

2018

FORMULARIO

(Lista de los medicamentos cubiertos)
South Carolina

**Molina Dual Options
Medicare-Medicaid Plan**

Versión 15

FECHA DE PUBLICACIÓN: 11/2018

Departamento de Servicios para Miembros:

(855) 735-5831, TTY / TDD al 711

Los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local.



Your Extended Family.

Healthy Connections
PRIME



MolinaHealthcare.com/Duals

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

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

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

If you need these services, contact Molina Member Services at (855) 735-5831; TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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

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

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

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

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

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5831 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5831 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5831 (رقم هاتف الصم والبكم: 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5831 (телетайп: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5831 (TTY: 711).
Brazilian Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
Mandarin	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5831 (TTY: 711)。
Falam	RALRINNAK: Falam (Laizo) `ong na thiam asile, man lo tein `onglettu bawmh le hna`uan seknak nangmah hrangah aum. ah ko aw 1-855-735-5831 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5831 (TTY: 711) पर कॉल करें।
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5831 (TTY: 711) 번으로 전화해 주십시오.
Chin	THEIHDING: Lai holh na thiam asi ah cun, holh let tu a lak in kan in hlan piak lai. 1-855-735-5831 (TTY: 711) ah in rak hlat te.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5831 (TTY : 711).
Karen	ဟ်သး-နမ့ၢ်ကတိၤကညိၣ်ကျိၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖိးတၢ်မၤတဖၣ်,တၢ်ဒီးန့ၢ်ဟ့ၣ်ကလိတဖၣ်န့ၢ်ဝဲဒၣ်လၢနဂီၢ်. ကိးယီၤ (၁-၈၅၅-၇၃၅-၅၈၃၁) (TTY: ၇၁၁).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-735-5831 (መስማት ለተሳናቸው፡ 711)፡፡
Burmese	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-735-5831 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Molina Dual Options Medicare-Medicaid Plan | 2018 Lista de medicamentos cubiertos (Formulario)

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

- ❖ Molina Dual Options es un plan de salud que tiene contratos con Medicare y con South Carolina Healthy Connections Medicaid para proporcionar los beneficios de ambos programas a las personas inscritas.
- ❖ La lista de medicamentos cubiertos o red de farmacias y de proveedores pueden cambiar durante el año. Le enviaremos una notificación antes de realizar cambios que le puedan afectar.
- ❖ Los beneficios o copagos pueden cambiar a partir del 1.º de enero de cada año. Usted siempre puede consultar la lista más reciente de medicamentos de Molina Dual Options en línea, www.MolinaHealthcare.com/Duals.
- ❖ Pueden aplicarse limitaciones, copagos y restricciones. Para más información, llame al Departamento de Servicios para Miembros de Molina Dual Options o consulte el Manual del miembro de Molina Dual Options.
- ❖ If you don't speak English, language assistance services, free of charge, are available to you. Call (855) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5831, servicio TTY / TDD al 711, los 7 días a la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Puede obtener esta información gratuitamente en otros formatos, tal como letra grande, braille o audio. Llame al (855) 735-5831, servicio TTY / TDD al 711, los 7 días a la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Para solicitar material en un idioma diferente al inglés o en un formato alternativo, comuníquese con el Departamento de Servicios para Miembros al (855) 735-5831, TTY / TDD al 711, los 7 días a la semana, de 8:00 a. m. a 8:00 p. m., hora local.
- ❖ Molina Dual Options cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



Las preguntas más frecuentes (FAQ)

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

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

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

→ Molina Dual Options cubrirá todos los medicamentos de la lista médicamente necesarios, si:

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

→ Molina Dual Options puede tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (lea en el pregunta #5 de abajo).

Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestra página web en o comuníquese con Servicios para Miembros al número de teléfono indicado al pie de la página.

2. ¿La Lista de Medicamentos cambia alguna vez?

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

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

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

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



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

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

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

→ Usted siempre puede consultar la lista de medicamentos más reciente de Molina Dual Options en nuestra página web indicada al pie de esta página. También puede llamar a Servicios para Miembros para revisar la lista de medicamentos actual al número de teléfono indicado al pie de esta página.

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

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

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

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

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



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

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

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

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional, leyendo los cuadros de las páginas 1-120. También puede obtener información en nuestra página web, www.MolinaHealthcare.com/Duals. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedir que se le envíe una copia.

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

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



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

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

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

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

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

Hay dos maneras de encontrar un medicamento:

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

Para buscar **por orden alfabético**, vaya a la sección alfabética de la lista. Puede encontrarla en el Índice. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos. Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

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

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



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

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios para Miembros al número de teléfono indicado al pie de la página y consulte sobre el tema. Si se entera que Molina Dual Options no cubrirá el medicamento, podrá optar por una de las siguientes:

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

Política de transición

Los miembros pueden estar afectados por los cambios en nuestro formulario de un año al siguiente. Debe hablar con su médico para determinar si debe cambiar su medicamento a uno distinto que cubramos o si debe solicitar una excepción al formulario para recibir cobertura para ese medicamento. Consulte el capítulo 9 del Manual del miembro para conocer más sobre cómo pedir una excepción. Comuníquese con el Departamento de Servicios para Miembros si usted necesita ayuda para cambiar su medicamento a uno distinto que cubramos o para pedir ayuda con una excepción al formulario.

- **Si usted es un miembro actual afectado por un cambio en el formulario de un año al siguiente**, le proporcionaremos un suministro provisional de 60 días del medicamento no incluido en el formulario si necesita una renovación del medicamento durante los primeros 180 días del nuevo año del plan para los medicamentos de la Parte D y de Healthy Connections Medicaid.

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

- **Si usted es un miembro actual y no está afectado por un cambio en el formulario**

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



- Y si usted no vive en un centro de atención médica a largo plazo, le proporcionaremos un suministro de 31 días para medicamentos de la Parte D y de Healthy Connections Medicaid que no están en el formulario o que tienen limitaciones impuestas durante los primeros 90 días del año natural.
- Y si usted ingresa a un centro de atención médica a largo plazo (como una residencia para ancianos) durante los primeros 180 días de haberse unido al plan de salud, se le cubrirá un suministro provisional de 98 días durante los primeros 90 días del año natural si su medicamento no está incluido en el formulario o si tiene otras limitaciones impuestas.

Suministro provisional

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

Si el residente ha estado inscrito en nuestro plan durante más de 180 días y necesita un medicamento que ya no está incluido en nuestro formulario o está sujeto a otras restricciones, tal como una terapia escalonada o límites en dosificación, cubriremos un suministro provisional de emergencia de 31 días para ese medicamento (a menos que la receta médica sea para menos días) mientras que solicita una excepción de formulario. Se considerarán excepciones a las situaciones donde usted está pasando por un cambio en el nivel de cuidado que recibe, el cual también requiere que usted sea trasladado de un centro de atención a otro. En dichas circunstancias, usted será elegible para una excepción provisional una sola vez para un suministro de 31 días, aun si han pasado los primeros 180 días de su membresía con el plan.

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

Nosotros podemos ayudarle. Cubriremos un suministro provisional de 60 días de su medicamento de la Parte D y un suministro de 90 días de su Healthy Connections Medicaid durante los primeros 180 días de ser un miembro de Molina Dual Options. Esto le dará tiempo para hablar con su médico u otro proveedor recetador. Él o ella determinará si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción.

Cubriremos un suministro provisional de su medicamento si usted:

- está tomando algún medicamento que no esté en nuestra lista de medicamentos, o

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

Si usted vive en un hogar para personas mayores u otra institución de cuidados a largo plazo, usted puede volver a surtir su receta médica por hasta 98 días para medicamentos de Parte D y 90 días para medicamentos que no son de la Parte D. Usted puede realizar la reposición del medicamento varias veces durante este período. Esto le dará tiempo a su proveedor médico para cambiar su medicamento por alguno que esté en la Lista de Medicamentos o para pedir una excepción.

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

Sí. Puede solicitarle a Molina Dual Options que haga una excepción para cubrir su medicamento que no está en la lista de medicamentos.

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

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

12. ¿Cuánto tiempo toma obtener una excepción?

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

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

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



13. ¿Cómo se puede solicitar una excepción?

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

14. ¿Qué son los medicamentos genéricos?

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

Molina Medicare Options cubre tanto medicamentos de marca registrada como medicamentos genéricos.

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

OTC son siglas en inglés que significan "medicamentos de venta libre". Molina Dual Options cubre algunos productos OTC no farmacológicos cuando su recetador los escribe como una receta médica.

Usted puede leer la lista de medicamentos de Molina Dual Options para saber cuáles medicamentos OTC están cubiertos.

16. ¿Molina Dual Options cubre los productos OTC no farmacológicos?

Molina Dual Options cubre algunos productos OTC no farmacológicos cuando su recetador los escribe como una receta médica.

Usted puede leer la lista de medicamentos de Molina Dual Options para saber cuáles productos OTC no farmacológicos están cubiertos.

17. ¿Qué es su copago?

Como miembro de Molina Dual Options, usted no tiene copagos por receta médica y medicamentos OTC siempre y cuando siga las reglas de Molina Dual Options.

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



18. ¿Qué son las categorías de medicamentos?

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

- Los medicamentos de categoría 1 son los medicamentos genéricos. Para medicamentos de categoría 1, usted no paga nada.
- Los medicamentos de categoría 2 son medicamentos de marca comercial. Para medicamentos de categoría 2, usted no paga nada.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC, por sus siglas en inglés) no cubiertos por Medicare. Para medicamentos de categoría 3, usted no paga nada.

Lista de los medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le proporciona información sobre los medicamentos cubiertos por Molina Dual Options. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 121.

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

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

Nota: El (*) junto a un medicamento significa que el medicamento no es un "Medicamento de la Parte D". La cantidad que usted paga cuándo surta una receta de este medicamento no cuenta hacia el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para ser elegible para cobertura catastrófica). Además, si recibe Ayuda Adicional para pagar sus medicamentos recetados, usted no recibirá ninguna Ayuda Adicional para pagar estos medicamentos. Estos medicamentos también tienen reglas diferentes para las apelaciones. Una *apelación* es una manera formal de solicitarnos la revisión de una decisión de cobertura y cambiarlo si usted piensa que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Healthy Connections Medicaid. Si usted o su médico no están de acuerdo con nuestra decisión, puede apelar. Para pedir instrucciones sobre cómo presentar una apelación, llame a Servicios para Miembro, al número de teléfono indicado al pie de la página. Usted también puede saber cómo apelar una decisión leyendo el Manual del miembro.

El siguiente cuadro contiene una descripción de las restricciones y los límites en la lista de medicamentos. La información en la columna "Restricciones y límites" le informa si Molina Dual Options tiene algún requerimiento especial para la cobertura de su medicamento.

Abreviaturas	Descripciones
PA	Autorización previa. Para algunos medicamentos, usted, su médico u otro proveedor recetador deben obtener una aprobación de Molina Dual Options antes de surtir su receta. Si no recibe la aprobación, Molina Medicare Options Plus no podrá cubrir el medicamento.
QL	Límites de cantidades. En algunos casos, Molina Dual Options limita la cantidad de un medicamento que usted puede obtener.

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY / TDD al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita. **Para obtener más información**, visite www.MolinaHealthcare.com/Duals.



ST	Criterio de terapia escalonada. Algunas veces, Molina Dual Options exige que usted realice una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su enfermedad. Posiblemente tendría que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
NM	No disponible para servicio por correo.
B/D	Este medicamento puede estar cubierto por Medicare Parte B o D, dependiendo de las circunstancias.
LA	Medicamento de acceso limitado.
*	Medicamentos no incluidos en la parte D, o artículos OTC que están cubiertos por Medicaid.
NDS	Suministro diario no extendido. Es posible que este medicamento no sea cubierto para un suministro diario extendido.

Lista de medicamentos por enfermedad

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



MOLINA_SC_CY18_2T_MMP eff 11/01/2018

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)	
ULORIC TAB 40MG	\$0 (2)	ST
ULORIC TAB 80MG	\$0 (2)	ST

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	\$0 (1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (1)	
<i>diflunisal tab 500 mg</i>	\$0 (1)	
<i>etodolac cap 200 mg</i>	\$0 (1)	
<i>etodolac cap 300 mg</i>	\$0 (1)	
<i>etodolac tab 400 mg</i>	\$0 (1)	
<i>etodolac tab 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (1)	
<i>flurbiprofen tab 50 mg</i>	\$0 (1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (1)	
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen tab 400 mg</i>	\$0 (1)	
<i>ibuprofen tab 600 mg</i>	\$0 (1)	
<i>ibuprofen tab 800 mg</i>	\$0 (1)	
<i>ketoprofen cap 50 mg</i>	\$0 (1)	
<i>ketoprofen cap 75 mg</i>	\$0 (1)	

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>meloxicam tab 7.5 mg</i>	\$0 (1)	
<i>meloxicam tab 15 mg</i>	\$0 (1)	
<i>nabumetone tab 500 mg</i>	\$0 (1)	
<i>nabumetone tab 750 mg</i>	\$0 (1)	
<i>naproxen dr tab 375mg</i>	\$0 (1)	
<i>naproxen dr tab 500mg</i>	\$0 (1)	
<i>naproxen sodium tab 275 mg</i>	\$0 (1)	
<i>naproxen sodium tab 550 mg</i>	\$0 (1)	
<i>naproxen susp 125 mg/5ml</i>	\$0 (1)	
<i>naproxen tab 250 mg</i>	\$0 (1)	
<i>naproxen tab 375 mg</i>	\$0 (1)	
<i>naproxen tab 500 mg</i>	\$0 (1)	
<i>piroxicam cap 10 mg</i>	\$0 (1)	
<i>piroxicam cap 20 mg</i>	\$0 (1)	
<i>sulindac tab 150 mg</i>	\$0 (1)	
<i>sulindac tab 200 mg</i>	\$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (1)	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (2)	
BUTRANS DIS 5MCG/HR	\$0 (2)	QL (16 patches / 28 days)
BUTRANS DIS 7.5/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	\$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	\$0 (2)	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	\$0 (2)	QL (4 patches / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (2)	
<i>tramadol hcl tab 50 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
<i>endocet tab 2.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)

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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>endocet tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<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)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0 (1)	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	

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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>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (2)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	\$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	\$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	\$0 (2)	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
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
MORPHINE SUL INJ 150/30ML	\$0 (2)	B/D
<i>morphine sulfate inj 8 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate inj 10 mg/ml</i>	\$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)	
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (1)	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	
<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)
<i>morphine sulfate tab er 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 50MG	\$0 (2)	QL (120 tabs / 30 days)
NUCYNTA ER TAB 100MG	\$0 (2)	QL (120 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
NUCYNTA ER TAB 150MG	\$0 (2)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 200MG	\$0 (2)	QL (60 tabs / 30 days)
NUCYNTA ER TAB 250MG	\$0 (2)	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	\$0 (1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (1)	
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	\$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	\$0 (2)	QL (120 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0 (1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 (1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 (1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 (1)	
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)	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	\$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
AZACTAM INJ 1GM	\$0 (2)	
AZACTAM INJ 2GM	\$0 (2)	
AZACTAM/DEX INJ 1GM	\$0 (2)	
AZACTAM/DEX INJ 2GM	\$0 (2)	
<i>aztreonam for inj 1 gm</i>	\$0 (1)	
<i>aztreonam for inj 2 gm</i>	\$0 (1)	
BILTRICIDE TAB 600MG	\$0 (2)	
CAYSTON INH 75MG	\$0 (2)	NDS, 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 9 gm/60ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	\$0 (1)	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	\$0 (1)	
CLINDMYC/NAC INJ 300/50ML	\$0 (2)	
CLINDMYC/NAC INJ 600/50ML	\$0 (2)	
CLINDMYC/NAC INJ 900/50ML	\$0 (2)	
<i>colistimethate 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 500 mg</i>	\$0 (2)	NDS
EMVERM CHW 100MG	\$0 (2)	NDS
<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)	
INVANZ INJ 1GM	\$0 (2)	
<i>ivermectin tab 3 mg</i>	\$0 (1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0 (2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0 (2)	NDS
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (2)	NDS
<i>linezolid tab 600 mg</i>	\$0 (2)	NDS
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metronidazole tab 250 mg</i>	\$0 (1)	
<i>metronidazole tab 500 mg</i>	\$0 (1)	
NEBUPENT INH 300MG	\$0 (2)	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	\$0 (2)	
<i>praziquantel tab 600 mg</i>	\$0 (1)	
SIVEXTRO INJ 200MG	\$0 (2)	NDS
SIVEXTRO TAB 200MG	\$0 (2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (1)	
SYNERCID INJ 500MG	\$0 (2)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0 (2)	NDS
TIGECYCLINE INJ 50MG	\$0 (2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0 (1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (2)	NDS
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (2)	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (1)	

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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>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 inj 50 mg</i>	\$0 (1)	B/D
CANCIDAS INJ 50MG	\$0 (2)	NDS
CANCIDAS INJ 70MG	\$0 (2)	NDS
<i>caspofungin inj 50mg</i>	\$0 (2)	NDS
CASPOFUNGIN INJ 50MG	\$0 (2)	NDS
<i>caspofungin inj 70mg</i>	\$0 (2)	NDS
CASPOFUNGIN INJ 70MG	\$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 dextrose inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole tab 50 mg</i>	\$0 (1)	
<i>fluconazole tab 100 mg</i>	\$0 (1)	
<i>fluconazole tab 150 mg</i>	\$0 (1)	
<i>fluconazole tab 200 mg</i>	\$0 (1)	
FLUCONAZOLE/ INJ NACL 100	\$0 (2)	
<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
MYCAMINE INJ 50MG	\$0 (2)	NDS
MYCAMINE INJ 100MG	\$0 (2)	NDS
NOXAFIL SUS 40MG/ML	\$0 (2)	NDS, QL (630 mL / 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
NOXAFIL TAB 100MG	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	\$0 (1)	
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	NDS
<i>voriconazole tab 50 mg</i>	\$0 (2)	NDS
<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)	
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 (2)	NDS
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (2)	NDS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (2)	NDS
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)	

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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>efavirenz cap 200 mg</i>	\$0 (2)	NDS
<i>efavirenz tab 600 mg</i>	\$0 (2)	NDS
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)	NM
INTELENCE TAB 100MG	\$0 (2)	NDS, NM
INTELENCE TAB 200MG	\$0 (2)	NDS, NM
INVIRASE CAP 200MG	\$0 (2)	NDS
INVIRASE TAB 500MG	\$0 (2)	NDS
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	NDS
ISENTRESS HD TAB 600MG	\$0 (2)	NDS
ISENTRESS POW 100MG	\$0 (2)	NDS
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)	
LEXIVA TAB 700MG	\$0 (2)	NDS
<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 CAP 100MG	\$0 (2)	
NORVIR POW 100MG	\$0 (2)	
NORVIR SOL 80MG/ML	\$0 (2)	
NORVIR TAB 100MG	\$0 (2)	
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)
RESCRIPTOR TAB 100 MG	\$0 (2)	
RESCRIPTOR TAB 200MG	\$0 (2)	
RETROVIR INJ 10MG/ML	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REYATAZ POW 50MG	\$0 (2)	NDS
<i>ritonavir tab 100 mg</i>	\$0 (1)	
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)	
SUSTIVA TAB 600MG	\$0 (2)	NDS
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (2)	NDS
TIVICAY TAB 10MG	\$0 (2)	
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)	
VIDEX EC CAP 125MG	\$0 (2)	
VIDEX SOL 2GM	\$0 (2)	
VIDEX SOL 4GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	NDS
VIRACEPT TAB 625MG	\$0 (2)	NDS
VIRAMUNE SUS 50MG/5ML	\$0 (2)	
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
VIREAD TAB 300MG	\$0 (2)	NDS
ZERIT SOL 1MG/ML	\$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 (2)	NDS
<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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMPLERA TAB	\$0 (2)	NDS
DESCOVY TAB 200/25	\$0 (2)	NDS
EVOTAZ TAB 300-150	\$0 (2)	NDS
GENVOYA TAB	\$0 (2)	NDS
JULUCA TAB 50-25MG	\$0 (2)	NDS
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (2)	NDS
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
TRIUMEQ TAB	\$0 (2)	NDS
TRUVADA TAB 100-150	\$0 (2)	NDS, QL (60 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		
CAPASTAT SUL INJ 1GM	\$0 (2)	
<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 inj 100 mg/ml</i>	\$0 (1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid tab 100 mg</i>	\$0 (1)	
<i>isoniazid tab 300 mg</i>	\$0 (1)	
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)	
RIFATER TAB	\$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
SIRTURO TAB 100MG	\$0 (2)	NDS, LA, PA
TRECTOR TAB 250MG	\$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0 (1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir tab 400 mg</i>	\$0 (1)	
<i>acyclovir tab 800 mg</i>	\$0 (1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (2)	NDS
BARACLUDE SOL .05MG/ML	\$0 (2)	NDS
DAKLINZA TAB 30MG	\$0 (2)	NDS, PA
DAKLINZA TAB 60MG	\$0 (2)	NDS, PA
DAKLINZA TAB 90MG	\$0 (2)	NDS, PA
<i>entecavir tab 0.5 mg</i>	\$0 (2)	NDS
<i>entecavir tab 1 mg</i>	\$0 (2)	NDS
EPCLUSA TAB 400-100	\$0 (2)	NDS, 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)	
GANCICLOVIR INJ 500MG	\$0 (1)	B/D
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
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, 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
REBETOL SOL 40MG/ML	\$0 (2)	NDS, NM
RELENZA MIS DISKHALE	\$0 (2)	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 200mg</i>	\$0 (1)	NM
<i>ribasphere tab 400mg</i>	\$0 (2)	NDS, NM
<i>ribasphere tab 600mg</i>	\$0 (2)	NDS, NM

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<i>ribavirin cap 200 mg</i>	\$0 (1)	NM
<i>ribavirin tab 200 mg</i>	\$0 (1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (1)	
SOVALDI TAB 400MG	\$0 (2)	NDS, NM, PA
<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, PA
ZEPATIER TAB 50-100MG	\$0 (2)	NDS, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
CEFACLO 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 20 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
CEFAZOLIN SOL	\$0 (2)	
<i>cefdinir cap 300 mg</i>	\$0 (1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefepime hcl for inj 1 gm</i>	\$0 (1)	
<i>cefepime hcl for inj 2 gm</i>	\$0 (1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0 (1)	
<i>cefotaxime sodium for inj 1 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 2 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 500 mg</i>	\$0 (1)	

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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>cefoxitin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil tab 250 mg</i>	\$0 (1)	
<i>cefprozil tab 500 mg</i>	\$0 (1)	
<i>ceftazidime for inj 1 gm</i>	\$0 (1)	
<i>ceftazidime for inj 2 gm</i>	\$0 (1)	
<i>ceftazidime for inj 6 gm</i>	\$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0 (2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0 (1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (1)	
<i>cephalexin cap 250 mg</i>	\$0 (1)	
<i>cephalexin cap 500 mg</i>	\$0 (1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (1)	
SUPRAX CAP 400MG	\$0 (2)	
SUPRAX CHW 100MG	\$0 (2)	
SUPRAX CHW 200MG	\$0 (2)	
SUPRAX SUS 500/5ML	\$0 (2)	
<i>tazicef inj 1gm</i>	\$0 (1)	
<i>tazicef inj 2gm</i>	\$0 (1)	
<i>tazicef inj 6gm</i>	\$0 (1)	
TEFLARO INJ 400MG	\$0 (2)	NDS

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin cap 250 mg</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin for susp 125 mg/5ml</i>	\$0 (1)	
<i>ampicillin for susp 250 mg/5ml</i>	\$0 (1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 10 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (1)	
BICILLIN L-A INJ 600000	\$0 (2)	
BICILLIN L-A INJ 1200000	\$0 (2)	
BICILLIN L-A INJ 2400000	\$0 (2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (1)	
<i>nafcillin sodium for inj 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0 (2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (1)	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	\$0 (2)	NDS
PEN G PROC INJ 600000	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PENICILL GK/ INJ DEX 2MU	\$0 (2)	
PENICILL GK/ INJ DEX 3MU	\$0 (2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (1)	
PIPER/TAZOBA INJ 12-1.5GM	\$0 (2)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0 (1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 150 mg</i>	\$0 (1)	
<i>minocycline hcl cap 50 mg</i>	\$0 (1)	
<i>minocycline hcl cap 75 mg</i>	\$0 (1)	
<i>minocycline hcl cap 100 mg</i>	\$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	\$0 (2)	NDS, B/D
<i>busulfan inj 6 mg/ml</i>	\$0 (2)	NDS, B/D

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CYCLOPHOSPH CAP 25MG	\$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	\$0 (2)	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
<i>cyclophosphamide for inj 2 gm</i>	\$0 (2)	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (2)	NDS, B/D
<i>dacarbazine for inj 100 mg</i>	\$0 (1)	B/D
<i>dacarbazine for inj 200 mg</i>	\$0 (1)	B/D
EMCYT CAP 140MG	\$0 (2)	
GLEOSTINE CAP 10MG	\$0 (2)	
GLEOSTINE CAP 40MG	\$0 (2)	
GLEOSTINE CAP 100MG	\$0 (2)	
HEXALEN CAP 50MG	\$0 (2)	NDS
IFEX INJ 3GM	\$0 (2)	B/D
<i>ifosfamide for inj 1 gm</i>	\$0 (1)	B/D
IFOSFAMIDE INJ 3GM	\$0 (2)	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	\$0 (1)	B/D
LEUKERAN TAB 2MG	\$0 (2)	
<i>melfalan hcl for inj 50 mg (base equiv)</i>	\$0 (2)	NDS, B/D
MUSTARGEN INJ 10MG	\$0 (2)	NDS, B/D
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl for inj 10 mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl for inj 50 mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0 (2)	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
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	\$0 (1)	B/D
<i>bleomycin sulfate for inj 30 unit</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 5 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	\$0 (2)	NDS, B/D
ANTIMETABOLITES		
<i>adrucil inj 2.5g/50m</i>	\$0 (1)	B/D
<i>adrucil inj 5gm/100m</i>	\$0 (1)	B/D

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<i>adrucil inj 500/10ml</i>	\$0 (1)	B/D
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>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	\$0 (2)	NDS, B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (1)	B/D
<i>fludarabine phosphate for inj 50 mg</i>	\$0 (1)	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	\$0 (1)	B/D
<i>fluorouracil 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 (2)	NDS, B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (2)	NDS, B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (2)	NDS, B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (1)	B/D
NIPENT INJ 10MG	\$0 (2)	NDS, B/D
PURIXAN SUS 20MG/ML	\$0 (2)	NDS
TABLOID TAB 40MG	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0 (2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0 (2)	NDS, B/D

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<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 160/8ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0 (2)	NDS, B/D
DOCETAXEL INJ 200/10	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 (2)	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 (2)	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (1)	B/D
TAXOTERE INJ 80MG/4ML	\$0 (2)	NDS, B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	\$0 (1)	B/D
<i>vincasar pfs inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0 (2)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	\$0 (2)	NDS, NM, LA, PA
BELEODAQ INJ 500MG	\$0 (2)	NDS, NM, PA
BORTEZOMIB INJ 3.5MG	\$0 (2)	NDS, PA
ERIVEDGE CAP 150MG	\$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NDS, LA, PA
FARYDAK CAP 15MG	\$0 (2)	NDS, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NDS, LA, PA
HERCEPTIN INJ 150MG	\$0 (2)	NDS, PA
HERCEPTIN INJ 440MG	\$0 (2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0 (2)	NDS, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NDS, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NDS, LA, PA

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IDHIFA TAB 50MG	\$0 (2)	NDS, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NDS, LA, PA
KADCYLA INJ 100MG	\$0 (2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0 (2)	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NDS, PA
KEYTRUDA SOL 50MG	\$0 (2)	NDS, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NDS, PA
KISQALI TAB 200DOSE	\$0 (2)	NDS, PA
KISQALI TAB 400DOSE	\$0 (2)	NDS, PA
KISQALI TAB 600DOSE	\$0 (2)	NDS, PA
LYNPARZA CAP 50MG	\$0 (2)	NDS, LA, PA
LYNPARZA TAB 100MG	\$0 (2)	NDS, LA, PA
LYNPARZA TAB 150MG	\$0 (2)	NDS, LA, PA
MYLOTARG INJ 4.5MG	\$0 (2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0 (2)	NDS, PA
NINLARO CAP 3MG	\$0 (2)	NDS, PA
NINLARO CAP 4MG	\$0 (2)	NDS, PA
ODOMZO CAP 200MG	\$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, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NDS, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NDS, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NDS, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NDS, LA, PA
TIBSOVO TAB 250MG	\$0 (2)	NDS, LA, PA
VELCADE INJ 3.5MG	\$0 (2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	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, LA, PA
VERZENIO TAB 100MG	\$0 (2)	NDS, LA, PA
VERZENIO TAB 150MG	\$0 (2)	NDS, LA, PA
VERZENIO TAB 200MG	\$0 (2)	NDS, LA, PA
YERVOY INJ 50MG	\$0 (2)	NDS, NM, PA
YERVOY INJ 200MG	\$0 (2)	NDS, NM, PA
ZEJULA CAP 100MG	\$0 (2)	NDS, LA, PA
ZOLINZA CAP 100MG	\$0 (2)	NDS, NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

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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>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, LA, PA
<i>exemestane tab 25 mg</i>	\$0 (1)	
FARESTON TAB 60MG	\$0 (2)	NDS
FASLODEX INJ 250/5ML	\$0 (2)	NDS, B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/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)	PA; PA if 65 years and older
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 (2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	\$0 (2)	NDS
SOLTAMOX SOL 10MG/5ML	\$0 (2)	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (1)	
TRELSTAR MIX INJ 3.75MG	\$0 (2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NDS, NM, PA
XTANDI CAP 40MG	\$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0 (2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NDS, 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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	\$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	\$0 (2)	NDS, QL (60 caps / 30 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 2.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0 (2)	NDS, LA, PA
ALUNBRIG PAK	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 30MG	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 90MG	\$0 (2)	NDS, LA, PA
ALUNBRIG TAB 180MG	\$0 (2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0 (2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0 (2)	NDS, PA
BOSULIF TAB 500MG	\$0 (2)	NDS, NM, PA
BRAFTOVI CAP 50MG	\$0 (2)	NDS, LA, PA
BRAFTOVI CAP 75MG	\$0 (2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$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
CABOMETYX TAB 40MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	\$0 (2)	NDS, QL (30 tabs / 30 days), 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
COTELLIC TAB 20MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NDS, LA, PA
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
IRESSA TAB 250MG	\$0 (2)	NDS, 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
LENVIMA CAP 4MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 8 MG	\$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
LENVIMA CAP 10 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 12MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NDS, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NDS, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NDS, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NDS, NM, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NDS, 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, NM, PA
SUTENT CAP 25MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 50MG	\$0 (2)	NDS, NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	\$0 (2)	NDS, LA, PA
TAGRISSO TAB 80MG	\$0 (2)	NDS, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0 (2)	NDS, PA
TASIGNA CAP 150MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0 (2)	NDS, NM, PA
TYKERB TAB 250MG	\$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
ZELBORAF TAB 240MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NDS, LA, PA

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ZYDELIG TAB 150MG	\$0 (2)	NDS, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NDS, NM, PA
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NDS, PA
LONSURF TAB 20-8.19	\$0 (2)	NDS, PA
MATULANE CAP 50MG	\$0 (2)	NDS, LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	\$0 (1)	B/D, NM
SYLATRON KIT 200MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0 (2)	NDS, NM, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	NDS
TRISENOX INJ 12MG/6ML	\$0 (2)	NDS, B/D
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (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>dexrazoxane for inj 250 mg</i>	\$0 (2)	NDS, B/D
<i>dexrazoxane for inj 500 mg</i>	\$0 (2)	NDS, B/D
ELITEK INJ 1.5MG	\$0 (2)	NDS, B/D
ELITEK INJ 7.5MG	\$0 (2)	NDS, B/D
<i>leucovorin calcium for inj 50 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (1)	B/D

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<i>leucovorin calcium for inj 200 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
LEVOLEUCOVOR INJ 175MG	\$0 (2)	NDS, B/D
LEVOLEUCOVOR SOL 250MG/25	\$0 (2)	NDS, B/D
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	\$0 (2)	NDS, B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	\$0 (2)	NDS, B/D
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	\$0 (1)	B/D
<i>mesna inj 100 mg/ml</i>	\$0 (1)	B/D
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 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>toposar inj 100/5ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	\$0 (2)	NDS, B/D, NM
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	\$0 (2)	NDS, B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	NDS, 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0 (1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tab 5 mg</i>	\$0 (1)	
<i>benazepril hcl tab 10 mg</i>	\$0 (1)	
<i>benazepril hcl tab 20 mg</i>	\$0 (1)	
<i>benazepril hcl tab 40 mg</i>	\$0 (1)	
<i>captopril tab 12.5 mg</i>	\$0 (1)	
<i>captopril tab 25 mg</i>	\$0 (1)	
<i>captopril tab 50 mg</i>	\$0 (1)	
<i>captopril tab 100 mg</i>	\$0 (1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 5 mg</i>	\$0 (1)	
<i>enalapril maleate tab 10 mg</i>	\$0 (1)	
<i>enalapril maleate tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 10 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 20 mg</i>	\$0 (1)	
<i>fosinopril sodium tab 40 mg</i>	\$0 (1)	
<i>lisinopril tab 2.5 mg</i>	\$0 (1)	
<i>lisinopril tab 5 mg</i>	\$0 (1)	
<i>lisinopril tab 10 mg</i>	\$0 (1)	
<i>lisinopril tab 20 mg</i>	\$0 (1)	
<i>lisinopril tab 30 mg</i>	\$0 (1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trandolapril tab 1 mg</i>	\$0 (1)	
<i>trandolapril tab 2 mg</i>	\$0 (1)	
<i>trandolapril tab 4 mg</i>	\$0 (1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	\$0 (1)	
<i>eplerenone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 25 mg</i>	\$0 (1)	
<i>spironolactone tab 50 mg</i>	\$0 (1)	
<i>spironolactone tab 100 mg</i>	\$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	\$0 (1)	
<i>prazosin hcl cap 1 mg</i>	\$0 (1)	
<i>prazosin hcl cap 2 mg</i>	\$0 (1)	
<i>prazosin hcl cap 5 mg</i>	\$0 (1)	
<i>terazosin hcl cap 1 mg (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)	

