	36

LYNPARZA TAB 150MG36
 LYRICA CR TAB 165MG.....82
 LYRICA CR TAB 330MG.....82
 LYRICA CR TAB 82.5MG.....82
 LYSODREN TAB 500MG37
lyza tab 0.35mg93
mag citrate sol cherry108
mag citrate sol lemon108
mag-al plus liq103
mag-al plus liq xs103
 MAGDELAY TAB 70MG125
magnesium citrate soln108
magnesium oxide tab 400 mg ...103
magnesium oxide tab 400 mg (240 mg elemental mg)125
magnesium oxide tab 400 mg (241.3 mg elemental mg).....125
magnesium oxide tab 500 mg (mg supplement)125
 MAGNESIUM SU INJ 20/500ML..122
 MAGNESIUM SU INJ 2GM/50ML.122
 MAGNESIUM SU INJ 40G/1000..122
 MAGNESIUM SU INJ 4G/100ML .122
 MAGNESIUM SU INJ 80MG/ML...122
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....122
magnesium sulfate inj 50%122
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)122
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)122
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)122
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)122
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)122
magnesium tab 250 mg.....125
malathion lotion 0.5%.....149
mapap apap liq 500/15ml.....13
mapap cap 500mg13
mapap child chw 80mg.....13
mapap liq 160/5ml13
mapap pm tab 25-500mg84
mapap tab 325mg13
mapap tab 500mg13

maprotiline hcl tab 25 mg 69
maprotiline hcl tab 50 mg 69
maprotiline hcl tab 75 mg 69
marlissa tab 0.15/30 93
 MARPLAN TAB 10MG..... 69
 MATULANE CAP 50MG..... 42
 MAVYRET TAB 100-40MG 27
maximum d3 cap 325mcg 128
meclizine hcl tab 12.5 mg 104
meclizine hcl tab 25 mg 104
medi pad..... 147
medroxyprogesterone acetate im susp 150 mg/ml..... 93
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 93
medroxyprogesterone acetate tab 10 mg..... 100
medroxyprogesterone acetate tab 2.5 mg..... 100
medroxyprogesterone acetate tab 5 mg 100
mefloquine hcl tab 250 mg 23
*megestrol acetate susp 40 mg/ml*37
megestrol acetate susp 625 mg/5ml 37
megestrol acetate tab 20 mg 37
megestrol acetate tab 40 mg 37
 MEKINIST TAB 0.5MG 40
 MEKINIST TAB 2MG..... 41
 MEKTOVI TAB 15MG 41
melatonin tab 3 mg 126
melatonin tab 5mg 126
melodetta chw 24 fe..... 93
meloxicam tab 15 mg 15
meloxicam tab 7.5 mg 14
memantine hcl cap er 24hr 14 mg 66
memantine hcl cap er 24hr 21 mg 66
memantine hcl cap er 24hr 28 mg 66
memantine hcl cap er 24hr 7 mg.66
memantine hcl oral solution 2 mg/ml 66
memantine hcl tab 10 mg 66
memantine hcl tab 28 x 5 mg & 21

x 10 mg titration pack.....66
memantine hcl tab 5 mg.....66
 MENACTRA INJ.....121
 MENQUADFI INJ121
 MENVEO INJ121
mercaptopurine tab 50 mg34
meropenem iv for soln 1 gm21
meropenem iv for soln 500 mg....21
mesalamine cap dr 400 mg.....106
mesalamine enema 4 gm.....106
*mesalamine rectal enema 4 gm &
 cleanser wipe kit*106
mesalamine suppos 1000 mg106
*mesalamine tab delayed release 1.2
 gm*106
 MESNEX TAB 400MG.....43
 METAFOLBIC TAB128
 METAMUCIL CAP 0.36GM.....108
 METAMUCIL PAK 51.7%108
 METAMUCIL POW 28%ORG.....108
metamucil pow 28.3%org.....108
 METAMUCIL POW 58.12%108
metamucil pow 58.6%108
metamucil pow 58.6% sf.....108
metamucil pow 58.6%org.....108
 METAMUCIL POW 63%108
 METAMUCIL WAF.....108
metformin hcl tab 1000 mg89
metformin hcl tab 500 mg89
metformin hcl tab 850 mg89
metformin hcl tab er 24hr 500 mg
89
metformin hcl tab er 24hr 750 mg
89
methadone con 10mg/ml.....17
methadone hcl soln 10 mg/5ml ...17
methadone hcl soln 5 mg/5ml17
methadone hcl tab 10 mg.....17
methadone hcl tab 5 mg.....17
methazolamide tab 25 mg56
methazolamide tab 50 mg56
*methenamine hippurate tab 1 gm*21
methimazole tab 10 mg.....101
methimazole tab 5 mg101
methocarbamol tab 500 mg83
methocarbamol tab 750 mg83

*methotrexate sodium for inj 1 gm*34
*methotrexate sodium inj 250
 mg/10ml (25 mg/ml)*..... 34
*methotrexate sodium inj 50 mg/2ml
 (25 mg/ml)* 34
*methotrexate sodium inj pf 1000
 mg/40ml (25 mg/ml)*..... 34
*methotrexate sodium inj pf 250
 mg/10ml (25 mg/ml)*..... 34
*methotrexate sodium inj pf 50
 mg/2ml (25 mg/ml)* 34
*methotrexate sodium tab 2.5 mg
 (base equiv)* 118
*methylphenidate hcl soln 10
 mg/5ml*..... 79
methylphenidate hcl soln 5 mg/5ml
 79
methylphenidate hcl tab 10 mg... 79
methylphenidate hcl tab 20 mg... 79
methylphenidate hcl tab 5 mg..... 79
methylphenidate hcl tab er 10 mg
 79
methylphenidate hcl tab er 20 mg
 79
*methylprednisolone acetate inj susp
 40 mg/ml*..... 97
*methylprednisolone acetate inj susp
 80 mg/ml*..... 97
*methylprednisolone sod succ for inj
 1000 mg (base equiv)*..... 97
*methylprednisolone sod succ for inj
 125 mg (base equiv)* 97
*methylprednisolone sod succ for inj
 40 mg (base equiv)* 97
methylprednisolone tab 16 mg.... 97
methylprednisolone tab 32 mg.... 97
methylprednisolone tab 4 mg 97
methylprednisolone tab 8 mg 97
*methylprednisolone tab therapy
 pack 4 mg (21)*..... 97
*metoclopramide hcl inj 5 mg/ml
 (base equivalent)* 104
*metoclopramide hcl soln 5 mg/5ml
 (10 mg/10ml) (base equiv)* 104
*metoclopramide hcl tab 10 mg
 (base equivalent)* 104

metoclopramide hcl tab 5 mg (base equivalent)104
metolazone tab 10 mg56
metolazone tab 2.5 mg56
metolazone tab 5 mg56
metoprolol & hydrochlorothiazide tab 100-25 mg51
metoprolol & hydrochlorothiazide tab 100-50 mg51
metoprolol & hydrochlorothiazide tab 50-25 mg51
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)52
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)52
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)52
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)52
metoprolol tartrate iv soln 5 mg/5ml52
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)52
metoprolol tartrate tab 100 mg ...52
metoprolol tartrate tab 25 mg52
metoprolol tartrate tab 50 mg52
metronidazole cream 0.75%148
metronidazole gel 0.75%148
metronidazole in nacl 0.79% iv soln 500 mg/100ml21
metronidazole lotion 0.75%148
metronidazole tab 250 mg21
metronidazole tab 500 mg21
metronidazole vaginal gel 0.75%113
metyrosine cap 250 mg57
MG SO4/D5W INJ 10MG/ML122
mi-acid gas chw 80mg110
mi-acid sus103
mi-acid sus max st103
mibelas 24 chw fe93
micafungin sodium for iv soln 100 mg22
micafungin sodium for iv soln 50 mg22
miconazole 3 kit combo pk113

miconazole 7 cre 2% 113
miconazole 7 cre tube/kit 113
miconazole 7 sup 100mg 113
miconazole nitrate cream 2% ... 143
miconazole nitrate vaginal cream 2% 113
miconazole nitrate vaginal supp 1200 mg & 2% cream kit 113
miconazorb pow af 2% 143
micro guard pow 2% 143
midodrine hcl tab 10 mg 57
midodrine hcl tab 2.5 mg 57
midodrine hcl tab 5 mg 57
miglustat cap 100 mg 95
migraine tab formula 13
mili tab 0.25/35 93
milk of magn sus 108
milk of magn sus 1200/15 108
MILK OF MAGN SUS 2400MG 108
milk of magn sus 400/5ml 108
milk of magn sus cherry 108
milk of magn sus frsh mnt 108
milk of magn sus mint 108
mineral oil 108
mineral oil enema 108
minerin cre 148
minitran dis 0.1mg/hr 57
minitran dis 0.2mg/hr 57
minitran dis 0.4mg/hr 57
minitran dis 0.6mg/hr 57
minocycline hcl cap 100 mg 32
minocycline hcl cap 50 mg 32
minocycline hcl cap 75 mg 32
minoxidil tab 10 mg 57
minoxidil tab 2.5 mg 57
mintox sus 103
mintox sus max st 103
mirtazapine orally disintegrating tab 15 mg 69
mirtazapine orally disintegrating tab 30 mg 69
mirtazapine orally disintegrating tab 45 mg 69
mirtazapine tab 15 mg 69
mirtazapine tab 30 mg 69
mirtazapine tab 45 mg 69

mirtazapine tab 7.5 mg69
misoprostol tab 100 mcg 110
misoprostol tab 200 mcg 110
 MITIGARE CAP 0.6MG12
 M-M-R II INJ121
 M-NATAL PLUS TAB128
moexipril hcl tab 15 mg.....45
moexipril hcl tab 7.5 mg.....45
molindone hcl tab 10 mg75
molindone hcl tab 25 mg75
molindone hcl tab 5 mg.....75
мометасоне фуоате cream 0.1%
145
мометасоне фуоате oint 0.1% .145
мометасоне фуоате solution 0.1%
(lotion).....146
montelukast sodium chew tab 4 mg
(base equiv)137
montelukast sodium chew tab 5 mg
(base equiv)138
montelukast sodium oral granules
packet 4 mg (base equiv)138
montelukast sodium tab 10 mg
(base equiv)138
 MORPHINE SUL INJ 10MG/ML.....17
 MORPHINE SUL INJ 2MG/ML17
 MORPHINE SUL INJ 4MG/ML17
 MORPHINE SUL INJ 5MG/ML17
 MORPHINE SUL INJ 8MG/ML17
morphine sulfate iv soln 1 mg/ml 17
morphine sulfate iv soln pf 10
mg/ml.....17
morphine sulfate iv soln pf 4 mg/ml
17
morphine sulfate iv soln pf 8 mg/ml
17
morphine sulfate oral soln 10
mg/5ml17
morphine sulfate oral soln 100
mg/5ml (20 mg/ml)17
morphine sulfate oral soln 20
mg/5ml17
morphine sulfate tab 15 mg17
morphine sulfate tab 30 mg17
morphine sulfate tab er 100 mg ..18
morphine sulfate tab er 15 mg17

