

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

Formulario

2019

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

Formulary ID: 19265 Version #: 16

Updated 11/2019



CareSource MyCare Ohio | *Lista de medicamentos cubiertos para 2019 (Formulario)*

Introducción

Este documento se llama la *Lista de medicamentos cubiertos* (también conocido como la Lista de medicamentos). Le informa sobre cuáles de sus medicamentos de receta y medicamentos sin receta están cubiertos por CareSource MyCare Ohio. La Lista de medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por CareSource MyCare Ohio. Términos clave y sus definiciones se encuentran en el último capítulo del *Manual del miembro*.

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A. Renuncias de garantías

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.
- ❖ Usted siempre puede revisar la Lista de medicamentos cubiertos actualizada de CareSource MyCare Ohio en internet en CareSource.com/MyCare.
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, llame a 1-855-475-3163 (TTY: 711) de CareSource MyCare Ohio o lea el Manual del miembro de CareSource MyCare Ohio.
- ❖ **ATENCIÓN:** Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-475-3163 (TTY: 711), el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ Usted puede obtener este documento gratis en otros formatos, como letra grande, braille o audio. Llame al 1-855-475-3163 (TTY: 711), el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ Si desea revisar los materiales en un formato alternativo, infórmeselo a nuestro departamento de Servicios para Afiliados. Tenemos manuales para afiliados, nuestro aviso anual de cambio, formularios, el resumen de beneficios, los directorios de proveedores/farmacias y algunas cartas disponibles en español. También podemos enviarle este y otros materiales en diferentes formatos a pedido. Llame a nuestro departamento de Servicios para Afiliados para solicitar ayuda al 1-855-475-3163 (TTY: 1-800-750-0750 o 711), el lunes a viernes, de 8 a.m. – 8 p.m. La llamada es gratuita



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B. 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.

B1. ¿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 ciertos tipos de medicamentos (lea la pregunta B4 de abajo).

Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en CareSource.com/MyCare o llame a Servicios al miembro al 1-855-475-3163 (TTY: 711).

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí. CareSource MyCare Ohio podría agregar o quitar medicamentos de la Lista de medicamentos durante el año.

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

- Decidir si exigir o no aprobación previa para algún medicamento. (Aprobación previa es el permiso de CareSource MyCare Ohio antes que usted pueda obtener un medicamento.)
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límite de cantidad).



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- 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 pregunta B4.

Si usted está tomando algún medicamento que estuvo cubierto al **principio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- aparezca un medicamento nuevo y más barato que funcione tan bien como un medicamento en la Lista de medicamentos actual, **o**
- nos demos cuenta de que un medicamento no es seguro, **o**
- un medicamento se retira del mercado.

Las preguntas B3 y B6 de abajo tienen más información sobre lo que sucederá cuando cambie la Lista de medicamentos.

- Usted siempre puede leer la Lista de medicamentos actualizada de CareSource MyCare Ohio en internet, en CareSource.com/MyCare
- También puede llamar a servicio al miembro para revisar la Lista de medicamentos actual, al 1-855-475-3163 (TTY: 711).

B3. ¿Qué sucede cuando hay un cambio a la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

- **Un nuevo medicamento genérico está disponible.** A veces, un medicamento nuevo y más barato está disponible que funciona tan bien como un medicamento que existe en la Lista de medicamentos ahora. Cuando eso ocurre, podemos eliminar el medicamento actual, pero su costo para el medicamento nuevo seguirá siendo el mismo.
 - **Es posible que no le informemos antes de hacer este cambio, pero le mandaremos información sobre el cambio específico o los cambios que hemos hecho.**
 - Usted o su proveedor puede pedir una excepción de estos cambios. Le mandaremos un aviso con los pasos que puede tomar para pedir una excepción. Por favor lea la pregunta B10 para más información sobre las excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de alimentos y medicamentos (FDA) dice que algún medicamento no es seguro o si el fabricante del medicamento lo retira del mercado, lo quitaremos inmediatamente de la Lista



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de medicamentos. Le avisaremos del cambio si usted está tomando el medicamento. Comuníquese con el médico que le indicó la receta si recibe una notificación.

Podríamos hacer otros cambios que pueden afectar los medicamentos que usted toma. Le informaremos por adelantado sobre estos cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee una nueva directriz o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado y
 - Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente ○
 - Cambiamos las reglas de cobertura o los límites para el medicamento de marca.

Cuando ocurren estos cambios, le informaremos por los menos 30 días antes de que hagamos el cambio a la Lista de medicamentos, o cuando usted vuelva a surtir su medicamento. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella le ayudará a decidir si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o si debe pedir una excepción. Entonces, usted puede:

- Obtener un suministro de 30 días del medicamento antes de que se realice el cambio a la Lista de medicamentos, o
- Pedir una excepción de estos cambios. Lea la pregunta B10 para más información sobre excepciones.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite o hay que hacer algo en particular para obtener ciertos medicamentos?

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

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico deben obtener una aprobación de CareSource MyCare Ohio antes de surtir su receta. CareSource MyCare Ohio podría no cubrir el medicamento si usted no recibe la aprobación.
- **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



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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 1-222. Usted también puede obtener más información en nuestro sitio web en CareSource.com/MyCare. Tenemos en internet documentos explicando nuestras restricciones de aprobación previa y de tratamiento progresivo. También puede pedirnos que le enviemos una copia.

Usted también puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella puede 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 las preguntas B10-B12 para más información sobre las excepciones.

B5. ¿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."

B6. ¿Qué sucede si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, os requisitos de autorización (aprobación) previa, límites de cantidad o restricciones de tratamiento progresivo)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de aprobación previa, límites de cantidad y/o restricciones de tratamiento progresivo a un medicamento. Para más información sobre este aviso por adelantado y situaciones en las cuales no le notificaremos por adelantado cuando cambiamos nuestras reglas sobre los medicamentos en la Lista de medicamentos, por favor lea la pregunta B3.

B7. ¿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 del Índice de medicamentos cubiertos. Usted puede encontrarla 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



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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.

B8. ¿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 (TTY: 711) 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 las preguntas B10-B12 para más información sobre las excepciones.

B9. ¿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.

Si su receta es por menos de los días indicados, le permitiremos múltiples suministros hasta un máximo de 30 días de su medicamento.

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 está en una institución de enfermería especializada u otra institución de cuidados a largo plazo, y necesita un medicamento que no esté en la Lista de Medicamentos o si no puede



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fácilmente obtener el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidado a largo plazo, y necesita su suministro de inmediato:

- Le cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), sea o no sea un nuevo miembro de CareSource MyCare Ohio.
- Esto es además del suministro temporero durante los primeros 90 días que es un miembro de CareSource MyCare Ohio.

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

Cambios en los niveles de atención

- 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.
- 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.
 - 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).
 - Para los beneficiarios que son admitidos o dados de alta de un hospital a un hogar.
 - 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 necesitan volver a su formulario de la Parte D.
 - Para los beneficiarios que renuncian a su estatus de hospicio para volver a los beneficios estándares de Medicare de la Parte A y B.
 - Para los beneficiarios que culminan una estadía en un establecimiento de Atención a Largo Plazo (LTC) y regresan a la comunidad.
 - Para los beneficiarios que son dados de alta de hospitales psiquiátricos con regímenes de medicamentos altamente individualizados.



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- 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.

B10. ¿Puede pedir al plan que haga una excepción para cubrir su medicamento?

Si. 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.

B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a Servicios al miembro. Un representante de Servicios al miembro trabajará con usted y su proveedor para ayudarle a pedir una excepción. Usted también puede leer el Capítulo 9 del *Manual del miembro*, para más información sobre excepciones.

B12. ¿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.

B13. ¿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.

B14. ¿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.



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

B15. ¿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.

Los miembros de CareSource MyCare Ohio que vivan en una institución de enfermería especializada u otras instituciones de cuidados a largo plazo, no tendrán copagos. Tampoco tendrán copagos algunos miembros que reciban cuidados a largo plazo en la comunidad.

B16. ¿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.

C. 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 siguiente lista de medicamentos cubiertos 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 de medicamentos cubiertos que comienza en la página 223. El índice contiene alfabéticamente todos los medicamentos cubiertos por CareSource MyCare Ohio.

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



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hacia el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para ser elegible para cobertura catastrófica).

- Además, si usted está recibiendo Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más información sobre Ayuda Adicional, por favor lea la información en el recuadro abajo.

Ayuda Adicional es un programa de Medicare que ayuda a personas con ingresos y recursos limitados a reducir sus gastos asociados con los medicamentos de receta de Medicare Parte D, como las primas, deducibles, y copagos. A Ayuda Adicional también se le llama “subsidio por bajos ingresos”, o “LIS”, por sus siglas en inglés.

- 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 Capítulo 9 del *Manual del miembro*.

* = indica medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por Medicaid.

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.

NDS = suministro no extendido

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



Effective 11/01/2019

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TAB 0.6MG	2	QL (120 tabs / 30 days)
<i>febuxostat tab 40 mg</i>	1	ST
<i>febuxostat tab 80 mg</i>	1	ST
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

MISCELLANEOUS

<i>acephen sup 120mg</i>	3	NM; *
<i>acephen sup 325mg</i>	3	NM; *
<i>acephen sup 650mg</i>	3	NM; *
<i>acetamin liq 500/15ml</i>	3	NM; *
<i>acetamin tab 500mg</i>	3	NM; *
<i>acetaminophen chew tab 80 mg</i>	3	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	3	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	3	NM; *
<i>acetaminophen suppos 120 mg</i>	3	NM; *
<i>acetaminophen suppos 650 mg</i>	3	NM; *
<i>acetaminophen tab 325 mg</i>	3	NM; *
<i>acetaminophen tab 500 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-low tab 81mg ec</i>	3	NM; *
<i>aspirin 81 tab 81mg ec</i>	3	NM; *
<i>aspirin chew tab 81 mg</i>	3	NM; *
<i>aspirin chld chw 81mg</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.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aspirin chw 81mg</i>	3	NM; *
<i>aspirin low chw 81mg</i>	3	NM; *
<i>aspirin low tab 81mg ec</i>	3	NM; *
ASPIRIN POW	3	NM; *
ASPIRIN SUP 300MG	3	NM; *
ASPIRIN SUP 600MG	3	NM; *
<i>aspirin tab 81mg ec</i>	3	NM; *
<i>aspirin tab 325 mg</i>	3	NM; *
<i>aspirin tab 325mg</i>	3	NM; *
<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>bayer asa tab 325mg</i>	3	NM; *
<i>bayer asa tab 500mg</i>	3	NM; *
<i>bayer low chw 81mg</i>	3	NM; *
<i>bayer low tab 81mg ec</i>	3	NM; *
<i>betatemp sus 160/5ml</i>	3	NM; *
<i>child asa chw 81mg</i>	3	NM; *
<i>child asa ls chw 81mg</i>	3	NM; *
<i>childrens chw apap</i>	3	NM; *
<i>chld pain rl tab 80mg</i>	3	NM; *
<i>chld silapap liq 160/5ml</i>	3	NM; *
<i>easy-melts tab 80mg</i>	3	NM; *
<i>ecotrin low tab 81mg ec</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 ec</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 81mg ec</i>	3	NM; *
<i>gnp aspirin tab 325mg</i>	3	NM; *
<i>gnp aspirin tab 325mg ec</i>	3	NM; *
<i>hm aspirin chw 81mg</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm aspirin tab 325mg</i>	3	NM; *
<i>8 hour pain tab 650mg</i>	3	NM; *
<i>kp aspirin tab 81mg ec</i>	3	NM; *
<i>little remed liq 160/5ml</i>	3	NM; *
<i>mapap apap liq 500/15ml</i>	3	NM; *
<i>mapap cap 500mg</i>	3	NM; *
<i>mapap child chw 80mg</i>	3	NM; *
<i>mapap childr sus 160/5ml</i>	3	NM; *
<i>mapap chw 80mg</i>	3	NM; *
<i>mapap chw 160mg</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>medi-tabs tab 500mg</i>	3	NM; *
<i>non-asa jr tab 160mg</i>	3	NM; *
<i>non-aspirin sus 160/5ml</i>	3	NM; *
<i>non-aspirin tab 325mg</i>	3	NM; *
<i>non-aspirin tab 500mg</i>	3	NM; *
<i>non-aspirin tab 500mg/rr</i>	3	NM; *
<i>non-aspirin tab 650mg</i>	3	NM; *
<i>nortemp sus 160/5ml</i>	3	NM; *
NORTEMP SUS INFANTS	3	NM; *
<i>pain & fever chw 80mg</i>	3	NM; *
<i>pain & fever sol 160/5ml</i>	3	NM; *
<i>pain & fever sus 160/5ml</i>	3	NM; *
<i>pain & fever tab 325mg</i>	3	NM; *
<i>pain & fever tab 500mg</i>	3	NM; *
<i>pain relief liq 160/5ml</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 500mg/rr</i>	3	NM; *
<i>pain relief tab 650mg</i>	3	NM; *
<i>pain relieve sus 160/5ml</i>	3	NM; *
<i>pain relieve tab 325mg</i>	3	NM; *
<i>pain relieve tab 500mg</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pain relieve tab 500mg/rr</i>	3	NM; *
<i>pain/fever sus 160/5ml</i>	3	NM; *
<i>pediacare sus 160/5ml</i>	3	NM; *
<i>pharbetol tab 325mg</i>	3	NM; *
<i>pharbetol tab 500mg</i>	3	NM; *
<i>px aspirin chw 81mg</i>	3	NM; *
<i>px aspirin tab 325mg</i>	3	NM; *
<i>qc apap 8 hr tab 650mg</i>	3	NM; *
<i>qc aspirin tab 325mg</i>	3	NM; *
<i>qc aspirin tab 325mg ec</i>	3	NM; *
<i>sb aspirin tab 325mg</i>	3	NM; *
<i>sb child asa chw 81mg</i>	3	NM; *
<i>shake ache tab 500mg</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 chw children</i>	3	NM; *
<i>tactinal tab 325mg</i>	3	NM; *
<i>tactinal tab 500mg</i>	3	NM; *
<i>tgt acetamin tab 500mg</i>	3	NM; *
<i>tgt aspirin chw 81mg</i>	3	NM; *
<i>tgt aspirin chw child</i>	3	NM; *
<i>tgt aspirin tab 81mg</i>	3	NM; *
<i>tgt aspirin tab 325mg</i>	3	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>advil jr st tab 100mg</i>	3	NM; *
<i>advil jr str chw 100mg</i>	3	NM; *
<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)
<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>diclofenac potassium tab 50 mg</i>	1	QL (120 tabs / 30 days)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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>flanax pain tab 220mg</i>	3	NM; *
<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 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 js chw 100mg</i>	3	NM; *
<i>ibuprofen sus 100/5ml</i>	3	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	1	
<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	
<i>ibuprofen tab 800 mg</i>	1	
<i>kls naproxen tab 220mg</i>	3	NM; *
<i>ks ibuprofen cap 200mg</i>	3	NM; *
<i>medi-profen sus 40mg/ml</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mediproxen tab 220mg</i>	3	NM; *
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>motrin ib tab 200mg</i>	3	NM; *
<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 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>px ibuprofen tab 200mg</i>	3	NM; *
<i>px profen ib dro 50/1.25</i>	3	NM; *
<i>px profen ib sus 100/5ml</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 100mg jr</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 (2700 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 (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
BUTRANS DIS 5MCG/HR	2	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	2	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	2	QL (4 patches / 28 days), PA
BUTRANS DIS 15MCG/HR	2	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	2	QL (4 patches / 28 days), PA
<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>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	2	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	2	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	2	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	2	NDS, QL (120 tabs / 30 days), PA
<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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	2	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 (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 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	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	2	B/D

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	2	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	1	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	1	QL (90 tabs / 30 days), PA
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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>morphine sulfate iv soln pf 10 mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	1	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	2	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	2	QL (60 tabs / 30 days), PA
<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	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL / 30 days)
<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)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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 (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	2	QL (60 tabs / 30 days), PA

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	2	NDS
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	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tab 200 mg</i>	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	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clindamycin phosphate in d5w iv soln 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 350 mg</i>	2	NDS
<i>daptomycin for iv soln 500 mg</i>	2	NDS
DAPTOMYCIN SOL 350MG	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	
<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	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEBUPENT INH 300MG	2	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	PA; PA applies if 70 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 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	2	
<i>pentamidine isethionate for soln 300 mg</i>	1	
PINWORM TAB MEDICINE	3	NM; *
<i>praziquantel tab 600 mg</i>	1	
<i>reeses med sus pinworm</i>	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
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	2	NDS, B/D
AMBISOME INJ 50MG	2	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	1	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	2	NDS
<i>caspofungin acetate for iv soln 70 mg</i>	2	NDS
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>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
<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)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	2	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<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	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</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
EDURANT TAB 25MG	2	NDS, NM
<i>efavirenz cap 50 mg</i>	1	NM
<i>efavirenz cap 200 mg</i>	2	NDS, NM

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 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	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
<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 POW 100MG	2	NM
NORVIR SOL 80MG/ML	2	NM
PIFELTRO TAB 100MG	2	NDS, NM
PREZISTA SUS 100MG/ML	2	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	2	QL (480 tabs / 30 days), NM
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 200MG	2	NM
REYATAZ POW 50MG	2	NDS, NM

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<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
<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>	1	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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CIMDUO TAB 300-300	2	NDS, NM
COMPLERA TAB	2	NDS, NM
DELSTRIGO TAB	2	NDS, NM
DESCOVY TAB 200/25	2	NDS, NM
DOVATO TAB 50-300MG	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>	1	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
TRUVADA TAB 200-300	2	NDS, QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<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 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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<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	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>ganciclovir sodium for inj 500 mg</i>	1	B/D
HARVONI TAB 90-400MG	2	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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEGASYS INJ PROCLICK	2	NDS, NM, PA
REBETOL SOL 40MG/ML	2	NDS, NM
RELENZA MIS DISKHALE	2	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	1	NM
<i>ribavirin tab 200 mg</i>	1	NM
<i>ribavirin tab 600 mg</i>	2	NDS, NM
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<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

<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefixime cap 400 mg</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 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	
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
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

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	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 tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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 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	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin cap 500 mg</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 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	
NAFCILLIN INJ 10GM	2	
<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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	2	NDS, B/D, NM
<i>cyclophosphamide cap 25 mg</i>	1	B/D
<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
EMCYT CAP 140MG	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
IFEX INJ 3GM	2	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	NDS

ANTHRACYCLINES

<i>adriamycin inj 20mg</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

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

<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>cytarabine inj 20 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>	1	B/D
<i>gemcitabine hcl for inj 2 gm</i>	1	B/D
<i>gemcitabine hcl for inj 200 mg</i>	1	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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PURIXAN SUS 20MG/ML	2	NDS, NM
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
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
<i>docetaxel for inj conc 160 mg/8ml (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
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	1	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	2	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	2	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	2	NDS, NM, PA
DAURISMO TAB 25MG	2	NDS, NM, LA, PA
DAURISMO TAB 100MG	2	NDS, NM, LA, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ERIVEDGE CAP 150MG	2	NDS, NM, LA, PA
FARYDAK CAP 10MG	2	NDS, NM, LA, PA
FARYDAK CAP 15MG	2	NDS, NM, LA, PA
FARYDAK CAP 20MG	2	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	2	NDS, NM, 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, 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 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
TALZENNA CAP 0.25MG	2	NDS, NM, LA, PA
TALZENNA CAP 1MG	2	NDS, NM, LA, PA

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TECENTRIQ INJ 840/14	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
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
ZEJULA CAP 100MG	2	NDS, NM, LA, PA
ZOLINZA CAP 100MG	2	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	2	NDS, NM, PA
<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	
FASLODEX INJ 250/5ML	2	NDS, B/D
<i>flutamide cap 125 mg</i>	1	
<i>fulvestrant inj 250 mg/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	
<i>megestrol acetate susp 625 mg/5ml</i>	2	PA
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	NDS
NUBEQA TAB 300MG	2	NDS, NM, LA, PA
SOLTAMOX SOL 10MG/5ML	2	NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	NDS
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 500MG	2	NDS, NM, LA, PA
IMMUNOMODULATORS		
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
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	2	NDS, QL (150 tabs / 30 days), NM, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
BALVERSA TAB 3MG	2	NDS, NM, LA, PA
BALVERSA TAB 4MG	2	NDS, NM, LA, PA
BALVERSA TAB 5MG	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 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
COPIKTRA CAP 15MG	2	NDS, NM, LA, PA
COPIKTRA CAP 25MG	2	NDS, NM, LA, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COTELLIC TAB 20MG	2	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	2	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	2	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	2	NDS, QL (30 tabs / 30 days), NM, 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
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
INREBIC CAP 100MG	2	NDS, 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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
LORBRENA TAB 25MG	2	NDS, NM, LA, PA
LORBRENA TAB 100MG	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
NERLYNX TAB 40MG	2	NDS, NM, LA, PA
NEXAVAR TAB 200MG	2	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	2	NDS, NM, PA
PIQRAY 250MG TAB DOSE	2	NDS, NM, PA
PIQRAY 300MG TAB DOSE	2	NDS, NM, 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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
TURALIO CAP 200MG	2	NDS, NM, LA, PA
TYKERB TAB 250MG	2	NDS, NM, LA, PA
VITRAKVI CAP 25MG	2	NDS, NM, LA, PA
VITRAKVI CAP 100MG	2	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	2	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	2	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	2	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	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
XOSPATA TAB 40MG	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
ZYKADIA TAB 150MG	2	NDS, NM, LA, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	2	NDS, NM, PA
<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
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
XPOVIO PAK 60MG	2	NDS, NM, LA, PA
XPOVIO PAK 80MG	2	NDS, NM, LA, PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XPOVIO PAK 100MG	2	NDS, NM, LA, PA
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 hcl for inj 500 mg (base equivalent)</i>	2	NDS, B/D
<i>leucovorin calcium for inj 50 mg</i>	1	B/D
<i>leucovorin calcium for inj 100 mg</i>	1	B/D
<i>leucovorin calcium for inj 200 mg</i>	1	B/D
<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 inj 500 mg/50ml (10 mg/ml)</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	
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

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<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>	1	
<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 & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>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	

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 Limit On Use
<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	
<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	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<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	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<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-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 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 160-12.5 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>eprosartan mesylate tab 600 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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<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	
<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	
NORPACE CAP 150MG CR	2	
<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/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	

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

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>ezetimibe tab 10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	2	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, 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	
PRALUENT INJ 75MG/ML	2	NDS, PA
PRALUENT INJ 150MG/ML	2	NDS, PA
<i>prevalite pow 4gm</i>	1	
<i>prevalite pow 4gm pk</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & 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>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<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 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>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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	
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<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 er</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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digitek tab 0.25mg</i>	1	PA; PA if 70 years and older
<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 70 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 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	
TEKTURNA TAB 300MG	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 & 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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
<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 & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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	
DEMSEER CAP 250MG	2	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
NORTHERA CAP 100MG	2	NDS, NM, LA, PA
NORTHERA CAP 200MG	2	NDS, NM, LA, PA
NORTHERA CAP 300MG	2	NDS, NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION

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
<i>ambrisentan tab 5 mg</i>	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	2	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	2	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	2	NDS, QL (60 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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	2	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	2	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	2	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	2	NDS, 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 (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 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	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<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)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TAB 200MG	2	NDS, QL (180 tabs / 30 days)
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	
<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>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (90 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 (90 tabs / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonazepam tab 1 mg</i>	1	QL (90 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 (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	2	
DIASTAT ACDL GEL 12.5-20	2	
DIASTAT PED GEL 2.5M GEL	2	
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
EPIDIOLEX SOL 100MG/ML	2	NDS, QL (600 mL / 30 days), NM, LA, PA
<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
FYCOMPA TAB 2MG	2	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	2	NDS, QL (60 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)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs / 30 days)
<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	
<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)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	2	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	2	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	2	PA; PA if 70 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>pregabalin cap 25 mg</i>	1	QL (120 caps / 30 days)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps / 30 days)

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pregabalin cap 75 mg</i>	1	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (946 mL / 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>roweepra tab 500mg</i>	1	
<i>roweepra tab 750mg</i>	1	
<i>roweepra tab 1000mg</i>	1	
<i>roweepra xr tab 500mg xr</i>	1	
<i>roweepra xr tab 750mg xr</i>	1	
SPRITAM TAB 250MG	2	
SPRITAM TAB 500MG	2	
SPRITAM TAB 750MG	2	
SPRITAM TAB 1000MG	2	
SYMPAZAN MIS 5MG	2	PA
SYMPAZAN MIS 10MG	2	NDS, PA
SYMPAZAN MIS 20MG	2	NDS, PA
<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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vigabatrin tab 500 mg</i>	2	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</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 (120 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	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	
<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	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	1	QL (60 tabs / 30 days)
<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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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 5 mg (28) & 10 mg (21) titration pak</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	1	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	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	2	
<i>amitriptyline hcl tab 25 mg</i>	2	
<i>amitriptyline hcl tab 50 mg</i>	2	
<i>amitriptyline hcl tab 75 mg</i>	2	
<i>amitriptyline hcl tab 100 mg</i>	2	
<i>amitriptyline hcl tab 150 mg</i>	2	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>clomipramine hcl cap 25 mg</i>	2	PA
<i>clomipramine hcl cap 50 mg</i>	2	PA
<i>clomipramine hcl cap 75 mg</i>	2	PA
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	2	
<i>doxepin hcl cap 25 mg</i>	2	
<i>doxepin hcl cap 50 mg</i>	2	
<i>doxepin hcl cap 75 mg</i>	2	
<i>doxepin hcl cap 100 mg</i>	2	
<i>doxepin hcl cap 150 mg</i>	2	
<i>doxepin hcl conc 10 mg/ml</i>	2	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QL (180 caps / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	2	NDS, QL (30 patches / 30 days), PA
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	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	2	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	2	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	2	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	2	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	2	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<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	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
<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)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<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	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
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>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<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)
<i>trimipramine maleate cap 50 mg</i>	2	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	2	QL (60 caps / 30 days)

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Medicaid

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRINTELLIX TAB 5MG	2	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	2	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	2	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</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, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	2	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	2	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	2	PA; PA if 70 years and older

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<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	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<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 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	2	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	2	PA; PA if 70 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>	1	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	1	QL (30 tabs / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARISTADA INJ 441MG/1.	2	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	2	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	2	NDS, QL (1 injection / 28 days)
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	

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.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
GEODON INJ 20MG	2	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<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 (60 tabs / 30 days)
LATUDA TAB 40MG	2	QL (30 tabs / 30 days)
LATUDA TAB 60MG	2	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 71
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 Limit On Use
LATUDA TAB 80MG	2	QL (60 tabs / 30 days)
LATUDA TAB 120MG	2	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 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 (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	1	QL (30 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 (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	1	QL (30 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	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PERSERIS INJ 90MG	2	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	2	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL (60 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)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	QL (60 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 (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
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>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<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 (60 caps / 30 days), PA

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VRAYLAR CAP 3MG	2	NDS, QL (30 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)
<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 (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.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	PA; PA if 70 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)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

<i>eszopiclone tab 1 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>eszopiclone tab 2 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	2	NDS, NM, LA, PA
SILENOR TAB 3MG	2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>AIMOVIG INJ 70MG/ML</i>	2	QL (1 pen / 30 days), PA
<i>AIMOVIG INJ 140MG/ML</i>	2	QL (1 pen / 30 days), PA
<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>EMGALITY INJ 120MG/ML</i>	2	QL (2 pens / 30 days), PA
<i>EMGALITY INJ 120MG/ML</i>	2	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<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)
<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)

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

MISCELLANEOUS

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	
<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	QL (60 caps / 30 days), PA

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

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; PA if 70 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 70 years and older

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methocarbamol tab 750 mg</i>	2	PA; PA if 70 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 (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	1	QL (30 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>acetamin pm tab 25-500mg</i>	3	NM; *
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
CHANTIX PAK 0.5& 1MG	2	PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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>eazzze pain tab 25-500mg</i>	3	NM; *
<i>eq nicotine loz 4mg cinn</i>	3	NM; *
<i>gnp 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 gum 4mg orig</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>headache pm tab 25-500mg</i>	3	NM; *
<i>headache pm tab 500-38mg</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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; *
<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>night time tab 25mg</i>	3	NM; *
<i>pain relf pm tab 25-500mg</i>	3	NM; *
<i>pain relief tab 25-500mg</i>	3	NM; *
<i>pain relieve tab 25-500mg</i>	3	NM; *
<i>qc sleep aid cap 50mg</i>	3	NM; *
<i>sleep aid cap 25mg</i>	3	NM; *
<i>sleep aid tab 25mg</i>	3	NM; *
<i>sleep time liq 50mg/30</i>	3	NM; *
<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; *
<i>stop smoking loz 2mg mint</i>	3	NM; *
<i>stop smoking loz 4mg mint</i>	3	NM; *
<i>tgt nicotine dis 7mg/24hr</i>	3	NM; *
<i>tgt nicotine dis 14mg/24h</i>	3	NM; *
<i>tgt nicotine dis 21mg/24h</i>	3	NM; *
<i>tgt nicotine gum 2mg mint</i>	3	NM; *
<i>tgt nicotine gum 2mg orig</i>	3	NM; *
<i>tgt nicotine gum 2mgfruit</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tgt nicotine gum 4mg</i>	3	NM; *
<i>tgt nicotine gum 4mg orig</i>	3	NM; *
<i>tgt nicotine loz 2mg chry</i>	3	NM; *
<i>tgt nicotine loz 2mg mint</i>	3	NM; *
<i>tgt nicotine loz 4mg chry</i>	3	NM; *
<i>tgt nicotine loz 4mg mint</i>	3	NM; *
<i>thrive gum 2mg mint</i>	3	NM; *
VIVITROL INJ 380MG	2	NDS

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
<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 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	QL (300 grams / 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 BC INJ 2/0.85ML	2	QL (4 pens / 28 days)
BYDUREON INJ 2MG	2	QL (4 vials / 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 INJ FLEXPEN	2	(brand RELION not covered)
NOVOLIN N INJ U-100	2	(brand RELION not covered)
NOVOLIN R INJ U-100	2	(brand RELION not covered)
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
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	
TRESIBA INJ 100UNIT	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)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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)
<i>glyburide micronized tab 1.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 6 mg</i>	2	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	2	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glyburide-metformin tab 1.25-250 mg</i>	2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 5-500 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
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)
JARDIANCE TAB 10MG	2	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR	2	QL (30 tabs / 30 days)
JENTADUETO TAB XR	2	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
SYNJARDY TAB	2	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 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)

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	B/D
<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
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	2	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	2	NDS, B/D, QL (120 tabs / 30 days), NM
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
CHELATING AGENTS		
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
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>trientine hcl cap 250 mg</i>	2	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera tab 1.5mg</i>	3	NM; *
<i>alyacen tab 1/35</i>	1	
<i>amethia lo tab</i>	1	
<i>amethia tab</i>	1	
<i>apri tab</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aranelle tab</i>	1	
<i>ashlyna 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 24 tab fe 1/20</i>	1	
<i>blisovi fe tab 1.5/30</i>	1	
<i>briellyn tab</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>camrese lo tab</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>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 & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>falmina tab</i>	1	
<i>fayosim tab</i>	1	
<i>femynor tab 0.25-35</i>	1	
<i>hailey 24 tab fe</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>jasmiel tab 3-0.02mg</i>	1	
<i>jolivette tab 0.35mg</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe 24 tab 1/20</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kaitlib fe chw</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor 1/50 tab</i>	1	
<i>kelnor tab 1/35</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>layolis fe chw</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	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>lomedina 24 tab fe</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>melodetta chw 24 fe</i>	1	
<i>mibelas 24 chw fe</i>	1	
<i>mili tab 0.25/35</i>	1	
<i>my choice tab 1.5mg</i>	3	NM; *
<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	
<i>nikki tab 3-0.02mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</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 & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<i>norlyroc tab 0.35mg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
NUVARING MIS	2	
<i>opcicon tab 1.5mg</i>	3	NM; *
<i>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	
<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>rivelsa tab</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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 24 fe tab</i>	1	
<i>tarina fe tab 1/20</i>	1	
<i>tri-estaryll tab</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>tri-vylibra tab lo</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>tydemy tab</i>	1	
<i>velivet pak</i>	1	
<i>vienva tab 0.1-20</i>	1	
<i>viorele tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra tab 0.25-35</i>	1	
<i>wymzya fe chw 0.4mg-35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zovia 1/35e tab</i>	1	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	2	NDS
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INJ 2.9MG/5M	2	NDS, NM, LA, PA
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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 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
NITYR TAB 2MG	2	NDS, NM, LA, PA
NITYR TAB 5MG	2	NDS, NM, LA, PA
NITYR TAB 10MG	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

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

DELESTROGEN INJ 10MG/ML	2	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>fyavolv tab 0.5-2.5</i>	2	
<i>jinteli tab 1mg-5mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	

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	
<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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 (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
PREDNISON CON 5MG/ML	2	B/D
<i>prednisone oral soln 5 mg/5ml</i>	1	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	2	
SOLU-CORTEF INJ 250MG	2	
SOLU-CORTEF INJ 500MG	2	
SOLU-CORTEF INJ 1000MG	2	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

BD GLUCOSE CHW 5GM	3	NM; *
CVS GLUCOSE CHW FRUIT	3	NM; *
CVS GLUCOSE CHW GRAPE	3	NM; *
CVS GLUCOSE CHW ORANGE	3	NM; *
CVS GLUCOSE CHW RASPBERRY	3	NM; *
CVS GLUCOSE CHW TROP BLS	3	NM; *
CVS GLUCOSE CHW TROPICAL	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 RASPBERR	3	NM; *
DEX4 CHW RASPBERRY	3	NM; *
DEX4 CHW SOUR APL	3	NM; *
DEX4 CHW TROP FRT	3	NM; *
DEX4 CHW WATERMLN	3	NM; *
DEX4 GLUCOSE CHW	3	NM; *
DEX4 GLUCOSE CHW QK DISLV	3	NM; *
DEX4 GLUCOSE GEL	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 BITS CHW 1GM	3	NM; *
GLUCOSE CHW 4-0.006	3	NM; *
GLUCOSE CHW 4-.006GM	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 RASPBRRY	3	NM; *
GLUCOSE CHW TROP FRT	3	NM; *
GLUCOSE CHW WATERMLN	3	NM; *
<i>glucose drnk liq 15/59ml</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glucose gel 40%</i>	3	NM; *
GLUCOSE LIQ POMEGRAN	3	NM; *
<i>glucose oral liquid 15 gm/59ml</i>	3	NM; *
<i>glucose shot liq 15/59ml</i>	3	NM; *
<i>glucose shot liq 15gm</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; *
HM GLUCOSE CHW ORANGE	3	NM; *
HM GLUCOSE CHW RASPBERRY	3	NM; *
INSTA-GLUCOS GEL 77.4%	3	NM; *
KROG GLUCOSE CHW GRAPE	3	NM; *
KROG GLUCOSE CHW ORANGE	3	NM; *
KROG GLUCOSE CHW RASPBERRY	3	NM; *
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; *
RELION GLUCO CHW 4GM	3	NM; *
SM GLUCOSE CHW ORANGE	3	NM; *
SM GLUCOSE CHW RASPBERRY	3	NM; *
SM GLUCOSE CHW SOUR APP	3	NM; *
SMART SENSE CHW 4GM	3	NM; *
TGT GLUCOSE CHW GRAPE	3	NM; *
TGT GLUCOSE CHW ORANGE	3	NM; *
TGT GLUCOSE CHW RASPBERRY	3	NM; *
TRUEPLS GLUC GEL 15/32ML	3	NM; *
UP&UP CHW GRAPE	3	NM; *
UP&UP CHW ORANGE	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
UP&UP CHW RASPBERRY	3	NM; *
VP GLUCOSE CHW FRUIT	3	NM; *
VP GLUCOSE CHW GRAPE	3	NM; *

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
GENOTROPIN INJ 0.2MG	2	NM, PA
GENOTROPIN INJ 0.4MG	2	NDS, NM, PA
GENOTROPIN INJ 0.6MG	2	NDS, NM, PA
GENOTROPIN INJ 0.8MG	2	NDS, NM, PA
GENOTROPIN INJ 1.2MG	2	NDS, NM, PA
GENOTROPIN INJ 1.4MG	2	NDS, NM, PA
GENOTROPIN INJ 1.6MG	2	NDS, NM, PA
GENOTROPIN INJ 1.8MG	2	NDS, NM, PA
GENOTROPIN INJ 1MG	2	NDS, NM, PA
GENOTROPIN INJ 2MG	2	NDS, NM, PA
GENOTROPIN INJ 5MG	2	NDS, NM, PA
GENOTROPIN INJ 12MG	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
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
<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

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<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	
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
TYMLOS INJ	2	NDS, NM, 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>	2	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	2	NDS, QL (180 packets / 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	

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 137mcg</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

<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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; *
ALKA-SELTZER CHW 750-80MG	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 550-110</i>	3	NM; *
<i>antacid chw 750mg</i>	3	NM; *
<i>antacid extr chw 675-135</i>	3	NM; *
<i>antacid extr chw 750mg</i>	3	NM; *
<i>antacid fast sus acting</i>	3	NM; *
<i>antacid fast sus relief</i>	3	NM; *
<i>antacid flav chw 750mg</i>	3	NM; *
<i>antacid kids chw 750mg</i>	3	NM; *
<i>antacid max chw 1000mg</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 advanced</i>	3	NM; *
<i>antacid sus anti-gas</i>	3	NM; *
<i>antacid sus max st</i>	3	NM; *
<i>antacid sus mint crm</i>	3	NM; *
<i>antacid sus reg</i>	3	NM; *
<i>antacid sus reg st</i>	3	NM; *
ANTACID ULTR CHW 1000-200	3	NM; *
<i>antacid/gas chw multi-sy</i>	3	NM; *
<i>antacid/sime sus ds</i>	3	NM; *
<i>cal antacid chw 750mg</i>	3	NM; *
<i>cal antacid chw 1000mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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 anta chw 500mg</i>	3	NM; *
<i>calcium anta chw 750mg</i>	3	NM; *
CALCIUM CARB TAB 648MG	3	NM; *
<i>calcium carbonate (antacid) chew tab 500 mg</i>	3	NM; *
<i>calcium carbonate (antacid) chew tab 750 mg</i>	3	NM; *
<i>calcium carbonate chew tab 1250 mg (500 mg elemental ca)</i>	3	NM; *
<i>childrens chw pepto</i>	3	NM; *
<i>cvs antacid sus supreme</i>	3	NM; *
<i>cvs antacid/ sus anti-gas</i>	3	NM; *
<i>eq antacid chw 750mg</i>	3	NM; *
<i>eq antacid chw 1000mg</i>	3	NM; *
<i>eql antacid chw 1000mg</i>	3	NM; *
<i>eql antacid chw fruit</i>	3	NM; *
<i>eql antacid sus anti-gas</i>	3	NM; *
<i>flavor chews chw 750mg</i>	3	NM; *
<i>foam antacid chw 80-20mg</i>	3	NM; *
<i>foam antacid sus</i>	3	NM; *
GAVISCON CHW	3	NM; *
GAVISCON SUS	3	NM; *
GAVISCON SUS CHERRY	3	NM; *
<i>geri-lanta sus</i>	3	NM; *
<i>geri-mox sus</i>	3	NM; *
<i>gnp antacid chw 160-105</i>	3	NM; *
<i>gnp antacid chw 550-110</i>	3	NM; *
<i>gnp antacid chw 1000mg</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>heartbrn ant chw 160-105</i>	3	NM; *

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<i>heartbrn rlf chw 160-105</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; *
<i>hm magnesium tab 250mg</i>	3	NM; *
MAG OXIDE CAP 400MG	3	NM; *
MAG-AL LIQ	3	NM; *
<i>mag-al plus liq</i>	3	NM; *
<i>mag-al plus liq xs</i>	3	NM; *
MAGN OXIDE POW HEAVY	3	NM; *
MAGNESIUM CAP 500MG	3	NM; *
<i>magnesium oxide tab 250 mg</i>	3	NM; *
<i>magnesium oxide tab 400 mg</i>	3	NM; *
<i>magnesium oxide tab 420 mg</i>	3	NM; *
<i>magnesium tab 250mg</i>	3	NM; *
<i>magnesium tab 400mg</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>milantex sus ex st</i>	3	NM; *
<i>milantex sus original</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>px antacid chw 1000mg</i>	3	NM; *
<i>px antacid sus max st</i>	3	NM; *
<i>px antacid sus reg st</i>	3	NM; *
<i>qc antacid chw 500mg</i>	3	NM; *
<i>qc antacid sus</i>	3	NM; *
<i>qc antacid sus anti-gas</i>	3	NM; *
<i>ra antacid chw 500mg</i>	3	NM; *
<i>rolaids chw 550-110</i>	3	NM; *
<i>rulox sus</i>	3	NM; *
<i>sb antacid sus anti-gas</i>	3	NM; *
<i>sm antacid sus advanced</i>	3	NM; *
<i>sm antacid sus anti-gas</i>	3	NM; *
<i>sm antacid sus max st</i>	3	NM; *

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<i>sm antacid/ sus antigas</i>	3	NM; *
<i>smooth antac chw 750mg</i>	3	NM; *
<i>sodium bicarbonate tab 325 mg</i>	3	NM; *
<i>sodium bicarbonate tab 650 mg</i>	3	NM; *
SODIUM POW BICARBON	3	NM; *
<i>tame flame chw 500mg</i>	3	NM; *
<i>tgt antacid chw 1000mg</i>	3	NM; *
<i>tgt antacid sus anti-gas</i>	3	NM; *
TUMS CHW DEL CHW 1177MG	3	NM; *
<i>tums smoothi chw 750mg</i>	3	NM; *
URO MAG CAP 140MG	3	NM; *
URO-MAG CAP 140MG	3	NM; *
ANTI-DIARRHEAL		
<i>abatinex cap 680mg</i>	3	NM; *
<i>acidoph/prob tab formula</i>	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>anti-diarrhl sus 262/15ml</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 subsalicylate chew tab 262 mg</i>	3	NM; *
<i>cvs bismuth chw 262mg</i>	3	NM; *
<i>cvs bismuth sus max str</i>	3	NM; *
<i>cvs bismuth tab 262mg</i>	3	NM; *
<i>diamode tab 2mg</i>	3	NM; *
<i>diarrhea rel sus 262/15ml</i>	3	NM; *
<i>diarrhea sus 262/15ml</i>	3	NM; *
<i>digestive cap health</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>digestive cap probioti</i>	3	NM; *
<i>dofus cap</i>	3	NM; *
<i>eql probioti cap acidophi</i>	3	NM; *
<i>eql stomach chw 262mg</i>	3	NM; *
FLORAJEN CAP ACIDOPHI	3	NM; *
<i>floranex gra</i>	3	NM; *
<i>floranex tab</i>	3	NM; *
<i>geri-pectate sus 262/15ml</i>	3	NM; *
<i>gnp k-pec sus 262/15ml</i>	3	NM; *
<i>intestinex cap</i>	3	NM; *
KALA TAB	3	NM; *
<i>kao-tin sus 262/15ml</i>	3	NM; *
<i>kaopectate sus 262/15ml</i>	3	NM; *
<i>kaopectate sus ex st</i>	3	NM; *
<i>kaopectate tab 262mg</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; *
<i>loperamide liq 1mg/7.5</i>	3	NM; *
<i>loperamide sus 1mg/7.5</i>	3	NM; *
<i>medi-bismuth chw 262mg</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 sus 262/15ml</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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>probiotic cap gold</i>	3	NM; *
<i>px stomach chw 262mg</i>	3	NM; *
<i>px stomach sus 262/15ml</i>	3	NM; *
<i>px stomach sus 525/15ml</i>	3	NM; *
<i>ra acidophil cap 300mg</i>	3	NM; *
<i>ra pink bism chw 262mg</i>	3	NM; *
<i>ra pink bism tab 262mg</i>	3	NM; *
REPHRESH CAP PRO-B	3	NM; *
<i>sb bismuth tab 262mg</i>	3	NM; *
<i>sm anti-diar tab 2mg</i>	3	NM; *
<i>sm stomach sus 262/15ml</i>	3	NM; *
<i>sm stomach sus 527/30ml</i>	3	NM; *
<i>soothe chw 262mg</i>	3	NM; *
<i>soothe sus 262/15ml</i>	3	NM; *
<i>soothe tab 262mg</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 524/30ml</i>	3	NM; *
<i>stomach relf sus 525/15ml</i>	3	NM; *
<i>stomach relf sus 525/30ml</i>	3	NM; *
<i>stomach relf tab 262mg</i>	3	NM; *
<i>stomach rlf 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 & 125 mg</i>	1	B/D
<i>compro sup 25mg</i>	1	
<i>dramamine tab 25mg</i>	3	NM; *
<i>driminate tab 50mg</i>	3	NM; *
<i>dronabinol cap 2.5 mg</i>	1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	1	B/D, QL (60 caps / 30 days)

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 Limit On Use
<i>dronabinol cap 10 mg</i>	1	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	2	B/D
<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>	2	
<i>meclizine hcl tab 12.5 mg</i>	3	NM; *
<i>meclizine hcl tab 25 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	3	NM; *
<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 10 mg/2ml</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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>promethazine hcl inj 25 mg/ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	2	QL (10 patches / 30 days), PA; PA if 70 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>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<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	