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

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (1)	
<i>amiodarone hcl tab 100 mg</i>	\$0 (1)	
<i>amiodarone hcl tab 200 mg</i>	\$0 (1)	
<i>amiodarone hcl tab 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<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)	
<i>mexiletine hcl cap 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 200 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 250 mg</i>	\$0 (1)	
MULTAQ TAB 400MG	\$0 (2)	
NORPACE CAP 100MG CR	\$0 (2)	PA; PA if 65 years and older
NORPACE CAP 150MG CR	\$0 (2)	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	\$0 (1)	
<i>pacerone tab 200mg</i>	\$0 (1)	
<i>pacerone tab 400mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (1)	
<i>propafenone hcl tab 150 mg</i>	\$0 (1)	
<i>propafenone hcl tab 225 mg</i>	\$0 (1)	
<i>propafenone hcl tab 300 mg</i>	\$0 (1)	
<i>quinidine gluconate tab er 324 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 200 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 300 mg</i>	\$0 (1)	
<i>sorine tab 80mg</i>	\$0 (1)	
<i>sorine tab 120mg</i>	\$0 (1)	
<i>sorine tab 160mg</i>	\$0 (1)	

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>sorine tab 240mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 240 mg</i>	\$0 (1)	

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 (1)	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 (1)	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 (1)	
<i>lovastatin tab 10 mg</i>	\$0 (1)	
<i>lovastatin tab 20 mg</i>	\$0 (1)	
<i>lovastatin tab 40 mg</i>	\$0 (1)	
<i>pravastatin sodium tab 10 mg</i>	\$0 (1)	
<i>pravastatin sodium tab 20 mg</i>	\$0 (1)	
<i>pravastatin sodium tab 40 mg</i>	\$0 (1)	
<i>pravastatin sodium tab 80 mg</i>	\$0 (1)	
<i>rosuvastatin calcium tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (1)	
<i>simvastatin tab 10 mg</i>	\$0 (1)	
<i>simvastatin tab 20 mg</i>	\$0 (1)	
<i>simvastatin tab 40 mg</i>	\$0 (1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>fenofibrate micronized cap 67 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0 (1)	
<i>fenofibrate tab 48 mg</i>	\$0 (1)	
<i>fenofibrate tab 54 mg</i>	\$0 (1)	
<i>fenofibrate tab 145 mg</i>	\$0 (1)	
<i>fenofibrate tab 160 mg</i>	\$0 (1)	
<i>gemfibrozil tab 600 mg</i>	\$0 (1)	
JUXTAPID CAP 5MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NDS, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	NDS, NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacor tab 500mg</i>	\$0 (1)	
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 (1)	
PRALUENT INJ 75MG/ML	\$0 (2)	NDS, PA
PRALUENT INJ 150MG/ML	\$0 (2)	NDS, PA
<i>prevalite pow 4gm</i>	\$0 (1)	
<i>prevalite pow 4gm pk</i>	\$0 (1)	
VASCEPA CAP 0.5GM	\$0 (2)	
VASCEPA CAP 1GM	\$0 (2)	
WELCHOL PAK 3.75GM	\$0 (2)	
WELCHOL TAB 625MG	\$0 (2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0 (1)	
<i>acebutolol hcl cap 400 mg</i>	\$0 (1)	
<i>atenolol tab 25 mg</i>	\$0 (1)	
<i>atenolol tab 50 mg</i>	\$0 (1)	
<i>atenolol tab 100 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (1)	
BYSTOLIC TAB 2.5MG	\$0 (2)	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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	\$0 (1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0 (1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0 (1)	
<i>nadolol tab 20 mg</i>	\$0 (1)	
<i>nadolol tab 40 mg</i>	\$0 (1)	
<i>nadolol tab 80 mg</i>	\$0 (1)	
<i>pindolol tab 5 mg</i>	\$0 (1)	
<i>pindolol tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (1)	
<i>propranolol hcl inj 1 mg/ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl tab 10 mg</i>	\$0 (1)	
<i>propranolol hcl tab 20 mg</i>	\$0 (1)	
<i>propranolol hcl tab 40 mg</i>	\$0 (1)	
<i>propranolol hcl tab 60 mg</i>	\$0 (1)	
<i>propranolol hcl tab 80 mg</i>	\$0 (1)	
<i>timolol maleate tab 5 mg</i>	\$0 (1)	
<i>timolol maleate tab 10 mg</i>	\$0 (1)	
<i>timolol maleate tab 20 mg</i>	\$0 (1)	

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

<i>afeditab tab 30mg cr</i>	\$0 (1)	
<i>afeditab tab 60mg cr</i>	\$0 (1)	
<i>amlodipine besylate tab 2.5 mg (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)	

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

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>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 30/10ML	\$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/24</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (1)	
<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 65 years and older
<i>digitek tab 0.125mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (1)	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (1)	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i>		

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEKTURNA HCT TAB 150-12.5	\$0 (2)	
TEKTURNA HCT TAB 150-25MG	\$0 (2)	
TEKTURNA HCT TAB 300-12.5	\$0 (2)	
TEKTURNA HCT TAB 300-25MG	\$0 (2)	
TEKTURNA TAB 150MG	\$0 (2)	
TEKTURNA TAB 300MG	\$0 (2)	
<i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (1)	
<i>acetazolamide tab 125 mg</i>	\$0 (1)	
<i>acetazolamide tab 250 mg</i>	\$0 (1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (1)	
<i>amiloride hcl tab 5 mg</i>	\$0 (1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide tab 0.5 mg</i>	\$0 (1)	
<i>bumetanide tab 1 mg</i>	\$0 (1)	
<i>bumetanide tab 2 mg</i>	\$0 (1)	
<i>chlorothiazide tab 250 mg</i>	\$0 (1)	
<i>chlorothiazide tab 500 mg</i>	\$0 (1)	
<i>chlorthalidone tab 25 mg</i>	\$0 (1)	
<i>chlorthalidone tab 50 mg</i>	\$0 (1)	
<i>furosemide inj 10 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0 (1)	
<i>furosemide tab 20 mg</i>	\$0 (1)	
<i>furosemide tab 40 mg</i>	\$0 (1)	
<i>furosemide tab 80 mg</i>	\$0 (1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (1)	
<i>indapamide tab 1.25 mg</i>	\$0 (1)	
<i>indapamide tab 2.5 mg</i>	\$0 (1)	
<i>methazolamide tab 25 mg</i>	\$0 (1)	
<i>methazolamide tab 50 mg</i>	\$0 (1)	
<i>methyclothiazide tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 2.5 mg</i>	\$0 (1)	
<i>metolazone tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 10 mg</i>	\$0 (1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>torsemide tab 5 mg</i>	\$0 (1)	
<i>torsemide tab 10 mg</i>	\$0 (1)	
<i>torsemide tab 20 mg</i>	\$0 (1)	
<i>torsemide tab 100 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0 (1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (1)	
CORLANOR TAB 5MG	\$0 (2)	
CORLANOR TAB 7.5MG	\$0 (2)	
DEMSEER CAP 250MG	\$0 (2)	NDS
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 25 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 50 mg</i>	\$0 (1)	
<i>hydralazine hcl tab 100 mg</i>	\$0 (1)	
<i>midodrine hcl tab 2.5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 10 mg</i>	\$0 (1)	
<i>minoxidil tab 2.5 mg</i>	\$0 (1)	
<i>minoxidil tab 10 mg</i>	\$0 (1)	
NORTHERA CAP 100MG	\$0 (2)	NDS, LA, PA
NORTHERA CAP 200MG	\$0 (2)	NDS, LA, PA
NORTHERA CAP 300MG	\$0 (2)	NDS, LA, PA
RANEXA TAB 500MG	\$0 (2)	
RANEXA TAB 1000MG	\$0 (2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab er 40 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>isosorbide mononitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (1)	
<i>minitran dis 0.1mg/hr</i>	\$0 (1)	
<i>minitran dis 0.2mg/hr</i>	\$0 (1)	
<i>minitran dis 0.4mg/hr</i>	\$0 (1)	
<i>minitran dis 0.6mg/hr</i>	\$0 (1)	
NITRO-BID OIN 2%	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (1)	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADCIRCA TAB 20MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
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
LETAIRIS TAB 5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), 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
REMODULIN INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	\$0 (2)	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	\$0 (2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

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

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTiom TAB 200MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
APTiom TAB 400MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
APTiom TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APTIOM TAB 800MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	NDS, PA
BANZEL TAB 200MG	\$0 (2)	NDS, PA
BANZEL TAB 400MG	\$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	PA
BRIVIACT SOL 10MG/ML	\$0 (2)	NDS, PA
BRIVIACT TAB 10MG	\$0 (2)	NDS, PA
BRIVIACT TAB 25MG	\$0 (2)	NDS, PA
BRIVIACT TAB 50MG	\$0 (2)	NDS, PA
BRIVIACT TAB 75MG	\$0 (2)	NDS, PA
BRIVIACT TAB 100MG	\$0 (2)	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine tab 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	\$0 (2)	
DIASTAT ACDL GEL 12.5-20	\$0 (2)	
DIASTAT PED GEL 2.5M GEL	\$0 (2)	
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<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)	
<i>epitol tab 200mg</i>	\$0 (1)	

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<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)	
FYCOMPA SUS 0.5MG/ML	\$0 (2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (2)	NDS, QL (90 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)
GABITRIL TAB 12MG	\$0 (2)	
GABITRIL TAB 16MG	\$0 (2)	
<i>lamotrigine tab 25 mg</i>	\$0 (1)	
<i>lamotrigine tab 100 mg</i>	\$0 (1)	
<i>lamotrigine tab 150 mg</i>	\$0 (1)	
<i>lamotrigine tab 200 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (1)	

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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>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam tab 250 mg</i>	\$0 (1)	
<i>levetiracetam tab 500 mg</i>	\$0 (1)	
<i>levetiracetam tab 750 mg</i>	\$0 (1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (1)	
LYRICA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	\$0 (2)	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	\$0 (2)	NDS, PA
ONFI TAB 10MG	\$0 (2)	NDS, PA
ONFI TAB 20MG	\$0 (2)	NDS, PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (1)	
PEGANONE TAB 250MG	\$0 (2)	
PHENOBARB INJ 65MG/ML	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
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>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)	
SABRIL TAB 500MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	\$0 (2)	
SPRITAM TAB 500MG	\$0 (2)	
SPRITAM TAB 750MG	\$0 (2)	
SPRITAM TAB 1000MG	\$0 (2)	
TEGRETOL SUS 100/5ML	\$0 (2)	
TEGRETOL TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 100MG	\$0 (2)	
TEGRETOL-XR TAB 200MG	\$0 (2)	
TEGRETOL-XR TAB 400MG	\$0 (2)	
<i>tiagabine hcl tab 2 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (1)	

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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>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)	
<i>vigabatrin powd pack 500 mg</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 (180 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)
<i>zonisamide cap 25 mg</i>	\$0 (1)	
<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 23 mg</i>	\$0 (1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (1)	
<i>memantine hcl 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
NAMENDA XR CAP 7MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	\$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	\$0 (2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (2)	
NAMZARIC CAP 7-10MG	\$0 (2)	
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 21-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (1)	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amitriptyline hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	\$0 (1)	
<i>amoxapine tab 50 mg</i>	\$0 (1)	
<i>amoxapine tab 100 mg</i>	\$0 (1)	
<i>amoxapine tab 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab 75 mg</i>	\$0 (1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	\$0 (1)	
<i>desipramine hcl tab 25 mg</i>	\$0 (1)	
<i>desipramine hcl tab 50 mg</i>	\$0 (1)	
<i>desipramine hcl tab 75 mg</i>	\$0 (1)	
<i>desipramine hcl tab 100 mg</i>	\$0 (1)	
<i>desipramine hcl tab 150 mg</i>	\$0 (1)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)

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)
<i>desvenlafaxine succinate tab er 24hr 100mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (1)	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	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)	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	\$0 (2)	

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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>fluoxetine hcl cap 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>imipramine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 50 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 75 mg</i>	\$0 (1)	
MARPLAN TAB 10MG	\$0 (2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (1)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	\$0 (1)	
<i>mirtazapine tab 45 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 50 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 200 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 25 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (1)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (1)	
<i>paroxetine hcl tab 10 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 5 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (1)	

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<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (1)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	\$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 37.5 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 50 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 75 mg</i>	\$0 (1)	
<i>venlafaxine hcl tab 100 mg</i>	\$0 (1)	
VIIBRYD KIT STARTER	\$0 (2)	
VIIBRYD TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0 (1)	
<i>amantadine hcl tab 100 mg</i>	\$0 (1)	
APOKYN INJ 10MG/ML	\$0 (2)	NDS, NM, LA, PA

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<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0 (1)	
<i>entacapone tab 200 mg</i>	\$0 (1)	
NEUPRO DIS 1MG/24HR	\$0 (2)	
NEUPRO DIS 2MG/24HR	\$0 (2)	
NEUPRO DIS 3MG/24HR	\$0 (2)	
NEUPRO DIS 4MG/24HR	\$0 (2)	
NEUPRO DIS 6MG/24HR	\$0 (2)	
NEUPRO DIS 8MG/24HR	\$0 (2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (1)	

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<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
<i>ABILIFY MAIN INJ 300MG</i>	\$0 (2)	NDS, QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	\$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 (2)	NDS, QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole tab 30 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0 (2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0 (2)	NDS
CHLORPROMAZ INJ 25MG/ML	\$0 (2)	
CHLORPROMAZ INJ 50MG/2ML	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
<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 (2)	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (1)	
<i>clozapine tab 50 mg</i>	\$0 (1)	
<i>clozapine tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0 (2)	
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (1)	

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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 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 (240 tabs / 30 days)
LATUDA TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0 (2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (1)	

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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 25 mg</i>	\$0 (1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (1)	
NUPLAZID CAP 34MG	\$0 (2)	NDS, QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	\$0 (2)	NDS, QL (60 tabs / 30 days), LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (1)	
<i>perphenazine tab 4 mg</i>	\$0 (1)	
<i>perphenazine tab 8 mg</i>	\$0 (1)	
<i>perphenazine tab 16 mg</i>	\$0 (1)	
<i>pimozide tab 1 mg</i>	\$0 (1)	
<i>pimozide tab 2 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)

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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 er 24hr 150 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (2)	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	\$0 (2)	NDS, QL (90 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 (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0 (1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	\$0 (1)	QL (120 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SAPHRIS SUB 2.5MG	\$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	\$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	\$0 (2)	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	\$0 (1)	
<i>thiothixene cap 2 mg</i>	\$0 (1)	
<i>thiothixene cap 5 mg</i>	\$0 (1)	
<i>thiothixene cap 10 mg</i>	\$0 (1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
VERSACLOZ SUS 50MG/ML	\$0 (2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (2)	PA
VRAYLAR CAP 1.5MG	\$0 (2)	NDS, QL (120 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0 (2)	NDS, QL (60 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)
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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (2)	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>eszopiclone tab 1 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0 (2)	NDS, LA, PA
SILENOR TAB 3MG	\$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
<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)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (1)	
<i>migergot sup 2/100</i>	\$0 (2)	NDS
<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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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), LA, PA
AUSTEDO TAB 9MG	\$0 (2)	NDS, QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	\$0 (2)	NDS, QL (120 tabs / 30 days), LA, PA
<i>lithium carbonate cap 150 mg</i>	\$0 (1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
LYRICA CR TAB 82.5MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0 (2)	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

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
AMPYRA TAB 10MG	\$0 (2)	NDS, NM, LA, PA
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
<i>glatopa inj 40mg/ml</i>	\$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
TYSABRI INJ 300/15ML	\$0 (2)	NDS, NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen tab 10 mg</i>	\$0 (1)	
<i>baclofen tab 20 mg</i>	\$0 (1)	
<i>carisoprodol tab 350 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (1)	
<i>methocarbamol tab 500 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	\$0 (1)	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (1)	QL (60 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0 (1)	QL (30 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>armodafinil tab 250 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (1)	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (1)	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 (1)	
CHANTIX PAK 0.5& 1MG	\$0 (2)	PA
CHANTIX PAK 1MG	\$0 (2)	PA
CHANTIX TAB 0.5MG	\$0 (2)	PA
CHANTIX TAB 1MG	\$0 (2)	PA
<i>disulfiram tab 250 mg</i>	\$0 (1)	
<i>disulfiram tab 500 mg</i>	\$0 (1)	
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (1)	
NARCAN SPR	\$0 (2)	
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
SUBOXONE MIS 2-0.5MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	\$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	\$0 (2)	QL (60 SL films / 30 days), PA
VIVITROL INJ 380MG	\$0 (2)	NDS, 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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ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0 (2)	NDS, PA
ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDROGEL GEL 1.62%	\$0 (2)	QL (150 grams / 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 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (1)	QL (300 gm / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
BASAGLAR INJ 100UNIT	\$0 (2)	
BD ULTRAFINE INSULIN SYRINGE	\$0 (2)	
BD ULTRAFINE/NANO PEN NEEDLES	\$0 (2)	
BYDUREON INJ 2MG	\$0 (2)	QL (4 vials / 28 days)
BYDUREON INJ BCISE	\$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)	
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	NDS; KwikPen
HUMULIN R INJ U-500	\$0 (2)	NDS, B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$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
INSULIN SYRINGE	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTUOC	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0 (2)	
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)	
TRULICITY INJ 0.75/0.5	\$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (2)	QL (3 pens / 30 days)
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 (60 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)

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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>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	\$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 2.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	\$0 (2)	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	\$0 (2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (1)	QL (150 tabs / 30 days)

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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>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)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 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)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium tab 5 mg</i>	\$0 (1)	
<i>alendronate sodium tab 10 mg</i>	\$0 (1)	
<i>alendronate sodium tab 35 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	\$0 (1)	
<i>alendronate sodium tab 70 mg</i>	\$0 (1)	QL (4 tabs / 28 days)
<i>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>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SENSIPAR TAB 60MG	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	NDS
JADENU SPRKL GRA 90MG	\$0 (2)	NDS, LA, PA
JADENU SPRKL GRA 180MG	\$0 (2)	NDS, LA, PA
JADENU SPRKL GRA 360MG	\$0 (2)	NDS, LA, PA
JADENU TAB 90MG	\$0 (2)	NDS, LA, PA
JADENU TAB 180MG	\$0 (2)	NDS, LA, PA
JADENU TAB 360MG	\$0 (2)	NDS, LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (1)	
SYPRINE CAP 250MG	\$0 (2)	NDS
<i>trientine hcl cap 250 mg</i>	\$0 (2)	NDS
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>alyacen tab 1/35</i>	\$0 (1)	
<i>apri tab</i>	\$0 (1)	
<i>aranelle tab</i>	\$0 (1)	
<i>aubra tab 0.1-0.02</i>	\$0 (1)	
<i>aviane tab</i>	\$0 (1)	
<i>balziva tab</i>	\$0 (1)	
<i>bekyree tab</i>	\$0 (1)	
<i>blisovi fe tab 1.5/30</i>	\$0 (1)	
<i>blisovi fe tab 1/20</i>	\$0 (1)	
<i>brielllyn tab</i>	\$0 (1)	
<i>camila tab 0.35mg</i>	\$0 (1)	
<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>delyla tab 0.1-0.02</i>	\$0 (1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (1)	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	\$0 (1)	

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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>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</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)	
ELLA TAB 30MG	\$0 (2)	
<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>falmina tab</i>	\$0 (1)	
<i>femynor tab 0.25-35</i>	\$0 (1)	
<i>gildagia tab 0.4-35</i>	\$0 (1)	
<i>heather tab 0.35mg</i>	\$0 (1)	
<i>incassia tab 0.35mg</i>	\$0 (1)	
<i>introvale tab</i>	\$0 (1)	
<i>isibloom tab</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 tab 1.5/30</i>	\$0 (1)	
<i>junel fe tab 1/20</i>	\$0 (1)	
<i>kariva tab 28 day</i>	\$0 (1)	
<i>kelnor 1/50 tab</i>	\$0 (1)	
<i>kelnor tab 1/35</i>	\$0 (1)	
<i>kimidess tab</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>lessina tab</i>	\$0 (1)	
<i>levonest tab</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>mili tab 0.25/35</i>	\$0 (1)	
<i>mononessa tab</i>	\$0 (1)	
<i>myzilra tab</i>	\$0 (1)	
<i>necon tab 0.5/35</i>	\$0 (1)	
<i>necon tab 7/7/7</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 & mestranol tab 1 mg-50 mcg</i>	\$0 (1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (1)	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	\$0 (1)	
<i>norlyroc tab 0.35mg</i>	\$0 (1)	
<i>nortrel tab 0.5/35</i>	\$0 (1)	
<i>nortrel tab 1/35</i>	\$0 (1)	
<i>nortrel tab 7/7/7</i>	\$0 (1)	
NUVARING MIS	\$0 (2)	
<i>orsythia tab</i>	\$0 (1)	
<i>philith tab 0.4-35</i>	\$0 (1)	
<i>pimtrea tab</i>	\$0 (1)	
<i>pirmella tab 1/35</i>	\$0 (1)	
<i>portia-28 tab</i>	\$0 (1)	
<i>previfem tab</i>	\$0 (1)	
<i>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
<i>tarina fe tab 1/20</i>	\$0 (1)	
<i>tri-legest tab fe</i>	\$0 (1)	
<i>tri-lo- tab sprintec</i>	\$0 (1)	
<i>tri-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>trinessa lo tab</i>	\$0 (1)	
<i>trinessa tab</i>	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>tulana tab 0.35mg</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>vestura tab 3-0.02mg</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	
<i>viorele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>vylibra tab 0.25-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zenchent tab</i>	\$0 (1)	
<i>zovia 1/35e tab</i>	\$0 (1)	
<i>zovia 1/50e tab</i>	\$0 (1)	

ENDOMETRIOSIS

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>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		
ADAGEN INJ 250/ML	\$0 (2)	NDS, LA, PA
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 inj 200 mg/ml</i>	\$0 (1)	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0 (1)	B/D
LUMIZYME INJ 50MG	\$0 (2)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0 (2)	NDS, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NDS, NM, PA
ZAVESCA CAP 100MG	\$0 (2)	NDS, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0 (2)	
<i>estradiol tab 0.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (2)	PA; PA if 65 years and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0 (1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (1)	
<i>jinteli tab 1mg-5mcg</i>	\$0 (2)	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (2)	PA; PA if 65 years and older
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate tab 25 mg</i>	\$0 (1)	
DEXAMETHASON CON 1MG/ML	\$0 (2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (1)	
<i>dexamethasone tab 1 mg</i>	\$0 (1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 2 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
<i>PREDNISON CON 5MG/ML</i>	\$0 (2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (1)	B/D
<i>prednisone tab 1 mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 10 mg</i>	\$0 (1)	B/D
<i>prednisone tab 20 mg</i>	\$0 (1)	B/D
<i>prednisone tab 50 mg</i>	\$0 (1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOLU-CORTEF INJ 250MG	\$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
PROGLYCEM SUS 50MG/ML	\$0 (2)	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 10/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 15/1.5ML	\$0 (2)	NDS, NM, PA
NORDITROPIN INJ 30/3ML	\$0 (2)	NDS, NM, PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	B/D
FORTEO SOL 600/2.4	\$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
MIACALCIN INJ 200/ML	\$0 (2)	NDS, B/D
NATPARA INJ 25MCG	\$0 (2)	NDS, PA
NATPARA INJ 50MCG	\$0 (2)	NDS, PA
NATPARA INJ 75MCG	\$0 (2)	NDS, PA
NATPARA INJ 100MCG	\$0 (2)	NDS, 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
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SANDOSTATIN KIT LAR 10MG	\$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
SANDOSTATIN KIT LAR 20MG	\$0 (2)	NDS, NM, PA
SANDOSTATIN KIT LAR 30MG	\$0 (2)	NDS, NM, PA
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, PA
SOMATULINE INJ 90/0.3ML	\$0 (2)	NDS, 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
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 (1)	QL (540 packs / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	\$0 (1)	QL (180 packs / 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>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)	

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

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SYNTHROID TAB 150MCG	\$0 (2)	
SYNTHROID TAB 175MCG	\$0 (2)	
SYNTHROID TAB 200MCG	\$0 (2)	
SYNTHROID TAB 300MCG	\$0 (2)	
<i>unithroid tab 25mcg</i>	\$0 (1)	
<i>unithroid tab 50mcg</i>	\$0 (1)	
<i>unithroid tab 75mcg</i>	\$0 (1)	
<i>unithroid tab 88mcg</i>	\$0 (1)	
<i>unithroid tab 100mcg</i>	\$0 (1)	
<i>unithroid tab 112mcg</i>	\$0 (1)	
<i>unithroid tab 125mcg</i>	\$0 (1)	
<i>unithroid tab 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)	NM
<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		
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>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 0.1 mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 (1)	
<i>meclizine hcl tab 25 mg</i>	\$0 (1)	
<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>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 5 mg/ml</i>	\$0 (1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	\$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>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 20 mg</i>	\$0 (1)
<i>famotidine tab 40 mg</i>	\$0 (1)
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	\$0 (2)	
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	NDS
CANASA SUP 1000MG	\$0 (2)	
DELZICOL CAP 400MG	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
<i>mesalamine enema 4 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>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (1)	
<i>mesalamine tab delayed release 800 mg</i>	\$0 (1)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (1)	
LAXATIVES		
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>enulose sol 10gm/15</i>	\$0 (1)	
<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)	
GOLYTELY SOL	\$0 (2)	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
MOVIPREP SOL	\$0 (2)	
NULYTELY SOL FLAV PKS	\$0 (2)	
<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>polyethylene glycol 3350 oral packet</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral powder</i>	\$0 (1)	
SUPREP BOWEL SOL PREP KIT	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	NDS, PA
AMITIZA CAP 8MCG	\$0 (2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (1)	
GATTEX KIT 5MG	\$0 (2)	NDS, NM, LA, PA
LINZESS CAP 72MCG	\$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	\$0 (2)	QL (30 caps / 30 days)

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>loperamide hcl cap 2 mg</i>	\$0 (1)	
<i>misoprostol tab 100 mcg</i>	\$0 (1)	
<i>misoprostol tab 200 mcg</i>	\$0 (1)	
MOVANTIK TAB 12.5MG	\$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0 (2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0 (2)	NDS, PA
<i>sucralfate tab 1 gm</i>	\$0 (1)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	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)	
ZENPEP CAP 40000UNT	\$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	\$0 (1)	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	\$0 (1)	
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (1)	QL (30 caps / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>omeprazole cap delayed release 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<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)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

MYRBETRIQ TAB 25MG	\$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	
<i>tolterodine tartrate tab 2 mg</i>	\$0 (1)	
TOVIAZ TAB 4MG	\$0 (2)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOVIAZ TAB 8MG	\$0 (2)	QL (30 tabs / 30 days)
<i>trosipium chloride tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
VESICARE TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
VESICARE TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>VAGINAL ANTI-INFECTIVES</i>		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
<i>metronidazole vaginal gel 0.75%</i>	\$0 (1)	
<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		
<i>ANTICOAGULANTS - BLOOD THINNERS</i>		
COUMADIN TAB 1MG	\$0 (2)	
COUMADIN TAB 2.5MG	\$0 (2)	
COUMADIN TAB 2MG	\$0 (2)	
COUMADIN TAB 3MG	\$0 (2)	
COUMADIN TAB 4MG	\$0 (2)	
COUMADIN TAB 5MG	\$0 (2)	
COUMADIN TAB 6MG	\$0 (2)	
COUMADIN TAB 7.5MG	\$0 (2)	
COUMADIN TAB 10MG	\$0 (2)	
ELIQUIS ST P TAB 5MG	\$0 (2)	
ELIQUIS TAB 2.5MG	\$0 (2)	
ELIQUIS TAB 5MG	\$0 (2)	
<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)	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (2)	NDS, NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	NDS, NM
HEP SOD/NACL INJ 25000UNT	\$0 (2)	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	\$0 (2)	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	\$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
HEPARIN/NACL 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)	
PRADAXA CAP 110MG	\$0 (2)	
PRADAXA CAP 150MG	\$0 (2)	
<i>warfarin sodium tab 1 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 3 mg</i>	\$0 (1)	
<i>warfarin sodium tab 4 mg</i>	\$0 (1)	
<i>warfarin sodium tab 5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 6 mg</i>	\$0 (1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 10 mg</i>	\$0 (1)	
XARELTO STAR TAB 15/20MG	\$0 (2)	
XARELTO TAB 10MG	\$0 (2)	
XARELTO TAB 15MG	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 20MG	\$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NDS, NM, PA
MOZOBIL INJ	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NDS, NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA
PROCRIT INJ 20000/ML	\$0 (2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NDS, NM, PA
IRON		
DUOFER TAB 28MG	\$0 (3)	NM; *
<i>ezfe 200 cap 200mg</i>	\$0 (3)	NM; *
FER-IN-SOL DRO 15MG/ML	\$0 (3)	NM; *
FERAHEME INJ 510/17ML	\$0 (3)	NM; *
<i>ferate tab 27mg</i>	\$0 (3)	NM; *
FERGON TAB 27MG	\$0 (3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0 (3)	NM; *
<i>ferosul tab 325mg</i>	\$0 (3)	NM; *
FERRETTES IPS SOL	\$0 (3)	NM; *
FERRETTES TAB 325MG	\$0 (3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0 (3)	NM; *
FERRIMIN 150 TAB	\$0 (3)	NM; *
FERRLECIT INJ 12.5MG/M	\$0 (3)	NM; *
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0 (3)	NM; *
FERROUS GLUC TAB 324MG	\$0 (3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	\$0 (3)	NM; *
FERROUS SULF TAB 140MG	\$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	\$0 (3)	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (3)	NM; *
<i>ferrousul tab 325mg</i>	\$0 (3)	NM; *
FOLGARD TAB	\$0 (3)	NM; *
FOLITAB 500 TAB	\$0 (3)	NM; *
<i>gnp iron tab 45mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 65mg</i>	\$0 (3)	NM; *
I.L.X. B-12 ELX	\$0 (3)	NM; *
<i>iferex 150 cap</i>	\$0 (3)	NM; *
INFED INJ 50MG/ML	\$0 (3)	NM; *
INJECTAFER INJ 750/15ML	\$0 (3)	NM; *
INTEGRA CAP	\$0 (3)	NM; *
<i>iron 100 tab plus</i>	\$0 (3)	NM; *
<i>iron 100/c tab 100-250</i>	\$0 (3)	NM; *
NOVAFERRUM CAP 50MG	\$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0 (3)	NM; *
NOVAFERRUM LIQ 125	\$0 (3)	NM; *
PROFE CAP 180MG	\$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	\$0 (3)	NM; *
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0 (3)	NM; *
TANDEM CAP	\$0 (3)	NM; *
VENOFER INJ 20MG/ML	\$0 (3)	NM; *
<i>wee care sus 15/1.25</i>	\$0 (3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (1)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (1)	
<i>cilostazol tab 50 mg</i>	\$0 (1)	
<i>cilostazol tab 100 mg</i>	\$0 (1)	
CINRYZE SOL 500 UNIT	\$0 (2)	NDS, QL (20 vials / 30 days), NM, LA, PA
ENDARI POW 5GM	\$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	\$0 (2)	NDS, QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	\$0 (2)	NDS, QL (20 vials / 30 days), LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA TAB 12.5MG	\$0 (2)	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	NDS, QL (90 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)	
ZONTIVITY TAB 2.08MG	\$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10/0.1ML	\$0 (2)	NDS, QL (2 syringes / 28 days), 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 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	\$0 (2)	NDS, QL (6 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0 (2)	NDS, QL (6 pens / 28 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
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, PA
HUMIRA PEN KIT PS/UV	\$0 (2)	NDS, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NDS, 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), PA
XELJANZ XR TAB 11MG	\$0 (2)	NDS, QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 6GM	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 12GM	\$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
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 S/D 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 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$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
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
PRIVIGEN INJ 5 GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0 (2)	NDS, NM, PA
IMMUNOMODULATORS		
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
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ 100MG	\$0 (2)	B/D
<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, 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (1)	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
RAPAMUNE SOL 1MG/ML	\$0 (2)	NDS, B/D
SANDIMMUNE SOL 100MG/ML	\$0 (2)	B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 1 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 2 mg</i>	\$0 (2)	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
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)	
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA 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)	
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SHINGRIX INJ 50MCG	\$0 (2)	QL (2 vials per lifetime)
SYNAGIS INJ 50MG	\$0 (2)	NDS, NM
SYNAGIS INJ 100MG/ML	\$0 (2)	NDS, NM
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	
VAQTA INJ 25/0.5ML	\$0 (2)	
VAQTA INJ 50UNT/ML	\$0 (2)	
VARIVAX INJ	\$0 (2)	
YF-VAX INJ	\$0 (2)	
ZOSTAVAX INJ	\$0 (2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8 tab 8meq er</i>	\$0 (1)	
<i>klor-con 10 tab 10meq er</i>	\$0 (1)	
KLOR-CON M15 TAB 15MEQ ER	\$0 (2)	
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
MG SO4/D5W INJ 20MG/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 cys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated cys 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)	
<i>tpn electrol inj</i>	\$0 (2)	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	\$0 (2)	B/D
AMINOSYN II INJ 8.5%	\$0 (2)	B/D
<i>aminosyn ii inj 8.5/lyte</i>	\$0 (2)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D
AMINOSYN INJ 8.5%	\$0 (2)	B/D
<i>aminosyn inj 8.5/lyte</i>	\$0 (2)	B/D
AMINOSYN INJ 10%	\$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMINOSYN M INJ 3.5%	\$0 (2)	B/D
AMINOSYN-HBC INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 10%	\$0 (2)	B/D
AMINOSYN-RF INJ 5.2%	\$0 (2)	B/D
CLINIMIX INJ 2.75/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D10	\$0 (2)	B/D
CLINIMIX INJ 4.25/D20	\$0 (2)	B/D
CLINIMIX INJ 4.25/D25	\$0 (2)	B/D
CLINIMIX INJ 5%/D15W	\$0 (2)	B/D
CLINIMIX INJ 5%/D20W	\$0 (2)	B/D
CLINIMIX INJ 5%/D25W	\$0 (2)	B/D
<i>fat emulsion iv soln 20%</i>	\$0 (2)	B/D
FREAMINE HBC INJ 6.9%	\$0 (2)	B/D
FREAMINE III INJ 10%	\$0 (2)	B/D
<i>hepatamine sol 8%</i>	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D
PREMASOL SOL 10%	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
TRAVASOL INJ 10%	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0 (2)	
D5W/NACL INJ 0.3%	\$0 (2)	
D10W/NACL INJ 0.2%	\$0 (2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% in lactated ringers</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (1)	
<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)	
IONOSOL-MB INJ /D5W	\$0 (2)	

