

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LMX 4</b>							
	4	% (30 GM)	APPLICATION(S)	lidocaine	Ferndale Laboratories Patient Assistance Program	\$49.12	\$56.49
<b>8-MOP</b>							
	10	MG	CAPSULE(S)	METHOXSALEN	Valeant Patient Assistance Program	\$1,843.80	\$2,120.37
<b>ABACAVIR (BRAND: ZIAGEN)</b>							
	300	MG	TABLET(S)	ABACAVIR	Xubex Preferred Network Program	\$603.33	\$693.83
<b>ABACAVIR SULFATE, LAMIVUDINE AND ZIDOVUDINE (BRAND: TRIZIVIR)</b>							
	300-150-300	MG-MG-MG	TABLET(S)	ABACAVIR SULFATE, LAMIVUDINE AND ZIDOVUDINE	Xubex Preferred Network Program	\$1,738.46	\$1,999.23
<b>ABELCET</b>							
	5	MG/ML (20 ML)	MG	AMPHOTERICIN B LIPID COMPLEX	Sigma-Tau Patient Assistance Program	\$225.60	\$259.44
<b>ABILIFY</b>							
	2	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$1,070.36	\$1,230.91
	20	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$5,045.42	\$5,802.23
	5	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$1,070.36	\$1,230.91
	2	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$1,070.36	\$1,230.91
	20	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$5,045.42	\$5,802.23
	5	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$1,070.36	\$1,230.91
	2	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$1,070.36	\$1,230.91
	20	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$5,045.42	\$5,802.23

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<b>Medications</b>							
<b>ABILIFY</b>							
	5	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$1,070.36	\$1,230.91
<b>ABILIFY</b>							
	10	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$1,070.36	\$1,230.91
	15	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$1,070.36	\$1,230.91
	30	MG	TABLET(S)	ARIPIPRAZOLE	ASSURE Program for Abilify Tablets	\$5,045.42	\$5,802.23
	10	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$1,070.36	\$1,230.91
	15	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$1,070.36	\$1,230.91
	30	MG	TABLET(S)	ARIPIPRAZOLE	Otsuka Patient Assistance Program	\$5,045.42	\$5,802.23
	10	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$1,070.36	\$1,230.91
	15	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$1,070.36	\$1,230.91
	30	MG	TABLET(S)	ARIPIPRAZOLE	Xubex Free Trial 30 Day Medication Supply	\$5,045.42	\$5,802.23
<b>ABILIFY MAINTENA DUAL-CHAMBERED SYRINGE</b>							
	300	MG	SYRINGE(S)	aripiprazole	Otsuka Patient Assistance Program	\$1,689.11	\$1,942.48
	400	MG	SYRINGE(S)	aripiprazole	Otsuka Patient Assistance Program	\$2,252.15	\$2,589.97
<b>ABILIFY MAINTENA VIAL</b>							
	300	MG/VIAL	VIAL	aripiprazole	Otsuka Patient Assistance Program	\$1,773.56	\$2,039.59
	400	MG/VIAL	VIAL	aripiprazole	Otsuka Patient Assistance Program	\$2,364.76	\$2,719.47
<b>ABRAXANE</b>							
	100	MG	MG	PACLITAXEL PROTEIN-BOUND	Celgene Patient Support	\$1,457.23	\$1,675.81

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ABSTRAL</b>							
	100	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$1,678.12	\$1,929.84
	200	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$2,107.70	\$2,423.86
	300	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$1,962.37	\$2,256.73
	400	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$3,040.60	\$3,496.69
	600	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$3,916.21	\$4,503.64
	800	MCG	TABLET(S)	fentanyl citrate	Galena Patient Services (GPS) for Abstral	\$4,790.00	\$5,508.50
<b>ACAMPROSATE CALCIUM (BRAND: CAMPRAL)</b>							
	333	MG	TABLET(S)	ACAMPROSATE CALCIUM	Xubex Preferred Network Program	\$249.50	\$286.93
<b>ACARBOSE (BRAND: PRECOSE)</b>							
	100	MG	TABLET(S)	ACARBOSE	Xubex Preferred Network Program	\$117.28	\$134.87
	25	MG	TABLET(S)	ACARBOSE	Xubex Preferred Network Program	\$90.95	\$104.59
	50	MG	TABLET(S)	ACARBOSE	Xubex Preferred Network Program	\$102.88	\$118.31
<b>ACCURETIC</b>							
	10/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$424.50	\$488.18
	20/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLOR	NC MedAssist - North Carolina Residents Only	\$424.50	\$488.18
	20/25	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$424.50	\$488.18
*	10/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLORIDE	Pfizer RxPathways	\$424.50	\$488.18
*	20/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLOR	Pfizer RxPathways	\$424.50	\$488.18

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<b>Medications</b>							
<b>ACCURETIC</b>							
*	20/25	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/QUIN APRIL HYDROCHLORIDE	Pfizer RxPathways	\$424.50	\$488.18
<b>ACEBUTOLOL (BRAND: SECTRAL)</b>							
	200	MG	CAPSULE(S)	ACEBUTOLOL	Xubex Preferred Network Program	\$100.73	\$115.84
	400	MG	CAPSULE(S)	ACEBUTOLOL	Xubex Preferred Network Program	\$133.97	\$154.07
<b>ACETAZOLAMIDE (BRAND: DIAMOX)</b>							
	125	MG	TABLET(S)	ACETAZOLAMIDE	Xubex Preferred Network Program	\$217.99	\$250.69
	250	MG	TABLET(S)	ACETAZOLAMIDE	Xubex Preferred Network Program	\$288.31	\$331.56
<b>ACETAZOLAMIDE ER (BRAND: DIAMOX)</b>							
	500	MG	CAPSULE(S)	ACETAZOLAMIDE	Xubex Preferred Network Program	\$429.35	\$493.75
<b>ACIPHEX</b>							
	20	MG	TABLET(S)	RABEPRAZOLE SODIUM	Rx Outreach	\$629.64	\$724.09
	20	MG	TABLET(S)	RABEPRAZOLE SODIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$629.64	\$724.09
<b>ACITRETIN (BRAND: SORIATANE)</b>							
	10	MG	TABLET(S)	ACITRETIN	Xubex Preferred Network Program	\$936.05	\$1,076.46
	17.5	MG	TABLET(S)	ACITRETIN	Xubex Preferred Network Program	\$1,153.78	\$1,326.85
	25	MG	TABLET(S)	ACITRETIN	Xubex Preferred Network Program	\$1,153.78	\$1,326.85
<b>ACTEMRA</b>							
	162/0.9	MG/ML (0.9ML)	SYRINGE(S)	tocilizumab	Genentech Rheumatology Access Solutions	\$1,077.97	\$1,239.67
	20	MG/ML (4 ML)	MG	tocilizumab	Genentech Rheumatology Access Solutions	\$455.39	\$523.70

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<b>Medications</b>							
<b>ACTIVASE</b>							
	100	MG	UNIT(S)	ALTEPLASE, RECOMBINANT	Genentech Access to Care Foundation (TNKase, Cathflo, Activase)	\$10,252.85	\$11,790.78
	50	MG	UNIT(S)	ALTEPLASE, RECOMBINANT	Genentech Access to Care Foundation (TNKase, Cathflo, Activase)	\$5,126.42	\$5,895.38
<b>ACTIVELLA</b>							
	0.5/0.1	MG-MG	TABLET(S)	ESTRADIOL/NORETHINDRONE ACETATE	Welvista - South Carolina Residents Only	\$242.10	\$278.42
<b>ACTOPLUS MET</b>							
*	15/500	MG/MG	TABLET(S)	METFORMIN HYDROCHLORIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$708.52	\$814.80
*	15/850	MG/MG	TABLET(S)	METFORMIN HYDROCHLORIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$708.52	\$814.80
<b>ACTOPLUS MET XR</b>							
*	1000/15	MG	TABLET(S)	METFORMIN HYDROCHLORIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$383.59	\$441.13
*	1000/30	MG	TABLET(S)	METFORMIN HYDROCHLORIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$760.32	\$874.37
<b>ACTOS</b>							
*	15	MG	TABLET(S)	PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$1,398.73	\$1,608.54

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<b>Medications</b>							
<b>ACTOS</b>							
*	30	MG	TABLET(S)	PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$2,137.67	\$2,458.32
*	45	MG	TABLET(S)	PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$2,318.88	\$2,666.71
<b>ACUVAIL</b>							
	0.45	% (0.4 ML)	DROP(S)	KETOROLAC TROMETHAMINE	Allergan Patient Assistance Program - Eye & Dermatology	\$332.53	\$382.41
<b>ACYCLOVIR (BRAND: ZOVIRAX)</b>							
	200	MG	CAPSULE(S)	ACYCLOVIR	NC MedAssist - North Carolina Residents Only	\$97.70	\$112.36
	400	MG	TABLET(S)	ACYCLOVIR	NC MedAssist - North Carolina Residents Only	\$195.03	\$224.28
	800	MG	TABLET(S)	ACYCLOVIR	NC MedAssist - North Carolina Residents Only	\$329.98	\$379.48
	400	MG	TABLET(S)	ACYCLOVIR	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$195.03	\$224.28
	200	MG	CAPSULE(S)	ACYCLOVIR	Rx Outreach	\$97.70	\$112.36
	400	MG	TABLET(S)	ACYCLOVIR	Rx Outreach	\$195.03	\$224.28
	800	MG	TABLET(S)	ACYCLOVIR	Rx Outreach	\$329.98	\$379.48
	200	MG	CAPSULE(S)	ACYCLOVIR	Xubex Preferred Network Program	\$97.70	\$112.36
	400	MG	TABLET(S)	ACYCLOVIR	Xubex Preferred Network Program	\$195.03	\$224.28
	800	MG	TABLET(S)	ACYCLOVIR	Xubex Preferred Network Program	\$329.98	\$379.48
<b>ACZONE</b>							
	5	% (60 GM)	GEL/JELLY	DAPSONE	Allergan Patient Assistance Program - Eye & Dermatology	\$650.56	\$748.14

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<b>Medications</b>							
<b>ACZONE</b>							
	7.5	% (60 GM)	GEL/JELLY	dapsone	Allergan Patient Assistance Program - Eye & Dermatology	\$853.32	\$981.32
<b>ADACEL</b>							
	2.5/0.5/2	MCG/ML LF U/O	INJECTION(S)	TDAP VACCINE	Sanofi Patient Connection	\$516.52	\$594.00
<b>ADAGEN</b>							
	250	U/ML	INJECTION(S)	PEGADEMASE BOVINE	Accredo - Adagen Patient Assistance Program	\$23,928.00	\$27,517.20
<b>ADCETRIS</b>							
	50	MG	MG	brentuximab vedotin	SeaGen Secure Patient Assistance Program	\$7,890.00	\$9,073.50
<b>ADCIRCA</b>							
	20	MG	TABLET(S)	TADALAFIL	United Therapeutics Patient Assistance Program-Adcirca	\$4,376.16	\$5,032.58
<b>ADDYI</b>							
	100	MG	TABLET(S)	flibanserin	Addyi Risk Evaluation and Mitigation Strategy Program (REMS)	\$960.00	\$1,104.00
<b>ADEFOVIR DIPIVOXIL (BRAND: HEPSERA)</b>							
	10	MG	TABLET(S)	adefovir dipivoxil	Xubex Preferred Network Program	\$1,136.84	\$1,307.37
<b>ADEKS</b>							
	60-3-0.5-10	MG-MG-MG-MG	TABLET(S)	MULTIVITAMIN AND MINERALS	Axcan Comprehensive Care Program for CF	\$21.35	\$24.55
<b>ADEMPAS</b>							
	0.5	MG	TABLET(S)	riociguat	Bayer Adempas REMS Program	\$11,040.72	\$12,696.83
	1	MG	TABLET(S)	riociguat	Bayer Adempas REMS Program	\$11,040.72	\$12,696.83

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<b>Medications</b>							
<b>ADEMPAS</b>							
	1.5	MG	TABLET(S)	riociguat	Bayer Adempas REMS Program	\$11,040.72	\$12,696.83
	2	MG	TABLET(S)	riociguat	Bayer Adempas REMS Program	\$11,040.72	\$12,696.83
	2.5	MG	TABLET(S)	riociguat	Bayer Adempas REMS Program	\$11,040.72	\$12,696.83
<b>ADENOSCAN</b>							
	3	MG/ML (20ML)	INJECTION(S)	ADENOSINE	Astellas Stock Replacement Program	\$261.29	\$300.48
<b>ADLYXIN</b>							
	100	MCG/ML (3 ML)	MCG	lixisenatide	Sanofi Patient Connection	\$668.64	\$768.94
<b>ADVAIR DISKUS 100/50</b>							
	0.01/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$349.04	\$401.40
	0.01/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$349.04	\$401.40
	0.01/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Xubex Free Trial 30 Day Medication Supply	\$349.04	\$401.40
<b>ADVAIR DISKUS 250/50</b>							
	0.25/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$433.68	\$498.73
	0.25/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$433.68	\$498.73
	0.25/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Xubex Free Trial 30 Day Medication Supply	\$433.68	\$498.73
<b>ADVAIR DISKUS 500/50</b>							
	0.5/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$570.28	\$655.82
	0.5/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$570.28	\$655.82
	0.5/0.05	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Xubex Free Trial 30 Day Medication Supply	\$570.28	\$655.82



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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ADVAIR HFA</b>							
	115/21	MCG (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	GSK Patient Assistance Program	\$433.68	\$498.73
	230/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	GSK Patient Assistance Program	\$570.38	\$655.94
	230/30.45	MCG (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	GSK Patient Assistance Program	\$570.38	\$655.94
	45/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	GSK Patient Assistance Program	\$349.04	\$401.40
	115/21	MCG (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$433.68	\$498.73
	230/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$570.38	\$655.94
	45/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$349.04	\$401.40
	115/21	MCG (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	Welvista - South Carolina Residents Only	\$433.68	\$498.73
	230/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Welvista - South Carolina Residents Only	\$570.38	\$655.94
	230/30.45	MCG (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Welvista - South Carolina Residents Only	\$570.38	\$655.94
	45/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Welvista - South Carolina Residents Only	\$349.04	\$401.40
	115/21	MCG (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE	Xubex Free Trial 30 Day Medication Supply	\$433.68	\$498.73

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<b>Medications</b>							
<b>ADVAIR HFA</b>							
	230/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Xubex Free Trial 30 Day Medication Supply	\$570.38	\$655.94
	45/21	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE/SALMETEROL	Xubex Free Trial 30 Day Medication Supply	\$349.04	\$401.40
<b>AEROCHAMBER</b>							
	-	-	DEVICE	SPACER, INHALATION	Allergan Patient Assistance Program	\$49.18	\$56.56
<b>AEROCHAMBER w/MASK</b>							
	LARGE	-	DEVICE	SPACER, INHALATION	Allergan Patient Assistance Program	\$44.71	\$51.42
	MEDIUM	-	DEVICE	SPACER, INHALATION	Allergan Patient Assistance Program	\$56.10	\$64.52
	SMALL	-	DEVICE	SPACER, INHALATION	Allergan Patient Assistance Program	\$59.16	\$68.03
<b>AFEDITAB CR (BRAND: ADALAT CC)</b>							
	60	MG	TABLET(S)	NIFEDIPINE	Rx Outreach	\$224.07	\$257.68
	30	MG	TABLET(S)	NIFEDIPINE	Rx Outreach	\$125.79	\$144.66
	30	MG	TABLET(S)	NIFEDIPINE	Xubex Preferred Network Program	\$125.79	\$144.66
	60	MG	TABLET(S)	NIFEDIPINE	Xubex Preferred Network Program	\$224.07	\$257.68
<b>AFINITOR</b>							
	10	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Now Oncology Program	\$15,447.29	\$17,764.38
	5	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Now Oncology Program	\$15,447.29	\$17,764.38
	7.5	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Now Oncology Program	\$15,447.29	\$17,764.38

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<b>Medications</b>							
<b>AFINITOR</b>							
	2.5	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Now Oncology Program	\$14,768.20	\$16,983.43
<b>AFINITOR DISPERZ</b>							
	2	MG	TABLET(S)	everolimus	Novartis Patient Assistance Now Oncology Program	\$14,694.55	\$16,898.73
	3	MG	TABLET(S)	everolimus	Novartis Patient Assistance Now Oncology Program	\$14,841.76	\$17,068.02
	5	MG	TABLET(S)	everolimus	Novartis Patient Assistance Now Oncology Program	\$15,447.29	\$17,764.38
<b>AFREZZA</b>							
	4	U	CARTRIDGE(S)	insulin human inhaled	Sanofi Patient Connection	\$271.27	\$311.96
<b>AFREZZA (30-4 UNIT CARTRIDGES AND 60-8 UNIT CARTRIDGES)</b>							
	N/A	N/A	CARTRIDGE(S)	insulin human inhaled;insulin human inhaled	Sanofi Patient Connection	\$334.31	\$384.46
<b>AFREZZA (60-4 UNIT CARTRIDGES AND 30-8 UNIT CARTRIDGES)</b>							
	N/A	N/A	CARTRIDGE(S)	insulin human inhaled;insulin human inhaled	Sanofi Patient Connection	\$302.80	\$348.22
<b>AKYNZEO</b>							
	300-0.5	MG-MG	CAPSULE(S)	netupitant/palonosetron	Helsinn Cares Patient Support Program	\$658.80	\$757.62
<b>ALBUTEROL (BRAND: VENTOLIN/PROVENTIL)</b>							
	2	MG	TABLET(S)	ALBUTEROL SULFATE	Xubex Preferred Network Program	\$705.00	\$810.75
	4	MG	TABLET(S)	ALBUTEROL SULFATE	Xubex Preferred Network Program	\$705.00	\$810.75

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<b>Medications</b>							
<b>ALBUTEROL (BRAND: VENTOLIN/PROVENTIL)</b>							
	8	MG	TABLET(S)	ALBUTEROL SULFATE	Xubex Preferred Network Program	\$262.94	\$302.38
<b>ALBUTEROL INH (BRAND: PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA)</b>							
	0.083	% (3 ML)	PUFF(S)	albuterol sulfate	NC MedAssist - North Carolina Residents Only	\$33.28	\$38.27
	0.083 (180ML)	% (3 ML X 60)	PUFF(S)	albuterol sulfate	NC MedAssist - North Carolina Residents Only	\$79.86	\$91.84
	0.083 (90 ML)	% (3 ML X 30)	PUFF(S)	albuterol sulfate	NC MedAssist - North Carolina Residents Only	\$46.98	\$54.03
	0.083	% (3 ML)	PUFF(S)	albuterol sulfate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$33.28	\$38.27
	0.083	% (3 ML)	PUFF(S)	albuterol sulfate	Rx Outreach	\$33.28	\$38.27
	0.083 (90 ML)	% (3 ML X 30)	PUFF(S)	albuterol sulfate	Rx Outreach	\$46.98	\$54.03
	0.083	% (3 ML)	PUFF(S)	albuterol sulfate	Xubex Preferred Network Program	\$33.28	\$38.27
	0.083 (180ML)	% (3 ML X 60)	PUFF(S)	albuterol sulfate	Xubex Preferred Network Program	\$79.86	\$91.84
	0.083 (90 ML)	% (3 ML X 30)	PUFF(S)	albuterol sulfate	Xubex Preferred Network Program	\$46.98	\$54.03
<b>ALBUTEROL SULFATE NEBULIZER SOLUTION</b>							
	0.083	% (2.5MG/3ML)	VIAL(S)	ALBUTEROL SULFATE	NC MedAssist - North Carolina Residents Only	\$33.28	\$38.27
	0.083	% (2.5MG/3ML)	VIAL(S)	ALBUTEROL SULFATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$33.28	\$38.27
	0.083	% (2.5MG/3ML)	VIAL(S)	ALBUTEROL SULFATE	Rx Outreach	\$33.28	\$38.27
<b>ALCLOMETASONE DIPROPIONATE (BRAND: ACLOVATE)</b>							
	0.05	% (15 GM)	GM	ALCLOMETASONE DIPROPIONATE	Rx Outreach	\$20.00	\$23.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ALECENSA</b>							
	150	MG	CAPSULE(S)	alectinib	Genentech Access Solutions-Oral Products	\$15,976.33	\$18,372.78
<b>ALENDRONATE SODIUM (BRAND: FOSAMAX)</b>							
	70	MG	TABLET(S)	ALENDRONATE SODIUM	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$613.88	\$705.96
	10	MG	TABLET(S)	ALENDRONATE SODIUM	NC MedAssist - North Carolina Residents Only	\$292.25	\$336.09
	35	MG	TABLET(S)	ALENDRONATE SODIUM	NC MedAssist - North Carolina Residents Only	\$613.88	\$705.96
	5	MG	TABLET(S)	ALENDRONATE SODIUM	NC MedAssist - North Carolina Residents Only	\$292.25	\$336.09
	70	MG	TABLET(S)	ALENDRONATE SODIUM	NC MedAssist - North Carolina Residents Only	\$613.88	\$705.96
	35	MG	TABLET(S)	ALENDRONATE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$613.88	\$705.96
	70	MG	TABLET(S)	ALENDRONATE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$613.88	\$705.96
	70	MG	TABLET(S)	ALENDRONATE SODIUM	Rx Outreach	\$613.88	\$705.96
	70	MG	TABLET(S)	ALENDRONATE SODIUM	Welvista - South Carolina Residents Only	\$613.88	\$705.96
	10	MG	TABLET(S)	ALENDRONATE SODIUM	Xubex Preferred Network Program	\$292.25	\$336.09
	35	MG	TABLET(S)	ALENDRONATE SODIUM	Xubex Preferred Network Program	\$613.88	\$705.96
	5	MG	TABLET(S)	ALENDRONATE SODIUM	Xubex Preferred Network Program	\$292.25	\$336.09
	70	MG	TABLET(S)	ALENDRONATE SODIUM	Xubex Preferred Network Program	\$613.88	\$705.96
<b>ALFUZOSIN HYDROCHLORIDE (BRAND: UROXATRAL)</b>							
	10	MG	TABLET(S)	ALFUZOSIN HYDROCHLORIDE	Rx Outreach	\$379.23	\$436.11
	10	MG	TABLET(S)	ALFUZOSIN HYDROCHLORIDE	Xubex Preferred Network Program	\$379.23	\$436.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ALIMTA</b>							
	500	MG	MG	PEMETREXED	Lilly Patient Assistance Program for Oncology	\$3,843.72	\$4,420.28
<b>ALIMTA</b>							
	100	MG	MG	PEMETREXED	Lilly Patient Assistance Program for Oncology	\$768.74	\$884.05
<b>ALINIA</b>							
	100	MG/5 ML (60 ML)	MG	NITAZOXANIDE	Romark Laboratories Patient Assistance Program	\$119.56	\$137.49
	500	MG	TABLET(S)	NITAZOXANIDE	Romark Laboratories Patient Assistance Program	\$2,877.60	\$3,309.24
<b>ALLOPURINOL (BRAND: ZYLOPRIM)</b>							
	100	MG	TABLET(S)	ALLOPURINOL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$75.77	\$87.14
	100	MG	TABLET(S)	ALLOPURINOL	NC MedAssist - North Carolina Residents Only	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	NC MedAssist - North Carolina Residents Only	\$75.77	\$87.14
	100	MG	TABLET(S)	ALLOPURINOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$75.77	\$87.14
	100	MG	TABLET(S)	ALLOPURINOL	Rx Outreach	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	Rx Outreach	\$75.77	\$87.14
	100	MG	TABLET(S)	ALLOPURINOL	Welvista - South Carolina Residents Only	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	Welvista - South Carolina Residents Only	\$75.77	\$87.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ALLOPURINOL (BRAND: ZYLOPRIM)</b>							
	100	MG	TABLET(S)	ALLOPURINOL	Xubex Preferred Network Program	\$37.69	\$43.34
	300	MG	TABLET(S)	ALLOPURINOL	Xubex Preferred Network Program	\$75.77	\$87.14
<b>ALODOX</b>							
	20	MG	TABLET(S)	DOXYCYCLINE HYCLATE	OcuSoft Patient Assistance Program	\$113.76	\$130.82
<b>ALOMIDE</b>							
	0.1	% (10 ML)	DROP(S)	LODOXAMIDE TROMETHAMINE	Novartis Patient Assistance Foundation, Inc.	\$193.67	\$222.72
<b>ALOXI</b>							
	0.05	MG/ML (5 ML)	MG	PALONOSETRON HYDROCHLORIDE	Eisai Patient Assistance Program	\$543.60	\$625.14
<b>ALPHAGAN P</b>							
	0.1	% 15ml	DROP(S)	BRIMONIDINE TARTRATE	Allergan Patient Assistance Program - Eye & Dermatology	\$480.13	\$552.15
<b>ALPRAZOLAM (BRAND: XANAX)</b>							
	0.25	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$62.55	\$71.93
	0.5	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$86.27	\$99.21
	1	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$101.35	\$116.55
	2	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$196.45	\$225.92
	0.25	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$62.55	\$71.93
	0.5	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$86.27	\$99.21
	1	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$101.35	\$116.55
	2	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$196.45	\$225.92

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ALPRAZOLAM ER (BRAND: XANAX XR)</b>							
	0.5	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$128.95	\$148.29
	1	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$160.40	\$184.46
	2	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$212.90	\$244.84
	3	MG	TABLET(S)	ALPRAZOLAM	Rx Outreach	\$319.35	\$367.25
	0.5	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$128.95	\$148.29
	1	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$160.40	\$184.46
	2	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$212.90	\$244.84
	3	MG	TABLET(S)	ALPRAZOLAM	Xubex Preferred Network Program	\$319.35	\$367.25
<b>ALREX</b>							
	0.2	% (10ML)	DROP(S)	LOTEPREDNOL ETABONATE	Valeant Patient Assistance Program-Bausch & Lomb Products	\$468.60	\$538.89
<b>AMANTADINE HCL</b>							
	100	MG	CAPSULE(S)	amantadine hydrochloride	Rx Outreach	\$329.76	\$379.22
	100	MG	CAPSULE(S)	amantadine hydrochloride	Xubex Preferred Network Program	\$329.76	\$379.22
<b>AMBISOME</b>							
	50	MG	INJECTION(S)	AMPHOTERICIN B LIPOSOME	Astellas Stock Replacement Program	\$249.61	\$287.05
<b>AMETHYST</b>							
	20-90	MCG-MCG	TABLET(S)	ethinyl estradiol/levonorgestrel	Xubex Preferred Network Program	\$59.40	\$68.31
<b>AMILORIDE/HCTZ (BRAND: MODURETIC)</b>							
	5-50	MG-MG	TABLET(S)	AMILORIDE/HCTZ	Xubex Preferred Network Program	\$115.91	\$133.30



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMIODARONE (BRAND: CORDARONE, PACERONE)</b>							
	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$329.00	\$378.35
	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$329.00	\$378.35
	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	Rx Outreach	\$329.00	\$378.35
	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$329.00	\$378.35
	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	Xubex Preferred Network Program	\$329.00	\$378.35
<b>AMITIZA</b>							
	24	MCG	CAPSULE(S)	LUBIPROSTONE	Takeda Patient Assistance Program	\$420.11	\$483.13
	8	MCG	CAPSULE(S)	LUBIPROSTONE	Takeda Patient Assistance Program	\$420.11	\$483.13
	24	MCG	CAPSULE(S)	LUBIPROSTONE	Welvista - South Carolina Residents Only	\$420.11	\$483.13
	8	MCG	CAPSULE(S)	LUBIPROSTONE	Welvista - South Carolina Residents Only	\$420.11	\$483.13
<b>AMITRIPTYLINE (BRAND: ELAVIL)</b>							
	10	MG	TABLET(S)	AMITRIPTYLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$31.80	\$36.57
	100	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$254.00	\$292.10
	150	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$381.00	\$438.15
	25	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$63.60	\$73.14
	50	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$127.00	\$146.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMITRIPTYLINE (BRAND: ELAVIL)</b>							
	75	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$190.80	\$219.42
	10	MG	TABLET(S)	AMITRIPTYLINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$31.80	\$36.57
	25	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$63.60	\$73.14
	10	MG	TABLET(S)	AMITRIPTYLINE	Rx Outreach	\$31.80	\$36.57
	100	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Rx Outreach	\$254.00	\$292.10
	150	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Rx Outreach	\$381.00	\$438.15
	25	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Rx Outreach	\$63.60	\$73.14
	50	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Rx Outreach	\$127.00	\$146.05
	75	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Rx Outreach	\$190.80	\$219.42
	25	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$63.60	\$73.14
	50	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$127.00	\$146.05
	10	MG	TABLET(S)	AMITRIPTYLINE	Xubex Preferred Network Program	\$31.80	\$36.57
	150	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Xubex Preferred Network Program	\$381.00	\$438.15
	25	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Xubex Preferred Network Program	\$63.60	\$73.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMITRIPTYLINE (BRAND: ELAVIL)</b>							
	50	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Xubex Preferred Network Program	\$127.00	\$146.05
	75	MG	TABLET(S)	AMITRIPTYLINE HYDROCHLORIDE	Xubex Preferred Network Program	\$190.80	\$219.42
<b>AMLODIPINE (BRAND: NORVASC)</b>							
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$161.00	\$185.15
*	10	MG	TABLET(S)	AMLODIPINE BESYLATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$214.50	\$246.68
*	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$156.95	\$180.49
*	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$214.50	\$246.68
	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$156.95	\$180.49
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	NC MedAssist - North Carolina Residents Only	\$214.50	\$246.68
	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	NC MedAssist - North Carolina Residents Only	\$156.95	\$180.49
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	NC MedAssist - North Carolina Residents Only	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$214.50	\$246.68

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMLODIPINE (BRAND: NORVASC)</b>							
	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$156.95	\$180.49
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	Rx Outreach	\$214.50	\$246.68
	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	Rx Outreach	\$156.95	\$180.49
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Rx Outreach	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	Welvista - South Carolina Residents Only	\$214.50	\$246.68
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Welvista - South Carolina Residents Only	\$161.00	\$185.15
	10	MG	TABLET(S)	AMLODIPINE BESYLATE	Xubex Preferred Network Program	\$214.50	\$246.68
	2.5	MG	TABLET(S)	AMLODIPINE BESYLATE	Xubex Preferred Network Program	\$156.95	\$180.49
	5	MG	TABLET(S)	AMLODIPINE BESYLATE	Xubex Preferred Network Program	\$161.00	\$185.15
<b>AMLODIPINE/BENAZEPRIL (BRAND: LOTREL)</b>							
*	10/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$332.10	\$381.92
*	5/10	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$270.71	\$311.32
*	5/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$285.87	\$328.75
	10/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Rx Outreach	\$332.10	\$381.92
	10/40	MG	CAPSULE(S)	amlodipine besylate/benazepril hydrochloride	Rx Outreach	\$538.12	\$618.84
	5/10	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Rx Outreach	\$270.71	\$311.32

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMLODIPINE/BENAZEPRIL (BRAND: LOTREL)</b>							
	5/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Rx Outreach	\$285.87	\$328.75
	10/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Xubex Preferred Network Program	\$332.10	\$381.92
	5/10	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Xubex Preferred Network Program	\$270.71	\$311.32
	5/20	MG	CAPSULE(S)	AMLODIPINE/BENAZEPRIL	Xubex Preferred Network Program	\$285.87	\$328.75
<b>AMLODIPINE/VALSARTAN (BRAND: EXFORGE)</b>							
	10/160	MG/MG	TABLET(S)	amlodipine besylate/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$558.23	\$641.96
	10/320	MG/MG	TABLET(S)	amlodipine besylate/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$708.62	\$814.91
	5/160	MG/MG	TABLET(S)	amlodipine besylate/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$492.05	\$565.86
	5/320	MG/MG	TABLET(S)	amlodipine besylate/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$624.16	\$717.78
	10/160	MG/MG	TABLET(S)	amlodipine besylate/valsartan	Rx Outreach	\$558.23	\$641.96
	10/320	MG/MG	TABLET(S)	amlodipine besylate/valsartan	Rx Outreach	\$708.62	\$814.91
	5/160	MG/MG	TABLET(S)	amlodipine besylate/valsartan	Rx Outreach	\$492.05	\$565.86
	5/320	MG/MG	TABLET(S)	amlodipine besylate/valsartan	Rx Outreach	\$624.16	\$717.78
<b>AMLODIPINE/VALSARTAN HCTZ (BRAND: EXFORGE HCT)</b>							
	10/12.5/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$558.23	\$641.96

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMLODIPINE/VALSARTAN HCTZ (BRAND: EXFORGE HCT)</b>							
	10/25/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$558.23	\$641.96
	10/25/320	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$708.62	\$814.91
	5/12.5/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$492.05	\$565.86
	5/25/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$492.05	\$565.86
	10/12.5/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	Rx Outreach	\$558.23	\$641.96
	10/25/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	Rx Outreach	\$558.23	\$641.96
	10/25/320	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	Rx Outreach	\$708.62	\$814.91
	5/12.5/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	Rx Outreach	\$492.05	\$565.86
	5/25/160	MG/MG/MG	TABLET(S)	amlodipine besylate/hydrochlorothiazide/v alsartan	Rx Outreach	\$492.05	\$565.86