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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>famotidine inj 20 mg/2ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine tab 10 mg</i>	3	NM; *
<i>famotidine tab 10mg</i>	3	NM; *
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 20mg</i>	3	NM; *
<i>famotidine tab 40 mg</i>	1	
<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	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	2	NDS
<i>DELZICOL CAP 400MG</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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LAXATIVES

<i>bisac-evac sup 10mg</i>	3	NM; *
<i>bisacodyl 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; *
<i>calcium polycarbophil tab 625 mg</i>	3	NM; *
<i>castor laxat oil 100%</i>	3	NM; *
<i>choc laxativ chw 15mg</i>	3	NM; *
<i>clearlax pow</i>	3	NM; *
<i>colace 2in1 tab 8.6-50mg</i>	3	NM; *
<i>constulose sol 10gm/15</i>	1	
<i>correctol tab 5mg ec</i>	3	NM; *
<i>cvs epsom gra salt</i>	3	NM; *
<i>cvs fibr lax tab 625mg</i>	3	NM; *
<i>cvs laxative chw 15mg</i>	3	NM; *
<i>cvs laxative tab 25mg</i>	3	NM; *
<i>cvs mineral oil</i>	3	NM; *
<i>cvs natural pow fiber</i>	3	NM; *
<i>cvs senna tab 8.6mg</i>	3	NM; *
<i>daily fiber pow 48.57%</i>	3	NM; *
<i>diocto liq 50mg/5ml</i>	3	NM; *
<i>diocto syp 60/15ml</i>	3	NM; *
<i>docqlace cap 100mg</i>	3	NM; *
<i>docu liq 50mg/5ml</i>	3	NM; *
<i>docu soft cap 100mg</i>	3	NM; *
<i>docusate cal cap 240mg</i>	3	NM; *
<i>docusate calcium cap 240 mg</i>	3	NM; *
<i>docusate sod cap 100mg</i>	3	NM; *
<i>docusate sod liq 50mg/5ml</i>	3	NM; *
<i>docusate sodium cap 100 mg</i>	3	NM; *
<i>docusate sodium cap 250 mg</i>	3	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	3	NM; *
<i>docusate sodium tab 100 mg</i>	3	NM; *
<i>docusil cap 100mg</i>	3	NM; *
DOCUSOL KIDS ENE 100MG/5M	3	NM; *
DOCUSOL MINI ENE	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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>enema ready- ene to-use</i>	3	NM; *
ENEMEEZ MINI ENE	3	NM; *
ENEMEEZ PLUS ENE 20-283	3	NM; *
<i>enulose sol 10gm/15</i>	1	
<i>epsom salt gra</i>	3	NM; *
EPSOM SALT GRA	3	NM; *
EPSOM SALT POW	3	NM; *
<i>eq laxative tab 8.6mg</i>	3	NM; *
<i>eq laxative tab 25mg</i>	3	NM; *
<i>eq mineral oil</i>	3	NM; *
<i>eq castor oil 100%</i>	3	NM; *
<i>eq fiber la tab 625mg</i>	3	NM; *
<i>eq fiber pow therapy</i>	3	NM; *
<i>eq laxative chw 15mg</i>	3	NM; *
<i>eq laxative tab 25mg</i>	3	NM; *
EQUALACTIN CHW 625MG	3	NM; *
<i>evac-u-gen tab 8.6mg</i>	3	NM; *
<i>fiber laxatv tab 625mg</i>	3	NM; *
<i>fiber laxtiv cap 0.52gm</i>	3	NM; *
<i>fiber therap pow 28.3%</i>	3	NM; *
<i>fiber therap pow sf orang</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>gavilax pow</i>	3	NM; *
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>gentle laxat sup 10mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gentle laxat tab 5mg ec</i>	3	NM; *
<i>gentlelax pow</i>	3	NM; *
<i>geri-kot tab 8.6mg</i>	3	NM; *
<i>geri-mucil pow 68%</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 pak 3350 nf</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 fiber cap 0.52gm</i>	3	NM; *
<i>gnp laxative sup 10mg</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; *
<i>gnp senna tab 8.6mg</i>	3	NM; *
GOLYTELY SOL	2	
<i>healthylax pow</i>	3	NM; *
<i>hm clearlax pow</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 mineral oil</i>	3	NM; *
<i>hm senna tab 8.6mg</i>	3	NM; *
HYDROCIL INS POW 95%	3	NM; *
<i>kao-tin cap 240mg</i>	3	NM; *
<i>kls fiber tb tab 625mg</i>	3	NM; *
<i>konsyl cap 520mg</i>	3	NM; *

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<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; *
<i>kp bisacodyl tab 5mg ec</i>	3	NM; *
<i>kp senna tab 8.6mg</i>	3	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lax/stl soft tab 8.6-50mg</i>	3	NM; *
<i>laxacin tab 8.6-50mg</i>	3	NM; *
<i>laxative chw 15mg</i>	3	NM; *
<i>laxative pls tab 8.6-50mg</i>	3	NM; *
<i>laxative sup 10mg</i>	3	NM; *
<i>laxative tab 5mg ec</i>	3	NM; *
<i>laxative tab 15mg</i>	3	NM; *
<i>laxative tab 25mg</i>	3	NM; *
<i>laxative tab max-str</i>	3	NM; *
<i>lubricat eye dro 0.4-0.3%</i>	3	NM; *
<i>mag citrate sol</i>	3	NM; *
<i>mag citrate sol cherry</i>	3	NM; *
<i>mag citrate sol grape</i>	3	NM; *
<i>mag citrate sol lemon</i>	3	NM; *
<i>magic bullet sup 10mg</i>	3	NM; *
<i>magnesium citrate soln</i>	3	NM; *
<i>medi-natural tab 8.6-50mg</i>	3	NM; *
<i>medi-natural tab 8.6mg</i>	3	NM; *
METAMUCIL PAK 51.7%	3	NM; *
METAMUCIL POW 28%ORG	3	NM; *
<i>metamucil pow 28.3%org</i>	3	NM; *
<i>metamucil pow 58.6%</i>	3	NM; *
<i>metamucil pow 58.6% sf</i>	3	NM; *
<i>metamucil pow 58.6%org</i>	3	NM; *

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METAMUCIL POW 58.12%	3	NM; *
METAMUCIL POW 63%	3	NM; *
METAMUCIL WAF	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</i>	3	NM; *
MINERAL OIL	3	NM; *
<i>mineral oil ene</i>	3	NM; *
<i>mineral oil enema</i>	3	NM; *
MINERAL OIL HEAVY	3	NM; *
<i>mineral oil oil</i>	3	NM; *
<i>move along tab 100mg</i>	3	NM; *
MOVIPREP SOL	2	
<i>multihealth pow fiber</i>	3	NM; *
<i>nat fiber pow 28.3%</i>	3	NM; *
<i>nat fiber pow 48.57%</i>	3	NM; *
NAT FIBER POW 58.6%	3	NM; *
<i>nat fiber pow therapy</i>	3	NM; *
<i>nat psyllium pow fiber</i>	3	NM; *
<i>nat veg lax tab 8.6mg</i>	3	NM; *
<i>natura-lax pow 3350 nf</i>	3	NM; *
<i>natural lax tab 8.6mg</i>	3	NM; *
<i>naturl fiber pow 28.3%</i>	3	NM; *
<i>naturl fiber pow 58.6%</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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>perdiem over tab 15mg</i>	3	NM; *
<i>polyethylene glycol 3350 oral packet</i>	3	NM; *
<i>polyethylene glycol 3350 oral powder</i>	3	NM; *
<i>powderlax pow</i>	3	NM; *
<i>promolaxin tab 100mg</i>	3	NM; *
<i>px fiber cap 0.52gm</i>	3	NM; *
<i>px fiber tab 625mg</i>	3	NM; *
<i>qc enema ene</i>	3	NM; *
<i>qc epsom gra salt</i>	3	NM; *
<i>qc laxative sup 10mg</i>	3	NM; *
<i>qc mineral oil heavy</i>	3	NM; *
<i>qc natural pow vegetabl</i>	3	NM; *
<i>qc senna tab 8.6mg</i>	3	NM; *
<i>ra epsom gra salt</i>	3	NM; *
RA EPSOM GRA SALT	3	NM; *
RA EPSOM GRA SALT/LVN	3	NM; *
<i>ra laxative tab 25mg</i>	3	NM; *
<i>ra mineral oil</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>saline ene laxative</i>	3	NM; *
<i>sb bisacodyl tab 5mg ec</i>	3	NM; *
<i>sb docusate tab 8.6-50mg</i>	3	NM; *
<i>sb fib lax pow 33%</i>	3	NM; *
<i>sb laxative sup 10mg</i>	3	NM; *
<i>sb milk magn sus mint</i>	3	NM; *
<i>sb senna-lax tab 8.6mg</i>	3	NM; *
<i>senexon liq 8.8mg/5</i>	3	NM; *
<i>senexon tab 8.6mg</i>	3	NM; *
<i>senexon-s tab 8.6-50mg</i>	3	NM; *
<i>senna lax tab 8.6mg</i>	3	NM; *
<i>senna laxati tab 8.6mg</i>	3	NM; *
<i>senna plus tab 8.6-50mg</i>	3	NM; *
<i>senna tab 8.6mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>senna-extra tab 17.2mg</i>	3	NM; *
<i>senna-grx syp 8.8mg/5</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>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>senokot extr tab 17.2mg</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; *
<i>sm clearlax pow</i>	3	NM; *
<i>sm enema ene</i>	3	NM; *
<i>sm epsom gra salt</i>	3	NM; *
<i>sm fiber lax tab 500mg</i>	3	NM; *
SM FIBER POW	3	NM; *
<i>sm fiber pow 28.3%</i>	3	NM; *
<i>sm fiber pow 48.57%</i>	3	NM; *
<i>sm fiber pow 51.7%</i>	3	NM; *
<i>sm fiber pow 58.6%</i>	3	NM; *
<i>sm fiber tab 625mg</i>	3	NM; *
<i>sm gentle tab laxative</i>	3	NM; *
<i>sm laxative sup 10mg</i>	3	NM; *
<i>sm laxative tab 5mg ec</i>	3	NM; *
<i>sm mineral oil</i>	3	NM; *
<i>sm senna lax tab 8.6mg</i>	3	NM; *
<i>sm senna lax tab max str</i>	3	NM; *
<i>sm stool tab softener</i>	3	NM; *
<i>smooth lax pow 3350 nf</i>	3	NM; *
<i>sodium phosphates - enema</i>	3	NM; *
<i>soluble fib pow therapy</i>	3	NM; *
<i>soluble fib tab therapy</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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 syp 60/15ml</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>surfak cap 240mg</i>	3	NM; *
<i>tgt natural tab laxative</i>	3	NM; *
<i>tgt psyllium cap 0.52gm</i>	3	NM; *
<i>trilyte sol</i>	1	
<i>wal-mucil pow 28.3%</i>	3	NM; *
<i>wal-mucil pow 48.57%</i>	3	NM; *
<i>wal-mucil pow 58.6%</i>	3	NM; *
<i>womans laxat tab 5mg ec</i>	3	NM; *
<i>womens laxat tab 5mg ec</i>	3	NM; *

MISCELLANEOUS

<i>alose tron hcl tab 0.5 mg (base equiv)</i>	2	NDS, PA
<i>alose tron 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; *
BICARSIM TAB 80MG	3	NM; *
BICARSIM TAB 125MG	3	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	NDS
<i>cvs gas relf chw 125mg</i>	3	NM; *
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>eql gas rlf cap 180mg</i>	3	NM; *
<i>gas relief cap 125mg</i>	3	NM; *
<i>gas relief cap 180mg</i>	3	NM; *
<i>gas relief chw 80mg</i>	3	NM; *
<i>gas relief chw 125mg</i>	3	NM; *

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<i>gas relief dro 20/0.3ml</i>	3	NM; *
<i>gas relief dro 40/0.6ml</i>	3	NM; *
<i>gas relief dro infants</i>	3	NM; *
<i>gas relief liq infants</i>	3	NM; *
<i>gas-x cap 125mg</i>	3	NM; *
<i>gas-x cap 180mg</i>	3	NM; *
GAS-X EX-STR MIS 62.5MG	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 (30 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)
PHAZYME CAP 250MG	3	NM; *
<i>qc gas relf chw 125mg</i>	3	NM; *
<i>ra gas relf chw 125mg</i>	3	NM; *
RELISTOR INJ 8/0.4ML	2	NDS, PA
RELISTOR INJ 12/0.6ML	2	NDS, PA
<i>simethicone cap 125 mg</i>	3	NM; *
<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; *
SIMETHICONE LIQ	3	NM; *
<i>simethicone susp 40 mg/0.6ml</i>	3	NM; *
<i>sm gas relf chw 80mg</i>	3	NM; *
<i>sm gas relie chw 80mg</i>	3	NM; *
<i>sucrafate tab 1 gm</i>	1	
SYMPROIC TAB 0.2MG	2	
<i>ursodiol cap 300 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
XIFAXAN TAB 550MG	2	NDS, PA

PANCREATIC ENZYMES

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

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer cap 20.6mgdr</i>	3	NM; *
DEXILANT CAP 30MG DR	2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	2	QL (30 caps / 30 days)
<i>esomepra mag cap 20mg dr</i>	3	NM; *
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	3	NM; *
<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)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 122
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS -
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omeprazole cap 20.6mgdr</i>	3	NM; *
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	3	NM; *
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	3	NM; *
OMEPRAZOLE TAB 20MG	3	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	
<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>gnp urinary tab 97.5mg</i>	3	NM; *
<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>sb urinary tab pain max</i>	3	NM; *
<i>sm urinary tab pain max</i>	3	NM; *
<i>urinary pain tab 95mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>urinary pain tab 97.5mg</i>	3	NM; *

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>MYRBETRIQ TAB 25MG</i>	2	QL (60 tabs / 30 days)
<i>MYRBETRIQ TAB 50MG</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	QL (60 tabs / 30 days)
<i>OXYTROL/WOMN DIS 3.9MG/24</i>	3	NM; *
<i>solifenacin succinate tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	1	ST
<i>tolterodine tartrate tab 2 mg</i>	1	ST
<i>TOVIAZ TAB 4MG</i>	2	QL (30 tabs / 30 days)
<i>TOVIAZ TAB 8MG</i>	2	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	1	QL (60 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 2%</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 vagnal cre 4%</i>	3	NM; *
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 cre 4%</i>	3	NM; *
<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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>miconazole nitrate vaginal cream 2%</i>	3	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 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>vandazole gel 0.75%</i>	1	

VAGINAL CONTRACEPTIVE

TODAY SPONGE MIS	3	NM; *
VCF VAGINAL AER CONTRACP	3	NM; *
<i>vcf vaginal gel contrace</i>	3	NM; *
VCF VAGINAL MIS CONTRACP	3	NM; *

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TAB 1MG	2	
COUMADIN TAB 2.5MG	2	
COUMADIN TAB 2MG	2	
COUMADIN TAB 3MG	2	
COUMADIN TAB 4MG	2	
COUMADIN TAB 5MG	2	
COUMADIN TAB 6MG	2	
COUMADIN TAB 7.5MG	2	
COUMADIN TAB 10MG	2	
ELIQUIS 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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	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) 100 unit/ml in d5w</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	2	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	2	
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	
<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	

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<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 2.5MG	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 300/1ML	2	NDS, NM, PA
GRANIX INJ 480/0.8	2	NDS, NM, PA
GRANIX INJ 480/1.6	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>carbonyl tab fe 45mg</i>	3	NM; *
<i>cvs iron tab 27mg</i>	3	NM; *
<i>cvs iron tab 325mg</i>	3	NM; *
EZFE 200 CAP 200MG	3	NM; *
FE SULFATE POW	3	NM; *
FERAHEME INJ 510/17ML	3	NM; *
<i>ferate tab 27mg</i>	3	NM; *
<i>fergon 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>ferrous gluc tab 324mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FERROUS GLUC TAB 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; *
<i>ferrous sulfate tab 28 mg (elemental fe)</i>	3	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	3	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	3	NM; *
<i>ferrous sulfate tab er 142 mg (45 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>high potency tab fe 27mg</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; *
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 therapy</i>	3	NM; *
<i>iron supplmt dro 15mg/ml</i>	3	NM; *
IRON TAB 18MG	3	NM; *
<i>iron tab 27mg</i>	3	NM; *
IRON TAB 28MG	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; *
<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 iron 45</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; *
VENOFER INJ 20MG/ML	3	NM; *
<i>wee care sus 15/1.25</i>	3	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
BERINERT INJ 500UNIT	2	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	

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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DROXIA CAP 400MG	2	
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>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	2	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	1	
PROMACTA POW 12.5MG	2	NDS, QL (360 packets / 30 days), NM, LA, PA
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	
PLATELET AGGREGATION INHIBITORS		
<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 Limit 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 injections / 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 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	2	NDS, QL (6 injections / 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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 at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS -
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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IMMUNOGLOBULINS

BIVIGAM INJ 10%	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
OCTAGAM INJ 10/100ML	2	NDS, NM, PA

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OCTAGAM INJ 10GM	2	NDS, NM, PA
OCTAGAM INJ 20/200ML	2	NDS, NM, PA
OCTAGAM INJ 25GM	2	NDS, NM, PA
OCTAGAM INJ 30/300ML	2	NDS, NM, PA
PANZYGA SOL 1GM/10ML	2	NDS, NM, PA
PANZYGA SOL 2.5/25ML	2	NDS, NM, PA
PANZYGA SOL 5GM/50ML	2	NDS, NM, PA
PANZYGA SOL 10/100ML	2	NDS, NM, PA
PANZYGA SOL 20/200ML	2	NDS, NM, PA
PANZYGA SOL 30/300ML	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
IMMUNOMODULATORS		
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
IMMUNOSUPPRESSANTS		
<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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	B/D, NM
NULOJIX INJ 250MG	2	NDS, B/D, NM
PROGRAF GRA 0.2MG	2	B/D, NM
PROGRAF GRA 1MG	2	B/D, NM
RAPAMUNE SOL 1MG/ML	2	NDS, B/D, NM
SANDIMMUNE SOL 100MG/ML	2	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	2	NDS, 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
ZORTRESS TAB 1MG	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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IMOVAX RABIE INJ 2.5/ML	2	B/D
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	
PEDVAX HIB INJ	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	B/D
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)
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	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

CERALYTE 50 POW	3	NM; *
CERALYTE 70 POW	3	NM; *
CERALYTE 90 POW	3	NM; *
CERASPORT POW	3	NM; *
CERASPORT POW EX1	3	NM; *

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CERASPORT SOL	3	NM; *
CERASPORT SOL EX1	3	NM; *
<i>cvs electrol sol</i>	3	NM; *
DRIPDROP POW BERRY	3	NM; *
DRIPDROP POW ORS	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	
MAGNESIUM SU INJ 2GM/50ML	2	
MAGNESIUM SU INJ 4G/100ML	2	
MAGNESIUM SU INJ 20/500ML	2	
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	
NORMALYTE POW	3	NM; *
NORMALYTE POW GRAPE	3	NM; *
NORMALYTE POW ORANGE	3	NM; *
NORMALYTE POW PURE	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; *

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<i>pc ped elect sol fruit</i>	3	NM; *
<i>pc ped elect sol grape</i>	3	NM; *
<i>pc pediatric sol electrol</i>	3	NM; *
<i>ped elctrylt sol</i>	3	NM; *
<i>ped elctrylt sol /zinc</i>	3	NM; *
<i>ped elctrylt sol freeze</i>	3	NM; *
<i>ped elctrylt sol freezer</i>	3	NM; *
<i>ped elctrylt sol freezpop</i>	3	NM; *
<i>ped elctrylt sol fruit</i>	3	NM; *
<i>ped elctrylt sol grape</i>	3	NM; *
<i>ped elctrylt sol unflavrd</i>	3	NM; *
<i>pedia vance sol apple</i>	3	NM; *
PEDIALYTE PAK	3	NM; *
PEDIALYTE POW APPLE	3	NM; *
PEDIALYTE POW CHERRY	3	NM; *
PEDIALYTE POW FRUIT PN	3	NM; *
PEDIALYTE POW GRAPE	3	NM; *
PEDIALYTE POW STRBRRY	3	NM; *
PEDIALYTE POW VARIETY	3	NM; *
PEDIATRIC POW ELECTROL	3	NM; *
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys 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; *

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<i>rehydralyte sol</i>	3	NM; *
REPLACE TAB SR	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	
THERMOTABS TAB	3	NM; *
<i>tpn electrol inj</i>	2	B/D

IV NUTRITION

<i>amino acid infusion 6%</i>	1	B/D
AMINOSYN II INJ 10%	2	B/D
AMINOSYN-PF INJ 7%	2	B/D
AMINOSYN-PF INJ 10%	2	B/D
CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	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
CLINOLIPID EMU 20%	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 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE INJ 5.4%	2	B/D
NUTRILIPID EMU 20%	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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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	
ISOLYTE-S INJ	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & 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% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & 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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 139
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 Limit On Use
<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>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 5%</i>	1	

MINERALS

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>cal cit+d3 tab maximum</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 cap 600-500</i>	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 600/d3 tab 600-800</i>	3	NM; *
<i>calc cit+d3 tab 200-250</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 citra+d tab 315-250</i>	3	NM; *
<i>calc citrate tab +d</i>	3	NM; *

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALC/VIT D3 CHW DISNEY	3	NM; *
CALCI-CHEW CHW 1250MG	3	NM; *
<i>calcitrate tab</i>	3	NM; *
<i>calcitrate tab 950mg</i>	3	NM; *
<i>calcium 500 tab +d</i>	3	NM; *
<i>calcium 500 tab /vit d</i>	3	NM; *
<i>calcium 600 chw +d/miner</i>	3	NM; *
<i>calcium 600 chw +d/mnrsl</i>	3	NM; *
<i>calcium 600 chw w/vit d</i>	3	NM; *
<i>calcium 600 tab</i>	3	NM; *
<i>calcium 600 tab + d</i>	3	NM; *
<i>calcium 600 tab +d</i>	3	NM; *
<i>calcium 600 tab +d3</i>	3	NM; *
<i>calcium 600 tab +d/mnrsl</i>	3	NM; *
<i>calcium 600 tab -d</i>	3	NM; *
<i>calcium 600 tab vit d/mi</i>	3	NM; *
<i>calcium 600/ tab vit d</i>	3	NM; *
CALCIUM 1000 TAB + D	3	NM; *
<i>calcium 1200 chw</i>	3	NM; *
<i>calcium + d tab</i>	3	NM; *
<i>calcium + d tab 600-200</i>	3	NM; *
<i>calcium +d3 tab maximum</i>	3	NM; *
<i>calcium +d tab maximum</i>	3	NM; *
CALCIUM CARB CHW 260MG	3	NM; *
CALCIUM CARB POW	3	NM; *
CALCIUM CARB POW 800/2GM	3	NM; *
CALCIUM CARB POW EX-LIGHT	3	NM; *
CALCIUM CARB POW HEAVY	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; *

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 141

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	3	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	3	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	3	NM; *
<i>calcium chw gummies</i>	3	NM; *
CALCIUM CIT TAB 1040MG	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; *

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 Limit On Use
<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; *
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; *
CALCIUM/D3 CAP 600-2500	3	NM; *
<i>calcium/d3 tab</i>	3	NM; *
<i>calcium/d3 tab 200-250</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; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; *
<i>caltrate+d3 chw 600-800</i>	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>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; *
<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>kp calcium tab +d</i>	3	NM; *
<i>kp mag-oxide tab 200mg</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; *
MAGN CHLORID POW	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 144

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM CAP 400MG	3	NM; *
MAGNESIUM CL TAB CALCIUM	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</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; *
MAGNESIUM TAB 30MG	3	NM; *
<i>magnesium tab 250 mg</i>	3	NM; *
<i>magnesium tab 250mg</i>	3	NM; *
<i>magnesium tab 500mg</i>	3	NM; *
<i>magnesium-ox tab 400mg</i>	3	NM; *
<i>magonate tab 500mg</i>	3	NM; *
MG GLUCONATE TAB 250MG	3	NM; *
<i>mgo tab 400mg</i>	3	NM; *
NU-MAG TAB 71.5-119	3	NM; *
<i>orazinc cap 220mg</i>	3	NM; *
ORAZINC TAB 110MG	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+d chw 500-400</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 145

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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&d tab 600-400</i>	3	NM; *
<i>qc calcium tab 600mg</i>	3	NM; *
<i>ra ca/vit d3 chw minerals</i>	3	NM; *
<i>ra ca/vit d3 tab 600-400</i>	3	NM; *
<i>ra calcium tab 600mg</i>	3	NM; *
<i>ra calcium tab vit d</i>	3	NM; *
<i>ra 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; *
SLOW-MAG TAB 71.5-119	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; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm calcium/d tab 600-400</i>	3	NM; *
SM CORAL CAL TAB 1000MG	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; *
UPCAL D POW	3	NM; *
VITAMIN D TAB 400UNIT	3	NM; *
ZINC 15 TAB 66MG	3	NM; *
<i>zinc sulfate cap 50mg</i>	3	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	3	NM; *
ZINC SULFATE POW	3	NM; *
ZINC SULFATE POW GRANULAR	3	NM; *
ZINC SULFATE POW MONOHYD	3	NM; *
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	3	NM; *
<i>zinc-220 cap</i>	3	NM; *

MISCELLANEOUS

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; *
ALPHA-LIPOIC CAP 50MG	3	NM; *
ARGININE2000 PAK 2000MG	3	NM; *
<i>arginine cap 500 mg</i>	3	NM; *
ARGININE PAK 500MG	3	NM; *
ARGININE TAB 500MG	3	NM; *
<i>arginine tab 1000 mg</i>	3	NM; *
CHEW Q CHW 30MG	3	NM; *
CHEW Q CHW 100MG	3	NM; *
CHEW Q CHW 600MG	3	NM; *
<i>co q10 ms cap 200mg</i>	3	NM; *
CO-ENZYME WAF Q10/E	3	NM; *
<i>coenzyme q10 cap 10 mg</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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; *
COENZYME Q10 CHW 60MG	3	NM; *
COENZYME Q10 LIQ 30MG/5ML	3	NM; *
COENZYME Q10 TAB 25MG	3	NM; *
COENZYME Q10 TAB 50MG	3	NM; *
<i>coenzyme q10 tab 60 mg</i>	3	NM; *
COENZYME Q10 TAB 100MG	3	NM; *
COENZYME Q10 TAB 200MG	3	NM; *
<i>coq10 cap 400mg</i>	3	NM; *
COQ10/VIT E CAP 100-10	3	NM; *
COQ10/VIT E CAP 200-200	3	NM; *
COQ-10 CAP 100MG TR	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; *
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>eql coq10 cap 100mg</i>	3	NM; *
<i>eql coq10 cap 200mg</i>	3	NM; *
<i>eql fish oil cap 1000mg</i>	3	NM; *
<i>eql fish oil cap 1200mg</i>	3	NM; *
<i>finest fish liq oil</i>	3	NM; *
FISH OIL CAP 150MG	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 148

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; *
FISH OIL CAP 1000MG	3	NM; *
<i>fish oil cap 1200mg</i>	3	NM; *
FISH OIL CAP 1360MG	3	NM; *
FISH OIL CAP 1400MG	3	NM; *
FISH OIL CHW 875MG	3	NM; *
<i>fish oil chw gummies</i>	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 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 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>h2q cap 100mg</i>	3	NM; *
<i>healthy kids chw gummies</i>	3	NM; *
<i>hm coq10 cap 50mg</i>	3	NM; *
<i>hm coq10 cap 100mg</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; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 149
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
L-GLUTAMINE POW	3	NM; *
L-GLUTATHION CRY	3	NM; *
L-ISOLEUCINE POW	3	NM; *
LIPOIC ACID CAP 150MG	3	NM; *
LIQ-10 SYP	3	NM; *
LIQ-10 SYP 50-15/5	3	NM; *
<i>maximum epa cap 1000mg</i>	3	NM; *
NEOQ10 CAP 125MG	3	NM; *
<i>omega 3 500 cap 500mg</i>	3	NM; *
<i>omega 3 cap 1000mg</i>	3	NM; *
OMEGA BABY EMU PRENATAL	3	NM; *
<i>omega essent liq basic</i>	3	NM; *
<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 1200mg</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; *
PRO NUTRIENT CAP OMEGA3	3	NM; *
<i>px fish oil cap 1000mg</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; *

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 Limit On Use
<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 co q cap 200mg</i>	3	NM; *
<i>q-sorb co-q cap 100mg</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; *
<i>sm coq-10 cap 50mg</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; *

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; *
ABDEK CAP	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 151

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>abdek chw</i>	3	NM; *
<i>abdek pediat dro</i>	3	NM; *
<i>acerola c chw 500mg</i>	3	NM; *
ACEROLA C WAF 500MG	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 chw multi ea</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>allbee plus tab vit c</i>	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; *
<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; *
ANIMAL SHAPE CHW IRON	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; *
AQUA-E LIQ 75/ML	3	NM; *
AQUADEKS CHW	3	NM; *
<i>aquadeks dro</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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aqueous e dro 15/0.3ml</i>	3	NM; *
<i>asco-tabs tab 1000mg</i>	3	NM; *
ASCORBIC ACD POW	3	NM; *
<i>ascorbic acid cap er 500 mg</i>	3	NM; *
<i>ascorbic acid chew tab 250 mg</i>	3	NM; *
<i>ascorbic acid chew tab 500 mg</i>	3	NM; *
<i>ascorbic acid liquid 500 mg/5ml</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>ascorbic acid tab er 500 mg</i>	3	NM; *
<i>ascorbic acid tab er 1000 mg</i>	3	NM; *
<i>ascorbic acid tab er 1500 mg</i>	3	NM; *
<i>b6 natural tab 100mg</i>	3	NM; *
<i>b complex tab plus c</i>	3	NM; *
<i>b complex tab vit c</i>	3	NM; *
B-12 CAP 1000MCG	3	NM; *
B-12 DOTS TAB 500MCG	3	NM; *
B-12 DS TAB 5000MCG	3	NM; *
B-12 LIQ 5000/ML	3	NM; *
B-12 LOZ 1000MCG	3	NM; *
<i>b-12 micrloz sub 500mcg</i>	3	NM; *
<i>b-12 tab 500mcg</i>	3	NM; *
<i>b-12 tab 2000mcg</i>	3	NM; *
B-12 TAB 2500MCG	3	NM; *
<i>b-12 tr tab 1000 mcg</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 & calcium tab</i>	3	NM; *
<i>b-complex w/ c & 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/fa tab /vit c</i>	3	NM; *
B-NATAL LOZ 25MG	3	NM; *
BABY DDROPS LIQ 400UNIT	3	NM; *
BABY VIT D DRO 400/.028	3	NM; *
<i>balanced b tab complex</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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; *
BIO-D-MULSIO LIQ 400/0.4	3	NM; *
BIO-D-MULSIO LIQ FORTE	3	NM; *
BIOCAL CAP	3	NM; *
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 10 mg</i>	3	NM; *
<i>biotin cap 5000mcg</i>	3	NM; *
<i>biotin plus/ tab cal/vitd</i>	3	NM; *
BIOTIN POW	3	NM; *
<i>biotin tab 5 mg</i>	3	NM; *
<i>biotin tab 300 mcg</i>	3	NM; *
<i>biotin tab 1000 mcg</i>	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 chw</i>	3	NM; *
<i>c-500 chw 500mg</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-chewable chw 500mg</i>	3	NM; *
<i>c/rose hips chw 500mg</i>	3	NM; *
<i>c/rose hips tab 500mg</i>	3	NM; *
<i>c/rose hips tab 500mg tr</i>	3	NM; *

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<i>c/rose hips tab 1000mg</i>	3	NM; *
<i>c/rosehip tr 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; *
CENT MATURE TAB ADLT 50+	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; *
CENTRAVITES TAB 50 PLUS	3	NM; *
CENTRAVITES TAB ADULTS	3	NM; *
CENTRUM CHW	3	NM; *
CENTRUM CHW FLAV BST	3	NM; *
CENTRUM CHW MULTI	3	NM; *
CENTRUM CHW SILVER	3	NM; *
<i>centrum kids chw</i>	3	NM; *
<i>centrum kids chw complete</i>	3	NM; *
CENTRUM KIDS CHW FLAV BST	3	NM; *
CENTRUM SPEC PAK PRENATAL	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; *
<i>cerovite tab advanced</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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; *
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>chewable c chw 500mg</i>	3	NM; *
<i>chewable chw children</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 multiv chw iron</i>	3	NM; *
<i>child vitami 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; *
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	3	NM; *
<i>cholecalciferol cap 10 mcg (400 unit)</i>	3	NM; *
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	3	NM; *
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	3	NM; *
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	3	NM; *
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	3	NM; *
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	3	NM; *
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	3	NM; *
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	3	NM; *
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	3	NM; *
<i>cholecalciferol tab 10 mcg (400 unit)</i>	3	NM; *
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	3	NM; *
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	3	NM; *
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	3	NM; *
CL PRENATAL TAB 28-0.8MG	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; *
COMPLETE 50+ TAB MENS	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>cvs d3 chw 1000unit</i>	3	NM; *
<i>cvs b6 tab 100mg</i>	3	NM; *
<i>cvs b12 chw 2500mcg</i>	3	NM; *
<i>cvs b-1 tab 100mg</i>	3	NM; *
<i>cvs b-12 liq 1000/15</i>	3	NM; *
<i>cvs b-12 tab 1500mcg</i>	3	NM; *
<i>cvs biotin cap 5000mcg</i>	3	NM; *
<i>cvs biotin cap 10000mcg</i>	3	NM; *
<i>cvs biotin tab 1000mcg</i>	3	NM; *
<i>cvs children chw complete</i>	3	NM; *
<i>cvs d3 cap 400unit</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; *

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 157

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvx stress tab form/zn</i>	3	NM; *
<i>cvx super b tab complx/c</i>	3	NM; *
<i>cvx vision tab formula</i>	3	NM; *
<i>cvx vit b-12 tab 1000 tr</i>	3	NM; *
<i>cvx vit c tab 1000mg</i>	3	NM; *
<i>cvx vit e cap 400unit</i>	3	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	3	NM; *
<i>cyanocobalamin liquid 1000 mcg/15ml</i>	3	NM; *
<i>cyanocobalamin lozenge 500 mcg</i>	3	NM; *
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	3	NM; *
<i>cyanocobalamin sl tab 500 mcg</i>	3	NM; *
<i>cyanocobalamin sl tab 1000 mcg</i>	3	NM; *
<i>cyanocobalamin sl tab 2500 mcg</i>	3	NM; *
<i>cyanocobalamin sl tab 3000 mcg</i>	3	NM; *
<i>cyanocobalamin sl tab 5000 mcg</i>	3	NM; *
<i>cyanocobalamin tab 50 mcg</i>	3	NM; *
<i>cyanocobalamin tab 100 mcg</i>	3	NM; *
<i>cyanocobalamin tab 250 mcg</i>	3	NM; *
<i>cyanocobalamin tab 500 mcg</i>	3	NM; *
<i>cyanocobalamin tab 1000 mcg</i>	3	NM; *
<i>cyanocobalamin tab er 1000 mcg</i>	3	NM; *
<i>cyanocobalamin tab er 2000 mcg</i>	3	NM; *
<i>d3 adult chw 1000unit</i>	3	NM; *
<i>d3 cap 1000unit</i>	3	NM; *
<i>d3 cap 2000unit</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 maximum cap 5000unit</i>	3	NM; *
<i>d3 super str cap 2000unit</i>	3	NM; *
<i>d3 tab 400unit</i>	3	NM; *
<i>d3-50 cap 50000unt</i>	3	NM; *
<i>d3-1000 cap 1000unit</i>	3	NM; *
<i>d 400 tab 400unit</i>	3	NM; *
<i>d 1000 cap 1000unit</i>	3	NM; *
<i>d 2000 tab 2000unit</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 158

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>d-3 gummy chw 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 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 iron</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; *
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; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 159
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 Limit On Use
<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>dry eye cap formula</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 LIQ	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 250mg</i>	3	NM; *
<i>endur-acin tab 250mg sr</i>	3	NM; *
<i>endur-acin tab 500mg</i>	3	NM; *
<i>endur-acin tab 500mg sr</i>	3	NM; *
<i>endur-acin tab 750mg</i>	3	NM; *
<i>endur-c/rose tab 500mg</i>	3	NM; *
<i>endur-c/rose tab 1000mg</i>	3	NM; *
ENDUR-VM TAB	3	NM; *
ENDUR-VM TAB IRON	3	NM; *
ENFAMIL MIS EXPECTA	3	NM; *
<i>enviro-stres tab</i>	3	NM; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid 160

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EQ COMPLETE TAB ADULT	3	NM; *
<i>eq multivita chw gummies</i>	3	NM; *
EQ ONE DAILY TAB MENS	3	NM; *
<i>eq one daily tab womens</i>	3	NM; *
EQ ONE DAILY TAB WOMENS	3	NM; *
<i>eql b-6 tab 100mg</i>	3	NM; *
<i>eql century tab</i>	3	NM; *
<i>eql century tab mature</i>	3	NM; *
EQL CENTURY TAB MENS	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 1.25 mg (50000 unit)</i>	3	NM; *
<i>ergocalciferol soln 200 mcg/ml (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>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; *
<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; *
<i>folic acid inj 5 mg/ml</i>	3	NM; *
FOLIC ACID POW	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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>folic acid tab 1000mcg</i>	3	NM; *
<i>formula e cap 400unit</i>	3	NM; *
FREEDAVITE TAB	3	NM; *
<i>fruit c chw 500mg</i>	3	NM; *
<i>fruit c-100 chw</i>	3	NM; *
<i>fruity c chw 250mg</i>	3	NM; *
<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 b-12 sub 2500mcg</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 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; *
GNP PRENATAL TAB 28-0.8MG	3	NM; *
<i>gnp vit b-6 tab 100mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp vit b-12 tab 500mcg</i>	3	NM; *
<i>gnp vit b-12 tab 1000 cr</i>	3	NM; *
<i>gnp vit b-12 tab 1000 pr</i>	3	NM; *
<i>gnp vit c chw 500mg</i>	3	NM; *
<i>gnp vit c loz 60mg</i>	3	NM; *
<i>gnp vit c tab 250mg</i>	3	NM; *
<i>gnp vit c tab 500mg pr</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; *
GOODSENSE TAB 28-0.8MG	3	NM; *
<i>gummi bear chw multivit</i>	3	NM; *
<i>gummy dinos chw</i>	3	NM; *
<i>gummy multiv chw kids</i>	3	NM; *
<i>gummy vit/ chw minerals</i>	3	NM; *
<i>hair formula tab ex stren</i>	3	NM; *
HAIR/SKIN/ CAP NAILS	3	NM; *
<i>hair/skin/ tab nails</i>	3	NM; *
<i>halls defens loz vit c</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 complete tab women</i>	3	NM; *
HM HAIR/SKIN TAB /NAILS	3	NM; *
<i>hm niacin tab 250mg</i>	3	NM; *
<i>hm niacin tr tab 250mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm one daily tab /iron</i>	3	NM; *
HM ONE DAILY TAB MENS	3	NM; *
HM PRENATAL TAB	3	NM; *
<i>hm vit b6 tab 100mg</i>	3	NM; *
<i>hm vit b12 tab 500mcg</i>	3	NM; *
<i>hm vit d3 cap 2000unit</i>	3	NM; *
<i>hm vitamin c chw 500mg</i>	3	NM; *
<i>hm vitamin c tab 500mg</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/ml (base equivalent)</i>	3	NM; *
<i>i-vite prote tab</i>	3	NM; *
<i>i-vite tab</i>	3	NM; *
ICAPS AREDS TAB FORMULA	3	NM; *
<i>icaps cap</i>	3	NM; *
<i>icaps lutein cap /omega-3</i>	3	NM; *
ICAPS LUTEIN TAB ZEAXANTH	3	NM; *
<i>icaps mv tab</i>	3	NM; *
ICAPS PLUS TAB	3	NM; *
IMMUNE SUPP POW VIT C	3	NM; *
INFUVITE INJ	3	NM; *
INFUVITE INJ ADULT	3	NM; *
INFUVITE INJ PEDIATRI	3	NM; *
<i>just d liq 400unit</i>	3	NM; *
<i>k 100 tab 100mcg</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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 niacin tab 500mg</i>	3	NM; *
KP PRENATAL TAB MULTIVIT	3	NM; *
<i>kp vision tab for/ltn</i>	3	NM; *
<i>kp vision tab formula</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; *
KPN PRENATAL TAB	3	NM; *
<i>land bfr tim chw vit/iron</i>	3	NM; *
LIFE PACK MIS MENS	3	NM; *
LIFE PACK MIS WOMENS	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; *
M-NATAL PLUS TAB	2	
M.V.I PEDIAT INJ	3	NM; *
M.V.I. ADULT INJ	3	NM; *
<i>macular hlth cap formula</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 d3 cap 325mcg</i>	3	NM; *
<i>maximum tab blue lab</i>	3	NM; *
<i>maximum tab green lb</i>	3	NM; *
<i>maximum tab red labl</i>	3	NM; *
<i>mediplex tab plus</i>	3	NM; *
<i>mega multi tab men</i>	3	NM; *
<i>mega multi tab women</i>	3	NM; *
MEGA MULTIVI TAB MEN	3	NM; *
MEGA MULTIVI TAB WOMEN	3	NM; *
<i>mega vm-80 tab</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mega-maratho tab 100 tr</i>	3	NM; *
MEGAVITE TAB FRT/VEG	3	NM; *
MEGAVITE TAB GOLD 55+	3	NM; *
<i>mens 50+ adv tab one daly</i>	3	NM; *
MENS 50+ CAP ADVANCED	3	NM; *
<i>mens daily cap lycopene</i>	3	NM; *
<i>mens daily chw gummies</i>	3	NM; *
<i>mens daily tab formula</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; *
MTERYTI TAB	3	NM; *
MTERYTI TAB FOLIC 5	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; *
MULTI PRENAT TAB	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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>multi-day tab</i>	3	NM; *
<i>multi-day tab /iron</i>	3	NM; *
<i>multi-day tab minerals</i>	3	NM; *
<i>multi-day tab vitamins</i>	3	NM; *
<i>multi-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&over</i>	3	NM; *
<i>multilex tab</i>	3	NM; *
<i>multilex-t&m tab</i>	3	NM; *
<i>multimineral tab plus</i>	3	NM; *
<i>multiple vitamin tab</i>	3	NM; *
<i>multiple vitamins w/ iron tab</i>	3	NM; *
<i>multiple vitamins w/ minerals tab</i>	3	NM; *
<i>multivitamin cap</i>	3	NM; *
<i>multivitamin cap daily</i>	3	NM; *
<i>multivitamin chw child</i>	3	NM; *
MULTIVITAMIN CHW CHILD	3	NM; *
<i>multivitamin chw children</i>	3	NM; *
MULTIVITAMIN CHW IRON	3	NM; *
<i>multivitamin chw vita d3</i>	3	NM; *
<i>multivitamin liq</i>	3	NM; *
MULTIVITAMIN LIQ	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; *
MVW COMPLETE CHW GRAPE	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; *
<i>nail-ex tab 2.5mg</i>	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; *
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; *
NEPHRONEX LIQ 0.9/5ML	3	NM; *
<i>neuro-k-50 tab</i>	3	NM; *
<i>niacin cap er 250 mg</i>	3	NM; *
<i>niacin cap er 500 mg</i>	3	NM; *
NIACIN POW	3	NM; *
<i>niacin tab 50 mg</i>	3	NM; *
<i>niacin tab 100 mg</i>	3	NM; *
<i>niacin tab 100mg</i>	3	NM; *
<i>niacin tab 250 mg</i>	3	NM; *
<i>niacin tab 500 mg</i>	3	NM; *
<i>niacin tab er 250 mg</i>	3	NM; *
<i>niacin tab er 500 mg</i>	3	NM; *
<i>niacin tab er 750 mg</i>	3	NM; *
NIACIN TR TAB 1000MG	3	NM; *
<i>niacin-50 tab</i>	3	NM; *
<i>nutr-e-sol liq 400/15ml</i>	3	NM; *
<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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OMNICAP TAB	3	NM; *
<i>once daily tab</i>	3	NM; *
<i>once daily tab iron</i>	3	NM; *
ONCOVITE TAB	3	NM; *
<i>one daily chw gummy</i>	3	NM; *
<i>one daily mv tab /iron</i>	3	NM; *
<i>one daily tab</i>	3	NM; *
<i>one daily tab 50+</i>	3	NM; *
<i>one daily tab 50+ adv</i>	3	NM; *
<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; *
ONE DAILY TAB MENS 50+	3	NM; *
<i>one daily tab multivit</i>	3	NM; *
<i>one daily tab pls iron</i>	3	NM; *
<i>one daily tab plus iro</i>	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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; *
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 1 mg/0.5ml (2 mg/ml)</i>	3	NM; *
<i>phytonadione inj 10 mg/ml</i>	3	NM; *
<i>phytonadione tab 100 mcg</i>	3	NM; *
PNV FOLIC AC TAB + IRON	2	
<i>poly vitamin chw</i>	3	NM; *
POLY-VI-SOL DRO /IRON	3	NM; *
<i>polyvitamin chw /iron</i>	3	NM; *
<i>polyvitamin dro</i>	3	NM; *
PORENAL+D CAP OMEGA 3	3	NM; *
PRENAT MULTI CAP +DHA	3	NM; *
PRENATAL MV MIS + DHA	3	NM; *
PRENATAL ONE TAB DAILY	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRENATAL PLUS	2	
PRENATAL TAB	3	NM; *
PRENATAL TAB 27-0.8MG	3	NM; *
PRENATAL TAB 27-1MG	2	
PRENATAL TAB 28-0.8MG	3	NM; *
PRENATAL TAB IRON	3	NM; *
PRENATAL TAB LOW IRON	3	NM; *
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB 28-0.8MG	3	NM; *
PRENATAL VIT TAB LOW IRON	2	
PRENATAL VIT TAB MINERALS	3	NM; *
PRENATL MULT CAP + DHA	3	NM; *
PRENTAT MULT CAP PLUS DHA	3	NM; *
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; *
<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>prosght cap w/lutein</i>	3	NM; *
<i>prosght tab</i>	3	NM; *
PROTECT CAP CARDIO	3	NM; *
PROTECT CAP PLUS SO	3	NM; *
PROTECT PLUS LIQ NF	3	NM; *
<i>pure c cap 500mg cr</i>	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; *
<i>pyridoxine hcl tab 25 mg</i>	3	NM; *
<i>pyridoxine hcl tab 50 mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pyridoxine hcl tab 100 mg</i>	3	NM; *
<i>pyridoxine hcl tab 250 mg</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; *
QC PRENATAL TAB 28-0.8MG	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; *
<i>ra c/acerola chw 500mg</i>	3	NM; *
<i>ra central tab -vite</i>	3	NM; *
<i>ra central tab energy</i>	3	NM; *
<i>ra central tab vite sel</i>	3	NM; *
<i>ra central tab vite sen</i>	3	NM; *
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 50+</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; *

