

CareSource® MyCare Ohio  
(Medicare-Medicaid Plan)

# Formulario

## 2018

**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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## CareSource MyCare Ohio | Lista de medicamentos cubiertos para 2018 (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](http://CareSource.com/MyCare).
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, llame a Member Services de CareSource MyCare Ohio o lea el Manual del miembro de CareSource MyCare Ohio.
- ❖ Puede obtener esta información de forma gratuita en otros idiomas. Llame al 1-855-475-3163. La llamada es gratuita.
- ❖ You can get this information for free in other languages. Call 1-855-475-3163 (TTY: 711), Monday through Friday, 8 a.m – 8 p.m. The call is free.
- ❖ Usted puede obtener este documento gratis en otros formatos, como letra grande, braille o audio. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 o 711), el lunes a viernes, de 8a.m a 8p.m. La llamada es gratuita.
- ❖ Si desea revisar los materiales en un formato alternativo, infórmese 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.




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**Si tiene alguna pregunta**, llame a MyCare Ohio al 1-855-475-3163 (TTY: 711), Lunes-Viernes, 8 a.m. – 8 p.m. La llamada es gratuita. **Para obtener más información**, visite [CareSource.com/MyCare](http://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.

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### 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](http://CareSource.com/MyCare) o llame a Servicios al miembro al 1-855 475-3163.

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### 2. ¿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.

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.)



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- 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 la página iv.)

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](http://CareSource.com/MyCare) \. También puede llamar a Member Services para revisar la Lista de medicamentos actual, al 1-855-475 3163.

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### **3. ¿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. CareSource MyCare Ohio le enviará una carta informándole acerca de los cambios a la lista de medicamentos.

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### **4. ¿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.

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



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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 las tablas de las páginas xi. Usted también puede obtener más información en nuestro sitio web en [CareSource.com/MyCare](http://CareSource.com/MyCare). Tenemos en internet un documento 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 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.

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## 6. ¿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."



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

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## 8. ¿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 encontrarlo en la sección del índice al final del formulario.

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 Diuretics – Drugs to Treat Heart Conditions. Ahí encontrará los medicamentos que traten enfermedades del corazón.

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## 9. ¿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.



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## 10. ¿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**
- 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 98 días. Usted podrá resurtir el medicamento varias veces durante sus primeros 90 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.



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- 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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## 11. ¿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.

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## 12. ¿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.

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## 13. ¿Cómo puede pedir una excepción?



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Para pedir un excepción, llame a un representante de servicios al miembro que trabajará con usted y su proveedor para ayudarle a pedir una excepción.

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## 14. ¿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.

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## 15. ¿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.



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## 16. ¿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.

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## 17. ¿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 la categoría Diuretics – Drugs to Treat Heart Conditions. 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 201.

La primera columna de la tabla 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



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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 (TTY: 711). Usted también puede enterarse de cómo apelar una decisión leyendo el Manual del miembro.



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Nombre del medicamento	Cuánto le cuesta el medicamento (nivel de copago)	Medidas necesarias, restricciones o límites de uso
Cardiovascular – Drugs to treat heart and circulation conditions		
<i>acebutolol hcl cap 200 mg</i>	1	
BYSTOLIC TAB 10MG	2	
Central Nervous System – Drugs to treat nervous system disorders		
<i>gabapentin tab 600 mg</i>	1	QL 180 tabs / 30 days
LYRICA CAP 200MG	2	QL 90 caps / 30 days
Endocrine and Metabolic – Drugs to treat diabetes and regulate hormones		
JANUMENT XR TAB 50-500 MG	2	QL 60 tabs / 30 days
<i>metformin hcl tab 500 mg</i>	1	QL 150 tabs / 30 days

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.



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## Abreviaciones del formulario para el 2018

**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.



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## Effective 11/01/2018

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<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)
MITIGARE CAP 0.6MG	2	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	1	
ULORIC TAB 40MG	2	ST
ULORIC TAB 80MG	2	ST
<b>MISCELLANEOUS</b>		
<i>acephen sup 120mg</i>	3	NM; *
<i>acephen sup 325mg</i>	3	NM; *
<i>acephen sup 650mg</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>acetaminophen tab er 650 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>arthrts pain tab 650mg</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 sup 300mg</i>	3	NM; *
<i>aspirin sup 600mg</i>	3	NM; *
<i>aspirin tab 81mg ec</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>aspirin tab 325 mg</i>	3	NM; *
<i>aspirin tab 325mg</i>	3	NM; *
<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>ecepirin tab 325mg ec</i>	3	NM; *
<i>ed-apap liq 80mg/2.5</i>	3	NM; *
<i>enteric asa tab 325mg</i>	3	NM; *
<i>eq aspirin tab 325mg ec</i>	3	NM; *
FEVERALL INF SUP 80MG	3	NM; *
<i>feverall sup 120mg</i>	3	NM; *
<i>feverall sup 325mg</i>	3	NM; *
<i>feverall sup 650mg</i>	3	NM; *
<i>gnp aspirin chw 81mg</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; *
<i>8 hour pain tab 650mg</i>	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 tab 80mg rt</i>	3	NM; *
<i>mapap childr sus 160/5ml</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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>non-aspirin tab 500mg</i>	3	NM; *
<i>non-aspirin tab 500mg/rr</i>	3	NM; *
<i>pain &amp; fever chw 80mg</i>	3	NM; *
<i>pain &amp; fever sol 160/5ml</i>	3	NM; *
<i>pain &amp; fever sus 160/5ml</i>	3	NM; *
<i>pain &amp; fever tab 325mg</i>	3	NM; *
<i>pain &amp; 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 relief tab 650mg</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>pain/fever sus 160/5ml</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 tab 325mg</i>	3	NM; *
<i>q-pap tab 500mg</i>	3	NM; *
<i>qc aspirin tab 325mg</i>	3	NM; *
<i>sb aspirin tab 325mg</i>	3	NM; *
<i>sb child asa chw 81mg</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; *
<i>celecoxib cap 50 mg</i>	1	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	1	QL (120 caps / 30 days)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 ibuprfrn 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; *
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	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	
<i>naproxen sod cap 220mg</i>	3	NM; *
<i>naproxen sod tab 220mg</i>	3	NM; *
<i>naproxen sodium cap 220 mg</i>	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>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)
<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>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
<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**

<i>endocet tab 2.5-325</i>	1	QL (360 tabs / 30 days)
<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	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 30 days)
<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

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	2	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	2	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	2	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	2	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	2	NDS, 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>	2	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)
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 (450 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (450 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (180 tabs / 30 days)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
MORPHINE SUL INJ 2MG/ML	2	B/D
MORPHINE SUL INJ 4MG/ML	2	B/D
MORPHINE SUL INJ 5MG/ML	2	B/D
MORPHINE SUL INJ 8MG/ML	2	B/D
MORPHINE SUL INJ 10MG/ML	2	B/D
MORPHINE SUL INJ 150/30ML	2	B/D
<i>morphine sulfate inj 8 mg/ml</i>	2	B/D
<i>morphine sulfate inj 10 mg/ml</i>	2	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	2	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	2	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	
<i>morphine sulfate oral soln 100 mg/5ml (20 1 mg/ml)</i>	1	
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	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)
NUCYNTA ER TAB 50MG	2	QL (120 tabs / 30 days)
NUCYNTA ER TAB 100MG	2	QL (120 tabs / 30 days)
NUCYNTA ER TAB 150MG	2	QL (60 tabs / 30 days)
NUCYNTA ER TAB 200MG	2	QL (60 tabs / 30 days)
NUCYNTA ER TAB 250MG	2	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	
<i>oxycodone hcl soln 5 mg/5ml</i>	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)
<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)

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<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	
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>gentamicin sulfate inj 40 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	
SULFADIAZINE TAB 500MG	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	2	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	2	NDS
<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	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA TAB 200MG	2	NDS
ALINIA SUS 100/5ML	2	NDS
ALINIA TAB 500MG	2	NDS
<i>atovaquone susp 750 mg/5ml</i>	2	NDS
AZACTAM INJ 1GM	2	
AZACTAM INJ 2GM	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	NDS, 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	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 sod for inj 150 mg (colistin base activity)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	2	NDS
EMVERM CHW 100MG	2	NDS
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	
<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	
<i>linezolid for susp 100 mg/5ml</i>	2	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	NDS
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	NDS
<i>linezolid tab 600 mg</i>	2	NDS
<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	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	2	B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
PINWORM TAB MEDICINE	3	NM; *
<i>praziquantel tab 600 mg</i>	1	
REESES MED SUS PINWORM	3	NM; *
SIVEXTRO INJ 200MG	2	NDS
SIVEXTRO TAB 200MG	2	NDS
<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	NDS
<i>tigecycline for iv soln 50 mg</i>	2	NDS
TIGECYCLINE INJ 50MG	2	NDS
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	NDS
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
ABELCET INJ 5MG/ML	2	NDS, B/D
AMBISOME INJ 50MG	2	NDS, B/D
<i>amphotericin b for inj 50 mg</i>	1	B/D
CANCIDAS INJ 50MG	2	NDS
CANCIDAS INJ 70MG	2	NDS
<i>caspofungin inj 50mg</i>	2	NDS
CASPOFUNGIN INJ 50MG	2	NDS
<i>caspofungin inj 70mg</i>	2	NDS
CASPOFUNGIN INJ 70MG	2	NDS
<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	
FLUCONAZOLE/ INJ NAACL 100	2	
<i>flucytosine cap 250 mg</i>	2	NDS
<i>flucytosine cap 500 mg</i>	2	NDS
<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

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>ketoconazole tab 200 mg</i>	1	PA
MYCAMINE INJ 50MG	2	NDS
MYCAMINE INJ 100MG	2	NDS
NOXAFIL SUS 40MG/ML	2	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	2	NDS, QL (93 tabs / 30 days)
<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	NDS
<i>voriconazole tab 50 mg</i>	2	NDS
<i>voriconazole tab 200 mg</i>	2	NDS

**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 soln 20 mg/ml (base equiv)</i>	1	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	NM
APTIVUS CAP 250MG	2	NDS, NM
APTIVUS SOL	2	NDS, NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	NDS, NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	NDS, NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	NDS, NM
CRIXIVAN CAP 200MG	2	NM
CRIXIVAN CAP 400MG	2	NM
<i>didanosine delayed release capsule 200 mg</i>	1	NM
<i>didanosine delayed release capsule 250 mg</i>	1	NM
<i>didanosine delayed release capsule 400 mg</i>	1	NM

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
EDURANT TAB 25MG	2	NDS, NM
<i>efavirenz cap 50 mg</i>	1	NM
<i>efavirenz cap 200 mg</i>	2	NDS, NM
<i>efavirenz tab 600 mg</i>	2	NDS, NM
EMTRIVA CAP 200MG	2	NM
EMTRIVA SOL 10MG/ML	2	NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	NDS, NM
FUZEON INJ 90MG	2	NDS, NM
INTELENCE TAB 25MG	2	NM
INTELENCE TAB 100MG	2	NDS, NM
INTELENCE TAB 200MG	2	NDS, NM
INVIRASE CAP 200MG	2	NDS, NM
INVIRASE TAB 500MG	2	NDS, NM
ISENTRESS CHW 25MG	2	NM
ISENTRESS CHW 100MG	2	NDS, NM
ISENTRESS HD TAB 600MG	2	NDS, NM
ISENTRESS POW 100MG	2	NDS, NM
ISENTRESS TAB 400MG	2	NDS, NM
<i>lamivudine oral soln 10 mg/ml</i>	1	NM
<i>lamivudine tab 150 mg</i>	1	NM
<i>lamivudine tab 300 mg</i>	1	NM
LEXIVA SUS 50MG/ML	2	NM
LEXIVA TAB 700MG	2	NDS, NM
<i>nevirapine susp 50 mg/5ml</i>	1	NM
<i>nevirapine tab 200 mg</i>	1	NM
<i>nevirapine tab er 24hr 100 mg</i>	1	NM
<i>nevirapine tab er 24hr 400 mg</i>	1	NM
NORVIR CAP 100MG	2	NM
NORVIR POW 100MG	2	NM
NORVIR SOL 80MG/ML	2	NM
NORVIR TAB 100MG	2	NM
PREZISTA SUS 100MG/ML	2	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	2	QL (480 tabs / 30 days), NM

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
PREZISTA TAB 150MG	2	NDS, QL (240 tabs / 30 days), NM
PREZISTA TAB 600MG	2	NDS, QL (60 tabs / 30 days), NM
PREZISTA TAB 800MG	2	NDS, QL (30 tabs / 30 days), NM
RESCRIPTOR TAB 100 MG	2	NM
RESCRIPTOR TAB 200MG	2	NM
RETROVIR INJ 10MG/ML	2	NM
REYATAZ POW 50MG	2	NDS, NM
<i>ritonavir tab 100 mg</i>	1	NM
SELZENTRY SOL 20MG/ML	2	NDS, NM
SELZENTRY TAB 25MG	2	NM
SELZENTRY TAB 75MG	2	NDS, NM
SELZENTRY TAB 150MG	2	NDS, NM
SELZENTRY TAB 300MG	2	NDS, NM
<i>stavudine cap 15 mg</i>	1	NM
<i>stavudine cap 20 mg</i>	1	NM
<i>stavudine cap 30 mg</i>	1	NM
<i>stavudine cap 40 mg</i>	1	NM
SUSTIVA TAB 600MG	2	NDS, NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	NDS, NM
TIVICAY TAB 10MG	2	NM
TIVICAY TAB 25MG	2	NDS, NM
TIVICAY TAB 50MG	2	NDS, NM
TROGARZO INJ 150MG/ML	2	NDS, NM, LA
TYBOST TAB 150MG	2	NM
VIDEX EC CAP 125MG	2	NM
VIDEX SOL 2GM	2	NM
VIDEX SOL 4GM	2	NM
VIRACEPT TAB 250MG	2	NDS, NM
VIRACEPT TAB 625MG	2	NDS, NM
VIRAMUNE SUS 50MG/5ML	2	NM
VIREAD POW 40MG/GM	2	NDS, NM
VIREAD TAB 150MG	2	NDS, NM
VIREAD TAB 200MG	2	NDS, NM
VIREAD TAB 250MG	2	NDS, NM

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
VIREAD TAB 300MG	2	NDS, NM
ZERIT SOL 1MG/ML	2	NDS, NM
<i>zidovudine cap 100 mg</i>	1	NM
<i>zidovudine syrup 10 mg/ml</i>	1	NM
<i>zidovudine tab 300 mg</i>	1	NM

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NDS, NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	NDS, NM
ATRIPLA TAB	2	NDS, NM
BIKTARVY TAB	2	NDS, NM
CIMDUO TAB 300-300	2	NDS, NM
COMPLERA TAB	2	NDS, NM
DESCOVY TAB 200/25	2	NDS, NM
EVOTAZ TAB 300-150	2	NDS, NM
GENVOYA TAB	2	NDS, NM
JULUCA TAB 50-25MG	2	NDS, NM
KALETRA TAB 100-25MG	2	NM
KALETRA TAB 200-50MG	2	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NDS, NM
ODEFSEY TAB	2	NDS, NM
PREZCOBIX TAB 800-150	2	NDS, NM
STRIBILD TAB	2	NDS, NM
SYMFI LO TAB	2	NDS, NM
SYMFI TAB	2	NDS, NM
SYMTUZA TAB	2	NDS, NM
TRIUMEQ TAB	2	NDS, NM
TRUVADA TAB 100-150	2	NDS, QL (60 tabs / 30 days), NM
TRUVADA TAB 133-200	2	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	2	NDS, QL (30 tabs / 30 days), NM

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
TRUVADA TAB 200-300	2	NDS, QL (30 tabs / 30 days), NM

**ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS**

CAPASTAT SUL INJ 1GM	2	
<i>cycloserine cap 250 mg</i>	2	NDS
<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	
PASER GRA 4GM	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	NDS, LA, PA
TRECTOR TAB 250MG	2	

**ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

<i>acyclovir cap 200 mg</i>	1	
<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	NDS, NM
BARACLUDE SOL .05MG/ML	2	NDS, NM
DAKLINZA TAB 30MG	2	NDS, NM, PA
DAKLINZA TAB 60MG	2	NDS, NM, PA
DAKLINZA TAB 90MG	2	NDS, NM, PA
<i>entecavir tab 0.5 mg</i>	2	NDS, NM
<i>entecavir tab 1 mg</i>	2	NDS, NM
EPCLUSA TAB 400-100	2	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	2	NM
<i>famciclovir tab 125 mg</i>	1	

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<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
GANCICLOVIR INJ 500MG	1	B/D
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HARVONI TAB 90-400MG	2	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	1	NM
MAVYRET TAB 100-40MG	2	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (1080 mL / year)
PEGASYS INJ	2	NDS, NM, PA
PEGASYS INJ 180MCG/M	2	NDS, NM, PA
PEGASYS INJ PROCLICK	2	NDS, NM, PA
REBETOL SOL 40MG/ML	2	NDS, NM
RELENZA MIS DISKHALE	2	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	1	NM
<i>ribasphere tab 200mg</i>	1	NM
<i>ribasphere tab 400mg</i>	2	NDS, NM
<i>ribasphere tab 600mg</i>	2	NDS, 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	NDS, NM, PA
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	NDS
VEMLIDY TAB 25MG	2	NDS, NM
VOSEVI TAB	2	NDS, NM, PA
ZEPATIER TAB 50-100MG	2	NDS, NM, PA

### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	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	
CEFAZOLIN INJ 1GM/50ML	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	
<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	

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<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 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	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	2	NDS
TEFLARO INJ 600MG	2	NDS
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<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	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	

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<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	NDS
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYTHROCIN INJ 500MG	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	
<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>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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
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<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
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**PENICILLINS - DRUGS TO TREAT INFECTIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; 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 &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>ampicillin &amp; sulbactam sodium for inj 15 (10-5) gm</i>	1	
<i>ampicillin &amp; 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	
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 iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	2	NDS
<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	NDS
PEN G PROC INJ 600000	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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>penicillin g sodium for inj 5000000 unit</i>	1	NDS
<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	
PIPER/TAZOBA INJ 12-1.5GM	2	
<i>piperacillin sod-tazobactam na for inj 3.3751 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 2.251 gm (2-0.25 gm)</i>		
<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>		

### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<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	NDS, B/D, NM
<i>busulfan inj 6 mg/ml</i>	2	NDS, B/D
CYCLOPHOSPH CAP 25MG	2	B/D
CYCLOPHOSPH CAP 50MG	2	B/D
<i>cyclophosphamide cap 25 mg</i>	1	B/D

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<i>cyclophosphamide cap 50 mg</i>	1	B/D
<i>cyclophosphamide for inj 1 gm</i>	2	NDS, B/D
<i>cyclophosphamide for inj 2 gm</i>	2	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	2	NDS, 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 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
HEXALEN CAP 50MG	2	NDS
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
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	NDS, B/D
MUSTARGEN INJ 10MG	2	NDS, B/D

### **ANTHRACYCLINES**

<i>adriamycin inj 20mg</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	NDS, 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

### **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	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	2	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	2	NDS, B/D

### **ANTIMETABOLITES**

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, B/D
ALIMTA INJ 500MG	2	NDS, B/D
<i>azacitidine for inj 100 mg</i>	2	NDS, B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	NDS, 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
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	NDS, B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	NDS, B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	NDS, B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	1	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	1	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	1	B/D
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	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 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	NDS, B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
PURIXAN SUS 20MG/ML	2	NDS, NM
TABLOID TAB 40MG	2	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE INJ 100MG	2	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	2	NDS, B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	NDS, B/D
DOCETAXEL INJ 20MG/2ML	2	NDS, B/D
DOCETAXEL INJ 80MG/4ML	2	NDS, B/D
DOCETAXEL INJ 80MG/8ML	2	NDS, B/D
DOCETAXEL INJ 160/8ML	2	NDS, B/D
DOCETAXEL INJ 160/16ML	2	NDS, B/D
DOCETAXEL INJ 200/10	2	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	NDS, 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	NDS, B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	1	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
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN INJ	2	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	2	NDS, NM, LA, PA
BELEODAQ INJ 500MG	2	NDS, NM, PA
BORTEZOMIB INJ 3.5MG	2	NDS, NM, PA
ERIVEDGE CAP 150MG	2	NDS, NM, LA, PA
FARYDAK CAP 10MG	2	NDS, NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
FARYDAK CAP 15MG	2	NDS, NM, LA, PA
FARYDAK CAP 20MG	2	NDS, NM, LA, PA
HERCEPTIN INJ 150MG	2	NDS, NM, PA
HERCEPTIN INJ 440MG	2	NDS, NM, PA
IBRANCE CAP 75MG	2	NDS, NM, LA, PA
IBRANCE CAP 100MG	2	NDS, NM, LA, PA
IBRANCE CAP 125MG	2	NDS, NM, LA, PA
IDHIFA TAB 50MG	2	NDS, NM, LA, PA
IDHIFA TAB 100MG	2	NDS, NM, LA, PA
KADCYLA INJ 100MG	2	NDS, B/D, NM
KADCYLA INJ 160MG	2	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	2	NDS, NM, PA
KEYTRUDA SOL 50MG	2	NDS, NM, PA
KISQALI 200 PAK FEMARA	2	NDS, NM, PA
KISQALI 400 PAK FEMARA	2	NDS, NM, PA
KISQALI 600 PAK FEMARA	2	NDS, NM, PA
KISQALI TAB 200DOSE	2	NDS, NM, PA
KISQALI TAB 400DOSE	2	NDS, NM, PA
KISQALI TAB 600DOSE	2	NDS, NM, PA
LYNPARZA CAP 50MG	2	NDS, NM, LA, PA
LYNPARZA TAB 100MG	2	NDS, NM, LA, PA
LYNPARZA TAB 150MG	2	NDS, NM, LA, PA
MYLOTARG INJ 4.5MG	2	NDS, NM, LA, PA
NINLARO CAP 2.3MG	2	NDS, NM, PA
NINLARO CAP 3MG	2	NDS, NM, PA
NINLARO CAP 4MG	2	NDS, NM, PA
ODOMZO CAP 200MG	2	NDS, NM, LA, PA
RITUXAN INJ 100MG	2	NDS, NM, LA, PA
RITUXAN INJ 500MG	2	NDS, NM, LA, PA
RITUXAN INJ HYCELA	2	NDS, NM, LA, PA
RUBRACA TAB 200MG	2	NDS, NM, LA, PA
RUBRACA TAB 250MG	2	NDS, NM, LA, PA
RUBRACA TAB 300MG	2	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	2	NDS, NM, LA, PA
TIBSOVO TAB 250MG	2	NDS, NM, LA, PA
VELCADE INJ 3.5MG	2	NDS, NM, PA
VENCLEXTA TAB 10MG	2	NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
VENCLEXTA TAB 50MG	2	NM, LA, PA
VENCLEXTA TAB 100MG	2	NDS, NM, LA, PA
VENCLEXTA TAB START PK	2	NDS, NM, LA, PA
VERZENIO TAB 50MG	2	NDS, NM, LA, PA
VERZENIO TAB 100MG	2	NDS, NM, LA, PA
VERZENIO TAB 150MG	2	NDS, NM, LA, PA
VERZENIO TAB 200MG	2	NDS, NM, LA, PA
YERVOY INJ 50MG	2	NDS, NM, PA
YERVOY INJ 200MG	2	NDS, NM, PA
ZEJULA CAP 100MG	2	NDS, NM, LA, PA
ZOLINZA CAP 100MG	2	NDS, 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
ERLEADA TAB 60MG	2	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	1	
FARESTON TAB 60MG	2	NDS
FASLODEX INJ 250/5ML	2	NDS, B/D
<i>flutamide cap 125 mg</i>	1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	2	NDS, 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	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	2	NDS, NM, PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA; PA if 65 years and older
<i>megestrol acetate susp 625 mg/5ml</i>	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	NDS
SOLTAMOX SOL 10MG/5ML	2	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	2	NDS, NM, PA
XTANDI CAP 40MG	2	NDS, NM, LA, PA
ZYTIGA TAB 250MG	2	NDS, NM, LA, PA
ZYTIGA TAB 500MG	2	NDS, NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	2	NDS, NM, LA, PA
POMALYST CAP 2MG	2	NDS, NM, LA, PA
POMALYST CAP 3MG	2	NDS, NM, LA, PA
POMALYST CAP 4MG	2	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	2	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	2	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	2	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	2	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	2	NDS, QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR DIS TAB 2MG	2	NDS, QL (150 tabs / 30 days), NM, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
AFINITOR DIS TAB 3MG	2	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	2	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	2	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	2	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	2	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	2	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	2	NDS, NM, LA, PA
ALUNBRIG PAK	2	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	2	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	2	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	2	NDS, NM, LA, PA
BOSULIF TAB 100MG	2	NDS, NM, PA
BOSULIF TAB 400MG	2	NDS, NM, PA
BOSULIF TAB 500MG	2	NDS, NM, PA
BRAFTOVI CAP 50MG	2	NDS, NM, LA, PA
BRAFTOVI CAP 75MG	2	NDS, NM, LA, PA
CABOMETYX TAB 20MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	2	NDS, NM, LA, PA
CAPRELSA TAB 100MG	2	NDS, NM, LA, PA
CAPRELSA TAB 300MG	2	NDS, NM, LA, PA
COMETRIQ KIT 60MG	2	NDS, NM, LA, PA
COMETRIQ KIT 100MG	2	NDS, NM, LA, PA
COMETRIQ KIT 140MG	2	NDS, NM, LA, PA
COTELLIC TAB 20MG	2	NDS, NM, LA, PA
GILOTRIF TAB 20MG	2	NDS, NM, LA, PA
GILOTRIF TAB 30MG	2	NDS, NM, LA, PA
GILOTRIF TAB 40MG	2	NDS, NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
ICLUSIG TAB 15MG	2	NDS, NM, LA, PA
ICLUSIG TAB 45MG	2	NDS, NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	2	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	2	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	2	NDS, NM, LA, PA
IMBRUVICA CAP 140MG	2	NDS, NM, LA, PA
IMBRUVICA TAB 140MG	2	NDS, NM, LA, PA
IMBRUVICA TAB 280MG	2	NDS, NM, LA, PA
IMBRUVICA TAB 420MG	2	NDS, NM, LA, PA
IMBRUVICA TAB 560MG	2	NDS, NM, LA, PA
INLYTA TAB 1MG	2	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	2	NDS, QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	2	NDS, NM, LA, PA
JAKAFI TAB 5MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	2	NDS, NM, LA, PA
LENVIMA CAP 8 MG	2	NDS, NM, LA, PA
LENVIMA CAP 10 MG	2	NDS, NM, LA, PA
LENVIMA CAP 12MG	2	NDS, NM, LA, PA
LENVIMA CAP 14 MG	2	NDS, NM, LA, PA
LENVIMA CAP 18 MG	2	NDS, NM, LA, PA
LENVIMA CAP 20 MG	2	NDS, NM, LA, PA
LENVIMA CAP 24 MG	2	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	2	NDS, NM, LA, PA
MEKINIST TAB 2MG	2	NDS, NM, LA, PA
MEKTOVI TAB 15MG	2	NDS, NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
NERLYNX TAB 40MG	2	NDS, NM, LA, PA
NEXAVAR TAB 200MG	2	NDS, NM, LA, PA
RYDAPT CAP 25MG	2	NDS, NM, PA
SPRYCEL TAB 20MG	2	NDS, NM, PA
SPRYCEL TAB 50MG	2	NDS, NM, PA
SPRYCEL TAB 70MG	2	NDS, NM, PA
SPRYCEL TAB 80MG	2	NDS, NM, PA
SPRYCEL TAB 100MG	2	NDS, NM, PA
SPRYCEL TAB 140MG	2	NDS, NM, PA
STIVARGA TAB 40MG	2	NDS, NM, LA, PA
SUTENT CAP 12.5MG	2	NDS, NM, PA
SUTENT CAP 25MG	2	NDS, NM, PA
SUTENT CAP 37.5MG	2	NDS, NM, PA
SUTENT CAP 50MG	2	NDS, NM, PA
TAFINLAR CAP 50MG	2	NDS, NM, LA, PA
TAFINLAR CAP 75MG	2	NDS, NM, LA, PA
TAGRISSE TAB 40MG	2	NDS, NM, LA, PA
TAGRISSE TAB 80MG	2	NDS, NM, LA, PA
TARCEVA TAB 25MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	2	NDS, NM, PA
TASIGNA CAP 150MG	2	NDS, NM, PA
TASIGNA CAP 200MG	2	NDS, NM, PA
TYKERB TAB 250MG	2	NDS, NM, LA, PA
VOTRIENT TAB 200MG	2	NDS, NM, LA, PA
XALKORI CAP 200MG	2	NDS, NM, LA, PA
XALKORI CAP 250MG	2	NDS, NM, LA, PA
ZELBORAF TAB 240MG	2	NDS, NM, LA, PA
ZYDELIG TAB 100MG	2	NDS, NM, LA, PA
ZYDELIG TAB 150MG	2	NDS, NM, LA, PA
ZYKADIA CAP 150MG	2	NDS, NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene cap 75 mg</i>	2	NDS, NM, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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	NDS, NM, PA
LONSURF TAB 20-8.19	2	NDS, NM, PA
MATULANE CAP 50MG	2	NDS, 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
SYLATRON KIT 200MCG	2	NDS, NM, PA
SYLATRON KIT 300MCG	2	NDS, NM, PA
SYLATRON KIT 600MCG	2	NDS, NM, PA
SYNRIBO INJ 3.5MG	2	NDS, NM, PA
<i>tretinoin cap 10 mg</i>	2	NDS
TRISENOX INJ 12MG/6ML	2	NDS, 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>	2	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	2	NDS, 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**

<i>dexrazoxane for inj 250 mg</i>	2	NDS, B/D
<i>dexrazoxane for inj 500 mg</i>	2	NDS, B/D
ELITEK INJ 1.5MG	2	NDS, B/D
ELITEK INJ 7.5MG	2	NDS, B/D
<i>leucovorin calcium for inj 50 mg</i>	1	B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D
<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	NDS, B/D, NM
LEVOLEUCOVOR SOL 250MG/25	2	NDS, B/D, NM
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	2	NDS, B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	2	NDS, B/D, NM
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	1	B/D, NM
<i>mesna inj 100 mg/ml</i>	1	B/D
MESNEX TAB 400MG	2	NDS

### **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 (base equiv)</i>	2	NDS, B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	2	NDS, B/D
TOPOTECAN INJ 4MG/4ML	2	NDS, B/D

### **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

#### **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>
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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>lisinopril &amp; 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	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

**ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<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 (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

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

<i>amlodipine besylate-olmesartan medoxomil1 tab 5-20 mg</i>		
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**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

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 Limits On Use
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-320-25 mg	1	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	
<i>losartan potassium &amp; hydrochlorothiazide</i> tab 50-12.5 mg	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<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 160-12.51 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.51 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	
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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	NM
<i>flecainide acetate tab 50 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
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	
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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<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>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, NM, LA, PA
JUXTAPID CAP 10MG	2	NDS, NM, LA, PA
JUXTAPID CAP 20MG	2	NDS, NM, LA, PA
JUXTAPID CAP 30MG	2	NDS, NM, LA, PA
JUXTAPID CAP 40MG	2	NDS, NM, LA, PA
JUXTAPID CAP 60MG	2	NDS, NM, LA, PA
KYNAMRO INJ 200MG/ML	2	NDS, 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	NDS, NM, PA
PRALUENT INJ 150MG/ML	2	NDS, 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 &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1	

**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	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	2	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	2	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	2	QL (60 tabs / 30 days)
<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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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 (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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	
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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	NDS
NYMALIZE SOL 30/10ML	2	NDS
<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	
<i>verapamil hcl cap er 24hr 360 mg</i>	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	
<b><i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i></b>		
<i>digitek tab 0.25mg</i>	1	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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>digitek tab 0.125mg</i>	1	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	PA; PA if 65 years and older

***DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS***

<i>TEKTURNA HCT TAB 150-12.5</i>	2	
<i>TEKTURNA HCT TAB 150-25MG</i>	2	
<i>TEKTURNA HCT TAB 300-12.5</i>	2	
<i>TEKTURNA HCT TAB 300-25MG</i>	2	
<i>TEKTURNA TAB 150MG</i>	2	
<i>TEKTURNA TAB 300MG</i>	2	

***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 &amp; 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	
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<i>spironolactone &amp; 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 &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<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 td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
DEMSER CAP 250MG	2	NDS
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, NM, LA, PA
NORTHERA CAP 200MG	2	NDS, NM, LA, PA
NORTHERA CAP 300MG	2	NDS, 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	
<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	
NITRO-BID OIN 2%	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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION**

ADCIRCA TAB 20MG	2	NDS, QL (60 tabs / 30 days), NM, PA
ADEMPAS TAB 0.5MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	2	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	2	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	2	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	2	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	1	QL (90 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	2	NDS, QL (60 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	2	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	2	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	2	NDS, NM, PA

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

**ANTI-ANXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam tab 0.5 mg</i>	1	QL (240 tabs / 30 days)
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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 conc 2 mg/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**

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

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<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	

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<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
<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
DILANTIN CAP 30MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CHW 50MG	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	NDS
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA SUS 0.5MG/ML	2	NDS, QL (720 mL / 30 days), PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
FYCOMPA TAB 2MG	2	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	2	NDS, QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	2	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	2	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	2	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	2	NDS, 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	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	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	NDS, PA
ONFI TAB 10MG	2	NDS, PA
ONFI TAB 20MG	2	NDS, 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
<i>phenobarbital tab 16.2 mg</i>	2	PA; PA if 65 years and older

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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
PHENYTEK CAP 200MG	2	
PHENYTEK CAP 300MG	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	
<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	
<i>roweepra xr tab 500mg xr</i>	1	
<i>roweepra xr tab 750mg xr</i>	1	
SABRIL TAB 500MG	2	NDS, QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	2	
SPRITAM TAB 500MG	2	
SPRITAM TAB 750MG	2	
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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 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	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	2	NDS
VIMPAT SOL 10MG/ML	2	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	2	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	2	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	2	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	2	NDS, 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	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 cap er 24hr 7 mg</i>	1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA if < 30 yrs
<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
<i>memantine hcl tab 10 mg</i>	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 (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL (30 patches / 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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
<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

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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>		QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 301 mg (base eq)</i>		QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 601 mg (base eq)</i>		QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	2	NDS, QL (30 patches / 30 days), PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
EMSAM DIS 9MG/24HR	2	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	2	NDS, 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)
<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>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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 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)

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
TRINTELLIX TAB 20MG	2	QL (30 tabs / 30 days)
<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	NDS, NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	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 &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<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	NDS, QL (1 injection / 28 days)
<i>ABILIFY MAIN INJ 400MG</i>	2	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	NDS, 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	NDS, QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	NDS, QL (30 tabs / 30 days)
<i>ARISTADA INJ 441MG/1.</i>	2	NDS, QL (1 injection / 28 days)
<i>ARISTADA INJ 662MG/2</i>	2	NDS, QL (1 injection / 28 days)
<i>ARISTADA INJ 882MG/3</i>	2	NDS, QL (1 injection / 28 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
ARISTADA INJ 1064MG	2	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	2	NDS
CHLORPROMAZ INJ 25MG/ML	2	
CHLORPROMAZ INJ 50MG/2ML	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
<i>clozapine orally disintegrating tab 25 mg</i>	1	PA
<i>clozapine orally disintegrating tab 100 mg</i>	1	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	1	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	2	NDS, 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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	2	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	2	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	2	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	2	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	2	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	2	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	2	NDS, QL (1 injection / 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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>loxapine succinate cap 50 mg</i>	1	
NUPLAZID CAP 34MG	2	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	2	NDS, 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)
<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	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	2	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	2	NDS, 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)

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	2	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	2	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	2	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	2	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	2	NDS, 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	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	2	NDS, 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)

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
VERSACLOZ SUS 50MG/ML	2	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	2	PA
VRAYLAR CAP 1.5MG	2	NDS, QL (120 caps / 30 days), PA
VRAYLAR CAP 3MG	2	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 4.5MG	2	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	2	NDS, QL (30 caps / 30 days), PA
<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 (60 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>ziprasidone hcl cap 80 mg</i>	1	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	2	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	2	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	2	NDS, QL (1 vial / 28 days), PA

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

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	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)
<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)

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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)
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
<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	NDS, NM, LA, PA
SILENOR TAB 3MG	2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	2	QL (30 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	NDS, QL (8 mL / 30 days)
<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	NDS
<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)
<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)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	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)
<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)
<b>MISCELLANEOUS</b>		
AUSTEDO TAB 6MG	2	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	2	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	2	NDS, 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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	2	
LYRICA CR TAB 82.5MG	2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	2	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	2	PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
<i>tetrabenazine tab 12.5 mg</i>	2	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	2	NDS, QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

AMPYRA TAB 10MG	2	NDS, NM, LA, PA
BETASERON INJ 0.3MG	2	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	2	NDS, NM, PA
GILENYA CAP 0.5MG	2	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 2 mg/ml</i>	2	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 2 mg/ml</i>	2	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	2	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	2	NDS, QL (12 syringes / 28 days), NM, PA
TYSABRI INJ 300/15ML	2	NDS, 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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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
<i>armodafinil tab 200 mg</i>	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	NDS, QL (540 mL / 30 days), NM, 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
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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>eq nicotine dis 7mg/24hr</i>	3	NM; *
<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; *
<i>hm nicotine dis 14mg/24h</i>	3	NM; *
<i>hm nicotine dis 21mg/24h</i>	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	
NARCAN SPR	2	
<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; *
<i>nicotine gum 4mg</i>	3	NM; *
<i>nicotine pol loz 4mg mint</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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>nicotine td dis 7mg/24hr</i>	3	NM; *
<i>nicotine td dis 14mg/24h</i>	3	NM; *
<i>nicotine td dis 21mg/24h</i>	3	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	3	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	3	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	3	NM; *
NICOTROL INH	2	
NICOTROL NS SPR 10MG/ML	2	
<i>sm nicotine dis 7mg/24hr</i>	3	NM; *
<i>sm nicotine dis 14mg/24h</i>	3	NM; *
<i>sm nicotine dis 21mg/24h</i>	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
<i>thrive gum 2mg mint</i>	3	NM; *
VIVITROL INJ 380MG	2	NDS, NM

## **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

ANADROL-50 TAB 50MG	2	NDS, PA
ANDRODERM DIS 2MG/24HR	2	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	2	QL (30 patches / 30 days), PA
ANDROGEL GEL 1.62%	2	QL (150 grams / 30 days), PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 gel 12.5 mg/act (1%)</i>	1	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	QL (300 gm / 30 days), PA

### **ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES**

ALCOHOL SWABS	2	
BASAGLAR INJ 100UNIT	2	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON INJ 2MG	2	QL (4 vials / 28 days)
BYDUREON INJ BCISE	2	QL (4 pens / 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)
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	NDS
HUMULIN R INJ U-500	2	NDS, B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	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)

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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	
OZEMPIC INJ 2/1.5ML	2	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	2	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	2	QL (10 pens / 30 days)
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)
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)

#### **ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES**

<i>acarbose tab 25 mg</i>	1	
<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)
<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)
<i>glipizide xl tab 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 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)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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)
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)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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)
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	2	QL (60 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)
<b><i>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</i></b>		
<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
PAMIDRONATE INJ 6MG/ML	2	B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR TAB 30MG	2	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	2	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	2	NDS, B/D, QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	2	
DEPEN TITRA TAB 250MG	2	NDS
JADENU SPRKL GRA 90MG	2	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	2	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	2	NDS, NM, LA, PA
JADENU TAB 90MG	2	NDS, NM, LA, PA
JADENU TAB 180MG	2	NDS, NM, LA, PA
JADENU TAB 360MG	2	NDS, NM, LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
SYPRINE CAP 250MG	2	NDS
<i>trientine hcl cap 250 mg</i>	2	NDS
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<i>aftera tab 1.5mg</i>	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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>dasetta tab 1/35</i>	1	
<i>dasetta 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 &amp; 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 &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>econtra ez tab 1.5mg</i>	3	NM; *
<i>ELLA TAB 30MG</i>	2	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>enskyce tab</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; 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>incassia tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab</i>	1	
<i>jolivette tab 0.35mg</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 1/50 tab</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kimidess tab</i>	1	
<i>kurvelo tab 0.15/30</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 &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	3	NM; *
<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	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	
<i>mili tab 0.25/35</i>	1	
<i>mononessa tab</i>	1	
<i>my way tab 1.5mg</i>	3	NM; *
<i>myzilra tab</i>	1	
<i>necon tab 0.5/35</i>	1	
<i>necon tab 7/7/7</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 &amp; mestranol tab 1 mg-50 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	
<i>norgestimate &amp; 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 &amp; 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>option 2 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	

