

MAJOR MEDICAL PLAN FORMULARY

[Click here for details on how the MAJOR MEDICAL PLAN works.](#)

NOTE: You can search for a drug by typing 'CTRL' or 'CMD' + F.

Brand Dosage Form	Retail Qty	HD Qty	Co-pay	Brand Dosage Form	Retail Qty	HD Qty	Co-pay
ACETAMINOPHEN WITH CODEINE 120-12 MG/5 SOLUTION	473	N/A	\$5	BUPROPION HCL 300 MG TABLET 24-HOUR ER	30	30	\$0
ACYCLOVIR 200 MG CAPSULE	30	90	\$5	BUPROPION HCL 75 MG TABLET	30	90	\$5
ALBUTEROL SULFATE 90 MCG HFA AEROSOL INHALER	N/A	18	\$5	BUPROPION SR 100 MG TABLET ER	60	180	\$0
ALBUTEROL SULFATE SYRUP 2 MG/5ML 2 MG/5 ML SYRUP	473	473	\$5	BUPROPION SR 150 MG TABLET ER	60	180	\$0
ALENDRONATE SODIUM 35 MG TABLET	4	12	\$5	BUPROPION SR 200 MG TABLET ER	60	180	\$0
ALLOPURINOL 100 MG TABLET	30	90	\$5	CARBAMAZEPINE 100 MG/5 ML SUSPENSION	150	450	\$5
ALLOPURINOL 300 MG TABLET	30	90	\$5	CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	118	118	\$5
ALPRAZOLAM 0.25 MG TABLET	30	N/A	\$5	CARVEDILOL 12.5 MG TABLET	30	90	\$5
ALPRAZOLAM 0.5 MG TABLET	30	N/A	\$5	CARVEDILOL 25 MG TABLET	30	90	\$5
ALPRAZOLAM 1 MG TABLET	30	N/A	\$5	CARVEDILOL 3.125 MG TABLET	30	90	\$5
AMLODIPINE BESYLATE 10 MG TABLET	30	90	\$5	CEPHALEXIN 250 MG CAPSULE	40	N/A	\$5
AMLODIPINE BESYLATE 2.5 MG TABLET	30	90	\$5	CEPHALEXIN 500 MG CAPSULE	40	N/A	\$5
AMLODIPINE BESYLATE 5 MG TABLET	30	90	\$5	CETIRIZINE HCL 1 MG/ML SOLUTION	150	450	\$5
AMLODIPINE BESYLATE/BENAZEPRIL 10 MG-20 MG CAPSULE	30	90	\$5	CETIRIZINE HCL 10 MG TABLET	30	90	\$5
AMLODIPINE BESYLATE/BENAZEPRIL 2.5 MG-10 MG CAPSULE	30	90	\$5	CHLORDIAZEPOXIDE HCL 10 MG CAPSULE	15	N/A	\$5
AMLODIPINE BESYLATE/BENAZEPRIL 5 MG-40 MG CAPSULE	30	90	\$5	CHLORDIAZEPOXIDE HCL 5 MG CAPSULE	15	N/A	\$5
AMOXICILLIN 125 MG/5 ML SUSPENSION FOR RECON	200	N/A	\$5	CHOLECALCIFEROL (VITAMIN D3) 1000 UNIT TABLET	30	90	\$0
AMOXICILLIN 200 MG/5 ML SUSPENSION FOR RECON	200	N/A	\$5	CHOLECALCIFEROL (VITAMIN D3) 400 UNIT TABLET	28	84	\$0
AMOXICILLIN 250 MG CAPSULE	30	N/A	\$0	CHOLECALCIFEROL (VITAMIN D3) 400/ML DROPS	50	150	\$0
AMOXICILLIN 250 MG/5 ML SUSPENSION FOR RECON	200	N/A	\$5	CIPROFLOXACIN HCL 500 MG TABLET	14	N/A	\$0
AMOXICILLIN 400 MG/5 ML SUSPENSION FOR RECON	200	N/A	\$5	CITALOPRAM HYDROBROMIDE 20 MG TABLET	30	90	\$5
