



2024

Formulary

(List of Covered Drugs)

Texas

Molina Dual Options STAR+PLUS MMP

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For more recent information or other questions, contact us at (866) 856-8699, TTY: 711, Monday-Friday, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

Molina Dual Options STAR+PLUS MMP | 2024 List of Covered Drugs (Formulary)

Introduction

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

Table of Contents

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



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B13. What are generic drugs?	9
B14. What are OTC drugs?	9
B15. What is my copay?	9
B16. What are drug tiers?	9
C. Overview of the <i>List of Covered Drugs</i>	10
C1. Drugs Grouped by Medical Condition.....	11
D. Index of Covered Drugs.....	132



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A. Disclaimers

This is a list of drugs that members can get in Molina Dual Options STAR+PLUS MMP.

- ❖ Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
 - ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
 - ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
 - ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
 - ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.
-

B. Frequently Asked Questions (FAQ)

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

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Molina Dual Options STAR+PLUS MMP. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options STAR+PLUS MMP will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Molina Dual Options STAR+PLUS MMP network pharmacy.

 **If you have questions**, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- Molina Dual Options STAR+PLUS MMP may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals or call Member Services at (866) 856-8699.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options STAR+PLUS MMP must follow Medicare and Texas Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Molina Dual Options STAR+PLUS MMP before you can get a drug.)
- add or change the amount of a drug you can get (called quantity limits)
- add or change step therapy restrictions on a drug (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

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

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

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

- You can always check Molina Dual Options STAR+PLUS MMP's up to date Drug List online at MolinaHealthcare.com/Duals.
 - You can also call Member Services to check the current Drug List at (866) 856-8699.
-

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new



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generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Talk with your doctor or other prescriber to find an alternative that is safe for you.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - replace a brand name drug currently on the Drug List **or**
 - change the coverage rules or limits for the brand name drug

When these changes happen, we will:

- tell you at least 30 days before we make the change to the Drug List **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Molina Dual Options STAR+PLUS MMP before

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you fill your prescription. Molina Dual Options STAR+PLUS MMP may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes Molina Dual Options STAR+PLUS MMP limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options STAR+PLUS MMP requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 131. You can also get more information by visiting our website at MolinaHealthcare.com/Duals. We have posted online documents that explain our and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10- B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Molina Dual Options STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

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

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on 132.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 12. The drugs in this section are grouped into categories depending on the type of

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medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at (866) 856-8699 and ask about it. If you learn that Molina Dual Options STAR+PLUS MMP will not cover the drug, you can do one of these things:

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

B9. What if I am a new Molina Dual Options STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Molina Dual Options STAR+PLUS MMP. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

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

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options STAR+PLUS MMP member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options STAR+PLUS MMP.

Transition Policy

? If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit MolinaHealthcare.com/Duals.

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

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

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

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

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

B10. Can I ask for an exception to cover my drug?

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

? If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit MolinaHealthcare.com/Duals.

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

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

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Molina Dual Options STAR+PLUS MMP or fax the supporting statement to (866) 290-1309.

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

B13. What are generic drugs?

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

Molina Dual Options STAR+PLUS MMP covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

You can read the Molina Dual Options STAR+PLUS MMP Drug List to find out what OTC drugs are covered.

B15. What is my copay?

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

B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay \$0 copay.
- Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay \$0 copay.
- Tier 3 drugs are Non-Medicare Rx/Over The Counter (OTC) drugs. For Tier 3 drugs, you pay \$0 copay.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 132. The index alphabetically lists all drugs covered by Molina Dual Options STAR+PLUS MMP.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., CIPRO) and generic drugs are listed in lowercase italics (e.g., ciprofloxacin).

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

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

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Texas Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (866) 856-8699. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit MolinaHealthcare.com/Duals.

C1. Drugs Grouped by Medical Condition

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

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

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

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

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

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

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.



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MOLINA_TX_CY24_2T_MMP eff 05/01/2024

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

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

MISCELLANEOUS

<i>acetaminophen</i> SUPP 120mg, 650mg; TABS 325mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>effervescent antacid/pain</i>	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap</i> CAPS 500mg	\$0(3)	NM; *
<i>mapap arthritis pain</i> TBCR 650mg	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg	\$0(3)	NM; *
<i>menstrual pain relief mul</i>	\$0(3)	NM; *
<i>migraine relief</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methadone hydrochloride i CONC 10mg/ml</i>	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	\$0(2)	
<i>endocet tab 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate</i> SOLN 20mg/ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	\$0(2)	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5- 325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
<i>CAYSTON</i> SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>cldamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>cldamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>cldamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>cldamycin phosphate</i> in d5w iv soln 300 mg/50ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>CLINDMYC/NAC INJ 300/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 600/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 900/50ML</i>	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
<i>DAPTO MYCIN SOLR 350mg</i>	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS
<i>EMVERM CHEW 100mg</i>	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin TABS 3mg</i>	\$0(1)	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	\$0(1)	
<i>linezolid SUSR 100mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	\$0(1)	
<i>meropenem SOLR 1gm, 500mg</i>	\$0(1)	
<i>methenamine hippurate TABS 1gm</i>	\$0(1)	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>neomycin sulfate TABS 500mg</i>	\$0(1)	
<i>nitazoxanide TABS 500mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	\$0(2)	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	\$0(2)	
<i>pentamidine isethionate inh SOLR 300mg</i>	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	\$0(1)	
<i>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	\$0(1)	
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	\$0(2)	NDS
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole SOLR 200mg</i>	\$0(1)	PA
<i>voriconazole SUSR 40mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole TABS 50mg</i>	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	\$0(1)	QL (120 tabs / 30 days), PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl TABS 250mg</i>	\$0(1)	
<i>primaquine phosphate TABS 26.3mg</i>	\$0(1)	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	\$0(2)	
<i>quinine sulfate CAPS 324mg</i>	\$0(1)	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS

INFECTION

<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	\$0(1)	NM
<i>APTIVUS CAPS 250mg</i>	\$0(2)	NDS, NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	\$0(1)	NM
<i>darunavir TABS 600mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>EDURANT TABS 25mg</i>	\$0(2)	NDS, NM
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	\$0(1)	NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPK 300mg	\$0(2)	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg		
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	\$0(2)	NDS, NM
CIMDUO TAB 300-300	\$0(2)	NDS, NM
COMPLERA TAB	\$0(2)	NDS, NM
DELSTRIGO TAB	\$0(2)	NDS, NM
DESCOVY TAB 120-15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TRIUMEQ PD TAB	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM
TRIZIVIR TAB	\$0(2)	NDS, NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</i>		
cycloserine CAPS 250mg	\$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
pyrazinamide TABS 500mg	\$0(1)	
rifabutin CAPS 150mg	\$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECATOR TABS 250mg	\$0(2)	
<i>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</i>		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	\$0(2)	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	\$0(2)	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, NM
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	\$0(1)
<i>CEFACLOR ER</i> TB12 500mg	\$0(2)
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)
<i>CEFAZOLIN</i> SOLR 2gm, 3gm	\$0(2)
<i>CEFAZOLIN INJ</i> 1GM/50ML	\$0(2)
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)
<i>CEFAZOLIN SOLN</i> 2GM/100ML-4%	\$0(2)
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	\$0(1)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
<i>TEFLARO</i> SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>e.e.s. 400</i> TABS 400mg	\$0(1)	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	\$0(2)	
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>erythromycin lactobionate</i> SOLR 500mg	\$0(1)	
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
<i>CIPRO</i> SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	\$0(1)	
<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>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfiberpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	\$0(1)	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	\$0(2)	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	\$0(2)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclophosphamide SOLR 2gm	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	\$0(2)	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	\$0(2)	NM
GLEOSTINE CAPS 100mg	\$0(2)	NDS, NM
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	\$0(1)	B/D
doxorubicin hcl liposomal INJ 2mg/ml	\$0(2)	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	\$0(2)	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	\$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	\$0(1)	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM, LA
TABLOID TABS 40mg	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	NM, PA
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(1)	
XTANDI CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XTANDI TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	\$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWLFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
tretinoin (chemotherapy) CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	\$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>DOCETAXEL</u> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<u>etoposide</u> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<u>paclitaxel</u> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<u>paclitaxel protein-bound particles for iv susp 100 mg</u>	\$0(2)	NDS, B/D, NM
<u>vincristine sulfate</u> SOLN 1mg/ml	\$0(1)	B/D
<u>vinorelbine tartrate</u> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	\$0(2)	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
gefitinib TABS 250mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEPTIN HYLEC SOL 60-10000	\$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	\$0(2)	NDS, QL (1260 mL / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEKINIST TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, LA, PA
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	\$0(2)	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROZLYTREK PACK 50mg	\$0(2)	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP TABS 160mg, 200mg	\$0(2)	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	\$0(2)	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	\$0(1)	
<i>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>eplerenone TABS 25mg, 50mg</i>	\$0(1)	
<i>KERENDIA TABS 10mg, 20mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	\$0(1)	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	\$0(1)	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	\$0(1)	
<i>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5- 160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5- 320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10- 160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10- 320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>gemfibrozil</u> TABS 600mg	\$0(1)	
ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<u>atorvastatin calcium</u> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<u>lovastatin</u> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<u>pravastatin sodium</u> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<u>rosuvastatin calcium</u> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<u>simvastatin</u> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTI-LIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<u>cholestyramine</u> PACK 4gm; POWD 4gm/dose	\$0(1)	
<u>cholestyramine light</u> PACK 4gm; POWD 4gm/dose	\$0(1)	
<u>colesevelam hcl</u> PACK 3.75gm; TABS 625mg	\$0(1)	
<u>colestipol hcl</u> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<u>ezetimibe</u> TABS 10mg	\$0(1)	
<u>ezetimibe-simvastatin tab 10-10 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>ezetimibe-simvastatin tab 10-20 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>ezetimibe-simvastatin tab 10-40 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>ezetimibe-simvastatin tab 10-80 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>niacin (antihyperlipidemic)</u> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<u>omega-3-acid ethyl esters cap 1 gm</u>	\$0(1)	PA
<u>prevalite</u> PACK 4gm; POWD 4gm/dose	\$0(1)	
<u>REPATHA SOSY 140mg/ml</u>	\$0(2)	NM, PA
<u>REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml</u>	\$0(2)	NM, PA
<u>REPATHA SURECLICK SOAJ 140mg/ml</u>	\$0(2)	NM, PA
<u>VASCEPA CAPS .5gm, 1gm</u>	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<u>atenolol & chlorthalidone tab 50-25 mg</u>	\$0(1)	
<u>atenolol & chlorthalidone tab 100-25 mg</u>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	

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

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	\$0(1)	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
<i>NYMALIZE</i> SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	\$0(1)
<i>amiloride hcl</i> TABS 5mg	\$0(1)
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$0(1)
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
<i>CORLANOR</i> SOLN 5mg/5ml	\$0(2)	QL (450 mL / 30 days)
<i>CORLANOR</i> TABS 5mg, 7.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	\$0(1)	
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>NITRO-BID</i> OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

PULMONARY HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM

DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA applies if 29 years and younger

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	\$0(1)	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	\$0(2)	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	\$0(2)	
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr</i>	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg</i>	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	QL (2 packs / year), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
<i>MARPLAN</i> TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
<i>TRINTELLIX</i> TABS 5mg, 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS

DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	\$0(1)	
carb/levo orally disintegrating tab 10- 100mg	\$0(1)	
carb/levo orally disintegrating tab 25- 100mg	\$0(1)	
carb/levo orally disintegrating tab 25- 250mg	\$0(1)	
carbidopa & levodopa tab 10-100 mg	\$0(1)	
carbidopa & levodopa tab 25-100 mg	\$0(1)	
carbidopa & levodopa tab 25-250 mg	\$0(1)	
carbidopa & levodopa tab er 25-100 mg	\$0(1)	
carbidopa & levodopa tab er 50-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	\$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	\$0(1)	
entacapone TABS 200mg	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
rasagiline mesylate TABS .5mg, 1mg	\$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	\$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUSTENNA SUSY <u>39mg/0.25ml</u>	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY <u>78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml</u>	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY <u>273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml</u>	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, <u>25mg, 50mg</u>	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, <u>60mg, 120mg</u>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, <u>25mg</u>	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; <u>TBDP 10mg</u>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, <u>20mg; TBDP 5mg, 15mg, 20mg</u>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, <u>16mg</u>	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, <u>100mg, 150mg, 200mg</u>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, <u>400mg</u>	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, <u>300mg, 400mg</u>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, <u>200mg</u>	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, <u>2mg</u>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	\$0(2)	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	\$0(1)	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
<i>SPRITAM</i> TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
<i>VALTOCO</i> 5 MG DOSE LIQD 5mg/0.1ml	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	
vigabatrin PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadroner PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigadroner TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigpoder PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	\$0(1)	
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT
ADHD**

amphetamine-dextroamphetamine cap er 24hr 5 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	\$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	\$0(1)	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>DAYVIGO TABS 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	\$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil</i> TABS 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	\$0(1)	QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
acamprosate calcium TBEC 333mg	\$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
caffeine TABS 200mg	\$0(3)	NM; *
disulfiram TABS 250mg, 500mg	\$0(1)	
goodsense nicotine LOZG 2mg	\$0(3)	NM; *
ibuprofen pm	\$0(3)	NM; *
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</i>	\$0(1)	
<i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex mini LOZG 2mg</i>	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>qc pain reliever pm extra</i>	\$0(3)	NM; *
<i>sleep aid LIQD 50mg/30ml</i>	\$0(3)	NM; *
<i>sleep-aid CAPS 25mg, 50mg; TABS 25mg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
varenicline tartrate TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	\$0(1)	QL (2 packs / year), PA
VIVITROL SUSR 380mg	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

depo-testosterone SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
methyltestosterone CAPS 10mg	\$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
testosterone enanthate SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	\$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	\$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	\$0(2)	
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP SOLN 100unit/ml	\$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	\$0(2)	
FIASP PENFILL SOCT 100unit/ml	\$0(2)	
FIASP PUMPCART SOCT 100unit/ml	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD	\$0(2)	
LANTUS SOLN 100unit/ml	\$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	\$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
V-GO 20 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> TABS 150mg NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(1) \$0(2)	B/D NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
TERIPARATIDE SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	\$0(1)	NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila TABS .35mg</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	\$0(2)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	\$0(1)	
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>errin TABS .35mg</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather TABS .35mg</i>	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia TABS .35mg</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutera</i>	\$0(1)	
<i>lyeq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin 24 fe</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>milki</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norelgestromin-ethynodiol dienoate (24 hr) ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate (fe) chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate (fe) chew tab 0.8 mg-25 mcg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norethindrone (contraceptive) TABS .35mg</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-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>philith</i>	\$0(1)	
<i>pimtreya</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivilsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarrylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>turqoz</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienna</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
<i>SYNAREL</i> SOLN 2mg/ml	\$0(2)	NDS, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz tab 0.5-0.1mg</i>	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	\$0(1)	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl</i>	\$0(2)	
<i>estradiol tab 0.5 mg-2.5 mcg</i>		
<i>norethindrone acetate-ethinyl</i>	\$0(2)	
<i>estradiol tab 1 mg-5 mcg</i>		
<i>yuvafem TABS 10mcg</i>	\$0(1)	

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	\$0(1)	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	\$0(2)	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	\$0(1)	
<i>fludrocortisone acetate TABS .1mg</i>	\$0(1)	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	\$0(1)	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	\$0(1)	B/D
<i>methylprednisolone TBPK 4mg</i>	\$0(1)	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	\$0(1)	B/D
<i>prednisolone SOLN 15mg/5ml</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	\$0(1)	B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	\$0(1)	B/D
<i>prednisone TBPK 5mg, 10mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
<i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i>		
diazoxide SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY 1mg/0.2ml	\$0(2)	
<i>MISCELLANEOUS</i>		
ACCU-CHEK KIT FASTCLIX	\$0(3)	NM; *
ACCU-CHEK KIT SOFTCLIX	\$0(3)	NM; *
ACTI-LANCE MIS 28G	\$0(3)	NM; *
ACTI-LANCE MIS LITE 28G	\$0(3)	NM; *
ACTI-LANCE MIS SPEC 17G	\$0(3)	NM; *
ACTI-LANCE MIS UNIV 23G	\$0(3)	NM; *
ADJ LANCING MIS DEVICE	\$0(3)	NM; *
ADV LANCING MIS DEVICE	\$0(3)	NM; *
ADV TRAVEL MIS LANC 28G	\$0(3)	NM; *
ADVCATE SAFE MIS LANC 26G	\$0(3)	NM; *
ADVOCATE MIS LANC 30G	\$0(3)	NM; *
ADVOCATE MIS LANC DEV	\$0(3)	NM; *
ADVOCATE MIS LANCETS	\$0(3)	NM; *
AGAMATRIX MIS 33G	\$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
AQUALANCE MIS 30G	\$0(3)	NM; *
ASSURE CMFRT MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS 21G	\$0(3)	NM; *
ASSURE LANCE MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	\$0(3)	NM; *
ASSURE LANCE MIS MICRO	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 25G	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	\$0(3)	NM; *
ASSURE PLUS MIS HIGH 18G	\$0(3)	NM; *
ASSURE PLUS MIS LOW 25G	\$0(3)	NM; *
ASSURE PLUS MIS MCRO 28G	\$0(3)	NM; *
ASSURE PLUS MIS NORM 21G	\$0(3)	NM; *
ASSURE PLUS MIS PEDIATRI	\$0(3)	NM; *
AUTO-LANCET MIS MINI	\$0(3)	NM; *
AUTOLET IMPR MIS LANC DEV	\$0(3)	NM; *
AUTOLET LANC MIS DEVICE	\$0(3)	NM; *
AUTOLET PLUS MIS	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUTOLET PLUS MIS LANC DEV	\$0(3)	NM; *
BD LANCET UF MIS 30G	\$0(3)	NM; *
BD LANCET UF MIS 33G	\$0(3)	NM; *
BD MICROTAIN MIS LANCETS	\$0(3)	NM; *
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM, LA
<i>cabergoline TABS .5mg</i>	\$0(1)	
CAREONE ADV MIS LANCING	\$0(3)	NM; *
CAREONE LANC MIS 30G	\$0(3)	NM; *
CARETOUCH MIS EJECTOR	\$0(3)	NM; *
CARETOUCH MIS LANC 26G	\$0(3)	NM; *
CARETOUCH MIS LANC 28G	\$0(3)	NM; *
CARETOUCH MIS TWIST 28	\$0(3)	NM; *
CARETOUCH MIS TWIST 30	\$0(3)	NM; *
CARETOUCH MIS TWIST 33	\$0(3)	NM; *
<i>carglumic acid TBSO 200mg</i>	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl TABS 30mg, 60mg</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CLEVER CHECK MIS	\$0(3)	NM; *
CLEVER CHECK MIS 30G	\$0(3)	NM; *
COAGUCHEK MIS LANCETS	\$0(3)	NM; *
COMFORT ASSU MIS LANC 28G	\$0(3)	NM; *
COMFORT ASSU MIS LANC 33G	\$0(3)	NM; *
COMFORT EZ MIS 23G	\$0(3)	NM; *
COMFORT EZ MIS 28G	\$0(3)	NM; *
COMFORT MIS LANCETS	\$0(3)	NM; *
COMFORTOUCH MIS LANCET	\$0(3)	NM; *
CVS LANCETS MIS 30G	\$0(3)	NM; *
CVS LANCETS MIS 33G	\$0(3)	NM; *
CVS LANCETS MIS THIN 26G	\$0(3)	NM; *
CVS LANCETS MIS THIN 30G	\$0(3)	NM; *
CVS LANCETS MIS THIN 33G	\$0(3)	NM; *
CVS LANCING MIS DEVICE	\$0(3)	NM; *
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate TABS .1mg,.2mg</i>	\$0(1)	
<i>desmopressin acetate spray SOLN .01%</i>	\$0(1)	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DROPLET GENT MIS LANCING	\$0(3)	NM; *
DROPLET LANC MIS 30G	\$0(3)	NM; *
DROPLET LANC MIS DEVICE	\$0(3)	NM; *
DROPLET PERS MIS LANC 30G	\$0(3)	NM; *
E-Z JECT MIS 21G	\$0(3)	NM; *
E-Z JECT MIS 21G COLR	\$0(3)	NM; *
E-Z JECT MIS 30G	\$0(3)	NM; *
E-Z JECT MIS 32G COLR	\$0(3)	NM; *
E-Z JECT MIS LANC 21G	\$0(3)	NM; *
E-Z JECT MIS THIN 26G	\$0(3)	NM; *
E-ZJECT LANC MIS 33G	\$0(3)	NM; *
EASY COMFORT MIS 30G	\$0(3)	NM; *
EASY COMFORT MIS LANC/30G	\$0(3)	NM; *
EASY COMFORT MIS TWIST	\$0(3)	NM; *
EASY MINI MIS EJECT	\$0(3)	NM; *
EASY TOUCH MIS	\$0(3)	NM; *
EASY TOUCH MIS /EJECTOR	\$0(3)	NM; *
EASY TOUCH MIS LANC/21G	\$0(3)	NM; *
EASY TOUCH MIS LANC/23G	\$0(3)	NM; *
EASY TOUCH MIS LANC/26G	\$0(3)	NM; *
EASY TOUCH MIS LANC/28G	\$0(3)	NM; *
EASY TOUCH MIS LANC/30G	\$0(3)	NM; *
EASY TOUCH MIS LANC/32G	\$0(3)	NM; *
EASY TOUCH MIS LANC/33G	\$0(3)	NM; *
EMBRACE LANC MIS 21G	\$0(3)	NM; *
EMBRACE LANC MIS 28G	\$0(3)	NM; *
EMBRACE LANC MIS /EJECTOR	\$0(3)	NM; *
EMBRACE LANC MIS THIN 30G	\$0(3)	NM; *
EQL LANCETS MIS 33G COLR	\$0(3)	NM; *
EZ-LETS 26G MIS LANCETS	\$0(3)	NM; *
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FIFTY50 SAFE MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FINGERSTIX MIS LANCETS	\$0(3)	NM; *
FORA LANCETS MIS 30G	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FORA MIS LANCING	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
GENOTROPIN CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
GENTEEL MIS LANCETS	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLOBAL 28G MIS LANCETS	\$0(3)	NM; *
GLOBAL 30G MIS LANCETS	\$0(3)	NM; *
GLOBAL LANC MIS DEVICE	\$0(3)	NM; *
GLUCOCOM MIS 28G	\$0(3)	NM; *
GLUCOCOM MIS 30G	\$0(3)	NM; *
GLUCOCOM MIS 33G	\$0(3)	NM; *
GNP LANCETS MIS 21G	\$0(3)	NM; *
GNP LANCETS MIS 33G	\$0(3)	NM; *
GNP LANCETS MIS THIN 26G	\$0(3)	NM; *
GNP LANCING MIS DEVICE	\$0(3)	NM; *
GOJJI LANCET MIS 30G	\$0(3)	NM; *
GOJJI MIS LANC DEV	\$0(3)	NM; *
GOODSENSE MIS LANC 26G	\$0(3)	NM; *
GOODSENSE MIS LANC 30G	\$0(3)	NM; *
GOODSENSE MIS LANC 33G	\$0(3)	NM; *
HC LANCING MIS DEVICE	\$0(3)	NM; *
HLTHY ACCNTS MIS LANC 30G	\$0(3)	NM; *
HYPOLANCE KIT LANCING	\$0(3)	NM; *
INCONTROL MIS LANC 28G	\$0(3)	NM; *
INCONTROL MIS LANC 30G	\$0(3)	NM; *
INCONTROL MIS LANC 33G	\$0(3)	NM; *
INCONTROL MIS LANC DEV	\$0(3)	NM; *
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
IOSAT TABS 65mg, 130mg	\$0(3)	NM; *
javygtor PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
KROGER LANCE MIS 26G	\$0(3)	NM; *
LANCET DEVIC MIS 30G	\$0(3)	NM; *
LANCET MICRO MIS THIN 33G	\$0(3)	NM; *
LANCET SUPER MIS THIN 30G	\$0(3)	NM; *
LANCET ULTRA MIS 28G	\$0(3)	NM; *
LANCET ULTRA MIS THIN 30G	\$0(3)	NM; *
LANCET WITH MIS EJECTOR	\$0(3)	NM; *
LANCETS MICR MIS THIN 33G	\$0(3)	NM; *
LANCETS MIS 21G	\$0(3)	NM; *
LANCETS MIS 26G	\$0(3)	NM; *
LANCETS MIS 28G	\$0(3)	NM; *
LANCETS MIS 30G	\$0(3)	NM; *
LANCETS MIS 33G	\$0(3)	NM; *
LANCETS MIS THIN 26G	\$0(3)	NM; *
LANCETS MIS THIN 30G	\$0(3)	NM; *
LANCETS SUPR MIS THIN 28G	\$0(3)	NM; *
LANCETS THIN MIS	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LANCETS THIN MIS 26G	\$0(3)	NM; *
LANCETS ULTR MIS THIN	\$0(3)	NM; *
LANCING DEVI MIS	\$0(3)	NM; *
LANCING MIS DEVICE	\$0(3)	NM; *
LB LANCET MIS 28G	\$0(3)	NM; *
LB LANCING MIS DEVICE	\$0(3)	NM; *
<i>levocarnitine (metabolic modifiers)</i>	\$0(1)	B/D
SOLN 1gm/10ml; TABS 330mg		
LITE TOUCH MIS LANC PEN	\$0(3)	NM; *
LITE TOUCH MIS LANCETS	\$0(3)	NM; *
LITETOUCH MIS LANCETS	\$0(3)	NM; *
LONGS LANCET MIS THIN	\$0(3)	NM; *
LONGS LANCET MIS ULTRA TH	\$0(3)	NM; *
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	\$0(2)	NDS, NM, PA
MEDLANCE MIS 30G PLUS	\$0(3)	NM; *
MEDLANCE MIS LITE 25G	\$0(3)	NM; *
MEDLANCE MIS PLUS	\$0(3)	NM; *
MEDLANCE MIS PLUS 30G	\$0(3)	NM; *
MEDLANCE MIS UNV 21G	\$0(3)	NM; *
MEDLANCE PLS MIS 0.8MM	\$0(3)	NM; *
MEDLANCE PLS MIS EXTR 21G	\$0(3)	NM; *
MEDLANCE PLS MIS LITE 25G	\$0(3)	NM; *
MEDLANCE PLS MIS UNIV 21G	\$0(3)	NM; *
MEIJER LANCE MIS UNIVERSA	\$0(3)	NM; *
MEIJER MIS LANCETS	\$0(3)	NM; *
MICRO THIN MIS LANC 33G	\$0(3)	NM; *
MICROLET MIS LANCETS	\$0(3)	NM; *
MICROLET MIS NEXT	\$0(3)	NM; *
<i>mifepristone (hyperglycemia) TABS 300mg</i>	\$0(2)	NDS, NM, PA
<i>miglustat CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
MINI LANCING MIS DEVICE	\$0(3)	NM; *
MM LANCING MIS DEVICE	\$0(3)	NM; *
MM TWIST MIS LANCETS	\$0(3)	NM; *
MONOLET MIS LANCETS	\$0(3)	NM; *
MULTI-LANCET KIT DEVICE	\$0(3)	NM; *
MYGLUCOHEALT MIS LANC 30G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
NOVA SAFETY MIS LANC 23G	\$0(3)	NM; *
NOVA SAFETY MIS LANC 28G	\$0(3)	NM; *
NOVA SUREFLX MIS LANC DEV	\$0(3)	NM; *
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	\$0(2)	NDS, NM, PA
ON-THE-GO MIS LANC 30G	\$0(3)	NM; *
ONETOUCH DEL MIS LANC DEV	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 30G	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 33G	\$0(3)	NM; *
ONETOUCH MIS LANC DEV	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
ONETOUCH US MIS LANCETS	\$0(3)	NM; *
PC LANCETS MIS 30G	\$0(3)	NM; *
PIP LANCETS MIS 28G	\$0(3)	NM; *
PIP LANCETS MIS 30G	\$0(3)	NM; *
PRO COMFORT MIS 31G	\$0(3)	NM; *
PRO COMFORT MIS LANCETS	\$0(3)	NM; *
PRODIGY MIS 26G	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
PRODIGY MIS LANC DEV	\$0(3)	NM; *
PURE COMFORT MIS 30G LAN	\$0(3)	NM; *
PX LANCETS MIS 28G	\$0(3)	NM; *
PX LANCETS MIS 33G	\$0(3)	NM; *
PX LANCETS MIS ULT THIN	\$0(3)	NM; *
QC LANCETS MIS 30G	\$0(3)	NM; *
QC LANCING MIS DEVICE	\$0(3)	NM; *
RA E-ZJECT MIS 28G	\$0(3)	NM; *
RA E-ZJECT MIS THIN 26G	\$0(3)	NM; *
RA E-ZJECT MIS THIN 28G	\$0(3)	NM; *
RA E-ZJECT MIS ULT THIN	\$0(3)	NM; *
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
RAPID-SAFE MIS LANCING	\$0(3)	NM; *
READYLANCE MIS 21G	\$0(3)	NM; *
READYLANCE MIS 23G	\$0(3)	NM; *
READYLANCE MIS 26G	\$0(3)	NM; *
READYLANCE MIS 28G	\$0(3)	NM; *
READYLANCE MIS 30G	\$0(3)	NM; *
RELION KIT LANCING	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RELION LANCE MIS THIN 26G	\$0(3)	NM; *
RELION LANCE MIS THIN 30G	\$0(3)	NM; *
RELION LANCI MIS DEVICE	\$0(3)	NM; *
RELION MICRO MIS THIN 33G	\$0(3)	NM; *
RELION ULTRA MIS THIN 30G	\$0(3)	NM; *
RELION ULTRA MIS THIN PLS	\$0(3)	NM; *
RIGHTEST MIS GD500	\$0(3)	NM; *
RIGHTEST MIS GL300	\$0(3)	NM; *
SAFE-T-PRO MIS LANCETS	\$0(3)	NM; *
SAFE-T-PRO MIS PLUS	\$0(3)	NM; *
SAFETY 21G MIS LANCETS	\$0(3)	NM; *
SAFETY 28G MIS LANCETS	\$0(3)	NM; *
SAFETY 30G MIS LANCETS	\$0(3)	NM; *
SAFETY MIS LANCETS	\$0(3)	NM; *
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SAPS HEALTH MIS TWIST	\$0(3)	NM; *
SAPS TWIST MIS 30G	\$0(3)	NM; *
SHOPKO LANC MIS DEVICE	\$0(3)	NM; *
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
SIMPLE DIAG MIS LANCING	\$0(3)	NM; *
SM LANCETS MIS 33G	\$0(3)	NM; *
SMART SENSE MIS LANC 21G	\$0(3)	NM; *
SMART SENSE MIS LANC 26G	\$0(3)	NM; *
SMART SENSE MIS LANC 30G	\$0(3)	NM; *
SMART SENSE MIS LANC 33G	\$0(3)	NM; *
SMARTTEST MIS LANCETS	\$0(3)	NM; *
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOFTCLIX MIS LANCETS	\$0(3)	NM; *
SOLUS V2 MIS LANC 28G	\$0(3)	NM; *
SOLUS V2 MIS LANC 30G	\$0(3)	NM; *
SOLUS V2 MIS LANC DEV	\$0(3)	NM; *
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
STERILANCE MIS 1.8MM	\$0(3)	NM; *
STERILANCE MIS TL 28G	\$0(3)	NM; *
STERILANCE MIS TL 30G	\$0(3)	NM; *
STERILANCE MIS TL 32G	\$0(3)	NM; *
SUPER THIN MIS LANC 28G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SUPER THIN MIS LANCETS	\$0(3)	NM; *
SURE COMFORT MIS LANC 18G	\$0(3)	NM; *
SURE COMFORT MIS LANC 21G	\$0(3)	NM; *
SURE COMFORT MIS LANC 23G	\$0(3)	NM; *
SURE COMFORT MIS LANC 30G	\$0(3)	NM; *
SURE COMFORT MIS LANC PEN	\$0(3)	NM; *
SURE COMFORT MIS LANCETS	\$0(3)	NM; *
SUREFLEX MIS LANCETS	\$0(3)	NM; *
TECHLITE MIS LANC 30G	\$0(3)	NM; *
TECHLITE MIS LANCETS	\$0(3)	NM; *
TGT LANCET MIS 26G	\$0(3)	NM; *
TGT LANCET MIS 30G	\$0(3)	NM; *
TGT LANCET MIS 33G	\$0(3)	NM; *
TGT LANCING MIS DEVICE	\$0(3)	NM; *
THIN LANCETS MIS 26G	\$0(3)	NM; *
THIN LANCETS MIS 30G	\$0(3)	NM; *
TOPCARE MIS LANC 33G	\$0(3)	NM; *
TRAVEL LANCE MIS 30G	\$0(3)	NM; *
TRAVEL LANCE MIS ADV 28G	\$0(3)	NM; *
TRUE COMFORT MIS LANC 30G	\$0(3)	NM; *
TRUE METRIX STRIPS	\$0(3)	NM; *
TRUEDRAW MIS LANC DEV	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
TWIST LANCET MIS 30G MULT	\$0(3)	NM; *
ULTI-LANCE MIS CLR TIP	\$0(3)	NM; *
ULTILET MIS 26G	\$0(3)	NM; *
ULTILET MIS 28G	\$0(3)	NM; *
ULTILET MIS 30G	\$0(3)	NM; *
ULTILET MIS 33G	\$0(3)	NM; *
ULTILET MIS LANCETS	\$0(3)	NM; *
ULTILET MIS SAFETY	\$0(3)	NM; *
ULTRA THIN MIS 28G	\$0(3)	NM; *
ULTRA THIN MIS 30G	\$0(3)	NM; *
ULTRA THIN MIS 31G	\$0(3)	NM; *
ULTRA THIN MIS 33G	\$0(3)	NM; *
ULTRA THIN MIS LAN 31G	\$0(3)	NM; *
ULTRA THIN MIS LANC 28G	\$0(3)	NM; *
ULTRA THIN MIS LANC 30G	\$0(3)	NM; *
ULTRA THIN MIS LANCETS	\$0(3)	NM; *
UNILET CMFR MIS TCH 28G	\$0(3)	NM; *
UNILET CMFR MIS TCH 30G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UNILET EX II MIS 28G	\$0(3)	NM; *
UNILET EXCEL MIS 23G	\$0(3)	NM; *
UNILET GP 28 MIS ULT THIN	\$0(3)	NM; *
UNILET LANC MIS 33G	\$0(3)	NM; *
UNILET LANCE MIS 28G	\$0(3)	NM; *
UNILET LANCE MIS 33G	\$0(3)	NM; *
UNILET LANCT MIS 28G	\$0(3)	NM; *
UNILET LANCT MIS 30G	\$0(3)	NM; *
UNILET LANCT MIS 33G	\$0(3)	NM; *
UNILET MICRO MIS 33G	\$0(3)	NM; *
UNILET SUPER MIS G.P. 23G	\$0(3)	NM; *
UNISTIK 2 MIS	\$0(3)	NM; *
UNISTIK 2 MIS COMFORT	\$0(3)	NM; *
UNISTIK 2 MIS EXTRA	\$0(3)	NM; *
UNISTIK 2 MIS NORMAL	\$0(3)	NM; *
UNISTIK 2 MIS SUPER	\$0(3)	NM; *
UNISTIK 3 MIS COMFORT	\$0(3)	NM; *
UNISTIK 3 MIS EXTRA	\$0(3)	NM; *
UNISTIK 3 MIS GENT 30G	\$0(3)	NM; *
UNISTIK 3 MIS NEONATAL	\$0(3)	NM; *
UNISTIK 3 MIS NORMAL	\$0(3)	NM; *
UNISTIK 23G MIS NORMAL	\$0(3)	NM; *
UNISTIK CZT MIS COMFORT	\$0(3)	NM; *
UNISTIK CZT MIS NORMAL	\$0(3)	NM; *
UNISTIK PRO MIS LANC 21G	\$0(3)	NM; *
UNISTIK PRO MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 30G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 21G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 23G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 28G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 30G	\$0(3)	NM; *
UNITSTIK PRO MIS LANC 25G	\$0(3)	NM; *
UNIVERSAL 1 MIS LANC 26G	\$0(3)	NM; *
UNIVERSAL 1 MIS LANC 30G	\$0(3)	NM; *
VANTAGE LANC MIS DEVICE	\$0(3)	NM; *
VIVAGUARD MIS 30G	\$0(3)	NM; *
VIVAGUARD MIS LANCING	\$0(3)	NM; *
yargesa CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ZEVRX TWIST MIS LANC 30G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder) CAPS 667mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS 667mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>lanthanum carbonate CHEW 500mg, 1000mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>lanthanum carbonate CHEW 750mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	\$0(1)	QL (540 packets / 30 days)
<i>sevelamer carbonate TABS 800mg</i>	\$0(1)	QL (540 tabs / 30 days)
<i>VELPHORO CHEW 500mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>megestrol acetate SUSP 40mg/ml</i>	\$0(2)	
<i>megestrol acetate (appetite) SUSP 625mg/5ml</i>	\$0(2)	PA
<i>norethindrone acetate TABS 5mg</i>	\$0(1)	
<i>progesterone CAPS 100mg, 200mg</i>	\$0(1)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	\$0(1)	
<i>levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	\$0(1)	
<i>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	\$0(1)	
<i>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	\$0(1)	
<i>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</i>	\$0(1)	
<i>methimazole TABS 5mg, 10mg</i>	\$0(1)	
<i>propylthiouracil TABS 50mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	\$0(1)	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg, 750mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>smooth antacid extra stre</i> CHEW 750mg	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>ANTI-DIARRHEAL</u>		
<u>anti-diarrheal</u> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<u>bismatrol</u> CHEW 262mg	\$0(3)	NM; *
<u>bismuth subsalicylate</u> CHEW 262mg	\$0(3)	NM; *
<u>loperamide hcl</u> SOLN 1mg/7.5ml	\$0(3)	NM; *
<u>loperamide-simethicone</u> tab 2-125 mg	\$0(3)	NM; *
<u>sm anti-diarrheal</u> TABS 2mg	\$0(3)	NM; *
<u>stomach relief</u> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	NM; *
<u>stomach relief extra stre</u> SUSP 525mg/15ml	\$0(3)	NM; *
<u>stomach relief ultra</u> SUSP 525mg/15ml	\$0(3)	NM; *
<u>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</u>		
<u>aprepitant</u> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<u>aprepitant capsule therapy pack</u> 80 & 125 mg	\$0(1)	B/D
<u>compro</u> SUPP 25mg	\$0(1)	
<u>driminate</u> TABS 50mg	\$0(3)	NM; *
<u>dronabinol</u> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<u>gransetron hcl</u> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<u>gransetron hcl</u> TABS 1mg	\$0(1)	B/D
<u>meclizine hcl</u> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<u>meclizine hcl</u> TABS 12.5mg, 25mg	\$0(2)	
<u>metoclopramide hcl</u> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<u>motion sickness relief</u> TABS 50mg	\$0(3)	NM; *
<u>motion sickness relief/le</u> TABS 25mg	\$0(3)	NM; *
<u>ondansetron</u> TBDP 4mg, 8mg	\$0(1)	B/D
<u>ondansetron hcl</u> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<u>ondansetron hcl</u> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<u>prochlorperazine</u> SUPP 25mg	\$0(1)	
<u>prochlorperazine edisylate</u> SOLN 10mg/2ml	\$0(1)	
<u>prochlorperazine maleate</u> TABS 5mg, 10mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH

