VAULT HEALTH PLAN

Premium Health
2027 Schedule of Medical Benefits

***If precertification is required, failure to obtain preauthorization will result in a denial of benefits.**
If the service is not listed on the Schedule of Benefits, it is not covered.

PPO Provider Network:
First Health as primary with a Multiplan Network as secondary
Out-of-Network Providers:
Not Covered
Facilities (Reference Based Pricing):
N/A

Please submit all medical claims to:
Vault Admin Services, LLC
PO Box 240998
Apple Valley, MN 55124
Payer ID: VS402

All services must be deemed medically necessary.
Coverage ends the last day of the month in which the termination occurred.
Preventive Service Benefits are based on a Plan Year. No benefits for preventive services performed at a hospital.
Out of Country Care is not covered.
Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and not included in the Out-of-Pocket Maximum.
Dependents covered to age 26 regardless of student or marital status.
Timely Filing is 90 days from the date of service.
***P - PreCertification**
***Precertification is required. Failure to obtain preauthorization will result in a denial of beniefits.**
***Precertification is required for any service or procedure over $2,500 except on Prevetative Benefits and Emergency Room.**
Maternity - Professional Services: If billed as a Global OB/Maternity Care, it will include physician services for uncomplicated, maternity related care during pregnancy, delivery and postpartum. Many services are bundled and billed by the provider as a package. Any service billed separately from the Global OB Package will apply to the corresponding benefit; i.e., additional office visits will require an office visit copay; laboratory testing billed separately will require a laborator copay. Members may verify with the physician's office which services are included in billing for Global Maternity Care.
****Patient may be balance billed if the provider does not accept the 140% of Medicare Allowable Payment**
If the service is not listed on the Schedule of Benefits, it is not covered.

Lifetime Max: None	Network Providers	Out-of-Network Providers	Benefit Limits Per Plan Year
Annual Deductibles (Does not include Co-pays)	Individual: $0 Family: $0	No Benefit	Deductible and Out of Pocket are accumulated per Plan Year.
Annual Out of Pocket Maximums (Includes medical deductible, medical co-pays and medical co-insurance)	No out-of-pocket limit	No Benefit	
Office Visits - Primary Care (exams or consultations)	$35 Copay, then Plan pays 100% of the PPO Amount	No Benefit	
Office Visits - Specialist (exams or consultations)	$75 Copay, then Plan pays 100% of the PPO Amount	No Benefit	Includes Mental Health & Substance Abuse.
Ambulance	No Benefit		No Benefit

Lifetime Max: None	Network Providers	Out-of-Network Providers	Benefit Limits Per Plan Year
***P** Chemical Dependency - Inpatient Facility Services	No Benefit		No Benefit
Chemical Dependency - Inpatient Physician Services	No Benefit	No Benefit	
Chemical Dependency - Outpatient In-Office	No Benefit	No Benefit	No Benefit
***P** Chemical Dependency - Outpatient Facility	No Benefit		
Chemical Dependency - Outpatient Physician Services	No Benefit	No Benefit	No Benefit
***P** ***Chemotherapy/Radiation Treatment**	No Benefit	No Benefit	No Benefit
Diagnostic Services - Basic Radiology In-Office (related to office visit, LabCorp, etc)	$65 Copay per visit, then Plan pays 100% of the PPO Amount	No Benefit	Co-pay is per visit billed. **No Benefits for services provided in a hospital.**
Diagnostic Services - Basic Labs In-Office (related to office visit, LabCorp, etc)	$150 Copay per visit, then Plan pays 100% of the PPO Amount	No Benefit	
Diagnostic Services - Major In-Office ***P** (CT, MRI, MRA, PET)	$600 Copay per visit, then Plan pays 100% of the PPO Amount	No Benefit	Co-pay is per visit billed. Limit 2 per Plan Year. **No Benefits for services provided in a hospital.**
Diagnostic Services - Minor (ultrasound, bone density, echography, etc)	$65 Copay per visit, then Plan pays 100% of PPO Amount	No Benefit	Co-pay is per visit billed. **No Benefits for services provided in a hospital.**
Emergency Room - Facility	No Benefit		No Benefit
Emergency Room - All other covered services other than facility charges			
***P** Home Health Care - Nurse Aid	No Benefit	No Benefit	No Benefit
***P** Hospital - Inpatient Facility Services	No Benefit		No Benefit
Hospital - Inpatient Physician Services, including Inpatient Surgery			

Lifetime Max: None	Network Providers	Out-of-Network Providers	Benefit Limits Per Plan Year
Maternity - Facility Childbirth & Delivery	No Benefit		No Benefit
Maternity - Professional Services	No Benefit	No Benefit	
***P** *Mental Health - Inpatient Facility Services	No Benefit		No Benefit
*Mental Health - Inpatient Physician Services	No Benefit	No Benefit	
Mental Health Outpatient In-Office	$75 Copay, then Plan pays 100% of the PPO Amount	No Benefit	
***P** *Mental Health - Outpatient Facility	No Benefit		No Benefit
***P** *Outpatient Surgery - Facility, includes Free Standing	No Benefit		No Benefit
Outpatient Surgery - Performed in an office	No Benefit	No Benefit	
Urgent Care Centers	$85 Copay, then Plan pays 100% of the PPO Amount	No Benefit	

Prescription Coverage - ScriptClaim		
Prescription Benefits	**Preventative Prescription Drugs:** Tier 1: $0 Copay (Limited to Generic Preventive Only)	
	Preferred Prescription Drugs (Vault Rx): Tier 2: $15 or Less Tier 3: $30 or Less Tier 4: $60 or Less Tier 5: Over $60	**Subject to combined separate prescription drug maximum monthly benefit.** Individual Monthly Maximum: $250 Family Monthly Maximum: $500

Virtual Care		
Telemedicine	$0 Copay	Only through plan provided benefit program.

Covered Preventive Services for Adults as defined by CMS Preventive Services			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm	Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening and Counseling	Plan pays 100%	No Benefit	
Aspirin use for Men and Women	Plan pays 100%	No Benefit	A low-dose aspirin for prevention of cardiovascular disease and colorectal cancer in adults aged 45-59 years. (See plan document for further criteria.)
Blood Pressure Screening	Plan pays 100%	No Benefit	Screening for high blood pressure in adults aged 18 or older.
Cholesterol Screening	Plan pays 100%	No Benefit	One screening per plan year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Colorectal Cancer Screening	Plan pays 100%	No Benefit	Screening for adults over age 45. **No Benefits for services provided in a hospital.**
Depression Screening	Plan pays 100%	No Benefit	Screening for depression in the general adult population, including pregnant and postpartum women.
Type 2 Diabetes Screening	Plan pays 100%	No Benefit	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese.
Diet Counseling	Plan pays 100%	No Benefit	Screening for adults at higher risk of chronic disease.
Hepatitis B Screening	Plan pays 100%	No Benefit	For members at high risk, including members in countries with 2% or more Hepatitis B prevalence, and US born people not vaccinated as infants & with at least one parent born in a region with 8% or more Hepatitis B prevalence.
Hepatitis C Screening	Plan pays 100%	No Benefit	For adults at increased risk, and one time for everyone born between 1945 - 1965.
HIV Screening	Plan pays 100%	No Benefit	Screening for adults at higher risk.
Immunizations *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) * Measles, Mumps, Rubella *Meningococcal *Pneumococcal *Tetanus, Diphtheria, Pertussis *Varicella	Plan pays 100%	No Benefit	Listed immunizations are once per Plan year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older.
Latent Tuberculosis Infection	Plan pays 100%	No Benefit	Screening for latent tuberculosis infection (LTBI) in populations at increased risk.
Lung Cancer Screening	Plan pays 100%	No Benefit	For adults 55-80 at high risk for lung cancer because they are heavy smokers or have quit in the past 15 years.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk.

Covered Preventive Services for Adults as defined by CMS Preventive Services			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Statin	Plan pays 100%	No Benefit	Adults aged 40-75 years with no history of cardiovascular disease (CVD) use a low to moderate dose statin for the prevention of CVD events and mortality when they have one or more cardiovascular disease risk factors, and a calculated 10-year CVD event risk of 10% or greater, screening for cardiac risk may include assessment of blood pressure, smoking status, screening for lipid disorders and use of ACC/AHA CVD to estimate 10 year risk.
Syphilis Screening	Plan pays 100%	No Benefit	For all adults at higher risk.
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.

Covered Preventive Services for Women - Including Pregnant Women			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Well-Women Visits	Plan pays 100%	No Benefit	
Anemia Screening	Plan pays 100%	No Benefit	For pregnant women.
***P** BRCA Counseling	Plan pays 100%	No Benefit	Includes genetic test for women at high risk. **No Benefits for services provided in a hospital.**
Breast Cancer Mammography Screening	Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 through age 74. (See plan document for further criteria) **No Benefits for services provided in a hospital.**
Breast Cancer Chemoprevention Counseling	Plan pays 100%	No Benefit	Counseling for women at high risk.
Breast Pumps	Plan pays 100%		One per delivery. Breast Pump reimbursement is capped at $150.
Breastfeeding Consultations	Plan pays 100%	No Benefit	Providing interventions during pregnancy and after birth to support breastfeeding. Comprehensive support and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing women.
Cervical Cancer Screening	Plan pays 100%	No Benefit	For ages 21-29, PAP smear every 3 years. For ages 30-65, with cytology and human papillomavirus testing (HPV) with Pap smear every 5 years or a regular cytology alone (without HPV testing) every 3 years. Women with an average risk shouldn't be screened more than once every 3 years.
Chlamydia Infection Screening	Plan pays 100%	No Benefit	For younger women and women at high risk.
Contraception	Plan pays 100%	No Benefit	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs or IUDs. Counseling and follow-up care are included with this benefit Birth control pills will be covered under your Rx benefits.
Domestic and Interpersonal Violece Screening	Plan pays 100%	No Benefit	Annual screening for women to obtain a referral to initial intervention services, which includes counseling, education, harm reduction strategies and referral to appropriate support services.
Folic Acid Supplements	Plan pays 100%	No Benefit	All women who are planning or capable of pregnancy take a daily supplement containing 0.4 - 0.8 mg.
Gestational Diabetes Screening	Plan pays 100%	No Benefit	For women 24 to 28 weeks pregnant and / or at high risk of developing gestational diabetes should be screened prior to 24 weeks of gestation.
Gonorrhea Screening	Plan pays 100%	No Benefit	For all women at higher risk.

Covered Preventive Services for Women - Including Pregnant Women			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Hepatitis B Screening	Plan pays 100%	No Benefit	For pregnant women at their first prenatal visit.
Human Immunodeficiency Virus (HIV) Screening and Counseling	Plan pays 100%	No Benefit	For women sexually active.
Human Papillomavirus (HPV) DNA Test	Plan pays 100%	No Benefit	One test every 3 years for women with normal cytology results who are 30 or older.
Osteoporosis Screening	Plan pays 100%	No Benefit	For women over age 60 or at high risk.
Preeclampsia	Plan pays 100%	No Benefit	Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
Rh Incompatibility Screening	Plan pays 100%	No Benefit	For pregnant women and follow-up testing for women at higher risk.
Sexually Transmitted Infection (STI) and Sexually transmitted Diseases (STD) Screening and Counseling, includes Gonorrhea & Syphilis Screening	Plan pays 100%	No Benefit	Counseling for sexually active women.
Sterilization for Women	Plan pays 100%	No Benefit	
Syphilis Screening	Plan pays 100%	No Benefit	For all pregnant women or other women at increased risk.
Tobacco Use Screening and Interventions	Plan pays 100%	No Benefit	
Urinary Tract or other Infection Screening for Pregnant Women	Plan pays 100%	No Benefit	

Covered Preventive Services for Children			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Alcohol and Drug Use Assessments	Plan pays 100%	No Benefit	
Autism Screening	Plan pays 100%	No Benefit	For children at 18 months to 24 months.
Behavioral Assessments	Plan pays 100%	No Benefit	For children to age 18.
Blood Pressure Screening	Plan pays 100%	No Benefit	For children to age 18.
Cervical Dysplasia Screening	Plan pays 100%	No Benefit	For sexually active females.
Congenital Hypothyroidism Screening	Plan pays 100%	No Benefit	For newborns.
Contraception	Plan pays 100%	No Benefit	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs or IUDs. Counseling and follow-up care are included with this benefit Birth control pills will be covered under your Rx benefits.
Depression Screening	Plan pays 100%	No Benefit	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.
Developmental Screening	Plan pays 100%	No Benefit	For children under age 3 and surveillance throughout childhood.
Dyslipidemia Screening	Plan pays 100%	No Benefit	For children at high risk of lipid disorders.
Fluoride Chemoprevention Supplements	Plan pays 100%	No Benefit	For children without fluoride in their water sources.
Gonorrhea Preventive Medication for the Eyes of all Newborns	Plan pays 100%	No Benefit	
Hearing Screenings	Plan pays 100%	No Benefit	For all newborns.
Height, Weight, and Body Mass Index Measurements	Plan pays 100%	No Benefit	For children to age 18.
Hemalocrit or Hemoglobin Screening	Plan pays 100%	No Benefit	For children to age 18.
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100%	No Benefit	For all newborns.
HIV Screening	Plan pays 100%	No Benefit	For sexually active children.
Hypothyroidism Screening for Newborns	Plan pays 100%	No Benefit	

Covered Preventive Services for Children			
Wellness Office Visits and Lab Services	**Network Providers**	**Out-of-Network Providers**	**Benefit Limits**
Immunizations: *Acellular Perfussis *Diphtheria, Tetanus, Pertussis *Haemophilus influenza type B *Hemophilia *Hepatitis A *Hepatitis B *Human Papillomavirus *Inactivated Poliovirus *Influenza (Flu Shot) * Measles, Mumps, Rubella *Meningococcal *Meningococcal B Vaccine *Pneumococcal *Rotavirus *Varicella	Plan pays 100%	No Benefit	For children to age 18.
Interpersonal and Domestic Violence Screening	Plan pays 100%	No Benefit	Annual screening for women to obtain a referral to initial intervention services, which includes counseling, education, harm reduction strategies and referral to appropriate support services
Iron Supplements	Plan pays 100%	No Benefit	For children ages 6 to 12 months at risk of anemia.
Lead Screening	Plan pays 100%	No Benefit	For children at risk of exposure.
Medical History	Plan pays 100%	No Benefit	For all children throughout development.
Obesity	Plan pays 100%	No Benefit	Screening for obesity in children and adolescents six years and older and offer to refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
Oral Health	Plan pays 100%	No Benefit	At risk assessment for children ages newborn to age 10.
Phenylketonuria (PKU) Screening	Plan pays 100%	No Benefit	For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Syphilis Sceening	Plan pays 100%	No Benefit	For all adolescents at higher risk
Tuberculin Testing	Plan pays 100%	No Benefit	For children at higher risk of tuberculosis to age 18.
Vision Screening	Plan pays 100%	No Benefit	Screening at least once in all children ages 3 to 5 years to detect amblyopia or risk factors.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)
All claims are subject to plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

Plan Limitations and Exclusions

Plan Exclusions

1. **Abortion.** Services, supplies, care, or treatment in connection with an abortion, unless the life of the mother is endangered by the continued Pregnancy, or the Pregnancy is the result of rape or incest.

2. **Adoption.** Any charges associated with Adoption.

3. **Acupuncture.**

4. **Allergy testing**

5. **Alternative medicine/homeopathy**

6. **Any other medical service, treatment, or procedure not covered under this Schedule of Benefits.**

7. **Ambulance Charges, Ground or Air.**

8. **Alcohol or Drugs.** Services, supplies, care, or treatment to a Covered Person for an Injury or Sickness which occurred as a result of that Covered Person's illegal use of alcohol or drugs. A person will be conclusively presumed to be under the influence of alcohol or drugs and such influence will be conclusively presumed to be a cause of the illness, condition, accident or injury for the purposes of this exclusion if:

   a. Either the person's blood alcohol level was equal to or greater than the legal limit for driving in the state where the accident occurred, or

   b. If a blood, urine, or other medically reliable test determines that there was any amount of illegal drugs in the person's system at the time of the cause or occurrence of the illness, condition, or accident.

   c. The presence of alcohol or drugs may be determined by

      i. Tests performed by or for law enforcement authorities

      ii. Tests performed in the course of treating the person, or

      iii. Other reliable means.

   d. The Plan Administrator in its sole discretion shall determine whether a claim is excluded under these rules. There need not be a determination or action by any other person or party as to criminal fault.

   e. Expenses will be covered for Injured Covered Persons other than the person illegally using alcohol or other substances.

   f. This exclusion does not apply if the Injury resulted from an act of domestic violence.

   g. Screening and counseling to reduce alcohol misuse will be covered under preventive care.