AMOXICILLIN 400 MG/5 ML SUSPENSION FOR RECONSTITUTION	200	N/A	\$0	CITALOPRAM HYDROBROMIDE 40 MG TABLET	30	90	\$5
AMOXICILLIN 500 MG CAPSULE	30	N/A	\$0	CLONAZEPAM 0.5 MG TABLET	30	N/A	\$5
AMOXICILLIN 875 MG TABLET	20	N/A	\$0	CLONAZEPAM 1 MG TABLET	30	N/A	\$5
AMOXICILLIN/POTASSIUM CLAV 200-28.5/5 SUSPENSION FOR RECON	200	N/A	\$5	CLONAZEPAM 2 MG TABLET	30	N/A	\$5
AMOXICILLIN/POTASSIUM CLAV 400-57 MG/5 SUSPENSION FOR RECON	200	N/A	\$5	CLONIDINE HCL 0.1 MG TABLET	30	90	\$5
AMOXICILLIN/POTASSIUM CLAV 875-125 MG TABLET	14	N/A	\$0	CLONIDINE HCL 0.2 MG TABLET	30	90	\$5
ANASTROZOLE 1 MG TABLET	30	90	\$5	CLOPIDOGREL BISULFATE 75 MG TABLET	30	90	\$5
ASPIRIN 81 MG CHEWABLE TABLET	30	90	\$0	CYCLOBENZAPRINE HCL 10 MG TABLET	30	90	\$5
ASPIRIN 81 MG TABLET DR/EC	30	90	\$0	CYPROHEPTADINE HCL 2 MG/5 ML SYRUP	30	N/A	\$5
ATENOLOL 25 MG TABLET	30	90	\$5	CYPROHEPTADINE HCL 4 MG TABLET	21	N/A	\$0
ATENOLOL 50 MG TABLET	30	90	\$5	DESOGE-E. ESTRADIOL/E. ESTRADIOL 21-5 TABLET	28	84	\$0
ATORVASTATIN CALCIUM 10 MG TABLET	30	90	\$0	DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	28	84	\$0
ATORVASTATIN CALCIUM 20 MG TABLET	30	90	\$0	DESOGESTREL-ETHINYL ESTRADIOL 7 DAYS X 3 TABLET	28	28	\$0
AZITHROMYCIN 250 MG TABLET	6	N/A	\$0	DEXAMETHASONE SOD PHOSPHATE 0.5 MG TABLET	30	90	\$5
AZITHROMYCIN 500 MG TABLET	6	N/A	\$0	DEXAMETHASONE SOD PHOSPHATE 0.5 MG/5 ML ELIXIR	30	90	\$5
BACITRACIN 500 UNIT/G OINTMENT	28	N/A	\$0	DIABETIC TESTING SUPPLIES N/A STRIP	N/A	100	\$5
BACLOFEN 20 MG TABLET	30	90	\$5	DIAZEPAM 10 MG TABLET	30	N/A	\$5
BD NEEDLES 18G X 1&1/2" NEEDLE	N/A	100	\$5	DIAZEPAM 2 MG TABLET	30	N/A	\$5
BD NEEDLES 27G X 1/2" NEEDLE	N/A	100	\$5	DIAZEPAM 5 MG TABLET	30	N/A	\$5
BENZONATATE 100 MG CAPSULE	30	N/A	\$0	DICYCLOMINE HCL 10 MG CAPSULE	30	90	\$5
BENZONATATE 200 MG CAPSULE	15	N/A	\$0	DICYCLOMINE HCL 20 MG TABLET	30	90	\$5
BISAC/NACL/NAHCO3/KCL/PEG 3350 5 MG-210 G KIT	1	1	\$0	DIPHENHYDRAMINE HCL 50 MG CAPSULE	30	N/A	\$5
BUPROPION HCL 100 MG TABLET	30	30	\$0	DOXEPIN HCL 10 MG/ML CONCENTRATE	30	90	\$5
BUPROPION HCL 150 MG TABLET 12-HOUR SR	60	60	\$0	DULOXETINE HCL 20 MG CAPSULE DR/EC	30	90	\$5
BUPROPION HCL 150 MG TABLET 24-HOUR ER	30	30	\$0	EMTRICITABINE/TENOFOVIR 200-300 MG TABLET	30	90	\$0