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AMOXAPINE (BRAND: ASENDIN)</b>							
	100	MG	TABLET(S)	amoxapine	Rx Outreach	\$197.84	\$227.52
	100	MG	TABLET(S)	amoxapine	Xubex Preferred Network Program	\$197.84	\$227.52
	150	MG	TABLET(S)	amoxapine	Xubex Preferred Network Program	\$93.60	\$107.64
	25	MG	TABLET(S)	amoxapine	Xubex Preferred Network Program	\$72.89	\$83.82
	50	MG	TABLET(S)	amoxapine	Xubex Preferred Network Program	\$118.37	\$136.13
<b>AMOXICILLIN</b>							
	500	MG	TABLET(S)	amoxicillin	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$49.80	\$57.27
	500	MG	TABLET(S)	amoxicillin	NC MedAssist - North Carolina Residents Only	\$49.80	\$57.27
	500	MG	TABLET(S)	amoxicillin	Welvista - South Carolina Residents Only	\$49.80	\$57.27
	500	MG	TABLET(S)	amoxicillin	Xubex Preferred Network Program	\$49.80	\$57.27
<b>AMPYRA</b>							
	10	MG	TABLET(S)	dalfampridine	Acorda - Ampyra Patient Assistance Program	\$2,590.44	\$2,979.01
<b>ANAFRANIL</b>							
	25	MG	CAPSULE(S)	CLOMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,270.81	\$1,461.43
	50	MG	CAPSULE(S)	CLOMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,294.79	\$1,489.01
	75	MG	CAPSULE(S)	CLOMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,318.75	\$1,516.56
<b>ANAGRELIDE HCL (BRAND: AGRYLIN)</b>							
	0.5	MG	TABLET(S)	ANAGRELIDE HCL	Xubex Preferred Network Program	\$585.70	\$673.56

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ANAGRELIDE HCL(BRAND: AGRYLIN)</b>							
	1	MG	TABLET(S)	ANAGRELIDE HCL	Xubex Preferred Network Program	\$1,171.35	\$1,347.05
<b>ANALPRAM-HC CREAM</b>							
	1-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Sebela Patient Assistance Program for Analpram	\$225.77	\$259.64
	2.5-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Sebela Patient Assistance Program for Analpram	\$92.70	\$106.61
<b>ANALPRAM-HC LOTION</b>							
	2.5-1	%-% (60 ML)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Sebela Patient Assistance Program for Analpram	\$244.98	\$281.73
<b>ANASTROZOLE (BRAND: ARIMIDEX)</b>							
	1	MG	TABLET(S)	ANASTROZOLE	NC MedAssist - North Carolina Residents Only	\$404.87	\$465.60
	1	MG	TABLET(S)	ANASTROZOLE	Rx Outreach	\$404.87	\$465.60
	1	MG	TABLET(S)	ANASTROZOLE	Xubex Preferred Network Program	\$404.87	\$465.60
<b>ANCOBON</b>							
	250	MG	CAPSULE(S)	FLUCYTOSINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$9,605.46	\$11,046.28
	500	MG	CAPSULE(S)	FLUCYTOSINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$18,586.72	\$21,374.73
	500	MG	CAPSULE(S)	FLUCYTOSINE	Valeant Patient Assistance Program	\$18,586.72	\$21,374.73



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ANDROGEL</b>							
	1	% (2.5 GM 30s)	PACKET(S)	TESTOSTERONE	AbbVie Patient Assistance Foundation-Androgel	\$683.44	\$785.96
	1	% (2.5 GM 30s)	PACKET(S)	TESTOSTERONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$683.44	\$785.96
<b>ANDROGEL</b>							
	1.62	% (1.25 GM)	PACKET(S)	testosterone	AbbVie Patient Assistance Foundation-Androgel	\$683.42	\$785.93
	1.62	% (1.25 GM)	PACKET(S)	testosterone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$683.42	\$785.93
<b>ANDROID</b>							
	10	MG	CAPSULE(S)	methyltestosterone	Valeant Patient Assistance Program	\$17,788.36	\$20,456.61
<b>ANDROXY</b>							
	10	MG	TABLET(S)	fluoxymesterone	Rx Outreach	\$577.84	\$664.52
<b>ANGELIQ</b>							
	0.25/0.5	MG-MG	TABLET(S)	DROSPIRENONE/ESTRADIOL	Bayer HealthCare Patient Assistance Program	\$580.80	\$667.92
	0.5-1	MG-MG	TABLET(S)	DROSPIRENONE/ESTRADIOL	Bayer HealthCare Patient Assistance Program	\$580.80	\$667.92
<b>ANGIOMAX</b>							
	250	MG	MG	BIVALIRUDIN	The Medicine Company Hospital/Patient Assistance Program for Angiomax	\$11,492.40	\$13,216.26
<b>ANORO ELLIPTA</b>							
	62.5/25	MCG/ACTUATION	BLISTERS	umeclidinium bromide/vilanterol trifenate	GSK Patient Assistance Program	\$409.12	\$470.49

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ANORO ELLIPTA</b>							
	62.5/25	MCG/ACTUATION	BLISTERS	umeclidinium bromide/vilanterol trifenate	Welvista - South Carolina Residents Only	\$409.12	\$470.49
<b>ANORO ELLIPTA INSTITUTIONAL PACK (14 BLISTERS)</b>							
	62.5/25	MCG/ACTUATION	BLISTERS	umeclidinium bromide/vilanterol trifenate	GSK Patient Assistance Program	\$106.20	\$122.13
	62.5/25	MCG/ACTUATION	BLISTERS	umeclidinium bromide/vilanterol trifenate	Welvista - South Carolina Residents Only	\$106.20	\$122.13
<b>ANUCORT-HC (BRAND: ANUSOL-HC)</b>							
	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Xubex Patient Assistance Program	\$96.84	\$111.37
<b>ANUSOL-HC</b>							
*	2.5	% (30 GM)	CREAM	HYDROCORTISONE ACETATE	Salix Patient Assistance Program	\$142.49	\$163.86
*	2.5	% (30 GM)	CREAM	HYDROCORTISONE ACETATE	Valeant Patient Assistance Program for Salix products	\$142.49	\$163.86
<b>ANUSOL-HC (Qty of 12)</b>							
*	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Salix Patient Assistance Program	\$634.44	\$729.61
*	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Valeant Patient Assistance Program for Salix products	\$634.44	\$729.61
<b>ANUSOL-HC (Qty of 24)</b>							
*	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Salix Patient Assistance Program	\$1,268.90	\$1,459.24
*	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Valeant Patient Assistance Program for Salix products	\$1,268.90	\$1,459.24
<b>APIDRA</b>							
	100	U/ML	UNIT(S)	INSULIN GLULISINE	Sanofi Patient Connection	\$306.13	\$352.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>APIDRA SOLOSTAR</b>							
	100	U/ML (3 ML)	UNIT(S)	INSULIN GLULISINE	Sanofi Patient Connection	\$547.58	\$629.72
<b>APLIGRAF</b>							
	n/a	n/a	SHEET	GRAFTSKIN	Organogenesis Apligraf Patient Assistance Program	\$2,394.00	\$2,753.10
<b>APRISO</b>							
*	0.375	GM	CAPSULE(S)	MESALAMINE	Salix Patient Assistance Program	\$530.00	\$609.50
	0.375	GM	CAPSULE(S)	MESALAMINE	Valeant Patient Assistance Program for Salix products	\$530.00	\$609.50
<b>APTIOM</b>							
	600	MG	TABLET(S)	eslicarbazepine acetate	Sunovion Support Prescription Assistance Program-Aptiom	\$2,003.76	\$2,304.32
	800	MG	TABLET(S)	eslicarbazepine acetate	Sunovion Support Prescription Assistance Program-Aptiom	\$1,001.88	\$1,152.16
	600	MG	TABLET(S)	eslicarbazepine acetate	Xubex Free Trial 30 Day Medication Supply	\$2,003.76	\$2,304.32
	800	MG	TABLET(S)	eslicarbazepine acetate	Xubex Free Trial 30 Day Medication Supply	\$1,001.88	\$1,152.16
<b>APTIOM</b>							
	200	MG	TABLET(S)	eslicarbazepine acetate	Sunovion Support Prescription Assistance Program-Aptiom	\$1,001.88	\$1,152.16
	400	MG	TABLET(S)	eslicarbazepine acetate	Sunovion Support Prescription Assistance Program-Aptiom	\$1,001.88	\$1,152.16
	200	MG	TABLET(S)	eslicarbazepine acetate	Xubex Free Trial 30 Day Medication Supply	\$1,001.88	\$1,152.16
	400	MG	TABLET(S)	eslicarbazepine acetate	Xubex Free Trial 30 Day Medication Supply	\$1,001.88	\$1,152.16

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>APTIVUS</b>							
	250	MG	CAPSULE(S)	TIPRANAVIR	Boehringer Ingelheim Cares Foundation Inc.	\$1,786.73	\$2,054.74
	250	MG	CAPSULE(S)	TIPRANAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,786.73	\$2,054.74
<b>ARANESP</b>							
	100	MCG/ML	SYRINGES(S)	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$2,371.20	\$2,726.88
	200	MCG/ML	SYRINGE(S)	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$4,533.12	\$5,213.09
	25	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$928.80	\$1,068.12
	300	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$2,786.40	\$3,204.36
	40	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$1,486.08	\$1,708.99
	60	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$2,229.12	\$2,563.49
<b>ARANESP-PRE FILLED SYRINGE</b>							
	150/0.3	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$5,572.80	\$6,408.72
	500	MCG/ML	MCG	DARBEPOETIN ALFA	Amgen Safety Net Foundation	\$4,644.00	\$5,340.60
<b>ARCAPTA NEOHALER</b>							
	75	MCG	CAPSULE(S)	INDACATEROL MALEATE	Sunovion Support Prescription Assistance Program-Arcapta Neohaler	\$281.52	\$323.75
<b>ARICEPT</b>							
	10	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Rx Outreach	\$1,271.47	\$1,462.19
	23	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Rx Outreach	\$1,051.69	\$1,209.44
	5	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Rx Outreach	\$1,657.80	\$1,906.47
	23	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$1,051.69	\$1,209.44

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ARIMIDEX</b>							
	1	MG	TABLET(S)	ANASTROZOLE	AZ&Me Prescription Savings for people with Medicare Part D	\$572.84	\$658.77
	1	MG	TABLET(S)	ANASTROZOLE	AZ&Me Prescription Savings Program	\$572.84	\$658.77
	1	MG	TABLET(S)	ANASTROZOLE	NC MedAssist - North Carolina Residents Only	\$572.84	\$658.77
<b>ARIPIRAZOLE (BRAND: ABILIFY)</b>							
	10	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$962.25	\$1,106.59
	15	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$962.25	\$1,106.59
	2	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$963.32	\$1,107.82
	20	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$1,362.24	\$1,566.58
	30	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$1,362.26	\$1,566.60
	5	MG	TABLET(S)	aripiprazole	Rx Outreach Preferred Clinic Discount Pricing Program	\$963.31	\$1,107.81
<b>ARISTADA</b>							
	1064	MG/ML (3.9 ML)	INJECTION(S)	aripiprazole lauroxil	ARISTADA Care Support Patient Assistance Program	\$3,301.32	\$3,796.52
	441	MG/ML (1.6 ML)	INJECTION	aripiprazole lauroxil	ARISTADA Care Support Patient Assistance Program	\$1,368.31	\$1,573.56
	662	MG/ML (2.4 ML)	INJECTION	aripiprazole lauroxil	ARISTADA Care Support Patient Assistance Program	\$2,054.02	\$2,362.12

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ARISTADA</b>							
	882	MG/ML (3.2 ML)	INJECTION	aripiprazole lauroxil	ARISTADA Care Support Patient Assistance Program	\$2,736.62	\$3,147.11
<b>ARMOUR THYROID</b>							
	120	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$153.74	\$176.80
	15	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$64.30	\$73.95
	180	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$126.00	\$144.90
	240	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$153.00	\$175.95
	30	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$75.48	\$86.80
	300	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$180.00	\$207.00
	60	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$83.86	\$96.44
	90	MG	TABLET(S)	THYROID	Allergan Patient Assistance Program	\$131.38	\$151.09
<b>ARNUITY ELLIPTA</b>							
	100	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	GSK Patient Assistance Program	\$190.75	\$219.36
	200	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	GSK Patient Assistance Program	\$255.38	\$293.69
	100	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	Welvista - South Carolina Residents Only	\$190.75	\$219.36
	200	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	Welvista - South Carolina Residents Only	\$255.38	\$293.69
<b>ARNUITY ELLIPTA (INSTITUTIONAL PACK)</b>							
	100	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	GSK Patient Assistance Program	\$89.02	\$102.37
	200	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	GSK Patient Assistance Program	\$119.18	\$137.06
	100	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	Welvista - South Carolina Residents Only	\$89.02	\$102.37
	200	MCG/ACTUATION	BLISTER(S)	fluticasone furoate	Welvista - South Carolina Residents Only	\$119.18	\$137.06

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AROMASIN</b>							
	25	MG	TABLET(S)	EXEMESTANE	Pfizer RxPathways	\$1,207.67	\$1,388.82
<b>ARRANON</b>							
	5	MG/ML (50 ML)	INJECTION(S)	NELARABINE	Novartis Patient Assistance Foundation, Inc.	\$5,294.63	\$6,088.82
<b>ARTHROTEC</b>							
	50-0.2	MG-MG	TABLET(S)	DICLOFENAC SODIUM/MISOPROSTOL	NC MedAssist - North Carolina Residents Only	\$809.81	\$931.28
	75-0.2	MG-MG	TABLET(S)	DICLOFENAC SOD/MISOPROSTOL	NC MedAssist - North Carolina Residents Only	\$539.90	\$620.89
	50-0.2	MG-MG	TABLET(S)	DICLOFENAC SODIUM/MISOPROSTOL	Pfizer RxPathways	\$809.81	\$931.28
	75-0.2	MG-MG	TABLET(S)	DICLOFENAC SOD/MISOPROSTOL	Pfizer RxPathways	\$539.90	\$620.89
	50-0.2	MG-MG	TABLET(S)	DICLOFENAC SODIUM/MISOPROSTOL	Welvista - South Carolina Residents Only	\$809.81	\$931.28
	75-0.2	MG-MG	TABLET(S)	DICLOFENAC SOD/MISOPROSTOL	Welvista - South Carolina Residents Only	\$539.90	\$620.89
<b>ASMANEX HFA</b>							
	100	MCG/ACTUATION (13 GM)	PUFF(S)	mometasone furoate	Merck Patient Assistance Program	\$214.50	\$246.68
	200	MCG/ACTUATION (13 GM)	PUFF(S)	mometasone furoate	Merck Patient Assistance Program	\$252.10	\$289.92
<b>ASMANEX TWISTHALER</b>							
	110	MCG (30)	PUFF(S)	MOMETASONE FUROATE	Merck Patient Assistance Program	\$198.94	\$228.78
	220	MCG (120)	PUFF(S)	MOMETASONE FUROATE	Merck Patient Assistance Program	\$361.22	\$415.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ASMANEX TWISTHALER</b>							
	110	MCG (30)	PUFF(S)	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$198.94	\$228.78
	220	MCG (120)	PUFF(S)	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$361.22	\$415.40
	110	MCG (30)	PUFF(S)	MOMETASONE FUROATE	Welvista - South Carolina Residents Only	\$198.94	\$228.78
	220	MCG (120)	PUFF(S)	MOMETASONE FUROATE	Welvista - South Carolina Residents Only	\$361.22	\$415.40
<b>ASPIRIN</b>							
	81	MG	TABLET(S)	aspirin	NC MedAssist - North Carolina Residents Only	\$3.62	\$4.16
	81	MG	TABLET(S)	aspirin	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$3.62	\$4.16
	81	MG	TABLET(S)	aspirin	Rx Outreach	\$3.62	\$4.16
<b>ASPIRIN DR</b>							
	325	MG	TABLET(S)	aspirin	NC MedAssist - North Carolina Residents Only	\$2.67	\$3.07
	325	MG	TABLET(S)	aspirin	Rx Outreach	\$2.67	\$3.07
<b>ASTAGRAF XL</b>							
	0.5	MG	CAPSULE(S)	tacrolimus	Astellas Patient Assistance Program for Astagraf XL	\$77.77	\$89.44
	1	MG	CAPSULE(S)	tacrolimus	Astellas Patient Assistance Program for Astagraf XL	\$155.54	\$178.87
<b>ASTAGRAF XL</b>							
	5	MG	CAPSULE(S)	tacrolimus	Astellas Patient Assistance Program for Astagraf XL	\$777.73	\$894.39



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ATENOLOL (BRAND: TENORMIN)</b>							
	100	MG	TABLET(S)	ATENOLOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$149.25	\$171.64
	25	MG	TABLET(S)	ATENOLOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$80.03	\$92.03
	50	MG	TABLET(S)	ATENOLOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$89.15	\$102.52
	100	MG	TABLET(S)	ATENOLOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$149.25	\$171.64
	25	MG	TABLET(S)	ATENOLOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$80.03	\$92.03
	50	MG	TABLET(S)	ATENOLOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$89.15	\$102.52
	100	MG	TABLET(S)	ATENOLOL	Rx Outreach	\$149.25	\$171.64
	25	MG	TABLET(S)	ATENOLOL	Rx Outreach	\$80.03	\$92.03
	50	MG	TABLET(S)	ATENOLOL	Rx Outreach	\$89.15	\$102.52
	100	MG	TABLET(S)	ATENOLOL	Welvista - South Carolina Residents Only	\$149.25	\$171.64
	25	MG	TABLET(S)	ATENOLOL	Welvista - South Carolina Residents Only	\$80.03	\$92.03
	50	MG	TABLET(S)	ATENOLOL	Welvista - South Carolina Residents Only	\$89.15	\$102.52
	100	MG	TABLET(S)	ATENOLOL	Xubex Preferred Network Program	\$149.25	\$171.64
	25	MG	TABLET(S)	ATENOLOL	Xubex Preferred Network Program	\$80.03	\$92.03
	50	MG	TABLET(S)	ATENOLOL	Xubex Preferred Network Program	\$89.15	\$102.52
<b>ATENOLOL/CHLORTHALIDONE (BRAND: TENORETIC)</b>							
	100/25	MG-MG	TABLET(S)	ATENOLOL/CHLORTHALIDONE	Rx Outreach	\$264.56	\$304.24

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ATENOLOL/CHLORTHALIDONE (BRAND: TENORETIC)</b>							
	50/25	MG-MG	TABLET(S)	ATENOLOL/CHLORTHALIDONE	Rx Outreach	\$188.35	\$216.60
	100/25	MG-MG	TABLET(S)	ATENOLOL/CHLORTHALIDONE	Xubex Preferred Network Program	\$264.56	\$304.24
	50/25	MG-MG	TABLET(S)	ATENOLOL/CHLORTHALIDONE	Xubex Preferred Network Program	\$188.35	\$216.60
<b>ATORVASTATIN CALCIUM (BRAND: LIPITOR)</b>							
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$519.63	\$597.57
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$519.63	\$597.57
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$364.28	\$418.92
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach	\$519.63	\$597.57

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ATORVASTATIN CALCIUM (BRAND: LIPITOR)</b>							
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$519.63	\$597.57
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$519.63	\$597.57
	10	MG	TABLET(S)	ATORVASTATIN CALCIUM	Xubex Preferred Network Program	\$364.28	\$418.92
	20	MG	TABLET(S)	ATORVASTATIN CALCIUM	Xubex Preferred Network Program	\$519.63	\$597.57
	40	MG	TABLET(S)	ATORVASTATIN CALCIUM	Xubex Preferred Network Program	\$519.63	\$597.57
	80	MG	TABLET(S)	ATORVASTATIN CALCIUM	Xubex Preferred Network Program	\$519.63	\$597.57
<b>ATRALIN</b>							
	0.05	% (45 GM)	APPLICATION(S)	tretinoin	Valeant Patient Assistance Program	\$674.89	\$776.12
<b>ATRIPLA</b>							
	600-200-300	MG-MG-MG	TABLET(S)	EFAVIRENZ/EMTRICITABINE/TEN OFOVIR	Gilead Advancing Access	\$3,057.89	\$3,516.57
	600-200-300	MG-MG-MG	TABLET(S)	EFAVIRENZ/EMTRICITABINE/TEN OFOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,057.89	\$3,516.57

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ATRIPLA</b>							
	600-200-300	MG-MG-MG	TABLET(S)	EFAVIRENZ/EMTRICITABINE/TEN OFOVIR	Xubex Free Trial 30 Day Medication Supply	\$3,057.89	\$3,516.57
<b>ATROVENT HFA</b>							
	0.017	MG/ACTUATION	PUFF(S)	IPRATROPIUM BROMIDE	Boehringer Ingelheim Cares Foundation Inc.	\$399.28	\$459.17
<b>AUBAGIO</b>							
	14	MG	TABLET(S)	teriflunomide	MS One to One Patient Assistance Program	\$7,052.50	\$8,110.38
	7	MG	TABLET(S)	teriflunomide	MS One to One Patient Assistance Program	\$7,052.50	\$8,110.38
<b>AURSTAT ANTI-ITCH HYDROGEL</b>							
	N/A	225 ML	GEL		Onset Patient Assistance Program	\$364.94	\$419.68
<b>AURSTAT KIT</b>							
	N/A	N/A	APPLICATION		Onset Patient Assistance Program	\$220.32	\$253.37
<b>AURYXIA</b>							
	1	GM	TABLET(S)	ferric citrate	Keryx Patient Plus Program	\$1,210.66	\$1,392.26
<b>AUVI-Q</b>							
	0.15/0.15	MG/ML	INJECTION	epinephrine	Kaleo Cares Patient Assistance Program for Auvi-Q	\$5,400.00	\$6,210.00
	0.3/0.3	MG/ML	INJECTION	epinephrine	Kaleo Cares Patient Assistance Program for Auvi-Q	\$5,400.00	\$6,210.00
<b>AVANDIA</b>							
	2	MG	TABLET(S)	ROSIGLITAZONE MALEATE	GSK Patient Assistance Program	\$260.95	\$300.09
	4	mg	TABLET(S)	ROSIGLITAZONE MALEATE	GSK Patient Assistance Program	\$193.64	\$222.69

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AVANDIA</b>							
	8	MG	TABLET(S)	ROSIGLITAZONE MALEATE	GSK Patient Assistance Program	\$255.17	\$293.45
<b>AVASTIN</b>							
	25	MG/ML (4 ML)	MG	BEVACIZUMAB	Genentech Access to Solutions-Infused Products	\$890.22	\$1,023.75
<b>AVELOX (QTY 30)</b>							
	400	MG	TABLET(S)	MOXIFLOXACIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,096.08	\$1,260.49
	400	MG	TABLET(S)	MOXIFLOXACIN HYDROCHLORIDE	Merck Patient Assistance Program	\$1,096.08	\$1,260.49
	400	MG	TABLET(S)	MOXIFLOXACIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$1,096.08	\$1,260.49
<b>AVELOX (QTY 5)</b>							
	400	MG	TABLET(S)	MOXIFLOXACIN HYDROCHLORIDE	Merck Patient Assistance Program	\$182.68	\$210.08
	400	MG	TABLET(S)	MOXIFLOXACIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$182.68	\$210.08
<b>AVODART</b>							
	0.5	MG	CAPSULE(S)	DUTASTERIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$659.44	\$758.36
	0.5	MG	CAPSULE(S)	DUTASTERIDE	Welvista - South Carolina Residents Only	\$659.44	\$758.36
<b>AVONEX</b>							
	30/0.5	MCG/ML	INJECTION(S)	INTERFERON BETA-1A	Biogen Avonex Access Program	\$6,985.20	\$8,032.98

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AXERT</b>							
	12.5	MG	TABLET(S)	ALMOTRIPTAN MALATE	NC MedAssist - North Carolina Residents Only	\$614.93	\$707.17
	6.25	MG	TABLET(S)	ALMOTRIPTAN MALATE	NC MedAssist - North Carolina Residents Only	\$307.42	\$353.53
<b>AXIRON</b>							
	30/1.5	MG/ML (90 ML)	PUMP(S)	TESTOSTERONE	Xubex Free Trial 30 Day Medication Supply	\$688.16	\$791.38
<b>AXONA</b>							
	40	GM	PACKET		Axona Patient Assistance Program	\$88.99	\$102.34
<b>AZASAN</b>							
*	100	MG	TABLET(S)	AZATHIOPRINE	Salix Patient Assistance Program	\$776.44	\$892.91
*	75	MG	TABLET(S)	AZATHIOPRINE	Salix Patient Assistance Program	\$1,741.57	\$2,002.81
*	100	MG	TABLET(S)	AZATHIOPRINE	Valeant Patient Assistance Program for Salix products	\$776.44	\$892.91
*	75	MG	TABLET(S)	AZATHIOPRINE	Valeant Patient Assistance Program for Salix products	\$1,741.57	\$2,002.81
<b>AZATHIOPRINE (BRAND: IMURAN)</b>							
	50	MG	TABLET(S)	AZATHIOPRINE	Rx Outreach	\$131.08	\$150.74
	50	MG	TABLET(S)	AZATHIOPRINE	Xubex Preferred Network Program	\$131.08	\$150.74
<b>AZELASTINE HCL (BRAND: ASTELIN OR ASTEPRO)</b>							
	137	MCG/ACTUATION	SPRAY(S)	azelastine hydrochloride	Rx Outreach	\$105.20	\$120.98
	137	MCG/ACTUATION	SPRAY(S)	azelastine hydrochloride	Xubex Preferred Network Program	\$105.20	\$120.98
<b>AZELASTINE HCL OPHTHALMIC SOLUTION (BRAND: OPTIVAR)</b>							
	0.05	% (6 ML)	DROP(S)	azelastine hydrochloride	Xubex Preferred Network Program	\$104.07	\$119.68

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AZITHROMYCIN (BRAND: ZITHROMAX)</b>							
	250	MG	TABLET(S)	azithromycin	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$267.70	\$307.86
	500	MG	TABLET(S)	azithromycin	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$467.02	\$537.07
	600	MG	TABLET(S)	azithromycin	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$560.46	\$644.53
	250	MG	TABLET(S)	azithromycin	NC MedAssist - North Carolina Residents Only	\$267.70	\$307.86
	500	MG	TABLET(S)	azithromycin	NC MedAssist - North Carolina Residents Only	\$467.02	\$537.07
	600	MG	TABLET(S)	azithromycin	NC MedAssist - North Carolina Residents Only	\$560.46	\$644.53
	250	MG	TABLET(S)	azithromycin	Welvista - South Carolina Residents Only	\$267.70	\$307.86
	250	MG	TABLET(S)	azithromycin	Xubex Preferred Network Program	\$267.70	\$307.86
	500	MG	TABLET(S)	azithromycin	Xubex Preferred Network Program	\$467.02	\$537.07
<b>AZOPT</b>							
	1	% 15 ML	DROP(S)	BRINZOLAMIDE	NC MedAssist - North Carolina Residents Only	\$494.62	\$568.81
	1	% (10 ML)	DROP(S)	BRINZOLAMIDE	NC MedAssist - North Carolina Residents Only	\$312.00	\$358.80
	1	% 15 ML	DROP(S)	BRINZOLAMIDE	Novartis Patient Assistance Foundation, Inc.	\$494.62	\$568.81
	1	% (10 ML)	DROP(S)	BRINZOLAMIDE	Novartis Patient Assistance Foundation, Inc.	\$312.00	\$358.80
	1	% 15 ML	DROP(S)	BRINZOLAMIDE	Welvista - South Carolina Residents Only	\$494.62	\$568.81
	1	% (10 ML)	DROP(S)	BRINZOLAMIDE	Welvista - South Carolina Residents Only	\$312.00	\$358.80
<b>AZOR</b>							
	10-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$784.08	\$901.69

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>AZOR</b>							
	10-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$990.36	\$1,138.91
	5-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$861.84	\$991.12
	5-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$990.36	\$1,138.91
	10-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$784.08	\$901.69
	10-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$990.36	\$1,138.91
	5-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$861.84	\$991.12
	5-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$990.36	\$1,138.91
<b>BACLOFEN (BRAND: LIORESAL)</b>							
	10	MG	TABLET(S)	BACLOFEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$247.10	\$284.17
	20	MG	TABLET(S)	BACLOFEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$513.03	\$589.98
	10	MG	TABLET(S)	BACLOFEN	Rx Outreach	\$247.10	\$284.17



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BACLOFEN (BRAND: LIORESAL)</b>							
	20	MG	TABLET(S)	BACLOFEN	Rx Outreach	\$513.03	\$589.98
	10	MG	TABLET(S)	BACLOFEN	Xubex Preferred Network Program	\$247.10	\$284.17
	20	MG	TABLET(S)	BACLOFEN	Xubex Preferred Network Program	\$513.03	\$589.98
<b>BALSALAZIDE DISODIUM (BRAND: COLAZAL)</b>							
	750	MG	CAPSULE(S)	BALSALAZIDE DISODIUM	Rx Outreach	\$447.82	\$514.99
	750	MG	CAPSULE(S)	BALSALAZIDE DISODIUM	Xubex Preferred Network Program	\$447.82	\$514.99
<b>BANZEL</b>							
	200	MG	TABLET(S)	RUFINAMIDE	Eisai Banzel Patient Assistance Program	\$1,432.80	\$1,647.72
	40	MG/ML (460 ML)	MG	RUFINAMIDE	Eisai Banzel Patient Assistance Program	\$1,591.20	\$1,829.88
	400	MG	TABLET(S)	RUFINAMIDE	Eisai Banzel Patient Assistance Program	\$2,865.60	\$3,295.44
<b>BARACLUDE</b>							
	0.5	MG	TABLET(S)	ENTECAVIR	Bristol-Myers Squibb Baraclude Patient Assistance Program	\$4,940.88	\$5,682.01
	1	MG	TABLET(S)	ENTECAVIR	Bristol-Myers Squibb Baraclude Patient Assistance Program	\$1,646.98	\$1,894.03
	0.5	MG	TABLET(S)	ENTECAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$4,940.88	\$5,682.01
	1	MG	TABLET(S)	ENTECAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,646.98	\$1,894.03
<b>BARACLUDE ORAL SOLUTION</b>							
	0.05	MG/ML (210 ML)	ML	ENTECAVIR	Bristol-Myers Squibb Baraclude Patient Assistance Program	\$1,152.86	\$1,325.79

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BARACLUDE ORAL SOLUTION</b>							
	0.05	MG/ML (210 ML)	ML	ENTECAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,152.86	\$1,325.79
<b>BASAGLAR KWIKPEN</b>							
	100	U/ML (3 ML)	UNIT(S)	insulin glargine, recombinant	Lilly Cares	\$380.22	\$437.25
	100	U/ML (3 ML)	UNIT(S)	insulin glargine, recombinant	NC MedAssist - North Carolina Residents Only	\$380.22	\$437.25
	100	U/ML (3 ML)	UNIT(S)	insulin glargine, recombinant	Welvista - South Carolina Residents Only	\$380.22	\$437.25
<b>BECONASE AQ</b>							
	0.042	MG/INH(25gm)	PUFF(S)	BECLOMETHASONE DIPROPIONATE MONOHYDRATE	GSK Patient Assistance Program	\$335.27	\$385.56
	0.042	MG/INH(25gm)	PUFF(S)	BECLOMETHASONE DIPROPIONATE MONOHYDRATE	Welvista - South Carolina Residents Only	\$335.27	\$385.56
<b>BELSOMRA</b>							
	10	MG	TABLET(S)	suvorexant	Merck Patient Assistance Program	\$368.28	\$423.52
	15	MG	TABLET(S)	suvorexant	Merck Patient Assistance Program	\$368.28	\$423.52
	20	MG	TABLET(S)	suvorexant	Merck Patient Assistance Program	\$368.28	\$423.52
	5	MG	TABLET(S)	suvorexant	Merck Patient Assistance Program	\$368.28	\$423.52
<b>BELVIQ</b>							
	10	MG	TABLET(S)	lorcaserin hydrochloride	Rx Outreach	\$289.28	\$332.67
<b>BENZAEPRI (BRAND: LOTENSIN)</b>							
	10	MG	TABLET(S)	BENZAEPRI (BRAND: LOTENSIN) HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$105.11	\$120.88

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BENAZEPRIL (BRAND: LOTENSIN)</b>							
	20	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$105.11	\$120.88
	40	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$105.11	\$120.88
	5	MG	TABLET(S)	BENAZEPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$105.11	\$120.88
	10	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$105.11	\$120.88
	20	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$105.11	\$120.88
	40	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$105.11	\$120.88
	10	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Rx Outreach	\$105.11	\$120.88
	20	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Rx Outreach	\$105.11	\$120.88
	40	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Rx Outreach	\$105.11	\$120.88
	5	MG	TABLET(S)	BENAZEPRIL	Rx Outreach	\$105.11	\$120.88
	10	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Xubex Preferred Network Program	\$105.11	\$120.88
	20	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Xubex Preferred Network Program	\$105.11	\$120.88
	40	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE	Xubex Preferred Network Program	\$105.11	\$120.88
	5	MG	TABLET(S)	BENAZEPRIL	Xubex Preferred Network Program	\$105.11	\$120.88
<b>BENAZEPRIL HCTZ (BRAND: LOTENSIN-HCT)</b>							
	10-12.5	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	Rx Outreach	\$206.74	\$237.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BENAZEPRIL HCTZ (BRAND: LOTENSIN-HCT)</b>							
	20-25	MG-MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Rx Outreach	\$206.74	\$237.75
	10-12.5	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Xubex Preferred Network Program	\$206.74	\$237.75
	20-25	MG-MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Xubex Preferred Network Program	\$206.74	\$237.75
<b>BENAZEPRIL/HCTZ (BRAND: LOTENSIN-HCT)</b>							
	20-12.5	MG-MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Rx Outreach	\$206.74	\$237.75
	5-6.25	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Rx Outreach	\$206.74	\$237.75
	20-12.5	MG-MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Xubex Preferred Network Program	\$206.74	\$237.75
	5-6.25	MG	TABLET(S)	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOR OTHIAZIDE	Xubex Preferred Network Program	\$206.74	\$237.75
<b>BENEFIX</b>							
	1	IU (1000 IU)	INJECTION	COAGULATION FACTOR IX RECOMBINANT	Pfizer RxPathways	\$1.64	\$1.89
	1	IU (3000 IU)	INJECTION	COAGULATION FACTOR IX RECOMBINANT	Pfizer RxPathways	\$1.64	\$1.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BENICAR</b>							
	20	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$691.20	\$794.88
	40	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$960.12	\$1,104.14
	5	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$188.28	\$216.52
	20	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$691.20	\$794.88
	40	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$960.12	\$1,104.14
	5	MG	TABLET(S)	OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$188.28	\$216.52
<b>BENICAR HCT</b>							
	20/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$691.20	\$794.88
	40/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$960.12	\$1,104.14
	40/25	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	Daiichi Sankyo Open Care Program	\$960.12	\$1,104.14
	20/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$691.20	\$794.88
	40/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$960.12	\$1,104.14
	40/25	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/OLMESARTAN MEDOXOMIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$960.12	\$1,104.14
<b>BENLYSTA</b>							
	120	MG	MG	belimumab	Benlysta Gateway Patient Assistance Program	\$597.62	\$687.26

