



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan)

2018 Lista de medicamentos cubiertos

(Formulario)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LAS DROGAS QUE CUBRIMOS EN ESTE PLAN Si tiene preguntas, comuníquese con Neighborhood INTEGRITY 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. Los usuarios de TTY deben llamar al 711. La llamada es gratuita. Para obtener más información, visite www.nhpri.org/INTEGRITY.

Neighborhood INTEGRITY| 2019 *Lista de medicamentos cubiertos* (Formulario)

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también se lo llama “Lista de medicamentos”). Le informa cuáles son los medicamentos con receta y medicamentos de venta libre que cubre Neighborhood INTEGRITY. La Lista de medicamentos también le indica si se aplican normas o restricciones especiales a los medicamentos cubiertos por Neighborhood INTEGRITY. Los términos clave se definen en el último capítulo del *Manual para miembros*.

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Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

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A. Avisos legales

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

- ❖ Neighborhood Health Plan of Rhode Island es un plan de salud que tiene contrato con Medicare y Medicaid de Rhode Island para proporcionar los beneficios de ambos programas a los afiliados.
- ❖ Tanto los beneficios como la Lista de medicamentos cubiertos y las redes de farmacias y proveedores pueden sufrir modificaciones a lo largo del año. Le enviaremos un aviso antes de realizar un cambio que lo afecte.
- ❖ Es posible que se apliquen limitaciones y restricciones. Para obtener más información, llame a Servicios para Miembros de Neighborhood INTEGRITY o consulte el Manual para miembros de Neighborhood INTEGRITY.
- ❖ Puede consultar la *Lista de medicamentos cubiertos* de Neighborhood INTEGRITY actualizada en cualquier momento en el sitio web www.nhpri.org/INTEGRITY.
- ❖ ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call Member Services toll-free phone at 1-844-812-6896. Hours of operation are 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call TTY 711. The call is free.
- ❖ ATENCIÓN: Si habla español, tenemos a su disposición servicios de asistencia gratuitos en su idioma. Llame al 1-844-812-6896 (para TTY o TDD, marque 711) de lunes a viernes, de 8:00 a. m. a 8:00 p. m., y los sábados de 8:00 a. m. a 12:00 p. m. Los sábados por la tarde, domingos y feriados nacionales puede dejar un mensaje y le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se falar Português, estão disponíveis para si serviços de apoio linguístico, gratuitamente. Ligue para o 1-844-812-6896 (TTY/TDD 711), das 8 am às 8 pm, de segunda a sexta-feira; das 8 am às 12 pm ao sábado. Aos sábados à tarde, domingos e feriados federais, poderá ser convidado a deixar uma mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é grátis.
- ❖ Puede obtener este documento de forma gratuita en otros formatos, como en tamaño de letra grande, braille o audio. Llame a Servicios para Miembros al 1-844-812-6896 (para TTY, marque 711). El horario de atención es de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Los usuarios de TTY deben llamar al 711. Esta llamada es gratuita.
- ❖ El plan también puede proporcionarle los documentos en inglés y portugués, así como en formatos como tamaño de letra grande, braille o audio. Llame a Servicios para Miembros para informarnos que, en esta ocasión y en adelante, desea recibir los documentos en el idioma o formato alternativo que solicite.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

B. Preguntas frecuentes

Aquí encontrará respuestas a sus preguntas sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta en particular.

B1. ¿Qué medicamentos con receta se incluyen en la *Lista de medicamentos cubiertos*? (A la *Lista de medicamentos cubiertos*, la denominamos “Lista de medicamentos” para abreviarla).

Los medicamentos que se incluyen en la *Lista de medicamentos cubiertos* que comienza en la página 1 son los que cubre Neighborhood INTEGRITY. Estos medicamentos están disponibles en farmacias dentro de nuestra red. Una farmacia está en nuestra red si hemos firmado un contrato con ella para que trabaje con nosotros y le brinde servicios. A estas farmacias las denominamos “farmacias de la red”.

- Neighborhood INTEGRITY cubrirá todos los medicamentos médicamente necesarios de la Lista de medicamentos en los siguientes casos:
 - cuando su médico u otro profesional autorizado a dar recetas digan que los necesita para recuperarse o mantenerse sano, y
 - cuando obtenga su medicamento con receta en una farmacia de la red de Neighborhood INTEGRITY.
- Es posible que Neighborhood INTEGRITY le exija otros requisitos para acceder a ciertos medicamentos (consulte la pregunta B4 a continuación).

Puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web www.nhpri.org/INTEGRITY o llamando a Servicios para Miembros al 1-844-812-6896 (para TTY, marque 711).

B2. ¿Se hacen cambios en la Lista de medicamentos?

Sí. Neighborhood INTEGRITY podrá agregar o quitar medicamentos durante el año. También podremos cambiar las normas que se aplican a los medicamentos. Estos son algunos ejemplos de lo que podríamos hacer:

- Decidir si exigimos o no una autorización previa para un medicamento. (La autorización previa es el permiso que Neighborhood INTEGRITY debe darle para que pueda obtener un medicamento).
- Agregar o cambiar normas sobre la cantidad de medicamento que puede obtener (esto se denomina “límites de cantidad”).

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

- Agregar o cambiar las restricciones de tratamiento escalonado de un medicamento. (El tratamiento escalonado significa que debe probar un medicamento antes de que cubramos otro).

Si está tomando un medicamento que estaba cubierto al **comienzo** del año, generalmente no retiraremos ni cambiaremos la cobertura para ese medicamento **durante el resto del año** a menos que ocurra lo siguiente:

- aparezca un nuevo medicamento de menor costo con la misma eficacia que un medicamento incluido actualmente en la Lista de medicamentos;
- se detecte que un medicamento no es seguro, o
- se retire del mercado un medicamento.

Las preguntas B3 y B6 a continuación brindan más información sobre lo que sucede cuando se hacen cambios en la Lista de medicamentos.

- Puede consultar la Lista de medicamentos de Neighborhood INTEGRITY actualizada en cualquier momento en el sitio web www.nhpri.org/INTEGRITY.
- También puede llamar a Servicios para Miembros al 1-844-812-6896 (para TTY, marque 711) para consultar la Lista de medicamentos actualizada.

B3. ¿Qué sucede cuando se hacen cambios en la Lista de medicamentos?

Algunos cambios en la Lista de medicamentos se aplicarán **de inmediato**. Por ejemplo, en los siguientes casos:

- ***Está disponible un nuevo medicamento genérico.*** A veces, aparece un medicamento nuevo de menor costo con la misma eficacia que un medicamento incluido actualmente en la Lista de medicamentos. Cuando eso suceda, podremos quitar de la lista el medicamento actual, pero el costo que deberá pagar por el nuevo medicamento seguirá siendo el mismo. Cuando agreguemos el nuevo medicamento genérico, también podremos decidir mantener en la lista el medicamento que está incluido actualmente, pero cambiar sus normas o límites de cobertura.
 - Es posible que no le informemos antes de hacer este cambio, pero le enviaremos información sobre el cambio o los cambios específicos que hayamos aplicado.
 - Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que debe seguir para solicitar una excepción.
- **Se retira un medicamento del mercado.** Si la Food and Drug Administration (FDA, Administración de Alimentos y Medicamentos) determina que un medicamento que usted toma no es seguro o si el fabricante del medicamento lo retira del mercado, lo

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quitaremos de la Lista de medicamentos. Si está tomando el medicamento, le avisaremos. Le enviaremos una carta para asesorarlo sobre qué debe hacer a continuación con su proveedor y farmacéutico.

Podremos hacer otros cambios que afecten los medicamentos que toma. Le informaremos con anticipación sobre estos otros cambios en la Lista de medicamentos. Podrán hacerse cambios si ocurre lo siguiente:

- la FDA brinda nuevas pautas o hay nuevas pautas clínicas sobre un medicamento;
- agregamos un medicamento genérico que no es nuevo en el mercado, **y**
 - reemplazamos un medicamento de marca que está actualmente en la Lista de medicamentos, **o**
 - cambiamos las normas o los límites de cobertura para el medicamento de marca.

Cuando ocurran estos cambios, le informaremos por lo menos 30 días antes de aplicar la modificación a la Lista de medicamentos **o** cuando solicite el medicamento. Esto le dará tiempo para hablar con su médico o el profesional que le da la receta. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que puede tomar en su lugar o si debe solicitar una excepción. Además, puede realizar lo siguiente:

- obtener un suministro del medicamento para 30 días antes de que se realice el cambio en la Lista de medicamentos, **o**
- solicitar una excepción a estos cambios. Consulte la pregunta B10 para obtener más información sobre las excepciones.

B4. ¿Se aplican restricciones o límites a la cobertura de medicamentos o requisitos especiales para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o límites en cuanto a la cantidad que puede obtener. En algunos casos, usted, su médico o el profesional que le da la receta deben cumplir ciertos requisitos antes de que pueda obtener el medicamento. Por ejemplo, en los siguientes casos:

- **Autorización previa (o aprobación previa):** para algunos medicamentos, usted o su médico o el profesional que le da la receta deben obtener la autorización de Neighborhood INTEGRITY antes de solicitar el medicamento con receta. Es posible que Neighborhood INTEGRITY no cubra el medicamento si no consigue la autorización.
- **Límites de cantidad:** en ocasiones, Neighborhood INTEGRITY limita la cantidad de un medicamento que puede obtener.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información,** visite www.nhpri.org/INTEGRITY.

- **Tratamiento escalonado:** a veces, Neighborhood INTEGRITY le exige que haga un tratamiento escalonado. Esto significa que tendrá que probar los medicamentos para su afección médica en un cierto orden. Es posible que deba probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no le resulta eficaz, entonces cubriremos el segundo.

Para averiguar si su medicamento tiene límites o requisitos adicionales, consulte las tablas de las páginas 1-155. También puede obtener más información en nuestro sitio web www.nhpri.org/INTEGRITY. Hemos publicado documentos en línea que explican las restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico o el profesional que le da la receta. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que puede tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabrá si el medicamento que desea tiene limitaciones o si hay requisitos especiales para obtenerlo?

La *Lista de medicamentos cubiertos* de la página 1 tiene una columna titulada “Requisitos especiales, restricciones o límites de uso”.

B6. ¿Qué sucede si cambiamos las normas para algunos medicamentos (por ejemplo, restricciones de autorización o aprobación previa, límites de cantidad o tratamiento escalonado)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos las restricciones de autorización previa, límites de cantidad o tratamiento escalonado para un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos informarle con anticipación cuando cambien nuestras normas para medicamentos 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 cómo se escribe el medicamento), o
- puede buscarlo por afección médica.

Para buscar **por orden alfabético**, vaya a la sección “Índice de medicamentos cubiertos”. Para ello, ingrese en www.nhpri.org/INTEGRITY y haga clic en el vínculo Searchable List of Covered Drugs.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

Para buscar **por afección médica**, vaya a la sección titulada “Lista de medicamentos por afección médica” de la página 1. En esta sección, los medicamentos se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular – Drugs to Treat Heart and Circulation Conditions. Allí encontrará los medicamentos que tratan las afecciones cardíacas.

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

Si no encuentra el medicamento en la Lista de medicamentos, llame a Servicios para Miembros al 1-844-812-6896 (para TTY, marque 711) y pregunte si está incluido. Si le dicen que Neighborhood INTEGRITY no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicitar a Servicios para Miembros una lista de medicamentos como el que desea tomar. Luego, mostrársela a su médico o al profesional que le da la receta. Ellos pueden recetar un medicamento de la Lista de medicamentos que sea como el que usted desea tomar. **O**
- Solicitar al plan de salud que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre la excepción.

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

Podemos ayudarlo. Podremos 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 Medicaid durante los primeros 90 días en que sea miembro de Neighborhood INTEGRITY. Esto le dará tiempo para hablar con su médico o el profesional que le da la receta. Ellos pueden ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que puede tomar en su lugar o si debe solicitar una excepción.

Si la indicación de la receta es para menos días, permitiremos que retire varias veces el medicamento hasta alcanzar un suministro máximo para 30 días de un medicamento de la Parte D y para 90 días de un medicamento cubierto por Medicaid.

Cubriremos un suministro para 30 días de un medicamento de la Parte D o un suministro para 90 días de un medicamento cubierto por Medicaid en los siguientes casos:

- si toma un medicamento que no está en la Lista de medicamentos;
- si las normas del plan de salud no le permiten obtener la cantidad indicada por el profesional que le dio la receta;
- si el medicamento requiere la autorización previa de Neighborhood INTEGRITY, **o**
- si toma un medicamento que tiene una restricción de tratamiento escalonado.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

Si está en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de medicamentos o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan por más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro para 31 días del medicamento que necesita (a menos que tenga una receta para menos días), sea o no un miembro nuevo de Neighborhood INTEGRITY.
- Esto se suma al suministro temporal durante los primeros 90 días de membresía en Neighborhood INTEGRITY.

Si cambia el nivel de atención, entonces el miembro puede recibir un suministro para 30 días si la atención no es a largo plazo y un suministro para 31 días si recibe atención a largo plazo.

B10. ¿Puede solicitar una excepción para que cubramos su medicamento?

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

También puede pedirnos que cambiemos las normas para su medicamento.

- Por ejemplo, Neighborhood INTEGRITY puede limitar la cantidad de medicamento que se cubrirá. Si su medicamento tiene un límite, puede solicitarnos que lo cambiemos y cubramos una cantidad mayor.
- Otros ejemplos: puede pedirnos que eliminemos las restricciones de tratamiento escalonado o los requisitos de autorización previa.

B11. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, llame a Servicios para Miembros. Servicios para Miembros asistirá a usted y a su proveedor para ayudarlos a solicitar una excepción. Además, puede consultar el capítulo 9 del *Manual para miembros*, donde encontrará más información sobre las excepciones.

B12. ¿Cuánto tiempo se tarda en obtener una excepción?

Primero, debemos obtener una declaración del profesional que le dio la receta que respalde su solicitud de excepción. Después de recibir la declaración, le comunicaremos la decisión respecto de su solicitud de excepción dentro de las 72 horas.

Si usted o el profesional que le dio la receta creen que su salud puede verse afectada si tiene que esperar 72 horas para conocer la decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si el profesional que le dio la receta respalda su solicitud, le daremos una respuesta dentro de las 24 horas de haber recibido la declaración de respaldo del profesional.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos se componen de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los de marca y, normalmente, no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la FDA.

Neighborhood INTEGRITY cubre tanto los medicamentos de marca como los genéricos.

B14. ¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre son medicamentos de venta sin receta. Neighborhood INTEGRITY cubre algunos medicamentos de venta libre si su proveedor se los receta, de manera que puede obtenerlos sin costo.

Puede consultar la Lista de medicamentos de Neighborhood INTEGRITY para conocer cuáles son los medicamentos de venta libre que están cubiertos.

B15. ¿Qué es el copago?

Como miembro de Neighborhood INTEGRITY, no paga copagos por los medicamentos con receta y de venta libre siempre y cuando cumpla las normas de Neighborhood INTEGRITY.

B16. ¿Qué son los niveles de medicamentos?

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

- Los medicamentos del nivel 1 son medicamentos genéricos.
- Los medicamentos del nivel 2 son medicamentos de marca.
- Los medicamentos del nivel 3 son medicamentos de venta libre.

En ninguno de los niveles se cobran copagos.

C. Descripción general de la *Lista de medicamentos cubiertos*

La Lista de medicamentos cubiertos le brinda información sobre los medicamentos cubiertos por Neighborhood INTEGRITY. Si tiene problemas para encontrar su medicamento en la lista, consulte la sección “Índice de medicamentos cubiertos” que comienza en la página 1. El índice enumera en orden alfabético todos los medicamentos cubiertos por Neighborhood INTEGRITY.

Nota: Si aparece **DP** junto al medicamento, significa que no es un “medicamento de la Parte D”. El importe que paga cuando obtiene este medicamento con receta no se considera para el costo total de sus medicamentos (es decir, el importe que paga no lo ayuda a calificar para la cobertura en situaciones catastróficas).

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

- Además, si recibe asistencia de Ayuda Adicional para pagar sus medicamentos con receta, no la recibirá para pagar estos medicamentos. Para obtener más información sobre Ayuda Adicional, consulte el cuadro informativo que se incluye a continuación.

Ayuda Adicional es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de los medicamentos con receta de la Parte D de Medicare, como primas, deducibles y copagos. El programa Ayuda Adicional también se denomina “Subsidio por Bajos Ingresos” o “LIS”.

- Estos medicamentos también tienen diferentes normas para las apelaciones. Una apelación es una manera formal de solicitarnos que revisemos una decisión de cobertura y la modifiquemos si cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted desea obtener no está cubierto o ya no está cubierto por Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Para solicitar instrucciones sobre cómo presentar una apelación, llame a Servicios para Miembros al 1-844-812-6896 (para TTY, marque 711). Además, puede leer el capítulo 9 del *Manual para miembros* si desea conocer cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

En esta sección, los medicamentos se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Cardiovascular – Drugs to Treat Heart and Circulation Conditions. Allí encontrará los medicamentos que tratan las afecciones cardíacas.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

A continuación, se explican los significados de los códigos utilizados en la columna “Requisitos especiales, restricciones o límites de uso”:

- B/D:** este medicamento con receta tiene un requisito administrativo de autorización previa de la Parte B en comparación con la Parte D. Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare según las circunstancias. Es posible que deba presentar información que describa el uso y la indicación del medicamento para que tomemos la decisión.
- DP:** el medicamento no es un medicamento de la Parte D.
- QL:** límite de cantidad. Para ciertos medicamentos, Neighborhood INTEGRITY limita la cantidad que cubrirá.
- ST:** tratamiento escalonado. En algunos casos, Neighborhood INTEGRITY requiere que pruebe primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento que la trate. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Neighborhood INTEGRITY no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no le resulta eficaz, Neighborhood INTEGRITY cubrirá el medicamento B.
- PA:** autorización previa. Neighborhood INTEGRITY requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará conseguir la aprobación de Neighborhood INTEGRITY antes de obtener su medicamento con receta. Si no recibe la aprobación, es posible que Neighborhood INTEGRITY no cubra el medicamento.
- NDS:** suministro de plazo no extendido. Este medicamento no está disponible para un suministro de más de 30 días.
- LA:** acceso limitado. Este medicamento solo está disponible a través de ciertas farmacias especializadas.

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información,** visite www.nhpri.org/INTEGRITY.

D. Índice de medicamentos cubiertos

Si tiene alguna pregunta, llame a Neighborhood INTEGRITY al 1-844-812-6896 (para TTY, marque 711), de 8:00 a. m. a 8:00 p. m., de lunes a viernes, y de 8:00 a. m. a 12:00 p. m., los sábados. Esta llamada es gratuita. **Para obtener más información**, visite www.nhpri.org/INTEGRITY.

RI_CY19_2T_MMP Effective 08/01/2019

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Version 13

Drug Name

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

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
COLCRYS TAB 0.6MG	Tier 2	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	Tier 2	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	Tier 1	
ULORIC TAB 40MG	Tier 2	ST
ULORIC TAB 80MG	Tier 2	ST

MISCELLANEOUS

<i>acephen sup 120mg</i>	Tier 3	DP
<i>acephen sup 325mg</i>	Tier 3	DP
<i>acephen sup 650mg</i>	Tier 3	DP
<i>acetaminophen suppos 120 mg</i>	Tier 3	DP
<i>acetaminophen suppos 650 mg</i>	Tier 3	DP
<i>acetaminophen tab 325 mg</i>	Tier 3	DP
<i>acetaminophen tab 500 mg</i>	Tier 3	DP
<i>acetaminophen tab er 650 mg</i>	Tier 3	DP
<i>acetaminophn sus 160/5ml</i>	Tier 3	DP
<i>arthrts pain tab 650mg</i>	Tier 3	DP
<i>aspirin low tab 81mg ec</i>	Tier 3	DP
ASPIRIN POW	Tier 3	DP
ASPIRIN SUP 600MG	Tier 3	DP
<i>aspirin tab 325 mg</i>	Tier 3	DP
<i>aspirin tab 325mg</i>	Tier 3	DP
<i>aspirin tab 325mg ec</i>	Tier 3	DP
<i>aspirin tab delayed release 325 mg</i>	Tier 3	DP
<i>betatemp sus 160/5ml</i>	Tier 3	DP
<i>chld silapap liq 160/5ml</i>	Tier 3	DP
<i>ecpirin tab 325mg ec</i>	Tier 3	DP
<i>ed-apap liq 80mg/2.5</i>	Tier 3	DP
<i>eql menstrua tab complete</i>	Tier 3	DP
<i>eql menstrua tab relief</i>	Tier 3	DP
FEVERALL INF SUP 80MG	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>feverall sup 120mg</i>	Tier 3	DP
<i>feverall sup 325mg</i>	Tier 3	DP
<i>feverall sup 650mg</i>	Tier 3	DP
<i>gnp aspirin tab 325mg ec</i>	Tier 3	DP
<i>hm aspirin tab 325mg</i>	Tier 3	DP
<i>8 hour pain tab 650mg</i>	Tier 3	DP
<i>mapap cap 500mg</i>	Tier 3	DP
<i>mapap chw 80mg</i>	Tier 3	DP
<i>mapap liq 160/5ml</i>	Tier 3	DP
<i>mapap tab 325mg</i>	Tier 3	DP
<i>mapap tab 500mg</i>	Tier 3	DP
<i>mapap tab 500mg/rr</i>	Tier 3	DP
<i>medi-tabs tab 500mg</i>	Tier 3	DP
<i>menstrual tab complete</i>	Tier 3	DP
<i>menstrual tab max st</i>	Tier 3	DP
<i>menstrual tab relief</i>	Tier 3	DP
MIDOL MAX ST TAB MENSTRUA	Tier 3	DP
MIDOL TAB COMPLETE	Tier 3	DP
<i>non-aspirin sus 160/5ml</i>	Tier 3	DP
<i>non-aspirin tab 325mg</i>	Tier 3	DP
<i>non-aspirin tab 500mg</i>	Tier 3	DP
<i>non-aspirin tab 500mg/rr</i>	Tier 3	DP
<i>pain & fever chw 80mg</i>	Tier 3	DP
<i>pain & fever sol 160/5ml</i>	Tier 3	DP
<i>pain & fever sus 160/5ml</i>	Tier 3	DP
<i>pain & fever tab 325mg</i>	Tier 3	DP
<i>pain & fever tab 500mg</i>	Tier 3	DP
<i>pain relief sus 160/5ml</i>	Tier 3	DP
<i>pain relief tab 500mg</i>	Tier 3	DP
<i>pain relief tab 500mg/rr</i>	Tier 3	DP
<i>pain relief tab 650mg</i>	Tier 3	DP
<i>pain relieve sus 160/5ml</i>	Tier 3	DP
<i>pain relieve tab 325mg</i>	Tier 3	DP
<i>pain relieve tab 500mg</i>	Tier 3	DP
<i>pain relieve tab 500mg/rr</i>	Tier 3	DP
<i>pharbetol tab 325mg</i>	Tier 3	DP
<i>pharbetol tab 500mg</i>	Tier 3	DP
<i>qc aspirin tab 325mg</i>	Tier 3	DP
<i>qc aspirin tab 325mg ec</i>	Tier 3	DP
<i>ra menstrual tab complete</i>	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)
<i>ra menstrual tab relief</i>	Tier 3 DP
<i>sm aspirin tab 325mg</i>	Tier 3 DP
<i>sm aspirin tab 325mg ec</i>	Tier 3 DP
<i>tactinal chw children</i>	Tier 3 DP
<i>tactinal tab 325mg</i>	Tier 3 DP
<i>tactinal tab 500mg</i>	Tier 3 DP
<i>tri-buff asa tab 325mg</i>	Tier 3 DP

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	
<i>ibu-drops dro 50/1.25</i>	Tier 3	DP
<i>ibuprofen dro 50/1.25</i>	Tier 3	DP
<i>ibuprofen ib chw 100mg</i>	Tier 3	DP
<i>ibuprofen jr chw 100mg</i>	Tier 3	DP
<i>ibuprofen sus 100/5ml</i>	Tier 3	DP
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>medi-profen sus 40mg/ml</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen dr tab 375mg</i>	Tier 1	
<i>naproxen dr tab 500mg</i>	Tier 1	
<i>naproxen sodium tab 275 mg</i>	Tier 1	
<i>naproxen sodium tab 550 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sm ibuprofen tab 100mg jr</i>	Tier 3	DP
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 2	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 2	
BUTRANS DIS 5MCG/HR	Tier 2	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	Tier 2	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	Tier 2	QL (4 patches / 28 days), PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BUTRANS DIS 15MCG/HR	Tier 2	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	Tier 2	QL (4 patches / 28 days), PA
<i>nalbuphine hcl inj 10 mg/ml</i>	Tier 2	
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 2	
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	Tier 2	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	Tier 2	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	Tier 2	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	Tier 2	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	Tier 2	QL (120 tabs / 30 days), PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	Tier 2	B/D
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	Tier 2	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	Tier 2	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	Tier 1	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	Tier 2	B/D
MORPHINE SUL INJ 4MG/ML	Tier 2	B/D
MORPHINE SUL INJ 5MG/ML	Tier 2	B/D
MORPHINE SUL INJ 8MG/ML	Tier 2	B/D

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Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORPHINE SUL INJ 10MG/ML	Tier 2	B/D
MORPHINE SUL INJ 150/30ML	Tier 2	B/D
<i>morphine sulfate inj 8 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate inj 10 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	Tier 2	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	Tier 2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	Tier 2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	Tier 2	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	Tier 2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	Tier 2	QL (60 tabs / 30 days), PA
<i>oxycodone hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	Tier 2	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	Tier 2	QL (60 tabs / 30 days), PA

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

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

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 10 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	
<i>streptomycin sulfate for inj 1 gm</i>	Tier 2	
SULFADIAZINE TAB 500MG	Tier 2	
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 2	PA
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 2	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	Tier 1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	Tier 2	
ALINIA SUS 100/5ML	Tier 2	
ALINIA TAB 500MG	Tier 2	
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	
AZACTAM INJ 1GM	Tier 2	
AZACTAM INJ 2GM	Tier 2	
AZACTAM/DEX INJ 1GM	Tier 2	
AZACTAM/DEX INJ 2GM	Tier 2	
<i>aztreonam for inj 1 gm</i>	Tier 1	
<i>aztreonam for inj 2 gm</i>	Tier 1	
CAYSTON INH 75MG	Tier 2	LA, PA
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	Tier 1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	Tier 1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	Tier 1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 2	
CLINDMYC/NAC INJ 600/50ML	Tier 2	
CLINDMYC/NAC INJ 900/50ML	Tier 2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1	
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>daptomycin for iv soln 500 mg</i>	Tier 2	
DAPTOMYCIN SOL 350MG	Tier 2	
EMVERM CHW 100MG	Tier 2	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>linezolid for susp 100 mg/5ml</i>	Tier 2	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 1	
<i>linezolid tab 600 mg</i>	Tier 2	
<i>meropenem iv for soln 1 gm</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
NEBUPENT INH 300MG	Tier 2	B/D

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	Tier 2	
<i>pentamidine isethionate for soln 300 mg</i>	Tier 1	
PINWORM TAB MEDICINE	Tier 3	DP
<i>praziquantel tab 600 mg</i>	Tier 1	
<i>reeses med sus pinworm</i>	Tier 3	DP
SIVEXTRO INJ 200MG	Tier 2	
SIVEXTRO TAB 200MG	Tier 2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
SYNERCID INJ 500MG	Tier 2	NDS
<i>tigecycline for iv soln 50 mg</i>	Tier 2	
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 2	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1
VANCOMYCIN INJ 1 GM	Tier 2
VANCOMYCIN INJ 500MG	Tier 2
VANCOMYCIN INJ 750MG	Tier 2

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	Tier 2	B/D
AMBISOME INJ 50MG	Tier 2	B/D
<i>amphotericin b for iv soln 50 mg</i>	Tier 1	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	Tier 2	
<i>caspofungin acetate for iv soln 70 mg</i>	Tier 2	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>flucytosine cap 250 mg</i>	Tier 2	
<i>flucytosine cap 500 mg</i>	Tier 2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>ketoconazole tab 200 mg</i>	Tier 1	PA
MYCAMINE INJ 50MG	Tier 2	
MYCAMINE INJ 100MG	Tier 2	
NOXAFIL SUS 40MG/ML	Tier 2	QL (630 mL / 30 days)
NOXAFIL TAB 100MG	Tier 2	QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 2	
<i>voriconazole tab 50 mg</i>	Tier 2	
<i>voriconazole tab 200 mg</i>	Tier 2	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIMALARIALS - DRUGS TO TREAT MALARIA**

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

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	
APTIVUS CAP 250MG	Tier 2	
APTIVUS SOL	Tier 2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	
CRIXIVAN CAP 200MG	Tier 2	
CRIXIVAN CAP 400MG	Tier 2	
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	
EDURANT TAB 25MG	Tier 2	
<i>efavirenz cap 50 mg</i>	Tier 1	
<i>efavirenz cap 200 mg</i>	Tier 2	
<i>efavirenz tab 600 mg</i>	Tier 2	
EMTRIVA CAP 200MG	Tier 2	
EMTRIVA SOL 10MG/ML	Tier 2	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	
FUZEON INJ 90MG	Tier 2	
INTELENCE TAB 25MG	Tier 2	
INTELENCE TAB 100MG	Tier 2	
INTELENCE TAB 200MG	Tier 2	
INVIRASE TAB 500MG	Tier 2	
ISENTRESS CHW 25MG	Tier 2	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ISENTRESS CHW 100MG	Tier 2	
ISENTRESS HD TAB 600MG	Tier 2	
ISENTRESS POW 100MG	Tier 2	
ISENTRESS TAB 400MG	Tier 2	
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	
<i>lamivudine tab 150 mg</i>	Tier 1	
<i>lamivudine tab 300 mg</i>	Tier 1	
LEXIVA SUS 50MG/ML	Tier 2	
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	
<i>nevirapine tab 200 mg</i>	Tier 1	
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	
NORVIR POW 100MG	Tier 2	
NORVIR SOL 80MG/ML	Tier 2	
PIFELTRO TAB 100MG	Tier 2	
PREZISTA SUS 100MG/ML	Tier 2	QL (400 mL / 30 days)
PREZISTA TAB 75MG	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	Tier 2	
REYATAZ POW 50MG	Tier 2	
<i>ritonavir tab 100 mg</i>	Tier 1	
SELZENTRY SOL 20MG/ML	Tier 2	
SELZENTRY TAB 25MG	Tier 2	
SELZENTRY TAB 75MG	Tier 2	
SELZENTRY TAB 150MG	Tier 2	
SELZENTRY TAB 300MG	Tier 2	
<i>stavudine cap 15 mg</i>	Tier 1	
<i>stavudine cap 20 mg</i>	Tier 1	
<i>stavudine cap 30 mg</i>	Tier 1	
<i>stavudine cap 40 mg</i>	Tier 1	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 2	
TIVICAY TAB 10MG	Tier 2	
TIVICAY TAB 25MG	Tier 2	
TIVICAY TAB 50MG	Tier 2	
TROGARZO INJ 150MG/ML	Tier 2	LA
TYBOST TAB 150MG	Tier 2	
VIDEX EC CAP 125MG	Tier 2	
VIDEX SOL 2GM	Tier 2	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
VIDEX SOL 4GM	Tier 2	
VIRACEPT TAB 250MG	Tier 2	
VIRACEPT TAB 625MG	Tier 2	
VIRAMUNE SUS 50MG/5ML	Tier 2	
VIREAD POW 40MG/GM	Tier 2	
VIREAD TAB 150MG	Tier 2	
VIREAD TAB 200MG	Tier 2	
VIREAD TAB 250MG	Tier 2	
<i>zidovudine cap 100 mg</i>	Tier 1	
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine tab 300 mg</i>	Tier 1	

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

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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TRUVADA TAB 133-200	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	Tier 2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 1	B/D
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>adefovir dipivoxil tab 10 mg</i>	Tier 2	
BARACLUDE SOL .05MG/ML	Tier 2	
<i>entecavir tab 0.5 mg</i>	Tier 2	
<i>entecavir tab 1 mg</i>	Tier 2	
EPCLUSA TAB 400-100	Tier 2	PA
EPIVIR HBV SOL 5MG/ML	Tier 2	
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>ganciclovir sodium for inj 500 mg</i>	Tier 1	B/D
HARVONI TAB 90-400MG	Tier 2	PA
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
MAVYRET TAB 100-40MG	Tier 2	PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL RESTRICTIONS OR COST YOU LIMITS ON USE (TIER LEVEL)	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (1080 mL / year)
PEGASYS INJ	Tier 2	PA
PEGASYS INJ 180MCG/M	Tier 2	PA
PEGASYS INJ PROCLICK	Tier 2	PA
REBETOL SOL 40MG/ML	Tier 2	
RELENZA MIS DISKHALE	Tier 2	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	Tier 1	
<i>ribasphere tab 200mg</i>	Tier 1	
<i>ribasphere tab 600mg</i>	Tier 2	
<i>ribavirin cap 200 mg</i>	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2	
VEMLIDY TAB 25MG	Tier 2	
VOSEVI TAB	Tier 2	PA
ZEPATIER TAB 50-100MG	Tier 2	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	Tier 1
<i>cefaclor cap 500 mg</i>	Tier 1
CEFACTOR ER TAB 500MG	Tier 2
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1
<i>cefadroxil cap 500 mg</i>	Tier 1
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1
<i>cefadroxil tab 1 gm</i>	Tier 1
CEFAZOLIN INJ 1GM/50ML	Tier 2
<i>cefazolin sodium for inj 1 gm</i>	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 RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>cefazolin sodium for inj 10 gm</i>	Tier 1
<i>cefazolin sodium for inj 20 gm</i>	Tier 1
<i>cefazolin sodium for inj 500 mg</i>	Tier 1
<i>cefazolin sodium for iv soln 1 gm</i>	Tier 1
CEFAZOLIN SOL	Tier 2
<i>cefdinir cap 300 mg</i>	Tier 1
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1
<i>cefepime hcl for inj 1 gm</i>	Tier 1
<i>cefepime hcl for inj 2 gm</i>	Tier 1
<i>cefixime cap 400 mg</i>	Tier 1
<i>cefixime for susp 100 mg/5ml</i>	Tier 1
<i>cefixime for susp 200 mg/5ml</i>	Tier 1
<i>cefotaxime sodium for inj 1 gm</i>	Tier 1
<i>cefotaxime sodium for inj 500 mg</i>	Tier 1
<i>cefoxitin sodium for inj 10 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 1 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 2 gm</i>	Tier 1
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1
<i>cefprozil tab 250 mg</i>	Tier 1
<i>cefprozil tab 500 mg</i>	Tier 1
<i>ceftazidime for inj 1 gm</i>	Tier 1
<i>ceftazidime for inj 2 gm</i>	Tier 1
<i>ceftazidime for inj 6 gm</i>	Tier 1
CEFTAZIDIME/ SOL D5W 1GM	Tier 2
CEFTAZIDIME/ SOL D5W 2GM	Tier 2
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1
<i>cefuroxime axetil tab 250 mg</i>	Tier 1
<i>cefuroxime axetil tab 500 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>cefuroxime sodium for inj 7.5 gm</i>	Tier 1
<i>cefuroxime sodium for inj 750 mg</i>	Tier 1
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Tier 1
<i>cephalexin cap 250 mg</i>	Tier 1
<i>cephalexin cap 500 mg</i>	Tier 1
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1
SUPRAX CAP 400MG	Tier 2
SUPRAX CHW 100MG	Tier 2
SUPRAX CHW 200MG	Tier 2
SUPRAX SUS 500/5ML	Tier 2
<i>tazicef inj 1gm</i>	Tier 1
<i>tazicef inj 2gm</i>	Tier 1
<i>tazicef inj 6gm</i>	Tier 1
TEFLARO INJ 400MG	Tier 2
TEFLARO INJ 600MG	Tier 2

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

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

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	Tier 1
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1
<i>levofloxacin tab 250 mg</i>	Tier 1
<i>levofloxacin tab 500 mg</i>	Tier 1
<i>levofloxacin tab 750 mg</i>	Tier 1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1

PENICILLINS - DRUGS TO TREAT INFECTIONS

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1
<i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i>	Tier 1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1
<i>ampicillin cap 500 mg</i>	Tier 1
<i>ampicillin sodium for inj 1 gm</i>	Tier 1
<i>ampicillin sodium for inj 2 gm</i>	Tier 1
<i>ampicillin sodium for inj 10 gm</i>	Tier 1
<i>ampicillin sodium for inj 125 mg</i>	Tier 1
<i>ampicillin sodium for inj 250 mg</i>	Tier 1
<i>ampicillin sodium for inj 500 mg</i>	Tier 1
<i>ampicillin sodium for iv soln 1 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 2 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 10 gm</i>	Tier 1
BICILLIN L-A INJ 600000	Tier 2
BICILLIN L-A INJ 1200000	Tier 2
BICILLIN L-A INJ 2400000	Tier 2
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1
NAFCILLIN INJ 10GM	Tier 2
<i>nafcillin sodium for inj 1 gm</i>	Tier 1
<i>nafcillin sodium for inj 2 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 1 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 2 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 2
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)
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<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	Tier 1
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	Tier 2
PEN G PROC INJ 600000	Tier 2
PENICILL GK/ INJ DEX 2MU	Tier 2
PENICILL GK/ INJ DEX 3MU	Tier 2
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1
<i>penicillin v potassium tab 250 mg</i>	Tier 1
<i>penicillin v potassium tab 500 mg</i>	Tier 1
PIPER/TAZOBA INJ 12-1.5GM	Tier 2
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100 inj 100mg</i>	Tier 1
<i>doxycycline hyclate cap 50 mg</i>	Tier 1
<i>doxycycline hyclate cap 100 mg</i>	Tier 1
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1
<i>doxycycline hyclate tab 20 mg</i>	Tier 1
<i>doxycycline hyclate tab 100 mg</i>	Tier 1
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1
<i>minocycline hcl cap 50 mg</i>	Tier 1
<i>minocycline hcl cap 75 mg</i>	Tier 1
<i>minocycline hcl cap 100 mg</i>	Tier 1
<i>tetracycline hcl cap 250 mg</i>	Tier 1
<i>tetracycline hcl cap 500 mg</i>	Tier 1

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

BENDEKA INJ 100/4ML	Tier 2	B/D
<i>cyclophosphamide cap 25 mg</i>	Tier 1	B/D
<i>cyclophosphamide cap 50 mg</i>	Tier 1	B/D
<i>cyclophosphamide for inj 1 gm</i>	Tier 2	B/D
<i>cyclophosphamide for inj 2 gm</i>	Tier 2	B/D
<i>cyclophosphamide for inj 500 mg</i>	Tier 2	B/D
<i>dacarbazine for inj 100 mg</i>	Tier 1	B/D
EMCYT CAP 140MG	Tier 2	
GLEOSTINE CAP 10MG	Tier 2	
GLEOSTINE CAP 40MG	Tier 2	
GLEOSTINE CAP 100MG	Tier 2	
IFEX INJ 3GM	Tier 2	B/D
IFOSFAMIDE INJ 3GM	Tier 2	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	Tier 1	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	Tier 1	B/D
LEUKERAN TAB 2MG	Tier 2	

ANTHRACYCLINES

<i>adriamycin inj 20mg</i>	Tier 1	B/D
<i>doxorubicin hcl for inj 50 mg</i>	Tier 1	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	Tier 2	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	Tier 1	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	Tier 1	B/D

ANTIBIOTICS

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

ANTIMETABOLITES

<i>adrucil inj 2.5g/50m</i>	Tier 1	B/D
<i>adrucil inj 5gm/100m</i>	Tier 1	B/D
<i>adrucil inj 500/10ml</i>	Tier 1	B/D
ALIMTA INJ 100MG	Tier 2	B/D
ALIMTA INJ 500MG	Tier 2	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>azacitidine for inj 100 mg</i>	Tier 2	B/D
<i>cytarabine inj 20 mg/ml</i>	Tier 1	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 2 gm</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 200 mg</i>	Tier 1	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	B/D
PURIXAN SUS 20MG/ML	Tier 2	
TABLOID TAB 40MG	Tier 2	

ANTIMITOTIC, TAXOIDS

ABRAXANE INJ 100MG	Tier 2	B/D
<i>docetaxel for inj conc 20 mg/ml</i>	Tier 2	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	Tier 2	B/D
DOCETAXEL INJ 20MG/2ML	Tier 2	B/D
DOCETAXEL INJ 80MG/4ML	Tier 2	B/D
DOCETAXEL INJ 80MG/8ML	Tier 2	B/D
DOCETAXEL INJ 160/8ML	Tier 2	B/D
DOCETAXEL INJ 160/16ML	Tier 2	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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DOCETAXEL INJ 200/10	Tier 2	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	Tier 2	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	Tier 2	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	Tier 2	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	Tier 1	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	Tier 1	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	Tier 1	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	Tier 1	B/D
TAXOTERE INJ 80MG/4ML	Tier 2	B/D

ANTIMITOTIC, VINCA ALKALOIDS

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

BIOLOGIC RESPONSE MODIFIERS

AVASTIN INJ	Tier 2	LA, PA
AVASTIN INJ 400/16ML	Tier 2	LA, PA
BORTEZOMIB INJ 3.5MG	Tier 2	PA
DAURISMO TAB 25MG	Tier 2	LA, PA
DAURISMO TAB 100MG	Tier 2	LA, PA
ERIVEDGE CAP 150MG	Tier 2	LA, PA
FARYDAK CAP 10MG	Tier 2	LA, PA
FARYDAK CAP 15MG	Tier 2	LA, PA
FARYDAK CAP 20MG	Tier 2	LA, PA
HERCEP HYLEC SOL 60-10000	Tier 2	PA
HERCEPTIN INJ 150MG	Tier 2	PA
HERCEPTIN INJ 440MG	Tier 2	PA
IBRANCE CAP 75MG	Tier 2	LA, PA
IBRANCE CAP 100MG	Tier 2	LA, PA
IBRANCE CAP 125MG	Tier 2	LA, PA
IDHIFA TAB 50MG	Tier 2	LA, PA
IDHIFA TAB 100MG	Tier 2	LA, PA
KADCYLA INJ 100MG	Tier 2	B/D
KADCYLA INJ 160MG	Tier 2	B/D
KEYTRUDA INJ 100MG/4M	Tier 2	PA
KEYTRUDA SOL 50MG	Tier 2	PA

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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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KISQALI 200 PAK FEMARA	Tier 2	PA
KISQALI 400 PAK FEMARA	Tier 2	PA
KISQALI 600 PAK FEMARA	Tier 2	PA
KISQALI TAB 200DOSE	Tier 2	PA
KISQALI TAB 400DOSE	Tier 2	PA
KISQALI TAB 600DOSE	Tier 2	PA
LYNPARZA TAB 100MG	Tier 2	LA, PA
LYNPARZA TAB 150MG	Tier 2	LA, PA
MYLOTARG INJ 4.5MG	Tier 2	LA, PA
NINLARO CAP 2.3MG	Tier 2	PA
NINLARO CAP 3MG	Tier 2	PA
NINLARO CAP 4MG	Tier 2	PA
ODOMZO CAP 200MG	Tier 2	LA, PA
RITUXAN INJ 100MG	Tier 2	LA, PA
RITUXAN INJ 500MG	Tier 2	LA, PA
RITUXAN INJ HYCELA	Tier 2	LA, PA
RUBRACA TAB 200MG	Tier 2	LA, PA
RUBRACA TAB 250MG	Tier 2	LA, PA
RUBRACA TAB 300MG	Tier 2	LA, PA
TALZENNA CAP 0.25MG	Tier 2	LA, PA
TALZENNA CAP 1MG	Tier 2	LA, PA
TECENTRIQ INJ 840/14	Tier 2	LA, PA
TECENTRIQ INJ 1200/20	Tier 2	LA, PA
TIBSOVO TAB 250MG	Tier 2	LA, PA
VELCADE INJ 3.5MG	Tier 2	PA
VENCLEXTA TAB 10MG	Tier 2	LA, PA
VENCLEXTA TAB 50MG	Tier 2	LA, PA
VENCLEXTA TAB 100MG	Tier 2	LA, PA
VENCLEXTA TAB START PK	Tier 2	LA, PA
VERZENIO TAB 50MG	Tier 2	LA, PA
VERZENIO TAB 100MG	Tier 2	LA, PA
VERZENIO TAB 150MG	Tier 2	LA, PA
VERZENIO TAB 200MG	Tier 2	LA, PA
ZEJULA CAP 100MG	Tier 2	LA, PA
ZOLINZA CAP 100MG	Tier 2	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	Tier 2	PA
<i>anastrozole tab 1 mg</i>	Tier 1	
<i>bicalutamide tab 50 mg</i>	Tier 1	
DEPO-PROVERA INJ 400/ML	Tier 2	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)
ERLEADA TAB 60MG	Tier 2 LA, PA
<i>exemestane tab 25 mg</i>	Tier 1
FASLODEX INJ 250/5ML	Tier 2 B/D
<i>flutamide cap 125 mg</i>	Tier 1
<i>fulvestrant inj 250 mg/5ml</i>	Tier 2 B/D
<i>letrozole tab 2.5 mg</i>	Tier 1
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1 PA
LUPRON DEPOT INJ 3.75MG	Tier 2 PA
LUPRON DEPOT INJ 11.25MG	Tier 2 PA
LYSODREN TAB 500MG	Tier 2
<i>megestrol acetate susp 40 mg/ml</i>	Tier 2
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2 PA
<i>megestrol acetate tab 20 mg</i>	Tier 2
<i>megestrol acetate tab 40 mg</i>	Tier 2
<i>nilutamide tab 150 mg</i>	Tier 2
SOLTAMOX SOL 10MG/5ML	Tier 2
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2
TRELSTAR MIX INJ 3.75MG	Tier 2 PA
TRELSTAR MIX INJ 11.25MG	Tier 2 PA
XTANDI CAP 40MG	Tier 2 LA, PA
ZYTIGA TAB 500MG	Tier 2 LA, PA

IMMUNOMODULATORS

POMALYST CAP 1MG	Tier 2 LA, PA
POMALYST CAP 2MG	Tier 2 LA, PA
POMALYST CAP 3MG	Tier 2 LA, PA
POMALYST CAP 4MG	Tier 2 LA, PA
REVLIMID CAP 2.5MG	Tier 2 QL (28 caps / 28 days), LA, PA
REVLIMID CAP 5MG	Tier 2 QL (28 caps / 28 days), LA, PA
REVLIMID CAP 10MG	Tier 2 QL (28 caps / 28 days), LA, PA
REVLIMID CAP 15MG	Tier 2 QL (28 caps / 28 days), LA, PA
REVLIMID CAP 20MG	Tier 2 QL (28 caps / 28 days), LA, PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVLIMID CAP 25MG	Tier 2	QL (28 caps / 28 days), LA, PA
THALOMID CAP 50MG	Tier 2	QL (30 caps / 30 days), PA
THALOMID CAP 100MG	Tier 2	QL (30 caps / 30 days), PA
THALOMID CAP 150MG	Tier 2	QL (60 caps / 30 days), PA
THALOMID CAP 200MG	Tier 2	QL (60 caps / 30 days), PA

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	Tier 2	NDS, QL (150 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	Tier 2	NDS, QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	Tier 2	NDS, QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 7.5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	Tier 2	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	Tier 2	LA, PA
ALUNBRIG PAK	Tier 2	LA, PA
ALUNBRIG TAB 30MG	Tier 2	LA, PA
ALUNBRIG TAB 90MG	Tier 2	LA, PA
ALUNBRIG TAB 180MG	Tier 2	LA, PA
BALVERSA TAB 3MG	Tier 2	LA, PA
BALVERSA TAB 4MG	Tier 2	LA, PA
BALVERSA TAB 5MG	Tier 2	LA, PA
BOSULIF TAB 100MG	Tier 2	PA
BOSULIF TAB 400MG	Tier 2	PA
BOSULIF TAB 500MG	Tier 2	PA
BRAFTOVI CAP 50MG	Tier 2	LA, PA
BRAFTOVI CAP 75MG	Tier 2	LA, PA
CABOMETYX TAB 20MG	Tier 2	QL (30 tabs / 30 days), LA, PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 40MG	Tier 2	QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	Tier 2	QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	Tier 2	LA, PA
CAPRELSA TAB 100MG	Tier 2	LA, PA
CAPRELSA TAB 300MG	Tier 2	LA, PA
COMETRIQ KIT 60MG	Tier 2	LA, PA
COMETRIQ KIT 100MG	Tier 2	LA, PA
COMETRIQ KIT 140MG	Tier 2	LA, PA
COPIKTRA CAP 15MG	Tier 2	LA, PA
COPIKTRA CAP 25MG	Tier 2	LA, PA
COTELLIC TAB 20MG	Tier 2	LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 2	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 2	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 2	QL (30 tabs / 30 days), PA
GILOTRIF TAB 20MG	Tier 2	LA, PA
GILOTRIF TAB 30MG	Tier 2	LA, PA
GILOTRIF TAB 40MG	Tier 2	LA, PA
ICLUSIG TAB 15MG	Tier 2	LA, PA
ICLUSIG TAB 45MG	Tier 2	LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 2	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 2	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	Tier 2	LA, PA
IMBRUVICA CAP 140MG	Tier 2	LA, PA
IMBRUVICA TAB 140MG	Tier 2	LA, PA
IMBRUVICA TAB 280MG	Tier 2	LA, PA
IMBRUVICA TAB 420MG	Tier 2	LA, PA
IMBRUVICA TAB 560MG	Tier 2	LA, PA
INLYTA TAB 1MG	Tier 2	QL (180 tabs / 30 days), LA, PA
INLYTA TAB 5MG	Tier 2	QL (120 tabs / 30 days), LA, PA
IRESSA TAB 250MG	Tier 2	LA, PA
JAKAFI TAB 5MG	Tier 2	QL (60 tabs / 30 days), LA, PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 10MG	Tier 2	QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 15MG	Tier 2	QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 20MG	Tier 2	QL (60 tabs / 30 days), LA, PA
JAKAFI TAB 25MG	Tier 2	QL (60 tabs / 30 days), LA, PA
LENVIMA CAP 4MG	Tier 2	LA, PA
LENVIMA CAP 8 MG	Tier 2	LA, PA
LENVIMA CAP 10 MG	Tier 2	LA, PA
LENVIMA CAP 12MG	Tier 2	LA, PA
LENVIMA CAP 14 MG	Tier 2	LA, PA
LENVIMA CAP 18 MG	Tier 2	LA, PA
LENVIMA CAP 20 MG	Tier 2	LA, PA
LENVIMA CAP 24 MG	Tier 2	LA, PA
LORBRENA TAB 25MG	Tier 2	LA, PA
LORBRENA TAB 100MG	Tier 2	LA, PA
MEKINIST TAB 0.5MG	Tier 2	LA, PA
MEKINIST TAB 2MG	Tier 2	LA, PA
MEKTOVI TAB 15MG	Tier 2	LA, PA
NERLYNX TAB 40MG	Tier 2	LA, PA
NEXAVAR TAB 200MG	Tier 2	LA, PA
RYDAPT CAP 25MG	Tier 2	PA
SPRYCEL TAB 20MG	Tier 2	PA
SPRYCEL TAB 50MG	Tier 2	PA
SPRYCEL TAB 70MG	Tier 2	PA
SPRYCEL TAB 80MG	Tier 2	PA
SPRYCEL TAB 100MG	Tier 2	PA
SPRYCEL TAB 140MG	Tier 2	PA
STIVARGA TAB 40MG	Tier 2	LA, PA
SUTENT CAP 12.5MG	Tier 2	PA
SUTENT CAP 25MG	Tier 2	PA
SUTENT CAP 37.5MG	Tier 2	PA
SUTENT CAP 50MG	Tier 2	PA
TAFINLAR CAP 50MG	Tier 2	LA, PA
TAFINLAR CAP 75MG	Tier 2	LA, PA
TAGRISSO TAB 40MG	Tier 2	LA, PA
TAGRISSO TAB 80MG	Tier 2	LA, PA
TARCEVA TAB 25MG	Tier 2	QL (90 tabs / 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TARCEVA TAB 100MG	Tier 2	QL (30 tabs / 30 days), LA, PA
TARCEVA TAB 150MG	Tier 2	QL (30 tabs / 30 days), LA, PA
TASIGNA CAP 50MG	Tier 2	PA
TASIGNA CAP 150MG	Tier 2	PA
TASIGNA CAP 200MG	Tier 2	PA
TYKERB TAB 250MG	Tier 2	LA, PA
VITRAKVI CAP 25MG	Tier 2	LA, PA
VITRAKVI CAP 100MG	Tier 2	LA, PA
VITRAKVI SOL 20MG/ML	Tier 2	LA, PA
VIZIMPRO TAB 15MG	Tier 2	LA, PA
VIZIMPRO TAB 30MG	Tier 2	LA, PA
VIZIMPRO TAB 45MG	Tier 2	LA, PA
VOTRIENT TAB 200MG	Tier 2	LA, PA
XALKORI CAP 200MG	Tier 2	LA, PA
XALKORI CAP 250MG	Tier 2	LA, PA
XOSPATA TAB 40MG	Tier 2	LA, PA
ZELBORAF TAB 240MG	Tier 2	LA, PA
ZYDELIG TAB 100MG	Tier 2	LA, PA
ZYDELIG TAB 150MG	Tier 2	LA, PA
ZYKADIA CAP 150MG	Tier 2	LA, PA
ZYKADIA TAB 150MG	Tier 2	LA, PA