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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 0.33% 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)	
NORMOSOL -R INJ /D5W	\$0 (2)	
NORMOSOL-R INJ PH 7.4	\$0 (2)	
PLASMA-LYTE INJ -148	\$0 (2)	
PLASMA-LYTE INJ -A	\$0 (2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	
<i>potassium chloride inj 10 meq/50ml</i>	\$0 (1)	
<i>potassium chloride inj 10 meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 20 meq/50ml</i>	\$0 (1)	
<i>potassium chloride inj 20 meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 40 meq/100ml</i>	\$0 (1)	
<i>ringer's solution</i>	\$0 (1)	
<i>sodium chloride inj 0.45%</i>	\$0 (1)	
<i>sodium chloride inj 3%</i>	\$0 (1)	
<i>sodium chloride inj 5%</i>	\$0 (1)	
<i>sodium chloride iv soln 0.9%</i>	\$0 (1)	

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

ADULT 50+ CAP OCUVITE	\$0 (3)	NM; *
<i>animal chews chw</i>	\$0 (3)	NM; *
<i>animal shape chw</i>	\$0 (3)	NM; *
<i>animal shape chw iron</i>	\$0 (3)	NM; *
<i>antioxidant tab vitamins</i>	\$0 (3)	NM; *
APATATE FORT LIQ	\$0 (3)	NM; *
APATATE LIQ	\$0 (3)	NM; *
AQUADEKS CHW	\$0 (3)	NM; *
<i>aquadeks dro</i>	\$0 (3)	NM; *
AQUASOL A INJ 50000/ML	\$0 (3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0 (3)	NM; *
<i>ascorbic acid cap er 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid chew tab 250 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid chew tab 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 250 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0 (3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0 (3)	NM; *
<i>b-complex vitamin tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c & calcium tab</i>	\$0 (3)	NM; *
<i>b-complex w/ c tab</i>	\$0 (3)	NM; *
<i>balanc b-50 tab</i>	\$0 (3)	NM; *
<i>balanc b-100 tab 100mg</i>	\$0 (3)	NM; *
<i>biotin cap 5 mg</i>	\$0 (3)	NM; *
<i>biotin tab 300 mcg</i>	\$0 (3)	NM; *
<i>brewers yeast tab</i>	\$0 (3)	NM; *
<i>c 250 tab</i>	\$0 (3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0 (3)	NM; *
<i>calciferol dro 8000/ml</i>	\$0 (3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0 (1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0 (1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0 (1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (1)	B/D
<i>centamin liq</i>	\$0 (3)	NM; *
CENTRUM CHW	\$0 (3)	NM; *
CENTRUM CHW SILVER	\$0 (3)	NM; *
<i>centrum kids chw complete</i>	\$0 (3)	NM; *
CENTRUM SPEC TAB ENERGY	\$0 (3)	NM; *
CENTRUM SPEC TAB HEART	\$0 (3)	NM; *
CENTRUM SPEC TAB VISION	\$0 (3)	NM; *
CENTRUM TAB SILVER	\$0 (3)	NM; *
CENTRUM TAB ULTRA	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>century tab</i>	\$0 (3)	NM; *
<i>century tab mature</i>	\$0 (3)	NM; *
<i>certa plus tab</i>	\$0 (3)	NM; *
<i>certavite liq antioxi</i>	\$0 (3)	NM; *
CERTAVITE TAB SENIOR	\$0 (3)	NM; *
<i>certavite/ tab antioxi</i>	\$0 (3)	NM; *
<i>child chew chw iron</i>	\$0 (3)	NM; *
<i>child chew chw vitamins</i>	\$0 (3)	NM; *
<i>child chew/ chw extra c</i>	\$0 (3)	NM; *
<i>childrens chw /iron</i>	\$0 (3)	NM; *
CHILDRENS CHW COMPLETE	\$0 (3)	NM; *
<i>cholecalciferol cap 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 2000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 5000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol cap 10000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol oral liquid 400 unit/ml</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 400 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 1000 unit</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 2000 unit</i>	\$0 (3)	NM; *
<i>cod liver oil cap</i>	\$0 (3)	NM; *
COD LIVER OIL OIL	\$0 (3)	NM; *
<i>compete tab</i>	\$0 (3)	NM; *
<i>complete tab</i>	\$0 (3)	NM; *
<i>complete tab senior</i>	\$0 (3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 100 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 250 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 500 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab 1000 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab er 1000 mcg</i>	\$0 (3)	NM; *
<i>cyanocobalamin tab er 2000 mcg</i>	\$0 (3)	NM; *
<i>d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0 (3)	NM; *
<i>d 400 tab 400unit</i>	\$0 (3)	NM; *
<i>d-vita liq 400unit</i>	\$0 (3)	NM; *
<i>daily tab vitamin</i>	\$0 (3)	NM; *
<i>daily vit tab</i>	\$0 (3)	NM; *
<i>daily vit tab +iron</i>	\$0 (3)	NM; *
<i>daily vit tab +mineral</i>	\$0 (3)	NM; *
DECARA CAP 25000UNT	\$0 (3)	NM; *
<i>decara cap 50000unt</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>ecee plus tab</i>	\$0 (3)	NM; *
ELDERTONIC ELX	\$0 (3)	NM; *
<i>ergocalciferol soln 8000 unit/ml</i>	\$0 (3)	NM; *
<i>essentl one tab daily</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; *
<i>geriaton liq</i>	\$0 (3)	NM; *
<i>gnp century tab ultimate</i>	\$0 (3)	NM; *
<i>gnp healthy tab eyes</i>	\$0 (3)	NM; *
<i>gnp little chw ones</i>	\$0 (3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0 (3)	NM; *
<i>healthy eyes tab</i>	\$0 (3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	\$0 (3)	NM; *
<i>icaps cap</i>	\$0 (3)	NM; *
<i>icaps lutein cap /omega-3</i>	\$0 (3)	NM; *
<i>icaps mv tab</i>	\$0 (3)	NM; *
ICAPS PLUS TAB	\$0 (3)	NM; *
INFUVITE INJ	\$0 (3)	NM; *
INFUVITE INJ ADULT	\$0 (3)	NM; *
INFUVITE INJ PEDIATRI	\$0 (3)	NM; *
<i>lipoflavovit tab</i>	\$0 (3)	NM; *
M.V.I PEDIAT INJ	\$0 (3)	NM; *
M.V.I-12 W/O INJ VIT K	\$0 (3)	NM; *
M.V.I. ADULT INJ	\$0 (3)	NM; *
<i>mega multi tab men</i>	\$0 (3)	NM; *
<i>mega multi tab women</i>	\$0 (3)	NM; *
MEGA MULTIVI TAB MEN	\$0 (3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0 (3)	NM; *
MEPHYTON TAB 5MG	\$0 (3)	NM; *
<i>mult vitamin tab essent</i>	\$0 (3)	NM; *
<i>mult vitamin tab mens</i>	\$0 (3)	NM; *
<i>mult vitamin tab womens</i>	\$0 (3)	NM; *
<i>multi-delyn liq</i>	\$0 (3)	NM; *
MULTI-DELYN LIQ /IRON	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multiple vitamins w/ minerals tab</i>	\$0 (3)	NM; *
MYKIDZ IRON SUS 10MG/2ML	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>niacin cap 500mg</i>	\$0 (3)	NM; *
<i>niacin cap er 250 mg</i>	\$0 (3)	NM; *
<i>niacin cap er 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 500 mg</i>	\$0 (3)	NM; *
<i>niacinamide tab 500 mg</i>	\$0 (3)	NM; *
NIVA-PLUS TAB	\$0 (1)	
O-CAL FA TAB	\$0 (1)	
<i>ocuvite tab lutein</i>	\$0 (3)	NM; *
<i>once daily tab</i>	\$0 (3)	NM; *
<i>once daily tab iron</i>	\$0 (3)	NM; *
ONCOVITE TAB	\$0 (3)	NM; *
<i>one daily tab</i>	\$0 (3)	NM; *
<i>one daily tab maximum</i>	\$0 (3)	NM; *
<i>one daily tab mens</i>	\$0 (3)	NM; *
<i>one daily tab mens 50+</i>	\$0 (3)	NM; *
<i>one daily tab pls iron</i>	\$0 (3)	NM; *
<i>one daily tab plus iro</i>	\$0 (3)	NM; *
<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; *
PNV FOLIC AC TAB + IRON	\$0 (1)	
PNV PRENATAL TAB PLUS	\$0 (1)	
<i>poly-vita dro</i>	\$0 (3)	NM; *
<i>poly-vita dro /iron</i>	\$0 (3)	NM; *
<i>polyvitamin dro /iron</i>	\$0 (3)	NM; *
PORENAL+D CAP OMEGA 3	\$0 (3)	NM; *
PRENATAL TAB 27-1MG	\$0 (1)	
PRENATAL TAB PLUS	\$0 (1)	
PRENATAL VIT TAB LOW IRON	\$0 (1)	
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	\$0 (1)	
PREPLUS TAB 27-1MG	\$0 (1)	
PRESERVISION CAP AREDS	\$0 (3)	NM; *
PRESERVISION CAP LUTEIN	\$0 (3)	NM; *
PRESERVISION TAB AREDS	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRORENAL +D TAB	\$0 (3)	NM; *
PRORENAL+D CAP OMEGA-3	\$0 (3)	NM; *
PRORENAL+D TAB	\$0 (3)	NM; *
<i>prosight tab</i>	\$0 (3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 25 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 50 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 100 mg</i>	\$0 (3)	NM; *
RAYALDEE CAP 30MCG	\$0 (2)	NDS
<i>risanoid tab plus</i>	\$0 (3)	NM; *
<i>sentry tab</i>	\$0 (3)	NM; *
<i>sentry tab senior</i>	\$0 (3)	NM; *
<i>sm complete tab 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>superplex-t tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0 (3)	NM; *
<i>tab-a-vite tab beta car</i>	\$0 (3)	NM; *
<i>tab-a-vite tab maximum</i>	\$0 (3)	NM; *
THERA M PLUS TAB	\$0 (3)	NM; *
<i>thera tab</i>	\$0 (3)	NM; *
THERA TAB	\$0 (3)	NM; *
<i>thera-m tab</i>	\$0 (3)	NM; *
THERA-M TAB	\$0 (3)	NM; *
<i>therapeutic tab</i>	\$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; *
<i>total b/c tab</i>	\$0 (3)	NM; *
TRI-VI-SOL SOL	\$0 (3)	NM; *
<i>tri-vita sol</i>	\$0 (3)	NM; *
TRICARE TAB PRENATAL	\$0 (1)	
<i>vitamin a cap 10000 unit</i>	\$0 (3)	NM; *
<i>vitamin c tab 500mg</i>	\$0 (3)	NM; *
<i>vitamin d3 cap 10000unt</i>	\$0 (3)	NM; *
<i>vitamin d3 dro 400unit</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>vitamin d3 tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0 (3)	NM; *
VITAMIN D TAB 400UNIT	\$0 (3)	NM; *
<i>vitamin d tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0 (3)	NM; *
VOL-PLUS TAB	\$0 (1)	
<i>womens one tab daily</i>	\$0 (3)	NM; *
ZINC LOZ	\$0 (3)	NM; *
<i>zoo friends chw</i>	\$0 (3)	NM; *
ZOO FRIENDS CHW COMPLETE	\$0 (3)	NM; *
<i>zoo friends chw extra c</i>	\$0 (3)	NM; *
<i>zoo friends chw gummies</i>	\$0 (3)	NM; *
<i>zoo friends chw pls iron</i>	\$0 (3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (1)	
NATACYN SUS 5% OP	\$0 (2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
<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)	
<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)	
LOTEMAX SUS 0.5%	\$0 (2)	
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

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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>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
LASTACFT SOL 0.25%	\$0 (2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (1)	
PAZEO DRO 0.7%	\$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)	
<i>metipranolol ophth soln 0.3%</i>	\$0 (1)	
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)	
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)	
TRAVATAN Z DRO 0.004%	\$0 (2)	
MISCELLANEOUS		
CYSTARAN SOL 0.44%	\$0 (2)	NDS, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESTASIS EMU 0.05%	\$0 (2)	QL (64 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0 (2)	QL (1 bottle / 30 days)
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (1)	B/D
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		
<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>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (1)	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (1)	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (2)	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (1)	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (1)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (1)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0 (1)	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (1)	B/D
<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)
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
DALIRESP TAB 250MCG	\$0 (2)	
DALIRESP TAB 500MCG	\$0 (2)	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0 (2)	NDS, PA
ESBRIET TAB 267MG	\$0 (2)	NDS, PA
ESBRIET TAB 801MG	\$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
OFEV CAP 100MG	\$0 (2)	NDS, PA
OFEV CAP 150MG	\$0 (2)	NDS, 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
SYMDEKO TAB 100-150	\$0 (2)	NDS, 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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
ARNUITY ELPT INH 50MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (1)	B/D
FLOVENT DISK AER 50MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0 (2)	QL (2 inhalers / 30 days)
<i>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</i>		
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)
<i>XANTHINES - DRUGS TO TREAT COPD</i>		
<i>aminophylline inj 25 mg/ml</i>	\$0 (1)	
THEO-24 CAP 100MG CR	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 100 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 200 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (1)	

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

<i>amnesteeem cap 10mg</i>	\$0 (1)	PA
<i>amnesteeem cap 20mg</i>	\$0 (1)	PA
<i>amnesteeem cap 40mg</i>	\$0 (1)	PA
<i>avita cre 0.025%</i>	\$0 (1)	PA
<i>avita gel 0.025%</i>	\$0 (1)	PA
<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>clindacin-p pad 1%</i>	\$0 (1)	
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	
<i>clindamycin phosphate lotion 1%</i>	\$0 (1)	
<i>clindamycin phosphate soln 1%</i>	\$0 (1)	
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	
<i>erythromycin gel 2%</i>	\$0 (1)	
<i>erythromycin pads 2%</i>	\$0 (1)	
<i>erythromycin soln 2%</i>	\$0 (1)	
<i>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>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (1)	
<i>tretinoin cream 0.1%</i>	\$0 (1)	PA
<i>tretinoin cream 0.05%</i>	\$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin cream 0.025%</i>	\$0 (1)	PA
<i>tretinoin gel 0.01%</i>	\$0 (1)	PA
<i>tretinoin gel 0.025%</i>	\$0 (1)	PA
<i>zenatane cap 10mg</i>	\$0 (1)	PA
<i>zenatane cap 20mg</i>	\$0 (1)	PA
<i>zenatane cap 30mg</i>	\$0 (1)	PA
<i>zenatane cap 40mg</i>	\$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0 (1)	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	\$0 (1)	
<i>mupirocin oint 2%</i>	\$0 (1)	
<i>silver sulfadiazine cream 1%</i>	\$0 (1)	
<i>ssd cre 1%</i>	\$0 (1)	
<i>SULFAMYLON CRE 85MG/GM</i>	\$0 (2)	
<i>SULFAMYLON PAK 5%</i>	\$0 (2)	NDS
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	\$0 (1)	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox shampoo 1%</i>	\$0 (1)	
<i>clotrimazole cream 1%</i>	\$0 (1)	
<i>clotrimazole soln 1%</i>	\$0 (1)	
<i>ketconazole cream 2%</i>	\$0 (1)	
<i>nyamyc pow 100000</i>	\$0 (1)	
<i>nystatin cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin oint 100000 unit/gm</i>	\$0 (1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 25 mg</i>	\$0 (2)	NDS, PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	
<i>tazarotene cream 0.1%</i>	\$0 (1)	PA
<i>TAZORAC CRE 0.05%</i>	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>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)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (1)	
<i>desoximetasone cream 0.05%</i>	\$0 (1)	
<i>desoximetasone cream 0.25%</i>	\$0 (1)	
<i>desoximetasone gel 0.05%</i>	\$0 (1)	
<i>desoximetasone oint 0.05%</i>	\$0 (1)	
<i>desoximetasone oint 0.25%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (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)	
<i>fluocinonide cream 0.05%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (1)	
<i>fluocinonide gel 0.05%</i>	\$0 (1)	
<i>fluocinonide soln 0.05%</i>	\$0 (1)	
<i>fluticasone propionate cream 0.05%</i>	\$0 (1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	
<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hydrocortisone butyrate cream 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate oint 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate soln 0.1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 1%</i>	\$0 (1)	
<i>hydrocortisone oint 2.5%</i>	\$0 (1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (1)	
<i>hydrocortisone valerate oint 0.2%</i>	\$0 (1)	
<i>mometasone furoate cream 0.1%</i>	\$0 (1)	
<i>mometasone furoate oint 0.1%</i>	\$0 (1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (1)	
TEXACORT SOL 2.5%	\$0 (2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	\$0 (1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl 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 oint 5%</i>	\$0 (1)	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
<i>doxepin hcl cream 5%</i>	\$0 (1)	
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>imiquimod cream 5%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (1)	
<i>metronidazole cream 0.75%</i>	\$0 (1)	
<i>metronidazole gel 0.75%</i>	\$0 (1)	
<i>metronidazole lotion 0.75%</i>	\$0 (1)	
PANRETIN GEL 0.1%	\$0 (2)	NDS
PICATO GEL 0.05%	\$0 (2)	
PICATO GEL 0.015%	\$0 (2)	
<i>podofilox soln 0.5%</i>	\$0 (1)	
<i>procto-med cre hc 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
<i>rosadan cre 0.75%</i>	\$0 (1)	
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NDS, NM, PA
VALCHLOR GEL 0.016%	\$0 (2)	NDS, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	NDS, PA
SANTYL OIN 250/GM	\$0 (2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole troche 10 mg</i>	\$0 (1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (1)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (1)	
<i>periogard sol 0.12%</i>	\$0 (1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	
<i>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</i>		
<i>acetic acid otic soln 2%</i>	\$0 (1)	
CIPRODEX SUS 0.3-0.1%	\$0 (2)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
<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)	
<u>PART B</u>		
<i>DIABETIC METERS AND TEST STRIPS</i>		
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

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<i>acarbose tab 50 mg</i>	72	<i>adrucil inj 5gm/100m</i>	21
<i>acebutolol hcl cap 200 mg</i>	39	ADULT 50+ CAP OCUVITE	103
<i>acebutolol hcl cap 400 mg</i>	39	ADVAIR DISKU AER 100/50.....	114
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ADVAIR DISKU AER 250/50.....	114
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ADVAIR DISKU AER 500/50.....	114
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ADVAIR HFA AER 115/21	114
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ADVAIR HFA AER 230/21	114
<i>acetazolamide cap er 12hr 500 mg</i>	43	ADVAIR HFA AER 45/21	114
<i>acetazolamide tab 125 mg</i>	43	<i>afeditab tab 30mg cr</i>	40
<i>acetazolamide tab 250 mg</i>	43	<i>afeditab tab 60mg cr</i>	40
<i>acetic acid irrigation soln 0.25%</i>	119	AFINITOR DIS TAB 2MG.....	26
<i>acetic acid otic soln 2%</i>	120	AFINITOR DIS TAB 3MG.....	26
<i>acetylcysteine inhal soln 10%</i>	113	AFINITOR DIS TAB 5MG.....	26
<i>acetylcysteine inhal soln 20%</i>	113	AFINITOR TAB 10MG	26
<i>acitretin cap 10 mg</i>	116	AFINITOR TAB 2.5MG	26
<i>acitretin cap 17.5 mg</i>	116	AFINITOR TAB 5MG	26
<i>acitretin cap 25 mg</i>	116	AFINITOR TAB 7.5MG	26
ACTHIB INJ	98	<i>ala-cort cre 1%</i>	117
ACTIMMUNE INJ 2MU/0.5.....	97	<i>ala-cort cre 2.5%</i>	117
<i>acyclovir cap 200 mg</i>	14	ALBENZA TAB 200MG	6
<i>acyclovir sodium iv soln 50 mg/ml</i>	14	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	112
<i>acyclovir susp 200 mg/5ml</i>	14	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	112
<i>acyclovir tab 400 mg</i>	14	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	112
<i>acyclovir tab 800 mg</i>	14	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	112
ADACEL INJ.....	98	<i>albuterol sulfate syrup 2 mg/5ml</i>	112
		<i>albuterol sulfate tab 2 mg</i>	112
		<i>albuterol sulfate tab 4 mg</i>	112
		<i>albuterol sulfate tab er 12hr 4 mg</i>	112
		<i>albuterol sulfate tab er 12hr 8 mg</i>	112
		<i>alclometasone dipropionate cream 0.05%</i>	117

<i>alclometasone dipropionate oint 0.05%</i>	AMINOSYN INJ 8.5%	100
.....117	<i>aminosyn inj 8.5/lyte</i>	100
ALCOHOL SWABS	AMINOSYN M INJ 3.5%	101
71	AMINOSYN-HBC INJ 7%.....	101
ALDURAZYME INJ 2.9MG/5M	AMINOSYN-PF INJ 10%.....	101
79	AMINOSYN-PF INJ 7%	101
ALECENSA CAP 150MG	AMINOSYN-RF INJ 5.2%	101
26	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium tab 10 mg</i>	<i>mg/ml)</i>	36
74	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alendronate sodium tab 35 mg</i>	<i>mg/ml)</i>	36
74	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alendronate sodium tab 40 mg</i>	<i>mg/ml)</i>	36
74	<i>amiodarone hcl tab 100 mg</i>	36
<i>alendronate sodium tab 5 mg</i>	<i>amiodarone hcl tab 200 mg</i>	36
74	<i>amiodarone hcl tab 400 mg</i>	36
<i>alendronate sodium tab 70 mg</i>	AMITIZA CAP 24MCG	88
74	AMITIZA CAP 8MCG.....	88
<i>alfuzosin hcl tab er 24hr 10 mg</i>	<i>amitriptyline hcl tab 10 mg</i>	53
90	<i>amitriptyline hcl tab 100 mg</i>	54
ALIMTA INJ 100MG	<i>amitriptyline hcl tab 150 mg</i>	54
22	<i>amitriptyline hcl tab 25 mg</i>	53
ALIMTA INJ 500MG	<i>amitriptyline hcl tab 50 mg</i>	54
22	<i>amitriptyline hcl tab 75 mg</i>	54
ALINIA SUS 100/5ML	<i>amlodipine besylate tab 10 mg (base</i>	
6	<i>equivalent)</i>	40
ALINIA TAB 500MG	<i>amlodipine besylate tab 2.5 mg (base</i>	
6	<i>equivalent)</i>	40
<i>allopurinol tab 100 mg</i>	<i>amlodipine besylate tab 5 mg (base</i>	
1	<i>equivalent)</i>	40
<i>allopurinol tab 300 mg</i>	<i>amlodipine besylate-benazepril hcl cap</i>	
1	<i>10-20 mg</i>	31
<i>alosetron hcl tab 0.5 mg (base equiv)</i> .88	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>alosetron hcl tab 1 mg (base equiv)</i> ...88	<i>10-40 mg</i>	31
ALPHAGAN P SOL 0.1%	<i>amlodipine besylate-benazepril hcl cap</i>	
110	<i>2.5-10 mg</i>	30
<i>alprazolam tab 0.25 mg</i>	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
46	<i>10 mg</i>	30
<i>alprazolam tab 0.5 mg</i>	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
46	<i>20 mg</i>	30
<i>alprazolam tab 1 mg</i>	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
46	<i>40 mg</i>	31
<i>alprazolam tab 2 mg</i>	<i>amlodipine besylate-olmesartan</i>	
46	<i>medoxomil tab 10-20 mg</i>	33
ALREX SUS 0.2%	<i>amlodipine besylate-olmesartan</i>	
109	<i>medoxomil tab 10-40 mg</i>	33
ALUNBRIG PAK	<i>amlodipine besylate-olmesartan</i>	
26	<i>medoxomil tab 5-20 mg</i>	33
ALUNBRIG TAB 180MG		
26		
ALUNBRIG TAB 30MG		
26		
ALUNBRIG TAB 90MG		
26		
<i>alyacen tab 1/35</i>		
75		
<i>amantadine hcl cap 100 mg</i>		
57		
<i>amantadine hcl syrup 50 mg/5ml</i>		
57		
<i>amantadine hcl tab 100 mg</i>		
57		
AMBISOME INJ 50MG		
9		
<i>amikacin sulfate inj 1 gm/4ml (250</i>		
<i>mg/ml)</i>		
5		
<i>amikacin sulfate inj 500 mg/2ml (250</i>		
<i>mg/ml)</i>		
6		
<i>amiloride & hydrochlorothiazide tab 5-50</i>		
<i>mg</i>		
43		
<i>amiloride hcl tab 5 mg</i>		
43		
<i>amino acid infusion 6%</i>		
100		
<i>aminophylline inj 25 mg/ml</i>		
114		
AMINOSYN 7% INJ /LYTES.....		
100		
AMINOSYN II INJ 10%.....		
100		
AMINOSYN II INJ 8.5%.....		
100		
<i>aminosyn ii inj 8.5/lyte</i>		
100		
AMINOSYN INJ 10%.....		
100		

<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	33
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	33
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	33
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	33
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	33
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	34
<i>amnestem cap 10mg</i>	115
<i>amnestem cap 20mg</i>	115
<i>amnestem cap 40mg</i>	115
<i>amoxapine tab 100 mg</i>	54
<i>amoxapine tab 150 mg</i>	54
<i>amoxapine tab 25 mg</i>	54
<i>amoxapine tab 50 mg</i>	54
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	18
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	18
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	18
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	18
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	18
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	18
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	18
<i>amoxicillin (trihydrate) cap 250 mg</i>	18
<i>amoxicillin (trihydrate) cap 500 mg</i>	18
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	18
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	18
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	18
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	18
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	18
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	19
<i>amoxicillin (trihydrate) tab 500 mg</i>	19
<i>amoxicillin (trihydrate) tab 875 mg</i>	19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	65
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	65
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	65
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	65
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	65
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	65
<i>amphetamine-dextroamphetamine tab 10 mg</i>	65
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	65
<i>amphetamine-dextroamphetamine tab 15 mg</i>	65
<i>amphetamine-dextroamphetamine tab 20 mg</i>	65
<i>amphetamine-dextroamphetamine tab 30 mg</i>	65
<i>amphetamine-dextroamphetamine tab 5 mg</i>	65
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	65
<i>amphotericin b for inj 50 mg</i>	9
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	19
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	19
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	19

<i>ampicillin & sulbactam sodium for iv soln</i>		<i>ARALAST NP INJ 1000MG</i>	113
<i>15 (10-5) gm</i>	19	<i>ARALAST NP INJ 500MG</i>	113
<i>ampicillin cap 250 mg</i>	19	<i>aranelle tab</i>	75
<i>ampicillin cap 500 mg</i>	19	<i>ARCALYST INJ 220MG</i>	97
<i>ampicillin for susp 125 mg/5ml</i>	19	<i>aripiprazole oral solution 1 mg/ml</i>	59
<i>ampicillin for susp 250 mg/5ml</i>	19	<i>aripiprazole orally disintegrating tab 10</i>	
<i>ampicillin sodium for inj 1 gm</i>	19	<i>mg</i>	59
<i>ampicillin sodium for inj 10 gm</i>	19	<i>aripiprazole orally disintegrating tab 15</i>	
<i>ampicillin sodium for inj 125 mg</i>	19	<i>mg</i>	59
<i>ampicillin sodium for inj 2 gm</i>	19	<i>aripiprazole tab 10 mg</i>	59
<i>ampicillin sodium for inj 250 mg</i>	19	<i>aripiprazole tab 15 mg</i>	59
<i>ampicillin sodium for inj 500 mg</i>	19	<i>aripiprazole tab 2 mg</i>	59
<i>ampicillin sodium for iv soln 1 gm</i>	19	<i>aripiprazole tab 20 mg</i>	59
<i>ampicillin sodium for iv soln 10 gm</i>	19	<i>aripiprazole tab 30 mg</i>	60
<i>ampicillin sodium for iv soln 2 gm</i>	19	<i>aripiprazole tab 5 mg</i>	59
<i>AMPYRA TAB 10MG</i>	69	<i>ARISTADA INJ 1064MG</i>	60
<i>ANADROL-50 TAB 50MG</i>	71	<i>ARISTADA INJ 441MG/1</i>	60
<i>anagrelide hcl cap 0.5 mg</i>	94	<i>ARISTADA INJ 662MG/2</i>	60
<i>anagrelide hcl cap 1 mg</i>	94	<i>ARISTADA INJ 882MG/3</i>	60
<i>anastrozole tab 1 mg</i>	25	<i>ARISTADA INJ INITIO</i>	60
<i>ANDRODERM DIS 2MG/24HR</i>	71	<i>armodafinil tab 150 mg</i>	69
<i>ANDRODERM DIS 4MG/24HR</i>	71	<i>armodafinil tab 200 mg</i>	69
<i>ANDROGEL GEL 1.62%</i>	71	<i>armodafinil tab 250 mg</i>	70
<i>animal chews chw</i>	103	<i>armodafinil tab 50 mg</i>	69
<i>animal shape chw</i>	103	<i>ARNUITY ELPT INH 100MCG</i>	114
<i>animal shape chw iron</i>	103	<i>ARNUITY ELPT INH 200MCG</i>	114
<i>ANORO ELLIPT AER 62.5-25</i>	111	<i>ARNUITY ELPT INH 50MCG</i>	114
<i>antioxidant tab vitamins</i>	103	<i>ascorbic acid cap er 500 mg</i>	103
<i>APATATE FORT LIQ</i>	103	<i>ascorbic acid chew tab 250 mg</i>	103
<i>APATATE LIQ</i>	103	<i>ascorbic acid chew tab 500 mg</i>	103
<i>APOKYN INJ 10MG/ML</i>	57	<i>ascorbic acid tab 1000 mg</i>	103
<i>aprepitant capsule 125 mg</i>	85	<i>ascorbic acid tab 250 mg</i>	103
<i>aprepitant capsule 40 mg</i>	85	<i>ascorbic acid tab 500 mg</i>	103
<i>aprepitant capsule 80 mg</i>	85	<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
<i>aprepitant capsule therapy pack 80 &</i>		<i>mg</i>	95
<i>125 mg</i>	85	<i>atazanavir sulfate cap 150 mg (base</i>	
<i>apri tab</i>	75	<i>equiv)</i>	10
<i>APRISO CAP 0.375GM</i>	87	<i>atazanavir sulfate cap 200 mg (base</i>	
<i>APTIOM TAB 200MG</i>	46	<i>equiv)</i>	10
<i>APTIOM TAB 400MG</i>	46	<i>atazanavir sulfate cap 300 mg (base</i>	
<i>APTIOM TAB 600MG</i>	47	<i>equiv)</i>	10
<i>APTIOM TAB 800MG</i>	47	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>APTIVUS CAP 250MG</i>	10	<i>.....</i>	39
<i>APTIVUS SOL</i>	10	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>AQUADEKS CHW</i>	103	<i>.....</i>	39
<i>aquadeks dro</i>	103	<i>atenolol tab 100 mg</i>	39
<i>AQUASOL A INJ 50000/ML</i>	103	<i>atenolol tab 25 mg</i>	39
<i>aqueous e dro 15/0.3ml</i>	103	<i>atenolol tab 50 mg</i>	39

