

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

Formulario

2017

Departamento de Servicios para
Afiliados de CareSource MyCare Ohio:
1-855-475-3163 (TTY: 1-800-750-0750 or 711)
CareSource.com/MyCare
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+MyCareOhio
Connecting Medicare + Medicaid

CareSource MyCare Ohio | Lista de medicamentos cubiertos para 2017 (Formulario)

Ésta es una lista de medicamentos que los miembros pueden obtener en CareSource MyCare Ohio.

- ❖ CareSource MyCare Ohio es un plan de salud que tiene contrato con Medicare y Medicaid de Ohio para proporcionar los beneficios de los dos programas a los miembros.
- ❖ La lista de medicamentos cubiertos y/o las redes de farmacias y proveedores pueden cambiar a lo largo del año. Le enviaremos un aviso antes de hacer un cambio que le afecte.
- ❖ Los beneficios pueden cambiar el 1° de enero de cada año.
- ❖ Usted siempre puede revisar la Lista de medicamentos cubiertos actualizada de CareSource MyCare Ohio en internet en CareSource.com/MyCare
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, llame a 1-855-475-3163 de CareSource MyCare Ohio o lea el Manual del miembro de CareSource MyCare Ohio.
- ❖ You can get this information for free in other languages. Call 1-855-475-3163 (TTY: 1-800-750-0750 or 7-1-1), Monday through Friday, 8 a.m – 8 p.m. The call is free.
- ❖ Usted puede obtener esta información en otros idiomas de manera gratuita. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 o 7-1-1), el lunes a viernes, de 8a.m a 8p.m. La llamada es gratuita.
- ❖ Usted puede obtener esta información gratis en otros formatos, como letra grande, braille o audio. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 o 7-1-1), el lunes a viernes, de 8a.m a 8p.m La llamada es gratuita.
- ❖ Si desea revisar los materiales en un formato alternativo, infórmeselo a nuestro departamento de Servicios para Afiliados. Tenemos manuales para afiliados, nuestro aviso anual de cambio, formularios, el resumen de beneficios, los directorios de proveedores/farmacias y algunas cartas disponibles en español. También podemos enviarle este y otros materiales en diferentes formatos a pedido. Llame a nuestro departamento de Servicios para Afiliados para solicitar ayuda al 1-855-475-3163 (TTY: 1-800-750-0750 o 711), el lunes a viernes, de 8 a.m. – 8 p.m. La llamada es gratuita.



Si tiene alguna pregunta, por favor llame a CareSource MyCare Ohio al 1-855-475-3163, el lunes a viernes, de 8 a.m. a 8 p.m. Si necesita hablar con un administrador de cuidados, llame al 1-866-206-7861, 24 horas al día, siete días de la semana. Estas llamadas son gratuitas. **Para obtener más información**, visite CareSource.com/MyCare.

Preguntas frecuentes (FAQ)

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

1. ¿Qué medicamentos de receta se encuentran en la Lista de medicamentos cubiertos? (Llamamos “Lista de medicamentos” a la Lista de medicamentos cubiertos, para abreviar.)

Los medicamentos de la Lista de medicamentos cubiertos que comienza en la página 1 son los medicamentos cubiertos por CareSource MyCare Ohio. Estos medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ellos, para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

- ➔ CareSource MyCare Ohio cubrirá todos los medicamentos médicamente necesarios de la Lista, si:
 - Su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, **y**
 - Usted surte la receta en una farmacia de la red de CareSource MyCare Ohio.
- ➔ CareSource MyCare Ohio podría tener pasos adicionales para tener acceso a cierto tipos de medicamentos (lea la pregunta 5 de abajo).

Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en CareSource.com/MyCare o llame a Servicios al miembro al 1-855-475-3163

¿La Lista de medicamentos cambia alguna vez?

Sí. CareSource MyCare Ohio podría agregar o quitar medicamentos de la Lista de medicamentos durante el año. De manera general, la Lista de medicamentos sólo cambiará si:

- Aparece un medicamento más barato, que funcione tan bien como algún medicamento que se encuentre actualmente en la Lista de medicamentos, **o**
- Nos enteramos que algún medicamento no es seguro.



Si tiene alguna pregunta, por favor llame a CareSource MyCare Ohio al 1-855-475-3163, el lunes a viernes, de 8 a.m. a 8 p.m. Si necesita hablar con un administrador de cuidados, llame al 1-866-206-7861, 24 horas al día, siete días de la semana. Estas llamadas son gratuitas. **Para obtener más información**, visite CareSource.com/MyCare.

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

- Decidir si exigir o no aprobación previa para algún medicamento. (*Aprobación previa* es el permiso de CareSource MyCare Ohio antes que usted pueda obtener un medicamento.)
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado "límite de cantidad").
- Agregar o cambiar restricciones de tratamiento progresivo de un medicamento. (*Terapia progresiva* significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

(Para obtener más información sobre estas reglas para medicamentos, lea las páginas iv y v).

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

➔ Usted siempre puede leer la Lista de medicamentos actualizada de CareSource MyCare Ohio en internet, en CareSource.com/MyCare. También puede llamar a llame a Servicios al miembro para revisar la Lista de medicamentos actual, al 1-855-475-3163.

2. ¿Qué sucederá cuando aparezca un medicamento más barato que funcione tan bien como algún medicamento que se encuentre actualmente en la Lista de medicamentos?

Si usted toma algún medicamento que hayamos quitado de la lista porque hay un medicamento más barato que funciona tan bien, le avisaremos. Le avisaremos por lo menos 60 días antes de sacarlo de la Lista de medicamentos o la próxima vez que pida un resurtido. En ese momento, usted podrá obtener un suministro de 60 días del medicamento antes de que se haga el cambio en la Lista de medicamentos. Le informaremos por carta sobre los cambios a esta lista de medicamentos.



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3. ¿Qué sucederá cuándo averigüemos que algún medicamento no es seguro?

Si la Administración de alimentos y medicamentos (FDA) dice que algún medicamento no es seguro, lo quitaremos inmediatamente de la Lista de medicamentos. También le enviaremos una carta avisándole. Si recibe una carta diciendo que la FDA señala que el medicamento ya no es seguro, converse con su médico que prescribe el medicamento sobre tomar uno diferente.

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

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

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico deben obtener una aprobación de CareSource MyCare Ohio antes de surtir su receta. Si usted no consigue la aprobación, CareSource MyCare Ohio podría no cubrir el medicamento.
- **Límites de cantidad:** A veces CareSource MyCare Ohio limita la cantidad de un medicamento que usted puede obtener.
- **Tratamiento progresivo:** A veces CareSource MyCare Ohio exige que usted siga un tratamiento progresivo. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su enfermedad. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional, leyendo los cuadros de las páginas 1 - 186. Usted también puede obtener más información en nuestro sitio web en CareSource.com/MyCare. Tenemos en internet documentos explicando nuestras restricciones de aprobación previa y de tratamiento progresivo. También puede pedirnos que le enviemos una copia.

Usted también puede pedir una "excepción" a esos límites. Por favor lea la pregunta 11 para más información sobre las excepciones.

- ➔ Si usted está en un hogar para personas de la tercera edad u otra institución de cuidados a largo plazo y necesita algún medicamento que no esté en la Lista de



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medicamentos, podemos ayudarle. Cubriremos un suministro de emergencia de 31 días del medicamento que usted necesite (a menos que tenga una receta para menos días), sin importar que usted sea o no un miembro nuevo de CareSource MyCare Ohio. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción. Por favor lea la pregunta 11 para más información sobre las excepciones.

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

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

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

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

7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético (si usted sabe cómo se escribe el nombre del medicamento), o
- Puede buscar por enfermedad.

Para buscar **por orden alfabético**, vaya a la sección alfabética de la lista. Puede encontrarla en la sección de contenidos al final del formulario. The index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. You will see the



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page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Para buscar **por enfermedad**, busque la sección titulada “Lista de medicamentos por enfermedad” de la página 1. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en la categoría Diuréticos – Medicamentos para tratar afecciones cardíacas; ahí encontrará los medicamentos que traten enfermedades del corazón.

8. ¿Qué pasará si el medicamento que usted quiere tomar no está en la Lista de medicamentos?

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al 1-855-475-3163 y pregunte por él. Si se entera que CareSource MyCare Ohio no cubrirá el medicamento, usted puede hacer uno de los siguientes:

- Pida a Servicios al miembro una lista de medicamentos similares al que quiera tomar. Luego, muestre la lista a su médico u otro proveedor médico. Éste podrá recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. **O**,
- Usted también puede pedir al plan que haga una excepción para cubrir su medicamento. Por favor lea la pregunta 11 para más información sobre las excepciones.

9. ¿Qué pasará si usted es un miembro nuevo de CareSource MyCare Ohio y no puede encontrar su medicamento en la Lista de medicamentos o tiene problemas para obtener su medicamento?

Podemos ayudarle. Podríamos cubrir su medicamento temporariamente con un suministro de 30 días de su medicamento durante los primeros 90 días que usted sea miembro de CareSource MyCare Ohio. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción.

Cubriremos un suministro de 30 días de su medicamento si:

- usted está tomando algún medicamento que no esté en nuestra Lista de medicamentos, **O**
- las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor médico, **O**



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- el medicamento requiere aprobación previa de CareSource MyCare Ohio, o
- usted toma algún medicamento que forma parte de una restricción de tratamiento progresivo.

Si usted vive en un hogar para personas de la tercera edad u otra institución de cuidados a largo plazo, usted puede resurtir su receta hasta por 91 días, pero es posible que sea hasta por 98 días. Usted podrá resurtir el medicamento varias veces durante sus primeros 98 días en el plan. Esto le dará tiempo a su proveedor médico para cambiar su medicamento por alguno que esté en la Lista de medicamentos o para pedir una excepción.

A continuación se incluye la Política de transición de CareSource MyCare Ohio para afiliados actuales con cambios en el nivel de atención:

1. Cambios en los niveles de atención

- a Además de las circunstancias que afecten a los nuevos afiliados que podrían inscribirse en CareSource MyCare Ohio con una lista de medicamentos que contiene medicamentos de la parte D que están fuera del formulario, hay otras circunstancias que podrían surgir en el proceso de transición no planificado para los miembros actuales por las que los regímenes de medicamentos recetados podrían no estar en el formulario de CareSource MyCare Ohio.
- b Esta circunstancia por lo general se refieren a cambios en el nivel de atención donde el beneficiario se cambia de un lugar de tratamiento a otro.
 - i Los beneficiarios que ingresan a establecimientos de Atención a Largo Plazo (LTC) con una lista de alta de medicamentos del formulario de un hospital con una planificación a muy corto plazo (menor de 8 horas).
 - ii Para los beneficiarios que son admitidos o dados de alta de un hospital a un hogar.
 - iii Para los beneficiarios que terminan con su estadía en una institución de enfermería especializada de la Parte A (donde los pagos incluyen todos los cargos de farmacia) y que necesiten volver a su formulario de la Parte D.
 - iv Para los beneficiarios que renuncian a su estatus de hospicio para volver a los beneficios estándares de Medicare de la Parte A y B.
 - v Para los beneficiarios que culminan una estadía en un establecimiento de Atención a Largo Plazo (LTC) y regresan a la comunidad.
 - vi Para los beneficiarios que son dados de alta de hospitales psiquiátricos con regímenes de medicamentos altamente individualizados.
- c. Para residentes de que no sean de Atención a Largo Plazo (LTC), la farmacia debe llamar al Administrador de Beneficios de la Farmacia (PBM) Mesón de Ayuda de la Farmacia para obtener una dispensa de la solicitud de surtido de Nivel de Atención transitoria.



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- d Para los residentes de Atención a Largo Plazo (LTC), la farmacia envía un código de aclaración para permitir surtidos transitorios a fin de evitar denegatorias muy rápidas para las admisiones de pacientes nuevos.
- e Cuando un afiliado es admitido o dado de alta de un establecimiento de Atención a Largo Plazo (TLC), el Administrador de Beneficios de la Farmacia (PBM) en representación de CareSource MyCare Ohio le da acceso al afiliado para que pueda volver a surtir sus medicamentos al momento de ingreso y del alta.

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

Sí. Usted puede pedirle a CareSource MyCare Ohio que haga una excepción para cubrir su medicamento si éste no está en la Lista de medicamentos.

Usted también puede pedirnos un cambio a las reglas de su medicamento.

- Por ejemplo, CareSource MyCare Ohio podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos que quitemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos que quitemos las restricciones de tratamiento progresivo o los requisitos de aprobación previa.

11. ¿Cuánto tiempo toma obtener una excepción?

Primero, debemos recibir una declaración de su proveedor médico apoyando su pedido de una excepción. Después de recibir la declaración, le daremos una decisión sobre su pedido de excepción a más tardar en 72 horas.

Si usted o su proveedor médico piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada. Ésta es una decisión más rápida. Si su proveedor médico apoya su pedido, le daremos una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su proveedor médico.

12. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a Servicios del miembros a 1-855-475-3163 (TTY: 1-800-750-0750 o 711). Un representante de servicios al miembro que trabajará con usted y su proveedor para ayudarle a pedir una excepción.



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13. ¿Qué son los medicamentos genéricos?

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

CareSource MyCare Ohio cubre tanto medicamentos de marca como medicamentos genéricos.

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

OTC quiere decir "medicamentos que se venden sin receta". Usted puede comprar medicamentos de venta libre cuando están escritos por un proveedor en las recetas.

Usted puede leer la Lista de medicamentos de CareSource MyCare Ohio para ver qué medicamentos de venta libre están cubiertos.

15. ¿Cuánto es su copago?

Como miembro de CareSource MyCare Ohio usted no tiene copagos por medicamentos de receta y de venta libre (OTC), siempre y cuando usted siga las reglas del plan.

16. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos.

Cada medicamento de la Lista de medicamentos se encuentra en uno de los tres (3) niveles. Para determinar a qué nivel pertenecen sus medicamentos, puede buscar en la Lista de medicamentos.

- Los medicamentos del Nivel 1 incluyen a los medicamentos genéricos
- Los medicamentos del Nivel 2 incluyen a los medicamentos de marca
- Los medicamentos del Nivel 3 incluyen a los medicamentos cubiertos por Medicaid

No existen copagos en ninguno de los niveles.



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Lista de medicamentos cubiertos por enfermedad

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de enfermedad para la que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en that categoría. Ahí encontrará los medicamentos que traten enfermedades del corazón.

La lista de medicamentos cubiertos que comienza en la página siguiente le da información sobre los medicamentos cubiertos por CareSource MyCare Ohio. Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice que comienza en la página 185.

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

La información de la columna titulada "Medidas necesarias, restricciones o límites de uso", le indica si CareSource MyCare Ohio tiene alguna regla para cubrir su medicamento.

Nota: El símbolo * junto a un medicamento significa que el medicamento no es un "medicamento Parte D". La cantidad que usted paga cuándo surta una receta de este medicamento no cuenta hacia el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para ser elegible para cobertura catastrófica). Además, si usted está recibiendo Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid. Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar, llame a Servicios al miembro, al 1-855-475-3163. Usted también puede enterarse de cómo apelar una decisión leyendo el Manual del miembro.



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(*) Indica medicamentos que no son de la Parte D o artículos OTC cubiertos por Medicaid

Nombre del medicamento	Cuánto le cuesta el medicamento (nivel de copago)	Medidas necesarias, restricciones o límites de uso
<i>Agentes cardiovasculares - Medicamentos para tratar la presión arterial</i>		
Amlodipine-benazepril hcl CAP 2.5 – 10MG	1	QL 30 caps / 30 días
BENICAR TAB 5MG	2	QL 30 caps / 30 días
<i>Sistema nervioso central - Medicamentos para tratar las convulsiones</i>		
Gabapentin TAB 600MG	1	QL 180 tabs / 30 días
LYRICA CAP 200MG	2	QL 90 caps / 30 días
<i>Endócrino y metabólico (Antidiabético) – Medicamentos para los niveles altos de azúcar en sangre</i>		
JANUMENT XR TAB 50-500 MG	1	QL 60 tabs / 30 días
Metformin hcl TAB 500MG	1	QL 150 tabs / 30 días

Abreviaciones del formulario para el 2017

B/D indica que la receta puede tener cobertura a través del beneficio de la Parte B o D, dependiendo de la situación. Se puede solicitar el envío de información que describe el uso y la administración del medicamento para tomar una determinación.

LA indica que una receta puede estar disponible solo en ciertas farmacias.

NM indica que un medicamento no está disponible para ser solicitado por correo.

PA indica que puede corresponder una autorización previa.

QL indica que las cantidades despachadas pueden estar limitadas.

ST indica que puede corresponder terapia escalonada.



Si tiene alguna pregunta, por favor llame a CareSource MyCare Ohio al 1-855-475-3163, el lunes a viernes, de 8 a.m. a 8 p.m. Si necesita hablar con un administrador de cuidados, llame al 1-866-206-7861, 24 horas al día, siete días de la semana. Estas llamadas son gratuitas. **Para obtener más información**, visite CareSource.com/MyCare.

Estos son los significados de los códigos usados en la columna "Medidas necesarias, restricciones o límites de uso":

(g) = Sólo se cubre la versión genérica de este medicamento. La versión de marca no está cubierta.

M = La versión de marca de este medicamento está en Nivel 3. La versión genérica está en Nivel 1.

PA = Autorización previa (aprobación): Usted debe tener aprobación del plan antes de poder obtener este medicamento.

ST = Terapia progresiva: Usted debe probar otro medicamento antes de poder obtener éste.



Si tiene alguna pregunta, por favor llame a CareSource MyCare Ohio al 1-855-475-3163, el lunes a viernes, de 8 a.m. a 8 p.m. Si necesita hablar con un administrador de cuidados, llame al 1-866-206-7861, 24 horas al día, siete días de la semana. Estas llamadas son gratuitas. **Para obtener más información**, visite [CareSource.com/MyCare](https://www.caresource.com/MyCare).

Effective 11/01/2017

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	QL (120 tabs / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST
MISCELLANEOUS		
ACEPHEN SUP 120MG	3	NM; *
<i>acephen sup 325mg</i>	3	NM; *
<i>acephen sup 650mg</i>	3	NM; *
<i>acetamin tab 500mg</i>	3	NM; *
<i>acetaminophen chew tab 80 mg</i>	3	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	3	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	3	NM; *
<i>acetaminophen suppos 120 mg</i>	3	NM; *
<i>acetaminophen suppos 650 mg</i>	3	NM; *
<i>acetaminophen tab 325 mg</i>	3	NM; *
<i>acetaminophn sus 160/5ml</i>	3	NM; *
<i>acetaminophn sus 325mg</i>	3	NM; *
<i>acetaminophn tab 500mg</i>	3	NM; *
<i>aspir-81 tab 81mg ec</i>	3	NM; *
<i>aspir-low tab 81mg ec</i>	3	NM; *
<i>aspirin chew tab 81 mg</i>	3	NM; *
<i>aspirin chw 81mg</i>	3	NM; *
<i>aspirin low chw 81mg</i>	3	NM; *
<i>aspirin low tab 81mg ec</i>	3	NM; *
<i>aspirin suppos 300 mg</i>	3	NM; *
<i>aspirin suppos 600 mg</i>	3	NM; *
<i>aspirin tab 81mg ec</i>	3	NM; *
<i>aspirin tab 325 mg</i>	3	NM; *
<i>aspirin tab 325mg</i>	3	NM; *

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

1

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>aspirin tab 325mg ec</i>	3	NM; *
<i>aspirin tab delayed release 81 mg</i>	3	NM; *
<i>aspirin tab delayed release 325 mg</i>	3	NM; *
<i>child asa chw 81mg</i>	3	NM; *
<i>child asa ls chw 81mg</i>	3	NM; *
<i>chld pain rl tab 80mg</i>	3	NM; *
<i>chld silapap liq 160/5ml</i>	3	NM; *
<i>chlds mapap tab 80mg rt</i>	3	NM; *
<i>ecpirin tab 325mg ec</i>	3	NM; *
<i>ed-apap liq 80mg/2.5</i>	3	NM; *
<i>eq aspirin tab 325mg ec</i>	3	NM; *
<i>fever reduce sup 120mg</i>	3	NM; *
FEVERALL INF SUP 80MG	3	NM; *
FEVERALL SUP 120MG	3	NM; *
FEVERALL SUP 325MG	3	NM; *
FEVERALL SUP 650MG	3	NM; *
<i>gnp aspirin chw 81mg</i>	3	NM; *
<i>gnp aspirin tab 81mg ec</i>	3	NM; *
<i>gnp aspirin tab 325mg</i>	3	NM; *
<i>gnp aspirin tab 325mg ec</i>	3	NM; *
<i>hm aspirin chw 81mg</i>	3	NM; *
<i>hm aspirin tab 325mg</i>	3	NM; *
INF SILAPAP DRO 80/0.8ML	3	NM; *
<i>junior mapap tab 160mg rt</i>	3	NM; *
<i>mapap apap liq 500/15ml</i>	3	NM; *
<i>mapap cap 500mg</i>	3	NM; *
<i>mapap child sus 160/5ml</i>	3	NM; *
<i>mapap child tab 80mg rt</i>	3	NM; *
<i>mapap chw 80mg</i>	3	NM; *
<i>mapap liq 160/5ml</i>	3	NM; *
<i>mapap tab 325mg</i>	3	NM; *
<i>mapap tab 500mg</i>	3	NM; *
<i>mapap tab 500mg/rr</i>	3	NM; *
<i>non-asa jr tab 160mg</i>	3	NM; *
<i>non-aspirin sus 160/5ml</i>	3	NM; *
<i>non-aspirin tab 325mg</i>	3	NM; *
<i>non-aspirin tab 500mg</i>	3	NM; *

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2

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>non-aspirin tab 500mg/rr</i>	3	NM; *
<i>pain & fever chw 80mg</i>	3	NM; *
<i>pain & fever sol 160/5ml</i>	3	NM; *
<i>pain & fever sus 160/5ml</i>	3	NM; *
<i>pain & fever tab 325mg</i>	3	NM; *
<i>pain & fever tab 500mg</i>	3	NM; *
<i>pain relief dro 80/0.8ml</i>	3	NM; *
<i>pain relief sus 160/5ml</i>	3	NM; *
<i>pain relief tab 325mg</i>	3	NM; *
<i>pain relief tab 500mg</i>	3	NM; *
<i>pain relieve sus 160/5ml</i>	3	NM; *
<i>pain relieve tab 325mg</i>	3	NM; *
<i>pain relieve tab 500mg</i>	3	NM; *
<i>pain relieve tab 500mg/rr</i>	3	NM; *
<i>pharbetol tab 325mg</i>	3	NM; *
<i>pharbetol tab 500mg</i>	3	NM; *
<i>q-pap child sus 160/5ml</i>	3	NM; *
<i>q-pap infant dro 80/0.8ml</i>	3	NM; *
<i>q-pap liq 160/5ml</i>	3	NM; *
<i>q-pap tab 325mg</i>	3	NM; *
<i>q-pap tab 500mg</i>	3	NM; *
<i>qc aspirin tab 325mg</i>	3	NM; *
<i>qc child asa chw 81mg</i>	3	NM; *
<i>sb aspirin tab 325mg</i>	3	NM; *
<i>sb child asa chw 81mg</i>	3	NM; *
<i>sb non-asa chw 80mg frt</i>	3	NM; *
<i>sm aspirin chw 81mg</i>	3	NM; *
<i>sm aspirin tab 81mg ec</i>	3	NM; *
<i>sm aspirin tab 325mg</i>	3	NM; *
<i>sm aspirin tab 325mg ec</i>	3	NM; *
<i>sm child asa chw 81mg</i>	3	NM; *
<i>sm pain rel cap 500mg</i>	3	NM; *
<i>tactinal tab 325mg</i>	3	NM; *
<i>tactinal tab 500mg</i>	3	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain tab 220mg</i>	3	NM; *
<i>all day relf tab 220mg</i>	3	NM; *

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3

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>celecoxib cap 50 mg</i>	1	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	1	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	1	QL (30 caps / 30 days)
<i>chld ibuprfn dro 40mg/ml</i>	3	NM; *
<i>diclofenac potassium tab 50 mg</i>	1	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diflunisal tab 500 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>hm ibuprofen tab 200mg</i>	3	NM; *
<i>ibu-200 tab 200mg</i>	3	NM; *
<i>ibu-drops dro 40mg/ml</i>	3	NM; *
<i>ibu-drops dro 50/1.25</i>	3	NM; *
<i>ibuprofen cap 200 mg</i>	3	NM; *
<i>ibuprofen cap 200mg</i>	3	NM; *
<i>ibuprofen dro 50/1.25</i>	3	NM; *
<i>ibuprofen ib chw 100mg</i>	3	NM; *
<i>ibuprofen jr chw 100mg</i>	3	NM; *
<i>ibuprofen sus 100/5ml</i>	3	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	3	NM; *
<i>ibuprofen tab 200 mg</i>	3	NM; *
<i>ibuprofen tab 200mg</i>	3	NM; *

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4

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ks ibuprofen cap 200mg</i>	3	NM; *
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
NAPROXEN SOD CAP 220MG	3	NM; *
<i>naproxen sod tab 220mg</i>	3	NM; *
NAPROXEN SODIUM CAP 220 MG	3	NM; *
<i>naproxen sodium tab 220 mg</i>	3	NM; *
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>pain & fever sus 160/5ml</i>	3	NM; *
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>provil tab 200mg</i>	3	NM; *
<i>qc ibuprofen tab 200mg</i>	3	NM; *
<i>sb ibuprofen tab 200mg</i>	3	NM; *
<i>sm ibuprofen cap 200mg</i>	3	NM; *
<i>sm ibuprofen tab 200mg</i>	3	NM; *
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
BUTRANS DIS 5MCG/HR	2	QL (16 patches / 28 days)
BUTRANS DIS 7.5/HR	2	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	2	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	2	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	2	QL (4 patches / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

DURAMORPH INJ 0.5MG/ML	1	B/D
DURAMORPH INJ 1MG/ML	1	B/D
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 30 days)

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6

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	2	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	2	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	2	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	2	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	2	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	B/D
<i>hydromorphone hcl tab 2 mg</i>	1	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	2	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	2	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	2	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	2	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	2	QL (30 tabs / 30 days)

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7

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
HYSINGLA ER TAB 120 MG	2	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	1	QL (120 mL / 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (600 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	1	B/D
MORPHINE SUL INJ 4MG/ML	1	B/D
MORPHINE SUL INJ 8MG/ML	1	B/D
MORPHINE SUL INJ 150/30ML	1	B/D
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	B/D
<i>morphine sulfate inj pf 1 mg/ml</i>	1	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	1	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	1	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	1	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	1	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	1	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	1	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	1	
MORPHINE SULFATE TAB 15 MG	1	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	1	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	
OXYCODONE HCL SOLN 5 MG/5ML	1	
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs / 30 days)

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8

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	2	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	2	QL (120 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>gentamicin sulfate iv soln 10 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
<i>sulfadiazine tab 500mg</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	2	NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	2	
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
<i>atovaquone susp 750 mg/5ml</i>	2	
AZACTAM/DEX INJ 1GM	2	
AZACTAM/DEX INJ 2GM	2	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
BILTRICIDE TAB 600MG	2	
CAYSTON INH 75MG	2	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
<i>colistimethate sodium for inj 150 mg</i>	1	
CUBICIN SOL 500MG	2	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	2	
<i>emverm chw 100mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
INVANZ INJ 1GM	2	
<i>ivermectin tab 3 mg</i>	1	
LINEZOLID FOR SUSP 100 MG/5ML	2	
LINEZOLID IN SODIUM CHLORIDE IV SOLN2 600 MG/300ML-0.9%		
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
LINEZOLID TAB 600 MG	2	
<i>meropenem iv for soln 1 gm</i>	1	
<i>meropenem iv for soln 500 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	2	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	2	
PIN-X CHW 250MG	3	NM; *
<i>pin-x sus 50mg/ml</i>	3	NM; *
PINWORM TAB MEDICINE	3	NM; *
<i>reeses med sus pinworm</i>	3	NM; *
REESES MED SUS PINWORM	3	NM; *
SIVEXTRO INJ 200MG	2	
SIVEXTRO TAB 200MG	2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	2	
TIGECYCLINE INJ 50MG	2	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL INJ 50MG	2	
<i>vancomycin hcl cap 125 mg</i>	2	
<i>vancomycin hcl cap 250 mg</i>	2	
<i>vancomycin hcl for inj 10 gm</i>	1	
<i>vancomycin hcl for inj 500 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>vancomycin hcl for inj 750 mg</i>	1	
<i>vancomycin hcl for inj 1000 mg</i>	1	
<i>vancomycin hcl for inj 5000 mg</i>	1	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	2	B/D
AMBISOME INJ 50MG	2	B/D
<i>amphotericin b for inj 50 mg</i>	1	B/D
CANCIDAS INJ 50MG	2	
CANCIDAS INJ 70MG	2	
CASPOFUNGIN INJ 50MG	2	
CASPOFUNGIN INJ 70MG	2	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole/ inj nacl 100</i>	1	
<i>flucytosine cap 250 mg</i>	2	
<i>flucytosine cap 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	PA
MYCAMINE INJ 50MG	2	
MYCAMINE INJ 100MG	2	
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / 365 days)
<i>voriconazole for inj 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	2	
<i>voriconazole tab 50 mg</i>	2	
<i>voriconazole tab 200 mg</i>	2	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	2	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	2	
<i>quinine sulfate cap 324 mg</i>	1	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EDURANT TAB 25MG	2	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
FUZEON INJ 90MG	2	NM
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
LEXIVA SUS 50MG/ML	2	
LEXIVA TAB 700MG	2	
NEVIRAPINE SUSP 50 MG/5ML	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
RESCRIPTOR TAB 100 MG	2	
RESCRIPTOR TAB 200MG	2	
RETROVIR INJ 10MG/ML	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TYBOST TAB 150MG	2	
VIDEX SOL 2GM	2	
VIDEX SOL 4GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIRAMUNE SUS 50MG/5ML	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	
ZERIT SOL 1MG/ML	2	
ZIAGEN SOL 20MG/ML	2	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

ABACAIR SULFATE-LAMIVUDINE TAB 600-300 MG	2	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	
ATRIPLA TAB	2	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EVOTAZ TAB 300-150	2	
GENVOYA TAB	2	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
TRIUMEQ TAB	2	
TRUVADA TAB 100-150	2	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

CAPASTAT SUL INJ 1GM	2	
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>paser gra 4gm</i>	2	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	2	LA, PA
TRECTOR TAB 250MG	2	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	B/D
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	B/D
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
BARACLUDE SOL .05MG/ML	2	
DAKLINZA TAB 30MG	2	NM, PA
DAKLINZA TAB 60MG	2	NM, PA
DAKLINZA TAB 90MG	2	NM, PA
<i>entecavir tab 0.5 mg</i>	2	
<i>entecavir tab 1 mg</i>	2	
EPCLUSA TAB 400-100	2	NM, PA
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HARVONI TAB 90-400MG	2	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	1	
MAVYRET TAB 100-40MG	2	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
PEGASYS INJ	2	NM, PA
PEGASYS INJ 180MCG/M	2	NM, PA
PEGASYS INJ PROCLICK	2	NM, PA
REBETOL SOL 40MG/ML	2	NM
RELENZA MIS DISKHALE	2	
<i>ribasphere cap 200mg</i>	1	NM
<i>ribasphere tab 200mg</i>	1	NM
<i>ribasphere tab 400mg</i>	2	NM
<i>ribasphere tab 600mg</i>	2	NM
<i>ribavirin cap 200 mg</i>	1	NM
<i>ribavirin tab 200 mg</i>	1	NM
<i>rimantadine hydrochloride tab 100 mg</i>	1	
SOVALDI TAB 400MG	2	NM, PA
TAMIFLU SUS 6MG/ML	2	
TYZEKA TAB 600MG	2	
<i>valacyclovir hcl tab 1 gm</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
VEMLIDY TAB 25MG	2	
VOSEVI TAB	2	NM, PA
ZEPATIER TAB 50-100MG	2	NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor er tab 500mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin inj 1gm/50ml</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for iv soln 1 gm</i>	1	
CEFAZOLIN SOL	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	1	
<i>cefotaxime sodium for inj 500 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>cefoxitin sodium for inj 10 gm</i>	1	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for inj 1 gm</i>	1	
<i>ceftazidime for inj 2 gm</i>	1	
<i>ceftazidime for inj 6 gm</i>	1	
CEFTAZIDIME/ SOL D5W 1GM	2	
CEFTAZIDIME/ SOL D5W 2GM	2	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 1.5 gm</i>	1	
<i>cefuroxime sodium for inj 7.5 gm</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
<i>suprax chw 100mg</i>	2	
<i>suprax chw 200mg</i>	2	
SUPRAX SUS 500/5ML	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	2	
TEFLARO INJ 600MG	2	

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
<i>erythrocin inj 500mg</i>	2	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 10 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
BICILLIN L-A INJ 600000	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
BICILLIN L-A INJ 1200000	2	
BICILLIN L-A INJ 2400000	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for inj 10 gm</i>	1	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	2	
<i>pen g proc inj 600000</i>	2	
PENICILL GK/ INJ DEX 2MU	2	
PENICILL GK/ INJ DEX 3MU	2	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piper/tazoba inj 12-1.5gm</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.3751 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.251 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.51 gm (36-4.5 gm)</i>	1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

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

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	B/D
MUSTARGEN INJ 10MG	2	B/D
TREANDA INJ 25MG	2	B/D, NM
TREANDA INJ 100MG	2	B/D, NM

ANTHRACYCLINES

<i>adriamycin inj 20mg</i>	1	B/D
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	1	B/D
<i>doxorubicin hcl for inj 10 mg</i>	1	B/D
<i>doxorubicin hcl for inj 50 mg</i>	1	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	2	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	B/D
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	B/D
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	B/D
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	B/D

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	1	B/D
<i>bleomycin sulfate for inj 30 unit</i>	1	B/D
<i>mitomycin for iv soln 5 mg</i>	2	B/D
<i>mitomycin for iv soln 20 mg</i>	2	B/D
<i>mitomycin for iv soln 40 mg</i>	2	B/D

ANTIMETABOLITES

<i>adrucil inj 2.5g/50m</i>	1	B/D
<i>adrucil inj 5gm/100m</i>	1	B/D
<i>adrucil inj 500/10ml</i>	1	B/D
ALIMTA INJ 100MG	2	B/D
ALIMTA INJ 500MG	2	B/D
<i>azacitidine for inj 100 mg</i>	2	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	B/D
<i>cytarabine inj 20 mg/ml</i>	1	B/D
<i>fludarabine phosphate for inj 50 mg</i>	1	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	1	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	2	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	2	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (382 MG/ML) (BASE EQUIV)		B/D
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	1	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	B/D
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	1	B/D
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	1	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	B/D
NIPENT INJ 10MG	2	B/D
PURIXAN SUS 20MG/ML	2	NM
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	B/D
DOCEFREZ INJ 20MG	2	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	2	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
DOCETAXEL INJ 20MG/2ML	2	B/D
DOCETAXEL INJ 80MG/4ML	2	B/D
DOCETAXEL INJ 80MG/8ML	2	B/D
DOCETAXEL INJ 160/8ML	2	B/D
DOCETAXEL INJ 160/16ML	2	B/D
<i>docetaxel inj 200/10</i>	2	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	B/D
TAXOTERE INJ 80MG/4ML	2	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	2	NM, LA, PA
AVASTIN INJ 400/16ML	2	NM, LA, PA
BELEODAQ INJ 500MG	2	NM, PA
ERIVEDGE CAP 150MG	2	NM, LA, PA
FARYDAK CAP 10MG	2	NM, LA, PA
FARYDAK CAP 15MG	2	NM, LA, PA
FARYDAK CAP 20MG	2	NM, LA, PA
HERCEPTIN INJ 150MG	2	NM, PA
HERCEPTIN INJ 440MG	2	NM, PA
IBRANCE CAP 75MG	2	NM, LA, PA
IBRANCE CAP 100MG	2	NM, LA, PA
IBRANCE CAP 125MG	2	NM, LA, PA
IDHIFA TAB 50MG	2	NM, LA, PA
IDHIFA TAB 100MG	2	NM, LA, PA
ISTODAX OVR INJ 10MG	2	B/D, NM
KADCYLA INJ 100MG	2	B/D, NM

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
KADCYLA INJ 160MG	2	B/D, NM
KEYTRUDA INJ 100MG/4M	2	NM, PA
KEYTRUDA SOL 50MG	2	NM, PA
KISQALI 200 PAK FEMARA	2	NM, PA
KISQALI 400 PAK FEMARA	2	NM, PA
KISQALI 600 PAK FEMARA	2	NM, PA
KISQALI TAB 200DOSE	2	NM, PA
KISQALI TAB 400DOSE	2	NM, PA
KISQALI TAB 600DOSE	2	NM, PA
LYNPARZA CAP 50MG	2	NM, LA, PA
NINLARO CAP 2.3MG	2	NM, PA
NINLARO CAP 3MG	2	NM, PA
NINLARO CAP 4MG	2	NM, PA
PROLEUKIN INJ 22MU	2	B/D, NM
RITUXAN INJ 100MG	2	NM, LA, PA
RITUXAN INJ 500MG	2	NM, LA, PA
RITUXAN INJ HYCELA	2	NM, LA, PA
RUBRACA TAB 200MG	2	NM, LA, PA
RUBRACA TAB 250MG	2	NM, LA, PA
RUBRACA TAB 300MG	2	NM, LA, PA
TECENTRIQ INJ 1200/20	2	NM, LA, PA
VELCADE INJ 3.5MG	2	NM, PA
VENCLEXTA TAB 10MG	2	NM, LA, PA
VENCLEXTA TAB 50MG	2	NM, LA, PA
VENCLEXTA TAB 100MG	2	NM, LA, PA
VENCLEXTA TAB START PK	2	NM, LA, PA
YERVOY INJ 50MG	2	NM, PA
YERVOY INJ 200MG	2	NM, PA
ZEJULA CAP 100MG	2	NM, LA, PA
ZOLINZA CAP 100MG	2	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	
FASLODEX INJ 250MG	2	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>flutamide cap 125 mg</i>	1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	2	B/D
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	NM, PA
LUPRON DEPOT INJ 3.75MG	2	NM, PA
LUPRON DEPOT INJ 11.25MG	2	NM, PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	2	PA
<i>megestrol acetate tab 20 mg</i>	2	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	2	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	2	
SOLTAMOX SOL 10MG/5ML	2	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
TRELSTAR MIX INJ 3.75MG	2	NM, PA
TRELSTAR MIX INJ 11.25MG	2	NM, PA
XTANDI CAP 40MG	2	NM, LA, PA
ZYTIGA TAB 250MG	2	NM, LA, PA
ZYTIGA TAB 500MG	2	NM, LA, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	2	NM, PA
AFINITOR DIS TAB 3MG	2	NM, PA
AFINITOR DIS TAB 5MG	2	NM, PA
AFINITOR TAB 2.5MG	2	NM, PA
AFINITOR TAB 5MG	2	NM, PA
AFINITOR TAB 7.5MG	2	NM, PA
AFINITOR TAB 10MG	2	NM, PA
ALECENSA CAP 150MG	2	NM, LA, PA
ALUNBRIG TAB 30MG	2	NM, LA, PA
BOSULIF TAB 100MG	2	NM, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
BOSULIF TAB 500MG	2	NM, PA
CABOMETYX TAB 20MG	2	NM, LA, PA
CABOMETYX TAB 40MG	2	NM, LA, PA
CABOMETYX TAB 60MG	2	NM, LA, PA
CAPRELSA TAB 100MG	2	NM, LA, PA
CAPRELSA TAB 300MG	2	NM, LA, PA
COMETRIQ KIT 60MG	2	NM, LA, PA
COMETRIQ KIT 100MG	2	NM, LA, PA
COMETRIQ KIT 140MG	2	NM, LA, PA
COTELLIC TAB 20MG	2	NM, LA, PA
GILOTRIF TAB 20MG	2	NM, LA, PA
GILOTRIF TAB 30MG	2	NM, LA, PA
GILOTRIF TAB 40MG	2	NM, LA, PA
ICLUSIG TAB 15MG	2	NM, LA, PA
ICLUSIG TAB 45MG	2	NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	2	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	2	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	2	NM, LA, PA
INLYTA TAB 1MG	2	NM, LA, PA
INLYTA TAB 5MG	2	NM, LA, PA
IRESSA TAB 250MG	2	NM, LA, PA
JAKAFI TAB 5MG	2	NM, LA, PA
JAKAFI TAB 10MG	2	NM, LA, PA
JAKAFI TAB 15MG	2	NM, LA, PA
JAKAFI TAB 20MG	2	NM, LA, PA
JAKAFI TAB 25MG	2	NM, LA, PA
LENVIMA CAP 8 MG	2	NM, LA, PA
LENVIMA CAP 10 MG	2	NM, LA, PA
LENVIMA CAP 14 MG	2	NM, LA, PA
LENVIMA CAP 18 MG	2	NM, LA, PA
LENVIMA CAP 20 MG	2	NM, LA, PA
LENVIMA CAP 24 MG	2	NM, LA, PA
MEKINIST TAB 0.5MG	2	NM, LA, PA
MEKINIST TAB 2MG	2	NM, LA, PA
NERLYNX TAB 40MG	2	NM, LA, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
NEXAVAR TAB 200MG	2	NM, LA, PA
RYDAPT CAP 25MG	2	NM, PA
SPRYCEL TAB 20MG	2	NM, PA
SPRYCEL TAB 50MG	2	NM, PA
SPRYCEL TAB 70MG	2	NM, PA
SPRYCEL TAB 80MG	2	NM, PA
SPRYCEL TAB 100MG	2	NM, PA
SPRYCEL TAB 140MG	2	NM, PA
STIVARGA TAB 40MG	2	NM, LA, PA
SUTENT CAP 12.5MG	2	NM, PA
SUTENT CAP 25MG	2	NM, PA
SUTENT CAP 37.5MG	2	NM, PA
SUTENT CAP 50MG	2	NM, PA
TAFINLAR CAP 50MG	2	NM, LA, PA
TAFINLAR CAP 75MG	2	NM, LA, PA
TAGRISSO TAB 40MG	2	NM, LA, PA
TAGRISSO TAB 80MG	2	NM, LA, PA
TARCEVA TAB 25MG	2	NM, LA, PA
TARCEVA TAB 100MG	2	NM, LA, PA
TARCEVA TAB 150MG	2	NM, LA, PA
TASIGNA CAP 150MG	2	NM, PA
TASIGNA CAP 200MG	2	NM, PA
TYKERB TAB 250MG	2	NM, LA, PA
VOTRIENT TAB 200MG	2	NM, LA, PA
XALKORI CAP 200MG	2	NM, LA, PA
XALKORI CAP 250MG	2	NM, LA, PA
ZELBORAF TAB 240MG	2	NM, LA, PA
ZYDELIG TAB 100MG	2	NM, LA, PA
ZYDELIG TAB 150MG	2	NM, LA, PA
ZYKADIA CAP 150MG	2	NM, LA, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	2	NM, PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
LONSURF TAB 15-6.14	2	NM, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
LONSURF TAB 20-8.19	2	NM, PA
MATULANE CAP 50MG	2	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	B/D, NM
ODOMZO CAP 200MG	2	NM, LA, PA
SYLATRON KIT 200MCG	2	NM, PA
SYLATRON KIT 300MCG	2	NM, PA
SYLATRON KIT 600MCG	2	NM, PA
SYNRIBO INJ 3.5MG	2	NM, PA
<i>tretinoin cap 10 mg</i>	2	
TRISENOX SOL 10MG/10M	2	B/D

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	1	B/D
<i>oxaliplatin for iv inj 100 mg</i>	1	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	1	B/D

PROTECTIVE AGENTS

AMIFOSTINE FOR INJ 500 MG	2	B/D
<i>dexrazoxane for inj 250 mg</i>	2	B/D
<i>dexrazoxane for inj 500 mg</i>	2	B/D
ELITEK INJ 1.5MG	2	B/D
ELITEK INJ 7.5MG	2	B/D
FUSILEV INJ 50MG	2	B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	1	B/D
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>leucovorin calcium for inj 350 mg</i>	1	B/D
<i>leucovorin calcium for inj 500 mg</i>	1	B/D
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
LEVOLEUCOVOR INJ 175MG	2	B/D, NM
<i>levoleucovor sol 250mg/25</i>	2	B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	2	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	2	B/D, NM
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	2	

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	

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<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
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<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
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<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
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<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
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ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	1	
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<i>benazepril hcl tab 10 mg</i>	1	
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<i>benazepril hcl tab 20 mg</i>	1	
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<i>benazepril hcl tab 40 mg</i>	1	
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<i>captopril tab 12.5 mg</i>	1	
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<i>captopril tab 25 mg</i>	1	
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<i>captopril tab 50 mg</i>	1	
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<i>captopril tab 100 mg</i>	1	
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<i>enalapril maleate tab 2.5 mg</i>	1	
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<i>enalapril maleate tab 5 mg</i>	1	
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<i>enalapril maleate tab 10 mg</i>	1	
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<i>enalapril maleate tab 20 mg</i>	1	
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<i>fosinopril sodium tab 10 mg</i>	1	
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<i>fosinopril sodium tab 20 mg</i>	1	
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<i>fosinopril sodium tab 40 mg</i>	1	
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<i>lisinopril tab 2.5 mg</i>	1	
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<i>lisinopril tab 5 mg</i>	1	
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<i>lisinopril tab 10 mg</i>	1	
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<i>lisinopril tab 20 mg</i>	1	
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<i>lisinopril tab 30 mg</i>	1	
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<i>lisinopril tab 40 mg</i>	1	
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<i>moexipril hcl tab 7.5 mg</i>	1	
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<i>moexipril hcl tab 15 mg</i>	1	
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<i>perindopril erbumine tab 2 mg</i>	1	
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<i>perindopril erbumine tab 4 mg</i>	1	
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<i>perindopril erbumine tab 8 mg</i>	1	
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<i>quinapril hcl tab 5 mg</i>	1	
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<i>quinapril hcl tab 10 mg</i>	1	
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<i>quinapril hcl tab 20 mg</i>	1	
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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate tab 1 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 10 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan medoxomil1 tab 10-40 mg</i>		

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>olmesartan medoxomil-hydrochlorothiazide 1 tab 40-12.5 mg</i>		
<i>olmesartan medoxomil-hydrochlorothiazide 1 tab 40-25 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 20-5-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-5-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-5-25 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-10-12.5 mg</i>		
<i>olmesartan-amlodipine-hydrochlorothiazide 1 tab 40-10-25 mg</i>		
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	2	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	2	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	1	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	1	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	1	NM
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG CR	2	PA; PA if 65 years and older
NORPACE CAP 150MG CR	2	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	

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

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>ezetimibe tab 10 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	2	NM, LA, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
JUXTAPID CAP 10MG	2	NM, LA, PA
JUXTAPID CAP 20MG	2	NM, LA, PA
JUXTAPID CAP 30MG	2	NM, LA, PA
JUXTAPID CAP 40MG	2	NM, LA, PA
JUXTAPID CAP 60MG	2	NM, LA, PA
KYNAMRO INJ 200MG/ML	2	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<i>niacor tab 500mg</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
PRALUENT INJ 75MG/ML	2	NM, PA
PRALUENT INJ 150MG/ML	2	NM, PA
<i>prevalite pow 4gm</i>	1	
<i>prevalite pow 4gm pk</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	

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

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
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BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

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

<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	2	
NYMALIZE SOL 60/20ML	2	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg/24</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
VERAPAMIL HCL CAP ER 24HR 360 MG	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	1	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	1	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN ORAL SOLN 0.05 MG/ML	1	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	QL (30 tabs / 30 days)

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PA; PA if 65 years and older

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	1	
FUROSEMIDE INJ 10 MG/ML	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1	
DEMSER CAP 250MG	2	
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
NORTHERA CAP 100MG	2	NM, LA, PA
NORTHERA CAP 200MG	2	NM, LA, PA
NORTHERA CAP 300MG	2	NM, LA, PA
RANEXA TAB 500MG	2	
RANEXA TAB 1000MG	2	

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	1	
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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
<i>nitro-bid oin 2%</i>	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADCIRCA TAB 20MG	2	NM, PA
ADEMPAS TAB 0.5MG	2	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	2	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	2	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	2	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	2	QL (90 tabs / 30 days), NM, LA, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
LETAIRIS TAB 5MG	2	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	2	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	2	NM, LA, PA
REMODULIN INJ 1MG/ML	2	NM, LA, PA
REMODULIN INJ 2.5MG/ML	2	NM, LA, PA
REMODULIN INJ 5MG/ML	2	NM, LA, PA
REMODULIN INJ 10MG/ML	2	NM, LA, PA
REVATIO SUS 10MG/ML	2	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	1	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	2	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	2	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	2	NM, LA, PA
UPTRAVI TAB 200MCG	2	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	2	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	2	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	2	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	2	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	2	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	2	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	2	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	2	NM, PA
VENTAVIS SOL 20MCG/ML	2	NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

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

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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ANTIANXIETY - DRUGS TO TREAT ANXIETY

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

ANTICONSULSANTS - DRUGS TO TREAT SEIZURES

<i>APTIOM TAB 200MG</i>	2	QL (180 tabs / 30 days)
<i>APTIOM TAB 400MG</i>	2	QL (90 tabs / 30 days)
<i>APTIOM TAB 600MG</i>	2	QL (60 tabs / 30 days)
<i>APTIOM TAB 800MG</i>	2	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	2	PA
<i>BANZEL TAB 200MG</i>	2	PA
<i>BANZEL TAB 400MG</i>	2	PA
<i>BRIVIACT INJ 50MG/5ML</i>	2	PA
<i>BRIVIACT SOL 10MG/ML</i>	2	PA
<i>BRIVIACT TAB 10MG</i>	2	PA
<i>BRIVIACT TAB 25MG</i>	2	PA
<i>BRIVIACT TAB 50MG</i>	2	PA
<i>BRIVIACT TAB 75MG</i>	2	PA
<i>BRIVIACT TAB 100MG</i>	2	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	2	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	2	
DIASTAT ACDL GEL 12.5-20	2	
DIASTAT PED GEL 2.5M GEL	2	
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA; PA if 65 years and older

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 1 2.5 MG		
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 1 10 MG		
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 1 20 MG		
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>dilantin cap 30mg</i>	2	
<i>dilantin cap 100mg</i>	2	
<i>dilantin chw 50mg</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA SUS 0.5MG/ML	2	QL (720 mL / 30 days), PA

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
FYCOMPA TAB 2MG	2	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	2	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	2	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	2	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	2	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	2	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	2	
GABITRIL TAB 16MG	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
LEVETIRACETA INJ 5MG/ML	2	
LEVETIRACETA INJ 10MG/ML	2	
LEVETIRACETA INJ 15MG/ML	2	
LEVETIRACETAM IN SODIUM CHLORIDE IV 1 SOLN 500 MG/100ML	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
LEVETIRACETAM IN SODIUM CHLORIDE IV 1 SOLN 1000 MG/100ML	1	
LEVETIRACETAM IN SODIUM CHLORIDE IV 1 SOLN 1500 MG/100ML	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	2	QL (120 caps / 30 days)
LYRICA CAP 50MG	2	QL (120 caps / 30 days)
LYRICA CAP 75MG	2	QL (120 caps / 30 days)
LYRICA CAP 100MG	2	QL (120 caps / 30 days)
LYRICA CAP 150MG	2	QL (120 caps / 30 days)
LYRICA CAP 200MG	2	QL (90 caps / 30 days)
LYRICA CAP 225MG	2	QL (60 caps / 30 days)
LYRICA CAP 300MG	2	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	2	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	2	PA
ONFI TAB 10MG	2	PA
ONFI TAB 20MG	2	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	2	
PHENOBARB INJ 65MG/ML	2	PA; PA if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	2	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	2	PA; PA if 65 years and older

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>phenobarbital tab 16.2 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	2	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	2	PA; PA if 65 years and older
<i>phenytek cap 200mg</i>	2	
<i>phenytek cap 300mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
POTIGA TAB 50MG	2	
POTIGA TAB 200MG	2	QL (180 tabs / 30 days)
POTIGA TAB 300MG	2	QL (90 tabs / 30 days)
POTIGA TAB 400MG	2	QL (90 tabs / 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	1	
<i>roweepra tab 750mg</i>	1	
<i>roweepra tab 1000mg</i>	1	
SABRIL POW 500MG	2	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	2	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	2	
SPRITAM TAB 500MG	2	
SPRITAM TAB 750MG	2	

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57

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
SPRITAM TAB 1000MG	2	
TEGRETOL SUS 100/5ML	2	
TEGRETOL TAB 200MG	2	
TEGRETOL-XR TAB 100MG	2	
TEGRETOL-XR TAB 200MG	2	
TEGRETOL-XR TAB 400MG	2	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	2	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	2	
VIMPAT SOL 10MG/ML	2	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	2	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	2	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	2	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	2	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	1	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	1	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	2	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	2	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	2	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	2	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	2	PA; PA if < 30 yrs
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine tartrate cap 1.5 mg</i>	1	
<i>rivastigmine tartrate cap 3 mg</i>	1	
<i>rivastigmine tartrate cap 4.5 mg</i>	1	
<i>rivastigmine tartrate cap 6 mg</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	2	PA; PA if 65 years and older

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>amitriptyline hcl tab 25 mg</i>	2	PA; PA if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	2	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	2	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	2	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	2	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	PA; PA if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	2	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	2	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	2	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	2	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 201 mg (base eq)</i>	1	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 301 mg (base eq)</i>	1	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 601 mg (base eq)</i>	1	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	2	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	2	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	2	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QL (45 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 61

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	2	QL (180 caps / 30 days)
FETZIMA CAP 40MG	2	QL (90 caps / 30 days)
FETZIMA CAP 80MG	2	QL (30 caps / 30 days)
FETZIMA CAP 120MG	2	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	2	
<i>fluoxetine hcl cap 10 mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	2	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	2	PA; PA if 65 years and older
<i>imipramine hcl tab 50 mg</i>	2	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	2	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	2	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	1	
PRISTIQ TAB 25MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	2	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	2	QL (30 tabs / 30 days)
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>sertraline hcl oral conc 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	2	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	2	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	2	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	2	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	2	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	2	QL (30 tabs / 30 days)

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	1	
<i>venlafaxine hcl tab 37.5 mg</i>	1	
<i>venlafaxine hcl tab 50 mg</i>	1	
<i>venlafaxine hcl tab 75 mg</i>	1	
<i>venlafaxine hcl tab 100 mg</i>	1	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	2	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	1	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	2	NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	1	
<i>benztropine mesylate tab 0.5 mg</i>	2	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	2	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	2	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	1	
ENTACAPONE TAB 200 MG	1	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	2	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	2	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	2	PA; PA if 65 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

<i>ABILIFY MAIN INJ 300MG</i>	2	QL (1 syringe / 28 days)
<i>ABILIFY MAIN INJ 300MG</i>	2	QL (1 vial / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	2	QL (1 syringe / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	2	QL (1 vial / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tabs / 30 days)
<i>ARISTADA INJ 441MG/1.</i>	2	QL (1 syringe / 28 days)
<i>ARISTADA INJ 662MG/2</i>	2	QL (1 syringe / 28 days)
<i>ARISTADA INJ 882MG/3</i>	2	QL (1 syringe / 28 days)
<i>ARISTADA INJ 1064MG</i>	2	QL (1 syringe / 56 days)
<i>chlorpromaz inj 25mg/ml</i>	2	
<i>chlorpromaz inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG</i>	1	PA

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66

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
CLOZAPINE ORALLY DISINTEGRATING TAB 1 25 MG		PA
CLOZAPINE ORALLY DISINTEGRATING TAB 1 100 MG		QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 1 150 MG		QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 2 200 MG		QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	1	QL (135 tabs / 30 days)
FANAPT PAK	2	
FANAPT TAB 1MG	2	QL (60 tabs / 30 days)
FANAPT TAB 2MG	2	QL (60 tabs / 30 days)
FANAPT TAB 4MG	2	QL (60 tabs / 30 days)
FANAPT TAB 6MG	2	QL (60 tabs / 30 days)
FANAPT TAB 8MG	2	QL (60 tabs / 30 days)
FANAPT TAB 10MG	2	QL (60 tabs / 30 days)
FANAPT TAB 12MG	2	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
GEODON INJ 20MG	2	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
INVEGA SUST INJ 39/0.25	2	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	2	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	2	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	2	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	2	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	2	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	2	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	2	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	2	QL (1 syringe / 90 days)
LATUDA TAB 20MG	2	QL (240 tabs / 30 days)
LATUDA TAB 40MG	2	QL (30 tabs / 30 days)
LATUDA TAB 60MG	2	QL (60 tabs / 30 days)
LATUDA TAB 80MG	2	QL (60 tabs / 30 days)
LATUDA TAB 120MG	2	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
NUPLAZID TAB 17MG	2	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	1	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	1	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	1	QL (30 tabs / 30 days)