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<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>quasense tab</i>	1	
<i>react tab 1.5mg</i>	3	NM; *
<i>reclipsen tab</i>	1	
<i>sharobel tab 0.35mg</i>	1	
<i>sprintec 28 tab 28 day</i>	1	
<i>take action tab 1.5mg</i>	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-mili tab</i>	1	
<i>tri-previfem tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>tri-vylibra tab</i>	1	
<i>trinessa lo tab</i>	1	
<i>trinessa tab</i>	1	
<i>trivora-28 tab</i>	1	
<i>tulana tab 0.35mg</i>	1	
<i>velivet pak</i>	1	
<i>vestura tab 3-0.02mg</i>	1	
<i>vienva tab 0.1-20</i>	1	
<i>viorele tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra tab 0.25-35</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	
<b>ENDOMETRIOSIS</b>		
<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	NDS
<b>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</b>		
ADAGEN INJ 250/ML	2	NDS, NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	2	NDS, NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
CARBAGLU TAB 200MG	2	NDS, NM, LA, PA
CERDELGA CAP 84MG	2	NDS, NM, PA
CEREZYME INJ 400UNIT	2	NDS, NM, LA, PA
CYSTADANE POW	2	NDS, NM, LA
CYSTAGON CAP 50MG	2	NM, LA, PA
CYSTAGON CAP 150MG	2	NM, LA, PA
FABRAZYME INJ 5MG	2	NDS, NM, LA, PA
FABRAZYME INJ 35MG	2	NDS, NM, LA, PA
KUVAN POW 100MG	2	NDS, NM, LA, PA
KUVAN POW 500MG	2	NDS, NM, LA, PA
KUVAN TAB 100MG	2	NDS, 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	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	2	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	2	NDS, NM, LA, PA
ORFADIN CAP 2MG	2	NDS, NM, LA, PA
ORFADIN CAP 5MG	2	NDS, NM, LA, PA
ORFADIN CAP 10MG	2	NDS, NM, LA, PA
ORFADIN CAP 20MG	2	NDS, NM, LA, PA
ORFADIN SUS 4MG/ML	2	NDS, NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	2	NDS, NM, PA
ZAVESCA CAP 100MG	2	NDS, NM, LA, PA

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

DELESTROGEN INJ 10MG/ML	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

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 cream 0.1 mg/gm</i>	1	
<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	
DEXAMETHASON CON 1MG/ML	2	
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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
<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
<b>PREDNISON CON 5MG/ML</b>	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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<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; *
CVS GLUCOSE CHW FRUIT	3	NM; *
CVS GLUCOSE CHW ORANGE	3	NM; *
CVS GLUCOSE CHW RASPBERRY	3	NM; *
<i>cvs glucose gel 40%</i>	3	NM; *
DEX4 CHW FRUIT	3	NM; *
DEX4 CHW GRAPE	3	NM; *
DEX4 CHW ORANGE	3	NM; *
DEX4 CHW RASPBERRY	3	NM; *
DEX4 CHW SOUR APL	3	NM; *
DEX4 CHW WATERMLN	3	NM; *
DEX4 GLUCOSE CHW QK DISLV	3	NM; *
DEX4 POUCH CHW PACK	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 FRUIT	3	NM; *
GLUCOSE CHW GRAPE	3	NM; *
GLUCOSE CHW ORANGE	3	NM; *
GLUCOSE CHW RASPBERRY	3	NM; *
GLUCOSE CHW WATERMLN	3	NM; *
<i>glucose gel 40%</i>	3	NM; *
GNP GLUCOSE CHW GRAPE	3	NM; *
GNP GLUCOSE CHW ORANGE	3	NM; *
GNP GLUCOSE CHW RASPBERRY	3	NM; *
GNP GLUCOSE CHW WATERMLN	3	NM; *
INSTA-GLUCOS GEL 77.4%	3	NM; *
KROG GLUCOSE CHW ORANGE	3	NM; *
KROG GLUCOSE CHW RASPBERRY	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
KROG GLUCOSE CHW WATERMLN	3	NM; *
PROGLYCEM SUS 50MG/ML	2	
PX GLUCOSE CHW FRUIT	3	NM; *
PX GLUCOSE CHW ORANGE	3	NM; *
PX GLUCOSE CHW RASPBERRY	3	NM; *
PX GLUCOSE CHW SOUR APL	3	NM; *
QUICK DISSOL CHW GLUCOSE	3	NM; *
RA GLUCOSE CHW GRAPE	3	NM; *
RA GLUCOSE CHW ORANGE	3	NM; *
RA GLUCOSE CHW TROP FRT	3	NM; *
<i>ra glucose gel</i>	3	NM; *
SM GLUCOSE CHW ORANGE	3	NM; *
SM GLUCOSE CHW RASPBERRY	3	NM; *
SM GLUCOSE CHW SOUR APP	3	NM; *
VP GLUCOSE CHW FRUIT	3	NM; *
VP GLUCOSE CHW GRAPE	3	NM; *

### **HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES**

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

### **MISCELLANEOUS**

<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	B/D
FORTEO SOL 600/2.4	2	NDS, NM, PA
INCRELEX INJ 40MG/4ML	2	NDS, NM, LA, PA
KORLYM TAB 300MG	2	NDS, NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	2	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	2	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	2	NDS, NM, PA
LUPR DEP-PED INJ 15MG	2	NDS, NM, PA
MIACALCIN INJ 200/ML	2	NDS, B/D
NATPARA INJ 25MCG	2	NDS, NM, PA
NATPARA INJ 50MCG	2	NDS, NM, PA
NATPARA INJ 75MCG	2	NDS, NM, PA
NATPARA INJ 100MCG	2	NDS, NM, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	2	NDS, NM, PA
PROLIA SOL 60MG/ML	2	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	1	
SANDOSTATIN KIT LAR 10MG	2	NDS, NM, PA
SANDOSTATIN KIT LAR 20MG	2	NDS, NM, PA
SANDOSTATIN KIT LAR 30MG	2	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	2	NDS, NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	2	NDS, NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	2	NDS, NM, LA, PA
SOMATULINE INJ 60/0.2ML	2	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	2	NDS, NM, PA
SOMATULINE INJ 120/.5ML	2	NDS, NM, PA
SOMAVERT INJ 10MG	2	NDS, NM, LA, PA
SOMAVERT INJ 15MG	2	NDS, NM, LA, PA
SOMAVERT INJ 20MG	2	NDS, NM, LA, PA
SOMAVERT INJ 25MG	2	NDS, NM, LA, PA
SOMAVERT INJ 30MG	2	NDS, NM, LA, PA
XGEVA INJ	2	NDS, NM, PA

**PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS**

AURYXIA TAB 210MG	2	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	1	QL (540 packs / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>sevelamer carbonate packet 2.4 gm</i>	1	QL (180 packs / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	1	QL (540 tabs / 30 days)

**PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<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>levo-t tab 25mcg</i>	1	
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200 mcg</i>	1	
<i>levo-t tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	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	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</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 NDS - Non-Extended Days Supply \* - 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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine 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	
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	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	
<i>unithroid tab 175mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

**VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES**

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>desmopressin acetate inj 4 mcg/ml</i>	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	NDS, NM

## **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**

### **ANTACIDS**

<i>acid gone chw</i>	3	NM; *
<i>acid gone sus</i>	3	NM; *
<i>advanced sus antacid</i>	3	NM; *
<i>almacone chw</i>	3	NM; *
<i>almacone dbl sus strength</i>	3	NM; *
<i>almacone sus</i>	3	NM; *
ALUM HYDROX SUS 320/5ML	3	NM; *
<i>ant/anti-gas chw 1000-60</i>	3	NM; *
<i>antacid chw 500mg</i>	3	NM; *
<i>antacid chw 750mg</i>	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>cal antacid chw 750mg</i>	3	NM; *
<i>cal antacid chw 1000mg</i>	3	NM; *
<i>cal-gest chw 500mg</i>	3	NM; *
<i>calc antacid chw 500mg</i>	3	NM; *
<i>calc antacid chw 750mg</i>	3	NM; *
<i>calc antacid chw 1000mg</i>	3	NM; *
<i>calcium carb tab 648mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>calcium carbonate (antacid) chew tab 500 mg</i>	3	NM; *
<i>calcium carbonate (antacid) tab 648 mg</i>	3	NM; *
GAVISCON CHW	3	NM; *
GAVISCON SUS	3	NM; *
GAVISCON SUS CHERRY	3	NM; *
<i>gnp antacid chw 160-105</i>	3	NM; *
<i>gnp antacid chw 550-110</i>	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>heartburn chw ex st</i>	3	NM; *
<i>hm antacid sus</i>	3	NM; *
<i>hm antacid sus anti-gas</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; *
MI-ACID CHW	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; *
<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; *
TUMS CHW DEL CHW 1177MG	3	NM; *
<i>tums fresher chw 500mg</i>	3	NM; *

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<i>tums smoothi chw 750mg</i>	3	NM; *
<b>ANTI-DIARRHEAL</b>		
<i>abatine cap 680mg</i>	3	NM; *
ACIDOPH/PROB TAB FORMULA	3	NM; *
<i>acidophilus cap</i>	3	NM; *
<i>acidophilus cap 10mg</i>	3	NM; *
<i>acidophilus cap 100mg</i>	3	NM; *
<i>acidophilus cap ex st</i>	3	NM; *
<i>acidophilus tab probiotc</i>	3	NM; *
ACIDOPHILUS WAF	3	NM; *
ACIDOPHILUS/ TAB CIT PECT	3	NM; *
ACIDOPHILUS/ WAF BIFIDUS	3	NM; *
<i>anti-diarrhe cap 2mg</i>	3	NM; *
<i>anti-diarrhe tab 2mg</i>	3	NM; *
<i>bismatrol chw 262mg</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; *
<i>bismuth subsalicylate chew tab 262 mg</i>	3	NM; *
<i>dofus cap</i>	3	NM; *
<i>eql probioti cap acidophi</i>	3	NM; *
FLORAJEN CAP ACIDOPHI	3	NM; *
<i>floranex gra</i>	3	NM; *
<i>floranex tab</i>	3	NM; *
<i>intestinex cap</i>	3	NM; *
KALA TAB	3	NM; *
<i>kao-tin sus 262/15ml</i>	3	NM; *
<i>lactinex chw</i>	3	NM; *
<i>lacto-key- cap 100</i>	3	NM; *
<i>lacto-key- cap 600</i>	3	NM; *
<i>lactobacillu cap</i>	3	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	3	NM; *
<i>lactobacillus cap</i>	3	NM; *
<i>lactobacillus tab</i>	3	NM; *
<i>loperamide cap 2mg</i>	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; *

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>loperamide liq 1mg/7.5</i>	3	NM; *
<i>loperamide sus 1mg/7.5</i>	3	NM; *
MORE-DOPHILU POW ACIDOPHI	3	NM; *
<i>peptic relf chw 262mg</i>	3	NM; *
<i>peptic relf sus 262/15ml</i>	3	NM; *
<i>pink bismuth chw 262mg</i>	3	NM; *
<i>pink bismuth tab 262mg</i>	3	NM; *
<i>probiata tab</i>	3	NM; *
PROBIOTIC CAP	3	NM; *
<i>probiotic cap acidophi</i>	3	NM; *
<i>probiotic cap gold</i>	3	NM; *
<i>probiotic pak children</i>	3	NM; *
<i>ra acidophil cap 300mg</i>	3	NM; *
REPHRESH CAP PRO-B	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 chw 262mg</i>	3	NM; *
<i>stomach relf sus</i>	3	NM; *
<i>stomach relf sus 262/15ml</i>	3	NM; *
<i>stomach relf sus 525/15ml</i>	3	NM; *
<i>stomach relf tab 262mg</i>	3	NM; *

**ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

<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 &amp; 125 mg</i>	1	B/D
<i>compro sup 25mg</i>	1	
<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 SUS 125MG	2	B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</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
<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>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

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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>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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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	
<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; *

### **INFLAMMATORY BOWEL DISEASE**

<i>APRISO CAP 0.375GM</i>	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	2	NDS
<i>CANASA SUP 1000MG</i>	2	
<i>DELZICOL CAP 400MG</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	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; *
<i>biscolax sup 10mg</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>calcium polycarbophil tab 625 mg</i>	3	NM; *
<i>castor laxat oil 100%</i>	3	NM; *
<i>clearlax pow</i>	3	NM; *
<i>constulose sol 10gm/15</i>	1	
<i>diecto liq 50mg/5ml</i>	3	NM; *
<i>diecto 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>docusil cap 100mg</i>	3	NM; *
DOCUSOL MINI ENE	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>easy-lax pls tab 8.6-50mg</i>	3	NM; *
ENEMEEZ MINI ENE	3	NM; *
ENEMEEZ PLUS ENE 20-283	3	NM; *
<i>enulose sol 10gm/15</i>	1	
<i>feminine lax tab 5mg ec</i>	3	NM; *
<i>fiber laxatv tab 625mg</i>	3	NM; *
<i>fiber laxtiv cap 0.52gm</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; *
<i>fleet laxati tab 5mg ec</i>	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	

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>generlac sol 10gm/15</i>	1	
<i>gentle laxat tab 5mg ec</i>	3	NM; *
<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 epsom gra salt</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; *
<i>gnp mineral oil heavy</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 epsom gra salt</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</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; *
<i>konsyl cap 520mg</i>	3	NM; *
<i>konsyl daily pow 28.3%</i>	3	NM; *
KONSYL DAILY POW 28.3%	3	NM; *
KONSYL DAILY POW 100%	3	NM; *
<i>konsyl fiber tab 625mg</i>	3	NM; *
<i>konsyl pow 30.9%</i>	3	NM; *
KONSYL POW 60.3%	3	NM; *
KONSYL POW 71.67%	3	NM; *
KONSYL-D POW 52.3%	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 chw 15mg</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>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; *
<i>mineral oil enema</i>	3	NM; *
<i>mini enema ene 100/5ml</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; *
NULYTELY SOL FLAV PKS	2	
PEDIA-LAX CHW 400MG	3	NM; *
PEDIA-LAX LIQ 50MG	3	NM; *
<i>pediatric ene enema</i>	3	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>perdiem over tab 15mg</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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>qc mineral oil heavy</i>	3	NM; *
<i>ra col-rite cap 50mg</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 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; *
<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; *
<i>silace liq 10mg/ml</i>	3	NM; *
<i>silace syp 60/15ml</i>	3	NM; *
<i>sm castor oil 100%</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>sm clearlax pow</i>	3	NM; *
<i>sm epsom gra salt</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 tab 5mg ec</i>	3	NM; *
<i>sm mineral oil</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; *
<i>soluble fib pow therapy</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; *
<i>stool softnr tab 100mg</i>	3	NM; *
SUPREP BOWEL SOL PREP KIT	2	
<i>trilyte sol</i>	1	
<i>wal-mucil pow 100%</i>	3	NM; *
<i>womans laxat tab 5mg ec</i>	3	NM; *
<b>MISCELLANEOUS</b>		
<i>aloseptron hcl tab 0.5 mg (base equiv)</i>	2	NDS, PA
<i>aloseptron hcl tab 1 mg (base equiv)</i>	2	NDS, PA
AMITIZA CAP 8MCG	2	QL (180 caps / 30 days)
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	NDS
<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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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; *
GATTEX KIT 5MG	2	NDS, 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; *
<i>phazyme chw 125mg</i>	3	NM; *
RELISTOR INJ 8/0.4ML	2	NDS, PA
RELISTOR INJ 12/0.6ML	2	NDS, 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; *
<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; *
<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	NDS, PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	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 Limits On Use
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 25000	2	
ZENPEP CAP 40000	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)
<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 24HR CAP 20MG	3	NM; *
<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; *

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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)
<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>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sm urinary tab pain max</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)
OXYTROL/WOMN DIS 3.9MG/24	3	NM; *
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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>trospium 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; *
<i>clotrimazole cre 3 day</i>	3	NM; *
<i>clotrimazole vaginal cream 1%</i>	3	NM; *
<i>3 day vaginl cre 2%</i>	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; *
<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 &amp; 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>vagistat-3 kit combo pk</i>	3	NM; *
<i>vandazole gel 0.75%</i>	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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
COUMADIN TAB 6MG	2	
COUMADIN TAB 7.5MG	2	
COUMADIN TAB 10MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<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	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	NDS
HEP SOD/NAACL INJ 25000UNT	2	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	2	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	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
HEPARIN/NAACL INJ 25000UNT	2	
<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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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<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	
<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	NDS, NM, PA
GRANIX INJ 480/0.8	2	NDS, NM, PA
MOZOBIL INJ	2	NDS, NM, PA
NEUPOGEN INJ 300/0.5	2	NDS, NM, PA
NEUPOGEN INJ 300MCG	2	NDS, NM, PA
NEUPOGEN INJ 480/0.8	2	NDS, NM, PA
NEUPOGEN INJ 480MCG	2	NDS, 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	NDS, NM, PA
PROCRIT INJ 40000/ML	2	NDS, NM, PA

### **IRON**

<i>cvs iron tab 27mg</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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>cvs iron tab 325mg</i>	3	NM; *
<i>ezfe 200 cap 200mg</i>	3	NM; *
<i>fer-iron dro 15mg/ml</i>	3	NM; *
FERAHEME INJ 510/17ML	3	NM; *
<i>ferate tab 27mg</i>	3	NM; *
<i>ferosul elx 220/5ml</i>	3	NM; *
<i>ferosul tab 325mg</i>	3	NM; *
<i>ferrex 150 cap 150mg</i>	3	NM; *
<i>ferric x-150 cap 150mg</i>	3	NM; *
<i>ferro-bob tab 325mg</i>	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 soln 75 mg/ml (15 mg/ml elemental fe)</i>	3	NM; *
FERROUS SULFATE TAB 28 MG (ELEMENTAL FE)	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; *
<i>iferex 150 cap</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
INFED INJ 50MG/ML	3	NM; *
INJECTAFER INJ 750/15ML	3	NM; *
IRON 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; *
<i>iron supplmt dro 15mg/ml</i>	3	NM; *
IRON TAB 18MG	3	NM; *
IRON TAB 28MG	3	NM; *
IRON UP LIQ	3	NM; *
<i>myferon 150 cap 150mg</i>	3	NM; *
NOVAFERRUM CAP 50MG	3	NM; *
NOVAFERRUM DRO 15MG/ML	3	NM; *
<i>nu-iron 150 cap 150mg</i>	3	NM; *
PERFECT IRON TAB 25MG	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; *
<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; *
<i>slow release tab 143mg</i>	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; *
VENOFER INJ 20MG/ML	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>wee care sus 15/1.25</i>	3	NM; *
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
CINRYZE SOL 500 UNIT	2	NDS, QL (20 vials / 30 days), NM, LA, PA
ENDARI POW 5GM	2	NDS, NM, LA, PA
FIRAZYR INJ 30MG/3ML	2	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	2	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	2	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA TAB 12.5MG	2	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	2	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	2	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	2	NDS, 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	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
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**IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**

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

HUMIRA INJ 10/0.1ML	2	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	2	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	2	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	2	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	2	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	2	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	2	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	2	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	2	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	2	NDS, NM, PA
HUMIRA PEN INJ PS/UV	2	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	2	NDS, NM, PA
HUMIRA PEN KIT PS/UV	2	NDS, 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	NDS, NM, PA
XATMEP SOL 2.5MG/ML	2	B/D
XELJANZ TAB 5MG	2	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	2	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	2	NDS, QL (30 tabs / 30 days), NM, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
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**IMMUNOGLOBULINS**

BIVIGAM INJ 10%	2	NDS, NM, PA
CARIMUNE NF INJ 6GM	2	NDS, NM, PA
CARIMUNE NF INJ 12GM	2	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	2	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	2	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	2	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	2	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	2	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	2	NDS, NM, PA
GAMASTAN S/D INJ	2	B/D, NM
GAMMAGARD INJ 1GM/10ML	2	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	2	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	2	NDS, NM, PA
GAMMAGARD INJ 10GM/100	2	NDS, NM, PA
GAMMAGARD INJ 20GM/200	2	NDS, NM, PA
GAMMAGARD INJ 30GM/300	2	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	2	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	2	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	2	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	2	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	2	NDS, NM, PA
GAMMAKED INJ 10GM/100	2	NDS, NM, PA
GAMMAKED INJ 20GM/200	2	NDS, NM, PA
GAMMAPLEX INJ 5%	2	NDS, NM, PA
GAMMAPLEX INJ 10%	2	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	2	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	2	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	2	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	2	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	2	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	2	NDS, NM, PA
OCTAGAM INJ 1GM	2	NDS, NM, PA
OCTAGAM INJ 2.5GM	2	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	2	NDS, NM, PA
OCTAGAM INJ 5GM	2	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	2	NDS, NM, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
OCTAGAM INJ 10/100ML	2	NDS, NM, PA
OCTAGAM INJ 10GM	2	NDS, NM, PA
OCTAGAM INJ 20/200ML	2	NDS, NM, PA
OCTAGAM INJ 25GM	2	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	2	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	2	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	2	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	2	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5	2	NDS, NM, LA, PA
ARCALYST INJ 220MG	2	NDS, NM, PA
INTRON A INJ 10MU	2	NDS, B/D, NM
INTRON A INJ 18MU	2	NDS, B/D, NM
INTRON A INJ 25MU	2	NDS, B/D, NM
INTRON A INJ 50MU	2	NDS, B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ 100MG	2	B/D
<i>azathioprine tab 50 mg</i>	1	B/D
BENLYSTA INJ 120MG	2	NDS, NM, PA
BENLYSTA INJ 200MG/ML	2	NDS, NM, PA
BENLYSTA INJ 400MG	2	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	1	B/D, NM
<i>cyclosporine cap 100 mg</i>	1	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	1	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	1	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	1	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	1	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D, NM
<i>gengraf cap 25mg</i>	1	B/D, NM
<i>gengraf cap 100mg</i>	1	B/D, NM
<i>gengraf sol 100mg/ml</i>	1	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	1	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	NDS, B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	1	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	B/D, NM

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	B/D, NM
NULOJIX INJ 250MG	2	NDS, B/D, NM
RAPAMUNE SOL 1MG/ML	2	NDS, B/D, NM
SANDIMMUNE SOL 100MG/ML	2	B/D, NM
<i>sirolimus tab 0.5 mg</i>	1	B/D, NM
<i>sirolimus tab 1 mg</i>	1	B/D, NM
<i>sirolimus tab 2 mg</i>	2	NDS, B/D, NM
<i>tacrolimus cap 0.5 mg</i>	1	B/D, NM
<i>tacrolimus cap 1 mg</i>	1	B/D, NM
<i>tacrolimus cap 5 mg</i>	1	B/D, NM
ZORTRESS TAB 0.5MG	2	NDS, B/D, NM
ZORTRESS TAB 0.25MG	2	NDS, B/D, NM
ZORTRESS TAB 0.75MG	2	NDS, B/D, NM

### **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	
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	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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	
SHINGRIX INJ 50MCG	2	QL (2 vials per lifetime)
SYNAGIS INJ 50MG	2	NDS, NM
SYNAGIS INJ 100MG/ML	2	NDS, 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>buffered tab salt</i>	3	NM; *
CERALYTE 70 LIQ	3	NM; *
CERASPORT SOL EX1	3	NM; *
<i>cvs electrol sol</i>	3	NM; *
ENFAMIL SOL ENFALYTE	3	NM; *
<i>gnp pediatri sol electrol</i>	3	NM; *
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
KLOR-CON M15 TAB 15MEQ ER	2	
MAGNESIUM SU INJ 2GM/50ML	2	
MAGNESIUM SU INJ 4G/100ML	2	
MAGNESIUM SU INJ 20/500ML	2	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits 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>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	2	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	2	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	2	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	2	
MEDI-LYTE TAB	3	NM; *
MG SO4/D5W INJ 10MG/ML	2	
MG SO4/D5W INJ 20MG/ML	2	
<i>naturalyte sol fruit</i>	3	NM; *
<i>oral electro sol cherry</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 elctrlyt sol</i>	3	NM; *
<i>ped elctrlyt sol /zinc</i>	3	NM; *
<i>ped elctrlyt sol freeze</i>	3	NM; *
<i>ped elctrlyt sol freezer</i>	3	NM; *
<i>ped elctrlyt sol freezpop</i>	3	NM; *
<i>ped elctrlyt sol fruit</i>	3	NM; *
<i>ped elctrlyt sol grape</i>	3	NM; *
<i>ped elctrlyt sol unflavrd</i>	3	NM; *
<i>pedia vance sol apple</i>	3	NM; *
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>potassium chloride microencapsulated crys 1 er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys 1 er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	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; *
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>temp tab tab</i>	3	NM; *
THERMOTABS TAB	3	NM; *
<i>tprn electrol inj</i>	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
<i>aminosyn ii inj 8.5/lyte</i>	2	B/D
AMINOSYN II INJ 10%	2	B/D
AMINOSYN INJ 8.5%	2	B/D
<i>aminosyn inj 8.5/lyte</i>	2	B/D
AMINOSYN INJ 10%	2	B/D
AMINOSYN M INJ 3.5%	2	B/D
AMINOSYN-HBC INJ 7%	2	B/D
AMINOSYN-PF INJ 7%	2	B/D
AMINOSYN-PF INJ 10%	2	B/D
AMINOSYN-RF INJ 5.2%	2	B/D

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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
<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
<i>hepatamine sol 8%</i>	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	2	B/D
PREMASOL SOL 10%	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

#### **IV REPLACEMENT SOLUTIONS**

D5W/LYTES INJ #48	2	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
<i>dextrose inj 5%</i>	1	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 50%</i>	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-MB INJ /D5W	2	
ISOLYTE-P INJ /D5W	2	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
ISOLYTE-S INJ	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	2	
KCL/D5W/NACL INJ 0.15/0.2	2	
<i>lactated ringer's solution</i>	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	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>ringer's solution</i>	1	
<i>sodium chloride inj 0.45%</i>	1	

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<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	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 HI-CAL/D TAB 500MG	3	NM; *
CA LACTATE TAB 100MG	3	NM; *
<i>ca/d/mineral tab 600-200</i>	3	NM; *
CAL-CITRATE TAB PLUS D	3	NM; *
CAL-LAC CAP 500MG	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; *
<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; *
<i>calc citrate tab +d</i>	3	NM; *
CALC/VIT D3 CHW DISNEY	3	NM; *
CALCI-CHEW CHW 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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>calcium 600 tab +d</i>	3	NM; *
<i>calcium 600 tab +d3</i>	3	NM; *
<i>calcium 600 tab +d/mnrsls</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; *
<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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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; *
CALCIUM CIT TAB 1040MG	3	NM; *
<i>calcium cit/ tab vit d</i>	3	NM; *
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; *
CALCIUM LACT TAB 750MG	3	NM; *
<i>calcium plus cap d3</i>	3	NM; *
CALCIUM PLUS CAP VIT D	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; *

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CALCIUM TAB 600MG	3	NM; *
<i>calcium tab vit d</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 500-400</i>	3	NM; *
<i>calcium/d3 tab 500-600</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; *
<i>calcium/vita tab d3</i>	3	NM; *
CALCIUM/VITD CAP 600-400	3	NM; *
CALTRATE 600 CHW 600-800	3	NM; *
<i>caltrate 600 tab</i>	3	NM; *
CALTRATE + D TAB 300-800	3	NM; *
CHEWABLE CHW CALCIUM	3	NM; *
<i>cit calc/d tab 315-250</i>	3	NM; *
CITRACAL CAL CHW GUMMIES	3	NM; *
CITRACAL+D3 CHW 250-500	3	NM; *
<i>creamies chw 600-400</i>	3	NM; *
<i>cvs calcium tab 600mg</i>	3	NM; *
<i>600+d3 plus chw minerals</i>	3	NM; *
<i>eq calcium tab citr+d</i>	3	NM; *
EQL CALCIUM CAP VIT D	3	NM; *
<i>eql calcium tab citr/d3</i>	3	NM; *
<i>eql calcium tab w/vit d</i>	3	NM; *
GALZIN CAP 25MG	3	NM; *
GALZIN CAP 50MG	3	NM; *

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<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 ca/vit d3 tab 600-800</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; *
MAG64 TAB 64MG	3	NM; *
<i>mag-g tab 500mg</i>	3	NM; *
MAG-SR PLUS TAB CALCIUM	3	NM; *
MAG-TAB SR TAB 84MG	3	NM; *
MAGDELAY TAB 70MG	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; *
MG GLUCONATE TAB 250MG	3	NM; *

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<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; *
<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>oyst cal/d tab 250mg</i>	3	NM; *
<i>oyst cal/d tab 500mg</i>	3	NM; *
<i>oyst shell/d tab 250mg</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; *
PHOS-NAK POW CONCENTR	3	NM; *
<i>px calcium&amp;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; *

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<i>ra calcium tab vit d</i>	3	NM; *
<i>ra calcium+d tab 600mg</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; *
<i>super ca 600 tab + d3</i>	3	NM; *
<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 400UNIT	3	NM; *
<i>zinc sulfate cap 50 mg (elemental zn)</i>	3	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	3	NM; *
<i>zinc-220 cap</i>	3	NM; *

### **MISCELLANEOUS**

ARGININE2000 PAK 2000MG	3	NM; *
<i>arginine cap 500 mg</i>	3	NM; *
ARGININE PAK 500MG	3	NM; *
<i>arginine tab 500 mg</i>	3	NM; *
<i>arginine tab 500mg</i>	3	NM; *
<i>arginine tab 1000 mg</i>	3	NM; *
COROMEGA EMU OMEGA 3	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; *

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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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>eql fish oil cap 1200mg</i>	3	NM; *
FISH OIL CAP 150MG	3	NM; *
FISH OIL CAP 180MG	3	NM; *
FISH OIL CAP 183.33MG	3	NM; *
<i>fish oil cap 300mg</i>	3	NM; *
<i>fish oil cap 435mg</i>	3	NM; *
FISH OIL CAP 900MG	3	NM; *
<i>fish oil cap 1000mg</i>	3	NM; *
<i>fish oil cap 1200mg</i>	3	NM; *
FISH OIL CAP 1400MG	3	NM; *
FISH OIL CHW 875MG	3	NM; *
<i>fish oil con cap 300mg</i>	3	NM; *
<i>fish oil con cap 1000mg</i>	3	NM; *
<i>glutamine powder</i>	3	NM; *
<i>glutimmune pow 100%</i>	3	NM; *
<i>gnp fish oil cap</i>	3	NM; *
GNP FISH OIL CAP 840MG	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 FISH OIL CAP 554MG	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; *
<i>l-arginine cap 500mg</i>	3	NM; *
L-ARGININE POW	3	NM; *
<i>l-arginine tab 1000mg</i>	3	NM; *
<i>l-arginine- cap 500</i>	3	NM; *
L-CITRULLINE CAP 600MG	3	NM; *
L-GLUTAMINE POW	3	NM; *
L-GLUTATHION CRY	3	NM; *
L-ISOLEUCINE POW	3	NM; *
<i>maximum epa cap 1000mg</i>	3	NM; *
<i>omega 3 500 cap 500mg</i>	3	NM; *
OMEGA BABY EMU PRENATAL	3	NM; *
<i>omega essent liq basic</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>omega iii cap epa+dha</i>	3	NM; *
OMEGA-3 2100 CAP 1050MG	3	NM; *
OMEGA-3 CAP 350MG	3	NM; *
<i>omega-3 cap 1200mg</i>	3	NM; *
OMEGA-3 CAP 1400MG	3	NM; *
OMEGA-3 CAP FISH OIL	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; *
OMEGA-3 IQ CHW 240MG	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; *
<i>px fish oil cap 1000mg</i>	3	NM; *
<i>ra fish oil cap 600mg</i>	3	NM; *
<i>ra fish oil cap 1000mg</i>	3	NM; *
RA FISH OIL CAP 1400MG	3	NM; *
<i>salmon oil cap 1000mg</i>	3	NM; *
SALMON OIL- CAP 1000	3	NM; *
<i>sam-e.p.a. cap 500mg</i>	3	NM; *
<i>sea-omega 30 cap 1200mg</i>	3	NM; *
<i>sea-omega 50 cap 1000mg</i>	3	NM; *
SM FISH OIL CAP 554MG	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; *
ULTRA OMEGA3 CAP 1400MG	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 Limits On Use
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**VITAMINS**

<i>a thru z chw select</i>	3	NM; *
<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; *
<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>50+ adult cap eye hlth</i>	3	NM; *
<i>advanced tab formula</i>	3	NM; *
<i>airborne chw</i>	3	NM; *
<i>airborne chw gummies</i>	3	NM; *
AIRBORNE LOZ	3	NM; *
<i>airborne tab</i>	3	NM; *
AIRSHIELD CHW IMMUNITY	3	NM; *
ALIVE ENERGY TAB WOMENS	3	NM; *
ALIVE WOMENS CHW GUMMY	3	NM; *
<i>alph-e cap 400unit</i>	3	NM; *
<i>alph-e-mixed cap 200unit</i>	3	NM; *
<i>alph-e-mixed cap 1000unit</i>	3	NM; *
ALPHA LIPOIC CAP 50MG	3	NM; *
ALPHA LIPOIC CAP 300MG	3	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 100 mg</i>	3	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 200 mg</i>	3	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 600 mg</i>	3	NM; *
<i>animal chews chw</i>	3	NM; *
<i>animal shape chw</i>	3	NM; *
<i>animal shape chw /iron</i>	3	NM; *
<i>animal shape chw complete</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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>animal shape chw iron</i>	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; *
APETIGEN TAB PLUS	3	NM; *
AQUADEKS CHW	3	NM; *
<i>aquadeks dro</i>	3	NM; *
<i>aqueous e dro 15/0.3ml</i>	3	NM; *
<i>asco-tabs tab 1000mg</i>	3	NM; *
<i>ascorbic acid tab 100 mg</i>	3	NM; *
<i>ascorbic acid tab 250 mg</i>	3	NM; *
<i>ascorbic acid tab 500 mg</i>	3	NM; *
<i>ascorbic acid tab 1000 mg</i>	3	NM; *
<i>b comp/iron/ tab vit c/e</i>	3	NM; *
<i>b complex tab plus c</i>	3	NM; *
<i>b complex tab vit c</i>	3	NM; *
<i>b-complex tab /vit c</i>	3	NM; *
<i>b-complex tab balanced</i>	3	NM; *
<i>b-complex w/ c &amp; calcium tab</i>	3	NM; *
<i>b-complex w/ c &amp; folic acid tab</i>	3	NM; *
<i>b-complex w/ c cap</i>	3	NM; *
<i>b-complex w/ c tab</i>	3	NM; *
<i>b-complex w/ c tab er</i>	3	NM; *
BABY VIT D DRO 400/.028	3	NM; *
<i>balanced b tab complex</i>	3	NM; *
<i>bdy/hair/skn cap nails</i>	3	NM; *
<i>bec/zinc tab</i>	3	NM; *
<i>bee zee tab</i>	3	NM; *
<i>berocca tab</i>	3	NM; *
<i>better b tab complex</i>	3	NM; *
BIO-35 GLUTE CAP FREE	3	NM; *
<i>bio-d-mulsio liq 400unit</i>	3	NM; *
<i>bio-d-mulsio liq 2000unit</i>	3	NM; *
BIOCAL CAP	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
BIOSUPP LIQ	3	NM; *
BIOTECT PLUS CAP	3	NM; *
BIOTECT PLUS LIQ	3	NM; *
<i>biotin 5000 cap</i>	3	NM; *
BIOTIN CAP 1MG	3	NM; *
<i>biotin cap 2.5 mg</i>	3	NM; *
<i>biotin cap 5 mg</i>	3	NM; *
<i>biotin cap 5000mcg</i>	3	NM; *
<i>biotin plus/ tab cal/vitd</i>	3	NM; *
BIOTIN POW	3	NM; *
BIOVOL SYP	3	NM; *
<i>c 250 tab</i>	3	NM; *
<i>c 1000 tab 1000mg</i>	3	NM; *
<i>c-250 tab 250mg</i>	3	NM; *
<i>c-500 tab 500mg</i>	3	NM; *
<i>c-1000 tab 1000mg</i>	3	NM; *
<i>c-1000/rh tab 1000mg</i>	3	NM; *
C-BUFF POW	3	NM; *
<i>c/rose hips tab 1000mg</i>	3	NM; *
CAL-CITRATE CAP 150MG	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
<i>carravite tab</i>	3	NM; *
<i>centamin liq</i>	3	NM; *
<i>centavite az tab minerals</i>	3	NM; *
<i>centavite liq</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 MULTI	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
CENTRUM CHW SILVER	3	NM; *
<i>centrum kids chw complete</i>	3	NM; *
CENTRUM KIDS CHW FLAV BST	3	NM; *
CENTRUM SPEC TAB HEART	3	NM; *
CENTRUM SPEC TAB VISION	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 jr chw</i>	3	NM; *
CEROVITE LIQ ADVANCED	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 antioxidant</i>	3	NM; *
CERTAVITE TAB SENIOR	3	NM; *
<i>certavite/ tab antioxidant</i>	3	NM; *
CHEW-12 CHW	3	NM; *
<i>chewabl vite chw childrns</i>	3	NM; *
<i>child chew chw iron</i>	3	NM; *
<i>child chew chw vitamins</i>	3	NM; *
<i>child chew/ chw extra c</i>	3	NM; *
<i>child multi chw vit/iron</i>	3	NM; *
<i>child multi chw vitamin</i>	3	NM; *
<i>child multiv chw iron</i>	3	NM; *
<i>child vitam chw</i>	3	NM; *
<i>children vit chw</i>	3	NM; *
<i>childrens chw /iron</i>	3	NM; *
CHILDRENS CHW COMPLETE	3	NM; *
<i>childrens chw gummies</i>	3	NM; *
<i>childrens chw vitamins</i>	3	NM; *
<i>chld mltivit chw /mineral</i>	3	NM; *
<i>chld vitamin chw iron</i>	3	NM; *
CHLORELLA CAP	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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; *
<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 drops 5000 unit/ml (1000 unit/0.2ml)</i>	3	NM; *
<i>cholecalciferol oral liquid 400 unit/ml</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>co q10 ms cap 200mg</i>	3	NM; *
<i>coenzyme q10 cap 10 mg</i>	3	NM; *
<i>coenzyme q10 cap 30 mg</i>	3	NM; *
<i>coenzyme q10 cap 30mg</i>	3	NM; *
<i>coenzyme q10 cap 50 mg</i>	3	NM; *
<i>coenzyme q10 cap 50mg</i>	3	NM; *
<i>coenzyme q10 cap 60 mg</i>	3	NM; *
<i>coenzyme q10 cap 75 mg</i>	3	NM; *
<i>coenzyme q10 cap 100 mg</i>	3	NM; *
<i>coenzyme q10 cap 100mg</i>	3	NM; *
<i>coenzyme q10 cap 150 mg</i>	3	NM; *
<i>coenzyme q10 cap 200 mg</i>	3	NM; *
<i>coenzyme q10 cap 200mg</i>	3	NM; *
<i>coenzyme q10 cap 300 mg</i>	3	NM; *
<i>coenzyme q10 cap 400 mg</i>	3	NM; *
<i>coenzyme q10 cap 400mg</i>	3	NM; *
<i>comp multivi liq mineral</i>	3	NM; *
<i>companion tab</i>	3	NM; *
<i>compete tab</i>	3	NM; *
<i>compl multiv chw childrns</i>	3	NM; *
<i>comple multi tab adlt 50+</i>	3	NM; *
<b>COMPLETE 50+ TAB MENS</b>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>complete 50+ tab multi</i>	3	NM; *
COMPLETE 50+ TAB WOMENS	3	NM; *
<i>complete tab</i>	3	NM; *
<i>complete tab senior</i>	3	NM; *
CONCEPTIONXR MIS MOTILITY	3	NM; *
<i>coq10 cap 400mg</i>	3	NM; *
<i>cvd d3 chw 1000unit</i>	3	NM; *
<i>cvs biotin cap 5000mcg</i>	3	NM; *
<i>cvs biotin cap 10000mcg</i>	3	NM; *
<i>cvs children chw complete</i>	3	NM; *
<i>cvs d3 cap 1000unit</i>	3	NM; *
<i>cvs d3 cap 2000unit</i>	3	NM; *
<i>cvs d3 cap 5000unit</i>	3	NM; *
<i>cvs d3 chw 1000 unt</i>	3	NM; *
<i>cvs daily chw gummies</i>	3	NM; *
<i>cvs daily tab fe/ca/zn</i>	3	NM; *
<i>cvs daily tab multiple</i>	3	NM; *
<i>cvs e cap 200unit</i>	3	NM; *
<i>cvs e oil oil 30000unt</i>	3	NM; *
<i>cvs stress tab form/zn</i>	3	NM; *
<i>cvs super b tab complx/c</i>	3	NM; *
<i>cvs vision tab formula</i>	3	NM; *
<i>cvs vit c tab 1000mg</i>	3	NM; *
<i>cvs vit c/rh tab 1000mg</i>	3	NM; *
<i>cvs vit e cap 400unit</i>	3	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	3	NM; *
CYTO-Q LIQ 80MG/10	3	NM; *
CYTO-Q MAX LIQ 100MG/ML	3	NM; *
CYTO-Q T/F LIQ 80MG/10	3	NM; *
<i>d3 adult chw 1000unit</i>	3	NM; *
<i>d3 cap 1000unit</i>	3	NM; *
D3 DOTS TAB 2000UNIT	3	NM; *
<i>d3 kids chw 400unit</i>	3	NM; *
<i>d3 max st dro 5000unit</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; *