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	111
.....65	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	111
.....65	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	110
.....65	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	17
.....65	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	17
.....65	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	17
.....65	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	17
.....65	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	17
.....37	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	17
.....37	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	17
.....37	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	17
.....37	
<i>atovaquone susp 750 mg/5ml</i>	6
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	10
.....10	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	10
.....10	
ATRIPLA TAB	12
ATROVENT HFA AER 17MCG	111
<i>aubra tab 0.1-0.02</i>	75
AURYXIA TAB 210MG	83
AUSTEDO TAB 12MG	68
AUSTEDO TAB 6MG	68
AUSTEDO TAB 9MG	68
AVASTIN INJ	23
AVASTIN INJ 400/16ML	23
<i>aviane tab</i>	75
<i>avita cre 0.025%</i>	115
<i>avita gel 0.025%</i>	115
<i>azacitidine for inj 100 mg</i>	22
AZACTAM INJ 1GM	6
AZACTAM INJ 2GM	6
AZACTAM/DEX INJ 1GM	6
AZACTAM/DEX INJ 2GM	6
AZASITE SOL 1%	108
AZATHIOPRINE INJ 100MG	97
<i>azathioprine tab 50 mg</i>	97
<i>azelastine hcl nasal spray 0.1% (137</i>	
<i>mcg/spray)</i>	111
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	111
<i>azelastine hcl ophth soln 0.05%</i>	110
<i>azithromycin for susp 100 mg/5ml</i>	17
<i>azithromycin for susp 200 mg/5ml</i>	17
<i>azithromycin iv for soln 500 mg</i>	17
<i>azithromycin powd pack for susp 1 gm</i>	17
<i>azithromycin tab 250 mg</i>	17
<i>azithromycin tab 500 mg</i>	17
<i>azithromycin tab 600 mg</i>	17
AZOPT SUS 1% OP	110
<i>aztreonam for inj 1 gm</i>	6
<i>aztreonam for inj 2 gm</i>	6
B	
<i>bacitracin ophth oint 500 unit/gm</i>	108
<i>bacitracin-polymyxin b ophth oint</i>	108
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	108
<i>baclofen tab 10 mg</i>	69
<i>baclofen tab 20 mg</i>	69
<i>balanc b-100 tab 100mg</i>	103
<i>balanc b-50 tab</i>	103
<i>balsalazide disodium cap 750 mg</i>	87
<i>balziva tab</i>	75
BANZEL SUS 40MG/ML	47
BANZEL TAB 200MG	47
BANZEL TAB 400MG	47
BARACLUDE SOL .05MG/ML	14
BASAGLAR INJ 100UNIT	71
BCG VACCINE INJ	98
<i>b-complex vitamin tab</i>	103
<i>b-complex w/ c & calcium tab</i>	103
<i>b-complex w/ c tab</i>	103
BD ULTRAFINE INSULIN SYRINGE	71
BD ULTRAFINE/NANO PEN NEEDLES	71
<i>bekyree tab</i>	75
BELEODAQ INJ 500MG	23
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>benazepril hcl tab 10 mg</i>	32
<i>benazepril hcl tab 20 mg</i>	32

<i>benazepril hcl tab 40 mg</i>	32	BIKTARVY TAB.....	12
<i>benazepril hcl tab 5 mg</i>	32	BILTRICIDE TAB 600MG.....	6
BENDEKA INJ 100/4ML	20	<i>biotin cap 5 mg</i>	103
BENLYSTA INJ 120MG	97	<i>biotin tab 300 mcg</i>	103
BENLYSTA INJ 200MG/ML	97	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	39
BENLYSTA INJ 400MG	97	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	39
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	115	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	39
<i>benztropine mesylate inj 1 mg/ml</i>	58	<i>bisoprolol fumarate tab 10 mg</i>	39
<i>benztropine mesylate tab 0.5 mg</i>	58	<i>bisoprolol fumarate tab 5 mg</i>	39
<i>benztropine mesylate tab 1 mg</i>	58	BIVIGAM INJ 10%	96
<i>benztropine mesylate tab 2 mg</i>	58	<i>bleomycin sulfate for inj 15 unit</i>	21
BEPREVE DRO 1.5%.....	110	<i>bleomycin sulfate for inj 30 unit</i>	21
BESIVANCE SUS 0.6%.....	108	BLEPHAMIDE OIN S.O.P.	108
<i>betamethasone dipropionate augmented cream 0.05%</i>	117	<i>blisovi fe tab 1.5/30</i>	75
<i>betamethasone dipropionate augmented gel 0.05%</i>	117	<i>blisovi fe tab 1/20</i>	75
<i>betamethasone dipropionate augmented lotion 0.05%</i>	117	BOOSTRIX INJ	98
<i>betamethasone dipropionate augmented oint 0.05%</i>	117	BORTEZOMIB INJ 3.5MG	23
<i>betamethasone dipropionate cream 0.05%</i>	117	BOSULIF TAB 100MG.....	26
<i>betamethasone dipropionate lotion 0.05%</i>	117	BOSULIF TAB 400MG.....	26
<i>betamethasone dipropionate oint 0.05%</i>	117	BOSULIF TAB 500MG.....	26
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	117	BRAFTOVI CAP 50MG.....	26
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	117	BRAFTOVI CAP 75MG.....	26
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	117	BREO ELLIPTA INH 100-25	114
BETASERON INJ 0.3MG.....	69	BREO ELLIPTA INH 200-25	114
<i>betaxolol hcl ophth soln 0.5%</i>	110	<i>brewers yeast tab</i>	103
<i>bethanechol chloride tab 10 mg</i>	90	<i>briellyn tab</i>	75
<i>bethanechol chloride tab 25 mg</i>	90	BRILINTA TAB 60MG.....	95
<i>bethanechol chloride tab 5 mg</i>	90	BRILINTA TAB 90MG.....	95
<i>bethanechol chloride tab 50 mg</i>	90	<i>brimonidine tartrate ophth soln 0.15%</i>	110
BETOPTIC-S SUS 0.25% OP	110	<i>brimonidine tartrate ophth soln 0.2%</i>	110
BEVESPI AER 9-4.8MCG.....	111	BRIVIACT INJ 50MG/5ML	47
<i>bexarotene cap 75 mg</i>	29	BRIVIACT SOL 10MG/ML	47
BEXSERO INJ	98	BRIVIACT TAB 100MG.....	47
<i>bicalutamide tab 50 mg</i>	25	BRIVIACT TAB 10MG	47
BICILLIN L-A INJ 1200000	19	BRIVIACT TAB 25MG	47
BICILLIN L-A INJ 2400000	19	BRIVIACT TAB 50MG	47
BICILLIN L-A INJ 600000	19	BRIVIACT TAB 75MG	47
		<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	109
		<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	58
		<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	58
		BROMSITE DRO 0.075%	109

<i>budesonide delayed release particles cap 3 mg</i>	87	BYSTOLIC TAB 5MG.....	39
<i>budesonide inhalation susp 0.25 mg/2ml</i>	114	C	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	114	<i>c 250 tab</i>	103
<i>bumetanide inj 0.25 mg/ml</i>	43	<i>c-1000/rh tab 1000mg</i>	103
<i>bumetanide tab 0.5 mg</i>	43	<i>cabergoline tab 0.5 mg</i>	82
<i>bumetanide tab 1 mg</i>	43	CABOMETYX TAB 20MG.....	26
<i>bumetanide tab 2 mg</i>	43	CABOMETYX TAB 40MG.....	27
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	70	CABOMETYX TAB 60MG.....	27
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	70	<i>calciferol dro 8000/ml</i>	103
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	70	<i>calcipotriene cream 0.005%</i>	116
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	70	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	116
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	70	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	82
<i>bupropion hcl tab 100 mg</i>	54	<i>calcitriol cap 0.25 mcg</i>	103
<i>bupropion hcl tab 75 mg</i>	54	<i>calcitriol cap 0.5 mcg</i>	103
<i>bupropion hcl tab er 12hr 100 mg</i>	54	<i>calcitriol inj 1 mcg/ml</i>	103
<i>bupropion hcl tab er 12hr 150 mg</i>	54	<i>calcitriol oral soln 1 mcg/ml</i>	103
<i>bupropion hcl tab er 12hr 200 mg</i>	54	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	83
<i>bupropion hcl tab er 24hr 150 mg</i>	54	<i>calcium acetate (phosphate binder) tab 667 mg</i>	83
<i>bupropion hcl tab er 24hr 300 mg</i>	54	CALQUENCE CAP 100MG	27
<i>buspirone hcl tab 10 mg</i>	46	<i>camila tab 0.35mg</i>	75
<i>buspirone hcl tab 15 mg</i>	46	CANASA SUP 1000MG.....	87
<i>buspirone hcl tab 30 mg</i>	46	CANCIDAS INJ 50MG	9
<i>buspirone hcl tab 5 mg</i>	46	CANCIDAS INJ 70MG	9
<i>buspirone hcl tab 7.5 mg</i>	46	<i>candesartan cilexetil tab 16 mg</i>	35
<i>busulfan inj 6 mg/ml</i>	20	<i>candesartan cilexetil tab 32 mg</i>	35
<i>butorphanol tartrate inj 1 mg/ml</i>	2	<i>candesartan cilexetil tab 4 mg</i>	35
<i>butorphanol tartrate inj 2 mg/ml</i>	2	<i>candesartan cilexetil tab 8 mg</i>	35
BUTRANS DIS 10MCG/HR	2	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	34
BUTRANS DIS 15MCG/HR	2	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	34
BUTRANS DIS 20MCG/HR	2	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	34
BUTRANS DIS 5MCG/HR	2	CAPASTAT SUL INJ 1GM.....	13
BUTRANS DIS 7.5/HR.....	2	CAPRELSA TAB 100MG.....	27
BYDUREON INJ 2MG.....	71	CAPRELSA TAB 300MG.....	27
BYDUREON INJ BCISE	71	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	31
BYDUREON PEN INJ 2MG	71	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	31
BYETTA INJ 10MCG	71	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	31
BYETTA INJ 5MCG.....	71	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	31
BYSTOLIC TAB 10MG.....	39		
BYSTOLIC TAB 2.5MG.....	39		
BYSTOLIC TAB 20MG.....	39		

<i>captopril tab 100 mg</i>	32	<i>carvedilol tab 25 mg</i>	39
<i>captopril tab 12.5 mg</i>	32	<i>carvedilol tab 3.125 mg</i>	39
<i>captopril tab 25 mg</i>	32	<i>carvedilol tab 6.25 mg</i>	39
<i>captopril tab 50 mg</i>	32	<i>caspofungin inj 50mg</i>	9
<i>CARBAGLU TAB 200MG</i>	79	<i>CASPOFUNGIN INJ 50MG</i>	9
<i>carbamazepine cap er 12hr 100 mg</i>	47	<i>caspofungin inj 70mg</i>	9
<i>carbamazepine cap er 12hr 200 mg</i>	47	<i>CASPOFUNGIN INJ 70MG</i>	9
<i>carbamazepine cap er 12hr 300 mg</i>	47	<i>CAYSTON INH 75MG</i>	6
<i>carbamazepine chew tab 100 mg</i>	47	<i>cefaclor cap 250 mg</i>	15
<i>carbamazepine susp 100 mg/5ml</i>	47	<i>cefaclor cap 500 mg</i>	15
<i>carbamazepine tab 200 mg</i>	47	<i>CEFACLOR ER TAB 500MG</i>	15
<i>carbamazepine tab er 12hr 100 mg</i>	47	<i>cefaclor for susp 125 mg/5ml</i>	15
<i>carbamazepine tab er 12hr 200 mg</i>	47	<i>cefaclor for susp 250 mg/5ml</i>	15
<i>carbamazepine tab er 12hr 400 mg</i>	47	<i>cefaclor for susp 375 mg/5ml</i>	15
<i>carbidopa & levodopa orally</i>		<i>cefadroxil cap 500 mg</i>	15
<i>disintegrating tab 10-100 mg</i>	58	<i>cefadroxil for susp 250 mg/5ml</i>	15
<i>carbidopa & levodopa orally</i>		<i>cefadroxil for susp 500 mg/5ml</i>	15
<i>disintegrating tab 25-100 mg</i>	58	<i>cefadroxil tab 1 gm</i>	15
<i>carbidopa & levodopa orally</i>		<i>CEFAZOLIN INJ 1GM/50ML</i>	15
<i>disintegrating tab 25-250 mg</i>	58	<i>cefazolin sodium for inj 1 gm</i>	15
<i>carbidopa & levodopa tab 10-100 mg</i> ..	58	<i>cefazolin sodium for inj 10 gm</i>	15
<i>carbidopa & levodopa tab 25-100 mg</i> ..	58	<i>cefazolin sodium for inj 20 gm</i>	15
<i>carbidopa & levodopa tab 25-250 mg</i> ..	58	<i>cefazolin sodium for inj 500 mg</i>	15
<i>carbidopa & levodopa tab er 25-100 mg</i>		<i>cefazolin sodium for iv soln 1 gm</i>	15
.....	58	<i>CEFAZOLIN SOL</i>	15
<i>carbidopa & levodopa tab er 50-200 mg</i>		<i>cefdinir cap 300 mg</i>	15
.....	58	<i>cefdinir for susp 125 mg/5ml</i>	15
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefdinir for susp 250 mg/5ml</i>	15
<i>12.5-50-200 mg</i>	58	<i>cefepime hcl for inj 1 gm</i>	15
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefepime hcl for inj 2 gm</i>	15
<i>18.75-75-200 mg</i>	58	<i>cefixime for susp 100 mg/5ml</i>	15
<i>carbidopa-levodopa-entacapone tabs 25-</i>		<i>cefixime for susp 200 mg/5ml</i>	15
<i>100-200 mg</i>	58	<i>cefotaxime sodium for inj 1 gm</i>	15
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefotaxime sodium for inj 2 gm</i>	15
<i>31.25-125-200 mg</i>	58	<i>cefotaxime sodium for inj 500 mg</i>	15
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefoxitin sodium for inj 10 gm</i>	16
<i>37.5-150-200 mg</i>	58	<i>cefoxitin sodium for iv soln 1 gm</i>	16
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>cefoxitin sodium for iv soln 2 gm</i>	16
<i>200-200 mg</i>	58	<i>cefpodoxime proxetil for susp 100</i>	
<i>carboplatin iv soln 150 mg/15ml</i>	29	<i>mg/5ml</i>	16
<i>carboplatin iv soln 450 mg/45ml</i>	29	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>carboplatin iv soln 50 mg/5ml</i>	29	.....	16
<i>carboplatin iv soln 600 mg/60ml</i>	29	<i>cefpodoxime proxetil tab 100 mg</i>	16
<i>CARIMUNE NF INJ 12GM</i>	96	<i>cefpodoxime proxetil tab 200 mg</i>	16
<i>CARIMUNE NF INJ 6GM</i>	96	<i>cefprozil for susp 125 mg/5ml</i>	16
<i>carisoprodol tab 350 mg</i>	69	<i>cefprozil for susp 250 mg/5ml</i>	16
<i>carteolol hcl ophth soln 1%</i>	110	<i>cefprozil tab 250 mg</i>	16
<i>carvedilol tab 12.5 mg</i>	39	<i>cefprozil tab 500 mg</i>	16

<i>ceftazidime for inj 1 gm</i>	16	CHANTIX TAB 0.5MG	70
<i>ceftazidime for inj 2 gm</i>	16	CHANTIX TAB 1MG	70
<i>ceftazidime for inj 6 gm</i>	16	CHEMET CAP 100MG.....	75
CEFTAZIDIME/ SOL D5W 1GM	16	<i>child chew chw iron</i>	104
CEFTAZIDIME/ SOL D5W 2GM	16	<i>child chew chw vitamins</i>	104
<i>ceftriaxone sodium for inj 1 gm</i>	16	<i>child chew/ chw extra c</i>	104
<i>ceftriaxone sodium for inj 10 gm</i>	16	<i>childrens chw /iron</i>	104
<i>ceftriaxone sodium for inj 2 gm</i>	16	CHILDRENS CHW COMPLETE	104
<i>ceftriaxone sodium for inj 250 mg</i>	16	<i>chlorhexidine gluconate soln 0.12%</i> ..	119
<i>ceftriaxone sodium for inj 500 mg</i>	16	<i>chloroquine phosphate tab 250 mg</i>	10
<i>ceftriaxone sodium for iv soln 1 gm</i>	16	<i>chloroquine phosphate tab 500 mg</i>	10
<i>ceftriaxone sodium for iv soln 2 gm</i>	16	<i>chlorothiazide tab 250 mg</i>	43
<i>cefuroxime axetil tab 250 mg</i>	16	<i>chlorothiazide tab 500 mg</i>	43
<i>cefuroxime axetil tab 500 mg</i>	16	CHLORPROMAZ INJ 25MG/ML	60
<i>cefuroxime sodium for inj 7.5 gm</i>	16	CHLORPROMAZ INJ 50MG/2ML	60
<i>cefuroxime sodium for inj 750 mg</i>	16	<i>chlorpromazine hcl tab 10 mg</i>	60
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	16	<i>chlorpromazine hcl tab 100 mg</i>	60
<i>celecoxib cap 100 mg</i>	1	<i>chlorpromazine hcl tab 200 mg</i>	60
<i>celecoxib cap 200 mg</i>	1	<i>chlorpromazine hcl tab 25 mg</i>	60
<i>celecoxib cap 400 mg</i>	1	<i>chlorpromazine hcl tab 50 mg</i>	60
<i>celecoxib cap 50 mg</i>	1	<i>chlorthalidone tab 25 mg</i>	43
CELONTIN CAP 300MG	47	<i>chlorthalidone tab 50 mg</i>	43
<i>centamin liq</i>	103	<i>cholecalciferol cap 1000 unit</i>	104
CENTRUM CHW.....	103	<i>cholecalciferol cap 10000 unit</i>	104
CENTRUM CHW SILVER	103	<i>cholecalciferol cap 2000 unit</i>	104
<i>centrum kids chw complete</i>	103	<i>cholecalciferol cap 400 unit</i>	104
CENTRUM SPEC TAB ENERGY	103	<i>cholecalciferol cap 5000 unit</i>	104
CENTRUM SPEC TAB HEART	103	<i>cholecalciferol oral liquid 400 unit/ml</i>	104
CENTRUM SPEC TAB VISION	103	<i>cholecalciferol tab 1000 unit</i>	104
CENTRUM TAB SILVER.....	103	<i>cholecalciferol tab 2000 unit</i>	104
CENTRUM TAB ULTRA.....	103	<i>cholecalciferol tab 400 unit</i>	104
<i>century tab</i>	104	<i>cholestyramine light powder 4 gm/dose</i>	
<i>century tab mature</i>	104	.....	37
<i>cephalexin cap 250 mg</i>	16	<i>cholestyramine light powder packets 4</i>	
<i>cephalexin cap 500 mg</i>	16	<i>gm</i>	38
<i>cephalexin for susp 125 mg/5ml</i>	16	<i>cholestyramine powder 4 gm/dose</i>	38
<i>cephalexin for susp 250 mg/5ml</i>	16	<i>cholestyramine powder packets 4 gm</i> .	38
CERDELGA CAP 84MG.....	79	<i>ciclopirox gel 0.77%</i>	116
CEREZYME INJ 400UNIT	79	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>certa plus tab</i>	104	<i>equiv)</i>	116
<i>certavite liq antioxid</i>	104	<i>ciclopirox olamine susp 0.77% (base</i>	
CERTAVITE TAB SENIOR.....	104	<i>equiv)</i>	116
<i>certavite/ tab antioxid</i>	104	<i>ciclopirox shampoo 1%</i>	116
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>cilostazol tab 100 mg</i>	94
<i>mg/5ml)</i>	111	<i>cilostazol tab 50 mg</i>	94
<i>cevimeline hcl cap 30 mg</i>	119	CILOXAN OIN 0.3% OP	108
CHANTIX PAK 0.5& 1MG	70	CIMDUO TAB 300-300	12
CHANTIX PAK 1MG.....	70	CINRYZE SOL 500 UNIT	94

CIPRODEX SUS 0.3-0.1%	120	600 mg/50ml.....	7
ciprofloxacin 200 mg/100ml in d5w.....	17	clindamycin phosphate in d5w iv soln	
ciprofloxacin 400 mg/200ml in d5w.....	17	900 mg/50ml.....	7
ciprofloxacin for oral susp 250 mg/5ml		clindamycin phosphate inj 300 mg/2ml.	7
(5%) (5 gm/100ml)	17	clindamycin phosphate inj 600 mg/4ml.	7
ciprofloxacin for oral susp 500 mg/5ml		clindamycin phosphate inj 9 gm/60ml...	7
(10%) (10 gm/100ml).....	17	clindamycin phosphate inj 900 mg/6ml.	7
ciprofloxacin hcl ophth soln 0.3%.....	108	clindamycin phosphate iv soln 300	
ciprofloxacin hcl tab 100 mg (base equiv)		mg/2ml.....	7
.....	17	clindamycin phosphate iv soln 900	
ciprofloxacin hcl tab 250 mg (base equiv)		mg/6ml.....	7
.....	17	clindamycin phosphate lotion 1%	115
ciprofloxacin hcl tab 500 mg (base equiv)		clindamycin phosphate soln 1%	115
.....	17	clindamycin phosphate swab 1%.....	115
ciprofloxacin hcl tab 750 mg (base equiv)		clindamycin phosphate vaginal cream 2%	
.....	17	.....	91
cisplatin inj 100 mg/100ml (1 mg/ml) .	29	CLINDMYC/NAC INJ 300/50ML	7
cisplatin inj 200 mg/200ml (1 mg/ml) .	29	CLINDMYC/NAC INJ 600/50ML	7
cisplatin inj 50 mg/50ml (1 mg/ml)	29	CLINDMYC/NAC INJ 900/50ML	7
citalopram hydrobromide oral soln 10		CLINIMIX INJ 2.75/D5W	101
mg/5ml	54	CLINIMIX INJ 4.25/D10	101
citalopram hydrobromide tab 10 mg		CLINIMIX INJ 4.25/D20	101
(base equiv).....	54	CLINIMIX INJ 4.25/D25	101
citalopram hydrobromide tab 20 mg		CLINIMIX INJ 4.25/D5W	101
(base equiv).....	54	CLINIMIX INJ 5%/D15W	101
citalopram hydrobromide tab 40 mg		CLINIMIX INJ 5%/D20W	101
(base equiv).....	54	CLINIMIX INJ 5%/D25W	101
cladribine iv soln 10 mg/10ml (1 mg/ml)		clomipramine hcl cap 25 mg	54
.....	22	clomipramine hcl cap 50 mg	54
claravis cap 10mg	115	clomipramine hcl cap 75 mg	54
claravis cap 20mg	115	clonazepam orally disintegrating tab	
claravis cap 30mg	115	0.125 mg	47
claravis cap 40mg	115	clonazepam orally disintegrating tab 0.25	
clarithromycin for susp 125 mg/5ml	17	mg	47
clarithromycin for susp 250 mg/5ml	17	clonazepam orally disintegrating tab 0.5	
clarithromycin tab 250 mg	17	mg	47
clarithromycin tab 500 mg	17	clonazepam orally disintegrating tab 1	
clarithromycin tab er 24hr 500 mg	17	mg	47
clindacin-p pad 1%	115	clonazepam orally disintegrating tab 2	
clindamycin hcl cap 150 mg	6	mg	47
clindamycin hcl cap 300 mg	6	clonazepam tab 0.5 mg.....	47
clindamycin hcl cap 75 mg	6	clonazepam tab 1 mg	47
clindamycin palmitate hcl for soln 75		clonazepam tab 2 mg	47
mg/5ml (base equiv).....	6	clonidine hcl tab 0.1 mg	44
clindamycin phosphate gel 1%	115	clonidine hcl tab 0.2 mg	44
clindamycin phosphate in d5w iv soln		clonidine hcl tab 0.3 mg	44
300 mg/50ml	7	clonidine td patch weekly 0.1 mg/24hr	44
clindamycin phosphate in d5w iv soln		clonidine td patch weekly 0.2 mg/24hr	44

<i>clonidine td patch weekly 0.3 mg/24hr</i>	44
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	95
<i>clorazepate dipotassium tab 15 mg</i>	48
<i>clorazepate dipotassium tab 3.75 mg</i>	47
<i>clorazepate dipotassium tab 7.5 mg</i>	47
<i>clotrimazole cream 1%</i>	116
<i>clotrimazole soln 1%</i>	116
<i>clotrimazole troche 10 mg</i>	120
<i>clozapine orally disintegrating tab 100 mg</i>	60
<i>clozapine orally disintegrating tab 12.5 mg</i>	60
<i>clozapine orally disintegrating tab 150 mg</i>	60
<i>clozapine orally disintegrating tab 200 mg</i>	60
<i>clozapine orally disintegrating tab 25 mg</i>	60
<i>clozapine tab 100 mg</i>	60
<i>clozapine tab 200 mg</i>	60
<i>clozapine tab 25 mg</i>	60
<i>clozapine tab 50 mg</i>	60
<i>COARTEM TAB 20-120MG</i>	10
<i>cod liver oil cap</i>	104
<i>COD LIVER OIL OIL</i>	104
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>COLCRYS TAB 0.6MG</i>	1
<i>colesevelam hcl packet for susp 3.75 gm</i>	38
<i>colesevelam hcl tab 625 mg</i>	38
<i>colestipol hcl granule packets 5 gm</i>	38
<i>colestipol hcl granules 5 gm</i>	38
<i>colestipol hcl tab 1 gm</i>	38
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	7
<i>COMBIGAN SOL 0.2/0.5%</i>	110
<i>COMBIVENT AER 20-100</i>	111
<i>COMETRIQ KIT 100MG</i>	27
<i>COMETRIQ KIT 140MG</i>	27
<i>COMETRIQ KIT 60MG</i>	27
<i>compete tab</i>	104
<i>COMPLERA TAB</i>	13
<i>complete tab</i>	104
<i>complete tab senior</i>	104
<i>compro sup 25mg</i>	85
<i>constulose sol 10gm/15</i>	88
<i>CORLANOR TAB 5MG</i>	44
<i>CORLANOR TAB 7.5MG</i>	44
<i>cortisone acetate tab 25 mg</i>	80
<i>COTELLIC TAB 20MG</i>	27
<i>COUMADIN TAB 10MG</i>	91
<i>COUMADIN TAB 1MG</i>	91
<i>COUMADIN TAB 2.5MG</i>	91
<i>COUMADIN TAB 2MG</i>	91
<i>COUMADIN TAB 3MG</i>	91
<i>COUMADIN TAB 4MG</i>	91
<i>COUMADIN TAB 5MG</i>	91
<i>COUMADIN TAB 6MG</i>	91
<i>COUMADIN TAB 7.5MG</i>	91
<i>CREON CAP 12000UNT</i>	89
<i>CREON CAP 24000UNT</i>	89
<i>CREON CAP 3000UNIT</i>	89
<i>CREON CAP 36000UNT</i>	89
<i>CREON CAP 6000UNIT</i>	89
<i>CRIXIVAN CAP 200MG</i>	10
<i>CRIXIVAN CAP 400MG</i>	10
<i>cromolyn sodium ophth soln 4%</i>	110
<i>cromolyn sodium oral conc 100 mg/5ml</i>	88
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	113
<i>cryselle-28 tab 28 tabs</i>	75
<i>cyanocobalamin inj 1000 mcg/ml</i>	104
<i>cyanocobalamin tab 100 mcg</i>	104
<i>cyanocobalamin tab 1000 mcg</i>	104
<i>cyanocobalamin tab 250 mcg</i>	104
<i>cyanocobalamin tab 500 mcg</i>	104
<i>cyanocobalamin tab er 1000 mcg</i>	104
<i>cyanocobalamin tab er 2000 mcg</i>	104
<i>cyclafem tab 1/35</i>	75
<i>cyclafem tab 7/7/7</i>	75
<i>cyclobenzaprine hcl tab 10 mg</i>	69
<i>cyclobenzaprine hcl tab 5 mg</i>	69
<i>CYCLOPHOSPH CAP 25MG</i>	21
<i>CYCLOPHOSPH CAP 50MG</i>	21
<i>cyclophosphamide cap 25 mg</i>	21
<i>cyclophosphamide cap 50 mg</i>	21
<i>cyclophosphamide for inj 1 gm</i>	21
<i>cyclophosphamide for inj 2 gm</i>	21
<i>cyclophosphamide for inj 500 mg</i>	21
<i>cycloserine cap 250 mg</i>	13
<i>cyclosporine cap 100 mg</i>	97
<i>cyclosporine cap 25 mg</i>	97
<i>cyclosporine iv soln 50 mg/ml</i>	97

cyclosporine modified cap 100 mg 97
cyclosporine modified cap 25 mg 97
cyclosporine modified cap 50 mg 97
cyclosporine modified oral soln 100 mg/ml 98
cyproheptadine hcl syrup 2 mg/5ml ..111
cyproheptadine hcl tab 4 mg 111
 CYSTADANE POW.....79
 CYSTAGON CAP 150MG 79
 CYSTAGON CAP 50MG 79
 CYSTARAN SOL 0.44% 110
cytarabine inj 20 mg/ml 22

D

d 400 tab 400unit 104
 D10W/NACL INJ 0.2% 101
d3 cap 1000unit 104
d3 super str cap 2000unit 104
 D5W/LYTES INJ #48 101
 D5W/NACL INJ 0.3% 101
dacarbazine for inj 100 mg 21
dacarbazine for inj 200 mg 21
daily tab vitamin 104
daily vit tab 104
daily vit tab +iron 104
daily vit tab +mineral 104
 DAKLINZA TAB 30MG 14
 DAKLINZA TAB 60MG 14
 DAKLINZA TAB 90MG 14
dalfampridine tab er 12hr 10 mg 69
 DALIRESP TAB 250MCG 113
 DALIRESP TAB 500MCG 113
danazol cap 100 mg 79
danazol cap 200 mg 79
danazol cap 50 mg 79
dantrolene sodium cap 100 mg 69
dantrolene sodium cap 25 mg 69
dantrolene sodium cap 50 mg 69
dapsone tab 100 mg 7
dapsone tab 25 mg 7
 DAPTACEL INJ 98
daptomycin for iv soln 500 mg 7
dasetta tab 1/35 75
dasetta tab 7/7/7 75
deblitane tab 0.35mg 75
 DECARA CAP 25000UNT 104
decara cap 50000unt 104
 DELESTROGEN INJ 10MG/ML.....79
delyla tab 0.1-0.02 75

DELZICOL CAP 400MG 87
 DEMSER CAP 250MG 44
 DEPEN TITRA TAB 250MG 75
 DEPO-PROVERA INJ 400/ML 25
 DESCOVY TAB 200/25 13
desipramine hcl tab 10 mg 54
desipramine hcl tab 100 mg 54
desipramine hcl tab 150 mg 54
desipramine hcl tab 25 mg 54
desipramine hcl tab 50 mg 54
desipramine hcl tab 75 mg 54
desmopressin acetate inj 4 mcg/ml 85
desmopressin acetate nasal spray soln 0.01% 85
desmopressin acetate nasal spray soln 0.01% (refrigerated) 85
desmopressin acetate tab 0.1 mg 85
desmopressin acetate tab 0.2 mg 85
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 75
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 75
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 76
desoximetasone cream 0.05% 117
desoximetasone cream 0.25% 117
desoximetasone gel 0.05% 117
desoximetasone oint 0.05% 117
desoximetasone oint 0.25% 117
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 55
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 54
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 55
 DEXAMETHASON CON 1MG/ML 80
dexamethasone elixir 0.5 mg/5ml 80
dexamethasone sod phosphate preservative free inj 10 mg/ml 80
dexamethasone sodium phosphate inj 10 mg/ml 80
dexamethasone sodium phosphate inj 100 mg/10ml 80
dexamethasone sodium phosphate inj 120 mg/30ml 80
dexamethasone sodium phosphate inj 20 mg/5ml 80
dexamethasone sodium phosphate inj 4