9. **Ambulatory Services.** Including dialysis treatment, respiration therapy, radiation, and chemotherapy.

10. **Aquatic or massage therapy**

11. **Bereavement Counseling Services and Supplies.**

12. **Cancer.** Services, treatments, supplies, or medications for diagnosis, treatment, or management related to cancer, excluding preventive and wellness services.

13. **Cardiac Rehabilitation or Rehabilitation Services.**

14. **Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, skiing, snowboarding rock climbing, rappelling, or hang gliding**

15. **Chemical Dependence/Substance Abuse.**

16. **Chemotherapy or Radiation**

17. **Chiropractic Services/Spinal Manipulation.**

18. **Complications of Non-Covered Treatments.** Care, services, or treatment required as a result of complications from a treatment not covered under the Policy.

19. **Contact Lenses or Glasses Following Cataract Surgery.**

20. **Cosmetic Procedures.** A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and /or functions of the body which are lost or impaired due to an illness or injury.

21. **Counseling Services.** Counseling for educational, social, occupational, religious, or other maladjustments. Counseling for treatment of a gambling addiction. Sensitivity or stress management training, self-help training unless specifically stated in the Schedule of Benefits.

    a. Counseling services mandated by the PPACA are covered as specifically stated in the Schedule of Benefits.

22. **Custodial Care.** Services or supplies provided mainly as a rest cure, maintenance, or Custodial Care.

23. **Day Treatment.** Means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over a minimum of five days per week. The program is designed to treat patients with serious mental or nervous disorders and offers alternative to Inpatient treatment.

24. **Dental Care.**

25. **Dialysis.**

26. **Durable Medical Equipment.**

27. **Educational or Vocational Testing.** Services for educational or vocational testing or training, except in regard to education and training for diabetic management.

28. **Emergency Room Services for non-emergent services.**

29. **Error.** This policy reserves the right to recover any payments made by this policy that were:

    a. Made in error, or

    b. Made to you or any party on your behalf where this policy determines the payment to you or any party is greater than the amount payable under this policy, or

c. This policy has the right to recover against you if this policy has paid you or any other party on your behalf.

30. **Exams or Treatment Required by Third Party.** Physical, psychiatric, and psychological exams or treatments and related services that are required by third parties. For example, exams and tests that are required for recreational activities, employment, insurance, and school; court-ordered exams and services, except when they are medically necessary services.

31. **Excess Charges.** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Maximum Allowable Charge.

32. **Exercise Programs.** Exercise programs for treatment of any condition.

33. **Experimental.** Care and treatment that is either Experimental, Investigational, or Exploratory.

34. **Eye Care.** Radial keratotomy, Lasik surgery, or other eye surgery to correct refractive disorders. Lenses for the eyes and exams for their fitting.

35. **Foot Care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses, toenails, and foot inserts.

36. **Foreign Travel.** Care, treatment, or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services.

37. **Genetic Testing.** To detect suspected genetic abnormalities in an unborn child for a mother over age 35. Also included is testing to identify hereditary gene for breast/ovarian cancer. All other genetic testing is excluded from coverage unless medically necessary. Genetic testing is only for women at high risk of BRCA gene mutation: (must meet at least one of the requirements).

    a. Only for women (men not covered)

    b. Testing only covers BRCA1 and BRCA2.

    c. Panel testing or testing for genes outside BRCA1/BRCA2 are not covered.

    d. Multi-gene testing (MGT) is not covered.

    e. Testing is only covered if certain criteria are met per NCCN guidelines:

    f. A family member with a BRCA1/2 gene mutation (or other inherited gene mutation linked to breast cancer)

    g. A personal history of breast cancer at age 35 or younger

    h. A personal history of triple negative breast cancer (breast cancer that is estrogen receptor- negative, progesterone receptor-negative and HER2-negative) diagnosed at age 60 or younger

    i. Ashkenazi Jewish heritage and a personal history of breast cancer

    j. A personal history of breast cancer at age 46-50 and a close family member (parent, sibling, child, grandparent, grandchild, uncle, aunt, nephew, niece or first cousin) diagnosed with breast cancer or aggressive prostate cancer at any age

    k. A personal history of breast cancer at any age and a close family member diagnosed with breast cancer at age 50 or younger

l. A personal history of breast cancer at any age and 2 or more close family members diagnosed with breast cancer at any age

m. A personal history of breast cancer at any age and a close family member diagnosed with pancreatic cancer or metastatic prostate cancer at any age

n. A close family member diagnosed with breast cancer at age 45 or younger

o. A personal or family history of ovarian cancer, pancreatic cancer, aggressive prostate cancer or metastatic prostate cancer

p. A personal or family history of male breast cancer.

38. Gene and Cell therapy

39. Government Coverage. Care, treatment, or supplies furnished by a program or agency funded by any government. This does not apply to Medicaid or when otherwise prohibited by law.

40. Grandchildren This coverage does not include benefits for grandchildren (unless they are under your legal guardianship).

41. Hair Loss. Care and treatment for hair loss including hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.

42. Hearing Aids, Including Cochlear Implants and Hearing Examinations. Charges for services including exams and supplies in connection with hearing aids or cochlear implants.

43. Home Health Care Services and Supplies.

44. Hospital Charges. Any services billed from a hospital unless specifically stated otherwise in the Schedule of Benefits.

45. Hospice Care Services and Supplies or Bereavement Counseling.

46. Illegal Acts. Charges for services received for Injury or Sickness occurring directly or indirectly as a result of active participation in an Illegal Act, or active participation in a riot or public disturbance.

a. It is not necessary that criminal charges be filed, or if filed, that a conviction result, or that a sentence of imprisonment be imposed for this exclusion to apply.

b. Proof beyond a reasonable doubt is not required.

c. This exclusion does not apply if the Injury or Sickness resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

d. Services received as a result of illness or injury caused or contributed to by the Covered Person committing or attempting to commit any of the following or engaging in conduct which would amount to any of the following if a charge had been made, regardless of whether a charge was filed or guilt was determined:

i. A felony;

ii. Any illegal occupation;

iii. A misdemeanor or other offense involving theft, fighting, disorderly conduct, or other breach of the peace; or

iv. A misdemeanor or other offense involving the use of alcohol or drugs, including, but not limited to any crime or offense involving driving or being in actual physical control of a motor vehicle or any other means of conveyance propelled in part or in whole by an engine or motor, for example, a boat or ATV, while under the influence of alcohol or drugs.

47. Illegal Drugs or Medications. Services, supplies, care, or treatment to a Covered Person for Injury or Sickness resulting from that Covered Person's voluntary taking of or being under the influence of any controlled substance, drug, hallucinogen, or narcotic not administered on the advice of a Physician.

a. Expenses will be covered for Injured Covered Persons other than the person using controlled substances.

b. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental health) condition.

48. Impotence. Care, treatment, services, or supplies in connection with treatment for impotence.

49. Infertility. Care, supplies, services, and treatment for infertility, artificial insemination, or in vitro fertilization, unless listed as covered in the Schedule of Medical Benefits.

50. Inpatient facility claims for surgery after the inpatient hospital day limit per plan year has been exhausted or reached.

51. Marital, Pre-Marital, or Family Counseling. These services are not a covered benefit.

52. Maternity and Prenatal coverage.

53. Maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded.

54. Neonatal intensive care (NICU)

55. No Charge. Care and treatment for which there would not have been a charge if no coverage had been in force.

56. No Obligation to Pay. Charges incurred for which the policy has no legal obligation to pay.

57. No Physician Recommendation.

a. Care, treatment, services, or supplies not recommended and approved by a Physician; or

b. Treatment, services, or supplies when the Covered Person is not under the regular care of a Physician.

c. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.

58. Not Specified as Covered. Non-traditional medical services, treatments, and supplies which are not specified as covered under this policy.

59. Obesity. Care and treatment of obesity, weight loss, or dietary control whether or not it is a part of the treatment plan for another Sickness.

a. Specifically excluded are charges for Bariatric Surgery, including but not limited to:

i. Gastric Bypass,

ii. Stapling and Intestinal Bypass, and

iii. Lap Band Surgery, including reversals.

iv. Medically Necessary charges for Morbid Obesity will not be covered.

v. Nutritional counseling will be covered under preventive care.

60. **Occupational.** Care and treatment of an Injury or Sickness that is occupational. Occupational means that it arises from work for wage or profit, including self-employment.

61. **Occupational Therapy.**

62. **Orthotic Appliances.**

63. **Oxygen.**

64. **Physical Therapy.**

65. **Plan Design Excludes.** Charges excluded by the policy design as mentioned in this document.

66. **Pregnancy Benefits,** including office visits and childbirth/delivery professional and facility services.

67. **Private Duty Nursing Care.**

68. **Private room unless medically necessary or if a semi-private room is not available.**

69. **Prosthetic Devices.** Purchase, fitting and repair of fitted prosthetic devices which replace body parts.

70. **Reconstructive Surgery.** Correction of abnormal congenital conditions and reconstructive mammoplasties.

71. **Recreational or diversional therapy.**

72. **Replacement Braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs.

73. **Residential Treatment Facilities.** Inpatient and outpatient services associated with Mental Health, Chemical Dependency and Substance Abuse.

74. **Respiration Therapy.**

75. **Sales Tax.**

76. **Self-Inflicted.** Any loss due to an intentionally self-inflicted injury.

77. **Services Before or After Coverage.** Care, treatment, or supplies for which a charge was incurred before a person was covered under this policy or after coverage ceased under this policy.

78. **Services deemed medically unnecessary.**

79. **Sex Changes.** Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.

80. Sexual Dysfunction. Behavioral treatment or drug therapy for sexual dysfunction and sexual function regardless if cause of dysfunction is due to physical or psychological reasons.

81. Skilled Nursing Facility or Physician Care.

82. Sleep Disorders or Studies.

83. Smoking / Tobacco Cessation. Care and treatment for smoking cessation programs, including smoking deterrent patches. Counseling for tobacco use is covered under preventive care.

84. Speech Therapy.

85. Surgical Services. Surgical charges done in an outpatient setting are not covered.

86. Surgical Sterilization Reversal. Care and treatment for reversal of surgical sterilization.

87. Surrogate Pregnancy Services. Services incurred in connection with an agreement to act as a surrogate mother. This excludes pregnancy-related charges incurred by an insured who is acting as a surrogate mother as well as pregnancy-related charges incurred by a non-insured who is acting as a surrogate for an insured.

88. TMJ or Orthognathic Services. Treatment is not covered.

89. Transplants.

90. Travel or Accommodations. Charges for travel or accommodations, whether or not recommended by a Physician.

91. Vision Therapy Services. Services incurred to treat vision therapy is not covered.

92. War. Any loss that is due to a declared or undeclared act of war. Including nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 90 days of the initial incident. To be covered under the policy, the loss must be caused by fire, heat, explosion or other physical trauma that is a result of the release of nuclear energy. The covered person must be within a 25-mile radius of the release site at the time of the release or within 24 hours of the start of there lease.

93. Workers Compensation. Injury or illness that is covered by any Workers Compensation or Occupational Disease law.

The following Drug List is an abbreviated version of commonly prescribed medications. This list is intended to be a guide, and prescribers should still use generics when possible.

How to Use This Formulary

1. Find Your Drug.
Search the formulary to locate your medication. Once found, take note of the **Tier Number** it is listed under.

2. Understand the Cost by Tier.
Use the tier chart below to estimate your prescription cost.

Tier 1 Drugs	Preventative Medication List (Formulary Generic)	$0	**Page 2**
Tier 2 Drugs*	Formulary Generic and Brand	$15.00 or Less	**Page 6**
Tier 3 Drugs*	Formulary Generic and Brand	$30.00 or Less	**Page 10**
Tier 4 Drugs*	Formulary Generic and Brand	$60.00 or Less	**Page 14**
Tier 5 Drugs*	Formulary Generic and Brand	Over $60.00	**Page 18**

***** Subject to combined separate prescription drug maximum monthly benefit of $250.00 for individual and $500 for family. Once members reach there $250.00 or $500 accordingly, the member will be switched to pay 100% out of pocket for the drugs for the rest of the month. The preventative medication list (Tier 1) is not subject to the monthly maximums.

3. Talk to Your Provider.
If your medication falls in a higher tier, ask your healthcare provider if there are lower-tier or generic alternatives that are equally effective.

4. Additional Formulary Information to Keep in Mind.

- These drugs are available to members, up to the plan's monthly maximum benefit.
- Drugs not on this list may still be available at a discounted rate.
- Quantity limits may apply to certain medications.
- Check your benefit materials for full details, including limitations and exclusions.
- This list is regularly reviewed and updated — changes may occur at any time.
- Contact VAULT to confirm the most current version of the drug list.
- Share this list with your doctor during your treatment planning.
- Drug prices may change unexpectedly due to manufacturer or pharmacy updates, which may lead to temporary discrepancies in listed prices.

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TIER 1: $0

A
ABRYSVO
ACTHIB (CHILD)
ADACEL
AFLURIA QUADRIVALENT
ANASTROZOLE TAB 1 MG (ARIMIDEX)
AREXVY
ASPIRIN CHEW TAB 81 MG
ASPIRIN TAB 325 MG
ASPIRIN TAB 500 MG
ASPIRIN TAB DELAYED RELEASE 325 MG
ASPIRIN TAB DELAYED RELEASE 500 MG
ASPIRIN TAB DELAYED RELEASE 81 MG

B
BEXSERO
BISACODYL SUPPOS 10 MG
BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT
BISACODYL TAB DELAYED RELEASE 5 MG
BOOSTRIX
BOOSTRIX
BUPROPION HCL (SMOKING DETERRENT)
BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG

C
CARBONYL IRON SUSP 15 MG/1.25 ML (ELEMENTAL IRON) (ICAR PEDIATRIC)
CAYA – DIAPHRAGM ARC-SPRING
COMMIT – NICOTINE POLACRILEX LOZENGE 2 MG
COMMIT – NICOTINE POLACRILEX LOZENGE 4 MG

D
DAPTACEL
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML
DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML
DIPHTHERIA-TETANUS TOX ADSORBED (DT) IM INJ 25-5 UNIT/0.5ML
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG
DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG
DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG

E
ELLA – ULIPRISTAL ACETATE TAB 30 MG
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG (TRUVADA)
ENCARE – NONOXYNOL-9 VAGINAL SUPPOS 100 MG
ENGERIX-B
ENGERIX-B
ENGERIX-B
ERYTHROMYCIN OPHTH OINT 5 MG/GM
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG

F
FC2 FEMALE CONDOM
FEMCAP – CERVICAL CAP 22 MM
FEMCAP – CERVICAL CAP 26 MM
FEMCAP – CERVICAL CAP 30 MM
FERROUS SULFATE ELIXIR 220 MG/5 ML SOLN (44 MG/5 ML ELEMENTAL FE)
FERROUS SULFATE SOLN 75 MG/ML (FER-IN-SOL) (15 MG/ML ELEMENTAL FE) (FER-IN-SOL)
FERROUS SULFATE SYRUP 300 MG/5 ML (60 MG/5 ML ELEMENTAL FE)
FLUAD QUADRIVALENT
FLUARIX QUADRIVALENT
FLUBLOK QUADRIVALENT
FLUCELVAX QUADRIVALENT
FLULAVAL QUADRIVALENT
FLUMIST QUADRIVALENT
FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)
FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)
FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)
FLUZONE
FLUZONE HIGH-DOSE PF
FOLIC ACID CAP 0.8 MG
FOLIC ACID TAB 1 MG
FOLIC ACID TAB 400 MCG
FOLIC ACID TAB 800 MCG