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<i>d 400 tab 400unit</i>	3	NM; *
<i>d 1000 cap 1000unit</i>	3	NM; *
<i>d 2000 tab 2000unit</i>	3	NM; *
<i>d-3 gummy chw 400unit</i>	3	NM; *
<i>d-vita liq 400unit</i>	3	NM; *
<i>daily combo tab</i>	3	NM; *
DAILY D3 DRO 1000UNIT	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 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 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; *
DDROPS LIQ	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 LIQ ESSENTIA	3	NM; *
DEKAS PLUS CAP	3	NM; *
DEKAS PLUS CHW	3	NM; *
DEKAS PLUS LIQ	3	NM; *
<i>delta d3 tab 400unit</i>	3	NM; *
DIABET HLTH PAK SUPPORT	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
DIABETES PAK HEALTH	3	NM; *
<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</i>	3	NM; *
<i>dialyvite tab 800/d</i>	3	NM; *
<i>dino-life chw</i>	3	NM; *
<i>dino-life chw extra c</i>	3	NM; *
DINO-LIFE CHW IRON-ZIN	3	NM; *
<i>disney cars chw gummies</i>	3	NM; *
<i>e200 cap 200unit</i>	3	NM; *
<i>e400 mixed cap 400unit</i>	3	NM; *
<i>e 1000 cap 1000unit</i>	3	NM; *
<i>e-200 cap 200unit</i>	3	NM; *
<i>e-400 cap 400unit</i>	3	NM; *
<i>e-400 clear cap</i>	3	NM; *
<i>e-400-mixed cap</i>	3	NM; *
<i>e-max-1000 cap</i>	3	NM; *
<i>e-oil oil 30000unt</i>	3	NM; *
<i>e-pherol tab 400unit</i>	3	NM; *
ELDERTONIC ELX	3	NM; *
EMERGEN-C PAK BLUE	3	NM; *
EMERGEN-C PAK HEART	3	NM; *
EMERGEN-C PAK IMMUNE	3	NM; *
EMERGEN-C PAK KIDZ	3	NM; *
EMERGEN-C PAK MSM LITE	3	NM; *
EMERGEN-C PAK PINK	3	NM; *
EMERGEN-C PAK VIT D/CA	3	NM; *
EMERGEN-C PAK VITA C	3	NM; *
<i>endur-acin tab 500mg sr</i>	3	NM; *
<i>enviro-stres tab</i>	3	NM; *
EQ COMPLETE TAB ADULT	3	NM; *
<i>eq multivita chw gummies</i>	3	NM; *
EQ ONE DAILY TAB MENS	3	NM; *
EQ ONE DAILY TAB WOMENS	3	NM; *
<i>eql century tab</i>	3	NM; *
<i>eql century tab mature</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>eql coq10 cap 100mg</i>	3	NM; *
<i>eql coq10 cap 200mg</i>	3	NM; *
<i>eql vision tab formula</i>	3	NM; *
<i>eql vit c tab 1000mg</i>	3	NM; *
<i>eql vit c/rh tab 1000mg</i>	3	NM; *
<i>eql vit e cap 400unit</i>	3	NM; *
<i>eql vit e cap 1000unit</i>	3	NM; *
<i>eql vitamin cap d3</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>ester-e cap 400unit</i>	3	NM; *
<i>eye vitamins tab /mineral</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>flintstones chw bone bld</i>	3	NM; *
<i>flintstones chw complete</i>	3	NM; *
FLINTSTONES CHW COMPLETE	3	NM; *
<i>flintstones chw extra c</i>	3	NM; *
<i>flintstones chw my first</i>	3	NM; *
<i>flintstones chw omega-3</i>	3	NM; *
<i>flintstones chw pls calc</i>	3	NM; *
<i>flnston plus chw iron</i>	3	NM; *
<i>folic acid cap 0.8 mg</i>	3	NM; *
FOLIC ACID CAP 5MG	3	NM; *
FOLIC ACID CAP 20MG	3	NM; *
FOLIC ACID POW	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; *
<i>formula e cap 400unit</i>	3	NM; *
FREEDAVITE TAB	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>fruity chews chw</i>	3	NM; *
<i>fruity chews chw /iron</i>	3	NM; *
<i>fruity chw multivit</i>	3	NM; *
FULL SPECT TAB B/ VIT C	3	NM; *
<i>geriaton liq</i>	3	NM; *
<i>gerivite tab complete</i>	3	NM; *
<i>glucoten cap</i>	3	NM; *
GLYCO-TECH TAB	3	NM; *
<i>gnp animal chw plus c</i>	3	NM; *
<i>gnp animal chw shapes</i>	3	NM; *
<i>gnp biotin cap 5000mcg</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; *
<i>gnp co q10 cap 60mg</i>	3	NM; *
<i>gnp co q10 cap 100mg</i>	3	NM; *
<i>gnp co q10 cap 200mg</i>	3	NM; *
<i>gnp healthy tab eyes</i>	3	NM; *
<i>gnp little chw ones</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 c tab 250mg</i>	3	NM; *
<i>gnp vit c tab 1000mg</i>	3	NM; *
<i>gnp vit c/rh tab 1000mg</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>gnp vit e cap 200unit</i>	3	NM; *
<i>gnp vit e cap 400unit</i>	3	NM; *
<i>gnp vit e cap 1000unit</i>	3	NM; *
<i>gnp zoochews chw gummies</i>	3	NM; *
<i>gummi bear chw multivit</i>	3	NM; *

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<i>gummy dinos chw</i>	3	NM; *
<i>gummy multiv chw kids</i>	3	NM; *
<i>gummy vit/ chw minerals</i>	3	NM; *
<i>h2q cap 100mg</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; *
HEALTHY KIDS CHW GUMMIES	3	NM; *
<i>hm animal chw shapes</i>	3	NM; *
<i>hm b complex tab with c</i>	3	NM; *
<i>hm complete tab</i>	3	NM; *
HM COMPLETE TAB	3	NM; *
<i>hm complete tab 50+</i>	3	NM; *
<i>hm coq10 cap 50mg</i>	3	NM; *
<i>hm coq10 cap 100mg</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 c tab 1000mg</i>	3	NM; *
<i>hm vitamin d tab 1000unit</i>	3	NM; *
<i>hm vitamin e cap 200unit</i>	3	NM; *
<i>hm vitamin e cap 400unit</i>	3	NM; *
<i>hm vitamin e cap 1000unit</i>	3	NM; *
HONEY BEARS CHW	3	NM; *
HONEY BEARS CHW IRON-ZIN	3	NM; *
HYALEX TAB	3	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml3 (base equivalent)</i>		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; *
<i>icaps lutein cap /omega-3</i>	3	NM; *
ICAPS LUTEIN TAB ZEAXANTH	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>icaps mv tab</i>	3	NM; *
ICAPS PLUS TAB	3	NM; *
IMMUNE SUPP POW VIT C	3	NM; *
<i>just d liq 400unit</i>	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 b complex tab /c</i>	3	NM; *
<i>kp mens 50+ tab daily</i>	3	NM; *
<i>kp mens tab daily</i>	3	NM; *
<i>kp vitamin e cap 100unit</i>	3	NM; *
<i>kp women 50+ tab daily</i>	3	NM; *
<i>kp womens tab daily</i>	3	NM; *
<i>land bfr tim chw vit/iron</i>	3	NM; *
LIFE PACK MIS MENS	3	NM; *
LIFE PACK MIS WOMENS	3	NM; *
LIPOIC ACID CAP 150MG	3	NM; *
LIQ-10 SYP	3	NM; *
<i>liqui-e liq 400/15ml</i>	3	NM; *
<i>little anima chw plus fe</i>	3	NM; *
<i>lysiplex liq plus</i>	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; *
MAXIMIN PAK	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; *

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<i>mega vm-80 tab</i>	3	NM; *
<i>mega-maratho tab 100 tr</i>	3	NM; *
MEGAVITE TAB FRT/VEG	3	NM; *
MEGAVITE TAB GOLD 55+	3	NM; *
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; *
<i>meribin cap 5mg</i>	3	NM; *
MH MACULAR MIS HEALTH	3	NM; *
MIL-A-MULSIO EMU	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; *
MULTI FOR POW HIM	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; *
<i>multi vitami tab</i>	3	NM; *
<i>multi vitami tab d-3</i>	3	NM; *
MULTI VITAMN TAB MINERALS	3	NM; *
<i>multi+omega3 chw adult</i>	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; *

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<i>multi-delyn liq</i>	3	NM; *
MULTI-DELYN LIQ /IRON	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&amp;over</i>	3	NM; *
<i>multilex tab</i>	3	NM; *
<i>multilex-t&amp;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>multivitamin cap</i>	3	NM; *
<i>multivitamin cap daily</i>	3	NM; *
<i>multivitamin chw child</i>	3	NM; *
<i>multivitamin chw children</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; *
MVW COMPLETE CAP D3000	3	NM; *
MVW COMPLETE CAP D5000	3	NM; *
MVW COMPLETE CAP FORMULAT	3	NM; *
<i>mvw complete chw bubblgum</i>	3	NM; *
<i>mvw complete chw d3000</i>	3	NM; *
<i>mvw complete chw orange</i>	3	NM; *
MVW COMPLETE DRO PEDIATRI	3	NM; *
<i>my-vitalife cap</i>	3	NM; *
<i>myamulti tab</i>	3	NM; *
MYKIDZ IRON SUS 10MG/2ML	3	NM; *
NANOVM POW 1-3 YRS	3	NM; *
NANOVM POW 4-8YEARS	3	NM; *
NANOVM POW 9-18 YRS	3	NM; *
NANOVM T/F LIQ	3	NM; *

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NANOVM T/F POW	3	NM; *
NASCOBAL SPR 500MCG	3	NM; *
<i>nat vit e cap 400unit</i>	3	NM; *
<i>nat vit e cap 1000unit</i>	3	NM; *
NEOQ10 CAP 125MG	3	NM; *
NEPHRONEX LIQ 0.9/5ML	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; *
NIVA-PLUS TAB	1	
<i>nutr-e-sol liq 400/15ml</i>	3	NM; *
O-CAL FA TAB	1	
<i>ocutabs tab</i>	3	NM; *
<i>ocutabs tab lutein</i>	3	NM; *
OCUVITE CAP ADULT	3	NM; *
<i>ocuvite eye chw health</i>	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; *
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 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; *

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<i>one daily tab /mineral</i>	3	NM; *
<i>one daily tab complete</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 MENOPAUS	3	NM; *
ONE-A-DAY TAB MENS	3	NM; *
<i>one-a-day tab teen/her</i>	3	NM; *
ONE-A-DAY TAB TEEN/HIM	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; *
OPTIMAL D3 M CAP	3	NM; *
<i>optimal-d cap 50000unt</i>	3	NM; *
<i>optimum pms tab</i>	3	NM; *
OPTISOURCE CHW BARIATRC	3	NM; *
OPURITY CHW BYPASS	3	NM; *
<i>orthovite tab</i>	3	NM; *
<i>pa biotin cap 5000mcg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
PA MENS 50 PAK VITAPAK	3	NM; *
PA MENS PAK VITAPAK	3	NM; *
<i>pa vitamin cap 2000unit</i>	3	NM; *
<i>pa vitamin e cap 400unit</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>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	3	NM; *
<i>pediavit liq</i>	3	NM; *
PHLEXY-VITS POW	3	NM; *
PHYTOMULTI TAB	3	NM; *
<i>phytonadione inj 10 mg/ml</i>	3	NM; *
PNV FOLIC AC TAB + IRON	1	
PNV PRENATAL TAB PLUS	1	
<i>poly vitamin chw</i>	3	NM; *
<i>poly-vita dro</i>	3	NM; *
<i>poly-vita dro /iron</i>	3	NM; *
<i>polyvitamin chw /iron</i>	3	NM; *
<i>polyvitamin dro</i>	3	NM; *
<i>polyvitamin dro /iron</i>	3	NM; *
PORENAL+D CAP OMEGA 3	3	NM; *
PRENATAL TAB 27-0.8MG	3	NM; *
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
PRENATAL VIT TAB LOW IRON	1	
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	1	
PREPLUS TAB 27-1MG	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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>princess chw gummies</i>	3	NM; *
PRO-CAL TAB	3	NM; *
PROCERV HP TAB	3	NM; *
PRORENAL +D TAB	3	NM; *
PRORENAL+D CAP OMEGA-3	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>pureway-c tab 500mg</i>	3	NM; *
<i>px advanced tab multivit</i>	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; *
Q-GEL CAP 15MG	3	NM; *
<i>q-gel forte cap 30mg</i>	3	NM; *
<i>q-gel mega cap 100mg</i>	3	NM; *
<i>q-gel ultra cap 60mg</i>	3	NM; *
<i>q-sorb cap 30mg</i>	3	NM; *
<i>q-sorb cap 50mg</i>	3	NM; *
<i>q-sorb cap 75mg</i>	3	NM; *
<i>q-sorb cap 150mg</i>	3	NM; *
<i>q-sorb cap 200mg</i>	3	NM; *
<i>q-sorb co q cap 200mg</i>	3	NM; *
<i>q-sorb co-q cap 100mg</i>	3	NM; *
<i>qc childrens chw complete</i>	3	NM; *
<i>qc childrens chw extra c</i>	3	NM; *
<i>qc childrens chw iron</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 b-complex tab vit c tr</i>	3	NM; *
<i>ra biotin cap 2500mcg</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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; *
RA ESSENCE-C POW LMN-LIME	3	NM; *
RA ESSENCE-C POW ORANGE	3	NM; *
RA ESSENCE-C POW RASPBRY	3	NM; *
RA ESSENCE-C POW TNGERINE	3	NM; *
<i>ra hair/skin tab /nails</i>	3	NM; *
<i>ra mature wm tab diet sup</i>	3	NM; *
<i>ra nat vit e cap 400unit</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 vision tab vite/zn</i>	3	NM; *
<i>ra vit c/rh tab 1000mg</i>	3	NM; *
<i>ra vitamin c tab 250mg</i>	3	NM; *
<i>ra vitamin cap 2000unit</i>	3	NM; *
<i>ra vitamin e cap 200unit</i>	3	NM; *
<i>ra vitamin e cap 400unit</i>	3	NM; *
<i>ra vitamin e cap 1000unit</i>	3	NM; *
<i>rabano liq yodado</i>	3	NM; *
RAYALDEE CAP 30MCG	2	NDS
<i>rena-vite tab</i>	3	NM; *
<i>renal tab</i>	3	NM; *
<i>renal tab multivit</i>	3	NM; *
<i>renal vitamn tab</i>	3	NM; *
<i>renal-vite tab</i>	3	NM; *
<i>renal/zinc tab multivit</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
REPLACE CAP	3	NM; *
REPLESTA NX WAF 14000UNT	3	NM; *
REPLESTA WAF 14000UNT	3	NM; *
REPLESTA WAF 50000UNT	3	NM; *
<i>savision tab</i>	3	NM; *
<i>sclerex tab</i>	3	NM; *
SCOOBY-DOO CHW	3	NM; *
<i>senior tabs tab</i>	3	NM; *
<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; *
SIMILAC PREN PAK EARLY SH	3	NM; *
<i>slo-niacin tab 250mg cr</i>	3	NM; *
<i>sm animal chw shapes</i>	3	NM; *
<i>sm animal sh chw complete</i>	3	NM; *
SM B-COMPLEX TAB /VIT C	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 coq-10 cap 50mg</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 vit c/rh tab 1000mg</i>	3	NM; *
<i>sm vitamin c tab 250mg</i>	3	NM; *
<i>sm vitamin c tab 500mg</i>	3	NM; *
<i>sm vitamin c tab 1000mg</i>	3	NM; *
<i>sm vitamin d tab 400unit</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>sm vitamin e cap 200unit</i>	3	NM; *
<i>sm vitamin e cap 400unit</i>	3	NM; *
<i>sm vitamin e cap 1000unit</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; *
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 b com tab vit c/zn</i>	3	NM; *
<i>stress b/ tab zinc</i>	3	NM; *
<i>stress form tab</i>	3	NM; *
<i>stress form tab /iron</i>	3	NM; *
<i>stress form tab /zinc</i>	3	NM; *
<i>stress form/ tab zinc</i>	3	NM; *
<i>stress formu tab</i>	3	NM; *
<i>stress formu tab /zinc</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>stresstabs tab advanced</i>	3	NM; *
<i>stresstabs tab energy</i>	3	NM; *
<i>sunvite tab advanced</i>	3	NM; *
SUPER ANTIOX CAP	3	NM; *
<i>super antiox tab a/c/e/se</i>	3	NM; *
<i>super b comp tab vit c</i>	3	NM; *
<i>super b w/c cap</i>	3	NM; *
<i>super b-comp tab vit c/fa</i>	3	NM; *
<i>super biotin cap 5000mcg</i>	3	NM; *
<i>super liq nu-thera</i>	3	NM; *
<i>super multip cap</i>	3	NM; *

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<i>super multip tab</i>	3	NM; *
SUPER POW NU-THERA	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>superplex-t tab</i>	3	NM; *
<i>supr aytinal tab</i>	3	NM; *
<i>supr aytinal tab 50 plus</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 co q-10 cap 100mg</i>	3	NM; *
<i>th complete tab multi</i>	3	NM; *
<i>th vision tab vitamins</i>	3	NM; *
<i>th vitamin c tab 250mg</i>	3	NM; *
<i>th vitamin c tab 1000mg</i>	3	NM; *
<i>th vitamin e cap 200unit</i>	3	NM; *
<i>th vitamin e cap 400unit</i>	3	NM; *
<i>th vitamin e cap 1000unit</i>	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>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
THERAGRAN-M TAB PREMIER	3	NM; *
THERANATAL MIS LACTATIO	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 b/c tab</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>totalday mul tab tr</i>	3	NM; *
TRI-VI-SOL SOL	3	NM; *
<i>tri-vita sol</i>	3	NM; *
<i>tri-vitamin dro</i>	3	NM; *
TRICARE TAB PRENATAL	1	
<i>tropical liq nutritio</i>	3	NM; *
<i>trueplus tab diabetic</i>	3	NM; *
<i>ultra choice chw kids</i>	3	NM; *
<i>ultra freeda tab</i>	3	NM; *
<i>ultra freeda tab /iron</i>	3	NM; *
ULTRA MEGA G TAB 75MG CR	3	NM; *
ULTRA MEGA G TAB 100MG	3	NM; *
ULTRA MEGA TAB 75MG CR	3	NM; *
ULTRA MEGA TAB TWO	3	NM; *
ULTRA MENS MIS PACK	3	NM; *
<i>ultrachoice tab advanced</i>	3	NM; *
UNICOMPLEX-M TAB	3	NM; *
<i>vision form/ tab lutein</i>	3	NM; *
<i>vision tab vitamins</i>	3	NM; *

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VIT D3 DROPS LIQ 400UNIT	3	NM; *
<i>vit d child chw 1000unit</i>	3	NM; *
<i>vit e complx cap 400unit</i>	3	NM; *
<i>vit e complx cap 1000unit</i>	3	NM; *
<i>vit e d-alph cap 200unit</i>	3	NM; *
<i>vit e d-alph cap 400unit</i>	3	NM; *
<i>vita hair tab</i>	3	NM; *
<i>vita-bee/c tab</i>	3	NM; *
VITA-BOB CAP	3	NM; *
<i>vita-plus e cap 400unit</i>	3	NM; *
<i>vitabasic tab complete</i>	3	NM; *
<i>vitabasic tab senior</i>	3	NM; *
<i>vitachew chw</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; *
VITALETS CHW	3	NM; *
VITALETS CHW CHILD	3	NM; *
VITAMAX CHW	3	NM; *
VITAMENT PAK	3	NM; *
<i>vitamin c tab 100mg</i>	3	NM; *
<i>vitamin c tab 250mg</i>	3	NM; *
<i>vitamin c tab 500mg</i>	3	NM; *
VITAMIN D2 TAB 400UNIT	3	NM; *
VITAMIN D2 TAB 2000UNIT	3	NM; *
<i>vitamin d3 cap 400unit</i>	3	NM; *
<i>vitamin d3 cap 1000unit</i>	3	NM; *
<i>vitamin d3 cap 2000 unt</i>	3	NM; *
<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 cap us 5000u</i>	3	NM; *
<i>vitamin d3 chw 400unit</i>	3	NM; *

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<i>vitamin d3 chw 1000unit</i>	3	NM; *
<i>vitamin d3 dro 400unit</i>	3	NM; *
VITAMIN D3 LIQ 1200UNIT	3	NM; *
VITAMIN D3 SPR 1000UNIT	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; *
<i>vitamin e cap 100 unit</i>	3	NM; *
<i>vitamin e cap 200 unit</i>	3	NM; *
<i>vitamin e cap 200unit</i>	3	NM; *
<i>vitamin e cap 400 unit</i>	3	NM; *
<i>vitamin e cap 400unit</i>	3	NM; *
<i>vitamin e cap 1000 unit</i>	3	NM; *
<i>vitamin e cap 1000unit</i>	3	NM; *
VITAMIN E CHW 400UNIT	3	NM; *
<i>vitamin e oral oil 100 unit/0.25ml</i>	3	NM; *
<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	3	NM; *
VITAMIN E TAB 100UNIT	3	NM; *
VITAMIN E TAB 200UNIT	3	NM; *
<i>vitamin e tab 400 unit</i>	3	NM; *
VITASANA TAB	3	NM; *
<i>vitatrum chw</i>	3	NM; *

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VITATRUM TAB	3	NM; *
<i>vitatrum tab complete</i>	3	NM; *
<i>vite/iron chw children</i>	3	NM; *
<i>vitrum tab senior</i>	3	NM; *
VITRUM TAB SENIOR	3	NM; *
VOL-PLUS TAB	1	
<i>vt b complex cap</i>	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; *
<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; *
<i>yl vit c/rh tab 1000mg</i>	3	NM; *
<i>yl vitamin c tab 1000mg</i>	3	NM; *
<i>yl vitamin e cap 400unit</i>	3	NM; *
YOUR LIFE CHW GUMMIES	3	NM; *
ZINC LOZ	3	NM; *
<i>zoo friends chw</i>	3	NM; *
ZOO FRIENDS CHW COMPLETE	3	NM; *
<i>zoo friends chw extra c</i>	3	NM; *
<i>zoo friends chw gummies</i>	3	NM; *
<i>zoo friends chw pls iron</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
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply \* - Non-Part D Drugs, or OTC items that are covered by Medicaid 163

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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
BLEPHAMIDE OIN S.O.P.	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**

AZASITE SOL 1%	2	
<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	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</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	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	2	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ALREX SUS 0.2%	2	
<i>bromfenac sodium ophth soln 0.09% (base 1 equiv) (once-daily)</i>		
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	
<i>fluorometholone ophth susp 0.1%</i>	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	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OIN 0.5%	2	
LOTEMAX SUS 0.5%	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
PROLENSA SOL 0.07%	2	
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>alaway child dro 0.025%op</i>	3	NM; *
<i>alaway 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 itch rel dro 0.025%op</i>	3	NM; *
<i>eye itch sol relief</i>	3	NM; *
<i>ketotif fum 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	
PAZEO DRO 0.7%	2	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
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**ANTIGLAUCOMA - 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	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 1 22.3-6.8 mg/ml</i>	1	
<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	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</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	NDS, NM, LA, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>eq gentle dro 0.3%</i>	3	NM; *
<i>eye drops dro 0.5-0.9%</i>	3	NM; *
FRESHKOTE SOL 2.7-2%	3	NM; *
GENTEAL GEL 0.3%	3	NM; *
<i>genteal tear oin nt-time</i>	3	NM; *
<i>genteal tear sol mild</i>	3	NM; *
<i>genteal tear sol moderate</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 eye</i>	3	NM; *
<i>lubricant oin eye</i>	3	NM; *
<i>lubricating dro 0.5%</i>	3	NM; *
<i>lubricnt eye dro 0.4-0.3%</i>	3	NM; *
<i>lubricnt eye dro 0.5% op</i>	3	NM; *
<i>lubricnt gel dro 0.25-0.3</i>	3	NM; *
<i>lubrifresh oin p.m.</i>	3	NM; *
MURO 128 SOL 2% OP	3	NM; *
<i>natural bal sol tears</i>	3	NM; *
<i>natures sol tears</i>	3	NM; *
<i>optics mini dro</i>	3	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>purcube oin</i>	3	NM; *
REFRESH CELL GEL 1% 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 SOL OPTIVE	3	NM; *
RESTASIS EMU 0.05%	2	QL (64 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	2	QL (1 bottle / 30 days)
<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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
SYSTANE GEL DRO 0.4-0.3%	3	NM; *
<i>systane oin</i>	3	NM; *
<i>tears natura sol free 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
TRELEGY AER ELLIPTA	2	QL (60 blisters / 30 days)

### ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	2	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	2	QL (30 blisters / 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	

### ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ALA-HIST IR TAB 2MG	3	NM; *
<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 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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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 med tab 25mg</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 tab 5 mg</i>	3	NM; *
<i>cetirizine hcl tab 10 mg</i>	3	NM; *
<i>cetirizine sol 1mg/ml</i>	3	NM; *
<i>cetirizine sol 5mg/5ml</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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<i>chlorpheniramine maleate tab er 12 mg</i>	3	NM; *
<i>comp allergy cap 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>diphenhydram cap 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 PD DRO 0.938MG	3	NM; *
HISTEX SYP 2.5MG/5	3	NM; *
<i>hm allergy cap 25mg</i>	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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<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>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>m-hist pd liq 0.625/ml</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>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 allergy</i>	3	NM; *
<i>sm allergy tab 4mg</i>	3	NM; *
<i>sm allergy tab 25mg rlf</i>	3	NM; *
<i>triprolidine hcl liquid 0.625 mg/ml</i>	3	NM; *
VANACLEAR PD LIQ 0.313MG	3	NM; *
VANAMINE PD LIQ 6.25/ML	3	NM; *

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**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
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	2	QL (60 inhalations / 30 days)
<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 7.5-2-15	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; *
<i>allerfed tab 4-10mg</i>	3	NM; *
<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; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply \* - Non-Part D Drugs, or OTC items that are covered by Medicaid 172

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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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>ambi 60pse/ tab 400gfn</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; *
ATUSS DA LIQ	3	NM; *
BENZEDREX INH	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; *
BROTAPP DM LIQ 15-1-5/5	3	NM; *
<i>brotapp liq</i>	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 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>child silfed liq 15mg/5ml</i>	3	NM; *
CHLO HIST SOL	3	NM; *
CHLO TUSS LIQ	3	NM; *
<i>cld head cng tab nighttim</i>	3	NM; *
<i>cold &amp; flu liq day time</i>	3	NM; *
<i>cold &amp; flu tab daytime</i>	3	NM; *
<i>cold &amp; flu tab severe</i>	3	NM; *
<i>cold &amp; sinus tab relief</i>	3	NM; *
<i>cold head pak day/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.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 &amp; cold tab</i>	3	NM; *
<i>cough &amp; sore liq thrt day</i>	3	NM; *
<i>cough dm sus 30mg/5ml</i>	3	NM; *
<i>cough syp</i>	3	NM; *
<i>cough syp 100/5ml</i>	3	NM; *
<i>coughtab tab 200mg</i>	3	NM; *
<i>12.5cpd/1dcp liq m/30pse</i>	3	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	3	NM; *
DALLERGY DRO 1-2.5MG	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; *
<i>day time liq cold/flu</i>	3	NM; *
<i>daytime pe cap cold/flu</i>	3	NM; *
DECONEX DMX TAB	3	NM; *
DECONEX IR TAB 10-385MG	3	NM; *
<i>decongestant sol 1%</i>	3	NM; *
<i>decongestant tab 120mg er</i>	3	NM; *
<i>delsym cough liq congs dm</i>	3	NM; *
<i>delsym night liq cgh+cld</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 Limits On Use
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>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</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; *
DURAFLU TAB	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; *
<i>ed a-hist tab 2.5-60mg</i>	3	NM; *
<i>ed a-hist tab 4-10mg</i>	3	NM; *
ED BRON GP LIQ	3	NM; *
ED CHLORPED DRO D	3	NM; *
<i>endacof-dm liq 2.5-1-5</i>	3	NM; *
<i>eql mucus-er tab 1200mg</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; *
FLOWTUSS SOL 2.5-200	3	NM; *
FLU & SORE POW THROAT	3	NM; *
<i>flu/cold/cgh pow daytime</i>	3	NM; *
<i>glentuss liq</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; *
<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 liq cold/flu</i>	3	NM; *
<i>gnp flu relf liq nighttime</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<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 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; *
HISTEX-AC SYP	3	NM; *
HISTEX-DM SYP	3	NM; *
HISTEX-PE SYP 2.5-10/5	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 mucus er tab 1200mg</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; *
HYCOFENIX SOL	3	NM; *
<i>hydrocod polst-chlorphen polst er susp 10- 8 mg/5ml</i>	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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>hydromet syp 5-1.5/5</i>	3	NM; *
<i>ibuprofen tab cold/sin</i>	3	NM; *
<i>kidkare liq cgh/cold</i>	3	NM; *
LODRANE D CAP 4-60MG	3	NM; *
LOHIST-D LIQ	3	NM; *
LOHIST-DM SYP 5-2-10MG	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 DMX LIQ	3	NM; *
M-END PE LIQ	3	NM; *
<i>mapap cold tab 10-5-325</i>	3	NM; *
<i>mapap sinus tab max st</i>	3	NM; *
MAR-COF BP LIQ 30-2-7.5	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 MIS DAY/NITE	3	NM; *
<i>mucinex cold cap flu nght</i>	3	NM; *
<i>mucinex cold cap sinus</i>	3	NM; *
<i>mucinex cold tab flu&amp;sore</i>	3	NM; *
<i>mucinex cold tab sinus</i>	3	NM; *
<i>mucinex dm liq 20-400</i>	3	NM; *
<i>mucinex fast liq cold flu</i>	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; *

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<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; *
<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 d tab 60-600mg</i>	3	NM; *
<i>mucus d tab 120/1200</i>	3	NM; *
<i>mucus relf d tab 60-600mg</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 cold/sin</i>	3	NM; *
<i>mucus relief liq cong/cgh</i>	3	NM; *
<i>mucus relief tab 20-400mg</i>	3	NM; *
<i>mucus relief tab 60-1200</i>	3	NM; *
<i>mucus relief tab 400mg</i>	3	NM; *
<i>mucus relief tab cld/sinu</i>	3	NM; *
<i>mucus relief tab cold/flu</i>	3	NM; *
<i>mucus relief tab dm</i>	3	NM; *
<i>mucus relief tab pe</i>	3	NM; *
<i>mucus rlf pe tab 10-400mg</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>nasal 12 hr spr 0.05%</i>	3	NM; *
NASAL DECON SYP 30MG/5ML	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; *

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NASOPEN PE LIQ	3	NM; *
<i>night time cap cold&amp;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; *
NINJACOF LIQ	3	NM; *
NINJACOF-A LIQ	3	NM; *
NINJACOF-XG LIQ 200-8/5	3	NM; *
<i>nite time cap cold/flu</i>	3	NM; *
<i>nite time liq 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; *
<i>nohist-lq 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>organ-i nr tab 200mg</i>	3	NM; *
<i>pain relief sus pls 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-HIST DM LIQ 5-25-10	3	NM; *
POLY-HIST PD LIQ	3	NM; *
POLY-TUSSIN LIQ 10-4-10	3	NM; *
POLY-VENT DM TAB	3	NM; *
POLY-VENT IR TAB 60-380MG	3	NM; *
PRO-RED AC SYP 5-1-9/5	3	NM; *
<i>prometh vc/ syp codeine</i>	3	NM; *

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<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>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	3	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-103 mg/5ml</i>	3	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>pyrilamin/pe tab 25-10mg</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 cold relf sus plus ms</i>	3	NM; *
<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>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 dm x tab</i>	3	NM; *
RESCON TAB 2-60MG	3	NM; *
RESCON-DM SYP	3	NM; *
RESPAIRE-30 CAP	3	NM; *
REZIRA SOL 60-5/5ML	3	NM; *
<i>robafen cf liq 5-10-100</i>	3	NM; *
<i>robafen cgh cap 15mg</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; *
<i>robitussin cap cold+flu</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>robitussin liq severe</i>	3	NM; *
<i>robitussin mis severe</i>	3	NM; *
<i>robitussin sus 30mg/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 cap 15mg</i>	3	NM; *
<i>sb cgh contr liq cf</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 coughtab tab 200mg</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; *
<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; *
<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; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>sinus/cold-d tab 120-220</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&amp;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 nose dro 1%</i>	3	NM; *
<i>sm tussin cf liq</i>	3	NM; *
<i>sm tussin dm syp 100-10/5</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>sodium chloride soln nebu 7%</i>	3	NM; *
STAFLEX TAB 2-250MG	3	NM; *
STAHIST AD LIQ	3	NM; *
STAHIST AD TAB 25-60MG	3	NM; *
<i>stuffy nose liq &amp; 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 20-400mg</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; *
THERAFLU FLU PAK SORE THR	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>theraflu liq exprsmx</i>	3	NM; *
<i>triaacting dt liq cold/cgh</i>	3	NM; *
<i>triaacting nt liq cold/cgh</i>	3	NM; *
TRIAMINIC SOL COLD/CGH	3	NM; *
TRIAMINIC SUS CGH/ST	3	NM; *
<i>triaminic sus fev&amp;cld</i>	3	NM; *
TRIAMINIC SYP CGH/CNG	3	NM; *
TRIAMINIC SYP CLD/ALRG	3	NM; *
TRIAMINIC SYP COLD/CGH	3	NM; *
<i>trymine cg liq 225-7.5</i>	3	NM; *
TUSNEL C SYP	3	NM; *
<i>tusnel diabt liq 10-100/5</i>	3	NM; *
TUSNEL LIQ	3	NM; *
TUSNEL PED DRO 7.5-50	3	NM; *
TUSNEL PEDI LIQ 15-5-50	3	NM; *
TUSNEL-DM DRO PEDIATRC	3	NM; *
TUSSICAPS CAP 5-4MG	3	NM; *
TUSSICAPS CAP 10-8MG	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; *
<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 mucus liq 100/5ml</i>	3	NM; *
VANACOF DM LIQ	3	NM; *
VANACOF-8 LIQ 25-50/15	3	NM; *

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<i>virtussin ac sol 100-10/5</i>	3	NM; *
<i>virtussin sol dac</i>	3	NM; *
<i>wal-flu seve pow cold/cgh</i>	3	NM; *
<i>4-way fast spr 1%</i>	3	NM; *
Z-TUSS AC LIQ 2-9/5ML	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
<i>afrin saline spr 0.65%</i>	3	NM; *
<i>altamist spr 0.65%</i>	3	NM; *
ARALAST NP INJ 500MG	2	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	2	NDS, 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 250MCG	2	
DALIRESP TAB 500MCG	2	
<i>deep sea spr 0.65%</i>	3	NM; *
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
ESBRIET CAP 267MG	2	NDS, NM, PA
ESBRIET TAB 267MG	2	NDS, NM, PA
ESBRIET TAB 801MG	2	NDS, NM, PA
<i>hm saline spr 0.65%</i>	3	NM; *
<i>humist spr 0.65%</i>	3	NM; *
KALYDECO PAK 50MG	2	NDS, NM, PA
KALYDECO PAK 75MG	2	NDS, NM, PA
KALYDECO TAB 150MG	2	NDS, 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; *
NASADROPS DRO 0.9%	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; *
OFEV CAP 100MG	2	NDS, NM, PA
OFEV CAP 150MG	2	NDS, NM, PA
ORKAMBI GRA 100-125	2	NDS, NM, PA
ORKAMBI GRA 150-188	2	NDS, NM, PA
ORKAMBI TAB 100-125	2	NDS, NM, PA
ORKAMBI TAB 200-125	2	NDS, NM, PA
PROLASTIN-C INJ 1000MG	2	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	2	NDS, NM, PA
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; *
SINUS WASH CRY SALT	3	NM; *
SYMDEKO TAB 100-150	2	NDS, NM, LA, PA

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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<i>tgt nasal spr 0.65%</i>	3	NM; *
XOLAIR SOL 150MG	2	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	2	NDS, NM, LA, PA

### **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES**

<i>budesonide nasal susp 32 mcg/act</i>	3	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 30 days)
<i>nasal allergy spr 55mcg/ac</i>	3	NM; *
<i>nasoflow spr 50mcg</i>	3	NM; *

### **STERIOD INHALANTS - DRUGS TO TREAT ASTHMA**

ARNUITY ELPT INH 50MCG	2	QL (30 inhalations / 30 days)
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)
PULMICORT INH 90MCG	2	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	2	QL (2 inhalers / 30 days)

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

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
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	
THEO-24 CAP 100MG CR	2	
THEO-24 CAP 200MG CR	2	
THEO-24 CAP 300MG CR	2	
THEO-24 CAP 400MG ER	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**

<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>amnesteem cap 10mg</i>	1	PA
<i>amnesteem cap 20mg</i>	1	PA
<i>amnesteem cap 40mg</i>	1	PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<i>avita cre 0.025%</i>	1	PA
<i>avita gel 0.025%</i>	1	PA
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 peroxide foam 5.3%</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	
BENZYL PEROX LOT CLNSR9%	3	NM; *
BENZYL PEROX LOT CLNSR 3%	3	NM; *
<i>benzyl perox lot clnsr 6%</i>	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>clindacin-p pad 1%</i>	1	
<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	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<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
<i>panoxyl bar 10%</i>	3	NM; *
<i>panoxyl wash liq 10%</i>	3	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA

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<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	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>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>neomycin-bacitracin-polymyxin oint</i>	3	NM; *
<i>silver sulfadiazine cream 1%</i>	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; *
<i>ssd cre 1%</i>	1	
<b>SULFAMYLON CRE 85MG/GM</b>	2	
<b>SULFAMYLON PAK 5%</b>	2	NDS
<i>tolnaftate soln 1%</i>	3	NM; *
<i>triple antib oin</i>	3	NM; *
<i>triple antib oin max st</i>	3	NM; *
<i>triple antib oin plus</i>	3	NM; *

### **DERMATOLOGY, ANTIFUNGALS**

<b>ALEVAZOL OIN 1%</b>	3	NM; *
<i>anti-fungal pow 1%</i>	3	NM; *
<i>anti-itch cre 2-0.1%</i>	3	NM; *