MISCELLANEOUS

<i>bexarotene cap 75 mg</i>	Tier 2	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
LONSURF TAB 15-6.14	Tier 2	PA
LONSURF TAB 20-8.19	Tier 2	PA
MATULANE CAP 50MG	Tier 2	LA
SYLATRON KIT 200MCG	Tier 2	PA
SYLATRON KIT 300MCG	Tier 2	PA
SYLATRON KIT 600MCG	Tier 2	PA
SYNRIBO INJ 3.5MG	Tier 2	PA
<i>tretinoin cap 10 mg</i>	Tier 2	

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	Tier 1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 1	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
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<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	Tier 2	B/D
<i>oxaliplatin for iv inj 100 mg</i>	Tier 2	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 1	B/D

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 2	B/D
<i>leucovorin calcium for inj 50 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 100 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 200 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 350 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 500 mg</i>	Tier 1	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Tier 1	B/D
<i>leucovorin calcium tab 5 mg</i>	Tier 1	
<i>leucovorin calcium tab 10 mg</i>	Tier 1	
<i>leucovorin calcium tab 15 mg</i>	Tier 1	
<i>leucovorin calcium tab 25 mg</i>	Tier 1	
MESNEX TAB 400MG	Tier 2	

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)
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<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	Tier 1
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	Tier 1
<i>benazepril hcl tab 10 mg</i>	Tier 1
<i>benazepril hcl tab 20 mg</i>	Tier 1
<i>benazepril hcl tab 40 mg</i>	Tier 1
<i>captopril tab 12.5 mg</i>	Tier 1
<i>captopril tab 25 mg</i>	Tier 1
<i>captopril tab 50 mg</i>	Tier 1
<i>captopril tab 100 mg</i>	Tier 1
<i>enalapril maleate tab 2.5 mg</i>	Tier 1
<i>enalapril maleate tab 5 mg</i>	Tier 1
<i>enalapril maleate tab 10 mg</i>	Tier 1
<i>enalapril maleate tab 20 mg</i>	Tier 1
<i>fosinopril sodium tab 10 mg</i>	Tier 1
<i>fosinopril sodium tab 20 mg</i>	Tier 1
<i>fosinopril sodium tab 40 mg</i>	Tier 1
<i>lisinopril tab 2.5 mg</i>	Tier 1
<i>lisinopril tab 5 mg</i>	Tier 1
<i>lisinopril tab 10 mg</i>	Tier 1
<i>lisinopril tab 20 mg</i>	Tier 1
<i>lisinopril tab 30 mg</i>	Tier 1
<i>lisinopril tab 40 mg</i>	Tier 1
<i>moexipril hcl tab 7.5 mg</i>	Tier 1
<i>moexipril hcl tab 15 mg</i>	Tier 1
<i>perindopril erbumine tab 2 mg</i>	Tier 1
<i>perindopril erbumine tab 4 mg</i>	Tier 1
<i>perindopril erbumine tab 8 mg</i>	Tier 1
<i>quinapril hcl tab 5 mg</i>	Tier 1
<i>quinapril hcl tab 10 mg</i>	Tier 1
<i>quinapril hcl tab 20 mg</i>	Tier 1
<i>quinapril hcl tab 40 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>ramipril cap 1.25 mg</i>	Tier 1
<i>ramipril cap 2.5 mg</i>	Tier 1
<i>ramipril cap 5 mg</i>	Tier 1
<i>ramipril cap 10 mg</i>	Tier 1
<i>trandolapril tab 1 mg</i>	Tier 1
<i>trandolapril tab 2 mg</i>	Tier 1
<i>trandolapril tab 4 mg</i>	Tier 1

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate tab 1 mg</i>	Tier 1
<i>doxazosin mesylate tab 2 mg</i>	Tier 1
<i>doxazosin mesylate tab 4 mg</i>	Tier 1
<i>doxazosin mesylate tab 8 mg</i>	Tier 1
<i>prazosin hcl cap 1 mg</i>	Tier 1
<i>prazosin hcl cap 2 mg</i>	Tier 1
<i>prazosin hcl cap 5 mg</i>	Tier 1
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1

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

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1
ENTRESTO TAB 24-26MG	Tier 2
ENTRESTO TAB 49-51MG	Tier 2
ENTRESTO TAB 97-103MG	Tier 2
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>eprosartan mesylate tab 600 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>olmesartan medoxomil tab 5 mg</i>	Tier 1
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1
<i>telmisartan tab 20 mg</i>	Tier 1
<i>telmisartan tab 40 mg</i>	Tier 1
<i>telmisartan tab 80 mg</i>	Tier 1
<i>valsartan tab 40 mg</i>	Tier 1
<i>valsartan tab 80 mg</i>	Tier 1
<i>valsartan tab 160 mg</i>	Tier 1
<i>valsartan tab 320 mg</i>	Tier 1

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl tab 100 mg</i>	Tier 1
<i>amiodarone hcl tab 200 mg</i>	Tier 1
<i>amiodarone hcl tab 400 mg</i>	Tier 1
<i>disopyramide phosphate cap 100 mg</i>	Tier 2
<i>disopyramide phosphate cap 150 mg</i>	Tier 2
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1
<i>flecainide acetate tab 50 mg</i>	Tier 1
<i>flecainide acetate tab 100 mg</i>	Tier 1
<i>flecainide acetate tab 150 mg</i>	Tier 1
<i>mexiletine hcl cap 150 mg</i>	Tier 1
<i>mexiletine hcl cap 200 mg</i>	Tier 1
<i>mexiletine hcl cap 250 mg</i>	Tier 1
MULTAQ TAB 400MG	Tier 2
NORPACE CAP 100MG CR	Tier 2
NORPACE CAP 150MG CR	Tier 2
<i>pacerone tab 100mg</i>	Tier 1
<i>pacerone tab 200mg</i>	Tier 1
<i>pacerone tab 400mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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<i>propafenone hcl tab 150 mg</i>	Tier 1
<i>propafenone hcl tab 225 mg</i>	Tier 1
<i>propafenone hcl tab 300 mg</i>	Tier 1
<i>quinidine gluconate tab er 324 mg</i>	Tier 1
<i>quinidine sulfate tab 200 mg</i>	Tier 1
<i>quinidine sulfate tab 300 mg</i>	Tier 1
<i>sorine tab 80mg</i>	Tier 1
<i>sorine tab 120mg</i>	Tier 1
<i>sorine tab 160mg</i>	Tier 1
<i>sorine tab 240mg</i>	Tier 1
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1
<i>sotalol hcl tab 80 mg</i>	Tier 1
<i>sotalol hcl tab 120 mg</i>	Tier 1
<i>sotalol hcl tab 160 mg</i>	Tier 1
<i>sotalol hcl tab 240 mg</i>	Tier 1

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

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>simvastatin tab 20 mg</i>	Tier 1
<i>simvastatin tab 40 mg</i>	Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1 QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>ezetimibe tab 10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
JUXTAPID CAP 5MG	Tier 2	LA, PA
JUXTAPID CAP 10MG	Tier 2	LA, PA
JUXTAPID CAP 20MG	Tier 2	LA, PA
JUXTAPID CAP 30MG	Tier 2	LA, PA
JUXTAPID CAP 40MG	Tier 2	LA, PA
JUXTAPID CAP 60MG	Tier 2	LA, PA
KYNAMRO INJ 200MG/ML	Tier 2	PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacor tab 500mg</i>	Tier 1	
PRALUENT INJ 75MG/ML	Tier 2	PA
PRALUENT INJ 150MG/ML	Tier 2	PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>prevalite pow 4gm</i>	Tier 1	
<i>prevalite pow 4gm pk</i>	Tier 1	
VASCEPA CAP 0.5GM	Tier 2	
VASCEPA CAP 1GM	Tier 2	

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

<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	Tier 1	
<i>propranolol & hydrochlorothiazide tab 40- 25 mg</i>	Tier 1	
<i>propranolol & hydrochlorothiazide tab 80- 25 mg</i>	Tier 1	

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

<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
BYSTOLIC TAB 2.5MG	Tier 2	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	Tier 2	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	Tier 2	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	Tier 2	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	Tier 1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD
PRESSURE AND HEART CONDITIONS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Tier 1
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Tier 1
<i>diltiazem hcl tab 30 mg</i>	Tier 1

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

ST - Step Therapy

NDS - Non-Extended Days Supply

B/D - Covered

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>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 2	
NYMALIZE SOL 30/10ML	Tier 2	
<i>taztia xt cap 120mg/24</i>	Tier 1	
<i>taztia xt cap 180mg/24</i>	Tier 1	
<i>taztia xt cap 240mg/24</i>	Tier 1	
<i>taztia xt cap 300mg/24</i>	Tier 1	
<i>taztia xt cap 360mg/24</i>	Tier 1	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)*****DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS***

<i>digitek tab 0.25mg</i>	Tier 1	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	Tier 1	
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	PA; PA if 70 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	
TEKTURNA HCT TAB 150-12.5	Tier 2	
TEKTURNA HCT TAB 150-25MG	Tier 2	
TEKTURNA HCT TAB 300-12.5	Tier 2	
TEKTURNA HCT TAB 300-25MG	Tier 2	
TEKTURNA TAB 150MG	Tier 2	
TEKTURNA TAB 300MG	Tier 2	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>bumetanide inj 0.25 mg/ml</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>chlorothiazide tab 250 mg</i>	Tier 1	
<i>chlorothiazide tab 500 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
<i>furosemide inj 10 mg/ml</i>	Tier 1	
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
<i>methyclothiazide tab 5 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>torsemide tab 5 mg</i>	Tier 1	
<i>torsemide tab 10 mg</i>	Tier 1	
<i>torsemide tab 20 mg</i>	Tier 1	
<i>torsemide tab 100 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
CORLANOR TAB 5MG	Tier 2	
CORLANOR TAB 7.5MG	Tier 2	
DEMSEER CAP 250MG	Tier 2	PA
<i>hydralazine hcl inj 20 mg/ml</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	
NORTHERA CAP 100MG	Tier 2	LA, PA
NORTHERA CAP 200MG	Tier 2	LA, PA
NORTHERA CAP 300MG	Tier 2	LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	
<i>isosorbide dinitrate tab er 40 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	
<i>minitran dis 0.1mg/hr</i>	Tier 1	
<i>minitran dis 0.2mg/hr</i>	Tier 1	
<i>minitran dis 0.4mg/hr</i>	Tier 1	
<i>minitran dis 0.6mg/hr</i>	Tier 1	
NITRO-BID OIN 2%	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 2	
NITRO-DUR DIS 0.8MG/HR	Tier 2	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	

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

ADEMPAS TAB 0.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 2.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 2MG	Tier 2	QL (90 tabs / 30 days), LA, PA
<i>ambrisentan tab 5 mg</i>	Tier 2	QL (30 tabs / 30 days), LA, PA
<i>ambrisentan tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), LA, PA
<i>bosentan tab 62.5 mg</i>	Tier 2	QL (120 tabs / 30 days), LA, PA
<i>bosentan tab 125 mg</i>	Tier 2	QL (60 tabs / 30 days), LA, PA
OPSUMIT TAB 10MG	Tier 2	QL (30 tabs / 30 days), LA, PA
REMODULIN INJ 1MG/ML	Tier 2	LA, PA
REMODULIN INJ 2.5MG/ML	Tier 2	LA, PA
REMODULIN INJ 5MG/ML	Tier 2	LA, PA
REMODULIN INJ 10MG/ML	Tier 2	LA, PA
<i>sildenafil citrate tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
TRACLEER TAB 62.5MG	Tier 2	QL (120 tabs / 30 days), LA, PA
TRACLEER TAB 125MG	Tier 2	QL (60 tabs / 30 days), LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 2	LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 2	LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 2	LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 2	LA, PA
VENTAVIS SOL 10MCG/ML	Tier 2	PA
VENTAVIS SOL 20MCG/ML	Tier 2	PA

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM
DISORDERS****ANTIANXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 4 mg/ml</i>	Tier 1	
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TAB 200MG	Tier 2	QL (180 tabs / 30 days)
APTIOM TAB 400MG	Tier 2	QL (90 tabs / 30 days)
APTIOM TAB 600MG	Tier 2	QL (60 tabs / 30 days)
APTIOM TAB 800MG	Tier 2	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT INJ 50MG/5ML	Tier 2	PA
BRIVIACT SOL 10MG/ML	Tier 2	PA
BRIVIACT TAB 10MG	Tier 2	PA
BRIVIACT TAB 25MG	Tier 2	PA
BRIVIACT TAB 50MG	Tier 2	PA
BRIVIACT TAB 75MG	Tier 2	PA
BRIVIACT TAB 100MG	Tier 2	PA
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	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 RESTRICTIONS OR COST YOU LIMITS ON USE (TIER LEVEL)
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1
<i>carbamazepine tab 200 mg</i>	Tier 1
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1
CELONTIN CAP 300MG	Tier 2
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1 PA
<i>clobazam tab 10 mg</i>	Tier 1 PA
<i>clobazam tab 20 mg</i>	Tier 1 PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1 QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1 QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1 QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1 QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1 QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1 QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	Tier 2
DIASTAT ACDL GEL 12.5-20	Tier 2
DIASTAT PED GEL 2.5M GEL	Tier 2
<i>diazepam con 5mg/ml</i>	Tier 1 QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	Tier 1
<i>diazepam oral soln 1 mg/ml</i>	Tier 1 QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	Tier 2	
DILANTIN CAP 100MG	Tier 2	
DILANTIN CHW 50MG	Tier 2	
DILANTIN-125 SUS 125/5ML	Tier 2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
EPIDIOLEX SOL 100MG/ML	Tier 2	QL (600 mL / 30 days), LA, PA
<i>epitol tab 200mg</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 2	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
FYCOMPA SUS 0.5MG/ML	Tier 2	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	Tier 2	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	Tier 2	QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	Tier 2	QL (60 tabs / 30 days), PA

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

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYRICA CAP 75MG	Tier 2	QL (120 caps / 30 days)
LYRICA CAP 100MG	Tier 2	QL (120 caps / 30 days)
LYRICA CAP 150MG	Tier 2	QL (120 caps / 30 days)
LYRICA CAP 200MG	Tier 2	QL (90 caps / 30 days)
LYRICA CAP 225MG	Tier 2	QL (60 caps / 30 days)
LYRICA CAP 300MG	Tier 2	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	Tier 2	QL (946 mL / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
PEGANONE TAB 250MG	Tier 2	
PHENOBARB INJ 65MG/ML	Tier 2	PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	Tier 2	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	Tier 2	PA; PA if 70 years and older
PHENYTEK CAP 200MG	Tier 2	
PHENYTEK CAP 300MG	Tier 2	
<i>phenytoin chew tab 50 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>roweepra tab 500mg</i>	Tier 1	
<i>roweepra tab 750mg</i>	Tier 1	
<i>roweepra tab 1000mg</i>	Tier 1	
<i>roweepra xr tab 500mg xr</i>	Tier 1	
<i>roweepra xr tab 750mg xr</i>	Tier 1	
SPRITAM TAB 250MG	Tier 2	
SPRITAM TAB 500MG	Tier 2	
SPRITAM TAB 750MG	Tier 2	
SPRITAM TAB 1000MG	Tier 2	
SYMPAZAN MIS 5MG	Tier 2	PA
SYMPAZAN MIS 10MG	Tier 2	PA
SYMPAZAN MIS 20MG	Tier 2	PA
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	Tier 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
<i>vigabatrin powd pack 500 mg</i>	Tier 2	QL (180 packets / 30 days), LA, PA
<i>vigabatrin tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days), LA, PA
<i>vigadrone pow 500mg</i>	Tier 2	QL (180 packets / 30 days), LA, PA
VIMPAT INJ 200MG/20	Tier 2	
VIMPAT SOL 10MG/ML	Tier 2	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	Tier 2	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	Tier 2	QL (60 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
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VIMPAT TAB 200MG	Tier 2	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	Tier 1	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	Tier 2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	Tier 1	PA; PA if < 30 yrs
NAMZARIC CAP	Tier 2	
NAMZARIC CAP 7-10MG	Tier 2	
NAMZARIC CAP 14-10MG	Tier 2	
NAMZARIC CAP 21-10MG	Tier 2	
NAMZARIC CAP 28-10MG	Tier 2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days)

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	Tier 2	
<i>amitriptyline hcl tab 25 mg</i>	Tier 2	
<i>amitriptyline hcl tab 50 mg</i>	Tier 2	
<i>amitriptyline hcl tab 75 mg</i>	Tier 2	
<i>amitriptyline hcl tab 100 mg</i>	Tier 2	
<i>amitriptyline hcl tab 150 mg</i>	Tier 2	
<i>amoxapine tab 25 mg</i>	Tier 2	
<i>amoxapine tab 50 mg</i>	Tier 2	
<i>amoxapine tab 100 mg</i>	Tier 2	
<i>amoxapine tab 150 mg</i>	Tier 2	
<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>clomipramine hcl cap 25 mg</i>	Tier 2	PA
<i>clomipramine hcl cap 50 mg</i>	Tier 2	PA
<i>clomipramine hcl cap 75 mg</i>	Tier 2	PA
<i>desipramine hcl tab 10 mg</i>	Tier 2	
<i>desipramine hcl tab 25 mg</i>	Tier 2	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl tab 50 mg</i>	Tier 2	
<i>desipramine hcl tab 75 mg</i>	Tier 2	
<i>desipramine hcl tab 100 mg</i>	Tier 2	
<i>desipramine hcl tab 150 mg</i>	Tier 2	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	Tier 2	
<i>doxepin hcl cap 25 mg</i>	Tier 2	
<i>doxepin hcl cap 50 mg</i>	Tier 2	
<i>doxepin hcl cap 75 mg</i>	Tier 2	
<i>doxepin hcl cap 100 mg</i>	Tier 2	
<i>doxepin hcl cap 150 mg</i>	Tier 2	
<i>doxepin hcl conc 10 mg/ml</i>	Tier 2	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	Tier 2	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	Tier 2	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	Tier 2	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 2	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	Tier 2	QL (90 caps / 30 days), PA

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP 80MG	Tier 2	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	Tier 2	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 2	PA
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>imipramine hcl tab 10 mg</i>	Tier 2	
<i>imipramine hcl tab 25 mg</i>	Tier 2	
<i>imipramine hcl tab 50 mg</i>	Tier 2	
<i>maprotiline hcl tab 25 mg</i>	Tier 1	
<i>maprotiline hcl tab 50 mg</i>	Tier 1	
<i>maprotiline hcl tab 75 mg</i>	Tier 1	
MARPLAN TAB 10MG	Tier 2	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 2	
<i>nortriptyline hcl cap 25 mg</i>	Tier 2	
<i>nortriptyline hcl cap 50 mg</i>	Tier 2	
<i>nortriptyline hcl cap 75 mg</i>	Tier 2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 2	
<i>paroxetine hcl tab 10 mg</i>	Tier 2	
<i>paroxetine hcl tab 20 mg</i>	Tier 2	
<i>paroxetine hcl tab 30 mg</i>	Tier 2	
<i>paroxetine hcl tab 40 mg</i>	Tier 2	
PAXIL SUS 10MG/5ML	Tier 2	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 2	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>protriptyline hcl tab 10 mg</i>	Tier 2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 2	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	Tier 2	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	Tier 2	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	Tier 2	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	Tier 2	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	Tier 2	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
VIIBRYD KIT STARTER	Tier 2	
VIIBRYD TAB 10MG	Tier 2	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	Tier 2	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	Tier 2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
APOKYN INJ 10MG/ML	Tier 2	QL (20 cartridges / 30 days), LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	Tier 1	
<i>benztropine mesylate tab 0.5 mg</i>	Tier 2	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	Tier 2	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	Tier 2	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	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
NEUPRO DIS 8MG/24HR	Tier 2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 2	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 2	PA; PA if 70 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY MAIN INJ 300MG	Tier 2	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	Tier 2	QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	Tier 2	QL (1 injection / 28 days)

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARISTADA INJ 662MG/2	Tier 2	QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	Tier 2	QL (1 injection / 28 days)
ARISTADA INJ 1064MG	Tier 2	QL (1 injection / 56 days)
ARISTADA INJ INITIO	Tier 2	
CHLORPROMAZ INJ 25MG/ML	Tier 2	
CHLORPROMAZ INJ 50MG/2ML	Tier 2	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	PA
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	PA
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	NDS, QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 2	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	Tier 1	QL (135 tabs / 30 days)
FANAPT PAK	Tier 2	
FANAPT TAB 1MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 2MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 4MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 6MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 8MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 10MG	Tier 2	QL (60 tabs / 30 days)
FANAPT TAB 12MG	Tier 2	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
GEODON INJ 20MG	Tier 2	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
INVEGA SUST INJ 39/0.25	Tier 2	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	Tier 2	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	Tier 2	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	Tier 2	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	Tier 2	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	Tier 2	QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	Tier 2	QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	Tier 2	QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	Tier 2	QL (1 injection / 90 days)
LATUDA TAB 20MG	Tier 2	QL (60 tabs / 30 days)
LATUDA TAB 40MG	Tier 2	QL (30 tabs / 30 days)
LATUDA TAB 60MG	Tier 2	QL (60 tabs / 30 days)
LATUDA TAB 80MG	Tier 2	QL (60 tabs / 30 days)
LATUDA TAB 120MG	Tier 2	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>molindone hcl tab 5 mg</i>	Tier 1	
<i>molindone hcl tab 10 mg</i>	Tier 1	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>molindone hcl tab 25 mg</i>	Tier 1	
NUPLAZID CAP 34MG	Tier 2	QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	Tier 2	QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	Tier 2	QL (60 tabs / 30 days), LA, PA
<i>olanzapine for im inj 10 mg</i>	Tier 1	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
PERSERIS INJ 90MG	Tier 2	QL (1 injection / 30 days)
PERSERIS INJ 120MG	Tier 2	QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days)

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 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	Tier 2	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	Tier 2	QL (360 tabs / 30 days)
REXULTI TAB 1MG	Tier 2	QL (90 tabs / 30 days)
REXULTI TAB 2MG	Tier 2	QL (60 tabs / 30 days)
REXULTI TAB 3MG	Tier 2	QL (30 tabs / 30 days)
REXULTI TAB 4MG	Tier 2	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	Tier 2	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	Tier 2	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	Tier 2	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	Tier 2	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
SAPHRIS SUB 2.5MG	Tier 2	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	Tier 2	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	Tier 2	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
VERSACLOZ SUS 50MG/ML	Tier 2	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	Tier 2	PA
VRAYLAR CAP 1.5MG	Tier 2	QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	Tier 2	QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	Tier 2	QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	Tier 2	QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	Tier 2	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	Tier 2	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	Tier 2	QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days)

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days)

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)*****HYPNOTICS - DRUGS TO TREAT INSOMNIA***

<i>eszopiclone tab 1 mg</i>	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>	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>	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	Tier 2	LA, PA
SILENOR TAB 3MG	Tier 2	QL (60 tabs / 30 days)
SILENOR TAB 6MG	Tier 2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	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>	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>zaleplon cap 5 mg</i>	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>	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 5 mg</i>	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>	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

AIMOVIG INJ 70MG/ML	Tier 2	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	Tier 2	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 2	QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	Tier 2	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 2	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	Tier 2	QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	Tier 2	QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	Tier 2	QL (120 tabs / 30 days), LA, PA
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
LITHIUM SOL 8MEQ/5ML	Tier 2	
LYRICA CR TAB 82.5MG	Tier 2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	Tier 2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	Tier 2	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	Tier 2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>riluzole tab 50 mg</i>	Tier 1	
<i>tetrabenazine tab 12.5 mg</i>	Tier 2	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	Tier 2	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 2	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 2	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>methocarbamol tab 500 mg</i>	Tier 2	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	Tier 2	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS**

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

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	
ADIPEX-P CAP 37.5MG	Tier 3	DP
ADIPEX-P TAB 37.5MG	Tier 3	DP
<i>benzphetamine hcl tab 50 mg</i>	Tier 3	DP
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	
CAFFEINE POW ANHYDROU	Tier 3	DP
CHANTIX PAK 0.5& 1MG	Tier 2	PA
CHANTIX PAK 1MG	Tier 2	PA
CHANTIX TAB 0.5MG	Tier 2	PA
CHANTIX TAB 1MG	Tier 2	PA
<i>diethylpropion hcl tab 25 mg</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>diethylpropion hcl tab er 24hr 75 mg</i>	Tier 3	DP
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	
<i>gnp nicotine gum 2mg mint</i>	Tier 3	DP
<i>gnp nicotine gum 2mg orig</i>	Tier 3	DP
<i>gnp nicotine gum 4mg mint</i>	Tier 3	DP
<i>gnp nicotine loz 2mg mint</i>	Tier 3	DP
<i>gnp nicotine loz 4mg mint</i>	Tier 3	DP
<i>gnp nicotine loz mini 2mg</i>	Tier 3	DP
<i>hm nicotine dis 14mg/24h</i>	Tier 3	DP
<i>hm nicotine dis 21mg/24h</i>	Tier 3	DP
<i>hm nicotine gum 2mg mint</i>	Tier 3	DP
<i>hm nicotine gum 4mg mint</i>	Tier 3	DP
<i>hm nicotine loz 2mg mint</i>	Tier 3	DP
<i>hm nicotine loz 4mg mint</i>	Tier 3	DP
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	
NARCAN SPR	Tier 2	NDS
<i>nicorelief gum 2mg mint</i>	Tier 3	DP
<i>nicorelief gum 2mg orig</i>	Tier 3	DP
<i>nicorelief gum 4mg mint</i>	Tier 3	DP
<i>nicorelief gum 4mg orig</i>	Tier 3	DP
<i>nicotine pol loz 4mg mint</i>	Tier 3	DP
<i>nicotine polacrilex gum 2 mg</i>	Tier 3	DP
<i>nicotine polacrilex gum 4 mg</i>	Tier 3	DP
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 3	DP
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 3	DP
<i>nicotine td dis 7mg/24hr</i>	Tier 3	DP
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 3	DP
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 3	DP
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 3	DP
NICOTROL INH	Tier 2	
NICOTROL NS SPR 10MG/ML	Tier 2	
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	Tier 3	DP
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 3	DP

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

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	Tier 2	PA
ANDRODERM DIS 2MG/24HR	Tier 2	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	Tier 2	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Tier 1	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Tier 1	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	Tier 2
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Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
BASAGLAR INJ 100UNIT	Tier 2	
BD ULTRAFINE INSULIN SYRINGE	Tier 2	
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2	
BYDUREON BC INJ 2/0.85ML	Tier 2	QL (4 pens / 28 days)
BYDUREON INJ 2MG	Tier 2	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	Tier 2	QL (4 pens / 28 days)
BYETTA INJ 5MCG	Tier 2	QL (1 pen / 30 days)
BYETTA INJ 10MCG	Tier 2	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R INJ U-500	Tier 2	
HUMULIN R INJ U-500	Tier 2	B/D
INSULIN PEN NEEDLE	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGE	Tier 2	
LEVEMIR INJ	Tier 2	
LEVEMIR INJ FLEXTouc	Tier 2	
NOVOLIN INJ 70/30	Tier 2	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	Tier 2	(brand RELION not covered)
NOVOLIN N INJ U-100	Tier 2	(brand RELION not covered)
NOVOLIN R INJ U-100	Tier 2	(brand RELION not covered)
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
OZEMPIC INJ 2/1.5ML	Tier 2	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	Tier 2	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	Tier 2	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
TRULICITY INJ 0.75/0.5	Tier 2	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	Tier 2	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	Tier 2	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	Tier 2	QL (5 pens / 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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES**

<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>FARXIGA TAB 5MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>FARXIGA TAB 10MG</i>	Tier 2	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 6 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	Tier 2	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 5-500 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	Tier 2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	Tier 2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	Tier 2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	Tier 2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	Tier 2	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	Tier 2	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	Tier 2	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	Tier 2	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	Tier 2	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	Tier 2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	Tier 2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	Tier 2	QL (60 tabs / 30 days)
JENTADUETO TAB XR	Tier 2	QL (30 tabs / 30 days)
JENTADUETO TAB XR	Tier 2	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (240 tabs / 30 days)
SYNJARDY TAB	Tier 2	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	Tier 2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	Tier 2	QL (60 tabs / 30 days)

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

SYNJARDY TAB 12.5-500	Tier 2	QL (60 tabs / 30 days)
SYNJARDY XR TAB	Tier 2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	Tier 2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	Tier 2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	Tier 2	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	Tier 2	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	Tier 2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 2	QL (30 tabs / 30 days)

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 40 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	B/D
<i>pamidronate disodium for inj 30 mg</i>	Tier 1	B/D
<i>pamidronate disodium for inj 90 mg</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	Tier 1	B/D
PAMIDRONATE INJ 6MG/ML	Tier 2	B/D
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 1	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 1	B/D

CALCIUM RECEPTOR AGONISTS

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 2	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 2	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 2	B/D, QL (120 tabs / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
SENSIPAR TAB 30MG	Tier 2	NDS, B/D, QL (120 tabs / 30 days)
SENSIPAR TAB 60MG	Tier 2	NDS, B/D, QL (60 tabs / 30 days)
SENSIPAR TAB 90MG	Tier 2	NDS, B/D, QL (120 tabs / 30 days)

CHELATING AGENTS

CHEMET CAP 100MG	Tier 2	
DEPEN TITRA TAB 250MG	Tier 2	
JADENU SPRKL GRA 90MG	Tier 2	LA, PA
JADENU SPRKL GRA 180MG	Tier 2	LA, PA
JADENU SPRKL GRA 360MG	Tier 2	LA, PA
JADENU TAB 90MG	Tier 2	LA, PA
JADENU TAB 180MG	Tier 2	LA, PA
JADENU TAB 360MG	Tier 2	LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>trientine hcl cap 250 mg</i>	Tier 2	PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

AIMSCO MIS LUBRICAT	Tier 3	DP
<i>alyacen tab 1/35</i>	Tier 1	
<i>amethia lo tab</i>	Tier 1	
<i>amethia tab</i>	Tier 1	
<i>apri tab</i>	Tier 1	
<i>aranelle tab</i>	Tier 1	
<i>ashlyna tab</i>	Tier 1	
ATLAS CONDOM MIS COLR/SPM	Tier 3	DP
ATLAS CONDOM MIS LUB/COLR	Tier 3	DP
ATLAS CONDOM MIS LUB/SPMC	Tier 3	DP
ATLAS CONDOM MIS LUBRICAT	Tier 3	DP
<i>aubra tab 0.1-0.02</i>	Tier 1	
<i>aviane tab</i>	Tier 1	
<i>balziva tab</i>	Tier 1	
<i>bekyree tab</i>	Tier 1	
<i>blisovi 24 tab fe 1/20</i>	Tier 1	
<i>blisovi fe tab 1.5/30</i>	Tier 1	
<i>briellyn tab</i>	Tier 1	
<i>camila tab 0.35mg</i>	Tier 1	
<i>camrese lo tab</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
CLASS ACT MIS LUBRICAT	Tier 3 DP
COLOR CONDOM MIS + LUBE	Tier 3 DP
CONDOMS MIS	Tier 3 DP
CONDOMS MIS LUBRICAT	Tier 3 DP
<i>cryselle-28 tab 28 tabs</i>	Tier 1
<i>cyclafem tab 1/35</i>	Tier 1
<i>cyclafem tab 7/7/7</i>	Tier 1
<i>dasetta tab 1/35</i>	Tier 1
<i>dasetta tab 7/7/7</i>	Tier 1
<i>deblitane tab 0.35mg</i>	Tier 1
<i>delyla tab 0.1-0.02</i>	Tier 1
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 1
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1
DUREX EXTRA MIS SENSITIV	Tier 3 DP
DUREX MIS REALFEEL	Tier 3 DP
ELEXA MIS STIMULAT	Tier 3 DP
ELEXA NATURL MIS FEEL	Tier 3 DP
ELEXA ULTRA MIS SENSITIV	Tier 3 DP
ELLA TAB 30MG	Tier 2
<i>emoquette tab</i>	Tier 1
<i>enpresse-28 tab</i>	Tier 1
<i>enskyce tab</i>	Tier 1
<i>errin tab 0.35mg</i>	Tier 1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1
EXTRA SENSIT MIS SPERMICI	Tier 3 DP
<i>falmina tab</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
FANTASY LUBR MIS	Tier 3	DP
FANTASY LUBR MIS COLORS	Tier 3	DP
FANTASY LUBR MIS SPERMICI	Tier 3	DP
FANTASY MIS LUBRICAT	Tier 3	DP
<i>fayosim tab</i>	Tier 1	
FC2 FEMALE MIS CONDOM	Tier 3	DP
FC FEMALE MIS CONDOM	Tier 3	DP
<i>femynor tab 0.25-35</i>	Tier 1	NDS
<i>hailey 24 tab fe</i>	Tier 1	
<i>heather tab 0.35mg</i>	Tier 1	
HIGH SENSATI MIS SPERMICI	Tier 3	DP
<i>incassia tab 0.35mg</i>	Tier 1	
INTENSE SENS MIS	Tier 3	DP
<i>introvale tab</i>	Tier 1	
<i>isibloom tab</i>	Tier 1	
<i>jasmiel tab 3-0.02mg</i>	Tier 1	
<i>jolivette tab 0.35mg</i>	Tier 1	
<i>juleber tab</i>	Tier 1	
<i>junel 1.5/30 tab</i>	Tier 1	
<i>junel 1/20 tab</i>	Tier 1	
<i>junel fe 24 tab 1/20</i>	Tier 1	
<i>junel fe tab 1.5/30</i>	Tier 1	
<i>junel fe tab 1/20</i>	Tier 1	
<i>kaitlib fe chw</i>	Tier 1	
KAMELEON LUB MIS COLORS	Tier 3	DP
KAMELEON MIS TRI-COLR	Tier 3	DP
<i>kariva tab 28 day</i>	Tier 1	
<i>kelnor 1/50 tab</i>	Tier 1	
<i>kelnor tab 1/35</i>	Tier 1	
KIMONO COLOR MIS	Tier 3	DP
KIMONO MICRO MIS THIN	Tier 3	DP
KIMONO MICRO MIS THIN +	Tier 3	DP
KIMONO MICRO MIS THIN PLS	Tier 3	DP
KIMONO MIS LUBRICAT	Tier 3	DP
KIMONO MIS SENSATIO	Tier 3	DP
KIMONO PLUS MIS LUBRICAT	Tier 3	DP
KIMONO PLUS MIS SPERMICI	Tier 3	DP
KIMONO PS MIS LUBRICAT	Tier 3	DP
KIMONO PS MIS PLUS	Tier 3	DP
KIMONO SENS MIS PLUS	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
KIMONO SPEC MIS	Tier 3 DP
<i>kurvelo tab 0.15/30</i>	Tier 1
<i>larin fe tab 1.5/30</i>	Tier 1
<i>larin fe tab 1/20</i>	Tier 1
<i>larin tab 1.5/30</i>	Tier 1
<i>larin tab 1/20</i>	Tier 1
<i>layolis fe chw</i>	Tier 1
<i>lessina tab</i>	Tier 1
<i>levonest tab</i>	Tier 1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	Tier 1
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	Tier 1
<i>levora-28 tab 0.15/30</i>	Tier 1
LIFESTYLES MIS COLORS	Tier 3 DP
LIFESTYLES MIS EXT STR	Tier 3 DP
LIFESTYLES MIS FORM FIT	Tier 3 DP
LIFESTYLES MIS LUBRICAT	Tier 3 DP
LIFESTYLES MIS RIBBED	Tier 3 DP
LIFESTYLES MIS SKYN	Tier 3 DP
LIFESTYLES MIS SPERM/LU	Tier 3 DP
LIFESTYLES MIS STUDDER	Tier 3 DP
LIFESTYLES MIS ULT/SENS	Tier 3 DP
LIFESTYLES MIS VIBRA-RI	Tier 3 DP
LIFESTYLES MIS XPLEASUR	Tier 3 DP
<i>lomedica 24 tab fe</i>	Tier 1
<i>loryna tab 3-0.02mg</i>	Tier 1
<i>lutra tab</i>	Tier 1
<i>lyza tab 0.35mg</i>	Tier 1
<i>marlissa tab 0.15/30</i>	Tier 1
MAXX MIS LUBRICAT	Tier 3 DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
MAXX PLUS MIS SPERMICI	Tier 3	DP
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	
<i>melodetta chw 24 fe</i>	Tier 1	
<i>mibelas 24 chw fe</i>	Tier 1	
<i>mili tab 0.25/35</i>	Tier 1	
<i>mononessa tab</i>	Tier 1	NDS
<i>myzilra tab</i>	Tier 1	
NATURAL COND MIS + LUBE	Tier 3	DP
<i>necon tab 0.5/35</i>	Tier 1	
<i>necon tab 7/7/7</i>	Tier 1	
<i>nikki tab 3-0.02mg</i>	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 1	
<i>norethindrone tab 0.35 mg</i>	Tier 1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	NDS
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	Tier 1	
<i>norlyroc tab 0.35mg</i>	Tier 1	
<i>nortrel tab 0.5/35</i>	Tier 1	
<i>nortrel tab 1/35</i>	Tier 1	
<i>nortrel tab 7/7/7</i>	Tier 1	
NUVARING MIS	Tier 2	
<i>orsythia tab</i>	Tier 1	
<i>philith tab 0.4-35</i>	Tier 1	
<i>pimtrea tab</i>	Tier 1	
<i>pirmella tab 1/35</i>	Tier 1	
<i>portia-28 tab</i>	Tier 1	
<i>previfem tab</i>	Tier 1	NDS
<i>quasense tab</i>	Tier 1	
REALITY MIS LUBRICAT	Tier 3	DP
REALITY ULTR MIS TEXTURED	Tier 3	DP
REALITY ULTR MIS THIN	Tier 3	DP
<i>reclipsen tab</i>	Tier 1	
<i>rivelsa tab</i>	Tier 1	
<i>sharobel tab 0.35mg</i>	Tier 1	
<i>sprintec 28 tab 28 day</i>	Tier 1	NDS
<i>tarina 24 fe tab</i>	Tier 1	
<i>tarina fe tab 1/20</i>	Tier 1	
<i>tri-estaryll tab</i>	Tier 1	
<i>tri-legest tab fe</i>	Tier 1	
<i>tri-lo- tab sprintec</i>	Tier 1	
<i>tri-mili tab</i>	Tier 1	
<i>tri-previfem tab</i>	Tier 1	
<i>tri-sprintec tab</i>	Tier 1	
<i>tri-vylibra tab</i>	Tier 1	
<i>tri-vylibra tab lo</i>	Tier 1	
<i>trinessa lo tab</i>	Tier 1	
<i>trinessa tab</i>	Tier 1	
<i>trivora-28 tab</i>	Tier 1	
TROJAN EXTEN MIS LUBRICAT	Tier 3	DP
TROJAN MAGN MIS	Tier 3	DP
TROJAN MAGN MIS WARM SEN	Tier 3	DP
TROJAN MAGN MIS XL/LUBE	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
TROJAN MIS	Tier 3	DP
TROJAN MIS ENZ-LUB	Tier 3	DP
TROJAN MIS NAT LAMB	Tier 3	DP
TROJAN MIS NATULAMB	Tier 3	DP
TROJAN MIS REGULAR	Tier 3	DP
TROJAN MIS RIBBED	Tier 3	DP
TROJAN MIS VERY SEN	Tier 3	DP
TROJAN MIS VERY THN	Tier 3	DP
TROJAN PLEAS MIS SPERMICI	Tier 3	DP
TROJAN PLUS MIS	Tier 3	DP
TROJAN RIB MIS	Tier 3	DP
TROJAN SHARE MIS LUBRICAT	Tier 3	DP
TROJAN SUPRA MIS SPERMICI	Tier 3	DP
TROJAN TWIST MIS PLEASURE	Tier 3	DP
TROJAN ULTRA MIS LUBRICAT	Tier 3	DP
TROJAN-ASSRT MIS PACK	Tier 3	DP
TROJAN-ENZ MIS LARGE	Tier 3	DP
TROJAN-ENZ MIS LUBRICAT	Tier 3	DP
TROJAN-ENZ MIS W/SPERMI	Tier 3	DP
TROJAN/SPERM MIS VERY SEN	Tier 3	DP
TROJAN/SPERM MIS VERY THN	Tier 3	DP
TRUSTEX LUBR MIS ASSORTED	Tier 3	DP
TRUSTEX LUBR MIS BANANA	Tier 3	DP
TRUSTEX LUBR MIS CHOC	Tier 3	DP
TRUSTEX LUBR MIS COLA	Tier 3	DP
TRUSTEX LUBR MIS COLORS	Tier 3	DP
TRUSTEX LUBR MIS EX LARGE	Tier 3	DP
TRUSTEX LUBR MIS EX STR	Tier 3	DP
TRUSTEX LUBR MIS GRAPE	Tier 3	DP
TRUSTEX LUBR MIS MINT	Tier 3	DP
TRUSTEX LUBR MIS RIB/STUD	Tier 3	DP
TRUSTEX LUBR MIS SPERMICI	Tier 3	DP
TRUSTEX LUBR MIS STRWBRY	Tier 3	DP
TRUSTEX LUBR MIS VANILLA	Tier 3	DP
TRUSTEX MIS BANANA	Tier 3	DP
TRUSTEX MIS CHOCOLAT	Tier 3	DP
TRUSTEX MIS FLAVORS	Tier 3	DP
TRUSTEX MIS MINT	Tier 3	DP
TRUSTEX MIS STRWBRY	Tier 3	DP
TRUSTEX MIS VANILLA	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TRUSTEX/RIA MIS LUBRICAT	Tier 3 DP
TRUSTEX/RIA MIS NON-LUB	Tier 3 DP
TRUSTEX/RIA MIS SPERMICI	Tier 3 DP
TRUSTX NON-9 MIS RIB/STUD	Tier 3 DP
<i>tulana tab 0.35mg</i>	Tier 1
<i>tydemy tab</i>	Tier 1
ULTIMATE FEE MIS	Tier 3 DP
<i>velivet pak</i>	Tier 1
<i>vienva tab 0.1-20</i>	Tier 1
<i>viorele tab</i>	Tier 1
<i>vyfemla tab 0.4-35</i>	Tier 1
<i>vylibra tab 0.25-35</i>	Tier 1 NDS
<i>wymzya fe chw 0.4mg-35</i>	Tier 1
<i>zarah tab 3-0.03mg</i>	Tier 1
<i>zovia 1/35e tab</i>	Tier 1

ENDOMETRIOSIS

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

ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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NITYR TAB 10MG	Tier 2	LA, PA
ORFADIN CAP 2MG	Tier 2	LA, PA
ORFADIN CAP 5MG	Tier 2	LA, PA
ORFADIN CAP 10MG	Tier 2	LA, PA
ORFADIN CAP 20MG	Tier 2	LA, PA
ORFADIN SUS 4MG/ML	Tier 2	LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 2	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 2	PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

DELESTROGEN INJ 10MG/ML	Tier 2	
<i>estradiol tab 0.5 mg</i>	Tier 2	
<i>estradiol tab 1 mg</i>	Tier 2	
<i>estradiol tab 2 mg</i>	Tier 2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 2	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 2	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 2	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 2	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 2	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	NDS
<i>fyavolv tab 0.5-2.5</i>	Tier 2	
<i>jinteli tab 1mg-5mcg</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

<i>cortisone acetate tab 25 mg</i>	Tier 1	
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	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>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone tab 4 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 8 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 16 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 32 mg</i>	Tier 1	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	NDS
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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PREDNISONE CON 5MG/ML	Tier 2	B/D
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	B/D
<i>prednisone tab 1 mg</i>	Tier 1	B/D
<i>prednisone tab 2.5 mg</i>	Tier 1	B/D
<i>prednisone tab 5 mg</i>	Tier 1	B/D
<i>prednisone tab 10 mg</i>	Tier 1	B/D
<i>prednisone tab 20 mg</i>	Tier 1	B/D
<i>prednisone tab 50 mg</i>	Tier 1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
SOLU-CORTEF INJ 100MG	Tier 2	
SOLU-CORTEF INJ 250MG	Tier 2	
SOLU-CORTEF INJ 500MG	Tier 2	
SOLU-CORTEF INJ 1000MG	Tier 2	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

GLUCAGEN INJ HYPOKIT	Tier 2	
GLUCAGON KIT 1MG	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 2	

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	B/D
CHARCOAL POW	Tier 3	DP
CHEMSTRIP TES UGK	Tier 3	DP
D-XYLOSE POW	Tier 3	DP
DIASCREEN 3 MIS	Tier 3	DP
DIASCREEN 5 MIS	Tier 3	DP
DIASCREEN 6 MIS	Tier 3	DP
DIASCREEN 7 MIS	Tier 3	DP
DIASCREEN 8 MIS	Tier 3	DP
DIASCREEN 9 MIS	Tier 3	DP
DIASCREEN 10 MIS	Tier 3	DP
DIASCREEN MIS 1G	Tier 3	DP
DIASCREEN MIS 2GK	Tier 3	DP
DIASCREEN MIS 4OBL	Tier 3	DP
DIASTIX TES STRIPS	Tier 3	DP
FORTEO SOL 600/2.4	Tier 2	PA
GENOTROPIN INJ 0.2MG	Tier 2	PA

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 0.4MG	Tier 2	PA
GENOTROPIN INJ 0.6MG	Tier 2	PA
GENOTROPIN INJ 0.8MG	Tier 2	PA
GENOTROPIN INJ 1.2MG	Tier 2	PA
GENOTROPIN INJ 1.4MG	Tier 2	PA
GENOTROPIN INJ 1.6MG	Tier 2	PA
GENOTROPIN INJ 1.8MG	Tier 2	PA
GENOTROPIN INJ 1MG	Tier 2	PA
GENOTROPIN INJ 2MG	Tier 2	PA
GENOTROPIN INJ 5MG	Tier 2	PA
GENOTROPIN INJ 12MG	Tier 2	PA
INCRELEX INJ 40MG/4ML	Tier 2	LA, PA
KETO-DIASTIX TES	Tier 3	DP
KORLYM TAB 300MG	Tier 2	LA, PA
LUPR DEP-PED INJ 3M 30MG	Tier 2	PA
LUPR DEP-PED INJ 7.5MG	Tier 2	PA
LUPR DEP-PED INJ 11.25MG	Tier 2	PA
LUPR DEP-PED INJ 15MG	Tier 2	PA
NATPARA INJ 25MCG	Tier 2	PA
NATPARA INJ 50MCG	Tier 2	PA
NATPARA INJ 75MCG	Tier 2	PA
NATPARA INJ 100MCG	Tier 2	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 2	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 2	PA
PROLIA SOL 60MG/ML	Tier 2	QL (1 injection / 180 days)
<i>raloxifene hcl tab 60 mg</i>	Tier 1	
SIGNIFOR INJ 0.3MG/ML	Tier 2	LA, PA
SIGNIFOR INJ 0.6MG/ML	Tier 2	LA, PA
SIGNIFOR INJ 0.9MG/ML	Tier 2	LA, PA
SOMATULINE INJ 60/0.2ML	Tier 2	PA
SOMATULINE INJ 90/0.3ML	Tier 2	PA
SOMATULINE INJ 120/.5ML	Tier 2	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
SOMAVERT INJ 10MG	Tier 2	LA, PA
SOMAVERT INJ 15MG	Tier 2	LA, PA
SOMAVERT INJ 20MG	Tier 2	LA, PA
SOMAVERT INJ 25MG	Tier 2	LA, PA
SOMAVERT INJ 30MG	Tier 2	LA, PA
TYMLOS INJ	Tier 2	PA
XENICAL CAP 120MG	Tier 3	DP
XGEVA INJ	Tier 2	PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1
<i>norethindrone acetate tab 5 mg</i>	Tier 1

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

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

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>unithroid tab 25mcg</i>	Tier 1	
<i>unithroid tab 50mcg</i>	Tier 1	
<i>unithroid tab 75mcg</i>	Tier 1	
<i>unithroid tab 88mcg</i>	Tier 1	
<i>unithroid tab 100mcg</i>	Tier 1	
<i>unithroid tab 112mcg</i>	Tier 1	
<i>unithroid tab 125mcg</i>	Tier 1	
<i>unithroid tab 137mcg</i>	Tier 1	
<i>unithroid tab 150mcg</i>	Tier 1	
<i>unithroid tab 175mcg</i>	Tier 1	
<i>unithroid tab 200mcg</i>	Tier 1	
<i>unithroid tab 300mcg</i>	Tier 1	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

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

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>advanced sus antacid</i>	Tier 3	DP
<i>almacone chw</i>	Tier 3	DP
<i>almacone dbl sus strength</i>	Tier 3	DP
<i>almacone sus</i>	Tier 3	DP
ALUM HYDROX SUS 320/5ML	Tier 3	DP
<i>antacid fast sus acting</i>	Tier 3	DP
<i>antacid fast sus relief</i>	Tier 3	DP
<i>antacid plus sus anti-gas</i>	Tier 3	DP
<i>antacid plus sus gas rel</i>	Tier 3	DP
<i>antacid sus</i>	Tier 3	DP
<i>antacid sus anti-gas</i>	Tier 3	DP
<i>antacid sus max st</i>	Tier 3	DP
<i>antacid sus mint crm</i>	Tier 3	DP
<i>antacid sus reg st</i>	Tier 3	DP
<i>antacid/sime sus ds</i>	Tier 3	DP
CALCIUM CARB TAB 648MG	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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GELUSIL CHW	Tier 3	DP
<i>gnp antacid sus anti-gas</i>	Tier 3	DP
<i>gnp antacid sus cherry</i>	Tier 3	DP
<i>gnp masanti sus max st</i>	Tier 3	DP
<i>gnp masanti sus reg st</i>	Tier 3	DP
<i>hm antacid sus anti-gas</i>	Tier 3	DP
<i>mag-al plus liq</i>	Tier 3	DP
<i>mag-al plus liq xs</i>	Tier 3	DP
MAGN OXIDE POW HEAVY	Tier 3	DP
MAGN OXIDE POW LIGHT	Tier 3	DP
<i>magnesium oxide tab 400 mg</i>	Tier 3	DP
<i>magnesium oxide tab 420 mg</i>	Tier 3	DP
<i>mi-acid sus</i>	Tier 3	DP
<i>mi-acid sus max st</i>	Tier 3	DP
<i>milantex sus ex st</i>	Tier 3	DP
<i>milantex sus original</i>	Tier 3	DP
<i>mintox plus chw</i>	Tier 3	DP
<i>mintox sus</i>	Tier 3	DP
<i>mintox sus max st</i>	Tier 3	DP
<i>qc antacid sus</i>	Tier 3	DP
<i>qc antacid sus anti-gas</i>	Tier 3	DP
<i>rulox sus</i>	Tier 3	DP
<i>sb antacid sus anti-gas</i>	Tier 3	DP
<i>sm antacid sus advanced</i>	Tier 3	DP
<i>sm antacid sus anti-gas</i>	Tier 3	DP
<i>sm antacid/ sus antigas</i>	Tier 3	DP
SODIUM POW BICARBON	Tier 3	DP
URO-MAG CAP 140MG	Tier 3	DP