morphine sulfate tab er 200 mg .. 18
morphine sulfate tab er 30 mg 17
morphine sulfate tab er 60 mg 18
motion relf tab 25mg 104
motion sick tab 25mg 104
motion sick tab 50mg 105
motion-time chw 25mg 105
 MOVANTIK TAB 12.5MG 110
 MOVANTIK TAB 25MG 110
 MOXEZA SOL 0.5% 130
moxifloxacin hcl ophth soln 0.5%
(base eq) (2 times daily)..... 130
moxifloxacin hcl ophth soln 0.5%
(base equiv) 130
moxifloxacin hcl tab 400 mg (base
equiv)..... 30
 MULTAQ TAB 400MG..... 49
mupirocin oint 2%..... 142
 MURO 128 SOL 2% OP..... 133
muscle rub cre..... 148
 MVASI INJ 100MG 36
 MVASI INJ 400MG 36
 MYCAMINE INJ 100MG 22
 MYCAMINE INJ 50MG 22
mycophenolate mofetil cap 250 mg
 120
mycophenolate mofetil for oral susp
200 mg/ml 120
mycophenolate mofetil tab 500 mg
 120
mycophenolate sodium tab dr 180
mg (mycophenolic acid equiv) .. 120
mycophenolate sodium tab dr 360
mg (mycophenolic acid equiv) .. 120
myorisan cap 10mg 141
myorisan cap 20mg 141
myorisan cap 30mg 141
myorisan cap 40mg 141
 MYRBETRIQ TAB 25MG 112
 MYRBETRIQ TAB 50MG 112
nabumetone tab 500 mg 15
nabumetone tab 750 mg 15
nadolol tab 20 mg 52
nadolol tab 40 mg 52
nadolol tab 80 mg 52
 NAFCILLIN INJ 10GM 31

nafcillin sodium for inj 1 gm.....31
nafcillin sodium for inj 2 gm.....31
nafcillin sodium for iv soln 1 gm ..31
nafcillin sodium for iv soln 10 gm 31
nafcillin sodium for iv soln 2 gm ..31
 NAGLAZYME INJ 1MG/ML.....95
nalbuphine hcl inj 10 mg/ml15
nalbuphine hcl inj 20 mg/ml16
naloxone hcl inj 0.4 mg/ml84
naloxone hcl inj 4 mg/10ml84
naloxone hcl soln cartridge 0.4 mg/ml.....84
naloxone hcl soln prefilled syringe 2 mg/2ml.....84
naltrexone hcl tab 50 mg.....84
 NAMZARIC CAP66
 NAMZARIC CAP 14-10MG66
 NAMZARIC CAP 21-10MG66
 NAMZARIC CAP 28-10MG66
 NAMZARIC CAP 7-10MG66
naproxen dr tab 375mg.....15
naproxen dr tab 500mg.....15
naproxen sod cap 220mg15
naproxen sod tab 220mg.....15
naproxen sodium cap 220 mg15
naproxen sodium tab 220 mg.....15
naproxen sodium tab 275 mg.....15
naproxen sodium tab 550 mg.....15
naproxen tab 250 mg.....15
naproxen tab 375 mg.....15
naproxen tab 500 mg.....15
naratriptan hcl tab 1 mg (base equiv)81
naratriptan hcl tab 2.5 mg (base equiv)81
 NARCAN SPR.....85
nasal 12 hr spr 0.05%137
 NASAL DECON SYP 30MG/5ML ..137
 NASAL DECONG LIQ 30MG/5ML 137
nasal decong spr 0.05%137
nasal decong tab 30mg137
nasal relief spr 0.05%137
nasal saline spr 0.65%138
nasal spr 0.05%137
 NASCOBAL SPR 500MCG128
nat fiber pow 28.3%108

nat fiber pow 48.57% 108
nat fiber pow therapy 108
 NATACYN SUS 5% OP..... 130
nateglinide tab 120 mg 89
nateglinide tab 60 mg..... 89
 NATPARA INJ 100MCG 99
 NATPARA INJ 25MCG 99
 NATPARA INJ 50MCG 99
 NATPARA INJ 75MCG 99
naturl fiber pow 28.3% 108
 NAYZILAM SPR 5MG 63
necon tab 0.5/35 93
nefazodone hcl tab 100 mg 69
nefazodone hcl tab 150 mg 69
nefazodone hcl tab 200 mg 69
nefazodone hcl tab 250 mg 69
nefazodone hcl tab 50 mg 69
neomycin sulfate tab 500 mg..... 19
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 130
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 130
neomycin-polymyxin-dexamethasone ophth oint 0.1% 130
neomycin-polymyxin-dexamethasone ophth susp 0.1% 130
neomycin-polymyxin-hc ophth susp 130
neomycin-polymyxin-hc otic soln 1%..... 150
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%... 150
 NEPHRAMINE INJ 5.4%..... 123
 NEPHRON FA TAB..... 116
 NERLYNX TAB 40MG 41
 NEUPRO DIS 1MG/24HR..... 71
 NEUPRO DIS 2MG/24HR..... 71
 NEUPRO DIS 3MG/24HR..... 71
 NEUPRO DIS 4MG/24HR..... 71
 NEUPRO DIS 6MG/24HR..... 71
 NEUPRO DIS 8MG/24HR..... 71
nevirapine susp 50 mg/5ml 24

nevirapine tab 200 mg24
nevirapine tab er 24hr 100 mg24
nevirapine tab er 24hr 400 mg24
 NEXAVAR TAB 200MG41
niacin (antihyperlipidemic) tab 500 mg51
niacin cap er 250 mg128
niacin cap er 500 mg128
niacin tab 500 mg.....128
niacin tab er 1000 mg (antihyperlipidemic).....51
niacin tab er 500 mg.....128
niacin tab er 500 mg (antihyperlipidemic).....51
niacin tab er 750 mg (antihyperlipidemic).....51
niacor tab 500mg51
nicardipine hcl cap 20 mg54
nicardipine hcl cap 30 mg54
nicorelief gum 2mg mint.....85
nicorelief gum 2mg orig.....85
nicorelief gum 4mg orig.....85
nicotine gum 4mg.....85
nicotine pol loz 4mg mint85
nicotine polacrilex gum 2 mg85
nicotine polacrilex gum 4 mg85
nicotine polacrilex lozenge 2 mg ..85
nicotine polacrilex lozenge 4 mg ..85
nicotine td dis 7mg/24hr85
nicotine td patch 24hr 14 mg/24hr85
nicotine td patch 24hr 21 mg/24hr85
nicotine td patch 24hr 7 mg/24hr 85
 NICOTROL INH.....85
 NICOTROL NS SPR 10MG/ML.....85
nifedipine tab er 24hr 30 mg.....54
nifedipine tab er 24hr 60 mg.....54
nifedipine tab er 24hr 90 mg.....54
nifedipine tab er 24hr osmotic release 30 mg54
nifedipine tab er 24hr osmotic release 60 mg54
nifedipine tab er 24hr osmotic release 90 mg54
night time tab 25mg85

nighttime tab 25mg 85
nikki tab 3-0.02mg..... 93
nilutamide tab 150 mg 37
nimodipine cap 30 mg 54
 NINLARO CAP 2.3MG 36
 NINLARO CAP 3MG 36
 NINLARO CAP 4MG 36
nitisinone cap 10 mg 95
nitisinone cap 2 mg 95
nitisinone cap 5 mg 95
 NITRO-BID OIN 2%..... 57
 NITRO-DUR DIS 0.3MG/HR..... 57
 NITRO-DUR DIS 0.8MG/HR..... 57
nitrofurantoin macrocrystalline cap 100 mg..... 21
nitrofurantoin macrocrystalline cap 50 mg..... 21
nitrofurantoin monohydrate macrocrystalline cap 100 mg 21
nitroglycerin sl tab 0.3 mg..... 57
nitroglycerin sl tab 0.4 mg..... 58
nitroglycerin sl tab 0.6 mg..... 58
nitroglycerin td patch 24hr 0.1 mg/hr 58
nitroglycerin td patch 24hr 0.2 mg/hr 58
nitroglycerin td patch 24hr 0.4 mg/hr 58
nitroglycerin td patch 24hr 0.6 mg/hr 58
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 58
 NITYR TAB 10MG 95
 NITYR TAB 2MG 95
 NITYR TAB 5MG 95
nizatidine cap 150 mg..... 106
nizatidine cap 300 mg..... 106
no drip nasl spr 0.05% 137
non-asa jr tab 160mg 13
non-aspirin sus 160/5ml 13
non-aspirin tab 500mg..... 13
non-aspirin tab 500mg/rr 13
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 93
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 93

*norethindrone & ethinyl estradiol-fe
 chew tab 0.8 mg-25 mcg.....93*
*norethindrone ace & ethinyl
 estradiol tab 1 mg-20 mcg.....93*
*norethindrone ace & ethinyl
 estradiol tab 1.5 mg-30 mcg.....93*
*norethindrone ace & ethinyl
 estradiol-fe tab 1 mg-20 mcg.....93*
*norethindrone ace & ethinyl
 estradiol-fe tab 1.5 mg-30 mcg ...94*
*norethindrone ace-eth estradiol-fe
 chew tab 1 mg-20 mcg (24)94*
norethindrone acetate tab 5 mg 100
*norethindrone acetate-ethinyl
 estradiol tab 0.5 mg-2.5 mcg96*
*norethindrone acetate-ethinyl
 estradiol tab 1 mg-5 mcg96*
*norethindrone ac-ethinyl estrad-fe
 tab 1-20/1-30/1-35 mg-mcg.....93*
norethindrone tab 0.35 mg94
*norethindrone-eth estradiol tab 0.5-
 35/1-35/0.5-35 mg-mcg94*
*norgestimate & ethinyl estradiol tab
 0.25 mg-35 mcg94*
*norgestimate-eth estrad tab 0.18-
 25/0.215-25/0.25-25 mg-mcg94*
*norgestimate-eth estrad tab 0.18-
 35/0.215-35/0.25-35 mg-mcg94*
*norgestrel & ethinyl estradiol tab
 0.3 mg-30 mcg94*
 NORMOSOL -M INJ /D5W.....124
 NORPACE CAP 100MG CR49
 NORPACE CAP 150MG CR49
 NORTHERA CAP 100MG57
 NORTHERA CAP 200MG57
 NORTHERA CAP 300MG57
nortrel tab 0.5/35.....94
nortrel tab 1/35.....94
nortrel tab 7/7/794
nortriptyline hcl cap 10 mg69
nortriptyline hcl cap 25 mg69
nortriptyline hcl cap 50 mg69
nortriptyline hcl cap 75 mg69
nortriptyline hcl soln 10 mg/5ml..69
 NORVIR POW 100MG24
 NORVIR SOL 80MG/ML.....24

NOVAFERRUM CAP 50MG 116
 NOVAFERRUM DRO 15MG/ML ... 116
 NOVOLIN INJ 70/30..... 86
 NOVOLIN INJ 70/30 FP 86
 NOVOLIN N INJ 100 UNIT..... 86
 NOVOLIN N INJ U-100 87
 NOVOLIN R INJ 100 UNIT 87
 NOVOLIN R INJ U-100 87
 NOVOLOG INJ 100/ML 87
 NOVOLOG INJ FLEXPEN..... 87
 NOVOLOG INJ PENFILL 87
 NOVOLOG MIX INJ 70/30 87
 NOVOLOG MIX INJ FLEXPEN 87
 NOXAFIL SUS 40MG/ML 22
 NUBEQA TAB 300MG 37
 NUCALA INJ 100MG 139
 NUCALA INJ 100MG/ML..... 139
 NUCYNTA ER TAB 100MG 18
 NUCYNTA ER TAB 150MG 18
 NUCYNTA ER TAB 200MG 18
 NUCYNTA ER TAB 250MG 18
 NUCYNTA ER TAB 50MG 18
 NUEDEXTA CAP 20-10MG 82
 NULOJIX INJ 250MG 120
 NULYTELY SOL FLAV PKS 108
 NUPLAZID CAP 34MG..... 75
 NUPLAZID TAB 10MG..... 75
 NUTRILIPID EMU 20% 123
nyamyc pow 100000 143
 NYMALIZE SOL..... 54
 NYMALIZE SOL 60/20ML 54
nystatin cream 100000 unit/gm 143
nystatin oint 100000 unit/gm ... 143
nystatin susp 100000 unit/ml ... 149
nystatin tab 500000 unit..... 22
*nystatin topical powder 100000
 unit/gm 143*
nystop pow 100000 143
 OCTAGAM INJ 10/100ML..... 119
 OCTAGAM INJ 10GM..... 119
 OCTAGAM INJ 1GM..... 119
 OCTAGAM INJ 2.5GM 119
 OCTAGAM INJ 20/200ML..... 119
 OCTAGAM INJ 25GM 119
 OCTAGAM INJ 2GM/20ML 119
 OCTAGAM INJ 30/300ML..... 119