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BENLYSTA</b>							
	400	MG	MG	belimumab	Benlysta Gateway Patient Assistance Program	\$1,992.02	\$2,290.82
<b>BENZONATATE (BRAND: TESSALON)</b>							
	100	MG	CAPSULE(S)	BENZONATATE	Rx Outreach	\$101.33	\$116.53
	200	MG	CAPSULE(S)	BENZONATATE	Rx Outreach	\$197.73	\$227.39
	100	MG	CAPSULE(S)	BENZONATATE	Xubex Preferred Network Program	\$101.33	\$116.53
<b>BENZTROPINE MESYLATE (BRAND: COGENTIN)</b>							
	0.5	MG	TABLET(S)	BENZTROPINE MESYLATE	NC MedAssist - North Carolina Residents Only	\$38.68	\$44.48
	1	MG	TABLET(S)	BENZTROPINE MESYLATE	NC MedAssist - North Carolina Residents Only	\$40.91	\$47.05
	2	MG	TABLET(S)	BENZTROPINE MESYLATE	NC MedAssist - North Carolina Residents Only	\$51.89	\$59.67
	0.5	MG	TABLET(S)	BENZTROPINE MESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$38.68	\$44.48
	1	MG	TABLET(S)	BENZTROPINE MESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$40.91	\$47.05
	2	MG	TABLET(S)	BENZTROPINE MESYLATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$51.89	\$59.67
	0.5	MG	TABLET(S)	BENZTROPINE MESYLATE	Rx Outreach	\$38.68	\$44.48
	1	MG	TABLET(S)	BENZTROPINE MESYLATE	Rx Outreach	\$40.91	\$47.05
	2	MG	TABLET(S)	BENZTROPINE MESYLATE	Rx Outreach	\$51.89	\$59.67
	0.5	MG	TABLET(S)	BENZTROPINE MESYLATE	Xubex Preferred Network Program	\$38.68	\$44.48
	1	MG	TABLET(S)	BENZTROPINE MESYLATE	Xubex Preferred Network Program	\$40.91	\$47.05
	2	MG	TABLET(S)	BENZTROPINE MESYLATE	Xubex Preferred Network Program	\$51.89	\$59.67

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BEPREVE</b>							
	15	MG/ML (10 ML)	DROP(S)	bepotastine besilate	Valeant Patient Assistance Program-Bausch & Lomb Products	\$431.21	\$495.89
<b>BERINERT</b>							
	500	U	UNITS	C1 ESTERASE INHIBITOR, HUMAN	CSL Behring Patient Assistance Program	\$3,378.00	\$3,884.70
<b>BESIVANCE</b>							
	0.6	% (5 ML)	DROP(S)	BESIFLOXACIN HYDROCHLORIDE	Valeant Patient Assistance Program-Bausch & Lomb Products	\$175.90	\$202.29
<b>BETAMETHASONE DIPROPIONATE AUGMENTED (BRAND: DIPROLENE AF)</b>							
	0.05	% (50 GM)	GM	BETAMETHASONE DIPROPIONATE AUGMENTED	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$85.34	\$98.14
<b>BETAMETHASONE DIPROPIONATE AUGMENTED (BRAND; DIPROLENE AF)</b>							
	0.05	% (15 GM)	GM	BETAMETHASONE DIPROPIONATE AUGMENTED	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$38.16	\$43.88
	0.05	% (15 GM)	GM	BETAMETHASONE DIPROPIONATE AUGMENTED	Rx Outreach	\$38.16	\$43.88
<b>BETASERON</b>							
	0.3	MG	BLISTER UNITS	INTERFERON BETA-1B	Bayer Betaseron Patient Assistance Foundation	\$4,488.90	\$5,162.24
<b>BETAXOLOL (BRAND: KERLONE)</b>							
	10	MG	TABLET(S)	betaxolol hydrochloride	NC MedAssist - North Carolina Residents Only	\$124.25	\$142.89
	20	MG	TABLET(S)	betaxolol hydrochloride	NC MedAssist - North Carolina Residents Only	\$186.10	\$214.02

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BETAXOLOL (BRAND: KERLONE)</b>							
	10	MG	TABLET(S)	betaxolol hydrochloride	Xubex Preferred Network Program	\$124.25	\$142.89
	20	MG	TABLET(S)	betaxolol hydrochloride	Xubex Preferred Network Program	\$186.10	\$214.02
<b>BETHANECHOL</b>							
	10	MG	TABLET(S)	bethanechol	Rx Outreach	\$200.23	\$230.26
	25	MG	TABLET(S)	bethanechol	Rx Outreach	\$266.95	\$306.99
	5	MG	TABLET(S)	bethanechol	Rx Outreach	\$90.09	\$103.60
	50	MG	TABLET(S)	bethanechol	Rx Outreach	\$427.13	\$491.20
	10	MG	TABLET(S)	bethanechol	Xubex Preferred Network Program	\$200.23	\$230.26
	25	MG	TABLET(S)	bethanechol	Xubex Preferred Network Program	\$266.95	\$306.99
	5	MG	TABLET(S)	bethanechol	Xubex Preferred Network Program	\$90.09	\$103.60
	50	MG	TABLET(S)	bethanechol	Xubex Preferred Network Program	\$427.13	\$491.20
<b>BETHKIS</b>							
	300/4	MG/ML	AMPULE	TOBRAMYCIN	Chiesi CAREDIRECT	\$3,405.00	\$3,915.75
<b>BETIMOL</b>							
	0.5	% (10ml)	DROP(S)	TIMOLOL	Akorn Patient Assistance Program	\$40.50	\$46.58
<b>BETOPTIC S</b>							
	0.25	% (10 ML)	DROP(S)	BETAXOLOL HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$343.54	\$395.07
<b>BEVESPI AEROSPHERE</b>							
	4.8/9	MCG/MCG	PUFF(S)	formoterol fumarate/glycopyrrolate	AZ&Me Prescription Savings Program	\$401.54	\$461.77



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BIAXIN FILMTAB</b>							
*	250	MG	TABLET(S)	CLARITHROMYCIN	AbbVie Patient Assistance Program	\$701.27	\$806.46
*	500	MG	TABLET(S)	CLARITHROMYCIN	AbbVie Patient Assistance Program	\$701.27	\$806.46
	250	MG	TABLET(S)	CLARITHROMYCIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$701.27	\$806.46
	500	MG	TABLET(S)	CLARITHROMYCIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$701.27	\$806.46
	250	MG	TABLET(S)	CLARITHROMYCIN	Welvista - South Carolina Residents Only	\$701.27	\$806.46
	500	MG	TABLET(S)	CLARITHROMYCIN	Welvista - South Carolina Residents Only	\$701.27	\$806.46
<b>BIAXIN XL</b>							
*	500	MG	TABLET(S)	CLARITHROMYCIN	AbbVie Patient Assistance Program	\$597.38	\$686.99
	500	MG	TABLET(S)	CLARITHROMYCIN	Welvista - South Carolina Residents Only	\$597.38	\$686.99
<b>BICALUTAMIDE (BRAND: CASODEX)</b>							
*	50	MG	TABLET(S)	BICALUTAMIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,856.06	\$2,134.47
	50	MG	TABLET(S)	BICALUTAMIDE	Rx Outreach	\$1,856.06	\$2,134.47
	50	MG	TABLET(S)	BICALUTAMIDE	Xubex Preferred Network Program	\$1,856.06	\$2,134.47
<b>BIDIL</b>							
	37.5-20	MG-MG	TABLET(S)	ISOSORBIDE DINITRATE/HYDRALAZINE HCL	Arbor Pharmaceuticals Patient Assistance Program	\$666.16	\$766.08
<b>BILTRICIDE</b>							
	600	MG	TABLET(S)	PRAZIQUANTEL	Bayer HealthCare Patient Assistance Program	\$597.88	\$687.56

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BION TEARS</b>							
	0.1-0.3	%-%	DROP(S)	dextran 70/hypromellose	Novartis Patient Assistance Foundation, Inc.	\$11.88	\$13.66
<b>BISOPROLOL FUMARATE</b>							
	10	MG	TABLET(S)	bisoprolol fumarate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.97	\$140.27
	5	MG	TABLET(S)	bisoprolol fumarate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.97	\$140.27
	10	MG	TABLET(S)	bisoprolol fumarate	Xubex Preferred Network Program	\$121.97	\$140.27
	5	MG	TABLET(S)	bisoprolol fumarate	Xubex Preferred Network Program	\$121.97	\$140.27
<b>BISOPROLOL/HCTZ (BRAND: ZIAC)</b>							
	10-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$112.75	\$129.66
	2.5-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$112.75	\$129.66
	5-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$112.75	\$129.66
	10-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Rx Outreach	\$112.75	\$129.66
	2.5-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Rx Outreach	\$112.75	\$129.66

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BISOPROLOL/HCTZ (BRAND: ZIAC)</b>							
	5-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTH AZIDE	Rx Outreach	\$112.75	\$129.66
	10-6.25	MG-MG	TABLET(S)	BISOPROLOL FUMARATE/HYDROCHLOROTH AZIDE	Xubex Preferred Network Program	\$112.75	\$129.66
<b>BLINCYTO</b>							
	35	MCG	MCG	blinatumomab	Amgen Safety Net Foundation	\$4,157.22	\$4,780.80
<b>BOOSTRIX</b>							
	18.5/0.5-2.5	MCG/ML-LF U (0.5 ML)	VIAL(S)	TDAP VACCINE	GSK Patient Assistance Program	\$467.70	\$537.86
	18.5/0.5-2.5	MCG/ML-LF U (0.5 ML)	VIAL(S)	TDAP VACCINE	GSK Vaccines Access Program	\$467.70	\$537.86
<b>BOSULIF</b>							
	100	MG	TABLET(S)	bosutinib	Pfizer RxPathways	\$16,246.66	\$18,683.66
	500	MG	TABLET(S)	bosutinib	Pfizer RxPathways	\$16,246.66	\$18,683.66
<b>BOTOX</b>							
	100	U	INJECTION(S)	BOTULINUM TOXIN TYPE A	Allergan Botox Patient Assistance Program	\$694.80	\$799.02
<b>BRAVELLE</b>							
	75	IU	VIAL	urofollitropin	Heart Beat Program	\$750.92	\$863.56
<b>BREO ELLIPTA</b>							
	100-25	MCG-MCG/ACTUATION	PUFF(S)	fluticasone furoate/vilanterol trifenatate	GSK Patient Assistance Program	\$386.09	\$444.00
	200-25	MCG/ACTUATION	PUFF(S)	fluticasone furoate/vilanterol trifenatate	GSK Patient Assistance Program	\$386.09	\$444.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BREO ELLIPTA</b>							
	100-25	MCG-MCG/ACTUATION	PUFF(S)	fluticasone furoate/vilanterol trifrenatate	Welvista - South Carolina Residents Only	\$386.09	\$444.00
<b>BRILINTA</b>							
	90	MG	TABLET(S)	TICAGRELOR	AZ&Me Prescription Savings for people with Medicare Part D	\$665.88	\$765.76
	60	MG	TABLET(S)	ticagrelor	AZ&Me Prescription Savings Program	\$399.54	\$459.47
	90	MG	TABLET(S)	TICAGRELOR	AZ&Me Prescription Savings Program	\$665.88	\$765.76
	60	MG	TABLET(S)	ticagrelor	Xubex Free Trial 30 Day Medication Supply	\$399.54	\$459.47
	90	MG	TABLET(S)	TICAGRELOR	Xubex Free Trial 30 Day Medication Supply	\$665.88	\$765.76
<b>BRIMONIDINE TARTRATE</b>							
	0.2	% (10 ML)	DROP(S)	brimonidine tartrate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$65.20	\$74.98
	0.2	% (10 ML)	DROP(S)	brimonidine tartrate	Rx Outreach	\$65.20	\$74.98
<b>BRIVIACT</b>							
	10	MG/ML (300ML)	MG	brivaracetam	UCB Patient Assistance Program	\$1,200.11	\$1,380.13
<b>BRIVIACT</b>							
	10	MG	TABLET(S)	brivaracetam	UCB Patient Assistance Program	\$1,200.11	\$1,380.13
	100	MG	TABLET(S)	brivaracetam	UCB Patient Assistance Program	\$1,200.11	\$1,380.13
	25	MG	TABLET(S)	brivaracetam	UCB Patient Assistance Program	\$2,000.18	\$2,300.21
	50	MG	TABLET(S)	brivaracetam	UCB Patient Assistance Program	\$1,200.11	\$1,380.13
	75	MG	TABLET(S)	brivaracetam	UCB Patient Assistance Program	\$1,200.11	\$1,380.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BROMOCRIPTINE MESYLATE (BRAND: PARLODEL)</b>							
	2.5	MG	TABLET(S)	BROMOCRIPTINE MESYLAT	Rx Outreach	\$188.04	\$216.25
<b>BROVANA</b>							
	15	MCG/2ML	MCG	ARFORMOTEROL TARTRATE	Sepracor Patient Assistance Program	\$522.72	\$601.13
<b>BUDESONIDE INHALATION (BRAND: PULMICORT RESPULES)</b>							
	0.25/2	MG/ML (2 ML)	VIAL(S)	budesonide	Rx Outreach	\$282.42	\$324.78
	0.5/2	MG/ML (2 ML)	VIAL(S)	budesonide	Rx Outreach	\$332.37	\$382.23
	0.25/2	MG/ML (2 ML)	VIAL(S)	budesonide	Xubex Preferred Network Program	\$282.42	\$324.78
	0.5/2	MG/ML (2 ML)	VIAL(S)	budesonide	Xubex Preferred Network Program	\$332.37	\$382.23
<b>BUDESONIDE NASAL SPRAY (BRAND: RHINOCORT)</b>							
	0.032	MG/ACTUATION (8.6 GM)	SPRAY(S)	BUDESONIDE	Rx Outreach	\$160.53	\$184.61
<b>BUMETANIDE (BRAND: BUMEX)</b>							
	0.5	MG	TABLET(S)	BUMETANIDE	Xubex Preferred Network Program	\$99.67	\$114.62
	1	MG	TABLET(S)	BUMETANIDE	Xubex Preferred Network Program	\$137.31	\$157.91
	2	MG	TABLET(S)	BUMETANIDE	Xubex Preferred Network Program	\$236.55	\$272.03
<b>BUPHENYL</b>							
	500	MG	TABLET(S)	SODIUM PHENYL BUTYRATE	Hyperion UCD Support Services	\$4,437.00	\$5,102.55
<b>BUPROPION HCL (BRAND: WELLBUTRIN)</b>							
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$106.01	\$121.91

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BUPROPION HCL (BRAND: WELLBUTRIN)</b>							
	75	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$79.43	\$91.34
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$106.01	\$121.91
	75	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$79.43	\$91.34
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Xubex Preferred Network Program	\$106.01	\$121.91
	75	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Xubex Preferred Network Program	\$79.43	\$91.34
<b>BUPROPION HYDROCHLORIDE SR (BRAND: WELLBUTRIN SR)</b>							
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$168.90	\$194.24
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$193.30	\$222.30
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$168.90	\$194.24
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$193.30	\$222.30
	200	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$215.50	\$247.83
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$168.90	\$194.24
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$193.30	\$222.30
	200	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$215.50	\$247.83
	100	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$168.90	\$194.24
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$193.30	\$222.30
	200	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$215.50	\$247.83

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BUPROPION HYDROCHLORIDE SR (BRAND: WELLBUTRIN SR)</b>							
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Xubex Preferred Network Program	\$193.30	\$222.30
<b>BUPROPION HYDROCHLORIDE XL (BRAND: WELLBUTRIN XL)</b>							
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$469.80	\$540.27
	300	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Rx Outreach	\$566.64	\$651.64
	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Xubex Preferred Network Program	\$469.80	\$540.27
	300	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Xubex Preferred Network Program	\$566.64	\$651.64
<b>BUSPIRONE (BRAND: BUSPAR)</b>							
	10	MG	TABLET(S)	BUSPIRONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$134.50	\$154.68
	15	MG	TABLET(S)	BUSPIRONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$201.90	\$232.19
	30	MG	TABLET(S)	BUSPIRONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$363.50	\$418.03
	5	MG	TABLET(S)	BUSPIRONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$77.10	\$88.67
	10	MG	TABLET(S)	BUSPIRONE	NC MedAssist - North Carolina Residents Only	\$134.50	\$154.68
	15	MG	TABLET(S)	BUSPIRONE	NC MedAssist - North Carolina Residents Only	\$201.90	\$232.19
	30	MG	TABLET(S)	BUSPIRONE	NC MedAssist - North Carolina Residents Only	\$363.50	\$418.03
	5	MG	TABLET(S)	BUSPIRONE	NC MedAssist - North Carolina Residents Only	\$77.10	\$88.67
	10	MG	TABLET(S)	BUSPIRONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$134.50	\$154.68

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BUSPIRONE (BRAND: BUSPAR)</b>							
	15	MG	TABLET(S)	BUSPIRONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$201.90	\$232.19
	5	MG	TABLET(S)	BUSPIRONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$77.10	\$88.67
	10	MG	TABLET(S)	BUSPIRONE	Rx Outreach	\$134.50	\$154.68
	15	MG	TABLET(S)	BUSPIRONE	Rx Outreach	\$201.90	\$232.19
	30	MG	TABLET(S)	BUSPIRONE	Rx Outreach	\$363.50	\$418.03
	5	MG	TABLET(S)	BUSPIRONE	Rx Outreach	\$77.10	\$88.67
	10	MG	TABLET(S)	BUSPIRONE	Welvista - South Carolina Residents Only	\$134.50	\$154.68
	15	MG	TABLET(S)	BUSPIRONE	Welvista - South Carolina Residents Only	\$201.90	\$232.19
	30	MG	TABLET(S)	BUSPIRONE	Welvista - South Carolina Residents Only	\$363.50	\$418.03
	5	MG	TABLET(S)	BUSPIRONE	Welvista - South Carolina Residents Only	\$77.10	\$88.67
	10	MG	TABLET(S)	BUSPIRONE	Xubex Preferred Network Program	\$134.50	\$154.68
	15	MG	TABLET(S)	BUSPIRONE	Xubex Preferred Network Program	\$201.90	\$232.19
	30	MG	TABLET(S)	BUSPIRONE	Xubex Preferred Network Program	\$363.50	\$418.03
	5	MG	TABLET(S)	BUSPIRONE	Xubex Preferred Network Program	\$77.10	\$88.67
<b>BUSPIRONE HCL (BRAND: BUSPAR)</b>							
	7.5	MG	TABLET(S)	BUSPIRONE HCL	NC MedAssist - North Carolina Residents Only	\$109.08	\$125.44
	7.5	MG	TABLET(S)	BUSPIRONE HCL	Welvista - South Carolina Residents Only	\$109.08	\$125.44
	7.5	MG	TABLET(S)	BUSPIRONE HCL	Xubex Preferred Network Program	\$109.08	\$125.44



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BUTRANS</b>							
	5	MCG/HR	PATCH	BUPRENORPHINE	Purdue Pharma Patient Assistance Program	\$294.19	\$338.32
<b>BUTRANS</b>							
	10	MCG/HR	PATCH	BUPRENORPHINE	Purdue Pharma Patient Assistance Program	\$441.29	\$507.48
	20	MCG/HR	PATCH	buprenorphine	Purdue Pharma Patient Assistance Program	\$781.24	\$898.43
<b>BYDUREON PEN</b>							
	2	MG	MG	exenatide	AZ&Me Prescription Savings for people with Medicare Part D	\$747.35	\$859.45
	2	MG	MG	exenatide	AZ&Me Prescription Savings Program	\$747.35	\$859.45
	2	MG	MG	exenatide	NC MedAssist - North Carolina Residents Only	\$747.35	\$859.45
	2	MG	MG	exenatide	Xubex Free Trial 30 Day Medication Supply	\$747.35	\$859.45
<b>BYDUREON VIAL</b>							
	2	MG	MG	EXENATIDE	AZ&Me Prescription Savings Program	\$747.35	\$859.45
	2	MG	MG	EXENATIDE	NC MedAssist - North Carolina Residents Only	\$747.35	\$859.45
	2	MG	MG	EXENATIDE	Xubex Free Trial 30 Day Medication Supply	\$747.35	\$859.45
<b>BYETTA</b>							
	10	MCG/ML (2.4ML)	INJECTION(S)	EXENATIDE	AZ&Me Prescription Savings Program	\$801.94	\$922.23
	5	MCG/ML (1.2ML)	INJECTION(S)	EXENATIDE	AZ&Me Prescription Savings Program	\$801.94	\$922.23
	10	MCG/ML (2.4ML)	INJECTION(S)	EXENATIDE	NC MedAssist - North Carolina Residents Only	\$801.94	\$922.23
	5	MCG/ML (1.2ML)	INJECTION(S)	EXENATIDE	NC MedAssist - North Carolina Residents Only	\$801.94	\$922.23
<b>BYSTOLIC</b>							
	10	MG	TABLET(S)	NEBIVOLOL HYDROCHLORIDE	Allergan Patient Assistance Program	\$430.06	\$494.57

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>BYSTOLIC</b>							
	20	MG	TABLET(S)	NEBIVOLOL HYDROCHLORIDE	Allergan Patient Assistance Program	\$430.06	\$494.57
	5	MG	TABLET(S)	NEBIVOLOL HYDROCHLORIDE	Allergan Patient Assistance Program	\$430.06	\$494.57
<b>CADUET</b>							
	10-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$464.74	\$534.45
	10-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14
	10-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14
	10-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14
	5-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$464.74	\$534.45
	5-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14
	5-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14
	5-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	NC MedAssist - North Carolina Residents Only	\$635.77	\$731.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CADUET</b>							
	10-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$464.74	\$534.45
	10-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	10-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	10-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	5-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$464.74	\$534.45
	5-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	5-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	5-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Pfizer RxPathways	\$635.77	\$731.14
	10-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$464.74	\$534.45

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CADUET</b>							
	10-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
	10-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
	10-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
	5-10	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$464.74	\$534.45
	5-20	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
	5-40	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
	5-80	MG-MG	TABLET(S)	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	Welvista - South Carolina Residents Only	\$635.77	\$731.14
<b>CALCITRIOL</b>							
	0.5	MCG	CAPSULE(S)	calcitriol	Rx Outreach	\$193.38	\$222.39
	0.5	MCG	CAPSULE(S)	calcitriol	Xubex Preferred Network Program	\$193.38	\$222.39
<b>CALCITRIOL</b>							
	0.25	MCG	CAPSULE(S)	CALCITRIOL	Rx Outreach	\$120.95	\$139.09

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CALCITRIOL</b>							
	0.25	MCG	CAPSULE(S)	CALCITRIOL	Xubex Preferred Network Program	\$120.95	\$139.09
<b>CALQUENCE</b>							
	100	MG	CAPSULE(S)	acalabrutinib	AZ&Me Prescription Savings Program for Specialty Products	\$16,876.80	\$19,408.32
<b>CAMPATH</b>							
	30	MG/ML (1ml)	INJECTION(S)	ALEMTUZUMAB	Genzyme Campath Distribution Program	\$6,354.00	\$7,307.10
<b>CAMPTOSAR</b>							
	20	MG/ML (2ML)	MG	IRINOTECAN HYDROCHLORIDE	Pfizer RxPathways	\$30.00	\$34.50
<b>CANASA</b>							
	1000	MG	SUPPOSITORY	MESALAMINE	Allergan Patient Assistance Program	\$1,162.73	\$1,337.14
<b>CANCIDAS</b>							
	70	MG	MG	CASPOFUNGIN ACETATE	Merck Hotline for Invanz, Primaxin and Cancidas	\$421.06	\$484.22
<b>CANCIDAS</b>							
	50	MG	MG	CASPOFUNGIN ACETATE	Merck Hotline for Invanz, Primaxin and Cancidas	\$405.25	\$466.04
<b>CANDESARTAN CILEXETIL (BRAND: ATACAND)</b>							
	16	MG	TABLET(S)	CANDESARTAN CILEXETIL	Rx Outreach	\$99.16	\$114.03
	32	MG	TABLET(S)	CANDESARTAN CILEXETIL	Rx Outreach	\$134.27	\$154.41
	4	MG	TABLET(S)	CANDESARTAN CILEXETIL	Rx Outreach	\$99.16	\$114.03
	8	MG	TABLET(S)	CANDESARTAN CILEXETIL	Rx Outreach	\$99.16	\$114.03

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CANDESARTAN CILEXETIL (BRAND: ATACAND)</b>							
	16	MG	TABLET(S)	CANDESARTAN CILEXETIL	Xubex Preferred Network Program	\$99.16	\$114.03
	32	MG	TABLET(S)	CANDESARTAN CILEXETIL	Xubex Preferred Network Program	\$134.27	\$154.41
	4	MG	TABLET(S)	CANDESARTAN CILEXETIL	Xubex Preferred Network Program	\$99.16	\$114.03
	8	MG	TABLET(S)	CANDESARTAN CILEXETIL	Xubex Preferred Network Program	\$99.16	\$114.03
<b>CANDESARTAN CILEXETIL-HCTZ (BRAND: ATACAND HCT)</b>							
	16-12.5	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Rx Outreach	\$424.81	\$488.53
	32-12.5	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Rx Outreach	\$433.26	\$498.25
	32-25	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Rx Outreach	\$468.99	\$539.34
	16-12.5	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Xubex Preferred Network Program	\$424.81	\$488.53
	32-12.5	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Xubex Preferred Network Program	\$433.26	\$498.25
	32-25	MG-MG	TABLET(S)	CANDESARTAN CILEXETIL-HCTZ	Xubex Preferred Network Program	\$468.99	\$539.34
<b>CAPTOPRIL (BRAND: CAPOTEN)</b>							
	100	MG	TABLET(S)	CAPTOPRIL	Rx Outreach	\$380.63	\$437.72
	12.5	MG	TABLET(S)	CAPTOPRIL	Rx Outreach	\$155.82	\$179.19
	25	MG	TABLET(S)	CAPTOPRIL	Rx Outreach	\$186.31	\$214.26
	50	MG	TABLET(S)	CAPTOPRIL	Rx Outreach	\$289.87	\$333.35
	100	MG	TABLET(S)	CAPTOPRIL	Xubex Preferred Network Program	\$380.63	\$437.72
	12.5	MG	TABLET(S)	CAPTOPRIL	Xubex Preferred Network Program	\$155.82	\$179.19
	25	MG	TABLET(S)	CAPTOPRIL	Xubex Preferred Network Program	\$186.31	\$214.26
	50	MG	TABLET(S)	CAPTOPRIL	Xubex Preferred Network Program	\$289.87	\$333.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CAPTOPRIL/HCTZ (BRAND: CAPOZIDE)</b>							
	25-15	MG-MG	TABLET(S)	CAPTOPRIL/HYDROCHLOROTHIA ZIDE	Xubex Preferred Network Program	\$285.27	\$328.06
	25-25	MG-MG	TABLET(S)	CAPTOPRIL/HYDROCHLOROTHIA ZIDE	Xubex Preferred Network Program	\$285.27	\$328.06
	50-15	MG-MG	TABLET(S)	CAPTOPRIL/HYDROCHLOROTHIA ZIDE	Xubex Preferred Network Program	\$489.67	\$563.12
	50-25	MG-MG	TABLET(S)	CAPTOPRIL/HYDROCHLOROTHIA ZIDE	Xubex Preferred Network Program	\$489.67	\$563.12
<b>CARBAMAZEPINE (BRAND: TEGRETOL)</b>							
*	200	MG	TABLET(S)	CARBAMAZEPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$159.92	\$183.91
	200	MG	TABLET(S)	CARBAMAZEPINE	Rx Outreach	\$159.92	\$183.91
	200	MG	TABLET(S)	CARBAMAZEPINE	Xubex Preferred Network Program	\$159.92	\$183.91
<b>CARBAMAZEPINE CHEWABLE (BRAND: CARBATROL, TEGRETOL)</b>							
	100	MG	TABLET(S)	CARBAMAZEPINE	Xubex Preferred Network Program	\$65.85	\$75.73
<b>CARBAMAZEPINE ER (BRAND: CARBATROL, TEGRETOL)</b>							
	400	MG	TABLET(S)	CARBAMAZEPINE	Rx Outreach	\$415.40	\$477.71
	400	MG	TABLET(S)	CARBAMAZEPINE	Xubex Preferred Network Program	\$415.40	\$477.71
<b>CARBAMAZEPINE ER (BRAND: TEGRETOL XR)</b>							
	200	MG	CAPSULE(S)	CARBAMAZEPINE	NC MedAssist - North Carolina Residents Only	\$207.85	\$239.03
	200	MG	CAPSULE(S)	CARBAMAZEPINE	Rx Outreach	\$207.85	\$239.03

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CARBATROL</b>							
	100	MG	CAPSULE(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$255.29	\$293.58
	200	MG	CAPSULE(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$255.29	\$293.58
	300	MG	CAPSULE(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$255.29	\$293.58
	100	MG	CAPSULE(S)	CARBAMAZEPINE	Shire Cares Patient Assistance & Support Program	\$255.29	\$293.58
	200	MG	CAPSULE(S)	CARBAMAZEPINE	Shire Cares Patient Assistance & Support Program	\$255.29	\$293.58
	300	MG	CAPSULE(S)	CARBAMAZEPINE	Shire Cares Patient Assistance & Support Program	\$255.29	\$293.58
<b>CARBIDOPA/LEVODOPA (BRAND: SINEMET)</b>							
	10/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$77.23	\$88.81
	25/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$87.20	\$100.28
	25/250	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$111.13	\$127.80
	10/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Rx Outreach	\$77.23	\$88.81
	25/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Rx Outreach	\$87.20	\$100.28
	25/250	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Rx Outreach	\$111.13	\$127.80
	10/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Xubex Preferred Network Program	\$77.23	\$88.81
	25/100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Xubex Preferred Network Program	\$87.20	\$100.28



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CARBIDOPA/LEVODOPA (BRAND: SINEMET)</b>							
	25/250	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Xubex Preferred Network Program	\$111.13	\$127.80
<b>CARBIDOPA/LEVODOPA SR (BRAND: SINEMET CR)</b>							
	50/200	MG-MG	TABLET(S)	carbidopa/levodopa	Rx Outreach	\$174.15	\$200.27
	50/200	MG-MG	TABLET(S)	carbidopa/levodopa	Xubex Preferred Network Program	\$174.15	\$200.27
<b>CARDIZEM</b>							
*	120	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$2,217.68	\$2,550.33
*	30	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$767.86	\$883.04
*	60	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$1,204.75	\$1,385.46
<b>CARDIZEM CD</b>							
*	120	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$2,629.64	\$3,024.09
*	180	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$3,235.01	\$3,720.26
*	240	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$4,589.21	\$5,277.59
*	300	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$5,947.76	\$6,839.92
*	360	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$8,780.87	\$10,098.00
<b>CARDIZEM LA</b>							
	120	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$427.95	\$492.14
	180	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$452.14	\$519.96
	240	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$506.79	\$582.81
	300	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$659.27	\$758.16
	360	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$680.42	\$782.48

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CARDIZEM LA</b>							
	420	MG	TABLET(S)	DILTIAZEM HYDROCHLORIDE	Valeant Patient Assistance Program	\$737.44	\$848.06
<b>CARIMUNE NF</b>							
	12	GM	INJECTION	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$1,382.40	\$1,589.76
	3	GM	INJECTION	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$318.00	\$365.70
	6	GM	INJECTION	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$691.20	\$794.88
<b>CARISOPRODOL (BRAND: SOMA)</b>							
	350	MG	TABLET(S)	CARISOPRODOL	Xubex Preferred Network Program	\$59.63	\$68.57
<b>CARNITOR</b>							
	100	MG/ML	MG	LEVOCARNITINE	Sigma-Tau Carnitor Drug Assistance Program	\$907.20	\$1,043.28
	200	MG/ML	INJECTION(S)	LEVOCARNITINE	Sigma-Tau Carnitor Drug Assistance Program	\$198.72	\$228.53
	330	MG	TABLET(S)	LEVOCARNITINE	Sigma-Tau Carnitor Drug Assistance Program	\$103.56	\$119.09
<b>CARVEDILOL (BRAND: COREG)</b>							
	12.5	MG	TABLET(S)	CARVEDILOL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$213.69	\$245.74
	6.25	MG	TABLET(S)	CARVEDILOL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$213.69	\$245.74
	12.5	MG	TABLET(S)	CARVEDILOL	NC MedAssist - North Carolina Residents Only	\$213.69	\$245.74
	25	MG	TABLET(S)	CARVEDILOL	NC MedAssist - North Carolina Residents Only	\$213.69	\$245.74
	3.125	MG	TABLET(S)	CARVEDILOL	NC MedAssist - North Carolina Residents Only	\$213.69	\$245.74
	6.25	MG	TABLET(S)	CARVEDILOL	NC MedAssist - North Carolina Residents Only	\$213.69	\$245.74
	12.5	MG	TABLET(S)	CARVEDILOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$213.69	\$245.74