ANTI-DIARRHEAL

<i>anti-diarrhe cap 2mg</i>	Tier 3	DP
<i>anti-diarrhe tab 2mg</i>	Tier 3	DP
<i>bismatrol chw 262mg</i>	Tier 3	DP
<i>bismatrol sus 262/15ml</i>	Tier 3	DP
BISMUTH POW SUBGALLA	Tier 3	DP
<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 3	DP
<i>diarrhea rel sus 262/15ml</i>	Tier 3	DP
<i>gnp k-pec sus 262/15ml</i>	Tier 3	DP
<i>kao-tin sus 262/15ml</i>	Tier 3	DP
KAOLIN POW COLLOID	Tier 3	DP
<i>loperamide cap 2mg</i>	Tier 3	DP

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	Tier 3	DP
<i>medi-bismuth chw 262mg</i>	Tier 3	DP
PECTIN POW	Tier 3	DP
<i>peptic relf chw 262mg</i>	Tier 3	DP
<i>peptic relf sus 262/15ml</i>	Tier 3	DP
<i>pink bismuth chw 262mg</i>	Tier 3	DP
<i>pink bismuth tab 262mg</i>	Tier 3	DP
<i>sm anti-diar tab 2mg</i>	Tier 3	DP
<i>sm stomach sus 262/15ml</i>	Tier 3	DP
<i>stomach relf chw 262mg</i>	Tier 3	DP
<i>stomach relf sus 262/15ml</i>	Tier 3	DP
<i>stomach relf tab 262mg</i>	Tier 3	DP

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>aprepitant capsule 40 mg</i>	Tier 1	B/D
<i>aprepitant capsule 80 mg</i>	Tier 1	B/D
<i>aprepitant capsule 125 mg</i>	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro sup 25mg</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	Tier 2	B/D
<i>granisetron hcl inj 1 mg/ml</i>	Tier 1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Tier 1	
<i>granisetron hcl tab 1 mg</i>	Tier 1	B/D
<i>meclizine hcl tab 12.5 mg</i>	Tier 2	
<i>meclizine hcl tab 25 mg</i>	Tier 2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 1	

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	B/D
<i>ondansetron hcl tab 4 mg</i>	Tier 1	B/D
<i>ondansetron hcl tab 8 mg</i>	Tier 1	B/D
<i>ondansetron hcl tab 24 mg</i>	Tier 1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>promethazine hcl inj 25 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	Tier 2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	Tier 2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	Tier 2	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	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>	Tier 2
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 2
<i>dicyclomine hcl tab 20 mg</i>	Tier 2
<i>glycopyrrolate tab 1 mg</i>	Tier 1
<i>glycopyrrolate tab 2 mg</i>	Tier 1

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine for susp 40 mg/5ml</i>	Tier 1
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>famotidine inj 20 mg/2ml</i>	Tier 1	
<i>famotidine inj 40 mg/4ml</i>	Tier 1	
<i>famotidine inj 200 mg/20ml</i>	Tier 1	
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	Tier 1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	
<i>ranitidine hcl tab 150 mg</i>	Tier 1	
<i>ranitidine hcl tab 300 mg</i>	Tier 1	

INFLAMMATORY BOWEL DISEASE

<i>APRISO CAP 0.375GM</i>	Tier 2	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 2	
<i>DELZICOL CAP 400MG</i>	Tier 2	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	

LAXATIVES

<i>bisac-evac sup 10mg</i>	Tier 3	DP
<i>bisacodyl suppos 10 mg</i>	Tier 3	DP
<i>bisacodyl tab 5mg ec</i>	Tier 3	DP
<i>biscolax sup 10mg</i>	Tier 3	DP
<i>constulose sol 10gm/15</i>	Tier 1	
<i>docqlace cap 100mg</i>	Tier 3	DP
<i>docu liq 50mg/5ml</i>	Tier 3	DP
<i>docu soft cap 100mg</i>	Tier 3	DP
<i>docusate cal cap 240mg</i>	Tier 3	DP
<i>docusate sod cap 100mg</i>	Tier 3	DP
<i>docusate sod liq 50mg/5ml</i>	Tier 3	DP
<i>docusate sodium cap 100 mg</i>	Tier 3	DP
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 3	DP
<i>docusil cap 100mg</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL RESTRICTIONS OR COST YOU LIMITS ON USE (TIER LEVEL)	
DOCUSOL MINI ENE	Tier 3	DP
<i>dok plus tab 8.6-50mg</i>	Tier 3	DP
<i>ducodyl tab 5mg ec</i>	Tier 3	DP
ENEMEEZ MINI ENE	Tier 3	DP
ENEMEEZ PLUS ENE 20-283	Tier 3	DP
<i>enulose sol 10gm/15</i>	Tier 1	
<i>epsom salt gra</i>	Tier 3	DP
EPSOM SALT POW	Tier 3	DP
<i>gavilyte-c sol</i>	Tier 1	
<i>gavilyte-g sol</i>	Tier 1	
<i>gavilyte-n sol flav pk</i>	Tier 1	
<i>generlac sol 10gm/15</i>	Tier 1	
<i>gentle laxat sup 10mg</i>	Tier 3	DP
<i>gentle laxat tab 5mg ec</i>	Tier 3	DP
<i>glycerin suppos 1 gm</i>	Tier 3	DP
<i>gnp bisa-lax tab 5mg ec</i>	Tier 3	DP
<i>gnp glycerin sup 1.2gm</i>	Tier 3	DP
<i>gnp laxative sup 10mg</i>	Tier 3	DP
<i>gnp laxative tab 5mg ec</i>	Tier 3	DP
<i>gnp laxative tab 25mg</i>	Tier 3	DP
GOLYTELY SOL	Tier 2	
<i>hm epsom gra salt</i>	Tier 3	DP
<i>hm laxative tab 5mg ec</i>	Tier 3	DP
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>lax/stl soft tab 8.6-50mg</i>	Tier 3	DP
<i>laxative sup 10mg</i>	Tier 3	DP
<i>laxative tab 25mg</i>	Tier 3	DP
<i>medi-natural tab 8.6-50mg</i>	Tier 3	DP
<i>medi-natural tab 8.6mg</i>	Tier 3	DP
MINERAL OIL	Tier 3	DP
MINERAL OIL HEAVY	Tier 3	DP
MINERAL OIL LIGHT	Tier 3	DP
MOVIPREP SOL	Tier 2	
<i>nat fiber pow therapy</i>	Tier 3	DP
<i>nat veg lax tab 8.6mg</i>	Tier 3	DP
<i>naturl fiber pow 28.3%</i>	Tier 3	DP
NULYTELY SOL FLAV PKS	Tier 2	
PEDIA-LAX LIQ 50MG	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
PEDIA-LAX SUP 1GM	Tier 3	DP
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
<i>qc epsom gra salt</i>	Tier 3	DP
<i>qc laxative sup 10mg</i>	Tier 3	DP
<i>qc natural pow vegetabl</i>	Tier 3	DP
<i>qc senna tab 8.6mg</i>	Tier 3	DP
<i>ra epsom gra salt</i>	Tier 3	DP
RA EPSOM GRA SALT/LVN	Tier 3	DP
<i>ra glycerin sup 80.7%</i>	Tier 3	DP
<i>reguloid pow 28.3%</i>	Tier 3	DP
<i>reguloid pow 48.57%</i>	Tier 3	DP
<i>reguloid pow 58.6%</i>	Tier 3	DP
<i>sani-supp sup pediatri</i>	Tier 3	DP
<i>sb docusate tab 8.6-50mg</i>	Tier 3	DP
<i>sb fib lax pow 33%</i>	Tier 3	DP
<i>sb laxative sup 10mg</i>	Tier 3	DP
<i>sb senna-lax tab 8.6mg</i>	Tier 3	DP
<i>senexon tab 8.6mg</i>	Tier 3	DP
<i>senexon-s tab 8.6-50mg</i>	Tier 3	DP
<i>senna plus tab 8.6-50mg</i>	Tier 3	DP
<i>senna-lax tab 8.6mg</i>	Tier 3	DP
<i>senna-s tab 8.6-50mg</i>	Tier 3	DP
<i>senna-tabs tab 8.6mg</i>	Tier 3	DP
<i>senna-time s tab 8.6-50mg</i>	Tier 3	DP
<i>senna-time tab 8.6mg</i>	Tier 3	DP
<i>senno tab 8.6mg</i>	Tier 3	DP
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 3	DP
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 3	DP
<i>silace liq 10mg/ml</i>	Tier 3	DP
<i>silace syp 60/15ml</i>	Tier 3	DP
<i>sm fiber pow 28.3%</i>	Tier 3	DP
<i>sm fiber pow 48.57%</i>	Tier 3	DP
<i>sm fiber pow 58.6%</i>	Tier 3	DP
<i>sm laxative sup 10mg</i>	Tier 3	DP
<i>sm laxative tab 5mg ec</i>	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>sm senna lax tab 8.6mg</i>	Tier 3	DP
<i>sm senna lax tab max str</i>	Tier 3	DP
<i>stim laxat tab 5mg ec</i>	Tier 3	DP
<i>stool softnr cap 100mg</i>	Tier 3	DP
<i>stool softnr cap 250mg</i>	Tier 3	DP
<i>stool softnr syp 60/15ml</i>	Tier 3	DP
<i>stool softnr tab 8.6-50mg</i>	Tier 3	DP
SUPREP BOWEL SOL PREP KIT	Tier 2	
<i>trilyte sol</i>	Tier 1	
<i>womans laxat tab 5mg ec</i>	Tier 3	DP

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 2	PA
AMITIZA CAP 8MCG	Tier 2	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	Tier 2	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 2	
GATTEX KIT 5MG	Tier 2	LA, PA
LINZESS CAP 72MCG	Tier 2	QL (30 caps / 30 days)
LINZESS CAP 145MCG	Tier 2	QL (30 caps / 30 days)
LINZESS CAP 290MCG	Tier 2	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
MOVANTIK TAB 12.5MG	Tier 2	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	Tier 2	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	Tier 2	PA
RELISTOR INJ 12/0.6ML	Tier 2	PA
SIMETHICONE LIQ	Tier 3	DP
<i>sucralfate tab 1 gm</i>	Tier 1	
SYMPROIC TAB 0.2MG	Tier 2	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
XIFAXAN TAB 550MG	Tier 2	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	Tier 2	
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PA - Prior Authorization under Medicare B or D
QL - Quantity Limits
ST - Step Therapy
B/D - Covered
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
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CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
ZENPEP CAP 3000UNIT	Tier 2	
ZENPEP CAP 5000UNIT	Tier 2	
ZENPEP CAP 10000UNT	Tier 2	
ZENPEP CAP 15000UNT	Tier 2	
ZENPEP CAP 20000UNT	Tier 2	
ZENPEP CAP 25000	Tier 2	
ZENPEP CAP 40000	Tier 2	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT CAP 30MG DR	Tier 2	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	Tier 2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	Tier 1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Tier 1	
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Tier 1	
<i>rabeprazole sodium ec tab 20 mg</i>	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>	Tier 1	QL (30 tabs / 30 days)
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Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	Tier 1	
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
GLYCINE POW	Tier 3	DP
POT CITRATE GRA	Tier 3	DP
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	

**URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY
INCONTINENCE**

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>clotrimazole cre 1% vag</i>	Tier 3	DP
<i>clotrimazole cre 3 day</i>	Tier 3	DP
<i>clotrimazole vaginal cream 1%</i>	Tier 3	DP
<i>3 day vaginl cre 2%</i>	Tier 3	DP

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

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TAB 1MG	Tier 2
COUMADIN TAB 2.5MG	Tier 2
COUMADIN TAB 2MG	Tier 2
COUMADIN TAB 3MG	Tier 2
COUMADIN TAB 4MG	Tier 2
COUMADIN TAB 5MG	Tier 2
COUMADIN TAB 6MG	Tier 2
COUMADIN TAB 7.5MG	Tier 2
COUMADIN TAB 10MG	Tier 2
ELIQUIS ST P TAB 5MG	Tier 2
ELIQUIS TAB 2.5MG	Tier 2
ELIQUIS TAB 5MG	Tier 2
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 1
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 2

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 2	
HEP SOD/NACL INJ 25000UNT	Tier 2	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	Tier 2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	Tier 2	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	Tier 2	
HEPARIN/NACL INJ 25000UNT	Tier 2	
<i>jantoven tab 1mg</i>	Tier 1	
<i>jantoven tab 2.5mg</i>	Tier 1	
<i>jantoven tab 2mg</i>	Tier 1	
<i>jantoven tab 3mg</i>	Tier 1	
<i>jantoven tab 4mg</i>	Tier 1	
<i>jantoven tab 5mg</i>	Tier 1	
<i>jantoven tab 6mg</i>	Tier 1	
<i>jantoven tab 7.5mg</i>	Tier 1	
<i>jantoven tab 10mg</i>	Tier 1	
PRADAXA CAP 75MG	Tier 2	
PRADAXA CAP 110MG	Tier 2	
PRADAXA CAP 150MG	Tier 2	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 20MG	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	Tier 2	PA
GRANIX INJ 300/1ML	Tier 2	PA
GRANIX INJ 480/0.8	Tier 2	PA
GRANIX INJ 480/1.6	Tier 2	PA
NEUPOGEN INJ 300/0.5	Tier 2	PA
NEUPOGEN INJ 300MCG	Tier 2	PA
NEUPOGEN INJ 480/0.8	Tier 2	PA
NEUPOGEN INJ 480MCG	Tier 2	PA
PROCRIT INJ 2000/ML	Tier 2	PA
PROCRIT INJ 3000/ML	Tier 2	PA
PROCRIT INJ 4000/ML	Tier 2	PA
PROCRIT INJ 10000/ML	Tier 2	PA
PROCRIT INJ 20000/ML	Tier 2	PA
PROCRIT INJ 40000/ML	Tier 2	PA
IRON		
DUOFER TAB 28MG	Tier 3	DP
EZFE 200 CAP 200MG	Tier 3	DP
FE SULFATE POW	Tier 3	DP
FERAHEME INJ 510/17ML	Tier 3	DP
<i>ferate tab 27mg</i>	Tier 3	DP
FERGON TAB 27MG	Tier 3	DP
<i>ferosul elx 220/5ml</i>	Tier 3	DP
<i>ferosul tab 325mg</i>	Tier 3	DP
FERRETTS IPS SOL	Tier 3	DP
FERRETTS TAB 325MG	Tier 3	DP
<i>ferrex 150 cap 150mg</i>	Tier 3	DP
FERRIMIN 150 TAB	Tier 3	DP
FERRLECIT INJ 12.5MG/M	Tier 3	DP
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 3	DP
FERROUS GLUC TAB 324MG	Tier 3	DP
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 3	DP
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 3	DP
FERROUS SUL LIQ 220/5ML	Tier 3	DP
FERROUS SULF SYP 300/5ML	Tier 3	DP
FERROUS SULF TAB 140MG	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
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FERROUS SULF TAB 324MG EC	Tier 3	DP
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 3	DP
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 3	DP
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 3	DP
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 3	DP
<i>ferrousul tab 325mg</i>	Tier 3	DP
FOLITAB 500 TAB	Tier 3	DP
FUSION CAP	Tier 3	DP
<i>gnp iron tab 45mg</i>	Tier 3	DP
<i>gnp iron tab 65mg</i>	Tier 3	DP
HEMOCYTE TAB 324MG	Tier 3	DP
<i>hm iron tab 65mg</i>	Tier 3	DP
ICAR PEDS SUS GRAPE	Tier 3	DP
ICAR-C TAB	Tier 3	DP
<i>iferex 150 cap</i>	Tier 3	DP
INFED INJ 50MG/ML	Tier 3	DP
INTEGRA CAP	Tier 3	DP
<i>iron 100 tab plus</i>	Tier 3	DP
<i>iron 100/c tab 100-250</i>	Tier 3	DP
NOVAFERRUM CAP 50MG	Tier 3	DP
NOVAFERRUM DRO 15MG/ML	Tier 3	DP
NOVAFERRUM LIQ 125	Tier 3	DP
<i>nu-iron 150 cap 150mg</i>	Tier 3	DP
<i>poly-iron cap 150mg</i>	Tier 3	DP
PROFE CAP 180MG	Tier 3	DP
SLOW REL FE TAB 143MG CR	Tier 3	DP
<i>slow release tab 47.5mg</i>	Tier 3	DP
<i>sm iron slow tab 160mg cr</i>	Tier 3	DP
<i>sm iron tab 325mg</i>	Tier 3	DP
TANDEM CAP	Tier 3	DP
VENOFER INJ 20MG/ML	Tier 3	DP
<i>wee care sus 15/1.25</i>	Tier 3	DP

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	Tier 1
<i>anagrelide hcl cap 1 mg</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
BERINERT INJ 500UNIT	Tier 2	QL (24 boxes / 30 days), LA, PA
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
ENDARI POW 5GM	Tier 2	LA, PA
FIRAZYR INJ 30MG/3ML	Tier 2	QL (9 syringes / 30 days), PA
HAEGARDA INJ 2000UNIT	Tier 2	QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	Tier 2	QL (20 vials / 30 days), LA, PA
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
PROMACTA POW 12.5MG	Tier 2	QL (360 packets / 30 days), LA, PA
PROMACTA TAB 12.5MG	Tier 2	QL (360 tabs / 30 days), LA, PA
PROMACTA TAB 25MG	Tier 2	QL (180 tabs / 30 days), LA, PA
PROMACTA TAB 50MG	Tier 2	QL (90 tabs / 30 days), LA, PA
PROMACTA TAB 75MG	Tier 2	QL (60 tabs / 30 days), LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid tab 650 mg</i>	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TAB 60MG	Tier 2	
BRILINTA TAB 90MG	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
ZONTIVITY TAB 2.08MG	Tier 2	

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE
IMMUNE SYSTEM*****DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS
TO TREAT RHEUMATOID ARTHRITIS***

HUMIRA INJ 10/0.1ML	Tier 2	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2	Tier 2	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 2	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 2	QL (6 injections / 28 days), PA
HUMIRA KIT 20MG/0.4	Tier 2	QL (2 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	Tier 2	QL (6 syringes / 28 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 2	PA
HUMIRA PEN INJ 40/0.4ML	Tier 2	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 2	QL (6 pens / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	Tier 2	PA
HUMIRA PEN INJ PS/UV	Tier 2	PA
HUMIRA PEN KIT CD/UC/HS	Tier 2	PA
HUMIRA PEN KIT PS/UV	Tier 2	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	
REMICADE INJ 100MG	Tier 2	PA
XATMEP SOL 2.5MG/ML	Tier 2	B/D
XELJANZ TAB 5MG	Tier 2	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	Tier 2	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	Tier 2	QL (30 tabs / 30 days), PA

IMMUNOGLOBULINS

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

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
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PANZYGA SOL 10GM/100	Tier 2 PA
PANZYGA SOL 20GM/200	Tier 2 PA
PANZYGA SOL 30GM/300	Tier 2 PA
PRIVIGEN INJ 5 GRAMS	Tier 2 PA
PRIVIGEN INJ 10GRAMS	Tier 2 PA
PRIVIGEN INJ 20GRAMS	Tier 2 PA
PRIVIGEN INJ 40GRAMS	Tier 2 PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	Tier 2 LA, PA
ARCALYST INJ 220MG	Tier 2 PA
INTRON A INJ 10MU	Tier 2 B/D
INTRON A INJ 18MU	Tier 2 B/D
INTRON A INJ 25MU	Tier 2 B/D
INTRON A INJ 50MU	Tier 2 B/D

IMMUNOSUPPRESSANTS

<i>azathioprine tab 50 mg</i>	Tier 1 B/D
BENLYSTA INJ 120MG	Tier 2 PA
BENLYSTA INJ 200MG/ML	Tier 2 PA
BENLYSTA INJ 400MG	Tier 2 PA
<i>cyclosporine cap 25 mg</i>	Tier 1 B/D
<i>cyclosporine cap 100 mg</i>	Tier 1 B/D
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 1 B/D
<i>cyclosporine modified cap 25 mg</i>	Tier 1 B/D
<i>cyclosporine modified cap 50 mg</i>	Tier 1 B/D
<i>cyclosporine modified cap 100 mg</i>	Tier 1 B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1 B/D
<i>engraf cap 25mg</i>	Tier 1 B/D
<i>engraf cap 100mg</i>	Tier 1 B/D
<i>engraf sol 100mg/ml</i>	Tier 1 B/D
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1 B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 2 B/D
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1 B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1 B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1 B/D
NULOJIX INJ 250MG	Tier 2 B/D
PROGRAF GRA 0.2MG	Tier 2 B/D
PROGRAF GRA 1MG	Tier 2 B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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RAPAMUNE SOL 1MG/ML	Tier 2	B/D
SANDIMMUNE SOL 100MG/ML	Tier 2	B/D
<i>sirolimus oral soln 1 mg/ml</i>	Tier 2	B/D
<i>sirolimus tab 0.5 mg</i>	Tier 1	B/D
<i>sirolimus tab 1 mg</i>	Tier 1	B/D
<i>sirolimus tab 2 mg</i>	Tier 2	B/D
<i>tacrolimus cap 0.5 mg</i>	Tier 1	B/D
<i>tacrolimus cap 1 mg</i>	Tier 1	B/D
<i>tacrolimus cap 5 mg</i>	Tier 1	B/D
ZORTRESS TAB 0.5MG	Tier 2	B/D
ZORTRESS TAB 0.25MG	Tier 2	B/D
ZORTRESS TAB 0.75MG	Tier 2	B/D
ZORTRESS TAB 1MG	Tier 2	B/D

VACCINES

ACTHIB INJ	Tier 2	
ADACEL INJ	Tier 2	
BCG VACCINE INJ	Tier 2	
BEXSERO INJ	Tier 2	
BOOSTRIX INJ	Tier 2	
DAPTACEL INJ	Tier 2	
DIP/TET PED INJ 25-5LFU	Tier 2	B/D
ENGRIX-B INJ 10/0.5ML	Tier 2	B/D
ENGRIX-B INJ 20MCG/ML	Tier 2	B/D
GARDASIL 9 INJ	Tier 2	
HAVRIX INJ 720UNIT	Tier 2	
HAVRIX INJ 1440UNIT	Tier 2	
HIBERIX SOL 10MCG	Tier 2	
IMOVAX RABIE INJ 2.5/ML	Tier 2	B/D
INFANRIX INJ	Tier 2	
IPOL INJ INACTIVE	Tier 2	
IXIARO INJ	Tier 2	
KINRIX INJ	Tier 2	
M-M-R II INJ	Tier 2	
MENACTRA INJ	Tier 2	
MENVEO INJ	Tier 2	
PEDIARIX INJ 0.5ML	Tier 2	
PEDVAX HIB INJ	Tier 2	
PENTACEL INJ	Tier 2	
PROQUAD INJ	Tier 2	
QUADRACEL INJ	Tier 2	

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

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>gnp pediatri sol electrol</i>	Tier 3	DP
<i>klor-con 8 tab 8meq er</i>	Tier 1	
<i>klor-con 10 tab 10meq er</i>	Tier 1	
MAGNESIUM SU INJ 2GM/50ML	Tier 2	
MAGNESIUM SU INJ 4G/100ML	Tier 2	
MAGNESIUM SU INJ 20/500ML	Tier 2	
MAGNESIUM SU INJ 40G/1000	Tier 2	
MAGNESIUM SU INJ 80MG/ML	Tier 2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2	
<i>magnesium sulfate inj 50%</i>	Tier 2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	Tier 2	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	Tier 2	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	Tier 2	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	Tier 2	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	Tier 2	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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MG SO4/D5W INJ 10MG/ML	Tier 2	
<i>oral electrolyte solution</i>	Tier 3	DP
<i>oralyte sol</i>	Tier 3	DP
<i>oralyte sol freeze</i>	Tier 3	DP
<i>ped elctrlyt sol freezer</i>	Tier 3	DP
<i>ped elctrlyt sol fruit</i>	Tier 3	DP
<i>ped elctrlyt sol grape</i>	Tier 3	DP
<i>ped elctrlyt sol unflavrd</i>	Tier 3	DP
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	Tier 2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride powder packet 20 meq</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	Tier 1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
<i>tpn electrol inj</i>	Tier 2	B/D

IV NUTRITION

<i>amino acid infusion 6%</i>	Tier 1	B/D
AMINOSYN II INJ 10%	Tier 2	B/D
AMINOSYN-PF INJ 7%	Tier 2	B/D
AMINOSYN-PF INJ 10%	Tier 2	B/D
<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	Tier 3	DP
CLINIMIX INJ 4.25/D5W	Tier 2	B/D
CLINIMIX INJ 4.25/D10	Tier 2	B/D
CLINIMIX INJ 4.25/D25	Tier 2	B/D
CLINIMIX INJ 5%/D15W	Tier 2	B/D
CLINIMIX INJ 5%/D20W	Tier 2	B/D

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
CLINIMIX INJ 5%/D25W	Tier 2 B/D
COPPER SULF CRY	Tier 3 DP
<i>cupric chloride inj 0.4 mg/ml</i>	Tier 3 DP
<i>fat emulsion plant based iv emulsion 20%</i>	Tier 2 B/D
FREAMINE HBC INJ 6.9%	Tier 2 B/D
FREAMINE III INJ 10%	Tier 2 B/D
<i>hepatamine sol 8%</i>	Tier 2 B/D
INTRALIPID INJ 30%	Tier 2 B/D
NEPHRAMINE INJ 5.4%	Tier 2 B/D
PREMASOL SOL 10%	Tier 2 B/D
PROCALAMINE INJ 3%	Tier 2 B/D
PROSOL INJ 20%	Tier 2 B/D
TRAVASOL INJ 10%	Tier 2 B/D
TROPHAMINE INJ 10%	Tier 2 B/D
<i>zinc chloride inj 1 mg/ml</i>	Tier 3 DP

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	Tier 2
D5W/NACL INJ 0.3%	Tier 2
D10W/NACL INJ 0.2%	Tier 2
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% in lactated ringers</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.33%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose inj 5%</i>	Tier 1
<i>dextrose inj 10%</i>	Tier 1
<i>dextrose inj 50%</i>	Tier 1
<i>dextrose inj 70%</i>	Tier 1
IONOSOL-MB INJ D5W	Tier 2
ISOLYTE-P INJ /D5W	Tier 2
ISOLYTE-S INJ	Tier 2
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2	
KCL/D5W/NACL INJ 0.15/0.2	Tier 2	
<i>lactated ringer's solution</i>	Tier 1	
NORMOSOL -M INJ /D5W	Tier 2	
NORMOSOL -R INJ /D5W	Tier 2	
NORMOSOL-R INJ PH 7.4	Tier 2	
PLASMA-LYTE INJ -148	Tier 2	
PLASMA-LYTE INJ -A	Tier 2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 1	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	Tier 1	
<i>potassium chloride inj 2 meq/ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 40 meq/100ml</i>	Tier 1	
<i>sodium chloride iv soln 0.9%</i>	Tier 1	
<i>sodium chloride iv soln 0.45%</i>	Tier 1	
<i>sodium chloride iv soln 3%</i>	Tier 1	
<i>sodium chloride iv soln 5%</i>	Tier 1	

MINERALS

BEELITH TAB	Tier 3	DP
CA PHOS DIHY POW DIBASIC	Tier 3	DP
CALCET CHW BITES	Tier 3	DP
CALCET PETIT TAB 200-250	Tier 3	DP
CALCI-CHEW CHW 1250MG	Tier 3	DP
CALCI-MIX CAP 1250MG	Tier 3	DP
<i>calcitrate tab</i>	Tier 3	DP

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Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcitrate tab 950mg</i>	Tier 3	DP
<i>calcium 600 chw +d/miner</i>	Tier 3	DP
<i>calcium 600 tab</i>	Tier 3	DP
<i>calcium 600 tab + d</i>	Tier 3	DP
<i>calcium 600 tab +d/mnrls</i>	Tier 3	DP
<i>calcium 600 tab -d</i>	Tier 3	DP
<i>calcium +d tab maximum</i>	Tier 3	DP
CALCIUM CARB POW	Tier 3	DP
CALCIUM CARB POW EX-LIGHT	Tier 3	DP
CALCIUM CARB POW HEAVY	Tier 3	DP
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 3	DP
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 3	DP
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 3	DP
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 3	DP
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Tier 3	DP
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Tier 3	DP
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	Tier 3	DP
<i>calcium chloride inj 10%</i>	Tier 3	DP
<i>calcium citr tab w/vit d3</i>	Tier 3	DP
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Tier 3	DP
CALCIUM GLUC POW	Tier 3	DP
CALCIUM GLUC TAB 500MG	Tier 3	DP

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Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM LACT POW PENTAHYD	Tier 3	DP
CALCIUM LACT TAB 648MG	Tier 3	DP
CALCIUM PHOS POW TRIBASIC	Tier 3	DP
<i>calcium plus tab 600 +d</i>	Tier 3	DP
<i>calcium soft chw mlk choc</i>	Tier 3	DP
<i>calcium tab 500/d</i>	Tier 3	DP
<i>calcium tab 600mg</i>	Tier 3	DP
<i>calcium tab vit d</i>	Tier 3	DP
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Tier 3	DP
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	Tier 3	DP
<i>calcium/d3 tab</i>	Tier 3	DP
<i>calcium/d chw 500-400</i>	Tier 3	DP
<i>cit calc/d tab 315-250</i>	Tier 3	DP
<i>gnp ca/mg/zn tab</i>	Tier 3	DP
<i>gnp ca/vit d chw minerals</i>	Tier 3	DP
<i>gnp calcium tab 500/d</i>	Tier 3	DP
<i>gnp calcium tab 600/d</i>	Tier 3	DP
<i>gnp calcium tab cit +d3</i>	Tier 3	DP
<i>gnp magnesiu tab 250mg</i>	Tier 3	DP
<i>gnp zinc tab 50mg</i>	Tier 3	DP
MAG CARBONAT POW HEAVY	Tier 3	DP
<i>mag-g tab 500mg</i>	Tier 3	DP
MAG-TAB SR TAB 84MG	Tier 3	DP
MAGDELAY TAB 70MG	Tier 3	DP
MAGN CHLORID POW	Tier 3	DP
MAGNEBIND TAB 200	Tier 3	DP
MAGNEBIND TAB 300	Tier 3	DP
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 3	DP
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	Tier 3	DP
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 3	DP
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 3	DP
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 3	DP
<i>magnesium tab 250 mg</i>	Tier 3	DP
<i>magnesium tab 250mg</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
MAGONATE LIQ 1000/5ML	Tier 3	DP
<i>magonate tab 500mg</i>	Tier 3	DP
<i>manganese chloride inj 0.1 mg/ml</i>	Tier 3	DP
<i>oysco 500 tab 500mg</i>	Tier 3	DP
<i>oysco 500+d chw</i>	Tier 3	DP
<i>oysco 500+d tab</i>	Tier 3	DP
<i>oyst cal/d tab 500mg</i>	Tier 3	DP
<i>oyst shell/d tab 500mg</i>	Tier 3	DP
<i>oyst-cal d tab 250mg</i>	Tier 3	DP
<i>oyster shell calcium tab 500 mg</i>	Tier 3	DP
<i>oyster shell tab 500mg</i>	Tier 3	DP
PHOS-NAK POW CONCENTR	Tier 3	DP
RISACAL-D TAB	Tier 3	DP
<i>sm ca/mg/zn tab</i>	Tier 3	DP
<i>sm calcium chw</i>	Tier 3	DP
<i>sm calcium/d tab 600-400</i>	Tier 3	DP
SM CORAL CAL TAB 1000MG	Tier 3	DP
<i>sm zinc tab 50mg</i>	Tier 3	DP
SOD ACETATE POW ANHYDR	Tier 3	DP
SOD CHLORIDE GRA	Tier 3	DP
<i>sodium chloride tab 1 gm</i>	Tier 3	DP
VITAMIN D TAB 400UNIT	Tier 3	DP
<i>zinc gluconate tab 50 mg (elemental zn)</i>	Tier 3	DP
<i>zinc sulfate cap 50mg</i>	Tier 3	DP
ZINC SULFATE POW HEPTAHYD	Tier 3	DP
ZINC SULFATE POW MONOHYD	Tier 3	DP
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	Tier 3	DP
<i>zinc tab 50 mg</i>	Tier 3	DP
MISCELLANEOUS		
ACACIA POW	Tier 3	DP
APPLE FLAVOR LIQ	Tier 3	DP
ASPARTAME POW	Tier 3	DP
AZ CREAM CRE	Tier 3	DP
BANANA LIQ FLAVOR	Tier 3	DP
BENZYL ALC LIQ	Tier 3	DP
BITTERNESS POW NATURAL	Tier 3	DP
BUFFER CREAM POW	Tier 3	DP
BUTTER RUM LIQ FLAVOR	Tier 3	DP
BUTYLPARABEN POW	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
CARBOGEL GEL 940	Tier 3	DP
CARBOHOL GEL 940	Tier 3	DP
CETYL ALCOHO GRA	Tier 3	DP
CHERRY CON	Tier 3	DP
CHERRY SYP	Tier 3	DP
CHERRY SYP CONCENTR	Tier 3	DP
CHOCOLATE CON FLAVOR	Tier 3	DP
CINNAMON OIL FLAVOR	Tier 3	DP
CLOVE FLAVOR OIL	Tier 3	DP
CO-ENZYME WAF Q10/E	Tier 3	DP
COCOA BUTTER MIS	Tier 3	DP
<i>coenzyme q10 cap 10 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 30 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 30mg</i>	Tier 3	DP
<i>coenzyme q10 cap 50 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 50mg</i>	Tier 3	DP
<i>coenzyme q10 cap 60 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 75 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 100 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 100mg</i>	Tier 3	DP
<i>coenzyme q10 cap 150 mg</i>	Tier 3	DP
COENZYME Q10 CHW 60MG	Tier 3	DP
COENZYME Q10 LIQ 30MG/5ML	Tier 3	DP
COENZYME Q10 TAB 25MG	Tier 3	DP
<i>coenzyme q10 tab 60 mg</i>	Tier 3	DP
COENZYME Q10 TAB 200MG	Tier 3	DP
COLLODION LIQ	Tier 3	DP
COLLODION LIQ FLEXIBLE	Tier 3	DP
COQ-10 CAP 100MG TR	Tier 3	DP
DEXTROSE GRA ANHYDROU	Tier 3	DP
DIABETISWEET POW	Tier 3	DP
DISTILLED LIQ WATER	Tier 3	DP
<i>eq1 coq10 cap 100mg</i>	Tier 3	DP
ETHYL ALCOHO SOL 100%	Tier 3	DP
FATTYBLEND MIS	Tier 3	DP
FDC BLUE 1 POW	Tier 3	DP
FDC BLUE 1 POW AL LAKE	Tier 3	DP
FDC BLUE 2 POW	Tier 3	DP
FDC GREEN #3 POW	Tier 3	DP
FDC RED 40 POW	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
FDC RED #3 POW	Tier 3	DP
FDC RED #40 POW AL LAKE	Tier 3	DP
FDC YELLOW 5 POW	Tier 3	DP
FDC YELLOW 5 POW AL LAKE	Tier 3	DP
FDC YELLOW 6 POW	Tier 3	DP
FLAVORX LIQ	Tier 3	DP
FRUCTOSE GRA	Tier 3	DP
<i>gnp co q10 cap 60mg</i>	Tier 3	DP
<i>gnp co q10 cap 100mg</i>	Tier 3	DP
GOWEY TIN TINCTURE	Tier 3	DP
GRAPE LIQ FLAVOR	Tier 3	DP
GRAPE SYP	Tier 3	DP
<i>h2q cap 100mg</i>	Tier 3	DP
<i>hm coq10 cap 50mg</i>	Tier 3	DP
<i>hm coq10 cap 100mg</i>	Tier 3	DP
HRT BASE CRE	Tier 3	DP
HYDROPHILIC OIN	Tier 3	DP
HYDROUS CRE EMULSIFI	Tier 3	DP
JELENE OIN	Tier 3	DP
KARAYA GUM	Tier 3	DP
L-ARGININE POW	Tier 3	DP
L-CYSTINE POW	Tier 3	DP
L-GLUTAMINE POW	Tier 3	DP
L-GLUTATHION CRY	Tier 3	DP
L-ISOLEUCINE POW	Tier 3	DP
L-METHIONINE POW	Tier 3	DP
L-TYROSINE POW	Tier 3	DP
L-VALINE POW	Tier 3	DP
LACTOSE POW	Tier 3	DP
LACTOSE POW ANHYDROU	Tier 3	DP
LACTOSE POW HYDROUS	Tier 3	DP
LACTOSE POW MONOHYDR	Tier 3	DP
LECITHIN GRA	Tier 3	DP
LEMON FLAVOR OIL	Tier 3	DP
LIP BALM OIN BASE	Tier 3	DP
LIP BALM OIN NATURAL	Tier 3	DP
LIPOBASE CRE	Tier 3	DP
LIPOIL OIL	Tier 3	DP
LIPOVAN BASE CRE	Tier 3	DP
LOLLIBASE POW	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
LOZIBASE MIS	Tier 3	DP
METHYLCELLUL GEL 1%	Tier 3	DP
METHYLCELLUL GEL 2%	Tier 3	DP
METHYLCELLUL GEL 3%	Tier 3	DP
METHYLCELLUL POW 1500CPS	Tier 3	DP
METHYLCELLUL POW 4000CPS	Tier 3	DP
METHYLPARABE POW	Tier 3	DP
MICRODERM CRE BASE	Tier 3	DP
MICROSOME CRE BASE	Tier 3	DP
NICE DISTILL LIQ WATER	Tier 3	DP
ORA-BLEND SF SUS	Tier 3	DP
ORA-BLEND SUS	Tier 3	DP
ORA-HESIVE PST BASE	Tier 3	DP
ORA-PLUS LIQ	Tier 3	DP
ORA-SWEET SF SYP	Tier 3	DP
ORA-SWEET SYP	Tier 3	DP
ORANGE CONC LIQ	Tier 3	DP
PCCA BASE CRE 7542	Tier 3	DP
PCCA MBK MIS FAT ACID	Tier 3	DP
PEG 300 LIQ	Tier 3	DP
PEG 1000 LIQ	Tier 3	DP
PEG 3350 POW	Tier 3	DP
PEG BLEND OIN	Tier 3	DP
PEPPERMINT OIL FLAVOR	Tier 3	DP
PFCB CRE	Tier 3	DP
PHARMABASE CRE ANTIOXID	Tier 3	DP
PHARMABASE CRE COSMETIC	Tier 3	DP
PHARMABASE CRE LIGHT	Tier 3	DP
PHARMABASE CRE VAGINAL	Tier 3	DP
PHYTOBASE CRE	Tier 3	DP
PLO20 GEL FLOWABLE	Tier 3	DP
PLO LECITHIN GEL BASE	Tier 3	DP
PLO ULTRAMAX GEL	Tier 3	DP
PNA-HRT BASE CRE	Tier 3	DP
POLOX GEL 20%	Tier 3	DP
POLOX GEL 30%	Tier 3	DP
POLOXAMER POW 407	Tier 3	DP
POLY GLYCOL LIQ 1450	Tier 3	DP
POLY GLYCOL POW 8000	Tier 3	DP
POLYETHYLENE LIQ GLY 400	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
POLYOXYL 40 POW STEARATE	Tier 3	DP
POT SORBATE CRY	Tier 3	DP
<i>prasterone (dhea) cap 25 mg</i>	Tier 3	DP
PROPYLENE GL SOL	Tier 3	DP
PROPYLENE LIQ GLYCOL	Tier 3	DP
PROPYPARABEN POW	Tier 3	DP
Q-DERM CRE	Tier 3	DP
<i>q-sorb cap 30mg</i>	Tier 3	DP
<i>q-sorb cap 75mg</i>	Tier 3	DP
<i>q-sorb cap 150mg</i>	Tier 3	DP
<i>q-sorb co-q cap 100mg</i>	Tier 3	DP
RASPBERRY LIQ FLAVOR	Tier 3	DP
RDT BASE POW	Tier 3	DP
SACCHARIN POW	Tier 3	DP
SACCHARIN POW SODIUM	Tier 3	DP
SALTSTABLE CRE	Tier 3	DP
SHEA BUTTER MIS	Tier 3	DP
SIMPLE SYP	Tier 3	DP
<i>sm coq-10 cap 50mg</i>	Tier 3	DP
SOD BENZOATE POW	Tier 3	DP
SOD LAURYL POW SULFATE	Tier 3	DP
SOD SACCHARI GRA	Tier 3	DP
SORBIC ACID POW	Tier 3	DP
SORBITOL SOL 70%	Tier 3	DP
STRAWBERRY LIQ FLAVOR	Tier 3	DP
SUPPOSIBLEND MIS	Tier 3	DP
SUSPENDIT GEL	Tier 3	DP
SYRSPEND SF SUS ALKA	Tier 3	DP
TANGERINE POW FLAVOR	Tier 3	DP
THREONINE POW	Tier 3	DP
TROCHIBASE MIS	Tier 3	DP
TROCHIBASE MIS CLASSIC	Tier 3	DP
TROCHIBASE S MIS	Tier 3	DP
TROLAMINE LIQ	Tier 3	DP
TUTTI FRUTTI CON	Tier 3	DP
U-BASE CRE	Tier 3	DP
UNIBASE CRE	Tier 3	DP
V-MAX CRE	Tier 3	DP
V-R FATIGUE TAB COMPLEX	Tier 3	DP
VANIBASE CRE	Tier 3	DP

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

VERSATILE CRE BASE	Tier 3	DP
VERSIGEL CRE	Tier 3	DP
WATERMELON LIQ FLAVOR	Tier 3	DP
<i>white petrolatum gel</i>	Tier 3	DP
WITEPSOL H15 MIS	Tier 3	DP
XANTHAN GUM POW	Tier 3	DP

VITAMINS

ADULT 50+ CAP OCUVITE	Tier 3	DP
<i>animal shape chw</i>	Tier 3	DP
<i>animal shape chw complete</i>	Tier 3	DP
ANIMAL SHAPE CHW IRON	Tier 3	DP
ANTIOXIDANT CAP	Tier 3	DP
<i>antioxidant tab</i>	Tier 3	DP
<i>antioxidant tab vitamins</i>	Tier 3	DP
APATATE FORT LIQ	Tier 3	DP
APATATE LIQ	Tier 3	DP
AQUADEKS CHW	Tier 3	DP
<i>aquadeks dro</i>	Tier 3	DP
AQUASOL A INJ 50000/ML	Tier 3	DP
AQUASOL E DRO 15/0.3ML	Tier 3	DP
<i>aqueous e dro 15/0.3ml</i>	Tier 3	DP
<i>ascorbic acid cap er 500 mg</i>	Tier 3	DP
<i>ascorbic acid chew tab 250 mg</i>	Tier 3	DP
<i>ascorbic acid chew tab 500 mg</i>	Tier 3	DP
<i>ascorbic acid tab 250 mg</i>	Tier 3	DP
<i>ascorbic acid tab 500 mg</i>	Tier 3	DP
<i>ascorbic acid tab 1000 mg</i>	Tier 3	DP
B-12 DOTS TAB 500MCG	Tier 3	DP
<i>b-complex vitamin cap</i>	Tier 3	DP
<i>b-complex vitamin tab</i>	Tier 3	DP
<i>b-complex w/ c & calcium tab</i>	Tier 3	DP
<i>b-complex w/ c tab</i>	Tier 3	DP
<i>balanc b-50 tab</i>	Tier 3	DP
<i>balanc b-100 tab 100mg</i>	Tier 3	DP
<i>bee zee tab</i>	Tier 3	DP
<i>biotin cap 5 mg</i>	Tier 3	DP
<i>biotin tab 5 mg</i>	Tier 3	DP
<i>biotin tab 300 mcg</i>	Tier 3	DP
<i>brewers yeast tab</i>	Tier 3	DP
<i>c 250 tab</i>	Tier 3	DP

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>c-500 chw 500mg</i>	Tier 3	DP
<i>c-1000/rh tab 1000mg</i>	Tier 3	DP
<i>c/rosehip tr tab 1000mg</i>	Tier 3	DP
<i>ca citrate + tab</i>	Tier 3	DP
<i>cal-mag-zinc tab +d3</i>	Tier 3	DP
<i>calciferol dro 8000/ml</i>	Tier 3	DP
<i>calcitriol cap 0.5 mcg</i>	Tier 1	B/D
<i>calcitriol cap 0.25 mcg</i>	Tier 1	B/D
<i>calcitriol inj 1 mcg/ml</i>	Tier 1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	B/D
<i>centamin liq</i>	Tier 3	DP
<i>centavite liq</i>	Tier 3	DP
<i>century tab</i>	Tier 3	DP
<i>century tab mature</i>	Tier 3	DP
<i>cerovite jr chw</i>	Tier 3	DP
<i>cerovite tab advanced</i>	Tier 3	DP
<i>cerovite tab senior</i>	Tier 3	DP
CERTAVITE TAB SENIOR	Tier 3	DP
<i>certavite/ tab antioxid</i>	Tier 3	DP
<i>chewabl vite chw childrns</i>	Tier 3	DP
<i>chewable c chw 500mg</i>	Tier 3	DP
<i>child chew chw iron</i>	Tier 3	DP
<i>child chew chw vitamins</i>	Tier 3	DP
<i>child chew/ chw extra c</i>	Tier 3	DP
<i>childrens chw /iron</i>	Tier 3	DP
CHILDRENS CHW COMPLETE	Tier 3	DP
<i>cholecalciferol cap 400 unit</i>	Tier 3	DP
<i>cholecalciferol cap 1000 unit</i>	Tier 3	DP
<i>cholecalciferol cap 2000 unit</i>	Tier 3	DP
<i>cholecalciferol cap 5000 unit</i>	Tier 3	DP
<i>cholecalciferol cap 10000 unit</i>	Tier 3	DP
<i>cholecalciferol cap 50000 unit</i>	Tier 3	DP
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 3	DP
<i>cholecalciferol tab 400 unit</i>	Tier 3	DP
<i>cholecalciferol tab 1000 unit</i>	Tier 3	DP
<i>cholecalciferol tab 2000 unit</i>	Tier 3	DP
CL PRENATAL TAB 28-0.8MG	Tier 3	DP
<i>cod liver cap</i>	Tier 3	DP
<i>cod liver oil cap</i>	Tier 3	DP
COD LIVER OIL OIL	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>compete tab</i>	Tier 3	DP
<i>complete tab</i>	Tier 3	DP
<i>complete tab senior</i>	Tier 3	DP
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 3	DP
<i>cyanocobalamin tab 100 mcg</i>	Tier 3	DP
<i>cyanocobalamin tab 250 mcg</i>	Tier 3	DP
<i>cyanocobalamin tab 500 mcg</i>	Tier 3	DP
<i>cyanocobalamin tab 1000 mcg</i>	Tier 3	DP
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 3	DP
<i>cyanocobalamin tab er 2000 mcg</i>	Tier 3	DP
<i>d3 cap 1000unit</i>	Tier 3	DP
<i>d3 super str cap 2000unit</i>	Tier 3	DP
<i>d 400 tab 400unit</i>	Tier 3	DP
<i>daily multi tab</i>	Tier 3	DP
<i>daily vit tab</i>	Tier 3	DP
<i>daily-vite tab</i>	Tier 3	DP
<i>daily-vite/ tab iron</i>	Tier 3	DP
DIALYVIT 800 TAB ZINC 15	Tier 3	DP
<i>dialyvite d cap 5000unit</i>	Tier 3	DP
<i>dialyvite tab 800</i>	Tier 3	DP
<i>dialyvite tab 800/d</i>	Tier 3	DP
DIALYVITE TAB 800/ZINC	Tier 3	DP
<i>e-400 cap 400unit</i>	Tier 3	DP
<i>ecee plus tab</i>	Tier 3	DP
ELDERTONIC LIQ	Tier 3	DP
<i>ergocalciferol cap 50000 unit</i>	Tier 3	DP
<i>ergocalciferol soln 8000 unit/ml</i>	Tier 3	DP
<i>essentl one tab daily</i>	Tier 3	DP
<i>ester-c tab 500mg</i>	Tier 3	DP
EZFE FORTE CAP	Tier 3	DP
FOLGARD TAB	Tier 3	DP
<i>folic acid inj 5 mg/ml</i>	Tier 3	DP
<i>folic acid tab 1 mg</i>	Tier 3	DP
<i>folic acid tab 400 mcg</i>	Tier 3	DP
<i>folic acid tab 400mcg</i>	Tier 3	DP
<i>folic acid tab 800 mcg</i>	Tier 3	DP
FOSFREE TAB	Tier 3	DP
<i>geriaton liq</i>	Tier 3	DP
GERIATRIC LIQ VITAMIN	Tier 3	DP
<i>gnp b-50 tab balanced</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
<i>gnp b-100 tab</i>	Tier 3	DP
<i>gnp century tab</i>	Tier 3	DP
<i>gnp century tab cardio</i>	Tier 3	DP
GNP CENTURY TAB ENERGY	Tier 3	DP
<i>gnp century tab mature</i>	Tier 3	DP
<i>gnp century tab senior</i>	Tier 3	DP
<i>gnp century tab ultimate</i>	Tier 3	DP
<i>gnp healthy tab eyes</i>	Tier 3	DP
<i>gnp little chw ones</i>	Tier 3	DP
<i>gnp niacin tab 250mg tr</i>	Tier 3	DP
<i>gnp one dail tab maximum</i>	Tier 3	DP
<i>gnp opti-vit tab</i>	Tier 3	DP
GNP PRENATAL TAB 28-0.8MG	Tier 3	DP
<i>gnp vit b1 tab 100mg</i>	Tier 3	DP
<i>gnp vit b-6 tab 100mg</i>	Tier 3	DP
<i>gnp vit b-12 tab 500mcg</i>	Tier 3	DP
<i>gnp vit b-12 tab 1000 cr</i>	Tier 3	DP
<i>gnp vit c chw 500mg</i>	Tier 3	DP
<i>gnp vit c loz 60mg</i>	Tier 3	DP
<i>gnp vit c tab 250mg</i>	Tier 3	DP
<i>gnp vit c tab 1000mg</i>	Tier 3	DP
<i>gnp vit d tab 1000unit</i>	Tier 3	DP
<i>gnp vit e cap 200unit</i>	Tier 3	DP
<i>gnp vit e cap 400unit</i>	Tier 3	DP
<i>gnp vit e cap 1000unit</i>	Tier 3	DP
<i>gnp zoochews chw gummies</i>	Tier 3	DP
<i>healthy eyes cap supervis</i>	Tier 3	DP
<i>healthy eyes tab</i>	Tier 3	DP
<i>hm niacin tab 250mg</i>	Tier 3	DP
<i>hm vit b1 tab 100mg</i>	Tier 3	DP
<i>hm vitamin e cap 200unit</i>	Tier 3	DP
<i>hm vitamin e cap 1000unit</i>	Tier 3	DP
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	Tier 3	DP
<i>i-vite prote tab</i>	Tier 3	DP
<i>i-vite tab</i>	Tier 3	DP
ICAPS AREDS TAB FORMULA	Tier 3	DP
<i>icaps cap</i>	Tier 3	DP
<i>icaps lutein cap /omega-3</i>	Tier 3	DP
ICAPS LUTEIN TAB ZEAXANTH	Tier 3	DP