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<i>anti-itch spr 2%</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>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>banophen cre 2-0.1%</i>	3	NM; *
<i>baza antifun cre 2%</i>	3	NM; *
<i>benzoin compound tincture</i>	3	NM; *
BENZOIN TIN	3	NM; *
BENZOIN TIN PLAIN	3	NM; *
BETADINE SPR 5%	3	NM; *
BULL FROG SPR MOSQUITO	3	NM; *
<i>capsaicin cream 0.025%</i>	3	NM; *
CAPSAICIN LIQ 0.15%	3	NM; *
<i>castellani paint</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; *
COLE INS REP SPR DRY 25%	3	NM; *
COLE INS REP SPR SPRT 40%	3	NM; *
COLEMAN 100 LIQ 98.11%	3	NM; *
COLEMAN 100 SPR 98.11%	3	NM; *
COLEMN BOTAN LIQ INSECT	3	NM; *
COLEMN INSEC LIQ SKINSMAR	3	NM; *
COLEMN INSEC SPR SKINSMAR	3	NM; *
<i>critic-aid oin 2%</i>	3	NM; *
CUTTER AER 10%	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
CUTTER AER NATURAL	3	NM; *
CUTTER BACKW AER 25%	3	NM; *
CUTTER BACKW LIQ 25%	3	NM; *
CUTTER DRY AER 10%	3	NM; *
CUTTER FAMLY AER 7%	3	NM; *
CUTTER FAMLY LIQ 7%	3	NM; *
CUTTER LEMON LIQ EUCALYPT	3	NM; *
CUTTER LIQ NATURAL	3	NM; *
CUTTER SKINS AER 7%	3	NM; *
CUTTER SKINS LIQ 7%	3	NM; *
CUTTER SPORT AER 15%	3	NM; *
CUTTER WIPES MIS 7.15%	3	NM; *
CVS INSECT AER REPELLNT	3	NM; *
<i>dermazinc sha 2%</i>	3	NM; *
<i>desenex shak pow 2%</i>	3	NM; *
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	3	NM; *
EAGLE WATCH LIQ MOS ELIM	3	NM; *
FUNGOID TINC KIT	3	NM; *
FUNGOID TINC SOL 2%	3	NM; *
<i>hm povid-iod sol 10%</i>	3	NM; *
<i>itch relief cre ex st</i>	3	NM; *
<i>itch relief spr 2-0.1%</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; *
LAMISIL AT SPR 1%	3	NM; *
<i>lidocaine cream 4%</i>	3	NM; *
MAXI DEET SPR 98.11%	3	NM; *
<i>miconazole nitrate aerosol pow 2%</i>	3	NM; *
<i>miconazole nitrate cream 2%</i>	3	NM; *
<i>miconazorb pow af 2%</i>	3	NM; *
<i>micro guard pow 2%</i>	3	NM; *
NATRAPEL 12H SPR 20%	3	NM; *
NATRAPEL LIQ 20%	3	NM; *
<i>nyamyc pow 100000</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<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	
OFF ACTIVE AER 15%	3	NM; *
OFF DEEP WDS AER 25%	3	NM; *
OFF DEEP WDS AER 30%	3	NM; *
OFF DEEP WDS MIS 25%	3	NM; *
OFF DEEP WDS SPR 25%	3	NM; *
OFF DEEP WDS SPR 98.25%	3	NM; *
OFF FAMILYCR SPR 5%	3	NM; *
OFF FAMILYCR SPR 7%	3	NM; *
OFF SMTH/DRY AER 15%	3	NM; *
<i>povidone-iod sol 7.5%</i>	3	NM; *
<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-iodine swabs 10%</i>	3	NM; *
<i>povidone/iod sol 10%</i>	3	NM; *
PROSHIELD CRE PLUS 1%	3	NM; *
<i>remedy cre antifung</i>	3	NM; *
REMEDY MOIST CRE 5%	3	NM; *
REMEDY NUTRA CRE 1%	3	NM; *
REMEDY SKIN CRE REPAIR	3	NM; *
REPEL 100 LIQ 98.11%	3	NM; *
REPEL FAMILY AER 10%	3	NM; *
REPEL FAMILY AER 15%	3	NM; *
REPEL HUNTER AER 25%	3	NM; *
REPEL LEMON SPR INSECT	3	NM; *
REPEL SPORTS AER 25%	3	NM; *
REPEL SPORTS AER 40%	3	NM; *
REPEL SPORTS LIQ 40%	3	NM; *
REPEL SPORTS LOT 40%	3	NM; *
REPEL TICK AER 15%	3	NM; *
REPEL WIPES MIS 30%	3	NM; *
<i>sal-plant gel 17%</i>	3	NM; *
<i>salactic fil sol 17%</i>	3	NM; *

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
SAWYER REPEL AER 30%	3	NM; *
SAWYER REPEL LOT 20%	3	NM; *
SAWYER REPEL SPR 20%	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; *
<i>sm anti-itch cre 2-0.1%</i>	3	NM; *
<i>sm antifungl cre 1%</i>	3	NM; *
<i>sm antifungl cre 2%</i>	3	NM; *
SM BENZOIN TIN	3	NM; *
<i>sm povid-iod sol 10%</i>	3	NM; *
<i>soothe&amp;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>triple paste oin af 2%</i>	3	NM; *
ULTRATHON AER INSECT	3	NM; *
ULTRATHON LOT REPELLNT	3	NM; *
<i>wart remover liq 17%</i>	3	NM; *
<i>zeasorb-af pow 2%</i>	3	NM; *
ZIKS ARTHRIT CRE RELIEF	3	NM; *
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	2	NDS, PA
<i>acitretin cap 17.5 mg</i>	2	NDS, PA
<i>acitretin cap 25 mg</i>	2	NDS, PA
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<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	
<i>betamethasone dipropionate augmented oint 0.05%</i>	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	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
<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	
<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; *
TEXACORT SOL 2.5%	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	

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<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	

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo gel 2%</i>	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl gel 2%</i>	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	1	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	1	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 30 days), PA

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

ALBOLENE CRE SCENTED	3	NM; *
ALBOLENE CRE UNSCENT	3	NM; *
ALOE VESTA OIN PROTECT	3	NM; *
<i>americerin cre</i>	3	NM; *
AMLACTIN CRE ULTRA	3	NM; *
<i>anti-dandruf sha 1%</i>	3	NM; *
AQUA GLYCOL CRE FACE	3	NM; *
AQUADERM CRE	3	NM; *
AQUAPHILIC OIN	3	NM; *
AQUAPHOR OIN	3	NM; *
AQUAPHOR OIN ADVANCED	3	NM; *
BASLE CRE	3	NM; *
<i>baza protect cre</i>	3	NM; *
BETA CARE CRE	3	NM; *
BETA XMA CRE	3	NM; *
CARRINGTON CRE /ZINC	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limits On Use
CARRINGTON CRE MOISTURE	3	NM; *
CERAVE CRE	3	NM; *
CETAPHIL CRE	3	NM; *
CETAPHIL CRE HAND	3	NM; *
COCONUT OIL CRE BEAUTY	3	NM; *
CRITIC-AID OIN CLEAR	3	NM; *
<i>cvs advanced oin healing</i>	3	NM; *
<i>cvs moisture cre</i>	3	NM; *
DAILY CONDIT OIN	3	NM; *
DERMABASE CRE	3	NM; *
<i>dermacerin cre</i>	3	NM; *
<i>dermamed oin</i>	3	NM; *
<i>dermaphor oin</i>	3	NM; *
DIABETIDERM CRE	3	NM; *
DIABETIDERM CRE FOOT	3	NM; *
<i>diclofenac sodium gel 1%</i>	1	PA
DML FORTE CRE	3	NM; *
<i>doxepin hcl cream 5%</i>	1	
DROXY CRE	3	NM; *
<i>dry skin oin</i>	3	NM; *
<i>e-ointment oin</i>	3	NM; *
EMOLLIA-CREM CRE	3	NM; *
EUCERIN CRE INT REPA	3	NM; *
EUCERIN PLUS CRE	3	NM; *
<i>flanders oin buttocks</i>	3	NM; *
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
FORMULA 405 CRE FACE	3	NM; *
GENTLE CRE	3	NM; *
GOLD BOND CRE HEALING	3	NM; *
GOLD BOND OIN HEALING	3	NM; *
HYDRASYN25 CRE	3	NM; *
HYDRO-LAN CRE	3	NM; *
HYDROCERIN CRE	3	NM; *
<i>hydrocerin cre plus</i>	3	NM; *
<i>hydrocortisone rectal cream 2.5%</i>	1	

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<i>hydrolatum oin</i>	3	NM; *
<i>hydrophor oin</i>	3	NM; *
<i>imiquimod cream 5%</i>	1	
KERADAN CRE	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; *
LACTINOL HX CRE	3	NM; *
LANAPHILIC OIN	3	NM; *
LANOLOR CRE	3	NM; *
LANTISEPTIC CRE THERAPEU	3	NM; *
LEADER FINGE CRE	3	NM; *
<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>moisturizing cre</i>	3	NM; *
MOISTURIZING CRE	3	NM; *
<i>moisturizing cre renewal</i>	3	NM; *
<i>moisturizing cre therapy</i>	3	NM; *
<i>moisturizing cre xtr-dry</i>	3	NM; *
NEUTROGENA CRE HAND	3	NM; *
NIVEA CRE	3	NM; *
NIVEA SOFT CRE	3	NM; *
NUTRADERM CRE	3	NM; *
OINTMENT OIN BASE	3	NM; *
PANRETIN GEL 0.1%	2	NDS
PEN-KERA CRE	3	NM; *
PENTRAVAN CRE	3	NM; *
PENTRAVAN CRE PLUS	3	NM; *
PETROLATUM OIN	3	NM; *
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
<i>podofilox soln 0.5%</i>	1	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
PRETTY FEET CRE & HANDS	3	NM; *
<i>procto-med cre hc 2.5%</i>	1	
<i>procto-pak cre 1%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
RA GENTLE CRE SKIN	3	NM; *
<i>ra hydrating oin healing</i>	3	NM; *
RISABAL-PH CRE	3	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>saratoga oin</i>	3	NM; *
<i>sebex sha</i>	3	NM; *
SENSI-CARE CRE MOISTURI	3	NM; *
SOOTHE&COOL CRE SKIN	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; *
SORBOLENE CRE	3	NM; *
STUDIO 35 CRE MOIST	3	NM; *
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
TARGETIN GEL 1%	2	NDS, NM, PA
TENDER CARE CRE LANOLIN	3	NM; *
THERAPEUTIC CRE MOISTUR	3	NM; *
VALCHLOR GEL 0.016%	2	NDS, NM, LA, PA
VANICREAM CRE	3	NM; *
VELVACHOL CRE	3	NM; *
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>gnp lice kit</i>	3	NM; *
<i>lice killing sha 0.33-4%</i>	3	NM; *
<i>lice treatmt sha 0.33-4%</i>	3	NM; *
<i>lice trtmnt liq 1%</i>	3	NM; *
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	1	
REGRANEX GEL 0.01%	2	NDS, PA
SANTYL OIN 250/GM	2	

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<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions, or Limits On Use</b>
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<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	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic soln 2%</i>	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>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<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; *

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

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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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<i>amphetamine-dextroamphetamine tab 5</i>		<i>antacid sus anti-gas</i> .....	99
<i>mg</i> .....	74	<i>antacid sus max st</i> .....	99
<i>amphetamine-dextroamphetamine tab</i>		<i>antacid sus reg st</i> .....	99
<i>7.5 mg</i> .....	74	<i>antacid/anti sus -gas ds</i> .....	99
<i>amphotericin b for inj 50 mg</i> .....	13	<i>anti-dandruf sha 1%</i> .....	196
<i>ampicillin &amp; sulbactam sodium for inj 1.5</i>		<i>anti-diarrhe cap 2mg</i> .....	101
<i>(1-0.5) gm</i> .....	23	<i>anti-diarrhe tab 2mg</i> .....	101
<i>ampicillin &amp; sulbactam sodium for inj 15</i>		<i>antifungal aer 1%</i> .....	190
<i>(10-5) gm</i> .....	24	<i>antifungal cre 1%</i> .....	190

<i>antifungal cre 2%</i> .....	190	<i>aripiprazole oral solution 1 mg/ml</i> .....	68
<i>anti-fungal pow 1%</i> .....	189	<i>aripiprazole orally disintegrating tab 10 mg</i> .....	68
<i>anti-gas cap 180mg</i> .....	110	<i>aripiprazole orally disintegrating tab 15 mg</i> .....	68
<i>anti-itch cre 1%</i> .....	194	<i>aripiprazole tab 10 mg</i> .....	68
<i>anti-itch cre 2-0.1%</i> .....	189	<i>aripiprazole tab 15 mg</i> .....	68
<i>anti-itch spr 2%</i> .....	190	<i>aripiprazole tab 2 mg</i> .....	68
<i>antioxidant cap</i> .....	139	<i>aripiprazole tab 20 mg</i> .....	68
ANTIOXIDANT CAP.....	139	<i>aripiprazole tab 30 mg</i> .....	68
<i>antioxidant tab</i> .....	139	<i>aripiprazole tab 5 mg</i> .....	68
<i>anti-oxidant tab</i> .....	139	ARISTADA INJ 1064MG .....	69
<i>antioxidant tab vitamins</i> .....	139	ARISTADA INJ 441MG/1.....	68
APATATE FORT LIQ .....	139	ARISTADA INJ 662MG/2.....	68
APETIGEN TAB PLUS .....	139	ARISTADA INJ 882MG/3.....	68
<i>ap-hist dm liq 7.5-4-15</i> .....	173	ARISTADA INJ INITIO .....	69
APOKYN INJ 10MG/ML .....	66	<i>armodafinil tab 150 mg</i> .....	79
<i>aprepitant capsule 125 mg</i> .....	102	<i>armodafinil tab 200 mg</i> .....	79
<i>aprepitant capsule 40 mg</i> .....	102	<i>armodafinil tab 250 mg</i> .....	79
<i>aprepitant capsule 80 mg</i> .....	102	<i>armodafinil tab 50 mg</i> .....	79
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	102	ARNUITY ELPT INH 100MCG .....	186
<i>apri tab</i> .....	86	ARNUITY ELPT INH 200MCG .....	186
APRISO CAP 0.375GM .....	105	ARNUITY ELPT INH 50MCG .....	186
<i>aprodine tab 2.5-60mg</i> .....	173	<i>arthrts pain tab 650mg</i> .....	1
APTIOM TAB 200MG .....	54	<i>artifi tears oin op</i> .....	166
APTIOM TAB 400MG .....	54	<i>artifi tears sol 1.4% op</i> .....	166
APTIOM TAB 600MG .....	54	<i>artificial sol tears</i> .....	166
APTIOM TAB 800MG .....	54	<i>ascorbic acid tab 100 mg</i> .....	139
APTIVUS CAP 250MG.....	14	<i>ascorbic acid tab 1000 mg</i> .....	139
APTIVUS SOL .....	14	<i>ascorbic acid tab 250 mg</i> .....	139
AQUA GLYCOL CRE FACE .....	196	<i>ascorbic acid tab 500 mg</i> .....	139
AQUADEKS CHW.....	139	<i>asco-tabs tab 1000mg</i> .....	139
<i>aquadeks dro</i> .....	139	<i>aspir-81 tab 81mg ec</i> .....	1
AQUADERM CRE .....	196	<i>aspirin chew tab 81 mg</i> .....	1
AQUANAZ TAB.....	173	<i>aspirin chw 81mg</i> .....	1
AQUAPHILIC OIN .....	196	<i>aspirin low chw 81mg</i> .....	1
AQUAPHOR OIN.....	196	<i>aspirin low tab 81mg ec</i> .....	1
AQUAPHOR OIN ADVANCED .....	196	<i>aspirin sup 300mg</i> .....	1
<i>aqueous e dro 15/0.3ml</i> .....	139	<i>aspirin sup 600mg</i> .....	1
ARALAST NP INJ 1000MG.....	184	<i>aspirin tab 325 mg</i> .....	2
ARALAST NP INJ 500MG .....	184	<i>aspirin tab 325mg</i> .....	2
<i>aranelle tab</i> .....	86	<i>aspirin tab 325mg ec</i> .....	2
ARCALYST INJ 220MG .....	122	<i>aspirin tab 81mg ec</i> .....	1
<i>arginine cap 500 mg</i> .....	135	<i>aspirin tab delayed release 325 mg</i> .....	2
ARGININE PAK 500MG.....	135	<i>aspirin tab delayed release 81 mg</i> .....	2
<i>arginine tab 1000 mg</i> .....	135	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	119
<i>arginine tab 500 mg</i> .....	135	<i>aspir-low tab 81mg ec</i> .....	1
<i>arginine tab 500mg</i> .....	135		
ARGININE2000 PAK 2000MG .....	135		

<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....	14	AUSTEDO TAB 12MG .....	77
<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	14	AUSTEDO TAB 6MG .....	77
<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	14	AUSTEDO TAB 9MG .....	77
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	45	AVASTIN INJ .....	28
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	45	AVASTIN INJ 400/16ML.....	28
<i>atenolol tab 100 mg</i> .....	46	<i>aviane tab</i> .....	86
<i>atenolol tab 25 mg</i> .....	46	<i>avita cre 0.025%</i> .....	188
<i>atenolol tab 50 mg</i> .....	46	<i>avita gel 0.025%</i> .....	188
<i>ath foot spr aer 1%</i> .....	190	AYR ALLERGY SPR & SINUS .....	184
<i>athlete foot cre 1%</i> .....	190	AYR NASAL DRO 0.65% .....	184
<i>athlete foot cre af</i> .....	190	<i>ayr saline gel nasal</i> .....	184
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	74	<i>ayr spr 0.65%</i> .....	184
<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	75	<i>azacitidine for inj 100 mg</i> .....	27
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	74	AZACTAM INJ 1GM .....	10
<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	74	AZACTAM INJ 2GM .....	10
<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	74	AZACTAM/DEX INJ 1GM .....	10
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	75	AZACTAM/DEX INJ 2GM .....	10
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	75	AZASITE SOL 1% .....	164
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	43	AZATHIOPRINE INJ 100MG.....	122
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	44	<i>azathioprine tab 50 mg</i> .....	122
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	44	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	169
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	44	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	169
<i>atovaquone susp 750 mg/5ml</i> .....	10	<i>azelastine hcl ophth soln 0.05%</i> .....	165
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	14	<i>azithromycin for susp 100 mg/5ml</i> .....	21
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	14	<i>azithromycin for susp 200 mg/5ml</i> .....	21
ATRIPLA TAB.....	17	<i>azithromycin iv for soln 500 mg</i> .....	21
ATROVENT HFA AER 17MCG.....	168	<i>azithromycin powd pack for susp 1 gm</i>	21
ATUSS DA LIQ.....	173	<i>azithromycin tab 250 mg</i> .....	21
<i>abra tab 0.1-0.02</i> .....	86	<i>azithromycin tab 500 mg</i> .....	22
AURYXIA TAB 210MG .....	96	<i>azithromycin tab 600 mg</i> .....	22
		AZOPT SUS 1% OP.....	166
		<i>aztreonam for inj 1 gm</i> .....	10
		<i>aztreonam for inj 2 gm</i> .....	10
		<b>B</b>	
		<i>b comp/iron/ tab vit c/e</i> .....	139
		<i>b complex tab plus c</i> .....	139
		<i>b complex tab vit c</i> .....	139
		<i>baby ayr spr 0.65%</i> .....	184
		BABY VIT D DRO 400/.028 .....	139
		<i>bacitr zinc oin 500/gm</i> .....	189
		<i>bacitracin oin 500/gm</i> .....	189
		<i>bacitracin oint 500 unit/gm</i> .....	189
		<i>bacitracin ophth oint 500 unit/gm</i> ....	164
		<i>bacitracin zinc oint 500 unit/gm</i> .....	189
		<i>bacitracin-polymyxin b ophth oint</i> ....	164
		<i>bacitracin-polymyxin-neomycin-hc ophth</i>	

<i>oint 1%</i> .....	163	BENLYSTA INJ 120MG.....	122
<i>baclofen tab 10 mg</i> .....	78	BENLYSTA INJ 200MG/ML.....	122
<i>baclofen tab 20 mg</i> .....	78	BENLYSTA INJ 400MG.....	122
<i>balanced b tab complex</i> .....	139	BENZEDREX INH .....	173
<i>balsalazide disodium cap 750 mg</i> .....	105	<i>benzoin compound tincture</i> .....	190
<i>balziva tab</i> .....	86	BENZOIN TIN.....	190
<i>banophen cap 25mg</i> .....	169	BENZOIN TIN PLAIN .....	190
<i>banophen cap 50mg</i> .....	169	<i>benzonatate cap 100 mg</i> .....	173
<i>banophen cre 2-0.1%</i> .....	190	<i>benzonatate cap 150 mg</i> .....	173
<i>banophen liq 12.5/5ml</i> .....	169	<i>benzonatate cap 200 mg</i> .....	173
<i>banophen tab 25mg</i> .....	169	BENZOYL PER GEL 2.5% .....	188
BANZEL SUS 40MG/ML .....	54	<i>benzoyl per liq 10% wash</i> .....	188
BANZEL TAB 200MG .....	54	<i>benzoyl per liq 5% wash</i> .....	188
BANZEL TAB 400MG .....	54	<i>benzoyl per lot 6%</i> .....	188
BARACLUDGE SOL .05MG/ML .....	18	<i>benzoyl peroxide foam 5.3%</i> .....	188
BASAGLAR INJ 100UNIT .....	82	<i>benzoyl peroxide gel 10%</i> .....	188
BASLE CRE.....	196	<i>benzoyl peroxide gel 5%</i> .....	188
<i>baza antifun cre 2%</i> .....	190	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	188
<i>baza protect cre</i> .....	196	<i>benztropine mesylate inj 1 mg/ml</i> .....	66
BCG VACCINE INJ .....	123	<i>benztropine mesylate tab 0.5 mg</i> .....	66
<i>b-complex tab /vit c</i> .....	139	<i>benztropine mesylate tab 1 mg</i> .....	66
<i>b-complex tab balanced</i> .....	139	<i>benztropine mesylate tab 2 mg</i> .....	66
<i>b-complex w/ c &amp; calcium tab</i> .....	139	BENZYL PEROX LOT CLNSR 3%.....	188
<i>b-complex w/ c &amp; folic acid tab</i> .....	139	<i>benzyl perox lot clnsr 6%</i> .....	188
<i>b-complex w/ c cap</i> .....	139	BENZYL PEROX LOT CLNSR9%.....	188
<i>b-complex w/ c tab</i> .....	139	BEPREVE DRO 1.5% .....	165
<i>b-complex w/ c tab er</i> .....	139	<i>berocca tab</i> .....	139
BD GLUCOSE CHW 5GM.....	94	BESIVANCE SUS 0.6%.....	164
BD ULTRAFINE INSULIN SYRINGE.....	82	BETA CARE CRE .....	196
BD ULTRAFINE/NANO PEN NEEDLES....	82	BETA XMA CRE.....	196
<i>bdy/hair/skn cap nails</i> .....	139	BETADINE SPR 5% .....	190
<i>bec/zinc tab</i> .....	139	<i>betamethasone dipropionate augmented cream 0.05%</i> .....	194
<i>bee zee tab</i> .....	139	<i>betamethasone dipropionate augmented gel 0.05%</i> .....	194
<i>bekyree tab</i> .....	86	<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	194
BELEODAQ INJ 500MG.....	28	<i>betamethasone dipropionate augmented oint 0.05%</i> .....	194
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> .....	37	<i>betamethasone dipropionate cream 0.05%</i> .....	194
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> .....	37	<i>betamethasone dipropionate lotion 0.05%</i> .....	194
<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg</i> .....	37	<i>betamethasone dipropionate oint 0.05%</i> .....	194
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25 mg</i> .....	37	<i>betamethasone valerate cream 0.1%</i> (base equivalent) .....	194
<i>benazepril hcl tab 10 mg</i> .....	38		
<i>benazepril hcl tab 20 mg</i> .....	38		
<i>benazepril hcl tab 40 mg</i> .....	38		
<i>benazepril hcl tab 5 mg</i> .....	38		
BENDEKA INJ 100/4ML .....	25		

<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	194	<i>6.25 mg</i> .....	45
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	194	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	45
BETASERON INJ 0.3MG.....	78	<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	45
<i>betaxolol hcl ophth soln 0.5%</i> .....	166	<i>bisoprolol fumarate tab 10 mg</i> .....	46
<i>bethanechol chloride tab 10 mg</i> .....	113	<i>bisoprolol fumarate tab 5 mg</i> .....	46
<i>bethanechol chloride tab 25 mg</i> .....	113	BIVIGAM INJ 10% .....	121
<i>bethanechol chloride tab 5 mg</i> .....	113	<i>bleomycin sulfate for inj 15 unit</i> .....	26
<i>bethanechol chloride tab 50 mg</i> .....	113	<i>bleomycin sulfate for inj 30 unit</i> .....	26
BETOPTIC-S SUS 0.25% OP .....	166	BLEPHAMIDE OIN S.O.P. ....	164
<i>better b tab complex</i> .....	139	<i>blisovi fe tab 1.5/30</i> .....	86
BEVESPI AER 9-4.8MCG.....	168	<i>blisovi fe tab 1/20</i> .....	86
<i>bexarotene cap 75 mg</i> .....	34	BOOSTRIX INJ .....	123
BEXSERO INJ .....	123	BORTEZOMIB INJ 3.5MG .....	28
<i>bicalutamide tab 50 mg</i> .....	30	BOSULIF TAB 100MG .....	32
BICILLIN L-A INJ 1200000 .....	24	BOSULIF TAB 400MG .....	32
BICILLIN L-A INJ 2400000 .....	24	BOSULIF TAB 500MG .....	32
BICILLIN L-A INJ 600000 .....	24	BRAFTOVI CAP 50MG .....	32
BIKTARVY TAB.....	17	BRAFTOVI CAP 75MG.....	32
BILTRICIDE TAB 600MG .....	10	BREO ELLIPTA INH 100-25 .....	187
BIO-35 GLUTE CAP FREE .....	139	BREO ELLIPTA INH 200-25 .....	187
BIOCAL CAP .....	139	<i>briellyn tab</i> .....	86
<i>bio-d-mulsio liq 2000unit</i> .....	139	BRILINTA TAB 60MG.....	119
<i>bio-d-mulsio liq 400unit</i> .....	139	BRILINTA TAB 90MG.....	119
<i>bion tears sol op</i> .....	166	<i>brimonidine tartrate ophth soln 0.15%</i> .....	166
BIOSUPP LIQ.....	140	<i>brimonidine tartrate ophth soln 0.2%</i> .....	166
BIOTECT PLUS CAP .....	140	BRIVIACT INJ 50MG/5ML .....	54
BIOTECT PLUS LIQ.....	140	BRIVIACT SOL 10MG/ML .....	54
<i>biotin 5000 cap</i> .....	140	BRIVIACT TAB 100MG.....	54
BIOTIN CAP 1MG .....	140	BRIVIACT TAB 10MG .....	54
<i>biotin cap 2.5 mg</i> .....	140	BRIVIACT TAB 25MG .....	54
<i>biotin cap 5 mg</i> .....	140	BRIVIACT TAB 50MG .....	54
<i>biotin cap 5000mcg</i> .....	140	BRIVIACT TAB 75MG .....	54
<i>biotin plus/ tab cal/vitd</i> .....	140	<i>bromfed dm syp</i> .....	173
BIOTIN POW .....	140	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> .....	165
BIOVOL SYP .....	140	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	66
<i>bisac-evac sup 10mg</i> .....	105	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	66
<i>bisacodyl suppos 10 mg</i> .....	105	BROMSITE DRO 0.075% .....	165
<i>bisacodyl tab 5mg ec</i> .....	105	BROTAPP DM LIQ 15-1-5/5.....	173
<i>biscolax sup 10mg</i> .....	105	<i>brotapp liq</i> .....	173
<i>bismatrol chw 262mg</i> .....	101	<i>budesonide delayed release particles cap 3 mg</i> .....	105
<i>bismatrol sus 262/15ml</i> .....	101	<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	
<i>bismatrol sus 525/15ml</i> .....	101		
<i>bismuth ms sus 525/15ml</i> .....	101		
<i>bismuth subsalicylate chew tab 262 mg</i> .....	101		
<i>bisoprolol &amp; hydrochlorothiazide tab 10-</i>			

.....	186
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	186
<i>budesonide nasal susp 32 mcg/act</i> ....	186
<i>buffered tab salt</i> .....	124
BULL FROG SPR MOSQUITO .....	190
<i>bumetanide inj 0.25 mg/ml</i> .....	50
<i>bumetanide tab 0.5 mg</i> .....	50
<i>bumetanide tab 1 mg</i> .....	50
<i>bumetanide tab 2 mg</i> .....	50
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	79
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	79
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	79
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	79
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	79
<i>bupropion hcl tab 100 mg</i> .....	62
<i>bupropion hcl tab 75 mg</i> .....	62
<i>bupropion hcl tab er 12hr 100 mg</i> .....	62
<i>bupropion hcl tab er 12hr 150 mg</i> .....	62
<i>bupropion hcl tab er 12hr 200 mg</i> .....	62
<i>bupropion hcl tab er 24hr 150 mg</i> .....	62
<i>bupropion hcl tab er 24hr 300 mg</i> .....	62
<i>bupirone hcl tab 10 mg</i> .....	54
<i>bupirone hcl tab 15 mg</i> .....	54
<i>bupirone hcl tab 30 mg</i> .....	54
<i>bupirone hcl tab 5 mg</i> .....	54
<i>bupirone hcl tab 7.5 mg</i> .....	54
<i>busulfan inj 6 mg/ml</i> .....	25
<i>butorphanol tartrate inj 1 mg/ml</i> .....	5
<i>butorphanol tartrate inj 2 mg/ml</i> .....	5
BUTRANS DIS 10MCG/HR .....	6
BUTRANS DIS 15MCG/HR .....	6
BUTRANS DIS 20MCG/HR .....	6
BUTRANS DIS 5MCG/HR .....	6
BUTRANS DIS 7.5/HR.....	6
BYDUREON INJ 2MG.....	82
BYDUREON INJ BCISE .....	82
BYDUREON PEN INJ 2MG .....	82
BYETTA INJ 10MCG .....	82
BYETTA INJ 5MCG.....	82
BYSTOLIC TAB 10MG.....	46
BYSTOLIC TAB 2.5MG.....	46
BYSTOLIC TAB 20MG.....	46

BYSTOLIC TAB 5MG.....	46
<b>C</b>	
<i>c 1000 tab 1000mg</i> .....	140
<i>c 250 tab</i> .....	140
<i>c/rose hips tab 1000mg</i> .....	140
<i>c-1000 tab 1000mg</i> .....	140
<i>c-1000/rh tab 1000mg</i> .....	140
<i>c-250 tab 250mg</i> .....	140
<i>c-500 tab 500mg</i> .....	140
<i>ca cit/vit d tab 315/200</i> .....	129
<i>ca cit/vit d tab 315/250</i> .....	129
<i>ca citrate tab + d</i> .....	129
CA CITRATE TAB 250MG .....	129
<i>ca citrate tab plus d</i> .....	129
CA HI-CAL/D TAB 500MG .....	129
CA LACTATE TAB 100MG .....	129
<i>ca/d/mineral tab 600-200</i> .....	129
<i>cabergoline tab 0.5 mg</i> .....	95
CABOMETYX TAB 20MG.....	32
CABOMETYX TAB 40MG.....	32
CABOMETYX TAB 60MG.....	32
<i>cal antacid chw 1000mg</i> .....	99
<i>cal antacid chw 750mg</i> .....	99
<i>calc 600+d tab 600-800</i> .....	129
<i>calc 600+d+ tab minerals</i> .....	129
<i>calc 600+d3 tab minerals</i> .....	129
<i>calc antacid chw 1000mg</i> .....	99
<i>calc antacid chw 500mg</i> .....	99
<i>calc antacid chw 750mg</i> .....	99
<i>calc cit+d3 tab 250-200</i> .....	129
<i>calc citr/d tab 315-250</i> .....	129
<i>calc citr/d3 tab 200-250</i> .....	129
<i>calc citr+d tab 315-250</i> .....	129
<i>calc citr+d3 tab 200-250</i> .....	129
<i>calc citrate tab + d</i> .....	129
CALC/VIT D3 CHW DISNEY.....	129
CALCI-CHEW CHW 1250MG.....	129
<i>calcidol dro 8000/ml</i> .....	140
<i>calciferol dro 8000/ml</i> .....	140
CALCIONATE SYP 1.8GM/5 .....	129
<i>calcipotriene cream 0.005%</i> .....	193
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	193
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	95
CAL-CITRATE CAP 150MG .....	140
<i>calcitrate tab</i> .....	129
<i>calcitrate tab 950mg</i> .....	129

CAL-CITRATE TAB PLUS D.....	129	<i>mg-200 unit</i> .....	130
<i>calcitriol cap 0.25 mcg</i> .....	140	<i>calcium carbonate-cholecalciferol tab 500</i>	
<i>calcitriol cap 0.5 mcg</i> .....	140	<i>mg-400 unit</i> .....	130
<i>calcitriol inj 1 mcg/ml</i> .....	140	<i>calcium carbonate-cholecalciferol tab 600</i>	
<i>calcitriol oral soln 1 mcg/ml</i> .....	140	<i>mg-200 unit</i> .....	130
<i>calcium + d tab</i> .....	130	<i>calcium carbonate-cholecalciferol tab 600</i>	
<i>calcium + d tab 600-200</i> .....	130	<i>mg-400 unit</i> .....	130
<i>calcium +d tab maximum</i> .....	130	<i>calcium carbonate-vitamin d cap 600</i>	
<i>calcium +d3 tab maximum</i> .....	130	<i>mg-200 unit</i> .....	130
CALCIUM 1000 TAB + D .....	130	<i>calcium carbonate-vitamin d tab 250 mg-</i>	
<i>calcium 1200 chw</i> .....	130	<i>125 unit</i> .....	131
<i>calcium 500 tab /vit d</i> .....	129	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 500 tab +d</i> .....	129	<i>125 unit</i> .....	131
<i>calcium 600 chw +d/miner</i> .....	129	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 600 chw +d/mnrsls</i> .....	129	<i>200 unit</i> .....	131
<i>calcium 600 chw w/vit d</i> .....	129	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium 600 tab</i> .....	129	<i>400 unit</i> .....	131
<i>calcium 600 tab + d</i> .....	129	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab +d</i> .....	130	<i>125 unit</i> .....	131
<i>calcium 600 tab +d/mnrsls</i> .....	130	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab +d3</i> .....	130	<i>200 unit</i> .....	131
<i>calcium 600 tab -d</i> .....	130	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab vit d/mi</i> .....	130	<i>400 unit</i> .....	131
<i>calcium 600/ tab vit d</i> .....	130	<i>calcium carb-vit d w/ minerals chew tab</i>	
<i>calcium acetate (phosphate binder) cap</i>		<i>600 mg-400 unit</i> .....	130
<i>667 mg (169 mg ca)</i> .....	96	CALCIUM CHW GUMMIES .....	131
<i>calcium acetate (phosphate binder) tab</i>		CALCIUM CIT TAB 1040MG.....	131
<i>667 mg</i> .....	96	<i>calcium cit/ tab vit d</i> .....	131
CALCIUM CARB CHW 260MG .....	130	CALCIUM CIT/ TAB VIT D .....	131
CALCIUM CARB POW 800/2GM .....	130	<i>calcium citr tab +d</i> .....	131
<i>calcium carb tab 1250mg</i> .....	130	<i>calcium citr tab plus d-3</i> .....	131
<i>calcium carb tab 648mg</i> .....	99	<i>calcium citr tab w/vit d3</i> .....	131
<i>calcium carbonate (antacid) chew tab</i>		<i>calcium citrate tab 950 mg (200 mg</i>	
<i>500 mg</i> .....	100	<i>elemental ca)</i> .....	131
<i>calcium carbonate (antacid) susp 1250</i>		<i>calcium citrate-vitamin d tab 200 mg-</i>	
<i>mg/5ml</i> .....	130	<i>250 unit (elemental ca)</i> .....	131
<i>calcium carbonate (antacid) tab 648 mg</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
.....	100	<i>200 unit (elemental ca)</i> .....	131
<i>calcium carbonate tab 1250 mg (500 mg</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
<i>elemental ca)</i> .....	130	<i>250 unit (elemental ca)</i> .....	131
<i>calcium carbonate tab 1500 mg (600 mg</i>		CALCIUM GRA CITRATE.....	131
<i>elemental ca)</i> .....	130	CALCIUM LACT TAB 648MG .....	131
<i>calcium carbonate tab 600 mg</i> .....	130	CALCIUM LACT TAB 750MG .....	131
<i>calcium carbonate-cholecalciferol chew</i>		<i>calcium plus cap d3</i> .....	131
<i>tab 500 mg-100 unit</i> .....	130	CALCIUM PLUS CAP VIT D .....	131
<i>calcium carbonate-cholecalciferol tab 250</i>		<i>calcium plus tab 600 +d</i> .....	131
<i>mg-125 unit</i> .....	130	<i>calcium polycarbophil tab 625 mg</i> ....	106
<i>calcium carbonate-cholecalciferol tab 500</i>		<i>calcium tab 500/d</i> .....	131

<i>calcium tab 500+d</i> .....	131	CAPRELSA TAB 100MG.....	32
<i>calcium tab 600mg</i> .....	131	CAPRELSA TAB 300MG.....	32
CALCIUM TAB 600MG .....	132	CAPRON DM LIQ .....	173
<i>calcium tab vit d</i> .....	132	<i>capsaicin cream 0.025%</i> .....	190
<i>calcium/d chw 500-400</i> .....	132	CAPSAICIN LIQ 0.15%.....	190
<i>calcium/d tab 500-200</i> .....	132	<i>captopril &amp; hydrochlorothiazide tab 25-15</i>	
<i>calcium/d tab 500-400</i> .....	132	<i>mg</i> .....	37
<i>calcium/d tab 500mg</i> .....	132	<i>captopril &amp; hydrochlorothiazide tab 25-25</i>	
<i>calcium/d tab 600-200</i> .....	132	<i>mg</i> .....	37
<i>calcium/d tab 600-400</i> .....	132	<i>captopril &amp; hydrochlorothiazide tab 50-15</i>	
<i>calcium/d tab 600-800</i> .....	132	<i>mg</i> .....	37
<i>calcium/d3 cap 600-500</i> .....	132	<i>captopril &amp; hydrochlorothiazide tab 50-25</i>	
<i>calcium/d3 tab</i> .....	132	<i>mg</i> .....	37
<i>calcium/d3 tab 500-400</i> .....	132	<i>captopril tab 100 mg</i> .....	38
<i>calcium/d3 tab 500-600</i> .....	132	<i>captopril tab 12.5 mg</i> .....	38
<i>calcium/d3 tab 600-800</i> .....	132	<i>captopril tab 25 mg</i> .....	38
<i>calcium/vita tab d3</i> .....	132	<i>captopril tab 50 mg</i> .....	38
CALCIUM/VITD CAP 600-400.....	132	CARBAGLU TAB 200MG .....	91
<i>calcium+d tab 600-400</i> .....	132	<i>carbamazepine cap er 12hr 100 mg</i> ....	54
<i>calcium+d tab 600-800</i> .....	132	<i>carbamazepine cap er 12hr 200 mg</i> ....	55
<i>calcium+d3 tab 315-250</i> .....	132	<i>carbamazepine cap er 12hr 300 mg</i> ....	55
<i>calcium+d3 tab 600-400</i> .....	132	<i>carbamazepine chew tab 100 mg</i> .....	55
<i>calcium+d3 tab 600-800</i> .....	132	<i>carbamazepine susp 100 mg/5ml</i> .....	55
<i>cal-gest chw 500mg</i> .....	99	<i>carbamazepine tab 200 mg</i> .....	55
CAL-LAC CAP 500MG.....	129	<i>carbamazepine tab er 12hr 100 mg</i> ...	55
CAL-MINT CHW 260MG.....	129	<i>carbamazepine tab er 12hr 200 mg</i> ...	55
CALQUENCE CAP 100MG.....	32	<i>carbamazepine tab er 12hr 400 mg</i> ...	55
CAL-QUICK LIQ 500-400.....	129	<i>carbidopa &amp; levodopa orally</i>	
CALTRATE + D TAB 300-800 .....	132	<i>disintegrating tab 10-100 mg</i> .....	66
CALTRATE 600 CHW 600-800 .....	132	<i>carbidopa &amp; levodopa orally</i>	
<i>caltrate 600 tab</i> .....	132	<i>disintegrating tab 25-100 mg</i> .....	66
<i>camila tab 0.35mg</i> .....	86	<i>carbidopa &amp; levodopa orally</i>	
CANASA SUP 1000MG .....	105	<i>disintegrating tab 25-250 mg</i> .....	67
CANCIDAS INJ 50MG.....	13	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .	67
CANCIDAS INJ 70MG.....	13	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .	67
<i>candesartan cilexetil tab 16 mg</i> .....	42	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .	67
<i>candesartan cilexetil tab 32 mg</i> .....	42	<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	
<i>candesartan cilexetil tab 4 mg</i> .....	41	.....	67
<i>candesartan cilexetil tab 8 mg</i> .....	42	<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		.....	67
<i>tab 16-12.5 mg</i> .....	40	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>12.5-50-200 mg</i> .....	67
<i>tab 32-12.5 mg</i> .....	40	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>18.75-75-200 mg</i> .....	67
<i>tab 32-25 mg</i> .....	40	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
CAPASTAT SUL INJ 1GM .....	18	<i>100-200 mg</i> .....	67
CAPCOF SYP 5-2-10MG.....	173	<i>carbidopa-levodopa-entacapone tabs</i>	
CAPMIST DM TAB.....	173	<i>31.25-125-200 mg</i> .....	67

