



Neighborhood **INTEGRITY** (plan de Medicare-Medicaid) **2021 Formulario: Lista de medicamentos cubiertos**

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896, de 8am a 8pm, de lunes a viernes; 8am a 12pm el sábado. Los sábados por la tarde, domingos y días festivos federales, se le puede pedir que deje un mensaje. Su llamada será devuelta dentro del siguiente día laborable. La llamada es gratuita. TTY/TDD: 711. Para obtener más información, visite www.nhpri.org/INTEGRITY. Número de Identificación de Presentación de Archivo del Formulario Aprobado de HPMS: H9576. No hemos hecho cambios en este formulario desde el 7/2021.

Neighborhood INTEGRITY | *Lista de medicamentos cubiertos* 2021 (Formulario)

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como la Lista de medicamentos). Aquí se le informa qué medicamentos recetados y de venta libre e insumos están cubiertos por Neighborhood INTEGRITY. La Lista de medicamentos también le informa si algún medicamento cubierto por Neighborhood INTEGRITY tiene reglas o restricciones especiales. Las palabras importantes y sus definiciones se encuentran en el último capítulo del *Manual del miembro*.

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Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



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A. Renuncias de garantías

Esta es la lista de medicamentos que los miembros pueden obtener en Neighborhood INTEGRITY.

- ❖ Neighborhood Health Plan of Rhode Island es un plan de salud que contrata con Medicare y Medicaid de Rhode Island para brindar beneficios de ambos programas a los inscritos.
- ❖ Tanto los beneficios como la Lista de medicamentos cubiertos y/o de redes de farmacias y proveedores pueden cambiar durante el año. Le enviaremos un aviso antes de realizar un cambio que lo afecte.
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, comuníquese con el Servicio de atención a los miembros de Neighborhood INTEGRITY o lea el Manual del miembro de Neighborhood INTEGRITY.
- ❖ Usted siempre puede consultar la Lista de medicamentos cubiertos actualizada de Neighborhood INTEGRITY en línea en www.nhpri.org/INTEGRITY.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call 711. The call is free.
- ❖ ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 TTY (711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.
- ❖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។ នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក

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អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។

ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។

ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

- ❖ Puede obtener este documento gratis en otros formatos, por ejemplo, letras grandes, Braille o audio. Comuníquese con el Servicio de atención a los miembros llamando al 1-844-812-6896, de lunes a viernes de 8 a.m. a 8 p.m. y los sábados de 8 a.m. a 12 p.m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Se responderá a su llamada al siguiente día hábil. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.
- ❖ Puede solicitar este documento y los materiales que se publiquen en el futuro en su idioma de preferencia y/o en un formato alternativo, comunicándose con el Servicio de atención a los miembros. Esto se denomina “solicitud vigente”. El Servicio de atención a los miembros registrará su solicitud vigente en el expediente de miembro para que pueda recibir materiales ahora y en el futuro en su idioma y/o formato de preferencia. Puede modificar o cancelar su solicitud vigente en cualquier momento comunicándose con el Servicio de atención a los miembros.

B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las Preguntas frecuentes para tener más información o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos recetados están en la *Lista de medicamentos cubiertos*? (Para abreviar, también llamamos “Lista de medicamentos” a la *Lista de medicamentos cubiertos*.)

Los medicamentos que figuran en la *Lista de medicamentos cubiertos* que comienza en la página 1. son los medicamentos cubiertos por Neighborhood INTEGRITY. Estos medicamentos se pueden adquirir en las farmacias de nuestra red. Una farmacia pertenece a nuestra red cuando tenemos un contrato con el establecimiento para que trabaje con nosotros y les provea servicios a los miembros. Nos referiremos a estos establecimientos como “farmacias de la red”.

- Neighborhood INTEGRITY cubrirá todos los medicamentos necesarios desde el punto de vista médico que estén en la Lista de medicamentos si:
 - su médico u otro profesional de la salud dice que los necesita para mejorarse o para mantener la salud, **y además**

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



- usted adquiere el medicamento recetado en una farmacia de la red Neighborhood INTEGRITY.
- Neighborhood INTEGRITY puede añadir otros requisitos para acceder a ciertos medicamentos (ver pregunta B4 a continuación).

También puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web, www.nhpri.org/INTEGRITY, o llamando al Servicio de atención a los miembros al 1-844-812-6896.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, y Neighborhood INTEGRITY debe seguir las normas de Medicare y Medicaid al realizar modificaciones. Podemos incorporar o eliminar medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas con relación a los medicamentos. Por ejemplo, podemos:

- decidir que pediremos o no pediremos autorización previa para un medicamento. (Autorización previa es el permiso de Neighborhood INTEGRITY para que usted pueda obtener un medicamento).
- Agregar o modificar la cantidad de un medicamento que usted puede obtener (se denomina “límite de cantidad”).
- agregar o modificar las restricciones de tratamiento escalonado de un medicamento. (Tratamiento escalonado significa que usted debe probar un medicamento antes de que le cubramos otro medicamento).

Para obtener más información sobre estas normas que regulan el uso de medicamentos, consulte la pregunta B4.

Si usted está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni modificaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- aparezca en el mercado un nuevo medicamento más económico que funciona igual de bien que un medicamento que está actualmente en la Lista de medicamentos, ○
- nos enteremos de que el medicamento no es seguro, ○
- el medicamento sea retirado del mercado.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



Las preguntas B3 y B6 que figuran a continuación aportan más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Usted siempre puede consultar la Lista actualizada de medicamentos de Neighborhood INTEGRITY en línea en www.nhpri.org/INTEGRITY.
- También puede llamar al Servicio de atención a los miembros al 1-844-812-6896 (TTY 711) para consultar la Lista de medicamentos vigente.

B3. ¿Qué sucede si hay una modificación en la Lista de medicamentos?

Algunas modificaciones de la Lista de medicamentos se producen **inmediatamente**. Por ejemplo:

- **Aparición de un nuevo medicamento genérico.** A veces, aparece en el mercado un nuevo medicamento que funciona igual de bien que un medicamento de marca que está incluido en la Lista de medicamentos. Si eso sucede, es posible que eliminemos el medicamento de marca e incorporemos el nuevo medicamento genérico, pero el costo que usted pagará por el nuevo medicamento será el mismo. Cuando incorporemos el nuevo medicamento genérico, también es posible que decidamos conservar el medicamento de marca en la lista pero modifiquemos sus reglas o límites de cobertura.
 - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico una vez que lo hayamos realizado.
 - Usted o su proveedor pueden solicitar una excepción a estos límites. Le enviaremos una notificación con los pasos a seguir para solicitar una excepción. Para obtener más información sobre las excepciones, lea la pregunta B10.
- **Un medicamento es retirado del mercado.** Si la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) considera que algún medicamento que usted está tomando no es seguro o el fabricante de un medicamento decide retirarlo del mercado, lo eliminaremos de la Lista de medicamentos. Si usted está tomando dicho medicamento, recibirá una notificación. Le enviaremos una carta donde le aconsejaremos cómo proceder con su proveedor y su farmacéutico.

Es posible que realicemos otros cambios relativos a los medicamentos que usted toma.

En caso de realizar otros cambios a la Lista de medicamentos, se lo notificaremos con anticipación. Estos cambios pueden producirse si:

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



- la FDA proporciona nuevas pautas o se publican nuevas directrices clínicas sobre un medicamento,
- Incorporamos un medicamento genérico que no es nuevo en el mercado **y**
 - Reemplazamos un medicamento de marca que se encuentra actualmente en la Lista de medicamentos **o**
 - Modificamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios:

- se lo informaremos por lo menos 30 días antes de modificar la Lista de medicamentos **o**
- se lo informaremos y le proporcionaremos un suministro del medicamento para 30 días cuando usted solicite la reposición.

Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. Este podrá ayudarle a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar **o**
- si es conveniente solicitar una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

B4. ¿Existen restricciones o limitaciones para la cobertura de medicamentos o requisitos que se deban cumplir para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen requisitos de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted o su médico u otro profesional que recete el medicamento deberán cumplir con ciertos requisitos antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa (o aprobación previa):** Para ciertos medicamentos, usted o su médico u otro profesional que recete el medicamento deberán obtener la aprobación de Neighborhood INTEGRITY antes de que usted pueda obtener el medicamento. Neighborhood INTEGRITY podría no cubrir el medicamento si usted no obtiene autorización.
- **Límites de cantidad:** A veces, Neighborhood INTEGRITY limita la cantidad de medicamento que usted puede obtener.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



- **Tratamiento escalonado:** A veces, Neighborhood INTEGRITY requiere que usted realice un tratamiento escalonado. Es decir, para el tratamiento de su enfermedad, tendrá que probar medicamentos en un determinado orden. Es posible que tenga que probar un medicamento antes de que le cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, le cubriremos el segundo.

Usted puede averiguar si su medicamento tiene algún otro requisito o límite consultando las tablas que figuran en las páginas 1-154. También puede obtener información adicional visitando nuestro sitio web, www.nhpri.org/INTEGRITY. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. El médico le ayudará a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si debe pedir una excepción. Para obtener más información sobre las excepciones, lea las preguntas B10-B12.

B5. ¿Cómo sabrá si el medicamento que usted quiere tiene límites o si hay requisitos que debe cumplir para obtener el medicamento?

La *Lista de medicamentos cubiertos* de la página 1 incluye una columna rotulada “Necessary actions, restrictions, or limits on use” (“Acciones necesarias, restricciones o límites de uso”).

B6. ¿Qué sucede si modificamos nuestras normas sobre algunos medicamentos (por ejemplo, autorización previa (aprobación), límites de cantidad y/o restricciones de tratamiento escalonado sobre un medicamento)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos requisitos de autorización previa, límites de cantidad y/o restricciones de tratamiento escalonado sobre un medicamento. Lea la pregunta B3 para obtener más información sobre esta notificación anticipada y las situaciones en las que quizás no podamos notificarle anticipadamente que se modificarán las reglas sobre los medicamentos que figuran en la Lista de medicamentos.

B7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Hay dos formas de encontrar un medicamento:

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

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



Para buscar **por orden alfabético**, diríjase a la sección Índice de medicamentos cubiertos. Puede encontrarla en la página 155.

Para buscar **por enfermedad**, busque la sección denominada “List of drugs by medical condition” (“Lista de medicamentos por enfermedad”) en la página 1. En esta sección, los medicamentos están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Allí encontrará los medicamentos para tratar las enfermedades del corazón.

B8. ¿Qué sucede si el medicamento que quiere tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame al Servicio de atención a los miembros, al 1-844-812-6896 y pregunte por el medicamento. Si averigua que Neighborhood INTEGRITY no cubre ese medicamento, tiene las siguientes opciones:

- Pedir al Servicio de atención a los miembros una lista de medicamentos similares al que quiere tomar. Después mostrarle la lista a su médico o el profesional que le receta el medicamento. El médico puede recetarle un medicamento de la Lista de medicamentos que sea similar al que usted quiere tomar. ○
- pedirle al plan de salud que haga una excepción y cubra el medicamento. Para obtener más información sobre las excepciones, lea las preguntas B10-B12.

B9. ¿Qué sucede si usted es un nuevo miembro de Neighborhood INTEGRITY y no puede encontrar su medicamento en la Lista de medicamentos o tiene problemas para obtener su medicamento?

Nosotros podemos ayudar. Podemos cubrir un suministro temporal para 30 días de su medicamento de la Parte D o un suministro para 90 días de su medicamento cubierto por Rhode Island Medicaid durante los primeros 90 días que usted sea Miembro de Neighborhood INTEGRITY. Esto le dará tiempo de hablar con su médico o con el profesional que le receta el medicamento. El médico le ayudará a decidir si hay un medicamento similar en la Lista de medicamentos que usted pueda tomar o si debe pedir una excepción.

Si se entrega una receta por menos días, autorizaremos múltiples reposiciones para proveer hasta un máximo de medicamento para 30 días.

Cubriremos un suministro para 30 días de su medicamento Parte D o un suministro para 90 días de su medicamento cubierto por Rhode Island Medicaid si:

- usted está tomando un medicamento que no está en la Lista de medicamentos, ○

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



- las reglas del plan de salud no le permiten obtener la cantidad indicada por el médico que le extendió la receta, o
- el medicamento requiere autorización previa de Neighborhood INTEGRITY, o
- usted está tomando un medicamento que tiene una restricción de tratamiento escalonado.

Si usted está en un hogar para personas de edad avanzada o en otro establecimiento de cuidados por tiempo prolongado y necesita un medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan durante más de 90 días, vive en un establecimiento de cuidados a largo plazo, y necesita un suministro inmediatamente:

- Cubriremos un suministro para *31 días* del medicamento que necesita (salvo que tenga una receta para menos días), independientemente de que usted sea o no sea un miembro nuevo de Neighborhood INTEGRITY.
- Esto es adicional al suministro temporal durante los primeros *90 días* en que usted es Miembro de Neighborhood INTEGRITY.

Si su nivel de atención cambia y necesita un suministro inmediatamente:

- Cubriremos un suministro para 31 días del medicamento que necesita si usted vive en un establecimiento de cuidados por tiempo prolongado, o
- Cubriremos un suministro para 30 días del medicamento que necesita si usted **no** vive en un establecimiento de cuidados a largo plazo.

B10. ¿Puede solicitar una excepción que cubra su medicamento?

Sí. Puede pedirle a Neighborhood INTEGRITY que haga una excepción y cubra el medicamento que no está en la Lista de medicamentos.

También puede pedirnos que modifiquemos las reglas que se aplican a su medicamento.

- Por ejemplo, Neighborhood INTEGRITY puede limitar la cantidad de medicamento que cubrimos. Si su medicamento tiene un límite, puede pedirnos que modifiquemos el límite para que cubramos más cantidad.
- Otros ejemplos: Puede solicitarnos que no se apliquen las restricciones de tratamiento escalonado o autorización previa.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, comuníquese con el Servicio de atención a los miembros. El Servicio de atención a los miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el Capítulo 9 del *Manual del miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto demora obtener una excepción?

Primero, debemos recibir una declaración del médico que le da la receta en la que respalde su pedido de excepción. Después de recibir la declaración, tomaremos nuestra determinación sobre su pedido de excepción y le informaremos en un plazo de 72 horas.

Si usted o su médico consideran que su salud se puede perjudicar si tiene que esperar 72 horas para obtener nuestra decisión puede solicitar una excepción acelerada. Se trata de una decisión más rápida. Si su médico respalda su pedido, le informaremos nuestra decisión dentro de las 24 horas de recibida la declaración de respaldo de su médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están preparados con los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos de marca y por lo general no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA).

Neighborhood INTEGRITY cubre medicamentos de marca y medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC es la sigla de “over-the-counter”, que significa “de venta libre”. Neighborhood INTEGRITY cubre algunos medicamentos OTC cuando están recetados por su proveedor médico.

Puede consultar la Lista de medicamentos de Neighborhood INTEGRITY para ver qué medicamentos OTC están cubiertos.

B15. ¿Cuál es el copago?

Como miembro del plan Neighborhood INTEGRITY, usted no tiene que pagar copagos para los medicamentos recetados y OTC siempre y cuando usted cumpla con las reglas de Neighborhood INTEGRITY.

B16. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos incluidos en la Lista de medicamentos.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



- Los medicamentos del Nivel 1 son los genéricos.
- Los medicamentos del Nivel 2 son los de marca.
- Los medicamentos del Nivel 3 son los OTC.

Ninguno de los niveles tiene copagos.

C. Breve resumen de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le proporciona información sobre los medicamentos que cubre Neighborhood INTEGRITY. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página 155. En el índice encontrará una lista de todos los medicamentos cubiertos por Neighborhood INTEGRITY en orden alfabético.

Nota: La inscripción **DP** al lado de un medicamento significa que el medicamento no es un “medicamento de la Parte D”. El monto que usted paga cuando adquiere este medicamento bajo receta no se tiene en consideración para calcular sus costos totales de medicamentos (es decir que el monto que paga no lo ayuda a calificar para cobertura catastrófica).

- Además, si está recibiendo Ayuda Adicional para pagar por sus recetas, no recibirá Ayuda Adicional para pagar estos medicamentos. Para obtener más información sobre Ayuda Adicional, consulte el recuadro que aparece a continuación.

Ayuda Adicional es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de medicamentos recetados de Medicare Parte D, como primas, deducibles y copagos. La Ayuda adicional también se llama “Subsidio por bajos ingresos” o “LIS.”

- Estos medicamentos también tienen diferentes reglas para las apelaciones. Una apelación es un recurso formal para pedir una revisión de la decisión de cobertura y modificarla si cree que hemos cometido un error. Por ejemplo, nosotros podríamos decidir que un medicamento que usted quiere no está cubierto o ha dejado de estar cubierto por Medicare o Rhode Island Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, puede presentar una apelación. Para pedir instrucciones sobre la forma de apelar, comuníquese con

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



el Servicio de atención a los miembros llamando al 1-844-812-6896 (TTY 711).

También puede leer el Capítulo 9 del *Manual del miembro* para saber cómo apelar una decisión.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



C1. Medicamentos agrupados por condición médica

En esta sección, los medicamentos están agrupados en categorías según el tipo de enfermedad para la que se utilizan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Allí encontrará los medicamentos para tratar las enfermedades del corazón.

Significado de los códigos usados en la columna “Necessary actions, restrictions, or limits on use” (“Acciones necesarias, restricciones o límites de uso”):

B/D = Este medicamento recetado tiene un requisito administrativo de autorización previa de la Parte B versus D. Es decir que este medicamento puede estar cubierto por Medicare Parte B o D según las circunstancias. Es posible que se deba enviar información sobre el uso y el lugar de administración del medicamento para tomar la determinación.

DP = Este medicamento no corresponde a la Parte D.

QL = Límite de cantidad. Para ciertos medicamentos, Neighborhood INTEGRITY limita la cantidad de medicamento que cubrirá Neighborhood INTEGRITY.

ST = Tratamiento escalonado. En algunos casos, Neighborhood INTEGRITY requiere que usted primero pruebe cierto medicamento para tratar una determinada enfermedad antes de que cubramos otro medicamento para su enfermedad. Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar su enfermedad, quizás Neighborhood INTEGRITY no cubra el Medicamento B si primero no prueba el Medicamento A. Si el Medicamento A no le da resultados, entonces Neighborhood INTEGRITY cubrirá el Medicamento B.

PA = Autorización previa. Neighborhood INTEGRITY requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que usted deberá obtener aprobación de Neighborhood INTEGRITY antes de obtener el medicamento. Neighborhood INTEGRITY podría no cubrir el medicamento si usted no obtiene autorización.

NDS = Suministro por tiempo no extendido. Este medicamento no está disponible para un suministro mayor a 30 días.

LA = Acceso limitado. Este medicamento solo está disponible a través de ciertas farmacias especializadas.

Si tiene preguntas, llame a Neighborhood INTEGRITY al 1-844-812-6896 y TTY 711, de lunes a viernes de 8 a. m. a 8 p. m.; y los sábados de 8 a. m. a 12 p. m. Es posible que los sábados por la tarde, los domingos y los feriados, se le solicite que deje un mensaje. Su llamada será respondida el siguiente día hábil. La llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.



Lista de Medicamentos Agrupados por Condición Médica

RI_CY21_2T_MMP eff 08/01/2021

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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Last Updated: July/2021
Formulary ID: 00021237
Version: 14

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0 (Tier 1)
<i>allopurinol tab 300 mg</i>	\$0 (Tier 1)
<i>colchicine tab 0.6 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (Tier 1)
MITIGARE CAP 0.6MG	\$0 (Tier 2) QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (Tier 1)

MISCELLANEOUS

<i>acetaminophen suppos 120 mg</i>	\$0 (Tier 3) DP
<i>acetaminophen suppos 650 mg</i>	\$0 (Tier 3) DP
<i>acetaminophen susp 160 mg/5ml</i>	\$0 (Tier 3) DP
<i>acetaminophen tab 325 mg</i>	\$0 (Tier 3) DP
<i>acetaminophen tab er 650 mg</i>	\$0 (Tier 3) DP
<i>arthrts pain tab 650mg</i>	\$0 (Tier 3) DP
<i>aspirin low tab 81mg ec</i>	\$0 (Tier 3) DP
ASPIRIN SUP 600MG	\$0 (Tier 3) DP
<i>aspirin tab 325 mg</i>	\$0 (Tier 3) DP
<i>aspirin tab 325mg</i>	\$0 (Tier 3) DP
<i>aspirin tab 325mg ec</i>	\$0 (Tier 3) DP
<i>aspirin tab delayed release 325 mg</i>	\$0 (Tier 3) DP
<i>betatemp sus 160/5ml</i>	\$0 (Tier 3) DP
<i>chld silapap liq 160/5ml</i>	\$0 (Tier 3) DP
<i>ecpirin tab 325mg ec</i>	\$0 (Tier 3) DP
<i>ed-apap liq 80mg/2.5</i>	\$0 (Tier 3) DP
FEVERALL INF SUP 80MG	\$0 (Tier 3) DP
<i>feverall sup 120mg</i>	\$0 (Tier 3) DP
FEVERALL SUP 325MG	\$0 (Tier 3) DP
<i>feverall sup 650mg</i>	\$0 (Tier 3) DP
<i>gnp aspirin tab 325mg ec</i>	\$0 (Tier 3) DP
<i>hm aspirin tab 325mg</i>	\$0 (Tier 3) DP
<i>8 hour pain tab 650mg</i>	\$0 (Tier 3) DP
<i>8hr pain rel tab 650mg</i>	\$0 (Tier 3) DP
<i>mapap cap 500mg</i>	\$0 (Tier 3) DP
<i>mapap tab 325mg</i>	\$0 (Tier 3) DP
<i>medi-tabs tab 500mg</i>	\$0 (Tier 3) DP
<i>non-aspirin sus 160/5ml</i>	\$0 (Tier 3) DP
<i>non-aspirin tab 325mg</i>	\$0 (Tier 3) DP

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply DP - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>non-aspirin tab 500mg</i>	\$0 (Tier 3)	DP
<i>non-aspirin tab 500mg/rr</i>	\$0 (Tier 3)	DP
<i>pain & fever sus 160/5ml</i>	\$0 (Tier 3)	DP
<i>pain & fever tab 325mg</i>	\$0 (Tier 3)	DP
<i>pain relief tab 500mg</i>	\$0 (Tier 3)	DP
<i>pain relief tab 500mg/rr</i>	\$0 (Tier 3)	DP
<i>pain relief tab 650mg</i>	\$0 (Tier 3)	DP
<i>pain relieve sus 160/5ml</i>	\$0 (Tier 3)	DP
<i>pain relieve tab 325mg</i>	\$0 (Tier 3)	DP
<i>pain relieve tab 500mg</i>	\$0 (Tier 3)	DP
<i>pain relieve tab 500mg/rr</i>	\$0 (Tier 3)	DP
<i>pharbetol tab 325mg</i>	\$0 (Tier 3)	DP
<i>pharbetol tab 500mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin tab 325mg</i>	\$0 (Tier 3)	DP
<i>qc aspirin tab 325mg ec</i>	\$0 (Tier 3)	DP
<i>sm aspirin tab 325mg</i>	\$0 (Tier 3)	DP
<i>sm aspirin tab 325mg ec</i>	\$0 (Tier 3)	DP
<i>tactinal chw children</i>	\$0 (Tier 3)	DP
<i>tactinal tab 325mg</i>	\$0 (Tier 3)	DP
<i>tactinal tab 500mg</i>	\$0 (Tier 3)	DP
<i>tri-buff asa tab 325mg</i>	\$0 (Tier 3)	DP

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	\$0 (Tier 1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (Tier 1)	
<i>diflunisal tab 500 mg</i>	\$0 (Tier 1)	
<i>ec-naproxen tab 375mg</i>	\$0 (Tier 1)	
<i>ec-naproxen tab 500mg</i>	\$0 (Tier 1)	
<i>etodolac cap 200 mg</i>	\$0 (Tier 1)	
<i>etodolac cap 300 mg</i>	\$0 (Tier 1)	
<i>etodolac tab 400 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>etodolac tab 500 mg</i>	\$0 (Tier 1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (Tier 1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (Tier 1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (Tier 1)	
<i>ibu tab 600mg</i>	\$0 (Tier 1)	
<i>ibu tab 800mg</i>	\$0 (Tier 1)	
<i>ibuprofen dro 50/1.25</i>	\$0 (Tier 3) DP	
<i>ibuprofen ib chw 100mg</i>	\$0 (Tier 3) DP	
<i>ibuprofen jr chw 100mg</i>	\$0 (Tier 3) DP	
<i>ibuprofen sus 100/5ml</i>	\$0 (Tier 3) DP	
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (Tier 1)	
<i>ibuprofen tab 400 mg</i>	\$0 (Tier 1)	
<i>ibuprofen tab 600 mg</i>	\$0 (Tier 1)	
<i>ibuprofen tab 800 mg</i>	\$0 (Tier 1)	
<i>medi-profen sus 40mg/ml</i>	\$0 (Tier 3) DP	
<i>meloxicam tab 7.5 mg</i>	\$0 (Tier 1)	
<i>meloxicam tab 15 mg</i>	\$0 (Tier 1)	
<i>nabumetone tab 500 mg</i>	\$0 (Tier 1)	
<i>nabumetone tab 750 mg</i>	\$0 (Tier 1)	
<i>naproxen dr tab 375mg</i>	\$0 (Tier 1)	
<i>naproxen dr tab 500mg</i>	\$0 (Tier 1)	
<i>naproxen sodium tab 275 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium tab 550 mg</i>	\$0 (Tier 1)	
<i>naproxen tab 250 mg</i>	\$0 (Tier 1)	
<i>naproxen tab 375 mg</i>	\$0 (Tier 1)	
<i>naproxen tab 500 mg</i>	\$0 (Tier 1)	
<i>piroxicam cap 10 mg</i>	\$0 (Tier 1)	
<i>piroxicam cap 20 mg</i>	\$0 (Tier 1)	
<i>sm ibuprofen tab 100mg jr</i>	\$0 (Tier 3) DP	
<i>sulindac tab 150 mg</i>	\$0 (Tier 1)	
<i>sulindac tab 200 mg</i>	\$0 (Tier 1)	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0 (Tier 1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0 (Tier 1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0 (Tier 1)	QL (4 patches / 28 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0 (Tier 1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0 (Tier 1)	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 (Tier 1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (Tier 1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (Tier 1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (Tier 1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (Tier 1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 20 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0 (Tier 2)	QL (30 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>methadone con 10mg/ml</i>	\$0 (Tier 1)	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (Tier 1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (Tier 1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (Tier 1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (Tier 1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (Tier 1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (Tier 2)	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0 (Tier 2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0 (Tier 1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0 (Tier 2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0 (Tier 2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0 (Tier 2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0 (Tier 2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0 (Tier 1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0 (Tier 1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (Tier 1)	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	\$0 (Tier 2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (Tier 2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0 (Tier 2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (Tier 2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0 (Tier 2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0 (Tier 2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (Tier 1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (Tier 2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (Tier 2)	
<i>oxycodone hcl cap 5 mg</i>	\$0 (Tier 1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (Tier 1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (Tier 1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (Tier 1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (Tier 1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0 (Tier 1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (Tier 1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 0.5%</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 (Tier 1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 (Tier 1)	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	\$0 (Tier 2)	NDS
ALINIA SUS 100/5ML	\$0 (Tier 2)	NDS, QL (180 mL / 30 days)
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (Tier 1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>atovaquone susp 750 mg/5ml</i>	\$0 (Tier 2)	NDS
<i>aztreonam for inj 1 gm</i>	\$0 (Tier 1)	
<i>aztreonam for inj 2 gm</i>	\$0 (Tier 1)	
CAYSTON INH 75MG	\$0 (Tier 2)	NDS, LA, PA
<i>clindamycin hcl cap 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (Tier 1)	
<i>clindamycin hcl cap 300 mg</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 9 gm/60ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (Tier 1)	
CLINDMYC/NAC INJ 300/50ML	\$0 (Tier 2)	
CLINDMYC/NAC INJ 600/50ML	\$0 (Tier 2)	
CLINDMYC/NAC INJ 900/50ML	\$0 (Tier 2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0 (Tier 1)	
<i>dapsone tab 25 mg</i>	\$0 (Tier 1)	
<i>dapsone tab 100 mg</i>	\$0 (Tier 1)	
<i>daptomycin for iv soln 350 mg</i>	\$0 (Tier 2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0 (Tier 2)	NDS
DAPTOMYCIN SOL 350MG	\$0 (Tier 2)	NDS
EMVERM CHW 100MG	\$0 (Tier 2)	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (Tier 1)	
<i>ivermectin tab 3 mg</i>	\$0 (Tier 1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0 (Tier 2)	NDS, QL (1800 mL / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0 (Tier 1)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (Tier 1)	
<i>linezolid tab 600 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	\$0 (Tier 1)	
<i>meropenem iv for soln 500 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (Tier 1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tab 250 mg</i>	\$0 (Tier 1)	
<i>metronidazole tab 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide tab 500 mg</i>	\$0 (Tier 2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (Tier 2)	
<i>paromomycin sulfate cap 250 mg</i>	\$0 (Tier 1)	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	\$0 (Tier 1)	B/D
<i>pentamidine isethionate for soln 300 mg</i>	\$0 (Tier 1)	
PINWORM TAB MEDICINE	\$0 (Tier 3)	DP
<i>praziquantel tab 600 mg</i>	\$0 (Tier 1)	
<i>reeses med sus pinworm</i>	\$0 (Tier 3)	DP
SIVEXTRO INJ 200MG	\$0 (Tier 2)	NDS
SIVEXTRO TAB 200MG	\$0 (Tier 2)	NDS
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (Tier 2)	NDS
SULFADIAZINE TAB 500MG	\$0 (Tier 2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (Tier 1)
SYNERCID INJ 500MG	\$0 (Tier 2) NDS
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (Tier 2) NDS, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 1)
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 1)
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (Tier 1)
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 1)
<i>trimethoprim tab 100 mg</i>	\$0 (Tier 1)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (Tier 1) QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (Tier 1) QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (Tier 1)
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (Tier 1)
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 1)
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (Tier 1)
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0 (Tier 1)
VANCOMYCIN INJ 1 GM	\$0 (Tier 2)
VANCOMYCIN INJ 500MG	\$0 (Tier 2)
VANCOMYCIN INJ 750MG	\$0 (Tier 2)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	
ABELCET INJ 5MG/ML	\$0 (Tier 2) B/D
AMBISOME INJ 50MG	\$0 (Tier 2) NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0 (Tier 1) B/D
<i>casprofungin acetate for iv soln 50 mg</i>	\$0 (Tier 2) NDS
<i>casprofungin acetate for iv soln 70 mg</i>	\$0 (Tier 2) NDS
<i>fluconazole for susp 10 mg/ml</i>	\$0 (Tier 1)
<i>fluconazole for susp 40 mg/ml</i>	\$0 (Tier 1)
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (Tier 1)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply DP - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (Tier 1)	
<i>fluconazole tab 50 mg</i>	\$0 (Tier 1)	
<i>fluconazole tab 100 mg</i>	\$0 (Tier 1)	
<i>fluconazole tab 150 mg</i>	\$0 (Tier 1)	
<i>fluconazole tab 200 mg</i>	\$0 (Tier 1)	
<i>flucytosine cap 250 mg</i>	\$0 (Tier 2)	NDS
<i>flucytosine cap 500 mg</i>	\$0 (Tier 2)	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole cap 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole tab 200 mg</i>	\$0 (Tier 1)	PA
<i>micafungin sodium for iv soln 50 mg</i>	\$0 (Tier 2)	NDS
<i>micafungin sodium for iv soln 100 mg</i>	\$0 (Tier 2)	NDS
NOXAFIL SUS 40MG/ML	\$0 (Tier 2)	NDS, QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	\$0 (Tier 1)	
<i>posaconazole tab delayed release 100 mg</i>	\$0 (Tier 2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0 (Tier 1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0 (Tier 2)	NDS, PA
<i>voriconazole for susp 40 mg/ml</i>	\$0 (Tier 2)	NDS, PA
<i>voriconazole tab 50 mg</i>	\$0 (Tier 1)	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (Tier 1)	
COARTEM TAB 20-120MG	\$0 (Tier 2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (Tier 1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (Tier 1)	
PRIMAQUINE TAB 26.3MG	\$0 (Tier 2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (Tier 1)	PA

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0 (Tier 1)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (Tier 1)
APTIVUS CAP 250MG	\$0 (Tier 2) NDS
APTIVUS SOL	\$0 (Tier 2) NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (Tier 1)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (Tier 1)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (Tier 1)
CRIXIVAN CAP 200MG	\$0 (Tier 2)
CRIXIVAN CAP 400MG	\$0 (Tier 2)
EDURANT TAB 25MG	\$0 (Tier 2) NDS
<i>efavirenz cap 50 mg</i>	\$0 (Tier 1)
<i>efavirenz cap 200 mg</i>	\$0 (Tier 1)
<i>efavirenz tab 600 mg</i>	\$0 (Tier 1)
<i>emtricitabine caps 200 mg</i>	\$0 (Tier 1)
EMTRIVA SOL 10MG/ML	\$0 (Tier 2)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 (Tier 2) NDS
FUZEON INJ 90MG	\$0 (Tier 2) NDS
INTELENCE TAB 25MG	\$0 (Tier 2)
INTELENCE TAB 100MG	\$0 (Tier 2) NDS
INTELENCE TAB 200MG	\$0 (Tier 2) NDS
INVIRASE TAB 500MG	\$0 (Tier 2) NDS
ISENTRESS CHW 25MG	\$0 (Tier 2)
ISENTRESS CHW 100MG	\$0 (Tier 2) NDS
ISENTRESS HD TAB 600MG	\$0 (Tier 2) NDS
ISENTRESS POW 100MG	\$0 (Tier 2)
ISENTRESS TAB 400MG	\$0 (Tier 2) NDS
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine tab 150 mg</i>	\$0 (Tier 1)
<i>lamivudine tab 300 mg</i>	\$0 (Tier 1)
LEXIVA SUS 50MG/ML	\$0 (Tier 2)
<i>nevirapine susp 50 mg/5ml</i>	\$0 (Tier 1)
<i>nevirapine tab 200 mg</i>	\$0 (Tier 1)
<i>nevirapine tab er 24hr 100 mg</i>	\$0 (Tier 1)
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (Tier 1)
NORVIR POW 100MG	\$0 (Tier 2)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NORVIR SOL 80MG/ML	\$0 (Tier 2)	
PIFELTRO TAB 100MG	\$0 (Tier 2)	NDS
PREZISTA SUS 100MG/ML	\$0 (Tier 2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0 (Tier 2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0 (Tier 2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days)
REYATAZ POW 50MG	\$0 (Tier 2)	NDS
<i>ritonavir tab 100 mg</i>	\$0 (Tier 1)	
RUKOBIA TAB 600MG ER	\$0 (Tier 2)	NDS
SELZENTRY SOL 20MG/ML	\$0 (Tier 2)	NDS
SELZENTRY TAB 25MG	\$0 (Tier 2)	
SELZENTRY TAB 75MG	\$0 (Tier 2)	NDS
SELZENTRY TAB 150MG	\$0 (Tier 2)	NDS
SELZENTRY TAB 300MG	\$0 (Tier 2)	NDS
<i>stavudine cap 15 mg</i>	\$0 (Tier 1)	
<i>stavudine cap 20 mg</i>	\$0 (Tier 1)	
<i>stavudine cap 30 mg</i>	\$0 (Tier 1)	
<i>stavudine cap 40 mg</i>	\$0 (Tier 1)	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (Tier 1)	
TIVICAY PD TAB 5MG	\$0 (Tier 2)	
TIVICAY TAB 10MG	\$0 (Tier 2)	
TIVICAY TAB 25MG	\$0 (Tier 2)	NDS
TIVICAY TAB 50MG	\$0 (Tier 2)	NDS
TROGARZO INJ 150MG/ML	\$0 (Tier 2)	NDS, LA
TYBOST TAB 150MG	\$0 (Tier 2)	
VIRACEPT TAB 250MG	\$0 (Tier 2)	NDS
VIRACEPT TAB 625MG	\$0 (Tier 2)	NDS
VIREAD POW 40MG/GM	\$0 (Tier 2)	NDS
VIREAD TAB 150MG	\$0 (Tier 2)	NDS
VIREAD TAB 200MG	\$0 (Tier 2)	NDS
VIREAD TAB 250MG	\$0 (Tier 2)	NDS
<i>zidovudine cap 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (Tier 1)	
<i>zidovudine tab 300 mg</i>	\$0 (Tier 1)	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS
HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0 (Tier 1)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (Tier 2) NDS
BIKTARVY TAB	\$0 (Tier 2) NDS
CIMDUO TAB 300-300	\$0 (Tier 2) NDS
COMPLERA TAB	\$0 (Tier 2) NDS
DELSTRIGO TAB	\$0 (Tier 2) NDS
DESCOVY TAB 200/25MG	\$0 (Tier 2) NDS
DOVATO TAB 50-300MG	\$0 (Tier 2) NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0 (Tier 2) NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0 (Tier 2) NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0 (Tier 2) NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0 (Tier 2) NDS
GENVOYA TAB	\$0 (Tier 2) NDS
JULUCA TAB 50-25MG	\$0 (Tier 2) NDS
KALETRA TAB 100-25MG	\$0 (Tier 2)
KALETRA TAB 200-50MG	\$0 (Tier 2) NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (Tier 1)
ODEFSEY TAB	\$0 (Tier 2) NDS
PREZCOBIX TAB 800-150	\$0 (Tier 2) NDS
STRIBILD TAB	\$0 (Tier 2) NDS
SYMTUZA TAB	\$0 (Tier 2) NDS
TEMIXYS TAB 300-300	\$0 (Tier 2) NDS
TRIUMEQ TAB	\$0 (Tier 2) NDS

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	\$0 (Tier 2) NDS
<i>ethambutol hcl tab 100 mg</i>	\$0 (Tier 1)
<i>ethambutol hcl tab 400 mg</i>	\$0 (Tier 1)
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (Tier 1)
<i>isoniazid tab 100 mg</i>	\$0 (Tier 1)
<i>isoniazid tab 300 mg</i>	\$0 (Tier 1)
PASER GRA 4GM	\$0 (Tier 2)
PRIFTIN TAB 150MG	\$0 (Tier 2)
<i>pyrazinamide tab 500 mg</i>	\$0 (Tier 1)
<i>rifabutin cap 150 mg</i>	\$0 (Tier 1)
<i>rifampin cap 150 mg</i>	\$0 (Tier 1)
<i>rifampin cap 300 mg</i>	\$0 (Tier 1)
<i>rifampin for inj 600 mg</i>	\$0 (Tier 1)
SIRTURO TAB 20MG	\$0 (Tier 2) NDS, LA, PA
SIRTURO TAB 100MG	\$0 (Tier 2) NDS, LA, PA
TRECTOR TAB 250MG	\$0 (Tier 2)

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	\$0 (Tier 1)
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (Tier 1)
<i>acyclovir tab 400 mg</i>	\$0 (Tier 1)
<i>acyclovir tab 800 mg</i>	\$0 (Tier 1)
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (Tier 2) NDS
BARACLUDE SOL	\$0 (Tier 2) NDS
<i>entecavir tab 0.5 mg</i>	\$0 (Tier 1)
<i>entecavir tab 1 mg</i>	\$0 (Tier 1)
EPCLUSA TAB 200-50MG	\$0 (Tier 2) NDS, PA
EPCLUSA TAB 400-100	\$0 (Tier 2) NDS, PA
EPIVIR HBV SOL 5MG/ML	\$0 (Tier 2)
<i>famciclovir tab 125 mg</i>	\$0 (Tier 1)
<i>famciclovir tab 250 mg</i>	\$0 (Tier 1)
<i>famciclovir tab 500 mg</i>	\$0 (Tier 1)
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (Tier 1) B/D
HARVONI PAK	\$0 (Tier 2) NDS, PA
HARVONI PAK 45-200MG	\$0 (Tier 2) NDS, PA
HARVONI TAB 45-200MG	\$0 (Tier 2) NDS, PA
HARVONI TAB 90-400MG	\$0 (Tier 2) NDS, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
MAVYRET TAB 100-40MG	\$0 (Tier 2) NDS, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (Tier 1) QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (Tier 1) QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (Tier 1) QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 (Tier 1) QL (1080 mL / year)
PEGASYS INJ	\$0 (Tier 2) NDS, PA
PEGASYS INJ 180MCG/M	\$0 (Tier 2) NDS, PA
RELENZA MIS DISKHALE	\$0 (Tier 2) QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0 (Tier 1)
<i>ribavirin tab 200 mg</i>	\$0 (Tier 1)
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (Tier 1)
<i>valacyclovir hcl tab 1 gm</i>	\$0 (Tier 1)
<i>valacyclovir hcl tab 500 mg</i>	\$0 (Tier 1)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (Tier 1)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (Tier 1)
VEMLIDY TAB 25MG	\$0 (Tier 2) NDS, PA
VOSEVI TAB	\$0 (Tier 2) NDS, PA
XOFLUZA TAB 20MG	\$0 (Tier 2) QL (2 tabs / 180 days)
XOFLUZA TAB 40MG	\$0 (Tier 2) QL (2 tabs / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	\$0 (Tier 1)
<i>cefaclor cap 500 mg</i>	\$0 (Tier 1)
CEFACTOR ER TAB 500MG	\$0 (Tier 2)
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (Tier 1)
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (Tier 1)
<i>cefadroxil cap 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (Tier 1)
CEFAZOLIN INJ 1GM/50ML	\$0 (Tier 2)
<i>cefazolin sodium for inj 1 gm</i>	\$0 (Tier 1)
<i>cefazolin sodium for inj 10 gm</i>	\$0 (Tier 1)
<i>cefazolin sodium for inj 500 mg</i>	\$0 (Tier 1)
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
CEFAZOLIN SOL	\$0 (Tier 2)
<i>cefdinir cap 300 mg</i>	\$0 (Tier 1)
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (Tier 1)
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefepime hcl for inj 1 gm</i>	\$0 (Tier 1)
<i>cefepime hcl for inj 2 gm</i>	\$0 (Tier 1)
<i>cefixime for susp 100 mg/5ml</i>	\$0 (Tier 1)
<i>cefixime for susp 200 mg/5ml</i>	\$0 (Tier 1)
<i>cefoxitin sodium for inj 10 gm</i>	\$0 (Tier 1)
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (Tier 1)
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (Tier 1)
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (Tier 1)
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefprozil tab 250 mg</i>	\$0 (Tier 1)
<i>cefprozil tab 500 mg</i>	\$0 (Tier 1)
<i>ceftazidime for inj 1 gm</i>	\$0 (Tier 1)
<i>ceftazidime for inj 2 gm</i>	\$0 (Tier 1)
<i>ceftazidime for inj 6 gm</i>	\$0 (Tier 1)
CEFTAZIDIME/ SOL D5W 1GM	\$0 (Tier 2)
CEFTAZIDIME/ SOL D5W 2GM	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (Tier 1)
<i>cefuroxime axetil tab 250 mg</i>	\$0 (Tier 1)
<i>cefuroxime axetil tab 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (Tier 1)
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (Tier 1)
<i>cephalexin cap 250 mg</i>	\$0 (Tier 1)
<i>cephalexin cap 500 mg</i>	\$0 (Tier 1)
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (Tier 1)	
<i>tazicef inj 1gm</i>	\$0 (Tier 1)	
<i>tazicef inj 2gm</i>	\$0 (Tier 1)	
<i>tazicef inj 6gm</i>	\$0 (Tier 1)	
TEFLARO INJ 400MG	\$0 (Tier 2)	NDS
TEFLARO INJ 600MG	\$0 (Tier 2)	NDS

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (Tier 1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (Tier 1)	
<i>azithromycin iv for soln 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0 (Tier 1)	
<i>azithromycin tab 250 mg</i>	\$0 (Tier 1)	
<i>azithromycin tab 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin tab 600 mg</i>	\$0 (Tier 1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (Tier 1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (Tier 1)	
<i>clarithromycin tab 250 mg</i>	\$0 (Tier 1)	
<i>clarithromycin tab 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0 (Tier 1)	
DIFICID SUS	\$0 (Tier 2)	NDS
DIFICID TAB 200MG	\$0 (Tier 2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0 (Tier 1)	
<i>ery-tab tab 333mg ec</i>	\$0 (Tier 1)	
<i>ery-tab tab 500mg ec</i>	\$0 (Tier 1)	
ERYTHROCIN INJ 500MG	\$0 (Tier 2)	
<i>erythrocin tab 250mg</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (Tier 1)	
<i>erythromycin tab 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin tab 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0 (Tier 1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (Tier 1)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (10%) SUS 500MG/5	\$0 (Tier 2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (Tier 1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (Tier 1)
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (Tier 1)
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (Tier 1)
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (Tier 1)
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (Tier 1)
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (Tier 1)
<i>levofloxacin tab 250 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 500 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 750 mg</i>	\$0 (Tier 1)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (Tier 1)
PENICILLINS - DRUGS TO TREAT INFECTIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (Tier 1)

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
PEN GK/DEXTR INJ 40000/ML	\$0 (Tier 2)
PEN GK/DEXTR INJ 60000/ML	\$0 (Tier 2)
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (Tier 1)
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (Tier 1)
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (Tier 1)
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (Tier 1)
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (Tier 1)
<i>penicillin v potassium tab 250 mg</i>	\$0 (Tier 1)
<i>penicillin v potassium tab 500 mg</i>	\$0 (Tier 1)
<i>pfizerpen inj 5mu</i>	\$0 (Tier 1)
<i>pfizerpen inj 20000000</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (Tier 1)
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	
<i>doxy 100 inj 100mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate cap 50 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate cap 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate tab 20 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate tab 100 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (Tier 1)
<i>minocycline hcl cap 50 mg</i>	\$0 (Tier 1)
<i>minocycline hcl cap 75 mg</i>	\$0 (Tier 1)
<i>minocycline hcl cap 100 mg</i>	\$0 (Tier 1)
<i>mondoxyne nl cap 100mg</i>	\$0 (Tier 1)
<i>tetracycline hcl cap 250 mg</i>	\$0 (Tier 1) PA
<i>tetracycline hcl cap 500 mg</i>	\$0 (Tier 1) PA
<i>tigecycline for iv soln 50 mg</i>	\$0 (Tier 2) NDS

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TIGECYCLINE INJ 50MG	\$0 (Tier 2) NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER	
ALKYLATING AGENTS	
BENDEKA INJ 100/4ML	\$0 (Tier 2) NDS, B/D
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (Tier 1) B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (Tier 1) B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (Tier 1) B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (Tier 1) B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (Tier 1) B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (Tier 1) B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (Tier 1) B/D
CYCLOPHOSPH INJ 1GM	\$0 (Tier 2) NDS, B/D
CYCLOPHOSPH TAB 25MG	\$0 (Tier 2) B/D
CYCLOPHOSPH TAB 50MG	\$0 (Tier 2) B/D
CYCLOPHOSPHA INJ 500MG	\$0 (Tier 2) NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0 (Tier 1) B/D
<i>cyclophosphamide cap 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (Tier 2) NDS, B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0 (Tier 2) NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (Tier 2) NDS, B/D
LEUKERAN TAB 2MG	\$0 (Tier 2) NDS
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (Tier 2) NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (Tier 2) NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (Tier 1) B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (Tier 1) B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0 (Tier 1) B/D
<i>paraplatin inj 1000mg</i>	\$0 (Tier 1) B/D
ANTIBIOTICS	
<i>adriamycin inj 20mg</i>	\$0 (Tier 1) B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (Tier 1) B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0 (Tier 2) NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0 (Tier 1) B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0 (Tier 1) B/D
ANTIMETABOLITES	
ALIMTA INJ 100MG	\$0 (Tier 2) NDS, B/D
ALIMTA INJ 500MG	\$0 (Tier 2) NDS, B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>azacitidine for inj 100 mg</i>	\$0 (Tier 2) NDS, B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (Tier 1) B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0 (Tier 1) B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 (Tier 1) B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 (Tier 1) B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 1) B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (Tier 1)
<i>methotrexate sodium for inj 1 gm</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (Tier 1) B/D
ONUREG TAB 200MG	\$0 (Tier 2) NDS, LA, PA
ONUREG TAB 300MG	\$0 (Tier 2) NDS, LA, PA
PURIXAN SUS 20MG/ML	\$0 (Tier 2) NDS
TABLOID TAB 40MG	\$0 (Tier 2)
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tab 250 mg</i>	\$0 (Tier 2) NDS, PA
<i>abiraterone acetate tab 500 mg</i>	\$0 (Tier 2) NDS, PA
<i>anastrozole tab 1 mg</i>	\$0 (Tier 1)
<i>bicalutamide tab 50 mg</i>	\$0 (Tier 1)
EMCYT CAP 140MG	\$0 (Tier 2)
ERLEADA TAB 60MG	\$0 (Tier 2) NDS, LA, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>exemestane tab 25 mg</i>	\$0 (Tier 1)	
<i>flutamide cap 125 mg</i>	\$0 (Tier 1)	
<i>fulvestrant inj 250 mg/5ml</i>	\$0 (Tier 2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0 (Tier 1)	PA
LUPRON DEPOT INJ 3.75MG	\$0 (Tier 2)	NDS, PA
LUPRON DEPOT INJ 11.25MG	\$0 (Tier 2)	NDS, PA
LYSODREN TAB 500MG	\$0 (Tier 2)	NDS
<i>megestrol acetate tab 20 mg</i>	\$0 (Tier 2)	
<i>megestrol acetate tab 40 mg</i>	\$0 (Tier 2)	
<i>nilutamide tab 150 mg</i>	\$0 (Tier 2)	NDS
NUBEQA TAB 300MG	\$0 (Tier 2)	NDS, LA, PA
ORGOVYX TAB 120MG	\$0 (Tier 2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0 (Tier 2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0 (Tier 2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0 (Tier 2)	NDS, PA
TRELSTAR MIX INJ 11.25MG	\$0 (Tier 2)	NDS, PA
XTANDI CAP 40MG	\$0 (Tier 2)	NDS, LA, PA
XTANDI TAB 40MG	\$0 (Tier 2)	NDS, LA, PA
XTANDI TAB 80MG	\$0 (Tier 2)	NDS, LA, PA
ZYTIGA TAB 500MG	\$0 (Tier 2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0 (Tier 2)	NDS, QL (21 caps / 21 days), LA, PA
POMALYST CAP 2MG	\$0 (Tier 2)	NDS, QL (21 caps / 21 days), LA, PA
POMALYST CAP 3MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
POMALYST CAP 4MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
REVLIMID CAP 2.5MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA
REVLIMID CAP 5MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
REVLIMID CAP 10MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA
REVLIMID CAP 15MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA
REVLIMID CAP 20MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA
REVLIMID CAP 25MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), LA, PA
THALOMID CAP 50MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), PA
THALOMID CAP 100MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), PA
THALOMID CAP 150MG	\$0 (Tier 2)	NDS, QL (56 caps / 28 days), PA
THALOMID CAP 200MG	\$0 (Tier 2)	NDS, QL (56 caps / 28 days), PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	\$0 (Tier 2)	NDS, PA
<i>hydroxyurea cap 500 mg</i>	\$0 (Tier 1)	
INQOVI TAB 35-100MG	\$0 (Tier 2)	NDS, LA, PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (Tier 1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0 (Tier 1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (Tier 1)	B/D
KISQALI 200 PAK FEMARA	\$0 (Tier 2)	NDS, PA
KISQALI 400 PAK FEMARA	\$0 (Tier 2)	NDS, PA
KISQALI 600 PAK FEMARA	\$0 (Tier 2)	NDS, PA
LONSURF TAB 15-6.14	\$0 (Tier 2)	NDS, PA
LONSURF TAB 20-8.19	\$0 (Tier 2)	NDS, PA
MATULANE CAP 50MG	\$0 (Tier 2)	NDS, LA
SYNRIBO INJ 3.5MG	\$0 (Tier 2)	NDS, PA
<i>tretinoin cap 10 mg</i>	\$0 (Tier 2)	NDS