G
GARDASIL-9
GARDASIL-9

H
HAVRIX
HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML
HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT/ML
HEPATITIS A VACCINE INJ SUSP 720 EL UNIT/0.5ML
HEPATITIS B VACCINE (RECOMBINANT) 10 MCG/0.5ML
HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/0.5ML
HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML
HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML
HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML
HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML
HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML

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TIER 1: $0 (CONTINUED…)

HEPATITIS B VACCINE RECOMBINANT ADJUVANTED 20 MCG/0.5ML
HIBERIX
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR

I

ICAR PEDIATRIC – CARBONYL IRON SUSP 15 MG/1.25 ML (ELEMENTAL IRON)
INFANRIX
INFLUENZA VAC RECOMB HA QUAD PF SOLN PREF SYR 0.5 ML
INFLUENZA VAC TISS-CULT SUBUNIT QUAD SUS PREF SYR KIT 0.5 ML
INFLUENZA VAC TISS-CULT SUBUNT QUAD SUSP PREF SYR 0.5 ML
INFLUENZA VAC TISSUE-CULTURED SUBUNIT QUADRIVALENT IM SUSP
INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML
INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.25 ML
INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML
INFLUENZA VIRUS VACCINE SPLIT IM SUSP
INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT INJ 0.5 ML
IPOL
IRON UP – POLYSACCHARIDE IRON COMPLEX LIQUID 15 MG/0.5 ML (FE EQUIV)

J

JENCYCLA - NORETHINDRONE TAB 0.35 MG

K

KINRIX
KINRIX
KYLEENA – LEVONORGESTREL RELEASING IUD 17.5 MCG/DAY (19.5 MG TOTAL)

L

LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
LEVONORGESTREL TAB 1.5 MG
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG
LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
LILETTA – LEVONORGESTREL RELEASING IUD 19.5 MCG/DAY (52 MG TOTAL)
LOVASTATIN TAB 10 MG
LOVASTATIN TAB 20 MG
LOVASTATIN TAB 40 MG

M

MAGNESIUM CITRATE
MAGNESIUM CITRATE SOLN
MAGNESIUM HYDROXIDE CHEW TAB 311 MG
MAGNESIUM HYDROXIDE SUSP 400 MG/5ML
MAGNESIUM HYDROXIDE SUSP CONCENTRATE 2400 MG/10ML
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP
MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML
MENACTRA
MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ
MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR
MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE
MENQUADFI
MENVEO
MIRENA – LEVONORGESTREL RELEASING IUD 20 MCG/DAY (52 MG TOTAL)
M-M-R II

N

NATAZIA – ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG
NEXPLANON – ETONOGESTREL SUBDERMAL IMPLANT 68 MG
NEXTSTELLIS – DROSPIRENONE-ESTETROL TAB 3-14.2 MG
NICODERM CQ – NICOTINE TD PATCH 24HR 14 MG/24HR
NICODERM CQ – NICOTINE TD PATCH 24HR 21 MG/24HR
NICODERM CQ – NICOTINE TD PATCH 24HR 7 MG/24HR
NICORETTE – NICOTINE POLACRILEX GUM 2 MG
NICORETTE – NICOTINE POLACRILEX GUM 4 MG
NICORETTE – NICOTINE POLACRILEX LOZENGE 2 MG
NICORETTE – NICOTINE POLACRILEX LOZENGE 4 MG
NICOTINE POLACRILEX GUM 2 MG
NICOTINE POLACRILEX GUM 4 MG
NICOTINE POLACRILEX LOZENGE 2 MG
NICOTINE POLACRILEX LOZENGE 4 MG
NICOTINE TD PATCH 24HR 14 MG/24HR
NICOTINE TD PATCH 24HR 21 MG/24HR
NICOTINE TD PATCH 24HR 7 MG/24HR
NICOTINE TRANSDERMAL SYSTEM – NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR
NICOTROL INHALER – NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)
NICOTROL NS – NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG

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TIER 1: $0 (CONTINUED…)

NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG
NORETHINDRONE TAB 0.35 MG
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG
NOVAFERRUM PEDIATRIC DROP – POLYSACCHARIDE IRON COMPLEX LIQUID 15 MG/ML (FE EQUIV)
NUVARING – ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR

O

OMNIFLEX DIAPHRAGM – DIAPHRAGMS
OPTIONS GYNOL II VAGINAL – NONOXYNOL-9 GEL 3%

P

PARAGARD INTRAUTERINE COPPER – COPPER IUD
PEDIARIX (CHILDREN)
PEDVAX HIB
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM
PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
PEG 335-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM (GOLYTELY)
PENTACEL
PHEXXI - LACTIC ACID-CITRIC ACID-POTASSIUM BITARTRATE GEL 1.8-1-0.4%
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE INJ
PNEUMOCOCCAL VACCINE POLYVALENT INJ 25 MCG/0.5ML
PNEUMOVAX 23
PRAVASTATIN SODIUM TAB 10 MG
PRAVASTATIN SODIUM TAB 20 MG
PRAVASTATIN SODIUM TAB 40 MG
PRAVASTATIN SODIUM TAB 80 MG
PREVNAR 20
PRIORIX
PRIORIX
PROQUAD
PROQUAD

Q

QUADRACEL
QUADRACEL

R

RALOXIFENE HCL TAB 60 MG
RALOXIFENE HYDROCHORIDE
ROTARIX
ROTATEQ

S

SHINGRIX
SIMVASTATIN TAB 10 MG
SIMVASTATIN TAB 20 MG
SIMVASTATIN TAB 40 MG
SIMVASTATIN TAB 5 MG
SIMVASTATIN TAB 80 MG
SKYLA – LEVONORGESTREL RELEASING IUD 14 MCG/DAY (13.5 MG TOTAL)
SLYND – DROSPIRENONE TAB 4 MG
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
SODIUM FLUORIDE CREAM 1.1% (PREVIDENT 5000 PLUS)
SODIUM FLUORIDE GEL 1.1% (0.5% F) (PREVIDENT FLUORIDE)
SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
SODIUM FLUORIDE SOLN 0.25 MG/0.6ML (FROM 0.55 MG/0.6ML NAF)
SODIUM FLUORIDE SOLN 0.25 MG/DROP F (FROM 0.55 MG/DROP NAF)
SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)
SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)

T

TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)
TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)
TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)
TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)
TDVAX
TENIVAC
TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML
TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML
TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LFU
TODAY SPONGE – NONOXYNOL-9 VAGINAL SPONGE 1000 MG
TRUMENBA
TWINRIX
TWINRIX
TWIRLA – LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG/24HR
TYBLUME – LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG

U

ULIPRISTAL ACETATE TAB 30 MG

V

VAQTA

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TIER 1: $0 (CONTINUED…)

VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)
VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)
VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 START PACK
VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU/0.5ML
VAXELIS
VAXNEUVANCE
VCF VAGINAL CONTRACEPTIVE – NONOXYNOL-9 FILM 28
VCF VAGINAL CONTRACEPTIVE – NONOXYNOL-9 FOAM 12.5%
VCF VAGINAL CONTRACEPTIVE – NONOXYNOL-9 GEL 4%
VELIVET - DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025 MG-MG

W

WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 60 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 65 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 70 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 75 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 80 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 85 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 90 MM
WIDE-SEAL SILICONE DIAPHR – DIAPHRAGM WIDE SEAL 95 MM

X

XULANE - NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG /24HR

Z

ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML
ZOSTER VACCINE LIVE FOR SUBCUTANEOUS SUSP 19400 UNIT/0.65ML
ZOSTER VACCINE LIVE RECONSTITUTED SUSPENSION

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TIER 2: $15.00 OR LESS

A

ACETAMINOPHEN CHEW TAB 160 MG
ACETAMINOPHEN LIQUID 160 MG/5ML
ACETAMINOPHEN SOLN 160 MG/5ML
ACETAMINOPHEN SUPPOS 120 MG
ACETAMINOPHEN SUSP 160 MG/5ML
ACETAMINOPHEN TAB 325 MG
ACETAMINOPHEN TAB 500 MG
ACETAMINOPHEN TAB ER 650 MG
ACETAMINOPHEN W/ CODEINE TAB 30015 MG
ACETAMINOPHEN W/ CODEINE TAB 30030 MG
ACYCLOVIR CAP 200 MG
ALLOPURINOL TAB 100 MG
ALPHALIPOIC ACID (THIOCTIC ACID) CAP 600 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG
ALPRAZOLAM TAB 0.25 MG
ALUM & MAG HYDROXIDESIMETHICONE SUSP 20020020 MG/5ML
AMITRIPTYLINE HCL TAB 10 MG
AMITRIPTYLINE HCL TAB 25 MG
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 510 MG
AMOXICILLIN (TRIHYDRATE) TAB 500 MG
AMOXICILLIN (TRIHYDRATE) TAB 875 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 7.5 MG
AMPICILLIN CAP 500 MG
ARTIFICIAL TEAR OPHTH SOLUTION
ASCORBIC ACID CHEW TAB 250 MG
ASCORBIC ACID TAB 1000 MG
ASCORBIC ACID TAB 250 MG
ASCORBIC ACID TAB 500 MG
ASPIRIN CHEW TAB 81 MG
ASPIRIN TAB 325 MG
ASPIRIN TAB DELAYED RELEASE 325 MG
ASPIRIN TAB DELAYED RELEASE 81 MG
ATENOLOL & CHLORTHALIDONE TAB 5025 MG
ATENOLOL TAB 25 MG
ATENOLOL TAB 50 MG
AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)
AZITHROMYCIN FOR SUSP 100 MG/5ML

B

BACILLUS COAGULANSINULIN CAP
BACITRACIN ZINC OINT 500 UNIT/GM
BACITRACINPOLYMYXIN B OINT
BCOMPLEX VITAMIN CAP
BCOMPLEX VITAMIN TAB
BCOMPLEX W/ C TAB
BCOMPLEX W/ FOLIC ACID TAB
BENAZEPRIL HCL TAB 10 MG
BENAZEPRIL HCL TAB 20 MG
BENZOCAINE DENTAL GEL 20%
BENZOCAINEMENTHOL LOZENGE 153.6 MG
BENZOYL PEROXIDE GEL 5%
BENZOYL PEROXIDE LIQ 5%
BENZTROPINE MESYLATE TAB 0.5 MG
BENZTROPINE MESYLATE TAB 1 MG
BETAMETHASONE DIPROPIONATE LOTION 0.05%
BIOTIN TAB 1000 MCG
BISACODYL SUPPOS 10 MG
BISACODYL TAB DELAYED RELEASE 5 MG
BISMUTH SUBSALICYLATE CHEW TAB 262 MG
BISMUTH SUBSALICYLATE TAB 262 MG
BUPROPION HCL TAB 75 MG

C

CALCIUM CARBCHOLECALCIF CHEW TAB 600 MG10 MCG (400 UNIT)
CALCIUM CARBCHOLECALCIFEROL TAB 500 MG10 MCG (400 UNIT)
CALCIUM CARBCHOLECALCIFEROL TAB 500 MG15 MCG (600 UNIT)
CALCIUM CARBCHOLECALCIFEROL TAB 600 MG10 MCG (400 UNIT)
CALCIUM CARBCHOLECALCIFEROL TAB 600 MG20 MCG (800 UNIT)
CALCIUM CARBONATE (ANTACID) CHEW TAB 500 MG
CALCIUM CARBONATE (ANTACID) CHEW TAB 750 MG
CALCIUM CARBONATE (ANTACID) SUSP 1250 MG/5ML
CALCIUM CARBONATE TAB 1250 MG (500 MG ELEMENTAL CA)
CALCIUM CARBONATE TAB 1500 MG (600 MG ELEMENTAL CA)
CALCIUM CARBONATECHOLECALCIFEROL TAB 500 MG5 MCG(200 UNIT)
CALCIUM CARBONATECHOLECALCIFEROL TAB 600 MG5 MCG(200 UNIT)
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)
CALCIUM CITVIT D TAB 200 MG6.25 MCG(250 UNIT) (ELEM CA)
CALCIUM POLYCARBOPHIL TAB 625 MG
CALCIUM TAB 600 MG
CALCIUMMAGNESIUMZINC TAB 3331338.3 MG
CANDESARTAN CILEXETIL TAB 4 MG
CARBAMIDE PEROXIDE 6.5% OTIC SOLN
CARBINOXAMINE MALEATE TAB 4 MG
CARBOXYMETHYLCELLULOSE SODIUM OPHTH SOLN 0.5%
CEFTRIAXONE SODIUM FOR INJ 1 GM
CEPHALEXIN FOR SUSP 125 MG/5ML
CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)
CETIRIZINE HCL TAB 10 MG
CETIRIZINEPSEUDOEPHEDRINE TAB ER 12HR 5120 MG
CHLORDIAZEPOXIDE HCL CAP 10 MG
CHLORHEXIDINE GLUCONATE SOLN 0.12%
CHLORTHALIDONE TAB 25 MG
CHOLECALCIFEROL CAP 1.25 MG (50000 UNIT)
CHOLECALCIFEROL CAP 125 MCG (5000 UNIT)
CHOLECALCIFEROL CAP 25 MCG (1000 UNIT)
CHOLECALCIFEROL CAP 250 MCG (10000 UNIT)
CHOLECALCIFEROL CAP 50 MCG (2000 UNIT)
CHOLECALCIFEROL CHEW TAB 25 MCG (1000 UNIT)
CHOLECALCIFEROL CHEW TAB 50 MCG (2000 UNIT)
CHOLECALCIFEROL ORAL LIQUID 10 MCG/ML (400 UNIT/ML)
CHOLECALCIFEROL TAB 10 MCG (400 UNIT)
CHOLECALCIFEROL TAB 125 MCG (5000 UNIT)
CHOLECALCIFEROL TAB 25 MCG (1000 UNIT)
CHOLECALCIFEROL TAB 50 MCG (2000 UNIT)
CINNAMON CAP 500 MG

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TIER 2: $15.00 OR LESS (CONTINUED…)

CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG
CLONAZEPAM TAB 0.5 MG
CLONIDINE HCL TAB 0.1 MG
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG
CLOTRIMAZOLE VAGINAL CREAM 1%
COBALAMIN COMBINATION SL TAB
COENZYME Q10 CAP 100 MG
CRANBERRY (VACCINIUM MACROCARPON) CAP 500 MG
CYANOCOBALAMIN INJ 1000 MCG/ML
CYANOCOBALAMIN SL TAB 1000 MCG
CYANOCOBALAMIN SL TAB 2500 MCG
CYANOCOBALAMIN SL TAB 500 MCG
CYANOCOBALAMIN TAB 100 MCG
CYANOCOBALAMIN TAB 1000 MCG
CYANOCOBALAMIN TAB 500 MCG
CYANOCOBALAMIN TAB ER 1000 MCG
CYCLOBENZAPRINE HCL TAB 10 MG

D

DESOGESTETH ESTRAD & ETH ESTRAD TAB 0.150.02/0.01 MG(21/5)
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG30 MCG
DEXAMETHASONE ELIXIR 0.5 MG/5ML
DEXAMETHASONE TAB 0.5 MG
DEXAMETHASONE TAB 0.75 MG
DEXAMETHASONE TAB 1 MG
DEXAMETHASONE TAB 2 MG
DEXMETHYLPHENIDATE HCL TAB 5 MG
DEXTROAMPHETAMINE SULFATE TAB 5 MG
DEXTROMETHORPHAN POLISTIREX EXTENDED RELEASE SUSP 30MG/5ML
DEXTROMETHORPHANGUAIFENESIN LIQUID 10100 MG/5ML
DEXTROMETHORPHANGUAIFENESIN SYRUP 10100 MG/5ML
DIAPER RASH PRODUCTS
DIAZEPAM CONC 5 MG/ML
DIAZEPAM TAB 2 MG
DIAZEPAM TAB 5 MG
DICLOFENAC SODIUM OPHTH SOLN 0.1%
DIGOXIN TAB 250 MCG (0.25 MG)
DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG
DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 120 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 240 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 360 MG
DIPHENHYDRAMINE HCL CAP 25 MG
DIPHENHYDRAMINE HCL CAP 50 MG
DIPHENHYDRAMINE HCL LIQUID 12.5 MG/5ML
DIPHENHYDRAMINE HCL TAB 25 MG
DIPHENHYDRAMINEACETAMINOPHEN TAB 12.5500 MG
DIPHENHYDRAMINEACETAMINOPHEN TAB 25500 MG (SLEEP)
DIPHENHYDRAMINEZINC ACETATE CREAM 20.1%
DOCUSATE CALCIUM CAP 240 MG
DOCUSATE SODIUM CAP 100 MG
DOCUSATE SODIUM TAB 100 MG
DOXEPIN HCL CAP 10 MG
DOXEPIN HCL CAP 50 MG