<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefepime hcl for inj 2 gm</i> .....	20
<i>37.5-150-200 mg</i> .....	67	<i>cefixime for susp 100 mg/5ml</i> .....	20
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>cefixime for susp 200 mg/5ml</i> .....	20
<i>200-200 mg</i> .....	67	<i>cefotaxime sodium for inj 1 gm</i> .....	20
<i>carboplatin iv soln 150 mg/15ml</i> .....	35	<i>cefotaxime sodium for inj 2 gm</i> .....	20
<i>carboplatin iv soln 450 mg/45ml</i> .....	35	<i>cefotaxime sodium for inj 500 mg</i> .....	20
<i>carboplatin iv soln 50 mg/5ml</i> .....	35	<i>cefoxitin sodium for inj 10 gm</i> .....	20
<i>carboplatin iv soln 600 mg/60ml</i> .....	35	<i>cefoxitin sodium for iv soln 1 gm</i> .....	20
CARIMUNE NF INJ 12GM.....	121	<i>cefoxitin sodium for iv soln 2 gm</i> .....	20
CARIMUNE NF INJ 6GM.....	121	<i>cefpodoxime proxetil for susp 100</i>	
<i>carisoprodol tab 350 mg</i> .....	79	<i>mg/5ml</i> .....	20
<i>carravite tab</i> .....	140	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
CARRINGTON CRE /ZINC .....	196	.....	20
CARRINGTON CRE MOISTURE .....	197	<i>cefpodoxime proxetil tab 100 mg</i> .....	20
<i>carteolol hcl ophth soln 1%</i> .....	166	<i>cefpodoxime proxetil tab 200 mg</i> .....	20
<i>carvedilol tab 12.5 mg</i> .....	46	<i>cefprozil for susp 125 mg/5ml</i> .....	20
<i>carvedilol tab 25 mg</i> .....	46	<i>cefprozil for susp 250 mg/5ml</i> .....	20
<i>carvedilol tab 3.125 mg</i> .....	46	<i>cefprozil tab 250 mg</i> .....	20
<i>carvedilol tab 6.25 mg</i> .....	46	<i>cefprozil tab 500 mg</i> .....	21
<i>caspofungin inj 50mg</i> .....	13	<i>ceftazidime for inj 1 gm</i> .....	21
CASPOFUNGIN INJ 50MG .....	13	<i>ceftazidime for inj 2 gm</i> .....	21
<i>caspofungin inj 70mg</i> .....	13	<i>ceftazidime for inj 6 gm</i> .....	21
CASPOFUNGIN INJ 70MG .....	13	CEFTAZIDIME/ SOL D5W 1GM .....	21
<i>castellani paint</i> .....	190	CEFTAZIDIME/ SOL D5W 2GM .....	21
<i>castor laxat oil 100%</i> .....	106	<i>ceftriaxone sodium for inj 1 gm</i> .....	21
CAYSTON INH 75MG .....	10	<i>ceftriaxone sodium for inj 10 gm</i> .....	21
C-BUFF POW .....	140	<i>ceftriaxone sodium for inj 2 gm</i> .....	21
<i>cefaclor cap 250 mg</i> .....	20	<i>ceftriaxone sodium for inj 250 mg</i> .....	21
<i>cefaclor cap 500 mg</i> .....	20	<i>ceftriaxone sodium for inj 500 mg</i> .....	21
CEFACLOR ER TAB 500MG .....	20	<i>ceftriaxone sodium for iv soln 1 gm</i> ....	21
<i>cefaclor for susp 125 mg/5ml</i> .....	20	<i>ceftriaxone sodium for iv soln 2 gm</i> ....	21
<i>cefaclor for susp 250 mg/5ml</i> .....	20	<i>cefuroxime axetil tab 250 mg</i> .....	21
<i>cefaclor for susp 375 mg/5ml</i> .....	20	<i>cefuroxime axetil tab 500 mg</i> .....	21
<i>cefadroxil cap 500 mg</i> .....	20	<i>cefuroxime sodium for inj 7.5 gm</i> .....	21
<i>cefadroxil for susp 250 mg/5ml</i> .....	20	<i>cefuroxime sodium for inj 750 mg</i> .....	21
<i>cefadroxil for susp 500 mg/5ml</i> .....	20	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	21
<i>cefadroxil tab 1 gm</i> .....	20	<i>celecoxib cap 100 mg</i> .....	3
CEFAZOLIN INJ 1GM/50ML.....	20	<i>celecoxib cap 200 mg</i> .....	4
<i>cefazolin sodium for inj 1 gm</i> .....	20	<i>celecoxib cap 400 mg</i> .....	4
<i>cefazolin sodium for inj 10 gm</i> .....	20	<i>celecoxib cap 50 mg</i> .....	3
<i>cefazolin sodium for inj 20 gm</i> .....	20	CELONTIN CAP 300MG.....	55
<i>cefazolin sodium for inj 500 mg</i> .....	20	<i>centamin liq</i> .....	140
<i>cefazolin sodium for iv soln 1 gm</i> .....	20	<i>centavite az tab minerals</i> .....	140
CEFAZOLIN SOL .....	20	<i>centavite liq</i> .....	140
<i>cefdinir cap 300 mg</i> .....	20	CENTRAL-VITE TAB UNDER 50 .....	140
<i>cefdinir for susp 125 mg/5ml</i> .....	20	<i>central-vite tab wmn's mat</i> .....	140
<i>cefdinir for susp 250 mg/5ml</i> .....	20	<i>centravites tab</i> .....	140
<i>cefepime hcl for inj 1 gm</i> .....	20	<i>centravites tab 50 plus</i> .....	140

CENTRUM CHW.....	140	CHANTIX TAB 0.5MG .....	80
CENTRUM CHW FLAV BST .....	140	CHANTIX TAB 1MG .....	80
CENTRUM CHW MULTI.....	140	CHEMET CAP 100MG.....	86
CENTRUM CHW SILVER .....	141	<i>cheratussin syp 100-10/5</i> .....	173
<i>centrum kids chw complete</i> .....	141	<i>chest conges tab 20-400mg</i> .....	173
CENTRUM KIDS CHW FLAV BST .....	141	<i>chest conges tab 400mg</i> .....	173
CENTRUM SPEC TAB HEART .....	141	<i>chest conges tab relf dm</i> .....	173
CENTRUM SPEC TAB VISION .....	141	<i>chest congst tab rlf pe</i> .....	173
CENTRUM TAB CARDIO.....	141	CHEW-12 CHW .....	141
CENTRUM TAB SILVER.....	141	<i>chewabl vite chw childrns</i> .....	141
CENTRUM TAB ULTRA.....	141	CHEWABLE CHW CALCIUM .....	132
<i>century tab</i> .....	141	<i>child asa chw 81mg</i> .....	2
<i>century tab mature</i> .....	141	<i>child asa ls chw 81mg</i> .....	2
<i>cephalexin cap 250 mg</i> .....	21	<i>child chew chw iron</i> .....	141
<i>cephalexin cap 500 mg</i> .....	21	<i>child chew chw vitamins</i> .....	141
<i>cephalexin for susp 125 mg/5ml</i> .....	21	<i>child chew/ chw extra c</i> .....	141
<i>cephalexin for susp 250 mg/5ml</i> .....	21	<i>child multi chw vit/iron</i> .....	141
CERALYTE 70 LIQ.....	124	<i>child multi chw vitamin</i> .....	141
CERASPORT SOL EX1 .....	124	<i>child multiv chw iron</i> .....	141
CERAVE CRE .....	197	<i>child silfed liq 15mg/5ml</i> .....	173
CERDELGA CAP 84MG.....	91	<i>child vitam i chw</i> .....	141
CEREZYME INJ 400UNIT .....	91	<i>children vit chw</i> .....	141
<i>cerovite jr chw</i> .....	141	<i>childrens chw /iron</i> .....	141
CEROVITE LIQ ADVANCED .....	141	CHILDRENS CHW COMPLETE .....	141
<i>cerovite tab advanced</i> .....	141	<i>childrens chw gummies</i> .....	141
<i>cerovite tab senior</i> .....	141	<i>childrens chw vitamins</i> .....	141
<i>certa plus tab</i> .....	141	<i>chld allergy liq 12.5/5ml</i> .....	169
<i>certagen tab</i> .....	141	<i>chld ibuprfn dro 40mg/ml</i> .....	4
<i>certa-vite liq</i> .....	141	<i>chld mltivit chw /mineral</i> .....	141
<i>certavite liq antioxid</i> .....	141	<i>chld pain rl tab 80mg</i> .....	2
CERTAVITE TAB SENIOR.....	141	<i>chld silapap liq 160/5ml</i> .....	2
<i>certavite/ tab antioxid</i> .....	141	<i>chld vitamin chw iron</i> .....	141
CETAPHIL CRE.....	197	<i>chlds mapap tab 80mg rt</i> .....	2
CETAPHIL CRE HAND.....	197	CHLO HIST SOL .....	173
<i>cetirizine hcl chew tab 10 mg</i> .....	169	CHLO TUSS LIQ .....	173
<i>cetirizine hcl chew tab 5 mg</i> .....	169	CHLORELLA CAP.....	141
<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i> .....	169	<i>chlorhexidine gluconate soln 0.12%</i> ..	200
<i>cetirizine hcl tab 10 mg</i> .....	169	<i>chloroquine phosphate tab 250 mg</i> .....	14
<i>cetirizine hcl tab 5 mg</i> .....	169	<i>chloroquine phosphate tab 500 mg</i> .....	14
<i>cetirizine sol 1mg/ml</i> .....	169	<i>chlorothiazide tab 250 mg</i> .....	50
<i>cetirizine sol 5mg/5ml</i> .....	169	<i>chlorothiazide tab 500 mg</i> .....	50
<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i> .....	173	<i>chlorphen sr tab 12mg</i> .....	169
<i>cevimeline hcl cap 30 mg</i> .....	200	<i>chlorphenir tab 4mg</i> .....	169
<i>cgh/cold day liq delsym</i> .....	173	<i>chlorpheniramine maleate tab 4 mg</i> .	169
CHANTIX PAK 0.5& 1MG .....	80	<i>chlorpheniramine maleate tab er 12 mg</i> .....	170
CHANTIX PAK 1MG.....	80	CHLORPROMAZ INJ 25MG/ML .....	69
		CHLORPROMAZ INJ 50MG/2ML .....	69

<i>chlorpromazine hcl tab 10 mg</i> .....	69	.....	22
<i>chlorpromazine hcl tab 100 mg</i> .....	69	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	22
<i>chlorpromazine hcl tab 200 mg</i> .....	69	.....	22
<i>chlorpromazine hcl tab 25 mg</i> .....	69	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	22
<i>chlorpromazine hcl tab 50 mg</i> .....	69	.....	22
<i>chlorthalidone tab 25 mg</i> .....	50	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	22
<i>chlorthalidone tab 50 mg</i> .....	50	.....	22
<i>cholecalciferol cap 1000 unit</i> .....	142	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> . 35	
<i>cholecalciferol cap 10000 unit</i> .....	142	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> . 35	
<i>cholecalciferol cap 2000 unit</i> .....	142	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .... 35	
<i>cholecalciferol cap 400 unit</i> .....	142	<i>cit calc/d tab 315-250</i> .....	132
<i>cholecalciferol cap 5000 unit</i> .....	142	<i>citalopram hydrobromide oral soln 10</i>	
<i>cholecalciferol cap 50000 unit</i> .....	142	<i>mg/5ml</i> .....	62
<i>cholecalciferol chew tab 1000 unit</i> .....	142	<i>citalopram hydrobromide tab 10 mg</i>	
<i>cholecalciferol chew tab 400 unit</i> .....	142	<i>(base equiv)</i> .....	62
<i>cholecalciferol drops 5000 unit/ml (1000</i>		<i>citalopram hydrobromide tab 20 mg</i>	
<i>unit/0.2ml)</i> .....	142	<i>(base equiv)</i> .....	62
<i>cholecalciferol oral liquid 400 unit/ml</i>	142	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholecalciferol tab 1000 unit</i> .....	142	<i>(base equiv)</i> .....	62
<i>cholecalciferol tab 2000 unit</i> .....	142	CITRACAL CAL CHW GUMMIES.....	132
<i>cholecalciferol tab 400 unit</i> .....	142	CITRACAL+D3 CHW 250-500.....	132
<i>cholecalciferol tab 5000 unit</i> .....	142	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	
<i>cholestyramine light powder 4 gm/dose</i>		.....	27
.....	44	<i>claravis cap 10mg</i> .....	188
<i>cholestyramine light powder packets 4</i>		<i>claravis cap 20mg</i> .....	188
<i>gm</i> .....	44	<i>claravis cap 30mg</i> .....	188
<i>cholestyramine powder 4 gm/dose</i> .....	44	<i>claravis cap 40mg</i> .....	188
<i>cholestyramine powder packets 4 gm</i> ..	44	<i>clarithromycin for susp 125 mg/5ml</i> ...	22
<i>ciclopirox gel 0.77%</i> .....	190	<i>clarithromycin for susp 250 mg/5ml</i> ...	22
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clarithromycin tab 250 mg</i> .....	22
<i>equiv)</i> .....	190	<i>clarithromycin tab 500 mg</i> .....	22
<i>ciclopirox olamine susp 0.77% (base</i>		<i>clarithromycin tab er 24hr 500 mg</i> .....	22
<i>equiv)</i> .....	190	<i>cld head cng tab nighttim</i> .....	173
<i>ciclopirox shampoo 1%</i> .....	190	<i>clearlax pow</i> .....	106
<i>cilostazol tab 100 mg</i> .....	119	<i>clindacin-p pad 1%</i> .....	188
<i>cilostazol tab 50 mg</i> .....	119	<i>clindamycin hcl cap 150 mg</i> .....	10
CILOXAN OIN 0.3% OP.....	164	<i>clindamycin hcl cap 300 mg</i> .....	10
CIMDUO TAB 300-300 .....	17	<i>clindamycin hcl cap 75 mg</i> .....	10
CINRYZE SOL 500 UNIT.....	119	<i>clindamycin palmitate hcl for soln 75</i>	
CIPRODEX SUS 0.3-0.1% .....	200	<i>mg/5ml (base equiv)</i> .....	10
<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	22	<i>clindamycin phosphate gel 1%</i> .....	188
<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	22	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>300 mg/50ml</i> .....	10
<i>(5%) (5 gm/100ml)</i> .....	22	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>600 mg/50ml</i> .....	10
<i>(10%) (10 gm/100ml)</i> .....	22	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ciprofloxacin hcl ophth soln 0.3%</i> .....	164	<i>900 mg/50ml</i> .....	11
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i>	11

<i>clindamycin phosphate inj 600 mg/4ml</i>	11	<i>clorazepate dipotassium tab 3.75 mg</i>	55
<i>clindamycin phosphate inj 9 gm/60ml</i>	11	<i>clorazepate dipotassium tab 7.5 mg</i>	55
<i>clindamycin phosphate inj 900 mg/6ml</i>	11	<i>clotrimazole cre 1%</i>	190
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	11	<i>clotrimazole cre 1% vag</i>	114
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	11	<i>clotrimazole cre 3 day</i>	114
<i>clindamycin phosphate lotion 1%</i>	188	<i>clotrimazole cream 1%</i>	190
<i>clindamycin phosphate soln 1%</i>	188	<i>clotrimazole soln 1%</i>	190
<i>clindamycin phosphate swab 1%</i>	188	<i>clotrimazole troche 10 mg</i>	200
<i>clindamycin phosphate vaginal cream 2%</i>	114	<i>clotrimazole vaginal cream 1%</i>	114
<i>CLINDMYC/NAC INJ 300/50ML</i>	11	<i>clozapine orally disintegrating tab 100 mg</i>	69
<i>CLINDMYC/NAC INJ 600/50ML</i>	11	<i>clozapine orally disintegrating tab 12.5 mg</i>	69
<i>CLINDMYC/NAC INJ 900/50ML</i>	11	<i>clozapine orally disintegrating tab 150 mg</i>	69
<i>CLINIMIX INJ 2.75/D5W</i>	127	<i>clozapine orally disintegrating tab 200 mg</i>	69
<i>CLINIMIX INJ 4.25/D10</i>	127	<i>clozapine orally disintegrating tab 25 mg</i>	69
<i>CLINIMIX INJ 4.25/D20</i>	127	<i>clozapine orally disintegrating tab 25 mg</i>	69
<i>CLINIMIX INJ 4.25/D25</i>	127	<i>clozapine tab 100 mg</i>	69
<i>CLINIMIX INJ 4.25/D5W</i>	127	<i>clozapine tab 200 mg</i>	69
<i>CLINIMIX INJ 5%/D15W</i>	127	<i>clozapine tab 25 mg</i>	69
<i>CLINIMIX INJ 5%/D20W</i>	127	<i>clozapine tab 50 mg</i>	69
<i>CLINIMIX INJ 5%/D25W</i>	127	<i>co q10 ms cap 200mg</i>	142
<i>clomipramine hcl cap 25 mg</i>	62	<i>COARTEM TAB 20-120MG</i>	14
<i>clomipramine hcl cap 50 mg</i>	63	<i>COCONUT OIL CRE BEAUTY</i>	197
<i>clomipramine hcl cap 75 mg</i>	63	<i>coenzyme q10 cap 10 mg</i>	142
<i>clonazepam orally disintegrating tab 0.125 mg</i>	55	<i>coenzyme q10 cap 100 mg</i>	142
<i>clonazepam orally disintegrating tab 0.25 mg</i>	55	<i>coenzyme q10 cap 100mg</i>	142
<i>clonazepam orally disintegrating tab 0.5 mg</i>	55	<i>coenzyme q10 cap 150 mg</i>	142
<i>clonazepam orally disintegrating tab 1 mg</i>	55	<i>coenzyme q10 cap 200 mg</i>	142
<i>clonazepam orally disintegrating tab 2 mg</i>	55	<i>coenzyme q10 cap 200mg</i>	142
<i>clonazepam tab 0.5 mg</i>	55	<i>coenzyme q10 cap 30 mg</i>	142
<i>clonazepam tab 1 mg</i>	55	<i>coenzyme q10 cap 300 mg</i>	142
<i>clonazepam tab 2 mg</i>	55	<i>coenzyme q10 cap 30mg</i>	142
<i>clonidine hcl tab 0.1 mg</i>	51	<i>coenzyme q10 cap 400 mg</i>	142
<i>clonidine hcl tab 0.2 mg</i>	51	<i>coenzyme q10 cap 400mg</i>	142
<i>clonidine hcl tab 0.3 mg</i>	51	<i>coenzyme q10 cap 50 mg</i>	142
<i>clonidine td patch weekly 0.1 mg/24hr</i>	51	<i>coenzyme q10 cap 50mg</i>	142
<i>clonidine td patch weekly 0.2 mg/24hr</i>	51	<i>coenzyme q10 cap 60 mg</i>	142
<i>clonidine td patch weekly 0.3 mg/24hr</i>	51	<i>coenzyme q10 cap 75 mg</i>	142
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	119	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clorazepate dipotassium tab 15 mg</i>	55	<i>COLCRYSTAB 0.6MG</i>	1
		<i>cold &amp; flu liq day time</i>	173
		<i>cold &amp; flu tab daytime</i>	173
		<i>cold &amp; flu tab severe</i>	173
		<i>cold &amp; sinus tab relief</i>	173

<i>cold head pak day/night</i> .....	173	CONEX SOL CLD/ALRG.....	174
<i>cold head tab cong dt</i> .....	174	CONEX TAB 2-60MG .....	174
<i>cold head tab congesti</i> .....	174	<i>constulose sol 10gm/15</i> .....	106
<i>cold multi-s tab nighttim</i> .....	174	<i>coq10 cap 400mg</i> .....	143
<i>cold mult-sy tab daytime</i> .....	174	CORLANOR TAB 5MG .....	51
<i>cold mult-sy tab sevr day</i> .....	174	CORLANOR TAB 7.5MG .....	51
<i>cold relief tab multi-s</i> .....	174	COROMEGA EMU OMEGA 3 .....	135
<i>cold relief tab multi-sy</i> .....	174	<i>cortisone acetate tab 25 mg</i> .....	92
<i>cold relief tab plus</i> .....	174	COTELLIC TAB 20MG .....	32
<i>cold/allergy elx children</i> .....	174	<i>cough &amp; cold tab</i> .....	174
<i>cold/allergy tab 4-10mg</i> .....	174	<i>cough &amp; sore liq thrt day</i> .....	174
<i>cold/cgh/flu pow daytime</i> .....	174	<i>cough dm sus 30mg/5ml</i> .....	174
<i>cold/cough elx child</i> .....	174	<i>cough syp</i> .....	174
<i>cold/cough elx dm child</i> .....	174	<i>cough syp 100/5ml</i> .....	174
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COLE INS REP SPR SPRT 40% .....	190	COUMADIN TAB 10MG .....	115
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COLEMN INSEC SPR SKINSMAR.....	190	COUMADIN TAB 4MG .....	114
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<i>colesevelam hcl tab 625 mg</i> .....	44	COUMADIN TAB 6MG .....	115
<i>colestipol hcl granule packets 5 gm</i> ....	44	COUMADIN TAB 7.5MG .....	115
<i>colestipol hcl granules 5 gm</i> .....	44	<i>creamies chw 600-400</i> .....	132
<i>colestipol hcl tab 1 gm</i> .....	44	CREON CAP 12000UNT.....	112
<i>colistimethate sod for inj 150 mg</i> ( <i>colistin base activity</i> ) .....	11	CREON CAP 24000UNT.....	112
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COMBIVENT AER 20-100.....	168	CREON CAP 36000UNT.....	112
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COMETRIQ KIT 140MG .....	32	<i>critic-aid oin 2%</i> .....	190
COMETRIQ KIT 60MG .....	32	CRITIC-AID OIN CLEAR.....	197
<i>comp allergy cap 25mg</i> .....	170	CRIXIVAN CAP 200MG .....	14
<i>comp multivi liq mineral</i> .....	142	CRIXIVAN CAP 400MG .....	14
<i>companion tab</i> .....	142	<i>cromolyn sodium nasal aerosol soln 5.2</i> <i>mg/act (4%)</i> .....	174
<i>compete tab</i> .....	142	<i>cromolyn sodium ophth soln 4%</i> .....	165
<i>compl multiv chw childrns</i> .....	142	<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	110
<i>comple multi tab adlt 50+</i> .....	142	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	184
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<i>complete tab</i> .....	143	CUTTER BACKW LIQ 25%.....	191
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CUTTER LIQ NATURAL .....	191	<i>cyclophosphamide for inj 2 gm .....</i>	26
CUTTER SKINS AER 7% .....	191	<i>cyclophosphamide for inj 500 mg .....</i>	26
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CUTTER WIPES MIS 7.15% .....	191	<i>cyclosporine cap 25 mg .....</i>	122
<i>cvd d3 chw 1000unit .....</i>	143	<i>cyclosporine iv soln 50 mg/ml.....</i>	122
<i>cvs advanced oin healing .....</i>	197	<i>cyclosporine modified cap 100 mg....</i>	122
<i>cvs biotin cap 10000mcg .....</i>	143	<i>cyclosporine modified cap 25 mg.....</i>	122
<i>cvs biotin cap 5000mcg .....</i>	143	<i>cyclosporine modified cap 50 mg.....</i>	122
<i>cvs calcium tab 600mg .....</i>	132	<i>cyclosporine modified oral soln 100</i>	
<i>cvs children chw complete .....</i>	143	<i>mg/ml .....</i>	122
<i>cvs d3 cap 1000unit .....</i>	143	<i>cyproheptadine hcl syrup 2 mg/5ml..</i>	170
<i>cvs d3 cap 2000unit .....</i>	143	<i>cyproheptadine hcl tab 4 mg .....</i>	170
<i>cvs d3 cap 5000unit .....</i>	143	CYSTADANE POW .....	91
<i>cvs d3 chw 1000 unt .....</i>	143	CYSTAGON CAP 150MG.....	91
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<i>cvs daily tab multiple .....</i>	143	<i>cytarabine inj 20 mg/ml.....</i>	27
<i>cvs e cap 200unit.....</i>	143	CYTO-Q LIQ 80MG/10 .....	143
<i>cvs e oil oil 30000unt .....</i>	143	CYTO-Q MAX LIQ 100MG/ML.....	143
<i>cvs electrol sol.....</i>	124	CYTO-Q T/F LIQ 80MG/10 .....	143
<i>cvs fish oil cap 1000mg .....</i>	135	<b>D</b>	
<i>cvs fish oil cap 1200mg .....</i>	135	<i>d 1000 cap 1000unit.....</i>	144
CVS GLUCOSE CHW FRUIT.....	94	<i>d 2000 tab 2000unit.....</i>	144
CVS GLUCOSE CHW ORANGE .....	94	<i>d 400 tab 400unit .....</i>	144
CVS GLUCOSE CHW RASPBERRY.....	94	D10W/NAACL INJ 0.2% .....	127
<i>cvs glucose gel 40%.....</i>	94	<i>d3 adult chw 1000unit .....</i>	143
CVS INSECT AER REPELLNT .....	191	<i>d3 cap 1000unit.....</i>	143
<i>cvs iron tab 27mg .....</i>	116	D3 DOTS TAB 2000UNIT .....	143
<i>cvs iron tab 325mg .....</i>	117	<i>d-3 gummy chw 400unit .....</i>	144
<i>cvs moisture cre .....</i>	197	<i>d3 kids chw 400unit .....</i>	143
CVS NASAL SPR MIST.....	184	<i>d3 max st dro 5000unit.....</i>	143
<i>cvs stress tab form/zn .....</i>	143	<i>d3 super str cap 2000unit .....</i>	143
<i>cvs super b tab complx/c .....</i>	143	<i>d3-1000 cap 1000unit .....</i>	143
<i>cvs vision tab formula .....</i>	143	<i>d3-50 cap 50000unt .....</i>	143
<i>cvs vit c tab 1000mg .....</i>	143	D5W/LYTES INJ #48.....	127
<i>cvs vit c/rh tab 1000mg.....</i>	143	D5W/NAACL INJ 0.3% .....	127
<i>cvs vit e cap 400unit .....</i>	143	<i>dacarbazine for inj 100 mg .....</i>	26
<i>cyanocobalamin inj 1000 mcg/ml.....</i>	143	<i>dacarbazine for inj 200 mg .....</i>	26
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<i>daily multi tab vit/min</i> .....	144	DECUBI-VITE CAP .....	144
<i>daily multi tab vitamin</i> .....	144	<i>deep sea spr 0.65%</i> .....	184
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<i>daily multi tab women</i> .....	144	DEKAS LIQ ESSENTIA.....	144
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<i>daily value tab multivit</i> .....	144	DEKAS PLUS LIQ .....	144
<i>daily vit tab</i> .....	144	DELESTROGEN INJ 10MG/ML.....	91
<i>daily vit tab +iron</i> .....	144	<i>delsym cough liq congs dm</i> .....	174
<i>daily vit tab +mineral</i> .....	144	<i>delsym night liq cgh+cld</i> .....	174
<i>daily vit tab iron</i> .....	144	<i>delta d3 tab 400unit</i> .....	144
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<i>danazol cap 100 mg</i> .....	90	<i>desipramine hcl tab 10 mg</i> .....	63
<i>danazol cap 200 mg</i> .....	90	<i>desipramine hcl tab 100 mg</i> .....	63
<i>danazol cap 50 mg</i> .....	90	<i>desipramine hcl tab 150 mg</i> .....	63
<i>dantrolene sodium cap 100 mg</i> .....	79	<i>desipramine hcl tab 25 mg</i> .....	63
<i>dantrolene sodium cap 25 mg</i> .....	79	<i>desipramine hcl tab 50 mg</i> .....	63
<i>dantrolene sodium cap 50 mg</i> .....	79	<i>desipramine hcl tab 75 mg</i> .....	63
<i>dapsone tab 100 mg</i> .....	11	<i>desmopressin acetate inj 4 mcg/ml ....</i>	99
<i>dapsone tab 25 mg</i> .....	11	<i>desmopressin acetate nasal spray soln</i>	
DAPTACEL INJ .....	123	<i>0.01%</i> .....	99
<i>daptomycin for iv soln 500 mg</i> .....	11	<i>desmopressin acetate nasal spray soln</i>	
<i>dasetta tab 1/35</i> .....	87	<i>0.01% (refrigerated)</i> .....	99
<i>dasetta tab 7/7/7</i> .....	87	<i>desmopressin acetate tab 0.1 mg</i> .....	99
<i>day cold/flu cap 10-5-325</i> .....	174	<i>desmopressin acetate tab 0.2 mg</i> .....	99
<i>day time cap 10-5-325</i> .....	174	<i>desogest-eth estrad &amp; eth estrad tab</i>	
<i>day time liq cold/flu</i> .....	174	<i>0.15-0.02/0.01 mg(21/5)</i> .....	87
<i>dayhist alrg tab 12 hour</i> .....	170	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<i>daytime pe cap cold/flu</i> .....	174	<i>0.025/0.15-0.025mg-mg</i> .....	87
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<i>deblitane tab 0.35mg</i> .....	87	<i>mg-30 mcg</i> .....	87
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<i>decara cap 50000unt</i> .....	144	<i>desoximetasone cream 0.25%</i> .....	194
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DECONEX IR TAB 10-385MG .....	174	<i>desoximetasone oint 0.05%</i> .....	194
<i>decongestant sol 1%</i> .....	174	<i>desoximetasone oint 0.25%</i> .....	194

<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> .....	63	<i>100 mg/5ml</i> .....	175
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> .....	63	<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i> .....	175
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> .....	63	<i>dextrose 10% w/ sodium chloride 0.45%</i> .....	127
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DEX4 CHW RASPBERRY .....	94	<i>dextrose 5% w/ sodium chloride 0.225%</i> .....	127
DEX4 CHW SOUR APL.....	94	<i>dextrose 5% w/ sodium chloride 0.33%</i> .....	127
DEX4 CHW WATERMLN .....	94	<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	127
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<i>dexamethasone elixir 0.5 mg/5ml</i> .....	92	<i>dextrose inj 50%</i> .....	127
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> .....	92	<i>dextrose inj 70%</i> .....	127
<i>dexamethasone sodium phosphate inj 10 mg/ml</i> .....	92	DIABET HLTH PAK SUPPORT .....	144
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i> .....	92	DIABETES PAK HEALTH.....	145
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i> .....	92	<i>diabetic sup tab formula</i> .....	145
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i> .....	92	DIABETIDERM CRE .....	197
<i>dexamethasone sodium phosphate inj 4 mg/ml</i> .....	92	DIABETIDERM CRE FOOT .....	197
<i>dexamethasone sodium phosphate ophth soln 0.1%</i> .....	165	<i>diabets hlth tab formula</i> .....	145
<i>dexamethasone soln 0.5 mg/5ml</i> .....	92	<i>dialyvite d cap 5000unit</i> .....	145
<i>dexamethasone tab 0.5 mg</i> .....	92	<i>dialyvite tab 800</i> .....	145
<i>dexamethasone tab 0.75 mg</i> .....	92	<i>dialyvite tab 800/d</i> .....	145
<i>dexamethasone tab 1 mg</i> .....	92	DIASTAT ACDL GEL 12.5-20 .....	55
<i>dexamethasone tab 1.5 mg</i> .....	92	DIASTAT ACDL GEL 5-10MG .....	55
<i>dexamethasone tab 2 mg</i> .....	92	DIASTAT PED GEL 2.5M GEL.....	55
<i>dexamethasone tab 4 mg</i> .....	93	<i>diazepam con 5mg/ml</i> .....	55
<i>dexamethasone tab 6 mg</i> .....	93	<i>diazepam inj 5 mg/ml</i> .....	55
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<i>etodolac cap 300 mg</i> .....	4	<i>famotidine tab 10mg</i> .....	105
<i>etodolac tab 400 mg</i> .....	4	<i>famotidine tab 20 mg</i> .....	105
<i>etodolac tab 500 mg</i> .....	4	<i>famotidine tab 20mg</i> .....	105
		<i>famotidine tab 40 mg</i> .....	105
		FANAPT PAK .....	69
		FANAPT TAB 10MG .....	69
		FANAPT TAB 12MG .....	69
		FANAPT TAB 1MG .....	69
		FANAPT TAB 2MG .....	69
		FANAPT TAB 4MG .....	69
		FANAPT TAB 6MG .....	69
		FANAPT TAB 8MG .....	69
		FARESTON TAB 60MG .....	30

FARXIGA TAB 10MG .....	83	<i>ferosul tab 325mg</i> .....	117
FARXIGA TAB 5MG .....	83	<i>ferrex 150 cap 150mg</i> .....	117
FARYDAK CAP 10MG .....	28	<i>ferric x-150 cap 150mg</i> .....	117
FARYDAK CAP 15MG .....	29	<i>ferro-bob tab 325mg</i> .....	117
FARYDAK CAP 20MG .....	29	<i>ferrous gluc tab 324mg</i> .....	117
FASLODEX INJ 250/5ML .....	30	FERROUS GLUC TAB 324MG .....	117
<i>fat emulsion iv soln 20%</i> .....	127	<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>felbamate susp 600 mg/5ml</i> .....	56	<i>elemental fe)</i> .....	117
<i>felbamate tab 400 mg</i> .....	56	<i>ferrous gluconate tab 324 mg (37.5 mg</i>	
<i>felbamate tab 600 mg</i> .....	56	<i>elemental iron)</i> .....	117
<i>felodipine tab er 24hr 10 mg</i> .....	48	FERROUS SUL LIQ 220/5ML .....	117
<i>felodipine tab er 24hr 2.5 mg</i> .....	48	FERROUS SULF SYP 300/5ML .....	117
<i>felodipine tab er 24hr 5 mg</i> .....	48	FERROUS SULF TAB 140MG .....	117
<i>feminine lax tab 5mg ec</i> .....	106	FERROUS SULF TAB 324MG EC .....	117
<i>femynor tab 0.25-35</i> .....	87	<i>ferrous sulf tab 325mg</i> .....	117
<i>fenofibrate micronized cap 134 mg</i> .....	44	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>fenofibrate micronized cap 200 mg</i> .....	44	<i>mg/5ml elemental fe)</i> .....	117
<i>fenofibrate micronized cap 67 mg</i> .....	44	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml</i>	
<i>fenofibrate tab 145 mg</i> .....	45	<i>elemental fe)</i> .....	117
<i>fenofibrate tab 160 mg</i> .....	45	FERROUS SULFATE TAB 28 MG	
<i>fenofibrate tab 48 mg</i> .....	45	(ELEMENTAL FE) .....	117
<i>fenofibrate tab 54 mg</i> .....	45	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>elemental fe)</i> .....	117
<i>mcg</i> .....	6	<i>ferrous sulfate tab ec 325 mg (65 mg fe</i>	
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>equivalent)</i> .....	117
<i>mcg</i> .....	6	<i>ferrosul tab 325mg</i> .....	117
<i>fentanyl citrate lozenge on a handle 200</i>		FETZIMA CAP 120MG .....	64
<i>mcg</i> .....	6	FETZIMA CAP 20MG .....	64
<i>fentanyl citrate lozenge on a handle 400</i>		FETZIMA CAP 40MG .....	64
<i>mcg</i> .....	6	FETZIMA CAP 80MG .....	64
<i>fentanyl citrate lozenge on a handle 600</i>		FETZIMA CAP TITRATIO .....	64
<i>mcg</i> .....	6	FEVERALL INF SUP 80MG .....	2
<i>fentanyl citrate lozenge on a handle 800</i>		<i>feverall sup 120mg</i> .....	2
<i>mcg</i> .....	6	<i>feverall sup 325mg</i> .....	2
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	7	<i>feverall sup 650mg</i> .....	2
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	6	<i>fexofenadine hcl tab 180 mg</i> .....	170
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	6	<i>fexofenadine hcl tab 60 mg</i> .....	170
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	6	<i>fexofenadine sus 30mg/5ml</i> .....	170
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	6	<i>fexofenadine tab 180mg</i> .....	170
FENTORA TAB 100MCG .....	7	<i>fexofenadine tab 60mg</i> .....	170
FENTORA TAB 200MCG .....	7	<i>fexofenadine-pseudoephedrine tab er</i>	
FENTORA TAB 400MCG .....	7	<i>12hr 60-120 mg</i> .....	175
FENTORA TAB 600MCG .....	7	FIASP FLEX INJ TOUCH .....	82
FENTORA TAB 800MCG .....	7	FIASP INJ 100/ML .....	82
FERAHEME INJ 510/17ML .....	117	<i>fiber laxatv tab 625mg</i> .....	106
<i>ferate tab 27mg</i> .....	117	<i>fiber laxtiv cap 0.52gm</i> .....	106
<i>fer-iron dro 15mg/ml</i> .....	117	<i>fiber therap tab 500mg</i> .....	106
<i>ferosul elx 220/5ml</i> .....	117	<i>fiber-caps tab 625mg</i> .....	106

<i>fiber-lax tab 625mg</i> .....	106	<i>fluconazole for susp 40 mg/ml</i> .....	13
<i>finasteride tab 5 mg</i> .....	113	<i>fluconazole in dextrose inj 200</i>	
FIRAZYR INJ 30MG/3ML.....	119	<i>mg/100ml</i> .....	13
<i>fish oil cap 1000mg</i> .....	136	<i>fluconazole in dextrose inj 400</i>	
<i>fish oil cap 1200mg</i> .....	136	<i>mg/200ml</i> .....	13
FISH OIL CAP 1400MG.....	136	<i>fluconazole in nacl 0.9% inj 200</i>	
FISH OIL CAP 150MG .....	136	<i>mg/100ml</i> .....	13
FISH OIL CAP 180MG .....	136	<i>fluconazole in nacl 0.9% inj 400</i>	
FISH OIL CAP 183.33MG.....	136	<i>mg/200ml</i> .....	13
<i>fish oil cap 300mg</i> .....	136	<i>fluconazole tab 100 mg</i> .....	13
<i>fish oil cap 435mg</i> .....	136	<i>fluconazole tab 150 mg</i> .....	13
FISH OIL CAP 900MG .....	136	<i>fluconazole tab 200 mg</i> .....	13
FISH OIL CHW 875MG .....	136	<i>fluconazole tab 50 mg</i> .....	13
<i>fish oil con cap 1000mg</i> .....	136	FLUCONAZOLE/ INJ NACL 100 .....	13
<i>fish oil con cap 300mg</i> .....	136	<i>flucytosine cap 250 mg</i> .....	13
<i>flanders oin buttocks</i> .....	197	<i>flucytosine cap 500 mg</i> .....	13
FLEBOGAMMA INJ 10/100ML .....	121	<i>fludarabine phosphate for inj 50 mg ...</i>	27
FLEBOGAMMA INJ 10/200ML .....	121	<i>fludarabine phosphate inj 25 mg/ml ...</i>	27
FLEBOGAMMA INJ 20/200ML .....	121	<i>fludrocortisone acetate tab 0.1 mg</i> .....	93
FLEBOGAMMA INJ 20/400ML .....	121	<i>flunisolide nasal soln 25 mcg/act</i>	
FLEBOGAMMA INJ 5GM/50ML .....	121	<i>(0.025%)</i> .....	186
FLEBOGAMMA INJ DIF 5% .....	121	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
<i>flecainide acetate tab 100 mg</i> .....	43	.....	200
<i>flecainide acetate tab 150 mg</i> .....	43	<i>fluocinolone acetonide cream 0.01%</i>	194
<i>flecainide acetate tab 50 mg</i> .....	42	<i>fluocinolone acetonide cream 0.025%</i>	194
FLEET BISACO ENE 10/30ML .....	106	<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>fleet laxati tab 5mg ec</i> .....	106	<i>oil)</i> .....	194
<i>flintstones chw bone bld</i> .....	146	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>flintstones chw complete</i> .....	146	<i>oil)</i> .....	194
FLINTSTONES CHW COMPLETE .....	146	<i>fluocinolone acetonide oint 0.025% ..</i>	194
<i>flintstones chw extra c</i> .....	146	<i>fluocinolone acetonide soln 0.01% ...</i>	194
<i>flintstones chw my first</i> .....	146	<i>fluocinonide cream 0.05%</i> .....	194
<i>flintstones chw omega-3</i> .....	146	<i>fluocinonide emulsified base cream</i>	
<i>flintstones chw pls calc</i> .....	146	<i>0.05%</i> .....	194
<i>flnston plus chw iron</i> .....	146	<i>fluocinonide gel 0.05%</i> .....	194
FLORAJEN CAP ACIDOPHI .....	101	<i>fluocinonide soln 0.05%</i> .....	194
<i>floranex gra</i> .....	101	<i>fluorometholone ophth susp 0.1%</i> ....	165
<i>floranex tab</i> .....	101	<i>fluorouracil cream 5%</i> .....	197
FLOVENT DISK AER 100MCG .....	186	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
FLOVENT DISK AER 250MCG .....	186	<i>mg/ml)</i> .....	27
FLOVENT DISK AER 50MCG.....	186	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
FLOVENT HFA AER 110MCG.....	186	<i>mg/ml)</i> .....	27
FLOVENT HFA AER 220MCG.....	186	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
FLOVENT HFA AER 44MCG .....	186	<i>mg/ml)</i> .....	27
FLOWTUSS SOL 2.5-200.....	175	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
FLU & SORE POW THROAT .....	175	<i>mg/ml)</i> .....	27
<i>flu/cold/cgh pow daytime</i> .....	175	<i>fluorouracil soln 2%</i> .....	197
<i>fluconazole for susp 10 mg/ml</i> .....	13	<i>fluorouracil soln 5%</i> .....	197