ACID

<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	
<i>famotidine maximum streng</i> TABS 20mg	\$0(3)	NM; *
<i>famotidine original stren</i> TABS 10mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfasalazine TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	\$0(3)	NM; *
bisacodyl ec TBEC 5mg	\$0(3)	NM; *
calcium polycarbophil TABS 625mg	\$0(3)	NM; *
clearlax POWD 17gm/scoop	\$0(3)	NM; *
constulose SOLN 10gm/15ml	\$0(1)	
docusate calcium CAPS 240mg	\$0(3)	NM; *
docusate sodium CAPS 100mg	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
docusol plus mini-enema	\$0(3)	NM; *
enemeez mini ENEM 283mg/5ml	\$0(3)	NM; *
enemeez plus	\$0(3)	NM; *
enulose SOLN 10gm/15ml	\$0(1)	
fiber-lax TABS 625mg	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
gavilax POWD 17gm/scoop	\$0(3)	NM; *
gavilyte-c	\$0(1)	
gavilyte-g	\$0(1)	
generlac SOLN 10gm/15ml	\$0(1)	
goodsense clearlax POWD 17gm/scoop	\$0(3)	NM; *
lactulose SOLN 10gm/15ml	\$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	\$0(1)	
milk of magnesia SUSP 7.75%, 400mg/5ml	\$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	\$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	\$0(1)	
PLENUV SOL	\$0(2)	
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
senna-lax TABS 8.6mg	\$0(3)	NM; *
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	\$0(1)	
*sodium phosphates - enema***	\$0(3)	NM; *
MISCELLANEOUS		
acid reducer complete	\$0(3)	NM; *
alosetron hcl TABS .5mg, 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	\$0(2)	
<i>gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>gas relief extra strength CAPS 125mg; CHEW 125mg</i>	\$0(3)	NM; *
<i>gas relief infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>gas relief ultra strength CAPS 180mg</i>	\$0(3)	NM; *
<i>GATTEX KIT 5mg</i>	\$0(2)	NDS, NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	\$0(1)	
<i>misoprostol TABS 100mcg, 200mcg</i>	\$0(1)	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	\$0(2)	NDS, QL (28 syringes / 28 days), PA
<i>simethicone CHEW 80mg</i>	\$0(3)	NM; *
<i>simethicone drops infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>simethicone ultra strengt CAPS 180mg</i>	\$0(3)	NM; *
<i>sucralfate TABS 1gm</i>	\$0(1)	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	\$0(1)	
<i>XERMELO TABS 250mg</i>	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>XIFAXAN TABS 550mg</i>	\$0(2)	NDS, PA

PANCREATIC ENZYMES

<i>CREON CAP 3000UNIT</i>	\$0(2)
<i>CREON CAP 6000UNIT</i>	\$0(2)
<i>CREON CAP 12000UNT</i>	\$0(2)
<i>CREON CAP 24000UNT</i>	\$0(2)
<i>CREON CAP 36000UNT</i>	\$0(2)
<i>ZENPEP CAP 3000UNIT</i>	\$0(2)
<i>ZENPEP CAP 5000UNIT</i>	\$0(2)
<i>ZENPEP CAP 10000UNT</i>	\$0(2)
<i>ZENPEP CAP 15000UNT</i>	\$0(2)
<i>ZENPEP CAP 20000UNT</i>	\$0(2)
<i>ZENPEP CAP 25000UNT</i>	\$0(2)
<i>ZENPEP CAP 40000UNT</i>	\$0(2)
<i>ZENPEP CAP 60000UNT</i>	\$0(2)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> CPDR 20mg; TBEC 20mg	\$0(3)	NM; *
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBDD 20mg; TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>rabeprazole sodium</i> TBEC 20mg	\$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</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i> cap 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>GEMTESA</i> TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacain succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>sm miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole 1</i> OINT 6.5%	\$0(3)	NM; *

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>ELIQUIS</i> TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>ELIQUIS</i> STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
<i>HEP SOD/D5W INJ</i> 20000UNT	\$0(2)	
<i>HEP SOD/D5W INJ</i> 25000UNT	\$0(2)	
<i>HEP SOD/NACL INJ</i> 12500UNT	\$0(2)	
<i>HEP SOD/NACL INJ</i> 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>HEPARIN/NACL INJ</i> 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
IRON		
ACCRUFER CAPS 30mg	\$0(3)	NM; *
bprotected pedia iron SOLN 15mg/ml	\$0(3)	NM; *
CENTRATEX CAP	\$0(3)	NM; *
CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
cvs iron TABS 27mg, 325mg	\$0(3)	NM; *
cvs slow release iron TBCR 45mg	\$0(3)	NM; *
eq slow-release iron TBCR 45mg	\$0(3)	NM; *
EZFE 200 CAPS 200mg	\$0(3)	NM; *
fe c tab	\$0(3)	NM; *
fe-vite iron SOLN 15mg/ml	\$0(3)	NM; *
FEOSOL BIFER TAB 28MG	\$0(3)	NM; *
ferate TABS 27mg	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAF A CAP 110-1MG	\$0(3)	NM; *
ferosul TABS 325mg	\$0(3)	NM; *
FERRALET 90 TAB	\$0(3)	NM; *
FERRETT S TABS 325mg	\$0(3)	NM; *
FERRETT S IPS SOLN 40mg/15ml	\$0(3)	NM; *
ferrex 150 CAPS 150mg	\$0(3)	NM; *
ferric x-150 CAPS 150mg	\$0(3)	NM; *
FERRIMIN 150 TABS 150mg	\$0(3)	NM; *
ferrous fumarate TABS 324mg	\$0(3)	NM; *
ferrous gluconate TABS 27mg, 240mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ferrous sulfate</i> SOLN 15mg/ml, 220mg/5ml, 300mg/5ml, 300mg/6.8ml; TABS 65mg, 325mg; TBCR 45mg; TBEC 324mg, 325mg	\$0(3)	NM; *
FERROUS SULFATE TBEC 324mg	\$0(3)	NM; *
FOLITAB 500 TAB	\$0(3)	NM; *
FUSION CAP	\$0(3)	NM; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron</i> TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INTEGRA CAP	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
<i>iron 27</i> TABS 240mg	\$0(3)	NM; *
<i>iron 100/c</i>	\$0(3)	NM; *
<i>iron infant & toddler</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>iron infant/toddler</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>iron slow release</i> TBCR 45mg	\$0(3)	NM; *
<i>iron supplement</i> SOLN 220mg/5ml	\$0(3)	NM; *
<i>iron-vitamin c tab 100-250 mg</i>	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>poly-iron 150 forte</i>	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
PROFE CAPS 180mg	\$0(3)	NM; *
PROFERRIN ES TABS 12mg	\$0(3)	NM; *
PROFERRIN- TAB FORTE	\$0(3)	NM; *
PROTECTIRON TAB	\$0(3)	NM; *
<i>ra high potency iron</i> TABS 27mg	\$0(3)	NM; *
<i>ra slow release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>se-tan plus</i>	\$0(3)	NM; *
<i>slow release iron</i> TBCR 45mg	\$0(3)	NM; *
SLOW RELEASE IRON TBCR 47.5mg	\$0(3)	NM; *
<i>slow-release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 45mg	\$0(3)	NM; *
<i>sm slow release iron</i> TBCR 45mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TANDEM CAP	\$0(3)	NM; *
<i>tandem plus</i>	\$0(3)	NM; *
TARON FORTE CAP	\$0(3)	NM; *
<i>wee care SUSP 15mg/1.25ml</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl CAPS .5mg, 1mg</i>	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol TABS 50mg, 100mg</i>	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate SOSY 30mg/3ml</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline TBCR 400mg</i>	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir SOSY 30mg/3ml</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid SOLN 1000mg/10ml; TABS 650mg</i>	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25- 200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate TABS 75mg</i>	\$0(1)	
<i>dipyridamole TABS 25mg, 50mg, 75mg</i>	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl TABS 5mg, 10mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	\$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	\$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	\$0(2)	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	\$0(2)	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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

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

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, LA, PA
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You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	\$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	\$0(2)	B/D, NM
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D, NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml</i>	\$0(1)	B/D, NM
<i>everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg</i>	\$0(2)	NDS, B/D, NM
<i>gengraf CAPS 25mg, 100mg; SOLN 100mg/ml</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil CAPS 250mg; TABS 500mg</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil SUSR 200mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>mycophenolate sodium TBEC 180mg, 360mg</i>	\$0(1)	B/D, NM
<i>NULOJIX SOLR 250mg</i>	\$0(2)	NDS, B/D, NM
<i>PROGRAF PACK .2mg, 1mg</i>	\$0(2)	B/D, NM
<i>REZUROCK TABS 200mg</i>	\$0(2)	NDS, NM, LA, PA
<i>SANDIMMUNE SOLN 100mg/ml</i>	\$0(2)	B/D, NM
<i>sirolimus SOLN 1mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>sirolimus TABS .5mg, 1mg, 2mg</i>	\$0(1)	B/D, NM
<i>tacrolimus CAPS .5mg, 1mg, 5mg</i>	\$0(1)	B/D, NM

VACCINES

<i>ABRYSVO SOLR 120mcg/0.5ml</i>	\$0(1)	
<i>ACTHIB INJ</i>	\$0(1)	
<i>ADACEL INJ</i>	\$0(1)	
<i>AREXVY SUSR 120mcg/0.5ml</i>	\$0(1)	
<i>BCG VACCINE SOLR 50mg</i>	\$0(1)	
<i>BEXSERO INJ</i>	\$0(1)	
<i>BOOSTRIX INJ</i>	\$0(1)	
<i>DAPTACEL INJ</i>	\$0(1)	
<i>DENGVAXIA SUS</i>	\$0(1)	
<i>DIP/TET PED INJ 25-5LFU</i>	\$0(1)	B/D
<i>ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml</i>	\$0(1)	B/D
<i>GARDASIL 9 INJ</i>	\$0(1)	
<i>HAVRIX SUSP 720elu/0.5ml, 1440elu/ml</i>	\$0(1)	
<i>HEPLISAV-B SOSY 20mcg/0.5ml</i>	\$0(1)	B/D
<i>HIBERIX SOLR 10mcg</i>	\$0(1)	
<i>IMOVA RABIES (H.D.C.V.) SUSR 2.5unit/ml</i>	\$0(1)	B/D
<i>INFANRIX INJ</i>	\$0(1)	
<i>IPOP INJ INACTIVE</i>	\$0(1)	
<i>IXCHIQ INJ</i>	\$0(1)	
<i>IXIARO INJ</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JYNNEOS SUSP .5ml	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI INJ	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PREHEVBRIO SUSP 10mcg/ml	\$0(1)	B/D
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTAVERSE SOL	\$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(1)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(1)	B/D
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(1)	
VARIVAX INJ 1350pfu/0.5ml	\$0(1)	
YF-VAX INJ	\$0(1)	