E

EMOLLIENT OINTMENT
ENALAPRIL MALEATE TAB 5 MG
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)
ERYTHROMYCIN TAB DELAYED RELEASE 333 MG
ESTRADIOL TAB 0.5 MG
ESTRADIOL TAB 1 MG
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG35 MCG

F

FAMOTIDINE TAB 10 MG
FE FUMARATE W/ B12VIT CFAIFC CAP 1100.015750.5240 MG
FENOFIBRATE MICRONIZED CAP 67 MG
FENOFIBRATE TAB 54 MG
FERROUS GLUCONATE TAB 324 MG (37.5 MG ELEMENTAL IRON)
FERROUS SULFATE DRIED TAB ER 160 MG (50 MG FE EQUIVALENT)
FERROUS SULFATE DRIED TAB ER 45 MG (FE EQUIVALENT)
FERROUS SULFATE SOLN 220 MG/5ML (44 MG/5ML ELEMENTAL FE)
FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
FERROUS SULFATE TAB EC 325 MG (65 MG FE EQUIVALENT)
FLAXSEED (LINSEED) CAP 1000 MG
FOLIC ACID TAB 1 MG
FOLIC ACID TAB 800 MCG
FUROSEMIDE ORAL SOLN 10 MG/ML
FUROSEMIDE TAB 20 MG
FUROSEMIDE TAB 40 MG FUROSEMIDE TAB 80 MG

G

GLIMEPIRIDE TAB 1 MG
GLIMEPIRIDE TAB 2 MG
GLIPIZIDE TAB 5 MG
GLIPIZIDE TAB ER 24HR 10 MG
GLIPIZIDE TAB ER 24HR 2.5 MG
GLUCOSE GEL 40%
GLYBURIDE TAB 1.25 MG
GLYBURIDE TAB 2.5 MG
GLYCERIN SUPPOS 1 GM
GLYCERIN SUPPOS 2 GM
GLYCERINHYPROMELLOSEPEG 400 OPHTH SOLN 0.20.21%
GUAIFENESIN LIQUID 100 MG/5ML
GUAIFENESIN TAB 400 MG

H

HYDRALAZINE HCL TAB 25 MG
HYDRALAZINE HCL TAB 50 MG
HYDROCHLOROTHIAZIDE TAB 12.5 MG
HYDROCHLOROTHIAZIDE TAB 25 MG

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TIER 2: $15.00 OR LESS (CONTINUED…)

HYDROCODONE BITARTHOMATROPINE METHYLBROM SOLN 51.5 MG/5ML
HYDROCODONEACETAMINOPHEN SOLN 7.5325 MG/15ML
HYDROCODONEACETAMINOPHEN TAB 5325 MG
HYDROCORTISONE CREAM 0.5%
HYDROCORTISONE CREAM 1%
HYDROCORTISONE OINT 1%
HYDROCORTISONE TAB 5 MG
HYDROMORPHONE HCL TAB 2 MG
HYDROMORPHONE HCL TAB 4 MG
HYDROXYZINE PAMOATE
HYDROXYZINE PAMOATE CAP 25 MG
HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML

I
IBUPROFEN CAP 200 MG
IBUPROFEN CHEW TAB 100 MG
IBUPROFEN SUSP 100 MG/5ML
IBUPROFEN TAB 200 MG
IBUPROFEN TAB 400 MG
INDAPAMIDE TAB 1.25 MG
INDOMETHACIN CAP 25 MG

K
KETOTIFEN FUMARATE OPHTH SOLN 0.035%

L
LABETALOL HCL TAB 100 MG
LABETALOL HCL TAB 200 MG
LACTIC ACID (AMMONIUM LACTATE) CREAM 12%
LACTOBACILLUS ACIDOPHILUSPECTIN CAP
LACTOBACILLUS CAP
LACTOBACILLUS TAB
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG20 MCG
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG30 MCG
LEVOTHYROXINE SODIUM TAB 150 MCG
LEVOTHYROXINE SODIUM TAB 25 MCG
LEVOTHYROXINE SODIUM TAB 50 MCG
LEVOTHYROXINE SODIUM TAB 75 MCG
LEVOTHYROXINE SODIUM TAB 88 MCG
LIDOCAINE CREAM 4%
LIDOCAINE HCL LOCAL INJ 1%
LIDOCAINEPRILOCAINE CREAM 2.52.5%
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 1012.5 MG
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 2012.5 MG
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 2025 MG
LISINOPRIL TAB 2.5 MG
LISINOPRIL TAB 20 MG
LISINOPRIL TAB 40 MG
LISINOPRIL TAB 5 MG
LITHIUM CARBONATE CAP 300 MG
LITHIUM CARBONATE TAB 300 MG
LITHIUM CARBONATE TAB ER 300 MG
LITHIUM CARBONATE TAB ER 450 MG
LOPERAMIDE HCL CAP 2 MG
LOPERAMIDE HCL TAB 2 MG
LORATADINE ORAL SOLN 5 MG/5ML
LORATADINE TAB 10 MG
LORAZEPAM TAB 0.5 MG
LOSARTAN POTASSIUM TAB 25 MG
LOVASTATIN TAB 10 MG
LUBRICANT GELS GEL

M
MAGNESIUM CITRATE SOLN
MAGNESIUM HYDROXIDE SUSP 400 MG/5ML
MAGNESIUM OXIDE TAB 250 MG
MAGNESIUM OXIDE TAB 250 MG (MG SUPPLEMENT)
MAGNESIUM OXIDE TAB 400 MG (240 MG ELEMENTAL MG)
MAGNESIUM SULFATE ORAL GRANULES
MAGNESIUM TAB 250 MG
MECLIZINE HCL TAB 12.5 MG
MECLIZINE HCL TAB 25 MG
MEDROXYPROGESTERONE ACETATE TAB 10 MG
MEDROXYPROGESTERONE ACETATE TAB 2.5 MG
MEDROXYPROGESTERONE ACETATE TAB 5 MG
MELATONIN CAP 10 MG
MELATONIN CAP 5 MG
MELATONIN CHEW TAB 5 MG
MELATONIN LIQUID 1 MG/ML
MELATONIN SL TAB 10 MG
MELATONIN TAB 1 MG
MELATONIN TAB 10 MG
MELATONIN TAB 3 MG
MELATONIN TAB 5 MG
MENTHOLZINC OXIDE OINT 0.4420.6%
METFORMIN HCL TAB ER 24HR 500 MG
METHOCARBAMOL TAB 500 MG
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)
METHYLCOBALAMIN SL TAB 1000 MCG
METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)
METOPROLOL & HYDROCHLOROTHIAZIDE TAB 5025 MG
METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)
METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)
METOPROLOL TARTRATE TAB 100 MG
METOPROLOL TARTRATE TAB 25 MG
MIDAZOLAM HCL INJ 5 MG/ML (BASE EQUIVALENT)
MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)
MINOXIDIL SOLN 2%
MULTIPLE VITAMIN TAB

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TIER 2: $15.00 OR LESS (CONTINUED…)

MULTIPLE VITAMINS W/ IRON TAB
MULTIPLE VITAMINS W/ MINERALS TAB
MUPIROCIN OINT 2%

N

NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG20 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG30 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOLFE TAB 1 MG20 MCG
NORETHINDRONE ACE & ETHINYL ESTRADIOLFE TAB 1.5 MG30 MCG
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG30 MCG

O

OMEGA3 FATTY ACIDS CAP 1000 MG
OMEPRAZOLE DELAYED RELEASE TAB 20 MG
OXYCODONE W/ ACETAMINOPHEN TAB 5325 MG
OXYMETAZOLINE HCL NASAL SOLN 0.05%
OYSTER SHELL CALCIUM TAB 500 MG

P

PEDIATRIC MULTIPLE VITAMIN CHEW TAB
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS CHEW TAB
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG
PHENAZOPYRIDINE HCL TAB 100 MG
PHENAZOPYRIDINE HCL TAB 200 MG
PHENAZOPYRIDINE HCL TAB 99.5 MG
PHENDIMETRAZINE TARTRATE TAB 35 MG
PHENOL LIQUID 1.4%
PHENYLEPHRINEBROMPHENIRAMINEDM LIQUID 2.515 MG/5ML
PHENYLEPHRINEMINERAL OILPETROLATUM OINT 0.251474.9%
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP
POLYMYXIN B/TRIMETHOPRIM
POLYVINYL ALCOHOL OPHTH SOLN 1.4%
POLYVINYL ALCOHOLPOVIDONE OPHTH SOLN 56 MG/ML (0.50.6%)
POTASSIUM CHLORIDE CAP ER 8 MEQ
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ
POTASSIUM CHLORIDE TAB ER 10 MEQ
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)
PRAMOXINEZINC ACETATE LOTION 10.1%
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)
PREDNISONE TAB 1 MG
PREDNISONE TAB 10 MG
PREDNISONE TAB 2.5 MG
PREDNISONE TAB 20 MG
PREDNISONE TAB 5 MG
PRIMIDONE TAB 50 MG
PHENAZOPYRIDINE HCL TAB 200 MG
PHENAZOPYRIDINE HCL TAB 99.5 MG
PHENDIMETRAZINE TARTRATE TAB 35 MG
PHENOL LIQUID 1.4%
PHENYLEPHRINEBROMPHENIRAMINEDM LIQUID 2.515 MG/5ML
PHENYLEPHRINEMINERAL OILPETROLATUM OINT 0.251474.9%
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP
POLYMYXIN B/TRIMETHOPRIM
POLYVINYL ALCOHOL OPHTH SOLN 1.4%
POLYVINYL ALCOHOLPOVIDONE OPHTH SOLN 56 MG/ML (0.50.6%)
POTASSIUM CHLORIDE CAP ER 8 MEQ
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ
POTASSIUM CHLORIDE TAB ER 10 MEQ
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)
PRAMOXINEZINC ACETATE LOTION 10.1%
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)
PREDNISONE TAB 1 MG
PREDNISONE TAB 10 MG
PREDNISONE TAB 2.5 MG
PREDNISONE TAB 20 MG
PREDNISONE TAB 5 MG
PRIMIDONE TAB 50 MG
PROMETHAZINE HCL TAB 12.5 MG
PROPRANOLOL HCL TAB 10 MG
PROPRANOLOL HCL TAB 20 MG
PROPYLENE GLYCOLGLYCERIN OPHTH SOLN 10.3%
PSEUDOEPHEDRINEGUAIFENESIN TAB ER 12HR 1201200 MG
PYRIDOXINE HCL TAB 25 MG

R

RAMIPRIL CAP 2.5 MG
RIBOFLAVIN TAB 50 MG

S

SALINE NASAL SPRAY 0.65%
SENNOSIDES CHEW TAB 15 MG
SENNOSIDES SYRUP 8.8 MG/5ML
SENNOSIDES TAB 17.2 MG
SENNOSIDES TAB 8.6 MG
SENNOSIDESDOCUSATE SODIUM TAB 8.650 MG
SIMETHICONE CHEW TAB 125 MG
SIMETHICONE CHEW TAB 80 MG
SIMETHICONE SUSP 40 MG/0.6ML
SODIUM BICARBONATE TAB 325 MG
SODIUM BICARBONATE TAB 650 MG
SODIUM CHLORIDE SOLN NEBU 7%
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
SODIUM FLUORIDE CREAM 1.1%
SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)
SODIUM PHOSPHATES ENEMA
SPIRONOLACTONE TAB 25 MG
SPIRONOLACTONE TAB 50 MG
SULFAMETHOXAZOLETRIMETHOPRIM TAB 40080 MG
SULFAMETHOXAZOLETRIMETHOPRIM TAB 800160 MG

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TIER 2: $15.00 OR LESS (CONTINUED…)

SULINDAC TAB 150 MG

T
TEMAZEPAM CAP 30 MG
TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)
TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)
THIAMINE HCL TAB 100 MG
THIAMINE HCL TAB 50 MG
TIMOLOL MALEATE OPHTH SOLN 0.25%
TRIAMCINOLONE ACETONIDE CREAM 0.025%
TRIAMCINOLONE ACETONIDE CREAM 0.1%
TRIAMCINOLONE ACETONIDE CREAM 0.5%
TRIAMCINOLONE ACETONIDE OINT 0.025%
TRIAMCINOLONE ACETONIDE OINT 0.1%
TURMERIC (CURCUMA LONGA) CAP 500 MG

V
VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)
VERAPAMIL HCL TAB ER 120 MG
VITAMIN A CAP 3 MG (10000 UNIT)
VITAMIN E CAP 180 MG (400 UNIT)

W
WARFARIN SODIUM TAB 1 MG
WARFARIN SODIUM TAB 4 MG
WARFARIN SODIUM TAB 6 MG
WHITE PETROLATUM TOPICAL GEL

Z
ZINC OXIDE CREAM 13%
ZINC OXIDE OINT 20%
ZINC OXIDE OINT 40%

TIER 3: $30.00 OR LESS

A
ACETAMINOPHEN W/ CODEINE TAB 30060 MG
ACETIC ACID IRRIGATION SOLN 0.25%
ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)
ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)
ALLOPURINOL TAB 200 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG
ALPRAZOLAM TAB 1 MG
ALPRAZOLAM TAB 2 MG
ALPRAZOLAM TAB ER 24HR 0.5 MG
AMANTADINE HCL TAB 100 MG
AMIODARONE HCL TAB 200 MG
AMITRIPTYLINE HCL TAB 100 MG
AMITRIPTYLINE HCL TAB 50 MG
AMITRIPTYLINE HCL TAB 75 MG
AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)
AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 520 MG
AMOXICILLIN & K CLAVULANATE FOR SUSP 40057 MG/5ML
AMOXICILLIN & K CLAVULANATE FOR SUSP 60042.9 MG/5ML
AMOXICILLIN & K CLAVULANATE TAB 500125 MG
AMOXICILLIN & K CLAVULANATE TAB 875125 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 10 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 15 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 20 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 5 MG
APREPITANT CAPSULE 40 MG
ASCORBIC ACID CAP ER 500 MG
ATENOLOL & CHLORTHALIDONE TAB 10025 MG
ATOVAQUONEPROGUANIL HCL TAB 62.525 MG
AZATHIOPRINE TAB 50 MG
AZELASTINE HCL OPHTH SOLN 0.05%

B
BACITRACINPOLYMYXIN B OPHTH OINT
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 2025 MG
BENZONATATE CAP 100 MG
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 106.25 MG
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.56.25 MG
BORIC ACID VAGINAL SUPP 600 MG
BUDESONIDE NASAL SUSP 32 MCG/ACT
BUMETANIDE TAB 1 MG
BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)
BUPROPION HCL TAB ER 12HR 100 MG
BUPROPION HCL TAB ER 12HR 150 MG
BUSPIRONE HCL TAB 10 MG
BUSPIRONE HCL TAB 5 MG
BUSPIRONE HCL TAB 7.5 MG
BUTALBITALACETAMINOPHENCAFF W/ COD CAP 503254030 MG
BUTALBITALASPIRINCAFFEINE CAP 5032540 MG