OCTAGAM INJ 5GM	119	<i>hydrochlorothiazide tab 40-25 mg</i>	47
OCTAGAM INJ 5GM/50ML	119	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml</i>		<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>(0.1 mg/ml).....</i>	99	<i>mg</i>	47
<i>octreotide acetate inj 1000 mcg/ml</i>		<i>olmesartan-amlodipine-</i>	
<i>(1 mg/ml)</i>	99	<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>octreotide acetate inj 200 mcg/ml</i>		<i>mg</i>	47
<i>(0.2 mg/ml).....</i>	99	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 50 mcg/ml</i>		<i>hydrochlorothiazide tab 40-10-25</i>	
<i>(0.05 mg/ml)</i>	99	<i>mg</i>	47
<i>octreotide acetate inj 500 mcg/ml</i>		<i>olmesartan-amlodipine-</i>	
<i>(0.5 mg/ml).....</i>	99	<i>hydrochlorothiazide tab 40-5-12.5</i>	
OCUVITE LUTE CAP.....	128	<i>mg</i>	47
ODEFSEY TAB	26	<i>olmesartan-amlodipine-</i>	
ODOMZO CAP 200MG.....	36	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
OFEV CAP 100MG	139	<i>.....</i>	47
OFEV CAP 150MG	139	<i>olopatadine hcl ophth soln 0.2%</i>	
<i>ofloxacin ophth soln 0.3%</i>	130	<i>(base equivalent)</i>	131
<i>ofloxacin otic soln 0.3%</i>	150	<i>omega-3 cap 1200mg.....</i>	126
OGIVRI INJ 150MG	36	OMEGA-3 CAP 1400MG	126
OGIVRI INJ 420MG	36	<i>omega-3 fatty acids cap 1000 mg</i>	
<i>olanzapine for im inj 10 mg</i>	75	<i>.....</i>	126
<i>olanzapine orally disintegrating tab</i>		<i>omega-3 fatty acids cap 500 mg</i>	126
<i>10 mg</i>	75	<i>omega-3 fatty acids cap delayed</i>	
<i>olanzapine orally disintegrating tab</i>		<i>release 1000 mg</i>	126
<i>15 mg</i>	75	<i>omeprazole cap delayed release 10</i>	
<i>olanzapine orally disintegrating tab</i>		<i>mg</i>	111
<i>20 mg</i>	75	<i>omeprazole cap delayed release 20</i>	
<i>olanzapine orally disintegrating tab</i>		<i>mg</i>	111
<i>5 mg.....</i>	75	<i>omeprazole cap delayed release 40</i>	
<i>olanzapine tab 10 mg.....</i>	75	<i>mg</i>	111
<i>olanzapine tab 15 mg.....</i>	75	OMEPRAZOLE DELAYED RELEASE	
<i>olanzapine tab 2.5 mg.....</i>	75	TAB 20 MG	111
<i>olanzapine tab 20 mg.....</i>	75	OMEPRAZOLE TAB 20MG.....	111
<i>olanzapine tab 5 mg</i>	75	<i>once daily tab</i>	128
<i>olanzapine tab 7.5 mg.....</i>	75	<i>once daily tab iron.....</i>	128
<i>olmesartan medoxomil tab 20 mg</i>	48	<i>ondansetron hcl inj 4 mg/2ml (2</i>	
<i>olmesartan medoxomil tab 40 mg</i>	48	<i>mg/ml)</i>	105
<i>olmesartan medoxomil tab 5 mg .</i>	48	<i>ondansetron hcl inj 40 mg/20ml (2</i>	
<i>olmesartan medoxomil-</i>		<i>mg/ml)</i>	105
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>ondansetron hcl oral soln 4 mg/5ml</i>	
<i>.....</i>	47	<i>.....</i>	105
<i>olmesartan medoxomil-</i>		<i>ondansetron hcl tab 24 mg.....</i>	105
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>ondansetron hcl tab 4 mg.....</i>	105
<i>.....</i>	47	<i>ondansetron hcl tab 8 mg.....</i>	105
<i>olmesartan medoxomil-</i>			

ondansetron orally disintegrating tab 4 mg105
ondansetron orally disintegrating tab 8 mg105
one daily tab pls iron128
one daily tab womens128
 ONTRUZANT INJ 150MG36
 ONTRUZANT INJ 420MG36
 ONUREG TAB 200MG34
 ONUREG TAB 300MG34
 OPSUMIT TAB 10MG58
 ORFADIN CAP 10MG95
 ORFADIN CAP 20MG95
 ORFADIN CAP 2MG95
 ORFADIN CAP 5MG95
 ORFADIN SUS 4MG/ML.....96
 ORKAMBI GRA 100-125.....139
 ORKAMBI GRA 150-188.....139
 ORKAMBI TAB 100-125139
 ORKAMBI TAB 200-125139
orsythia tab94
os-cal + d3 tab 500-200.....125
os-cal extra tab d3126
oseltamivir phosphate cap 30 mg (base equiv)27
oseltamivir phosphate cap 45 mg (base equiv)27
oseltamivir phosphate cap 75 mg (base equiv)27
oseltamivir phosphate for susp 6 mg/ml (base equiv)27
 OSPHENA TAB 60MG.....99
oxacillin sodium for inj 1 gm (base equivalent)31
oxacillin sodium for inj 2 gm (base equivalent)32
oxacillin sodium for iv soln 10 gm (base equivalent)32
oxaliplatin for iv inj 100 mg43
oxaliplatin for iv inj 50 mg43
oxaliplatin iv soln 100 mg/20ml...43
oxaliplatin iv soln 50 mg/10ml43
oxandrolone tab 10 mg86
oxandrolone tab 2.5 mg86
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....63

oxcarbazepine tab 150 mg 63
oxcarbazepine tab 300 mg 63
oxcarbazepine tab 600 mg 63
oxybutynin chloride syrup 5 mg/5ml 112
oxybutynin chloride tab 5 mg ... 112
oxybutynin chloride tab er 24hr 10 mg 112
oxybutynin chloride tab er 24hr 15 mg 112
oxybutynin chloride tab er 24hr 5 mg 112
oxycodone hcl cap 5 mg..... 18
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 18
oxycodone hcl soln 5 mg/5ml 18
oxycodone hcl tab 10 mg 18
oxycodone hcl tab 15 mg 18
oxycodone hcl tab 20 mg 18
oxycodone hcl tab 30 mg 18
oxycodone hcl tab 5 mg 18
oxycodone w/ acetaminophen tab 10-325 mg 18
oxycodone w/ acetaminophen tab 2.5-325 mg 18
oxycodone w/ acetaminophen tab 5-325 mg 18
oxycodone w/ acetaminophen tab 7.5-325 mg 18
 OXYCONTIN TAB 10MG CR 18
 OXYCONTIN TAB 15MG CR 18
 OXYCONTIN TAB 20MG CR 18
 OXYCONTIN TAB 30MG CR 18
 OXYCONTIN TAB 40MG CR 18
 OXYCONTIN TAB 60MG CR 19
 OXYCONTIN TAB 80MG CR 19
oys shell+d chw 500-400 126
oys shell+d tab 250-125 126
oysco 500 tab 500mg 126
oysco 500+d tab..... 126
oyst shell/d tab 500mg 126
oyster shell calcium tab 500 mg 126
 OZEMPIC INJ 2/1.5ML..... 87
pacerone tab 100mg..... 49
pacerone tab 200mg..... 49
pacerone tab 400mg..... 49

paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)34
paclitaxel iv conc 150 mg/25ml (6 mg/ml)34
paclitaxel iv conc 30 mg/5ml (6 mg/ml)34
paclitaxel iv conc 300 mg/50ml (6 mg/ml)34
pain & fever sol 160/5ml13
pain & fever sus 160/5ml13
pain & fever tab 325mg.....13
pain & fever tab 500mg.....13
pain relief tab 25-500mg85
pain relief tab 500mg13
pain relief tab 650mg13
pain relieve tab 25-500mg.....85
pain relieve tab 325mg13
pain relieve tab 500mg13
pain relievr tab plus13
paliperidone tab er 24hr 1.5 mg ..75
paliperidone tab er 24hr 3 mg75
paliperidone tab er 24hr 6 mg75
paliperidone tab er 24hr 9 mg75
pamidronate disodium for inj 30 mg90
pamidronate disodium for inj 90 mg90
pamidronate disodium iv soln 3 mg/ml.....90
pamidronate disodium iv soln 9 mg/ml.....90
PAMIDRONATE INJ 6MG/ML90
panoxyl wash liq 10%141
PANRETIN GEL 0.1%.....148
pantoprazole sodium ec tab 20 mg (base equiv)112
pantoprazole sodium ec tab 40 mg (base equiv)112
pantoprazole sodium for iv soln 40 mg (base equiv).....112
PANZYGA SOL 10/100ML119
PANZYGA SOL 1GM/10ML119
PANZYGA SOL 2.5/25ML.....119
PANZYGA SOL 20/200ML119
PANZYGA SOL 30/300ML119
PANZYGA SOL 5GM/50ML119

paricalcitol cap 1 mcg 128
paricalcitol cap 2 mcg 128
paricalcitol cap 4 mcg 128
paromomycin sulfate cap 250 mg 19
paroxetine hcl tab 10 mg 69
paroxetine hcl tab 20 mg 69
paroxetine hcl tab 30 mg 69
paroxetine hcl tab 40 mg 69
PASER GRA 4GM 26
PAXIL SUS 10MG/5ML..... 69
PAZEO DRO 0.7% 132
PEDIA-LAX CHW 400MG..... 108
PEDIA-LAX LIQ 50MG 108
PEDIA-LAX SUP 2.8GM..... 109
PEDIARIX INJ 0.5ML 121
PEDVAX HIB INJ..... 121
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 109
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 109
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 109
PEGANONE TAB 250MG..... 63
PEGASYS INJ 27
PEGASYS INJ 180MCG/M..... 27
PEGASYS INJ PROCLICK..... 27
PEMAZYRE TAB 13.5MG 41
PEMAZYRE TAB 4.5MG 41
PEMAZYRE TAB 9MG..... 41
PEN G PROC INJ 600000 32
PEN GK/DEXTR INJ 40000/ML..... 32
PEN GK/DEXTR INJ 60000/ML..... 32
penicillamine tab 250 mg 90
penicillin g potassium for inj 20000000 unit 32
penicillin g potassium for inj 5000000 unit..... 32
penicillin g sodium for inj 5000000 unit 32
penicillin v potassium for soln 125 mg/5ml..... 32
penicillin v potassium for soln 250 mg/5ml..... 32
penicillin v potassium tab 250 mg 32
penicillin v potassium tab 500 mg 32
PENTACEL INJ..... 121