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Brand Dosage Form	Retail Qty	HD Qty	Co-pay	Brand Dosage Form	Retail Qty	HD Qty	Co-pay
ESCITALOPRAM OXALATE 10 MG TABLET	30	90	\$5	LAMOTRIGINE 200 MG TABLET	30	90	\$5
ESCITALOPRAM OXALATE 5 MG TABLET	30	90	\$5	LAMOTRIGINE 25 MG TABLET	30	90	\$5
ETHINYL ESTRADIOL/DROSPIRENONE 0.02-3(24) TABLET	28	28	\$0	LANCETS 33 GAUGE LANCETS	N/A	100	\$5
ETHINYL ESTRADIOL/DROSPIRENONE 0.03 MG-3 MG TABLET	28	84	\$0	LANCETS N/A BOX	N/A	100	\$5
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	28	28	\$0	LEVALBUTEROL TARTRATE 45 MCG HFA AEROSOL INHALER	N/A	15	\$5
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	28	28	\$0	LEVETIRACETAM 250 MG TABLET	30	90	\$5
FLUCONAZOLE 150 MG TABLET	1	N/A	\$0	LEVONORGESTREL 1.5 MG TABLET	28	84	\$0
FLUOXETINE HCL 20 MG CAPSULE	30	90	\$5	LEVONORGESTREL-ETHIN ESTRADIOL 0.1-0.02 TABLET	28	84	\$0
FOLIC ACID 0.8 MG CAPSULE	30	30	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 3 MONTH TABLET DOSE PACK	91	91	\$0
FOLIC ACID 0.8 MG TABLET	30	90	\$0	LEVONORGESTREL-ETHIN ESTRADIOL 0.15-0.03 TABLET	28	84	\$0
FOLIC ACID 1 MG TABLET	30	90	\$5	LEVONORGESTREL-ETHIN ESTRADIOL 6-5-10 TABLET	28	84	\$0
FUROSEMIDE 10 MG/ML SOLUTION	30	90	\$5	LEVOTHYROXINE SODIUM 175 MCG TABLET	30	90	\$5
FUROSEMIDE 20 MG TABLET	30	90	\$5	LEVOTHYROXINE SODIUM 25 MCG TABLET	30	90	\$5
FUROSEMIDE 40 MG TABLET	30	90	\$5	LISINAPRIL 10 MG TABLET	30	90	\$5
GABAPENTIN 100 MG CAPSULE	30	90	\$5	LISINAPRIL 2.5 MG TABLET	30	90	\$5
GABAPENTIN 300 MG CAPSULE	30	90	\$5	LISINAPRIL 20 MG TABLET	30	90	\$5
GLIMEPIRIDE 2 MG TABLET	30	90	\$5	LISINAPRIL 30 MG TABLET	30	90	\$5
GLIMEPIRIDE 4 MG TABLET	30	90	\$5	LISINAPRIL 40 MG TABLET	30	90	\$5
GLIPIZIDE 2.5 MG TABLET 24-HOUR ER	30	90	\$5	LISINAPRIL 5 MG TABLET	30	90	\$5
GLIPIZIDE 5 MG TABLET	30	90	\$5	LISINAPRIL/HYDROCHLOROTHIAZIDE 20 MG-25 MG TABLET	30	90	\$5
GLYBURIDE 1.25 MG TABLET	30	90	\$5	LISINAPRIL/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	30	90	\$5
GLYBURIDE,MICRONIZED 1.5 MG TABLET	15	45	\$5	LITHIUM CARBONATE 150 MG CAPSULE	30	90	\$5