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>icaps mv tab</i>	Tier 3	DP
ICAPS PLUS TAB	Tier 3	DP
INFUVITE INJ	Tier 3	DP
INFUVITE INJ ADULT	Tier 3	DP
INFUVITE INJ PEDIATRI	Tier 3	DP
M-NATAL PLUS TAB	Tier 2	
M.V.I PEDIAT INJ	Tier 3	DP
M.V.I. ADULT INJ	Tier 3	DP
<i>mega multi tab men</i>	Tier 3	DP
<i>mega multi tab women</i>	Tier 3	DP
MEGA MULTIVI TAB MEN	Tier 3	DP
MEGA MULTIVI TAB WOMEN	Tier 3	DP
MEPHYTON TAB 5MG	Tier 3	DP
<i>mult vitamin tab essent</i>	Tier 3	DP
<i>mult vitamin tab mens</i>	Tier 3	DP
<i>mult vitamin tab womens</i>	Tier 3	DP
<i>multi-delyn liq</i>	Tier 3	DP
MULTI-DELYN LIQ /IRON	Tier 3	DP
<i>multi-vitamn tab</i>	Tier 3	DP
<i>multilex tab</i>	Tier 3	DP
<i>multilex-t&m tab</i>	Tier 3	DP
<i>multiple vitamins w/ minerals tab</i>	Tier 3	DP
<i>nail-ex tab 2.5mg</i>	Tier 3	DP
NASCOBAL SPR 500MCG	Tier 3	DP
NEPHRO-VITE TAB	Tier 3	DP
NEPHRONEX LIQ 0.9/5ML	Tier 3	DP
<i>niacin cap 500mg</i>	Tier 3	DP
<i>niacin cap er 250 mg</i>	Tier 3	DP
<i>niacin cap er 500 mg</i>	Tier 3	DP
NIACIN POW	Tier 3	DP
<i>niacin tab 100 mg</i>	Tier 3	DP
<i>niacin tab 500 mg</i>	Tier 3	DP
<i>niacin tab er 500 mg</i>	Tier 3	DP
<i>niacin tab er 750 mg</i>	Tier 3	DP
NIACIN TR TAB 1000MG	Tier 3	DP
NIACINAMIDE POW	Tier 3	DP
<i>niacinamide tab 500 mg</i>	Tier 3	DP
<i>nutr-e-sol liq 400/15ml</i>	Tier 3	DP
OCUVITE CAP ADULT	Tier 3	DP
<i>ocuvite tab lutein</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>ocuvite xtra tab</i>	Tier 3	DP
<i>once daily tab</i>	Tier 3	DP
<i>once daily tab iron</i>	Tier 3	DP
ONCOVITE TAB	Tier 3	DP
<i>one daily tab</i>	Tier 3	DP
<i>one daily tab maximum</i>	Tier 3	DP
<i>one daily tab men 50+</i>	Tier 3	DP
<i>one daily tab mens</i>	Tier 3	DP
<i>one daily tab mens 50+</i>	Tier 3	DP
<i>one daily tab pls iron</i>	Tier 3	DP
<i>one daily tab wom 50+</i>	Tier 3	DP
<i>one daily tab womens</i>	Tier 3	DP
<i>paricalcitol cap 1 mcg</i>	Tier 1	B/D
<i>paricalcitol cap 2 mcg</i>	Tier 1	B/D
<i>paricalcitol cap 4 mcg</i>	Tier 1	B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	Tier 3	DP
<i>phytonadione inj 10 mg/ml</i>	Tier 3	DP
PNV FOLIC AC TAB + IRON	Tier 2	
<i>poly vitamin chw</i>	Tier 3	DP
POLY-VI-SOL DRO /IRON	Tier 3	DP
<i>polyvitamin chw /iron</i>	Tier 3	DP
PRENATAL PLUS	Tier 2	
PRENATAL TAB	Tier 3	DP
PRENATAL TAB 27-0.8MG	Tier 3	DP
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB 28-0.8MG	Tier 3	DP
PRENATAL TAB LOW IRON	Tier 3	DP
PRENATAL TAB PLUS	Tier 2	
PRENATAL VIT TAB LOW IRON	Tier 2	
PRESERVISION CAP AREDS	Tier 3	DP
PRESERVISION CAP AREDS 2	Tier 3	DP
PRESERVISION CAP LUTEIN	Tier 3	DP
PRESERVISION TAB AREDS	Tier 3	DP
PROFE FORTE CAP 155-1MG	Tier 3	DP
<i>prosight tab</i>	Tier 3	DP
<i>pyridoxine hcl inj 100 mg/ml</i>	Tier 3	DP
<i>pyridoxine hcl tab 25 mg</i>	Tier 3	DP
<i>pyridoxine hcl tab 50 mg</i>	Tier 3	DP
<i>pyridoxine hcl tab 100 mg</i>	Tier 3	DP
<i>qc therin-m tab</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
RAYALDEE CAP 30MCG	Tier 2	
<i>rena-vite tab</i>	Tier 3	DP
<i>sentry tab</i>	Tier 3	DP
<i>sentry tab senior</i>	Tier 3	DP
<i>slo-niacin tab 250mg cr</i>	Tier 3	DP
SLO-NIACIN TAB 500MG CR	Tier 3	DP
SLO-NIACIN TAB 750MG CR	Tier 3	DP
<i>sm animal chw shapes</i>	Tier 3	DP
<i>sm balanced tab b-50</i>	Tier 3	DP
<i>sm balanced tab b-100</i>	Tier 3	DP
<i>sm complete tab</i>	Tier 3	DP
<i>sm complete tab adv form</i>	Tier 3	DP
<i>sm complete tab senior</i>	Tier 3	DP
<i>sm folic acd tab 400mcg</i>	Tier 3	DP
<i>sm multiple tab vit/iron</i>	Tier 3	DP
<i>sm multiple tab vitamins</i>	Tier 3	DP
<i>sm opti-vita tab</i>	Tier 3	DP
SM PRENATAL TAB VITAMINS	Tier 3	DP
<i>sm vit b-6 tab 100mg</i>	Tier 3	DP
<i>sm vit b-12 tab 100mcg</i>	Tier 3	DP
<i>sm vit b-12 tab 500mcg</i>	Tier 3	DP
<i>sm vit b-12 tab 1000 tr</i>	Tier 3	DP
<i>sm vit c/rh tab 1000mg</i>	Tier 3	DP
<i>sm vitamin c chw 500mg</i>	Tier 3	DP
<i>sm vitamin c tab 250mg</i>	Tier 3	DP
<i>sm vitamin c tab 1000mg</i>	Tier 3	DP
<i>sm vitamin e cap 200unit</i>	Tier 3	DP
<i>sm vitamin e cap 400unit</i>	Tier 3	DP
<i>sm vitamin e cap 1000unit</i>	Tier 3	DP
<i>stress form/ tab zinc</i>	Tier 3	DP
<i>stress formu tab</i>	Tier 3	DP
<i>stress formu tab w/iron</i>	Tier 3	DP
STUART ONE CAP	Tier 3	DP
<i>super b comp tab vit c</i>	Tier 3	DP
<i>super liq nu-thera</i>	Tier 3	DP
SUPER POW NU-THERA	Tier 3	DP
<i>super tab nu-thera</i>	Tier 3	DP
<i>super vikaps tab</i>	Tier 3	DP
<i>superplex-t tab</i>	Tier 3	DP
<i>tab-a-vite tab</i>	Tier 3	DP

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tab-a-vite tab /iron</i>	Tier 3	DP
<i>tab-a-vite tab beta car</i>	Tier 3	DP
<i>tab-a-vite tab maximum</i>	Tier 3	DP
THERA M PLUS TAB	Tier 3	DP
<i>thera tab</i>	Tier 3	DP
THERA TAB	Tier 3	DP
<i>thera-m tab</i>	Tier 3	DP
THERA-M TAB	Tier 3	DP
THERAPEUTIC SOL	Tier 3	DP
<i>therapeutic- tab m</i>	Tier 3	DP
<i>therems tab</i>	Tier 3	DP
THEREMS-H TAB	Tier 3	DP
THEREMS-M TAB	Tier 3	DP
<i>thiamine hcl inj 100 mg/ml</i>	Tier 3	DP
THIAMINE HCL POW	Tier 3	DP
<i>thiamine hcl tab 50 mg</i>	Tier 3	DP
<i>thiamine hcl tab 100 mg</i>	Tier 3	DP
<i>total b/c tab</i>	Tier 3	DP
TRICARE TAB PRENATAL	Tier 2	
UNICOMPLEX-M TAB	Tier 3	DP
<i>vit c & e cap combo</i>	Tier 3	DP
<i>vita-bee/c tab</i>	Tier 3	DP
<i>vitamin a cap 8000unit</i>	Tier 3	DP
<i>vitamin a cap 10000 unit</i>	Tier 3	DP
<i>vitamin b12 tab 1000mcg</i>	Tier 3	DP
<i>vitamin c tab 500mg</i>	Tier 3	DP
<i>vitamin c tab 500mg tr</i>	Tier 3	DP
<i>vitamin d3 cap 10000unt</i>	Tier 3	DP
<i>vitamin d3 dro 400unit</i>	Tier 3	DP
<i>vitamin d3 tab 1000unit</i>	Tier 3	DP
<i>vitamin d3 tab 50000unt</i>	Tier 3	DP
<i>vitamin d tab 1000unit</i>	Tier 3	DP
<i>vitamin d-3 tab 5000unit</i>	Tier 3	DP
<i>vitamin e cap 100 unit</i>	Tier 3	DP
<i>vitamin e cap 200 unit</i>	Tier 3	DP
<i>vitamin e cap 400 unit</i>	Tier 3	DP
<i>vitamin e cap 1000 unit</i>	Tier 3	DP
<i>vite/iron chw children</i>	Tier 3	DP
<i>womens one tab daily</i>	Tier 3	DP
<i>zoo friends chw</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ZOO FRIENDS CHW COMPLETE	Tier 3	DP
<i>zoo friends chw extra c</i>	Tier 3	DP
<i>zoo friends chw gummies</i>	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>	Tier 1
BLEPHAMIDE OIN S.O.P.	Tier 2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1
TOBRADEX OIN 0.3-0.1%	Tier 2
TOBRADEX ST SUS 0.3-0.05	Tier 2
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1
ZYLET SUS 0.5-0.3%	Tier 2

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE SOL 1%	Tier 2
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1
BESIVANCE SUS 0.6%	Tier 2
CILOXAN OIN 0.3% OP	Tier 2
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1
<i>gentak oin 0.3% op</i>	Tier 1
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1
MOXEZA SOL 0.5%	Tier 2
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1
NATACYN SUS 5% OP	Tier 2
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	
ZIRGAN GEL 0.15%	Tier 2	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ALREX SUS 0.2%	Tier 2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
BROMSITE DRO 0.075%	Tier 2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
DUREZOL EMU 0.05%	Tier 2	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
ILEVRO DRO 0.3% OP	Tier 2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
LOTEMAX GEL 0.5%	Tier 2	
LOTEMAX OIN 0.5%	Tier 2	
LOTEMAX SUS 0.5%	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 2	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
PROLENSA SOL 0.07%	Tier 2	

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

<i>allergy eye dro</i>	Tier 3	DP
<i>allergy eye dro op</i>	Tier 3	DP
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
BEPREVE DRO 1.5%	Tier 2	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>eye allergy sol relief</i>	Tier 3	DP
LASTACFT SOL 0.25%	Tier 2	
NAPHCN-A SOL OP	Tier 3	DP
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
OPCON-A SOL OP	Tier 3 DP
PAZEO DRO 0.7%	Tier 2
<i>visine-a sol op</i>	Tier 3 DP

ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOL 0.1%	Tier 2
AZOPT SUS 1% OP	Tier 2
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1
BETOPTIC-S SUS 0.25% OP	Tier 2
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1
<i>carteolol hcl ophth soln 1%</i>	Tier 1
COMBIGAN SOL 0.2/0.5%	Tier 2
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1
<i>latanoprost ophth soln 0.005%</i>	Tier 1
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1
LUMIGAN SOL 0.01%	Tier 2
PHOSPHOLINE SOL 0.125%OP	Tier 2
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1
RHOPRESSA SOL 0.02%	Tier 2
SIMBRINZA SUS 1-0.2%	Tier 2
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1
<i>timolol maleate ophth soln 0.5%</i>	Tier 1
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1
<i>timolol maleate ophth soln 0.25%</i>	Tier 1
TRAVATAN Z DRO 0.004%	Tier 2

MISCELLANEOUS

CYSTARAN SOL 0.44%	Tier 2	LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
RESTASIS EMU 0.05%	Tier 2	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	Tier 2	QL (1 bottle / 30 days)

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

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

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allg chw 10mg</i>	Tier 3	DP
<i>all day allg sol 1mg/ml</i>	Tier 3	DP
<i>all day allg sol 5mg/5ml</i>	Tier 3	DP
<i>all day allg tab 10mg</i>	Tier 3	DP
<i>aller-chlor tab 4mg</i>	Tier 3	DP
<i>aller-ease tab 60mg</i>	Tier 3	DP
<i>aller-ease tab 180mg</i>	Tier 3	DP
<i>aller-tec tab 10mg</i>	Tier 3	DP
<i>allerclear tab 10mg</i>	Tier 3	DP
<i>allergy cap 25mg</i>	Tier 3	DP
<i>allergy chld liq 12.5/5ml</i>	Tier 3	DP
<i>allergy comp sol 1mg/ml</i>	Tier 3	DP
<i>allergy liq 12.5/5ml</i>	Tier 3	DP
<i>allergy med tab 25mg</i>	Tier 3	DP
<i>allergy relf cap 25mg</i>	Tier 3	DP
<i>allergy relf liq 12.5/5ml</i>	Tier 3	DP
<i>allergy relf tab 1.34mg</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>allergy relf tab 10mg</i>	Tier 3	DP
<i>allergy relf tab 25mg</i>	Tier 3	DP
<i>allergy tab 4mg</i>	Tier 3	DP
<i>allergy tab 10mg</i>	Tier 3	DP
<i>allergy tab 25mg</i>	Tier 3	DP
<i>allergy-time tab 4mg</i>	Tier 3	DP
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	
<i>banophen cap 25mg</i>	Tier 3	DP
<i>banophen cap 50mg</i>	Tier 3	DP
<i>banophen liq 12.5/5ml</i>	Tier 3	DP
<i>banophen tab 25mg</i>	Tier 3	DP
<i>cetirizine hcl chew tab 5 mg</i>	Tier 3	DP
<i>cetirizine hcl chew tab 10 mg</i>	Tier 3	DP
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	
<i>cetirizine hcl tab 5 mg</i>	Tier 3	DP
<i>cetirizine hcl tab 10 mg</i>	Tier 3	DP
<i>cetirizine sol 1mg/ml</i>	Tier 3	DP
<i>cetirizine sol 5mg/5ml</i>	Tier 3	DP
<i>chld allergy liq 12.5/5ml</i>	Tier 3	DP
<i>chlor-phenir tab 4mg</i>	Tier 3	DP
<i>comp allergy cap 25mg</i>	Tier 3	DP
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 2	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	Tier 2	PA; PA if 70 years and older
<i>dayhist alrg tab 12 hour</i>	Tier 3	DP
<i>diphenhist cap 25mg</i>	Tier 3	DP
<i>diphenhist liq 12.5/5ml</i>	Tier 3	DP
<i>diphenhist tab 25mg</i>	Tier 3	DP
<i>diphenhydramine hcl cap 25 mg</i>	Tier 3	DP
<i>diphenhydramine hcl cap 50 mg</i>	Tier 3	DP
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl tab 25 mg</i>	Tier 3	DP
<i>ed chlorped syp jr</i>	Tier 3	DP
<i>fexofenadine hcl tab 60 mg</i>	Tier 3	DP
<i>fexofenadine hcl tab 180 mg</i>	Tier 3	DP
<i>fexofenadine tab 60mg</i>	Tier 3	DP
<i>fexofenadine tab 180mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp all day tab allergy</i>	Tier 3	DP
<i>gnp allergy cap 25mg</i>	Tier 3	DP
<i>gnp allergy tab 4mg</i>	Tier 3	DP
<i>gnp allergy tab 25mg</i>	Tier 3	DP
<i>gnp allergy tab 180mg</i>	Tier 3	DP
<i>gnp dayhist tab 1.34mg</i>	Tier 3	DP
<i>hm allergy tab 4mg</i>	Tier 3	DP
<i>hm allergy tab 25mg</i>	Tier 3	DP
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
<i>loratadine sol 5mg/5ml</i>	Tier 3	DP
<i>loratadine syp 5mg/5ml</i>	Tier 3	DP
<i>loratadine tab 10 mg</i>	Tier 3	DP
<i>loratadine tab 10mg</i>	Tier 3	DP
<i>medi-phedryl cap 25mg</i>	Tier 3	DP
<i>mucinex allr tab 180mg</i>	Tier 3	DP
<i>pharbechlor tab 4mg</i>	Tier 3	DP
<i>pharbedryl cap 25mg</i>	Tier 3	DP
<i>pharbedryl cap 50mg</i>	Tier 3	DP
<i>qc allergy tab 10mg</i>	Tier 3	DP
<i>sb allergy tab 10mg</i>	Tier 3	DP
<i>sb allergy tab 25mg med</i>	Tier 3	DP
<i>siladryl alr liq 12.5/5ml</i>	Tier 3	DP
<i>sm all day tab allergy</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>sm allergy tab 4mg</i>	Tier 3	DP
<i>sm allergy tab 25mg rlf</i>	Tier 3	DP
<i>sm loratadin tab 10mg</i>	Tier 3	DP

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
VENTOLIN HFA AER	Tier 2	QL (2 inhalers / 30 days)

COUGH AND COLD

AERCHMBR PLS MIS FLOW-VU	Tier 3	DP
AERCHMBR PLS MIS LRG MASK	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
AERCHMBR PLS MIS MED MASK	Tier 3	DP
AERCHMBR PLS MIS SM MASK	Tier 3	DP
AERCHMBR Z- MIS STAT PLS	Tier 3	DP
AEROCHAMBER MIS CHAMBER	Tier 3	DP
AEROCHAMBER MIS FLOSIGNA	Tier 3	DP
AEROCHAMBER MIS MV	Tier 3	DP
AEROCHAMBER MIS PLUS	Tier 3	DP
AEROVENT MIS PLUS	Tier 3	DP
<i>aller/conges tab 10-240mg</i>	Tier 3	DP
<i>allergy d tab 5-120mg</i>	Tier 3	DP
<i>allergy rel/ tab deconges</i>	Tier 3	DP
<i>allergy relf tab /nsl dec</i>	Tier 3	DP
<i>allergy relf tab d-24</i>	Tier 3	DP
<i>allergy-d tab 5-120mg</i>	Tier 3	DP
<i>allergy/cong tab 5-120mg</i>	Tier 3	DP
<i>allgy comp-d tab 5-120mg</i>	Tier 3	DP
<i>ambi 10peh/ tab 400gfn</i>	Tier 3	DP
<i>ambi 40pse/ tab 400gfn</i>	Tier 3	DP
ARIAL MIS CHAMBER	Tier 3	DP
<i>benzonatate cap 100 mg</i>	Tier 3	DP
<i>benzonatate cap 200 mg</i>	Tier 3	DP
BREATHERITE MIS	Tier 3	DP
BREATHERITE MIS LG MASK	Tier 3	DP
BREATHERITE MIS MED MASK	Tier 3	DP
BREATHERITE MIS SM MASK	Tier 3	DP
BREATHERITE MIS SPACER	Tier 3	DP
BREATHERITE MIS W/MASK	Tier 3	DP
<i>bromfed dm syp</i>	Tier 3	DP
CAPCOF SYP 5-2-10MG	Tier 3	DP
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 3	DP
<i>cheratussin syp ac</i>	Tier 3	DP
<i>child silfed liq 15mg/5ml</i>	Tier 3	DP
CODAR AR LIQ 2-8/5ML	Tier 3	DP
<i>cold/allergy elx children</i>	Tier 3	DP
COMPACT SPAC MIS CHAMBER	Tier 3	DP
COMPACT SPAC MIS LG MASK	Tier 3	DP
COMPACT SPAC MIS MD MASK	Tier 3	DP
COMPACT SPAC MIS SM MASK	Tier 3	DP
<i>cough cont liq dm max</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>cough dm sus 30mg/5ml</i>	Tier 3	DP
<i>cough syp 100/5ml</i>	Tier 3	DP
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 3	DP
<i>cvs cough dm sus 30mg/5ml</i>	Tier 3	DP
<i>decongestant tab 120mg er</i>	Tier 3	DP
DELSYM SUS 30MG/5ML	Tier 3	DP
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	Tier 3	DP
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 3	DP
<i>diabetic tus liq 100/5ml</i>	Tier 3	DP
<i>diabetic tus liq dm</i>	Tier 3	DP
<i>diabetic tus liq max st</i>	Tier 3	DP
E-Z SPACER MIS	Tier 3	DP
E-Z SPACER MIS BODY GRD	Tier 3	DP
EASIVENT MIS	Tier 3	DP
EASIVENT MIS MASK LG	Tier 3	DP
EASIVENT MIS MASK MED	Tier 3	DP
EASIVENT MIS MASK SM	Tier 3	DP
<i>eq cough dm sus 30mg/5ml</i>	Tier 3	DP
<i>extra action syp 100-10/5</i>	Tier 3	DP
FLEXICHAMBER MIS	Tier 3	DP
<i>genaphed tab 30mg</i>	Tier 3	DP
<i>gnp cough dm sus 30mg/5ml</i>	Tier 3	DP
<i>gnp suphedrn liq 15mg/5ml</i>	Tier 3	DP
<i>gnp tussin liq dm</i>	Tier 3	DP
<i>gnp tussin liq dm cough</i>	Tier 3	DP
<i>gnp tussin liq dm max</i>	Tier 3	DP
<i>gnp tussin syp cf</i>	Tier 3	DP
<i>guaiatuss ac syp 100-10/5</i>	Tier 3	DP
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 3	DP
<i>guaifenesin syp 100-10/5</i>	Tier 3	DP
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 3	DP
<i>hm cough dm sus 30mg/5ml</i>	Tier 3	DP
<i>hm tussin liq adlt dm</i>	Tier 3	DP
HOLD CHAMBER MIS ADLT LG	Tier 3	DP
HOLD CHAMBER MIS MEDIUM	Tier 3	DP
HOLD CHAMBER MIS SMALL	Tier 3	DP
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 3	DP

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Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 3	DP
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	Tier 3	DP
<i>hydromet syp 5-1.5/5</i>	Tier 3	DP
INSPIRACHAMB MIS LARGE	Tier 3	DP
INSPIRACHAMB MIS MEDIUM	Tier 3	DP
INSPIRACHAMB MIS MOUTHPCE	Tier 3	DP
INSPIRACHAMB MIS SMALL	Tier 3	DP
INSPIREASE MIS DD SYST	Tier 3	DP
LITEAIRE MIS	Tier 3	DP
LOHIST-DM SYP 5-2-10MG	Tier 3	DP
<i>lorata-dine tab d 24hr</i>	Tier 3	DP
<i>loratadine d tab 5-120mg</i>	Tier 3	DP
<i>loratadine-d tab 5-120mg</i>	Tier 3	DP
<i>loratadine-d tab 10-240mg</i>	Tier 3	DP
LORTUSS EX LIQ	Tier 3	DP
<i>m-clear wc liq 100-6.3</i>	Tier 3	DP
MAR-COF CG LIQ 225-7.5	Tier 3	DP
<i>medi-tussin syp dm</i>	Tier 3	DP
MICROCHAMBER MIS	Tier 3	DP
MICROSPACER MIS	Tier 3	DP
<i>mucinex chld liq 100/5ml</i>	Tier 3	DP
<i>mucus relief liq 100/5ml</i>	Tier 3	DP
<i>mucus relief liq 400/20ml</i>	Tier 3	DP
<i>nasal decong tab 10mg</i>	Tier 3	DP
<i>nasal decong tab 30mg</i>	Tier 3	DP
<i>nasal decong tab 120mg er</i>	Tier 3	DP
NASALCROM SPR 5.2/ACT	Tier 3	DP
NINJACOF-XG LIQ 200-8/5	Tier 3	DP
OPTICHAMBER MIS ADV LRG	Tier 3	DP
OPTICHAMBER MIS ADV MED	Tier 3	DP
OPTICHAMBER MIS ADV SM	Tier 3	DP
OPTICHAMBER MIS DIA LG	Tier 3	DP
OPTICHAMBER MIS DIA MD	Tier 3	DP
OPTICHAMBER MIS DIA SM	Tier 3	DP
OPTICHAMBER MIS DIAMOND	Tier 3	DP
OPTICHAMBER MIS FACE MAS	Tier 3	DP
OPTIHALER MIS	Tier 3	DP
<i>10peh/400gfn tab /20dm</i>	Tier 3	DP
POCKET CHAMB MIS	Tier 3	DP

Drug Name	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POCKET SPACE MIS	Tier 3	DP
POLY-TUSSIN LIQ 10-4-10	Tier 3	DP
PRO-RED AC SYP 5-1-9/5	Tier 3	DP
<i>prometh vc/ syp codeine</i>	Tier 3	DP
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 3	DP
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 3	DP
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	Tier 3	DP
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 3	DP
<i>pseudoephedr tab 120mg er</i>	Tier 3	DP
<i>pseudoephedrine hcl tab 30 mg</i>	Tier 3	DP
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 3	DP
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Tier 3	DP
<i>qc suphedrin tab 120mg sr</i>	Tier 3	DP
<i>ra cough dm sus 30mg/5ml</i>	Tier 3	DP
REFENESEN TAB CHST CNG	Tier 3	DP
RITEFLO MIS	Tier 3	DP
<i>robafen dm syp 100-10/5</i>	Tier 3	DP
<i>robafen syp 100/5ml</i>	Tier 3	DP
RYDEX LIQ	Tier 3	DP
<i>rynex pse liq</i>	Tier 3	DP
<i>sb cgh contr liq dm</i>	Tier 3	DP
<i>siltuss das liq 100/5ml</i>	Tier 3	DP
<i>siltussin dm liq das</i>	Tier 3	DP
<i>siltussin sa syp 100/5ml</i>	Tier 3	DP
<i>siltussin-dm liq diabetic</i>	Tier 3	DP
<i>siltussin-dm liq max st</i>	Tier 3	DP
<i>siltussin-dm syp alc free</i>	Tier 3	DP
<i>sm nasal dec tab 30mg</i>	Tier 3	DP
<i>sm tussin cf liq</i>	Tier 3	DP
<i>sm tussin dm syp 100-10/5</i>	Tier 3	DP
<i>sm tussin syp dm</i>	Tier 3	DP
<i>sudogest pe tab 10mg</i>	Tier 3	DP
<i>sudogest tab 30mg</i>	Tier 3	DP
<i>sudogest tab 60mg</i>	Tier 3	DP
<i>sudogest tab 120mg er</i>	Tier 3	DP
TESSALON PER CAP 100MG	Tier 3	DP
<i>trymine cg liq 225-7.5</i>	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
TUSNEL C SYP	Tier 3	DP
<i>tusnel diabt liq 10-100/5</i>	Tier 3	DP
TUSSICAPS CAP 5-4MG	Tier 3	DP
TUSSICAPS CAP 10-8MG	Tier 3	DP
<i>tussigon tab 5-1.5mg</i>	Tier 3	DP
<i>tussin adult liq 100/5ml</i>	Tier 3	DP
<i>tussin adult liq cgh/cong</i>	Tier 3	DP
<i>tussin adult liq cold</i>	Tier 3	DP
<i>tussin cf liq</i>	Tier 3	DP
<i>tussin cf liq cgh/cold</i>	Tier 3	DP
<i>tussin chest syp 100/5ml</i>	Tier 3	DP
<i>tussin dm liq</i>	Tier 3	DP
<i>tussin dm liq 10-200/5</i>	Tier 3	DP
<i>tussin dm liq 100-10/5</i>	Tier 3	DP
<i>tussin dm liq max</i>	Tier 3	DP
<i>tussin dm syp 100-10/5</i>	Tier 3	DP
VALVD HOLDNG MIS CHAMBER	Tier 3	DP
VORTEX VALVE MIS CHAMBER	Tier 3	DP
WATCHHALER MIS	Tier 3	DP
ZUTRIPRO LIQ 60-4-5MG	Tier 3	DP

LEUKOTRIENE MODULATORS

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

MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES

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

<i>acetylcysteine inhal soln 10%</i>	Tier 1	NDS, B/D
<i>acetylcysteine inhal soln 20%</i>	Tier 1	NDS, B/D
ARALAST NP INJ 500MG	Tier 2	LA, PA
ARALAST NP INJ 1000MG	Tier 2	NDS, LA, PA
AYR SALINE KIT NETI RNS	Tier 3	DP
AYR SALINE KIT RINSE	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
DALIRESP TAB 250MCG	Tier 2	
DALIRESP TAB 500MCG	Tier 2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	(generic of Adrenaclick)
ESBRIET CAP 267MG	Tier 2	PA
ESBRIET TAB 267MG	Tier 2	PA
ESBRIET TAB 801MG	Tier 2	PA
KALYDECO PAK 25MG	Tier 2	PA
KALYDECO PAK 50MG	Tier 2	PA
KALYDECO PAK 75MG	Tier 2	PA
KALYDECO TAB 150MG	Tier 2	PA
OFEV CAP 100MG	Tier 2	PA
OFEV CAP 150MG	Tier 2	PA
ORKAMBI GRA 100-125	Tier 2	PA
ORKAMBI GRA 150-188	Tier 2	PA
ORKAMBI TAB 100-125	Tier 2	PA
ORKAMBI TAB 200-125	Tier 2	PA
PROLASTIN-C INJ 1000MG	Tier 2	LA, PA
PROLASTIN-C INJ 1000MG	Tier 2	NDS, LA, PA
PULMOZYME SOL 1MG/ML	Tier 2	PA
SYMDEKO TAB 100-150	Tier 2	LA, PA
THEO-24 CAP 100MG CR	Tier 2	
THEO-24 CAP 200MG CR	Tier 2	
THEO-24 CAP 300MG CR	Tier 2	
THEO-24 CAP 400MG ER	Tier 2	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	
XOLAIR INJ 75/0.5	Tier 2	LA, PA
XOLAIR INJ 150MG/ML	Tier 2	LA, PA
XOLAIR SOL 150MG	Tier 2	LA, PA
ZEMAIRA INJ 1000MG	Tier 2	NDS, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 bottles / 30 days)
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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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	Tier 2	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	B/D
FLOVENT DISK AER 50MCG	Tier 2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	Tier 2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	Tier 2	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	Tier 2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	Tier 2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	Tier 2	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	Tier 2	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	Tier 2	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	Tier 2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (60 blisters / 30 days)

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
SYMBICORT AER 80-4.5	Tier 2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>amneesteem cap 10mg</i>	Tier 1	PA
<i>amneesteem cap 20mg</i>	Tier 1	PA
<i>amneesteem cap 40mg</i>	Tier 1	PA
<i>avita cre 0.025%</i>	Tier 1	PA
<i>avita gel 0.025%</i>	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>claravis cap 10mg</i>	Tier 1	PA
<i>claravis cap 20mg</i>	Tier 1	PA
<i>claravis cap 30mg</i>	Tier 1	PA
<i>claravis cap 40mg</i>	Tier 1	PA
<i>clindacin-p pad 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	
<i>clindamycin phosphate lotion 1%</i>	Tier 1	
<i>clindamycin phosphate soln 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin pads 2%</i>	Tier 1	
<i>erythromycin soln 2%</i>	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>myorisan cap 10mg</i>	Tier 1	PA
<i>myorisan cap 20mg</i>	Tier 1	PA
<i>myorisan cap 30mg</i>	Tier 1	PA
<i>myorisan cap 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA
<i>tretinoin cream 0.05%</i>	Tier 1	PA
<i>tretinoin cream 0.025%</i>	Tier 1	PA
<i>tretinoin gel 0.01%</i>	Tier 1	PA
<i>tretinoin gel 0.025%</i>	Tier 1	PA
<i>zenatane cap 10mg</i>	Tier 1	PA
<i>zenatane cap 20mg</i>	Tier 1	PA
<i>zenatane cap 30mg</i>	Tier 1	PA
<i>zenatane cap 40mg</i>	Tier 1	PA

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

<i>bacitr zinc oin 500/gm</i>	Tier 3	DP
<i>bacitracin oin 500/gm</i>	Tier 3	DP
<i>bacitracin oint 500 unit/gm</i>	Tier 3	DP
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 3	DP
<i>double antib oin</i>	Tier 3	DP
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>hm triple oin antibiot</i>	Tier 3	DP
<i>mupirocin oint 2%</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 3	DP
<i>sb triple oin antibiot</i>	Tier 3	DP
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>sm antibioti oin 500/gm</i>	Tier 3	DP
<i>sm triple oin antibiot</i>	Tier 3	DP
<i>ssd cre 1%</i>	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 2	
<i>tri-biozene oin</i>	Tier 3	DP
<i>triple antib oin</i>	Tier 3	DP
<i>triple antib oin max st</i>	Tier 3	DP
<i>triple antib oin plus</i>	Tier 3	DP

DERMATOLOGY, ANTIFUNGALS

<i>anti-fungal cre 1%</i>	Tier 3	DP
<i>anti-fungal pow 1%</i>	Tier 3	DP
<i>antifungal aer 1%</i>	Tier 3	DP
<i>antifungal cre 1%</i>	Tier 3	DP
<i>antifungal cre 2%</i>	Tier 3	DP
<i>athlete foot cre 1%</i>	Tier 3	DP
<i>athlete foot cre af</i>	Tier 3	DP
<i>baza antifun cre 2%</i>	Tier 3	DP
BENZOIN TIN	Tier 3	DP
BENZOIN TIN PLAIN	Tier 3	DP
<i>castellani paint</i>	Tier 3	DP
<i>ciclopirox gel 0.77%</i>	Tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox shampoo 1%</i>	Tier 1	
<i>clotrimazole cre 1%</i>	Tier 3	DP

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ST - Step Therapy

B/D - Covered

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)
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<i>clotrimazole cream 1%</i>	Tier 1
<i>clotrimazole cream 1%</i>	Tier 3 DP
<i>clotrimazole soln 1%</i>	Tier 1
<i>clotrimazole soln 1%</i>	Tier 3 DP
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1
<i>fungoid-d cre 1%</i>	Tier 3 DP
<i>jock itch aer 1%</i>	Tier 3 DP
<i>ketoconazole cream 2%</i>	Tier 1
<i>miconazole nitrate cream 2%</i>	Tier 3 DP
<i>nyamyc pow 100000</i>	Tier 1
<i>nystatin cream 100000 unit/gm</i>	Tier 1
<i>nystatin oint 100000 unit/gm</i>	Tier 1
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1
<i>nystop pow 100000</i>	Tier 1
<i>podactin pow 1%</i>	Tier 3 DP
<i>sm antifungl cre 1%</i>	Tier 3 DP
<i>sm antifungl cre 2%</i>	Tier 3 DP
<i>soothe&cool cre inzo 2%</i>	Tier 3 DP
<i>terbinafine cre 1%</i>	Tier 3 DP
<i>terbinafine hcl cream 1%</i>	Tier 3 DP
<i>tolnaftate cre 1%</i>	Tier 3 DP
<i>tolnaftate cream 1%</i>	Tier 3 DP
<i>tolnaftate powder 1%</i>	Tier 3 DP

DERMATOLOGY, ANTIPSORIATICS

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

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	Tier 1
<i>selenium sulfide lotion 2.5%</i>	Tier 1

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

<i>ala-cort cre 1%</i>	Tier 1	
<i>ala-cort cre 2.5%</i>	Tier 1	
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	
ENSTILAR AER	Tier 2	PA
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	
<i>fluocinonide soln 0.05%</i>	Tier 1	
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone cream 1%</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	

Drug Name	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>hydrocortisone lotion 2.5%</i>	Tier 1	
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	
<i>mometasone furoate cream 0.1%</i>	Tier 1	
<i>mometasone furoate oint 0.1%</i>	Tier 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	
TEXACORT SOL 2.5%	Tier 2	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ACESULFAME POW POTASSIU	Tier 3	DP
ACETAMIN POW	Tier 3	DP
ACETIC ACID SOL 3%	Tier 3	DP
ACETIC ACID SOL GLACIAL	Tier 3	DP
ACETYL-L-CAR POW HCL	Tier 3	DP
ALLANTOIN POW	Tier 3	DP
ALMOND OIL SWEET	Tier 3	DP
ALOE VERA POW	Tier 3	DP
ALUM AMMONIU POW	Tier 3	DP
ALUMINUM CL CRY	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
ALUMINUM POW HYDROXID	Tier 3	DP
<i>amlactin lot 12%</i>	Tier 3	DP
AMMONIUM GRA CHLORIDE	Tier 3	DP
AMMONIUM POW ALUMINUM	Tier 3	DP
ARGININE HCL POW	Tier 3	DP
ASCORBIC ACD GRA	Tier 3	DP
ASCORBIC ACD POW	Tier 3	DP
ASCORBYL POW PALMITAT	Tier 3	DP
BETAINE POW ANHYDROU	Tier 3	DP
BIOFLAVINOID POW LEMON	Tier 3	DP
BIOFLAVONOID POW CITRUS	Tier 3	DP
BISMUTH POW SUBNITRA	Tier 3	DP
BISMUTH SUBC POW	Tier 3	DP
BORIC ACID GRA	Tier 3	DP
BORIC ACID POW	Tier 3	DP
CALAMINE LOT	Tier 3	DP
CALAMINE LOT 8-8%	Tier 3	DP
CALAMINE LOT PHENOLAT	Tier 3	DP
CALAMINE POW	Tier 3	DP
CALCIUM POW CITRATE	Tier 3	DP
CALCIUM POW HYDROXID	Tier 3	DP
CALCIUM POW SACCHARA	Tier 3	DP
CAMPHOR CRY	Tier 3	DP
<i>capsaicin cre 0.1%</i>	Tier 3	DP
<i>capsaicin cream 0.025%</i>	Tier 3	DP
CAPSAICIN LIQ 0.15%	Tier 3	DP
CAPSAICIN POW	Tier 3	DP
CARBOMER POW HOMOPOLY	Tier 3	DP
CARBOXYMETHY POW SODIUM	Tier 3	DP
CHLOROFORM SOL	Tier 3	DP
CHOLESTEROL POW ACETATE	Tier 3	DP
CHRSIN POW	Tier 3	DP
CITRIC ACID GRA ANHYDROU	Tier 3	DP
CITRIC ACID GRA MONOHYDR	Tier 3	DP
CITRIC ACID POW ANHYDROU	Tier 3	DP
CLORPACTIN POW WCS-90	Tier 3	DP
CLOVE OIL	Tier 3	DP
COAL TAR SOL 20%	Tier 3	DP
COCONUT OIL	Tier 3	DP
COENZYME Q10 POW	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
CORN STARCH POW	Tier 3	DP
COTTONSEED OIL	Tier 3	DP
CREATINE POW MONOHYDR	Tier 3	DP
CROTON OIL	Tier 3	DP
D-VITAMIN E POW SUCCINAT	Tier 3	DP
<i>diclofenac sodium gel 1%</i>	Tier 1	PA
ETHOXY ETHNL LIQ REAGENT	Tier 3	DP
ETHYL ALCOHO SOL 95%	Tier 3	DP
ETHYL ALCOHO SOL 95% USP	Tier 3	DP
ETHYL ALCOHO SOL SDA 95%	Tier 3	DP
ETHYL OLEATE LIQ	Tier 3	DP
EUGENOL SOL	Tier 3	DP
FERRIC POW SUBSULFA	Tier 3	DP
FERRIC SUBSU SOL	Tier 3	DP
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
FORMALDEHYDE SOL 37%	Tier 3	DP
FREE & CLEAR SHA	Tier 3	DP
FULLERS POW EARTH	Tier 3	DP
GLUCOSAMINE POW HCL	Tier 3	DP
GLUCOSAMINE POW SULFATE	Tier 3	DP
GLYCERIN LIQ	Tier 3	DP
GLYCOLIC ACD CRY	Tier 3	DP
GLYCOLIC ACD SOL 70%	Tier 3	DP
GRAPE SEED OIL	Tier 3	DP
GREEN TEA EX LIQ 90%	Tier 3	DP
HYDROCHL ACD LIQ 37%	Tier 3	DP
<i>hydrocortisone rectal cream 2.5%</i>	Tier 1	
ICHTHAMMOL POW	Tier 3	DP
<i>imiquimod cream 5%</i>	Tier 1	
INDOLE-3- POW CARBINOL	Tier 3	DP
INOSITOL POW HEXANICO	Tier 3	DP
IODINE CRY RESUBLIM	Tier 3	DP
ODOFORM POW	Tier 3	DP
ISOPROPYL LIQ PALMITAT	Tier 3	DP
JESSNERS SOL	Tier 3	DP
KOJIC ACID POW	Tier 3	DP
L-CITRULLINE POW	Tier 3	DP
LAC-HYDRIN LOT 12%	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 3	DP
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 3	DP
LACTIC ACID SOL	Tier 3	DP
LIPOIC ACID POW	Tier 3	DP
MAG CITRATE POW TRIBASIC	Tier 3	DP
MAGNESIUM POW HYDROXID	Tier 3	DP
MALIC ACID POW	Tier 3	DP
MANNITOL POW	Tier 3	DP
MENTHOL CRY	Tier 3	DP
MENTHOL-L CRY	Tier 3	DP
METHYL SULF CRY	Tier 3	DP
<i>metronidazole cream 0.75%</i>	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
NA PHOS MONO POW ANHYDROU	Tier 3	DP
NEW SKIN AER	Tier 3	DP
OIL-ALMOND OIL SWEET	Tier 3	DP
OIL-COCONUT OIL	Tier 3	DP
ORNITHINE POW HCL	Tier 3	DP
OXALIC ACID CRY	Tier 3	DP
PANRETIN GEL 0.1%	Tier 2	
PENTRAVAN CRE	Tier 3	DP
PENTRAVAN CRE PLUS	Tier 3	DP
PERUVIAN LIQ BALSAM	Tier 3	DP
PHENOL LIQ	Tier 3	DP
PHOSPHATIDYL POW 20%	Tier 3	DP
PICATO GEL 0.05%	Tier 2	QL (2 tubes / 30 days)
PICATO GEL 0.015%	Tier 2	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	Tier 1	
POLYSORBATE SOL 20	Tier 3	DP
POT GLUCONAT POW ANHYDROU	Tier 3	DP
POT HYDROXID SOL 10%	Tier 3	DP
POT HYDROXID SOL 20%	Tier 3	DP
POT NITRATE GRA	Tier 3	DP
POT NITRATE GRA PURIFIED	Tier 3	DP
POTASSIUM CRY BROMIDE	Tier 3	DP
POTASSIUM CRY IODIDE	Tier 3	DP
POTASSIUM MIS HYDROXID	Tier 3	DP

Drug Name	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)	
<i>procto-med cre hc 2.5%</i>	Tier 1	
<i>procto-pak cre 1%</i>	Tier 1	
<i>proctozone cre -hc 2.5%</i>	Tier 1	
PSYLLIUM POW HUSK 95%	Tier 3	DP
PX CALAMINE LOT	Tier 3	DP
PYRUVIC ACID LIQ	Tier 3	DP
RA CALAMINE LOT	Tier 3	DP
RED YEAST POW RICE	Tier 3	DP
RESORCINOL POW	Tier 3	DP
<i>rosadan cre 0.75%</i>	Tier 1	
SAFFLOWER OIL	Tier 3	DP
SALICYLIC POW ACID	Tier 3	DP
SM CALAMINE LOT	Tier 3	DP
SM CALAMINE LOT PHENOLAT	Tier 3	DP
SOD BROMIDE GRA	Tier 3	DP
SOD FLUORIDE POW	Tier 3	DP
SOD METABISU GRA ANHYDR	Tier 3	DP
SOD PERBORAT CRY	Tier 3	DP
SOD PHOSPHAT GRA DIBASIC	Tier 3	DP
SOD PROPION POW	Tier 3	DP
SOD SULFITE POW ANHYDROU	Tier 3	DP
SODIUM BORAT POW	Tier 3	DP
SODIUM CITRA GRA DIHYDRAT	Tier 3	DP
SODIUM MIS HYDROXID	Tier 3	DP
SODIUM POW BICARBON	Tier 3	DP
SOYBEAN OIL	Tier 3	DP
SPERMACETI MIS	Tier 3	DP
SQUARIC ACID LIQ BUTANOL	Tier 3	DP
SQUARIC ACID POW DI-N-BUT	Tier 3	DP
STEVIA POW EXTRACT	Tier 3	DP
SULFUR POW	Tier 3	DP
SULFUR POW PRECIPIT	Tier 3	DP
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
TALC POW	Tier 3	DP
TANNIC ACID POW	Tier 3	DP
TARGRETIN GEL 1%	Tier 2	PA
TARTARIC ACD GRA	Tier 3	DP
THYMOL CRY	Tier 3	DP
TURPENTINE LIQ SPIRITS	Tier 3	DP

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

UNDECYLENIC LIQ ACID	Tier 3	DP
UREA BEA	Tier 3	DP
UREA POW PEROXIDE	Tier 3	DP
VALCHLOR GEL 0.016%	Tier 2	LA, PA
VEEGUM MIS LUMP	Tier 3	DP
VITAMIN K-1 POW	Tier 3	DP
XYLITOL POW	Tier 3	DP
ZINC CHLORID GRA	Tier 3	DP
ZINC OXIDE POW	Tier 3	DP
zostrix hp cre 0.1%	Tier 3	DP
ZOSTRIX NAT CRE 0.033%	Tier 3	DP

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>complete kit lice</i>	Tier 3	DP
<i>gnp lice kit</i>	Tier 3	DP
<i>lice killing sha</i>	Tier 3	DP
<i>lice killing sha 0.33-4%</i>	Tier 3	DP
<i>lice treatmt lot 1%</i>	Tier 3	DP
<i>lice treatmt sha 0.33-4%</i>	Tier 3	DP
<i>lice trtmnt liq</i>	Tier 3	DP
<i>lice trtmnt liq 1%</i>	Tier 3	DP
<i>licide sha 0.33-4%</i>	Tier 3	DP
<i>malathion lotion 0.5%</i>	Tier 1	
<i>permethrin cream 5%</i>	Tier 1	
<i>ra lice liq max st</i>	Tier 3	DP
RID COMPLETE KIT LICE	Tier 3	DP
RID ESS LICE KIT 0.33-4%	Tier 3	DP
<i>rid lice kil sha 0.33-4%</i>	Tier 3	DP
<i>rid licekill sha 0.33-4%</i>	Tier 3	DP
<i>sm lice soln kit</i>	Tier 3	DP
<i>tgt lice kit complete</i>	Tier 3	DP

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
REGRANEX GEL 0.01%	Tier 2	PA
SANTYL OIN 250/GM	Tier 2	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	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>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>little teeth gel 7.5%</i>	Tier 3	DP
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORASEP SPR	Tier 3	DP
<i>periogard sol 0.12%</i>	Tier 1	
<i>periomed con 0.63%</i>	Tier 3	DP
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic soln 2%</i>	Tier 1	
CIPRODEX SUS 0.3-0.1%	Tier 2	
<i>flac oil 0.01%</i>	Tier 1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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1		<i>acetaminophn sus 160/5ml</i>	1
<i>10peh/400gfn tab /20dm</i>	140	<i>acetazolamide cap er 12hr 500 mg</i>	45
3		<i>acetazolamide tab 125 mg</i>	45
<i>3 day vaginl cre 2%</i>	102	<i>acetazolamide tab 250 mg</i>	45
8		<i>acetic acid irrigation soln 0.25%</i>	154
<i>8 hour pain tab 650mg</i>	2	<i>acetic acid otic soln 2%</i>	155
A		ACETIC ACID SOL 3%	149
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	13	ACETIC ACID SOL GLACIAL	149
<i>abacavir sulfate tab 300 mg (base equiv)</i>	13	<i>acetylcysteine inhal soln 10%</i>	142
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	15	<i>acetylcysteine inhal soln 20%</i>	142
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	15	ACETYL-L-CAR POW HCL	149
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ABILIFY MAIN INJ 300MG	61	<i>acitretin cap 17.5 mg</i>	147
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<i>acephen sup 650mg</i>	1	ADEMPAS TAB 1MG	48
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<i>acetaminophen suppos 120 mg</i>	1	ADIPEX-P CAP 37.5MG	72
<i>acetaminophen suppos 650 mg</i>	1	ADIPEX-P TAB 37.5MG	72
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<i>acetaminophen tab er 650 mg</i>	1	<i>adrucil inj 500/10ml</i>	23
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AFINITOR DIS TAB 3MG.....	28	<i>aliskiren fumarate tab 300 mg (base</i>	
AFINITOR DIS TAB 5MG.....	28	<i>equivalent)</i>	45
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<i>ala-cort cre 2.5%</i>	148	<i>aller-ease tab 180mg</i>	134
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<i>albuterol sulfate inhal aero 108 mcg/act</i>		<i>allergy cap 25mg</i>	134
<i>(90mcg base equiv)</i>	137	<i>allergy chld liq 12.5/5ml</i>	134
<i>albuterol sulfate soln nebu 0.083% (2.5</i>		<i>allergy comp sol 1mg/ml</i>	134
<i>mg/3ml)</i>	137	<i>allergy d tab 5-120mg</i>	138
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>allergy eye dro</i>	132
<i>mg/ml)</i>	137	<i>allergy eye dro op</i>	132
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		<i>allergy liq 12.5/5ml</i>	134
<i>(base equiv)</i>	137	<i>allergy med tab 25mg</i>	134
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>		<i>allergy rel/ tab deconges</i>	138
<i>(base equiv)</i>	137	<i>allergy relf cap 25mg</i>	134
<i>albuterol sulfate syrup 2 mg/5ml</i>	137	<i>allergy relf liq 12.5/5ml</i>	134
<i>albuterol sulfate tab 2 mg</i>	137	<i>allergy relf tab /nsl dec</i>	138
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<i>albuterol sulfate tab er 12hr 4 mg</i>	137	<i>allergy relf tab 10mg</i>	135
<i>albuterol sulfate tab er 12hr 8 mg</i>	137	<i>allergy relf tab 25mg</i>	135
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.....	148	<i>allergy tab 10mg</i>	135
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.....	148	<i>allergy tab 4mg</i>	135
ALCOHOL SWABS	74	<i>allergy/cong tab 5-120mg</i>	138
ALDURAZYME INJ 2.9MG/5M	86	<i>allergy-d tab 5-120mg</i>	138
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<i>alosetron hcl tab 0.5 mg (base equiv)</i>	100	AMITIZA CAP 8MCG	100
<i>alosetron hcl tab 1 mg (base equiv)</i> ..	100	<i>amitriptyline hcl tab 10 mg</i>	56
ALPHAGAN P SOL 0.1%	133	<i>amitriptyline hcl tab 100 mg</i>	56
<i>alprazolam tab 0.25 mg</i>	49	<i>amitriptyline hcl tab 150 mg</i>	56
<i>alprazolam tab 0.5 mg</i>	49	<i>amitriptyline hcl tab 25 mg</i>	56
<i>alprazolam tab 1 mg</i>	49	<i>amitriptyline hcl tab 50 mg</i>	56
<i>alprazolam tab 2 mg</i>	49	<i>amitriptyline hcl tab 75 mg</i>	56
ALREX SUS 0.2%	132	<i>amlactin lot 12%</i>	150
ALUM AMMONIU POW	149	<i>amlodipine besylate tab 10 mg (base</i> <i>equivalent)</i>	43
ALUM HYDROX SUS 320/5ML	93	<i>amlodipine besylate tab 2.5 mg (base</i> <i>equivalent)</i>	43
ALUMINUM CL CRY	149	<i>amlodipine besylate tab 5 mg (base</i> <i>equivalent)</i>	43
ALUMINUM POW HYDROXID	150	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	33
ALUNBRIG PAK	28	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	33
ALUNBRIG TAB 180MG	28	<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	32
ALUNBRIG TAB 30MG	28	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i>	33
ALUNBRIG TAB 90MG	28	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i>	33
<i>alyacen tab 1/35</i>	79	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i>	33
<i>amantadine hcl cap 100 mg</i>	59	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	35
<i>amantadine hcl syrup 50 mg/5ml</i>	59	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	35
<i>amantadine hcl tab 100 mg</i>	59	<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	35
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<i>ambrisentan tab 10 mg</i>	48	<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	35
<i>ambrisentan tab 5 mg</i>	48	<i>amlodipine besylate-valsartan-hydrochlorothiazide</i> <i>tab 10-160-12.5 mg</i>	36
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<i>amiloride & hydrochlorothiazide tab 5-50</i> <i>mg</i>	45		
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AMINOSYN-PF INJ 10%	113		
AMINOSYN-PF INJ 7%	113		
<i>amiodarone hcl inj 150 mg/3ml (50</i> <i>mg/ml)</i>	38		
<i>amiodarone hcl inj 450 mg/9ml (50</i> <i>mg/ml)</i>	38		
<i>amiodarone hcl inj 900 mg/18ml (50</i> <i>mg/ml)</i>	38		
<i>amiodarone hcl tab 100 mg</i>	38		
<i>amiodarone hcl tab 200 mg</i>	38		