<i>fluoxetine hcl cap 10 mg</i> .....	64	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluoxetine hcl cap 20 mg</i> .....	64	<i>tab 20-12.5 mg</i> .....	37
<i>fluoxetine hcl cap 40 mg</i> .....	64	<i>fosinopril sodium tab 10 mg</i> .....	38
<i>fluoxetine hcl solution 20 mg/5ml</i> .....	64	<i>fosinopril sodium tab 20 mg</i> .....	38
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	69	<i>fosinopril sodium tab 40 mg</i> .....	38
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	69	FREAMINE HBC INJ 6.9% .....	127
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	69	FREAMINE III INJ 10%.....	127
<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	69	FREEDAVITE TAB .....	146
<i>fluphenazine hcl tab 1 mg</i> .....	69	FRESHKOTE SOL 2.7-2%.....	167
<i>fluphenazine hcl tab 10 mg</i> .....	70	<i>fruity chews chw</i> .....	147
<i>fluphenazine hcl tab 2.5 mg</i> .....	69	<i>fruity chews chw /iron</i> .....	147
<i>fluphenazine hcl tab 5 mg</i> .....	69	<i>fruity chw multivit</i> .....	147
<i>flurbiprofen sodium ophth soln 0.03%</i>		FULL SPECT TAB B/ VIT C.....	147
.....	165	FUNGOID TINC KIT .....	191
<i>flurbiprofen tab 100 mg</i> .....	4	FUNGOID TINC SOL 2% .....	191
<i>flurbiprofen tab 50 mg</i> .....	4	<i>furosemide inj 10 mg/ml</i> .....	50
<i>flutamide cap 125 mg</i> .....	30	<i>furosemide oral soln 10 mg/ml</i> .....	50
<i>fluticasone propionate cream 0.05%</i> .	194	<i>furosemide oral soln 8 mg/ml</i> .....	50
<i>fluticasone propionate nasal susp 50</i>		<i>furosemide tab 20 mg</i> .....	50
<i>mcg/act</i> .....	186	<i>furosemide tab 40 mg</i> .....	50
<i>fluticasone propionate oint 0.005%</i> ...	194	<i>furosemide tab 80 mg</i> .....	50
<i>fluvoxamine maleate tab 100 mg</i> .....	54	FUZEON INJ 90MG .....	15
<i>fluvoxamine maleate tab 25 mg</i> .....	54	FYCOMPA SUS 0.5MG/ML .....	56
<i>fluvoxamine maleate tab 50 mg</i> .....	54	FYCOMPA TAB 10MG.....	57
<i>folic acid cap 0.8 mg</i> .....	146	FYCOMPA TAB 12MG.....	57
FOLIC ACID CAP 20MG .....	146	FYCOMPA TAB 2MG .....	57
FOLIC ACID CAP 5MG.....	146	FYCOMPA TAB 4MG .....	57
FOLIC ACID POW .....	146	FYCOMPA TAB 6MG .....	57
<i>folic acid tab 1 mg</i> .....	146	FYCOMPA TAB 8MG .....	57
<i>folic acid tab 400 mcg</i> .....	146	<b>G</b>	
<i>folic acid tab 400mcg</i> .....	146	<i>gabapentin cap 100 mg</i> .....	57
<i>folic acid tab 800 mcg</i> .....	146	<i>gabapentin cap 300 mg</i> .....	57
<i>folic acid tab 800mcg</i> .....	146	<i>gabapentin cap 400 mg</i> .....	57
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i> .....	57
<i>10 mg/0.8ml</i> .....	115	<i>gabapentin tab 600 mg</i> .....	57
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 800 mg</i> .....	57
<i>2.5 mg/0.5ml</i> .....	115	GABITRIL TAB 12MG.....	57
<i>fondaparinux sodium subcutaneous inj 5</i>		GABITRIL TAB 16MG.....	57
<i>mg/0.4ml</i> .....	115	<i>galantamine hydrobromide cap er 24hr</i>	
<i>fondaparinux sodium subcutaneous inj</i>		<i>16 mg</i> .....	61
<i>7.5 mg/0.6ml</i> .....	115	<i>galantamine hydrobromide cap er 24hr</i>	
FORMULA 405 CRE FACE.....	197	<i>24 mg</i> .....	61
<i>formula e cap 400unit</i> .....	146	<i>galantamine hydrobromide cap er 24hr 8</i>	
FORTEO SOL 600/2.4 .....	95	<i>mg</i> .....	61
<i>fosamprenavir calcium tab 700 mg (base</i>		<i>galantamine hydrobromide oral soln 4</i>	
<i>equiv)</i> .....	15	<i>mg/ml</i> .....	61
<i>fosinopril sodium &amp; hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 12 mg</i>	61
<i>tab 10-12.5 mg</i> .....	37	<i>galantamine hydrobromide tab 4 mg</i> ..	61

<i>galantamine hydrobromide tab 8 mg</i> ...61	<i>gemcitabine hcl for inj 200 mg</i> ..... 27
GALZIN CAP 25MG .....132	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i> ..... 27
GALZIN CAP 50MG .....132	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i> ..... 27
GAMASTAN S/D INJ.....121	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i> ..... 27
GAMMAGARD INJ 10GM/100 .....121	<i>gemfibrozil tab 600 mg</i> ..... 45
GAMMAGARD INJ 1GM/10ML .....121	<i>generlac sol 10gm/15</i> ..... 107
GAMMAGARD INJ 2.5GM/25 .....121	<i>gengraf cap 100mg</i> ..... 122
GAMMAGARD INJ 20GM/200 .....121	<i>gengraf cap 25mg</i> ..... 122
GAMMAGARD INJ 30GM/300 .....121	<i>gengraf sol 100mg/ml</i> ..... 122
GAMMAGARD INJ 5GM/50ML .....121	<i>gentak oin 0.3% op</i> ..... 164
GAMMAGARD SD INJ 10GM HU .....121	<i>gentamicin in saline inj 0.8 mg/ml</i> ..... 9
GAMMAGARD SD INJ 5GM HU .....121	<i>gentamicin in saline inj 1 mg/ml</i> ..... 9
GAMMAKED INJ 10GM/100.....121	<i>gentamicin in saline inj 1.2 mg/ml</i> ..... 9
GAMMAKED INJ 1GM/10ML .....121	<i>gentamicin in saline inj 1.6 mg/ml</i> ..... 9
GAMMAKED INJ 2.5GM/25 .....121	<i>gentamicin in saline inj 2 mg/ml</i> ..... 9
GAMMAKED INJ 20GM/200.....121	<i>gentamicin sulfate cream 0.1%</i> ..... 189
GAMMAKED INJ 5GM/50ML .....121	<i>gentamicin sulfate inj 10 mg/ml</i> ..... 9
GAMMAPLEX INJ 10%.....121	<i>gentamicin sulfate inj 40 mg/ml</i> ..... 10
GAMMAPLEX INJ 5% .....121	<i>gentamicin sulfate oint 0.1%</i> ..... 189
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GAMUNEX-C INJ 20GM/200.....121	<i>genteal tear sol mild</i> ..... 167
GAMUNEX-C INJ 40/400ML .....121	<i>genteal tear sol moderate</i> ..... 167
GAMUNEX-C INJ 5GM/50ML .....121	GENTLE CRE ..... 197
GANCICLOVIR INJ 500MG .....19	<i>gentle laxat tab 5mg ec</i> ..... 107
<i>ganciclovir sodium for inj 500 mg</i> .....19	GENVOYA TAB ..... 17
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<i>gas relief cap 125mg</i> .....110	<i>geriaton liq</i> ..... 147
<i>gas relief cap 180mg</i> .....110	<i>gerivite tab complete</i> ..... 147
<i>gas relief chw 125mg</i> .....111	<i>gildagia tab 0.4-35</i> ..... 87
<i>gas relief chw 80mg</i> .....111	GILENYA CAP 0.5MG..... 78
<i>gas relief dro 20/0.3ml</i> .....111	GILOTRIF TAB 20MG..... 32
<i>gas relief dro 40/0.6ml</i> .....111	GILOTRIF TAB 30MG..... 32
<i>gas-x cap 125mg</i> .....111	GILOTRIF TAB 40MG..... 32
<i>gas-x cap 180mg</i> .....111	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> ..... 78
<i>gatifloxacin ophth soln 0.5%</i> ..... 164	<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> ..... 78
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GAUZE PADS 2 .....82	<i>glatopa inj 40mg/ml</i> ..... 78
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<i>gavilyte-g sol</i> .....106	GLEOSTINE CAP 10MG..... 26
<i>gavilyte-n sol flav pk</i> .....106	GLEOSTINE CAP 40MG..... 26
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GAVISCON SUS .....100	
GAVISCON SUS CHERRY .....100	
<i>gemcitabine hcl for inj 1 gm</i> .....27	
<i>gemcitabine hcl for inj 2 gm</i> .....27	

<i>glimepiride tab 1 mg</i> .....	83	<i>gnp animal chw plus c</i> .....	147
<i>glimepiride tab 2 mg</i> .....	83	<i>gnp animal chw shapes</i> .....	147
<i>glimepiride tab 4 mg</i> .....	83	<i>gnp antacid chw 160-105</i> .....	100
<i>glipizide tab 10 mg</i> .....	83	<i>gnp antacid chw 550-110</i> .....	100
<i>glipizide tab 5 mg</i> .....	83	<i>gnp antacid sus anti-gas</i> .....	100
<i>glipizide tab er 24hr 10 mg</i> .....	83	<i>gnp antacid sus cherry</i> .....	100
<i>glipizide tab er 24hr 2.5 mg</i> .....	83	<i>gnp aspirin chw 81mg</i> .....	2
<i>glipizide tab er 24hr 5 mg</i> .....	83	<i>gnp aspirin tab 325mg</i> .....	2
<i>glipizide xl tab 10mg</i> .....	83	<i>gnp aspirin tab 325mg ec</i> .....	2
<i>glipizide xl tab 2.5mg</i> .....	83	<i>gnp biotin cap 5000mcg</i> .....	147
<i>glipizide xl tab 5mg</i> .....	83	<i>gnp bisa-lax tab 5mg ec</i> .....	107
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	83	<i>gnp ca/vit d chw minerals</i> .....	133
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	83	<i>gnp calcium tab 500/d</i> .....	133
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	83	<i>gnp calcium tab 600/d</i> .....	133
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GLUCAGON KIT 1MG .....	94	<i>gnp castor oil 100%</i> .....	107
<i>gluco burst gel 40%</i> .....	94	<i>gnp century tab</i> .....	147
GLUCOSE CHW 4GM .....	94	<i>gnp century tab active</i> .....	147
GLUCOSE CHW FRUIT .....	94	<i>gnp century tab cardio</i> .....	147
GLUCOSE CHW GRAPE .....	94	<i>gnp century tab mature</i> .....	147
GLUCOSE CHW ORANGE .....	94	<i>gnp century tab senior</i> .....	147
GLUCOSE CHW RASPBERRY .....	94	<i>gnp century tab ultimate</i> .....	147
GLUCOSE CHW WATERMLN .....	94	<i>gnp cgh relf liq 15mg/5ml</i> .....	175
<i>glucose gel 40%</i> .....	94	<i>gnp cld/alle elx children</i> .....	175
<i>glucoten cap</i> .....	147	<i>gnp clearlax pow</i> .....	107
<i>glutamine powder</i> .....	136	<i>gnp co q10 cap 100mg</i> .....	147
<i>glutimmune pow 100%</i> .....	136	<i>gnp co q10 cap 200mg</i> .....	147
<i>glyburide micronized tab 1.5 mg</i> .....	84	<i>gnp co q10 cap 60mg</i> .....	147
<i>glyburide micronized tab 3 mg</i> .....	84	<i>gnp cold rlf tab daytime</i> .....	175
<i>glyburide micronized tab 6 mg</i> .....	84	<i>gnp cold/cgh elx child</i> .....	175
<i>glyburide tab 1.25 mg</i> .....	84	<i>gnp cough dm sus 30mg/5ml</i> .....	175
<i>glyburide tab 2.5 mg</i> .....	84	<i>gnp day time cap cold/flu</i> .....	175
<i>glyburide tab 5 mg</i> .....	84	<i>gnp day time liq cold/flu</i> .....	175
<i>glycolax pow 3350 nf</i> .....	107	<i>gnp dayhist tab 1.34mg</i> .....	170
<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i> .....	104	<i>gnp ear sys sol 6.5% ot</i> .....	200
<i>glycopyrrolate tab 1 mg</i> .....	104	<i>gnp enema ene</i> .....	107
<i>glycopyrrolate tab 2 mg</i> .....	104	<i>gnp epsom gra salt</i> .....	107
GLYCO-TECH TAB .....	147	<i>gnp fish oil cap</i> .....	136
<i>glydo gel 2%</i> .....	196	<i>gnp fish oil cap 1000mg</i> .....	136
<i>gnp all day tab allergy</i> .....	170	<i>gnp fish oil cap 1200mg</i> .....	136
<i>gnp allergy cap 25mg</i> .....	170	GNP FISH OIL CAP 840MG .....	136
<i>gnp allergy tab 180mg</i> .....	170	<i>gnp flu relf liq nighttime</i> .....	175
<i>gnp allergy tab 25mg</i> .....	170	<i>gnp gas relf chw 125mg</i> .....	111
<i>gnp allergy tab 4mg</i> .....	170	<i>gnp gas relf chw 80mg</i> .....	111
<i>gnp allergy tab multi-sy</i> .....	175	GNP GLUCOSE CHW GRAPE .....	94
		GNP GLUCOSE CHW ORANGE .....	94
		GNP GLUCOSE CHW RASPBERRY .....	94
		GNP GLUCOSE CHW WATERMLN .....	94

<i>gnp healthy tab eyes</i> .....	147	GOLYTELY SOL.....	107
<i>gnp hydrocor cre 1% plus</i> .....	194	<i>granisetron hcl inj 0.1 mg/ml</i> .....	103
<i>gnp ibuprofn tab cold/sin</i> .....	176	<i>granisetron hcl inj 1 mg/ml</i> .....	103
<i>gnp iron tab 325mg</i> .....	117	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>gnp iron tab 45mg</i> .....	117	.....	103
<i>gnp iron tab 65mg</i> .....	117	<i>granisetron hcl tab 1 mg</i> .....	103
<i>gnp laxative tab 25mg</i> .....	107	GRANIX INJ 300/0.5.....	116
<i>gnp laxative tab 5mg ec</i> .....	107	GRANIX INJ 480/0.8.....	116
<i>gnp lice kit</i> .....	199	<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>gnp little chw ones</i> .....	147	.....	13
<i>gnp masanti sus max st</i> .....	100	<i>griseofulvin microsize tab 500 mg</i> .....	13
<i>gnp masanti sus reg st</i> .....	100	<i>griseofulvin ultramicrosize tab 125 mg</i> 13	
<i>gnp milk mag sus</i> .....	107	<i>griseofulvin ultramicrosize tab 250 mg</i> 13	
<i>gnp mineral oil heavy</i> .....	107	<i>guaifenesin syp 100-10/5</i> .....	176
<i>gnp mucus-er tab 600mg</i> .....	176	<i>guaifenesin liquid 100 mg/5ml</i> .....	176
<i>gnp nasal spr 0.05%</i> .....	176	<i>guaifenesin syp 100-10/5</i> .....	176
<i>gnp nasal spr 1%</i> .....	176	<i>guaifenesin tab 200 mg</i> .....	176
<i>gnp niacin tab 250mg</i> .....	147	<i>guaifenesin tab er 12hr 1200 mg</i> .....	176
<i>gnp niacin tab 250mg tr</i> .....	147	<i>guaifenesin tab er 12hr 600 mg</i> .....	176
<i>gnp nicotine gum 2mg mint</i> .....	80	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	
<i>gnp nicotine gum 2mg orig</i> .....	80	.....	176
<i>gnp nicotine gum 4mg mint</i> .....	80	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>gnp nicotine loz 2mg mint</i> .....	80	<i>equiv)</i> .....	75
<i>gnp nicotine loz 4mg mint</i> .....	80	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
<i>gnp nicotine loz mini 2mg</i> .....	80	<i>equiv)</i> .....	75
<i>gnp nose dro 1%</i> .....	176	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
<i>gnp one dail tab maximum</i> .....	147	<i>equiv)</i> .....	75
<i>gnp opti-vit tab</i> .....	147	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
<i>gnp pediatri sol electrol</i> .....	124	<i>equiv)</i> .....	75
<i>gnp sinus tab cng/pain</i> .....	176	<i>gummi bear chw multivit</i> .....	147
<i>gnp triple oin antibiot</i> .....	189	<i>gummy dinos chw</i> .....	148
<i>gnp tussin liq dm</i> .....	176	<i>gummy multiv chw kids</i> .....	148
<i>gnp tussin liq dm cough</i> .....	176	<i>gummy vit/ chw minerals</i> .....	148
<i>gnp tussin liq dm max</i> .....	176	<b>H</b>	
<i>gnp tussin syp 100/5ml</i> .....	176	<i>h2q cap 100mg</i> .....	148
<i>gnp tussin syp cf</i> .....	176	HAEGARDA INJ 2000UNIT .....	119
<i>gnp vit c tab 1000mg</i> .....	147	HAEGARDA INJ 3000UNIT .....	119
<i>gnp vit c tab 250mg</i> .....	147	<i>hair formula tab ex stren</i> .....	148
<i>gnp vit c/rh tab 1000mg</i> .....	147	<i>hair/skin/ tab nails</i> .....	148
<i>gnp vit d tab 1000unit</i> .....	147	<i>halobetasol propionate cream 0.05%</i> 195	
<i>gnp vit d tab 5000unit</i> .....	147	<i>halobetasol propionate oint 0.05%</i> ...	195
<i>gnp vit d3 tab 1000unit</i> .....	147	<i>haloperidol decanoate im soln 100 mg/ml</i>	
<i>gnp vit e cap 1000unit</i> .....	147	.....	70
<i>gnp vit e cap 200unit</i> .....	147	<i>haloperidol decanoate im soln 50 mg/ml</i>	
<i>gnp vit e cap 400unit</i> .....	147	.....	70
<i>gnp zoochews chw gummies</i> .....	147	<i>haloperidol lactate inj 5 mg/ml</i> .....	70
GOLD BOND CRE HEALING.....	197	<i>haloperidol lactate oral conc 2 mg/ml</i> .	70
GOLD BOND OIN HEALING.....	197	<i>haloperidol tab 0.5 mg</i> .....	70

<i>haloperidol tab 1 mg</i> .....	70	<i>hm allergy cap 25mg</i> .....	170
<i>haloperidol tab 10 mg</i> .....	70	<i>hm allergy tab 25mg</i> .....	170
<i>haloperidol tab 2 mg</i> .....	70	<i>hm allergy tab 4mg</i> .....	170
<i>haloperidol tab 20 mg</i> .....	70	<i>hm animal chw shapes</i> .....	148
<i>haloperidol tab 5 mg</i> .....	70	<i>hm antacid sus</i> .....	100
HARVONI TAB 90-400MG .....	19	<i>hm antacid sus anti-gas</i> .....	100
HAVRIX INJ 1440UNIT .....	123	<i>hm aspirin chw 81mg</i> .....	2
HAVRIX INJ 720UNIT.....	123	<i>hm aspirin tab 325mg</i> .....	2
<i>healthy eyes cap supervis</i> .....	148	<i>hm b complex tab with c</i> .....	148
<i>healthy eyes tab</i> .....	148	<i>hm ca/vit d3 tab 600-400</i> .....	133
<i>healthy kids chw gummies</i> .....	136	<i>hm ca/vit d3 tab 600-800</i> .....	133
HEALTHY KIDS CHW GUMMIES .....	148	<i>hm calcium tab citr+d</i> .....	133
<i>healthylax pow</i> .....	107	<i>hm calcium tab d/minera</i> .....	133
<i>heartbrn rel tab 75mg</i> .....	105	<i>hm clearlax pow</i> .....	107
<i>heartburn chw ex st</i> .....	100	<i>hm cold/cgh elx children</i> .....	176
<i>heartburn tab 150mg</i> .....	105	<i>hm complete tab</i> .....	148
<i>heartburn tab 200mg</i> .....	105	HM COMPLETE TAB.....	148
<i>heartburn tab 20mg</i> .....	105	<i>hm complete tab 50+</i> .....	148
<i>heartburn tab relief</i> .....	105	<i>hm coq10 cap 100mg</i> .....	148
<i>heartburn tr cap 15mg</i> .....	112	<i>hm coq10 cap 50mg</i> .....	148
<i>heather tab 0.35mg</i> .....	87	<i>hm cough dm sus 30mg/5ml</i> .....	176
HEP SOD/NAACL INJ 25000UNT.....	115	<i>hm day time cap</i> .....	176
<i>heparin sodium (porcine) 100 unit/ml in</i> <i>d5w</i> .....	115	<i>hm enema ene</i> .....	107
<i>heparin sodium (porcine) 40 unit/ml in</i> <i>d5w</i> .....	115	<i>hm enema ene r-t-u</i> .....	107
<i>heparin sodium (porcine) 50 unit/ml in</i> <i>d5w</i> .....	115	<i>hm epsom gra salt</i> .....	107
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i> .....	115	<i>hm fiber cap 0.52gm</i> .....	107
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i> .....	115	<i>hm fiber pow 28.3%</i> .....	107
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i> .....	115	<i>hm fiber pow 30.9%</i> .....	107
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i> .....	115	<i>hm fiber pow 48.57%</i> .....	107
HEPARIN/NAACL INJ 25000UNT .....	115	<i>hm fiber pow 58.6%</i> .....	107
<i>hepatamine sol 8%</i> .....	127	<i>hm fiber tab 500mg</i> .....	107
HERCEPTIN INJ 150MG .....	29	<i>hm fish oil cap 1000mg</i> .....	136
HERCEPTIN INJ 440MG .....	29	<i>hm fish oil cap 1200mg</i> .....	136
HETLIOZ CAP 20MG .....	75	HM FISH OIL CAP 554MG .....	136
HEXALEN CAP 50MG .....	26	<i>hm gas relf chw 80mg</i> .....	111
HIBERIX SOL 10MCG.....	123	HM HAIR/SKIN TAB /NAILS .....	148
HISTEX PD DRO 0.938MG .....	170	<i>hm hydrocort cre 1% plus</i> .....	195
HISTEX SYP 2.5MG/5 .....	170	<i>hm ibuprofen tab 200mg</i> .....	4
HISTEX-AC SYP .....	176	<i>hm iron tab 45mg</i> .....	117
HISTEX-DM SYP.....	176	<i>hm iron tab 65mg</i> .....	117
HISTEX-PE SYP 2.5-10/5 .....	176	<i>hm laxative tab 5mg</i> .....	107
		<i>hm laxative tab 5mg ec</i> .....	107
		<i>hm mucus er tab 1200mg</i> .....	176
		<i>hm mucus er tab 600mg</i> .....	176
		<i>hm nasal spr 0.05%</i> .....	176
		<i>hm niacin tab 250mg</i> .....	148
		<i>hm nicotine dis 14mg/24h</i> .....	80
		<i>hm nicotine dis 21mg/24h</i> .....	80

<i>hm nicotine gum 2mg mint</i> .....	80	<i>hydrochlorothiazide tab 25 mg</i> .....	51
<i>hm nicotine gum 4mg mint</i> .....	80	<i>hydrochlorothiazide tab 50 mg</i> .....	51
<i>hm nicotine loz 2mg mint</i> .....	80	<i>hydrocod polst-chlorphen polst er susp</i>	
<i>hm nicotine loz 4mg mint</i> .....	80	<i>10-8 mg/5ml</i> .....	176
<i>hm nose dro 1%</i> .....	176	<i>hydrocodone w/ homatropine syrup 5-</i>	
<i>hm one daily tab /iron</i> .....	148	<i>1.5 mg/5ml</i> .....	176
HM ONE DAILY TAB MENS .....	148	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
<i>hm povid-iod sol 10%</i> .....	191	<i>mg</i> .....	176
<i>hm saline spr 0.65%</i> .....	185	<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>hm senna tab 8.6mg</i> .....	107	<i>325 mg/15ml</i> .....	7
<i>hm severe tab cold/flu</i> .....	176	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>hm triple oin antibiot</i> .....	189	<i>mg</i> .....	7
<i>hm tussin liq adlt dm</i> .....	176	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>hm vit d3 cap 2000unit</i> .....	148	<i>mg</i> .....	7
<i>hm vitamin c tab 1000mg</i> .....	148	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>hm vitamin d tab 1000unit</i> .....	148	<i>mg</i> .....	7
<i>hm vitamin e cap 1000unit</i> .....	148	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7
<i>hm vitamin e cap 200unit</i> .....	148	<i>hydrocort cre 0.5%</i> .....	195
<i>hm vitamin e cap 400unit</i> .....	148	<i>hydrocort cre 1%</i> .....	195
HONEY BEARS CHW .....	148	<i>hydrocort oin 1%</i> .....	195
HONEY BEARS CHW IRON-ZIN .....	148	<i>hydrocort/ cre aloe 1%</i> .....	195
HUMIRA INJ 10/0.1ML .....	120	<i>hydrocortisone butyrate cream 0.1%</i>	195
HUMIRA INJ 10MG/0.2 .....	120	<i>hydrocortisone butyrate oint 0.1%</i> ...	195
HUMIRA INJ 20/0.2ML .....	120	<i>hydrocortisone butyrate soln 0.1%</i> ...	195
HUMIRA INJ 40/0.4ML .....	120	<i>hydrocortisone cream 0.5%</i> .....	195
HUMIRA KIT 20MG/0.4 .....	120	<i>hydrocortisone cream 1%</i> .....	195
HUMIRA KIT 40MG/0.8 .....	120	<i>hydrocortisone cream 2.5%</i> .....	195
HUMIRA PEDIA INJ CROHNS .....	120	<i>hydrocortisone enema 100 mg/60ml</i>	105
HUMIRA PEN INJ 40/0.4ML .....	120	<i>hydrocortisone lotion 2.5%</i> .....	195
HUMIRA PEN INJ 40MG/0.8 .....	120	<i>hydrocortisone oint 0.5%</i> .....	195
HUMIRA PEN INJ CD/UC/HS .....	120	<i>hydrocortisone oint 1%</i> .....	195
HUMIRA PEN INJ PS/UV .....	120	<i>hydrocortisone oint 2.5%</i> .....	195
HUMIRA PEN KIT CD/UC/HS .....	120	<i>hydrocortisone rectal cream 2.5%</i> ....	197
HUMIRA PEN KIT PS/UV .....	120	<i>hydrocortisone tab 10 mg</i> .....	93
<i>humist spr 0.65%</i> .....	185	<i>hydrocortisone tab 20 mg</i> .....	93
HUMULIN R INJ U-500 .....	82	<i>hydrocortisone tab 5 mg</i> .....	93
HYALEX TAB .....	148	<i>hydrocortisone valerate cream 0.2%</i>	195
HYCOFENIX SOL .....	176	<i>hydrocortisone valerate oint 0.2%</i> ....	195
<i>hydralazine hcl inj 20 mg/ml</i> .....	51	<i>hydrocortisone-aloe vera cream 0.5%</i>	195
<i>hydralazine hcl tab 10 mg</i> .....	51	<i>hydrocortisone-aloe vera cream 1%</i> .	195
<i>hydralazine hcl tab 100 mg</i> .....	52	HYDRO-LAN CRE .....	197
<i>hydralazine hcl tab 25 mg</i> .....	51	<i>hydrolatum oin</i> .....	198
<i>hydralazine hcl tab 50 mg</i> .....	51	<i>hydro-lotion lot 1%</i> .....	195
HYDRASYN25 CRE .....	197	<i>hydromet syp 5-1.5/5</i> .....	177
HYDROCERIN CRE .....	197	<i>hydromorphone hcl liqd 1 mg/ml</i> .....	7
<i>hydrocerin cre plus</i> .....	197	<i>hydromorphone hcl preservative free (pf)</i>	
<i>hydrochlorothiazide cap 12.5 mg</i> .....	50	<i>inj 10 mg/ml</i> .....	7
<i>hydrochlorothiazide tab 12.5 mg</i> .....	51	<i>hydromorphone hcl tab 2 mg</i> .....	7

<i>hydromorphone hcl tab 4 mg</i> .....	7	<i>icaps cap</i> .....	148
<i>hydromorphone hcl tab 8 mg</i> .....	7	<i>icaps lutein cap /omega-3</i> .....	148
<i>hydrophor oin</i> .....	198	ICAPS LUTEIN TAB ZEAXANTH .....	148
<i>hydroskin cre 1%</i> .....	195	<i>icaps mv tab</i> .....	149
<i>hydroskin lot 1%</i> .....	195	ICAPS PLUS TAB .....	149
<i>hydroxocobalamin acetate inj 1000</i>		ICLUSIG TAB 15MG .....	33
<i>mcg/ml (base equivalent)</i> .....	148	ICLUSIG TAB 45MG .....	33
<i>hydroxychloroquine sulfate tab 200 mg</i>		IDHIFA TAB 100MG .....	29
.....	120	IDHIFA TAB 50MG .....	29
<i>hydroxyprogesterone caproate im in oil</i>		<i>iferex 150 cap</i> .....	117
<i>1.25 gm/5ml</i> .....	30	IFEX INJ 3GM .....	26
<i>hydroxyurea cap 500 mg</i> .....	35	<i>ifosfamide for inj 1 gm</i> .....	26
<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	170	IFOSFAMIDE INJ 3GM .....	26
<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	171	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	171	.....	26
<i>hydroxyzine hcl tab 10 mg</i> .....	171	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	
<i>hydroxyzine hcl tab 25 mg</i> .....	171	.....	26
<i>hydroxyzine hcl tab 50 mg</i> .....	171	ILEVRO DRO 0.3% OP .....	165
<i>hydroxyzine pamoate cap 25 mg</i> .....	171	<i>imatinib mesylate tab 100 mg (base</i>	
<i>hydroxyzine pamoate cap 50 mg</i> .....	171	<i>equivalent)</i> .....	33
HYSINGLA ER TAB 100 MG.....	7	<i>imatinib mesylate tab 400 mg (base</i>	
HYSINGLA ER TAB 120 MG.....	7	<i>equivalent)</i> .....	33
HYSINGLA ER TAB 20 MG.....	7	IMBRUVICA CAP 140MG .....	33
HYSINGLA ER TAB 30 MG.....	7	IMBRUVICA CAP 70MG.....	33
HYSINGLA ER TAB 40 MG.....	7	IMBRUVICA TAB 140MG .....	33
HYSINGLA ER TAB 60 MG.....	7	IMBRUVICA TAB 280MG .....	33
HYSINGLA ER TAB 80 MG.....	7	IMBRUVICA TAB 420MG .....	33
<b>I</b>		IMBRUVICA TAB 560MG .....	33
IBRANCE CAP 100MG .....	29	<i>imipenem-cilastatin intravenous for soln</i>	
IBRANCE CAP 125MG .....	29	<i>250 mg</i> .....	11
IBRANCE CAP 75MG .....	29	<i>imipenem-cilastatin intravenous for soln</i>	
<i>ibu-200 tab 200mg</i> .....	4	<i>500 mg</i> .....	11
<i>ibu-drops dro 40mg/ml</i> .....	4	<i>imipramine hcl tab 10 mg</i> .....	64
<i>ibu-drops dro 50/1.25</i> .....	4	<i>imipramine hcl tab 25 mg</i> .....	64
<i>ibuprofen cap 200 mg</i> .....	4	<i>imipramine hcl tab 50 mg</i> .....	64
<i>ibuprofen cap 200mg</i> .....	4	<i>imiquimod cream 5%</i> .....	198
<i>ibuprofen dro 50/1.25</i> .....	4	IMMUNE SUPP POW VIT C .....	149
<i>ibuprofen ib chw 100mg</i> .....	4	IMOVAX RABIE INJ 2.5/ML .....	123
<i>ibuprofen jr chw 100mg</i> .....	4	<i>incassia tab 0.35mg</i> .....	87
<i>ibuprofen sus 100/5ml</i> .....	4	INCRELEX INJ 40MG/4ML .....	95
<i>ibuprofen susp 100 mg/5ml</i> .....	4	INCRUSE ELPT INH 62.5MCG .....	168
<i>ibuprofen tab 200 mg</i> .....	4	<i>indapamide tab 1.25 mg</i> .....	51
<i>ibuprofen tab 200mg</i> .....	4	<i>indapamide tab 2.5 mg</i> .....	51
<i>ibuprofen tab 400 mg</i> .....	4	INFANRIX INJ .....	123
<i>ibuprofen tab 600 mg</i> .....	4	INFED INJ 50MG/ML .....	118
<i>ibuprofen tab 800 mg</i> .....	5	INJECTAFER INJ 750/15ML .....	118
<i>ibuprofen tab cold/sin</i> .....	177	INLYTA TAB 1MG.....	33
ICAPS AREDS TAB FORMULA .....	148	INLYTA TAB 5MG.....	33

INSTA-GLUCOS GEL 77.4%.....	94	<i>irbesartan tab 75 mg</i> .....	42
INSULIN PEN NEEDLE.....	82	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	40
INSULIN SAFETY NEEDLES.....	82	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	40
INSULIN SYRINGE.....	82	IRESSA TAB 250MG.....	33
INTELENCE TAB 100MG .....	15	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i> .....	36
INTELENCE TAB 200MG .....	15	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> .....	36
INTELENCE TAB 25MG .....	15	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> .....	36
<i>intestinex cap</i> .....	101	IRON CHW PEDIATRI .....	118
INTRALIPID INJ 30%.....	127	<i>iron slow tab 45mg</i> .....	118
INTRON A INJ 10MU.....	122	<i>iron supplem tab 325mg</i> .....	118
INTRON A INJ 18MU.....	122	<i>iron supplem tab therapy</i> .....	118
INTRON A INJ 25MU .....	122	<i>iron supplmt dro 15mg/ml</i> .....	118
INTRON A INJ 50MU.....	122	IRON TAB 18MG.....	118
<i>introvale tab</i> .....	87	IRON TAB 28MG.....	118
INVANZ INJ 1GM .....	11	IRON UP LIQ.....	118
INVEGA SUST INJ 117/0.75 .....	70	ISENTRESS CHW 100MG.....	15
INVEGA SUST INJ 156MG/ML .....	70	ISENTRESS CHW 25MG.....	15
INVEGA SUST INJ 234/1.5 .....	70	ISENTRESS HD TAB 600MG.....	15
INVEGA SUST INJ 39/0.25 .....	70	ISENTRESS POW 100MG.....	15
INVEGA SUST INJ 78/0.5ML.....	70	ISENTRESS TAB 400MG .....	15
INVEGA TRINZ INJ 273MG .....	70	<i>isibloom tab</i> .....	87
INVEGA TRINZ INJ 410MG .....	70	ISOLYTE-P INJ /D5W .....	127
INVEGA TRINZ INJ 546MG .....	70	ISOLYTE-S INJ.....	128
INVEGA TRINZ INJ 819MG .....	70	<i>isoniazid inj 100 mg/ml</i> .....	18
INVIRASE CAP 200MG .....	15	<i>isoniazid syrup 50 mg/5ml</i> .....	18
INVIRASE TAB 500MG .....	15	<i>isoniazid tab 100 mg</i> .....	18
INVOKAMET TAB 150-1000 .....	84	<i>isoniazid tab 300 mg</i> .....	18
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<i>kerodex-71 cre wet</i> .....	198	<i>kp womens tab daily</i> .....	149
<i>ketoconazole cream 2%</i> .....	191	K-PAX CAP DOUBLE.....	149
<i>ketoconazole shampoo 2%</i> .....	193	K-PAX CAP SINGLE.....	149
<i>ketoconazole tab 200 mg</i> .....	14	K-PAX TAB PROF ST .....	149
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<i>konsyl cap 520mg</i> .....	107	<i>lactobacillus tab</i> .....	101
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<i>konsyl daily pow 28.3%</i> .....	107	<i>lacto-key- cap 600</i> .....	101
KONSYL DAILY POW 28.3%.....	107	<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	108
<i>konsyl fiber tab 625mg</i> .....	107	<i>lactulose solution 10 gm/15ml</i> .....	108
<i>konsyl pow 30.9%</i> .....	107	LAMISIL ADV GEL 1%.....	191
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KONSYL POW 71.67% .....	107	LAMISIL AT SPR 1% .....	191
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<i>kp adult 50+ tab daily</i> .....	149	<i>lamivudine tab 150 mg</i> .....	15
<i>kp adults tab daily</i> .....	149	<i>lamivudine tab 300 mg</i> .....	15
<i>kp b complex tab /c</i> .....	149	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	17
<i>kp calcium cap 600+d</i> .....	133	<i>lamotrigine tab 100 mg</i> .....	57
<i>kp calcium tab 600+d</i> .....	133	<i>lamotrigine tab 150 mg</i> .....	57
<i>kp fish oil cap 1200mg</i> .....	136	<i>lamotrigine tab 200 mg</i> .....	57
<i>kp mens 50+ tab daily</i> .....	149	<i>lamotrigine tab 25 mg</i> .....	57
<i>kp mens tab daily</i> .....	149	<i>lamotrigine tab chewable dispersible 25</i>	
<i>kp omega-3 cap 1200mg</i> .....	136		