<i>mg/ml</i>	80	<i>mg</i>	48
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	109	<i>diazepam rectal gel delivery system 20 mg</i>	48
<i>dexamethasone soln 0.5 mg/5ml</i>	80	<i>diazepam tab 10 mg</i>	48
<i>dexamethasone tab 0.5 mg</i>	80	<i>diazepam tab 2 mg</i>	48
<i>dexamethasone tab 0.75 mg</i>	80	<i>diazepam tab 5 mg</i>	48
<i>dexamethasone tab 1 mg</i>	80	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexamethasone tab 1.5 mg</i>	80	<i>diclofenac sodium gel 1%</i>	119
<i>dexamethasone tab 2 mg</i>	80	<i>diclofenac sodium ophth soln 0.1%</i> ..	109
<i>dexamethasone tab 4 mg</i>	81	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexamethasone tab 6 mg</i>	81	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>DEXILANT CAP 30MG DR</i>	89	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>DEXILANT CAP 60MG DR</i>	89	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
<i>dextrazoxane for inj 250 mg</i>	29	<i>dicloxacillin sodium cap 250 mg</i>	19
<i>dextrazoxane for inj 500 mg</i>	29	<i>dicloxacillin sodium cap 500 mg</i>	19
<i>dextrose 10% w/ sodium chloride 0.45%</i>	101	<i>dicyclomine hcl cap 10 mg</i>	87
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	101	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	87
<i>dextrose 5% in lactated ringers</i>	101	<i>dicyclomine hcl tab 20 mg</i>	87
<i>dextrose 5% w/ sodium chloride 0.2%</i>	101	<i>didanosine delayed release capsule 200 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.225%</i>	101	<i>didanosine delayed release capsule 250 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.33%</i>	101	<i>didanosine delayed release capsule 400 mg</i>	10
<i>dextrose 5% w/ sodium chloride 0.45%</i>	101	<i>DIFICID TAB 200MG</i>	17
<i>dextrose 5% w/ sodium chloride 0.9%</i>	101	<i>diflunisal tab 500 mg</i>	1
<i>dextrose inj 10%</i>	101	<i>digitek tab 0.125mg</i>	42
<i>dextrose inj 5%</i>	101	<i>digitek tab 0.25mg</i>	42
<i>dextrose inj 50%</i>	101	<i>digoxin inj 0.25 mg/ml</i>	42
<i>dextrose inj 70%</i>	101	<i>digoxin oral soln 0.05 mg/ml</i>	42
<i>DIALYVIT 800 TAB ZINC 15</i>	105	<i>digoxin tab 125 mcg (0.125 mg)</i>	42
<i>dialyvite d cap 5000unit</i>	105	<i>digoxin tab 250 mcg (0.25 mg)</i>	42
<i>dialyvite tab 800</i>	105	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	67
<i>dialyvite tab 800/d</i>	105	<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	67
<i>DIALYVITE TAB 800/ZINC</i>	105	<i>DILANTIN CAP 100MG</i>	48
<i>DIASTAT ACDL GEL 12.5-20</i>	48	<i>DILANTIN CAP 30MG</i>	48
<i>DIASTAT ACDL GEL 5-10MG</i>	48	<i>DILANTIN CHW 50MG</i>	48
<i>DIASTAT PED GEL 2.5M GEL</i>	48	<i>DILANTIN-125 SUS 125/5ML</i>	48
<i>diazepam con 5mg/ml</i>	48	<i>diltiazem hcl cap er 12hr 120 mg</i>	41
<i>diazepam inj 5 mg/ml</i>	48	<i>diltiazem hcl cap er 12hr 60 mg</i>	41
<i>diazepam oral soln 1 mg/ml</i>	48	<i>diltiazem hcl cap er 12hr 90 mg</i>	41
<i>diazepam rectal gel delivery system 10 mg</i>	48	<i>diltiazem hcl cap er 24hr 120 mg</i>	41
<i>diazepam rectal gel delivery system 2.5</i>		<i>diltiazem hcl cap er 24hr 180 mg</i>	41

<i>diltiazem hcl cap er 24hr 240 mg</i>	41	<i>250 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab delayed release</i>	
<i>120 mg</i>	41	<i>500 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>180 mg</i>	41	.....	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>240 mg</i>	41	.....	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>docetaxel for inj conc 20 mg/ml</i>	22
<i>300 mg</i>	41	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>mg/ml)</i>	23
<i>360 mg</i>	41	<i>DOCETAXEL INJ 160/16ML</i>	23
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 160/8ML</i>	23
<i>er 24hr 120 mg</i>	41	<i>DOCETAXEL INJ 200/10</i>	23
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 20MG/2ML</i>	23
<i>er 24hr 180 mg</i>	41	<i>DOCETAXEL INJ 80MG/4ML</i>	23
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 80MG/8ML</i>	23
<i>er 24hr 240 mg</i>	41	<i>docetaxel soln for iv infusion 160</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>mg/16ml</i>	23
<i>er 24hr 300 mg</i>	41	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	23
<i>er 24hr 360 mg</i>	41	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	23
<i>er 24hr 420 mg</i>	41	<i>dofetilide cap 125 mcg (0.125 mg)</i>	36
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		<i>dofetilide cap 250 mcg (0.25 mg)</i>	36
<i>mg/ml)</i>	41	<i>dofetilide cap 500 mcg (0.5 mg)</i>	36
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		<i>donepezil hydrochloride orally</i>	
<i>mg/ml)</i>	41	<i>disintegrating tab 10 mg</i>	52
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>donepezil hydrochloride orally</i>	
<i>mg/ml)</i>	41	<i>disintegrating tab 5 mg</i>	52
<i>diltiazem hcl tab 120 mg</i>	41	<i>donepezil hydrochloride tab 10 mg</i>	52
<i>diltiazem hcl tab 30 mg</i>	41	<i>donepezil hydrochloride tab 23 mg</i>	52
<i>diltiazem hcl tab 60 mg</i>	41	<i>donepezil hydrochloride tab 5 mg</i>	52
<i>diltiazem hcl tab 90 mg</i>	41	<i>dorzolamide hcl ophth soln 2%</i>	110
<i>DIP/TET PED INJ 25-5LFU</i>	98	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diphenhydramine hcl inj 50 mg/ml</i>	111	<i>soln 22.3-6.8 mg/ml</i>	110
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>doxazosin mesylate tab 1 mg</i>	33
<i>mg/5ml</i>	88	<i>doxazosin mesylate tab 2 mg</i>	33
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		<i>doxazosin mesylate tab 4 mg</i>	33
<i>mg</i>	88	<i>doxazosin mesylate tab 8 mg</i>	33
<i>disopyramide phosphate cap 100 mg</i> ..	36	<i>doxepin hcl cap 10 mg</i>	55
<i>disopyramide phosphate cap 150 mg</i> ..	36	<i>doxepin hcl cap 100 mg</i>	55
<i>disulfiram tab 250 mg</i>	70	<i>doxepin hcl cap 150 mg</i>	55
<i>disulfiram tab 500 mg</i>	70	<i>doxepin hcl cap 25 mg</i>	55
<i>divalproex sodium cap delayed release</i>		<i>doxepin hcl cap 50 mg</i>	55
<i>sprinkle 125 mg</i>	48	<i>doxepin hcl cap 75 mg</i>	55
<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl conc 10 mg/ml</i>	55
<i>125 mg</i>	48	<i>doxepin hcl cream 5%</i>	119
<i>divalproex sodium tab delayed release</i>		<i>doxorubicin hcl for inj 10 mg</i>	21

<i>doxorubicin hcl for inj 50 mg</i>	21	<i>equivalent)</i>	67
<i>doxorubicin hcl inj 2 mg/ml</i>	21	ELIQUIS ST P TAB 5MG	91
<i>doxorubicin hcl liposomal inj (for iv</i>		ELIQUIS TAB 2.5MG	91
<i>infusion) 2 mg/ml</i>	21	ELIQUIS TAB 5MG	91
<i>doxy 100 inj 100mg</i>	20	ELITEK INJ 1.5MG	29
<i>doxycycline hyclate cap 100 mg</i>	20	ELITEK INJ 7.5MG	29
<i>doxycycline hyclate cap 50 mg</i>	20	ELLA TAB 30MG	76
<i>doxycycline hyclate for inj 100 mg</i>	20	EMCYT CAP 140MG	21
<i>doxycycline hyclate tab 100 mg</i>	20	EMEND SUS 125MG	85
<i>doxycycline hyclate tab 20 mg</i>	20	<i>emoquette tab</i>	76
<i>doxycycline monohydrate cap 100 mg</i>	20	EMSAM DIS 12MG/24H	55
<i>doxycycline monohydrate cap 50 mg</i>	20	EMSAM DIS 6MG/24HR	55
<i>doxycycline monohydrate tab 100 mg</i>	20	EMSAM DIS 9MG/24HR	55
<i>doxycycline monohydrate tab 150 mg</i>	20	EMTRIVA CAP 200MG	11
<i>doxycycline monohydrate tab 50 mg</i>	20	EMTRIVA SOL 10MG/ML	11
<i>doxycycline monohydrate tab 75 mg</i>	20	EMVERM CHW 100MG	7
<i>dronabinol cap 10 mg</i>	85	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>dronabinol cap 2.5 mg</i>	85	<i>tab 10-25 mg</i>	31
<i>dronabinol cap 5 mg</i>	85	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>		<i>tab 5-12.5 mg</i>	31
<i>mg</i>	76	<i>enalapril maleate tab 10 mg</i>	32
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>		<i>enalapril maleate tab 2.5 mg</i>	32
<i>mg</i>	76	<i>enalapril maleate tab 20 mg</i>	32
DROXIA CAP 200MG	29	<i>enalapril maleate tab 5 mg</i>	32
DROXIA CAP 300MG	29	ENDARI POW 5GM	94
DROXIA CAP 400MG	29	<i>endocet tab 10-325mg</i>	3
<i>duloxetine hcl enteric coated pellets cap</i>		<i>endocet tab 2.5-325</i>	2
<i>20 mg (base eq)</i>	55	<i>endocet tab 5-325mg</i>	2
<i>duloxetine hcl enteric coated pellets cap</i>		<i>endocet tab 7.5-325</i>	2
<i>30 mg (base eq)</i>	55	ENERGIX-B INJ 10/0.5ML	98
<i>duloxetine hcl enteric coated pellets cap</i>		ENERGIX-B INJ 20MCG/ML	98
<i>60 mg (base eq)</i>	55	<i>enoxaparin sodium inj 100 mg/ml</i>	91
DUOFER TAB 28MG	93	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	91
DUREZOL EMU 0.05%	109	<i>enoxaparin sodium inj 150 mg/ml</i>	91
<i>dutasteride cap 0.5 mg</i>	90	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	91
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>enoxaparin sodium inj 300 mg/3ml</i>	91
<i>mg</i>	90	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	91
<i>d-vita liq 400unit</i>	104	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	91
E		<i>enoxaparin sodium inj 80 mg/0.8ml</i>	91
<i>ecce plus tab</i>	105	<i>enpresse-28 tab</i>	76
EDURANT TAB 25MG	10	<i>enskyce tab</i>	76
<i>efavirenz cap 200 mg</i>	11	<i>entacapone tab 200 mg</i>	58
<i>efavirenz cap 50 mg</i>	10	<i>entecavir tab 0.5 mg</i>	14
<i>efavirenz tab 600 mg</i>	11	<i>entecavir tab 1 mg</i>	14
ELDERTONIC ELX	105	ENTRESTO TAB 24-26MG	34
<i>eletriptan hydrobromide tab 20 mg (base</i>		ENTRESTO TAB 49-51MG	34
<i>equivalent)</i>	67	ENTRESTO TAB 97-103MG	34
<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>enulose sol 10gm/15</i>	88

EPCLUSA TAB 400-100	14	esomeprazole magnesium cap delayed release 40 mg (base eq)	89
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	113	esomeprazole sodium for intravenous soln 20 mg (base equiv)	89
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	113	esomeprazole sodium for intravenous soln 40 mg (base equiv)	89
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	21	essentl one tab daily	105
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	21	estradiol tab 0.5 mg	79
epitol tab 200mg	48	estradiol tab 1 mg	79
EPIVIR HBV SOL 5MG/ML	14	estradiol tab 2 mg	79
eplerenone tab 25 mg	33	estradiol td patch weekly 0.025 mg/24hr	80
eplerenone tab 50 mg	33	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	80
ergocalciferol soln 8000 unit/ml	105	estradiol td patch weekly 0.05 mg/24hr	80
ergotamine w/ caffeine tab 1-100 mg ..	67	estradiol td patch weekly 0.06 mg/24hr	80
ERIVEDGE CAP 150MG	23	estradiol td patch weekly 0.075 mg/24hr	80
ERLEADA TAB 60MG	25	estradiol td patch weekly 0.1 mg/24hr	80
errin tab 0.35mg	76	estradiol vaginal cream 0.1 mg/gm	80
ertapenem sodium for inj 1 gm (base equivalent)	7	estradiol vaginal tab 10 mcg	80
ery-tab tab 250mg ec	17	estradiol valerate im in oil 20 mg/ml ..	80
ery-tab tab 333mg ec	17	estradiol valerate im in oil 40 mg/ml ..	80
ery-tab tab 500mg ec	17	eszopiclone tab 1 mg	66
ERYTHROCIN INJ 500MG	17	eszopiclone tab 2 mg	66
erythrocine tab 250mg	17	eszopiclone tab 3 mg	66
erythromycin ethylsuccinate tab 400 mg	17	ethambutol hcl tab 100 mg	13
erythromycin gel 2%	115	ethambutol hcl tab 400 mg	13
erythromycin ophth oint 5 mg/gm	109	ethosuximide cap 250 mg	49
erythromycin pads 2%	115	ethosuximide soln 250 mg/5ml	49
erythromycin soln 2%	115	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	76
erythromycin tab 250 mg	17	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	76
erythromycin tab 500 mg	17	etodolac cap 200 mg	1
erythromycin w/ delayed release particles cap 250 mg	17	etodolac cap 300 mg	1
ESBRIET CAP 267MG	113	etodolac tab 400 mg	1
ESBRIET TAB 267MG	113	etodolac tab 500 mg	1
ESBRIET TAB 801MG	113	etodolac tab er 24hr 400 mg	1
escitalopram oxalate soln 5 mg/5ml (base equiv)	55	etodolac tab er 24hr 500 mg	1
escitalopram oxalate tab 10 mg (base equiv)	55	etodolac tab er 24hr 600 mg	1
escitalopram oxalate tab 20 mg (base equiv)	55	etoposide inj 100 mg/5ml (20 mg/ml)	30
escitalopram oxalate tab 5 mg (base equiv)	55	etoposide inj 500 mg/25ml (20 mg/ml)	30
esomeprazole magnesium cap delayed release 20 mg (base eq)	89	EVOTAZ TAB 300-150	13
		exemestane tab 25 mg	25

<i>ezetimibe tab 10 mg</i>	38
<i>ezfe 200 cap 200mg</i>	93
F	
FABRAZYME INJ 35MG	79
FABRAZYME INJ 5MG.....	79
<i>falmina tab</i>	76
<i>famciclovir tab 125 mg</i>	14
<i>famciclovir tab 250 mg</i>	14
<i>famciclovir tab 500 mg</i>	14
<i>famotidine for susp 40 mg/5ml</i>	87
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	87
<i>famotidine inj 20 mg/2ml</i>	87
<i>famotidine inj 200 mg/20ml</i>	87
<i>famotidine inj 40 mg/4ml</i>	87
<i>famotidine tab 20 mg</i>	87
<i>famotidine tab 40 mg</i>	87
FANAPT PAK	60
FANAPT TAB 10MG	60
FANAPT TAB 12MG	60
FANAPT TAB 1MG	60
FANAPT TAB 2MG	60
FANAPT TAB 4MG	60
FANAPT TAB 6MG	60
FANAPT TAB 8MG	60
FARESTON TAB 60MG	25
FARXIGA TAB 10MG	72
FARXIGA TAB 5MG	72
FARYDAK CAP 10MG	23
FARYDAK CAP 15MG	23
FARYDAK CAP 20MG	23
FASLODEX INJ 250/5ML	25
<i>fat emulsion iv soln 20%</i>	101
<i>felbamate susp 600 mg/5ml</i>	49
<i>felbamate tab 400 mg</i>	49
<i>felbamate tab 600 mg</i>	49
<i>felodipine tab er 24hr 10 mg</i>	41
<i>felodipine tab er 24hr 2.5 mg</i>	41
<i>felodipine tab er 24hr 5 mg</i>	41
<i>femynor tab 0.25-35</i>	76
<i>fenofibrate micronized cap 134 mg</i>	38
<i>fenofibrate micronized cap 200 mg</i>	38
<i>fenofibrate micronized cap 67 mg</i>	38
<i>fenofibrate tab 145 mg</i>	38
<i>fenofibrate tab 160 mg</i>	38
<i>fenofibrate tab 48 mg</i>	38
<i>fenofibrate tab 54 mg</i>	38
<i>fentanyl citrate lozenge on a handle 1200</i>	

<i>mcg</i>	3
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	3
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
FENTORA TAB 100MCG	3
FENTORA TAB 200MCG	3
FENTORA TAB 400MCG	3
FENTORA TAB 600MCG	3
FENTORA TAB 800MCG	3
FERAHEME INJ 510/17ML	93
<i>ferate tab 27mg</i>	93
FERGON TAB 27MG	93
FER-IN-SOL DRO 15MG/ML	93
<i>ferosul elx 220/5ml</i>	93
<i>ferosul tab 325mg</i>	93
FERRETTS IPS SOL	93
FERRETTS TAB 325MG	93
<i>ferrex 150 cap 150mg</i>	93
FERRIMIN 150 TAB.....	93
FERRLECIT INJ 12.5MG/M	93
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	93
FERROUS GLUC TAB 324MG	93
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	93
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	93
FERROUS SUL LIQ 220/5ML.....	93
FERROUS SULF SYP 300/5ML.....	93
FERROUS SULF TAB 140MG	93
FERROUS SULF TAB 324MG EC	93
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	93
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	94
<i>ferrous sulfate tab 325 mg (65 mg</i>	

<i>elemental fe)</i>	94	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>ferrous sulfate tab ec 325 mg (65 mg fe</i>		<i>(0.025%)</i>	113
<i>equivalent)</i>	94	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>ferrousul tab 325mg</i>	94	.....	120
FETZIMA CAP 120MG.....	55	<i>fluocinolone acetonide cream 0.01%</i>	117
FETZIMA CAP 20MG	55	<i>fluocinolone acetonide cream 0.025%</i>	117
FETZIMA CAP 40MG	55	<i>fluocinolone acetonide oil 0.01% (body</i>	
FETZIMA CAP 80MG	55	<i>oil)</i>	117
FETZIMA CAP TITRATIO	55	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
FIASP FLEX INJ TOUCH.....	71	<i>oil)</i>	117
FIASP INJ 100/ML	71	<i>fluocinolone acetonide oint 0.025% ..</i>	117
<i>finasteride tab 5 mg</i>	90	<i>fluocinolone acetonide soln 0.01% ...</i>	117
FIRAZYR INJ 30MG/3ML.....	94	<i>fluocinonide cream 0.05%</i>	117
FLEBOGAMMA INJ 10/100ML	96	<i>fluocinonide emulsified base cream</i>	
FLEBOGAMMA INJ 10/200ML	96	<i>0.05%</i>	118
FLEBOGAMMA INJ 20/200ML	96	<i>fluocinonide gel 0.05%</i>	118
FLEBOGAMMA INJ 20/400ML	96	<i>fluocinonide soln 0.05%</i>	118
FLEBOGAMMA INJ 5GM/50ML	96	<i>fluorometholone ophth susp 0.1%</i>	109
FLEBOGAMMA INJ DIF 5%	96	<i>fluorouracil cream 5%</i>	119
<i>flecainide acetate tab 100 mg</i>	36	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
<i>flecainide acetate tab 150 mg</i>	36	<i>mg/ml)</i>	22
<i>flecainide acetate tab 50 mg</i>	36	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
FLOVENT DISK AER 100MCG	114	<i>mg/ml)</i>	22
FLOVENT DISK AER 250MCG	114	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
FLOVENT DISK AER 50MCG	114	<i>mg/ml)</i>	22
FLOVENT HFA AER 110MCG.....	114	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
FLOVENT HFA AER 220MCG.....	114	<i>mg/ml)</i>	22
FLOVENT HFA AER 44MCG	114	<i>fluorouracil soln 2%</i>	119
<i>fluconazole for susp 10 mg/ml</i>	9	<i>fluorouracil soln 5%</i>	119
<i>fluconazole for susp 40 mg/ml</i>	9	<i>fluoxetine hcl cap 10 mg</i>	56
<i>fluconazole in dextrose inj 200</i>		<i>fluoxetine hcl cap 20 mg</i>	56
<i>mg/100ml</i>	9	<i>fluoxetine hcl cap 40 mg</i>	56
<i>fluconazole in dextrose inj 400</i>		<i>fluoxetine hcl solution 20 mg/5ml</i>	56
<i>mg/200ml</i>	9	<i>fluphenazine decanoate inj 25 mg/ml .</i>	60
<i>fluconazole in nacl 0.9% inj 200</i>		<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	60
<i>mg/100ml</i>	9	<i>fluphenazine hcl inj 2.5 mg/ml</i>	60
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fluphenazine hcl oral conc 5 mg/ml</i>	61
<i>mg/200ml</i>	9	<i>fluphenazine hcl tab 1 mg</i>	61
<i>fluconazole tab 100 mg</i>	9	<i>fluphenazine hcl tab 10 mg</i>	61
<i>fluconazole tab 150 mg</i>	9	<i>fluphenazine hcl tab 2.5 mg</i>	61
<i>fluconazole tab 200 mg</i>	9	<i>fluphenazine hcl tab 5 mg</i>	61
<i>fluconazole tab 50 mg</i>	9	<i>flurbiprofen sodium ophth soln 0.03%</i>	
FLUCONAZOLE/ INJ NACL 100	9	.....	109
<i>flucytosine cap 250 mg</i>	9	<i>flurbiprofen tab 100 mg</i>	1
<i>flucytosine cap 500 mg</i>	9	<i>flurbiprofen tab 50 mg</i>	1
<i>fludarabine phosphate for inj 50 mg</i>	22	<i>flutamide cap 125 mg</i>	25
<i>fludarabine phosphate inj 25 mg/ml</i>	22	<i>fluticasone propionate cream 0.05%.</i>	118
<i>fludrocortisone acetate tab 0.1 mg</i>	81	<i>fluticasone propionate nasal susp 50</i>	

<i>mcg/act</i>	114
<i>fluticasone propionate oint 0.005%</i> ...	118
<i>fluvoxamine maleate tab 100 mg</i>	46
<i>fluvoxamine maleate tab 25 mg</i>	46
<i>fluvoxamine maleate tab 50 mg</i>	46
FOLGARD TAB	94
<i>folic acid inj 5 mg/ml</i>	105
<i>folic acid tab 1 mg</i>	105
<i>folic acid tab 400 mcg</i>	105
FOLITAB 500 TAB	94
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	92
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	91
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	91
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	91
FORTEO SOL 600/2.4	82
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	11
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>fosinopril sodium tab 10 mg</i>	32
<i>fosinopril sodium tab 20 mg</i>	32
<i>fosinopril sodium tab 40 mg</i>	32
FREAMINE HBC INJ 6.9%.....	101
FREAMINE III INJ 10%	101
<i>furosemide inj 10 mg/ml</i>	43
<i>furosemide oral soln 10 mg/ml</i>	43
<i>furosemide oral soln 8 mg/ml</i>	43
<i>furosemide tab 20 mg</i>	43
<i>furosemide tab 40 mg</i>	43
<i>furosemide tab 80 mg</i>	43
FUZEON INJ 90MG	11
FYCOMPA SUS 0.5MG/ML.....	49
FYCOMPA TAB 10MG	49
FYCOMPA TAB 12MG	49
FYCOMPA TAB 2MG	49
FYCOMPA TAB 4MG	49
FYCOMPA TAB 6MG	49
FYCOMPA TAB 8MG	49

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<i>gabapentin cap 100 mg</i>	49
<i>gabapentin cap 300 mg</i>	49
<i>gabapentin cap 400 mg</i>	49

<i>gabapentin oral soln 250 mg/5ml</i>	49
<i>gabapentin tab 600 mg</i>	49
<i>gabapentin tab 800 mg</i>	49
GABITRIL TAB 12MG.....	49
GABITRIL TAB 16MG.....	49
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	52
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	52
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	52
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	53
<i>galantamine hydrobromide tab 12 mg</i> ..	53
<i>galantamine hydrobromide tab 4 mg</i> ..	53
<i>galantamine hydrobromide tab 8 mg</i> ..	53
GAMASTAN S/D INJ.....	96
GAMMAGARD INJ 10GM/100.....	96
GAMMAGARD INJ 1GM/10ML	96
GAMMAGARD INJ 2.5GM/25	96
GAMMAGARD INJ 20GM/200.....	96
GAMMAGARD INJ 30GM/300.....	96
GAMMAGARD INJ 5GM/50ML	96
GAMMAGARD SD INJ 10GM HU	96
GAMMAGARD SD INJ 5GM HU	96
GAMMAKED INJ 10GM/100	96
GAMMAKED INJ 1GM/10ML.....	96
GAMMAKED INJ 2.5GM/25.....	96
GAMMAKED INJ 20GM/200	97
GAMMAKED INJ 5GM/50ML.....	96
GAMMAPLEX INJ 10%	97
GAMMAPLEX INJ 5%.....	97
GAMUNEX-C INJ 10GM/100	97
GAMUNEX-C INJ 1GM/10ML.....	97
GAMUNEX-C INJ 2.5GM/25.....	97
GAMUNEX-C INJ 20GM/200	97
GAMUNEX-C INJ 40/400ML.....	97
GAMUNEX-C INJ 5GM/50ML.....	97
GANCICLOVIR INJ 500MG	14
<i>ganciclovir sodium for inj 500 mg</i>	14
GARDASIL 9 INJ.....	98
<i>gatifloxacin ophth soln 0.5%</i>	109
GATTEX KIT 5MG	88
GAUZE PADS 2	71
<i>gavilyte-c sol</i>	88
<i>gavilyte-g sol</i>	88
<i>gavilyte-n sol flav pk</i>	88
<i>gemcitabine hcl for inj 1 gm</i>	22

<i>gemcitabine hcl for inj 2 gm</i>	22	<i>glipizide tab er 24hr 5 mg</i>	72
<i>gemcitabine hcl for inj 200 mg</i>	22	<i>glipizide xl tab 10mg</i>	72
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>glipizide xl tab 2.5mg</i>	72
<i>mg/ml) (base equiv)</i>	22	<i>glipizide xl tab 5mg</i>	72
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>mg/ml) (base equiv)</i>	22	.....	72
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>mg/ml) (base equiv)</i>	22	.....	72
<i>gemfibrozil tab 600 mg</i>	38	<i>glipizide-metformin hcl tab 5-500 mg</i> .	73
<i>generlac sol 10gm/15</i>	88	GLUCAGEN INJ HYPOKIT	82
<i>gengraf cap 100mg</i>	98	GLUCAGON KIT 1MG	82
<i>gengraf cap 25mg</i>	98	<i>glyburide micronized tab 1.5 mg</i>	73
<i>gengraf sol 100mg/ml</i>	98	<i>glyburide micronized tab 3 mg</i>	73
<i>gentak oin 0.3% op</i>	109	<i>glyburide micronized tab 6 mg</i>	73
<i>gentamicin in saline inj 0.8 mg/ml</i>	6	<i>glyburide tab 1.25 mg</i>	73
<i>gentamicin in saline inj 1 mg/ml</i>	6	<i>glyburide tab 2.5 mg</i>	73
<i>gentamicin in saline inj 1.2 mg/ml</i>	6	<i>glyburide tab 5 mg</i>	73
<i>gentamicin in saline inj 1.6 mg/ml</i>	6	<i>glycopyrrolate inj 4 mg/20ml (0.2</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	6	<i>mg/ml)</i>	87
<i>gentamicin sulfate cream 0.1%</i>	116	<i>glycopyrrolate tab 1 mg</i>	87
<i>gentamicin sulfate inj 10 mg/ml</i>	6	<i>glycopyrrolate tab 2 mg</i>	87
<i>gentamicin sulfate inj 40 mg/ml</i>	6	<i>glydo gel 2%</i>	118
<i>gentamicin sulfate oint 0.1%</i>	116	<i>gnp century tab ultimate</i>	105
<i>gentamicin sulfate ophth soln 0.3%</i> ..	109	<i>gnp healthy tab eyes</i>	105
GENVOYA TAB	13	<i>gnp iron tab 45mg</i>	94
GEODON INJ 20MG	61	<i>gnp iron tab 65mg</i>	94
<i>geriaton liq</i>	105	<i>gnp little chw ones</i>	105
<i>gildagia tab 0.4-35</i>	76	<i>gnp vit c loz 60mg</i>	105
GILENYA CAP 0.5MG	69	GOLYTELY SOL.....	88
GILOTRIF TAB 20MG	27	<i>granisetron hcl inj 0.1 mg/ml</i>	85
GILOTRIF TAB 30MG	27	<i>granisetron hcl inj 1 mg/ml</i>	86
GILOTRIF TAB 40MG	27	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>glatiramer acetate soln prefilled syringe</i>		.....	86
<i>20 mg/ml</i>	69	<i>granisetron hcl tab 1 mg</i>	86
<i>glatiramer acetate soln prefilled syringe</i>		GRANIX INJ 300/0.5	93
<i>40 mg/ml</i>	69	GRANIX INJ 480/0.8.....	93
<i>glatopa inj 20mg/ml</i>	69	<i>griseofulvin microsize susp 125 mg/5ml</i> 9	
<i>glatopa inj 40mg/ml</i>	69	<i>griseofulvin microsize tab 500 mg</i>	9
GLEOSTINE CAP 100MG.....	21	<i>griseofulvin ultramicrosize tab 125 mg</i> ..	9
GLEOSTINE CAP 10MG	21	<i>griseofulvin ultramicrosize tab 250 mg</i> ..	9
GLEOSTINE CAP 40MG	21	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>glimepiride tab 1 mg</i>	72	<i>equiv)</i>	65
<i>glimepiride tab 2 mg</i>	72	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>glimepiride tab 4 mg</i>	72	<i>equiv)</i>	65
<i>glipizide tab 10 mg</i>	72	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>glipizide tab 5 mg</i>	72	<i>equiv)</i>	66
<i>glipizide tab er 24hr 10 mg</i>	72	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
<i>glipizide tab er 24hr 2.5 mg</i>	72	<i>equiv)</i>	66

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HAEGARDA INJ 2000UNIT	94
HAEGARDA INJ 3000UNIT	94
<i>halobetasol propionate cream 0.05%</i>	118
<i>halobetasol propionate oint 0.05%</i>	118
<i>haloperidol decanoate im soln 100 mg/ml</i>	61
<i>haloperidol decanoate im soln 50 mg/ml</i>	61
<i>haloperidol lactate inj 5 mg/ml</i>	61
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	61
<i>haloperidol tab 0.5 mg</i>	61
<i>haloperidol tab 1 mg</i>	61
<i>haloperidol tab 10 mg</i>	61
<i>haloperidol tab 2 mg</i>	61
<i>haloperidol tab 20 mg</i>	61
<i>haloperidol tab 5 mg</i>	61
HARVONI TAB 90-400MG	14
HAVRIX INJ 1440UNIT	98
HAVRIX INJ 720UNIT	98
<i>healthy eyes tab</i>	105
<i>heather tab 0.35mg</i>	76
HEP SOD/NACL INJ 25000UNT	92
<i>heparin sodium (porcine) 100 unit/ml in</i> <i>d5w</i>	92
<i>heparin sodium (porcine) 40 unit/ml in</i> <i>d5w</i>	92
<i>heparin sodium (porcine) 50 unit/ml in</i> <i>d5w</i>	92
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	92
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	92
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	92
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	92
HEPARIN/NACL INJ 25000UNT	92
<i>hepatamine sol 8%</i>	101
HERCEPTIN INJ 150MG	23
HERCEPTIN INJ 440MG	23
HETLIOZ CAP 20MG	66
HEXALEN CAP 50MG	21
HIBERIX SOL 10MCG	98
HUMIRA INJ 10/0.1ML	95
HUMIRA INJ 10MG/0.2	95
HUMIRA INJ 20/0.2ML	95
HUMIRA INJ 40/0.4ML	95
HUMIRA KIT 20MG/0.4	95
HUMIRA KIT 40MG/0.8	95
HUMIRA PEDIA INJ CROHNS	95
HUMIRA PEN INJ 40/0.4ML	95
HUMIRA PEN INJ 40MG/0.8	96
HUMIRA PEN INJ CD/UC/HS	96
HUMIRA PEN INJ PS/UV	96
HUMIRA PEN KIT CD/UC/HS	96
HUMIRA PEN KIT PS/UV	96
HUMULIN R INJ U-500	71
<i>hydralazine hcl inj 20 mg/ml</i>	44
<i>hydralazine hcl tab 10 mg</i>	44
<i>hydralazine hcl tab 100 mg</i>	44
<i>hydralazine hcl tab 25 mg</i>	44
<i>hydralazine hcl tab 50 mg</i>	44
<i>hydrochlorothiazide cap 12.5 mg</i>	43
<i>hydrochlorothiazide tab 12.5 mg</i>	43
<i>hydrochlorothiazide tab 25 mg</i>	43
<i>hydrochlorothiazide tab 50 mg</i>	43
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	3
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	3
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3
<i>hydrocortisone butyrate cream 0.1%</i>	118
<i>hydrocortisone butyrate oint 0.1% ...</i>	118
<i>hydrocortisone butyrate soln 0.1% ...</i>	118
<i>hydrocortisone cream 1%</i>	118
<i>hydrocortisone cream 2.5%</i>	118
<i>hydrocortisone enema 100 mg/60ml</i> ..	87
<i>hydrocortisone lotion 2.5%</i>	118
<i>hydrocortisone oint 1%</i>	118
<i>hydrocortisone oint 2.5%</i>	118
<i>hydrocortisone rectal cream 2.5%</i>	119
<i>hydrocortisone tab 10 mg</i>	81
<i>hydrocortisone tab 20 mg</i>	81
<i>hydrocortisone tab 5 mg</i>	81
<i>hydrocortisone valerate cream 0.2%</i>	118
<i>hydrocortisone valerate oint 0.2%</i>	118
<i>hydromorphone hcl liqd 1 mg/ml</i>	3
<i>hydromorphone hcl preservative free (pf)</i> <i>inj 10 mg/ml</i>	4
<i>hydromorphone hcl tab 2 mg</i>	4
<i>hydromorphone hcl tab 4 mg</i>	4