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<i>amnestem cap 20mg</i>	145
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<i>amoxapine tab 100 mg</i>	56
<i>amoxapine tab 150 mg</i>	56
<i>amoxapine tab 25 mg</i>	56
<i>amoxapine tab 50 mg</i>	56
<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>28.5 mg</i>	20
<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>57 mg</i>	20
<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>28.5 mg/5ml</i>	20
<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>62.5 mg/5ml</i>	20
<i>amoxicillin & k clavulanate for susp 400-</i>	
<i>57 mg/5ml</i>	20
<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>42.9 mg/5ml</i>	20
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	20
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	20
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	20
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	20
<i>amoxicillin (trihydrate) cap 250 mg</i>	20
<i>amoxicillin (trihydrate) cap 500 mg</i>	20
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
.....	20
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
.....	20
<i>amoxicillin (trihydrate) for susp 125</i>	
<i>mg/5ml</i>	21
<i>amoxicillin (trihydrate) for susp 200</i>	
<i>mg/5ml</i>	21
<i>amoxicillin (trihydrate) for susp 250</i>	
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<i>amoxicillin (trihydrate) for susp 400</i>	
<i>mg/5ml</i>	21
<i>amoxicillin (trihydrate) tab 500 mg</i>	21
<i>amoxicillin (trihydrate) tab 875 mg</i>	21
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<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 15 mg</i>	66
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 20 mg</i>	66
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 25 mg</i>	66
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 30 mg</i>	66
<i>amphetamine-dextroamphetamine cap er</i>	
<i>24hr 5 mg</i>	66
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	67
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	67
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	67
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	67
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	67
<i>amphetamine-dextroamphetamine tab 5</i>	
<i>mg</i>	67
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	67
<i>amphotericin b for iv soln 50 mg</i>	12
<i>ampicillin & sulbactam sodium for inj 1.5</i>	
<i>(1-0.5) gm</i>	21
<i>ampicillin & sulbactam sodium for inj 15</i>	
<i>(10-5) gm</i>	21
<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>(2-1) gm</i>	21
<i>ampicillin & sulbactam sodium for iv soln</i>	
<i>15 (10-5) gm</i>	21
<i>ampicillin cap 500 mg</i>	21
<i>ampicillin sodium for inj 1 gm</i>	21
<i>ampicillin sodium for inj 10 gm</i>	21
<i>ampicillin sodium for inj 125 mg</i>	21
<i>ampicillin sodium for inj 2 gm</i>	21
<i>ampicillin sodium for inj 250 mg</i>	21
<i>ampicillin sodium for inj 500 mg</i>	21
<i>ampicillin sodium for iv soln 1 gm</i>	21
<i>ampicillin sodium for iv soln 10 gm</i>	21
<i>ampicillin sodium for iv soln 2 gm</i>	21

ANADROL-50 TAB 50MG	74	<i>aquadeks dro</i>	123
<i>anagrelide hcl cap 0.5 mg</i>	106	AQUASOL A INJ 50000/ML.....	123
<i>anagrelide hcl cap 1 mg</i>	106	AQUASOL E DRO 15/0.3ML.....	123
<i>anastrozole tab 1 mg</i>	26	<i>aqueous e dro 15/0.3ml</i>	123
ANDRODERM DIS 2MG/24HR.....	74	ARALAST NP INJ 1000MG	142
ANDRODERM DIS 4MG/24HR.....	74	ARALAST NP INJ 500MG.....	142
<i>animal shape chw</i>	123	<i>aranelle tab</i>	79
<i>animal shape chw complete</i>	123	ARCALYST INJ 220MG.....	110
ANIMAL SHAPE CHW IRON.....	123	ARGININE HCL POW	150
ANORO ELLIPT AER 62.5-25.....	134	ARIAL MIS CHAMBER.....	138
<i>antacid fast sus acting</i>	93	<i>aripiprazole oral solution 1 mg/ml</i>	61
<i>antacid fast sus relief</i>	93	<i>aripiprazole orally disintegrating tab 10</i> <i>mg</i>	61
<i>antacid plus sus anti-gas</i>	93	<i>aripiprazole orally disintegrating tab 15</i> <i>mg</i>	61
<i>antacid plus sus gas rel</i>	93	<i>aripiprazole tab 10 mg</i>	61
<i>antacid sus</i>	93	<i>aripiprazole tab 15 mg</i>	61
<i>antacid sus anti-gas</i>	93	<i>aripiprazole tab 2 mg</i>	61
<i>antacid sus max st</i>	93	<i>aripiprazole tab 20 mg</i>	61
<i>antacid sus mint crm</i>	93	<i>aripiprazole tab 30 mg</i>	61
<i>antacid sus reg st</i>	93	<i>aripiprazole tab 5 mg</i>	61
<i>antacid/sime sus ds</i>	93	ARISTADA INJ 1064MG	62
<i>anti-diarrhe cap 2mg</i>	94	ARISTADA INJ 441MG/1.....	61
<i>anti-diarrhe tab 2mg</i>	94	ARISTADA INJ 662MG/2.....	62
<i>antifungal aer 1%</i>	146	ARISTADA INJ 882MG/3.....	62
<i>antifungal cre 1%</i>	146	ARISTADA INJ INITIO	62
<i>anti-fungal cre 1%</i>	146	<i>armodafinil tab 150 mg</i>	72
<i>antifungal cre 2%</i>	146	<i>armodafinil tab 200 mg</i>	72
<i>anti-fungal pow 1%</i>	146	<i>armodafinil tab 250 mg</i>	72
ANTIOXIDANT CAP.....	123	<i>armodafinil tab 50 mg</i>	72
<i>antioxidant tab</i>	123	ARNUITY ELPT INH 100MCG	144
<i>antioxidant tab vitamins</i>	123	ARNUITY ELPT INH 200MCG	144
APATATE FORT LIQ	123	ARNUITY ELPT INH 50MCG	144
APATATE LIQ.....	123	<i>arthrts pain tab 650mg</i>	1
APOKYN INJ 10MG/ML	60	ASCORBIC ACD GRA.....	150
APPLE FLAVOR LIQ.....	118	ASCORBIC ACD POW	150
<i>aprepitant capsule 125 mg</i>	95	<i>ascorbic acid cap er 500 mg</i>	123
<i>aprepitant capsule 40 mg</i>	95	<i>ascorbic acid chew tab 250 mg</i>	123
<i>aprepitant capsule 80 mg</i>	95	<i>ascorbic acid chew tab 500 mg</i>	123
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	95	<i>ascorbic acid tab 1000 mg</i>	123
<i>apri tab</i>	79	<i>ascorbic acid tab 250 mg</i>	123
APRISO CAP 0.375GM	97	<i>ascorbic acid tab 500 mg</i>	123
APTIOM TAB 200MG.....	49	ASCORBYL POW PALMITAT	150
APTIOM TAB 400MG	49	<i>ashlyna tab</i>	79
APTIOM TAB 600MG	49	ASPARTAME POW	118
APTIOM TAB 800MG	49	<i>aspirin low tab 81mg ec</i>	1
APTIVUS CAP 250MG.....	13	ASPIRIN POW	1
APTIVUS SOL	13	ASPIRIN SUP 600MG	1
AQUADEKS CHW.....	123		

<i>aspirin tab 325 mg</i>	1	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>aspirin tab 325mg</i>	1	<i>mg</i>	13
<i>aspirin tab 325mg ec</i>	1	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>aspirin tab delayed release 325 mg</i>	1	<i>mg</i>	13
<i>aspirin-dipyridamole cap er 12hr 25-200</i>		ATRIPLA TAB	15
<i>mg</i>	107	ATROVENT HFA AER 17MCG	134
<i>atazanavir sulfate cap 150 mg (base</i>		<i>aubra tab 0.1-0.02</i>	79
<i>equiv)</i>	13	AURYXIA TAB 210MG.....	91
<i>atazanavir sulfate cap 200 mg (base</i>		AUSTEDO TAB 12MG	70
<i>equiv)</i>	13	AUSTEDO TAB 6MG	70
<i>atazanavir sulfate cap 300 mg (base</i>		AUSTEDO TAB 9MG	70
<i>equiv)</i>	13	AVASTIN INJ	25
<i>atenolol & chlorthalidone tab 100-25 mg</i>		AVASTIN INJ 400/16ML.....	25
.....	41	<i>aviane tab</i>	79
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>avita cre 0.025%</i>	145
.....	41	<i>avita gel 0.025%</i>	145
<i>atenolol tab 100 mg</i>	41	AYR SALINE KIT NETI RNS	142
<i>atenolol tab 25 mg</i>	41	AYR SALINE KIT RINSE	142
<i>atenolol tab 50 mg</i>	41	AZ CREAM CRE	118
<i>athlete foot cre 1%</i>	146	<i>azacitidine for inj 100 mg</i>	24
<i>athlete foot cre af</i>	146	AZACTAM INJ 1GM	9
ATLAS CONDOM MIS COLR/SPM	79	AZACTAM INJ 2GM	9
ATLAS CONDOM MIS LUB/COLR.....	79	AZACTAM/DEX INJ 1GM	9
ATLAS CONDOM MIS LUB/SPMC	79	AZACTAM/DEX INJ 2GM	9
ATLAS CONDOM MIS LUBRICAT	79	AZASITE SOL 1%	131
<i>atomoxetine hcl cap 10 mg (base equiv)</i>		<i>azathioprine tab 50 mg</i>	110
.....	67	<i>azelastine hcl nasal spray 0.1% (137</i>	
<i>atomoxetine hcl cap 100 mg (base</i>		<i>mcg/spray)</i>	135
<i>equiv)</i>	67	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>		<i>mcg/spray)</i>	135
.....	67	<i>azelastine hcl ophth soln 0.05%</i>	132
<i>atomoxetine hcl cap 25 mg (base equiv)</i>		<i>azithromycin for susp 100 mg/5ml</i>	19
.....	67	<i>azithromycin for susp 200 mg/5ml</i>	19
<i>atomoxetine hcl cap 40 mg (base equiv)</i>		<i>azithromycin iv for soln 500 mg</i>	19
.....	67	<i>azithromycin powd pack for susp 1 gm</i> 19	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>		<i>azithromycin tab 250 mg</i>	19
.....	67	<i>azithromycin tab 500 mg</i>	19
<i>atomoxetine hcl cap 80 mg (base equiv)</i>		<i>azithromycin tab 600 mg</i>	19
.....	67	AZOPT SUS 1% OP.....	133
<i>atorvastatin calcium tab 10 mg (base</i>		<i>aztreonam for inj 1 gm</i>	9
<i>equivalent)</i>	39	<i>aztreonam for inj 2 gm</i>	9
<i>atorvastatin calcium tab 20 mg (base</i>		B	
<i>equivalent)</i>	39	B-12 DOTS TAB 500MCG.....	123
<i>atorvastatin calcium tab 40 mg (base</i>		<i>bacitr zinc oin 500/gm</i>	146
<i>equivalent)</i>	39	<i>bacitracin oin 500/gm</i>	146
<i>atorvastatin calcium tab 80 mg (base</i>		<i>bacitracin oint 500 unit/gm</i>	146
<i>equivalent)</i>	39	<i>bacitracin ophth oint 500 unit/gm</i>	131
<i>atovaquone susp 750 mg/5ml</i>	9	<i>bacitracin zinc oint 500 unit/gm</i>	146

<i>bacitracin-polymyxin b ophth oint</i>	131	BENLYSTA INJ 400MG	110
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	131	BENZOIN TIN	146
<i>baclofen tab 10 mg</i>	71	BENZOIN TIN PLAIN	146
<i>baclofen tab 20 mg</i>	71	<i>benzonatate cap 100 mg</i>	138
<i>balanc b-100 tab 100mg</i>	123	<i>benzonatate cap 200 mg</i>	138
<i>balanc b-50 tab</i>	123	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	145
<i>balsalazide disodium cap 750 mg</i>	97	<i>benzphetamine hcl tab 50 mg</i>	72
BALVERSA TAB 3MG	28	<i>benztropine mesylate inj 1 mg/ml</i>	60
BALVERSA TAB 4MG	28	<i>benztropine mesylate tab 0.5 mg</i>	60
BALVERSA TAB 5MG	28	<i>benztropine mesylate tab 1 mg</i>	60
<i>balziva tab</i>	79	<i>benztropine mesylate tab 2 mg</i>	60
BANANA LIQ FLAVOR	118	BENZYL ALC LIQ	118
<i>banophen cap 25mg</i>	135	BEPREVE DRO 1.5%	132
<i>banophen cap 50mg</i>	135	BERINERT INJ 500UNIT	107
<i>banophen liq 12.5/5ml</i>	135	BESIVANCE SUS 0.6%	131
<i>banophen tab 25mg</i>	135	BETAINE POW ANHYDROU	150
BANZEL SUS 40MG/ML	49	<i>betamethasone dipropionate augmented cream 0.05%</i>	148
BANZEL TAB 200MG	49	<i>betamethasone dipropionate augmented gel 0.05%</i>	148
BANZEL TAB 400MG	49	<i>betamethasone dipropionate augmented lotion 0.05%</i>	148
BARACLUDE SOL .05MG/ML	16	<i>betamethasone dipropionate augmented oint 0.05%</i>	148
BASAGLAR INJ 100UNIT	75	<i>betamethasone dipropionate cream 0.05%</i>	148
<i>baza antifun cre 2%</i>	146	<i>betamethasone dipropionate lotion 0.05%</i>	148
BCG VACCINE INJ	111	<i>betamethasone dipropionate oint 0.05%</i>	148
<i>b-complex vitamin cap</i>	123	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	148
<i>b-complex vitamin tab</i>	123	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	148
<i>b-complex w/ c & calcium tab</i>	123	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	148
<i>b-complex w/ c tab</i>	123	BETASERON INJ 0.3MG	71
BD ULTRAFINE INSULIN SYRINGE	75	<i>betatemp sus 160/5ml</i>	1
BD ULTRAFINE/NANO PEN NEEDLES	75	<i>betaxolol hcl ophth soln 0.5%</i>	133
<i>bee zee tab</i>	123	<i>betaxolol hcl tab 10 mg</i>	41
BEELITH TAB	115	<i>betaxolol hcl tab 20 mg</i>	41
<i>bekyree tab</i>	79	<i>bethanechol chloride tab 10 mg</i>	102
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	33	<i>bethanechol chloride tab 25 mg</i>	102
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	33	<i>bethanechol chloride tab 5 mg</i>	102
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	33	<i>bethanechol chloride tab 50 mg</i>	102
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	33	BETOPTIC-S SUS 0.25% OP	133
<i>benazepril hcl tab 10 mg</i>	34	BEVESPI AER 9-4.8MCG	134
<i>benazepril hcl tab 20 mg</i>	34		
<i>benazepril hcl tab 40 mg</i>	34		
<i>benazepril hcl tab 5 mg</i>	34		
BENDEKA INJ 100/4ML	23		
BENLYSTA INJ 120MG	110		
BENLYSTA INJ 200MG/ML	110		

<i>bexarotene cap 75 mg</i>	31	BRAFTOVI CAP 75MG.....	28
BEXSERO INJ	111	BREATHERITE MIS.....	138
<i>bicalutamide tab 50 mg</i>	26	BREATHERITE MIS LG MASK.....	138
BICILLIN L-A INJ 1200000	21	BREATHERITE MIS MED MASK	138
BICILLIN L-A INJ 2400000	21	BREATHERITE MIS SM MASK	138
BICILLIN L-A INJ 600000	21	BREATHERITE MIS SPACER	138
BIKTARVY TAB.....	15	BREATHERITE MIS W/MASK	138
BIOFLAVINOID POW LEMON.....	150	BREO ELLIPTA INH 100-25	144
BIOFLAVONOID POW CITRUS	150	BREO ELLIPTA INH 200-25	144
<i>biotin cap 5 mg</i>	123	<i>brewers yeast tab</i>	123
<i>biotin tab 300 mcg</i>	123	<i>briellyn tab</i>	79
<i>biotin tab 5 mg</i>	123	BRILINTA TAB 60MG.....	107
<i>bisac-evac sup 10mg</i>	97	BRILINTA TAB 90MG.....	107
<i>bisacodyl suppos 10 mg</i>	97	<i>brimonidine tartrate ophth soln 0.15%</i>	133
<i>bisacodyl tab 5mg ec</i>	97	<i>brimonidine tartrate ophth soln 0.2%</i> 133	
<i>biscolax sup 10mg</i>	97	BRIVIACT INJ 50MG/5ML	49
<i>bismatrol chw 262mg</i>	94	BRIVIACT SOL 10MG/ML	49
<i>bismatrol sus 262/15ml</i>	94	BRIVIACT TAB 100MG.....	49
BISMUTH POW SUBGALLA.....	94	BRIVIACT TAB 10MG	49
BISMUTH POW SUBNITRA.....	150	BRIVIACT TAB 25MG	49
BISMUTH SUBC POW.....	150	BRIVIACT TAB 50MG	49
<i>bismuth subsalicylate chew tab 262 mg</i>	94	BRIVIACT TAB 75MG	49
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	41	<i>bromfed dm syp</i>	138
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	41	<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily)	132
<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg</i>	41	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	60
<i>bisoprolol fumarate tab 10 mg</i>	41	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	60
<i>bisoprolol fumarate tab 5 mg</i>	41	BROMSITE DRO 0.075%	132
BITTERNESS POW NATURAL.....	118	<i>budesonide delayed release particles cap 3 mg</i>	97
BIVIGAM INJ 10%.....	108	<i>budesonide inhalation susp 0.25 mg/2ml</i>	144
<i>bleomycin sulfate for inj 15 unit</i>	23	<i>budesonide inhalation susp 0.5 mg/2ml</i>	144
<i>bleomycin sulfate for inj 30 unit</i>	23	BUFFER CREAM POW	118
BLEPHAMIDE OIN S.O.P.....	131	<i>bumetanide inj 0.25 mg/ml</i>	45
<i>blisovi 24 tab fe 1/20</i>	79	<i>bumetanide tab 0.5 mg</i>	45
<i>blisovi fe tab 1.5/30</i>	79	<i>bumetanide tab 1 mg</i>	45
BOOSTRIX INJ.....	111	<i>bumetanide tab 2 mg</i>	45
BORIC ACID GRA	150	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	72
BORIC ACID POW	150	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	72
BORTEZOMIB INJ 3.5MG.....	25	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	72
<i>bosentan tab 125 mg</i>	48		
<i>bosentan tab 62.5 mg</i>	48		
BOSULIF TAB 100MG.....	28		
BOSULIF TAB 400MG.....	28		
BOSULIF TAB 500MG.....	28		
BRAFTOVI CAP 50MG	28		

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	72
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	72
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	72
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	72
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	72
<i>buprenorphine td patch weekly 10 mcg/hr</i>	4
<i>buprenorphine td patch weekly 15 mcg/hr</i>	4
<i>buprenorphine td patch weekly 20 mcg/hr</i>	4
<i>buprenorphine td patch weekly 5 mcg/hr</i>	4
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	4
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	72
<i>bupropion hcl tab 100 mg</i>	56
<i>bupropion hcl tab 75 mg</i>	56
<i>bupropion hcl tab er 12hr 100 mg</i>	56
<i>bupropion hcl tab er 12hr 150 mg</i>	56
<i>bupropion hcl tab er 12hr 200 mg</i>	56
<i>bupropion hcl tab er 24hr 150 mg</i>	56
<i>bupropion hcl tab er 24hr 300 mg</i>	56
<i>buspirone hcl tab 10 mg</i>	49
<i>buspirone hcl tab 15 mg</i>	49
<i>buspirone hcl tab 30 mg</i>	49
<i>buspirone hcl tab 5 mg</i>	49
<i>buspirone hcl tab 7.5 mg</i>	49
<i>butorphanol tartrate inj 1 mg/ml</i>	4
<i>butorphanol tartrate inj 2 mg/ml</i>	4
BUTRANS DIS 10MCG/HR	4
BUTRANS DIS 15MCG/HR	5
BUTRANS DIS 20MCG/HR	5
BUTRANS DIS 5MCG/HR	4
BUTRANS DIS 7.5/HR.....	4
BUTTER RUM LIQ FLAVOR.....	118
BUTYLPARABEN POW.....	118
BYDUREON BC INJ 2/0.85ML.....	75
BYDUREON INJ 2MG.....	75
BYDUREON PEN INJ 2MG	75
BYETTA INJ 10MCG	75
BYETTA INJ 5MCG.....	75

BYSTOLIC TAB 10MG	41
BYSTOLIC TAB 2.5MG	41
BYSTOLIC TAB 20MG	41
BYSTOLIC TAB 5MG.....	41
C	
<i>c 250 tab</i>	123
<i>c/rosehip tr tab 1000mg</i>	124
<i>c-1000/rh tab 1000mg</i>	124
<i>c-500 chw 500mg</i>	124
<i>ca citrate + tab</i>	124
CA PHOS DIHY POW DIBASIC	115
<i>cabergoline tab 0.5 mg</i>	89
CABOMETYX TAB 20MG.....	28
CABOMETYX TAB 40MG.....	29
CABOMETYX TAB 60MG.....	29
CAFFEINE POW ANHYDROU	72
CALAMINE LOT	150
CALAMINE LOT 8-8%.....	150
CALAMINE LOT PHENOLAT.....	150
CALAMINE POW	150
CALCET CHW BITES.....	115
CALCET PETIT TAB 200-250	115
CALCI-CHEW CHW 1250MG	115
<i>calciferol dro 8000/ml</i>	124
CALCI-MIX CAP 1250MG	115
<i>calcipotriene cream 0.005%</i>	147
<i>calcipotriene oint 0.005%</i>	147
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	147
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	89
<i>calcitrate tab</i>	115
<i>calcitrate tab 950mg</i>	116
<i>calcitriol cap 0.25 mcg</i>	124
<i>calcitriol cap 0.5 mcg</i>	124
<i>calcitriol inj 1 mcg/ml</i>	124
<i>calcitriol oral soln 1 mcg/ml</i>	124
<i>calcium +d tab maximum</i>	116
<i>calcium 600 chw +d/miner</i>	116
<i>calcium 600 tab</i>	116
<i>calcium 600 tab + d</i>	116
<i>calcium 600 tab +d/mnrsls</i>	116
<i>calcium 600 tab -d</i>	116
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	91
<i>calcium acetate (phosphate binder) tab 667 mg</i>	91
CALCIUM CARB POW	116

CALCIUM CARB POW EX-LIGHT.....	116	calcium-magnesium-zinc tab 333-133-5	117
CALCIUM CARB POW HEAVY.....	116	mg	117
CALCIUM CARB TAB 648MG	93	calcium-magnesium-zinc tab 334-134-5	117
calcium carbonate (antacid) susp 1250		mg	117
mg/5ml	116	cal-mag-zinc tab +d3	124
calcium carbonate tab 1250 mg (500 mg		CALQUENCE CAP 100MG	29
elemental ca)	116	camila tab 0.35mg	79
calcium carbonate tab 1500 mg (600 mg		CAMPHOR CRY	150
elemental ca)	116	camrese lo tab	79
calcium carbonate-cholecalciferol chew		candesartan cilexetil tab 16 mg.....	37
tab 500 mg-100 unit	116	candesartan cilexetil tab 32 mg.....	37
calcium carbonate-cholecalciferol tab 250		candesartan cilexetil tab 4 mg	37
mg-125 unit	116	candesartan cilexetil tab 8 mg	37
calcium carbonate-cholecalciferol tab 500		candesartan cilexetil-hydrochlorothiazide	
mg-200 unit	116	tab 16-12.5 mg.....	36
calcium carbonate-cholecalciferol tab 500		candesartan cilexetil-hydrochlorothiazide	
mg-400 unit	116	tab 32-12.5 mg.....	36
calcium carbonate-cholecalciferol tab 600		candesartan cilexetil-hydrochlorothiazide	
mg-200 unit	116	tab 32-25 mg	36
calcium carbonate-cholecalciferol tab 600		CAPCOF SYP 5-2-10MG	138
mg-400 unit	116	CAPRELSA TAB 100MG.....	29
calcium carbonate-vitamin d tab 500 mg-		CAPRELSA TAB 300MG.....	29
200 unit.....	116	capsaicin cre 0.1%	150
calcium carbonate-vitamin d tab 500 mg-		capsaicin cream 0.025%	150
400 unit.....	116	CAPSAICIN LIQ 0.15%.....	150
calcium carbonate-vitamin d tab 600 mg-		CAPSAICIN POW	150
125 unit.....	116	captopril & hydrochlorothiazide tab 25-15	
calcium carb-vit d w/ minerals chew tab		mg	33
600 mg-400 unit.....	116	captopril & hydrochlorothiazide tab 25-25	
calcium chloride inj 10%.....	116	mg	33
calcium citr tab w/vit d3	116	captopril & hydrochlorothiazide tab 50-15	
calcium citrate-vitamin d tab 200 mg-		mg	33
250 unit (elemental ca)	116	captopril & hydrochlorothiazide tab 50-25	
CALCIUM GLUC POW	116	mg	33
CALCIUM GLUC TAB 500MG	116	captopril tab 100 mg	34
CALCIUM LACT POW PENTAHYD.....	117	captopril tab 12.5 mg	34
CALCIUM LACT TAB 648MG	117	captopril tab 25 mg	34
CALCIUM PHOS POW TRIBASIC	117	captopril tab 50 mg	34
calcium plus tab 600 +d	117	CARBAGLU TAB 200MG	86
CALCIUM POW CITRATE.....	150	carbamazepine cap er 12hr 100 mg....	49
CALCIUM POW HYDROXID	150	carbamazepine cap er 12hr 200 mg....	49
CALCIUM POW SACCHARA	150	carbamazepine cap er 12hr 300 mg....	49
calcium soft chw mlk choc.....	117	carbamazepine chew tab 100 mg	49
calcium tab 500/d	117	carbamazepine susp 100 mg/5ml	50
calcium tab 600mg	117	carbamazepine tab 200 mg	50
calcium tab vit d	117	carbamazepine tab er 12hr 100 mg	50
calcium/d chw 500-400	117	carbamazepine tab er 12hr 200 mg	50
calcium/d3 tab	117	carbamazepine tab er 12hr 400 mg	50

<i>carbidopa & levodopa orally</i>		<i>cefaclor for susp 250 mg/5ml</i>	17
<i>disintegrating tab 10-100 mg</i>	60	<i>cefaclor for susp 375 mg/5ml</i>	17
<i>carbidopa & levodopa orally</i>		<i>cefadroxil cap 500 mg</i>	17
<i>disintegrating tab 25-100 mg</i>	60	<i>cefadroxil for susp 250 mg/5ml</i>	17
<i>carbidopa & levodopa orally</i>		<i>cefadroxil for susp 500 mg/5ml</i>	17
<i>disintegrating tab 25-250 mg</i>	60	<i>cefadroxil tab 1 gm</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i> ..	60	CEFAZOLIN INJ 1GM/50ML	17
<i>carbidopa & levodopa tab 25-100 mg</i> ..	60	<i>cefazolin sodium for inj 1 gm</i>	17
<i>carbidopa & levodopa tab 25-250 mg</i> ..	60	<i>cefazolin sodium for inj 10 gm</i>	18
<i>carbidopa & levodopa tab er 25-100 mg</i>		<i>cefazolin sodium for inj 20 gm</i>	18
.....	60	<i>cefazolin sodium for inj 500 mg</i>	18
<i>carbidopa & levodopa tab er 50-200 mg</i>		<i>cefazolin sodium for iv soln 1 gm</i>	18
.....	60	CEFAZOLIN SOL	18
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefdinir cap 300 mg</i>	18
<i>12.5-50-200 mg</i>	60	<i>cefdinir for susp 125 mg/5ml</i>	18
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefdinir for susp 250 mg/5ml</i>	18
<i>18.75-75-200 mg</i>	60	<i>cefepime hcl for inj 1 gm</i>	18
<i>carbidopa-levodopa-entacapone tabs 25-</i>		<i>cefepime hcl for inj 2 gm</i>	18
<i>100-200 mg</i>	60	<i>cefixime cap 400 mg</i>	18
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefixime for susp 100 mg/5ml</i>	18
<i>31.25-125-200 mg</i>	60	<i>cefixime for susp 200 mg/5ml</i>	18
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefotaxime sodium for inj 1 gm</i>	18
<i>37.5-150-200 mg</i>	60	<i>cefotaxime sodium for inj 500 mg</i>	18
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>cefoxitin sodium for inj 10 gm</i>	18
<i>200-200 mg</i>	60	<i>cefoxitin sodium for iv soln 1 gm</i>	18
CARBOGEL GEL 940	119	<i>cefoxitin sodium for iv soln 2 gm</i>	18
CARBOHOL GEL 940	119	<i>cefpodoxime proxetil for susp 100</i>	
CARBOMER POW HOMOPOLY	150	<i>mg/5ml</i>	18
<i>carboplatin iv soln 150 mg/15ml</i>	31	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
<i>carboplatin iv soln 450 mg/45ml</i>	31	.....	18
<i>carboplatin iv soln 50 mg/5ml</i>	31	<i>cefpodoxime proxetil tab 100 mg</i>	18
<i>carboplatin iv soln 600 mg/60ml</i>	31	<i>cefpodoxime proxetil tab 200 mg</i>	18
CARBOXYMETHY POW SODIUM	150	<i>cefprozil for susp 125 mg/5ml</i>	18
CARIMUNE NF INJ 12GM	108	<i>cefprozil for susp 250 mg/5ml</i>	18
<i>carisoprodol tab 350 mg</i>	71	<i>cefprozil tab 250 mg</i>	18
<i>carteolol hcl ophth soln 1%</i>	133	<i>cefprozil tab 500 mg</i>	18
<i>carvedilol tab 12.5 mg</i>	42	<i>ceftazidime for inj 1 gm</i>	18
<i>carvedilol tab 25 mg</i>	42	<i>ceftazidime for inj 2 gm</i>	18
<i>carvedilol tab 3.125 mg</i>	41	<i>ceftazidime for inj 6 gm</i>	18
<i>carvedilol tab 6.25 mg</i>	42	CEFTAZIDIME/ SOL D5W 1GM	18
<i>caspofungin acetate for iv soln 50 mg</i> ..	12	CEFTAZIDIME/ SOL D5W 2GM	18
<i>caspofungin acetate for iv soln 70 mg</i> ..	12	<i>ceftriaxone sodium for inj 1 gm</i>	18
<i>castellani paint</i>	146	<i>ceftriaxone sodium for inj 10 gm</i>	18
CAYSTON INH 75MG	9	<i>ceftriaxone sodium for inj 2 gm</i>	18
<i>cefaclor cap 250 mg</i>	17	<i>ceftriaxone sodium for inj 250 mg</i>	18
<i>cefaclor cap 500 mg</i>	17	<i>ceftriaxone sodium for inj 500 mg</i>	18
CEFACTOR ER TAB 500MG	17	<i>ceftriaxone sodium for iv soln 1 gm</i>	18
<i>cefaclor for susp 125 mg/5ml</i>	17	<i>ceftriaxone sodium for iv soln 2 gm</i>	18

<i>cefuroxime axetil tab 250 mg</i>	18	<i>chewabl vite chw childrns</i>	124
<i>cefuroxime axetil tab 500 mg</i>	18	<i>chewable c chw 500mg</i>	124
<i>cefuroxime sodium for inj 7.5 gm</i>	19	<i>child chew chw iron</i>	124
<i>cefuroxime sodium for inj 750 mg</i>	19	<i>child chew chw vitamins</i>	124
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	19	<i>child chew/ chw extra c</i>	124
<i>celecoxib cap 100 mg</i>	3	<i>child silfed liq 15mg/5ml</i>	138
<i>celecoxib cap 200 mg</i>	3	<i>childrens chw /iron</i>	124
<i>celecoxib cap 400 mg</i>	3	CHILDRENS CHW COMPLETE	124
<i>celecoxib cap 50 mg</i>	3	<i>chld allergy liq 12.5/5ml</i>	135
CELONTIN CAP 300MG	50	<i>chld silapap liq 160/5ml</i>	1
<i>centamin liq</i>	124	<i>chlorhexidine gluconate soln 0.12%</i> ..	154
<i>centavite liq</i>	124	CHLOROFORM SOL	150
<i>century tab</i>	124	<i>chloroquine phosphate tab 250 mg</i>	13
<i>century tab mature</i>	124	<i>chloroquine phosphate tab 500 mg</i>	13
<i>cephalexin cap 250 mg</i>	19	<i>chlorothiazide tab 250 mg</i>	45
<i>cephalexin cap 500 mg</i>	19	<i>chlorothiazide tab 500 mg</i>	45
<i>cephalexin for susp 125 mg/5ml</i>	19	<i>chlor-phenir tab 4mg</i>	135
<i>cephalexin for susp 250 mg/5ml</i>	19	CHLORPROMAZ INJ 25MG/ML	62
CERDELGA CAP 84MG	86	CHLORPROMAZ INJ 50MG/2ML	62
CEREZYME INJ 400UNIT	86	<i>chlorpromazine hcl tab 10 mg</i>	62
<i>cerovite jr chw</i>	124	<i>chlorpromazine hcl tab 100 mg</i>	62
<i>cerovite tab advanced</i>	124	<i>chlorpromazine hcl tab 200 mg</i>	62
<i>cerovite tab senior</i>	124	<i>chlorpromazine hcl tab 25 mg</i>	62
CERTAVITE TAB SENIOR	124	<i>chlorpromazine hcl tab 50 mg</i>	62
<i>certavite/ tab antioxid</i>	124	<i>chlorthalidone tab 25 mg</i>	45
<i>cetirizine hcl chew tab 10 mg</i>	135	<i>chlorthalidone tab 50 mg</i>	45
<i>cetirizine hcl chew tab 5 mg</i>	135	CHOCOLATE CON FLAVOR	119
<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	135	<i>cholecalciferol cap 1000 unit</i>	124
<i>cetirizine hcl tab 10 mg</i>	135	<i>cholecalciferol cap 10000 unit</i>	124
<i>cetirizine hcl tab 5 mg</i>	135	<i>cholecalciferol cap 2000 unit</i>	124
<i>cetirizine sol 1mg/ml</i>	135	<i>cholecalciferol cap 400 unit</i>	124
<i>cetirizine sol 5mg/5ml</i>	135	<i>cholecalciferol cap 5000 unit</i>	124
<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i>	138	<i>cholecalciferol cap 50000 unit</i>	124
CETYL ALCOHO GRA	119	<i>cholecalciferol oral liquid 400 unit/ml</i>	124
<i>cevimeline hcl cap 30 mg</i>	154	<i>cholecalciferol tab 1000 unit</i>	124
CHANTIX PAK 0.5& 1MG	72	<i>cholecalciferol tab 2000 unit</i>	124
CHANTIX PAK 1MG	72	<i>cholecalciferol tab 400 unit</i>	124
CHANTIX TAB 0.5MG	72	CHOLESTEROL POW ACETATE	150
CHANTIX TAB 1MG	72	<i>cholestyramine light powder 4 gm/dose</i>	40
CHARCOAL POW	89	<i>cholestyramine light powder packets 4</i> <i>gm</i>	40
CHEMET CAP 100MG	79	<i>cholestyramine powder 4 gm/dose</i>	40
CHEMSTRIP TES UGK	89	<i>cholestyramine powder packets 4 gm</i> .	40
<i>cheratussin syp ac</i>	138	<i>chromic chloride inj 40 mcg/10ml (4</i> <i>mcg/ml) (elemental cr)</i>	113
CHERRY CON	119	CHRSIN POW	150
CHERRY SYP	119	<i>ciclopirox gel 0.77%</i>	146
CHERRY SYP CONCENTR	119		

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	146	<i>clarithromycin for susp 125 mg/5ml</i> ...	19
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	146	<i>clarithromycin for susp 250 mg/5ml</i> ...	19
<i>ciclopirox shampoo 1%</i>	146	<i>clarithromycin tab 250 mg</i>	19
<i>cilostazol tab 100 mg</i>	107	<i>clarithromycin tab 500 mg</i>	19
<i>cilostazol tab 50 mg</i>	107	<i>clarithromycin tab er 24hr 500 mg</i>	19
<i>CILOXAN OIN 0.3% OP</i>	131	<i>CLASS ACT MIS LUBRICAT</i>	80
<i>CIMDUO TAB 300-300</i>	15	<i>clindacin-p pad 1%</i>	145
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..	78	<i>clindamycin hcl cap 150 mg</i>	9
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..	78	<i>clindamycin hcl cap 300 mg</i>	9
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..	78	<i>clindamycin hcl cap 75 mg</i>	9
<i>CINNAMON OIL FLAVOR</i>	119	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	9
<i>CIPRODEX SUS 0.3-0.1%</i>	155	<i>clindamycin phosphate gel 1%</i>	145
<i>ciprofloxacin 200 mg/100ml in d5w</i>	20	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9
<i>ciprofloxacin 400 mg/200ml in d5w</i>	20	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	20	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	10
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	131	<i>clindamycin phosphate inj 300 mg/2ml</i> 10	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 600 mg/4ml</i> 10	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 9 gm/60ml</i> . 10	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	20	<i>clindamycin phosphate inj 900 mg/6ml</i> 10	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20	<i>clindamycin phosphate iv soln 300 mg/2ml</i>	10
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	32	<i>clindamycin phosphate iv soln 900 mg/6ml</i>	10
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	32	<i>clindamycin phosphate lotion 1%</i>	145
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	31	<i>clindamycin phosphate soln 1%</i>	145
<i>cit calc/d tab 315-250</i>	117	<i>clindamycin phosphate swab 1%</i>	145
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	56	<i>clindamycin phosphate vaginal cream 2%</i>	102
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	56	<i>CLINDMYC/NAC INJ 300/50ML</i>	10
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	56	<i>CLINDMYC/NAC INJ 600/50ML</i>	10
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	56	<i>CLINDMYC/NAC INJ 900/50ML</i>	10
<i>CITRIC ACID GRA ANHYDROU</i>	150	<i>CLINIMIX INJ 4.25/D10</i>	113
<i>CITRIC ACID GRA MONOHYDR</i>	150	<i>CLINIMIX INJ 4.25/D25</i>	113
<i>CITRIC ACID POW ANHYDROU</i>	150	<i>CLINIMIX INJ 4.25/D5W</i>	113
<i>CL PRENATAL TAB 28-0.8MG</i>	124	<i>CLINIMIX INJ 5%/D15W</i>	113
<i>claravis cap 10mg</i>	145	<i>CLINIMIX INJ 5%/D20W</i>	113
<i>claravis cap 20mg</i>	145	<i>CLINIMIX INJ 5%/D25W</i>	114
<i>claravis cap 30mg</i>	145	<i>clobazam suspension 2.5 mg/ml</i>	50
<i>claravis cap 40mg</i>	145	<i>clobazam tab 10 mg</i>	50
		<i>clobazam tab 20 mg</i>	50
		<i>clomipramine hcl cap 25 mg</i>	56
		<i>clomipramine hcl cap 50 mg</i>	56
		<i>clomipramine hcl cap 75 mg</i>	56
		<i>clonazepam orally disintegrating tab</i>	

0.125 mg.....	50	clozapine tab 50 mg	62
clonazepam orally disintegrating tab 0.25 mg.....	50	COAL TAR SOL 20%	150
clonazepam orally disintegrating tab 0.5 mg.....	50	COARTEM TAB 20-120MG.....	13
clonazepam orally disintegrating tab 1 mg.....	50	COCOA BUTTER MIS	119
clonazepam orally disintegrating tab 2 mg.....	50	COCONUT OIL.....	150
clonazepam tab 0.5 mg	50	cod liver cap	124
clonazepam tab 1 mg	50	cod liver oil cap.....	124
clonazepam tab 2 mg	50	COD LIVER OIL OIL	124
clonidine hcl tab 0.1 mg.....	46	CODAR AR LIQ 2-8/5ML	138
clonidine hcl tab 0.2 mg.....	46	coenzyme q10 cap 10 mg.....	119
clonidine hcl tab 0.3 mg.....	46	coenzyme q10 cap 100 mg.....	119
clonidine td patch weekly 0.1 mg/24hr	46	coenzyme q10 cap 100mg.....	119
clonidine td patch weekly 0.2 mg/24hr	46	coenzyme q10 cap 150 mg.....	119
clonidine td patch weekly 0.3 mg/24hr	46	coenzyme q10 cap 30 mg.....	119
clopidogrel bisulfate tab 75 mg (base equiv)	107	coenzyme q10 cap 30mg	119
clorazepate dipotassium tab 15 mg	50	coenzyme q10 cap 50 mg.....	119
clorazepate dipotassium tab 3.75 mg ..	50	coenzyme q10 cap 50mg	119
clorazepate dipotassium tab 7.5 mg	50	coenzyme q10 cap 60 mg.....	119
CLORPACTIN POW WCS-90	150	coenzyme q10 cap 75 mg.....	119
clotrimazole cre 1%	146	COENZYME Q10 CHW 60MG	119
clotrimazole cre 1% vag	102	COENZYME Q10 LIQ 30MG/5ML	119
clotrimazole cre 3 day	102	COENZYME Q10 POW.....	150
clotrimazole cream 1%	147	COENZYME Q10 TAB 200MG	119
clotrimazole soln 1%	147	COENZYME Q10 TAB 25MG.....	119
clotrimazole troche 10 mg.....	154	coenzyme q10 tab 60 mg.....	119
clotrimazole vaginal cream 1%	102	CO-ENZYME WAF Q10/E.....	119
clotrimazole w/ betamethasone cream 1-0.05%	147	colchicine w/ probenecid tab 0.5-500 mg	1
CLOVE FLAVOR OIL.....	119	COLCRYS TAB 0.6MG.....	1
CLOVE OIL.....	150	cold/allergy elx children	138
clozapine orally disintegrating tab 100 mg.....	62	colesevelam hcl packet for susp 3.75 gm	40
clozapine orally disintegrating tab 12.5 mg.....	62	colesevelam hcl tab 625 mg	40
clozapine orally disintegrating tab 150 mg.....	62	colestipol hcl granule packets 5 gm	40
clozapine orally disintegrating tab 200 mg.....	62	colestipol hcl granules 5 gm	40
clozapine orally disintegrating tab 25 mg	62	colestipol hcl tab 1 gm	40
clozapine tab 100 mg	62	colistimethate sod for inj 150 mg (colistin base activity).....	10
clozapine tab 200 mg	62	COLLODION LIQ.....	119
clozapine tab 25 mg.....	62	COLLODION LIQ FLEXIBLE.....	119
		COLOR CONDOM MIS + LUBE	80
		COMBIGAN SOL 0.2/0.5%	133
		COMBIVENT AER 20-100	134
		COMETRIQ KIT 100MG.....	29
		COMETRIQ KIT 140MG.....	29
		COMETRIQ KIT 60MG	29
		comp allergy cap 25mg	135
		COMPACT SPAC MIS CHAMBER	138

COMPACT SPAC MIS LG MASK	138	.....	142
COMPACT SPAC MIS MD MASK	138	CROTON OIL.....	151
COMPACT SPAC MIS SM MASK	138	<i>cryselle-28 tab 28 tabs</i>	80
<i>compete tab</i>	125	<i>cupric chloride inj 0.4 mg/ml</i>	114
COMPLERA TAB	15	<i>cvs cough dm sus 30mg/5ml</i>	139
<i>complete kit lice</i>	154	<i>cyanocobalamin inj 1000 mcg/ml</i>	125
<i>complete tab</i>	125	<i>cyanocobalamin tab 100 mcg</i>	125
<i>complete tab senior</i>	125	<i>cyanocobalamin tab 1000 mcg</i>	125
<i>compro sup 25mg</i>	95	<i>cyanocobalamin tab 250 mcg</i>	125
CONDOMS MIS	80	<i>cyanocobalamin tab 500 mcg</i>	125
CONDOMS MIS LUBRICAT	80	<i>cyanocobalamin tab er 1000 mcg</i>	125
<i>constulose sol 10gm/15</i>	97	<i>cyanocobalamin tab er 2000 mcg</i>	125
COPIKTRA CAP 15MG	29	<i>cyclafem tab 1/35</i>	80
COPIKTRA CAP 25MG	29	<i>cyclafem tab 7/7/7</i>	80
COPPER SULF CRY	114	<i>cyclobenzaprine hcl tab 10 mg</i>	71
COQ-10 CAP 100MG TR	119	<i>cyclobenzaprine hcl tab 5 mg</i>	71
CORLANOR TAB 5MG.....	46	<i>cyclophosphamide cap 25 mg</i>	23
CORLANOR TAB 7.5MG.....	46	<i>cyclophosphamide cap 50 mg</i>	23
CORN STARCH POW	151	<i>cyclophosphamide for inj 1 gm</i>	23
<i>cortisone acetate tab 25 mg</i>	87	<i>cyclophosphamide for inj 2 gm</i>	23
COTELLIC TAB 20MG	29	<i>cyclophosphamide for inj 500 mg</i>	23
COTTONSEED OIL.....	151	<i>cycloserine cap 250 mg</i>	16
<i>cough cont liq dm max</i>	138	<i>cyclosporine cap 100 mg</i>	110
<i>cough dm sus 30mg/5ml</i>	139	<i>cyclosporine cap 25 mg</i>	110
<i>cough syp 100/5ml</i>	139	<i>cyclosporine iv soln 50 mg/ml</i>	110
COUMADIN TAB 10MG	103	<i>cyclosporine modified cap 100 mg</i>	110
COUMADIN TAB 1MG.....	103	<i>cyclosporine modified cap 25 mg</i>	110
COUMADIN TAB 2.5MG.....	103	<i>cyclosporine modified cap 50 mg</i>	110
COUMADIN TAB 2MG.....	103	<i>cyclosporine modified oral soln 100</i>	
COUMADIN TAB 3MG.....	103	<i>mg/ml</i>	110
COUMADIN TAB 4MG.....	103	<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	135
COUMADIN TAB 5MG.....	103	<i>cyproheptadine hcl tab 4 mg</i>	135
COUMADIN TAB 6MG.....	103	CYSTADANE POW	86
COUMADIN TAB 7.5MG.....	103	CYSTAGON CAP 150MG.....	86
CREATINE POW MONOHYDR.....	151	CYSTAGON CAP 50MG	86
CREON CAP 12000UNT	101	CYSTARAN SOL 0.44%.....	133
CREON CAP 24000UNT	101	<i>cytarabine inj 20 mg/ml</i>	24
CREON CAP 3000UNIT.....	100	D	
CREON CAP 36000UNT	101	<i>d 400 tab 400unit</i>	125
CREON CAP 6000UNIT.....	101	D10W/NACL INJ 0.2%	114
CRIXIVAN CAP 200MG	13	<i>d3 cap 1000unit</i>	125
CRIXIVAN CAP 400MG	13	<i>d3 super str cap 2000unit</i>	125
<i>cromolyn sodium nasal aerosol soln 5.2</i>		D5W/LYTES INJ #48.....	114
<i>mg/act (4%)</i>	139	D5W/NACL INJ 0.3%	114
<i>cromolyn sodium ophth soln 4%</i>	132	<i>dacarbazine for inj 100 mg</i>	23
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>daily multi tab</i>	125
.....	100	<i>daily vit tab</i>	125
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>daily-vite tab</i>	125

daily-vite/ tab iron 125
dalfampridine tab er 12hr 10 mg 71
 DALIRESP TAB 250MCG 143
 DALIRESP TAB 500MCG 143
danazol cap 100 mg 86
danazol cap 200 mg 86
danazol cap 50 mg 86
dantrolene sodium cap 100 mg 71
dantrolene sodium cap 25 mg 71
dantrolene sodium cap 50 mg 71
dapsone tab 100 mg 10
dapsone tab 25 mg 10
 DAPTACEL INJ 111
daptomycin for iv soln 500 mg 10
 DAPTOMYCIN SOL 350MG 10
dasetta tab 1/35 80
dasetta tab 7/7/7 80
 DAURISMO TAB 100MG 25
 DAURISMO TAB 25MG 25
dayhist alrg tab 12 hour 135
deblitane tab 0.35mg 80
decongestant tab 120mg er 139
 DELESTROGEN INJ 10MG/ML 87
 DELSTRIGO TAB 15
 DELSYM SUS 30MG/5ML 139
delyla tab 0.1-0.02 80
 DELZICOL CAP 400MG 97
 DEMSER CAP 250MG 46
 DEPEN TITRA TAB 250MG 79
 DEPO-PROVERA INJ 400/ML 26
 DESCOVY TAB 200/25 15
desipramine hcl tab 10 mg 56
desipramine hcl tab 100 mg 57
desipramine hcl tab 150 mg 57
desipramine hcl tab 25 mg 56
desipramine hcl tab 50 mg 57
desipramine hcl tab 75 mg 57
desmopressin acetate inj 4 mcg/ml 93
desmopressin acetate nasal spray soln 0.01% 93
desmopressin acetate nasal spray soln 0.01% (refrigerated) 93
desmopressin acetate tab 0.1 mg 93
desmopressin acetate tab 0.2 mg 93
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 80
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 80

desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 80
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)..... 57
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)..... 57
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)..... 57
 DEXAMETHASON CON 1MG/ML 87
dexamethasone elixir 0.5 mg/5ml 87
dexamethasone sod phosphate preservative free inj 10 mg/ml..... 87
dexamethasone sodium phosphate inj 10 mg/ml 87
dexamethasone sodium phosphate inj 100 mg/10ml..... 88
dexamethasone sodium phosphate inj 120 mg/30ml..... 88
dexamethasone sodium phosphate inj 20 mg/5ml..... 88
dexamethasone sodium phosphate inj 4 mg/ml 87
dexamethasone sodium phosphate ophth soln 0.1% 132
dexamethasone soln 0.5 mg/5ml 88
dexamethasone tab 0.5 mg 88
dexamethasone tab 0.75 mg 88
dexamethasone tab 1 mg 88
dexamethasone tab 1.5 mg 88
dexamethasone tab 2 mg 88
dexamethasone tab 4 mg 88
dexamethasone tab 6 mg 88
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dexmethylphenidate hcl tab 10 mg..... 67
dexmethylphenidate hcl tab 2.5 mg.... 67
dexmethylphenidate hcl tab 5 mg 67
dexrazoxane hcl for inj 500 mg (base equivalent)..... 32
dextromethorphan polistirex extended release susp 30 mg/5ml..... 139
dextromethorphan-guaifenesin syrup 10-100 mg/5ml 139
dextrose 10% w/ sodium chloride 0.45% 114
dextrose 2.5% w/ sodium chloride 0.45% 114
dextrose 5% in lactated ringers 114