GUAIFENESIN 200 MG TABLET	10	N/A	\$5	LITHIUM CARBONATE 300 MG CAPSULE	30	90	\$5
GUAIFENESIN/CODEINE PHOSPHATE 100-10 MG/5 LIQUID	118	N/A	\$0	LITHIUM CARBONATE 300 MG TABLET ER	30	90	\$5
HYDRALAZINE HCL 10 MG TABLET	30	90	\$5	LITHIUM CARBONATE 600 MG CAPSULE	30	90	\$5
HYDRALAZINE HCL 25 MG TABLET	30	90	\$5	L-NORGEST/E.ESTRADIOL-E.ESTRAD 100-20(84) 3 MONTH TABLET DOSE PACK	91	91	\$0
HYDRALAZINE HCL 50 MG TABLET	30	90	\$5	LORAZEPAM 0.5 MG TABLET	30	N/A	\$5
HYDROCHLOROTHIAZIDE 25 MG TABLET	30	90	\$5	LORAZEPAM 1 MG TABLET	30	N/A	\$5
HYDROCHLOROTHIAZIDE 50 MG TABLET	30	90	\$5	LOVASTATIN 10 MG TABLET	30	90	\$0
HYDROCODONE/ACETAMINOPHEN 10 MG-300 MG TABLET	12	N/A	\$0	LOVASTATIN 20 MG TABLET	30	90	\$0
HYDROCORTISONE 1% CREAM	28	N/A	\$0	LOVASTATIN 40 MG TABLET	30	90	\$0
HYDROCORTISONE 2.5% CREAM AND GEL COMBO PACK (TOPICAL)	30	90	\$5	MECLIZINE HCL 12.5 MG TABLET	20	60	\$5
HYDROCORTISONE 5 MG TABLET	30	90	\$5	MECLIZINE HCL 25 MG TABLET	20	60	\$5
HYDROXYZINE HCL 10 MG/5 ML SOLUTION	60	180	\$5	MEDROXYPROGESTERONE ACETATE 10 MG TABLET	28	84	\$0
HYDROXYZINE HCL 50 MG TABLET	20	60	\$5	MEDROXYPROGESTERONE ACETATE 150 MG/ML SUSPENSION	1	1	\$0
HYDROXYZINE PAMOATE 25 MG CAPSULE	20	60	\$5	MEDROXYPROGESTERONE ACETATE 2.5 MG TABLET	30	90	\$5
HYDROXYZINE PAMOATE 50 MG CAPSULE	20	60	\$5	MELOXICAM 15 MG TABLET	30	90	\$5
IBUPROFEN 400 MG TABLET	20	N/A	\$0	MELOXICAM 7.5 MG TABLET	30	90	\$5
IBUPROFEN 600 MG TABLET	20	N/A	\$0	METFORMIN HCL 1000 MG TABLET	30	90	\$5
IBUPROFEN 800 MG TABLET	20	N/A	\$0	METFORMIN HCL 500 MG TABLET	30	90	\$5
IMIPRAMINE HCL 10 MG TABLET	30	90	\$5	METFORMIN HCL 750 MG TABLET 24-HOUR ER	30	90	\$5
INFLUENZA VACCINE INJECTION VACCINE	1	N/A	\$0	METFORMIN HCL ER 500 MG TABLET 24-HOUR ER	30	90	\$5
IPRATROPIUM/ALBUTEROL SULFATE 0.5-3 MG/3 SOLUTION FOR NEBULIZATION	90	270	\$5	METHADONE HCL 10 MG TABLET	30	N/A	\$5
IRON PS CMLPX/VIT B12/FA 150-25-1 CAPSULE	30	90	\$5	METHYLPREDNISOLONE 4 MG TABLET	21	N/A	\$0
KETOCONAZOLE 200 MG TABLET	20	60	\$5	METHYLPREDNISOLONE 4 MG TABLET DOSE PACK	21	N/A	\$5
LACTULOSE 10 GRAM/15 ML SOLUTION	1	3	\$5	METOPROLOL TARTRATE 25 MG TABLET	30	90	\$5