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<i>ra vision tab vite/zn</i>	3	NM; *
<i>ra vit b-6 tab 50mg</i>	3	NM; *
<i>ra vit b-6 tab 100mg</i>	3	NM; *
<i>ra vit b-12 tab 100mcg</i>	3	NM; *
<i>ra vit b-12 tab 1000 tr</i>	3	NM; *
<i>ra vit c loz 60mg</i>	3	NM; *
<i>ra vit c/rh tab 1000mg</i>	3	NM; *
<i>ra vitamin c chw 500mg</i>	3	NM; *
<i>ra vitamin c tab 250mg</i>	3	NM; *
<i>ra vitamin c tab 500mg tr</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 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; *
REPLACE CAP	3	NM; *
REPLESTA NX WAF 14000UNT	3	NM; *
REPLESTA WAF 14000UNT	3	NM; *
REPLESTA WAF 50000UNT	3	NM; *
RIGHT STEP TAB PRENATAL	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; *
<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; *

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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 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; *
SM PRENATAL TAB VITAMINS	3	NM; *
<i>sm vit b6 tab 100mg</i>	3	NM; *
<i>sm vit b12 tab 500mcg</i>	3	NM; *
<i>sm vit b12 tab 1000mcg</i>	3	NM; *
<i>sm vit b-6 tab 100mg</i>	3	NM; *
<i>sm vit b-12 tab 100mcg</i>	3	NM; *
<i>sm vit b-12 tab 500mcg</i>	3	NM; *
<i>sm vit c/rh tab 1000mg</i>	3	NM; *
<i>sm vitamin c chw 500mg</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 500mg tr</i>	3	NM; *
<i>sm vitamin c tab 1000mg</i>	3	NM; *
<i>sm vitamin d tab 400unit</i>	3	NM; *
<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; *

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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; *
SUPER DAILY DRO D3	3	NM; *
<i>super liq nu-thera</i>	3	NM; *
<i>super multip cap</i>	3	NM; *
<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; *
SUPERIORSOUR CHW K1	3	NM; *
<i>superplex-t tab</i>	3	NM; *

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<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>thera form/ tab hematin</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; *
THERAGRAN-M TAB	3	NM; *
THERAGRAN-M TAB 50 PLUS	3	NM; *
THERAGRAN-M TAB ADVANCED	3	NM; *
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; *

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THIAMINE HCL POW	3	NM; *
<i>thiamine hcl tab 50 mg</i>	3	NM; *
<i>thiamine hcl tab 100 mg</i>	3	NM; *
<i>thiamine hcl tab 250 mg</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; *
TRICARE TAB PRENATAL	2	
<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; *
UPSPRING BAB LIQ VIT D	3	NM; *
UPSPRINGBABY DRO MV/IRON	3	NM; *
<i>vision form/ tab lutein</i>	3	NM; *
<i>vision tab vitamins</i>	3	NM; *
<i>vit b complx tab /vit c</i>	3	NM; *
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-C CRY	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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>vitajoy daly chw d 1000iu</i>	3	NM; *
<i>vitalee tab</i>	3	NM; *
VITALETS CHW CHILD	3	NM; *
VITAMAX CHW	3	NM; *
VITAMENT PAK	3	NM; *
VITAMIN B12 DRO 3000/ML	3	NM; *
<i>vitamin b12 tab 1000 tr</i>	3	NM; *
<i>vitamin b12 tab 1000mcg</i>	3	NM; *
<i>vitamin b12 tab 2000mcg</i>	3	NM; *
<i>vitamin b12 tab 5000mcg</i>	3	NM; *
VITAMIN B 12 LOZ 250MCG	3	NM; *
<i>vitamin b-1 tab 100mg</i>	3	NM; *
<i>vitamin b-6 tab 100mg</i>	3	NM; *
VITAMIN B-12 DRO 3000MCG	3	NM; *
VITAMIN B-12 LIQ 1000MCG	3	NM; *
VITAMIN B-12 LOZ 50MCG	3	NM; *
<i>vitamin b-12 tab 500mcg</i>	3	NM; *
<i>vitamin b-12 tab 1000 tr</i>	3	NM; *
<i>vitamin b-12 tab 1000mcg</i>	3	NM; *
<i>vitamin b-12 tab 2000mcg</i>	3	NM; *
<i>vitamin c chw 500mg</i>	3	NM; *
<i>vitamin c loz 60mg</i>	3	NM; *
VITAMIN C POW	3	NM; *
VITAMIN C TAB 100MG	3	NM; *
<i>vitamin c tab 250mg</i>	3	NM; *
<i>vitamin c tab 500mg</i>	3	NM; *
<i>vitamin c tab 500mg tr</i>	3	NM; *
VITAMIN D2 TAB 400UNIT	3	NM; *
VITAMIN D2 TAB 2000UNIT	3	NM; *
<i>vitamin d3 cap 400unit</i>	3	NM; *

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<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; *
<i>vitamin d3 chw 1000unit</i>	3	NM; *
<i>vitamin d3 dro 400unit</i>	3	NM; *
VITAMIN D3 LIQ 1000UNIT	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 5000UNIT	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; *

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<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; *
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; *
<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; *
<i>womens 50+ tab 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 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 b-6 tab 100mg</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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	
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% (base equivalent)</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	

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<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	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	2	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ALREX SUS 0.2%	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
BROMSITE DRO 0.075%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
<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	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
PROLENSA SOL 0.07%	2	

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ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

<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; *
LASTACRAFT SOL 0.25%	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	

ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOL 0.1%	2	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<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 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	
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	
RHOPRESSA SOL 0.02%	2	
SIMBRINZA SUS 1-0.2%	2	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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>altachlore oin 5% op</i>	3	NM; *
<i>altachlore sol 5% 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; *
ATROPINE SUL SOL 1% OP	2	
CYSTARAN SOL 0.44%	2	NDS, NM, LA, PA
<i>eye drops dro 0.5-0.9%</i>	3	NM; *
<i>for sty reli oin</i>	3	NM; *
FRESHKOTE SOL 2.7-2%	3	NM; *
GENTEAL GEL	3	NM; *
GENTEAL GEL 0.3%	3	NM; *
<i>genteal tear oin nt-time</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 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>lubricating sol 0.4-0.3%</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>lubrifresh oin p.m.</i>	3	NM; *
MURO 128 SOL 2% OP	3	NM; *

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<i>ophthalmic sol 5% op</i>	3	NM; *
<i>polyvinyl alcohol ophth soln 1.4%</i>	3	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>purulube oin</i>	3	NM; *
<i>pure & gentl dro 0.3%</i>	3	NM; *
<i>refresh cell gel 1% op</i>	3	NM; *
REFRESH DRO OP	3	NM; *
REFRESH GEL OPTIVE	3	NM; *
<i>refresh lacr oin op</i>	3	NM; *
REFRESH LIQU DRO 1% OP	3	NM; *
REFRESH OPT SOL MEGA-3	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 (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	2	QL (1 bottle / 30 days)
<i>restore tear dro 0.5% op</i>	3	NM; *
RETAINÉ HPMC SOL 0.3%	3	NM; *
<i>retaine pm oin</i>	3	NM; *
<i>sm lubricant dro 0.4-0.3%</i>	3	NM; *
<i>sochlor sol 5% op</i>	3	NM; *
<i>sod chloride oin 5% op</i>	3	NM; *
<i>sod chloride sol 5% op</i>	3	NM; *
<i>sodium chloride hypertonic ophth oint 5%</i>	3	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	3	NM; *
<i>soothe xp dro 1%-4.5%</i>	3	NM; *
STERILE LUBR DRO 0.7%	3	NM; *
SYSTANE GEL 0.3%	3	NM; *
SYSTANE GEL DRO 0.4-0.3%	3	NM; *
<i>systane oin</i>	3	NM; *
<i>tears again dro 1.4%</i>	3	NM; *
<i>tgt lubricnt oin eye nite</i>	3	NM; *
<i>ultra fresh oin pm</i>	3	NM; *

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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

<i>a-s pls alrg tab 25mg</i>	3	NM; *
ALA-HIST IR TAB 2MG	3	NM; *
<i>alavert tab 10mg</i>	3	NM; *
<i>aler-cap cap 25mg</i>	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>all-day allg sol 5mg/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>aller-tec sol 1mg/ml</i>	3	NM; *
<i>aller-tec tab 10mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allerclear tab 10mg</i>	3	NM; *
<i>allergy cap 25mg</i>	3	NM; *
<i>allergy chld liq 12.5/5ml</i>	3	NM; *
<i>allergy chld sol 1mg/ml</i>	3	NM; *
<i>allergy chld syp 5mg/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 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 4mg</i>	3	NM; *
<i>allergy relf tab 10mg</i>	3	NM; *
<i>allergy relf tab 25mg</i>	3	NM; *
<i>allergy relf tab 180mg</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>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; *
BENADRYL ALG CHW CHILD	3	NM; *
<i>cetirizine chw 5mg</i>	3	NM; *
<i>cetirizine chw 10mg</i>	3	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	3	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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>cetirizine tab 5mg</i>	3	NM; *
<i>cetirizine tab 10mg</i>	3	NM; *
<i>chld allergy liq 12.5/5ml</i>	3	NM; *
<i>chlor-phenir tab 4mg</i>	3	NM; *
<i>chlorhist tab 4mg</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; *
<i>chlorpheniramine maleate tab er 12 mg</i>	3	NM; *
<i>comp allergy cap 25mg</i>	3	NM; *
<i>comp allergy tab 25mg</i>	3	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	2	PA; PA if 70 years and older
<i>dayhist alrg tab 12 hour</i>	3	NM; *
<i>diphen tab 25mg</i>	3	NM; *
<i>diphenhist cap 25mg</i>	3	NM; *
<i>diphenhist liq 12.5/5ml</i>	3	NM; *
<i>diphenhist tab 25mg</i>	3	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	3	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	3	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>diphenhydramine hcl tab 25 mg</i>	3	NM; *
<i>ED CHLORPED LIQ 2MG/ML</i>	3	NM; *
<i>ed chlorped syp jr</i>	3	NM; *
<i>eql all day tab allergy</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; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>geri-dryl tab 25mg</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 CHW 1.25MG	3	NM; *
HISTEX PD DRO 0.938MG	3	NM; *
HISTEX PDX DRO 1.25MG	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 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 70 years and older
<i>kp loratadin tab 10mg</i>	3	NM; *
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loradamed tab 10mg</i>	3	NM; *
<i>loratadine cap 10 mg</i>	3	NM; *
<i>loratadine sol 5mg/5ml</i>	3	NM; *
<i>loratadine syp 5mg/5ml</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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>medi-phedryl cap 25mg</i>	3	NM; *
<i>mucinex allr tab 180mg</i>	3	NM; *
PEDIAVENT CHW 1MG	3	NM; *
PEDIAVENT SYP 2MG/5ML	3	NM; *
<i>pharbechlor tab 4mg</i>	3	NM; *
<i>pharbedryl cap 25mg</i>	3	NM; *
<i>pharbedryl cap 50mg</i>	3	NM; *
<i>px allergy cap 25mg</i>	3	NM; *
<i>px allergy tab 25mg</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>sm all day tab 10mg</i>	3	NM; *
<i>sm all day tab allergy</i>	3	NM; *
<i>sm allergy cap relief</i>	3	NM; *
<i>sm allergy tab 4mg</i>	3	NM; *
<i>sm allergy tab 25mg rlf</i>	3	NM; *
<i>sm loratadin tab 10mg</i>	3	NM; *
<i>total allergy tab 25mg</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; *
<i>wal-dryl liq 12.5/5ml</i>	3	NM; *

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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 0.31 mg/3ml (base equiv)</i>	1	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	B/D
<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 CF TAB 10-2-20	3	NM; *
ALAHIST DM LIQ 7.5-2-15	3	NM; *
<i>alavert alrg tab /sinus</i>	3	NM; *
<i>all day alrg tab 5-120mg</i>	3	NM; *
<i>all-nite liq cold/flu</i>	3	NM; *
<i>aller-tec d tab 5-120mg</i>	3	NM; *
<i>aller/conges tab 10-240mg</i>	3	NM; *
<i>allerclear d tab 10-240mg</i>	3	NM; *
<i>allerclear tab d-24hr</i>	3	NM; *
<i>allerved tab 4-10mg</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy d tab 5-120mg</i>	3	NM; *
<i>allergy plus tab sev/sinu</i>	3	NM; *
<i>allergy plus tab sinus</i>	3	NM; *
<i>allergy rel/ tab deconges</i>	3	NM; *
<i>allergy relf tab 5-120mg</i>	3	NM; *
<i>allergy relf tab /congest</i>	3	NM; *
<i>allergy relf tab /nsl dec</i>	3	NM; *
<i>allergy relf tab d</i>	3	NM; *
<i>allergy relf tab d-24</i>	3	NM; *
<i>allergy relf tab deconges</i>	3	NM; *
<i>allergy tab multi-sy</i>	3	NM; *
<i>allergy+ con tab 5-120mg</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>allrgy rel d tab 10-240mg</i>	3	NM; *
<i>ambi 10peh/ tab 400gfn</i>	3	NM; *
<i>ambi 40pse/ 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; *
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; *
BROHIST D TAB 4-10MG	3	NM; *
<i>bromfed dm syp</i>	3	NM; *
BROTAPP DM LIQ 15-1-5/5	3	NM; *
CAPCOF SYP 5-2-10MG	3	NM; *
CAPMIST DM TAB	3	NM; *
CAPRON DM LIQ	3	NM; *
CAPRON DMT TAB 30-30MG	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 ac</i>	3	NM; *
<i>chest conges tab 20-400mg</i>	3	NM; *

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<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; *
CHILDRENS SUS PLUS CLD	3	NM; *
CHLO HIST SOL	3	NM; *
CHLO TUSS LIQ	3	NM; *
CNTC CLD/FLU TAB DAY/NGHT	3	NM; *
CNTC CLD/FLU TAB MAX ST	3	NM; *
CODAR AR LIQ 2-8/5ML	3	NM; *
CODITUSSIN LIQ AC	3	NM; *
CODITUSSIN LIQ DAC	3	NM; *
<i>cold & flu liq day time</i>	3	NM; *
<i>cold & flu liq nighttim</i>	3	NM; *
<i>cold & flu tab daytime</i>	3	NM; *
<i>cold & flu tab severe</i>	3	NM; *
<i>cold & sinus tab relief</i>	3	NM; *
<i>cold head pak day/nght</i>	3	NM; *
<i>cold head tab cong dt</i>	3	NM; *
<i>cold head tab congesti</i>	3	NM; *
<i>cold mult-sy tab sevr day</i>	3	NM; *
<i>cold relief tab multi-s</i>	3	NM; *
<i>cold relief tab multi-sy</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; *
<i>cold/flu day liq 10-5-325</i>	3	NM; *
<i>cold/flu liq daytime</i>	3	NM; *
CONEX SOL CLD/ALRG	3	NM; *
CONEX TAB 2-60MG	3	NM; *
<i>contac tab 5-500mg</i>	3	NM; *
<i>cough & cold tab</i>	3	NM; *
<i>cough & cold tab 4-30mg</i>	3	NM; *
<i>cough cont liq dm max</i>	3	NM; *
<i>cough dm sus 30mg/5ml</i>	3	NM; *

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<i>cough syp</i>	3	NM; *
<i>cough syp 100/5ml</i>	3	NM; *
<i>cough tab 200mg</i>	3	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	3	NM; *
<i>cvs cough dm sus 30mg/5ml</i>	3	NM; *
<i>cvs flu/cold liq nighttime</i>	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 pe cap</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; *
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	3	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	3	NM; *
<i>diabetic tus liq 100/5ml</i>	3	NM; *
<i>diabetic tus liq dm</i>	3	NM; *
<i>diabetic tus liq max st</i>	3	NM; *
<i>dimaphen dm elx 2.5-1-5</i>	3	NM; *
<i>dimaphen elx children</i>	3	NM; *
<i>dristan cold tab</i>	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>eq allergy tab relief</i>	3	NM; *
<i>eq cough dm sus 30mg/5ml</i>	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>eql allergy tab 10-240mg</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; *
<i>flu/cold pow daytime</i>	3	NM; *
<i>flu/cold/cgh pow daytime</i>	3	NM; *
<i>genaphed tab 30mg</i>	3	NM; *
GLEN PE LIQ	3	NM; *
GLENAX PEB LIQ	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; *
<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 suphedrn liq 15mg/5ml</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 cf</i>	3	NM; *
<i>guaiatuss ac 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 1200 mg</i>	3	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	3	NM; *
<i>herbiomed liq cld/sin</i>	3	NM; *
HISTEX-AC SYP	3	NM; *
HISTEX-DM SYP	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 daytime liq cold/flu</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; *
<i>hydromet syp 5-1.5/5</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 DM LIQ	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>m-hist dm liq 7.5-4-15</i>	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; *

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 Limit On Use
<i>medi-tussin syp dm</i>	3	NM; *
<i>medicidin-d tab</i>	3	NM; *
<i>medifin 400 tab 400mg</i>	3	NM; *
MUCINEX CAP DAY/NGHT	3	NM; *
MUCINEX CAP FAST-MAX	3	NM; *
MUCINEX CAP SINUS	3	NM; *
MUCINEX CGH GRA 5-100MG	3	NM; *
<i>mucinex cgh liq 5-100mg</i>	3	NM; *
<i>mucinex chld liq 100/5ml</i>	3	NM; *
MUCINEX CHLD MIS DAY/NITE	3	NM; *
<i>mucinex cold cap flu nght</i>	3	NM; *
<i>mucinex cold cap sinus</i>	3	NM; *
MUCINEX COLD LIQ 2.5-100	3	NM; *
<i>mucinex cold tab flu&sore</i>	3	NM; *
<i>mucinex cold tab sinus</i>	3	NM; *
<i>mucinex cong cap headache</i>	3	NM; *
MUCINEX D TAB 120-1200	3	NM; *
<i>mucinex dm liq 20-400</i>	3	NM; *
MUCINEX DM TAB 30-600ER	3	NM; *
MUCINEX DM TAB 60-1200	3	NM; *
<i>mucinex fast liq cold flu</i>	3	NM; *
<i>mucinex fast mis day/nght</i>	3	NM; *
MUCINEX FAST MIS DAY/NGHT	3	NM; *
MUCINEX FAST MIS MX DAY/N	3	NM; *
MUCINEX FAST TAB 5-10-200	3	NM; *
<i>mucinex fast tab 25-5-325</i>	3	NM; *
<i>mucinex fast tab sev cold</i>	3	NM; *
<i>mucinex ff spr 0.05%</i>	3	NM; *
<i>mucinex liq</i>	3	NM; *
<i>mucinex liq sinus</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 relf d tab 60-600mg</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucus relief liq 5-100mg</i>	3	NM; *
<i>mucus relief liq 100/5ml</i>	3	NM; *
<i>mucus relief liq 400/20ml</i>	3	NM; *
<i>mucus relief liq children</i>	3	NM; *
<i>mucus relief tab 20-400mg</i>	3	NM; *
<i>mucus relief tab 200mg</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+chst liq 100/5ml</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; *
NASOPEN PE LIQ	3	NM; *
<i>night time cap cold&flu</i>	3	NM; *
<i>night time cap cold/flu</i>	3	NM; *
<i>night time liq cld/flu</i>	3	NM; *
<i>night time liq cold/flu</i>	3	NM; *
<i>night time liq cough</i>	3	NM; *
<i>night time tab sinus</i>	3	NM; *
<i>nighttime cap cold/flu</i>	3	NM; *
<i>nighttime liq cold/flu</i>	3	NM; *
<i>nighttime liq cough</i>	3	NM; *
NINJACOF LIQ	3	NM; *
NINJACOF-A LIQ	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NINJACOF-XG LIQ 200-8/5	3	NM; *
<i>nite time liq cold/flu</i>	3	NM; *
<i>nite-time liq cold/flu</i>	3	NM; *
NIVANEX DMX TAB	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; *
<i>non-pseudo tab sinus</i>	3	NM; *
NOREL AD TAB 4-10-325	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; *
<i>10peh/400gfn tab /20dm</i>	3	NM; *
<i>percogesic tab xs</i>	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; *
<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 30-2-10 mg/5ml</i>	3	NM; *
<i>pseudoephedr tab 30mg</i>	3	NM; *
<i>pseudoephedr tab 60mg</i>	3	NM; *
<i>pseudoephedr tab 120mg er</i>	3	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	3	NM; *
<i>pseudoephedrine hcl tab 60 mg</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	3	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	3	NM; *
<i>pulmosal neb 7%</i>	3	NM; *
<i>px allergy tab sinus pe</i>	3	NM; *
<i>pyrilamin/pe tab 25-10mg</i>	3	NM; *
<i>qc allergy tab relief</i>	3	NM; *
<i>qc allergy/ tab sinus</i>	3	NM; *
<i>qc cough liq sore thr</i>	3	NM; *
<i>qc ibuprofen tab cold/sin</i>	3	NM; *
<i>qc medifin tab dm</i>	3	NM; *
<i>qc sinus pai tab relief</i>	3	NM; *
<i>qc suphedrin tab 120mg sr</i>	3	NM; *
<i>ra cough dm sus 30mg/5ml</i>	3	NM; *
<i>relcof c sol 100-6.3</i>	3	NM; *
RESCON TAB 2-60MG	3	NM; *
RESCON-DM SYP	3	NM; *
RESCON-GG LIQ	3	NM; *
RESPIRE-30 CAP	3	NM; *
<i>robafen ac sol 100-10/5</i>	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; *
RONDEC-D LIQ	3	NM; *
RU-HIST D TAB 4-10MG	3	NM; *
RYDEX LIQ	3	NM; *
RYMED TAB 2-10MG	3	NM; *
<i>rynex dm liq</i>	3	NM; *
<i>rynex pe elx</i>	3	NM; *
<i>rynex pse liq</i>	3	NM; *
<i>sb allergy/ tab cold pe</i>	3	NM; *
<i>sb cgh contr liq dm</i>	3	NM; *
<i>sb cgh contr syp 100/5ml</i>	3	NM; *
<i>sb cold head tab congest</i>	3	NM; *
<i>sb cold mult tab symp sev</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sb 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>severe alrgy tab</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 conges mis day/nght</i>	3	NM; *
<i>sinus congst tab /pain dt</i>	3	NM; *
<i>sinus congst tab night</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 relief tab 5-325mg</i>	3	NM; *
<i>sinus-max mis day/nght</i>	3	NM; *
<i>sinus/alergy tab max st</i>	3	NM; *
<i>sinus/cold-d tab 120-220</i>	3	NM; *
<i>sm allergy tab multi-sy</i>	3	NM; *
<i>sm cld/alrgy elx children</i>	3	NM; *
<i>sm cold tab alrgy pe</i>	3	NM; *
<i>sm cold&flu tab severe</i>	3	NM; *
<i>sm cold/cgh elx dm child</i>	3	NM; *
<i>sm day time cap pe</i>	3	NM; *
<i>sm day time liq cold/flu</i>	3	NM; *
<i>sm 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; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm tussin 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 3%</i>	3	NM; *
<i>sodium chloride soln nebu 7%</i>	3	NM; *
STAHIST AD LIQ	3	NM; *
STAHIST AD TAB 25-60MG	3	NM; *
<i>sudafed 12hr tab 120mg cr</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>tgt allergy/ tab congest</i>	3	NM; *
<i>tgt sinus tab 120mg</i>	3	NM; *
<i>theraflu exp tab cold/cgh</i>	3	NM; *
THERAFLU FLU PAK SORE THR	3	NM; *
<i>theraflu liq exprsmx</i>	3	NM; *
THERAFLU SEV POW COLD/CGH	3	NM; *
<i>triaacting nt liq cold/cgh</i>	3	NM; *
TRIAMINIC SOL COLD/CGH	3	NM; *
<i>triaminic sus fev&cld</i>	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 TAB	3	NM; *
TUSNEL-DM DRO PEDIATRC	3	NM; *

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Medicaid

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 5-10-100</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 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 AC LIQ 12.5-25	3	NM; *
VANACOF DM LIQ	3	NM; *
VANACOF LIQ	3	NM; *
VANACOF-8 LIQ 25-50/15	3	NM; *
VANATAB AC TAB 12.5-25	3	NM; *
VANATAB DM TAB 5-9-198	3	NM; *
<i>virtussin ac sol 100-10/5</i>	3	NM; *
<i>virtussin sol dac</i>	3	NM; *
WAL-FLU COLD POW SORE THR	3	NM; *
<i>wal-flu liq nighttime</i>	3	NM; *
WAL-FLU SVR PAK COLD NT	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	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
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)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	(generic of EpiPen)
<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; *
KALYDECO PAK 25MG	2	NDS, NM, PA

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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; *
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
RA STERILE SOL NASAL	3	NM; *
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; *
SIMPLY SALIN AER 0.9%	3	NM; *
SINUS WASH CRY SALT	3	NM; *
SYMDEKO TAB 50-75MG	2	NDS, NM, LA, PA
SYMDEKO TAB 100-150	2	NDS, NM, LA, PA
SYMJEPI INJ 0.3MG	2	
SYMJEPI INJ 0.15MG	2	
<i>tgt nasal spr 0.65%</i>	3	NM; *
THEO-24 CAP 100MG CR	2	
THEO-24 CAP 200MG CR	2	
THEO-24 CAP 300MG CR	2	
THEO-24 CAP 400MG ER	2	

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 Limit On Use
<i>theophylline soln 80 mg/15ml</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	
XOLAIR INJ 75/0.5	2	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	2	NDS, NM, LA, PA
XOLAIR SOL 150MG	2	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	2	NDS, NM, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>allergy relf spr 50mcg</i>	3	NM; *
<i>budesonide nasal susp 32 mcg/act</i>	3	NM; *
<i>budesonide sus 32mcg</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>fluticasone propionate nasal susp 50 mcg/act</i>	3	NM; *
<i>fluticasone spr 50mcg</i>	3	NM; *
<i>nasal allrgy spr 55mcg/ac</i>	3	NM; *
<i>ra nasal spr allergy</i>	3	NM; *
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</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)

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.

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

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

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

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>acne treatme bar 10%</i>	3	NM; *
<i>acne-clear gel 10%</i>	3	NM; *
ACNEFREE KIT SEVERE	3	NM; *
<i>amnesteem cap 10mg</i>	1	PA
<i>amnesteem cap 20mg</i>	1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid 207

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amneesteem cap 40mg</i>	1	PA
<i>avita cre 0.025%</i>	1	PA
<i>avita gel 0.025%</i>	1	PA
<i>benzepro aer 5.3%</i>	3	NM; *
<i>benzepro sc aer 9.8%</i>	3	NM; *
<i>BENZOYL PER GEL 2.5%</i>	3	NM; *
<i>benzoyl per gel 5%</i>	3	NM; *
<i>benzoyl per gel 10%</i>	3	NM; *
<i>benzoyl per liq 5% wash</i>	3	NM; *
<i>benzoyl per liq 6%</i>	3	NM; *
<i>benzoyl per liq 10% wash</i>	3	NM; *
<i>benzoyl peroxide foam 5.3%</i>	3	NM; *
<i>benzoyl peroxide foam 9.8%</i>	3	NM; *
<i>benzoyl peroxide gel 5%</i>	3	NM; *
<i>benzoyl peroxide gel 10%</i>	3	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp gel gel 5%</i>	3	NM; *
<i>bp gel gel 10%</i>	3	NM; *
<i>bp wash liq 2.5%</i>	3	NM; *
<i>bp wash liq 5%</i>	3	NM; *
<i>bp wash liq 10%</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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>myorisan cap 10mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 30mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
<i>panoxyl wash liq 10%</i>	3	NM; *
PANOXYL-4 LIQ CREM WSH	3	NM; *
<i>persa-gel gel 10%</i>	3	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<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>blis-to-sol liq 1%</i>	3	NM; *
<i>curad triple oin antibiot</i>	3	NM; *
<i>double antib oin</i>	3	NM; *
<i>first aid cre antibiot</i>	3	NM; *
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gnp triple oin antibiot</i>	3	NM; *
<i>hm triple oin antibiot</i>	3	NM; *
<i>mupirocin oint 2%</i>	1	
<i>neomycin-bacitracin-polymyxin oint</i>	3	NM; *
<i>poly bacitra oin</i>	3	NM; *
<i>px triple oin</i>	3	NM; *
<i>sb triple oin antibiot</i>	3	NM; *
<i>silver sulfadiazine cream 1%</i>	1	
<i>sm antibioti cre plus</i>	3	NM; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 209
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 Limit On Use
<i>sm antibioti oin 500/gm</i>	3	NM; *
<i>sm triple oin antibiot</i>	3	NM; *
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	2	
<i>tri-biozene oin</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

ALEVAZOL OIN 1%	3	NM; *
<i>anti-fungal cre 1%</i>	3	NM; *
<i>anti-fungal pow 1%</i>	3	NM; *
<i>anti-itch cre 2-0.1%</i>	3	NM; *
<i>anti-itch spr 2%</i>	3	NM; *
<i>antifung pow aer 1%</i>	3	NM; *
<i>antifungal aer 1%</i>	3	NM; *
<i>antifungal cre 1%</i>	3	NM; *
<i>antifungal cre 2%</i>	3	NM; *
<i>antifungal pow 2%</i>	3	NM; *
<i>ath foot spr aer 1%</i>	3	NM; *
<i>athlete foot cre 1%</i>	3	NM; *
<i>athlete foot cre af</i>	3	NM; *
AZOLEN TINC SOL 2%	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; *
<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 cre grx 1%</i>	3	NM; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 210
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 Limit On Use
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole cream 1%</i>	3	NM; *
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole soln 1%</i>	3	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>critic-aid oin 2%</i>	3	NM; *
<i>dermafungal oin 2%</i>	3	NM; *
<i>desenex shak pow 2%</i>	3	NM; *
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	3	NM; *
FUNGOID TINC KIT	3	NM; *
FUNGOID TINC SOL 2%	3	NM; *
<i>fungoid-d cre 1%</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>jock itch cre 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>miconazole aer 2%</i>	3	NM; *
<i>miconazole cre 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; *
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystop pow 100000</i>	1	
<i>podactin pow 1%</i>	3	NM; *
<i>remedy cre antifung</i>	3	NM; *
<i>remedy oin af 2%</i>	3	NM; *
<i>remedy pow antifung</i>	3	NM; *
<i>sm anti-itch cre 2-0.1%</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm antifungl cre 1%</i>	3	NM; *
<i>sm antifungl cre 2%</i>	3	NM; *
SM BENZOIN TIN	3	NM; *
<i>soothe&cool cre inzo 2%</i>	3	NM; *
<i>terbinafine cre 1%</i>	3	NM; *
<i>terbinafine hcl cream 1%</i>	3	NM; *
<i>tgt antifung cre 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; *
<i>zeasorb-af pow 2%</i>	3	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<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	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	1	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	1	
<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>anti-itch cre 1%</i>	3	NM; *
<i>anti-itch oin 1%</i>	3	NM; *
<i>anti-itch/ cre aloe</i>	3	NM; *
<i>aquanil hc lot 1%</i>	3	NM; *

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>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 equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>cortisone cre 1%</i>	3	NM; *
<i>cortisone oin 1%</i>	3	NM; *
<i>dermarest lot 1%</i>	3	NM; *
ENSTILAR AER	2	PA
<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; *
<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>hydrocort cre 0.5%</i>	3	NM; *

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 213
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 Limit On Use
<i>hydrocort cre 1%</i>	3	NM; *
<i>hydrocort cre plus 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 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 1%</i>	3	NM; *
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 0.5%</i>	3	NM; *
<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>hydrocream cre 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>noble formul cre hc 1%</i>	3	NM; *
<i>noble formul spr 1%</i>	3	NM; *
<i>prep h cre 1%</i>	3	NM; *
<i>sb hydrocort cre 1%</i>	3	NM; *
<i>sb hydrocort oin 1%</i>	3	NM; *
<i>scalpicin sol 1%</i>	3	NM; *
<i>sm hydrocort cre 1%</i>	3	NM; *
<i>sm hydrocort cre 1% plus</i>	3	NM; *
<i>sm hydrocort oin 1%</i>	3	NM; *
TEXACORT SOL 2.5%	2	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 214
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 Limit On Use
<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 soln 4%</i>	1	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	1	QL (50 grams / 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 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ABSORBASE OIN	3	NM; *
ACETAMIN POW	3	NM; *
ALBOLENE CRE SCENTED	3	NM; *
ALBOLENE CRE UNSCENT	3	NM; *
ALOE VESTA OIN PROTECT	3	NM; *
<i>americerin cre</i>	3	NM; *
<i>ameriphor oin</i>	3	NM; *
AMLACTIN CRE ULTRA	3	NM; *
<i>amlactin lot 12%</i>	3	NM; *
<i>anti-dandruf sha 1%</i>	3	NM; *
<i>ap povid-iod sol 10%</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; *
ARTH PAIN CRE 0.075%	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

215

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BASLE CRE	3	NM; *
BAZA CLEANSE LOT 2%	3	NM; *
<i>baza protect cre</i>	3	NM; *
BETA CARE CRE	3	NM; *
BETA XMA CRE	3	NM; *
BETADINE MIS SWABSTCK	3	NM; *
BETADINE SPR 5%	3	NM; *
BULL FROG SPR MOSQUITO	3	NM; *
<i>capsaicin cre 0.1%</i>	3	NM; *
<i>capsaicin cream 0.025%</i>	3	NM; *
CAPSAICIN LIQ 0.15%	3	NM; *
CAPSAICIN POW	3	NM; *
CARRINGTON CRE /ZINC	3	NM; *
CARRINGTON CRE MOISTURE	3	NM; *
CERAVE CRE	3	NM; *
CERAVE LOT	3	NM; *
CERAVE PM LOT	3	NM; *
CETAPHIL CRE	3	NM; *
CETAPHIL CRE HAND	3	NM; *
CETAPHIL LOT MOISTURE	3	NM; *
CETAPHIL LOT RESTORAD	3	NM; *
COCONUT OIL CRE BEAUTY	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; *
CRITIC-AID OIN CLEAR	3	NM; *
CRITIC-AID PST BARRIER	3	NM; *
CUTTER AER 10%	3	NM; *
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; *

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 216

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CUTTER FAMILY 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; *
<i>cvs advanced oin healing</i>	3	NM; *
CVS INSECT AER REPELLNT	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>dermafix oin</i>	3	NM; *
<i>dermamed oin</i>	3	NM; *
<i>dermaphor oin</i>	3	NM; *
DHS ZINC SHA 2%	3	NM; *
DIABETIDERM CRE	3	NM; *
DIABETIDERM CRE FOOT	3	NM; *
<i>diclofenac sodium gel 1%</i>	1	PA
DML FORTE CRE	3	NM; *
DROXY CRE	3	NM; *
<i>dry skin oin</i>	3	NM; *
<i>e-ointment oin</i>	3	NM; *
EAGLE WATCH LIQ MOS ELIM	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	
GENTLE CRE	3	NM; *
<i>geri-hydrola cre 12%</i>	3	NM; *
GOLD BOND CRE HEALING	3	NM; *
GOLD BOND OIN HEALING	3	NM; *
<i>hm povid-iod sol 10%</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 217

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYDRASYN25 CRE	3	NM; *
HYDRO-LAN CRE	3	NM; *
HYDROCERIN CRE	3	NM; *
<i>hydrocerin cre plus</i>	3	NM; *
<i>hydrocerin lot</i>	3	NM; *
<i>hydrocortisone rectal cream 2.5%</i>	1	
<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>lac-hydrin lot five</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; *
MAXI DEET SPR 98.11%	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>minerin lot</i>	3	NM; *
<i>moisturel lot therapeut</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; *
4-N-1 CRE	3	NM; *
NATRAPEL 12H SPR 20%	3	NM; *
NATRAPEL LIQ 20%	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 218

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEUTROGENA CRE HAND	3	NM; *
NIVEA CRE	3	NM; *
NIVEA SOFT CRE	3	NM; *
<i>noble formul spr 0.25%</i>	3	NM; *
NUTRADERM CRE	3	NM; *
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; *
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; *
<i>periguard oin</i>	3	NM; *
PETROLATUM OIN	3	NM; *
PICATO GEL 0.05%	2	QL (2 tubes / 30 days)
PICATO GEL 0.015%	2	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	1	
<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/iod sol 10%</i>	3	NM; *
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	
PROSHIELD CRE PLUS 1%	3	NM; *
RA GENTLE CRE SKIN	3	NM; *
<i>ra hydrating oin healing</i>	3	NM; *
REMEDY CLEAN LOT 1.5%	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 219

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REMEDY CLEAR OIN AID	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; *
RISABAL-PH CRE	3	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>sal-plant gel 17%</i>	3	NM; *
<i>salactic fil sol 17%</i>	3	NM; *
<i>saratoga oin</i>	3	NM; *
SAWYER REPEL AER 30%	3	NM; *
SAWYER REPEL LOT 20%	3	NM; *
SAWYER REPEL SPR 20%	3	NM; *
<i>scalp relief liq 3%</i>	3	NM; *
<i>sebex sha</i>	3	NM; *
SENSI-CARE CRE MOISTURI	3	NM; *
<i>sm povid-iod sol 10%</i>	3	NM; *
SOOTHE&COOL CRE SKIN	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	
TARGRETIN GEL 1%	2	NDS, NM, PA
TENDER CARE CRE LANOLIN	3	NM; *

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>thera-derm lot</i>	3	NM; *
THERAPEUTIC CRE MOISTUR	3	NM; *
THERASEAL LOT 1%	3	NM; *
ULTRATHON AER INSECT	3	NM; *
ULTRATHON LOT REPELLNT	3	NM; *
VALCHLOR GEL 0.016%	2	NDS, NM, LA, PA
VANICREAM CRE	3	NM; *
VELVACHOL CRE	3	NM; *
<i>wart remover liq 17%</i>	3	NM; *
ZIKS ARTHRIT CRE RELIEF	3	NM; *
<i>zostrix hp cre 0.1%</i>	3	NM; *
ZOSTRIX NAT CRE 0.033%	3	NM; *

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>bedding spra aer 0.5%</i>	3	NM; *
<i>complete kit lice</i>	3	NM; *
<i>cvs lice kit solution</i>	3	NM; *
<i>gnp lice kit</i>	3	NM; *
<i>lice bedding aer 0.5%</i>	3	NM; *
<i>lice killing sha</i>	3	NM; *
<i>lice killing sha 0.33-4%</i>	3	NM; *
<i>lice soln kit</i>	3	NM; *
<i>lice treatmt lot 1%</i>	3	NM; *
<i>lice treatmt sha 0.33-4%</i>	3	NM; *
<i>lice trtmnt liq</i>	3	NM; *
<i>lice trtmnt liq 1%</i>	3	NM; *
<i>licide sha 0.33-4%</i>	3	NM; *
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
RID ESS LICE KIT 0.33-4%	3	NM; *
<i>rid lice kil sha 0.33-4%</i>	3	NM; *
<i>sm bedding aer lice</i>	3	NM; *
<i>sm lice soln kit</i>	3	NM; *
<i>stop lice kit complete</i>	3	NM; *
<i>stop lice ms sha 0.33-4%</i>	3	NM; *
<i>tgt lice kit complete</i>	3	NM; *

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid irrigation soln 0.25%</i>	1	
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 221
 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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REGRANEX GEL 0.01%	2	NDS, PA
SANTYL OIN 250/GM	2	
sodium chloride irrigation soln 0.9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	1	
CIPRODEX SUS 0.3-0.1%	2	
ear drops dro 6.5%	3	NM; *
ear drops sol 6.5% ot	3	NM; *
ear wax remv dro 6.5% ot	3	NM; *
ear wax remv sol 6.5% ot	3	NM; *
earwax remv sol 6.5% ot	3	NM; *
earwax sol removal	3	NM; *
earwax trmnt dro 6.5% ot	3	NM; *
flac oil 0.01%	1	
fluocinolone acetonide (otic) oil 0.01%	1	
gnp ear dro 6.5% ot	3	NM; *
gnp ear drop sol 6.5% ot	3	NM; *
gnp ear sys sol 6.5% ot	3	NM; *
murine ear dro 6.5% ot	3	NM; *
murine ear sol 6.5% ot	3	NM; *
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	
sm ear dro 6.5% ot	3	NM; *

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acetaminophen suppos 650 mg	1
acetaminophen tab 325 mg	1
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<i>acyclovir sodium iv soln 50 mg/ml</i>	20	ALAHIST CF TAB 10-2-20	191
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<i>acyclovir tab 400 mg</i>	20	ALA-HIST IR TAB 2MG	186
<i>acyclovir tab 800 mg</i>	20	ALA-HIST PE TAB 2-10MG	191
ADACEL INJ.....	134	<i>alavert alrg tab /sinus</i>	191
<i>adefovir dipivoxil tab 10 mg</i>	20	<i>alavert tab 10mg</i>	186
ADEMPAS TAB 0.5MG	54	<i>alaway child dro 0.025%op</i>	183
ADEMPAS TAB 1.5MG	54	<i>alaway dro 0.025%op</i>	183
ADEMPAS TAB 1MG.....	54	<i>albendazole tab 200 mg</i>	12
ADEMPAS TAB 2.5MG	54	ALBOLENE CRE SCENTED	215
ADEMPAS TAB 2MG.....	54	ALBOLENE CRE UNSCENT.....	215
<i>adlt multivi chw gummies</i>	152	<i>albuterol sulfate inhal aero 108 mcg/act</i> <i>(90mcg base equiv)</i>	190
ADLT ONE DLY CHW GUMMIES	152	<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	191
<i>adriamycin inj 20mg</i>	27	<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	190
<i>adrucil inj 2.5g/50m</i>	28	<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	190
<i>adrucil inj 500/10ml</i>	28	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	191
<i>adrucil inj 5gm/100m</i>	28	<i>albuterol sulfate syrup 2 mg/5ml</i>	191
ADULT 50+ CAP OCUVITE	152	<i>albuterol sulfate tab 2 mg</i>	191
ADVAIR DISKU AER 100/50	207		
ADVAIR DISKU AER 250/50	207		
ADVAIR DISKU AER 500/50	207		
ADVAIR HFA AER 115/21	207		
ADVAIR HFA AER 230/21	207		