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CARVEDILOL (BRAND: COREG)</b>							
	25	MG	TABLET(S)	CARVEDILOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$213.69	\$245.74
	3.125	MG	TABLET(S)	CARVEDILOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$213.69	\$245.74
	6.25	MG	TABLET(S)	CARVEDILOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$213.69	\$245.74
	12.5	MG	TABLET(S)	CARVEDILOL	Rx Outreach	\$213.69	\$245.74
	25	MG	TABLET(S)	CARVEDILOL	Rx Outreach	\$213.69	\$245.74
	3.125	MG	TABLET(S)	CARVEDILOL	Rx Outreach	\$213.69	\$245.74
	6.25	MG	TABLET(S)	CARVEDILOL	Rx Outreach	\$213.69	\$245.74
	12.5	MG	TABLET(S)	CARVEDILOL	Xubex Preferred Network Program	\$213.69	\$245.74
	25	MG	TABLET(S)	CARVEDILOL	Xubex Preferred Network Program	\$213.69	\$245.74
	3.125	MG	TABLET(S)	CARVEDILOL	Xubex Preferred Network Program	\$213.69	\$245.74
	6.25	MG	TABLET(S)	CARVEDILOL	Xubex Preferred Network Program	\$213.69	\$245.74
<b>CATHFLO ACTIVASE</b>							
	2	MG	INJECTION(S)	ALTEPLASE, RECOMBINANT	Genentech Access to Care Foundation (TNKase, Cathflo, Activase)	\$169.81	\$195.28
<b>CAVERJECT</b>							
	10	MCG	INJECTION(S)	ALPROSTADIL	Pfizer RxPathways	\$140.53	\$161.61
	20	MCG	INJECTION(S)	ALPROSTADIL	Pfizer RxPathways	\$647.98	\$745.18
	40	MCG	INJECTION(S)	ALPROSTADIL	Pfizer RxPathways	\$854.75	\$982.96

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CAYSTON</b>							
	75	MG/VIAL	AMPULE(S)	AZTREONAM	Gilead Cayston Access Program	\$9,590.64	\$11,029.24
<b>CELEBREX</b>							
	100	MG	CAPSULE(S)	CELECOXIB	NC MedAssist - North Carolina Residents Only	\$805.97	\$926.87
	200	MG	CAPSULE(S)	CELECOXIB	NC MedAssist - North Carolina Residents Only	\$1,321.99	\$1,520.29
	400	MG	CAPSULE(S)	CELECOXIB	NC MedAssist - North Carolina Residents Only	\$1,983.02	\$2,280.47
	50	MG	CAPSULE(S)	CELECOXIB	NC MedAssist - North Carolina Residents Only	\$225.98	\$259.88
	100	MG	CAPSULE(S)	CELECOXIB	Pfizer RxPathways	\$805.97	\$926.87
	200	MG	CAPSULE(S)	CELECOXIB	Pfizer RxPathways	\$1,321.99	\$1,520.29
	400	MG	CAPSULE(S)	CELECOXIB	Pfizer RxPathways	\$1,983.02	\$2,280.47
	50	MG	CAPSULE(S)	CELECOXIB	Pfizer RxPathways	\$225.98	\$259.88
	100	MG	CAPSULE(S)	CELECOXIB	Welvista - South Carolina Residents Only	\$805.97	\$926.87
	200	MG	CAPSULE(S)	CELECOXIB	Welvista - South Carolina Residents Only	\$1,321.99	\$1,520.29
	400	MG	CAPSULE(S)	CELECOXIB	Welvista - South Carolina Residents Only	\$1,983.02	\$2,280.47
	50	MG	CAPSULE(S)	CELECOXIB	Welvista - South Carolina Residents Only	\$225.98	\$259.88
<b>CELECOXIB (BRAND: CELEBREX)</b>							
	100	MG	CAPSULE(S)	celecoxib	NC MedAssist - North Carolina Residents Only	\$462.15	\$531.47
	200	MG	CAPSULE(S)	celecoxib	NC MedAssist - North Carolina Residents Only	\$758.04	\$871.75
	400	MG	CAPSULE(S)	celecoxib	NC MedAssist - North Carolina Residents Only	\$682.26	\$784.60
	50	MG	CAPSULE(S)	celecoxib	NC MedAssist - North Carolina Residents Only	\$129.59	\$149.03
	100	MG	CAPSULE(S)	celecoxib	Rx Outreach	\$462.15	\$531.47
	200	MG	CAPSULE(S)	celecoxib	Rx Outreach	\$758.04	\$871.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CELECOXIB (BRAND: CELEBREX)</b>							
	400	MG	CAPSULE(S)	celecoxib	Rx Outreach	\$682.26	\$784.60
	50	MG	CAPSULE(S)	celecoxib	Rx Outreach	\$129.59	\$149.03
<b>CELLCEPT</b>							
	200	mg/ml (160ml)	ML	MYCOPHENOLATE MOFETIL	Genentech Access to Care Foundation (HIV & Transplants)-CellCept & Valcyte	\$1,608.78	\$1,850.10
	250	MG	CAPSULE(S)	MYCOPHENOLATE MOFETIL	Genentech Access to Care Foundation (HIV & Transplants)-CellCept & Valcyte	\$1,018.40	\$1,171.16
	500	MG	TABLET(S)	MYCOPHENOLATE MOFETIL	Genentech Access to Care Foundation (HIV & Transplants)-CellCept & Valcyte	\$2,036.81	\$2,342.33
<b>CELONTIN KAPSEALS</b>							
	300	MG	CAPSULE(S)	METHSUXIMIDE	Pfizer RxPathways	\$467.52	\$537.65
<b>CEPHALEXIN (BRAND: KEFLEX)</b>							
	500	MG	CAPSULE(S)	cephalexin	NC MedAssist - North Carolina Residents Only	\$135.20	\$155.48
	500	MG	CAPSULE(S)	cephalexin	Welvista - South Carolina Residents Only	\$135.20	\$155.48
	500	MG	CAPSULE(S)	cephalexin	Xubex Preferred Network Program	\$135.20	\$155.48
<b>CETIRIZINE HYDROCHLORIDE (BRAND: ZYRTEC)</b>							
	10	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$249.40	\$286.81
	5	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$249.40	\$286.81
	10	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$249.40	\$286.81
	10	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	Rx Outreach	\$249.40	\$286.81
	10	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$249.40	\$286.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CETIRIZINE HYDROCHLORIDE (BRAND: ZYRTEC)</b>							
	5	MG	TABLET(S)	CETIRIZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$249.40	\$286.81
<b>CHANTIX</b>							
	0.5	MG	TABLET(S)	VARENICLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$439.97	\$505.97
	1	MG	TABLET(S)	VARENICLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$439.97	\$505.97
	0.5	MG	TABLET(S)	VARENICLINE	NC MedAssist - North Carolina Residents Only	\$439.97	\$505.97
	1	MG	TABLET(S)	VARENICLINE	NC MedAssist - North Carolina Residents Only	\$439.97	\$505.97
	0.5	MG	TABLET(S)	VARENICLINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$439.97	\$505.97
	1	MG	TABLET(S)	VARENICLINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$439.97	\$505.97
	0.5	MG	TABLET(S)	VARENICLINE	Pfizer RxPathways	\$439.97	\$505.97
	1	MG	TABLET(S)	VARENICLINE	Pfizer RxPathways	\$439.97	\$505.97
	0.5	MG	TABLET(S)	VARENICLINE	Welvista - South Carolina Residents Only	\$439.97	\$505.97
	1	MG	TABLET(S)	VARENICLINE	Welvista - South Carolina Residents Only	\$439.97	\$505.97
<b>CHANTIX (STARTING MONTH BOX)</b>							
	0.5; 1	MG	TABLET(S)	VARENICLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$352.99	\$405.94
	0.5; 1	MG	TABLET(S)	VARENICLINE	NC MedAssist - North Carolina Residents Only	\$352.99	\$405.94
	0.5; 1	MG	TABLET(S)	VARENICLINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$352.99	\$405.94
	0.5; 1	MG	TABLET(S)	VARENICLINE	Pfizer RxPathways	\$352.99	\$405.94

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CHANTIX (STARTING MONTH BOX)</b>							
	0.5; 1	MG	TABLET(S)	VARENICLINE	Welvista - South Carolina Residents Only	\$352.99	\$405.94
<b>CHLORDIAZEPOXIDE (BRAND: LIBRIUM)</b>							
	10	MG	CAPSULE(S)	CHLORDIAZEPOXIDE	Rx Outreach	\$19.96	\$22.95
	25	MG	CAPSULE(S)	CHLORDIAZEPOXIDE	Rx Outreach	\$28.20	\$32.43
	10	MG	CAPSULE(S)	CHLORDIAZEPOXIDE	Xubex Preferred Network Program	\$19.96	\$22.95
	25	MG	CAPSULE(S)	CHLORDIAZEPOXIDE	Xubex Preferred Network Program	\$28.20	\$32.43
<b>CHLORDIAZEPOXIDE HCL (BRAND: LIBRIUM)</b>							
	5	MG	CAPSULE(S)	chlordiazepoxide hydrochloride	Rx Outreach	\$35.25	\$40.54
	5	MG	CAPSULE(S)	chlordiazepoxide hydrochloride	Xubex Preferred Network Program	\$35.25	\$40.54
<b>CHLORDIAZEPOXIDE/CLIDINIUM (BRAND: LIBRAX)</b>							
	5/2.5	MG-MG	TABLET(S)	CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	Rx Outreach	\$71.40	\$82.11
<b>CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE (BRAND: LIBRAX)</b>							
	5/2.5	MG-MG	CAPSULE(S)	CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE	Valeant Patient Assistance Program	\$5,096.36	\$5,860.81
	5/2.5	MG-MG	CAPSULE(S)	CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE	Xubex Preferred Network Program	\$5,096.36	\$5,860.81
<b>CHLORPROMAZINE HCL (BRAND: THORAZINE)</b>							
	10	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Rx Outreach	\$662.93	\$762.37

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CHLORPROMAZINE HCL (BRAND: THORAZINE)</b>							
	100	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Rx Outreach	\$2,223.66	\$2,557.21
	25	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Rx Outreach	\$956.08	\$1,099.49
	50	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Rx Outreach	\$1,383.34	\$1,590.84
	10	MG	TABLET(S)	CHLORPROMAZINE HCL	Xubex Preferred Network Program	\$420.14	\$483.16
	100	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$2,223.66	\$2,557.21
	25	MG	TABLET(S)	CHLORPROMAZINE HCL	Xubex Preferred Network Program	\$764.09	\$878.70
	50	MG	TABLET(S)	CHLORPROMAZINE HCL	Xubex Preferred Network Program	\$1,037.47	\$1,193.09
<b>CHLORPROMAZINE HCL (BRAND: THORZAIN)</b>							
	200	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Rx Outreach	\$2,651.63	\$3,049.37
	200	MG	TABLET(S)	CHLORPROMAZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$2,651.63	\$3,049.37
<b>CHLORTHALIDONE (BRAND: THALITONE)</b>							
	25	MG	TABLET(S)	CHLORTHALIDONE	Rx Outreach	\$229.53	\$263.96
	50	MG	TABLET(S)	CHLORTHALIDONE	Rx Outreach	\$148.84	\$171.17
	25	MG	TABLET(S)	CHLORTHALIDONE	Xubex Patient Assistance Program	\$229.53	\$263.96
	50	MG	TABLET(S)	CHLORTHALIDONE	Xubex Patient Assistance Program	\$148.84	\$171.17
	25	MG	TABLET(S)	CHLORTHALIDONE	Xubex Preferred Network Program	\$229.53	\$263.96
	50	MG	TABLET(S)	CHLORTHALIDONE	Xubex Preferred Network Program	\$148.84	\$171.17



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CHLORZOXAZONE (BRAND: PARAFON-FORTE)</b>							
	500	MG	TABLET(S)	CHLORZOXAZONE	NC MedAssist - North Carolina Residents Only	\$108.34	\$124.59
	500	MG	TABLET(S)	CHLORZOXAZONE	Rx Outreach	\$108.34	\$124.59
	500	MG	TABLET(S)	CHLORZOXAZONE	Xubex Patient Assistance Program	\$108.34	\$124.59
	500	MG	TABLET(S)	CHLORZOXAZONE	Xubex Preferred Network Program	\$108.34	\$124.59
<b>CIALIS</b>							
	10	MG	TABLET(S)	TADALAFIL	Lilly Cares	\$2,188.08	\$2,516.29
	2.5	MG	TABLET(S)	TADALAFIL	Lilly Cares	\$373.32	\$429.32
	20	MG	TABLET(S)	TADALAFIL	Lilly Cares	\$2,188.08	\$2,516.29
	5	MG	TABLET(S)	TADALAFIL	Lilly Cares	\$373.32	\$429.32
	10	MG	TABLET(S)	TADALAFIL	Xubex Free Trial 30 Day Medication Supply	\$2,188.08	\$2,516.29
	2.5	MG	TABLET(S)	TADALAFIL	Xubex Free Trial 30 Day Medication Supply	\$373.32	\$429.32
	20	MG	TABLET(S)	TADALAFIL	Xubex Free Trial 30 Day Medication Supply	\$2,188.08	\$2,516.29
	5	MG	TABLET(S)	TADALAFIL	Xubex Free Trial 30 Day Medication Supply	\$373.32	\$429.32
<b>CILOSTAZOL (BRAND: PLETAL)</b>							
*	100	MG	TABLET(S)	CILOSTAZOL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$182.45	\$209.82
*	50	MG	TABLET(S)	CILOSTAZOL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$109.47	\$125.89
	100	MG	TABLET(S)	CILOSTAZOL	Rx Outreach	\$182.45	\$209.82
	50	MG	TABLET(S)	CILOSTAZOL	Rx Outreach	\$109.47	\$125.89
	100	MG	TABLET(S)	CILOSTAZOL	Xubex Preferred Network Program	\$182.45	\$209.82

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CILOSTAZOL (BRAND: PLETAL)</b>							
	50	MG	TABLET(S)	CILOSTAZOL	Xubex Preferred Network Program	\$109.47	\$125.89
<b>CIMETIDINE (BRAND: TEGAMET)</b>							
	300	MG	TABLET(S)	CIMETIDINE	Xubex Preferred Network Program	\$205.27	\$236.06
	400	MG	TABLET(S)	CIMETIDINE	Xubex Preferred Network Program	\$333.74	\$383.80
	800	MG	TABLET(S)	CIMETIDINE	Xubex Preferred Network Program	\$619.87	\$712.85
<b>CIMZIA</b>							
	200	MG	INJECTION	CERTOLIZUMAB PEGOL	UCB Patient Assistance Program	\$4,415.84	\$5,078.22
<b>CINQAIR</b>							
	10	MG/ML (10 ML)	MG	reslizumab	TEVA Support Solutions for Cinqair	\$1,002.00	\$1,152.30
<b>CINRYZE</b>							
	500	U	UNIT(S)	c1 esterase inhibitor, human	OnePath Patient Assistance Program	\$3,310.55	\$3,807.13
<b>CIPRO HC</b>							
	0.2-1	%-% (10 ML)	DROP(S)	CIPROFLOXACIN HYDROCHLORIDE/HYDROCORTI SONE	Novartis Patient Assistance Foundation, Inc.	\$325.30	\$374.10
<b>CIPRODEX</b>							
	0.3-0.1	%-% (7.5 ML)	DROP(S)	CIPROFLOXACIN HYDROCHLORIDE/DEXAMETHAS ONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$240.67	\$276.77
	0.3-0.1	%-% (7.5 ML)	DROP(S)	CIPROFLOXACIN HYDROCHLORIDE/DEXAMETHAS ONE	Novartis Patient Assistance Foundation, Inc.	\$240.67	\$276.77

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CIPRODEX</b>							
	0.3-0.1	%-% (7.5 ML)	DROP(S)	CIPROFLOXACIN HYDROCHLORIDE/DEXAMETHAS ONE	Welvista - South Carolina Residents Only	\$240.67	\$276.77
<b>CIPROFLOXACIN (BRAND: CIPRO)</b>							
	250	MG	TABLET(S)	CIPROFLOXACIN	NC MedAssist - North Carolina Residents Only	\$440.00	\$506.00
	500	MG	TABLET(S)	CIPROFLOXACIN	NC MedAssist - North Carolina Residents Only	\$510.00	\$586.50
	750	MG	TABLET(S)	CIPROFLOXACIN	NC MedAssist - North Carolina Residents Only	\$564.00	\$648.60
	250	MG	TABLET(S)	CIPROFLOXACIN	Welvista - South Carolina Residents Only	\$440.00	\$506.00
	500	MG	TABLET(S)	CIPROFLOXACIN	Welvista - South Carolina Residents Only	\$510.00	\$586.50
	250	MG	TABLET(S)	CIPROFLOXACIN	Xubex Preferred Network Program	\$440.00	\$506.00
	500	MG	TABLET(S)	CIPROFLOXACIN	Xubex Preferred Network Program	\$510.00	\$586.50
	750	MG	TABLET(S)	CIPROFLOXACIN	Xubex Preferred Network Program	\$564.00	\$648.60
<b>CITALOPRAM (BRAND: CELEXA)</b>							
	10	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$244.50	\$281.18
	20	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$255.50	\$293.83
	40	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$265.50	\$305.33
	10	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	NC MedAssist - North Carolina Residents Only	\$244.50	\$281.18
	20	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	NC MedAssist - North Carolina Residents Only	\$255.50	\$293.83
	40	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	NC MedAssist - North Carolina Residents Only	\$265.50	\$305.33

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CITALOPRAM (BRAND: CELEXA)</b>							
	10	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$244.50	\$281.18
	20	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$255.50	\$293.83
	40	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$265.50	\$305.33
	10	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Rx Outreach	\$244.50	\$281.18
	20	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Rx Outreach	\$255.50	\$293.83
	40	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Rx Outreach	\$265.50	\$305.33
	10	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Xubex Preferred Network Program	\$244.50	\$281.18
	20	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Xubex Preferred Network Program	\$255.50	\$293.83
	40	MG	TABLET(S)	CITALOPRAM HYDROBROMIDE	Xubex Preferred Network Program	\$265.50	\$305.33
<b>CLARINEX</b>							
*	5	MG	TABLET(S)	DES Loratadine	Merck Patient Assistance Program	\$826.80	\$950.82
<b>CLARINEX SYRUP</b>							
	0.5	MG/ML (473ML)	MG	DES Loratadine	Merck Patient Assistance Program	\$427.81	\$491.98
<b>CLARITHROMYCIN (BRAND: BIAXIN)</b>							
	250	MG	TABLET(S)	CLARITHROMYCIN	Xubex Preferred Network Program	\$602.00	\$692.30
	500	MG	TABLET(S)	CLARITHROMYCIN	Xubex Preferred Network Program	\$452.12	\$519.94
<b>CLARITHROMYCIN ER (BRAND: BIAXIN)</b>							
	500	MG	TABLET(S)	CLARITHROMYCIN	Xubex Preferred Network Program	\$300.38	\$345.44

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CLEOCIN HCL</b>							
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,009.04	\$1,160.40
	300	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$2,049.55	\$2,356.98
	75	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$513.95	\$591.04
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Pfizer RxPathways	\$1,009.04	\$1,160.40
	300	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Pfizer RxPathways	\$2,049.55	\$2,356.98
	75	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Pfizer RxPathways	\$513.95	\$591.04
<b>CLEOCIN PEDIATRIC</b>							
	75/5	MG/ML (100 ML)	MG/ML	CLINDAMYCIN PALMITATE HYDROCHLORIDE	Pfizer RxPathways	\$136.51	\$156.99
<b>CLEOCIN T GEL</b>							
	1	% (60 GM)	APPLICATION	CLINDAMYCIN PHOSPHATE	Pfizer RxPathways	\$297.13	\$341.70
<b>CLEOCIN T LOTION</b>							
	1	% (60 ML)	APPLICATION	clindamycin phosphate	Pfizer RxPathways	\$229.51	\$263.94
<b>CLEOCIN VAGINAL OVULES</b>							
	100	MG	SUPPOSITORY	CLINDAMYCIN PHOSPHATE	Pfizer RxPathways	\$192.77	\$221.69
<b>CLIMARA PRO</b>							
	0.045	MG/24HR-0.015MG	PATCH	ESTRADIOL/LEVONORGESTREL	Bayer HealthCare Patient Assistance Program	\$219.72	\$252.68
<b>CLINDAGEL</b>							
	1	%, 75ml	GEL/JELLY	CLINDAMYCIN PHOSPHATE	Valeant Patient Assistance Program	\$1,956.61	\$2,250.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CLINDAMYCIN (BRAND: CLEOCIN)</b>							
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$119.20	\$137.08
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$119.20	\$137.08
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Rx Outreach	\$119.20	\$137.08
	150	MG	CAPSULE(S)	CLINDAMYCIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$119.20	\$137.08
<b>CLONAZEPAM (BRAND: KLONOPIN)</b>							
	0.5	MG	TABLET(S)	CLONAZEPAM	Rx Outreach	\$67.46	\$77.58
	1	MG	TABLET(S)	CLONAZEPAM	Rx Outreach	\$77.00	\$88.55
	2	MG	TABLET(S)	CLONAZEPAM	Rx Outreach	\$118.45	\$136.22
	0.5	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$67.46	\$77.58
	1	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$77.00	\$88.55
	2	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$118.45	\$136.22
<b>CLONAZEPAM ODT (BRAND: KLONOPIN)</b>							
	0.125	MG	TABLET(S)	CLONAZEPAM ODT (BRAND: KLONOPIN)	Xubex Preferred Network Program	\$77.93	\$89.62
	0.25	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$77.93	\$89.62
	0.5	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$77.80	\$89.47
	1	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$88.91	\$102.25
	2	MG	TABLET(S)	CLONAZEPAM	Xubex Preferred Network Program	\$123.19	\$141.67
<b>CLONIDINE (BRAND: CATAPRES)</b>							
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$24.00	\$27.60

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CLONIDINE (BRAND: CATAPRES)</b>							
	0.2	MG	TABLET(S)	CLONIDINE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$54.00	\$62.10
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$54.00	\$62.10
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	NC MedAssist - North Carolina Residents Only	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	NC MedAssist - North Carolina Residents Only	\$54.00	\$62.10
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$54.00	\$62.10
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	Rx Outreach	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	Rx Outreach	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	Rx Outreach	\$54.00	\$62.10
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	Welvista - South Carolina Residents Only	\$36.00	\$41.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CLONIDINE (BRAND: CATAPRES)</b>							
	0.1	MG	TABLET(S)	CLONIDINE HYDROCHLORIDE	Xubex Preferred Network Program	\$24.00	\$27.60
	0.2	MG	TABLET(S)	CLONIDINE	Xubex Preferred Network Program	\$36.00	\$41.40
	0.3	MG	TABLET(S)	CLONIDINE	Xubex Preferred Network Program	\$54.00	\$62.10
<b>CLONIDINE PATCH (BRAND: CATAPRES)</b>							
	0.1/24	MG/HR	PATCH	CLONIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$132.49	\$152.36
	0.2/24	MG/HR	PATCH	CLONIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$223.06	\$256.52
	0.3/24	MG/HR	PATCH	CLONIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$309.44	\$355.86
	0.1/24	MG/HR	PATCH	CLONIDINE	NC MedAssist - North Carolina Residents Only	\$132.49	\$152.36
	0.2/24	MG/HR	PATCH	CLONIDINE	NC MedAssist - North Carolina Residents Only	\$223.06	\$256.52
	0.3/24	MG/HR	PATCH	CLONIDINE	NC MedAssist - North Carolina Residents Only	\$309.44	\$355.86
	0.3/24	MG/HR	PATCH	CLONIDINE	Rx Outreach	\$309.44	\$355.86
	0.1/24	MG/HR	PATCH	CLONIDINE	Xubex Preferred Network Program	\$132.49	\$152.36
	0.2/24	MG/HR	PATCH	CLONIDINE	Xubex Preferred Network Program	\$223.06	\$256.52
	0.3/24	MG/HR	PATCH	CLONIDINE	Xubex Preferred Network Program	\$309.44	\$355.86
<b>CLOPIDOGREL (BRAND: PLAVIX)</b>							
	75	MG	TABLET(S)	CLOPIDOGREL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$626.50	\$720.48
	75	MG	TABLET(S)	CLOPIDOGREL	Rx Outreach	\$626.50	\$720.48
	75	MG	TABLET(S)	CLOPIDOGREL	Welvista - South Carolina Residents Only	\$626.50	\$720.48



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CLOPIDOGREL (BRAND: PLAVIX)</b>							
	75	MG	TABLET(S)	CLOPIDOGREL	Xubex Preferred Network Program	\$626.50	\$720.48
<b>CLORAZEPATE DIPOTASSIUM (BRAND: TRANXENE)</b>							
	15	MG	TABLET(S)	clorazepate dipotassium	Xubex Preferred Network Program	\$467.45	\$537.57
	3.75	MG	TABLET(S)	clorazepate dipotassium	Xubex Preferred Network Program	\$203.06	\$233.52
	7.5	MG	TABLET(S)	clorazepate dipotassium	Xubex Preferred Network Program	\$284.39	\$327.05
<b>CLOZAPINE</b>							
	200	MG	TABLET(S)	CLOZAPINE	Clozapine Patient Assistance Program	\$632.32	\$727.17
	50	MG	TABLET(S)	CLOZAPINE	Clozapine Patient Assistance Program	\$165.00	\$189.75
	200	MG	TABLET(S)	CLOZAPINE	Mylan Clozapine Patient Assistance Program (MCPAP)	\$632.32	\$727.17
	50	MG	TABLET(S)	CLOZAPINE	Mylan Clozapine Patient Assistance Program (MCPAP)	\$165.00	\$189.75
<b>CLOZAPINE</b>							
	100	MG	TABLET(S)	CLOZAPINE	Clozapine Patient Assistance Program	\$332.80	\$382.72
	25	MG	TABLET(S)	CLOZAPINE	Clozapine Patient Assistance Program	\$128.47	\$147.74
	100	MG	TABLET(S)	CLOZAPINE	Mylan Clozapine Patient Assistance Program (MCPAP)	\$332.80	\$382.72
	25	MG	TABLET(S)	CLOZAPINE	Mylan Clozapine Patient Assistance Program (MCPAP)	\$128.47	\$147.74
<b>CLOZARIL</b>							
	100	MG	TABLET(S)	CLOZAPINE	HLS Therapeutics' Patient Assistance Program	\$1,675.55	\$1,926.88
	25	MG	TABLET(S)	CLOZAPINE	HLS Therapeutics' Patient Assistance Program	\$646.72	\$743.73

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>COARTEM</b>							
	20-120	MG-MG	TABLET(S)	ARTEMETHER/LUMEFANTRINE	Novartis Patient Assistance Foundation, Inc.	\$147.16	\$169.23
<b>COLAZAL</b>							
*	750	MG	CAPSULE(S)	BALSALAZIDE DISODIUM	Salix Patient Assistance Program	\$1,718.66	\$1,976.46
*	750	MG	CAPSULE(S)	BALSALAZIDE DISODIUM	Valeant Patient Assistance Program for Salix products	\$1,718.66	\$1,976.46
<b>COLCHICINE (BRAND: COLCHICINE)</b>							
	0.6	MG	TABLET(S)	COLCHICINE	Xubex Patient Assistance Program	\$26.00	\$29.90
<b>COLCRYS</b>							
	0.6	MG	TABLET(S)	COLCHICINE	Takeda Patient Assistance Program	\$813.36	\$935.36
	0.6	MG	TABLET(S)	COLCHICINE	Takeda Patient Assistance Program-Colcris & Uloric	\$813.36	\$935.36
<b>COLESTID</b>							
*	5	GM/PACKET	PACKET(S)	COLESTIPOL HYDROCHLORIDE	Pfizer RxPathways	\$201.88	\$232.16
<b>COLESTID FLAVORED</b>							
*	5/7.5	GM/GM	PACKET(S)	COLESTIPOL HYDROCHLORIDE	Pfizer RxPathways	\$442.91	\$509.35
<b>COMBIGAN</b>							
	0.2/0.5	% (10 ML)	DROP(S)	BRIMONIDINE TARTRATE/TIMOLOL MALEATE	Allergan Patient Assistance Program - Eye & Dermatology	\$352.97	\$405.92
<b>COMBIVENT RESPIMAT</b>							
	100-20	MCG/ACTUATION-MCG/ACTUATION (4 GM)	PUFF(S)	albuterol sulfate/ipratropium bromide	Boehringer Ingelheim Cares Foundation Inc.	\$413.90	\$475.99

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>COMBIVIR</b>							
	150-300	MG-MG	TABLET(S)	LAMIVUDINE/ZIDOVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,081.70	\$1,243.96
	150-300	MG-MG	TABLET(S)	LAMIVUDINE/ZIDOVUDINE	ViiV Healthcare Patient Assistance Program	\$1,081.70	\$1,243.96
<b>COMPLERA</b>							
	200-25-300	MG-MG-MG	TABLET(S)	ANTIVIRAL COMBINATION	Gilead Advancing Access	\$3,009.29	\$3,460.68
	200-25-300	MG-MG-MG	TABLET(S)	ANTIVIRAL COMBINATION	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,009.29	\$3,460.68
	200-25-300	MG-MG-MG	TABLET(S)	ANTIVIRAL COMBINATION	Xubex Free Trial 30 Day Medication Supply	\$3,009.29	\$3,460.68
<b>CONCERTA</b>							
	18	MG	TABLET(S)	METHYLPHENIDATE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,200.00	\$1,380.00
	27	MG	TABLET(S)	METHYLPHENIDATE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,230.12	\$1,414.64
	36	MG	TABLET(S)	METHYLPHENIDATE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,268.88	\$1,459.21
	54	MG	TABLET(S)	METHYLPHENIDATE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,380.72	\$1,587.83
<b>COPAXONE</b>							
	40	MG/ML	SYRINGE(S)	glatiramer acetate	Teva Copaxone Patient Assistance Program	\$6,988.40	\$8,036.66
<b>CORDARONE</b>							
*	200	MG	TABLET(S)	AMIODARONE HYDROCHLORIDE	Pfizer RxPathways	\$344.57	\$396.26
<b>COREG CR</b>							
	10	MG	TABLET(S)	CARVEDILOL PHOSPHATE	GSK Patient Assistance Program	\$330.32	\$379.87

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>COREG CR</b>							
	20	MG	TABLET(S)	CARVEDILOL PHOSPHATE	GSK Patient Assistance Program	\$330.32	\$379.87
	40	MG	TABLET(S)	CARVEDILOL PHOSPHATE	GSK Patient Assistance Program	\$330.32	\$379.87
	80	MG	TABLET(S)	CARVEDILOL PHOSPHATE	GSK Patient Assistance Program	\$330.32	\$379.87
	10	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$330.32	\$379.87
	20	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$330.32	\$379.87
	40	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$330.32	\$379.87
	80	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$330.32	\$379.87
	10	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Welvista - South Carolina Residents Only	\$330.32	\$379.87
	20	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Welvista - South Carolina Residents Only	\$330.32	\$379.87
	40	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Welvista - South Carolina Residents Only	\$330.32	\$379.87
	80	MG	TABLET(S)	CARVEDILOL PHOSPHATE	Welvista - South Carolina Residents Only	\$330.32	\$379.87
<b>CORLANOR</b>							
	5	MG	TABLET(S)	ivabradine	Amgen Safety Net Foundation	\$515.44	\$592.76
	7.5	MG	TABLET(S)	ivabradine	Amgen Safety Net Foundation	\$515.44	\$592.76
<b>CORTEF</b>							
*	10	MG	TABLET(S)	HYDROCORTISONE	Pfizer RxPathways	\$167.57	\$192.71
*	20	MG	TABLET(S)	HYDROCORTISONE	Pfizer RxPathways	\$317.64	\$365.29
*	5	MG	TABLET(S)	HYDROCORTISONE	Pfizer RxPathways	\$49.61	\$57.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CORTEF</b>							
	10	MG	TABLET(S)	HYDROCORTISONE	Welvista - South Carolina Residents Only	\$167.57	\$192.71
	20	MG	TABLET(S)	HYDROCORTISONE	Welvista - South Carolina Residents Only	\$317.64	\$365.29
	5	MG	TABLET(S)	HYDROCORTISONE	Welvista - South Carolina Residents Only	\$49.61	\$57.05
<b>COSENTYX PREFILLED SYRINGE</b>							
	150	MG/ML (1ML)	SYRINGE(S)	secukinumab	Novartis Patient Assistance Foundation, Inc.	\$5,170.13	\$5,945.65
	300	MG/ML (1ML)	SYRINGE(S)	secukinumab	Novartis Patient Assistance Foundation, Inc.	\$5,170.13	\$5,945.65
<b>COSENTYX SENSOREADY PEN</b>							
	150	MG/ML (1ML)	PEN(S)	secukinumab	Novartis Patient Assistance Foundation, Inc.	\$5,309.72	\$6,106.18
	300	MG/ML (1ML)	PEN(S)	secukinumab	Novartis Patient Assistance Foundation, Inc.	\$5,170.13	\$5,945.65
<b>COSOPT OCUMETER PLUS</b>							
	2-0.5	% (10 ML)	SOL	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEAT	Akorn Patient Assistance Program	\$168.89	\$194.22
	2-0.5	% (10 ML)	SOL	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEAT	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$168.89	\$194.22
<b>COSOPT PF</b>							
	2-05	%	SOL	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE	Akorn Patient Assistance Program	\$102.72	\$118.13
<b>COTELLIC</b>							
	20	MG	TABLET(S)	cobimetinib	Genentech Access Solutions-Oral Products	\$7,856.04	\$9,034.45

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>COUMADIN</b>							
*	1	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$239.52	\$275.45
*	10	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$371.54	\$427.27
*	2	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$249.89	\$287.37
*	2.5	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$257.84	\$296.52
*	3	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$258.84	\$297.67
*	4	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$259.54	\$298.47
*	5	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$268.74	\$309.05
*	6	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$346.22	\$398.15
*	7.5	MG	TABLET(S)	WARFARIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$358.22	\$411.95
	1	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$239.52	\$275.45
	10	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$371.54	\$427.27
	2	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$249.89	\$287.37
	2.5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$257.84	\$296.52
	3	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$258.84	\$297.67
	4	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$259.54	\$298.47