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METRONIDAZOLE 500 MG TABLET	21	N/A	\$0	PEDI MVI NO.16 WITH FLUORIDE 0.25 MG CHEWABLE TABLET	30	30	\$0
MONTelukAST SODIUM 10 MG TABLET	30	90	\$5	PEDI MVI NO.16 WITH FLUORIDE 0.5 MG CHEWABLE TABLET	30	30	\$0
NAPROXEN 250 MG TABLET	30	N/A	\$0	PEDI MVI NO.16 WITH FLUORIDE 1 MG CHEWABLE TABLET	15	45	\$0
NAPROXEN 375 MG TABLET	20	N/A	\$0	PEG 3350/NA SULF,BICARB,CL/KCL 236-22.74 G RECON SOLUTION	4000	4000	\$0
NAPROXEN 500 MG TABLET	20	N/A	\$0	PEG 3350/NA SULF,BICARB,CL/KCL 240-22.72 G RECON SOLUTION	4000	4000	\$0
NAPROXEN SODIUM 220 MG TABLET	30	90	\$5	PEN NEEDLES BD PEN NEEDLES 29G X 1/2"	N/A	100	\$5
NICOTINE 14 MG/24 HR 24-HOUR PATCH	21	14	\$0	PEN NEEDLES BD PEN NEEDLES 31G X 1/2"	N/A	100	\$5
NICOTINE 21 MG/24 HR 24-HOUR PATCH	7	42	\$0	PEN NEEDLES BD PEN NEEDLES 32G X 1/2"	N/A	100	\$5
NICOTINE 7 MG/24 HR 24-HOUR PATCH	14	14	\$0	PEN NEEDLES BD PEN NEEDLES 4MM 32G	N/A	100	\$5
NICOTINE POLACRILEX 2 MG GUM	100	110	\$0	PHENDIMETRAZINE TARTRATE 35 MG TABLET	30	N/A	\$5
NICOTINE POLACRILEX 2 MG LOZENGE	72	72	\$0	POLYMYXIN B SULF/TRIMETHOPRIM 1 MG / 10,000 UNITS EYE DROPS	10	N/A	\$5
NICOTINE POLACRILEX 4 MG GUM	100	110	\$0	POLYMYXIN B SULF/TRIMETHOPRIM 10000-1/ML DROPS	10	N/A	\$0
NICOTINE POLACRILEX 4 MG LOZENGE	72	72	\$0	PRAVASTATIN SODIUM 10 MG TABLET	30	90	\$0
NONOXYNOL 9 3% GEL	30	81	\$0	PRAVASTATIN SODIUM 20 MG TABLET	30	90	\$0
NORETHINDRONE 0.35 MG TABLET	28	84	\$0	PRAVASTATIN SODIUM 40 MG TABLET	30	90	\$0
NORETHINDRONE AC-ETH ESTRADIOL 1 MG-20 MCG TABLET	21	63	\$0	PRAVASTATIN SODIUM 80 MG TABLET	30	90	\$0
NORETHINDRONE AC-ETH ESTRADIOL 1.5-0.03 MG TABLET	21	63	\$0	PREDNISONE 1 MG TABLET	30	90	\$5
NORETHINDRONE-E.ESTRADIOL-IRON 1 MG-20(21) TABLET	28	84	\$0	PREDNISONE 10 MG TABLET	30	N/A	\$0
NORETHINDRONE-E.ESTRADIOL-IRON 1 MG-20(24) TABLET	28	84	\$0	PREDNISONE 2.5 MG TABLET	30	90	\$5
NORETHINDRONE-E.ESTRADIOL-IRON 1.5-30(21) TABLET	28	84	\$0	PREDNISONE 20 MG TABLET	30	90	\$5
NORETHINDRONE-E.ESTRADIOL-IRON 5-7-9-7 TABLET	28	28	\$0	PREDNISONE 5 MG TABLET	30	90	\$5
NORETHINDRONE-ETHINYL ESTRAD 0.4-0.035 TABLET	28	84	\$0	PREDNISONE 50 MG TABLET	30	N/A	\$0
NORETHINDRONE-ETHINYL ESTRAD 0.5-0.035 TABLET	28	28	\$0	PRILOSEC 20 MG CAPSULE DR/EC	30	90	\$5