<i>albuterol sulfate tab 4 mg</i>	191	<i>allergy cap 25mg</i>	187
<i>albuterol sulfate tab er 12hr 4 mg</i>	191	<i>allergy chld liq 12.5/5ml</i>	187
<i>albuterol sulfate tab er 12hr 8 mg</i>	191	<i>allergy chld sol 1mg/ml</i>	187
<i>alclometasone dipropionate cream 0.05%</i>	212	<i>allergy chld syp 5mg/5ml</i>	187
<i>alclometasone dipropionate oint 0.05%</i>	212	<i>allergy comp sol 1mg/ml</i>	187
ALCOHOL SWABS	84	<i>allergy d tab 5-120mg</i>	192
ALDURAZYME INJ 2.9MG/5M	94	<i>allergy liq 12.5/5ml</i>	187
ALECENSA CAP 150MG	33	<i>allergy med liq 12.5/5ml</i>	187
<i>alendronate sodium oral soln 70</i> <i>mg/75ml</i>	88	<i>allergy med tab 25mg</i>	187
<i>alendronate sodium tab 10 mg</i>	88	<i>allergy plus tab sev/sinu</i>	192
<i>alendronate sodium tab 35 mg</i>	88	<i>allergy plus tab sinus</i>	192
<i>alendronate sodium tab 40 mg</i>	88	<i>allergy rel/ tab deconges</i>	192
<i>alendronate sodium tab 5 mg</i>	88	<i>allergy relf cap 25mg</i>	187
<i>alendronate sodium tab 70 mg</i>	88	<i>allergy relf liq 12.5/5ml</i>	187
<i>aler-cap cap 25mg</i>	186	<i>allergy relf sol 5mg/5ml</i>	187
ALEVAZOL OIN 1%	210	<i>allergy relf spr 50mcg</i>	206
<i>alfuzosin hcl tab er 24hr 10 mg</i>	123	<i>allergy relf syp 5mg/5ml</i>	187
ALIMTA INJ 100MG	28	<i>allergy relf tab /congest</i>	192
ALIMTA INJ 500MG	28	<i>allergy relf tab /nsl dec</i>	192
ALINIA SUS 100/5ML	12	<i>allergy relf tab 1.34mg</i>	187
ALINIA TAB 500MG	12	<i>allergy relf tab 10mg</i>	187
<i>aliskiren fumarate tab 150 mg (base</i> <i>equivalent)</i>	51	<i>allergy relf tab 180mg</i>	187
<i>aliskiren fumarate tab 300 mg (base</i> <i>equivalent)</i>	51	<i>allergy relf tab 25mg</i>	187
ALIVE ENERGY TAB WOMENS	152	<i>allergy relf tab 4mg</i>	187
ALIVE WOMENS CHW GUMMY.....	152	<i>allergy relf tab 5-120mg</i>	192
ALKA-SELTZER CHW 750-80MG.....	104	<i>allergy relf tab d</i>	192
<i>all day allg chw 10mg</i>	186	<i>allergy relf tab d-24</i>	192
<i>all day allg sol 1mg/ml</i>	186	<i>allergy relf tab deconges</i>	192
<i>all day allg sol 5mg/5ml</i>	186	<i>allergy tab 10mg</i>	187
<i>all day allg tab 10mg</i>	186	<i>allergy tab 12mg cr</i>	187
<i>all day alrg tab 5-120mg</i>	191	<i>allergy tab 180mg</i>	187
<i>all day pain tab 220mg</i>	4	<i>allergy tab 25mg</i>	187
<i>all day relf tab 220mg</i>	4	<i>allergy tab 4mg</i>	187
<i>allbee plus tab vit c</i>	152	<i>allergy tab multi-sy</i>	192
<i>all-day allg sol 5mg/5ml</i>	186	<i>allergy/cong tab 5-120mg</i>	192
<i>aller/conges tab 10-240mg</i>	191	<i>allergy+ con tab 5-120mg</i>	192
<i>aller-chlor tab 4mg</i>	186	<i>allergy-d tab 5-120mg</i>	192
<i>allerclear d tab 10-240mg</i>	191	<i>allergy-time tab 4mg</i>	187
<i>allerclear tab 10mg</i>	187	<i>aller-tec d tab 5-120mg</i>	191
<i>allerclear tab d-24hr</i>	191	<i>aller-tec sol 1mg/ml</i>	186
<i>aller-ease tab 180mg</i>	186	<i>aller-tec tab 10mg</i>	186
<i>aller-ease tab 60mg</i>	186	<i>allgy comp-d tab 5-120mg</i>	192
<i>allerved tab 4-10mg</i>	191	<i>all-nite liq cold/flu</i>	191
		<i>allopurinol tab 100 mg</i>	1
		<i>allopurinol tab 300 mg</i>	1
		<i>allrgy rel d tab 10-240mg</i>	192
		<i>almacone chw</i>	104
		<i>almacone dbl sus strength</i>	104

<i>almacone sus</i>	104	<i>mg</i>	51
ALOE VESTA OIN PROTECT	215	<i>amiloride hcl tab 5 mg</i>	51
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	120	<i>amino acid infusion 6%</i>	138
<i>alose tron hcl tab 1 mg (base equiv)</i> ..	120	AMINOSYN II INJ 10%.....	138
ALPHA LIPOIC CAP 300MG	147	AMINOSYN-PF INJ 10%.....	138
ALPHA LIPOIC CAP 50MG	147	AMINOSYN-PF INJ 7%	138
ALPHAGAN P SOL 0.1%	183	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alpha-lipoic acid (thioctic acid) cap 100</i>		<i>mg/ml)</i>	43
<i>mg</i>	147	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alpha-lipoic acid (thioctic acid) cap 200</i>		<i>mg/ml)</i>	43
<i>mg</i>	147	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
<i>alpha-lipoic acid (thioctic acid) cap 600</i>		<i>mg/ml)</i>	43
<i>mg</i>	147	<i>amiodarone hcl tab 100 mg</i>	43
ALPHA-LIPOIC CAP 50MG.....	147	<i>amiodarone hcl tab 200 mg</i>	44
<i>alph-e cap 400unit</i>	152	<i>amiodarone hcl tab 400 mg</i>	44
<i>alph-e-mixed cap 1000unit</i>	152	AMITIZA CAP 24MCG	120
<i>alph-e-mixed cap 200unit</i>	152	AMITIZA CAP 8MCG.....	120
<i>alprazolam tab 0.25 mg</i>	55	<i>amitriptyline hcl tab 10 mg</i>	63
<i>alprazolam tab 0.5 mg</i>	55	<i>amitriptyline hcl tab 100 mg</i>	63
<i>alprazolam tab 1 mg</i>	55	<i>amitriptyline hcl tab 150 mg</i>	63
<i>alprazolam tab 2 mg</i>	55	<i>amitriptyline hcl tab 25 mg</i>	63
ALREX SUS 0.2%	182	<i>amitriptyline hcl tab 50 mg</i>	63
<i>altachlore oin 5% op</i>	184	<i>amitriptyline hcl tab 75 mg</i>	63
<i>altachlore sol 5% op</i>	184	AMLACTIN CRE ULTRA	215
<i>altamist spr 0.65%</i>	204	<i>amlactin lot 12%</i>	215
ALUM HYDROX SUS 320/5ML	104	<i>amlodipine besylate tab 10 mg (base</i>	
ALUNBRIG PAK	33	<i>equivalent)</i>	49
ALUNBRIG TAB 180MG	33	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALUNBRIG TAB 30MG	33	<i>equivalent)</i>	48
ALUNBRIG TAB 90MG.....	33	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alyacen tab 1/35</i>	89	<i>equivalent)</i>	49
<i>amantadine hcl cap 100 mg</i>	67	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl syrup 50 mg/5ml</i>	67	<i>10-20 mg</i>	38
<i>amantadine hcl tab 100 mg</i>	67	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ambi 10peh/ tab 400gfn</i>	192	<i>10-40 mg</i>	38
<i>ambi 40pse/ tab 400gfn</i>	192	<i>amlodipine besylate-benazepril hcl cap</i>	
AMBISOME INJ 50MG	15	<i>2.5-10 mg</i>	38
<i>ambrisentan tab 10 mg</i>	54	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ambrisentan tab 5 mg</i>	54	<i>5-10 mg</i>	38
<i>americerin cre</i>	215	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ameriphor oin</i>	215	<i>5-20 mg</i>	38
<i>amethia lo tab</i>	89	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amethia tab</i>	89	<i>5-40 mg</i>	38
<i>amikacin sulfat e inj 1 gm/4ml (250</i>		<i>amlodipine besylate-olmesartan</i>	
<i>mg/ml)</i>	11	<i>medoxomil tab 10-20 mg</i>	41
<i>amikacin sulfat e inj 500 mg/2ml (250</i>		<i>amlodipine besylate-olmesartan</i>	
<i>mg/ml)</i>	11	<i>medoxomil tab 10-40 mg</i>	41
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-olmesartan</i>	

<i>medoxomil tab 5-20 mg</i>	41	<i>amoxicillin (trihydrate) cap 250 mg</i>	24
<i>amlodipine besylate-olmesartan</i>		<i>amoxicillin (trihydrate) cap 500 mg</i>	24
<i>medoxomil tab 5-40 mg</i>	41	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	25
<i>amlodipine besylate-valsartan tab</i>		.....	25
<i>10-160 mg</i>	41	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	25
<i>amlodipine besylate-valsartan tab</i>		.....	25
<i>10-320 mg</i>	41	<i>amoxicillin (trihydrate) for susp 125</i>	25
<i>amlodipine besylate-valsartan tab 5-160</i>		<i>mg/5ml</i>	25
<i>mg</i>	41	<i>amoxicillin (trihydrate) for susp 200</i>	25
<i>amlodipine besylate-valsartan tab 5-320</i>		<i>mg/5ml</i>	25
<i>mg</i>	41	<i>amoxicillin (trihydrate) for susp 250</i>	25
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>mg/5ml</i>	25
<i>tab 10-160-12.5 mg</i>	41	<i>amoxicillin (trihydrate) for susp 400</i>	25
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>mg/5ml</i>	25
<i>tab 10-160-25 mg</i>	41	<i>amoxicillin (trihydrate) tab 500 mg</i>	25
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>amoxicillin (trihydrate) tab 875 mg</i>	25
<i>tab 10-320-25 mg</i>	41	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>24hr 10 mg</i>	75
<i>tab 5-160-12.5 mg</i>	41	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>24hr 15 mg</i>	75
<i>tab 5-160-25 mg</i>	41	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amnestem cap 10mg</i>	207	<i>24hr 20 mg</i>	75
<i>amnestem cap 20mg</i>	207	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amnestem cap 40mg</i>	208	<i>24hr 25 mg</i>	75
<i>amoxapine tab 100 mg</i>	63	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amoxapine tab 150 mg</i>	63	<i>24hr 30 mg</i>	75
<i>amoxapine tab 25 mg</i>	63	<i>amphetamine-dextroamphetamine cap er</i>	75
<i>amoxapine tab 50 mg</i>	63	<i>24hr 5 mg</i>	75
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab</i>	75
<i>200-28.5 mg</i>	24	<i>10 mg</i>	75
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab</i>	75
<i>400-57 mg</i>	24	<i>12.5 mg</i>	75
<i>amoxicillin & k clavulanate for susp</i>		<i>amphetamine-dextroamphetamine tab</i>	76
<i>200-28.5 mg/5ml</i>	24	<i>15 mg</i>	76
<i>amoxicillin & k clavulanate for susp</i>		<i>amphetamine-dextroamphetamine tab</i>	76
<i>250-62.5 mg/5ml</i>	24	<i>20 mg</i>	76
<i>amoxicillin & k clavulanate for susp</i>		<i>amphetamine-dextroamphetamine tab</i>	76
<i>400-57 mg/5ml</i>	24	<i>30 mg</i>	76
<i>amoxicillin & k clavulanate for susp</i>		<i>amphetamine-dextroamphetamine tab 5</i>	75
<i>600-42.9 mg/5ml</i>	24	<i>mg</i>	75
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>amphetamine-dextroamphetamine tab</i>	75
<i>mg</i>	24	<i>7.5 mg</i>	75
<i>amoxicillin & k clavulanate tab 500-125</i>		<i>amphotericin b for iv soln 50 mg</i>	15
<i>mg</i>	24	<i>ampicillin & sulbactam sodium for inj 1.5</i>	25
<i>amoxicillin & k clavulanate tab 875-125</i>		<i>(1-0.5) gm</i>	25
<i>mg</i>	24	<i>ampicillin & sulbactam sodium for inj 3</i>	25
<i>amoxicillin & k clavulanate tab er 12hr</i>		<i>(2-1) gm</i>	25
<i>1000-62.5 mg</i>	24	<i>ampicillin & sulbactam sodium for iv soln</i>	

15 (10-5) gm	25	<i>anti-diarrhl sus 262/15ml</i>	107
<i>ampicillin cap 500 mg</i>	25	<i>antifung pow aer 1%</i>	210
<i>ampicillin sodium for inj 1 gm</i>	25	<i>antifungal aer 1%</i>	210
<i>ampicillin sodium for inj 125 mg</i>	25	<i>antifungal cre 1%</i>	210
<i>ampicillin sodium for inj 2 gm</i>	25	<i>anti-fungal cre 1%</i>	210
<i>ampicillin sodium for inj 250 mg</i>	25	<i>antifungal cre 2%</i>	210
<i>ampicillin sodium for inj 500 mg</i>	25	<i>anti-fungal pow 1%</i>	210
<i>ampicillin sodium for iv soln 1 gm</i>	25	<i>antifungal pow 2%</i>	210
<i>ampicillin sodium for iv soln 10 gm</i>	25	<i>anti-gas cap 180mg</i>	120
<i>ampicillin sodium for iv soln 2 gm</i>	25	<i>anti-itch cre 1%</i>	212
ANADROL-50 TAB 50MG	84	<i>anti-itch cre 2-0.1%</i>	210
<i>anagrelide hcl cap 0.5 mg</i>	129	<i>anti-itch oin 1%</i>	212
<i>anagrelide hcl cap 1 mg</i>	129	<i>anti-itch spr 2%</i>	210
<i>anastrozole tab 1 mg</i>	31	<i>anti-itch/ cre aloe</i>	212
ANDRODERM DIS 2MG/24HR.....	84	<i>antioxidant cap</i>	152
ANDRODERM DIS 4MG/24HR.....	84	ANTIOXIDANT CAP	152
<i>animal chews chw</i>	152	<i>antioxidant tab</i>	152
<i>animal shape chw</i>	152	<i>anti-oxidant tab</i>	152
<i>animal shape chw /iron</i>	152	<i>antioxidant tab vitamins</i>	152
<i>animal shape chw complete</i>	152	<i>ap povid-iod sol 10%</i>	215
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ANORO ELLIPT AER 62.5-25	186	APETIGEN TAB PLUS.....	152
<i>ant/anti-gas chw 1000-60</i>	104	<i>ap-hist dm liq 7.5-4-15</i>	192
<i>antacid chw 500mg</i>	104	APOKYN INJ 10MG/ML	67
<i>antacid chw 550-110</i>	104	<i>aprepitant capsule 125 mg</i>	109
<i>antacid chw 750mg</i>	104	<i>aprepitant capsule 40 mg</i>	109
<i>antacid extr chw 675-135</i>	104	<i>aprepitant capsule 80 mg</i>	109
<i>antacid extr chw 750mg</i>	104	<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	109
<i>antacid fast sus acting</i>	104	<i>apri tab</i>	89
<i>antacid fast sus relief</i>	104	APRISO CAP 0.375GM.....	112
<i>antacid flav chw 750mg</i>	104	<i>aprodine tab 2.5-60mg</i>	192
<i>antacid kids chw 750mg</i>	104	APTIOM TAB 200MG	55
<i>antacid max chw 1000mg</i>	104	APTIOM TAB 400MG	56
<i>antacid plus sus anti-gas</i>	104	APTIOM TAB 600MG	56
<i>antacid plus sus gas rel</i>	104	APTIOM TAB 800MG	56
<i>antacid sus</i>	104	APTIVUS CAP 250MG	16
<i>antacid sus advanced</i>	104	APTIVUS SOL.....	16
<i>antacid sus anti-gas</i>	104	AQUA GLYCOL CRE FACE.....	215
<i>antacid sus max st</i>	104	AQUADEKS CHW	152
<i>antacid sus mint crm</i>	104	<i>aquadeks dro</i>	152
<i>antacid sus reg</i>	104	AQUADERM CRE.....	215
<i>antacid sus reg st</i>	104	AQUA-E LIQ 75/ML.....	152
ANTACID ULTR CHW 1000-200.....	104	AQUANAZ TAB	192
<i>antacid/gas chw multi-sy</i>	104	<i>aquanil hc lot 1%</i>	212
<i>antacid/sime sus ds</i>	104	AQUAPHILIC OIN	215
<i>anti-dandruf sha 1%</i>	215	AQUAPHOR OIN	215
<i>anti-diarrhe cap 2mg</i>	107	AQUAPHOR OIN ADVANCED	215
<i>anti-diarrhe tab 2mg</i>	107		

<i>aqueous e dro 15/0.3ml</i>	153	<i>ascorbic acid tab er 1500 mg</i>	153
ARALAST NP INJ 1000MG	204	<i>ascorbic acid tab er 500 mg</i>	153
ARALAST NP INJ 500MG	204	<i>asco-tabs tab 1000mg</i>	153
<i>aranelle tab</i>	90	<i>ashlyna tab</i>	90
ARCALYST INJ 220MG	133	<i>aspirin 81 tab 81mg ec</i>	1
<i>arginine cap 500 mg</i>	147	<i>aspirin chew tab 81 mg</i>	1
ARGININE PAK 500MG	147	<i>aspirin chld chw 81mg</i>	1
<i>arginine tab 1000 mg</i>	147	<i>aspirin chw 81mg</i>	2
ARGININE TAB 500MG	147	<i>aspirin low chw 81mg</i>	2
ARGININE2000 PAK 2000MG	147	<i>aspirin low tab 81mg ec</i>	2
<i>aripiprazole oral solution 1 mg/ml</i>	69	ASPIRIN POW	2
<i>aripiprazole orally disintegrating tab 10 mg</i>	69	ASPIRIN SUP 300MG	2
<i>aripiprazole orally disintegrating tab 15 mg</i>	69	ASPIRIN SUP 600MG	2
<i>aripiprazole tab 10 mg</i>	69	<i>aspirin tab 325 mg</i>	2
<i>aripiprazole tab 15 mg</i>	69	<i>aspirin tab 325mg</i>	2
<i>aripiprazole tab 2 mg</i>	69	<i>aspirin tab 325mg ec</i>	2
<i>aripiprazole tab 20 mg</i>	69	<i>aspirin tab 81mg ec</i>	2
<i>aripiprazole tab 30 mg</i>	69	<i>aspirin tab delayed release 325 mg</i>	2
<i>aripiprazole tab 5 mg</i>	69	<i>aspirin tab delayed release 81 mg</i>	2
ARISTADA INJ 1064MG	70	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	130
ARISTADA INJ 441MG/1.	70	<i>aspir-low tab 81mg ec</i>	1
ARISTADA INJ 662MG/2	70	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	16
ARISTADA INJ 882MG/3	70	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	16
ARISTADA INJ INITIO	70	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	16
<i>armodafinil tab 150 mg</i>	81	<i>atenolol & chlorthalidone tab 100-25 mg</i>	46
<i>armodafinil tab 200 mg</i>	81	<i>atenolol & chlorthalidone tab 50-25 mg</i>	46
<i>armodafinil tab 250 mg</i>	81	<i>atenolol tab 100 mg</i>	47
<i>armodafinil tab 50 mg</i>	81	<i>atenolol tab 25 mg</i>	47
ARNUITY ELPT INH 100MCG	206	<i>atenolol tab 50 mg</i>	47
ARNUITY ELPT INH 200MCG	206	<i>ath foot spr aer 1%</i>	210
ARNUITY ELPT INH 50MCG	206	<i>athlete foot cre 1%</i>	210
ARTH PAIN CRE 0.075%	215	<i>athlete foot cre af</i>	210
<i>arthrts pain tab 650mg</i>	1	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	76
<i>artifi tears oin op</i>	184	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	76
<i>artifi tears sol 1.4% op</i>	184	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	76
<i>artificial sol tears</i>	184	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	76
<i>a-s pls alrg tab 25mg</i>	186	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	76
ASCORBIC ACD POW	153		
<i>ascorbic acid cap er 500 mg</i>	153		
<i>ascorbic acid chew tab 250 mg</i>	153		
<i>ascorbic acid chew tab 500 mg</i>	153		
<i>ascorbic acid liquid 500 mg/5ml</i>	153		
<i>ascorbic acid tab 1000 mg</i>	153		
<i>ascorbic acid tab 250 mg</i>	153		
<i>ascorbic acid tab 500 mg</i>	153		
<i>ascorbic acid tab er 1000 mg</i>	153		

<i>atomoxetine hcl cap 60 mg (base equiv)</i>	76
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	76
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	45
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	45
<i>atovaquone susp 750 mg/5ml</i>	12
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	16
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	16
ATRIPLA TAB	18
ATROPINE SUL SOL 1% OP	184
ATROVENT HFA AER 17MCG	186
<i>abra tab 0.1-0.02</i>	90
AURYXIA TAB 210MG	101
AUSTEDO TAB 12MG	79
AUSTEDO TAB 6MG	79
AUSTEDO TAB 9MG	79
AVASTIN INJ	29
AVASTIN INJ 400/16ML	29
<i>aviane tab</i>	90
<i>avita cre 0.025%</i>	208
<i>avita gel 0.025%</i>	208
AYR ALLERGY SPR & SINUS	204
AYR NASAL DRO 0.65%	204
<i>ayr saline gel nasal</i>	204
<i>ayr spr 0.65%</i>	204
<i>azacitidine for inj 100 mg</i>	28
AZACTAM INJ 1GM	12
AZACTAM INJ 2GM	12
AZASITE SOL 1%	181
<i>azathioprine tab 50 mg</i>	133
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	187
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	187
<i>azelastine hcl ophth soln 0.05%</i>	183
<i>azithromycin for susp 100 mg/5ml</i>	23
<i>azithromycin for susp 200 mg/5ml</i>	23
<i>azithromycin iv for soln 500 mg</i>	23
<i>azithromycin powd pack for susp 1 gm</i>	23

<i>azithromycin tab 250 mg</i>	23
<i>azithromycin tab 500 mg</i>	23
<i>azithromycin tab 600 mg</i>	23
AZOLEN TINC SOL 2%	210
AZOPT SUS 1% OP	183
<i>aztreonam for inj 1 gm</i>	12
<i>aztreonam for inj 2 gm</i>	12

B

<i>b complex tab plus c</i>	153
<i>b complex tab vit c</i>	153
B-12 CAP 1000MCG	153
B-12 DOTS TAB 500MCG	153
B-12 DS TAB 5000MCG	153
B-12 LIQ 5000/ML	153
B-12 LOZ 1000MCG	153
<i>b-12 micrloz sub 500mcg</i>	153
<i>b-12 tab 2000mcg</i>	153
B-12 TAB 2500MCG	153
<i>b-12 tab 500mcg</i>	153
<i>b-12 tr tab 1000 mcg</i>	153
<i>b6 natural tab 100mg</i>	153
<i>baby ayr spr 0.65%</i>	204
BABY DDROPS LIQ 400UNIT	153
BABY VIT D DRO 400/.028	153
<i>bacitr zinc oin 500/gm</i>	209
<i>bacitracin oin 500/gm</i>	209
<i>bacitracin oint 500 unit/gm</i>	209
<i>bacitracin ophth oint 500 unit/gm</i>	181
<i>bacitracin zinc oint 500 unit/gm</i>	209
<i>bacitracin-polymyxin b ophth oint</i>	181
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	181
<i>baclofen tab 10 mg</i>	80
<i>baclofen tab 20 mg</i>	80
<i>balanced b tab complex</i>	153
<i>balsalazide disodium cap 750 mg</i>	112
BALVERSA TAB 3MG	33
BALVERSA TAB 4MG	33
BALVERSA TAB 5MG	33
<i>balziva tab</i>	90
<i>banophen cap 25mg</i>	187
<i>banophen cap 50mg</i>	187
<i>banophen cre 2-0.1%</i>	210
<i>banophen liq 12.5/5ml</i>	187
<i>banophen tab 25mg</i>	187
BANZEL SUS 40MG/ML	56
BANZEL TAB 200MG	56
BANZEL TAB 400MG	56

BARACLUDE SOL .05MG/ML	20	BENZOIN TIN PLAIN	210
BASAGLAR INJ 100UNIT	84	<i>benzonatate cap 100 mg</i>	192
BASLE CRE.....	216	<i>benzonatate cap 150 mg</i>	192
<i>bayer asa tab 325mg</i>	2	<i>benzonatate cap 200 mg</i>	192
<i>bayer asa tab 500mg</i>	2	<i>benzoyl per gel 10%</i>	208
<i>bayer low chw 81mg</i>	2	BENZOYL PER GEL 2.5%	208
<i>bayer low tab 81mg ec</i>	2	<i>benzoyl per gel 5%</i>	208
<i>baza antifun cre 2%</i>	210	<i>benzoyl per liq 10% wash</i>	208
BAZA CLEANSE LOT 2%.....	216	<i>benzoyl per liq 5% wash</i>	208
<i>baza protect cre</i>	216	<i>benzoyl per liq 6%</i>	208
BCG VACCINE INJ	134	<i>benzoyl peroxide foam 5.3%</i>	208
<i>b-complex tab /vit c</i>	153	<i>benzoyl peroxide foam 9.8%</i>	208
<i>b-complex tab balanced</i>	153	<i>benzoyl peroxide gel 10%</i>	208
<i>b-complex w/ c & calcium tab</i>	153	<i>benzoyl peroxide gel 5%</i>	208
<i>b-complex w/ c & folic acid tab</i>	153	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	208
<i>b-complex w/ c cap</i>	153	<i>benztropine mesylate inj 1 mg/ml</i>	67
<i>b-complex w/ c tab</i>	153	<i>benztropine mesylate tab 0.5 mg</i>	67
<i>b-complex/fa tab /vit c</i>	153	<i>benztropine mesylate tab 1 mg</i>	67
BD GLUCOSE CHW 5GM.....	98	<i>benztropine mesylate tab 2 mg</i>	67
BD ULTRAFINE INSULIN SYRINGE.....	84	BEPREVE DRO 1.5%	183
BD ULTRAFINE/NANO PEN NEEDLES....	84	BERINERT INJ 500UNIT.....	129
<i>bdy/hair/skn cap nails</i>	154	<i>berocca tab</i>	154
<i>bec/zinc tab</i>	154	BESIVANCE SUS 0.6%	181
<i>bedding spra aer 0.5%</i>	221	BETA CARE CRE	216
<i>bee zee tab</i>	154	BETA XMA CRE.....	216
<i>bekyree tab</i>	90	BETADINE MIS SWABSTCK.....	216
BENADRYL ALG CHW CHILD	187	BETADINE SPR 5%	216
<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	38	<i>betamethasone dipropionate augmented</i> <i>cream 0.05%</i>	213
<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	38	<i>betamethasone dipropionate augmented</i> <i>gel 0.05%</i>	213
<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	38	<i>betamethasone dipropionate augmented</i> <i>lotion 0.05%</i>	213
<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	38	<i>betamethasone dipropionate augmented</i> <i>oint 0.05%</i>	213
<i>benazepril hcl tab 10 mg</i>	39	<i>betamethasone dipropionate cream</i> <i>0.05%</i>	213
<i>benazepril hcl tab 20 mg</i>	39	<i>betamethasone dipropionate lotion</i> <i>0.05%</i>	213
<i>benazepril hcl tab 40 mg</i>	39	<i>betamethasone dipropionate oint 0.05%</i>	213
<i>benazepril hcl tab 5 mg</i>	39	<i>betamethasone valerate cream 0.1%</i> <i>(base equivalent)</i>	213
BENDEKA INJ 100/4ML	27	<i>betamethasone valerate lotion 0.1%</i> <i>(base equivalent)</i>	213
BENLYSTA INJ 120MG	133	<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	213
BENLYSTA INJ 200MG/ML	133		
BENLYSTA INJ 400MG	133		
BENZEDREX INH.....	192		
<i>benzepro aer 5.3%</i>	208		
<i>benzepro sc aer 9.8%</i>	208		
<i>benzoin compound tincture</i>	210		
BENZOIN TIN	210		

BETASERON INJ 0.3MG.....	80	<i>bismuth subsalicylate chew tab 262 mg</i>	107
<i>betatemp sus 160/5ml</i>	2	<i>bisoprolol & hydrochlorothiazide tab</i>	107
<i>betaxolol hcl ophth soln 0.5%</i>	183	<i>10-6.25 mg</i>	47
<i>betaxolol hcl tab 10 mg</i>	47	<i>bisoprolol & hydrochlorothiazide tab</i>	47
<i>betaxolol hcl tab 20 mg</i>	47	<i>2.5-6.25 mg</i>	47
<i>bethanechol chloride tab 10 mg</i>	123	<i>bisoprolol & hydrochlorothiazide tab</i>	47
<i>bethanechol chloride tab 25 mg</i>	123	<i>5-6.25 mg</i>	47
<i>bethanechol chloride tab 5 mg</i>	123	<i>bisoprolol fumarate tab 10 mg</i>	47
<i>bethanechol chloride tab 50 mg</i>	123	<i>bisoprolol fumarate tab 5 mg</i>	47
BETOPTIC-S SUS 0.25% OP	183	BIVIGAM INJ 10%	132
<i>better b tab complex</i>	154	<i>bleomycin sulfate for inj 15 unit</i>	27
BEVESPI AER 9-4.8MCG.....	186	<i>bleomycin sulfate for inj 30 unit</i>	27
<i>bexarotene cap 75 mg</i>	36	BLEPHAMIDE OIN S.O.P.	181
BEXSERO INJ	134	<i>blisovi 24 tab fe 1/20</i>	90
<i>bicalutamide tab 50 mg</i>	31	<i>blisovi fe tab 1.5/30</i>	90
BICARSIM TAB 125MG.....	120	<i>blis-to-sol liq 1%</i>	209
BICARSIM TAB 80MG	120	B-NATAL LOZ 25MG.....	153
BICILLIN L-A INJ 1200000	25	BOOSTRIX INJ	134
BICILLIN L-A INJ 2400000	25	BORTEZOMIB INJ 3.5MG	29
BICILLIN L-A INJ 600000	25	<i>bosentan tab 125 mg</i>	54
BIKTARVY TAB.....	18	<i>bosentan tab 62.5 mg</i>	54
BIO-35 GLUTE CAP FREE	154	BOSULIF TAB 100MG	33
BIOCAL CAP	154	BOSULIF TAB 400MG	33
BIO-D-MULSIO LIQ 400/0.4	154	BOSULIF TAB 500MG	33
BIO-D-MULSIO LIQ FORTE	154	<i>bp gel gel 10%</i>	208
BIOSUPP LIQ.....	154	<i>bp gel gel 5%</i>	208
BIOTECT PLUS CAP	154	<i>bp wash liq 10%</i>	208
BIOTECT PLUS LIQ.....	154	<i>bp wash liq 2.5%</i>	208
<i>biotin 5000 cap</i>	154	<i>bp wash liq 5%</i>	208
<i>biotin cap 10 mg</i>	154	BRAFTOVI CAP 75MG.....	33
BIOTIN CAP 1MG	154	BREO ELLIPTA INH 100-25	207
<i>biotin cap 2.5 mg</i>	154	BREO ELLIPTA INH 200-25	207
<i>biotin cap 5 mg</i>	154	<i>briellyn tab</i>	90
<i>biotin cap 5000mcg</i>	154	BRILINTA TAB 60MG.....	130
<i>biotin plus/ tab cal/vitd</i>	154	BRILINTA TAB 90MG.....	130
BIOTIN POW	154	<i>brimonidine tartrate ophth soln 0.15%</i>	183
<i>biotin tab 1000 mcg</i>	154	.....	183
<i>biotin tab 300 mcg</i>	154	<i>brimonidine tartrate ophth soln 0.2%</i>	183
<i>biotin tab 5 mg</i>	154	BRIVIACT INJ 50MG/5ML	56
BIOVOL SYP	154	BRIVIACT SOL 10MG/ML	56
<i>bisac-evac sup 10mg</i>	113	BRIVIACT TAB 100MG.....	56
<i>bisacodyl sup 10mg</i>	113	BRIVIACT TAB 10MG	56
<i>bisacodyl suppos 10 mg</i>	113	BRIVIACT TAB 25MG	56
<i>bisacodyl tab 5mg ec</i>	113	BRIVIACT TAB 50MG	56
<i>biscolax sup 10mg</i>	113	BRIVIACT TAB 75MG	56
<i>bismatrol chw 262mg</i>	107	BROHIST D TAB 4-10MG	192
<i>bismatrol sus 262/15ml</i>	107	<i>bromfed dm syp</i>	192
<i>bismatrol sus 525/15ml</i>	107		

<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily).....	182	<i>12hr 150 mg</i>	81
<i>bromocriptine mesylate cap 5 mg</i> (base equivalent)	68	<i>bupropion hcl tab 100 mg</i>	63
<i>bromocriptine mesylate tab 2.5 mg</i> (base equivalent)	68	<i>bupropion hcl tab 75 mg</i>	63
BROMSITE DRO 0.075%	182	<i>bupropion hcl tab er 12hr 100 mg</i>	64
BROTAPP DM LIQ 15-1-5/5	192	<i>bupropion hcl tab er 12hr 150 mg</i>	64
<i>budesonide delayed release particles cap</i> <i>3 mg</i>	112	<i>bupropion hcl tab er 12hr 200 mg</i>	64
<i>budesonide inhalation susp 0.25 mg/2ml</i>	206	<i>bupropion hcl tab er 24hr 150 mg</i>	64
<i>budesonide inhalation susp 0.5 mg/2ml</i>	206	<i>bupropion hcl tab er 24hr 300 mg</i>	64
<i>budesonide nasal susp 32 mcg/act</i>	206	<i>buspirone hcl tab 10 mg</i>	55
<i>budesonide sus 32mcg</i>	206	<i>buspirone hcl tab 15 mg</i>	55
BULL FROG SPR MOSQUITO	216	<i>buspirone hcl tab 30 mg</i>	55
<i>bumetanide inj 0.25 mg/ml</i>	51	<i>buspirone hcl tab 5 mg</i>	55
<i>bumetanide tab 0.5 mg</i>	51	<i>buspirone hcl tab 7.5 mg</i>	55
<i>bumetanide tab 1 mg</i>	51	<i>butorphanol tartrate inj 1 mg/ml</i>	7
<i>bumetanide tab 2 mg</i>	51	<i>butorphanol tartrate inj 2 mg/ml</i>	7
<i>buprenorphine hcl sl tab 2 mg</i> (base equiv)	81	BUTRANS DIS 10MCG/HR.....	7
<i>buprenorphine hcl sl tab 8 mg</i> (base equiv)	81	BUTRANS DIS 15MCG/HR.....	7
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg</i> (base equiv).....	81	BUTRANS DIS 20MCG/HR.....	7
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg</i> (base equiv).....	81	BUTRANS DIS 5MCG/HR	7
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg</i> (base equiv)	81	BUTRANS DIS 7.5/HR	7
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg</i> (base equiv)	81	BYDUREON BC INJ 2/0.85ML	84
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg</i> (base equiv).....	81	BYDUREON INJ 2MG	84
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg</i> (base equiv)	81	BYDUREON PEN INJ 2MG.....	85
<i>buprenorphine td patch weekly 10</i> <i>mcg/hr</i>	7	BYETTA INJ 10MCG	85
<i>buprenorphine td patch weekly 15</i> <i>mcg/hr</i>	7	BYETTA INJ 5MCG	85
<i>buprenorphine td patch weekly 20</i> <i>mcg/hr</i>	7	BYSTOLIC TAB 10MG	47
<i>buprenorphine td patch weekly 5 mcg/hr</i>	7	BYSTOLIC TAB 2.5MG	47
<i>buprenorphine td patch weekly 7.5</i> <i>mcg/hr</i>	7	BYSTOLIC TAB 20MG	47
<i>bupropion hcl (smoking deterrent) tab er</i>		BYSTOLIC TAB 5MG.....	47
		C	
		<i>c 1000 tab 1000mg</i>	154
		<i>c 250 tab</i>	154
		<i>c/rose hips chw 500mg</i>	154
		<i>c/rose hips tab 1000mg</i>	155
		<i>c/rose hips tab 500mg</i>	154
		<i>c/rose hips tab 500mg tr</i>	154
		<i>c/rosehip tr tab 1000mg</i>	155
		<i>c-1000 tab 1000mg</i>	154
		<i>c-1000/rh tab 1000mg</i>	154
		<i>c-250 tab 250mg</i>	154
		<i>c-500 chw</i>	154
		<i>c-500 chw 500mg</i>	154
		<i>c-500 tab 500mg</i>	154
		<i>ca citrate tab + d</i>	140
		CA CITRATE TAB 250MG	140
		<i>ca citrate tab plus d</i>	140
		CA HI-CAL/D TAB 500MG	140
		CA LACTATE TAB 100MG	140

<i>cabergoline tab 0.5 mg</i>	100	<i>calcium 600 chw +d/miner</i>	141
CABOMETYX TAB 20MG	33	<i>calcium 600 chw +d/mnrsls</i>	141
CABOMETYX TAB 40MG	33	<i>calcium 600 chw w/vit d</i>	141
CABOMETYX TAB 60MG	33	<i>calcium 600 tab</i>	141
<i>cal antacid chw 1000mg</i>	104	<i>calcium 600 tab + d</i>	141
<i>cal antacid chw 750mg</i>	104	<i>calcium 600 tab +d</i>	141
<i>cal cit+d3 tab maximum</i>	140	<i>calcium 600 tab +d/mnrsls</i>	141
<i>calc 600/d3 tab 600-800</i>	140	<i>calcium 600 tab +d3</i>	141
<i>calc 600+d tab 600-800</i>	140	<i>calcium 600 tab -d</i>	141
<i>calc 600+d+ tab minerals</i>	140	<i>calcium 600 tab vit d/mi</i>	141
<i>calc 600+d3 cap 600-500</i>	140	<i>calcium 600/ tab vit d</i>	141
<i>calc 600+d3 tab minerals</i>	140	<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	101
<i>calc antacid chw 1000mg</i>	105	<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i>	101
<i>calc antacid chw 500mg</i>	105	<i>calcium anta chw 500mg</i>	105
<i>calc antacid chw 750mg</i>	105	<i>calcium anta chw 750mg</i>	105
<i>calc cit+d3 tab 200-250</i>	140	CALCIUM CARB CHW 260MG	141
<i>calc cit+d3 tab 250-200</i>	140	CALCIUM CARB POW	141
<i>calc citr/d3 tab 200-250</i>	140	CALCIUM CARB POW 800/2GM.....	141
<i>calc citr+d tab 315-250</i>	140	CALCIUM CARB POW EX-LIGHT	141
<i>calc citr+d3 tab 200-250</i>	140	CALCIUM CARB POW HEAVY	141
<i>calc citra+d tab 315-250</i>	140	<i>calcium carb tab 1250mg</i>	141
<i>calc citrate tab +d</i>	140	CALCIUM CARB TAB 648MG.....	105
CALC/VIT D3 CHW DISNEY	141	<i>calcium carbonate (antacid) chew tab</i> <i>500 mg</i>	105
CALCI-CHEW CHW 1250MG.....	141	<i>calcium carbonate (antacid) chew tab</i> <i>750 mg</i>	105
<i>calcidol dro 8000/ml</i>	155	<i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml</i>	141
<i>calciferol dro 8000/ml</i>	155	<i>calcium carbonate chew tab 1250 mg</i> <i>(500 mg elemental ca)</i>	105
<i>calcipotriene cream 0.005%</i>	212	<i>calcium carbonate tab 1250 mg (500 mg</i> <i>elemental ca)</i>	141
<i>calcipotriene oint 0.005%</i>	212	<i>calcium carbonate tab 1500 mg (600 mg</i> <i>elemental ca)</i>	142
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	212	<i>calcium carbonate tab 600 mg</i>	141
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	100	<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-100 unit</i>	142
CAL-CITRATE CAP 150MG	155	<i>calcium carbonate-cholecalciferol tab 250</i> <i>mg-125 unit</i>	142
<i>calcitrate tab</i>	141	<i>calcium carbonate-cholecalciferol tab 500</i> <i>mg-200 unit</i>	142
<i>calcitrate tab 950mg</i>	141	<i>calcium carbonate-cholecalciferol tab 500</i> <i>mg-400 unit</i>	142
CAL-CITRATE TAB PLUS D.....	140	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcitriol cap 0.25 mcg</i>	155	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcitriol cap 0.5 mcg</i>	155	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcitriol inj 1 mcg/ml</i>	155	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcitriol oral soln 1 mcg/ml</i>	155	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium + d tab</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium + d tab 600-200</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium +d tab maximum</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium +d3 tab maximum</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
CALCIUM 1000 TAB + D	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium 1200 chw</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium 500 tab /vit d</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142
<i>calcium 500 tab +d</i>	141	<i>calcium carbonate-cholecalciferol tab 600</i> <i>mg-200 unit</i>	142

<i>mg-400 unit</i>	142	<i>calcium/d tab 500mg</i>	143
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	142	<i>calcium/d tab 600-200</i>	143
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	142	<i>calcium/d tab 600-400</i>	143
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	142	<i>calcium/d tab 600-800</i>	143
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	142	CALCIUM/D3 CAP 600-2500	143
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	142	<i>calcium/d3 cap 600-500</i>	143
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	142	<i>calcium/d3 tab</i>	143
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	142	<i>calcium/d3 tab 200-250</i>	143
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	142	<i>calcium/d3 tab 500-400</i>	143
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	141	<i>calcium/d3 tab 500-600</i>	143
<i>calcium chw gummies</i>	142	<i>calcium/d3 tab 600-800</i>	143
CALCIUM CIT TAB 1040MG	142	<i>calcium/vita tab d3</i>	143
CALCIUM CIT/ TAB VIT D	142	CALCIUM/VITD CAP 600-400	144
<i>calcium citr tab +d</i>	142	<i>calcium+d tab 600-400</i>	143
<i>calcium citr tab plus d-3</i>	142	<i>calcium+d tab 600-800</i>	143
<i>calcium citr tab w/vit d3</i>	142	<i>calcium+d3 tab 315-250</i>	143
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	142	<i>calcium+d3 tab 600-400</i>	143
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	143	<i>calcium+d3 tab 600-800</i>	143
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	143	<i>cal-gest chw 500mg</i>	105
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	143	CAL-LAC CAP 500MG	140
CALCIUM GRA CITRATE	143	CAL-MINT CHW 260MG	140
CALCIUM LACT TAB 648MG	143	CALQUENCE CAP 100MG	33
CALCIUM LACT TAB 750MG	143	CAL-QUICK LIQ 500-400	140
<i>calcium plus cap d3</i>	143	CALTRATE + D TAB 300-800	144
CALCIUM PLUS CAP VIT D	143	CALTRATE 600 CHW 600-800	144
<i>calcium plus tab 600 +d</i>	143	<i>caltrate 600 tab</i>	144
<i>calcium polycarbophil tab 625 mg</i>	113	<i>caltrate+d3 chw 600-800</i>	144
<i>calcium tab 500/d</i>	143	<i>camila tab 0.35mg</i>	90
<i>calcium tab 500+d</i>	143	<i>camrese lo tab</i>	90
<i>calcium tab 600mg</i>	143	<i>candesartan cilexetil tab 16 mg</i>	43
CALCIUM TAB 600MG	143	<i>candesartan cilexetil tab 32 mg</i>	43
<i>calcium tab vit d</i>	143	<i>candesartan cilexetil tab 4 mg</i>	43
<i>calcium/d chw 500-400</i>	143	<i>candesartan cilexetil tab 8 mg</i>	43
<i>calcium/d tab 500-200</i>	143	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	41
<i>calcium/d tab 500-400</i>	143	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	41
		<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	41
		CAPCOF SYP 5-2-10MG	192
		CAPMIST DM TAB	192
		CAPRELSA TAB 100MG	33
		CAPRELSA TAB 300MG	33
		CAPRON DM LIQ	192
		CAPRON DMT TAB 30-30MG	192
		<i>capsaicin cre 0.1%</i>	216
		<i>capsaicin cream 0.025%</i>	216
		CAPSAICIN LIQ 0.15%	216

CAPSAICIN POW	216	carbonyl tab fe 45mg	127
captopril & hydrochlorothiazide tab 25-15 mg	38	carboplatin iv soln 150 mg/15ml	37
captopril & hydrochlorothiazide tab 25-25 mg	38	carboplatin iv soln 450 mg/45ml	37
captopril & hydrochlorothiazide tab 50-15 mg	38	carboplatin iv soln 50 mg/5ml	37
captopril & hydrochlorothiazide tab 50-25 mg	38	carboplatin iv soln 600 mg/60ml	37
captopril tab 100 mg	39	CARIMUNE NF INJ 12GM	132
captopril tab 12.5 mg	39	carisoprodol tab 350 mg	80
captopril tab 25 mg	39	carravite tab	155
captopril tab 50 mg	39	CARRINGTON CRE /ZINC	216
CARBAGLU TAB 200MG	94	CARRINGTON CRE MOISTURE	216
carbamazepine cap er 12hr 100 mg	56	carteolol hcl ophth soln 1%	183
carbamazepine cap er 12hr 200 mg	56	carvedilol tab 12.5 mg	47
carbamazepine cap er 12hr 300 mg	56	carvedilol tab 25 mg	47
carbamazepine chew tab 100 mg	56	carvedilol tab 3.125 mg	47
carbamazepine susp 100 mg/5ml	56	carvedilol tab 6.25 mg	47
carbamazepine tab 200 mg	56	casprofungin acetate for iv soln 50 mg .	15
carbamazepine tab er 12hr 100 mg	56	casprofungin acetate for iv soln 70 mg .	15
carbamazepine tab er 12hr 200 mg	56	castellani paint	210
carbamazepine tab er 12hr 400 mg	56	castor laxat oil 100%	113
carbidopa & levodopa orally disintegrating tab 10-100 mg	68	CAYSTON INH 75MG	12
carbidopa & levodopa orally disintegrating tab 25-100 mg	68	C-BUFF POW	154
carbidopa & levodopa orally disintegrating tab 25-250 mg	68	c-chewable chw 500mg	154
carbidopa & levodopa tab 10-100 mg ..	68	cefaclor cap 250 mg	21
carbidopa & levodopa tab 25-100 mg ..	68	cefaclor cap 500 mg	21
carbidopa & levodopa tab 25-250 mg ..	68	CEFACLOR ER TAB 500MG	21
carbidopa & levodopa tab er 25-100 mg	68	cefaclor for susp 125 mg/5ml	21
carbidopa & levodopa tab er 50-200 mg	68	cefaclor for susp 250 mg/5ml	21
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	68	cefaclor for susp 375 mg/5ml	21
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	68	cefadroxil cap 500 mg	21
carbidopa-levodopa-entacapone tabs 25-100-200 mg	68	cefadroxil for susp 250 mg/5ml	21
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	68	cefadroxil for susp 500 mg/5ml	21
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	68	cefadroxil tab 1 gm	21
carbidopa-levodopa-entacapone tabs 50-200-200 mg	68	CEFAZOLIN INJ 1GM/50ML	21
		cefazolin sodium for inj 1 gm	21
		cefazolin sodium for inj 10 gm	21
		cefazolin sodium for inj 20 gm	21
		cefazolin sodium for inj 500 mg	21
		cefazolin sodium for iv soln 1 gm	21
		CEFAZOLIN SOL	21
		cefdinir cap 300 mg	21
		cefdinir for susp 125 mg/5ml	21
		cefdinir for susp 250 mg/5ml	21
		cefepime hcl for inj 1 gm	22
		cefepime hcl for inj 2 gm	22
		cefixime cap 400 mg	22
		cefixime for susp 100 mg/5ml	22
		cefixime for susp 200 mg/5ml	22
		cefotaxime sodium for inj 1 gm	22