MISCELLANEOUS

MISCELLANEOUS

PETROLATUM OINT 42%	\$0(3)	NM; *
SUSPENDOL-S LIQ	\$0(3)	NM; *

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

advantage care oral elect	\$0(3)	NM; *
cvs pediatric electrolyte	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>h-e-b oral electrolyte so</i>	\$0(3)	NM; *
<i>*oral electrolyte solution***</i>	\$0(3)	NM; *
<i>pediatric electrolyte fre</i>	\$0(3)	NM; *
<i>pediatric electrolyte/zin</i>	\$0(3)	NM; *
<i>ra pediatric electrolyte</i>	\$0(3)	NM; *
<i>sm pediatric electrolyte</i>	\$0(3)	NM; *
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	\$0(2)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.149%) 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 0.9% 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)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0(2)	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
klor-con PACK 20meq	\$0(1)	
klor-con 8 TBCR 8meq	\$0(1)	
klor-con 10 TBCR 10meq	\$0(1)	
klor-con m10 TBCR 10meq	\$0(1)	
klor-con m15 TBCR 15meq	\$0(1)	
klor-con m20 TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium fluoride chew; tab; 1.1 (0.5 f) <i>mg/ml soln</i>	\$0(1)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clenisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
<i>calcium 500 +d</i>	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 500+d</i>	\$0(3)	NM; *
<i>calcium 500+d3</i>	\$0(3)	NM; *
<i>calcium 500+d high potenc</i>	\$0(3)	NM; *
<i>calcium 500/d</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 high potency TABS 600mg</i>	\$0(3)	NM; *
CALCIUM 600 TAB +D	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600+d3 plus miner</i>	\$0(3)	NM; *
<i>calcium 600+d high potenc</i>	\$0(3)	NM; *
<i>calcium 600+d plus minera</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 500mg	\$0(3)	NM; *
<i>calcium carbonate TABS 600mg, 1250mg</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	\$0(3)	NM; *
CALCIUM CHW 500-10	\$0(3)	NM; *
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0(3)	NM; *
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
<i>calcium citrate TABS 200mg</i>	\$0(3)	NM; *
<i>calcium citrate + d</i>	\$0(3)	NM; *
<i>calcium citrate + d3 max</i>	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3</i>	\$0(3)	NM; *
<i>calcium citrate/d3</i>	\$0(3)	NM; *
<i>calcium for women</i>	\$0(3)	NM; *
<i>calcium high potency TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
<i>calcium plus vitamin d</i>	\$0(3)	NM; *
<i>calcium plus vitamin d3</i>	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
CALCIUM/MAGN TAB 250-155	\$0(3)	NM; *
<i>calcium/vitamin d3</i>	\$0(3)	NM; *
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>chewable calcium</i>	\$0(3)	NM; *
CHEWABLE CALCIUM CHEW 500mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CORAL CALCIU CAP 1000MG	\$0(3)	NM; *
cvs calcium	\$0(3)	NM; *
cvs calcium 600 & vitamin	\$0(3)	NM; *
cvs calcium 600 + d plus	\$0(3)	NM; *
cvs calcium 600+d	\$0(3)	NM; *
cvs calcium & vitamin d3	\$0(3)	NM; *
cvs magnesium TABS 500mg	\$0(3)	NM; *
cvs selenium TABS 200mcg	\$0(3)	NM; *
cvs zinc TABS 50mg	\$0(3)	NM; *
600+d3	\$0(3)	NM; *
eq calcium 500+d	\$0(3)	NM; *
eq calcium 600+d	\$0(3)	NM; *
eq calcium citrate+d	\$0(3)	NM; *
eql calcium 600mg/vitamin	\$0(3)	NM; *
eql calcium citrate w/vit	\$0(3)	NM; *
eql calcium citrate/ vita	\$0(3)	NM; *
eql calcium/vitamin d	\$0(3)	NM; *
gnp calcium TABS 600mg	\$0(3)	NM; *
gnp calcium 500 +d3	\$0(3)	NM; *
gnp calcium 600 +d3	\$0(3)	NM; *
gnp calcium 600 +d/minera	\$0(3)	NM; *
gnp calcium citrate +d3	\$0(3)	NM; *
gnp calcium citrate+d3 ma	\$0(3)	NM; *
kp calcium citrate+d	\$0(3)	NM; *
MAGNESIUM ELEMENTAL CAPS 300mg	\$0(3)	NM; *
magnesium lactate TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	\$0(3)	NM; *
magnesium oxide (mg supplement) CAPS 500mg; TABS 500mg	\$0(3)	NM; *
MONOCAL TAB 3-250	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
oceanic selenium TABS 50mcg, 200mcg	\$0(3)	NM; *
orazinc CAPS 220mg	\$0(3)	NM; *
ORAZINC TABS 110mg	\$0(3)	NM; *
os-cal calcium + d3	\$0(3)	NM; *
os-cal extra d3	\$0(3)	NM; *
oysco 500+d	\$0(3)	NM; *
OYST SHELL/D TAB 500MG	\$0(3)	NM; *
oyster shell TABS 500mg	\$0(3)	NM; *
oyster shell calcium + d3	\$0(3)	NM; *
oyster shell calcium plus	\$0(3)	NM; *
oyster shell calcium+d	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oyster shell calcium/d3</i>	\$0(3)	NM; *
<i>oyster shell calcium/vita</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *
<i>phospho-trin 250 neutral</i>	\$0(3)	NM; *
<i>phospho-trin k500 TABS 500mg</i>	\$0(3)	NM; *
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	\$0(3)	NM; *
<i>pure calcium carbonate TABS 600mg</i>	\$0(3)	NM; *
<i>RA CA/BORON TAB</i>	\$0(3)	NM; *
<i>ra calcium 600 TABS 600mg</i>	\$0(3)	NM; *
<i>ra calcium 600 plus vitam</i>	\$0(3)	NM; *
<i>ra calcium 600/vit d/mine</i>	\$0(3)	NM; *
<i>ra calcium citrate plus v</i>	\$0(3)	NM; *
<i>ra hi cal</i>	\$0(3)	NM; *
<i>ra magnesium CAPS 500mg</i>	\$0(3)	NM; *
<i>ra natural magnesium</i>	\$0(3)	NM; *
<i>ra selenium natural TABS 200mcg</i>	\$0(3)	NM; *
<i>ra zinc TABS 50mg</i>	\$0(3)	NM; *
<i>selenium TABS 200mcg</i>	\$0(3)	NM; *
<i>SLOW-MAG TAB</i>	\$0(3)	NM; *
<i>SLOW-MAG TAB 71.5-119</i>	\$0(3)	NM; *
<i>sm calcium 600+d3</i>	\$0(3)	NM; *
<i>sm calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>sm calcium citrate+ w/vit</i>	\$0(3)	NM; *
<i>sm calcium citrate+vitami</i>	\$0(3)	NM; *
<i>sm calcium/vitamin d</i>	\$0(3)	NM; *
<i>sm magnesium TABS 250mg</i>	\$0(3)	NM; *
<i>sm zinc TABS 50mg</i>	\$0(3)	NM; *
<i>super calcium TABS 600mg</i>	\$0(3)	NM; *
<i>super calcium 600 + d3</i>	\$0(3)	NM; *
<i>super calcium 600+d3 400</i>	\$0(3)	NM; *
<i>wes-phos 250 neutral</i>	\$0(3)	NM; *
<i>ZINC LOZG 10mg</i>	\$0(3)	NM; *
<i>zinc TABS 50mg</i>	\$0(3)	NM; *
<i>ZINC 15 TABS 66mg</i>	\$0(3)	NM; *
<i>zinc gluconate TABS 30mg, 50mg, 100mg</i>	\$0(3)	NM; *
<i>zinc sulfate CAPS 220mg; TABS 220mg</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>ENLYTE CAP</i>	\$0(3)	NM; *
VITAMINS		
<i>a thru z advanced</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>a thru z select</i>	\$0(3)	NM; *
<i>a thru z select 50+ advan</i>	\$0(3)	NM; *
<i>a thru z select advanced</i>	\$0(3)	NM; *
<i>a thru z select ultimate</i>	\$0(3)	NM; *
<i>a thru z ultimate mens</i>	\$0(3)	NM; *
<i>a-10000 CAPS 10000unit</i>	\$0(3)	NM; *
<i>abaneu-sl</i>	\$0(3)	NM; *
<i>APETEX ELX</i>	\$0(3)	NM; *
<i>APETIGEN TAB PLUS</i>	\$0(3)	NM; *
<i>APETIGEN-PLS SOL</i>	\$0(3)	NM; *
<i>aqueous vitamin d infants LIQD 10mcg/ml</i>	\$0(3)	NM; *
<i>aqueous vitamin e SOLN 15mg/0.67ml</i>	\$0(3)	NM; *
<i>ASCORBIC ACD POW</i>	\$0(3)	NM; *
<i>ascorbic acid CHEW 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; TABS 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg</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 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 500 mg</i>	\$0(3)	NM; *
<i>b6 natural TABS 100mg</i>	\$0(3)	NM; *
<i>B COMPLEX/FO TAB</i>	\$0(3)	NM; *
<i>B-12 DOTS TBDP 500mcg</i>	\$0(3)	NM; *
<i>b-12 tr TBCR 1000mcg, 2000mcg</i>	\$0(3)	NM; *
<i>B-100 COMP TAB TR</i>	\$0(3)	NM; *
<i>b-complex formula 1</i>	\$0(3)	NM; *
<i>*b-complex vitamin cap**</i>	\$0(3)	NM; *
<i>*b-complex vitamin tab**</i>	\$0(3)	NM; *
<i>*b-complex w/ c tab**</i>	\$0(3)	NM; *
<i>*b-complex w/ folic acid cap**</i>	\$0(3)	NM; *
<i>*b-complex w/ folic acid tab**</i>	\$0(3)	NM; *
<i>BACMIN TAB</i>	\$0(3)	NM; *
<i>balance b-50</i>	\$0(3)	NM; *
<i>balance b-100</i>	\$0(3)	NM; *
<i>beta carotene CAPS 25000unit</i>	\$0(3)	NM; *
<i>beta carotene provitamin CAPS 25000unit</i>	\$0(3)	NM; *
<i>BIOCAL CAP</i>	\$0(3)	NM; *
<i>biopetit</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>biotin</i> CAPS 5000mcg; TABS 1000mcg	\$0(3)	NM; *
<i>biotin/maximum strength</i> CAPS 5000mcg	\$0(3)	NM; *
BPROTECT PED DRO TRI-VITE	\$0(3)	NM; *
<i>bprotected multi-vite</i>	\$0(3)	NM; *
<i>bprotected pedia d-vite</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>c 500</i> TABS 500mg	\$0(3)	NM; *
<i>c 1000</i> TABS 1000mg	\$0(3)	NM; *
C 1000/BIOFL CAP /R HIPS	\$0(3)	NM; *
<i>c complex</i>	\$0(3)	NM; *
<i>c-250</i> TABS 250mg	\$0(3)	NM; *
<i>c-500</i> CHEW 500mg; TABS 500mg	\$0(3)	NM; *
<i>c-500 prolonged release</i> TBCR 500mg	\$0(3)	NM; *
<i>c-500/rose hips</i>	\$0(3)	NM; *
<i>c-1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-1000 prolonged release</i> TBCR 1000mg	\$0(3)	NM; *
<i>c-1000/rose hips</i>	\$0(3)	NM; *
<i>c-chewable</i> CHEW 500mg	\$0(3)	NM; *
CAL-MAG-ZINC TAB -D	\$0(3)	NM; *
<i>calcidiol</i> SOLN 200mcg/ml	\$0(3)	NM; *
<i>calcium citrate plus/magn</i>	\$0(3)	NM; *
CENTRAVITES TAB 50 PLUS	\$0(3)	NM; *
CENTRUM SPEC TAB HEART	\$0(3)	NM; *
CENTRUM TAB MEN	\$0(3)	NM; *
CENTRUM TAB SILVER	\$0(3)	NM; *
CENTRUM TAB ULTRA	\$0(3)	NM; *
CEREFOLIN TAB	\$0(3)	NM; *
<i>cerovite senior</i>	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
CERTAVITE/ TAB ANTIOXID	\$0(3)	NM; *
<i>certavite/antioxidants</i>	\$0(3)	NM; *
<i>childrens chewable vitami</i>	\$0(3)	NM; *
<i>cholecalciferol</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>companion</i>	\$0(3)	NM; *
<i>compete</i>	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
CRANBERRY CAP URIN COM	\$0(3)	NM; *
<i>cvs b1</i> TABS 100mg	\$0(3)	NM; *
<i>cvs b6</i> TABS 100mg	\$0(3)	NM; *
<i>cvs b complex plus c</i>	\$0(3)	NM; *
<i>cvs b-1</i> TABS 100mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs b-12 TABS 500mcg	\$0(3)	NM; *
CVS BETA CAROTENE CAPS 15mg	\$0(3)	NM; *
cvs biotin high potency TABS 1000mcg	\$0(3)	NM; *
cvs chewable c with rose	\$0(3)	NM; *
CVS HAIR/SKN TAB NAILS	\$0(3)	NM; *
cvs spectravite advanced	\$0(3)	NM; *
cvs spectravite men	\$0(3)	NM; *
cvs spectravite women	\$0(3)	NM; *
cvs spectravite women 50+	\$0(3)	NM; *
cvs vitamin a CAPS 8000unit	\$0(3)	NM; *
cvs vitamin b12 TABS 1000mcg	\$0(3)	NM; *
cvs vitamin b12 tr TBCR 1000mcg	\$0(3)	NM; *
cvs vitamin b-2 TABS 100mg	\$0(3)	NM; *
cvs vitamin b-12 TBCR 2000mcg	\$0(3)	NM; *
cvs vitamin b-12 tr TBCR 1000mcg	\$0(3)	NM; *
cvs vitamin c TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
cvs vitamin c/rose hips TABS 500mg, 1000mg	\$0(3)	NM; *
cvs vitamin e CAPS 180mg, 400unit	\$0(3)	NM; *
cyanocobalamin LIQD 1000mcg/15ml; SUBL 2500mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; TBCR 1000mcg, 2000mcg	\$0(3)	NM; *
d-vite pediatric LIQD 400unit/ml	\$0(3)	NM; *
daily multiple vitamins	\$0(3)	NM; *
daily value multivitamin	\$0(3)	NM; *
daily vite	\$0(3)	NM; *
daily vite multivitamin/i	\$0(3)	NM; *
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS LIQ ESSENTIA	\$0(3)	NM; *
DEKAS PLUS CAP	\$0(3)	NM; *
DEKAS PLUS LIQ	\$0(3)	NM; *
dalyvite	\$0(3)	NM; *
dalyvite 800	\$0(3)	NM; *
DIALYVITE TAB 800/IRON	\$0(3)	NM; *
DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
e400 CAPS 400unit	\$0(3)	NM; *
e-400 CAPS 400unit	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
e-oil OIL 100unt/0.25ml	\$0(3)	NM; *
ELFOLATE PLU TAB 3-35-2MG	\$0(3)	NM; *
endur-acin TBCR 250mg, 500mg	\$0(3)	NM; *
endur-c/rose hips TBCR 500mg, 1000mg	\$0(3)	NM; *
eq complete multivitamin	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
eq one daily womens healt	\$0(3)	NM; *
eql b complex 50	\$0(3)	NM; *
eql b-6 TABS 100mg	\$0(3)	NM; *
eql one daily womens	\$0(3)	NM; *
eql vitamin b-12 TABS 500mcg	\$0(3)	NM; *
eql vitamin c TABS 1000mg	\$0(3)	NM; *
eql vitamin c/rose hips TABS 500mg, 1000mg	\$0(3)	NM; *
eql vitamin e CAPS 400unit	\$0(3)	NM; *
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	NM; *
essentia	\$0(3)	NM; *
fabb	\$0(3)	NM; *
FLINTSTONES CHW COMPLETE	\$0(3)	NM; *
flintstones complete	\$0(3)	NM; *
flintstones/my first	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
folbee	\$0(3)	NM; *
folbee plus	\$0(3)	NM; *
folbee plus cz	\$0(3)	NM; *
FOLBIC TAB	\$0(3)	NM; *
folic acid SOLN 5mg/ml; TABS 1mg	\$0(3)	NM; *
folplex 2.2	\$0(3)	NM; *
FOLTABS 800	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
fruit c 500	\$0(3)	NM; *
fruity c CHEW 250mg	\$0(3)	NM; *
full spectrum b/vitamin c	\$0(3)	NM; *
gnp b-12 SUBL 2500mcg	\$0(3)	NM; *
gnp biotin CAPS 5000mcg	\$0(3)	NM; *
gnp childrens chewables/e	\$0(3)	NM; *
gnp essential one daily	\$0(3)	NM; *
gnp little ones childrens	\$0(3)	NM; *
gnp mega multi for men	\$0(3)	NM; *
gnp mega multi for women	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp one daily mens health</i>	\$0(3)	NM; *
<i>gnp one daily womens heal</i>	\$0(3)	NM; *
<i>gnp vitamin a CAPS 10000unit</i>	\$0(3)	NM; *
<i>gnp vitamin b-1 TABS 100mg</i>	\$0(3)	NM; *
<i>gnp vitamin b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>gnp vitamin b-12 TABS 500mcg</i>	\$0(3)	NM; *
<i>gnp vitamin b-12 prolonge TBCR 1000mcg</i>	\$0(3)	NM; *
<i>gnp vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>gnp vitamin c drops</i>	\$0(3)	NM; *
<i>gnp vitamin c pr TBCR 500mg</i>	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin e CAPS 400unit</i>	\$0(3)	NM; *
<i>gnp vitamin e water dispe CAPS 400unit</i>	\$0(3)	NM; *
<i>gummi bear multivitamin/m</i>	\$0(3)	NM; *
<i>HEALTHY KIDS CHW GUMMIES</i>	\$0(3)	NM; *
<i>HI POT MV/ TAB BETA-CAR</i>	\$0(3)	NM; *
<i>HIGH POTENCY TAB MV/FA</i>	\$0(3)	NM; *
<i>hm biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>hm e vitamin CAPS 180mg</i>	\$0(3)	NM; *
<i>hm vitamin b12 TABS 500mcg</i>	\$0(3)	NM; *
<i>hm vitamin c</i>	\$0(3)	NM; *
<i>ICAPS LUTEIN TAB ZEAXANTH</i>	\$0(3)	NM; *
<i>icaps mv</i>	\$0(3)	NM; *
<i>kobee</i>	\$0(3)	NM; *
<i>kp adults 50+ daily formu</i>	\$0(3)	NM; *
<i>kp b complex/c</i>	\$0(3)	NM; *
<i>kp niacin TABS 500mg</i>	\$0(3)	NM; *
<i>kp vitamin b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>kp vitamin b-12 TABS 1000mcg</i>	\$0(3)	NM; *
<i>kp vitamin e CAPS 100unit</i>	\$0(3)	NM; *
<i>L-METHYL- TAB B6-B12</i>	\$0(3)	NM; *
<i>L-METHYL-MC TAB</i>	\$0(3)	NM; *
<i>LYSIPLEX PLUS</i>	\$0(3)	NM; *
<i>MEGA MULTI TAB MEN</i>	\$0(3)	NM; *
<i>mega multiple w/chelated</i>	\$0(3)	NM; *
<i>meijer c TABS 500mg</i>	\$0(3)	NM; *
<i>meribin CAPS 5mg</i>	\$0(3)	NM; *
<i>METAFOLBIC TAB</i>	\$0(3)	NM; *
<i>MG PLUS TAB PROTEIN</i>	\$0(3)	NM; *
<i>MTX SUPPORT TAB</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>multi complete/iron</i>	\$0(3)	NM; *
MULTI VITAMI TAB	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multi-vitamin</i>	\$0(3)	NM; *
<i>multi-vitamin hp/minerals</i>	\$0(3)	NM; *
MULTI-VITE LIQ	\$0(3)	NM; *
*multiple vitamin tab**	\$0(3)	NM; *
multiple vitamin/minerals	\$0(3)	NM; *
*multiple vitamins w/ iron tab**	\$0(3)	NM; *
multivitamin & mineral	\$0(3)	NM; *
multivitamin adults 50+	\$0(3)	NM; *
MULTIVITAMIN TAB	\$0(3)	NM; *
multivitamin with fluorid	\$0(3)	NM; *
multivitamin women 50+	\$0(3)	NM; *
MVW COMPLETE CAP D3000	\$0(3)	NM; *
MVW COMPLETE CAP D5000	\$0(3)	NM; *
MVW COMPLETE CAP FORMULAT	\$0(3)	NM; *
MVW COMPLETE CAP MINIS	\$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0(3)	NM; *
<i>mvw complete formulation</i>	\$0(3)	NM; *
<i>mynephron</i>	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
natural c/rose hips TABS 1000mg	\$0(3)	NM; *
natural vitamin e CAPS 1000unit	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
<i>nephro vitamins</i>	\$0(3)	NM; *
niacin CPCR 250mg; TABS 50mg, 100mg, 500mg; TBCR 250mg, 500mg	\$0(3)	NM; *
<i>niavasc</i> TBCR 500mg	\$0(3)	NM; *
NIVA-FOL TAB	\$0(3)	NM; *
NUTRIVIT LIQ 800-15-1	\$0(3)	NM; *
<i>ocutabs</i>	\$0(3)	NM; *
<i>ocutabs/lutein</i>	\$0(3)	NM; *
OMNICAP TAB	\$0(3)	NM; *
ONCOVITE TAB	\$0(3)	NM; *
<i>one daily complete</i>	\$0(3)	NM; *
<i>one daily for men 50+ adv</i>	\$0(3)	NM; *
<i>one daily for women</i>	\$0(3)	NM; *
<i>one daily for women 50+a</i>	\$0(3)	NM; *
<i>one daily maximum</i>	\$0(3)	NM; *
<i>one daily multivitamin/ir</i>	\$0(3)	NM; *
<i>one daily womens 50 plus</i>	\$0(3)	NM; *
<i>one daily womens 50+</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>one daily/iron/calcium</i>	\$0(3)	NM; *
<i>one daily/minerals</i>	\$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
<i>one-a-day teen advantage</i>	\$0(3)	NM; *
<i>one-daily multi-vitamin</i>	\$0(3)	NM; *
<i>pc pediatric tri-vitamin</i>	\$0(3)	NM; *
*pediatric multiple vitamins w/ iron <i>chew tab 15 mg**</i>	\$0(3)	NM; *
<i>pharmacist choice d-vitam LIQD</i>	\$0(3)	NM; *
400unit/ml		
<i>phytonadione</i> SOLN 10mg/ml; TABS 5mg	\$0(3)	NM; *
POLY-VI-SOL SOL 50MG/ML	\$0(3)	NM; *
POLY-VI-SOL SOL IRON	\$0(3)	NM; *
<i>pureway-c</i> TABS 500mg	\$0(3)	NM; *
<i>pyridoxine hcl</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *
QUINTABS-M TAB	\$0(3)	NM; *
<i>ra b-complex</i>	\$0(3)	NM; *
RA B-COMPLEX TAB VIT C TR	\$0(3)	NM; *
<i>ra b-complex with b-12</i>	\$0(3)	NM; *
<i>ra balanced b-50</i>	\$0(3)	NM; *
<i>ra balanced b-100</i>	\$0(3)	NM; *
<i>ra biotin</i> CAPS 2500mcg	\$0(3)	NM; *
<i>ra central-vite womens ma</i>	\$0(3)	NM; *
<i>ra niacin</i> TABS 100mg, 500mg	\$0(3)	NM; *
<i>ra one daily maximum</i>	\$0(3)	NM; *
<i>ra vitamin a</i> CAPS 10000unit	\$0(3)	NM; *
<i>ra vitamin b12</i> TBCR 2000mcg	\$0(3)	NM; *
<i>ra vitamin b-1</i> TABS 100mg	\$0(3)	NM; *
<i>ra vitamin b-6</i> TABS 50mg, 100mg	\$0(3)	NM; *
<i>ra vitamin b-12</i> TABS 100mcg	\$0(3)	NM; *
<i>ra vitamin b-12 tr</i> TBCR 1000mcg	\$0(3)	NM; *
<i>ra vitamin c</i> TABS 250mg, 500mg	\$0(3)	NM; *
<i>ra vitamin c tr</i> TBCR 500mg	\$0(3)	NM; *
<i>ra vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	NM; *
<i>ra vitamin e</i> CAPS 400unit	\$0(3)	NM; *
<i>rena-vite</i>	\$0(3)	NM; *
<i>rena-vite rx</i>	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>renal vitamin</i>	\$0(3)	NM; *
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>senior tabs</i>	\$0(3)	NM; *
<i>sentry</i>	\$0(3)	NM; *
<i>sentry senior</i>	\$0(3)	NM; *
SENTRY TAB	\$0(3)	NM; *
SENTRY TAB SENIOR	\$0(3)	NM; *
<i>sm b-complex</i>	\$0(3)	NM; *
SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm balanced b-50</i>	\$0(3)	NM; *
<i>sm biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>sm chewable vitamin c</i>	\$0(3)	NM; *
<i>sm complete</i>	\$0(3)	NM; *
<i>sm complete 50+</i>	\$0(3)	NM; *
<i>sm complete 50+ ultimate</i>	\$0(3)	NM; *
<i>sm hair/skin/nails</i>	\$0(3)	NM; *
<i>sm multiple vitamins/iron</i>	\$0(3)	NM; *
<i>sm niacin cr TBCR 250mg</i>	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm vitamin b1 TABS 100mg</i>	\$0(3)	NM; *
<i>sm vitamin b6 TABS 100mg</i>	\$0(3)	NM; *
<i>sm vitamin b12 TABS 500mcg</i>	\$0(3)	NM; *
<i>sm vitamin b12 tr TBCR 1000mcg, 2000mcg</i>	\$0(3)	NM; *
<i>sm vitamin b100 complex</i>	\$0(3)	NM; *
<i>sm vitamin b complex with</i>	\$0(3)	NM; *
<i>sm vitamin c TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin c tr TBCR 500mg</i>	\$0(3)	NM; *
<i>soluvita e SOLN 15.8mg/0.7ml</i>	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0(3)	NM; *
SPECTRAVITE TAB ADULTS	\$0(3)	NM; *
<i>stress b/zinc</i>	\$0(3)	NM; *
<i>stress formula</i>	\$0(3)	NM; *
<i>stress formula/iron</i>	\$0(3)	NM; *
<i>stress formula/zinc</i>	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
<i>super b with c</i>	\$0(3)	NM; *
<i>super biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>super quints b-50</i>	\$0(3)	NM; *
<i>super thera vite m</i>	\$0(3)	NM; *
SUPERVITE LIQ	\$0(3)	NM; *
<i>sv vitamin b12 tr TBCR 1000mcg</i>	\$0(3)	NM; *
TAB-A-VITE TAB IRON/BET	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thera-tabs</i>	\$0(3)	NM; *
<i>therapeutic-m/lutein</i>	\$0(3)	NM; *
<i>theratrum complete</i>	\$0(3)	NM; *
<i>theratrum complete 50 plu</i>	\$0(3)	NM; *
<i>THEREMS-M TAB</i>	\$0(3)	NM; *
<i>thiamine hcl TABS 50mg, 100mg, 250mg</i>	\$0(3)	NM; *
<i>tri-vite pediatric</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>v-c forte</i>	\$0(3)	NM; *
<i>vic-forte</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
<i>VITAL-D RX TAB</i>	\$0(3)	NM; *
<i>vitalee</i>	\$0(3)	NM; *
<i>VITALETS CHW CHILD</i>	\$0(3)	NM; *
<i>vitamin a CAPS 8000unit, 10000unit</i>	\$0(3)	NM; *
<i>vitamin b complex-c</i>	\$0(3)	NM; *
<i>vitamin b complex/vitamin</i>	\$0(3)	NM; *
<i>vitamin b-12 tr TBCR 2000mcg</i>	\$0(3)	NM; *
<i>VITAMIN C CHW 500MG</i>	\$0(3)	NM; *
<i>vitamin c drops</i>	\$0(3)	NM; *
<i>VITAMIN C POW</i>	\$0(3)	NM; *
<i>VITAMIN C TR TBCR 1500mg</i>	\$0(3)	NM; *
<i>vitamin c/bioflavonoids/w</i>	\$0(3)	NM; *
<i>vitamin c/rose hips tr TBCR 500mg, 1000mg</i>	\$0(3)	NM; *
<i>vitamin d infant LIQD 10mcg/ml, 400unit/ml</i>	\$0(3)	NM; *
<i>vitamin e CAPS 45mg, 180mg, 200unit, 400unit, 1000unit; OIL 100unt/0.25ml; SOLN 15mg/0.67ml</i>	\$0(3)	NM; *
<i>vitamin e blend CAPS 400unit</i>	\$0(3)	NM; *
<i>vitamin e high potency CAPS 400unit</i>	\$0(3)	NM; *
<i>vitamin e/d-alpha natural CAPS 268mg</i>	\$0(3)	NM; *
<i>vitamin supplement e-400 CAPS 400unit</i>	\$0(3)	NM; *
<i>vitamins a/c/d/fluoride</i>	\$0(3)	NM; *
<i>VITATRUM TAB</i>	\$0(3)	NM; *
<i>VITRUM TAB SENIOR</i>	\$0(3)	NM; *
<i>vp-vite rx</i>	\$0(3)	NM; *
<i>wescaps</i>	\$0(3)	NM; *
<i>westab max</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>westab one</i>	\$0(3)	NM; *
<i>womens daily formula</i>	\$0(3)	NM; *
<i>womens daily formula/foli</i>	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *
ZINC LOZ	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)
BESIVANCE SUSP .6%	\$0(2)
CILOXAN OINT .3%	\$0(2)
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)
NATACYN SUSP 5%	\$0(2)
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	\$0(1)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt 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 .3%</i>	\$0(1)
<i>polycin ophth oint</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>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
<i>ZIRGAN GEL .15%</i>	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>ALREX SUSP .2%</i>	\$0(2)	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	\$0(1)	
<i>BROMSITE SOLN .075%</i>	\$0(2)	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
<i>EYSUVIS SUSP .25%</i>	\$0(2)	
<i>FLAREX SUSP .1%</i>	\$0(2)	
<i>fluorometholone (ophth) SUSP .1%</i>	\$0(1)	
<i>flurbiprofen sodium SOLN .03%</i>	\$0(1)	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	\$0(1)	
<i>LOTEMAX OINT .5%</i>	\$0(2)	
<i>loteprednol etabonate SUSP .2%</i>	\$0(1)	
<i>prednisolone acetate (ophth) SUSP 1%</i>	\$0(1)	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	\$0(2)	
<i>PROLENSA SOLN .07%</i>	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth) SOLN .05%</i>	\$0(1)	
<i>cromolyn sodium (ophth) SOLN 4%</i>	\$0(1)	
<i>eye allergy itch relief SOLN .2%</i>	\$0(3)	NM; *
<i>eye allergy itch/redness SOLN .1%</i>	\$0(3)	NM; *
<i>eye drops SOLN .05%</i>	\$0(3)	NM; *
<i>eye drops advanced relief</i>	\$0(3)	NM; *
<i>eye itch relief SOLN .035%</i>	\$0(3)	NM; *
<i>ketotifen fumarate (ophth) SOLN .035%</i>	\$0(3)	NM; *
<i>LASTACRAFT SOLN .25%</i>	\$0(3)	NM; *
<i>olopatadine hcl SOLN .1%, .2%</i>	\$0(3)	NM; *
<i>PATADAY EXTRA STRENGTH SOLN .7%</i>	\$0(3)	NM; *
<i>redness relief</i>	\$0(3)	NM; *
<i>ZERVIATE SOLN .24%</i>	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

<i>betaxolol hcl (ophth) SOLN .5%</i>	\$0(1)	
<i>BETOPTIC-S SUSP .25%</i>	\$0(2)	
<i>brimonidine tartrate SOLN .15%, .2%</i>	\$0(1)	
<i>brinzolamide SUSP 1%</i>	\$0(1)	
<i>carteolol hcl (ophth) SOLN 1%</i>	\$0(1)	
<i>COMBIGAN SOL 0.2/0.5%</i>	\$0(2)	
<i>dorzolamide hcl SOLN 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost SOLN .005%</i>	\$0(1)	
<i>levobunolol hcl SOLN .5%</i>	\$0(1)	
<i>LUMIGAN SOLN .01%</i>	\$0(2)	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	\$0(1)	
<i>RHOPRESSA SOLN .02%</i>	\$0(2)	
<i>ROCKLATAN DRO</i>	\$0(2)	
<i>SIMBRINZA SUS 1-0.2%</i>	\$0(2)	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	\$0(1)	
<i>VYZULTA SOLN .024%</i>	\$0(2)	

MISCELLANEOUS

<i>artificial tears</i>	\$0(3)	NM; *
<i>ATROPINE SULFATE SOLN 1%</i>	\$0(2)	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	\$0(1)	
<i>CYSTADROPS SOLN .37%</i>	\$0(2)	NDS, NM, LA, PA
<i>CYSTARAN SOLN .44%</i>	\$0(2)	NDS, NM, LA, PA
<i>dry eye relief GEL 1%</i>	\$0(3)	NM; *
<i>dry eye relief drops</i>	\$0(3)	NM; *
<i>eye wash SOLN 99.05%</i>	\$0(3)	NM; *
<i>lubricant eye drops SOLN .5%, .6%</i>	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubricating plus eye drop SOLN .5%</i>	\$0(3)	NM; *
<i>lubricating tears eye dro</i>	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
<i>MIEBO SOLN 1.338gm/ml</i>	\$0(2)	
<i>MURO 128 SOLN 2%</i>	\$0(3)	NM; *
<i>polyvinyl alcohol SOLN 1.4%</i>	\$0(3)	NM; *
<i>proparacaine hcl SOLN .5%</i>	\$0(1)	
<i>refresh celluvisc GEL 1%</i>	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
<i>REFRESH OPT SOL MEGA-3</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
<i>sodium chloride hypertonic</i> OINT 5%; SOLN 5%	\$0(3)	NM; *
TYRVAYA SOLN .03mg/act	\$0(2)	
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *
XIIDRA SOLN 5%	\$0(2)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5- 2.5(3) mg/3ml	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SOLN 5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 25mg; CHEW 25mg; TABS 4mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 5mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> SOLN 1mg/ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
<i>12hr allergy relief</i> TABS 60mg	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
PEDIACLEAR 8 CHILDRENS LIQD 12.5mg/15ml	\$0(3)	NM; *
PEDIACLEAR PD CHILDRENS LIQD .625mg/ml	\$0(3)	NM; *
<i>sm loratadine</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .938mg/ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHOST CF TAB 10-2-20	\$0(3)	NM; *
ALAHOST DM LIQ 7.5-2-15	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALAHIST PE TAB 2-7.5MG	\$0(3)	NM; *
<i>all-nite cold & flu night</i>	\$0(3)	NM; *
<i>allergy multi-symptom</i>	\$0(3)	NM; *
<i>allergy relief d</i>	\$0(3)	NM; *
<i>allergy relief d-12</i>	\$0(3)	NM; *
<i>allergy relief d-24</i>	\$0(3)	NM; *
<i>antihistamine/nasal decon</i>	\$0(3)	NM; *
benzonatate CAPS 100mg, 150mg, 200mg	\$0(3)	NM; *
*camphor-eucalyptus-menthol - <i>oint***</i>	\$0(3)	NM; *
<i>cetirizine-pseudoephedrine tab er</i> <i>12hr 5-120 mg</i>	\$0(3)	NM; *
<i>chest congestion relief LIQD</i> 100mg/5ml; TABS 400mg	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>chest congestion relief p</i>	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
CHLOR/DEXCH LIQ PSE	\$0(3)	NM; *
COLD & ALLER LIQ CHILDREN	\$0(3)	NM; *
<i>cold & cough childrens</i>	\$0(3)	NM; *
<i>cold & flu nighttime reli</i>	\$0(3)	NM; *
<i>cold & flu relief daytime</i>	\$0(3)	NM; *
<i>cold & flu relief nightti</i>	\$0(3)	NM; *
<i>cold/flu daytime relief</i>	\$0(3)	NM; *
<i>cough & cold hbp</i>	\$0(3)	NM; *
<i>cough dm SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>cough dm childrens SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>daytime cold & flu relief</i>	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
<i>dextromethorphan hbr CAPS 15mg</i>	\$0(3)	NM; *
<i>dextromethorphan polistirex SUER</i> 30mg/5ml	\$0(3)	NM; *
<i>dimaphen dm cold & cough</i>	\$0(3)	NM; *
<i>doxylamine-phenylephrine tab 7.5-10</i> <i>mg</i>	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
<i>ed a-hist</i>	\$0(3)	NM; *
<i>ed a-hist dm</i>	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>endacof-dm</i>	\$0(3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0(3)	NM; *
<i>flu hbp</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
<i>head congestion/mucus</i>	\$0(3)	NM; *
<i>HISTEX-DM SYP</i>	\$0(3)	NM; *
<i>12 hour nasal decongestan TB12 120mg</i>	\$0(3)	NM; *
<i>12hr allergy/congestion r</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet</i>	\$0(3)	NM; *
<i>HYPERSAL NEBU 3.5%</i>	\$0(3)	NM; *
<i>LOHIST-D LIQ</i>	\$0(3)	NM; *
<i>LOHIST-DM SYP 5-2-10MG</i>	\$0(3)	NM; *
<i>loratadine-d 12hr</i>	\$0(3)	NM; *
<i>loratadine-d 24hr</i>	\$0(3)	NM; *
<i>M-END DMX LIQ</i>	\$0(3)	NM; *
<i>mapap cold formula multi-</i>	\$0(3)	NM; *
<i>mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief childrens</i>	\$0(3)	NM; *
<i>mucus relief d</i>	\$0(3)	NM; *
<i>mucus relief dm</i>	\$0(3)	NM; *
<i>mucus relief dm cough</i>	\$0(3)	NM; *
<i>mucus relief dm maximum s</i>	\$0(3)	NM; *
<i>mucus relief er TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief maximum stre TB12 1200mg</i>	\$0(3)	NM; *
<i>mucus relief pe sinus con</i>	\$0(3)	NM; *
<i>multi symptom flu & sever</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>nasal decongestant pe TABS 10mg</i>	\$0(3)	NM; *
<i>nasal decongestant spray SOLN .05%</i>	\$0(3)	NM; *
<i>nasal relief SOLN .05%</i>	\$0(3)	NM; *
<i>nasal spray no drip SOLN .05%</i>	\$0(3)	NM; *
<i>NASOPEN PE LIQ</i>	\$0(3)	NM; *
<i>nighttime cold/flu relief</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nighttime cough</i>	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
<i>nohist-dm</i>	\$0(3)	NM; *
<i>nohist-lq</i>	\$0(3)	NM; *
<i>phenylephrine hcl (oral) TABS 10mg</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	\$0(3)	NM; *
POLY HIST FO TAB 10.5-10	\$0(3)	NM; *
POLY-HIST DM LIQ 5-25-10	\$0(3)	NM; *
POLY-VENT DM TAB	\$0(3)	NM; *
POLY-VENT IR TAB 60-380MG	\$0(3)	NM; *
POLYTUSSIN LIQ DM	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	\$0(3)	NM; *
<i>robafen cf multi-symptom</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge LIQD 200mg/10ml</i>	\$0(3)	NM; *
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *
<i>rynex dm</i>	\$0(3)	NM; *
<i>rynex pe</i>	\$0(3)	NM; *
<i>rynex pse</i>	\$0(3)	NM; *
<i>severe cold & flu</i>	\$0(3)	NM; *
<i>severe cold/cough</i>	\$0(3)	NM; *
<i>sinus + headache</i>	\$0(3)	NM; *
<i>sinus congestion/pain</i>	\$0(3)	NM; *
<i>sinus pressure/pain/adult</i>	\$0(3)	NM; *
<i>sinus relief extra streng SOLN 1%</i>	\$0(3)	NM; *
<i>sinus relief severe conge</i>	\$0(3)	NM; *
<i>sm lorata-dine d</i>	\$0(3)	NM; *
<i>sm nasal spray 12 hour SOLN .05%</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium chloride (inhalant) NEBU .9%, 3%, 7%	\$0(3)	NM; *
soothing - 12 hour nasal SOLN .05%	\$0(3)	NM; *
sudogest TABS 30mg, 60mg	\$0(3)	NM; *
sudogest 12 hour TB12 120mg	\$0(3)	NM; *
sudogest maximum strength TABS 30mg	\$0(3)	NM; *
tussin cf severe multi-sy	\$0(3)	NM; *
tussin dm	\$0(3)	NM; *
tussin dm maximum strengt	\$0(3)	NM; *
tussin mucus + chest cong LIQD 100mg/5ml	\$0(3)	NM; *
tussin multi-symptom cold	\$0(3)	NM; *
VANACOF DMX LIQ	\$0(3)	NM; *
VANACOF LIQ	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
vapor steam LIQD 6.2%	\$0(3)	NM; *
WESTUSSIN DM SYP	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
zafirlukast TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
ACE AERO CLD MIS ENHANCER	\$0(3)	NM; *
acetylcysteine SOLN 10%, 20%	\$0(1)	B/D
ADULT MASK MIS LARGE	\$0(3)	NM; *
AERCHMBR PLS MIS FLOW-VU	\$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	\$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	\$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	\$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROTRC PLUS MIS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
BREATHERITE MIS MDI CHMB	\$0(3)	NM; *
BRONCHITOL CAPS 40mg	\$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
COMPACT SPAC MIS LG MASK	\$0(3)	NM; *
COMPACT SPAC MIS MD MASK	\$0(3)	NM; *
COMPACT SPAC MIS SM MASK	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cromolyn sodium NEBU 20mg/2ml	\$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	\$0(3)	NM; *
deep sea nasal spray SOLN .65%	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
EASIVENT MIS MASK LG	\$0(3)	NM; *
EASIVENT MIS MASK MED	\$0(3)	NM; *
EASIVENT MIS MASK SM	\$0(3)	NM; *
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
EXPIRATORY MIS MTHPIECE	\$0(3)	NM; *
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	\$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	\$0(3)	NM; *
FLEXICHAMBER MIS MASK SM	\$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	\$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	\$0(3)	NM; *
HOLD CHAMBER MIS SMALL	\$0(3)	NM; *
INSPIRACHAMB MIS LARGE	\$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPC	\$0(3)	NM; *
INSPIRACHAMB MIS SMALL	\$0(3)	NM; *
INSPIRATORY MIS MTHPIECE	\$0(3)	NM; *
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LITETOUCH MIS MASK LG	\$0(3)	NM; *
LITETOUCH MIS MASK MD	\$0(3)	NM; *
LITETOUCH MIS MASK SM	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
MICROSPACER MIS	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
OPTICHAMBER MIS DIA LG	\$0(3)	NM; *
OPTICHAMBER MIS DIA MD	\$0(3)	NM; *
OPTICHAMBER MIS DIA SM	\$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
PANDA MASK MIS LARGE	\$0(3)	NM; *
PANDA MASK MIS MEDIUM	\$0(3)	NM; *
PANDA MASK MIS PEDIATRI	\$0(3)	NM; *
PANDA MASK MIS SMALL	\$0(3)	NM; *
PARI VORTEX MIS ADL MASK	\$0(3)	NM; *
PEDIATRIC MD MIS MASK	\$0(3)	NM; *
PEDIATRIC SM MIS MASK	\$0(3)	NM; *
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	\$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
RITEFLO MIS	\$0(3)	NM; *
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
S2 NEBU 2.25%	\$0(3)	NM; *
SIDESTREAM MIS PED MASK	\$0(3)	NM; *
SILICONE MSK MIS INFANT	\$0(3)	NM; *
SILICONE MSK MIS PED	\$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	\$0(2)	NDS, NM, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>nasal allergy 24 hour mul</i> AERO 55mcg/act	\$0(3)	NM; *
<i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act	\$0(3)	NM; *
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D

STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT

ASTHMA AND COPD

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 50-25MCG	\$0(2)	QL (60 blisters / 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)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	\$0(1)	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

accutane CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 5 GEL 5%</i>	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
<i>acne medication 10 GEL 10%</i>	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
adapalene GEL .1%	\$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	\$0(1)	PA
benzoyl peroxide GEL 2.5%, 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide topical LIQD 10%</i>	\$0(3)	NM; *
benzoyl peroxide wash LIQD 5%, 10%	\$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5- 3%	\$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical) GEL</i> 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN</i> 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
ery PADS 2%	\$0(1)	QL (60 pledges / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	\$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne) LOTN</i> 10%	\$0(1)	QL (118 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>ssd</i> CREA 1%	\$0(1)	
<i>SULFAMYLYON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic + pain</i>	\$0(3)	NM; *
<i>triple antibiotic plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal</i> CREA 1%	\$0(3)	NM; *
<i>antifungal powder</i> POWD 2%	\$0(3)	NM; *
<i>athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>athletes foot antifungal</i> AERP 1%	\$0(3)	NM; *
<i>athletes foot powder spra</i> AERP 2%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	\$0(1)	QL (45 gm / 30 days)
<i>FUNGOID TINCTURE</i> SOLN 2%	\$0(3)	NM; *
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
calcipotriene CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	\$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	\$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	\$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	\$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	\$0(1)	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	\$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	\$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	\$0(1)	QL (90 mL / 30 days)
fluocinonide CREA .05%	\$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>a&d</i>	\$0(3)	NM; *
<i>antiseptic skin cleanser</i> SOLN 4%	\$0(3)	NM; *
<i>arthritis pain reliever</i> GEL 1%	\$0(3)	NM; *
<i>bexarotene (topical)</i> GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>blue gel</i> GEL 2%	\$0(3)	NM; *
<i>calamine clear</i>	\$0(3)	NM; *
<i>calamine plus</i>	\$0(3)	NM; *
<i>caldyphen clear</i>	\$0(3)	NM; *
<i>capsaicin</i> CREA .025%	\$0(3)	NM; *
<i>COATS ALOE CREME</i> CREA .5%	\$0(3)	NM; *
<i>COATS ALOE GELLY</i> GEL .5%	\$0(3)	NM; *
<i>COATS ALOE MOISTURIZING L</i> LOTN .5%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COLEMAN INSECT REPELLENT/ AERO 25%	\$0(3)	NM; *
COLEMN BOTAN LIQ INSECT	\$0(3)	NM; *
COLEMN INSEC LIQ SKINSMAR	\$0(3)	NM; *
COLEMN INSEC SPR SKINSMAR	\$0(3)	NM; *
<i>corn and callus remover</i> LIQD 17%	\$0(3)	NM; *
COZIMA CREA 24%	\$0(3)	NM; *
CUTTER BACKWOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
CUTTER BACKWOODS DRY AERO 25%	\$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	\$0(3)	NM; *
<i>diaper rash</i> OINT 40%	\$0(3)	NM; *
<i>dibucaine</i> OINT 1%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(3)	NM; *
<i>docosanol</i> CREA 10%	\$0(3)	NM; *
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>hemorrhoidal</i>	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>medi-pads</i> PADS 50%	\$0(3)	NM; *
<i>medicated callus removers</i> PADS 40%	\$0(3)	NM; *
<i>medicated corn removers</i> PADS 40%	\$0(3)	NM; *
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
NATRAPEL 12-HOUR TICK & I AERO 20%	\$0(3)	NM; *
<i>nitroglycerin (intra-anal)</i> OINT .4%	\$0(1)	QL (30 gm / 30 days)
OFF DEEP WOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
OFF DEEP WOODS DRY AERO 25%	\$0(3)	NM; *
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%	\$0(3)	NM; *
<i>pain relieving cream</i>	\$0(3)	NM; *
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	\$0(3)	NM; *
<i>podofilox SOLN .5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine SOLN 10%</i>	\$0(3)	NM; *
<i>pramoxine hcl (rectal) FOAM 1%</i>	\$0(3)	NM; *
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>proctosol hc CREA 2.5%</i>	\$0(1)	
<i>protozone-hc CREA 2.5%</i>	\$0(1)	
<i>RECTIV OINT .4%</i>	\$0(2)	QL (30 gm / 30 days)
<i>REPEL HUNTERS FORMULA AERO 25%</i>	\$0(3)	NM; *
<i>REPEL LEMON SPR INSECT</i>	\$0(3)	NM; *
<i>REPEL SPORTSMEN AERO 25%</i>	\$0(3)	NM; *
<i>REPEL SPORTSMEN DRY AERO 25%</i>	\$0(3)	NM; *
<i>REPEL SPORTSMEN MAX AERO 40%</i>	\$0(3)	NM; *
<i>SAWYER PREMIUM INSECT REP LIQD 20%</i>	\$0(3)	NM; *
<i>tacrolimus (topical) OINT .03%, .1%</i>	\$0(1)	QL (100 gm / 30 days)
<i>ULTRATHON INSECT REPELLEN AERO 25%</i>	\$0(3)	NM; *
<i>VALCHLOR GEL .016%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
<i>wart remover maximum stre LIQD 17%; STRP 40%</i>	\$0(3)	NM; *
<i>Z-BUM CREA 22%</i>	\$0(3)	NM; *
<i>zinc oxide (topical) OINT 20%, 25%</i>	\$0(3)	NM; *
<i>DERMATOLOGY, SCABICIDES AND PEDICULIDES</i>		
<i>gnp lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment creme rins LIQD 1%</i>	\$0(3)	NM; *
<i>malathion LOTN .5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	\$0(1)	QL (60 gm / 30 days)
<i>VANALICE GEL 0.3-3.5%</i>	\$0(3)	NM; *
<i>DERMATOLOGY, WOUND CARE AGENTS</i>		
<i>REGRANEX GEL .01%</i>	\$0(2)	NDS, QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>cevimeline hcl CAPS 30mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$0(1)	
<i>clotrimazole TROC 10mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq PSTE .1%</i>	\$0(1)	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	\$0(1)	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	\$0(1)	
<i>periogard SOLN .12%</i>	\$0(1)	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	\$0(1)	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>ear drops SOLN 6.5%</i>	\$0(3)	NM; *
<i>earwax removal SOLN 6.5%</i>	\$0(3)	NM; *

PART B

DIABETIC METERS AND TEST STRIPS

<i>DEXCOM G6 MIS RECEIVER</i>	\$0	PA
<i>DEXCOM G6 MIS SENSOR</i>	\$0	PA
<i>DEXCOM G6 MIS TRANSMIT</i>	\$0	PA
<i>DEXCOM G7 MIS RECEIVER</i>	\$0	PA
<i>DEXCOM G7 MIS SENSOR</i>	\$0	PA
<i>FREESTY LIBR KIT 2 SENSOR</i>	\$0	PA
<i>FREESTY LIBR KIT 3 SENSOR</i>	\$0	PA
<i>FREESTY LIBR MIS 2 READER</i>	\$0	PA
<i>FREESTY LIBR MIS 3 READER</i>	\$0	PA
<i>FREESTYLE KIT SENSOR</i>	\$0	PA
<i>FREESTYLE MIS READER</i>	\$0	PA
<i>TRUE METRIX KIT AIR</i>	\$0	
<i>TRUE METRIX KIT METER</i>	\$0	
<i>TRUE METRIX STRIPS</i>	\$0	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

D. Index of Covered Drugs

*		
* <i>b-complex vitamin cap**</i>103		
* <i>b-complex vitamin tab**</i>103		
* <i>b-complex w/ c tab**</i>103		
* <i>b-complex w/ folic acid cap**</i>103		
* <i>b-complex w/ folic acid tab**</i>103		
* <i>camphor-eucalyptus-menthol - oint***</i>118		
* <i>multiple vitamin tab**</i>108		
* <i>multiple vitamins w/ iron tab**</i>108		
* <i>oral electrolyte solution***</i>97		
* <i>pediatric multiple vitamins w/ iron chew tab 15 mg**</i>109		
* <i>sodium phosphates - enema***</i>85		
	1	
<i>12 hour nasal decongestant</i>.....119		
<i>12hr allergy relief</i>.....116		
<i>12hr allergy/congestion r</i>.....119		
	2	
<i>24hr allergy relief</i>.....116		
	6	
<i>600+d3</i>.....101		
	A	
<i>a thru z advanced</i>.....102		
<i>a thru z select</i>.....103		
<i>a thru z select 50+ advan</i>.....103		
<i>a thru z select advanced</i>.....103		
<i>a thru z select ultimate</i>.....103		
<i>a thru z ultimate mens</i>.....103		
<i>a&d</i>.....128		
<i>a-10000</i>.....103		
<i>abacavir sulfate</i>....18		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>.....20		
<i>abaneu-sl</i>.....103		
<i>ABELCET</i>.....17		
<i>ABILIFY MAINTENA</i>.....48, 49		
<i>abiraterone acetate</i>.....27		
<i>ABRYSCO</i>.....95		
<i>acamprosate calcium</i>.....60		
<i>acarbose</i>.....61		
<i>ACCRUFER</i>.....89		
<i>ACCU-CHEK KIT FASTCLIX</i>.....72		
<i>ACCU-CHEK KIT SOFTCLIX</i>.....72		
<i>accutane</i>.....125		
<i>ACE AERO CLD MIS ENHANCER</i>.....121		
<i>acebutolol hcl</i>.....42		
<i>acetaminophen</i>....12		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>.....14		
	<i>acetaminophen w/ codeine tab 300-15 mg</i>.....14	
	<i>acetaminophen w/ codeine tab 300-30 mg</i>.....14	
	<i>acetaminophen w/ codeine tab 300-60 mg</i>.....14	
	<i>acetazolamide</i>.....43	
	<i>acetic acid</i>.....87	
	<i>acetic acid (otic)</i>.....115	
	<i>acetylcysteine</i>.....121	
	<i>acid gone</i>.....82	
	<i>acid reducer</i>....84, 87	
	<i>acid reducer complete</i>.....85	
	<i>acid reducer maximum stre</i>....84	
	<i>acid reducer original str</i>.....84	
	<i>acitretin</i>.....127	
	<i>acne medication 10</i>.....125	
	<i>ACNE MEDICATION 10</i>.....125	
	<i>acne medication 5</i>.....125	
	<i>ACNE MEDICATION 5</i>.....125	
	<i>ACTHIB INJ</i>.....95	
	<i>ACTI-LANCE MIS 28G</i>.....72	
	<i>ACTI-LANCE MIS LITE 28G</i>.....72	
	<i>ACTI-LANCE MIS SPEC 17G</i> .....72	
	<i>ACTI-LANCE MIS UNIV 23G</i> .....72	
	<i>ACTIMMUNE</i> .....94	
	<i>acyclovir</i>.....21	
	<i>acyclovir sodium</i> ...21	
	<i>ADACEL INJ</i> .....95	

ADALIMUMAB-AACF (2 PEN).....	92	AEROCHAMBER MIS MV	121	<i>allergy relief childrens</i>	116
adapalene.....	125	AEROCHAMBER MIS PLUS.....	121	<i>allergy relief d.....</i>	118
adefovir dipivoxil ...	21	AEROTRC PLUS MIS	121	<i>allergy relief d-12</i>	118
ADEMPAS	45	AEROVENT MIS PLUS	121	<i>allergy relief d-24</i>	118
ADJ LANCING MIS DEVICE.....	72	<i>afirmelle</i>	65	<i>allergy</i> <i>relief/indoor/out</i>	116
ADMELOG	63	AGAMATRIX MIS 33G	72	<i>all-nite cold & flu</i> <i>night</i>	118
ADMELOG SOLOSTAR	63	AIMOVIG	57	<i>allopurinol</i>	12
<i>adult aspirin regimen</i>	12	AKEEGA TAB 100/500	27	<i>almacone double</i> <i>strength</i>	82
ADULT MASK MIS LARGE	121	AKEEGA TAB 50/500MG	27	<i>alosetron hcl</i>	85
ADV LANCING MIS DEVICE.....	72	<i>ala-cort</i>	127	<i>alprazolam</i>	45
ADV TRAVEL MIS LANC 28G	72	ALAHIST CF TAB 10- 2-20	117	<i>ALREX</i>	113
ADVAIR HFA AER 115/21	124	ALAHIST DM LIQ 7.5- 2-15	117	<i>altavera</i>	65
ADVAIR HFA AER 230/21	124	ALA-HIST IR.....	116	<i>ALUMINUM</i> <i>HYDROXIDE</i>	82
ADVAIR HFA AER 45/21	124	ALAHIST PE TAB 2- 7.5MG.....	118	<i>ALUNBRIG</i>	29
<i>advantage care oral</i> <i>elect</i>	96	<i>albendazole</i>	15	<i>ALUNBRIG PAK</i>	29
ADVCATE SAFE MIS LANC 26G	72	<i>albuterol sulfate</i> ...117		<i>alyacen 1/35</i>	65
ADVOCATE MIS LANC 30G.....	72	<i>alclometasone</i> <i>dipropionate</i>	127	<i>alyacen 7/7/7</i>	65
ADVOCATE MIS LANC DEV	72	ALDURAZYME	72	<i>amabelz tab 0.5-</i> <i>0.1mg</i>	70
ADVOCATE MIS LANCTS	72	ALECENSA.....	29	<i>amantadine hcl</i>	47
AERCHMBR PLS MIS FLOW-VU	121	<i>alendronate sodium</i>	65	<i>ambrisentan</i>	45
AERCHMBR PLS MIS LRG MASK.....	121	<i>alfuzosin hcl</i>	87	<i>amethia</i>	66
AERCHMBR PLS MIS MED MASK	121	<i>aliskiren fumarate</i> .	44	<i>amikacin sulfate</i>	15
AERCHMBR PLS MIS SM MASK	121	<i>all day allergy</i>	116	<i>amiloride &</i> <i>hydrochlorothiazide</i> <i>tab 5-50 mg</i>	43
AERCHMBR Z- MIS STAT PLS	121	<i>all day allergy</i> <i>childrens</i>	116	<i>amiloride hcl</i>	43
AEROCHAMBER MIS CHAMBER	121	<i>all day pain relief</i> ..	12	<i>amiodarone hcl</i>	40
		<i>all day relief</i>	12	<i>amitriptyline hcl</i>	46
		<i>aller-chlor</i>	116	<i>amlodipine besylate</i>	42
		<i>allergy</i>	116	<i>amlodipine besylate-</i> <i>benazepril hcl cap</i> <i>10-20 mg</i>	36
		<i>allergy childrens</i> ..	116	<i>amlodipine besylate-</i> <i>benazepril hcl cap</i> <i>10-40 mg</i>	36
		<i>allergy multi-</i> <i>symptom</i>	118	<i>amlodipine besylate-</i> <i>benazepril hcl cap</i> <i>2.5-10 mg</i>	36
		<i>allergy relief</i> 116, 124			
		<i>allergy relief 24hr</i> 116			

<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>benazepril hcl cap</i>	<i>clavulanate for susp</i>	<i>dextroamphetamine</i>
<i>5-10 mg .....36</i>	<i>200-28.5 mg/5ml/24</i>	<i>cap er 24hr 5 mg 55</i>
<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>benazepril hcl cap</i>	<i>clavulanate for susp</i>	<i>dextroamphetamine</i>
<i>5-20 mg .....36</i>	<i>250-62.5 mg/5ml/24</i>	<i>tab 10 mg .....56</i>
<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>benazepril hcl cap</i>	<i>clavulanate for susp</i>	<i>dextroamphetamine</i>
<i>5-40 mg .....36</i>	<i>400-57 mg/5ml.. 24</i>	<i>tab 12.5 mg .....56</i>
<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>olmesartan</i>	<i>clavulanate for susp</i>	<i>dextroamphetamine</i>
<i>medoxomil tab 10-</i>	<i>600-42.9 mg/5ml/24</i>	<i>tab 15 mg .....56</i>
<i>20 mg .....38</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>amlodipine besylate-</i>	<i>clavulanate tab</i>	<i>dextroamphetamine</i>
<i>olmesartan</i>	<i>250-125 mg 24</i>	<i>tab 20 mg .....56</i>
<i>medoxomil tab 10-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>40 mg .....38</i>	<i>clavulanate tab</i>	<i>dextroamphetamine</i>
<i>amlodipine besylate-</i>	<i>500-125 mg 24</i>	<i>tab 30 mg .....56</i>
<i>olmesartan</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>medoxomil tab 5-20</i>	<i>clavulanate tab</i>	<i>dextroamphetamine</i>
<i>mg .....38</i>	<i>875-125 mg 24</i>	<i>tab 5 mg.....56</i>
<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>	<i>amphetamine-</i>
<i>olmesartan</i>	<i>clavulanate tab er</i>	<i>dextroamphetamine</i>
<i>medoxomil tab 5-40</i>	<i>12hr 1000-62.5 mg</i>	<i>tab 7.5 mg .....56</i>
<i>mg .....38</i>	<i>..... 24</i>	<i>amphotericin b .....17</i>
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	<i>amphotericin b</i>
<i>valsartan tab 10-</i>	<i>dextroamphetamine</i>	<i>liposome .....17</i>
<i>160 mg.....38</i>	<i>cap er 24hr 10 mg</i>	<i>ampicillin .....24</i>
<i>amlodipine besylate-</i>	<i>..... 55</i>	<i>ampicillin &</i>
<i>valsartan tab 10-</i>	<i>amphetamine-</i>	<i>sulbactam sodium</i>
<i>320 mg.....38</i>	<i>dextroamphetamine</i>	<i>for inj 1.5 (1-0.5)</i>
<i>amlodipine besylate-</i>	<i>cap er 24hr 15 mg</i>	<i>gm .....24</i>
<i>valsartan tab 5-160</i>	<i>..... 55</i>	<i>ampicillin &</i>
<i>mg .....38</i>	<i>amphetamine-</i>	<i>sulbactam sodium</i>
<i>amlodipine besylate-</i>	<i>dextroamphetamine</i>	<i>for inj 3 (2-1) gm 24</i>
<i>valsartan tab 5-320</i>	<i>cap er 24hr 20 mg</i>	<i>ampicillin &</i>
<i>mg .....38</i>	<i>..... 55</i>	<i>sulbactam sodium</i>
<i>amnesteem.....125</i>	<i>amphetamine-</i>	<i>for iv soln 1.5 (1-</i>
<i>amoxapine.....46</i>	<i>dextroamphetamine</i>	<i>0.5) gm .....24</i>
<i>amoxicillin .....24</i>	<i>cap er 24hr 25 mg</i>	<i>ampicillin &</i>
<i>amoxicillin & k</i>	<i>..... 56</i>	<i>sulbactam sodium</i>
<i>clavulanate chew</i>	<i>amphetamine-</i>	<i>for iv soln 15 (10-5)</i>
<i>tab 200-28.5 mg.24</i>	<i>dextroamphetamine</i>	<i>gm .....24</i>
<i>amoxicillin & k</i>	<i>cap er 24hr 30 mg</i>	<i>ampicillin &</i>
<i>clavulanate chew</i>	<i>..... 56</i>	<i>sulbactam sodium</i>
<i>tab 400-57 mg ...24</i>		

<i>for iv soln 3 (2-1)</i>	ARCALYST.....	94
gm	AREXVY	95
<i>ampicillin sodium</i> ...	<i>ariPIPRAZOLE</i>	49
<i>anagrelide hcl</i>	ARISTADA.....	49
<i>anastrozole</i>	ARISTADA INITIO .	49
<i>ANORO ELLIPT AER</i>	<i>armodafinil</i>	59
62.5-25	ARNUITY ELLIPTA	124
<i>antacid</i>	<i>arthritis pain reliever</i>	128
<i>antacid calcium</i>	<i>artificial tears</i>	114
<i>regular s</i>	ASCORBIC ACD POW	103
<i>antacid extra strength</i>	<i>ascorbic acid</i>	103
.....	<i>ascorbic acid chew</i>	
<i>antacid maximum</i>	<i>tab 250 mg</i>	103
<i>strength</i>	<i>ascorbic acid chew</i>	
<i>antacid regular</i>	<i>tab 500 mg</i>	103
<i>strength</i>	<i>ascorbic acid tab</i>	
<i>antacid ultra strength</i>	<i>1000 mg</i>	103
.....	<i>ascorbic acid tab 500</i>	
<i>antacid/antigas liquid</i>	<i>mg</i>	103
.....	<i>ascorbic acid tab er</i>	
<i>anti-diarrheal</i>	<i>500 mg</i>	103
<i>antifungal</i>	<i>asenapine maleate</i>	49
<i>antifungal powder</i> 126	<i>ashlyna</i>	66
<i>antihistamine/nasal</i>	<i>aspirin</i>	12
<i>decon</i>	<i>aspirin adult low dose</i>	
<i>antiseptic skin</i>	.....	12
<i>cleanser</i>	<i>aspirin low dose</i>	12
APETEX ELX	<i>aspirin-dipyridamole</i>	
APETIGEN TAB PLUS	<i>cap er 12hr 25-200</i>	
.....	<i>mg</i>	91
APETIGEN-PLS SOL	<i>ASSURE CMFRT MIS</i>	
.....	<i>28G</i>	72
aprepitant	<i>ASSURE LANCE MIS</i>	
aprepitant capsule	<i>21G</i>	72
<i>therapy pack 80 &</i>	<i>ASSURE LANCE MIS</i>	
<i>125 mg</i>	<i>28G</i>	72
apri.....	<i>ASSURE LANCE MIS</i>	
APTIOM.....	<i>LOW FLOW</i>	72
APTIVUS.....	<i>ASSURE LANCE MIS</i>	
AQUALANCE MIS 30G	<i>MICRO</i>	72
.....	<i>ASSURE LANCE MIS</i>	
<i>aqueous vitamin d</i>	<i>SAFE 25G</i>	72
<i>infants</i>	<i>ASSURE LANCE MIS</i>	
<i>aqueous vitamin e</i> 103	<i>SAFE 30G</i>	72
ARALAST NP		
aranelle.....		
	ASSURE PLUS MIS	
	HIGH 18G	72
	ASSURE PLUS MIS	
	LOW 25G	72
	ASSURE PLUS MIS	
	MCRO 28G	72
	ASSURE PLUS MIS	
	NORM 21G	72
	ASSURE PLUS MIS	
	PEDIATRI	72
	ASTAGRAF XL	94
	<i>atazanavir sulfate</i> ..	18
	<i>atenolol</i>	42
	<i>atenolol &</i>	
	<i>chlorthalidone tab</i>	
	<i>100-25 mg</i>	41
	<i>atenolol &</i>	
	<i>chlorthalidone tab</i>	
	<i>50-25 mg</i>	41
	<i>athletes foot</i>	126
	<i>athletes foot</i>	
	<i>antifungal</i>	126
	<i>athletes foot powder</i>	
	<i>spra</i>	126
	<i>atomoxetine hcl</i>	56
	<i>atorvastatin calcium</i>	
	.....	41
	<i>atovaquone</i>	15
	<i>atovaquone-proguanil</i>	
	<i>hcl tab 250-100 mg</i>	
	.....	18
	<i>atovaquone-proguanil</i>	
	<i>hcl tab 62.5-25 mg</i>	
	.....	18
	ATROPINE SULFATE	
	.....	114
	<i>atropine sulfate</i>	
	<i>(ophthalmic)</i>	114
	<i>ATROVENT HFA</i> ...	115
	<i>aubra eq</i>	66
	<i>AUGTYRO</i>	29
	<i>aurovela 1/20</i>	66
	<i>aurovela 24 fe</i>	66
	<i>aurovela fe 1.5/30</i> ..	66
	<i>aurovela fe 1/20</i>	66
	AUSTEDO	58

AUSTEDO XR 58
AUSTEDO XR TAB
 TITR KIT 58
AUTO-LANCET MIS
 MINI..... 72
AUTOLET IMPR MIS
 LANC DEV 72
AUTOLET LANC MIS
 DEVICE..... 72
AUTOLET PLUS MIS 72
AUTOLET PLUS MIS
 LANC DEV 73
AUVELITY TAB 45-
 105MG 46
aviane 66
ayuna 66
AYVAKIT 29
azacitidine 26
azathioprine 94
azelastine hcl 116
azelastine hcl (ophth)
 113
azithromycin 23
aztreonam 15
azurette 66

B

B COMPLEX/FO TAB
 103
B-100 COMP TAB TR
 103
B-12 DOTS 103
b-12 tr 103
b6 natural 103
bacitracin
 (*ophthalmic*) 112
bacitracin (*topical*)
 126
bacitracin zinc 126
bacitracin-polymyxin
 b ophth oint 112
bacitracin-polymyxin-
 neomycin-hc ophth
 oint 1% 112
baclofen 59
BACMIN TAB 103

BAFIERTAM 58
balance b-100 103
balance b-50 103
balsalazide disodium
 84
BALVERSA 29
balziva 66
banophen 116
BARACLUE 21
BASAGLAR KWIKPEN
 63
BCG VACCINE 95
b-complex formula 1
 103
BD ALCOHOL SWABS
 63
BD LANCET UF MIS
 30G 73
BD LANCET UF MIS
 33G 73
BD MICROTAIN MIS
 LANCETS 73
benazepril &
 hydrochlorothiazide
 tab 10-12.5 mg.. 37
benazepril &
 hydrochlorothiazide
 tab 20-12.5 mg.. 37
benazepril &
 hydrochlorothiazide
 tab 20-25 mg..... 37
benazepril &
 hydrochlorothiazide
 tab 5-6.25mg 36
benazepril hcl 37
BENDEKA 25
BENLYSTA 94
benzonatate 118
benzoyl peroxide..125
benzoyl peroxide
 topical.....125
benzoyl peroxide
 *wash.....*125
benzoyl peroxide-
 erythromycin gel 5-
 3%125

benztropine mesylate
 47
BERINERT 91
BESIVANCE 112
BESREMI 28
beta carotene 103
beta carotene
 provitamin 103
betaine powder for
 oral solution 73
betamethasone
 dipropionate
 (topical)..... 127
betamethasone
 dipropionate
 augmented 127
betamethasone
 valerate 127
BETASERON 58
betaxolol hcl 42
betaxolol hcl (ophth)
 114
bethanechol chloride
 87
BETOPTIC-S 114
BEVESPI AER 9-
 4.8MCG 115
bexarotene 28
bexarotene (topical)
 128
BEXSERO INJ 95
bicalutamide 27
BICILLIN L-A 24
BIKTARVY TAB 30-
 120-15 MG..... 20
BIKTARVY TAB 50-
 200-25 MG..... 20
BIOCAL CAP 103
biopetit 103
biotin 104
biotin/maximum
 strength 104
bisacodyl 85
bisacodyl ec 85
bismatrol 83