NORETHINDRONE-ETHINYL ESTRAD 1 MG-35 MCG TABLET	28	84	\$0	PROMETHAZINE HCL 12.5 MG TABLET	30	90	\$5
NORETHINDRONE-ETHINYL ESTRAD 7-9-5 TABLET	28	84	\$0	PROMETHAZINE HCL 25 MG TABLET	30	90	\$5
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 TABLET	28	84	\$0	PROMETHAZINE HCL 6.25 MG/5 ML SYRUP	240	N/A	\$5
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 TABLET	28	84	\$0	PROMETHAZINE HCL/CODEINE 6.25-10/5 SYRUP	240	N/A	\$5
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO TABLET	28	84	\$0	PROMETHAZINE/DEXTROMETHORPHAN 6.25-15 MG/5 ML SYRUP	240	N/A	\$5
NORGESTREL-ETHINYL ESTRADIOL 0.3-0.03 MG TABLET	28	84	\$0	ROSUVASTATIN CALCIUM 10 MG TABLET	30	90	\$0
NORGESTREL-ETHINYL ESTRADIOL 0.5 MG-50 TABLET	28	28	\$0	ROSUVASTATIN CALCIUM 5 MG TABLET	30	90	\$0
NORTRIPTYLINE HCL 25 MG CAPSULE	30	90	\$5	SERTRALINE HCL 100 MG TABLET	30	90	\$5
NORTRIPTYLINE HCL 75 MG CAPSULE	30	90	\$5	SERTRALINE HCL 25 MG TABLET	30	90	\$5
OFLOXACIN 0.3% DROPS	5	N/A	\$0	SERTRALINE HCL 50 MG TABLET	30	90	\$5
OLMESARTAN MEDOXOMIL 20 MG TABLET	30	90	\$5	SILDENAFIL CITRATE 100 MG TABLET	N/A	72	\$5
OLMESARTAN MEDOXOMIL 40 MG TABLET	30	90	\$5	SILDENAFIL CITRATE 50 MG TABLET	N/A	72	\$5
OMEPRazole 10 MG CAPSULE DR/EC	30	90	\$5	SIMVASTATIN 10 MG TABLET	30	90	\$0
OMEPRazole 40 MG CAPSULE DR/EC	30	90	\$5	SIMVASTATIN 20 MG TABLET	30	90	\$0
OXYCODONE HCL 10 MG TABLET	30	N/A	\$5	SIMVASTATIN 40 MG TABLET	30	90	\$0
PANTOPRAZOLE SODIUM 20 MG TABLET DR/EC	30	90	\$5	SIMVASTATIN 5 MG TABLET	30	90	\$0
PANTOPRAZOLE SODIUM 40 MG TABLET DR/EC	30	90	\$5	SIMVASTATIN 80 MG TABLET	30	90	\$0
PAROXETINE HCL 10 MG TABLET	30	90	\$5	SODIUM FLUORIDE 0.125/DROP DROPS	30	90	\$0
PAROXETINE HCL 20 MG TABLET	30	90	\$5	SODIUM FLUORIDE 0.2% SOLUTION	473	473	\$0
PAROXETINE HCL 30 MG TABLET	30	90	\$5	SODIUM FLUORIDE 0.25 MG/0.6 DROPS	60	60	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 0.25 MG CHEWABLE TABLET	30	90	\$0	SODIUM FLUORIDE 0.25(0.55) CHEWABLE TABLET	15	45	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 0.5 MG CHEWABLE TABLET	30	90	\$0	SODIUM FLUORIDE 0.4% GEL	122	122	\$0
PEDI MVI NO.12/SODIUM FLUORIDE 1 MG CHEWABLE TABLET	30	90	\$0	SODIUM FLUORIDE 0.5 MG/ML DROPS	10	10	\$0