C
CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG
CALCIUM CARBONATEVITAMIN D TAB 500 MG5 MCG (200 UNIT)
CALCIUM CITVIT D TAB 315 MG6.25 MCG(250 UNIT) (ELEM CA)
CANDESARTAN CILEXETIL TAB 16 MG
CANDESARTAN CILEXETIL TAB 32 MG

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TIER 3: $30.00 OR LESS (CONTINUED…)

CAPSAICIN CREAM 0.025%
CAPSAICIN CREAM 0.075%
CAPSAICIN CREAM 0.1%
CARVEDILOL TAB 25 MG
CARVEDILOL TAB 3.125 MG
CARVEDILOL TAB 6.25 MG
CEFADROXIL FOR SUSP 250 MG/5ML
CEFDINIR CAP 300 MG
CEFDINIR FOR SUSP 125 MG/5ML
CEFUROXIME AXETIL TAB 250 MG
CELECOXIB CAP 50 MG
CEPHALEXIN CAP 500 MG
CEPHALEXIN FOR SUSP 250 MG/5ML
CETIRIZINE HCL TAB 5 MG
CHLORDIAZEPOXIDE HCL CAP 5 MG
CHOLECALCIFEROL CAP 10 MCG (400 UNIT)
CHOLESTYRAMINE POWDER PACKETS 4 GM
CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)
CIMETIDINE TAB 300 MG
CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)
CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)
CLINDAMYCIN HCL CAP 300 MG
CLINDAMYCIN PHOSPHATE SWAB 1%
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG
CLONIDINE HCL TAB 0.3 MG
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG
CLOTRIMAZOLE TROCHE 10 MG
COENZYME Q10 CAP 200 MG
COENZYME Q10 CAP 400 MG
COLESTIPOL HCL TAB 1 GM
CORN DEXTRIN ORAL POWDER

D

DAPSONE TAB 100 MG
DEXMETHYLPHENIDATE HCL TAB 10 MG
DEXTROMETHORPHANGUAIFENESIN LIQUID 5100 MG/5ML
DEXTROMETHORPHANGUAIFENESIN TAB ER 12HR 30600 MG
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)
DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG
DICLOFENAC SODIUM TAB ER 24HR 100 MG
DILTIAZEM HCL CAP ER 24HR 180 MG
DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 180 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 420 MG
DILTIAZEM HCL TAB 30 MG
DILTIAZEM HCL TAB ER 24HR 120 MG
DISULFIRAM TAB 250 MG
DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG
DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG
DORZOLAMIDE HCLTIMOLOL MALEATE OPHTH SOLN 20.5%
DOXAZOSIN MESYLATE TAB 8 MG
DOXEPIN HCL CAP 100 MG
DOXEPIN HCL CAP 150 MG
DOXEPIN HCL CAP 25 MG
DOXEPIN HCL CAP 75 MG DOXYCYCLINE MONOHYDRATE CAP 100 MG
DOXYCYCLINE MONOHYDRATE CAP 50 MG
DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML
DOXYLAMINE SUCCINATE (SLEEP) TAB 25 MG

E

ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 1025 MG
ENALAPRIL MALEATE TAB 2.5 MG
ENALAPRIL MALEATE TAB 20 MG
ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.252.5 MG
ESTRADIOL & NORETHINDRONE ACETATE TAB 10.5 MG
ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR
ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR
ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR
ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG50 MCG
ETODOLAC TAB 400 MG

F

FAMOTIDINE TAB 20 MG
FAMOTIDINE TAB 40 MG
FENOFIBRATE MICRONIZED CAP 130 MG
FENOFIBRATE MICRONIZED CAP 200 MG
FENOFIBRATE TAB 145 MG
FENOFIBRATE TAB 160 MG
FENOFIBRATE TAB 48 MG
FEXOFENADINE HCL TAB 60 MG
FINASTERIDE TAB 1 MG
FINASTERIDE TAB 5 MG
FLUCONAZOLE TAB 100 MG
FLUOROURACIL SOLN 5%
FLUOXETINE HCL CAP 20 MG
FLUOXETINE HCL SOLUTION 20 MG/5ML
FLUOXETINE HCL TAB 20 MG
FLUVOXAMINE MALEATE TAB 50 MG
FOLIC ACID TAB 400 MCG
FOLIC ACIDVITAMIN B6VITAMIN B12 TAB 2.5251 MG

G

GABAPENTIN ORAL SOLN 250 MG/5ML
GENTAMICIN SULFATE OINT 0.1%
GENTAMICIN SULFATE OPHTH SOLN 0.3%
GLIPIZIDEMETFORMIN HCL TAB 2.5250 MG
GLIPIZIDEMETFORMIN HCL TAB 5500 MG
GLYCOPYRROLATE TAB 1 MG

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TIER 3: $30.00 OR LESS (CONTINUED…)

GUAIFENESIN TAB 200 MG
GUAIFENESIN TAB ER 12HR 1200 MG
GUANFACINE HCL TAB 1 MG

H
HYDRALAZINE HCL TAB 100 MG
HYDROCHLOROTHIAZIDE CAP 12.5 MG
HYDROCODONEACETAMINOPHEN TAB 10300 MG
HYDROCODONEACETAMINOPHEN TAB 10325 MG
HYDROCODONEACETAMINOPHEN TAB 5300 MG
HYDROCODONEACETAMINOPHEN TAB 7.5325 MG
HYDROCORTISONE PERIANAL CREAM 1%
HYDROCORTISONE PERIANAL CREAM 2.5%
HYDROCORTISONE TAB 10 MG
HYDROCORTISONE TAB 20 MG
HYDROMORPHONE HCL TAB 8 MG
HYDROXYZINE HCL TAB 10 MG
HYDROXYZINE HCL TAB 25 MG
HYOSCYAMINE SULFATE SL TAB 0.125 MG
HYOSCYAMINE SULFATE TAB DISINT 0.125 MG

I
IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)
BUPROFEN TAB 800 MG
INDOMETHACIN CAP ER 75 MG
IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)
IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)
IRBESARTAN TAB 75 MG
IRBESARTANHYDROCHLOROTHIAZIDE TAB 15012.5 MG
ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG
IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)
IVERMECTIN TAB 3 MG

K
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%

L
LACTASE TAB 3000 UNIT
LACTIC ACID (AMMONIUM LACTATE) LOTION 12%
LACTULOSE SOLUTION 10 GM/15ML
LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG
LANSOPRAZOLE CAP DELAYED RELEASE 15 MG
LANSOPRAZOLE CAP DELAYED RELEASE 30 MG
LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)
LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG
LEVONORGESTREL TAB 1.5 MG
LEVOTHYROXINE SODIUM TAB 100 MCG
LEVOTHYROXINE SODIUM TAB 112 MCG
LEVOTHYROXINE SODIUM TAB 125 MCG
LEVOTHYROXINE SODIUM TAB 137 MCG
LEVOTHYROXINE SODIUM TAB 175 MCG
LEVOTHYROXINE SODIUM TAB 300 MCG
LIDOCAINE PATCH 4%
LIDOCAINEHYDROCORTISONE ACETATE PERIANAL CREAM 30.5%
LIDOCAINEPRILOCAINE CREAM KIT 2.52.5%
LIOTHYRONINE SODIUM TAB 5 MCG
LISINOPRIL TAB 30 MG
LITHIUM CARBONATE CAP 600 MG
LORATADINE & PSEUDOEPHEDRINE TAB ER 24HR 10240 MG
LORAZEPAM CONC 2 MG/ML
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 10012.5 MG
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 10025 MG
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 5012.5 MG
LOSARTAN POTASSIUM TAB 100 MG LOVASTATIN TAB 20 MG
LOVASTATIN TAB 40 MG

M
MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML
MELATONIN TABLET DISINTEGRATING 10 MG
MELATONIN TABLET DISINTEGRATING 3 MG
MELOXICAM TAB 7.5 MG
METFORMIN HCL TAB 1000 MG
METFORMIN HCL TAB ER 24HR 750 MG
METHADONE HCL TAB 10 MG
METHADONE HCL TAB 5 MG
METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)
METHYLPHENIDATE HCL TAB 10 MG
METHYLPHENIDATE HCL TAB 20 MG
METOLAZONE TAB 2.5 MG
METOLAZONE TAB 5 MG
METOPROLOL & HYDROCHLOROTHIAZIDE TAB 10025 MG
METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)
METRONIDAZOLE TAB 250 MG
MINOCYCLINE HCL CAP 50 MG
MIRTAZAPINE TAB 15 MG
MIRTAZAPINE TAB 45 MG
MIRTAZAPINE TAB 7.5 MG
MISOPROSTOL TAB 100 MCG
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)

N
NABUMETONE TAB 500 MG
NADOLOL TAB 40 MG
NALOXONE HCL INJ 0.4 MG/ML
NAPROXEN TAB 375 MG
NAPROXEN TAB 500 MG

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TIER 3: $30.00 OR LESS (CONTINUED…)

NEOMYCINBACITRACINPOLYMYXIN OINT
NEOMYCINPOLYMYXINDEXAMETHASONE OPHTH OINT 0.1%
NEOMYCINPOLYMYXINDEXAMETHASONE OPHTH SUSP 0.1%
NICOTINE POLACRILEX GUM 2 MG
NICOTINE POLACRILEX GUM 4 MG
NICOTINE POLACRILEX LOZENGE 2 MG
NICOTINE TD PATCH 24HR 21 MG/24HR
NICOTINE TD PATCH 24HR 7 MG/24HR
NIFEDIPINE TAB ER 24HR 90 MG
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG
NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG
NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG35 MCG
NORETHINDRONE ACETATE TAB 5 MG
NORETHINDRONE ACETATEETHINYL ESTRADIOL TAB 0.5 MG2.5 MCG
NORETHINDRONE ACETATEETHINYL ESTRADIOL TAB 1 MG5 MCG
NORETHINDRONE TAB 0.35 MG
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG35 MCG
NORGESTIMATEETH ESTRAD TAB 0.1835/0.21535/0.2535 MGMCG
NORTRIPTYLINE HCL CAP 25 MG

O
ORAL ELECTROLYTE SOLUTION

P
PEG 3350KCLNA BICARBNACLNA SULFATE FOR SOLN 236 GM
PHENOBARBITAL TAB 16.2 MG
PHENTERMINE HCL CAP 37.5 MG
PHENYLEPHRINECOCOA BUTTER SUPPOS 0.2588.44%
POLYETHYLENE GLYCOLPROPYLENE GLYCOL OPHTH SOLN 0.40.3%
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155852130MG
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)
PRAZOSIN HCL CAP 1 MG
PRAZOSIN HCL CAP 2 MG
PREDNISONE TAB THERAPY PACK 5 MG (21)
PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)
PSEUDOEPHEDBROMPHENDM SYRUP 30210 MG/5ML
PSEUDOEPHEDRINE HCL TAB ER 12HR 120 MG
PSYLLIUM CAP 400 MG
PYRETHRINSPIPERONYL BUTOXIDE SHAMPOO 0.334%

R
RAMIPRIL CAP 10 MG
RIBOFLAVIN TAB 100 MG

S
SALINE NASAL GEL
SENNOSIDES CAP 8.6 MG
SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML
SIMETHICONE CAP 125 MG
SIMVASTATIN TAB 10 MG
SIMVASTATIN TAB 80 MG
SODIUM CHLORIDE SOLN NEBU 0.9%
SODIUM CHLORIDE TAB 1 GM
SODIUM CITRATE & CITRIC ACID SOLN 500334 MG/5ML
SULINDAC TAB 200 MG

T
TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)
TERCONAZOLE VAGINAL CREAM 0.4%
TRAMADOLACETAMINOPHEN TAB 37.5325 MG
TRANEXAMIC ACID TAB 650 MG
TRAZODONE HCL TAB 50 MG
TRIAMCINOLONE ACETONIDE OINT 0.5%
TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 7550 MG

U
UREA CREAM 20%

V
VERAPAMIL HCL TAB ER 180 MG

W
WARFARIN SODIUM TAB 2 MG
WARFARIN SODIUM TAB 3 MG
WARFARIN SODIUM TAB 5 MG
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN
WHITE PETROLATUMMINERAL OIL OPHTH OINTMENT

Z
ZIPRASIDONE HCL CAP 20 MG

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TIER 4: $60.00 OR LESS

A

ACYCLOVIR TAB 800 MG
ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)
ALBUTEROL SULFATE SYRUP 2 MG/5ML
ALFUZOSIN HCL TAB ER 24HR 10 MG
AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 1020 MG
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 2.510 MG
AMLODIPINE BESYLATEOLMESARTAN MEDOXOMIL TAB 520 MG
AMLODIPINE BESYLATEVALSARTAN TAB 5160 MG
AMOXICILLIN & K CLAVULANATE FOR SUSP 25062.5 MG/5ML
AMOXICILLIN & K CLAVULANATE TAB 250125 MG
ANASTROZOLE TAB 1 MG
APREPITANT CAPSULE 80 MG
ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)
ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)
ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)
ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)
ATOVAQUONEPROGUANIL HCL TAB 250100 MG
AZELASTINE HCLFLUTICASONE PROP NASAL SPRAY 13750 MCG/ACT
AZITHROMYCIN TAB 250 MG

B

BACLOFEN TAB 15 MG
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 1012.5 MG
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%
BIMATOPROST SOLN 0.03%
BISOPROLOL FUMARATE TAB 10 MG
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%
BUPROPION HCL TAB ER 12HR 200 MG
BUSPIRONE HCL TAB 30 MG

C

CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)
CARBAMAZEPINE CHEW TAB 100 MG
CARBAMAZEPINE TAB 200 MG
CARBAMAZEPINE TAB ER 12HR 100 MG
CARBIDOPA & LEVODOPA TAB 10100 MG
CARBIDOPA & LEVODOPA TAB ER 50200 MG
CEFADROXIL FOR SUSP 500 MG/5ML
CEFDINIR FOR SUSP 250 MG/5ML
CEFIXIME CAP 400 MG
CEFPODOXIME PROXETIL TAB 100 MG
CEFPROZIL FOR SUSP 125 MG/5ML
CEFUROXIME AXETIL TAB 500 MG
CELECOXIB CAP 100 MG
CHOLESTYRAMINE POWDER 4 GM/DOSE
CICLOPIROX SOLUTION 8%
CIMETIDINE TAB 400 MG
CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)
CLINDAMYCIN PHOSPHATE GEL 1%
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%
CLINDAMYCIN PHOSPHBENZOYL PEROXIDE (REFRIG) GEL 1.2
(1)5%CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%
CLOBETASOL PROPIONATE LOTION 0.05%
CLOBETASOL PROPIONATE SOLN 0.05%
CLOMIPRAMINE HCL CAP 50 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG
CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR
CLOZAPINE TAB 25 MG
COLCHICINE CAP 0.6 MG

D

DESIPRAMINE HCL TAB 10 MG
DESIPRAMINE HCL TAB 50 MG
DESLORATADINE TAB 5 MG
DEXTROAMPHETAMINE SULFATE TAB 10 MG
DEXTROMETHORPHANGUAIFENESIN CAP 10200 MG
DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG
DICLOXACILLIN SODIUM CAP 250 MG
DILTIAZEM HCL CAP ER 12HR 60 MG
DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG
DIVALPROEX SODIUM TAB ER 24 HR 250 MG
DMANNOSE CAP 500 MG
DOXYCYCLINE HYCLATE CAP 100 MG
DOXYCYCLINE HYCLATE CAP 50 MG
DOXYCYCLINE HYCLATE TAB 100 MG
DOXYCYCLINE MONOHYDRATE TAB 100 MG
DROSPIRENONEETHINYL ESTRADIOL TAB 30.02 MG
DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)
DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)

E

ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 512.5 MG
ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML
ERYTHROMYCIN SOLN 2%
ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)
ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)
ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)
ESTAZOLAM TAB 1 MG
ESTRADIOL & NORETHINDRONE ACETATE TAB 0.50.1 MG
ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METEREDDOSE PUMP)
ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)
ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR
ESTRADIOL VAGINAL TAB 10 MCG
ETHAMBUTOL HCL
ETODOLAC CAP 200 MG
ETODOLAC CAP 300 MG
ETODOLAC TAB ER 24HR 400 MG
ETODOLAC TAB ER 24HR 500 MG
EZETIMIBESIMVASTATIN TAB 1040 MG