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>olanzapine tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	2	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	2	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	2	QL (360 tabs / 30 days)
REXULTI TAB 1MG	2	QL (90 tabs / 30 days)
REXULTI TAB 2MG	2	QL (60 tabs / 30 days)
REXULTI TAB 3MG	2	QL (30 tabs / 30 days)
REXULTI TAB 4MG	2	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	2	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	2	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	2	QL (2 injections / 28 days)

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
RISPERDAL INJ 50MG	2	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	1	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	1	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	2	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	2	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	2	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	2	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	2	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	2	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	2	PA; PA if 65 years and older
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
VERSACLOZ SUS 50MG/ML	2	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	2	QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	2	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	2	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	1	QL (90 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	1	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	2	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	2	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	2	QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 71

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	2	QL (120 caps / 30 days)
STRATTERA CAP 18MG	2	QL (120 caps / 30 days)
STRATTERA CAP 25MG	2	QL (120 caps / 30 days)
STRATTERA CAP 40MG	2	QL (60 caps / 30 days)
STRATTERA CAP 60MG	2	QL (30 caps / 30 days)
STRATTERA CAP 80MG	2	QL (30 caps / 30 days)
STRATTERA CAP 100MG	2	QL (30 caps / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>eszopiclone tab 1 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	2	NM, LA, PA
SILENOR TAB 3MG	2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>migergot sup 2/100</i>	2	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 30 days)
RELPAK TAB 20MG	2	QL (12 tabs / 30 days)
RELPAK TAB 40MG	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	1	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	1	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	2	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	2	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	2	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	2	
NUEDEXTA CAP 20-10MG	2	PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
TETRABENAZINE TAB 12.5 MG	2	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	2	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	2	NM, LA, PA
BETASERON INJ 0.3MG	2	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	2	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	2	QL (28 caps / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	2	QL (30 syringes / 30 days), NM, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
TYSABRI INJ 300/15ML	2	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	2	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	2	PA; PA if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	1	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	1	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	1	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	1	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	2	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
CHANTIX PAK 0.5& 1MG	2	PA
CHANTIX PAK 1MG	2	PA
CHANTIX TAB 0.5MG	2	PA
CHANTIX TAB 1MG	2	PA
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>gnp nicotine gum 2mg mint</i>	3	NM; *
<i>gnp nicotine gum 2mg orig</i>	3	NM; *
<i>gnp nicotine gum 4mg mint</i>	3	NM; *
<i>gnp nicotine loz 2mg mint</i>	3	NM; *
<i>gnp nicotine loz 4mg mint</i>	3	NM; *
<i>gnp nicotine loz mini 2mg</i>	3	NM; *
HM NICOTINE DIS 14MG/24H	3	NM; *
HM NICOTINE DIS 21MG/24H	3	NM; *
<i>hm nicotine gum 2mg mint</i>	3	NM; *
<i>hm nicotine gum 4mg mint</i>	3	NM; *
<i>hm nicotine loz 2mg mint</i>	3	NM; *
<i>hm nicotine loz 4mg mint</i>	3	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NICODERM CQ DIS 7MG/24HR	3	NM; *
NICODERM CQ DIS 14MG/24H	3	NM; *
NICODERM CQ DIS 21MG/24H	3	NM; *
<i>nicorelief gum 2mg mint</i>	3	NM; *
<i>nicorelief gum 2mg orig</i>	3	NM; *
<i>nicorelief gum 4mg mint</i>	3	NM; *
<i>nicorelief gum 4mg orig</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
NICORETTE GUM 2MG CINN	3	NM; *
NICORETTE GUM 2MG MINT	3	NM; *
NICORETTE GUM 2MG ORIG	3	NM; *
NICORETTE GUM 2MGFRUIT	3	NM; *
NICORETTE GUM 4MG CINN	3	NM; *
NICORETTE GUM 4MG MINT	3	NM; *
NICORETTE GUM 4MG ORIG	3	NM; *
NICORETTE GUM 4MGFRUIT	3	NM; *
NICORETTE LOZ 2MG CHRY	3	NM; *
NICORETTE LOZ 2MG MINT	3	NM; *
NICORETTE LOZ 2MG ORIG	3	NM; *
NICORETTE LOZ 4MG CHRY	3	NM; *
NICORETTE LOZ 4MG MINT	3	NM; *
NICORETTE LOZ 4MG ORIG	3	NM; *
NICORETTE ST GUM 2MG MINT	3	NM; *
NICORETTE ST GUM 2MG ORIG	3	NM; *
NICORETTE ST GUM 4MG ORIG	3	NM; *
<i>nicotine gum 4mg</i>	3	NM; *
<i>nicotine polacrilex gum 2 mg</i>	3	NM; *
<i>nicotine polacrilex gum 4 mg</i>	3	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	3	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	3	NM; *
NICOTINE SYS KIT TRANSDER	3	NM; *
NICOTINE TD DIS 7MG/24HR	3	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	3	NM; *
NICOTINE TD PATCH 24HR 7 MG/24HR	3	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	3	NM; *
NICOTINE TD PATCH 24HR 14 MG/24HR	3	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	3	NM; *
NICOTINE TD PATCH 24HR 21 MG/24HR	3	NM; *
NICOTROL INH	2	
NICOTROL NS SPR 10MG/ML	2	
<i>nighttime tab 25mg</i>	3	NM; *
<i>sleep aid tab 25mg</i>	3	NM; *
SM NICOTINE DIS 7MG/24HR	3	NM; *
SM NICOTINE DIS 14MG/24H	3	NM; *
SM NICOTINE DIS 21MG	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
SM NICOTINE DIS 21MG/24H	3	NM; *
<i>sm nicotine gum 2mg</i>	3	NM; *
<i>sm nicotine gum 2mg mint</i>	3	NM; *
<i>sm nicotine gum 4mg</i>	3	NM; *
<i>sm nicotine gum 4mg mint</i>	3	NM; *
<i>sm nicotine loz 2mg mint</i>	3	NM; *
<i>sm nicotine loz 4mg mint</i>	3	NM; *
SUBOXONE MIS 2-0.5MG	2	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	2	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	2	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	2	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	2	
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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
BYDUREON INJ 2MG	2	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	2	QL (4 pens / 28 days)
BYETTA INJ 5MCG	2	QL (1 pen / 30 days)
BYETTA INJ 10MCG	2	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500	2	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS INJ 100/ML	2	
LANTUS INJ SOLOSTAR	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTouc	2	
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN N INJ U-100	2	(brand RELION not covered)
NOVOLIN R INJ U-100	2	(brand RELION not covered)
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SYMLINPEN 60 INJ 1000MCG	2	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	2	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRULICITY INJ 0.75/0.5	2	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	2	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	2	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose tab 25 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
FARXIGA TAB 5MG	2	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	2	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 6 mg</i>	2	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	2	QL (480 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 2.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	2	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	2	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	2	QL (60 tabs / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
INVOKAMET TAB 150-1000	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	2	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	2	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	2	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	2	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	2	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR	2	QL (30 tabs / 30 days)
JENTADUETO TAB XR	2	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tabs / 28 days)
<i>pamidronate disodium for inj 30 mg</i>	1	B/D
<i>pamidronate disodium for inj 90 mg</i>	1	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	B/D
<i>pamidronate inj 6mg/ml</i>	1	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	1	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	1	B/D, NM
<i>zoledronic inj 4mg</i>	1	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	2	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	2	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	2	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	2	
DEPEN TITRA TAB 250MG	2	
EXJADE TAB 125MG	2	NM, LA, PA
EXJADE TAB 250MG	2	NM, LA, PA
EXJADE TAB 500MG	2	NM, LA, PA
FERRIPROX SOL 100MG/ML	2	NM, LA, PA
FERRIPROX TAB 500MG	2	NM, LA, PA
<i>kionex pow</i>	1	
<i>kionex sus 15gm/60</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
SYPRINE CAP 250MG	2	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

AFTERA TAB 1.5MG	3	NM; *
<i>alyacen tab 1/35</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>aubra tab 0.1-0.02</i>	1	
<i>aviane tab</i>	1	
<i>balziva tab</i>	1	
<i>bekyree tab</i>	1	
<i>blisovi fe tab 1.5/30</i>	1	
<i>blisovi fe tab 1/20</i>	1	
<i>briellyn tab</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>deblitane tab 0.35mg</i>	1	
<i>delyla tab 0.1-0.02</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1	
<i>econtra ez tab 1.5mg</i>	3	NM; *
ELLA TAB 30MG	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>fallback tab 1.5mg</i>	3	NM; *
<i>falmina tab</i>	1	
<i>femynor tab 0.25-35</i>	1	
<i>gildagia tab 0.4-35</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab 0.15-30</i>	1	
JOLIVETTE TAB 0.35MG	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kimidess tab</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1.5/30</i>	1	
<i>larin tab 1/20</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>lutra tab</i>	1	
<i>lyza tab 0.35mg</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	1	
MONONESSA TAB	1	
<i>my way tab 1.5mg</i>	3	NM; *
<i>myzilra tab</i>	1	
<i>necon tab 0.5/35</i>	1	
NECON TAB 1/50-28	1	
NECON TAB 7/7/7	1	
<i>necon tab 10/11-28</i>	2	
<i>next choice tab 1.5mg</i>	3	NM; *
<i>nikki tab 3-0.02mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-1 35 mcg</i>	1	
NORETHINDRONE AC-ETHINYL ESTRAD-FE 1 TAB 1-20/1-30/1-35 MG-MCG	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>norethindrone tab 0.35 mg</i>	1	
NORETHINDRONE TAB 0.35 MG	1	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<i>norlyroc tab 0.35mg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
NUVARING MIS	2	
<i>opcicon tab 1.5mg</i>	3	NM; *
<i>orsythia tab</i>	1	
<i>philith tab 0.4-35</i>	1	
<i>pimtrea tab</i>	1	
<i>pirmella tab 1/35</i>	1	
PLAN B TAB 1.5MG	3	NM; *
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>quasense tab</i>	1	
<i>reclipsen tab</i>	1	
<i>sharobel tab 0.35mg</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
TAKE ACTION TAB 1.5MG	3	NM; *
<i>tarina fe tab 1/20</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-lo- tab sprintec</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
TRINESSA LO TAB	1	
TRINESSA TAB	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>trivora-28 tab</i>	1	
<i>velivet pak</i>	1	
<i>vienva tab 0.1-20</i>	1	
<i>viorele tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zenchent tab</i>	1	
<i>zovia 1/35e tab</i>	1	
<i>zovia 1/50e tab</i>	1	

ENDOMETRIOSIS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	2	

ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES

ADAGEN INJ 250/ML	2	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	2	NM, LA, PA
BUPHENYL TAB 500MG	2	NM, LA, PA
CARBAGLU TAB 200MG	2	NM, LA, PA
CERDELGA CAP 84MG	2	NM, PA
CEREZYME INJ 400UNIT	2	NM, LA, PA
CYSTADANE POW	2	NM, LA
CYSTAGON CAP 50MG	2	NM, LA, PA
CYSTAGON CAP 150MG	2	NM, LA, PA
FABRAZYME INJ 5MG	2	NM, LA, PA
FABRAZYME INJ 35MG	2	NM, LA, PA
KUVAN POW 100MG	2	NM, LA, PA
KUVAN POW 500MG	2	NM, LA, PA
KUVAN TAB 100MG	2	NM, LA, PA
<i>levocarnitine inj 200 mg/ml</i>	1	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	B/D
<i>levocarnitine tab 330 mg</i>	1	B/D
LUMIZYME INJ 50MG	2	NM, LA, PA
NAGLAZYME INJ 1MG/ML	2	NM, LA, PA
ORFADIN CAP 2MG	2	NM, LA, PA
ORFADIN CAP 5MG	2	NM, LA, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
ORFADIN CAP 10MG	2	NM, LA, PA
ORFADIN CAP 20MG	2	NM, LA, PA
ORFADIN SUS 4MG/ML	2	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	2	NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	2	NM, PA
ZAVESCA CAP 100MG	2	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	2	
<i>estrace vag cre 0.1mg/gm</i>	2	
<i>estradiol tab 0.5 mg</i>	2	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	2	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	PA; PA if 65 years and older
<i>estradiol vaginal tab 10 mcg</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>jinteli tab 1mg-5mcg</i>	2	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 2 1 mg-5 mcg</i>		PA; PA if 65 years and older
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate tab 25 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>dexamethason con 1mg/ml</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1	B/D
<i>methylprednisolone tab 4 mg</i>	1	B/D
<i>methylprednisolone tab 8 mg</i>	1	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>methylprednisolone tab 16 mg</i>	1	B/D
<i>methylprednisolone tab 32 mg</i>	1	B/D
<i>methylprednisolone tab therapy pack 4 mg 1 (21)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	B/D
<i>prednisone con 5mg/ml</i>	2	B/D
<i>prednisone oral soln 5 mg/5ml</i>	1	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 250MG	2	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

BD GLUCOSE CHW 5GM	3	NM; *
<i>cvs glucose gel 40%</i>	3	NM; *
DEX4 GLUCOSE CHW QK DISLV	3	NM; *
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
<i>gluco burst gel 40%</i>	3	NM; *
GLUCOSE CHW 4GM	3	NM; *
GLUCOSE CHW ORANGE	3	NM; *
GLUCOSE CHW RASPBERRY	3	NM; *
<i>glucose gel 40%</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>glucose 15 gel 40%</i>	3	NM; *
INSTA-GLUCOS GEL 77.4%	3	NM; *
PROGLYCEM SUS 50MG/ML	2	
QUICK DISSOL CHW GLUCOSE	3	NM; *
<i>ra glucose gel</i>	3	NM; *
SM GLUCOSE CHW SOUR APP	3	NM; *

HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

NORDITROPIN INJ 5/1.5ML	2	NM, PA
NORDITROPIN INJ 10/1.5ML	2	NM, PA
NORDITROPIN INJ 15/1.5ML	2	NM, PA
NORDITROPIN INJ 30/3ML	2	NM, PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	B/D
FORTICAL SPR 200/ACT	2	B/D
INCRELEX INJ 40MG/4ML	2	NM, LA, PA
KORLYM TAB 300MG	2	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	2	NM, PA
LUPR DEP-PED INJ 7.5MG	2	NM, PA
LUPR DEP-PED INJ 11.25MG	2	NM, PA
LUPR DEP-PED INJ 15MG	2	NM, PA
<i>methergine tab 0.2mg</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	
MIACALCIN INJ 200/ML	2	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	2	NM, PA
PROLIA SOL 60MG/ML	2	QL (1 syringe / 180 days), NM

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>raloxifene hcl tab 60 mg</i>	1	
SANDOSTATIN KIT LAR 10MG	2	NM, PA
SANDOSTATIN KIT LAR 20MG	2	NM, PA
SANDOSTATIN KIT LAR 30MG	2	NM, PA
SIGNIFOR INJ 0.3MG/ML	2	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	2	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	2	NM, LA, PA
SOMATULINE INJ 60/0.2ML	2	NM, PA
SOMATULINE INJ 90/0.3ML	2	NM, PA
SOMATULINE INJ 120/.5ML	2	NM, PA
SOMAVERT INJ 10MG	2	NM, LA, PA
SOMAVERT INJ 15MG	2	NM, LA, PA
SOMAVERT INJ 20MG	2	NM, LA, PA
SOMAVERT INJ 25MG	2	NM, LA, PA
SOMAVERT INJ 30MG	2	NM, LA, PA
XGEVA INJ	2	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO SOL 600/2.4	2	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	2	NM, PA
NATPARA INJ 50MCG	2	NM, PA
NATPARA INJ 75MCG	2	NM, PA
NATPARA INJ 100MCG	2	NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
RENVELA PAK 0.8GM	2	
RENVELA PAK 2.4GM	2	
RENVELA TAB 800MG	2	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
LEVOTHYROXINE SODIUM TAB 75 MCG	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
LEVOTHYROXINE SODIUM TAB 300 MCG	1	
LEVOXYL TAB 25MCG	1	
LEVOXYL TAB 50MCG	1	
LEVOXYL TAB 75MCG	1	
LEVOXYL TAB 88MCG	1	
LEVOXYL TAB 100MCG	1	
LEVOXYL TAB 112MCG	1	
LEVOXYL TAB 125MCG	1	
LEVOXYL TAB 137MCG	1	
LEVOXYL TAB 150MCG	1	
LEVOXYL TAB 175MCG	1	
LEVOXYL TAB 200MCG	1	
<i>lithyronine sodium tab 5 mcg</i>	1	
<i>lithyronine sodium tab 25 mcg</i>	1	
<i>lithyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
UNITHROID TAB 25MCG	1	
UNITHROID TAB 50MCG	1	
UNITHROID TAB 75MCG	1	
UNITHROID TAB 88MCG	1	
UNITHROID TAB 100MCG	1	
UNITHROID TAB 112MCG	1	
UNITHROID TAB 125MCG	1	
UNITHROID TAB 150MCG	1	
UNITHROID TAB 175MCG	1	
UNITHROID TAB 200MCG	1	
UNITHROID TAB 300MCG	1	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate inj 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
STIMATE SOL 1.5MG/ML	2	NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid control tab 150mg</i>	3	NM; *
<i>acid gone sus</i>	3	NM; *
<i>advanced sus antacid</i>	3	NM; *
<i>almacone chw</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>almacone dbl sus strength</i>	3	NM; *
<i>almacone sus</i>	3	NM; *
ALUM HYDROX SUS 320/5ML	3	NM; *
<i>antacid fast sus acting</i>	3	NM; *
<i>antacid fast sus relief</i>	3	NM; *
<i>antacid plus sus anti-gas</i>	3	NM; *
<i>antacid plus sus gas rel</i>	3	NM; *
<i>antacid sus</i>	3	NM; *
<i>antacid sus anti-gas</i>	3	NM; *
<i>antacid sus max st</i>	3	NM; *
<i>antacid sus reg st</i>	3	NM; *
<i>antacid/anti sus -gas ds</i>	3	NM; *
<i>calcium carbonate (antacid) tab 648 mg</i>	3	NM; *
GAVISCON SUS	3	NM; *
<i>gnp antacid sus anti-gas</i>	3	NM; *
<i>gnp antacid sus cherry</i>	3	NM; *
<i>gnp masanti sus max st</i>	3	NM; *
<i>gnp masanti sus reg st</i>	3	NM; *
<i>hm antacid sus anti-gas</i>	3	NM; *
<i>maalox advan sus max st</i>	3	NM; *
<i>maalox sus advanced</i>	3	NM; *
MAG-AL LIQ	3	NM; *
<i>mag-al plus liq</i>	3	NM; *
<i>mag-al plus liq xs</i>	3	NM; *
<i>magnesium oxide tab 400 mg</i>	3	NM; *
<i>magnesium oxide tab 420 mg</i>	3	NM; *
<i>mi-acid sus</i>	3	NM; *
<i>mi-acid sus max st</i>	3	NM; *
<i>mintox plus chw</i>	3	NM; *
<i>mintox sus</i>	3	NM; *
<i>mintox sus max st</i>	3	NM; *
<i>qc antacid sus</i>	3	NM; *
<i>qc antacid sus anti-gas</i>	3	NM; *
<i>rulox sus</i>	3	NM; *
<i>sb antacid/ sus antigas</i>	3	NM; *
<i>sm antacid sus advanced</i>	3	NM; *
<i>sm antacid sus anti-gas</i>	3	NM; *

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<i>sm antacid/ sus antigas</i>	3	NM; *
<i>sodium bicarbonate tab 325 mg</i>	3	NM; *
<i>sodium bicarbonate tab 650 mg</i>	3	NM; *
<i>stomach relf sus 262/15ml</i>	3	NM; *

ANTI-DIARRHEAL

ACIDOPHILUS/ TAB CIT PECT	3	NM; *
ACIDOPHILUS/ TAB PECTIN	3	NM; *
ANTI-DIARRHE CAP 2MG	3	NM; *
<i>anti-diarrhe liq 1mg/5ml</i>	3	NM; *
<i>anti-diarrhe tab 2mg</i>	3	NM; *
<i>bismatrol sus 262/15ml</i>	3	NM; *
<i>bismatrol sus 525/15ml</i>	3	NM; *
<i>bismuth ms sus 525/15ml</i>	3	NM; *
KALA TAB	3	NM; *
<i>kao-tin sus 262/15ml</i>	3	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	3	NM; *
LOPERAMIDE CAP 2MG	3	NM; *
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	3	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	3	NM; *
<i>loperamide liq 1mg/7.5</i>	3	NM; *
<i>loperamide sus 1mg/7.5</i>	3	NM; *
<i>peptic relf sus 262/15ml</i>	3	NM; *
PEPTO-BISMOL SUS 262/15ML	3	NM; *
PEPTO-BISMOL SUS 525/15ML	3	NM; *
<i>sb bismuth sus 262/15ml</i>	3	NM; *
<i>sm anti-diar tab 2mg</i>	3	NM; *
<i>sm stomach sus 262/15ml</i>	3	NM; *
<i>stomach relf sus 262/15ml</i>	3	NM; *
<i>stomach relf sus 525/15ml</i>	3	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>anti-nausea liq</i>	3	NM; *
<i>anti-nausea sol</i>	3	NM; *
<i>aprepitant capsule 40 mg</i>	1	B/D
<i>aprepitant capsule 80 mg</i>	1	B/D
<i>aprepitant capsule 125 mg</i>	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>compro sup 25mg</i>	1	
<i>dimenhydrinate tab 50 mg</i>	3	NM; *
<i>driminate tab 50mg</i>	3	NM; *
<i>dronabinol cap 2.5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	1	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	2	B/D
EMEND CAP 80MG	2	B/D
EMEND CAP 125MG	2	B/D
EMEND SUS 125MG	2	B/D
EMEND TRIPAC PAK 80 & 125	2	B/D
<i>formula em sol</i>	3	NM; *
<i>granisetron hcl inj 0.1 mg/ml</i>	1	
<i>granisetron hcl inj 1 mg/ml</i>	1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	
<i>granisetron hcl tab 1 mg</i>	1	B/D
<i>meclizine hcl chew tab 25 mg</i>	3	NM; *
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 12.5 mg</i>	3	NM; *
<i>meclizine hcl tab 25 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	3	NM; *
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>motion relf tab 25mg</i>	3	NM; *
<i>motion sick tab 25mg</i>	3	NM; *
<i>motion sick tab 50mg</i>	3	NM; *
<i>motion-time chw 25mg</i>	3	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	B/D
<i>ondansetron hcl tab 4 mg</i>	1	B/D

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<i>ondansetron hcl tab 8 mg</i>	1	B/D
<i>ondansetron hcl tab 24 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	1	B/D
<i>phenadoz sup 12.5mg</i>	2	PA; PA if 65 years and older
<i>phenergan sup 12.5mg</i>	2	PA; PA if 65 years and older
<i>phenergan sup 25mg</i>	2	PA; PA if 65 years and older
<i>phenergan sup 50mg</i>	2	PA; PA if 65 years and older
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	2	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	2	PA; PA if 65 years and older
<i>promethazine hcl suppos 12.5 mg</i>	2	PA; PA if 65 years and older
<i>promethazine hcl suppos 25 mg</i>	2	PA; PA if 65 years and older
<i>promethazine hcl suppos 50 mg</i>	2	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 65 years and older
<i>promethegan sup 25mg</i>	2	PA; PA if 65 years and older

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>promethegan sup 50mg</i>	2	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	2	QL (10 patches / 30 days), PA; PA if 65 years and older
<i>travel sick chw 25mg</i>	3	NM; *
<i>travel sick tab 50mg</i>	3	NM; *

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid control tab 10mg</i>	3	NM; *
<i>acid control tab 20mg</i>	3	NM; *
<i>acid control tab 150mg</i>	3	NM; *
<i>acid reducer tab 10mg</i>	3	NM; *
<i>acid reducer tab 20mg</i>	3	NM; *
<i>acid reducer tab 75mg</i>	3	NM; *
<i>acid reducer tab 150mg</i>	3	NM; *
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 20 mg/2ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine tab 10 mg</i>	3	NM; *
<i>famotidine tab 10mg</i>	3	NM; *
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 20mg</i>	3	NM; *
<i>famotidine tab 40 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>heartbrn rel tab 75mg</i>	3	NM; *
<i>heartburn tab 20mg</i>	3	NM; *
<i>heartburn tab 150mg</i>	3	NM; *
<i>heartburn tab 200mg</i>	3	NM; *
<i>heartburn tab relief</i>	3	NM; *
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 75 mg</i>	3	NM; *
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 150 mg</i>	3	NM; *
<i>ranitidine hcl tab 300 mg</i>	1	
<i>sm acid redu tab 200mg</i>	3	NM; *
ZANTAC TAB 75MG	3	NM; *
ZANTAC TAB 150MG	3	NM; *

INFLAMMATORY BOWEL DISEASE

APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 2 mg</i>	2	
CANASA SUP 1000MG	2	
DELZICOL CAP 400MG	2	
DIPENTUM CAP 250MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
HYDROCORTISONE ENEMA 100 MG/60ML	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser 1 wipe kit</i>	1	
MESALAMINE TAB DELAYED RELEASE 800 MG	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

LAXATIVES

<i>bisac-evac sup 10mg</i>	3	NM; *
<i>bisacodyl suppos 10 mg</i>	3	NM; *
<i>bisacodyl tab 5mg ec</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	1	
<i>biscolax sup 10mg</i>	3	NM; *
<i>calcium polycarbophil tab 625 mg</i>	3	NM; *
<i>castor laxat oil 100%</i>	3	NM; *
CITRUCEL TAB 500MG	3	NM; *
<i>clearlax pow</i>	3	NM; *
COLACE CAP 100MG	3	NM; *
COLACE CLEAR CAP 50 MG	3	NM; *
<i>constulose sol 10gm/15</i>	1	
<i>diocto liq 50mg/5ml</i>	3	NM; *
<i>diocto syp 60/15ml</i>	3	NM; *
<i>doc-q-lax tab 8.6-50mg</i>	3	NM; *
<i>docqlace cap 100mg</i>	3	NM; *
<i>docu liq 50mg/5ml</i>	3	NM; *
<i>docusate cal cap 240mg</i>	3	NM; *
<i>docusate sod cap 100mg</i>	3	NM; *
<i>docusate sodium cap 100 mg</i>	3	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	3	NM; *
<i>docusate sodium tab 100 mg</i>	3	NM; *
<i>docusil cap 100mg</i>	3	NM; *
DOCUSOL KIDS ENE 100MG/5M	3	NM; *
<i>docusol mini ene</i>	3	NM; *
DOCUSOL PLUS ENE 20-283	3	NM; *
<i>dok cap 100mg</i>	3	NM; *
<i>dok cap 250mg</i>	3	NM; *
<i>dok plus tab 8.6-50mg</i>	3	NM; *
<i>dok tab 100mg</i>	3	NM; *
<i>ducodyl tab 5mg ec</i>	3	NM; *
<i>enemeez mini ene</i>	3	NM; *
<i>enemeez plus ene 20-283</i>	3	NM; *
<i>enulose sol 10gm/15</i>	1	
EX-LAX CHW 15MG	3	NM; *
EX-LAX TAB 15MG	3	NM; *
EX-LAX TAB MAX ST	3	NM; *
<i>feminine lax tab 5mg ec</i>	3	NM; *
<i>fiber laxatv tab 625mg</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 102

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>fiber laxtiv cap 0.52gm</i>	3	NM; *
<i>fiber therap pow 58.6%</i>	3	NM; *
<i>fiber therap tab 500mg</i>	3	NM; *
<i>fiber-caps tab 625mg</i>	3	NM; *
<i>fiber-lax tab 625mg</i>	3	NM; *
FLEET BISACO ENE 10/30ML	3	NM; *
FLEET ENE	3	NM; *
FLEET ENE PED	3	NM; *
<i>fleet laxati tab 5mg ec</i>	3	NM; *
FLEET OIL ENE	3	NM; *
<i>gavilax pow</i>	3	NM; *
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>glycolax pow 3350 nf</i>	3	NM; *
<i>gnp bisa-lax tab 5mg ec</i>	3	NM; *
<i>gnp castor oil 100%</i>	3	NM; *
<i>gnp clearlax pow</i>	3	NM; *
<i>gnp enema ene</i>	3	NM; *
<i>gnp laxative tab 5mg ec</i>	3	NM; *
<i>gnp laxative tab 25mg</i>	3	NM; *
<i>gnp milk mag sus</i>	3	NM; *
GOLYTELY SOL	2	
<i>healthylax pow</i>	3	NM; *
<i>hm clearlax pow</i>	3	NM; *
<i>hm enema ene</i>	3	NM; *
<i>hm enema ene r-t-u</i>	3	NM; *
<i>hm fiber cap 0.52gm</i>	3	NM; *
<i>hm fiber pow 28.3%</i>	3	NM; *
<i>hm fiber pow 30.9%</i>	3	NM; *
<i>hm fiber pow 48.57%</i>	3	NM; *
<i>hm fiber pow 58.6%</i>	3	NM; *
<i>hm fiber tab 500mg</i>	3	NM; *
<i>hm laxative tab 5mg ec</i>	3	NM; *
<i>hm senna tab 8.6mg</i>	3	NM; *
<i>kao-tin cap 240mg</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 103

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>konsyl cap 520mg</i>	3	NM; *
<i>konsyl fiber tab 625mg</i>	3	NM; *
<i>konsyl pow 28.3%</i>	3	NM; *
KONSYL POW 28.3%	3	NM; *
<i>konsyl pow 30.9%</i>	3	NM; *
KONSYL POW 60.3%	3	NM; *
KONSYL POW 71.67%	3	NM; *
KONSYL POW 100%	3	NM; *
KONSYL-D POW 52.3%	3	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lax/stl soft tab 8.6-50mg</i>	3	NM; *
<i>laxative sup 10mg</i>	3	NM; *
<i>laxative tab 5mg ec</i>	3	NM; *
<i>laxative tab 25mg</i>	3	NM; *
<i>mag citrate sol cherry</i>	3	NM; *
<i>mag citrate sol lemon</i>	3	NM; *
<i>magnesium citrate soln</i>	3	NM; *
<i>metamucil pow 58.6%org</i>	3	NM; *
<i>milk of magn sus</i>	3	NM; *
<i>milk of magn sus 400/5ml</i>	3	NM; *
<i>milk of magn sus 1200/15</i>	3	NM; *
MILK OF MAGN SUS 2400MG	3	NM; *
<i>milk of magn sus cherry</i>	3	NM; *
<i>milk of magn sus frsh mnt</i>	3	NM; *
<i>milk of magn sus mint</i>	3	NM; *
<i>mineral oil ene</i>	3	NM; *
MOVIPREP SOL	2	
<i>nat fiber pow 48.57%</i>	3	NM; *
<i>nat fiber pow therapy</i>	3	NM; *
<i>nat veg lax tab 8.6mg</i>	3	NM; *
<i>naturl fiber pow 28.3%</i>	3	NM; *
<i>naturl fiber pow therapy</i>	3	NM; *
NULYTELY SOL FLAV PKS	2	
<i>oral saline sol laxative</i>	3	NM; *
PEDIA-LAX CHW 400MG	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 104

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PEDIA-LAX LIQ 50MG	3	NM; *
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	1	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>perdiem over tab 15mg</i>	3	NM; *
<i>peri-colace tab 8.6-50mg</i>	3	NM; *
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	3	NM; *
<i>polyethylene glycol 3350 oral powder</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	3	NM; *
<i>qc enema ene</i>	3	NM; *
<i>qc laxative sup 10mg</i>	3	NM; *
<i>reguloid cap 0.52gm</i>	3	NM; *
<i>reguloid pow 28.3%</i>	3	NM; *
<i>reguloid pow 48.57%</i>	3	NM; *
<i>reguloid pow 58.6%</i>	3	NM; *
<i>sb bisacodyl tab 5mg ec</i>	3	NM; *
<i>sb milk magn sus</i>	3	NM; *
<i>sb milk magn sus mint</i>	3	NM; *
<i>sb senna-lax tab 8.6mg</i>	3	NM; *
<i>senexon liq 8.8mg/5</i>	3	NM; *
<i>senexon tab 8.6mg</i>	3	NM; *
<i>senexon-s tab 8.6-50mg</i>	3	NM; *
<i>senna lax tab 8.6mg</i>	3	NM; *
<i>senna laxati tab 8.6mg</i>	3	NM; *
<i>senna plus tab 8.6-50mg</i>	3	NM; *
<i>senna tab 8.6mg</i>	3	NM; *
<i>senna-lax tab 8.6mg</i>	3	NM; *
<i>senna-s tab 8.6-50mg</i>	3	NM; *
<i>senna-tabs tab 8.6mg</i>	3	NM; *
<i>senna-time s tab 8.6-50mg</i>	3	NM; *
<i>senna-time tab 8.6mg</i>	3	NM; *
<i>sennalax-s tab 8.6-50mg</i>	3	NM; *
<i>senno tab 8.6mg</i>	3	NM; *

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

105

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sennosides syrup 8.8 mg/5ml</i>	3	NM; *
<i>sennosides tab 8.6 mg</i>	3	NM; *
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	3	NM; *
SENOKOT S TAB 8.6-50MG	3	NM; *
SENOKOT TAB 8.6MG	3	NM; *
SENOKOT XTRA TAB 17.2MG	3	NM; *
<i>silace liq 10mg/ml</i>	3	NM; *
<i>silace syp 60/15ml</i>	3	NM; *
<i>sm castor oil 100%</i>	3	NM; *
<i>sm clearlax pow</i>	3	NM; *
<i>sm enema ene</i>	3	NM; *
<i>sm fiber lax cap 0.52gm</i>	3	NM; *
<i>sm fiber lax tab 500mg</i>	3	NM; *
<i>sm fiber pow 28.3%</i>	3	NM; *
<i>sm fiber pow 48.57%</i>	3	NM; *
<i>sm fiber pow 58.6%</i>	3	NM; *
<i>sm laxative sup 10mg</i>	3	NM; *
<i>sm laxative tab 5mg ec</i>	3	NM; *
<i>sm milk magn sus cherry</i>	3	NM; *
<i>sm senna lax tab max str</i>	3	NM; *
<i>sodium phosphates - enema</i>	3	NM; *
<i>sof-lax cap 100mg</i>	3	NM; *
SORBITOL SOL 70%	3	NM; *
<i>stim laxat tab 5mg ec</i>	3	NM; *
<i>stool softnr cap 100mg</i>	3	NM; *
<i>stool softnr cap 240mg</i>	3	NM; *
<i>stool softnr cap 250mg</i>	3	NM; *
<i>stool softnr tab 8.6-50mg</i>	3	NM; *
SUPREP BOWEL SOL PREP KIT	2	
<i>trilyte sol</i>	1	
<i>womans laxat tab 5mg ec</i>	3	NM; *
<i>womens laxat tab 5mg ec</i>	3	NM; *

MISCELLANEOUS

<i>alose tron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	2	PA
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 106

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>anti-gas cap 180mg</i>	3	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>gas relief cap 125mg</i>	3	NM; *
<i>gas relief cap 180mg</i>	3	NM; *
<i>gas relief chw 80mg</i>	3	NM; *
<i>gas relief chw 125mg</i>	3	NM; *
<i>gas relief dro 20/0.3ml</i>	3	NM; *
<i>gas relief dro 40/0.6ml</i>	3	NM; *
<i>gas-x cap 125mg</i>	3	NM; *
<i>gas-x cap 180mg</i>	3	NM; *
GAS-X CHW 80MG	3	NM; *
GAS-X EX-STR CHW 125MG	3	NM; *
GATTEX KIT 5MG	2	NM, LA, PA
<i>gnp gas relf chw 80mg</i>	3	NM; *
<i>gnp gas relf chw 125mg</i>	3	NM; *
<i>hm gas relf chw 80mg</i>	3	NM; *
LINZESS CAP 72MCG	2	QL (30 caps / 30 days)
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	1	
<i>mi-acid gas chw 80mg</i>	3	NM; *
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOVANTIK TAB 12.5MG	2	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	2	QL (30 tabs / 30 days)
<i>mytab gas chw 80mg</i>	3	NM; *
<i>mytab gas chw 125mg</i>	3	NM; *
RELISTOR INJ 8/0.4ML	2	PA
RELISTOR INJ 12/0.6ML	2	PA
<i>simethicone cap 180 mg</i>	3	NM; *
<i>simethicone chew tab 80 mg</i>	3	NM; *
<i>simethicone chew tab 125 mg</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>simethicone dro 20/0.3ml</i>	3	NM; *
<i>simethicone susp 40 mg/0.6ml</i>	3	NM; *
<i>sm gas relf chw 80mg</i>	3	NM; *
SUCRAID SOL 8500/ML	2	LA
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
XIFAXAN TAB 550MG	2	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT CAP 30MG DR	2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
<i>heartburn tr cap 15mg</i>	3	NM; *
<i>lansoprazole cap 15mg dr</i>	3	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (30 caps / 30 days)

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>lansoprazole cap delayed release 15 mg</i>	3	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	2	
NEXIUM GRA 5MG DR	2	
NEXIUM GRA 10MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	2	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	2	QL (30 packets / 30 days)
<i>omeprazole cap 20.6mgdr</i>	3	NM; *
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	3	NM; *
OMEPRAZOLE TAB 20MG	3	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
PREVACID 24H CAP 15MG DR	3	NM; *
PRILOSEC OTC TAB 20MG	3	NM; *
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	

MISCELLANEOUS

<i>azo tabs tab 95mg</i>	3	NM; *
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	2	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	1	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>urinary pain tab 95mg</i>	3	NM; *

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

MYRBETRIQ TAB 25MG	2	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	2	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	1	QL (60 tabs / 30 days)
VESICARE TAB 5MG	2	QL (30 tabs / 30 days)
VESICARE TAB 10MG	2	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>clotrimazole cre 1% vag</i>	3	NM; *
CLOTRIMAZOLE CRE 3 DAY	3	NM; *
<i>clotrimazole vaginal cream 1%</i>	3	NM; *
3 DAY VAGINL CRE 2%	3	NM; *
<i>3 day vaginal cre 4%</i>	3	NM; *
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 kit combinat</i>	3	NM; *
<i>miconazole 3 kit combo pk</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>miconazole 7 cre 2%</i>	3	NM; *
<i>miconazole 7 cre tube/kit</i>	3	NM; *
<i>miconazole 7 sup 100mg</i>	3	NM; *
<i>miconazole nitrate vaginal cream 2%</i>	3	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 3 2% cream kit</i>	3	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	3	NM; *
<i>sm micon 7 sup 100mg</i>	3	NM; *
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>tioconazole oin 6.5% vag</i>	3	NM; *
VAGISTAT-1 OIN 6.5% VAG	3	NM; *
<i>vagistat-3 kit combo pk</i>	3	NM; *
VANDAZOLE GEL 0.75%	1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

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

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
HEP SOD/NACL INJ 25000UNT	2	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	2	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	2	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	B/D
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	2	
PRADAXA CAP 110MG	2	
PRADAXA CAP 150MG	2	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

GRANIX INJ 300/0.5	2	NM, PA
GRANIX INJ 480/0.8	2	NM, PA
LEUKINE INJ 250MCG	2	NM, PA
MOZOBIL INJ	2	NM, PA
NEUPOGEN INJ 300/0.5	2	NM, PA
NEUPOGEN INJ 300MCG	2	NM, PA
NEUPOGEN INJ 480/0.8	2	NM, PA
NEUPOGEN INJ 480MCG	2	NM, PA
PROCRIT INJ 2000/ML	2	NM, PA
PROCRIT INJ 3000/ML	2	NM, PA
PROCRIT INJ 4000/ML	2	NM, PA
PROCRIT INJ 10000/ML	2	NM, PA
PROCRIT INJ 20000/ML	2	NM, PA
PROCRIT INJ 40000/ML	2	NM, PA

IRON

<i>cvs iron tab 27mg</i>	3	NM; *
<i>cvs iron tab 325mg</i>	3	NM; *
<i>ezfe 200 cap 200mg</i>	3	NM; *
FEOSOL TAB 45MG	3	NM; *
<i>feosol tab 65mg</i>	3	NM; *
FEOSOL TAB 200MG	3	NM; *
FERAHEME INJ 510/17ML	3	NM; *
<i>ferate tab 27mg</i>	3	NM; *
FERGON TAB 27MG	3	NM; *
<i>ferosul elx 220/5ml</i>	3	NM; *
<i>ferrex 150 cap 150mg</i>	3	NM; *
<i>ferric x-150 cap 150mg</i>	3	NM; *
FERRLECIT INJ 12.5MG/M	3	NM; *
<i>ferro-bob tab 325mg</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
FERROUS GLUC TAB 225MG	3	NM; *
<i>ferrous gluc tab 324mg</i>	3	NM; *
FERROUS GLUC TAB 324MG	3	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	3	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	3	NM; *
FERROUS SUL LIQ 220/5ML	3	NM; *
FERROUS SULF SYP 300/5ML	3	NM; *
FERROUS SULF TAB 140MG	3	NM; *
FERROUS SULF TAB 324MG EC	3	NM; *
<i>ferrous sulf tab 325mg</i>	3	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	3	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	3	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	3	NM; *
<i>ferrousul tab 325mg</i>	3	NM; *
<i>gnp iron tab 45mg</i>	3	NM; *
<i>gnp iron tab 65mg</i>	3	NM; *
<i>gnp iron tab 325mg</i>	3	NM; *
<i>hm iron tab 45mg</i>	3	NM; *
<i>hm iron tab 65mg</i>	3	NM; *
ICAR PEDS SUS	3	NM; *
ICAR PEDS SUS GRAPE	3	NM; *
<i>iferex 150 cap</i>	3	NM; *
INFED INJ 50MG/ML	3	NM; *
IRON CHEWS CHW PEDIATRI	3	NM; *
<i>iron slow tab 45mg</i>	3	NM; *
<i>iron supplem tab 325mg</i>	3	NM; *
<i>iron supplem tab therapy</i>	3	NM; *
IRON TAB 18MG	3	NM; *
IRON TAB 28MG	3	NM; *
<i>iron tab 325mg</i>	3	NM; *
IRON UP LIQ	3	NM; *
<i>myferon 150 cap 150mg</i>	3	NM; *

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114

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
MYKIDZ IRON SUS 15/1.5ML	3	NM; *
NOVAFERRUM CAP 50MG	3	NM; *
NOVAFERRUM DRO 15MG/ML	3	NM; *
NOVAFERRUM LIQ 125	3	NM; *
<i>nu-iron 150 cap 150mg</i>	3	NM; *
PERFECT IRON TAB 25MG	3	NM; *
PIC 200 CAP	3	NM; *
<i>poly-iron cap 150mg</i>	3	NM; *
PROFE CAP 180MG	3	NM; *
<i>px iron tab 27mg</i>	3	NM; *
<i>px iron tab 200mg</i>	3	NM; *
<i>ra iron tab 27mg</i>	3	NM; *
<i>ra iron tab 325mg</i>	3	NM; *
<i>slow fe tab 45mg</i>	3	NM; *
SLOW FE TAB 142MG	3	NM; *
SLOW FE TAB 160MG CR	3	NM; *
<i>slow iron tab 50mg</i>	3	NM; *
<i>slow iron tab 160mg cr</i>	3	NM; *
SLOW REL FE TAB 143MG CR	3	NM; *
<i>slow rel fe tab 160mg cr</i>	3	NM; *
<i>slow release tab 45mg</i>	3	NM; *
<i>slow release tab 47.5mg</i>	3	NM; *
SLOW RELEASE TAB 143MG	3	NM; *
<i>slow-release tab fe 45mg</i>	3	NM; *
<i>sm iron slow tab 160mg cr</i>	3	NM; *
<i>sm iron tab 45mg</i>	3	NM; *
<i>sm iron tab 325mg</i>	3	NM; *
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	3	NM; *
<i>th iron tab 65mg</i>	3	NM; *
TRIFERIC SOL	3	NM; *
VENOFER INJ 20MG/ML	3	NM; *
<i>wee care sus 15/1.25</i>	3	NM; *

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>cilostazol tab 100 mg</i>	1	
CINRYZE SOL 500 UNIT	2	NM, LA, PA
FIRAZYR INJ 30MG/3ML	2	NM, PA
HAEGARDA INJ 2000UNIT	2	NM, LA, PA
HAEGARDA INJ 3000UNIT	2	NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA TAB 12.5MG	2	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	2	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	2	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	2	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

PLATELET AGGREGATION INHIBITORS

ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25- 200 MG	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
EFFIENT TAB 5MG	2	
EFFIENT TAB 10MG	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

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

HUMIRA INJ 10MG/0.2	2	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	2	QL (2 syringes / 28 days), NM, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
HUMIRA KIT 40MG/0.8	2	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	2	NM, PA
HUMIRA PEN INJ 40MG/0.8	2	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	2	NM, PA
HUMIRA PEN INJ PSORIASI	2	NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
REMICADE INJ 100MG	2	NM, PA
XATMEP SOL 2.5MG/ML	2	B/D
XELJANZ TAB 5MG	2	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	2	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM INJ 10%	2	NM, PA
CARIMUNE NF INJ 6GM	2	NM, PA
CARIMUNE NF INJ 12GM	2	NM, PA
FLEBOGAMMA INJ 5GM/50ML	2	NM, PA
FLEBOGAMMA INJ 10/100ML	2	NM, PA
FLEBOGAMMA INJ 10/200ML	2	NM, PA
FLEBOGAMMA INJ 20/200ML	2	NM, PA
FLEBOGAMMA INJ 20/400ML	2	NM, PA
FLEBOGAMMA INJ DIF 5%	2	NM, PA
GAMASTAN S/D INJ	2	B/D, NM
GAMMAGARD INJ 1GM/10ML	2	NM, PA
GAMMAGARD INJ 2.5GM/25	2	NM, PA
GAMMAGARD INJ 5GM/50ML	2	NM, PA
GAMMAGARD INJ 10GM/100	2	NM, PA
GAMMAGARD INJ 20GM/200	2	NM, PA
GAMMAGARD INJ 30GM/300	2	NM, PA
GAMMAGARD SD INJ 5GM HU	2	NM, PA
GAMMAGARD SD INJ 10GM HU	2	NM, PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
GAMMAKED INJ 1GM/10ML	2	NM, PA
GAMMAKED INJ 2.5GM/25	2	NM, PA
GAMMAKED INJ 5GM/50ML	2	NM, PA
GAMMAKED INJ 10GM/100	2	NM, PA
GAMMAKED INJ 20GM/200	2	NM, PA
GAMMAPLEX INJ 5%	2	NM, PA
GAMMAPLEX INJ 10%	2	NM, PA
GAMUNEX-C INJ 1GM/10ML	2	NM, PA
GAMUNEX-C INJ 2.5GM/25	2	NM, PA
GAMUNEX-C INJ 5GM/50ML	2	NM, PA
GAMUNEX-C INJ 10GM/100	2	NM, PA
GAMUNEX-C INJ 20GM/200	2	NM, PA
GAMUNEX-C INJ 40/400ML	2	NM, PA
OCTAGAM INJ 1GM	2	NM, PA
OCTAGAM INJ 2.5GM	2	NM, PA
OCTAGAM INJ 2GM/20ML	2	NM, PA
OCTAGAM INJ 5GM	2	NM, PA
OCTAGAM INJ 10GM	2	NM, PA
OCTAGAM INJ 25GM	2	NM, PA
PRIVIGEN INJ 5 GRAMS	2	NM, PA
PRIVIGEN INJ 10GRAMS	2	NM, PA
PRIVIGEN INJ 20GRAMS	2	NM, PA
PRIVIGEN INJ 40GRAMS	2	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	2	NM, LA, PA
ARCALYST INJ 220MG	2	NM, PA
INTRON A INJ 10MU	2	B/D, NM
INTRON A INJ 18MU	2	B/D, NM
INTRON A INJ 25MU	2	B/D, NM
INTRON A INJ 50MU	2	B/D, NM
POMALYST CAP 1MG	2	NM, LA, PA
POMALYST CAP 2MG	2	NM, LA, PA
POMALYST CAP 3MG	2	NM, LA, PA
POMALYST CAP 4MG	2	NM, LA, PA
REVLIMID CAP 2.5MG	2	NM, LA, PA
REVLIMID CAP 5MG	2	NM, LA, PA
REVLIMID CAP 10MG	2	NM, LA, PA

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
REVLIMID CAP 15MG	2	NM, LA, PA
REVLIMID CAP 20MG	2	NM, LA, PA
REVLIMID CAP 25MG	2	NM, LA, PA
THALOMID CAP 50MG	2	NM, PA
THALOMID CAP 100MG	2	NM, PA
THALOMID CAP 150MG	2	NM, PA
THALOMID CAP 200MG	2	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine inj 100mg</i>	1	B/D
<i>azathioprine tab 50 mg</i>	1	B/D
BENLYSTA INJ 120MG	2	NM, PA
BENLYSTA INJ 400MG	2	NM, PA
<i>cyclosporine cap 25 mg</i>	1	B/D
<i>cyclosporine cap 100 mg</i>	1	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	1	B/D
<i>cyclosporine modified cap 25 mg</i>	1	B/D
<i>cyclosporine modified cap 50 mg</i>	1	B/D
<i>cyclosporine modified cap 100 mg</i>	1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D
<i>gengraf cap 25mg</i>	1	B/D
<i>gengraf cap 50mg</i>	1	B/D
<i>gengraf cap 100mg</i>	1	B/D
<i>gengraf sol 100mg/ml</i>	1	B/D
<i>mycophenolate mofetil cap 250 mg</i>	1	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil tab 500 mg</i>	1	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	B/D
NEORAL CAP 25MG	2	B/D
NEORAL CAP 100MG	2	B/D
NEORAL SOL 100MG/ML	2	B/D
NULOJIX INJ 250MG	2	B/D
PROGRAF CAP 0.5MG	2	B/D
PROGRAF CAP 1MG	2	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PROGRAF CAP 5MG	2	B/D
RAPAMUNE SOL 1MG/ML	2	B/D
SANDIMMUNE SOL 100MG/ML	2	B/D
<i>sirolimus tab 0.5 mg</i>	1	B/D
<i>sirolimus tab 1 mg</i>	1	B/D
<i>sirolimus tab 2 mg</i>	2	B/D
<i>tacrolimus cap 0.5 mg</i>	1	B/D
<i>tacrolimus cap 1 mg</i>	1	B/D
<i>tacrolimus cap 5 mg</i>	1	B/D
ZORTRESS TAB 0.5MG	2	B/D
ZORTRESS TAB 0.25MG	2	B/D
ZORTRESS TAB 0.75MG	2	B/D

VACCINES

ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DIP/TET PED INJ 25-5LFU	2	B/D
ENGERIX-B INJ 10/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL 9 INJ	2	
GARDASIL INJ	2	
HAVRIX INJ 720UNIT	2	
HAVRIX INJ 1440UNIT	2	
HIBERIX SOL 10MCG	2	
IMOVAX RABIE INJ 2.5/ML	2	
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENOMUNE INJ A/C/Y/W	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PEDVAX HIB INJ	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	
RECOMBIVA HB INJ 5MCG/0.5	2	B/D
RECOMBIVA HB INJ 10MCG/ML	2	B/D
RECOMBIVA-HB INJ 40MCG/ML	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SYNAGIS INJ 50MG	2	NM
SYNAGIS INJ 100MG/ML	2	NM
TENIVAC INJ 5-2LF	2	B/D
TET/DIP TOX INJ 2-2 LF	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI INJ	2	
VAQTA INJ 25/0.5ML	2	
VAQTA INJ 50UNT/ML	2	
VARIVAX INJ	2	
YF-VAX INJ	2	
ZOSTAVAX INJ	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>baby darling sol ped elec</i>	3	NM; *
CERALYTE 70 LIQ	3	NM; *
<i>cvs electrol sol</i>	3	NM; *
ENFAMIL SOL ENFALYTE	3	NM; *
EQUALYTE SOL	3	NM; *
FRUCTOSE GRA	3	NM; *
<i>gnp pediatri sol electrol</i>	3	NM; *
KLOR-CON 8 TAB 8MEQ ER	1	
KLOR-CON 10 TAB 10MEQ ER	1	
<i>klor-con m15 tab 15meq er</i>	1	
MAGNESIUM SU INJ 2GM/50ML	2	
MAGNESIUM SU INJ 4G/100ML	2	
MAGNESIUM SU INJ 20/500ML	2	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
MAGNESIUM SU INJ 40G/1000	2	
MAGNESIUM SU INJ 80MG/ML	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
MAGNESIUM SULFATE INJ 50%	1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	1	
MG SO4/D5W INJ 10MG/ML	2	
MG SO4/D5W INJ 20MG/ML	2	
<i>naturallyte sol fruit</i>	3	NM; *
<i>oral electro sol h-e-b</i>	3	NM; *
<i>oral electrolyte solution</i>	3	NM; *
<i>oralyte sol</i>	3	NM; *
<i>oralyte sol freeze</i>	3	NM; *
<i>pc ped elect sol fruit</i>	3	NM; *
<i>pc ped elect sol grape</i>	3	NM; *
<i>pc pediatric sol electrol</i>	3	NM; *
<i>ped elctrylt sol</i>	3	NM; *
<i>ped elctrylt sol /zinc</i>	3	NM; *
<i>ped elctrylt sol freeze</i>	3	NM; *
<i>ped elctrylt sol freezer</i>	3	NM; *
<i>ped elctrylt sol freezpop</i>	3	NM; *
<i>ped elctrylt sol fruit</i>	3	NM; *
<i>ped elctrylt sol grape</i>	3	NM; *
<i>ped elctrylt sol unflavor</i>	3	NM; *
<i>ped elctrylt sol unflavrd</i>	3	NM; *
<i>pedia vance sol apple</i>	3	NM; *
PEDIALYTE SOL ADV CARE	3	NM; *
PEDIALYTE SOL BLU RASP	3	NM; *
PEDIALYTE SOL BUBL GUM	3	NM; *
PEDIALYTE SOL CHRY PUN	3	NM; *
PEDIALYTE SOL FREEZE	3	NM; *
PEDIALYTE SOL FRUIT	3	NM; *
PEDIALYTE SOL GRAPE	3	NM; *
PEDIALYTE SOL SINGLES	3	NM; *
PEDIALYTE SOL STRAWBRY	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 122

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PEDIALYTE SOL UNFLAVOR	3	NM; *
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	1	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	1	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>ra pediatric sol electrol</i>	3	NM; *
<i>rehydralyte sol</i>	3	NM; *
<i>revital frzr sol pops</i>	3	NM; *
<i>revital jell sol cups</i>	3	NM; *
<i>revital lqd sol squeezer</i>	3	NM; *
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TPN ELECTROL INJ	2	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	1	B/D
AMINOSYN 7% INJ /LYTES	2	B/D
AMINOSYN II INJ 8.5%	2	B/D
AMINOSYN II INJ 8.5/LYTE	2	B/D
AMINOSYN II INJ 10%	2	B/D
AMINOSYN INJ 8.5%	2	B/D
AMINOSYN INJ 8.5/LYTE	2	B/D
AMINOSYN INJ 10%	2	B/D
AMINOSYN M INJ 3.5%	2	B/D
AMINOSYN-HBC INJ 7%	2	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 123

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
AMINOSYN-PF INJ 7%	2	B/D
AMINOSYN-PF INJ 10%	2	B/D
AMINOSYN-RF INJ 5.2%	2	B/D
CHROMIC CHLORIDE INJ 40 MCG/10ML (4 MCG/ML) (ELEMENTAL CR)	3	NM; *
CLINIMIX INJ 2.75/D5W	2	B/D
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D20	2	B/D
CLINIMIX INJ 4.25/D25	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D
CLINIMIX INJ 5%/D25W	2	B/D
CUPRIC CHLORIDE INJ 0.4 MG/ML	3	NM; *
<i>fat emulsion iv soln 20%</i>	2	B/D
FREAMINE HBC INJ 6.9%	2	B/D
FREAMINE III INJ 10%	2	B/D
HEPATAMINE SOL 8%	2	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	2	B/D
<i>premasol sol 10%</i>	2	B/D
PROCALAMINE INJ 3%	2	B/D
PROSOL INJ 20%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D
ZINC CHLORIDE INJ 1 MG/ML	3	NM; *

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	2	
D5W/NACL INJ 0.3%	1	
D10W/NACL INJ 0.2%	2	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% IN LACTATED RINGERS	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	1	