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>COUMADIN</b>							
	5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$268.74	\$309.05
	6	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$346.22	\$398.15
	7.5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$358.22	\$411.95
<b>CREON</b>							
	180000-36000-114000	U-U-U	CAPSULE(S)	amylase/lipase/protease	AbbVie Patient Assistance Foundation-Creon	\$989.40	\$1,137.81
	180000-36000-114000	U-U-U	CAPSULE(S)	amylase/lipase/protease	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$989.40	\$1,137.81
<b>CREON 12000</b>							
	60000-12000-38000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	AbbVie Patient Assistance Foundation-Creon	\$328.73	\$378.04
	60000-12000-38000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$328.73	\$378.04
<b>CREON 24000</b>							
	120000-24000-76000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	AbbVie Patient Assistance Foundation-Creon	\$651.61	\$749.35
	120000-24000-76000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$651.61	\$749.35
<b>CREON 3000</b>							
	15000-3000-9500	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	AbbVie Patient Assistance Foundation-Creon	\$97.24	\$111.83
	15000-3000-9500	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$97.24	\$111.83

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CREON 6000</b>							
	30000-6000-19000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	AbbVie Patient Assistance Foundation-Creon	\$164.47	\$189.14
	30000-6000-19000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$164.47	\$189.14
<b>CRESEMBA</b>							
	186	MG	CAPSULE(S)	isavuconazonium sulfate	Astellas Access Program for Cresemba	\$1,345.93	\$1,547.82
	186	MG	CAPSULE(S)	isavuconazonium sulfate	Xubex Free Trial 30 Day Medication Supply	\$1,345.93	\$1,547.82
<b>CRESEMBA</b>							
	372	MG	VIAL	isavuconazonium sulfate	Astellas Access Program for Cresemba	\$327.56	\$376.69
	372	MG	VIAL	isavuconazonium sulfate	Xubex Free Trial 30 Day Medication Supply	\$327.56	\$376.69
<b>CRESTOR</b>							
	20	MG	TABLET(S)	ROSUVASTATIN CALCIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$939.22	\$1,080.10
<b>CRINONE</b>							
	4	% (1.125 GM, 15s)	GEL APPLICATION	progesterone	Allergan Patient Assistance Program	\$112.33	\$129.18
	8	% (1.125 GM, 15s)	GEL APPLICATION	progesterone	Allergan Patient Assistance Program	\$468.23	\$538.46
<b>CRIXIVAN</b>							
	200	MG	CAPSULE(S)	INDINAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$548.11	\$630.33
	400	MG	CAPSULE(S)	INDINAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$274.06	\$315.17
	200	MG	CAPSULE(S)	INDINAVIR SULFATE	Merck SUPPORT Program for Crixivan & Isentress	\$548.11	\$630.33



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CRIXIVAN</b>							
	400	MG	CAPSULE(S)	INDINAVIR SULFATE	Merck SUPPORT Program for Crixivan & Isentress	\$274.06	\$315.17
<b>CUBICIN</b>							
	500	MG	VIAL(S)	DAPTOMYCIN	Cubicin Patient Assistance Program	\$534.59	\$614.78
<b>CUPRIMINE</b>							
	250	MG	CAPSULE(S)	PENICILLAMINE	Valeant Patient Assistance Program	\$31,426.37	\$36,140.33
<b>CYCLOBENZAPRINE HCL (BRAND: FLEXERIL)</b>							
	10	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$115.75	\$133.11
	5	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$164.05	\$188.66
	10	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$115.75	\$133.11
	5	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$164.05	\$188.66
	10	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Rx Outreach	\$115.75	\$133.11
	5	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Rx Outreach	\$164.05	\$188.66
	10	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Xubex Preferred Network Program	\$115.75	\$133.11
	5	MG	TABLET(S)	CYCLOBENZAPRINE HYDROCHLORIDE	Xubex Preferred Network Program	\$164.05	\$188.66

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CYCLOGYL</b>							
	1	% (15 ML)	DROP(S)	CYCLOPENTOLATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$87.78	\$100.95
	2	% (15 ML)	DROP(S)	CYCLOPENTOLATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$108.30	\$124.55
<b>CYCLOMYDRIL</b>							
	0.2-0.1	%-% (2 ML)	DROP(S)	CYCLOPENTOLATE HCL/PHENYLEPH HCL	Novartis Patient Assistance Foundation, Inc.	\$31.50	\$36.23
<b>CYCLOSET</b>							
	0.8	MG	TABLET(S)	bromocriptine mesylate	Valeant Patient Assistance Program for Salix products	\$871.12	\$1,001.79
<b>CYCLOSPORINE</b>							
	100	MG	CAPSULE(S)	CYCLOSPORINE, MODIFIED	Teva Cares Foundation Patient Assistance Program	\$164.89	\$189.62
	25	MG	CAPSULE(S)	CYCLOSPORINE, MODIFIED	Teva Cares Foundation Patient Assistance Program	\$41.25	\$47.44
	50	MG	CAPSULE(S)	CYCLOSPORINE, MODIFIED	Teva Cares Foundation Patient Assistance Program	\$82.15	\$94.47
<b>CYCLOSPORINE</b>							
	100	MG/ML	MG	cyclosporine, modified	Teva Cares Foundation Patient Assistance Program	\$299.55	\$344.48
<b>CYMBALTA</b>							
	20	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$466.56	\$536.54

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CYMBALTA</b>							
	30	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$261.72	\$300.98
	60	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$261.72	\$300.98
	20	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Lilly Cares	\$466.56	\$536.54
	30	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Lilly Cares	\$261.72	\$300.98
	60	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Lilly Cares	\$261.72	\$300.98
	20	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$466.56	\$536.54
	30	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$261.72	\$300.98
	60	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$261.72	\$300.98
	20	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$466.56	\$536.54
	30	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$261.72	\$300.98
	60	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$261.72	\$300.98
	20	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$466.56	\$536.54
	30	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$261.72	\$300.98
	60	MG	CAPSULE(S)	DULOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$261.72	\$300.98
<b>CYRAMZA</b>							
	10	MG/ML (10 ML)	MG	ramucirumab	Lilly Patient Assistance Program for Oncology	\$1,298.96	\$1,493.80

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>CYSTADANE</b>							
	1	GM/1 SCOOPFUL (180 GM)	GM	betaine anhydrous	Cystadane Patient Assistance Program	\$1,711.26	\$1,967.95
<b>DACOGEN</b>							
	50	MG	INJECTION(S)	DECITABINE	Eisai Patient Assistance Program	\$2,053.20	\$2,361.18
<b>DAKLINZA</b>							
	30	MG	TABLET(S)	daclatasvir	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$25,200.00	\$28,980.00
	60	MG	TABLET(S)	daclatasvir	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$25,200.00	\$28,980.00
	90	MG	TABLET(S)	daclatasvir	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$25,200.00	\$28,980.00
<b>DALIRESP</b>							
	500	MCG	TABLET(S)	roflumilast	AZ&Me Prescription Savings Program	\$1,158.16	\$1,331.88
<b>DALVANCE</b>							
	500	MG	VIAL	dalbavancin	Allergan Patient Assistance Program	\$1,788.00	\$2,056.20
<b>DANAZOL (BRAND: DANOCRINE)</b>							
	100	MG	CAPSULE(S)	danazol	Xubex Preferred Network Program	\$544.26	\$625.90
	200	MG	CAPSULE(S)	danazol	Xubex Preferred Network Program	\$906.93	\$1,042.97
	50	MG	CAPSULE(S)	danazol	Xubex Preferred Network Program	\$362.73	\$417.14
<b>DANTROLENE SODIUM (BRAND: DANTRIUM, REVONTO, RYANODEX)</b>							
	100	MG	CAPSULE(S)	dantrolene	Xubex Preferred Network Program	\$216.78	\$249.30

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DANTROLENE SODIUM (BRAND: DANTRIUM, REVONTO, RYANODEX)</b>							
	25	MG	CAPSULE(S)	dantrolene	Xubex Preferred Network Program	\$106.93	\$122.97
	50	MG	CAPSULE(S)	dantrolene	Xubex Preferred Network Program	\$172.87	\$198.80
<b>DARAPRIM</b>							
	25	MG	TABLET(S)	PYRIMETHAMINE	Daraprim Direct Program	\$90,000.00	\$103,500.00
	25	MG	TABLET(S)	PYRIMETHAMINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$90,000.00	\$103,500.00
<b>DARZALEX</b>							
	100/5	MG/ML	MG	daratumumab	Johnson & Johnson Patient Assistance Foundation	\$569.00	\$654.35
	400/20	MG/ML	MG	daratumumab	Johnson & Johnson Patient Assistance Foundation	\$2,276.02	\$2,617.42
<b>DECAVAC</b>							
	2/0.5-5/0.5	LF U/ML-LF U/ML (0.5 ML)	INJECTION(S)	DIPHTHERIA TOXOID, ADSORBED/TETANUS TOXOID	Sanofi Patient Connection	\$250.79	\$288.41
<b>DEFITELIO</b>							
	80	MG/ML (2.5 ML)	MG	defibrotide sodium	Jumpstart Program	\$1,019.70	\$1,172.66
<b>DELZICOL</b>							
	400	MG	CAPSULE(S)	mesalamine	Allergan Patient Assistance Program	\$641.17	\$737.35
<b>DEMECLOCYCLINE HCL (BRAND: DECLEMYCIN)</b>							
	150	MG	TABLET(S)	demeclocycline hydrochloride	Xubex Preferred Network Program	\$1,057.65	\$1,216.30
	300	MG	TABLET(S)	demeclocycline hydrochloride	Xubex Preferred Network Program	\$919.07	\$1,056.93

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEMSEER</b>							
	250	MG	CAPSULE(S)	METYROSINE	Valeant Patient Assistance Program	\$39,353.28	\$45,256.27
<b>DEPAKENE</b>							
*	250	MG	TABLET(S)	VALPROIC ACID	AbbVie Patient Assistance Program	\$558.77	\$642.59
*	250/5	MG/ML (480 ML)	MG	VALPROIC ACID	AbbVie Patient Assistance Program	\$571.14	\$656.81
<b>DEPAKOTE</b>							
*	125	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$199.37	\$229.28
*	250	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$391.61	\$450.35
*	500	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$722.15	\$830.47
	125	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$199.37	\$229.28
	250	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$391.61	\$450.35
	500	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$722.15	\$830.47
<b>DEPAKOTE DR</b>							
*	125	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$199.37	\$229.28
*	250	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$391.61	\$450.35
*	500	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$722.15	\$830.47
	125	MG	TABLET(S)	DIVALPROEX SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$199.37	\$229.28
	250	MG	TABLET(S)	DIVALPROEX SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$391.61	\$450.35
	500	MG	TABLET(S)	DIVALPROEX SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$722.15	\$830.47
	125	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$199.37	\$229.28

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEPAKOTE DR</b>							
	250	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$391.61	\$450.35
	500	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$722.15	\$830.47
	125	MG	TABLET(S)	DIVALPROEX SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$199.37	\$229.28
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$391.61	\$450.35
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$722.15	\$830.47
	125	MG	TABLET(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$199.37	\$229.28
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$391.61	\$450.35
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$722.15	\$830.47
<b>DEPAKOTE ER</b>							
*	250	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$356.12	\$409.54
*	500	MG	TABLET(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$626.42	\$720.38
	250	MG	TABLET(S)	DIVALPROEX SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$356.12	\$409.54
	500	MG	TABLET(S)	DIVALPROEX SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$626.42	\$720.38
	250	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$356.12	\$409.54
	500	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$626.42	\$720.38
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$356.12	\$409.54
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$626.42	\$720.38

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEPAKOTE ER</b>							
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$356.12	\$409.54
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$626.42	\$720.38
<b>DEPAKOTE SPRINKLE</b>							
*	125	MG	CAPSULE(S)	DIVALPROEX SODIUM	AbbVie Patient Assistance Program	\$190.07	\$218.58
	125	MG	CAPSULE(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$190.07	\$218.58
	125	MG	CAPSULE(S)	DIVALPROEX SODIUM	Welvista - South Carolina Residents Only	\$190.07	\$218.58
<b>DEPOCYT</b>							
	10	MG/ML (5ML)	MG	CYTARABINE LIPOSOME	Sigma-Tau Patient Assistance Program	\$3,556.80	\$4,090.32
<b>DEPO-ESTRADIOL</b>							
	5	MG/ML (5 ML)	MG/ML	ESTRADIOL CYPIONATE	Pfizer RxPathways	\$115.45	\$132.77
<b>DEPO-MEDROL</b>							
*	40	MG/ML	MG	METHYLPREDNISOLONE ACETATE	Pfizer RxPathways	\$10.73	\$12.34
*	80	MG/ML	INJECTION(S)	METHYLPREDNISOLONE ACETATE	Pfizer RxPathways	\$18.62	\$21.41
<b>DEPO-PROVERA CONTRACEPTIVE</b>							
	150	MG/ML	INJECTION(S)	MEDROXYPROGESTERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$228.89	\$263.22
	150	MG/ML	INJECTION(S)	MEDROXYPROGESTERONE ACETATE	Pfizer RxPathways	\$228.89	\$263.22



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEPO-SUBQ PROVERA 104</b>							
	104/0.65	MG/ML (0.65 ML)	MG/ML	MEDROXYPROGESTERONE ACETATE	Pfizer RxPathways	\$255.98	\$294.38
<b>DESCOVY</b>							
	200-25	MG-MG	TABLET(S)	emtricitabine/tenofovir alafenamide	Gilead Advancing Access	\$1,881.14	\$2,163.31
	200-25	MG-MG	TABLET(S)	emtricitabine/tenofovir alafenamide	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,881.14	\$2,163.31
	200-25	MG-MG	TABLET(S)	emtricitabine/tenofovir alafenamide	Xubex Free Trial 30 Day Medication Supply	\$1,881.14	\$2,163.31
<b>DEFERAL</b>							
	2	gm	PDS	DEFEROXAMINE MESYLATE	Novartis Patient Assistance Foundation, Inc.	\$604.94	\$695.68
	500	mg	PDS	DEFEROXAMINE MESYLATE	Novartis Patient Assistance Foundation, Inc.	\$88.32	\$101.57
<b>DESIPRAMINE HCL (BRAND: NORPRAMIN)</b>							
	10	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$118.42	\$136.18
	100	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$447.94	\$515.13
	150	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$324.51	\$373.19
	25	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$142.26	\$163.60
	50	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$267.82	\$307.99
	75	MG	TABLET(S)	desipramine hydrochloride	Xubex Preferred Network Program	\$310.16	\$356.68
<b>DESLORATADINE (BRAND: CLARINEX)</b>							
	5	MG	TABLET(S)	desloratadine	Xubex Preferred Network Program	\$506.93	\$582.97

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DESLORATADINE ODT (BRAND: CLARINEX)</b>							
	2.5	MG	TABLET(S)	DESLORATADINE	Xubex Preferred Network Program	\$174.75	\$200.96
	5	MG	TABLET(S)	DESLORATADINE	Xubex Preferred Network Program	\$174.75	\$200.96
<b>DESONATE</b>							
	0.05	% (60 GM)	GEL	desonide	Bayer HealthCare Patient Assistance Program	\$616.07	\$708.48
<b>DESVENLAFAXINE SUCC ER (BRAND: PRISTIQ)</b>							
	100	MG	TABLET(S)	desvenlafaxine	Rx Outreach	\$1,032.58	\$1,187.47
	25	MG	TABLET(S)	desvenlafaxine	Rx Outreach	\$344.20	\$395.83
	50	MG	TABLET(S)	desvenlafaxine	Rx Outreach	\$1,032.58	\$1,187.47
	100	MG	TABLET(S)	desvenlafaxine	Xubex Preferred Network Program	\$1,032.58	\$1,187.47
	50	MG	TABLET(S)	desvenlafaxine	Xubex Preferred Network Program	\$1,032.58	\$1,187.47
<b>DETROL</b>							
	1	MG	TABLET(S)	TOLTERODINE TARTRATE	NC MedAssist - North Carolina Residents Only	\$515.39	\$592.70
	2	MG	TABLET(S)	TOLTERODINE TARTRATE	NC MedAssist - North Carolina Residents Only	\$529.02	\$608.37
	1	MG	TABLET(S)	TOLTERODINE TARTRATE	Pfizer RxPathways	\$515.39	\$592.70
	2	MG	TABLET(S)	TOLTERODINE TARTRATE	Pfizer RxPathways	\$529.02	\$608.37
	1	MG	TABLET(S)	TOLTERODINE TARTRATE	Welvista - South Carolina Residents Only	\$515.39	\$592.70
	2	MG	TABLET(S)	TOLTERODINE TARTRATE	Welvista - South Carolina Residents Only	\$529.02	\$608.37
<b>DETROL LA</b>							
	2	MG	CAPSULE(S)	TOLTERODINE TARTRATE	NC MedAssist - North Carolina Residents Only	\$1,313.98	\$1,511.08
	4	MG	CAPSULE(S)	TOLTERODINE TARTRATE	NC MedAssist - North Carolina Residents Only	\$1,313.98	\$1,511.08

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DETROL LA</b>							
	2	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,313.98	\$1,511.08
	4	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,313.98	\$1,511.08
	2	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Pfizer RxPathways	\$1,313.98	\$1,511.08
	4	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Pfizer RxPathways	\$1,313.98	\$1,511.08
	2	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Welvista - South Carolina Residents Only	\$1,313.98	\$1,511.08
	4	MG	CAPSULE(S)	TOLTERODINE TARTRATE	Welvista - South Carolina Residents Only	\$1,313.98	\$1,511.08
<b>DEXAMETHASONE (BRAND: DECADRON)</b>							
	0.5	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$18.84	\$21.67
	0.75	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$33.05	\$38.01
	1	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$38.85	\$44.68
	1.5	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$27.14	\$31.21
	2	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$76.08	\$87.49
	4	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$58.38	\$67.14
	6	MG	TABLET(S)	dexamethasone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$98.85	\$113.68
	0.5	MG	TABLET(S)	dexamethasone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$18.84	\$21.67

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEXAMETHASONE (BRAND: DECADRON)</b>							
	0.75	MG	TABLET(S)	dexamethasone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$33.05	\$38.01
	1.5	MG	TABLET(S)	dexamethasone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$27.14	\$31.21
	4	MG	TABLET(S)	dexamethasone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$58.38	\$67.14
	0.5	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$18.84	\$21.67
	0.75	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$33.05	\$38.01
	1	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$38.85	\$44.68
	1.5	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$27.14	\$31.21
	2	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$76.08	\$87.49
	4	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$58.38	\$67.14
	6	MG	TABLET(S)	dexamethasone	Xubex Preferred Network Program	\$98.85	\$113.68
<b>DEXAMETHASONE SODIUM PHOSPHATE</b>							
	0.1	% (5 ML)	DROP(S)	DEXAMETHASONE SODIUM PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$21.10	\$24.27
<b>DEXILANT</b>							
	30	MG	CAPSULE(S)	DEXLANSOPRAZOLE	Takeda Patient Assistance Program	\$310.46	\$357.03
	60	MG	CAPSULE(S)	DEXLANSOPRAZOLE	Takeda Patient Assistance Program	\$310.46	\$357.03
	30	MG	CAPSULE(S)	DEXLANSOPRAZOLE	Welvista - South Carolina Residents Only	\$310.46	\$357.03
	60	MG	CAPSULE(S)	DEXLANSOPRAZOLE	Welvista - South Carolina Residents Only	\$310.46	\$357.03

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DEXTROAMPHETAMINE/AMPHETAMINE (BRAND: ADDERALL XR)</b>							
	10	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$455.36	\$523.66
	15	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$580.59	\$667.68
	20	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$205.74	\$236.60
	25	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$613.50	\$705.53
	30	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$613.50	\$705.53
	5	MG	CAPSULE(S)	DEXTROAMPHETAMINE/AMPHE TAMINE	Rx Outreach	\$364.52	\$419.20
<b>DIASTAT</b>							
	2.5	MG	APPLICATION(S)	DIAZEPAM	Valeant Patient Assistance Program	\$270.00	\$310.50
<b>DIASTAT ACUDIAL</b>							
	10	MG	GEL	DIAZEPAM	Valeant Patient Assistance Program	\$386.61	\$444.60
	20	MG	GEL/JELLY	DIAZEPAM	Valeant Patient Assistance Program	\$386.61	\$444.60
<b>DIAZEPAM (BRAND: VALIUM)</b>							
	10	MG	TABLET(S)	DIAZEPAM	Rx Outreach	\$42.50	\$48.88
	2	MG	TABLET(S)	DIAZEPAM	Rx Outreach	\$24.21	\$27.84
	5	MG	TABLET(S)	DIAZEPAM	Rx Outreach	\$32.14	\$36.96
	10	MG	TABLET(S)	DIAZEPAM	Xubex Preferred Network Program	\$42.50	\$48.88

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DIAZEPAM (BRAND: VALIUM)</b>							
	2	MG	TABLET(S)	DIAZEPAM	Xubex Preferred Network Program	\$24.21	\$27.84
	5	MG	TABLET(S)	DIAZEPAM	Xubex Preferred Network Program	\$32.14	\$36.96
<b>DIBENZYLINE</b>							
	10	MG	CAPSULE(S)	PHENOXYBENZAMINE HYDROCHLORIDE	Rx Outreach	\$28,797.60	\$33,117.24
<b>DICLEGIS</b>							
	10-10	MG-MG	TABLET(S)	doxylamine succinate/pyridoxine hydrochloride	Duchesnay USA Patient Assistance Program	\$702.00	\$807.30
<b>DICLOFENAC POTASSIUM (BRAND: CATAFLAM)</b>							
	50	MG	TABLET(S)	DICLOFENAC POTASSIUM	Xubex Preferred Network Program	\$275.93	\$317.32
<b>DICLOFENAC SODIUM (BRAND: VOLTAREN)</b>							
	50	MG	TABLET(S)	DICLOFENAC SODIUM	Rx Outreach	\$116.44	\$133.91
	50	MG	TABLET(S)	DICLOFENAC SODIUM	Xubex Preferred Network Program	\$116.44	\$133.91
<b>DICLOFENAC SODIUM DR (BRAND: VOLTAREN)</b>							
	75	MG	TABLET(S)	diclofenac sodium	Xubex Preferred Network Program	\$114.47	\$131.64
<b>DICLOFENAC SODIUM EC (BRAND: VOLTAREN)</b>							
	75	MG	TABLET(S)	DICLOFENAC SODIUM	Rx Outreach	\$177.39	\$204.00
	75	MG	TABLET(S)	DICLOFENAC SODIUM	Xubex Preferred Network Program	\$177.39	\$204.00
<b>DICLOFENAC SODIUM ER (BRAND: VOLTAREN)</b>							
	100	MG	TABLET(S)	DICLOFENAC SODIUM ER	Rx Outreach	\$255.00	\$293.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DICLOFENAC SODIUM ER (BRAND: VOLTAREN)</b>							
	100	MG	TABLET(S)	DICLOFENAC SODIUM ER	Xubex Preferred Network Program	\$255.00	\$293.25
<b>DICYCLOMINE (BRAND: BENTYL)</b>							
	10	MG	CAPSULE(S)	DICYCLOMINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$26.38	\$30.34
	20	MG	TABLET(S)	DICYCLOMINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$77.64	\$89.29
	10	MG	CAPSULE(S)	DICYCLOMINE	Rx Outreach	\$26.38	\$30.34
	20	MG	TABLET(S)	DICYCLOMINE	Rx Outreach	\$77.64	\$89.29
	10	MG	CAPSULE(S)	DICYCLOMINE	Xubex Preferred Network Program	\$26.38	\$30.34
	20	MG	TABLET(S)	DICYCLOMINE	Xubex Preferred Network Program	\$77.64	\$89.29
<b>DIETHYLPROPION HCL (BRAND: TENUATE)</b>							
	25	MG	TABLET(S)	diethylpropion hydrochloride	Xubex Preferred Network Program	\$51.85	\$59.63
	75	MG	TABLET(S)	diethylpropion hydrochloride	Xubex Preferred Network Program	\$130.17	\$149.70
<b>DIFICID</b>							
	200	MG	TABLET(S)	FIDAXOMICIN	AccessDIFICID Program	\$4,417.92	\$5,080.61
	200	MG	TABLET(S)	FIDAXOMICIN	Merck Patient Assistance Program	\$4,417.92	\$5,080.61
<b>DIGOXIN (BRAND: LANOXIN)</b>							
	0.125	MG	TABLET(S)	DIGOXIN	Rx Outreach	\$230.00	\$264.50
	0.25	MG	TABLET(S)	DIGOXIN	Rx Outreach	\$230.00	\$264.50
	0.25	MG	TABLET(S)	DIGOXIN	Welvista - South Carolina Residents Only	\$230.00	\$264.50
	0.125	MG	TABLET(S)	DIGOXIN	Xubex Preferred Network Program	\$230.00	\$264.50

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DIGOXIN (BRAND: LANOXIN)</b>							
	0.25	MG	TABLET(S)	DIGOXIN	Xubex Preferred Network Program	\$230.00	\$264.50
<b>DILANTIN EXTENDED</b>							
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$123.78	\$142.35
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$106.73	\$122.74
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	NC MedAssist - North Carolina Residents Only	\$123.78	\$142.35
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	NC MedAssist - North Carolina Residents Only	\$106.73	\$122.74
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Pfizer RxPathways	\$123.78	\$142.35
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Pfizer RxPathways	\$106.73	\$122.74
<b>DILANTIN INFATABS</b>							
	50	MG	TABLET(S)	PHENYTOIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$115.99	\$133.39
	50	MG	TABLET(S)	PHENYTOIN	Pfizer RxPathways	\$115.99	\$133.39
	50	MG	TABLET(S)	PHENYTOIN	Welvista - South Carolina Residents Only	\$115.99	\$133.39
<b>DILANTIN KAPSEALS</b>							
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$106.73	\$122.74
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	NC MedAssist - North Carolina Residents Only	\$106.73	\$122.74



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DILANTIN KAPSEALS</b>							
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Pfizer RxPathways	\$106.73	\$122.74
	30	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Welvista - South Carolina Residents Only	\$106.73	\$122.74
<b>DILANTIN KAPSEALS</b>							
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$136.60	\$157.09
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	NC MedAssist - North Carolina Residents Only	\$136.60	\$157.09
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$136.60	\$157.09
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Pfizer RxPathways	\$136.60	\$157.09
	100	MG	CAPSULE(S)	PHENYTOIN SODIUM, EXTENDED	Welvista - South Carolina Residents Only	\$136.60	\$157.09
<b>DILANTIN-125</b>							
	125	mg/5ml (237ml)	ML	PHENYTOIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$154.28	\$177.42
	125	mg/5ml (237ml)	ML	PHENYTOIN	NC MedAssist - North Carolina Residents Only	\$154.28	\$177.42
	125	mg/5ml (237ml)	ML	PHENYTOIN	Pfizer RxPathways	\$154.28	\$177.42
<b>DILTIAZEM ER (BRAND: CARDIZEM CD, DILACOR XR)</b>							
*	120	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$35.88	\$41.26
	120	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$35.88	\$41.26

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DILTIAZEM ER (BRAND: CARDIZEM CD, DILACOR XR)</b>							
	120	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Rx Outreach	\$35.88	\$41.26
	120	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Xubex Preferred Network Program	\$35.88	\$41.26
<b>DILTIAZEM ER (BRAND: CARDIZEM CD, DILACOR XR)</b>							
*	240	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$128.17	\$147.40
	240	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Rx Outreach	\$128.17	\$147.40
<b>DILTIAZEM ER (BRAND: DILACOR XR)</b>							
*	180	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$105.92	\$121.81
	180	MG	CAPSULE(S)	DILTIAZEM HYDROCHLORIDE	Rx Outreach	\$105.92	\$121.81
<b>DILTIAZEM HCL (BRAND: CARDIZEM CD)</b>							
	180	MG	CAPSULE(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$130.12	\$149.64
	240	MG	CAPSULE(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$184.60	\$212.29
	300	MG	CAPSULE(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$239.24	\$275.13
<b>DILTIAZEM HCL TABLETS (BRAND: CARDIZEM, CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILACOR XR, DILT-CD, DILTIA XT, TAZTIA XT, TIAZAC)</b>							
	30	MG	TABLET(S)	diltiazem hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$44.94	\$51.68
	60	MG	TABLET(S)	diltiazem hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$70.30	\$80.85
	90	MG	TABLET(S)	diltiazem hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$85.69	\$98.54

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DILTIAZEM HCL TABLETS (BRAND: CARDIZEM, CARDIZEM CD, CARDIZEM LA, CARTIA XT, DILACOR XR, DILT-CD, DILTIA XT, TAZTIA XT, TIAZAC)</b>							
	30	MG	TABLET(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$44.94	\$51.68
	60	MG	TABLET(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$70.30	\$80.85
	90	MG	TABLET(S)	diltiazem hydrochloride	Xubex Preferred Network Program	\$85.69	\$98.54
<b>DIOVAN</b>							
*	160	MG	TABLET(S)	VALSARTAN	Novartis Patient Assistance Foundation, Inc.	\$789.44	\$907.86
*	320	MG	TABLET(S)	VALSARTAN	Novartis Patient Assistance Foundation, Inc.	\$998.71	\$1,148.52
*	40	MG	TABLET(S)	VALSARTAN	Novartis Patient Assistance Foundation, Inc.	\$204.72	\$235.43
*	80	MG	TABLET(S)	VALSARTAN	Novartis Patient Assistance Foundation, Inc.	\$734.15	\$844.27
<b>DIPHENOXYLATE/ATROPINE (BRAND: LOMOTIL OR LONOX)</b>							
	2.5/0.025	MG	TABLET(S)	ATROPINE SULFATE/DIPHENOXYLATE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$47.80	\$54.97
	2.5/0.025	MG	TABLET(S)	ATROPINE SULFATE/DIPHENOXYLATE HYDROCHLORIDE	Rx Outreach	\$47.80	\$54.97
	2.5/0.025	MG	TABLET(S)	ATROPINE SULFATE/DIPHENOXYLATE HYDROCHLORIDE	Xubex Preferred Network Program	\$47.80	\$54.97
<b>DIPYRIDAMOLE (BRAND: PERSANTINE)</b>							
	25	MG	TABLET(S)	dipyridamole	Xubex Preferred Network Program	\$106.05	\$121.96
	50	MG	TABLET(S)	dipyridamole	Xubex Preferred Network Program	\$170.82	\$196.44

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DIPYRIDAMOLE (BRAND: PERSANTINE)</b>							
	75	MG	TABLET(S)	dipyridamole	Xubex Preferred Network Program	\$228.56	\$262.84
<b>DITROPAN XL</b>							
	10	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$763.34	\$877.84
	15	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$782.46	\$899.83
	5	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$782.46	\$899.83
	10	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Welvista - South Carolina Residents Only	\$763.34	\$877.84
	15	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Welvista - South Carolina Residents Only	\$782.46	\$899.83
	5	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Welvista - South Carolina Residents Only	\$782.46	\$899.83
<b>DIVALPROEX SODIUM DR (BRAND: DEPAKOTE)</b>							
	125	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$111.96	\$128.75
	250	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$176.23	\$202.66
	500	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$85.66	\$98.51
	125	MG	TABLET(S)	DIVALPROEX SODIUM	Rx Outreach	\$111.96	\$128.75
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Rx Outreach	\$176.23	\$202.66
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Rx Outreach	\$85.66	\$98.51
	250	MG	TABLET(S)	DIVALPROEX SODIUM	Xubex Preferred Network Program	\$176.23	\$202.66
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Xubex Preferred Network Program	\$85.66	\$98.51
<b>DIVALPROEX SODIUM ER (BRAND: DEPAKOTE ER)</b>							
	250	MG	TABLET(S)	divalproex sodium	NC MedAssist - North Carolina Residents Only	\$245.48	\$282.30

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DIVALPROEX SODIUM ER (BRAND: DEPAKOTE ER)</b>							
	500	MG	TABLET(S)	DIVALPROEX SODIUM	NC MedAssist - North Carolina Residents Only	\$407.49	\$468.61
	250	MG	TABLET(S)	divalproex sodium	Rx Outreach	\$245.48	\$282.30
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Rx Outreach	\$407.49	\$468.61
	250	MG	TABLET(S)	divalproex sodium	Xubex Preferred Network Program	\$245.48	\$282.30
	500	MG	TABLET(S)	DIVALPROEX SODIUM	Xubex Preferred Network Program	\$407.49	\$468.61
<b>DONEPEZIL HYDROCHLORIDE (BRAND: ARICEPT)</b>							
	5	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Rx Outreach	\$700.91	\$806.05
	5	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Xubex Preferred Network Program	\$700.91	\$806.05
<b>DONEPEZIL HYDROCHLORIDE(BRAND: ARICEPT)</b>							
	10	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Rx Outreach	\$700.91	\$806.05
	10	MG	TABLET(S)	DONEPEZIL HYDROCHLORIDE	Xubex Preferred Network Program	\$700.91	\$806.05
<b>DONNATAL</b>							
	0.0194-0.1037-16.2 -0.0065	MG-MG-MG-MG	TABLET(S)	atropine sulf/hyoscyamine sulf/pb/scop hydrobrom	Rx Outreach	\$1,140.43	\$1,311.49
<b>DONNATAL GRAPE ELIXIR</b>							
	0.0194-0.1037-16.2 -0.0065	MG/5ML (480 ML)	ML	atropine sulf/hyoscyamine sulf/phenobarb/scop hy	Rx Outreach	\$1,706.87	\$1,962.90
<b>DONNATAL MINT ELIXIR</b>							
	0.0194-0.1037-16.2 -0.0065	MG/5ML (480 ML)	ML	atropine sulf/hyoscyamine sulf/phenobarb/scop hy	Rx Outreach	\$1,706.87	\$1,962.90