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<i>lamotrigine tab er 24hr 200 mg</i> .....	57	LETAIRIS TAB 10MG .....	53
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<i>lamotrigine tab er 24hr 300 mg</i> .....	57	<i>leucovorin calcium for inj 100 mg</i> .....	36
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<i>lansoprazole cap delayed release 15 mg</i> .....	112	<i>leucovorin calcium tab 15 mg</i> .....	36
<i>lansoprazole cap delayed release 30 mg</i> .....	112	<i>leucovorin calcium tab 25 mg</i> .....	36
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<i>l-arginine tab 1000mg</i> .....	136	<i>levallbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i> .....	172
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<i>latanoprost ophth soln 0.005%</i> .....	166	<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i> .....	57
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LATUDA TAB 60MG .....	70	<i>levetiracetam tab 250 mg</i> .....	58
LATUDA TAB 80MG .....	70	<i>levetiracetam tab 500 mg</i> .....	58
<i>lax/stl soft tab 8.6-50mg</i> .....	108	<i>levetiracetam tab 750 mg</i> .....	58
<i>laxative chw 15mg</i> .....	108	<i>levetiracetam tab er 24hr 500 mg</i> .....	58
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L-CITRULLINE CAP 600MG .....	136	<i>levocarnitine oral soln 1 gm/10ml (10%)</i> .....	91
LEADER FINGE CRE.....	198	<i>levocarnitine tab 330 mg</i> .....	91
<i>leflunomide tab 10 mg</i> .....	120	<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i> .....	171
<i>leflunomide tab 20 mg</i> .....	120	<i>levocetirizine dihydrochloride tab 5 mg</i>	
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LENVIMA CAP 14 MG .....	33		
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<i>levofloxacin in d5w iv soln 250 mg/50ml</i>		<i>levothyroxine sodium tab 200 mcg</i> .....	97
.....	22	<i>levothyroxine sodium tab 25 mcg</i> .....	97
<i>levofloxacin in d5w iv soln 500</i>		<i>levothyroxine sodium tab 300 mcg</i> .....	97
<i>mg/100ml</i> .....	22	<i>levothyroxine sodium tab 50 mcg</i> .....	97
<i>levofloxacin in d5w iv soln 750</i>		<i>levothyroxine sodium tab 75 mcg</i> .....	97
<i>mg/150ml</i> .....	22	<i>levothyroxine sodium tab 88 mcg</i> .....	97
<i>levofloxacin iv soln 25 mg/ml</i> .....	22	<i>levoxyl tab 100mcg</i> .....	98
<i>levofloxacin oral soln 25 mg/ml</i> .....	22	<i>levoxyl tab 112mcg</i> .....	98
<i>levofloxacin tab 250 mg</i> .....	22	<i>levoxyl tab 125mcg</i> .....	98
<i>levofloxacin tab 500 mg</i> .....	22	<i>levoxyl tab 137mcg</i> .....	98
<i>levofloxacin tab 750 mg</i> .....	22	<i>levoxyl tab 150mcg</i> .....	98
<i>LEVOLEUCOVOR INJ 175MG</i> .....	36	<i>levoxyl tab 175mcg</i> .....	98
<i>LEVOLEUCOVOR SOL 250MG/25</i> .....	36	<i>levoxyl tab 200mcg</i> .....	98
<i>levoleucovorin calcium for iv inj 50 mg</i>		<i>levoxyl tab 25mcg</i> .....	97
<i>(base equiv)</i> .....	36	<i>levoxyl tab 50mcg</i> .....	97
<i>levoleucovorin calcium inj 175</i>		<i>levoxyl tab 75mcg</i> .....	97
<i>mg/17.5ml (base equiv)</i> .....	36	<i>levoxyl tab 88mcg</i> .....	97
<i>levoleucovorin calcium iv soln pf 250</i>		<i>LEXIVA SUS 50MG/ML</i> .....	15
<i>mg/25ml (base equiv)</i> .....	36	<i>LEXIVA TAB 700MG</i> .....	15
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<i>levonorgestrel &amp; ethinyl estradiol tab 0.1</i>		<i>lice treatmt sha 0.33-4%</i> .....	199
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<i>levonorgestrel &amp; ethinyl estradiol tab</i>		<i>lidocaine cream 4%</i> .....	191
<i>0.15 mg-30 mcg</i> .....	88	<i>lidocaine hcl gel 2%</i> .....	196
<i>levonorgestrel tab 1.5 mg</i> .....	88	<i>lidocaine hcl local inj 0.5%</i> .....	9
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>lidocaine hcl local inj 1%</i> .....	9
<i>30/0.075-40/0.125-30mg-mcg</i> .....	88	<i>lidocaine hcl local inj 2%</i> .....	9
<i>levora-28 tab 0.15/30</i> .....	88	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 100mcg</i> .....	97	<i>inj 0.5%</i> .....	9
<i>levo-t tab 112mcg</i> .....	97	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 125mcg</i> .....	97	<i>inj 1%</i> .....	9
<i>levo-t tab 137mcg</i> .....	97	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 150mcg</i> .....	97	<i>inj 1.5%</i> .....	9
<i>levo-t tab 175mcg</i> .....	97	<i>lidocaine hcl soln 4%</i> .....	196
<i>levo-t tab 200 mcg</i> .....	97	<i>lidocaine hcl viscous soln 2%</i> .....	200
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<i>levo-t tab 300 mcg</i> .....	97	<i>lidocaine patch 5%</i> .....	196
<i>levo-t tab 50mcg</i> .....	97	<i>lidocaine-prilocaine cream 2.5-2.5%</i> . 196	
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<i>levothyroxine sodium tab 112 mcg</i> .....	97	<i>linezolid in sodium chloride iv soln 600</i>	
<i>levothyroxine sodium tab 125 mcg</i> .....	97	<i>mg/300ml-0.9%</i> .....	11
<i>levothyroxine sodium tab 137 mcg</i> .....	97	<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>levothyroxine sodium tab 150 mcg</i> .....	97	<i>mg/ml)</i> .....	11

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<i>liquitears sol</i> .....	167	<i>lorazepam tab 0.5 mg</i> .....	54
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<i>lisinopril tab 30 mg</i> .....	38	<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 100-25 mg</i> .....	41
<i>lisinopril tab 40 mg</i> .....	38	<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 50-12.5 mg</i> .....	40
<i>lisinopril tab 5 mg</i> .....	38	<i>losartan potassium tab 100 mg</i> .....	42
L-ISOLEUCINE POW.....	136	<i>losartan potassium tab 25 mg</i> .....	42
<i>lithium carbonate cap 150 mg</i> .....	77	<i>losartan potassium tab 50 mg</i> .....	42
<i>lithium carbonate cap 300 mg</i> .....	77	LOTEMAX GEL 0.5%.....	165
<i>lithium carbonate cap 600 mg</i> .....	77	LOTEMAX OIN 0.5%.....	165
<i>lithium carbonate tab 300 mg</i> .....	77	LOTEMAX SUS 0.5%.....	165
<i>lithium carbonate tab er 300 mg</i> .....	77	<i>lovastatin tab 10 mg</i> .....	44
<i>lithium carbonate tab er 450 mg</i> .....	78	<i>lovastatin tab 20 mg</i> .....	44
LITHIUM SOL 8MEQ/5ML.....	78	<i>lovastatin tab 40 mg</i> .....	44
<i>little anima chw plus fe</i> .....	149	<i>loxapine succinate cap 10 mg</i> .....	70
<i>little noses dro stof nos</i> .....	185	<i>loxapine succinate cap 25 mg</i> .....	70
<i>little noses spr 0.65%</i> .....	185	<i>loxapine succinate cap 5 mg</i> .....	70
LODRANE D CAP 4-60MG.....	177	<i>loxapine succinate cap 50 mg</i> .....	71
LOHIST-D LIQ.....	177	<i>lubric tears sol 0.4-0.3%</i> .....	167
LOHIST-DM SYP 5-2-10MG.....	177	<i>lubricant dro eye</i> .....	167
LONSURF TAB 15-6.14.....	35	<i>lubricant oin eye</i> .....	167
LONSURF TAB 20-8.19.....	35	<i>lubricating dro 0.5%</i> .....	167
<i>loperamide cap 2mg</i> .....	101	<i>lubricnt eye dro 0.4-0.3%</i> .....	167
<i>loperamide hcl cap 2 mg</i> .....	111	<i>lubricnt eye dro 0.5% op</i> .....	167
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> .....	101	<i>lubricnt gel dro 0.25-0.3</i> .....	167
<i>loperamide hcl liq 1 mg/7.5ml</i> .....	101	<i>lubrifresh oin p.m.</i> .....	167
<i>loperamide liq 1mg/7.5</i> .....	102	LUMIGAN SOL 0.01%.....	166
<i>loperamide sus 1mg/7.5</i> .....	102	LUMIZYME INJ 50MG.....	91

LUPR DEP-PED INJ 11.25MG.....	95	<i>mg</i> ).....	133
LUPR DEP-PED INJ 15MG .....	95	<i>magnesium oxide tab 250 mg (mg</i>	
LUPR DEP-PED INJ 3M 30MG .....	95	<i>supplement)</i> .....	133
LUPR DEP-PED INJ 7.5MG .....	95	<i>magnesium oxide tab 400 mg</i> .....	100
LUPRON DEPOT INJ 11.25MG .....	30	<i>magnesium oxide tab 400 mg (240 mg</i>	
LUPRON DEPOT INJ 3.75MG .....	30	<i>elemental mg)</i> .....	133
<i>lutra tab</i> .....	88	<i>magnesium oxide tab 400 mg (241.3 mg</i>	
LYNPARZA CAP 50MG .....	29	<i>elemental mg)</i> .....	133
LYNPARZA TAB 100MG .....	29	<i>magnesium oxide tab 420 mg</i> .....	100
LYNPARZA TAB 150MG .....	29	<i>magnesium oxide tab 500 mg (mg</i>	
LYRICA CAP 100MG.....	58	<i>supplement)</i> .....	133
LYRICA CAP 150MG.....	58	MAGNESIUM SU INJ 20/500ML.....	124
LYRICA CAP 200MG.....	58	MAGNESIUM SU INJ 2GM/50ML.....	124
LYRICA CAP 225MG.....	58	MAGNESIUM SU INJ 40G/1000 .....	125
LYRICA CAP 25MG .....	58	MAGNESIUM SU INJ 4G/100ML .....	124
LYRICA CAP 300MG.....	58	MAGNESIUM SU INJ 80MG/ML .....	125
LYRICA CAP 50MG .....	58	<i>magnesium sulfate in dextrose 5% iv</i>	
LYRICA CAP 75MG .....	58	<i>soln 1 gm/100ml</i> .....	125
LYRICA CR TAB 165MG .....	78	<i>magnesium sulfate inj 50%</i> .....	125
LYRICA CR TAB 330MG .....	78	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
LYRICA CR TAB 82.5MG .....	78	<i>(40 mg/ml)</i> .....	125
LYRICA SOL 20MG/ML .....	58	<i>magnesium sulfate iv soln 20 gm/500ml</i>	
<i>lysiplex liq plus</i> .....	149	<i>(40 mg/ml)</i> .....	125
LYSODREN TAB 500MG.....	30	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>lyza tab 0.35mg</i> .....	88	<i>(40 mg/ml)</i> .....	125
<b>M</b>		<i>magnesium sulfate iv soln 4 gm/50ml</i>	
MACULAR VIT TAB BENEFIT .....	149	<i>(80 mg/ml)</i> .....	125
<i>macuvite tab</i> .....	149	<i>magnesium sulfate iv soln 40 gm/1000ml</i>	
<i>macuvite tab eye care</i> .....	149	<i>(40 mg/ml)</i> .....	125
<i>macuvite tab lutein</i> .....	149	<i>magnesium tab 500mg</i> .....	133
<i>mafenide acetate packet for topical soln</i>		<i>magnesium-ox tab 400mg</i> .....	133
<i>5% (50 gm)</i> .....	189	MAGONATE LIQ 1000/5ML.....	133
<i>mag citrate sol cherry</i> .....	108	<i>magonate tab 500mg</i> .....	133
<i>mag citrate sol lemon</i> .....	108	MAG-SR PLUS TAB CALCIUM.....	133
MAG64 TAB 64MG.....	133	MAG-TAB SR TAB 84MG .....	133
MAG-AL LIQ .....	100	<i>malathion lotion 0.5%</i> .....	199
<i>mag-al plus liq</i> .....	100	<i>mapap apap liq 500/15ml</i> .....	2
<i>mag-al plus liq xs</i> .....	100	<i>mapap cap 500mg</i> .....	2
MAGDELAY TAB 70MG .....	133	<i>mapap child tab 80mg rt</i> .....	2
<i>mag-g tab 500mg</i> .....	133	<i>mapap childr sus 160/5ml</i> .....	2
MAGNESIUM CAP 400MG .....	133	<i>mapap chw 80mg</i> .....	2
<i>magnesium citrate soln</i> .....	108	<i>mapap cold tab 10-5-325</i> .....	177
MAGNESIUM GL TAB 500MG.....	133	<i>mapap liq 160/5ml</i> .....	2
<i>magnesium gluconate tab 27.5 mg</i>		<i>mapap sinus tab max st</i> .....	177
<i>(elemental mg)</i> .....	133	<i>mapap tab 325mg</i> .....	2
<i>magnesium gluconate tab 500 mg (27</i>		<i>mapap tab 500mg</i> .....	2
<i>mg elemental mg)</i> .....	133	<i>mapap tab 500mg/rr</i> .....	2
<i>magnesium oxide cap 500 mg (elemental</i>		<i>maprotiline hcl tab 25 mg</i> .....	64

<i>maprotiline hcl tab 50 mg</i> .....	64	<i>melphalan hcl for inj 50 mg (base equiv)</i>	26
<i>maprotiline hcl tab 75 mg</i> .....	64	<i>memantine hcl cap er 24hr 14 mg</i> .....	61
MAR-COF BP LIQ 30-2-7.5 .....	177	<i>memantine hcl cap er 24hr 21 mg</i> .....	61
<i>marlissa tab 0.15/30</i> .....	88	<i>memantine hcl cap er 24hr 28 mg</i> .....	61
MARPLAN TAB 10MG .....	64	<i>memantine hcl cap er 24hr 7 mg</i> .....	61
MATULANE CAP 50MG .....	35	<i>memantine hcl oral solution 2 mg/ml</i> ..	61
MAVYRET TAB 100-40MG .....	19	<i>memantine hcl tab 10 mg</i> .....	61
<i>max daily tab green</i> .....	149	<i>memantine hcl tab 5 mg</i> .....	61
MAXI DEET SPR 98.11% .....	191	MENACTRA INJ .....	123
MAXIMIN PAK.....	149	M-END DMX LIQ.....	177
<i>maximum epa cap 1000mg</i> .....	136	M-END PE LIQ.....	177
<i>maximum tab blue lab</i> .....	149	MENS 50+ CAP ADVANCED .....	150
<i>maximum tab green lb</i> .....	149	<i>mens daily cap lycopene</i> .....	150
<i>maximum tab red labl</i> .....	149	<i>mens daily chw gummies</i> .....	150
<i>m-clear wc liq 100-6.3</i> .....	177	MENS PAK .....	150
<i>meclizine hcl chew tab 25 mg</i> .....	103	MENVEO INJ .....	123
<i>meclizine hcl tab 12.5 mg</i> .....	103	MEPHYTON TAB 5MG .....	150
<i>meclizine hcl tab 25 mg</i> .....	103	<i>mercaptapurine tab 50 mg</i> .....	27
MEDI-LYTE TAB .....	125	<i>meribin cap 5mg</i> .....	150
<i>mediplex tab plus</i> .....	149	<i>meropenem iv for soln 1 gm</i> .....	11
<i>medroxyprogesterone acetate im susp</i>		<i>meropenem iv for soln 500 mg</i> .....	11
<i>150 mg/ml</i> .....	88	<i>mesalamine enema 4 gm</i> .....	105
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine rectal enema 4 gm &amp;</i>	
<i>prefilled syr 150 mg/ml</i> .....	88	<i>cleanser wipe kit</i> .....	105
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>mesalamine tab delayed release 800 mg</i>	105
.....	97	.....	105
<i>medroxyprogesterone acetate tab 2.5</i>		<i>mesna inj 100 mg/ml</i> .....	36
<i>mg</i> .....	97	MESNEX TAB 400MG.....	36
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>metformin hcl tab 1000 mg</i> .....	85
.....	97	<i>metformin hcl tab 500 mg</i> .....	85
<i>mefloquine hcl tab 250 mg</i> .....	14	<i>metformin hcl tab 850 mg</i> .....	85
<i>mega multi tab men</i> .....	149	<i>metformin hcl tab er 24hr 500 mg</i> .....	85
<i>mega multi tab women</i> .....	149	<i>metformin hcl tab er 24hr 750 mg</i> .....	85
MEGA MULTIVI TAB MEN.....	149	<i>methadone con 10mg/ml</i> .....	7
MEGA MULTIVI TAB WOMEN.....	149	<i>methadone hcl soln 10 mg/5ml</i> .....	7
<i>mega vm-80 tab</i> .....	150	<i>methadone hcl soln 5 mg/5ml</i> .....	7
<i>mega-maratho tab 100 tr</i> .....	150	<i>methadone hcl tab 10 mg</i> .....	7
MEGAVITE TAB FRT/VEG.....	150	<i>methadone hcl tab 5 mg</i> .....	7
MEGAVITE TAB GOLD 55+ .....	150	<i>methazolamide tab 25 mg</i> .....	51
<i>megestrol acetate susp 40 mg/ml</i> .....	30	<i>methazolamide tab 50 mg</i> .....	51
<i>megestrol acetate susp 625 mg/5ml</i> ...	30	<i>methenamine hippurate tab 1 gm</i> .....	11
<i>megestrol acetate tab 20 mg</i> .....	30	<i>methimazole tab 10 mg</i> .....	98
<i>megestrol acetate tab 40 mg</i> .....	30	<i>methimazole tab 5 mg</i> .....	98
MEKINIST TAB 0.5MG.....	33	<i>methocarbamol tab 500 mg</i> .....	79
MEKINIST TAB 2MG .....	33	<i>methocarbamol tab 750 mg</i> .....	79
MEKTOVI TAB 15MG.....	33	<i>methotrexate sodium for inj 1 gm</i> .....	27
<i>meloxicam tab 15 mg</i> .....	5	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>meloxicam tab 7.5 mg</i> .....	5		

(25 mg/ml) .....	27	100-25 mg .....	46
methotrexate sodium inj 50 mg/2ml (25 mg/ml) .....	27	metoprolol & hydrochlorothiazide tab	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) .....	27	100-50 mg .....	46
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) .....	27	metoprolol & hydrochlorothiazide tab 50-25 mg.....	45
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) .....	27	metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....	46
methotrexate sodium tab 2.5 mg (base equiv) .....	120	metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....	46
methyclothiazide tab 5 mg .....	51	metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....	46
methylphenidate hcl soln 10 mg/5ml.....	75	metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....	46
methylphenidate hcl soln 5 mg/5ml.....	75	metoprolol tartrate iv soln 5 mg/5ml ..	46
methylphenidate hcl tab 10 mg .....	75	metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml) .....	47
methylphenidate hcl tab 20 mg .....	75	metoprolol tartrate tab 100 mg .....	47
methylphenidate hcl tab 5 mg .....	75	metoprolol tartrate tab 25 mg.....	47
methylphenidate hcl tab er 10 mg.....	75	metoprolol tartrate tab 50 mg.....	47
methylphenidate hcl tab er 20 mg.....	75	metronidazole cream 0.75%.....	198
methylprednisolone acetate inj susp 40 mg/ml .....	93	metronidazole gel 0.75% .....	198
methylprednisolone acetate inj susp 80 mg/ml .....	93	metronidazole in nacl 0.79% iv soln 500 mg/100ml .....	11
methylprednisolone sod succ for inj 1000 mg (base equiv) .....	93	metronidazole lotion 0.75%.....	198
methylprednisolone sod succ for inj 125 mg (base equiv) .....	93	metronidazole tab 250 mg.....	11
methylprednisolone sod succ for inj 40 mg (base equiv) .....	93	metronidazole tab 500 mg.....	11
methylprednisolone tab 16 mg .....	93	metronidazole vaginal gel 0.75% .....	114
methylprednisolone tab 32 mg .....	93	mexiletine hcl cap 150 mg.....	43
methylprednisolone tab 4 mg .....	93	mexiletine hcl cap 200 mg.....	43
methylprednisolone tab 8 mg .....	93	mexiletine hcl cap 250 mg.....	43
methylprednisolone tab therapy pack 4 mg (21).....	93	MG GLUCONATE TAB 250MG .....	133
metipranolol ophth soln 0.3%.....	166	MG SO4/D5W INJ 10MG/ML.....	125
metoclopramide hcl inj 5 mg/ml (base equivalent) .....	103	MG SO4/D5W INJ 20MG/ML.....	125
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	103	mgo tab 400mg .....	134
metoclopramide hcl tab 10 mg (base equivalent) .....	103	MH MACULAR MIS HEALTH .....	150
metoclopramide hcl tab 5 mg (base equivalent) .....	103	m-hist pd liq 0.625/ml .....	171
metolazone tab 10 mg.....	51	MIACALCIN INJ 200/ML.....	95
metolazone tab 2.5 mg.....	51	MI-ACID CHW .....	100
metolazone tab 5 mg .....	51	mi-acid gas chw 80mg .....	111
metoprolol & hydrochlorothiazide tab		mi-acid sus.....	100
		mi-acid sus max st .....	100
		miconazole 3 kit combinat .....	114
		miconazole 3 kit combo pk .....	114
		miconazole 7 cre 2% .....	114
		miconazole 7 cre tube/kit.....	114
		miconazole 7 sup 100mg.....	114
		miconazole nitrate aerosol pow 2% ..	191
		miconazole nitrate cream 2% .....	191

<i>miconazole nitrate vaginal cream 2%</i>	114	<i>misoprostol tab 100 mcg</i>	111
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	114	<i>misoprostol tab 200 mcg</i>	111
<i>miconazole nitrate vaginal suppos 100 mg</i>	114	MITIGARE CAP 0.6MG	1
<i>miconazorb pow af 2%</i>	191	<i>mitomycin for iv soln 20 mg</i>	26
<i>micro guard pow 2%</i>	191	<i>mitomycin for iv soln 40 mg</i>	26
<i>midodrine hcl tab 10 mg</i>	52	<i>mitomycin for iv soln 5 mg</i>	26
<i>midodrine hcl tab 2.5 mg</i>	52	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	35
<i>midodrine hcl tab 5 mg</i>	52	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	35
<i>migergot sup 2/100</i>	76	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	35
<i>miglustat cap 100 mg</i>	91	M-M-R II INJ	123
MIL-A-MULSIO EMU	150	<i>moexipril hcl tab 15 mg</i>	38
<i>mili tab 0.25/35</i>	88	<i>moexipril hcl tab 7.5 mg</i>	38
<i>milk of magn sus</i>	108	<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	38
<i>milk of magn sus 1200/15</i>	108	<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	38
MILK OF MAGN SUS 2400MG	108	<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	38
<i>milk of magn sus 400/5ml</i>	108	<i>moisturizing cre</i>	198
<i>milk of magn sus cherry</i>	108	MOISTURIZING CRE	198
<i>milk of magn sus frsh mnt</i>	108	<i>moisturizing cre renewal</i>	198
<i>milk of magn sus mint</i>	108	<i>moisturizing cre therapy</i>	198
<i>milltrium sr tab</i>	150	<i>moisturizing cre xtr-dry</i>	198
<i>mineral oil ene</i>	108	<i>mometasone furoate cream 0.1%</i>	195
<i>mineral oil enema</i>	108	<i>mometasone furoate oint 0.1%</i>	195
<i>minerin cre</i>	198	<i>mometasone furoate solution 0.1% (lotion)</i>	195
<i>mini enema ene 100/5ml</i>	108	<i>mononessa tab</i>	88
<i>minitran dis 0.1mg/hr</i>	52	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	184
<i>minitran dis 0.2mg/hr</i>	52	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	184
<i>minitran dis 0.4mg/hr</i>	52	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	184
<i>minitran dis 0.6mg/hr</i>	52	<i>montelukast sodium tab 10 mg (base equiv)</i>	184
<i>minocycline hcl cap 100 mg</i>	25	MORE-DOPHILU POW ACIDOPHI	102
<i>minocycline hcl cap 50 mg</i>	25	MORPHINE SUL INJ 10MG/ML	8
<i>minocycline hcl cap 75 mg</i>	25	MORPHINE SUL INJ 150/30ML	8
<i>minoxidil tab 10 mg</i>	52	MORPHINE SUL INJ 2MG/ML	8
<i>minoxidil tab 2.5 mg</i>	52	MORPHINE SUL INJ 4MG/ML	8
<i>mintox plus chw</i>	100	MORPHINE SUL INJ 5MG/ML	8
<i>mintox sus</i>	100	MORPHINE SUL INJ 8MG/ML	8
<i>mintox sus max st</i>	100	<i>morphine sulfate inj 10 mg/ml</i>	8
<i>mirtazapine orally disintegrating tab 15 mg</i>	64	<i>morphine sulfate inj 8 mg/ml</i>	8
<i>mirtazapine orally disintegrating tab 30 mg</i>	64		
<i>mirtazapine orally disintegrating tab 45 mg</i>	64		
<i>mirtazapine tab 15 mg</i>	64		
<i>mirtazapine tab 30 mg</i>	64		
<i>mirtazapine tab 45 mg</i>	64		
<i>mirtazapine tab 7.5 mg</i>	64		

<i>morphine sulfate iv soln 1 mg/ml</i> .....	8	<i>mucinex ff spr 0.05%</i> .....	178
<i>morphine sulfate iv soln pf 10 mg/ml</i> ...	8	<i>mucinex liq</i> .....	178
<i>morphine sulfate iv soln pf 4 mg/ml</i> ....	8	<i>mucinex ms liq cold ngh</i> .....	178
<i>morphine sulfate iv soln pf 8 mg/ml</i> ....	8	MUCINEX TAB 600MG ER .....	178
<i>morphine sulfate oral soln 10 mg/5ml</i> ..	8	<i>mucinex tab sinus</i> .....	178
<i>morphine sulfate oral soln 100 mg/5ml</i> (20 mg/ml) .....	8	MUCINEX/KIDS GRA 100MG .....	178
<i>morphine sulfate oral soln 20 mg/5ml</i> ..	8	<i>mucosa dm tab 20-400mg</i> .....	178
<i>morphine sulfate tab 15 mg</i> .....	8	<i>mucosa tab 400mg</i> .....	178
<i>morphine sulfate tab 30 mg</i> .....	8	<i>mucus d tab 120/1200</i> .....	178
<i>morphine sulfate tab er 100 mg</i> .....	8	<i>mucus d tab 60-600mg</i> .....	178
<i>morphine sulfate tab er 15 mg</i> .....	8	<i>mucus relf d tab 60-600mg</i> .....	178
<i>morphine sulfate tab er 200 mg</i> .....	8	<i>mucus relief liq 100/5ml</i> .....	178
<i>morphine sulfate tab er 30 mg</i> .....	8	<i>mucus relief liq 5-100mg</i> .....	178
<i>morphine sulfate tab er 60 mg</i> .....	8	<i>mucus relief liq cold/sin</i> .....	178
<i>motion relf tab 25mg</i> .....	103	<i>mucus relief liq cong/cgh</i> .....	178
<i>motion sick tab 25mg</i> .....	103	<i>mucus relief tab 20-400mg</i> .....	178
<i>motion sick tab 50mg</i> .....	103	<i>mucus relief tab 400mg</i> .....	178
<i>motion-time chw 25mg</i> .....	103	<i>mucus relief tab 60-1200</i> .....	178
MOVANTIK TAB 12.5MG.....	111	<i>mucus relief tab cld/sinu</i> .....	178
MOVANTIK TAB 25MG .....	111	<i>mucus relief tab cold/flu</i> .....	178
MOVIPREP SOL .....	108	<i>mucus relief tab dm</i> .....	178
MOXEZA SOL 0.5% .....	164	<i>mucus relief tab pe</i> .....	178
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i> .....	164	<i>mucus rlf pe tab 10-400mg</i> .....	178
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	23	<i>mucus-dm tab 30-600mg</i> .....	178
MOZOBIL INJ .....	116	<i>mucus-er tab 600mg</i> .....	178
<i>mucinex allr tab 180mg</i> .....	171	<i>mucusrelief tab sinus</i> .....	178
MUCINEX CAP DAY/NGHT .....	177	<i>mult vitamin tab daily</i> .....	150
MUCINEX CAP FAST-MAX .....	177	<i>mult vitamin tab essent</i> .....	150
MUCINEX CAP SINUS .....	177	<i>mult vitamin tab mens</i> .....	150
MUCINEX CGH GRA 5-100MG .....	177	<i>mult vitamin tab no iron</i> .....	150
<i>mucinex cgh liq 5-100mg</i> .....	177	<i>mult vitamin tab womens</i> .....	150
<i>mucinex chld liq 100/5ml</i> .....	177	MULTAQ TAB 400MG.....	43
MUCINEX CHLD MIS DAY/NITE .....	177	<i>multi 50+ cap for her</i> .....	150
<i>mucinex cold cap flu nght</i> .....	177	<i>multi 50+ tab for her</i> .....	150
<i>mucinex cold cap sinus</i> .....	177	<i>multi 50+ tab for him</i> .....	150
<i>mucinex cold tab flu&amp;sore</i> .....	177	<i>multi adult chw gummies</i> .....	150
<i>mucinex cold tab sinus</i> .....	177	<i>multi cap for her</i> .....	150
<i>mucinex dm liq 20-400</i> .....	177	<i>multi complt tab /iron</i> .....	150
<i>mucinex fast liq cold flu</i> .....	177	MULTI FOR POW HIM .....	150
<i>mucinex fast mis day/nght</i> .....	177	<i>multi gummie chw mens</i> .....	150
MUCINEX FAST MIS DAY/NGHT .....	177	<i>multi gummie chw womens</i> .....	150
MUCINEX FAST MIS MX DAY/N .....	177	<i>multi tab for her</i> .....	150
<i>mucinex fast tab 25-5-325</i> .....	177	<i>multi tab for him</i> .....	150
MUCINEX FAST TAB 5-10-200 .....	177	<i>multi vitami tab</i> .....	150
<i>mucinex fast tab sev cold</i> .....	177	<i>multi vitami tab d-3</i> .....	150
		MULTI VITAMN TAB MINERALS.....	150
		<i>multi+omega3 chw adult</i> .....	150
		<i>multi-day tab</i> .....	150

<i>multi-day tab /iron</i> .....	150	<i>(mycophenolic acid equiv)</i> .....	123
<i>multi-day tab minerals</i> .....	150	<i>myferon 150 cap 150mg</i> .....	118
<i>multi-day tab vitamins</i> .....	150	MYKIDZ IRON SUS 10MG/2ML .....	151
<i>multi-delyn liq</i> .....	151	MYLOTARG INJ 4.5MG.....	29
MULTI-DELYN LIQ /IRON .....	151	<i>myorisan cap 10mg</i> .....	188
<i>multilex tab</i> .....	151	<i>myorisan cap 20mg</i> .....	188
<i>multilex-t&amp;m tab</i> .....	151	<i>myorisan cap 30mg</i> .....	188
<i>multimineral tab plus</i> .....	151	<i>myorisan cap 40mg</i> .....	188
<i>multiple vitamin tab</i> .....	151	MYRBETRIQ TAB 25MG .....	113
<i>multiple vitamins w/ iron tab</i> .....	151	MYRBETRIQ TAB 50MG .....	113
<i>multiple vitamins w/ minerals tab</i> ....	151	<i>mytab gas chw 125mg</i> .....	111
<i>multi-sympt liq cld nght</i> .....	178	<i>mytab gas chw 80mg</i> .....	111
<i>multi-vit/ tab minerals</i> .....	151	<i>my-vitalife cap</i> .....	151
<i>multi-vit/fe tab</i> .....	151	<i>myzilra tab</i> .....	88
<i>multi-vitami chw gummies</i> .....	151	<b>N</b>	
MULTI-VITAMI TAB MONOCAPS .....	151	<i>nabumetone tab 500 mg</i> .....	5
<i>multivitamin cap</i> .....	151	<i>nabumetone tab 750 mg</i> .....	5
<i>multivitamin cap daily</i> .....	151	<i>nadolol tab 20 mg</i> .....	47
<i>multivitamin chw child</i> .....	151	<i>nadolol tab 40 mg</i> .....	47
<i>multivitamin chw children</i> .....	151	<i>nadolol tab 80 mg</i> .....	47
<i>multivitamin liq</i> .....	151	<i>nafcillin sodium for inj 1 gm</i> .....	24
<i>multivitamin liq mineral</i> .....	151	<i>nafcillin sodium for inj 2 gm</i> .....	24
<i>multivitamin tab daily</i> .....	151	<i>nafcillin sodium for iv soln 1 gm</i> .....	24
<i>multivitamin tab womens</i> .....	151	<i>nafcillin sodium for iv soln 10 gm</i> .....	24
<i>multi-vitamn tab</i> .....	151	<i>nafcillin sodium for iv soln 2 gm</i> .....	24
<i>multi-vite tab</i> .....	151	NAGLAZYME INJ 1MG/ML .....	91
<i>multi-vite tab 50&amp;over</i> .....	151	<i>nalbuphine hcl inj 10 mg/ml</i> .....	6
<i>mupirocin oint 2%</i> .....	189	<i>nalbuphine hcl inj 20 mg/ml</i> .....	6
MURO 128 SOL 2% OP .....	167	<i>naloxone hcl inj 0.4 mg/ml</i> .....	80
MUSTARGEN INJ 10MG.....	26	<i>naloxone hcl inj 4 mg/10ml</i> .....	80
MVW COMPLETE CAP D3000.....	151	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> 80	
MVW COMPLETE CAP D5000.....	151	<i>naloxone hcl soln prefilled syringe 2</i>	
MVW COMPLETE CAP FORMULAT.....	151	<i>mg/2ml</i> .....	80
<i>mvw complete chw bubblgum</i> .....	151	<i>naltrexone hcl tab 50 mg</i> .....	80
<i>mvw complete chw d3000</i> .....	151	NAMENDA XR CAP 14MG .....	61
<i>mvw complete chw orange</i> .....	151	NAMENDA XR CAP 21MG .....	61
MVW COMPLETE DRO PEDIATRI.....	151	NAMENDA XR CAP 28MG .....	61
<i>my way tab 1.5mg</i> .....	88	NAMENDA XR CAP 7MG.....	61
<i>myamulti tab</i> .....	151	NAMENDA XR CAP TITRATIO.....	61
MYCAMINE INJ 100MG.....	14	NAMZARIC CAP.....	61
MYCAMINE INJ 50MG .....	14	NAMZARIC CAP 14-10MG .....	61
<i>mycophenolate mofetil cap 250 mg</i> ...	122	NAMZARIC CAP 21-10MG .....	61
<i>mycophenolate mofetil for oral susp 200</i>		NAMZARIC CAP 28-10MG .....	61
<i>mg/ml</i> .....	122	NAMZARIC CAP 7-10MG.....	61
<i>mycophenolate mofetil tab 500 mg</i> ...	122	NANOVM POW 1-3 YRS .....	151
<i>mycophenolate sodium tab dr 180 mg</i>		NANOVM POW 4-8YEARS .....	151
<i>(mycophenolic acid equiv)</i> .....	122	NANOVM POW 9-18 YRS .....	151
<i>mycophenolate sodium tab dr 360 mg</i>		NANOVM T/F LIQ.....	151

NANOVM T/F POW.....	152	NATRAPEL LIQ 20%.....	191
<i>naproxen dr tab 375mg</i> .....	5	<i>natural bal sol tears</i> .....	167
<i>naproxen dr tab 500mg</i> .....	5	<i>naturalyte sol fruit</i> .....	125
<i>naproxen sod cap 220mg</i> .....	5	<i>natures sol tears</i> .....	167
<i>naproxen sod tab 220mg</i> .....	5	<i>naturl fiber pow 28.3%</i> .....	108
<i>naproxen sodium cap 220 mg</i> .....	5	<i>na-zone spr 0.65%</i> .....	185
<i>naproxen sodium tab 220 mg</i> .....	5	NEBUPENT INH 300MG .....	11
<i>naproxen sodium tab 275 mg</i> .....	5	<i>necon tab 0.5/35</i> .....	88
<i>naproxen sodium tab 550 mg</i> .....	5	<i>necon tab 7/7/7</i> .....	88
<i>naproxen susp 125 mg/5ml</i> .....	5	<i>nefazodone hcl tab 100 mg</i> .....	65
<i>naproxen tab 250 mg</i> .....	5	<i>nefazodone hcl tab 150 mg</i> .....	65
<i>naproxen tab 375 mg</i> .....	5	<i>nefazodone hcl tab 200 mg</i> .....	65
<i>naproxen tab 500 mg</i> .....	5	<i>nefazodone hcl tab 250 mg</i> .....	65
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	76	<i>nefazodone hcl tab 50 mg</i> .....	65
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	76	<i>neomycin sulfate tab 500 mg</i> .....	10
NARCAN SPR.....	80	<i>neomycin-bacitrac zn-polymyx</i>	
NASADROPS DRO 0.9%.....	185	<i>5(3.5)mg-400unt-10000unt op oin...</i>	164
<i>nasal 12 hr spr 0.05%</i> .....	178	<i>neomycin-bacitracin-polymyxin oint</i> .	189
<i>nasal allgy spr 55mcg/ac</i> .....	186	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
NASAL DECON SYP 30MG/5ML.....	178	<i>10000-0.025mg-unt-mg/ml</i> .....	164
NASAL DECONG LIQ 30MG/5ML.....	178	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nasal decong spr 0.05%</i> .....	178	<i>ophth oint 0.1%</i> .....	164
<i>nasal decong tab 10mg</i> .....	178	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nasal decong tab 120mg er</i> .....	178	<i>ophth susp 0.1%</i> .....	164
<i>nasal decong tab 30mg</i> .....	178	<i>neomycin-polymyxin-hc ophth susp</i> ..	164
<i>nasal four sol 1%</i> .....	178	<i>neomycin-polymyxin-hc otic soln 1%</i>	200
<i>nasal moist spr 0.65%</i> .....	185	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>nasal relief spr 0.05%</i> .....	178	<i>mg/ml-10000 unit/ml-1%</i> .....	200
<i>nasal saline spr 0.65%</i> .....	185	NEOQ10 CAP 125MG.....	152
<i>nasal spr 0.05%</i> .....	178	NEPHRAMINE INJ 5.4% .....	127
NASCOBAL SPR 500MCG.....	152	NEPHRONEX LIQ 0.9/5ML.....	152
<i>nasoflow spr 50mcg</i> .....	186	NERLYNX TAB 40MG .....	34
<i>nasogel gel</i> .....	185	NEUPOGEN INJ 300/0.5 .....	116
NASOPEN PE LIQ .....	179	NEUPOGEN INJ 300MCG.....	116
<i>nat fiber pow 48.57%</i> .....	108	NEUPOGEN INJ 480/0.8 .....	116
<i>nat fiber pow therapy</i> .....	108	NEUPOGEN INJ 480MCG.....	116
<i>nat veg lax tab 8.6mg</i> .....	108	NEUPRO DIS 1MG/24HR.....	67
<i>nat vit e cap 1000unit</i> .....	152	NEUPRO DIS 2MG/24HR.....	67
<i>nat vit e cap 400unit</i> .....	152	NEUPRO DIS 3MG/24HR.....	67
NATACYN SUS 5% OP .....	164	NEUPRO DIS 4MG/24HR.....	67
<i>nateglinide tab 120 mg</i> .....	85	NEUPRO DIS 6MG/24HR.....	67
<i>nateglinide tab 60 mg</i> .....	85	NEUPRO DIS 8MG/24HR.....	67
NATPARA INJ 100MCG .....	95	NEUTROGENA CRE HAND .....	198
NATPARA INJ 25MCG.....	95	<i>nevirapine susp 50 mg/5ml</i> .....	15
NATPARA INJ 50MCG.....	95	<i>nevirapine tab 200 mg</i> .....	15
NATPARA INJ 75MCG.....	95	<i>nevirapine tab er 24hr 100 mg</i> .....	15
NATRAPEL 12H SPR 20% .....	191	<i>nevirapine tab er 24hr 400 mg</i> .....	15
		NEXAVAR TAB 200MG.....	34