<i>hydromorphone hcl tab 8 mg</i>	4	.....	21
<i>hydroxocobalamin acetate inj 1000</i>		<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
<i>mcg/ml (base equivalent)</i>	105	.....	21
<i>hydroxychloroquine sulfate tab 200 mg</i>		ILEVRO DRO 0.3% OP	109
.....	96	<i>imatinib mesylate tab 100 mg (base</i>	
<i>hydroxyprogesterone caproate im in oil</i>		<i>equivalent)</i>	27
<i>1.25 gm/5ml</i>	25	<i>imatinib mesylate tab 400 mg (base</i>	
<i>hydroxyurea cap 500 mg</i>	29	<i>equivalent)</i>	27
<i>hydroxyzine hcl im soln 25 mg/ml</i>	111	IMBRUVICA CAP 140MG	27
<i>hydroxyzine hcl im soln 50 mg/ml</i>	111	IMBRUVICA CAP 70MG.....	27
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	111	IMBRUVICA TAB 140MG	27
<i>hydroxyzine hcl tab 10 mg</i>	112	IMBRUVICA TAB 280MG	27
<i>hydroxyzine hcl tab 25 mg</i>	112	IMBRUVICA TAB 420MG	27
<i>hydroxyzine hcl tab 50 mg</i>	112	IMBRUVICA TAB 560MG	27
<i>hydroxyzine pamoate cap 25 mg</i>	112	<i>imipenem-cilastatin intravenous for soln</i>	
<i>hydroxyzine pamoate cap 50 mg</i>	112	<i>250 mg</i>	7
HYSINGLA ER TAB 100 MG.....	4	<i>imipenem-cilastatin intravenous for soln</i>	
HYSINGLA ER TAB 120 MG.....	4	<i>500 mg</i>	7
HYSINGLA ER TAB 20 MG.....	4	<i>imipramine hcl tab 10 mg</i>	56
HYSINGLA ER TAB 30 MG.....	4	<i>imipramine hcl tab 25 mg</i>	56
HYSINGLA ER TAB 40 MG.....	4	<i>imipramine hcl tab 50 mg</i>	56
HYSINGLA ER TAB 60 MG.....	4	<i>imiquimod cream 5%</i>	119
HYSINGLA ER TAB 80 MG.....	4	IMOVAX RABIE INJ 2.5/ML	98
I		<i>incassia tab 0.35mg</i>	76
I.L.X. B-12 ELX.....	94	INCRELEX INJ 40MG/4ML	82
<i>ibandronate sodium tab 150 mg (base</i>		INCRUSE ELPT INH 62.5MCG	111
<i>equivalent)</i>	74	<i>indapamide tab 1.25 mg</i>	43
IBRANCE CAP 100MG	23	<i>indapamide tab 2.5 mg</i>	43
IBRANCE CAP 125MG	23	INFANRIX INJ	98
IBRANCE CAP 75MG	23	INFED INJ 50MG/ML	94
<i>ibuprofen susp 100 mg/5ml</i>	1	INFUVITE INJ.....	105
<i>ibuprofen tab 400 mg</i>	1	INFUVITE INJ ADULT	105
<i>ibuprofen tab 600 mg</i>	1	INFUVITE INJ PEDIATRI	105
<i>ibuprofen tab 800 mg</i>	1	INJECTAFER INJ 750/15ML	94
ICAPS AREDS TAB FORMULA	105	INLYTA TAB 1MG.....	27
<i>icaps cap</i>	105	INLYTA TAB 5MG.....	27
<i>icaps lutein cap /omega-3</i>	105	INSULIN PEN NEEDLE	71
<i>icaps mv tab</i>	105	INSULIN SAFETY NEEDLES	71
ICAPS PLUS TAB	105	INSULIN SYRINGE.....	72
ICLUSIG TAB 15MG.....	27	INTEGRA CAP	94
ICLUSIG TAB 45MG.....	27	INTELENCE TAB 100MG	11
IDHIFA TAB 100MG.....	24	INTELENCE TAB 200MG	11
IDHIFA TAB 50MG.....	24	INTELENCE TAB 25MG	11
<i>iferex 150 cap</i>	94	INTRALIPID INJ 30%	101
IFEX INJ 3GM	21	INTRON A INJ 10MU	97
<i>ifosfamide for inj 1 gm</i>	21	INTRON A INJ 18MU	97
IFOSFAMIDE INJ 3GM.....	21	INTRON A INJ 25MU	97
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>		INTRON A INJ 50MU	97

<i>introvale tab</i>	76	<i>iron 100/c tab 100-250</i>	94
INVANZ INJ 1GM	7	ISENTRESS CHW 100MG	11
INVEGA SUST INJ 117/0.75	61	ISENTRESS CHW 25MG	11
INVEGA SUST INJ 156MG/ML	61	ISENTRESS HD TAB 600MG	11
INVEGA SUST INJ 234/1.5	61	ISENTRESS POW 100MG	11
INVEGA SUST INJ 39/0.25	61	ISENTRESS TAB 400MG	11
INVEGA SUST INJ 78/0.5ML	61	<i>isibloom tab</i>	76
INVEGA TRINZ INJ 273MG	61	ISOLYTE-P INJ /D5W	102
INVEGA TRINZ INJ 410MG	61	ISOLYTE-S INJ	102
INVEGA TRINZ INJ 546MG	61	<i>isoniazid inj 100 mg/ml</i>	13
INVEGA TRINZ INJ 819MG	61	<i>isoniazid syrup 50 mg/5ml</i>	13
INVIRASE CAP 200MG	11	<i>isoniazid tab 100 mg</i>	13
INVIRASE TAB 500MG	11	<i>isoniazid tab 300 mg</i>	13
INVOKAMET TAB 150-1000	73	<i>isosorbide dinitrate tab 10 mg</i>	44
INVOKAMET TAB 150-500	73	<i>isosorbide dinitrate tab 20 mg</i>	44
INVOKAMET TAB 50-1000	73	<i>isosorbide dinitrate tab 30 mg</i>	45
INVOKAMET TAB 50-500MG	73	<i>isosorbide dinitrate tab 5 mg</i>	44
INVOKAMET XR TAB 150-1000	73	<i>isosorbide dinitrate tab er 40 mg</i>	45
INVOKAMET XR TAB 150-500	73	<i>isosorbide mononitrate tab 10 mg</i>	45
INVOKAMET XR TAB 50-1000	73	<i>isosorbide mononitrate tab 20 mg</i>	45
INVOKAMET XR TAB 50-500MG	73	<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	45
INVOKANA TAB 100MG	73	<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	45
INVOKANA TAB 300MG	73	<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	45
IONOSOL-MB INJ /D5W	101	<i>isotretinoin cap 10 mg</i>	115
IPOL INJ INACTIVE	98	<i>isotretinoin cap 20 mg</i>	115
<i>ipratropium bromide inhal soln 0.02%</i>	111	<i>isotretinoin cap 30 mg</i>	115
<i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i>	111	<i>isotretinoin cap 40 mg</i>	115
<i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i>	111	<i>isradipine cap 2.5 mg</i>	41
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	111	<i>isradipine cap 5 mg</i>	41
<i>irbesartan tab 150 mg</i>	35	<i>itraconazole cap 100 mg</i>	9
<i>irbesartan tab 300 mg</i>	35	<i>ivermectin tab 3 mg</i>	7
<i>irbesartan tab 75 mg</i>	35	IXIARO INJ	99
<i>irbesartan-hydrochlorothiazide tab 150-</i> <i>12.5 mg</i>	34	J	
<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	34	JADENU SPRKL GRA 180MG	75
IRESSA TAB 250MG	27	JADENU SPRKL GRA 360MG	75
<i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i>	30	JADENU SPRKL GRA 90MG	75
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30	JADENU TAB 180MG	75
<i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i>	30	JADENU TAB 360MG	75
<i>iron 100 tab plus</i>	94	JADENU TAB 90MG	75
		JAKAFI TAB 10MG	27
		JAKAFI TAB 15MG	27
		JAKAFI TAB 20MG	27
		JAKAFI TAB 25MG	27
		JAKAFI TAB 5MG	27
		<i>jantoven tab 10mg</i>	92

<i>jantoven tab 1mg</i>	92	<i>nacl 0.33% inj</i>	102
<i>jantoven tab 2.5mg</i>	92	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	102
<i>jantoven tab 2mg</i>	92	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	102
<i>jantoven tab 3mg</i>	92	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	102
<i>jantoven tab 4mg</i>	92	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	102
<i>jantoven tab 5mg</i>	92	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	102
<i>jantoven tab 6mg</i>	92	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	102
<i>jantoven tab 7.5mg</i>	92	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	102
JANUMET TAB 50-1000	73	KCL/D5W/NACL INJ 0.15/0.2	102
JANUMET TAB 50-500MG	73	KCL/D5W/NACL INJ 0.3/0.9%	102
JANUMET XR TAB 100-1000	73	<i>kelnor 1/50 tab</i>	76
JANUMET XR TAB 50-1000	73	<i>kelnor tab 1/35</i>	76
JANUMET XR TAB 50-500MG	73	<i>ketoconazole cream 2%</i>	116
JANUVIA TAB 100MG	73	<i>ketoconazole shampoo 2%</i>	117
JANUVIA TAB 25MG	73	<i>ketoconazole tab 200 mg</i>	9
JANUVIA TAB 50MG	73	<i>ketoprofen cap 50 mg</i>	1
JENTADUETO TAB 2.5-1000	73	<i>ketoprofen cap 75 mg</i>	1
JENTADUETO TAB 2.5-500	73	<i>ketorolac tromethamine ophth soln 0.4%</i>	109
JENTADUETO TAB 2.5-850	73	<i>ketorolac tromethamine ophth soln 0.5%</i>	109
JENTADUETO TAB XR	73	KEYTRUDA INJ 100MG/4M	24
<i>jinteli tab 1mg-5mcg</i>	80	KEYTRUDA SOL 50MG	24
<i>jolivette tab 0.35mg</i>	76	<i>kimidess tab</i>	76
<i>juleber tab</i>	76	KINRIX INJ	99
JULUCA TAB 50-25MG	13	KISQALI 200 PAK FEMARA	24
<i>junel 1.5/30 tab</i>	76	KISQALI 400 PAK FEMARA	24
<i>junel 1/20 tab</i>	76	KISQALI 600 PAK FEMARA	24
<i>junel fe tab 1.5/30</i>	76	KISQALI TAB 200DOSE	24
<i>junel fe tab 1/20</i>	76	KISQALI TAB 400DOSE	24
JUXTAPID CAP 10MG	38	KISQALI TAB 600DOSE	24
JUXTAPID CAP 20MG	38	<i>klor-con 10 tab 10meq er</i>	99
JUXTAPID CAP 30MG	38	<i>klor-con 8 tab 8meq er</i>	99
JUXTAPID CAP 40MG	38	KLOR-CON M15 TAB 15MEQ ER	99
JUXTAPID CAP 5MG	38	KORLYM TAB 300MG	82
JUXTAPID CAP 60MG	38	<i>kurvelo tab 0.15/30</i>	76
K		KUVAN POW 100MG	79
KADCYLA INJ 100MG	24	KUVAN POW 500MG	79
KADCYLA INJ 160MG	24	KUVAN TAB 100MG	79
KALETRA TAB 100-25MG	13	KYNAMRO INJ 200MG/ML	38
KALETRA TAB 200-50MG	13	L	
KALYDECO PAK 50MG	113	<i>labetalol hcl tab 100 mg</i>	39
KALYDECO PAK 75MG	113		
KALYDECO TAB 150MG	113		
<i>kariva tab 28 day</i>	76		
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	102		
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	102		
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>			

<i>labetalol hcl tab 200 mg</i>	39	LENVIMA CAP 12MG	28
<i>labetalol hcl tab 300 mg</i>	39	LENVIMA CAP 14 MG	28
<i>lactated ringer's solution</i>	102	LENVIMA CAP 18 MG	28
<i>lactic acid (ammonium lactate) cream</i>		LENVIMA CAP 20 MG	28
<i>12%</i>	119	LENVIMA CAP 24 MG	28
<i>lactic acid (ammonium lactate) lotion</i>		LENVIMA CAP 4MG	27
<i>12%</i>	119	LENVIMA CAP 8 MG	27
<i>lactulose (encephalopathy) solution 10</i>		<i>lessina tab</i>	76
<i>gm/15ml</i>	88	LETAIRIS TAB 10MG	45
<i>lactulose solution 10 gm/15ml</i>	88	LETAIRIS TAB 5MG	45
<i>lamivudine oral soln 10 mg/ml</i>	11	<i>letrozole tab 2.5 mg</i>	25
<i>lamivudine tab 100 mg (hbv)</i>	14	<i>leucovorin calcium for inj 100 mg</i>	29
<i>lamivudine tab 150 mg</i>	11	<i>leucovorin calcium for inj 200 mg</i>	30
<i>lamivudine tab 300 mg</i>	11	<i>leucovorin calcium for inj 350 mg</i>	30
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>leucovorin calcium for inj 50 mg</i>	29
.....	13	<i>leucovorin calcium for inj 500 mg</i>	30
<i>lamotrigine tab 100 mg</i>	49	<i>leucovorin calcium tab 10 mg</i>	30
<i>lamotrigine tab 150 mg</i>	49	<i>leucovorin calcium tab 15 mg</i>	30
<i>lamotrigine tab 200 mg</i>	49	<i>leucovorin calcium tab 25 mg</i>	30
<i>lamotrigine tab 25 mg</i>	49	<i>leucovorin calcium tab 5 mg</i>	30
<i>lamotrigine tab chewable dispersible 25</i>		LEUKERAN TAB 2MG	21
<i>mg</i>	49	<i>leuprolide acetate inj kit 5 mg/ml</i>	25
<i>lamotrigine tab chewable dispersible 5</i>		<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>mg</i>	49	<i>(base equiv)</i>	112
<i>lamotrigine tab er 24hr 100 mg</i>	49	<i>levalbuterol hcl soln nebu conc 1.25</i>	
<i>lamotrigine tab er 24hr 200 mg</i>	49	<i>mg/0.5ml (base equiv)</i>	112
<i>lamotrigine tab er 24hr 25 mg</i>	49	<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>lamotrigine tab er 24hr 250 mg</i>	49	<i>mcg/act (base equiv)</i>	112
<i>lamotrigine tab er 24hr 300 mg</i>	49	LEVEMIR INJ	72
<i>lamotrigine tab er 24hr 50 mg</i>	49	LEVEMIR INJ FLEXTUOC	72
<i>lansoprazole cap delayed release 15 mg</i>		<i>levetiracetam in sodium chloride iv soln</i>	
.....	89	<i>1000 mg/100ml</i>	50
<i>lansoprazole cap delayed release 30 mg</i>		<i>levetiracetam in sodium chloride iv soln</i>	
.....	89	<i>1500 mg/100ml</i>	50
<i>larin fe tab 1.5/30</i>	76	<i>levetiracetam in sodium chloride iv soln</i>	
<i>larin fe tab 1/20</i>	76	<i>500 mg/100ml</i>	50
<i>larin tab 1.5/30</i>	76	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>larin tab 1/20</i>	76	<i>mg/ml)</i>	50
LASTACAFT SOL 0.25%	110	<i>levetiracetam oral soln 100 mg/ml</i>	50
<i>latanoprost ophth soln 0.005%</i>	110	<i>levetiracetam tab 1000 mg</i>	50
LATUDA TAB 120MG	61	<i>levetiracetam tab 250 mg</i>	50
LATUDA TAB 20MG	61	<i>levetiracetam tab 500 mg</i>	50
LATUDA TAB 40MG	61	<i>levetiracetam tab 750 mg</i>	50
LATUDA TAB 60MG	61	<i>levetiracetam tab er 24hr 500 mg</i>	50
LATUDA TAB 80MG	61	<i>levetiracetam tab er 24hr 750 mg</i>	50
<i>leflunomide tab 10 mg</i>	96	<i>levobunolol hcl ophth soln 0.5%</i>	110
<i>leflunomide tab 20 mg</i>	96	<i>levocarnitine inj 200 mg/ml</i>	79
LENVIMA CAP 10 MG	28	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	

.....	79	levothyroxine sodium tab 112 mcg	84
levocarnitine tab 330 mg	79	levothyroxine sodium tab 125 mcg	84
levocetirizine dihydrochloride soln 2.5		levothyroxine sodium tab 137 mcg	84
mg/5ml (0.5 mg/ml)	112	levothyroxine sodium tab 150 mcg	84
levocetirizine dihydrochloride tab 5 mg		levothyroxine sodium tab 175 mcg	84
.....	112	levothyroxine sodium tab 200 mcg	84
levofloxacin in d5w iv soln 250 mg/50ml		levothyroxine sodium tab 25 mcg	84
.....	17	levothyroxine sodium tab 300 mcg	84
levofloxacin in d5w iv soln 500		levothyroxine sodium tab 50 mcg	84
mg/100ml.....	18	levothyroxine sodium tab 75 mcg	84
levofloxacin in d5w iv soln 750		levothyroxine sodium tab 88 mcg	84
mg/150ml.....	18	levoxyl tab 100mcg	84
levofloxacin iv soln 25 mg/ml	18	levoxyl tab 112mcg	84
levofloxacin oral soln 25 mg/ml	18	levoxyl tab 125mcg	84
levofloxacin tab 250 mg.....	18	levoxyl tab 137mcg	84
levofloxacin tab 500 mg.....	18	levoxyl tab 150mcg	84
levofloxacin tab 750 mg.....	18	levoxyl tab 175mcg	84
LEVOLEUCOVOR INJ 175MG	30	levoxyl tab 200mcg	84
LEVOLEUCOVOR SOL 250MG/25	30	levoxyl tab 25mcg	84
levoleucovorin calcium for iv inj 50 mg		levoxyl tab 50mcg	84
(base equiv).....	30	levoxyl tab 75mcg	84
levoleucovorin calcium inj 175		levoxyl tab 88mcg	84
mg/17.5ml (base equiv)	30	LEXIVA SUS 50MG/ML	11
levoleucovorin calcium iv soln pf 250		LEXIVA TAB 700MG	11
mg/25ml (base equiv)	30	lidocaine hcl gel 2%	118
levonest tab	76	lidocaine hcl local inj 0.5%	5
levonorgestrel & ethinyl estradiol (91-		lidocaine hcl local inj 1%	5
day) tab 0.15-0.03 mg	76	lidocaine hcl local inj 2%	5
levonorgestrel & ethinyl estradiol tab 0.1		lidocaine hcl local preservative free (pf)	
mg-20 mcg	77	inj 0.5%.....	5
levonorgestrel & ethinyl estradiol tab		lidocaine hcl local preservative free (pf)	
0.15 mg-30 mcg	77	inj 1%	5
levonorgestrel-eth estra tab 0.05-		lidocaine hcl local preservative free (pf)	
30/0.075-40/0.125-30mg-mcg	77	inj 1.5%.....	5
levora-28 tab 0.15/30	77	lidocaine hcl soln 4%	118
levo-t tab 100mcg	83	lidocaine hcl viscous soln 2%	120
levo-t tab 112mcg	83	lidocaine oint 5%	118
levo-t tab 125mcg	83	lidocaine patch 5%	118
levo-t tab 137mcg	83	lidocaine-prilocaine cream 2.5-2.5%. 119	
levo-t tab 150mcg	84	linezolid for susp 100 mg/5ml	7
levo-t tab 175mcg	84	linezolid in sodium chloride iv soln 600	
levo-t tab 200 mcg	84	mg/300ml-0.9%	7
levo-t tab 25mcg	83	linezolid iv soln 600 mg/300ml (2	
levo-t tab 300 mcg	84	mg/ml)	7
levo-t tab 50mcg	83	linezolid tab 600 mg	7
levo-t tab 75mcg	83	LINZESS CAP 145MCG	88
levo-t tab 88mcg	83	LINZESS CAP 290MCG	88
levothyroxine sodium tab 100 mcg.....	84	LINZESS CAP 72MCG	88

<i>liothyronine sodium tab 25 mcg</i>	84
<i>liothyronine sodium tab 5 mcg</i>	84
<i>liothyronine sodium tab 50 mcg</i>	84
<i>lipoflavovit tab</i>	105
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>lisinopril tab 10 mg</i>	32
<i>lisinopril tab 2.5 mg</i>	32
<i>lisinopril tab 20 mg</i>	32
<i>lisinopril tab 30 mg</i>	32
<i>lisinopril tab 40 mg</i>	32
<i>lisinopril tab 5 mg</i>	32
<i>lithium carbonate cap 150 mg</i>	68
<i>lithium carbonate cap 300 mg</i>	68
<i>lithium carbonate cap 600 mg</i>	68
<i>lithium carbonate tab 300 mg</i>	68
<i>lithium carbonate tab er 300 mg</i>	68
<i>lithium carbonate tab er 450 mg</i>	68
<i>LITHIUM SOL 8MEQ/5ML</i>	68
<i>LONSURF TAB 15-6.14</i>	29
<i>LONSURF TAB 20-8.19</i>	29
<i>loperamide hcl cap 2 mg</i>	89
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	13
<i>lorazepam conc 2 mg/ml</i>	46
<i>lorazepam inj 2 mg/ml</i>	46
<i>lorazepam inj 4 mg/ml</i>	46
<i>lorazepam tab 0.5 mg</i>	46
<i>lorazepam tab 1 mg</i>	46
<i>lorazepam tab 2 mg</i>	46
<i>loryna tab 3-0.02mg</i>	77
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	34
<i>losartan potassium tab 100 mg</i>	35
<i>losartan potassium tab 25 mg</i>	35
<i>losartan potassium tab 50 mg</i>	35
<i>LOTEMAX GEL 0.5%</i>	109
<i>LOTEMAX OIN 0.5%</i>	109
<i>LOTEMAX SUS 0.5%</i>	109
<i>lovastatin tab 10 mg</i>	37

<i>lovastatin tab 20 mg</i>	37
<i>lovastatin tab 40 mg</i>	37
<i>loxapine succinate cap 10 mg</i>	61
<i>loxapine succinate cap 25 mg</i>	62
<i>loxapine succinate cap 5 mg</i>	61
<i>loxapine succinate cap 50 mg</i>	62
<i>LUMIGAN SOL 0.01%</i>	110
<i>LUMIZYME INJ 50MG</i>	79
<i>LUPR DEP-PED INJ 11.25MG</i>	82
<i>LUPR DEP-PED INJ 15MG</i>	82
<i>LUPR DEP-PED INJ 3M 30MG</i>	82
<i>LUPR DEP-PED INJ 7.5MG</i>	82
<i>LUPRON DEPOT INJ 11.25MG</i>	25
<i>LUPRON DEPOT INJ 3.75MG</i>	25
<i>lutra tab</i>	77
<i>LYNPARZA CAP 50MG</i>	24
<i>LYNPARZA TAB 100MG</i>	24
<i>LYNPARZA TAB 150MG</i>	24
<i>LYRICA CAP 100MG</i>	50
<i>LYRICA CAP 150MG</i>	50
<i>LYRICA CAP 200MG</i>	50
<i>LYRICA CAP 225MG</i>	50
<i>LYRICA CAP 25MG</i>	50
<i>LYRICA CAP 300MG</i>	50
<i>LYRICA CAP 50MG</i>	50
<i>LYRICA CAP 75MG</i>	50
<i>LYRICA CR TAB 165MG</i>	68
<i>LYRICA CR TAB 330MG</i>	68
<i>LYRICA CR TAB 82.5MG</i>	68
<i>LYRICA SOL 20MG/ML</i>	50
<i>LYSODREN TAB 500MG</i>	25
<i>lyza tab 0.35mg</i>	77
M	
<i>M.V.I PEDIAT INJ</i>	105
<i>M.V.I. ADULT INJ</i>	105
<i>M.V.I-12 W/O INJ VIT K</i>	105
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	116
<i>MAGNESIUM SU INJ 20/500ML</i>	99
<i>MAGNESIUM SU INJ 2GM/50ML</i>	99
<i>MAGNESIUM SU INJ 40G/1000</i>	99
<i>MAGNESIUM SU INJ 4G/100ML</i>	99
<i>MAGNESIUM SU INJ 80MG/ML</i>	99
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	99
<i>magnesium sulfate inj 50%</i>	100
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	100

<i>magnesium sulfate iv soln 20 gm/500ml</i> (40 mg/ml)	100	<i>memantine hcl oral solution 2 mg/ml..</i>	53
<i>magnesium sulfate iv soln 4 gm/100ml</i> (40 mg/ml)	100	<i>memantine hcl tab 10 mg</i>	53
<i>magnesium sulfate iv soln 4 gm/50ml</i> (80 mg/ml)	100	<i>memantine hcl tab 5 mg</i>	53
<i>magnesium sulfate iv soln 40 gm/1000ml</i> (40 mg/ml)	100	<i>MENACTRA INJ</i>	99
<i>malathion lotion 0.5%</i>	119	<i>MENVEO INJ</i>	99
<i>maprotiline hcl tab 25 mg</i>	56	<i>MEPHYTON TAB 5MG</i>	105
<i>maprotiline hcl tab 50 mg</i>	56	<i>mercaptapurine tab 50 mg</i>	22
<i>maprotiline hcl tab 75 mg</i>	56	<i>meropenem iv for soln 1 gm</i>	7
<i>marlissa tab 0.15/30</i>	77	<i>meropenem iv for soln 500 mg</i>	7
<i>MARPLAN TAB 10MG</i>	56	<i>mesalamine enema 4 gm</i>	87
<i>MATULANE CAP 50MG</i>	29	<i>mesalamine rectal enema 4 gm &</i> <i>cleanser wipe kit</i>	88
<i>MAVYRET TAB 100-40MG</i>	14	<i>mesalamine tab delayed release 800 mg</i>	88
<i>meclizine hcl tab 12.5 mg</i>	86	<i>mesna inj 100 mg/ml</i>	30
<i>meclizine hcl tab 25 mg</i>	86	<i>MESNEX TAB 400MG</i>	30
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	77	<i>metformin hcl tab 1000 mg</i>	74
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	77	<i>metformin hcl tab 500 mg</i>	73
<i>medroxyprogesterone acetate tab 10 mg</i>	83	<i>metformin hcl tab 850 mg</i>	74
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	83	<i>metformin hcl tab er 24hr 500 mg</i>	74
<i>medroxyprogesterone acetate tab 5 mg</i>	83	<i>metformin hcl tab er 24hr 750 mg</i>	74
<i>mefloquine hcl tab 250 mg</i>	10	<i>methadone con 10mg/ml</i>	4
<i>mega multi tab men</i>	105	<i>methadone hcl soln 10 mg/5ml</i>	4
<i>mega multi tab women</i>	105	<i>methadone hcl soln 5 mg/5ml</i>	4
<i>MEGA MULTIVI TAB MEN</i>	105	<i>methadone hcl tab 10 mg</i>	4
<i>MEGA MULTIVI TAB WOMEN</i>	105	<i>methadone hcl tab 5 mg</i>	4
<i>megestrol acetate susp 40 mg/ml</i>	25	<i>methazolamide tab 25 mg</i>	43
<i>megestrol acetate susp 625 mg/5ml</i> ...	25	<i>methazolamide tab 50 mg</i>	43
<i>megestrol acetate tab 20 mg</i>	25	<i>methenamine hippurate tab 1 gm</i>	7
<i>megestrol acetate tab 40 mg</i>	25	<i>methimazole tab 10 mg</i>	84
<i>MEKINIST TAB 0.5MG</i>	28	<i>methimazole tab 5 mg</i>	84
<i>MEKINIST TAB 2MG</i>	28	<i>methocarbamol tab 500 mg</i>	69
<i>MEKTOVI TAB 15MG</i>	28	<i>methocarbamol tab 750 mg</i>	69
<i>meloxicam tab 15 mg</i>	2	<i>methotrexate sodium for inj 1 gm</i>	22
<i>meloxicam tab 7.5 mg</i>	2	<i>methotrexate sodium inj 250 mg/10ml</i> (25 mg/ml)	22
<i>melphalan hcl for inj 50 mg (base equiv)</i>	21	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	22
<i>memantine hcl cap er 24hr 14 mg</i>	53	<i>methotrexate sodium inj pf 1000</i> <i>mg/40ml (25 mg/ml)</i>	22
<i>memantine hcl cap er 24hr 21 mg</i>	53	<i>methotrexate sodium inj pf 250 mg/10ml</i> (25 mg/ml)	22
<i>memantine hcl cap er 24hr 28 mg</i>	53	<i>methotrexate sodium inj pf 50 mg/2ml</i> (25 mg/ml)	22
<i>memantine hcl cap er 24hr 7 mg</i>	53	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	96
		<i>methyclothiazide tab 5 mg</i>	43
		<i>methylphenidate hcl soln 10 mg/5ml</i> ..	66

<i>methylphenidate hcl soln 5 mg/5ml.....</i>	<i>66</i>	<i>metoprolol tartrate iv soln 5 mg/5ml ..</i>	<i>40</i>
<i>methylphenidate hcl tab 10 mg</i>	<i>66</i>	<i>metoprolol tartrate iv soln cart inj 5</i>	
<i>methylphenidate hcl tab 20 mg</i>	<i>66</i>	<i>mg/5ml (1 mg/ml)</i>	<i>40</i>
<i>methylphenidate hcl tab 5 mg</i>	<i>66</i>	<i>metoprolol tartrate tab 100 mg.....</i>	<i>40</i>
<i>methylphenidate hcl tab er 10 mg.....</i>	<i>66</i>	<i>metoprolol tartrate tab 25 mg.....</i>	<i>40</i>
<i>methylphenidate hcl tab er 20 mg.....</i>	<i>66</i>	<i>metoprolol tartrate tab 50 mg.....</i>	<i>40</i>
<i>methylprednisolone acetate inj susp 40</i>		<i>metronidazole cream 0.75%</i>	<i>119</i>
<i>mg/ml</i>	<i>81</i>	<i>metronidazole gel 0.75%</i>	<i>119</i>
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>mg/ml</i>	<i>81</i>	<i>mg/100ml</i>	<i>7</i>
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole lotion 0.75%</i>	<i>119</i>
<i>mg (base equiv)</i>	<i>81</i>	<i>metronidazole tab 250 mg.....</i>	<i>8</i>
<i>methylprednisolone sod succ for inj 125</i>		<i>metronidazole tab 500 mg.....</i>	<i>8</i>
<i>mg (base equiv)</i>	<i>81</i>	<i>metronidazole vaginal gel 0.75%</i>	<i>91</i>
<i>methylprednisolone sod succ for inj 40</i>		<i>mexiletine hcl cap 150 mg.....</i>	<i>36</i>
<i>mg (base equiv)</i>	<i>81</i>	<i>mexiletine hcl cap 200 mg.....</i>	<i>36</i>
<i>methylprednisolone tab 16 mg</i>	<i>81</i>	<i>mexiletine hcl cap 250 mg.....</i>	<i>36</i>
<i>methylprednisolone tab 32 mg</i>	<i>81</i>	<i>MG SO4/D5W INJ 10MG/ML.....</i>	<i>100</i>
<i>methylprednisolone tab 4 mg</i>	<i>81</i>	<i>MG SO4/D5W INJ 20MG/ML.....</i>	<i>100</i>
<i>methylprednisolone tab 8 mg</i>	<i>81</i>	<i>MIACALCIN INJ 200/ML.....</i>	<i>82</i>
<i>methylprednisolone tab therapy pack 4</i>		<i>midodrine hcl tab 10 mg</i>	<i>44</i>
<i>mg (21).....</i>	<i>81</i>	<i>midodrine hcl tab 2.5 mg</i>	<i>44</i>
<i>metipranolol ophth soln 0.3%.....</i>	<i>110</i>	<i>midodrine hcl tab 5 mg</i>	<i>44</i>
<i>metoclopramide hcl inj 5 mg/ml (base</i>		<i>migergot sup 2/100.....</i>	<i>67</i>
<i>equivalent)</i>	<i>86</i>	<i>miglustat cap 100 mg</i>	<i>79</i>
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>mili tab 0.25/35</i>	<i>77</i>
<i>mg/10ml) (base equiv).....</i>	<i>86</i>	<i>minitrans dis 0.1mg/hr.....</i>	<i>45</i>
<i>metoclopramide hcl tab 10 mg (base</i>		<i>minitrans dis 0.2mg/hr.....</i>	<i>45</i>
<i>equivalent)</i>	<i>86</i>	<i>minitrans dis 0.4mg/hr.....</i>	<i>45</i>
<i>metoclopramide hcl tab 5 mg (base</i>		<i>minitrans dis 0.6mg/hr.....</i>	<i>45</i>
<i>equivalent)</i>	<i>86</i>	<i>minocycline hcl cap 100 mg.....</i>	<i>20</i>
<i>metolazone tab 10 mg.....</i>	<i>43</i>	<i>minocycline hcl cap 50 mg</i>	<i>20</i>
<i>metolazone tab 2.5 mg.....</i>	<i>43</i>	<i>minocycline hcl cap 75 mg</i>	<i>20</i>
<i>metolazone tab 5 mg</i>	<i>43</i>	<i>minoxidil tab 10 mg.....</i>	<i>44</i>
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minoxidil tab 2.5 mg.....</i>	<i>44</i>
<i>100-25 mg.....</i>	<i>39</i>	<i>mirtazapine orally disintegrating tab 15</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	<i>56</i>
<i>100-50 mg.....</i>	<i>39</i>	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoprolol & hydrochlorothiazide tab 50-</i>		<i>mg</i>	<i>56</i>
<i>25 mg</i>	<i>39</i>	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>mg</i>	<i>56</i>
<i>(tartrate equiv)</i>	<i>40</i>	<i>mirtazapine tab 15 mg.....</i>	<i>56</i>
<i>metoprolol succinate tab er 24hr 200 mg</i>		<i>mirtazapine tab 30 mg.....</i>	<i>56</i>
<i>(tartrate equiv)</i>	<i>40</i>	<i>mirtazapine tab 45 mg.....</i>	<i>56</i>
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>mirtazapine tab 7.5 mg.....</i>	<i>56</i>
<i>(tartrate equiv)</i>	<i>39</i>	<i>misoprostol tab 100 mcg.....</i>	<i>89</i>
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>misoprostol tab 200 mcg.....</i>	<i>89</i>
<i>(tartrate equiv)</i>	<i>40</i>	<i>MITIGARE CAP 0.6MG</i>	<i>1</i>