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

124

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	1	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	1	
DEXTROSE INJ 5%	1	
DEXTROSE INJ 10%	1	
DEXTROSE INJ 50%	1	
DEXTROSE INJ 70%	1	
IONOSOL-B/ INJ D5W	2	
IONOSOL-MB INJ /D5W	2	
ISOLYTE-P INJ /D5W	2	
ISOLYTE-S INJ	2	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	1	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	1	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	1	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	

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

125

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RINGER'S SOLUTION	1	
NORMOSOL -M INJ /D5W	2	
NORMOSOL -R INJ /D5W	2	
NORMOSOL-R INJ PH 7.4	2	
PLASMA-LYTE INJ -148	2	
PLASMA-LYTE INJ -A	2	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	1	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	1	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	1	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	1	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	1	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	1	
RINGER'S SOLUTION	1	
SODIUM CHLORIDE INJ 0.45%	1	
SODIUM CHLORIDE INJ 3%	1	
SODIUM CHLORIDE INJ 5%	1	
SODIUM CHLORIDE IV SOLN 0.9%	1	

MINERALS

<i>ca cit/vit d tab 315/200</i>	3	NM; *
<i>ca cit/vit d tab 315/250</i>	3	NM; *
CA CITRATE TAB 250MG	3	NM; *
<i>ca citrate tab + d</i>	3	NM; *
<i>ca citrate tab plus d</i>	3	NM; *
CA LACTATE TAB 100MG	3	NM; *
<i>ca/d/mineral tab</i>	3	NM; *
<i>ca/d/mineral tab 600-200</i>	3	NM; *
CAL-CITRATE TAB PLUS D	3	NM; *
CAL-MINT CHW 260MG	3	NM; *
CAL-QUICK LIQ 500-400	3	NM; *
<i>calc 600+d3 tab minerals</i>	3	NM; *
<i>calc 600+d tab 600-800</i>	3	NM; *
<i>calc 600+d+ tab minerals</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 126

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>calc cit+d3 tab 250-200</i>	3	NM; *
<i>calc citr+d3 tab 200-250</i>	3	NM; *
<i>calc citr+d tab 315-250</i>	3	NM; *
<i>calc citr/d3 tab 200-250</i>	3	NM; *
<i>calc citr/d tab 315-250</i>	3	NM; *
CALC CITRATE TAB 200MG	3	NM; *
<i>calc citrate tab +d</i>	3	NM; *
CALC GUMMIES CHW CHILD	3	NM; *
CALC/VIT D3 CHW DISNEY	3	NM; *
<i>calcarb 600 tab</i>	3	NM; *
CALCI-CHEW CHW 1250MG	3	NM; *
CALCI-MIX CAP 1250MG	3	NM; *
CALCIONATE SYP 1.8GM/5	3	NM; *
<i>calcitrate tab</i>	3	NM; *
<i>calcitrate tab 950mg</i>	3	NM; *
<i>calcium 500 tab +d</i>	3	NM; *
<i>calcium 500 tab /vit d</i>	3	NM; *
<i>calcium 600 chw +d/miner</i>	3	NM; *
<i>calcium 600 chw +d/mnrsl</i>	3	NM; *
<i>calcium 600 chw w/vit d</i>	3	NM; *
<i>calcium 600 tab</i>	3	NM; *
<i>calcium 600 tab + d</i>	3	NM; *
<i>calcium 600 tab +d</i>	3	NM; *
<i>calcium 600 tab +d3</i>	3	NM; *
<i>calcium 600 tab +d/mnrsl</i>	3	NM; *
<i>calcium 600 tab -d</i>	3	NM; *
<i>calcium 600 tab vit d/mi</i>	3	NM; *
<i>calcium 600/ tab vit d</i>	3	NM; *
CALCIUM 1000 TAB + D	3	NM; *
<i>calcium 1200 chw</i>	3	NM; *
<i>calcium + d tab</i>	3	NM; *
<i>calcium + d tab 600-200</i>	3	NM; *
<i>calcium +d3 tab maximum</i>	3	NM; *
<i>calcium +d tab maximum</i>	3	NM; *
CALCIUM CARB CHW 260MG	3	NM; *
CALCIUM CARB POW 800/2GM	3	NM; *
<i>calcium carb tab 1250mg</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 127

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	3	NM; *
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	3	NM; *
<i>calcium carbonate tab 600 mg</i>	3	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	3	NM; *
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	3	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	3	NM; *
CALCIUM CHW GUMMIES	3	NM; *
<i>calcium cit/ tab vit d</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 128

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
CALCIUM CIT/ TAB VIT D	3	NM; *
<i>calcium citr tab +d</i>	3	NM; *
<i>calcium citr tab plus d-3</i>	3	NM; *
<i>calcium citr tab w/vit d3</i>	3	NM; *
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	3	NM; *
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	3	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	3	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	3	NM; *
CALCIUM GRA CITRATE	3	NM; *
CALCIUM LACT TAB 648MG	3	NM; *
<i>calcium plus cap d3</i>	3	NM; *
<i>calcium plus tab 600 +d</i>	3	NM; *
<i>calcium tab 500+d</i>	3	NM; *
<i>calcium tab 500/d</i>	3	NM; *
<i>calcium tab 600mg</i>	3	NM; *
CALCIUM TAB 600MG	3	NM; *
<i>calcium tab vit d</i>	3	NM; *
<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	3	NM; *
<i>calcium+d3 tab 315-250</i>	3	NM; *
<i>calcium+d3 tab 600-400</i>	3	NM; *
<i>calcium+d3 tab 600-800</i>	3	NM; *
<i>calcium+d tab 600-400</i>	3	NM; *
<i>calcium+d tab 600-800</i>	3	NM; *
<i>calcium/d3 cap 600-500</i>	3	NM; *
<i>calcium/d3 tab</i>	3	NM; *
<i>calcium/d3 tab 600-800</i>	3	NM; *
<i>calcium/d chw 500-400</i>	3	NM; *
<i>calcium/d tab 500-200</i>	3	NM; *
<i>calcium/d tab 500-400</i>	3	NM; *
<i>calcium/d tab 500mg</i>	3	NM; *
<i>calcium/d tab 600-200</i>	3	NM; *
<i>calcium/d tab 600-400</i>	3	NM; *
<i>calcium/d tab 600-800</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 129

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>calcium/vita tab d3</i>	3	NM; *
CALCIUM/VITD CAP 600-400	3	NM; *
<i>calphron tab 667mg</i>	3	NM; *
CALTRATE 600 CHW 600-800	3	NM; *
CALTRATE 600 CHW +D PLUS	3	NM; *
<i>caltrate 600 tab</i>	3	NM; *
CALTRATE + D TAB 300-800	3	NM; *
CALTRATE +D TAB 600-800	3	NM; *
CALTRATE+D TAB 600-800	3	NM; *
CHEWABLE CHW CALCIUM	3	NM; *
<i>cit calc/d tab 315-250</i>	3	NM; *
CITRACAL CAL CHW GUMMIES	3	NM; *
CITRACAL TAB MAXIMUM	3	NM; *
CITRACAL TAB VIT D	3	NM; *
CITRACAL+D3 CHW 250-500	3	NM; *
CITRACAL+D3 TAB MAXIMUM	3	NM; *
<i>cvs calcium tab 600mg</i>	3	NM; *
<i>eq calcium tab citr+d</i>	3	NM; *
<i>eql ca/vit d chw minerals</i>	3	NM; *
EQL CALCIUM CAP VIT D	3	NM; *
<i>eql calcium tab w/vit d</i>	3	NM; *
<i>gnp ca/vit d chw minerals</i>	3	NM; *
<i>gnp calcium tab 500/d</i>	3	NM; *
<i>gnp calcium tab 600/d</i>	3	NM; *
<i>gnp calcium tab cit +d3</i>	3	NM; *
<i>hm ca/vit d3 tab 600-400</i>	3	NM; *
<i>hm calcium tab citr+d</i>	3	NM; *
<i>hm calcium tab d/minera</i>	3	NM; *
<i>kp calcium cap 600+d</i>	3	NM; *
<i>kp calcium tab 600+d</i>	3	NM; *
<i>liq ca/vit d cap 600mg</i>	3	NM; *
LIQUID CALCI CAP WITH D3	3	NM; *
<i>mag64 tab 64mg</i>	3	NM; *
<i>mag-g tab 500mg</i>	3	NM; *
MAG-SR PLUS TAB CALCIUM	3	NM; *
MAG-TAB SR TAB 84MG	3	NM; *
<i>magdelay tab 70mg</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
MAGNEBIND TAB 300	3	NM; *
MAGNESIUM CAP 400MG	3	NM; *
MAGNESIUM GL TAB 500MG	3	NM; *
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	3	NM; *
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	3	NM; *
<i>magnesium oxide cap 500 mg (elemental mg)</i>	3	NM; *
<i>magnesium oxide tab 250 mg (mg supplement)</i>	3	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	3	NM; *
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	3	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	3	NM; *
<i>magnesium tab 500mg</i>	3	NM; *
<i>magnesium-ox tab 400mg</i>	3	NM; *
MAGONATE LIQ 1000/5ML	3	NM; *
<i>magonate tab 500mg</i>	3	NM; *
MAGOX 400 TAB 400MG	3	NM; *
MANGANESE CHLORIDE INJ 0.1 MG/ML	3	NM; *
MG GLUCONATE TAB 250MG	3	NM; *
<i>mgo tab 400mg</i>	3	NM; *
NU-MAG TAB 71.5-119	3	NM; *
<i>orazinc cap 220mg</i>	3	NM; *
<i>os calcium tab /vit d</i>	3	NM; *
<i>os-cal + d3 tab 500-200</i>	3	NM; *
<i>os-cal chw</i>	3	NM; *
<i>os-cal chw 500-600</i>	3	NM; *
<i>os-cal extra tab d3</i>	3	NM; *
OSTEO-PORETI TAB	3	NM; *
<i>oys shell ca tab 500 + d</i>	3	NM; *
<i>oys shell ca tab /d3</i>	3	NM; *
<i>oys shell ca tab /vit d</i>	3	NM; *
<i>oys shell+d chw 500-400</i>	3	NM; *
<i>oys shell+d tab 250-125</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 131

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>oysco 500 tab 500mg</i>	3	NM; *
<i>oysco 500+d chw</i>	3	NM; *
<i>oysco 500+d tab</i>	3	NM; *
<i>oysco d tab 250-125</i>	3	NM; *
<i>oyst cal/d tab 250mg</i>	3	NM; *
<i>oyst cal/d tab 500mg</i>	3	NM; *
<i>oyst shell/d tab 500-125</i>	3	NM; *
<i>oyst shell/d tab 500-200</i>	3	NM; *
<i>oyst shell/d tab 500-400</i>	3	NM; *
<i>oyst shell/d tab 500mg</i>	3	NM; *
<i>oyst-cal d tab 250mg</i>	3	NM; *
<i>oyst-cal-d tab 500mg</i>	3	NM; *
<i>oyster shell calcium tab 500 mg</i>	3	NM; *
<i>oyster shell tab 500mg</i>	3	NM; *
<i>oystercal tab 500mg</i>	3	NM; *
<i>oystercal-d tab 500mg</i>	3	NM; *
<i>pa oyster sh tab 500mg</i>	3	NM; *
<i>px calcium&d tab 600-400</i>	3	NM; *
<i>qc calcium tab 600mg</i>	3	NM; *
<i>ra ca/vit d3 chw minerals</i>	3	NM; *
<i>ra ca/vit d3 tab 600-400</i>	3	NM; *
<i>ra calcium tab 600mg</i>	3	NM; *
<i>ra calcium tab vit d</i>	3	NM; *
<i>ra hi cal tab 500-200</i>	3	NM; *
<i>ra hi-cal tab 500mg</i>	3	NM; *
<i>ra hi-cal/d tab 500mg</i>	3	NM; *
<i>ra magnesium cap 500mg</i>	3	NM; *
RISACAL-D TAB	3	NM; *
<i>slow mag/cal tab 70-117mg</i>	3	NM; *
SLOW-MAG TAB	3	NM; *
<i>sm ca/vit d3 tab 600-400</i>	3	NM; *
<i>sm calcium tab /vit d3</i>	3	NM; *
<i>sm calcium/d tab 500-200</i>	3	NM; *
<i>sm calcium/d tab 600-400</i>	3	NM; *
<i>sm magnesium tab 250mg</i>	3	NM; *
SOD CHLORIDE GRA	3	NM; *
<i>super ca 600 tab + d3</i>	3	NM; *

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

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>super ca 600 tab + d3 400</i>	3	NM; *
<i>super ca 600 tab + d 400</i>	3	NM; *
<i>super calciu tab 600mg</i>	3	NM; *
<i>th calcium/d chw 600-400</i>	3	NM; *
<i>th calcium/d tab 600-400</i>	3	NM; *
UPCAL D POW	3	NM; *
VITAMIN D TAB 400	3	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	3	NM; *
ZINC SULFATE POW HEPTAHYD	3	NM; *
<i>zinc-220 cap</i>	3	NM; *

MISCELLANEOUS

CASTOR OIL	3	NM; *
<i>coenzyme q10 cap 100 mg</i>	3	NM; *
<i>cvs fish oil cap 1000mg</i>	3	NM; *
<i>cvs fish oil cap 1200mg</i>	3	NM; *
<i>eql fish oil cap 1000mg</i>	3	NM; *
<i>eql fish oil cap 1200mg</i>	3	NM; *
<i>fish oil cap 300mg</i>	3	NM; *
<i>fish oil cap 435mg</i>	3	NM; *
<i>fish oil cap 1000mg</i>	3	NM; *
<i>fish oil cap 1200mg</i>	3	NM; *
<i>fish oil con cap 300mg</i>	3	NM; *
<i>fish oil con cap 1000mg</i>	3	NM; *
<i>gnp fish oil cap</i>	3	NM; *
<i>gnp fish oil cap 1000mg</i>	3	NM; *
<i>gnp fish oil cap 1200mg</i>	3	NM; *
<i>healthy kids chw gummies</i>	3	NM; *
HM CASTOR OIL	3	NM; *
<i>hm fish oil cap 1000mg</i>	3	NM; *
<i>hm fish oil cap 1200mg</i>	3	NM; *
<i>kp fish oil cap 1200mg</i>	3	NM; *
<i>kp omega-3 cap 1200mg</i>	3	NM; *
L-ARGININE POW	3	NM; *
<i>maximum epa cap 1000mg</i>	3	NM; *
METHOCEL E4M POW PREMIUM	3	NM; *
<i>omega 3 500 cap 500mg</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 133

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>omega iii cap epa+dha</i>	3	NM; *
<i>omega-3 cap 1200mg</i>	3	NM; *
<i>omega-3 chld chw 113.5mg</i>	3	NM; *
<i>omega-3 fatty acids cap 300 mg</i>	3	NM; *
<i>omega-3 fatty acids cap 435 mg</i>	3	NM; *
<i>omega-3 fatty acids cap 500 mg</i>	3	NM; *
<i>omega-3 fatty acids cap 1000 mg</i>	3	NM; *
<i>omega-3 fatty acids cap 1200 mg</i>	3	NM; *
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	3	NM; *
<i>omega-3 fish cap 1000 mg</i>	3	NM; *
<i>omega-3 fish cap 1000mg</i>	3	NM; *
<i>omega-3 fish chw 113.5mg</i>	3	NM; *
<i>omera cap 1000mg</i>	3	NM; *
<i>ovega-3 cap 500mg</i>	3	NM; *
<i>pa fish oil cap 1000mg</i>	3	NM; *
PROPYLENE GL SOL	3	NM; *
<i>px fish oil cap 1000mg</i>	3	NM; *
QC CASTOR OIL	3	NM; *
<i>ra fish oil cap 1000mg</i>	3	NM; *
<i>salmon oil cap 1000mg</i>	3	NM; *
<i>sea-omega 30 cap 1200mg</i>	3	NM; *
<i>sea-omega 50 cap 1000mg</i>	3	NM; *
<i>sm fish oil cap 1000mg</i>	3	NM; *
<i>sm fish oil cap 1200mg</i>	3	NM; *
<i>super dha cap gems</i>	3	NM; *
<i>super omega cap -3</i>	3	NM; *
SUPER TWIN CAP EPA/DHA	3	NM; *
<i>theromega cap 1000mg</i>	3	NM; *

VITAMINS

<i>a thru z sel tab 50+ adva</i>	3	NM; *
<i>a thru z sel tab 50+ mens</i>	3	NM; *
<i>a thru z sel tab advanced</i>	3	NM; *
<i>a thru z tab advanced</i>	3	NM; *
<i>a thru z tab high pot</i>	3	NM; *
<i>a thru z tab select</i>	3	NM; *
<i>a thru z tab ultimate</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 134

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>a thru z ult tab mens</i>	3	NM; *
<i>abc plus tab</i>	3	NM; *
<i>abc plus tab senior</i>	3	NM; *
<i>actical cap</i>	3	NM; *
<i>adlt multivi chw gummies</i>	3	NM; *
ADLT ONE DLY CHW GUMMIES	3	NM; *
ADULT 50+ CAP OCUVITE	3	NM; *
<i>airborne chw</i>	3	NM; *
<i>airborne chw gummies</i>	3	NM; *
<i>airborne tab</i>	3	NM; *
ALIVE ENERGY TAB WOMENS	3	NM; *
ALIVE WOMENS CHW GUMMY	3	NM; *
<i>anti-oxidant tab</i>	3	NM; *
<i>antioxidant cap</i>	3	NM; *
ANTIOXIDANT CAP	3	NM; *
<i>antioxidant tab</i>	3	NM; *
<i>antioxidant tab vitamins</i>	3	NM; *
APATATE FORT LIQ	3	NM; *
AQUADEKS CAP	3	NM; *
AQUADEKS CHW	3	NM; *
AQUASOL A INJ 50000/ML	3	NM; *
<i>b comp/iron/ tab vit c/e</i>	3	NM; *
<i>bdy/hair/skn cap nails</i>	3	NM; *
<i>berocca tab</i>	3	NM; *
BIO-35 GLUTE CAP FREE	3	NM; *
BIOCAL CAP	3	NM; *
BIOSUPP LIQ	3	NM; *
BIOTECT PLUS LIQ	3	NM; *
<i>biotin plus/ tab cal/vitd</i>	3	NM; *
<i>calcet plus tab</i>	3	NM; *
<i>calcidol dro 8000/ml</i>	3	NM; *
<i>calciferol dro 8000/ml</i>	3	NM; *
<i>calcitriol cap 0.5 mcg</i>	1	B/D
<i>calcitriol cap 0.25 mcg</i>	1	B/D
<i>calcitriol inj 1 mcg/ml</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
CARDENZ TAB	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 135

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>carravite tab</i>	3	NM; *
<i>cent cardio tab hlth for</i>	3	NM; *
<i>centamin liq</i>	3	NM; *
<i>centavite az tab minerals</i>	3	NM; *
<i>centavite liq</i>	3	NM; *
<i>central-vite tab perform</i>	3	NM; *
CENTRAL-VITE TAB UNDER 50	3	NM; *
<i>central-vite tab wmns mat</i>	3	NM; *
<i>centravites tab</i>	3	NM; *
<i>centravites tab 50 plus</i>	3	NM; *
CENTRUM CHW	3	NM; *
CENTRUM CHW FLAV BST	3	NM; *
CENTRUM CHW SILVER	3	NM; *
CENTRUM KIDS CHW FLAV BST	3	NM; *
CENTRUM LIQ	3	NM; *
CENTRUM SILV TAB ADULT 50	3	NM; *
CENTRUM SPEC TAB HEART	3	NM; *
CENTRUM SPEC TAB VISION	3	NM; *
CENTRUM TAB	3	NM; *
CENTRUM TAB CARDIO	3	NM; *
CENTRUM TAB SILVER	3	NM; *
CENTRUM TAB ULTRA	3	NM; *
<i>century tab</i>	3	NM; *
<i>century tab mature</i>	3	NM; *
<i>cerovite liq advanced</i>	3	NM; *
<i>cerovite tab advanced</i>	3	NM; *
<i>cerovite tab senior</i>	3	NM; *
<i>certa plus tab</i>	3	NM; *
<i>certa-vite liq</i>	3	NM; *
<i>certagen tab</i>	3	NM; *
<i>certavite liq antioxid</i>	3	NM; *
CERTAVITE TAB SENIOR	3	NM; *
<i>certavite/ tab antioxid</i>	3	NM; *
<i>cholecalciferol cap 400 unit</i>	3	NM; *
<i>cholecalciferol cap 1000 unit</i>	3	NM; *
<i>cholecalciferol cap 2000 unit</i>	3	NM; *
<i>cholecalciferol cap 5000 unit</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 136

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>cholecalciferol cap 10000 unit</i>	3	NM; *
<i>cholecalciferol cap 50000 unit</i>	3	NM; *
<i>cholecalciferol chew tab 400 unit</i>	3	NM; *
<i>cholecalciferol chew tab 1000 unit</i>	3	NM; *
<i>cholecalciferol tab 400 unit</i>	3	NM; *
<i>cholecalciferol tab 1000 unit</i>	3	NM; *
<i>cholecalciferol tab 2000 unit</i>	3	NM; *
<i>cholecalciferol tab 5000 unit</i>	3	NM; *
<i>comp multivi liq mineral</i>	3	NM; *
<i>companion tab</i>	3	NM; *
<i>compete tab</i>	3	NM; *
<i>comple multi tab adlt 50+</i>	3	NM; *
COMPLETE 50+ TAB MENS	3	NM; *
<i>complete 50+ tab multi</i>	3	NM; *
COMPLETE 50+ TAB WOMENS	3	NM; *
COMPLETE CAP FORMULAT	3	NM; *
<i>complete tab</i>	3	NM; *
<i>complete tab senior</i>	3	NM; *
CONCEPTIONXR MIS MOTILITY	3	NM; *
<i>cvd d3 chw 1000unit</i>	3	NM; *
<i>cvd d3 cap 400unit</i>	3	NM; *
<i>cvd d3 cap 1000unit</i>	3	NM; *
<i>cvd d3 cap 2000unit</i>	3	NM; *
<i>cvd d3 cap 5000unit</i>	3	NM; *
<i>cvd daily chw gummies</i>	3	NM; *
<i>cvd daily tab energy</i>	3	NM; *
<i>cvd daily tab fe/ca/zn</i>	3	NM; *
<i>cvd daily tab multiple</i>	3	NM; *
<i>cvd vision tab formula</i>	3	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	3	NM; *
<i>d3 adult chw 1000unit</i>	3	NM; *
<i>d3 cap 1000unit</i>	3	NM; *
<i>d3 kids chw 400unit</i>	3	NM; *
<i>d3 super str cap 2000unit</i>	3	NM; *
<i>d3-50 cap 50000unt</i>	3	NM; *
<i>d3-1000 cap 1000unit</i>	3	NM; *
<i>d 400 tab 400unit</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 137

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>d 1000 cap 1000unit</i>	3	NM; *
<i>d 1000 chw 1000unit</i>	3	NM; *
<i>d 1000 tab 1000unit</i>	3	NM; *
<i>d 2000 tab 2000unit</i>	3	NM; *
<i>d-3 gummy chw 400unit</i>	3	NM; *
<i>d-400 tab 400unit</i>	3	NM; *
<i>daily combo tab</i>	3	NM; *
<i>daily multi tab</i>	3	NM; *
<i>daily multi tab men</i>	3	NM; *
<i>daily multi tab men 50+</i>	3	NM; *
<i>daily multi tab minerals</i>	3	NM; *
<i>daily multi tab pls iron</i>	3	NM; *
<i>daily multi tab vit/iron</i>	3	NM; *
<i>daily multi tab vit/mens</i>	3	NM; *
<i>daily multi tab vit/min</i>	3	NM; *
<i>daily multi tab vitamin</i>	3	NM; *
<i>daily multi tab vitamins</i>	3	NM; *
<i>daily multi tab weight</i>	3	NM; *
<i>daily multi tab women</i>	3	NM; *
<i>daily multi tab womn 50+</i>	3	NM; *
<i>daily tab vitamin</i>	3	NM; *
<i>daily value tab multivit</i>	3	NM; *
<i>daily vit tab</i>	3	NM; *
<i>daily vit tab +iron</i>	3	NM; *
<i>daily vit tab +mineral</i>	3	NM; *
<i>daily vit tab iron</i>	3	NM; *
<i>daily vite tab</i>	3	NM; *
<i>daily-vite tab</i>	3	NM; *
<i>daily-vite/ tab iron</i>	3	NM; *
DECARA CAP 25000UNT	3	NM; *
<i>decara cap 50000unt</i>	3	NM; *
DECUBI-VITE CAP	3	NM; *
DEKAS CAP ESSENTIA	3	NM; *
DEKAS PLUS CAP	3	NM; *
<i>delta d3 tab 400unit</i>	3	NM; *
DIABET HLTH PAK SUPPORT	3	NM; *
DIABETES PAK HEALTH	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>diabetic sup tab formula</i>	3	NM; *
<i>diabets hlth tab formula</i>	3	NM; *
<i>dialyvite d cap 5000unit</i>	3	NM; *
<i>dialyvite tab 800/d</i>	3	NM; *
DRISDOL CAP 50000UNT	3	NM; *
DRISDOL DRO 8000/ML	3	NM; *
ELDERTONIC ELX	3	NM; *
<i>endur-acin tab 500mg sr</i>	3	NM; *
<i>enviro-stres tab</i>	3	NM; *
EQ COMPLETE TAB ADULT	3	NM; *
EQ ONE DAILY TAB MENS	3	NM; *
EQ ONE DAILY TAB WOMENS	3	NM; *
<i>eql central- tab vite</i>	3	NM; *
<i>eql central- tab vite sel</i>	3	NM; *
<i>eql century tab</i>	3	NM; *
<i>eql century tab mature</i>	3	NM; *
<i>eql century tab womens</i>	3	NM; *
<i>eql one dail tab essentia</i>	3	NM; *
<i>eql vision tab formula</i>	3	NM; *
<i>ergocalciferol cap 50000 unit</i>	3	NM; *
<i>ergocalciferol soln 8000 unit/ml</i>	3	NM; *
<i>essentia tab</i>	3	NM; *
<i>essential tab balance</i>	3	NM; *
<i>essentl one tab daily</i>	3	NM; *
<i>eye vitamins tab /mineral</i>	3	NM; *
<i>eye-vite ext tab lutein</i>	3	NM; *
<i>eyeprotect tab</i>	3	NM; *
<i>fa-8 cap 800mcg</i>	3	NM; *
<i>fa-8 tab 0.8mg</i>	3	NM; *
<i>folic acid cap 0.8 mg</i>	3	NM; *
<i>folic acid inj 5 mg/ml</i>	3	NM; *
<i>folic acid tab 1 mg</i>	3	NM; *
<i>folic acid tab 400 mcg</i>	3	NM; *
<i>folic acid tab 400mcg</i>	3	NM; *
<i>folic acid tab 800 mcg</i>	3	NM; *
<i>folic acid tab 800mcg</i>	3	NM; *
FOSFREE TAB	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
FREEDAVITE TAB	3	NM; *
<i>gerivite tab complete</i>	3	NM; *
<i>glucoten cap</i>	3	NM; *
<i>gnp century tab</i>	3	NM; *
<i>gnp century tab active</i>	3	NM; *
<i>gnp century tab cardio</i>	3	NM; *
<i>gnp century tab mature</i>	3	NM; *
<i>gnp century tab senior</i>	3	NM; *
<i>gnp century tab ultimate</i>	3	NM; *
GNP DAILY MIS PRENATAL	3	NM; *
<i>gnp healthy tab eyes</i>	3	NM; *
<i>gnp niacin tab 250mg</i>	3	NM; *
<i>gnp niacin tab 250mg tr</i>	3	NM; *
<i>gnp one dail tab maximum</i>	3	NM; *
<i>gnp opti-vit tab</i>	3	NM; *
<i>gnp vit d3 tab 1000unit</i>	3	NM; *
<i>gnp vit d tab 1000unit</i>	3	NM; *
<i>gnp vit d tab 5000unit</i>	3	NM; *
<i>hair formula tab ex stren</i>	3	NM; *
<i>hair/skin/ tab nails</i>	3	NM; *
<i>healthy eyes cap supervis</i>	3	NM; *
<i>healthy eyes tab</i>	3	NM; *
<i>hm complete tab</i>	3	NM; *
HM COMPLETE TAB	3	NM; *
<i>hm complete tab 50+</i>	3	NM; *
HM HAIR/SKIN TAB /NAILS	3	NM; *
<i>hm niacin tab 250mg</i>	3	NM; *
<i>hm one daily tab /iron</i>	3	NM; *
HM ONE DAILY TAB MENS	3	NM; *
<i>hm vit d3 cap 2000unit</i>	3	NM; *
<i>hm vitamin d tab 1000unit</i>	3	NM; *
HYALEX TAB	3	NM; *
<i>hydroxocobalamin inj 1000 mcg/ml</i>	3	NM; *
<i>i-vite prote tab</i>	3	NM; *
<i>i-vite tab</i>	3	NM; *
ICAPS AREDS TAB FORMULA	3	NM; *
<i>icaps cap</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 140

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>icaps lutein cap /omega-3</i>	3	NM; *
<i>icaps mv tab</i>	3	NM; *
ICAPS PLUS TAB	3	NM; *
INFUVITE INJ	3	NM; *
INFUVITE INJ ADULT	3	NM; *
INFUVITE INJ PEDIATRI	3	NM; *
K-PAX CAP DOUBLE	3	NM; *
K-PAX CAP SINGLE	3	NM; *
K-PAX TAB PROF ST	3	NM; *
<i>kp adult 50+ tab daily</i>	3	NM; *
<i>kp adults tab daily</i>	3	NM; *
<i>kp mens 50+ tab daily</i>	3	NM; *
<i>kp mens tab daily</i>	3	NM; *
<i>kp women 50+ tab daily</i>	3	NM; *
<i>kp womens tab daily</i>	3	NM; *
LIFE PACK MIS MENS	3	NM; *
LIFE PACK MIS WOMENS	3	NM; *
<i>lysiplex liq plus</i>	3	NM; *
M.V.I PEDIAT INJ	3	NM; *
M.V.I-12 W/O INJ VIT K	3	NM; *
M.V.I. ADULT INJ	3	NM; *
MACULAR VIT TAB BENEFIT	3	NM; *
<i>macuvite tab</i>	3	NM; *
<i>macuvite tab eye care</i>	3	NM; *
<i>macuvite tab lutein</i>	3	NM; *
<i>max daily tab green</i>	3	NM; *
<i>maximum tab blue lab</i>	3	NM; *
<i>maximum tab green lb</i>	3	NM; *
<i>maximum tab red labl</i>	3	NM; *
<i>mediplex tab plus</i>	3	NM; *
<i>mega multi tab men</i>	3	NM; *
<i>mega multi tab women</i>	3	NM; *
MEGA MULTIVI TAB MEN	3	NM; *
MEGA MULTIVI TAB WOMEN	3	NM; *
<i>mega vm-80 tab</i>	3	NM; *
MEGAVITE TAB FRT/VEG	3	NM; *
MEGAVITE TAB GOLD 55+	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 141

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
MENS 50+ CAP ADVANCED	3	NM; *
<i>mens daily cap lycopene</i>	3	NM; *
<i>mens daily chw gummies</i>	3	NM; *
MENS PAK	3	NM; *
MEPHYTON TAB 5MG	3	NM; *
MH MACULAR MIS HEALTH	3	NM; *
<i>milltrium sr tab</i>	3	NM; *
<i>mult vitamin tab daily</i>	3	NM; *
<i>mult vitamin tab essent</i>	3	NM; *
<i>mult vitamin tab mens</i>	3	NM; *
<i>mult vitamin tab no iron</i>	3	NM; *
<i>mult vitamin tab womens</i>	3	NM; *
<i>multi 50+ cap for her</i>	3	NM; *
<i>multi 50+ tab for her</i>	3	NM; *
<i>multi 50+ tab for him</i>	3	NM; *
<i>multi adult chw gummies</i>	3	NM; *
<i>multi cap for her</i>	3	NM; *
<i>multi complt tab /iron</i>	3	NM; *
<i>multi gummie chw mens</i>	3	NM; *
<i>multi gummie chw womens</i>	3	NM; *
<i>multi tab for her</i>	3	NM; *
<i>multi tab for him</i>	3	NM; *
MULTI VITAMN TAB MINERALS	3	NM; *
MULTI-BETIC TAB	3	NM; *
<i>multi-day tab</i>	3	NM; *
<i>multi-day tab /iron</i>	3	NM; *
<i>multi-day tab minerals</i>	3	NM; *
<i>multi-day tab vitamins</i>	3	NM; *
<i>multi-vit tab</i>	3	NM; *
<i>multi-vit/ tab minerals</i>	3	NM; *
<i>multi-vit/fe tab</i>	3	NM; *
<i>multi-vitami chw gummies</i>	3	NM; *
MULTI-VITAMI TAB MONOCAPS	3	NM; *
<i>multi-vitamn tab</i>	3	NM; *
<i>multi-vite tab</i>	3	NM; *
<i>multi-vite tab 50&over</i>	3	NM; *
<i>multilex tab</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 142

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>multilex-t&m tab</i>	3	NM; *
<i>multimineral tab plus</i>	3	NM; *
<i>multiple vitamin tab</i>	3	NM; *
<i>multiple vitamins w/ iron tab</i>	3	NM; *
<i>multiple vitamins w/ minerals tab</i>	3	NM; *
<i>multivital chw silver</i>	3	NM; *
<i>multivital tab</i>	3	NM; *
<i>multivital tab performa</i>	3	NM; *
<i>multivital tab platinum</i>	3	NM; *
<i>multivitamin cap</i>	3	NM; *
<i>multivitamin cap daily</i>	3	NM; *
<i>multivitamin liq</i>	3	NM; *
<i>multivitamin liq mineral</i>	3	NM; *
<i>multivitamin tab daily</i>	3	NM; *
<i>multivitamin tab womens</i>	3	NM; *
<i>my-vitalife cap</i>	3	NM; *
<i>myamulti tab</i>	3	NM; *
NASCOBAL SPR 500MCG	3	NM; *
<i>niacin cap er 250 mg</i>	3	NM; *
<i>niacin cap er 500 mg</i>	3	NM; *
<i>niacin tab 50 mg</i>	3	NM; *
<i>niacin tab 100 mg</i>	3	NM; *
<i>niacin tab 100mg</i>	3	NM; *
<i>niacin tab 250 mg</i>	3	NM; *
<i>niacin tab 500 mg</i>	3	NM; *
<i>niacin tab er 250 mg</i>	3	NM; *
<i>niacin tab er 500 mg</i>	3	NM; *
<i>niacin tab er 750 mg</i>	3	NM; *
NIACIN TR TAB 1000MG	3	NM; *
<i>niacin-50 tab</i>	3	NM; *
<i>ocutabs tab</i>	3	NM; *
<i>ocutabs tab lutein</i>	3	NM; *
OCUVITE CAP ADULT	3	NM; *
<i>ocuvite eye tab + multi</i>	3	NM; *
OCUVITE LUTE CAP	3	NM; *
<i>ocuvite tab lutein</i>	3	NM; *
<i>ocuvite xtra tab</i>	3	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 143

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
OMNICAP TAB	3	NM; *
<i>once daily tab</i>	3	NM; *
<i>once daily tab iron</i>	3	NM; *
ONCOVITE TAB	3	NM; *
<i>one daily 50 tab plus</i>	3	NM; *
<i>one daily chw gummy</i>	3	NM; *
<i>one daily mv tab /iron</i>	3	NM; *
<i>one daily tab</i>	3	NM; *
<i>one daily tab 50+</i>	3	NM; *
<i>one daily tab /mineral</i>	3	NM; *
<i>one daily tab complete</i>	3	NM; *
<i>one daily tab diet sup</i>	3	NM; *
ONE DAILY TAB DIET SUP	3	NM; *
<i>one daily tab essent</i>	3	NM; *
<i>one daily tab fe/ca</i>	3	NM; *
<i>one daily tab maximum</i>	3	NM; *
<i>one daily tab men</i>	3	NM; *
<i>one daily tab men 50+</i>	3	NM; *
<i>one daily tab mens</i>	3	NM; *
<i>one daily tab mens 50+</i>	3	NM; *
<i>one daily tab pls iron</i>	3	NM; *
<i>one daily tab plus iro</i>	3	NM; *
ONE DAILY TAB PLUS IRO	3	NM; *
<i>one daily tab wom 50+</i>	3	NM; *
ONE DAILY TAB WOMANS	3	NM; *
<i>one daily tab women</i>	3	NM; *
<i>one daily tab women 50</i>	3	NM; *
<i>one daily tab womens</i>	3	NM; *
<i>one daily wm tab pro-actv</i>	3	NM; *
<i>one daily/ tab minerals</i>	3	NM; *
<i>one dly hlth tab wght adv</i>	3	NM; *
ONE-A-DAY CHW IMMUNITY	3	NM; *
ONE-A-DAY CHW VITACRAV	3	NM; *
ONE-A-DAY TAB 50+ ADV	3	NM; *
ONE-A-DAY TAB ENERGY	3	NM; *
ONE-A-DAY TAB ESSENT	3	NM; *
ONE-A-DAY TAB MENOPAUS	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
ONE-A-DAY TAB MENS	3	NM; *
ONE-A-DAY TAB PETITES	3	NM; *
<i>one-a-day tab teen/her</i>	3	NM; *
ONE-A-DAY TAB TEEN/HIM	3	NM; *
ONE-A-DAY TAB WOMENS	3	NM; *
<i>one-daily tab /iron</i>	3	NM; *
<i>one-daily tab mult vit</i>	3	NM; *
<i>optic-vites tab</i>	3	NM; *
<i>optimal-d cap 50000unt</i>	3	NM; *
<i>optimum pms tab</i>	3	NM; *
OPTISOURCE CHW BARIATRC	3	NM; *
OPTIVITE TAB P.M.T.	3	NM; *
OPURITY CHW BYPASS	3	NM; *
<i>orthovite tab</i>	3	NM; *
PA MENS 50 PAK VITAPAK	3	NM; *
PA MENS PAK VITAPAK	3	NM; *
<i>pa vitamin cap 2000unit</i>	3	NM; *
PA WOMENS 50 PAK VITAPAK	3	NM; *
PA WOMENS PAK VITAPAK	3	NM; *
<i>paricalcitol cap 1 mcg</i>	1	B/D
<i>paricalcitol cap 2 mcg</i>	1	B/D
<i>paricalcitol cap 4 mcg</i>	1	B/D
PARVLEX TAB	3	NM; *
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	3	NM; *
<i>phytonadione inj 10 mg/ml</i>	3	NM; *
<i>poly vitamin chw</i>	3	NM; *
PORENAL+D CAP OMEGA 3	3	NM; *
PRENATAL TAB 27-0.8MG	3	NM; *
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	1	
PRESERVISION CAP AREDS	3	NM; *
PRESERVISION CAP AREDS 2	3	NM; *
PRESERVISION CAP LUTEIN	3	NM; *
PRESERVISION TAB AREDS	3	NM; *
<i>prevent cap</i>	3	NM; *
PRO-CAL TAB	3	NM; *
PROCERV HP TAB	3	NM; *

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

145

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PRORENAL +D TAB	3	NM; *
PRORENAL+D TAB	3	NM; *
<i>prosight cap w/lutein</i>	3	NM; *
<i>prosight tab</i>	3	NM; *
PROTECT CAP CARDIO	3	NM; *
PROTECT CAP PLUS SO	3	NM; *
PROTECT PLUS LIQ NF	3	NM; *
<i>px complete tab senior</i>	3	NM; *
<i>px mens mult tab vitamins</i>	3	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	3	NM; *
<i>qc therin-m tab</i>	3	NM; *
QUIN B TAB STRONG	3	NM; *
QUINTABS TAB	3	NM; *
<i>quintabs-m tab</i>	3	NM; *
QUINTABS-M TAB	3	NM; *
<i>ra central tab -vite</i>	3	NM; *
<i>ra central tab energy</i>	3	NM; *
<i>ra central tab vite sel</i>	3	NM; *
<i>ra central tab vite sen</i>	3	NM; *
<i>ra niacin tab 100mg</i>	3	NM; *
<i>ra niacin tab 500mg</i>	3	NM; *
<i>ra one daily pak mens 50+</i>	3	NM; *
<i>ra one daily tab +iron</i>	3	NM; *
<i>ra one daily tab energy</i>	3	NM; *
<i>ra one daily tab essentia</i>	3	NM; *
<i>ra one daily tab maximum</i>	3	NM; *
<i>ra one daily tab mens/d3</i>	3	NM; *
<i>ra one daily tab multivit</i>	3	NM; *
<i>ra one daily tab womens</i>	3	NM; *
<i>ra therapeut tab m/beta</i>	3	NM; *
<i>ra vitamin cap 2000unit</i>	3	NM; *
RAGUS TAB	3	NM; *
<i>renal tab</i>	3	NM; *
<i>renal/zinc tab multivit</i>	3	NM; *
<i>savision tab</i>	3	NM; *
<i>sclerex tab</i>	3	NM; *
<i>senior tabs tab</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sentry adult tab under 50</i>	3	NM; *
<i>sentry tab</i>	3	NM; *
SENTRY TAB	3	NM; *
<i>sentry tab senior</i>	3	NM; *
<i>slo-niacin tab 250mg cr</i>	3	NM; *
SLO-NIACIN TAB 500MG CR	3	NM; *
SLO-NIACIN TAB 750MG CR	3	NM; *
<i>sm complete tab</i>	3	NM; *
<i>sm complete tab 50+</i>	3	NM; *
<i>sm complete tab 50+ mens</i>	3	NM; *
<i>sm complete tab 50+ wmn</i>	3	NM; *
<i>sm complete tab adv form</i>	3	NM; *
<i>sm complete tab senior</i>	3	NM; *
<i>sm folic acd tab 400mcg</i>	3	NM; *
<i>sm hair/skin tab /nails</i>	3	NM; *
<i>sm multiple tab vit/iron</i>	3	NM; *
<i>sm multiple tab vitamins</i>	3	NM; *
<i>sm niacin tab 250mg cr</i>	3	NM; *
SM ONE DAILY TAB MENS	3	NM; *
SM ONE DAILY TAB WOMENS	3	NM; *
<i>sm opti-vita tab</i>	3	NM; *
<i>sm vitamin d tab 400unit</i>	3	NM; *
SOLO TAB	3	NM; *
<i>spectr women tab hlth sen</i>	3	NM; *
<i>spectra ultr tab hlth men</i>	3	NM; *
SPECTRAVITE CHW ADLT 50+	3	NM; *
SPECTRAVITE CHW ADULT	3	NM; *
<i>spectravite tab</i>	3	NM; *
SPECTRAVITE TAB ADLT 50+	3	NM; *
<i>spectravite tab advanced</i>	3	NM; *
SPECTRAVITE TAB MEN 50+	3	NM; *
<i>spectravite tab senior</i>	3	NM; *
SPECTRAVITE TAB SENIOR	3	NM; *
SPECTRAVITE TAB ULT MEN	3	NM; *
SPECTRAVITE TAB ULT WMN	3	NM; *
<i>stress 500 tab bcomp/zn</i>	3	NM; *
<i>stress form tab</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>stress form tab /iron</i>	3	NM; *
<i>stress formu tab</i>	3	NM; *
<i>stress formu tab advanced</i>	3	NM; *
<i>stress formu tab energy</i>	3	NM; *
<i>stress formu tab w/iron</i>	3	NM; *
<i>sunvite tab advanced</i>	3	NM; *
<i>super antiox tab a/c/e/se</i>	3	NM; *
<i>super liq nu-thera</i>	3	NM; *
<i>super multip cap</i>	3	NM; *
<i>super multip tab</i>	3	NM; *
<i>super tab nu-thera</i>	3	NM; *
<i>super thera tab vite m</i>	3	NM; *
<i>super vikaps tab</i>	3	NM; *
<i>supr vitamin tab</i>	3	NM; *
<i>tab-a-vite tab</i>	3	NM; *
<i>tab-a-vite tab /iron</i>	3	NM; *
<i>tab-a-vite tab beta car</i>	3	NM; *
<i>tab-a-vite tab maximum</i>	3	NM; *
<i>th complete tab multi</i>	3	NM; *
<i>th vision tab vitamins</i>	3	NM; *
THERA BETA- TAB CAROTENE	3	NM; *
THERA M PLUS TAB	3	NM; *
<i>thera tab</i>	3	NM; *
THERA TAB	3	NM; *
<i>thera vital tab m</i>	3	NM; *
<i>thera-d sprt tab 2000unit</i>	3	NM; *
<i>thera-d tab 2000unit</i>	3	NM; *
THERA-D TAB 4000UNIT	3	NM; *
<i>thera-m tab</i>	3	NM; *
THERA-M TAB	3	NM; *
THERA-TABS M TAB	3	NM; *
<i>thera-tabs tab</i>	3	NM; *
<i>therabasic-m tab</i>	3	NM; *
<i>theradex-m tab</i>	3	NM; *
THERAGRAN-M TAB	3	NM; *
THERAGRAN-M TAB 50 PLUS	3	NM; *
THERAGRAN-M TAB ADVANCED	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
THERAGRAN-M TAB PREMIER	3	NM; *
THERAMILL CAP FORTE	3	NM; *
THERANATAL MIS LACTATIO	3	NM; *
THERAPEUTIC SOL	3	NM; *
<i>therapeutic tab</i>	3	NM; *
<i>therapeutic tab -m</i>	3	NM; *
<i>therapeutic tab multi</i>	3	NM; *
<i>therapeutic- tab m</i>	3	NM; *
<i>therapeutic- tab m/lutein</i>	3	NM; *
<i>theratrum co tab 50 plus</i>	3	NM; *
<i>theratrum tab complete</i>	3	NM; *
<i>theravim -m tab</i>	3	NM; *
<i>therems tab</i>	3	NM; *
THEREMS-H TAB	3	NM; *
THEREMS-M TAB	3	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	3	NM; *
<i>total formul tab</i>	3	NM; *
<i>total formul tab 2</i>	3	NM; *
<i>total formul tab 3</i>	3	NM; *
<i>trueplus tab diabetic</i>	3	NM; *
<i>ultra freeda tab</i>	3	NM; *
<i>ultra freeda tab /iron</i>	3	NM; *
ULTRA MENS MIS PACK	3	NM; *
UNICOMPLEX-M TAB	3	NM; *
<i>vision form/ tab lutein</i>	3	NM; *
<i>vision tab vitamins</i>	3	NM; *
<i>vita hair tab</i>	3	NM; *
<i>vitabasic tab complete</i>	3	NM; *
<i>vitabasic tab senior</i>	3	NM; *
VITACRAVES CHW IMMUNITY	3	NM; *
VITACRAVES CHW MENS	3	NM; *
VITACRAVES CHW SOUR GUM	3	NM; *
VITACRAVES CHW WOMENS	3	NM; *
<i>vitalee tab</i>	3	NM; *
VITAMIN D2 TAB 400UNIT	3	NM; *
VITAMIN D2 TAB 2000UNIT	3	NM; *
<i>vitamin d3 cap 1000unit</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>vitamin d3 cap 2000unit</i>	3	NM; *
VITAMIN D3 CAP 4000UNIT	3	NM; *
<i>vitamin d3 cap 5000unit</i>	3	NM; *
<i>vitamin d3 cap 10000unt</i>	3	NM; *
<i>vitamin d3 cap 50000unt</i>	3	NM; *
<i>vitamin d3 chw 400unit</i>	3	NM; *
<i>vitamin d3 chw 1000unit</i>	3	NM; *
<i>vitamin d3 tab 400unit</i>	3	NM; *
<i>vitamin d3 tab 1000unit</i>	3	NM; *
<i>vitamin d3 tab 2000unit</i>	3	NM; *
VITAMIN D3 TAB 3000UNIT	3	NM; *
<i>vitamin d3 tab 5000unit</i>	3	NM; *
VITAMIN D3 TAB 10000UNT	3	NM; *
<i>vitamin d3 tab 50000unt</i>	3	NM; *
VITAMIN D3 TAB COMPLETE	3	NM; *
<i>vitamin d cap 1000unit</i>	3	NM; *
<i>vitamin d cap 2000unit</i>	3	NM; *
<i>vitamin d chw 400unit</i>	3	NM; *
<i>vitamin d chw 1000unit</i>	3	NM; *
<i>vitamin d tab 400unit</i>	3	NM; *
<i>vitamin d tab 1000unit</i>	3	NM; *
<i>vitamin d tab 2000unit</i>	3	NM; *
<i>vitamin d-3 cap 2000unit</i>	3	NM; *
<i>vitamin d-3 tab 1000unit</i>	3	NM; *
<i>vitamin d-3 tab 5000unit</i>	3	NM; *
VITASANA TAB	3	NM; *
<i>vitatrum chw</i>	3	NM; *
VITATRUM TAB	3	NM; *
<i>vitatrum tab complete</i>	3	NM; *
<i>vitrum tab senior</i>	3	NM; *
VITRUM TAB SENIOR	3	NM; *
WEIGHT SMART TAB ADVANCED	3	NM; *
<i>whole source tab dietary</i>	3	NM; *
<i>whole source tab for men</i>	3	NM; *
<i>whole source tab mature</i>	3	NM; *
<i>womens 50+ cap advanced</i>	3	NM; *
WOMENS BIO- TAB MULTIPLE	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>womens cap multi</i>	3	NM; *
<i>womens daily chw gummies</i>	3	NM; *
<i>womens daily tab</i>	3	NM; *
<i>womens daily tab fa/ca/fe</i>	3	NM; *
<i>womens daily tab formula</i>	3	NM; *
<i>womens one tab daily</i>	3	NM; *
WOMENS PAK	3	NM; *
<i>womns active tab daily</i>	3	NM; *
YELETS TEEN TAB FORMULA	3	NM; *
<i>yl folic aci tab 400mcg</i>	3	NM; *
YOUR LIFE CHW GUMMIES	3	NM; *
<i>zoo friends chw gummies</i>	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>	1
<i>blephamide oin s.o.p.</i>	2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1
<i>neomycin-polymyxin-hc ophth susp</i>	1
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1
TOBRADEX OIN 0.3-0.1%	2
TOBRADEX ST SUS 0.3-0.05	2
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1
ZYLET SUS 0.5-0.3%	2

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	1
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUS 0.6%	2
CILOXAN OIN 0.3% OP	2
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1
<i>erythromycin ophth oint 5 mg/gm</i>	1

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	2	
ZIRGAN GEL 0.15%	2	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ALREX SUS 0.2%	2	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base 1 equivalent)</i>	1	
BROMSITE DRO 0.075%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
FLUOROMETHOLONE OPHTH SUSP 0.1%	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OIN 0.5%	2	
LOTEMAX SUS 0.5%	2	
MAXIDEX SUS 0.1% OP	2	
<i>pred sod pho sol 1% op</i>	2	
PREDNISOLONE ACETATE OPHTH SUSP 1%1		

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

ALAWAY CHILD DRO 0.025%OP	3	NM; *
ALAWAY DRO 0.025%OP	3	NM; *
<i>allergy eye dro 0.025%op</i>	3	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>eye drops sol a/r</i>	3	NM; *
<i>eye itch rel dro 0.025%op</i>	3	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	3	NM; *
LASTACFT SOL 0.25%	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
<i>opti-clear sol 0.05%</i>	3	NM; *
PATADAY SOL 0.2%	2	
PAZEO DRO 0.7%	2	
<i>zaditor dro 0.025%op</i>	3	NM; *

ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	

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153

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>dorzolamide hcl-timolol maleate ophth soln 1</i> <i>22.3-6.8 mg/ml</i>	1	
ISTALOL SOL 0.5% OP	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	2	
PILOCARPINE HCL OPHTH SOLN 1%	1	
PILOCARPINE HCL OPHTH SOLN 2%	1	
PILOCARPINE HCL OPHTH SOLN 4%	1	
SIMBRINZA SUS 1-0.2%	2	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	1	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	2	

MISCELLANEOUS

<i>akwa tears oin op</i>	3	NM; *
<i>artifi tears oin op</i>	3	NM; *
<i>artifi tears sol 1.4% op</i>	3	NM; *
<i>artificial sol tears</i>	3	NM; *
<i>bion tears sol op</i>	3	NM; *
CYSTARAN SOL 0.44%	2	NM, LA, PA
<i>eye drops dro 0.5-0.9%</i>	3	NM; *
FRESHKOTE SOL 2.7-2%	3	NM; *
GENTEAL DRO OPTH	3	NM; *
GENTEAL GEL	3	NM; *
GENTEAL GEL 0.3%	3	NM; *
GENTEAL MILD DRO 0.2%	3	NM; *
<i>genteal tear oin nt-time</i>	3	NM; *
ISOPTO TEARS SOL 0.5% OP	3	NM; *
<i>liquitears sol</i>	3	NM; *
<i>lubric tears sol 0.4-0.3%</i>	3	NM; *
<i>lubricant dro 0.4-0.3%</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>lubricant dro eye</i>	3	NM; *
<i>lubricant oin eye</i>	3	NM; *
<i>lubricating dro 0.5%</i>	3	NM; *
<i>lubricating sol 0.4-0.3%</i>	3	NM; *
<i>lubricnt eye dro 0.5% op</i>	3	NM; *
<i>lubrifresh oin p.m.</i>	3	NM; *
MURO 128 OIN 5% OP	3	NM; *
MURO 128 SOL 2% OP	3	NM; *
MURO 128 SOL 5% OP	3	NM; *
<i>naphazoline hcl ophth soln 0.1%</i>	1	
<i>natural bal sol 0.4%</i>	3	NM; *
<i>natural bal sol tears</i>	3	NM; *
<i>natures sol tears</i>	3	NM; *
<i>natures tear sol 0.4%</i>	3	NM; *
PROLENSA SOL 0.07%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>purcube oin</i>	3	NM; *
<i>pure & gentl dro 0.3%</i>	3	NM; *
REFRESH CELL DRO 1% OP	3	NM; *
REFRESH DRO OP	3	NM; *
REFRESH GEL OPTIVE	3	NM; *
<i>refresh lacr oin op</i>	3	NM; *
REFRESH LIQU DRO 1% OP	3	NM; *
REFRESH OPTI DRO 0.5-0.9%	3	NM; *
<i>refresh p.m. oin op</i>	3	NM; *
REFRESH PLUS DRO 0.5% OP	3	NM; *
REFRESH SOL OPTIVE	3	NM; *
REFRESH TEAR DRO 0.5% OP	3	NM; *
RESTASIS EMU 0.05%	2	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	2	QL (1 bottle / 30 days)
<i>sm artificia sol tears</i>	3	NM; *
<i>sm lubricant dro 0.4-0.3%</i>	3	NM; *
<i>sodium chloride hypertonic ophth oint 5%</i>	3	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	3	NM; *
SYSTANE GEL 0.3%	3	NM; *
SYSTANE GEL DRO 0.4-0.3%	3	NM; *
<i>systane oin</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
SYSTANE PF SOL	3	NM; *
SYSTANE SOL	3	NM; *
SYSTANE ULTR SOL PF	3	NM; *
<i>tears natura sol forte</i>	3	NM; *
<i>tears natura sol free op</i>	3	NM; *
<i>tears natura sol ii op</i>	3	NM; *
<i>tears pure sol</i>	3	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allg chw 10mg</i>	3	NM; *
<i>all day allg sol 1mg/ml</i>	3	NM; *
<i>all day allg sol 5mg/5ml</i>	3	NM; *
<i>all day allg syp 1mg/ml</i>	3	NM; *
<i>all day allg tab 10mg</i>	3	NM; *
<i>aller-chlor syp 2mg/5ml</i>	3	NM; *
<i>aller-chlor tab 4mg</i>	3	NM; *
<i>aller-ease tab 60mg</i>	3	NM; *
<i>aller-ease tab 180mg</i>	3	NM; *
<i>allergy cap 25mg</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>allergy chld liq 12.5/5ml</i>	3	NM; *
<i>allergy comp sol 1mg/ml</i>	3	NM; *
<i>allergy liq 12.5/5ml</i>	3	NM; *
<i>allergy relf cap 25mg</i>	3	NM; *
<i>allergy relf liq 12.5/5ml</i>	3	NM; *
<i>allergy relf sol 5mg/5ml</i>	3	NM; *
<i>allergy relf syp 5mg/5ml</i>	3	NM; *
<i>allergy relf tab 1.34mg</i>	3	NM; *
<i>allergy relf tab 10mg</i>	3	NM; *
<i>allergy relf tab 25mg</i>	3	NM; *
<i>allergy tab 4mg</i>	3	NM; *
<i>allergy tab 10mg</i>	3	NM; *
<i>allergy tab 12mg cr</i>	3	NM; *
<i>allergy tab 25mg</i>	3	NM; *
<i>allergy tab 180mg</i>	3	NM; *
<i>allergy-time tab 4mg</i>	3	NM; *
<i>allerhist-1 tab 1.34mg</i>	3	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>banophen cap 25mg</i>	3	NM; *
<i>banophen cap 50mg</i>	3	NM; *
<i>banophen liq 12.5/5ml</i>	3	NM; *
<i>banophen tab 25mg</i>	3	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	3	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	3	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	3	NM; *
<i>cetirizine hcl tab 5 mg</i>	3	NM; *
<i>cetirizine hcl tab 10 mg</i>	3	NM; *
<i>cetirizine sol 5mg/5ml</i>	3	NM; *
<i>cetirizine syp 1mg/ml</i>	3	NM; *
<i>chld allergy liq 12.5/5ml</i>	3	NM; *
<i>chlorphen sr tab 12mg</i>	3	NM; *
<i>chlorphenir tab 4mg</i>	3	NM; *
<i>chlorpheniramine maleate tab 4 mg</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>chlorpheniramine maleate tab er 12 mg</i>	3	NM; *
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i>	3	NM; *
<i>comp allergy cap 25mg</i>	3	NM; *
<i>comp allergy tab 25mg</i>	3	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	2	PA; PA if 65 years and older
<i>dayhist alrg tab 12 hour</i>	3	NM; *
<i>diphenhist cap 25mg</i>	3	NM; *
<i>diphenhist liq 12.5/5ml</i>	3	NM; *
<i>diphenhist tab 25mg</i>	3	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	3	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	3	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>diphenhydramine hcl tab 25 mg</i>	3	NM; *
ED CHLORPED LIQ 2MG/ML	3	NM; *
<i>ed chlorped syp jr</i>	3	NM; *
<i>ed-chlortan tab 4mg</i>	3	NM; *
<i>fexofenadine hcl tab 60 mg</i>	3	NM; *
<i>fexofenadine hcl tab 180 mg</i>	3	NM; *
<i>fexofenadine sus 30mg/5ml</i>	3	NM; *
<i>fexofenadine tab 60mg</i>	3	NM; *
<i>fexofenadine tab 180mg</i>	3	NM; *
<i>gnp all day tab allergy</i>	3	NM; *
<i>gnp allergy cap 25mg</i>	3	NM; *
<i>gnp allergy tab 4mg</i>	3	NM; *
<i>gnp allergy tab 25mg</i>	3	NM; *
<i>gnp allergy tab 180mg</i>	3	NM; *
<i>gnp dayhist tab 1.34mg</i>	3	NM; *
HISTEX SYP 2.5MG/5	3	NM; *
<i>hm allergy tab 4mg</i>	3	NM; *
<i>hm allergy tab 25mg</i>	3	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; PA if 65 years and older