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	\$0 (Tier 2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0 (Tier 1)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (Tier 2)	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0 (Tier 2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0 (Tier 2)	NDS, B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
DOCETAXEL INJ 80MG/4ML	\$0 (Tier 2) NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0 (Tier 2) NDS, B/D
DOCETAXEL INJ 160/8ML	\$0 (Tier 2) NDS, B/D
DOCETAXEL INJ 160/16ML	\$0 (Tier 2) NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 (Tier 2) NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 (Tier 2) NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 (Tier 2) NDS, B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 1) B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 (Tier 1) B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (Tier 1) B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (Tier 1) B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (Tier 1) B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (Tier 1) B/D
<i>toposar inj 1gm/50ml</i>	\$0 (Tier 1) B/D
<i>toposar inj 100/5ml</i>	\$0 (Tier 1) B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (Tier 1) B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (Tier 1) B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (Tier 1) B/D
MOLECULAR TARGET AGENTS	
AFINITOR DIS TAB 2MG	\$0 (Tier 2) NDS, QL (150 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	\$0 (Tier 2) NDS, QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
AFINITOR TAB 10MG	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	\$0 (Tier 2) NDS, LA, PA
ALUNBRIG PAK	\$0 (Tier 2) NDS, LA, PA
ALUNBRIG TAB 30MG	\$0 (Tier 2) NDS, LA, PA
ALUNBRIG TAB 90MG	\$0 (Tier 2) NDS, LA, PA
ALUNBRIG TAB 180MG	\$0 (Tier 2) NDS, LA, PA
AVASTIN INJ	\$0 (Tier 2) NDS, LA, PA
AVASTIN INJ 400/16ML	\$0 (Tier 2) NDS, LA, PA
AYVAKIT TAB 100MG	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
AYVAKIT TAB 200MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TAB 3MG	\$0 (Tier 2)	NDS, LA, PA
BALVERSA TAB 4MG	\$0 (Tier 2)	NDS, LA, PA
BALVERSA TAB 5MG	\$0 (Tier 2)	NDS, LA, PA
BORTEZOMIB INJ 3.5MG	\$0 (Tier 2)	NDS, PA
BOSULIF TAB 100MG	\$0 (Tier 2)	NDS, PA
BOSULIF TAB 400MG	\$0 (Tier 2)	NDS, PA
BOSULIF TAB 500MG	\$0 (Tier 2)	NDS, PA
BRAFTOVI CAP 75MG	\$0 (Tier 2)	NDS, LA, PA
BRUKINSA CAP 80MG	\$0 (Tier 2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 40MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	\$0 (Tier 2)	NDS, LA, PA
CAPRELSA TAB 100MG	\$0 (Tier 2)	NDS, LA, PA
CAPRELSA TAB 300MG	\$0 (Tier 2)	NDS, LA, PA
COMETRIQ KIT 60MG	\$0 (Tier 2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0 (Tier 2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0 (Tier 2)	NDS, LA, PA
COPIKTRA CAP 15MG	\$0 (Tier 2)	NDS, LA, PA
COPIKTRA CAP 25MG	\$0 (Tier 2)	NDS, LA, PA
COTELLIC TAB 20MG	\$0 (Tier 2)	NDS, LA, PA
DAURISMO TAB 25MG	\$0 (Tier 2)	NDS, LA, PA
DAURISMO TAB 100MG	\$0 (Tier 2)	NDS, LA, PA
ERIVEDGE CAP 150MG	\$0 (Tier 2)	NDS, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>everolimus tab 5 mg</i>	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
FARYDAK CAP 10MG	\$0 (Tier 2)	NDS, LA, PA
FARYDAK CAP 15MG	\$0 (Tier 2)	NDS, LA, PA
FARYDAK CAP 20MG	\$0 (Tier 2)	NDS, LA, PA
FOTIVDA CAP 0.89MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
FOTIVDA CAP 1.34MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAP 100MG	\$0 (Tier 2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0 (Tier 2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0 (Tier 2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0 (Tier 2)	NDS, LA, PA
HERCEP HYLEC SOL 60-10000	\$0 (Tier 2)	NDS, PA
HERCEPTIN INJ 150MG	\$0 (Tier 2)	NDS, PA
HERZUMA INJ 150MG	\$0 (Tier 2)	NDS, PA
HERZUMA INJ 420MG	\$0 (Tier 2)	NDS, PA
IBRANCE CAP 75MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
IBRANCE CAP 100MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
IBRANCE CAP 125MG	\$0 (Tier 2)	NDS, QL (21 caps / 28 days), LA, PA
IBRANCE TAB 75MG	\$0 (Tier 2)	NDS, QL (21 tabs / 28 days), LA, PA
IBRANCE TAB 100MG	\$0 (Tier 2)	NDS, QL (21 tabs / 28 days), LA, PA
IBRANCE TAB 125MG	\$0 (Tier 2)	NDS, QL (21 tabs / 28 days), LA, PA
ICLUSIG TAB 10MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TAB 15MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TAB 30MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
ICLUSIG TAB 45MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TAB 50MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
IDHIFA TAB 100MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	\$0 (Tier 2)	NDS, QL (56 caps / 28 days), LA, PA
IMBRUVICA CAP 140MG	\$0 (Tier 2)	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA TAB 140MG	\$0 (Tier 2)	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TAB 280MG	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TAB 420MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
IMBRUVICA TAB 560MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
INLYTA TAB 1MG	\$0 (Tier 2)	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TAB 5MG	\$0 (Tier 2)	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAP 100MG	\$0 (Tier 2)	NDS, LA, PA
IRESSA TAB 250MG	\$0 (Tier 2)	NDS, LA, PA
JAKAFI TAB 5MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 10MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 15MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 20MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 25MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), LA, PA
KADCYLA INJ 100MG	\$0 (Tier 2)	NDS, B/D
KADCYLA INJ 160MG	\$0 (Tier 2)	NDS, B/D
KANJINTI INJ 420MG	\$0 (Tier 2)	NDS, PA
KANJINTI SOL 150MG	\$0 (Tier 2)	NDS, PA
KEYTRUDA INJ 100MG/4M	\$0 (Tier 2)	NDS, PA
KISQALI TAB 200DOSE	\$0 (Tier 2)	NDS, PA
KISQALI TAB 400DOSE	\$0 (Tier 2)	NDS, PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
KISQALI TAB 600DOSE	\$0 (Tier 2) NDS, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0 (Tier 2) NDS, PA
LENVIMA CAP 4MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 8 MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 10 MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 12MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 14 MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 18 MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 20 MG	\$0 (Tier 2) NDS, LA, PA
LENVIMA CAP 24 MG	\$0 (Tier 2) NDS, LA, PA
LORBRENA TAB 25MG	\$0 (Tier 2) NDS, LA, PA
LORBRENA TAB 100MG	\$0 (Tier 2) NDS, LA, PA
LYNPARZA TAB 100MG	\$0 (Tier 2) NDS, QL (120 tabs / 30 days), LA, PA
LYNPARZA TAB 150MG	\$0 (Tier 2) NDS, QL (120 tabs / 30 days), LA, PA
MEKINIST TAB 0.5MG	\$0 (Tier 2) NDS, LA, PA
MEKINIST TAB 2MG	\$0 (Tier 2) NDS, LA, PA
MEKTOVI TAB 15MG	\$0 (Tier 2) NDS, LA, PA
MONJUVI INJ 200MG	\$0 (Tier 2) NDS, LA, PA
MVASI INJ 100MG	\$0 (Tier 2) NDS, LA, PA
MVASI INJ 400MG	\$0 (Tier 2) NDS, LA, PA
NERLYNX TAB 40MG	\$0 (Tier 2) NDS, LA, PA
NEXAVAR TAB 200MG	\$0 (Tier 2) NDS, LA, PA
NINLARO CAP 2.3MG	\$0 (Tier 2) NDS, PA
NINLARO CAP 3MG	\$0 (Tier 2) NDS, PA
NINLARO CAP 4MG	\$0 (Tier 2) NDS, PA
ODOMZO CAP 200MG	\$0 (Tier 2) NDS, LA, PA
OGIVRI INJ 150MG	\$0 (Tier 2) NDS, PA
OGIVRI INJ 420MG	\$0 (Tier 2) NDS, PA
ONTRUZANT INJ 150MG	\$0 (Tier 2) NDS, PA
ONTRUZANT INJ 420MG	\$0 (Tier 2) NDS, PA
PEMAZYRE TAB 4.5MG	\$0 (Tier 2) NDS, LA, PA
PEMAZYRE TAB 9MG	\$0 (Tier 2) NDS, LA, PA
PEMAZYRE TAB 13.5MG	\$0 (Tier 2) NDS, LA, PA
PHESGO SOL	\$0 (Tier 2) NDS, LA, PA
PIQRAY 200MG TAB DOSE	\$0 (Tier 2) NDS, PA
PIQRAY 250MG TAB DOSE	\$0 (Tier 2) NDS, PA
PIQRAY 300MG TAB DOSE	\$0 (Tier 2) NDS, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
QINLOCK TAB 50MG	\$0 (Tier 2)	NDS, LA, PA
RETEVMO CAP 40MG	\$0 (Tier 2)	NDS, LA, PA
RETEVMO CAP 80MG	\$0 (Tier 2)	NDS, LA, PA
RIABNI SOL 100/10ML	\$0 (Tier 2)	NDS, LA, PA
RIABNI SOL 500/50ML	\$0 (Tier 2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0 (Tier 2)	NDS, LA, PA
RITUXAN INJ 500MG	\$0 (Tier 2)	NDS, LA, PA
RITUXAN INJ HYCELA	\$0 (Tier 2)	NDS, LA, PA
ROZLYTREK CAP 100MG	\$0 (Tier 2)	NDS, LA, PA
ROZLYTREK CAP 200MG	\$0 (Tier 2)	NDS, LA, PA
RUBRACA TAB 200MG	\$0 (Tier 2)	NDS, LA, PA
RUBRACA TAB 250MG	\$0 (Tier 2)	NDS, LA, PA
RUBRACA TAB 300MG	\$0 (Tier 2)	NDS, LA, PA
RUXIENCE INJ 100/10ML	\$0 (Tier 2)	NDS, PA
RUXIENCE INJ 500/50ML	\$0 (Tier 2)	NDS, PA
RYDAPT CAP 25MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 20MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 50MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 70MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 80MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 100MG	\$0 (Tier 2)	NDS, PA
SPRYCEL TAB 140MG	\$0 (Tier 2)	NDS, PA
STIVARGA TAB 40MG	\$0 (Tier 2)	NDS, LA, PA
SUTENT CAP 12.5MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
SUTENT CAP 25MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
SUTENT CAP 37.5MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
SUTENT CAP 50MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	\$0 (Tier 2)	NDS, PA
TABRECTA TAB 200MG	\$0 (Tier 2)	NDS, PA
TAFINLAR CAP 50MG	\$0 (Tier 2)	NDS, LA, PA
TAFINLAR CAP 75MG	\$0 (Tier 2)	NDS, LA, PA
TAGRISSE TAB 40MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
TAGRISSE TAB 80MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
TALZENNA CAP 0.25MG	\$0 (Tier 2)	NDS, LA, PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TALZENNA CAP 1MG	\$0 (Tier 2) NDS, LA, PA
TASIGNA CAP 50MG	\$0 (Tier 2) NDS, PA
TASIGNA CAP 150MG	\$0 (Tier 2) NDS, PA
TASIGNA CAP 200MG	\$0 (Tier 2) NDS, PA
TAZVERIK TAB 200MG	\$0 (Tier 2) NDS, LA, PA
TECENTRIQ INJ 840/14	\$0 (Tier 2) NDS, LA, PA
TECENTRIQ INJ 1200/20	\$0 (Tier 2) NDS, LA, PA
TEPMETKO TAB 225MG	\$0 (Tier 2) NDS, LA, PA
TIBSOVO TAB 250MG	\$0 (Tier 2) NDS, LA, PA
TRAZIMERA INJ 150MG	\$0 (Tier 2) NDS, PA
TRAZIMERA INJ 420MG	\$0 (Tier 2) NDS, PA
TRUXIMA INJ 100/10ML	\$0 (Tier 2) NDS, PA
TRUXIMA INJ 500/50ML	\$0 (Tier 2) NDS, PA
TUKYSA TAB 50MG	\$0 (Tier 2) NDS, LA, PA
TUKYSA TAB 150MG	\$0 (Tier 2) NDS, LA, PA
TURALIO CAP 200MG	\$0 (Tier 2) NDS, LA, PA
UKONIQ TAB 200MG	\$0 (Tier 2) NDS, LA, PA
VELCADE INJ 3.5MG	\$0 (Tier 2) NDS, PA
VENCLEXTA TAB 10MG	\$0 (Tier 2) QL (112 tabs / 28 days), LA, PA
VENCLEXTA TAB 50MG	\$0 (Tier 2) NDS, QL (112 tabs / 28 days), LA, PA
VENCLEXTA TAB 100MG	\$0 (Tier 2) NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	\$0 (Tier 2) NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TAB 50MG	\$0 (Tier 2) NDS, LA, PA
VERZENIO TAB 100MG	\$0 (Tier 2) NDS, LA, PA
VERZENIO TAB 150MG	\$0 (Tier 2) NDS, LA, PA
VERZENIO TAB 200MG	\$0 (Tier 2) NDS, LA, PA
VITRAKVI CAP 25MG	\$0 (Tier 2) NDS, LA, PA
VITRAKVI CAP 100MG	\$0 (Tier 2) NDS, LA, PA
VITRAKVI SOL 20MG/ML	\$0 (Tier 2) NDS, LA, PA
VIZIMPRO TAB 15MG	\$0 (Tier 2) NDS, LA, PA
VIZIMPRO TAB 30MG	\$0 (Tier 2) NDS, LA, PA
VIZIMPRO TAB 45MG	\$0 (Tier 2) NDS, LA, PA
VOTRIENT TAB 200MG	\$0 (Tier 2) NDS, LA, PA
XALKORI CAP 200MG	\$0 (Tier 2) NDS, LA, PA
XALKORI CAP 250MG	\$0 (Tier 2) NDS, LA, PA
XOSPATA TAB 40MG	\$0 (Tier 2) NDS, LA, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
XPOVIO PAK 40MG	\$0 (Tier 2) NDS, LA, PA
XPOVIO PAK 50MG	\$0 (Tier 2) NDS, LA, PA
XPOVIO PAK 60MG	\$0 (Tier 2) NDS, LA, PA
XPOVIO PAK 80MG	\$0 (Tier 2) NDS, LA, PA
XPOVIO PAK 100MG	\$0 (Tier 2) NDS, LA, PA
ZEJULA CAP 100MG	\$0 (Tier 2) NDS, LA, PA
ZELBORAF TAB 240MG	\$0 (Tier 2) NDS, LA, PA
ZIRABEV INJ 100/4ML	\$0 (Tier 2) NDS, PA
ZIRABEV INJ 400/16ML	\$0 (Tier 2) NDS, PA
ZOLINZA CAP 100MG	\$0 (Tier 2) NDS, PA
ZYDELIG TAB 100MG	\$0 (Tier 2) NDS, LA, PA
ZYDELIG TAB 150MG	\$0 (Tier 2) NDS, LA, PA
ZYKADIA TAB 150MG	\$0 (Tier 2) NDS, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (Tier 1)
<i>leucovorin calcium tab 10 mg</i>	\$0 (Tier 1)
<i>leucovorin calcium tab 15 mg</i>	\$0 (Tier 1)
<i>leucovorin calcium tab 25 mg</i>	\$0 (Tier 1)
MESNEX TAB 400MG	\$0 (Tier 2) NDS

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tab 5 mg</i>	\$0 (Tier 1)	
<i>benazepril hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>benazepril hcl tab 20 mg</i>	\$0 (Tier 1)	
<i>benazepril hcl tab 40 mg</i>	\$0 (Tier 1)	
<i>captopril tab 12.5 mg</i>	\$0 (Tier 1)	
<i>captopril tab 25 mg</i>	\$0 (Tier 1)	
<i>captopril tab 50 mg</i>	\$0 (Tier 1)	
<i>captopril tab 100 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate tab 2.5 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>enalapril maleate tab 5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 10 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 20 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 10 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 20 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 40 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 2.5 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 5 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 10 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 20 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 30 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 40 mg</i>	\$0 (Tier 1)
<i>moexipril hcl tab 7.5 mg</i>	\$0 (Tier 1)
<i>moexipril hcl tab 15 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 2 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 4 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 8 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 5 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 10 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 20 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 40 mg</i>	\$0 (Tier 1)
<i>ramipril cap 1.25 mg</i>	\$0 (Tier 1)
<i>ramipril cap 2.5 mg</i>	\$0 (Tier 1)
<i>ramipril cap 5 mg</i>	\$0 (Tier 1)
<i>ramipril cap 10 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 1 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 2 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 4 mg</i>	\$0 (Tier 1)
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>eplerenone tab 25 mg</i>	\$0 (Tier 1)
<i>eplerenone tab 50 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 25 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 50 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 100 mg</i>	\$0 (Tier 1)
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>doxazosin mesylate tab 1 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>doxazosin mesylate tab 8 mg</i>	\$0 (Tier 1)	
<i>prazosin hcl cap 1 mg</i>	\$0 (Tier 1)	
<i>prazosin hcl cap 2 mg</i>	\$0 (Tier 1)	
<i>prazosin hcl cap 5 mg</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (Tier 1)	

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

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0 (Tier 2)	
ENTRESTO TAB 49-51MG	\$0 (Tier 2)	
ENTRESTO TAB 97-103MG	\$0 (Tier 2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (Tier 1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (Tier 1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	\$0 (Tier 1)	
<i>losartan potassium tab 50 mg</i>	\$0 (Tier 1)	
<i>losartan potassium tab 100 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (Tier 1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (Tier 1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (Tier 1)	
<i>amiodarone hcl tab 100 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>amiodarone hcl tab 200 mg</i>	\$0 (Tier 1)
<i>amiodarone hcl tab 400 mg</i>	\$0 (Tier 1)
<i>disopyramide phosphate cap 100 mg</i>	\$0 (Tier 2)
<i>disopyramide phosphate cap 150 mg</i>	\$0 (Tier 2)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0 (Tier 1)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0 (Tier 1)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (Tier 1)
<i>flecainide acetate tab 50 mg</i>	\$0 (Tier 1)
<i>flecainide acetate tab 100 mg</i>	\$0 (Tier 1)
<i>flecainide acetate tab 150 mg</i>	\$0 (Tier 1)
MULTAQ TAB 400MG	\$0 (Tier 2)
NORPACE CAP 100MG CR	\$0 (Tier 2)
NORPACE CAP 150MG CR	\$0 (Tier 2)
<i>pacerone tab 100mg</i>	\$0 (Tier 1)
<i>pacerone tab 200mg</i>	\$0 (Tier 1)
<i>pacerone tab 400mg</i>	\$0 (Tier 1)
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (Tier 1)
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (Tier 1)
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (Tier 1)
<i>propafenone hcl tab 150 mg</i>	\$0 (Tier 1)
<i>propafenone hcl tab 225 mg</i>	\$0 (Tier 1)
<i>propafenone hcl tab 300 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate tab 200 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate tab 300 mg</i>	\$0 (Tier 1)
<i>sorine tab 80mg</i>	\$0 (Tier 1)
<i>sorine tab 120mg</i>	\$0 (Tier 1)
<i>sorine tab 160mg</i>	\$0 (Tier 1)
<i>sorine tab 240mg</i>	\$0 (Tier 1)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (Tier 1)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 120 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 160 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 240 mg</i>	\$0 (Tier 1)
ANTILIPEMICS, FIBRATES	
<i>fenofibrate micronized cap 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate micronized cap 134 mg</i>	\$0 (Tier 1)
<i>fenofibrate micronized cap 200 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
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<i>fenofibrate tab 48 mg</i>	\$0 (Tier 1)
<i>fenofibrate tab 54 mg</i>	\$0 (Tier 1)
<i>fenofibrate tab 145 mg</i>	\$0 (Tier 1)
<i>fenofibrate tab 160 mg</i>	\$0 (Tier 1)
<i>gemfibrozil tab 600 mg</i>	\$0 (Tier 1)

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0 (Tier 1)
<i>cholestyramine light powder packets 4 gm</i>	\$0 (Tier 1)
<i>cholestyramine powder 4 gm/dose</i>	\$0 (Tier 1)
<i>cholestyramine powder packets 4 gm</i>	\$0 (Tier 1)
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (Tier 1)
<i>colesevelam hcl tab 625 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>colestipol hcl granule packets 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl granules 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl tab 1 gm</i>	\$0 (Tier 1)	
<i>ezetimibe tab 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
JUXTAPID CAP 5MG	\$0 (Tier 2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0 (Tier 2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0 (Tier 2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0 (Tier 2)	NDS, LA, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
PRALUENT INJ 75MG/ML	\$0 (Tier 2)	PA
PRALUENT INJ 150MG/ML	\$0 (Tier 2)	PA
<i>prevalite pow 4gm</i>	\$0 (Tier 1)	
<i>prevalite pow 4gm pk</i>	\$0 (Tier 1)	
VASCEPA CAP 0.5GM	\$0 (Tier 2)	
VASCEPA CAP 1GM	\$0 (Tier 2)	

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

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (Tier 1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (Tier 1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (Tier 1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0 (Tier 1)
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BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0 (Tier 1)
<i>acebutolol hcl cap 400 mg</i>	\$0 (Tier 1)
<i>atenolol tab 25 mg</i>	\$0 (Tier 1)
<i>atenolol tab 50 mg</i>	\$0 (Tier 1)
<i>atenolol tab 100 mg</i>	\$0 (Tier 1)
<i>betaxolol hcl tab 10 mg</i>	\$0 (Tier 1)
<i>betaxolol hcl tab 20 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (Tier 1)
BYSTOLIC TAB 2.5MG	\$0 (Tier 2) QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	\$0 (Tier 2) QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	\$0 (Tier 2) QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	\$0 (Tier 2) QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 6.25 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 12.5 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 25 mg</i>	\$0 (Tier 1)
<i>labetalol hcl tab 100 mg</i>	\$0 (Tier 1)
<i>labetalol hcl tab 200 mg</i>	\$0 (Tier 1)
<i>labetalol hcl tab 300 mg</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 50 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 100 mg</i>	\$0 (Tier 1)
<i>nadolol tab 20 mg</i>	\$0 (Tier 1)
<i>nadolol tab 40 mg</i>	\$0 (Tier 1)
<i>nadolol tab 80 mg</i>	\$0 (Tier 1)
<i>pindolol tab 5 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>pindolol tab 10 mg</i>	\$0 (Tier 1)
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (Tier 1)
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (Tier 1)
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (Tier 1)
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (Tier 1)
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (Tier 1)
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (Tier 1)
<i>propranolol hcl tab 10 mg</i>	\$0 (Tier 1)
<i>propranolol hcl tab 20 mg</i>	\$0 (Tier 1)
<i>propranolol hcl tab 40 mg</i>	\$0 (Tier 1)
<i>propranolol hcl tab 60 mg</i>	\$0 (Tier 1)
<i>propranolol hcl tab 80 mg</i>	\$0 (Tier 1)
<i>timolol maleate tab 5 mg</i>	\$0 (Tier 1)
<i>timolol maleate tab 10 mg</i>	\$0 (Tier 1)
<i>timolol maleate tab 20 mg</i>	\$0 (Tier 1)

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)
<i>cartia xt cap 120/24hr</i>	\$0 (Tier 1)
<i>cartia xt cap 180/24hr</i>	\$0 (Tier 1)
<i>cartia xt cap 240/24hr</i>	\$0 (Tier 1)
<i>cartia xt cap 300/24hr</i>	\$0 (Tier 1)
<i>dilt-xr cap 120mg</i>	\$0 (Tier 1)
<i>dilt-xr cap 180mg</i>	\$0 (Tier 1)
<i>dilt-xr cap 240mg</i>	\$0 (Tier 1)
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (Tier 1)
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (Tier 1)
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 30 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 60 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 120 mg</i>	\$0 (Tier 1)
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (Tier 1)
<i>felodipine tab er 24hr 5 mg</i>	\$0 (Tier 1)
<i>felodipine tab er 24hr 10 mg</i>	\$0 (Tier 1)
<i>isradipine cap 2.5 mg</i>	\$0 (Tier 1)
<i>isradipine cap 5 mg</i>	\$0 (Tier 1)
<i>nicardipine hcl cap 20 mg</i>	\$0 (Tier 1)
<i>nicardipine hcl cap 30 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (Tier 1)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>nimodipine cap 30 mg</i>	\$0 (Tier 1)
NYMALIZE SOL	\$0 (Tier 2) NDS
<i>taztia xt cap 120mg/24</i>	\$0 (Tier 1)
<i>taztia xt cap 180mg/24</i>	\$0 (Tier 1)
<i>taztia xt cap 240mg/24</i>	\$0 (Tier 1)
<i>taztia xt cap 300mg er</i>	\$0 (Tier 1)
<i>taztia xt cap 360mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 120mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 180mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 240mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 300mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 360mg/24</i>	\$0 (Tier 1)
<i>tiadylt cap 420mg/24</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (Tier 1)
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (Tier 1)
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (Tier 1)
<i>verapamil hcl tab 40 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab 80 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 180 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 240 mg</i>	\$0 (Tier 1)
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (Tier 1)
<i>acetazolamide tab 125 mg</i>	\$0 (Tier 1)
<i>acetazolamide tab 250 mg</i>	\$0 (Tier 1)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (Tier 1)
<i>amiloride hcl tab 5 mg</i>	\$0 (Tier 1)
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (Tier 1)
<i>bumetanide tab 0.5 mg</i>	\$0 (Tier 1)
<i>bumetanide tab 1 mg</i>	\$0 (Tier 1)
<i>bumetanide tab 2 mg</i>	\$0 (Tier 1)
<i>chlorthalidone tab 25 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>chlorthalidone tab 50 mg</i>	\$0 (Tier 1)
<i>furosemide inj 10 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral soln 8 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral soln 10 mg/ml</i>	\$0 (Tier 1)
<i>furosemide tab 20 mg</i>	\$0 (Tier 1)
<i>furosemide tab 40 mg</i>	\$0 (Tier 1)
<i>furosemide tab 80 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (Tier 1)
<i>indapamide tab 1.25 mg</i>	\$0 (Tier 1)
<i>indapamide tab 2.5 mg</i>	\$0 (Tier 1)
<i>methazolamide tab 25 mg</i>	\$0 (Tier 1)
<i>methazolamide tab 50 mg</i>	\$0 (Tier 1)
<i>metolazone tab 2.5 mg</i>	\$0 (Tier 1)
<i>metolazone tab 5 mg</i>	\$0 (Tier 1)
<i>metolazone tab 10 mg</i>	\$0 (Tier 1)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 1)
<i>toremide tab 5 mg</i>	\$0 (Tier 1)
<i>toremide tab 10 mg</i>	\$0 (Tier 1)
<i>toremide tab 20 mg</i>	\$0 (Tier 1)
<i>toremide tab 100 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide tab 75- 50 mg</i>	\$0 (Tier 1)
MISCELLANEOUS	
<i>ADRENALIN INJ 1MG/ML</i>	\$0 (Tier 2)
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (Tier 1)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.1 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.2 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.3 mg</i>	\$0 (Tier 1)
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (Tier 1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (Tier 1)	
CORLANOR SOL 5MG/5ML	\$0 (Tier 2)	
CORLANOR TAB 5MG	\$0 (Tier 2)	
CORLANOR TAB 7.5MG	\$0 (Tier 2)	
<i>digitek tab 0.25mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>digitek tab 0.125mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>digox tab 0.25mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>digox tab 0.125mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (Tier 1)	
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	\$0 (Tier 2)	NDS, QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	\$0 (Tier 2)	NDS, QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	\$0 (Tier 2)	NDS, QL (180 caps / 30 days), PA
<i>guanfacine hcl tab 1 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 25 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>methyldopa tab 250 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>methyldopa tab 500 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>metyrosine cap 250 mg</i>	\$0 (Tier 2)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0 (Tier 1)	
<i>midodrine hcl tab 5 mg</i>	\$0 (Tier 1)	
<i>midodrine hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>minoxidil tab 2.5 mg</i>	\$0 (Tier 1)	
<i>minoxidil tab 10 mg</i>	\$0 (Tier 1)	
NORTHERA CAP 100MG	\$0 (Tier 2)	NDS, QL (90 caps / 30 days), LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NORTHERA CAP 200MG	\$0 (Tier 2)	NDS, QL (180 caps / 30 days), LA, PA
NORTHERA CAP 300MG	\$0 (Tier 2)	NDS, QL (180 caps / 30 days), LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0 (Tier 1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0 (Tier 1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (Tier 1)	
<i>minitran dis 0.1mg/hr</i>	\$0 (Tier 1)	
<i>minitran dis 0.2mg/hr</i>	\$0 (Tier 1)	
<i>minitran dis 0.4mg/hr</i>	\$0 (Tier 1)	
<i>minitran dis 0.6mg/hr</i>	\$0 (Tier 1)	
NITRO-BID OIN 2%	\$0 (Tier 2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (Tier 2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (Tier 2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0 (Tier 1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1.5MG	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1MG	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), LA, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
ADEMPAS TAB 2.5MG	\$0 (Tier 2) NDS, QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 2MG	\$0 (Tier 2) NDS, QL (90 tabs / 30 days), LA, PA
<i>ambrisentan tab 5 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA
<i>ambrisentan tab 10 mg</i>	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA
<i>bosentan tab 62.5 mg</i>	\$0 (Tier 2) NDS, QL (120 tabs / 30 days), LA, PA
<i>bosentan tab 125 mg</i>	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), LA, PA
OPSUMIT TAB 10MG	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0 (Tier 2) NDS, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0 (Tier 2) NDS, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0 (Tier 2) NDS, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 2) NDS, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (Tier 2) NDS, PA
VENTAVIS SOL 20MCG/ML	\$0 (Tier 2) NDS, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	\$0 (Tier 1)
<i>bupirone hcl tab 7.5 mg</i>	\$0 (Tier 1)
<i>bupirone hcl tab 10 mg</i>	\$0 (Tier 1)
<i>bupirone hcl tab 15 mg</i>	\$0 (Tier 1)
<i>bupirone hcl tab 30 mg</i>	\$0 (Tier 1)
<i>fluvoxamine maleate tab 25 mg</i>	\$0 (Tier 1)
<i>fluvoxamine maleate tab 50 mg</i>	\$0 (Tier 1)
<i>fluvoxamine maleate tab 100 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>lorazepam con 2mg/ml</i>	\$0 (Tier 1)	QL (150 mL / 30 days)
<i>lorazepam conc 2 mg/ml</i>	\$0 (Tier 1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0 (Tier 1)	
<i>lorazepam inj 4 mg/ml</i>	\$0 (Tier 1)	
<i>lorazepam tab 0.5 mg</i>	\$0 (Tier 1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0 (Tier 1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0 (Tier 1)	QL (150 tabs / 30 days)

ANTICONSULSANTS - DRUGS TO TREAT SEIZURES

APTiom TAB 200MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 400MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 600MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
BANZEL TAB 200MG	\$0 (Tier 2)	NDS, PA
BANZEL TAB 400MG	\$0 (Tier 2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0 (Tier 2)	PA
BRIVIACT SOL 10MG/ML	\$0 (Tier 2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (Tier 1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (Tier 1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (Tier 1)	
<i>carbamazepine tab 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (Tier 1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
CELONTIN CAP 300MG	\$0 (Tier 2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0 (Tier 1)	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (Tier 1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (Tier 1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAP 250MG	\$0 (Tier 2)	NDS, LA, PA
DIACOMIT CAP 500MG	\$0 (Tier 2)	NDS, LA, PA
DIACOMIT PAK 250MG	\$0 (Tier 2)	NDS, LA, PA
DIACOMIT PAK 500MG	\$0 (Tier 2)	NDS, LA, PA
<i>diazepam conc 5 mg/ml</i>	\$0 (Tier 1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (Tier 1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0 (Tier 1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (Tier 1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (Tier 1)	
<i>diazepam tab 2 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0 (Tier 2)	
DILANTIN CAP 100MG	\$0 (Tier 2)	
DILANTIN CHW 50MG	\$0 (Tier 2)	
DILANTIN-125 SUS 125/5ML	\$0 (Tier 2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX SOL 100MG/ML	\$0 (Tier 2)	NDS, QL (600 mL / 30 days), LA, PA
<i>epitol tab 200mg</i>	\$0 (Tier 1)	
<i>ethosuximide cap 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (Tier 1)	
<i>felbamate susp 600 mg/5ml</i>	\$0 (Tier 2)	NDS
<i>felbamate tab 400 mg</i>	\$0 (Tier 1)	
<i>felbamate tab 600 mg</i>	\$0 (Tier 1)	
FINTEPLA SOL 2.2MG/ML	\$0 (Tier 2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUS 0.5MG/ML	\$0 (Tier 2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 6MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 (Tier 1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0 (Tier 1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0 (Tier 1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 (Tier 1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 100 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 150 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 200 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (Tier 1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (Tier 1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam tab 250 mg</i>	\$0 (Tier 1)	
<i>levetiracetam tab 500 mg</i>	\$0 (Tier 1)	
<i>levetiracetam tab 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (Tier 1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (Tier 1)	
NAYZILAM SPR 5MG	\$0 (Tier 2)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (Tier 1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (Tier 1)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (Tier 1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (Tier 1)	
PEGANONE TAB 250MG	\$0 (Tier 2)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	\$0 (Tier 2)	
PHENYTEK CAP 300MG	\$0 (Tier 2)	
<i>phenytoin chew tab 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (Tier 1)	
<i>pregabalin cap 25 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 50 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0 (Tier 1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0 (Tier 1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0 (Tier 1)	
<i>primidone tab 250 mg</i>	\$0 (Tier 1)	
<i>roweepra tab 500mg</i>	\$0 (Tier 1)	
<i>rufinamide susp 40 mg/ml</i>	\$0 (Tier 2)	NDS, PA
<i>rufinamide tab 200 mg</i>	\$0 (Tier 2)	NDS, PA
<i>rufinamide tab 400 mg</i>	\$0 (Tier 2)	NDS, PA
SPRITAM TAB 250MG	\$0 (Tier 2)	
SPRITAM TAB 500MG	\$0 (Tier 2)	
SPRITAM TAB 750MG	\$0 (Tier 2)	
SPRITAM TAB 1000MG	\$0 (Tier 2)	
<i>subvenite tab 25mg</i>	\$0 (Tier 1)	
<i>subvenite tab 100mg</i>	\$0 (Tier 1)	
<i>subvenite tab 150mg</i>	\$0 (Tier 1)	
<i>subvenite tab 200mg</i>	\$0 (Tier 1)	
SYMPAZAN MIS 5MG	\$0 (Tier 2)	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	\$0 (Tier 2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	\$0 (Tier 2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	\$0 (Tier 1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (Tier 1)	
<i>tiagabine hcl tab 12 mg</i>	\$0 (Tier 1)	
<i>tiagabine hcl tab 16 mg</i>	\$0 (Tier 1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>topiramate sprinkle cap 25 mg</i>	\$0 (Tier 1)	
<i>topiramate tab 25 mg</i>	\$0 (Tier 1)	
<i>topiramate tab 50 mg</i>	\$0 (Tier 1)	
<i>topiramate tab 100 mg</i>	\$0 (Tier 1)	
<i>topiramate tab 200 mg</i>	\$0 (Tier 1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (Tier 1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (Tier 1)	
<i>valproic acid cap 250 mg</i>	\$0 (Tier 1)	
VALTOCO LIQ 15MG	\$0 (Tier 2)	
VALTOCO LIQ 20MG	\$0 (Tier 2)	
VALTOCO SPR 5MG	\$0 (Tier 2)	
VALTOCO SPR 10MG	\$0 (Tier 2)	
<i>vigabatrin powd pack 500 mg</i>	\$0 (Tier 2)	NDS, QL (180 packets / 30 days), LA, PA
<i>vigabatrin tab 500 mg</i>	\$0 (Tier 2)	NDS, QL (180 tabs / 30 days), LA, PA
<i>vigadrone pow 500mg</i>	\$0 (Tier 2)	NDS, QL (180 packets / 30 days), LA, PA
VIMPAT INJ 200MG/20	\$0 (Tier 2)	NDS
VIMPAT SOL 10MG/ML	\$0 (Tier 2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (Tier 2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0 (Tier 2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0 (Tier 2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 100-150	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200	\$0 (Tier 2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
XCOPRI TAB 50MG	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 150MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (Tier 1)	
<i>zonisamide cap 50 mg</i>	\$0 (Tier 1)	
<i>zonisamide cap 100 mg</i>	\$0 (Tier 1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (Tier 1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0 (Tier 1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0 (Tier 2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (Tier 2)	
NAMZARIC CAP 7-10MG	\$0 (Tier 2)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NAMZARIC CAP 14-10MG	\$0 (Tier 2)	
NAMZARIC CAP 21-10MG	\$0 (Tier 2)	
NAMZARIC CAP 28-10MG	\$0 (Tier 2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (Tier 1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (Tier 1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (Tier 1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (Tier 1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (Tier 1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>amitriptyline hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0 (Tier 2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0 (Tier 2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0 (Tier 2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0 (Tier 2)	
<i>amoxapine tab 25 mg</i>	\$0 (Tier 2)	
<i>amoxapine tab 50 mg</i>	\$0 (Tier 2)	
<i>amoxapine tab 100 mg</i>	\$0 (Tier 2)	
<i>amoxapine tab 150 mg</i>	\$0 (Tier 2)	
<i>bupropion hcl tab 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (Tier 1)	
<i>clomipramine hcl cap 25 mg</i>	\$0 (Tier 2)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0 (Tier 2)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0 (Tier 2)	PA
<i>desipramine hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>desipramine hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>desipramine hcl tab 50 mg</i>	\$0 (Tier 2)	
<i>desipramine hcl tab 75 mg</i>	\$0 (Tier 2)	
<i>desipramine hcl tab 100 mg</i>	\$0 (Tier 2)	
<i>desipramine hcl tab 150 mg</i>	\$0 (Tier 2)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl cap 25 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl cap 50 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl cap 75 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl cap 100 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl cap 150 mg</i>	\$0 (Tier 2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (Tier 2)	
DRIZALMA CAP 20MG DR	\$0 (Tier 2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0 (Tier 2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	\$0 (Tier 2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0 (Tier 2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
EMSAM DIS 6MG/24HR	\$0 (Tier 2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (Tier 2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (Tier 2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (Tier 1)	
FETZIMA CAP 20MG	\$0 (Tier 2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	\$0 (Tier 2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0 (Tier 2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0 (Tier 2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0 (Tier 2)	PA
<i>fluoxetine hcl cap 10 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (Tier 1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>imipramine hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>imipramine hcl tab 50 mg</i>	\$0 (Tier 2)	
<i>maprotiline hcl tab 25 mg</i>	\$0 (Tier 1)	
<i>maprotiline hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>maprotiline hcl tab 75 mg</i>	\$0 (Tier 1)	
MARPLAN TAB 10MG	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (Tier 1)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (Tier 1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (Tier 1)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine tab 15 mg</i>	\$0 (Tier 1)	
<i>mirtazapine tab 30 mg</i>	\$0 (Tier 1)	
<i>mirtazapine tab 45 mg</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>nefazodone hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl tab 200 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (Tier 1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 20 mg</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 30 mg</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 40 mg</i>	\$0 (Tier 2)	
PAXIL SUS 10MG/5ML	\$0 (Tier 2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (Tier 1)	
<i>protriptyline hcl tab 5 mg</i>	\$0 (Tier 2)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (Tier 1)	
<i>sertraline hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>sertraline hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (Tier 1)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (Tier 2)	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0 (Tier 2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0 (Tier 2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (Tier 2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 1)	
VIIBRYD KIT STARTER	\$0 (Tier 2)	
VIIBRYD TAB 10MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0 (Tier 2)	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0 (Tier 1)	
<i>amantadine hcl tab 100 mg</i>	\$0 (Tier 1)	
APOKYN INJ 10MG/ML	\$0 (Tier 2)	NDS, QL (20 cartridges / 30 days), LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (Tier 1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (Tier 1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0 (Tier 1)	
<i>entacapone tab 200 mg</i>	\$0 (Tier 1)	
KYNMOBI MIS 10MG	\$0 (Tier 2)	NDS, QL (150 films / 30 days), PA
KYNMOBI MIS 15MG	\$0 (Tier 2)	NDS, QL (150 films / 30 days), PA
KYNMOBI MIS 20MG	\$0 (Tier 2)	NDS, QL (150 films / 30 days), PA
KYNMOBI MIS 25MG	\$0 (Tier 2)	NDS, QL (150 films / 30 days), PA
KYNMOBI MIS 30MG	\$0 (Tier 2)	NDS, QL (150 films / 30 days), PA
NEUPRO DIS 1MG/24HR	\$0 (Tier 2)	
NEUPRO DIS 2MG/24HR	\$0 (Tier 2)	
NEUPRO DIS 3MG/24HR	\$0 (Tier 2)	
NEUPRO DIS 4MG/24HR	\$0 (Tier 2)	
NEUPRO DIS 6MG/24HR	\$0 (Tier 2)	
NEUPRO DIS 8MG/24HR	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (Tier 1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (Tier 1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (Tier 1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (Tier 1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (Tier 1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (Tier 1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY MAIN INJ 300MG	\$0 (Tier 2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (Tier 2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (Tier 2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0 (Tier 2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0 (Tier 2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0 (Tier 2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0 (Tier 2)	NDS

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
CAPLYTA CAP 42MG	\$0 (Tier 2) QL (30 caps / 30 days)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0 (Tier 1)
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0 (Tier 1)
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (Tier 1)
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (Tier 1)
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (Tier 1)
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (Tier 1)
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (Tier 1)
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 (Tier 1) PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 (Tier 1) PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 (Tier 1) QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 (Tier 2) NDS, QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 (Tier 2) NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (Tier 1)
<i>clozapine tab 50 mg</i>	\$0 (Tier 1)
<i>clozapine tab 100 mg</i>	\$0 (Tier 1) QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (Tier 1) QL (135 tabs / 30 days)
FANAPT PAK	\$0 (Tier 2) PA
FANAPT TAB 1MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl tab 1 mg</i>	\$0 (Tier 1)
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (Tier 1)
<i>fluphenazine hcl tab 5 mg</i>	\$0 (Tier 1)
<i>fluphenazine hcl tab 10 mg</i>	\$0 (Tier 1)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol tab 0.5 mg</i>	\$0 (Tier 1)
<i>haloperidol tab 1 mg</i>	\$0 (Tier 1)
<i>haloperidol tab 2 mg</i>	\$0 (Tier 1)
<i>haloperidol tab 5 mg</i>	\$0 (Tier 1)
<i>haloperidol tab 10 mg</i>	\$0 (Tier 1)
<i>haloperidol tab 20 mg</i>	\$0 (Tier 1)
INVEGA SUST INJ 39/0.25	\$0 (Tier 2) QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (Tier 2) NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (Tier 2) NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (Tier 2) NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (Tier 2) NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (Tier 2) NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (Tier 2) NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (Tier 2) NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (Tier 2) NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	\$0 (Tier 2) QL (30 tabs / 30 days)
LATUDA TAB 40MG	\$0 (Tier 2) QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (Tier 2) QL (30 tabs / 30 days)
LATUDA TAB 80MG	\$0 (Tier 2) QL (60 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
LATUDA TAB 120MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate cap 25 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (Tier 1)	
<i>molindone hcl tab 5 mg</i>	\$0 (Tier 1)	
<i>molindone hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>molindone hcl tab 25 mg</i>	\$0 (Tier 1)	
NUPLAZID CAP 34MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0 (Tier 1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (Tier 1)	
<i>perphenazine tab 4 mg</i>	\$0 (Tier 1)	
<i>perphenazine tab 8 mg</i>	\$0 (Tier 1)	
<i>perphenazine tab 16 mg</i>	\$0 (Tier 1)	
PERSERIS INJ 90MG	\$0 (Tier 2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	\$0 (Tier 2)	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	\$0 (Tier 1)	
<i>pimozide tab 2 mg</i>	\$0 (Tier 1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0 (Tier 1)	
<i>quetiapine fumarate tab 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine fumarate tab 100 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>quetiapine fumarate tab 200 mg</i>	\$0 (Tier 1)
<i>quetiapine fumarate tab 300 mg</i>	\$0 (Tier 1)
<i>quetiapine fumarate tab 400 mg</i>	\$0 (Tier 1)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0 (Tier 2) QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (Tier 2) QL (60 tabs / 30 days)
REXULTI TAB 1MG	\$0 (Tier 2) QL (60 tabs / 30 days)
REXULTI TAB 2MG	\$0 (Tier 2) QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (Tier 2) QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (Tier 2) QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	\$0 (Tier 2) QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0 (Tier 2) QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0 (Tier 2) NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (Tier 2) NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0 (Tier 1) QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (Tier 1)
<i>risperidone tab 0.25 mg</i>	\$0 (Tier 1)
<i>risperidone tab 1 mg</i>	\$0 (Tier 1)
<i>risperidone tab 2 mg</i>	\$0 (Tier 1)
<i>risperidone tab 3 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>risperidone tab 4 mg</i>	\$0 (Tier 1)	
SECUADO DIS 3.8MG	\$0 (Tier 2)	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0 (Tier 2)	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0 (Tier 2)	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>thioridazine hcl tab 25 mg</i>	\$0 (Tier 1)	
<i>thioridazine hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>thioridazine hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>thiothixene cap 1 mg</i>	\$0 (Tier 1)	
<i>thiothixene cap 2 mg</i>	\$0 (Tier 1)	
<i>thiothixene cap 5 mg</i>	\$0 (Tier 1)	
<i>thiothixene cap 10 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
VERSACLOZ SUS 50MG/ML	\$0 (Tier 2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (Tier 2)	PA
VRAYLAR CAP 1.5MG	\$0 (Tier 2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0 (Tier 1)	QL (6 injections / 3 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELP INJ 210MG	\$0 (Tier 2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (Tier 2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (Tier 2)	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 caps / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate tab 20mg er</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (Tier 1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	\$0 (Tier 1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (Tier 1)	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

<i>BELSOMRA TAB 5MG</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 10MG</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 15MG</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 20MG</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone tab 1 mg</i>	\$0 (Tier 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 2 mg</i>	\$0 (Tier 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>	\$0 (Tier 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	\$0 (Tier 2)	NDS, LA, PA
<i>temazepam cap 7.5 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 30 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon cap 5 mg</i>	\$0 (Tier 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>	\$0 (Tier 2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0 (Tier 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>	\$0 (Tier 2)	QL (1 pen / 30 days), PA
<i>AIMOVIG INJ 140MG/ML</i>	\$0 (Tier 2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (Tier 2)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 (Tier 2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (Tier 1)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 (Tier 1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 (Tier 1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 (Tier 1)	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 (Tier 1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (12 injections / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate tab 25 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	\$0 (Tier 2)	NDS, QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	\$0 (Tier 2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$0 (Tier 1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	\$0 (Tier 2)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	\$0 (Tier 2)	NDS, QL (120 tabs / 30 days), PA
INGREZZA CAP 40-80MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 60MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	\$0 (Tier 2)	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (Tier 1)	
LITHIUM SOL 8MEQ/5ML	\$0 (Tier 2)	
LYRICA CR TAB 82.5MG	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0 (Tier 2)	QL (60 tabs / 30 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NUEDEXTA CAP 20-10MG	\$0 (Tier 2)	QL (60 caps / 30 days), PA
<i>pregabalin tab er 24hr 82.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 165 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 330 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (Tier 1)	
<i>riluzole tab 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	\$0 (Tier 2)	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BETASERON INJ 0.3MG	\$0 (Tier 2)	NDS, QL (14 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (Tier 1)	PA
GILENYA CAP 0.5MG	\$0 (Tier 2)	NDS, QL (28 caps / 28 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (Tier 2)	NDS, QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 (Tier 2)	NDS, QL (12 syringes / 28 days), PA
<i>glatopa inj 20mg/ml</i>	\$0 (Tier 2)	NDS, QL (30 syringes / 30 days), PA
<i>glatopa inj 40mg/ml</i>	\$0 (Tier 2)	NDS, QL (12 syringes / 28 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	\$0 (Tier 1)	
<i>baclofen tab 20 mg</i>	\$0 (Tier 1)	
<i>carisoprodol tab 350 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
<i>dantrolene sodium cap 50 mg</i>	\$0 (Tier 1)
<i>dantrolene sodium cap 100 mg</i>	\$0 (Tier 1)
<i>methocarbamol tab 500 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 1)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (Tier 1)
<i>vanadom tab 350mg</i>	\$0 (Tier 2) QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (Tier 2) NDS, QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (Tier 1)
<i>benzphetamine hcl tab 50 mg</i>	\$0 (Tier 3) DP
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (Tier 1) QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (Tier 1) QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 (Tier 1) QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 (Tier 1) QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 (Tier 1) QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 (Tier 1) QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (Tier 1) QL (90 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (Tier 1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX PAK 0.5& 1MG	\$0 (Tier 2)	PA
CHANTIX PAK 1MG	\$0 (Tier 2)	PA
CHANTIX TAB 0.5MG	\$0 (Tier 2)	PA
CHANTIX TAB 1MG	\$0 (Tier 2)	PA
<i>diethylpropion hcl tab 25 mg</i>	\$0 (Tier 3)	DP
<i>diethylpropion hcl tab er 24hr 75 mg</i>	\$0 (Tier 3)	DP
<i>disulfiram tab 250 mg</i>	\$0 (Tier 1)	
<i>disulfiram tab 500 mg</i>	\$0 (Tier 1)	
<i>gnp nicotine gum 2mg mint</i>	\$0 (Tier 3)	DP
<i>gnp nicotine gum 2mg orig</i>	\$0 (Tier 3)	DP
<i>gnp nicotine gum 4mg mint</i>	\$0 (Tier 3)	DP
<i>gnp nicotine loz 2mg mint</i>	\$0 (Tier 3)	DP
<i>gnp nicotine loz 4mg mint</i>	\$0 (Tier 3)	DP
<i>gnp nicotine loz mini 2mg</i>	\$0 (Tier 3)	DP
<i>hm nicotine gum 2mg mint</i>	\$0 (Tier 3)	DP
<i>hm nicotine gum 4mg mint</i>	\$0 (Tier 3)	DP
<i>hm nicotine loz 2mg mint</i>	\$0 (Tier 3)	DP
<i>hm nicotine loz 4mg mint</i>	\$0 (Tier 3)	DP
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (Tier 1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (Tier 1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (Tier 1)	
NARCAN SPR	\$0 (Tier 2)	
<i>nicotine gum 4mg</i>	\$0 (Tier 3)	DP
<i>nicotine pol loz 4mg mint</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex gum 2 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex gum 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (Tier 3)	DP
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (Tier 3)	DP
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (Tier 3)	DP
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (Tier 3)	DP
NICOTROL INH	\$0 (Tier 2)	
NICOTROL NS SPR 10MG/ML	\$0 (Tier 2)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	\$0 (Tier 3)	DP
<i>phendimetrazine tartrate tab 35 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl cap 15 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl cap 30 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl cap 37.5 mg</i>	\$0 (Tier 3)	DP
<i>phentermine hcl tab 37.5 mg</i>	\$0 (Tier 3)	DP
QSYMIA CAP 3.75-23	\$0 (Tier 3)	DP
QSYMIA CAP 7.5-46MG	\$0 (Tier 3)	DP
QSYMIA CAP 11.25-69	\$0 (Tier 3)	DP
QSYMIA CAP 15-92MG	\$0 (Tier 3)	DP
<i>sm nicotine gum 2mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine gum 2mg mint</i>	\$0 (Tier 3)	DP
<i>sm nicotine gum 4mg</i>	\$0 (Tier 3)	DP
<i>sm nicotine gum 4mg mint</i>	\$0 (Tier 3)	DP
<i>sm nicotine loz 2mg mint</i>	\$0 (Tier 3)	DP
<i>sm nicotine loz 4mg mint</i>	\$0 (Tier 3)	DP
<i>thrive gum 2mg mint</i>	\$0 (Tier 3)	DP
VIVITROL INJ 380MG	\$0 (Tier 2)	NDS