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TIER 4: $60.00 OR LESS (CONTINUED…)

F
FENOFIBRATE MICRONIZED CAP 134 MG
FENOFIBRATE TAB 40 MG
FENTANYL TD PATCH 72HR 12 MCG/HR
FENTANYL TD PATCH 72HR 25 MCG/HR
FEXOFENADINEPSEUDOEPHEDRINE TAB ER 12HR 60120 MG
FLECAINIDE ACETATE TAB 100 MG
FLECAINIDE ACETATE TAB 50 MG
FLUCONAZOLE FOR SUSP 10 MG/ML
FLUOCINOLONE ACETONIDE CREAM 0.01%
FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)
FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)
FLUOCINONIDE CREAM 0.05%
FLUOCINONIDE CREAM 0.1%
FLUOCINONIDE OINT 0.05%
FLUOXETINE HCL CAP 40 MG
FLUVOXAMINE MALEATE TAB 25 MG

G
GABAPENTIN CAP 400 MG
GABAPENTIN TAB 600 MG
GLYCOPYRROLATE TAB 2 MG
GUAIFENESIN TAB ER 12HR 600 MG

H
HALOPERIDOL DECANOATE IM SOLN 50 MG/ML
HALOPERIDOL TAB 10 MG
HALOPERIDOL TAB 2 MG
HYDROCODONE BITARTHOMATROPINE METHYLBROMIDE TAB 51.5 MG
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.51%
HYDROQUINONE CREAM 4%
HYDROXYCHLOROQUINE SULFATE TAB 100 MG
HYDROXYZINE HCL SYRUP 10 MG/5ML

I
IMIQUIMOD CREAM 5%
INDAPAMIDE TAB 2.5 MG
IRBESARTAN TAB 150 MG
ISOSORBIDE DINITRATE TAB 10 MG
ISOSORBIDE DINITRATE TAB 30 MG

K
KETOROLAC TROMETHAMINE INJ 30 MG/ML

L
LAMOTRIGINE TAB 100 MG
LAMOTRIGINE TAB 150 MG
LAMOTRIGINE TAB 25 MG
LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG
LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG
LEVETIRACETAM TAB 250 MG
LEVETIRACETAM TAB 500 MG
LEVONORGESTRELETHINYL ESTRADIOL (CONTINUOUS) TAB 9020 MCG
LIDOCAINE HCL CREAM 4%
LORATADINE & PSEUDOEPHEDRINE TAB ER 12HR 5120 MG
LOXAPINE SUCCINATE CAP 5 MG

M
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML
MEGESTROL ACETATE SUSP 40 MG/ML
MEGESTROL ACETATE TAB 20 MG
MELATONINPYRIDOXINE TAB ER 310 MG
METHENAMINE/HYOSC-METHYLENE BLUE-SOD PHOS-PHENYL SAL
METHYLPHENIDATE HCL CAP ER 10 MG (CD)
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)
METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)
METHYLPHENIDATE HCL TAB ER 10 MG
METHYLPHENIDATE HCL TAB ER 24HR 27 MG
METHYLPREDNISOLONE TAB 8 MG
METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)
METRONIDAZOLE VAGINAL GEL 0.75%
MEXILETINE HCL CAP 200 MG
MIDODRINE HCL TAB 5 MG
MINOXIDIL TAB 10 MG
MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT
MOMETASONE FUROATE SOLUTION 0.1% (LOTION)
MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)
MORPHINE SULFATE TAB ER 60 MG

N
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML
NALTREXONE HCL TAB 50 MG
NAPROXEN SODIUM TAB 550 MG
NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)
NEOMYCINBACITRAC ZNPOLYMYX 5(3.5)MG400UNT10000UNT OP OIN
NEOMYCINPOLYMYXINHC OTIC SUSP 3.5 MG/ML10000 UNIT/ML1%
NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR
NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR
NORELGESTROMINETHINYL ESTRADIOL TD PTWK 15035 MCG/24HR
NORETHINDRONE ACEETHINYL ESTRADIOLFE CAP 1 MG20 MCG (24)
NORETHINDRONE ACEETHINYL ESTRADIOLFE TAB 1 MG20 MCG (24)
NORETHINDRONE ACETHINYL ESTRADFE TAB 120/130/135 MGMCG
NORETHINDRONEETH ESTRADIOL TAB 0.535/0.7535/135 MGMCG
NORGESTIMATEETH ESTRAD TAB 0.1825/0.21525/0.2525 MGMCG
NORTRIPTYLINE HCL CAP 10 MG
NORTRIPTYLINE HCL CAP 50 MG
NORTRIPTYLINE HCL CAP 75 MG
NORTRIPTYLINE HCL SOLN 10 MG/5ML
NYSTATIN SUSP 100000 UNIT/ML
NYSTATIN TOPICAL POWDER 100000 UNIT/GM

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TIER 4: $60.00 OR LESS (CONTINUED…)

O

OLOPATADINE HCL NASAL SOLN 0.6%
OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)
OMEPRAZOLE CAP DELAYED RELEASE 10 MG
OMEPRAZOLE CAP DELAYED RELEASE 20 MG
OMEPRAZOLE CAP DELAYED RELEASE 40 MG
OMEPRAZOLE MAGNESIUM DELAYED RELEASE TAB 20 MG (BASE EQUIV)
ORPHENADRINE CITRATE TAB ER 12HR 100 MG
OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)
OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)
OXAZEPAM CAP 10 MG
OXCARBAZEPINE TAB 150 MG
OXCARBAZEPINE TAB 300 MG
OXCARBAZEPINE TAB 600 MG
OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG
OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG
OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG
OXYCODONE HCL SOLN 5 MG/5ML
OXYCODONE HCL TAB 10 MG
OXYCODONE HCL TAB 20 MG
OXYCODONE W/ ACETAMINOPHEN TAB 10325 MG
OXYCODONE W/ ACETAMINOPHEN TAB 7.5325 MG

P

PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)
PAROXETINE HCL TAB 10 MG
PAROXETINE HCL TAB 20 MG
PAROXETINE HCL TAB 30 MG
PAROXETINE HCL TAB ER 24HR 12.5 MG
PAROXETINE HCL TAB ER 24HR 37.5 MG
PEG 3350KCLSOD BICARBNACL FOR SOLN 420 GM
PENTOXIFYLLINE 400 MG (TAB)
PERINDOPRIL ERBUMINE TAB 4 MG
PERPHENAZINE TAB 4 MG
PHENOBARBITAL TAB 15 MG
PHENOBARBITAL TAB 32.4 MG
PHENOBARBITAL TAB 64.8 MG
PHENTERMINE HCL CAP 15 MG
PHENTERMINE HCL CAP 30 MG
PHENTERMINE HCL TAB 37.5 MG
PHENYTOIN CHEW TAB 50 MG
PILOCARPINE HCL OPHTH SOLN 1%
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM
POLYSACCHARIDE IRON COMPLEX CAP 150 MG (IRON EQUIVALENT)
POTASSIUM & SODIUM PHOSPHATES POWDER PACK 280160250 MG
POTASSIUM BICARBONATE EFFER TAB 25 MEQ
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG
PRAMOXINE HCL PERIANAL FOAM 1%
PRAVASTATIN SODIUM TAB 10 MG
PRAVASTATIN SODIUM TAB 20 MG
PRAVASTATIN SODIUM TAB 40 MG
PREDNISOLONE ACETATE OPHTH SUSP 1%
PREDNISONE TAB THERAPY PACK 10 MG (21)
PREDNISONE TAB THERAPY PACK 5 MG (48)
PROGESTERONE CAP 200 MG
PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML
PROMETHAZINE HCL SUPPOS 12.5 MG
PROMETHAZINE W/ CODEINE SYRUP 6.2510 MG/5ML
PROPAFENONE HCL TAB 150 MG
PROPRANOLOL HCL CAP ER 24HR 120 MG
PROPRANOLOL HCL CAP ER 24HR 160 MG
PROPRANOLOL HCL CAP ER 24HR 60 MG
PROPRANOLOL HCL CAP ER 24HR 80 MG
PROPRANOLOL HCL ORAL SOLN 20 MG/5ML
PROPRANOLOL HCL TAB 80 MG
PSEUDOEPHEDRINEGUAIFENESIN TAB ER 12HR 60600 MG
PSYLLIUM CAP 0.52 GM
PYRIDOSTIGMINE BROMIDE TAB 60 MG

Q

QUINAPRIL 20MG

R

RALOXIFENE HCL TAB 60 MG
RAMIPRIL CAP 5 MG
REPAGLINIDE TAB 2 MG
RISPERIDONE SOLN 1 MG/ML
ROPINIROLE HYDROCHLORIDE TAB 0.5 MG
ROPINIROLE HYDROCHLORIDE TAB 1 MG
ROPINIROLE HYDROCHLORIDE TAB 3 MG
ROPINIROLE HYDROCHLORIDE TAB 4 MG
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT)
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT)

S

SACCHAROMYCES BOULARDII CAP 250 MG
SALSALATE TAB 750 MG
SENNOSIDES TAB 25 MG
SERTRALINE HCL TAB 25 MG
SERTRALINE HCL TAB 50 MG
SIMETHICONE CAP 180 MG
SIMVASTATIN TAB 20 MG
SIMVASTATIN TAB 40 MG
SIMVASTATIN TAB 5 MG
SOD SULFATEPOT SULFMG SULF ORAL SOL 17.53.131.6 GM/177ML

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TIER 4: $60.00 OR LESS (CONTINUED…)

SODIUM CHLORIDE FLUSH IV SOLN 0.9%
SODIUM CHLORIDE IRRIGATION SOLN 0.9%
SODIUM CHLORIDE IV SOLN 0.9%
SODIUM CHLORIDE SOLN NEBU 3%
SODIUM FLUORIDE GEL 1.1% (0.5% F)
SODIUM FLUORIDE PASTE 1.1%
SODIUM FLUORIDEPOTASSIUM NITRATE GEL 1.15%
SODIUM HYPOCHLORITE SOLN 0.125%
SOTALOL HCL TAB 120 MG
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 2525 MG
SUCRALFATE TAB 1 GM
SULFACETAMIDE SODIUM OPHTH SOLN 10%
SULFAMETHOXAZOLETRIMETHOPRIM SUSP 20040 MG/5ML
SULFASALAZINE TAB DELAYED RELEASE 500 MG
SUMATRIPTAN SUCCINATE TAB 25 MG

T
TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)
TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)
TELMISARTAN TAB 40 MG
TELMISARTANHYDROCHLOROTHIAZIDE TAB 4012.5 MG
TERBUTALINE SULFATE TAB 2.5 MG
TERCONAZOLE VAGINAL CREAM 0.8%
TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML
TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML
TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)
TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)
TOBRAMYCINDEXAMETHASONE OPHTH SUSP 0.30.1%
TOLTERODINE TARTRATE TAB 2 MG
TOPIRAMATE TAB 25 MG
TORSEMIDE TAB 100 MG
TRAMADOL HCL TAB ER 24HR 100 MG
TRAMADOL HCL TAB ER 24HR 200 MG
TRANDOLAPRIL TAB 4 MG
TRAZODONE HCL TAB 100 MG
TRAZODONE HCL TAB 300 MG
TRETINOIN CREAM 0.025%
TRETINOIN CREAM 0.05%
TRETINOIN CREAM 0.1%
TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%
TRIAMCINOLONE ACETONIDE LOTION 0.1%
TRIAMCINOLONE ACETONIDE NASAL AEROSOL SUSPENSION 55 MCG/ACT
TRIAZOLAM TAB 0.25 MG
TRIMETHOPRIM TAB 100 MG
TROSPIUM CHLORIDE CAP ER 24HR 60 MG
TROSPIUM CHLORIDE TAB 20 MG

U
URSODIOL TAB 250 MG

V
VALACYCLOVIR HCL TAB 500 MG
VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)
VALSARTAN TAB 320 MG
VALSARTAN TAB 80 MG
VALSARTANHYDROCHLOROTHIAZIDE TAB 16012.5 MG
VALSARTANHYDROCHLOROTHIAZIDE TAB 32025 MG
VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)
VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)
VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)
VERAPAMIL HCL CAP ER 24HR 120 MG
VERAPAMIL HCL CAP ER 24HR 240 MG
VERAPAMIL HCL TAB ER 240 MG
VITAMIN E SOLN 6.75 MG/0.3ML (15 UNIT/0.3ML)

W
WARFARIN SODIUM TAB 2.5 MG
WARFARIN SODIUM TAB 7.5 MG
WATER FOR INJECTION

Z
ZAFIRLUKAST TAB 20 MG
ZOLPIDEM TARTRATE TAB 5 MG
ZOLPIDEM TARTRATE TAB ER 12.5 MG

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TIER 5: OVER $60.00

A

ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG
ACETAMINOPHEN W/ CODEINE SOLN 12012 MG/5ML
ACETAZOLAMIDE CAP ER 12HR 500 MG
ACETAZOLAMIDE TAB 250 MG
ACYCLOVIR OINT 5%
ACYCLOVIR SUSP 200 MG/5ML
ADAPALENE CREAM 0.1%
ADAPALENE GEL 0.3%
ADAPALENEBENZOYL PEROXIDE GEL 0.32.5%
ALBENDAZOLE TAB 200 MG
ALPRAZOLAM TAB ER 24HR 1 MG
ALPRAZOLAM TAB ER 24HR 3 MG
AMINOCAPROIC ACID TAB 500 MG
AMIODARONE HCL TAB 100 MG
AMLODIPINE BESYLATEATORVASTATIN CALCIUM TAB 1010 MG
AMLODIPINE BESYLATEATORVASTATIN CALCIUM TAB 1040 MG
AMLODIPINE BESYLATEATORVASTATIN CALCIUM TAB 510 MG
AMLODIPINE BESYLATEATORVASTATIN CALCIUM TAB 540 MG
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 1040 MG
AMLODIPINE BESYLATEBENAZEPRIL HCL CAP 540 MG
AMLODIPINE BESYLATEOLMESARTAN MEDOXOMIL TAB 1040 MG
AMLODIPINE BESYLATEOLMESARTAN MEDOXOMIL TAB 540 MG
AMLODIPINE BESYLATEVALSARTAN TAB 10160 MG
AMLODIPINE BESYLATEVALSARTAN TAB 10320 MG
AMLODIPINEVALSARTANHYDROCHLOROTHIAZIDE TAB 1032025 MG
AMOXICILLIN & K CLAVULANATE FOR SUSP 20028.5 MG/5ML
AMPHETAMINE SULFATE TAB 10 MG
AMPHETAMINEDEXTROAMPHETAMINE 3BEAD CAP ER 24HR 25 MG
AMPHETAMINEDEXTROAMPHETAMINE 3BEAD CAP ER 24HR 37.5 MG
AMPHETAMINEDEXTROAMPHETAMINE 3BEAD CAP ER 24HR 50 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 10 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 15 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 20 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 25 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 30 MG
AMPHETAMINEDEXTROAMPHETAMINE CAP ER 24HR 5 MG
AMPHETAMINEDEXTROAMPHETAMINE TAB 12.5 MG
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML
ARIPIPRAZOLE TAB 10 MG
ARIPIPRAZOLE TAB 15 MG
ARIPIPRAZOLE TAB 2 MG
ARIPIPRAZOLE TAB 20 MG
ARIPIPRAZOLE TAB 30 MG
ARIPIPRAZOLE TAB 5 MG
ARMODAFINIL TAB 250 MG
ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)
ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)
ATOVAQUONE SUSP 750 MG/5ML
AZELAIC ACID GEL 15%