<i>pentamidine isethionate for nebulization soln 300 mg</i>	21	<i>phenytoin susp 125 mg/5ml</i>	63
<i>pentamidine isethionate for soln 300 mg</i>	21	PHESGO SOL	36
<i>pentoxifylline tab er 400 mg</i>	116	<i>philith tab 0.4-35</i>	94
<i>perdiem over tab 15mg</i>	109	<i>phospha 250 tab neutral</i>	126
<i>perindopril erbumine tab 2 mg</i>	45	PHOSPHOLINE SOL 0.125%OP..	132
<i>perindopril erbumine tab 4 mg</i>	45	<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	128
<i>perindopril erbumine tab 8 mg</i>	45	<i>phytonadione inj 10 mg/ml</i>	128
<i>periogard sol 0.12%</i>	149	<i>phytonadione tab 5 mg</i>	128
<i>permethrin cream 5%</i>	149	PICATO GEL 0.015%	148
<i>perphenazine tab 16 mg</i>	75	PICATO GEL 0.05%	148
<i>perphenazine tab 2 mg</i>	75	PIFELTRO TAB 100MG.....	24
<i>perphenazine tab 4 mg</i>	75	<i>pilocarpine hcl ophth soln 1%</i> ...	132
<i>perphenazine tab 8 mg</i>	75	<i>pilocarpine hcl ophth soln 2%</i> ...	132
PERSERIS INJ 120MG.....	75	<i>pilocarpine hcl ophth soln 4%</i> ...	132
PERSERIS INJ 90MG	75	<i>pilocarpine hcl tab 5 mg</i>	149
<i>pharbechlor tab 4mg</i>	135	<i>pilocarpine hcl tab 7.5 mg</i>	149
<i>pharbedryl cap 25mg</i>	135	<i>pimozide tab 1 mg</i>	75
<i>pharbedryl cap 50mg</i>	135	<i>pimozide tab 2 mg</i>	75
<i>pharbetol tab 325mg</i>	13	<i>pimtrea tab</i>	94
<i>pharbetol tab 500mg</i>	13	<i>pindolol tab 10 mg</i>	52
<i>phenelzine sulfate tab 15 mg</i>	69	<i>pindolol tab 5 mg</i>	52
<i>phenobarbital elixir 20 mg/5ml</i> ...	63	<i>pink bismuth chw 262mg</i>	104
<i>phenobarbital sodium inj 130 mg/ml</i>	63	<i>pink bismuth tab 262mg</i>	104
<i>phenobarbital sodium inj 65 mg/ml</i>	63	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	89
<i>phenobarbital tab 100 mg</i>	63	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	89
<i>phenobarbital tab 15 mg</i>	63	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	89
<i>phenobarbital tab 16.2 mg</i>	63	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	32
<i>phenobarbital tab 30 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	32
<i>phenobarbital tab 32.4 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	32
<i>phenobarbital tab 60 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	32
<i>phenobarbital tab 64.8 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	32
<i>phenobarbital tab 97.2 mg</i>	63	PIQRAY 200MG TAB DOSE.....	41
PHENYTEK CAP 200MG	63	PIQRAY 250MG TAB DOSE.....	41
PHENYTEK CAP 300MG	63	PIQRAY 300MG TAB DOSE.....	41
<i>phenytoin chew tab 50 mg</i>	63	<i>pirmella tab 1/35</i>	94
<i>phenytoin sodium extended cap 100 mg</i>	63	<i>piroxicam cap 10 mg</i>	15
<i>phenytoin sodium extended cap 200 mg</i>	63	<i>piroxicam cap 20 mg</i>	15
<i>phenytoin sodium extended cap 300 mg</i>	63		
<i>phenytoin sodium inj 50 mg/ml</i> ...	63		

PLASMA-LYTE INJ -148..... 124
 PLASMA-LYTE INJ -A 124
 plenamine inj 15% 123
 PLENVU SOL 109
 PNV FOLIC AC TAB + IRON 128
 podofilox soln 0.5% 148
 polyethylene glycol 3350 oral
 packet 17 gm 109
 polyethylene glycol 3350 oral
 powder 17 gm/scoop 109
 poly-iron cap 150mg 116
 polymyxin b-trimethoprim ophth
 soln 10000 unit/ml-0.1%..... 131
 polyvitamin dro 128
 poly-vite sol /iron 128
 POMALYST CAP 1MG 37
 POMALYST CAP 2MG 38
 POMALYST CAP 3MG 38
 POMALYST CAP 4MG 38
 portia-28 tab 94
 posaconazole tab delayed release
 100 mg 22
 POT CHLORIDE INJ 10MEQ 124
 POT CHLORIDE INJ 20MEQ 124
 POT CHLORIDE INJ 40MEQ 124
 potassium chloride 20 meq/l
 (0.15%) in dextrose 5% inj 124
 potassium chloride cap er 10 meq
 122
 potassium chloride cap er 8 meq
 122
 potassium chloride inj 2 meq/ml 124
 potassium chloride
 microencapsulated crys er tab 10
 meq 122
 potassium chloride
 microencapsulated crys er tab 15
 meq 123
 potassium chloride
 microencapsulated crys er tab 20
 meq 123
 potassium chloride oral soln 10%
 (20 meq/15ml) 123
 potassium chloride oral soln 20%
 (40 meq/15ml) 123
 potassium chloride powder packet

20 meq 123
 potassium chloride tab er 10 meq
 123
 potassium chloride tab er 20 meq
 (1500 mg) 123
 potassium chloride tab er 8 meq
 (600 mg) 123
 potassium citrate tab er 10 meq
 (1080 mg) 112
 potassium citrate tab er 15 meq
 (1620 mg) 112
 potassium citrate tab er 5 meq (540
 mg) 112
 povidone/iod sol 10% 148
 povidone-iod sol 7.5% 148
 povidone-iodine oint 10% 148
 povidone-iodine soln 10% 148
 povidone-iodine swabs 10% 148
 PRADAXA CAP 110MG 114
 PRADAXA CAP 150MG 114
 PRADAXA CAP 75MG 114
 PRALUENT INJ 150MG/ML 51
 PRALUENT INJ 75MG/ML 51
 pramipexole dihydrochloride tab
 0.125 mg 72
 pramipexole dihydrochloride tab
 0.25 mg 72
 pramipexole dihydrochloride tab 0.5
 mg 71
 pramipexole dihydrochloride tab
 0.75 mg 72
 pramipexole dihydrochloride tab 1
 mg 72
 pramipexole dihydrochloride tab 1.5
 mg 72
 prasugrel hcl tab 10 mg (base
 equiv) 117
 prasugrel hcl tab 5 mg (base equiv)
 117
 pravastatin sodium tab 10 mg 50
 pravastatin sodium tab 20 mg 50
 pravastatin sodium tab 40 mg 50
 pravastatin sodium tab 80 mg 50
 praziquantel tab 600 mg 21
 prazosin hcl cap 1 mg 46
 prazosin hcl cap 2 mg 46

prazosin hcl cap 5 mg46
 PRED SOD PHO SOL 1% OP131
prednisolone acetate ophth susp 1%131
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)97
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)97
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)97
prednisolone syrup 15 mg/5ml (usp solution equivalent)97
 PREDNISON CON 5MG/ML.....98
prednisone oral soln 5 mg/5ml98
prednisone tab 1 mg98
prednisone tab 10 mg98
prednisone tab 2.5 mg98
prednisone tab 20 mg98
prednisone tab 5 mg98
prednisone tab 50 mg98
prednisone tab therapy pack 10 mg (21).....98
prednisone tab therapy pack 10 mg (48).....98
prednisone tab therapy pack 5 mg (21).....98
prednisone tab therapy pack 5 mg (48).....98
pregabalin cap 100 mg.....64
pregabalin cap 150 mg.....64
pregabalin cap 200 mg.....64
pregabalin cap 225 mg.....64
pregabalin cap 25 mg63
pregabalin cap 300 mg.....64
pregabalin cap 50 mg63
pregabalin cap 75 mg64
pregabalin soln 20 mg/ml.....64
 PREMASOL SOL 10%123
 PRENATAL PLUS128
 PRENATAL TAB 27-1MG.....128
 PRENATAL TAB PLUS.....128
 PRENATAL VIT TAB LOW IRON ..128
prep h cre 1%.....146
 PRESERVISION CAP AREDS128
 PRESERVISION CAP AREDS 2....128
 PRESERVISION CAP LUTEIN.....128

PRESERVISION TAB AREDS 129
prevalite pow 4gm..... 51
prevalite pow 4gm pk 51
previfem tab..... 94
 PREZCOBIX TAB 800-150 26
 PREZISTA SUS 100MG/ML..... 24
 PREZISTA TAB 150MG 24
 PREZISTA TAB 600MG 24
 PREZISTA TAB 75MG 24
 PREZISTA TAB 800MG 24
 PRIFTIN TAB 150MG 26
primaquine phosphate tab 26.3 mg (15 mg base)..... 23
 PRIMAQUINE TAB 26.3MG 23
primidone tab 250 mg 64
primidone tab 50 mg 64
 PRIVIGEN INJ 10GRAMS 120
 PRIVIGEN INJ 20GRAMS 120
 PRIVIGEN INJ 40GRAMS 120
 PRIVIGEN INJ 5 GRAMS 119
probenecid tab 500 mg 12
 PROCALAMINE INJ 3% 123
prochlorperazine edisylate inj 10 mg/2ml..... 105
prochlorperazine maleate tab 10 mg (base equivalent) 105
prochlorperazine maleate tab 5 mg (base equivalent) 105
prochlorperazine suppos 25 mg. 105
 PROCROT INJ 10000/ML..... 115
 PROCROT INJ 2000/ML 115
 PROCROT INJ 20000/ML..... 115
 PROCROT INJ 3000/ML 115
 PROCROT INJ 4000/ML 115
 PROCROT INJ 40000/ML..... 115
procto-med cre hc 2.5% 148
procto-pak cre 1% 148
proctozone cre -hc 2.5%..... 148
 PROFE CAP 180MG 116
 PROGLYCEM SUS 50MG/ML 98
 PROGRAF GRA 0.2MG 120
 PROGRAF GRA 1MG 120
 PROLASTIN-C INJ 1000MG 139
 PROLENSA SOL 0.07% 131
 PROLIA SOL 60MG/ML 99
 PROMACTA PAK 25MG 116

PROMACTA POW 12.5MG 116
 PROMACTA TAB 12.5MG 116
 PROMACTA TAB 25MG 116
 PROMACTA TAB 50MG 117
 PROMACTA TAB 75MG 117
promethazine hcl inj 25 mg/ml.. 105
promethazine hcl inj 50 mg/ml.. 105
promethazine hcl syrup 6.25 mg/5ml 105
promethazine hcl tab 12.5 mg... 105
promethazine hcl tab 25 mg 105
promethazine hcl tab 50 mg 105
promethazine w/ codeine syrup 6.25-10 mg/5ml 137
propafenone hcl cap er 12hr 225 mg 49
propafenone hcl cap er 12hr 325 mg 49
propafenone hcl cap er 12hr 425 mg 49
propafenone hcl tab 150 mg 49
propafenone hcl tab 225 mg 49
propafenone hcl tab 300 mg 49
proparacaine hcl ophth soln 0.5% 133
propranolol & hydrochlorothiazide tab 40-25 mg 51
propranolol & hydrochlorothiazide tab 80-25 mg 51
propranolol hcl cap er 24hr 120 mg 52
 52
propranolol hcl cap er 24hr 160 mg 53
 53
propranolol hcl cap er 24hr 60 mg 52
 52
propranolol hcl cap er 24hr 80 mg 52
 52
propranolol hcl oral soln 20 mg/5ml 53
 53
propranolol hcl oral soln 40 mg/5ml 53
 53
propranolol hcl tab 10 mg 53
propranolol hcl tab 20 mg 53
propranolol hcl tab 40 mg 53
propranolol hcl tab 60 mg 53
propranolol hcl tab 80 mg 53

propylthiouracil tab 50 mg 101
 PROQUAD INJ 121
 PRORENAL +D TAB 129
 PRORENAL+D TAB 129
 PROSOL INJ 20% 123
protriptyline hcl tab 10 mg 69
protriptyline hcl tab 5 mg 69
provil tab 200mg 15
pseudoephedr tab 120mg er 137
pseudoephedrine hcl tab 30 mg 137
pseudoephedrine hcl tab er 12hr 120 mg 137
 137
 PULMICORT INH 180MCG 140
 PULMICORT INH 90MCG 140
 PULMOZYME SOL 1MG/ML 139
 PURIXAN SUS 20MG/ML 34
pyrazinamide tab 500 mg 26
pyridostigmine bromide tab 60 mg 82
pyridoxine hcl inj 100 mg/ml 129
pyridoxine hcl tab 100 mg 129
pyridoxine hcl tab 50 mg 129
qc antacid sus 103
qc antacid sus anti-gas 103
qc aspirin tab 325mg 13
qc aspirin tab 325mg ec 13
qc enema ene 109
qc headache tab relief 13
qc ibuprofen tab 200mg 15
qc laxative sup 10mg 109
qc mineral oil heavy 109
qc natural pow vegetabl 109
qc sleep aid cap 50mg 85
qc suphedrin tab 120mg sr 137
 QINLOCK TAB 50MG 41
 QUADRACEL INJ 121
quetiapine fumarate tab 100 mg . 75
quetiapine fumarate tab 200 mg . 75
quetiapine fumarate tab 25 mg ... 75
quetiapine fumarate tab 300 mg . 75
quetiapine fumarate tab 400 mg . 76
quetiapine fumarate tab 50 mg ... 75
quetiapine fumarate tab er 24hr 150 mg 76
quetiapine fumarate tab er 24hr 200 mg 76