<i>cefotaxime sodium for inj 500 mg</i>	22	CENTRUM CHW MULTI	155
<i>cefoxitin sodium for inj 10 gm</i>	22	CENTRUM CHW SILVER	155
<i>cefoxitin sodium for iv soln 1 gm</i>	22	<i>centrum kids chw</i>	155
<i>cefoxitin sodium for iv soln 2 gm</i>	22	<i>centrum kids chw complete</i>	155
<i>cefepodoxime proxetil for susp 100 mg/5ml</i>	22	CENTRUM KIDS CHW FLAV BST	155
<i>cefepodoxime proxetil for susp 50 mg/5ml</i>	22	CENTRUM SPEC PAK PRENATAL.....	155
<i>cefepodoxime proxetil tab 100 mg</i>	22	CENTRUM SPEC TAB HEART.....	155
<i>cefepodoxime proxetil tab 200 mg</i>	22	CENTRUM SPEC TAB VISION.....	155
<i>cefprozil for susp 125 mg/5ml</i>	22	CENTRUM TAB CARDIO	155
<i>cefprozil for susp 250 mg/5ml</i>	22	CENTRUM TAB SILVER	155
<i>cefprozil tab 250 mg</i>	22	CENTRUM TAB ULTRA	155
<i>cefprozil tab 500 mg</i>	22	<i>century tab</i>	155
<i>ceftazidime for inj 1 gm</i>	22	<i>century tab mature</i>	155
<i>ceftazidime for inj 2 gm</i>	22	<i>cephalexin cap 250 mg</i>	22
<i>ceftazidime for inj 6 gm</i>	22	<i>cephalexin cap 500 mg</i>	22
CEFTAZIDIME/ SOL D5W 1GM	22	<i>cephalexin for susp 125 mg/5ml</i>	23
CEFTAZIDIME/ SOL D5W 2GM	22	<i>cephalexin for susp 250 mg/5ml</i>	23
<i>ceftriaxone sodium for inj 1 gm</i>	22	CERALYTE 50 POW	135
<i>ceftriaxone sodium for inj 10 gm</i>	22	CERALYTE 70 POW	135
<i>ceftriaxone sodium for inj 2 gm</i>	22	CERALYTE 90 POW	135
<i>ceftriaxone sodium for inj 250 mg</i>	22	CERASPORT POW	135
<i>ceftriaxone sodium for inj 500 mg</i>	22	CERASPORT POW EX1.....	135
<i>ceftriaxone sodium for iv soln 1 gm</i>	22	CERASPORT SOL	136
<i>ceftriaxone sodium for iv soln 2 gm</i>	22	CERASPORT SOL EX1.....	136
<i>cefuroxime axetil tab 250 mg</i>	22	CERAVE CRE.....	216
<i>cefuroxime axetil tab 500 mg</i>	22	CERAVE LOT	216
<i>cefuroxime sodium for inj 7.5 gm</i>	22	CERAVE PM LOT	216
<i>cefuroxime sodium for inj 750 mg</i>	22	CERDELGA CAP 84MG	94
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	22	CEREZYME INJ 400UNIT.....	94
<i>celecoxib cap 100 mg</i>	4	<i>cerovite jr chw</i>	155
<i>celecoxib cap 200 mg</i>	4	<i>cerovite tab advanced</i>	155
<i>celecoxib cap 400 mg</i>	4	<i>cerovite tab senior</i>	156
<i>celecoxib cap 50 mg</i>	4	<i>certa plus tab</i>	156
CELONTIN CAP 300MG	56	<i>certagen tab</i>	156
CENT MATURE TAB ADLT 50+	155	<i>certa-vite liq</i>	156
<i>centamin liq</i>	155	CERTAVITE TAB SENIOR	156
<i>centavite az tab minerals</i>	155	<i>certavite/ tab antioxid</i>	156
<i>centavite liq</i>	155	CETAPHIL CRE	216
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<i>central-vite tab wmns mat</i>	155	CETAPHIL LOT MOISTURE	216
<i>centravites tab</i>	155	CETAPHIL LOT RESTORAD	216
<i>centravites tab 50 plus</i>	155	<i>cetirizine chw 10mg</i>	187
CENTRAVITES TAB 50 PLUS	155	<i>cetirizine chw 5mg</i>	187
CENTRAVITES TAB ADULTS.....	155	<i>cetirizine hcl chew tab 10 mg</i>	187
CENTRUM CHW.....	155	<i>cetirizine hcl chew tab 5 mg</i>	187
CENTRUM CHW FLAV BST	155	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	188
		<i>cetirizine hcl tab 10 mg</i>	188

<i>cetirizine hcl tab 5 mg</i>	188	<i>chld vitamin chw iron</i>	156
<i>cetirizine sol 1mg/ml</i>	188	CHLO HIST SOL	193
<i>cetirizine sol 5mg/5ml</i>	188	CHLO TUSS LIQ	193
<i>cetirizine tab 10mg</i>	188	CHLORELLA CAP.....	156
<i>cetirizine tab 5mg</i>	188	<i>chlorhexidine gluconate soln 0.12%</i> ..	222
<i>cetirizine-pseudoephedrine tab er 12hr</i>		<i>chlorhist tab 4mg</i>	188
<i>5-120 mg</i>	192	<i>chloroquine phosphate tab 250 mg</i>	16
<i>cevimeline hcl cap 30 mg</i>	222	<i>chloroquine phosphate tab 500 mg</i>	16
<i>cgh/cold day liq delsym</i>	192	<i>chlorothiazide tab 250 mg</i>	51
CHANTIX PAK 0.5& 1MG	81	<i>chlorothiazide tab 500 mg</i>	51
CHANTIX PAK 1MG.....	82	<i>chlorphen sr tab 12mg</i>	188
CHANTIX TAB 0.5MG	82	<i>chlorphenir tab 4mg</i>	188
CHANTIX TAB 1MG.....	82	<i>chlor-phenir tab 4mg</i>	188
CHEMET CAP 100MG	89	<i>chlorpheniramine maleate tab 4 mg</i> .	188
<i>cheratussin syp ac</i>	192	<i>chlorpheniramine maleate tab er 12 mg</i>	
<i>chest conges tab 20-400mg</i>	192	.....	188
<i>chest conges tab 400mg</i>	193	CHLORPROMAZ INJ 25MG/ML	70
<i>chest conges tab relf dm</i>	193	CHLORPROMAZ INJ 50MG/2ML	70
<i>chest congst tab rlf pe</i>	193	<i>chlorpromazine hcl tab 10 mg</i>	70
CHEW Q CHW 100MG	147	<i>chlorpromazine hcl tab 100 mg</i>	70
CHEW Q CHW 30MG	147	<i>chlorpromazine hcl tab 200 mg</i>	70
CHEW Q CHW 600MG	147	<i>chlorpromazine hcl tab 25 mg</i>	70
CHEW-12 CHW	156	<i>chlorpromazine hcl tab 50 mg</i>	70
<i>chewabl vite chw childrns</i>	156	<i>chlorthalidone tab 25 mg</i>	52
<i>chewable c chw 500mg</i>	156	<i>chlorthalidone tab 50 mg</i>	52
CHEWABLE CHW CALCIUM	144	<i>choc laxativ chw 15mg</i>	113
<i>chewable chw children</i>	156	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	
<i>child asa chw 81mg</i>	2	.....	156
<i>child asa ls chw 81mg</i>	2	<i>cholecalciferol cap 10 mcg (400 unit)</i>	156
<i>child chew chw iron</i>	156	<i>cholecalciferol cap 125 mcg (5000 unit)</i>	
<i>child chew chw vitamins</i>	156	.....	156
<i>child chew/ chw extra c</i>	156	<i>cholecalciferol cap 25 mcg (1000 unit)</i>	
<i>child multi chw vit/iron</i>	156	.....	156
<i>child multiv chw iron</i>	156	<i>cholecalciferol cap 250 mcg (10000 unit)</i>	
<i>child silfed liq 15mg/5ml</i>	193	.....	156
<i>child vitam chw</i>	156	<i>cholecalciferol cap 50 mcg (2000 unit)</i>	
<i>children vit chw</i>	156	.....	156
<i>childrens chw /iron</i>	156	<i>cholecalciferol chew tab 10 mcg (400</i>	
<i>childrens chw apap</i>	2	<i>unit)</i>	156
CHILDRENS CHW COMPLETE	156	<i>cholecalciferol chew tab 25 mcg (1000</i>	
<i>childrens chw gummies</i>	156	<i>unit)</i>	156
<i>childrens chw pepto</i>	105	<i>cholecalciferol chew tab 50 mcg (2000</i>	
<i>childrens chw vitamins</i>	156	<i>unit)</i>	156
CHILDRENS SUS PLUS CLD	193	<i>cholecalciferol drops 125 mcg/ml (5000</i>	
<i>chld allergy liq 12.5/5ml</i>	188	<i>unit/ml)</i>	156
<i>chld mltivit chw /mineral</i>	156	<i>cholecalciferol oral liquid 10 mcg/ml (400</i>	
<i>chld pain rl tab 80mg</i>	2	<i>unit/ml)</i>	157
<i>chld silapap liq 160/5ml</i>	2	<i>cholecalciferol tab 10 mcg (400 unit)</i>	157

<i>cholecalciferol tab 125 mcg (5000 unit)</i>	157
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	157
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	157
<i>cholestyramine light powder 4 gm/dose</i>	45
<i>cholestyramine light powder packets 4 gm</i>	45
<i>cholestyramine powder 4 gm/dose</i>	45
<i>cholestyramine powder packets 4 gm</i>	45
<i>ciclopirox gel 0.77%</i>	210
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	210
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	210
<i>ciclopirox shampoo 1%</i>	210
<i>cilostazol tab 100 mg</i>	129
<i>cilostazol tab 50 mg</i>	129
<i>CILOXAN OIN 0.3% OP</i>	181
<i>CIMDUO TAB 300-300</i>	19
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	89
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	89
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	89
<i>CIPRODEX SUS 0.3-0.1%</i>	222
<i>ciprofloxacin 200 mg/100ml in d5w</i>	24
<i>ciprofloxacin 400 mg/200ml in d5w</i>	24
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	24
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	181
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	24
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	24
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	37
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	37
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	37
<i>cit calc/d tab 315-250</i>	144
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	64
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	64

<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	64
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	64
<i>CITRACAL CAL CHW GUMMIES</i>	144
<i>CITRACAL+D3 CHW 250-500</i>	144
<i>CL PRENATAL TAB 28-0.8MG</i>	157
<i>claravis cap 10mg</i>	208
<i>claravis cap 20mg</i>	208
<i>claravis cap 30mg</i>	208
<i>claravis cap 40mg</i>	208
<i>clarithromycin for susp 125 mg/5ml</i>	23
<i>clarithromycin for susp 250 mg/5ml</i>	23
<i>clarithromycin tab 250 mg</i>	23
<i>clarithromycin tab 500 mg</i>	23
<i>clarithromycin tab er 24hr 500 mg</i>	23
<i>clearlax pow</i>	113
<i>clindacin-p pad 1%</i>	208
<i>clindamycin hcl cap 150 mg</i>	12
<i>clindamycin hcl cap 300 mg</i>	12
<i>clindamycin hcl cap 75 mg</i>	12
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	12
<i>clindamycin phosphate gel 1%</i>	208
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	12
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	12
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	13
<i>clindamycin phosphate inj 300 mg/2ml</i>	13
<i>clindamycin phosphate inj 600 mg/4ml</i>	13
<i>clindamycin phosphate inj 9 gm/60ml</i>	13
<i>clindamycin phosphate inj 900 mg/6ml</i>	13
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	13
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	13
<i>clindamycin phosphate lotion 1%</i>	208
<i>clindamycin phosphate soln 1%</i>	208
<i>clindamycin phosphate swab 1%</i>	208
<i>clindamycin phosphate vaginal cream 2%</i>	124
<i>CLINDMYC/NAC INJ 300/50ML</i>	13
<i>CLINDMYC/NAC INJ 600/50ML</i>	13
<i>CLINDMYC/NAC INJ 900/50ML</i>	13
<i>CLINIMIX INJ 4.25/D10</i>	138
<i>CLINIMIX INJ 4.25/D25</i>	138

CLINIMIX INJ 4.25/D5W	138	<i>clozapine orally disintegrating tab 12.5 mg</i>	70
CLINIMIX INJ 5%/D15W	138	<i>clozapine orally disintegrating tab 150 mg</i>	70
CLINIMIX INJ 5%/D20W	138	<i>clozapine orally disintegrating tab 200 mg</i>	70
CLINIMIX INJ 5%/D25W	138	<i>clozapine orally disintegrating tab 25 mg</i>	70
CLINOLIPID EMU 20%	138	<i>clozapine tab 100 mg</i>	70
<i>clobazam suspension 2.5 mg/ml</i>	56	<i>clozapine tab 200 mg</i>	70
<i>clobazam tab 10 mg</i>	56	<i>clozapine tab 25 mg</i>	70
<i>clobazam tab 20 mg</i>	56	<i>clozapine tab 50 mg</i>	70
<i>clomipramine hcl cap 25 mg</i>	64	CNTC CLD/FLU TAB DAY/NGHT	193
<i>clomipramine hcl cap 50 mg</i>	64	CNTC CLD/FLU TAB MAX ST	193
<i>clomipramine hcl cap 75 mg</i>	64	<i>co q10 ms cap 200mg</i>	147
<i>clonazepam orally disintegrating tab 0.125 mg</i>	56	COARTEM TAB 20-120MG	16
<i>clonazepam orally disintegrating tab 0.25 mg</i>	56	COCONUT OIL CRE BEAUTY	216
<i>clonazepam orally disintegrating tab 0.5 mg</i>	56	CODAR AR LIQ 2-8/5ML	193
<i>clonazepam orally disintegrating tab 1 mg</i>	56	CODITUSSIN LIQ AC	193
<i>clonazepam orally disintegrating tab 2 mg</i>	56	CODITUSSIN LIQ DAC	193
<i>clonazepam tab 0.5 mg</i>	56	<i>coenzyme q10 cap 10 mg</i>	147
<i>clonazepam tab 1 mg</i>	57	<i>coenzyme q10 cap 100 mg</i>	148
<i>clonazepam tab 2 mg</i>	57	<i>coenzyme q10 cap 100mg</i>	148
<i>clonidine hcl tab 0.1 mg</i>	52	<i>coenzyme q10 cap 150 mg</i>	148
<i>clonidine hcl tab 0.2 mg</i>	52	<i>coenzyme q10 cap 200 mg</i>	148
<i>clonidine hcl tab 0.3 mg</i>	52	<i>coenzyme q10 cap 200mg</i>	148
<i>clonidine td patch weekly 0.1 mg/24hr</i>	52	<i>coenzyme q10 cap 30 mg</i>	148
<i>clonidine td patch weekly 0.2 mg/24hr</i>	53	<i>coenzyme q10 cap 300 mg</i>	148
<i>clonidine td patch weekly 0.3 mg/24hr</i>	53	<i>coenzyme q10 cap 30mg</i>	148
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	130	<i>coenzyme q10 cap 400 mg</i>	148
<i>clorazepate dipotassium tab 15 mg</i>	57	<i>coenzyme q10 cap 400mg</i>	148
<i>clorazepate dipotassium tab 3.75 mg</i>	57	<i>coenzyme q10 cap 50 mg</i>	148
<i>clorazepate dipotassium tab 7.5 mg</i>	57	<i>coenzyme q10 cap 50mg</i>	148
<i>clotrimazole cre 1%</i>	210	<i>coenzyme q10 cap 60 mg</i>	148
<i>clotrimazole cre 1% vag</i>	124	<i>coenzyme q10 cap 75 mg</i>	148
<i>clotrimazole cre 2%</i>	124	COENZYME Q10 CHW 60MG	148
<i>clotrimazole cre 3 day</i>	124	COENZYME Q10 LIQ 30MG/5ML	148
<i>clotrimazole cre grx 1%</i>	210	COENZYME Q10 TAB 100MG	148
<i>clotrimazole cream 1%</i>	211	COENZYME Q10 TAB 200MG	148
<i>clotrimazole soln 1%</i>	211	COENZYME Q10 TAB 25MG	148
<i>clotrimazole troche 10 mg</i>	222	COENZYME Q10 TAB 50MG	148
<i>clotrimazole vaginal cream 1%</i>	124	<i>coenzyme q10 tab 60 mg</i>	148
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	211	CO-ENZYME WAF Q10/E	147
<i>clozapine orally disintegrating tab 100 mg</i>	70	<i>colace 2in1 tab 8.6-50mg</i>	113
		<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
		COLCRYS TAB 0.6MG	1
		<i>cold & flu liq day time</i>	193

<i>cold & flu liq nighttim</i>	193	<i>complete tab</i>	157
<i>cold & flu tab daytime</i>	193	<i>complete tab senior</i>	157
<i>cold & flu tab severe</i>	193	<i>compro sup 25mg</i>	109
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<i>colesevelam hcl tab 625 mg</i>	45	<i>cough dm sus 30mg/5ml</i>	193
<i>colestipol hcl granule packets 5 gm</i>	45	<i>cough syp</i>	194
<i>colestipol hcl granules 5 gm</i>	46	<i>cough syp 100/5ml</i>	194
<i>colestipol hcl tab 1 gm</i>	46	<i>coughtab tab 200mg</i>	194
<i>colistimethate sod for inj 150 mg</i> (<i>colistin base activity</i>)	13	COUMADIN TAB 10MG	125
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COMETRIQ KIT 140MG	33	COUMADIN TAB 3MG	125
COMETRIQ KIT 60MG	33	COUMADIN TAB 4MG	125
<i>comp allergy cap 25mg</i>	188	COUMADIN TAB 5MG	125
<i>comp allergy tab 25mg</i>	188	COUMADIN TAB 6MG	125
<i>comp multivi liq mineral</i>	157	COUMADIN TAB 7.5MG	125
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		CRIXIVAN CAP 200MG	16

CRIXIVAN CAP 400MG	16	<i>cvs daily tab multiple</i>	157
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	194	<i>cvs e cap 200unit</i>	157
<i>cromolyn sodium ophth soln 4%</i>	183	<i>cvs e oil oil 30000unt</i>	157
<i>cromolyn sodium oral conc 100 mg/5ml</i>	120	<i>cvs electrol sol</i>	136
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	204	<i>cvs epsom gra salt</i>	113
<i>cryselle-28 tab 28 tabs</i>	90	<i>cvs fibr lax tab 625mg</i>	113
<i>curad triple oin antibiot</i>	209	<i>cvs fish oil cap 1000mg</i>	148
CUTTER AER 10%	216	<i>cvs fish oil cap 1200mg</i>	148
CUTTER AER NATURAL	216	<i>cvs flu/cold liq nighttime</i>	194
CUTTER BACKW AER 25%	216	<i>cvs gas relf chw 125mg</i>	120
CUTTER BACKW LIQ 25%	216	CVS GLUCOSE CHW FRUIT	98
CUTTER DRY AER 10%	216	CVS GLUCOSE CHW GRAPE	98
CUTTER FAMLY AER 7%	216	CVS GLUCOSE CHW ORANGE	98
CUTTER FAMLY LIQ 7%	217	CVS GLUCOSE CHW RASPBERRY	98
CUTTER LEMON LIQ EUCALYPT	217	CVS GLUCOSE CHW TROP BLS	98
CUTTER LIQ NATURAL	217	CVS GLUCOSE CHW TROPICAL	98
CUTTER SKINS AER 7%	217	<i>cvs glucose gel 40%</i>	98
CUTTER SKINS LIQ 7%	217	CVS INSECT AER REPELLNT	217
CUTTER SPORT AER 15%	217	<i>cvs iron tab 27mg</i>	127
CUTTER WIPES MIS 7.15%	217	<i>cvs iron tab 325mg</i>	127
<i>cvd d3 chw 1000unit</i>	157	<i>cvs laxative chw 15mg</i>	113
<i>cvs advanced oin healing</i>	217	<i>cvs laxative tab 25mg</i>	113
<i>cvs antacid sus supreme</i>	105	<i>cvs lice kit solution</i>	221
<i>cvs antacid/ sus anti-gas</i>	105	<i>cvs mineral oil</i>	113
<i>cvs b-1 tab 100mg</i>	157	<i>cvs moisture cre</i>	217
<i>cvs b12 chw 2500mcg</i>	157	CVS NASAL SPR MIST	204
<i>cvs b-12 liq 1000/15</i>	157	<i>cvs natural pow fiber</i>	113
<i>cvs b-12 tab 1500mcg</i>	157	<i>cvs senna tab 8.6mg</i>	113
<i>cvs b6 tab 100mg</i>	157	<i>cvs stress tab form/zn</i>	158
<i>cvs biotin cap 10000mcg</i>	157	<i>cvs super b tab complx/c</i>	158
<i>cvs biotin cap 5000mcg</i>	157	<i>cvs vision tab formula</i>	158
<i>cvs biotin tab 1000mcg</i>	157	<i>cvs vit b-12 tab 1000 tr</i>	158
<i>cvs bismuth chw 262mg</i>	107	<i>cvs vit c tab 1000mg</i>	158
<i>cvs bismuth sus max str</i>	107	<i>cvs vit e cap 400unit</i>	158
<i>cvs bismuth tab 262mg</i>	107	<i>cyanocobalamin inj 1000 mcg/ml</i>	158
<i>cvs calcium tab 600mg</i>	144	<i>cyanocobalamin liquid 1000 mcg/15ml</i>	158
<i>cvs children chw complete</i>	157	<i>cyanocobalamin lozenge 500 mcg</i>	158
<i>cvs cough dm sus 30mg/5ml</i>	194	<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	158
<i>cvs d3 cap 1000unit</i>	157	<i>cyanocobalamin sl tab 1000 mcg</i>	158
<i>cvs d3 cap 2000unit</i>	157	<i>cyanocobalamin sl tab 2500 mcg</i>	158
<i>cvs d3 cap 400unit</i>	157	<i>cyanocobalamin sl tab 3000 mcg</i>	158
<i>cvs d3 cap 5000unit</i>	157	<i>cyanocobalamin sl tab 500 mcg</i>	158
<i>cvs d3 chw 1000 unt</i>	157	<i>cyanocobalamin sl tab 5000 mcg</i>	158
<i>cvs daily chw gummies</i>	157	<i>cyanocobalamin tab 100 mcg</i>	158
<i>cvs daily tab fe/ca/zn</i>	157	<i>cyanocobalamin tab 1000 mcg</i>	158
		<i>cyanocobalamin tab 250 mcg</i>	158

<i>cyanocobalamin tab 50 mcg</i>	158	<i>d3-50 cap 50000unt</i>	158
<i>cyanocobalamin tab 500 mcg</i>	158	D5W/LYTES INJ #48.....	138
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<i>cyanocobalamin tab er 2000 mcg</i>	158	<i>dacarbazine for inj 100 mg</i>	27
<i>cyclafem tab 1/35</i>	90	<i>daily combo tab</i>	159
<i>cyclafem tab 7/7/7</i>	90	DAILY CONDIT OIN	217
<i>cyclobenzaprine hcl tab 10 mg</i>	80	DAILY D3 DRO 1000UNIT	159
<i>cyclobenzaprine hcl tab 5 mg</i>	80	<i>daily fiber pow 48.57%</i>	113
<i>cyclophosphamide cap 25 mg</i>	27	<i>daily multi tab</i>	159
<i>cyclophosphamide cap 50 mg</i>	27	<i>daily multi tab men</i>	159
<i>cyclophosphamide for inj 1 gm</i>	27	<i>daily multi tab vit/iron</i>	159
<i>cyclophosphamide for inj 2 gm</i>	27	<i>daily multi tab vit/mens</i>	159
<i>cyclophosphamide for inj 500 mg</i>	27	<i>daily multi tab vit/min</i>	159
<i>cycloserine cap 250 mg</i>	19	<i>daily multi tab vitamin</i>	159
<i>cyclosporine cap 100 mg</i>	133	<i>daily multi tab vitamins</i>	159
<i>cyclosporine cap 25 mg</i>	133	<i>daily multi tab women</i>	159
<i>cyclosporine iv soln 50 mg/ml</i>	133	<i>daily multi tab womn 50+</i>	159
<i>cyclosporine modified cap 100 mg</i>	133	<i>daily tab vitamin</i>	159
<i>cyclosporine modified cap 25 mg</i>	133	<i>daily value tab multivit</i>	159
<i>cyclosporine modified cap 50 mg</i>	133	<i>daily vit tab</i>	159
<i>cyclosporine modified oral soln 100</i> <i>mg/ml</i>	133	<i>daily vit tab +iron</i>	159
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	188	<i>daily vit tab +mineral</i>	159
<i>cyproheptadine hcl tab 4 mg</i>	188	<i>daily vit tab iron</i>	159
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CYSTAGON CAP 150MG	95	<i>daily vite tab iron</i>	159
CYSTAGON CAP 50MG	95	<i>daily-vite tab</i>	159
CYSTARAN SOL 0.44%	184	<i>daily-vite/ tab iron</i>	159
<i>cytarabine inj 20 mg/ml</i>	28	<i>dalfampridine tab er 12hr 10 mg</i>	80
CYTO-Q LIQ 80MG/10.....	148	DALIRESP TAB 250MCG	204
CYTO-Q MAX LIQ 100MG/ML	148	DALIRESP TAB 500MCG	204
CYTO-Q T/F LIQ 80MG/10	148	<i>danazol cap 100 mg</i>	94
D		<i>danazol cap 200 mg</i>	94
<i>d 1000 cap 1000unit</i>	158	<i>danazol cap 50 mg</i>	94
<i>d 2000 tab 2000unit</i>	158	<i>dantrolene sodium cap 100 mg</i>	80
<i>d 400 tab 400unit</i>	158	<i>dantrolene sodium cap 25 mg</i>	80
D10W/NACL INJ 0.2%	138	<i>dantrolene sodium cap 50 mg</i>	80
<i>d3 adult chw 1000unit</i>	158	<i>dapsone tab 100 mg</i>	13
<i>d3 cap 1000unit</i>	158	<i>dapsone tab 25 mg</i>	13
<i>d3 cap 2000unit</i>	158	DAPTACEL INJ	134
D3 DOTS TAB 2000UNIT	158	<i>daptomycin for iv soln 350 mg</i>	13
<i>d-3 gummy chw 400unit</i>	159	<i>daptomycin for iv soln 500 mg</i>	13
<i>d3 kids chw 400unit</i>	158	DAPTOMYCIN SOL 350MG	13
<i>d3 max st dro 5000unit</i>	158	<i>dasetta tab 1/35</i>	90
<i>d3 maximum cap 5000unit</i>	158	<i>dasetta tab 7/7/7</i>	90
<i>d3 super str cap 2000unit</i>	158	DAURISMO TAB 100MG.....	29
<i>d3 tab 400unit</i>	158	DAURISMO TAB 25MG	29
<i>d3-1000 cap 1000unit</i>	158	<i>day cold/flu cap 10-5-325</i>	194
		<i>day time cap 10-5-325</i>	194

<i>dayhist alrg tab 12 hour</i>	188	<i>desmopressin acetate tab 0.2 mg</i>	103
<i>day-time pe cap</i>	194	<i>desogest-eth estrad & eth estrad tab</i>	
DDROPS LIQ	159	<i>0.15-0.02/0.01 mg(21/5)</i>	90
<i>deblitane tab 0.35mg</i>	90	<i>desogest-ethin est tab</i>	
DECARA CAP 25000UNT	159	<i>0.1-0.025/0.125-0.025/0.15-0.025mg-m</i>	
<i>decara cap 50000unt</i>	159	<i>g</i>	90
DECONEX DMX TAB.....	194	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
DECONEX IR TAB 10-385MG	194	<i>mg-30 mcg</i>	90
<i>decongestant sol 1%</i>	194	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>decongestant tab 120mg er</i>	194	<i>mg (base equiv)</i>	64
DECUBI-VITE CAP	159	<i>desvenlafaxine succinate tab er 24hr 25</i>	
<i>deep sea spr 0.65%</i>	204	<i>mg (base equiv)</i>	64
DEKAS CAP ESSENTIA	159	<i>desvenlafaxine succinate tab er 24hr 50</i>	
DEKAS LIQ ESSENTIA.....	159	<i>mg (base equiv)</i>	64
DEKAS PLUS CAP	159	DEX4 CHW FRUIT.....	98
DEKAS PLUS CHW	159	DEX4 CHW GRAPE	98
DEKAS PLUS LIQ.....	159	DEX4 CHW ORANGE	98
DELESTROGEN INJ 10MG/ML.....	95	DEX4 CHW RASPBERR	98
DELSTRIGO TAB	19	DEX4 CHW RASPBERRY.....	98
<i>delsym cough liq congs dm</i>	194	DEX4 CHW SOUR APL	98
<i>delsym night liq cgh+cld</i>	194	DEX4 CHW TROP FRT	98
<i>delta d3 tab 400unit</i>	159	DEX4 CHW WATERMLN	98
<i>delyla tab 0.1-0.02</i>	90	DEX4 GLUCOSE CHW	98
DELZICOL CAP 400MG.....	112	DEX4 GLUCOSE CHW QK DISLV	98
DEMSEER CAP 250MG	53	DEX4 GLUCOSE GEL	98
DEPEN TITRA TAB 250MG	89	DEX4 POUCH CHW PACK.....	98
DEPO-PROVERA INJ 400/ML	31	DEXAMETHASON CON 1MG/ML	96
DERMABASE CRE	217	<i>dexamethasone elixir 0.5 mg/5ml</i>	96
<i>dermacerin cre</i>	217	<i>dexamethasone sod phosphate</i>	
<i>dermafix oin</i>	217	<i>preservative free inj 10 mg/ml</i>	96
<i>dermafungual oin 2%</i>	211	<i>dexamethasone sodium phosphate inj 10</i>	
<i>dermamed oin</i>	217	<i>mg/ml</i>	96
<i>dermaphor oin</i>	217	<i>dexamethasone sodium phosphate inj</i>	
<i>dermarest lot 1%</i>	213	<i>100 mg/10ml</i>	96
DESCOVY TAB 200/25	19	<i>dexamethasone sodium phosphate inj</i>	
<i>desenex shak pow 2%</i>	211	<i>120 mg/30ml</i>	96
<i>desipramine hcl tab 10 mg</i>	64	<i>dexamethasone sodium phosphate inj 20</i>	
<i>desipramine hcl tab 100 mg</i>	64	<i>mg/5ml</i>	96
<i>desipramine hcl tab 150 mg</i>	64	<i>dexamethasone sodium phosphate inj 4</i>	
<i>desipramine hcl tab 25 mg</i>	64	<i>mg/ml</i>	96
<i>desipramine hcl tab 50 mg</i>	64	<i>dexamethasone sodium phosphate ophth</i>	
<i>desipramine hcl tab 75 mg</i>	64	<i>soln 0.1%</i>	182
<i>desmopressin acetate inj 4 mcg/ml</i> ...	103	<i>dexamethasone soln 0.5 mg/5ml</i>	96
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab 0.5 mg</i>	96
<i>0.01%</i>	103	<i>dexamethasone tab 0.75 mg</i>	96
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab 1 mg</i>	96
<i>0.01% (refrigerated)</i>	103	<i>dexamethasone tab 1.5 mg</i>	96
<i>desmopressin acetate tab 0.1 mg</i>	103	<i>dexamethasone tab 2 mg</i>	96

<i>dexamethasone tab 4 mg</i>	96	DIASTAT ACDL GEL 12.5-20	57
<i>dexamethasone tab 6 mg</i>	96	DIASTAT ACDL GEL 5-10MG	57
DEXILANT CAP 30MG DR	122	DIASTAT PED GEL 2.5M GEL.....	57
DEXILANT CAP 60MG DR	122	<i>diazepam con 5mg/ml</i>	57
<i>dexmethylphenidate hcl tab 10 mg</i>	76	<i>diazepam inj 5 mg/ml</i>	57
<i>dexmethylphenidate hcl tab 2.5 mg</i>	76	<i>diazepam oral soln 1 mg/ml</i>	57
<i>dexmethylphenidate hcl tab 5 mg</i>	76	<i>diazepam rectal gel delivery system 10</i>	
<i>dextrazoxane hcl for inj 500 mg (base</i>		<i>mg</i>	57
<i>equivalent)</i>	37	<i>diazepam rectal gel delivery system 2.5</i>	
<i>dextromethorphan polistirex extended</i>		<i>mg</i>	57
<i>release susp 30 mg/5ml</i>	194	<i>diazepam rectal gel delivery system 20</i>	
<i>dextromethorphan-guaifenesin syrup</i>		<i>mg</i>	57
<i>10-100 mg/5ml</i>	194	<i>diazepam tab 10 mg</i>	57
<i>dextrose 10% w/ sodium chloride 0.45%</i>		<i>diazepam tab 2 mg</i>	57
.....	139	<i>diazepam tab 5 mg</i>	57
<i>dextrose 2.5% w/ sodium chloride</i>		<i>diclofenac potassium tab 50 mg</i>	4
<i>0.45%</i>	138	<i>diclofenac sodium gel 1%</i>	217
<i>dextrose 5% in lactated ringers</i>	138	<i>diclofenac sodium ophth soln 0.1%</i> ..	182
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>diclofenac sodium tab delayed release 25</i>	
.....	139	<i>mg</i>	5
<i>dextrose 5% w/ sodium chloride 0.225%</i>		<i>diclofenac sodium tab delayed release 50</i>	
.....	139	<i>mg</i>	5
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>diclofenac sodium tab delayed release 75</i>	
.....	139	<i>mg</i>	5
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>diclofenac sodium tab er 24hr 100 mg</i> ..	5
.....	139	<i>dicloxacillin sodium cap 250 mg</i>	25
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dicloxacillin sodium cap 500 mg</i>	25
.....	139	<i>dicyclomine hcl cap 10 mg</i>	111
<i>dextrose inj 10%</i>	139	<i>dicyclomine hcl oral soln 10 mg/5ml.</i>	111
<i>dextrose inj 5%</i>	139	<i>dicyclomine hcl tab 20 mg</i>	111
<i>dextrose inj 50%</i>	139	<i>didanosine delayed release capsule 200</i>	
<i>dextrose inj 70%</i>	139	<i>mg</i>	16
DHS ZINC SHA 2%	217	<i>didanosine delayed release capsule 250</i>	
DIABET HLTH PAK SUPPORT.....	159	<i>mg</i>	16
DIABETES PAK HEALTH	159	<i>didanosine delayed release capsule 400</i>	
<i>diabetic sup tab formula</i>	159	<i>mg</i>	16
<i>diabetic tus liq 100/5ml</i>	194	DIFICID TAB 200MG	23
<i>diabetic tus liq dm</i>	194	<i>diflunisal tab 500 mg</i>	5
<i>diabetic tus liq max st</i>	194	<i>digestive cap health</i>	107
DIABETIDERM CRE.....	217	<i>digestive cap probioti</i>	108
DIABETIDERM CRE FOOT	217	<i>digitek tab 0.125mg</i>	51
<i>diabets hlth tab formula</i>	159	<i>digitek tab 0.25mg</i>	51
<i>dialyvite d cap 5000unit</i>	159	<i>digoxin inj 0.25 mg/ml</i>	51
<i>dialyvite tab 800</i>	160	<i>digoxin oral soln 0.05 mg/ml</i>	51
<i>dialyvite tab 800/d</i>	160	<i>digoxin tab 125 mcg (0.125 mg)</i>	51
<i>diamode tab 2mg</i>	107	<i>digoxin tab 250 mcg (0.25 mg)</i>	51
<i>diarrhea rel sus 262/15ml</i>	107	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<i>diarrhea sus 262/15ml</i>	107	.....	78

<i>dihydroergotamine mesylate nasal spray</i>	DINO-LIFE CHW IRON-ZIN	160
<i>4 mg/ml</i>	<i>diecto liq 50mg/5ml</i>	113
DILANTIN CAP 100MG	<i>diecto syp 60/15ml</i>	113
DILANTIN CAP 30MG	DIP/TET PED INJ 25-5LFU	134
DILANTIN CHW 50MG.....	<i>diphen tab 25mg</i>	188
DILANTIN-125 SUS 125/5ML.....	<i>diphenhist cap 25mg</i>	188
<i>diltiazem hcl cap er 12hr 120 mg</i>	<i>diphenhist liq 12.5/5ml</i>	188
<i>diltiazem hcl cap er 12hr 60 mg</i>	<i>diphenhist tab 25mg</i>	188
<i>diltiazem hcl cap er 12hr 90 mg</i>	<i>diphenhydramine hcl cap 25 mg</i>	188
<i>diltiazem hcl cap er 24hr 120 mg</i>	<i>diphenhydramine hcl cap 50 mg</i>	188
<i>diltiazem hcl cap er 24hr 180 mg</i>	<i>diphenhydramine hcl inj 50 mg/ml</i> ...	188
<i>diltiazem hcl cap er 24hr 240 mg</i>	<i>diphenhydramine hcl tab 25 mg</i>	188
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>diphenhydramine-zinc acetate cream</i>	
<i>120 mg</i>	<i>2-0.1%</i>	211
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>180 mg</i>	<i>mg/5ml</i>	120
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>240 mg</i>	<i>mg</i>	120
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>disney cars chw gummies</i>	160
<i>300 mg</i>	<i>disopyramide phosphate cap 100 mg</i> ..	44
<i>diltiazem hcl coated beads cap er 24hr</i>	<i>disopyramide phosphate cap 150 mg</i> ..	44
<i>360 mg</i>	<i>disulfiram tab 250 mg</i>	82
<i>diltiazem hcl extended release beads cap</i>	<i>disulfiram tab 500 mg</i>	82
<i>er 24hr 120 mg</i>	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>	<i>sprinkle 125 mg</i>	58
<i>er 24hr 180 mg</i>	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>	<i>125 mg</i>	58
<i>er 24hr 240 mg</i>	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>	<i>250 mg</i>	58
<i>er 24hr 300 mg</i>	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>	<i>500 mg</i>	58
<i>er 24hr 360 mg</i>	<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>diltiazem hcl extended release beads cap</i>	.....	58
<i>er 24hr 420 mg</i>	<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	.....	58
<i>mg/ml)</i>	DML FORTE CRE.....	217
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>mg/ml)</i>	<i>mg/ml)</i>	29
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	<i>docetaxel for inj conc 20 mg/ml</i>	29
<i>mg/ml)</i>	<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>diltiazem hcl tab 120 mg</i>	<i>mg/ml)</i>	29
<i>diltiazem hcl tab 30 mg</i>	DOCETAXEL INJ 160/16ML	29
<i>diltiazem hcl tab 60 mg</i>	DOCETAXEL INJ 160/8ML.....	29
<i>diltiazem hcl tab 90 mg</i>	DOCETAXEL INJ 200/10	29
<i>dimaphen dm elx 2.5-1-5</i>	DOCETAXEL INJ 20MG/2ML	29
<i>dimaphen elx children</i>	DOCETAXEL INJ 80MG/4ML	29
<i>dino-life chw</i>	DOCETAXEL INJ 80MG/8ML	29
<i>dino-life chw extra c</i>	<i>docetaxel soln for iv infusion 160</i>	

<i>mg/16ml</i>	29	<i>doxepin hcl cap 75 mg</i>	64
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	29	<i>doxepin hcl conc 10 mg/ml</i>	64
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	29	<i>doxorubicin hcl for inj 50 mg</i>	27
<i>docqlace cap 100mg</i>	113	<i>doxorubicin hcl inj 2 mg/ml</i>	27
<i>docu liq 50mg/5ml</i>	113	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	27
<i>docu soft cap 100mg</i>	113	<i>doxy 100 inj 100mg</i>	26
<i>docusate cal cap 240mg</i>	113	<i>doxycycline hyclate cap 100 mg</i>	26
<i>docusate calcium cap 240 mg</i>	113	<i>doxycycline hyclate cap 50 mg</i>	26
<i>docusate sod cap 100mg</i>	113	<i>doxycycline hyclate for inj 100 mg</i>	26
<i>docusate sod liq 50mg/5ml</i>	113	<i>doxycycline hyclate tab 100 mg</i>	26
<i>docusate sodium cap 100 mg</i>	113	<i>doxycycline hyclate tab 20 mg</i>	26
<i>docusate sodium cap 250 mg</i>	113	<i>doxycycline monohydrate cap 100 mg</i>	26
<i>docusate sodium liquid 150 mg/15ml</i>	113	<i>doxycycline monohydrate cap 50 mg</i> ..	26
<i>docusate sodium tab 100 mg</i>	113	<i>doxycycline monohydrate tab 100 mg</i> ..	26
<i>docusil cap 100mg</i>	113	<i>doxycycline monohydrate tab 150 mg</i> ..	27
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DOCUSOL MINI ENE	113	<i>doxycycline monohydrate tab 75 mg</i> ..	26
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<i>dofetilide cap 125 mcg (0.125 mg)</i>	44	<i>driminate tab 50mg</i>	109
<i>dofetilide cap 250 mcg (0.25 mg)</i>	44	DRIPDROP POW BERRY	136
<i>dofetilide cap 500 mcg (0.5 mg)</i>	44	DRIPDROP POW ORS	136
<i>dofus cap</i>	108	<i>dristan cold tab</i>	194
<i>dok cap 100mg</i>	114	<i>dronabinol cap 10 mg</i>	110
<i>dok cap 250mg</i>	114	<i>dronabinol cap 2.5 mg</i>	109
<i>dok plus tab 8.6-50mg</i>	114	<i>dronabinol cap 5 mg</i>	109
<i>dok tab 100mg</i>	114	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	90
<i>donepezil hydrochloride orally</i> <i>disintegrating tab 10 mg</i>	62	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	90
<i>donepezil hydrochloride orally</i> <i>disintegrating tab 5 mg</i>	62	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	90
<i>donepezil hydrochloride tab 10 mg</i>	62	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	90
<i>donepezil hydrochloride tab 5 mg</i>	62	DROXIA CAP 200MG	129
<i>dorzolamide hcl ophth soln 2%</i>	183	DROXIA CAP 300MG	129
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	183	DROXIA CAP 400MG	130
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<i>doxazosin mesylate tab 1 mg</i>	40	<i>dry skin oin</i>	217
<i>doxazosin mesylate tab 2 mg</i>	40	<i>ducodyl tab 5mg ec</i>	114
<i>doxazosin mesylate tab 4 mg</i>	40	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	64
<i>doxazosin mesylate tab 8 mg</i>	40	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	65
<i>doxepin hcl cap 10 mg</i>	64	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	65
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<i>doxepin hcl cap 25 mg</i>	64		
<i>doxepin hcl cap 50 mg</i>	64		

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<i>dutasteride cap 0.5 mg</i>	123	EMEND SUS 125MG.....	110
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		EMERGEN-C PAK BLUE.....	160
<i>mg</i>	123	EMERGEN-C PAK HEART.....	160
E		EMERGEN-C PAK IMMUNE	160
<i>e 1000 cap 1000unit</i>	160	EMERGEN-C PAK KIDZ	160
<i>e200 cap 200unit</i>	160	EMERGEN-C PAK MSM LITE	160
<i>e-200 cap 200unit</i>	160	EMERGEN-C PAK PINK	160
<i>e-400 cap 400unit</i>	160	EMERGEN-C PAK VIT D/CA	160
<i>e-400 clear cap</i>	160	EMERGEN-C PAK VITA C	160
<i>e400 mixed cap 400unit</i>	160	EMGALITY INJ 120MG/ML.....	78
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<i>ear drops sol 6.5% ot</i>	222	EMSAM DIS 6MG/24HR	65
<i>ear wax remv dro 6.5% ot</i>	222	EMSAM DIS 9MG/24HR	65
<i>ear wax remv sol 6.5% ot</i>	222	EMTRIVA CAP 200MG.....	17
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<i>earwax sol removal</i>	222	EMVERM CHW 100MG.....	13
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<i>easy-melts tab 80mg</i>	2	<i>tab 10-25 mg</i>	39
<i>eazze pain tab 25-500mg</i>	82	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>econtra ez tab 1.5mg</i>	90	<i>tab 5-12.5 mg</i>	38
<i>ecotrin low tab 81mg ec</i>	2	<i>enalapril maleate tab 10 mg</i>	39
<i>ecpirin tab 325mg ec</i>	2	<i>enalapril maleate tab 2.5 mg</i>	39
<i>ed a-hist dm liq</i>	194	<i>enalapril maleate tab 20 mg</i>	39
ED A-HIST DM TAB 10-4-10	194	<i>enalapril maleate tab 5 mg</i>	39
<i>ed a-hist tab 2.5-60mg</i>	194	<i>endacof-dm liq 2.5-1-5</i>	194
<i>ed a-hist tab 4-10mg</i>	194	ENDARI POW 5GM.....	130
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<i>ed chlorped syp jr</i>	188	<i>endur-acin tab 500mg sr</i>	160
<i>ed-apap liq 80mg/2.5</i>	2	<i>endur-acin tab 750mg</i>	160
EDURANT TAB 25MG	16	<i>endur-c/rose tab 1000mg</i>	160
<i>efavirenz cap 200 mg</i>	16	<i>endur-c/rose tab 500mg</i>	160
<i>efavirenz cap 50 mg</i>	16	ENDUR-VM TAB.....	160
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ELLA TAB 30MG	90	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	125