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; PA if 65 years and older
J-TAN PD DRO 1MG/ML	3	NM; *
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine sol 5mg/5ml</i>	3	NM; *
<i>loratadine syp 5mg/5ml</i>	3	NM; *
<i>loratadine tab 10 mg</i>	3	NM; *
<i>loratadine tab 10mg</i>	3	NM; *
<i>mucinex allr tab 180mg</i>	3	NM; *
<i>pharbedryl cap 25mg</i>	3	NM; *
<i>pharbedryl cap 50mg</i>	3	NM; *
<i>q-dryl cap 25mg</i>	3	NM; *
<i>q-dryl liq 12.5/5ml</i>	3	NM; *
<i>qc allergy tab 10mg</i>	3	NM; *
<i>qlearquil 24 tab 10mg</i>	3	NM; *
<i>qlearquil tab 25mg</i>	3	NM; *
<i>quenalin syp 12.5/5ml</i>	3	NM; *
<i>sb allergy tab 10mg</i>	3	NM; *
<i>sb allergy tab 25mg med</i>	3	NM; *
<i>siladryl alr liq 12.5/5ml</i>	3	NM; *
<i>silphen coug syp 12.5/5ml</i>	3	NM; *
<i>sm all day tab 10mg</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sm all day tab allergy</i>	3	NM; *
<i>sm allergy tab 4mg</i>	3	NM; *
<i>sm allergy tab 25mg rlf</i>	3	NM; *
VANAHIST PD LIQ 0.625MG	3	NM; *

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	B/D
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	1	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	2	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
VENTOLIN HFA AER	2	QL (2 inhalers / 30 days)

COUGH AND COLD

<i>aceta-gesic tab 12.5-325</i>	3	NM; *
ALA-HIST PE TAB 2-10MG	3	NM; *
ALAHIST DM LIQ 7.5-4-15	3	NM; *
<i>all day alrg tab 5-120mg</i>	3	NM; *
<i>all-nite liq cold/flu</i>	3	NM; *
<i>aller/conges tab 10-240mg</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>allergy d tab 5-120mg</i>	3	NM; *
<i>allergy plus tab sev/sinu</i>	3	NM; *
<i>allergy plus tab sinus</i>	3	NM; *
<i>allergy rel/ tab deconges</i>	3	NM; *
<i>allergy relf tab d-24</i>	3	NM; *
<i>allergy relf tab deconges</i>	3	NM; *
<i>allergy tab multi-sy</i>	3	NM; *
<i>allergy-d tab 5-120mg</i>	3	NM; *
<i>allergy/cong tab 5-120mg</i>	3	NM; *
<i>allgy comp-d tab 5-120mg</i>	3	NM; *
<i>ap-hist dm liq 7.5-4-15</i>	3	NM; *
<i>aprodine tab 2.5-60mg</i>	3	NM; *
AQUANAZ TAB	3	NM; *
<i>benzonatate cap 100 mg</i>	3	NM; *
<i>benzonatate cap 150 mg</i>	3	NM; *
<i>benzonatate cap 200 mg</i>	3	NM; *
<i>bromfed dm syp</i>	3	NM; *
<i>brotapp dm liq 15-1-5/5</i>	3	NM; *
<i>brotapp liq</i>	3	NM; *
BROVEX PEB LIQ	3	NM; *
CAPCOF SYP 5-2-10MG	3	NM; *
CAPMIST DM TAB	3	NM; *
CAPRON DM LIQ	3	NM; *
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	3	NM; *
<i>cgh/cold day liq delsym</i>	3	NM; *
<i>cheratussin sol dac</i>	3	NM; *
<i>cheratussin syp 100-10/5</i>	3	NM; *
<i>chest conges tab 20-400mg</i>	3	NM; *
<i>chest conges tab 400mg</i>	3	NM; *
<i>chest conges tab relf dm</i>	3	NM; *
<i>chest congst tab rlf pe</i>	3	NM; *
<i>cld head cng tab nighttim</i>	3	NM; *
CODITUSS DM SYP	3	NM; *
<i>cold & flu liq day time</i>	3	NM; *
<i>cold & flu tab daytime</i>	3	NM; *
<i>cold & sinus tab relief</i>	3	NM; *

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

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>cold head pak day/nght</i>	3	NM; *
<i>cold head tab cong dt</i>	3	NM; *
<i>cold head tab congesti</i>	3	NM; *
<i>cold mult-sy tab daytime</i>	3	NM; *
<i>cold mult-sy tab sevr day</i>	3	NM; *
<i>cold multi-s tab nighttim</i>	3	NM; *
<i>cold relief tab multi-s</i>	3	NM; *
<i>cold relief tab multi-sy</i>	3	NM; *
<i>cold relief tab plus</i>	3	NM; *
<i>cold/allergy elx children</i>	3	NM; *
<i>cold/allergy tab 4-10mg</i>	3	NM; *
<i>cold/cgh/flu pow daytime</i>	3	NM; *
<i>cold/cough elx child</i>	3	NM; *
<i>cold/cough elx dm child</i>	3	NM; *
CONEX SOL CLD/ALRG	3	NM; *
CONEX TAB 2-60MG	3	NM; *
<i>cough & cold tab</i>	3	NM; *
<i>cough & sore liq thrt day</i>	3	NM; *
<i>cough cont liq dm max</i>	3	NM; *
<i>cough dm sus 30mg/5ml</i>	3	NM; *
<i>cough syp 100/5ml</i>	3	NM; *
<i>coughtab tab 200mg</i>	3	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	3	NM; *
<i>dallergy dro 1-2.5mg</i>	3	NM; *
DALLERGY SYP	3	NM; *
DALLERGY TAB 1-5MG	3	NM; *
<i>day cold/flu cap 10-5-325</i>	3	NM; *
<i>day time cap 10-5-325</i>	3	NM; *
DAY TIME CAP COLD/FLU	3	NM; *
<i>day time liq cold/flu</i>	3	NM; *
<i>day time liq cough</i>	3	NM; *
<i>dayquil sev liq cold/flu</i>	3	NM; *
<i>dayquil sev tab cold/flu</i>	3	NM; *
<i>daytime pe cap cold/flu</i>	3	NM; *
DECONEX DMX TAB	3	NM; *
DECONEX IR TAB 10-380MG	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>decongestant sol 1%</i>	3	NM; *
<i>decongestant tab 120mg er</i>	3	NM; *
DELSYM CHILD SUS 30MG/5ML	3	NM; *
<i>delsym cough liq congs dm</i>	3	NM; *
<i>delsym night liq cgh+cld</i>	3	NM; *
DELSYM SUS 30MG/5ML	3	NM; *
DEXTROMETHOR CRY MONOHYDR	3	NM; *
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	3	NM; *
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	3	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	3	NM; *
<i>diabetic tus liq 100/5ml</i>	3	NM; *
<i>diabetic tus liq dm</i>	3	NM; *
<i>diabetic tus liq max st</i>	3	NM; *
<i>dimaphen dm elx 2.5-1-5</i>	3	NM; *
<i>dimaphen elx children</i>	3	NM; *
DONATUSSIN SYP	3	NM; *
DURAVENT DM TAB	3	NM; *
<i>ed a-hist dm liq</i>	3	NM; *
ED A-HIST DM TAB 10-4-10	3	NM; *
ED A-HIST LIQ 4-10/5ML	3	NM; *
<i>ed a-hist tab 2.5-60mg</i>	3	NM; *
<i>ed a-hist tab 4-10mg</i>	3	NM; *
<i>ed bron gp liq</i>	3	NM; *
ED CHLORPED DRO D	3	NM; *
<i>endacof-dm liq 2.5-1-5</i>	3	NM; *
<i>extra action syp 100-10/5</i>	3	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	3	NM; *
FLU & SORE POW THROAT	3	NM; *
<i>flu/cold/cgh pow daytime</i>	3	NM; *
<i>gnp allergy tab multi-sy</i>	3	NM; *
<i>gnp cgh relf liq 15mg/5ml</i>	3	NM; *
<i>gnp cld/alle elx children</i>	3	NM; *
<i>gnp cold rlf tab daytime</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>gnp cold/cgh elx child</i>	3	NM; *
<i>gnp cough dm sus 30mg/5ml</i>	3	NM; *
<i>gnp day time cap cold/flu</i>	3	NM; *
<i>gnp day time cap sinus</i>	3	NM; *
<i>gnp day time liq cold/flu</i>	3	NM; *
<i>gnp flu relf liq daytime</i>	3	NM; *
<i>gnp flu relf liq nighttime</i>	3	NM; *
<i>gnp ibuprofn tab cold/sin</i>	3	NM; *
<i>gnp mucus-er tab 600mg</i>	3	NM; *
<i>gnp nasal spr 0.05%</i>	3	NM; *
<i>gnp nasal spr 1%</i>	3	NM; *
<i>gnp nose dro 1%</i>	3	NM; *
<i>gnp sinus tab cng/pain</i>	3	NM; *
<i>gnp tussin liq dm</i>	3	NM; *
<i>gnp tussin liq dm cough</i>	3	NM; *
<i>gnp tussin liq dm max</i>	3	NM; *
<i>gnp tussin syp 100/5ml</i>	3	NM; *
<i>gnp tussin syp cf</i>	3	NM; *
<i>guaiatussin syp 100-10/5</i>	3	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	3	NM; *
<i>guaifenesin sol dac</i>	3	NM; *
<i>guaifenesin syp 100-10/5</i>	3	NM; *
<i>guaifenesin tab 200 mg</i>	3	NM; *
<i>guaifenesin tab er 12hr 600 mg</i>	3	NM; *
<i>guaifenesin tab er 12hr 1200 mg</i>	3	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	3	NM; *
<i>hm cold/cgh elx children</i>	3	NM; *
<i>hm cough dm sus 30mg/5ml</i>	3	NM; *
<i>hm day time cap</i>	3	NM; *
<i>hm mucus er tab 600mg</i>	3	NM; *
<i>hm nasal spr 0.05%</i>	3	NM; *
<i>hm nose dro 1%</i>	3	NM; *
<i>hm severe tab cold/flu</i>	3	NM; *
<i>hm tussin liq adlt dm</i>	3	NM; *
<i>12 hr nasal spr 0.05%</i>	3	NM; *
<i>hydrocod polst-chlorphen polst er susp 10- 8 mg/5ml</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	3	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	3	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	3	NM; *
<i>hydromet syp 5-1.5/5</i>	3	NM; *
<i>ibuprofen tab cold/sin</i>	3	NM; *
<i>intense coug liq reliever</i>	3	NM; *
<i>iophen c-nr liq 100-10/5</i>	3	NM; *
<i>iophen dm-nr liq 100-10/5</i>	3	NM; *
<i>iophen-nr liq 100/5ml</i>	3	NM; *
J-MAX SYP 5-200MG	3	NM; *
J-TAN D PD DRO 1-7.5MG	3	NM; *
<i>kidkare liq cgh/cold</i>	3	NM; *
LODRANE D CAP 4-60MG	3	NM; *
LOHIST-D LIQ	3	NM; *
<i>lohist-dm syp 5-2-10mg</i>	3	NM; *
<i>lorata-dine tab d 24hr</i>	3	NM; *
<i>loratadine d tab 5-120mg</i>	3	NM; *
<i>loratadine-d tab 5-120mg</i>	3	NM; *
<i>loratadine-d tab 10-240mg</i>	3	NM; *
LORTUSS EX LIQ	3	NM; *
LORTUSS LQ LIQ	3	NM; *
<i>m-clear wc liq 100-6.3</i>	3	NM; *
M-END PE LIQ	3	NM; *
<i>m-end wc liq</i>	3	NM; *
<i>mapap cold tab 10-5-325</i>	3	NM; *
<i>mapap sinus tab max st</i>	3	NM; *
MUCINEX CAP DAY/NGHT	3	NM; *
MUCINEX CAP FAST-MAX	3	NM; *
MUCINEX CAP SINUS	3	NM; *
MUCINEX CGH GRA 5-100MG	3	NM; *
<i>mucinex cgh liq 5-100mg</i>	3	NM; *
<i>mucinex chld liq 100/5ml</i>	3	NM; *
MUCINEX CHLD LIQ MULTISYM	3	NM; *
MUCINEX CHLD MIS DAY/NITE	3	NM; *
<i>mucinex cold cap flu nght</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>mucinex cold cap sinus</i>	3	NM; *
MUCINEX COLD LIQ 2.5-100	3	NM; *
MUCINEX COLD LIQ CHILD	3	NM; *
MUCINEX COLD LIQ CHILDREN	3	NM; *
MUCINEX COLD LIQ FLU&SORE	3	NM; *
MUCINEX COLD LIQ SINUS	3	NM; *
<i>mucinex cold tab flu&sore</i>	3	NM; *
<i>mucinex cold tab sinus</i>	3	NM; *
MUCINEX CONG LIQ & COUGH	3	NM; *
MUCINEX CONG LIQ COUGH	3	NM; *
MUCINEX D TAB 60-600MG	3	NM; *
MUCINEX D TAB 120-1200	3	NM; *
<i>mucinex dm liq 20-400</i>	3	NM; *
MUCINEX DM TAB 30-600ER	3	NM; *
MUCINEX DM TAB 60-1200	3	NM; *
<i>mucinex fast liq cold flu</i>	3	NM; *
MUCINEX FAST LIQ SEV COLD	3	NM; *
<i>mucinex fast mis day/nght</i>	3	NM; *
MUCINEX FAST MIS DAY/NGHT	3	NM; *
MUCINEX FAST MIS MX DAY/N	3	NM; *
MUCINEX FAST TAB 5-10-200	3	NM; *
<i>mucinex fast tab 25-5-325</i>	3	NM; *
<i>mucinex fast tab sev cold</i>	3	NM; *
<i>mucinex ff spr 0.05%</i>	3	NM; *
<i>mucinex liq</i>	3	NM; *
<i>mucinex ms liq cold ngh</i>	3	NM; *
MUCINEX TAB 600MG ER	3	NM; *
MUCINEX TAB 1200MG	3	NM; *
<i>mucinex tab sinus</i>	3	NM; *
MUCINEX/KIDS GRA 100MG	3	NM; *
<i>mucosa dm tab 20-400mg</i>	3	NM; *
<i>mucosa tab 400mg</i>	3	NM; *
<i>mucus relief liq 5-100mg</i>	3	NM; *
<i>mucus relief liq 100/5ml</i>	3	NM; *
<i>mucus relief liq cong/cgh</i>	3	NM; *
<i>mucus relief tab 400mg</i>	3	NM; *
<i>mucus relief tab cld/sinu</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>mucus relief tab cold/flu</i>	3	NM; *
<i>mucus relief tab cong/cld</i>	3	NM; *
<i>mucus relief tab dm</i>	3	NM; *
<i>mucus relief tab pe</i>	3	NM; *
<i>mucus+chst liq 100/5ml</i>	3	NM; *
<i>mucus-dm max tab 60-1200</i>	3	NM; *
<i>mucus-dm tab 30-600mg</i>	3	NM; *
<i>mucus-er tab 600mg</i>	3	NM; *
<i>mucusrelief tab sinus</i>	3	NM; *
<i>multi-sympt liq cld nght</i>	3	NM; *
<i>multi-sympt sus pls cold</i>	3	NM; *
<i>nasal 12 hr spr 0.05%</i>	3	NM; *
<i>nasal decon syp 30mg/5ml</i>	3	NM; *
NASAL DECONG LIQ 30MG/5ML	3	NM; *
<i>nasal decong spr 0.05%</i>	3	NM; *
<i>nasal decong tab 10mg</i>	3	NM; *
<i>nasal decong tab 30mg</i>	3	NM; *
<i>nasal decong tab 120mg er</i>	3	NM; *
<i>nasal four sol 1%</i>	3	NM; *
<i>nasal relief spr 0.05%</i>	3	NM; *
<i>nasal spr 0.05%</i>	3	NM; *
<i>night time cap cold&flu</i>	3	NM; *
<i>night time cap cold/flu</i>	3	NM; *
<i>night time liq cld/flu</i>	3	NM; *
<i>night time liq cold/flu</i>	3	NM; *
<i>night time liq cough</i>	3	NM; *
<i>night time tab sinus</i>	3	NM; *
<i>nite time cap cold/flu</i>	3	NM; *
<i>nite time liq cold/flu</i>	3	NM; *
<i>nite time liq cough</i>	3	NM; *
<i>nite-time cap cold/flu</i>	3	NM; *
<i>nite-time liq cold/flu</i>	3	NM; *
<i>nite-time liq cough</i>	3	NM; *
<i>niva-hist dm liq 7.5-4-15</i>	3	NM; *
<i>nivanex dmx tab</i>	3	NM; *
<i>no drip nasl spr 0.05%</i>	3	NM; *
<i>nohist-dm liq</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nohist-liq liq 4-10/5ml</i>	3	NM; *
NOREL AD TAB 4-10-325	3	NM; *
<i>nose dro 1%</i>	3	NM; *
<i>nrs nasal spr 0.05%</i>	3	NM; *
<i>nyquil sev liq cold/flu</i>	3	NM; *
<i>organ-i nr tab 200mg</i>	3	NM; *
<i>pain relief sus pls cold</i>	3	NM; *
<i>pain relief tab cold</i>	3	NM; *
<i>pain rlf sin tab pe day</i>	3	NM; *
<i>pedia relief liq cgh/cold</i>	3	NM; *
<i>pediatric liq cgh/cold</i>	3	NM; *
PHENHIST DH LIQ 30-2-10	3	NM; *
POLY HIST TAB 7.5-10MG	3	NM; *
POLY-TUSSIN LIQ 10-4-10	3	NM; *
PRO-CLEAR AC SYP 9-8.33MG	3	NM; *
PRO-RED AC SYP 5-1-9/5	3	NM; *
<i>prometh vc/ syp codeine</i>	3	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	3	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	3	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	3	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-103 mg/5ml</i>		NM; *
<i>pseudoephedr tab 120mg er</i>	3	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	3	NM; *
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	3	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	3	NM; *
<i>q-tapp dm elx</i>	3	NM; *
<i>q-tapp elx 1-15/5ml</i>	3	NM; *
<i>q-tussin dm syp 100-10/5</i>	3	NM; *
<i>q-tussin sol 100/5ml</i>	3	NM; *
<i>qc allergy tab relief</i>	3	NM; *
<i>qc allergy/ tab sinus</i>	3	NM; *
<i>qc cgh relf liq 15mg/5ml</i>	3	NM; *
<i>qc cold relf sus plus ms</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>qc cough liq sore thr</i>	3	NM; *
<i>qc ibuprofen tab cold/sin</i>	3	NM; *
<i>qc sinus pai tab relief</i>	3	NM; *
<i>qc suphedrin tab 120mg sr</i>	3	NM; *
<i>qlearquil spr 0.05%</i>	3	NM; *
<i>relcof c sol 100-6.3</i>	3	NM; *
<i>relcof ir tab 10-380mg</i>	3	NM; *
RELHIST BP TAB	3	NM; *
<i>relhist dmx tab</i>	3	NM; *
RESCON TAB 2-60MG	3	NM; *
RESCON-DM SYP	3	NM; *
RESCON-GG LIQ	3	NM; *
RESPAIRE-30 CAP	3	NM; *
<i>robafen cf liq 5-10-100</i>	3	NM; *
<i>robafen dm liq 10-100/5</i>	3	NM; *
<i>robafen dm syp 100-10/5</i>	3	NM; *
<i>robafen syp 100/5ml</i>	3	NM; *
RU-HIST D TAB 4-10MG	3	NM; *
RYDEX LIQ	3	NM; *
RYMED TAB 2-10MG	3	NM; *
<i>rynex dm liq</i>	3	NM; *
<i>rynex pe elx</i>	3	NM; *
<i>rynex pse liq</i>	3	NM; *
<i>sb allergy/ tab cold pe</i>	3	NM; *
<i>sb cgh contr liq cf</i>	3	NM; *
<i>sb cgh contr liq dm</i>	3	NM; *
<i>sb cgh contr syp 100/5ml</i>	3	NM; *
<i>sb cgh relf liq 15mg/5ml</i>	3	NM; *
<i>sb cold head tab congest</i>	3	NM; *
<i>sb cold mult tab symp sev</i>	3	NM; *
<i>sb cold/cgh tab hbp</i>	3	NM; *
<i>sb cough tab 200mg</i>	3	NM; *
<i>sb daytime liq</i>	3	NM; *
<i>sb flu hbp tab max st</i>	3	NM; *
<i>sb severe tab cold pe</i>	3	NM; *
<i>sb sinus cng pak /pain</i>	3	NM; *
<i>sb sinus cng tab /pain</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sb sinus cng tab /pain dt</i>	3	NM; *
<i>silphen dm syp 10mg/5ml</i>	3	NM; *
<i>siltuss das liq 100/5ml</i>	3	NM; *
<i>siltussin dm liq das</i>	3	NM; *
<i>siltussin sa syp 100/5ml</i>	3	NM; *
<i>siltussin-dm liq diabetic</i>	3	NM; *
<i>siltussin-dm liq max st</i>	3	NM; *
<i>siltussin-dm syp alc free</i>	3	NM; *
SINEX 12HR SPR 0.05%	3	NM; *
<i>sinus congst tab /pain dt</i>	3	NM; *
<i>sinus nasal spr 0.05%</i>	3	NM; *
<i>sinus relief pak cng/pain</i>	3	NM; *
<i>sinus relief spr 0.05%</i>	3	NM; *
<i>sinus-max mis day/nght</i>	3	NM; *
<i>sinus/alergy tab max st</i>	3	NM; *
<i>sinus/alergy tab pe max</i>	3	NM; *
<i>sinus/allerg tab 4-10mg</i>	3	NM; *
<i>sm 12-hour spr 0.05%</i>	3	NM; *
<i>sm allergy tab multi-sy</i>	3	NM; *
<i>sm childrens sus ms cold</i>	3	NM; *
<i>sm cld/alrgy elx children</i>	3	NM; *
<i>sm cold head tab congest</i>	3	NM; *
<i>sm cold&flu tab severe</i>	3	NM; *
<i>sm cold/cgh elx dm child</i>	3	NM; *
<i>sm day time cap pe</i>	3	NM; *
<i>sm day time liq cold/flu</i>	3	NM; *
<i>sm mucus er tab 600mg</i>	3	NM; *
<i>sm nasal 12h spr 0.05%</i>	3	NM; *
<i>sm nasal dec tab 30mg</i>	3	NM; *
<i>sm nasal spr 0.05%</i>	3	NM; *
<i>sm nite time cap cold/flu</i>	3	NM; *
<i>sm nite time liq cld/flu</i>	3	NM; *
<i>sm nite time liq cold/flu</i>	3	NM; *
<i>sm nose dro 1%</i>	3	NM; *
<i>sm tussin cf liq</i>	3	NM; *
<i>sm tussin dm liq max</i>	3	NM; *
<i>sm tussin dm syp 100-10/5</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>sm tussin syp 100/5ml</i>	3	NM; *
<i>sm tussin syp dm</i>	3	NM; *
<i>sodium chloride aero soln 0.9%</i>	3	NM; *
<i>sodium chloride soln nebu 0.9%</i>	3	NM; *
<i>stuffy nose liq & cold</i>	3	NM; *
<i>sudogest pe tab 10mg</i>	3	NM; *
<i>sudogest tab 4-60mg</i>	3	NM; *
<i>sudogest tab 30mg</i>	3	NM; *
<i>sudogest tab 60mg</i>	3	NM; *
<i>sudogest tab 120mg er</i>	3	NM; *
<i>suphedrine tab 30mg</i>	3	NM; *
<i>tab tussin tab 400mg</i>	3	NM; *
<i>tab tussin tab dm</i>	3	NM; *
<i>tabtussin dm tab 20-400mg</i>	3	NM; *
<i>tabtussin tab 400mg</i>	3	NM; *
TESSALON PER CAP 100MG	3	NM; *
THERAFLU FLU PAK SORE THR	3	NM; *
THERAFLU SEV POW COLD/CGH	3	NM; *
<i>triacting dt liq cold/cgh</i>	3	NM; *
<i>triacting nt liq cold/cgh</i>	3	NM; *
TRIAMINIC SOL COLD/CGH	3	NM; *
TRIAMINIC SUS CGH/ST	3	NM; *
<i>triaminic sus fev&cld</i>	3	NM; *
TRIAMINIC SYP CGH/CNG	3	NM; *
TRIAMINIC SYP CLD/ALRG	3	NM; *
TRIAMINIC SYP COLD/CGH	3	NM; *
TUSNEL C SYP	3	NM; *
<i>tusnel diabt liq 10-100/5</i>	3	NM; *
TUSNEL LIQ	3	NM; *
TUSNEL PEDI LIQ 15-5-50	3	NM; *
<i>tussicaps cap 5-4mg</i>	3	NM; *
<i>tussicaps cap 10-8mg</i>	3	NM; *
<i>tussigon tab 5-1.5mg</i>	3	NM; *
<i>tussin adult liq 100/5ml</i>	3	NM; *
<i>tussin adult liq cgh/cong</i>	3	NM; *
<i>tussin adult liq cold</i>	3	NM; *
<i>tussin cf liq</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>tussin cf liq cgh/cold</i>	3	NM; *
<i>tussin cf liq max/m-s</i>	3	NM; *
<i>tussin chest syp 100/5ml</i>	3	NM; *
<i>tussin cough syp 15mg/5ml</i>	3	NM; *
<i>tussin dm liq</i>	3	NM; *
<i>tussin dm liq 10-200/5</i>	3	NM; *
<i>tussin dm liq 100-10/5</i>	3	NM; *
<i>tussin dm liq clear</i>	3	NM; *
<i>tussin dm liq max</i>	3	NM; *
<i>tussin dm mx liq 10-200/5</i>	3	NM; *
<i>tussin dm syp 100-10/5</i>	3	NM; *
<i>tussin syp 100/5ml</i>	3	NM; *
TUSSIONEX SUS 10-8/5ML	3	NM; *
<i>vick dayquil cap cold/flu</i>	3	NM; *
<i>vick dayquil liq cold/flu</i>	3	NM; *
<i>vicks nyquil cap cold/flu</i>	3	NM; *
VICKS NYQUIL LIQ COLD/FLU	3	NM; *
<i>virtussin ac sol 100-10/5</i>	3	NM; *
<i>virtussin sol dac</i>	3	NM; *
<i>4-way fast spr 1%</i>	3	NM; *
<i>zonatuss cap 150mg</i>	3	NM; *

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	B/D
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MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	1	B/D
<i>acetylcysteine inhal soln 20%</i>	1	B/D

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>afrin saline spr 0.65%</i>	3	NM; *
<i>altamist spr 0.65%</i>	3	NM; *
ARALAST NP INJ 500MG	2	NM, LA, PA
ARALAST NP INJ 1000MG	2	NM, LA, PA
AYR ALLERGY SPR & SINUS	3	NM; *
AYR NASAL DRO 0.65%	3	NM; *
<i>ayr saline gel nasal</i>	3	NM; *
<i>ayr spr 0.65%</i>	3	NM; *
<i>baby ayr spr 0.65%</i>	3	NM; *
CVS NASAL SPR MIST	3	NM; *
DALIRESP TAB 500MCG	2	
<i>deep sea spr 0.65%</i>	3	NM; *
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 2-PAK	2	
ESBRIET CAP 267MG	2	NM, PA
ESBRIET TAB 267MG	2	NM, PA
ESBRIET TAB 801MG	2	NM, PA
<i>hm saline spr 0.65%</i>	3	NM; *
<i>humist spr 0.65%</i>	3	NM; *
KALYDECO PAK 50MG	2	NM, PA
KALYDECO PAK 75MG	2	NM, PA
KALYDECO TAB 150MG	2	NM, PA
<i>little noses dro stof nos</i>	3	NM; *
<i>little noses spr 0.65%</i>	3	NM; *
<i>na-zone spr 0.65%</i>	3	NM; *
<i>nasal moist spr 0.65%</i>	3	NM; *
<i>nasal saline spr 0.65%</i>	3	NM; *
<i>nasogel gel</i>	3	NM; *
<i>ocean kids spr 0.65%</i>	3	NM; *
OCEAN NASAL SPR 0.65%	3	NM; *
OFEV CAP 100MG	2	NM, PA
OFEV CAP 150MG	2	NM, PA
ORKAMBI TAB 100-125	2	NM, PA
ORKAMBI TAB 200-125	2	NM, PA
PROLASTIN-C INJ 1000MG	2	NM, LA, PA
PULMOZYME SOL 1MG/ML	2	NM, PA
RHINARIS GEL 0.2%	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
RHINARIS SPR 0.2%	3	NM; *
<i>saline mist spr 0.65%</i>	3	NM; *
<i>saline nasal gel</i>	3	NM; *
<i>saline nasal spr 0.65%</i>	3	NM; *
<i>saline nasal spray 0.65%</i>	3	NM; *
<i>saline nose spr 0.65%</i>	3	NM; *
<i>sb saline spr 0.65%</i>	3	NM; *
<i>sea soft spr 0.65%</i>	3	NM; *
SIMPLY SALIN AER 0.9%	3	NM; *
<i>tgt nasal spr 0.65%</i>	3	NM; *
XOLAIR SOL 150MG	2	NM, LA, PA
ZEMAIRA INJ 1000MG	2	NM, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

FLONASE ALGY SPR 50MCG	3	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	3	NM; *

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ARNUITY ELPT INH 100MCG	2	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	2	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	B/D
FLOVENT DISK AER 50MCG	2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	2	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	2	QL (2 inhalers / 30 days)

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
PULMICORT INH 90MCG	2	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	2	QL (2 inhalers / 30 days)

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

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

XANTHINES - DRUGS TO TREAT COPD

<i>aminophylline inj 25 mg/ml</i>	1	
<i>elixophyllin elx 80/15ml</i>	2	
<i>theo-24 cap 100mg cr</i>	2	
<i>theo-24 cap 200mg cr</i>	2	
<i>theo-24 cap 300mg cr</i>	2	
<i>theo-24 cap 400mg er</i>	2	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

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

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>acne medicat gel 5%</i>	3	NM; *
<i>acne medicat gel 10%</i>	3	NM; *
ACNE MEDICAT LOT 5%	3	NM; *
ACNE MEDICAT LOT 10%	3	NM; *
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem cap 40mg</i>	1	PA
AVITA CRE 0.025%	1	PA
AVITA GEL 0.025%	1	PA
<i>benzepro aer 5.3%</i>	3	NM; *
<i>benzepro sc aer 9.8%</i>	3	NM; *
BENZOYL PER GEL 2.5%	3	NM; *
<i>benzoyl per liq 5% wash</i>	3	NM; *
<i>benzoyl per liq 10% wash</i>	3	NM; *
<i>benzoyl per lot 6%</i>	3	NM; *
<i>benzoyl pero kit acne pck</i>	3	NM; *
<i>benzoyl peroxide foam 5.3%</i>	3	NM; *
<i>benzoyl peroxide foam 9.8%</i>	3	NM; *
<i>benzoyl peroxide gel 5%</i>	3	NM; *
<i>benzoyl peroxide gel 10%</i>	3	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzyl perox lot clnsr 6%</i>	3	NM; *
<i>bpo creamy kit 4% wash</i>	3	NM; *
BPO CREAMY KIT 8% WASH	3	NM; *
<i>claravis cap 10mg</i>	1	PA
<i>claravis cap 20mg</i>	1	PA
<i>claravis cap 30mg</i>	1	PA
<i>claravis cap 40mg</i>	1	PA
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>myorisan cap 10mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 30mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
PANOXYL GEL 3%	3	NM; *
<i>panoxyl wash liq 10%</i>	3	NM; *
PANOXYL-4 LIQ CREM WSH	3	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
TRETINOIN GEL 0.01%	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>zenatane cap 10mg</i>	1	PA
<i>zenatane cap 20mg</i>	1	PA
<i>zenatane cap 30mg</i>	1	PA
<i>zenatane cap 40mg</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>bacitr zinc oin 500/gm</i>	3	NM; *
<i>bacitracin oin 500/gm</i>	3	NM; *
<i>bacitracin oint 500 unit/gm</i>	3	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	3	NM; *
<i>double antib oin</i>	3	NM; *
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gnp triple oin antibiot</i>	3	NM; *
<i>hm triple oin antibiot</i>	3	NM; *
<i>mupirocin oint 2%</i>	1	
<i>neomycin-bacitracin-polymyxin oint</i>	3	NM; *
SILVER SULFADIAZINE CREAM 1%	1	
<i>sm antibioti cre plus</i>	3	NM; *
<i>sm antibioti oin 500/gm</i>	3	NM; *
<i>sm triple oin antibiot</i>	3	NM; *
SSD CRE 1%	1	
SULFAMYLON CRE 85MG/GM	2	
SULFAMYLON PAK 5%	2	
<i>triple antib oin</i>	3	NM; *

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>triple antib oin max st</i>	3	NM; *
<i>triple antib oin plus</i>	3	NM; *

DERMATOLOGY, ANTIFUNGALS

ALEVAZOL OIN 1%	3	NM; *
ALOE VESTA OIN 2%	3	NM; *
<i>anti-fungal pow 1%</i>	3	NM; *
<i>antifungal aer 1%</i>	3	NM; *
<i>antifungal cre 1%</i>	3	NM; *
<i>antifungal cre 2%</i>	3	NM; *
<i>antifungal pow 2%</i>	3	NM; *
<i>ath foot spr aer 1%</i>	3	NM; *
<i>athlete foot cre 1%</i>	3	NM; *
<i>athlete foot cre af</i>	3	NM; *
<i>baza antifun cre 2%</i>	3	NM; *
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole cre 1%</i>	3	NM; *
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole cream 1%</i>	3	NM; *
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole soln 1%</i>	3	NM; *
<i>critic-aid oin 2%</i>	3	NM; *
<i>desenex shak pow 2%</i>	3	NM; *
FUNGOID TINC KIT	3	NM; *
FUNGOID TINC SOL 2%	3	NM; *
<i>fungoid-d cre 1%</i>	3	NM; *
<i>jock itch aer 1%</i>	3	NM; *
<i>ketoconazole cream 2%</i>	1	
LAMISIL ADV GEL 1%	3	NM; *
<i>lamisil af aer 1%</i>	3	NM; *
<i>lamisil at cre 1%</i>	3	NM; *
LAMISIL AT CRE 1%	3	NM; *
LAMISIL AT SPR 1%	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>miconazole nitrate cream 2%</i>	3	NM; *
<i>miconazorb pow af 2%</i>	3	NM; *
<i>micro guard pow 2%</i>	3	NM; *
<i>nyamyc pow 100000</i>	1	
<i>nyata pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystop pow 100000</i>	1	
<i>remedy cre antifung</i>	3	NM; *
<i>remedy oin af 2%</i>	3	NM; *
<i>sm antifungl cre 1%</i>	3	NM; *
<i>sm antifungl cre 2%</i>	3	NM; *
<i>soothe&cool cre inzo 2%</i>	3	NM; *
<i>terbinafine cre 1%</i>	3	NM; *
<i>terbinafine hcl cream 1%</i>	3	NM; *
<i>tolnaftate cre 1%</i>	3	NM; *
<i>tolnaftate cream 1%</i>	3	NM; *
<i>tolnaftate powder 1%</i>	3	NM; *
<i>tolnaftate soln 1%</i>	3	NM; *
<i>zeasorb-af pow 2%</i>	3	NM; *

DERMATOLOGY, ANTIPRURITIC

<i>DOXEPIN HCL CREAM 5%</i>	1	
<i>hydrocortisone rectal cream 2.5%</i>	1	
<i>procto-med cre hc 2.5%</i>	1	
<i>procto-pak cre 1%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	2	PA
<i>acitretin cap 17.5 mg</i>	2	PA
<i>acitretin cap 25 mg</i>	2	PA
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>8-MOP CAP 10MG</i>	2	
<i>tazarotene cream 0.1%</i>	1	PA
<i>TAZORAC CRE 0.1%</i>	2	PA

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Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
TAZORAC CRE 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>anti-itch cre 1%</i>	3	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1% (base 1 equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base 1 equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base 1 equivalent)</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
DESOXIMETASONE OINT 0.05%	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>fluocin acet oil body</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 180

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>gnp hydrocor cre 1% plus</i>	3	NM; *
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hm hydrocort cre 1% plus</i>	3	NM; *
<i>hydro-lotion lot 1%</i>	3	NM; *
<i>hydrocort cre 0.5%</i>	3	NM; *
<i>hydrocort cre 1%</i>	3	NM; *
<i>hydrocort oin 1%</i>	3	NM; *
<i>hydrocort/ cre aloe 1%</i>	3	NM; *
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 0.5%</i>	3	NM; *
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 1%</i>	3	NM; *
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 0.5%</i>	3	NM; *
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 1%</i>	3	NM; *
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone-aloe vera cream 0.5%</i>	3	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	3	NM; *
<i>hydroskin cre 1%</i>	3	NM; *
<i>hydroskin lot 1%</i>	3	NM; *
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	

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

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
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<i>qc hydrocort cre 1%</i>	3	NM; *
<i>sb hydrocort cre 1%</i>	3	NM; *
<i>sb hydrocort oin 1%</i>	3	NM; *
<i>scalpicin sol 1%</i>	3	NM; *
<i>sm hydrocort cre 1%</i>	3	NM; *
<i>sm hydrocort cre 1% plus</i>	3	NM; *
<i>sm hydrocort oin 1%</i>	3	NM; *
<i>texacort sol 2.5%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALOE VESTA LOT SKN COND	3	NM; *
ALOE VESTA OIN PROTECT	3	NM; *
<i>americerin cre</i>	3	NM; *
<i>anti-dandruf sha 1%</i>	3	NM; *
<i>anti-itch cre 2-0.1%</i>	3	NM; *
AQUABASE OIN	3	NM; *
<i>banophen cre 2-0.1%</i>	3	NM; *
<i>baza protect cre</i>	3	NM; *
BENZYL ALC LIQ	3	NM; *
BETADINE SKN SOL 7.5% CLR	3	NM; *
BETADINE SOL 10%	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
BETADINE SRG SOL 7.5%	3	NM; *
<i>capsaicin cream 0.025%</i>	3	NM; *
CARRINGTON CRE /ZINC	3	NM; *
CARRINGTON CRE MOISTURE	3	NM; *
CRITIC-AID OIN CLEAR	3	NM; *
<i>dermacerin cre</i>	3	NM; *
DERMAGRAN BC CRE	3	NM; *
DERMAGRAN OIN	3	NM; *
<i>dermamed oin</i>	3	NM; *
<i>dermazinc sha 2%</i>	3	NM; *
DHS TAR GEL SHA 0.5%	3	NM; *
DHS TAR SHA	3	NM; *
DHS ZINC SHA 2%	3	NM; *
<i>diclofenac sodium gel 1%</i>	1	PA
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	3	NM; *
EUCERIN CRE	3	NM; *
EUCERIN CRE UNSCENT	3	NM; *
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>hemorrhoidal oin</i>	3	NM; *
<i>hemorrhoidal sup</i>	3	NM; *
<i>hm povid-iod sol 10%</i>	3	NM; *
HYDROCERIN CRE	3	NM; *
<i>hydrocerin cre plus</i>	3	NM; *
HYDROPHILIC OIN PETROLAT	3	NM; *
<i>imiquimod cream 5%</i>	1	
<i>itch relief cre ex st</i>	3	NM; *
<i>itch relief spr 2-0.1%</i>	3	NM; *
<i>kerodex-51 cre dry/oily</i>	3	NM; *
<i>kerodex-71 cre wet</i>	3	NM; *
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	3	NM; *
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	NM; *
<i>major-prep oin hemorrhho</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>minerin cre</i>	3	NM; *
<i>operand scrb sol 7.5%</i>	3	NM; *
PANRETIN GEL 0.1%	2	
<i>pedi-boro pow soak pak</i>	3	NM; *
<i>periguard oin</i>	3	NM; *
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
<i>podofilox soln 0.5%</i>	1	
<i>povidone-iod sol 10%</i>	3	NM; *
<i>povidone-iodine oint 10%</i>	3	NM; *
<i>povidone-iodine soln 10%</i>	3	NM; *
<i>povidone/iod sol 10%</i>	3	NM; *
PROSHIELD CRE PLUS 1%	3	NM; *
<i>purpose cre</i>	3	NM; *
REMEDY MOIST CRE 5%	3	NM; *
REMEDY NUTRA CRE 1%	3	NM; *
REMEDY SKIN CRE REPAIR	3	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>sal-plant gel 17%</i>	3	NM; *
<i>salactic fil sol 17%</i>	3	NM; *
SALICYLIC POW ACID	3	NM; *
<i>sb anti-itch cre 2-0.1%</i>	3	NM; *
<i>scalp relief liq 3%</i>	3	NM; *
SECURA PROTE CRE 5%	3	NM; *
SENSI-CARE CRE MOISTURI	3	NM; *
<i>sm anti-itch cre 2-0.1%</i>	3	NM; *
<i>sm hemorrhoi oin</i>	3	NM; *
<i>sm povid-iod sol 10%</i>	3	NM; *
SOOTHE&COOL OIN FREE PST	3	NM; *
SOOTHE&COOL OIN MEDSEPTI	3	NM; *
SOOTHE&COOL OIN MOISTURE	3	NM; *
SORBIDON CRE HYDRATE	3	NM; *
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
TARGRETIN GEL 1%	2	NM, PA
<i>therapeutic sha</i>	3	NM; *
TRIXAICIN CRE 0.025%	3	NM; *
<i>trixaicin hp cre 0.075%</i>	3	NM; *
<i>ureacin-10 lot 10%</i>	3	NM; *
VALCHLOR GEL 0.016%	2	NM, LA, PA
<i>wart remover liq 17%</i>	3	NM; *
ZIKS ARTHRIT CRE RELIEF	3	NM; *
ZOSTRIX HP CRE 0.1%	3	NM; *

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>complete kit lice</i>	3	NM; *
EURAX CRE 10%	2	
EURAX LOT 10%	2	
<i>gnp lice kit</i>	3	NM; *
<i>lice killing sha 0.33-4%</i>	3	NM; *
<i>lice soln kit</i>	3	NM; *
<i>lice treatme lot 1%</i>	3	NM; *
<i>lice treatmt lot 1%</i>	3	NM; *
<i>lice treatmt sha 0.33-4%</i>	3	NM; *
<i>lice trtmnt liq 1%</i>	3	NM; *
<i>lice trtmnt liq crm rnse</i>	3	NM; *
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>sm lice lot treatmnt</i>	3	NM; *

DERMATOLOGY, WOUND CARE AGENTS

ACETIC ACID IRRIGATION SOLN 0.25%	1	
REGRANEX GEL 0.01%	2	PA
SANTYL OIN 250/GM	2	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug will cost you (Tier Level)	Necessary actions, restrictions, or limit on use
<i>nystatin susp 100000 unit/ml</i>	1	
<i>periogard sol 0.12%</i>	1	
PILOCARPINE HCL TAB 5 MG	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
ACETIC ACID OTIC SOLN 2%	1	
CIPRODEX SUS 0.3-0.1%	2	
<i>ear wax remv dro 6.5% ot</i>	3	NM; *
<i>ear wax remv sol 6.5% ot</i>	3	NM; *
<i>earwax remv sol 6.5% ot</i>	3	NM; *
<i>earwax trmnt dro 6.5% ot</i>	3	NM; *
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>gnp ear drop sol 6.5% ot</i>	3	NM; *
<i>gnp ear sys sol 6.5% ot</i>	3	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<i>sm ear dro 6.5% ot</i>	3	NM; *

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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1		<i>acetaminophen tab 325 mg</i>	1
	<i>12 hr nasal spr 0.05%</i>	<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	5
3		<i>acetaminophen w/ codeine tab 300-15 mg</i>	5
	<i>3 DAY VAGINL CRE 2%</i>	<i>acetaminophen w/ codeine tab 300-30 mg</i>	5
	<i>3 day vaginal cre 4%</i>	<i>acetaminophen w/ codeine tab 300-60 mg</i>	5
4		<i>acetaminophn sus 160/5ml</i>	1
	<i>4-way fast spr 1%</i>	<i>acetaminophn sus 325mg</i>	1
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	<i>abacavir sulfate tab 300 mg (base equiv)</i>	<i>acid control tab 20mg</i>	90
	<i>acid gone sus</i>	86
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	600-300 MG	<i>acid reducer tab 150mg</i>	90
	<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	<i>acid reducer tab 20mg</i>	90
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	<i>acarbose tab 100 mg</i>	<i>acne medicat gel 5%</i>	159
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	<i>acephen sup 650mg</i>	<i>acyclovir sodium for inj 500 mg</i>	16
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	<i>acetaminophen chew tab 80 mg</i>	<i>acyclovir tab 400 mg</i>	16
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ALAWAY CHILD DRO 0.025%OP	138		
ALAWAY DRO 0.025%OP	138		
ALBENZA TAB 200MG	9		

<i>allergy comp sol 1mg/ml</i>	142	<i>amantadine hcl cap 100 mg</i>	58
<i>allergy d tab 5-120mg</i>	145	<i>amantadine hcl syrup 50 mg/5ml</i>	58
<i>allergy eye dro 0.025%op</i>	138	<i>amantadine hcl tab 100 mg</i>	58
<i>allergy liq 12.5/5ml</i>	142	AMBISOME INJ 50MG.....	12
<i>allergy plus tab sev/sinu</i>	145	<i>americerin cre</i>	165
<i>allergy plus tab sinus</i>	145	AMIFOSTINE FOR INJ 500 MG.....	30
<i>allergy rel/ tab deconges</i>	145	<i>amikacin sulfate inj 1 gm/4ml (250</i>	
<i>allergy relf cap 25mg</i>	142	<i>mg/ml)</i>	9
<i>allergy relf liq 12.5/5ml</i>	142	<i>amikacin sulfate inj 500 mg/2ml (250</i>	
<i>allergy relf sol 5mg/5ml</i>	142	<i>mg/ml)</i>	9
<i>allergy relf syp 5mg/5ml</i>	142	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
<i>allergy relf tab 1.34mg</i>	142	<i>mg</i>	43
<i>allergy relf tab 10mg</i>	142	<i>amiloride hcl tab 5 mg</i>	43
<i>allergy relf tab 25mg</i>	142	<i>amino acid infusion 6%</i>	111
<i>allergy relf tab d-24</i>	145	<i>aminophylline inj 25 mg/ml</i>	158
<i>allergy relf tab deconges</i>	145	AMINOSYN 7% INJ /LYTES	111
<i>allergy tab 10mg</i>	142	AMINOSYN II INJ 10%.....	112
<i>allergy tab 12mg cr</i>	142	AMINOSYN II INJ 8.5%	111
<i>allergy tab 180mg</i>	142	AMINOSYN II INJ 8.5/LYTE.....	111
<i>allergy tab 25mg</i>	142	AMINOSYN INJ 10%	112
<i>allergy tab 4mg</i>	142	AMINOSYN INJ 8.5%	112
<i>allergy tab multi-sy</i>	145	AMINOSYN INJ 8.5/LYTE	112
<i>allergy/cong tab 5-120mg</i>	145	AMINOSYN M INJ 3.5%	112
<i>allergy-d tab 5-120mg</i>	145	AMINOSYN-HBC INJ 7%.....	112
<i>allergy-time tab 4mg</i>	142	AMINOSYN-PF INJ 10%.....	112
<i>allerhist-1 tab 1.34mg</i>	142	AMINOSYN-PF INJ 7%	112
<i>allgy comp-d tab 5-120mg</i>	145	AMINOSYN-RF INJ 5.2%	112
<i>all-nite liq cold/flu</i>	145	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>allopurinol tab 100 mg</i>	1	<i>mg/ml)</i>	36
<i>allopurinol tab 300 mg</i>	1	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>almacone chw</i>	86	<i>mg/ml)</i>	36
<i>almacone dbl sus strength</i>	86	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>almacone sus</i>	86	<i>mg/ml)</i>	36
ALOE VESTA LOT SKN COND	165	<i>amiodarone hcl tab 100 mg</i>	36
ALOE VESTA OIN 2%	161	<i>amiodarone hcl tab 200 mg</i>	36
ALOE VESTA OIN PROTECT	165	<i>amiodarone hcl tab 400 mg</i>	36
<i>alose tron hcl tab 0.5 mg (base equiv)</i> .	96	AMITIZA CAP 24MCG	96
<i>alose tron hcl tab 1 mg (base equiv)</i> ...	96	AMITIZA CAP 8MCG.....	96
ALPHAGAN P SOL 0.1%	139	<i>amitriptyline hcl tab 10 mg</i>	54
<i>alprazolam tab 0.25 mg</i>	47	<i>amitriptyline hcl tab 100 mg</i>	54
<i>alprazolam tab 0.5 mg</i>	47	<i>amitriptyline hcl tab 150 mg</i>	54
<i>alprazolam tab 1 mg</i>	47	<i>amitriptyline hcl tab 25 mg</i>	54
<i>alprazolam tab 2 mg</i>	47	<i>amitriptyline hcl tab 50 mg</i>	54
ALREX SUS 0.2%	138	<i>amitriptyline hcl tab 75 mg</i>	54
<i>altamist spr 0.65%</i>	156	<i>amlodipine besylate tab 10 mg</i>	41
ALUM HYDROX SUS 320/5ML	86	<i>amlodipine besylate tab 2.5 mg</i>	41
ALUNBRIG TAB 30MG.....	28	<i>amlodipine besylate tab 5 mg</i>	41
<i>alyacen tab 1/35</i>	76	<i>amlodipine besylate-benazepril hcl cap</i>	

10-20 mg	31	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	20
10-40 mg	31	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	20
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	20
2.5-10 mg	31	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	31	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	31	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	20
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	31	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	34	<i>amoxicillin (trihydrate) cap 250 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	34	<i>amoxicillin (trihydrate) cap 500 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	34	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	20
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	34	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	21
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	34	<i>amoxicillin (trihydrate) for susp 125 mg/5ml.....</i>	21
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	34	<i>amoxicillin (trihydrate) for susp 200 mg/5ml.....</i>	21
<i>amlodipine besylate-valsartan tab 5-160 mg.....</i>	34	<i>amoxicillin (trihydrate) for susp 250 mg/5ml.....</i>	21
<i>amlodipine besylate-valsartan tab 5-320 mg.....</i>	34	<i>amoxicillin (trihydrate) for susp 400 mg/5ml.....</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....</i>	34	<i>amoxicillin (trihydrate) tab 500 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	34	<i>amoxicillin (trihydrate) tab 875 mg</i>	21
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	64
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	64
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	64
<i>amnestem cap 10mg</i>	159	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	64
<i>amnestem cap 20mg</i>	159	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	64
<i>amnestem cap 40mg</i>	159	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	64
<i>amoxapine tab 100 mg.....</i>	54	<i>amphetamine-dextroamphetamine tab 10 mg.....</i>	65
<i>amoxapine tab 150 mg.....</i>	54	<i>amphetamine-dextroamphetamine tab 12.5 mg.....</i>	65
<i>amoxapine tab 25 mg.....</i>	54		
<i>amoxapine tab 50 mg.....</i>	54		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	20		
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	20		

<i>amphetamine-dextroamphetamine tab 15 mg</i>	65	<i>antacid/anti sus -gas ds</i>	87
<i>amphetamine-dextroamphetamine tab 20 mg</i>	65	<i>anti-dandruf sha 1%</i>	165
<i>amphetamine-dextroamphetamine tab 30 mg</i>	65	ANTI-DIARRHE CAP 2MG.....	87
<i>amphetamine-dextroamphetamine tab 5 mg</i>	64	<i>anti-diarrhe liq 1mg/5ml</i>	87
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	65	<i>anti-diarrhe tab 2mg</i>	87
<i>amphotericin b for inj 50 mg</i>	12	<i>antifungal aer 1%</i>	161
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	21	<i>antifungal cre 1%</i>	161
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	21	<i>antifungal cre 2%</i>	161
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	21	<i>anti-fungal pow 1%</i>	161
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	21	<i>antifungal pow 2%</i>	161
<i>ampicillin cap 250 mg</i>	21	<i>anti-gas cap 180mg</i>	96
<i>ampicillin cap 500 mg</i>	21	<i>anti-itch cre 1%</i>	162
<i>ampicillin for susp 125 mg/5ml</i>	21	<i>anti-itch cre 2-0.1%</i>	165
<i>ampicillin for susp 250 mg/5ml</i>	21	<i>anti-nausea liq</i>	88
<i>ampicillin sodium for inj 1 gm</i>	21	<i>anti-nausea sol</i>	88
<i>ampicillin sodium for inj 10 gm</i>	21	<i>antioxidant cap</i>	122
<i>ampicillin sodium for inj 125 mg</i>	21	ANTIOXIDANT CAP	122
<i>ampicillin sodium for inj 2 gm</i>	21	<i>antioxidant tab</i>	122
<i>ampicillin sodium for inj 250 mg</i>	21	<i>anti-oxidant tab</i>	122
<i>ampicillin sodium for inj 500 mg</i>	21	<i>antioxidant tab vitamins</i>	122
<i>ampicillin sodium for iv soln 1 gm</i>	21	APATATE FORT LIQ.....	122
<i>ampicillin sodium for iv soln 10 gm</i>	21	<i>ap-hist dm liq 7.5-4-15</i>	145
<i>ampicillin sodium for iv soln 2 gm</i>	21	APOKYN INJ 10MG/ML	58
AMPYRA TAB 10MG	68	<i>aprepitant capsule 125 mg</i>	88
ANADROL-50 TAB 50MG	71	<i>aprepitant capsule 40 mg</i>	88
<i>anagrelide hcl cap 0.5 mg</i>	104	<i>aprepitant capsule 80 mg</i>	88
<i>anagrelide hcl cap 1 mg</i>	104	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	88
<i>anastrozole tab 1 mg</i>	27	<i>apri tab</i>	76
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<i>antacid fast sus relief</i>	86	APTIOM TAB 600MG	47
<i>antacid plus sus anti-gas</i>	86	APTIOM TAB 800MG	47
<i>antacid plus sus gas rel</i>	86	APTIVUS CAP 250MG	13
<i>antacid sus</i>	86	APTIVUS SOL.....	13
<i>antacid sus anti-gas</i>	86	AQUABASE OIN.....	165
<i>antacid sus max st</i>	87	AQUADEKS CAP	122
<i>antacid sus reg st</i>	87	AQUADEKS CHW	122
		AQUANAZ TAB	145
		AQUASOL A INJ 50000/ML.....	122
		ARALAST NP INJ 1000MG.....	156
		ARALAST NP INJ 500MG.....	156
		<i>aranelle tab</i>	76
		ARCALYST INJ 220MG.....	107
		<i>aripiprazole oral solution 1 mg/ml</i>	60
		<i>aripiprazole orally disintegrating tab 10</i>	