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM DIS 2MG/24HR	\$0 (Tier 2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (Tier 2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days), PA
<i>oxandrolone tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 (Tier 1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (Tier 1)	QL (300 gm / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (Tier 1) QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	\$0 (Tier 1)
<i>acarbose tab 50 mg</i>	\$0 (Tier 1)
<i>acarbose tab 100 mg</i>	\$0 (Tier 1)
BYDUREON BC INJ 2/0.85ML	\$0 (Tier 2) QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	\$0 (Tier 2) QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0 (Tier 2) QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0 (Tier 2) QL (1 pen / 30 days)
FARXIGA TAB 5MG	\$0 (Tier 2) QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (Tier 2) QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0 (Tier 2) QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0 (Tier 2) QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0 (Tier 2) QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (Tier 2) QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (Tier 2) QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (Tier 2) QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (Tier 2) QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (Tier 2) QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (Tier 2) QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (Tier 2) QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0 (Tier 2) QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	\$0 (Tier 2) QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (Tier 2) QL (60 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
JENTADUETO TAB 2.5-850	\$0 (Tier 2) QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (Tier 2) QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0 (Tier 2) QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0 (Tier 2) QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (Tier 1) QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
OZEMPIC INJ 2/1.5ML	\$0 (Tier 2) QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0 (Tier 2) QL (2 pens / 28 days)
OZEMPIC INJ 4MG/3ML	\$0 (Tier 2) QL (1 pen / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0 (Tier 2) QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	\$0 (Tier 2) QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	\$0 (Tier 2) QL (30 tabs / 30 days)
SYNJARDY TAB	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0 (Tier 2) QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY XR TAB	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0 (Tier 2) QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0 (Tier 2) QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0 (Tier 2) QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0 (Tier 2) QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0 (Tier 2) QL (60 tabs / 30 days)
TRULICITY INJ 0.75/0.5	\$0 (Tier 2) QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (Tier 2) QL (4 pens / 28 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TRULICITY INJ 3/0.5	\$0 (Tier 2) QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	\$0 (Tier 2) QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (Tier 2) QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0 (Tier 2) QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (Tier 2) QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (Tier 2) QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (Tier 2) QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (Tier 2) QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR INJ 100UNIT	\$0 (Tier 2)
BD ALCOHOL SWABS	\$0 (Tier 2)
FIASP FLEX INJ TOUCH	\$0 (Tier 2)
FIASP INJ 100/ML	\$0 (Tier 2)
FIASP PENFIL INJ U-100	\$0 (Tier 2)
GAUZE PADS 2" X 2"	\$0 (Tier 2)
HUMULIN R INJ U-500	\$0 (Tier 2) NDS
HUMULIN R INJ U-500	\$0 (Tier 2) NDS, B/D
INSULIN SAFETY NEEDLES	\$0 (Tier 2)
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 2)
LEVEMIR INJ	\$0 (Tier 2)
LEVEMIR INJ FLEXTUOC	\$0 (Tier 2)
NOVOLIN INJ 70/30	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N INJ 100 UNIT	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N INJ U-100	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R INJ 100 UNIT	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R INJ U-100	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJ 100/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJ FLEXPEN	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJ PENFILL	\$0 (Tier 2)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NOVOLOG MIX INJ 70/30	\$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0 (Tier 2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0 (Tier 2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0 (Tier 2)	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	\$0 (Tier 2)	
SOLIQUA INJ 100/33	\$0 (Tier 2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0 (Tier 2)	
TRESIBA FLEX INJ 200UNIT	\$0 (Tier 2)	
TRESIBA INJ 100UNIT	\$0 (Tier 2)	
V-GO 20 KIT	\$0 (Tier 2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0 (Tier 2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0 (Tier 2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0 (Tier 2)	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0 (Tier 1)	
<i>alendronate sodium tab 10 mg</i>	\$0 (Tier 1)	
<i>alendronate sodium tab 35 mg</i>	\$0 (Tier 1)	
<i>alendronate sodium tab 70 mg</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (Tier 1)	B/D
FORTEO INJ 620/2.48	\$0 (Tier 2)	NDS, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 (Tier 1)	B/D
NATPARA INJ 25MCG	\$0 (Tier 2)	NDS, PA
NATPARA INJ 50MCG	\$0 (Tier 2)	NDS, PA
NATPARA INJ 75MCG	\$0 (Tier 2)	NDS, PA
NATPARA INJ 100MCG	\$0 (Tier 2)	NDS, PA
<i>pamidronate disodium for inj 30 mg</i>	\$0 (Tier 1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0 (Tier 1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 (Tier 1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (Tier 1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0 (Tier 2)	B/D
PROLIA SOL 60MG/ML	\$0 (Tier 2)	QL (1 injection / 180 days)
<i>risedronate sodium tab 5 mg</i>	\$0 (Tier 1)	
<i>risedronate sodium tab 35 mg</i>	\$0 (Tier 1)	
<i>risedronate sodium tab 150 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>risedronate sodium tab delayed release 35 mg</i>	\$0 (Tier 1)
TYMLOS INJ	\$0 (Tier 2) NDS, PA
XGEVA INJ	\$0 (Tier 2) NDS, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (Tier 1) B/D
<i>zoledronic acid iv soln 4 mg/100ml</i>	\$0 (Tier 1) B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (Tier 1) B/D

CHELATING AGENTS

CHEMET CAP 100MG	\$0 (Tier 2)
<i>clovique cap 250mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox granules packet 90 mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox granules packet 180 mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox granules packet 360 mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox tab 90 mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox tab 180 mg</i>	\$0 (Tier 2) NDS, PA
<i>deferasirox tab 360 mg</i>	\$0 (Tier 2) NDS, PA
LOKELMA PAK 5GM	\$0 (Tier 2)
LOKELMA PAK 10GM	\$0 (Tier 2)
<i>penicillamine tab 250 mg</i>	\$0 (Tier 2) NDS
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)
<i>sps sus 15gm/60</i>	\$0 (Tier 1)
<i>trientine hcl cap 250 mg</i>	\$0 (Tier 2) NDS, PA
VELTASSA POW 8.4GM	\$0 (Tier 2) PA
VELTASSA POW 16.8GM	\$0 (Tier 2) PA
VELTASSA POW 25.2GM	\$0 (Tier 2) PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>afirmelle tab 0.1-0.02</i>	\$0 (Tier 1)
<i>altavera tab</i>	\$0 (Tier 1)
<i>alyacen tab 1/35</i>	\$0 (Tier 1)
<i>alyacen tab 7/7/7</i>	\$0 (Tier 1)
<i>amethia tab</i>	\$0 (Tier 1)
<i>apri tab</i>	\$0 (Tier 1)
<i>aranelle tab</i>	\$0 (Tier 1)
<i>ashlyna tab</i>	\$0 (Tier 1)
<i>aubra eq tab 0.1-0.02</i>	\$0 (Tier 1)
<i>aurovela 24 tab fe 1/20</i>	\$0 (Tier 1)
<i>aurovela fe tab 1.5/30</i>	\$0 (Tier 1)
<i>aurovela fe tab 1/20</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>aurovela tab 1/20</i>	\$0 (Tier 1)
<i>aviane tab</i>	\$0 (Tier 1)
<i>ayuna tab</i>	\$0 (Tier 1)
<i>azurette tab 28 day</i>	\$0 (Tier 1)
<i>balziva tab</i>	\$0 (Tier 1)
<i>bekyree tab</i>	\$0 (Tier 1)
<i>blisovi 24 tab fe 1/20</i>	\$0 (Tier 1)
<i>blisovi fe tab 1.5/30</i>	\$0 (Tier 1)
<i>briellyn tab</i>	\$0 (Tier 1)
<i>camila tab 0.35mg</i>	\$0 (Tier 1)
<i>camrese lo tab</i>	\$0 (Tier 1)
<i>camrese tab</i>	\$0 (Tier 1)
<i>caziant pak</i>	\$0 (Tier 1)
<i>chateal tab 0.15/30</i>	\$0 (Tier 1)
<i>cryselle-28 tab 28 tabs</i>	\$0 (Tier 1)
<i>cyclafem tab 1/35</i>	\$0 (Tier 1)
<i>cyclafem tab 7/7/7</i>	\$0 (Tier 1)
<i>cyred eq tab</i>	\$0 (Tier 1)
<i>dasetta tab 1/35</i>	\$0 (Tier 1)
<i>dasetta tab 7/7/7</i>	\$0 (Tier 1)
<i>daysee tab</i>	\$0 (Tier 1)
<i>deblitane tab 0.35mg</i>	\$0 (Tier 1)
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	\$0 (Tier 1)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (Tier 1)
<i>elinest tab</i>	\$0 (Tier 1)
<i>ELLA TAB 30MG</i>	\$0 (Tier 2)
<i>eluryng mis</i>	\$0 (Tier 1)
<i>emoquette tab</i>	\$0 (Tier 1)
<i>enpresse-28 tab</i>	\$0 (Tier 1)
<i>enskyce tab</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>errin tab 0.35mg</i>	\$0 (Tier 1)
<i>estarylla tab 0.25-35</i>	\$0 (Tier 1)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (Tier 1)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0 (Tier 1)
<i>falmina tab</i>	\$0 (Tier 1)
<i>fayosim tab</i>	\$0 (Tier 1)
<i>femynor tab 0.25-35</i>	\$0 (Tier 1)
<i>gianvi tab 3-0.02mg</i>	\$0 (Tier 1)
<i>hailey 24 tab fe</i>	\$0 (Tier 1)
<i>hailey tab 1.5/30</i>	\$0 (Tier 1)
<i>heather tab 0.35mg</i>	\$0 (Tier 1)
<i>iclevia tab</i>	\$0 (Tier 1)
<i>incassia tab 0.35mg</i>	\$0 (Tier 1)
<i>introvale tab</i>	\$0 (Tier 1)
<i>isibloom tab</i>	\$0 (Tier 1)
<i>jasmiel tab 3-0.02mg</i>	\$0 (Tier 1)
<i>jolessa tab</i>	\$0 (Tier 1)
<i>juleber tab</i>	\$0 (Tier 1)
<i>junel 1.5/30 tab</i>	\$0 (Tier 1)
<i>junel 1/20 tab</i>	\$0 (Tier 1)
<i>junel fe 24 tab 1/20</i>	\$0 (Tier 1)
<i>junel fe tab 1.5/30</i>	\$0 (Tier 1)
<i>junel fe tab 1/20</i>	\$0 (Tier 1)
<i>kaitlib fe chw</i>	\$0 (Tier 1)
<i>kariva tab 28 day</i>	\$0 (Tier 1)
<i>kelnor 1/50 tab</i>	\$0 (Tier 1)
<i>kelnor tab 1/35</i>	\$0 (Tier 1)
<i>kurvelo tab 0.15/30</i>	\$0 (Tier 1)
<i>larin 24 tab fe 1/20</i>	\$0 (Tier 1)
<i>larin fe tab 1.5/30</i>	\$0 (Tier 1)
<i>larin fe tab 1/20</i>	\$0 (Tier 1)
<i>larin tab 1.5/30</i>	\$0 (Tier 1)
<i>larin tab 1/20</i>	\$0 (Tier 1)
<i>larissia tab</i>	\$0 (Tier 1)
<i>layolis fe chw</i>	\$0 (Tier 1)
<i>leena tab</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>lessina tab</i>	\$0 (Tier 1)
<i>levonest tab</i>	\$0 (Tier 1)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0 (Tier 1)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 1)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 1)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (Tier 1)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (Tier 1)
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0 (Tier 1)
<i>levora-28 tab 0.15/30</i>	\$0 (Tier 1)
<i>lillow tab 0.15/30</i>	\$0 (Tier 1)
<i>loestrin 21 tab 1.5/30</i>	\$0 (Tier 1)
<i>loestrin fe tab 1.5/30</i>	\$0 (Tier 1)
<i>loestrin fe tab 1/20</i>	\$0 (Tier 1)
<i>loestrin tab 1/20-21</i>	\$0 (Tier 1)
<i>loryna tab 3-0.02mg</i>	\$0 (Tier 1)
<i>low-ogestrel tab</i>	\$0 (Tier 1)
<i>lutra tab</i>	\$0 (Tier 1)
<i>lyleq tab 0.35mg</i>	\$0 (Tier 1)
<i>lyza tab 0.35mg</i>	\$0 (Tier 1)
<i>marlissa tab 0.15/30</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (Tier 1)
<i>melodetta chw 24 fe</i>	\$0 (Tier 1)
<i>mibelas 24 chw fe</i>	\$0 (Tier 1)
<i>microgestin tab 1.5/30</i>	\$0 (Tier 1)
<i>microgestin tab 1/20</i>	\$0 (Tier 1)
<i>microgestin tab fe1.5/30</i>	\$0 (Tier 1)
<i>microgestin tab fe 1/20</i>	\$0 (Tier 1)
<i>mili tab 0.25/35</i>	\$0 (Tier 1)
<i>mono-linyah tab 0.25-35</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>necon tab 0.5/35</i>	\$0 (Tier 1)	
<i>nikki tab 3-0.02mg</i>	\$0 (Tier 1)	
<i>nora-be tab 0.35mg</i>	\$0 (Tier 1)	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (Tier 1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0 (Tier 1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0 (Tier 1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (Tier 1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (Tier 1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (Tier 1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0 (Tier 1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (Tier 1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norlyroc tab 0.35mg</i>	\$0 (Tier 1)	
<i>nortrel tab 0.5/35</i>	\$0 (Tier 1)	
<i>nortrel tab 7/7/7</i>	\$0 (Tier 1)	
<i>nylia tab 7/7/7</i>	\$0 (Tier 1)	
<i>nymyo tab 0.25-35</i>	\$0 (Tier 1)	
<i>ocella tab 3-0.03mg</i>	\$0 (Tier 1)	
<i>orsythia tab</i>	\$0 (Tier 1)	
<i>philith tab 0.4-35</i>	\$0 (Tier 1)	
<i>pimtrea tab</i>	\$0 (Tier 1)	
<i>pirmella tab 1/35</i>	\$0 (Tier 1)	
<i>portia-28 tab</i>	\$0 (Tier 1)	
<i>previfem tab</i>	\$0 (Tier 1)	
<i>reclipsen tab</i>	\$0 (Tier 1)	
<i>rivelsa tab</i>	\$0 (Tier 1)	
<i>setlakin tab</i>	\$0 (Tier 1)	
<i>sharobel tab 0.35mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>simliya tab 28 day</i>	\$0 (Tier 1)
<i>simpesse tab</i>	\$0 (Tier 1)
<i>sprintec 28 tab 28 day</i>	\$0 (Tier 1)
<i>sronyx tab</i>	\$0 (Tier 1)
<i>syeda tab 3-0.03mg</i>	\$0 (Tier 1)
<i>tarina 24 fe tab</i>	\$0 (Tier 1)
<i>tarina fe tab 1/20 eq</i>	\$0 (Tier 1)
<i>tilia fe tab</i>	\$0 (Tier 1)
<i>tri-estaryll tab</i>	\$0 (Tier 1)
<i>tri-legest tab fe</i>	\$0 (Tier 1)
<i>tri-linyah tab</i>	\$0 (Tier 1)
<i>tri-lo tab estaryll</i>	\$0 (Tier 1)
<i>tri-lo- tab marzia</i>	\$0 (Tier 1)
<i>tri-lo- tab sprintec</i>	\$0 (Tier 1)
<i>tri-lo-mili tab</i>	\$0 (Tier 1)
<i>tri-mili tab</i>	\$0 (Tier 1)
<i>tri-nymyo tab</i>	\$0 (Tier 1)
<i>tri-previfem tab</i>	\$0 (Tier 1)
<i>tri-sprintec tab</i>	\$0 (Tier 1)
<i>tri-vylibra tab</i>	\$0 (Tier 1)
<i>tri-vylibra tab lo</i>	\$0 (Tier 1)
<i>trivora-28 tab</i>	\$0 (Tier 1)
<i>tulana tab 0.35mg</i>	\$0 (Tier 1)
<i>tydemy tab</i>	\$0 (Tier 1)
<i>velivet pak</i>	\$0 (Tier 1)
<i>vestura tab 3-0.02mg</i>	\$0 (Tier 1)
<i>vienva tab 0.1-20</i>	\$0 (Tier 1)
<i>viorele tab</i>	\$0 (Tier 1)
<i>vyfemla tab 0.4-35</i>	\$0 (Tier 1)
<i>vylibra tab 0.25-35</i>	\$0 (Tier 1)
<i>wera tab 0.5/35</i>	\$0 (Tier 1)
<i>wymzya fe chw 0.4mg-35</i>	\$0 (Tier 1)
<i>xulane dis 150-35</i>	\$0 (Tier 1)
<i>zafemy dis 150/35</i>	\$0 (Tier 1)
<i>zarah tab 3-0.03mg</i>	\$0 (Tier 1)
<i>zovia 1/35e tab</i>	\$0 (Tier 1)
<i>zumandimine tab 3-0.03mg</i>	\$0 (Tier 1)
ENDOMETRIOSIS	
<i>danazol cap 50 mg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>danazol cap 100 mg</i>	\$0 (Tier 1)	
<i>danazol cap 200 mg</i>	\$0 (Tier 1)	
SYNAREL SOL 2MG/ML	\$0 (Tier 2)	NDS
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz tab 0.5-0.1</i>	\$0 (Tier 2)	
<i>amabelz tab 1-0.5mg</i>	\$0 (Tier 2)	
DELESTROGEN INJ 10MG/ML	\$0 (Tier 2)	
<i>dotti dis 0.1mg</i>	\$0 (Tier 2)	
<i>dotti dis 0.05mg</i>	\$0 (Tier 2)	
<i>dotti dis 0.025mg</i>	\$0 (Tier 2)	
<i>dotti dis 0.075mg</i>	\$0 (Tier 2)	
<i>dotti dis 0.0375mg</i>	\$0 (Tier 2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0 (Tier 2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0 (Tier 2)	
<i>estradiol tab 0.5 mg</i>	\$0 (Tier 2)	
<i>estradiol tab 1 mg</i>	\$0 (Tier 2)	
<i>estradiol tab 2 mg</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (Tier 2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (Tier 2)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (Tier 1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>jinteli tab 1mg-5mcg</i>	\$0 (Tier 2)	
<i>lopreeza tab 1-0.5mg</i>	\$0 (Tier 2)	
<i>lyllana dis 0.1mg</i>	\$0 (Tier 2)	
<i>lyllana dis 0.05mg</i>	\$0 (Tier 2)	
<i>lyllana dis 0.025mg</i>	\$0 (Tier 2)	
<i>lyllana dis 0.075mg</i>	\$0 (Tier 2)	
<i>lyllana dis 0.0375mg</i>	\$0 (Tier 2)	
<i>mimvey tab 1-0.5mg</i>	\$0 (Tier 2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0 (Tier 2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (Tier 2)	
<i>yuvaferm tab 10mcg</i>	\$0 (Tier 1)	

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>cortisone acetate tab 25 mg</i>	\$0 (Tier 1)	
DEXAMETHASON CON 1MG/ML	\$0 (Tier 2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (Tier 1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 1 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 2 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 4 mg</i>	\$0 (Tier 1)	
<i>dexamethasone tab 6 mg</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone tab 5 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone tab 10 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>hydrocortisone tab 20 mg</i>	\$0 (Tier 1)
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (Tier 1) B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (Tier 1) B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 (Tier 1) B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (Tier 1) B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (Tier 1) B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone tab 16 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (Tier 1)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0 (Tier 1) B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (Tier 1) B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (Tier 1) B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0 (Tier 1) B/D
PREDNISON CON 5MG/ML	\$0 (Tier 2) B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (Tier 1) B/D
<i>prednisone tab 1 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab 2.5 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab 5 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab 10 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab 20 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab 50 mg</i>	\$0 (Tier 1) B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (Tier 1)
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (Tier 1)
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (Tier 1)
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (Tier 1)
SOLU-CORTEF INJ 100MG	\$0 (Tier 2)
SOLU-CORTEF INJ 250MG	\$0 (Tier 2)
SOLU-CORTEF INJ 500MG	\$0 (Tier 2)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
SOLU-CORTEF INJ 1000MG	\$0 (Tier 2)
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
<i>diazoxide susp 50 mg/ml</i>	\$0 (Tier 2) NDS
GVOKE HYPO 2 INJ 1MG/.2ML	\$0 (Tier 2)
GVOKE HYPO 2 INJ .5/.1ML	\$0 (Tier 2)
GVOKE PFS INJ	\$0 (Tier 2)
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	\$0 (Tier 2) NDS, LA, PA
<i>cabergoline tab 0.5 mg</i>	\$0 (Tier 1)
CARBAGLU TAB 200MG	\$0 (Tier 2) NDS, LA, PA
CERDELGA CAP 84MG	\$0 (Tier 2) NDS, PA
CEREZYME INJ 400UNIT	\$0 (Tier 2) NDS, LA, PA
CHARCOAL POW	\$0 (Tier 3) DP
CHEMSTRIP TES UGK	\$0 (Tier 3) DP
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 (Tier 1) B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 (Tier 2) NDS, B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 (Tier 2) NDS, B/D, QL (120 tabs / 30 days)
CYSTADANE POW	\$0 (Tier 2) NDS, LA
CYSTAGON CAP 50MG	\$0 (Tier 2) LA, PA
CYSTAGON CAP 150MG	\$0 (Tier 2) LA, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 (Tier 2) NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (Tier 1)
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (Tier 1)
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0 (Tier 2) NDS
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (Tier 1)
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (Tier 1)
DIASCREEN 3 MIS	\$0 (Tier 3) DP
DIASCREEN 5 MIS	\$0 (Tier 3) DP
DIASCREEN 6 MIS	\$0 (Tier 3) DP
DIASCREEN 7 MIS	\$0 (Tier 3) DP
DIASCREEN 8 MIS	\$0 (Tier 3) DP
DIASCREEN 9 MIS	\$0 (Tier 3) DP
DIASCREEN 10 MIS	\$0 (Tier 3) DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
DIASCREEN MIS 1G	\$0 (Tier 3) DP
DIASCREEN MIS 2GK	\$0 (Tier 3) DP
DIASCREEN MIS 4OBL	\$0 (Tier 3) DP
DIASTIX TES STRIPS	\$0 (Tier 3) DP
FABRAZYME INJ 5MG	\$0 (Tier 2) NDS, LA, PA
FABRAZYME INJ 35MG	\$0 (Tier 2) NDS, LA, PA
GENOTROPIN INJ 0.2MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 0.4MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 0.6MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 0.8MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 1.2MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 1.4MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 1.6MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 1.8MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 1MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 2MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 5MG	\$0 (Tier 2) NDS, PA
GENOTROPIN INJ 12MG	\$0 (Tier 2) NDS, PA
INCRELEX INJ 40MG/4ML	\$0 (Tier 2) NDS, LA, PA
KETO-DIASTIX TES	\$0 (Tier 3) DP
KORLYM TAB 300MG	\$0 (Tier 2) NDS, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (Tier 1) B/D
<i>levocarnitine tab 330 mg</i>	\$0 (Tier 1) B/D
LUMIZYME INJ 50MG	\$0 (Tier 2) NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (Tier 2) NDS, PA
LUPR DEP-PED INJ 7.5MG	\$0 (Tier 2) NDS, PA
LUPR DEP-PED INJ 11.25MG	\$0 (Tier 2) NDS, PA
LUPR DEP-PED INJ 15MG	\$0 (Tier 2) NDS, PA
<i>miglustat cap 100 mg</i>	\$0 (Tier 2) NDS, QL (90 caps / 30 days), PA
NAGLAZYME INJ 1MG/ML	\$0 (Tier 2) NDS, LA, PA
<i>nitisinone cap 2 mg</i>	\$0 (Tier 2) NDS, PA
<i>nitisinone cap 5 mg</i>	\$0 (Tier 2) NDS, PA
<i>nitisinone cap 10 mg</i>	\$0 (Tier 2) NDS, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1) PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (Tier 1) PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (Tier 1) PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (Tier 2) NDS, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (Tier 2) NDS, PA
OSPHENA TAB 60MG	\$0 (Tier 2) PA
<i>raloxifene hcl tab 60 mg</i>	\$0 (Tier 1)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0 (Tier 2) NDS, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0 (Tier 2) NDS, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	\$0 (Tier 2) NDS, PA
SIGNIFOR INJ 0.3MG/ML	\$0 (Tier 2) NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (Tier 2) NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (Tier 2) NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (Tier 2) NDS, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (Tier 2) NDS, PA
SOMATULINE INJ 60/0.2ML	\$0 (Tier 2) NDS, PA
SOMATULINE INJ 90/0.3ML	\$0 (Tier 2) NDS, PA
SOMATULINE INJ 120/.5ML	\$0 (Tier 2) NDS, PA
SOMAVERT INJ 10MG	\$0 (Tier 2) NDS, LA, PA
SOMAVERT INJ 15MG	\$0 (Tier 2) NDS, LA, PA
SOMAVERT INJ 20MG	\$0 (Tier 2) NDS, LA, PA
SOMAVERT INJ 25MG	\$0 (Tier 2) NDS, LA, PA
SOMAVERT INJ 30MG	\$0 (Tier 2) NDS, LA, PA
STIMATE SOL 1.5MG/ML	\$0 (Tier 2) NDS

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TAB 210MG	\$0 (Tier 2) NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0 (Tier 1) QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0 (Tier 1) QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	\$0 (Tier 2) NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	\$0 (Tier 2) NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	\$0 (Tier 1) QL (540 tabs / 30 days)

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (Tier 1)
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (Tier 2)
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 (Tier 2) PA
<i>norethindrone acetate tab 5 mg</i>	\$0 (Tier 1)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 200 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 300 mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 25mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 50mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 75mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 88mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 100mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 112mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 125mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 137mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 150mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 175mcg</i>	\$0 (Tier 1)
<i>levoxyl tab 200mcg</i>	\$0 (Tier 1)
<i>lithyronine sodium tab 5 mcg</i>	\$0 (Tier 1)
<i>lithyronine sodium tab 25 mcg</i>	\$0 (Tier 1)
<i>lithyronine sodium tab 50 mcg</i>	\$0 (Tier 1)
<i>methimazole tab 5 mg</i>	\$0 (Tier 1)
<i>methimazole tab 10 mg</i>	\$0 (Tier 1)
<i>propylthiouracil tab 50 mg</i>	\$0 (Tier 1)
SYNTHROID TAB 25MCG	\$0 (Tier 2)
SYNTHROID TAB 50MCG	\$0 (Tier 2)
SYNTHROID TAB 75MCG	\$0 (Tier 2)
SYNTHROID TAB 88MCG	\$0 (Tier 2)
SYNTHROID TAB 100MCG	\$0 (Tier 2)
SYNTHROID TAB 112MCG	\$0 (Tier 2)
SYNTHROID TAB 125MCG	\$0 (Tier 2)
SYNTHROID TAB 137MCG	\$0 (Tier 2)
SYNTHROID TAB 150MCG	\$0 (Tier 2)
SYNTHROID TAB 175MCG	\$0 (Tier 2)
SYNTHROID TAB 200MCG	\$0 (Tier 2)
SYNTHROID TAB 300MCG	\$0 (Tier 2)
<i>unithroid tab 25mcg</i>	\$0 (Tier 1)
<i>unithroid tab 50mcg</i>	\$0 (Tier 1)
<i>unithroid tab 75mcg</i>	\$0 (Tier 1)
<i>unithroid tab 88mcg</i>	\$0 (Tier 1)
<i>unithroid tab 100mcg</i>	\$0 (Tier 1)
<i>unithroid tab 112mcg</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>unithroid tab 125mcg</i>	\$0 (Tier 1)	
<i>unithroid tab 137mcg</i>	\$0 (Tier 1)	
<i>unithroid tab 150mcg</i>	\$0 (Tier 1)	
<i>unithroid tab 175mcg</i>	\$0 (Tier 1)	
<i>unithroid tab 200mcg</i>	\$0 (Tier 1)	
<i>unithroid tab 300mcg</i>	\$0 (Tier 1)	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	\$0 (Tier 1) B/D	
<i>calcitriol cap 0.25 mcg</i>	\$0 (Tier 1) B/D	
<i>calcitriol inj 1 mcg/ml</i>	\$0 (Tier 1) B/D	
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (Tier 1) B/D	
<i>paricalcitol cap 1 mcg</i>	\$0 (Tier 1) B/D	
<i>paricalcitol cap 2 mcg</i>	\$0 (Tier 1) B/D	
<i>paricalcitol cap 4 mcg</i>	\$0 (Tier 1) B/D	
RAYALDEE CAP 30MCG	\$0 (Tier 2) NDS	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>advanced sus antacid</i>	\$0 (Tier 3) DP	
<i>almacone dbl sus strength</i>	\$0 (Tier 3) DP	
ALUM HYDROX SUS 320/5ML	\$0 (Tier 3) DP	
<i>antacid fast sus relief</i>	\$0 (Tier 3) DP	
<i>antacid plus sus anti-gas</i>	\$0 (Tier 3) DP	
<i>antacid plus sus gas rel</i>	\$0 (Tier 3) DP	
<i>antacid sus</i>	\$0 (Tier 3) DP	
<i>antacid sus anti-gas</i>	\$0 (Tier 3) DP	
<i>antacid sus max st</i>	\$0 (Tier 3) DP	
<i>antacid sus mint crm</i>	\$0 (Tier 3) DP	
<i>antacid sus reg st</i>	\$0 (Tier 3) DP	
<i>antacid/sime sus ds</i>	\$0 (Tier 3) DP	
<i>gnp antacid sus anti-gas</i>	\$0 (Tier 3) DP	
<i>hm antacid sus anti-gas</i>	\$0 (Tier 3) DP	
<i>mag-al plus liq</i>	\$0 (Tier 3) DP	
<i>mag-al plus liq xs</i>	\$0 (Tier 3) DP	
MAGN OXIDE POW HEAVY	\$0 (Tier 3) DP	
<i>magnesium oxide tab 400 mg</i>	\$0 (Tier 3) DP	
<i>mi-acid sus</i>	\$0 (Tier 3) DP	
<i>milantex sus ex st</i>	\$0 (Tier 3) DP	
<i>milantex sus original</i>	\$0 (Tier 3) DP	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>mintox plus chw</i>	\$0 (Tier 3)	DP
<i>mintox sus max st</i>	\$0 (Tier 3)	DP
<i>qc antacid sus</i>	\$0 (Tier 3)	DP
<i>qc antacid sus anti-gas</i>	\$0 (Tier 3)	DP
<i>sb antacid sus anti-gas</i>	\$0 (Tier 3)	DP
<i>sm antacid sus advanced</i>	\$0 (Tier 3)	DP
<i>sm antacid sus anti-gas</i>	\$0 (Tier 3)	DP
<i>sm antacid/ sus antigas</i>	\$0 (Tier 3)	DP
SODIUM POW BICARBON	\$0 (Tier 3)	DP
URO-MAG CAP 140MG	\$0 (Tier 3)	DP
ANTI-DIARRHEAL		
<i>anti-diarrhe cap 2mg</i>	\$0 (Tier 3)	DP
<i>anti-diarrhe tab 2mg</i>	\$0 (Tier 3)	DP
<i>bismatrol chw 262mg</i>	\$0 (Tier 3)	DP
<i>bismatrol sus 262/15ml</i>	\$0 (Tier 3)	DP
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0 (Tier 3)	DP
<i>diarrhea rel sus 262/15ml</i>	\$0 (Tier 3)	DP
<i>gnp k-pec sus 262/15ml</i>	\$0 (Tier 3)	DP
<i>loperamide cap 2mg</i>	\$0 (Tier 3)	DP
<i>medi-bismuth chw 262mg</i>	\$0 (Tier 3)	DP
PECTIN POW	\$0 (Tier 3)	DP
<i>peptic relf chw 262mg</i>	\$0 (Tier 3)	DP
<i>pink bismuth chw 262mg</i>	\$0 (Tier 3)	DP
<i>pink bismuth tab 262mg</i>	\$0 (Tier 3)	DP
<i>sm anti-diar tab 2mg</i>	\$0 (Tier 3)	DP
<i>stomach relf chw 262mg</i>	\$0 (Tier 3)	DP
<i>stomach relf sus 262/15ml</i>	\$0 (Tier 3)	DP
<i>stomach relf tab 262mg</i>	\$0 (Tier 3)	DP
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0 (Tier 1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0 (Tier 1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0 (Tier 1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 (Tier 1)	B/D
<i>compro sup 25mg</i>	\$0 (Tier 1)	
<i>dronabinol cap 2.5 mg</i>	\$0 (Tier 1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (Tier 1)	B/D, QL (60 caps / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>dronabinol cap 10 mg</i>	\$0 (Tier 1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	\$0 (Tier 2)	B/D
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (Tier 1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (Tier 1)	
<i>granisetron hcl tab 1 mg</i>	\$0 (Tier 1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 2)	
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (Tier 1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (Tier 1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (Tier 1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl tab 50 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (Tier 2)	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine for susp 40 mg/5ml</i>	\$0 (Tier 1)	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (Tier 1)	
<i>famotidine inj 20 mg/2ml</i>	\$0 (Tier 1)	
<i>famotidine inj 40 mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine inj 200 mg/20ml</i>	\$0 (Tier 1)	
<i>famotidine tab 20 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>famotidine tab 40 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>nizatidine cap 150 mg</i>	\$0 (Tier 1)	
<i>nizatidine cap 300 mg</i>	\$0 (Tier 1)	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	\$0 (Tier 1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (Tier 1)	
<i>budesonide tab er 24hr 9 mg</i>	\$0 (Tier 2)	NDS
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>mesalamine cap dr 400 mg</i>	\$0 (Tier 1)	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0 (Tier 1)	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (Tier 1)	
<i>mesalamine suppos 1000 mg</i>	\$0 (Tier 1)	
<i>mesalamine tab delayed release 1.2 gm</i>	\$0 (Tier 1)	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (Tier 1)	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****LAXATIVES**

<i>bisacodyl suppos 10 mg</i>	\$0 (Tier 3) DP
<i>bisacodyl tab 5mg ec</i>	\$0 (Tier 3) DP
<i>constulose sol 10gm/15</i>	\$0 (Tier 1)
<i>docu liq 50mg/5ml</i>	\$0 (Tier 3) DP
<i>docu soft cap 100mg</i>	\$0 (Tier 3) DP
<i>docusate cal cap 240mg</i>	\$0 (Tier 3) DP
<i>docusate sod cap 100mg</i>	\$0 (Tier 3) DP
<i>docusate sod liq 50mg/5ml</i>	\$0 (Tier 3) DP
<i>docusate sodium cap 100 mg</i>	\$0 (Tier 3) DP
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (Tier 3) DP
<i>docusil cap 100mg</i>	\$0 (Tier 3) DP
<i>docusol mini ene</i>	\$0 (Tier 3) DP
<i>ducodyl tab 5mg ec</i>	\$0 (Tier 3) DP
<i>enemeez mini ene</i>	\$0 (Tier 3) DP
ENEMEEZ PLUS ENE 20-283	\$0 (Tier 3) DP
<i>enulose sol 10gm/15</i>	\$0 (Tier 1)
<i>epsom salt gra</i>	\$0 (Tier 3) DP
EPSOM SALT POW	\$0 (Tier 3) DP
<i>gavilyte-c sol</i>	\$0 (Tier 1)
<i>gavilyte-g sol</i>	\$0 (Tier 1)
<i>gavilyte-n sol flav pk</i>	\$0 (Tier 1)
<i>generlac sol 10gm/15</i>	\$0 (Tier 1)
<i>gentle laxat sup 10mg</i>	\$0 (Tier 3) DP
<i>gentle laxat tab 5mg ec</i>	\$0 (Tier 3) DP
<i>glycerin suppos 1 gm</i>	\$0 (Tier 3) DP
<i>gnp bisa-lax tab 5mg ec</i>	\$0 (Tier 3) DP
<i>gnp glycerin sup 1.2gm</i>	\$0 (Tier 3) DP
<i>gnp laxative sup 10mg</i>	\$0 (Tier 3) DP
<i>gnp laxative tab 5mg ec</i>	\$0 (Tier 3) DP
<i>gnp laxative tab 25mg</i>	\$0 (Tier 3) DP
GOLYTELY SOL	\$0 (Tier 2)
<i>hm epsom gra salt</i>	\$0 (Tier 3) DP
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>lactulose solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>medi-natural tab 8.6-50mg</i>	\$0 (Tier 3) DP
<i>medi-natural tab 8.6mg</i>	\$0 (Tier 3) DP
MINERAL OIL	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
MINERAL OIL HEAVY	\$0 (Tier 3) DP
MINERAL OIL LIGHT	\$0 (Tier 3) DP
<i>nat veg lax tab 8.6mg</i>	\$0 (Tier 3) DP
<i>naturl fiber pow 28.3%</i>	\$0 (Tier 3) DP
NULYTELY SOL LMN/LIME	\$0 (Tier 2)
PEDIA-LAX LIQ 50MG	\$0 (Tier 3) DP
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0 (Tier 1)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (Tier 1)
PLENVU SOL	\$0 (Tier 2)
<i>qc epsom gra salt</i>	\$0 (Tier 3) DP
<i>qc laxative sup 10mg</i>	\$0 (Tier 3) DP
<i>qc natural pow vegetabl</i>	\$0 (Tier 3) DP
<i>qc senna tab 8.6mg</i>	\$0 (Tier 3) DP
<i>ra epsom gra salt</i>	\$0 (Tier 3) DP
RA EPSOM GRA SALT/LVN	\$0 (Tier 3) DP
<i>ra glycerin sup 80.7%</i>	\$0 (Tier 3) DP
<i>reguloid pow 28.3%</i>	\$0 (Tier 3) DP
<i>reguloid pow 48.57%</i>	\$0 (Tier 3) DP
<i>reguloid pow 58.6%</i>	\$0 (Tier 3) DP
<i>sb docusate tab 8.6-50mg</i>	\$0 (Tier 3) DP
<i>sb fib lax pow 33%</i>	\$0 (Tier 3) DP
<i>sb laxative sup 10mg</i>	\$0 (Tier 3) DP
<i>senna-lax tab 8.6mg</i>	\$0 (Tier 3) DP
<i>senna-s tab 8.6-50mg</i>	\$0 (Tier 3) DP
<i>senna-tabs tab 8.6mg</i>	\$0 (Tier 3) DP
<i>senna-time s tab 8.6-50mg</i>	\$0 (Tier 3) DP
<i>senna-time tab 8.6mg</i>	\$0 (Tier 3) DP
<i>senno tab 8.6mg</i>	\$0 (Tier 3) DP
<i>sennosides syrup 8.8 mg/5ml</i>	\$0 (Tier 3) DP
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (Tier 3) DP
<i>silace liq 10mg/ml</i>	\$0 (Tier 3) DP
<i>silace syp 60/15ml</i>	\$0 (Tier 3) DP
<i>sm fiber pow 28.3%</i>	\$0 (Tier 3) DP
<i>sm fiber pow 48.57%</i>	\$0 (Tier 3) DP
<i>sm fiber pow 58.6%</i>	\$0 (Tier 3) DP
<i>sm laxative sup 10mg</i>	\$0 (Tier 3) DP
<i>stool softnr cap 100mg</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>stool softnr cap 250mg</i>	\$0 (Tier 3)	DP
<i>stool softnr syp 60/15ml</i>	\$0 (Tier 3)	DP
<i>stool softnr tab 8.6-50mg</i>	\$0 (Tier 3)	DP
SUPREP BOWEL SOL PREP KIT	\$0 (Tier 2)	
<i>trilyte sol</i>	\$0 (Tier 1)	
<i>womans laxat tab 5mg ec</i>	\$0 (Tier 3)	DP

MISCELLANEOUS

<i>alose tron hcl tab 0.5 mg (base equiv)</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (Tier 1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (Tier 2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (Tier 2)	
GATTEX KIT 5MG	\$0 (Tier 2)	NDS, LA, PA
LINZESS CAP 72MCG	\$0 (Tier 2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0 (Tier 2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (Tier 1)	
<i>misoprostol tab 100 mcg</i>	\$0 (Tier 1)	
<i>misoprostol tab 200 mcg</i>	\$0 (Tier 1)	
MOVANTIK TAB 12.5MG	\$0 (Tier 2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0 (Tier 2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0 (Tier 2)	NDS, PA
<i>sucralfate tab 1 gm</i>	\$0 (Tier 1)	
TRULANCE TAB 3MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol tab 250 mg</i>	\$0 (Tier 1)	
<i>ursodiol tab 500 mg</i>	\$0 (Tier 1)	
XIFAXAN TAB 550MG	\$0 (Tier 2)	NDS, PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	\$0 (Tier 2)	
CREON CAP 6000UNIT	\$0 (Tier 2)	
CREON CAP 12000UNT	\$0 (Tier 2)	
CREON CAP 24000UNT	\$0 (Tier 2)	
CREON CAP 36000UNT	\$0 (Tier 2)	
ZENPEP CAP 3000UNIT	\$0 (Tier 2)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 5000UNT	\$0 (Tier 2)	
ZENPEP CAP 10000UNT	\$0 (Tier 2)	
ZENPEP CAP 15000UNT	\$0 (Tier 2)	
ZENPEP CAP 20000UNT	\$0 (Tier 2)	
ZENPEP CAP 25000	\$0 (Tier 2)	
ZENPEP CAP 40000	\$0 (Tier 2)	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT CAP 30MG DR	\$0 (Tier 2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (Tier 1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (Tier 1)	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (Tier 1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (Tier 1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0 (Tier 1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (Tier 1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (Tier 1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (Tier 1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (Tier 1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (Tier 1)	

MISCELLANEOUS

<i>acetic acid irrigation soln 0.25%</i>	\$0 (Tier 1)	
<i>bethanechol chloride tab 5 mg</i>	\$0 (Tier 1)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (Tier 1)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>bethanechol chloride tab 25 mg</i>	\$0 (Tier 1)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (Tier 1)	
POT CITRATE GRA	\$0 (Tier 3)	DP
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (Tier 1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (Tier 1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

MYRBETRIQ TAB 25MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), ST
<i>tolterodine tartrate tab 2 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days), ST
TOVIAZ TAB 4MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 1)	
<i>clotrimazole cre 1% vag</i>	\$0 (Tier 3)	DP
<i>clotrimazole cre 3 day</i>	\$0 (Tier 3)	DP
<i>clotrimazole vaginal cream 1%</i>	\$0 (Tier 3)	DP
<i>3 day vaginl cre 2%</i>	\$0 (Tier 3)	DP
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 1)	
<i>miconazole 3 kit combinat</i>	\$0 (Tier 3)	DP
<i>miconazole 3 kit combo pk</i>	\$0 (Tier 3)	DP
<i>miconazole 7 cre 2%</i>	\$0 (Tier 3)	DP
<i>miconazole 7 cre tube/kit</i>	\$0 (Tier 3)	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL YOU LIMITS ON USE COST YOU (TIER LEVEL)
<i>miconazole 7 sup 100mg</i>	\$0 (Tier 3) DP
<i>miconazole nitrate vaginal cream 2%</i>	\$0 (Tier 3) DP
<i>sm micon 7 sup 100mg</i>	\$0 (Tier 3) DP
<i>terconazole vaginal cream 0.4%</i>	\$0 (Tier 1)
<i>terconazole vaginal cream 0.8%</i>	\$0 (Tier 1)
<i>terconazole vaginal suppos 80 mg</i>	\$0 (Tier 1)
<i>vandazole gel 0.75%</i>	\$0 (Tier 1)

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>ELIQUIS ST P TAB 5MG</i>	\$0 (Tier 2) QL (74 tabs / 30 days)
<i>ELIQUIS TAB 2.5MG</i>	\$0 (Tier 2) QL (60 tabs / 30 days)
<i>ELIQUIS TAB 5MG</i>	\$0 (Tier 2) QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (Tier 1)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (Tier 1)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (Tier 2) NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (Tier 2) NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (Tier 2) NDS
<i>HEP SOD/NAACL INJ 25000UNT</i>	\$0 (Tier 2)
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0 (Tier 1)
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 (Tier 1) B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 (Tier 1) B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (Tier 1) B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (Tier 1) B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0 (Tier 1)
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0 (Tier 1)
<i>HEPARIN/NAACL INJ 25000UNT</i>	\$0 (Tier 2)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>jantoven tab 1mg</i>	\$0 (Tier 1)
<i>jantoven tab 2.5mg</i>	\$0 (Tier 1)
<i>jantoven tab 2mg</i>	\$0 (Tier 1)
<i>jantoven tab 3mg</i>	\$0 (Tier 1)
<i>jantoven tab 4mg</i>	\$0 (Tier 1)
<i>jantoven tab 5mg</i>	\$0 (Tier 1)
<i>jantoven tab 6mg</i>	\$0 (Tier 1)
<i>jantoven tab 7.5mg</i>	\$0 (Tier 1)
<i>jantoven tab 10mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 1 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 2 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 2.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 3 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 4 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 6 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 7.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 10 mg</i>	\$0 (Tier 1)
XARELTO STAR TAB 15/20MG	\$0 (Tier 2) QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	\$0 (Tier 2) QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0 (Tier 2) QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0 (Tier 2) QL (30 tabs / 30 days)
XARELTO TAB 20MG	\$0 (Tier 2) QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
PROCRIT INJ 2000/ML	\$0 (Tier 2) PA
PROCRIT INJ 3000/ML	\$0 (Tier 2) PA
PROCRIT INJ 4000/ML	\$0 (Tier 2) PA
PROCRIT INJ 10000/ML	\$0 (Tier 2) PA
PROCRIT INJ 20000/ML	\$0 (Tier 2) NDS, PA
PROCRIT INJ 40000/ML	\$0 (Tier 2) NDS, PA
ZARXIO INJ 300/0.5	\$0 (Tier 2) NDS, PA
ZARXIO INJ 480/0.8	\$0 (Tier 2) NDS, PA
IRON	
EZFE 200 CAP 200MG	\$0 (Tier 3) DP
FE SULFATE POW	\$0 (Tier 3) DP
FERAHEME INJ 510/17ML	\$0 (Tier 3) DP
<i>ferate tab 27mg</i>	\$0 (Tier 3) DP
<i>ferosul elx 220/5ml</i>	\$0 (Tier 3) DP
<i>ferosul tab 325mg</i>	\$0 (Tier 3) DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
FERRETT'S IPS SOL	\$0 (Tier 3) DP
FERRETT'S TAB 325MG	\$0 (Tier 3) DP
<i>ferrex 150 cap 150mg</i>	\$0 (Tier 3) DP
FERRIMIN 150 TAB	\$0 (Tier 3) DP
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0 (Tier 3) DP
FERROUS GLUC TAB 324MG	\$0 (Tier 3) DP
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (Tier 3) DP
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (Tier 3) DP
FERROUS SULF TAB 324MG EC	\$0 (Tier 3) DP
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (Tier 3) DP
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (Tier 3) DP
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	\$0 (Tier 3) DP
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (Tier 3) DP
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (Tier 3) DP
<i>ferrousul tab 325mg</i>	\$0 (Tier 3) DP
FOLITAB 500 TAB	\$0 (Tier 3) DP
FUSION CAP	\$0 (Tier 3) DP
<i>gnp iron tab 45mg</i>	\$0 (Tier 3) DP
<i>gnp iron tab 65mg</i>	\$0 (Tier 3) DP
<i>hm iron tab 65mg</i>	\$0 (Tier 3) DP
INTEGRA CAP	\$0 (Tier 3) DP
<i>iron 100 tab plus</i>	\$0 (Tier 3) DP
<i>iron 100/c tab 100-250</i>	\$0 (Tier 3) DP
NOVAFERRUM CAP 50MG	\$0 (Tier 3) DP
NOVAFERRUM DRO 15MG/ML	\$0 (Tier 3) DP
NOVAFERRUM LIQ 125	\$0 (Tier 3) DP
<i>nu-iron 150 cap 150mg</i>	\$0 (Tier 3) DP
<i>poly-iron cap 150mg</i>	\$0 (Tier 3) DP
PROFE CAP 180MG	\$0 (Tier 3) DP
SLOW REL FE TAB 143MG CR	\$0 (Tier 3) DP
<i>slow release tab 47.5mg</i>	\$0 (Tier 3) DP
<i>sm iron slow tab 160mg cr</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
<i>sm iron tab 325mg</i>	\$0 (Tier 3) DP
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0 (Tier 3) DP
VENOFER INJ 20MG/ML	\$0 (Tier 3) DP
<i>wee care sus 15/1.25</i>	\$0 (Tier 3) DP
MISCELLANEOUS	
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (Tier 1)
<i>anagrelide hcl cap 1 mg</i>	\$0 (Tier 1)
BERINERT INJ 500UNIT	\$0 (Tier 2) NDS, QL (24 boxes / 30 days), LA, PA
<i>cilostazol tab 50 mg</i>	\$0 (Tier 1)
<i>cilostazol tab 100 mg</i>	\$0 (Tier 1)
DOPTELET TAB 20MG	\$0 (Tier 2) NDS, LA, PA
DROXIA CAP 200MG	\$0 (Tier 2)
DROXIA CAP 300MG	\$0 (Tier 2)
DROXIA CAP 400MG	\$0 (Tier 2)
ENDARI POW 5GM	\$0 (Tier 2) NDS, LA, PA
HAEGARDA INJ 2000UNIT	\$0 (Tier 2) NDS, QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	\$0 (Tier 2) NDS, QL (20 vials / 30 days), LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0 (Tier 2) NDS, QL (9 syringes / 30 days), PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (Tier 1)
PROMACTA PAK 25MG	\$0 (Tier 2) NDS, QL (180 packets / 30 days), LA, PA
PROMACTA POW 12.5MG	\$0 (Tier 2) NDS, QL (360 packets / 30 days), LA, PA
PROMACTA TAB 12.5MG	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA
PROMACTA TAB 25MG	\$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA
PROMACTA TAB 50MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), LA, PA
PROMACTA TAB 75MG	\$0 (Tier 2) NDS, QL (60 tabs / 30 days), LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (Tier 1)
<i>tranexamic acid tab 650 mg</i>	\$0 (Tier 1)

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (Tier 1)
BRILINTA TAB 60MG	\$0 (Tier 2)
BRILINTA TAB 90MG	\$0 (Tier 2)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (Tier 1)
<i>dipyridamole tab 25 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>dipyridamole tab 50 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>dipyridamole tab 75 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (Tier 1)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (Tier 1)

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**AUTOIMMUNE AGENTS**

ENBREL INJ 25/0.5ML	\$0 (Tier 2) NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	\$0 (Tier 2) NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	\$0 (Tier 2) NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	\$0 (Tier 2) NDS, QL (8 injections / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	\$0 (Tier 2) NDS, QL (8 injections / 28 days), PA
HUMIRA INJ 10/0.1ML	\$0 (Tier 2) NDS, QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML	\$0 (Tier 2) NDS, QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	\$0 (Tier 2) NDS, QL (6 injections / 28 days), PA
HUMIRA KIT 40MG/0.8	\$0 (Tier 2) NDS, QL (6 syringes / 28 days), PA
HUMIRA PEDIA INJ CROHNS	\$0 (Tier 2) NDS, PA
HUMIRA PEN INJ 40/0.4ML	\$0 (Tier 2) NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	\$0 (Tier 2) NDS, QL (6 pens / 28 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN INJ 80/0.8ML	\$0 (Tier 2)	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	\$0 (Tier 2)	NDS, PA
HUMIRA PEN INJ PS/UV	\$0 (Tier 2)	NDS, PA
HUMIRA PEN KIT CD/UC/HS	\$0 (Tier 2)	NDS, PA
HUMIRA PEN KIT PED UC	\$0 (Tier 2)	NDS, PA
HUMIRA PEN KIT PS/UV	\$0 (Tier 2)	NDS, PA
REMICADE INJ 100MG	\$0 (Tier 2)	NDS, PA
RENFLXIS INJ 100MG	\$0 (Tier 2)	NDS, LA, PA
RINVOQ TAB 15MG ER	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	\$0 (Tier 2)	NDS, QL (7 kits / year), PA
SKYRIZI INJ 150MG/ML	\$0 (Tier 2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN INJ 150MG/ML	\$0 (Tier 2)	NDS, QL (7 pens / year), PA
STELARA INJ 45MG/0.5	\$0 (Tier 2)	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45MG/0.5	\$0 (Tier 2)	NDS, QL (1 vial / 28 days), LA, PA
STELARA INJ 90MG/ML	\$0 (Tier 2)	NDS, QL (1 syringe / 28 days), PA
TALTZ INJ 80MG/ML	\$0 (Tier 2)	NDS, QL (3 syringes / 28 days), LA, PA
XELJANZ SOL 1MG/ML	\$0 (Tier 2)	NDS, QL (240 mL / 24 days), PA
XELJANZ TAB 5MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	\$0 (Tier 2)	NDS, QL (30 tabs / 30 days), PA

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

<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (Tier 1)
<i>leflunomide tab 10 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (Tier 1)
XATMEP SOL 2.5MG/ML	\$0 (Tier 2) B/D