quetiapine fumarate tab er 24hr
 300 mg76
quetiapine fumarate tab er 24hr
 400 mg76
quetiapine fumarate tab er 24hr
 50 mg76
quinapril hcl tab 10 mg45
quinapril hcl tab 20 mg45
quinapril hcl tab 40 mg45
quinapril hcl tab 5 mg45
quinapril-hydrochlorothiazide tab
 10-12.5 mg44
quinapril-hydrochlorothiazide tab
 20-12.5 mg44
quinapril-hydrochlorothiazide tab
 20-25 mg44
quinidine sulfate tab 200 mg.....49
quinidine sulfate tab 300 mg.....49
quinine sulfate cap 324 mg.....23
 RABAVERT INJ121
rabeprazole sodium ec tab 20 mg
112
raloxifene hcl tab 60 mg99
ramipril cap 1.25 mg.....45
ramipril cap 10 mg45
ramipril cap 2.5 mg45
ramipril cap 5 mg45
ranitidine hcl tab 150 mg.....106
ranolazine tab er 12hr 1000 mg ..57
ranolazine tab er 12hr 500 mg57
rasagiline mesylate tab 0.5 mg
 (base equiv)72
rasagiline mesylate tab 1 mg (base
equiv)72
 RAYALDEE CAP 30MCG129
reclipsen tab94
 RECOMBIVA HB INJ 10MCG/ML .121
 RECOMBIVA HB INJ 5MCG/0.5 ..121
 RECOMBIVA-HB INJ 40MCG/ML .122
 RECTIV OIN 0.4%.....148
refresh cell gel 1% op133
 REFRESH DRO CONTACTS133
 REFRESH DRO OP.....133
refresh lacr oin op133
 REFRESH LIQU DRO 1% OP133
 REFRESH OPTI DRO 0.5-0.9%...133

refresh p.m. oin op.....133
 REFRESH SOL OPTIVE.....133
 REGRANEX GEL 0.01%149
reguloid pow 28.3%109
reguloid pow 48.57%.....109
reguloid pow 58.6%109
 RELENZA MIS DISKHALE27
 RELISTOR INJ 12/0.6ML.....110
 RELISTOR INJ 8/0.4ML110
 REMEDY CLEAR OIN AID148
remedy cre antifung143
 REMICADE INJ 100MG118
renal cap.....129
rena-vite rx tab.....129
rena-vite tab129
 RENFLEXIS INJ 100MG118
repaglinide tab 0.5 mg89
repaglinide tab 1 mg.....89
repaglinide tab 2 mg.....89
 RESTASIS EMU 0.05%133
 RESTASIS MUL EMU 0.05%133
 RETEVMO CAP 40MG41
 RETEVMO CAP 80MG41
 REVLIMID CAP 10MG38
 REVLIMID CAP 15MG38
 REVLIMID CAP 2.5MG38
 REVLIMID CAP 20MG38
 REVLIMID CAP 25MG38
 REVLIMID CAP 5MG38
 REXULTI TAB 0.25MG76
 REXULTI TAB 0.5MG76
 REXULTI TAB 1MG76
 REXULTI TAB 2MG76
 REXULTI TAB 3MG76
 REXULTI TAB 4MG76
 REYATAZ POW 50MG24
 RHOPRESSA SOL 0.02%132
ribavirin cap 200 mg.....27
ribavirin tab 200 mg27
rifabutin cap 150 mg26
rifampin cap 150 mg26
rifampin cap 300 mg26
rifampin for inj 600 mg26
riluzole tab 50 mg82
rimantadine hydrochloride tab 100
mg27

RINVOQ TAB 15MG ER	118	<i>rivastigmine td patch 24hr 4.6</i>	
RISA-BID TAB PROBIO	104	<i>mg/24hr</i>	66
RISAQUAD CAP	104	<i>rivastigmine td patch 24hr 9.5</i>	
RISAQUAD-2 CAP	104	<i>mg/24hr</i>	67
<i>risedronate sodium tab 150 mg ...</i>	90	<i>rivelsa tab</i>	94
<i>risedronate sodium tab 35 mg.....</i>	90	<i>rizatriptan benzoate oral</i>	
<i>risedronate sodium tab 5 mg</i>	90	<i>disintegrating tab 10 mg (base eq)</i>	
<i>risedronate sodium tab delayed</i>		<i>.....</i>	81
<i>release 35 mg</i>	90	<i>rizatriptan benzoate oral</i>	
RISPERDAL INJ 12.5MG.....	76	<i>disintegrating tab 5 mg (base eq)</i>	81
RISPERDAL INJ 25MG	76	<i>rizatriptan benzoate tab 10 mg</i>	
RISPERDAL INJ 37.5MG.....	76	<i>(base equivalent)</i>	81
RISPERDAL INJ 50MG	76	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>risperidone orally disintegrating tab</i>		<i>equivalent)</i>	81
<i>0.25 mg</i>	76	<i>ropinirole hydrochloride tab 0.25</i>	
<i>risperidone orally disintegrating tab</i>		<i>mg</i>	72
<i>0.5 mg</i>	76	<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>risperidone orally disintegrating tab</i>		<i>.....</i>	72
<i>1 mg.....</i>	76	<i>ropinirole hydrochloride tab 1 mg</i>	72
<i>risperidone orally disintegrating tab</i>		<i>ropinirole hydrochloride tab 2 mg</i>	72
<i>2 mg.....</i>	76	<i>ropinirole hydrochloride tab 3 mg</i>	72
<i>risperidone orally disintegrating tab</i>		<i>ropinirole hydrochloride tab 4 mg</i>	72
<i>3 mg.....</i>	76	<i>ropinirole hydrochloride tab 5 mg</i>	72
<i>risperidone orally disintegrating tab</i>		<i>rosadan cre 0.75%.....</i>	148
<i>4 mg.....</i>	76	<i>rosuvastatin calcium tab 10 mg ..</i>	50
<i>risperidone soln 1 mg/ml.....</i>	76	<i>rosuvastatin calcium tab 20 mg ..</i>	50
<i>risperidone tab 0.25 mg</i>	76	<i>rosuvastatin calcium tab 40 mg ..</i>	50
<i>risperidone tab 0.5 mg</i>	76	<i>rosuvastatin calcium tab 5 mg</i>	50
<i>risperidone tab 1 mg.....</i>	76	ROTARIX SUS.....	122
<i>risperidone tab 2 mg.....</i>	76	ROTATEQ SOL.....	122
<i>risperidone tab 3 mg.....</i>	77	<i>roweepra tab 1000mg.....</i>	64
<i>risperidone tab 4 mg.....</i>	77	<i>roweepra tab 500mg</i>	64
<i>ritonavir tab 100 mg</i>	24	<i>roweepra tab 750mg</i>	64
RITUXAN INJ 100MG.....	36	<i>roweepra xr tab 500mg xr.....</i>	64
RITUXAN INJ 500MG.....	36	<i>roweepra xr tab 750mg xr.....</i>	64
RITUXAN INJ HYCELA.....	36	ROZLYTREK CAP 100MG.....	41
<i>rivastigmine tartrate cap 1.5 mg</i>		ROZLYTREK CAP 200MG.....	41
<i>(base equivalent)</i>	66	RUBRACA TAB 200MG.....	36
<i>rivastigmine tartrate cap 3 mg</i>		RUBRACA TAB 250MG.....	36
<i>(base equivalent)</i>	66	RUBRACA TAB 300MG.....	36
<i>rivastigmine tartrate cap 4.5 mg</i>		RUKOBIA TAB 600MG ER.....	24
<i>(base equivalent)</i>	66	<i>rulox sus.....</i>	103
<i>rivastigmine tartrate cap 6 mg</i>		RUXIENCE INJ 100/10ML.....	36
<i>(base equivalent)</i>	66	RUXIENCE INJ 500/50ML.....	36
<i>rivastigmine td patch 24hr 13.3</i>		RYBELSUS TAB 14MG	89
<i>mg/24hr.....</i>	67	RYBELSUS TAB 3MG	89

RYBELSUS TAB 7MG89
 RYDAPT CAP 25MG41
 rynex pse liq137
 saline mist spr 0.65%139
 SANDIMMUNE SOL 100MG/ML...120
 SANTYL OIN 250/GM.....149
 SAPHRIS SUB 10MG77
 SAPHRIS SUB 2.5MG77
 SAPHRIS SUB 5MG77
 sapropterin dihydrochloride powder
 packet 100 mg96
 sapropterin dihydrochloride powder
 packet 500 mg96
 sapropterin dihydrochloride soluble
 tab 100 mg96
 sarna sensit lot 1%148
 sb antacid sus anti-gas.....103
 sb aspirin tab 325mg13
 sb bismuth tab 262mg104
 sb saline spr 0.65%139
 sb urinary tab pain max112
 scalpacin sol 1%146
 scopolamine td patch 72hr 1
 mg/3days105
 SCYTERA AER 2%148
 sebex sha148
 SECUADO DIS 3.8MG77
 SECUADO DIS 5.7MG77
 SECUADO DIS 7.6MG77
 selegiline hcl cap 5 mg72
 selegiline hcl tab 5 mg72
 selenium sulfide lotion 2.5%144
 SELZENTRY SOL 20MG/ML.....24
 SELZENTRY TAB 150MG24
 SELZENTRY TAB 25MG24
 SELZENTRY TAB 300MG24
 SELZENTRY TAB 75MG24
 senna plus tab 8.6-50mg.....109
 SENNA SYP109
 senna-lax tab 8.6mg109
 senna-s tab 8.6-50mg109
 senna-tabs tab 8.6mg109
 senna-time tab 8.6mg109
 senno tab 8.6mg109
 sennosides syrup 8.8 mg/5ml ...109
 sennosides tab 8.6 mg109

sennosides-docusate sodium tab
 8.6-50 mg109
 sentry tab senior129
 SEREVENT DIS AER 50MCG136
 sertraline hcl oral concentrate for
 solution 20 mg/ml70
 sertraline hcl tab 100 mg70
 sertraline hcl tab 25 mg70
 sertraline hcl tab 50 mg70
 sevelamer carbonate packet 0.8 gm
100
 sevelamer carbonate packet 2.4 gm
100
 sevelamer carbonate tab 800 mg
100
 sharobel tab 0.35mg94
 SHINGRIX INJ 50/0.5ML122
 SIGNIFOR INJ 0.3MG/ML.....99
 SIGNIFOR INJ 0.6MG/ML.....99
 SIGNIFOR INJ 0.9MG/ML.....99
 silace liq 10mg/ml109
 silace syp 60/15ml109
 siladryl alr liq 12.5/5ml135
 sildenafil citrate tab 20 mg58
 silver sulfadiazine cream 1%142
 SIMBRINZA SUS 1-0.2%132
 simethicone cap 180 mg110
 simethicone chew tab 80 mg111
 simethicone dro 20/0.3ml111
 simethicone susp 40 mg/0.6ml .111
 simvastatin tab 10 mg50
 simvastatin tab 20 mg50
 simvastatin tab 40 mg50
 simvastatin tab 5 mg50
 simvastatin tab 80 mg50
 sinus nasal spr 0.05%137
 sirolimus oral soln 1 mg/ml120
 sirolimus tab 0.5 mg121
 sirolimus tab 1 mg121
 sirolimus tab 2 mg121
 SIRTURO TAB 100MG26
 SIRTURO TAB 20MG26
 SIVEXTRO INJ 200MG21
 SIVEXTRO TAB 200MG21
 skin cleansr sol 4%148
 SKYRIZI INJ 150DOSE118