<i>mg</i>	60	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	65
<i>aripiprazole orally disintegrating tab 15 mg</i>	60	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	65
<i>aripiprazole tab 10 mg</i>	60	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	65
<i>aripiprazole tab 15 mg</i>	60	.....	65
<i>aripiprazole tab 2 mg</i>	60	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	65
<i>aripiprazole tab 20 mg</i>	60	.....	65
<i>aripiprazole tab 30 mg</i>	60	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	65
<i>aripiprazole tab 5 mg</i>	60	.....	65
ARISTADA INJ 1064MG.....	60	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	65
ARISTADA INJ 441MG/1.....	60	.....	65
ARISTADA INJ 662MG/2.....	60	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	65
ARISTADA INJ 882MG/3.....	60	.....	65
<i>armodafinil tab 150 mg</i>	69	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	37
ARMODAFINIL TAB 200 MG.....	69	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	38
<i>armodafinil tab 250 mg</i>	69	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	38
<i>armodafinil tab 50 mg</i>	69	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	38
ARNUITY ELPT INH 100MCG.....	157	<i>atovaquone susp 750 mg/5ml</i>	9
ARNUITY ELPT INH 200MCG.....	157	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>artifi tears oin op</i>	139	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
<i>artifi tears sol 1.4% op</i>	139	.....	12
<i>artificial sol tears</i>	139	ATRIPLA TAB.....	15
<i>aspir-81 tab 81mg ec</i>	1	ATROVENT HFA AER 17MCG.....	141
<i>aspirin chew tab 81 mg</i>	1	<i>abra tab 0.1-0.02</i>	76
<i>aspirin chw 81mg</i>	1	AURYXIA TAB 210MG.....	84
<i>aspirin low chw 81mg</i>	1	AUSTEDO TAB 12MG.....	68
<i>aspirin low tab 81mg ec</i>	1	AUSTEDO TAB 6MG.....	68
<i>aspirin suppos 300 mg</i>	1	AUSTEDO TAB 9MG.....	68
<i>aspirin suppos 600 mg</i>	1	AVASTIN INJ.....	25
<i>aspirin tab 325 mg</i>	1	AVASTIN INJ 400/16ML.....	25
<i>aspirin tab 325mg</i>	1	<i>aviane tab</i>	76
<i>aspirin tab 325mg ec</i>	1	AVITA CRE 0.025%.....	159
<i>aspirin tab 81mg ec</i>	1	AVITA GEL 0.025%.....	159
<i>aspirin tab delayed release 325 mg</i>	1	AXIRON SOL 30MG/ACT.....	72
<i>aspirin tab delayed release 81 mg</i>	1	AYR ALLERGY SPR & SINUS.....	156
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG.....	105	AYR NASAL DRO 0.65%.....	156
<i>aspir-low tab 81mg ec</i>	1	<i>ayr saline gel nasal</i>	156
<i>atenolol & chlorthalidone tab 100-25 mg</i>	39	<i>ayr spr 0.65%</i>	156
<i>atenolol & chlorthalidone tab 50-25 mg</i>	39	<i>azacitidine for inj 100 mg</i>	24
<i>atenolol tab 100 mg</i>	40	AZACTAM/DEX INJ 1GM.....	9
<i>atenolol tab 25 mg</i>	40	AZACTAM/DEX INJ 2GM.....	9
<i>atenolol tab 50 mg</i>	40	<i>azathioprine inj 100mg</i>	107
<i>ath foot spr aer 1%</i>	161		
<i>athlete foot cre 1%</i>	161		
<i>athlete foot cre af</i>	161		

<i>azathioprine tab 50 mg</i>	107	<i>bekyree tab</i>	76
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	142	BELEODAQ INJ 500MG.....	25
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	142	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>azelastine hcl ophth soln 0.05%</i>	138	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>azithromycin for susp 100 mg/5ml</i>	19	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	32
<i>azithromycin for susp 200 mg/5ml</i>	19	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>azithromycin iv for soln 500 mg</i>	19	<i>benazepril hcl tab 10 mg</i>	32
AZITHROMYCIN POWD PACK FOR SUSP 1 GM.....	19	<i>benazepril hcl tab 20 mg</i>	32
<i>azithromycin tab 250 mg</i>	19	<i>benazepril hcl tab 40 mg</i>	32
<i>azithromycin tab 500 mg</i>	19	<i>benazepril hcl tab 5 mg</i>	32
<i>azithromycin tab 600 mg</i>	19	BENDEKA INJ 100/4ML	23
<i>azo tabs tab 95mg</i>	99	BENLYSTA INJ 120MG.....	107
AZOPT SUS 1% OP	139	BENLYSTA INJ 400MG.....	107
<i>aztreonam for inj 1 gm</i>	9	<i>benzepero aer 5.3%</i>	159
<i>aztreonam for inj 2 gm</i>	9	<i>benzepero sc aer 9.8%</i>	159
B		<i>benzonatate cap 100 mg</i>	145
<i>b comp/iron/ tab vit c/e</i>	122	<i>benzonatate cap 150 mg</i>	145
<i>baby ayr spr 0.65%</i>	156	<i>benzonatate cap 200 mg</i>	145
<i>baby darlng sol ped elec</i>	110	BENZOYL PER GEL 2.5%	159
<i>bacitr zinc oin 500/gm</i>	160	<i>benzoyl per liq 10% wash</i>	159
<i>bacitracin oin 500/gm</i>	160	<i>benzoyl per liq 5% wash</i>	159
<i>bacitracin oint 500 unit/gm</i>	160	<i>benzoyl per lot 6%</i>	159
<i>bacitracin ophth oint 500 unit/gm</i>	137	<i>benzoyl pero kit acne pck</i>	159
<i>bacitracin zinc oint 500 unit/gm</i>	160	<i>benzoyl peroxide foam 5.3%</i>	159
<i>bacitracin-polymyxin b ophth oint</i>	137	<i>benzoyl peroxide foam 9.8%</i>	159
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	136	<i>benzoyl peroxide gel 10%</i>	159
<i>baclofen tab 10 mg</i>	68	<i>benzoyl peroxide gel 5%</i>	159
<i>baclofen tab 20 mg</i>	68	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	159
<i>balsalazide disodium cap 750 mg</i>	91	BENZTROPINE MESYLATE INJ 1 MG/ML	58
<i>balziva tab</i>	76	<i>benztropine mesylate tab 0.5 mg</i>	58
<i>banophen cap 25mg</i>	142	<i>benztropine mesylate tab 1 mg</i>	58
<i>banophen cap 50mg</i>	142	<i>benztropine mesylate tab 2 mg</i>	58
<i>banophen cre 2-0.1%</i>	165	BENZYL ALC LIQ	165
<i>banophen liq 12.5/5ml</i>	142	<i>benzyl perox lot clnsr 6%</i>	159
<i>banophen tab 25mg</i>	142	BEPREVE DRO 1.5%	138
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<i>baza antifun cre 2%</i>	161	BETADINE SRG SOL 7.5%	165
<i>baza protect cre</i>	165	<i>betamethasone dipropionate augmented cream 0.05%</i>	163
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betamethasone valerate oint 0.1% (base equivalent) 163
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betaxolol hcl ophth soln 0.5% 139
bethanechol chloride tab 10 mg 99
bethanechol chloride tab 25 mg 99
bethanechol chloride tab 5 mg 99
bethanechol chloride tab 50 mg 99
 BETOPTIC-S SUS 0.25% OP 139
 BEVESPI AER 9-4.8MCG 141
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 BEXSERO INJ 108
bicalutamide tab 50 mg 27
 BICILLIN L-A INJ 1200000 21
 BICILLIN L-A INJ 2400000 21
 BICILLIN L-A INJ 600000 21
 BICNU INJ 100MG 23
 BILTRICIDE TAB 600MG 9
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 BIOTECT PLUS LIQ 122
biotin plus/ tab cal/vitd 122
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bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit 92
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bismatrol sus 525/15ml 87
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bisoprolol & hydrochlorothiazide tab 5-6.25 mg 39
bisoprolol fumarate tab 10 mg 40
bisoprolol fumarate tab 5 mg 40
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bromfenac sodium ophth soln 0.09% (base equivalent) 138
bromocriptine mesylate cap 5 mg (base equivalent) 58
bromocriptine mesylate tab 2.5 mg (base equivalent) 58
 BROMSITE DRO 0.075% 138
brotapp dm liq 15-1-5/5 146
brotapp liq 146
 BROVEX PEB LIQ 146
budesonide delayed release particles cap

3 mg	91
<i>budesonide inhalation susp 0.25 mg/2ml</i>	
.....	157
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	157
<i>bumetanide inj 0.25 mg/ml</i>	43
<i>bumetanide tab 0.5 mg</i>	43
<i>bumetanide tab 1 mg</i>	43
<i>bumetanide tab 2 mg</i>	43
BUPHENYL TAB 500MG	80
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv)</i>	69
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv)</i>	69
<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>0.5 mg (base equiv)</i>	69
<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>2 mg (base equiv)</i>	69
<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>12hr 150 mg</i>	69
<i>bupropion hcl tab 100 mg</i>	54
<i>bupropion hcl tab 75 mg</i>	54
<i>bupropion hcl tab er 12hr 100 mg</i>	54
<i>bupropion hcl tab er 12hr 150 mg</i>	54
<i>bupropion hcl tab er 12hr 200 mg</i>	54
<i>bupropion hcl tab er 24hr 150 mg</i>	54
<i>bupropion hcl tab er 24hr 300 mg</i>	54
<i>bupirone hcl tab 10 mg</i>	47
<i>bupirone hcl tab 15 mg</i>	47
<i>bupirone hcl tab 30 mg</i>	47
<i>bupirone hcl tab 5 mg</i>	47
<i>bupirone hcl tab 7.5 mg</i>	47
<i>busulfan inj 6 mg/ml</i>	23
BUSULFEX INJ 6MG/ML.....	23
<i>butorphanol tartrate inj 1 mg/ml</i>	5
<i>butorphanol tartrate inj 2 mg/ml</i>	5
BUTRANS DIS 10MCG/HR	5
BUTRANS DIS 15MCG/HR	5
BUTRANS DIS 20MCG/HR	5
BUTRANS DIS 5MCG/HR	5
BUTRANS DIS 7.5/HR.....	5
BYDUREON INJ 2MG	72
BYDUREON PEN INJ 2MG	72
BYETTA INJ 10MCG	72
BYETTA INJ 5MCG.....	72
BYSTOLIC TAB 10MG.....	40
BYSTOLIC TAB 2.5MG.....	40
BYSTOLIC TAB 20MG.....	40

BYSTOLIC TAB 5MG.....	40
C	
<i>ca cit/vit d tab 315/200</i>	114
<i>ca cit/vit d tab 315/250</i>	114
<i>ca citrate tab + d</i>	114
CA CITRATE TAB 250MG	114
<i>ca citrate tab plus d</i>	114
CA LACTATE TAB 100MG	114
<i>ca/d/mineral tab</i>	114
<i>ca/d/mineral tab 600-200</i>	114
<i>cabergoline tab 0.5 mg</i>	83
CABOMETYX TAB 20MG.....	28
CABOMETYX TAB 40MG.....	28
CABOMETYX TAB 60MG.....	28
<i>calc 600+d tab 600-800</i>	114
<i>calc 600+d+ tab minerals</i>	114
<i>calc 600+d3 tab minerals</i>	114
<i>calc cit+d3 tab 250-200</i>	114
<i>calc citr/d tab 315-250</i>	114
<i>calc citr/d3 tab 200-250</i>	114
<i>calc citr+d tab 315-250</i>	114
<i>calc citr+d3 tab 200-250</i>	114
<i>calc citrate tab +d</i>	115
CALC CITRATE TAB 200MG.....	114
CALC GUMMIES CHW CHILD	115
CALC/VIT D3 CHW DISNEY.....	115
<i>calcarb 600 tab</i>	115
<i>calcet plus tab</i>	122
CALCI-CHEW CHW 1250MG.....	115
<i>calcidol dro 8000/ml</i>	122
<i>calciferol dro 8000/ml</i>	122
CALCI-MIX CAP 1250MG	115
CALCIONATE SYP 1.8GM/5	115
<i>calcipotriene cream 0.005%</i>	162
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	162
<i>calcitonin (salmon) nasal soln 200</i>	
<i>unit/act</i>	83
<i>calcitrate tab</i>	115
<i>calcitrate tab 950mg</i>	115
CAL-CITRATE TAB PLUS D	114
<i>calcitriol cap 0.25 mcg</i>	122
<i>calcitriol cap 0.5 mcg</i>	122
<i>calcitriol inj 1 mcg/ml</i>	122
<i>calcitriol oral soln 1 mcg/ml</i>	122
<i>calcium + d tab</i>	115
<i>calcium + d tab 600-200</i>	115
<i>calcium +d tab maximum</i>	115

<i>calcium +d3 tab maximum</i>	115	<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	116
CALCIUM 1000 TAB + D	115	<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	116
<i>calcium 1200 chw</i>	115	<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	116
<i>calcium 500 tab /vit d</i>	115	<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	116
<i>calcium 500 tab +d</i>	115	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	116
<i>calcium 600 chw +d/miner</i>	115	<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	116
<i>calcium 600 chw +d/mnrsls</i>	115	<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	115
<i>calcium 600 chw w/vit d</i>	115	CALCIUM CHW GUMMIES	116
<i>calcium 600 tab</i>	115	<i>calcium cit/ tab vit d</i>	116
<i>calcium 600 tab + d</i>	115	CALCIUM CIT/ TAB VIT D	116
<i>calcium 600 tab +d</i>	115	<i>calcium citr tab +d</i>	116
<i>calcium 600 tab +d/mnrsls</i>	115	<i>calcium citr tab plus d-3</i>	116
<i>calcium 600 tab +d3</i>	115	<i>calcium citr tab w/vit d3</i>	116
<i>calcium 600 tab -d</i>	115	<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	116
<i>calcium 600 tab vit d/mi</i>	115	<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	116
<i>calcium 600/ tab vit d</i>	115	<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	116
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	84	<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	116
<i>calcium acetate (phosphate binder) tab 667 mg</i>	84	CALCIUM GRA CITRATE.....	116
CALCIUM CARB CHW 260MG	115	CALCIUM LACT TAB 648MG	117
CALCIUM CARB POW 800/2GM	115	<i>calcium plus cap d3</i>	117
<i>calcium carb tab 1250mg</i>	115	<i>calcium plus tab 600 +d</i>	117
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	115	<i>calcium polycarbophil tab 625 mg</i>	92
<i>calcium carbonate (antacid) tab 648 mg</i>	87	<i>calcium tab 500/d</i>	117
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	115	<i>calcium tab 500+d</i>	117
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	115	<i>calcium tab 600mg</i>	117
<i>calcium carbonate tab 600 mg</i>	115	CALCIUM TAB 600MG	117
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	116	<i>calcium tab vit d</i>	117
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	116	<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	117
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	116	<i>calcium/d chw 500-400</i>	117
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	116	<i>calcium/d tab 500-200</i>	117
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	116	<i>calcium/d tab 500-400</i>	117
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	116	<i>calcium/d tab 500mg</i>	117
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	116	<i>calcium/d tab 600-200</i>	117
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	116	<i>calcium/d tab 600-400</i>	117
		<i>calcium/d tab 600-800</i>	117
		<i>calcium/d3 cap 600-500</i>	117

<i>calcium/d3 tab</i>	117	<i>captopril tab 12.5 mg</i>	32
<i>calcium/d3 tab 600-800</i>	117	<i>captopril tab 25 mg</i>	32
<i>calcium/vita tab d3</i>	117	<i>captopril tab 50 mg</i>	33
CALCIUM/VITD CAP 600-400.....	117	CARBAGLU TAB 200MG	80
<i>calcium+d tab 600-400</i>	117	<i>carbamazepine cap er 12hr 100 mg</i>	47
<i>calcium+d tab 600-800</i>	117	<i>carbamazepine cap er 12hr 200 mg</i>	47
<i>calcium+d3 tab 315-250</i>	117	<i>carbamazepine cap er 12hr 300 mg</i>	47
<i>calcium+d3 tab 600-400</i>	117	<i>carbamazepine chew tab 100 mg</i>	47
<i>calcium+d3 tab 600-800</i>	117	<i>carbamazepine susp 100 mg/5ml</i>	48
CAL-MINT CHW 260MG.....	114	<i>carbamazepine tab 200 mg</i>	48
<i>calphron tab 667mg</i>	117	<i>carbamazepine tab er 12hr 100 mg</i>	48
CAL-QUICK LIQ 500-400.....	114	<i>carbamazepine tab er 12hr 200 mg</i>	48
CALTRATE + D TAB 300-800	117	<i>carbamazepine tab er 12hr 400 mg</i>	48
CALTRATE +D TAB 600-800	117	<i>carbidopa & levodopa orally</i>	
CALTRATE 600 CHW +D PLUS	117	<i>disintegrating tab 10-100 mg</i>	58
CALTRATE 600 CHW 600-800.....	117	<i>carbidopa & levodopa orally</i>	
<i>caltrate 600 tab</i>	117	<i>disintegrating tab 25-100 mg</i>	58
CALTRATE+D TAB 600-800	117	<i>carbidopa & levodopa orally</i>	
<i>camila tab 0.35mg</i>	76	<i>disintegrating tab 25-250 mg</i>	58
CANASA SUP 1000MG	91	<i>carbidopa & levodopa tab 10-100 mg</i> .	58
CANCIDAS INJ 50MG.....	12	<i>carbidopa & levodopa tab 25-100 mg</i> .	58
CANCIDAS INJ 70MG.....	12	<i>carbidopa & levodopa tab 25-250 mg</i> .	58
<i>candesartan cilexetil tab 16 mg</i>	36	<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>candesartan cilexetil tab 32 mg</i>	36	.....	58
<i>candesartan cilexetil tab 4 mg</i>	36	<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>candesartan cilexetil tab 8 mg</i>	36	.....	58
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 16-12.5 mg</i>	34	TABS 12.5-50-200 MG	58
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 32-12.5 mg</i>	34	TABS 18.75-75-200 MG	59
<i>candesartan cilexetil-hydrochlorothiazide</i>		CARBIDOPA-LEVODOPA-ENTACAPONE	
<i>tab 32-25 mg</i>	35	TABS 25-100-200 MG	59
CAPASTAT SUL INJ 1GM	15	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPCOF SYP 5-2-10MG.....	146	TABS 31.25-125-200 MG	59
CAPMIST DM TAB.....	146	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPRELSA TAB 100MG	28	TABS 37.5-150-200 MG	59
CAPRELSA TAB 300MG	28	CARBIDOPA-LEVODOPA-ENTACAPONE	
CAPRON DM LIQ	146	TABS 50-200-200 MG	59
<i>capsaicin cream 0.025%</i>	165	<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>captopril & hydrochlorothiazide tab 25-15</i>		<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>mg</i>	32	<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>captopril & hydrochlorothiazide tab 25-25</i>		<i>carboplatin iv soln 600 mg/60ml</i>	30
<i>mg</i>	32	CARDENZ TAB	123
<i>captopril & hydrochlorothiazide tab 50-15</i>		CARIMUNE NF INJ 12GM	106
<i>mg</i>	32	CARIMUNE NF INJ 6GM	106
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carisoprodol tab 350 mg</i>	68
<i>mg</i>	32	<i>carravite tab</i>	123
<i>captopril tab 100 mg</i>	33	CARRINGTON CRE /ZINC.....	165

CARRINGTON CRE MOISTURE	165	<i>cefprozil for susp 250 mg/5ml</i>	18
<i>carteolol hcl ophth soln 1%</i>	139	<i>cefprozil tab 250 mg</i>	18
<i>carvedilol tab 12.5 mg</i>	40	<i>cefprozil tab 500 mg</i>	18
<i>carvedilol tab 25 mg</i>	40	<i>ceftazidime for inj 1 gm</i>	18
<i>carvedilol tab 3.125 mg</i>	40	<i>ceftazidime for inj 2 gm</i>	18
<i>carvedilol tab 6.25 mg</i>	40	<i>ceftazidime for inj 6 gm</i>	18
CASPOFUNGIN INJ 50MG	12	CEFTAZIDIME/ SOL D5W 1GM	18
CASPOFUNGIN INJ 70MG	12	CEFTAZIDIME/ SOL D5W 2GM	18
<i>castor laxat oil 100%</i>	92	<i>ceftriaxone sodium for inj 1 gm</i>	18
CASTOR OIL.....	120	<i>ceftriaxone sodium for inj 10 gm</i>	18
CAYSTON INH 75MG	9	<i>ceftriaxone sodium for inj 2 gm</i>	18
<i>cefaclor cap 250 mg</i>	17	<i>ceftriaxone sodium for inj 250 mg</i>	18
<i>cefaclor cap 500 mg</i>	17	<i>ceftriaxone sodium for inj 500 mg</i>	18
<i>cefaclor er tab 500mg</i>	17	<i>ceftriaxone sodium for iv soln 1 gm</i>	18
<i>cefaclor for susp 125 mg/5ml</i>	17	<i>ceftriaxone sodium for iv soln 2 gm</i>	18
<i>cefaclor for susp 250 mg/5ml</i>	17	<i>cefuroxime axetil tab 250 mg</i>	18
<i>cefaclor for susp 375 mg/5ml</i>	17	<i>cefuroxime axetil tab 500 mg</i>	18
<i>cefadroxil cap 500 mg</i>	17	<i>cefuroxime sodium for inj 1.5 gm</i>	18
<i>cefadroxil for susp 250 mg/5ml</i>	17	<i>cefuroxime sodium for inj 7.5 gm</i>	18
<i>cefadroxil for susp 500 mg/5ml</i>	17	<i>cefuroxime sodium for inj 750 mg</i>	18
<i>cefadroxil tab 1 gm</i>	17	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	18
<i>cefazolin inj 1gm/50ml</i>	17	<i>celecoxib cap 100 mg</i>	3
<i>cefazolin sodium for inj 1 gm</i>	17	<i>celecoxib cap 200 mg</i>	3
<i>cefazolin sodium for inj 10 gm</i>	17	<i>celecoxib cap 400 mg</i>	3
<i>cefazolin sodium for inj 20 gm</i>	17	<i>celecoxib cap 50 mg</i>	3
<i>cefazolin sodium for inj 500 mg</i>	17	CELONTIN CAP 300MG.....	48
<i>cefazolin sodium for iv soln 1 gm</i>	17	<i>cent cardio tab hlth for</i>	123
CEFAZOLIN SOL	17	<i>centamin liq</i>	123
<i>cefdinir cap 300 mg</i>	17	<i>centavite az tab minerals</i>	123
<i>cefdinir for susp 125 mg/5ml</i>	17	<i>centavite liq</i>	123
<i>cefdinir for susp 250 mg/5ml</i>	18	<i>central-vite tab perform</i>	123
<i>cefepime hcl for inj 1 gm</i>	18	CENTRAL-VITE TAB UNDER 50	123
<i>cefepime hcl for inj 2 gm</i>	18	<i>central-vite tab wmns mat</i>	123
<i>cefixime for susp 100 mg/5ml</i>	18	<i>centravites tab</i>	123
<i>cefixime for susp 200 mg/5ml</i>	18	<i>centravites tab 50 plus</i>	123
<i>cefotaxime sodium for inj 1 gm</i>	18	CENTRUM CHW	123
<i>cefotaxime sodium for inj 2 gm</i>	18	CENTRUM CHW FLAV BST.....	123
<i>cefotaxime sodium for inj 500 mg</i>	18	CENTRUM CHW SILVER.....	123
<i>cefoxitin sodium for inj 10 gm</i>	18	CENTRUM KIDS CHW FLAV BST	123
<i>cefoxitin sodium for iv soln 1 gm</i>	18	CENTRUM LIQ.....	123
<i>cefoxitin sodium for iv soln 2 gm</i>	18	CENTRUM SILV TAB ADULT 50	123
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	18	CENTRUM SPEC TAB HEART.....	123
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	18	CENTRUM SPEC TAB VISION.....	123
<i>cefpodoxime proxetil tab 100 mg</i>	18	CENTRUM TAB	123
<i>cefpodoxime proxetil tab 200 mg</i>	18	CENTRUM TAB CARDIO	123
<i>cefprozil for susp 125 mg/5ml</i>	18	CENTRUM TAB SILVER	123
		CENTRUM TAB ULTRA	123
		<i>century tab</i>	123

<i>century tab mature</i>	123	<i>chlorhexidine gluconate soln 0.12%..</i>	168
<i>cephalexin cap 250 mg</i>	18	<i>chloroquine phosphate tab 250 mg</i>	13
<i>cephalexin cap 500 mg</i>	18	<i>chloroquine phosphate tab 500 mg</i>	13
<i>cephalexin for susp 125 mg/5ml</i>	18	<i>chlorothiazide tab 250 mg</i>	43
<i>cephalexin for susp 250 mg/5ml</i>	18	<i>chlorothiazide tab 500 mg</i>	43
CERALYTE 70 LIQ.....	110	<i>chlorphen sr tab 12mg</i>	142
CERDELGA CAP 84MG.....	80	<i>chlorphenir tab 4mg</i>	142
CEREZYME INJ 400UNIT	80	<i>chlorpheniramine maleate tab 4 mg</i> .	142
<i>cerovite liq advanced</i>	123	<i>chlorpheniramine maleate tab er 12 mg</i>	142
<i>cerovite tab advanced</i>	123	.....	142
<i>cerovite tab senior</i>	123	<i>chlorpromaz inj 25mg/ml</i>	60
<i>certa plus tab</i>	123	<i>chlorpromaz inj 50mg/2ml</i>	60
<i>certagen tab</i>	123	<i>chlorpromazine hcl tab 10 mg</i>	60
<i>certa-vite liq</i>	123	<i>chlorpromazine hcl tab 100 mg</i>	60
<i>certavite liq antioxid</i>	123	<i>chlorpromazine hcl tab 200 mg</i>	60
CERTAVITE TAB SENIOR.....	123	<i>chlorpromazine hcl tab 25 mg</i>	60
<i>certavite/ tab antioxid</i>	123	<i>chlorpromazine hcl tab 50 mg</i>	60
<i>cetirizine hcl chew tab 10 mg</i>	142	<i>chlorthalidone tab 25 mg</i>	43
<i>cetirizine hcl chew tab 5 mg</i>	142	<i>chlorthalidone tab 50 mg</i>	43
<i>cetirizine hcl oral soln 1 mg/ml (5</i>		<i>cholecalciferol cap 1000 unit</i>	123
<i>mg/5ml)</i>	142	<i>cholecalciferol cap 10000 unit</i>	123
<i>cetirizine hcl tab 10 mg</i>	142	<i>cholecalciferol cap 2000 unit</i>	123
<i>cetirizine hcl tab 5 mg</i>	142	<i>cholecalciferol cap 400 unit</i>	123
<i>cetirizine sol 5mg/5ml</i>	142	<i>cholecalciferol cap 5000 unit</i>	123
<i>cetirizine syp 1mg/ml</i>	142	<i>cholecalciferol cap 50000 unit</i>	123
<i>cetirizine-pseudoephedrine tab er 12hr</i>		<i>cholecalciferol chew tab 1000 unit</i>	124
<i>5-120 mg</i>	146	<i>cholecalciferol chew tab 400 unit</i>	123
<i>cevimeline hcl cap 30 mg</i>	168	<i>cholecalciferol tab 1000 unit</i>	124
<i>cgh/cold day liq delsym</i>	146	<i>cholecalciferol tab 2000 unit</i>	124
CHANTIX PAK 0.5& 1MG	69	<i>cholecalciferol tab 400 unit</i>	124
CHANTIX PAK 1MG.....	69	<i>cholecalciferol tab 5000 unit</i>	124
CHANTIX TAB 0.5MG.....	69	<i>cholestyramine light powder 4 gm/dose</i>	38
CHANTIX TAB 1MG.....	69	.....	38
CHEMET CAP 100MG	75	<i>cholestyramine light powder packets 4</i>	38
<i>cheratussin sol dac</i>	146	<i>gm</i>	38
<i>cheratussin syp 100-10/5</i>	146	<i>cholestyramine powder 4 gm/dose</i>	38
<i>chest conges tab 20-400mg</i>	146	<i>cholestyramine powder packets 4 gm</i> .	38
<i>chest conges tab 400mg</i>	146	CHROMIC CHLORIDE INJ 40 MCG/10ML	
<i>chest conges tab relf dm</i>	146	(4 MCG/ML) (ELEMENTAL CR).....	112
<i>chest congst tab rlf pe</i>	146	<i>ciclopirox gel 0.77%</i>	161
CHEWABLE CHW CALCIUM	117	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>child asa chw 81mg</i>	1	<i>equiv)</i>	161
<i>child asa ls chw 81mg</i>	2	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>chld allergy liq 12.5/5ml</i>	142	<i>equiv)</i>	161
<i>chld ibuprfrn dro 40mg/ml</i>	3	<i>ciclopirox shampoo 1%</i>	161
<i>chld pain rl tab 80mg</i>	2	<i>cilostazol tab 100 mg</i>	104
<i>chld silapap liq 160/5ml</i>	2	<i>cilostazol tab 50 mg</i>	104
<i>chlds mapap tab 80mg rt</i>	2	CILOXAN OIN 0.3% OP	137

CINRYZE SOL 500 UNIT.....	104	<i>claravis cap 40mg</i>	159
CIPRODEX SUS 0.3-0.1%	168	<i>clarithromycin for susp 125 mg/5ml ...</i>	19
<i>ciprofloxacin 200 mg/100ml in d5w.....</i>	19	<i>clarithromycin for susp 250 mg/5ml ...</i>	19
<i>ciprofloxacin 400 mg/200ml in d5w.....</i>	19	<i>clarithromycin tab 250 mg</i>	19
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clarithromycin tab 500 mg</i>	19
<i>(5%) (5 gm/100ml)</i>	19	<i>clarithromycin tab er 24hr 500 mg</i>	19
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>cl d head cng tab nighttim.....</i>	146
<i>(10%) (10 gm/100ml).....</i>	20	<i>clearlax pow</i>	92
<i>ciprofloxacin hcl ophth soln 0.3%.....</i>	137	<i>clemastine fumarate tab 1.34 mg (1 mg</i>	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>base equiv)</i>	142
.....	20	<i>clindamycin hcl cap 150 mg.....</i>	9
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin hcl cap 300 mg.....</i>	9
.....	20	<i>clindamycin hcl cap 75 mg</i>	9
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin palmitate hcl for soln 75</i>	
.....	20	<i>mg/5ml (base equiv)</i>	9
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clindamycin phosphate gel 1%.....</i>	159
.....	20	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>300 mg/50ml.....</i>	10
.....	20	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>600 mg/50ml.....</i>	10
.....	20	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>900 mg/50ml.....</i>	10
<i>1000 mg(base eq)</i>	20	<i>clindamycin phosphate inj 300 mg/2ml</i>	10
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>clindamycin phosphate inj 600 mg/4ml</i>	10
<i>500 mg (base eq)</i>	20	<i>clindamycin phosphate inj 9 gm/60ml.</i>	10
<i>cisplatin inj 100 mg/100ml (1 mg/ml) .</i>	30	<i>clindamycin phosphate inj 900 mg/6ml</i>	10
<i>cisplatin inj 200 mg/200ml (1 mg/ml) .</i>	30	<i>clindamycin phosphate iv soln 300</i>	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	30	<i>mg/2ml.....</i>	10
<i>cit calc/d tab 315-250</i>	117	<i>clindamycin phosphate iv soln 900</i>	
<i>citalopram hydrobromide oral soln 10</i>		<i>mg/6ml.....</i>	10
<i>mg/5ml</i>	54	<i>clindamycin phosphate lotion 1%</i>	159
<i>citalopram hydrobromide tab 10 mg</i>		<i>clindamycin phosphate soln 1%</i>	159
<i>(base equiv).....</i>	54	<i>clindamycin phosphate swab 1%.....</i>	159
<i>citalopram hydrobromide tab 20 mg</i>		<i>clindamycin phosphate vaginal cream 2%</i>	
<i>(base equiv).....</i>	54	.....	100
<i>citalopram hydrobromide tab 40 mg</i>		<i>CLINDMYC/NAC INJ 300/50ML</i>	10
<i>(base equiv).....</i>	54	<i>CLINDMYC/NAC INJ 600/50ML</i>	10
<i>CITRACAL CAL CHW GUMMIES</i>	117	<i>CLINDMYC/NAC INJ 900/50ML</i>	10
<i>CITRACAL TAB MAXIMUM.....</i>	117	<i>CLINIMIX INJ 2.75/D5W</i>	112
<i>CITRACAL TAB VIT D.....</i>	117	<i>CLINIMIX INJ 4.25/D10</i>	112
<i>CITRACAL+D3 CHW 250-500</i>	117	<i>CLINIMIX INJ 4.25/D20</i>	112
<i>CITRACAL+D3 TAB MAXIMUM</i>	117	<i>CLINIMIX INJ 4.25/D25</i>	112
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<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>		<i>CLINIMIX INJ 5%/D15W</i>	112
.....	24	<i>CLINIMIX INJ 5%/D20W</i>	112
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<i>claravis cap 20mg</i>	159	<i>clomipramine hcl cap 25 mg</i>	55
<i>claravis cap 30mg</i>	159	<i>clomipramine hcl cap 50 mg</i>	55

<i>clomipramine hcl cap 75 mg</i>	55	<i>clozapine tab 50 mg</i>	60
<i>clonazepam orally disintegrating tab 0.125 mg</i>	48	COARTEM TAB 20-120MG.....	13
<i>clonazepam orally disintegrating tab 0.25 mg</i>	48	CODITUSS DM SYP	146
<i>clonazepam orally disintegrating tab 0.5 mg</i>	48	<i>coenzyme q10 cap 100 mg</i>	120
<i>clonazepam orally disintegrating tab 1 mg</i>	48	COLACE CAP 100MG	92
<i>clonazepam orally disintegrating tab 2 mg</i>	48	COLACE CLEAR CAP 50 MG.....	92
<i>clonazepam tab 0.5 mg</i>	48	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clonazepam tab 1 mg</i>	48	COLCRYS TAB 0.6MG	1
<i>clonazepam tab 2 mg</i>	48	<i>cold & flu liq day time</i>	146
<i>clonidine hcl tab 0.1 mg</i>	44	<i>cold & flu tab daytime</i>	146
<i>clonidine hcl tab 0.2 mg</i>	44	<i>cold & sinus tab relief</i>	146
<i>clonidine hcl tab 0.3 mg</i>	44	<i>cold head pak day/nght</i>	146
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	44	<i>cold head tab cong dt</i>	146
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	44	<i>cold head tab congesti</i>	146
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	44	<i>cold multi-s tab nighttim</i>	146
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	105	<i>cold mult-sy tab daytime</i>	146
<i>clorazepate dipotassium tab 15 mg</i>	48	<i>cold mult-sy tab sevr day</i>	146
<i>clorazepate dipotassium tab 3.75 mg</i> ..	48	<i>cold relief tab multi-s</i>	146
<i>clorazepate dipotassium tab 7.5 mg</i>	48	<i>cold relief tab multi-sy</i>	146
<i>clotrimazole cre 1%</i>	161	<i>cold/relief tab plus</i>	146
<i>clotrimazole cre 1% vag</i>	100	<i>cold/allergy elx children</i>	146
CLOTRIMAZOLE CRE 3 DAY	100	<i>cold/allergy tab 4-10mg</i>	146
<i>clotrimazole cream 1%</i>	161	<i>cold/cgh/flu pow daytime</i>	146
<i>clotrimazole soln 1%</i>	161	<i>cold/cough elx child</i>	146
<i>clotrimazole troche 10 mg</i>	168	<i>cold/cough elx dm child</i>	146
<i>clotrimazole vaginal cream 1%</i>	100	<i>colestipol hcl granule packets 5 gm</i>	38
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	60	<i>colestipol hcl granules 5 gm</i>	38
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG.....	60	<i>colestipol hcl tab 1 gm</i>	38
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	60	<i>colistimethate sodium for inj 150 mg</i> ..	10
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	60	COMBIGAN SOL 0.2/0.5%	139
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG.....	60	COMBIVENT AER 20-100	141
<i>clozapine tab 100 mg</i>	60	COMETRIQ KIT 100MG.....	28
<i>clozapine tab 200 mg</i>	60	COMETRIQ KIT 140MG.....	28
<i>clozapine tab 25 mg</i>	60	COMETRIQ KIT 60MG	28
		<i>comp allergy cap 25mg</i>	142
		<i>comp allergy tab 25mg</i>	142
		<i>comp multivi liq mineral</i>	124
		<i>companion tab</i>	124
		<i>compete tab</i>	124
		<i>comple multi tab adlt 50+</i>	124
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		COMPLETE 50+ TAB MENS	124
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		COMPLETE 50+ TAB WOMENS	124
		COMPLETE CAP FORMULAT	124
		<i>complete kit lice</i>	167
		<i>complete tab</i>	124

<i>complete tab senior</i>	124	<i>cvs d3 cap 5000unit</i>	124
<i>compro sup 25mg</i>	88	<i>cvs daily chw gummies</i>	124
CONCEPTIONXR MIS MOTILITY.....	124	<i>cvs daily tab energy</i>	124
CONEX SOL CLD/ALRG	146	<i>cvs daily tab fe/ca/zn</i>	124
CONEX TAB 2-60MG.....	146	<i>cvs daily tab multiple</i>	124
<i>constulose sol 10gm/15</i>	92	<i>cvs electrol sol</i>	110
COPAXONE INJ 40MG/ML.....	68	<i>cvs fish oil cap 1000mg</i>	120
<i>cortisone acetate tab 25 mg</i>	81	<i>cvs fish oil cap 1200mg</i>	120
COTELLIC TAB 20MG.....	28	<i>cvs glucose gel 40%</i>	82
<i>cough & cold tab</i>	146	<i>cvs iron tab 27mg</i>	102
<i>cough & sore liq thrt day</i>	146	<i>cvs iron tab 325mg</i>	102
<i>cough cont liq dm max</i>	146	CVS NASAL SPR MIST.....	156
<i>cough dm sus 30mg/5ml</i>	146	<i>cvs vision tab formula</i>	124
<i>cough syp 100/5ml</i>	146	<i>cyanocobalamin inj 1000 mcg/ml</i>	124
<i>coughtab tab 200mg</i>	147	<i>cyclafem tab 1/35</i>	76
COUMADIN TAB 10MG.....	100	<i>cyclafem tab 7/7/7</i>	76
COUMADIN TAB 1MG.....	100	<i>cyclobenzaprine hcl tab 10 mg</i>	69
COUMADIN TAB 2.5MG.....	100	<i>cyclobenzaprine hcl tab 5 mg</i>	68
COUMADIN TAB 2MG.....	100	CYCLOPHOSPH CAP 25MG	23
COUMADIN TAB 3MG.....	100	CYCLOPHOSPH CAP 50MG	23
COUMADIN TAB 4MG.....	100	<i>cyclophosphamide for inj 1 gm</i>	23
COUMADIN TAB 5MG.....	100	<i>cyclophosphamide for inj 2 gm</i>	23
COUMADIN TAB 6MG.....	100	<i>cyclophosphamide for inj 500 mg</i>	23
COUMADIN TAB 7.5MG.....	100	<i>cycloserine cap 250 mg</i>	15
CREON CAP 12000UNT	97	<i>cyclosporine cap 100 mg</i>	107
CREON CAP 24000UNT	97	<i>cyclosporine cap 25 mg</i>	107
CREON CAP 3000UNIT.....	97	<i>cyclosporine iv soln 50 mg/ml</i>	107
CREON CAP 36000UNT	97	<i>cyclosporine modified cap 100 mg</i>	108
CREON CAP 6000UNIT.....	97	<i>cyclosporine modified cap 25 mg</i>	107
<i>critic-aid oin 2%</i>	161	<i>cyclosporine modified cap 50 mg</i>	107
CRITIC-AID OIN CLEAR	165	<i>cyclosporine modified oral soln 100</i>	
CRIXIVAN CAP 200MG	13	<i>mg/ml</i>	108
CRIXIVAN CAP 400MG	13	<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	143
<i>cromolyn sodium nasal aerosol soln 5.2</i>		<i>cyproheptadine hcl tab 4 mg</i>	143
<i>mg/act (4%)</i>	147	CYSTADANE POW	80
<i>cromolyn sodium ophth soln 4%</i>	138	CYSTAGON CAP 150MG.....	80
<i>cromolyn sodium oral conc 100 mg/5ml</i>		CYSTAGON CAP 50MG	80
.....	96	CYSTARAN SOL 0.44%.....	139
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>cytarabine inj 20 mg/ml</i>	24
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<i>cryselle-28 tab 28 tabs</i>	76	<i>d 1000 cap 1000unit</i>	124
CUBICIN SOL 500MG.....	10	<i>d 1000 chw 1000unit</i>	124
CUPRIC CHLORIDE INJ 0.4 MG/ML	112	<i>d 1000 tab 1000unit</i>	124
<i>cvd d3 chw 1000unit</i>	124	<i>d 2000 tab 2000unit</i>	124
<i>cvs calcium tab 600mg</i>	117	<i>d 400 tab 400unit</i>	124
<i>cvs d3 cap 1000unit</i>	124	D10W/NACL INJ 0.2%	112
<i>cvs d3 cap 2000unit</i>	124	<i>d3 adult chw 1000unit</i>	124
<i>cvs d3 cap 400unit</i>	124	<i>d3 cap 1000unit</i>	124

<i>d-3 gummy chw 400unit</i>	124	DAPTACEL INJ	108
<i>d3 kids chw 400unit</i>	124	<i>daptomycin for iv soln 500 mg</i>	10
<i>d3 super str cap 2000unit</i>	124	<i>daunorubicin hcl inj 5 mg/ml (base</i>	
<i>d3-1000 cap 1000unit</i>	124	<i>equiv)</i>	23
<i>d3-50 cap 50000unt</i>	124	<i>day cold/flu cap 10-5-325</i>	147
<i>d-400 tab 400unit</i>	124	<i>day time cap 10-5-325</i>	147
D5W/LYTES INJ #48	112	DAY TIME CAP COLD/FLU	147
D5W/NACL INJ 0.3%	112	<i>day time liq cold/flu</i>	147
<i>dacarbazine for inj 100 mg</i>	23	<i>day time liq cough</i>	147
<i>dacarbazine for inj 200 mg</i>	23	<i>dayhist alrg tab 12 hour</i>	143
<i>daily combo tab</i>	124	<i>dayquil sev liq cold/flu</i>	147
<i>daily multi tab</i>	125	<i>dayquil sev tab cold/flu</i>	147
<i>daily multi tab men</i>	125	<i>daytime pe cap cold/flu</i>	147
<i>daily multi tab men 50+</i>	125	<i>deblitane tab 0.35mg</i>	76
<i>daily multi tab minerals</i>	125	DECARA CAP 25000UNT.....	125
<i>daily multi tab pls iron</i>	125	<i>decara cap 50000unt</i>	125
<i>daily multi tab vit/iron</i>	125	DECONEX DMX TAB.....	147
<i>daily multi tab vit/mens</i>	125	DECONEX IR TAB 10-380MG.....	147
<i>daily multi tab vit/min</i>	125	<i>decongestant sol 1%</i>	147
<i>daily multi tab vitamin</i>	125	<i>decongestant tab 120mg er</i>	147
<i>daily multi tab vitamins</i>	125	DECUBI-VITE CAP	125
<i>daily multi tab weight</i>	125	<i>deep sea spr 0.65%</i>	156
<i>daily multi tab women</i>	125	DEKAS CAP ESSENTIA	125
<i>daily multi tab womn 50+</i>	125	DEKAS PLUS CAP	125
<i>daily tab vitamin</i>	125	DELESTROGEN INJ 10MG/ML.....	80
<i>daily value tab multivit</i>	125	DELSYM CHILD SUS 30MG/5ML.....	147
<i>daily vit tab</i>	125	<i>delsym cough liq congs dm</i>	147
<i>daily vit tab +iron</i>	125	<i>delsym night liq cgh+cld</i>	147
<i>daily vit tab +mineral</i>	125	DELSYM SUS 30MG/5ML	147
<i>daily vit tab iron</i>	125	<i>delta d3 tab 400unit</i>	125
<i>daily vite tab</i>	125	<i>delyla tab 0.1-0.02</i>	76
<i>daily-vite tab</i>	125	DELZICOL CAP 400MG	91
<i>daily-vite/ tab iron</i>	125	DEMSEER CAP 250MG	44
DAKLINZA TAB 30MG	16	DEPEN TITRA TAB 250MG	75
DAKLINZA TAB 60MG	16	DEPO-PROVERA INJ 400/ML	27
DAKLINZA TAB 90MG	16	<i>dermacerin cre</i>	165
DALIRESP TAB 500MCG	156	DERMAGRAN BC CRE	165
<i>dallergy dro 1-2.5mg</i>	147	DERMAGRAN OIN	165
DALLERGY SYP	147	<i>dermamed oin</i>	165
DALLERGY TAB 1-5MG.....	147	<i>dermazinc sha 2%</i>	165
<i>danazol cap 100 mg</i>	79	DESCOVY TAB 200/25	15
<i>danazol cap 200 mg</i>	79	<i>desenex shak pow 2%</i>	161
<i>danazol cap 50 mg</i>	79	<i>desipramine hcl tab 10 mg</i>	55
<i>dantrolene sodium cap 100 mg</i>	69	<i>desipramine hcl tab 100 mg</i>	55
<i>dantrolene sodium cap 25 mg</i>	69	<i>desipramine hcl tab 150 mg</i>	55
<i>dantrolene sodium cap 50 mg</i>	69	<i>desipramine hcl tab 25 mg</i>	55
<i>dapsone tab 100 mg</i>	10	<i>desipramine hcl tab 50 mg</i>	55
<i>dapsone tab 25 mg</i>	10	<i>desipramine hcl tab 75 mg</i>	55

<i>desmopressin acetate inj 4 mcg/ml</i>	86	<i>dexamethasone tab 2 mg</i>	81
DESMOPRESSIN ACETATE NASAL SOLN		<i>dexamethasone tab 4 mg</i>	81
0.01% (REFRIGERATED)	86	<i>dexamethasone tab 6 mg</i>	81
<i>desmopressin acetate nasal spray soln</i>		DEXILANT CAP 30MG DR	98
0.01%	86	DEXILANT CAP 60MG DR	98
<i>desmopressin acetate nasal spray soln</i>		<i>dexrazoxane for inj 250 mg</i>	30
0.01% (refrigerated)	86	<i>dexrazoxane for inj 500 mg</i>	30
<i>desmopressin acetate tab 0.1 mg</i>	86	DEXTROMETHOR CRY MONOHYDR....	147
<i>desmopressin acetate tab 0.2 mg</i>	86	<i>dextromethorphan polistirex extended</i>	
<i>desogest-eth estrad & eth estrad tab</i>		<i>release susp 30 mg/5ml</i>	147
0.15-0.02/0.01 mg(21/5)	76	<i>dextromethorphan-guaifenesin liquid 10-</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		<i>100 mg/5ml</i>	147
<i>0.025/0.15-0.025mg-mg</i>	76	<i>dextromethorphan-guaifenesin syrup 10-</i>	
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>100 mg/5ml</i>	147
<i>mg-30 mcg</i>	76	DEXTROSE 10% W/ SODIUM CHLORIDE	
<i>desoximetasone cream 0.05%</i>	163	0.45%	113
<i>desoximetasone cream 0.25%</i>	163	DEXTROSE 2.5% W/ SODIUM CHLORIDE	
<i>desoximetasone gel 0.05%</i>	163	0.45%	112
DESOXIMETASONE OINT 0.05%	163	DEXTROSE 5% IN LACTATED RINGERS	
<i>desoximetasone oint 0.25%</i>	163	.....	112
<i>desvenlafaxine succinate tab er 24hr 100</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	55	0.2%	113
<i>desvenlafaxine succinate tab er 24hr 25</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	55	0.225%	113
<i>desvenlafaxine succinate tab er 24hr 50</i>		DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>mg (base equiv)</i>	55	0.33%	113
DEX4 GLUCOSE CHW QK DISLV	83	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>dexamethason con 1mg/ml</i>	81	0.45%	113
<i>dexamethasone elixir 0.5 mg/5ml</i>	81	DEXTROSE 5% W/ SODIUM CHLORIDE	
<i>dexamethasone sod phosphate</i>		0.9%	113
<i>preservative free inj 10 mg/ml</i>	81	DEXTROSE INJ 10%	113
<i>dexamethasone sodium phosphate inj 10</i>		DEXTROSE INJ 5%	113
<i>mg/ml</i>	81	DEXTROSE INJ 50%	113
<i>dexamethasone sodium phosphate inj</i>		DEXTROSE INJ 70%	113
<i>100 mg/10ml</i>	81	DHS TAR GEL SHA 0.5%	165
<i>dexamethasone sodium phosphate inj</i>		DHS TAR SHA	165
<i>120 mg/30ml</i>	81	DHS ZINC SHA 2%	165
<i>dexamethasone sodium phosphate inj 20</i>		DIABET HLTH PAK SUPPORT	125
<i>mg/5ml</i>	81	DIABETES PAK HEALTH	125
<i>dexamethasone sodium phosphate inj 4</i>		<i>diabetic sup tab formula</i>	125
<i>mg/ml</i>	81	<i>diabetic tus liq 100/5ml</i>	147
<i>dexamethasone sodium phosphate ophth</i>		<i>diabetic tus liq dm</i>	147
<i>soln 0.1%</i>	138	<i>diabetic tus liq max st</i>	147
<i>dexamethasone soln 0.5 mg/5ml</i>	81	<i>diabets hlth tab formula</i>	125
<i>dexamethasone tab 0.5 mg</i>	81	<i>dialyvite d cap 5000unit</i>	125
<i>dexamethasone tab 0.75 mg</i>	81	<i>dialyvite tab 800/d</i>	125
<i>dexamethasone tab 1 mg</i>	81	DIASTAT ACDL GEL 12.5-20	48
<i>dexamethasone tab 1.5 mg</i>	81	DIASTAT ACDL GEL 5-10MG	48

DIASTAT PED GEL 2.5M GEL	48	<i>dilantin chw 50mg</i>	49
<i>diazepam con 5mg/ml</i>	48	DILANTIN-125 SUS 125/5ML	49
<i>diazepam inj 5 mg/ml</i>	48	<i>diltiazem hcl cap er 12hr 120 mg</i>	41
<i>diazepam oral soln 1 mg/ml</i>	48	<i>diltiazem hcl cap er 12hr 60 mg</i>	41
DIAZEPAM RECTAL GEL DELIVERY		<i>diltiazem hcl cap er 12hr 90 mg</i>	41
SYSTEM 10 MG	48	<i>diltiazem hcl cap er 24hr 120 mg</i>	41
DIAZEPAM RECTAL GEL DELIVERY		<i>diltiazem hcl cap er 24hr 180 mg</i>	41
SYSTEM 2.5 MG	48	<i>diltiazem hcl cap er 24hr 240 mg</i>	41
DIAZEPAM RECTAL GEL DELIVERY		<i>diltiazem hcl coated beads cap er 24hr</i>	
SYSTEM 20 MG	48	<i>120 mg</i>	41
<i>diazepam tab 10 mg</i>	49	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 2 mg</i>	49	<i>180 mg</i>	41
<i>diazepam tab 5 mg</i>	49	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac potassium tab 50 mg</i>	3	<i>240 mg</i>	41
<i>diclofenac sodium gel 1%</i>	165	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac sodium ophth soln 0.1% ...</i>	138	<i>300 mg</i>	41
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>mg</i>	3	<i>360 mg</i>	41
<i>diclofenac sodium tab delayed release 50</i>		DILTIAZEM HCL COATED BEADS CAP ER	
<i>mg</i>	3	24HR 360 MG	41
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	3	<i>er 24hr 120 mg</i>	41
<i>diclofenac sodium tab er 24hr 100 mg..</i>	4	<i>diltiazem hcl extended release beads cap</i>	
<i>dicloxacillin sodium cap 250 mg</i>	21	<i>er 24hr 180 mg</i>	41
<i>dicloxacillin sodium cap 500 mg</i>	21	<i>diltiazem hcl extended release beads cap</i>	
<i>dicyclomine hcl cap 10 mg</i>	90	<i>er 24hr 240 mg</i>	42
<i>dicyclomine hcl oral soln 10 mg/5ml ...</i>	90	<i>diltiazem hcl extended release beads cap</i>	
<i>dicyclomine hcl tab 20 mg</i>	90	<i>er 24hr 300 mg</i>	42
<i>didanosine delayed release capsule 125</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	13	<i>er 24hr 360 mg</i>	42
<i>didanosine delayed release capsule 200</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i>	13	<i>er 24hr 420 mg</i>	42
<i>didanosine delayed release capsule 250</i>		<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>mg</i>	13	<i>mg/ml)</i>	42
<i>didanosine delayed release capsule 400</i>		<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg</i>	13	<i>mg/ml)</i>	42
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<i>digitek tab 0.125mg</i>	43	<i>diltiazem hcl tab 120 mg</i>	42
<i>digitek tab 0.25mg</i>	43	<i>diltiazem hcl tab 30 mg</i>	42
<i>digoxin inj 0.25 mg/ml</i>	43	<i>diltiazem hcl tab 60 mg</i>	42
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<i>digoxin tab 250 mcg (0.25 mg)</i>	43	<i>dimaphen elx children</i>	147
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FLEBOGAMMA INJ 10/100ML	106	<i>fluocinolone acetonide cream 0.01%</i>	163
FLEBOGAMMA INJ 10/200ML	106	<i>fluocinolone acetonide cream 0.025%</i>	163
FLEBOGAMMA INJ 20/200ML	106	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	163
FLEBOGAMMA INJ 20/400ML	106	<i>fluocinolone acetonide oint 0.025% ..</i>	163
FLEBOGAMMA INJ 5GM/50ML	106	<i>fluocinolone acetonide soln 0.01% ...</i>	163
FLEBOGAMMA INJ DIF 5%	106	<i>fluocinonide cream 0.05%</i>	163
<i>flecainide acetate tab 100 mg</i>	37	<i>fluocinonide emulsified base cream 0.05%</i>	163
<i>flecainide acetate tab 150 mg</i>	37	<i>fluocinonide gel 0.05%</i>	163
<i>flecainide acetate tab 50 mg</i>	37	<i>fluocinonide soln 0.05%</i>	163
FLEET BISACO ENE 10/30ML	93	FLUOROMETHOLONE OPHTH SUSP 0.1%	138
FLEET ENE	93	<i>fluorouracil cream 5%</i>	165
FLEET ENE PED	93	<i>fluorouracil inj 1 gm/20ml (50 mg/ml)</i>	24
<i>fleet laxati tab 5mg ec</i>	93	<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	24
FLEET OIL ENE	93	<i>fluorouracil inj 5 gm/100ml (50 mg/ml)</i>	24
FLONASE ALGY SPR 50MCG	157	<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	24
FLOVENT DISK AER 100MCG	158	<i>fluorouracil soln 2%</i>	165
FLOVENT DISK AER 250MCG	158	<i>fluorouracil soln 5%</i>	165
FLOVENT DISK AER 50MCG	157	<i>fluoxetine hcl cap 10 mg</i>	56
FLOVENT HFA AER 110MCG	158	<i>fluoxetine hcl cap 20 mg</i>	56
FLOVENT HFA AER 220MCG	158	<i>fluoxetine hcl cap 40 mg</i>	56
FLOVENT HFA AER 44MCG	158	<i>fluoxetine hcl solution 20 mg/5ml</i>	56
FLU & SORE POW THROAT	148	<i>fluoxetine hcl tab 10 mg</i>	56
<i>flu/cold/cgh pow daytime</i>	148	<i>fluoxetine hcl tab 20 mg</i>	56
<i>fluconazole for susp 10 mg/ml</i>	12	<i>fluphenazine decanoate inj 25 mg/ml</i> .	61
<i>fluconazole for susp 40 mg/ml</i>	12	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	61
<i>fluconazole in dextrose inj 200 mg/100ml</i>	12	<i>fluphenazine hcl inj 2.5 mg/ml</i>	61
<i>fluconazole in dextrose inj 400 mg/200ml</i>	12	<i>fluphenazine hcl oral conc 5 mg/ml</i>	61
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12	<i>fluphenazine hcl tab 1 mg</i>	61
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12	<i>fluphenazine hcl tab 10 mg</i>	61
<i>fluconazole tab 100 mg</i>	12	<i>fluphenazine hcl tab 2.5 mg</i>	61
<i>fluconazole tab 150 mg</i>	12	<i>fluphenazine hcl tab 5 mg</i>	61
<i>fluconazole tab 200 mg</i>	12	<i>flurbiprofen sodium ophth soln 0.03%</i>	138
<i>fluconazole tab 50 mg</i>	12	<i>flurbiprofen tab 100 mg</i>	4
<i>fluconazole/ inj nacl 100</i>	12	<i>flurbiprofen tab 50 mg</i>	4
<i>flucytosine cap 250 mg</i>	12	<i>flutamide cap 125 mg</i>	27
<i>flucytosine cap 500 mg</i>	12	<i>fluticasone propionate cream 0.05%</i> .	163
<i>fludarabine phosphate for inj 50 mg</i>	24	<i>fluticasone propionate nasal susp 50 mcg/act</i>	157
<i>fludarabine phosphate inj 25 mg/ml</i>	24	<i>fluticasone propionate oint 0.005% ..</i>	163
<i>fludrocortisone acetate tab 0.1 mg</i>	81	<i>fluvoxamine maleate tab 100 mg</i>	47
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	157	<i>fluvoxamine maleate tab 25 mg</i>	47
<i>fluocin acet oil body</i>	163		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	168		