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DORZOLAMIDE HYDROCHLORIDE (BRAND: TRUSOPT)</b>							
	2	% (10 ML)	DROP(S)	dorzolamide hydrochloride	NC MedAssist - North Carolina Residents Only	\$68.58	\$78.87
	2	% (10 ML)	DROP(S)	dorzolamide hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$68.58	\$78.87
	2	% (10 ML)	DROP(S)	dorzolamide hydrochloride	Rx Outreach	\$68.58	\$78.87
<b>DORZOLAMIDE/TIMOLOL (BRAND: COSOPT)</b>							
	2/0.5	% (10 ML)	DROP(S)	DORZOLAMIDE/TIMOLOL	NC MedAssist - North Carolina Residents Only	\$67.49	\$77.61
	2/0.5	% (10 ML)	DROP(S)	DORZOLAMIDE/TIMOLOL	Rx Outreach	\$67.49	\$77.61
<b>DOXAZOSIN MESYLATE (BRAND: CARDURA)</b>							
	1	MG	TABLET(S)	DOXAZOSIN MESYLATE	Rx Outreach	\$134.86	\$155.09
	2	MG	TABLET(S)	DOXAZOSIN MESYLATE	Rx Outreach	\$134.86	\$155.09
	4	MG	TABLET(S)	DOXAZOSIN MESYLATE	Rx Outreach	\$141.55	\$162.78
	8	MG	TABLET(S)	DOXAZOSIN MESYLATE	Rx Outreach	\$148.64	\$170.94
	1	MG	TABLET(S)	DOXAZOSIN MESYLATE	Xubex Preferred Network Program	\$134.86	\$155.09
	2	MG	TABLET(S)	DOXAZOSIN MESYLATE	Xubex Preferred Network Program	\$134.86	\$155.09
	4	MG	TABLET(S)	DOXAZOSIN MESYLATE	Xubex Preferred Network Program	\$141.55	\$162.78
	8	MG	TABLET(S)	DOXAZOSIN MESYLATE	Xubex Preferred Network Program	\$148.64	\$170.94
<b>DOXEPIN (BRAND: ADAPIN, SINEQUAN)</b>							
	10	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$56.21	\$64.64
	100	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$177.48	\$204.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DOXEPIN (BRAND: ADAPIN, SINEQUAN)</b>							
	25	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$73.98	\$85.08
	50	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$106.20	\$122.13
	75	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$162.91	\$187.35
	10	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Rx Outreach	\$56.21	\$64.64
	100	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Rx Outreach	\$177.48	\$204.10
	25	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Rx Outreach	\$73.98	\$85.08
	50	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Rx Outreach	\$106.20	\$122.13
	75	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Rx Outreach	\$162.91	\$187.35
	10	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Xubex Preferred Network Program	\$56.21	\$64.64
	100	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Xubex Preferred Network Program	\$177.48	\$204.10
	25	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Xubex Preferred Network Program	\$73.98	\$85.08
	50	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Xubex Preferred Network Program	\$106.20	\$122.13
	75	MG	CAPSULE(S)	DOXEPIN HYDROCHLORIDE	Xubex Preferred Network Program	\$162.91	\$187.35
<b>DOXIL</b>							
	2	MG/ML (25ML)	MG	DOXORUBICIN HYDROCHLORIDE LIPOSOME	Johnson & Johnson Hospital Access Patient Assistance Program	\$3,233.70	\$3,718.76
	2	MG/ML (25ML)	MG	DOXORUBICIN HYDROCHLORIDE LIPOSOME	Johnson & Johnson Patient Assistance Foundation	\$3,233.70	\$3,718.76

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DOXIL</b>							
	2	MG/ML (10ML)	MG	DOXORUBICIN HYDROCHLORIDE LIPOSOME	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,293.48	\$1,487.50
	2	MG/ML (10ML)	MG	DOXORUBICIN HYDROCHLORIDE LIPOSOME	Johnson & Johnson Patient Assistance Foundation	\$1,293.48	\$1,487.50
<b>DOXYCYCLINE (BRAND: VIBRAMYCIN)</b>							
	100	MG	CAPSULE(S)	DOXYCYCLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$128.15	\$147.37
	150	MG	TABLET(S)	DOXYCYCLINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,479.01	\$1,700.86
	100	MG	CAPSULE(S)	DOXYCYCLINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$128.15	\$147.37
	100	MG	CAPSULE(S)	DOXYCYCLINE	Xubex Preferred Network Program	\$128.15	\$147.37
	150	MG	TABLET(S)	DOXYCYCLINE	Xubex Preferred Network Program	\$1,479.01	\$1,700.86
<b>DOXYCYCLINE DR (BRAND: VIBRAMYCIN)</b>							
	75	MG	TABLET(S)	DOXYCYCLINE HYCLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,022.42	\$1,175.78
	75	MG	TABLET(S)	DOXYCYCLINE HYCLATE	Xubex Preferred Network Program	\$1,022.42	\$1,175.78
<b>DRONABINOL (BRAND: MARINOL)</b>							
	10	MG	CAPSULE(S)	DRONABINOL	Xubex Preferred Network Program	\$1,351.30	\$1,554.00
	2.5	MG	CAPSULE(S)	DRONABINOL	Xubex Preferred Network Program	\$353.59	\$406.63
	5	MG	CAPSULE(S)	DRONABINOL	Xubex Preferred Network Program	\$735.89	\$846.27



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DROXIA</b>							
	400	MG	CAPSULE(S)	HYDROXYUREA	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$58.31	\$67.06
<b>DROXIA</b>							
	200	MG	CAPSULE(S)	HYDROXYUREA	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$56.76	\$65.27
	300	MG	CAPSULE(S)	HYDROXYUREA	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$56.76	\$65.27
<b>DUAC</b>							
	5-1.2	%-% (45 GM)	GEL/JELLY	BENZOYL PEROXIDE/CLINDAMYCIN PHOSPHATE	GSK Patient Assistance Program	\$402.85	\$463.28
	5-1.2	%-% (45 GM)	GEL/JELLY	BENZOYL PEROXIDE/CLINDAMYCIN PHOSPHATE	Welvista - South Carolina Residents Only	\$402.85	\$463.28
<b>DUAVEE</b>							
	20-0.45	MG-MG	TABLET(S)	bazedoxifene acetate/conjugated estrogens	Pfizer RxPathways	\$190.61	\$219.20
	20-0.45	MG-MG	TABLET(S)	bazedoxifene acetate/conjugated estrogens	Welvista - South Carolina Residents Only	\$190.61	\$219.20
<b>DUETACT</b>							
*	2-30	MG-MG	TABLET(S)	GLIMEPIRIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$712.56	\$819.44
*	4-30	MG-MG	TABLET(S)	GLIMEPIRIDE/PIOGLITAZONE HYDROCHLORIDE	Takeda Patient Assistance Program	\$712.56	\$819.44

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DUEXIS</b>							
	26.6-800	MG-MG	TABLET(S)	famotidine/ibuprofen	Horizon Patient Assistance Program	\$2,710.80	\$3,117.42
<b>DULERA</b>							
	100/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Merck Patient Assistance Program	\$348.66	\$400.96
	200/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Merck Patient Assistance Program	\$348.66	\$400.96
	100/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	NC MedAssist - North Carolina Residents Only	\$348.66	\$400.96
	200/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	NC MedAssist - North Carolina Residents Only	\$348.66	\$400.96
	100/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Welvista - South Carolina Residents Only	\$348.66	\$400.96
	200/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Welvista - South Carolina Residents Only	\$348.66	\$400.96
	100/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Xubex Free Trial 30 Day Medication Supply	\$348.66	\$400.96
	200/5	MCG/ACTUATION	PUFF(S)	MOMETASONE/FOROMOTEROL	Xubex Free Trial 30 Day Medication Supply	\$348.66	\$400.96
<b>DULOXETINE HYDROCHLORIDE (BRAND: CYMBALTA)</b>							
*	30	MG	CAPSULE(S)	duloxetine hydrochloride	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$706.64	\$812.64
*	60	MG	CAPSULE(S)	duloxetine hydrochloride	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$235.55	\$270.88
	30	MG	CAPSULE(S)	duloxetine hydrochloride	NC MedAssist - North Carolina Residents Only	\$706.64	\$812.64
	60	MG	CAPSULE(S)	duloxetine hydrochloride	NC MedAssist - North Carolina Residents Only	\$235.55	\$270.88
	30	MG	CAPSULE(S)	duloxetine hydrochloride	Rx Outreach	\$706.64	\$812.64
	60	MG	CAPSULE(S)	duloxetine hydrochloride	Rx Outreach	\$235.55	\$270.88
	30	MG	CAPSULE(S)	duloxetine hydrochloride	Xubex Preferred Network Program	\$706.64	\$812.64
	60	MG	CAPSULE(S)	duloxetine hydrochloride	Xubex Preferred Network Program	\$235.55	\$270.88

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DULOXETINE HYDROCHLORIDE BRAND: CYMBALTA)</b>							
*	20	MG	CAPSULE(S)	duloxetine hydrochloride	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$419.90	\$482.89
	20	MG	CAPSULE(S)	duloxetine hydrochloride	NC MedAssist - North Carolina Residents Only	\$419.90	\$482.89
	20	MG	CAPSULE(S)	duloxetine hydrochloride	Rx Outreach	\$419.90	\$482.89
	20	MG	CAPSULE(S)	duloxetine hydrochloride	Xubex Preferred Network Program	\$419.90	\$482.89
<b>DUPIXENT</b>							
	300/2	MG/ML (2ML)	SYRINGE	dupilumab	Dupixent MyWay	\$3,415.39	\$3,927.70
<b>DURAGESIC</b>							
	100	MCG/HRS	PATCH	FENTANYL	Johnson & Johnson Patient Assistance Foundation-Card Program	\$880.16	\$1,012.18
	12	MCG/HRS	PATCH	FENTANYL	Johnson & Johnson Patient Assistance Foundation-Card Program	\$196.96	\$226.50
	25	MCG/HRS	PATCH	FENTANYL	Johnson & Johnson Patient Assistance Foundation-Card Program	\$237.80	\$273.47
	50	MCG/HRS	PATCH	FENTANYL	Johnson & Johnson Patient Assistance Foundation-Card Program	\$434.77	\$499.99
	75	MCG/HRS	PATCH	FENTANYL	Johnson & Johnson Patient Assistance Foundation-Card Program	\$663.17	\$762.65
<b>DUREZOL</b>							
	0.05	% (5 ML)	DROP(S)	difluprednate	NC MedAssist - North Carolina Residents Only	\$188.56	\$216.84
	0.05	% (5 ML)	DROP(S)	difluprednate	Novartis Patient Assistance Foundation, Inc.	\$188.56	\$216.84
	0.05	% (5 ML)	DROP(S)	difluprednate	Welvista - South Carolina Residents Only	\$188.56	\$216.84

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>DUTASTERIDE (BRAND: AVODART)</b>							
	0.5	MG	CAPSULE(S)	dutasteride	Rx Outreach	\$112.31	\$129.16
<b>DUTOPROL (BRAND: METOPROLOL SUCCINATE ER/HCTZ)</b>							
	100/12.5	MG	TABLET(S)	hydrochlorothiazide/metoprolol succinate	Rx Outreach	\$262.63	\$302.02
	25/12.5	MG	TABLET(S)	hydrochlorothiazide/metoprolol succinate	Rx Outreach	\$262.63	\$302.02
	50/12.5	MG	TABLET(S)	hydrochlorothiazide/metoprolol succinate	Rx Outreach	\$262.63	\$302.02
	50/12.5	MG	TABLET(S)	hydrochlorothiazide/metoprolol succinate	Xubex Preferred Network Program	\$262.63	\$302.02
<b>DYAZIDE</b>							
	37.5-25	MG-MG	CAPSULE(S)	TRIAMTERENE/HYDROCHLOROT HIAZIDE	Welvista - South Carolina Residents Only	\$260.59	\$299.68
<b>DYMISTA SPRAY</b>							
	137-50	MCG/ACTUATION- MCG/ACTUATION (23 GM)	SPRAY(S)	azelastine hydrochloride/fluticasone propionate	Mylan Dymista Patient Assistance Program	\$214.43	\$246.59
<b>DYRENIUM</b>							
	100	MG	CAPSULE(S)	TRIAMTERENE	Rx Outreach	\$1,149.60	\$1,322.04
	50	MG	CAPSULE(S)	TRIAMTERENE	Rx Outreach	\$1,149.60	\$1,322.04
<b>ECONOPRED PLUS</b>							
	1	% (10ML)	DROP(S)	PREDNISOLONE ACETATE	Novartis Patient Assistance Foundation, Inc.	\$60.51	\$69.59

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EDARBI</b>							
	40	MG	TABLET(S)	AZILSARTAN MEDOXOMIL	Arbor Pharmaceuticals Patient Assistance Program	\$199.84	\$229.82
	80	MG	TABLET(S)	AZILSARTAN MEDOXOMIL	Arbor Pharmaceuticals Patient Assistance Program	\$217.22	\$249.80
<b>EDARBYCLOR</b>							
	40/12.5	MG	TABLET (S)	AZILSARTAN MEDOXOMIL/CHLORTHALIDONE	Arbor Pharmaceuticals Patient Assistance Program	\$205.03	\$235.78
	40/25	MG	TABLET (S)	AZILSARTAN MEDOXOMIL/CHLORTHALIDONE	Arbor Pharmaceuticals Patient Assistance Program	\$193.42	\$222.43
<b>EDECIN</b>							
	25	MG	TABLET(S)	ETHACRYNIC ACID	Valeant Patient Assistance Program	\$2,691.00	\$3,094.65
<b>EDURANT</b>							
	25	MG	TABLET(S)	RILPIVIRINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,160.10	\$1,334.12
	25	MG	TABLET(S)	RILPIVIRINE HYDROCHLORIDE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,160.10	\$1,334.12
	25	MG	TABLET(S)	RILPIVIRINE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation	\$1,160.10	\$1,334.12
	25	MG	TABLET(S)	RILPIVIRINE HYDROCHLORIDE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,160.10	\$1,334.12
<b>EEMT</b>							
	1.25-2.5	MG-MG	TABLET(S)	esterified estrogens/methyltestosterone	Xubex Preferred Network Program	\$192.95	\$221.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EFFEXOR XR</b>							
	150	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,512.88	\$1,739.81
	37.5	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,239.59	\$1,425.53
	75	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,388.93	\$1,597.27
*	150	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	Pfizer RxPathways	\$1,512.88	\$1,739.81
*	37.5	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	Pfizer RxPathways	\$1,239.59	\$1,425.53
*	75	MG	CAPSULE(S)	VENLAFAXINE HYDROCHLORIDE	Pfizer RxPathways	\$1,388.93	\$1,597.27
<b>EFFIENT</b>							
	10	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	Lilly Cares	\$550.80	\$633.42
	5	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	Lilly Cares	\$550.80	\$633.42
	10	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$550.80	\$633.42
	5	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$550.80	\$633.42
	10	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$550.80	\$633.42
	5	MG	TABLET(S)	PRASUGREL HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$550.80	\$633.42
<b>ELIDEL</b>							
	1	% 100gm	CRE	PIMECROLIMUS	Valeant Patient Assistance Program	\$1,035.31	\$1,190.61
<b>ELIGARD</b>							
	22.5	MG	INJECTION(S)	LEUPROLIDE ACETATE	Eligard Patient Assistance Program	\$1,626.08	\$1,869.99
	45	MG	INJECTION(S)	leuprolide acetate	Eligard Patient Assistance Program	\$3,252.16	\$3,739.98

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ELIGARD</b>							
	30	MG	INJECTION(S)	leuprolide acetate	Eligard Patient Assistance Program	\$2,168.11	\$2,493.33
	7.5	MG	INJECTION(S)	leuprolide acetate	Eligard Patient Assistance Program	\$542.03	\$623.33
<b>ELIQUIS</b>							
	2.5	MG	TABLET(S)	apixaban	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$776.75	\$893.26
	5	MG	TABLET(S)	apixaban	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$776.75	\$893.26
	2.5	MG	TABLET(S)	apixaban	Xubex Free Trial 30 Day Medication Supply	\$776.75	\$893.26
	5	MG	TABLET(S)	apixaban	Xubex Free Trial 30 Day Medication Supply	\$776.75	\$893.26
<b>ELITEK</b>							
	1.5	MG	INJECTION(S)	RASBURICASE	Sanofi Patient Connection	\$2,809.02	\$3,230.37
	7.5	MG	INJECTION(S)	RASBURICASE	Sanofi Patient Connection	\$4,681.80	\$5,384.07
<b>ELLEENCE</b>							
	2	MG/ML (100 ML)	INJECTION	EPIRUBICIN HYDROCHLORIDE	Pfizer RxPathways	\$268.80	\$309.12
<b>ELMIRON</b>							
	100	MG	CAPSULE(S)	PENTOSAN POLYSULFATE SODIUM	Johnson & Johnson Patient Assistance Foundation-Card Program	\$995.28	\$1,144.57
	100	MG	CAPSULE(S)	PENTOSAN POLYSULFATE SODIUM	NC MedAssist - North Carolina Residents Only	\$995.28	\$1,144.57
	100	MG	CAPSULE(S)	PENTOSAN POLYSULFATE SODIUM	Welvista - South Carolina Residents Only	\$995.28	\$1,144.57

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ELOCON</b>							
	0.1	% (50 GM)	CRE	mometasone furoate	Merck Patient Assistance Program	\$120.60	\$138.69
	0.1	% 15gm	CRE	MOMETASONE FUROATE	Welvista - South Carolina Residents Only	\$56.86	\$65.39
<b>ELOXATIN</b>							
*	100	MG	INJECTION(S)	OXALIPLATIN	Sanofi Patient Connection	\$2,044.90	\$2,351.64
*	50	MG	INJECTION(S)	OXALIPLATIN	Sanofi Patient Connection	\$1,022.46	\$1,175.83
<b>EMADINE</b>							
	0.05	% (5 ML)	DROP(S)	EMEDASTINE DIFUMARATE	Novartis Patient Assistance Foundation, Inc.	\$150.19	\$172.72
<b>EMCYT</b>							
	140	MG	CAPSULE(S)	ESTRAMUSTINE PHOSPHATE SODIUM	Pfizer RxPathways	\$1,758.01	\$2,021.71
<b>EMEND</b>							
	125	MG	CAPSULE(S)	APREPITANT	Merck Access Program	\$2,239.42	\$2,575.33
	150	MG	MG	FOSAPREPITANT DIMEGLUMINE	Merck Access Program	\$367.72	\$422.88
	80	MG	CAPSULE(S)	APREPITANT	Merck Access Program	\$1,433.23	\$1,648.21
	125	MG	CAPSULE(S)	APREPITANT	Merck Patient Assistance Program	\$2,239.42	\$2,575.33
	80	MG	CAPSULE(S)	APREPITANT	Merck Patient Assistance Program	\$1,433.23	\$1,648.21
	125	MG	CAPSULE(S)	APREPITANT	NC MedAssist - North Carolina Residents Only	\$2,239.42	\$2,575.33
	150	MG	MG	FOSAPREPITANT DIMEGLUMINE	NC MedAssist - North Carolina Residents Only	\$367.72	\$422.88
	40	MG	CAPSULE(S)	APREPITANT	NC MedAssist - North Carolina Residents Only	\$644.40	\$741.06
	80	MG	CAPSULE(S)	APREPITANT	NC MedAssist - North Carolina Residents Only	\$1,433.23	\$1,648.21



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EMEND</b>							
	125	MG	CAPSULE(S)	APREPITANT	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$2,239.42	\$2,575.33
	80	MG	CAPSULE(S)	APREPITANT	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,433.23	\$1,648.21
	125	MG	CAPSULE(S)	APREPITANT	Welvista - South Carolina Residents Only	\$2,239.42	\$2,575.33
	40	MG	CAPSULE(S)	APREPITANT	Welvista - South Carolina Residents Only	\$644.40	\$741.06
	80	MG	CAPSULE(S)	APREPITANT	Welvista - South Carolina Residents Only	\$1,433.23	\$1,648.21
<b>EMEND TRI-FOLD PACK</b>							
	125-80	MG	CAPSULE(S)	APREPITANT	Merck Access Program	\$845.50	\$972.33
	125-80	MG	CAPSULE(S)	APREPITANT	NC MedAssist - North Carolina Residents Only	\$845.50	\$972.33
	125-80	MG	CAPSULE(S)	APREPITANT	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$845.50	\$972.33
	125-80	MG	CAPSULE(S)	APREPITANT	Welvista - South Carolina Residents Only	\$845.50	\$972.33
<b>EMFLAZA</b>							
	18	MG	TABLET(S)	deflazacort	Emflaza Cares Patient Assistance Program	\$4,710.00	\$5,416.50
	22.75	MG/ML (13 ML)	MG	deflazacort	Emflaza Cares Patient Assistance Program	\$3,447.60	\$3,964.74
	30	MG	TABLET(S)	deflazacort	Emflaza Cares Patient Assistance Program	\$7,850.40	\$9,027.96
	36	MG	TABLET(S)	deflazacort	Emflaza Cares Patient Assistance Program	\$8,748.00	\$10,060.20
	6	MG	TABLET(S)	deflazacort	Emflaza Cares Patient Assistance Program	\$5,233.20	\$6,018.18
<b>EMPLICITI</b>							
	300	MG	MG	elotuzumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$2,163.17	\$2,487.65

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EMPLICITI</b>							
	400	MG	MG	elotuzumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$2,884.22	\$3,316.85
<b>EMSAM</b>							
	12/24	MG/HR	PATCH, ER	SELEGILINE	Mylan EMSAM Transdermal System Patient Assistance Program	\$1,816.06	\$2,088.47
	6/24	MG/HR	PATCH, ER	SELEGILINE	Mylan EMSAM Transdermal System Patient Assistance Program	\$1,816.06	\$2,088.47
	9/24	MG/HR	PATCH, ER	SELEGILINE	Mylan EMSAM Transdermal System Patient Assistance Program	\$1,816.06	\$2,088.47
<b>EMTRIVA</b>							
	200	MG	CAPSULE(S)	EMTRICITABINE	Gilead Advancing Access	\$643.82	\$740.39
	200	MG	CAPSULE(S)	EMTRICITABINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$643.82	\$740.39
<b>EMTRIVA</b>							
	10	MG/ML (170 ML)	MG	emtricitabine	Gilead Advancing Access	\$152.04	\$174.85
	10	MG/ML (170 ML)	MG	emtricitabine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$152.04	\$174.85
<b>ENALAPRIL (BRAND: VASOTEC)</b>							
	10	MG	TABLET(S)	ENALAPRIL MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$134.00	\$154.10
	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$100.00	\$115.00
	20	MG	TABLET(S)	ENALAPRIL MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$137.28	\$157.87

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ENALAPRIL (BRAND: VASOTEC)</b>							
	5	MG	TABLET(S)	ENALAPRIL MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$22.50	\$25.88
	10	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach	\$134.00	\$154.10
	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach	\$100.00	\$115.00
	20	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach	\$137.28	\$157.87
	5	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach	\$22.50	\$25.88
	10	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$134.00	\$154.10
	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$100.00	\$115.00
	20	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$137.28	\$157.87
	5	MG	TABLET(S)	ENALAPRIL MALEATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$22.50	\$25.88
	10	MG	TABLET(S)	ENALAPRIL MALEATE	Xubex Preferred Network Program	\$134.00	\$154.10
	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	Xubex Preferred Network Program	\$100.00	\$115.00
	20	MG	TABLET(S)	ENALAPRIL MALEATE	Xubex Preferred Network Program	\$137.28	\$157.87
	5	MG	TABLET(S)	ENALAPRIL MALEATE	Xubex Preferred Network Program	\$22.50	\$25.88
<b>ENALAPRIL/HCTZ (BRAND: VASERETIC)</b>							
	10/25	MG/MG	TABLET(S)	ENALAPRIL/HCTZ	Rx Outreach	\$119.40	\$137.31
	5/12.25	MG/MG	TABLET(S)	ENALAPRIL/HCTZ	Rx Outreach	\$107.20	\$123.28
	10/25	MG/MG	TABLET(S)	ENALAPRIL/HCTZ	Xubex Preferred Network Program	\$119.40	\$137.31
	5/12.25	MG/MG	TABLET(S)	ENALAPRIL/HCTZ	Xubex Preferred Network Program	\$107.20	\$123.28

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ENBREL</b>							
	25	MG	INJECTION	ETANERCEPT	Amgen Safety Net Foundation	\$2,665.20	\$3,064.98
	50	MG/ML (0.98 ML)	INJECTION	(SURECLICK AUTOINJECTOR,P	Amgen Safety Net Foundation	\$2,665.20	\$3,064.98
<b>ENJUWIA</b>							
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Enjuvia Patient Assistance Program	\$298.90	\$343.74
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Teva Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Teva Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Teva Enjuvia Patient Assistance Program	\$298.90	\$343.74
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Teva Enjuvia Patient Assistance Program	\$298.90	\$343.74
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Xubex Free Trial 30 Day Medication Supply	\$298.90	\$343.74
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Xubex Free Trial 30 Day Medication Supply	\$298.90	\$343.74
	0.9	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Xubex Free Trial 30 Day Medication Supply	\$298.90	\$343.74

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ENJUVA</b>							
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS SYNTHETIC B	Xubex Free Trial 30 Day Medication Supply	\$298.90	\$343.74
<b>ENSURE (CHOCOLATE)</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$35.14	\$40.41
<b>ENSURE (COFFEE LATTE)</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$9.68	\$11.13
<b>ENSURE (PECAN)</b>							
	n/a	n/a	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$35.14	\$40.41
<b>ENSURE (STRAWBERRY)</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$9.68	\$11.13
<b>ENSURE (VANILLA)</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$35.14	\$40.41
<b>ENSURE HIGH CALCIUM (CHOCOLATE)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$12.22	\$14.05
<b>ENSURE HIGH CALCIUM (VANILLA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$12.22	\$14.05
<b>ENSURE HIGH PROTEIN (BANANA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$1.98	\$2.28
<b>ENSURE HIGH PROTEIN (CHOCOLATE)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$1.94	\$2.23

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ENSURE HIGH PROTEIN (VANILLA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$1.46	\$1.68
<b>ENSURE PLUS (CHOCOLATE)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.16	\$2.48
<b>ENSURE PLUS (COFFEE)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.16	\$2.48
<b>ENSURE PLUS (CREAMY MILK CHOCOLATE)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.26	\$2.60
<b>ENSURE PLUS (EGGNOG)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.16	\$2.48
<b>ENSURE PLUS (HOMEMADE VANILLA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$8.71	\$10.02
<b>ENSURE PLUS (STRAWBERRIES &amp; CREAM)</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$40.61	\$46.70
<b>ENSURE PLUS (VANILLA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.16	\$2.48
<b>ENTEREG</b>							
	12	MG	CAPSULE(S)	alvimopan	Entereg Access Support and Education (E.A.S.E.)	\$4,750.92	\$5,463.56
<b>ENTRESTO</b>							
	49/51	MG	TABLET(S)	sacubitril/valsartan	Novartis Patient Assistance Foundation, Inc.	\$809.26	\$930.65

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ENTRESTO</b>							
	97/103	MG	TABLET(S)	sacubitril/valsartan	Novartis Patient Assistance Foundation, Inc.	\$809.26	\$930.65
	49/51	MG	TABLET(S)	sacubitril/valsartan	Xubex Free Trial 30 Day Medication Supply	\$809.26	\$930.65
	97/103	MG	TABLET(S)	sacubitril/valsartan	Xubex Free Trial 30 Day Medication Supply	\$809.26	\$930.65
<b>ENTRESTO</b>							
	24/26	MG	TABLET(S)	sacubitril/valsartan	Novartis Patient Assistance Foundation, Inc.	\$809.26	\$930.65
	24/26	MG	TABLET(S)	sacubitril/valsartan	Xubex Free Trial 30 Day Medication Supply	\$809.26	\$930.65
<b>ENTYVIO</b>							
	300	MG	VIAL	vedolizumab	Entyvio Connect	\$6,504.86	\$7,480.59
<b>ENVARUSUS XR</b>							
	4	MG	TABLET(S)	tacrolimus	Veloxis Transplant Support Program	\$2,299.20	\$2,644.08
<b>ENVARUSUS XR</b>							
	0.75	MG	TABLET(S)	tacrolimus	Veloxis Transplant Support Program	\$431.10	\$495.77
	1	MG	TABLET(S)	tacrolimus	Veloxis Transplant Support Program	\$574.80	\$661.02
<b>EPCLUSA</b>							
	400-100	MG-MG	TABLET(S)	sofosbuvir/velpatasvir	Support Path Patient Assistance Program	\$29,904.00	\$34,389.60
<b>EPIDUO</b>							
	0.1-2.5	% (45 GM)	GEL	ADAPALENE/BENZOYL PEROXIDE	Galderma Patient Assistance Program	\$497.63	\$572.27
<b>EPINEPHRINE</b>							
	0.15/0.15	MG/ML	INJECTION(S)	epinephrine	Rx Outreach	\$494.01	\$568.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EPINEPHRINE</b>							
	0.3/0.3	MG/ML	INJECTION(S)	epinephrine	Rx Outreach	\$494.01	\$568.11
	0.15/0.15	MG/ML	INJECTION(S)	epinephrine	Xubex Free Trial 30 Day Medication Supply	\$494.01	\$568.11
	0.15/0.15	MG/ML	INJECTION(S)	epinephrine	Xubex Preferred Network Program	\$494.01	\$568.11
	0.3/0.3	MG/ML	INJECTION(S)	epinephrine	Xubex Preferred Network Program	\$494.01	\$568.11
<b>EPIPEN AUTO-INJECTOR</b>							
	0.3/0.3	MG/ML	INJECTION	EPINEPHRINE	Mylan EpiPen Auto-Injector Patient Assistance Program	\$730.33	\$839.88
	0.3/0.3	MG/ML	INJECTION	EPINEPHRINE	Rx Outreach	\$730.33	\$839.88
<b>EPIPEN JR AUTO-INJECTOR</b>							
	0.15/0.3	MG/ML	INJECTION	EPINEPHRINE	Mylan EpiPen Auto-Injector Patient Assistance Program	\$730.33	\$839.88
<b>EPIVIR</b>							
	10	mg/ml (240ml)	SOL	LAMIVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$133.04	\$153.00
	150	MG	TABLET(S)	LAMIVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$498.89	\$573.72
	300	MG	TABLET(S)	LAMIVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$498.89	\$573.72
	10	mg/ml (240ml)	SOL	LAMIVUDINE	ViiV Healthcare Patient Assistance Program	\$133.04	\$153.00
	150	MG	TABLET(S)	LAMIVUDINE	ViiV Healthcare Patient Assistance Program	\$498.89	\$573.72
	300	MG	TABLET(S)	LAMIVUDINE	ViiV Healthcare Patient Assistance Program	\$498.89	\$573.72



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EPIVIR HBV</b>							
	100	MG	TABLET(S)	LAMIVUDINE	GSK Patient Assistance Program	\$1,170.76	\$1,346.37
	5	MG/ML	MG	LAMIVUDINE	GSK Patient Assistance Program	\$234.14	\$269.26
<b>EPLERENONE (BRAND: INSPRA)</b>							
	25	MG	TABLET(S)	EPLERENONE	NC MedAssist - North Carolina Residents Only	\$390.56	\$449.14
	50	MG	TABLET(S)	EPLERENONE	NC MedAssist - North Carolina Residents Only	\$390.56	\$449.14
	25	MG	TABLET(S)	EPLERENONE	Rx Outreach	\$390.56	\$449.14
	50	MG	TABLET(S)	EPLERENONE	Rx Outreach	\$390.56	\$449.14
	25	MG	TABLET(S)	EPLERENONE	Xubex Preferred Network Program	\$390.56	\$449.14
	50	MG	TABLET(S)	EPLERENONE	Xubex Preferred Network Program	\$390.56	\$449.14
<b>EPOGEN</b>							
	10000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$198.96	\$228.80
	2000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$39.79	\$45.76
	20000	u/ml, 1ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$397.92	\$457.61
	3000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$59.69	\$68.64
	4000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$79.58	\$91.52
	40000	u/ml, 1ml	UNIT(S)	EPOETIN ALFA	Amgen Safety Net Foundation	\$646.78	\$743.80
	10000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$198.96	\$228.80
	2000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$39.79	\$45.76
	20000	u/ml, 1ml	UNIT(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$397.92	\$457.61

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EPOGEN</b>							
	3000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$59.69	\$68.64
	4000	u/ml, 1 ml	UNIT(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$79.58	\$91.52
<b>EPROSARTAN MESYLATE (BRAND: TEVETEN)</b>							
	600	MG	TABLET(S)	eprosartan mesylate	Xubex Preferred Network Program	\$342.59	\$393.98
<b>EPZICOM</b>							
	600-300	MG-MG	TABLET(S)	ABACAVIR SULFATE/LAMIVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,550.05	\$1,782.56
	600-300	MG-MG	TABLET(S)	ABACAVIR SULFATE/LAMIVUDINE	ViiV Healthcare Patient Assistance Program	\$1,550.05	\$1,782.56
<b>EQUETRO</b>							
	100	MG	CAPSULE(S)	CARBAMAZEPINE	Equetro Patient Assistance Program	\$463.86	\$533.44
	200	MG	CAPSULE(S)	CARBAMAZEPINE	Equetro Patient Assistance Program	\$522.96	\$601.40
	300	MG	CAPSULE(S)	CARBAMAZEPINE	Equetro Patient Assistance Program	\$587.34	\$675.44
<b>ERBITUX</b>							
	2	MG/ML (50 ML)	MG	CETUXIMAB	Lilly Patient Assistance Program for Oncology	\$688.38	\$791.64
<b>ERIVEDGE</b>							
	150	MG	CAPSULE(S)	VISMODEGIB	Genentech Access Solutions-Oral Products	\$12,920.80	\$14,858.92
<b>ERWINAZE</b>							
	10000	IU	VIAL	asparaginase erwinia chrysanthemi	Jumpstart Program	\$22,796.76	\$26,216.27