IMMUNOGLOBULINS

BIVIGAM INJ 10%	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ 5GM/50ML	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ 10/100ML	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ 10/200ML	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ 20/200ML	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ 20/400ML	\$0 (Tier 2) NDS, PA
FLEBOGAMMA INJ DIF 5%	\$0 (Tier 2) NDS, PA
GAMASTAN INJ	\$0 (Tier 2) B/D
GAMMAGARD INJ 1GM/10ML	\$0 (Tier 2) NDS, PA
GAMMAGARD INJ 2.5GM/25	\$0 (Tier 2) NDS, PA
GAMMAGARD INJ 5GM/50ML	\$0 (Tier 2) NDS, PA
GAMMAGARD INJ 10GM/100	\$0 (Tier 2) NDS, PA
GAMMAGARD INJ 20GM/200	\$0 (Tier 2) NDS, PA
GAMMAGARD INJ 30GM/300	\$0 (Tier 2) NDS, PA
GAMMAGARD SD INJ 5GM HU	\$0 (Tier 2) NDS, PA
GAMMAGARD SD INJ 10GM HU	\$0 (Tier 2) NDS, PA
GAMMAKED INJ 1GM/10ML	\$0 (Tier 2) NDS, PA
GAMMAKED INJ 5GM/50ML	\$0 (Tier 2) NDS, PA
GAMMAKED INJ 10GM/100	\$0 (Tier 2) NDS, PA
GAMMAKED INJ 20GM/200	\$0 (Tier 2) NDS, PA
GAMMAPLEX INJ 5%	\$0 (Tier 2) NDS, PA
GAMMAPLEX INJ 10%	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 2.5GM/25	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 10GM/100	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 20GM/200	\$0 (Tier 2) NDS, PA
GAMUNEX-C INJ 40/400ML	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 1GM	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 2.5GM	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 2GM/20ML	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 5GM	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 5GM/50ML	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 10/100ML	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 10GM	\$0 (Tier 2) NDS, PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
OCTAGAM INJ 20/200ML	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 25GM	\$0 (Tier 2) NDS, PA
OCTAGAM INJ 30/300ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 1GM/10ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 2.5/25ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 5GM/50ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 10/100ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 20/200ML	\$0 (Tier 2) NDS, PA
PANZYGA SOL 30/300ML	\$0 (Tier 2) NDS, PA
PRIVIGEN INJ 5 GRAMS	\$0 (Tier 2) NDS, PA
PRIVIGEN INJ 10GRAMS	\$0 (Tier 2) NDS, PA
PRIVIGEN INJ 20GRAMS	\$0 (Tier 2) NDS, PA
PRIVIGEN INJ 40GRAMS	\$0 (Tier 2) NDS, PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	\$0 (Tier 2) NDS, LA, PA
ARCALYST INJ 220MG	\$0 (Tier 2) NDS, PA
INTRON A INJ 10MU	\$0 (Tier 2) NDS, B/D
INTRON A INJ 18MU	\$0 (Tier 2) NDS, B/D
INTRON A INJ 25MU	\$0 (Tier 2) NDS, B/D
INTRON A INJ 50MU	\$0 (Tier 2) NDS, B/D
IMMUNOSUPPRESSANTS	
<i>azathioprine tab 50 mg</i>	\$0 (Tier 1) B/D
BENLYSTA INJ 120MG	\$0 (Tier 2) NDS, PA
BENLYSTA INJ 200MG/ML	\$0 (Tier 2) NDS, PA
BENLYSTA INJ 400MG	\$0 (Tier 2) NDS, PA
<i>cyclosporine cap 25 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine cap 100 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified cap 25 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified cap 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified cap 100 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>everolimus tab 0.5 mg</i>	\$0 (Tier 2) NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0 (Tier 1) B/D
<i>everolimus tab 0.75 mg</i>	\$0 (Tier 2) NDS, B/D
<i>gengraf cap 25mg</i>	\$0 (Tier 1) B/D
<i>gengraf cap 100mg</i>	\$0 (Tier 1) B/D
<i>gengraf sol 100mg/ml</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (Tier 1) B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (Tier 2) NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (Tier 1) B/D
NULOJIX INJ 250MG	\$0 (Tier 2) NDS, B/D
PROGRAF GRA 0.2MG	\$0 (Tier 2) B/D
PROGRAF GRA 1MG	\$0 (Tier 2) B/D
SANDIMMUNE SOL 100MG/ML	\$0 (Tier 2) B/D
<i>sirolimus oral soln 1 mg/ml</i>	\$0 (Tier 2) NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (Tier 1) B/D
<i>sirolimus tab 1 mg</i>	\$0 (Tier 1) B/D
<i>sirolimus tab 2 mg</i>	\$0 (Tier 2) NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (Tier 1) B/D
<i>tacrolimus cap 1 mg</i>	\$0 (Tier 1) B/D
<i>tacrolimus cap 5 mg</i>	\$0 (Tier 1) B/D
ZORTRESS TAB 1MG	\$0 (Tier 2) NDS, B/D

VACCINES

ACTHIB INJ	\$0 (Tier 2)
ADACEL INJ	\$0 (Tier 2)
BCG VACCINE INJ	\$0 (Tier 2)
BEXSERO INJ	\$0 (Tier 2)
BOOSTRIX INJ	\$0 (Tier 2)
DAPTACEL INJ	\$0 (Tier 2)
DIP/TET PED INJ 25-5LFU	\$0 (Tier 2) B/D
ENGERIX-B INJ 10/0.5ML	\$0 (Tier 2) B/D
ENGERIX-B INJ 20MCG/ML	\$0 (Tier 2) B/D
GARDASIL 9 INJ	\$0 (Tier 2)
HAVRIX INJ 720UNIT	\$0 (Tier 2)
HAVRIX INJ 1440UNIT	\$0 (Tier 2)
HIBERIX SOL 10MCG	\$0 (Tier 2)
IMOVAX RABIE INJ 2.5/ML	\$0 (Tier 2) B/D
INFANRIX INJ	\$0 (Tier 2)
IPOL INJ INACTIVE	\$0 (Tier 2)
IXIARO INJ	\$0 (Tier 2)
KINRIX INJ	\$0 (Tier 2)
M-M-R II INJ	\$0 (Tier 2)
MENACTRA INJ	\$0 (Tier 2)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
MENQUADFI INJ	\$0 (Tier 2)	
MENVEO INJ	\$0 (Tier 2)	
PEDIARIX INJ 0.5ML	\$0 (Tier 2)	
PEDVAX HIB INJ	\$0 (Tier 2)	
PENTACEL INJ	\$0 (Tier 2)	
PROQUAD INJ	\$0 (Tier 2)	
QUADRACEL INJ	\$0 (Tier 2)	
RABAVERT INJ	\$0 (Tier 2)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0 (Tier 2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (Tier 2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (Tier 2)	B/D
ROTARIX SUS	\$0 (Tier 2)	
ROTATEQ SOL	\$0 (Tier 2)	
SHINGRIX INJ 50/0.5ML	\$0 (Tier 2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0 (Tier 2)	B/D
TENIVAC INJ 5-2LF	\$0 (Tier 2)	B/D
TRUMENBA INJ	\$0 (Tier 2)	
TWINRIX INJ	\$0 (Tier 2)	
TYPHIM VI INJ	\$0 (Tier 2)	
VAQTA INJ 25/0.5ML	\$0 (Tier 2)	
VAQTA INJ 50UNT/ML	\$0 (Tier 2)	
VARIVAX INJ	\$0 (Tier 2)	
YF-VAX INJ	\$0 (Tier 2)	
ZOSTAVAX INJ	\$0 (Tier 2)	QL (1 vial per lifetime)

MISCELLANEOUS

MISCELLANEOUS

ACACIA POW	\$0 (Tier 3)	DP
ACESULFAME POW POTASSIU	\$0 (Tier 3)	DP
ACETIC ACID SOL 3%	\$0 (Tier 3)	DP
ACETIC ACID SOL GLACIAL	\$0 (Tier 3)	DP
ACETYL-L-CAR POW HCL	\$0 (Tier 3)	DP
ALMOND OIL SWEET	\$0 (Tier 3)	DP
ALOE VERA POW	\$0 (Tier 3)	DP
ALUM AMMONIU POW	\$0 (Tier 3)	DP
ASCORBYL POW PALMITAT	\$0 (Tier 3)	DP
BANANA LIQ FLAVOR	\$0 (Tier 3)	DP
BENZYL ALC LIQ	\$0 (Tier 3)	DP
BETAINE POW ANHYDROU	\$0 (Tier 3)	DP
BIOFLAVINOID POW LEMON	\$0 (Tier 3)	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
BIOFLAVONOID POW CITRUS	\$0 (Tier 3) DP
BIOTIN-D POW	\$0 (Tier 3) DP
BISMUTH SUBC POW	\$0 (Tier 3) DP
BITTERNESS POW NATURAL	\$0 (Tier 3) DP
BORIC ACID POW	\$0 (Tier 3) DP
BUFFER CREAM POW	\$0 (Tier 3) DP
BUTYLPARABEN POW	\$0 (Tier 3) DP
CALCIUM POW CITRATE	\$0 (Tier 3) DP
CALCIUM POW HYDROXID	\$0 (Tier 3) DP
CALCIUM POW SACCHARA	\$0 (Tier 3) DP
CARBOGEL GEL 940	\$0 (Tier 3) DP
CARBOHOL GEL 940	\$0 (Tier 3) DP
CARBOMER POW HOMOPOLY	\$0 (Tier 3) DP
CARBOXYMETHY POW SODIUM	\$0 (Tier 3) DP
CETYL ALCOHO GRA	\$0 (Tier 3) DP
CHERRY CON	\$0 (Tier 3) DP
CHERRY SYP	\$0 (Tier 3) DP
CHERRY SYP CONCENTR	\$0 (Tier 3) DP
CHLOROFORM SOL	\$0 (Tier 3) DP
CHOCOLATE CON FLAVOR	\$0 (Tier 3) DP
CHOLESTEROL POW ACETATE	\$0 (Tier 3) DP
CHRYSIN POW	\$0 (Tier 3) DP
CITRIC ACID GRA ANHYDROU	\$0 (Tier 3) DP
CITRIC ACID POW ANHYDROU	\$0 (Tier 3) DP
CLOVE OIL	\$0 (Tier 3) DP
COAL TAR SOL 20%	\$0 (Tier 3) DP
COCOA BUTTER MIS	\$0 (Tier 3) DP
COCONUT OIL	\$0 (Tier 3) DP
COENZYME Q10 POW	\$0 (Tier 3) DP
COLLODION LIQ	\$0 (Tier 3) DP
COLLODION LIQ FLEXIBLE	\$0 (Tier 3) DP
CORN STARCH POW	\$0 (Tier 3) DP
COTTONSEED OIL	\$0 (Tier 3) DP
CREATINE POW MONOHYDR	\$0 (Tier 3) DP
CROTON OIL	\$0 (Tier 3) DP
D-VITAMIN E POW SUCCINAT	\$0 (Tier 3) DP
DISTILLED LIQ WATER	\$0 (Tier 3) DP
ETHOXY ETHNL LIQ REAGENT	\$0 (Tier 3) DP
ETHYL ALCOHO SOL 95%	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
ETHYL ALCOHO SOL 95% USP	\$0 (Tier 3) DP
ETHYL ALCOHO SOL 100%	\$0 (Tier 3) DP
ETHYL ALCOHO SOL SDA 95%	\$0 (Tier 3) DP
ETHYL OLEATE LIQ	\$0 (Tier 3) DP
FATTYBLEND MIS	\$0 (Tier 3) DP
FDC BLUE 1 POW	\$0 (Tier 3) DP
FDC BLUE 1 POW AL LAKE	\$0 (Tier 3) DP
FDC BLUE 2 POW	\$0 (Tier 3) DP
FDC GREEN #3 POW	\$0 (Tier 3) DP
FDC RED 40 POW	\$0 (Tier 3) DP
FDC RED #3 POW	\$0 (Tier 3) DP
FDC RED #40 POW AL LAKE	\$0 (Tier 3) DP
FDC YELLOW 5 POW	\$0 (Tier 3) DP
FDC YELLOW 5 POW AL LAKE	\$0 (Tier 3) DP
FDC YELLOW 6 POW	\$0 (Tier 3) DP
FERRIC POW SUBSULFA	\$0 (Tier 3) DP
FERRIC SUBSU SOL	\$0 (Tier 3) DP
FLAVORX LIQ	\$0 (Tier 3) DP
FULLERS POW EARTH	\$0 (Tier 3) DP
GLUCOSAMINE POW HCL	\$0 (Tier 3) DP
GLUCOSAMINE POW SULFATE	\$0 (Tier 3) DP
GLYCERIN LIQ	\$0 (Tier 3) DP
GLYCOLIC ACD CRY	\$0 (Tier 3) DP
GRAPE LIQ FLAVOR	\$0 (Tier 3) DP
GRAPE SEED OIL	\$0 (Tier 3) DP
GRAPE SYP	\$0 (Tier 3) DP
GREEN TEA EX LIQ 90%	\$0 (Tier 3) DP
HRT BASE CRE	\$0 (Tier 3) DP
HYDROCHL ACD LIQ 37%	\$0 (Tier 3) DP
HYDROPHILIC OIN	\$0 (Tier 3) DP
HYDROUS CRE EMULSIFI	\$0 (Tier 3) DP
INDOLE-3- POW CARBINOL	\$0 (Tier 3) DP
INOSITOL POW HEXANICO	\$0 (Tier 3) DP
ISOPROPYL LIQ PALMITAT	\$0 (Tier 3) DP
JELENE OIN	\$0 (Tier 3) DP
KARAYA GUM	\$0 (Tier 3) DP
KOJIC ACID POW	\$0 (Tier 3) DP
L-CITRULLINE POW	\$0 (Tier 3) DP
LACTIC ACID SOL	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
LACTOSE POW	\$0 (Tier 3) DP
LACTOSE POW ANHYDROU	\$0 (Tier 3) DP
LACTOSE POW HYDROUS	\$0 (Tier 3) DP
LACTOSE POW MONOHYDR	\$0 (Tier 3) DP
LIP BALM OIN BASE	\$0 (Tier 3) DP
LIP BALM OIN NATURAL	\$0 (Tier 3) DP
LIPOBASE CRE	\$0 (Tier 3) DP
LIPOIC ACID POW	\$0 (Tier 3) DP
LIPOIL OIL	\$0 (Tier 3) DP
LIPOVAN BASE CRE	\$0 (Tier 3) DP
LOLLIBASE POW	\$0 (Tier 3) DP
LOZIBASE MIS	\$0 (Tier 3) DP
MAG CITRATE POW TRIBASIC	\$0 (Tier 3) DP
MALIC ACID POW	\$0 (Tier 3) DP
METHYL SULF CRY	\$0 (Tier 3) DP
METHYLCELLUL GEL 2%	\$0 (Tier 3) DP
METHYLCELLUL GEL 3%	\$0 (Tier 3) DP
METHYLCELLUL POW 1500CPS	\$0 (Tier 3) DP
METHYLCELLUL POW 4000CPS	\$0 (Tier 3) DP
METHYLPARABE POW	\$0 (Tier 3) DP
MICRODERM CRE BASE	\$0 (Tier 3) DP
MICROSOME CRE BASE	\$0 (Tier 3) DP
NA PHOS MONO POW ANHYDROU	\$0 (Tier 3) DP
NICE DISTILL LIQ WATER	\$0 (Tier 3) DP
OIL-ALMOND OIL SWEET	\$0 (Tier 3) DP
OIL-COCONUT OIL	\$0 (Tier 3) DP
ORA-BLEND SF SUS	\$0 (Tier 3) DP
ORA-BLEND SUS	\$0 (Tier 3) DP
ORA-HESIVE PST BASE	\$0 (Tier 3) DP
ORA-PLUS LIQ	\$0 (Tier 3) DP
ORA-SWEET SF SYP	\$0 (Tier 3) DP
ORA-SWEET SYP	\$0 (Tier 3) DP
ORANGE CONC LIQ	\$0 (Tier 3) DP
ORNITHINE POW HCL	\$0 (Tier 3) DP
OXALIC ACID CRY	\$0 (Tier 3) DP
PCCA BASE CRE 7542	\$0 (Tier 3) DP
PCCA MBK MIS FAT ACID	\$0 (Tier 3) DP
PEG 300 LIQ	\$0 (Tier 3) DP
PEG 1000 LIQ	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
PEG 3350 POW	\$0 (Tier 3) DP
PEG BLEND OIN	\$0 (Tier 3) DP
PERUVIAN LIQ BALSAM	\$0 (Tier 3) DP
PFCB CRE	\$0 (Tier 3) DP
PHARMABASE CRE ANTIOXID	\$0 (Tier 3) DP
PHARMABASE CRE COSMETIC	\$0 (Tier 3) DP
PHARMABASE CRE LIGHT	\$0 (Tier 3) DP
PHARMABASE CRE VAGINAL	\$0 (Tier 3) DP
PHOSPHATIDYL POW 20%	\$0 (Tier 3) DP
PHYTOBASE CRE	\$0 (Tier 3) DP
PLO20 GEL FLOWABLE	\$0 (Tier 3) DP
PNA-HRT BASE CRE	\$0 (Tier 3) DP
POLOX GEL 20%	\$0 (Tier 3) DP
POLOX GEL 30%	\$0 (Tier 3) DP
POLOXAMER POW 407	\$0 (Tier 3) DP
POLY GLYCOL LIQ 1450	\$0 (Tier 3) DP
POLY GLYCOL POW 8000	\$0 (Tier 3) DP
POLYETHYLENE LIQ GLY 400	\$0 (Tier 3) DP
POLYOXYL 40 POW STEARATE	\$0 (Tier 3) DP
POLYSORBATE SOL 20	\$0 (Tier 3) DP
POT HYDROXID SOL 10%	\$0 (Tier 3) DP
POT HYDROXID SOL 20%	\$0 (Tier 3) DP
POT NITRATE GRA	\$0 (Tier 3) DP
POT NITRATE GRA PURIFIED	\$0 (Tier 3) DP
POT SORBATE CRY	\$0 (Tier 3) DP
POTASSIUM CRY BROMIDE	\$0 (Tier 3) DP
POTASSIUM MIS HYDROXID	\$0 (Tier 3) DP
PROPYLENE GL LIQ	\$0 (Tier 3) DP
PROPYLENE LIQ GLYCOL	\$0 (Tier 3) DP
PROPYPARABEN POW	\$0 (Tier 3) DP
PYRUVIC ACID LIQ	\$0 (Tier 3) DP
Q-DERM CRE	\$0 (Tier 3) DP
RASPBERRY LIQ FLAVOR	\$0 (Tier 3) DP
RDT BASE POW	\$0 (Tier 3) DP
RED YEAST POW RICE	\$0 (Tier 3) DP
SAFFLOWER OIL	\$0 (Tier 3) DP
SALTSTABLE CRE	\$0 (Tier 3) DP
SHEA BUTTER MIS	\$0 (Tier 3) DP
SIMPLE SYP	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
SOD BENZOATE POW	\$0 (Tier 3) DP
SOD BROMIDE GRA	\$0 (Tier 3) DP
SOD METABISU GRA ANHYDR	\$0 (Tier 3) DP
SOD PERBORAT CRY	\$0 (Tier 3) DP
SOD PHOSPHAT GRA DIBASIC	\$0 (Tier 3) DP
SOD PROPION POW	\$0 (Tier 3) DP
SOD SULFITE POW ANHYDROU	\$0 (Tier 3) DP
SODIUM MIS HYDROXID	\$0 (Tier 3) DP
SODIUM POW BICARBON	\$0 (Tier 3) DP
SORBIC ACID POW	\$0 (Tier 3) DP
SORBITOL SOL 70%	\$0 (Tier 3) DP
SOYBEAN OIL	\$0 (Tier 3) DP
STEVIA POW EXTRACT	\$0 (Tier 3) DP
STRAWBERRY LIQ FLAVOR	\$0 (Tier 3) DP
SUPPOSIBLEND MIS	\$0 (Tier 3) DP
SUSPENDIT GEL	\$0 (Tier 3) DP
SYRSPEND SF SUS ALKA	\$0 (Tier 3) DP
TALC POW	\$0 (Tier 3) DP
TANGERINE POW FLAVOR	\$0 (Tier 3) DP
TARTARIC ACD GRA	\$0 (Tier 3) DP
TROCHIBASE MIS	\$0 (Tier 3) DP
TROCHIBASE S MIS	\$0 (Tier 3) DP
TROCHIBASE S MIS CLASSIC	\$0 (Tier 3) DP
TURPENTINE LIQ SPIRITS	\$0 (Tier 3) DP
TUTTI FRUTTI CON	\$0 (Tier 3) DP
U-BASE CRE	\$0 (Tier 3) DP
UNIBASE CRE	\$0 (Tier 3) DP
V-MAX CRE	\$0 (Tier 3) DP
VANIBASE CRE	\$0 (Tier 3) DP
VEEGUM MIS LUMP	\$0 (Tier 3) DP
VERSATILE CRE BASE	\$0 (Tier 3) DP
VERSIGEL CRE	\$0 (Tier 3) DP
VITAMIN K-1 POW	\$0 (Tier 3) DP
<i>white petrolatum gel</i>	\$0 (Tier 3) DP
WITEPSOL H15 MIS	\$0 (Tier 3) DP
XANTHAN GUM POW	\$0 (Tier 3) DP
XYLITOL POW	\$0 (Tier 3) DP

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS*****ELECTROLYTES***

<i>gnp pediatri sol electrol</i>	\$0 (Tier 3) DP
<i>oral electrolyte solution</i>	\$0 (Tier 3) DP
<i>oralyte sol</i>	\$0 (Tier 3) DP
<i>oralyte sol freeze</i>	\$0 (Tier 3) DP
<i>ped elctrylt sol freezer</i>	\$0 (Tier 3) DP
<i>ped elctrylt sol fruit</i>	\$0 (Tier 3) DP
<i>ped elctrylt sol grape</i>	\$0 (Tier 3) DP
<i>ped elctrylt sol unflavrd</i>	\$0 (Tier 3) DP

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	\$0 (Tier 1)
D5W/LYTES INJ #48	\$0 (Tier 2)
D5W/NAACL INJ 0.3%	\$0 (Tier 2)
D10W/NAACL INJ 0.2%	\$0 (Tier 2)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (Tier 1)
<i>dextrose 5% in lactated ringers</i>	\$0 (Tier 1)
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (Tier 1)
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (Tier 1)
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (Tier 1)
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (Tier 1)
ISOLYTE-P INJ /D5W	\$0 (Tier 2)
ISOLYTE-S INJ	\$0 (Tier 2)
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (Tier 1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 1)
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (Tier 1)
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (Tier 1)
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 1)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 1)
KCL/D5W/NAACL INJ 0.3/0.9%	\$0 (Tier 2)
KCL/D5W/NAACL INJ 0.15/0.2	\$0 (Tier 2)
<i>lactated ringer's solution</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
MAGNESIUM SU INJ 2GM/50ML	\$0 (Tier 2)
MAGNESIUM SU INJ 4G/100ML	\$0 (Tier 2)
MAGNESIUM SU INJ 20/500ML	\$0 (Tier 2)
MAGNESIUM SU INJ 40G/1000	\$0 (Tier 2)
MAGNESIUM SU INJ 80MG/ML	\$0 (Tier 2)
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (Tier 2)
<i>magnesium sulfate inj 50%</i>	\$0 (Tier 2)
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (Tier 2)
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (Tier 2)
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (Tier 2)
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (Tier 2)
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (Tier 2)
MG SO4/D5W INJ 10MG/ML	\$0 (Tier 2)
PLASMA-LYTE INJ -148	\$0 (Tier 2)
PLASMA-LYTE INJ -A	\$0 (Tier 2)
POT CHL/NACL INJ 20MEQ/L	\$0 (Tier 1)
POT CHL/NACL INJ 40MEQ/L	\$0 (Tier 1)
POT CHLORIDE INJ 10MEQ	\$0 (Tier 2)
POT CHLORIDE INJ 20MEQ	\$0 (Tier 2)
POT CHLORIDE INJ 40MEQ	\$0 (Tier 2)
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (Tier 1)
<i>potassium chloride inj 2 meq/ml</i>	\$0 (Tier 1)
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (Tier 1)
<i>sodium chloride iv soln 0.9%</i>	\$0 (Tier 1)
<i>sodium chloride iv soln 0.45%</i>	\$0 (Tier 1)
<i>sodium chloride iv soln 3%</i>	\$0 (Tier 1)
<i>sodium chloride iv soln 5%</i>	\$0 (Tier 1)
TPN ELECTROL INJ	\$0 (Tier 2) B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con 8 tab 8meq er</i>	\$0 (Tier 1)
<i>klor-con 10 tab 10meq er</i>	\$0 (Tier 1)
<i>klor-con m10 tab 10meq er</i>	\$0 (Tier 1)
<i>klor-con m15 tab 15meq er</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>klor-con m20 tab 20meq er</i>	\$0 (Tier 1)	
<i>klor-con pak 20meq</i>	\$0 (Tier 1)	
M-NATAL PLUS TAB	\$0 (Tier 2)	
PNV FOLIC AC TAB + IRON	\$0 (Tier 2)	
<i>potassium chloride cap er 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride cap er 10 meq</i>	\$0 (Tier 1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (Tier 1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (Tier 1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (Tier 1)	
<i>potassium chloride powder packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (Tier 1)	
<i>potassium chloride tab er 10 meq</i>	\$0 (Tier 1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (Tier 1)	
PRENATAL TAB 27-1MG	\$0 (Tier 2)	
PRENATAL TAB PLUS	\$0 (Tier 2)	
PRENATAL VIT TAB LOW IRON	\$0 (Tier 2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (Tier 1)	
TRICARE TAB PRENATAL	\$0 (Tier 2)	

IV NUTRITION

AMINOSYN-PF INJ 7%	\$0 (Tier 2) B/D	
<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	\$0 (Tier 3) DP	
CLINIMIX INJ 4.25/D5W	\$0 (Tier 2) B/D	
CLINIMIX INJ 4.25/D10	\$0 (Tier 2) B/D	
CLINIMIX INJ 5%/D15W	\$0 (Tier 2) B/D	
CLINIMIX INJ 5%/D20W	\$0 (Tier 2) B/D	
CLINIMIX INJ 6/5	\$0 (Tier 2) B/D	
CLINIMIX INJ 8/10	\$0 (Tier 2) B/D	
CLINIMIX INJ 8/14	\$0 (Tier 2) B/D	
<i>clinisol sf inj 15%</i>	\$0 (Tier 1) B/D	
CLINOLIPID EMU 20%	\$0 (Tier 2) B/D	
COPPER SULF CRY	\$0 (Tier 3) DP	
<i>cupric chloride inj 0.4 mg/ml (elemental)</i>	\$0 (Tier 3) DP	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>dextrose inj 5%</i>	\$0 (Tier 1)
<i>dextrose inj 10%</i>	\$0 (Tier 1)
<i>dextrose inj 50%</i>	\$0 (Tier 1) B/D
<i>dextrose inj 70%</i>	\$0 (Tier 1) B/D
FREAMINE HBC INJ 6.9%	\$0 (Tier 2) B/D
FREAMINE III INJ 10%	\$0 (Tier 2) B/D
<i>hepatamine sol 8%</i>	\$0 (Tier 2) B/D
INTRALIPID INJ 20%	\$0 (Tier 2) B/D
INTRALIPID INJ 30%	\$0 (Tier 2) B/D
NUTRILIPID EMU 20%	\$0 (Tier 2) B/D
<i>plenamine inj 15%</i>	\$0 (Tier 1) B/D
PREMASOL SOL 10%	\$0 (Tier 2) B/D
PROCALAMINE INJ 3%	\$0 (Tier 2) B/D
PROSOL INJ 20%	\$0 (Tier 2) B/D
TRAVASOL INJ 10%	\$0 (Tier 2) B/D
TROPHAMINE INJ 10%	\$0 (Tier 2) B/D
<i>zinc chloride inj 1 mg/ml</i>	\$0 (Tier 3) DP

MINERALS

BEELITH TAB	\$0 (Tier 3) DP
CA PHOS DIHY POW DIBASIC	\$0 (Tier 3) DP
CALCET PETIT TAB 200-250	\$0 (Tier 3) DP
CALCI-CHEW CHW 1250MG	\$0 (Tier 3) DP
<i>calcitrate tab</i>	\$0 (Tier 3) DP
<i>calcitrate tab 950mg</i>	\$0 (Tier 3) DP
<i>calcium 600 chw +d/miner</i>	\$0 (Tier 3) DP
<i>calcium 600 tab</i>	\$0 (Tier 3) DP
<i>calcium 600 tab + d</i>	\$0 (Tier 3) DP
<i>calcium 600 tab -d</i>	\$0 (Tier 3) DP
<i>calcium +d tab maximum</i>	\$0 (Tier 3) DP
CALCIUM CARB POW	\$0 (Tier 3) DP
CALCIUM CARB POW EX-LIGHT	\$0 (Tier 3) DP
CALCIUM CARB POW HEAVY	\$0 (Tier 3) DP
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0 (Tier 3) DP
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (Tier 3) DP
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0 (Tier 3) DP
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	\$0 (Tier 3) DP
<i>calcium citr tab w/vit d3</i>	\$0 (Tier 3) DP
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	\$0 (Tier 3) DP
<i>CALCIUM GLUC POW</i>	\$0 (Tier 3) DP
<i>CALCIUM LACT TAB 648MG</i>	\$0 (Tier 3) DP
<i>CALCIUM PHOS POW TRIBASIC</i>	\$0 (Tier 3) DP
<i>calcium plus tab 600 +d</i>	\$0 (Tier 3) DP
<i>calcium soft chw mlk choc</i>	\$0 (Tier 3) DP
<i>calcium tab 500/d</i>	\$0 (Tier 3) DP
<i>calcium tab 600mg</i>	\$0 (Tier 3) DP
<i>calcium tab vit d</i>	\$0 (Tier 3) DP
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0 (Tier 3) DP
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	\$0 (Tier 3) DP
<i>calcium/d3 tab</i>	\$0 (Tier 3) DP
<i>calcium/d chw 500-400</i>	\$0 (Tier 3) DP
<i>cit calc/d tab 315-250</i>	\$0 (Tier 3) DP
<i>gnp ca/mg/zn tab</i>	\$0 (Tier 3) DP
<i>gnp ca/vit d chw minerals</i>	\$0 (Tier 3) DP
<i>gnp calcium tab 500/d</i>	\$0 (Tier 3) DP
<i>gnp calcium tab 600/d</i>	\$0 (Tier 3) DP
<i>gnp calcium tab cit +d3</i>	\$0 (Tier 3) DP
<i>gnp magnesi tab 250mg</i>	\$0 (Tier 3) DP
<i>gnp zinc tab 50mg</i>	\$0 (Tier 3) DP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
MAG CARBONAT POW HEAVY	\$0 (Tier 3) DP
<i>mag-g tab 500mg</i>	\$0 (Tier 3) DP
MAGDELAY TAB 70MG	\$0 (Tier 3) DP
MAGNEBIND TAB 300	\$0 (Tier 3) DP
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	\$0 (Tier 3) DP
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0 (Tier 3) DP
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0 (Tier 3) DP
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0 (Tier 3) DP
<i>magnesium tab 250 mg</i>	\$0 (Tier 3) DP
<i>magnesium tab 250mg</i>	\$0 (Tier 3) DP
MAGONATE LIQ 1000/5ML	\$0 (Tier 3) DP
<i>manganese chloride inj 0.1 mg/ml</i>	\$0 (Tier 3) DP
<i>oysco 500 tab 500mg</i>	\$0 (Tier 3) DP
<i>oysco 500+d chw</i>	\$0 (Tier 3) DP
<i>oysco 500+d tab</i>	\$0 (Tier 3) DP
<i>oyst cal/d tab 500mg</i>	\$0 (Tier 3) DP
<i>oyst shell/d tab 500mg</i>	\$0 (Tier 3) DP
<i>oyster shell calcium tab 500 mg</i>	\$0 (Tier 3) DP
<i>oyster shell tab 500mg</i>	\$0 (Tier 3) DP
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	\$0 (Tier 3) DP
RISACAL-D TAB	\$0 (Tier 3) DP
<i>sm ca/mg/zn tab</i>	\$0 (Tier 3) DP
<i>sm calcium chw</i>	\$0 (Tier 3) DP
<i>sm calcium/d tab 600-400</i>	\$0 (Tier 3) DP
SM CORAL CAL TAB 1000MG	\$0 (Tier 3) DP
<i>sm zinc tab 50mg</i>	\$0 (Tier 3) DP
SOD ACETATE POW ANHYDR	\$0 (Tier 3) DP
<i>zinc gluconate tab 50 mg (elemental zn)</i>	\$0 (Tier 3) DP
ZINC SULFATE CAP 50MG	\$0 (Tier 3) DP
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	\$0 (Tier 3) DP
<i>zinc tab 50 mg</i>	\$0 (Tier 3) DP
MISCELLANEOUS	
ASPARTAME POW	\$0 (Tier 3) DP
<i>coenzyme q10 cap 10 mg</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>coenzyme q10 cap 30 mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 30mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 50 mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 60 mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 75 mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 100 mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 100mg</i>	\$0 (Tier 3) DP
<i>coenzyme q10 cap 150 mg</i>	\$0 (Tier 3) DP
COENZYME Q10 LIQ 30MG/5ML	\$0 (Tier 3) DP
COENZYME Q10 TAB 200MG	\$0 (Tier 3) DP
COQ-10 CAP 100MG TR	\$0 (Tier 3) DP
DIABETISWEET POW	\$0 (Tier 3) DP
<i>eql coq10 cap 100mg</i>	\$0 (Tier 3) DP
FRUCTOSE GRA	\$0 (Tier 3) DP
<i>gnp co q10 cap 60mg</i>	\$0 (Tier 3) DP
<i>gnp co q10 cap 100mg</i>	\$0 (Tier 3) DP
GOWEY TIN TINCTURE	\$0 (Tier 3) DP
<i>h2q cap 100mg</i>	\$0 (Tier 3) DP
<i>hm coq10 cap 50mg</i>	\$0 (Tier 3) DP
<i>hm coq10 cap 100mg</i>	\$0 (Tier 3) DP
L-ARGININE POW	\$0 (Tier 3) DP
L-CYSTINE POW	\$0 (Tier 3) DP
L-GLUTAMINE POW	\$0 (Tier 3) DP
L-GLUTATHION CRY	\$0 (Tier 3) DP
L-ISOLEUCINE POW	\$0 (Tier 3) DP
L-TYROSINE POW	\$0 (Tier 3) DP
L-VALINE POW	\$0 (Tier 3) DP
LECITHIN GRA	\$0 (Tier 3) DP
<i>prasterone (dhea) cap 25 mg</i>	\$0 (Tier 3) DP
<i>q-sorb cap 30mg</i>	\$0 (Tier 3) DP
<i>q-sorb cap 75mg</i>	\$0 (Tier 3) DP
<i>q-sorb cap 150mg</i>	\$0 (Tier 3) DP
<i>q-sorb co-q cap 100mg</i>	\$0 (Tier 3) DP
SACCHARIN POW	\$0 (Tier 3) DP
SACCHARIN POW SODIUM	\$0 (Tier 3) DP
<i>sm coq-10 cap 50mg</i>	\$0 (Tier 3) DP
SOD SACCHARI GRA	\$0 (Tier 3) DP
THREONINE POW	\$0 (Tier 3) DP

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

ADULT 50+ CAP OCUVITE	\$0 (Tier 3) DP
<i>animal shape chw</i>	\$0 (Tier 3) DP
<i>animal shape chw complete</i>	\$0 (Tier 3) DP
ANIMAL SHAPE CHW IRON	\$0 (Tier 3) DP
<i>antioxidant tab</i>	\$0 (Tier 3) DP
<i>antioxidant tab vitamins</i>	\$0 (Tier 3) DP
AQUADEKS CHW	\$0 (Tier 3) DP
<i>aquadeks dro</i>	\$0 (Tier 3) DP
AQUASOL A INJ 50000/ML	\$0 (Tier 3) DP
<i>aqueous e dro 50unt/ml</i>	\$0 (Tier 3) DP
<i>ascorbic acid cap er 500 mg</i>	\$0 (Tier 3) DP
<i>ascorbic acid chew tab 250 mg</i>	\$0 (Tier 3) DP
<i>ascorbic acid chew tab 500 mg</i>	\$0 (Tier 3) DP
<i>ascorbic acid tab 250 mg</i>	\$0 (Tier 3) DP
<i>ascorbic acid tab 500 mg</i>	\$0 (Tier 3) DP
<i>ascorbic acid tab 1000 mg</i>	\$0 (Tier 3) DP
B-12 DOTS TAB 500MCG	\$0 (Tier 3) DP
<i>b-complex vitamin cap</i>	\$0 (Tier 3) DP
<i>b-complex vitamin tab</i>	\$0 (Tier 3) DP
<i>b-complex w/ c & calcium tab</i>	\$0 (Tier 3) DP
<i>b-complex w/ c tab</i>	\$0 (Tier 3) DP
<i>biotin cap 5 mg</i>	\$0 (Tier 3) DP
<i>biotin tab 5 mg</i>	\$0 (Tier 3) DP
<i>biotin tab 300 mcg</i>	\$0 (Tier 3) DP
<i>c 250 tab</i>	\$0 (Tier 3) DP
<i>c-500 chw 500mg</i>	\$0 (Tier 3) DP
<i>c-1000/rh tab 1000mg</i>	\$0 (Tier 3) DP
<i>c/rosehip tr tab 1000mg</i>	\$0 (Tier 3) DP
<i>ca citrate + tab</i>	\$0 (Tier 3) DP
<i>cal-mag-zinc tab +d3</i>	\$0 (Tier 3) DP
<i>calciferol dro 8000/ml</i>	\$0 (Tier 3) DP
<i>centamin liq</i>	\$0 (Tier 3) DP
<i>centavite liq</i>	\$0 (Tier 3) DP
<i>century tab</i>	\$0 (Tier 3) DP
<i>century tab mature</i>	\$0 (Tier 3) DP
<i>cerovite jr chw</i>	\$0 (Tier 3) DP
<i>cerovite tab advanced</i>	\$0 (Tier 3) DP
<i>cerovite tab senior</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
CERTAVITE TAB SENIOR	\$0 (Tier 3) DP
<i>certavite/ tab antioxi</i>	\$0 (Tier 3) DP
<i>chewabl vite chw childrns</i>	\$0 (Tier 3) DP
<i>chewable c chw 500mg</i>	\$0 (Tier 3) DP
<i>child chew chw iron</i>	\$0 (Tier 3) DP
<i>child chew chw vitamins</i>	\$0 (Tier 3) DP
<i>child chew/ chw extra c</i>	\$0 (Tier 3) DP
<i>childrens chw /iron</i>	\$0 (Tier 3) DP
CHILDRENS CHW COMPLETE	\$0 (Tier 3) DP
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol cap 10 mcg (400 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) DP
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0 (Tier 3) DP
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0 (Tier 3) DP
CL PRENATAL TAB 28-0.8MG	\$0 (Tier 3) DP
<i>cod liver cap</i>	\$0 (Tier 3) DP
<i>cod liver oil cap</i>	\$0 (Tier 3) DP
COD LIVER OIL OIL	\$0 (Tier 3) DP
<i>compete tab</i>	\$0 (Tier 3) DP
<i>complete tab</i>	\$0 (Tier 3) DP
<i>complete tab senior</i>	\$0 (Tier 3) DP
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab 100 mcg</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab 250 mcg</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab 500 mcg</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab 1000 mcg</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab er 1000 mcg</i>	\$0 (Tier 3) DP
<i>cyanocobalamin tab er 2000 mcg</i>	\$0 (Tier 3) DP
<i>d3 cap 1000unit</i>	\$0 (Tier 3) DP
<i>d3 super str cap 2000unit</i>	\$0 (Tier 3) DP
<i>d 400 tab 400unit</i>	\$0 (Tier 3) DP
<i>daily vit tab</i>	\$0 (Tier 3) DP
<i>daily-vite tab</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>daily-vite/ tab iron</i>	\$0 (Tier 3) DP
DIALYVIT 800 TAB ZINC 15	\$0 (Tier 3) DP
<i>dialyvite d cap 5000unit</i>	\$0 (Tier 3) DP
<i>dialyvite tab 800</i>	\$0 (Tier 3) DP
<i>dialyvite tab 800/d</i>	\$0 (Tier 3) DP
DIALYVITE TAB 800/ZINC	\$0 (Tier 3) DP
<i>e-400 cap 400unit</i>	\$0 (Tier 3) DP
ECEE PLUS TAB	\$0 (Tier 3) DP
<i>eldertonic liq</i>	\$0 (Tier 3) DP
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 3) DP
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0 (Tier 3) DP
<i>essentl one tab daily</i>	\$0 (Tier 3) DP
<i>ester-c tab 500mg</i>	\$0 (Tier 3) DP
EZFE FORTE CAP	\$0 (Tier 3) DP
<i>folic acid inj 5 mg/ml</i>	\$0 (Tier 3) DP
<i>folic acid tab 1 mg</i>	\$0 (Tier 3) DP
<i>folic acid tab 400 mcg</i>	\$0 (Tier 3) DP
<i>folic acid tab 400mcg</i>	\$0 (Tier 3) DP
<i>folic acid tab 800 mcg</i>	\$0 (Tier 3) DP
<i>geriaton liq</i>	\$0 (Tier 3) DP
GERIATRIC LIQ VITAMIN	\$0 (Tier 3) DP
<i>gnp b-50 tab balanced</i>	\$0 (Tier 3) DP
<i>gnp b-100 tab</i>	\$0 (Tier 3) DP
<i>gnp century tab</i>	\$0 (Tier 3) DP
<i>gnp century tab cardio</i>	\$0 (Tier 3) DP
GNP CENTURY TAB ENERGY	\$0 (Tier 3) DP
<i>gnp century tab mature</i>	\$0 (Tier 3) DP
<i>gnp century tab senior</i>	\$0 (Tier 3) DP
<i>gnp century tab ultimate</i>	\$0 (Tier 3) DP
<i>gnp healthy tab eyes</i>	\$0 (Tier 3) DP
<i>gnp little chw ones</i>	\$0 (Tier 3) DP
<i>gnp niacin tab 250mg tr</i>	\$0 (Tier 3) DP
<i>gnp one dail tab maximum</i>	\$0 (Tier 3) DP
<i>gnp opti-vit tab</i>	\$0 (Tier 3) DP
GNP PRENATAL TAB 28-0.8MG	\$0 (Tier 3) DP
<i>gnp vit b1 tab 100mg</i>	\$0 (Tier 3) DP
<i>gnp vit b-6 tab 100mg</i>	\$0 (Tier 3) DP
<i>gnp vit b-12 tab 500mcg</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>gnp vit b-12 tab 1000 cr</i>	\$0 (Tier 3) DP
<i>gnp vit c chw 500mg</i>	\$0 (Tier 3) DP
<i>gnp vit c loz 60mg</i>	\$0 (Tier 3) DP
<i>gnp vit c tab 250mg</i>	\$0 (Tier 3) DP
<i>gnp vit c tab 1000mg</i>	\$0 (Tier 3) DP
<i>gnp vit d tab 1000unit</i>	\$0 (Tier 3) DP
<i>gnp vit e cap 200unit</i>	\$0 (Tier 3) DP
<i>gnp vit e cap 400unit</i>	\$0 (Tier 3) DP
<i>gnp vit e cap 1000unit</i>	\$0 (Tier 3) DP
<i>gnp zoochews chw gummies</i>	\$0 (Tier 3) DP
<i>healthy eyes cap supervis</i>	\$0 (Tier 3) DP
<i>healthy eyes tab</i>	\$0 (Tier 3) DP
<i>hm niacin tab 250mg</i>	\$0 (Tier 3) DP
<i>hm vit b1 tab 100mg</i>	\$0 (Tier 3) DP
<i>hm vitamin e cap 200unit</i>	\$0 (Tier 3) DP
<i>hm vitamin e cap 1000unit</i>	\$0 (Tier 3) DP
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (Tier 3) DP
<i>i-vite prote tab</i>	\$0 (Tier 3) DP
<i>i-vite tab</i>	\$0 (Tier 3) DP
ICAPS AREDS TAB FORMULA	\$0 (Tier 3) DP
<i>icaps cap</i>	\$0 (Tier 3) DP
<i>icaps lutein cap /omega-3</i>	\$0 (Tier 3) DP
ICAPS LUTEIN TAB ZEAXANTH	\$0 (Tier 3) DP
<i>icaps mv tab</i>	\$0 (Tier 3) DP
INFUVITE INJ	\$0 (Tier 3) DP
INFUVITE INJ ADULT	\$0 (Tier 3) DP
INFUVITE INJ PEDIATRI	\$0 (Tier 3) DP
M.V.I PEDIAT INJ	\$0 (Tier 3) DP
MAXIMUM D3 CAP 325MCG	\$0 (Tier 3) DP
<i>mega multi tab men</i>	\$0 (Tier 3) DP
<i>mega multi tab women</i>	\$0 (Tier 3) DP
MEGA MULTIVI TAB MEN	\$0 (Tier 3) DP
MEGA MULTIVI TAB WOMEN	\$0 (Tier 3) DP
<i>mult vitamin tab essent</i>	\$0 (Tier 3) DP
<i>mult vitamin tab mens</i>	\$0 (Tier 3) DP
<i>mult vitamin tab womens</i>	\$0 (Tier 3) DP
<i>multi-delyn liq</i>	\$0 (Tier 3) DP
MULTI-DELYN LIQ /IRON	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>multi-vitamn tab</i>	\$0 (Tier 3) DP
<i>multilex tab</i>	\$0 (Tier 3) DP
<i>multiple vitamins w/ minerals tab</i>	\$0 (Tier 3) DP
<i>nail-ex tab 2.5mg</i>	\$0 (Tier 3) DP
NASCOBAL SPR 500MCG	\$0 (Tier 3) DP
NEPHRONEX LIQ 0.9/5ML	\$0 (Tier 3) DP
<i>niacin cap 500mg</i>	\$0 (Tier 3) DP
<i>niacin cap er 250 mg</i>	\$0 (Tier 3) DP
<i>niacin cap er 500 mg</i>	\$0 (Tier 3) DP
<i>niacin tab 100 mg</i>	\$0 (Tier 3) DP
<i>niacin tab 500 mg</i>	\$0 (Tier 3) DP
<i>niacin tab er 500 mg</i>	\$0 (Tier 3) DP
<i>niacin tab er 750 mg</i>	\$0 (Tier 3) DP
NIACIN TR TAB 1000MG	\$0 (Tier 3) DP
NIACINAMIDE POW	\$0 (Tier 3) DP
<i>niacinamide tab 500 mg</i>	\$0 (Tier 3) DP
<i>nutr-e-sol liq 400/15ml</i>	\$0 (Tier 3) DP
OCUVITE CAP ADULT	\$0 (Tier 3) DP
<i>ocuvite tab lutein</i>	\$0 (Tier 3) DP
<i>ocuvite xtra tab</i>	\$0 (Tier 3) DP
<i>once daily tab</i>	\$0 (Tier 3) DP
<i>once daily tab iron</i>	\$0 (Tier 3) DP
ONCOVITE TAB	\$0 (Tier 3) DP
<i>one daily tab</i>	\$0 (Tier 3) DP
<i>one daily tab maximum</i>	\$0 (Tier 3) DP
<i>one daily tab men 50+</i>	\$0 (Tier 3) DP
<i>one daily tab mens</i>	\$0 (Tier 3) DP
<i>one daily tab mens 50+</i>	\$0 (Tier 3) DP
<i>one daily tab pls iron</i>	\$0 (Tier 3) DP
<i>one daily tab wom 50+</i>	\$0 (Tier 3) DP
<i>one daily tab womens</i>	\$0 (Tier 3) DP
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (Tier 3) DP
<i>phytonadione inj 10 mg/ml</i>	\$0 (Tier 3) DP
<i>phytonadione tab 5 mg</i>	\$0 (Tier 3) DP
<i>poly vitamin chw</i>	\$0 (Tier 3) DP
<i>poly-vite sol /iron</i>	\$0 (Tier 3) DP
<i>polyvitamin chw /iron</i>	\$0 (Tier 3) DP
PRENATAL TAB	\$0 (Tier 3) DP
PRENATAL TAB 27-0.8MG	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
PRENATAL TAB 28-0.8MG	\$0 (Tier 3) DP
PRENATAL TAB LOW IRON	\$0 (Tier 3) DP
PRESERVISION CAP AREDS	\$0 (Tier 3) DP
PRESERVISION CAP AREDS 2	\$0 (Tier 3) DP
PRESERVISION CAP LUTEIN	\$0 (Tier 3) DP
PRESERVISION TAB AREDS	\$0 (Tier 3) DP
<i>prosight tab</i>	\$0 (Tier 3) DP
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (Tier 3) DP
<i>pyridoxine hcl tab 25 mg</i>	\$0 (Tier 3) DP
<i>pyridoxine hcl tab 50 mg</i>	\$0 (Tier 3) DP
<i>pyridoxine hcl tab 100 mg</i>	\$0 (Tier 3) DP
<i>qc therin-m tab</i>	\$0 (Tier 3) DP
<i>rena-vite tab</i>	\$0 (Tier 3) DP
<i>sentry tab</i>	\$0 (Tier 3) DP
<i>sentry tab senior</i>	\$0 (Tier 3) DP
<i>sm animal chw shapes</i>	\$0 (Tier 3) DP
<i>sm balanced tab b-50</i>	\$0 (Tier 3) DP
<i>sm balanced tab b-100</i>	\$0 (Tier 3) DP
<i>sm complete tab</i>	\$0 (Tier 3) DP
<i>sm complete tab adv form</i>	\$0 (Tier 3) DP
<i>sm complete tab senior</i>	\$0 (Tier 3) DP
<i>sm folic acd tab 400mcg</i>	\$0 (Tier 3) DP
<i>sm multiple tab vit/iron</i>	\$0 (Tier 3) DP
<i>sm multiple tab vitamins</i>	\$0 (Tier 3) DP
<i>sm opti-vita tab</i>	\$0 (Tier 3) DP
SM PRENATAL TAB VITAMINS	\$0 (Tier 3) DP
<i>sm vit b-6 tab 100mg</i>	\$0 (Tier 3) DP
<i>sm vit b-12 tab 100mcg</i>	\$0 (Tier 3) DP
<i>sm vit b-12 tab 500mcg</i>	\$0 (Tier 3) DP
<i>sm vit c/rh tab 1000mg</i>	\$0 (Tier 3) DP
<i>sm vitamin c chw 500mg</i>	\$0 (Tier 3) DP
<i>sm vitamin c tab 250mg</i>	\$0 (Tier 3) DP
<i>sm vitamin c tab 1000mg</i>	\$0 (Tier 3) DP
<i>sm vitamin e cap 200unit</i>	\$0 (Tier 3) DP
<i>sm vitamin e cap 400unit</i>	\$0 (Tier 3) DP
<i>sm vitamin e cap 1000unit</i>	\$0 (Tier 3) DP
<i>stress form/ tab zinc</i>	\$0 (Tier 3) DP
<i>stress formu tab</i>	\$0 (Tier 3) DP
<i>stress formu tab w/iron</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
STUART ONE CAP	\$0 (Tier 3) DP
<i>super b comp tab vit c</i>	\$0 (Tier 3) DP
<i>super liq nu-thera</i>	\$0 (Tier 3) DP
SUPER POW NU-THERA	\$0 (Tier 3) DP
<i>super tab nu-thera</i>	\$0 (Tier 3) DP
<i>super vikaps tab</i>	\$0 (Tier 3) DP
<i>superplex-t tab</i>	\$0 (Tier 3) DP
<i>tab-a-vite tab</i>	\$0 (Tier 3) DP
<i>tab-a-vite tab /iron</i>	\$0 (Tier 3) DP
<i>tab-a-vite tab beta car</i>	\$0 (Tier 3) DP
THERA M PLUS TAB	\$0 (Tier 3) DP
<i>thera tab</i>	\$0 (Tier 3) DP
THERA TAB	\$0 (Tier 3) DP
<i>thera-m tab</i>	\$0 (Tier 3) DP
THERA-M TAB	\$0 (Tier 3) DP
<i>therapeutic- tab m</i>	\$0 (Tier 3) DP
<i>therems tab</i>	\$0 (Tier 3) DP
THEREMS-H TAB	\$0 (Tier 3) DP
THEREMS-M TAB	\$0 (Tier 3) DP
<i>thiamine hcl inj 100 mg/ml</i>	\$0 (Tier 3) DP
<i>thiamine hcl tab 50 mg</i>	\$0 (Tier 3) DP
<i>thiamine hcl tab 100 mg</i>	\$0 (Tier 3) DP
<i>total b/c tab</i>	\$0 (Tier 3) DP
UNICOMPLEX-M TAB	\$0 (Tier 3) DP
<i>vita-bee/c tab</i>	\$0 (Tier 3) DP
<i>vitamin a cap 3 mg (10000 unit)</i>	\$0 (Tier 3) DP
<i>vitamin a cap 8000unit</i>	\$0 (Tier 3) DP
<i>vitamin b12 tab 1000mcg</i>	\$0 (Tier 3) DP
<i>vitamin c tab 500mg</i>	\$0 (Tier 3) DP
<i>vitamin c tab 500mg tr</i>	\$0 (Tier 3) DP
<i>vitamin d3 dro 10mcg/ml</i>	\$0 (Tier 3) DP
<i>vitamin d3 tab 1000unit</i>	\$0 (Tier 3) DP
<i>vitamin d3 tab 50000unt</i>	\$0 (Tier 3) DP
<i>vitamin d tab 400unit</i>	\$0 (Tier 3) DP
<i>vitamin d tab 1000unit</i>	\$0 (Tier 3) DP
<i>vitamin d-3 tab 5000unit</i>	\$0 (Tier 3) DP
<i>vitamin e cap 100 unit</i>	\$0 (Tier 3) DP
<i>vitamin e cap 200 unit</i>	\$0 (Tier 3) DP
<i>vitamin e cap 400 unit</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>vitamin e cap 1000 unit</i>	\$0 (Tier 3)	DP
<i>vite/iron chw children</i>	\$0 (Tier 3)	DP
<i>womens one tab daily</i>	\$0 (Tier 3)	DP
<i>zoo friends chw</i>	\$0 (Tier 3)	DP
ZOO FRIENDS CHW COMPLETE	\$0 (Tier 3)	DP
<i>zoo friends chw extra c</i>	\$0 (Tier 3)	DP
<i>zoo friends chw gummies</i>	\$0 (Tier 3)	DP