<i>mitomycin for iv soln 20 mg</i>	21	<i>morphine sulfate tab 30 mg</i>	4
<i>mitomycin for iv soln 40 mg</i>	21	<i>morphine sulfate tab er 100 mg</i>	4
<i>mitomycin for iv soln 5 mg</i>	21	<i>morphine sulfate tab er 15 mg</i>	4
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	29	<i>morphine sulfate tab er 200 mg</i>	4
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	29	<i>morphine sulfate tab er 30 mg</i>	4
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	29	<i>morphine sulfate tab er 60 mg</i>	4
<i>M-M-R II INJ</i>	99	<i>MOVANTIK TAB 12.5MG</i>	89
<i>moexipril hcl tab 15 mg</i>	32	<i>MOVANTIK TAB 25MG</i>	89
<i>moexipril hcl tab 7.5 mg</i>	32	<i>MOVIPREP SOL</i>	88
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	31	<i>MOXEZA SOL 0.5%</i>	109
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	31	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	109
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	31	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	18
<i>mometasone furoate cream 0.1%</i>	118	<i>MOZOBIL INJ</i>	93
<i>mometasone furoate oint 0.1%</i>	118	<i>mult vitamin tab essent</i>	105
<i>mometasone furoate solution 0.1% (lotion)</i>	118	<i>mult vitamin tab mens</i>	105
<i>mononessa tab</i>	77	<i>mult vitamin tab womens</i>	105
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	112	<i>MULTAQ TAB 400MG</i>	36
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	113	<i>multi-delyn liq</i>	105
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	113	<i>MULTI-DELYN LIQ /IRON</i>	105
<i>montelukast sodium tab 10 mg (base equiv)</i>	113	<i>multiple vitamins w/ minerals tab</i>	106
<i>MORPHINE SUL INJ 10MG/ML</i>	4	<i>mupirocin oint 2%</i>	116
<i>MORPHINE SUL INJ 150/30ML</i>	4	<i>MUSTARGEN INJ 10MG</i>	21
<i>MORPHINE SUL INJ 2MG/ML</i>	4	<i>MYCAMINE INJ 100MG</i>	9
<i>MORPHINE SUL INJ 4MG/ML</i>	4	<i>MYCAMINE INJ 50MG</i>	9
<i>MORPHINE SUL INJ 5MG/ML</i>	4	<i>mycophenolate mofetil cap 250 mg</i>	98
<i>MORPHINE SUL INJ 8MG/ML</i>	4	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	98
<i>morphine sulfate inj 10 mg/ml</i>	4	<i>mycophenolate mofetil tab 500 mg</i>	98
<i>morphine sulfate inj 8 mg/ml</i>	4	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	98
<i>morphine sulfate iv soln 1 mg/ml</i>	4	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	98
<i>morphine sulfate iv soln pf 10 mg/ml</i> ...	4	<i>MYKIDZ IRON SUS 10MG/2ML</i>	106
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	<i>MYLOTARG INJ 4.5MG</i>	24
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	<i>myorisan cap 10mg</i>	115
<i>morphine sulfate oral soln 10 mg/5ml</i> ..	4	<i>myorisan cap 20mg</i>	115
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4	<i>myorisan cap 30mg</i>	115
<i>morphine sulfate oral soln 20 mg/5ml</i> ..	4	<i>myorisan cap 40mg</i>	115
<i>morphine sulfate tab 15 mg</i>	4	<i>MYRBETRIQ TAB 25MG</i>	90
		<i>MYRBETRIQ TAB 50MG</i>	90
		<i>myzilra tab</i>	77
		N	
		<i>nabumetone tab 500 mg</i>	2
		<i>nabumetone tab 750 mg</i>	2
		<i>nadolol tab 20 mg</i>	40
		<i>nadolol tab 40 mg</i>	40

<i>nadolol tab 80 mg</i>	40	<i>nefazodone hcl tab 100 mg</i>	56
<i>nafticillin sodium for inj 1 gm</i>	19	<i>nefazodone hcl tab 150 mg</i>	56
<i>nafticillin sodium for inj 2 gm</i>	19	<i>nefazodone hcl tab 200 mg</i>	56
<i>nafticillin sodium for iv soln 1 gm</i>	19	<i>nefazodone hcl tab 250 mg</i>	56
<i>nafticillin sodium for iv soln 10 gm</i>	19	<i>nefazodone hcl tab 50 mg</i>	56
<i>nafticillin sodium for iv soln 2 gm</i>	19	<i>neomycin sulfate tab 500 mg</i>	6
NAGLAZYME INJ 1MG/ML	79	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nalbuphine hcl inj 10 mg/ml</i>	2	<i>5(3.5)mg-400unt-10000unt op oin</i> ...	109
<i>nalbuphine hcl inj 20 mg/ml</i>	2	<i>neomycin-polymyx-gramicid op sol</i> 1.75-	
<i>naloxone hcl inj 0.4 mg/ml</i>	70	<i>10000-0.025mg-unt-mg/ml</i>	109
<i>naloxone hcl inj 4 mg/10ml</i>	70	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> ..	70	<i>ophth oint 0.1%</i>	108
<i>naloxone hcl soln prefilled syringe 2</i>		<i>neomycin-polymyxin-dexamethasone</i>	
<i>mg/2ml</i>	70	<i>ophth susp 0.1%</i>	108
<i>naltrexone hcl tab 50 mg</i>	70	<i>neomycin-polymyxin-hc ophth susp..</i>	108
NAMENDA XR CAP 14MG.....	53	<i>neomycin-polymyxin-hc otic soln 1%</i>	120
NAMENDA XR CAP 21MG.....	53	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
NAMENDA XR CAP 28MG.....	53	<i>mg/ml-10000 unit/ml-1%</i>	120
NAMENDA XR CAP 7MG	53	NEPHRAMINE INJ 5.4%	101
NAMENDA XR CAP TITRATIO	53	NERLYNX TAB 40MG	28
NAMZARIC CAP.....	53	NEUPOGEN INJ 300/0.5	93
NAMZARIC CAP 14-10MG.....	53	NEUPOGEN INJ 300MCG.....	93
NAMZARIC CAP 21-10MG.....	53	NEUPOGEN INJ 480/0.8	93
NAMZARIC CAP 28-10MG.....	53	NEUPOGEN INJ 480MCG.....	93
NAMZARIC CAP 7-10MG.....	53	NEUPRO DIS 1MG/24HR.....	58
<i>naproxen dr tab 375mg</i>	2	NEUPRO DIS 2MG/24HR.....	58
<i>naproxen dr tab 500mg</i>	2	NEUPRO DIS 3MG/24HR.....	58
<i>naproxen sodium tab 275 mg</i>	2	NEUPRO DIS 4MG/24HR.....	58
<i>naproxen sodium tab 550 mg</i>	2	NEUPRO DIS 6MG/24HR.....	58
<i>naproxen susp 125 mg/5ml</i>	2	NEUPRO DIS 8MG/24HR.....	58
<i>naproxen tab 250 mg</i>	2	<i>nevirapine susp 50 mg/5ml</i>	11
<i>naproxen tab 375 mg</i>	2	<i>nevirapine tab 200 mg</i>	11
<i>naproxen tab 500 mg</i>	2	<i>nevirapine tab er 24hr 100 mg</i>	11
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	67	<i>nevirapine tab er 24hr 400 mg</i>	11
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		NEXAVAR TAB 200MG	28
.....	67	<i>niacin cap 500mg</i>	106
NARCAN SPR.....	70	<i>niacin cap er 250 mg</i>	106
NASCOBAL SPR 500MCG.....	106	<i>niacin cap er 500 mg</i>	106
NATACYN SUS 5% OP	109	<i>niacin tab 500 mg</i>	106
<i>nateglinide tab 120 mg</i>	74	<i>niacin tab er 1000 mg</i>	
<i>nateglinide tab 60 mg</i>	74	<i>(antihyperlipidemic)</i>	38
NATPARA INJ 100MCG	82	<i>niacin tab er 500 mg</i>	106
NATPARA INJ 25MCG.....	82	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
NATPARA INJ 50MCG.....	82	.....	38
NATPARA INJ 75MCG.....	82	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
NEBUPENT INH 300MG	8	.....	38
<i>necon tab 0.5/35</i>	77	<i>niacinamide tab 500 mg</i>	106
<i>necon tab 7/7/7</i>	77	<i>niacor tab 500mg</i>	38

<i>nicardipine hcl cap 20 mg</i>	42	<i>1.5 mg-30 mcg</i>	77
<i>nicardipine hcl cap 30 mg</i>	42	<i>norethindrone ace & ethinyl estradiol-fe</i>	
NICOTROL INH	70	<i>tab 1 mg-20 mcg</i>	77
NICOTROL NS SPR 10MG/ML.....	70	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr 30 mg</i>	42	<i>tab 1.5 mg-30 mcg</i>	77
<i>nifedipine tab er 24hr 60 mg</i>	42	<i>norethindrone acetate tab 5 mg</i>	83
<i>nifedipine tab er 24hr 90 mg</i>	42	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>tab 1 mg-5 mcg</i>	80
<i>mg</i>	42	<i>norethindrone ac-ethinyl estrad-fe tab 1-</i>	
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>20/1-30/1-35 mg-mcg</i>	77
<i>mg</i>	42	<i>norethindrone tab 0.35 mg</i>	77
<i>nifedipine tab er 24hr osmotic release 90</i>		<i>norethindrone-eth estradiol tab 0.5-</i>	
<i>mg</i>	42	<i>35/1-35/0.5-35 mg-mcg</i>	77
<i>nikki tab 3-0.02mg</i>	77	<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>nilutamide tab 150 mg</i>	25	<i>mg-35 mcg</i>	77
<i>nimodipine cap 30 mg</i>	42	<i>norgestimate-eth estrad tab 0.18-</i>	
NINLARO CAP 2.3MG.....	24	<i>25/0.215-25/0.25-25 mg-mcg</i>	77
NINLARO CAP 3MG.....	24	<i>norgestimate-eth estrad tab 0.18-</i>	
NINLARO CAP 4MG.....	24	<i>35/0.215-35/0.25-35 mg-mcg</i>	78
NIPENT INJ 10MG	22	<i>norgestrel & ethinyl estradiol tab 0.3 mg-</i>	
NITRO-BID OIN 2%	45	<i>30 mcg</i>	78
NITRO-DUR DIS 0.3MG/HR	45	<i>norlyroc tab 0.35mg</i>	78
NITRO-DUR DIS 0.8MG/HR	45	NORMOSOL -M INJ /D5W	102
<i>nitrofurantoin macrocrystalline cap 100</i>		NORMOSOL -R INJ /D5W.....	102
<i>mg</i>	8	NORMOSOL-R INJ PH 7.4	102
<i>nitrofurantoin macrocrystalline cap 50</i>		NORPACE CAP 100MG CR	36
<i>mg</i>	8	NORPACE CAP 150MG CR	36
<i>nitrofurantoin monohydrate</i>		NORTHERA CAP 100MG	44
<i>macrocrystalline cap 100 mg</i>	8	NORTHERA CAP 200MG.....	44
<i>nitroglycerin sl tab 0.3 mg</i>	45	NORTHERA CAP 300MG.....	44
<i>nitroglycerin sl tab 0.4 mg</i>	45	<i>nortrel tab 0.5/35</i>	78
<i>nitroglycerin sl tab 0.6 mg</i>	45	<i>nortrel tab 1/35</i>	78
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	45	<i>nortrel tab 7/7/7</i>	78
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	45	<i>nortriptyline hcl cap 10 mg</i>	56
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	45	<i>nortriptyline hcl cap 25 mg</i>	56
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	45	<i>nortriptyline hcl cap 50 mg</i>	56
NIVA-PLUS TAB	106	<i>nortriptyline hcl cap 75 mg</i>	56
NORDITROPIN INJ 10/1.5ML	82	<i>nortriptyline hcl soln 10 mg/5ml</i>	56
NORDITROPIN INJ 15/1.5ML	82	NORVIR CAP 100MG	11
NORDITROPIN INJ 30/3ML	82	NORVIR POW 100MG	11
NORDITROPIN INJ 5/1.5ML	82	NORVIR SOL 80MG/ML.....	11
<i>norelgestromin-ethinyl estradiol td ptwk</i>		NORVIR TAB 100MG	11
<i>150-35 mcg/24hr</i>	77	NOVAFERRUM CAP 50MG	94
<i>norethindrone & mestranol tab 1 mg-50</i>		NOVAFERRUM DRO 15MG/ML	94
<i>mcg</i>	77	NOVAFERRUM LIQ 125.....	94
<i>norethindrone ace & ethinyl estradiol tab</i>		NOVOLIN INJ 70/30.....	72
<i>1 mg-20 mcg</i>	77	NOVOLIN N INJ U-100	72
<i>norethindrone ace & ethinyl estradiol tab</i>		NOVOLIN R INJ U-100	72

NOVOLOG INJ 100/ML	72	<i>mg/ml)</i>	82
NOVOLOG INJ FLEXPEN	72	<i>ocuvite tab lutein</i>	106
NOVOLOG INJ PENFILL	72	ODEFSEY TAB	13
NOVOLOG MIX INJ 70/30	72	ODOMZO CAP 200MG	24
NOVOLOG MIX INJ FLEXPEN	72	OFEV CAP 100MG	113
NOXAFIL SUS 40MG/ML	9	OFEV CAP 150MG	113
NOXAFIL TAB 100MG	10	<i>ofloxacin ophth soln 0.3%</i>	109
NUCYNTA ER TAB 100MG	4	<i>ofloxacin otic soln 0.3%</i>	120
NUCYNTA ER TAB 150MG	5	<i>olanzapine for im inj 10 mg</i>	62
NUCYNTA ER TAB 200MG	5	<i>olanzapine orally disintegrating tab 10</i>	
NUCYNTA ER TAB 250MG	5	<i>mg</i>	62
NUCYNTA ER TAB 50MG	4	<i>olanzapine orally disintegrating tab 15</i>	
NUEDEXTA CAP 20-10MG	68	<i>mg</i>	62
NULOJIX INJ 250MG	98	<i>olanzapine orally disintegrating tab 20</i>	
NULYTELY SOL FLAV PKS	88	<i>mg</i>	62
NUPLAZID CAP 34MG	62	<i>olanzapine orally disintegrating tab 5 mg</i>	
NUPLAZID TAB 10MG	62	.....	62
NUPLAZID TAB 17MG	62	<i>olanzapine tab 10 mg</i>	62
NUVARING MIS	78	<i>olanzapine tab 15 mg</i>	62
<i>nyamyc pow 100000</i>	116	<i>olanzapine tab 2.5 mg</i>	62
NYMALIZE SOL 30/10ML	42	<i>olanzapine tab 20 mg</i>	62
<i>nystatin cream 100000 unit/gm</i>	116	<i>olanzapine tab 5 mg</i>	62
<i>nystatin oint 100000 unit/gm</i>	116	<i>olanzapine tab 7.5 mg</i>	62
<i>nystatin susp 100000 unit/ml</i>	120	<i>olmesartan medoxomil tab 20 mg</i>	35
<i>nystatin tab 500000 unit</i>	10	<i>olmesartan medoxomil tab 40 mg</i>	35
<i>nystatin topical powder 100000 unit/gm</i>		<i>olmesartan medoxomil tab 5 mg</i>	35
.....	116	<i>olmesartan medoxomil-</i>	
<i>nystop pow 100000</i>	116	<i>hydrochlorothiazide tab 20-12.5 mg</i> ...	34
O		<i>olmesartan medoxomil-</i>	
O-CAL FA TAB	106	<i>hydrochlorothiazide tab 40-12.5 mg</i> ...	34
OCTAGAM INJ 10/100ML	97	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 10GM	97	<i>hydrochlorothiazide tab 40-25 mg</i>	34
OCTAGAM INJ 1GM	97	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 2.5GM	97	<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	34
OCTAGAM INJ 20/200ML	97	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 25GM	97	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	
OCTAGAM INJ 2GM/20ML	97	.....	35
OCTAGAM INJ 5GM	97	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 5GM/50ML	97	<i>hydrochlorothiazide tab 40-10-25 mg</i> .	35
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	82	<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	34
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan-amlodipine-</i>	
<i>mg/ml)</i>	82	<i>hydrochlorothiazide tab 40-5-25 mg</i> ...	35
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>mg/ml)</i>	82	<i>equivalent)</i>	110
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>omega-3-acid ethyl esters cap 1 gm</i> ...	38
<i>mg/ml)</i>	82	<i>omeprazole cap delayed release 10 mg</i>	89
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>omeprazole cap delayed release 20 mg</i>	90

<i>omeprazole cap delayed release 40 mg</i>	90
<i>once daily tab</i>	106
<i>once daily tab iron</i>	106
ONCOVITE TAB.....	106
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	86
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	86
<i>ondansetron hcl oral soln 4 mg/5ml</i> ...	86
<i>ondansetron hcl tab 24 mg</i>	86
<i>ondansetron hcl tab 4 mg</i>	86
<i>ondansetron hcl tab 8 mg</i>	86
<i>ondansetron orally disintegrating tab 4 mg</i>	86
<i>ondansetron orally disintegrating tab 8 mg</i>	86
<i>one daily tab</i>	106
<i>one daily tab maximum</i>	106
<i>one daily tab mens</i>	106
<i>one daily tab mens 50+</i>	106
<i>one daily tab pls iron</i>	106
<i>one daily tab plus iro</i>	106
<i>one daily tab womens</i>	106
ONFI SUS 2.5MG/ML	50
ONFI TAB 10MG.....	50
ONFI TAB 20MG.....	50
OPSUMIT TAB 10MG.....	46
ORFADIN CAP 10MG.....	79
ORFADIN CAP 20MG.....	79
ORFADIN CAP 2MG	79
ORFADIN CAP 5MG	79
ORFADIN SUS 4MG/ML.....	79
ORKAMBI GRA 100-125	113
ORKAMBI GRA 150-188	113
ORKAMBI TAB 100-125	113
ORKAMBI TAB 200-125	113
<i>orsythia tab</i>	78
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	14
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	14
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	14
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	14
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	19
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	19
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	19
<i>oxaliplatin for iv inj 100 mg</i>	29
<i>oxaliplatin for iv inj 50 mg</i>	29
<i>oxaliplatin iv soln 100 mg/20ml</i>	29
<i>oxaliplatin iv soln 50 mg/10ml</i>	29
<i>oxandrolone tab 10 mg</i>	71
<i>oxandrolone tab 2.5 mg</i>	71
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	50
<i>oxcarbazepine tab 150 mg</i>	50
<i>oxcarbazepine tab 300 mg</i>	50
<i>oxcarbazepine tab 600 mg</i>	50
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	90
<i>oxybutynin chloride tab 5 mg</i>	90
<i>oxybutynin chloride tab er 24hr 10 mg</i>	90
<i>oxybutynin chloride tab er 24hr 15 mg</i>	90
<i>oxybutynin chloride tab er 24hr 5 mg</i> .	90
<i>oxycodone hcl cap 5 mg</i>	5
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	5
<i>oxycodone hcl soln 5 mg/5ml</i>	5
<i>oxycodone hcl tab 10 mg</i>	5
<i>oxycodone hcl tab 15 mg</i>	5
<i>oxycodone hcl tab 20 mg</i>	5
<i>oxycodone hcl tab 30 mg</i>	5
<i>oxycodone hcl tab 5 mg</i>	5
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
OXYCONTIN TAB 10MG CR	5
OXYCONTIN TAB 15MG CR	5
OXYCONTIN TAB 20MG CR	5
OXYCONTIN TAB 30MG CR	5
OXYCONTIN TAB 40MG CR	5
OXYCONTIN TAB 60MG CR	5
OXYCONTIN TAB 80MG CR	5
OZEMPIC INJ 2/1.5ML.....	72
P	
<i>pacerone tab 100mg</i>	36
<i>pacerone tab 200mg</i>	36
<i>pacerone tab 400mg</i>	36

<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	23	<i>penicillin g potassium for inj 20000000 unit</i>	20
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	23	<i>penicillin g potassium for inj 5000000 unit</i>	20
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	23	<i>penicillin g sodium for inj 5000000 unit</i>	20
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	23	<i>penicillin v potassium for soln 125 mg/5ml</i>	20
<i>paliperidone tab er 24hr 1.5 mg</i>	62	<i>penicillin v potassium for soln 250 mg/5ml</i>	20
<i>paliperidone tab er 24hr 3 mg</i>	62	<i>penicillin v potassium tab 250 mg</i>	20
<i>paliperidone tab er 24hr 6 mg</i>	62	<i>penicillin v potassium tab 500 mg</i>	20
<i>paliperidone tab er 24hr 9 mg</i>	62	PENTACEL INJ.....	99
<i>pamidronate disodium for inj 30 mg</i>	74	PENTAM 300 INJ 300MG.....	8
<i>pamidronate disodium for inj 90 mg</i>	74	<i>pentoxifylline tab er 400 mg</i>	95
<i>pamidronate disodium iv soln 3 mg/ml</i> 74		<i>perindopril erbumine tab 2 mg</i>	32
<i>pamidronate disodium iv soln 9 mg/ml</i> 74		<i>perindopril erbumine tab 4 mg</i>	32
PAMIDRONATE INJ 6MG/ML.....	74	<i>perindopril erbumine tab 8 mg</i>	32
PANRETIN GEL 0.1%	119	<i>periogard sol 0.12%</i>	120
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	90	<i>permethrin cream 5%</i>	119
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	90	<i>perphenazine tab 16 mg</i>	62
<i>paricalcitol cap 1 mcg</i>	106	<i>perphenazine tab 2 mg</i>	62
<i>paricalcitol cap 2 mcg</i>	106	<i>perphenazine tab 4 mg</i>	62
<i>paricalcitol cap 4 mcg</i>	106	<i>perphenazine tab 8 mg</i>	62
<i>paromomycin sulfate cap 250 mg</i>	6	<i>phenelzine sulfate tab 15 mg</i>	56
<i>paroxetine hcl tab 10 mg</i>	56	PHENOBARB INJ 65MG/ML	50
<i>paroxetine hcl tab 20 mg</i>	56	<i>phenobarbital elixir 20 mg/5ml</i>	50
<i>paroxetine hcl tab 30 mg</i>	56	<i>phenobarbital sodium inj 130 mg/ml</i> ..	50
<i>paroxetine hcl tab 40 mg</i>	56	<i>phenobarbital tab 100 mg</i>	51
PASER GRA 4GM.....	13	<i>phenobarbital tab 15 mg</i>	50
PAXIL SUS 10MG/5ML	56	<i>phenobarbital tab 16.2 mg</i>	51
PAZEO DRO 0.7%	110	<i>phenobarbital tab 30 mg</i>	51
PEDIARIX INJ 0.5ML.....	99	<i>phenobarbital tab 32.4 mg</i>	51
PEDVAX HIB INJ	99	<i>phenobarbital tab 60 mg</i>	51
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	88	<i>phenobarbital tab 64.8 mg</i>	51
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	88	<i>phenobarbital tab 97.2 mg</i>	51
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	88	PHENYTEK CAP 200MG.....	51
PEGANONE TAB 250MG	50	PHENYTEK CAP 300MG.....	51
PEGASYS INJ.....	14	<i>phenytoin chew tab 50 mg</i>	51
PEGASYS INJ 180MCG/M	14	<i>phenytoin sodium extended cap 100 mg</i>	51
PEGASYS INJ PROCLICK	14	<i>phenytoin sodium extended cap 200 mg</i>	51
PEN G PROC INJ 600000.....	19	<i>phenytoin sodium extended cap 300 mg</i>	51
PENICILL GK/ INJ DEX 2MU.....	20	<i>phenytoin sodium inj 50 mg/ml</i>	51
PENICILL GK/ INJ DEX 3MU.....	20	<i>phenytoin susp 125 mg/5ml</i>	51
		<i>philith tab 0.4-35</i>	78

PHOSPHOLINE SOL 0.125%OP	110	POMALYST CAP 3MG	25
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>		POMALYST CAP 4MG	25
.....	106	PORENAL+D CAP OMEGA 3	106
<i>phytonadione inj 10 mg/ml</i>	106	<i>portia-28 tab</i>	78
PICATO GEL 0.015%	119	<i>potassium chloride 20 meq/l (0.15%) in</i>	
PICATO GEL 0.05%	119	<i>dextrose 5% inj</i>	102
<i>pilocarpine hcl ophth soln 1%</i>	110	<i>potassium chloride 40 meq/l (0.3%) in</i>	
<i>pilocarpine hcl ophth soln 2%</i>	110	<i>dextrose 5% inj</i>	102
<i>pilocarpine hcl ophth soln 4%</i>	110	<i>potassium chloride cap er 10 meq</i>	100
<i>pilocarpine hcl tab 5 mg</i>	120	<i>potassium chloride cap er 8 meq</i>	100
<i>pilocarpine hcl tab 7.5 mg</i>	120	<i>potassium chloride inj 10 meq/100ml</i>	102
<i>pimozide tab 1 mg</i>	62	<i>potassium chloride inj 10 meq/50ml</i> .	102
<i>pimozide tab 2 mg</i>	62	<i>potassium chloride inj 2 meq/ml</i>	102
<i>pimtrea tab</i>	78	<i>potassium chloride inj 20 meq/100ml</i>	102
<i>pindolol tab 10 mg</i>	40	<i>potassium chloride inj 20 meq/50ml</i> .	102
<i>pindolol tab 5 mg</i>	40	<i>potassium chloride inj 40 meq/100ml</i>	102
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride microencapsulated</i>	
.....	74	<i>crys er tab 10 meq</i>	100
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride microencapsulated</i>	
.....	74	<i>crys er tab 20 meq</i>	100
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>potassium chloride oral soln 10% (20</i>	
.....	74	<i>meq/15ml)</i>	100
PIPER/TAZوبا INJ 12-1.5GM	20	<i>potassium chloride oral soln 20% (40</i>	
<i>piperacillin sod-tazobactam na for inj</i>		<i>meq/15ml)</i>	100
<i>3.375 gm (3-0.375 gm)</i>	20	<i>potassium chloride powder packet 20</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>meq</i>	100
<i>2.25 gm (2-0.25 gm)</i>	20	<i>potassium chloride tab er 10 meq</i>	100
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 20 meq (1500</i>	
<i>4.5 gm (4-0.5 gm)</i>	20	<i>mg)</i>	100
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 8 meq (600</i>	
<i>40.5 gm (36-4.5 gm)</i>	20	<i>mg)</i>	100
<i>pirmella tab 1/35</i>	78	<i>potassium citrate tab er 10 meq (1080</i>	
<i>piroxicam cap 10 mg</i>	2	<i>mg)</i>	90
<i>piroxicam cap 20 mg</i>	2	<i>potassium citrate tab er 15 meq (1620</i>	
PLASMA-LYTE INJ -148	102	<i>mg)</i>	90
PLASMA-LYTE INJ -A	102	<i>potassium citrate tab er 5 meq (540 mg)</i>	
PNV FOLIC AC TAB + IRON	106	.....	90
PNV PRENATAL TAB PLUS	106	PRADAXA CAP 110MG	92
<i>podofilox soln 0.5%</i>	119	PRADAXA CAP 150MG	92
<i>polyethylene glycol 3350 oral packet</i> ...88		PRADAXA CAP 75MG	92
<i>polyethylene glycol 3350 oral powder</i> ..88		PRALUENT INJ 150MG/ML	38
<i>polymyxin b-trimethoprim ophth soln</i>		PRALUENT INJ 75MG/ML	38
<i>10000 unit/ml-0.1%</i>	109	<i>pramipexole dihydrochloride tab 0.125</i>	
<i>poly-vita dro</i>	106	<i>mg</i>	59
<i>poly-vita dro /iron</i>	106	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>polyvitamin dro /iron</i>	106	.....	58
POMALYST CAP 1MG	25	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
POMALYST CAP 2MG	25	.....	58

<i>pramipexole dihydrochloride tab 0.75 mg</i>	PRESERVISION CAP AREDS	106
.....59	PRESERVISION CAP LUTEIN	106
<i>pramipexole dihydrochloride tab 1 mg</i> .59	PRESERVISION TAB AREDS	106
<i>pramipexole dihydrochloride tab 1.5 mg</i>	<i>prevalite pow 4gm</i>	38
.....59	<i>prevalite pow 4gm pk</i>	38
<i>prasugrel hcl tab 10 mg (base equiv)</i> ..95	<i>previfem tab</i>	78
<i>prasugrel hcl tab 5 mg (base equiv)</i> 95	PREZCOBIX TAB 800-150.....	13
<i>pravastatin sodium tab 10 mg</i> 37	PREZISTA SUS 100MG/ML.....	11
<i>pravastatin sodium tab 20 mg</i> 37	PREZISTA TAB 150MG	11
<i>pravastatin sodium tab 40 mg</i> 37	PREZISTA TAB 600MG	11
<i>pravastatin sodium tab 80 mg</i> 37	PREZISTA TAB 75MG	11
<i>praziquantel tab 600 mg</i>	PREZISTA TAB 800MG	11
.....8	PRIFTIN TAB 150MG.....	13
<i>prazosin hcl cap 1 mg</i> 33	PRIMAQUINE TAB 26.3MG	10
<i>prazosin hcl cap 2 mg</i> 33	<i>primidone tab 250 mg</i>	51
<i>prazosin hcl cap 5 mg</i> 33	<i>primidone tab 50 mg</i>	51
PRED SOD PHO SOL 1% OP	PRIVIGEN INJ 10GRAMS	97
109	PRIVIGEN INJ 20GRAMS	97
<i>prednisolone acetate ophth susp 1%</i> .109	PRIVIGEN INJ 40GRAMS	97
<i>prednisolone sod phosph oral soln 6.7</i>	PRIVIGEN INJ 5 GRAMS	97
<i>mg/5ml (5 mg/5ml base)</i> 81	<i>probenecid tab 500 mg</i>	1
<i>prednisolone sod phosphate oral soln 15</i>	PROCALAMINE INJ 3%.....	101
<i>mg/5ml (base equiv)</i> 81	<i>prochlorperazine edisylate inj 5 mg/ml</i> 86	
<i>prednisolone sodium phosphate oral soln</i>	<i>prochlorperazine maleate tab 10 mg</i>	
<i>25 mg/5ml (base eq)</i>	(base equivalent)	86
81	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisolone syrup 15 mg/5ml (usp</i>	<i>equivalent)</i>	86
<i>solution equivalent)</i> 81	<i>prochlorperazine suppos 25 mg</i>	86
PREDNISON CON 5MG/ML.....81	PROCRIT INJ 10000/ML.....	93
<i>prednisone oral soln 5 mg/5ml</i> 81	PROCRIT INJ 2000/ML	93
<i>prednisone tab 1 mg</i> 81	PROCRIT INJ 20000/ML.....	93
<i>prednisone tab 10 mg</i> 81	PROCRIT INJ 3000/ML	93
<i>prednisone tab 2.5 mg</i> 81	PROCRIT INJ 4000/ML	93
<i>prednisone tab 20 mg</i> 81	PROCRIT INJ 40000/ML.....	93
<i>prednisone tab 5 mg</i> 81	<i>procto-med cre hc 2.5%</i>	119
<i>prednisone tab 50 mg</i> 81	<i>procto-pak cre 1%</i>	119
<i>prednisone tab therapy pack 10 mg (21)</i>	<i>proctozone cre -hc 2.5%</i>	119
.....81	PROFE CAP 180MG	94
<i>prednisone tab therapy pack 10 mg (48)</i>	PROGLYCEM SUS 50MG/ML	82
.....81	PROLASTIN-C INJ 1000MG	113
<i>prednisone tab therapy pack 5 mg (21)</i>	PROLENSA SOL 0.07%.....	109
.....81	PROLIA SOL 60MG/ML	82
<i>prednisone tab therapy pack 5 mg (48)</i>	PROMACTA TAB 12.5MG.....	95
.....81	PROMACTA TAB 25MG	95
PREMASOL SOL 10%.....	PROMACTA TAB 50MG	95
101	PROMACTA TAB 75MG	95
PRENATAL TAB 27-1MG	<i>promethazine hcl inj 25 mg/ml</i>	86
106	<i>promethazine hcl inj 50 mg/ml</i>	86
PRENATAL TAB PLUS		
106		
PRENATAL VIT TAB LOW IRON.....		
106		
<i>prenatal vitamin/folic acid > 0.8 mg</i>		
(generic)		
106		
PREPLUS TAB 27-1MG		
106		