NEXIUM 24HR CAP 20MG .....	112	<i>mg</i> .....	49
<i>next choice tab 1.5mg</i> .....	89	<i>nifedipine tab er 24hr osmotic release</i>	90
<i>niacin cap er 250 mg</i> .....	152	<i>mg</i> .....	49
<i>niacin cap er 500 mg</i> .....	152	<i>night time cap cold&amp;flu</i> .....	179
<i>niacin tab 100 mg</i> .....	152	<i>night time cap cold/flu</i> .....	179
<i>niacin tab 100mg</i> .....	152	<i>night time liq cld/flu</i> .....	179
<i>niacin tab 250 mg</i> .....	152	<i>night time liq cold/flu</i> .....	179
<i>niacin tab 50 mg</i> .....	152	<i>night time liq cough</i> .....	179
<i>niacin tab 500 mg</i> .....	152	<i>night time tab sinus</i> .....	179
<i>niacin tab er 1000 mg</i>		<i>nikki tab 3-0.02mg</i> .....	89
<i>(antihyperlipidemic)</i> .....	45	<i>nilutamide tab 150 mg</i> .....	30
<i>niacin tab er 250 mg</i> .....	152	<i>nimodipine cap 30 mg</i> .....	49
<i>niacin tab er 500 mg</i> .....	152	NINJACOF LIQ .....	179
<i>niacin tab er 500 mg (antihyperlipidemic)</i>		NINJACOF-A LIQ .....	179
.....	45	NINJACOF-XG LIQ 200-8/5 .....	179
<i>niacin tab er 750 mg</i> .....	152	NINLARO CAP 2.3MG .....	29
<i>niacin tab er 750 mg (antihyperlipidemic)</i>		NINLARO CAP 3MG .....	29
.....	45	NINLARO CAP 4MG .....	29
NIACIN TR TAB 1000MG .....	152	NIPENT INJ 10MG .....	27
<i>niacin-50 tab</i> .....	152	<i>nite time cap cold/flu</i> .....	179
<i>niacor tab 500mg</i> .....	45	<i>nite time liq cold/flu</i> .....	179
<i>nicardipine hcl cap 20 mg</i> .....	49	<i>nite-time liq cold/flu</i> .....	179
<i>nicardipine hcl cap 30 mg</i> .....	49	<i>nite-time liq cough</i> .....	179
<i>nicorelief gum 2mg mint</i> .....	80	NITRO-BID OIN 2% .....	52
<i>nicorelief gum 2mg orig</i> .....	80	NITRO-DUR DIS 0.3MG/HR .....	52
<i>nicorelief gum 4mg mint</i> .....	80	NITRO-DUR DIS 0.8MG/HR .....	52
<i>nicorelief gum 4mg orig</i> .....	80	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>nicotine gum 4mg</i> .....	80	<i>mg</i> .....	12
<i>nicotine pol loz 4mg mint</i> .....	80	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>nicotine polacrilex gum 2 mg</i> .....	80	<i>mg</i> .....	12
<i>nicotine polacrilex gum 4 mg</i> .....	80	<i>nitrofurantoin monohydrate</i>	
<i>nicotine polacrilex lozenge 2 mg</i> .....	80	<i>macrocrystalline cap 100 mg</i> .....	12
<i>nicotine polacrilex lozenge 4 mg</i> .....	80	<i>nitroglycerin sl tab 0.3 mg</i> .....	52
NICOTINE SYS KIT TRANSDER .....	80	<i>nitroglycerin sl tab 0.4 mg</i> .....	52
<i>nicotine td dis 14mg/24h</i> .....	81	<i>nitroglycerin sl tab 0.6 mg</i> .....	52
<i>nicotine td dis 21mg/24h</i> .....	81	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .	52
<i>nicotine td dis 7mg/24hr</i> .....	81	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	52
<i>nicotine td patch 24hr 14 mg/24hr</i> .....	81	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	52
<i>nicotine td patch 24hr 21 mg/24hr</i> .....	81	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	52
<i>nicotine td patch 24hr 7 mg/24hr</i> .....	81	<i>niva-hist dm liq 7.5-4-15</i> .....	179
NICOTROL INH .....	81	<i>nivanex dmx tab</i> .....	179
NICOTROL NS SPR 10MG/ML .....	81	NIVA-PLUS TAB .....	152
<i>nifedipine tab er 24hr 30 mg</i> .....	49	NIVEA CRE .....	198
<i>nifedipine tab er 24hr 60 mg</i> .....	49	NIVEA SOFT CRE .....	198
<i>nifedipine tab er 24hr 90 mg</i> .....	49	<i>no drip nasal spr 0.05%</i> .....	179
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>nohist-dm liq</i> .....	179
<i>mg</i> .....	49	<i>nohist-lq liq 4-10/5ml</i> .....	179
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>non-asa jr tab 160mg</i> .....	2

<i>non-aspirin sus 160/5ml</i> .....	2	<i>nortrel tab 7/7/7</i> .....	89
<i>non-aspirin tab 325mg</i> .....	2	<i>nortriptyline hcl cap 10 mg</i> .....	65
<i>non-aspirin tab 500mg</i> .....	3	<i>nortriptyline hcl cap 25 mg</i> .....	65
<i>non-aspirin tab 500mg/rr</i> .....	3	<i>nortriptyline hcl cap 50 mg</i> .....	65
NORDITROPIN INJ 10/1.5ML .....	95	<i>nortriptyline hcl cap 75 mg</i> .....	65
NORDITROPIN INJ 15/1.5ML .....	95	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	65
NORDITROPIN INJ 30/3ML .....	95	NORVIR CAP 100MG .....	15
NORDITROPIN INJ 5/1.5ML .....	95	NORVIR POW 100MG .....	15
NOREL AD TAB 4-10-325 .....	179	NORVIR SOL 80MG/ML .....	15
<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i> .....	89	NORVIR TAB 100MG .....	15
<i>norethindrone &amp; mestranol tab 1 mg-50</i> <i>mcg</i> .....	89	<i>nose dro 1%</i> .....	179
<i>norethindrone ace &amp; ethinyl estradiol tab</i> <i>1 mg-20 mcg</i> .....	89	NOVAFERRUM CAP 50MG .....	118
<i>norethindrone ace &amp; ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i> .....	89	NOVAFERRUM DRO 15MG/ML .....	118
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	89	NOVOLIN INJ 70/30 .....	82
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i> .....	89	NOVOLIN N INJ U-100 .....	82
<i>norethindrone acetate tab 5 mg</i> .....	97	NOVOLIN R INJ U-100 .....	83
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....	92	NOVOLOG INJ 100/ML .....	83
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i> .....	89	NOVOLOG INJ FLEXPEN .....	83
<i>norethindrone tab 0.35 mg</i> .....	89	NOVOLOG INJ PENFILL .....	83
<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i> .....	89	NOVOLOG MIX INJ 70/30 .....	83
<i>norgestimate &amp; ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i> .....	89	NOVOLOG MIX INJ FLEXPEN .....	83
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....	89	NOXAFIL SUS 40MG/ML .....	14
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	89	NOXAFIL TAB 100MG .....	14
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-</i> <i>30 mcg</i> .....	89	<i>nrs nasal spr 0.05%</i> .....	179
<i>norlyroc tab 0.35mg</i> .....	89	NUCYNTA ER TAB 100MG .....	8
NORMOSOL -M INJ /D5W .....	128	NUCYNTA ER TAB 150MG .....	8
NORMOSOL -R INJ /D5W .....	128	NUCYNTA ER TAB 200MG .....	8
NORMOSOL-R INJ PH 7.4 .....	128	NUCYNTA ER TAB 250MG .....	8
NORPACE CAP 100MG CR .....	43	NUCYNTA ER TAB 50MG .....	8
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NORTHERA CAP 300MG .....	52	NULYTELY SOL FLAV PKS .....	108
<i>nortrel tab 0.5/35</i> .....	89	NU-MAG TAB 71.5-119 .....	134
<i>nortrel tab 1/35</i> .....	89	NUPLAZID CAP 34MG .....	71
		NUPLAZID TAB 10MG .....	71
		NUPLAZID TAB 17MG .....	71
		NUTRADERM CRE .....	198
		<i>nutr-e-sol liq 400/15ml</i> .....	152
		NUVARING MIS .....	89
		<i>nyamyc pow 100000</i> .....	191
		NYMALIZE SOL 30/10ML .....	49
		<i>nystatin cream 100000 unit/gm</i> .....	192
		<i>nystatin oint 100000 unit/gm</i> .....	192
		<i>nystatin susp 100000 unit/ml</i> .....	200
		<i>nystatin tab 500000 unit</i> .....	14
		<i>nystatin topical powder 100000 unit/gm</i> .....	192

<i>nystop pow 100000</i> .....	192
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<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> .....	96
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .....	96
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> .....	96
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> .....	96
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> .....	96
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<i>olanzapine orally disintegrating tab 10 mg</i> .....	71
<i>olanzapine orally disintegrating tab 15 mg</i> .....	71
<i>olanzapine orally disintegrating tab 20 mg</i> .....	71
<i>olanzapine orally disintegrating tab 5 mg</i> .....	71
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<i>olanzapine tab 15 mg</i> .....	71
<i>olanzapine tab 2.5 mg</i> .....	71
<i>olanzapine tab 20 mg</i> .....	71
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<i>olanzapine tab 7.5 mg</i> .....	71
<i>olmesartan medoxomil tab 20 mg</i> .....	42
<i>olmesartan medoxomil tab 40 mg</i> .....	42
<i>olmesartan medoxomil tab 5 mg</i> .....	42
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> ...	41
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<i>perphenazine tab 4 mg</i> .....	71	<i>pilocarpine hcl tab 7.5 mg</i> .....	200
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<i>robitussin mis severe</i> .....	181	SANDOSTATIN KIT LAR 30MG .....	96
<i>robitussin sus 30mg/5ml</i> .....	181	SANTYL OIN 250/GM .....	199
<i>ropinirole hydrochloride tab 0.25 mg</i> .....	67	SAPHRIS SUB 10MG .....	73
<i>ropinirole hydrochloride tab 0.5 mg</i> .....	67	SAPHRIS SUB 2.5MG .....	73
<i>ropinirole hydrochloride tab 1 mg</i> .....	67	SAPHRIS SUB 5MG .....	73
<i>ropinirole hydrochloride tab 2 mg</i> .....	68	<i>saratoga oin</i> .....	199
<i>ropinirole hydrochloride tab 3 mg</i> .....	68	<i>savision tab</i> .....	157
<i>ropinirole hydrochloride tab 4 mg</i> .....	68	SAWYER REPEL AER 30% .....	193
<i>ropinirole hydrochloride tab 5 mg</i> .....	68	SAWYER REPEL LOT 20% .....	193
<i>rosadan cre 0.75%</i> .....	199	SAWYER REPEL SPR 20% .....	193
<i>rosuvastatin calcium tab 10 mg</i> .....	44	<i>sb allergy tab 10mg</i> .....	171
<i>rosuvastatin calcium tab 20 mg</i> .....	44	<i>sb allergy tab 25mg med</i> .....	171
<i>rosuvastatin calcium tab 40 mg</i> .....	44	<i>sb allergy/ tab cold pe</i> .....	181
<i>rosuvastatin calcium tab 5 mg</i> .....	44	<i>sb antacid/ sus antigas</i> .....	100
ROTARIX SUS .....	124	<i>sb anti-itch cre 2-0.1%</i> .....	193
ROTATEQ SOL .....	124	<i>sb aspirin tab 325mg</i> .....	3
<i>roweepra tab 1000mg</i> .....	59	<i>sb bisacodyl tab 5mg ec</i> .....	109
<i>roweepra tab 500mg</i> .....	59	<i>sb bismuth sus 262/15ml</i> .....	102
<i>roweepra tab 750mg</i> .....	59	<i>sb cgh contr cap 15mg</i> .....	181
<i>roweepra xr tab 500mg xr</i> .....	59	<i>sb cgh contr liq cf</i> .....	181
<i>roweepra xr tab 750mg xr</i> .....	59	<i>sb cgh contr syp 100/5ml</i> .....	181
RUBRACA TAB 200MG .....	29	<i>sb cgh relf liq 15mg/5ml</i> .....	181
RUBRACA TAB 250MG .....	29	<i>sb child asa chw 81mg</i> .....	3
RUBRACA TAB 300MG .....	29	<i>sb cold head tab congest</i> .....	181
RU-HIST D TAB 4-10MG .....	181	<i>sb cold mult tab symp sev</i> .....	181
<i>rulox sus</i> .....	100	<i>sb cold/cgh tab hbp</i> .....	181
RYDAPT CAP 25MG .....	34	<i>sb cough tab 200mg</i> .....	181
RYDEX LIQ .....	181	<i>sb hydrocort cre 1%</i> .....	195
RYMED TAB 2-10MG .....	181	<i>sb hydrocort oin 1%</i> .....	195
<i>rynex dm liq</i> .....	181	<i>sb ibuprofen tab 200mg</i> .....	5
<i>rynex pe elx</i> .....	181	<i>sb milk magn sus</i> .....	109
<i>rynex pse liq</i> .....	181	<i>sb milk magn sus mint</i> .....	109
<b>S</b>		<i>sb saline spr 0.65%</i> .....	185
SABRIL TAB 500MG .....	59	<i>sb senna-lax tab 8.6mg</i> .....	109
<i>salactic fil sol 17%</i> .....	192	<i>sb severe tab cold pe</i> .....	181
<i>saline mist spr 0.65%</i> .....	185	<i>sb sinus cng pak /pain</i> .....	181
<i>saline nasal gel</i> .....	185	<i>sb sinus cng tab /pain</i> .....	181
<i>saline nasal spr 0.65%</i> .....	185	<i>sb sinus cng tab /pain dt</i> .....	181
		<i>scalp relief liq 3%</i> .....	193

<i>scalpicin sol 1%</i> .....	195	<i>sertraline hcl tab 25 mg</i> .....	65
<i>sclerex tab</i> .....	157	<i>sertraline hcl tab 50 mg</i> .....	65
SCOOBY-DOO CHW.....	157	<i>sevelamer carbonate packet 0.8 gm</i> ...	96
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	104	<i>sevelamer carbonate packet 2.4 gm</i> ...	97
<i>sea soft spr 0.65%</i> .....	185	<i>sevelamer carbonate tab 800 mg</i> .....	97
<i>sea-omega 30 cap 1200mg</i> .....	137	<i>sharobel tab 0.35mg</i> .....	90
<i>sea-omega 50 cap 1000mg</i> .....	137	SHINGRIX INJ 50MCG.....	124
<i>sebex sha</i> .....	199	SIGNIFOR INJ 0.3MG/ML.....	96
SECURA PROTE CRE 5% .....	193	SIGNIFOR INJ 0.6MG/ML.....	96
<i>selegiline hcl cap 5 mg</i> .....	68	SIGNIFOR INJ 0.9MG/ML.....	96
<i>selegiline hcl tab 5 mg</i> .....	68	<i>silace liq 10mg/ml</i> .....	109
<i>selenium sulfide lotion 2.5%</i> .....	193	<i>silace syp 60/15ml</i> .....	109
SELZENTRY SOL 20MG/ML .....	16	<i>siladryl alr liq 12.5/5ml</i> .....	171
SELZENTRY TAB 150MG.....	16	<i>sildenafil citrate tab 20 mg</i> .....	53
SELZENTRY TAB 25MG .....	16	SILENOR TAB 3MG .....	75
SELZENTRY TAB 300MG.....	16	SILENOR TAB 6MG .....	75
SELZENTRY TAB 75MG .....	16	<i>silphen coug syp 12.5/5ml</i> .....	171
<i>senexon liq 8.8mg/5</i> .....	109	<i>silphen dm syp 10mg/5ml</i> .....	181
<i>senexon tab 8.6mg</i> .....	109	<i>siltuss das liq 100/5ml</i> .....	181
<i>senexon-s tab 8.6-50mg</i> .....	109	<i>siltussin dm liq das</i> .....	181
<i>senior tabs tab</i> .....	157	<i>siltussin sa syp 100/5ml</i> .....	181
<i>senna lax tab 8.6mg</i> .....	109	<i>siltussin-dm liq diabetic</i> .....	181
<i>senna plus tab 8.6-50mg</i> .....	109	<i>siltussin-dm liq max st</i> .....	181
<i>senna tab 8.6mg</i> .....	109	<i>siltussin-dm syp alc free</i> .....	181
<i>senna-lax tab 8.6mg</i> .....	109	<i>silver sulfadiazine cream 1%</i> .....	189
<i>sennalax-s tab 8.6-50mg</i> .....	109	SIMBRINZA SUS 1-0.2%.....	166
<i>senna-s tab 8.6-50mg</i> .....	109	<i>simethicone cap 180 mg</i> .....	111
<i>senna-tabs tab 8.6mg</i> .....	109	<i>simethicone chew tab 125 mg</i> .....	111
<i>senna-time s tab 8.6-50mg</i> .....	109	<i>simethicone chew tab 80 mg</i> .....	111
<i>senna-time tab 8.6mg</i> .....	109	<i>simethicone dro 20/0.3ml</i> .....	111
<i>senno tab 8.6mg</i> .....	109	<i>simethicone susp 40 mg/0.6ml</i> .....	111
<i>sennosides syrup 8.8 mg/5ml</i> .....	109	SIMILAC PREN PAK EARLY SH.....	157
<i>sennosides tab 8.6 mg</i> .....	109	SIMPLY SALIN AER 0.9%.....	185
<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i> .....	109	<i>simvastatin tab 10 mg</i> .....	44
SENSI-CARE CRE MOISTURI.....	199	<i>simvastatin tab 20 mg</i> .....	44
SENSIPAR TAB 30MG .....	86	<i>simvastatin tab 40 mg</i> .....	44
SENSIPAR TAB 60MG .....	86	<i>simvastatin tab 5 mg</i> .....	44
SENSIPAR TAB 90MG .....	86	<i>simvastatin tab 80 mg</i> .....	44
<i>sentry adult tab under 50</i> .....	157	<i>sinus congst tab /pain dt</i> .....	181
<i>sentry tab</i> .....	157	<i>sinus nasal spr 0.05%</i> .....	181
SENTRY TAB.....	157	<i>sinus relief pak cng/pain</i> .....	181
<i>sentry tab senior</i> .....	157	<i>sinus relief spr 0.05%</i> .....	181
SEREVENT DIS AER 50MCG.....	172	SINUS WASH CRY SALT .....	185
<i>sertraline hcl oral concentrate for</i> <i>solution 20 mg/ml</i> .....	65	<i>sinus/alergy tab max st</i> .....	181
<i>sertraline hcl tab 100 mg</i> .....	65	<i>sinus/alergy tab pe max</i> .....	181
		<i>sinus/allerg tab 4-10mg</i> .....	181
		<i>sinus/cold-d tab 120-220</i> .....	182
		<i>sinus-max mis day/nght</i> .....	181

<i>sirolimus tab 0.5 mg</i> .....	123	<i>sm clearlax pow</i> .....	110
<i>sirolimus tab 1 mg</i> .....	123	<i>sm cold&amp;flu tab severe</i> .....	182
<i>sirolimus tab 2 mg</i> .....	123	<i>sm cold/cgh elx dm child</i> .....	182
SIRTURO TAB 100MG .....	18	<i>sm complete tab</i> .....	157
SIVEXTRO INJ 200MG .....	12	<i>sm complete tab 50+</i> .....	157
SIVEXTRO TAB 200MG .....	12	<i>sm complete tab 50+ mens</i> .....	157
<i>slo-niacin tab 250mg cr</i> .....	157	<i>sm complete tab 50+ wmn</i> .....	157
<i>slow fe tab 45mg</i> .....	118	<i>sm complete tab adv form</i> .....	157
<i>slow iron tab 160mg cr</i> .....	118	<i>sm complete tab senior</i> .....	157
<i>slow iron tab 50mg</i> .....	118	<i>sm coq-10 cap 50mg</i> .....	157
<i>slow mag/cal tab 70-117mg</i> .....	135	<i>sm day time cap pe</i> .....	182
SLOW REL FE TAB 143MG CR .....	118	<i>sm day time liq cold/flu</i> .....	182
<i>slow rel fe tab 160mg cr</i> .....	118	<i>sm ear dro 6.5% ot</i> .....	200
<i>slow release tab 143mg</i> .....	118	<i>sm epsom gra salt</i> .....	110
<i>slow release tab 45mg</i> .....	118	<i>sm fiber lax cap 0.52gm</i> .....	110
<i>slow release tab 47.5mg</i> .....	118	<i>sm fiber lax tab 500mg</i> .....	110
SLOW-MAG TAB.....	135	<i>sm fiber pow 28.3%</i> .....	110
<i>slow-release tab fe 45mg</i> .....	118	<i>sm fiber pow 48.57%</i> .....	110
<i>sm acid redu tab 200mg</i> .....	105	<i>sm fiber pow 58.6%</i> .....	110
<i>sm all day tab allergy</i> .....	171	<i>sm fish oil cap 1000mg</i> .....	137
<i>sm allergy tab 25mg rlf</i> .....	171	<i>sm fish oil cap 1200mg</i> .....	137
<i>sm allergy tab 4mg</i> .....	171	SM FISH OIL CAP 554MG .....	137
<i>sm allergy tab multi-sy</i> .....	182	<i>sm folic acd tab 400mcg</i> .....	157
<i>sm animal chw shapes</i> .....	157	<i>sm gas relf chw 80mg</i> .....	111
<i>sm animal sh chw complete</i> .....	157	SM GLUCOSE CHW ORANGE .....	95
<i>sm antacid sus advanced</i> .....	100	SM GLUCOSE CHW RASPBERRY .....	95
<i>sm antacid sus anti-gas</i> .....	100	SM GLUCOSE CHW SOUR APP.....	95
<i>sm antacid/ sus antigas</i> .....	100	<i>sm hair/skin tab /nails</i> .....	157
<i>sm antibioti cre plus</i> .....	189	<i>sm hydrocort cre 1%</i> .....	195
<i>sm antibioti oin 500/gm</i> .....	189	<i>sm hydrocort cre 1% plus</i> .....	195
<i>sm anti-diar tab 2mg</i> .....	102	<i>sm hydrocort oin 1%</i> .....	195
<i>sm antifungl cre 1%</i> .....	193	<i>sm ibuprofen cap 200mg</i> .....	5
<i>sm antifungl cre 2%</i> .....	193	<i>sm ibuprofen tab 200mg</i> .....	5
<i>sm anti-itch cre 2-0.1%</i> .....	193	<i>sm iron slow tab 160mg cr</i> .....	118
<i>sm aspirin chw 81mg</i> .....	3	<i>sm iron tab 325mg</i> .....	118
<i>sm aspirin tab 325mg</i> .....	3	<i>sm iron tab 45mg</i> .....	118
<i>sm aspirin tab 325mg ec</i> .....	3	<i>sm laxative tab 5mg ec</i> .....	110
<i>sm aspirin tab 81mg ec</i> .....	3	<i>sm lubricant dro 0.4-0.3%</i> .....	167
SM B-COMPLEX TAB /VIT C .....	157	<i>sm magnesium tab 250mg</i> .....	135
SM BENZOIN TIN .....	193	<i>sm micon 7 sup 100mg</i> .....	114
<i>sm ca/vit d3 tab 600-400</i> .....	135	<i>sm mineral oil</i> .....	110
<i>sm calcium tab /vit d3</i> .....	135	<i>sm mucus er tab 600mg</i> .....	182
<i>sm calcium/d tab 500-200</i> .....	135	<i>sm multiple tab vit/iron</i> .....	157
<i>sm calcium/d tab 600-400</i> .....	135	<i>sm multiple tab vitamins</i> .....	157
<i>sm castor oil 100%</i> .....	109	<i>sm nasal 12h spr 0.05%</i> .....	182
<i>sm child asa chw 81mg</i> .....	3	<i>sm nasal dec tab 30mg</i> .....	182
<i>sm childrens sus ms cold</i> .....	182	<i>sm nasal spr 0.05%</i> .....	182
<i>sm cld/alrgy elx children</i> .....	182	<i>sm niacin tab 250mg cr</i> .....	157

<i>sm nicotine dis 14mg/24h</i> .....	81	<i>sodium chloride soln nebu 0.9%</i> .....	182
<i>sm nicotine dis 21mg/24h</i> .....	81	<i>sodium chloride soln nebu 7%</i> .....	182
<i>sm nicotine dis 7mg/24hr</i> .....	81	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>sm nicotine gum 2mg</i> .....	81	<i>mg/ml soln</i> .....	126
<i>sm nicotine gum 2mg mint</i> .....	81	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sm nicotine gum 4mg</i> .....	81	<i>gm/teaspoonful</i> .....	91
<i>sm nicotine gum 4mg mint</i> .....	81	<i>sodium phenylbutyrate tab 500 mg</i> ....	91
<i>sm nicotine loz 2mg mint</i> .....	81	<i>sodium phosphates - enema</i> .....	110
<i>sm nicotine loz 4mg mint</i> .....	81	<i>sodium polystyrene sulfonate oral susp</i>	
<i>sm nite time cap cold/flu</i> .....	182	<i>15 gm/60ml</i> .....	86
<i>sm nite time liq cld/flu</i> .....	182	<i>sodium polystyrene sulfonate powder</i> .	86
<i>sm nose dro 1%</i> .....	182	<i>sof-lax cap 100mg</i> .....	110
<b>SM ONE DAILY TAB MENS</b> .....	157	<b>SOLIQUA INJ 100/33</b> .....	83
<b>SM ONE DAILY TAB WOMENS</b> .....	157	<b>SOLO TAB</b> .....	158
<i>sm opti-vita tab</i> .....	157	<b>SOLTAMOX SOL 10MG/5ML</b> .....	30
<i>sm pain rel cap 500mg</i> .....	3	<i>soluble fib pow therapy</i> .....	110
<i>sm povid-iod sol 10%</i> .....	193	<b>SOLU-CORTEF INJ 250MG</b> .....	94
<i>sm senna lax tab max str</i> .....	110	<b>SOMATULINE INJ 120/.5ML</b> .....	96
<i>sm stomach sus 262/15ml</i> .....	102	<b>SOMATULINE INJ 60/0.2ML</b> .....	96
<i>sm triple oin antibiot</i> .....	189	<b>SOMATULINE INJ 90/0.3ML</b> .....	96
<i>sm tussin cf liq</i> .....	182	<b>SOMAVERT INJ 10MG</b> .....	96
<i>sm tussin dm syp 100-10/5</i> .....	182	<b>SOMAVERT INJ 15MG</b> .....	96
<i>sm tussin syp dm</i> .....	182	<b>SOMAVERT INJ 20MG</b> .....	96
<i>sm urinary tab pain max</i> .....	113	<b>SOMAVERT INJ 25MG</b> .....	96
<i>sm vit c/rh tab 1000mg</i> .....	157	<b>SOMAVERT INJ 30MG</b> .....	96
<i>sm vitamin c tab 1000mg</i> .....	157	<i>soothe&amp;cool cre inzo 2%</i> .....	193
<i>sm vitamin c tab 250mg</i> .....	157	<b>SOOTHE&amp;COOL CRE SKIN</b> .....	199
<i>sm vitamin c tab 500mg</i> .....	157	<b>SOOTHE&amp;COOL OIN FREE PST</b> .....	199
<i>sm vitamin d tab 400unit</i> .....	157	<b>SOOTHE&amp;COOL OIN MEDSEPTI</b> .....	199
<i>sm vitamin e cap 1000unit</i> .....	158	<b>SOOTHE&amp;COOL OIN MOISTURE</b> .....	199
<i>sm vitamin e cap 200unit</i> .....	158	<b>SORBIDON CRE HYDRATE</b> .....	199
<i>sm vitamin e cap 400unit</i> .....	158	<b>SORBITOL SOL 70%</b> .....	110
<i>sod ferric gluc cmplx in sucrose iv soln</i>		<b>SORBOLENE CRE</b> .....	199
<i>12.5 mg/ml (fe eq)</i> .....	118	<i>sorine tab 120mg</i> .....	43
<i>sodium bicarbonate tab 325 mg</i> .....	100	<i>sorine tab 160mg</i> .....	43
<i>sodium bicarbonate tab 650 mg</i> .....	100	<i>sorine tab 240mg</i> .....	43
<i>sodium chloride aero soln 0.9%</i> .....	182	<i>sorine tab 80mg</i> .....	43
<i>sodium chloride hypertonic ophth oint</i>		<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	43
<i>5%</i> .....	167	<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	43
<i>sodium chloride hypertonic ophth soln</i>		<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	43
<i>5%</i> .....	167	<i>sotalol hcl tab 120 mg</i> .....	43
<i>sodium chloride inj 0.45%</i> .....	128	<i>sotalol hcl tab 160 mg</i> .....	43
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>		<i>sotalol hcl tab 240 mg</i> .....	43
.....	126	<i>sotalol hcl tab 80 mg</i> .....	43
<i>sodium chloride inj 3%</i> .....	129	<b>SOVALDI TAB 400MG</b> .....	19
<i>sodium chloride inj 5%</i> .....	129	<i>spectr women tab hlth sen</i> .....	158
<i>sodium chloride irrigation soln 0.9%</i> .	200	<i>spectra ultr tab hlth men</i> .....	158
<i>sodium chloride iv soln 0.9%</i> .....	129	<b>SPECTRAVITE CHW ADLT 50+</b> .....	158

SPECTRAVITE CHW ADULT.....	158	<i>stress form tab</i> .....	158
SPECTRAVITE TAB ADLT 50+ .....	158	<i>stress form tab /iron</i> .....	158
<i>spectravite tab advanced</i> .....	158	<i>stress form tab /zinc</i> .....	158
SPECTRAVITE TAB MEN 50+ .....	158	<i>stress form/ tab zinc</i> .....	158
<i>spectravite tab senior</i> .....	158	<i>stress formu tab</i> .....	158
SPECTRAVITE TAB SENIOR .....	158	<i>stress formu tab /zinc</i> .....	158
SPECTRAVITE TAB ULT MEN .....	158	<i>stress formu tab advanced</i> .....	158
SPECTRAVITE TAB ULT WMN .....	158	<i>stress formu tab energy</i> .....	158
<i>spironolactone &amp; hydrochlorothiazide tab</i>		<i>stress formu tab w/iron</i> .....	158
<i>25-25 mg</i> .....	51	<i>stresstabs tab advanced</i> .....	158
<i>spironolactone tab 100 mg</i> .....	39	<i>stresstabs tab energy</i> .....	158
<i>spironolactone tab 25 mg</i> .....	39	STRIBILD TAB.....	17
<i>spironolactone tab 50 mg</i> .....	39	STUDIO 35 CRE MOIST .....	199
<i>sprintec 28 tab 28 day</i> .....	90	<i>stuffy nose liq &amp; cold</i> .....	182
SPRITAM TAB 1000MG.....	59	SUBOXONE MIS 12-3MG .....	81
SPRITAM TAB 250MG .....	59	SUBOXONE MIS 2-0.5MG .....	81
SPRITAM TAB 500MG .....	59	SUBOXONE MIS 4-1MG .....	81
SPRITAM TAB 750MG .....	59	SUBOXONE MIS 8-2MG .....	81
SPRYCEL TAB 100MG .....	34	<i>sucralfate tab 1 gm</i> .....	111
SPRYCEL TAB 140MG .....	34	<i>sudogest pe tab 10mg</i> .....	182
SPRYCEL TAB 20MG .....	34	<i>sudogest tab 120mg er</i> .....	182
SPRYCEL TAB 50MG .....	34	<i>sudogest tab 30mg</i> .....	182
SPRYCEL TAB 70MG .....	34	<i>sudogest tab 4-60mg</i> .....	182
SPRYCEL TAB 80MG .....	34	<i>sudogest tab 60mg</i> .....	182
<i>ssd cre 1%</i> .....	189	<i>sulfacetamide sodium lotion 10% (acne)</i>	
STAFLEX TAB 2-250MG.....	182	.....	188
STAHIST AD LIQ.....	182	<i>sulfacetamide sodium ophth oint 10%</i>	
STAHIST AD TAB 25-60MG.....	182	.....	164
<i>stavudine cap 15 mg</i> .....	16	<i>sulfacetamide sodium ophth soln 10%</i>	
<i>stavudine cap 20 mg</i> .....	16	.....	164
<i>stavudine cap 30 mg</i> .....	16	<i>sulfacetamide sodium-prednisolone</i>	
<i>stavudine cap 40 mg</i> .....	16	<i>ophth soln 10-0.23(0.25)%</i> .....	164
<i>stim laxat tab 5mg ec</i> .....	110	SULFADIAZINE TAB 500MG .....	10
STIMATE SOL 1.5MG/ML.....	99	<i>sulfamethoxazole-trimethoprim iv soln</i>	
STIVARGA TAB 40MG .....	34	<i>400-80 mg/5ml</i> .....	12
<i>stomach relf chw 262mg</i> .....	102	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>stomach relf sus</i> .....	102	<i>200-40 mg/5ml</i> .....	12
<i>stomach relf sus 262/15ml</i> .....	102	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
<i>stomach relf sus 525/15ml</i> .....	102	<i>80 mg</i> .....	12
<i>stomach relf tab 262mg</i> .....	102	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>stool softnr cap 100mg</i> .....	110	<i>160 mg</i> .....	12
<i>stool softnr cap 240mg</i> .....	110	SULFAMYLON CRE 85MG/GM .....	189
<i>stool softnr cap 250mg</i> .....	110	SULFAMYLON PAK 5% .....	189
<i>stool softnr tab 100mg</i> .....	110	<i>sulfasalazine tab 500 mg</i> .....	105
<i>stool softnr tab 8.6-50mg</i> .....	110	<i>sulfasalazine tab delayed release 500 mg</i>	
<i>streptomycin sulfate for inj 1 gm</i> .....	10	.....	105
<i>stress b com tab vit c/zn</i> .....	158	<i>sulindac tab 150 mg</i> .....	5
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<i>sumatriptan nasal spray 5 mg/act</i> .....	77	SUTENT CAP 25MG .....	34
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<i>super b comp tab vit c</i> .....	158	SYNTHROID TAB 112MCG .....	98
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<i>super b-comp tab vit c/fa</i> .....	158	SYNTHROID TAB 137MCG .....	98
<i>super biotin cap 5000mcg</i> .....	158	SYNTHROID TAB 150MCG .....	98
<i>super ca 600 tab + d 400</i> .....	135	SYNTHROID TAB 175MCG .....	98
<i>super ca 600 tab + d3</i> .....	135	SYNTHROID TAB 200MCG .....	98
<i>super ca 600 tab + d3 400</i> .....	135	SYNTHROID TAB 25MCG .....	98
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<i>tactinal tab 500mg</i> .....	3	<i>telmisartan tab 40 mg</i> .....	42
<i>tadalafil tab 20 mg (pah)</i> .....	53	<i>telmisartan tab 80 mg</i> .....	42
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<i>tamoxifen citrate tab 10 mg (base</i>		<i>25 mg</i> .....	41
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TASIGNA CAP 200MG .....	34	<i>equivalent)</i> .....	39
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<i>taztia xt cap 300mg/24</i> .....	49	<i>terconazole vaginal cream 0.8%</i> .....	114
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TEGRETOL-XR TAB 100MG .....	59	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	82
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<i>theophylline soln 80 mg/15ml</i> .....	187	<i>thiothixene cap 2 mg</i> .....	73
<i>theophylline tab er 12hr 100 mg</i> .....	187	<i>thiothixene cap 5 mg</i> .....	73
<i>theophylline tab er 12hr 200 mg</i> .....	187	<i>thrive gum 2mg mint</i> .....	81
<i>theophylline tab er 12hr 300 mg</i> .....	187	<i>tiagabine hcl tab 12 mg</i> .....	60
<i>theophylline tab er 12hr 450 mg</i> .....	187	<i>tiagabine hcl tab 16 mg</i> .....	60
<i>theophylline tab er 24hr 400 mg</i> .....	187	<i>tiagabine hcl tab 2 mg</i> .....	60
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<i>thera vital tab m</i> .....	159	<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i> .....	166
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<i>thera-d sprt tab 2000unit</i> .....	159	<i>timolol maleate ophth soln 0.25%</i> ....	166
<i>thera-d tab 2000unit</i> .....	159	<i>timolol maleate ophth soln 0.5%</i> .....	166
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<i>tobramycin ophth soln 0.3%</i> .....	164	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tobramycin sulfate for inj 1.2 gm</i> .....	10	<i>mg</i> .....	6
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>trandolapril tab 1 mg</i> .....	39
<i>mg/ml) (base equiv)</i> .....	10	<i>trandolapril tab 2 mg</i> .....	39
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>trandolapril tab 4 mg</i> .....	39
<i>equivalent)</i> .....	10	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>(100 mg/ml)</i> .....	119
<i>mg/ml) (base equiv)</i> .....	10	<i>tranexamic acid tab 650 mg</i> .....	119
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TRANSDERM-SC DIS 1.5MG.....	104
<i>mg/ml) (base equiv)</i> .....	10	<i>tranylcypromine sulfate tab 10 mg</i> ....	65
<i>tobramycin-dexamethasone ophth susp</i>		TRAVASOL INJ 10%.....	127
<i>0.3-0.1%</i> .....	164	TRAVATAN Z DRO 0.004% .....	166
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<i>tolnaftate cream 1%</i> .....	193	<i>travel sick tab 50mg</i> .....	104
<i>tolnaftate powder 1%</i> .....	193	<i>trazodone hcl tab 100 mg</i> .....	65
<i>tolnaftate soln 1%</i> .....	189	<i>trazodone hcl tab 150 mg</i> .....	65
<i>tolterodine tartrate cap er 24hr 2 mg</i>	113	<i>trazodone hcl tab 50 mg</i> .....	65
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<i>tolterodine tartrate tab 1 mg</i> .....	113	TRELEGY AER ELLIPTA .....	168
<i>tolterodine tartrate tab 2 mg</i> .....	114	TRELSTAR MIX INJ 11.25MG.....	31
<i>topiramate sprinkle cap 15 mg</i> .....	60	TRELSTAR MIX INJ 3.75MG .....	31
<i>topiramate sprinkle cap 25 mg</i> .....	60	TRESIBA FLEX INJ 100UNIT.....	83
<i>topiramate tab 100 mg</i> .....	60	TRESIBA FLEX INJ 200UNIT.....	83
<i>topiramate tab 200 mg</i> .....	60	<i>tretinoin cap 10 mg</i> .....	35
<i>topiramate tab 25 mg</i> .....	60	<i>tretinoin cream 0.025%</i> .....	189
<i>topiramate tab 50 mg</i> .....	60	<i>tretinoin cream 0.05%</i> .....	189
<i>toposar inj 100/5ml</i> .....	36	<i>tretinoin cream 0.1%</i> .....	188
<i>toposar inj 1gm/50ml</i> .....	36	<i>tretinoin gel 0.01%</i> .....	189
<i>topotecan hcl for inj 4 mg (base equiv)</i>	36	<i>tretinoin gel 0.025%</i> .....	189
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>		<i>triaacting dt liq cold/cgh</i> .....	183
<i>(for infusion)</i> .....	36	<i>triaacting nt liq cold/cgh</i> .....	183
TOPOTECAN INJ 4MG/4ML .....	36	<i>triamcinolone acetonide cream 0.025%</i>	
<i>toremide tab 10 mg</i> .....	51	.....	196
<i>toremide tab 100 mg</i> .....	51	<i>triamcinolone acetonide cream 0.1%</i>	195
<i>toremide tab 20 mg</i> .....	51	<i>triamcinolone acetonide cream 0.5%</i>	196
<i>toremide tab 5 mg</i> .....	51	<i>triamcinolone acetonide dental paste</i>	
<i>total b/c tab</i> .....	160	<i>0.1%</i> .....	200
<i>total formul tab</i> .....	160	<i>triamcinolone acetonide lotion 0.025%</i>	
<i>total formul tab 2</i> .....	160	.....	196
<i>total formul tab 3</i> .....	160	<i>triamcinolone acetonide lotion 0.1%</i> .	196
<i>totalday mul tab tr</i> .....	160	<i>triamcinolone acetonide oint 0.025%</i>	196
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TRACLEER TAB 62.5MG .....	53	<i>triaminic sus fev&amp;cld</i> .....	183

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TRIAMINIC SYP CLD/ALRG .....	183	<i>tri-vylibra tab</i> .....	90
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<i>37.5-25 mg</i> .....	51	<i>tropical liq nutritio</i> .....	160
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<i>37.5-25 mg</i> .....	51	<i>trueplus tab diabetic</i> .....	160
<i>triamterene &amp; hydrochlorothiazide tab</i>		TRULICITY INJ 0.75/0.5 .....	83
<i>75-50 mg</i> .....	51	TRULICITY INJ 1.5/0.5.....	83
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<i>equivalent)</i> .....	73	<i>trymine cg liq 225-7.5</i> .....	183
<i>trifluoperazine hcl tab 2 mg (base</i>		<i>tulana tab 0.35mg</i> .....	90
<i>equivalent)</i> .....	73	TUMS CHW DEL CHW 1177MG .....	100
<i>trifluoperazine hcl tab 5 mg (base</i>		<i>tums fresher chw 500mg</i> .....	100
<i>equivalent)</i> .....	73	<i>tums smoothi chw 750mg</i> .....	101
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<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ....	68	<i>tusnel diabt liq 10-100/5</i> .....	183
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<i>trilyte sol</i> .....	110	TUSSICAPS CAP 10-8MG.....	183
<i>trimethoprim tab 100 mg</i> .....	12	TUSSICAPS CAP 5-4MG.....	183
<i>tri-mili tab</i> .....	90	<i>tussigon tab 5-1.5mg</i> .....	183
<i>trimipramine maleate cap 100 mg</i> .....	65	<i>tussin adult liq 100/5ml</i> .....	183
<i>trimipramine maleate cap 25 mg</i> .....	65	<i>tussin adult liq cgh/cong</i> .....	183
<i>trimipramine maleate cap 50 mg</i> .....	65	<i>tussin adult liq cold</i> .....	183
<i>trinessa lo tab</i> .....	90	<i>tussin cf liq</i> .....	183
<i>trinessa tab</i> .....	90	<i>tussin cf liq cgh/cold</i> .....	183
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<i>triple antib oin plus</i> .....	189	<i>tussin dm liq 10-200/5</i> .....	183
<i>triple paste oin af 2%</i> .....	193	<i>tussin dm liq clear</i> .....	183
<i>tri-previfem tab</i> .....	90	<i>tussin dm liq max</i> .....	183
<i>triprolidine hcl liquid 0.625 mg/ml</i> ....	171	<i>tussin dm mx liq 10-200/5</i> .....	183
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## CHINESE

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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](https://www.caresource.com/MyCare)**

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