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ERYPED 200</b>							
	200/5	MG/ML (100 ML)	ML	erythromycin ethylsuccinate	Arbor Pharmaceuticals Patient Assistance Program	\$451.58	\$519.32
<b>ERYPED 400</b>							
	400/5	MG/ML (100ML)	ML	erythromycin ethylsuccinate	Arbor Pharmaceuticals Patient Assistance Program	\$793.94	\$913.03
<b>ERYTHROMYCIN</b>							
	250	MG	TABLET(S)	erythromycin	Arbor Pharmaceuticals Patient Assistance Program	\$1,267.08	\$1,457.14
	500	MG	TABLET(S)	erythromycin	Arbor Pharmaceuticals Patient Assistance Program	\$1,910.06	\$2,196.57
<b>ESBRIET</b>							
	267	MG	CAPSULE(S)	pirfenidone	Genentech Access Solutions-Esbriet	\$9,828.00	\$11,302.20
<b>ESCITALOPRAM (BRAND: LEXAPRO)</b>							
	10	MG	TABLET(S)	escitalopram oxalate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$471.52	\$542.25
	20	MG	TABLET(S)	escitalopram oxalate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$492.03	\$565.83
	5	MG	TABLET(S)	escitalopram oxalate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$451.96	\$519.75
	10	MG	TABLET(S)	escitalopram oxalate	Rx Outreach	\$471.52	\$542.25
	20	MG	TABLET(S)	escitalopram oxalate	Rx Outreach	\$492.03	\$565.83
	5	MG	TABLET(S)	escitalopram oxalate	Rx Outreach	\$451.96	\$519.75
	10	MG	TABLET(S)	escitalopram oxalate	Xubex Preferred Network Program	\$471.52	\$542.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ESCITALOPRAM (BRAND: LEXAPRO)</b>							
	20	MG	TABLET(S)	escitalopram oxalate	Xubex Preferred Network Program	\$492.03	\$565.83
	5	MG	TABLET(S)	escitalopram oxalate	Xubex Preferred Network Program	\$451.96	\$519.75
<b>ESOMEPRAZOLE MAGNESIUM (BRAND: NEXIUM)</b>							
	20	MG	CAPSULE(S)	ESOMEPRAZOLE MAGNESIUM	Rx Outreach	\$812.11	\$933.93
	40	MG	CAPSULE(S)	ESOMEPRAZOLE MAGNESIUM	Rx Outreach	\$812.11	\$933.93
	20	MG	CAPSULE(S)	ESOMEPRAZOLE MAGNESIUM	Welvista - South Carolina Residents Only	\$812.11	\$933.93
	40	MG	CAPSULE(S)	ESOMEPRAZOLE MAGNESIUM	Welvista - South Carolina Residents Only	\$812.11	\$933.93
<b>ESTRACE CREAM</b>							
	0.1	MG (1 GM)	APPLICATION(S)	estradiol	Allergan Patient Assistance Program	\$345.06	\$396.82
<b>ESTRADIOL (BRAND: ESTRACE, FEMTRACE, GYNODIOL)</b>							
	0.5	MG	TABLET(S)	ESTRADIOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$25.50	\$29.33
	1	MG	TABLET(S)	ESTRADIOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$34.50	\$39.68
	2	MG	TABLET(S)	ESTRADIOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$49.50	\$56.93
	0.5	MG	TABLET(S)	ESTRADIOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$25.50	\$29.33
	1	MG	TABLET(S)	ESTRADIOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$34.50	\$39.68
	2	MG	TABLET(S)	ESTRADIOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$49.50	\$56.93
	0.5	MG	TABLET(S)	ESTRADIOL	Rx Outreach	\$25.50	\$29.33

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ESTRADIOL (BRAND: ESTRACE, FEMTRACE, GYNODIOL)</b>							
	1	MG	TABLET(S)	ESTRADIOL	Rx Outreach	\$34.50	\$39.68
	2	MG	TABLET(S)	ESTRADIOL	Rx Outreach	\$49.50	\$56.93
	0.5	MG	TABLET(S)	ESTRADIOL	Xubex Preferred Network Program	\$25.50	\$29.33
	1	MG	TABLET(S)	ESTRADIOL	Xubex Preferred Network Program	\$34.50	\$39.68
	2	MG	TABLET(S)	ESTRADIOL	Xubex Preferred Network Program	\$49.50	\$56.93
<b>ESTRING</b>							
	2	MG	INSERT	ESTRADIOL	Pfizer RxPathways	\$488.30	\$561.55
<b>ESTROPIPATE (BRAND: OGEN)</b>							
	0.75	MG	TABLET(S)	ESTROPIPATE	Rx Outreach	\$110.03	\$126.53
	1.5	MG	TABLET(S)	ESTROPIPATE	Rx Outreach	\$158.10	\$181.82
	0.75	MG	TABLET(S)	ESTROPIPATE	Xubex Preferred Network Program	\$110.03	\$126.53
	1.5	MG	TABLET(S)	ESTROPIPATE	Xubex Preferred Network Program	\$158.10	\$181.82
	3	MG	TABLET(S)	ESTROPIPATE	Xubex Preferred Network Program	\$255.99	\$294.39
<b>ESZOPICLONE (BRAND: LUNESTA)</b>							
	1	MG	TABLET(S)	eszopiclone	Rx Outreach	\$1,166.18	\$1,341.11
	2	MG	TABLET(S)	eszopiclone	Rx Outreach	\$1,167.48	\$1,342.60
	3	MG	TABLET(S)	eszopiclone	Rx Outreach	\$1,167.48	\$1,342.60
	1	MG	TABLET(S)	eszopiclone	Rx Outreach Preferred Clinic Discount Pricing Program	\$1,166.18	\$1,341.11
	2	MG	TABLET(S)	eszopiclone	Rx Outreach Preferred Clinic Discount Pricing Program	\$1,167.48	\$1,342.60

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ESZOPICLONE (BRAND: LUNESTA)</b>							
	3	MG	TABLET(S)	eszopiclone	Rx Outreach Preferred Clinic Discount Pricing Program	\$1,167.48	\$1,342.60
<b>ETHOSUXIMIDE (BRAND: ZARONTIN)</b>							
	250	MG	TABLET(S)	ETHOSUXIMIDE	Xubex Preferred Network Program	\$214.21	\$246.34
<b>ETODOLAC (BRAND: LODINE)</b>							
	200	MG	CAPSULE(S)	ETODOLAC	Rx Outreach	\$143.71	\$165.27
	300	MG	CAPSULE(S)	ETODOLAC	Rx Outreach	\$161.68	\$185.93
	400	MG	TABLET(S)	ETODOLAC	Rx Outreach	\$146.78	\$168.80
	500	MG	TABLET(S)	ETODOLAC	Rx Outreach	\$308.21	\$354.44
	200	MG	CAPSULE(S)	ETODOLAC	Xubex Preferred Network Program	\$143.71	\$165.27
	300	MG	CAPSULE(S)	ETODOLAC	Xubex Preferred Network Program	\$161.68	\$185.93
	400	MG	TABLET(S)	ETODOLAC	Xubex Preferred Network Program	\$146.78	\$168.80
	500	MG	TABLET(S)	ETODOLAC	Xubex Preferred Network Program	\$308.21	\$354.44
	600	MG	TABLET(S)	ETODOLAC	Xubex Preferred Network Program	\$327.41	\$376.52
<b>EUCRISA</b>							
	2	% (60 GM)	APPLICATION(S)	crisaborole	Pfizer Patient Assistance Program for Eucrisa	\$696.00	\$800.40
<b>EVISTA</b>							
	60	MG	TABLET(S)	RALOXIFENE HYDROCHLORIDE	Lilly Cares	\$237.60	\$273.24
	60	MG	TABLET(S)	RALOXIFENE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$237.60	\$273.24
	60	MG	TABLET(S)	RALOXIFENE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$237.60	\$273.24

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EVOCLIN</b>							
	1	%	FOAM	CLINDAMYCIN PHOSPHATE	GSK Patient Assistance Program	\$228.59	\$262.88
<b>EVOTAZ</b>							
	300-150	MG-MG	TABLET(S)	atazanavir/cobicistat	BMS3assist Program	\$1,926.56	\$2,215.54
	300-150	MG-MG	TABLET(S)	atazanavir/cobicistat	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,926.56	\$2,215.54
	300-150	MG-MG	TABLET(S)	atazanavir/cobicistat	Xubex Free Trial 30 Day Medication Supply	\$1,926.56	\$2,215.54
<b>EVZIO</b>							
	2	MG/0.4 ML	AUTO-INJECTOR	naloxone hydrochloride	Kaleo Cares Patient Assistance Program for Evzio	\$4,920.00	\$5,658.00
<b>EXALGO</b>							
	12	MG	TABLET(S)	HYDROMORPHONE HCL	Covidien/Mallinckrodt Patient Assistance Program	\$2,510.18	\$2,886.71
	16	MG	TABLET(S)	HYDROMORPHONE HCL	Covidien/Mallinckrodt Patient Assistance Program	\$3,346.91	\$3,848.95
	32	MG	TABLET(S)	HYDROMORPHONE HCL	Covidien/Mallinckrodt Patient Assistance Program	\$6,693.83	\$7,697.90
	8	MG	TABLET(S)	HYDROMORPHONE HCL	Covidien/Mallinckrodt Patient Assistance Program	\$1,673.47	\$1,924.49
<b>EXELON PATCH</b>							
	13.3	MG/24 HR	PATCH(ES)	RIVASTIGMINE	Novartis Patient Assistance Foundation, Inc.	\$712.48	\$819.35
	4.6	MG/24 HR	PATCH(ES)	RIVASTIGMINE	Novartis Patient Assistance Foundation, Inc.	\$712.48	\$819.35
	9.5	MG/24 HR	PATCH(ES)	RIVASTIGMINE	Novartis Patient Assistance Foundation, Inc.	\$712.48	\$819.35
	4.6	MG/24 HR	PATCH(ES)	RIVASTIGMINE	Xubex Free Trial 30 Day Medication Supply	\$712.48	\$819.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>EXELON PATCH</b>							
	9.5	MG/24 HR	PATCH(ES)	RIVASTIGMINE	Xubex Free Trial 30 Day Medication Supply	\$712.48	\$819.35
<b>EXJADE</b>							
	125	MG	TABLET(S)	DEFERASIROX	EPASS Prescription and Reimbursement Hotline	\$1,245.92	\$1,432.81
	250	MG	TABLET(S)	DEFERASIROX	EPASS Prescription and Reimbursement Hotline	\$2,491.80	\$2,865.57
	500	MG	TABLET(S)	DEFERASIROX	EPASS Prescription and Reimbursement Hotline	\$4,983.50	\$5,731.03
<b>EXTAVIA</b>							
	0.3	MG	MG	INTERFERON BETA-1B	Novartis Patient Assistance Foundation, Inc.	\$7,136.74	\$8,207.25
<b>FAMCICLOVIR (BRAND: FAMVIR)</b>							
	125	MG	TABLET(S)	FAMCICLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$174.40	\$200.56
	250	MG	TABLET(S)	FAMCICLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$189.62	\$218.06
	500	MG	TABLET(S)	FAMCICLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$380.80	\$437.92
	125	MG	TABLET(S)	FAMCICLOVIR	Xubex Preferred Network Program	\$174.40	\$200.56
	250	MG	TABLET(S)	FAMCICLOVIR	Xubex Preferred Network Program	\$189.62	\$218.06
	500	MG	TABLET(S)	FAMCICLOVIR	Xubex Preferred Network Program	\$380.80	\$437.92
<b>FAMOTIDINE (BRAND: MYLANTA, PEPCID)</b>							
	20	MG	TABLET(S)	FAMOTIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$173.50	\$199.53



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FAMOTIDINE (BRAND: MYLANTA, PEPCID)</b>							
	40	MG	TABLET(S)	FAMOTIDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$335.00	\$385.25
	20	MG	TABLET(S)	FAMOTIDINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$173.50	\$199.53
	40	MG	TABLET(S)	FAMOTIDINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$335.00	\$385.25
	20	MG	TABLET(S)	FAMOTIDINE	Rx Outreach	\$173.50	\$199.53
	40	MG	TABLET(S)	FAMOTIDINE	Rx Outreach	\$335.00	\$385.25
	20	MG	TABLET(S)	FAMOTIDINE	Xubex Preferred Network Program	\$173.50	\$199.53
	40	MG	TABLET(S)	FAMOTIDINE	Xubex Preferred Network Program	\$335.00	\$385.25
<b>FANAPT</b>							
	1	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$1,199.90	\$1,379.89
	10	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$2,364.37	\$2,719.03
	12	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$2,364.37	\$2,719.03
	2	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$1,199.90	\$1,379.89
	4	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$1,199.90	\$1,379.89
	6	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$1,476.40	\$1,697.86
	8	MG	TABLET(S)	ILOPERIDONE	Vanda Patient Assistance Program	\$1,476.40	\$1,697.86
<b>FARESTON</b>							
	60	MG	TABLET(S)	TOREMIFENE CITRATE	Fareston Patient Assistance Program	\$1,499.34	\$1,724.24
<b>FARXIGA</b>							
	10	MG	TABLET(S)	dapagliflozin propanediol	AZ&Me Prescription Savings Program	\$516.62	\$594.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FARXIGA</b>							
	5	MG	TABLET(S)	dapagliflozin propanediol	AZ&Me Prescription Savings Program	\$516.62	\$594.11
	10	MG	TABLET(S)	dapagliflozin propanediol	Xubex Free Trial 30 Day Medication Supply	\$516.62	\$594.11
	5	MG	TABLET(S)	dapagliflozin propanediol	Xubex Free Trial 30 Day Medication Supply	\$516.62	\$594.11
<b>FARYDAK</b>							
	10	MG	CAPSULE(S)	panobinostat	Novartis Patient Assistance Now Oncology Program	\$8,800.01	\$10,120.01
	15	MG	CAPSULE(S)	panobinostat	Novartis Patient Assistance Now Oncology Program	\$8,800.01	\$10,120.01
	20	MG	CAPSULE(S)	panobinostat	Novartis Patient Assistance Now Oncology Program	\$8,800.01	\$10,120.01
<b>FASENRA</b>							
	30	MG/ML (1 ML)	SYRINGE(S)	benralizumab	AZ&Me Prescription Savings Program for Specialty Products	\$5,702.53	\$6,557.91
<b>FASLODEX</b>							
	50	MG/ML (5ML)	INJECTION(S)	FULVESTRANT	AZ&Me Prescription Savings Program for Specialty Products	\$2,247.30	\$2,584.40
<b>FELBAMATE (BRAND: FELBATOL)</b>							
	400	MG	TABLET(S)	FELBAMATE	Xubex Preferred Network Program	\$830.60	\$955.19
	600	MG	TABLET(S)	FELBAMATE	Xubex Preferred Network Program	\$951.18	\$1,093.86
<b>FELBATOL</b>							
	400	MG	TABLET(S)	FELBAMATE	Mylan Felbatol Patient Assistance Program	\$1,424.35	\$1,638.00
	600	MG	TABLET(S)	FELBAMATE	Mylan Felbatol Patient Assistance Program	\$1,632.40	\$1,877.26

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FELBATOL</b>							
	600/5	MG/ML (237ML/8oz)	ML	FELBAMATE	Mylan Felbatol Patient Assistance Program	\$1,750.56	\$2,013.14
<b>FELBATOL</b>							
	600/5	MG/ML (960 ML/32oz)	ML	felbamate	Mylan Felbatol Patient Assistance Program	\$6,749.98	\$7,762.48
<b>FELDENE</b>							
	10	MG	CAPSULE(S)	PIROXICAM	NC MedAssist - North Carolina Residents Only	\$846.91	\$973.95
	20	MG	CAPSULE(S)	PIROXICAM	NC MedAssist - North Carolina Residents Only	\$1,449.34	\$1,666.74
	10	MG	CAPSULE(S)	PIROXICAM	Pfizer RxPathways	\$846.91	\$973.95
	20	MG	CAPSULE(S)	PIROXICAM	Pfizer RxPathways	\$1,449.34	\$1,666.74
	10	MG	CAPSULE(S)	PIROXICAM	Welvista - South Carolina Residents Only	\$846.91	\$973.95
	20	MG	CAPSULE(S)	PIROXICAM	Welvista - South Carolina Residents Only	\$1,449.34	\$1,666.74
<b>FELODIPINE ER (BRAND: PLENDIL ER)</b>							
*	2.5	MG	TABLET(S)	FELODIPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$151.09	\$173.75
*	5	MG	TABLET(S)	FELODIPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$151.09	\$173.75
	10	MG	TABLET(S)	FELODIPINE	Rx Outreach	\$271.52	\$312.25
	2.5	MG	TABLET(S)	FELODIPINE	Rx Outreach	\$151.09	\$173.75
	5	MG	TABLET(S)	FELODIPINE	Rx Outreach	\$151.09	\$173.75
	10	MG	TABLET(S)	FELODIPINE	Xubex Preferred Network Program	\$271.52	\$312.25
	2.5	MG	TABLET(S)	FELODIPINE	Xubex Preferred Network Program	\$151.09	\$173.75
	5	MG	TABLET(S)	FELODIPINE	Xubex Preferred Network Program	\$151.09	\$173.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FEMARA</b>							
*	2.5	MG	TABLET(S)	LETROZOLE	Novartis Patient Assistance Foundation, Inc.	\$842.50	\$968.88
<b>FENOFIBRATE (BRAND: LOFIBRA, MICRONIZED)</b>							
	134	MG	CAPSULE(S)	fenofibrate	Rx Outreach	\$195.90	\$225.29
	130	MG	CAPSULE(S)	fenofibrate	Xubex Preferred Network Program	\$623.37	\$716.88
	134	MG	CAPSULE(S)	fenofibrate	Xubex Preferred Network Program	\$195.90	\$225.29
	200	MG	CAPSULE(S)	fenofibrate	Xubex Preferred Network Program	\$315.07	\$362.33
	43	MG	CAPSULE(S)	fenofibrate	Xubex Preferred Network Program	\$70.58	\$81.17
	67	MG	CAPSULE(S)	fenofibrate	Xubex Preferred Network Program	\$105.65	\$121.50
<b>FENOFIBRATE (BRAND: TRICOR)</b>							
	145	MG	TABLET(S)	fenofibrate	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$515.58	\$592.92
	160	MG	TABLET(S)	fenofibrate	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$213.88	\$245.96
	48	MG	TABLET(S)	fenofibrate	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$171.86	\$197.64
	54	MG	TABLET(S)	fenofibrate	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$71.29	\$81.98
	145	MG	TABLET(S)	fenofibrate	Rx Outreach	\$515.58	\$592.92
	160	MG	TABLET(S)	fenofibrate	Rx Outreach	\$213.88	\$245.96
	48	MG	TABLET(S)	fenofibrate	Rx Outreach	\$171.86	\$197.64
	54	MG	TABLET(S)	fenofibrate	Rx Outreach	\$71.29	\$81.98
	145	MG	TABLET(S)	fenofibrate	Xubex Preferred Network Program	\$515.58	\$592.92

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FENOFIBRATE (BRAND: TRICOR)</b>							
	160	MG	TABLET(S)	fenofibrate	Xubex Preferred Network Program	\$213.88	\$245.96
	48	MG	TABLET(S)	fenofibrate	Xubex Preferred Network Program	\$171.86	\$197.64
	54	MG	TABLET(S)	fenofibrate	Xubex Preferred Network Program	\$71.29	\$81.98
<b>FENTORA</b>							
	100	MCG	TABLET(S)	FENTANYL CITRATE	Teva Cares Foundation Patient Assistance Program	\$1,575.60	\$1,811.94
	200	MCG	TABLET(S)	FENTANYL CITRATE	Teva Cares Foundation Patient Assistance Program	\$1,990.80	\$2,289.42
	400	MCG	TABLET(S)	FENTANYL CITRATE	Teva Cares Foundation Patient Assistance Program	\$2,888.40	\$3,321.66
	600	MCG	TABLET(S)	FENTANYL CITRATE	Teva Cares Foundation Patient Assistance Program	\$3,750.00	\$4,312.50
	800	MCG	TABLET(S)	FENTANYL CITRATE	Teva Cares Foundation Patient Assistance Program	\$4,620.00	\$5,313.00
<b>FERAHEME</b>							
	30	MG/ML (17 ML)	MG	ferumoxytol	AMAG Assist	\$902.28	\$1,037.62
<b>FEROCON</b>							
	75-0.015-110-0.5-240	MG-MG-MG-MG-MG	CAPSULE(S)	ferrous fum/folic acid/if/vit b12/vit c	Xubex Preferred Network Program	\$43.95	\$50.54
<b>FERRIPROX</b>							
	500	MG	TABLET(S)	deferiprone	ApoPharma PAP-Ferriprox Total Care Support Program	\$6,492.26	\$7,466.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FERROUS FUMARATE</b>							
	324	MG	TABLET(S)	ferrous fumarate	Xubex Preferred Network Program	\$35.14	\$40.41
<b>FERROUS SULFATE EC (BRAND: FEOSOL)</b>							
	325	MG	TABLET(S)	ferrous sulfate	NC MedAssist - North Carolina Residents Only	\$2.45	\$2.82
	325	MG	TABLET(S)	ferrous sulfate	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$2.45	\$2.82
	325	MG	TABLET(S)	ferrous sulfate	Rx Outreach	\$2.45	\$2.82
<b>FETZIMA</b>							
	120	MG	CAPSULE(S)	levomilnacipran hydrochloride	Allergan Patient Assistance Program	\$393.12	\$452.09
	20	MG	CAPSULE(S)	levomilnacipran hydrochloride	Allergan Patient Assistance Program	\$393.12	\$452.09
	40	MG	CAPSULE(S)	levomilnacipran hydrochloride	Allergan Patient Assistance Program	\$393.12	\$452.09
	80	MG	CAPSULE(S)	levomilnacipran hydrochloride	Allergan Patient Assistance Program	\$393.12	\$452.09
	120	MG	CAPSULE(S)	levomilnacipran hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$393.12	\$452.09
	20	MG	CAPSULE(S)	levomilnacipran hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$393.12	\$452.09
	40	MG	CAPSULE(S)	levomilnacipran hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$393.12	\$452.09
	80	MG	CAPSULE(S)	levomilnacipran hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$393.12	\$452.09
<b>FETZIMA TITRATION PACK</b>							
	N/A	N/A	CAPSULE(S)	levomilnacipran hydrochloride	Allergan Patient Assistance Program	\$366.91	\$421.95
<b>FEXOFENADINE (BRAND: ALLEGRA)</b>							
	180	MG	TABLET(S)	FEXOFENADINE HYDROCHLORIDE	Rx Outreach	\$261.00	\$300.15
	60	MG	TABLET(S)	FEXOFENADINE HYDROCHLORIDE	Rx Outreach	\$125.88	\$144.76

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FEXOFENADINE (BRAND: ALLEGRA)</b>							
	60	MG	TABLET(S)	FEXOFENADINE HYDROCHLORIDE	Xubex Preferred Network Program	\$125.88	\$144.76
<b>FINACEA FOAM</b>							
	15	% (50 GM)	FOAM	AZELAIC ACID	Bayer HealthCare Patient Assistance Program	\$356.93	\$410.47
<b>FINACEA GEL</b>							
	15	% (50 GM)	GEL	azelaic acid	Bayer HealthCare Patient Assistance Program	\$356.93	\$410.47
<b>FINASTERIDE (BRAND: PROSCAR)</b>							
*	5	MG	TABLET(S)	FINASTERIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$281.39	\$323.60
	5	MG	TABLET(S)	FINASTERIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$281.39	\$323.60
	5	MG	TABLET(S)	FINASTERIDE	Rx Outreach	\$281.39	\$323.60
	5	MG	TABLET(S)	FINASTERIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$281.39	\$323.60
	1	MG	TABLET(S)	finasteride	Xubex Preferred Network Program	\$218.61	\$251.40
	5	MG	TABLET(S)	FINASTERIDE	Xubex Preferred Network Program	\$281.39	\$323.60
<b>FIRAZYR</b>							
	10	MG/ML (3 ML)	MG	icatibant acetate	OnePath Patient Assistance Program	\$11,668.80	\$13,419.12
<b>FLAREX</b>							
	0.1	% (5 ML)	DROP(S)	FLUOROMETHOLONE ACETATE	Novartis Patient Assistance Foundation, Inc.	\$79.26	\$91.15
<b>FLECAINIDE ACETATE (BRAND: TAMBOCOR)</b>							
	100	MG	TABLET(S)	flecainide acetate	Rx Outreach	\$273.05	\$314.01

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FLECAINIDE ACETATE (BRAND: TAMBOCOR)</b>							
	150	MG	TABLET(S)	flecainide acetate	Rx Outreach	\$375.80	\$432.17
	100	MG	TABLET(S)	flecainide acetate	Xubex Preferred Network Program	\$273.05	\$314.01
	150	MG	TABLET(S)	flecainide acetate	Xubex Preferred Network Program	\$375.80	\$432.17
<b>FLECTOR</b>							
	1.3%	MG	PATCH(ES)	DICLOFENAC EPOLAMINE	Pfizer RxPathways	\$422.23	\$485.56
<b>FLOLAN</b>							
	0.5	MG	INJECTION(S)	EPOPROSTENOL SODIUM	Accredo - Flolan Patient Assistance Program	\$22.43	\$25.79
	1.5	MG	INJECTION(S)	EPOPROSTENOL SODIUM	Accredo - Flolan Patient Assistance Program	\$54.17	\$62.30
<b>FLOVENT DISKUS</b>							
	100	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$205.73	\$236.59
	250	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$275.42	\$316.73
	50	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$195.08	\$224.34
	100	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$205.73	\$236.59
	250	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$275.42	\$316.73
	50	MCG/ACTUATION	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$195.08	\$224.34
<b>FLOVENT HFA</b>							
	110	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$275.42	\$316.73
	220	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$427.80	\$491.97
	44	MCG/ACTUATION (10.6 GM)	PUFF(S)	FLUTICASONE PROPIONATE	GSK Patient Assistance Program	\$205.73	\$236.59



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FLOVENT HFA</b>							
	110	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$275.42	\$316.73
	220	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$427.80	\$491.97
	44	MCG/ACTUATION (10.6 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$205.73	\$236.59
	110	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$275.42	\$316.73
	220	MCG/ACTUATION (12 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$427.80	\$491.97
	44	MCG/ACTUATION (10.6 GM)	PUFF(S)	FLUTICASONE PROPIONATE	Welvista - South Carolina Residents Only	\$205.73	\$236.59
<b>FLUCONAZOLE (BRAND: DIFLUCAN)</b>							
	100	MG	TABLET(S)	FLUCONAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$831.63	\$956.37
	150	MG	TABLET(S)	FLUCONAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$167.20	\$192.28
	200	MG	TABLET(S)	FLUCONAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,360.85	\$1,564.98
	100	MG	TABLET(S)	FLUCONAZOLE	NC MedAssist - North Carolina Residents Only	\$831.63	\$956.37
	150	MG	TABLET(S)	FLUCONAZOLE	NC MedAssist - North Carolina Residents Only	\$167.20	\$192.28
	200	MG	TABLET(S)	FLUCONAZOLE	NC MedAssist - North Carolina Residents Only	\$1,360.85	\$1,564.98
	100	MG	TABLET(S)	FLUCONAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$831.63	\$956.37

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FLUCONAZOLE (BRAND: DIFLUCAN)</b>							
	150	MG	TABLET(S)	FLUCONAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$167.20	\$192.28
	100	MG	TABLET(S)	FLUCONAZOLE	Rx Outreach	\$831.63	\$956.37
	200	MG	TABLET(S)	FLUCONAZOLE	Rx Outreach	\$1,360.85	\$1,564.98
<b>FLUDROCORTISONE ACETATE (BRAND: FLORINEF)</b>							
	0.1	MG	TABLET(S)	fludrocortisone acetate	Xubex Preferred Network Program	\$74.77	\$85.99
<b>FLUNISOLIDE (BRAND: NASAREL)</b>							
	0.025	MG/ACTUATION (25 ML)	SPRAY(S)	flunisolide	Xubex Preferred Network Program	\$66.00	\$75.90
<b>FLUOXETINE (BRAND: PROZAC)</b>							
	10	MG	TABLET(S)	FLUOXETINE	NC MedAssist - North Carolina Residents Only	\$259.85	\$298.83
	20	MG	TABLET(S)	FLUOXETINE	NC MedAssist - North Carolina Residents Only	\$266.55	\$306.53
	40	MG	TABLET(S)	FLUOXETINE	NC MedAssist - North Carolina Residents Only	\$506.83	\$582.85
	20	MG	TABLET(S)	FLUOXETINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$266.55	\$306.53
	40	MG	TABLET(S)	FLUOXETINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$506.83	\$582.85
	10	MG	TABLET(S)	FLUOXETINE	Rx Outreach	\$259.85	\$298.83
	20	MG	TABLET(S)	FLUOXETINE	Rx Outreach	\$266.55	\$306.53
	40	MG	TABLET(S)	FLUOXETINE	Rx Outreach	\$506.83	\$582.85
	10	MG	TABLET(S)	FLUOXETINE	Welvista - South Carolina Residents Only	\$259.85	\$298.83
	20	MG	TABLET(S)	FLUOXETINE	Welvista - South Carolina Residents Only	\$266.55	\$306.53

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FLUOXETINE (BRAND: PROZAC)</b>							
	20	MG	TABLET(S)	FLUOXETINE	Xubex Preferred Network Program	\$266.55	\$306.53
	40	MG	TABLET(S)	FLUOXETINE	Xubex Preferred Network Program	\$506.83	\$582.85
<b>FLUPHENAZINE HCL (BRAND: PROLIXIN)</b>							
	1	MG	TABLET(S)	FLUPHENAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$58.19	\$66.92
	10	MG	TABLET(S)	FLUPHENAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$91.13	\$104.80
	2.5	MG	TABLET(S)	FLUPHENAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$90.10	\$103.62
	5	MG	TABLET(S)	FLUPHENAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.90	\$140.19
	10	MG	TABLET(S)	FLUPHENAZINE HCL	Rx Outreach	\$91.13	\$104.80
	1	MG	TABLET(S)	FLUPHENAZINE HCL	Xubex Preferred Network Program	\$58.19	\$66.92
	10	MG	TABLET(S)	FLUPHENAZINE HCL	Xubex Preferred Network Program	\$91.13	\$104.80
	2.5	MG	TABLET(S)	FLUPHENAZINE HCL	Xubex Preferred Network Program	\$90.10	\$103.62
	2.5/5	MG/ML (473 ML)	ML	FLUPHENAZINE HCL	Xubex Preferred Network Program	\$192.00	\$220.80
	5	MG	TABLET(S)	FLUPHENAZINE HCL	Xubex Preferred Network Program	\$121.90	\$140.19
<b>FLURAZEPAM HCL (BRAND: DALMANE)</b>							
	15	MG	CAPSULE(S)	FLURAZEPAM HCL	Xubex Preferred Network Program	\$72.76	\$83.67
	30	MG	CAPSULE(S)	flurazepam hydrochloride	Xubex Preferred Network Program	\$87.70	\$100.86
<b>FLURBIPROFEN (BRAND: ANSAID)</b>							
	100	MG	TABLET(S)	flurbiprofen	Xubex Preferred Network Program	\$189.44	\$217.86

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FLURBIPROFEN (BRAND: ANSAID)</b>							
	50	MG	TABLET(S)	FLURBIPROFEN	Xubex Preferred Network Program	\$82.74	\$95.15
<b>FLUTICASONE (BRAND: FLONASE)</b>							
	50	MCG	SPRAY(S)	FLUTICASONE PROPIONATE	Rx Outreach	\$96.84	\$111.37
	50	MCG	SPRAY(S)	FLUTICASONE PROPIONATE	Xubex Preferred Network Program	\$96.84	\$111.37
<b>FLUVASTATIN (BRAND: ALTOPREV, MEVACOR)</b>							
	20	MG	CAPSULE(S)	fluvastatin sodium	Xubex Preferred Network Program	\$449.81	\$517.28
	40	MG	CAPSULE(S)	fluvastatin sodium	Xubex Preferred Network Program	\$449.81	\$517.28
<b>FLUVOXAMINE CAPSULE (BRAND: LUVOX)</b>							
	100	MG	CAPSULE(S)	FLUVOXAMINE	Xubex Preferred Network Program	\$305.51	\$351.34
	150	MG	CAPSULE(S)	FLUVOXAMINE	Xubex Preferred Network Program	\$327.87	\$377.05
<b>FLUVOXAMINE TABLET (BRAND: LUVOX)</b>							
	100	MG	TABLET(S)	FLUVOXAMINE	Rx Outreach	\$263.95	\$303.54
	100	MG	TABLET(S)	FLUVOXAMINE	Xubex Preferred Network Program	\$263.95	\$303.54
	25	MG	TABLET(S)	FLUVOXAMINE	Xubex Preferred Network Program	\$230.30	\$264.85
	50	MG	TABLET(S)	FLUVOXAMINE	Xubex Preferred Network Program	\$257.35	\$295.95
<b>FOCALIN XR</b>							
	10	MG	CAPSULE(S)	DEXMETHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,337.00	\$1,537.55
	15	MG	CAPSULE	DEXMETHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,374.94	\$1,581.18
	20	MG	CAPSULE(S)	DEXMETHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,374.94	\$1,581.18