B

BACLOFEN SUSP 25 MG/5ML
BACLOFEN TAB 20 MG
BALSALAZIDE DISODIUM CAP 750 MG
BCOMPLEX W/ C & FOLIC ACID TAB 1 MG
BENZOYL PEROXIDEERYTHROMYCIN GEL 53%
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%
BETAMETHASONE VALERATE AEROSOL FOAM 0.12%
BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)
BIMATOPROST OPHTH SOLN 0.03%
BISMUTH SUBCITMETRONIDAZOLETETRACYCLINE CAP 140125125 MG
BISMUTH SUBSALICYLATE SUSP 262 MG/15ML
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 56.25 MG
BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)
BRIMONIDINE TARTRATE OPHTH SOLN 0.1%
BRIMONIDINE TARTRATETIMOLOL MALEATE OPHTH SOLN 0.20.5%
BROMFENAC SODIUM OPHTH SOLN 0.07% (BASE EQUIVALENT)
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCEDAILY)
BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG
BUDESONIDE INHALATION SUSP 0.25 MG/2ML
BUDESONIDE INHALATION SUSP 0.5 MG/2ML
BUDESONIDE INHALATION SUSP 1 MG/2ML
BUDESONIDE RECTAL FOAM 2 MG/ACT
BUDESONIDEFORMOTEROL FUMARATE DIHYD AEROSOL 1604.5 MCG/ACT
BUDESONIDEFORMOTEROL FUMARATE DIHYD AEROSOL 804.5 MCG/ACT
BUMETANIDE TAB 0.5 MG
BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)
BUPRENORPHINE HCLNALOXONE HCL SL FILM 123 MG (BASE EQUIV)
BUPRENORPHINE HCLNALOXONE HCL SL FILM 20.5 MG (BASE EQUIV)
BUPRENORPHINE HCLNALOXONE HCL SL FILM 82 MG (BASE EQUIV)
BUPRENORPHINE HCLNALOXONE HCL SL TAB 20.5 MG (BASE EQUIV)
BUPRENORPHINE HCLNALOXONE HCL SL TAB 82 MG (BASE EQUIV)
BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR
BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR
BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG
BUPROPION HCL TAB ER 24HR 150 MG
BUPROPION HCL TAB ER 24HR 300 MG
BUTALBITALACETAMINOPHEN TAB 50300 MG
BUTALBITALACETAMINOPHENCAFF W/ COD CAP 503004030 MG
BUTALBITALASPIRINCAFF W/ CODEINE CAP 503254030 MG

C

CABERGOLINE TAB 0.5 MG

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TIER 5: OVER $60.00 (CONTINUED…)

CALCIPOTRIENE CREAM 0.005%
CALCIPOTRIENE OINT 0.005%
CALCIPOTRIENEBETAMETHASONE DIPROPIONATE OINT 0.0050.064%
CALCITRIOL CAP 0.25 MCG
CALCITRIOL CAP 0.5 MCG
CANDESARTAN CILEXETIL TAB 8 MG
CANDESARTAN CILEXETILHYDROCHLOROTHIAZIDE TAB 1612.5 MG
CANDESARTAN CILEXETILHYDROCHLOROTHIAZIDE TAB 3212.5 MG
CANDESARTAN CILEXETILHYDROCHLOROTHIAZIDE TAB 3225 MG
CAPECITABINE TAB 150 MG
CARBAMAZEPINE CAP ER 12HR 200 MG
CARBAMAZEPINE TAB ER 12HR 200 MG
CARBAMAZEPINE TAB ER 12HR 400 MG
CARBIDOPA & LEVODOPA TAB 25250 MG
CARBIDOPA & LEVODOPA TAB ER 25100 MG
CARVEDILOL PHOSPHATE CAP ER 24HR 20 MG
CARVEDILOL PHOSPHATE CAP ER 24HR 40 MG
CEFPROZIL FOR SUSP 250 MG/5ML
CEFPROZIL TAB 250 MG
CEFPROZIL TAB 500 MG
CELECOXIB CAP 200 MG
CELECOXIB CAP 400 MG
CEPHALEXIN CAP 750 MG
CEPHALEXIN TAB 250 MG
CEPHALEXIN TAB 500 MG
CETIRIZINE HCL CHEW TAB 10 MG
CETIRIZINE HCL CHEW TAB 5 MG
CEVIMELINE HCL CAP 30 MG
CHLORDIAZEPOXIDE HCLCLIDINIUM BROMIDE CAP 52.5 MG
CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)
CICLOPIROX GEL 0.77%
CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)
CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)
CILOSTAZOL TAB 100 MG
CILOSTAZOL TAB 50 MG
CINACALCET HCL TAB 30 MG (BASE EQUIV)
CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)
CIPROFLOXACINDEXAMETHASONE OTIC SUSP 0.30.1%
CLARITHROMYCIN TAB ER 24HR 500 MG
CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)
CLINDAMYCIN PHOSPHATE FOAM 1%
CLINDAMYCIN PHOSPHATEBENZOYL PEROXIDE GEL 1.22.5%
CLINDAMYCIN PHOSPHATEBENZOYL PEROXIDE GEL 1.23.75%
CLINDAMYCIN PHOSPHATEBENZOYL PEROXIDE GEL 15%
CLINDAMYCIN PHOSPHATETRETINOIN GEL 1.20.025%
CLOBAZAM SUSPENSION 2.5 MG/ML
CLOBAZAM TAB 10 MG
CLOBETASOL PROPIONATE CREAM 0.05%
CLOBETASOL PROPIONATE FOAM 0.05%
CLOBETASOL PROPIONATE GEL 0.05%
CLOBETASOL PROPIONATE OINT 0.05%
CLOBETASOL PROPIONATE SHAMPOO 0.05%
CLOMIPHENE CITRATE TAB 50 MG
CLONIDINE HCL TAB ER 12HR 0.1 MG
CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR
COLCHICINE TAB 0.6 MG
COLESEVELAM HCL TAB 625 MG
CROMOLYN SODIUM ORAL CONC 100 MG/5ML
CYCLOBENZAPRINE HCL TAB 7.5 MG
CYCLOSPORINE (OPHTH) EMULSION 0.05%
CYCLOSPORINE MODIFIED CAP 100 MG
CYCLOSPORINE MODIFIED CAP 25 MG
CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML

D

DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)
DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)
DALFAMPRIDINE TAB ER 12HR 10 MG
DAPSONE GEL 5%
DAPSONE GEL 7.5%
DESMOPRESSIN ACETATE TAB 0.1 MG
DESMOPRESSIN ACETATE TAB 0.2 MG
DESOXIMETASONE CREAM 0.25%
DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)
DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)
DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)
DEXAMETHASONE TAB 6 MG
DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG
DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG
DEXMETHYLPHENIDATE HCL TAB 2.5 MG
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG
DEXTROAMPHETAMINE SULFATE TAB 30 MG
DIAZEPAM ORAL SOLN 1 MG/ML
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG
DIAZOXIDE SUSP 50 MG/ML
DICLOFENAC POTASSIUM CAP 25 MG
DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%
DICLOFENAC SODIUM SOLN 1.5%
DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 750.2 MG
DIFLORASONE DIACETATE OINT 0.05%
DIFLUPREDNATE OPHTH EMULSION 0.05%
DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML
DILTIAZEM HCL CAP ER 12HR 120 MG

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TIER 5: OVER $60.00 (CONTINUED…)

DILTIAZEM HCL CAP ER 24HR 120 MG
DILTIAZEM HCL CAP ER 24HR 240 MG
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG
DILTIAZEM HCL EXTENDED-RELEASE BEADS CAP ER 24HR 300 MG
DILTIAZEM HCL TAB ER 24HR 300 MG
DISULFIRAM TAB 500 MG
DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG
DIVALPROEX SODIUM TAB ER 24 HR 500 MG
DOCUSATE SODIUM ENEMA 283 MG/5ML
DOFETILIDE CAP 250 MCG (0.25 MG)
DOFETILIDE CAP 500 MCG (0.5 MG)
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG
DONEPEZIL HYDROCHLORIDE TAB 10 MG
DONEPEZIL HYDROCHLORIDE TAB 5 MG
DORZOLAMIDE HCLTIMOLOL MALEATE PF OPHTH SOLN 20.5%
DOXAZOSIN MESYLATE TAB 1 MG
DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)
DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)
DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG
DOXYCYCLINE HYCLATE TAB 50 MG
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG
DOXYCYCLINE MONOHYDRATE TAB 50 MG
DOXYLAMINEPYRIDOXINE TAB DELAYED RELEASE 1010 MG
DRONABINOL CAP 2.5 MG
DRONABINOL CAP 5 MG
DROSPIRENONEETHINYL ESTRADIOL TAB 30.03 MG
DROSPIRENONEETHINYL ESTRADLEVOMEFOLATE TAB 30.020.451 MG
DROXIDOPA CAP 200 MG
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)
DUTASTERIDE CAP 0.5 MG
DUTASTERIDETAMSULOSIN HCL CAP 0.50.4 MG

E

ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)
ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)
EMTRICITABINETENOFOVIR DISOPROXIL FUMARATE TAB 200300 MG
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML
ENOXAPARIN SODIUM INJ 300 MG/3ML
ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML
ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML
ENTACAPONE TAB 200 MG
ENTECAVIR TAB 0.5 MG
EPINEPHRINE SOLUTION AUTOINJECTOR 0.15 MG/0.3ML (1:2000)
EPINEPHRINE SOLUTION AUTOINJECTOR 0.3 MG/0.3ML (1:1000)
EPLERENONE TAB 25 MG
EPLERENONE TAB 50 MG
ERYTHROMYCIN GEL 2%
ERYTHROMYCIN TAB 250 MG
ERYTHROMYCIN TAB 500 MG
ERYTHROMYCIN TAB DELAYED RELEASE 250 MG
ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.6251.25 MG
ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)
ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)
ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)
ESTRADIOL TD GEL 1 MG/GM (0.1%)
ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR
ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)
ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR
ESTRADIOL VAGINAL CREAM 0.1 MG/GM
ESTRADIOL VALERATE IM IN OIL 20 MG/ML
ESZOPICLONE TAB 1 MG
ESZOPICLONE TAB 2 MG
ESZOPICLONE TAB 3 MG
ETHOSUXIMIDE SOLN 250 MG/5ML
ETODOLAC TAB ER 24HR 600 MG
ETONOGESTRELETHINYL ESTRADIOL VA RING 0.120.015 MG/24HR
EXEMESTANE TAB 25 MG
EZETIMIBESIMVASTATIN TAB 1010 MG
EZETIMIBESIMVASTATIN TAB 1020 MG
EZETIMIBESIMVASTATIN TAB 1080 MG

F

FAMCICLOVIR TAB 250 MG
FAMCICLOVIR TAB 500 MG
FAMOTIDINE FOR SUSP 40 MG/5ML
FEBUXOSTAT TAB 40 MG
FEBUXOSTAT TAB 80 MG
FENTANYL TD PATCH 72HR 100 MCG/HR
FENTANYL TD PATCH 72HR 75 MCG/HR
FESOTERODINE FUMARATE TAB ER 24HR 4 MG
FESOTERODINE FUMARATE TAB ER 24HR 8 MG
FEXOFENADINEPSEUDOEPHEDRINE TAB ER 24HR 180240 MG
FLECAINIDE ACETATE TAB 150 MG
FLUCONAZOLE FOR SUSP 40 MG/ML
FLUOCINOLONE ACETONIDE OINT 0.025%
FLUOCINOLONE ACETONIDE SOLN 0.01%
FLUOCINONIDE GEL 0.05%
FLUOROURACIL CREAM 5%
FLUTICASONESALMETEROL AER POWDER BA 25050 MCG/ACT
FLUTICASONESALMETEROL AER POWDER BA 50050 MCG/ACT
FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)
FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)
FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)
FLUVOXAMINE MALEATE CAP ER 24HR 100 MG
FLUVOXAMINE MALEATE CAP ER 24HR 150 MG
FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)

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TIER 5: OVER $60.00 (CONTINUED…)

G
GABAPENTIN TAB 800 MG
GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML
GLIPIZIDEMETFORMIN HCL TAB 2.5500 MG
GLUCAGON (RDNA) FOR INJ KIT 1 MG
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML
GRISEOFULVIN MICROSIZE TAB 500 MG
GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG
GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)
GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)
GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)
GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)

H
HALOBETASOL PROPIONATE FOAM 0.05%
HALOBETASOL PROPIONATE OINT 0.05%
HALOPERIDOL DECANOATE IM SOLN 100 MG/ML
HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML
HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML
HYDROCOD POLSTCHLORPHEN POLST ER SUSP 108 MG/5ML
HYDROCODONEACETAMINOPHEN TAB 7.5300 MG
HYDROCORTISONE ACETATE SUPPOS 25 MG
HYDROCORTISONE ACETATE SUPPOS 30 MG
HYDROCORTISONE ENEMA 100 MG/60ML
HYDROCORTISONE LOTION 2.5%
HYDROCORTISONE VALERATE CREAM 0.2%
HYDROCORTISONE VALERATE OINT 0.2%
HYDROMORPHONE HCL LIQD 1 MG/ML
HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG

I
IBUPROFENFAMOTIDINE TAB 80026.6 MG
ICOSAPENT ETHYL CAP 1 GM
IMIQUIMOD CREAM 3.75%
IPRATROPIUMALBUTEROL NEBU SOLN 0.52.5(3) MG/3ML
IRBESARTANHYDROCHLOROTHIAZIDE TAB 30012.5 MG
ISOTRETINOIN CAP 20 MG
ISOTRETINOIN CAP 30 MG
ISOTRETINOIN CAP 40 MG
ITRACONAZOLE CAP 100 MG
ITRACONAZOLE ORAL SOLN 10 MG/ML
IVABRADINE HCL TAB 5 MG (BASE EQUIV)
IVERMECTIN CREAM 1%

K
KETOROLAC TROMETHAMINE IM INJ 60 MG/2ML (30 MG/ML)
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%

L
LACOSAMIDE ORAL SOLUTION 10 MG/ML
LACOSAMIDE TAB 150 MG
LACOSAMIDE TAB 200 MG
LACOSAMIDE TAB 50 MG
LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML
LAMOTRIGINE TAB 200 MG
LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG
LAMOTRIGINE TAB ER 24HR 200 MG
LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG
LEFLUNOMIDE TAB 10 MG
LEFLUNOMIDE TAB 20 MG
LETROZOLE TAB 2.5 MG
LEUCOVORIN CALCIUM TAB 10 MG
LEUCOVORIN CALCIUM TAB 15 MG
LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)
LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)
LEVETIRACETAM ORAL SOLN 100 MG/ML
LEVETIRACETAM TAB 1000 MG
LEVETIRACETAM TAB 750 MG
LEVETIRACETAM TAB ER 24HR 500 MG
LEVETIRACETAM TAB ER 24HR 750 MG
LEVOCARNITINE TAB 330 MG
LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)
LEVOFLOXACIN ORAL SOLN 25 MG/ML
LEVOFLOXACIN TAB 250 MG
LEVOFLOXACIN TAB 750 MG
LEVONORGESTREL & ETHINYL ESTRADIOL (91DAY) TAB 0.150.03 MG
LEVONORGESTRELETH ESTRA TAB 0.0530/0.07540/0.12530MGMCG
LEVONORGESTRELETHINYL ESTRADIOLFE TAB 0.1 MG20 MCG (21)
LEVONORGETH EST TAB 0.10.02MG(84) & ETH EST TAB 0.01MG(7)
LEVONORGETH EST TAB 0.150.03MG(84) & ETH EST TAB 0.01MG(7)
LIDOCAINE HCL LOCAL INJ 2%
LIDOCAINE OINT 5%
LIDOCAINE PATCH 5%
LIDOCAINEHYDROCORTISONE ACETATE RECTAL GEL KIT 32.5%
LIRAGLUTIDE SOLN PENINJECTOR 18 MG/3ML (6 MG/ML)
LISDEXAMFETAMINE DIMESYLATE CAP 10 MG
LISDEXAMFETAMINE DIMESYLATE CAP 20 MG
LISDEXAMFETAMINE DIMESYLATE CAP 30 MG
LISDEXAMFETAMINE DIMESYLATE CAP 40 MG
LISDEXAMFETAMINE DIMESYLATE CAP 50 MG
LISDEXAMFETAMINE DIMESYLATE CAP 60 MG
LISDEXAMFETAMINE DIMESYLATE CAP 70 MG
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG
LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT)
LOTEPREDNOL ETABONATE OPHTH GEL 0.5%
LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%
LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%
LUBIPROSTONE CAP 24 MCG