<i>enoxaparin sodium inj 150 mg/ml</i>	125	<i>eq laxative tab 25mg</i>	114
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	125	<i>eq laxative tab 8.6mg</i>	114
<i>enoxaparin sodium inj 300 mg/3ml</i> ...	125	<i>eq mineral oil</i>	114
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	125	<i>eq multivita chw gummies</i>	161
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ..	125	<i>eq nicotine loz 4mg cinn</i>	82
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ..	125	EQ ONE DAILY TAB MENS.....	161
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<i>entecavir tab 0.5 mg</i>	20	<i>eql antacid chw 1000mg</i>	105
<i>entecavir tab 1 mg</i>	20	<i>eql antacid chw fruit</i>	105
<i>enteric asa tab 325mg ec</i>	2	<i>eql antacid sus anti-gas</i>	105
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<i>enulose sol 10gm/15</i>	114	<i>eql calcium tab w/vit d</i>	144
<i>enviro-stres tab</i>	160	<i>eql castor oil 100%</i>	114
<i>e-oil oil 30000unt</i>	160	<i>eql century tab</i>	161
<i>e-ointment oin</i>	217	<i>eql century tab mature</i>	161
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<i>e-pherol tab 400unit</i>	160	<i>eql coq10 cap 100mg</i>	148
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<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	204	<i>eql fiber la tab 625mg</i>	114
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	204	<i>eql fiber pow therapy</i>	114
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<i>epirubicin hcl iv soln 200 mg/100ml (2</i> <i>mg/ml)</i>	27	<i>eql fish oil cap 1200mg</i>	148
<i>epirubicin hcl iv soln 50 mg/25ml (2</i> <i>mg/ml)</i>	27	<i>eql gas rif cap 180mg</i>	120
<i>epitol tab 200mg</i>	58	<i>eql laxative chw 15mg</i>	114
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<i>eplerenone tab 25 mg</i>	40	<i>eql probiots cap acidophi</i>	108
<i>eplerenone tab 50 mg</i>	40	<i>eql stomach chw 262mg</i>	108
<i>eprosartan mesylate tab 600 mg</i>	43	<i>eql vision tab formula</i>	161
<i>epsom salt gra</i>	114	<i>eql vit c tab 1000mg</i>	161
EPSOM SALT GRA	114	<i>eql vit c/rh tab 1000mg</i>	161
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<i>eq antacid chw 1000mg</i>	105	<i>eql vitamin cap d3</i>	161
<i>eq antacid chw 750mg</i>	105	EQUALACTIN CHW 625MG.....	114
<i>eq aspirin tab 325mg ec</i>	2	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	161
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<i>errin tab 0.35mg</i>	90	<i>essentl one tab daily</i>	161
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	13	<i>ester-e cap 400unit</i>	161
<i>ery-tab tab 250mg ec</i>	23	<i>estradiol tab 0.5 mg</i>	95
<i>ery-tab tab 333mg ec</i>	23	<i>estradiol tab 1 mg</i>	95
<i>ery-tab tab 500mg ec</i>	23	<i>estradiol tab 2 mg</i>	95
<i>ERYTHROCIN INJ 500MG</i>	23	<i>estradiol td patch weekly 0.025 mg/24hr</i>	95
<i>erythrocin tab 250mg</i>	23	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	95
<i>erythromycin ethylsuccinate tab 400 mg</i>	23	<i>estradiol td patch weekly 0.05 mg/24hr</i>	95
<i>erythromycin gel 2%</i>	208	<i>estradiol td patch weekly 0.06 mg/24hr</i>	95
<i>erythromycin ophth oint 5 mg/gm</i>	181	<i>estradiol td patch weekly 0.075 mg/24hr</i>	95
<i>erythromycin pads 2%</i>	208	<i>estradiol td patch weekly 0.1 mg/24hr</i>	95
<i>erythromycin soln 2%</i>	208	<i>estradiol vaginal cream 0.1 mg/gm</i>	95
<i>erythromycin tab 250 mg</i>	23	<i>estradiol vaginal tab 10 mcg</i>	95
<i>erythromycin tab 500 mg</i>	23	<i>estradiol valerate im in oil 20 mg/ml</i> ..	96
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<i>erythromycin tab delayed release 500 mg</i>	23	<i>eszopiclone tab 2 mg</i>	77
<i>erythromycin w/ delayed release particles cap 250 mg</i>	23	<i>eszopiclone tab 3 mg</i>	77
<i>ESBRIET CAP 267MG</i>	204	<i>ethambutol hcl tab 100 mg</i>	19
<i>ESBRIET TAB 267MG</i>	204	<i>ethambutol hcl tab 400 mg</i>	19
<i>ESBRIET TAB 801MG</i>	204	<i>ethosuximide cap 250 mg</i>	58
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	65	<i>ethosuximide soln 250 mg/5ml</i>	58
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	65	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	91
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	65	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	91
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	65	<i>etodolac cap 200 mg</i>	5
<i>esomepra mag cap 20mg dr</i>	122	<i>etodolac cap 300 mg</i>	5
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	122	<i>etodolac tab 400 mg</i>	5
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	122	<i>etodolac tab 500 mg</i>	5
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	122	<i>etodolac tab er 24hr 400 mg</i>	5
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	122	<i>etodolac tab er 24hr 500 mg</i>	5
		<i>etodolac tab er 24hr 600 mg</i>	5
		<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	37
		<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	37
		<i>EUCERIN CRE INT REPA</i>	217
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		<i>EVOTAZ TAB 300-150</i>	19
		<i>exemestane tab 25 mg</i>	31

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<i>eye drops dro 0.5-0.9%</i>	184
<i>eye itch rel dro 0.025%op</i>	183
<i>eye itch sol relief</i>	183
<i>eyeprotect tab</i>	161
<i>ezetimibe tab 10 mg</i>	46
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<i>fa-8 tab 0.8mg</i>	161
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FABRAZYME INJ 5MG	95
<i>falmina tab</i>	91
<i>famciclovir tab 125 mg</i>	20
<i>famciclovir tab 250 mg</i>	20
<i>famciclovir tab 500 mg</i>	20
<i>famotidine for susp 40 mg/5ml</i>	111
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	111
<i>famotidine inj 20 mg/2ml</i>	112
<i>famotidine inj 200 mg/20ml</i>	112
<i>famotidine inj 40 mg/4ml</i>	112
<i>famotidine tab 10 mg</i>	112
<i>famotidine tab 10mg</i>	112
<i>famotidine tab 20 mg</i>	112
<i>famotidine tab 20mg</i>	112
<i>famotidine tab 40 mg</i>	112
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FANAPT TAB 10MG	70
FANAPT TAB 12MG	70
FANAPT TAB 1MG	70
FANAPT TAB 2MG	70
FANAPT TAB 4MG	70
FANAPT TAB 6MG	70
FANAPT TAB 8MG	70
FARXIGA TAB 10MG	86
FARXIGA TAB 5MG	86
FARYDAK CAP 10MG	30
FARYDAK CAP 15MG	30
FARYDAK CAP 20MG	30
FASLODEX INJ 250/5ML	31
<i>fayosim tab</i>	91
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<i>febuxostat tab 40 mg</i>	1

<i>febuxostat tab 80 mg</i>	1
<i>felbamate susp 600 mg/5ml</i>	58
<i>felbamate tab 400 mg</i>	58
<i>felbamate tab 600 mg</i>	58
<i>felodipine tab er 24hr 10 mg</i>	50
<i>felodipine tab er 24hr 2.5 mg</i>	50
<i>felodipine tab er 24hr 5 mg</i>	50
<i>femynor tab 0.25-35</i>	91
<i>fenofibrate micronized cap 134 mg</i>	46
<i>fenofibrate micronized cap 200 mg</i>	46
<i>fenofibrate micronized cap 67 mg</i>	46
<i>fenofibrate tab 145 mg</i>	46
<i>fenofibrate tab 160 mg</i>	46
<i>fenofibrate tab 48 mg</i>	46
<i>fenofibrate tab 54 mg</i>	46
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	7
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	7
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	7
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	7
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	7
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	7
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	8
<i>fentanyl td patch 72hr 100 mcg/hr</i>	8
<i>fentanyl td patch 72hr 12 mcg/hr</i>	8
<i>fentanyl td patch 72hr 25 mcg/hr</i>	8
<i>fentanyl td patch 72hr 50 mcg/hr</i>	8
<i>fentanyl td patch 72hr 75 mcg/hr</i>	8
FENTORA TAB 100MCG	8
FENTORA TAB 200MCG	8
FENTORA TAB 400MCG	8
FENTORA TAB 600MCG	8
FENTORA TAB 800MCG	8
FERAHEME INJ 510/17ML	127
<i>ferate tab 27mg</i>	127
<i>fergon tab 27mg</i>	127

<i>ferosul elx 220/5ml</i>	127	<i>fiber therap pow 28.3%</i>	114
<i>ferosul tab 325mg</i>	127	<i>fiber therap pow sf orang</i>	114
<i>ferrex 150 cap 150mg</i>	127	<i>fiber therap tab 500mg</i>	114
<i>ferric x-150 cap 150mg</i>	127	<i>fiber-caps tab 625mg</i>	114
<i>ferrous gluc tab 324mg</i>	127	<i>fiber-lax tab 625mg</i>	114
FERROUS GLUC TAB 324MG.....	128	<i>finasteride tab 5 mg</i>	123
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	128	<i>finest fish liq oil</i>	148
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	128	FIRAZYR INJ 30MG/3ML.....	130
FERROUS SUL LIQ 220/5ML	128	<i>first aid cre antibiot</i>	209
FERROUS SULF SYP 300/5ML	128	<i>fish oil cap 1000mg</i>	149
FERROUS SULF TAB 140MG.....	128	FISH OIL CAP 1000MG.....	149
FERROUS SULF TAB 324MG EC.....	128	<i>fish oil cap 1200mg</i>	149
<i>ferrous sulf tab 325mg</i>	128	FISH OIL CAP 1360MG.....	149
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	128	FISH OIL CAP 1400MG.....	149
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	128	FISH OIL CAP 150MG.....	148
<i>ferrous sulfate tab 28 mg (elemental fe)</i>	128	FISH OIL CAP 180MG.....	149
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	128	FISH OIL CAP 183.33MG	149
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	128	<i>fish oil cap 300mg</i>	149
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	128	<i>fish oil cap 435mg</i>	149
<i>ferrousul tab 325mg</i>	128	FISH OIL CAP 900MG.....	149
FETZIMA CAP 120MG.....	65	FISH OIL CHW 875MG	149
FETZIMA CAP 20MG	65	<i>fish oil chw gummies</i>	149
FETZIMA CAP 40MG	65	<i>fish oil con cap 1000mg</i>	149
FETZIMA CAP 80MG	65	<i>fish oil con cap 300mg</i>	149
FETZIMA CAP TITRATIO.....	65	<i>flac oil 0.01%</i>	222
FEVERALL INF SUP 80MG.....	2	<i>flanax pain tab 220mg</i>	5
<i>feverall sup 120mg</i>	2	<i>flanders oin buttocks</i>	217
<i>feverall sup 325mg</i>	2	<i>flavor chews chw 750mg</i>	105
<i>feverall sup 650mg</i>	2	FLEBOGAMMA INJ 10/100ML	132
<i>fexofenadine hcl tab 180 mg</i>	188	FLEBOGAMMA INJ 10/200ML	132
<i>fexofenadine hcl tab 60 mg</i>	188	FLEBOGAMMA INJ 20/200ML	132
<i>fexofenadine sus 30mg/5ml</i>	188	FLEBOGAMMA INJ 20/400ML	132
<i>fexofenadine tab 180mg</i>	188	FLEBOGAMMA INJ 5GM/50ML	132
<i>fexofenadine tab 60mg</i>	188	FLEBOGAMMA INJ DIF 5%.....	132
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	195	<i>flecainide acetate tab 100 mg</i>	44
FIASP FLEX INJ TOUCH.....	85	<i>flecainide acetate tab 150 mg</i>	44
FIASP INJ 100/ML.....	85	<i>flecainide acetate tab 50 mg</i>	44
<i>fiber laxativ tab 625mg</i>	114	FLEET BISACO ENE 10/30ML	114
<i>fiber laxativ cap 0.52gm</i>	114	<i>flintstones chw bone bld</i>	161
		<i>flintstones chw complete</i>	161
		<i>flintstones chw extra c</i>	161
		<i>flintstones chw my first</i>	161
		<i>flintstones chw omega-3</i>	161
		<i>flintstones chw pls calc</i>	161
		<i>flnston plus chw iron</i>	161
		FLORAJEN CAP ACIDOPHI.....	108
		<i>floranex gra</i>	108
		<i>floranex tab</i>	108

FLOVENT DISK AER 100MCG	206	<i>mg/ml)</i>	28
FLOVENT DISK AER 250MCG	206	<i>fluorouracil soln 2%</i>	217
FLOVENT DISK AER 50MCG	206	<i>fluorouracil soln 5%</i>	217
FLOVENT HFA AER 110MCG.....	207	<i>fluoxetine hcl cap 10 mg</i>	65
FLOVENT HFA AER 220MCG.....	207	<i>fluoxetine hcl cap 20 mg</i>	65
FLOVENT HFA AER 44MCG	207	<i>fluoxetine hcl cap 40 mg</i>	65
FLOWTUSS SOL 2.5-200	195	<i>fluoxetine hcl solution 20 mg/5ml</i>	65
<i>flu/cold pow daytime</i>	195	<i>fluphenazine decanoate inj 25 mg/ml</i> .	70
<i>flu/cold/cgh pow daytime</i>	195	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	70
<i>fluconazole for susp 10 mg/ml</i>	15	<i>fluphenazine hcl inj 2.5 mg/ml</i>	71
<i>fluconazole for susp 40 mg/ml</i>	15	<i>fluphenazine hcl oral conc 5 mg/ml</i>	71
<i>fluconazole in nacl 0.9% inj 200</i>		<i>fluphenazine hcl tab 1 mg</i>	71
<i>mg/100ml</i>	15	<i>fluphenazine hcl tab 10 mg</i>	71
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fluphenazine hcl tab 2.5 mg</i>	71
<i>mg/200ml</i>	15	<i>fluphenazine hcl tab 5 mg</i>	71
<i>fluconazole tab 100 mg</i>	15	<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>fluconazole tab 150 mg</i>	15	.....	182
<i>fluconazole tab 200 mg</i>	15	<i>flurbiprofen tab 100 mg</i>	5
<i>fluconazole tab 50 mg</i>	15	<i>flurbiprofen tab 50 mg</i>	5
<i>flucytosine cap 250 mg</i>	15	<i>flutamide cap 125 mg</i>	31
<i>flucytosine cap 500 mg</i>	15	<i>fluticasone propionate cream 0.05%</i> .	213
<i>fludrocortisone acetate tab 0.1 mg</i>	96	<i>fluticasone propionate nasal susp 50</i>	
<i>flunisolide nasal soln 25 mcg/act</i>		<i>mcg/act</i>	206
<i>(0.025%)</i>	206	<i>fluticasone propionate oint 0.005%</i> ..	213
<i>fluocinolone acetonide (otic) oil 0.01%</i>		<i>fluticasone spr 50mcg</i>	206
.....	222	<i>fluvoxamine maleate tab 100 mg</i>	55
<i>fluocinolone acetonide cream 0.01%</i> .	213	<i>fluvoxamine maleate tab 25 mg</i>	55
<i>fluocinolone acetonide cream 0.025%</i>	213	<i>fluvoxamine maleate tab 50 mg</i>	55
<i>fluocinolone acetonide oil 0.01% (body</i>		<i>foam antacid chw 80-20mg</i>	105
<i>oil)</i>	213	<i>foam antacid sus</i>	105
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>folic acid cap 0.8 mg</i>	161
<i>oil)</i>	213	FOLIC ACID CAP 20MG	161
<i>fluocinolone acetonide oint 0.025%</i> ...	213	FOLIC ACID CAP 5MG	161
<i>fluocinolone acetonide soln 0.01%</i>	213	<i>folic acid inj 5 mg/ml</i>	161
<i>fluocinonide cream 0.05%</i>	213	FOLIC ACID POW	161
<i>fluocinonide emulsified base cream</i>		<i>folic acid tab 1 mg</i>	162
<i>0.05%</i>	213	<i>folic acid tab 1000mcg</i>	162
<i>fluocinonide gel 0.05%</i>	213	<i>folic acid tab 400 mcg</i>	162
<i>fluocinonide soln 0.05%</i>	213	<i>folic acid tab 400mcg</i>	162
<i>fluorometholone ophth susp 0.1%</i>	182	<i>folic acid tab 800 mcg</i>	162
<i>fluorouracil cream 5%</i>	217	<i>folic acid tab 800mcg</i>	162
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>mg/ml)</i>	28	<i>10 mg/0.8ml</i>	126
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>mg/ml)</i>	28	<i>2.5 mg/0.5ml</i>	126
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>mg/ml)</i>	28	<i>mg/0.4ml</i>	126
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>fondaparinux sodium subcutaneous inj</i>	

7.5 mg/0.6ml	126
for sty reli oin	184
formula e cap 400unit	162
FORTEO SOL 600/2.4	100
fosamprenavir calcium tab 700 mg (base equiv)	17
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	39
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	39
fosinopril sodium tab 10 mg	39
fosinopril sodium tab 20 mg	39
fosinopril sodium tab 40 mg	39
FREAMINE HBC INJ 6.9%	138
FREAMINE III INJ 10%	138
FREEDAVITE TAB	162
FRESHKOTE SOL 2.7-2%	184
fruit c chw 500mg	162
fruit c-100 chw	162
fruity c chw 250mg	162
fruity chews chw	162
fruity chews chw /iron	162
fruity chw multivit	162
FULL SPECT TAB B/ VIT C	162
fulvestrant inj 250 mg/5ml	31
FUNGOID TINC KIT	211
FUNGOID TINC SOL 2%	211
fungoid-d cre 1%	211
furosemide inj 10 mg/ml	52
furosemide oral soln 10 mg/ml	52
furosemide oral soln 8 mg/ml	52
furosemide tab 20 mg	52
furosemide tab 40 mg	52
furosemide tab 80 mg	52
FUZEON INJ 90MG	17
fyavolv tab 0.5-2.5	96
FYCOMPA SUS 0.5MG/ML	58
FYCOMPA TAB 10MG	58
FYCOMPA TAB 12MG	58
FYCOMPA TAB 2MG	58
FYCOMPA TAB 4MG	58
FYCOMPA TAB 6MG	58
FYCOMPA TAB 8MG	58

G

<i>gabapentin cap 100 mg</i>	58
<i>gabapentin cap 300 mg</i>	58
<i>gabapentin cap 400 mg</i>	58
<i>gabapentin oral soln 250 mg/5ml</i>	58

<i>gabapentin tab 600 mg</i>	58
<i>gabapentin tab 800 mg</i>	59
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	62
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	62
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	62
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	62
<i>galantamine hydrobromide tab 12 mg</i> ..	62
<i>galantamine hydrobromide tab 4 mg</i> ..	62
<i>galantamine hydrobromide tab 8 mg</i> ..	62
GALZIN CAP 25MG	144
GALZIN CAP 50MG	144
GAMASTAN S/D INJ	132
GAMMAGARD INJ 10GM/100	132
GAMMAGARD INJ 1GM/10ML	132
GAMMAGARD INJ 2.5GM/25	132
GAMMAGARD INJ 20GM/200	132
GAMMAGARD INJ 30GM/300	132
GAMMAGARD INJ 5GM/50ML	132
GAMMAGARD SD INJ 10GM HU	132
GAMMAGARD SD INJ 5GM HU	132
GAMMAKED INJ 10GM/100	132
GAMMAKED INJ 1GM/10ML	132
GAMMAKED INJ 2.5GM/25	132
GAMMAKED INJ 20GM/200	132
GAMMAKED INJ 5GM/50ML	132
GAMMAPLEX INJ 10%	132
GAMMAPLEX INJ 5%	132
GAMUNEX-C INJ 10GM/100	132
GAMUNEX-C INJ 1GM/10ML	132
GAMUNEX-C INJ 2.5GM/25	132
GAMUNEX-C INJ 20GM/200	132
GAMUNEX-C INJ 40/400ML	132
GAMUNEX-C INJ 5GM/50ML	132
<i>ganciclovir sodium for inj 500 mg</i>	20
GARDASIL 9 INJ	134
<i>gas relief cap 125mg</i>	120
<i>gas relief cap 180mg</i>	120
<i>gas relief chw 125mg</i>	120
<i>gas relief chw 80mg</i>	120
<i>gas relief dro 20/0.3ml</i>	121
<i>gas relief dro 40/0.6ml</i>	121
<i>gas relief dro infants</i>	121
<i>gas relief liq infants</i>	121
<i>gas-x cap 125mg</i>	121

<i>gas-x cap 180mg</i>	121	<i>gentamicin sulfate oint 0.1%</i>	209
GAS-X EX-STR MIS 62.5MG	121	<i>gentamicin sulfate ophth soln 0.3%</i> ..	181
<i>gatifloxacin ophth soln 0.5%</i>	181	GENTEAL GEL	184
GATTEX KIT 5MG	121	GENTEAL GEL 0.3%.....	184
GAUZE PADS 2	85	<i>genteal tear oin nt-time</i>	184
<i>gavilax pow</i>	114	<i>genteal tear sol moderate</i>	184
<i>gavilyte-c sol</i>	114	GENTLE CRE	217
<i>gavilyte-g sol</i>	114	<i>gentle laxat sup 10mg</i>	114
<i>gavilyte-n sol flav pk</i>	114	<i>gentle laxat tab 5mg ec</i>	115
GAVISCON CHW	105	<i>gentlelax pow</i>	115
GAVISCON SUS	105	GENVOYA TAB	19
GAVISCON SUS CHERRY.....	105	GEODON INJ 20MG.....	71
<i>gemcitabine hcl for inj 1 gm</i>	28	<i>geriaton liq</i>	162
<i>gemcitabine hcl for inj 2 gm</i>	28	<i>geri-dryl tab 25mg</i>	189
<i>gemcitabine hcl for inj 200 mg</i>	28	<i>geri-hydrola cre 12%</i>	217
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>geri-kot tab 8.6mg</i>	115
<i>mg/ml) (base equiv)</i>	28	<i>geri-lanta sus</i>	105
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		<i>geri-mox sus</i>	105
<i>mg/ml) (base equiv)</i>	28	<i>geri-mucil pow 68%</i>	115
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		<i>geri-pectate sus 262/15ml</i>	108
<i>mg/ml) (base equiv)</i>	28	<i>gerivite tab complete</i>	162
<i>gemfibrozil tab 600 mg</i>	46	GILENYA CAP 0.5MG.....	80
<i>genaphed tab 30mg</i>	195	GILOTRIF TAB 20MG.....	34
<i>generlac sol 10gm/15</i>	114	GILOTRIF TAB 30MG.....	34
<i>gengraf cap 100mg</i>	133	GILOTRIF TAB 40MG.....	34
<i>gengraf cap 25mg</i>	133	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gengraf sol 100mg/ml</i>	133	<i>20 mg/ml</i>	80
GENOTROPIN INJ 0.2MG.....	100	<i>glatiramer acetate soln prefilled syringe</i>	
GENOTROPIN INJ 0.4MG.....	100	<i>40 mg/ml</i>	80
GENOTROPIN INJ 0.6MG.....	100	<i>glatopa inj 20mg/ml</i>	80
GENOTROPIN INJ 0.8MG.....	100	<i>glatopa inj 40mg/ml</i>	80
GENOTROPIN INJ 1.2MG.....	100	GLEN PE LIQ.....	195
GENOTROPIN INJ 1.4MG.....	100	GLENAX PEB LIQ	195
GENOTROPIN INJ 1.6MG.....	100	GLEOSTINE CAP 100MG	27
GENOTROPIN INJ 1.8MG.....	100	GLEOSTINE CAP 10MG.....	27
GENOTROPIN INJ 12MG.....	100	GLEOSTINE CAP 40MG.....	27
GENOTROPIN INJ 1MG.....	100	<i>glimepiride tab 1 mg</i>	86
GENOTROPIN INJ 2MG.....	100	<i>glimepiride tab 2 mg</i>	86
GENOTROPIN INJ 5MG.....	100	<i>glimepiride tab 4 mg</i>	86
<i>gentak oin 0.3% op</i>	181	<i>glipizide tab 10 mg</i>	86
<i>gentamicin in saline inj 0.8 mg/ml</i>	11	<i>glipizide tab 5 mg</i>	86
<i>gentamicin in saline inj 1 mg/ml</i>	11	<i>glipizide tab er 24hr 10 mg</i>	86
<i>gentamicin in saline inj 1.2 mg/ml</i>	12	<i>glipizide tab er 24hr 2.5 mg</i>	86
<i>gentamicin in saline inj 1.6 mg/ml</i>	12	<i>glipizide tab er 24hr 5 mg</i>	86
<i>gentamicin in saline inj 2 mg/ml</i>	12	<i>glipizide xl tab 10mg</i>	86
<i>gentamicin sulfate cream 0.1%</i>	209	<i>glipizide xl tab 2.5mg</i>	86
<i>gentamicin sulfate inj 10 mg/ml</i>	12	<i>glipizide xl tab 5mg</i>	86
<i>gentamicin sulfate inj 40 mg/ml</i>	12	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	

.....86	<i>gnp animal chw shapes</i>	162
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	<i>gnp antacid chw 1000mg</i>	105
.....86	<i>gnp antacid chw 160-105</i>	105
<i>glipizide-metformin hcl tab 5-500 mg</i> ..86	<i>gnp antacid chw 550-110</i>	105
GLUCAGEN INJ HYPOKIT.....98	<i>gnp antacid sus anti-gas</i>	105
GLUCAGON KIT 1MG	<i>gnp antacid sus cherry</i>	105
<i>gluco burst gel 40%</i>.....98	<i>gnp aspirin chw 81mg</i>	2
GLUCOSE BITS CHW 1GM	<i>gnp aspirin tab 325mg</i>	2
GLUCOSE CHW 4-.006GM	<i>gnp aspirin tab 325mg ec</i>	2
GLUCOSE CHW 4-0.006.....98	<i>gnp aspirin tab 81mg ec</i>	2
GLUCOSE CHW 4GM.....98	<i>gnp b-12 sub 2500mcg</i>	162
GLUCOSE CHW FRUIT	<i>gnp biotin cap 5000mcg</i>	162
GLUCOSE CHW GRAPE.....98	<i>gnp bisa-lax tab 5mg ec</i>	115
GLUCOSE CHW ORANGE	<i>gnp ca/vit d chw minerals</i>	144
GLUCOSE CHW RASPBERRY	<i>gnp calcium tab 500/d</i>	144
GLUCOSE CHW RASPBRRY	<i>gnp calcium tab 600/d</i>	144
GLUCOSE CHW TROP FRT	<i>gnp calcium tab cit +d3</i>	144
GLUCOSE CHW WATERMLN	<i>gnp castor oil 100%</i>	115
<i>glucose drnk liq 15/59ml</i>	<i>gnp century tab</i>	162
<i>glucose gel 40%</i>.....99	<i>gnp century tab active</i>	162
GLUCOSE LIQ POMEGRAN.....99	<i>gnp century tab cardio</i>	162
<i>glucose oral liquid 15 gm/59ml</i>.....99	<i>gnp century tab mature</i>	162
<i>glucose shot liq 15/59ml</i>.....99	<i>gnp century tab senior</i>	162
<i>glucose shot liq 15gm</i>.....99	<i>gnp century tab ultimate</i>	162
<i>glucoten cap</i>	<i>gnp cgh relf liq 15mg/5ml</i>	195
<i>glutamine powder</i>	<i>gnp cld/alle elx children</i>	195
<i>glutimmune pow 100%</i>.....149	<i>gnp clearlax pak 3350 nf</i>	115
<i>glyburide micronized tab 1.5 mg</i>.....86	<i>gnp clearlax pow</i>	115
<i>glyburide micronized tab 3 mg</i>	<i>gnp co q10 cap 100mg</i>	149
<i>glyburide micronized tab 6 mg</i>	<i>gnp co q10 cap 200mg</i>	149
<i>glyburide tab 1.25 mg</i>	<i>gnp co q10 cap 60mg</i>	149
<i>glyburide tab 2.5 mg</i>.....86	<i>gnp cold rlf tab daytime</i>	195
<i>glyburide tab 5 mg</i>.....86	<i>gnp cold/cgh elx child</i>	195
<i>glyburide-metformin tab 1.25-250 mg</i> .87	<i>gnp cough dm sus 30mg/5ml</i>	195
<i>glyburide-metformin tab 2.5-500 mg</i> ..87	<i>gnp day time cap cold/flu</i>	195
<i>glyburide-metformin tab 5-500 mg</i>	<i>gnp day time liq cold/flu</i>	195
<i>glycolax pow 3350 nf</i>	<i>gnp dayhist tab 1.34mg</i>	189
<i>glycopyrrolate tab 1 mg</i>.....111	<i>gnp ear dro 6.5% ot</i>	222
<i>glycopyrrolate tab 2 mg</i>.....111	<i>gnp ear drop sol 6.5% ot</i>	222
GLYCO-TECH TAB	<i>gnp ear sys sol 6.5% ot</i>	222
<i>glydo gel 2%</i>.....215	<i>gnp enema ene</i>	115
<i>gnp all day tab allergy</i>	<i>gnp epsom gra salt</i>	115
<i>gnp allergy cap 25mg</i>.....189	<i>gnp fiber cap 0.52gm</i>	115
<i>gnp allergy tab 180mg</i>	<i>gnp fish oil cap</i>	149
<i>gnp allergy tab 25mg</i>	<i>gnp fish oil cap 1000mg</i>	149
<i>gnp allergy tab 4mg</i>.....189	<i>gnp fish oil cap 1200mg</i>	149
<i>gnp allergy tab multi-sy</i>.....195	GNP FISH OIL CAP 840MG.....	149
<i>gnp animal chw plus c</i>	<i>gnp flu relf liq nighttime</i>	195

<i>gnp gas relf chw 125mg</i>	121	<i>gnp vit b-12 tab 1000 pr</i>	163
<i>gnp gas relf chw 80mg</i>	121	<i>gnp vit b-12 tab 500mcg</i>	163
GNP GLUCOSE CHW GRAPE	99	<i>gnp vit b-6 tab 100mg</i>	162
GNP GLUCOSE CHW ORANGE	99	<i>gnp vit c chw 500mg</i>	163
GNP GLUCOSE CHW RASPBERRY	99	<i>gnp vit c loz 60mg</i>	163
GNP GLUCOSE CHW WATERMLN	99	<i>gnp vit c tab 1000mg</i>	163
<i>gnp healthy tab eyes</i>	162	<i>gnp vit c tab 250mg</i>	163
<i>gnp hydrocor cre 1% plus</i>	213	<i>gnp vit c tab 500mg pr</i>	163
<i>gnp iron tab 325mg</i>	128	<i>gnp vit c/rh tab 1000mg</i>	163
<i>gnp iron tab 45mg</i>	128	<i>gnp vit d tab 1000unit</i>	163
<i>gnp iron tab 65mg</i>	128	<i>gnp vit d tab 5000unit</i>	163
<i>gnp k-pec sus 262/15ml</i>	108	<i>gnp vit d3 tab 1000unit</i>	163
<i>gnp laxative sup 10mg</i>	115	<i>gnp vit e cap 1000unit</i>	163
<i>gnp laxative tab 25mg</i>	115	<i>gnp vit e cap 200unit</i>	163
<i>gnp laxative tab 5mg ec</i>	115	<i>gnp vit e cap 400unit</i>	163
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<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	139
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	139
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	139
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	139
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	139
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	139
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	139
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	139
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	139
KCL/D5W/NACL INJ 0.15/0.2	139
KCL/D5W/NACL INJ 0.3/0.9%	139
<i>kelnor 1/50 tab</i>	91
<i>kelnor tab 1/35</i>	91
KERADAN CRE	218
<i>kerodex-51 cre dry/oily</i>	218
<i>kerodex-71 cre wet</i>	218

<i>ketoconazole cream 2%</i>	211
<i>ketoconazole shampoo 2%</i>	212
<i>ketoconazole tab 200 mg</i>	15
<i>ketorolac tromethamine ophth soln 0.4%</i>	182
<i>ketorolac tromethamine ophth soln 0.5%</i>	182
<i>ketotif fum dro 0.025%op</i>	183
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	183
KEYTRUDA INJ 100MG/4M	30
KEYTRUDA SOL 50MG	30
<i>kidkare liq cgh/cold</i>	196
KINRIX INJ	135
KISQALI 200 PAK FEMARA	30
KISQALI 400 PAK FEMARA	30
KISQALI 600 PAK FEMARA	30
KISQALI TAB 200DOSE	30
KISQALI TAB 400DOSE	30
KISQALI TAB 600DOSE	30
<i>klor-con 10 tab 10meq er</i>	136
<i>klor-con 8 tab 8meq er</i>	136
<i>kls fiber tb tab 625mg</i>	115
<i>kls naproxen tab 220mg</i>	5
<i>konsyl cap 520mg</i>	115
KONSYL DAILY POW 100%	116
<i>konsyl daily pow 28.3%</i>	116
KONSYL DAILY POW 28.3%	116
<i>konsyl fiber tab 625mg</i>	116
<i>konsyl pow 30.9%</i>	116
KONSYL POW 60.3%	116
KONSYL POW 71.67%	116
KONSYL-D POW 52.3%	116
KORLYM TAB 300MG	100
<i>kp adult 50+ tab daily</i>	164
<i>kp adults tab daily</i>	164
<i>kp aspirin tab 81mg ec</i>	3
<i>kp b complex tab /c</i>	165
<i>kp bisacodyl tab 5mg ec</i>	116
<i>kp calcium cap 600+d</i>	144
<i>kp calcium tab +d</i>	144
<i>kp calcium tab 600+d</i>	144
<i>kp fish oil cap 1200mg</i>	149
<i>kp loratadin tab 10mg</i>	189
<i>kp mag-oxide tab 200mg</i>	144
<i>kp mens 50+ tab daily</i>	165
<i>kp mens tab daily</i>	165
<i>kp niacin tab 500mg</i>	165

<i>kp omega-3 cap 1200mg</i>	149	<i>lamivudine tab 150 mg</i>	17
KP PRENATAL TAB MULTIVIT	165	<i>lamivudine tab 300 mg</i>	17
<i>kp senna tab 8.6mg</i>	116	<i>lamivudine-zidovudine tab 150-300 mg</i>	19
<i>kp vision tab for/ltn</i>	165	<i>lamotrigine tab 100 mg</i>	59
<i>kp vision tab formula</i>	165	<i>lamotrigine tab 150 mg</i>	59
<i>kp vitamin e cap 100unit</i>	165	<i>lamotrigine tab 200 mg</i>	59
<i>kp women 50+ tab daily</i>	165	<i>lamotrigine tab 25 mg</i>	59
<i>kp womens tab daily</i>	165	<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	59
K-PAX CAP DOUBLE	164	<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	59
K-PAX CAP SINGLE	164	<i>lamotrigine tab er 24hr 100 mg</i>	59
K-PAX TAB PROF ST	164	<i>lamotrigine tab er 24hr 200 mg</i>	59
KPN PRENATAL TAB.....	165	<i>lamotrigine tab er 24hr 25 mg</i>	59
KROG GLUCOSE CHW GRAPE	99	<i>lamotrigine tab er 24hr 250 mg</i>	59
KROG GLUCOSE CHW ORANGE.....	99	<i>lamotrigine tab er 24hr 300 mg</i>	59
KROG GLUCOSE CHW RASPBERRY	99	<i>lamotrigine tab er 24hr 50 mg</i>	59
KROG GLUCOSE CHW WATERMLN.....	99	LANAPHILIC OIN	218
<i>ks ibuprofen cap 200mg</i>	5	<i>land bfr tim chw vit/iron</i>	165
<i>kurvelo tab 0.15/30</i>	91	LANOLOR CRE.....	218
KUVAN POW 100MG	95	<i>lansoprazole cap 15mg dr</i>	122
KUVAN POW 500MG	95	<i>lansoprazole cap delayed release 15 mg</i>	122
KUVAN TAB 100MG	95	<i>lansoprazole cap delayed release 30 mg</i>	122
KYNAMRO INJ 200MG/ML.....	46	LANTISEPTIC CRE THERAPEU.....	218
L		<i>l-arginine- cap 500</i>	149
<i>labetalol hcl tab 100 mg</i>	47	<i>l-arginine cap 500mg</i>	149
<i>labetalol hcl tab 200 mg</i>	47	L-ARGININE POW	149
<i>labetalol hcl tab 300 mg</i>	47	<i>l-arginine tab 1000mg</i>	149
<i>lac-hydrin lot five</i>	218	<i>larin fe tab 1.5/30</i>	91
<i>lactated ringer's solution</i>	139	<i>larin fe tab 1/20</i>	91
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	218	<i>larin tab 1.5/30</i>	91
<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	218	<i>larin tab 1/20</i>	91
<i>lactinex chw</i>	108	LASTACAFT SOL 0.25%.....	183
LACTINOL HX CRE.....	218	<i>latanoprost ophth soln 0.005%</i>	183
<i>lactobacillu cap</i>	108	LATUDA TAB 120MG	72
<i>lactobacillus acidophilus-pectin cap</i> ...	108	LATUDA TAB 20MG.....	71
<i>lactobacillus cap</i>	108	LATUDA TAB 40MG.....	71
<i>lactobacillus tab</i>	108	LATUDA TAB 60MG.....	71
<i>lacto-key- cap 100</i>	108	LATUDA TAB 80MG.....	72
<i>lacto-key- cap 600</i>	108	<i>lax/stl soft tab 8.6-50mg</i>	116
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	116	<i>laxacin tab 8.6-50mg</i>	116
<i>lactulose solution 10 gm/15ml</i>	116	<i>laxative chw 15mg</i>	116
LAMISIL ADV GEL 1%.....	211	<i>laxative pls tab 8.6-50mg</i>	116
<i>lamisil af aer 1%</i>	211	<i>laxative sup 10mg</i>	116
LAMISIL AT SPR 1%.....	211	<i>laxative tab 15mg</i>	116
<i>lamivudine oral soln 10 mg/ml</i>	17		
<i>lamivudine tab 100 mg (hbv)</i>	20		

<i>laxative tab 25mg</i>	116	<i>500 mg/100ml</i>	59
<i>laxative tab 5mg ec</i>	116	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>laxative tab max-str</i>	116	<i>mg/ml)</i>	59
<i>layolis fe chw</i>	91	<i>levetiracetam oral soln 100 mg/ml</i>	59
L-CITRULLINE CAP 600MG	149	<i>levetiracetam tab 1000 mg</i>	59
LEADER FINGE CRE.....	218	<i>levetiracetam tab 250 mg</i>	59
<i>leflunomide tab 10 mg</i>	131	<i>levetiracetam tab 500 mg</i>	59
<i>leflunomide tab 20 mg</i>	131	<i>levetiracetam tab 750 mg</i>	59
LENVIMA CAP 10 MG	35	<i>levetiracetam tab er 24hr 500 mg</i>	59
LENVIMA CAP 12MG	35	<i>levetiracetam tab er 24hr 750 mg</i>	59
LENVIMA CAP 14 MG	35	<i>levobunolol hcl ophth soln 0.5%</i>	183
LENVIMA CAP 18 MG	35	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
LENVIMA CAP 20 MG	35	.....	95
LENVIMA CAP 24 MG	35	<i>levocarnitine tab 330 mg</i>	95
LENVIMA CAP 4MG.....	35	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 8 MG.....	35	<i>mg/5ml (0.5 mg/ml)</i>	189
<i>lessina tab</i>	91	<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>letrozole tab 2.5 mg</i>	31	.....	189
<i>leucovorin calcium for inj 100 mg</i>	37	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	
<i>leucovorin calcium for inj 200 mg</i>	37	.....	24
<i>leucovorin calcium for inj 350 mg</i>	37	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium for inj 50 mg</i>	37	<i>mg/100ml</i>	24
<i>leucovorin calcium for inj 500 mg</i>	37	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium inj 500 mg/50ml (10</i>		<i>mg/150ml</i>	24
<i>mg/ml)</i>	37	<i>levofloxacin iv soln 25 mg/ml</i>	24
<i>leucovorin calcium tab 10 mg</i>	37	<i>levofloxacin oral soln 25 mg/ml</i>	24
<i>leucovorin calcium tab 15 mg</i>	37	<i>levofloxacin tab 250 mg</i>	24
<i>leucovorin calcium tab 25 mg</i>	37	<i>levofloxacin tab 500 mg</i>	24
<i>leucovorin calcium tab 5 mg</i>	37	<i>levofloxacin tab 750 mg</i>	24
LEUKERAN TAB 2MG.....	27	<i>levonest tab</i>	91
<i>leuprolide acetate inj kit 5 mg/ml</i>	31	<i>levonor-eth est tab</i>	
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>0.15-0.02/0.025/0.03 mg &eth est 0.01</i>	
<i>(base equiv)</i>	191	<i>mg</i>	91
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol</i>	
<i>(base equiv)</i>	191	<i>(91-day) tab 0.15-0.03 mg</i>	92
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>(base equiv)</i>	191	<i>mg-20 mcg</i>	92
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>mg/0.5ml (base equiv)</i>	191	<i>0.15 mg-30 mcg</i>	92
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levonorgestrel tab 1.5 mg</i>	92
<i>mcg/act (base equiv)</i>	191	<i>levonorgestrel-eth estra tab</i>	
LEVEMIR INJ	85	<i>0.05-30/0.075-40/0.125-30mg-mcg</i> ... 92	
LEVEMIR INJ FLEXTouc.....	85	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>eth est tab 0.01mg(7)</i>	91
<i>1000 mg/100ml</i>	59	<i>levonorg-eth est tab 0.15-0.03mg(84) &</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>eth est tab 0.01mg(7)</i>	91
<i>1500 mg/100ml</i>	59	<i>levora-28 tab 0.15/30</i>	92
<i>levetiracetam in sodium chloride iv soln</i>		<i>levo-t tab 100mcg</i>	102