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (Tier 1)	
BESIVANCE SUS 0.6%	\$0 (Tier 2)	
CILOXAN OIN 0.3% OP	\$0 (Tier 2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (Tier 1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (Tier 1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (Tier 1)	
<i>gentak oin 0.3% op</i>	\$0 (Tier 1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (Tier 1)	
NATACYN SUS 5% OP	\$0 (Tier 2)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (Tier 1)
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (Tier 1)
<i>ofloxacin ophth soln 0.3%</i>	\$0 (Tier 1)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (Tier 1)
<i>tobramycin ophth soln 0.3%</i>	\$0 (Tier 1)
<i>trifluridine ophth soln 1%</i>	\$0 (Tier 1)
ZIRGAN GEL 0.15%	\$0 (Tier 2)
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION	
ALREX SUS 0.2%	\$0 (Tier 2)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (Tier 1)
BROMSITE DRO 0.075%	\$0 (Tier 2)
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (Tier 1)
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (Tier 1)
DUREZOL EMU 0.05%	\$0 (Tier 2)
FLAREX SUS 0.1% OP	\$0 (Tier 2)
<i>fluorometholone ophth susp 0.1%</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (Tier 1)
ILEVRO DRO 0.3% OP	\$0 (Tier 2)
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (Tier 1)
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (Tier 1)
LOTEMAX OIN 0.5%	\$0 (Tier 2)
PRED SOD PHO SOL 1% OP	\$0 (Tier 2)
<i>prednisolone acetate ophth susp 1%</i>	\$0 (Tier 1)
PROLENSA SOL 0.07%	\$0 (Tier 2)
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (Tier 1)
<i>bepotastine besilate ophth soln 1.5%</i>	\$0 (Tier 1)
BEPREVE DRO 1.5%	\$0 (Tier 2)
<i>cromolyn sodium ophth soln 4%</i>	\$0 (Tier 1)
<i>eye allergy sol relief</i>	\$0 (Tier 3) DP
LASTACFT SOL 0.25%	\$0 (Tier 2)
NAPHCAN-A SOL OP	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (Tier 1)	
PAZEO DRO 0.7%	\$0 (Tier 2)	
ZERVIAE DRO 0.24%	\$0 (Tier 2)	

ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOL 0.1%	\$0 (Tier 2)	
AZOPT SUS 1% OP	\$0 (Tier 2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (Tier 1)	
BETOPTIC-S SUS 0.25% OP	\$0 (Tier 2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (Tier 1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0 (Tier 1)	
<i>brinzolamide ophth susp 1%</i>	\$0 (Tier 1)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (Tier 1)	
COMBIGAN SOL 0.2/0.5%	\$0 (Tier 2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (Tier 1)	
LUMIGAN SOL 0.01%	\$0 (Tier 2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0 (Tier 1)	
RHOPRESSA SOL 0.02%	\$0 (Tier 2)	
SIMBRINZA SUS 1-0.2%	\$0 (Tier 2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (Tier 1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (Tier 1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (Tier 1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0 (Tier 1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (Tier 1)	
VYZULTA SOL 0.024%	\$0 (Tier 2)	

MISCELLANEOUS

ATROPINE SUL SOL 1% OP	\$0 (Tier 2)	
CYSTADROPS SOL 0.37%	\$0 (Tier 2)	NDS, LA, PA
CYSTARAN SOL 0.44%	\$0 (Tier 2)	NDS, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (Tier 1)	
RESTASIS EMU 0.05%	\$0 (Tier 2)	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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RESTASIS MUL EMU 0.05%	\$0 (Tier 2)
XIIDRA DRO 5%	\$0 (Tier 2)

**RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

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

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 (Tier 2) QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (Tier 2) QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (Tier 1) B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (Tier 1)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (Tier 1)

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allg sol 1mg/ml</i>	\$0 (Tier 3) DP
<i>all day allg sol 5mg/5ml</i>	\$0 (Tier 3) DP
<i>all day allg tab 10mg</i>	\$0 (Tier 3) DP
<i>aller-chlor tab 4mg</i>	\$0 (Tier 3) DP
<i>aller-ease tab 60mg</i>	\$0 (Tier 3) DP
<i>aller-tec tab 10mg</i>	\$0 (Tier 3) DP
<i>allerclear tab 10mg</i>	\$0 (Tier 3) DP
<i>allergy cap 25mg</i>	\$0 (Tier 3) DP
<i>allergy chld liq 12.5/5ml</i>	\$0 (Tier 3) DP
<i>allergy relf cap 25mg</i>	\$0 (Tier 3) DP
<i>allergy relf liq 12.5/5ml</i>	\$0 (Tier 3) DP
<i>allergy relf tab 10mg</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>allergy relf tab 25mg</i>	\$0 (Tier 3)	DP
<i>allergy tab 4mg</i>	\$0 (Tier 3)	DP
<i>allergy tab 10mg</i>	\$0 (Tier 3)	DP
<i>allergy-time tab 4mg</i>	\$0 (Tier 3)	DP
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (Tier 1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0 (Tier 1)	
<i>banophen cap 25mg</i>	\$0 (Tier 3)	DP
<i>banophen cap 50mg</i>	\$0 (Tier 3)	DP
<i>banophen tab 25mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl chew tab 5 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl chew tab 10 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (Tier 1)	
<i>cetirizine hcl tab 5 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine hcl tab 10 mg</i>	\$0 (Tier 3)	DP
<i>cetirizine sol 1mg/ml</i>	\$0 (Tier 3)	DP
<i>cetirizine sol 5mg/5ml</i>	\$0 (Tier 3)	DP
<i>chld allergy liq 12.5/5ml</i>	\$0 (Tier 3)	DP
<i>chlor-phenir tab 4mg</i>	\$0 (Tier 3)	DP
<i>comp allergy cap 25mg</i>	\$0 (Tier 3)	DP
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>dayhist alrg tab 12 hour</i>	\$0 (Tier 3)	DP
<i>diphenhist cap 25mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (Tier 3)	DP
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl tab 25 mg</i>	\$0 (Tier 3)	DP
<i>ed chlorped syp jr</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl tab 60 mg</i>	\$0 (Tier 3)	DP
<i>fexofenadine hcl tab 180 mg</i>	\$0 (Tier 3)	DP
<i>fexofenadine tab 180mg</i>	\$0 (Tier 3)	DP
<i>gnp all day tab allergy</i>	\$0 (Tier 3)	DP
<i>gnp allergy cap 25mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy tab 4mg</i>	\$0 (Tier 3)	DP
<i>gnp allergy tab 25mg</i>	\$0 (Tier 3)	DP
<i>gnp dayhist tab 1.34mg</i>	\$0 (Tier 3)	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>hm allergy tab 4mg</i>	\$0 (Tier 3)	DP
<i>hm allergy tab 25mg</i>	\$0 (Tier 3)	DP
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (Tier 1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (Tier 1)	
<i>loratadine sol 5mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine syp 5mg/5ml</i>	\$0 (Tier 3)	DP
<i>loratadine tab 10 mg</i>	\$0 (Tier 3)	DP
<i>loratadine tab 10mg</i>	\$0 (Tier 3)	DP
<i>medi-phedryl cap 25mg</i>	\$0 (Tier 3)	DP
<i>pharbechlor tab 4mg</i>	\$0 (Tier 3)	DP
<i>pharbedryl cap 25mg</i>	\$0 (Tier 3)	DP
<i>pharbedryl cap 50mg</i>	\$0 (Tier 3)	DP
<i>qc allergy tab 10mg</i>	\$0 (Tier 3)	DP
<i>siladryl alr liq 12.5/5ml</i>	\$0 (Tier 3)	DP
<i>sm all day tab allergy</i>	\$0 (Tier 3)	DP
<i>sm allergy tab 4mg</i>	\$0 (Tier 3)	DP

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (Tier 1)	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (Tier 1)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (Tier 1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (Tier 1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (Tier 1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (Tier 2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (Tier 1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA AER	\$0 (Tier 2)	QL (2 inhalers / 30 days)
VENTOLIN HFA AER	\$0 (Tier 2)	QL (6 inhalers / 30 days)

COUGH AND COLD

<i>aller/conges tab 10-240mg</i>	\$0 (Tier 3)	DP
<i>allergy d tab 5-120mg</i>	\$0 (Tier 3)	DP
<i>allergy rel/ tab deconges</i>	\$0 (Tier 3)	DP
<i>allergy relf tab /nsl dec</i>	\$0 (Tier 3)	DP
<i>allergy relf tab d-24</i>	\$0 (Tier 3)	DP
<i>allergy-d tab 5-120mg</i>	\$0 (Tier 3)	DP
<i>allergy/cong tab 5-120mg</i>	\$0 (Tier 3)	DP
<i>allgy comp-d tab 5-120mg</i>	\$0 (Tier 3)	DP
<i>ambi 10peh/ tab 400gfn</i>	\$0 (Tier 3)	DP
<i>ambi 40pse/ tab 400gfn</i>	\$0 (Tier 3)	DP
<i>benzonatate cap 100 mg</i>	\$0 (Tier 3)	DP
<i>benzonatate cap 200 mg</i>	\$0 (Tier 3)	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>bromfed dm syp</i>	\$0 (Tier 3)	DP
CAPCOF SYP 5-2-10MG	\$0 (Tier 3)	DP
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0 (Tier 3)	DP
<i>child silfed liq 15mg/5ml</i>	\$0 (Tier 3)	DP
<i>cold/allergy elx children</i>	\$0 (Tier 3)	DP
<i>cough cont liq dm max</i>	\$0 (Tier 3)	DP
<i>cough dm sus 30mg/5ml</i>	\$0 (Tier 3)	DP
<i>cvs cough dm sus 30mg/5ml</i>	\$0 (Tier 3)	DP
<i>decongestant tab 120mg er</i>	\$0 (Tier 3)	DP
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	\$0 (Tier 3)	DP
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>diabetic tus liq 100/5ml</i>	\$0 (Tier 3)	DP
<i>diabetic tus liq dm</i>	\$0 (Tier 3)	DP
<i>diabetic tus liq max st</i>	\$0 (Tier 3)	DP
<i>eq cough dm sus 30mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp cough dm sus 30mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp suphedrn liq 15mg/5ml</i>	\$0 (Tier 3)	DP
<i>gnp tussin liq dm</i>	\$0 (Tier 3)	DP
<i>gnp tussin liq dm cough</i>	\$0 (Tier 3)	DP
<i>gnp tussin liq dm max</i>	\$0 (Tier 3)	DP
<i>gnp tussin syp cf</i>	\$0 (Tier 3)	DP
<i>guaiatuss ac syp 100-10/5</i>	\$0 (Tier 3)	DP
<i>guaifenesin liquid 100 mg/5ml</i>	\$0 (Tier 3)	DP
<i>guaifenesin syp 100-10/5</i>	\$0 (Tier 3)	DP
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm cough dm sus 30mg/5ml</i>	\$0 (Tier 3)	DP
<i>hm tussin liq adlt dm</i>	\$0 (Tier 3)	DP
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0 (Tier 3)	DP
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0 (Tier 3)	DP
<i>hydromet syp 5-1.5/5</i>	\$0 (Tier 3)	DP
LOHIST-DM SYP 5-2-10MG	\$0 (Tier 3)	DP
<i>lorata-dine tab d 24hr</i>	\$0 (Tier 3)	DP
<i>loratadine-d tab 10-240mg</i>	\$0 (Tier 3)	DP
LORTUSS EX LIQ	\$0 (Tier 3)	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
M-CLEAR WC LIQ 100-6.3	\$0 (Tier 3) DP
<i>medi-tussin syp dm</i>	\$0 (Tier 3) DP
<i>mucus relief liq 100/5ml</i>	\$0 (Tier 3) DP
<i>mucus relief liq 400/20ml</i>	\$0 (Tier 3) DP
<i>nasal decong tab 10mg</i>	\$0 (Tier 3) DP
<i>nasal decong tab 30mg</i>	\$0 (Tier 3) DP
<i>nasal decong tab 120mg er</i>	\$0 (Tier 3) DP
NINJACOF-XG LIQ 200-8/5	\$0 (Tier 3) DP
<i>10peh/400gfn tab /20dm</i>	\$0 (Tier 3) DP
POLY-TUSSIN LIQ 10-4-10	\$0 (Tier 3) DP
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0 (Tier 3) DP
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0 (Tier 3) DP
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0 (Tier 3) DP
<i>pseudoephedr tab 120mg er</i>	\$0 (Tier 3) DP
<i>pseudoephedrine hcl tab 30 mg</i>	\$0 (Tier 3) DP
<i>pseudoephedrine hcl tab 60 mg</i>	\$0 (Tier 3) DP
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0 (Tier 3) DP
<i>qc suphedrin tab 120mg sr</i>	\$0 (Tier 3) DP
<i>ra cough dm sus 30mg/5ml</i>	\$0 (Tier 3) DP
REFENESEN TAB CHST CNG	\$0 (Tier 3) DP
<i>rynex pse liq</i>	\$0 (Tier 3) DP
<i>siltuss das liq 100/5ml</i>	\$0 (Tier 3) DP
<i>siltussin dm liq das</i>	\$0 (Tier 3) DP
<i>siltussin sa syp 100/5ml</i>	\$0 (Tier 3) DP
<i>siltussin-dm syp alc free</i>	\$0 (Tier 3) DP
<i>sm nasal dec tab 30mg</i>	\$0 (Tier 3) DP
<i>sm tussin cf liq</i>	\$0 (Tier 3) DP
<i>sm tussin dm syp 100-10/5</i>	\$0 (Tier 3) DP
<i>sm tussin syp dm</i>	\$0 (Tier 3) DP
<i>sudogest pe tab 10mg</i>	\$0 (Tier 3) DP
<i>sudogest tab 30mg</i>	\$0 (Tier 3) DP
<i>sudogest tab 60mg</i>	\$0 (Tier 3) DP
<i>trymine cg liq 225-7.5</i>	\$0 (Tier 3) DP
TUSNEL C SYP	\$0 (Tier 3) DP
<i>tusnel diabt liq 10-100/5</i>	\$0 (Tier 3) DP
TUSSICAPS CAP 10-8MG	\$0 (Tier 3) DP
<i>tussin adult liq 100/5ml</i>	\$0 (Tier 3) DP
<i>tussin adult liq cgh/cong</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>tussin adult liq cold</i>	\$0 (Tier 3) DP
<i>tussin cf liq</i>	\$0 (Tier 3) DP
<i>tussin cf liq cgh/cold</i>	\$0 (Tier 3) DP
<i>tussin chest syp 100/5ml</i>	\$0 (Tier 3) DP
<i>tussin dm liq</i>	\$0 (Tier 3) DP
<i>tussin dm liq 100-10/5</i>	\$0 (Tier 3) DP
<i>tussin dm liq max</i>	\$0 (Tier 3) DP
<i>tussin dm syp 100-10/5</i>	\$0 (Tier 3) DP

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (Tier 1)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (Tier 1)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (Tier 1)
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (Tier 1)
<i>zafirlukast tab 10 mg</i>	\$0 (Tier 1)
<i>zafirlukast tab 20 mg</i>	\$0 (Tier 1)

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	\$0 (Tier 1) B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (Tier 1) B/D
ARALAST NP INJ 500MG	\$0 (Tier 2) NDS, LA, PA
ARALAST NP INJ 1000MG	\$0 (Tier 2) NDS, LA, PA
AYR SALINE KIT NETI RNS	\$0 (Tier 3) DP
AYR SALINE KIT RINSE	\$0 (Tier 3) DP
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (Tier 3) DP
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (Tier 1) B/D
DALIRESP TAB 250MCG	\$0 (Tier 2)
DALIRESP TAB 500MCG	\$0 (Tier 2)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 1) (generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 1) (generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0 (Tier 1) (generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (Tier 1) (generic of Adrenaclick)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ESBRIET CAP 267MG	\$0 (Tier 2)	NDS, QL (270 caps / 30 days), PA
ESBRIET TAB 267MG	\$0 (Tier 2)	NDS, QL (270 tabs / 30 days), PA
ESBRIET TAB 801MG	\$0 (Tier 2)	NDS, QL (90 tabs / 30 days), PA
FASENRA INJ 30MG/ML	\$0 (Tier 2)	NDS, LA, PA
FASENRA PEN INJ 30MG/ML	\$0 (Tier 2)	NDS, LA, PA
KALYDECO PAK 25MG	\$0 (Tier 2)	NDS, QL (56 packs / 28 days), PA
KALYDECO PAK 50MG	\$0 (Tier 2)	NDS, QL (56 packs / 28 days), PA
KALYDECO PAK 75MG	\$0 (Tier 2)	NDS, QL (56 packs / 28 days), PA
KALYDECO TAB 150MG	\$0 (Tier 2)	NDS, QL (60 tabs / 30 days), PA
OFEV CAP 100MG	\$0 (Tier 2)	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	\$0 (Tier 2)	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 100-125	\$0 (Tier 2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI GRA 150-188	\$0 (Tier 2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI TAB 100-125	\$0 (Tier 2)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	\$0 (Tier 2)	NDS, QL (112 tabs / 28 days), PA
PROLASTIN-C INJ 1000MG	\$0 (Tier 2)	NDS, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (Tier 2)	NDS, PA
SYMDEKO TAB 50-75MG	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	\$0 (Tier 2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMJEPI INJ 0.3MG	\$0 (Tier 2)	
SYMJEPI INJ 0.15MG	\$0 (Tier 2)	
THEO-24 CAP 100MG CR	\$0 (Tier 2)	
THEO-24 CAP 200MG CR	\$0 (Tier 2)	
THEO-24 CAP 300MG CR	\$0 (Tier 2)	
THEO-24 CAP 400MG ER	\$0 (Tier 2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (Tier 1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>theophylline tab er 12hr 300 mg</i>	\$0 (Tier 1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (Tier 1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (Tier 1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (Tier 1)	
TRIKAFTA TAB	\$0 (Tier 2)	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR INJ 75/0.5	\$0 (Tier 2)	NDS, LA, PA
XOLAIR INJ 150MG/ML	\$0 (Tier 2)	NDS, LA, PA
XOLAIR SOL 150MG	\$0 (Tier 2)	NDS, LA, PA
ZEMAIRA INJ 1000MG	\$0 (Tier 2)	NDS, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (Tier 1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (Tier 1)	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	\$0 (Tier 2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (Tier 2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (Tier 2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (Tier 1)	B/D
FLOVENT DISK AER 50MCG	\$0 (Tier 2)	QL (180 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0 (Tier 2)	QL (240 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0 (Tier 2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0 (Tier 2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0 (Tier 2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (Tier 2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0 (Tier 2)	QL (3 inhalers / 30 days)
PULMICORT INH 180MCG	\$0 (Tier 2)	QL (2 inhalers / 30 days)

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR DISKU AER 100/50	\$0 (Tier 2) QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0 (Tier 2) QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0 (Tier 2) QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0 (Tier 2) QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0 (Tier 2) QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0 (Tier 2) QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0 (Tier 2) QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0 (Tier 2) QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0 (Tier 2) QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0 (Tier 2) QL (1 inhaler / 30 days)

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

<i>acutane cap 20mg</i>	\$0 (Tier 1) PA
<i>acutane cap 30mg</i>	\$0 (Tier 1) PA
<i>acutane cap 40mg</i>	\$0 (Tier 1) PA
<i>amnesteem cap 10mg</i>	\$0 (Tier 1) PA
<i>amnesteem cap 20mg</i>	\$0 (Tier 1) PA
<i>amnesteem cap 40mg</i>	\$0 (Tier 1) PA
<i>avita cre 0.025%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>avita gel 0.025%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (Tier 1)
<i>claravis cap 10mg</i>	\$0 (Tier 1) PA
<i>claravis cap 20mg</i>	\$0 (Tier 1) PA
<i>claravis cap 30mg</i>	\$0 (Tier 1) PA
<i>claravis cap 40mg</i>	\$0 (Tier 1) PA
<i>clindamycin phosphate gel 1%</i>	\$0 (Tier 1) QL (75 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1) QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0 (Tier 1) QL (60 mL / 30 days)
<i>ery pad 2%</i>	\$0 (Tier 1)
<i>erythromycin soln 2%</i>	\$0 (Tier 1) QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	\$0 (Tier 1) PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>isotretinoin cap 20 mg</i>	\$0 (Tier 1) PA
<i>isotretinoin cap 30 mg</i>	\$0 (Tier 1) PA
<i>isotretinoin cap 40 mg</i>	\$0 (Tier 1) PA
<i>myorisan cap 10mg</i>	\$0 (Tier 1) PA
<i>myorisan cap 20mg</i>	\$0 (Tier 1) PA
<i>myorisan cap 30mg</i>	\$0 (Tier 1) PA
<i>myorisan cap 40mg</i>	\$0 (Tier 1) PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (Tier 1)
<i>tretinoin cream 0.1%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0 (Tier 1) QL (45 gm / 30 days), PA
<i>zenatane cap 10mg</i>	\$0 (Tier 1) PA
<i>zenatane cap 20mg</i>	\$0 (Tier 1) PA
<i>zenatane cap 30mg</i>	\$0 (Tier 1) PA
<i>zenatane cap 40mg</i>	\$0 (Tier 1) PA
DERMATOLOGY, ANTIBIOTICS	
<i>bacitr zinc oin 500/gm</i>	\$0 (Tier 3) DP
<i>bacitracin oin 500/gm</i>	\$0 (Tier 3) DP
<i>bacitracin oint 500 unit/gm</i>	\$0 (Tier 3) DP
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (Tier 3) DP
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1) QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	\$0 (Tier 1)
<i>hm triple oin antibiot</i>	\$0 (Tier 3) DP
<i>mupirocin oint 2%</i>	\$0 (Tier 1) QL (220 gm / 30 days)
<i>sb triple oin antibiot</i>	\$0 (Tier 3) DP
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 1)
<i>sm antibioti oin 500/gm</i>	\$0 (Tier 3) DP
<i>sm triple oin antibiot</i>	\$0 (Tier 3) DP
<i>ssd cre 1%</i>	\$0 (Tier 1)
SULFAMYLON CRE 85MG/GM	\$0 (Tier 2)
<i>tri-biozene oin</i>	\$0 (Tier 3) DP
<i>triple antib oin</i>	\$0 (Tier 3) DP
<i>triple antib oin max st</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>triple antib oin plus</i>	\$0 (Tier 3) DP
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DERMATOLOGY, ANTIFUNGALS

<i>anti-fungal cre 1%</i>	\$0 (Tier 3) DP
<i>anti-fungal pow 1%</i>	\$0 (Tier 3) DP
<i>antifungal cre 1%</i>	\$0 (Tier 3) DP
<i>antifungal cre 2%</i>	\$0 (Tier 3) DP
<i>athlete foot cre 1%</i>	\$0 (Tier 3) DP
<i>baza antifun cre 2%</i>	\$0 (Tier 3) DP
BENZOIN TIN	\$0 (Tier 3) DP
<i>castellani paint</i>	\$0 (Tier 3) DP
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (Tier 1) QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (Tier 1) QL (60 mL / 30 days)
<i>clotrimazole cre 1%</i>	\$0 (Tier 3) DP
<i>clotrimazole cream 1%</i>	\$0 (Tier 1) QL (45 gm / 30 days)
<i>clotrimazole cream 1%</i>	\$0 (Tier 3) DP
<i>clotrimazole soln 1%</i>	\$0 (Tier 1) QL (30 mL / 30 days)
<i>clotrimazole soln 1%</i>	\$0 (Tier 3) DP
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0 (Tier 1) QL (45 gm / 30 days)
<i>fungoid-d cre 1%</i>	\$0 (Tier 3) DP
<i>jock itch aer 1%</i>	\$0 (Tier 3) DP
<i>ketoconazole cream 2%</i>	\$0 (Tier 1) QL (60 gm / 30 days)
<i>miconazole nitrate cream 2%</i>	\$0 (Tier 3) DP
<i>nyamyc pow 100000</i>	\$0 (Tier 1) QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0 (Tier 1) QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	\$0 (Tier 1) QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 gm / 30 days)
<i>nystop pow 100000</i>	\$0 (Tier 1) QL (60 gm / 30 days)
<i>podactin pow 1%</i>	\$0 (Tier 3) DP
<i>sm antifungl cre 1%</i>	\$0 (Tier 3) DP
<i>sm antifungl cre 2%</i>	\$0 (Tier 3) DP
<i>soothe&cool cre inzo 2%</i>	\$0 (Tier 3) DP
<i>terbinafine cre 1%</i>	\$0 (Tier 3) DP
<i>terbinafine hcl cream 1%</i>	\$0 (Tier 3) DP
<i>tolnaftate cre 1%</i>	\$0 (Tier 3) DP
<i>tolnaftate cream 1%</i>	\$0 (Tier 3) DP
<i>tolnaftate powder 1%</i>	\$0 (Tier 3) DP

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	\$0 (Tier 1) PA
<i>acitretin cap 17.5 mg</i>	\$0 (Tier 1) PA
<i>acitretin cap 25 mg</i>	\$0 (Tier 1) PA
<i>calcipotriene cream 0.005%</i>	\$0 (Tier 1) QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0 (Tier 1) QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (Tier 1) QL (120 mL / 30 days), PA
<i>calcitrene oin 0.005%</i>	\$0 (Tier 1) QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1) QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	\$0 (Tier 2) QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1) QL (120 mL / 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 1)

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort cre 1%</i>	\$0 (Tier 1)
<i>ala-cort cre 2.5%</i>	\$0 (Tier 1)
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 1)
<i>alclometasone dipropionate oint 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 1)
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (Tier 1)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (Tier 1)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (Tier 1)	
<i>clobetasol e cre 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	\$0 (Tier 1)	QL (50 mL / 30 days)
ENSTILAR AER	\$0 (Tier 2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (Tier 1)	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 1)	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 1)	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0 (Tier 1)	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0 (Tier 1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 1)	
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0 (Tier 1)	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 1)	
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (Tier 1)	
<i>triderm cre 0.5%</i>	\$0 (Tier 1)	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo gel 2%</i>	\$0 (Tier 1) QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0 (Tier 1) QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	\$0 (Tier 1) QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0 (Tier 1) QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0 (Tier 1) QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (Tier 1) QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

BORIC ACID GRA	\$0 (Tier 3) DP
CALAMINE LOT	\$0 (Tier 3) DP
CALAMINE LOT 8-8%	\$0 (Tier 3) DP
CALAMINE LOT PHENOLAT	\$0 (Tier 3) DP
CALAMINE POW	\$0 (Tier 3) DP
CAMPHOR CRY	\$0 (Tier 3) DP
<i>capsaicin cre 0.1%</i>	\$0 (Tier 3) DP
<i>capsaicin cream 0.025%</i>	\$0 (Tier 3) DP
CAPSAICIN LIQ 0.15%	\$0 (Tier 3) DP
CLORPACTIN POW WCS-90	\$0 (Tier 3) DP
<i>diclofenac sodium gel 1%</i>	\$0 (Tier 1) QL (1000 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	\$0 (Tier 1) QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	\$0 (Tier 1) QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0 (Tier 1) QL (10 mL / 30 days)
FORMALDEHYDE SOL 37%	\$0 (Tier 3) DP
FREE & CLEAR SHA	\$0 (Tier 3) DP
GLYCOLIC ACD SOL 70%	\$0 (Tier 3) DP
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 1)
<i>imiquimod cream 5%</i>	\$0 (Tier 1) QL (24 packets / 30 days)
JESSNERS SOL	\$0 (Tier 3) DP
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 1)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 3) DP
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (Tier 1)
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (Tier 3) DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)
NEW SKIN AER	\$0 (Tier 3) DP
PENTRAVAN CRE	\$0 (Tier 3) DP
PENTRAVAN CRE PLUS	\$0 (Tier 3) DP
PICATO GEL 0.05%	\$0 (Tier 2) QL (2 tubes / 30 days)
PICATO GEL 0.015%	\$0 (Tier 2) QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	\$0 (Tier 1)
<i>procto-med cre hc 2.5%</i>	\$0 (Tier 1)
<i>procto-pak cre 1%</i>	\$0 (Tier 1)
<i>proctosol hc cre 2.5%</i>	\$0 (Tier 1)
<i>proctozone cre -hc 2.5%</i>	\$0 (Tier 1)
PX CALAMINE LOT	\$0 (Tier 3) DP
RA CALAMINE LOT	\$0 (Tier 3) DP
RECTIV OIN 0.4%	\$0 (Tier 2) QL (30 gm / 30 days)
<i>rosadan cre 0.75%</i>	\$0 (Tier 1)
SM CALAMINE LOT	\$0 (Tier 3) DP
SM CALAMINE LOT PHENOLAT	\$0 (Tier 3) DP
<i>tacrolimus oint 0.1%</i>	\$0 (Tier 1) QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	\$0 (Tier 1) QL (100 gm / 30 days)
TANNIC ACID POW	\$0 (Tier 3) DP
TARGETIN GEL 1%	\$0 (Tier 2) NDS, QL (60 gm / 30 days), PA
VALCHLOR GEL 0.016%	\$0 (Tier 2) NDS, QL (60 gm / 30 days), LA, PA
<i>zostrix hp cre 0.1%</i>	\$0 (Tier 3) DP
ZOSTRIX NAT CRE 0.033%	\$0 (Tier 3) DP
<i>DERMATOLOGY, SCABICIDES AND PEDICULIDES</i>	
<i>gnp lice kit</i>	\$0 (Tier 3) DP
<i>lice killing sha</i>	\$0 (Tier 3) DP
<i>lice killing sha 0.33-4%</i>	\$0 (Tier 3) DP
<i>lice treatmt lot 1%</i>	\$0 (Tier 3) DP
<i>lice treatmt sha 0.33-4%</i>	\$0 (Tier 3) DP
<i>lice trtmnt liq</i>	\$0 (Tier 3) DP
<i>lice trtmnt liq 1%</i>	\$0 (Tier 3) DP
<i>licide sha 0.33-4%</i>	\$0 (Tier 3) DP
<i>malathion lotion 0.5%</i>	\$0 (Tier 1)
<i>permethrin cream 5%</i>	\$0 (Tier 1)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL)
<i>rid lice kil sha 0.33-4%</i>	\$0 (Tier 3) DP
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX GEL 0.01%	\$0 (Tier 2) NDS, QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	\$0 (Tier 2)
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 1)
<i>water for irrigation, sterile irrigation soln</i>	\$0 (Tier 1)
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl cap 30 mg</i>	\$0 (Tier 1)
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (Tier 1)
<i>clotrimazole troche 10 mg</i>	\$0 (Tier 1) QL (150 lozenges / 30 days)
<i>lidocaine hcl viscous soln 2%</i>	\$0 (Tier 1)
<i>nystatin susp 100000 unit/ml</i>	\$0 (Tier 1)
ORASEP SPR	\$0 (Tier 3) DP
<i>paroex sol 0.12%</i>	\$0 (Tier 1)
<i>perio gard sol 0.12%</i>	\$0 (Tier 1)
<i>periomed con 0.63%</i>	\$0 (Tier 3) DP
<i>pilocarpine hcl tab 5 mg</i>	\$0 (Tier 1)
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (Tier 1)
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (Tier 1)
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR	
<i>acetic acid otic soln 2%</i>	\$0 (Tier 1)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0 (Tier 1)
<i>flac oil 0.01%</i>	\$0 (Tier 1)
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (Tier 1)
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 1)

D. Índice de Medicamentos Cubiertos

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8hr pain rel tab 650mg	1
A	
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abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	14
abacavir sulfate soln 20 mg/ml (base equiv).....	12
abacavir sulfate tab 300 mg (base equiv).....	12
ABELCET INJ 5MG/ML	10
ABILIFY MAIN INJ 300MG	64
ABILIFY MAIN INJ 400MG	64
abiraterone acetate tab 250 mg	23
abiraterone acetate tab 500 mg	23
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acamprosate calcium tab delayed release 333 mg	76
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accutane cap 30mg	147
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acetaminophen suppos 650 mg.....	1
acetaminophen susp 160 mg/5ml	1
acetaminophen tab 325 mg	1
acetaminophen tab er 650 mg	1
acetaminophen w/ codeine soln 120-12 mg/5ml	5
acetaminophen w/ codeine tab 300-15 mg.....	5
acetaminophen w/ codeine tab 300-30 mg.....	5
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ACETYL-L-CAR POW HCL	115
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acitretin cap 17.5 mg	150
acitretin cap 25 mg	150
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<i>ala-cort cre 1%</i>	150	<i>allergy rel/ tab deconges</i>	141
<i>ala-cort cre 2.5%</i>	150	<i>allergy relf cap 25mg</i>	138
<i>albendazole tab 200 mg</i>	7	<i>allergy relf liq 12.5/5ml</i>	138
<i>albuterol sulfate inhal aero 108</i> <i>mcg/act (90mcg base equiv)</i>	140	<i>allergy relf tab /nsl dec</i>	141
<i>albuterol sulfate soln nebu 0.083%</i> <i>(2.5 mg/3ml)</i>	141	<i>allergy relf tab 10mg</i>	138
<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	140	<i>allergy relf tab 25mg</i>	139
<i>albuterol sulfate soln nebu 0.63</i> <i>mg/3ml (base equiv)</i>	141	<i>allergy relf tab d-24</i>	141
<i>albuterol sulfate soln nebu 1.25</i> <i>mg/3ml (base equiv)</i>	141	<i>allergy tab 10mg</i>	139
<i>albuterol sulfate syrup 2 mg/5ml</i>	141	<i>allergy tab 4mg</i>	139
<i>albuterol sulfate tab 2 mg</i>	141	<i>allergy-time tab 4mg</i>	139
<i>albuterol sulfate tab 4 mg</i>	141	<i>aller-tec tab 10mg</i>	138
<i>alclometasone dipropionate cream</i> <i>0.05%</i>	150	<i>allgy comp-d tab 5-120mg</i>	141
<i>alclometasone dipropionate oint 0.05%</i>	150	<i>allopurinol tab 100 mg</i>	1
ALDURAZYME INJ 2.9MG/5M	92	<i>allopurinol tab 300 mg</i>	1
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<i>alendronate sodium tab 10 mg</i>	82	ALOE VERA POW	115
<i>alendronate sodium tab 35 mg</i>	82	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	103
<i>alendronate sodium tab 70 mg</i>	82	<i>alose tron hcl tab 1 mg (base equiv)</i>	103
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ALINIA SUS 100/5ML	7	<i>alprazolam tab 1 mg</i>	49
<i>aliskiren fumarate tab 150 mg (base</i> <i>equivalent)</i>	46	<i>alprazolam tab 2 mg</i>	49
<i>aliskiren fumarate tab 300 mg (base</i> <i>equivalent)</i>	46	ALREX SUS 0.2%	136
<i>all day allg sol 1mg/ml</i>	138	<i>altavera tab</i>	83
<i>all day allg sol 5mg/5ml</i>	138	ALUM AMMONIU POW	115
<i>all day allg tab 10mg</i>	138	ALUM HYDROX SUS 320/5ML	97
<i>aller/conges tab 10-240mg</i>	141	ALUNBRIG PAK	26
<i>aller-chlor tab 4mg</i>	138	ALUNBRIG TAB 180MG	26
<i>allerclear tab 10mg</i>	138	ALUNBRIG TAB 30MG	26
<i>aller-ease tab 60mg</i>	138	ALUNBRIG TAB 90MG	26
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<i>allergy cap 25mg</i>	138	<i>alyacen tab 7/7/7</i>	83
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<i>allergy d tab 5-120mg</i>	141	<i>amabelz tab 1-0.5mg</i>	89
<i>allergy-d tab 5-120mg</i>	141	<i>amantadine hcl cap 100 mg</i>	62
		<i>amantadine hcl syrup 50 mg/5ml</i>	62
		<i>amantadine hcl tab 100 mg</i>	62
		<i>ambi 10peh/ tab 400gfn</i>	141
		<i>ambi 40pse/ tab 400gfn</i>	141
		AMBISOME INJ 50MG	10
		<i>ambrisentan tab 10 mg</i>	49
		<i>ambrisentan tab 5 mg</i>	49
		<i>amethia tab</i>	83

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	7
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	7
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	45
<i>amiloride hcl tab 5 mg</i>	45
<i>AMINOSYN-PF INJ 7%</i>	123
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	38
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	38
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	38
<i>amiodarone hcl tab 100 mg</i>	38
<i>amiodarone hcl tab 200 mg</i>	39
<i>amiodarone hcl tab 400 mg</i>	39
<i>amitriptyline hcl tab 100 mg</i>	58
<i>amitriptyline hcl tab 10 mg</i>	58
<i>amitriptyline hcl tab 150 mg</i>	58
<i>amitriptyline hcl tab 25 mg</i>	58
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<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	36
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	36
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<i>amlodipine besylate tab 10 mg (base equivalent)</i>	43
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<i>amlodipine besylate tab 5 mg (base equivalent)</i>	43
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	36
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	36
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<i>amnestem cap 10mg</i>	147
<i>amnestem cap 20mg</i>	147
<i>amnestem cap 40mg</i>	147
<i>amoxapine tab 100 mg</i>	58
<i>amoxapine tab 150 mg</i>	58
<i>amoxapine tab 25 mg</i>	58
<i>amoxapine tab 50 mg</i>	58
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	19
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	19
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	19
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	19
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	19
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	19
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	19
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	20
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	20

<i>amoxicillin (trihydrate) tab 875 mg</i> ..20	<i>amphotericin b for iv soln 50 mg</i> .....10
<i>amoxicillin & k clavulanate chew tab</i>	<i>ampicillin & sulbactam sodium for inj</i>
200-28.5 mg .....19	1.5 (1-0.5) gm.....20
<i>amoxicillin & k clavulanate chew tab</i>	<i>ampicillin & sulbactam sodium for inj 3</i>
400-57 mg .....19	(2-1) gm .....20
<i>amoxicillin & k clavulanate for susp</i>	<i>ampicillin & sulbactam sodium for iv</i>
200-28.5 mg/5ml .....19	soln 1.5 (1-0.5) gm .....20
<i>amoxicillin & k clavulanate for susp</i>	<i>ampicillin & sulbactam sodium for iv</i>
250-62.5 mg/5ml .....19	soln 15 (10-5) gm .....20
<i>amoxicillin & k clavulanate for susp</i>	<i>ampicillin & sulbactam sodium for iv</i>
400-57 mg/5ml .....19	soln 3 (2-1) gm .....20
<i>amoxicillin & k clavulanate for susp</i>	<i>ampicillin cap 500 mg</i> .....20
600-42.9 mg/5ml .....19	<i>ampicillin sodium for inj 125 mg</i> .....20
<i>amoxicillin & k clavulanate tab 250-125</i>	<i>ampicillin sodium for inj 1 gm</i> .....20
mg .....19	<i>ampicillin sodium for inj 250 mg</i> .....20
<i>amoxicillin & k clavulanate tab 500-125</i>	<i>ampicillin sodium for inj 2 gm</i> .....20
mg .....19	<i>ampicillin sodium for inj 500 mg</i> .....20
<i>amoxicillin & k clavulanate tab 875-125</i>	<i>ampicillin sodium for iv soln 10 gm</i> ...20
mg .....19	<i>ampicillin sodium for iv soln 1 gm</i> ....20
<i>amoxicillin & k clavulanate tab er 12hr</i>	<i>ampicillin sodium for iv soln 2 gm</i> ....20
1000-62.5 mg.....19	<i>anagrelide hcl cap 0.5 mg</i> .....109
<i>amphetamine-dextroamphetamine cap</i>	<i>anagrelide hcl cap 1 mg</i> .....109
er 24hr 10 mg .....70	<i>anastrozole tab 1 mg</i>.....23
<i>amphetamine-dextroamphetamine cap</i>	ANDRODERM DIS 2MG/24HR .....78
er 24hr 15 mg .....70	ANDRODERM DIS 4MG/24HR .....78
<i>amphetamine-dextroamphetamine cap</i>	<i>animal shape chw</i>.....128
er 24hr 20 mg .....70	<i>animal shape chw complete</i> .....128
<i>amphetamine-dextroamphetamine cap</i>	ANIMAL SHAPE CHW IRON .....128
er 24hr 25 mg .....70	ANORO ELLIPT AER 62.5-25 .....138
<i>amphetamine-dextroamphetamine cap</i>	<i>antacid/sime sus ds</i>.....97
er 24hr 30 mg .....70	<i>antacid fast sus relief</i>.....97
<i>amphetamine-dextroamphetamine cap</i>	<i>antacid plus sus anti-gas</i>.....97
er 24hr 5 mg .....70	<i>antacid plus sus gas rel</i>.....97
<i>amphetamine-dextroamphetamine tab</i>	<i>antacid sus</i>.....97
10 mg.....70	<i>antacid sus anti-gas</i> .....97
<i>amphetamine-dextroamphetamine tab</i>	<i>antacid sus max st</i> .....97
12.5 mg .....70	<i>antacid sus mint crm</i> .....97
<i>amphetamine-dextroamphetamine tab</i>	<i>antacid sus reg st</i>.....97
15 mg.....70	<i>anti-diarrhe cap 2mg</i> .....98
<i>amphetamine-dextroamphetamine tab</i>	<i>anti-diarrhe tab 2mg</i> .....98
20 mg.....70	<i>antifungal cre 1%</i>.....149
<i>amphetamine-dextroamphetamine tab</i>	<i>anti-fungal cre 1%</i> .....149
30 mg.....70	<i>antifungal cre 2%</i>.....149
<i>amphetamine-dextroamphetamine tab</i>	<i>anti-fungal pow 1%</i> .....149
5 mg .....70	<i>antioxidant tab</i> .....128
<i>amphetamine-dextroamphetamine tab</i>	<i>antioxidant tab vitamins</i> .....128
7.5 mg.....70	APOKYN INJ 10MG/ML .....62

<i>aprepitant capsule 125 mg</i>	98	<i>ascorbic acid tab 1000 mg</i>	128
<i>aprepitant capsule 40 mg</i>	98	<i>ascorbic acid tab 250 mg</i>	128
<i>aprepitant capsule 80 mg</i>	98	<i>ascorbic acid tab 500 mg</i>	128
<i>aprepitant capsule therapy pack 80 &</i>		ASCORBYL POW PALMITAT	115
<i>125 mg</i>	98	<i>asenapine maleate sl tab 10 mg (base</i>	
<i>apri tab</i>	83	<i>equiv)</i>	65
APTIOM TAB 200MG	50	<i>asenapine maleate sl tab 2.5 mg (base</i>	
APTIOM TAB 400MG	50	<i>equiv)</i>	65
APTIOM TAB 600MG	50	<i>asenapine maleate sl tab 5 mg (base</i>	
APTIOM TAB 800MG	50	<i>equiv)</i>	65
APTIVUS CAP 250MG	12	<i>ashlyna tab</i>	83
APTIVUS SOL	12	ASPARTAME POW	126
AQUADEKS CHW	128	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>aquadeks dro</i>	128	<i>200 mg</i>	110
AQUASOL A INJ 50000/ML	128	<i>aspirin low tab 81mg ec</i>	1
<i>aqueous e dro 50unt/ml</i>	128	ASPIRIN SUP 600MG	1
ARALAST NP INJ 1000MG	144	<i>aspirin tab 325mg</i>	1
ARALAST NP INJ 500MG	144	<i>aspirin tab 325 mg</i>	1
<i>aranelle tab</i>	83	<i>aspirin tab 325mg ec</i>	1
ARCALYST INJ 220MG	113	<i>aspirin tab delayed release 325 mg</i>	1
<i>aripiprazole orally disintegrating tab 10</i>		<i>atazanavir sulfate cap 150 mg (base</i>	
<i>mg</i>	64	<i>equiv)</i>	12
<i>aripiprazole orally disintegrating tab 15</i>		<i>atazanavir sulfate cap 200 mg (base</i>	
<i>mg</i>	64	<i>equiv)</i>	12
<i>aripiprazole oral solution 1 mg/ml</i> ...	64	<i>atazanavir sulfate cap 300 mg (base</i>	
<i>aripiprazole tab 10 mg</i>	64	<i>equiv)</i>	12
<i>aripiprazole tab 15 mg</i>	64	<i>atenolol & chlorthalidone tab 100-25</i>	
<i>aripiprazole tab 20 mg</i>	64	<i>mg</i>	41
<i>aripiprazole tab 2 mg</i>	64	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>aripiprazole tab 30 mg</i>	64	.....	41
<i>aripiprazole tab 5 mg</i>	64	<i>atenolol tab 100 mg</i>	42
ARISTADA INJ 1064MG	64	<i>atenolol tab 25 mg</i>	42
ARISTADA INJ 441MG/1	64	<i>atenolol tab 50 mg</i>	42
ARISTADA INJ 662MG/2	64	<i>athlete foot cre 1%</i>	149
ARISTADA INJ 882MG/3	64	<i>atomoxetine hcl cap 100 mg (base</i>	
ARISTADA INJ INITIO	64	<i>equiv)</i>	70
<i>armodafinil tab 150 mg</i>	76	<i>atomoxetine hcl cap 10 mg (base</i>	
<i>armodafinil tab 200 mg</i>	76	<i>equiv)</i>	70
<i>armodafinil tab 250 mg</i>	76	<i>atomoxetine hcl cap 18 mg (base</i>	
<i>armodafinil tab 50 mg</i>	76	<i>equiv)</i>	70
ARNUITY ELPT INH 100MCG	146	<i>atomoxetine hcl cap 25 mg (base</i>	
ARNUITY ELPT INH 200MCG	146	<i>equiv)</i>	70
ARNUITY ELPT INH 50MCG	146	<i>atomoxetine hcl cap 40 mg (base</i>	
<i>arthrts pain tab 650mg</i>	1	<i>equiv)</i>	70
<i>ascorbic acid cap er 500 mg</i>	128	<i>atomoxetine hcl cap 60 mg (base</i>	
<i>ascorbic acid chew tab 250 mg</i>	128	<i>equiv)</i>	70
<i>ascorbic acid chew tab 500 mg</i>	128		

<i>atomoxetine hcl cap 80 mg (base equiv)</i>	70
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	40
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	40
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	40
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	40
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	11
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	11
<i>atovaquone susp 750 mg/5ml</i>	8
ATROPINE SUL SOL 1% OP.....	137
ATROVENT HFA AER 17MCG.....	138
<i>aubra eq tab 0.1-0.02</i>	83
<i>aurovela 24 tab fe 1/20</i>	83
<i>aurovela fe tab 1/20</i>	83
<i>aurovela fe tab 1.5/30</i>	83
<i>aurovela tab 1/20</i>	84
AURYXIA TAB 210MG.....	94
AUSTEDO TAB 12MG.....	74
AUSTEDO TAB 6MG.....	74
AUSTEDO TAB 9MG.....	74
AVASTIN INJ.....	26
AVASTIN INJ 400/16ML.....	26
<i>aviane tab</i>	84
<i>avita cre 0.025%</i>	147
<i>avita gel 0.025%</i>	147
AYR SALINE KIT NETI RNS.....	144
AYR SALINE KIT RINSE.....	144
<i>ayuna tab</i>	84
AYVAKIT TAB 100MG.....	26
AYVAKIT TAB 200MG.....	27
AYVAKIT TAB 300MG.....	27
<i>azacitidine for inj 100 mg</i>	23
<i>azathioprine tab 50 mg</i>	113
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	139
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	139
<i>azelastine hcl ophth soln 0.05%</i>	136
<i>azithromycin for susp 100 mg/5ml</i> ...18	
<i>azithromycin for susp 200 mg/5ml</i> ...18	
<i>azithromycin iv for soln 500 mg</i>.....18	

<i>azithromycin powd pack for susp 1 gm</i>	18
<i>azithromycin tab 250 mg</i>	18
<i>azithromycin tab 500 mg</i>	18
<i>azithromycin tab 600 mg</i>	18
AZOPT SUS 1% OP.....	137
<i>aztreonam for inj 1 gm</i>	8
<i>aztreonam for inj 2 gm</i>	8
<i>azurette tab 28 day</i>	84
B	
B-12 DOTS TAB 500MCG.....	128
<i>bacitracin oin 500/gm</i>	148
<i>bacitracin oint 500 unit/gm</i>	148
<i>bacitracin ophth oint 500 unit/gm</i> ...135	
<i>bacitracin-polymyxin b ophth oint</i> ...135	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	135
<i>bacitracin zinc oint 500 unit/gm</i>	148
<i>bacitr zinc oin 500/gm</i>	148
<i>baclofen tab 10 mg</i>	75
<i>baclofen tab 20 mg</i>	75
<i>balsalazide disodium cap 750 mg</i> ...100	
BALVERSA TAB 3MG.....	27
BALVERSA TAB 4MG.....	27
BALVERSA TAB 5MG.....	27
<i>balziva tab</i>	84
BANANA LIQ FLAVOR.....	115
<i>banophen cap 25mg</i>	139
<i>banophen cap 50mg</i>	139
<i>banophen tab 25mg</i>	139
BANZEL TAB 200MG.....	50
BANZEL TAB 400MG.....	50
BARACLUDGE SOL.....	15
BASAGLAR INJ 100UNIT.....	81
<i>baza antifun cre 2%</i>	149
BCG VACCINE INJ.....	114
<i>b-complex vitamin cap</i>	128
<i>b-complex vitamin tab</i>	128
<i>b-complex w/ c & calcium tab</i>	128
<i>b-complex w/ c tab</i>	128
BD ALCOHOL SWABS.....	81
BEELITH TAB.....	124
<i>bekyree tab</i>	84
BELSOMRA TAB 10MG.....	71
BELSOMRA TAB 15MG.....	71
BELSOMRA TAB 20MG.....	71
BELSOMRA TAB 5MG.....	71

<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg	34	<i>betamethasone valerate cream 0.1%</i> (base equivalent)	150
<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg	34	<i>betamethasone valerate lotion 0.1%</i> (base equivalent)	150
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg	34	<i>betamethasone valerate oint 0.1%</i> (base equivalent)	151
<i>benazepril & hydrochlorothiazide tab</i> 5- 6.25 mg	34	BETASERON INJ 0.3MG	75
<i>benazepril hcl tab 10 mg</i>	34	<i>betatemp sus 160/5ml</i>	1
<i>benazepril hcl tab 20 mg</i>	34	<i>betaxolol hcl ophth soln 0.5%</i>	137
<i>benazepril hcl tab 40 mg</i>	34	<i>betaxolol hcl tab 10 mg</i>	42
<i>benazepril hcl tab 5 mg</i>	34	<i>betaxolol hcl tab 20 mg</i>	42
BENDEKA INJ 100/4ML	22	<i>bethanechol chloride tab 10 mg</i>	104
BENLYSTA INJ 120MG	113	<i>bethanechol chloride tab 25 mg</i>	105
BENLYSTA INJ 200MG/ML	113	<i>bethanechol chloride tab 50 mg</i>	105
BENLYSTA INJ 400MG	113	<i>bethanechol chloride tab 5 mg</i>	104
BENZOIN TIN	149	BETOPTIC-S SUS 0.25% OP	137
<i>benzonatate cap 100 mg</i>	141	BEVESPI AER 9-4.8MCG	138
<i>benzonatate cap 200 mg</i>	141	<i>bexarotene cap 75 mg</i>	25
<i>benzoyl peroxide-erythromycin gel 5-</i> 3%	147	BEXSERO INJ	114
<i>benzphetamine hcl tab 50 mg</i>	76	<i>bicalutamide tab 50 mg</i>	23
<i>benztropine mesylate inj 1 mg/ml</i>	62	BICILLIN L-A INJ 1200000	20
<i>benztropine mesylate tab 0.5 mg</i>	62	BICILLIN L-A INJ 2400000	20
<i>benztropine mesylate tab 1 mg</i>	62	BICILLIN L-A INJ 600000	20
<i>benztropine mesylate tab 2 mg</i>	62	BIKTARVY TAB	14
BENZYL ALC LIQ	115	BIOFLAVINOID POW LEMON	115
<i>bepotastine besilate ophth soln 1.5%</i>	136	BIOFLAVONOID POW CITRUS	116
BEPREVE DRO 1.5%	136	<i>biotin cap 5 mg</i>	128
BERINERT INJ 500UNIT	109	BIOTIN-D POW	116
BESIVANCE SUS 0.6%	135	<i>biotin tab 300 mcg</i>	128
BETAINE POW ANHYDROU	115	<i>biotin tab 5 mg</i>	128
<i>betamethasone dipropionate</i> <i>augmented cream 0.05%</i>	150	<i>bisacodyl suppos 10 mg</i>	101
<i>betamethasone dipropionate</i> <i>augmented gel 0.05%</i>	150	<i>bisacodyl tab 5mg ec</i>	101
<i>betamethasone dipropionate</i> <i>augmented lotion 0.05%</i>	150	<i>bismatrol chw 262mg</i>	98
<i>betamethasone dipropionate</i> <i>augmented oint 0.05%</i>	150	<i>bismatrol sus 262/15ml</i>	98
<i>betamethasone dipropionate cream</i> 0.05%	150	BISMUTH SUBC POW	116
<i>betamethasone dipropionate lotion</i> 0.05%	150	<i>bismuth subsalicylate chew tab 262 mg</i>	98
<i>betamethasone dipropionate oint</i> 0.05%	150	<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	41
		<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	41
		<i>bisoprolol & hydrochlorothiazide tab 5-</i> 6.25 mg	41
		<i>bisoprolol fumarate tab 10 mg</i>	42
		<i>bisoprolol fumarate tab 5 mg</i>	42
		BITTerness POW NATURAL	116
		BIVIGAM INJ 10%	112