<i>fluvoxamine maleate tab 50 mg</i>	47	FYCOMPA TAB 4MG	49
<i>folic acid cap 0.8 mg</i>	126	FYCOMPA TAB 6MG	49
<i>folic acid inj 5 mg/ml</i>	126	FYCOMPA TAB 8MG	49
<i>folic acid tab 1 mg</i>	126	G	
<i>folic acid tab 400 mcg</i>	126	<i>gabapentin cap 100 mg</i>	50
<i>folic acid tab 400mcg</i>	126	<i>gabapentin cap 300 mg</i>	50
<i>folic acid tab 800 mcg</i>	126	<i>gabapentin cap 400 mg</i>	50
<i>folic acid tab 800mcg</i>	126	<i>gabapentin oral soln 250 mg/5ml</i>	50
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 600 mg</i>	50
<i>10 mg/0.8ml</i>	101	<i>gabapentin tab 800 mg</i>	50
<i>fondaparinux sodium subcutaneous inj</i>		GABITRIL TAB 12MG.....	50
<i>2.5 mg/0.5ml</i>	101	GABITRIL TAB 16MG.....	50
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>mg/0.4ml</i>	101	<i>16 mg</i>	53
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>7.5 mg/0.6ml</i>	101	<i>24 mg</i>	53
<i>formula em sol</i>	88	<i>galantamine hydrobromide cap er 24hr 8</i>	
FORTEO SOL 600/2.4	84	<i>mg</i>	53
FORTICAL SPR 200/ACT.....	83	<i>galantamine hydrobromide oral soln 4</i>	
FOSFREE TAB	126	<i>mg/ml</i>	53
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 12 mg</i>	53
<i>tab 10-12.5 mg</i>	32	<i>galantamine hydrobromide tab 4 mg</i> ..	53
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 8 mg</i> ..	53
<i>tab 20-12.5 mg</i>	32	GAMASTAN S/D INJ.....	106
<i>fosinopril sodium tab 10 mg</i>	33	GAMMAGARD INJ 10GM/100.....	106
<i>fosinopril sodium tab 20 mg</i>	33	GAMMAGARD INJ 1GM/10ML	106
<i>fosinopril sodium tab 40 mg</i>	33	GAMMAGARD INJ 2.5GM/25	106
FREAMINE HBC INJ 6.9%	112	GAMMAGARD INJ 20GM/200.....	106
FREAMINE III INJ 10%	112	GAMMAGARD INJ 30GM/300.....	106
FREEDAVITE TAB	126	GAMMAGARD INJ 5GM/50ML	106
FRESHKOTE SOL 2.7-2%	139	GAMMAGARD SD INJ 10GM HU	106
FRUCTOSE GRA	110	GAMMAGARD SD INJ 5GM HU	106
FUNGOID TINC KIT	161	GAMMAKED INJ 10GM/100	106
FUNGOID TINC SOL 2%.....	161	GAMMAKED INJ 1GM/10ML.....	106
<i>fungoid-d cre 1%</i>	161	GAMMAKED INJ 2.5GM/25	106
<i>furosemide inj 10 mg/ml</i>	43	GAMMAKED INJ 20GM/200	106
FUROSEMIDE INJ 10 MG/ML.....	43	GAMMAKED INJ 5GM/50ML.....	106
<i>furosemide oral soln 10 mg/ml</i>	43	GAMMAPLEX INJ 10%	106
<i>furosemide oral soln 8 mg/ml</i>	43	GAMMAPLEX INJ 5%.....	106
<i>furosemide tab 20 mg</i>	44	GAMUNEX-C INJ 10GM/100	106
<i>furosemide tab 40 mg</i>	44	GAMUNEX-C INJ 1GM/10ML.....	106
<i>furosemide tab 80 mg</i>	44	GAMUNEX-C INJ 2.5GM/25	106
FUSILEV INJ 50MG	30	GAMUNEX-C INJ 20GM/200	106
FUZEON INJ 90MG	13	GAMUNEX-C INJ 40/400ML.....	106
FYCOMPA SUS 0.5MG/ML	49	GAMUNEX-C INJ 5GM/50ML.....	106
FYCOMPA TAB 10MG	49	<i>ganciclovir sodium for inj 500 mg</i>	16
FYCOMPA TAB 12MG	50	GARDASIL 9 INJ.....	109
FYCOMPA TAB 2MG	49	GARDASIL INJ	109

<i>gas relief cap 125mg</i>	96	GENTEAL GEL 0.3%.....	140
<i>gas relief cap 180mg</i>	96	GENTEAL MILD DRO 0.2%.....	140
<i>gas relief chw 125mg</i>	96	<i>genteal tear oin nt-time</i>	140
<i>gas relief chw 80mg</i>	96	GENVOYA TAB	15
<i>gas relief dro 20/0.3ml</i>	96	GEODON INJ 20MG.....	61
<i>gas relief dro 40/0.6ml</i>	96	<i>gerivite tab complete</i>	126
<i>gas-x cap 125mg</i>	97	<i>gildagia tab 0.4-35</i>	77
<i>gas-x cap 180mg</i>	97	GILENYA CAP 0.5MG.....	68
GAS-X CHW 80MG	97	GILOTRIF TAB 20MG.....	28
GAS-X EX-STR CHW 125MG	97	GILOTRIF TAB 30MG.....	28
<i>gatifloxacin ophth soln 0.5%</i>	137	GILOTRIF TAB 40MG.....	28
GATTEX KIT 5MG	97	<i>glatopa inj 20mg/ml</i>	68
GAUZE PADS 2	72	GLEOSTINE CAP 100MG	23
<i>gavilax pow</i>	93	GLEOSTINE CAP 10MG.....	23
<i>gavilyte-c sol</i>	93	GLEOSTINE CAP 40MG.....	23
<i>gavilyte-g sol</i>	93	GLEOSTINE CAP 5MG.....	23
<i>gavilyte-n sol flav pk</i>	93	<i>glimepiride tab 1 mg</i>	73
GAVISCON SUS	87	<i>glimepiride tab 2 mg</i>	73
<i>gemcitabine hcl for inj 1 gm</i>	24	<i>glimepiride tab 4 mg</i>	73
<i>gemcitabine hcl for inj 2 gm</i>	24	<i>glipizide tab 10 mg</i>	73
<i>gemcitabine hcl for inj 200 mg</i>	24	<i>glipizide tab 5 mg</i>	73
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	24	<i>glipizide tab er 24hr 10 mg</i>	73
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	24	<i>glipizide tab er 24hr 2.5 mg</i>	73
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV).....	24	GLIPIZIDE TAB ER 24HR 2.5 MG	73
<i>gemfibrozil tab 600 mg</i>	38	<i>glipizide tab er 24hr 5 mg</i>	73
<i>generlac sol 10gm/15</i>	93	GLIPIZIDE XL TAB 5MG.....	73
<i>gengraf cap 100mg</i>	108	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	73
<i>gengraf cap 25mg</i>	108	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	73
<i>gengraf cap 50mg</i>	108	<i>glipizide-metformin hcl tab 5-500 mg</i> .	73
<i>gengraf sol 100mg/ml</i>	108	GLUCAGEN INJ HYPOKIT	83
<i>gentak oin 0.3% op</i>	137	GLUCAGON KIT 1MG	83
<i>gentamicin in saline inj 0.8 mg/ml</i>	9	<i>gluco burst gel 40%</i>	83
<i>gentamicin in saline inj 1 mg/ml</i>	9	GLUCOSE CHW 4GM	83
<i>gentamicin in saline inj 1.2 mg/ml</i>	9	GLUCOSE CHW ORANGE	83
<i>gentamicin in saline inj 1.6 mg/ml</i>	9	GLUCOSE CHW RASPBERRY.....	83
<i>gentamicin in saline inj 2 mg/ml</i>	9	<i>glucose gel 40%</i>	83
<i>gentamicin sulfate cream 0.1%</i>	160	<i>glucoten cap</i>	126
<i>gentamicin sulfate inj 10 mg/ml</i>	9	<i>glutose 15 gel 40%</i>	83
<i>gentamicin sulfate inj 40 mg/ml</i>	9	<i>glyburide micronized tab 1.5 mg</i>	73
<i>gentamicin sulfate iv soln 10 mg/ml</i>	9	<i>glyburide micronized tab 3 mg</i>	73
<i>gentamicin sulfate oint 0.1%</i>	160	<i>glyburide micronized tab 6 mg</i>	73
<i>gentamicin sulfate ophth oint 0.3%</i> ...	137	<i>glyburide tab 1.25 mg</i>	73
<i>gentamicin sulfate ophth soln 0.3%</i> ..	137	<i>glyburide tab 2.5 mg</i>	73
GENTEAL DRO OPTH	139	<i>glyburide tab 5 mg</i>	74
GENTEAL GEL.....	139	<i>glycolax pow 3350 nf</i>	93
		<i>glycopyrrolate inj 4 mg/20ml (0.2</i>	

<i>mg/ml)</i>	90	<i>gnp healthy tab eyes</i>	126
<i>glycopyrrolate tab 1 mg</i>	90	<i>gnp hydrocor cre 1% plus</i>	163
<i>glycopyrrolate tab 2 mg</i>	90	<i>gnp ibuprofn tab cold/sin</i>	148
<i>gnp all day tab allergy</i>	143	<i>gnp iron tab 325mg</i>	103
<i>gnp allergy cap 25mg</i>	143	<i>gnp iron tab 45mg</i>	103
<i>gnp allergy tab 180mg</i>	143	<i>gnp iron tab 65mg</i>	103
<i>gnp allergy tab 25mg</i>	143	<i>gnp laxative tab 25mg</i>	93
<i>gnp allergy tab 4mg</i>	143	<i>gnp laxative tab 5mg ec</i>	93
<i>gnp allergy tab multi-sy</i>	148	<i>gnp lice kit</i>	167
<i>gnp antacid sus anti-gas</i>	87	<i>gnp masanti sus max st</i>	87
<i>gnp antacid sus cherry</i>	87	<i>gnp masanti sus reg st</i>	87
<i>gnp aspirin chw 81mg</i>	2	<i>gnp milk mag sus</i>	93
<i>gnp aspirin tab 325mg</i>	2	<i>gnp mucus-er tab 600mg</i>	148
<i>gnp aspirin tab 325mg ec</i>	2	<i>gnp nasal spr 0.05%</i>	148
<i>gnp aspirin tab 81mg ec</i>	2	<i>gnp nasal spr 1%</i>	148
<i>gnp bisa-lax tab 5mg ec</i>	93	<i>gnp niacin tab 250mg</i>	126
<i>gnp ca/vit d chw minerals</i>	118	<i>gnp niacin tab 250mg tr</i>	126
<i>gnp calcium tab 500/d</i>	118	<i>gnp nicotine gum 2mg mint</i>	69
<i>gnp calcium tab 600/d</i>	118	<i>gnp nicotine gum 2mg orig</i>	69
<i>gnp calcium tab cit +d3</i>	118	<i>gnp nicotine gum 4mg mint</i>	69
<i>gnp castor oil 100%</i>	93	<i>gnp nicotine loz 2mg mint</i>	70
<i>gnp century tab</i>	126	<i>gnp nicotine loz 4mg mint</i>	70
<i>gnp century tab active</i>	126	<i>gnp nicotine loz mini 2mg</i>	70
<i>gnp century tab cardio</i>	126	<i>gnp nose dro 1%</i>	148
<i>gnp century tab mature</i>	126	<i>gnp one dail tab maximum</i>	126
<i>gnp century tab senior</i>	126	<i>gnp opti-vit tab</i>	126
<i>gnp century tab ultimate</i>	126	<i>gnp pediatri sol electrol</i>	110
<i>gnp cgh relf liq 15mg/5ml</i>	148	<i>gnp sinus tab cng/pain</i>	148
<i>gnp cld/alle elx children</i>	148	<i>gnp triple oin antibiot</i>	160
<i>gnp clearlax pow</i>	93	<i>gnp tussin liq dm</i>	148
<i>gnp cold rlf tab daytime</i>	148	<i>gnp tussin liq dm cough</i>	148
<i>gnp cold/cgh elx child</i>	148	<i>gnp tussin liq dm max</i>	148
<i>gnp cough dm sus 30mg/5ml</i>	148	<i>gnp tussin syp 100/5ml</i>	148
GNP DAILY MIS PRENATAL	126	<i>gnp tussin syp cf</i>	148
<i>gnp day time cap cold/flu</i>	148	<i>gnp vit d tab 1000unit</i>	127
<i>gnp day time cap sinus</i>	148	<i>gnp vit d tab 5000unit</i>	127
<i>gnp day time liq cold/flu</i>	148	<i>gnp vit d3 tab 1000unit</i>	127
<i>gnp dayhist tab 1.34mg</i>	143	GOLYTELY SOL	93
<i>gnp ear drop sol 6.5% ot</i>	168	<i>granisetron hcl inj 0.1 mg/ml</i>	88
<i>gnp ear sys sol 6.5% ot</i>	168	<i>granisetron hcl inj 1 mg/ml</i>	88
<i>gnp enema ene</i>	93	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	89
<i>gnp fish oil cap</i>	120	<i>granisetron hcl tab 1 mg</i>	89
<i>gnp fish oil cap 1000mg</i>	120	GRANIX INJ 300/0.5	102
<i>gnp fish oil cap 1200mg</i>	120	GRANIX INJ 480/0.8	102
<i>gnp flu relf liq daytime</i>	148	<i>griseofulvin microsize susp 125 mg/5ml</i>	12
<i>gnp flu relf liq nighttime</i>	148	<i>griseofulvin microsize tab 500 mg</i>	12
<i>gnp gas relf chw 125mg</i>	97		
<i>gnp gas relf chw 80mg</i>	97		

<i>griseofulvin ultramicrosize tab 125 mg</i>	12	<i>heartburn tab 20mg</i>	91
<i>griseofulvin ultramicrosize tab 250 mg</i>	12	<i>heartburn tab relief</i>	91
<i>guaiafunesin syp 100-10/5</i>	148	<i>heartburn tr cap 15mg</i>	98
<i>guaifenesin liquid 100 mg/5ml</i>	148	<i>heather tab 0.35mg</i>	77
<i>guaifenesin sol dac</i>	148	<i>hemorrhoidal oin</i>	165
<i>guaifenesin syp 100-10/5</i>	148	<i>hemorrhoidal sup</i>	166
<i>guaifenesin tab 200 mg</i>	148	HEP SOD/NAACL INJ 25000UNT	101
<i>guaifenesin tab er 12hr 1200 mg</i>	148	<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	101
<i>guaifenesin tab er 12hr 600 mg</i>	148	HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	101
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	148	HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	101
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	65	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	101
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	65	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	101
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	65	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	101
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	65	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	101
H		HEPATAMINE SOL 8%	112
HAEGARDA INJ 2000UNIT	104	HERCEPTIN INJ 150MG	26
HAEGARDA INJ 3000UNIT	104	HERCEPTIN INJ 440MG	26
<i>hair formula tab ex stren</i>	127	HETLIOZ CAP 20MG	66
<i>hair/skin/ tab nails</i>	127	HEXALEN CAP 50MG	23
<i>halobetasol propionate cream 0.05%</i>	163	HIBERIX SOL 10MCG	109
<i>halobetasol propionate oint 0.05%</i>	163	HISTEX SYP 2.5MG/5	143
<i>haloperidol decanoate im soln 100 mg/ml</i>	61	<i>hm allergy tab 25mg</i>	143
<i>haloperidol decanoate im soln 50 mg/ml</i>	61	<i>hm allergy tab 4mg</i>	143
<i>haloperidol lactate inj 5 mg/ml</i>	61	<i>hm antacid sus anti-gas</i>	87
<i>haloperidol lactate oral conc 2 mg/ml</i>	61	<i>hm aspirin chw 81mg</i>	2
<i>haloperidol tab 0.5 mg</i>	61	<i>hm aspirin tab 325mg</i>	2
<i>haloperidol tab 1 mg</i>	61	<i>hm ca/vit d3 tab 600-400</i>	118
<i>haloperidol tab 10 mg</i>	61	<i>hm calcium tab citr+d</i>	118
<i>haloperidol tab 2 mg</i>	61	<i>hm calcium tab d/minera</i>	118
<i>haloperidol tab 20 mg</i>	61	HM CASTOR OIL	121
<i>haloperidol tab 5 mg</i>	61	<i>hm clearlax pow</i>	93
HARVONI TAB 90-400MG	16	<i>hm cold/cgh elx children</i>	148
HAVRIX INJ 1440UNIT	109	<i>hm complete tab</i>	127
HAVRIX INJ 720UNIT	109	HM COMPLETE TAB	127
<i>healthy eyes cap supervis</i>	127	<i>hm complete tab 50+</i>	127
<i>healthy eyes tab</i>	127	<i>hm cough dm sus 30mg/5ml</i>	148
<i>healthy kids chw gummies</i>	120	<i>hm day time cap</i>	148
<i>healthylax pow</i>	93	<i>hm enema ene</i>	93
<i>heartbrn rel tab 75mg</i>	91	<i>hm enema ene r-t-u</i>	93
<i>heartburn tab 150mg</i>	91	<i>hm fiber cap 0.52gm</i>	93
<i>heartburn tab 200mg</i>	91	<i>hm fiber pow 28.3%</i>	93

<i>hm fiber pow 30.9%</i>	93	HYDROCERIN CRE	166
<i>hm fiber pow 48.57%</i>	93	<i>hydrocerin cre plus</i>	166
<i>hm fiber pow 58.6%</i>	93	<i>hydrochlorothiazide cap 12.5 mg</i>	44
<i>hm fiber tab 500mg</i>	93	<i>hydrochlorothiazide tab 12.5 mg</i>	44
<i>hm fish oil cap 1000mg</i>	121	<i>hydrochlorothiazide tab 25 mg</i>	44
<i>hm fish oil cap 1200mg</i>	121	<i>hydrochlorothiazide tab 50 mg</i>	44
<i>hm gas relf chw 80mg</i>	97	<i>hydrocod polst-chlorphen polst er susp</i>	
HM HAIR/SKIN TAB /NAILS	127	<i>10-8 mg/5ml</i>	149
<i>hm hydrocort cre 1% plus</i>	163	HYDROCOD POLST-CHLORPHEN POLST	
<i>hm ibuprofen tab 200mg</i>	4	ER SUSP 10-8 MG/5ML	149
<i>hm iron tab 45mg</i>	103	<i>hydrocodone w/ homatropine syrup 5-</i>	
<i>hm iron tab 65mg</i>	103	<i>1.5 mg/5ml</i>	149
<i>hm laxative tab 5mg ec</i>	93	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
<i>hm mucus er tab 600mg</i>	149	<i>mg</i>	149
<i>hm nasal spr 0.05%</i>	149	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>hm niacin tab 250mg</i>	127	<i>325 mg/15ml</i>	6
HM NICOTINE DIS 14MG/24H.....	70	<i>hydrocodone-acetaminophen tab 10-325</i>	
HM NICOTINE DIS 21MG/24H.....	70	<i>mg</i>	6
<i>hm nicotine gum 2mg mint</i>	70	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>hm nicotine gum 4mg mint</i>	70	<i>mg</i>	6
<i>hm nicotine loz 2mg mint</i>	70	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>hm nicotine loz 4mg mint</i>	70	<i>mg</i>	6
<i>hm nose dro 1%</i>	149	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7
<i>hm one daily tab /iron</i>	127	<i>hydrocort cre 0.5%</i>	163
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<i>hm povid-iod sol 10%</i>	166	<i>hydrocort oin 1%</i>	164
<i>hm saline spr 0.65%</i>	156	<i>hydrocort/ cre aloe 1%</i>	164
<i>hm senna tab 8.6mg</i>	93	<i>hydrocortisone butyrate cream 0.1%</i>	164
<i>hm severe tab cold/flu</i>	149	<i>hydrocortisone butyrate oint 0.1% ...</i>	164
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<i>hm tussin liq adlt dm</i>	149	<i>hydrocortisone cream 0.5%</i>	164
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<i>hydralazine hcl tab 50 mg</i>	44	<i>hydrocortisone-aloe vera cream 1%</i> .	164

<i>hydro-lotion lot 1%</i>	163	<i>ibuprofen tab 200mg</i>	4
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<i>hydromorphone hcl liqd 1 mg/ml</i>	7	<i>ibuprofen tab 600 mg</i>	4
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<i>hydroxyzine hcl im soln 25 mg/ml</i>	143	<i>mg/ml)</i>	24
<i>hydroxyzine hcl im soln 50 mg/ml</i>	143	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	
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<i>ibu-drops dro 40mg/ml</i>	4	<i>imipenem-cilastatin intravenous for soln</i>	
<i>ibu-drops dro 50/1.25</i>	4	<i>500 mg</i>	10
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<i>leucovorin calcium for inj 200 mg</i>	30		
<i>leucovorin calcium for inj 350 mg</i>	30		
<i>leucovorin calcium for inj 50 mg</i>	30		

<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	20	LEVOXYL TAB 25MCG.....	85
<i>levofloxacin iv soln 25 mg/ml</i>	20	LEVOXYL TAB 50MCG.....	85
<i>levofloxacin oral soln 25 mg/ml</i>	20	LEVOXYL TAB 75MCG.....	85
<i>levofloxacin tab 250 mg</i>	20	LEVOXYL TAB 88MCG.....	85
<i>levofloxacin tab 500 mg</i>	20	LEXIVA SUS 50MG/ML.....	13
<i>levofloxacin tab 750 mg</i>	20	LEXIVA TAB 700MG.....	13
LEVOLEUCOVOR INJ 175MG.....	31	<i>lice killing sha 0.33-4%</i>	167
<i>levoleucovor sol 250mg/25</i>	31	<i>lice soln kit</i>	167
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	31	<i>lice treatme lot 1%</i>	167
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	31	<i>lice treatmt lot 1%</i>	167
<i>levonest tab</i>	77	<i>lice treatmt sha 0.33-4%</i>	167
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	77	<i>lice trtmnt liq 1%</i>	167
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG.....	77	<i>lice trtmnt liq crm rnse</i>	167
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	77	<i>lidocaine cream 4%</i>	165
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	77	<i>lidocaine hcl gel 2%</i>	165
<i>levonorgestrel tab 1.5 mg</i>	77	<i>lidocaine hcl local inj 0.5%</i>	8
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	77	<i>lidocaine hcl local inj 1%</i>	8
<i>levora-28 tab 0.15/30</i>	77	<i>lidocaine hcl local inj 2%</i>	8
<i>levothyroxine sodium tab 100 mcg</i>	85	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	8
<i>levothyroxine sodium tab 112 mcg</i>	85	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	8
<i>levothyroxine sodium tab 125 mcg</i>	85	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	8
<i>levothyroxine sodium tab 137 mcg</i>	85	<i>lidocaine hcl soln 4%</i>	165
<i>levothyroxine sodium tab 150 mcg</i>	85	<i>lidocaine hcl viscous soln 2%</i>	168
<i>levothyroxine sodium tab 175 mcg</i>	85	<i>lidocaine oint 5%</i>	165
<i>levothyroxine sodium tab 200 mcg</i>	85	<i>lidocaine patch 5%</i>	165
<i>levothyroxine sodium tab 25 mcg</i>	85	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	165
LEVOTHYROXINE SODIUM TAB 300 MCG.....	85	LIFE PACK MIS MENS.....	127
<i>levothyroxine sodium tab 50 mcg</i>	85	LIFE PACK MIS WOMENS.....	127
LEVOTHYROXINE SODIUM TAB 75 MCG.....	85	LINEZOLID FOR SUSP 100 MG/5ML....	10
<i>levothyroxine sodium tab 88 mcg</i>	85	LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%.....	10
LEVOXYL TAB 100MCG.....	85	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	10
LEVOXYL TAB 112MCG.....	85	LINEZOLID TAB 600 MG.....	10
LEVOXYL TAB 125MCG.....	85	LINZESS CAP 145MCG.....	97
LEVOXYL TAB 137MCG.....	85	LINZESS CAP 290MCG.....	97
LEVOXYL TAB 150MCG.....	85	LINZESS CAP 72MCG.....	97
LEVOXYL TAB 175MCG.....	85	<i>liothyronine sodium tab 25 mcg</i>	85
LEVOXYL TAB 200MCG.....	85	<i>liothyronine sodium tab 5 mcg</i>	85
		<i>liothyronine sodium tab 50 mcg</i>	85
		<i>liq ca/vit d cap 600mg</i>	118
		LIQUID CALCI CAP WITH D3.....	118
		<i>liquitears sol</i>	140
		<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	32

<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	32	LORTUSS LQ LIQ.....	149
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	32	<i>loryna tab 3-0.02mg</i>	77
<i>lisinopril tab 10 mg</i>	33	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	35
<i>lisinopril tab 2.5 mg</i>	33	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	35
<i>lisinopril tab 20 mg</i>	33	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	35
<i>lisinopril tab 30 mg</i>	33	<i>losartan potassium tab 100 mg</i>	36
<i>lisinopril tab 40 mg</i>	33	<i>losartan potassium tab 25 mg</i>	36
<i>lisinopril tab 5 mg</i>	33	<i>losartan potassium tab 50 mg</i>	36
<i>lithium carbonate cap 150 mg</i>	68	LOTEMAX GEL 0.5%	138
<i>lithium carbonate cap 300 mg</i>	68	LOTEMAX OIN 0.5%	138
<i>lithium carbonate cap 600 mg</i>	68	LOTEMAX SUS 0.5%	138
<i>lithium carbonate tab 300 mg</i>	68	<i>lovastatin tab 10 mg</i>	38
<i>lithium carbonate tab er 300 mg</i>	68	<i>lovastatin tab 20 mg</i>	38
<i>lithium carbonate tab er 450 mg</i>	68	<i>lovastatin tab 40 mg</i>	38
LITHIUM SOL 8MEQ/5ML.....	68	<i>loxapine succinate cap 10 mg</i>	62
<i>little noses dro stof nos</i>	156	<i>loxapine succinate cap 25 mg</i>	62
<i>little noses spr 0.65%</i>	156	<i>loxapine succinate cap 5 mg</i>	62
LODRANE D CAP 4-60MG	149	<i>loxapine succinate cap 50 mg</i>	62
LOHIST-D LIQ	149	<i>lubric tears sol 0.4-0.3%</i>	140
<i>lohist-dm syp 5-2-10mg</i>	149	<i>lubricant dro 0.4-0.3%</i>	140
LONSURF TAB 15-6.14	29	<i>lubricant dro eye</i>	140
LONSURF TAB 20-8.19	29	<i>lubricant oin eye</i>	140
LOPERAMIDE CAP 2MG	88	<i>lubricating dro 0.5%</i>	140
<i>loperamide hcl cap 2 mg</i>	97	<i>lubricating sol 0.4-0.3%</i>	140
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	88	<i>lubricnt eye dro 0.5% op</i>	140
<i>loperamide hcl liq 1 mg/7.5ml</i>	88	<i>lubrifresh oin p.m.</i>	140
<i>loperamide liq 1mg/7.5</i>	88	LUMIGAN SOL 0.01%	139
<i>loperamide sus 1mg/7.5</i>	88	LUMIZYME INJ 50MG	80
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15	LUPR DEP-PED INJ 11.25MG	83
<i>loratadine d tab 5-120mg</i>	149	LUPR DEP-PED INJ 15MG	83
<i>loratadine sol 5mg/5ml</i>	144	LUPR DEP-PED INJ 3M 30MG	83
<i>loratadine syp 5mg/5ml</i>	144	LUPR DEP-PED INJ 7.5MG	83
<i>loratadine tab 10 mg</i>	144	LUPRON DEPOT INJ 11.25MG.....	27
<i>loratadine tab 10mg</i>	144	LUPRON DEPOT INJ 3.75MG	27
<i>lorata-dine tab d 24hr</i>	149	<i>lutura tab</i>	77
<i>loratadine-d tab 10-240mg</i>	149	LYNPARZA CAP 50MG	26
<i>loratadine-d tab 5-120mg</i>	149	LYRICA CAP 100MG	51
<i>lorazepam con 2mg/ml</i>	47	LYRICA CAP 150MG	51
<i>lorazepam inj 2 mg/ml</i>	47	LYRICA CAP 200MG	51
<i>lorazepam inj 4 mg/ml</i>	47	LYRICA CAP 225MG	51
<i>lorazepam tab 0.5 mg</i>	47	LYRICA CAP 25MG	50
<i>lorazepam tab 1 mg</i>	47	LYRICA CAP 300MG	51
<i>lorazepam tab 2 mg</i>	47	LYRICA CAP 50MG	51
LORTUSS EX LIQ	149	LYRICA CAP 75MG	51
		LYRICA SOL 20MG/ML.....	51

<i>lysiplex liq plus</i>	127	<i>magnesium sulfate inj 50%</i>	110
LYSODREN TAB 500MG.....	27	MAGNESIUM SULFATE INJ 50%	110
<i>lyza tab 0.35mg</i>	77	<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	110
M		<i>magnesium tab 500mg</i>	118
M.V.I PEDIAT INJ	127	<i>magnesium-ox tab 400mg</i>	118
M.V.I. ADULT INJ.....	128	MAGONATE LIQ 1000/5ML.....	118
M.V.I-12 W/O INJ VIT K.....	128	<i>magonate tab 500mg</i>	118
<i>maalox advan sus max st</i>	87	MAGOX 400 TAB 400MG.....	119
<i>maalox sus advanced</i>	87	MAG-SR PLUS TAB CALCIUM.....	118
MACULAR VIT TAB BENEFIT	128	MAG-TAB SR TAB 84MG	118
<i>macuvite tab</i>	128	<i>major-prep oin hemorrho</i>	166
<i>macuvite tab eye care</i>	128	<i>malathion lotion 0.5%</i>	167
<i>macuvite tab lutein</i>	128	MANGANESE CHLORIDE INJ 0.1 MG/ML	119
<i>mag citrate sol cherry</i>	94	<i>mapap apap liq 500/15ml</i>	2
<i>mag citrate sol lemon</i>	94	<i>mapap cap 500mg</i>	2
<i>mag64 tab 64mg</i>	118	<i>mapap child sus 160/5ml</i>	2
MAG-AL LIQ	87	<i>mapap child tab 80mg rt</i>	2
<i>mag-al plus liq</i>	87	<i>mapap chw 80mg</i>	2
<i>mag-al plus liq xs</i>	87	<i>mapap cold tab 10-5-325</i>	149
<i>magdelay tab 70mg</i>	118	<i>mapap liq 160/5ml</i>	2
<i>mag-g tab 500mg</i>	118	<i>mapap sinus tab max st</i>	149
MAGNEBIND TAB 300.....	118	<i>mapap tab 325mg</i>	2
MAGNESIUM CAP 400MG	118	<i>mapap tab 500mg</i>	2
<i>magnesium citrate soln</i>	94	<i>mapap tab 500mg/rr</i>	2
MAGNESIUM GL TAB 500MG.....	118	<i>maprotiline hcl tab 25 mg</i>	56
<i>magnesium gluconate tab 27.5 mg</i> <i>(elemental mg)</i>	118	<i>maprotiline hcl tab 50 mg</i>	56
<i>magnesium gluconate tab 500 mg (27</i> <i>mg elemental mg)</i>	118	<i>maprotiline hcl tab 75 mg</i>	56
<i>magnesium oxide cap 500 mg (elemental</i> <i>mg)</i>	118	<i>marlissa tab 0.15/30</i>	77
<i>magnesium oxide tab 250 mg (mg</i> <i>supplement)</i>	118	MARPLAN TAB 10MG.....	56
<i>magnesium oxide tab 400 mg</i>	87	MATULANE CAP 50MG.....	29
<i>magnesium oxide tab 400 mg (240 mg</i> <i>elemental mg)</i>	118	MAVYRET TAB 100-40MG	16
<i>magnesium oxide tab 400 mg (241.3 mg</i> <i>elemental mg)</i>	118	<i>max daily tab green</i>	128
<i>magnesium oxide tab 420 mg</i>	87	MAXIDEX SUS 0.1% OP	138
<i>magnesium oxide tab 500 mg (mg</i> <i>supplement)</i>	118	<i>maximum epa cap 1000mg</i>	121
MAGNESIUM SU INJ 20/500ML	110	<i>maximum tab blue lab</i>	128
MAGNESIUM SU INJ 2GM/50ML	110	<i>maximum tab green lb</i>	128
MAGNESIUM SU INJ 40G/1000	110	<i>maximum tab red labl</i>	128
MAGNESIUM SU INJ 4G/100ML.....	110	<i>m-clear wc liq 100-6.3</i>	149
MAGNESIUM SU INJ 80MG/ML.....	110	<i>meclizine hcl chew tab 25 mg</i>	89
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	110	<i>meclizine hcl tab 12.5 mg</i>	89
		<i>meclizine hcl tab 25 mg</i>	89
		<i>mediplex tab plus</i>	128
		<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	77
		MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	78

<i>medroxyprogesterone acetate tab 10 mg</i>	MESNEX TAB 400MG.....	31
.....85	<i>metamucil pow 58.6%org</i>	94
<i>medroxyprogesterone acetate tab 2.5</i>	<i>metformin hcl tab 1000 mg</i>	74
<i>mg</i>.....84	<i>metformin hcl tab 500 mg</i>	74
<i>medroxyprogesterone acetate tab 5 mg</i>	<i>metformin hcl tab 850 mg</i>	74
.....84	<i>metformin hcl tab er 24hr 500 mg</i>	74
<i>mefloquine hcl tab 250 mg</i>.....13	<i>metformin hcl tab er 24hr 750 mg</i>	74
<i>mega multi tab men</i>.....128	<i>methadone con 10mg/ml</i>	7
<i>mega multi tab women</i>.....128	<i>methadone hcl soln 10 mg/5ml</i>	7
MEGA MULTIVI TAB MEN.....128	<i>methadone hcl soln 5 mg/5ml</i>	7
MEGA MULTIVI TAB WOMEN.....128	<i>methadone hcl tab 10 mg</i>	7
<i>mega vm-80 tab</i>.....128	<i>methadone hcl tab 5 mg</i>	7
MEGAVITE TAB FRT/VEG.....128	<i>methazolamide tab 25 mg</i>	44
MEGAVITE TAB GOLD 55+	<i>methazolamide tab 50 mg</i>	44
128	<i>methenamine hippurate tab 1 gm</i>	10
<i>megestrol acetate susp 40 mg/ml</i>	<i>methergine tab 0.2mg</i>	83
27	<i>methimazole tab 10 mg</i>	85
MEGESTROL ACETATE SUSP 625 MG/5ML	<i>methimazole tab 5 mg</i>	85
.....27	<i>methocarbamol tab 500 mg</i>	69
<i>megestrol acetate tab 20 mg</i>.....27	<i>methocarbamol tab 750 mg</i>	69
<i>megestrol acetate tab 40 mg</i>.....27	METHOCEL E4M POW PREMIUM.....	121
MEKINIST TAB 0.5MG.....28	<i>methotrexate sodium for inj 1 gm</i>	24
MEKINIST TAB 2MG	<i>methotrexate sodium inj 250 mg/10ml</i>	
28	(25 mg/ml)	24
MELOXICAM SUSP 7.5 MG/5ML.....	METHOTREXATE SODIUM INJ 50 MG/2ML	
4	(25 MG/ML)	24
<i>meloxicam tab 15 mg</i>	<i>methotrexate sodium inj pf 100 mg/4ml</i>	
4	(25 mg/ml)	25
<i>meloxicam tab 7.5 mg</i>	<i>methotrexate sodium inj pf 1000</i>	
4	<i>mg/40ml (25 mg/ml)</i>	25
<i>melphalan hcl for inj 50 mg (base equiv)</i>	<i>methotrexate sodium inj pf 200 mg/8ml</i>	
.....23	(25 mg/ml)	25
<i>memantine hcl oral solution 2 mg/ml</i> ..53	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
MEMANTINE HCL TAB 10 MG	(25 mg/ml)	25
53	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl tab 5 mg</i>.....53	(25 mg/ml)	24
MENACTRA INJ	<i>methotrexate sodium tab 2.5 mg (base</i>	
109	<i>equiv)</i>	106
M-END PE LIQ	<i>methyclothiazide tab 5 mg</i>	44
149	<i>methylergonovine maleate tab 0.2 mg</i> 83	
<i>m-end wc liq</i>	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	65
149	<i>methylphenidate hcl soln 5 mg/5ml</i>	65
MENOMUNE INJ A/C/Y/W	<i>methylphenidate hcl tab 10 mg</i>	65
109	<i>methylphenidate hcl tab 20 mg</i>	65
MENS 50+ CAP ADVANCED	<i>methylphenidate hcl tab 5 mg</i>	65
128	<i>methylphenidate hcl tab er 10 mg</i>	65
<i>mens daily cap lycopene</i>	<i>methylphenidate hcl tab er 20 mg</i>	65
128	<i>methylprednisolone acetate inj susp 40</i>	
<i>mens daily chw gummies</i>		
128		
MENS PAK.....128		
MENVEO INJ.....109		
MEPHYTON TAB 5MG		
128		
<i>mercaptapurine tab 50 mg</i>.....24		
<i>meropenem iv for soln 1 gm</i>		
10		
<i>meropenem iv for soln 500 mg</i>		
10		
<i>mesalamine enema 4 gm</i>.....91		
<i>mesalamine rectal enema 4 gm &</i>		
<i>cleanser wipe kit</i>.....91		
MESALAMINE TAB DELAYED RELEASE		
800 MG		
91		
<i>mesna inj 100 mg/ml</i>		
31		

<i>mg/ml</i>	82	<i>metronidazole lotion 0.75%</i>	166
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	82	<i>metronidazole tab 250 mg</i>	10
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	82	<i>metronidazole tab 500 mg</i>	10
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	82	<i>metronidazole vaginal gel 0.75%</i>	100
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	82	<i>mexiletine hcl cap 150 mg</i>	37
<i>methylprednisolone tab 16 mg</i>	82	<i>mexiletine hcl cap 200 mg</i>	37
<i>methylprednisolone tab 32 mg</i>	82	<i>mexiletine hcl cap 250 mg</i>	37
<i>methylprednisolone tab 4 mg</i>	82	<i>MG GLUCONATE TAB 250MG</i>	119
<i>methylprednisolone tab 8 mg</i>	82	<i>MG SO4/D5W INJ 10MG/ML</i>	110
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	82	<i>MG SO4/D5W INJ 20MG/ML</i>	110
<i>metipranolol ophth soln 0.3%</i>	139	<i>mgo tab 400mg</i>	119
<i>metoclopramide hcl inj 5 mg/ml</i>	89	<i>MH MACULAR MIS HEALTH</i>	128
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	89	<i>MIACALCIN INJ 200/ML</i>	83
<i>metoclopramide hcl tab 10 mg</i>	89	<i>mi-acid gas chw 80mg</i>	97
<i>metoclopramide hcl tab 5 mg</i>	89	<i>mi-acid sus</i>	87
<i>metolazone tab 10 mg</i>	44	<i>mi-acid sus max st</i>	87
<i>metolazone tab 2.5 mg</i>	44	<i>miconazole 3 kit combinat</i>	100
<i>metolazone tab 5 mg</i>	44	<i>miconazole 3 kit combo pk</i>	100
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	39	<i>miconazole 7 cre 2%</i>	100
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	39	<i>miconazole 7 cre tube/kit</i>	100
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	39	<i>miconazole 7 sup 100mg</i>	100
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	40	<i>miconazole nitrate cream 2%</i>	161
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	40	<i>miconazole nitrate vaginal cream 2%</i> 100	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	40	<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	100
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	40	<i>miconazole nitrate vaginal suppos 100 mg</i>	100
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	40	<i>miconazorb pow af 2%</i>	161
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	40	<i>micro guard pow 2%</i>	161
<i>metoprolol tartrate tab 100 mg</i>	40	<i>midodrine hcl tab 10 mg</i>	45
<i>metoprolol tartrate tab 25 mg</i>	40	<i>midodrine hcl tab 2.5 mg</i>	44
<i>metoprolol tartrate tab 50 mg</i>	40	<i>midodrine hcl tab 5 mg</i>	45
<i>metronidazole cream 0.75%</i>	166	<i>migergot sup 2/100</i>	67
<i>metronidazole gel 0.75%</i>	166	<i>milk of magn sus</i>	94
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	10	<i>milk of magn sus 1200/15</i>	94
		<i>MILK OF MAGN SUS 2400MG</i>	94
		<i>milk of magn sus 400/5ml</i>	94
		<i>milk of magn sus cherry</i>	94
		<i>milk of magn sus frsh mnt</i>	94
		<i>milk of magn sus mint</i>	94
		<i>milltrium sr tab</i>	128
		<i>mineral oil ene</i>	94
		<i>minerin cre</i>	166
		<i>minitran dis 0.1mg/hr</i>	45
		<i>minitran dis 0.2mg/hr</i>	45
		<i>minitran dis 0.4mg/hr</i>	45
		<i>minitran dis 0.6mg/hr</i>	45
		<i>minocycline hcl cap 100 mg</i>	22

<i>minocycline hcl cap 50 mg</i>	22	<i>montelukast sodium oral granules packet</i>	
<i>minocycline hcl cap 75 mg</i>	22	<i>4 mg (base equiv)</i>	156
<i>minoxidil tab 10 mg</i>	45	<i>montelukast sodium tab 10 mg (base</i>	
<i>minoxidil tab 2.5 mg</i>	45	<i>equiv)</i>	156
<i>mintox plus chw</i>	87	MORPHINE SUL INJ 150/30ML	7
<i>mintox sus</i>	87	MORPHINE SUL INJ 2MG/ML	7
<i>mintox sus max st</i>	87	MORPHINE SUL INJ 4MG/ML	7
<i>mirtazapine orally disintegrating tab 15</i>		MORPHINE SUL INJ 8MG/ML	7
<i>mg</i>	56	<i>morphine sulfate inj pf 0.5 mg/ml</i>	7
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate inj pf 1 mg/ml</i>	7
<i>mg</i>	56	MORPHINE SULFATE IV SOLN 1 MG/ML.	7
<i>mirtazapine orally disintegrating tab 45</i>		MORPHINE SULFATE IV SOLN PF 10	
<i>mg</i>	56	MG/ML	7
<i>mirtazapine tab 15 mg</i>	56	MORPHINE SULFATE IV SOLN PF 15	
<i>mirtazapine tab 30 mg</i>	56	MG/ML	7
<i>mirtazapine tab 45 mg</i>	56	<i>morphine sulfate iv soln pf 4 mg/ml</i>	7
<i>mirtazapine tab 7.5 mg</i>	56	<i>morphine sulfate iv soln pf 8 mg/ml</i>	7
<i>misoprostol tab 100 mcg</i>	97	MORPHINE SULFATE ORAL SOLN 10	
<i>misoprostol tab 200 mcg</i>	97	MG/5ML	7
<i>mitomycin for iv soln 20 mg</i>	24	MORPHINE SULFATE ORAL SOLN 100	
<i>mitomycin for iv soln 40 mg</i>	24	MG/5ML (20 MG/ML)	7
<i>mitomycin for iv soln 5 mg</i>	24	MORPHINE SULFATE ORAL SOLN 20	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		MG/5ML	7
<i>mg/ml)</i>	30	MORPHINE SULFATE TAB 15 MG	7
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		MORPHINE SULFATE TAB 30 MG	7
<i>(2 mg/ml)</i>	30	<i>morphine sulfate tab er 100 mg</i>	8
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate tab er 15 mg</i>	7
<i>mg/ml)</i>	30	<i>morphine sulfate tab er 200 mg</i>	8
M-M-R II INJ	109	<i>morphine sulfate tab er 30 mg</i>	7
<i>moexipril hcl tab 15 mg</i>	33	<i>morphine sulfate tab er 60 mg</i>	7
<i>moexipril hcl tab 7.5 mg</i>	33	<i>motion relf tab 25mg</i>	89
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>motion sick tab 25mg</i>	89
<i>12.5 mg</i>	32	<i>motion sick tab 50mg</i>	89
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>motion-time chw 25mg</i>	89
<i>mg</i>	32	MOVANTIK TAB 12.5MG	97
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		MOVANTIK TAB 25MG	97
<i>12.5 mg</i>	32	MOVIPREP SOL	94
<i>molindone hcl tab 10 mg</i>	62	MOXEZA SOL 0.5%	137
<i>molindone hcl tab 25 mg</i>	62	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>mometasone furoate cream 0.1%</i>	164	<i>equiv)</i>	137
<i>mometasone furoate oint 0.1%</i>	164	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>mometasone furoate solution 0.1%</i>		.....	20
<i>(lotion)</i>	164	MOZOBIL INJ	102
MONONESSA TAB	78	<i>mucinex allr tab 180mg</i>	144
<i>montelukast sodium chew tab 4 mg</i>		MUCINEX CAP DAY/NGHT	149
<i>(base equiv)</i>	156	MUCINEX CAP FAST-MAX	149
<i>montelukast sodium chew tab 5 mg</i>		MUCINEX CAP SINUS	149
<i>(base equiv)</i>	156	MUCINEX CGH GRA 5-100MG	149

<i>mucinex cgh liq 5-100mg</i>	149	<i>mucus-dm tab 30-600mg</i>	151
<i>mucinex chld liq 100/5ml</i>	150	<i>mucus-er tab 600mg</i>	151
MUCINEX CHLD LIQ MULTISYM.....	150	<i>mucusrelief tab sinus</i>	151
MUCINEX CHLD MIS DAY/NITE.....	150	<i>mult vitamin tab daily</i>	128
<i>mucinex cold cap flu nght</i>	150	<i>mult vitamin tab essent</i>	128
<i>mucinex cold cap sinus</i>	150	<i>mult vitamin tab mens</i>	128
MUCINEX COLD LIQ 2.5-100.....	150	<i>mult vitamin tab no iron</i>	128
MUCINEX COLD LIQ CHILD.....	150	<i>mult vitamin tab womens</i>	128
MUCINEX COLD LIQ CHILDREN.....	150	MULTAQ TAB 400MG.....	37
MUCINEX COLD LIQ FLU&SORE.....	150	<i>multi 50+ cap for her</i>	128
MUCINEX COLD LIQ SINUS.....	150	<i>multi 50+ tab for her</i>	128
<i>mucinex cold tab flu&sore</i>	150	<i>multi 50+ tab for him</i>	128
<i>mucinex cold tab sinus</i>	150	<i>multi adult chw gummies</i>	128
MUCINEX CONG LIQ & COUGH.....	150	<i>multi cap for her</i>	128
MUCINEX CONG LIQ COUGH.....	150	<i>multi complt tab /iron</i>	128
MUCINEX D TAB 120-1200.....	150	<i>multi gummie chw mens</i>	128
MUCINEX D TAB 60-600MG.....	150	<i>multi gummie chw womens</i>	128
<i>mucinex dm liq 20-400</i>	150	<i>multi tab for her</i>	128
MUCINEX DM TAB 30-600ER.....	150	<i>multi tab for him</i>	128
MUCINEX DM TAB 60-1200.....	150	MULTI VITAMN TAB MINERALS.....	128
<i>mucinex fast liq cold flu</i>	150	MULTI-BETIC TAB.....	129
MUCINEX FAST LIQ SEV COLD.....	150	<i>multi-day tab</i>	129
<i>mucinex fast mis day/nght</i>	150	<i>multi-day tab /iron</i>	129
MUCINEX FAST MIS DAY/NGHT.....	150	<i>multi-day tab minerals</i>	129
MUCINEX FAST MIS MX DAY/N.....	150	<i>multi-day tab vitamins</i>	129
<i>mucinex fast tab 25-5-325</i>	150	<i>multilex tab</i>	129
MUCINEX FAST TAB 5-10-200.....	150	<i>multilex-t&m tab</i>	129
<i>mucinex fast tab sev cold</i>	150	<i>multimineral tab plus</i>	129
<i>mucinex ff spr 0.05%</i>	150	<i>multiple vitamin tab</i>	129
<i>mucinex liq</i>	150	<i>multiple vitamins w/ iron tab</i>	129
<i>mucinex ms liq cold ngh</i>	150	<i>multiple vitamins w/ minerals tab</i>	129
MUCINEX TAB 1200MG.....	150	<i>multi-sympt liq cld nght</i>	151
MUCINEX TAB 600MG ER.....	150	<i>multi-sympt sus pls cold</i>	151
<i>mucinex tab sinus</i>	150	<i>multi-vit tab</i>	129
MUCINEX/KIDS GRA 100MG.....	150	<i>multi-vit/ tab minerals</i>	129
<i>mucosa dm tab 20-400mg</i>	150	<i>multi-vit/fe tab</i>	129
<i>mucosa tab 400mg</i>	150	<i>multivital chw silver</i>	129
<i>mucus relief liq 100/5ml</i>	150	<i>multivital tab</i>	129
<i>mucus relief liq 5-100mg</i>	150	<i>multivital tab performa</i>	129
<i>mucus relief liq cong/cgh</i>	150	<i>multivital tab platinum</i>	129
<i>mucus relief tab 400mg</i>	150	<i>multi-vitami chw gummies</i>	129
<i>mucus relief tab cld/sinu</i>	150	MULTI-VITAMI TAB MONOCAPS.....	129
<i>mucus relief tab cold/flu</i>	151	<i>multivitamin cap</i>	129
<i>mucus relief tab cong/cld</i>	151	<i>multivitamin cap daily</i>	129
<i>mucus relief tab dm</i>	151	<i>multivitamin liq</i>	129
<i>mucus relief tab pe</i>	151	<i>multivitamin liq mineral</i>	129
<i>mucus+chst liq 100/5ml</i>	151	<i>multivitamin tab daily</i>	129
<i>mucus-dm max tab 60-1200</i>	151	<i>multivitamin tab womens</i>	129

<i>multi-vitamn tab</i>	129	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	70
<i>multi-vite tab</i>	129	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>multi-vite tab 50&over</i>	129	<i>mg/2ml</i>	70
<i>mupirocin oint 2%</i>	160	<i>naltrexone hcl tab 50 mg</i>	70
MURO 128 OIN 5% OP	140	NAMENDA XR CAP 14MG	53
MURO 128 SOL 2% OP	140	NAMENDA XR CAP 21MG	53
MURO 128 SOL 5% OP	140	NAMENDA XR CAP 28MG	53
MUSTARGEN INJ 10MG	23	NAMENDA XR CAP 7MG	53
<i>my way tab 1.5mg</i>	78	NAMENDA XR CAP TITRATIO.....	53
<i>myamulti tab</i>	129	NAMZARIC CAP	53
MYCAMINE INJ 100MG	12	NAMZARIC CAP 14-10MG	53
MYCAMINE INJ 50MG	12	NAMZARIC CAP 21-10MG	53
<i>mycophenolate mofetil cap 250 mg</i> ...	108	NAMZARIC CAP 28-10MG	53
<i>mycophenolate mofetil for oral susp 200</i>		NAMZARIC CAP 7-10MG	53
<i>mg/ml</i>	108	<i>naphazoline hcl ophth soln 0.1%</i>	140
<i>mycophenolate mofetil tab 500 mg</i> ...	108	<i>naproxen dr tab 375mg</i>	4
<i>mycophenolate sodium tab dr 180 mg</i>		<i>naproxen dr tab 500mg</i>	4
<i>(mycophenolic acid equiv)</i>	108	NAPROXEN SOD CAP 220MG.....	4
<i>mycophenolate sodium tab dr 360 mg</i>		<i>naproxen sod tab 220mg</i>	4
<i>(mycophenolic acid equiv)</i>	108	NAPROXEN SODIUM CAP 220 MG	4
<i>myferon 150 cap 150mg</i>	103	<i>naproxen sodium tab 220 mg</i>	5
MYKIDZ IRON SUS 15/1.5ML.....	103	<i>naproxen sodium tab 275 mg</i>	5
<i>myorisan cap 10mg</i>	160	<i>naproxen sodium tab 550 mg</i>	5
<i>myorisan cap 20mg</i>	160	<i>naproxen susp 125 mg/5ml</i>	5
<i>myorisan cap 30mg</i>	160	<i>naproxen tab 250 mg</i>	5
<i>myorisan cap 40mg</i>	160	<i>naproxen tab 375 mg</i>	5
MYRBETRIQ TAB 25MG	99	<i>naproxen tab 500 mg</i>	5
MYRBETRIQ TAB 50MG	99	<i>naratriptan hcl tab 1 mg (base equiv)</i> .	67
<i>mytab gas chw 125mg</i>	97	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>mytab gas chw 80mg</i>	97	.....	67
<i>my-vitalife cap</i>	129	<i>nasal 12 hr spr 0.05%</i>	151
<i>myzilra tab</i>	78	<i>nasal decon syp 30mg/5ml</i>	151
N		NASAL DECONG LIQ 30MG/5ML	151
<i>nabumetone tab 500 mg</i>	4	<i>nasal decong spr 0.05%</i>	151
<i>nabumetone tab 750 mg</i>	4	<i>nasal decong tab 10mg</i>	151
<i>nadolol tab 20 mg</i>	40	<i>nasal decong tab 120mg er</i>	151
<i>nadolol tab 40 mg</i>	40	<i>nasal decong tab 30mg</i>	151
<i>nadolol tab 80 mg</i>	40	<i>nasal four sol 1%</i>	151
<i>nafcillin sodium for inj 1 gm</i>	21	<i>nasal moist spr 0.65%</i>	157
<i>nafcillin sodium for inj 10 gm</i>	21	<i>nasal relief spr 0.05%</i>	151
<i>nafcillin sodium for inj 2 gm</i>	21	<i>nasal saline spr 0.65%</i>	157
<i>nafcillin sodium for iv soln 1 gm</i>	21	<i>nasal spr 0.05%</i>	151
<i>nafcillin sodium for iv soln 2 gm</i>	21	NASCOBAL SPR 500MCG	129
NAGLAZYME INJ 1MG/ML	80	<i>nasogel gel</i>	157
<i>nalbuphine hcl inj 10 mg/ml</i>	5	<i>nat fiber pow 48.57%</i>	94
<i>nalbuphine hcl inj 20 mg/ml</i>	5	<i>nat fiber pow therapy</i>	94
<i>naloxone hcl inj 0.4 mg/ml</i>	70	<i>nat veg lax tab 8.6mg</i>	94
<i>naloxone hcl inj 4 mg/10ml</i>	70	NATACYN SUS 5% OP	137