sleep aid tab 25mg85
sleep tab 25mg85
sleep time liq 50mg/3085
sleeptime cap 25mg.....85
 SLOW REL FE TAB 143MG CR.... 116
 SLOW-MAG TAB 126
sm allergy tab 4mg.....135
sm antacid sus advanced.....103
sm antacid sus anti-gas.....103
sm antacid/ sus antigas.....103
sm antibioti oin 500/gm142
sm anti-diar tab 2mg104
sm antifungl cre 1%143
sm antifungl cre 2%143
sm anti-itch cre 2-0.1%143
sm aspirin chw 81mg13
sm aspirin tab 325mg13
sm aspirin tab 325mg ec13
sm aspirin tab 81mg ec.....13
sm bedding aer lice.....149
sm child asa chw 81mg13
sm clearlax pow109
sm cold& hot cre extra st.....148
sm complete tab adv form129
sm complete tab senior129
sm ear dro 6.5% ot150
sm epsom gra salt109
sm fiber lax tab 500mg109
sm fiber pow 28.3%109
sm fiber pow 58.6%109
sm gentle tab laxative.....109
sm hydrocort cre 1%146
sm hydrocort cre 1% plus.....146
sm hydrocort oin 1%146
sm ibuprofen tab 100mg jr15
sm ibuprofen tab 200mg15
sm laxative sup 10mg109
sm lubricant dro 0.4-0.3%.....133
sm medicated mis chst rub137
sm melatonin tab 3mg126
sm micon 7 sup 100mg113
sm migraine tab relief.....13
sm nasal 12h spr 0.05%.....137
sm nasal dec tab 30mg137
sm nasal spr 0.05%.....137
sm nicotine gum 2mg85

sm nicotine gum 2mg mint..... 85
sm nicotine gum 4mg 85
sm nicotine gum 4mg mint..... 85
sm nicotine loz 2mg mint 85
sm nicotine loz 4mg mint 85
sm povid-iod sol 10% 148
sm sleep aid tab 25mg..... 85
sm stool tab softener..... 109
sm triple oin antibiot 142
sm urinary tab pain max 112
sm vitamin e cap 400unit 129
sm z-sleep liq 50mg/30 85
sodium bicarbonate tab 650 mg 103
sodium chloride hypertonic ophth oint 5% 133
sodium chloride hypertonic ophth soln 5% 133
sodium chloride inj 2.5 meq/ml (14.6%)..... 123
sodium chloride irrigation soln 0.9% 149
sodium chloride iv soln 0.45% .. 125
sodium chloride iv soln 0.9% 124
sodium chloride iv soln 3%..... 125
sodium chloride iv soln 5%..... 125
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln..... 123
sodium phenylbutyrate oral powder 3 gm/teaspoonful..... 96
sodium phenylbutyrate tab 500 mg 96
sodium phosphates - enema..... 110
sodium polystyrene sulfonate oral susp 15 gm/60ml 90
sodium polystyrene sulfonate powder 91
 SOLIQUA INJ 100/33 87
 SOLTAMOX SOL 10MG/5ML 37
soluble fib pow therapy..... 110
 SOLU-CORTEF INJ 1000MG 98
 SOLU-CORTEF INJ 100MG 98
 SOLU-CORTEF INJ 250MG 98
 SOLU-CORTEF INJ 500MG 98
 SOMATULINE INJ 120/.5ML 99
 SOMATULINE INJ 60/0.2ML 99
 SOMATULINE INJ 90/0.3ML 99

SOMAVERT INJ 10MG.....99
 SOMAVERT INJ 15MG.....99
 SOMAVERT INJ 20MG.....99
 SOMAVERT INJ 25MG.....99
 SOMAVERT INJ 30MG.....99
 soothe&cool cre inzo 2%143
 sore throat loz 15-3.6mg149
 sore throat spr 1.4%.....149
 sorine tab 120mg49
 sorine tab 160mg49
 sorine tab 240mg49
 sorine tab 80mg49
 sotalol hcl (afib/afl) tab 120 mg ..49
 sotalol hcl (afib/afl) tab 160 mg ..49
 sotalol hcl (afib/afl) tab 80 mg49
 sotalol hcl tab 120 mg.....49
 sotalol hcl tab 160 mg.....49
 sotalol hcl tab 240 mg.....49
 sotalol hcl tab 80 mg49
 spironolactone &
 hydrochlorothiazide tab 25-25 mg
56
 spironolactone tab 100 mg45
 spironolactone tab 25 mg45
 spironolactone tab 50 mg45
 sports pain cre relf rub148
 sprintec 28 tab 28 day94
 SPRITAM TAB 1000MG64
 SPRITAM TAB 250MG64
 SPRITAM TAB 500MG64
 SPRITAM TAB 750MG64
 SPRYCEL TAB 100MG41
 SPRYCEL TAB 140MG41
 SPRYCEL TAB 20MG41
 SPRYCEL TAB 50MG41
 SPRYCEL TAB 70MG41
 SPRYCEL TAB 80MG41
 ssd cre 1%142
 stavudine cap 15 mg.....24
 stavudine cap 20 mg.....24
 stavudine cap 30 mg.....24
 stavudine cap 40 mg.....24
 STELARA INJ 45MG/0.5.....118
 STELARA INJ 90MG/ML.....118
 stim laxat tab 5mg ec110
 STIMATE SOL 1.5MG/ML.....102

STIVARGA TAB 40MG41
 stomach relf chw 262mg104
 stomach relf sus 262/15ml104
 stomach relf sus 525/15ml104
 stomach relf tab 262mg104
 stool softnr cap 100mg110
 stool softnr syp 60/15ml110
 streptomycin sulfate for inj 1 gm.19
 stress form/ tab zinc.....129
 stress formu tab129
 stress formu tab w/iron.....129
 STRIBILD TAB.....26
 sucralfate tab 1 gm111
 sudogest tab 120mg er137
 sudogest tab 30mg.....137
 sudogest tab 60mg.....137
 sulfacetamide sodium lotion 10%
 (acne)141
 sulfacetamide sodium ophth oint
 10%131
 sulfacetamide sodium ophth soln
 10%131
 sulfacetamide sodium-prednisolone
 ophth soln 10-0.23(0.25)%130
 SULFADIAZINE TAB 500MG19
 sulfamethoxazole-trimethoprim iv
 soln 400-80 mg/5ml21
 sulfamethoxazole-trimethoprim
 susp 200-40 mg/5ml21
 sulfamethoxazole-trimethoprim tab
 400-80 mg21
 sulfamethoxazole-trimethoprim tab
 800-160 mg21
 SULFAMYLON CRE 85MG/GM142
 sulfasalazine tab 500 mg.....106
 sulfasalazine tab delayed release
 500 mg106
 sulindac tab 150 mg15
 sulindac tab 200 mg15
 sumatriptan nasal spray 20 mg/act
81
 sumatriptan nasal spray 5 mg/act81
 sumatriptan succinate inj 6
 mg/0.5ml81
 sumatriptan succinate solution
 auto-injector 4 mg/0.5ml81

sumatriptan succinate solution auto-injector 6 mg/0.5ml81
sumatriptan succinate solution cartridge 4 mg/0.5ml81
sumatriptan succinate solution cartridge 6 mg/0.5ml81
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml81
sumatriptan succinate tab 100 mg81
sumatriptan succinate tab 25 mg.81
sumatriptan succinate tab 50 mg.81
summers eve sol 0.3%.....112
 SUPREP BOWEL SOL PREP KIT ..110
 SUTENT CAP 12.5MG41
 SUTENT CAP 25MG41
 SUTENT CAP 37.5MG41
 SUTENT CAP 50MG41
 SYLATRON KIT 200MCG42
 SYLATRON KIT 300MCG42
 SYMBICORT AER 160-4.5140
 SYMBICORT AER 80-4.5140
 SYMDEKO TAB 100-150.....139
 SYMDEKO TAB 50-75MG.....139
 SYMFI LO TAB26
 SYMFI TAB.....26
 SYMJEPI INJ 0.15MG.....139
 SYMJEPI INJ 0.3MG.....139
 SYMPAZAN MIS 10MG64
 SYMPAZAN MIS 20MG64
 SYMPAZAN MIS 5MG.....64
 SYMTUZA TAB26
 SYNAREL SOL 2MG/ML95
 SYNERCID INJ 500MG21
 SYNJARDY TAB.....89
 SYNJARDY TAB 12.5-50089
 SYNJARDY TAB 5-1000MG89
 SYNJARDY TAB 5-500MG89
 SYNJARDY XR TAB89
 SYNJARDY XR TAB 10-100089
 SYNJARDY XR TAB 25-100089
 SYNJARDY XR TAB 5-1000MG89
 SYNRIPO INJ 3.5MG42
 SYNTHROID TAB 100MCG.....101
 SYNTHROID TAB 112MCG.....101
 SYNTHROID TAB 125MCG.....101

SYNTHROID TAB 137MCG 101
 SYNTHROID TAB 150MCG 101
 SYNTHROID TAB 175MCG 102
 SYNTHROID TAB 200MCG 102
 SYNTHROID TAB 25MCG 101
 SYNTHROID TAB 300MCG 102
 SYNTHROID TAB 50MCG 101
 SYNTHROID TAB 75MCG 101
 SYNTHROID TAB 88MCG 101
 SYSTANE GEL 0.3%..... 133
 SYSTANE GEL DRO 0.4-0.3%.... 133
systane oin..... 133
tab-a-vite tab 129
tab-a-vite tab /iron..... 129
tab-a-vite tab beta car..... 129
 TABLOID TAB 40MG 34
 TABRECTA TAB 150MG 41
 TABRECTA TAB 200MG 41
tacrolimus cap 0.5 mg 121
tacrolimus cap 1 mg 121
tacrolimus cap 5 mg 121
tacrolimus oint 0.03% 148
tacrolimus oint 0.1% 148
tactinal chw children..... 13
tactinal tab 325mg 13
tactinal tab 500mg 13
 TAFINLAR CAP 50MG 41
 TAFINLAR CAP 75MG 41
 TAGRISSO TAB 40MG 41
 TAGRISSO TAB 80MG 41
 TALZENNA CAP 0.25MG 36
 TALZENNA CAP 1MG 36
tamoxifen citrate tab 10 mg (base equivalent)..... 37
tamoxifen citrate tab 20 mg (base equivalent)..... 37
tamsulosin hcl cap 0.4 mg 112
 TARGRETIN GEL 1% 148
tarina 24 fe tab..... 94
tarina fe tab 1/20..... 94
 TARON FORTE CAP 116
 TASIGNA CAP 150MG 41
 TASIGNA CAP 200MG 42
 TASIGNA CAP 50MG 41
 TAXOTERE INJ 80MG/4ML 34
tazarotene cream 0.1% 144

<i>tazicef inj 1gm</i>	29
<i>tazicef inj 2gm</i>	29
<i>tazicef inj 6gm</i>	29
TAZORAC CRE 0.05%	144
<i>taztia xt cap 120mg/24</i>	54
<i>taztia xt cap 180mg/24</i>	54
<i>taztia xt cap 240mg/24</i>	54
<i>taztia xt cap 300mg er</i>	54
<i>taztia xt cap 360mg/24</i>	54
TAZVERIK TAB 200MG	42
TDVAX INJ 2-2 LF	122
TECENTRIQ INJ 1200/20	36
TECENTRIQ INJ 840/14	36
TEFLARO INJ 400MG	29
TEFLARO INJ 600MG	29
<i>telmisartan tab 20 mg</i>	48
<i>telmisartan tab 40 mg</i>	48
<i>telmisartan tab 80 mg</i>	48
<i>telmisartan-amlodipine tab 40-10 mg</i>	47
<i>telmisartan-amlodipine tab 40-5 mg</i>	47
<i>telmisartan-amlodipine tab 80-10 mg</i>	47
<i>telmisartan-amlodipine tab 80-5 mg</i>	47
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	47
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	47
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	47
<i>temazepam cap 15 mg</i>	80
<i>temazepam cap 7.5 mg</i>	80
TEMIXYS TAB 300-300	26
TENIVAC INJ 5-2LF	122
<i>tenofovir disoproxil fumarate tab 300 mg</i>	24
<i>terazosin hcl cap 1 mg (base equivalent)</i>	46
<i>terazosin hcl cap 10 mg (base equivalent)</i>	46
<i>terazosin hcl cap 2 mg (base equivalent)</i>	46
<i>terazosin hcl cap 5 mg (base equivalent)</i>	46