<i>bismuth subsalicylate</i>	.....83	<i>brimonidine tartrate</i>	.....114	<i>bupropion hcl</i>	(smoking deterrent)
<i>bisoprolol &</i>		<i>brinzolamide</i>	.....114	.....60	
<i>hydrochlorothiazide</i>		<i>BRIVIACT</i>	.....51	<i>buspirone hcl</i>	.....45
<i>tab 10-6.25 mg ..42</i>		<i>bromfenac sodium</i>		<i>butorphanol tartrate</i>	
<i>bisoprolol &</i>		<i>(ophth)</i>	.....113	.....14	
<i>hydrochlorothiazide</i>		<i>bromocriptine</i>		<i>BYDUREON BCISE</i>	.61
<i>tab 2.5-6.25 mg .42</i>		<i>mesylate</i>	.....48	<i>BYETTA</i>	.....61
<i>bisoprolol &</i>		<i>BROMSITE</i>	.....113		
<i>hydrochlorothiazide</i>		<i>BRONCHITOL</i>	.....121	C	
<i>tab 5-6.25 mg ....42</i>		<i>BRUKINSA</i>	.....29	<i>c 1000</i>	.....104
<i>bisoprolol fumarate</i>	42	<i>budesonide</i>	.....84	<i>C 1000/BIOFL CAP /R</i>	
<i>BIVIGAM</i>	.....93	<i>budesonide</i>		<i>HIPS</i>	.....104
<i>blisovi 24 fe</i>	.....66	<i>(inhalation)</i>	.....124	<i>c 500</i>	.....104
<i>blisovi fe 1.5/30</i>	....66	<i>budesonide (nasal)</i>		<i>c complex</i>	.....104
<i>blue gel.</i>	.....128	.....124		<i>c-1000</i>	.....104
<i>BOOSTRIX INJ</i>	.....95	<i>bumetanide</i>	.....43	<i>c-1000 prolonged</i>	
<i>bortezomib</i>	.....29	<i>buprenorphine</i>	.....13	<i>release</i>	.....104
<i>BORTEZOMIB</i>	.....29	<i>buprenorphine hcl</i>	.60	<i>c-1000/rose hips</i>	.104
<i>bosentan</i>	.....45	<i>buprenorphine hcl-</i>		<i>c-250</i>	.....104
<i>BOSULIF</i>	.....29	<i>naloxone hcl sl film</i>		<i>c-500</i>	.....104
<i>BPROTECT PED DRO</i>		<i>12-3 mg (base</i>		<i>c-500 prolonged</i>	
TRI-VITE	.....104	<i>equiv)</i>	.....60	<i>release</i>	.....104
<i>bprotected multi-vite</i>		<i>buprenorphine hcl-</i>		<i>c-500/rose hips</i>	...104
	.....104	<i>naloxone hcl sl film</i>		<i>cabergoline</i>	.....73
<i>bprotected pedia d-</i>		<i>2-0.5 mg (base</i>		<i>CABOMETYX</i>	.....30
vite	.....104	<i>equiv)</i>	.....60	<i>caffeine</i>	.....60
<i>bprotected pedia iron</i>		<i>buprenorphine hcl-</i>		<i>CAL CIT MAL/ TAB</i>	
	.....89	<i>naloxone hcl sl film</i>		VITAMIND	.....99
<i>BRAFTOVI</i>	.....29	<i>4-1 mg (base</i>		<i>calamine clear</i>	....128
<i>BREATHERITE MIS</i>		<i>equiv)</i>	.....60	<i>calamine plus</i>	....128
MDI CHMB	.....121	<i>buprenorphine hcl-</i>		<i>calcidol</i>	.....104
<i>BREO ELLIPTA INH</i>		<i>naloxone hcl sl film</i>		<i>calcipotriene</i>	.....127
100-25	.....124	<i>8-2 mg (base</i>		<i>calcitonin (salmon)</i>	
<i>BREO ELLIPTA INH</i>		<i>equiv)</i>	.....60	spray	.....65
200-25	.....124	<i>buprenorphine hcl-</i>		<i>calcitrene</i>	.....127
<i>BREO ELLIPTA INH</i>		<i>naloxone hcl sl tab</i>		<i>calcitriol</i>	.....82
50-25MCG	.....124	<i>2-0.5 mg (base</i>		<i>calcitriol (oral)</i>	.....82
<i>BREZTRI AERO AER</i>		<i>equiv)</i>	.....60	<i>calcium 500 +d</i>	....99
SPHERE	.....115	<i>buprenorphine hcl-</i>		<i>calcium 500 +d3</i>	....99
<i>BREZTRI AERO AER</i>		<i>naloxone hcl sl tab</i>		<i>calcium 500/d</i>	....99
SPHERE		<i>8-2 mg (base</i>		<i>calcium 500+d</i>	....99
(INSTITUTIONAL		<i>equiv)</i>	.....60	<i>calcium 500+d high</i>	
PACK)	.....115	<i>bupropion hcl</i>	.....46	potenc	.....99
<i>briellyn</i>	.....66			<i>calcium 500+d3</i>	....99
<i>BRILINTA</i>	.....91			<i>calcium 600</i>	....99

calcium 600 high potency	99
CALCIUM 600 TAB +D	99
calcium 600 with vitamin	99
calcium 600/vitamin d	99
calcium 600/vitamin d3	99
calcium 600+d	99
calcium 600+d high potenc	99
calcium 600+d plus minera	99
calcium 600+d3	99
calcium 600+d3 plus miner	99
calcium acetate (phosphate binder)	81
calcium antacid	82
calcium antacid extra str.....	82
calcium carb- cholecalciferol tab 250 mg-3.125 mcg (125 unit)	99
calcium carb- cholecalciferol tab 500 mg-10 mcg (400 unit)	100
calcium carb- cholecalciferol tab 600 mg-10 mcg (400 unit)	100
calcium carb- cholecalciferol tab 600 mg-20 mcg (800 unit)	100
calcium carbonate	100
CALCIUM CARBONATE	82, 100
calcium carbonate (antacid).....	82
calcium carbonate- cholecalciferol tab 500 mg-5 mcg(200 unit)	100
calcium carbonate- cholecalciferol tab 600 mg-5 mcg(200 unit)	100
calcium carbonate- vitamin d tab 250 mg-3.125 mcg (125 unit)	100
calcium carbonate- vitamin d tab 600 mg-5 mcg (200 unit)	100
CALCIUM CHW 500-10	100
CALCIUM CIT/ TAB VIT D	100
calcium citrate	100
calcium citrate + d	100
calcium citrate + d3 max	100
calcium citrate + d3 maxi	100
calcium citrate plus/magn	104
calcium citrate/d3	100
calcium citrate+d3	100
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	100
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	100
calcium for women	100
calcium high potency	100
calcium high potency + vi	100
calcium plus vitamin d	100
calcium plus vitamin d3	100
calcium polycarbophil	85
CALCIUM/C/D CHW 500MG	100
CALCIUM/MAGN TAB 250-155	100
calcium/vitamin d3	100
CALCIUM/VITD CAP 600-400	100
calcium+d3	100
calcium-magnesium-zinc tab 333-133-5 mg	100
caldyphen clear ...	128
cal-gest antacid....	82
callus remover and corn	129
CAL-MAG-ZINC TAB - D	104
CALQUENCE.....	30
CALTRATE 600 CHW 600-800	100
camila	66
camrese	66
camrese lo	66
candesartan cilexetil	40
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg ..	38
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg ..	38
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg ..	38
CAPLYTA	49
CAPRELSA	30
capsaicin	128
captopril.....	37

<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	37	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	48	<i>cefodoxime proxetil</i>	22
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	37	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	48	<i>cefprozil</i>	22
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	37	<i>carboplatin</i>	25	<i>ceftazidime</i>	22
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	37	<i>CAREONE ADV MIS LANCING</i>	73	<i>ceftriaxone sodium</i>	22
<i>carb/levo orally disintegrating tab 10-100mg</i>	48	<i>CAREONE LANC MIS 30G</i>	73	<i>cefuroxime axetil</i>	22
<i>carb/levo orally disintegrating tab 25-100mg</i>	48	<i>CARETOUCH MIS EJECTOR</i>	73	<i>cefuroxime sodium</i>	22
<i>carb/levo orally disintegrating tab 25-250mg</i>	48	<i>CARETOUCH MIS LANC 26G</i>	73	<i>celecoxib</i>	12
<i>carbamazepine</i>	51	<i>CARETOUCH MIS LANC 28G</i>	73	<i>CENTRATEX CAP</i>	89
<i>carbidopa & levodopa tab 10-100 mg</i>	48	<i>CARETOUCH MIS TWIST 28</i>	73	<i>CENTRAVITES TAB</i>	50
<i>carbidopa & levodopa tab 25-100 mg</i>	48	<i>CARETOUCH MIS TWIST 30</i>	73	<i>PLUS</i>	104
<i>carbidopa & levodopa tab 25-250 mg</i>	48	<i>CARETOUCH MIS TWIST 33</i>	73	<i>CENTRUM SPEC TAB</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	48	<i>carglumic acid</i>	73	<i>HEART</i>	104
<i>carbidopa & levodopa tab er 50-200 mg</i>	48	<i>carisoprodol</i>	59	<i>CENTRUM TAB MEN</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	48	<i>carteolol hcl (ophth)</i>		<i>PLUS</i>	104
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	48		114	<i>CENTRUM TAB SILVER</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	48	<i>cartia xt</i>	42	<i>CENTRUM TAB ULTRA</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	48	<i>carvedilol</i>	42	<i>cephalexin</i>	23
		<i>caspofungin acetate</i>		<i>CERDELGA</i>	73
			17	<i>CEREFOLIN TAB</i>	104
				<i>CEREZYME</i>	73
				<i>cerovite senior</i>	104
				<i>CERTAVITE TAB SENIOR</i>	104
				<i>CERTAVITE/ TAB ANTIOXID</i>	104
				<i>certavite/antioxidants</i>	
					104
				<i>cetirizine hcl</i>	116
				<i>cetirizine hcl allergy ch</i>	116
				<i>cetirizine hcl childrens</i>	
					116
				<i>cetirizine</i>	
				<i>hydrochloride</i>	116
				<i>cetirizine-pseudoephedrine</i>	
				<i>tab er 12hr 5-120 mg</i>	
					118
				<i>cevimeline hcl</i>	130
				<i>chateal eq</i>	66
				<i>CHEMET</i>	65
				<i>chest congestion relief</i>	
					118

<i>chest congestion</i>	<i>claravis</i>.....125	<i>CLINIMIX INJ 8/14</i> 99
<i>relief d</i>.....118	<i>clarithromycin</i> 23	<i>clinisol sf 15%</i> 99
<i>chest congestion</i>	<i>clearlax</i> 85	<i>CLINOLIPID EMU</i>
<i>relief p</i>.....118	<i>CLEVER CHECK MIS</i>	20%.....99
<i>chewable calcium</i> 100	..... 73	<i>clobazam</i>.....52
<i>CHEWABLE CALCIUM</i>	<i>CLEVER CHECK MIS</i>	<i>clobetasol propionate</i>
..... 100	30G 73	..... 127
<i>childrens chewable</i>	<i>clindamycin hcl</i> 15	<i>clobetasol propionate</i>
<i>vitami</i>.....104	<i>clindamycin palmitate</i>	..... 127
<i>childrens ibuprofen</i> 12	<i>hydrochloride</i> 15	<i>clomipramine hcl</i> ...46
<i>childrens loratadine</i>	<i>clindamycin</i>	<i>clonazepam</i> 52
..... 116	<i>phosphate</i> 15	<i>clonidine</i> 44
<i>CHLO TUSS LIQ</i> ...118	<i>clindamycin</i>	<i>clonidine hcl</i> 44
<i>CHLOR/DEXCH LIQ</i>	<i>phosphate (topical)</i>	<i>clopidogrel bisulfate</i>
<i>PSE</i>.....118	..... 125	..... 91
<i>chlorhexidine</i>	<i>clindamycin</i>	<i>clorazepate</i>
<i>gluconate (mouth-</i>	<i>phosphate in d5w iv</i>	<i>dipotassium</i> 52
<i>throat)</i>.....131	<i>soln 300 mg/50ml</i>	<i>clotrimazole</i> 131
<i>chloroquine</i>	..... 15	<i>clotrimazole (topical)</i>
<i>phosphate</i>.....18	<i>clindamycin</i>	..... 126
<i>chlorpromazine hcl</i> 49	<i>phosphate in d5w iv</i>	<i>clotrimazole</i>
<i>chlorthalidone</i> .....43	<i>soln 600 mg/50ml</i>	<i>antifungal</i> 126
<i>cholecalciferol</i> .....104	..... 16	<i>clotrimazole vaginal</i>
<i>cholestyramine</i>.....41	<i>clindamycin</i>	..... 88
<i>cholestyramine light</i>	<i>phosphate in d5w iv</i>	<i>clotrimazole w/</i>
.....41	<i>soln 900 mg/50ml</i>	<i>betamethasone</i>
<i>ciclopirox olamine</i> 126	..... 16	<i>cream 1-0.05%</i> 126
<i>cilostazol</i> .....91	<i>clindamycin</i>	<i>clozapine</i> 49
<i>CILOXAN</i> .....112	<i>phosphate vaginal</i>	<i>COAGUCHEK MIS</i>
<i>CIMDUO TAB 300-300</i>	..... 88	<i>LANCETS</i> 73
.....20	<i>CLINDMYC/NAC INJ</i>	<i>COARTEM TAB 20-</i>
<i>cinacalcet hcl</i> .....73	300/50ML..... 16	<i>120MG</i> 18
<i>CIPRO</i> .....23	<i>CLINDMYC/NAC INJ</i>	<i>COATS ALOE CREME</i>
<i>ciprofloxacin</i> 200	600/50ML..... 16	..... 128
<i>mg/100ml in d5w</i> 23	<i>CLINDMYC/NAC INJ</i>	<i>COATS ALOE GELLY</i>
<i>ciprofloxacin</i> 400	900/50ML..... 16	..... 128
<i>mg/200ml in d5w</i> 23	<i>CLINIMIX INJ</i>	<i>COATS ALOE</i>
<i>ciprofloxacin hcl</i> ....23	4.25/D10 99	<i>MOISTURIZING L</i>
<i>ciprofloxacin hcl</i>	<i>CLINIMIX INJ</i>	..... 128
<i>(ophth)</i>.....112	4.25/D5W..... 99	<i>colchicine</i> 12
<i>ciprofloxacin-</i>	<i>CLINIMIX INJ</i>	<i>colchicine w/</i>
<i>dexamethasone otic</i>	5%/D15W 99	<i>probenecid tab 0.5-</i>
<i>susp 0.3-0.1%</i> ..115	<i>CLINIMIX INJ</i>	<i>500 mg</i>.....12
<i>cisplatin</i> .....25	5%/D20W 99	<i>COLD & ALLER LIQ</i>
<i>citalopram</i>	<i>CLINIMIX INJ 6/5.. 99</i>	<i>CHILDREN</i>.....118
<i>hydrobromide</i>....46	<i>CLINIMIX INJ 8/10 99</i>	

<i>cold & cough</i>	COMPACT SPAC MIS	<i>cromolyn sodium</i>
<i>childrens</i>.....118	LG MASK .....121	(<i>ophth</i>).....113
<i>cold & flu nighttime</i>	COMPACT SPAC MIS	<i>cryselle-28</i> .....66
<i>reli</i>.....118	MD MASK .....121	CUTTER BACKWOODS
<i>cold & flu relief</i>	COMPACT SPAC MIS	.....129
<i>daytime</i>.....118	SM MASK .....121	CUTTER BACKWOODS
<i>cold & flu relief nightti</i>	companion .....104	DRY .....129
.....118	compete .....104	CUTTER LEMON LIQ
<i>cold/flu daytime relief</i>	COMPLERA TAB.... 20	EUCALYPT .....129
.....118	complete allergy	<i>cvs b complex plus c</i>
COLEMAN INSECT	medicine .....116	.....104
REPELLENT/	compro .....83	<i>cvs b1</i>.....104
COLEMN BOTAN LIQ	constulose.....85	<i>cvs b-1</i> .....104
INSECT.....129	COPIKTRA.....30	<i>cvs b-12</i> .....105
COLEMN INSEC LIQ	CORAL CALCIU CAP	<i>cvs b6</i>.....104
SKINSMAR .....129	1000MG .....101	CVS BETA CAROTENE
COLEMN INSEC SPR	CORLANOR.....44	.....105
SKINSMAR .....129	corn	<i>cvs biotin high</i>
colesevelam hcl.....41	and <i>callus remover</i>.....129	potency .....105
colestipol hcl.....41	corvita .....104	<i>cvs calcium</i>.....101
colistimethate sodium	CORVITE 150 TAB .89	<i>cvs calcium & vitamin</i>
.....16	CORVITE FE TAB... 89	d3.....101
COMBIGAN SOL	COTELLIC .....30	<i>cvs calcium 600 &</i>
0.2/0.5% .....114	cough & cold hbp .118	vitamin .....101
COMBIVENT AER 20-	cough dm.....118	<i>cvs calcium 600 + d</i>
100 .....115	cough dm <i>childrens</i>	plus.....101
COMETRIQ (60MG	.....118	<i>cvs calcium 600+d</i>
DOSE).....30	COZIMA.....129	.....101
COMETRIQ KIT	CRANBERRY CAP	<i>cvs chewable c with</i>
100MG .....30	URIN COM .....104	<i>rose</i> .....105
COMETRIQ KIT	CREON CAP	CVS HAIR/SKN TAB
140MG .....30	12000UNT .....86	NAILS.....105
COMFORT ASSU MIS	CREON CAP	<i>cvs iron</i> .....89
LANC 28G .....73	24000UNT .....86	CVS LANCETS MIS
COMFORT ASSU MIS	CREON CAP	30G.....73
LANC 33G .....73	3000UNIT.....86	CVS LANCETS MIS
COMFORT EZ MIS	CREON CAP	33G.....73
23G.....73	36000UNT .....86	CVS LANCETS MIS
COMFORT EZ MIS	CREON CAP	THIN 26G .....73
28G.....73	6000UNIT.....86	CVS LANCETS MIS
COMFORT MIS	<i>cromolyn sodium</i> .122	THIN 30G .....73
LANCETS .....73	<i>cromolyn sodium</i>	CVS LANCETS MIS
COMFORTOUCH MIS	(<i>mastocytosis</i>) ... 86	THIN 33G .....73
LANCET .....73	<i>cromolyn sodium</i>	CVS LANCING MIS
COMPACT SPAC MIS	(nasal) .....122	DEVICE.....73
CHAMBER .....121		<i>cvs magnesium</i> ... 101

cvs pediatric
 electrolyte 96
cvs selenium 101
cvs slow release iron
 89
cvs spectravite
 advanced 105
cvs spectravite men
 105
cvs spectravite
 women 105
cvs spectravite
 women 50+ 105
cvs vitamin a 105
cvs vitamin b12... 105
cvs vitamin b-12 . 105
cvs vitamin b12 tr 105
cvs vitamin b-12 tr
 105
cvs vitamin b-2 ... 105
cvs vitamin c..... 105
cvs vitamin c/rose
 hips 105
cvs vitamin e 105
cvs zinc 101
cyanocobalamin .. 105
cyclobenzaprine *hcl* 59
cyclophosphamide 25,
26
CYCLOPHOSPHAMIDE
..... 25, 26
CYCLOPHOSPHAMIDE
MONOHYDR..... 26
cycloserine 21
cyclosporine 94
cyclosporine modified
(for microemulsion)
..... 95
cyproheptadine *hcl*
..... 116
cyred eq 66
CYSTADROPS 114
CYSTAGON 73
CYSTARAN 114
cytarabine 26

D

D10W/NACL INJ 0.2%
..... 97
D2.5W/NACL INJ
0.45% 97
D5W/LYTES INJ #48
..... 97
daily multiple
vitamins 105
daily value
multivitamin 105
daily vite..... 105
daily vite
multivitamin/i ... 105
dalfampridine 58
danazol..... 70
dantrolene sodium 59
dapsone..... 16
DAPTACEL INJ 95
daptomycin 16
DAPTO MYCIN 16
darunavir 18
dasetta 1/35 66
dasetta 7/7/7 66
DAURISMO 30
daysee 66
daytime cold & flu
relief 118
DAYVIGO 56
deblitane 66
DECONEX DMX TAB
..... 118
DECONEX IR TAB 10-
385MG 118
deep sea nasal spray
..... 122
deferasirox 65
DEKAS CAP
ESSENTIA..... 105
DEKAS LIQ ESSENTIA
..... 105
DEKAS PLUS CAP.105
DEKAS PLUS LIQ..105
DELSTRIGO TAB ... 20
DENGVAXIA SUS... 95

DEPO-SUBQ
PROVERA 104..... 66
depo-testosterone . 61
DESCOVY TAB 120-
15MG 20
DESCOVY TAB
200/25MG..... 20
desipramine *hcl* 46
desmopressin acetate
..... 73
desmopressin acetate
spray..... 73
desmopressin acetate
spray refrigerated 73
desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)
..... 66
desogestrel & ethinyl
estradiol tab 0.15
mg-30 mcg 66
desvenlafaxine
succinate 46
dexamethasone.... 71
DEXAMETHASONE
INTENSOL..... 71
dexamethasone
sodium phosphate
..... 71
dexamethasone
sodium phosphate
(ophth)..... 113
dexbrompheniramine-
phenylephrine tab
2-10 mg 118
DEXCOM G6 MIS
RECEIVER 131
DEXCOM G6 MIS
SENSOR 131
DEXCOM G6 MIS
TRANSMIT 131
DEXCOM G7 MIS
RECEIVER 131
DEXCOM G7 MIS
SENSOR 131

<i>dexamethasone</i>	.....	52
<i>hcl</i>	.....	56
<i>dextromethorphan</i>		
<i>hbr</i>	.....	118
<i>dextromethorphan</i>		
<i>polistirex</i>	.....	118
<i>dextrose</i>	.....	99
<i>dextrose 10% w/</i>		
<i>sodium chloride</i>		
<i>0.45%</i>	.....	97
<i>dextrose 2.5% w/</i>		
<i>sodium chloride</i>		
<i>0.45%</i>	.....	97
<i>dextrose 5% in</i>		
<i>lactated ringers</i>	..	97
<i>dextrose 5% w/</i>		
<i>sodium chloride</i>		
<i>0.2%</i>	.....	97
<i>dextrose 5% w/</i>		
<i>sodium chloride</i>		
<i>0.225%</i>	.....	97
<i>dextrose 5% w/</i>		
<i>sodium chloride</i>		
<i>0.3%</i>	.....	97
<i>dextrose 5% w/</i>		
<i>sodium chloride</i>		
<i>0.45%</i>	.....	97
<i>dextrose 5% w/</i>		
<i>sodium chloride</i>		
<i>0.9%</i>	.....	97
<i>DIACOMIT</i>	.....	52
<i>dalyvite</i>	.....	105
<i>dalyvite 800</i>	.....	105
<i>DIALYVITE TAB 3000</i>		
.....	.....	105
<i>DIALYVITE TAB 5000</i>		
.....	.....	105
<i>DIALYVITE TAB</i>		
<i>800/IRON</i>	.....	105
<i>DIALYVITE TAB</i>		
<i>SUPREM D</i>	.....	105
<i>DIALYVITE/ TAB ZINC</i>		
.....	.....	105
<i>diaper rash</i>	.....	129
<i>diazepam</i>	.....	52
<i>diazepam</i>		
<i>(anticonvulsant)</i>	..	52
<i>diazepam inj</i>	.....	52
<i>diazepam intensol</i>	..	52
<i>diazoxide</i>	.....	72
<i>dibucaine</i>	.....	129
<i>diclofenac potassium</i>		
.....	.....	12
<i>diclofenac sodium</i>	..	12
<i>diclofenac sodium</i>		
<i>(ophth)</i>	.....	113
<i>diclofenac sodium</i>		
<i>(topical)</i>	.....	129
<i>dicloxacillin sodium</i>	..	24
<i>dicyclomine hcl</i>	....	84
<i>DIFICID</i>	.....	23
<i>diflunisal</i>	.....	12
<i>digoxin</i>	.....	44
<i>dihydroergotamine</i>		
<i>mesylate</i>	.....	57
<i>DILANTIN</i>	.....	52
<i>DILANTIN INFATABS</i>		
.....	.....	52
<i>DILANTIN-125</i>	....	52
<i>diltiazem hcl</i>	.....	43
<i>diltiazem hcl coated</i>		
<i>beads</i>	.....	43
<i>diltiazem hcl</i>		
<i>extended release</i>		
<i>beads</i>	.....	43
<i>dilt-xr</i>	.....	42
<i>dimaphen dm cold &</i>		
<i>cough</i>	.....	118
<i>DIP/TET PED INJ 25-</i>		
<i>5LFU</i>	.....	95
<i>diphenhydramine hcl</i>		
.....	.....	116
<i>diphenoxylate w/</i>		
<i>atropine liq 2.5-</i>		
<i>0.025 mg/5ml</i>	....	86
<i>diphenoxylate w/</i>		
<i>atropine tab 2.5-</i>		
<i>0.025 mg</i>	.....	86
<i>dipyridamole</i>	.....	91
<i>disopyramide</i>		
<i>phosphate</i>	.....	40
<i>disulfiram</i>	.....	60
<i>divalproex sodium</i>	..	52
<i>docetaxel</i>	.....	28
<i>DOCETAXEL</i>	.....	29
<i>docosanol</i>	.....	129
<i>docusate calcium</i>	...	85
<i>docusate sodium</i>	...	85
<i>DOCUSOL KIDS</i>	....	85
<i>docusol plus mini-</i>		
<i>enema</i>	.....	85
<i>dofetilide</i>	.....	40
<i>donepezil</i>		
<i>hydrochloride</i>	....	45
<i>DOPTELET</i>	.....	91
<i>dorzolamide hcl</i>	...	114
<i>dorzolamide hcl-</i>		
<i>timolol maleate</i>		
<i>ophth soln 2-0.5%</i>		
.....	.....	114
<i>dotti</i>	.....	70
<i>DOVATO TAB 50-</i>		
<i>300MG</i>	.....	20
<i>doxazosin mesylate</i>	..	38
<i>doxepin hcl</i>	.....	46
<i>doxepin hcl (sleep)</i>	..	56
<i>doxorubicin hcl</i>	....	26
<i>doxorubicin hcl</i>		
<i>liposomal</i>	.....	26
<i>doxy 100</i>	.....	25
<i>doxycycline</i>		
<i>(monohydrate)</i>	..	25
<i>doxycycline hyclate</i>	..	25
<i>doxylamine-</i>		
<i>phenylephrine tab</i>		
<i>7.5-10 mg</i>	.....	118
<i>driminate</i>	.....	83
<i>dronabinol</i>	.....	83
<i>DROPLET GENT MIS</i>		
<i>LANCING</i>	.....	74
<i>DROPLET LANC MIS</i>		
<i>30G</i>	.....	74
<i>DROPLET LANC MIS</i>		
<i>DEVICE</i>	.....	74
<i>DROPLET PERS MIS</i>		
<i>LANC 30G</i>	.....	74

<i>drosipренон-этинил</i>	EASY COMFORT MIS	ELFOLATE PLU TAB 3-
<i>естрадиол таб 3-0.02</i>	LANC/30G 74	35-2МГ 106
<i>мг</i>	EASY COMFORT MIS	ELIGARD 27
<i>drosipренон-этинил</i>	TWIST 74	<i>elinest.....</i> 66
<i>естрадиол таб 3-0.03</i>	EASY MINI MIS EJECT	ELIQUIS 88
<i>мг .....</i>	..... 74	ELIQUIS STARTER
<i>drosipренон-этинил</i>	EASY TOUCH MIS.. 74	PACK 88
<i>естрад-левомекофолат</i>	EASY TOUCH MIS	ELLENCE 26
<i>таб 3-0.03-0.451</i>	/EJECTOR 74	<i>eluryng</i> 66
<i>мг</i>	EASY TOUCH MIS	EMBRACE LANC MIS
DROXIA.....	LANC/21G 74	/EJECTOR 74
<i>droxidopa</i>	EASY TOUCH MIS	EMBRACE LANC MIS
<i>dry eye relief</i>	LANC/23G 74	21G..... 74
<i>dry eye relief drops</i>	EASY TOUCH MIS	EMBRACE LANC MIS
..... 114	LANC/26G 74	28G..... 74
DULERA AER 100-	EASY TOUCH MIS	EMBRACE LANC MIS
5МСГ	LANC/28G 74	THIN 30G 74
DULERA AER 200-	EASY TOUCH MIS	EMSAM..... 46
5МСГ	LANC/30G 74	<i>emtricitabine</i> 19
DULERA AER 50-	EASY TOUCH MIS	<i>emtricitabine-</i>
5МСГ	LANC/32G 74	<i>tenofovir disoproxil</i>
<i>duloxетин хл</i>	EASY TOUCH MIS	<i>fumarate таб 100-</i>
DUPIXENT	LANC/33G 74	<i>150 мг..... 20</i>
DURAFLU TAB	<i>ec-nапроексен</i> 12	<i>emtricitabine-</i>
<i>dutasteride</i>	<i>econtra ez..... 66</i>	<i>tenofovir disoproxil</i>
<i>dutasteride-</i>	<i>ed a-hist</i> 118	<i>fumarate таб 133-</i>
<i>tamsulosin хл кап</i>	<i>ed a-hist dm..... 118</i>	<i>200 мг..... 20</i>
<i>0.5-0.4 мг..... 87</i>	ED A-HIST DM TAB	<i>emtricitabine-</i>
<i>d-vite pediatric....</i>	10-4-10 118	<i>tenofovir disoproxil</i>
	ED BRON GP LIQ..118	<i>fumarate таб 167-</i>
E	<i>ed chlorped jr..... 116</i>	<i>250 мг..... 20</i>
<i>e.e.s. 400.....</i>	<i>ed-apap</i> 12	<i>emtricitabine-</i>
<i>e400</i>	EDURANT..... 18	<i>tenofovir disoproxil</i>
<i>e-400.....</i>	<i>efavirenz..... 18</i>	<i>fumarate таб 200-</i>
<i>ear drops.....</i>	<i>efavirenz-</i>	<i>300 мг..... 20</i>
<i>earwax removal ..</i>	<i>emtricitabine-</i>	EMTRIVA
EASIVENT MIS	<i>tenofovir df tab</i>	19
EASIVENT MIS MASK	600-200-300 мг 20	EMVERM
LG.....	<i>efavirenz-lамивудине-</i>	<i>enalapril maleate... 37</i>
EASIVENT MIS MASK	<i>tenofovir df tab</i>	<i>enalapril maleate &</i>
MED	400-300-300 мг 20	<i>hydrochlorothiazide</i>
EASIVENT MIS MASK	<i>efavirenz-lамивудине-</i>	<i>tab 10-25 мг</i> 37
SM	<i>tenofovir df tab</i>	<i>enalapril maleate &</i>
EASY COMFORT MIS	600-300-300 мг 20	<i>hydrochlorothiazide</i>
30G..... 74	<i>effervescent</i>	<i>tab 5-12.5 мг</i> 37
	<i>antacid/pain</i> 12	ENBREL..... 92
		ENBREL MINI
		92