<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>diazepam tab 10 mg</i>	51
.....	114	<i>diazepam tab 2 mg</i>	51
<i>dextrose 5% w/ sodium chloride 0.225%</i>		<i>diazepam tab 5 mg</i>	51
.....	114	<i>diclofenac potassium tab 50 mg</i>	3
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>diclofenac sodium gel 1%</i>	151
.....	114	<i>diclofenac sodium ophth soln 0.1%</i> ..	132
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>diclofenac sodium tab delayed release 25</i>	
.....	114	<i>mg</i>	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>diclofenac sodium tab delayed release 50</i>	
.....	114	<i>mg</i>	3
DEXTROSE GRA ANHYDROU	119	<i>diclofenac sodium tab delayed release 75</i>	
<i>dextrose inj 10%</i>	114	<i>mg</i>	3
<i>dextrose inj 5%</i>	114	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	3
<i>dextrose inj 50%</i>	114	<i>dicloxacillin sodium cap 250 mg</i>	21
<i>dextrose inj 70%</i>	114	<i>dicloxacillin sodium cap 500 mg</i>	21
<i>diabetic tus liq 100/5ml</i>	139	<i>dicyclomine hcl cap 10 mg</i>	96
<i>diabetic tus liq dm</i>	139	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	96
<i>diabetic tus liq max st</i>	139	<i>dicyclomine hcl tab 20 mg</i>	96
DIABETISWEET POW	119	<i>didanosine delayed release capsule 200</i>	
DIALYVIT 800 TAB ZINC 15.....	125	<i>mg</i>	13
<i>dialyvite d cap 5000unit</i>	125	<i>didanosine delayed release capsule 250</i>	
<i>dialyvite tab 800</i>	125	<i>mg</i>	13
<i>dialyvite tab 800/d</i>	125	<i>didanosine delayed release capsule 400</i>	
DIALYVITE TAB 800/ZINC	125	<i>mg</i>	13
<i>diarrhea rel sus 262/15ml</i>	94	<i>diethylpropion hcl tab 25 mg</i>	72
DIASCREEN 10 MIS.....	89	<i>diethylpropion hcl tab er 24hr 75 mg</i> ..	73
DIASCREEN 3 MIS	89	DIFICID TAB 200MG	19
DIASCREEN 5 MIS	89	<i>diflunisal tab 500 mg</i>	3
DIASCREEN 6 MIS	89	<i>digitek tab 0.125mg</i>	45
DIASCREEN 7 MIS	89	<i>digitek tab 0.25mg</i>	45
DIASCREEN 8 MIS	89	<i>digoxin inj 0.25 mg/ml</i>	45
DIASCREEN 9 MIS	89	<i>digoxin oral soln 0.05 mg/ml</i>	45
DIASCREEN MIS 1G	89	<i>digoxin tab 125 mcg (0.125 mg)</i>	45
DIASCREEN MIS 2GK	89	<i>digoxin tab 250 mcg (0.25 mg)</i>	45
DIASCREEN MIS 4OBL.....	89	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
DIASTAT ACDL GEL 12.5-20.....	50	.....	69
DIASTAT ACDL GEL 5-10MG.....	50	<i>dihydroergotamine mesylate nasal spray</i>	
DIASTAT PED GEL 2.5M GEL	50	<i>4 mg/ml</i>	69
DIASTIX TES STRIPS.....	89	DILANTIN CAP 100MG	51
<i>diazepam con 5mg/ml</i>	50	DILANTIN CAP 30MG	51
<i>diazepam inj 5 mg/ml</i>	50	DILANTIN CHW 50MG	51
<i>diazepam oral soln 1 mg/ml</i>	50	DILANTIN-125 SUS 125/5ML	51
<i>diazepam rectal gel delivery system 10</i>		<i>diltiazem hcl cap er 12hr 120 mg</i>	43
<i>mg</i>	51	<i>diltiazem hcl cap er 12hr 60 mg</i>	43
<i>diazepam rectal gel delivery system 2.5</i>		<i>diltiazem hcl cap er 12hr 90 mg</i>	43
<i>mg</i>	50	<i>diltiazem hcl cap er 24hr 120 mg</i>	43
<i>diazepam rectal gel delivery system 20</i>		<i>diltiazem hcl cap er 24hr 180 mg</i>	43
<i>mg</i>	51	<i>diltiazem hcl cap er 24hr 240 mg</i>	43

<i>diltiazem hcl coated beads cap er 24hr</i>		<i>disulfiram tab 500 mg</i>	73
<i>120 mg</i>	43	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>sprinkle 125 mg</i>	51
<i>180 mg</i>	43	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>125 mg</i>	51
<i>240 mg</i>	43	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>250 mg</i>	51
<i>300 mg</i>	43	<i>divalproex sodium tab delayed release</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>500 mg</i>	51
<i>360 mg</i>	43	<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	51
<i>er 24hr 120 mg</i>	43	<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	51
<i>er 24hr 180 mg</i>	43	<i>docetaxel for inj conc 20 mg/ml</i>	24
<i>diltiazem hcl extended release beads cap</i>		<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>er 24hr 240 mg</i>	43	<i>mg/ml)</i>	24
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 160/16ML</i>	24
<i>er 24hr 300 mg</i>	43	<i>DOCETAXEL INJ 160/8ML</i>	24
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 200/10</i>	25
<i>er 24hr 360 mg</i>	43	<i>DOCETAXEL INJ 20MG/2ML</i>	24
<i>diltiazem hcl extended release beads cap</i>		<i>DOCETAXEL INJ 80MG/4ML</i>	24
<i>er 24hr 420 mg</i>	43	<i>DOCETAXEL INJ 80MG/8ML</i>	24
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		<i>docetaxel soln for iv infusion 160</i>	
<i>mg/ml)</i>	43	<i>mg/16ml</i>	25
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		<i>docetaxel soln for iv infusion 20 mg/2ml</i>	
<i>mg/ml)</i>	43	.....	25
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>docetaxel soln for iv infusion 80 mg/8ml</i>	
<i>mg/ml)</i>	43	.....	25
<i>diltiazem hcl tab 120 mg</i>	44	<i>docqlace cap 100mg</i>	97
<i>diltiazem hcl tab 30 mg</i>	43	<i>docu liq 50mg/5ml</i>	97
<i>diltiazem hcl tab 60 mg</i>	44	<i>docu soft cap 100mg</i>	97
<i>diltiazem hcl tab 90 mg</i>	44	<i>docusate cal cap 240mg</i>	97
<i>DIP/TET PED INJ 25-5LFU</i>	111	<i>docusate sod cap 100mg</i>	97
<i>diphenhist cap 25mg</i>	135	<i>docusate sod liq 50mg/5ml</i>	97
<i>diphenhist liq 12.5/5ml</i>	135	<i>docusate sodium cap 100 mg</i>	97
<i>diphenhist tab 25mg</i>	135	<i>docusate sodium liquid 150 mg/15ml..</i>	97
<i>diphenhydramine hcl cap 25 mg</i>	135	<i>docusil cap 100mg</i>	97
<i>diphenhydramine hcl cap 50 mg</i>	135	<i>DOCUSOL MINI ENE</i>	98
<i>diphenhydramine hcl inj 50 mg/ml</i>	135	<i>dofetilide cap 125 mcg (0.125 mg)</i>	38
<i>diphenhydramine hcl tab 25 mg</i>	135	<i>dofetilide cap 250 mcg (0.25 mg)</i>	38
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>dofetilide cap 500 mcg (0.5 mg)</i>	38
<i>mg/5ml</i>	100	<i>dok plus tab 8.6-50mg</i>	98
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		<i>donepezil hydrochloride orally</i>	
<i>mg</i>	100	<i>disintegrating tab 10 mg</i>	55
<i>disopyramide phosphate cap 100 mg</i> ..	38	<i>donepezil hydrochloride orally</i>	
<i>disopyramide phosphate cap 150 mg</i> ..	38	<i>disintegrating tab 5 mg</i>	55
<i>DISTILLED LIQ WATER</i>	119	<i>donepezil hydrochloride tab 10 mg</i>	55
<i>disulfiram tab 250 mg</i>	73	<i>donepezil hydrochloride tab 5 mg</i>	55

<i>dorzolamide hcl ophth soln 2%</i>	133	<i>20 mg (base eq)</i>	57
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	133	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	57
<i>double antib oin</i>	146	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	57
DOVATO TAB 50-300MG	15	DUOFER TAB 28MG	105
<i>doxazosin mesylate tab 1 mg</i>	35	DUREX EXTRA MIS SENSITIV.....	80
<i>doxazosin mesylate tab 2 mg</i>	35	DUREX MIS REALFEEL.....	80
<i>doxazosin mesylate tab 4 mg</i>	35	DUREZOL EMU 0.05%.....	132
<i>doxazosin mesylate tab 8 mg</i>	35	<i>dutasteride cap 0.5 mg</i>	102
<i>doxepin hcl cap 10 mg</i>	57	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	102
<i>doxepin hcl cap 100 mg</i>	57	D-VITAMIN E POW SUCCINAT	151
<i>doxepin hcl cap 150 mg</i>	57	D-XYLOSE POW.....	89
<i>doxepin hcl cap 25 mg</i>	57	E	
<i>doxepin hcl cap 50 mg</i>	57	<i>e-400 cap 400unit</i>	125
<i>doxepin hcl cap 75 mg</i>	57	EASIVENT MIS	139
<i>doxepin hcl conc 10 mg/ml</i>	57	EASIVENT MIS MASK LG	139
<i>doxorubicin hcl for inj 50 mg</i>	23	EASIVENT MIS MASK MED.....	139
<i>doxorubicin hcl inj 2 mg/ml</i>	23	EASIVENT MIS MASK SM.....	139
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	23	<i>ecee plus tab</i>	125
<i>doxy 100 inj 100mg</i>	22	<i>ecpirin tab 325mg ec</i>	1
<i>doxycycline hyclate cap 100 mg</i>	22	<i>ed chlorped syp jr</i>	135
<i>doxycycline hyclate cap 50 mg</i>	22	<i>ed-apap liq 80mg/2.5</i>	1
<i>doxycycline hyclate for inj 100 mg</i>	22	EDURANT TAB 25MG	13
<i>doxycycline hyclate tab 100 mg</i>	22	<i>efavirenz cap 200 mg</i>	13
<i>doxycycline hyclate tab 20 mg</i>	22	<i>efavirenz cap 50 mg</i>	13
<i>doxycycline monohydrate cap 100 mg</i>	22	<i>efavirenz tab 600 mg</i>	13
<i>doxycycline monohydrate cap 50 mg</i>	22	ELDERTONIC LIQ	125
<i>doxycycline monohydrate tab 100 mg</i>	22	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	69
<i>doxycycline monohydrate tab 150 mg</i>	22	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	69
<i>doxycycline monohydrate tab 50 mg</i>	22	ELEXA MIS STIMULAT	80
<i>doxycycline monohydrate tab 75 mg</i>	22	ELEXA NATURL MIS FEEL	80
<i>dronabinol cap 10 mg</i>	95	ELEXA ULTRA MIS SENSITIV.....	80
<i>dronabinol cap 2.5 mg</i>	95	ELIQUIS ST P TAB 5MG	103
<i>dronabinol cap 5 mg</i>	95	ELIQUIS TAB 2.5MG	103
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	80	ELIQUIS TAB 5MG	103
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	80	ELLA TAB 30MG	80
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	80	EMCYT CAP 140MG.....	23
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	80	EMEND SUS 125MG.....	95
DROXIA CAP 200MG.....	107	EMGALITY INJ 120MG/ML.....	69
DROXIA CAP 300MG.....	107	<i>emoquette tab</i>	80
DROXIA CAP 400MG.....	107	EMSAM DIS 12MG/24H	57
<i>ducodyl tab 5mg ec</i>	98	EMSAM DIS 6MG/24HR	57
<i>duloxetine hcl enteric coated pellets cap</i>		EMSAM DIS 9MG/24HR	57
		EMTRIVA CAP 200MG.....	13

EMTRIVA SOL 10MG/ML.....	13	<i>epsom salt gra</i>	98
EMVERM CHW 100MG.....	10	EPSOM SALT POW	98
<i>enalapril maleate & hydrochlorothiazide</i>		<i>eq cough dm sus 30mg/5ml</i>	139
<i>tab 10-25 mg</i>	33	<i>eql coq10 cap 100mg</i>	119
<i>enalapril maleate & hydrochlorothiazide</i>		<i>eql menstrua tab complete</i>	1
<i>tab 5-12.5 mg</i>	33	<i>eql menstrua tab relief</i>	1
<i>enalapril maleate tab 10 mg</i>	34	<i>ergocalciferol cap 50000 unit</i>	125
<i>enalapril maleate tab 2.5 mg</i>	34	<i>ergocalciferol soln 8000 unit/ml</i>	125
<i>enalapril maleate tab 20 mg</i>	34	<i>ergotamine w/ caffeine tab 1-100 mg</i> .	69
<i>enalapril maleate tab 5 mg</i>	34	ERIVEDGE CAP 150MG.....	25
ENDARI POW 5GM	107	ERLEADA TAB 60MG	27
ENEMEEZ MINI ENE.....	98	<i>erlotinib hcl tab 100 mg (base</i>	
ENEMEEZ PLUS ENE 20-283	98	<i>equivalent)</i>	29
ENGERIX-B INJ 10/0.5ML.....	111	<i>erlotinib hcl tab 150 mg (base</i>	
ENGERIX-B INJ 20MCG/ML.....	111	<i>equivalent)</i>	29
<i>enoxaparin sodium inj 100 mg/ml</i>	103	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	103	.....	29
<i>enoxaparin sodium inj 150 mg/ml</i>	103	<i>errin tab 0.35mg</i>	80
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	103	<i>ertapenem sodium for inj 1 gm (base</i>	
<i>enoxaparin sodium inj 300 mg/3ml</i> ...	103	<i>equivalent)</i>	10
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	103	<i>ery-tab tab 250mg ec</i>	19
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ..	103	<i>ery-tab tab 333mg ec</i>	19
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ..	103	<i>ery-tab tab 500mg ec</i>	19
<i>enpresse-28 tab</i>	80	ERYTHROCIN INJ 500MG.....	19
<i>enskyce tab</i>	80	<i>erythrocin tab 250mg</i>	19
ENSTILAR AER.....	148	<i>erythromycin ethylsuccinate tab 400 mg</i>	
<i>entacapone tab 200 mg</i>	60	.....	19
<i>entecavir tab 0.5 mg</i>	16	<i>erythromycin gel 2%</i>	145
<i>entecavir tab 1 mg</i>	16	<i>erythromycin ophth oint 5 mg/gm</i>	131
ENTRESTO TAB 24-26MG	36	<i>erythromycin pads 2%</i>	145
ENTRESTO TAB 49-51MG	36	<i>erythromycin soln 2%</i>	145
ENTRESTO TAB 97-103MG	36	<i>erythromycin tab 250 mg</i>	19
<i>enulose sol 10gm/15</i>	98	<i>erythromycin tab 500 mg</i>	19
EPCLUSA TAB 400-100	16	<i>erythromycin w/ delayed release</i>	
EPIDIOLEX SOL 100MG/ML	51	<i>particles cap 250 mg</i>	19
<i>epinephrine solution auto-injector 0.15</i>		ESBRIET CAP 267MG	143
<i>mg/0.15ml (1:1000)</i>	143	ESBRIET TAB 267MG	143
<i>epinephrine solution auto-injector 0.3</i>		ESBRIET TAB 801MG	143
<i>mg/0.3ml (1:1000)</i>	143	<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>epirubicin hcl iv soln 200 mg/100ml (2</i>		<i>(base equiv)</i>	57
<i>mg/ml)</i>	23	<i>escitalopram oxalate tab 10 mg (base</i>	
<i>epirubicin hcl iv soln 50 mg/25ml (2</i>		<i>equiv)</i>	57
<i>mg/ml)</i>	23	<i>escitalopram oxalate tab 20 mg (base</i>	
<i>epitol tab 200mg</i>	51	<i>equiv)</i>	57
EPIVIR HBV SOL 5MG/ML.....	16	<i>escitalopram oxalate tab 5 mg (base</i>	
<i>eplerenone tab 25 mg</i>	35	<i>equiv)</i>	57
<i>eplerenone tab 50 mg</i>	35	<i>esomeprazole magnesium cap delayed</i>	
<i>eprosartan mesylate tab 600 mg</i>	37	<i>release 20 mg (base eq)</i>	101

<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	101	<i>etodolac tab er 24hr 500 mg</i>	3
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	101	<i>etodolac tab er 24hr 600 mg</i>	3
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	101	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	32
<i>essentl one tab daily</i>	125	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	32
<i>ester-c tab 500mg</i>	125	EUGENOL SOL	151
<i>estradiol tab 0.5 mg</i>	87	EVOTAZ TAB 300-150	15
<i>estradiol tab 1 mg</i>	87	<i>exemestane tab 25 mg</i>	27
<i>estradiol tab 2 mg</i>	87	<i>extra action syp 100-10/5</i>	139
<i>estradiol td patch weekly 0.025 mg/24hr</i>	87	EXTRA SENSIT MIS SPERMICI	80
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	87	<i>eye allergy sol relief</i>	132
<i>estradiol td patch weekly 0.05 mg/24hr</i>	87	E-Z SPACER MIS	139
<i>estradiol td patch weekly 0.06 mg/24hr</i>	87	E-Z SPACER MIS BODY GRD	139
<i>estradiol td patch weekly 0.075 mg/24hr</i>	87	<i>ezetimibe tab 10 mg</i>	40
<i>estradiol td patch weekly 0.1 mg/24hr</i>	87	<i>ezetimibe-simvastatin tab 10-10 mg</i>	40
<i>estradiol vaginal cream 0.1 mg/gm</i>	87	<i>ezetimibe-simvastatin tab 10-20 mg</i>	40
<i>estradiol vaginal tab 10 mcg</i>	87	<i>ezetimibe-simvastatin tab 10-40 mg</i>	40
<i>estradiol valerate im in oil 20 mg/ml</i>	87	<i>ezetimibe-simvastatin tab 10-80 mg</i>	40
<i>estradiol valerate im in oil 40 mg/ml</i>	87	EZFE 200 CAP 200MG	105
<i>eszopiclone tab 1 mg</i>	68	EZFE FORTE CAP	125
<i>eszopiclone tab 2 mg</i>	68	F	
<i>eszopiclone tab 3 mg</i>	68	FABRAZYME INJ 35MG	86
<i>ethambutol hcl tab 100 mg</i>	16	FABRAZYME INJ 5MG	86
<i>ethambutol hcl tab 400 mg</i>	16	<i>falmina tab</i>	80
<i>ethosuximide cap 250 mg</i>	51	<i>famciclovir tab 125 mg</i>	16
<i>ethosuximide soln 250 mg/5ml</i>	51	<i>famciclovir tab 250 mg</i>	16
ETHOXY ETHNL LIQ REAGENT	151	<i>famciclovir tab 500 mg</i>	16
ETHYL ALCOHO SOL 100%	119	<i>famotidine for susp 40 mg/5ml</i>	96
ETHYL ALCOHO SOL 95%	151	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	96
ETHYL ALCOHO SOL 95% USP	151	<i>famotidine inj 20 mg/2ml</i>	97
ETHYL ALCOHO SOL SDA 95%	151	<i>famotidine inj 200 mg/20ml</i>	97
ETHYL OLEATE LIQ	151	<i>famotidine inj 40 mg/4ml</i>	97
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	80	<i>famotidine tab 20 mg</i>	97
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	80	<i>famotidine tab 40 mg</i>	97
<i>etodolac cap 200 mg</i>	3	FANAPT PAK	62
<i>etodolac cap 300 mg</i>	3	FANAPT TAB 10MG	62
<i>etodolac tab 400 mg</i>	3	FANAPT TAB 12MG	62
<i>etodolac tab 500 mg</i>	3	FANAPT TAB 1MG	62
<i>etodolac tab er 24hr 400 mg</i>	3	FANAPT TAB 2MG	62
		FANAPT TAB 4MG	62
		FANAPT TAB 6MG	62
		FANAPT TAB 8MG	62
		FANTASY LUBR MIS	81
		FANTASY LUBR MIS COLORS	81
		FANTASY LUBR MIS SPERMICI	81
		FANTASY MIS LUBRICAT	81
		FARXIGA TAB 10MG	76

FARXIGA TAB 5MG	76	<i>fentanyl td patch 72hr 100 mcg/hr</i>	5
FARYDAK CAP 10MG	25	<i>fentanyl td patch 72hr 12 mcg/hr</i>	5
FARYDAK CAP 15MG	25	<i>fentanyl td patch 72hr 25 mcg/hr</i>	5
FARYDAK CAP 20MG	25	<i>fentanyl td patch 72hr 50 mcg/hr</i>	5
FASLODEX INJ 250/5ML	27	<i>fentanyl td patch 72hr 75 mcg/hr</i>	5
<i>fat emulsion plant based iv emulsion</i>		FENTORA TAB 100MCG	5
<i>20%</i>	114	FENTORA TAB 200MCG	5
FATTYBLEND MIS	119	FENTORA TAB 400MCG	5
<i>fayosim tab</i>	81	FENTORA TAB 600MCG	5
FC FEMALE MIS CONDOM	81	FENTORA TAB 800MCG	5
FC2 FEMALE MIS CONDOM	81	FERAHEME INJ 510/17ML	105
FDC BLUE 1 POW	119	<i>ferate tab 27mg</i>	105
FDC BLUE 1 POW AL LAKE	119	FERGON TAB 27MG	105
FDC BLUE 2 POW	119	<i>ferosul elx 220/5ml</i>	105
FDC GREEN #3 POW	119	<i>ferosul tab 325mg</i>	105
FDC RED #3 POW	120	FERRETTS IPS SOL	105
FDC RED #40 POW AL LAKE	120	FERRETTS TAB 325MG	105
FDC RED 40 POW	119	<i>ferrex 150 cap 150mg</i>	105
FDC YELLOW 5 POW	120	FERRIC POW SUBSULFA	151
FDC YELLOW 5 POW AL LAKE	120	FERRIC SUBSU SOL	151
FDC YELLOW 6 POW	120	FERRIMIN 150 TAB	105
FE SULFATE POW	105	FERRLECIT INJ 12.5MG/M	105
<i>felbamate susp 600 mg/5ml</i>	51	<i>ferrous fumarate tab 324 mg (106 mg</i>	
<i>felbamate tab 400 mg</i>	51	<i>elemental fe)</i>	105
<i>felbamate tab 600 mg</i>	51	FERROUS GLUC TAB 324MG	105
<i>felodipine tab er 24hr 10 mg</i>	44	<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	44	<i>elemental fe)</i>	105
<i>felodipine tab er 24hr 5 mg</i>	44	<i>ferrous gluconate tab 324 mg (37.5 mg</i>	
<i>femynor tab 0.25-35</i>	81	<i>elemental iron)</i>	105
<i>fenofibrate micronized cap 134 mg</i>	40	FERROUS SUL LIQ 220/5ML	105
<i>fenofibrate micronized cap 200 mg</i>	40	FERROUS SULF SYP 300/5ML	105
<i>fenofibrate micronized cap 67 mg</i>	40	FERROUS SULF TAB 140MG	105
<i>fenofibrate tab 145 mg</i>	40	FERROUS SULF TAB 324MG EC	106
<i>fenofibrate tab 160 mg</i>	40	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>fenofibrate tab 48 mg</i>	40	<i>mg/5ml elemental fe)</i>	106
<i>fenofibrate tab 54 mg</i>	40	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml</i>	
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>elemental fe)</i>	106
<i>mcg</i>	5	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>elemental fe)</i>	106
<i>mcg</i>	5	<i>ferrous sulfate tab ec 325 mg (65 mg fe</i>	
<i>fentanyl citrate lozenge on a handle 200</i>		<i>equivalent)</i>	106
<i>mcg</i>	5	<i>ferrousul tab 325mg</i>	106
<i>fentanyl citrate lozenge on a handle 400</i>		FETZIMA CAP 120MG	58
<i>mcg</i>	5	FETZIMA CAP 20MG	57
<i>fentanyl citrate lozenge on a handle 600</i>		FETZIMA CAP 40MG	57
<i>mcg</i>	5	FETZIMA CAP 80MG	58
<i>fentanyl citrate lozenge on a handle 800</i>		FETZIMA CAP TITRATIO	58
<i>mcg</i>	5	FEVERALL INF SUP 80MG	1

<i>feverall sup 120mg</i>	2	<i>fluocinolone acetonide (otic) oil 0.01%</i>	155
<i>feverall sup 325mg</i>	2	<i>fluocinolone acetonide cream 0.01%</i>	148
<i>feverall sup 650mg</i>	2	<i>fluocinolone acetonide cream 0.025%</i>	148
<i>fexofenadine hcl tab 180 mg</i>	135	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	148
<i>fexofenadine hcl tab 60 mg</i>	135	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	148
<i>fexofenadine tab 180mg</i>	135	<i>fluocinolone acetonide oint 0.025% ..</i>	148
<i>fexofenadine tab 60mg</i>	135	<i>fluocinolone acetonide soln 0.01% ...</i>	148
<i>FIASP FLEX INJ TOUCH</i>	75	<i>fluocinonide cream 0.05%</i>	148
<i>FIASP INJ 100/ML</i>	75	<i>fluocinonide emulsified base cream 0.05%</i>	148
<i>finasteride tab 5 mg</i>	102	<i>fluocinonide gel 0.05%</i>	148
<i>FIRAZYR INJ 30MG/3ML</i>	107	<i>fluocinonide soln 0.05%</i>	148
<i>flac oil 0.01%</i>	155	<i>fluorometholone ophth susp 0.1%</i>	132
<i>FLAVORX LIQ</i>	120	<i>fluorouracil cream 5%</i>	151
<i>FLEBOGAMMA INJ 10/100ML</i>	109	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	24
<i>FLEBOGAMMA INJ 10/200ML</i>	109	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	24
<i>FLEBOGAMMA INJ 20/200ML</i>	109	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	24
<i>FLEBOGAMMA INJ 20/400ML</i>	109	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	24
<i>FLEBOGAMMA INJ 5GM/50ML</i>	109	<i>fluorouracil soln 2%</i>	151
<i>FLEBOGAMMA INJ DIF 5%</i>	109	<i>fluorouracil soln 5%</i>	151
<i>flecainide acetate tab 100 mg</i>	38	<i>fluoxetine hcl cap 10 mg</i>	58
<i>flecainide acetate tab 150 mg</i>	38	<i>fluoxetine hcl cap 20 mg</i>	58
<i>flecainide acetate tab 50 mg</i>	38	<i>fluoxetine hcl cap 40 mg</i>	58
<i>FLEXICHAMBER MIS</i>	139	<i>fluoxetine hcl solution 20 mg/5ml</i>	58
<i>FLOVENT DISK AER 100MCG</i>	144	<i>fluphenazine decanoate inj 25 mg/ml .</i>	62
<i>FLOVENT DISK AER 250MCG</i>	144	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	62
<i>FLOVENT DISK AER 50MCG</i>	144	<i>fluphenazine hcl inj 2.5 mg/ml</i>	62
<i>FLOVENT HFA AER 110MCG</i>	144	<i>fluphenazine hcl oral conc 5 mg/ml</i>	62
<i>FLOVENT HFA AER 220MCG</i>	144	<i>fluphenazine hcl tab 1 mg</i>	62
<i>FLOVENT HFA AER 44MCG</i>	144	<i>fluphenazine hcl tab 10 mg</i>	63
<i>fluconazole for susp 10 mg/ml</i>	12	<i>fluphenazine hcl tab 2.5 mg</i>	62
<i>fluconazole for susp 40 mg/ml</i>	12	<i>fluphenazine hcl tab 5 mg</i>	62
<i>fluconazole in dextrose inj 200 mg/100ml</i>	12	<i>flurbiprofen sodium ophth soln 0.03%</i>	132
<i>fluconazole in dextrose inj 400 mg/200ml</i>	12	<i>flurbiprofen tab 100 mg</i>	3
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12	<i>flurbiprofen tab 50 mg</i>	3
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12	<i>flutamide cap 125 mg</i>	27
<i>fluconazole tab 100 mg</i>	12	<i>fluticasone propionate cream 0.05%.</i>	148
<i>fluconazole tab 150 mg</i>	12	<i>fluticasone propionate nasal susp 50 mcg/act</i>	144
<i>fluconazole tab 200 mg</i>	12	<i>fluticasone propionate oint 0.005% ..</i>	148
<i>fluconazole tab 50 mg</i>	12		
<i>flucytosine cap 250 mg</i>	12		
<i>flucytosine cap 500 mg</i>	12		
<i>fludrocortisone acetate tab 0.1 mg</i>	88		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	143		

<i>fluvoxamine maleate tab 100 mg</i>	49	FYCOMPA TAB 12MG.....	52
<i>fluvoxamine maleate tab 25 mg</i>	49	FYCOMPA TAB 2MG	51
<i>fluvoxamine maleate tab 50 mg</i>	49	FYCOMPA TAB 4MG	51
FOLGARD TAB	125	FYCOMPA TAB 6MG	51
<i>folic acid inj 5 mg/ml</i>	125	FYCOMPA TAB 8MG	52
<i>folic acid tab 1 mg</i>	125	G	
<i>folic acid tab 400 mcg</i>	125	<i>gabapentin cap 100 mg</i>	52
<i>folic acid tab 400mcg</i>	125	<i>gabapentin cap 300 mg</i>	52
<i>folic acid tab 800 mcg</i>	125	<i>gabapentin cap 400 mg</i>	52
FOLITAB 500 TAB	106	<i>gabapentin oral soln 250 mg/5ml</i>	52
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 600 mg</i>	52
<i>10 mg/0.8ml</i>	104	<i>gabapentin tab 800 mg</i>	52
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>2.5 mg/0.5ml</i>	103	<i>16 mg</i>	55
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>mg/0.4ml</i>	103	<i>24 mg</i>	55
<i>fondaparinux sodium subcutaneous inj</i>		<i>galantamine hydrobromide cap er 24hr 8</i>	
<i>7.5 mg/0.6ml</i>	104	<i>mg</i>	55
FORMALDEHYDE SOL 37%	151	<i>galantamine hydrobromide oral soln 4</i>	
FORTEO SOL 600/2.4	89	<i>mg/ml</i>	55
<i>fosamprenavir calcium tab 700 mg (base</i>		<i>galantamine hydrobromide tab 12 mg</i>	55
<i>equiv)</i>	13	<i>galantamine hydrobromide tab 4 mg</i> ..	55
FOSFREE TAB	125	<i>galantamine hydrobromide tab 8 mg</i> ..	55
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMASTAN S/D INJ.....	109
<i>tab 10-12.5 mg</i>	33	GAMMAGARD INJ 10GM/100.....	109
<i>fosinopril sodium & hydrochlorothiazide</i>		GAMMAGARD INJ 1GM/10ML	109
<i>tab 20-12.5 mg</i>	33	GAMMAGARD INJ 2.5GM/25	109
<i>fosinopril sodium tab 10 mg</i>	34	GAMMAGARD INJ 20GM/200.....	109
<i>fosinopril sodium tab 20 mg</i>	34	GAMMAGARD INJ 30GM/300.....	109
<i>fosinopril sodium tab 40 mg</i>	34	GAMMAGARD INJ 5GM/50ML	109
FREAMINE HBC INJ 6.9%	114	GAMMAGARD SD INJ 10GM HU	109
FREAMINE III INJ 10%	114	GAMMAGARD SD INJ 5GM HU	109
FREE & CLEAR SHA	151	GAMMAKED INJ 10GM/100	109
FRUCTOSE GRA	120	GAMMAKED INJ 1GM/10ML.....	109
FULLERS POW EARTH.....	151	GAMMAKED INJ 2.5GM/25.....	109
<i>fulvestrant inj 250 mg/5ml</i>	27	GAMMAKED INJ 20GM/200	109
<i>fungoid-d cre 1%</i>	147	GAMMAKED INJ 5GM/50ML.....	109
<i>furosemide inj 10 mg/ml</i>	45	GAMMAPLEX INJ 10%	109
<i>furosemide oral soln 10 mg/ml</i>	45	GAMMAPLEX INJ 5%	109
<i>furosemide oral soln 8 mg/ml</i>	45	GAMUNEX-C INJ 10GM/100	109
<i>furosemide tab 20 mg</i>	46	GAMUNEX-C INJ 1GM/10ML.....	109
<i>furosemide tab 40 mg</i>	46	GAMUNEX-C INJ 2.5GM/25.....	109
<i>furosemide tab 80 mg</i>	46	GAMUNEX-C INJ 20GM/200	109
FUSION CAP.....	106	GAMUNEX-C INJ 40/400ML.....	109
FUZEON INJ 90MG	13	GAMUNEX-C INJ 5GM/50ML.....	109
<i>fyavolv tab 0.5-2.5</i>	87	<i>ganciclovir sodium for inj 500 mg</i>	16
FYCOMPA SUS 0.5MG/ML	51	GARDASIL 9 INJ.....	111
FYCOMPA TAB 10MG	52	<i>gatifloxacin ophth soln 0.5%</i>	131

GATTEX KIT 5MG	100
GAUZE PADS 2	75
<i>gavilyte-c sol</i>	98
<i>gavilyte-g sol</i>	98
<i>gavilyte-n sol flav pk</i>	98
GELUSIL CHW	94
<i>gemcitabine hcl for inj 1 gm</i>	24
<i>gemcitabine hcl for inj 2 gm</i>	24
<i>gemcitabine hcl for inj 200 mg</i>	24
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	24
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	24
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	24
<i>gemfibrozil tab 600 mg</i>	40
<i>genaphed tab 30mg</i>	139
<i>generlac sol 10gm/15</i>	98
<i>gengraf cap 100mg</i>	110
<i>gengraf cap 25mg</i>	110
<i>gengraf sol 100mg/ml</i>	110
GENOTROPIN INJ 0.2MG.....	89
GENOTROPIN INJ 0.4MG.....	90
GENOTROPIN INJ 0.6MG.....	90
GENOTROPIN INJ 0.8MG.....	90
GENOTROPIN INJ 1.2MG.....	90
GENOTROPIN INJ 1.4MG.....	90
GENOTROPIN INJ 1.6MG.....	90
GENOTROPIN INJ 1.8MG.....	90
GENOTROPIN INJ 12MG.....	90
GENOTROPIN INJ 1MG.....	90
GENOTROPIN INJ 2MG.....	90
GENOTROPIN INJ 5MG.....	90
<i>gentak oin 0.3% op</i>	131
<i>gentamicin in saline inj 0.8 mg/ml</i>	8
<i>gentamicin in saline inj 1 mg/ml</i>	9
<i>gentamicin in saline inj 1.2 mg/ml</i>	9
<i>gentamicin in saline inj 1.6 mg/ml</i>	9
<i>gentamicin in saline inj 2 mg/ml</i>	9
<i>gentamicin sulfate cream 0.1%</i>	146
<i>gentamicin sulfate inj 10 mg/ml</i>	9
<i>gentamicin sulfate inj 40 mg/ml</i>	9
<i>gentamicin sulfate oint 0.1%</i>	146
<i>gentamicin sulfate ophth soln 0.3%</i> ..	131
<i>gentle laxat sup 10mg</i>	98
<i>gentle laxat tab 5mg ec</i>	98
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<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	71
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	71
<i>glatopa inj 20mg/ml</i>	71
<i>glatopa inj 40mg/ml</i>	71
GLEOSTINE CAP 100MG	23
GLEOSTINE CAP 10MG.....	23
GLEOSTINE CAP 40MG.....	23
<i>glimepiride tab 1 mg</i>	76
<i>glimepiride tab 2 mg</i>	76
<i>glimepiride tab 4 mg</i>	76
<i>glipizide tab 10 mg</i>	76
<i>glipizide tab 5 mg</i>	76
<i>glipizide tab er 24hr 10 mg</i>	76
<i>glipizide tab er 24hr 2.5 mg</i>	76
<i>glipizide tab er 24hr 5 mg</i>	76
<i>glipizide xl tab 10mg</i>	76
<i>glipizide xl tab 2.5mg</i>	76
<i>glipizide xl tab 5mg</i>	76
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	76
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	76
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GLUCAGON KIT 1MG	89
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<i>glyburide micronized tab 3 mg</i>	76
<i>glyburide micronized tab 6 mg</i>	76
<i>glyburide tab 1.25 mg</i>	76
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<i>glycerin suppos 1 gm</i>	98
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<i>glycopyrrolate tab 1 mg</i>	96	<i>gnp nicotine loz mini 2mg</i>	73
<i>glycopyrrolate tab 2 mg</i>	96	<i>gnp one dail tab maximum</i>	126
<i>glydo gel 2%</i>	149	<i>gnp opti-vit tab</i>	126
<i>gnp all day tab allergy</i>	136	<i>gnp pediatri sol electrol</i>	112
<i>gnp allergy cap 25mg</i>	136	GNP PRENATAL TAB 28-0.8MG	126
<i>gnp allergy tab 180mg</i>	136	<i>gnp suphedrn liq 15mg/5ml</i>	139
<i>gnp allergy tab 25mg</i>	136	<i>gnp tussin liq dm</i>	139
<i>gnp allergy tab 4mg</i>	136	<i>gnp tussin liq dm cough</i>	139
<i>gnp antacid sus anti-gas</i>	94	<i>gnp tussin liq dm max</i>	139
<i>gnp antacid sus cherry</i>	94	<i>gnp tussin syp cf</i>	139
<i>gnp aspirin tab 325mg ec</i>	2	<i>gnp vit b1 tab 100mg</i>	126
<i>gnp b-100 tab</i>	126	<i>gnp vit b-12 tab 1000 cr</i>	126
<i>gnp b-50 tab balanced</i>	125	<i>gnp vit b-12 tab 500mcg</i>	126
<i>gnp bisa-lax tab 5mg ec</i>	98	<i>gnp vit b-6 tab 100mg</i>	126
<i>gnp ca/mg/zn tab</i>	117	<i>gnp vit c chw 500mg</i>	126
<i>gnp ca/vit d chw minerals</i>	117	<i>gnp vit c loz 60mg</i>	126
<i>gnp calcium tab 500/d</i>	117	<i>gnp vit c tab 1000mg</i>	126
<i>gnp calcium tab 600/d</i>	117	<i>gnp vit c tab 250mg</i>	126
<i>gnp calcium tab cit +d3</i>	117	<i>gnp vit d tab 1000unit</i>	126
<i>gnp century tab</i>	126	<i>gnp vit e cap 1000unit</i>	126
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<i>gnp century tab mature</i>	126	<i>gnp zinc tab 50mg</i>	117
<i>gnp century tab senior</i>	126	<i>gnp zoochews chw gummies</i>	126
<i>gnp century tab ultimate</i>	126	GOLYTELY SOL	98
<i>gnp co q10 cap 100mg</i>	120	GOWEY TIN TINCTURE	120
<i>gnp co q10 cap 60mg</i>	120	<i>granisetron hcl inj 1 mg/ml</i>	95
<i>gnp cough dm sus 30mg/5ml</i>	139	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	95
<i>gnp dayhist tab 1.34mg</i>	136	<i>granisetron hcl tab 1 mg</i>	95
<i>gnp glycerin sup 1.2gm</i>	98	GRANIX INJ 300/0.5	105
<i>gnp healthy tab eyes</i>	126	GRANIX INJ 300/1ML	105
<i>gnp iron tab 45mg</i>	106	GRANIX INJ 480/0.8	105
<i>gnp iron tab 65mg</i>	106	GRANIX INJ 480/1.6	105
<i>gnp k-pec sus 262/15ml</i>	94	GRAPE LIQ FLAVOR	120
<i>gnp laxative sup 10mg</i>	98	GRAPE SEED OIL	151
<i>gnp laxative tab 25mg</i>	98	GRAPE SYP	120
<i>gnp laxative tab 5mg ec</i>	98	GREEN TEA EX LIQ 90%	151
<i>gnp lice kit</i>	154	<i>griseofulvin microsize susp 125 mg/5ml</i>	12
<i>gnp little chw ones</i>	126	<i>griseofulvin microsize tab 500 mg</i>	12
<i>gnp magnesi u tab 250mg</i>	117	<i>griseofulvin ultramicrosize tab 125 mg</i>	12
<i>gnp masanti sus max st</i>	94	<i>griseofulvin ultramicrosize tab 250 mg</i>	12
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<i>gnp niacin tab 250mg tr</i>	126	<i>guaifenesin liquid 100 mg/5ml</i>	139
<i>gnp nicotine gum 2mg mint</i>	73	<i>guaifenesin syp 100-10/5</i>	139
<i>gnp nicotine gum 2mg orig</i>	73	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	
<i>gnp nicotine gum 4mg mint</i>	73		
<i>gnp nicotine loz 2mg mint</i>	73		

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haloperidol tab 1 mg	63
haloperidol tab 10 mg	63
haloperidol tab 2 mg	63
haloperidol tab 20 mg	63
haloperidol tab 5 mg	63
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heparin sodium (porcine) inj 5000 unit/ml	104
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	104

heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	104
HEPARIN/NACL INJ 25000UNT	104
hepatamine sol 8%	114
HERCEP HYLEC SOL 60-10000	25
HERCEPTIN INJ 150MG	25
HERCEPTIN INJ 440MG	25
HETLIOZ CAP 20MG	68
HIBERIX SOL 10MCG	111
HIGH SENSATI MIS SPERMICI	81
hm allergy tab 25mg	136
hm allergy tab 4mg	136
hm antacid sus anti-gas	94
hm aspirin tab 325mg	2
hm coq10 cap 100mg	120
hm coq10 cap 50mg	120
hm cough dm sus 30mg/5ml	139
hm epsom gra salt	98
hm iron tab 65mg	106
hm laxative tab 5mg ec	98
hm niacin tab 250mg	126
hm nicotine dis 14mg/24h	73
hm nicotine dis 21mg/24h	73
hm nicotine gum 2mg mint	73
hm nicotine gum 4mg mint	73
hm nicotine loz 2mg mint	73
hm nicotine loz 4mg mint	73
hm triple oin antibiot	146
hm tussin liq adlt dm	139
hm vit b1 tab 100mg	126
hm vitamin e cap 1000unit	126
hm vitamin e cap 200unit	126
HOLD CHAMBER MIS ADLT LG	139
HOLD CHAMBER MIS MEDIUM	139
HOLD CHAMBER MIS SMALL	139
HRT BASE CRE	120
HUMIRA INJ 10/0.1ML	108
HUMIRA INJ 10MG/0.2	108
HUMIRA INJ 20/0.2ML	108
HUMIRA INJ 40/0.4ML	108
HUMIRA KIT 20MG/0.4	108
HUMIRA KIT 40MG/0.8	108
HUMIRA PEDIA INJ CROHNS	108
HUMIRA PEN INJ 40/0.4ML	108
HUMIRA PEN INJ 40MG/0.8	108
HUMIRA PEN INJ CD/UC/HS	108
HUMIRA PEN INJ PS/UV	108
HUMIRA PEN KIT CD/UC/HS	108

HUMIRA PEN KIT PS/UV	108	HYDROUS CRE EMULSIFI	120
HUMULIN R INJ U-500	75	<i>hydroxocobalamin acetate inj 1000</i>	
<i>hydralazine hcl inj 20 mg/ml</i>	46	<i>mcg/ml (base equivalent)</i>	126
<i>hydralazine hcl tab 10 mg</i>	46	<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	47	.....	108
<i>hydralazine hcl tab 25 mg</i>	46	<i>hydroxyurea cap 500 mg</i>	31
<i>hydralazine hcl tab 50 mg</i>	47	<i>hydroxyzine hcl im soln 25 mg/ml</i>	136
HYDROCHL ACD LIQ 37%	151	<i>hydroxyzine hcl im soln 50 mg/ml</i>	136
<i>hydrochlorothiazide cap 12.5 mg</i>	46	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	136
<i>hydrochlorothiazide tab 12.5 mg</i>	46	<i>hydroxyzine hcl tab 10 mg</i>	136
<i>hydrochlorothiazide tab 25 mg</i>	46	<i>hydroxyzine hcl tab 25 mg</i>	136
<i>hydrochlorothiazide tab 50 mg</i>	46	<i>hydroxyzine hcl tab 50 mg</i>	136
<i>hydrocod polst-chlorphen polst er susp</i>		<i>hydroxyzine pamoate cap 25 mg</i>	136
<i>10-8 mg/5ml</i>	139	<i>hydroxyzine pamoate cap 50 mg</i>	136
<i>hydrocodone w/ homatropine syrup 5-</i>		HYSINGLA ER TAB 100 MG	6
<i>1.5 mg/5ml</i>	140	HYSINGLA ER TAB 120 MG	6
<i>hydrocodone w/ homatropine tab 5-1.5</i>		HYSINGLA ER TAB 20 MG	6
<i>mg</i>	140	HYSINGLA ER TAB 30 MG	6
<i>hydrocodone-acetaminophen soln 7.5-</i>		HYSINGLA ER TAB 40 MG	6
<i>325 mg/15ml</i>	6	HYSINGLA ER TAB 60 MG	6
<i>hydrocodone-acetaminophen tab 10-325</i>		HYSINGLA ER TAB 80 MG	6
<i>mg</i>	6	I	
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>ibandronate sodium tab 150 mg (base</i>	
<i>mg</i>	6	<i>equivalent)</i>	78
<i>hydrocodone-acetaminophen tab 7.5-325</i>		IBRANCE CAP 100MG	25
<i>mg</i>	6	IBRANCE CAP 125MG	25
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	6	IBRANCE CAP 75MG	25
<i>hydrocortisone butyrate cream 0.1%</i>	148	<i>ibu-drops dro 50/1.25</i>	3
<i>hydrocortisone butyrate oint 0.1%</i>	148	<i>ibuprofen dro 50/1.25</i>	3
<i>hydrocortisone cream 1%</i>	148	<i>ibuprofen ib chw 100mg</i>	3
<i>hydrocortisone cream 2.5%</i>	148	<i>ibuprofen jr chw 100mg</i>	3
<i>hydrocortisone enema 100 mg/60ml</i> ...	97	<i>ibuprofen sus 100/5ml</i>	3
<i>hydrocortisone lotion 2.5%</i>	149	<i>ibuprofen susp 100 mg/5ml</i>	3
<i>hydrocortisone oint 2.5%</i>	149	<i>ibuprofen tab 400 mg</i>	3
<i>hydrocortisone rectal cream 2.5%</i>	151	<i>ibuprofen tab 600 mg</i>	3
<i>hydrocortisone tab 10 mg</i>	88	<i>ibuprofen tab 800 mg</i>	3
<i>hydrocortisone tab 20 mg</i>	88	ICAPS AREDS TAB FORMULA	126
<i>hydrocortisone tab 5 mg</i>	88	<i>icaps cap</i>	126
<i>hydrocortisone valerate cream 0.2%</i> .	149	<i>icaps lutein cap /omega-3</i>	126
<i>hydrocortisone valerate oint 0.2%</i>	149	ICAPS LUTEIN TAB ZEAXANTH	126
<i>hydromet syp 5-1.5/5</i>	140	<i>icaps mv tab</i>	127
<i>hydromorphone hcl liqd 1 mg/ml</i>	6	ICAPS PLUS TAB	127
<i>hydromorphone hcl preservative free (pf)</i>		ICAR PEDS SUS GRAPE	106
<i>inj 10 mg/ml</i>	6	ICAR-C TAB	106
<i>hydromorphone hcl tab 2 mg</i>	6	ICHTHAMMOL POW	151
<i>hydromorphone hcl tab 4 mg</i>	6	ICLUSIG TAB 15MG	29
<i>hydromorphone hcl tab 8 mg</i>	6	ICLUSIG TAB 45MG	29
HYDROPHILIC OIN	120	IDHIFA TAB 100MG	25

IDHIFA TAB 50MG.....	25	INSULIN SAFETY NEEDLES	75
<i>iferex 150 cap</i>	106	INSULIN SYRINGE	75
IFEX INJ 3GM	23	INTEGRA CAP	106
IFOSFAMIDE INJ 3GM.....	23	INTELENCE TAB 100MG	13
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>		INTELENCE TAB 200MG	13
.....	23	INTELENCE TAB 25MG	13
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>		INTENSE SENS MIS	81
.....	23	INTRALIPID INJ 30%	114
ILEVRO DRO 0.3% OP	132	INTRON A INJ 10MU	110
<i>imatinib mesylate tab 100 mg (base</i>		INTRON A INJ 18MU	110
<i>equivalent)</i>	29	INTRON A INJ 25MU	110
<i>imatinib mesylate tab 400 mg (base</i>		INTRON A INJ 50MU	110
<i>equivalent)</i>	29	<i>introvale tab</i>	81
IMBRUVICA CAP 140MG.....	29	INVEGA SUST INJ 117/0.75.....	63
IMBRUVICA CAP 70MG	29	INVEGA SUST INJ 156MG/ML.....	63
IMBRUVICA TAB 140MG.....	29	INVEGA SUST INJ 234/1.5	63
IMBRUVICA TAB 280MG.....	29	INVEGA SUST INJ 39/0.25	63
IMBRUVICA TAB 420MG.....	29	INVEGA SUST INJ 78/0.5ML	63
IMBRUVICA TAB 560MG.....	29	INVEGA TRINZ INJ 273MG.....	63
<i>imipenem-cilastatin intravenous for soln</i>		INVEGA TRINZ INJ 410MG.....	63
<i>250 mg</i>	10	INVEGA TRINZ INJ 546MG.....	63
<i>imipenem-cilastatin intravenous for soln</i>		INVEGA TRINZ INJ 819MG.....	63
<i>500 mg</i>	10	INVIRASE TAB 500MG	13
<i>imipramine hcl tab 10 mg</i>	58	IODINE CRY RESUBLIM	151
<i>imipramine hcl tab 25 mg</i>	58	IODOFORM POW	151
<i>imipramine hcl tab 50 mg</i>	58	IONOSOL-MB INJ D5W.....	114
<i>imiquimod cream 5%</i>	151	IPOL INJ INACTIVE.....	111
IMOVAX RABIE INJ 2.5/ML	111	<i>ipratropium bromide inhal soln 0.02%</i>	
<i>incassia tab 0.35mg</i>	81	.....	134
INCRELEX INJ 40MG/4ML.....	90	<i>ipratropium bromide nasal soln 0.03%</i>	
INCRUSE ELPT INH 62.5MCG.....	134	<i>(21 mcg/spray)</i>	134
<i>indapamide tab 1.25 mg</i>	46	<i>ipratropium bromide nasal soln 0.06%</i>	
<i>indapamide tab 2.5 mg</i>	46	<i>(42 mcg/spray)</i>	134
INDOLE-3- POW CARBINOL.....	151	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INFANRIX INJ	111	<i>2.5(3) mg/3ml</i>	134
INFED INJ 50MG/ML.....	106	<i>irbesartan tab 150 mg</i>	37
INFUVITE INJ	127	<i>irbesartan tab 300 mg</i>	37
INFUVITE INJ ADULT	127	<i>irbesartan tab 75 mg</i>	37
INFUVITE INJ PEDIATRI	127	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
INLYTA TAB 1MG	29	<i>12.5 mg</i>	36
INLYTA TAB 5MG	29	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INOSITOL POW HEXANICO.....	151	<i>12.5 mg</i>	36
INSPIRACHAMB MIS LARGE.....	140	IRESSA TAB 250MG.....	29
INSPIRACHAMB MIS MEDIUM	140	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INSPIRACHAMB MIS MOUTHPC	140	<i>mg/ml)</i>	32
INSPIRACHAMB MIS SMALL.....	140	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	
INSPIREASE MIS DD SYST	140	.....	32
INSULIN PEN NEEDLE.....	75	<i>irinotecan hcl inj 500 mg/25ml (20</i>	