BLEPHAMIDE OIN S.O.P.	135	BUFFER CREAM POW	116
<i>blisovi 24 tab fe 1/20</i>	84	<i>bumetanide inj 0.25 mg/ml</i>	45
<i>blisovi fe tab 1.5/30</i>	84	<i>bumetanide tab 0.5 mg</i>	45
BOOSTRIX INJ	114	<i>bumetanide tab 1 mg</i>	45
BORIC ACID GRA	152	<i>bumetanide tab 2 mg</i>	45
BORIC ACID POW	116	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BORTEZOMIB INJ 3.5MG	27	<i>12-3 mg (base equiv)</i>	76
<i>bosentan tab 125 mg</i>	49	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bosentan tab 62.5 mg</i>	49	<i>2-0.5 mg (base equiv)</i>	76
BOSULIF TAB 100MG	27	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BOSULIF TAB 400MG	27	<i>4-1 mg (base equiv)</i>	76
BOSULIF TAB 500MG	27	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRAFTOVI CAP 75MG.....	27	<i>8-2 mg (base equiv)</i>	76
BREO ELLIPTA INH 100-25	147	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BREO ELLIPTA INH 200-25	147	<i>2-0.5 mg (base equiv)</i>	76
BREZTRI AERO AER SPHERE	138	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>briellyn tab</i>	84	<i>8-2 mg (base equiv)</i>	77
BRILINTA TAB 60MG	110	<i>buprenorphine hcl sl tab 2 mg (base</i>	
BRILINTA TAB 90MG	110	<i>equiv)</i>	76
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>buprenorphine hcl sl tab 8 mg (base</i>	
.....	137	<i>equiv)</i>	76
<i>brimonidine tartrate ophth soln 0.2%</i>		<i>buprenorphine td patch weekly 10</i>	
.....	137	<i>mcg/hr</i>	3
<i>brinzolamide ophth susp 1%</i>	137	<i>buprenorphine td patch weekly 15</i>	
BRIVIACT INJ 50MG/5ML	50	<i>mcg/hr</i>	4
BRIVIACT SOL 10MG/ML	50	<i>buprenorphine td patch weekly 20</i>	
BRIVIACT TAB 100MG.....	50	<i>mcg/hr</i>	4
BRIVIACT TAB 10MG	50	<i>buprenorphine td patch weekly 5</i>	
BRIVIACT TAB 25MG	50	<i>mcg/hr</i>	3
BRIVIACT TAB 50MG	50	<i>buprenorphine td patch weekly 7.5</i>	
BRIVIACT TAB 75MG	50	<i>mcg/hr</i>	3
<i>bromfed dm syp</i>	142	<i>bupropion hcl (smoking deterrent) tab</i>	
<i>bromfenac sodium ophth soln 0.09%</i>		<i>er 12hr 150 mg</i>	77
<i>(base equiv) (once-daily)</i>	136	<i>bupropion hcl tab 100 mg</i>	58
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupropion hcl tab 75 mg</i>	58
<i>equivalent)</i>	62	<i>bupropion hcl tab er 12hr 100 mg</i>	58
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	58
<i>(base equivalent)</i>	62	<i>bupropion hcl tab er 12hr 200 mg</i>	58
BROMSITE DRO 0.075%.....	136	<i>bupropion hcl tab er 24hr 150 mg</i>	58
BRUKINSA CAP 80MG	27	<i>bupropion hcl tab er 24hr 300 mg</i>	58
<i>budesonide delayed release particles</i>		<i>bupirone hcl tab 10 mg</i>	49
<i>cap 3 mg</i>	100	<i>bupirone hcl tab 15 mg</i>	49
<i>budesonide inhalation susp 0.25</i>		<i>bupirone hcl tab 30 mg</i>	49
<i>mg/2ml</i>	146	<i>bupirone hcl tab 5 mg</i>	49
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>bupirone hcl tab 7.5 mg</i>	49
.....	146	<i>butorphanol tartrate inj 1 mg/ml</i>	5
<i>budesonide tab er 24hr 9 mg</i>	100	<i>butorphanol tartrate inj 2 mg/ml</i>	6

BUTYLPARABEN POW	116
BYDUREON BC INJ 2/0.85ML	79
BYDUREON PEN INJ 2MG.....	79
BYETTA INJ 10MCG	79
BYETTA INJ 5MCG	79
BYSTOLIC TAB 10MG	42
BYSTOLIC TAB 2.5MG.....	42
BYSTOLIC TAB 20MG.....	42
BYSTOLIC TAB 5MG.....	42

C

<i>c/rosehip tr tab 1000mg</i>	128
<i>c-1000/rh tab 1000mg</i>	128
<i>c 250 tab</i>	128
<i>c-500 chw 500mg</i>	128
<i>cabergoline tab 0.5 mg</i>	92
CABOMETYX TAB 20MG.....	27
CABOMETYX TAB 40MG.....	27
CABOMETYX TAB 60MG.....	27
<i>ca citrate + tab</i>	128
CALAMINE LOT.....	152
CALAMINE LOT 8-8%	152
CALAMINE LOT PHENOLAT	152
CALAMINE POW	152
CALCET PETIT TAB 200-250.....	124
CALCI-CHEW CHW 1250MG	124
<i>calciferol dro 8000/ml</i>	128
<i>calcipotriene cream 0.005%</i>	150
<i>calcipotriene oint 0.005%</i>	150
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	150
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	82
<i>calcitrate tab</i>	124
<i>calcitrate tab 950mg</i>	124
<i>calcitrene oin 0.005%</i>	150
<i>calcitriol cap 0.25 mcg</i>	97
<i>calcitriol cap 0.5 mcg</i>	97
<i>calcitriol inj 1 mcg/ml</i>	97
<i>calcitriol oral soln 1 mcg/ml</i>	97
<i>calcium/d3 tab</i>	125
<i>calcium/d chw 500-400</i>	125
<i>calcium +d tab maximum</i>	124
<i>calcium 600 chw +d/miner</i>	124
<i>calcium 600 tab</i>	124
<i>calcium 600 tab + d</i>	124
<i>calcium 600 tab -d</i>	124

<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	94
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i>	94
<i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml</i>	124
<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-100 unit</i>	124
<i>calcium carbonate-cholecalciferol tab</i> <i>250 mg-125 unit</i>	125
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-200 unit</i>	125
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-400 unit</i>	125
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-200 unit</i>	125
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-400 unit</i>	125
<i>calcium carbonate tab 1500 mg (600</i> <i>mg elemental ca)</i>	124
<i>calcium carbonate-vitamin d tab 500</i> <i>mg-200 unit</i>	125
<i>calcium carbonate-vitamin d tab 500</i> <i>mg-400 unit</i>	125
<i>calcium carbonate-vitamin d tab 600</i> <i>mg-125 unit</i>	125
CALCIUM CARB POW.....	124
CALCIUM CARB POW EX-LIGHT	124
CALCIUM CARB POW HEAVY	124
<i>calcium carb-vit d w/ minerals chew</i> <i>tab 600 mg-400 unit</i>	124
<i>calcium citrate-vitamin d tab 200 mg-</i> <i>250 unit (elemental ca)</i>	125
<i>calcium citr tab w/vit d3</i>	125
CALCIUM GLUC POW.....	125
CALCIUM LACT TAB 648MG.....	125
<i>calcium-magnesium-zinc tab 333-133-</i> <i>5 mg</i>	125
<i>calcium-magnesium-zinc tab 334-134-</i> <i>5 mg</i>	125
CALCIUM PHOS POW TRIBASIC	125
<i>calcium plus tab 600 +d</i>	125
CALCIUM POW CITRATE	116
CALCIUM POW HYDROXID	116
CALCIUM POW SACCHARA	116
<i>calcium soft chw mlk choc</i>	125
<i>calcium tab 500/d</i>	125

<i>calcium tab 600mg</i>	125	<i>carbidopa & levodopa orally</i>	
<i>calcium tab vit d</i>	125	<i>disintegrating tab 25-250 mg</i>	62
<i>cal-mag-zinc tab +d3</i>	128	<i>carbidopa & levodopa tab 10-100 mg</i>	62
CALQUENCE CAP 100MG	27	<i>carbidopa & levodopa tab 25-100 mg</i>	62
<i>camila tab 0.35mg</i>	84	<i>carbidopa & levodopa tab 25-250 mg</i>	62
CAMPHOR CRY	152	<i>carbidopa & levodopa tab er 25-100</i>	
<i>camrese lo tab</i>	84	<i>mg</i>	63
<i>camrese tab</i>	84	<i>carbidopa & levodopa tab er 50-200</i>	
<i>candesartan cilexetil-</i>		<i>mg</i>	63
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	36	<i>12.5-50-200 mg</i>	63
<i>candesartan cilexetil-</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>18.75-75-200 mg</i>	63
.....	36	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil-</i>		<i>25-100-200 mg</i>	63
<i>hydrochlorothiazide tab 32-25 mg</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
.....	37	<i>31.25-125-200 mg</i>	63
<i>candesartan cilexetil tab 16 mg</i>	38	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil tab 32 mg</i>	38	<i>37.5-150-200 mg</i>	63
<i>candesartan cilexetil tab 4 mg</i>	38	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil tab 8 mg</i>	38	<i>50-200-200 mg</i>	63
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CAPLYTA CAP 42MG.....	65	CARBOMER POW HOMOPOLY	116
CAPRELSA TAB 100MG.....	27	<i>carboplatin iv soln 150 mg/15ml</i>	22
CAPRELSA TAB 300MG.....	27	<i>carboplatin iv soln 450 mg/45ml</i>	22
<i>capsaicin cre 0.1%</i>	152	<i>carboplatin iv soln 50 mg/5ml</i>	22
<i>capsaicin cream 0.025%</i>	152	<i>carboplatin iv soln 600 mg/60ml</i>	22
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<i>captopril tab 100 mg</i>	34	<i>carisoprodol tab 350 mg</i>	75
<i>captopril tab 12.5 mg</i>	34	<i>carteolol hcl ophth soln 1%</i>	137
<i>captopril tab 25 mg</i>	34	<i>cartia xt cap 120/24hr</i>	43
<i>captopril tab 50 mg</i>	34	<i>cartia xt cap 180/24hr</i>	43
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<i>carbamazepine cap er 12hr 100 mg</i> ..	50	<i>cartia xt cap 300/24hr</i>	43
<i>carbamazepine cap er 12hr 200 mg</i> ..	50	<i>carvedilol tab 12.5 mg</i>	42
<i>carbamazepine cap er 12hr 300 mg</i> ..	50	<i>carvedilol tab 25 mg</i>	42
<i>carbamazepine chew tab 100 mg</i>	50	<i>carvedilol tab 3.125 mg</i>	42
<i>carbamazepine susp 100 mg/5ml</i>	50	<i>carvedilol tab 6.25 mg</i>	42
<i>carbamazepine tab 200 mg</i>	50	<i>casprofingin acetate for iv soln 50 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i> ..	50	.....	10
<i>carbamazepine tab er 12hr 200 mg</i> ..	50	<i>casprofingin acetate for iv soln 70 mg</i>	
<i>carbamazepine tab er 12hr 400 mg</i> ..	50	.....	10
<i>carbidopa & levodopa orally</i>		<i>castellani paint</i>	149
<i>disintegrating tab 10-100 mg</i>	62	CAYSTON INH 75MG	8
<i>carbidopa & levodopa orally</i>		<i>caziant pak</i>	84
<i>disintegrating tab 25-100 mg</i>	62	<i>cefaclor cap 250 mg</i>	16

<i>cefaclor cap 500 mg</i>	16	<i>cefuroxime axetil tab 500 mg</i>	17
CEFACTOR ER TAB 500MG	16	<i>cefuroxime sodium for inj 7.5 gm</i>	17
<i>cefaclor for susp 125 mg/5ml</i>	16	<i>cefuroxime sodium for inj 750 mg</i>	17
<i>cefaclor for susp 250 mg/5ml</i>	16	<i>cefuroxime sodium for iv soln 1.5 gm</i>	
<i>cefaclor for susp 375 mg/5ml</i>	16	.....	17
<i>cefadroxil cap 500 mg</i>	16	<i>celecoxib cap 100 mg</i>	2
<i>cefadroxil for susp 250 mg/5ml</i>	16	<i>celecoxib cap 200 mg</i>	2
<i>cefadroxil for susp 500 mg/5ml</i>	16	<i>celecoxib cap 400 mg</i>	2
CEFAZOLIN INJ 1GM/50ML	16	<i>celecoxib cap 50 mg</i>	2
<i>cefazolin sodium for inj 10 gm</i>	16	CELONTIN CAP 300MG.....	51
<i>cefazolin sodium for inj 1 gm</i>	16	<i>centamin liq</i>	128
<i>cefazolin sodium for inj 500 mg</i>	16	<i>centavite liq</i>	128
<i>cefazolin sodium for iv soln 1 gm</i>	16	<i>century tab</i>	128
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<i>cefdinir cap 300 mg</i>	17	<i>cephalexin cap 250 mg</i>	17
<i>cefdinir for susp 125 mg/5ml</i>	17	<i>cephalexin cap 500 mg</i>	17
<i>cefdinir for susp 250 mg/5ml</i>	17	<i>cephalexin for susp 125 mg/5ml</i>	17
<i>cefepime hcl for inj 1 gm</i>	17	<i>cephalexin for susp 250 mg/5ml</i>	18
<i>cefepime hcl for inj 2 gm</i>	17	CERDELGA CAP 84MG	92
<i>cefixime for susp 100 mg/5ml</i>	17	CEREZYME INJ 400UNIT.....	92
<i>cefixime for susp 200 mg/5ml</i>	17	<i>cerovite jr chw</i>	128
<i>cefoxitin sodium for inj 10 gm</i>	17	<i>cerovite tab advanced</i>	128
<i>cefoxitin sodium for iv soln 1 gm</i>	17	<i>cerovite tab senior</i>	128
<i>cefoxitin sodium for iv soln 2 gm</i>	17	<i>certavite/ tab antioxid</i>	129
<i>cefpodoxime proxetil for susp 100</i>		CERTAVITE TAB SENIOR	129
<i>mg/5ml</i>	17	<i>cetirizine hcl chew tab 10 mg</i>	139
<i>cefpodoxime proxetil for susp 50</i>		<i>cetirizine hcl chew tab 5 mg</i>	139
<i>mg/5ml</i>	17	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>cefpodoxime proxetil tab 100 mg</i>	17	<i>mg/5ml)</i>	139
<i>cefpodoxime proxetil tab 200 mg</i>	17	<i>cetirizine hcl tab 10 mg</i>	139
<i>cefprozil for susp 125 mg/5ml</i>	17	<i>cetirizine hcl tab 5 mg</i>	139
<i>cefprozil for susp 250 mg/5ml</i>	17	<i>cetirizine-pseudoephedrine tab er 12hr</i>	
<i>cefprozil tab 250 mg</i>	17	<i>5-120 mg</i>	142
<i>cefprozil tab 500 mg</i>	17	<i>cetirizine sol 1mg/ml</i>	139
CEFTAZIDIME/ SOL D5W 1GM	17	<i>cetirizine sol 5mg/5ml</i>	139
<i>ceftazidime for inj 1 gm</i>	17	CETYL ALCOHO GRA	116
<i>ceftazidime for inj 2 gm</i>	17	<i>cevimeline hcl cap 30 mg</i>	154
<i>ceftazidime for inj 6 gm</i>	17	CHANTIX PAK 0.5& 1MG	77
<i>ceftriaxone sodium for inj 10 gm</i>	17	CHANTIX PAK 1MG	77
<i>ceftriaxone sodium for inj 1 gm</i>	17	CHANTIX TAB 0.5MG	77
<i>ceftriaxone sodium for inj 250 mg</i>	17	CHANTIX TAB 1MG	77
<i>ceftriaxone sodium for inj 2 gm</i>	17	CHARCOAL POW	92
<i>ceftriaxone sodium for inj 500 mg</i>	17	<i>chateal tab 0.15/30</i>	84
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	17	CHEMET CAP 100MG.....	83
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<i>cefuroxime axetil tab 250 mg</i>	17	CHERRY CON	116
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CHERRY SYP CONCENTR.....	116	<i>cholestyramine light powder 4 gm/dose</i>	40
<i>chewable c chw 500mg</i>	129	<i>cholestyramine light powder packets 4 gm</i>	40
<i>chewabl vite chw childrns</i>	129	<i>cholestyramine powder 4 gm/dose</i> ...	40
<i>child chew/ chw extra c</i>	129	<i>cholestyramine powder packets 4 gm</i>	40
<i>child chew chw iron</i>	129	<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	123
<i>child chew chw vitamins</i>	129	CHRYSIN POW	116
<i>childrens chw /iron</i>	129	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	149
CHILDRENS CHW COMPLETE.....	129	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	149
<i>child silfed liq 15mg/5ml</i>	142	<i>cilostazol tab 100 mg</i>	109
<i>chld allergy liq 12.5/5ml</i>	139	<i>cilostazol tab 50 mg</i>	109
<i>chld silapap liq 160/5ml</i>	1	CILOXAN OIN 0.3% OP	135
<i>chlorhexidine gluconate soln 0.12%</i>	154	CIMDUO TAB 300-300	14
CHLOROFORM SOL	116	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	92
<i>chloroquine phosphate tab 250 mg</i> ...	11	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	92
<i>chloroquine phosphate tab 500 mg</i> ...	11	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	92
<i>chlor-phenir tab 4mg</i>	139	CIPRO (10%) SUS 500MG/5	18
<i>chlorpromazine hcl inj 25 mg/ml</i>	65	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	18
<i>chlorpromazine hcl inj 50 mg/2ml</i> ...	65	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	18
<i>chlorpromazine hcl tab 100 mg</i>	65	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	154
<i>chlorpromazine hcl tab 10 mg</i>	65	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	135
<i>chlorpromazine hcl tab 200 mg</i>	65	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	18
<i>chlorpromazine hcl tab 25 mg</i>	65	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19
<i>chlorpromazine hcl tab 50 mg</i>	65	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19
<i>chlorthalidone tab 25 mg</i>	45	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19
<i>chlorthalidone tab 50 mg</i>	46	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	22
CHOCOLATE CON FLAVOR	116	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	22
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	129	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	22
<i>cholecalciferol cap 10 mcg (400 unit)</i>	129	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	58
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	129	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	58
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	129		
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	129		
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	129		
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	129		
<i>cholecalciferol tab 10 mcg (400 unit)</i>	129		
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	129		
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	129		
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<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	59	CLINIMIX INJ 8/10	123
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	59	CLINIMIX INJ 8/14	123
<i>cit calc/d tab 315-250</i>	125	<i>clinisol sf inj 15%</i>	123
CITRIC ACID GRA ANHYDROU	116	CLINOLIPID EMU 20%	123
CITRIC ACID POW ANHYDROU	116	<i>clobazam suspension 2.5 mg/ml</i>	51
<i>claravis cap 10mg</i>	147	<i>clobazam tab 10 mg</i>	51
<i>claravis cap 20mg</i>	147	<i>clobazam tab 20 mg</i>	51
<i>claravis cap 30mg</i>	147	<i>clobetasol e cre 0.05%</i>	151
<i>claravis cap 40mg</i>	147	<i>clobetasol propionate cream 0.05%</i>	151
<i>clarithromycin for susp 125 mg/5ml</i>	18	<i>clobetasol propionate gel 0.05%</i>	151
<i>clarithromycin for susp 250 mg/5ml</i>	18	<i>clobetasol propionate oint 0.05%</i>	151
<i>clarithromycin tab 250 mg</i>	18	<i>clobetasol propionate soln 0.05%</i>	151
<i>clarithromycin tab 500 mg</i>	18	<i>clomipramine hcl cap 25 mg</i>	59
<i>clarithromycin tab er 24hr 500 mg</i>	18	<i>clomipramine hcl cap 50 mg</i>	59
<i>clindamycin hcl cap 150 mg</i>	8	<i>clomipramine hcl cap 75 mg</i>	59
<i>clindamycin hcl cap 300 mg</i>	8	<i>clonazepam orally disintegrating tab 0.125 mg</i>	51
<i>clindamycin hcl cap 75 mg</i>	8	<i>clonazepam orally disintegrating tab 0.25 mg</i>	51
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	8	<i>clonazepam orally disintegrating tab 0.5 mg</i>	51
<i>clindamycin phosphate gel 1%</i>	147	<i>clonazepam orally disintegrating tab 1 mg</i>	51
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	8	<i>clonazepam orally disintegrating tab 2 mg</i>	51
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	8	<i>clonazepam tab 0.5 mg</i>	51
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	8	<i>clonazepam tab 1 mg</i>	51
<i>clindamycin phosphate inj 300 mg/2ml</i>	8	<i>clonazepam tab 2 mg</i>	51
<i>clindamycin phosphate inj 600 mg/4ml</i>	8	<i>clonidine hcl tab 0.1 mg</i>	46
<i>clindamycin phosphate inj 900 mg/6ml</i>	8	<i>clonidine hcl tab 0.2 mg</i>	46
<i>clindamycin phosphate inj 9 gm/60ml</i>	8	<i>clonidine hcl tab 0.3 mg</i>	46
<i>clindamycin phosphate lotion 1%</i>	147	<i>clonidine td patch weekly 0.1 mg/24hr</i>	46
<i>clindamycin phosphate soln 1%</i>	147	<i>clonidine td patch weekly 0.2 mg/24hr</i>	47
<i>clindamycin phosphate vaginal cream 2%</i>	105	<i>clonidine td patch weekly 0.3 mg/24hr</i>	47
CLINDMYC/NAC INJ 300/50ML	8	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	110
CLINDMYC/NAC INJ 600/50ML	8	<i>clorazepate dipotassium tab 15 mg</i>	51
CLINDMYC/NAC INJ 900/50ML	8	<i>clorazepate dipotassium tab 3.75 mg</i>	51
CLINIMIX INJ 4.25/D10	123	<i>clorazepate dipotassium tab 7.5 mg</i>	51
CLINIMIX INJ 4.25/D5W	123	CLORPACTIN POW WCS-90	152
CLINIMIX INJ 5%/D15W	123	<i>clotrimazole cre 1%</i>	149
CLINIMIX INJ 5%/D20W	123	<i>clotrimazole cre 1% vag</i>	105
CLINIMIX INJ 6/5	123	<i>clotrimazole cre 3 day</i>	105
		<i>clotrimazole cream 1%</i>	149

<i>clotrimazole soln 1%</i>	149	<i>colesevelam hcl tab 625 mg</i>	40
<i>clotrimazole troche 10 mg</i>	154	<i>colestipol hcl granule packets 5 gm</i> ..	41
<i>clotrimazole vaginal cream 1%</i>	105	<i>colestipol hcl granules 5 gm</i>	41
<i>clotrimazole w/ betamethasone cream</i>		<i>colestipol hcl tab 1 gm</i>	41
<i>1-0.05%</i>	149	<i>colistimethate sod for inj 150 mg</i>	
CLOVE OIL	116	<i>(colistin base activity)</i>	8
<i>clovique cap 250mg</i>	83	COLLODION LIQ.....	116
<i>clozapine orally disintegrating tab 100</i>		COLLODION LIQ FLEXIBLE.....	116
<i>mg</i>	65	COMBIGAN SOL 0.2/0.5%	137
<i>clozapine orally disintegrating tab 12.5</i>		COMBIVENT AER 20-100	138
<i>mg</i>	65	COMETRIQ KIT 100MG.....	27
<i>clozapine orally disintegrating tab 150</i>		COMETRIQ KIT 140MG.....	27
<i>mg</i>	65	COMETRIQ KIT 60MG	27
<i>clozapine orally disintegrating tab 200</i>		<i>comp allergy cap 25mg</i>	139
<i>mg</i>	65	<i>compete tab</i>	129
<i>clozapine orally disintegrating tab 25</i>		COMPLERA TAB.....	14
<i>mg</i>	65	<i>complete tab</i>	129
<i>clozapine tab 100 mg</i>	65	<i>complete tab senior</i>	129
<i>clozapine tab 200 mg</i>	65	<i>compro sup 25mg</i>	98
<i>clozapine tab 25 mg</i>	65	<i>constulose sol 10gm/15</i>	101
<i>clozapine tab 50 mg</i>	65	COPIKTRA CAP 15MG	27
CL PRENATAL TAB 28-0.8MG.....	129	COPIKTRA CAP 25MG	27
COAL TAR SOL 20%	116	COPPER SULF CRY	123
COARTEM TAB 20-120MG.....	11	COQ-10 CAP 100MG TR.....	127
COCOA BUTTER MIS	116	CORLANOR SOL 5MG/5ML	47
COCONUT OIL.....	116	CORLANOR TAB 5MG	47
<i>cod liver cap</i>	129	CORLANOR TAB 7.5MG	47
<i>cod liver oil cap</i>	129	CORN STARCH POW	116
COD LIVER OIL OIL	129	<i>cortisone acetate tab 25 mg</i>	90
<i>coenzyme q10 cap 100mg</i>	127	COTELLIC TAB 20MG	27
<i>coenzyme q10 cap 100 mg</i>	127	COTTONSEED OIL	116
<i>coenzyme q10 cap 10 mg</i>	126	<i>cough cont liq dm max</i>	142
<i>coenzyme q10 cap 150 mg</i>	127	<i>cough dm sus 30mg/5ml</i>	142
<i>coenzyme q10 cap 30mg</i>	127	CREATINE POW MONOHYDR	116
<i>coenzyme q10 cap 30 mg</i>	127	CREON CAP 12000UNT.....	103
<i>coenzyme q10 cap 50 mg</i>	127	CREON CAP 24000UNT.....	103
<i>coenzyme q10 cap 60 mg</i>	127	CREON CAP 3000UNIT	103
<i>coenzyme q10 cap 75 mg</i>	127	CREON CAP 36000UNT.....	103
COENZYME Q10 LIQ 30MG/5ML.....	127	CREON CAP 6000UNIT	103
COENZYME Q10 POW.....	116	CRIXIVAN CAP 200MG	12
COENZYME Q10 TAB 200MG	127	CRIXIVAN CAP 400MG	12
<i>colchicine tab 0.6 mg</i>	1	<i>cromolyn sodium nasal aerosol soln 5.2</i>	
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>mg/act (4%)</i>	144
<i>mg</i>	1	<i>cromolyn sodium ophth soln 4%</i>	136
<i>cold/allergy elx children</i>	142	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>colesevelam hcl packet for susp 3.75</i>		.....	103
<i>gm</i>	40		

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	D2.5W/NACL INJ 0.45%	121
.....	<i>d3 cap 1000unit</i>	129
CROTON OIL.....	<i>d3 super str cap 2000unit</i>	129
<i>cryselle-28 tab 28 tabs</i>	<i>d 400 tab 400unit</i>	129
84	D5W/LYTES INJ #48.....	121
<i>cupric chloride inj 0.4 mg/ml</i>	D5W/NACL INJ 0.3%	121
(elemental).....	<i>daily-vite/ tab iron</i>	130
123	<i>daily-vite tab</i>	129
<i>cvs cough dm sus 30mg/5ml</i>	<i>daily vit tab</i>	129
142	<i>dalfampridine tab er 12hr 10 mg</i>	75
<i>cyanocobalamin inj 1000 mcg/ml</i> ...	DALIRESP TAB 250MCG	144
129	DALIRESP TAB 500MCG	144
<i>cyanocobalamin tab 1000 mcg</i>	<i>danazol cap 100 mg</i>	89
129	<i>danazol cap 200 mg</i>	89
<i>cyanocobalamin tab 100 mcg</i>	<i>danazol cap 50 mg</i>	88
129	<i>dantrolene sodium cap 100 mg</i>	76
<i>cyanocobalamin tab 250 mcg</i>	<i>dantrolene sodium cap 25 mg</i>	75
129	<i>dantrolene sodium cap 50 mg</i>	76
<i>cyanocobalamin tab 500 mcg</i>	<i>dapsone tab 100 mg</i>	8
129	<i>dapsone tab 25 mg</i>	8
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<i>ecpirin tab 325mg ec</i>	1	ENBREL INJ 50MG/ML	110
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<i>mg/0.3ml (1:2000).....</i>	144	<i>mg</i>	18
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<i>eq cough dm sus 30mg/5ml.....</i>	142	<i>equiv).....</i>	60
<i>eql coq10 cap 100mg.....</i>	127	<i>escitalopram oxalate tab 5 mg (base</i>	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>		<i>equiv).....</i>	60
.....	130	<i>esomeprazole magnesium cap delayed</i>	
<i>ergocalciferol soln 200 mcg/ml (8000</i>		<i>release 20 mg (base eq).....</i>	104
<i>unit/ml)</i>	130		

<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	104	ETHYL ALCOHO SOL 95%	116
<i>essentl one tab daily</i>	130	ETHYL ALCOHO SOL 95% USP	117
<i>estarylla tab 0.25-35</i>	85	ETHYL ALCOHO SOL SDA 95%	117
<i>ester-c tab 500mg</i>	130	ETHYL OLEATE LIQ	117
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	89	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	85
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	89	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	85
<i>estradiol tab 0.5 mg</i>	89	<i>etodolac cap 200 mg</i>	2
<i>estradiol tab 1 mg</i>	89	<i>etodolac cap 300 mg</i>	2
<i>estradiol tab 2 mg</i>	89	<i>etodolac tab 400 mg</i>	2
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	89	<i>etodolac tab 500 mg</i>	3
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	89	<i>etodolac tab er 24hr 400 mg</i>	3
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	89	<i>etodolac tab er 24hr 500 mg</i>	3
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	89	<i>etodolac tab er 24hr 600 mg</i>	3
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	89	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	85
<i>estradiol td patch weekly 0.025 mg/24hr</i>	89	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	26
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	89	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	26
<i>estradiol td patch weekly 0.05 mg/24hr</i>	89	<i>euthyrox tab 100mcg</i>	95
<i>estradiol td patch weekly 0.06 mg/24hr</i>	89	<i>euthyrox tab 112mcg</i>	95
<i>estradiol td patch weekly 0.075 mg/24hr</i>	89	<i>euthyrox tab 125mcg</i>	95
<i>estradiol vaginal cream 0.1 mg/gm</i> ..	89	<i>euthyrox tab 137mcg</i>	95
<i>estradiol vaginal tab 10 mcg</i>	89	<i>euthyrox tab 150mcg</i>	95
<i>estradiol valerate im in oil 20 mg/ml</i> ..	89	<i>euthyrox tab 175mcg</i>	95
<i>estradiol valerate im in oil 40 mg/ml</i> ..	89	<i>euthyrox tab 200mcg</i>	95
<i>eszopiclone tab 1 mg</i>	72	<i>euthyrox tab 25mcg</i>	95
<i>eszopiclone tab 2 mg</i>	72	<i>euthyrox tab 50mcg</i>	95
<i>eszopiclone tab 3 mg</i>	72	<i>euthyrox tab 75mcg</i>	95
<i>ethambutol hcl tab 100 mg</i>	15	<i>euthyrox tab 88mcg</i>	95
<i>ethambutol hcl tab 400 mg</i>	15	<i>everolimus tab 0.25 mg</i>	113
<i>ethosuximide cap 250 mg</i>	52	<i>everolimus tab 0.5 mg</i>	113
<i>ethosuximide soln 250 mg/5ml</i>	52	<i>everolimus tab 0.75 mg</i>	113
ETHOXY ETHNL LIQ REAGENT	116	<i>everolimus tab 2.5 mg</i>	27
ETHYL ALCOHO SOL 100%	117	<i>everolimus tab 5 mg</i>	28
		<i>everolimus tab 7.5 mg</i>	28
		EVOTAZ TAB 300-150	14
		<i>exemestane tab 25 mg</i>	24
		<i>eye allergy sol relief</i>	136
		<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	41
		<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	41
		<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	41
		<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	41
		<i>ezetimibe tab 10 mg</i>	41
		EZFE 200 CAP 200MG	107

EZFE FORTE CAP	130	<i>felodipine tab er 24hr 2.5 mg</i>	44
F		<i>felodipine tab er 24hr 5 mg</i>	44
FABRAZYME INJ 35MG	93	<i>femynor tab 0.25-35</i>	85
FABRAZYME INJ 5MG.....	93	<i>fenofibrate micronized cap 134 mg</i> ...	39
<i>falmina tab</i>	85	<i>fenofibrate micronized cap 200 mg</i> ...	39
<i>famciclovir tab 125 mg</i>	15	<i>fenofibrate micronized cap 67 mg</i>	39
<i>famciclovir tab 250 mg</i>	15	<i>fenofibrate tab 145 mg</i>	40
<i>famciclovir tab 500 mg</i>	15	<i>fenofibrate tab 160 mg</i>	40
<i>famotidine for susp 40 mg/5ml</i>	100	<i>fenofibrate tab 48 mg</i>	40
<i>famotidine inj 200 mg/20ml</i>	100	<i>fenofibrate tab 54 mg</i>	40
<i>famotidine inj 20 mg/2ml</i>	100	<i>fentanyl citrate lozenge on a handle</i>	
<i>famotidine inj 40 mg/4ml</i>	100	1200 mcg	6
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fentanyl citrate lozenge on a handle</i>	
<i>mg/50ml</i>	100	1600 mcg	6
<i>famotidine tab 20 mg</i>	100	<i>fentanyl citrate lozenge on a handle</i>	
<i>famotidine tab 40 mg</i>	100	200 mcg	6
FANAPT PAK	65	<i>fentanyl citrate lozenge on a handle</i>	
FANAPT TAB 10MG	65	400 mcg	6
FANAPT TAB 12MG	65	<i>fentanyl citrate lozenge on a handle</i>	
FANAPT TAB 1MG	65	600 mcg	6
FANAPT TAB 2MG	65	<i>fentanyl citrate lozenge on a handle</i>	
FANAPT TAB 4MG	65	800 mcg	6
FANAPT TAB 6MG	65	<i>fentanyl td patch 72hr 100 mcg/hr</i>	4
FANAPT TAB 8MG	65	<i>fentanyl td patch 72hr 12 mcg/hr</i>	4
FARXIGA TAB 10MG	79	<i>fentanyl td patch 72hr 25 mcg/hr</i>	4
FARXIGA TAB 5MG	79	<i>fentanyl td patch 72hr 50 mcg/hr</i>	4
FARYDAK CAP 10MG	28	<i>fentanyl td patch 72hr 75 mcg/hr</i>	4
FARYDAK CAP 15MG	28	FERAHEME INJ 510/17ML	107
FARYDAK CAP 20MG	28	<i>ferate tab 27mg</i>	107
FASENRA INJ 30MG/ML	145	<i>ferosul elx 220/5ml</i>	107
FASENRA PEN INJ 30MG/ML.....	145	<i>ferosul tab 325mg</i>	107
FATTYBLEND MIS	117	FERRETTS IPS SOL	108
<i>fayosim tab</i>	85	FERRETTS TAB 325MG	108
FDC BLUE 1 POW	117	<i>ferrex 150 cap 150mg</i>	108
FDC BLUE 1 POW AL LAKE	117	FERRIC POW SUBSULFA	117
FDC BLUE 2 POW	117	FERRIC SUBSU SOL	117
FDC GREEN #3 POW	117	FERRIMIN 150 TAB.....	108
FDC RED #3 POW.....	117	<i>ferrous fumarate tab 324 mg (106 mg</i>	
FDC RED #40 POW AL LAKE	117	<i>elemental fe)</i>	108
FDC RED 40 POW	117	<i>ferrous gluconate tab 240 mg (27 mg</i>	
FDC YELLOW 5 POW	117	<i>elemental fe)</i>	108
FDC YELLOW 5 POW AL LAKE.....	117	<i>ferrous gluconate tab 324 mg (37.5 mg</i>	
FDC YELLOW 6 POW	117	<i>elemental iron)</i>	108
<i>felbamate susp 600 mg/5ml</i>	52	FERROUS GLUC TAB 324MG.....	108
<i>felbamate tab 400 mg</i>	52	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>felbamate tab 600 mg</i>	52	<i>mg/5ml elemental fe)</i>	108
<i>felodipine tab er 24hr 10 mg</i>	44		

<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	108	<i>fluconazole for susp 40 mg/ml</i>	10
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	108	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	10
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	108	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	108	<i>fluconazole tab 100 mg</i>	11
FERROUS SULF TAB 324MG EC	108	<i>fluconazole tab 150 mg</i>	11
<i>ferrousul tab 325mg</i>	108	<i>fluconazole tab 200 mg</i>	11
FE SULFATE POW	107	<i>fluconazole tab 50 mg</i>	11
FETZIMA CAP 120MG	60	<i>flucytosine cap 250 mg</i>	11
FETZIMA CAP 20MG	60	<i>flucytosine cap 500 mg</i>	11
FETZIMA CAP 40MG	60	<i>fludrocortisone acetate tab 0.1 mg</i> ...	90
FETZIMA CAP 80MG	60	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	146
FETZIMA CAP TITRATIO	60	<i>fluocinolone acetonide (otic) oil 0.01%</i>	154
FEVERALL INF SUP 80MG	1	<i>fluocinolone acetonide cream 0.01%</i>	151
<i>feverall sup 120mg</i>	1	<i>fluocinolone acetonide cream 0.025%</i>	151
FEVERALL SUP 325MG	1	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	151
<i>feverall sup 650mg</i>	1	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	151
<i>fexofenadine hcl tab 180 mg</i>	139	<i>fluocinolone acetonide oint 0.025%</i>	151
<i>fexofenadine hcl tab 60 mg</i>	139	<i>fluocinolone acetonide soln 0.01%</i>	151
<i>fexofenadine tab 180mg</i>	139	<i>fluocinonide cream 0.05%</i>	151
FIASP FLEX INJ TOUCH	81	<i>fluocinonide emulsified base cream 0.05%</i>	151
FIASP INJ 100/ML	81	<i>fluocinonide gel 0.05%</i>	151
FIASP PENFIL INJ U-100	81	<i>fluocinonide oint 0.05%</i>	151
<i>finasteride tab 5 mg</i>	104	<i>fluocinonide soln 0.05%</i>	151
FINTEPLA SOL 2.2MG/ML	52	<i>fluorometholone ophth susp 0.1%</i>	136
<i>flac oil 0.01%</i>	154	<i>fluorouracil cream 5%</i>	152
FLAREX SUS 0.1% OP	136	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	23
FLAVORX LIQ	117	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	23
FLEBOGAMMA INJ 10/100ML	112	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	23
FLEBOGAMMA INJ 10/200ML	112	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	23
FLEBOGAMMA INJ 20/200ML	112	<i>fluorouracil soln 2%</i>	152
FLEBOGAMMA INJ 20/400ML	112	<i>fluorouracil soln 5%</i>	152
FLEBOGAMMA INJ 5GM/50ML	112	<i>fluoxetine hcl cap 10 mg</i>	60
FLEBOGAMMA INJ DIF 5%	112	<i>fluoxetine hcl cap 20 mg</i>	60
<i>flecainide acetate tab 100 mg</i>	39	<i>fluoxetine hcl cap 40 mg</i>	60
<i>flecainide acetate tab 150 mg</i>	39		
<i>flecainide acetate tab 50 mg</i>	39		
FLOVENT DISK AER 100MCG	146		
FLOVENT DISK AER 250MCG	146		
FLOVENT DISK AER 50MCG	146		
FLOVENT HFA AER 110MCG	146		
FLOVENT HFA AER 220MCG	146		
FLOVENT HFA AER 44MCG	146		
<i>fluconazole for susp 10 mg/ml</i>	10		

<i>fluoxetine hcl solution 20 mg/5ml</i>	60	FOTIVDA CAP 1.34MG	.....	28
<i>fluphenazine decanoate inj 25 mg/ml</i>	66	FREAMINE HBC INJ 6.9%	.....	124
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	66	FREAMINE III INJ 10%	.....	124
<i>fluphenazine hcl inj 2.5 mg/ml</i>	66	FREE & CLEAR SHA	.....	152
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...66		FRUCTOSE GRA	.....	127
<i>fluphenazine hcl tab 10 mg</i>	66	FULLERS POW EARTH	.....	117
<i>fluphenazine hcl tab 1 mg</i>	66	<i>fulvestrant inj 250 mg/5ml</i>	24	
<i>fluphenazine hcl tab 2.5 mg</i>	66	<i>fungoid-d cre 1%</i>	149	
<i>fluphenazine hcl tab 5 mg</i>	66	<i>furosemide inj 10 mg/ml</i>	46	
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>furosemide oral soln 10 mg/ml</i>	46	
.....	136	<i>furosemide oral soln 8 mg/ml</i>	46	
<i>flurbiprofen tab 100 mg</i>	3	<i>furosemide tab 20 mg</i>	46	
<i>flutamide cap 125 mg</i>	24	<i>furosemide tab 40 mg</i>	46	
<i>fluticasone propionate cream 0.05%</i>		<i>furosemide tab 80 mg</i>	46	
.....	151	FUSION CAP	.....	108
<i>fluticasone propionate nasal susp 50</i>		FUZEON INJ 90MG	.....	12
<i>mcg/act</i>	146	FYCOMPA SUS 0.5MG/ML	.....	52
<i>fluticasone propionate oint 0.005%</i>	151	FYCOMPA TAB 10MG	.....	53
<i>fluvoxamine maleate tab 100 mg</i>	49	FYCOMPA TAB 12MG	.....	53
<i>fluvoxamine maleate tab 25 mg</i>	49	FYCOMPA TAB 2MG	.....	52
<i>fluvoxamine maleate tab 50 mg</i>	49	FYCOMPA TAB 4MG	.....	52
<i>folic acid inj 5 mg/ml</i>	130	FYCOMPA TAB 6MG	.....	53
<i>folic acid tab 1 mg</i>	130	FYCOMPA TAB 8MG	.....	53
<i>folic acid tab 400mcg</i>	130	G		
<i>folic acid tab 400 mcg</i>	130	<i>gabapentin cap 100 mg</i>	53	
<i>folic acid tab 800 mcg</i>	130	<i>gabapentin cap 300 mg</i>	53	
FOLITAB 500 TAB.....	108	<i>gabapentin cap 400 mg</i>	53	
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	53	
<i>10 mg/0.8ml</i>	106	<i>gabapentin tab 600 mg</i>	53	
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 800 mg</i>	53	
<i>2.5 mg/0.5ml</i>	106	<i>galantamine hydrobromide cap er 24hr</i>		
<i>fondaparinux sodium subcutaneous inj</i>		<i>16 mg</i>	57	
<i>5 mg/0.4ml</i>	106	<i>galantamine hydrobromide cap er 24hr</i>		
<i>fondaparinux sodium subcutaneous inj</i>		<i>24 mg</i>	57	
<i>7.5 mg/0.6ml</i>	106	<i>galantamine hydrobromide cap er 24hr</i>		
FORMALDEHYDE SOL 37%.....	152	<i>8 mg</i>	57	
FORTEO INJ 620/2.48.....	82	<i>galantamine hydrobromide oral soln 4</i>		
<i>fosamprenavir calcium tab 700 mg</i>		<i>mg/ml</i>	57	
<i>(base equiv)</i>	12	<i>galantamine hydrobromide tab 12 mg</i>		
<i>fosinopril sodium & hydrochlorothiazide</i>		.....	57	
<i>tab 10-12.5 mg</i>	34	<i>galantamine hydrobromide tab 4 mg</i>	57	
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide tab 8 mg</i>	57	
<i>tab 20-12.5 mg</i>	34	GAMASTAN INJ	.....	112
<i>fosinopril sodium tab 10 mg</i>	35	GAMMAGARD INJ 10GM/100	.....	112
<i>fosinopril sodium tab 20 mg</i>	35	GAMMAGARD INJ 1GM/10ML	.....	112
<i>fosinopril sodium tab 40 mg</i>	35	GAMMAGARD INJ 2.5GM/25	.....	112
FOTIVDA CAP 0.89MG.....	28	GAMMAGARD INJ 20GM/200	.....	112

GAMMAGARD INJ 30GM/300	112	GENOTROPIN INJ 12MG	93
GAMMAGARD INJ 5GM/50ML	112	GENOTROPIN INJ 1MG	93
GAMMAGARD SD INJ 10GM HU	112	GENOTROPIN INJ 2MG	93
GAMMAGARD SD INJ 5GM HU	112	GENOTROPIN INJ 5MG	93
GAMMAKED INJ 10GM/100	112	<i>gentak oin 0.3% op</i>	135
GAMMAKED INJ 1GM/10ML	112	<i>gentamicin in saline inj 0.8 mg/ml</i>	8
GAMMAKED INJ 20GM/200	112	<i>gentamicin in saline inj 1.2 mg/ml</i>	8
GAMMAKED INJ 5GM/50ML	112	<i>gentamicin in saline inj 1.6 mg/ml</i>	8
GAMMAPLEX INJ 10%	112	<i>gentamicin in saline inj 1 mg/ml</i>	8
GAMMAPLEX INJ 5%	112	<i>gentamicin in saline inj 2 mg/ml</i>	8
GAMUNEX-C INJ 10GM/100	112	<i>gentamicin sulfate cream 0.1%</i>	148
GAMUNEX-C INJ 1GM/10ML	112	<i>gentamicin sulfate inj 10 mg/ml</i>	8
GAMUNEX-C INJ 2.5GM/25	112	<i>gentamicin sulfate inj 40 mg/ml</i>	8
GAMUNEX-C INJ 20GM/200	112	<i>gentamicin sulfate oint 0.1%</i>	148
GAMUNEX-C INJ 40/400ML	112	<i>gentamicin sulfate ophth soln 0.3%</i>	135
GAMUNEX-C INJ 5GM/50ML	112	<i>gentle laxat sup 10mg</i>	101
<i>ganciclovir sodium for inj 500 mg</i>	15	<i>gentle laxat tab 5mg ec</i>	101
GARDASIL 9 INJ	114	GENVOYA TAB	14
<i>gatifloxacin ophth soln 0.5%</i>	135	<i>geriaton liq</i>	130
GATTEX KIT 5MG	103	GERIATRIC LIQ VITAMIN	130
GAUZE PADS 2	81	<i>gianvi tab 3-0.02mg</i>	85
<i>gavilyte-c sol</i>	101	GILENYA CAP 0.5MG	75
<i>gavilyte-g sol</i>	101	GILOTRIF TAB 20MG	28
<i>gavilyte-n sol flav pk</i>	101	GILOTRIF TAB 30MG	28
GAVRETO CAP 100MG	28	GILOTRIF TAB 40MG	28
<i>gemcitabine hcl for inj 1 gm</i>	23	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl for inj 200 mg</i>	23	20 mg/ml	75
<i>gemcitabine hcl for inj 2 gm</i>	23	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		40 mg/ml	75
<i>mg/ml) (base equiv)</i>	23	<i>glatopa inj 20mg/ml</i>	75
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		<i>glatopa inj 40mg/ml</i>	75
<i>mg/ml) (base equiv)</i>	23	<i>glimepiride tab 1 mg</i>	79
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		<i>glimepiride tab 2 mg</i>	79
<i>mg/ml) (base equiv)</i>	23	<i>glimepiride tab 4 mg</i>	79
<i>gemfibrozil tab 600 mg</i>	40	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>generlac sol 10gm/15</i>	101	.....	79
<i>gengraf cap 100mg</i>	113	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>gengraf cap 25mg</i>	113	.....	79
<i>gengraf sol 100mg/ml</i>	113	<i>glipizide-metformin hcl tab 5-500 mg</i>	79
GENOTROPIN INJ 0.2MG	93	<i>glipizide tab 10 mg</i>	79
GENOTROPIN INJ 0.4MG	93	<i>glipizide tab 5 mg</i>	79
GENOTROPIN INJ 0.6MG	93	<i>glipizide tab er 24hr 10 mg</i>	79
GENOTROPIN INJ 0.8MG	93	<i>glipizide tab er 24hr 2.5 mg</i>	79
GENOTROPIN INJ 1.2MG	93	<i>glipizide tab er 24hr 5 mg</i>	79
GENOTROPIN INJ 1.4MG	93	<i>glipizide xl tab 10mg</i>	79
GENOTROPIN INJ 1.6MG	93	<i>glipizide xl tab 2.5mg</i>	79
GENOTROPIN INJ 1.8MG	93	<i>glipizide xl tab 5mg</i>	79

GLUCOSAMINE POW HCL.....	117	<i>gnp nicotine gum 2mg mint.....</i>	77
GLUCOSAMINE POW SULFATE.....	117	<i>gnp nicotine gum 2mg orig.....</i>	77
GLYCERIN LIQ	117	<i>gnp nicotine gum 4mg mint.....</i>	77
<i>glycerin suppos 1 gm.....</i>	101	<i>gnp nicotine loz 2mg mint.....</i>	77
GLYCOLIC ACD CRY.....	117	<i>gnp nicotine loz 4mg mint.....</i>	77
GLYCOLIC ACD SOL 70%	152	<i>gnp nicotine loz mini 2mg.....</i>	77
<i>glycopyrrolate tab 1 mg.....</i>	100	<i>gnp one dail tab maximum.....</i>	130
<i>glycopyrrolate tab 2 mg.....</i>	100	<i>gnp opti-vit tab.....</i>	130
<i>glydo gel 2%.....</i>	152	<i>gnp pediatri sol electrol.....</i>	121
GLYXAMBI TAB 10-5 MG	79	GNP PRENATAL TAB 28-0.8MG	130
GLYXAMBI TAB 25-5 MG	79	<i>gnp suphedrn liq 15mg/5ml.....</i>	142
<i>gnp all day tab allergy.....</i>	139	<i>gnp tussin liq dm.....</i>	142
<i>gnp allergy cap 25mg.....</i>	139	<i>gnp tussin liq dm cough.....</i>	142
<i>gnp allergy tab 25mg.....</i>	139	<i>gnp tussin liq dm max.....</i>	142
<i>gnp allergy tab 4mg.....</i>	139	<i>gnp tussin syp cf.....</i>	142
<i>gnp antacid sus anti-gas.....</i>	97	<i>gnp vit b-12 tab 1000 cr.....</i>	131
<i>gnp aspirin tab 325mg ec.....</i>	1	<i>gnp vit b-12 tab 500mcg.....</i>	130
<i>gnp b-100 tab.....</i>	130	<i>gnp vit b1 tab 100mg.....</i>	130
<i>gnp b-50 tab balanced.....</i>	130	<i>gnp vit b-6 tab 100mg.....</i>	130
<i>gnp bisa-lax tab 5mg ec.....</i>	101	<i>gnp vit c chw 500mg.....</i>	131
<i>gnp ca/mg/zn tab.....</i>	125	<i>gnp vit c loz 60mg.....</i>	131
<i>gnp ca/vit d chw minerals.....</i>	125	<i>gnp vit c tab 1000mg.....</i>	131
<i>gnp calcium tab 500/d.....</i>	125	<i>gnp vit c tab 250mg.....</i>	131
<i>gnp calcium tab 600/d.....</i>	125	<i>gnp vit d tab 1000unit.....</i>	131
<i>gnp calcium tab cit +d3.....</i>	125	<i>gnp vit e cap 1000unit.....</i>	131
<i>gnp century tab.....</i>	130	<i>gnp vit e cap 200unit.....</i>	131
<i>gnp century tab cardio.....</i>	130	<i>gnp vit e cap 400unit.....</i>	131
GNP CENTURY TAB ENERGY.....	130	<i>gnp zinc tab 50mg.....</i>	125
<i>gnp century tab mature.....</i>	130	<i>gnp zoochews chw gummies.....</i>	131
<i>gnp century tab senior.....</i>	130	GOLYTELY SOL.....	101
<i>gnp century tab ultimate.....</i>	130	GOWEY TIN TINCTURE.....	127
<i>gnp co q10 cap 100mg.....</i>	127	<i>granisetron hcl inj 1 mg/ml.....</i>	99
<i>gnp co q10 cap 60mg.....</i>	127	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	99
<i>gnp cough dm sus 30mg/5ml.....</i>	142	.....	99
<i>gnp dayhist tab 1.34mg.....</i>	139	<i>granisetron hcl tab 1 mg.....</i>	99
<i>gnp glycerin sup 1.2gm.....</i>	101	GRAPE LIQ FLAVOR	117
<i>gnp healthy tab eyes.....</i>	130	GRAPE SEED OIL.....	117
<i>gnp iron tab 45mg.....</i>	108	GRAPE SYP.....	117
<i>gnp iron tab 65mg.....</i>	108	GREEN TEA EX LIQ 90%.....	117
<i>gnp k-pec sus 262/15ml.....</i>	98	<i>griseofulvin microsize susp 125 mg/5ml</i>	11
<i>gnp laxative sup 10mg.....</i>	101	.....	11
<i>gnp laxative tab 25mg.....</i>	101	<i>griseofulvin microsize tab 500 mg</i>	11
<i>gnp laxative tab 5mg ec.....</i>	101	<i>griseofulvin ultramicrosize tab 125 mg</i>	11
<i>gnp lice kit.....</i>	153	.....	11
<i>gnp little chw ones.....</i>	130	<i>griseofulvin ultramicrosize tab 250 mg</i>	11
<i>gnp magnesiui tab 250mg.....</i>	125	11
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<i>guaifenesin-codeine soln 100-10</i>		HEPARIN/NAACL INJ 25000UNT	106
<i>mg/5ml</i>	142	<i>heparin sodium (porcine) 100 unit/ml</i>	
<i>guaifenesin liquid 100 mg/5ml</i>	142	<i>in d5w</i>	106
<i>guaifenesin syp 100-10/5</i>	142	<i>heparin sodium (porcine)-dextrose iv</i>	
<i>guanfacine hcl tab 1 mg</i>	47	<i>sol 20000 unit/500ml-5%</i>	106
<i>guanfacine hcl tab 2 mg</i>	47	<i>heparin sodium (porcine)-dextrose iv</i>	
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		<i>sol 25000 unit/500ml-5%</i>	106
<i>equiv)</i>	71	<i>heparin sodium (porcine) inj 10000</i>	
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		<i>unit/ml</i>	106
<i>equiv)</i>	71	<i>heparin sodium (porcine) inj 1000</i>	
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		<i>unit/ml</i>	106
<i>equiv)</i>	71	<i>heparin sodium (porcine) inj 20000</i>	
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		<i>unit/ml</i>	106
<i>equiv)</i>	71	<i>heparin sodium (porcine) inj 5000</i>	
GVOKE HYPO 2 INJ .5/.1ML	92	<i>unit/ml</i>	106
GVOKE HYPO 2 INJ 1MG/.2ML	92	<i>hepatamine sol 8%</i>	124
GVOKE PFS INJ	92	HEP SOD/NAACL INJ 25000UNT	106
H		HERCEP HYLEC SOL 60-10000	28
<i>h2q cap 100mg</i>	127	HERCEPTIN INJ 150MG	28
HAEGARDA INJ 2000UNIT	109	HERZUMA INJ 150MG	28
HAEGARDA INJ 3000UNIT	109	HERZUMA INJ 420MG	28
<i>hailey 24 tab fe</i>	85	HETLIOZ CAP 20MG	72
<i>hailey tab 1.5/30</i>	85	HIBERIX SOL 10MCG	114
<i>halobetasol propionate cream 0.05%</i>		<i>hm allergy tab 25mg</i>	140
.....	151	<i>hm allergy tab 4mg</i>	140
<i>halobetasol propionate oint 0.05%</i> .	151	<i>hm antacid sus anti-gas</i>	97
<i>haloperidol decanoate im soln 100</i>		<i>hm aspirin tab 325mg</i>	1
<i>mg/ml</i>	66	<i>hm coq10 cap 100mg</i>	127
<i>haloperidol decanoate im soln 50</i>		<i>hm coq10 cap 50mg</i>	127
<i>mg/ml</i>	66	<i>hm cough dm sus 30mg/5ml</i>	142
<i>haloperidol lactate inj 5 mg/ml</i>	66	<i>hm epsom gra salt</i>	101
<i>haloperidol lactate oral conc 2 mg/ml</i>	66	<i>hm iron tab 65mg</i>	108
<i>haloperidol tab 0.5 mg</i>	66	<i>hm niacin tab 250mg</i>	131
<i>haloperidol tab 10 mg</i>	66	<i>hm nicotine gum 2mg mint</i>	77
<i>haloperidol tab 1 mg</i>	66	<i>hm nicotine gum 4mg mint</i>	77
<i>haloperidol tab 20 mg</i>	66	<i>hm nicotine loz 2mg mint</i>	77
<i>haloperidol tab 2 mg</i>	66	<i>hm nicotine loz 4mg mint</i>	77
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HARVONI PAK 45-200MG	15	<i>hm vitamin e cap 1000unit</i>	131
HARVONI TAB 45-200MG	15	<i>hm vitamin e cap 200unit</i>	131
HARVONI TAB 90-400MG	15	<i>hm vit b1 tab 100mg</i>	131
HAVRIX INJ 1440UNIT	114	HRT BASE CRE	117
HAVRIX INJ 720UNIT	114	HUMIRA INJ 10/0.1ML	110
<i>healthy eyes cap supervis</i>	131	HUMIRA INJ 20/0.2ML	110
<i>healthy eyes tab</i>	131	HUMIRA INJ 40/0.4ML	110
<i>heather tab 0.35mg</i>	85	HUMIRA KIT 40MG/0.8	110