ENBREL SURECLICK	92	epinephrine (anaphylaxis)....	44,	errin	67
endacof-dm	119	122		ertapenem sodium.	16
ENDARI.....	91	epitol.....	52	ery	125
endocet tab 10-		eplerenone.....	38	ery-tab.....	23
325mg.....	14	EPRONTIA.....	53	ERYTHROCIN	
endocet tab 2.5-		eq calcium 500+d	101	LACTOBIONATE ..	23
325mg.....	14	eq calcium 600+d	101	erythrocin stearate	23
endocet tab 5-325mg		eq calcium citrate+d		erythromycin (acne	
.....	14	.....101		aid)	125
endocet tab 7.5-		eq complete		erythromycin (ophth)	
325mg.....	14	multivitamin	106	.....112	
endur-acin	106	EQ COMPLETE TAB		erythromycin base.	23
endur-c/rose hips	106	ADULT	106	erythromycin	
enemeez mini	85	EQ ONE DAILY TAB		ethylsuccinate	23
enemeez plus.....	85	WOMENS.....106		erythromycin	
ENFAMIL SOL		eq one daily womens		lactobionate	23
ENFALYTE	96	healt.....106		escitalopram oxalate	
ENGERIX-B	95	eq slow-release iron		.....46	
enilloring	66	.....89		esomeprazole	
ENLYTE CAP.....	102	eql b complex 50 .	106	magnesium	87
enoxaparin sodium	88	eql b-6	106	essentia	106
empresse-28.....	66	eql calcium		estarrylla	67
enskyce.....	66	600mg/vitamin .	101	estradiol	70
ENSTILAR AER	127	eql calcium citrate		estradiol &	
entacapone.....	48	w/vit.....	101	norethindrone	
entecavir.....	21	eql calcium citrate/		acetate tab 0.5-0.1	
ENTRESTO TAB 24-		vita.....	101	mg	70
26MG	38	eql calcium/vitamin d		estradiol &	
ENTRESTO TAB 49-		.....101		norethindrone	
51MG	38	EQL LANCETS MIS		acetate tab 1-0.5	
ENTRESTO TAB 97-		33G COLR	74	mg	71
103MG	38	eql one daily womens		estradiol vaginal ...	71
enulose	85	.....106		estradiol valerate ..	71
e-oil.....	106	eql vitamin b-12 ..	106	eszopiclone.....	57
EPCLUSA PAK 150-		eql vitamin c	106	ethambutol hcl.....	21
37.5	21	eql vitamin c/rose		ethosuximide	53
EPCLUSA PAK 200-		hips	106	ethynodiol diacetate	
50MG	21	eql vitamin e	106	& ethinyl estradiol	
EPCLUSA TAB 200-		ergocalciferol.....	106	tab 1 mg-35 mcg	67
50MG	21	ergotamine w/		ethynodiol diacetate	
EPCLUSA TAB 400-		caffeine tab 1-100		& ethinyl estradiol	
100	21	mg	57	tab 1 mg-50 mcg	67
EPIDIOLEX.....	52	ERIVEDGE.....	30	etodolac	12
		ERLEADA	27	etonogestrel-ethinyl	
		erlotinib hcl	30	estradiol va ring	

0.12-0.015	E-ZJECT LANC MIS	ferrous fumarate ... 89
mg/24hr 67	33G 74	ferrous gluconate .. 89
etoposide 29	EZ-LETS 26G MIS	FERROUS
etravirine 19	LANCETS 74	GLUCONATE..... 89
EULEXIN..... 27	F	ferrous sulfate..... 90
euthyrox 81	fabb 106	FERROUS SULFATE 90
everolimus..... 30	FABRAZYME 74	FETZIMA 46
everolimus (immunosuppressan t) 95	falmina 67	FETZIMA CAP
EVOTAZ TAB 300-150 20	famciclovir 21	TITRATIO..... 46
exemestane 27	famotidine 84	fe-vite iron 89
EXKIVITY..... 30	famotidine in nacl 0.9% iv soln 20 mg/50ml 84	fexofenadine hcl .. 116
EXPIRATORY MIS MTHPIECE 122	famotidine maximum streng 84	fexofenadine- pseudoephedrine
eye allergy itch relief 113	famotidine original stren 84	tab er 12hr 60-120 mg 119
eye allergy itch/redness 113	FANAPT 49	FIASP..... 63
eye drops 113	FANAPT PAK 49	FIASP FLEXTOUCH.63
eye drops advanced relief 113	FARXIGA..... 61	FIASP PENFILL 63
eye itch relief..... 113	FASENRA 122	FIASP PUMPCART ..63
eye wash..... 114	FASENRA PEN.....122	fiber-lax 85
EYSUVIS 113	FASTCLIX MIS LANCETS 74	FIFTY50 SAFE MIS
E-Z JECT MIS 21G .74	fe c tab 89	LANCETS 74
E-Z JECT MIS 21G COLR..... 74	felbamate 53	finasteride 87
E-Z JECT MIS 30G .74	felodipine 43	FINE 30 MIS 74
E-Z JECT MIS 32G COLR..... 74	fenofibrate 40	FINGERSTIX MIS
E-Z JECT MIS LANC 21G..... 74	micronized..... 40	LANCETS 74
E-Z JECT MIS THIN 26G..... 74	fentanyl 13	ingolimod hcl 58
ezetimibe 41	fentanyl citrate 14	FINTEPLA 53
ezetimibe-simvastatin tab 10-10 mg .....41	FEOSOL BIFER TAB 28MG..... 89	finzala 67
ezetimibe-simvastatin tab 10-20 mg .....41	ferate 89	FIRMAGON 27
ezetimibe-simvastatin tab 10-40 mg .....41	FERIVA TAB 21/7 .. 89	flac 115
ezetimibe-simvastatin tab 10-80 mg .....41	FERIVAFA CAP 110- 1MG 89	FLAREX 113
EZFE 200.....89	ferosul 89	FLEBOGAMMA DIF .94
	FERRALET 90 TAB . 89	flecainide acetate ..40
	FERRETTS 89	FLEET ENE PED .....85
	FERRETTS IPS 89	FLEXICHAMBER MIS
	ferrex 150..... 89	..... 122
	ferric x-150 89	FLEXICHAMBER MIS
	FERRIMIN 150 89	MASK LRG..... 122

flintstones/my first 106
FLORIVA DRO PLUS 106
flu hbp 119
fluconazole 17
fluconazole in nacl
 0.9% inj 200 mg/100ml 17
fluconazole in nacl
 0.9% inj 400 mg/200ml 17
flucytosine 17
fludrocortisone
 acetate 71
flunisolide (nasal) 124
fluocinolone acetonide 127
fluocinolone acetonide (otic) 115
fluocinonide 127, 128
fluocinonide
 emulsified base 128
fluorometholone
 (ophth) 113
fluorouracil 26
fluorouracil (topical) 129
fluoxetine hcl 47
fluphenazine
 decanoate 49
fluphenazine hcl 49
flurbiprofen 12
flurbiprofen sodium 113
fluticasone propionate 128
fluticasone propionate (nasal) 124
fluticasone-salmeterol
 aer powder ba 100-50 mcg/act 125
fluticasone-salmeterol
 aer powder ba 250-50 mcg/act 125

fluticasone-salmeterol
 aer powder ba 500-50 mcg/act 125
fluvoxamine maleate 45
folbee 106
folbee plus 106
folbee plus cz 106
FOLBIC TAB 106
folic acid 106
FOLITAB 500 TAB. 90
folplex 2.2 106
FOLTABS 800 106
FOLTANX TAB 106
FOLTRATE TAB 106
fondaparinux sodium 88
FORA LANCETS MIS
 30G 74
FORA MIS LANCETS 74
FORA MIS LANCING 74
fosamprenavir
 calcium 19
fosinopril sodium .. 37
fosinopril sodium & hydrochlorothiazide
 tab 10-12.5 mg.. 37
fosinopril sodium & hydrochlorothiazide
 tab 20-12.5 mg.. 37
FOTIVDA 30
FREESTY LIBR KIT 2
 SENSOR 131
FREESTY LIBR KIT 3
 SENSOR 131
FREESTY LIBR MIS 2
 READER 131
FREESTY LIBR MIS 3
 READER 131
FREESTYLE KIT
 SENSOR 131
FREESTYLE MIS
 LANCETS 74

FREESTYLE MIS
READER 131
fruit c 500 106
fruity c 106
FRUZAQLA 30
full spectrum
 b/vitamin c 106
fulvestrant 27
FUNGOID TINCTURE 126
furosemide 43
furosemide inj 43
FUSION CAP 90
FUSION PLUS CAP 90
FUZEON 19
fyavolv tab 0.5mg-2.5mcg 71
fyavolv tab 1mg-5mcg 71
FYCOMPA 53

G

gabapentin 53
galantamine
 hydrobromide 45
GAMASTAN INJ 94
GAMMAGARD LIQUID 94
GAMMAGARD S/D
 IGA LESS TH 94
GAMMAKED 94
GAMMAPLEX 94
GAMUNEX-C 94
ganciclovir sodium 21
GARDASIL 9 INJ 95
gas relief 86
gas relief extra
 strength 86
gas relief infants 86
gas relief ultra
 strength 86
gatifloxacin (ophth) 112
GATTEX 86
GAUZE PADS 2 63
gavilax 85

<i>gavilyte-c</i>	85	GLOBAL 28G MIS	
<i>gavilyte-g</i>	85	LANCETS	75
GAVRETO	31	GLOBAL 30G MIS	
<i>gefitinib</i>	31	LANCETS	75
<i>gemcitabine hcl</i>	26	GLOBAL LANC MIS	
<i>gemfibrozil</i>	41	DEVICE	75
GEMTESA	87	GLUCOCOM MIS 28G	
<i>generlac</i>	85	.....	75
<i>gengraf</i>	95	GLUCOCOM MIS 30G	
GENOTROPIN	74	.....	75
GENOTROPIN		GLUCOCOM MIS 33G	
MINIQUICK	74	.....	75
<i>gentamicin in saline</i>		glycopyrrolate	84
<i>inj 0.8 mg/ml</i>	16	glydo	128
<i>gentamicin in saline</i>		GLYXAMBI TAB 10-5	
<i>inj 1 mg/ml</i>	16	MG	61
<i>gentamicin in saline</i>		GLYXAMBI TAB 25-5	
<i>inj 1.2 mg/ml</i>	16	MG	61
<i>gentamicin in saline</i>		gnp all day allergy	116
<i>inj 1.6 mg/ml</i>	16	gnp b-12	106
<i>gentamicin in saline</i>		gnp biotin	106
<i>inj 2 mg/ml</i>	16	gnp calcium	101
gentamicin sulfate	16	gnp calcium 500 +d3	
gentamicin sulfate		.....	101
(ophth)	112	gnp calcium 600	
gentamicin sulfate		+d/minera	101
(topical)	126	gnp calcium 600 +d3	
GENTEEL MIS		.....	101
LANCETS	74	gnp calcium citrate	
GENVOYA TAB	20	+d3	101
GILOTRIF	31	gnp calcium	
glatiramer acetate	59	citrate+d3 ma	101
glatopa	59	gnp childrens	
GLEOSTINE	26	chewables/e	106
glimepiride	61	gnp essential one	
glipizide	61	daily	106
glipizide xl	61	gnp ibuprofen	13
glipizide-metformin		gnp iron	90
hcl tab 2.5-250 mg		GNP LANCETS MIS	
.....	61	21G	75
glipizide-metformin		GNP LANCETS MIS	
hcl tab 2.5-500 mg		33G	75
.....	61	GNP LANCETS MIS	
glipizide-metformin		THIN 26G	75
hcl tab 5-500 mg	61	GNP LANCING MIS	
		DEVICE	75

GOODSENSE MIS
 LANC 33G 75
goodsense nicotine 60
granisetron hcl 83
griseofulvin microsize
 17
griseofulvin
 ultramicrosize.... 18
guaifenesin 119
guaifenesin-codeine
 soln 100-10 mg/5ml
 119
guanfacine hcl..... 44
guanfacine hcl (adhd)
 56
gummi bear
 multivitamin/m. 107
GVOKE HYPOPEN 2-
 PACK 72
GVOKE KIT 72
GVOKE PFS 72

H

HAEGARDA 91
hailey 1.5/30 67
hailey 24 fe 67
halobetasol
 propionate 128
haloette 67
haloperidol 49
haloperidol decanoate
 49
haloperidol lactate .49
HARVONI PAK 33.75-
 150MG 21
HARVONI PAK 45-
 200MG 21
HARVONI TAB 45-
 200MG 21
HARVONI TAB 90-
 400MG 21
HAVRIX 95
HC LANCING MIS
 DEVICE..... 75

head
 congestion/mucus
 119
HEALTHY KIDS CHW
 GUMMIES107
heartburn relief extra
 st 82
heather..... 67
h-e-b oral electrolyte
 so..... 97
HEMOCYTE PLS CAP
 90
hemorrhoidal.....129
HEP SOD/D5W INJ
 20000UNT 88
HEP SOD/D5W INJ
 25000UNT 88
HEP SOD/NACL INJ
 12500UNT 88
HEP SOD/NACL INJ
 25000UNT 88
heparin sodium
 (*porcine*) 88
HEPARIN/NACL INJ
 25000UNT 88
HEPLISAV-B 95
HERCEP HYLEC SOL
 60-10000 31
HERCEPTIN 31
HERZUMA 31
HI POT MV/ TAB
 BETA-CAR107
HIBERIX 95
HIGH POTENCY TAB
 MV/FA.....107
HISTEX.....116
HISTEX-DM SYP...119
HLTHY ACCNTS MIS
 LANC 30G..... 75
hm biotin107
hm e vitamin107
hm vitamin b12 ...107
hm vitamin c107
HOLD CHAMBER MIS
 ADLT LG.....122

HOLD CHAMBER MIS
 MEDIUM 122
HOLD CHAMBER MIS
 SMALL 122
HUMIRA 92
HUMIRA PEDIA INJ
 CROHNS 92
HUMIRA PEDIATRIC
 CROHNS D 92
HUMIRA PEN 92
HUMIRA PEN KIT
 PS/UV 92
HUMIRA PEN-
 *CD/UC/HS START*92
HUMIRA PEN-
 PEDIATRIC UC S.92
HUMIRA PEN-PS/UV
 STARTER 92
HUMULIN R U-500
 (*CONCENTR* 63
HUMULIN R U-500
 KWIKPEN 63
hydralazine hcl..... 44
*hydrochlorothiazide*43
hydrocod polst-
 chlorphen polst er
 susp 10-8 mg/5ml
 119
hydrocodone bitart-
 homatropine
 methylbrom soln 5-
 1.5 mg/5ml..... 119
hydrocodone bitart-
 homatropine
 methylbromide tab
 5-1.5 mg 119
hydrocodone
 bitartrate 13
hydrocodone-
 acetaminophen soln
 7.5-325 mg/15ml/14
hydrocodone-
 acetaminophen tab
 10-325 mg..... 14

<i>hydrocodone-acetaminophen tab 5-325 mg</i>.....14	IDACIO (2 PEN) 92 IDACIO (2 SYRINGE) 92	INSPIRACHAMB MIS MOUTHPC.....122
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>.....14	IDACIO CROHN INJ DISEASE 92	INSPIRACHAMB MIS SMALL 122
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>.....14	IDACIO PLAQU INJ PSORIASIS 92	INSPIRATORY MIS MTHPIECE.....122
<i>hydrocortisone</i> .....71	IDHIFA 31	INSULIN PEN
<i>hydrocortisone (intrarectal)</i> .....84	<i>imatinib mesylate</i> . 31	NEEDLES: BD/NOVO.....63
<i>hydrocortisone (rectal)</i> .....129	IMBRUVICA 31	INSULIN SAFETY NEEDLES 63
<i>hydrocortisone (topical)</i>.....128	<i>imipenem-cilastatin intravenous for soln 250 mg</i> 16	INSULIN SYRINGES: BD 63
<i>hydromet</i> .....119	<i>imipenem-cilastatin intravenous for soln 500 mg</i> 16	INTEGRA CAP.....90
<i>hydromorphone hcl</i> 14	<i>imiquimod</i>.....129	INTEGRA F CAP 90
<i>hydroxychloroquine sulfate</i> .....93	IMOVAX RABIES (H.D.C.V.) 95	INTEGRA PLUS CAP90
<i>hydroxyurea</i> .....28	INBRIJA 48	INTELENCE 19
<i>hydroxyzine hcl</i> ...116	<i>incassia</i> 67	INTRALIPID 99
<i>hydroxyzine pamoate</i> .....117	INCONTROL MIS LANC 28G..... 75	<i>introvale</i>.....67
HYPERSAL .....119	INCONTROL MIS LANC 30G..... 75	INVEGA HAFYERA .. 49
HYPOLANCE KIT LANCING .....75	INCONTROL MIS LANC 33G..... 75	INVEGA SUSTENNA 50
HYSINGLA ER.....13	INCONTROL MIS LANC DEV..... 75	INVEGA TRINZA 50
I	INCRELEX 75	IOSAT 75
<i>ibandronate sodium</i> .....65	INCRUSE ELLIPTA 115	IPOL INJ INACTIVE 95
IBRANCE .....31	<i>indapamide</i> 43	<i>ipratropium bromide</i> 115
<i>ibu</i>.....13	INFANRIX INJ 95	<i>ipratropium bromide (nasal)</i> 115
<i>ibuprofen</i>.....13	<i>infants ibuprofen</i> ... 13	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> . 115
<i>ibuprofen childrens</i> 13	INFED..... 90	<i>irbesartan</i>.....40
<i>ibuprofen infants</i> ...13	INFliximab..... 93	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> 38
<i>ibuprofen junior strength</i>.....13	INLYTA 31	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> 38
<i>ibuprofen pm</i> .....60	INQOVI TAB 35-100MG 26	irinotecan hcl 28
ICAPS LUTEIN TAB ZEAXANTH .....107	INREBIC 31	iron 100/c 90
<i>icaps mv</i> .....107	INSPIRACHAMB MIS LARGE .....122	iron 27.....90
<i>icatibant acetate</i>....91	INSPIRACHAMB MIS MEDIUM .....122	<i>iron infant & toddler</i> 90
<i>iclevia</i> .....67		<i>iron infant/toddler</i> . 90
ICLUSIG .....31		<i>iron slow release</i> ...90
		<i>iron supplement</i> ....90

<i>iron-vitamin c tab</i>	JENTADUETO TAB	<i>dextrose 5% & nacl</i>
100-250 mg	2.5-850.....	0.45% inj
IROSPAN 24/6 MIS	JENTADUETO TAB XR	kcl 40 meq/l (0.3%)
ISENTRESS.....	2.5-1000MG	<i>in dextrose 5% &</i>
ISENTRESS HD.....	5-1000MG	<i>nacl 0.45% inj....</i>
<i>isibloom</i>	jintel.....	97
ISOLYTE-P INJ /D5W	jolessa.....	<i>kcl 40 meq/l (0.3%)</i>
.....	juleber.....	<i>in dextrose 5% &</i>
ISOLYTE-S INJ	JULUCA TAB 50-25MG	<i>nacl 0.9% inj.....</i>
ISOLYTE-S INJ PH 7.4	.....	97
.....	junel 1.5/30	KCL/D5W/NACL INJ
isoniazid.....	junel 1/20	0.3/0.9%.....
isosorbide dinitrate	junel fe 1.5/30	67
isosorbide	junel fe 1/20	kelnor 1/35.....
mononitrate	junel fe 24	67
isotretinoin	JYNNEOS	kelnor 1/50.....
isradipine	K	KERENDIA
itraconazole	KADCYLA	KESIMPTA
ivermectin	kaitlib fe	ketoconazole.....
IWILFIN	KALYDECO	18
IXCHIQ INJ	KANJINTI	<i>ketoconazole (topical)</i>
IXIARO INJ	kariva.....	..... 126, 127
J	kcl 10 meq/l (0.075%) in <i>dextrose 5% & nacl</i>	<i>ketorolac</i>
JAKAFI	0.45% inj	<i>tromethamine</i>
jantoven.....	kcl 20 meq/l (0.149%) in <i>nacl</i>	<i>(ophth).....</i> 113
JANUMET TAB 50-	0.45% inj	<i>ketotifen fumarate</i>
1000	kcl 20 meq/l (0.15%)	<i>(ophth).....</i> 113
JANUMET TAB 50-	<i>in dextrose 5% &</i>	KEVZARA.....
500MG	<i>nacl 0.2% inj</i>	KEYTRUDA.....
JANUMET XR TAB	97	KINRIX INJ
100-1000.....	kcl 20 meq/l (0.15%)	KISQALI 200 DOSE 31
JANUMET XR TAB 50-	<i>in dextrose 5% &</i>	KISQALI 200 PAK
1000	<i>nacl 0.2% inj</i>	FEMARA..... 28
JANUMET XR TAB 50-	97	KISQALI 400 DOSE 32
500MG	kcl 20 meq/l (0.15%)	KISQALI 400 PAK
JANUVIA.....	<i>in dextrose 5% &</i>	FEMARA..... 28
JARDIANCE.....	<i>nacl 0.45% inj ...</i>	KISQALI 600 DOSE 32
<i>jasmiel</i>	97	KISQALI 600 PAK
<i>javygtor</i>	kcl 20 meq/l (0.15%)	FEMARA..... 28
JAYPIRCA	<i>in dextrose 5% &</i>	klayesta
JENTADUETO TAB	<i>nacl 0.9% inj.....</i>	98
2.5-1000	kcl 20 meq/l (0.15%)	<i>klor-con</i>
JENTADUETO TAB	<i>in nacl 0.45% inj</i>	98
2.5-500	kcl 20 meq/l (0.15%)	<i>klor-con 10</i>
	<i>in nacl 0.9% inj..</i>	98
	kcl 30 meq/l (0.224%) in	<i>klor-con 8.....</i>
		98
		<i>klor-con m10</i>
		98
		<i>klor-con m15</i>
		98
		<i>klor-con m20</i>
		98
		kobee
		107
		KORLYM
		75
		KOSELUGO
		32

<i>kourzeq</i>.....131	LANCET WITH MIS EJECTOR .....75	LENVIMA 12MG DAILY DOSE .....32
<i>kp adults 50+ daily formu</i> .....107	LANCETS MICR MIS THIN 33G .....75	LENVIMA 20 MG DAILY DOSE.....32
<i>kp b complex/c</i> ...107	LANCETS MIS 21G 75	LENVIMA 4 MG DAILY DOSE .....32
<i>kp calcium citrate+d.....101</i>	LANCETS MIS 26G 75	LENVIMA 8 MG DAILY DOSE .....32
<i>kp ferrous gluconate.....90</i>	LANCETS MIS 28G 75	LENVIMA CAP 14 MG.....32
<i>kp ferrous sulfate</i> ..90	LANCETS MIS 30G 75	LENVIMA CAP 18 MG.....32
<i>kp niacin</i> .....107	LANCETS MIS 33G 75	LENVIMA CAP 24 MG.....32
<i>kp vitamin b-12</i> ...107	LANCETS MIS THIN 26G .....75	<i>lessina</i> .....67
<i>kp vitamin b-6</i> ....107	LANCETS MIS THIN 30G .....75	<i>letrozole</i>.....27
<i>kp vitamin e</i> .....107	LANCETS SUPR MIS THIN 28G .....75	<i>leucovorin calcium</i> .36
KRAZATI .....32	LANCETS THIN MIS 75	LEUKERAN .....26
KROGER LANCE MIS 26G.....75	LANCETS THIN MIS 26G .....76	<i>leuprolide acetate</i> ..27
<i>kurvelo</i>.....67	LANCETS ULTR MIS THIN .....76	<i>levalbuterol hcl</i> ...117
 L	LANCING DEVI MIS 76	<i>levalbuterol tartrate</i>.....117
<i>labetalol hcl</i> .....42	LANCING MIS DEVICE.....76	<i>levetiracetam</i>.....53
<i>lacosamide</i> .....53	<i>lansoprazole</i>.....87	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....53
<i>lacosamide oral</i> .....53	<i>lanthanum carbonate</i>.....81	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....53
<i>lactated ringer's solution</i> .....98	LANTUS .....63	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>.....53
<i>lactic acid (ammonium lactate)</i> .....129	LANTUS SOLOSTAR63	<i>levobunolol hcl</i>....114
<i>lactulose</i>.....85	<i>lapatinib ditosylate</i> 32	<i>levocarnitine (metabolic modifiers)</i> .....76
<i>lactulose</i> (encephalopathy) 85	<i>larin 1.5/30</i> .....67	<i>levocetirizine dihydrochloride</i> . 117
<i>lamivudine</i>.....19	<i>larin 1/20</i> .....67	<i>levofloxacin</i> .....23
<i>lamivudine (hbv)</i> ...21	<i>larin 24 fe</i> .....67	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>.....23
<i>lamivudine- zidovudine tab 150- 300 mg</i>.....20	<i>larin fe 1.5/30</i> .....67	
<i>lamotrigine</i> .....53	<i>larin fe 1/20</i> .....67	
LANCET DEVIC MIS 30G.....75	LASTACRAFT .....113	
LANCET MICRO MIS THIN 33G.....75	<i>latanoprost</i>.....114	
LANCET SUPER MIS THIN 30G.....75	<i>layolis fe</i> .....67	
LANCET ULTRA MIS 28G.....75	LB LANCET MIS 28G.....76	
LANCET ULTRA MIS THIN 30G.....75	LB LANCING MIS DEVICE .....76	
	<i>leena</i> .....67	
	<i>leflunomide</i> .....93	
	<i>lenalidomide</i>.....28	
	LENVIMA 10 MG DAILY DOSE .....32	

<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	.....23	<i>lidocaine hcl</i> .....128	<i>LOHIST-DM SYP 5-2-10MG</i> .....119
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	.....23	<i>lidocaine hcl (local anest.)</i> .....15	<i>LOKELMA</i> .....65
<i>levonest</i>	.....67	<i>lidocaine hcl (mouth-throat)</i> .....131	<i>LONGS LANCET MIS THIN</i> .....76
<i>levonor-eth est tab 0.15-</i>		<i>lidocaine-prilocaine cream 2.5-2.5%</i> 128	<i>LONGS LANCET MIS ULTRA TH</i> .....76
<i>0.02/0.025/0.03 mg &eth est 0.01 mg</i>		<i>lidocan</i> .....128	<i>LONSURF TAB 15-6.14</i> .....26
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	.....68	<i>linezolid</i> .....16	<i>LONSURF TAB 20-8.19</i> .....26
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	...68	<i>LINEZOLID INJ 2MG/ML</i> .....16	<i>loperamide hcl</i> 83, 86
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	.68	<i>LINZESS</i> .....86	<i>loperamide-simethicone tab 2-125 mg</i> .....83
<i>levonorgestrel (emergency oc)</i>	..68	<i>liothyronine sodium</i> 81	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....20
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	.....68	<i>lisinopril</i> .....37	<i>lopinavir-ritonavir tab 100-25 mg</i> .....20
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	.....67	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .. 37	<i>lopinavir-ritonavir tab 200-50 mg</i> .....20
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	.....68	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> 37	<i>loratadine</i> .....117
<i>levora 0.15/30-28</i>	.68	<i>LITE TOUCH MIS LANC PEN</i> .....76	<i>loratadine childrens</i> .....117
<i>levo-t</i>	.....81	<i>LITE TOUCH MIS LANCETS</i> .....76	<i>loratadine-d 12hr</i> 119
<i>levothyroxine sodium</i>	.....81	<i>LITETOUCH MIS MASK LG</i> .....122	<i>loratadine-d 24hr</i> 119
<i>levoxyl</i>	.....81	<i>LITETOUCH MIS MASK MD</i> .....122	<i>lorazepam</i> .....45
<i>LEXIVA</i>	.....19	<i>LITETOUCH MIS MASK SM</i> .....122	<i>lorazepam intensol</i> 45
<i>lice killing shampoo</i>	.....130	<i>lithium</i> .....58	<i>LORBRENA</i> .....32
<i>lice treatment creme rins</i>	.....130	<i>lithium carbonate</i> .. 58	<i>loryna</i> .....68
<i>lidocaine</i>	.....128	<i>L-METHYL- TAB B6-B12</i> .....107	<i>losartan potassium</i> 40
		<i>L-METHYL-MC TAB</i>	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> 39
		<i>loestrin 1.5/30-21</i> .. 68	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> ... 39
		<i>loestrin 1/20-21</i> 68	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> .. 39
		<i>loestrin fe 1.5/30</i> .. 68	<i>LOTEMAX</i> .....113
		<i>loestrin fe 1/20</i> 68	<i>loteprednol etabonate</i> .....113
		<i>LOHIST-D LIQ</i> .....119	<i>lovastatin</i> .....41