<i>mg/ml)</i>	32
<i>iron 100 tab plus</i>	106
<i>iron 100/c tab 100-250</i>	106
ISENTRESS CHW 100MG.....	14
ISENTRESS CHW 25MG	13
ISENTRESS HD TAB 600MG.....	14
ISENTRESS POW 100MG.....	14
ISENTRESS TAB 400MG.....	14
<i>isibloom tab</i>	81
ISOLYTE-P INJ /D5W	114
ISOLYTE-S INJ.....	114
<i>isoniazid syrup 50 mg/5ml</i>	16
<i>isoniazid tab 100 mg</i>	16
<i>isoniazid tab 300 mg</i>	16
ISOPROPYL LIQ PALMITAT	151
<i>isosorbide dinitrate tab 10 mg</i>	47
<i>isosorbide dinitrate tab 20 mg</i>	47
<i>isosorbide dinitrate tab 30 mg</i>	47
<i>isosorbide dinitrate tab 5 mg</i>	47
<i>isosorbide dinitrate tab er 40 mg</i>	47
<i>isosorbide mononitrate tab 10 mg</i>	47
<i>isosorbide mononitrate tab 20 mg</i>	47
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	47
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	47
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	47
<i>isotretinoin cap 10 mg</i>	145
<i>isotretinoin cap 20 mg</i>	145
<i>isotretinoin cap 30 mg</i>	145
<i>isotretinoin cap 40 mg</i>	145
<i>isradipine cap 2.5 mg</i>	44
<i>isradipine cap 5 mg</i>	44
<i>itraconazole cap 100 mg</i>	12
<i>ivermectin tab 3 mg</i>	10
<i>i-vite prote tab</i>	126
<i>i-vite tab</i>	126
IXIARO INJ	111
J	
JADENU SPRKL GRA 180MG	79
JADENU SPRKL GRA 360MG	79
JADENU SPRKL GRA 90MG	79
JADENU TAB 180MG.....	79
JADENU TAB 360MG.....	79
JADENU TAB 90MG.....	79
JAKAFI TAB 10MG	30
JAKAFI TAB 15MG	30

JAKAFI TAB 20MG	30
JAKAFI TAB 25MG	30
JAKAFI TAB 5MG	29
<i>jantoven tab 10mg</i>	104
<i>jantoven tab 1mg</i>	104
<i>jantoven tab 2.5mg</i>	104
<i>jantoven tab 2mg</i>	104
<i>jantoven tab 3mg</i>	104
<i>jantoven tab 4mg</i>	104
<i>jantoven tab 5mg</i>	104
<i>jantoven tab 6mg</i>	104
<i>jantoven tab 7.5mg</i>	104
JANUMET TAB 50-1000	77
JANUMET TAB 50-500MG	77
JANUMET XR TAB 100-1000.....	77
JANUMET XR TAB 50-1000	77
JANUMET XR TAB 50-500MG.....	77
JANUVIA TAB 100MG	77
JANUVIA TAB 25MG.....	77
JANUVIA TAB 50MG.....	77
JARDIANCE TAB 10MG	77
JARDIANCE TAB 25MG	77
<i>jasmiel tab 3-0.02mg</i>	81
JELENE OIN	120
JENTADUETO TAB 2.5-1000.....	77
JENTADUETO TAB 2.5-500	77
JENTADUETO TAB 2.5-850	77
JENTADUETO TAB XR.....	77
JESSNERS SOL	151
<i>jinteli tab 1mg-5mcg</i>	87
<i>jock itch aer 1%</i>	147
<i>jolivette tab 0.35mg</i>	81
<i>juleber tab</i>	81
JULUCA TAB 50-25MG.....	15
<i>junel 1.5/30 tab</i>	81
<i>junel 1/20 tab</i>	81
<i>junel fe 24 tab 1/20</i>	81
<i>junel fe tab 1.5/30</i>	81
<i>junel fe tab 1/20</i>	81
JUXTAPID CAP 10MG	40
JUXTAPID CAP 20MG	40
JUXTAPID CAP 30MG	40
JUXTAPID CAP 40MG	40
JUXTAPID CAP 5MG	40
JUXTAPID CAP 60MG	40
K	
KADCYLA INJ 100MG	25
KADCYLA INJ 160MG	25

<i>kaitlib fe chw</i>	81	KIMONO MICRO MIS THIN + ...	81
KALETRA TAB 100-25MG	15	KIMONO MICRO MIS THIN PLS.....	81
KALETRA TAB 200-50MG	15	KIMONO MIS LUBRICAT	81
KALYDECO PAK 25MG.....	143	KIMONO MIS SENSATIO.....	81
KALYDECO PAK 50MG.....	143	KIMONO PLUS MIS LUBRICAT	81
KALYDECO PAK 75MG.....	143	KIMONO PLUS MIS SPERMICI	81
KALYDECO TAB 150MG.....	143	KIMONO PS MIS LUBRICAT.....	81
KAMELEON LUB MIS COLORS	81	KIMONO PS MIS PLUS.....	81
KAMELEON MIS TRI-COLR.....	81	KIMONO SENA MIS PLUS.....	81
KAOLIN POW COLLOID	94	KIMONO SPEC MIS	82
<i>kao-tin sus 262/15ml</i>	94	KINRIX INJ.....	111
KARAYA GUM	120	KISQALI 200 PAK FEMARA.....	26
<i>kariva tab 28 day</i>	81	KISQALI 400 PAK FEMARA.....	26
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	114	KISQALI 600 PAK FEMARA.....	26
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	114	KISQALI TAB 200DOSE	26
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	115	KISQALI TAB 400DOSE	26
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	115	KISQALI TAB 600DOSE	26
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	114	<i>klor-con 10 tab 10meq er</i>	112
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	115	<i>klor-con 8 tab 8meq er</i>	112
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	115	KOJIC ACID POW	151
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	115	KORLYM TAB 300MG.....	90
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	115	<i>kurvelo tab 0.15/30</i>	82
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	115	KUVAN POW 100MG	86
KCL/D5W/NACL INJ 0.15/0.2.....	115	KUVAN POW 500MG	86
KCL/D5W/NACL INJ 0.3/0.9%	115	KUVAN TAB 100MG	86
<i>kelnor 1/50 tab</i>	81	KYNAMRO INJ 200MG/ML	40
<i>kelnor tab 1/35</i>	81	L	
<i>ketoconazole cream 2%</i>	147	<i>labetalol hcl tab 100 mg</i>	42
<i>ketoconazole shampoo 2%</i>	147	<i>labetalol hcl tab 200 mg</i>	42
<i>ketoconazole tab 200 mg</i>	12	<i>labetalol hcl tab 300 mg</i>	42
KETO-DIASTIX TES	90	LAC-HYDRIN LOT 12%.....	151
<i>ketorolac tromethamine ophth soln 0.4%</i>	132	<i>lactated ringer's solution</i>	115
<i>ketorolac tromethamine ophth soln 0.5%</i>	132	<i>lactic acid (ammonium lactate) cream 12%</i>	152
KEYTRUDA INJ 100MG/4M	25	<i>lactic acid (ammonium lactate) lotion 12%</i>	152
KEYTRUDA SOL 50MG	25	LACTIC ACID SOL.....	152
KIMONO COLOR MIS	81	LACTOSE POW	120
KIMONO MICRO MIS THIN	81	LACTOSE POW ANHYDROU	120
		LACTOSE POW HYDROUS	120
		LACTOSE POW MONOHYDR	120
		<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	98
		<i>lactulose solution 10 gm/15ml</i>	98
		<i>lamivudine oral soln 10 mg/ml</i>	14
		<i>lamivudine tab 100 mg (hbv)</i>	16
		<i>lamivudine tab 150 mg</i>	14
		<i>lamivudine tab 300 mg</i>	14

<i>lamivudine-zidovudine tab 150-300 mg</i>		LENVIMA CAP 4MG	30
.....15		LENVIMA CAP 8 MG	30
<i>lamotrigine tab 100 mg</i>	52	<i>lessina tab</i>	82
<i>lamotrigine tab 150 mg</i>	52	<i>letrozole tab 2.5 mg</i>	27
<i>lamotrigine tab 200 mg</i>	52	<i>leucovorin calcium for inj 100 mg</i>	32
<i>lamotrigine tab 25 mg</i>	52	<i>leucovorin calcium for inj 200 mg</i>	32
<i>lamotrigine tab chewable dispersible 25</i>		<i>leucovorin calcium for inj 350 mg</i>	32
<i>mg</i>	52	<i>leucovorin calcium for inj 50 mg</i>	32
<i>lamotrigine tab chewable dispersible 5</i>		<i>leucovorin calcium for inj 500 mg</i>	32
<i>mg</i>	52	<i>leucovorin calcium inj 500 mg/50ml (10</i>	
<i>lamotrigine tab er 24hr 100 mg</i>	52	<i>mg/ml)</i>	32
<i>lamotrigine tab er 24hr 200 mg</i>	52	<i>leucovorin calcium tab 10 mg</i>	32
<i>lamotrigine tab er 24hr 25 mg</i>	52	<i>leucovorin calcium tab 15 mg</i>	32
<i>lamotrigine tab er 24hr 250 mg</i>	52	<i>leucovorin calcium tab 25 mg</i>	32
<i>lamotrigine tab er 24hr 300 mg</i>	52	<i>leucovorin calcium tab 5 mg</i>	32
<i>lamotrigine tab er 24hr 50 mg</i>	52	LEUKERAN TAB 2MG	23
<i>lansoprazole cap delayed release 15 mg</i>		<i>leuprolide acetate inj kit 5 mg/ml</i>	27
.....	101	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
<i>lansoprazole cap delayed release 30 mg</i>		<i>(base equiv)</i>	137
.....	101	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
L-ARGININE POW.....	120	<i>(base equiv)</i>	137
<i>larin fe tab 1.5/30</i>	82	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>larin fe tab 1/20</i>	82	<i>(base equiv)</i>	137
<i>larin tab 1.5/30</i>	82	<i>levalbuterol hcl soln nebu conc 1.25</i>	
<i>larin tab 1/20</i>	82	<i>mg/0.5ml (base equiv)</i>	137
LASTACFT SOL 0.25%	132	<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>latanoprost ophth soln 0.005%</i>	133	<i>mcg/act (base equiv)</i>	137
LATUDA TAB 120MG.....	63	LEVEMIR INJ.....	75
LATUDA TAB 20MG	63	LEVEMIR INJ FLEXTouc	75
LATUDA TAB 40MG	63	<i>levetiracetam in sodium chloride iv soln</i>	
LATUDA TAB 60MG	63	<i>1000 mg/100ml</i>	52
LATUDA TAB 80MG	63	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lax/stl soft tab 8.6-50mg</i>	98	<i>1500 mg/100ml</i>	52
<i>laxative sup 10mg</i>	98	<i>levetiracetam in sodium chloride iv soln</i>	
<i>laxative tab 25mg</i>	98	<i>500 mg/100ml</i>	52
<i>layolis fe chw</i>	82	<i>levetiracetam inj 500 mg/5ml (100</i>	
L-CITRULLINE POW	151	<i>mg/ml)</i>	52
L-CYSTINE POW.....	120	<i>levetiracetam oral soln 100 mg/ml</i>	52
LECITHIN GRA.....	120	<i>levetiracetam tab 1000 mg</i>	52
<i>leflunomide tab 10 mg</i>	108	<i>levetiracetam tab 250 mg</i>	52
<i>leflunomide tab 20 mg</i>	108	<i>levetiracetam tab 500 mg</i>	52
LEMON FLAVOR OIL	120	<i>levetiracetam tab 750 mg</i>	52
LENVIMA CAP 10 MG	30	<i>levetiracetam tab er 24hr 500 mg</i>	52
LENVIMA CAP 12MG	30	<i>levetiracetam tab er 24hr 750 mg</i>	52
LENVIMA CAP 14 MG	30	<i>levobunolol hcl ophth soln 0.5%</i>	133
LENVIMA CAP 18 MG	30	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
LENVIMA CAP 20 MG	30	.....	86
LENVIMA CAP 24 MG	30	<i>levocarnitine tab 330 mg</i>	86

<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	136	<i>levothyroxine sodium tab 175 mcg</i>	92
<i>levocetirizine dihydrochloride tab 5 mg</i>	136	<i>levothyroxine sodium tab 200 mcg</i>	92
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	20	<i>levothyroxine sodium tab 25 mcg</i>	91
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	20	<i>levothyroxine sodium tab 300 mcg</i>	92
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	20	<i>levothyroxine sodium tab 50 mcg</i>	92
<i>levofloxacin iv soln 25 mg/ml</i>	20	<i>levothyroxine sodium tab 75 mcg</i>	92
<i>levofloxacin oral soln 25 mg/ml</i>	20	<i>levothyroxine sodium tab 88 mcg</i>	92
<i>levofloxacin tab 250 mg</i>	20	<i>levoxyl tab 100mcg</i>	92
<i>levofloxacin tab 500 mg</i>	20	<i>levoxyl tab 112mcg</i>	92
<i>levofloxacin tab 750 mg</i>	20	<i>levoxyl tab 125mcg</i>	92
<i>levonest tab</i>	82	<i>levoxyl tab 137mcg</i>	92
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> 82		<i>levoxyl tab 150mcg</i>	92
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	82	<i>levoxyl tab 175mcg</i>	92
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	82	<i>levoxyl tab 200mcg</i>	92
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	82	<i>levoxyl tab 25mcg</i>	92
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	82	<i>levoxyl tab 50mcg</i>	92
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	82	<i>levoxyl tab 75mcg</i>	92
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	82	<i>levoxyl tab 88mcg</i>	92
<i>levora-28 tab 0.15/30</i>	82	LEXIVA SUS 50MG/ML	14
<i>levo-t tab 100mcg</i>	91	L-GLUTAMINE POW	120
<i>levo-t tab 112mcg</i>	91	L-GLUTATHION CRY	120
<i>levo-t tab 125mcg</i>	91	<i>lice killing sha</i>	154
<i>levo-t tab 137mcg</i>	91	<i>lice killing sha 0.33-4%</i>	154
<i>levo-t tab 150mcg</i>	91	<i>lice treatmt lot 1%</i>	154
<i>levo-t tab 175mcg</i>	91	<i>lice treatmt sha 0.33-4%</i>	154
<i>levo-t tab 200 mcg</i>	91	<i>lice trtmnt liq</i>	154
<i>levo-t tab 25mcg</i>	91	<i>lice trtmnt liq 1%</i>	154
<i>levo-t tab 300 mcg</i>	91	<i>licide sha 0.33-4%</i>	154
<i>levo-t tab 50mcg</i>	91	<i>lidocaine hcl local inj 0.5%</i>	8
<i>levo-t tab 75mcg</i>	91	<i>lidocaine hcl local inj 1%</i>	8
<i>levo-t tab 88mcg</i>	91	<i>lidocaine hcl local inj 2%</i>	8
<i>levothyroxine sodium tab 100 mcg</i>	92	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	8
<i>levothyroxine sodium tab 112 mcg</i>	92	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	8
<i>levothyroxine sodium tab 125 mcg</i>	92	<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	8
<i>levothyroxine sodium tab 137 mcg</i>	92	<i>lidocaine hcl soln 4%</i>	149
<i>levothyroxine sodium tab 150 mcg</i>	92	<i>lidocaine hcl urethral/mucosal gel 2%</i> 149	
		<i>lidocaine hcl viscous soln 2%</i>	155
		<i>lidocaine oint 5%</i>	149
		<i>lidocaine patch 5%</i>	149
		<i>lidocaine-prilocaine cream 2.5-2.5%</i> 149	
		LIFESTYLES MIS COLORS	82
		LIFESTYLES MIS EXT STR	82
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LIFESTYLES MIS SKYN.....	82	LOLLIBASE POW	120
LIFESTYLES MIS SPERM/LU	82	<i>lomedra 24 tab fe</i>	82
LIFESTYLES MIS STUDDER	82	LONSURF TAB 15-6.14.....	31
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LIFESTYLES MIS VIBRA-RI	82	<i>loperamide cap 2mg</i>	94
LIFESTYLES MIS XPLEASUR.....	82	<i>loperamide hcl cap 2 mg</i>	100
<i>linezolid for susp 100 mg/5ml</i>	10	<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	95
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i>	10	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i>	15
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	10	<i>loratadine d tab 5-120mg</i>	140
<i>linezolid tab 600 mg</i>	10	<i>loratadine sol 5mg/5ml</i>	136
LINZESS CAP 145MCG.....	100	<i>loratadine syp 5mg/5ml</i>	136
LINZESS CAP 290MCG	100	<i>loratadine tab 10 mg</i>	136
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<i>liothyronine sodium tab 25 mcg</i>	92	<i>lorata-dine tab d 24hr</i>	140
<i>liothyronine sodium tab 5 mcg</i>	92	<i>loratadine-d tab 10-240mg</i>	140
<i>liothyronine sodium tab 50 mcg</i>	92	<i>loratadine-d tab 5-120mg</i>	140
LIP BALM OIN BASE	120	<i>lorazepam conc 2 mg/ml</i>	49
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<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	33	LORBRENA TAB 100MG	30
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	33	LORBRENA TAB 25MG.....	30
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<i>lisinopril tab 2.5 mg</i>	34	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	36
<i>lisinopril tab 20 mg</i>	34	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	36
<i>lisinopril tab 30 mg</i>	34	<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	36
<i>lisinopril tab 40 mg</i>	34	<i>losartan potassium tab 100 mg</i>	37
<i>lisinopril tab 5 mg</i>	34	<i>losartan potassium tab 25 mg</i>	37
L-ISOLEUCINE POW	120	<i>losartan potassium tab 50 mg</i>	37
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<i>lithium carbonate cap 150 mg</i>	70	LOTEMAX OIN 0.5%	132
<i>lithium carbonate cap 300 mg</i>	70	LOTEMAX SUS 0.5%.....	132
<i>lithium carbonate cap 600 mg</i>	70	<i>loteprednol etabonate ophth susp 0.5%</i>	132
<i>lithium carbonate tab 300 mg</i>	70	<i>lovastatin tab 10 mg</i>	39
<i>lithium carbonate tab er 300 mg</i>	70	<i>lovastatin tab 20 mg</i>	39
<i>lithium carbonate tab er 450 mg</i>	70	<i>lovastatin tab 40 mg</i>	39
LITHIUM SOL 8MEQ/5ML.....	70	<i>loxapine succinate cap 10 mg</i>	63
<i>little teeth gel 7.5%</i>	155	<i>loxapine succinate cap 25 mg</i>	63
L-METHIONINE POW	120	<i>loxapine succinate cap 5 mg</i>	63
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<i>loxapine succinate cap 50 mg</i>	63
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LUPR DEP-PED INJ 15MG	90
LUPR DEP-PED INJ 3M 30MG	90
LUPR DEP-PED INJ 7.5MG	90
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LUPRON DEPOT INJ 3.75MG	27
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<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	117
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<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	117
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<i>magnesium sulfate inj 50%</i>	112
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	112
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	112
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	112
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	112
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<i>mapap tab 325mg</i>	2
<i>mapap tab 500mg</i>	2
<i>mapap tab 500mg/rr</i>	2
<i>maprotiline hcl tab 25 mg</i>	58
<i>maprotiline hcl tab 50 mg</i>	58
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<i>m-clear wc liq 100-6.3</i>	140	MENTHOL CRY	152
<i>meclizine hcl tab 12.5 mg</i>	95	MENTHOL-L CRY	152
<i>meclizine hcl tab 25 mg</i>	95	MENVEO INJ	111
<i>medi-bismuth chw 262mg</i>	95	MEPHYTON TAB 5MG	127
<i>medi-natural tab 8.6-50mg</i>	98	<i>mercaptapurine tab 50 mg</i>	24
<i>medi-natural tab 8.6mg</i>	98	<i>meropenem iv for soln 1 gm</i>	10
<i>medi-phedryl cap 25mg</i>	136	<i>meropenem iv for soln 500 mg</i>	10
<i>medi-profen sus 40mg/ml</i>	3	<i>mesalamine cap dr 400 mg</i>	97
<i>medi-tabs tab 500mg</i>	2	<i>mesalamine enema 4 gm</i>	97
<i>medi-tussin syp dm</i>	140	<i>mesalamine rectal enema 4 gm &</i>	
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<i>150 mg/ml</i>	83	<i>mesalamine suppos 1000 mg</i>	97
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine tab delayed release 800 mg</i>	
<i>prefilled syr 150 mg/ml</i>	83	<i>.....</i>	97
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<i>mg</i>	91	<i>metformin hcl tab 850 mg</i>	77
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>metformin hcl tab er 24hr 500 mg</i>	77
<i>.....</i>	91	<i>metformin hcl tab er 24hr 750 mg</i>	77
<i>mefloquine hcl tab 250 mg</i>	13	<i>methadone con 10mg/ml</i>	6
<i>mega multi tab men</i>	127	<i>methadone hcl soln 10 mg/5ml</i>	6
<i>mega multi tab women</i>	127	<i>methadone hcl soln 5 mg/5ml</i>	6
MEGA MULTIVI TAB MEN	127	<i>methadone hcl tab 10 mg</i>	6
MEGA MULTIVI TAB WOMEN	127	<i>methadone hcl tab 5 mg</i>	6
<i>megestrol acetate susp 40 mg/ml</i>	27	<i>methazolamide tab 25 mg</i>	46
<i>megestrol acetate susp 625 mg/5ml ...</i>	27	<i>methazolamide tab 50 mg</i>	46
<i>megestrol acetate tab 20 mg</i>	27	<i>methenamine hippurate tab 1 gm</i>	10
<i>megestrol acetate tab 40 mg</i>	27	<i>methimazole tab 10 mg</i>	92
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MEKINIST TAB 2MG	30	<i>methocarbamol tab 500 mg</i>	71
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<i>melodetta chw 24 fe</i>	83	<i>methotrexate sodium for inj 1 gm</i>	24
<i>meloxicam tab 15 mg</i>	4	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>meloxicam tab 7.5 mg</i>	4	<i>(25 mg/ml)</i>	24
<i>memantine hcl cap er 24hr 14 mg</i>	55	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
<i>memantine hcl cap er 24hr 21 mg</i>	55	<i>mg/ml)</i>	24
<i>memantine hcl cap er 24hr 28 mg</i>	55	<i>methotrexate sodium inj pf 1000</i>	
<i>memantine hcl cap er 24hr 7 mg</i>	55	<i>mg/40ml (25 mg/ml)</i>	24
<i>memantine hcl oral solution 2 mg/ml ..</i>	55	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>memantine hcl tab 10 mg</i>	55	<i>(25 mg/ml)</i>	24
<i>memantine hcl tab 5 mg</i>	55	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl tab 5 mg (28) & 10 mg</i>		<i>(25 mg/ml)</i>	24
<i>(21) titration pak</i>	55	<i>methotrexate sodium tab 2.5 mg (base</i>	
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<i>methyclothiazide tab 5 mg</i>	46	<i>metoprolol succinate tab er 24hr 100 mg</i>	
METHYL SULF CRY	152	(tartrate equiv)	42
METHYLCELLUL GEL 1%.....	121	<i>metoprolol succinate tab er 24hr 200 mg</i>	
METHYLCELLUL GEL 2%.....	121	(tartrate equiv)	42
METHYLCELLUL GEL 3%.....	121	<i>metoprolol succinate tab er 24hr 25 mg</i>	
METHYLCELLUL POW 1500CPS.....	121	(tartrate equiv)	42
METHYLCELLUL POW 4000CPS.....	121	<i>metoprolol succinate tab er 24hr 50 mg</i>	
METHYLPARABE POW	121	(tartrate equiv)	42
<i>methylphenidate hcl soln 10 mg/5ml</i> ...	67	<i>metoprolol tartrate iv soln 5 mg/5ml</i> ..	42
<i>methylphenidate hcl soln 5 mg/5ml</i>	67	<i>metoprolol tartrate iv soln cart inj 5</i>	
<i>methylphenidate hcl tab 10 mg</i>	67	mg/5ml (1 mg/ml)	42
<i>methylphenidate hcl tab 20 mg</i>	67	<i>metoprolol tartrate tab 100 mg</i>	42
<i>methylphenidate hcl tab 5 mg</i>	67	<i>metoprolol tartrate tab 25 mg</i>	42
<i>methylphenidate hcl tab er 10 mg</i>	67	<i>metoprolol tartrate tab 50 mg</i>	42
<i>methylphenidate hcl tab er 20 mg</i>	67	<i>metronidazole cream 0.75%</i>	152
<i>methylprednisolone acetate inj susp 40</i>		<i>metronidazole gel 0.75%</i>	152
<i>mg/ml</i>	88	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methylprednisolone acetate inj susp 80</i>		<i>mg/100ml</i>	10
<i>mg/ml</i>	88	<i>metronidazole lotion 0.75%</i>	152
<i>methylprednisolone sod succ for inj 1000</i>		<i>metronidazole tab 250 mg</i>	10
<i>mg (base equiv)</i>	88	<i>metronidazole tab 500 mg</i>	10
<i>methylprednisolone sod succ for inj 125</i>		<i>metronidazole vaginal gel 0.75%</i>	103
<i>mg (base equiv)</i>	88	<i>mexiletine hcl cap 150 mg</i>	38
<i>methylprednisolone sod succ for inj 40</i>		<i>mexiletine hcl cap 200 mg</i>	38
<i>mg (base equiv)</i>	88	<i>mexiletine hcl cap 250 mg</i>	38
<i>methylprednisolone tab 16 mg</i>	88	MG SO4/D5W INJ 10MG/ML.....	113
<i>methylprednisolone tab 32 mg</i>	88	<i>mi-acid sus</i>	94
<i>methylprednisolone tab 4 mg</i>	88	<i>mi-acid sus max st</i>	94
<i>methylprednisolone tab 8 mg</i>	88	<i>mibelas 24 chw fe</i>	83
<i>methylprednisolone tab therapy pack 4</i>		<i>miconazole 3 kit combinat</i>	103
<i>mg (21)</i>	88	<i>miconazole 3 kit combo pk</i>	103
<i>metoclopramide hcl inj 5 mg/ml (base</i>		<i>miconazole 7 cre 2%</i>	103
<i>equivalent)</i>	95	<i>miconazole 7 cre tube/kit</i>	103
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>miconazole 7 sup 100mg</i>	103
<i>mg/10ml) (base equiv)</i>	95	<i>miconazole nitrate cream 2%</i>	147
<i>metoclopramide hcl tab 10 mg (base</i>		<i>miconazole nitrate vaginal cream 2%</i>	103
<i>equivalent)</i>	95	<i>miconazole nitrate vaginal suppos 100</i>	
<i>metoclopramide hcl tab 5 mg (base</i>		<i>mg</i>	103
<i>equivalent)</i>	95	MICROCHAMBER MIS.....	140
<i>metolazone tab 10 mg</i>	46	MICRODERM CRE BASE	121
<i>metolazone tab 2.5 mg</i>	46	MICROSOME CRE BASE.....	121
<i>metolazone tab 5 mg</i>	46	MICROSPACER MIS	140
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<i>100-25 mg</i>	41	<i>midodrine hcl tab 2.5 mg</i>	47
<i>metoprolol & hydrochlorothiazide tab</i>		<i>midodrine hcl tab 5 mg</i>	47
<i>100-50 mg</i>	41	MIDOL MAX ST TAB MENSTRUA	2
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<i>25 mg</i>	41	<i>miglustat cap 100 mg</i>	86

<i>milantex sus ex st</i>	94	<i>mometasone furoate oint 0.1%</i>	149
<i>milantex sus original</i>	94	<i>mometasone furoate solution 0.1%</i>	
<i>mili tab 0.25/35</i>	83	<i>(lotion)</i>	149
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MINERAL OIL LIGHT	98	<i>(base equiv)</i>	142
<i>minitran dis 0.1mg/hr</i>	47	<i>montelukast sodium chew tab 5 mg</i>	
<i>minitran dis 0.2mg/hr</i>	47	<i>(base equiv)</i>	142
<i>minitran dis 0.4mg/hr</i>	47	<i>montelukast sodium oral granules packet</i>	
<i>minitran dis 0.6mg/hr</i>	47	<i>4 mg (base equiv)</i>	142
<i>minocycline hcl cap 100 mg</i>	22	<i>montelukast sodium tab 10 mg (base</i>	
<i>minocycline hcl cap 50 mg</i>	22	<i>equiv)</i>	142
<i>minocycline hcl cap 75 mg</i>	22	MORPHINE SUL INJ 10MG/ML	7
<i>minoxidil tab 10 mg</i>	47	MORPHINE SUL INJ 150/30ML	7
<i>minoxidil tab 2.5 mg</i>	47	MORPHINE SUL INJ 2MG/ML	6
<i>mintox plus chw</i>	94	MORPHINE SUL INJ 4MG/ML	6
<i>mintox sus</i>	94	MORPHINE SUL INJ 5MG/ML	6
<i>mintox sus max st</i>	94	MORPHINE SUL INJ 8MG/ML	6
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate inj 10 mg/ml</i>	7
<i>mg</i>	58	<i>morphine sulfate inj 8 mg/ml</i>	7
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate iv soln 1 mg/ml</i>	7
<i>mg</i>	58	<i>morphine sulfate iv soln pf 10 mg/ml....</i>	7
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate iv soln pf 4 mg/ml</i>	7
<i>mg</i>	58	<i>morphine sulfate iv soln pf 8 mg/ml</i>	7
<i>mirtazapine tab 15 mg</i>	58	<i>morphine sulfate oral soln 10 mg/5ml...</i>	7
<i>mirtazapine tab 30 mg</i>	58	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>mirtazapine tab 45 mg</i>	58	<i>(20 mg/ml)</i>	7
<i>mirtazapine tab 7.5 mg</i>	58	<i>morphine sulfate oral soln 20 mg/5ml...</i>	7
<i>misoprostol tab 100 mcg</i>	100	<i>morphine sulfate tab 15 mg</i>	7
<i>misoprostol tab 200 mcg</i>	100	<i>morphine sulfate tab 30 mg</i>	7
MITIGARE CAP 0.6MG.....	1	<i>morphine sulfate tab er 100 mg</i>	7
<i>mitomycin for iv soln 20 mg</i>	23	<i>morphine sulfate tab er 15 mg</i>	7
<i>mitomycin for iv soln 40 mg</i>	23	<i>morphine sulfate tab er 200 mg</i>	7
<i>mitomycin for iv soln 5 mg</i>	23	<i>morphine sulfate tab er 30 mg</i>	7
M-M-R II INJ	111	<i>morphine sulfate tab er 60 mg</i>	7
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<i>moexipril hcl tab 15 mg</i>	34	MOVANTIK TAB 25MG.....	100
<i>moexipril hcl tab 7.5 mg</i>	34	MOVIPREP SOL	98
<i>moexipril-hydrochlorothiazide tab 15-</i>		MOXEZA SOL 0.5%	131
<i>12.5 mg</i>	34	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>equiv)</i>	131
<i>mg</i>	34	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		.....	20
<i>12.5 mg</i>	33	<i>mucinex allr tab 180mg</i>	136
<i>molindone hcl tab 10 mg</i>	63	<i>mucinex chld liq 100/5ml</i>	140
<i>molindone hcl tab 25 mg</i>	64	<i>mucus relief liq 100/5ml</i>	140
<i>molindone hcl tab 5 mg</i>	63	<i>mucus relief liq 400/20ml</i>	140
<i>mometasone furoate cream 0.1%</i>	149	<i>mult vitamin tab essent</i>	127

<i>mult vitamin tab mens</i>	127
<i>mult vitamin tab womens</i>	127
MULTAQ TAB 400MG	38
<i>multi-delyn liq</i>	127
MULTI-DELYN LIQ /IRON	127
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<i>multilex-t&m tab</i>	127
<i>multiple vitamins w/ minerals tab</i>	127
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MYCAMINE INJ 50MG	12
<i>mycophenolate mofetil cap 250 mg</i> ...	110
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	110
<i>mycophenolate mofetil tab 500 mg</i> ...	110
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	110
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	110
MYLOTARG INJ 4.5MG	26
<i>myorisan cap 10mg</i>	145
<i>myorisan cap 20mg</i>	145
<i>myorisan cap 30mg</i>	145
<i>myorisan cap 40mg</i>	145
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MYRBETRIQ TAB 50MG	102
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<i>nabumetone tab 750 mg</i>	4
<i>nadolol tab 20 mg</i>	42
<i>nadolol tab 40 mg</i>	42
<i>nadolol tab 80 mg</i>	42
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<i>nafcillin sodium for inj 1 gm</i>	21
<i>nafcillin sodium for inj 2 gm</i>	21
<i>nafcillin sodium for iv soln 1 gm</i>	21
<i>nafcillin sodium for iv soln 10 gm</i>	21
<i>nafcillin sodium for iv soln 2 gm</i>	21
NAGLAZYME INJ 1MG/ML	86
<i>nail-ex tab 2.5mg</i>	127
<i>nalbuphine hcl inj 10 mg/ml</i>	5
<i>nalbuphine hcl inj 20 mg/ml</i>	5
<i>naloxone hcl inj 0.4 mg/ml</i>	73
<i>naloxone hcl inj 4 mg/10ml</i>	73
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	73

<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	73
<i>naltrexone hcl tab 50 mg</i>	73
NAMZARIC CAP	55
NAMZARIC CAP 14-10MG	55
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<i>naproxen dr tab 375mg</i>	4
<i>naproxen dr tab 500mg</i>	4
<i>naproxen sodium tab 275 mg</i>	4
<i>naproxen sodium tab 550 mg</i>	4
<i>naproxen tab 250 mg</i>	4
<i>naproxen tab 375 mg</i>	4
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<i>nat fiber pow therapy</i>	98
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<i>nateglinide tab 120 mg</i>	77
<i>nateglinide tab 60 mg</i>	77
NATPARA INJ 100MCG	90
NATPARA INJ 25MCG	90
NATPARA INJ 50MCG	90
NATPARA INJ 75MCG	90
NATURAL COND MIS + LUBE	83
<i>naturl fiber pow 28.3%</i>	98
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<i>necon tab 0.5/35</i>	83
<i>necon tab 7/7/7</i>	83
<i>nefazodone hcl tab 100 mg</i>	58
<i>nefazodone hcl tab 150 mg</i>	58
<i>nefazodone hcl tab 200 mg</i>	58
<i>nefazodone hcl tab 250 mg</i>	58
<i>nefazodone hcl tab 50 mg</i>	58
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<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	131	<i>nicardipine hcl cap 30 mg</i>	44
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<i>neomycin-polymyxin-hc otic soln 1%</i>	155	<i>nicorelief gum 2mg orig</i>	73
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	155	<i>nicorelief gum 4mg mint</i>	73
NEPHRAMINE INJ 5.4%	114	<i>nicorelief gum 4mg orig</i>	73
NEPHRONEX LIQ 0.9/5ML	127	<i>nicotine pol loz 4mg mint</i>	73
NEPHRO-VITE TAB	127	<i>nicotine polacrilex gum 2 mg</i>	73
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NEUPOGEN INJ 300/0.5	105	<i>nicotine polacrilex lozenge 2 mg</i>	73
NEUPOGEN INJ 300MCG	105	<i>nicotine polacrilex lozenge 4 mg</i>	73
NEUPOGEN INJ 480/0.8	105	<i>nicotine td dis 7mg/24hr</i>	73
NEUPOGEN INJ 480MCG	105	<i>nicotine td patch 24hr 14 mg/24hr</i>	73
NEUPRO DIS 1MG/24HR	60	<i>nicotine td patch 24hr 21 mg/24hr</i>	73
NEUPRO DIS 2MG/24HR	60	<i>nicotine td patch 24hr 7 mg/24hr</i>	73
NEUPRO DIS 3MG/24HR	60	NICOTROL INH	73
NEUPRO DIS 4MG/24HR	60	NICOTROL NS SPR 10MG/ML	73
NEUPRO DIS 6MG/24HR	60	<i>nifedipine tab er 24hr 30 mg</i>	44
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<i>nevirapine susp 50 mg/5ml</i>	14	<i>nifedipine tab er 24hr 90 mg</i>	44
<i>nevirapine tab 200 mg</i>	14	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	44
<i>nevirapine tab er 24hr 100 mg</i>	14	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	44
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<i>niacin cap 500mg</i>	127	<i>nimodipine cap 30 mg</i>	44
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<i>niacin cap er 500 mg</i>	127	NINLARO CAP 2.3MG	26
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<i>niacin tab er 500 mg (antihyperlipidemic)</i>	40	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	11
<i>niacin tab er 750 mg</i>	127	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	11
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	40	<i>nitroglycerin sl tab 0.3 mg</i>	47
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<i>150-35 mcg/24hr</i>	83	<i>nortriptyline hcl cap 25 mg</i>	58
<i>norethindrone & ethinyl estradiol-fe chew</i>		<i>nortriptyline hcl cap 50 mg</i>	58
<i>tab 0.4 mg-35 mcg</i>	83	<i>nortriptyline hcl cap 75 mg</i>	58
<i>norethindrone & ethinyl estradiol-fe chew</i>		<i>nortriptyline hcl soln 10 mg/5ml</i>	58
<i>tab 0.8 mg-25 mcg</i>	83	NORVIR POW 100MG	14
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<i>1 mg-20 mcg</i>	83	NOVAFERRUM CAP 50MG	106
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<i>tab 1 mg-20 mcg (24).....</i>	83	NOVOLOG INJ FLEXPEN.....	75
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<i>norethindrone acetate-ethinyl estradiol</i>		NUCYNTA ER TAB 100MG	7
<i>tab 1 mg-5 mcg.....</i>	87	NUCYNTA ER TAB 150MG	7
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i>		NUCYNTA ER TAB 200MG	7
<i>20/1-30/1-35 mg-mcg</i>	83	NUCYNTA ER TAB 250MG	7
<i>norethindrone tab 0.35 mg</i>	83	NUCYNTA ER TAB 50MG.....	7
<i>norethindrone-eth estradiol tab 0.5-</i>		NUEDEXTA CAP 20-10MG.....	70
<i>35/1-35/0.5-35 mg-mcg.....</i>	83	<i>nu-iron 150 cap 150mg.....</i>	106
<i>norgestimate & ethinyl estradiol tab 0.25</i>		NULOJIX INJ 250MG	110
<i>mg-35 mcg</i>	83	NULYTELY SOL FLAV PKS	98
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<i>nystatin oint 100000 unit/gm</i>	147
<i>nystatin susp 100000 unit/ml</i>	155
<i>nystatin tab 500000 unit</i>	12
<i>nystatin topical powder 100000 unit/gm</i>	147
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<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i>	90
<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i>	90
<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i>	90
<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i>	90
<i>octreotide acetate inj 500 mcg/ml (0.5</i> <i>mg/ml)</i>	90
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<i>olanzapine orally disintegrating tab 10</i> <i>mg</i>	64
<i>olanzapine orally disintegrating tab 15</i> <i>mg</i>	64
<i>olanzapine orally disintegrating tab 20</i> <i>mg</i>	64
<i>olanzapine orally disintegrating tab 5 mg</i>	64
<i>olanzapine tab 10 mg</i>	64

<i>olanzapine tab 15 mg</i>	64
<i>olanzapine tab 2.5 mg</i>	64
<i>olanzapine tab 20 mg</i>	64
<i>olanzapine tab 5 mg</i>	64
<i>olanzapine tab 7.5 mg</i>	64
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<i>olmesartan medoxomil tab 40 mg</i>	38
<i>olmesartan medoxomil tab 5 mg</i>	38
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<i>omeprazole cap delayed release 20 mg</i>	101
<i>omeprazole cap delayed release 40 mg</i>	101
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<i>once daily tab iron</i>	128
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<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	95
<i>ondansetron hcl inj 40 mg/20ml (2</i> <i>mg/ml)</i>	95
<i>ondansetron hcl oral soln 4 mg/5ml</i>	96
<i>ondansetron hcl tab 24 mg</i>	96
<i>ondansetron hcl tab 4 mg</i>	96
<i>ondansetron hcl tab 8 mg</i>	96
<i>ondansetron orally disintegrating tab 4</i> <i>mg</i>	96
<i>ondansetron orally disintegrating tab 8</i> <i>mg</i>	96

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<i>one daily tab maximum</i>	128	<i>oxacillin sodium for inj 1 gm (base</i>	
<i>one daily tab men 50+</i>	128	<i>equivalent)</i>	21
<i>one daily tab mens</i>	128	<i>oxacillin sodium for inj 10 gm (base</i>	
<i>one daily tab mens 50+</i>	128	<i>equivalent)</i>	22
<i>one daily tab pls iron</i>	128	<i>oxacillin sodium for inj 2 gm (base</i>	
<i>one daily tab wom 50+</i>	128	<i>equivalent)</i>	22
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OPTICHAMBER MIS ADV MED	140	<i>oxaliplatin iv soln 50 mg/10ml</i>	32
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OPTICHAMBER MIS DIA MD.....	140	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
OPTICHAMBER MIS DIA SM.....	140	<i>mg/ml)</i>	53
OPTICHAMBER MIS DIAMOND	140	<i>oxcarbazepine tab 150 mg</i>	53
OPTICHAMBER MIS FACE MAS	140	<i>oxcarbazepine tab 300 mg</i>	53
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<i>oralyte sol freeze</i>	113		102
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ORASEP SPR	155	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
ORA-SWEET SF SYP	121	<i>mg/ml)</i>	7
ORA-SWEET SYP.....	121	<i>oxycodone hcl soln 5 mg/5ml</i>	7
ORFADIN CAP 10MG.....	87	<i>oxycodone hcl tab 10 mg</i>	7
ORFADIN CAP 20MG.....	87	<i>oxycodone hcl tab 15 mg</i>	7
ORFADIN CAP 2MG	87	<i>oxycodone hcl tab 20 mg</i>	8
ORFADIN CAP 5MG	87	<i>oxycodone hcl tab 30 mg</i>	8
ORFADIN SUS 4MG/ML.....	87	<i>oxycodone hcl tab 5 mg</i>	7
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ORKAMBI GRA 150-188	143	<i>mg</i>	8
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<i>orsythia tab</i>	84	<i>mg</i>	8
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>equiv)</i>	17	<i>325 mg</i>	8
<i>oseltamivir phosphate cap 45 mg (base</i>		OXYCONTIN TAB 10MG CR	8
<i>equiv)</i>	17	OXYCONTIN TAB 15MG CR	8
<i>oseltamivir phosphate cap 75 mg (base</i>		OXYCONTIN TAB 20MG CR	8
<i>equiv)</i>	17	OXYCONTIN TAB 30MG CR	8
<i>oseltamivir phosphate for susp 6 mg/ml</i>		OXYCONTIN TAB 40MG CR	8

OXYCONTIN TAB 60MG CR.....	8
OXYCONTIN TAB 80MG CR.....	8
oysco 500 tab 500mg.....	118
oysco 500+d chw.....	118
oysco 500+d tab.....	118
oyst cal/d tab 500mg	118
oyst shell/d tab 500mg.....	118
oyst-cal d tab 250mg	118
oyster shell calcium tab 500 mg	118
oyster shell tab 500mg.....	118
OZEMPIC INJ 2/1.5ML	75

P

<i>pacerone tab 100mg</i>	<i>38</i>
<i>pacerone tab 200mg</i>	<i>38</i>
<i>pacerone tab 400mg</i>	<i>38</i>
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml).....</i>	<i>25</i>
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml).....</i>	<i>25</i>
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	<i>25</i>
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml).....</i>	<i>25</i>
<i>pain & fever chw 80mg.....</i>	<i>2</i>
<i>pain & fever sol 160/5ml.....</i>	<i>2</i>
<i>pain & fever sus 160/5ml.....</i>	<i>2</i>
<i>pain & fever tab 325mg</i>	<i>2</i>
<i>pain & fever tab 500mg</i>	<i>2</i>
<i>pain relief sus 160/5ml.....</i>	<i>2</i>
<i>pain relief tab 500mg</i>	<i>2</i>
<i>pain relief tab 500mg/rr</i>	<i>2</i>
<i>pain relief tab 650mg</i>	<i>2</i>
<i>pain relieve sus 160/5ml.....</i>	<i>2</i>
<i>pain relieve tab 325mg.....</i>	<i>2</i>
<i>pain relieve tab 500mg.....</i>	<i>2</i>
<i>pain relieve tab 500mg/rr</i>	<i>2</i>
<i>paliperidone tab er 24hr 1.5 mg</i>	<i>64</i>
<i>paliperidone tab er 24hr 3 mg</i>	<i>64</i>
<i>paliperidone tab er 24hr 6 mg</i>	<i>64</i>
<i>paliperidone tab er 24hr 9 mg</i>	<i>64</i>
<i>pamidronate disodium for inj 30 mg....</i>	<i>78</i>
<i>pamidronate disodium for inj 90 mg....</i>	<i>78</i>
<i>pamidronate disodium iv soln 3 mg/ml</i>	<i>78</i>
<i>pamidronate disodium iv soln 9 mg/ml</i>	<i>78</i>
PAMIDRONATE INJ 6MG/ML.....	78
PANRETIN GEL 0.1%	152
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	<i>101</i>

<i>pantoprazole sodium ec tab 40 mg (base equiv).....</i>	<i>101</i>
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	<i>101</i>
PANZYGA SOL 10GM/100	110
PANZYGA SOL 1GM/10ML.....	109
PANZYGA SOL 2.5GM/25.....	109
PANZYGA SOL 20GM/200	110
PANZYGA SOL 30GM/300	110
PANZYGA SOL 5GM/50ML.....	109
<i>paricalcitol cap 1 mcg</i>	<i>128</i>
<i>paricalcitol cap 2 mcg</i>	<i>128</i>
<i>paricalcitol cap 4 mcg</i>	<i>128</i>
<i>paromomycin sulfate cap 250 mg.....</i>	<i>9</i>
<i>paroxetine hcl tab 10 mg</i>	<i>58</i>
<i>paroxetine hcl tab 20 mg</i>	<i>58</i>
<i>paroxetine hcl tab 30 mg</i>	<i>58</i>
<i>paroxetine hcl tab 40 mg</i>	<i>58</i>
PASER GRA 4GM	16
PAXIL SUS 10MG/5ML.....	58
PAZEO DRO 0.7%	133
PCCA BASE CRE 7542	121
PCCA MBK MIS FAT ACID	121
PECTIN POW.....	95
<i>ped elctrlt sol freezer</i>	<i>113</i>
<i>ped elctrlt sol fruit</i>	<i>113</i>
<i>ped elctrlt sol grape</i>	<i>113</i>
<i>ped elctrlt sol unflavrd</i>	<i>113</i>
PEDIA-LAX LIQ 50MG	98
PEDIA-LAX SUP 1GM	99
PEDIARIX INJ 0.5ML.....	111
PEDVAX HIB INJ.....	111
PEG 1000 LIQ	121
PEG 300 LIQ.....	121
PEG 3350 POW	121
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	<i>99</i>
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	<i>99</i>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....</i>	<i>99</i>
PEG BLEND OIN	121
PEGANONE TAB 250MG.....	53
PEGASYS INJ	17
PEGASYS INJ 180MCG/M.....	17
PEGASYS INJ PROCLICK.....	17
PEN G PROC INJ 600000	22
PENICILL GK/ INJ DEX 2MU	22

PENICILL GK/ INJ DEX 3MU.....	22	<i>phendimetrazine tartrate tab 35 mg ...</i>	73
<i>penicillin g potassium for inj 20000000</i>		<i>phenelzine sulfate tab 15 mg</i>	58
<i>unit.....</i>	22	PHENOBARB INJ 65MG/ML	53
<i>penicillin g potassium for inj 5000000</i>		<i>phenobarbital elixir 20 mg/5ml</i>	53
<i>unit.....</i>	22	<i>phenobarbital sodium inj 130 mg/ml ..</i>	53
<i>penicillin g sodium for inj 5000000 unit</i>		<i>phenobarbital tab 100 mg</i>	53
<i>.....</i>	22	<i>phenobarbital tab 15 mg</i>	53
<i>penicillin v potassium for soln 125</i>		<i>phenobarbital tab 16.2 mg</i>	53
<i>mg/5ml</i>	22	<i>phenobarbital tab 30 mg</i>	53
<i>penicillin v potassium for soln 250</i>		<i>phenobarbital tab 32.4 mg</i>	53
<i>mg/5ml</i>	22	<i>phenobarbital tab 60 mg</i>	53
<i>penicillin v potassium tab 250 mg</i>	22	<i>phenobarbital tab 64.8 mg</i>	53
<i>penicillin v potassium tab 500 mg</i>	22	<i>phenobarbital tab 97.2 mg</i>	53
PENTACEL INJ	111	PHENOL LIQ	152
PENTAM 300 INJ 300MG	11	<i>phentermine hcl cap 15 mg</i>	74
<i>pentamidine isethionate for soln 300 mg</i>		<i>phentermine hcl cap 30 mg</i>	74
<i>.....</i>	11	<i>phentermine hcl cap 37.5 mg</i>	74
<i>pentoxifylline tab er 400 mg.....</i>	107	<i>phentermine hcl tab 37.5 mg.....</i>	74
PENTRAVAN CRE.....	152	PHENYTEK CAP 200MG.....	53
PENTRAVAN CRE PLUS.....	152	PHENYTEK CAP 300MG.....	53
PEPPERMINT OIL FLAVOR	121	<i>phenytoin chew tab 50 mg</i>	53
<i>peptic relf chw 262mg</i>	95	<i>phenytoin sodium extended cap 100 mg</i>	
<i>peptic relf sus 262/15ml</i>	95	<i>.....</i>	53
<i>perindopril erbumine tab 2 mg</i>	34	<i>phenytoin sodium extended cap 200 mg</i>	
<i>perindopril erbumine tab 4 mg</i>	34	<i>.....</i>	53
<i>perindopril erbumine tab 8 mg</i>	34	<i>phenytoin sodium extended cap 300 mg</i>	
<i>periogard sol 0.12%.....</i>	155	<i>.....</i>	53
<i>periomed con 0.63%.....</i>	155	<i>phenytoin sodium inj 50 mg/ml</i>	54
<i>permethrin cream 5%</i>	154	<i>phenytoin susp 125 mg/5ml</i>	54
<i>perphenazine tab 16 mg</i>	64	<i>philith tab 0.4-35</i>	84
<i>perphenazine tab 2 mg.....</i>	64	PHOS-NAK POW CONCENTR	118
<i>perphenazine tab 4 mg.....</i>	64	PHOSPHATIDYL POW 20%.....	152
<i>perphenazine tab 8 mg.....</i>	64	PHOSPHOLINE SOL 0.125%OP.....	133
PERSERIS INJ 120MG.....	64	PHYTOBASE CRE	121
PERSERIS INJ 90MG.....	64	<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	
PERUVIAN LIQ BALSAM	152	<i>.....</i>	128
PFCB CRE	121	<i>phytonadione inj 10 mg/ml</i>	128
<i>pharbechlor tab 4mg</i>	136	PICATO GEL 0.015%	152
<i>pharbedryl cap 25mg</i>	136	PICATO GEL 0.05%	152
<i>pharbedryl cap 50mg</i>	136	PIFELTRO TAB 100MG.....	14
<i>pharbetol tab 325mg.....</i>	2	<i>pilocarpine hcl ophth soln 1%</i>	133
<i>pharbetol tab 500mg.....</i>	2	<i>pilocarpine hcl ophth soln 2%</i>	133
PHARMABASE CRE ANTIOXID	121	<i>pilocarpine hcl ophth soln 4%</i>	133
PHARMABASE CRE COSMETIC	121	<i>pilocarpine hcl tab 5 mg</i>	155
PHARMABASE CRE LIGHT.....	121	<i>pilocarpine hcl tab 7.5 mg</i>	155
PHARMABASE CRE VAGINAL.....	121	<i>pimozide tab 1 mg</i>	64
<i>phendimetrazine tartrate cap er 24hr 105</i>		<i>pimozide tab 2 mg</i>	64
<i>mg.....</i>	73	<i>pimtrea tab</i>	84