HUMIRA PEDIA INJ CROHNS	110	<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	142
HUMIRA PEN INJ 40/0.4ML	110	<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	142
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HUMIRA PEN INJ 80/0.8ML	111	<i>hydrocortisone cream 2.5%</i>	151
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HUMIRA PEN INJ PS/UV.....	111	<i>hydrocortisone lotion 2.5%</i>	151
HUMIRA PEN KIT CD/UC/HS.....	111	<i>hydrocortisone oint 2.5%</i>	151
HUMIRA PEN KIT PED UC.....	111	<i>hydrocortisone perianal cream 2.5%</i>	152
HUMIRA PEN KIT PS/UV	111	<i>hydrocortisone tab 10 mg</i>	90
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<i>hydralazine hcl inj 20 mg/ml</i>	47	<i>hydrocortisone tab 5 mg</i>	90
<i>hydralazine hcl tab 100 mg</i>	47	<i>hydromet syp 5-1.5/5</i>	142
<i>hydralazine hcl tab 10 mg</i>	47	<i>hydromorphone hcl liqd 1 mg/ml</i>	6
<i>hydralazine hcl tab 25 mg</i>	47	<i>hydromorphone hcl tab 2 mg</i>	6
<i>hydralazine hcl tab 50 mg</i>	47	<i>hydromorphone hcl tab 4 mg</i>	6
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<i>hydrochlorothiazide tab 25 mg</i>	46	<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	131
<i>hydrochlorothiazide tab 50 mg</i>	46	<i>hydroxychloroquine sulfate tab 200 mg</i>	111
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	6	<i>hydroxyurea cap 500 mg</i>	25
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	6	<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	140
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	6	<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	140
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	6	<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	140
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<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	4	<i>hydroxyzine hcl tab 25 mg</i>	140
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	4	<i>hydroxyzine hcl tab 50 mg</i>	140
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	4	<i>hydroxyzine pamoate cap 25 mg</i>	140
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	4	<i>hydroxyzine pamoate cap 50 mg</i>	140
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<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	4	HYSINGLA ER TAB 120 MG.....	4
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		HYSINGLA ER TAB 40 MG.....	4
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		<i>ibandronate sodium tab 150 mg (base equivalent)</i>	82
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IBRANCE TAB 75MG	28	INCRUSE ELPT INH 62.5MCG	138
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<i>ibuprofen ib chw 100mg</i>	3	<i>indapamide tab 2.5 mg</i>	46
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<i>ibuprofen susp 100 mg/5ml</i>	3	INFUVITE INJ.....	131
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<i>imipramine hcl tab 10 mg</i>	60	INVEGA SUST INJ 39/0.25	66
<i>imipramine hcl tab 25 mg</i>	60	INVEGA SUST INJ 78/0.5ML	66
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<i>ipratropium bromide inhal soln 0.02%</i>	138
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	138
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	138
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	37
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<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	25
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	25
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	25
<i>iron 100/c tab 100-250</i>	108
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<i>jolessa tab</i>	85
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<i>junel 1/20 tab</i>	85
<i>junel 1.5/30 tab</i>	85
<i>junel fe 24 tab 1/20</i>	85
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<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	121
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	121
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	121
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	121
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	121
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	121
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	121
<i>kelnor 1/50 tab</i>	85
<i>kelnor tab 1/35</i>	85
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<i>ketoconazole tab 200 mg</i>	11
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<i>lactulose solution 10 gm/15ml</i>	101	<i>leflunomide tab 20 mg</i>	111
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<i>lamivudine tab 100 mg (hbv)</i>	15	LENVIMA CAP 12MG	30
<i>lamivudine tab 150 mg</i>	12	LENVIMA CAP 14 MG	30
<i>lamivudine tab 300 mg</i>	12	LENVIMA CAP 18 MG	30
<i>lamivudine-zidovudine tab 150-300 mg</i>	14	LENVIMA CAP 20 MG	30
<i>lamotrigine tab 100 mg</i>	53	LENVIMA CAP 24 MG	30
<i>lamotrigine tab 150 mg</i>	53	LENVIMA CAP 4MG	30
<i>lamotrigine tab 200 mg</i>	53	LENVIMA CAP 8 MG	30
<i>lamotrigine tab 25 mg</i>	53	<i>lessina tab</i>	86
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<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	53	<i>leucovorin calcium for inj 100 mg</i>	33
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<i>lamotrigine tab er 24hr 250 mg</i>	53	<i>leucovorin calcium for inj 500 mg</i>	33
<i>lamotrigine tab er 24hr 25 mg</i>	53	<i>leucovorin calcium for inj 50 mg</i>	33
<i>lamotrigine tab er 24hr 300 mg</i>	53	<i>leucovorin calcium inj 500 mg/50ml</i> <i>(10 mg/ml)</i>	33
<i>lamotrigine tab er 24hr 50 mg</i>	53	<i>leucovorin calcium tab 10 mg</i>	33
<i>lansoprazole cap delayed release 15</i> <i>mg</i>	104	<i>leucovorin calcium tab 15 mg</i>	33
<i>lansoprazole cap delayed release 30</i> <i>mg</i>	104	<i>leucovorin calcium tab 25 mg</i>	33
<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	30	<i>leucovorin calcium tab 5 mg</i>	33
L-ARGININE POW	127	LEUKERAN TAB 2MG.....	22
<i>larin 24 tab fe 1/20</i>	85	<i>leuprolide acetate inj kit 5 mg/ml</i>	24
<i>larin fe tab 1/20</i>	85	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	141
<i>larin fe tab 1.5/30</i>	85	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	141
<i>larin tab 1/20</i>	85	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	141
<i>larin tab 1.5/30</i>	85	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	141
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<i>latanoprost ophth soln 0.005%</i>	137	LEVEMIR INJ FLEXTOUC.....	81
LATUDA TAB 120MG	67	<i>levetiracetam inj 500 mg/5ml (100</i> <i>mg/ml)</i>	53
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LATUDA TAB 40MG.....	66	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	53
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<i>layolis fe chw</i>	85	<i>levetiracetam tab 1000 mg</i>	53
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L-CYSTINE POW	127		
LECITHIN GRA	127		
<i>leena tab</i>	85		
<i>leflunomide tab 10 mg</i>	111		

<i>levetiracetam tab 500 mg</i>	53	<i>levothyroxine sodium tab 25 mcg</i>	95
<i>levetiracetam tab 750 mg</i>	53	<i>levothyroxine sodium tab 300 mcg</i> ...	96
<i>levetiracetam tab er 24hr 500 mg</i>	53	<i>levothyroxine sodium tab 50 mcg</i>	95
<i>levetiracetam tab er 24hr 750 mg</i>	54	<i>levothyroxine sodium tab 75 mcg</i>	95
<i>levobunolol hcl ophth soln 0.5%</i>	137	<i>levothyroxine sodium tab 88 mcg</i>	95
<i>levocarnitine oral soln 1 gm/10ml</i> (10%)	93	<i>levo-t tab 100mcg</i>	95
<i>levocarnitine tab 330 mg</i>	93	<i>levo-t tab 112mcg</i>	95
<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	140	<i>levo-t tab 125mcg</i>	95
<i>levocetirizine dihydrochloride tab 5 mg</i>	140	<i>levo-t tab 137mcg</i>	95
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	19	<i>levo-t tab 150mcg</i>	95
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	19	<i>levo-t tab 175mcg</i>	95
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	19	<i>levo-t tab 200 mcg</i>	95
<i>levofloxacin iv soln 25 mg/ml</i>	19	<i>levo-t tab 25mcg</i>	95
<i>levofloxacin oral soln 25 mg/ml</i>	19	<i>levo-t tab 300 mcg</i>	95
<i>levofloxacin tab 250 mg</i>	19	<i>levo-t tab 50mcg</i>	95
<i>levofloxacin tab 500 mg</i>	19	<i>levo-t tab 75mcg</i>	95
<i>levofloxacin tab 750 mg</i>	19	<i>levo-t tab 88mcg</i>	95
<i>levonest tab</i>	86	<i>levoxyl tab 100mcg</i>	96
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg & eth est 0.01</i> <i>mg</i>	86	<i>levoxyl tab 112mcg</i>	96
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	86	<i>levoxyl tab 125mcg</i>	96
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	86	<i>levoxyl tab 137mcg</i>	96
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	86	<i>levoxyl tab 150mcg</i>	96
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	86	<i>levoxyl tab 175mcg</i>	96
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	86	<i>levoxyl tab 200mcg</i>	96
<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	86	<i>levoxyl tab 25mcg</i>	96
<i>levora-28 tab 0.15/30</i>	86	<i>levoxyl tab 50mcg</i>	96
<i>levothyroxine sodium tab 100 mcg</i> ...	95	<i>levoxyl tab 75mcg</i>	96
<i>levothyroxine sodium tab 112 mcg</i> ...	95	<i>levoxyl tab 88mcg</i>	96
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<i>levothyroxine sodium tab 137 mcg</i> ...	95	L-GLUTAMINE POW	127
<i>levothyroxine sodium tab 150 mcg</i> ...	96	L-GLUTATHION CRY	127
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<i>levothyroxine sodium tab 200 mcg</i> ...	96	<i>lice killing sha 0.33-4%</i>	153
		<i>lice treatmt lot 1%</i>	153
		<i>lice treatmt sha 0.33-4%</i>	153
		<i>lice trtmnt liq</i>	153
		<i>lice trtmnt liq 1%</i>	153
		<i>licide sha 0.33-4%</i>	153
		<i>lidocaine hcl local inj 0.5%</i>	7
		<i>lidocaine hcl local inj 1%</i>	7
		<i>lidocaine hcl local inj 2%</i>	7
		<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i>	7
		<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1.5%</i>	7
		<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1%</i>	7

<i>lidocaine hcl soln 4%</i>	152	<i>loestrin 21 tab 1.5/30</i>	86
<i>lidocaine hcl urethral/mucosal gel 2%</i>	152	<i>loestrin fe tab 1/20</i>	86
<i>lidocaine hcl viscous soln 2%</i>	154	<i>loestrin fe tab 1.5/30</i>	86
<i>lidocaine oint 5%</i>	152	<i>loestrin tab 1/20-21</i>	86
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<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	9	LONSURF TAB 20-8.19.....	25
<i>linezolid tab 600 mg</i>	9	<i>loperamide cap 2mg</i>	98
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LINZESS CAP 290MCG	103	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	14
LINZESS CAP 72MCG	103	<i>lopreeza tab 1-0.5mg</i>	90
<i>liothyronine sodium tab 25 mcg</i>	96	<i>loratadine-d tab 10-240mg</i>	142
<i>liothyronine sodium tab 50 mcg</i>	96	<i>loratadine sol 5mg/5ml</i>	140
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LIPOIC ACID POW	118	<i>lorazepam con 2mg/ml</i>	50
LIPOIL OIL	118	<i>lorazepam conc 2 mg/ml</i>	50
LIPOVAN BASE CRE	118	<i>lorazepam inj 2 mg/ml</i>	50
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i>	34	<i>lorazepam inj 4 mg/ml</i>	50
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i>	34	<i>lorazepam tab 0.5 mg</i>	50
<i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i>	34	<i>lorazepam tab 1 mg</i>	50
<i>lisinopril tab 10 mg</i>	35	<i>lorazepam tab 2 mg</i>	50
<i>lisinopril tab 2.5 mg</i>	35	LORBRENA TAB 100MG	30
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<i>lithium carbonate cap 150 mg</i>	74	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	37
<i>lithium carbonate cap 300 mg</i>	74	<i>losartan potassium tab 100 mg</i>	38
<i>lithium carbonate cap 600 mg</i>	74	<i>losartan potassium tab 25 mg</i>	38
<i>lithium carbonate tab 300 mg</i>	74	<i>losartan potassium tab 50 mg</i>	38
<i>lithium carbonate tab er 300 mg</i>	74	LOTEMAX OIN 0.5%	136
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		<i>lovastatin tab 40 mg</i>	40

<i>low-ogestrel tab</i>	86	<i>magnesium oxide tab 500 mg (mg supplement)</i>	126
<i>loxapine succinate cap 10 mg</i>	67	MAGNESIUM SU INJ 20/500ML.....	122
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LUPR DEP-PED INJ 15MG	93	<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	122
LUPR DEP-PED INJ 3M 30MG	93	<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	122
LUPR DEP-PED INJ 7.5MG	93	<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	122
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LUPRON DEPOT INJ 3.75MG	24	<i>magnesium tab 250 mg</i>	126
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<i>lyllana dis 0.05mg</i>	90	<i>mapap cap 500mg</i>	1
<i>lyllana dis 0.075mg</i>	90	<i>mapap tab 325mg</i>	1
<i>lyllana dis 0.1mg</i>	90	<i>maprotiline hcl tab 25 mg</i>	60
LYNPARZA TAB 100MG.....	30	<i>maprotiline hcl tab 50 mg</i>	60
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<i>mag-al plus liq</i>	97	<i>meclizine hcl tab 25 mg</i>	99
<i>mag-al plus liq xs</i>	97	<i>medi-bismuth chw 262mg</i>	98
MAG CARBONAT POW HEAVY	126	<i>medi-natural tab 8.6-50mg</i>	101
MAG CITRATE POW TRIBASIC	118	<i>medi-natural tab 8.6mg</i>	101
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<i>mag-g tab 500mg</i>	126	<i>medi-profen sus 40mg/ml</i>	3
MAGNEBIND TAB 300	126	<i>medi-tabs tab 500mg</i>	1
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	126	<i>medi-tussin syp dm</i>	143
<i>magnesium oxide tab 400 mg</i>	97		
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	126		
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	126		

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150 mg/ml	86
<i>medroxyprogesterone acetate im susp</i>	
prefilled syr 150 mg/ml	86
<i>medroxyprogesterone acetate tab 10</i>	
mg	95
<i>medroxyprogesterone acetate tab 2.5</i>	
mg	95
<i>medroxyprogesterone acetate tab 5 mg</i>	
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<i>megestrol acetate susp 625 mg/5ml</i> ..	95
<i>megestrol acetate tab 20 mg</i>	24
<i>megestrol acetate tab 40 mg</i>	24
MEKINIST TAB 0.5MG	30
MEKINIST TAB 2MG	30
MEKTOVI TAB 15MG	30
<i>melodetta chw 24 fe</i>	86
<i>meloxicam tab 15 mg</i>	3
<i>meloxicam tab 7.5 mg</i>	3
<i>memantine hcl cap er 24hr 14 mg</i>	57
<i>memantine hcl cap er 24hr 21 mg</i>	57
<i>memantine hcl cap er 24hr 28 mg</i>	57
<i>memantine hcl cap er 24hr 7 mg</i>	57
<i>memantine hcl oral solution 2 mg/ml</i>	57
<i>memantine hcl tab 10 mg</i>	57
<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
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<i>memantine hcl tab 5 mg</i>	57
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MENVEO INJ	115
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<i>meropenem iv for soln 1 gm</i>	9
<i>meropenem iv for soln 500 mg</i>	9
<i>mesalamine cap dr 400 mg</i>	100
<i>mesalamine cap er 24hr 0.375 gm</i> ..	100
<i>mesalamine enema 4 gm</i>	100
<i>mesalamine rectal enema 4 gm &</i>	
cleanser wipe kit	100
<i>mesalamine suppos 1000 mg</i>	100
<i>mesalamine tab delayed release 1.2</i>	
gm	100
MESNEX TAB 400MG	33
<i>metadate tab 20mg er</i>	71
<i>metformin hcl tab 1000 mg</i>	80
<i>metformin hcl tab 500 mg</i>	80
<i>metformin hcl tab 850 mg</i>	80
<i>metformin hcl tab er 24hr 500 mg</i> ...	80
<i>metformin hcl tab er 24hr 750 mg</i> ...	80
<i>methadone con 10mg/ml</i>	5
<i>methadone hcl soln 10 mg/5ml</i>	5
<i>methadone hcl soln 5 mg/5ml</i>	5
<i>methadone hcl tab 10 mg</i>	5
<i>methadone hcl tab 5 mg</i>	5
<i>methazolamide tab 25 mg</i>	46
<i>methazolamide tab 50 mg</i>	46
<i>methenamine hippurate tab 1 gm</i>	9
<i>methimazole tab 10 mg</i>	96
<i>methimazole tab 5 mg</i>	96
<i>methocarbamol tab 500 mg</i>	76
<i>methocarbamol tab 750 mg</i>	76
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<i>methotrexate sodium inj 250 mg/10ml</i>	
(25 mg/ml)	23
<i>methotrexate sodium inj 50 mg/2ml</i>	
(25 mg/ml)	23
<i>methotrexate sodium inj pf 1000</i>	
mg/40ml (25 mg/ml)	23
<i>methotrexate sodium inj pf 250</i>	
mg/10ml (25 mg/ml)	23
<i>methotrexate sodium inj pf 50 mg/2ml</i>	
(25 mg/ml)	23
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<i>methylphenidate hcl tab 20 mg</i>	71
<i>methylphenidate hcl tab 5 mg</i>	71
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<i>methylphenidate hcl tab er 20 mg</i>	71	<i>metronidazole cream 0.75%</i>	153
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	91	<i>metronidazole gel 0.75%</i>	153
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	91	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	9
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<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	91	<i>metronidazole tab 250 mg</i>	9
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	91	<i>metronidazole tab 500 mg</i>	9
<i>methylprednisolone tab 16 mg</i>	91	<i>metronidazole vaginal gel 0.75%</i>	105
<i>methylprednisolone tab 32 mg</i>	91	<i>metyrosine cap 250 mg</i>	47
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<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	99	<i>miconazole 3 kit combinat</i>	105
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	99	<i>miconazole 3 kit combo pk</i>	105
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	99	<i>miconazole 7 cre 2%</i>	105
<i>metolazone tab 10 mg</i>	46	<i>miconazole 7 cre tube/kit</i>	105
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<i>metolazone tab 5 mg</i>	46	<i>miconazole nitrate cream 2%</i>	149
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<i>metoprolol tartrate tab 25 mg</i>	42	<i>midodrine hcl tab 5 mg</i>	47
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		<i>minitran dis 0.1mg/hr</i>	48
		<i>minitran dis 0.2mg/hr</i>	48
		<i>minitran dis 0.4mg/hr</i>	48
		<i>minitran dis 0.6mg/hr</i>	48
		<i>minocycline hcl cap 100 mg</i>	21
		<i>minocycline hcl cap 50 mg</i>	21
		<i>minocycline hcl cap 75 mg</i>	21

<i>minoxidil tab 10 mg</i>	47	<i>morphine sulfate tab 15 mg</i>	6
<i>minoxidil tab 2.5 mg</i>	47	<i>morphine sulfate tab 30 mg</i>	6
<i>mintox plus chw</i>	98	<i>morphine sulfate tab er 100 mg</i>	5
<i>mintox sus max st</i>	98	<i>morphine sulfate tab er 15 mg</i>	5
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate tab er 200 mg</i>	5
<i>mg</i>	60	<i>morphine sulfate tab er 30 mg</i>	5
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate tab er 60 mg</i>	5
<i>mg</i>	60	MORPHINE SUL INJ 10MG/ML.....	6
<i>mirtazapine orally disintegrating tab 45</i>		MORPHINE SUL INJ 2MG/ML.....	6
<i>mg</i>	60	MORPHINE SUL INJ 4MG/ML.....	6
<i>mirtazapine tab 15 mg</i>	60	MORPHINE SUL INJ 5MG/ML.....	6
<i>mirtazapine tab 30 mg</i>	60	MORPHINE SUL INJ 8MG/ML.....	6
<i>mirtazapine tab 45 mg</i>	60	MOVANTIK TAB 12.5MG	103
<i>mirtazapine tab 7.5 mg</i>	60	MOVANTIK TAB 25MG	103
<i>misoprostol tab 100 mcg</i>	103	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>misoprostol tab 200 mcg</i>	103	<i>equiv)</i>	135
MITIGARE CAP 0.6MG.....	1	<i>moxifloxacin hcl tab 400 mg (base</i>	
M-M-R II INJ.....	114	<i>equiv)</i>	19
M-NATAL PLUS TAB	123	<i>mucus relief liq 100/5ml</i>	143
<i>moexipril hcl tab 15 mg</i>	35	<i>mucus relief liq 400/20ml</i>	143
<i>moexipril hcl tab 7.5 mg</i>	35	MULTAQ TAB 400MG	39
<i>molindone hcl tab 10 mg</i>	67	<i>multi-delyn liq</i>	131
<i>molindone hcl tab 25 mg</i>	67	MULTI-DELYN LIQ /IRON	131
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<i>mometasone furoate cream 0.1%</i> ...151		<i>multiple vitamins w/ minerals tab</i> ...132	
<i>mometasone furoate oint 0.1%</i>	151	<i>multi-vitamn tab</i>	132
<i>mometasone furoate solution 0.1%</i>		<i>mult vitamin tab essent</i>	131
<i>(lotion)</i>	151	<i>mult vitamin tab mens</i>	131
<i>mondoxyne nl cap 100mg</i>	21	<i>mult vitamin tab womens</i>	131
MONJUVI INJ 200MG	30	<i>mupirocin oint 2%</i>	148
<i>mono-lynyah tab 0.25-35</i>	86	MVASI INJ 100MG	30
<i>montelukast sodium chew tab 4 mg</i>		MVASI INJ 400MG	30
<i>(base equiv)</i>	144	<i>mycophenolate mofetil cap 250 mg</i> .113	
<i>montelukast sodium chew tab 5 mg</i>		<i>mycophenolate mofetil for oral susp</i>	
<i>(base equiv)</i>	144	<i>200 mg/ml</i>	114
<i>montelukast sodium oral granules</i>		<i>mycophenolate mofetil tab 500 mg</i> .114	
<i>packet 4 mg (base equiv)</i>	144	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>montelukast sodium tab 10 mg (base</i>		<i>(mycophenolic acid equiv)</i>	114
<i>equiv)</i>	144	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>morphine sulfate iv soln 1 mg/ml</i>	6	<i>(mycophenolic acid equiv)</i>	114
<i>morphine sulfate iv soln pf 10 mg/ml</i> .6		<i>myorisan cap 10mg</i>	148
<i>morphine sulfate iv soln pf 4 mg/ml</i> ...6		<i>myorisan cap 20mg</i>	148
<i>morphine sulfate iv soln pf 8 mg/ml</i> ...6		<i>myorisan cap 30mg</i>	148
<i>morphine sulfate oral soln 100 mg/5ml</i>		<i>myorisan cap 40mg</i>	148
<i>(20 mg/ml)</i>	6	MYRBETRIQ TAB 25MG.....	105
<i>morphine sulfate oral soln 10 mg/5ml</i> .6		MYRBETRIQ TAB 50MG.....	105
<i>morphine sulfate oral soln 20 mg/5ml</i> .6			

N	
<i>nabumetone tab 500 mg</i>	3
<i>nabumetone tab 750 mg</i>	3
<i>nadolol tab 20 mg</i>	42
<i>nadolol tab 40 mg</i>	42
<i>nadolol tab 80 mg</i>	42
<i>nafcillin sodium for inj 1 gm</i>	20
<i>nafcillin sodium for inj 2 gm</i>	20
<i>nafcillin sodium for iv soln 10 gm</i>	20
<i>nafcillin sodium for iv soln 1 gm</i>	20
<i>nafcillin sodium for iv soln 2 gm</i>	20
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<i>nalbuphine hcl inj 20 mg/ml</i>	7
<i>naloxone hcl inj 0.4 mg/ml</i>	77
<i>naloxone hcl inj 4 mg/10ml</i>	77
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	77
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<i>naproxen sodium tab 275 mg</i>	3
<i>naproxen sodium tab 550 mg</i>	3
<i>naproxen tab 250 mg</i>	3
<i>naproxen tab 375 mg</i>	3
<i>naproxen tab 500 mg</i>	3
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<i>nateglinide tab 60 mg</i>	80
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<i>nefazodone hcl tab 150 mg</i>	61
<i>nefazodone hcl tab 200 mg</i>	61
<i>nefazodone hcl tab 250 mg</i>	61
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<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	136
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<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	135
<i>neomycin-polymyxin-hc ophth susp</i>	135
<i>neomycin-polymyxin-hc otic soln 1%</i>	154
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<i>nicardipine hcl cap 30 mg</i>	44	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
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<i>nicotine polacrilex gum 2 mg</i>	77	48
<i>nicotine polacrilex gum 4 mg</i>	77	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
<i>nicotine polacrilex lozenge 2 mg</i>	77	48
<i>nicotine polacrilex lozenge 4 mg</i>	77	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nicotine pol loz 4mg mint</i>	77	<i>mcg/spray)</i>	48
<i>nicotine td patch 24hr 14 mg/24hr</i> ...	77	<i>nizatidine cap 150 mg</i>	100
<i>nicotine td patch 24hr 21 mg/24hr</i> ...	77	<i>nizatidine cap 300 mg</i>	100
<i>nicotine td patch 24hr 7 mg/24hr</i>	77	<i>non-aspirin sus 160/5ml</i>	1
NICOTROL INH	77	<i>non-aspirin tab 325mg</i>	1
NICOTROL NS SPR 10MG/ML	77	<i>non-aspirin tab 500mg</i>	2
<i>nifedipine tab er 24hr 30 mg</i>	44	<i>non-aspirin tab 500mg/rr</i>	2
<i>nifedipine tab er 24hr 60 mg</i>	44	<i>nora-be tab 0.35mg</i>	87
<i>nifedipine tab er 24hr 90 mg</i>	44	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>chew tab 0.4 mg-35 mcg</i>	87
<i>30 mg</i>	44	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>chew tab 0.8 mg-25 mcg</i>	87
<i>60 mg</i>	44	<i>norethindrone & ethinyl estradiol tab 1</i>	
<i>nifedipine tab er 24hr osmotic release</i>		<i>mg-35 mcg</i>	87
<i>90 mg</i>	44	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nikki tab 3-0.02mg</i>	87	<i>tab 1 mg-20 mcg</i>	87
<i>nilutamide tab 150 mg</i>	24	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nimodipine cap 30 mg</i>	45	<i>tab 1.5 mg-30 mcg</i>	87
NINJACOF-XG LIQ 200-8/5	143	<i>norethindrone ace & ethinyl estradiol</i>	
NINLARO CAP 2.3MG	30	<i>tab 1 mg-20 mcg</i>	87
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NINLARO CAP 4MG.....	30	<i>chew tab 1 mg-20 mcg (24)</i>	87
<i>nitazoxanide tab 500 mg</i>	9	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nitisinone cap 10 mg</i>	93	<i>tab 0.5 mg-2.5 mcg</i>	90
<i>nitisinone cap 2 mg</i>	93	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nitisinone cap 5 mg</i>	93	<i>tab 1 mg-5 mcg</i>	90
NITRO-BID OIN 2%.....	48	<i>norethindrone acetate tab 5 mg</i>	95

<i>norethindrone tab 0.35 mg</i>	87	<i>nylia tab 7/7/7</i>	87
<i>norgestimate & ethinyl estradiol tab</i>		NYMALIZE SOL	45
<i>0.25 mg-35 mcg</i>	87	<i>nymyo tab 0.25-35</i>	87
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nystatin cream 100000 unit/gm</i>	149
<i>25/0.215-25/0.25-25 mg-mcg</i>	87	<i>nystatin oint 100000 unit/gm</i>	149
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nystatin susp 100000 unit/ml</i>	154
<i>35/0.215-35/0.25-35 mg-mcg</i>	87	<i>nystatin tab 500000 unit</i>	11
<i>norlyroc tab 0.35mg</i>	87	<i>nystatin topical powder 100000</i>	
NORPACE CAP 100MG CR	39	<i>unit/gm</i>	149
NORPACE CAP 150MG CR	39	<i>nystop pow 100000</i>	149
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NORTHERA CAP 200MG.....	48	<i>ocella tab 3-0.03mg</i>	87
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<i>nortriptyline hcl cap 25 mg</i>	61	OCTAGAM INJ 20/200ML	113
<i>nortriptyline hcl cap 50 mg</i>	61	OCTAGAM INJ 25GM	113
<i>nortriptyline hcl cap 75 mg</i>	61	OCTAGAM INJ 2GM/20ML	112
<i>nortriptyline hcl soln 10 mg/5ml</i>	61	OCTAGAM INJ 30/300ML	113
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NOVAFERRUM CAP 50MG.....	108	<i>octreotide acetate inj 1000 mcg/ml (1</i>	
NOVAFERRUM DRO 15MG/ML.....	108	<i>mg/ml)</i>	94
NOVAFERRUM LIQ 125	108	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
NOVOLIN INJ 70/30	81	<i>mg/ml)</i>	93
NOVOLIN INJ 70/30 FP	81	<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
NOVOLIN N INJ 100 UNIT.....	81	<i>mg/ml)</i>	93
NOVOLIN N INJ U-100	81	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
NOVOLIN R INJ 100 UNIT.....	81	<i>mg/ml)</i>	94
NOVOLIN R INJ U-100	81	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
NOVOLOG INJ 100/ML	81	<i>mg/ml)</i>	93
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NOXAFIL SUS 40MG/ML	11	ODOMZO CAP 200MG	30
NUBEQA TAB 300MG	24	OFEV CAP 100MG.....	145
NUEDEXTA CAP 20-10MG	75	OFEV CAP 150MG.....	145
<i>nu-iron 150 cap 150mg</i>	108	<i>ofloxacin ophth soln 0.3%</i>	136
NULOJIX INJ 250MG	114	<i>ofloxacin otic soln 0.3%</i>	154
NULYTELY SOL LMN/LIME	102	OGIVRI INJ 150MG.....	30
NUPLAZID CAP 34MG	67	OGIVRI INJ 420MG.....	30
NUPLAZID TAB 10MG	67	OIL-ALMOND OIL SWEET.....	118
<i>nutr-e-sol liq 400/15ml</i>	132	OIL-COCONUT OIL.....	118
NUTRILIPID EMU 20%	124	<i>olanzapine for im inj 10 mg</i>	67
<i>nyamyc pow 100000</i>	149		

<i>olanzapine orally disintegrating tab 10 mg</i>	67	<i>omeprazole cap delayed release 40 mg</i>	104
<i>olanzapine orally disintegrating tab 15 mg</i>	67	OMNIPOD KIT STARTER	82
<i>olanzapine orally disintegrating tab 20 mg</i>	67	OMNIPOD MIS 5 PACK	82
<i>olanzapine orally disintegrating tab 5 mg</i>	67	<i>once daily tab</i>	132
<i>olanzapine tab 10 mg</i>	67	<i>once daily tab iron</i>	132
<i>olanzapine tab 15 mg</i>	67	ONCOVITE TAB	132
<i>olanzapine tab 2.5 mg</i>	67	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	99
<i>olanzapine tab 20 mg</i>	67	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	99
<i>olanzapine tab 5 mg</i>	67	<i>ondansetron hcl oral soln 4 mg/5ml</i>	99
<i>olanzapine tab 7.5 mg</i>	67	<i>ondansetron hcl tab 24 mg</i>	99
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	37	<i>ondansetron hcl tab 4 mg</i>	99
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	37	<i>ondansetron hcl tab 8 mg</i>	99
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	37	<i>ondansetron orally disintegrating tab 4 mg</i>	99
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	37	<i>ondansetron orally disintegrating tab 8 mg</i>	99
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	37	<i>one daily tab</i>	132
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	37	<i>one daily tab maximum</i>	132
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	37	<i>one daily tab men 50+</i>	132
<i>olmesartan medoxomil tab 20 mg</i>	38	<i>one daily tab mens</i>	132
<i>olmesartan medoxomil tab 40 mg</i>	38	<i>one daily tab mens 50+</i>	132
<i>olmesartan medoxomil tab 5 mg</i>	38	<i>one daily tab pls iron</i>	132
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	137	<i>one daily tab wom 50+</i>	132
<i>omeprazole cap delayed release 10 mg</i>	104	<i>one daily tab womens</i>	132
<i>omeprazole cap delayed release 20 mg</i>	104	ONTRUZANT INJ 150MG	30
		ONTRUZANT INJ 420MG	30
		ONUREG TAB 200MG	23
		ONUREG TAB 300MG	23
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		<i>oralyte sol</i>	121
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		ORA-SWEET SF SYP	118
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		ORKAMBI GRA 100-125	145
		ORKAMBI GRA 150-188	145
		ORKAMBI TAB 100-125	145

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ORNITHINE POW HCL	118	oxycodone hcl tab 5 mg	7
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oseltamivir phosphate cap 30 mg (base equiv).....	16	oxycodone w/ acetaminophen tab 2.5-325 mg.....	7
oseltamivir phosphate cap 45 mg (base equiv).....	16	oxycodone w/ acetaminophen tab 5-325 mg.....	7
oseltamivir phosphate cap 75 mg (base equiv).....	16	oxycodone w/ acetaminophen tab 7.5-325 mg.....	7
oseltamivir phosphate for susp 6 mg/ml (base equiv)	16	OXYCONTIN TAB 10MG CR.....	5
OSPHERA TAB 60MG	94	OXYCONTIN TAB 15MG CR.....	5
oxacillin sodium for inj 1 gm (base equivalent).....	20	OXYCONTIN TAB 20MG CR.....	5
oxacillin sodium for inj 2 gm (base equivalent)	20	OXYCONTIN TAB 30MG CR.....	5
oxacillin sodium for iv soln 10 gm (base equivalent)	20	OXYCONTIN TAB 40MG CR.....	5
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oxaliplatin for iv inj 100 mg	22	OXYCONTIN TAB 80MG CR.....	5
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oxaliplatin iv soln 200 mg/40ml	22	oysco 500 tab 500mg	126
oxaliplatin iv soln 50 mg/10ml	22	oyst cal/d tab 500mg	126
oxandrolone tab 10 mg	78	oyster shell calcium tab 500 mg	126
oxandrolone tab 2.5 mg	78	oyster shell tab 500mg	126
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	54	oyst shell/d tab 500mg	126
oxcarbazepine tab 150 mg	54	OZEMPIC INJ 2/1.5ML.....	80
oxcarbazepine tab 300 mg	54	OZEMPIC INJ 4MG/3ML.....	80
oxcarbazepine tab 600 mg	54	P	
oxybutynin chloride syrup 5 mg/5ml	105	pacerone tab 100mg	39
oxybutynin chloride tab 5 mg.....	105	pacerone tab 200mg	39
oxybutynin chloride tab er 24hr 10 mg	105	pacerone tab 400mg	39
oxybutynin chloride tab er 24hr 15 mg	105	paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	26
oxybutynin chloride tab er 24hr 5 mg	105	paclitaxel iv conc 150 mg/25ml (6 mg/ml)	26
oxycodone hcl cap 5 mg	7	paclitaxel iv conc 300 mg/50ml (6 mg/ml)	26
oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	7	paclitaxel iv conc 30 mg/5ml (6 mg/ml)	26
oxycodone hcl soln 5 mg/5ml	7	pain & fever sus 160/5ml	2
oxycodone hcl tab 10 mg	7	pain & fever tab 325mg	2
oxycodone hcl tab 15 mg	7	pain relief tab 500mg	2
oxycodone hcl tab 20 mg	7	pain relief tab 500mg/rr.....	2
		pain relief tab 650mg	2
		pain relieve sus 160/5ml.....	2
		pain relieve tab 325mg.....	2
		pain relieve tab 500mg.....	2
		pain relieve tab 500mg/rr	2

<i>paliperidone tab er 24hr 1.5 mg</i>	67	PEG 300 LIQ.....	118
<i>paliperidone tab er 24hr 3 mg</i>	67	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>paliperidone tab er 24hr 6 mg</i>	67	<i>for soln 236 gm</i>	102
<i>paliperidone tab er 24hr 9 mg</i>	67	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>pamidronate disodium for inj 30 mg</i> .82		<i>420 gm</i>	102
<i>pamidronate disodium for inj 90 mg</i> .82		PEG 3350 POW	119
<i>pamidronate disodium iv soln 3 mg/ml</i>		PEGANONE TAB 250MG.....	54
.....	82	PEGASYS INJ.....	16
<i>pamidronate disodium iv soln 9 mg/ml</i>		PEGASYS INJ 180MCG/M.....	16
.....	82	PEG BLEND OIN	119
PAMIDRONATE INJ 6MG/ML.....	82	PEMAZYRE TAB 13.5MG	30
<i>pantoprazole sodium ec tab 20 mg</i>		PEMAZYRE TAB 4.5MG	30
<i>(base equiv)</i>	104	PEMAZYRE TAB 9MG.....	30
<i>pantoprazole sodium ec tab 40 mg</i>		PEN GK/DEXTR INJ 40000/ML.....	21
<i>(base equiv)</i>	104	PEN GK/DEXTR INJ 60000/ML.....	21
<i>pantoprazole sodium for iv soln 40 mg</i>		PEN G PROC INJ 600000	20
<i>(base equiv)</i>	104	<i>penicillamine tab 250 mg</i>	83
PANZYGA SOL 10/100ML.....	113	<i>penicillin g potassium for inj 20000000</i>	
PANZYGA SOL 1GM/10ML.....	113	<i>unit</i>	21
PANZYGA SOL 2.5/25ML.....	113	<i>penicillin g potassium for inj 5000000</i>	
PANZYGA SOL 20/200ML.....	113	<i>unit</i>	21
PANZYGA SOL 30/300ML.....	113	<i>penicillin g sodium for inj 5000000 unit</i>	
PANZYGA SOL 5GM/50ML.....	113	.....	21
<i>paraplatin inj 1000mg</i>	22	<i>penicillin v potassium for soln 125</i>	
<i>paricalcitol cap 1 mcg</i>	97	<i>mg/5ml</i>	21
<i>paricalcitol cap 2 mcg</i>	97	<i>penicillin v potassium for soln 250</i>	
<i>paricalcitol cap 4 mcg</i>	97	<i>mg/5ml</i>	21
<i>paroex sol 0.12%</i>	154	<i>penicillin v potassium tab 250 mg</i>	21
<i>paromomycin sulfate cap 250 mg</i>	9	<i>penicillin v potassium tab 500 mg</i>	21
<i>paroxetine hcl tab 10 mg</i>	61	PEN NEEDLES:	
<i>paroxetine hcl tab 20 mg</i>	61	NOVO/BD/ULTIMED/OWEN/TRIVIDIA	
<i>paroxetine hcl tab 30 mg</i>	61	.....	82
<i>paroxetine hcl tab 40 mg</i>	61	PENTACEL INJ.....	115
PASER GRA 4GM	15	<i>pentamidine isethionate for</i>	
PAXIL SUS 10MG/5ML.....	61	<i>nebulization soln 300 mg</i>	9
PAZEO DRO 0.7%	137	<i>pentamidine isethionate for soln 300</i>	
PCCA BASE CRE 7542	118	<i>mg</i>	9
PCCA MBK MIS FAT ACID	118	<i>pentoxifylline tab er 400 mg</i>	109
PECTIN POW	98	PENTRAVAN CRE	153
<i>ped elctryt sol freezer</i>	121	PENTRAVAN CRE PLUS.....	153
<i>ped elctryt sol fruit</i>	121	<i>peptic relf chw 262mg</i>	98
<i>ped elctryt sol grape</i>	121	<i>perindopril erbumine tab 2 mg</i>	35
<i>ped elctryt sol unflavrd</i>	121	<i>perindopril erbumine tab 4 mg</i>	35
PEDIA-LAX LIQ 50MG.....	102	<i>perindopril erbumine tab 8 mg</i>	35
PEDIARIX INJ 0.5ML	115	<i>periogard sol 0.12%</i>	154
PEDVAX HIB INJ.....	115	<i>periomed con 0.63%</i>	154
PEG 1000 LIQ.....	118	<i>permethrin cream 5%</i>	153

<i>perphenazine tab 16 mg</i>	67	<i>phenytoin sodium inj 50 mg/ml</i>	54
<i>perphenazine tab 2 mg</i>	67	<i>phenytoin susp 125 mg/5ml</i>	54
<i>perphenazine tab 4 mg</i>	67	PHESGO SOL.....	30
<i>perphenazine tab 8 mg</i>	67	<i>philith tab 0.4-35</i>	87
PERSERIS INJ 120MG	67	PHOSPHATIDYL POW 20%	119
PERSERIS INJ 90MG	67	PHYTOBASE CRE	119
PERUVIAN LIQ BALSAM	119	<i>phytonadione inj 10 mg/ml</i>	132
PFCB CRE.....	119	<i>phytonadione inj 1 mg/0.5ml (2</i> <i>mg/ml)</i>	132
<i>pfizerpen inj 20000000</i>	21	<i>phytonadione tab 5 mg</i>	132
<i>pfizerpen inj 5mu</i>	21	PICATO GEL 0.015%.....	153
<i>pharbechlor tab 4mg</i>	140	PICATO GEL 0.05%	153
<i>pharbedryl cap 25mg</i>	140	PIFELTRO TAB 100MG.....	13
<i>pharbedryl cap 50mg</i>	140	<i>pilocarpine hcl ophth soln 1%</i>	137
<i>pharbetol tab 325mg</i>	2	<i>pilocarpine hcl ophth soln 2%</i>	137
<i>pharbetol tab 500mg</i>	2	<i>pilocarpine hcl ophth soln 4%</i>	137
PHARMABASE CRE ANTIOXID.....	119	<i>pilocarpine hcl tab 5 mg</i>	154
PHARMABASE CRE COSMETIC	119	<i>pilocarpine hcl tab 7.5 mg</i>	154
PHARMABASE CRE LIGHT	119	<i>pimozide tab 1 mg</i>	67
PHARMABASE CRE VAGINAL	119	<i>pimozide tab 2 mg</i>	67
<i>phendimetrazine tartrate cap er 24hr</i> <i>105 mg</i>	78	<i>pimtrea tab</i>	87
<i>phendimetrazine tartrate tab 35 mg</i> .	78	<i>pindolol tab 10 mg</i>	43
<i>phenelzine sulfate tab 15 mg</i>	61	<i>pindolol tab 5 mg</i>	42
<i>phenobarbital elixir 20 mg/5ml</i>	54	<i>pink bismuth chw 262mg</i>	98
<i>phenobarbital sodium inj 130 mg/ml</i> .54		<i>pink bismuth tab 262mg</i>	98
<i>phenobarbital sodium inj 65 mg/ml</i> ..54		PINWORM TAB MEDICINE	9
<i>phenobarbital tab 100 mg</i>	54	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	80
<i>phenobarbital tab 15 mg</i>	54	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	80
<i>phenobarbital tab 16.2 mg</i>	54	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	80
<i>phenobarbital tab 30 mg</i>	54	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	21
<i>phenobarbital tab 32.4 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i>	21
<i>phenobarbital tab 60 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	21
<i>phenobarbital tab 64.8 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	21
<i>phenobarbital tab 97.2 mg</i>	54	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	21
<i>phentermine hcl cap 15 mg</i>	78	PIQRAY 200MG TAB DOSE.....	30
<i>phentermine hcl cap 30 mg</i>	78	PIQRAY 250MG TAB DOSE.....	30
<i>phentermine hcl cap 37.5 mg</i>	78	PIQRAY 300MG TAB DOSE.....	30
<i>phentermine hcl tab 37.5 mg</i>	78	<i>pirmella tab 1/35</i>	87
PHENYTEK CAP 200MG	54	<i>piroxicam cap 10 mg</i>	3
PHENYTEK CAP 300MG	54		
<i>phenytoin chew tab 50 mg</i>	54		
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	54		
<i>phenytoin sodium extended cap 200</i> <i>mg</i>	54		
<i>phenytoin sodium extended cap 300</i> <i>mg</i>	54		

<i>piroxicam cap 20 mg</i>	3	<i>potassium chloride powder packet 20 meq</i>	123
PLASMA-LYTE INJ -148	122	<i>potassium chloride tab er 10 meq</i> ...	123
PLASMA-LYTE INJ -A.....	122	<i>potassium chloride tab er 20 meq (1500 mg)</i>	123
<i>plenamine inj 15%</i>	124	<i>potassium chloride tab er 8 meq (600 mg)</i>	123
PLENVU SOL.....	102	<i>potassium citrate tab er 10 meq (1080 mg)</i>	105
PLO20 GEL FLOWABLE	119	<i>potassium citrate tab er 15 meq (1620 mg)</i>	105
PNA-HRT BASE CRE	119	<i>potassium citrate tab er 5 meq (540 mg)</i>	105
PNV FOLIC AC TAB + IRON.....	123	POTASSIUM CRY BROMIDE	119
<i>podactin pow 1%</i>	149	POTASSIUM MIS HYDROXID	119
<i>podofilox soln 0.5%</i>	153	POT CHL/NACL INJ 20MEQ/L.....	122
POLOXAMER POW 407	119	POT CHL/NACL INJ 40MEQ/L.....	122
POLOX GEL 20%	119	POT CHLORIDE INJ 10MEQ	122
POLOX GEL 30%	119	POT CHLORIDE INJ 20MEQ	122
POLYETHYLENE LIQ GLY 400.....	119	POT CHLORIDE INJ 40MEQ	122
POLY GLYCOL LIQ 1450.....	119	POT CITRATE GRA	105
POLY GLYCOL POW 8000	119	POT HYDROXID SOL 10%.....	119
<i>poly-iron cap 150mg</i>	108	POT HYDROXID SOL 20%.....	119
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	136	POT NITRATE GRA	119
POLYOXYL 40 POW STEARATE.....	119	POT NITRATE GRA PURIFIED.....	119
POLYSORBATE SOL 20	119	POT SORBATE CRY	119
POLY-TUSSIN LIQ 10-4-10	143	PRALUENT INJ 150MG/ML	41
<i>poly vitamin chw</i>	132	PRALUENT INJ 75MG/ML	41
<i>polyvitamin chw /iron</i>	132	<i>pramipexole dihydrochloride tab 0.125 mg</i>	63
<i>poly-vite sol /iron</i>	132	<i>pramipexole dihydrochloride tab 0.25 mg</i>	63
POMALYST CAP 1MG.....	24	<i>pramipexole dihydrochloride tab 0.5 mg</i>	63
POMALYST CAP 2MG.....	24	<i>pramipexole dihydrochloride tab 0.75 mg</i>	63
POMALYST CAP 3MG.....	24	<i>pramipexole dihydrochloride tab 1.5 mg</i>	63
POMALYST CAP 4MG.....	24	<i>pramipexole dihydrochloride tab 1 mg</i>	63
<i>portia-28 tab</i>	87	<i>prasterone (dhea) cap 25 mg</i>	127
<i>posaconazole tab delayed release 100 mg</i>	11	<i>prasugrel hcl tab 10 mg (base equiv)</i>	110
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	126	<i>prasugrel hcl tab 5 mg (base equiv)</i>	110
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	122	<i>pravastatin sodium tab 10 mg</i>	40
<i>potassium chloride cap er 10 meq</i> ..	123	<i>pravastatin sodium tab 20 mg</i>	40
<i>potassium chloride cap er 8 meq</i>	123	<i>pravastatin sodium tab 40 mg</i>	40
<i>potassium chloride inj 2 meq/ml</i>	122		
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	123		
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	123		
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	123		
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	123		

<i>pravastatin sodium tab 80 mg</i>	40	PRENATAL TAB 27-1MG.....	123
<i>praziquantel tab 600 mg</i>	9	PRENATAL TAB 28-0.8MG.....	133
<i>prazosin hcl cap 1 mg</i>	36	PRENATAL TAB LOW IRON	133
<i>prazosin hcl cap 2 mg</i>	36	PRENATAL TAB PLUS.....	123
<i>prazosin hcl cap 5 mg</i>	36	PRENATAL VIT TAB LOW IRON	123
<i>prednisolone acetate ophth susp 1%</i>	136	PRESERVISION CAP AREDS	133
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	91	PRESERVISION CAP AREDS 2.....	133
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	91	PRESERVISION CAP LUTEIN.....	133
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	91	PRESERVISION TAB AREDS	133
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	91	<i>prevalite pow 4gm</i>	41
PREDNISON CON 5MG/ML	91	<i>prevalite pow 4gm pk</i>	41
<i>prednisone oral soln 5 mg/5ml</i>	91	<i>previfem tab</i>	87
<i>prednisone tab 10 mg</i>	91	PREZCOBIX TAB 800-150.....	14
<i>prednisone tab 1 mg</i>	91	PREZISTA SUS 100MG/ML.....	13
<i>prednisone tab 2.5 mg</i>	91	PREZISTA TAB 150MG	13
<i>prednisone tab 20 mg</i>	91	PREZISTA TAB 600MG	13
<i>prednisone tab 50 mg</i>	91	PREZISTA TAB 75MG	13
<i>prednisone tab 5 mg</i>	91	PREZISTA TAB 800MG	13
<i>prednisone tab therapy pack 10 mg (21)</i>	91	PRIFTIN TAB 150MG.....	15
<i>prednisone tab therapy pack 10 mg (48)</i>	91	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	11
<i>prednisone tab therapy pack 5 mg (21)</i>	91	PRIMAQUINE TAB 26.3MG	11
<i>prednisone tab therapy pack 5 mg (48)</i>	91	<i>primidone tab 250 mg</i>	55
PRED SOD PHO SOL 1% OP	136	<i>primidone tab 50 mg</i>	55
<i>pregabalin cap 100 mg</i>	55	PRIVIGEN INJ 10GRAMS.....	113
<i>pregabalin cap 150 mg</i>	55	PRIVIGEN INJ 20GRAMS.....	113
<i>pregabalin cap 200 mg</i>	55	PRIVIGEN INJ 40GRAMS.....	113
<i>pregabalin cap 225 mg</i>	55	PRIVIGEN INJ 5 GRAMS	113
<i>pregabalin cap 25 mg</i>	54	<i>probenecid tab 500 mg</i>	1
<i>pregabalin cap 300 mg</i>	55	PROCALAMINE INJ 3%	124
<i>pregabalin cap 50 mg</i>	55	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	99
<i>pregabalin cap 75 mg</i>	55	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	99
<i>pregabalin soln 20 mg/ml</i>	55	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	99
<i>pregabalin tab er 24hr 165 mg</i>	75	<i>prochlorperazine suppos 25 mg</i>	99
<i>pregabalin tab er 24hr 330 mg</i>	75	PROCRIT INJ 10000/ML.....	107
<i>pregabalin tab er 24hr 82.5 mg</i>	75	PROCRIT INJ 2000/ML	107
PREMASOL SOL 10%	124	PROCRIT INJ 20000/ML.....	107
PRENATAL TAB.....	132	PROCRIT INJ 3000/ML	107
PRENATAL TAB 27-0.8MG.....	132	PROCRIT INJ 4000/ML	107
		PROCRIT INJ 40000/ML.....	107
		<i>procto-med cre hc 2.5%</i>	153
		<i>procto-pak cre 1%</i>	153
		<i>proctosol hc cre 2.5%</i>	153
		<i>proctozone cre -hc 2.5%</i>	153