<i>levo-t tab 112mcg</i>	102	<i>lidocaine hcl local inj 2%</i>	11
<i>levo-t tab 125mcg</i>	102	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 137mcg</i>	102	<i>inj 0.5%</i>	11
<i>levo-t tab 150mcg</i>	102	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 175mcg</i>	102	<i>inj 1%</i>	11
<i>levo-t tab 200 mcg</i>	102	<i>lidocaine hcl local preservative free (pf)</i>	
<i>levo-t tab 25mcg</i>	102	<i>inj 1.5%</i>	11
<i>levo-t tab 300 mcg</i>	102	<i>lidocaine hcl soln 4%</i>	215
<i>levo-t tab 50mcg</i>	102	<i>lidocaine hcl urethral/mucosal gel 2%</i>	215
<i>levo-t tab 75mcg</i>	102	<i>lidocaine hcl viscous soln 2%</i>	222
<i>levo-t tab 88mcg</i>	102	<i>lidocaine oint 5%</i>	215
<i>levothyroxine sodium tab 100 mcg</i>	102	<i>lidocaine patch 5%</i>	215
<i>levothyroxine sodium tab 112 mcg</i>	102	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .	215
<i>levothyroxine sodium tab 125 mcg</i>	102	LIFE PACK MIS MENS.....	165
<i>levothyroxine sodium tab 137 mcg</i>	102	LIFE PACK MIS WOMENS.....	165
<i>levothyroxine sodium tab 150 mcg</i>	102	<i>linezolid for susp 100 mg/5ml</i>	13
<i>levothyroxine sodium tab 175 mcg</i>	102	<i>linezolid in sodium chloride iv soln 600</i>	
<i>levothyroxine sodium tab 200 mcg</i>	102	<i>mg/300ml-0.9%</i>	13
<i>levothyroxine sodium tab 25 mcg</i>	102	<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>levothyroxine sodium tab 300 mcg</i>	102	<i>mg/ml)</i>	13
<i>levothyroxine sodium tab 50 mcg</i>	102	<i>linezolid tab 600 mg</i>	13
<i>levothyroxine sodium tab 75 mcg</i>	102	LINZESS CAP 145MCG	121
<i>levothyroxine sodium tab 88 mcg</i>	102	LINZESS CAP 290MCG	121
<i>levoxyl tab 100mcg</i>	102	LINZESS CAP 72MCG.....	121
<i>levoxyl tab 112mcg</i>	102	<i>liothyronine sodium tab 25 mcg</i>	103
<i>levoxyl tab 125mcg</i>	102	<i>liothyronine sodium tab 5 mcg</i>	102
<i>levoxyl tab 137mcg</i>	102	<i>liothyronine sodium tab 50 mcg</i>	103
<i>levoxyl tab 150mcg</i>	102	LIPOIC ACID CAP 150MG	150
<i>levoxyl tab 175mcg</i>	102	<i>liq ca/vit d cap 600mg</i>	144
<i>levoxyl tab 200mcg</i>	102	LIQ-10 SYP.....	150
<i>levoxyl tab 25mcg</i>	102	LIQ-10 SYP 50-15/5	150
<i>levoxyl tab 50mcg</i>	102	LIQUID CALCI CAP WITH D3.....	144
<i>levoxyl tab 75mcg</i>	102	<i>liqui-e liq 400/15ml</i>	165
<i>levoxyl tab 88mcg</i>	102	<i>liquitears sol</i>	184
LEXIVA SUS 50MG/ML	17	<i>lisinopril & hydrochlorothiazide tab</i>	
L-GLUTAMINE POW	150	<i>10-12.5 mg</i>	39
L-GLUTATHION CRY	150	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>lice bedding aer 0.5%</i>	221	<i>20-12.5 mg</i>	39
<i>lice killing sha</i>	221	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>lice killing sha 0.33-4%</i>	221	<i>mg</i>	39
<i>lice soln kit</i>	221	<i>lisinopril tab 10 mg</i>	39
<i>lice treatmt lot 1%</i>	221	<i>lisinopril tab 2.5 mg</i>	39
<i>lice treatmt sha 0.33-4%</i>	221	<i>lisinopril tab 20 mg</i>	39
<i>lice trtmnt liq</i>	221	<i>lisinopril tab 30 mg</i>	39
<i>lice trtmnt liq 1%</i>	221	<i>lisinopril tab 40 mg</i>	40
<i>licide sha 0.33-4%</i>	221	<i>lisinopril tab 5 mg</i>	39
<i>lidocaine hcl local inj 0.5%</i>	11	L-ISOLEUCINE POW.....	150
<i>lidocaine hcl local inj 1%</i>	11	<i>lithium carbonate cap 150 mg</i>	79

<i>lithium carbonate cap 300 mg</i>	79	<i>loryna tab 3-0.02mg</i>	92
<i>lithium carbonate cap 600 mg</i>	79	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate tab 300 mg</i>	79	<i>tab 100-12.5 mg</i>	42
<i>lithium carbonate tab er 300 mg</i>	79	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lithium carbonate tab er 450 mg</i>	79	<i>tab 100-25 mg</i>	42
LITHIUM SOL 8MEQ/5ML.....	79	<i>losartan potassium & hydrochlorothiazide</i>	
<i>little anima chw plus fe</i>	165	<i>tab 50-12.5 mg</i>	42
<i>little noses dro stof nos</i>	205	<i>losartan potassium tab 100 mg</i>	43
<i>little noses spr 0.65%</i>	205	<i>losartan potassium tab 25 mg</i>	43
<i>little remed liq 160/5ml</i>	3	<i>losartan potassium tab 50 mg</i>	43
LODRANE D CAP 4-60MG	196	LOTEMAX GEL 0.5%	182
LOHIST-D LIQ	196	LOTEMAX OIN 0.5%	182
LOHIST-DM SYP 5-2-10MG.....	196	LOTEMAX SUS 0.5%.....	182
LOKELMA PAK 10GM.....	89	<i>loteprednol etabonate ophth susp 0.5%</i>	
LOKELMA PAK 5GM	89	.....	182
<i>lomedina 24 tab fe</i>	92	<i>lovastatin tab 10 mg</i>	45
LONSURF TAB 15-6.14	36	<i>lovastatin tab 20 mg</i>	45
LONSURF TAB 20-8.19	36	<i>lovastatin tab 40 mg</i>	45
<i>loperamide cap 2mg</i>	108	<i>loxapine succinate cap 10 mg</i>	72
<i>loperamide hcl cap 2 mg</i>	121	<i>loxapine succinate cap 25 mg</i>	72
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>		<i>loxapine succinate cap 5 mg</i>	72
.....	108	<i>loxapine succinate cap 50 mg</i>	72
<i>loperamide hcl liq 1 mg/7.5ml</i>	108	<i>lubric tears sol 0.4-0.3%</i>	184
<i>loperamide liq 1mg/7.5</i>	108	<i>lubricant dro 0.4-0.3%</i>	184
<i>loperamide sus 1mg/7.5</i>	108	<i>lubricant dro eye</i>	184
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>lubricant oin eye</i>	184
<i>(80-20 mg/ml)</i>	19	<i>lubricat eye dro 0.4-0.3%</i>	116
<i>loradamed tab 10mg</i>	189	<i>lubricating dro 0.5%</i>	184
<i>loratadine cap 10 mg</i>	189	<i>lubricating sol 0.4-0.3%</i>	184
<i>loratadine d tab 5-120mg</i>	196	<i>lubricnt eye dro 0.4-0.3%</i>	184
<i>loratadine sol 5mg/5ml</i>	189	<i>lubricnt eye dro 0.5% op</i>	184
<i>loratadine syp 5mg/5ml</i>	189	<i>lubrifresh oin p.m.</i>	184
<i>loratadine tab 10 mg</i>	190	LUMIGAN SOL 0.01%	183
<i>loratadine tab 10mg</i>	190	LUMIZYME INJ 50MG	95
<i>lorata-dine tab d 24hr</i>	196	LUPR DEP-PED INJ 11.25MG	100
<i>loratadine-d tab 10-240mg</i>	196	LUPR DEP-PED INJ 15MG	100
<i>loratadine-d tab 5-120mg</i>	196	LUPR DEP-PED INJ 3M 30MG	100
<i>lorazepam conc 2 mg/ml</i>	55	LUPR DEP-PED INJ 7.5MG	100
<i>lorazepam inj 2 mg/ml</i>	55	LUPRON DEPOT INJ 11.25MG.....	31
<i>lorazepam inj 4 mg/ml</i>	55	LUPRON DEPOT INJ 3.75MG	31
<i>lorazepam tab 0.5 mg</i>	55	<i>lutera tab</i>	92
<i>lorazepam tab 1 mg</i>	55	LYNPARZA TAB 100MG.....	30
<i>lorazepam tab 2 mg</i>	55	LYNPARZA TAB 150MG.....	30
LORBRENA TAB 100MG.....	35	LYRICA CAP 100MG	59
LORBRENA TAB 25MG	35	LYRICA CAP 150MG	59
LORTUSS DM LIQ.....	196	LYRICA CAP 200MG	59
LORTUSS EX LIQ	196	LYRICA CAP 225MG	59
LORTUSS LQ LIQ	196	LYRICA CAP 25MG	59

LYRICA CAP 300MG.....	59	<i>elemental mg)</i>	145
LYRICA CAP 50MG	59	<i>magnesium oxide tab 400 mg (241.3 mg</i>	
LYRICA CAP 75MG	59	<i>elemental mg)</i>	145
LYRICA CR TAB 165MG.....	79	<i>magnesium oxide tab 420 mg</i>	106
LYRICA CR TAB 330MG	79	<i>magnesium oxide tab 500 mg (mg</i>	
LYRICA CR TAB 82.5MG	79	<i>supplement)</i>	145
LYRICA SOL 20MG/ML	59	MAGNESIUM SU INJ 20/500ML.....	136
<i>lysiplex liq plus</i>	165	MAGNESIUM SU INJ 2GM/50ML.....	136
LYSODREN TAB 500MG.....	31	MAGNESIUM SU INJ 40G/1000	136
<i>lyza tab 0.35mg</i>	92	MAGNESIUM SU INJ 4G/100ML	136
M		MAGNESIUM SU INJ 80MG/ML	136
M.V.I PEDIAT INJ	165	<i>magnesium sulfate in dextrose 5% iv</i>	
M.V.I. ADULT INJ	165	<i>soln 1 gm/100ml</i>	136
<i>macular hlth cap formula</i>	165	<i>magnesium sulfate inj 50%</i>	136
MACULAR VIT TAB BENEFIT	165	<i>magnesium sulfate iv soln 2 gm/50ml</i>	
<i>macuvite tab</i>	165	<i>(40 mg/ml)</i>	136
<i>macuvite tab eye care</i>	165	<i>magnesium sulfate iv soln 20 gm/500ml</i>	
<i>macuvite tab lutein</i>	165	<i>(40 mg/ml)</i>	136
<i>mag citrate sol</i>	116	<i>magnesium sulfate iv soln 4 gm/100ml</i>	
<i>mag citrate sol cherry</i>	116	<i>(40 mg/ml)</i>	136
<i>mag citrate sol grape</i>	116	<i>magnesium sulfate iv soln 4 gm/50ml</i>	
<i>mag citrate sol lemon</i>	116	<i>(80 mg/ml)</i>	136
MAG OXIDE CAP 400MG	106	<i>magnesium sulfate iv soln 40 gm/1000ml</i>	
MAG64 TAB 64MG.....	144	<i>(40 mg/ml)</i>	136
MAG-AL LIQ	106	<i>magnesium tab 250 mg</i>	145
<i>mag-al plus liq</i>	106	<i>magnesium tab 250mg</i>	106, 145
<i>mag-al plus liq xs</i>	106	MAGNESIUM TAB 30MG	145
MAGDELAY TAB 70MG	144	<i>magnesium tab 400mg</i>	106
<i>mag-g tab 500mg</i>	144	<i>magnesium tab 500mg</i>	145
<i>magic bullet sup 10mg</i>	116	<i>magnesium-ox tab 400mg</i>	145
MAGN CHLORID POW	144	<i>magonate tab 500mg</i>	145
MAGN OXIDE POW HEAVY.....	106	MAG-SR PLUS TAB CALCIUM.....	144
MAGNESIUM CAP 400MG	145	MAG-TAB SR TAB 84MG	144
MAGNESIUM CAP 500MG	106	<i>malathion lotion 0.5%</i>	221
<i>magnesium citrate soln</i>	116	<i>mapap apap liq 500/15ml</i>	3
MAGNESIUM CL TAB CALCIUM.....	145	<i>mapap cap 500mg</i>	3
MAGNESIUM GL TAB 500MG.....	145	<i>mapap child chw 80mg</i>	3
<i>magnesium gluconate tab 27.5 mg</i>		<i>mapap childr sus 160/5ml</i>	3
<i>(elemental mg)</i>	145	<i>mapap chw 160mg</i>	3
<i>magnesium gluconate tab 500 mg (27</i>		<i>mapap chw 80mg</i>	3
<i>mg elemental mg)</i>	145	<i>mapap cold tab 10-5-325</i>	196
<i>magnesium oxide cap 500 mg (elemental</i>		<i>mapap liq 160/5ml</i>	3
<i>mg)</i>	145	<i>mapap sinus tab max st</i>	196
<i>magnesium oxide tab 250 mg</i>	106	<i>mapap tab 325mg</i>	3
<i>magnesium oxide tab 250 mg (mg</i>		<i>mapap tab 500mg</i>	3
<i>supplement)</i>	145	<i>mapap tab 500mg/rr</i>	3
<i>magnesium oxide tab 400 mg</i> ..	106, 145	<i>maprotiline hcl tab 25 mg</i>	65
<i>magnesium oxide tab 400 mg (240 mg</i>		<i>maprotiline hcl tab 50 mg</i>	65

<i>maprotiline hcl tab 75 mg</i>	65	MEGAVITE TAB GOLD 55+	166
MAR-COF BP LIQ 30-2-7.5	196	<i>megestrol acetate susp 40 mg/ml</i>	31
<i>marlissa tab 0.15/30</i>	92	<i>megestrol acetate susp 625 mg/5ml</i> ...	31
MARPLAN TAB 10MG	65	<i>megestrol acetate tab 20 mg</i>	31
MATULANE CAP 50MG	36	<i>megestrol acetate tab 40 mg</i>	31
MAVYRET TAB 100-40MG	20	MEKINIST TAB 0.5MG	35
<i>max daily tab green</i>	165	MEKINIST TAB 2MG	35
MAXI DEET SPR 98.11%	218	MEKTOVI TAB 15MG	35
MAXIMIN PAK	165	<i>melodetta chw 24 fe</i>	92
<i>maximum d3 cap 325mcg</i>	165	<i>meloxicam tab 15 mg</i>	6
<i>maximum epa cap 1000mg</i>	150	<i>meloxicam tab 7.5 mg</i>	6
<i>maximum tab blue lab</i>	165	<i>memantine hcl cap er 24hr 14 mg</i>	62
<i>maximum tab green lb</i>	165	<i>memantine hcl cap er 24hr 21 mg</i>	62
<i>maximum tab red labl</i>	165	<i>memantine hcl cap er 24hr 28 mg</i>	63
<i>m-clear wc liq 100-6.3</i>	196	<i>memantine hcl cap er 24hr 7 mg</i>	62
<i>meclizine hcl chew tab 25 mg</i>	110	<i>memantine hcl oral solution 2 mg/ml</i> ..	63
<i>meclizine hcl tab 12.5 mg</i>	110	<i>memantine hcl tab 10 mg</i>	63
<i>meclizine hcl tab 25 mg</i>	110	<i>memantine hcl tab 5 mg</i>	63
<i>medi-bismuth chw 262mg</i>	108	<i>memantine hcl tab 5 mg (28) & 10 mg</i>	
<i>medicidin-d tab</i>	197	<i>(21) titration pak</i>	63
<i>medifin 400 tab 400mg</i>	197	MENACTRA INJ	135
MEDI-LYTE TAB	136	M-END DMX LIQ	196
<i>medi-natural tab 8.6-50mg</i>	116	M-END PE LIQ	196
<i>medi-natural tab 8.6mg</i>	116	<i>mens 50+ adv tab one daly</i>	166
<i>medi-phedryl cap 25mg</i>	190	MENS 50+ CAP ADVANCED	166
<i>mediplex tab plus</i>	165	<i>mens daily cap lycopene</i>	166
<i>medi-profen sus 40mg/ml</i>	5	<i>mens daily chw gummies</i>	166
<i>mediproxen tab 220mg</i>	6	<i>mens daily tab formula</i>	166
<i>medi-tabs tab 500mg</i>	3	MENS PAK	166
<i>medi-tussin syp dm</i>	197	MENVEO INJ	135
<i>medroxyprogesterone acetate im susp</i>		MEPHYTON TAB 5MG	166
<i>150 mg/ml</i>	92	<i>mercaptapurine tab 50 mg</i>	28
<i>medroxyprogesterone acetate im susp</i>		<i>meribin cap 5mg</i>	166
<i>prefilled syr 150 mg/ml</i>	92	<i>meropenem iv for soln 1 gm</i>	13
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>meropenem iv for soln 500 mg</i>	13
.....	101	<i>mesalamine cap dr 400 mg</i>	112
<i>medroxyprogesterone acetate tab 2.5</i>		<i>mesalamine enema 4 gm</i>	112
<i>mg</i>	101	<i>mesalamine rectal enema 4 gm &</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>cleanser wipe kit</i>	112
.....	101	<i>mesalamine suppos 1000 mg</i>	112
<i>mefloquine hcl tab 250 mg</i>	16	<i>mesalamine tab delayed release 800 mg</i>	
<i>mega multi tab men</i>	165	.....	112
<i>mega multi tab women</i>	165	MESNEX TAB 400MG	37
MEGA MULTIVI TAB MEN	165	METAMUCIL PAK 51.7%	116
MEGA MULTIVI TAB WOMEN	165	METAMUCIL POW 28%ORG	116
<i>mega vm-80 tab</i>	165	<i>metamucil pow 28.3%org</i>	116
<i>mega-maratho tab 100 tr</i>	166	METAMUCIL POW 58.12%	117
MEGAVITE TAB FRT/VEG	166	<i>metamucil pow 58.6%</i>	116

<i>metamucil pow 58.6% sf</i>	116	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	97
<i>metamucil pow 58.6%org</i>	116	<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	97
<i>METAMUCIL POW 63%</i>	117	<i>methylprednisolone tab 16 mg</i>	97
<i>METAMUCIL WAF</i>	117	<i>methylprednisolone tab 32 mg</i>	97
<i>metformin hcl tab 1000 mg</i>	87	<i>methylprednisolone tab 4 mg</i>	97
<i>metformin hcl tab 500 mg</i>	87	<i>methylprednisolone tab 8 mg</i>	97
<i>metformin hcl tab 850 mg</i>	87	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	97
<i>metformin hcl tab er 24hr 500 mg</i>	87	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	110
<i>metformin hcl tab er 24hr 750 mg</i>	87	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	110
<i>methadone con 10mg/ml</i>	9	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	110
<i>methadone hcl soln 10 mg/5ml</i>	9	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	110
<i>methadone hcl soln 5 mg/5ml</i>	9	<i>metolazone tab 10 mg</i>	52
<i>methadone hcl tab 10 mg</i>	9	<i>metolazone tab 2.5 mg</i>	52
<i>methadone hcl tab 5 mg</i>	9	<i>metolazone tab 5 mg</i>	52
<i>methazolamide tab 25 mg</i>	52	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	47
<i>methazolamide tab 50 mg</i>	52	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	47
<i>methenamine hippurate tab 1 gm</i>	13	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	47
<i>methimazole tab 10 mg</i>	103	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	48
<i>methimazole tab 5 mg</i>	103	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	48
<i>methocarbamol tab 500 mg</i>	80	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	48
<i>methocarbamol tab 750 mg</i>	81	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	48
<i>methotrexate sodium for inj 1 gm</i>	28	<i>metoprolol tartrate iv soln 5 mg/5ml ..</i>	48
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	28	<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	48
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	28	<i>metoprolol tartrate tab 100 mg</i>	48
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	28	<i>metoprolol tartrate tab 25 mg</i>	48
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	28	<i>metoprolol tartrate tab 50 mg</i>	48
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	28	<i>metronidazole cream 0.75%</i>	218
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	131	<i>metronidazole gel 0.75%</i>	218
<i>methyclothiazide tab 5 mg</i>	52	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	13
<i>methylphenidate hcl soln 10 mg/5ml</i> ...76		<i>metronidazole lotion 0.75%</i>	218
<i>methylphenidate hcl soln 5 mg/5ml</i>....76		<i>metronidazole tab 250 mg</i>	13
<i>methylphenidate hcl tab 10 mg</i>	76	<i>metronidazole tab 500 mg</i>	13
<i>methylphenidate hcl tab 20 mg</i>	76		
<i>methylphenidate hcl tab 5 mg</i>	76		
<i>methylphenidate hcl tab er 10 mg</i>.....76			
<i>methylphenidate hcl tab er 20 mg</i>.....76			
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	96		
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	97		
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	97		

<i>metronidazole vaginal gel 0.75%</i>	124	MINERAL OIL	117
<i>mexiletine hcl cap 150 mg</i>	44	<i>mineral oil ene</i>	117
<i>mexiletine hcl cap 200 mg</i>	44	<i>mineral oil enema</i>	117
<i>mexiletine hcl cap 250 mg</i>	44	MINERAL OIL HEAVY	117
MG GLUCONATE TAB 250MG	145	<i>mineral oil oil</i>	117
MG SO4/D5W INJ 10MG/ML	136	<i>minerin cre</i>	218
<i>mgo tab 400mg</i>	145	<i>minerin lot</i>	218
MH MACULAR MIS HEALTH	166	<i>minitran dis 0.1mg/hr</i>	53
<i>m-hist dm liq 7.5-4-15</i>	196	<i>minitran dis 0.2mg/hr</i>	53
<i>m-hist pd liq 0.625/ml</i>	190	<i>minitran dis 0.4mg/hr</i>	53
MI-ACID CHW	106	<i>minitran dis 0.6mg/hr</i>	53
<i>mi-acid gas chw 80mg</i>	121	<i>minocycline hcl cap 100 mg</i>	27
<i>mi-acid sus</i>	106	<i>minocycline hcl cap 50 mg</i>	27
<i>mi-acid sus max st</i>	106	<i>minocycline hcl cap 75 mg</i>	27
<i>mibelas 24 chw fe</i>	92	<i>minoxidil tab 10 mg</i>	53
<i>miconazole 3 cre 4%</i>	124	<i>minoxidil tab 2.5 mg</i>	53
<i>miconazole 3 kit combinat</i>	124	<i>mintox plus chw</i>	106
<i>miconazole 3 kit combo pk</i>	124	<i>mintox sus</i>	106
<i>miconazole 7 cre 2%</i>	124	<i>mintox sus max st</i>	106
<i>miconazole 7 cre tube/kit</i>	124	<i>mirtazapine orally disintegrating tab 15</i> <i>mg</i>	66
<i>miconazole 7 sup 100mg</i>	124	<i>mirtazapine orally disintegrating tab 30</i> <i>mg</i>	66
<i>miconazole aer 2%</i>	211	<i>mirtazapine orally disintegrating tab 45</i> <i>mg</i>	66
<i>miconazole cre 2%</i>	211	<i>mirtazapine tab 15 mg</i>	66
<i>miconazole nitrate cream 2%</i>	211	<i>mirtazapine tab 30 mg</i>	66
<i>miconazole nitrate vaginal cream 2%</i>	125	<i>mirtazapine tab 45 mg</i>	66
<i>miconazole nitrate vaginal supp 1200 mg</i> <i>& 2% cream kit</i>	125	<i>mirtazapine tab 7.5 mg</i>	66
<i>miconazole nitrate vaginal suppos 100</i> <i>mg</i>	125	<i>misoprostol tab 100 mcg</i>	121
<i>miconazorb pow af 2%</i>	211	<i>misoprostol tab 200 mcg</i>	121
<i>micro guard pow 2%</i>	211	MITIGARE CAP 0.6MG	1
<i>midodrine hcl tab 10 mg</i>	53	<i>mitomycin for iv soln 20 mg</i>	28
<i>midodrine hcl tab 2.5 mg</i>	53	<i>mitomycin for iv soln 40 mg</i>	28
<i>midodrine hcl tab 5 mg</i>	53	<i>mitomycin for iv soln 5 mg</i>	28
<i>miglustat cap 100 mg</i>	95	M-M-R II INJ	135
MIL-A-MULSIO EMU	166	M-NATAL PLUS TAB	165
<i>milantex sus ex st</i>	106	<i>moexipril hcl tab 15 mg</i>	40
<i>milantex sus original</i>	106	<i>moexipril hcl tab 7.5 mg</i>	40
<i>mili tab 0.25/35</i>	92	<i>moisturel lot therapeut</i>	218
<i>milk of magn sus</i>	117	<i>moisturizing cre</i>	218
<i>milk of magn sus 1200/15</i>	117	MOISTURIZING CRE	218
MILK OF MAGN SUS 2400MG	117	<i>moisturizing cre renewal</i>	218
<i>milk of magn sus 400/5ml</i>	117	<i>moisturizing cre therapy</i>	218
<i>milk of magn sus cherry</i>	117	<i>moisturizing cre xtr-dry</i>	218
<i>milk of magn sus frsh mnt</i>	117	<i>molindone hcl tab 10 mg</i>	72
<i>milk of magn sus mint</i>	117	<i>molindone hcl tab 25 mg</i>	72
<i>milltrium sr tab</i>	166	<i>molindone hcl tab 5 mg</i>	72
<i>mineral oil</i>	117		

<i>mometasone furoate cream 0.1%</i>	214	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	24
<i>mometasone furoate oint 0.1%</i>	214	.....	24
<i>mometasone furoate solution 0.1%</i>		MTERYTI TAB.....	166
<i>(lotion)</i>	214	MTERYTI TAB FOLIC 5.....	166
<i>montelukast sodium chew tab 4 mg</i>		<i>mucinex allr tab 180mg</i>	190
<i>(base equiv)</i>	203	MUCINEX CAP DAY/NGHT.....	197
<i>montelukast sodium chew tab 5 mg</i>		MUCINEX CAP FAST-MAX	197
<i>(base equiv)</i>	203	MUCINEX CAP SINUS.....	197
<i>montelukast sodium oral granules packet</i>		MUCINEX CGH GRA 5-100MG	197
<i>4 mg (base equiv)</i>	204	<i>mucinex cgh liq 5-100mg</i>	197
<i>montelukast sodium tab 10 mg (base</i>		<i>mucinex chld liq 100/5ml</i>	197
<i>equiv)</i>	204	MUCINEX CHLD MIS DAY/NITE.....	197
MORE-DOPHILU POW ACIDOPHI	108	<i>mucinex cold cap flu nght</i>	197
MORPHINE SUL INJ 10MG/ML.....	9	<i>mucinex cold cap sinus</i>	197
MORPHINE SUL INJ 150/30ML	9	MUCINEX COLD LIQ 2.5-100.....	197
MORPHINE SUL INJ 2MG/ML.....	9	<i>mucinex cold tab flu&sore</i>	197
MORPHINE SUL INJ 4MG/ML.....	9	<i>mucinex cold tab sinus</i>	197
MORPHINE SUL INJ 5MG/ML.....	9	<i>mucinex cong cap headache</i>	197
MORPHINE SUL INJ 8MG/ML.....	9	MUCINEX D TAB 120-1200	197
<i>morphine sulfate inj 10 mg/ml</i>	9	<i>mucinex dm liq 20-400</i>	197
<i>morphine sulfate inj 8 mg/ml</i>	9	MUCINEX DM TAB 30-600ER.....	197
<i>morphine sulfate iv soln 1 mg/ml</i>	9	MUCINEX DM TAB 60-1200.....	197
<i>morphine sulfate iv soln pf 10 mg/ml</i> ..	10	<i>mucinex fast liq cold flu</i>	197
<i>morphine sulfate iv soln pf 4 mg/ml</i>	9	<i>mucinex fast mis day/nght</i>	197
<i>morphine sulfate iv soln pf 8 mg/ml</i>	9	MUCINEX FAST MIS DAY/NGHT	197
<i>morphine sulfate oral soln 10 mg/5ml</i> .	10	MUCINEX FAST MIS MX DAY/N.....	197
<i>morphine sulfate oral soln 100 mg/5ml</i>		<i>mucinex fast tab 25-5-325</i>	197
<i>(20 mg/ml)</i>	10	MUCINEX FAST TAB 5-10-200.....	197
<i>morphine sulfate oral soln 20 mg/5ml</i> .	10	<i>mucinex fast tab sev cold</i>	197
<i>morphine sulfate tab 15 mg</i>	10	<i>mucinex ff spr 0.05%</i>	197
<i>morphine sulfate tab 30 mg</i>	10	<i>mucinex liq</i>	197
<i>morphine sulfate tab er 100 mg</i>	10	<i>mucinex liq sinus</i>	197
<i>morphine sulfate tab er 15 mg</i>	10	<i>mucinex ms liq cold ngh</i>	197
<i>morphine sulfate tab er 200 mg</i>	10	MUCINEX TAB 600MG ER	197
<i>morphine sulfate tab er 30 mg</i>	10	<i>mucinex tab sinus</i>	197
<i>morphine sulfate tab er 60 mg</i>	10	MUCINEX/KIDS GRA 100MG	197
<i>motion relf tab 25mg</i>	110	<i>mucosa dm tab 20-400mg</i>	197
<i>motion sick tab 25mg</i>	110	<i>mucosa tab 400mg</i>	197
<i>motion sick tab 50mg</i>	110	<i>mucus relf d tab 60-600mg</i>	197
<i>motion-time chw 25mg</i>	110	<i>mucus relief liq 100/5ml</i>	198
<i>motrin ib tab 200mg</i>	6	<i>mucus relief liq 400/20ml</i>	198
MOVANTIK TAB 12.5MG.....	121	<i>mucus relief liq 5-100mg</i>	198
MOVANTIK TAB 25MG	121	<i>mucus relief liq children</i>	198
<i>move along tab 100mg</i>	117	<i>mucus relief tab 200mg</i>	198
MOVIPREP SOL	117	<i>mucus relief tab 20-400mg</i>	198
MOXEZA SOL 0.5%	181	<i>mucus relief tab 400mg</i>	198
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>mucus relief tab cld/sinu</i>	198
<i>equiv)</i>	182	<i>mucus relief tab cold/flu</i>	198

<i>mucus relief tab dm</i>	198	MULTIVITAMIN CHW CHILD.....	167
<i>mucus relief tab pe</i>	198	<i>multivitamin chw children</i>	167
<i>mucus rlf pe tab 10-400mg</i>	198	MULTIVITAMIN CHW IRON	167
<i>mucus+chst liq 100/5ml</i>	198	<i>multivitamin chw vita d3</i>	167
<i>mucusrelief tab sinus</i>	198	<i>multivitamin liq</i>	167
<i>mult vitamin tab daily</i>	166	MULTIVITAMIN LIQ.....	167
<i>mult vitamin tab essent</i>	166	<i>multivitamin liq mineral</i>	167
<i>mult vitamin tab mens</i>	166	<i>multivitamin tab daily</i>	167
<i>mult vitamin tab no iron</i>	166	<i>multivitamin tab womens</i>	167
<i>mult vitamin tab womens</i>	166	<i>multi-vitamn tab</i>	167
MULTAQ TAB 400MG	44	<i>multi-vite tab</i>	167
<i>multi 50+ cap for her</i>	166	<i>multi-vite tab 50&over</i>	167
<i>multi 50+ tab for her</i>	166	<i>mupirocin oint 2%</i>	209
<i>multi 50+ tab for him</i>	166	<i>murine ear dro 6.5% ot</i>	222
<i>multi adult chw gummies</i>	166	<i>murine ear sol 6.5% ot</i>	222
<i>multi cap for her</i>	166	MURO 128 SOL 2% OP.....	184
<i>multi complt tab /iron</i>	166	MVW COMPLETE CAP D3000	167
MULTI FOR POW HIM.....	166	MVW COMPLETE CAP D5000	167
<i>multi gummie chw mens</i>	166	MVW COMPLETE CAP FORMULAT	167
<i>multi gummie chw womens</i>	166	<i>mvw complete chw bubblgum</i>	167
MULTI PRENAT TAB.....	166	<i>mvw complete chw d3000</i>	167
<i>multi tab for her</i>	166	MVW COMPLETE CHW GRAPE	167
<i>multi tab for him</i>	166	<i>mvw complete chw orange</i>	168
<i>multi vitami tab</i>	166	MVW COMPLETE DRO PEDIATRI	168
<i>multi vitami tab d-3</i>	166	<i>my choice tab 1.5mg</i>	92
MULTI VITAMN TAB MINERALS	166	<i>my way tab 1.5mg</i>	92
<i>multi+omega3 chw adult</i>	166	<i>myamulti tab</i>	168
<i>multi-day tab</i>	167	MYCAMINE INJ 100MG	15
<i>multi-day tab /iron</i>	167	MYCAMINE INJ 50MG.....	15
<i>multi-day tab minerals</i>	167	<i>mycophenolate mofetil cap 250 mg</i> ..	133
<i>multi-day tab vitamins</i>	167	<i>mycophenolate mofetil for oral susp 200</i>	
<i>multi-delyn liq</i>	167	<i>mg/ml</i>	134
MULTI-DELYN LIQ /IRON	167	<i>mycophenolate mofetil tab 500 mg</i> ...	134
<i>multihealth pow fiber</i>	117	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>multilex tab</i>	167	<i>(mycophenolic acid equiv)</i>	134
<i>multilex-t&m tab</i>	167	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>multimineral tab plus</i>	167	<i>(mycophenolic acid equiv)</i>	134
<i>multiple vitamin tab</i>	167	<i>myferon 150 cap 150mg</i>	129
<i>multiple vitamins w/ iron tab</i>	167	MYLOTARG INJ 4.5MG.....	30
<i>multiple vitamins w/ minerals tab</i>	167	<i>myorisan cap 10mg</i>	209
<i>multi-sympt liq cld nght</i>	198	<i>myorisan cap 20mg</i>	209
<i>multi-vit/ tab minerals</i>	167	<i>myorisan cap 30mg</i>	209
<i>multi-vit/fe tab</i>	167	<i>myorisan cap 40mg</i>	209
<i>multi-vitami chw gummies</i>	167	MYRBETRIQ TAB 25MG	124
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<i>nabumetone tab 500 mg</i>	6
<i>nabumetone tab 750 mg</i>	6
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<i>nafcillin sodium for iv soln 1 gm</i>	25
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<i>nafcillin sodium for iv soln 2 gm</i>	25
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<i>nalbuphine hcl inj 20 mg/ml</i>	7
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<i>naproxen sod tab 220mg</i>	6
<i>naproxen sodium cap 220 mg</i>	6
<i>naproxen sodium tab 220 mg</i>	6
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<i>naproxen tab 250 mg</i>	6
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<i>nasal moist spr 0.65%</i>	205
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<i>nevirapine tab 200 mg</i>	17	<i>nifedipine tab er 24hr osmotic release 30</i>	50
<i>nevirapine tab er 24hr 100 mg</i>	17	<i>mg</i>	50
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<i>niacin cap er 500 mg</i>	168	<i>mg</i>	50
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<i>nitrofurantoin macrocrystalline cap 100</i>		<i>tab 1.5 mg-30 mcg</i>	93
<i>mg</i>	14	<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>tab 1 mg-20 mcg (24)</i>	93
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<i>nitrofurantoin monohydrate</i>		<i>tab 1 mg-20 mcg (24)</i>	93
<i>macrocrystalline cap 100 mg</i>	14	<i>norethindrone acetate tab 5 mg</i>	101
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<i>nitroglycerin sl tab 0.4 mg</i>	54	<i>tab 0.5 mg-2.5 mcg</i>	96
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<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		<i>norethindrone-eth estradiol tab</i>	
<i>mcg/spray)</i>	54	<i>0.5-35/1-35/0.5-35 mg-mcg</i>	93
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<i>nortriptyline hcl cap 25 mg</i>	66	OCTAGAM INJ 10/100ML	132
<i>nortriptyline hcl cap 50 mg</i>	66	OCTAGAM INJ 10GM	133
<i>nortriptyline hcl cap 75 mg</i>	66	OCTAGAM INJ 1GM	132
<i>nortriptyline hcl soln 10 mg/5ml</i>	66	OCTAGAM INJ 2.5GM	132
NORVIR POW 100MG	17	OCTAGAM INJ 20/200ML	133
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NOVAFERRUM CAP 50MG	129	OCTAGAM INJ 2GM/20ML	132
NOVAFERRUM DRO 15MG/ML	129	OCTAGAM INJ 30/300ML	133
NOVOLIN INJ 70/30	85	OCTAGAM INJ 5GM	132
NOVOLIN INJ FLEXPEN	85	OCTAGAM INJ 5GM/50ML	132
NOVOLIN N INJ U-100	85	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
NOVOLIN R INJ U-100	85	<i>mg/ml)</i>	100
NOVOLOG INJ 100/ML	85	<i>octreotide acetate inj 1000 mcg/ml (1</i>	
NOVOLOG INJ FLEXPEN	85	<i>mg/ml)</i>	101
NOVOLOG INJ PENFILL	85	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
NOVOLOG MIX INJ 70/30	85	<i>mg/ml)</i>	100
NOVOLOG MIX INJ FLEXPEN	85	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
NOXAFIL SUS 40MG/ML	15	<i>mg/ml)</i>	100
NOXAFIL TAB 100MG	15	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
NUBEQA TAB 300MG	31	<i>mg/ml)</i>	100
NUCYNTA ER TAB 100MG	10	<i>ocutabs tab</i>	168
NUCYNTA ER TAB 150MG	10	<i>ocutabs tab lutein</i>	168
NUCYNTA ER TAB 200MG	10	OCUVITE CAP ADULT	168
NUCYNTA ER TAB 250MG	10	<i>ocuvite eye chw heatlh</i>	168
NUCYNTA ER TAB 50MG	10	<i>ocuvite eye tab + multi</i>	168
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<i>nu-iron 150 cap 150mg</i>	129	<i>ocuvite tab lutein</i>	168
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NUPLAZID TAB 10MG	72	OFEV CAP 150MG	205
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NUTRADERM CRE	219	OFF DEEP WDS AER 25%	219
<i>nutr-e-sol liq 400/15ml</i>	168	OFF DEEP WDS AER 30%	219
NUTRILIPID EMU 20%	138	OFF DEEP WDS MIS 25%	219
NUVARING MIS	93	OFF DEEP WDS SPR 25%	219
<i>nyamyc pow 100000</i>	211	OFF DEEP WDS SPR 98.25%	219
NYMALIZE SOL 30/10ML	50	OFF FAMILYCR SPR 5%	219
<i>nystatin cream 100000 unit/gm</i>	211	OFF FAMILYCR SPR 7%	219
<i>nystatin oint 100000 unit/gm</i>	211	OFF SMTH/DRY AER 15%	219
<i>nystatin susp 100000 unit/ml</i>	222	<i>ofloxacin ophth soln 0.3%</i>	182
<i>nystatin tab 500000 unit</i>	16	<i>ofloxacin otic soln 0.3%</i>	222
<i>nystatin topical powder 100000 unit/gm</i>		OINTMENT OIN BASE	219

<i>olanzapine for im inj 10 mg</i>	72	OMEGA-3 CAP FISH OIL	150
<i>olanzapine orally disintegrating tab 10 mg</i>	72	<i>omega-3 fatty acids cap 1000 mg</i>	150
<i>olanzapine orally disintegrating tab 15 mg</i>	72	<i>omega-3 fatty acids cap 1200 mg</i>	150
<i>olanzapine orally disintegrating tab 20 mg</i>	72	<i>omega-3 fatty acids cap 300 mg</i>	150
<i>olanzapine orally disintegrating tab 5 mg</i>	72	<i>omega-3 fatty acids cap 435 mg</i>	150
<i>olanzapine tab 10 mg</i>	72	<i>omega-3 fatty acids cap 500 mg</i>	150
<i>olanzapine tab 15 mg</i>	72	<i>omega-3 fatty acids cap delayed release 1000 mg</i>	150
<i>olanzapine tab 2.5 mg</i>	72	<i>omega-3 fish cap 1000 mg</i>	150
<i>olanzapine tab 20 mg</i>	72	<i>omega-3 fish cap 1200mg</i>	150
<i>olanzapine tab 5 mg</i>	72	<i>omega-3 fish chw 113.5mg</i>	150
<i>olanzapine tab 7.5 mg</i>	72	OMEGA-3 IQ CHW 240MG	150
<i>olmesartan medoxomil tab 20 mg</i>	43	<i>omeprazole cap 20.6mgdr</i>	123
<i>olmesartan medoxomil tab 40 mg</i>	43	<i>omeprazole cap delayed release 10 mg</i>	123
<i>olmesartan medoxomil tab 5 mg</i>	43	<i>omeprazole cap delayed release 20 mg</i>	123
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<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	42	OMEPRAZOLE DELAYED RELEASE TAB 20 MG	123
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<i>omega 3 500 cap 500mg</i>	150	ONCOVITE TAB	169
<i>omega 3 cap 1000mg</i>	150	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	110
OMEGA BABY EMU PRENATAL.....	150	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	110
<i>omega essent liq basic</i>	150	<i>ondansetron hcl oral soln 4 mg/5ml..</i>	110
<i>omega iii cap epa+dha</i>	150	<i>ondansetron hcl tab 24 mg</i>	110
OMEGA-3 2100 CAP 1050MG.....	150	<i>ondansetron hcl tab 4 mg</i>	110
<i>omega-3 cap 1200mg</i>	150	<i>ondansetron hcl tab 8 mg</i>	110
OMEGA-3 CAP 1400MG.....	150	<i>ondansetron orally disintegrating tab 4 mg</i>	110
OMEGA-3 CAP 350MG.....	150	<i>ondansetron orally disintegrating tab 8 mg</i>	110
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		<i>one daily mv tab /iron</i>	169
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		<i>one daily tab /mineral</i>	169
		<i>one daily tab 50+</i>	169
		<i>one daily tab 50+ adv</i>	169
		<i>one daily tab complete</i>	169