<i>nateglinide tab 120 mg</i>	74	NEUPRO DIS 2MG/24HR.....	59
<i>nateglinide tab 60 mg</i>	74	NEUPRO DIS 3MG/24HR.....	59
NATPARA INJ 100MCG	84	NEUPRO DIS 4MG/24HR.....	59
NATPARA INJ 25MCG.....	84	NEUPRO DIS 6MG/24HR.....	59
NATPARA INJ 50MCG.....	84	NEUPRO DIS 8MG/24HR.....	59
NATPARA INJ 75MCG.....	84	NEVIRAPINE SUSP 50 MG/5ML.....	13
<i>natural bal sol 0.4%</i>	140	<i>nevirapine tab 200 mg</i>	13
<i>natural bal sol tears</i>	140	<i>nevirapine tab er 24hr 100 mg</i>	13
<i>naturalyte sol fruit</i>	110	<i>nevirapine tab er 24hr 400 mg</i>	13
<i>natures sol tears</i>	140	NEXAVAR TAB 200MG	29
<i>natures tear sol 0.4%</i>	140	NEXIUM GRA 10MG DR	98
<i>naturl fiber pow 28.3%</i>	94	NEXIUM GRA 2.5MG DR	98
<i>naturl fiber pow therapy</i>	94	NEXIUM GRA 20MG DR	98
<i>na-zone spr 0.65%</i>	157	NEXIUM GRA 40MG DR	98
NEBUPENT INH 300MG	10	NEXIUM GRA 5MG DR.....	98
<i>necon tab 0.5/35</i>	78	<i>next choice tab 1.5mg</i>	78
NECON TAB 1/50-28	78	<i>niacin cap er 250 mg</i>	129
<i>necon tab 10/11-28</i>	78	<i>niacin cap er 500 mg</i>	129
NECON TAB 7/7/7.....	78	<i>niacin tab 100 mg</i>	129
<i>nefazodone hcl tab 100 mg</i>	56	<i>niacin tab 100mg</i>	129
<i>nefazodone hcl tab 150 mg</i>	56	<i>niacin tab 250 mg</i>	129
<i>nefazodone hcl tab 200 mg</i>	56	<i>niacin tab 50 mg</i>	129
<i>nefazodone hcl tab 250 mg</i>	57	<i>niacin tab 500 mg</i>	129
<i>nefazodone hcl tab 50 mg</i>	56	<i>niacin tab er 1000 mg</i>	
<i>neomycin sulfate tab 500 mg</i>	9	<i>(antihyperlipidemic)</i>	39
<i>neomycin-bacitrac zn-polymyx</i>		<i>niacin tab er 250 mg</i>	129
<i>5(3.5)mg-400unt-10000unt op oin</i> ...	137	<i>niacin tab er 500 mg</i>	129
<i>neomycin-bacitracin-polymyxin oint</i> ..	160	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>neomycin-polymy-gramicid op sol 1.75-</i>		.....	39
<i>10000-0.025mg-unt-mg/ml</i>	137	<i>niacin tab er 750 mg</i>	130
<i>neomycin-polymyxin-dexamethasone</i>		<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>ophth oint 0.1%</i>	137	.....	39
<i>neomycin-polymyxin-dexamethasone</i>		NIACIN TR TAB 1000MG.....	130
<i>ophth susp 0.1%</i>	137	<i>niacin-50 tab</i>	130
<i>neomycin-polymyxin-hc ophth susp</i> ..	137	<i>niacor tab 500mg</i>	39
<i>neomycin-polymyxin-hc otic soln 1%</i>	168	<i>nicardipine hcl cap 20 mg</i>	42
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nicardipine hcl cap 30 mg</i>	42
<i>mg/ml-10000 unit/ml-1%</i>	168	NICODERM CQ DIS 14MG/24H.....	70
NEORAL CAP 100MG.....	108	NICODERM CQ DIS 21MG/24H.....	70
NEORAL CAP 25MG	108	NICODERM CQ DIS 7MG/24HR.....	70
NEORAL SOL 100MG/ML	108	<i>nicorelief gum 2mg mint</i>	70
NEPHRAMINE INJ 5.4%	112	<i>nicorelief gum 2mg orig</i>	70
NERLYNX TAB 40MG.....	29	<i>nicorelief gum 4mg mint</i>	70
NEUPOGEN INJ 300/0.5	102	<i>nicorelief gum 4mg orig</i>	70
NEUPOGEN INJ 300MCG	102	NICORETTE GUM 2MG CINN	70
NEUPOGEN INJ 480/0.8.....	102	NICORETTE GUM 2MG MINT	70
NEUPOGEN INJ 480MCG	102	NICORETTE GUM 2MG ORIG	70
NEUPRO DIS 1MG/24HR	59	NICORETTE GUM 2MGFRUIT	70

NICORETTE GUM 4MG CINN	70	<i>nimodipine cap 30 mg</i>	42
NICORETTE GUM 4MG MINT	70	NINLARO CAP 2.3MG	26
NICORETTE GUM 4MG ORIG.....	70	NINLARO CAP 3MG	26
NICORETTE GUM 4MGFRUIT.....	70	NINLARO CAP 4MG.....	26
NICORETTE LOZ 2MG CHRY	70	NIPENT INJ 10MG.....	25
NICORETTE LOZ 2MG MINT.....	70	<i>nite time cap cold/flu</i>	151
NICORETTE LOZ 2MG ORIG.....	70	<i>nite time liq cold/flu</i>	151
NICORETTE LOZ 4MG CHRY	70	<i>nite time liq cough</i>	151
NICORETTE LOZ 4MG MINT.....	70	<i>nite-time cap cold/flu</i>	151
NICORETTE LOZ 4MG ORIG.....	70	<i>nite-time liq cold/flu</i>	151
NICORETTE ST GUM 2MG MINT	70	<i>nite-time liq cough</i>	151
NICORETTE ST GUM 2MG ORIG	70	<i>nitro-bid oin 2%</i>	45
NICORETTE ST GUM 4MG ORIG	70	NITRO-DUR DIS 0.3MG/HR.....	45
<i>nicotine gum 4mg</i>	70	NITRO-DUR DIS 0.8MG/HR.....	45
<i>nicotine polacrilex gum 2 mg</i>	70	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>nicotine polacrilex gum 4 mg</i>	71	<i>mg</i>	11
<i>nicotine polacrilex lozenge 2 mg</i>	71	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>nicotine polacrilex lozenge 4 mg</i>	71	<i>mg</i>	11
NICOTINE SYS KIT TRANSDER	71	<i>nitrofurantoin monohydrate</i>	
NICOTINE TD DIS 7MG/24HR.....	71	<i>macrocrystalline cap 100 mg</i>	11
<i>nicotine td patch 24hr 14 mg/24hr</i>	71	<i>nitroglycerin sl tab 0.3 mg</i>	45
NICOTINE TD PATCH 24HR 14 MG/24HR		<i>nitroglycerin sl tab 0.4 mg</i>	45
.....	71	<i>nitroglycerin sl tab 0.6 mg</i>	45
<i>nicotine td patch 24hr 21 mg/24hr</i>	71	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	45
NICOTINE TD PATCH 24HR 21 MG/24HR		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	45
.....	71	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	45
<i>nicotine td patch 24hr 7 mg/24hr</i>	71	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	45
NICOTINE TD PATCH 24HR 7 MG/24HR	71	<i>niva-hist dm liq 7.5-4-15</i>	151
NICOTROL INH	71	<i>nivanex dmx tab</i>	151
NICOTROL NS SPR 10MG/ML.....	71	<i>no drip nasl spr 0.05%</i>	151
<i>nifedipine tab er 24hr 30 mg</i>	42	<i>nohist-dm liq</i>	151
<i>nifedipine tab er 24hr 60 mg</i>	42	<i>nohist-lq liq 4-10/5ml</i>	151
<i>nifedipine tab er 24hr 90 mg</i>	42	<i>non-asa jr tab 160mg</i>	2
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>non-aspirin sus 160/5ml</i>	2
<i>mg</i>	42	<i>non-aspirin tab 325mg</i>	2
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>non-aspirin tab 500mg</i>	2
<i>mg</i>	42	<i>non-aspirin tab 500mg/rr</i>	2
<i>nifedipine tab er 24hr osmotic release 90</i>		NORDITROPIN INJ 10/1.5ML.....	83
<i>mg</i>	42	NORDITROPIN INJ 15/1.5ML.....	83
<i>night time cap cold&flu</i>	151	NORDITROPIN INJ 30/3ML	83
<i>night time cap cold/flu</i>	151	NORDITROPIN INJ 5/1.5ML	83
<i>night time liq cld/flu</i>	151	NOREL AD TAB 4-10-325	151
<i>night time liq cold/flu</i>	151	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>night time liq cough</i>	151	<i>150-35 mcg/24hr</i>	78
<i>night time tab sinus</i>	151	<i>norethindrone & ethinyl estradiol tab 1</i>	
<i>nighttime tab 25mg</i>	71	<i>mg-35 mcg</i>	78
<i>nikki tab 3-0.02mg</i>	78	<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>nilutamide tab 150 mg</i>	27	<i>1 mg-20 mcg</i>	78

NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	78	NOVAFERRUM CAP 50MG	103
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	78	NOVAFERRUM DRO 15MG/ML	103
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	78	NOVAFERRUM LIQ 125.....	104
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	78	NOVOLIN INJ 70/30.....	72
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....	78	NOVOLIN N INJ U-100	72
<i>norethindrone acetate tab 5 mg</i>	85	NOVOLIN R INJ U-100	72
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	81	NOVOLOG INJ 100/ML	72
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	78	NOVOLOG INJ FLEXPEN.....	72
<i>norethindrone tab 0.35 mg</i>	78	NOVOLOG INJ PENFILL	72
NORETHINDRONE TAB 0.35 MG.....	78	NOVOLOG MIX INJ 70/30	72
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	78	NOVOLOG MIX INJ FLEXPEN	72
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	78	NOXAFIL SUS 40MG/ML	12
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	78	NOXAFIL TAB 100MG.....	12
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	78	<i>nrs nasal spr 0.05%</i>	151
<i>norgestrel & ethinyl estradiol tab 0.3 mg- 30 mcg</i>	78	NUEDEXTA CAP 20-10MG.....	68
<i>norlyroc tab 0.35mg</i>	78	<i>nu-iron 150 cap 150mg</i>	104
NORMOSOL -M INJ /D5W	114	NULOJIX INJ 250MG	108
NORMOSOL -R INJ /D5W	114	NULYTELY SOL FLAV PKS	94
NORMOSOL-R INJ PH 7.4	114	NU-MAG TAB 71.5-119	119
NORPACE CAP 100MG CR.....	37	NUPLAZID TAB 17MG.....	62
NORPACE CAP 150MG CR.....	37	NUVARING MIS	79
NORTHERA CAP 100MG	45	<i>nyamyc pow 100000</i>	161
NORTHERA CAP 200MG	45	<i>nyata pow 100000</i>	161
NORTHERA CAP 300MG	45	NYMALIZE SOL 60/20ML	42
<i>nortrel tab 0.5/35</i>	79	<i>nyquil sev liq cold/flu</i>	152
<i>nortrel tab 1/35</i>	79	<i>nystatin cream 100000 unit/gm</i>	161
<i>nortrel tab 7/7/7</i>	79	<i>nystatin oint 100000 unit/gm</i>	162
<i>nortriptyline hcl cap 10 mg</i>	57	<i>nystatin susp 100000 unit/ml</i>	168
<i>nortriptyline hcl cap 25 mg</i>	57	<i>nystatin tab 500000 unit</i>	12
<i>nortriptyline hcl cap 50 mg</i>	57	<i>nystatin topical powder 100000 unit/gm</i>	162
<i>nortriptyline hcl cap 75 mg</i>	57	<i>nystop pow 100000</i>	162
<i>nortriptyline hcl soln 10 mg/5ml</i>	57	o	
NORVIR CAP 100MG.....	14	<i>ocean kids spr 0.65%</i>	157
NORVIR SOL 80MG/ML	14	OCEAN NASAL SPR 0.65%.....	157
NORVIR TAB 100MG.....	14	OCTAGAM INJ 10GM.....	107
<i>nose dro 1%</i>	151	OCTAGAM INJ 1GM.....	106
		OCTAGAM INJ 2.5GM	107
		OCTAGAM INJ 25GM	107
		OCTAGAM INJ 2GM/20ML	107
		OCTAGAM INJ 5GM.....	107
		<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	83
		<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	84
		<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	83
		<i>octreotide acetate inj 50 mcg/ml (0.05</i>	

<i>mg/ml)</i>	83	<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	35
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	83	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg ...</i>	35
<i>ocutabs tab</i>	130	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	138
<i>ocutabs tab lutein</i>	130	<i>omega 3 500 cap 500mg</i>	121
<i>OCUVITE CAP ADULT</i>	130	<i>omega iii cap epa+dha</i>	121
<i>ocuvite eye tab + multi</i>	130	<i>omega-3 cap 1200mg</i>	121
<i>OCUVITE LUTE CAP</i>	130	<i>omega-3 chld chw 113.5mg</i>	121
<i>ocuvite tab lutein</i>	130	<i>omega-3 fatty acids cap 1000 mg ...</i>	121
<i>ocuvite xtra tab</i>	130	<i>omega-3 fatty acids cap 1200 mg ...</i>	121
<i>ODEFSEY TAB</i>	15	<i>omega-3 fatty acids cap 300 mg</i>	121
<i>ODOMZO CAP 200MG</i>	30	<i>omega-3 fatty acids cap 435 mg</i>	121
<i>OFEV CAP 100MG</i>	157	<i>omega-3 fatty acids cap 500 mg</i>	121
<i>OFEV CAP 150MG</i>	157	<i>omega-3 fatty acids cap delayed release 1000 mg</i>	121
<i>ofloxacin ophth soln 0.3%</i>	137	<i>omega-3 fish cap 1000 mg</i>	121
<i>ofloxacin otic soln 0.3%</i>	168	<i>omega-3 fish cap 1000mg</i>	121
<i>olanzapine for im inj 10 mg</i>	62	<i>omega-3 fish chw 113.5mg</i>	121
<i>olanzapine orally disintegrating tab 10 mg</i>	62	<i>omega-3-acid ethyl esters cap 1 gm ...</i>	39
<i>olanzapine orally disintegrating tab 15 mg</i>	62	<i>omeprazole cap 20.6mgdr</i>	98
<i>olanzapine orally disintegrating tab 20 mg</i>	62	<i>omeprazole cap delayed release 10 mg</i>	98
<i>olanzapine orally disintegrating tab 5 mg</i>	62	<i>omeprazole cap delayed release 20 mg</i>	98
<i>olanzapine tab 10 mg</i>	62	<i>omeprazole cap delayed release 40 mg</i>	98
<i>olanzapine tab 15 mg</i>	62	<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	98
<i>olanzapine tab 2.5 mg</i>	62	<i>OMEPRAZOLE TAB 20MG</i>	98
<i>olanzapine tab 20 mg</i>	62	<i>omera cap 1000mg</i>	121
<i>olanzapine tab 5 mg</i>	62	<i>OMNICAP TAB</i>	130
<i>olanzapine tab 7.5 mg</i>	62	<i>once daily tab</i>	130
<i>olmesartan medoxomil tab 20 mg</i>	36	<i>once daily tab iron</i>	130
<i>olmesartan medoxomil tab 40 mg</i>	36	<i>ONCOVITE TAB</i>	130
<i>olmesartan medoxomil tab 5 mg</i>	36	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	89
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	35	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	89
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	35	<i>ondansetron hcl oral soln 4 mg/5ml</i>	89
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	35	<i>ondansetron hcl tab 24 mg</i>	89
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> ..	35	<i>ondansetron hcl tab 4 mg</i>	89
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	35	<i>ondansetron hcl tab 8 mg</i>	89
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> ..	35	<i>ondansetron orally disintegrating tab 4 mg</i>	89
<i>olmesartan-amlodipine-</i>		<i>ondansetron orally disintegrating tab 8 mg</i>	89
		<i>one daily 50 tab plus</i>	130
		<i>one daily chw gummy</i>	130
		<i>one daily mv tab /iron</i>	130
		<i>one daily tab</i>	130

<i>one daily tab /mineral</i>	130	OPURITY CHW BYPASS	131
<i>one daily tab 50+</i>	130	<i>oral electro sol h-e-b</i>	110
<i>one daily tab complete</i>	130	<i>oral electrolyte solution</i>	110
<i>one daily tab diet sup</i>	130	<i>oral saline sol laxative</i>	94
ONE DAILY TAB DIET SUP	130	<i>oralyte sol</i>	110
<i>one daily tab essent</i>	130	<i>oralyte sol freeze</i>	110
<i>one daily tab fe/ca</i>	130	<i>orazinc cap 220mg</i>	119
<i>one daily tab maximum</i>	130	ORFADIN CAP 10MG	80
<i>one daily tab men</i>	130	ORFADIN CAP 20MG	80
<i>one daily tab men 50+</i>	130	ORFADIN CAP 2MG	80
<i>one daily tab mens</i>	130	ORFADIN CAP 5MG.....	80
<i>one daily tab mens 50+</i>	130	ORFADIN SUS 4MG/ML	80
<i>one daily tab pls iron</i>	130	<i>organ-i nr tab 200mg</i>	152
<i>one daily tab plus iro</i>	130	ORKAMBI TAB 100-125	157
ONE DAILY TAB PLUS IRO	130	ORKAMBI TAB 200-125.....	157
<i>one daily tab wom 50+</i>	130	<i>orsythia tab</i>	79
ONE DAILY TAB WOMANS	130	<i>orthovite tab</i>	131
<i>one daily tab women</i>	130	<i>os calcium tab /vit d</i>	119
<i>one daily tab women 50</i>	130	<i>os-cal + d3 tab 500-200</i>	119
<i>one daily tab womens</i>	130	<i>os-cal chw</i>	119
<i>one daily wm tab pro-actv</i>	130	<i>os-cal chw 500-600</i>	119
<i>one daily/ tab minerals</i>	130	<i>os-cal extra tab d3</i>	119
<i>one dly hlth tab wght adv</i>	130	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	16
ONE-A-DAY CHW IMMUNITY.....	131	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	16
ONE-A-DAY CHW VITACRAV	131	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	16
ONE-A-DAY TAB 50+ ADV	131	OSTEO-PORETI TAB.....	119
ONE-A-DAY TAB ENERGY	131	<i>ovega-3 cap 500mg</i>	121
ONE-A-DAY TAB ESSENT	131	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	22
ONE-A-DAY TAB MENOPAUS.....	131	<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	22
ONE-A-DAY TAB MENS	131	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	22
ONE-A-DAY TAB PETITES	131	<i>oxaliplatin for iv inj 100 mg</i>	30
<i>one-a-day tab teen/her</i>	131	<i>oxaliplatin for iv inj 50 mg</i>	30
ONE-A-DAY TAB TEEN/HIM	131	<i>oxaliplatin iv soln 100 mg/20ml</i>	30
ONE-A-DAY TAB WOMENS.....	131	<i>oxaliplatin iv soln 50 mg/10ml</i>	30
<i>one-daily tab /iron</i>	131	<i>oxandrolone tab 10 mg</i>	72
<i>one-daily tab mult vit</i>	131	<i>oxandrolone tab 2.5 mg</i>	72
ONFI SUS 2.5MG/ML	51	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	51
ONFI TAB 10MG.....	51	<i>oxcarbazepine tab 150 mg</i>	51
ONFI TAB 20MG.....	51	<i>oxcarbazepine tab 300 mg</i>	51
<i>opcicon tab 1.5mg</i>	79	<i>oxcarbazepine tab 600 mg</i>	51
<i>operand scrb sol 7.5%</i>	166	<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	99
OPSUMIT TAB 10MG	46		
<i>opti-clear sol 0.05%</i>	138		
<i>optic-vites tab</i>	131		
<i>optimal-d cap 50000unt</i>	131		
<i>optimum pms tab</i>	131		
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<i>oxybutynin chloride tab 5 mg</i>	99	<i>oyster shell tab 500mg</i>	119
<i>oxybutynin chloride tab er 24hr 10 mg</i>	99	<i>oystercal tab 500mg</i>	119
<i>oxybutynin chloride tab er 24hr 15 mg</i>	99	<i>oystercal-d tab 500mg</i>	119
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	99	P	
<i>oxycodone hcl cap 5 mg</i>	8	<i>pa fish oil cap 1000mg</i>	121
<i>oxycodone hcl conc 100 mg/5ml (20</i>		PA MENS 50 PAK VITAPAK.....	131
<i>mg/ml)</i>	8	PA MENS PAK VITAPAK	131
OXYCODONE HCL SOLN 5 MG/5ML.....	8	<i>pa oyster sh tab 500mg</i>	119
<i>oxycodone hcl tab 10 mg</i>	8	<i>pa vitamin cap 2000unit</i>	131
<i>oxycodone hcl tab 15 mg</i>	8	PA WOMENS 50 PAK VITAPAK.....	131
<i>oxycodone hcl tab 20 mg</i>	8	PA WOMENS PAK VITAPAK	131
<i>oxycodone hcl tab 30 mg</i>	8	<i>pacerone tab 100mg</i>	37
<i>oxycodone hcl tab 5 mg</i>	8	<i>pacerone tab 200mg</i>	37
<i>oxycodone w/ acetaminophen soln 5-325</i>		<i>pacerone tab 400mg</i>	37
<i>mg/5ml</i>	8	<i>paclitaxel iv conc 100 mg/16.7ml (6</i>	
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>mg/ml)</i>	25
<i>mg</i>	8	<i>paclitaxel iv conc 150 mg/25ml (6</i>	
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>mg/ml)</i>	25
<i>325 mg</i>	8	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	
<i>oxycodone w/ acetaminophen tab 5-325</i>		.....	25
<i>mg</i>	8	<i>paclitaxel iv conc 300 mg/50ml (6</i>	
<i>oxycodone w/ acetaminophen tab 7.5-</i>		<i>mg/ml)</i>	25
<i>325 mg</i>	8	<i>pain & fever chw 80mg</i>	2
OXYCONTIN TAB 10MG CR.....	8	<i>pain & fever sol 160/5ml</i>	2
OXYCONTIN TAB 15MG CR.....	8	<i>pain & fever sus 160/5ml</i>	2, 5
OXYCONTIN TAB 20MG CR.....	8	<i>pain & fever tab 325mg</i>	2
OXYCONTIN TAB 30MG CR.....	8	<i>pain & fever tab 500mg</i>	2
OXYCONTIN TAB 40MG CR.....	8	<i>pain relief dro 80/0.8ml</i>	2
OXYCONTIN TAB 60MG CR.....	8	<i>pain relief sus 160/5ml</i>	2
OXYCONTIN TAB 80MG CR.....	8	<i>pain relief sus pls cold</i>	152
<i>oys shell ca tab /d3</i>	119	<i>pain relief tab 325mg</i>	3
<i>oys shell ca tab /vit d</i>	119	<i>pain relief tab 500mg</i>	3
<i>oys shell ca tab 500 + d</i>	119	<i>pain relief tab cold</i>	152
<i>oys shell+d chw 500-400</i>	119	<i>pain relieve sus 160/5ml</i>	3
<i>oys shell+d tab 250-125</i>	119	<i>pain relieve tab 325mg</i>	3
<i>oysco 500 tab 500mg</i>	119	<i>pain relieve tab 500mg</i>	3
<i>oysco 500+d chw</i>	119	<i>pain relieve tab 500mg/rr</i>	3
<i>oysco 500+d tab</i>	119	<i>pain rlf sin tab pe day</i>	152
<i>oysco d tab 250-125</i>	119	<i>paliperidone tab er 24hr 1.5 mg</i>	62
<i>oyst cal/d tab 250mg</i>	119	<i>paliperidone tab er 24hr 3 mg</i>	62
<i>oyst cal/d tab 500mg</i>	119	<i>paliperidone tab er 24hr 6 mg</i>	62
<i>oyst shell/d tab 500-125</i>	119	<i>paliperidone tab er 24hr 9 mg</i>	62
<i>oyst shell/d tab 500-200</i>	119	<i>pamidronate disodium for inj 30 mg</i> ...	75
<i>oyst shell/d tab 500-400</i>	119	<i>pamidronate disodium for inj 90 mg</i> ...	75
<i>oyst shell/d tab 500mg</i>	119	<i>pamidronate disodium iv soln 3 mg/ml</i>	75
<i>oyst-cal d tab 250mg</i>	119	<i>pamidronate disodium iv soln 9 mg/ml</i>	75
<i>oyst-cal-d tab 500mg</i>	119	<i>pamidronate inj 6mg/ml</i>	75
<i>oyster shell calcium tab 500 mg</i>	119	PANOXYL GEL 3%	160

<i>panoxyl wash liq 10%</i>	160	<i>pedi-boro pow soak pak</i>	166
PANOXYL-4 LIQ CREM WSH.....	160	PEDVAX HIB INJ.....	109
PANRETIN GEL 0.1%	166	PEG 3350-KCL-NA BICARB-NACL-NA	
<i>pantoprazole sodium ec tab 20 mg (base</i>		SULFATE FOR SOLN 236 GM	94
<i>equiv)</i>	98	PEG 3350-KCL-NA BICARB-NACL-NA	
<i>pantoprazole sodium ec tab 40 mg (base</i>		SULFATE FOR SOLN 240 GM	94
<i>equiv)</i>	98	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>paricalcitol cap 1 mcg</i>	131	<i>420 gm</i>	95
<i>paricalcitol cap 2 mcg</i>	131	PEGANONE TAB 250MG	51
<i>paricalcitol cap 4 mcg</i>	131	PEGASYS INJ	16
<i>paromomycin sulfate cap 250 mg</i>	9	PEGASYS INJ 180MCG/M.....	16
<i>paroxetine hcl tab 10 mg</i>	57	PEGASYS INJ PROCLICK.....	16
<i>paroxetine hcl tab 20 mg</i>	57	<i>pen g proc inj 600000</i>	22
<i>paroxetine hcl tab 30 mg</i>	57	PENICILL GK/ INJ DEX 2MU	22
<i>paroxetine hcl tab 40 mg</i>	57	PENICILL GK/ INJ DEX 3MU	22
PARVLEX TAB	131	<i>penicillin g potassium for inj 20000000</i>	
<i>paser gra 4gm</i>	15	<i>unit</i>	22
PATADAY SOL 0.2%	138	<i>penicillin g potassium for inj 5000000</i>	
PAXIL SUS 10MG/5ML	57	<i>unit</i>	22
PAZEO DRO 0.7%	138	<i>penicillin g sodium for inj 5000000 unit</i>	
<i>pc ped elect sol fruit</i>	110	.....	22
<i>pc ped elect sol grape</i>	110	<i>penicillin v potassium for soln 125</i>	
<i>pc pediatric sol electrol</i>	110	<i>mg/5ml</i>	22
<i>ped elctrylt sol</i>	110	<i>penicillin v potassium for soln 250</i>	
<i>ped elctrylt sol /zinc</i>	110	<i>mg/5ml</i>	22
<i>ped elctrylt sol freeze</i>	110	<i>penicillin v potassium tab 250 mg</i>	22
<i>ped elctrylt sol freezer</i>	110	<i>penicillin v potassium tab 500 mg</i>	22
<i>ped elctrylt sol freezpop</i>	110	PENTACEL INJ.....	109
<i>ped elctrylt sol fruit</i>	110	PENTAM 300 INJ 300MG.....	11
<i>ped elctrylt sol grape</i>	110	<i>pentoxifylline tab er 400 mg</i>	104
<i>ped elctrylt sol unflavor</i>	110	<i>peptic relf sus 262/15ml</i>	88
<i>ped elctrylt sol unflavrd</i>	110	PEPTO-BISMOL SUS 262/15ML	88
<i>pedia relief liq cgh/cold</i>	152	PEPTO-BISMOL SUS 525/15ML	88
<i>pedia vance sol apple</i>	110	<i>perdiem over tab 15mg</i>	95
PEDIA-LAX CHW 400MG	94	PERFECT IRON TAB 25MG	104
PEDIA-LAX LIQ 50MG	94	<i>peri-colace tab 8.6-50mg</i>	95
PEDIALYTE SOL ADV CARE.....	111	<i>periguard oin</i>	166
PEDIALYTE SOL BLU RASP	111	<i>perindopril erbumine tab 2 mg</i>	33
PEDIALYTE SOL BUBL GUM	111	<i>perindopril erbumine tab 4 mg</i>	33
PEDIALYTE SOL CHRY PUN.....	111	<i>perindopril erbumine tab 8 mg</i>	33
PEDIALYTE SOL FREEZE.....	111	<i>periogard sol 0.12%</i>	168
PEDIALYTE SOL FRUIT	111	<i>permethrin cream 5%</i>	167
PEDIALYTE SOL GRAPE	111	<i>perphenazine tab 16 mg</i>	62
PEDIALYTE SOL SINGLES	111	<i>perphenazine tab 2 mg</i>	62
PEDIALYTE SOL STRAWBRY.....	111	<i>perphenazine tab 4 mg</i>	62
PEDIALYTE SOL UNFLAVOR	111	<i>perphenazine tab 8 mg</i>	62
PEDIARIX INJ 0.5ML.....	109	<i>pharbedryl cap 25mg</i>	144
<i>pediatric liq cgh/cold</i>	152	<i>pharbedryl cap 50mg</i>	144

<i>pharbetol tab 325mg</i>	3	PINWORM TAB MEDICINE.....	11
<i>pharbetol tab 500mg</i>	3	PIN-X CHW 250MG.....	11
<i>phenadoz sup 12.5mg</i>	89	<i>pin-x sus 50mg/ml</i>	11
<i>phenelzine sulfate tab 15 mg</i>	57	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	74
<i>phenergan sup 12.5mg</i>	89	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	74
<i>phenergan sup 25mg</i>	89	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	74
<i>phenergan sup 50mg</i>	89	<i>piper/tazoba inj 12-1.5gm</i>	22
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PHENOBARB INJ 65MG/ML.....	51	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	22
<i>phenobarbital elixir 20 mg/5ml</i>	51	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	22
<i>phenobarbital sodium inj 130 mg/ml</i> ...51		<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	22
<i>phenobarbital tab 100 mg</i>	51	<i>pirmella tab 1/35</i>	79
<i>phenobarbital tab 15 mg</i>	51	<i>piroxicam cap 10 mg</i>	5
<i>phenobarbital tab 16.2 mg</i>	51	<i>piroxicam cap 20 mg</i>	5
<i>phenobarbital tab 30 mg</i>	51	PLAN B TAB 1.5MG.....	79
<i>phenobarbital tab 32.4 mg</i>	51	PLASMA-LYTE INJ -148.....	114
<i>phenobarbital tab 60 mg</i>	51	PLASMA-LYTE INJ -A.....	114
<i>phenobarbital tab 64.8 mg</i>	51	<i>podofilox soln 0.5%</i>	166
<i>phenobarbital tab 97.2 mg</i>	51	POLY HIST TAB 7.5-10MG.....	152
<i>phenytek cap 200mg</i>	51	<i>poly vitamin chw</i>	131
<i>phenytek cap 300mg</i>	51	<i>polyethylene glycol 3350 oral packet</i> ..	95
<i>phenytoin chew tab 50 mg</i>	51	<i>polyethylene glycol 3350 oral powder</i> .	95
<i>phenytoin sodium extended cap 100 mg</i>	52	<i>poly-iron cap 150mg</i>	104
<i>phenytoin sodium extended cap 200 mg</i>	52	<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	137
<i>phenytoin sodium extended cap 300 mg</i>	52	POLY-TUSSIN LIQ 10-4-10.....	152
<i>phenytoin sodium inj 50 mg/ml</i>	52	POMALYST CAP 1MG.....	107
<i>phenytoin susp 125 mg/5ml</i>	52	POMALYST CAP 2MG.....	107
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PILOCARPINE HCL OPHTH SOLN 2% .	139	POTASSIUM CHLORIDE INJ 10 MEQ/100ML.....	114
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PILOCARPINE HCL TAB 5 MG.....	168		
<i>pilocarpine hcl tab 7.5 mg</i>	168		
<i>pimozide tab 1 mg</i>	62		
<i>pimozide tab 2 mg</i>	62		
<i>pimtrea tab</i>	79		
<i>pindolol tab 10 mg</i>	40		
<i>pindolol tab 5 mg</i>	40		

MEQ/50ML	114	<i>pramipexole dihydrochloride tab 0.75 mg</i>	59
<i>potassium chloride inj 2 meq/ml</i>	114	<i>pramipexole dihydrochloride tab 1 mg</i>	59
POTASSIUM CHLORIDE INJ 20		<i>pramipexole dihydrochloride tab 1.5 mg</i>	59
MEQ/100ML	114	.....	59
POTASSIUM CHLORIDE INJ 20		<i>prasugrel hcl tab 10 mg (base equiv)</i>	105
MEQ/50ML	114	<i>prasugrel hcl tab 5 mg (base equiv)</i>	105
POTASSIUM CHLORIDE INJ 40		<i>pravastatin sodium tab 10 mg</i>	38
MEQ/100ML	114	<i>pravastatin sodium tab 20 mg</i>	38
<i>potassium chloride microencapsulated</i>		<i>pravastatin sodium tab 40 mg</i>	38
<i>crys er tab 10 meq</i>	111	<i>pravastatin sodium tab 80 mg</i>	38
<i>potassium chloride microencapsulated</i>		<i>prazosin hcl cap 1 mg</i>	34
<i>crys er tab 20 meq</i>	111	<i>prazosin hcl cap 2 mg</i>	34
POTASSIUM CHLORIDE ORAL SOLN 10%		<i>prazosin hcl cap 5 mg</i>	34
(20 MEQ/15ML)	111	<i>pred sod pho sol 1% op</i>	138
POTASSIUM CHLORIDE ORAL SOLN 20%		PREDNISOLONE ACETATE OPHTH SUSP	
(40 MEQ/15ML)	111	1%.....	138
POTASSIUM CHLORIDE POWDER PACKET		<i>prednisolone sod phosph oral soln 6.7</i>	
20 MEQ	111	<i>mg/5ml (5 mg/5ml base)</i>	82
<i>potassium chloride tab er 10 meq</i>	111	<i>prednisolone sod phosphate oral soln 15</i>	
<i>potassium chloride tab er 20 meq (1500</i>		<i>mg/5ml (base equiv)</i>	82
<i>mg)</i>	111	<i>prednisolone sodium phosphate oral soln</i>	
<i>potassium chloride tab er 8 meq (600</i>		<i>25 mg/5ml (base eq)</i>	82
<i>mg)</i>	111	<i>prednisolone syrup 15 mg/5ml (usp</i>	
POTASSIUM CITRATE TAB ER 10 MEQ		<i>solution equivalent)</i>	82
(1080 MG)	99	<i>prednisone con 5mg/ml</i>	82
<i>potassium citrate tab er 15 meq (1620</i>		<i>prednisone oral soln 5 mg/5ml</i>	82
<i>mg)</i>	99	<i>prednisone tab 1 mg</i>	82
POTASSIUM CITRATE TAB ER 5 MEQ		<i>prednisone tab 10 mg</i>	82
(540 MG).....	99	<i>prednisone tab 2.5 mg</i>	82
POTIGA TAB 200MG	52	<i>prednisone tab 20 mg</i>	82
POTIGA TAB 300MG	52	<i>prednisone tab 5 mg</i>	82
POTIGA TAB 400MG	52	<i>prednisone tab 50 mg</i>	82
POTIGA TAB 50MG	52	<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>povidone/iod sol 10%</i>	166	.....	82
<i>povidone-iod sol 10%</i>	166	<i>prednisone tab therapy pack 10 mg (48)</i>	
<i>povidone-iodine oint 10%</i>	166	.....	82
<i>povidone-iodine soln 10%</i>	166	<i>prednisone tab therapy pack 5 mg (21)</i>	
PRADAXA CAP 110MG.....	101	.....	82
PRADAXA CAP 150MG.....	101	<i>prednisone tab therapy pack 5 mg (48)</i>	
PRADAXA CAP 75MG	101	.....	82
PRALUENT INJ 150MG/ML	39	<i>premasol sol 10%</i>	112
PRALUENT INJ 75MG/ML.....	39	PRENATAL TAB 27-0.8MG.....	131
<i>pramipexole dihydrochloride tab 0.125</i>		<i>prenatal vitamin/folic acid > 0.8 mg</i>	
<i>mg</i>	59	(generic).....	131
<i>pramipexole dihydrochloride tab 0.25 mg</i>		PRESERVISION CAP AREDS	131
.....	59	PRESERVISION CAP AREDS 2	131
<i>pramipexole dihydrochloride tab 0.5 mg</i>		PRESERVISION CAP LUTEIN	131
.....	59		

PRESERVISION TAB AREDS.....	131	PROGRAF CAP 5MG	108
PREVACID 24H CAP 15MG DR.....	98	PROLASTIN-C INJ 1000MG	157
<i>prevalite pow 4gm</i>	<i>39</i>	PROLENSA SOL 0.07%.....	140
<i>prevalite pow 4gm pk.....</i>	<i>39</i>	PROLEUKIN INJ 22MU.....	26
<i>prevent cap.....</i>	<i>131</i>	PROLIA SOL 60MG/ML	84
<i>previfem tab</i>	<i>79</i>	PROMACTA TAB 12.5MG.....	105
PREZCOBIX TAB 800-150	15	PROMACTA TAB 25MG	105
PREZISTA SUS 100MG/ML.....	14	PROMACTA TAB 50MG	105
PREZISTA TAB 150MG	14	PROMACTA TAB 75MG	105
PREZISTA TAB 600MG	14	<i>prometh vc/ syp codeine.....</i>	<i>152</i>
PREZISTA TAB 75MG.....	14	<i>promethazine hcl inj 25 mg/ml</i>	<i>89</i>
PREZISTA TAB 800MG	14	<i>promethazine hcl inj 50 mg/ml</i>	<i>89</i>
PRIFTIN TAB 150MG.....	15	<i>promethazine hcl suppos 12.5 mg</i>	<i>90</i>
PRILOSEC OTC TAB 20MG.....	99	<i>promethazine hcl suppos 25 mg.....</i>	<i>90</i>
PRIMAQUINE TAB 26.3MG.....	13	<i>promethazine hcl suppos 50 mg.....</i>	<i>90</i>
<i>primidone tab 250 mg</i>	<i>52</i>	<i>promethazine hcl syrup 6.25 mg/5ml..</i>	<i>90</i>
<i>primidone tab 50 mg.....</i>	<i>52</i>	<i>promethazine hcl tab 12.5 mg</i>	<i>90</i>
PRISTIQ TAB 100MG	57	<i>promethazine hcl tab 25 mg</i>	<i>90</i>
PRISTIQ TAB 25MG.....	57	<i>promethazine hcl tab 50 mg</i>	<i>90</i>
PRISTIQ TAB 50MG.....	57	<i>promethazine w/ codeine syrup 6.25-10</i>	<i>mg/5ml.....</i>
PRIVIGEN INJ 10GRAMS	107	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	<i>..... 152</i>
PRIVIGEN INJ 20GRAMS	107	<i>promethazine-phenylephrine-codeine</i>	<i>syrup 6.25-5-10 mg/5ml.....</i>
PRIVIGEN INJ 40GRAMS	107	<i>promethegan sup 25mg</i>	<i>90</i>
PRIVIGEN INJ 5 GRAMS.....	107	<i>promethegan sup 50mg</i>	<i>90</i>
<i>probenecid tab 500 mg.....</i>	<i>1</i>	<i>propafenone hcl cap er 12hr 225 mg ..</i>	<i>37</i>
PRO-CAL TAB	132	<i>propafenone hcl cap er 12hr 325 mg ..</i>	<i>37</i>
PROCALAMINE INJ 3%.....	112	<i>propafenone hcl cap er 12hr 425 mg ..</i>	<i>37</i>
PROCERV HP TAB.....	132	<i>propafenone hcl tab 150 mg</i>	<i>37</i>
<i>prochlorperazine edisylate inj 5 mg/ml</i>	<i>89</i>	<i>propafenone hcl tab 225 mg</i>	<i>37</i>
<i>prochlorperazine maleate tab 10 mg</i>	<i>(base equivalent).....89</i>	<i>propafenone hcl tab 300 mg</i>	<i>37</i>
<i>prochlorperazine maleate tab 5 mg (base</i>	<i>equivalent)</i>	<i>proparacaine hcl ophth soln 0.5%</i>	<i>140</i>
<i>equivalent)</i>	<i>89</i>	<i>propranolol & hydrochlorothiazide tab</i>	<i>40-25 mg.....</i>
<i>prochlorperazine suppos 25 mg</i>	<i>89</i>	<i>propranolol & hydrochlorothiazide tab</i>	<i>80-25 mg.....</i>
PRO-CLEAR AC SYP 9-8.33MG	152	<i>propranolol hcl cap er 24hr 120 mg</i>	<i>40</i>
PROCRIT INJ 10000/ML	102	<i>propranolol hcl cap er 24hr 160 mg</i>	<i>40</i>
PROCRIT INJ 2000/ML	102	<i>propranolol hcl cap er 24hr 60 mg.....</i>	<i>40</i>
PROCRIT INJ 20000/ML	102	<i>propranolol hcl cap er 24hr 80 mg.....</i>	<i>40</i>
PROCRIT INJ 3000/ML	102	<i>propranolol hcl inj 1 mg/ml</i>	<i>41</i>
PROCRIT INJ 4000/ML	102	<i>propranolol hcl oral soln 20 mg/5ml ...</i>	<i>41</i>
PROCRIT INJ 40000/ML	102	<i>propranolol hcl oral soln 40 mg/5ml ...</i>	<i>41</i>
<i>procto-med cre hc 2.5%</i>	<i>162</i>	<i>propranolol hcl tab 10 mg</i>	<i>41</i>
<i>procto-pak cre 1%</i>	<i>162</i>	<i>propranolol hcl tab 20 mg</i>	<i>41</i>
<i>proctozone cre -hc 2.5%.....</i>	<i>162</i>	<i>propranolol hcl tab 40 mg</i>	<i>41</i>
PROFE CAP 180MG.....	104		
PROGLYCEM SUS 50MG/ML.....	83		
PROGRAF CAP 0.5MG	108		
PROGRAF CAP 1MG	108		

<i>propranolol hcl tab 60 mg</i>	41	<i>qc aspirin tab 325mg</i>	3
<i>propranolol hcl tab 80 mg</i>	41	<i>qc calcium tab 600mg</i>	119
<i>PROPYLENE GL SOL</i>	121	<i>QC CASTOR OIL</i>	121
<i>propylthiouracil tab 50 mg</i>	85	<i>qc cgh relf liq 15mg/5ml</i>	152
<i>PROQUAD INJ</i>	109	<i>qc child asa chw 81mg</i>	3
<i>PRO-RED AC SYP 5-1-9/5</i>	152	<i>qc cold relf sus plus ms</i>	152
<i>PRORENAL +D TAB</i>	132	<i>qc cough liq sore thr</i>	152
<i>PRORENAL+D TAB</i>	132	<i>qc enema ene</i>	95
<i>PROSHIELD CRE PLUS 1%</i>	166	<i>qc hydrocort cre 1%</i>	164
<i>prosight cap w/lutein</i>	132	<i>qc ibuprofen tab 200mg</i>	5
<i>prosight tab</i>	132	<i>qc ibuprofen tab cold/sin</i>	152
<i>PROSOL INJ 20%</i>	112	<i>qc laxative sup 10mg</i>	95
<i>PROTECT CAP CARDIO</i>	132	<i>qc sinus pai tab relief</i>	152
<i>PROTECT CAP PLUS SO</i>	132	<i>qc suphedrin tab 120mg sr</i>	152
<i>PROTECT PLUS LIQ NF</i>	132	<i>qc therin-m tab</i>	132
<i>protriptyline hcl tab 10 mg</i>	57	<i>q-dryl cap 25mg</i>	144
<i>protriptyline hcl tab 5 mg</i>	57	<i>q-dryl liq 12.5/5ml</i>	144
<i>provil tab 200mg</i>	5	<i>qlearquil 24 tab 10mg</i>	144
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	152	<i>qlearquil spr 0.05%</i>	152
<i>pseudoephedr tab 120mg er</i>	152	<i>qlearquil tab 25mg</i>	144
<i>pseudoephedrine hcl tab 30 mg</i>	152	<i>q-pap child sus 160/5ml</i>	3
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	152	<i>q-pap infant dro 80/0.8ml</i>	3
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	152	<i>q-pap liq 160/5ml</i>	3
<i>PULMICORT INH 180MCG</i>	158	<i>q-pap tab 325mg</i>	3
<i>PULMICORT INH 90MCG</i>	158	<i>q-pap tab 500mg</i>	3
<i>PULMOZYME SOL 1MG/ML</i>	157	<i>q-tapp dm elx</i>	152
<i>puralube oin</i>	140	<i>q-tapp elx 1-15/5ml</i>	152
<i>pure & gentl dro 0.3%</i>	140	<i>q-tussin dm syp 100-10/5</i>	152
<i>PURIXAN SUS 20MG/ML</i>	25	<i>q-tussin sol 100/5ml</i>	152
<i>purpose cre</i>	166	<i>QUADRACEL INJ</i>	109
<i>px calcium&d tab 600-400</i>	119	<i>quasense tab</i>	79
<i>px complete tab senior</i>	132	<i>quenalin syp 12.5/5ml</i>	144
<i>px fish oil cap 1000mg</i>	121	<i>quetiapine fumarate tab 100 mg</i>	62
<i>px iron tab 200mg</i>	104	<i>quetiapine fumarate tab 200 mg</i>	62
<i>px iron tab 27mg</i>	104	<i>quetiapine fumarate tab 25 mg</i>	62
<i>px mens mult tab vitamins</i>	132	<i>quetiapine fumarate tab 300 mg</i>	62
<i>pyrazinamide tab 500 mg</i>	16	<i>quetiapine fumarate tab 400 mg</i>	62
<i>pyridostigmine bromide tab 60 mg</i>	68	<i>quetiapine fumarate tab 50 mg</i>	62
<i>pyridoxine hcl inj 100 mg/ml</i>	132	<i>quetiapine fumarate tab er 24hr 150 mg</i>	62
Q		<i>quetiapine fumarate tab er 24hr 200 mg</i>	62
<i>qc allergy tab 10mg</i>	144	<i>quetiapine fumarate tab er 24hr 300 mg</i>	62
<i>qc allergy tab relief</i>	152	<i>quetiapine fumarate tab er 24hr 400 mg</i>	63
<i>qc allergy/ tab sinus</i>	152	<i>quetiapine fumarate tab er 24hr 50 mg</i>	62
<i>qc antacid sus</i>	87		
<i>qc antacid sus anti-gas</i>	87		

QUICK DISSOL CHW GLUCOSE.....	83	<i>ra vitamin cap 2000unit</i>	132
QUIN B TAB STRONG	132	RABAVERT INJ	109
<i>quinapril hcl tab 10 mg</i>	33	<i>rabeprazole sodium ec tab 20 mg</i>	99
<i>quinapril hcl tab 20 mg</i>	33	RAGUS TAB	132
<i>quinapril hcl tab 40 mg</i>	33	<i>raloxifene hcl tab 60 mg</i>	84
<i>quinapril hcl tab 5 mg</i>	33	<i>ramipril cap 1.25 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	32	<i>ramipril cap 10 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	32	<i>ramipril cap 2.5 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	32	<i>ramipril cap 5 mg</i>	33
<i>quinidine gluconate tab er 324 mg</i>	37	RANEXA TAB 1000MG	45
<i>quinidine sulfate tab 200 mg</i>	37	RANEXA TAB 500MG.....	45
<i>quinidine sulfate tab 300 mg</i>	37	<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	91
<i>quinine sulfate cap 324 mg</i>	13	<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	91
QUINTABS TAB.....	132	<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	91
<i>quintabs-m tab</i>	132	<i>ranitidine hcl tab 150 mg</i>	91
QUINTABS-M TAB	132	<i>ranitidine hcl tab 300 mg</i>	91
R		<i>ranitidine hcl tab 75 mg</i>	91
<i>ra ca/vit d3 chw minerals</i>	119	RAPAMUNE SOL 1MG/ML.....	108
<i>ra ca/vit d3 tab 600-400</i>	119	<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	59
<i>ra calcium tab 600mg</i>	119	<i>rasagiline mesylate tab 1 mg (base equiv)</i>	59
<i>ra calcium tab vit d</i>	119	RAVICTI LIQ 1.1GM/ML.....	80
<i>ra central tab energy</i>	132	REBETOL SOL 40MG/ML.....	16
<i>ra central tab -vite</i>	132	<i>reclipsen tab</i>	79
<i>ra central tab vite sel</i>	132	RECOMBIVA HB INJ 10MCG/ML.....	109
<i>ra central tab vite sen</i>	132	RECOMBIVA HB INJ 5MCG/0.5.....	109
<i>ra fish oil cap 1000mg</i>	121	RECOMBIVA-HB INJ 40MCG/ML.....	109
<i>ra glucose gel</i>	83	<i>reeses med sus pinworm</i>	11
<i>ra hi cal tab 500-200</i>	119	REESES MED SUS PINWORM	11
<i>ra hi-cal tab 500mg</i>	120	REFRESH CELL DRO 1% OP.....	140
<i>ra hi-cal/d tab 500mg</i>	120	REFRESH DRO OP	140
<i>ra iron tab 27mg</i>	104	REFRESH GEL OPTIVE.....	140
<i>ra iron tab 325mg</i>	104	<i>refresh lacr oin op</i>	140
<i>ra magnesium cap 500mg</i>	120	REFRESH LIQU DRO 1% OP.....	140
<i>ra niacin tab 100mg</i>	132	REFRESH OPTI DRO 0.5-0.9%	140
<i>ra niacin tab 500mg</i>	132	<i>refresh p.m. oin op</i>	140
<i>ra one daily pak mens 50+</i>	132	REFRESH PLUS DRO 0.5% OP.....	140
<i>ra one daily tab +iron</i>	132	REFRESH SOL OPTIVE.....	140
<i>ra one daily tab energy</i>	132	REFRESH TEAR DRO 0.5% OP.....	140
<i>ra one daily tab essentia</i>	132	REGRANEX GEL 0.01%	167
<i>ra one daily tab maximum</i>	132	<i>reguloid cap 0.52gm</i>	95
<i>ra one daily tab mens/d3</i>	132	<i>reguloid pow 28.3%</i>	95
<i>ra one daily tab multivit</i>	132	<i>reguloid pow 48.57%</i>	95
<i>ra one daily tab womens</i>	132	<i>reguloid pow 58.6%</i>	95
<i>ra pediatric sol electrol</i>	111		
<i>ra therapeut tab m/beta</i>	132		

<i>rehydralyte sol</i>	111	REXULTI TAB 0.5MG	63
<i>relcof c sol 100-6.3</i>	152	REXULTI TAB 1MG	63
<i>relcof ir tab 10-380mg</i>	152	REXULTI TAB 2MG	63
RELENZA MIS DISKHALE.....	17	REXULTI TAB 3MG	63
RELHIST BP TAB	152	REXULTI TAB 4MG	63
<i>relhist dmx tab</i>	153	REYATAZ CAP 150MG	14
RELISTOR INJ 12/0.6ML	97	REYATAZ CAP 200MG	14
RELISTOR INJ 8/0.4ML	97	REYATAZ CAP 300MG	14
RELPAZ TAB 20MG	67	REYATAZ POW 50MG	14
RELPAZ TAB 40MG	67	RHINARIS GEL 0.2%	157
<i>remedy cre antifung</i>	162	RHINARIS SPR 0.2%	157
REMEDY MOIST CRE 5%	166	<i>ribasphere cap 200mg</i>	17
REMEDY NUTRA CRE 1%.....	166	<i>ribasphere tab 200mg</i>	17
<i>remedy oin af 2%</i>	162	<i>ribasphere tab 400mg</i>	17
REMEDY SKIN CRE REPAIR.....	166	<i>ribasphere tab 600mg</i>	17
REMICADE INJ 100MG	106	<i>ribavirin cap 200 mg</i>	17
REMODULIN INJ 10MG/ML	46	<i>ribavirin tab 200 mg</i>	17
REMODULIN INJ 1MG/ML	46	<i>rifabutin cap 150 mg</i>	16
REMODULIN INJ 2.5MG/ML	46	<i>rifampin cap 150 mg</i>	16
REMODULIN INJ 5MG/ML	46	<i>rifampin cap 300 mg</i>	16
<i>renal tab</i>	132	<i>rifampin for inj 600 mg</i>	16
<i>renal/zinc tab multivit</i>	132	RIFATER TAB	16
RENVELA PAK 0.8GM	84	<i>riluzole tab 50 mg</i>	68
RENVELA PAK 2.4GM	84	<i>rimantadine hydrochloride tab 100 mg</i>	17
RENVELA TAB 800MG	84	RINGER'S SOLUTION	114
<i>repaglinide tab 0.5 mg</i>	74	RISACAL-D TAB	120
<i>repaglinide tab 1 mg</i>	75	RISPERDAL INJ 12.5MG	63
<i>repaglinide tab 2 mg</i>	75	RISPERDAL INJ 25MG	63
RESCON TAB 2-60MG.....	153	RISPERDAL INJ 37.5MG	63
RESCON-DM SYP	153	RISPERDAL INJ 50MG	63
RESCON-GG LIQ.....	153	<i>risperidone orally disintegrating tab 0.25</i>	<i>mg</i>
RESCRIPTOR TAB 100 MG.....	14	.....	63
RESCRIPTOR TAB 200MG	14	<i>risperidone orally disintegrating tab 0.5</i>	<i>mg</i>
RESPIRE-30 CAP	153	.....	63
RESTASIS EMU 0.05%.....	140	<i>risperidone orally disintegrating tab 1 mg</i>	.....
RESTASIS MUL EMU 0.05%.....	140	.....	63
RETROVIR INJ 10MG/ML	14	<i>risperidone orally disintegrating tab 2 mg</i>	.....
REVATIO SUS 10MG/ML.....	46	.....	63
<i>revital frzr sol pops</i>	111	<i>risperidone orally disintegrating tab 3 mg</i>	.....
<i>revital jell sol cups</i>	111	.....	63
<i>revital lqd sol squeezer</i>	111	<i>risperidone orally disintegrating tab 4 mg</i>	.....
REVLIMID CAP 10MG.....	107	.....	63
REVLIMID CAP 15MG.....	107	<i>risperidone soln 1 mg/ml</i>	63
REVLIMID CAP 2.5MG.....	107	<i>risperidone tab 0.25 mg</i>	63
REVLIMID CAP 20MG.....	107	<i>risperidone tab 0.5 mg</i>	63
REVLIMID CAP 25MG.....	107	<i>risperidone tab 1 mg</i>	63
REVLIMID CAP 5MG	107	<i>risperidone tab 2 mg</i>	63
REXULTI TAB 0.25MG.....	63	<i>risperidone tab 3 mg</i>	63

<i>risperidone tab 4 mg</i>	63	RYDAPT CAP 25MG	29
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RITUXAN INJ 500MG	26	RYMED TAB 2-10MG	153
RITUXAN INJ HYCELA	26	<i>rynex dm liq</i>	153
<i>rivastigmine tartrate cap 1.5 mg</i>	54	<i>rynex pe elx</i>	153
<i>rivastigmine tartrate cap 3 mg</i>	54	<i>rynex pse liq</i>	153
<i>rivastigmine tartrate cap 4.5 mg</i>	54	S	
<i>rivastigmine tartrate cap 6 mg</i>	54	SABRIL POW 500MG	52
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	54	SABRIL TAB 500MG	52
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	54	<i>salactic fil sol 17%</i>	166
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	54	SALICYLIC POW ACID	166
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 10 mg (base eq)</i>	67	<i>saline mist spr 0.65%</i>	157
<i>rizatriptan benzoate oral disintegrating</i> <i>tab 5 mg (base eq)</i>	67	<i>saline nasal gel</i>	157
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	67	<i>saline nasal spr 0.65%</i>	157
<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	67	<i>saline nasal spray 0.65%</i>	157
<i>robafen cf liq 5-10-100</i>	153	<i>saline nose spr 0.65%</i>	157
<i>robafen dm liq 10-100/5</i>	153	<i>salmon oil cap 1000mg</i>	121
<i>robafen dm syp 100-10/5</i>	153	<i>sal-plant gel 17%</i>	166
<i>robafen syp 100/5ml</i>	153	SANDIMMUNE SOL 100MG/ML	108
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	59	SANDOSTATIN KIT LAR 10MG.....	84
<i>ropinirole hydrochloride tab 0.5 mg</i>	59	SANDOSTATIN KIT LAR 20MG.....	84
<i>ropinirole hydrochloride tab 1 mg</i>	59	SANDOSTATIN KIT LAR 30MG.....	84
<i>ropinirole hydrochloride tab 2 mg</i>	59	SANTYL OIN 250/GM	167
<i>ropinirole hydrochloride tab 3 mg</i>	59	SAPHRIS SUB 10MG	63
<i>ropinirole hydrochloride tab 4 mg</i>	59	SAPHRIS SUB 2.5MG	63
<i>ropinirole hydrochloride tab 5 mg</i>	59	SAPHRIS SUB 5MG	63
<i>rosadan cre 0.75%</i>	166	<i>savision tab</i>	132
<i>rosuvastatin calcium tab 10 mg</i>	38	<i>sb allergy tab 10mg</i>	144
<i>rosuvastatin calcium tab 20 mg</i>	38	<i>sb allergy tab 25mg med</i>	144
<i>rosuvastatin calcium tab 40 mg</i>	38	<i>sb allergy/ tab cold pe</i>	153
<i>rosuvastatin calcium tab 5 mg</i>	38	<i>sb antacid/ sus antigas</i>	87
ROTARIX SUS.....	109	<i>sb anti-itch cre 2-0.1%</i>	166
ROTATEQ SOL	109	<i>sb aspirin tab 325mg</i>	3
<i>roweeptra tab 1000mg</i>	52	<i>sb bisacodyl tab 5mg ec</i>	95
<i>roweeptra tab 500mg</i>	52	<i>sb bismuth sus 262/15ml</i>	88
<i>roweeptra tab 750mg</i>	52	<i>sb cgh contr liq cf</i>	153
RUBRACA TAB 200MG	26	<i>sb cgh contr liq dm</i>	153
RUBRACA TAB 250MG	26	<i>sb cgh contr syp 100/5ml</i>	153
RUBRACA TAB 300MG	26	<i>sb cgh relf liq 15mg/5ml</i>	153
RU-HIST D TAB 4-10MG	153	<i>sb child asa chw 81mg</i>	3
<i>rulox sus</i>	87	<i>sb cold head tab congest</i>	153
		<i>sb cold mult tab symp sev</i>	153
		<i>sb cold/cgh tab hbp</i>	153
		<i>sb cough tab 200mg</i>	153
		<i>sb daytime liq</i>	153
		<i>sb flu hbp tab max st</i>	153
		<i>sb hydrocort cre 1%</i>	164
		<i>sb hydrocort oin 1%</i>	164