<i>pindolol tab 10 mg</i>	42	<i>polyvitamin chw /iron</i>	128
<i>pindolol tab 5 mg</i>	42	POMALYST CAP 1MG	27
<i>pink bismuth chw 262mg</i>	95	POMALYST CAP 2MG	27
<i>pink bismuth tab 262mg</i>	95	POMALYST CAP 3MG	27
PINWORM TAB MEDICINE	11	POMALYST CAP 4MG	27
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	77	<i>portia-28 tab</i>	84
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	77	POT CITRATE GRA	102
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	77	POT GLUCONAT POW ANHYDROU.....	152
PIPER/TAZOBA INJ 12-1.5GM	22	POT HYDROXID SOL 10%.....	152
<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	22	POT HYDROXID SOL 20%.....	152
<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	22	POT NITRATE GRA.....	152
<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	22	POT NITRATE GRA PURIFIED	152
<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i>	22	POT SORBATE CRY	122
<i>pirmella tab 1/35</i>	84	<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i>	115
<i>piroxicam cap 10 mg</i>	4	<i>potassium chloride 40 meq/l (0.3%) in</i> <i>dextrose 5% inj</i>	115
<i>piroxicam cap 20 mg</i>	4	<i>potassium chloride cap er 10 meq</i>	113
PLASMA-LYTE INJ -148	115	<i>potassium chloride cap er 8 meq</i>	113
PLASMA-LYTE INJ -A	115	<i>potassium chloride inj 10 meq/100ml</i>	115
PLO LECITHIN GEL BASE	121	<i>potassium chloride inj 10 meq/50ml</i> .	115
PLO ULTRAMAX GEL	121	<i>potassium chloride inj 2 meq/ml</i>	115
PLO20 GEL FLOWABLE	121	<i>potassium chloride inj 20 meq/100ml</i>	115
PNA-HRT BASE CRE	121	<i>potassium chloride inj 20 meq/50ml</i> .	115
PNV FOLIC AC TAB + IRON	128	<i>potassium chloride inj 40 meq/100ml</i>	115
POCKET CHAMB MIS	140	<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	113
POCKET SPACE MIS	141	<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	113
<i>podactin pow 1%</i>	147	<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	113
<i>podofilox soln 0.5%</i>	152	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	113
POLOX GEL 20%	121	<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	113
POLOX GEL 30%	121	<i>potassium chloride powder packet 20</i> <i>meq</i>	113
POLOXAMER POW 407	121	<i>potassium chloride tab er 10 meq</i>	113
POLY GLYCOL LIQ 1450	121	<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	113
POLY GLYCOL POW 8000	121	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	113
<i>poly vitamin chw</i>	128	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	102
POLYETHYLENE LIQ GLY 400	121	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	102
<i>poly-iron cap 150mg</i>	106	<i>potassium citrate tab er 5 meq (540 mg)</i>	102
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	132		
POLYOXYL 40 POW STEARATE	122		
POLYSORBATE SOL 20	152		
POLY-TUSSIN LIQ 10-4-10	141		
POLY-VI-SOL DRO /IRON	128		

POTASSIUM CRY BROMIDE	152	<i>prednisone tab therapy pack 10 mg (21)</i>	89
POTASSIUM CRY IODIDE	152	<i>prednisone tab therapy pack 10 mg (48)</i>	89
POTASSIUM MIS HYDROXID.....	152	<i>prednisone tab therapy pack 5 mg (21)</i>	89
PRADAXA CAP 110MG.....	104	<i>prednisone tab therapy pack 5 mg (48)</i>	89
PRADAXA CAP 150MG.....	104	PREMASOL SOL 10%	114
PRADAXA CAP 75MG	104	PRENATAL PLUS.....	128
PRALUENT INJ 150MG/ML	40	PRENATAL TAB.....	128
PRALUENT INJ 75MG/ML.....	40	PRENATAL TAB 27-0.8MG.....	128
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<i>mg</i>	61	PRENATAL TAB 28-0.8MG.....	128
<i>pramipexole dihydrochloride tab 0.25 mg</i>		PRENATAL TAB LOW IRON.....	128
<i>.....</i>	61	PRENATAL TAB PLUS	128
<i>pramipexole dihydrochloride tab 0.5 mg</i>		PRENATAL VIT TAB LOW IRON	128
<i>.....</i>	61	PRESERVISION CAP AREDS	128
<i>pramipexole dihydrochloride tab 0.75 mg</i>		PRESERVISION CAP AREDS 2	128
<i>.....</i>	61	PRESERVISION CAP LUTEIN	128
<i>pramipexole dihydrochloride tab 1 mg</i> ..	61	PRESERVISION TAB AREDS	128
<i>pramipexole dihydrochloride tab 1.5 mg</i>		<i>prevalite pow 4gm</i>	41
<i>.....</i>	61	<i>prevalite pow 4gm pk</i>	41
<i>prasterone (dhea) cap 25 mg</i>	122	<i>previfem tab</i>	84
<i>prasugrel hcl tab 10 mg (base equiv)</i>	107	PREZCOBIX TAB 800-150.....	15
<i>prasugrel hcl tab 5 mg (base equiv)</i> ..	107	PREZISTA SUS 100MG/ML.....	14
<i>pravastatin sodium tab 10 mg</i>	39	PREZISTA TAB 150MG	14
<i>pravastatin sodium tab 20 mg</i>	39	PREZISTA TAB 600MG	14
<i>pravastatin sodium tab 40 mg</i>	39	PREZISTA TAB 75MG	14
<i>pravastatin sodium tab 80 mg</i>	39	PREZISTA TAB 800MG	14
<i>praziquantel tab 600 mg</i>	11	PRIFTIN TAB 150MG	16
<i>prazosin hcl cap 1 mg</i>	35	<i>primaquine phosphate tab 26.3 mg (15</i>	
<i>prazosin hcl cap 2 mg</i>	35	<i>mg base)</i>	13
<i>prazosin hcl cap 5 mg</i>	35	PRIMAQUINE TAB 26.3MG	13
PRED SOD PHO SOL 1% OP	132	<i>primidone tab 250 mg</i>	54
<i>prednisolone acetate ophth susp 1% .</i>	132	<i>primidone tab 50 mg</i>	54
<i>prednisolone sod phosph oral soln 6.7</i>		PRIVIGEN INJ 10GRAMS	110
<i>mg/5ml (5 mg/5ml base)</i>	88	PRIVIGEN INJ 20GRAMS	110
<i>prednisolone sod phosphate oral soln 15</i>		PRIVIGEN INJ 40GRAMS	110
<i>mg/5ml (base equiv)</i>	88	PRIVIGEN INJ 5 GRAMS	110
<i>prednisolone sodium phosphate oral soln</i>		<i>probenecid tab 500 mg</i>	1
<i>25 mg/5ml (base eq)</i>	88	PROCALAMINE INJ 3%.....	114
<i>prednisolone syrup 15 mg/5ml (usp</i>		<i>prochlorperazine edisylate inj 10 mg/2ml</i>	
<i>solution equivalent)</i>	88	<i>.....</i>	96
PREDNISON CON 5MG/ML.....	89	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone oral soln 5 mg/5ml</i>	89	<i>(base equivalent)</i>	96
<i>prednisone tab 1 mg</i>	89	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisone tab 10 mg</i>	89	<i>equivalent)</i>	96
<i>prednisone tab 2.5 mg</i>	89		
<i>prednisone tab 20 mg</i>	89		
<i>prednisone tab 5 mg</i>	89		
<i>prednisone tab 50 mg</i>	89		

<i>prochlorperazine suppos 25 mg</i>	96	<i>propranolol hcl cap er 24hr 80 mg</i>	42
PROCRIT INJ 10000/ML	105	<i>propranolol hcl oral soln 20 mg/5ml</i> ...	42
PROCRIT INJ 2000/ML	105	<i>propranolol hcl oral soln 40 mg/5ml</i> ...	42
PROCRIT INJ 20000/ML	105	<i>propranolol hcl tab 10 mg</i>	42
PROCRIT INJ 3000/ML	105	<i>propranolol hcl tab 20 mg</i>	42
PROCRIT INJ 4000/ML	105	<i>propranolol hcl tab 40 mg</i>	42
PROCRIT INJ 40000/ML	105	<i>propranolol hcl tab 60 mg</i>	42
<i>procto-med cre hc 2.5%</i>	153	<i>propranolol hcl tab 80 mg</i>	42
<i>procto-pak cre 1%</i>	153	PROPYLENE GL SOL.....	122
<i>proctozone cre -hc 2.5%</i>	153	PROPYLENE LIQ GLYCOL	122
PROFE CAP 180MG.....	106	<i>propylthiouracil tab 50 mg</i>	92
PROFE FORTE CAP 155-1MG.....	128	PROPYPARABEN POW.....	122
PROGLYCEM SUS 50MG/ML	89	PROQUAD INJ	111
PROGRAF GRA 0.2MG.....	110	PRO-RED AC SYP 5-1-9/5.....	141
PROGRAF GRA 1MG.....	110	<i>prosight tab</i>	128
PROLASTIN-C INJ 1000MG.....	143	PROSOL INJ 20%	114
PROLENSA SOL 0.07%	132	<i>protriptyline hcl tab 10 mg</i>	59
PROLIA SOL 60MG/ML	90	<i>protriptyline hcl tab 5 mg</i>	58
PROMACTA POW 12.5MG	107	<i>pseudoeph-chlorphen w/ hydrocodone</i>	
PROMACTA TAB 12.5MG	107	<i>soln 60-4-5 mg/5ml</i>	141
PROMACTA TAB 25MG	107	<i>pseudoephed-bromphen-dm syrup 30-2-</i>	
PROMACTA TAB 50MG	107	<i>10 mg/5ml</i>	141
PROMACTA TAB 75MG	107	<i>pseudoephedr tab 120mg er</i>	141
<i>prometh vc/ syp codeine</i>	141	<i>pseudoephedrine hcl tab 30 mg</i>	141
<i>promethazine hcl inj 25 mg/ml</i>	96	<i>pseudoephedrine hcl tab 60 mg</i>	141
<i>promethazine hcl inj 50 mg/ml</i>	96	<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	96	.....	141
<i>promethazine hcl tab 12.5 mg</i>	96	PSYLLIUM POW HUSK 95%.....	153
<i>promethazine hcl tab 25 mg</i>	96	PULMICORT INH 180MCG.....	144
<i>promethazine hcl tab 50 mg</i>	96	PULMICORT INH 90MCG.....	144
<i>promethazine w/ codeine syrup 6.25-10</i>		PULMOZYME SOL 1MG/ML	143
<i>mg/5ml</i>	141	PURIXAN SUS 20MG/ML.....	24
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>		PX CALAMINE LOT	153
.....	141	<i>pyrazinamide tab 500 mg</i>	16
<i>propafenone hcl cap er 12hr 225 mg</i> ...	38	<i>pyridostigmine bromide tab 60 mg</i>	70
<i>propafenone hcl cap er 12hr 325 mg</i> ...	38	<i>pyridoxine hcl inj 100 mg/ml</i>	128
<i>propafenone hcl cap er 12hr 425 mg</i> ...	38	<i>pyridoxine hcl tab 100 mg</i>	128
<i>propafenone hcl tab 150 mg</i>	39	<i>pyridoxine hcl tab 25 mg</i>	128
<i>propafenone hcl tab 225 mg</i>	39	<i>pyridoxine hcl tab 50 mg</i>	128
<i>propafenone hcl tab 300 mg</i>	39	PYRUVIC ACID LIQ	153
<i>proparacaine hcl ophth soln 0.5%</i>	133	Q	
<i>propranolol & hydrochlorothiazide tab</i>		<i>qc allergy tab 10mg</i>	136
<i>40-25 mg</i>	41	<i>qc antacid sus</i>	94
<i>propranolol & hydrochlorothiazide tab</i>		<i>qc antacid sus anti-gas</i>	94
<i>80-25 mg</i>	41	<i>qc aspirin tab 325mg</i>	2
<i>propranolol hcl cap er 24hr 120 mg</i>	42	<i>qc aspirin tab 325mg ec</i>	2
<i>propranolol hcl cap er 24hr 160 mg</i>	42	<i>qc epsom gra salt</i>	99
<i>propranolol hcl cap er 24hr 60 mg</i>	42	<i>qc laxative sup 10mg</i>	99

<i>qc natural pow vegetabl</i>	99	<i>ra epsom gra salt</i>	99
<i>qc senna tab 8.6mg</i>	99	RA EPSOM GRA SALT/LVN	99
<i>qc suphedrin tab 120mg sr</i>	141	<i>ra glycerin sup 80.7%</i>	99
<i>qc therin-m tab</i>	128	<i>ra lice liq max st</i>	154
Q-DERM CRE	122	<i>ra menstrual tab complete</i>	2
<i>q-sorb cap 150mg</i>	122	<i>ra menstrual tab relief</i>	3
<i>q-sorb cap 30mg</i>	122	RABAVERT INJ	112
<i>q-sorb cap 75mg</i>	122	<i>rabeprazole sodium ec tab 20 mg</i>	101
<i>q-sorb co-q cap 100mg</i>	122	<i>raloxifene hcl tab 60 mg</i>	90
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QSYMIA CAP 7.5-46MG.....	74	<i>ramipril cap 5 mg</i>	35
QUADRACEL INJ	111	<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	97
<i>quasense tab</i>	84	<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	97
<i>quetiapine fumarate tab 100 mg</i>	64	<i>ranitidine hcl syrup 15 mg/ml (75</i> <i>mg/5ml)</i>	97
<i>quetiapine fumarate tab 200 mg</i>	64	<i>ranitidine hcl tab 150 mg</i>	97
<i>quetiapine fumarate tab 25 mg</i>	64	<i>ranitidine hcl tab 300 mg</i>	97
<i>quetiapine fumarate tab 300 mg</i>	64	<i>ranolazine tab er 12hr 1000 mg</i>	47
<i>quetiapine fumarate tab 400 mg</i>	64	<i>ranolazine tab er 12hr 500 mg</i>	47
<i>quetiapine fumarate tab 50 mg</i>	64	RAPAMUNE SOL 1MG/ML.....	111
<i>quetiapine fumarate tab er 24hr 150 mg</i>	64	<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	61
<i>quetiapine fumarate tab er 24hr 200 mg</i>	64	<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	61
<i>quetiapine fumarate tab er 24hr 300 mg</i>	65	RASPBERRY LIQ FLAVOR	122
<i>quetiapine fumarate tab er 24hr 400 mg</i>	65	RAYALDEE CAP 30MCG	129
<i>quetiapine fumarate tab er 24hr 50 mg</i>	64	RDT BASE POW.....	122
<i>quinapril hcl tab 10 mg</i>	34	REALITY MIS LUBRICAT	84
<i>quinapril hcl tab 20 mg</i>	34	REALITY ULTR MIS TEXTURED	84
<i>quinapril hcl tab 40 mg</i>	34	REALITY ULTR MIS THIN	84
<i>quinapril hcl tab 5 mg</i>	34	REBETOL SOL 40MG/ML	17
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i>	34	<i>reclipsen tab</i>	84
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i>	34	RECOMBIVA HB INJ 10MCG/ML	112
<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	34	RECOMBIVA HB INJ 5MCG/0.5	112
<i>quinidine gluconate tab er 324 mg</i>	39	RECOMBIVA-HB INJ 40MCG/ML.....	112
<i>quinidine sulfate tab 200 mg</i>	39	RED YEAST POW RICE	153
<i>quinidine sulfate tab 300 mg</i>	39	<i>reeses med sus pinworm</i>	11
<i>quinine sulfate cap 324 mg</i>	13	REFENESEN TAB CHST CNG.....	141
R		REGRANEX GEL 0.01%	154
RA CALAMINE LOT	153	<i>reguloid pow 28.3%</i>	99
<i>ra cough dm sus 30mg/5ml</i>	141	<i>reguloid pow 48.57%</i>	99
		<i>reguloid pow 58.6%</i>	99
		RELENZA MIS DISKHALE	17
		RELISTOR INJ 12/0.6ML.....	100

RELISTOR INJ 8/0.4ML	100	<i>risedronate sodium tab delayed release</i>	
REMICADE INJ 100MG	108	<i>35 mg.....</i>	78
REMODULIN INJ 10MG/ML	48	RISPERDAL INJ 12.5MG	65
REMODULIN INJ 1MG/ML	48	RISPERDAL INJ 25MG	65
REMODULIN INJ 2.5MG/ML	48	RISPERDAL INJ 37.5MG	65
REMODULIN INJ 5MG/ML	48	RISPERDAL INJ 50MG	65
<i>rena-vite tab</i>	129	<i>risperidone orally disintegrating tab 0.25</i>	
<i>repaglinide tab 0.5 mg</i>	77	<i>mg</i>	65
<i>repaglinide tab 1 mg</i>	77	<i>risperidone orally disintegrating tab 0.5</i>	
<i>repaglinide tab 2 mg</i>	77	<i>mg</i>	65
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RESTASIS EMU 0.05%.....	133	<i>risperidone orally disintegrating tab 2 mg</i>	
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REVLIMID CAP 15MG.....	27	<i>.....</i>	65
REVLIMID CAP 2.5MG.....	27	<i>risperidone orally disintegrating tab 4 mg</i>	
REVLIMID CAP 20MG.....	27	<i>.....</i>	65
REVLIMID CAP 25MG.....	28	<i>risperidone soln 1 mg/ml</i>	65
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REXULTI TAB 0.5MG.....	65	<i>risperidone tab 1 mg</i>	65
REXULTI TAB 1MG	65	<i>risperidone tab 2 mg</i>	65
REXULTI TAB 2MG	65	<i>risperidone tab 3 mg</i>	65
REXULTI TAB 3MG	65	<i>risperidone tab 4 mg</i>	65
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RHOPRESSA SOL 0.02%	133	RITUXAN INJ 100MG.....	26
<i>ribasphere cap 200mg</i>	17	RITUXAN INJ 500MG.....	26
<i>ribasphere tab 200mg</i>	17	RITUXAN INJ HYCELA	26
<i>ribasphere tab 600mg</i>	17	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>ribavirin cap 200 mg</i>	17	<i>equivalent).....</i>	55
<i>ribavirin tab 200 mg.....</i>	17	<i>rivastigmine tartrate cap 3 mg (base</i>	
RID COMPLETE KIT LICE.....	154	<i>equivalent).....</i>	55
RID ESS LICE KIT 0.33-4%	154	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>rid lice kil sha 0.33-4%.....</i>	154	<i>equivalent).....</i>	56
<i>rid licekill sha 0.33-4%.....</i>	154	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rifabutin cap 150 mg</i>	16	<i>equivalent).....</i>	56
<i>rifampin cap 150 mg</i>	16	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	
<i>rifampin cap 300 mg</i>	16	<i>.....</i>	56
<i>rifampin for inj 600 mg.....</i>	16	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
RIFATER TAB.....	16	<i>.....</i>	56
<i>riluzole tab 50 mg.....</i>	71	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	17	<i>.....</i>	56
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<i>risedronate sodium tab 35 mg</i>	78	<i>tab 10 mg (base eq).....</i>	69
<i>risedronate sodium tab 5 mg.....</i>	78	<i>rizatriptan benzoate oral disintegrating</i>	

<i>tab 5 mg (base eq)</i>	69
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	69
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	69
<i>robafen dm syp 100-10/5</i>	141
<i>robafen syp 100/5ml</i>	141
<i>ropinirole hydrochloride tab 0.25 mg</i> ...	61
<i>ropinirole hydrochloride tab 0.5 mg</i>	61
<i>ropinirole hydrochloride tab 1 mg</i>	61
<i>ropinirole hydrochloride tab 2 mg</i>	61
<i>ropinirole hydrochloride tab 3 mg</i>	61
<i>ropinirole hydrochloride tab 4 mg</i>	61
<i>ropinirole hydrochloride tab 5 mg</i>	61
<i>rosadan cre 0.75%</i>	153
<i>rosuvastatin calcium tab 10 mg</i>	39
<i>rosuvastatin calcium tab 20 mg</i>	39
<i>rosuvastatin calcium tab 40 mg</i>	39
<i>rosuvastatin calcium tab 5 mg</i>	39
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<i>roweepra tab 1000mg</i>	54
<i>roweepra tab 500mg</i>	54
<i>roweepra tab 750mg</i>	54
<i>roweepra xr tab 500mg xr</i>	54
<i>roweepra xr tab 750mg xr</i>	54
RUBRACA TAB 200MG	26
RUBRACA TAB 250MG	26
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<i>sb allergy tab 10mg</i>	136
<i>sb allergy tab 25mg med</i>	136
<i>sb antacid sus anti-gas</i>	94

<i>sb cgh contr liq dm</i>	141
<i>sb docusate tab 8.6-50mg</i>	99
<i>sb fib lax pow 33%</i>	99
<i>sb laxative sup 10mg</i>	99
<i>sb senna-lax tab 8.6mg</i>	99
<i>sb triple oin antibiot</i>	146
<i>scopolamine td patch 72hr 1 mg/3days</i>	96
<i>selegiline hcl cap 5 mg</i>	61
<i>selegiline hcl tab 5 mg</i>	61
<i>selenium sulfide lotion 2.5%</i>	147
SELZENTRY SOL 20MG/ML	14
SELZENTRY TAB 150MG.....	14
SELZENTRY TAB 25MG.....	14
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<i>senexon tab 8.6mg</i>	99
<i>senexon-s tab 8.6-50mg</i>	99
<i>senna plus tab 8.6-50mg</i>	99
<i>senna-lax tab 8.6mg</i>	99
<i>senna-s tab 8.6-50mg</i>	99
<i>senna-tabs tab 8.6mg</i>	99
<i>senna-time s tab 8.6-50mg</i>	99
<i>senna-time tab 8.6mg</i>	99
<i>senno tab 8.6mg</i>	99
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<i>sennosides-docusate sodium tab 8.6-50 mg</i>	99
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<i>sertraline hcl tab 100 mg</i>	59
<i>sertraline hcl tab 25 mg</i>	59
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<i>silace syp 60/15ml</i>	99	SM CALAMINE LOT	153
<i>siladryl alr liq 12.5/5ml</i>	136	SM CALAMINE LOT PHENOLAT	153
<i>sildenafil citrate tab 20 mg</i>	48	<i>sm calcium chw</i>	118
SILENOR TAB 3MG	68	<i>sm calcium/d tab 600-400</i>	118
SILENOR TAB 6MG	68	<i>sm complete tab</i>	129
<i>siltuss das liq 100/5ml</i>	141	<i>sm complete tab adv form</i>	129
<i>siltussin dm liq das</i>	141	<i>sm complete tab senior</i>	129
<i>siltussin sa syp 100/5ml</i>	141	<i>sm coq-10 cap 50mg</i>	122
<i>siltussin-dm liq diabetic</i>	141	SM CORAL CAL TAB 1000MG	118
<i>siltussin-dm liq max st</i>	141	<i>sm fiber pow 28.3%</i>	99
<i>siltussin-dm syp alc free</i>	141	<i>sm fiber pow 48.57%</i>	99
<i>silver sulfadiazine cream 1%</i>	146	<i>sm fiber pow 58.6%</i>	99
SIMBRINZA SUS 1-0.2%.....	133	<i>sm folic acd tab 400mcg</i>	129
SIMETHICONE LIQ	100	<i>sm ibuprofen tab 100mg jr</i>	4
SIMPLE SYP.....	122	<i>sm iron slow tab 160mg cr</i>	106
<i>simvastatin tab 10 mg</i>	39	<i>sm iron tab 325mg</i>	106
<i>simvastatin tab 20 mg</i>	40	<i>sm laxative sup 10mg</i>	99
<i>simvastatin tab 40 mg</i>	40	<i>sm laxative tab 5mg ec</i>	99
<i>simvastatin tab 5 mg</i>	39	<i>sm lice soln kit</i>	154
<i>simvastatin tab 80 mg</i>	40	<i>sm loratadin tab 10mg</i>	137
<i>sirolimus oral soln 1 mg/ml</i>	111	<i>sm micon 7 sup 100mg</i>	103
<i>sirolimus tab 0.5 mg</i>	111	<i>sm multiple tab vit/iron</i>	129
<i>sirolimus tab 1 mg</i>	111	<i>sm multiple tab vitamins</i>	129
<i>sirolimus tab 2 mg</i>	111	<i>sm nasal dec tab 30mg</i>	141
SIRTURO TAB 100MG	16	<i>sm nicotine gum 2mg</i>	74
SIVEXTRO INJ 200MG	11	<i>sm nicotine gum 2mg mint</i>	74
SIVEXTRO TAB 200MG	11	<i>sm nicotine gum 4mg</i>	74
<i>slo-niacin tab 250mg cr</i>	129	<i>sm nicotine gum 4mg mint</i>	74
SLO-NIACIN TAB 500MG CR.....	129	<i>sm nicotine loz 2mg mint</i>	74
SLO-NIACIN TAB 750MG CR.....	129	<i>sm nicotine loz 4mg mint</i>	74
SLOW REL FE TAB 143MG CR	106	<i>sm opti-vita tab</i>	129
<i>slow release tab 47.5mg</i>	106	SM PRENATAL TAB VITAMINS	129
<i>sm all day tab allergy</i>	136	<i>sm senna lax tab 8.6mg</i>	100
<i>sm allergy tab 25mg rlf</i>	137	<i>sm senna lax tab max str</i>	100
<i>sm allergy tab 4mg</i>	137	<i>sm stomach sus 262/15ml</i>	95
<i>sm animal chw shapes</i>	129	<i>sm triple oin antibiot</i>	146
<i>sm antacid sus advanced</i>	94	<i>sm tussin cf liq</i>	141
<i>sm antacid sus anti-gas</i>	94	<i>sm tussin dm syp 100-10/5</i>	141
<i>sm antacid/ sus antigas</i>	94	<i>sm tussin syp dm</i>	141
<i>sm antibioti oin 500/gm</i>	146	<i>sm vit b-12 tab 1000 tr</i>	129
<i>sm anti-diar tab 2mg</i>	95	<i>sm vit b-12 tab 100mcg</i>	129
<i>sm antifun gl cre 1%</i>	147	<i>sm vit b-12 tab 500mcg</i>	129
<i>sm antifun gl cre 2%</i>	147	<i>sm vit b-6 tab 100mg</i>	129
<i>sm aspirin tab 325mg</i>	3	<i>sm vit c/rh tab 1000mg</i>	129
<i>sm aspirin tab 325mg ec</i>	3	<i>sm vitamin c chw 500mg</i>	129
<i>sm balanced tab b-100</i>	129	<i>sm vitamin c tab 1000mg</i>	129
<i>sm balanced tab b-50</i>	129	<i>sm vitamin c tab 250mg</i>	129

<i>sm vitamin e cap 1000unit</i>	129	SOMAVERT INJ 15MG	91
<i>sm vitamin e cap 200unit</i>	129	SOMAVERT INJ 20MG	91
<i>sm vitamin e cap 400unit</i>	129	SOMAVERT INJ 25MG	91
<i>sm zinc tab 50mg</i>	118	SOMAVERT INJ 30MG	91
SOD ACETATE POW ANHYDR.....	118	<i>soothe&cool cre inzo 2%</i>	147
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SOD CHLORIDE GRA	118	<i>sorine tab 120mg</i>	39
SOD FLUORIDE POW	153	<i>sorine tab 160mg</i>	39
SOD LAURYL POW SULFATE	122	<i>sorine tab 240mg</i>	39
SOD METABISU GRA ANHYDR	153	<i>sorine tab 80mg</i>	39
SOD PERBORAT CRY	153	<i>sotalol hcl (afib/afl) tab 120 mg</i>	39
SOD PHOSPHAT GRA DIBASIC.....	153	<i>sotalol hcl (afib/afl) tab 160 mg</i>	39
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SOD SACCHARI GRA	122	<i>sotalol hcl tab 120 mg</i>	39
SOD SULFITE POW ANHYDROU.....	153	<i>sotalol hcl tab 160 mg</i>	39
SODIUM BORAT POW	153	<i>sotalol hcl tab 240 mg</i>	39
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	113	<i>sotalol hcl tab 80 mg</i>	39
<i>sodium chloride irrigation soln 0.9%</i> .	154	SOYBEAN OIL	153
<i>sodium chloride iv soln 0.45%</i>	115	SPERMACETI MIS	153
<i>sodium chloride iv soln 0.9%</i>	115	<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	46
<i>sodium chloride iv soln 3%</i>	115	<i>spironolactone tab 100 mg</i>	35
<i>sodium chloride iv soln 5%</i>	115	<i>spironolactone tab 25 mg</i>	35
<i>sodium chloride tab 1 gm</i>	118	<i>spironolactone tab 50 mg</i>	35
SODIUM CITRA GRA DIHYDRAT	153	<i>sprintec 28 tab 28 day</i>	84
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	113	SPRITAM TAB 1000MG.....	54
SODIUM MIS HYDROXID.....	153	SPRITAM TAB 250MG.....	54
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	87	SPRITAM TAB 500MG.....	54
<i>sodium phenylbutyrate tab 500 mg</i>	87	SPRITAM TAB 750MG.....	54
<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	79	SPRYCEL TAB 100MG.....	30
<i>sodium polystyrene sulfonate powder</i> ..	79	SPRYCEL TAB 140MG.....	30
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<i>solifenacin succinate tab 10 mg</i>	102	SPRYCEL TAB 50MG.....	30
<i>solifenacin succinate tab 5 mg</i>	102	SPRYCEL TAB 70MG.....	30
SOLIQUA INJ 100/33.....	75	SPRYCEL TAB 80MG.....	30
SOLTAMOX SOL 10MG/5ML	27	SQUARIC ACID LIQ BUTANOL	153
SOLU-CORTEF INJ 1000MG	89	SQUARIC ACID POW DI-N-BUT	153
SOLU-CORTEF INJ 100MG	89	<i>ssd cre 1%</i>	146
SOLU-CORTEF INJ 250MG	89	<i>stavudine cap 15 mg</i>	14
SOLU-CORTEF INJ 500MG	89	<i>stavudine cap 20 mg</i>	14
SOMATULINE INJ 120/.5ML.....	90	<i>stavudine cap 30 mg</i>	14
SOMATULINE INJ 60/0.2ML.....	90	<i>stavudine cap 40 mg</i>	14
SOMATULINE INJ 90/0.3ML.....	90	STEVIA POW EXTRACT	153
SOMAVERT INJ 10MG	91	<i>stim laxat tab 5mg ec</i>	100
		STIMATE SOL 1.5MG/ML	93
		STIVARGA TAB 40MG	30
		<i>stomach relf chw 262mg</i>	95

<i>stomach relf sus 262/15ml</i>	95	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	70
<i>stomach relf tab 262mg</i>	95	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	70
<i>stool softnr cap 100mg</i>	100	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	70
<i>stool softnr cap 250mg</i>	100	<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	70
<i>stool softnr syp 60/15ml</i>	100	<i>sumatriptan succinate tab 100 mg</i>	70
<i>stool softnr tab 8.6-50mg</i>	100	<i>sumatriptan succinate tab 25 mg</i>	70
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<i>sulfacetamide sodium lotion 10% (acne)</i>	145	SUPREP BOWEL SOL PREP KIT.....	100
<i>sulfacetamide sodium ophth oint 10%</i>	132	SUSPENDIT GEL.....	122
<i>sulfacetamide sodium ophth soln 10%</i>	132	SUTENT CAP 12.5MG.....	30
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	131	SUTENT CAP 25MG.....	30
SULFADIAZINE TAB 500MG.....	9	SUTENT CAP 37.5MG.....	30
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	11	SUTENT CAP 50MG.....	30
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	11	SYLATRON KIT 200MCG.....	31
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	11	SYLATRON KIT 300MCG.....	31
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	11	SYLATRON KIT 600MCG.....	31
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<i>sulfasalazine tab delayed release 500 mg</i>	97	SYMDEKO TAB 100-150.....	143
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<i>sulindac tab 150 mg</i>	4	SYMPAZAN MIS 10MG.....	54
<i>sulindac tab 200 mg</i>	4	SYMPAZAN MIS 20MG.....	54
<i>sumatriptan nasal spray 20 mg/act</i>	69	SYMPAZAN MIS 5MG.....	54
<i>sumatriptan nasal spray 5 mg/act</i>	69	SYMPROIC TAB 0.2MG.....	100
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	69	SYMTUZA TAB.....	15
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	70	SYNAREL SOL 2MG/ML.....	86
		SYNERCID INJ 500MG.....	11
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<i>tacrolimus cap 1 mg</i>	111
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<i>terazosin hcl cap 2 mg (base equivalent)</i>	35	THERA-M TAB	130
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<i>terazosin hcl cap 5 mg (base equivalent)</i>	35	<i>therapeutic- tab m</i>	130
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<i>terbinafine hcl cream 1%</i>	147	THEREMS-M TAB	130
<i>terbinafine hcl tab 250 mg</i>	12	<i>thiamine hcl inj 100 mg/ml</i>	130
<i>terbutaline sulfate tab 2.5 mg</i>	137	THIAMINE HCL POW	130
<i>terbutaline sulfate tab 5 mg</i>	137	<i>thiamine hcl tab 100 mg</i>	130
<i>terconazole vaginal cream 0.4%</i>	103	<i>thiamine hcl tab 50 mg</i>	130
<i>terconazole vaginal cream 0.8%</i>	103	<i>thioridazine hcl tab 10 mg</i>	65
<i>terconazole vaginal suppos 80 mg</i>	103	<i>thioridazine hcl tab 100 mg</i>	65
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<i>testosterone cypionate im inj in oil 200 mg/ml</i>	74	<i>thiothixene cap 1 mg</i>	65
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	74	<i>thiothixene cap 10 mg</i>	65
<i>testosterone td gel 12.5 mg/act (1%)</i> .	74	<i>thiothixene cap 2 mg</i>	65
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<i>tetracycline hcl cap 500 mg</i>	22	<i>tiagabine hcl tab 16 mg</i>	54
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<i>theophylline tab er 12hr 100 mg</i>	143	<i>timolol maleate tab 5 mg</i>	42
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TOBRADEX ST SUS 0.3-0.05	131	<i>mg</i>	5
<i>tobramycin nebu soln 300 mg/5ml</i>	9	<i>trandolapril tab 1 mg</i>	35
<i>tobramycin ophth soln 0.3%</i>	132	<i>trandolapril tab 2 mg</i>	35
<i>tobramycin sulfate for inj 1.2 gm</i>	9	<i>trandolapril tab 4 mg</i>	35
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>tranexamic acid iv soln 1000 mg/10ml</i>	
<i>mg/ml) (base equiv)</i>	9	<i>(100 mg/ml).....</i>	107
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<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>tranylcypromine sulfate tab 10 mg</i>	59
<i>mg/ml) (base equiv)</i>	9	TRAVASOL INJ 10%.....	114
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<i>mg/ml) (base equiv)</i>	9	<i>trazodone hcl tab 100 mg</i>	59
<i>tobramycin-dexamethasone ophth susp</i>		<i>trazodone hcl tab 150 mg</i>	59
<i>0.3-0.1%</i>	131	<i>trazodone hcl tab 50 mg</i>	59
<i>tolnaftate cre 1%</i>	147	TRECATOR TAB 250MG	16
<i>tolnaftate cream 1%</i>	147	TRELEGY AER ELLIPTA	134
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<i>tolterodine tartrate cap er 24hr 4 mg</i>	102	<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>tolterodine tartrate tab 1 mg</i>	102	<i>mg/ml)</i>	48
<i>tolterodine tartrate tab 2 mg</i>	102	<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>topiramate sprinkle cap 15 mg</i>	54	<i>mg/ml)</i>	48
<i>topiramate sprinkle cap 25 mg</i>	54	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>topiramate tab 100 mg</i>	54	<i>mg/ml)</i>	48
<i>topiramate tab 200 mg</i>	54	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>topiramate tab 25 mg</i>	54	<i>mg/ml)</i>	48
<i>topiramate tab 50 mg</i>	54	TRESIBA FLEX INJ 100UNIT.....	75
<i>toposar inj 100/5ml</i>	32	TRESIBA FLEX INJ 200UNIT.....	75
<i>toposar inj 1gm/50ml</i>	32	TRESIBA INJ 100UNIT	75
<i>topotecan hcl for inj 4 mg (base equiv)</i>	32	<i>tretinoin cap 10 mg</i>	31
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>		<i>tretinoin cream 0.025%</i>	145
<i>(for infusion)</i>	32	<i>tretinoin cream 0.05%</i>	145
TOPOTECAN INJ 4MG/4ML	32	<i>tretinoin cream 0.1%</i>	145
<i>toremifene citrate tab 60 mg (base</i>		<i>tretinoin gel 0.01%</i>	145
<i>equivalent)</i>	27	<i>tretinoin gel 0.025%</i>	145
<i>torsemide tab 10 mg</i>	46	<i>triamcinolone acetonide cream 0.025%</i>	
<i>torsemide tab 100 mg</i>	46	<i>.....</i>	149
<i>torsemide tab 20 mg</i>	46	<i>triamcinolone acetonide cream 0.1%</i>	149
<i>torsemide tab 5 mg</i>	46	<i>triamcinolone acetonide cream 0.5%</i>	149
<i>total b/c tab</i>	130	<i>triamcinolone acetonide dental paste</i>	
TOVIAZ TAB 4MG	102	<i>0.1%</i>	155
TOVIAZ TAB 8MG	102	<i>triamcinolone acetonide lotion 0.025%</i>	
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TRACLEER TAB 62.5MG	48	<i>triamcinolone acetonide oint 0.025%</i>	149
TRADJENTA TAB 5MG	78	<i>triamcinolone acetonide oint 0.1% ...</i>	149
<i>tramadol hcl tab 50 mg</i>	5	<i>triamcinolone acetonide oint 0.5% ...</i>	149

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<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg.....	46	TROJAN EXTEN MIS LUBRICAT	84
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<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i>	66	TROJAN MIS REGULAR.....	85
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i>	66	TROJAN MIS RIBBED	85
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i>	66	TROJAN MIS VERY SEN	85
<i>trifluridine ophth soln 1%</i>	132	TROJAN MIS VERY THN	85
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	61	TROJAN PLEAS MIS SPERMICI	85
<i>trihexyphenidyl hcl tab 2 mg</i>	61	TROJAN PLUS MIS	85
<i>trihexyphenidyl hcl tab 5 mg</i>	61	TROJAN RIB MIS	85
<i>tri-legest tab fe</i>	84	TROJAN SHARE MIS LUBRICAT	85
<i>tri-lo- tab sprintec</i>	84	TROJAN SUPRA MIS SPERMICI.....	85
<i>trilyte sol</i>	100	TROJAN TWIST MIS PLEASURE	85
<i>trimethoprim tab 100 mg</i>	11	TROJAN ULTRA MIS LUBRICAT	85
<i>tri-mili tab</i>	84	TROJAN/SPERM MIS VERY SEN	85
<i>trimipramine maleate cap 100 mg</i>	59	TROJAN/SPERM MIS VERY THN	85
<i>trimipramine maleate cap 25 mg</i>	59	TROJAN-ASSRT MIS PACK	85
<i>trimipramine maleate cap 50 mg</i>	59	TROJAN-ENZ MIS LARGE.....	85
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<i>trinessa tab</i>	84	TROJAN-ENZ MIS W/SPERMI	85
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<i>triple antib oin max st</i>	146	TRULICITY INJ 1.5/0.5.....	75
<i>triple antib oin plus</i>	146	TRUMENBA INJ	112
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<i>trivora-28 tab</i>	84	TRUSTEX LUBR MIS COLA	85
<i>tri-vylibra tab</i>	84	TRUSTEX LUBR MIS COLORS	85
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TRUVADA TAB 167-250	16
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<i>tussigon tab 5-1.5mg</i>	142
<i>tussin adult liq 100/5ml</i>	142
<i>tussin adult liq cgh/cong</i>	142
<i>tussin adult liq cold</i>	142
<i>tussin cf liq</i>	142
<i>tussin cf liq cgh/cold</i>	142
<i>tussin chest syp 100/5ml</i>	142
<i>tussin dm liq</i>	142
<i>tussin dm liq 100-10/5</i>	142
<i>tussin dm liq 10-200/5</i>	142
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<i>unithroid tab 112mcg</i>	93
<i>unithroid tab 125mcg</i>	93

<i>unithroid tab 137mcg</i>	93
<i>unithroid tab 150mcg</i>	93
<i>unithroid tab 175mcg</i>	93
<i>unithroid tab 200mcg</i>	93
<i>unithroid tab 25mcg</i>	93
<i>unithroid tab 300mcg</i>	93
<i>unithroid tab 50mcg</i>	93
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<i>unithroid tab 88mcg</i>	93
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<i>ursodiol cap 300 mg</i>	100
<i>ursodiol tab 250 mg</i>	100
<i>ursodiol tab 500 mg</i>	100

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<i>valacyclovir hcl tab 1 gm</i>	17
<i>valacyclovir hcl tab 500 mg</i>	17
VALCHLOR GEL 0.016%	154
<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	17
<i>valganciclovir hcl tab 450 mg</i> (base equivalent)	17
<i>valproate sodium inj 100 mg/ml</i>	54
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	54
<i>valproic acid cap 250 mg</i>	54
<i>valsartan tab 160 mg</i>	38
<i>valsartan tab 320 mg</i>	38
<i>valsartan tab 40 mg</i>	38
<i>valsartan tab 80 mg</i>	38
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	37
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	37
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	37
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<i>vancomycin hcl cap 250 mg</i> (base equivalent)	11
<i>vancomycin hcl for iv soln 1 gm</i> (base equivalent)	11

<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	11	<i>verapamil hcl cap er 24hr 180 mg</i>	44
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	11	<i>verapamil hcl cap er 24hr 200 mg</i>	44
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	11	<i>verapamil hcl cap er 24hr 240 mg</i>	44
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	12	<i>verapamil hcl cap er 24hr 300 mg</i>	44
VANCOMYCIN INJ 1 GM	12	<i>verapamil hcl cap er 24hr 360 mg</i>	44
VANCOMYCIN INJ 500MG	12	<i>verapamil hcl iv soln 2.5 mg/ml</i>	44
VANCOMYCIN INJ 750MG	12	<i>verapamil hcl tab 120 mg</i>	44
<i>vandazole gel 0.75%</i>	103	<i>verapamil hcl tab 40 mg</i>	44
VANIBASE CRE	122	<i>verapamil hcl tab 80 mg</i>	44
VAQTA INJ 25/0.5ML	112	<i>verapamil hcl tab er 120 mg</i>	44
VAQTA INJ 50UNT/ML	112	<i>verapamil hcl tab er 180 mg</i>	44
VARIVAX INJ	112	<i>verapamil hcl tab er 240 mg</i>	44
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VASCEPA CAP 1GM	41	VERSATILE CRE BASE	123
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VELCADE INJ 3.5MG	26	VERZENIO TAB 100MG	26
<i>velivet pak</i>	86	VERZENIO TAB 150MG	26
VEMLIDY TAB 25MG	17	VERZENIO TAB 200MG	26
VENCLEXTA TAB 100MG	26	VERZENIO TAB 50MG	26
VENCLEXTA TAB 10MG	26	VICTOZA INJ 18MG/3ML	75
VENCLEXTA TAB 50MG	26	VIDEX EC CAP 125MG	14
VENCLEXTA TAB START PK	26	VIDEX SOL 2GM	14
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	59	VIDEX SOL 4GM	15
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	59	<i>vienva tab 0.1-20</i>	86
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	59	<i>vigabatrin powd pack 500 mg</i>	54
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	59	<i>vigabatrin tab 500 mg</i>	54
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	59	<i>vigadrone pow 500mg</i>	54
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	59	VIIBRYD KIT STARTER	59
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	59	VIIBRYD TAB 10MG	59
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	59	VIIBRYD TAB 20MG	59
VENOFER INJ 20MG/ML	106	VIIBRYD TAB 40MG	59
VENTAVIS SOL 10MCG/ML	48	VIMPAT INJ 200MG/20	54
VENTAVIS SOL 20MCG/ML	48	VIMPAT SOL 10MG/ML	54
VENTOLIN HFA AER	137	VIMPAT TAB 100MG	54
<i>verapamil hcl cap er 24hr 100 mg</i>	44	VIMPAT TAB 150MG	54
<i>verapamil hcl cap er 24hr 120 mg</i>	44	VIMPAT TAB 200MG	55
		VIMPAT TAB 50MG	54
		<i>vinblastine sulfate inj 1 mg/ml</i>	25
		<i>vincasar pfs inj 1mg/ml</i>	25
		<i>vincristine sulfate iv soln 1 mg/ml</i>	25
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	25
		<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	25
		<i>violele tab</i>	86
		VIRACEPT TAB 250MG	15
		VIRACEPT TAB 625MG	15
		VIRAMUNE SUS 50MG/5ML	15

VIREAD POW 40MG/GM	15
VIREAD TAB 150MG	15
VIREAD TAB 200MG	15
VIREAD TAB 250MG	15
<i>visine-a sol op</i>	133
<i>vit c & e cap combo</i>	130
<i>vita-bee/c tab</i>	130
<i>vitamin a cap 10000 unit</i>	130
<i>vitamin a cap 8000unit</i>	130
<i>vitamin b12 tab 1000mcg</i>	130
<i>vitamin c tab 500mg</i>	130
<i>vitamin c tab 500mg tr</i>	130
<i>vitamin d tab 1000unit</i>	130
VITAMIN D TAB 400UNIT	118
<i>vitamin d3 cap 10000unt</i>	130
<i>vitamin d3 dro 400unit</i>	130
<i>vitamin d3 tab 1000unit</i>	130
<i>vitamin d3 tab 50000unt</i>	130
<i>vitamin d-3 tab 5000unit</i>	130
<i>vitamin e cap 100 unit</i>	130
<i>vitamin e cap 1000 unit</i>	130
<i>vitamin e cap 200 unit</i>	130
<i>vitamin e cap 400 unit</i>	130
VITAMIN K-1 POW	154
<i>vite/iron chw children</i>	130
VITRAKVI CAP 100MG	31
VITRAKVI CAP 25MG	31
VITRAKVI SOL 20MG/ML	31
VIVITROL INJ 380MG	74
VIZIMPRO TAB 15MG	31
VIZIMPRO TAB 30MG	31
VIZIMPRO TAB 45MG	31
V-MAX CRE	122
<i>voriconazole for inj 200 mg</i>	12
<i>voriconazole for susp 40 mg/ml</i>	12
<i>voriconazole tab 200 mg</i>	12
<i>voriconazole tab 50 mg</i>	12
VORTEX VALVE MIS CHAMBER	142
VOSEVI TAB	17
VOTRIENT TAB 200MG	31
V-R FATIGUE TAB COMPLEX	122
VRAYLAR CAP 1.5-3MG	66
VRAYLAR CAP 1.5MG	66
VRAYLAR CAP 3MG	66
VRAYLAR CAP 4.5MG	66
VRAYLAR CAP 6MG	66
<i>vyfemla tab 0.4-35</i>	86
<i>vylibra tab 0.25-35</i>	86

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<i>warfarin sodium tab 1 mg</i>	104
<i>warfarin sodium tab 10 mg</i>	104
<i>warfarin sodium tab 2 mg</i>	104
<i>warfarin sodium tab 2.5 mg</i>	104
<i>warfarin sodium tab 3 mg</i>	104
<i>warfarin sodium tab 4 mg</i>	104
<i>warfarin sodium tab 5 mg</i>	104
<i>warfarin sodium tab 6 mg</i>	104
<i>warfarin sodium tab 7.5 mg</i>	104
WATCHHALER MIS	142
<i>water for irrigation, sterile irrigation soln</i>	154
WATERMELON LIQ FLAVOR	123
<i>wee care sus 15/1.25</i>	106
<i>white petrolatum gel</i>	123
WITEPSOL H15 MIS	123
<i>womans laxat tab 5mg ec</i>	100
<i>womens one tab daily</i>	130
<i>wymzya fe chw 0.4mg-35</i>	86
X	
XALKORI CAP 200MG	31
XALKORI CAP 250MG	31
XANTHAN GUM POW	123
XARELTO STAR TAB 15/20MG	104
XARELTO TAB 10MG	104
XARELTO TAB 15MG	104
XARELTO TAB 2.5MG	104
XARELTO TAB 20MG	105
XATMEP SOL 2.5MG/ML	108
XELJANZ TAB 10MG	108
XELJANZ TAB 5MG	108
XELJANZ XR TAB 11MG	108
XENICAL CAP 120MG	91
XGEVA INJ	91
XIFAXAN TAB 550MG	100
XIGDUO XR TAB 10-1000	78
XIGDUO XR TAB 10-500MG	78
XIGDUO XR TAB 2.5-1000	78
XIGDUO XR TAB 5-1000MG	78
XIGDUO XR TAB 5-500MG	78
XOLAIR INJ 150MG/ML	143
XOLAIR INJ 75/0.5	143
XOLAIR SOL 150MG	143
XOSPATA TAB 40MG	31
XTANDI CAP 40MG	27
XULTOPHY INJ 100/3.6	75
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zafirlukast tab 20 mg 142

zaleplon cap 10 mg 68

zaleplon cap 5 mg 68

zarah tab 3-0.03mg 86

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ZELBORAF TAB 240MG 31

ZEMAIRA INJ 1000MG 143

zenatane cap 10mg 145

zenatane cap 20mg 145

zenatane cap 30mg 145

zenatane cap 40mg 145

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ZENPEP CAP 15000UNT 101

ZENPEP CAP 20000UNT 101

ZENPEP CAP 25000 101

ZENPEP CAP 3000UNIT 101

ZENPEP CAP 40000 101

ZENPEP CAP 5000UNIT 101

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zidovudine cap 100 mg 15

zidovudine syrup 10 mg/ml 15

zidovudine tab 300 mg 15

ZINC CHLORID GRA 154

zinc chloride inj 1 mg/ml 114

zinc gluconate tab 50 mg (elemental zn)
.....118

ZINC OXIDE POW 154

zinc sulfate cap 50mg 118

ZINC SULFATE POW HEPTAHYD 118

ZINC SULFATE POW MONOHYD 118

*zinc sulfate tab 220 mg (50 mg zinc
equivalent)* 118

zinc tab 50 mg 118

ziprasidone hcl cap 20 mg 66

ziprasidone hcl cap 40 mg 66

ziprasidone hcl cap 60 mg 66

ziprasidone hcl cap 80 mg 66

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*zoledronic acid inj conc for iv infusion 4
mg/5ml*..... 78

zoledronic acid iv soln 5 mg/100ml..... 78

ZOLINZA CAP 100MG..... 26

*zolmitriptan orally disintegrating tab 2.5
mg* 70

*zolmitriptan orally disintegrating tab 5
mg* 70

zolmitriptan tab 2.5 mg 70

zolmitriptan tab 5 mg 70

zolpidem tartrate tab 10 mg 69

zolpidem tartrate tab 5 mg 69

zonisamide cap 100 mg 55

zonisamide cap 25 mg 55

zonisamide cap 50 mg 55

ZONTIVITY TAB 2.08MG..... 107

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ZOO FRIENDS CHW COMPLETE 131

zoo friends chw extra c 131

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ZORTRESS TAB 0.5MG..... 111

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ZOSTRIX NAT CRE 0.033%..... 154

zovia 1/35e tab..... 86

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ZYDELIG TAB 100MG..... 31

ZYDELIG TAB 150MG..... 31

ZYKADIA CAP 150MG..... 31

ZYKADIA TAB 150MG..... 31

ZYLET SUS 0.5-0.3%..... 131

ZYPREXA RELP INJ 210MG..... 66

ZYPREXA RELP INJ 300MG..... 66

ZYPREXA RELP INJ 405MG..... 66

ZYTIGA TAB 500MG..... 27