PROFE CAP 180MG	108	PROPYPARABEN POW	119
PROGRAF GRA 0.2MG	114	PROQUAD INJ	115
PROGRAF GRA 1MG	114	<i>prosght tab</i>	133
PROLASTIN-C INJ 1000MG	145	PROSOL INJ 20%	124
PROLENSA SOL 0.07%	136	<i>protriptyline hcl tab 10 mg</i>	61
PROLIA SOL 60MG/ML	82	<i>protriptyline hcl tab 5 mg</i>	61
PROMACTA PAK 25MG	109	<i>pseudoephed-bromphen-dm syrup 30-</i>	
PROMACTA POW 12.5MG	109	<i>2-10 mg/5ml</i>	143
PROMACTA TAB 12.5MG	109	<i>pseudoephedrine hcl tab 30 mg</i>	143
PROMACTA TAB 25MG	109	<i>pseudoephedrine hcl tab 60 mg</i>	143
PROMACTA TAB 50MG	109	<i>pseudoephedrine hcl tab er 12hr 120</i>	
PROMACTA TAB 75MG	109	<i>mg</i>	143
<i>promethazine-dm syrup 6.25-15</i>		<i>pseudoephedr tab 120mg er</i>	143
<i>mg/5ml</i>	143	PULMICORT INH 180MCG	146
<i>promethazine hcl inj 25 mg/ml</i>	99	PULMICORT INH 90MCG	146
<i>promethazine hcl inj 50 mg/ml</i>	99	PULMOZYME SOL 1MG/ML	145
<i>promethazine hcl syrup 6.25 mg/5ml</i>	99	PURIXAN SUS 20MG/ML	23
<i>promethazine hcl tab 12.5 mg</i>	99	PX CALAMINE LOT	153
<i>promethazine hcl tab 25 mg</i>	99	<i>pyrazinamide tab 500 mg</i>	15
<i>promethazine hcl tab 50 mg</i>	100	<i>pyridostigmine bromide tab 60 mg</i>	75
<i>promethazine w/ codeine syrup 6.25-</i>		<i>pyridoxine hcl inj 100 mg/ml</i>	133
<i>10 mg/5ml</i>	143	<i>pyridoxine hcl tab 100 mg</i>	133
<i>propafenone hcl cap er 12hr 225 mg</i>	39	<i>pyridoxine hcl tab 25 mg</i>	133
<i>propafenone hcl cap er 12hr 325 mg</i>	39	<i>pyridoxine hcl tab 50 mg</i>	133
<i>propafenone hcl cap er 12hr 425 mg</i>	39	PYRUVIC ACID LIQ	119
<i>propafenone hcl tab 150 mg</i>	39	Q	
<i>propafenone hcl tab 225 mg</i>	39	<i>qc allergy tab 10mg</i>	140
<i>propafenone hcl tab 300 mg</i>	39	<i>qc antacid sus</i>	98
<i>propracaine hcl ophth soln 0.5%</i>	137	<i>qc antacid sus anti-gas</i>	98
<i>propranolol & hydrochlorothiazide tab</i>		<i>qc aspirin tab 325mg</i>	2
<i>40-25 mg</i>	41	<i>qc aspirin tab 325mg ec</i>	2
<i>propranolol & hydrochlorothiazide tab</i>		<i>qc epsom gra salt</i>	102
<i>80-25 mg</i>	42	<i>qc laxative sup 10mg</i>	102
<i>propranolol hcl cap er 24hr 120 mg</i>	43	<i>qc natural pow vegetabl</i>	102
<i>propranolol hcl cap er 24hr 160 mg</i>	43	<i>qc senna tab 8.6mg</i>	102
<i>propranolol hcl cap er 24hr 60 mg</i>	43	<i>qc suphedrin tab 120mg sr</i>	143
<i>propranolol hcl cap er 24hr 80 mg</i>	43	<i>qc therin-m tab</i>	133
<i>propranolol hcl oral soln 20 mg/5ml</i>	43	Q-DERM CRE	119
<i>propranolol hcl oral soln 40 mg/5ml</i>	43	QINLOCK TAB 50MG	31
<i>propranolol hcl tab 10 mg</i>	43	<i>q-sorb cap 150mg</i>	127
<i>propranolol hcl tab 20 mg</i>	43	<i>q-sorb cap 30mg</i>	127
<i>propranolol hcl tab 40 mg</i>	43	<i>q-sorb cap 75mg</i>	127
<i>propranolol hcl tab 60 mg</i>	43	<i>q-sorb co-q cap 100mg</i>	127
<i>propranolol hcl tab 80 mg</i>	43	QSYMIA CAP 11.25-69	78
PROPYLENE GL LIQ	119	QSYMIA CAP 15-92MG	78
PROPYLENE LIQ GLYCOL	119	QSYMIA CAP 3.75-23	78
<i>propylthiouracil tab 50 mg</i>	96	QSYMIA CAP 7.5-46MG	78

QUADRACEL INJ.....	115	<i>rasagiline mesylate tab 1 mg (base equiv)</i>	63
<i>quetiapine fumarate tab 100 mg</i>	67	RASPBERRY LIQ FLAVOR	119
<i>quetiapine fumarate tab 200 mg</i>	68	RAYALDEE CAP 30MCG	97
<i>quetiapine fumarate tab 25 mg</i>	67	RDT BASE POW.....	119
<i>quetiapine fumarate tab 300 mg</i>	68	<i>reclipsen tab</i>	87
<i>quetiapine fumarate tab 400 mg</i>	68	RECOMBIVA HB INJ 10MCG/ML	115
<i>quetiapine fumarate tab 50 mg</i>	67	RECOMBIVA-HB INJ 40MCG/ML.....	115
<i>quetiapine fumarate tab er 24hr 150 mg</i>	68	RECOMBIVA HB INJ 5MCG/0.5	115
<i>quetiapine fumarate tab er 24hr 200 mg</i>	68	RECTIV OIN 0.4%	153
<i>quetiapine fumarate tab er 24hr 300 mg</i>	68	RED YEAST POW RICE.....	119
<i>quetiapine fumarate tab er 24hr 400 mg</i>	68	<i>reeses med sus pinworm</i>	9
<i>quetiapine fumarate tab er 24hr 50 mg</i>	68	REFENESEN TAB CHST CNG	143
<i>quinapril hcl tab 10 mg</i>	35	REGANEX GEL 0.01%.....	154
<i>quinapril hcl tab 20 mg</i>	35	<i>reguloid pow 28.3%</i>	102
<i>quinapril hcl tab 40 mg</i>	35	<i>reguloid pow 48.57%</i>	102
<i>quinapril hcl tab 5 mg</i>	35	<i>reguloid pow 58.6%</i>	102
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	34	RELENZA MIS DISKHALE.....	16
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	34	RELISTOR INJ 12/0.6ML.....	103
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	34	RELISTOR INJ 8/0.4ML.....	103
<i>quinidine sulfate tab 200 mg</i>	39	REMICADE INJ 100MG	111
<i>quinidine sulfate tab 300 mg</i>	39	<i>rena-vite tab</i>	133
<i>quinine sulfate cap 324 mg</i>	11	RENFLXIS INJ 100MG.....	111
R		<i>repaglinide tab 0.5 mg</i>	80
RABAVERT INJ	115	<i>repaglinide tab 1 mg</i>	80
<i>rabeprazole sodium ec tab 20 mg</i> ...	104	<i>repaglinide tab 2 mg</i>	80
RA CALAMINE LOT.....	153	RESTASIS EMU 0.05%	137
<i>ra cough dm sus 30mg/5ml</i>	143	RESTASIS MUL EMU 0.05%	138
<i>ra epsom gra salt</i>	102	RETEVMO CAP 40MG	31
RA EPSOM GRA SALT/LVN	102	RETEVMO CAP 80MG	31
<i>ra glycerin sup 80.7%</i>	102	REVLIMID CAP 10MG.....	25
<i>raloxifene hcl tab 60 mg</i>	94	REVLIMID CAP 15MG	25
<i>ramipril cap 1.25 mg</i>	35	REVLIMID CAP 2.5MG	24
<i>ramipril cap 10 mg</i>	35	REVLIMID CAP 20MG	25
<i>ramipril cap 2.5 mg</i>	35	REVLIMID CAP 25MG	25
<i>ramipril cap 5 mg</i>	35	REVLIMID CAP 5MG.....	24
<i>ranolazine tab er 12hr 1000 mg</i>	48	REXULTI TAB 0.25MG	68
<i>ranolazine tab er 12hr 500 mg</i>	48	REXULTI TAB 0.5MG	68
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	63	REXULTI TAB 1MG.....	68
		REXULTI TAB 2MG.....	68
		REXULTI TAB 3MG.....	68
		REXULTI TAB 4MG.....	68
		REYATAZ POW 50MG	13
		RHOPRESSA SOL 0.02%.....	137
		RIABNI SOL 100/10ML.....	31
		RIABNI SOL 500/50ML.....	31
		<i>ribavirin cap 200 mg</i>	16

<i>ribavirin tab 200 mg</i>	16	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	58
<i>rid lice kil sha 0.33-4%</i>	154	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	58
<i>rifabutin cap 150 mg</i>	15	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	58
<i>rifampin cap 150 mg</i>	15	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	58
<i>rifampin cap 300 mg</i>	15	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	58
<i>rifampin for inj 600 mg</i>	15	<i>rivelsa tab</i>	87
<i>riluzole tab 50 mg</i>	75	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	73
<i>rimantadine hydrochloride tab 100 mg</i>	16	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	73
RINVOQ TAB 15MG ER.....	111	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	73
RISACAL-D TAB	126	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	73
<i>risedronate sodium tab 150 mg</i>	82	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	64
<i>risedronate sodium tab 35 mg</i>	82	<i>ropinirole hydrochloride tab 0.5 mg</i> ..	63
<i>risedronate sodium tab 5 mg</i>	82	<i>ropinirole hydrochloride tab 1 mg</i>	64
<i>risedronate sodium tab delayed release 35 mg</i>	83	<i>ropinirole hydrochloride tab 2 mg</i>	64
RISPERDAL INJ 12.5MG	68	<i>ropinirole hydrochloride tab 3 mg</i>	64
RISPERDAL INJ 25MG	68	<i>ropinirole hydrochloride tab 4 mg</i>	64
RISPERDAL INJ 37.5MG	68	<i>ropinirole hydrochloride tab 5 mg</i>	64
RISPERDAL INJ 50MG	68	<i>rosadan cre 0.75%</i>	153
<i>risperidone orally disintegrating tab 0.25 mg</i>	68	<i>rosuvastatin calcium tab 10 mg</i>	40
<i>risperidone orally disintegrating tab 0.5 mg</i>	68	<i>rosuvastatin calcium tab 20 mg</i>	40
<i>risperidone orally disintegrating tab 1 mg</i>	68	<i>rosuvastatin calcium tab 40 mg</i>	40
<i>risperidone orally disintegrating tab 2 mg</i>	68	<i>rosuvastatin calcium tab 5 mg</i>	40
<i>risperidone orally disintegrating tab 3 mg</i>	68	ROTARIX SUS	115
<i>risperidone orally disintegrating tab 4 mg</i>	68	ROTATEQ SOL.....	115
<i>risperidone soln 1 mg/ml</i>	68	<i>rowepra tab 500mg</i>	55
<i>risperidone tab 0.25 mg</i>	68	ROZLYTREK CAP 100MG.....	31
<i>risperidone tab 0.5 mg</i>	68	ROZLYTREK CAP 200MG.....	31
<i>risperidone tab 1 mg</i>	68	RUBRACA TAB 200MG.....	31
<i>risperidone tab 2 mg</i>	68	RUBRACA TAB 250MG.....	31
<i>risperidone tab 3 mg</i>	68	RUBRACA TAB 300MG.....	31
<i>risperidone tab 4 mg</i>	69	<i>rufinamide susp 40 mg/ml</i>	55
<i>ritonavir tab 100 mg</i>	13	<i>rufinamide tab 200 mg</i>	55
RITUXAN INJ 100MG	31	<i>rufinamide tab 400 mg</i>	55
RITUXAN INJ 500MG	31	RUKOBIA TAB 600MG ER.....	13
RITUXAN INJ HYCELA	31	RUXIENCE INJ 100/10ML	31
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	58	RUXIENCE INJ 500/50ML	31
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	58	RYBELSUS TAB 14MG	80
		RYBELSUS TAB 3MG	80

RYBELSUS TAB 7MG	80
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<i>rynex pse liq</i>	143
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SANTYL OIN 250/GM	154
<i>sapropterin dihydrochloride powder</i> <i>packet 100 mg</i>	94
<i>sapropterin dihydrochloride powder</i> <i>packet 500 mg</i>	94
<i>sapropterin dihydrochloride tab 100 mg</i>	94
<i>sb antacid sus anti-gas</i>	98
<i>sb docusate tab 8.6-50mg</i>	102
<i>sb fib lax pow 33%</i>	102
<i>sb laxative sup 10mg</i>	102
<i>sb triple oin antibiot</i>	148
<i>scopolamine td patch 72hr 1 mg/3days</i>	100
SECUADO DIS 3.8MG	69
SECUADO DIS 5.7MG	69
SECUADO DIS 7.6MG	69
<i>selegiline hcl cap 5 mg</i>	64
<i>selegiline hcl tab 5 mg</i>	64
<i>selenium sulfide lotion 2.5%</i>	150
SELZENTRY SOL 20MG/ML	13
SELZENTRY TAB 150MG	13
SELZENTRY TAB 25MG.....	13
SELZENTRY TAB 300MG.....	13
SELZENTRY TAB 75MG.....	13
<i>senna-lax tab 8.6mg</i>	102
<i>senna-s tab 8.6-50mg</i>	102
<i>senna-tabs tab 8.6mg</i>	102
<i>senna-time s tab 8.6-50mg</i>	102
<i>senna-time tab 8.6mg</i>	102
<i>sennosides-docusate sodium tab 8.6-</i> <i>50 mg</i>	102
<i>sennosides syrup 8.8 mg/5ml</i>	102
<i>senno tab 8.6mg</i>	102
<i>sentry tab</i>	133
<i>sentry tab senior</i>	133
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<i>sertraline hcl tab 100 mg</i>	61
<i>sertraline hcl tab 25 mg</i>	61
<i>sertraline hcl tab 50 mg</i>	61
<i>setlakin tab</i>	87
<i>sevelamer carbonate packet 0.8 gm</i> .	94
<i>sevelamer carbonate packet 2.4 gm</i> .	94
<i>sevelamer carbonate tab 800 mg</i>	94
<i>sharobel tab 0.35mg</i>	87
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SIGNIFOR INJ 0.3MG/ML.....	94
SIGNIFOR INJ 0.6MG/ML.....	94
SIGNIFOR INJ 0.9MG/ML.....	94
<i>silace liq 10mg/ml</i>	102
<i>silace syp 60/15ml</i>	102
<i>siladryl alr liq 12.5/5ml</i>	140
<i>sildenafil citrate tab 20 mg</i>	49
<i>siltuss das liq 100/5ml</i>	143
<i>siltussin dm liq das</i>	143
<i>siltussin-dm syp alc free</i>	143
<i>siltussin sa syp 100/5ml</i>	143
<i>silver sulfadiazine cream 1%</i>	148
SIMBRINZA SUS 1-0.2%	137
<i>simliya tab 28 day</i>	88
<i>simpesse tab</i>	88
SIMPLE SYP.....	119
<i>simvastatin tab 10 mg</i>	40
<i>simvastatin tab 20 mg</i>	40
<i>simvastatin tab 40 mg</i>	40
<i>simvastatin tab 5 mg</i>	40
<i>simvastatin tab 80 mg</i>	40
<i>sirolimus oral soln 1 mg/ml</i>	114
<i>sirolimus tab 0.5 mg</i>	114
<i>sirolimus tab 1 mg</i>	114
<i>sirolimus tab 2 mg</i>	114
SIRTURO TAB 100MG	15
SIRTURO TAB 20MG	15
SIVEXTRO INJ 200MG	9
SIVEXTRO TAB 200MG	9
SKYRIZI INJ 150DOSE	111
SKYRIZI INJ 150MG/ML.....	111
SKYRIZI PEN INJ 150MG/ML	111
<i>slow release tab 47.5mg</i>	108
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<i>sm all day tab allergy</i>	140

<i>sm allergy tab 4mg</i>	140	<i>sm vitamin c chw 500mg</i>	133
<i>sm animal chw shapes</i>	133	<i>sm vitamin c tab 1000mg</i>	133
<i>sm antacid/ sus antigas</i>	98	<i>sm vitamin c tab 250mg</i>	133
<i>sm antacid sus advanced</i>	98	<i>sm vitamin e cap 1000unit</i>	133
<i>sm antacid sus anti-gas</i>	98	<i>sm vitamin e cap 200unit</i>	133
<i>sm antibioti oin 500/gm</i>	148	<i>sm vitamin e cap 400unit</i>	133
<i>sm anti-diar tab 2mg</i>	98	<i>sm vit b-12 tab 100mcg</i>	133
<i>sm antifungl cre 1%</i>	149	<i>sm vit b-12 tab 500mcg</i>	133
<i>sm antifungl cre 2%</i>	149	<i>sm vit b-6 tab 100mg</i>	133
<i>sm aspirin tab 325mg</i>	2	<i>sm vit c/rh tab 1000mg</i>	133
<i>sm aspirin tab 325mg ec</i>	2	<i>sm zinc tab 50mg</i>	126
<i>sm balanced tab b-100</i>	133	SOD ACETATE POW ANHYDR	126
<i>sm balanced tab b-50</i>	133	SOD BENZOATE POW	120
<i>sm ca/mg/zn tab</i>	126	SOD BROMIDE GRA	120
SM CALAMINE LOT	153	<i>sod ferric gluc cmplx in sucrose iv soln</i>	
SM CALAMINE LOT PHENOLAT.....	153	12.5 mg/ml (fe eq)	109
<i>sm calcium/d tab 600-400</i>	126	<i>sodium chloride inj 2.5 meq/ml</i>	
<i>sm calcium chw</i>	126	(14.6%)	122
<i>sm complete tab</i>	133	<i>sodium chloride irrigation soln 0.9%</i>	
<i>sm complete tab adv form</i>	133	.....	154
<i>sm complete tab senior</i>	133	<i>sodium chloride iv soln 0.45%</i>	122
<i>sm coq-10 cap 50mg</i>	127	<i>sodium chloride iv soln 0.9%</i>	122
SM CORAL CAL TAB 1000MG.....	126	<i>sodium chloride iv soln 3%</i>	122
<i>sm fiber pow 28.3%</i>	102	<i>sodium chloride iv soln 5%</i>	122
<i>sm fiber pow 48.57%</i>	102	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>sm fiber pow 58.6%</i>	102	mg/ml soln	123
<i>sm folic acd tab 400mcg</i>	133	SODIUM MIS HYDROXID	120
<i>sm ibuprofen tab 100mg jr</i>	3	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sm iron slow tab 160mg cr</i>	108	gm/teaspoonful.....	94
<i>sm iron tab 325mg</i>	109	<i>sodium phenylbutyrate tab 500 mg</i> ..	94
<i>sm laxative sup 10mg</i>	102	<i>sodium polystyrene sulfonate powder</i>	
<i>sm micon 7 sup 100mg</i>	106	.....	83
<i>sm multiple tab vit/iron</i>	133	SODIUM POW BICARBON	98, 120
<i>sm multiple tab vitamins</i>	133	SOD METABISU GRA ANHYDR	120
<i>sm nasal dec tab 30mg</i>	143	SOD PERBORAT CRY	120
<i>sm nicotine gum 2mg</i>	78	SOD PHOSPHAT GRA DIBASIC	120
<i>sm nicotine gum 2mg mint</i>	78	SOD PROPION POW	120
<i>sm nicotine gum 4mg</i>	78	SOD SACCHARI GRA.....	127
<i>sm nicotine gum 4mg mint</i>	78	SOD SULFITE POW ANHYDROU	120
<i>sm nicotine loz 2mg mint</i>	78	<i>solifenacin succinate tab 10 mg</i>	105
<i>sm nicotine loz 4mg mint</i>	78	<i>solifenacin succinate tab 5 mg</i>	105
<i>sm opti-vita tab</i>	133	SOLIQUA INJ 100/33	82
SM PRENATAL TAB VITAMINS	133	SOLTAMOX SOL 10MG/5ML	24
<i>sm triple oin antibiot</i>	148	SOLU-CORTEF INJ 1000MG	92
<i>sm tussin cf liq</i>	143	SOLU-CORTEF INJ 100MG	91
<i>sm tussin dm syp 100-10/5</i>	143	SOLU-CORTEF INJ 250MG	91
<i>sm tussin syp dm</i>	143	SOLU-CORTEF INJ 500MG	91

SOMATULINE INJ 120/.5ML	94	STELARA INJ 90MG/ML	111
SOMATULINE INJ 60/0.2ML	94	STEVIA POW EXTRACT	120
SOMATULINE INJ 90/0.3ML	94	STIMATE SOL 1.5MG/ML	94
SOMAVERT INJ 10MG	94	STIVARGA TAB 40MG	31
SOMAVERT INJ 15MG	94	<i>stomach relf chw 262mg</i>	98
SOMAVERT INJ 20MG	94	<i>stomach relf sus 262/15ml</i>	98
SOMAVERT INJ 25MG	94	<i>stomach relf tab 262mg</i>	98
SOMAVERT INJ 30MG	94	<i>stool softnr cap 100mg</i>	102
<i>soothe&cool cre inzo 2%</i>	149	<i>stool softnr cap 250mg</i>	103
SORBIC ACID POW	120	<i>stool softnr syp 60/15ml</i>	103
SORBITOL SOL 70%	120	<i>stool softnr tab 8.6-50mg</i>	103
<i>sorine tab 120mg</i>	39	STRAWBERRY LIQ FLAVOR	120
<i>sorine tab 160mg</i>	39	<i>streptomycin sulfate for inj 1 gm</i>	9
<i>sorine tab 240mg</i>	39	<i>stress form/ tab zinc</i>	133
<i>sorine tab 80mg</i>	39	<i>stress formu tab</i>	133
<i>sotalol hcl (afib/af) tab 120 mg</i>	39	<i>stress formu tab w/iron</i>	133
<i>sotalol hcl (afib/af) tab 160 mg</i>	39	STRIBILD TAB	14
<i>sotalol hcl (afib/af) tab 80 mg</i>	39	STUART ONE CAP	134
<i>sotalol hcl tab 120 mg</i>	39	<i>subvenite tab 100mg</i>	55
<i>sotalol hcl tab 160 mg</i>	39	<i>subvenite tab 150mg</i>	55
<i>sotalol hcl tab 240 mg</i>	39	<i>subvenite tab 200mg</i>	55
<i>sotalol hcl tab 80 mg</i>	39	<i>subvenite tab 25mg</i>	55
SOYBEAN OIL	120	<i>sucalfate tab 1 gm</i>	103
<i>spironolactone & hydrochlorothiazide</i>		<i>sudogest pe tab 10mg</i>	143
<i>tab 25-25 mg</i>	46	<i>sudogest tab 30mg</i>	143
<i>spironolactone tab 100 mg</i>	35	<i>sudogest tab 60mg</i>	143
<i>spironolactone tab 25 mg</i>	35	<i>sulfacetamide sodium lotion 10%</i>	
<i>spironolactone tab 50 mg</i>	35	<i>(acne)</i>	148
<i>sprintec 28 tab 28 day</i>	88	<i>sulfacetamide sodium ophth oint 10%</i>	
SPRITAM TAB 1000MG	55	.....	136
SPRITAM TAB 250MG.....	55	<i>sulfacetamide sodium ophth soln 10%</i>	
SPRITAM TAB 500MG.....	55	.....	136
SPRITAM TAB 750MG.....	55	<i>sulfacetamide sodium-prednisolone</i>	
SPRYCEL TAB 100MG.....	31	<i>ophth soln 10-0.23(0.25)%</i>	135
SPRYCEL TAB 140MG.....	31	SULFADIAZINE TAB 500MG	9
SPRYCEL TAB 20MG	31	<i>sulfamethoxazole-trimethoprim iv soln</i>	
SPRYCEL TAB 50MG	31	<i>400-80 mg/5ml</i>	9
SPRYCEL TAB 70MG	31	<i>sulfamethoxazole-trimethoprim susp</i>	
SPRYCEL TAB 80MG	31	<i>200-40 mg/5ml</i>	9
<i>sps sus 15gm/60</i>	83	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sronyx tab</i>	88	<i>400-80 mg</i>	10
<i>ssd cre 1%</i>	148	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>stavudine cap 15 mg</i>	13	<i>800-160 mg</i>	10
<i>stavudine cap 20 mg</i>	13	SULFAMYLON CRE 85MG/GM.....	148
<i>stavudine cap 30 mg</i>	13	<i>sulfasalazine tab 500 mg</i>	100
<i>stavudine cap 40 mg</i>	13	<i>sulfasalazine tab delayed release 500</i>	
STELARA INJ 45MG/0.5.....	111	<i>mg</i>	100

<i>sulindac tab 150 mg</i>	3
<i>sulindac tab 200 mg</i>	3
<i>sumatriptan nasal spray 20 mg/act</i> ..	73
<i>sumatriptan nasal spray 5 mg/act</i>	73
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	73
<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	73
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	73
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	73
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	73
<i>sumatriptan succinate tab 100 mg</i>	74
<i>sumatriptan succinate tab 25 mg</i>	74
<i>sumatriptan succinate tab 50 mg</i>	74
<i>super b comp tab vit c</i>	134
<i>super liq nu-thera</i>	134
<i>superplex-t tab</i>	134
SUPER POW NU-THERA	134
<i>super tab nu-thera</i>	134
<i>super vikaps tab</i>	134
SUPPOSIBLEND MIS	120
SUPREP BOWEL SOL PREP KIT	103
SUSPENDIT GEL.....	120
SUTENT CAP 12.5MG	31
SUTENT CAP 25MG.....	31
SUTENT CAP 37.5MG	31
SUTENT CAP 50MG.....	31
<i>syeda tab 3-0.03mg</i>	88
SYMBICORT AER 160-4.5	147
SYMBICORT AER 80-4.5	147
SYMDEKO TAB 100-150	145
SYMDEKO TAB 50-75MG	145
SYMJEPI INJ 0.15MG.....	145
SYMJEPI INJ 0.3MG	145
SYMPAZAN MIS 10MG.....	55
SYMPAZAN MIS 20MG.....	55
SYMPAZAN MIS 5MG	55
SYMTUZA TAB	14
SYNAREL SOL 2MG/ML.....	89
SYNERCID INJ 500MG.....	10
SYNJARDY TAB	80
SYNJARDY TAB 12.5-500.....	80
SYNJARDY TAB 5-1000MG.....	80
SYNJARDY TAB 5-500MG.....	80

SYNJARDY XR TAB	80
SYNJARDY XR TAB 10-1000.....	80
SYNJARDY XR TAB 25-1000.....	80
SYNJARDY XR TAB 5-1000MG	80
SYNRIBO INJ 3.5MG	25
SYNTHROID TAB 100MCG	96
SYNTHROID TAB 112MCG	96
SYNTHROID TAB 125MCG	96
SYNTHROID TAB 137MCG	96
SYNTHROID TAB 150MCG	96
SYNTHROID TAB 175MCG	96
SYNTHROID TAB 200MCG	96
SYNTHROID TAB 25MCG	96
SYNTHROID TAB 300MCG	96
SYNTHROID TAB 50MCG	96
SYNTHROID TAB 75MCG	96
SYNTHROID TAB 88MCG	96
SYRSPEND SF SUS ALKA	120

T

<i>tab-a-vite tab</i>	134
<i>tab-a-vite tab /iron</i>	134
<i>tab-a-vite tab beta car</i>	134
TABLOID TAB 40MG	23
TABRECTA TAB 150MG	31
TABRECTA TAB 200MG	31
<i>tacrolimus cap 0.5 mg</i>	114
<i>tacrolimus cap 1 mg</i>	114
<i>tacrolimus cap 5 mg</i>	114
<i>tacrolimus oint 0.03%</i>	153
<i>tacrolimus oint 0.1%</i>	153
<i>tactinal chw children</i>	2
<i>tactinal tab 325mg</i>	2
<i>tactinal tab 500mg</i>	2
TAFINLAR CAP 50MG	31
TAFINLAR CAP 75MG	31
TAGRISSE TAB 40MG	31
TAGRISSE TAB 80MG	31
TALC POW	120
TALTZ INJ 80MG/ML	111
TALZENNA CAP 0.25MG	31
TALZENNA CAP 1MG.....	32
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	24
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	24
<i>tamsulosin hcl cap 0.4 mg</i>	104
TANGERINE POW FLAVOR.....	120

TANNIC ACID POW	153	<i>terazosin hcl cap 10 mg (base equivalent)</i>	36
TARGRETIN GEL 1%	153	<i>terazosin hcl cap 1 mg (base equivalent)</i>	36
<i>tarina 24 fe tab</i>	88	<i>terazosin hcl cap 2 mg (base equivalent)</i>	36
<i>tarina fe tab 1/20 eq</i>	88	<i>terazosin hcl cap 5 mg (base equivalent)</i>	36
TARTARIC ACD GRA.....	120	<i>terbinafine cre 1%</i>	149
TASIGNA CAP 150MG	32	<i>terbinafine hcl cream 1%</i>	149
TASIGNA CAP 200MG	32	<i>terbinafine hcl tab 250 mg</i>	11
TASIGNA CAP 50MG	32	<i>terbutaline sulfate tab 2.5 mg</i>	141
<i>tazarotene cream 0.1%</i>	150	<i>terbutaline sulfate tab 5 mg</i>	141
<i>tazicef inj 1gm</i>	18	<i>terconazole vaginal cream 0.4%</i>	106
<i>tazicef inj 2gm</i>	18	<i>terconazole vaginal cream 0.8%</i>	106
<i>tazicef inj 6gm</i>	18	<i>terconazole vaginal suppos 80 mg</i> ..	106
TAZORAC CRE 0.05%	150	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	78
<i>taztia xt cap 120mg/24</i>	45	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	78
<i>taztia xt cap 180mg/24</i>	45	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	78
<i>taztia xt cap 240mg/24</i>	45	<i>testosterone td gel 12.5 mg/act (1%)</i>	78
<i>taztia xt cap 300mg er</i>	45	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	78
<i>taztia xt cap 360mg/24</i>	45	<i>testosterone td gel 50 mg/5gm (1%)</i>	79
TAZVERIK TAB 200MG	32	<i>tetrabenazine tab 12.5 mg</i>	75
TDVAX INJ 2-2 LF.....	115	<i>tetrabenazine tab 25 mg</i>	75
TECENTRIQ INJ 1200/20	32	<i>tetracycline hcl cap 250 mg</i>	21
TECENTRIQ INJ 840/14.....	32	<i>tetracycline hcl cap 500 mg</i>	21
TEFLARO INJ 400MG.....	18	THALOMID CAP 100MG	25
TEFLARO INJ 600MG.....	18	THALOMID CAP 150MG	25
<i>telmisartan-amlodipine tab 40-10 mg</i>	37	THALOMID CAP 200MG	25
<i>telmisartan-amlodipine tab 40-5 mg</i>	37	THALOMID CAP 50MG	25
<i>telmisartan-amlodipine tab 80-10 mg</i>	37	THEO-24 CAP 100MG CR	145
<i>telmisartan-amlodipine tab 80-5 mg</i>	37	THEO-24 CAP 200MG CR	145
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	37	THEO-24 CAP 300MG CR	145
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	37	THEO-24 CAP 400MG ER	145
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	37	<i>theophylline soln 80 mg/15ml</i>	145
<i>telmisartan tab 20 mg</i>	38	<i>theophylline tab er 12hr 300 mg</i>	146
<i>telmisartan tab 40 mg</i>	38	<i>theophylline tab er 12hr 450 mg</i>	146
<i>telmisartan tab 80 mg</i>	38	<i>theophylline tab er 24hr 400 mg</i>	146
<i>temazepam cap 15 mg</i>	72	<i>theophylline tab er 24hr 600 mg</i>	146
<i>temazepam cap 30 mg</i>	72	THERA M PLUS TAB	134
<i>temazepam cap 7.5 mg</i>	72	<i>thera-m tab</i>	134
TEMIXYS TAB 300-300.....	14	THERA-M TAB	134
TENIVAC INJ 5-2LF.....	115		
<i>tenofovir disoproxil fumarate tab 300 mg</i>	13		
TEPMETKO TAB 225MG	32		

<i>therapeutic- tab m</i>	134	TIVICAY TAB 50MG	13
<i>thera tab</i>	134	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	76
THERA TAB.....	134	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	76
THEREMS-H TAB	134	TOBRADEX OIN 0.3-0.1%.....	135
THEREMS-M TAB	134	TOBRADEX ST SUS 0.3-0.05.....	135
<i>therems tab</i>	134	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	135
<i>thiamine hcl inj 100 mg/ml</i>	134	<i>tobramycin nebu soln 300 mg/5ml</i> ...	10
<i>thiamine hcl tab 100 mg</i>	134	<i>tobramycin ophth soln 0.3%</i>	136
<i>thiamine hcl tab 50 mg</i>	134	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	10
<i>thioridazine hcl tab 100 mg</i>	69	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	10
<i>thioridazine hcl tab 10 mg</i>	69	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	10
<i>thioridazine hcl tab 25 mg</i>	69	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	10
<i>thioridazine hcl tab 50 mg</i>	69	<i>tolnaftate cre 1%</i>	149
<i>thiothixene cap 10 mg</i>	69	<i>tolnaftate cream 1%</i>	149
<i>thiothixene cap 1 mg</i>	69	<i>tolnaftate powder 1%</i>	149
<i>thiothixene cap 2 mg</i>	69	<i>tolterodine tartrate cap er 24hr 2 mg</i>	105
<i>thiothixene cap 5 mg</i>	69	<i>tolterodine tartrate cap er 24hr 4 mg</i>	105
THREONINE POW	127	<i>tolterodine tartrate tab 1 mg</i>	105
<i>thrive gum 2mg mint</i>	78	<i>tolterodine tartrate tab 2 mg</i>	105
<i>tiadylt cap 120mg/24</i>	45	<i>topiramate sprinkle cap 15 mg</i>	55
<i>tiadylt cap 180mg/24</i>	45	<i>topiramate sprinkle cap 25 mg</i>	56
<i>tiadylt cap 240mg/24</i>	45	<i>topiramate tab 100 mg</i>	56
<i>tiadylt cap 300mg/24</i>	45	<i>topiramate tab 200 mg</i>	56
<i>tiadylt cap 360mg/24</i>	45	<i>topiramate tab 25 mg</i>	56
<i>tiadylt cap 420mg/24</i>	45	<i>topiramate tab 50 mg</i>	56
<i>tiagabine hcl tab 12 mg</i>	55	<i>toposar inj 100/5ml</i>	26
<i>tiagabine hcl tab 16 mg</i>	55	<i>toposar inj 1gm/50ml</i>	26
<i>tiagabine hcl tab 2 mg</i>	55	<i>toremifene citrate tab 60 mg (base equivalent)</i>	24
<i>tiagabine hcl tab 4 mg</i>	55	<i>toremide tab 100 mg</i>	46
TIBSOVO TAB 250MG	32	<i>toremide tab 10 mg</i>	46
<i>tigecycline for iv soln 50 mg</i>	21	<i>toremide tab 20 mg</i>	46
TIGECYCLINE INJ 50MG	22	<i>toremide tab 5 mg</i>	46
<i>tilia fe tab</i>	88	<i>total b/c tab</i>	134
<i>timolol maleate ophth gel forming soln 0.25%</i>	137	TOVIAZ TAB 4MG	105
<i>timolol maleate ophth gel forming soln 0.5%</i>	137	TOVIAZ TAB 8MG	105
<i>timolol maleate ophth soln 0.25%</i> ..	137	TPN ELECTROL INJ	122
<i>timolol maleate ophth soln 0.5%</i>	137	TRADJENTA TAB 5MG	80
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	137		
<i>timolol maleate tab 10 mg</i>	43		
<i>timolol maleate tab 20 mg</i>	43		
<i>timolol maleate tab 5 mg</i>	43		
TIVICAY PD TAB 5MG	13		
TIVICAY TAB 10MG	13		
TIVICAY TAB 25MG	13		

<i>tramadol-acetaminophen tab 37.5-325 mg</i>	7	<i>triamcinolone acetone lotion 0.1%</i>	151
<i>tramadol hcl tab 50 mg</i>	7	<i>triamcinolone acetone oint 0.025%</i>	151
<i>trandolapril tab 1 mg</i>	35	<i>triamcinolone acetone oint 0.1%</i> ..	151
<i>trandolapril tab 2 mg</i>	35	<i>triamcinolone acetone oint 0.5%</i> ..	151
<i>trandolapril tab 4 mg</i>	35	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	46
<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	109	<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	46
<i>tranexamic acid tab 650 mg</i>	109	<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	46
<i>tranylcypramine sulfate tab 10 mg</i> ...	61	<i>tri-biozene oin</i>	148
TRAVASOL INJ 10%.....	124	<i>tri-buff asa tab 325mg</i>	2
TRAZIMERA INJ 150MG.....	32	TRICARE TAB PRENATAL	123
TRAZIMERA INJ 420MG.....	32	<i>triderm cre 0.5%</i>	151
<i>trazodone hcl tab 100 mg</i>	61	<i>trientine hcl cap 250 mg</i>	83
<i>trazodone hcl tab 150 mg</i>	61	<i>tri-estaryll tab</i>	88
<i>trazodone hcl tab 50 mg</i>	61	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	69
TRECTOR TAB 250MG	15	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i>	69
TRELEGY AER ELLIPTA	138	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	69
TRELSTAR MIX INJ 11.25MG.....	24	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	69
TRELSTAR MIX INJ 3.75MG	24	<i>trifluridine ophth soln 1%</i>	136
<i>treprostinil inj soln 100 mg/20ml (5</i> <i>mg/ml)</i>	49	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	64
<i>treprostinil inj soln 200 mg/20ml (10</i> <i>mg/ml)</i>	49	<i>trihexyphenidyl hcl tab 2 mg</i>	64
<i>treprostinil inj soln 20 mg/20ml (1</i> <i>mg/ml)</i>	49	<i>trihexyphenidyl hcl tab 5 mg</i>	64
<i>treprostinil inj soln 50 mg/20ml (2.5</i> <i>mg/ml)</i>	49	TRIJDY XR TAB	80
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TRESIBA FLEX INJ 200UNIT.....	82	<i>tri-legest tab fe</i>	88
TRESIBA INJ 100UNIT	82	<i>tri-linyah tab</i>	88
<i>tretinoin cap 10 mg</i>	25	<i>tri-lo-mili tab</i>	88
<i>tretinoin cream 0.025%</i>	148	<i>tri-lo tab estaryll</i>	88
<i>tretinoin cream 0.05%</i>	148	<i>tri-lo- tab marzia</i>	88
<i>tretinoin cream 0.1%</i>	148	<i>tri-lo- tab sprintec</i>	88
<i>tretinoin gel 0.01%</i>	148	<i>trilyte sol</i>	103
<i>tretinoin gel 0.025%</i>	148	<i>trimethoprim tab 100 mg</i>	10
<i>triamcinolone acetone cream 0.025%</i>	151	<i>tri-mili tab</i>	88
<i>triamcinolone acetone cream 0.1%</i>	151	<i>trimipramine maleate cap 100 mg</i> ...	61
<i>triamcinolone acetone cream 0.5%</i>	151	<i>trimipramine maleate cap 25 mg</i>	61
<i>triamcinolone acetone dental paste</i> <i>0.1%</i>	154	<i>trimipramine maleate cap 50 mg</i>	61
<i>triamcinolone acetone lotion 0.025%</i>	151	TRINTELLIX TAB 10MG	61
		TRINTELLIX TAB 20MG	61

TRINTELLIX TAB 5MG	61	<i>tydemy tab</i>	88
<i>tri-nymyo tab</i>	88	TYMLOS INJ	83
<i>triple antib oin</i>	148	TYPHIM VI INJ	115
<i>triple antib oin max st</i>	148	U	
<i>triple antib oin plus</i>	149	U-BASE CRE	120
<i>tri-previfem tab</i>	88	UBRELVY TAB 100MG	74
<i>tri-sprintec tab</i>	88	UBRELVY TAB 50MG	74
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<i>trivora-28 tab</i>	88	UNIBASE CRE	120
<i>tri-vylibra tab</i>	88	UNICOMPLEX-M TAB.....	134
<i>tri-vylibra tab lo</i>	88	<i>unithroid tab 100mcg</i>	96
TROCHIBASE MIS.....	120	<i>unithroid tab 112mcg</i>	96
TROCHIBASE S MIS.....	120	<i>unithroid tab 125mcg</i>	97
TROCHIBASE S MIS CLASSIC.....	120	<i>unithroid tab 137mcg</i>	97
TROGARZO INJ 150MG/ML	13	<i>unithroid tab 150mcg</i>	97
TROPHAMINE INJ 10%	124	<i>unithroid tab 175mcg</i>	97
<i>tropium chloride tab 20 mg</i>	105	<i>unithroid tab 200mcg</i>	97
TRULANCE TAB 3MG	103	<i>unithroid tab 25mcg</i>	96
TRULICITY INJ 0.75/0.5	80	<i>unithroid tab 300mcg</i>	97
TRULICITY INJ 1.5/0.5.....	80	<i>unithroid tab 50mcg</i>	96
TRULICITY INJ 3/0.5	81	<i>unithroid tab 75mcg</i>	96
TRULICITY INJ 4.5/0.5.....	81	<i>unithroid tab 88mcg</i>	96
TRUMENBA INJ	115	URO-MAG CAP 140MG	98
TRUXIMA INJ 100/10ML	32	<i>ursodiol cap 300 mg</i>	103
TRUXIMA INJ 500/50ML	32	<i>ursodiol tab 250 mg</i>	103
<i>trymine cg liq 225-7.5</i>	143	<i>ursodiol tab 500 mg</i>	103
TUKYSA TAB 150MG	32	V	
TUKYSA TAB 50MG.....	32	<i>valacyclovir hcl tab 1 gm</i>	16
<i>tulana tab 0.35mg</i>	88	<i>valacyclovir hcl tab 500 mg</i>	16
TURALIO CAP 200MG.....	32	VALCHLOR GEL 0.016%	153
TURPENTINE LIQ SPIRITS.....	120	<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	16
TUSNEL C SYP	143	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	16
<i>tusnel diabt liq 10-100/5</i>	143	<i>valproate sodium inj 100 mg/ml</i>	56
TUSSICAPS CAP 10-8MG	143	<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	56
<i>tussin adult liq 100/5ml</i>	143	<i>valproic acid cap 250 mg</i>	56
<i>tussin adult liq cgh/cong</i>	143	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	38
<i>tussin adult liq cold</i>	144	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	38
<i>tussin cf liq</i>	144	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	38
<i>tussin cf liq cgh/cold</i>	144	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	38
<i>tussin chest syp 100/5ml</i>	144		
<i>tussin dm liq</i>	144		
<i>tussin dm liq 100-10/5</i>	144		
<i>tussin dm liq max</i>	144		
<i>tussin dm syp 100-10/5</i>	144		
TUTTI FRUTTI CON	120		
TWINRIX INJ	115		
TYBOST TAB 150MG	13		

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	38	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	61
<i>valsartan tab 160 mg</i>	38	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	61
<i>valsartan tab 320 mg</i>	38	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	61
<i>valsartan tab 40 mg</i>	38	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	62
<i>valsartan tab 80 mg</i>	38	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	62
VALTOCO LIQ 15MG	56	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	62
VALTOCO LIQ 20MG	56	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	62
VALTOCO SPR 10MG.....	56	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	62
VALTOCO SPR 5MG	56	VENOFER INJ 20MG/ML.....	109
<i>vanadom tab 350mg</i>	76	VENTAVIS SOL 10MCG/ML	49
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	10	VENTAVIS SOL 20MCG/ML	49
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	10	VENTOLIN HFA AER	141
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	10	<i>verapamil hcl cap er 24hr 100 mg</i> ...	45
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	10	<i>verapamil hcl cap er 24hr 120 mg</i> ...	45
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	10	<i>verapamil hcl cap er 24hr 180 mg</i> ...	45
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	10	<i>verapamil hcl cap er 24hr 200 mg</i> ...	45
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	10	<i>verapamil hcl cap er 24hr 240 mg</i> ...	45
VANCOMYCIN INJ 1 GM.....	10	<i>verapamil hcl cap er 24hr 300 mg</i> ...	45
VANCOMYCIN INJ 500MG	10	<i>verapamil hcl cap er 24hr 360 mg</i> ...	45
VANCOMYCIN INJ 750MG	10	<i>verapamil hcl iv soln 2.5 mg/ml</i>	45
<i>vandazole gel 0.75%</i>	106	<i>verapamil hcl tab 120 mg</i>	45
VANIBASE CRE	120	<i>verapamil hcl tab 40 mg</i>	45
VAQTA INJ 25/0.5ML	115	<i>verapamil hcl tab 80 mg</i>	45
VAQTA INJ 50UNT/ML	115	<i>verapamil hcl tab er 120 mg</i>	45
VARIVAX INJ	115	<i>verapamil hcl tab er 180 mg</i>	45
VASCEPA CAP 0.5GM	41	<i>verapamil hcl tab er 240 mg</i>	45
VASCEPA CAP 1GM.....	41	VERSACLOZ SUS 50MG/ML.....	69
VEEGUM MIS LUMP.....	120	VERSATILE CRE BASE	120
VELCADE INJ 3.5MG	32	VERSIGEL CRE.....	120
<i>velivet pak</i>	88	VERZENIO TAB 100MG.....	32
VELTASSA POW 16.8GM.....	83	VERZENIO TAB 150MG.....	32
VELTASSA POW 25.2GM.....	83	VERZENIO TAB 200MG.....	32
VELTASSA POW 8.4GM	83	VERZENIO TAB 50MG	32
VEMLIDY TAB 25MG	16	<i>vestura tab 3-0.02mg</i>	88
VENCLEXTA TAB 100MG.....	32	V-GO 20 KIT.....	82
VENCLEXTA TAB 10MG	32	V-GO 30 KIT.....	82
VENCLEXTA TAB 50MG	32	V-GO 40 KIT.....	82
VENCLEXTA TAB START PK.....	32	VICTOZA INJ 18MG/3ML	81
		<i>vienna tab 0.1-20</i>	88

<i>vigabatrin powd pack 500 mg</i>	56	VIZIMPRO TAB 15MG.....	32
<i>vigabatrin tab 500 mg</i>	56	VIZIMPRO TAB 30MG.....	32
<i>vigadrone pow 500mg</i>	56	VIZIMPRO TAB 45MG.....	32
VIIBRYD KIT STARTER	62	V-MAX CRE.....	120
VIIBRYD TAB 10MG	62	<i>voriconazole for inj 200 mg</i>	11
VIIBRYD TAB 20MG	62	<i>voriconazole for susp 40 mg/ml</i>	11
VIIBRYD TAB 40MG	62	<i>voriconazole tab 200 mg</i>	11
VIMPAT INJ 200MG/20	56	<i>voriconazole tab 50 mg</i>	11
VIMPAT SOL 10MG/ML	56	VOSEVI TAB	16
VIMPAT TAB 100MG	56	VOTRIENT TAB 200MG.....	32
VIMPAT TAB 150MG	56	VRAYLAR CAP 1.5-3MG	69
VIMPAT TAB 200MG	56	VRAYLAR CAP 1.5MG	69
VIMPAT TAB 50MG	56	VRAYLAR CAP 3MG	69
<i>vincristine sulfate iv soln 1 mg/ml</i>	26	VRAYLAR CAP 4.5MG	69
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	26	VRAYLAR CAP 6MG.....	69
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	26	<i>vyfemla tab 0.4-35</i>	88
<i>viorele tab</i>	88	<i>vylibra tab 0.25-35</i>	88
VIRACEPT TAB 250MG	13	VYZULTA SOL 0.024%	137
VIRACEPT TAB 625MG	13	W	
VIREAD POW 40MG/GM	13	<i>warfarin sodium tab 10 mg</i>	107
VIREAD TAB 150MG	13	<i>warfarin sodium tab 1 mg</i>	107
VIREAD TAB 200MG	13	<i>warfarin sodium tab 2.5 mg</i>	107
VIREAD TAB 250MG	13	<i>warfarin sodium tab 2 mg</i>	107
<i>vita-bee/c tab</i>	134	<i>warfarin sodium tab 3 mg</i>	107
<i>vitamin a cap 3 mg (10000 unit)</i>	134	<i>warfarin sodium tab 4 mg</i>	107
<i>vitamin a cap 8000unit</i>	134	<i>warfarin sodium tab 5 mg</i>	107
<i>vitamin b12 tab 1000mcg</i>	134	<i>warfarin sodium tab 6 mg</i>	107
<i>vitamin c tab 500mg</i>	134	<i>warfarin sodium tab 7.5 mg</i>	107
<i>vitamin c tab 500mg tr</i>	134	<i>water for irrigation, sterile irrigation</i> <i>soln</i>	154
<i>vitamin d3 dro 10mcg/ml</i>	134	<i>wee care sus 15/1.25</i>	109
<i>vitamin d3 tab 1000unit</i>	134	<i>wera tab 0.5/35</i>	88
<i>vitamin d3 tab 50000unt</i>	134	<i>white petrolatum gel</i>	120
<i>vitamin d-3 tab 5000unit</i>	134	WITEPSOL H15 MIS	120
<i>vitamin d tab 1000unit</i>	134	<i>womans laxat tab 5mg ec</i>	103
<i>vitamin d tab 400unit</i>	134	<i>womens one tab daily</i>	135
<i>vitamin e cap 1000 unit</i>	135	<i>wymzya fe chw 0.4mg-35</i>	88
<i>vitamin e cap 100 unit</i>	134	X	
<i>vitamin e cap 200 unit</i>	134	XALKORI CAP 200MG.....	32
<i>vitamin e cap 400 unit</i>	134	XALKORI CAP 250MG.....	32
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<i>vite/iron chw children</i>	135	XARELTO STAR TAB 15/20MG	107
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VITRAKVI CAP 25MG	32	XARELTO TAB 15MG	107
VITRAKVI SOL 20MG/ML	32	XARELTO TAB 2.5MG	107
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XCOPRI PAK 12.5-25	56	<i>zaleplon cap 5 mg</i>	72
XCOPRI PAK 150-200	56	<i>zarah tab 3-0.03mg</i>	88
XCOPRI PAK 50-100MG.....	56	ZARXIO INJ 300/0.5	107
XCOPRI PAK 50-200MG.....	56	ZARXIO INJ 480/0.8	107
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XCOPRI TAB 150MG	57	ZELBORAF TAB 240MG	33
XCOPRI TAB 200MG	57	ZEMAIRA INJ 1000MG.....	146
XCOPRI TAB 50MG	57	<i>zenatane cap 10mg</i>	148
XELJANZ SOL 1MG/ML	111	<i>zenatane cap 20mg</i>	148
XELJANZ TAB 10MG.....	111	<i>zenatane cap 30mg</i>	148
XELJANZ TAB 5MG.....	111	<i>zenatane cap 40mg</i>	148
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XIFAXAN TAB 550MG	103	ZENPEP CAP 25000.....	104
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XIGDUO XR TAB 5-1000MG	81	ZERVIATE DRO 0.24%	137
XIGDUO XR TAB 5-500MG.....	81	<i>zidovudine cap 100 mg</i>	13
XIIDRA DRO 5%	138	<i>zidovudine syrup 10 mg/ml</i>	13
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XOFLUZA TAB 40MG	16	<i>zinc chloride inj 1 mg/ml</i>	124
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XPOVIO PAK 100MG	33	<i>ziprasidone hcl cap 20 mg</i>	69
XPOVIO PAK 40MG	33	<i>ziprasidone hcl cap 40 mg</i>	69
XPOVIO PAK 50MG	33	<i>ziprasidone hcl cap 60 mg</i>	69
XPOVIO PAK 60MG	33	<i>ziprasidone hcl cap 80 mg</i>	69
XPOVIO PAK 80MG	33	<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	69
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