<i>sb ibuprofen tab 200mg</i>	5	SENOKOT XTRA TAB 17.2MG	95
<i>sb milk magn sus</i>	95	SENSI-CARE CRE MOISTURI	167
<i>sb milk magn sus mint</i>	95	SENSIPAR TAB 30MG.....	75
<i>sb non-asa chw 80mg frt</i>	3	SENSIPAR TAB 60MG.....	75
<i>sb saline spr 0.65%</i>	157	SENSIPAR TAB 90MG.....	75
<i>sb senna-lax tab 8.6mg</i>	95	<i>sentry adult tab under 50</i>	132
<i>sb severe tab cold pe</i>	153	<i>sentry tab</i>	132
<i>sb sinus cng pak /pain</i>	153	SENTRY TAB.....	133
<i>sb sinus cng tab /pain</i>	153	<i>sentry tab senior</i>	133
<i>sb sinus cng tab /pain dt</i>	153	SEREVENT DIS AER 50MCG	145
<i>scalp relief liq 3%</i>	166	<i>sertraline hcl oral conc 20 mg/ml</i>	57
<i>scalpicin sol 1%</i>	164	<i>sertraline hcl tab 100 mg</i>	57
<i>sclerex tab</i>	132	<i>sertraline hcl tab 25 mg</i>	57
<i>scopolamine td patch 72hr 1 mg/3days</i>	90	<i>sertraline hcl tab 50 mg</i>	57
<i>sea soft spr 0.65%</i>	157	<i>sharobel tab 0.35mg</i>	79
<i>sea-omega 30 cap 1200mg</i>	121	SIGNIFOR INJ 0.3MG/ML.....	84
<i>sea-omega 50 cap 1000mg</i>	121	SIGNIFOR INJ 0.6MG/ML.....	84
SECURA PROTE CRE 5%	167	SIGNIFOR INJ 0.9MG/ML.....	84
<i>selegiline hcl cap 5 mg</i>	59	<i>silace liq 10mg/ml</i>	95
<i>selegiline hcl tab 5 mg</i>	59	<i>silace syp 60/15ml</i>	95
<i>selenium sulfide lotion 2.5%</i>	162	<i>siladryl alr liq 12.5/5ml</i>	144
SELZENTRY SOL 20MG/ML	14	<i>sildenafil citrate tab 20 mg</i>	46
SELZENTRY TAB 150MG.....	14	SILENOR TAB 3MG	66
SELZENTRY TAB 25MG	14	SILENOR TAB 6MG	66
SELZENTRY TAB 300MG.....	14	<i>silphen coug syp 12.5/5ml</i>	144
SELZENTRY TAB 75MG	14	<i>silphen dm syp 10mg/5ml</i>	153
<i>senexon liq 8.8mg/5</i>	95	<i>siltuss das liq 100/5ml</i>	153
<i>senexon tab 8.6mg</i>	95	<i>siltussin dm liq das</i>	153
<i>senexon-s tab 8.6-50mg</i>	95	<i>siltussin sa syp 100/5ml</i>	153
<i>senior tabs tab</i>	132	<i>siltussin-dm liq diabetic</i>	153
<i>senna lax tab 8.6mg</i>	95	<i>siltussin-dm liq max st</i>	153
<i>senna laxati tab 8.6mg</i>	95	<i>siltussin-dm syp alc free</i>	153
<i>senna plus tab 8.6-50mg</i>	95	SILVER SULFADIAZINE CREAM 1%... 160	
<i>senna tab 8.6mg</i>	95	SIMBRINZA SUS 1-0.2%	139
<i>senna-lax tab 8.6mg</i>	95	<i>simethicone cap 180 mg</i>	97
<i>sennalax-s tab 8.6-50mg</i>	95	<i>simethicone chew tab 125 mg</i>	97
<i>senna-s tab 8.6-50mg</i>	95	<i>simethicone chew tab 80 mg</i>	97
<i>senna-tabs tab 8.6mg</i>	95	<i>simethicone dro 20/0.3ml</i>	97
<i>senna-time s tab 8.6-50mg</i>	95	<i>simethicone susp 40 mg/0.6ml</i>	97
<i>senna-time tab 8.6mg</i>	95	SIMPLY SALIN AER 0.9%.....	157
<i>senno tab 8.6mg</i>	95	<i>simvastatin tab 10 mg</i>	38
<i>sennosides syrup 8.8 mg/5ml</i>	95	<i>simvastatin tab 20 mg</i>	38
<i>sennosides tab 8.6 mg</i>	95	<i>simvastatin tab 40 mg</i>	38
<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>	95	<i>simvastatin tab 5 mg</i>	38
SENOKOT S TAB 8.6-50MG	95	<i>simvastatin tab 80 mg</i>	38
SENOKOT TAB 8.6MG.....	95	SINEX 12HR SPR 0.05%	153
		<i>sinus congst tab /pain dt</i>	153
		<i>sinus nasal spr 0.05%</i>	153

<i>sinus relief pak cng/pain</i>	153	<i>sm aspirin tab 325mg ec</i>	3
<i>sinus relief spr 0.05%</i>	154	<i>sm aspirin tab 81mg ec</i>	3
<i>sinus/alergy tab max st</i>	154	<i>sm ca/vit d3 tab 600-400</i>	120
<i>sinus/alergy tab pe max</i>	154	<i>sm calcium tab /vit d3</i>	120
<i>sinus/allerg tab 4-10mg</i>	154	<i>sm calcium/d tab 500-200</i>	120
<i>sinus-max mis day/nght</i>	154	<i>sm calcium/d tab 600-400</i>	120
<i>sirolimus tab 0.5 mg</i>	108	<i>sm castor oil 100%</i>	96
<i>sirolimus tab 1 mg</i>	108	<i>sm child asa chw 81mg</i>	3
<i>sirolimus tab 2 mg</i>	108	<i>sm childrens sus ms cold</i>	154
SIRTURO TAB 100MG	16	<i>sm cld/alrgy elx children</i>	154
SIVEXTRO INJ 200MG	11	<i>sm clearlax pow</i>	96
SIVEXTRO TAB 200MG	11	<i>sm cold head tab congest</i>	154
<i>sleep aid tab 25mg</i>	71	<i>sm cold&flu tab severe</i>	154
<i>slo-niacin tab 250mg cr</i>	133	<i>sm cold/cgh elx dm child</i>	154
SLO-NIACIN TAB 500MG CR.....	133	<i>sm complete tab</i>	133
SLO-NIACIN TAB 750MG CR.....	133	<i>sm complete tab 50+</i>	133
SLOW FE TAB 142MG	104	<i>sm complete tab 50+ mens</i>	133
SLOW FE TAB 160MG CR	104	<i>sm complete tab 50+ wmn</i>	133
<i>slow fe tab 45mg</i>	104	<i>sm complete tab adv form</i>	133
<i>slow iron tab 160mg cr</i>	104	<i>sm complete tab senior</i>	133
<i>slow iron tab 50mg</i>	104	<i>sm day time cap pe</i>	154
<i>slow mag/cal tab 70-117mg</i>	120	<i>sm day time liq cold/flu</i>	154
SLOW REL FE TAB 143MG CR	104	<i>sm ear dro 6.5% ot</i>	168
<i>slow rel fe tab 160mg cr</i>	104	<i>sm enema ene</i>	96
SLOW RELEASE TAB 143MG	104	<i>sm fiber lax cap 0.52gm</i>	96
<i>slow release tab 45mg</i>	104	<i>sm fiber lax tab 500mg</i>	96
<i>slow release tab 47.5mg</i>	104	<i>sm fiber pow 28.3%</i>	96
SLOW-MAG TAB.....	120	<i>sm fiber pow 48.57%</i>	96
<i>slow-release tab fe 45mg</i>	104	<i>sm fiber pow 58.6%</i>	96
<i>sm 12-hour spr 0.05%</i>	154	<i>sm fish oil cap 1000mg</i>	121
<i>sm acid redu tab 200mg</i>	91	<i>sm fish oil cap 1200mg</i>	121
<i>sm all day tab 10mg</i>	144	<i>sm folic acd tab 400mcg</i>	133
<i>sm all day tab allergy</i>	144	<i>sm gas relf chw 80mg</i>	97
<i>sm allergy tab 25mg rlf</i>	144	SM GLUCOSE CHW SOUR APP.....	83
<i>sm allergy tab 4mg</i>	144	<i>sm hair/skin tab /nails</i>	133
<i>sm allergy tab multi-sy</i>	154	<i>sm hemorrhoi oin</i>	167
<i>sm antacid sus advanced</i>	87	<i>sm hydrocort cre 1%</i>	164
<i>sm antacid sus anti-gas</i>	87	<i>sm hydrocort cre 1% plus</i>	164
<i>sm antacid/ sus antigas</i>	87	<i>sm hydrocort oin 1%</i>	164
<i>sm antibioti cre plus</i>	160	<i>sm ibuprofen cap 200mg</i>	5
<i>sm antibioti oin 500/gm</i>	160	<i>sm ibuprofen tab 200mg</i>	5
<i>sm anti-diar tab 2mg</i>	88	<i>sm iron slow tab 160mg cr</i>	104
<i>sm antifunl cre 1%</i>	162	<i>sm iron tab 325mg</i>	104
<i>sm antifunl cre 2%</i>	162	<i>sm iron tab 45mg</i>	104
<i>sm anti-itch cre 2-0.1%</i>	167	<i>sm laxative sup 10mg</i>	96
<i>sm artificia sol tears</i>	140	<i>sm laxative tab 5mg ec</i>	96
<i>sm aspirin chw 81mg</i>	3	<i>sm lice lot treatmnt</i>	167
<i>sm aspirin tab 325mg</i>	3	<i>sm lubricant dro 0.4-0.3%</i>	140

<i>sm magnesium tab 250mg</i>	120	SODIUM CHLORIDE INJ 0.45%	114
<i>sm micon 7 sup 100mg</i>	100	SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%).....	111
<i>sm milk magn sus cherry</i>	96	SODIUM CHLORIDE INJ 3%.....	114
<i>sm mucus er tab 600mg</i>	154	SODIUM CHLORIDE INJ 5%.....	114
<i>sm multiple tab vit/iron</i>	133	SODIUM CHLORIDE IRRIGATION SOLN 0.9%	167
<i>sm multiple tab vitamins</i>	133	SODIUM CHLORIDE IV SOLN 0.9%... ..	114
<i>sm nasal 12h spr 0.05%</i>	154	<i>sodium chloride soln nebu 0.9%</i>	154
<i>sm nasal dec tab 30mg</i>	154	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	111
<i>sm nasal spr 0.05%</i>	154	<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	80
<i>sm niacin tab 250mg cr</i>	133	<i>sodium phenylbutyrate tab 500 mg</i>	80
SM NICOTINE DIS 14MG/24H.....	71	<i>sodium phosphates - enema</i>	96
SM NICOTINE DIS 21MG.....	71	<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	75
SM NICOTINE DIS 21MG/24H.....	71	<i>sodium polystyrene sulfonate powder</i> .	76
SM NICOTINE DIS 7MG/24HR.....	71	<i>sof-lax cap 100mg</i>	96
<i>sm nicotine gum 2mg</i>	71	SOLO TAB	133
<i>sm nicotine gum 2mg mint</i>	71	SOLTAMOX SOL 10MG/5ML	27
<i>sm nicotine gum 4mg</i>	71	SOLU-CORTEF INJ 250MG	82
<i>sm nicotine gum 4mg mint</i>	71	SOMATULINE INJ 120/.5ML	84
<i>sm nicotine loz 2mg mint</i>	71	SOMATULINE INJ 60/0.2ML	84
<i>sm nicotine loz 4mg mint</i>	71	SOMATULINE INJ 90/0.3ML	84
<i>sm nite time cap cold/flu</i>	154	SOMAVERT INJ 10MG	84
<i>sm nite time liq cld/flu</i>	154	SOMAVERT INJ 15MG	84
<i>sm nite time liq cold/flu</i>	154	SOMAVERT INJ 20MG	84
<i>sm nose dro 1%</i>	154	SOMAVERT INJ 25MG	84
SM ONE DAILY TAB MENS	133	SOMAVERT INJ 30MG	84
SM ONE DAILY TAB WOMENS	133	<i>soothe&cool cre inzo 2%</i>	162
<i>sm opti-vita tab</i>	133	SOOTHE&COOL OIN FREE PST	167
<i>sm pain rel cap 500mg</i>	3	SOOTHE&COOL OIN MEDSEPTI	167
<i>sm povid-iod sol 10%</i>	167	SOOTHE&COOL OIN MOISTURE	167
<i>sm senna lax tab max str</i>	96	SORBIDON CRE HYDRATE	167
<i>sm stomach sus 262/15ml</i>	88	SORBITOL SOL 70%.....	96
<i>sm triple oin antibiot</i>	160	<i>sorine tab 120mg</i>	37
<i>sm tussin cf liq</i>	154	<i>sorine tab 160mg</i>	37
<i>sm tussin dm liq max</i>	154	<i>sorine tab 240mg</i>	37
<i>sm tussin dm syp 100-10/5</i>	154	<i>sorine tab 80mg</i>	37
<i>sm tussin syp 100/5ml</i>	154	<i>sotalol hcl (afib/afl) tab 120 mg</i>	37
<i>sm tussin syp dm</i>	154	<i>sotalol hcl (afib/afl) tab 160 mg</i>	37
<i>sm vitamin d tab 400unit</i>	133	<i>sotalol hcl (afib/afl) tab 80 mg</i>	37
SOD CHLORIDE GRA	120	<i>sotalol hcl tab 120 mg</i>	37
<i>sod ferric gluc cmplx in sucrose iv soln</i> <i>12.5 mg/ml (fe eq)</i>	104	<i>sotalol hcl tab 160 mg</i>	37
<i>sodium bicarbonate tab 325 mg</i>	87	<i>sotalol hcl tab 240 mg</i>	37
<i>sodium bicarbonate tab 650 mg</i>	87	<i>sotalol hcl tab 80 mg</i>	37
<i>sodium chloride aero soln 0.9%</i>	154	<i>sotalol hcl tab 120 mg</i>	37
<i>sodium chloride hypertonic ophth oint</i> <i>5%</i>	140	<i>sotalol hcl tab 160 mg</i>	37
<i>sodium chloride hypertonic ophth soln</i> <i>5%</i>	140	<i>sotalol hcl tab 240 mg</i>	37
		<i>sotalol hcl tab 80 mg</i>	37
		SOVALDI TAB 400MG	17

<i>spectr women tab hlth sen</i>	133	STRATTERA CAP 80MG.....	65
<i>spectra ultr tab hlth men</i>	133	<i>streptomycin sulfate for inj 1 gm</i>	9
SPECTRAVITE CHW ADLT 50+	133	<i>stress 500 tab bcomp/zn</i>	133
SPECTRAVITE CHW ADULT	133	<i>stress form tab</i>	133
<i>spectravite tab</i>	133	<i>stress form tab /iron</i>	133
SPECTRAVITE TAB ADLT 50+	133	<i>stress formu tab</i>	133
<i>spectravite tab advanced</i>	133	<i>stress formu tab advanced</i>	133
SPECTRAVITE TAB MEN 50+	133	<i>stress formu tab energy</i>	133
<i>spectravite tab senior</i>	133	<i>stress formu tab w/iron</i>	133
SPECTRAVITE TAB SENIOR	133	STRIBILD TAB.....	15
SPECTRAVITE TAB ULT MEN	133	<i>stuffy nose liq & cold</i>	154
SPECTRAVITE TAB ULT WMN	133	SUBOXONE MIS 12-3MG	71
<i>spironolactone & hydrochlorothiazide tab</i>		SUBOXONE MIS 2-0.5MG	71
<i>25-25 mg</i>	44	SUBOXONE MIS 4-1MG	71
<i>spironolactone tab 100 mg</i>	33	SUBOXONE MIS 8-2MG	71
<i>spironolactone tab 25 mg</i>	33	SUCRAID SOL 8500/ML.....	97
<i>spironolactone tab 50 mg</i>	33	<i>sucrafate tab 1 gm</i>	97
<i>sprintec 28 tab 28 day</i>	79	<i>sudogest pe tab 10mg</i>	154
SPRITAM TAB 1000MG.....	52	<i>sudogest tab 120mg er</i>	154
SPRITAM TAB 250MG	52	<i>sudogest tab 30mg</i>	154
SPRITAM TAB 500MG	52	<i>sudogest tab 4-60mg</i>	154
SPRITAM TAB 750MG	52	<i>sudogest tab 60mg</i>	154
SPRYCEL TAB 100MG	29	<i>sulfacetamide sodium lotion 10% (acne)</i>	
SPRYCEL TAB 140MG	29	.....	160
SPRYCEL TAB 20MG	29	<i>sulfacetamide sodium ophth oint 10%</i>	
SPRYCEL TAB 50MG	29	.....	137
SPRYCEL TAB 70MG	29	<i>sulfacetamide sodium ophth soln 10%</i>	
SPRYCEL TAB 80MG	29	.....	137
SSD CRE 1%	160	<i>sulfacetamide sodium-prednisolone</i>	
<i>stavudine cap 15 mg</i>	14	<i>ophth soln 10-0.23(0.25)%</i>	137
<i>stavudine cap 20 mg</i>	14	<i>sulfadiazine tab 500mg</i>	9
<i>stavudine cap 30 mg</i>	14	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>stavudine cap 40 mg</i>	14	<i>400-80 mg/5ml</i>	11
<i>stim laxat tab 5mg ec</i>	96	<i>sulfamethoxazole-trimethoprim susp</i>	
STIMATE SOL 1.5MG/ML	86	<i>200-40 mg/5ml</i>	11
STIVARGA TAB 40MG	29	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
<i>stomach relf sus 262/15ml</i>	87, 88	<i>80 mg</i>	11
<i>stomach relf sus 525/15ml</i>	88	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>stool softnr cap 100mg</i>	96	<i>160 mg</i>	11
<i>stool softnr cap 240mg</i>	96	SULFAMYLON CRE 85MG/GM	160
<i>stool softnr cap 250mg</i>	96	SULFAMYLON PAK 5%	160
<i>stool softnr tab 8.6-50mg</i>	96	<i>sulfasalazine tab 500 mg</i>	92
STRATTERA CAP 100MG	65	<i>sulfasalazine tab delayed release 500 mg</i>	
STRATTERA CAP 10MG	65	.....	92
STRATTERA CAP 18MG	65	<i>sulindac tab 150 mg</i>	5
STRATTERA CAP 25MG	65	<i>sulindac tab 200 mg</i>	5
STRATTERA CAP 40MG	65	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	
STRATTERA CAP 60MG	65	.....	67

SUMATRIPTAN NASAL SPRAY 5 MG/ACT	67	SYMBICORT AER 160-4.5	158
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	67	SYMBICORT AER 80-4.5	158
SUMATRIPTAN SUCCINATE SOLUTION		SYMLINPEN 60 INJ 1000MCG	72
AUTO-INJECTOR 4 MG/0.5ML	67	SYMLINPEN 120 INJ 1000MCG	73
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	67	SYNAGIS INJ 100MG/ML	109
SUMATRIPTAN SUCCINATE SOLUTION		SYNAGIS INJ 50MG	109
CARTRIDGE 4 MG/0.5ML	67	SYNAREL SOL 2MG/ML	79
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	67	SYNERCID INJ 500MG	11
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	67	SYNRIBO INJ 3.5MG	30
<i>sumatriptan succinate tab 100 mg</i>	67	SYNTHROID TAB 100MCG	85
<i>sumatriptan succinate tab 25 mg</i>	67	SYNTHROID TAB 112MCG	85
<i>sumatriptan succinate tab 50 mg</i>	67	SYNTHROID TAB 125MCG	85
<i>sunvite tab advanced</i>	133	SYNTHROID TAB 137MCG	85
<i>super antiox tab a/c/e/se</i>	134	SYNTHROID TAB 150MCG	85
<i>super ca 600 tab + d 400</i>	120	SYNTHROID TAB 175MCG	86
<i>super ca 600 tab + d3</i>	120	SYNTHROID TAB 200MCG	86
<i>super ca 600 tab + d3 400</i>	120	SYNTHROID TAB 25MCG	85
<i>super calciu tab 600mg</i>	120	SYNTHROID TAB 300MCG	86
<i>super dha cap gems</i>	121	SYNTHROID TAB 50MCG	85
<i>super liq nu-thera</i>	134	SYNTHROID TAB 75MCG	85
<i>super multip cap</i>	134	SYNTHROID TAB 88MCG	85
<i>super multip tab</i>	134	SYPRINE CAP 250MG	76
<i>super omega cap -3</i>	121	SYSTANE GEL 0.3%	141
<i>super tab nu-thera</i>	134	SYSTANE GEL DRO 0.4-0.3%	141
<i>super thera tab vite m</i>	134	<i>systane oin</i>	141
SUPER TWIN CAP EPA/DHA	121	SYSTANE PF SOL	141
<i>super vikaps tab</i>	134	SYSTANE SOL	141
<i>suphedrine tab 30mg</i>	154	SYSTANE ULTR SOL PF	141
<i>supr vitamin tab</i>	134	T	
SUPRAX CAP 400MG	19	<i>tab tussin tab 400mg</i>	154
<i>suprax chw 100mg</i>	19	<i>tab tussin tab dm</i>	154
<i>suprax chw 200mg</i>	19	<i>tab-a-vite tab</i>	134
SUPRAX SUS 500/5ML	19	<i>tab-a-vite tab /iron</i>	134
SUPREP BOWEL SOL PREP KIT	96	<i>tab-a-vite tab beta car</i>	134
SUSTIVA CAP 200MG	14	<i>tab-a-vite tab maximum</i>	134
SUSTIVA CAP 50MG	14	TABLOID TAB 40MG	25
SUSTIVA TAB 600MG	14	<i>tabtussin dm tab 20-400mg</i>	154
SUTENT CAP 12.5MG	29	<i>tabtussin tab 400mg</i>	154
SUTENT CAP 25MG	29	<i>tacrolimus cap 0.5 mg</i>	108
SUTENT CAP 37.5MG	29	<i>tacrolimus cap 1 mg</i>	108
SUTENT CAP 50MG	29	<i>tacrolimus cap 5 mg</i>	108
SYLATRON KIT 200MCG	30	<i>tacrolimus oint 0.03%</i>	167
SYLATRON KIT 300MCG	30	<i>tacrolimus oint 0.1%</i>	167
SYLATRON KIT 600MCG	30	<i>tactinal tab 325mg</i>	3
		<i>tactinal tab 500mg</i>	3
		TAFINLAR CAP 50MG	29
		TAFINLAR CAP 75MG	29
		TAGRISSO TAB 40MG	29

TAGRISSO TAB 80MG.....	29	<i>temazepam cap 15 mg</i>	66
TAKE ACTION TAB 1.5MG	79	<i>temazepam cap 7.5 mg</i>	66
TAMIFLU SUS 6MG/ML.....	17	TENIVAC INJ 5-2LF.....	109
<i>tamoxifen citrate tab 10 mg (base</i>		<i>terazosin hcl cap 1 mg</i>	34
<i>equivalent)</i>	27	<i>terazosin hcl cap 10 mg</i>	34
<i>tamoxifen citrate tab 20 mg (base</i>		<i>terazosin hcl cap 2 mg</i>	34
<i>equivalent)</i>	27	<i>terazosin hcl cap 5 mg</i>	34
<i>tamsulosin hcl cap 0.4 mg</i>	99	<i>terbinafine cre 1%</i>	162
TARCEVA TAB 100MG.....	29	<i>terbinafine hcl cream 1%</i>	162
TARCEVA TAB 150MG.....	29	<i>terbinafine hcl tab 250 mg</i>	12
TARCEVA TAB 25MG.....	29	<i>terbutaline sulfate inj 1 mg/ml</i>	145
TARGRETIN GEL 1%.....	167	<i>terbutaline sulfate tab 2.5 mg</i>	145
<i>tarina fe tab 1/20</i>	79	<i>terbutaline sulfate tab 5 mg</i>	145
TASIGNA CAP 150MG	29	<i>terconazole vaginal cream 0.4%</i>	100
TASIGNA CAP 200MG	29	<i>terconazole vaginal cream 0.8%</i>	100
TAXOTERE INJ 80MG/4ML.....	25	<i>terconazole vaginal suppos 80 mg</i>	100
<i>tazarotene cream 0.1%</i>	162	TESSALON PER CAP 100MG.....	154
<i>tazicef inj 1gm</i>	19	<i>testosterone cypionate im inj in oil 100</i>	
<i>tazicef inj 2gm</i>	19	<i>mg/ml</i>	72
<i>tazicef inj 6gm</i>	19	<i>testosterone cypionate im inj in oil 200</i>	
TAZORAC CRE 0.05%.....	162	<i>mg/ml</i>	72
TAZORAC CRE 0.1%.....	162	<i>testosterone enanthate im inj in oil 200</i>	
<i>taztia xt cap 120mg/24</i>	42	<i>mg/ml</i>	72
<i>taztia xt cap 180mg/24</i>	42	<i>testosterone td soln 30 mg/act</i>	72
<i>taztia xt cap 240mg/24</i>	42	TET/DIP TOX INJ 2-2 LF.....	109
<i>taztia xt cap 300mg/24</i>	42	TETRABENAZINE TAB 12.5 MG.....	68
<i>taztia xt cap 360mg/24</i>	42	TETRABENAZINE TAB 25 MG	68
<i>tears natura sol forte</i>	141	<i>texacort sol 2.5%</i>	164
<i>tears natura sol free op</i>	141	<i>tgt nasal spr 0.65%</i>	157
<i>tears natura sol ii op</i>	141	<i>th calcium/d chw 600-400</i>	120
<i>tears pure sol</i>	141	<i>th calcium/d tab 600-400</i>	120
TECENTRIQ INJ 1200/20.....	26	<i>th complete tab multi</i>	134
TEFLARO INJ 400MG	19	<i>th iron tab 65mg</i>	104
TEFLARO INJ 600MG	19	<i>th vision tab vitamins</i>	134
TEGRETOL SUS 100/5ML	52	THALOMID CAP 100MG	107
TEGRETOL TAB 200MG	52	THALOMID CAP 150MG	107
TEGRETOL-XR TAB 100MG	52	THALOMID CAP 200MG	107
TEGRETOL-XR TAB 200MG	52	THALOMID CAP 50MG	107
TEGRETOL-XR TAB 400MG	52	<i>theo-24 cap 100mg cr</i>	158
<i>telmisartan tab 20 mg</i>	36	<i>theo-24 cap 200mg cr</i>	158
<i>telmisartan tab 40 mg</i>	36	<i>theo-24 cap 300mg cr</i>	158
<i>telmisartan tab 80 mg</i>	36	<i>theo-24 cap 400mg er</i>	158
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>theophylline soln 80 mg/15ml</i>	158
<i>12.5 mg</i>	35	<i>theophylline tab er 12hr 100 mg</i>	158
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>theophylline tab er 12hr 200 mg</i>	158
<i>12.5 mg</i>	35	<i>theophylline tab er 12hr 300 mg</i>	158
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>theophylline tab er 12hr 450 mg</i>	159
<i>25 mg</i>	35	<i>theophylline tab er 24hr 400 mg</i>	159

<i>theophylline tab er 24hr 600 mg</i>	159	TIGECYCLINE INJ 50MG	11
THERA BETA- TAB CAROTENE.....	134	TIMOLOL MALEATE OPHTH GEL FORMING	
THERA M PLUS TAB.....	134	SOLN 0.25%.....	139
<i>thera tab</i>	134	TIMOLOL MALEATE OPHTH GEL FORMING	
THERA TAB	134	SOLN 0.5%	139
<i>thera vital tab m</i>	134	<i>timolol maleate ophth soln 0.25%</i>	139
<i>therabasic-m tab</i>	134	<i>timolol maleate ophth soln 0.5%</i>	139
<i>thera-d sprt tab 2000unit</i>	134	<i>timolol maleate tab 10 mg</i>	41
<i>thera-d tab 2000unit</i>	134	<i>timolol maleate tab 20 mg</i>	41
THERA-D TAB 4000UNIT	134	<i>timolol maleate tab 5 mg</i>	41
<i>theradex-m tab</i>	134	<i>tioconazole oin 6.5% vag</i>	100
THERAFLU FLU PAK SORE THR.....	155	TIVICAY TAB 10MG.....	14
THERAFLU SEV POW COLD/CGH	155	TIVICAY TAB 25MG.....	14
THERAGRAN-M TAB.....	134	TIVICAY TAB 50MG.....	14
THERAGRAN-M TAB 50 PLUS	134	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
THERAGRAN-M TAB ADVANCED	134	.....	69
THERAGRAN-M TAB PREMIER	134	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
<i>thera-m tab</i>	134	.....	69
THERA-M TAB.....	134	TOBRADEX OIN 0.3-0.1%	137
THERAMILL CAP FORTE.....	134	TOBRADEX ST SUS 0.3-0.05.....	137
THERANATAL MIS LACTATIO	134	<i>tobramycin nebu soln 300 mg/5ml</i>	9
<i>therapeutic sha</i>	167	<i>tobramycin ophth soln 0.3%</i>	137
THERAPEUTIC SOL.....	134	<i>tobramycin sulfate for inj 1.2 gm</i>	9
<i>therapeutic tab</i>	134	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
<i>therapeutic tab -m</i>	134	<i>mg/ml) (base equiv)</i>	9
<i>therapeutic- tab m</i>	134	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>therapeutic- tab m/lutein</i>	134	<i>equivalent)</i>	9
<i>therapeutic tab multi</i>	134	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
THERA-TABS M TAB	134	<i>mg/ml) (base equiv)</i>	9
<i>thera-tabs tab</i>	134	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>theratrum co tab 50 plus</i>	134	<i>mg/ml) (base equiv)</i>	9
<i>theratrum tab complete</i>	135	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theravim -m tab</i>	135	<i>0.3-0.1%</i>	137
<i>therems tab</i>	135	TOBREX OIN 0.3% OP	137
THEREMS-H TAB.....	135	<i>tolnaftate cre 1%</i>	162
THEREMS-M TAB.....	135	<i>tolnaftate cream 1%</i>	162
<i>theromega cap 1000mg</i>	121	<i>tolnaftate powder 1%</i>	162
<i>thiamine hcl inj 100 mg/ml</i>	135	<i>tolnaftate soln 1%</i>	162
<i>thioridazine hcl tab 10 mg</i>	63	<i>tolterodine tartrate cap er 24hr 2 mg.</i>	99
<i>thioridazine hcl tab 100 mg</i>	63	<i>tolterodine tartrate cap er 24hr 4 mg.</i>	99
<i>thioridazine hcl tab 25 mg</i>	63	<i>tolterodine tartrate tab 1 mg</i>	99
<i>thioridazine hcl tab 50 mg</i>	63	<i>tolterodine tartrate tab 2 mg</i>	99
<i>thiothixene cap 1 mg</i>	63	<i>topiramate sprinkle cap 15 mg</i>	52
<i>thiothixene cap 10 mg</i>	64	<i>topiramate sprinkle cap 25 mg</i>	52
<i>thiothixene cap 2 mg</i>	63	<i>topiramate tab 100 mg</i>	52
<i>thiothixene cap 5 mg</i>	64	<i>topiramate tab 200 mg</i>	52
<i>tiagabine hcl tab 2 mg</i>	52	<i>topiramate tab 25 mg</i>	52
<i>tiagabine hcl tab 4 mg</i>	52	<i>topiramate tab 50 mg</i>	52

<i>toposar inj 100/5ml</i>	31	<i>tretinoin gel 0.025%</i>	160
<i>toposar inj 1gm/50ml</i>	31	<i>trialecting dt liq cold/cgh</i>	155
<i>topotecan hcl for inj 4 mg</i>	31	<i>trialecting nt liq cold/cgh</i>	155
TOPOTECAN INJ 4MG/4ML	31	<i>triamcinolone acetone cream 0.025%</i>	
<i>torse mide tab 10 mg</i>	44	.....	164
<i>torse mide tab 100 mg</i>	44	<i>triamcinolone acetone cream 0.1%</i>	164
<i>torse mide tab 20 mg</i>	44	<i>triamcinolone acetone cream 0.5%</i>	164
<i>torse mide tab 5 mg</i>	44	<i>triamcinolone acetone dental paste</i>	
<i>total formul tab</i>	135	<i>0.1%</i>	168
<i>total formul tab 2</i>	135	<i>triamcinolone acetone lotion 0.025%</i>	
<i>total formul tab 3</i>	135	.....	164
TOUJEO SOLO INJ 300IU/ML	73	<i>triamcinolone acetone lotion 0.1%</i> .	164
TOVIAZ TAB 4MG.....	99	<i>triamcinolone acetone oint 0.025%</i>	164
TOVIAZ TAB 8MG.....	99	<i>triamcinolone acetone oint 0.1%</i> ...	164
TPN ELECTROL INJ.....	111	<i>triamcinolone acetone oint 0.5%</i> ...	164
TRACLEER TAB 125MG	46	TRIAMINIC SOL COLD/CGH	155
TRACLEER TAB 62.5MG	46	TRIAMINIC SUS CGH/ST	155
TRADJENTA TAB 5MG	75	<i>triaminic sus fev&cld</i>	155
<i>tramadol hcl tab 50 mg</i>	5	TRIAMINIC SYP CGH/CNG	155
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIAMINIC SYP CLD/ALRG	155
<i>mg</i>	5	TRIAMINIC SYP COLD/CGH.....	155
<i>trandolapril tab 1 mg</i>	33	<i>triamterene & hydrochlorothiazide cap</i>	
<i>trandolapril tab 2 mg</i>	33	<i>37.5-25 mg</i>	44
<i>trandolapril tab 4 mg</i>	33	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tranexamic acid iv soln 1000 mg/10ml</i>		<i>37.5-25 mg</i>	44
<i>(100 mg/ml)</i>	105	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tranexamic acid tab 650 mg</i>	105	<i>75-50 mg</i>	44
TRANSDERM-SC DIS 1.5MG	90	<i>triderm cre 0.1%</i>	164
<i>tranylcypramine sulfate tab 10 mg</i>	57	TRIFERIC SOL.....	104
TRAVASOL INJ 10%	112	<i>trifluoperazine hcl tab 1 mg (base</i>	
TRAVATAN Z DRO 0.004%	139	<i>equivalent)</i>	64
<i>travel sick chw 25mg</i>	90	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>travel sick tab 50mg</i>	90	<i>equivalent)</i>	64
<i>trazodone hcl tab 100 mg</i>	57	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>trazodone hcl tab 150 mg</i>	57	<i>equivalent)</i>	64
<i>trazodone hcl tab 50 mg</i>	57	<i>trifluoperazine hcl tab 5 mg (base</i>	
TREANDA INJ 100MG	23	<i>equivalent)</i>	64
TREANDA INJ 25MG	23	<i>trifluridine ophth soln 1%</i>	137
TRECTOR TAB 250MG.....	16	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	59
TRELSTAR MIX INJ 11.25MG	27	<i>trihexyphenidyl hcl tab 2 mg</i>	59
TRELSTAR MIX INJ 3.75MG	27	<i>trihexyphenidyl hcl tab 5 mg</i>	59
TRESIBA FLEX INJ 100UNIT	73	<i>tri-legest tab fe</i>	79
TRESIBA FLEX INJ 200UNIT	73	<i>tri-lo- tab sprintec</i>	79
<i>tretinoin cap 10 mg</i>	30	<i>trilyte sol</i>	96
<i>tretinoin cream 0.025%</i>	160	<i>trimethoprim tab 100 mg</i>	11
<i>tretinoin cream 0.05%</i>	160	<i>trimipramine maleate cap 100 mg</i>	57
<i>tretinoin cream 0.1%</i>	160	<i>trimipramine maleate cap 25 mg</i>	57
TRETINOIN GEL 0.01%.....	160	<i>trimipramine maleate cap 50 mg</i>	57

TRINESSA LO TAB.....	79	TUSSIONEX SUS 10-8/5ML.....	155
TRINESSA TAB	79	TWINRIX INJ	109
TRINTELLIX TAB 10MG	57	TYBOST TAB 150MG	14
TRINTELLIX TAB 20MG	57	TYGACIL INJ 50MG.....	11
TRINTELLIX TAB 5MG.....	57	TYKERB TAB 250MG	29
<i>triple antib oin</i>	160	TYPHIM VI INJ	109
<i>triple antib oin max st</i>	160	TYSABRI INJ 300/15ML.....	68
<i>triple antib oin plus</i>	160	TYZEKA TAB 600MG	17
<i>tri-previfem tab</i>	79	U	
TRISENOX SOL 10MG/10M.....	30	ULORIC TAB 40MG	1
<i>tri-sprintec tab</i>	79	ULORIC TAB 80MG	1
TRIUMEQ TAB.....	15	<i>ultra freeda tab</i>	135
<i>trivora-28 tab</i>	79	<i>ultra freeda tab /iron</i>	135
TRIXAICIN CRE 0.025%.....	167	ULTRA MENS MIS PACK.....	135
<i>trixaicin hp cre 0.075%</i>	167	UNICOMPLEX-M TAB.....	135
TROPHAMINE INJ 10%	112	UNITHROID TAB 100MCG.....	86
<i>tropium chloride tab 20 mg</i>	99	UNITHROID TAB 112MCG.....	86
<i>trueplus tab diabetic</i>	135	UNITHROID TAB 125MCG.....	86
TRULICITY INJ 0.75/0.5.....	73	UNITHROID TAB 150MCG.....	86
TRULICITY INJ 1.5/0.5	73	UNITHROID TAB 175MCG.....	86
TRUMENBA INJ	109	UNITHROID TAB 200MCG.....	86
TRUVADA TAB 100-150	15	UNITHROID TAB 25MCG.....	86
TRUVADA TAB 133-200	15	UNITHROID TAB 300MCG.....	86
TRUVADA TAB 167-250	15	UNITHROID TAB 50MCG.....	86
TRUVADA TAB 200-300	15	UNITHROID TAB 75MCG.....	86
TUSNEL C SYP	155	UNITHROID TAB 88MCG.....	86
<i>tusnel diabt liq 10-100/5</i>	155	UPCAL D POW.....	120
TUSNEL LIQ	155	UPTRAVI TAB 1000MCG	46
TUSNEL PEDI LIQ 15-5-50	155	UPTRAVI TAB 1200MCG	46
<i>tussicaps cap 10-8mg</i>	155	UPTRAVI TAB 1400MCG	46
<i>tussicaps cap 5-4mg</i>	155	UPTRAVI TAB 1600MCG	46
<i>tussigon tab 5-1.5mg</i>	155	UPTRAVI TAB 200/800.....	46
<i>tussin adult liq 100/5ml</i>	155	UPTRAVI TAB 200MCG.....	46
<i>tussin adult liq cgh/cong</i>	155	UPTRAVI TAB 400MCG.....	46
<i>tussin adult liq cold</i>	155	UPTRAVI TAB 600MCG	46
<i>tussin cf liq</i>	155	UPTRAVI TAB 800MCG	46
<i>tussin cf liq cgh/cold</i>	155	<i>ureacin-10 lot 10%</i>	167
<i>tussin cf liq max/m-s</i>	155	<i>urinary pain tab 95mg</i>	99
<i>tussin chest syp 100/5ml</i>	155	<i>ursodiol cap 300 mg</i>	97
<i>tussin cough syp 15mg/5ml</i>	155	<i>ursodiol tab 250 mg</i>	97
<i>tussin dm liq</i>	155	<i>ursodiol tab 500 mg</i>	97
<i>tussin dm liq 100-10/5</i>	155	V	
<i>tussin dm liq 10-200/5</i>	155	VAGISTAT-1 OIN 6.5% VAG	100
<i>tussin dm liq clear</i>	155	<i>vagistat-3 kit combo pk</i>	100
<i>tussin dm liq max</i>	155	<i>valacyclovir hcl tab 1 gm</i>	17
<i>tussin dm mx liq 10-200/5</i>	155	<i>valacyclovir hcl tab 500 mg</i>	17
<i>tussin dm syp 100-10/5</i>	155	VALCHLOR GEL 0.016%	167
<i>tussin syp 100/5ml</i>	155	VALCYTE SOL 50MG/ML	17

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	17	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	57
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	17	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	57
<i>valproate sodium inj 100 mg/ml</i>	52	<i>venlafaxine hcl tab 100 mg</i>	58
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	52	<i>venlafaxine hcl tab 25 mg</i>	58
<i>valproic acid cap 250 mg</i>	52	<i>venlafaxine hcl tab 37.5 mg</i>	58
<i>valsartan tab 160 mg</i>	36	<i>venlafaxine hcl tab 50 mg</i>	58
<i>valsartan tab 320 mg</i>	36	<i>venlafaxine hcl tab 75 mg</i>	58
<i>valsartan tab 40 mg</i>	36	VENOFER INJ 20MG/ML.....	104
<i>valsartan tab 80 mg</i>	36	VENTAVIS SOL 10MCG/ML.....	46
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	35	VENTAVIS SOL 20MCG/ML.....	46
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	35	VENTOLIN HFA AER.....	145
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	36	<i>verapamil hcl cap er 24hr 100 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	36	<i>verapamil hcl cap er 24hr 120 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	35	<i>verapamil hcl cap er 24hr 180 mg</i>	43
VANAHIST PD LIQ 0.625MG.....	144	<i>verapamil hcl cap er 24hr 200 mg</i>	43
<i>vancomycin hcl cap 125 mg</i>	11	<i>verapamil hcl cap er 24hr 240 mg</i>	43
<i>vancomycin hcl cap 250 mg</i>	11	<i>verapamil hcl cap er 24hr 300 mg</i>	43
<i>vancomycin hcl for inj 10 gm</i>	11	VERAPAMIL HCL CAP ER 24HR 360 MG.....	43
<i>vancomycin hcl for inj 1000 mg</i>	11	<i>verapamil hcl iv soln 2.5 mg/ml</i>	43
<i>vancomycin hcl for inj 500 mg</i>	11	<i>verapamil hcl tab 120 mg</i>	43
<i>vancomycin hcl for inj 5000 mg</i>	11	<i>verapamil hcl tab 40 mg</i>	43
<i>vancomycin hcl for inj 750 mg</i>	11	<i>verapamil hcl tab 80 mg</i>	43
VANCOMYCIN INJ 1 GM.....	11	<i>verapamil hcl tab er 120 mg</i>	43
VANCOMYCIN INJ 500MG.....	11	<i>verapamil hcl tab er 180 mg</i>	43
VANCOMYCIN INJ 750MG.....	11	<i>verapamil hcl tab er 240 mg</i>	43
VANDAZOLE GEL 0.75%.....	100	VERSACLOZ SUS 50MG/ML.....	64
VAQTA INJ 25/0.5ML.....	109	VESICARE TAB 10MG.....	100
VAQTA INJ 50UNT/ML.....	109	VESICARE TAB 5MG.....	100
VARIVAX INJ.....	109	<i>vick dayquil cap cold/flu</i>	155
VASCEPA CAP 0.5GM.....	39	<i>vick dayquil liq cold/flu</i>	155
VASCEPA CAP 1GM.....	39	<i>vicks nyquil cap cold/flu</i>	155
VELCADE INJ 3.5MG.....	26	VICKS NYQUIL LIQ COLD/FLU.....	155
<i>velivet pak</i>	79	VICTOZA INJ 18MG/3ML.....	73
VEMLIDY TAB 25MG.....	17	VIDEX SOL 2GM.....	14
VENCLEXTA TAB 100MG.....	26	VIDEX SOL 4GM.....	14
VENCLEXTA TAB 10MG.....	26	<i>vienva tab 0.1-20</i>	79
VENCLEXTA TAB 50MG.....	26	<i>vigabatrin powd pack 500 mg</i>	52
VENCLEXTA TAB START PK.....	26	VIGAMOX DRO 0.5%.....	137
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	58	VIIBRYD KIT STARTER.....	58
		VIIBRYD TAB 10MG.....	58
		VIIBRYD TAB 20MG.....	58
		VIIBRYD TAB 40MG.....	58
		VIMPAT INJ 200MG/20.....	53
		VIMPAT SOL 10MG/ML.....	53
		VIMPAT TAB 100MG.....	53
		VIMPAT TAB 150MG.....	53

VIMPAT TAB 200MG	53	<i>vitamin d3 chw 400unit</i>	135
VIMPAT TAB 50MG	53	VITAMIN D3 TAB 10000UNT	135
<i>vinblastine sulfate inj 1 mg/ml</i>	25	<i>vitamin d3 tab 1000unit</i>	135
<i>vincasar pfs inj 1mg/ml</i>	25	<i>vitamin d-3 tab 1000unit</i>	136
<i>vincristine sulfate iv soln 1 mg/ml</i>	25	<i>vitamin d3 tab 2000unit</i>	135
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	25	VITAMIN D3 TAB 3000UNIT.....	135
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	25	<i>vitamin d3 tab 400unit</i>	135
<i>viorele tab</i>	79	<i>vitamin d3 tab 50000unt</i>	135
VIRACEPT TAB 250MG	14	<i>vitamin d3 tab 5000unit</i>	135
VIRACEPT TAB 625MG	14	<i>vitamin d-3 tab 5000unit</i>	136
VIRAMUNE SUS 50MG/5ML	14	VITAMIN D3 TAB COMPLETE	136
VIREAD POW 40MG/GM	14	VITASANA TAB.....	136
VIREAD TAB 150MG	14	<i>vitatrum chw</i>	136
VIREAD TAB 200MG	14	VITATRUM TAB	136
VIREAD TAB 250MG	14	<i>vitatrum tab complete</i>	136
VIREAD TAB 300MG	14	<i>vitrum tab senior</i>	136
<i>virtussin ac sol 100-10/5</i>	155	VITRUM TAB SENIOR.....	136
<i>virtussin sol dac</i>	155	<i>voriconazole for inj 200 mg</i>	12
<i>vision form/ tab lutein</i>	135	<i>voriconazole for susp 40 mg/ml</i>	12
<i>vision tab vitamins</i>	135	<i>voriconazole tab 200 mg</i>	12
<i>vita hair tab</i>	135	<i>voriconazole tab 50 mg</i>	12
<i>vitabasic tab complete</i>	135	VOSEVI TAB	17
<i>vitabasic tab senior</i>	135	VOTRIENT TAB 200MG.....	29
VITACRAVES CHW IMMUNITY.....	135	VRAYLAR CAP 1.5-3MG	64
VITACRAVES CHW MENS	135	VRAYLAR CAP 1.5MG	64
VITACRAVES CHW SOUR GUM.....	135	VRAYLAR CAP 3MG	64
VITACRAVES CHW WOMENS	135	VRAYLAR CAP 4.5MG	64
<i>vitalee tab</i>	135	VRAYLAR CAP 6MG	64
<i>vitamin d cap 1000unit</i>	136	<i>vyfemla tab 0.4-35</i>	79
<i>vitamin d cap 2000unit</i>	136	W	
<i>vitamin d chw 1000unit</i>	136	<i>warfarin sodium tab 1 mg</i>	101
<i>vitamin d chw 400unit</i>	136	<i>warfarin sodium tab 10 mg</i>	102
<i>vitamin d tab 1000unit</i>	136	<i>warfarin sodium tab 2 mg</i>	101
<i>vitamin d tab 2000unit</i>	136	<i>warfarin sodium tab 2.5 mg</i>	102
VITAMIN D TAB 400	120	<i>warfarin sodium tab 3 mg</i>	102
<i>vitamin d tab 400unit</i>	136	<i>warfarin sodium tab 4 mg</i>	102
VITAMIN D2 TAB 2000UNIT.....	135	<i>warfarin sodium tab 5 mg</i>	102
VITAMIN D2 TAB 400UNIT	135	<i>warfarin sodium tab 6 mg</i>	102
<i>vitamin d3 cap 10000unt</i>	135	<i>warfarin sodium tab 7.5 mg</i>	102
<i>vitamin d3 cap 1000unit</i>	135	<i>wart remover liq 17%</i>	167
<i>vitamin d3 cap 2000unit</i>	135	WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	168
<i>vitamin d-3 cap 2000unit</i>	136	<i>wee care sus 15/1.25</i>	104
VITAMIN D3 CAP 4000UNIT.....	135	WEIGHT SMART TAB ADVANCED	136
<i>vitamin d3 cap 50000unt</i>	135	WELCHOL PAK 3.75GM	39
<i>vitamin d3 cap 5000unit</i>	135	WELCHOL TAB 625MG	39
<i>vitamin d3 chw 1000unit</i>	135	<i>whole source tab dietary</i>	136
		<i>whole source tab for men</i>	136

<i>whole source tab mature</i>	136
<i>womans laxat tab 5mg ec</i>	96
<i>womens 50+ cap advanced</i>	136
WOMENS BIO- TAB MULTIPLE	136
<i>womens cap multi</i>	136
<i>womens daily chw gummies</i>	136
<i>womens daily tab</i>	136
<i>womens daily tab fa/ca/fe</i>	136
<i>womens daily tab formula</i>	136
<i>womens laxat tab 5mg ec</i>	96
<i>womens one tab daily</i>	136
WOMENS PAK	136
<i>womns active tab daily</i>	136

X

XALKORI CAP 200MG	29
XALKORI CAP 250MG	29
XARELTO STAR TAB 15/20MG	102
XARELTO TAB 10MG	102
XARELTO TAB 15MG	102
XARELTO TAB 20MG	102
XATMEP SOL 2.5MG/ML	106
XELJANZ TAB 5MG	106
XELJANZ XR TAB 11MG	106
XGEVA INJ	84
XIFAXAN TAB 550MG	97
XIGDUO XR TAB 10-1000	75
XIGDUO XR TAB 10-500MG	75
XIGDUO XR TAB 5-1000MG	75
XIGDUO XR TAB 5-500MG	75
XOLAIR SOL 150MG	157
XTANDI CAP 40MG	27
XYREM SOL 500MG/ML	69

Y

YELETS TEEN TAB FORMULA	136
YERVOY INJ 200MG	26
YERVOY INJ 50MG	26
YF-VAX INJ	109
<i>yl folic aci tab 400mcg</i>	136
YOUR LIFE CHW GUMMIES	136

Z

<i>zaditor dro 0.025%op</i>	138
<i>zafirlukast tab 10 mg</i>	156
<i>zafirlukast tab 20 mg</i>	156
ZANTAC TAB 150MG	91
ZANTAC TAB 75MG	91
<i>zarah tab 3-0.03mg</i>	79
ZAVESCA CAP 100MG	80
<i>zeasorb-af pow 2%</i>	162

ZEJULA CAP 100MG	27
ZELBORAF TAB 240MG	29
ZEMAIRA INJ 1000MG	157
<i>zenatane cap 10mg</i>	160
<i>zenatane cap 20mg</i>	160
<i>zenatane cap 30mg</i>	160
<i>zenatane cap 40mg</i>	160
<i>zenchent tab</i>	79
ZENPEP CAP 10000UNT	98
ZENPEP CAP 15000UNT	98
ZENPEP CAP 20000UNT	98
ZENPEP CAP 25000UNT	98
ZENPEP CAP 3000UNIT	97
ZENPEP CAP 40000UNT	98
ZENPEP CAP 5000UNIT	97
ZEPATIER TAB 50-100MG	17
ZERIT SOL 1MG/ML	15
ZIAGEN SOL 20MG/ML	15
<i>zidovudine cap 100 mg</i>	15
<i>zidovudine syrup 10 mg/ml</i>	15
<i>zidovudine tab 300 mg</i>	15
ZIKS ARTHRIT CRE RELIEF	167
ZINC CHLORIDE INJ 1 MG/ML	112
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	120
ZINC SULFATE POW HEPTAHYD	120
<i>zinc-220 cap</i>	120
<i>ziprasidone hcl cap 20 mg</i>	64
<i>ziprasidone hcl cap 40 mg</i>	64
<i>ziprasidone hcl cap 60 mg</i>	64
<i>ziprasidone hcl cap 80 mg</i>	64
ZIRGAN GEL 0.15%	138
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	75
<i>zoledronic acid iv soln 5 mg/100ml</i>	75
<i>zoledronic inj 4mg</i>	75
ZOLINZA CAP 100MG	27
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	67
<i>zolmitriptan orally disintegrating tab 5 mg</i>	67
<i>zolmitriptan tab 2.5 mg</i>	67
<i>zolmitriptan tab 5 mg</i>	67
<i>zolpidem tartrate tab 10 mg</i>	66
<i>zolpidem tartrate tab 5 mg</i>	66
<i>zonatuss cap 150mg</i>	156
<i>zonisamide cap 100 mg</i>	53
<i>zonisamide cap 25 mg</i>	53

<i>zonisamide cap 50 mg</i>	53	ZYDELIG TAB 100MG	29
ZONTIVITY TAB 2.08MG	105	ZYDELIG TAB 150MG	29
<i>zoo friends chw gummies</i>	136	ZYKADIA CAP 150MG	29
ZORTRESS TAB 0.25MG	108	ZYLET SUS 0.5-0.3%	137
ZORTRESS TAB 0.5MG	108	ZYPREXA RELP INJ 210MG	64
ZORTRESS TAB 0.75MG	108	ZYPREXA RELP INJ 300MG	64
ZOSTAVAX INJ	109	ZYPREXA RELP INJ 405MG	64
ZOSTRIX HP CRE 0.1%	167	ZYTIGA TAB 250MG	27
<i>zovia 1/35e tab</i>	79	ZYTIGA TAB 500MG	27
<i>zovia 1/50e tab</i>	79		

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم: 1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/ROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरु नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-475-3163 (टटिवाइ:1-800-750-0750) ।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).



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CareSource cumple con las leyes sobre derecho civil estatales y federales y no discrimina por motivos de edad, género, identidad, color, raza, incapacidad, origen nacional, estado civil, preferencia sexual, filiación religiosa, estado de salud o estado de asistencia pública. CareSource no excluye a las personas, ni las trata diferente debido a la edad, el género, la identidad de género, el color, la raza, una incapacidad, el origen nacional, el estado civil, la preferencia sexual, la filiación religiosa, el estado de salud o el estado de asistencia pública.

CareSource brinda ayuda y servicios gratis a las persona con incapacidades que deseen comunicarse de manera eficaz con nosotros, como: (1) intérpretes de lengua de señas calificados y (2) información escrita en otros formatos (impresión en tamaño grande, audio, formatos electrónicos accesibles, otros formatos). Además, CareSource brinda servicios de idioma gratis a personas cuyo idioma principal no es el inglés, como: (1) intérpretes calificados y (2) información escrita en otros idiomas. Si necesita estos servicios, llame a Servicios para Afiliados al número 1-800-475-3163 (TTY: 1-800-750-0750).

Si cree que CareSource no le ha proporcionado los servicios antes mencionados o lo ha discriminado de otra forma basándose en la edad, el sexo, la identidad de género, el color, la raza, una discapacidad, el origen nacional, el estado civil, la preferencia sexual, la filiación religiosa, el estado de salud o el estado de asistencia pública, puede presentar una queja ante:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

Puede presentar una queja por correspondencia, fax o correo electrónico. Si necesita ayuda para presentar una queja, el Coordinador de derechos civiles se encuentra disponible para ayudarle.

Puede, además, presentar un reclamo relacionado con los derechos civiles de forma electrónica en el Portal de reclamos de la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services, Office for Civil Rights), disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correspondencia o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Los formularios de reclamos se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.



Departamento de Servicios para
Afiliados de CareSource MyCare Ohio:
1-855-475-3163 (TTY: 1-800-750-0750 or 711)
CareSource.com/MyCare