<i>one daily tab fe/ca</i>	169	ORFADIN CAP 5MG	95
<i>one daily tab maximum</i>	169	ORFADIN SUS 4MG/ML	95
<i>one daily tab men</i>	169	ORKAMBI GRA 100-125	205
<i>one daily tab men 50+</i>	169	ORKAMBI GRA 150-188	205
<i>one daily tab mens</i>	169	ORKAMBI TAB 100-125	205
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<i>one daily tab plus iro</i>	169	<i>os-cal + d3 tab 500-200</i>	145
<i>one daily tab wom 50+</i>	169	<i>os-cal chw</i>	145
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<i>one daily tab women</i>	169	<i>os-cal extra tab d3</i>	145
<i>one daily tab women 50</i>	169	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	20
<i>one daily tab womens</i>	169	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	20
<i>one daily wm tab pro-actv</i>	169	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	20
<i>one daily/ tab minerals</i>	169	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	20
<i>one dly hlth tab wght adv</i>	169	OSTEO-PORETI TAB.....	145
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ONE-A-DAY CHW VITACRAV	169	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	26
ONE-A-DAY TAB 50+ ADV	169	<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	26
ONE-A-DAY TAB ENERGY	169	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	26
ONE-A-DAY TAB MENOPAUS.....	169	<i>oxaliplatin for iv inj 100 mg</i>	37
ONE-A-DAY TAB MENS	169	<i>oxaliplatin for iv inj 50 mg</i>	37
<i>one-a-day tab teen/her</i>	169	<i>oxaliplatin iv soln 100 mg/20ml</i>	37
ONE-A-DAY TAB TEEN/HIM	169	<i>oxaliplatin iv soln 50 mg/10ml</i>	37
<i>one-daily tab /iron</i>	170	<i>oxandrolone tab 10 mg</i>	84
<i>one-daily tab mult vit</i>	170	<i>oxandrolone tab 2.5 mg</i>	84
<i>opcicon tab 1.5mg</i>	93	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	60
<i>ophthalmic sol 5% op</i>	185	<i>oxcarbazepine tab 150 mg</i>	60
OPSUMIT TAB 10MG.....	54	<i>oxcarbazepine tab 300 mg</i>	60
<i>optic-vites tab</i>	170	<i>oxcarbazepine tab 600 mg</i>	60
OPTIMAL D3 M CAP	170	<i>oxybutynin chloride syrup 5 mg/5ml</i>	124
<i>optimal-d cap 50000unt</i>	170	<i>oxybutynin chloride tab 5 mg</i>	124
<i>optimum pms tab</i>	170	<i>oxybutynin chloride tab er 24hr 10 mg</i>	124
<i>option 2 tab 1.5mg</i>	93	<i>oxybutynin chloride tab er 24hr 15 mg</i>	124
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<i>oral electro sol cherry</i>	136		
<i>oral electro sol h-e-b</i>	136		
<i>oral electrolyte solution</i>	136		
<i>oralyte sol</i>	136		
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<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	10	PA MENS 50 PAK VITAPAK.....	170
<i>oxycodone hcl soln 5 mg/5ml</i>	10	PA MENS PAK VITAPAK	170
<i>oxycodone hcl tab 10 mg</i>	10	<i>pa oyster sh tab 500mg</i>	146
<i>oxycodone hcl tab 15 mg</i>	10	<i>pa vitamin cap 2000unit</i>	170
<i>oxycodone hcl tab 20 mg</i>	10	<i>pa vitamin e cap 400unit</i>	170
<i>oxycodone hcl tab 30 mg</i>	10	PA WOMENS 50 PAK VITAPAK.....	170
<i>oxycodone hcl tab 5 mg</i>	10	PA WOMENS PAK VITAPAK	170
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	11	<i>pacerone tab 100mg</i>	44
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	10	<i>pacerone tab 200mg</i>	44
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	11	<i>pacerone tab 400mg</i>	44
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	11	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	29
OXYCONTIN TAB 10MG CR.....	11	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	29
OXYCONTIN TAB 15MG CR.....	11	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	29
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OXYCONTIN TAB 30MG CR.....	11	<i>pain & fever chw 80mg</i>	3
OXYCONTIN TAB 40MG CR.....	11	<i>pain & fever sol 160/5ml</i>	3
OXYCONTIN TAB 60MG CR.....	11	<i>pain & fever sus 160/5ml</i>	3
OXYCONTIN TAB 80MG CR.....	11	<i>pain & fever tab 325mg</i>	3
OXYTROL/WOMN DIS 3.9MG/24	124	<i>pain & fever tab 500mg</i>	3
<i>oys shell ca tab /d3</i>	145	<i>pain relf pm tab 25-500mg</i>	83
<i>oys shell ca tab 500 + d</i>	145	<i>pain relief liq 160/5ml</i>	3
<i>oys shell+d chw 500-400</i>	145	<i>pain relief sus 160/5ml</i>	3
<i>oys shell+d tab 250-125</i>	146	<i>pain relief sus pls cold</i>	199
<i>oysco 500 tab 500mg</i>	146	<i>pain relief tab 25-500mg</i>	83
<i>oysco 500+d chw</i>	146	<i>pain relief tab 325mg</i>	3
<i>oysco 500+d tab</i>	146	<i>pain relief tab 500mg</i>	3
<i>oyst cal/d tab 250mg</i>	146	<i>pain relief tab 500mg/rr</i>	3
<i>oyst cal/d tab 500mg</i>	146	<i>pain relief tab 650mg</i>	3
<i>oyst shell/d tab 250mg</i>	146	<i>pain relieve sus 160/5ml</i>	3
<i>oyst shell/d tab 500-125</i>	146	<i>pain relieve tab 25-500mg</i>	83
<i>oyst shell/d tab 500-200</i>	146	<i>pain relieve tab 325mg</i>	3
<i>oyst shell/d tab 500-400</i>	146	<i>pain relieve tab 500mg</i>	3
<i>oyst shell/d tab 500mg</i>	146	<i>pain relieve tab 500mg/rr</i>	4
<i>oyst-cal d tab 250mg</i>	146	<i>pain rlf sin tab pe day</i>	199
<i>oyst-cal-d tab 500mg</i>	146	<i>pain/fever sus 160/5ml</i>	4
<i>oyster shell calcium tab 500 mg</i>	146	<i>paliperidone tab er 24hr 1.5 mg</i>	72
<i>oyster shell tab 500mg</i>	146	<i>paliperidone tab er 24hr 3 mg</i>	72
<i>oystercal tab 500mg</i>	146	<i>paliperidone tab er 24hr 6 mg</i>	72
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P		<i>pamidronate disodium for inj 90 mg</i> ...	88
<i>pa biotin cap 5000mcg</i>	170	<i>pamidronate disodium iv soln 3 mg/ml</i>	88
<i>pa fish oil cap 1000mg</i>	150	<i>pamidronate disodium iv soln 9 mg/ml</i>	88
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<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	123	<i>pediatric liq cgh/cold</i>	199
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	123	<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	170
PANZYGA SOL 10/100ML	133	PEDIATRIC POW ELECTROL	137
PANZYGA SOL 1GM/10ML	133	PEDIAVENT CHW 1MG	190
PANZYGA SOL 2.5/25ML	133	PEDIAVENT SYP 2MG/5ML	190
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<i>paroxetine hcl tab 10 mg</i>	66	PEGASYS INJ 180MCG/M.....	20
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PAXIL SUS 10MG/5ML	66	<i>penicillin g potassium for inj 5000000 unit</i>	26
PAZEO DRO 0.7%	183	<i>penicillin g sodium for inj 5000000 unit</i>	26
<i>pc ped elect sol fruit</i>	137	<i>penicillin v potassium for soln 125 mg/5ml</i>	26
<i>pc ped elect sol grape</i>	137	<i>penicillin v potassium for soln 250 mg/5ml</i>	26
<i>pc pediatric sol electrol</i>	137	<i>penicillin v potassium tab 250 mg</i>	26
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<i>ped elctrlyt sol fruit</i>	137	<i>pentoxifylline tab er 400 mg</i>	130
<i>ped elctrlyt sol grape</i>	137	PENTRAVAN CRE	219
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<i>pedia vance sol apple</i>	137	<i>peptic relf sus 262/15ml</i>	108
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PEDIA-LAX LIQ 50MG	117		
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<i>perindopril erbumine tab 4 mg</i>	40	<i>phytonadione inj 10 mg/ml</i>	170
<i>perindopril erbumine tab 8 mg</i>	40	<i>phytonadione tab 100 mcg</i>	170
<i>periogard sol 0.12%</i>	222	PICATO GEL 0.015%	219
<i>permethrin cream 5%</i>	221	PICATO GEL 0.05%	219
<i>perphenazine tab 16 mg</i>	72	PIFELTRO TAB 100MG.....	17
<i>perphenazine tab 2 mg</i>	72	<i>pilocarpine hcl ophth soln 1%</i>	183
<i>perphenazine tab 4 mg</i>	72	<i>pilocarpine hcl ophth soln 2%</i>	183
<i>perphenazine tab 8 mg</i>	72	<i>pilocarpine hcl ophth soln 4%</i>	183
<i>persa-gel gel 10%</i>	209	<i>pilocarpine hcl tab 5 mg</i>	222
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<i>pharbedryl cap 25mg</i>	190	<i>pindolol tab 10 mg</i>	48
<i>pharbedryl cap 50mg</i>	190	<i>pindolol tab 5 mg</i>	48
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<i>phenobarbital sodium inj 130 mg/ml</i> ...	60	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	87
<i>phenobarbital tab 100 mg</i>	60	87
<i>phenobarbital tab 15 mg</i>	60	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	87
<i>phenobarbital tab 16.2 mg</i>	60	87
<i>phenobarbital tab 30 mg</i>	60	<i>piperacillin sod-tazobactam na for inj</i>	26
<i>phenobarbital tab 32.4 mg</i>	60	<i>3.375 gm (3-0.375 gm)</i>	26
<i>phenobarbital tab 60 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i>	26
<i>phenobarbital tab 64.8 mg</i>	60	<i>13.5 gm (12-1.5 gm)</i>	26
<i>phenobarbital tab 97.2 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i>	26
PHENYTEK CAP 200MG	60	<i>2.25 gm (2-0.25 gm)</i>	26
PHENYTEK CAP 300MG	60	<i>piperacillin sod-tazobactam sod for inj</i>	26
<i>phenytoin chew tab 50 mg</i>	60	<i>4.5 gm (4-0.5 gm)</i>	26
<i>phenytoin sodium extended cap 100 mg</i>	60	<i>piperacillin sod-tazobactam sod for inj</i>	26
.....	60	<i>40.5 gm (36-4.5 gm)</i>	26
<i>phenytoin sodium extended cap 200 mg</i>	60	PIQRAY 200MG TAB DOSE.....	35
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<i>phenytoin susp 125 mg/5ml</i>	60	<i>piroxicam cap 20 mg</i>	6
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<i>poly bacitra oin</i>	209	<i>potassium chloride tab er 10 meq</i>	137
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<i>poly vitamin chw</i>	170	<i>potassium chloride tab er 8 meq (600 mg)</i>	137
<i>polyethylene glycol 3350 oral packet</i> .	118	<i>potassium citrate tab er 10 meq (1080 mg)</i>	123
<i>polyethylene glycol 3350 oral powder</i>	118	<i>potassium citrate tab er 15 meq (1620 mg)</i>	123
POLY-HIST DM LIQ 5-25-10	199	<i>potassium citrate tab er 5 meq (540 mg)</i>	123
POLY-HIST PD LIQ	199	<i>povidone/iod sol 10%</i>	219
<i>poly-iron cap 150mg</i>	129	<i>povidone-iod sol 10%</i>	219
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	182	<i>povidone-iod sol 7.5%</i>	219
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POLY-VENT DM TAB	199	<i>povidone-iodine soln 10%</i>	219
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<i>polyvitamin chw /iron</i>	170	PRADAXA CAP 75MG.....	126
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POMALYST CAP 2MG	32	<i>pramipexole dihydrochloride tab 0.125 mg</i>	68
POMALYST CAP 3MG	32	<i>pramipexole dihydrochloride tab 0.25 mg</i>	68
POMALYST CAP 4MG	32	<i>pramipexole dihydrochloride tab 0.5 mg</i>	68
PORENAL+D CAP OMEGA 3	170	<i>pramipexole dihydrochloride tab 0.75 mg</i>	68
<i>portia-28 tab</i>	93	<i>pramipexole dihydrochloride tab 1 mg</i>	69
<i>posaconazole tab delayed release 100 mg</i>	16	<i>pramipexole dihydrochloride tab 1.5 mg</i>	69
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	140	<i>prasugrel hcl tab 10 mg (base equiv)</i>	130
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	140	<i>prasugrel hcl tab 5 mg (base equiv)</i> .	130
<i>potassium chloride cap er 10 meq</i>	137	<i>pravastatin sodium tab 10 mg</i>	45
<i>potassium chloride cap er 8 meq</i>	137	<i>pravastatin sodium tab 20 mg</i>	45
<i>potassium chloride inj 10 meq/100ml</i>	140	<i>pravastatin sodium tab 40 mg</i>	45
<i>potassium chloride inj 10 meq/50ml</i> ..	140	<i>pravastatin sodium tab 80 mg</i>	45
<i>potassium chloride inj 2 meq/ml</i>	140	<i>praziquantel tab 600 mg</i>	14
<i>potassium chloride inj 20 meq/100ml</i>	140	<i>prazosin hcl cap 1 mg</i>	40
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<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	137		
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<i>mg/5ml (5 mg/5ml base)</i>	97	PRENTAT MULT CAP PLUS DHA	171
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	97	<i>prep h cre 1%</i>	214
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	97	PRESERVISION CAP AREDS	171
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<i>prednisone tab 5 mg</i>	97	<i>previfem tab</i>	93
<i>prednisone tab 50 mg</i>	97	PREZCOBIX TAB 800-150	19
<i>prednisone tab therapy pack 10 mg (21)</i>	97	PREZISTA SUS 100MG/ML	17
<i>prednisone tab therapy pack 10 mg (48)</i>	97	PREZISTA TAB 150MG	17
<i>prednisone tab therapy pack 5 mg (21)</i>	97	PREZISTA TAB 600MG	17
<i>prednisone tab therapy pack 5 mg (48)</i>	97	PREZISTA TAB 75MG	17
<i>pregabalin cap 100 mg</i>	61	PREZISTA TAB 800MG	17
<i>pregabalin cap 150 mg</i>	61	PRIFTIN TAB 150MG	19
<i>pregabalin cap 200 mg</i>	61	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	16
<i>pregabalin cap 225 mg</i>	61	PRIMAQUINE TAB 26.3MG	16
<i>pregabalin cap 25 mg</i>	60	<i>primidone tab 250 mg</i>	61
<i>pregabalin cap 300 mg</i>	61	<i>primidone tab 50 mg</i>	61
<i>pregabalin cap 50 mg</i>	60	<i>princess chw gummies</i>	171
<i>pregabalin cap 75 mg</i>	61	PRIVIGEN INJ 10GRAMS	133
<i>pregabalin soln 20 mg/ml</i>	61	PRIVIGEN INJ 20GRAMS	133
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PRENAT MULTI CAP +DHA	170	PRIVIGEN INJ 5 GRAMS	133
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PRENATAL TAB 27-0.8MG	171	<i>probiotic cap acidophi</i>	108
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		PROCRIT INJ 2000/ML	127
		PROCRIT INJ 20000/ML.....	127
		PROCRIT INJ 3000/ML	127

PROCRIT INJ 4000/ML	127	<i>propranolol hcl tab 10 mg</i>	48
PROCRIT INJ 40000/ML	127	<i>propranolol hcl tab 20 mg</i>	48
<i>procto-med cre hc 2.5%</i>	219	<i>propranolol hcl tab 40 mg</i>	48
<i>procto-pak cre 1%</i>	219	<i>propranolol hcl tab 60 mg</i>	48
<i>proctozone cre -hc 2.5%</i>	219	<i>propranolol hcl tab 80 mg</i>	48
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SAWYER REPEL LOT 20%.....	220	<i>senexon liq 8.8mg/5</i>	118
SAWYER REPEL SPR 20%.....	220	<i>senexon tab 8.6mg</i>	118
<i>sb allergy tab 10mg</i>	190	<i>senexon-s tab 8.6-50mg</i>	118
<i>sb allergy tab 25mg med</i>	190	<i>senior tabs tab</i>	173
<i>sb allergy/ tab cold pe</i>	200	<i>senna lax tab 8.6mg</i>	118
<i>sb antacid sus anti-gas</i>	106	<i>senna laxati tab 8.6mg</i>	118
<i>sb aspirin tab 325mg</i>	4	<i>senna plus tab 8.6-50mg</i>	118

<i>senna tab 8.6mg</i>	118	<i>siltussin-dm liq diabetic</i>	201
<i>senna-extra tab 17.2mg</i>	119	<i>siltussin-dm liq max st</i>	201
<i>senna-grx syp 8.8mg/5</i>	119	<i>siltussin-dm syp alc free</i>	201
<i>senna-lax tab 8.6mg</i>	119	<i>silver sulfadiazine cream 1%</i>	209
<i>senna-s tab 8.6-50mg</i>	119	SIMBRINZA SUS 1-0.2%.....	183
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<i>senna-time s tab 8.6-50mg</i>	119	<i>simethicone cap 180 mg</i>	121
<i>senna-time tab 8.6mg</i>	119	<i>simethicone chew tab 125 mg</i>	121
<i>senno tab 8.6mg</i>	119	<i>simethicone chew tab 80 mg</i>	121
<i>sennosides syrup 8.8 mg/5ml</i>	119	<i>simethicone dro 20/0.3ml</i>	121
<i>sennosides tab 8.6 mg</i>	119	SIMETHICONE LIQ.....	121
<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>	119	<i>simethicone susp 40 mg/0.6ml</i>	121
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SENSIPAR TAB 60MG	89	<i>simvastatin tab 40 mg</i>	45
SENSIPAR TAB 90MG	89	<i>simvastatin tab 5 mg</i>	45
<i>senry adult tab under 50</i>	173	<i>simvastatin tab 80 mg</i>	45
<i>senry tab</i>	173	<i>sinus conges mis day/nght</i>	201
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<i>senry tab senior</i>	173	<i>sinus congst tab night</i>	201
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<i>sertraline hcl oral concentrate for</i> <i>solution 20 mg/ml</i>	66	<i>sinus relief pak cng/pain</i>	201
<i>sertraline hcl tab 100 mg</i>	66	<i>sinus relief spr 0.05%</i>	201
<i>sertraline hcl tab 25 mg</i>	66	<i>sinus relief tab 5-325mg</i>	201
<i>sertraline hcl tab 50 mg</i>	66	SINUS WASH CRY SALT	205
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<i>sevelamer carbonate packet 2.4 gm</i> ..	101	<i>sinus/cold-d tab 120-220</i>	201
<i>sevelamer carbonate tab 800 mg</i>	101	<i>sinus-max mis day/nght</i>	201
<i>severe alrgy tab</i>	201	<i>sirolimus oral soln 1 mg/ml</i>	134
<i>shake ache tab 500mg</i>	4	<i>sirolimus tab 0.5 mg</i>	134
<i>sharobel tab 0.35mg</i>	94	<i>sirolimus tab 1 mg</i>	134
SHINGRIX INJ 50MCG	135	<i>sirolimus tab 2 mg</i>	134
SIGNIFOR INJ 0.3MG/ML	101	SIRTURO TAB 100MG	20
SIGNIFOR INJ 0.6MG/ML	101	SIVEXTRO INJ 200MG.....	14
SIGNIFOR INJ 0.9MG/ML	101	SIVEXTRO TAB 200MG.....	14
<i>silace liq 10mg/ml</i>	119	<i>sleep aid cap 25mg</i>	83
<i>silace syp 60/15ml</i>	119	<i>sleep aid tab 25mg</i>	83
<i>siladryl alr liq 12.5/5ml</i>	190	<i>sleep time liq 50mg/30</i>	83
<i>sildenafil citrate tab 20 mg</i>	54	<i>slo-niacin tab 250mg cr</i>	173
SILENOR TAB 3MG.....	77	<i>slow fe tab 45mg</i>	129
SILENOR TAB 6MG.....	77	<i>slow iron tab 160mg cr</i>	129
<i>silphen dm syp 10mg/5ml</i>	201	<i>slow iron tab 50mg</i>	129
<i>siltuss das liq 100/5ml</i>	201	<i>slow mag/cal tab 70-117mg</i>	146
<i>siltussin dm liq das</i>	201	SLOW REL FE TAB 143MG CR	129
<i>siltussin sa syp 100/5ml</i>	201	<i>slow rel fe tab 160mg cr</i>	129
		<i>slow release tab 143mg</i>	129
		<i>slow release tab 45mg</i>	129

<i>slow release tab 47.5mg</i>	129	<i>sm coq-10 cap 50mg</i>	151
<i>slow release tab iron 45</i>	129	SM CORAL CAL TAB 1000MG	147
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<i>slow-release tab fe 45mg</i>	129	<i>sm ear dro 6.5% ot</i>	222
<i>sm acid redu tab 200mg</i>	112	<i>sm enema ene</i>	119
<i>sm all day tab 10mg</i>	190	<i>sm epsom gra salt</i>	119
<i>sm all day tab allergy</i>	190	<i>sm fiber lax tab 500mg</i>	119
<i>sm allergy cap relief</i>	190	SM FIBER POW	119
<i>sm allergy tab 25mg rlf</i>	190	<i>sm fiber pow 28.3%</i>	119
<i>sm allergy tab 4mg</i>	190	<i>sm fiber pow 48.57%</i>	119
<i>sm allergy tab multi-sy</i>	201	<i>sm fiber pow 51.7%</i>	119
<i>sm animal chw shapes</i>	173	<i>sm fiber pow 58.6%</i>	119
<i>sm animal sh chw complete</i>	173	<i>sm fiber tab 625mg</i>	119
<i>sm antacid sus advanced</i>	106	<i>sm fish oil cap 1000mg</i>	151
<i>sm antacid sus anti-gas</i>	106	<i>sm fish oil cap 1200mg</i>	151
<i>sm antacid sus max st</i>	106	SM FISH OIL CAP 554MG	151
<i>sm antacid/ sus antigas</i>	107	<i>sm folic acd tab 400mcg</i>	174
<i>sm antibioti cre plus</i>	209	<i>sm gas relf chw 80mg</i>	121
<i>sm antibioti oin 500/gm</i>	210	<i>sm gas relie chw 80mg</i>	121
<i>sm anti-diar tab 2mg</i>	109	<i>sm gentle tab laxative</i>	119
<i>sm antifungl cre 1%</i>	212	SM GLUCOSE CHW ORANGE	99
<i>sm antifungl cre 2%</i>	212	SM GLUCOSE CHW RASPBERRY	99
<i>sm anti-itch cre 2-0.1%</i>	211	SM GLUCOSE CHW SOUR APP.....	99
<i>sm aspirin chw 81mg</i>	4	<i>sm hair/skin tab /nails</i>	174
<i>sm aspirin tab 325mg</i>	4	<i>sm hydrocort cre 1%</i>	214
<i>sm aspirin tab 325mg ec</i>	4	<i>sm hydrocort cre 1% plus</i>	214
<i>sm aspirin tab 81mg ec</i>	4	<i>sm hydrocort oin 1%</i>	214
SM B-COMPLEX TAB /VIT C.....	174	<i>sm ibuprofen cap 200mg</i>	6
<i>sm bedding aer lice</i>	221	<i>sm ibuprofen tab 100mg jr</i>	6
SM BENZOIN TIN.....	212	<i>sm ibuprofen tab 200mg</i>	6
<i>sm ca/vit d3 tab 600-400</i>	146	<i>sm iron slow tab 160mg cr</i>	129
<i>sm calcium tab /vit d3</i>	146	<i>sm iron tab 325mg</i>	129
<i>sm calcium/d tab 500-200</i>	146	<i>sm iron tab 45mg</i>	129
<i>sm calcium/d tab 600-400</i>	147	<i>sm laxative sup 10mg</i>	119
<i>sm castor oil 100%</i>	119	<i>sm laxative tab 5mg ec</i>	119
<i>sm child asa chw 81mg</i>	4	<i>sm lice soln kit</i>	221
<i>sm cld/alrgy elx children</i>	201	<i>sm loratadin tab 10mg</i>	190
<i>sm clearlax pow</i>	119	<i>sm lubricant dro 0.4-0.3%</i>	185
<i>sm cold tab alrgy pe</i>	201	<i>sm magnesium tab 250mg</i>	147
<i>sm cold&flu tab severe</i>	201	<i>sm micon 7 sup 100mg</i>	125
<i>sm cold/cgh elx dm child</i>	201	<i>sm mineral oil</i>	119
<i>sm complete tab</i>	174	<i>sm multiple tab vit/iron</i>	174
<i>sm complete tab 50+</i>	174	<i>sm multiple tab vitamins</i>	174
<i>sm complete tab 50+ mens</i>	174	<i>sm nasal 12h spr 0.05%</i>	201
<i>sm complete tab 50+ wmn</i>	174	<i>sm nasal dec tab 30mg</i>	201
<i>sm complete tab adv form</i>	174	<i>sm nasal spr 0.05%</i>	201
<i>sm complete tab senior</i>	174	<i>sm niacin tab 250mg cr</i>	174

<i>sm nicotine dis 14mg/24h</i>	83	<i>sod chloride oin 5% op</i>	185
<i>sm nicotine dis 21mg/24h</i>	83	<i>sod chloride sol 5% op</i>	185
<i>sm nicotine dis 7mg/24hr</i>	83	<i>sod ferric gluc cmplx in sucrose iv soln</i>	
<i>sm nicotine gum 2mg</i>	83	<i>12.5 mg/ml (fe eq)</i>	129
<i>sm nicotine gum 2mg mint</i>	83	<i>sodium bicarbonate tab 325 mg</i>	107
<i>sm nicotine gum 4mg</i>	83	<i>sodium bicarbonate tab 650 mg</i>	107
<i>sm nicotine gum 4mg mint</i>	83	<i>sodium chloride aero soln 0.9%</i>	202
<i>sm nicotine loz 2mg mint</i>	83	<i>sodium chloride hypertonic ophth oint</i>	
<i>sm nicotine loz 4mg mint</i>	83	<i>5%</i>	185
<i>sm nite time cap cold/flu</i>	201	<i>sodium chloride hypertonic ophth soln</i>	
<i>sm nite time liq cld/flu</i>	201	<i>5%</i>	185
<i>sm nose dro 1%</i>	201	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	
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SM ONE DAILY TAB WOMENS	174	<i>sodium chloride irrigation soln 0.9%</i> .	222
<i>sm opti-vita tab</i>	174	<i>sodium chloride iv soln 0.45%</i>	140
<i>sm pain rel cap 500mg</i>	4	<i>sodium chloride iv soln 0.9%</i>	140
<i>sm povid-iod sol 10%</i>	220	<i>sodium chloride iv soln 3%</i>	140
SM PRENATAL TAB VITAMINS.....	174	<i>sodium chloride iv soln 5%</i>	140
<i>sm senna lax tab 8.6mg</i>	119	<i>sodium chloride soln nebu 3%</i>	202
<i>sm senna lax tab max str</i>	119	<i>sodium chloride soln nebu 7%</i>	202
<i>sm stomach sus 262/15ml</i>	109	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>sm stomach sus 527/30ml</i>	109	<i>mg/ml soln</i>	138
<i>sm stool tab softener</i>	119	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sm triple oin antibiot</i>	210	<i>gm/teaspoonful</i>	95
<i>sm tussin cf liq</i>	202	<i>sodium phenylbutyrate tab 500 mg</i>	95
<i>sm tussin dm syp 100-10/5</i>	202	<i>sodium phosphates - enema</i>	119
<i>sm tussin syp dm</i>	202	<i>sodium polystyrene sulfonate oral susp</i>	
<i>sm urinary tab pain max</i>	123	<i>15 gm/60ml</i>	89
<i>sm vit b12 tab 1000mcg</i>	174	<i>sodium polystyrene sulfonate powder</i> .	89
<i>sm vit b-12 tab 100mcg</i>	174	SODIUM POW BICARBON	107
<i>sm vit b12 tab 500mcg</i>	174	<i>solifenacin succinate tab 10 mg</i>	124
<i>sm vit b-12 tab 500mcg</i>	174	<i>solifenacin succinate tab 5 mg</i>	124
<i>sm vit b6 tab 100mg</i>	174	SOLQUA INJ 100/33	85
<i>sm vit b-6 tab 100mg</i>	174	SOLO TAB	174
<i>sm vit c/rh tab 1000mg</i>	174	SOLTAMOX SOL 10MG/5ML	31
<i>sm vitamin c chw 500mg</i>	174	<i>soluble fib pow therapy</i>	119
<i>sm vitamin c tab 1000mg</i>	174	<i>soluble fib tab therapy</i>	119
<i>sm vitamin c tab 250mg</i>	174	SOLU-CORTEF INJ 1000MG	97
<i>sm vitamin c tab 500mg</i>	174	SOLU-CORTEF INJ 100MG	97
<i>sm vitamin c tab 500mg tr</i>	174	SOLU-CORTEF INJ 250MG	97
<i>sm vitamin d tab 400unit</i>	174	SOLU-CORTEF INJ 500MG	97
<i>sm vitamin e cap 1000unit</i>	174	SOMATULINE INJ 120/.5ML	101
<i>sm vitamin e cap 200unit</i>	174	SOMATULINE INJ 60/0.2ML	101
<i>sm vitamin e cap 400unit</i>	174	SOMATULINE INJ 90/0.3ML	101
SMART SENSE CHW 4GM	99	SOMAVERT INJ 10MG	101
<i>smooth antac chw 750mg</i>	107	SOMAVERT INJ 15MG	101
<i>smooth lax pow 3350 nf</i>	119	SOMAVERT INJ 20MG	101
<i>sochlor sol 5% op</i>	185	SOMAVERT INJ 25MG	101

SOMAVERT INJ 30MG	101	SPRYCEL TAB 70MG.....	35
<i>soothe chw 262mg</i>	109	SPRYCEL TAB 80MG.....	35
<i>soothe sus 262/15ml</i>	109	<i>ssd cre 1%</i>	210
<i>soothe tab 262mg</i>	109	STAHIST AD LIQ	202
<i>soothe xp dro 1%-4.5%</i>	185	STAHIST AD TAB 25-60MG.....	202
<i>soothe&cool cre inzo 2%</i>	212	<i>stavudine cap 15 mg</i>	18
SOOTHE&COOL CRE SKIN	220	<i>stavudine cap 20 mg</i>	18
SOOTHE&COOL OIN MEDSEPTI.....	220	<i>stavudine cap 30 mg</i>	18
SOOTHE&COOL OIN MOISTURE	220	<i>stavudine cap 40 mg</i>	18
SORBIDON CRE HYDRATE	220	STERILE LUBR DRO 0.7%.....	185
SORBITOL SOL 70%.....	120	<i>stim laxat tab 5mg ec</i>	120
SORBOLENE CRE	220	STIMATE SOL 1.5MG/ML	104
<i>sorine tab 120mg</i>	44	STIVARGA TAB 40MG	35
<i>sorine tab 160mg</i>	44	<i>stomach relf chw 262mg</i>	109
<i>sorine tab 240mg</i>	44	<i>stomach relf sus</i>	109
<i>sorine tab 80mg</i>	44	<i>stomach relf sus 262/15ml</i>	109
<i>sotalol hcl (afib/af) tab 120 mg</i>	44	<i>stomach relf sus 524/30ml</i>	109
<i>sotalol hcl (afib/af) tab 160 mg</i>	44	<i>stomach relf sus 525/15ml</i>	109
<i>sotalol hcl (afib/af) tab 80 mg</i>	44	<i>stomach relf sus 525/30ml</i>	109
<i>sotalol hcl tab 120 mg</i>	44	<i>stomach relf tab 262mg</i>	109
<i>sotalol hcl tab 160 mg</i>	45	<i>stomach rlf tab 262mg</i>	109
<i>sotalol hcl tab 240 mg</i>	45	<i>stool softnr cap 100mg</i>	120
<i>sotalol hcl tab 80 mg</i>	44	<i>stool softnr cap 240mg</i>	120
<i>spectr women tab hlth sen</i>	174	<i>stool softnr cap 250mg</i>	120
<i>spectra ultr tab hlth men</i>	174	<i>stool softnr syp 60/15ml</i>	120
SPECTRAVITE CHW ADLT 50+	174	<i>stool softnr tab 100mg</i>	120
SPECTRAVITE CHW ADULT.....	174	<i>stool softnr tab 8.6-50mg</i>	120
SPECTRAVITE TAB ADLT 50+	175	<i>stop lice kit complete</i>	221
<i>spectravite tab advanced</i>	175	<i>stop lice ms sha 0.33-4%</i>	221
SPECTRAVITE TAB MEN 50+	175	<i>stop smoking loz 2mg mint</i>	83
<i>spectravite tab senior</i>	175	<i>stop smoking loz 4mg mint</i>	83
SPECTRAVITE TAB SENIOR	175	<i>streptomycin sulfate for inj 1 gm</i>	12
SPECTRAVITE TAB ULT MEN	175	<i>stress b com tab vit c/zn</i>	175
SPECTRAVITE TAB ULT WMN	175	<i>stress b/ tab zinc</i>	175
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	52	<i>stress form tab</i>	175
<i>spironolactone tab 100 mg</i>	40	<i>stress form tab /iron</i>	175
<i>spironolactone tab 25 mg</i>	40	<i>stress form tab /zinc</i>	175
<i>spironolactone tab 50 mg</i>	40	<i>stress form/ tab zinc</i>	175
<i>sprintec 28 tab 28 day</i>	94	<i>stress formu tab</i>	175
SPRITAM TAB 1000MG.....	61	<i>stress formu tab /zinc</i>	175
SPRITAM TAB 250MG	61	<i>stress formu tab advanced</i>	175
SPRITAM TAB 500MG	61	<i>stress formu tab energy</i>	175
SPRITAM TAB 750MG	61	<i>stress formu tab w/iron</i>	175
SPRYCEL TAB 100MG	35	<i>stresstabs tab advanced</i>	175
SPRYCEL TAB 140MG	35	<i>stresstabs tab energy</i>	175
SPRYCEL TAB 20MG	35	STRIBILD TAB.....	19
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		<i>sucralfate tab 1 gm</i>	121

<i>sudafed 12hr tab 120mg cr</i>	202	<i>super b comp tab vit c</i>	175
<i>sudogest pe tab 10mg</i>	202	<i>super b w/c cap</i>	175
<i>sudogest tab 120mg er</i>	202	<i>super b-comp tab vit c/fa</i>	175
<i>sudogest tab 30mg</i>	202	<i>super biotin cap 5000mcg</i>	175
<i>sudogest tab 4-60mg</i>	202	<i>super ca 600 tab + d 400</i>	147
<i>sudogest tab 60mg</i>	202	<i>super ca 600 tab + d3</i>	147
<i>sulfacetamide sodium lotion 10% (acne)</i>	209	<i>super ca 600 tab + d3 400</i>	147
<i>sulfacetamide sodium ophth oint 10%</i>	182	<i>super calciu tab 600mg</i>	147
<i>sulfacetamide sodium ophth soln 10%</i>	182	<i>SUPER DAILY DRO D3</i>	175
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	181	<i>super dha cap gems</i>	151
<i>SULFADIAZINE TAB 500MG</i>	12	<i>super liq nu-thera</i>	175
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	14	<i>super multip cap</i>	175
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	14	<i>super multip tab</i>	175
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	14	<i>super omega cap -3</i>	151
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	14	<i>SUPER POW NU-THERA</i>	175
<i>SULFAMYLON CRE 85MG/GM</i>	210	<i>super tab nu-thera</i>	175
<i>sulfasalazine tab 500 mg</i>	112	<i>super thera tab vite m</i>	175
<i>sulfasalazine tab delayed release 500 mg</i>	112	<i>SUPER TWIN CAP EPA/DHA</i>	151
<i>sulindac tab 150 mg</i>	6	<i>super vikaps tab</i>	175
<i>sulindac tab 200 mg</i>	6	<i>SUPERIORSOUR CHW K1</i>	175
<i>sumatriptan nasal spray 20 mg/act</i>	78	<i>superplex-t tab</i>	175
<i>sumatriptan nasal spray 5 mg/act</i>	78	<i>suphedrine tab 30mg</i>	202
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	78	<i>supr aytinal tab</i>	176
<i>sumatriptan succinate solution</i> <i>auto-injector 4 mg/0.5ml</i>	78	<i>supr aytinal tab 50 plus</i>	176
<i>sumatriptan succinate solution</i> <i>auto-injector 6 mg/0.5ml</i>	79	<i>supr vitamin tab</i>	176
<i>sumatriptan succinate solution cartridge</i> <i>4 mg/0.5ml</i>	79	<i>SUPRAX CHW 100MG</i>	23
<i>sumatriptan succinate solution cartridge</i> <i>6 mg/0.5ml</i>	79	<i>SUPRAX CHW 200MG</i>	23
<i>sumatriptan succinate solution prefilled</i> <i>syringe 6 mg/0.5ml</i>	79	<i>SUPRAX SUS 500/5ML</i>	23
<i>sumatriptan succinate tab 100 mg</i>	79	<i>SUPREP BOWEL SOL PREP KIT</i>	120
<i>sumatriptan succinate tab 25 mg</i>	79	<i>surfak cap 240mg</i>	120
<i>sumatriptan succinate tab 50 mg</i>	79	<i>SUTENT CAP 12.5MG</i>	35
<i>sunvite tab advanced</i>	175	<i>SUTENT CAP 25MG</i>	35
<i>SUPER ANTIOX CAP</i>	175	<i>SUTENT CAP 37.5MG</i>	35
<i>super antiox tab a/c/e/se</i>	175	<i>SUTENT CAP 50MG</i>	35
		<i>SYLATRON KIT 200MCG</i>	36
		<i>SYLATRON KIT 300MCG</i>	36
		<i>SYLATRON KIT 600MCG</i>	36
		<i>SYMBICORT AER 160-4.5</i>	207
		<i>SYMBICORT AER 80-4.5</i>	207
		<i>SYMDEKO TAB 100-150</i>	205
		<i>SYMDEKO TAB 50-75MG</i>	205
		<i>SYMFI LO TAB</i>	19
		<i>SYMFI TAB</i>	19
		<i>SYMJEPI INJ 0.15MG</i>	205
		<i>SYMJEPI INJ 0.3MG</i>	205
		<i>SYMPAZAN MIS 10MG</i>	61
		<i>SYMPAZAN MIS 20MG</i>	61
		<i>SYMPAZAN MIS 5MG</i>	61

SYMPROIC TAB 0.2MG	121	TAGRISSO TAB 80MG	35
SYMTUZA TAB	19	<i>take action tab 1.5mg</i>	94
SYNAREL SOL 2MG/ML	94	TALZENNA CAP 0.25MG	30
SYNERCID INJ 500MG	14	TALZENNA CAP 1MG	30
SYNJARDY TAB	88	<i>tame flame chw 500mg</i>	107
SYNJARDY TAB 12.5-500	88	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNJARDY TAB 5-1000MG	88	<i>equivalent)</i>	32
SYNJARDY TAB 5-500MG	88	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNJARDY XR TAB	88	<i>equivalent)</i>	32
SYNJARDY XR TAB 10-1000	88	<i>tamsulosin hcl cap 0.4 mg</i>	123
SYNJARDY XR TAB 25-1000	88	TARCEVA TAB 100MG	36
SYNJARDY XR TAB 5-1000MG	88	TARCEVA TAB 150MG	36
SYNRIBO INJ 3.5MG	36	TARCEVA TAB 25MG	35
SYNTHROID TAB 100MCG	103	TARGRETIN GEL 1%	220
SYNTHROID TAB 112MCG	103	<i>tarina 24 fe tab</i>	94
SYNTHROID TAB 125MCG	103	<i>tarina fe tab 1/20</i>	94
SYNTHROID TAB 137MCG	103	TASIGNA CAP 150MG	36
SYNTHROID TAB 150MCG	103	TASIGNA CAP 200MG	36
SYNTHROID TAB 175MCG	103	TASIGNA CAP 50MG	36
SYNTHROID TAB 200MCG	103	TAXOTERE INJ 80MG/4ML	29
SYNTHROID TAB 25MCG	103	<i>tazarotene cream 0.1%</i>	212
SYNTHROID TAB 300MCG	103	<i>tazicef inj 1gm</i>	23
SYNTHROID TAB 50MCG	103	<i>tazicef inj 2gm</i>	23
SYNTHROID TAB 75MCG	103	<i>tazicef inj 6gm</i>	23
SYNTHROID TAB 88MCG	103	TAZORAC CRE 0.05%	212
SYSTANE GEL 0.3%	185	<i>taztia xt cap 120mg/24</i>	50
SYSTANE GEL DRO 0.4-0.3%	185	<i>taztia xt cap 180mg/24</i>	50
<i>systane oin</i>	185	<i>taztia xt cap 240mg/24</i>	50
T		<i>taztia xt cap 300mg er</i>	50
<i>tab tussin tab 20-400mg</i>	202	<i>taztia xt cap 360mg/24</i>	50
<i>tab tussin tab 400mg</i>	202	TDVAX INJ 2-2 LF	135
<i>tab tussin tab dm</i>	202	<i>tears again dro 1.4%</i>	185
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<i>tab-a-vite tab /iron</i>	176	TECENTRIQ INJ 840/14	31
<i>tab-a-vite tab beta car</i>	176	TEFLARO INJ 400MG	23
<i>tab-a-vite tab maximum</i>	176	TEFLARO INJ 600MG	23
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<i>tacrolimus cap 0.5 mg</i>	134	TEKTURNA HCT TAB 150-25MG	51
<i>tacrolimus cap 1 mg</i>	134	TEKTURNA HCT TAB 300-12.5	51
<i>tacrolimus cap 5 mg</i>	134	TEKTURNA HCT TAB 300-25MG	51
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<i>40-12.5 mg</i>42	<i>tgt aspirin tab 325mg</i>4
<i>telmisartan-hydrochlorothiazide tab</i>	<i>tgt aspirin tab 81mg</i>4
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.....18	<i>tgt nicotine dis 21mg/24h</i> 83
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.....40	<i>tgt nicotine gum 2mg mint</i> 83
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<i>terbinafine cre 1%</i>212	<i>tgt nicotine loz 4mg chry</i> 84
<i>terbinafine hcl cream 1%</i>212	<i>tgt nicotine loz 4mg mint</i> 84
<i>terbinafine hcl tab 250 mg</i>16	<i>tgt psyllium cap 0.52gm</i> 120
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<i>terconazole vaginal cream 0.8%</i>125	THALOMID CAP 200MG 32
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<i>theravim -m tab</i>	176	<i>tobramycin sulfate for inj 1.2 gm</i>	12
<i>therems tab</i>	176	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
THEREMS-H TAB.....	176	<i>mg/ml) (base equiv)</i>	12
THEREMS-M TAB.....	176	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
THERMOTABS TAB	138	<i>equivalent)</i>	12
<i>theromega cap 1000mg</i>	151	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
<i>thiamine hcl inj 100 mg/ml</i>	176	<i>mg/ml) (base equiv)</i>	12
THIAMINE HCL POW	177	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>thiamine hcl tab 100 mg</i>	177	<i>mg/ml) (base equiv)</i>	12
<i>thiamine hcl tab 250 mg</i>	177	<i>tobramycin-dexamethasone ophth susp</i>	
<i>thiamine hcl tab 50 mg</i>	177	0.3-0.1%	181
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<i>thioridazine hcl tab 100 mg</i>	74	<i>tolnaftate cre 1%</i>	212
<i>thioridazine hcl tab 25 mg</i>	74	<i>tolnaftate cream 1%</i>	212
<i>thioridazine hcl tab 50 mg</i>	74	<i>tolnaftate powder 1%</i>	212
<i>thiothixene cap 1 mg</i>	74	<i>tolterodine tartrate cap er 24hr 2 mg</i>	124
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<i>thiothixene cap 2 mg</i>	74	<i>tolterodine tartrate tab 1 mg</i>	124
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<i>tiagabine hcl tab 16 mg</i>	61	<i>topiramate tab 100 mg</i>	61
<i>tiagabine hcl tab 2 mg</i>	61	<i>topiramate tab 200 mg</i>	61
<i>tiagabine hcl tab 4 mg</i>	61	<i>topiramate tab 25 mg</i>	61
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<i>tigecycline for iv soln 50 mg</i>	14	<i>toposar inj 100/5ml</i>	37

<i>toposar inj 1gm/50ml</i>	37	<i>mg/ml)</i>	55
<i>topotecan hcl for inj 4 mg (base equiv)</i>	37	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>		<i>mg/ml)</i>	55
<i>(for infusion)</i>	38	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
TOPOTECAN INJ 4MG/4ML	38	<i>mg/ml)</i>	55
<i>toremifene citrate tab 60 mg (base</i>		TRESIBA FLEX INJ 100UNIT.....	85
<i>equivalent)</i>	32	TRESIBA FLEX INJ 200UNIT.....	85
<i>toremide tab 10 mg</i>	52	TRESIBA INJ 100UNIT	85
<i>toremide tab 100 mg</i>	52	<i>tretinoin cap 10 mg</i>	36
<i>toremide tab 20 mg</i>	52	<i>tretinoin cream 0.025%</i>	209
<i>toremide tab 5 mg</i>	52	<i>tretinoin cream 0.05%</i>	209
<i>total allerg tab 25mg</i>	190	<i>tretinoin cream 0.1%</i>	209
<i>total b/c tab</i>	177	<i>tretinoin gel 0.01%</i>	209
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<i>total formul tab 2</i>	177	<i>triaacting nt liq cold/cgh</i>	202
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<i>tpn electrol inj</i>	138	<i>triamcinolone acetoneide dental paste</i>	
TRACLEER TAB 125MG	55	<i>0.1%</i>	222
TRACLEER TAB 62.5MG	55	<i>triamcinolone acetoneide lotion 0.025%</i>	
TRADJENTA TAB 5MG	88	.....	215
<i>tramadol hcl tab 50 mg</i>	7	<i>triamcinolone acetoneide lotion 0.1%</i> .	215
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamcinolone acetoneide nasal aerosol</i>	
<i>mg</i>	7	<i>suspension 55 mcg/act</i>	206
<i>trandolapril tab 1 mg</i>	40	<i>triamcinolone acetoneide oint 0.025%</i>	215
<i>trandolapril tab 2 mg</i>	40	<i>triamcinolone acetoneide oint 0.1%</i> ...	215
<i>trandolapril tab 4 mg</i>	40	<i>triamcinolone acetoneide oint 0.5%</i> ...	215
<i>tranexamic acid iv soln 1000 mg/10ml</i>		TRIAMINIC SOL COLD/CGH	202
<i>(100 mg/ml)</i>	130	<i>triaminic sus fev&cld</i>	202
<i>tranexamic acid tab 650 mg</i>	130	TRIAMINIC SYP CLD/ALRG	202
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<i>tranylcypramine sulfate tab 10 mg</i>	66	<i>triamterene & hydrochlorothiazide cap</i>	
TRAVASOL INJ 10%	138	<i>37.5-25 mg</i>	52
TRAVATAN Z DRO 0.004%	184	<i>triamterene & hydrochlorothiazide tab</i>	
<i>travel sick chw 25mg</i>	111	<i>37.5-25 mg</i>	52
<i>travel sick tab 50mg</i>	111	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 100 mg</i>	66	<i>75-50 mg</i>	52
<i>trazodone hcl tab 150 mg</i>	66	<i>tri-biozene oin</i>	210
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<i>treprostinil inj soln 100 mg/20ml (5</i>		<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>mg/ml)</i>	55	<i>equivalent)</i>	74
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>trifluoperazine hcl tab 2 mg (base</i>	

<i>equivalent</i>)	74	<i>tums smoothi chw 750mg</i>	107
<i>trifluoperazine hcl tab 5 mg (base</i>		TURALIO CAP 200MG	36
<i>equivalent</i>)	74	TUSNEL C SYP	202
<i>trifluridine ophth soln 1%</i>	182	<i>tusnel diabt liq 10-100/5</i>	202
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<i>trihexyphenidyl hcl tab 2 mg</i>	69	TUSNEL PED DRO 7.5-50	202
<i>trihexyphenidyl hcl tab 5 mg</i>	69	TUSNEL PEDI LIQ 15-5-50.....	202
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<i>trimipramine maleate cap 100 mg</i>	66	<i>tussin adult liq 100/5ml</i>	203
<i>trimipramine maleate cap 25 mg</i>	66	<i>tussin adult liq cgh/cong</i>	203
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<i>triple antib oin max st</i>	210	<i>tussin dm liq</i>	203
<i>triple antib oin plus</i>	210	<i>tussin dm liq 100-10/5</i>	203
<i>triple paste oin af 2%</i>	212	<i>tussin dm liq 10-200/5</i>	203
<i>tri-previfem tab</i>	94	<i>tussin dm liq max</i>	203
<i>triprolidine hcl liquid 0.625 mg/ml</i>	190	<i>tussin dm mx liq 10-200/5</i>	203
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<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	21
<i>valproate sodium inj 100 mg/ml</i>	61
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	61
<i>valproic acid cap 250 mg</i>	61
<i>valsartan tab 160 mg</i>	43
<i>valsartan tab 320 mg</i>	43
<i>valsartan tab 40 mg</i>	43
<i>valsartan tab 80 mg</i>	43
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<i>vitamin b12 tab 5000mcg</i>	178	<i>vitamin e cap 1000 unit</i>	180
<i>vitamin b-12 tab 500mcg</i>	178	<i>vitamin e cap 1000unit</i>	180
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<i>warfarin sodium tab 10 mg</i>	127
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ZENPEP CAP 10000UNT	122	<i>mg</i>	79
ZENPEP CAP 15000UNT	122	<i>zolmitriptan tab 2.5 mg</i>	79
ZENPEP CAP 20000UNT	122	<i>zolmitriptan tab 5 mg</i>	79
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ZOLINZA CAP 100MG	31	ZYTIGA TAB 500MG.....	32
<i>zolmitriptan orally disintegrating tab 2.5</i>			

ENGLISH

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

SPANISH

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

CHINESE

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

GERMAN

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

ARABIC

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

PENNSYLVANIA DUTCH

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

RUSSIAN

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

FRENCH

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

VIETNAMESE

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

CUSHITE/ROMO

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

KOREAN

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

ITALIAN

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

JAPANESE

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

DUTCH

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

UKRAINIAN

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

ROMANIAN

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

NEPALI

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

SOMALI

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



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CareSource
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

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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>.



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Formulary ID: 19265 Version #: 16

Updated 11/2019

H8452_OHMMC-1255-V.12

CMS/ODM Approved 10/2/2019

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