<i>low-ogestrel</i>.....68	<i>magnesium oxide</i> .. 82	MEDLANCE PLS MIS
<i>loxapine succinate</i> .50	MAGNESIUM OXIDE	EXTR 21G .....76
<i>lubricant eye drops</i>	.....101	MEDLANCE PLS MIS
.....114	<i>magnesium oxide</i>	LITE 25G .....76
<i>lubricant eye</i>	(<i>mg supplement</i>)	MEDLANCE PLS MIS
<i>nighttime</i> .....114	.....101	UNIV 21G .....76
<i>lubricating eye drops</i>	<i>magnesium sulfate</i> 98	<i>medroxyprogesterone</i>
.....114	MAGNESIUM SULFATE	<i>acetate</i> .....81
<i>lubricating plus eye</i>	.....98	<i>medroxyprogesterone</i>
<i>drop</i> .....114	<i>magnesium sulfate in</i>	<i>acetate</i>
<i>lubricating tears eye</i>	<i>dextrose 5% iv soln</i>	(<i>contraceptive</i>) ...68
<i>dro</i> .....114	1 gm/100ml.....98	<i>mefloquine hcl</i> .....18
<i>lubrifresh p.m.</i> ....114	<i>malathion</i> .....130	MEGA MULTI TAB
LUMAKRAS	<i>mapap</i>.....12	MEN .....107
LUMIGAN.....114	<i>mapap arthritis pain</i>	<i>mega multiple</i>
LUMIZYME .....	.....12	w/ <i>chelated</i> .....107
LUPRON DEPOT (1- MONTH).....27	<i>mapap childrens</i> ... 12	<i>megestrol acetate</i> .27,
LUPRON DEPOT (3- MONTH).....27	<i>mapap cold formula</i>	81
LUPRON DEPOT-PED (1-MONTH.....76	<i>multi-</i> .....119	<i>megestrol acetate</i>
LUPRON DEPOT-PED (3-MONTH.....76	<i>maraviroc</i> .....19	(<i>appetite</i>) .....81
LUPRON DEPOT-PED (6-MONTH.....76	<i>marlissa</i>.....68	<i>meijer c</i> .....107
<i>lurasidone hcl</i> .....50	MARPLAN .....47	MEIJER LANCE MIS
<i>lutera</i>.....68	MATULANE .....28	UNIVERSA.....76
<i>lyleq</i> .....68	MAVYRET PAK 50- 20MG.....21	MEIJER MIS LANCETS
<i>lyllana</i> .....71	MAVYRET TAB 100- 40MG.....21	.....76
LYNPARZA	<i>meclizine hcl</i> .....83	MEKINIST .....32, 33
LYSIPLEX PLUS....107	<i>medicated callus</i>	MEKTOVI .....33
LYSODREN.....27	<i>removers</i>.....129	<i>meloxicam</i> .....13
LYTGOBI (12 MG DAILY DOSE).....32	<i>medicated corn</i>	<i>memantine hcl</i> .....45
LYTGOBI (16 MG DAILY DOSE).....32	<i>removers</i>.....129	<i>memantine hcl tab</i> 28
LYTGOBI (20 MG DAILY DOSE).....32	<i>medi-pads</i>.....129	x 5 mg & 21 x 10
<i>lyza</i> .....68	MEDLANCE MIS 30G	<i>mg titration pack</i> 46
	PLUS.....76	MENACTRA INJ.....96
M	MEDLANCE MIS LITE	M-END DMX LIQ ..119
MAGNESIUM ELEMENTAL.....101	25G .....76	MENQUADFI INJ ....96
<i>magnesium lactate</i>	MEDLANCE MIS PLUS	<i>menstrual pain relief</i>
.....101	.....76	<i>mul</i> .....12
	MEDLANCE MIS PLUS	MENVEO INJ .....96
	30G .....76	MENVEO SOL .....96
	MEDLANCE MIS UNV	<i>mercaptopurine</i>....26
	21G .....76	<i>meribin</i> .....107
	MEDLANCE PLS MIS	<i>meropenem</i> .....16
	0.8MM.....76	<i>mesalamine</i> .....84
		<i>mesalamine w/</i>
		<i>cleanser</i>.....84
		MESNEX .....36

METAFOLBIC TAB	107	<i>micafungin sodium</i>	18	M-M-R II INJ	96
<i>metformin hcl</i>	62	<i>miconazole 3</i>		M-NATAL PLUS TAB	98
<i>methadone hcl</i>	13	<i>combination</i>	88	<i>modafinil</i>	59
<i>methadone</i>		<i>miconazole nitrate</i>		<i>moexipril hcl</i>	37
<i>hydrochloride i</i>	14	(<i>topical</i>)	126	<i>molindone hcl</i>	50
<i>methazolamide</i>	43	<i>miconazole nitrate</i>		<i>mometasone furoate</i>	
<i>methenamine</i>		<i>vaginal</i>	88	.....	128
<i>hippurate</i>	16	<i>MICRO THIN MIS</i>		MONJUVI	33
<i>methimazole</i>	81	LANC 33G.....	76	MONOCAL TAB 3-250	
<i>methocarbamol</i>	59	<i>MICROCHAMBER MIS</i>		.....	101
<i>methotrexate sodium</i>		.....	122	<i>MONOLET MIS</i>	
.....	26, 93	<i>microgestin 1.5/30</i>	68	LANCETS	76
<i>methsuximide</i>	53	<i>microgestin 1/20</i> ...	68	<i>mono-linyah</i>	68
<i>methylphenidate hcl</i>		<i>microgestin 24 fe</i> ..	68	<i>montelukast sodium</i>	
.....	56	<i>microgestin fe 1.5/30</i>		.....	121
<i>methylprednisolone</i>	71	.....	68	<i>morphine sulfate</i> ..4,	
<i>methylprednisolone</i>		<i>microgestin fe 1/20</i> 68		15	
<i>acetate</i>	71	<i>MICROLET MIS</i>		MORPHINE SULFATE	
<i>methylprednisolone</i>		LANCETS	76	.....	14
<i>sod succ</i>	71	<i>MICROLET MIS NEXT</i>		MORPHINE	
<i>methyltestosterone</i>	61	.....	76	SULFATE/SODIUM C	
<i>metoclopramide hcl</i>	83	<i>MICROSPACER MIS</i>		.....	15
<i>metolazone</i>	43	.....	122	<i>motion sickness relief</i>	
<i>metoprolol &</i>		<i>midodrine hcl</i>	44	.....	83
<i>hydrochlorothiazide</i>		<i>MIEBO</i>	114	<i>motion sickness</i>	
<i>tab 100-25 mg</i> ...42		<i>mifepristone</i>		<i>relief/le</i>	83
<i>metoprolol &</i>		(<i>hyperglycemia</i>) .	76	<i>MOUNJARO</i>	62
<i>hydrochlorothiazide</i>		<i>miglustat</i>	76	<i>MOVANTIK</i>	86
<i>tab 100-50 mg</i> ...42		<i>migraine relief</i>	12	<i>moxifloxacin hcl</i> ....23	
<i>metoprolol &</i>		<i>mili</i>	68	<i>moxifloxacin hcl</i>	
<i>hydrochlorothiazide</i>		<i>milk of magnesia</i> ..	85	(<i>ophth</i>).....	112
<i>tab 50-25 mg</i> ....42		<i>mimvey</i>	71	<i>moxifloxacin hcl 400</i>	
<i>metoprolol succinate</i>		<i>MINI LANCING MIS</i>		<i>mg/250ml in</i>	
.....	42	DEVICE	76	<i>sodium chloride</i>	
<i>metoprolol tartrate</i>	42	<i>minocycline hcl</i>	25	<i>0.8% inj</i>	23
<i>metronidazole</i>	16	<i>minoxidil</i>	44	<i>m-pap</i>	12
<i>metronidazole</i>		<i>mintox maximum</i>		<i>MTX SUPPORT TAB</i>	
(<i>topical</i>).....	129	<i>strength</i>	82	.....	107
<i>metronidazole vaginal</i>		<i>mintox plus</i>	82	<i>mucus relief</i>	119
.....	88	<i>mirtazapine</i>	47	<i>mucus relief childrens</i>	
<i>metyrosine</i>	44	<i>misoprostol</i>	86	.....	119
<i>MG PLUS TAB</i>		<i>MITIGARE</i>	12	<i>mucus relief d</i> ..	119
<i>PROTEIN</i>	107	<i>MM LANCING MIS</i>		<i>mucus relief dm</i> ..	119
<i>MG SO4/D5W INJ</i>		DEVICE	76	<i>mucus relief dm</i>	
<i>10MG/ML</i>	98	<i>MM TWIST MIS</i>		<i>cough</i>	119
<i>mibelas 24 fe</i>	68	LANCETS	76		

<i>mucus relief dm</i>	MVW COMPLETE CAP	<i>nasal decongestant</i>
<i>maximum s</i> 119	D5000.....108	<i>pe</i> 119
<i>mucus relief er</i> 119	MVW COMPLETE CAP	<i>nasal decongestant</i>
<i>mucus relief</i>	<i>FORMULAT</i> 108	<i>spray</i> 119
<i>maximum stre ..</i> 119	MVW COMPLETE CAP	<i>nasal relief</i> 119
<i>mucus relief pe sinus</i>	<i>MINIS</i> 108	<i>nasal spray no drip</i>
<i>con</i> 119	MVW COMPLETE DRO	..... 119
MULTAQ 40	<i>PEDIATRI</i> 108	NASCOBAL 108
<i>multi complete/iron</i>	<i>mvw complete</i>	NASOPEN PE LIQ. 119
..... 108	<i>formulation</i> 108	NATACYN 112
<i>multi symptom flu &</i>	<i>my way</i> 68	<i>nateglinide</i> 62
<i>sever</i> 119	<i>mycophenolate</i>	NATPARA 65
MULTI VITAMI TAB	<i>mofetil</i> 95	NATRAPEL 12-HOUR
..... 108	<i>mycophenolate</i>	<i>TICK & I</i> 129
MULTI VITAMN TAB	<i>sodium</i> 95	<i>natural c/rose hips</i>
<i>MINERALS</i> 108	MYGLUCOHEALT MIS	..... 108
MULTI-LANCET KIT	<i>LANC 30G</i> 76	<i>natural vitamin e</i> . 108
<i>DEVICE</i> 76	<i>mynephron</i> 108	NAYZILAM 53
<i>multiple electrolytes</i>	MYRBETRIQ..... 87	<i>nebivolol hcl</i> 42
<i>ph 5.5</i> 98	N	<i>necon 0.5/35-28</i> ... 68
<i>multiple electrolytes</i>	<i>nabumetone</i> 13	<i>nefazodone hcl</i> 47
<i>ph 7.4</i> 98	<i>nadolol</i> 42	<i>neomycin sulfate</i> ... 16
<i>multiple</i>	<i>nafcillin sodium</i> 24	<i>neomycin-bacitrac zn-</i>
<i>vitamin/minerals</i>	NAGLAZYME 77	<i>polymyx 5(3.5)mg-</i>
..... 108	<i>nalbuphine hcl</i> 15	<i>400unt-1000unt</i>
<i>multi-vit/iron/fluoride</i>	<i>naloxone hcl</i> 60	<i>op oin</i> 112
..... 108	<i>naltrexone hcl</i> 60	<i>neomycin-polymy-</i>
<i>multi-vitamin</i> 108	NAMZARIC CAP 14-	<i>gramcid op sol</i>
<i>multivitamin &</i>	10MG 46	<i>1.75-10000-</i>
<i>mineral</i> 108	NAMZARIC CAP 21-	<i>0.025mg-unt-</i>
<i>multivitamin adults</i>	10MG 46	<i>mg/ml</i> 112
<i>50+</i> 108	NAMZARIC CAP 28-	<i>neomycin-polymyxin-</i>
<i>multi-vitamin</i>	10MG 46	<i>dexamethasone</i>
<i>hp/minerals</i> 108	NAMZARIC CAP 7-	<i>ophth oint 0.1%</i> 112
MULTIVITAMIN TAB	10MG 46	<i>neomycin-polymyxin-</i>
..... 108	NAMZARIC CAP PACK	<i>dexamethasone</i>
<i>multivitamin with</i>	..... 46	<i>ophth susp 0.1%</i>
<i>fluorid</i> 108	<i>naproxen</i> 13	..... 112
<i>multivitamin women</i>	<i>naproxen sodium</i> .. 13	<i>neomycin-polymyxin-</i>
<i>50+</i> 108	<i>naratriptan hcl</i> 57	<i>hc ophth susp...</i> 112
MULTI-VITE LIQ .. 108	<i>nasal allergy 24 hour</i>	<i>neomycin-polymyxin-</i>
<i>mupirocin</i> 126	<i>mul</i> 124	<i>hc otic soln 1%</i> . 115
MURO 128 114	<i>nasal decongestant</i>	<i>neomycin-polymyxin-</i>
MVW COMPLETE CAP	..... 119	<i>hc otic susp 3.5</i>
D3000 108		<i>mg/ml-10000</i>
		<i>unit/ml-1%</i> 115

neo-polycin
 5(3.5)mg-400unt-
 1000unt op oin 112
neo-polycin hc ophth
 oint 1% 112
 NEPHPLEX RX TAB 108
nephro vitamins .. 108
 NEPHRON FA TAB .. 90
 NERLYNX 33
 NEUPRO 48
nevirapine 19
new day 68
 NEXAVAR 33
niacin 108
niacin
 (antihyperlipidemic)
..... 41
niavasc 108
nicardipine hcl 43
nicotine 60
nicotine mini lozenge
..... 60
nicotine polacrilex .. 60
nicotine polacrilex
mini 60
 NICOTINE SYS KIT
 TRANSDER 60
nicotine transdermal
syst 60
 NICOTROL INHALER
..... 60
 NICOTROL NS 60
nifedipine 43
nighttime cold/flu
relief 119
nighttime cough .. 120
nikki 68
nilutamide 27
nimodipine 43
 NINJACOF LIQ 120
 NINLARO 33
nitazoxanide 16
nitixinone 77
 NITRO-BID 44
nitrofurantoin
macrocrystal 16

nitrofurantoin
monohyd macro . 16
nitroglycerin 44
nitroglycerin (intra-
anal) 129
 NIVA-FOL TAB 108
nizatidine 84
nohist-dm 120
nohist-lq 120
nora-be 68
norelgestromin-
ethinyl estradiol td
ptwk 150-35
mcg/24hr 68
norethindrone &
ethinyl estradiol-fe
chew tab 0.4 mg-35
mcg 68
norethindrone &
ethinyl estradiol-fe
chew tab 0.8 mg-25
mcg 68
norethindrone
(i contraceptive) .. 69
norethindrone ace &
ethinyl estradiol tab
1 mg-20 mcg 69
norethindrone ace &
ethinyl estradiol tab
1.5 mg-30 mcg .. 69
norethindrone ace &
ethinyl estradiol-fe
tab 1 mg-20 mcg 69
norethindrone ace-eth
estradiol-fe chew
tab 1 mg-20 mcg
(24) 69
norethindrone acetate
..... 81
norethindrone
acetate-ethinyl
estradiol tab 0.5
mg-2.5 mcg 71
norethindrone
acetate-ethinyl

estradiol tab 1 mg-5
mcg 71
norethindrone ac-
ethinyl estrad-fe tab
1-20/1-30/1-35
mg-mcg 69
norgestimate &
ethinyl estradiol tab
0.25 mg-35 mcg. 69
norgestimate-eth
estrad tab 0.18-
25/0.215-25/0.25-
25 mg-mcg 69
norgestimate-eth
estrad tab 0.18-
35/0.215-35/0.25-
35 mg-mcg 69
norlyroc 69
 NORPACE CR 40
nortrel 0.5/35 (28) 69
nortrel 1/35 (21) ... 69
nortrel 1/35 (28) ... 69
nortrel 7/7/7 69
nortriptyline hcl 47
 NORVIR 19
 NOVA SAFETY MIS
 LANC 23G 77
 NOVA SAFETY MIS
 LANC 28G 77
 NOVA SUREFLX MIS
 LANC DEV 77
 NOVOLIN INJ 70/30
..... 63
 NOVOLIN INJ 70/30
FP 64
 NOVOLIN N 64
 NOVOLIN N FLEXPEN
..... 64
 NOVOLIN R 64
 NOVOLIN R FLEXPEN
..... 64
 NOVOLOG MIX INJ
70/30 64
 NOVOLOG MIX INJ
FLEXPEN 64
 NUBEQA 27

NUEDEXTA CAP 20-
 10MG 58
nu-iron 150 90
 NULOJIX 95
 NU-MAG TAB 71.5-
 119 101
 NUPLAZID 50
 NURTEC 57
 NUTRILIPID 99
 NUTRIVIT LIQ 800-
 15-1 108
 NUZYRA 25
nyamyc 126
nylia 1/35 69
nylia 7/7/7 69
 NYMALIZE 43
nymyo 69
nystatin 18
nystatin (mouth-throat) 131
nystatin (topical) 126
nystop 126

O

oceanic selenium 101
ocella 69
 OCTAGAM 94
octreotide acetate 77
ocutabs 108
ocutabs/lutein 108
 ODEFSEY TAB 20
 ODOMZO 33
 OFEV 122
 OFF DEEP WOODS 129
 OFF DEEP WOODS
 DRY 129
 OFF DEEP WOODS
 SPORTSMEN 129
ofloxacin (ophth) 112
ofloxacin (otic) 115
 OGIVRI 33
 OGIVRI INJ 420MG 33
 OGSIVEO 33
 OJJAARA 33
olanzapine 50

olmesartan
 medoxomil 40
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 20-12.5 mg .. 39
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-12.5 mg .. 39
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-25 mg 39
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 20-5-12.5 mg 39
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-12.5 mg
 39
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-25 mg 39
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-12.5 mg 39
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-25 mg .. 39
olopatadine hcl 113
omega-3-acid ethyl esters cap 1 gm . 41
omeprazole 87
omeprazole
 magnesium 87
 OMNICAP TAB 108
 OMNIPOD 5 G6 KIT
 INTRO 64
 OMNIPOD 5 G6 MIS
 PODS 64

OMNIPOD 5 G7 KIT
 INTRO 64
 OMNIPOD 5 G7 MIS
 PODS 64
 OMNIPOD DASH KIT
 INTRO 64
 OMNIPOD DASH MIS
 PODS 64
 OMNIPOD GO KIT
 10UNT/DY 64
 OMNIPOD GO KIT
 15UNT/DY 64
 OMNIPOD GO KIT
 20UNT/DY 64
 OMNIPOD GO KIT
 25UNT/DY 64
 OMNIPOD GO KIT
 30UNT/DY 64
 OMNIPOD GO KIT
 35UNT/DY 64
 OMNIPOD GO KIT
 40UNT/DY 64
 OMNIPOD MIS
 CLASSIC 64
 ONCOVITE TAB ... 108
ondansetron 83
ondansetron hcl 83
one daily complete
 108
one daily for men
 50+ adv 108
one daily for women
 108
one daily for women
 50+a 108
one daily maximum
 108
one daily
 multivitamin/ir.. 108
one daily womens 50
 plus 108
one daily womens
 50+ 108
one daily/iron/calcium
 109
one daily/minerals 109

ONE-A-DAY TAB 50+	
ADV	109
ONE-A-DAY TAB	
TEEN/HIM	109
one-a-day teen	
advantage.....	109
one-daily multi-	
vitamin	109
ONETOUCH DEL MIS	
LANC DEV	77
ONETOUCH DEL MIS	
PLUS 30G	77
ONETOUCH DEL MIS	
PLUS 33G	77
ONETOUCH MIS LANC	
DEV	77
ONETOUCH MIS	
LANCETS	77
ONETOUCH US MIS	
LANCETS	77
ON-THE-GO MIS	
LANC 30G	77
ONTRUZANT	33
ONUREG.....	26
opcicon one-step ...	69
OPSUMIT	45
OPTICHAMBER MIS	
DIA LG	122
OPTICHAMBER MIS	
DIA MD.....	122
OPTICHAMBER MIS	
DIA SM.....	122
OPTICHAMBER MIS	
DIAMOND	122
orazinc.....	101
ORAZINC.....	101
ORGOVYX.....	27
ORKAMBI GRA 100-	
125	123
ORKAMBI GRA 150-	
188	123
ORKAMBI GRA 75-	
94MG	122
ORKAMBI TAB 100-	
125	123
ORKAMBI TAB 200-	
125	123
ORSERDU	27
os-cal calcium + d3	
.....	101
os-cal extra d3	101
oseltamivir phosphate	
.....	21
OTEZLA	93
OTEZLA TAB	
10/20/30.....	93
oxacillin sodium	24
oxaliplatin	26
oxcarbazepine	53
oxybutynin chloride	
.....	87, 88
oxycodone hcl	15
oxycodone w/	
acetaminophen tab	
10-325 mg	15
oxycodone w/	
acetaminophen tab	
2.5-325 mg	15
oxycodone w/	
acetaminophen tab	
5-325 mg	15
oxycodone w/	
acetaminophen tab	
7.5-325 mg	15
OXYCONTIN	14
oysco 500+d	101
OYST SHELL/D TAB	
500MG	101
oyster shell	101
oyster shell calcium +	
d3	101
oyster shell calcium	
plus	101
oyster shell	
calcium/d3	102
oyster shell	
calcium/vita	102
oyster shell	
calcium+d	101
OZEMPIC (0.25 OR	
0.5 MG/DOSE) ...	62
OZEMPIC (0.25 OR	
0.5MG/DOSE).....	62
OZEMPIC	
(1MG/DOSE)	62
OZEMPIC	
(2MG/DOSE)	62
P	
pacerone	40
paclitaxel.....	29
paclitaxel protein-	
bound particles for	
iv susp 100 mg...	29
pain relieving cream	
.....	129
paliperidone.....	50
pamidronate disodium	
.....	65
PAMIDRONATE	
DISODIUM	65
PANDA MASK MIS	
LARGE	123
PANDA MASK MIS	
MEDIUM	123
PANDA MASK MIS	
PEDIATRI.....	123
PANDA MASK MIS	
SMALL	123
PANRETIN	129
pantoprazole sodium	
.....	87
PANZYGA	94
paraplatin.....	26
PARI VORTEX MIS	
ADL MASK.....	123
paricalcitol.....	82
paroxetine hcl	47
PATADAY EXTRA	
STRENGTH.....	113
PAXLOVID TAB 150-	
100	21
PAXLOVID TAB 300-	
100	21
pazopanib hcl.....	33
PC LANCETS MIS 30G	
.....	77

<i>pc pediatric iron drops</i>.....90	<i>pentoxifylline</i>.....91	<i>pioglitazone hcl</i>.....62
<i>pc pediatric tri-vitamin</i>.....109	<i>perindopril erbumine</i>.....37	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>.....62
PEDIACLEAR 8 CHILDRENS.....117	<i>periogard</i>.....131	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>.....62
PEDIACLEAR PD CHILDRENS.....117	<i>permethrin</i>.....130	PIP LANCETS MIS 28G.....77
PEDIARIX INJ 0.5ML	<i>perphenazine</i>.....50	PIP LANCETS MIS 30G.....77
.....96	<i>PERSERIS</i>.....50	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>.....25
<i>pediatric electrolyte fre</i>.....97	<i>PETROLATUM</i>.....96	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>.....25
<i>pediatric electrolyte/zin</i>.....97	<i>pfizerpen</i>.....25	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>.....25
PEDIATRIC MD MIS MASK.....123	<i>pharmacist choice d-vitam</i>.....109	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>.....25
PEDIATRIC SM MIS MASK.....123	<i>phenelzine sulfate</i>.....47	<i>PIQRAY 200MG DAILY DOSE</i>.....33
PEDVAX HIB	<i>phenobarbital</i> ..53, 54	<i>PIQRAY 250MG TAB DOSE</i>.....33
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	<i>phenobarbital sodium</i>.....54	<i>PIQRAY 300MG DAILY DOSE</i>.....33
.....85	<i>phenylephrine hcl (oral)</i>.....120	<i>pirfenidone</i>.....123
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....85	<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>.....120	<i>piroxicam</i>.....13
PEGASYS.....21	<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>.....120	<i>PLASMA-LYTE INJ -148</i>.....98
PEMAZYRE.....33	<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>.....130	<i>PLASMA-LYTE INJ -A</i>.....98
<i>pemetrexed disodium</i>.....26	<i>phenytek</i>.....54	<i>plenamine</i>.....99
PEN GK/DEXTR INJ 40000/ML	<i>phenytoin</i>.....54	<i>PLENVU SOL</i>.....85
PEN GK/DEXTR INJ 60000/ML	<i>phenytoin sodium</i> ..54	
PENBRAYA INJ.....96	<i>phenytoin sodium extended</i>.....54	
<i>penicillamine</i>.....65	<i>PHESGO SOL</i>.....33	
<i>penicillin g potassium</i>.....25	<i>philith</i>.....69	
<i>penicillin g sodium</i> .25	<i>phospha 250 neutral</i>.....102	
<i>penicillin v potassium</i>.....25	<i>phospho-trin 250 neutral</i>.....102	
PENTACEL INJ	<i>phospho-trin k500102</i>.....102	
<i>pentamidine isethionate inh</i>....16	<i>phytonadione</i> ..109	
<i>pentamidine isethionate inj</i> ....17	<i>PIFELTRO</i>.....19	
	<i>pilocarpine hcl</i> ..114	
	<i>pilocarpine hcl (oral)</i>.....131	
	<i>pimozide</i>.....50	
	<i>pimtreia</i> ..69	
	<i>pindolol</i> ..42	

POCKET CHAMB MIS	<i>potassium chloride</i> 20 meq/l (0.15%) in <i>dextrose 5% inj.</i> . 98	PRIORIX INJ
..... 123		PRIVIGEN
<i>podofilox</i> 130		PRO COMFORT MIS
<i>poly bacitracin</i> 126		31G..... 77
POLY HIST FO TAB	<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i> 98	PRO COMFORT MIS
10.5-10 120		LANCETS 77
<i>polycin ophth oint</i> 112	<i>potassium citrate</i> (alkalinizer) 87	<i>probenecid</i> 12
<i>polyethylene glycol</i> 3350 85	<i>povidone-iodine</i> ...130	<i>prochlorperazine</i> ...83
POLY-HIST DM LIQ 5-	<i>pramipexole</i> <i>dihydrochloride</i> .. 48	<i>prochlorperazine</i> <i>edisylate</i> 83
25-10 120	<i>pramoxine hcl (rectal)</i> .....130	<i>prochlorperazine</i> <i>maleate</i> 83
<i>poly-iron</i> 150 90	<i>prasugrel hcl</i> 91	PROCIT 89
<i>poly-iron</i> 150 forte. 90	<i>pravastatin sodium</i> 41	<i>procto-med hc</i> 130
<i>polymyxin b-</i> <i>trimethoprim ophth</i> <i>soln 10000 unit/ml-</i> 0.1%..... 113	<i>praziquantel</i> 17	<i>proctosol hc</i> 130
<i>polysaccharide iron</i> <i>complex</i>.....90	<i>prazosin hcl</i> 38	<i>protozone-hc</i> 130
POLYTUSSIN LIQ DM	<i>prednisolone</i> 71	PRODIGY MIS 26G. 77
..... 120	<i>prednisolone acetate</i> (ophth) .....113	PRODIGY MIS 28G. 77
POLY-VENT DM TAB	PREDNISOLONE	PRODIGY MIS LANC
..... 120	SODIUM PHOSP 113	DEV 77
POLY-VENT IR TAB	<i>prednisolone sodium</i> <i>phosphate</i> 71	PROFE..... 90
60-380MG..... 120	<i>prednisone</i> 71	PROFERRIN ES..... 90
<i>polyvinyl alcohol</i> .. 114	PREDNISONE	PROFERRIN- TAB
POLY-VI-SOL SOL	INTENSOL 72	FORTE 90
50MG/ML 109	<i>pregabalin</i> 54	progesterone 81
POLY-VI-SOL SOL	PREHEVBARIO 96	PROGRAF 95
IRON 109	PREMASOL SOL 10%	PROLASTIN-C 123
POMALYST 28	..... 99	PROLENSA..... 113
<i>portia-28</i> 69	PRENATAL TAB 27-	PROLIA 65
<i>posaconazole</i> 18	1MG 98	PROMACTA 91
POT CHL 20MEQ/L IN	PRENATAL TAB PLUS	<i>promethazine hcl</i> ...84
NACL 0.45% INJ .98	..... 98	<i>promethazine w/</i> <i>codeine syrup</i> 6.25-
POT CHL 20MEQ/L IN	<i>prevalite</i> 41	10 mg/5ml..... 120
NACL 0.9% INJ...98	PREVYMIS 22	<i>promethazine-dm</i> <i>syrup</i> 6.25-15
POT CHL 40MEQ/L IN	PREZCOBIX TAB 800-	mg/5ml 120
NACL 0.9% INJ...98	150 20	<i>propafenone hcl</i> ....40
<i>pot phos monobasic</i>	PREZISTA 19	<i>proparacaine hcl</i> .. 114
w/sod phos di &	PRIFTIN 21	<i>propranolol hcl</i> .....42
monobas tab 155-	<i>primaquine</i> <i>phosphate</i> 18	<i>propylthiouracil</i> .....81
852-130mg 102	PRIMAQUINE	PROQUAD INJ 96
<i>potassium chloride</i> .98	PHOSPHATE..... 18	PROSOL INJ 20% ..99
POTASSIUM	<i>primidone</i> 54	PROTECTIRON TAB 90
CHLORIDE.....98		<i>protriptyline hcl</i>....47

pseudoephed-
 bromphen-dm syrup
 30-2-10 mg/5ml/120
pseudoephedrine hcl
 120
pseudoephedrine-
 guaifenesin tab er
 12hr 120-1200 mg
 120
pseudoephedrine-
 guaifenesin tab er
 12hr 60-600 mg 120
PULMOZYME 123
pure calcium
 carbonate 102
PURE COMFORT MIS
 30G LAN 77
pureway-c 109
PURIXAN 26
PX LANCETS MIS 28G
 77
PX LANCETS MIS 33G
 77
PX LANCETS MIS ULT
 THIN 77
pyrazinamide 21
pyridostigmine
 bromide 58
pyridoxine hcl 109

Q

QC LANCETS MIS 30G
 77
QC LANCING MIS
 DEVICE 77
qc naproxen sodium
 13
qc pain reliever pm
 extra 60
QINLOCK 33
QUADRACEL INJ 96
QUADRACEL INJ
 0.5ML 96
quetiapine fumarate
 50
quinapril hcl 37

quinidine sulfate ... 40
quinine sulfate 18
QUINTABS-M TAB 109
QULIPTA 57

R

ra balanced b-100 109
ra balanced b-50.. 109
ra b-complex 109
RA B-COMPLEX TAB
 VIT C TR 109
ra b-complex with b-
 12 109
ra biotin 109
RA CA/BORON TAB
 102
ra calcium 600.... 102
ra calcium 600 plus
 vitam 102
ra calcium 600/vit
 d/mine 102
ra calcium citrate plus
 v 102
ra central-vite
 womens ma 109
RA E-ZJECT MIS 28G
 77
RA E-ZJECT MIS THIN
 26G 77
RA E-ZJECT MIS THIN
 28G 77
RA E-ZJECT MIS ULT
 THIN 77
ra hi cal 102
ra high potency iron
 90
ra magnesium 102
ra natural magnesium
 102
ra niacin 109
ra one daily
 maximum 109
ra pediatric
 electrolyte 97
ra selenium natural
 102

ra slow release iron 90
ra vitamin a 109
ra vitamin b-1 109
ra vitamin b12 109
ra vitamin b-12 ... 109
ra vitamin b-12 tr 109
ra vitamin b-6 109
ra vitamin c 109
ra vitamin c tr.... 109
ra vitamin c/rose hips
 109
ra vitamin e 109
ra zinc 102
RABAVERT INJ 96
rabeprazole sodium 87
raloxifene hcl 77
ramipril 37
ranolazine 44
RAPID-SAFE MIS
 LANCING 77
rasagiline mesylate 48
RAYALDEE 82
READYLANCE MIS
 21G 77
READYLANCE MIS
 23G 77
READYLANCE MIS
 26G 77
READYLANCE MIS
 28G 77
READYLANCE MIS
 30G 77
reclipsen 69
RECOMBIVAX HB ... 96
RECTIV 130
redness relief..... 113
refresh celluvisc .. 114
refresh lacri-lube . 114
REFRESH OPT SOL
 MEGA-3 114
REGRANEX 130
RELENZA DISKHALER
 22
RELION KIT LANCING
 77