<i>terbinafine cre 1%</i>	143
<i>terbinafine hcl cream 1%</i>	143
<i>terbinafine hcl tab 250 mg</i>	22
<i>terbutaline sulfate tab 2.5 mg</i> ...	136
<i>terbutaline sulfate tab 5 mg</i>	136
<i>terconazole vaginal cream 0.4%</i>	113
<i>terconazole vaginal cream 0.8%</i>	113
<i>terconazole vaginal suppos 80 mg</i>	113
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	86
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	86
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	86
<i>testosterone td gel 12.5 mg/act (1%)</i>	86
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	86
<i>testosterone td gel 50 mg/5gm (1%)</i>	86
<i>tetrabenazine tab 12.5 mg</i>	82
<i>tetrabenazine tab 25 mg</i>	82
<i>tetracycline hcl cap 250 mg</i>	32
<i>tetracycline hcl cap 500 mg</i>	32
TEXACORT SOL 2.5%	146
THALOMID CAP 100MG	38
THALOMID CAP 150MG	38
THALOMID CAP 200MG	38
THALOMID CAP 50MG	38
THEO-24 CAP 100MG CR.....	139
THEO-24 CAP 200MG CR.....	139
THEO-24 CAP 300MG CR.....	139
THEO-24 CAP 400MG ER	139
<i>theophylline soln 80 mg/15ml</i> ...	139
<i>theophylline tab er 12hr 300 mg</i>	139
<i>theophylline tab er 12hr 450 mg</i>	139
<i>theophylline tab er 24hr 400 mg</i>	139
<i>theophylline tab er 24hr 600 mg</i>	139
THERA M PLUS TAB	129
THERA TAB.....	129
<i>thera-gesic cre</i>	148
<i>thera-gesic cre plus</i>	148
THERA-M TAB	129
<i>therapeutic sha</i>	148
<i>therapeutic- tab m</i>	129

<i>thiamine hcl inj 100 mg/ml</i>	129	<i>TOBRADEX OIN 0.3-0.1%</i>	130
<i>thiamine hcl tab 100 mg</i>	129	<i>TOBRADEX ST SUS 0.3-0.05</i>	130
<i>thiamine hcl tab 50 mg</i>	129	<i>tobramycin nebu soln 300 mg/5ml</i>	
<i>thiamine mononitrate tab 100 mg</i>		.....	19
.....	129	<i>tobramycin ophth soln 0.3%</i>	131
<i>thioridazine hcl tab 10 mg</i>	77	<i>tobramycin sulfate for inj 1.2 gm</i> 19	
<i>thioridazine hcl tab 100 mg</i>	77	<i>tobramycin sulfate inj 1.2 gm/30ml</i>	
<i>thioridazine hcl tab 25 mg</i>	77	<i>(40 mg/ml) (base equiv)</i>	19
<i>thioridazine hcl tab 50 mg</i>	77	<i>tobramycin sulfate inj 10 mg/ml</i>	
<i>thiothixene cap 1 mg</i>	77	<i>(base equivalent)</i>	19
<i>thiothixene cap 10 mg</i>	77	<i>tobramycin sulfate inj 2 gm/50ml</i>	
<i>thiothixene cap 2 mg</i>	77	<i>(40 mg/ml) (base equiv)</i>	19
<i>thiothixene cap 5 mg</i>	77	<i>tobramycin sulfate inj 80 mg/2ml</i>	
<i>tiadylt cap 120mg/24</i>	54	<i>(40 mg/ml) (base equiv)</i>	19
<i>tiadylt cap 180mg/24</i>	54	<i>tobramycin-dexamethasone ophth</i>	
<i>tiadylt cap 240mg/24</i>	54	<i>susp 0.3-0.1%</i>	130
<i>tiadylt cap 300mg/24</i>	55	<i>tolnaftate cre 1%</i>	143
<i>tiadylt cap 360mg/24</i>	55	<i>tolnaftate cream 1%</i>	143
<i>tiadylt cap 420mg/24</i>	55	<i>tolnaftate powder 1%</i>	144
<i>tiagabine hcl tab 12 mg</i>	64	<i>tolterodine tartrate cap er 24hr 2</i>	
<i>tiagabine hcl tab 16 mg</i>	64	<i>mg</i>	112
<i>tiagabine hcl tab 2 mg</i>	64	<i>tolterodine tartrate cap er 24hr 4</i>	
<i>tiagabine hcl tab 4 mg</i>	64	<i>mg</i>	112
TIBSOVO TAB 250MG	36	<i>tolterodine tartrate tab 1 mg</i>	113
<i>tigecycline for iv soln 50 mg</i>	21	<i>tolterodine tartrate tab 2 mg</i>	113
<i>timolol maleate ophth gel forming</i>		<i>topiramate sprinkle cap 15 mg</i>	64
<i>soln 0.25%</i>	132	<i>topiramate sprinkle cap 25 mg</i>	64
<i>timolol maleate ophth gel forming</i>		<i>topiramate tab 100 mg</i>	64
<i>soln 0.5%</i>	132	<i>topiramate tab 200 mg</i>	64
<i>timolol maleate ophth soln 0.25%</i>		<i>topiramate tab 25 mg</i>	64
.....	132	<i>topiramate tab 50 mg</i>	64
<i>timolol maleate ophth soln 0.5%</i>		<i>toposar inj 100/5ml</i>	43
.....	132	<i>toposar inj 1gm/50ml</i>	43
<i>timolol maleate ophth soln 0.5%</i>		<i>toremifene citrate tab 60 mg (base</i>	
<i>(once-daily)</i>	132	<i>equivalent)</i>	37
<i>timolol maleate tab 10 mg</i>	53	<i>toremide tab 10 mg</i>	56
<i>timolol maleate tab 20 mg</i>	53	<i>toremide tab 100 mg</i>	56
<i>timolol maleate tab 5 mg</i>	53	<i>toremide tab 20 mg</i>	56
TIVICAY PD TAB 5MG	24	<i>toremide tab 5 mg</i>	56
TIVICAY TAB 10MG	24	TOVIAZ TAB 4MG	113
TIVICAY TAB 25MG	25	TOVIAZ TAB 8MG	113
TIVICAY TAB 50MG	25	TPN ELECTROL INJ	123
<i>tizanidine hcl tab 2 mg (base</i>		TRADJENTA TAB 5MG	89
<i>equivalent)</i>	83	<i>tramadol hcl tab 50 mg</i>	16
<i>tizanidine hcl tab 4 mg (base</i>		<i>tramadol-acetaminophen tab 37.5-</i>	
<i>equivalent)</i>	83	<i>325 mg</i>	16

trandolapril tab 1 mg45
trandolapril tab 2 mg45
trandolapril tab 4 mg45
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)117
tranexamic acid tab 650 mg.....117
tranylcypromine sulfat e tab 10 mg
.....70
TRAVASOL INJ 10%123
travel sick tab 50mg105
travoprost ophth soln 0.004% (benzalkonium free) (bak free)..132
TRAZIMERA INJ 420MG36
trazodone hcl tab 100 mg70
trazodone hcl tab 150 mg70
trazodone hcl tab 50 mg70
TRECATOR TAB 250MG.....26
TRELEGY AER ELLIPTA134
TRELSTAR MIX INJ 11.25MG37
TRELSTAR MIX INJ 3.75MG37
treprostinil inj soln 100 mg/20ml (5 mg/ml)58
treprostinil inj soln 20 mg/20ml (1 mg/ml)58
treprostinil inj soln 200 mg/20ml (10 mg/ml)58
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)58
TRESIBA FLEX INJ 100UNIT87
TRESIBA FLEX INJ 200UNIT87
TRESIBA INJ 100UNIT87
tretinoin cap 10 mg42
tretinoin cream 0.025%141
tretinoin cream 0.05%141
tretinoin cream 0.1%141
tretinoin gel 0.01%142
tretinoin gel 0.025%142
triamcinolone acetonide cream 0.025%146
triamcinolone acetonide cream 0.1%146
triamcinolone acetonide cream 0.5%146
triamcinolone acetonide dental paste 0.1%149
triamcinolone acetonide lotion

0.025% 146
triamcinolone acetonide lotion 0.1%
..... 146
triamcinolone acetonide oint 0.025% 146
triamcinolone acetonide oint 0.1%
..... 146
triamcinolone acetonide oint 0.5%
..... 146
triamterene & hydrochlorothiazide cap 37.5-25 mg 56
triamterene & hydrochlorothiazide tab 37.5-25 mg..... 56
triamterene & hydrochlorothiazide tab 75-50 mg 56
tri-buff asa tab 325mg 13
TRICARE TAB PRENATAL 129
trientine hcl cap 250 mg 91
tri-estaryll tab..... 94
trifluoperazine hcl tab 1 mg (base equivalent) 77
trifluoperazine hcl tab 10 mg (base equivalent) 77
trifluoperazine hcl tab 2 mg (base equivalent) 77
trifluoperazine hcl tab 5 mg (base equivalent) 77
trifluridine ophth soln 1% 131
trihexyphenidyl hcl oral soln 0.4 mg/ml 72
trihexyphenidyl hcl tab 2 mg 72
trihexyphenidyl hcl tab 5 mg 72
TRIJARDY XR TAB 89
TRIKAFTA TAB 139
tri-legest tab fe..... 94
tri-lo- tab sprintec 94
trilyte sol 110
trimethoprim tab 100 mg 21
tri-mili tab..... 94
trimipramine maleate cap 100 mg
..... 70
trimipramine maleate cap 25 mg. 70
trimipramine maleate cap 50 mg. 70
TRINTELLIX TAB 10MG 70
TRINTELLIX TAB 20MG 70
TRINTELLIX TAB 5MG 70

<i>triple antib oin</i>	142
<i>triple antib oin max st</i>	142
<i>triple antib oin plus</i>	142
<i>tri-previfem tab</i>	94
<i>tri-sprintec tab</i>	94
TRIUMEQ TAB	26
<i>trivora-28 tab</i>	94
<i>tri-vylibra tab</i>	94
<i>tri-vylibra tab lo</i>	94
TROGARZO INJ 150MG/ML	25
<i>trolamine salicylate cream 10%</i>	148
TROPHAMINE INJ 10%	123
<i>trosipium chloride tab 20 mg</i>	113
TRUE METRIX KIT AIR	150
TRUE METRIX KIT METER	150
TRUE METRIX STRIPS	150
TRULICITY INJ 0.75/0.5	87
TRULICITY INJ 1.5/0.5	87
TRULICITY INJ 3/0.5	87
TRULICITY INJ 4.5/0.5	87
TRUMENBA INJ	122
TRUVADA TAB 100-150	26
TRUVADA TAB 133-200	26
TRUVADA TAB 167-250	26
TRUVADA TAB 200-300	26
TRUXIMA INJ 100/10ML	36
TRUXIMA INJ 500/50ML	36
TUKYSA TAB 150MG	42
TUKYSA TAB 50MG	42
<i>tulana tab 0.35mg</i>	94
<i>tums smoothi chw 750mg</i>	103
TURALIO CAP 200MG	42
TWINRIX INJ	122
TYBOST TAB 150MG	25
<i>tydemy tab</i>	94
TYKERB TAB 250MG	42
TYMLOS INJ	100
TYPHIM VI INJ	122
<i>ultra fresh dro 0.5% op</i>	133
<i>unithroid tab 100mcg</i>	102
<i>unithroid tab 112mcg</i>	102
<i>unithroid tab 125mcg</i>	102
<i>unithroid tab 137mcg</i>	102
<i>unithroid tab 150mcg</i>	102
<i>unithroid tab 175mcg</i>	102
<i>unithroid tab 200mcg</i>	102