LBP MEDICATION PROGRAM

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Brand Dosage Form	Retail Qty	HD Qty	Co-pay
SODIUM FLUORIDE 0.5(1.1)MG CHEWABLE TABLET	30	90	\$0
SODIUM FLUORIDE 1.1% CREAM	51	153	\$0
SODIUM FLUORIDE 1.1% GEL	56	168	\$0
SODIUM FLUORIDE 2.5 MG/ML DROPS	30	30	\$0
SPIRONOLACTONE 25 MG TABLET	30	90	\$5
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160 MG TABLET	30	90	\$5
TADALAFIL TABLETS 10 MG TABLET	N/A	48	\$5
TADALAFIL TABLETS 20 MG TABLET	N/A	48	\$5
TAMOXIFEN CITRATE 10 MG TABLET	30	90	\$0
TAMOXIFEN CITRATE 20 MG TABLET	30	90	\$0
TERAZOSIN HCL 1 MG CAPSULE	30	50	\$5
TERAZOSIN HCL 10 MG CAPSULE	30	90	\$5
TERAZOSIN HCL 2 MG CAPSULE	30	90	\$5
TERAZOSIN HCL 5 MG CAPSULE	30	90	\$5
TIZANIDINE HCL 2 MG TABLET	30	90	\$5
TIZANIDINE HCL 4 MG TABLET	30	90	\$5

Brand Dosage Form	Retail Qty	HD Qty	Co-pay
TRAMADOL HCL 50 MG TABLET	30	90	\$5
TRAZODONE HCL 50 MG TABLET	30	N/A	\$5
TRIAMCINOLONE ACETONIDE 0.025% OINTMENT	15	N/A	\$0
TRIAMCINOLONE ACETONIDE 0.5% OINTMENT	15	90	\$5
TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5-25 MG TABLET	30	45	\$5
TRIAZOLAM 0.25 MG TABLET	30	90	\$5
VALSARTAN 40 MG TABLET	30	N/A	\$5
VALSARTAN/HYDROCHLOROTHIAZIDE 160-12.5 MG TABLET	30	90	\$5
VALSARTAN/HYDROCHLOROTHIAZIDE 160-25 MG TABLET	30	90	\$5
VALSARTAN/HYDROCHLOROTHIAZIDE 320 MG-25 MG TABLET	30	90	\$5
VALSARTAN/HYDROCHLOROTHIAZIDE 80-12.5 MG TABLET	30	90	\$5
VERAPAMIL HCL 40 MG TABLET	30	90	\$5
WARFARIN SODIUM 1 MG TABLET	30	90	\$5

MEDICATION CO-PAYS AND BENEFIT CREDIT

- **\$0 Co-pay:** 132 commonly prescribed ACUTE and MEC formulary medications. Mail-order available for 90-day fills.
- **\$5 Co-pay:** 200 chronic formulary medications. Mail-order available for 90-day fills.
- **\$10 Co-pay:** Non-formulary generic medications. Mail-order for 90-day fills at twice the co-pay.
- **\$40 Co-pay:** Brand medications. Mail-order available for 90-day fills at twice the co-pay.
- **\$150/month Benefit Credit:** Each member receives this credit which will be applied to the total amount, over your co-pay.

BENEFIT CREDIT

The co-pay and amount toward the benefit credit will be shown in your options. This may change if you pay for multiple medications at one time in which case the amounts will adjust in the cart. Co-pays do not apply to the benefit credit.

This a Pharmacy Subscription Program. THIS IS NOT INSURANCE. We provide you direct access to medications at negotiated PBM pricing, and Home Delivery Pharmacy pricing on a pre-paid basis. Your Rx Card offers solutions for high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes, this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.

Your Rx Card is NOT Insurance. Discount Only – Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending

If a medication cost is less than the co-pay amount, then you will pay the lesser amount. All mail-order costs include shipping and handling unless the total order is under \$12.95 and not on the medication formulary.

Example One (Generic): If you purchase a \$50 medication, your co-pay will be \$10 and the Benefit Credit will pay the balance of \$40. This means you will have a Benefit Credit remainder of \$110 for the rest of the month.

Example Two (Brand): If you purchase a \$190 medication, your co-pay will be \$40 and the Benefit Credit will pay the balance of \$150. This means you will have a Benefit Credit remainder of \$0 for the rest of the month.

Additionally, prescription medications that cost over \$200 may be available through our Prescription Assistance Program (PAP). If you qualify for this income-based program your maximum out-of-pocket cost will be only \$50 per PAP fill.

on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information.

Formulary and pricing are subject to change. Please see website for current pricing. In order to get the most out of your Pharmacy Subscription Program, utilize our mail-order service by logging into the website. Members must log in to see complete program pricing and details. SGB2410ED



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