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TIER 5: OVER $60.00 (CONTINUED…)

LUBIPROSTONE CAP 8 MCG
LURASIDONE HCL TAB 20 MG
LURASIDONE HCL TAB 40 MG
LURASIDONE HCL TAB 60 MG
LURASIDONE HCL TAB 80 MG

M

MERCAPTOPURINE TAB 50 MG
MESALAMINE CAP DR 400 MG
MESALAMINE CAP ER 24HR 0.375 GM
MESALAMINE CAP ER 500 MG
MESALAMINE ENEMA 4 GM
MESALAMINE SUPPOS 1000 MG
MESALAMINE TAB DELAYED RELEASE 1.2 GM
MESALAMINE TAB DELAYED RELEASE 800 MG
METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG
METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG
METHENAMINE HIPPURATE TAB 1 GM
METHENAMINEHYOSMETH BLUESOD PHOSPHEN SAL TAB 81.6 MG
METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)
METHYLERGONOVINE MALEATE TAB 0.2 MG
METHYLPHENIDATE HCL CAP ER 20 MG (CD)
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)
METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)
METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)
METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)
METHYLPHENIDATE HCL CAP ER 30 MG (CD)
METHYLPHENIDATE HCL CAP ER 40 MG (CD)
METHYLPHENIDATE HCL CAP ER 50 MG (CD)
METHYLPHENIDATE HCL TAB ER 20 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG
METHYLPREDNISOLONE TAB 16 MG
METHYLPREDNISOLONE TAB 32 MG
METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)
METOPROLOL TARTRATE TAB 75 MG
METRONIDAZOLE CAP 375 MG
METRONIDAZOLE CREAM 0.75%
METRONIDAZOLE GEL 0.75%
METRONIDAZOLE GEL 1%
METRONIDAZOLE LOTION 0.75%
MIDAZOLAM HCL INJ PF 5 MG/ML (BASE EQUIVALENT)
MIDODRINE HCL TAB 10 MG
MINOCYCLINE HCL CAP 100 MG
MINOCYCLINE HCL CAP 75 MG
MINOCYCLINE HCL TAB 50 MG
MIRABEGRON TAB ER 24 HR 25 MG
MIRABEGRON TAB ER 24 HR 50 MG
MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG
MODAFINIL TAB 100 MG
MODAFINIL TAB 200 MG
MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)
MORPHINE SULFATE TAB 30 MG
MORPHINE SULFATE TAB ER 200 MG
MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)
MUPIROCIN CALCIUM CREAM 2%
MYCOPHENOLATE MOFETIL CAP 250 MG
MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML
MYCOPHENOLATE MOFETIL TAB 500 MG
MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)
MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)

N

NADOLOL TAB 80 MG
NAFTIFINE HCL GEL 2%
NAPROXEN SODIUM TAB ER 24HR 500 MG (BASE EQUIV)
NAPROXEN SUSP 125 MG/5ML
NAPROXEN TAB EC 500 MG
NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)
NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)
NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)
NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)
NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)
NICOTINE POLACRILEX LOZENGE 4 MG
NICOTINE TD PATCH 24HR 14 MG/24HR
NIFEDIPINE CAP 20 MG
NISOLDIPINE TAB ER 24HR 17 MG
NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG
NITROFURANTOIN SUSP 25 MG/5ML
NORETHINDRONE & ETHINYL ESTRADIOLFE CHEW TAB 0.8 MG25 MCG
NORETHINDRONE ACEETH ESTRADIOLFE CHEW TAB 1 MG20 MCG (24)
NYSTATINTRIAMCINOLONE OINT 1000000.1 UNIT/GM%

O

OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG
OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG
OLANZAPINEFLUOXETINE HCL CAP 325 MG
OLMESARTAN MEDOXOMIL TAB 40 MG
OLMESARTAN MEDOXOMILHYDROCHLOROTHIAZIDE TAB 2012.5 MG
OLMESARTAN MEDOXOMILHYDROCHLOROTHIAZIDE TAB 4012.5 MG
OLMESARTAN MEDOXOMILHYDROCHLOROTHIAZIDE TAB 4025 MG
OLMESARTANAMLODIPINEHYDROCHLOROTHIAZIDE TAB 20512.5 MG

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TIER 5: OVER $60.00 (CONTINUED…)

OLMESARTANAMLODIPINEHYDROCHLOROTHIAZIDE TAB 401012.5 MG
OLMESARTANAMLODIPINEHYDROCHLOROTHIAZIDE TAB 401025 MG
OLMESARTANAMLODIPINEHYDROCHLOROTHIAZIDE TAB 40512.5 MG
OLMESARTANAMLODIPINEHYDROCHLOROTHIAZIDE TAB 40525 MG
OMEGA3ACID ETHYL ESTERS CAP 1 GM
OMEPRAZOLESODIUM BICARBONATE CAP 401100 MG
ONDANSETRON HCL ORAL SOLN 4 MG/5ML
ONDANSETRON HCL TAB 4 MG
ONDANSETRON HCL TAB 8 MG
ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG
ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG
OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)
OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)
OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)
OXICONAZOLE NITRATE CREAM 1%
OXYCODONE HCL TAB 15 MG
OXYCODONE HCL TAB 30 MG

P

PALIPERIDONE TAB ER 24HR 3 MG
PALIPERIDONE TAB ER 24HR 6 MG
PALIPERIDONE TAB ER 24HR 9 MG
PAROXETINE HCL TAB ER 24HR 25 MG
PAROXETINE MESYLATE CAP 7.5 MG (BASE EQUIV)
PEG 3350KCLNACLNA SULFATENA ASCORBATEC FOR SOLN 100 GM
PERINDOPRIL ERBUMINE TAB 8 MG
PHENYTOIN SODIUM EXTENDED CAP 100 MG
PHENYTOIN SODIUM EXTENDED CAP 200 MG
PHENYTOIN SODIUM EXTENDED CAP 300 MG
PHYTONADIONE TAB 5 MG
PIMECROLIMUS CREAM 1%
PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)
PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)
PIOGLITAZONE HCLMETFORMIN HCL TAB 15850 MG
PITAVASTATIN CALCIUM TAB 1 MG
PITAVASTATIN CALCIUM TAB 2 MG
PITAVASTATIN CALCIUM TAB 4 MG
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3 MG
PRAMOXINEHC CREAM 12.5%
PRASUGREL HCL TAB 10 MG (BASE EQUIV)
PRAVASTATIN SODIUM TAB 80 MG
PREGABALIN CAP 100 MG
PREGABALIN CAP 150 MG
PREGABALIN CAP 200 MG
PREGABALIN CAP 25 MG
PREGABALIN CAP 50 MG
PREGABALIN CAP 75 MG
PROGESTERONE IM IN OIL 50 MG/ML
PROMETHAZINE HCL INJ 25 MG/ML
PROPAFENONE HCL CAP ER 12HR 325 MG
PROPAFENONE HCL TAB 225 MG
PYRIDOSTIGMINE BROMIDE TAB ER 180 MG
PYRIDOXINE HCL TAB 100 MG

Q

QUETIAPINE FUMARATE TAB 200 MG
QUETIAPINE FUMARATE TAB 300 MG
QUETIAPINE FUMARATE TAB 400 MG
QUETIAPINE FUMARATE TAB 50 MG
QUETIAPINE FUMARATE TAB ER 24HR 150 MG
QUETIAPINE FUMARATE TAB ER 24HR 200 MG
QUETIAPINE FUMARATE TAB ER 24HR 300 MG
QUETIAPINE FUMARATE TAB ER 24HR 400 MG
QUETIAPINE FUMARATE TAB ER 24HR 50 MG

R

RABEPRAZOLE SODIUM EC TAB 20 MG
RAMELTEON TAB 8 MG
RANOLAZINE TAB ER 12HR 1000 MG
RANOLAZINE TAB ER 12HR 500 MG
RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)
RIFABUTIN CAP 150 MG
RISEDRONATE SODIUM TAB 150 MG
RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG
RISPERIDONE TAB 0.25 MG
RISPERIDONE TAB 0.5 MG
RISPERIDONE TAB 2 MG
RISPERIDONE TAB 3 MG
RISPERIDONE TAB 4 MG
RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)
RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR
RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)
RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)
RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)
ROPINIROLE HYDROCHLORIDE TAB 0.25 MG
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT)
ROSUVASTATIN CALCIUM TAB 10 MG
ROSUVASTATIN CALCIUM TAB 20 MG
ROSUVASTATIN CALCIUM TAB 40 MG
ROSUVASTATIN CALCIUM TAB 5 MG
RUFINAMIDE SUSP 400 MG/ML

S

SACUBITRILVALSARTAN TAB 2426 MG
SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)
SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)
SEVELAMER CARBONATE TAB 800 MG

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TIER 5: OVER $60.00 (CONTINUED…)

SEVELAMER HCL TAB 800 MG
SILDENAFIL CITRATE TAB 100 MG
SILDENAFIL CITRATE TAB 20 MG
SILDENAFIL CITRATE TAB 25 MG
SILDENAFIL CITRATE TAB 50 MG
SILODOSIN CAP 8 MG
SOLIFENACIN SUCCINATE TAB 10 MG
SOLIFENACIN SUCCINATE TAB 5 MG
SOTALOL HCL (AFIB/AFL) TAB 120 MG
SPIRONOLACTONE SUSP 25 MG/5ML
SUCRALFATE SUSP 1 GM/10ML
SULFACETAMIDE SODIUM LIQUID 10%
SULFACETAMIDE SODIUM LOTION 10% (ACNE)
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9.84.8%
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 94.5%
SULFACETAMIDE SODIUM W/ SULFUR LOTION 105%
SULFACETAMIDE SODIUM W/ SULFUR LOTION 9.84.8%
SULFACETAMIDE SODIUM W/ SULFUR SUSP 84%
SUMATRIPTAN SUCCINATE SOLUTION AUTOINJECTOR 6 MG/0.5ML
SUMATRIPTAN SUCCINATE TAB 100 MG
SUMATRIPTAN SUCCINATE TAB 50 MG

T

TACROLIMUS CAP 0.5 MG
TACROLIMUS CAP 1 MG
TACROLIMUS CAP 5 MG
TACROLIMUS OINT 0.03%
TACROLIMUS OINT 0.1%
TADALAFIL TAB 10 MG
TADALAFIL TAB 20 MG
TADALAFIL TAB 20 MG (PAH)
TADALAFIL TAB 5 MG
TAVABOROLE SOLN 5%
TAZAROTENE CREAM 0.1%
TELMISARTAN TAB 20 MG
TELMISARTAN TAB 80 MG
TELMISARTANHYDROCHLOROTHIAZIDE TAB 8012.5 MG
TELMISARTANHYDROCHLOROTHIAZIDE TAB 8025 MG
TEMAZEPAM CAP 22.5 MG
TEMAZEPAM CAP 7.5 MG
TERBINAFINE HCL TAB 250 MG
TESTOSTERONE TD GEL 12.5 MG/ACT (1%)
TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)
TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)
TESTOSTERONE TD GEL 50 MG/5GM (1%)
TETRACYCLINE HCL CAP 250 MG
TETRACYCLINE HCL CAP 500 MG
TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCEDAILY)
TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%
TINIDAZOLE TAB 500 MG
TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)
TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)
TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)
TOLTERODINE TARTRATE CAP ER 24HR 2 MG
TOLTERODINE TARTRATE CAP ER 24HR 4 MG
TOPIRAMATE CAP ER 24HR 25 MG
TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG
TOPIRAMATE SPRINKLE CAP 15 MG
TOPIRAMATE SPRINKLE CAP 25 MG
TOPIRAMATE TAB 200 MG
TRAMADOL HCL TAB 100 MG
TRANYLCYPROMINE SULFATE TAB 10 MG
TRETINOIN GEL 0.01%
TRETINOIN GEL 0.025%
TRETINOIN MICROSPHERE GEL 0.04%
TRETINOIN MICROSPHERE GEL 0.1%

U

UREA CREAM 40%
URSODIOL CAP 300 MG

V

VALACYCLOVIR HCL TAB 1 GM
VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)
VALSARTANHYDROCHLOROTHIAZIDE TAB 16025 MG
VALSARTANHYDROCHLOROTHIAZIDE TAB 32012.5 MG
VALSARTANHYDROCHLOROTHIAZIDE TAB 8012.5 MG
VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)
VARDENAFIL HCL TAB 10 MG
VARDENAFIL HCL TAB 20 MG
VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)
VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK
VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)
VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)
VILAZODONE HCL TAB 10 MG
VILAZODONE HCL TAB 20 MG
VILAZODONE HCL TAB 40 MG

Z

ZALEPLON CAP 10 MG
ZALEPLON CAP 5 MG
ZIPRASIDONE HCL CAP 20 MG
ZIPRASIDONE HCL CAP 40 MG
ZIPRASIDONE HCL CAP 80 MG
ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG
ZOLMITRIPTAN TAB 2.5 MG
ZOLMITRIPTAN TAB 5 MG
ZOLPIDEM TARTRATE TAB ER 6.25 MG

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PLEASE NOTE:

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- *This list is subject to change. Always refer to your benefit plan materials to determine your coverage for medications and cost-share. Some medications listed on the PDL may not be covered under your specific benefit.*

- *Where differences are noted, the benefit plan documents will govern.*

- *All brand-name medications are trademarks or registered trademarks of their respective owners.*

- *When informed by a member's health care provider, we will accommodate a coverage exception request for any member when one of the $0 cost medications listed on the Preventive Care Medications list may be medically inappropriate as determined by the health care provider for that member, and we will waive the otherwise applicable cost-sharing for a medication not represented on the Preventive Care Medications list.*

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DUAL NETWORK PROVIDER FINDER

Step #1:

Visit www.FindVaultProviders.com or https://providerlocator.com/NewUsers.aspx?accesscode=VAULTPRV.

Step #2:

Read the information within the box.

Step #3:

Check the box next to "I acknowledge that I have received and read the above disclaimer" and click CONTINUE.

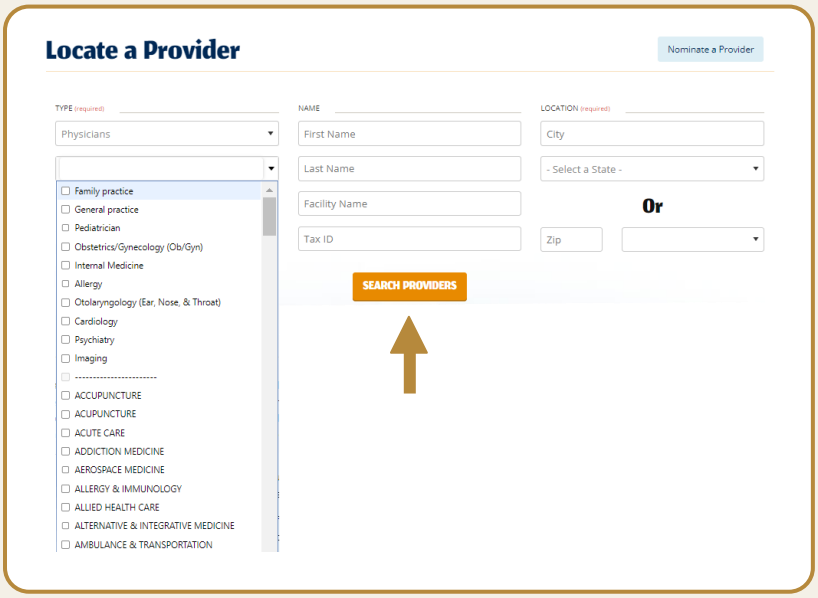


Step #4:

Click on Select a Provider Type, choose physicians, and select a specialty from the dropdown menu that appears.

Step #5:

Select your ZIP code and search radius, then add any optional details to refine your search. Click Search Providers to view available providers in your selected area.



Step #6

A table of providers will populate with providers that are in the Dual Network.

Remember: Before setting up your appointment, call the provider to make sure they still participate in the network.