<i>unithroid tab 25mcg</i>	102
<i>unithroid tab 300mcg</i>	102
<i>unithroid tab 50mcg</i>	102
<i>unithroid tab 75mcg</i>	102
<i>unithroid tab 88mcg</i>	102
<i>ureacin-10 lot 10%</i>	148
<i>ureacin-20 cre 20%</i>	148
<i>ursodiol cap 300 mg</i>	111
<i>ursodiol tab 250 mg</i>	111
<i>ursodiol tab 500 mg</i>	111
<i>valacyclovir hcl tab 1 gm</i>	27
<i>valacyclovir hcl tab 500 mg</i>	27
VALCHLOR GEL 0.016%	149
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	27
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	27
<i>valproate sodium inj 100 mg/ml</i>	64
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	64
<i>valproic acid cap 250 mg</i>	64
<i>valsartan tab 160 mg</i>	48
<i>valsartan tab 320 mg</i>	48
<i>valsartan tab 40 mg</i>	48
<i>valsartan tab 80 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	48
VALTOCO LIQ 15MG	65
VALTOCO LIQ 20MG	65
VALTOCO SPR 10MG	65
VALTOCO SPR 5MG	65
<i>vanadom tab 350mg</i>	83
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	21
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	21

<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	22
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	22
VANCOMYCIN INJ 1 GM	22
VANCOMYCIN INJ 500MG	22
VANCOMYCIN INJ 750MG	22
<i>vandazole gel 0.75%</i>	113
VAQTA INJ 25/0.5ML.....	122
VAQTA INJ 50UNT/ML	122
VARIVAX INJ.....	122
VASCEPA CAP 0.5GM	51
VASCEPA CAP 1GM	51
VELCADE INJ 3.5MG	36
<i>velivet pak</i>	94
VELTASSA POW 16.8GM	91
VELTASSA POW 25.2GM	91
VELTASSA POW 8.4GM.....	91
VEMLIDY TAB 25MG.....	27
VENCLEXTA TAB 100MG	36
VENCLEXTA TAB 10MG.....	36
VENCLEXTA TAB 50MG.....	36
VENCLEXTA TAB START PK	36
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	70
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	70
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	70
VENTAVIS SOL 10MCG/ML.....	58
VENTAVIS SOL 20MCG/ML.....	58
VENTOLIN HFA AER	136

<i>verapamil hcl cap er 24hr 100 mg</i>	55
<i>verapamil hcl cap er 24hr 120 mg</i>	55
<i>verapamil hcl cap er 24hr 180 mg</i>	55
<i>verapamil hcl cap er 24hr 200 mg</i>	55
<i>verapamil hcl cap er 24hr 240 mg</i>	55
<i>verapamil hcl cap er 24hr 300 mg</i>	55
<i>verapamil hcl cap er 24hr 360 mg</i>	55
<i>verapamil hcl iv soln 2.5 mg/ml</i> ..	55
<i>verapamil hcl tab 120 mg</i>	55
<i>verapamil hcl tab 40 mg</i>	55
<i>verapamil hcl tab 80 mg</i>	55
<i>verapamil hcl tab er 120 mg</i>	55
<i>verapamil hcl tab er 180 mg</i>	55
<i>verapamil hcl tab er 240 mg</i>	55
VERSACLOZ SUS 50MG/ML.....	77
VERZENIO TAB 100MG.....	36
VERZENIO TAB 150MG.....	37
VERZENIO TAB 200MG.....	37
VERZENIO TAB 50MG	36
VICTOZA INJ 18MG/3ML	87
<i>vienna tab 0.1-20</i>	95
<i>vigabatrin powd pack 500 mg</i>	65
<i>vigabatrin tab 500 mg</i>	65
<i>vigadrone pow 500mg</i>	65
VIIBRYD KIT STARTER	70
VIIBRYD TAB 10MG	70
VIIBRYD TAB 20MG	70
VIIBRYD TAB 40MG	70
VIMPAT INJ 200MG/20.....	65
VIMPAT SOL 10MG/ML	65
VIMPAT TAB 100MG.....	65
VIMPAT TAB 150MG.....	65
VIMPAT TAB 200MG.....	65
VIMPAT TAB 50MG	65
<i>vincristine sulfate iv soln 1 mg/ml</i>	35
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	35
<i>vinorelbine tartrate inj 50 mg/5ml</i>	35

<i>(10 mg/ml) (base equiv)</i>	35	<i>warfarin sodium tab 4 mg</i>	114
<i>viorele tab</i>	95	<i>warfarin sodium tab 5 mg</i>	114
VIRACEPT TAB 250MG.....	25	<i>warfarin sodium tab 6 mg</i>	114
VIRACEPT TAB 625MG.....	25	<i>warfarin sodium tab 7.5 mg</i>	114
VIREAD POW 40MG/GM.....	25	<i>water for irrigation, sterile irrigation soln</i>	149
VIREAD TAB 150MG.....	25	<i>wee care sus 15/1.25</i>	116
VIREAD TAB 200MG.....	25	<i>womans laxat tab 5mg ec</i>	110
VIREAD TAB 250MG.....	25	<i>wymzya fe chw 0.4mg-35</i>	95
VITAL-D RX TAB	129	XALKORI CAP 200MG.....	42
<i>vitamin a cap 3 mg (10000 unit)</i>	129	XALKORI CAP 250MG.....	42
<i>vitamin c tab 500mg</i>	129	XARELTO STAR TAB 15/20MG...	114
<i>vitamin d tab 400unit</i>	129	XARELTO TAB 10MG	115
<i>vitamin d3 dro 10mcg/ml</i>	129	XARELTO TAB 15MG	115
<i>vitamin d3 tab 1000unit</i>	129	XARELTO TAB 2.5MG	114
<i>vitamin d3 tab 50000unt</i>	129	XARELTO TAB 20MG	115
<i>vitamin d-3 tab 5000unit</i>	129	XATMEP SOL 2.5MG/ML	118
<i>vitamin e cap 100 unit</i>	129	XCOPRI PAK 12.5-25	65
<i>vitamin e cap 1000 unit</i>	129	XCOPRI PAK 150-200	65
<i>vitamin e cap 200 unit</i>	129	XCOPRI PAK 50-100MG.....	65
<i>vitamin e cap 400 unit</i>	129	XCOPRI TAB 100MG	65
<i>vitamins a & d oint</i>	149	XCOPRI TAB 150MG	65
VITRAKVI CAP 100MG	42	XCOPRI TAB 200MG	65
VITRAKVI CAP 25MG.....	42	XCOPRI TAB 50-200MG.....	65
VITRAKVI SOL 20MG/ML	42	XCOPRI TAB 50MG	65
VIVITROL INJ 380MG	85	XELJANZ TAB 10MG.....	118
VIZIMPRO TAB 15MG	42	XELJANZ TAB 5MG	118
VIZIMPRO TAB 30MG	42	XELJANZ XR TAB 11MG.....	118
VIZIMPRO TAB 45MG	42	XELJANZ XR TAB 22MG.....	118
<i>voriconazole for inj 200 mg</i>	22	XGEVA INJ	100
<i>voriconazole for susp 40 mg/ml</i> ...22		XIFAXAN TAB 550MG.....	111
<i>voriconazole tab 200 mg</i>	23	XIGDUO XR TAB 10-1000.....	89
<i>voriconazole tab 50 mg</i>	23	XIGDUO XR TAB 10-500MG	89
VOSEVI TAB.....	27	XIGDUO XR TAB 2.5-1000.....	89
VOTRIENT TAB 200MG	42	XIGDUO XR TAB 5-1000MG	89
VRAYLAR CAP 1.5-3MG	77	XIGDUO XR TAB 5-500MG.....	89
VRAYLAR CAP 1.5MG.....	77	XOLAIR INJ 150MG/ML	139
VRAYLAR CAP 3MG	77	XOLAIR INJ 75/0.5	139
VRAYLAR CAP 4.5MG.....	77	XOLAIR SOL 150MG	139
VRAYLAR CAP 6MG	77	XOSPATA TAB 40MG.....	42
<i>vyfemla tab 0.4-35</i>	95	XPOVIO PAK 100MG	42
<i>vylibra tab 0.25-35</i>	95	XPOVIO PAK 40MG	42
<i>warfarin sodium tab 1 mg</i>	114	XPOVIO PAK 60MG	42
<i>warfarin sodium tab 10 mg</i>	114	XPOVIO PAK 80MG	42
<i>warfarin sodium tab 2 mg</i>	114	XTANDI CAP 40MG	37
<i>warfarin sodium tab 2.5 mg</i>	114	XULTOPHY INJ 100/3.6	87
<i>warfarin sodium tab 3 mg</i>	114		

XYREM SOL 500MG/ML.....83
 YF-VAX INJ122
zafirlukast tab 10 mg138
zafirlukast tab 20 mg138
zaleplon cap 10 mg.....80
zaleplon cap 5 mg80
zarah tab 3-0.03mg95
 ZARXIO INJ 300/0.5115
 ZARXIO INJ 480/0.8115
zeasorb-af pow 2%.....144
 ZEJULA CAP 100MG37
 ZELBORAF TAB 240MG42
 ZEMAIRA INJ 1000MG139
zenatane cap 10mg142
zenatane cap 20mg142
zenatane cap 30mg142
zenatane cap 40mg142
 ZENPEP CAP 10000UNT111
 ZENPEP CAP 15000UNT111
 ZENPEP CAP 20000UNT111
 ZENPEP CAP 25000111
 ZENPEP CAP 3000UNIT111
 ZENPEP CAP 40000111
 ZENPEP CAP 5000UNIT111
 ZERVIATE DRO 0.24%132
zidovudine cap 100 mg25
zidovudine syrup 10 mg/ml.....25
zidovudine tab 300 mg.....25
zinc oxide oin 20%149
zinc oxide oint 20%149
zinc sulfate cap 220 mg (50 mg elemental zn).....126
 ZINC SULFATE CAP 50MG126
ziprasidone hcl cap 20 mg77
ziprasidone hcl cap 40 mg77
ziprasidone hcl cap 60 mg77
ziprasidone hcl cap 80 mg77

ziprasidone mesylate for inj 20 mg (base equivalent)78
 ZIRABEV INJ 100/4ML37
 ZIRABEV INJ 400/16ML.....37
 ZIRGAN GEL 0.15%.....131
zoledronic acid inj conc for iv infusion 4 mg/5ml90
zoledronic acid iv soln 4 mg/100ml90
zoledronic acid iv soln 5 mg/100ml90
 ZOLINZA CAP 100MG.....37
zolmitriptan orally disintegrating tab 2.5 mg.....81
zolmitriptan orally disintegrating tab 5 mg81
zolmitriptan tab 2.5 mg81
zolmitriptan tab 5 mg81
zolpidem tartrate tab 10 mg80
zolpidem tartrate tab 5 mg.....80
zonisamide cap 100 mg65
zonisamide cap 25 mg65
zonisamide cap 50 mg65
 ZORTRESS TAB 0.25MG121
 ZORTRESS TAB 0.5MG121
 ZORTRESS TAB 0.75MG121
 ZORTRESS TAB 1MG.....121
 ZOSTAVAX INJ.....122
zovia 1/35e tab.....95
 ZYDELIG TAB 100MG42
 ZYDELIG TAB 150MG42
 ZYKADIA TAB 150MG.....42
 ZYLET SUS 0.5-0.3%.....130
 ZYPREXA RELP INJ 210MG.....78
 ZYPREXA RELP INJ 300MG.....78
 ZYPREXA RELP INJ 405MG.....78
 ZYTIGA TAB 500MG.....37



Version 17

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Member Services (855) 735-5831, TTY 711

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