RELION LANCE MIS	<i>ribavirin (hepatitis c)</i>	RYMED TAB 2-10MG
THIN 26G.....78	.....22	.....120
RELION LANCE MIS	<i>riboflavin</i>	rynex dm .....120
THIN 30G.....78	109	rynex pe.....120
RELION LANCI MIS	<i>rifabutin</i>	rynex pse .....120
DEVICE.....78	21	
RELION MICRO MIS	<i>rifampin</i>	
THIN 33G.....78	21	
RELION ULTRA MIS	RIGHTEST MIS	S
THIN 30G.....78	GD500	S2 .....123
RELION ULTRA MIS	RIGHTEST MIS GL300	SAFE-T-PRO MIS
THIN PLS .....78	.....78	LANCETS .....78
RELISTOR.....86	<i>riluzole</i>	SAFE-T-PRO MIS
REMICADE.....93	58	PLUS .....78
<i>renal caps</i>.....109	<i>rimantadine</i>	SAFETY 21G MIS
<i>renal vitamin</i> .....109	<i>hydrochloride</i>....22	LANCETS .....78
<i>rena-vite</i> .....109	RINVOQ.....93	SAFETY 28G MIS
<i>rena-vite rx</i> .....109	<i>risedronate sodium</i> 65	LANCETS .....78
RENFLEXIS .....93	<i>risperidone</i>.....50, 51	SAFETY 30G MIS
<i>repaglinide</i> .....62	<i>risperidone</i>	LANCETS .....78
REPATHA.....41	<i>microspheres</i> ....51	SAFETY MIS LANCETS
REPATHA	RITEFLO MIS .....	.....78
PUSHTRONEX	<i>ritonavir</i>.....19	<i>sajazir</i>.....91
SYSTEM .....41	<i>rivastigmine</i> .....46	SANDIMMUNE .....95
REPATHA SURECLICK	<i>rivastigmine tartrate</i>	SANTYL .....130
.....41	.....46	<i>sapropterin</i>
REPEL HUNTERS	<i>rivelsa</i>	<i>dihydrochloride</i> ...78
FORMULA.....130	69	SAPS HEALTH MIS
REPEL LEMON SPR	<i>rizatriptan benzoate</i>	TWIST .....78
INSECT.....130	.....57	SAPS TWIST MIS 30G
REPEL SPORTSMEN	<i>robafen cf multi-</i>	.....78
.....130	<i>symptom</i>.....120	SAWYER PREMIUM
REPEL SPORTSMEN	<i>robafen mucus/chest</i>	INSECT REP ....130
DRY.....130	<i>conge</i>	SCEMBLIX .....34
REPEL SPORTSMEN	ROCKLATAN DRO ..114	<i>scopolamine</i>
MAX .....130	<i>roflumilast</i>	SECUADO .....51
RESTASIS.....115	<i>ropinirole</i>	<i>selegiline hcl</i>
RESTASIS	<i>hydrochloride</i>....48	48
MULTIDOSE.....115	<i>rosuvastatin calcium</i>	<i>selenium</i>
RETEVMO .....	.....41	102
REVLIMID .....28	ROTARIX SUS.....96	<i>selenium sulfide</i> ..127
REXULTI.....50	ROTATEQ SOL	SELZENTRY .....19
REYATAZ .....19	<i>roweepra</i>	<i>senior tabs</i>
REZLIDHIA .....33	34	110
REZUROCK .....95	<i>ROZLYTREK</i>....33, 34	<i>senna-lax</i>
RHOPRESSA.....114	<i>RUBRACA</i>.....34	85
	<i>rufinamide</i>	<i>sentry</i>
	54	110
	RU-HIST D TAB 4-	<i>sentry senior</i>.....110
	10MG.....120	SENTRY TAB
	RUKOBIA	110
	RYBELSUS.....62	SENTRY TAB SENIOR
	RYDAPT .....	.....110

SEREVENT DISKUS		<i>sirolimus</i>.....95	<i>sm multiple</i>
.....117		<i>SIRTURO</i> .....21	<i>vitamins/iron....110</i>
<i>sertraline hcl</i>.....47		<i>SIVEXTRO</i> .....17	<i>sm nasal spray 12</i>
<i>se-tan plus</i> .....90		<i>SKYRIZI</i>.....93	<i>hour.....120</i>
<i>setlakin</i> .....69		<i>SKYRIZI PEN</i> .....93	<i>sm niacin cr.....110</i>
<i>sevelamer carbonate</i>		<i>sleep aid</i> .....60	<i>SM ONE DAILY TAB</i>
.....81		<i>sleep-aid</i> .....60	<i>WOMENS .....110</i>
<i>severe cold & flu..</i> 120		<i>slow release iron</i> ...90	<i>sm pediatric</i>
<i>severe cold/cough</i> 120		<i>SLOW RELEASE IRON</i>	<i>electrolyte.....97</i>
<i>sharobel</i> .....69		.....90	<i>sm slow release iron</i>
<i>SHINGRIX</i> .....96		<i>SLOW-MAG TAB</i> ...102	.....90
<i>SHOPKO LANC MIS</i>		<i>SLOW-MAG TAB</i> 71.5-	<i>sm tussin dm</i>
<i>DEVICE</i>.....78		119 .....102	<i>cough/chest</i> 120
<i>SIDESTREAM MIS</i>		<i>slow-release iron</i> ..90	<i>sm vitamin b complex</i>
<i>PED MASK</i>.....123		<i>sm anti-diarrheal</i> ..83	<i>with</i> 110
<i>SIGNIFOR</i>.....78		<i>sm balanced b-50</i> 110	<i>sm vitamin b1</i> 110
<i>sildenafil citrate</i>		<i>sm b-complex.....110</i>	<i>sm vitamin b100</i>
<i>(pulmonary</i>		<i>SM B-COMPLEX TAB</i>	<i>complex.....110</i>
<i>hypertension)</i>.....45		/VIT C.....110	<i>sm vitamin b12 ...110</i>
<i>SILICONE MSK MIS</i>		<i>sm biotin</i> .....110	<i>sm vitamin b12 tr</i> 110
<i>INFANT</i>.....123		<i>sm calcium</i>	<i>sm vitamin b6.....110</i>
<i>SILICONE MSK MIS</i>		600/vitamin d ...102	<i>sm vitamin c.....110</i>
<i>PED</i>.....123		<i>sm calcium 600+d3</i>	<i>sm vitamin c tr....110</i>
<i>silver sulfadiazine</i> 126		.....102	<i>sm zinc</i> 102
<i>SIMBRINZA SUS 1-</i>		<i>sm calcium citrate+</i>	<i>SMART SENSE MIS</i>
<i>0.2%</i>.....114		w/vit.....102	<i>LANC 21G</i> 78
<i>simethicone</i> .....86		<i>sm calcium</i>	<i>SMART SENSE MIS</i>
<i>simethicone drops</i>		citrate+vitami...102	<i>LANC 26G</i> 78
<i>infants</i> .....86		<i>sm calcium/vitamin d</i>	<i>SMART SENSE MIS</i>
<i>simethicone ultra</i>		.....102	<i>LANC 30G</i> 78
<i>strengt</i> .....86		<i>sm chewable vitamin</i>	<i>SMART SENSE MIS</i>
<i>simliya</i> .....69		c .....110	<i>LANC 33G</i> 78
<i>simpesse</i> .....69		<i>sm complete</i> .....110	<i>SMARTTEST MIS</i>
<i>SIMPLE DIAG MIS</i>		<i>sm complete 50+</i> ..110	<i>LANCETS</i> 78
<i>LANCING</i> .....78		<i>sm complete 50+</i>	<i>smooth antacid extra</i>
<i>simvastatin</i> .....41		ultimate .....110	<i>stre</i> 82
<i>sinus + headache</i> 120		<i>sm hair/skin/nails</i> 110	<i>sod sulfate-pot sulf-</i>
<i>sinus congestion/pain</i>		<i>sm ibuprofen</i> .....13	<i>mg sulf oral sol</i>
.....120		<i>sm iron slow release</i>	<i>17.5-3.13-1.6</i>
<i>sinus</i>		.....90	<i>gm/177ml</i> 85
<i>pressure/pain/adult</i>		<i>SM LANCETS MIS</i> 33G	<i>sodium bicarbonate</i>
.....120		.....78	<i>(antacid).....82</i>
<i>sinus relief extra</i>		<i>sm loratadine</i> .....117	<i>sodium chloride.....98</i>
<i>streng</i> .....120		<i>sm lorata-dine d ..120</i>	<i>sodium chloride (gu</i>
<i>sinus relief severe</i>		<i>sm magnesium</i> ....102	<i>irrigant)</i> 130
<i>conge</i> .....120		<i>sm miconazole 7... 88</i>	

sodium chloride (inhalant).....	121	spironolactone & hydrochlorothiazide tab 25-25 mg.....	43	prednisolone ophth soln 10-
sodium chloride hypertonic.....	115	sprintec 28.....	69	0.23(0.25)% 112
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.....	99	SPRITAM.....	54	sulfadiazine
SODIUM OXYBATE .60		SPRYCEL.....	34	sulfamethoxazole-
sodium phenylbutyrate ...	78	sps.....	65	trimethoprim iv soln 400-80 mg/5ml ..17
sodium polystyrene sulfonate powder	65	sronyx	69	sulfamethoxazole-
SOFTCLIX MIS LANCETS	78	ssd.....	126	trimethoprim susp 200-40 mg/5ml ..17
solifenacin succinate	.....88	STELARA.....	93	sulfamethoxazole-
SOLIQUA INJ 100/33	.....64	STERILANCE MIS 1.8MM.....	78	trimethoprim tab 400-80 mg
SOLTAMOX	27	STERILANCE MIS TL 28G	78	17
SOLU-CORTEF	72	STERILANCE MIS TL 30G	78	SULFAMYLYON
SOLUS V2 MIS LANC 28G.....	78	STERILANCE MIS TL 32G	78	sulfasalazine
SOLUS V2 MIS LANC 30G.....	78	STIVARGA.....	34	sulindac
SOLUS V2 MIS LANC DEV	78	stomach relief.....	83	sumatriptan
soluvita e	110	stomach relief extra stre	83	sumatriptan succinate
SOMATULINE DEPOT	.....78	stomach relief ultra	83	.....58
SOMAVERT	78	streptomycin sulfate	.....	sunitinib malate ....34
soothing - 12 hour nasal	121	stress b/zinc.....	110	SUNLENCA.....
sorafenib tosylate ..	34	stress formula	110	super b with c
sorine	40	stress formula/iron	.....	110
sotalol hcl	40	stress formula/zinc	.....	super biotin
sotalol hcl (afib/afl)	40	STRIBILD TAB	20	110
SPACE CHAMBR MIS ANTI-STA.....	123	STROVITE ONE TAB	.....	super calcium
SPECTRAVITE TAB110		subvenite.....	54	102
SPECTRAVITE TAB ADLT 50+	110	sucralfate.....	86	super calcium 600 + d3
SPECTRAVITE TAB ADULTS	110	sudogest.....	121	102
spironolactone.....	38	sudogest 12 hour.	121	super calcium 600+d3 400 102
		sudogest maximum strength	121	super quints b-50 110
		sulfacetamide sodium (acne).....	125	super thera vite m
		sulfacetamide sodium (ophth)	113	110
		sulfacetamide sodium-		SUPER THIN MIS LANC 28G
				78
				SUPER THIN MIS LANCETS
				79
				SUPERVITE LIQ ... 110
				SURE COMFORT MIS LANC 18G
				79
				SURE COMFORT MIS LANC 21G
				79
				SURE COMFORT MIS LANC 23G
				79

SURE COMFORT MIS LANC 30G	79	TALTZ..... 93	TENIVAC INJ 5-2LF 96
SURE COMFORT MIS LANC PEN	79	TALZENNA 34	<i>tenofovir disoproxil fumarate</i> 19
SURE COMFORT MIS LANCETS	79	<i>tamoxifen citrate</i> .. 27	TEPMETKO..... 34
SURECOMFORT MIS LANCETS	79	<i>tamsulosin hcl</i> 87	<i>terazosin hcl</i> 38
SUREFLEX MIS LANCETS	79	TANDEM CAP 91	<i>terbinafine hcl</i> 18
SUSPENDOL-S LIQ.	96	<i>tandem plus</i> 91	<i>terbinafine hcl</i> <i>(topical)</i> 126
<i>sv vitamin b12 tr.</i>	110	<i>tarina 24 fe</i> 69	<i>terbutaline sulfate</i> 117
syeda	69	<i>tarina fe 1/20 eq...</i> 69	<i>terconazole vaginal</i> 88
SYMDEKO TAB 100- 150	123	TARON FORTE CAP 91	TERIPARATIDE 65
SYMDEKO TAB 50- 75MG	123	TASIGNA 34	<i>testosterone</i> 61
SYMPAZAN	54	<i>tasimelteon</i> 57	<i>testosterone cypionate</i> 61
SYMTUZA TAB.....	20	<i>tazarotene</i> 127	<i>testosterone enanthate</i> 61
SYNAREL	70	<i>tazicef</i> 23	tetrabenazine 58
SYNJARDY TAB 12.5- 1000MG	63	TAZORAC..... 127	<i>tetracycline hcl</i> 25
SYNJARDY TAB 12.5- 500	62	<i>taztia xt</i> 43	TGT LANCET MIS 26G 79
SYNJARDY TAB 5- 1000MG.....	62	TAZVERIK 34	TGT LANCET MIS 30G 79
SYNJARDY TAB 5- 500MG	62	TDVAX INJ 2-2 LF . 96	TGT LANCET MIS 33G 79
SYNJARDY XR TAB 10-1000	63	TECENTRIQ 34	TGT LANCING MIS DEVICE 79
SYNJARDY XR TAB 12.5-1000.....	63	TECHLITE MIS LANCETS	THALOMID 28
SYNJARDY XR TAB 25-1000	63	TEFLARO..... 23	<i>theophylline</i> 123
SYNJARDY XR TAB 5- 1000MG.....	63	<i>telmisartan</i> 40	THERA M PLUS TAB 110
SYNTHROID	82	<i>telmisartan-</i> <i>amlodipine tab 40-</i> <i>10 mg</i>	THERA-M TAB 110
T		<i>telmisartan-</i> <i>amlodipine tab 40-5</i> <i>mg</i>	<i>therapeutic-m/lutein</i> 111
TAB-A-VITE TAB IRON/BET	110	<i>telmisartan-</i> <i>amlodipine tab 80-</i> <i>10 mg</i>	<i>thera-tabs</i> 111
TABLOID	26	<i>telmisartan-</i> <i>amlodipine tab 80-5</i> <i>mg</i>	<i>theratrum complete</i> 111
TABRECTA	34	<i>telmisartan-</i> <i>hydrochlorothiazide</i> <i>tab 40-12.5 mg..</i> 39	<i>theratrum complete</i> <i>50 plu</i> 111
<i>tacrolimus</i>	95	<i>telmisartan-</i> <i>hydrochlorothiazide</i> <i>tab 80-12.5 mg..</i> 39	THEREMS-M TAB . 111
<i>tacrolimus (topical)</i>	130	<i>telmisartan-</i> <i>hydrochlorothiazide</i> <i>tab 80-25 mg.....</i> 39	<i>thiamine hcl</i> 111
TAFINLAR	34	<i>temazepam</i>	THIN LANCETS MIS 26G..... 79
TAGRISSO	34	57	THIN LANCETS MIS 30G..... 79
			<i>thioridazine hcl</i> 51
			<i>thiothixene</i>

<i>tiadylt er</i>	43	TRAVASOL INJ 10%	TRIJARDY XR TAB ER
<i>tiagabine hcl</i>	54	.....	24HR 10-5-1000MG
TIBSOVO	34	TRAVEL LANCE MIS	.....
TICOVAC	96	30G	63
<i>tigecycline</i>	25	TRAVEL LANCE MIS	TRIJARDY XR TAB ER
<i>tilia fe</i>	69	ADV 28G	24HR 12.5-2.5-
<i>timolol maleate</i>	42	TRAZIMERA	1000MG.....
<i>timolol maleate</i>		trazodone hcl	63
(ophth)	114	21	TRIJARDY XR TAB ER
<i>tinidazole</i>	17	TRECATOR	24HR 25-5-1000MG
<i>tioconazole 1</i>	88	TRELEGY AER	.....
TIVICAY	19	ELLIPTA 100-62.5-	63
TIVICAY PD	19	25 MCG	TRIJAFTA PAK
<i>tizanidine hcl</i>	59	TRLEGY AER	59.5MG
TOBRADEX OIN 0.3-		ELLIPTA 200-62.5-	123
0.1%	112	25 MCG	TRIJAFTA PAK 75MG
TOBRADEX ST SUS		<i>treprostinil</i>	.....
0.3-0.05	112	45	123
<i>tobramycin</i>	17	TRESIBA	TRIJAFTA TAB 100-
<i>tobramycin (ophth)</i>		TRESIBA FLEXTOUCH	50-75MG & 150MG
	113	.....	.....
<i>tobramycin sulfate</i>	.17	<i>tretinoi</i> n	124
<i>tobramycin-</i>		.....	TRIJAFTA TAB 50-25-
<i>dexamethasone</i>		<i>tretinoi</i> n	37.5MG & 75MG
<i>ophth susp 0.3-</i>		(chemotherapy) .	124
0.1%	112	28	<i>tri-legest fe</i>
<i>tolnaftate</i>	126	<i>triamcinolone</i>	70
<i>tolterodine tartrate</i>	88	acetonide (mouth)	<i>tri-linyah</i>
TOPCARE MIS LANC		.....	70
33G	79	<i>triamcinolone</i>	<i>tri-lo-estarylla</i>
<i>topiramate</i>	54	acetonide (nasal)	70
<i>toremifene citrate</i>	..27	.....	<i>tri-lo-marzia</i>
<i>torsemide</i>	44	<i>triamcinolone</i>	70
TOUJE MAX		acetonide (topical)	<i>tri-lo-milli</i>
SOLOSTAR	64	.....	70
TOUJE SOLOSTAR64		<i>triamterene &</i>	<i>tri-lo-sprintec</i>
TPN ELECTROL INJ.	98	<i>hydrochlorothiazide</i>	70
TRADJENTA	63	cap 37.5-25 mg .	<i>trimethoprim</i>
<i>tramadol hcl</i>	15	44	17
<i>tramadol-</i>		<i>triamterene &</i>	<i>tri-mili</i>
<i>acetaminophen tab</i>		<i>hydrochlorothiazide</i>	70
37.5-325 mg	15	tab 37.5-25 mg..	<i>trimipramine maleate</i>
<i>trandolapril</i>	38	44	.....
<i>tranexamic acid</i>	91	<i>trientine hcl</i>	47
<i>tranylcyprromine</i>		.....	<i>TRINTELLIX</i>
<i>sulfate</i>	47	<i>tri-estarylla</i>	70
		.....	<i>tri-nymyo</i>
		<i>trifluoperazine hcl</i>	111
		.51	<i>triple antibiotic</i>
		<i>trifluridine</i>	126
		.....	<i>triple antibiotic + pain</i>
		<i>trihexyphenidyl hcl</i>	.....
		48	126
		<i>triprolidaine hcl</i>	117
		.....	<i>tri-sprintec</i>
		<i>TRIUMEQ PD TAB</i>	70
		..20	<i>TRIUMEQ TAB</i>
			20
		<i>tri-vite pediatric</i>	111
		..111	<i>trivora-28</i>
			70
		<i>tri-vylibra</i>	70

tri-vylibra lo 70
 TRIZIVIR TAB 20
 TROGARZO 19
 TROPHAMINE INJ
 10% 99
trospium chloride... 88
 TRUE COMFORT MIS
 LANC 30G 79
 TRUE METRIX KIT AIR
 131
 TRUE METRIX KIT
 METER 131
 TRUE METRIX STRIPS
 79, 131
 TRUEDRAW MIS LANC
 DEV 79
 TRULICITY 63
 TRUMENBA INJ..... 96
 TRUPLUS LANC MIS
 28G 79
 TRUPLUS LANC MIS
 30G 79
 TRUPLUS LANC MIS
 33G 79
 TRUQAP 35
 TRUXIMA 35
 TUKYSA 35
 TURALIO 35
turqoz 70
tussin cf severe multi-sy 121
tussin dm 121
tussin dm maximum strengt 121
tussin mucus + chest cong 121
tussin multi-symptom cold 121
 TWINRIX INJ..... 96
 TWIST LANCET MIS
 30G MULT 79
 TYBOST 19
tydemy 70
 TYPHIM VI 96
 TYRVAYA 115

U

UBRELVY 58
 ULTI-LANCE MIS CLR
 TIP 79
 ULTILET MIS 26G.. 79
 ULTILET MIS 28G.. 79
 ULTILET MIS 30G.. 79
 ULTILET MIS 33G.. 79
 ULTILET MIS
 LANCETS 79
 ULTILET MIS SAFETY
 79
ultra lubricating eye dro 115
 ULTRA THIN MIS 28G
 79
 ULTRA THIN MIS 30G
 79
 ULTRA THIN MIS 31G
 79
 ULTRA THIN MIS 33G
 79
 ULTRA THIN MIS LAN
 31G 79
 ULTRA THIN MIS
 LANC 28G 79
 ULTRA THIN MIS
 LANC 30G 79
 ULTRA THIN MIS
 LANCETS 79
 ULTRATHON INSECT
 REPELLEN 130
 UNILET CMFR MIS
 TCH 28G 79
 UNILET CMFR MIS
 TCH 30G 79
 UNILET EX II MIS
 28G 80
 UNILET EXCEL MIS
 23G 80
 UNILET GP 28 MIS
 ULT THIN 80
 UNILET LANC MIS
 33G 80

UNILET LANCE MIS
 28G 80
 UNILET LANCE MIS
 33G 80
 UNILET LANCT MIS
 28G 80
 UNILET LANCT MIS
 30G 80
 UNILET LANCT MIS
 33G 80
 UNILET MICRO MIS
 33G 80
 UNILET SUPER MIS
 G.P. 23G 80
 UNISTIK 2 MIS 80
 UNISTIK 2 MIS
 COMFORT 80
 UNISTIK 2 MIS
 EXTRA 80
 UNISTIK 2 MIS
 NORMAL 80
 UNISTIK 2 MIS
 SUPER 80
 UNISTIK 23G MIS
 NORMAL 80
 UNISTIK 3 MIS
 COMFORT 80
 UNISTIK 3 MIS
 EXTRA 80
 UNISTIK 3 MIS GENT
 30G 80
 UNISTIK 3 MIS
 NEONATAL 80
 UNISTIK 3 MIS
 NORMAL 80
 UNISTIK CZT MIS
 COMFORT 80
 UNISTIK CZT MIS
 NORMAL 80
 UNISTIK PRO MIS
 LANC 21G 80
 UNISTIK PRO MIS
 LANC 28G 80
 UNISTIK SAFE MIS
 LANC 28G 80

UNISTIK SAFE MIS	VALTOCO 20 MG	VERSACLOZ
LANC 30G	DOSE..... 55	35
UNISTIK TOUC MIS	VALTOCO 5 MG DOSE	verstura
LANC 21G .....	..... 54	70
UNISTIK TOUC MIS	VANACOF DMX LIQ	V-GO 20 KIT
LANC 23G .....	.....121	65
UNISTIK TOUC MIS	VANACOF LIQ.....121	V-GO 30 KIT
LANC 28G	VANALICE GEL 0.3-	65
UNISTIK TOUC MIS	3.5%	vic-forte
LANC 30G	130	111
unithroid	VANATAB DM TAB 5-	vienna.....
82	9-198	70
UNITSTIK PRO MIS	VANCOMYCIN INJ 1	vigabatrin
LANC 25G	GM	55
UNIVERSAL 1 MIS	VANCOMYCIN INJ	vigadrone
LANC 26G	500MG	55
UNIVERSAL 1 MIS	VANCOMYCIN INJ	vigpoder
LANC 30G	750MG	vilazodone hcl
ursodiol.....86	VANFLYTA	47
	VANTAGE LANC MIS	vincristine sulfate ..
	DEVICE	29
	vapor steam.....121	vinorelbine tartrate
	VAQTA.....96	29
	varenicline tartrate	viorele
	61	70
	varenicline tartrate	VIRACEPT
	tab 11 x 0.5 mg &	19
	42 x 1 mg start	VIREAD
	pack	19
	61	virt-caps..... 111
	VARIVAX.....96	virt-gard..... 111
	VASCEPA	VITAL-D RX TAB.. 111
	v-c forte	vitalee..... 111
	111	VITALETS CHW CHILD
	velivet .....	..... 111
	VELPHORO	vitamin a
	VELTASSA.....65	111
	VEMLIDY.....22	vitamin b
	VENCLEXTA.....35	complex/vitamin111
	VENCLEXTA TAB	vitamin b complex-c
	START PK .....	..... 111
	venlafaxine hcl	vitamin b-12 tr.... 111
	VENTAVIS	VITAMIN C CHW
	VENTOLIN HFA ....117	500MG
	VENTOLIN HFA	vitamin c drops ... 111
	(INSTITUTIONAL	VITAMIN C POW .. 111
	PACK)	VITAMIN C TR 111
	verapamil hcl.....43	vitamin
	VERQUVO	c/bioflavonoids/w
	44	..... 111
		vitamin c/rose hips tr
		..... 111
		vitamin d infant... 111
		vitamin e..... 111
		vitamin e blend ... 111
		vitamin e high
		potency
		111
		vitamin e/d-alpha
		natural
		111

<i>vitamin supplement e-400</i>	111
<i>vitamins a/c/d/fluoride</i>	111
VITATRUM TAB	111
VITRAKVI	35
VITRUM TAB SENIOR	111
VIVAGUARD MIS 30G	80
VIVAGUARD MIS LANCING	80
VIVITROL	61
VIZIMPRO	35
VONJO	35
<i>voriconazole</i>	18
VORTEX VALVE MIS CHAMBER	124
VOSEVI TAB	22
<i>vp-vite rx</i>	111
VRAYLAR	51
VRAYLAR CAP 1.5-3MG	51
<i>vyfemla</i>	70
<i>vylibra</i>	70
VYZULTA	114
W	
<i>warfarin sodium</i>	89
<i>wart remover maximum stre..</i>	130
<i>water for irrigation, sterile irrigation soln</i>	130
<i>wee care</i>	91
WELIREG	28
<i>wera</i>	70
<i>wescaps</i>	111
<i>wes-phos 250 neutral</i>	102
<i>westab max</i>	111
<i>westab one</i>	112
WESTUSSIN DM SYP	121
<i>wixela inhub</i>	125

<i>womens daily formula</i>	112
<i>womens daily formula/foli</i>	112
<i>wymzya fe</i>	70
X	
XALKORI	35
XARELTO	89
XARELTO STAR TAB 15/20MG	89
XATMEP	93
XCOPRI	55
XCOPRI PAK 100-150	55
XCOPRI PAK 12.5-25	55
XCOPRI PAK 150-200MG (MAINTENANCE)	55
XCOPRI PAK 150-200MG (TITRATION)	55
XCOPRI PAK 50-100MG	55
XELJANZ	93
XELJANZ XR	93
XERMELO	86
XGEVA	65
XHANCE	124
XIFAXAN	86
XIGDUO XR TAB 10-1000	63
XIGDUO XR TAB 10-500MG	63
XIGDUO XR TAB 2.5-1000	63
XIGDUO XR TAB 5-1000MG	63
XIGDUO XR TAB 5-500MG	63
XiIDRA	115
XOFLUZA	22
XOLAIR	124
XOSPATA	35
XPOVIO 100 MG ONCE WEEKLY	36
XPOVIO 40 MG ONCE WEEKLY	35
XPOVIO 40 MG TWICE WEEKLY	35
XPOVIO 60 MG ONCE WEEKLY	35
XPOVIO 60 MG TWICE WEEKLY	35
XPOVIO 80 MG ONCE WEEKLY	36
XPOVIO 80 MG TWICE WEEKLY	36
XTANDI	27, 28
xulane	70
XULTOPHY INJ 100/3.6	65
Y	
<i>yargesa</i>	80
YELETS TEEN TAB FORMULA	112
YF-VAX INJ	96
<i>yuvafem</i>	71
Z	
<i>zafemy</i>	70
<i>zafirlukast</i>	121
<i>zaleplon</i>	57
ZARXIO	89
Z-BUM	130
ZEJULA	36
ZELBORA F	36
ZEMAIRA	124
<i>zenatane</i>	126
<i>ZENPEP CAP 10000UNT</i>	86
<i>ZENPEP CAP 15000UNT</i>	86
<i>ZENPEP CAP 20000UNT</i>	86
<i>ZENPEP CAP 25000UNT</i>	86

ZENPEP CAP	ZINC	102
3000UNIT	ZINC 15.....	102
ZENPEP CAP	<i>zinc gluconate</i>	102
40000UNT.....	ZINC LOZ.....	112
ZENPEP CAP	<i>zinc oxide (topical)</i>	
5000UNIT .....	.....	130
ZENPEP CAP	<i>zinc sulfate</i>	102
60000UNT.....	<i>ziprasidone hcl</i>	51
ZERVIATE.....	<i>ziprasidone mesylate</i>	
ZEVRX TWIST MIS	.....	51
LANC 30G	ZIRABEV	36
<i>zidovudine</i>	ZIRGAN	113
ZIEXTENZO	<i>zoledronic acid</i>	65
<i>zinc</i>	ZOLINZA.....	36



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