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promethazine hcl tab 12.5 mg 86
promethazine hcl tab 25 mg 86
promethazine hcl tab 50 mg 86
propafenone hcl cap er 12hr 225 mg ...36
propafenone hcl cap er 12hr 325 mg ...36
propafenone hcl cap er 12hr 425 mg ...36
propafenone hcl tab 150 mg 36
propafenone hcl tab 225 mg 36
propafenone hcl tab 300 mg 36
proparacaine hcl ophth soln 0.5% 110
propranolol & hydrochlorothiazide tab 40-25 mg 39
propranolol & hydrochlorothiazide tab 80-25 mg 39
propranolol hcl cap er 24hr 120 mg 40
propranolol hcl cap er 24hr 160 mg 40
propranolol hcl cap er 24hr 60 mg 40
propranolol hcl cap er 24hr 80 mg 40
propranolol hcl inj 1 mg/ml 40
propranolol hcl oral soln 20 mg/5ml ...40
propranolol hcl oral soln 40 mg/5ml ...40
propranolol hcl tab 10 mg 40
propranolol hcl tab 20 mg 40
propranolol hcl tab 40 mg 40
propranolol hcl tab 60 mg 40
propranolol hcl tab 80 mg 40
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 PRORENAL +D TAB 107
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 PROSOL INJ 20%.....101
protriptyline hcl tab 10 mg 56
protriptyline hcl tab 5 mg 56
 PULMICORT INH 180MCG.....114
 PULMICORT INH 90MCG 114
 PULMOZYME SOL 1MG/ML.....113
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pyrazinamide tab 500 mg 13
pyridostigmine bromide tab 60 mg 68
pyridoxine hcl inj 100 mg/ml 107
pyridoxine hcl tab 100 mg 107
pyridoxine hcl tab 25 mg 107
pyridoxine hcl tab 50 mg 107

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QUADRACEL INJ 99

quasense tab 78
quetiapine fumarate tab 100 mg 62
quetiapine fumarate tab 200 mg 62
quetiapine fumarate tab 25 mg 62
quetiapine fumarate tab 300 mg 62
quetiapine fumarate tab 400 mg 62
quetiapine fumarate tab 50 mg 62
quetiapine fumarate tab er 24hr 150 mg 63
quetiapine fumarate tab er 24hr 200 mg 63
quetiapine fumarate tab er 24hr 300 mg 63
quetiapine fumarate tab er 24hr 400 mg 63
quetiapine fumarate tab er 24hr 50 mg 62
quinapril hcl tab 10 mg 32
quinapril hcl tab 20 mg 32
quinapril hcl tab 40 mg 32
quinapril hcl tab 5 mg 32
quinapril-hydrochlorothiazide tab 10-12.5 mg 32
quinapril-hydrochlorothiazide tab 20-12.5 mg 32
quinapril-hydrochlorothiazide tab 20-25 mg 32
quinidine gluconate tab er 324 mg 36
quinidine sulfate tab 200 mg 36
quinidine sulfate tab 300 mg 36
quinine sulfate cap 324 mg 10

R

RABAVERT INJ 99
rabeprazole sodium ec tab 20 mg 90
raloxifene hcl tab 60 mg 82
ramipril cap 1.25 mg 32
ramipril cap 10 mg 32
ramipril cap 2.5 mg 32
ramipril cap 5 mg 32
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 RANEXA TAB 500MG 44
ranitidine hcl inj 150 mg/6ml (25 mg/ml) 87
ranitidine hcl inj 50 mg/2ml (25 mg/ml) 87
ranitidine hcl syrup 15 mg/ml (75 mg/5ml) 87
ranitidine hcl tab 150 mg 87

<i>ranitidine hcl tab 300 mg</i>	87	<i>rifabutin cap 150 mg</i>	13
RAPAMUNE SOL 1MG/ML.....	98	<i>rifampin cap 150 mg</i>	13
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	59	<i>rifampin cap 300 mg</i>	13
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	59	<i>rifampin for inj 600 mg</i>	13
RAYALDEE CAP 30MCG	107	RIFATER TAB	13
REBETOL SOL 40MG/ML.....	14	<i>riluzole tab 50 mg</i>	68
<i>reclipsen tab</i>	78	<i>rimantadine hydrochloride tab 100 mg</i>	15
RECOMBIVA HB INJ 10MCG/ML.....	99	<i>ringer's solution</i>	102
RECOMBIVA HB INJ 5MCG/0.5.....	99	<i>risanoid tab plus</i>	107
RECOMBIVA-HB INJ 40MCG/ML	99	RISPERDAL INJ 12.5MG	63
REGRANEX GEL 0.01%	119	RISPERDAL INJ 25MG	63
RELENZA MIS DISKHALE.....	14	RISPERDAL INJ 37.5MG	63
RELISTOR INJ 12/0.6ML	89	RISPERDAL INJ 50MG	63
RELISTOR INJ 8/0.4ML	89	<i>risperidone orally disintegrating tab 0.25 mg</i>	63
REMICADE INJ 100MG	96	<i>risperidone orally disintegrating tab 0.5 mg</i>	63
REMODULIN INJ 10MG/ML	46	<i>risperidone orally disintegrating tab 1 mg</i>	63
REMODULIN INJ 1MG/ML	46	<i>risperidone orally disintegrating tab 2 mg</i>	63
REMODULIN INJ 2.5MG/ML	46	<i>risperidone orally disintegrating tab 3 mg</i>	63
REMODULIN INJ 5MG/ML	46	<i>risperidone orally disintegrating tab 4 mg</i>	63
<i>repaglinide tab 0.5 mg</i>	74	<i>risperidone orally disintegrating tab 1 mg/ml</i>	63
<i>repaglinide tab 1 mg</i>	74	<i>risperidone tab 0.25 mg</i>	63
<i>repaglinide tab 2 mg</i>	74	<i>risperidone tab 0.5 mg</i>	63
RESCRIPTOR TAB 100 MG.....	11	<i>risperidone tab 1 mg</i>	63
RESCRIPTOR TAB 200MG	11	<i>risperidone tab 2 mg</i>	63
RESTASIS EMU 0.05%.....	111	<i>risperidone tab 3 mg</i>	63
RESTASIS MUL EMU 0.05%.....	111	<i>risperidone tab 4 mg</i>	63
RETROVIR INJ 10MG/ML	11	<i>ritonavir tab 100 mg</i>	12
REVLIMID CAP 10MG.....	26	RITUXAN INJ 100MG.....	24
REVLIMID CAP 15MG.....	26	RITUXAN INJ 500MG.....	24
REVLIMID CAP 2.5MG.....	25	RITUXAN INJ HYCELA	24
REVLIMID CAP 20MG.....	26	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	53
REVLIMID CAP 25MG.....	26	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	53
REVLIMID CAP 5MG	25	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	53
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REXULTI TAB 0.5MG.....	63	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	53
REXULTI TAB 1MG	63	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	53
REXULTI TAB 2MG	63		
REXULTI TAB 3MG	63		
REXULTI TAB 4MG	63		
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<i>ribasphere cap 200mg</i>	14		
<i>ribasphere tab 200mg</i>	14		
<i>ribasphere tab 400mg</i>	14		
<i>ribasphere tab 600mg</i>	14		
<i>ribavirin cap 200 mg</i>	15		
<i>ribavirin tab 200 mg</i>	15		

<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	SELZENTRY SOL 20MG/ML	12
.....53	SELZENTRY TAB 150MG	12
<i>rizatriptan benzoate oral disintegrating</i>	SELZENTRY TAB 25MG	12
<i>tab 10 mg (base eq)</i>	SELZENTRY TAB 300MG	12
67	SELZENTRY TAB 75MG	12
<i>rizatriptan benzoate oral disintegrating</i>	SENSIPAR TAB 30MG	74
<i>tab 5 mg (base eq)</i>	SENSIPAR TAB 60MG	75
67	SENSIPAR TAB 90MG	75
<i>rizatriptan benzoate tab 10 mg (base</i>	<i>sentry tab</i>	107
<i>equivalent)</i>	<i>sentry tab senior</i>	107
67	SEREVENT DIS AER 50MCG	112
<i>ropinirole hydrochloride tab 0.25 mg ...</i>	<i>sertraline hcl oral concentrate for</i>	
59	<i>solution 20 mg/ml</i>	57
<i>ropinirole hydrochloride tab 0.5 mg</i>	<i>sertraline hcl tab 100 mg</i>	57
59	<i>sertraline hcl tab 25 mg</i>	57
<i>ropinirole hydrochloride tab 1 mg</i>	<i>sertraline hcl tab 50 mg</i>	57
59	<i>sevelamer carbonate packet 0.8 gm ...</i>	83
<i>ropinirole hydrochloride tab 2 mg</i>	<i>sevelamer carbonate packet 2.4 gm ...</i>	83
59	<i>sevelamer carbonate tab 800 mg</i>	83
<i>ropinirole hydrochloride tab 3 mg</i>	<i>sharobel tab 0.35mg</i>	78
59	SHINGRIX INJ 50MCG	99
<i>ropinirole hydrochloride tab 4 mg</i>	SIGNIFOR INJ 0.3MG/ML	83
59	SIGNIFOR INJ 0.6MG/ML	83
<i>ropinirole hydrochloride tab 5 mg</i>	SIGNIFOR INJ 0.9MG/ML	83
59	<i>sildenafil citrate tab 20 mg</i>	46
<i>rosadan cre 0.75%</i>	SILENOR TAB 3MG	66
119	SILENOR TAB 6MG	66
<i>rosuvastatin calcium tab 10 mg</i>	<i>silver sulfadiazine cream 1%</i>	116
37	SIMBRINZA SUS 1-0.2%	110
<i>rosuvastatin calcium tab 20 mg</i>	<i>simvastatin tab 10 mg</i>	37
37	<i>simvastatin tab 20 mg</i>	37
<i>rosuvastatin calcium tab 40 mg</i>	<i>simvastatin tab 40 mg</i>	37
37	<i>simvastatin tab 5 mg</i>	37
<i>ROTARIX SUS</i>	<i>simvastatin tab 80 mg</i>	37
99	<i>sirolimus tab 0.5 mg</i>	98
<i>ROTATEQ SOL</i>	<i>sirolimus tab 1 mg</i>	98
99	<i>sirolimus tab 2 mg</i>	98
<i>roweepra tab 1000mg</i>	SIRTURO TAB 100MG	14
51	SIVEXTRO INJ 200MG	8
<i>roweepra tab 500mg</i>	SIVEXTRO TAB 200MG	8
51	SLOW REL FE TAB 143MG CR	94
<i>roweepra tab 750mg</i>	<i>sm complete tab adv form</i>	107
51	<i>sm complete tab senior</i>	107
<i>roweepra xr tab 500mg xr</i>	<i>sm vitamin e cap 400unit</i>	107
51	<i>sod ferric gluc cmplx in sucrose iv soln</i>	
<i>roweepra xr tab 750mg xr</i>	<i>12.5 mg/ml (fe eq)</i>	94
51	<i>sodium chloride inj 0.45%</i>	102
<i>RUBRACA TAB 200MG</i>	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	
24		
<i>RUBRACA TAB 250MG</i>		
24		
<i>RUBRACA TAB 300MG</i>		
24		
<i>RYDAPT CAP 25MG</i>		
28		
S		
<i>SABRIL TAB 500MG</i>		
51		
<i>SANDIMMUNE SOL 100MG/ML</i>		
98		
<i>SANDOSTATIN KIT LAR 10MG</i>		
82		
<i>SANDOSTATIN KIT LAR 20MG</i>		
83		
<i>SANDOSTATIN KIT LAR 30MG</i>		
83		
<i>SANTYL OIN 250/GM</i>		
119		
<i>SAPHRIS SUB 10MG</i>		
64		
<i>SAPHRIS SUB 2.5MG</i>		
64		
<i>SAPHRIS SUB 5MG</i>		
64		
<i>scopolamine td patch 72hr 1 mg/3days</i>		
.....87		
<i>selegiline hcl cap 5 mg</i>		
59		
<i>selegiline hcl tab 5 mg</i>		
59		
<i>selenium sulfide lotion 2.5%</i>		
117		

.....	100
<i>sodium chloride inj 3%</i>	102
<i>sodium chloride inj 5%</i>	102
<i>sodium chloride irrigation soln 0.9%</i>	119
<i>sodium chloride iv soln 0.9%</i>	102
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	100
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	79
<i>sodium phenylbutyrate tab 500 mg</i>	79
<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	75
<i>sodium polystyrene sulfonate powder</i> ..	75
SOLQUA INJ 100/33	72
SOLTAMOX SOL 10MG/5ML	25
SOLU-CORTEF INJ 250MG	82
SOMATULINE INJ 120/.5ML	83
SOMATULINE INJ 60/0.2ML	83
SOMATULINE INJ 90/0.3ML	83
SOMAVERT INJ 10MG	83
SOMAVERT INJ 15MG	83
SOMAVERT INJ 20MG	83
SOMAVERT INJ 25MG	83
SOMAVERT INJ 30MG	83
<i>sorine tab 120mg</i>	37
<i>sorine tab 160mg</i>	37
<i>sorine tab 240mg</i>	37
<i>sorine tab 80mg</i>	37
<i>sotalol hcl (afib/afl) tab 120 mg</i>	37
<i>sotalol hcl (afib/afl) tab 160 mg</i>	37
<i>sotalol hcl (afib/afl) tab 80 mg</i>	37
<i>sotalol hcl tab 120 mg</i>	37
<i>sotalol hcl tab 160 mg</i>	37
<i>sotalol hcl tab 240 mg</i>	37
<i>sotalol hcl tab 80 mg</i>	37
SOVALDI TAB 400MG	15
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	44
<i>spironolactone tab 100 mg</i>	33
<i>spironolactone tab 25 mg</i>	33
<i>spironolactone tab 50 mg</i>	33
<i>sprintec 28 tab 28 day</i>	78
SPRITAM TAB 1000MG	51
SPRITAM TAB 250MG	51
SPRITAM TAB 500MG	51
SPRITAM TAB 750MG	51
SPRYCEL TAB 100MG	28
SPRYCEL TAB 140MG	28

SPRYCEL TAB 20MG	28
SPRYCEL TAB 50MG	28
SPRYCEL TAB 70MG	28
SPRYCEL TAB 80MG	28
<i>ssd cre 1%</i>	116
<i>stavudine cap 15 mg</i>	12
<i>stavudine cap 20 mg</i>	12
<i>stavudine cap 30 mg</i>	12
<i>stavudine cap 40 mg</i>	12
STIMATE SOL 1.5MG/ML	85
STIVARGA TAB 40MG	28
<i>streptomycin sulfate for inj 1 gm</i>	6
<i>stress form/ tab zinc</i>	107
<i>stress formu tab</i>	107
<i>stress formu tab w/iron</i>	107
STRIBILD TAB	13
SUBOXONE MIS 12-3MG	70
SUBOXONE MIS 2-0.5MG	70
SUBOXONE MIS 4-1MG	70
SUBOXONE MIS 8-2MG	70
<i>sucralfate tab 1 gm</i>	89
<i>sulfacetamide sodium lotion 10% (acne)</i>	115
<i>sulfacetamide sodium ophth oint 10%</i>	109
<i>sulfacetamide sodium ophth soln 10%</i>	109
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	108
SULFADIAZINE TAB 500MG	6
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	8
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	8
<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	8
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	8
SULFAMYLON CRE 85MG/GM	116
SULFAMYLON PAK 5%	116
<i>sulfasalazine tab 500 mg</i>	88
<i>sulfasalazine tab delayed release 500 mg</i>	88
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act</i>	67
<i>sumatriptan nasal spray 5 mg/act</i>	67
<i>sumatriptan succinate inj 6 mg/0.5ml</i> ..	67

<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	67	SYNTHROID TAB 75MCG	84
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	67	SYNTHROID TAB 88MCG	84
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	67	SYPRINE CAP 250MG	75
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	68	T	
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	68	<i>tab-a-vite tab</i>	107
<i>sumatriptan succinate tab 100 mg</i>	68	<i>tab-a-vite tab /iron</i>	107
<i>sumatriptan succinate tab 25 mg</i>	68	<i>tab-a-vite tab beta car</i>	107
<i>sumatriptan succinate tab 50 mg</i>	68	<i>tab-a-vite tab maximum</i>	107
<i>superplex-t tab</i>	107	TABLOID TAB 40MG	22
SUPRAX CAP 400MG	16	<i>tacrolimus cap 0.5 mg</i>	98
SUPRAX CHW 100MG	16	<i>tacrolimus cap 1 mg</i>	98
SUPRAX CHW 200MG	16	<i>tacrolimus cap 5 mg</i>	98
SUPRAX SUS 500/5ML	16	<i>tacrolimus oint 0.03%</i>	119
SUPREP BOWEL SOL PREP KIT	88	<i>tacrolimus oint 0.1%</i>	119
SUSTIVA TAB 600MG	12	<i>tadalafil tab 20 mg (pah)</i>	46
SUTENT CAP 12.5MG	28	TAFINLAR CAP 50MG	28
SUTENT CAP 25MG	28	TAFINLAR CAP 75MG	28
SUTENT CAP 37.5MG	28	TAGRISSO TAB 40MG	28
SUTENT CAP 50MG	28	TAGRISSO TAB 80MG	28
SYLATRON KIT 200MCG	29	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	25
SYLATRON KIT 300MCG	29	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	25
SYLATRON KIT 600MCG	29	<i>tamsulosin hcl cap 0.4 mg</i>	90
SYMBICORT AER 160-4.5	114	TANDEM CAP	94
SYMBICORT AER 80-4.5	114	TARCEVA TAB 100MG	28
SYMDEKO TAB 100-150	113	TARCEVA TAB 150MG	28
SYMFI LO TAB	13	TARCEVA TAB 25MG	28
SYMFI TAB	13	TARGRETIN GEL 1%	119
SYMTUZA TAB	13	<i>tarina fe tab 1/20</i>	78
SYNAGIS INJ 100MG/ML	99	TASIGNA CAP 150MG	28
SYNAGIS INJ 50MG	99	TASIGNA CAP 200MG	28
SYNAREL SOL 2MG/ML	79	TASIGNA CAP 50MG	28
SYNERCID INJ 500MG	8	TAXOTERE INJ 80MG/4ML	23
SYNRIBO INJ 3.5MG	29	<i>tazarotene cream 0.1%</i>	116
SYNTHROID TAB 100MCG	84	<i>tazicef inj 1gm</i>	16
SYNTHROID TAB 112MCG	84	<i>tazicef inj 2gm</i>	16
SYNTHROID TAB 125MCG	84	<i>tazicef inj 6gm</i>	16
SYNTHROID TAB 137MCG	84	TAZORAC CRE 0.05%	116
SYNTHROID TAB 150MCG	85	<i>taztia xt cap 120mg/24</i>	42
SYNTHROID TAB 175MCG	85	<i>taztia xt cap 180mg/24</i>	42
SYNTHROID TAB 200MCG	85	<i>taztia xt cap 240mg/24</i>	42
SYNTHROID TAB 25MCG	84	<i>taztia xt cap 300mg/24</i>	42
SYNTHROID TAB 300MCG	85	<i>taztia xt cap 360mg/24</i>	42
SYNTHROID TAB 50MCG	84	TECENTRIQ INJ 1200/20	24
		TEFLARO INJ 400MG	16
		TEFLARO INJ 600MG	17
		TEGRETOL SUS 100/5ML	51

TEGRETOL TAB 200MG	51	<i>tetrabenazine tab 12.5 mg</i>	68
TEGRETOL-XR TAB 100MG	51	<i>tetrabenazine tab 25 mg</i>	68
TEGRETOL-XR TAB 200MG	51	TEXACORT SOL 2.5%	118
TEGRETOL-XR TAB 400MG	51	THALOMID CAP 100MG	26
TEKTURN HCT TAB 150-12.5	43	THALOMID CAP 150MG	26
TEKTURN HCT TAB 150-25MG	43	THALOMID CAP 200MG	26
TEKTURN HCT TAB 300-12.5	43	THALOMID CAP 50MG	26
TEKTURN HCT TAB 300-25MG	43	THEO-24 CAP 100MG CR.....	114
TEKTURN TAB 150MG	43	THEO-24 CAP 200MG CR.....	115
TEKTURN TAB 300MG	43	THEO-24 CAP 300MG CR.....	115
<i>telmisartan tab 20 mg</i>	35	THEO-24 CAP 400MG ER.....	115
<i>telmisartan tab 40 mg</i>	35	<i>theophylline soln 80 mg/15ml</i>	115
<i>telmisartan tab 80 mg</i>	35	<i>theophylline tab er 12hr 100 mg</i>	115
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	35	<i>theophylline tab er 12hr 200 mg</i>	115
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	35	<i>theophylline tab er 12hr 300 mg</i>	115
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i>	35	<i>theophylline tab er 12hr 450 mg</i>	115
<i>temazepam cap 15 mg</i>	66	<i>theophylline tab er 24hr 400 mg</i>	115
<i>temazepam cap 7.5 mg</i>	66	<i>theophylline tab er 24hr 600 mg</i>	115
TENIVAC INJ 5-2LF	99	THERA M PLUS TAB	107
<i>tenofovir disoproxil fumarate tab 300 mg</i>	12	<i>thera tab</i>	107
<i>terazosin hcl cap 1 mg (base equivalent)</i>	33	THERA TAB.....	107
<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	33	<i>thera-m tab</i>	107
<i>terazosin hcl cap 2 mg (base equivalent)</i>	33	THERA-M TAB	107
<i>terazosin hcl cap 5 mg (base equivalent)</i>	33	<i>therapeutic tab</i>	107
<i>terbinafine hcl tab 250 mg</i>	10	<i>therapeutic- tab m</i>	107
<i>terbutaline sulfate tab 2.5 mg</i>	112	<i>thiamine hcl inj 100 mg/ml</i>	107
<i>terbutaline sulfate tab 5 mg</i>	112	<i>thiamine hcl tab 100 mg</i>	107
<i>terconazole vaginal cream 0.4%</i>	91	<i>thiamine hcl tab 50 mg</i>	107
<i>terconazole vaginal cream 0.8%</i>	91	<i>thiamine mononitrate tab 100 mg</i>	107
<i>terconazole vaginal suppos 80 mg</i>	91	<i>thioridazine hcl tab 10 mg</i>	64
<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	71	<i>thioridazine hcl tab 100 mg</i>	64
<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	71	<i>thioridazine hcl tab 25 mg</i>	64
<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	71	<i>thioridazine hcl tab 50 mg</i>	64
<i>testosterone td gel 12.5 mg/act (1%)</i> ..71		<i>thiothixene cap 1 mg</i>	64
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ..71		<i>thiothixene cap 10 mg</i>	64
<i>testosterone td gel 50 mg/5gm (1%)</i> ..71		<i>thiothixene cap 2 mg</i>	64
TET/DIP TOX INJ 2-2 LF.....	99	<i>thiothixene cap 5 mg</i>	64
		<i>tiagabine hcl tab 12 mg</i>	52
		<i>tiagabine hcl tab 16 mg</i>	52
		<i>tiagabine hcl tab 2 mg</i>	51
		<i>tiagabine hcl tab 4 mg</i>	51
		TIBSOVO TAB 250MG	24
		<i>tigecycline for iv soln 50 mg</i>	8
		TIGECYCLINE INJ 50MG	8
		<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	110
		<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	110

<i>timolol maleate ophth soln 0.25%.....</i>	110	<i>torsemide tab 5 mg</i>	44
<i>timolol maleate ophth soln 0.5%</i>	110	<i>total b/c tab</i>	107
<i>timolol maleate ophth soln 0.5% (once-</i>		TOVIAZ TAB 4MG	90
<i>daily)</i>	110	TOVIAZ TAB 8MG	91
<i>timolol maleate tab 10 mg</i>	40	<i>tpn electrol inj</i>	100
<i>timolol maleate tab 20 mg</i>	40	TRACLEER TAB 125MG	46
<i>timolol maleate tab 5 mg</i>	40	TRACLEER TAB 62.5MG	46
TIVICAY TAB 10MG	12	TRADJENTA TAB 5MG	74
TIVICAY TAB 25MG	12	<i>tramadol hcl tab 50 mg</i>	2
TIVICAY TAB 50MG	12	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		<i>mg</i>	2
.....	69	<i>trandolapril tab 1 mg</i>	33
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>trandolapril tab 2 mg</i>	33
.....	69	<i>trandolapril tab 4 mg</i>	33
TOBRADEX OIN 0.3-0.1%	108	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TOBRADEX ST SUS 0.3-0.05	108	<i>(100 mg/ml).....</i>	95
<i>tobramycin nebu soln 300 mg/5ml</i>	6	<i>tranexamic acid tab 650 mg</i>	95
<i>tobramycin ophth soln 0.3%</i>	109	TRANSDERM-SC DIS 1.5MG.....	87
<i>tobramycin sulfate for inj 1.2 gm</i>	6	<i>tranylcypromine sulfate tab 10 mg</i>	57
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		TRAVASOL INJ 10%.....	101
<i>mg/ml) (base equiv)</i>	6	TRAVATAN Z DRO 0.004%	110
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trazodone hcl tab 100 mg</i>	57
<i>equivalent)</i>	6	<i>trazodone hcl tab 150 mg</i>	57
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>trazodone hcl tab 50 mg</i>	57
<i>mg/ml) (base equiv)</i>	6	TRECATOR TAB 250MG	14
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TRELEGY AER ELLIPTA	111
<i>mg/ml) (base equiv)</i>	6	TRELSTAR MIX INJ 11.25MG.....	25
<i>tobramycin-dexamethasone ophth susp</i>		TRELSTAR MIX INJ 3.75MG	25
<i>0.3-0.1%</i>	108	TRESIBA FLEX INJ 100UNIT.....	72
<i>tolterodine tartrate cap er 24hr 2 mg ..</i>	90	TRESIBA FLEX INJ 200UNIT.....	72
<i>tolterodine tartrate cap er 24hr 4 mg ..</i>	90	<i>tretinoin cap 10 mg</i>	29
<i>tolterodine tartrate tab 1 mg</i>	90	<i>tretinoin cream 0.025%</i>	116
<i>tolterodine tartrate tab 2 mg</i>	90	<i>tretinoin cream 0.05%</i>	115
<i>topiramate sprinkle cap 15 mg</i>	52	<i>tretinoin cream 0.1%.....</i>	115
<i>topiramate sprinkle cap 25 mg</i>	52	<i>tretinoin gel 0.01%</i>	116
<i>topiramate tab 100 mg.....</i>	52	<i>tretinoin gel 0.025%.....</i>	116
<i>topiramate tab 200 mg.....</i>	52	<i>triamcinolone acetonide cream 0.025%</i>	
<i>topiramate tab 25 mg.....</i>	52	.....	118
<i>topiramate tab 50 mg.....</i>	52	<i>triamcinolone acetonide cream 0.1%</i>	118
<i>toposar inj 100/5ml</i>	30	<i>triamcinolone acetonide cream 0.5%</i>	118
<i>toposar inj 1gm/50ml.....</i>	30	<i>triamcinolone acetonide dental paste</i>	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	30	<i>0.1%</i>	120
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>		<i>triamcinolone acetonide lotion 0.025%</i>	
<i>(for infusion)</i>	30	.....	118
TOPOTECAN INJ 4MG/4ML	30	<i>triamcinolone acetonide lotion 0.1% .</i>	118
<i>torsemide tab 10 mg</i>	44	<i>triamcinolone acetonide oint 0.025%</i>	118
<i>torsemide tab 100 mg</i>	44	<i>triamcinolone acetonide oint 0.1% ...</i>	118
<i>torsemide tab 20 mg</i>	44	<i>triamcinolone acetonide oint 0.5% ...</i>	118

<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg.....	44	TRULICITY INJ 1.5/0.5.....	72
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	44	TRUMENBA INJ	99
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	44	TRUVADA TAB 100-150.....	13
TRICARE TAB PRENATAL.....	107	TRUVADA TAB 133-200.....	13
<i>trientine hcl cap 250 mg</i>	75	TRUVADA TAB 167-250.....	13
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	64	TRUVADA TAB 200-300.....	13
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	64	<i>tulana tab 0.35mg</i>	78
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	64	TWINRIX INJ	99
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	64	TYBOST TAB 150MG	12
<i>trifluridine ophth soln 1%</i>	109	TYKERB TAB 250MG	28
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ...	59	TYPHIM VI INJ	99
<i>trihexyphenidyl hcl tab 2 mg</i>	59	TYSABRI INJ 300/15ML.....	69
<i>trihexyphenidyl hcl tab 5 mg</i>	59	U	
<i>tri-legest tab fe</i>	78	ULORIC TAB 40MG	1
<i>tri-lo- tab sprintec</i>	78	ULORIC TAB 80MG	1
<i>trilyte sol</i>	88	<i>unithroid tab 100mcg</i>	85
<i>trimethoprim tab 100 mg</i>	8	<i>unithroid tab 112mcg</i>	85
<i>tri-mili tab</i>	78	<i>unithroid tab 125mcg</i>	85
<i>trimipramine maleate cap 100 mg</i>	57	<i>unithroid tab 150mcg</i>	85
<i>trimipramine maleate cap 25 mg</i>	57	<i>unithroid tab 175mcg</i>	85
<i>trimipramine maleate cap 50 mg</i>	57	<i>unithroid tab 200mcg</i>	85
<i>trinessa lo tab</i>	78	<i>unithroid tab 25mcg</i>	85
<i>trinessa tab</i>	78	<i>unithroid tab 300mcg</i>	85
TRINTELLIX TAB 10MG	57	<i>unithroid tab 50mcg</i>	85
TRINTELLIX TAB 20MG	57	<i>unithroid tab 75mcg</i>	85
TRINTELLIX TAB 5MG.....	57	<i>unithroid tab 88mcg</i>	85
<i>tri-previfem tab</i>	78	<i>ursodiol cap 300 mg</i>	89
TRISENOX INJ 12MG/6ML	29	<i>ursodiol tab 250 mg</i>	89
<i>tri-sprintec tab</i>	78	<i>ursodiol tab 500 mg</i>	89
TRIUMEQ TAB.....	13	V	
TRI-VI-SOL SOL.....	107	<i>valacyclovir hcl tab 1 gm</i>	15
<i>tri-vita sol</i>	107	<i>valacyclovir hcl tab 500 mg</i>	15
<i>trivora-28 tab</i>	78	VALCHLOR GEL 0.016%	119
<i>tri-vylibra tab</i>	78	<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	15
TROGARZO INJ 150MG/ML.....	12	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	15
TROPHAMINE INJ 10%	101	<i>valproate sodium inj 100 mg/ml</i>	52
<i>trospium chloride tab 20 mg</i>	91	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	52
TRUE METRIX KIT AIR	120	<i>valproic acid cap 250 mg</i>	52
TRUE METRIX KIT METER.....	120	<i>valsartan tab 160 mg</i>	36
TRUE METRIX STRIPS.....	120	<i>valsartan tab 320 mg</i>	36
TRULICITY INJ 0.75/0.5.....	72	<i>valsartan tab 40 mg</i>	35
		<i>valsartan tab 80 mg</i>	35
		<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	35
		<i>valsartan-hydrochlorothiazide tab 160-25</i>	

<i>mg</i>	35	VENOFER INJ 20MG/ML.....	94
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	35	VENTAVIS SOL 10MCG/ML	46
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	35	VENTAVIS SOL 20MCG/ML	46
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	35	VENTOLIN HFA AER.....	112
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 100 mg</i>	42
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 120 mg</i>	42
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 180 mg</i>	42
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 200 mg</i>	42
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 240 mg</i>	42
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	8	<i>verapamil hcl cap er 24hr 300 mg</i>	42
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	9	<i>verapamil hcl cap er 24hr 360 mg</i>	42
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<i>velivet pak</i>	78	VERZENIO TAB 200MG.....	24
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		<i>vincristine sulfate iv soln 1 mg/ml</i>	23
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	23
		<i>vinorelbine tartrate inj 50 mg/5ml (10</i>	

<i>mg/ml) (base equiv)</i>	23
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Your Extended Family.



Versión 15

FECHA DE PUBLICACIÓN: 11/2018

Departamento de Servicios para Miembros: (855) 735-5831, TTY / TDD al 711

Los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local.