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FOCALIN XR</b>							
	25	MG	CAPSULE(S)	dexamethylphenidate hydrochloride	Novartis Patient Assistance Foundation, Inc.	\$1,443.72	\$1,660.28
	40	MG	CAPSULE(S)	dexamethylphenidate hydrochloride	Novartis Patient Assistance Foundation, Inc.	\$1,515.96	\$1,743.35
	5	MG	CAPSULE(S)	DEXMETHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,317.48	\$1,515.10
<b>FOCALIN XR</b>							
	30	MG	CAPSULE(S)	dexamethylphenidate hydrochloride	Novartis Patient Assistance Foundation, Inc.	\$1,324.50	\$1,523.18
	35	MG	CAPSULE(S)	dexamethylphenidate hydrochloride	Novartis Patient Assistance Foundation, Inc.	\$1,515.96	\$1,743.35
<b>FOLGARD</b>							
	40-2000-120-800-31-12-0.32	MG-IU-MCG-MCG-MG-MG-MG	TABLET(S)	multivitamin and minerals	Rx Outreach	\$18.59	\$21.38
<b>FOLGARD OS</b>							
	1.5-500-0.25-1.1-100-12.5-300	MG-MG-MG-MG-MG-MG-MG-IU	TABLET(S)	boron/ca/folic acid/mg/vit b12/vit b6/vit d	Rx Outreach	\$24.75	\$28.46
<b>FOLGARD RX</b>							
	1-2.2-25	MG-MG-MG	TABLET(S)	cyanocobalamin/folic acid/pyridoxine	Rx Outreach	\$63.46	\$72.98
<b>FOLIC ACID (BRAND: FOLVITE)</b>							
	1	MG	TABLET(S)	FOLIC ACID	NC MedAssist - North Carolina Residents Only	\$9.54	\$10.97
	1	MG	TABLET(S)	FOLIC ACID	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$9.54	\$10.97

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FOLIC ACID (BRAND: FOLVITE)</b>							
	1	MG	TABLET(S)	FOLIC ACID	Rx Outreach	\$9.54	\$10.97
	1	MG	TABLET(S)	FOLIC ACID	Xubex Preferred Network Program	\$9.54	\$10.97
<b>FOLOTYN</b>							
	20	MG/ML (1 ML)	INJECTION	PRALATREXATE	Allos Support for Assisting Patients (ASAP)	\$5,614.80	\$6,457.02
	20	MG/ML (1 ML)	INJECTION	PRALATREXATE	STAR-Spectrum Therapy Access Resources	\$5,614.80	\$6,457.02
<b>FORFIVO XL</b>							
	450	MG	TABLET(S)	bupropion hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$466.56	\$536.54
	450	MG	TABLET(S)	bupropion hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$466.56	\$536.54
<b>FORTEO</b>							
	250	MCG/ML (2.4 ML)	MCG	TERIPARATIDE	Lilly Cares	\$3,597.48	\$4,137.10
<b>FOSINOPRIL SODIUM (BRAND: MONOPRIL)</b>							
	10	MG	TABLET(S)	fosinopril sodium	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$182.04	\$209.35
	20	MG	TABLET(S)	fosinopril sodium	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$182.04	\$209.35
	40	MG	TABLET(S)	fosinopril sodium	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$182.04	\$209.35
	10	MG	TABLET(S)	fosinopril sodium	Xubex Preferred Network Program	\$182.04	\$209.35
	20	MG	TABLET(S)	fosinopril sodium	Xubex Preferred Network Program	\$182.04	\$209.35
	40	MG	TABLET(S)	fosinopril sodium	Xubex Preferred Network Program	\$182.04	\$209.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE (BRAND: MONOPRIL HCT)</b>							
	10-12.5	MG-MG	TABLET(S)	fosinopril sodium/hydrochlorothiazide	Xubex Preferred Network Program	\$154.39	\$177.55
	20-12.5	MG-MG	TABLET(S)	fosinopril sodium/hydrochlorothiazide	Xubex Preferred Network Program	\$154.39	\$177.55
<b>FOSRENOL CHEWABLE</b>							
	1000	MG	TABLET(S)	LANTHANUM CARBONATE	Shire Cares Patient Assistance & Support Program	\$1,296.74	\$1,491.25
	500	MG	TABLET(S)	LANTHANUM CARBONATE	Shire Cares Patient Assistance & Support Program	\$1,296.74	\$1,491.25
	750	MG	TABLET(S)	LANTHANUM CARBONATE	Shire Cares Patient Assistance & Support Program	\$1,296.74	\$1,491.25
<b>FOSRENOL POWDER</b>							
	1000	MG	PACK	lanthanum carbonate	Shire Cares Patient Assistance & Support Program	\$1,296.74	\$1,491.25
	750	MG	PACK	lanthanum carbonate	Shire Cares Patient Assistance & Support Program	\$1,296.74	\$1,491.25
<b>FRAGMIN</b>							
	10000	iu/ml	SOL	DALTEPARIN SODIUM	Pfizer RxPathways	\$586.86	\$674.89
	2500/0.2	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$303.54	\$349.07
	25000	iu/ml	SOL	DALTEPARIN SODIUM	Pfizer RxPathways	\$504.40	\$580.06
	5000/0.2	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$492.46	\$566.33
	7500/0.3	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$738.76	\$849.57
	10000	iu/ml	SOL	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$586.86	\$674.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FRAGMIN</b>							
	2500/0.2	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$303.54	\$349.07
	25000	iu/ml	SOL	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$504.40	\$580.06
	5000/0.2	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$492.46	\$566.33
	7500/0.3	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$738.76	\$849.57
<b>FRAGMIN</b>							
	12500/0.5	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$1,231.21	\$1,415.89
	15000/0.6	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$1,477.37	\$1,698.98
	18000/0.72	IU/ML	SYRINGE	DALTEPARIN SODIUM	Pfizer RxPathways	\$1,772.83	\$2,038.75
	12500/0.5	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$1,231.21	\$1,415.89
	15000/0.6	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$1,477.37	\$1,698.98
	18000/0.72	IU/ML	SYRINGE	DALTEPARIN SODIUM	Rx Outreach-Fragmin	\$1,772.83	\$2,038.75
<b>FROVA</b>							
	2.5	MG	TABLET(S)	FROVATRIPTAN SUCCINATE	Endo Patient Assistance Program	\$795.22	\$914.50
<b>FULYZAQ</b>							
	125	MG	TABLET(S)	crofelemer	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$648.00	\$745.20
<b>FUROSEMIDE (BRAND: LASIX)</b>							
	20	MG	TABLET(S)	FUROSEMIDE	NC MedAssist - North Carolina Residents Only	\$29.88	\$34.36
	40	MG	TABLET(S)	FUROSEMIDE	NC MedAssist - North Carolina Residents Only	\$25.08	\$28.84
	80	MG	TABLET(S)	FUROSEMIDE	NC MedAssist - North Carolina Residents Only	\$35.25	\$40.54



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FUROSEMIDE (BRAND: LASIX)</b>							
	20	MG	TABLET(S)	FUROSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$29.88	\$34.36
	40	MG	TABLET(S)	FUROSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$25.08	\$28.84
	80	MG	TABLET(S)	FUROSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$35.25	\$40.54
	20	MG	TABLET(S)	FUROSEMIDE	Rx Outreach	\$29.88	\$34.36
	40	MG	TABLET(S)	FUROSEMIDE	Rx Outreach	\$25.08	\$28.84
	80	MG	TABLET(S)	FUROSEMIDE	Rx Outreach	\$35.25	\$40.54
	20	MG	TABLET(S)	FUROSEMIDE	Welvista - South Carolina Residents Only	\$29.88	\$34.36
	40	MG	TABLET(S)	FUROSEMIDE	Welvista - South Carolina Residents Only	\$25.08	\$28.84
	20	MG	TABLET(S)	FUROSEMIDE	Xubex Preferred Network Program	\$29.88	\$34.36
	40	MG	TABLET(S)	FUROSEMIDE	Xubex Preferred Network Program	\$25.08	\$28.84
	80	MG	TABLET(S)	FUROSEMIDE	Xubex Preferred Network Program	\$35.25	\$40.54
<b>FUSILEV</b>							
	50	MG	INJECTION(S)	LEVOLEUCOVORIN CALCIUM	STAR-Spectrum Therapy Access Resources	\$246.00	\$282.90
<b>FYCOMPA</b>							
	4	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$891.00	\$1,024.65
<b>FYCOMPA</b>							
	10	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$891.00	\$1,024.65
	12	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$891.00	\$1,024.65
	2	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$449.88	\$517.36

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>FYCOMPA</b>							
	6	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$891.00	\$1,024.65
	8	MG	TABLET(S)	perampanel	Eisai Fycompa CIII Patient Assistance Program	\$891.00	\$1,024.65
<b>GABAPENTIN (BRAND: NEURONTIN)</b>							
*	100	MG	CAPSULE(S)	GABAPENTIN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$53.69	\$61.74
*	300	MG	CAPSULE(S)	GABAPENTIN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$134.18	\$154.31
*	400	MG	CAPSULE(S)	GABAPENTIN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$159.71	\$183.67
	100	MG	CAPSULE(S)	GABAPENTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$254.65	\$292.85
	800	MG	TABLET(S)	GABAPENTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$305.15	\$350.92
	100	MG	CAPSULE(S)	GABAPENTIN	NC MedAssist - North Carolina Residents Only	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	NC MedAssist - North Carolina Residents Only	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	NC MedAssist - North Carolina Residents Only	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	NC MedAssist - North Carolina Residents Only	\$254.65	\$292.85
	800	MG	TABLET(S)	GABAPENTIN	NC MedAssist - North Carolina Residents Only	\$305.15	\$350.92

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GABAPENTIN (BRAND: NEURONTIN)</b>							
	100	MG	CAPSULE(S)	GABAPENTIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$254.65	\$292.85
	100	MG	CAPSULE(S)	GABAPENTIN	Rx Outreach	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	Rx Outreach	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	Rx Outreach	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	Rx Outreach	\$254.65	\$292.85
	800	MG	TABLET(S)	GABAPENTIN	Rx Outreach	\$305.15	\$350.92
	100	MG	CAPSULE(S)	GABAPENTIN	Welvista - South Carolina Residents Only	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	Welvista - South Carolina Residents Only	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	Welvista - South Carolina Residents Only	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	Welvista - South Carolina Residents Only	\$254.65	\$292.85
	800	MG	TABLET(S)	GABAPENTIN	Welvista - South Carolina Residents Only	\$305.15	\$350.92
	100	MG	CAPSULE(S)	GABAPENTIN	Xubex Preferred Network Program	\$53.69	\$61.74
	300	MG	CAPSULE(S)	GABAPENTIN	Xubex Preferred Network Program	\$134.18	\$154.31
	400	MG	CAPSULE(S)	GABAPENTIN	Xubex Preferred Network Program	\$159.71	\$183.67
	600	MG	TABLET(S)	GABAPENTIN	Xubex Preferred Network Program	\$254.65	\$292.85

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GABAPENTIN (BRAND: NEURONTIN)</b>							
	800	MG	TABLET(S)	GABAPENTIN	Xubex Preferred Network Program	\$305.15	\$350.92
<b>GABITRIL</b>							
	12	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Teva Cares Foundation Patient Assistance Program	\$363.60	\$418.14
	16	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Teva Cares Foundation Patient Assistance Program	\$476.16	\$547.58
	2	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Teva Cares Foundation Patient Assistance Program	\$281.28	\$323.47
	4	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Teva Cares Foundation Patient Assistance Program	\$281.28	\$323.47
<b>GALZIN</b>							
	50	MG	CAPSULE(S)	ZINC ACETATE	Teva Cares Foundation Patient Assistance Program	\$680.59	\$782.68
<b>GALZIN</b>							
	25	MG	CAPSULE(S)	ZINC ACETATE	Teva Cares Foundation Patient Assistance Program	\$408.36	\$469.61
<b>GAMMAGARD LIQUID</b>							
	10	% (300ML)	VIAL	immune globulin	MyIGSource for Gammagard	\$4,702.68	\$5,408.08
<b>GARDASIL 9 (10 SYRINGES)</b>							
	0.5	ML	ML	human papillomavirus 9-valent vaccine, recombina	Merck Vaccine Patient Assistance Program	\$2,340.25	\$2,691.29
	0.5	ML	ML	human papillomavirus 9-valent vaccine, recombina	Welvista - South Carolina Residents Only	\$2,340.25	\$2,691.29

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GARDASIL 9 (10 VIALS)</b>							
	0.5	ML	ML	human papillomavirus 9-valent vaccine, recombina	Merck Vaccine Patient Assistance Program	\$2,322.06	\$2,670.37
	0.5	ML	ML	human papillomavirus 9-valent vaccine, recombina	Welvista - South Carolina Residents Only	\$2,322.06	\$2,670.37
<b>GAZYVA</b>							
	25	MG/ML (40 ML)	MG	obinutuzumab	Genentech Access to Solutions-Infused Products	\$6,935.32	\$7,975.62
<b>GELNIQUE</b>							
	10	%	PACKET	OXYBUTYNIN CHLORIDE	Allergan Patient Assistance Program	\$413.21	\$475.19
<b>GEMFIBROZIL (BRAND: LOPID)</b>							
*	600	MG	TABLET(S)	GEMFIBROZIL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	Rx Outreach	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	Welvista - South Carolina Residents Only	\$240.67	\$276.77
	600	MG	TABLET(S)	GEMFIBROZIL	Xubex Preferred Network Program	\$240.67	\$276.77
<b>GEMZAR</b>							
	1	GM	MG	GEMCITABINE HYDROCHLORIDE	Lilly Patient Assistance Program for Oncology	\$889.14	\$1,022.51

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GEMZAR</b>							
	200	MG	MG	GEMCITABINE HYDROCHLORIDE	Lilly Patient Assistance Program for Oncology	\$177.83	\$204.50
<b>GENGRAF</b>							
	100	MG	CAPSULE(S)	CYCLOSPORINE	AbbVie Patient Assistance Program	\$235.62	\$270.96
	25	MG	CAPSULE(S)	CYCLOSPORINE	AbbVie Patient Assistance Program	\$58.98	\$67.83
<b>GENOTROPIN</b>							
	13.8	MG	INJECTION(S)	SOMATROPIN, E-COLI DERIVED	Pfizer RxPathways	\$1,618.49	\$1,861.26
	5.8	MG	INJECTION(S)	SOMATROPIN, E-COLI DERIVED	Pfizer RxPathways	\$1,615.56	\$1,857.89
<b>GENVOYA</b>							
	150-150-200-10	MG-MG-MG-MG	TABLET(S)	cobicistat/elvitegravir/emtricitabine/tenofovir	Gilead Advancing Access	\$3,306.62	\$3,802.61
	150-150-200-10	MG-MG-MG-MG	TABLET(S)	cobicistat/elvitegravir/emtricitabine/tenofovir	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,306.62	\$3,802.61
	150-150-200-10	MG-MG-MG-MG	TABLET(S)	cobicistat/elvitegravir/emtricitabine/tenofovir	Xubex Free Trial 30 Day Medication Supply	\$3,306.62	\$3,802.61
<b>GIAZO</b>							
*	1.1	GM	TABLET(S)	balsalazide disodium	Salix Patient Assistance Program	\$1,139.45	\$1,310.37
*	1.1	GM	TABLET(S)	balsalazide disodium	Valeant Patient Assistance Program for Salix products	\$1,139.45	\$1,310.37
<b>GILENYA</b>							
	0.5	MG	CAPSULE(S)	FINGOLIMOD HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$8,091.91	\$9,305.70
<b>GILOTRIF</b>							
	20	MG	TABLET(S)	afatinib dimaleate	Boehringer Ingelheim Cares Foundation Inc.	\$9,060.85	\$10,419.98

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GILOTRIF</b>							
	30	MG	TABLET(S)	afatinib dimaleate	Boehringer Ingelheim Cares Foundation Inc.	\$9,060.85	\$10,419.98
	40	MG	TABLET(S)	afatinib dimaleate	Boehringer Ingelheim Cares Foundation Inc.	\$9,060.85	\$10,419.98
<b>GLATOPA</b>							
	20	MG/ML (1 ML)	SYRINGE(S)	glatiramer acetate	Novartis Patient Assistance Foundation, Inc.	\$6,492.41	\$7,466.27
<b>GLEEVEC</b>							
	400	MG	TABLET(S)	IMATINIB MESYLATE	Novartis Patient Assistance Now Oncology Program	\$12,146.92	\$13,968.96
<b>GLEEVEC</b>							
	100	MG	TABLET(S)	IMATINIB MESYLATE	Novartis Patient Assistance Now Oncology Program	\$10,112.93	\$11,629.87
<b>GLIADEL</b>							
	7.7	MG	IMPLANT	CARMUSTINE	Eisai Patient Assistance Program	\$34,841.40	\$40,067.61
<b>GLIMEPIRIDE (BRAND: AMARYL)</b>							
	1	MG	TABLET(S)	GLIMEPIRIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$40.15	\$46.17
	2	MG	TABLET(S)	GLIMEPIRIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$65.20	\$74.98
	4	MG	TABLET(S)	GLIMEPIRIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$122.80	\$141.22
	1	MG	TABLET(S)	GLIMEPIRIDE	Rx Outreach	\$40.15	\$46.17
	2	MG	TABLET(S)	GLIMEPIRIDE	Rx Outreach	\$65.20	\$74.98
	4	MG	TABLET(S)	GLIMEPIRIDE	Rx Outreach	\$122.80	\$141.22

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLIMEPIRIDE (BRAND: AMARYL)</b>							
	1	MG	TABLET(S)	GLIMEPIRIDE	Welvista - South Carolina Residents Only	\$40.15	\$46.17
	2	MG	TABLET(S)	GLIMEPIRIDE	Welvista - South Carolina Residents Only	\$65.20	\$74.98
	4	MG	TABLET(S)	GLIMEPIRIDE	Welvista - South Carolina Residents Only	\$122.80	\$141.22
	1	MG	TABLET(S)	GLIMEPIRIDE	Xubex Preferred Network Program	\$40.15	\$46.17
	2	MG	TABLET(S)	GLIMEPIRIDE	Xubex Preferred Network Program	\$65.20	\$74.98
	4	MG	TABLET(S)	GLIMEPIRIDE	Xubex Preferred Network Program	\$122.80	\$141.22
<b>GLIPIZIDE (BRAND: GLUCOTROL)</b>							
	10	MG	TABLET(S)	GLIPIZIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	NC MedAssist - North Carolina Residents Only	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	NC MedAssist - North Carolina Residents Only	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	Rx Outreach	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Rx Outreach	\$30.99	\$35.64



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLIPIZIDE (BRAND: GLUCOTROL)</b>							
	10	MG	TABLET(S)	GLIPIZIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	Welvista - South Carolina Residents Only	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Welvista - South Carolina Residents Only	\$30.99	\$35.64
	10	MG	TABLET(S)	GLIPIZIDE	Xubex Preferred Network Program	\$61.69	\$70.94
	5	MG	TABLET(S)	GLIPIZIDE	Xubex Preferred Network Program	\$30.99	\$35.64
<b>GLIPIZIDE ER (BRAND: GLUCOTROL XL)</b>							
*	10	MG	TABLET(S)	GLIPIZIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$173.00	\$198.95
*	2.5	MG	TABLET(S)	GLIPIZIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$20.35	\$23.40
*	5	MG	TABLET(S)	GLIPIZIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$82.55	\$94.93
	10	MG	TABLET(S)	GLIPIZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$173.00	\$198.95
	2.5	MG	TABLET(S)	GLIPIZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$20.35	\$23.40
	5	MG	TABLET(S)	GLIPIZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$82.55	\$94.93
	10	MG	TABLET(S)	GLIPIZIDE	NC MedAssist - North Carolina Residents Only	\$173.00	\$198.95
	2.5	MG	TABLET(S)	GLIPIZIDE	NC MedAssist - North Carolina Residents Only	\$20.35	\$23.40
	5	MG	TABLET(S)	GLIPIZIDE	NC MedAssist - North Carolina Residents Only	\$82.55	\$94.93

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLIPIZIDE ER (BRAND: GLUCOTROL XL)</b>							
	10	MG	TABLET(S)	GLIPIZIDE	Rx Outreach	\$173.00	\$198.95
	2.5	MG	TABLET(S)	GLIPIZIDE	Rx Outreach	\$20.35	\$23.40
	5	MG	TABLET(S)	GLIPIZIDE	Rx Outreach	\$82.55	\$94.93
	5	MG	TABLET(S)	GLIPIZIDE	Welvista - South Carolina Residents Only	\$82.55	\$94.93
	10	MG	TABLET(S)	GLIPIZIDE	Xubex Preferred Network Program	\$173.00	\$198.95
	2.5	MG	TABLET(S)	GLIPIZIDE	Xubex Preferred Network Program	\$20.35	\$23.40
	5	MG	TABLET(S)	GLIPIZIDE	Xubex Preferred Network Program	\$82.55	\$94.93
<b>GLUCAGEN HYPOKIT</b>							
	1	MG	UNIT(S)	GLUCAGON HYDROCHLORIDE	Novo Nordisk Patient Assistance Program	\$313.22	\$360.20
	1	MG	UNIT(S)	GLUCAGON HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$313.22	\$360.20
<b>GLUCAGON EMERGENCY KIT</b>							
	1	MG	INJECTION(S)	GLUCAGON HYDROCHLORIDE	Lilly Cares	\$336.96	\$387.50
<b>GLUCERNA</b>							
	N/A	N/A	CAN	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$68.02	\$78.22
<b>GLUCOPHAGE</b>							
*	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$244.04	\$280.65
*	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$118.48	\$136.25
*	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$201.41	\$231.62

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLUCOPHAGE</b>							
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$244.04	\$280.65
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$118.48	\$136.25
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$201.41	\$231.62
<b>GLUCOPHAGE XR</b>							
*	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$120.92	\$139.06
*	750	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$181.42	\$208.63
<b>GLUCOVANCE</b>							
*	1.25-250	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$123.22	\$141.70
*	2.5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$155.81	\$179.18
*	5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$155.81	\$179.18
<b>GLUMETZA</b>							
	1000	MG	TABLET(S)	metformin hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$12,023.64	\$13,827.19
	500	MG	TABLET(S)	metformin hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$6,177.60	\$7,104.24
*	1000	MG	TABLET(S)	metformin hydrochloride	Salix Patient Assistance Program	\$12,023.64	\$13,827.19
*	500	MG	TABLET(S)	metformin hydrochloride	Salix Patient Assistance Program	\$6,177.60	\$7,104.24

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLUMETZA</b>							
*	1000	MG	TABLET(S)	metformin hydrochloride	Valeant Patient Assistance Program for Salix products	\$12,023.64	\$13,827.19
*	500	MG	TABLET(S)	metformin hydrochloride	Valeant Patient Assistance Program for Salix products	\$6,177.60	\$7,104.24
<b>GLYBURIDE (BRAND: DIABETA/MICRONASE)</b>							
	2.5	MG	TABLET(S)	GLYBURIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$45.93	\$52.82
	5	MG	TABLET(S)	GLYBURIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$77.70	\$89.36
	1.25	MG	TABLET(S)	GLYBURIDE	Rx Outreach	\$27.56	\$31.69
	2.5	MG	TABLET(S)	GLYBURIDE	Rx Outreach	\$45.93	\$52.82
	5	MG	TABLET(S)	GLYBURIDE	Rx Outreach	\$77.70	\$89.36
	1.25	MG	TABLET(S)	GLYBURIDE	Xubex Preferred Network Program	\$27.56	\$31.69
	5	MG	TABLET(S)	GLYBURIDE	Xubex Preferred Network Program	\$77.70	\$89.36
<b>GLYBURIDE MICRONIZED (BRAND: GLYNASE PRESTAB)</b>							
	1.5	MG	TABLET(S)	GLYBURIDE MICRONIZED	Rx Outreach	\$35.65	\$41.00
	3	MG	TABLET(S)	GLYBURIDE MICRONIZED	Rx Outreach	\$60.20	\$69.23
	6	MG	TABLET(S)	GLYBURIDE MICRONIZED	Rx Outreach	\$84.09	\$96.70
	3	MG	TABLET(S)	GLYBURIDE MICRONIZED	Welvista - South Carolina Residents Only	\$60.20	\$69.23
	6	MG	TABLET(S)	GLYBURIDE MICRONIZED	Welvista - South Carolina Residents Only	\$84.09	\$96.70
	1.5	MG	TABLET(S)	GLYBURIDE MICRONIZED	Xubex Preferred Network Program	\$35.65	\$41.00
	3	MG	TABLET(S)	GLYBURIDE MICRONIZED	Xubex Preferred Network Program	\$60.20	\$69.23

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GLYBURIDE MICRONIZED (BRAND: GLYNASE PRESTAB)</b>							
	6	MG	TABLET(S)	GLYBURIDE MICRONIZED	Xubex Preferred Network Program	\$84.09	\$96.70
<b>GLYBURIDE/METFORMIN (BRAND: GLUCOVANCE)</b>							
	1.25-250	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Rx Outreach	\$86.15	\$99.07
	2.5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Rx Outreach	\$102.79	\$118.21
	5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Rx Outreach	\$102.79	\$118.21
	2.5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$102.79	\$118.21
	5-500	MG-MG	TABLET(S)	GLYBURIDE/METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$102.79	\$118.21
<b>GLYSET</b>							
	100	MG	TABLET(S)	MIGLITOL	Pfizer RxPathways	\$390.64	\$449.24
	25	MG	TABLET(S)	MIGLITOL	Pfizer RxPathways	\$301.12	\$346.29
	50	MG	TABLET(S)	MIGLITOL	Pfizer RxPathways	\$331.12	\$380.79
<b>GLYXAMBI</b>							
	10-5	MG-MG	TABLET(S)	empagliflozin/linagliptin	Boehringer Ingelheim Cares Foundation Inc.	\$1,884.85	\$2,167.58
	25-5	MG-MG	TABLET(S)	empagliflozin/linagliptin	Boehringer Ingelheim Cares Foundation Inc.	\$1,884.85	\$2,167.58
<b>GRANIX</b>							
	300/0.5	MCG/ML	SYRINGE	tbo-filgrastim	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$2,998.36	\$3,448.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>GRANIX</b>							
	480/0.8	MCG/ML	SYRINGE	tbo-filgrastim	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$4,798.62	\$5,518.41
<b>GRANIX (SINGLE SYRINGE)</b>							
	300/0.5	MCG/ML	SYRINGE	tbo-filgrastim	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$299.83	\$344.80
	480/0.8	MCG/ML	SYRINGE	tbo-filgrastim	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$479.87	\$551.85
<b>GRASTEK</b>							
	2800	bau	TABLET(S)	timothy grass pollen allergen extract	Merck Patient Assistance Program	\$320.76	\$368.87
<b>GUANFACINE (BRAND: TENEX)</b>							
	1	MG	TABLET(S)	GUANFACINE	Rx Outreach	\$1,049.11	\$1,206.48
	2	MG	TABLET(S)	GUANFACINE	Rx Outreach	\$1,049.11	\$1,206.48
	1	MG	TABLET(S)	GUANFACINE	Xubex Preferred Network Program	\$1,049.11	\$1,206.48
	2	MG	TABLET(S)	GUANFACINE	Xubex Preferred Network Program	\$1,049.11	\$1,206.48
<b>H.P. ACTHAR</b>							
	80	U/ML (5 ML)	UNIT(S)	corticotropin, repository	Acthar Support & Access Program (ASAP)	\$40,840.80	\$46,966.92
<b>HALAVEN</b>							
	0.5	MG/ML (2 ML)	MG	ERIBULIN MESYLATE	Eisai Patient Assistance Program	\$1,260.00	\$1,449.00
<b>HALDOL</b>							
	5	MG/ML (1ML)	VIAL	HALOPERIDOL LACTATE	Johnson & Johnson Patient Assistance Foundation	\$247.62	\$284.76

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HALDOL DECANOATE</b>							
	100	MG/ML (1ML)	VIAL	HALOPERIDOL DECANOATE	Johnson & Johnson Patient Assistance Foundation	\$995.95	\$1,145.34
	50	mg/ml (1ml)	ML	HALOPERIDOL DECANOATE	Johnson & Johnson Patient Assistance Foundation	\$565.34	\$650.14
<b>HALOPERIDOL (BRAND: HALDOL)</b>							
	0.5	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$34.73	\$39.94
	1	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$49.21	\$56.59
	10	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$200.83	\$230.95
	2	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$67.41	\$77.52
	20	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$361.86	\$416.14
	5	MG	TABLET(S)	HALOPERIDOL	NC MedAssist - North Carolina Residents Only	\$109.20	\$125.58
	0.5	MG	TABLET(S)	HALOPERIDOL	Rx Outreach	\$34.73	\$39.94
	1	MG	TABLET(S)	HALOPERIDOL	Rx Outreach	\$49.21	\$56.59
	2	MG	TABLET(S)	HALOPERIDOL	Rx Outreach	\$67.41	\$77.52
	5	MG	TABLET(S)	HALOPERIDOL	Rx Outreach	\$109.20	\$125.58
	0.5	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$34.73	\$39.94
	1	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$49.21	\$56.59
	10	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$200.83	\$230.95
	2	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$67.41	\$77.52
	20	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$361.86	\$416.14
	5	MG	TABLET(S)	HALOPERIDOL	Xubex Preferred Network Program	\$109.20	\$125.58

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HARVONI</b>							
	90-400	MG-MG	TABLET(S)	ledipasvir/sofosbuvir	Support Path Patient Assistance Program	\$37,800.00	\$43,470.00
<b>HAVRIX</b>							
	1440	E U/ML (1ML)	INJECTION(S)	HEPATITIS A VACCINE, INACTIVATED	GSK Patient Assistance Program	\$377.85	\$434.53
	1440	E U/ML (1ML)	INJECTION(S)	HEPATITIS A VACCINE, INACTIVATED	GSK Vaccines Access Program	\$377.85	\$434.53
<b>HECORIA</b>							
*	0.5	MG	CAPSULE(S)	TACROLIMUS	Novartis Patient Assistance Foundation, Inc.	\$218.06	\$250.77
<b>HECORIA</b>							
*	1	MG	CAPSULE(S)	TACROLIMUS	Novartis Patient Assistance Foundation, Inc.	\$436.14	\$501.56
*	5	MG	CAPSULE(S)	tacrolimus	Novartis Patient Assistance Foundation, Inc.	\$2,180.70	\$2,507.81
<b>HECTOROL</b>							
	2	MCG/ML (2ML 50s)	MCG	DOXERCALCIFEROL	Genzyme Renassist	\$750.00	\$862.50
<b>HELIXATE FS</b>							
	1	IU	INJECTION(S)	AHF VIII (RECOMBINANT) SUCROSE FORMULATED	CSL Behring Patient Assistance Program	\$1.44	\$1.66
<b>HEMORRHOIDAL HC (BRAND: ANUCORT-HC)</b>							
	25	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Rx Outreach	\$89.50	\$102.93
<b>HEPARIN SODIUM</b>							
	5000/1	U/ML (25 VIALS)	VIAL(S)	heparin sodium	Pfizer RxPathways	\$108.00	\$124.20



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HEPARIN SODIUM</b>							
	10000/1	U/ML (25 VIALS)	VIAL(S)	heparin sodium	Pfizer RxPathways	\$186.00	\$213.90
<b>HEPSERA</b>							
	10	MG	TABLET(S)	ADEFOVIR DIPIVOXIL	Gilead Advancing Access	\$1,588.42	\$1,826.68
	10	MG	TABLET(S)	ADEFOVIR DIPIVOXIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,588.42	\$1,826.68
<b>HERCEPTIN</b>							
	440	MG	MG	TRASTUZUMAB	Genentech Access to Solutions-Infused Products	\$5,020.10	\$5,773.12
<b>HETLIOZ</b>							
	20	MG	CAPSULE(S)	tasimelteon	HETLIOZSolutions	\$16,005.46	\$18,406.28
<b>HEXALEN</b>							
	50	MG	CAPSULE(S)	ALTRETAMINE	Eisai Patient Assistance Program	\$1,908.00	\$2,194.20
	50	MG	CAPSULE(S)	ALTRETAMINE	Rx Outreach	\$1,908.00	\$2,194.20
<b>HIZENTRA</b>							
	20	% (10 ML)	GRAMS	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$403.20	\$463.68
<b>HIZENTRA</b>							
	20	% (20 ML)	GRAMS	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$806.40	\$927.36
<b>HORIZANT</b>							
	300	MG	TABLET(S)	gabapentin enacarbil	Arbor Pharmaceuticals Patient Assistance Program	\$424.24	\$487.88

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HORIZANT</b>							
	600	MG	TABLET(S)	GABAPENTIN ENACARBIL	Arbor Pharmaceuticals Patient Assistance Program	\$424.24	\$487.88
<b>HUMALOG CARTRIDGE</b>							
	100	U/ML (3ML)	CARTRIDGE	insulin lispro, recombinant	Lilly Cares	\$612.54	\$704.42
<b>HUMALOG KWIKPEN</b>							
	100	U/ML (3 ML)	UNIT(S)	INSULIN LISPRO	Lilly Cares	\$636.48	\$731.95
	100	U/ML (3 ML)	UNIT(S)	INSULIN LISPRO	NC MedAssist - North Carolina Residents Only	\$636.48	\$731.95
	100	U/ML (3 ML)	UNIT(S)	INSULIN LISPRO	Welvista - South Carolina Residents Only	\$636.48	\$731.95
<b>HUMALOG MIX 50/50 KWIKPEN</b>							
	50/50	U/ML (3ML)	UNIT(S)	insulin lispro/insulin lispro protamine	Lilly Cares	\$636.48	\$731.95
	50/50	U/ML (3ML)	UNIT(S)	insulin lispro/insulin lispro protamine	Welvista - South Carolina Residents Only	\$636.48	\$731.95
<b>HUMALOG MIX 75/25 KWIKPEN</b>							
	75/25	U/ML (3ML)	UNIT(S)	insulin lispro/insulin lispro protamine	Lilly Cares	\$636.48	\$731.95
	75/25	U/ML (3ML)	UNIT(S)	insulin lispro/insulin lispro protamine	NC MedAssist - North Carolina Residents Only	\$636.48	\$731.95
	75/25	U/ML (3ML)	UNIT(S)	insulin lispro/insulin lispro protamine	Welvista - South Carolina Residents Only	\$636.48	\$731.95
<b>HUMALOG MIX 75/25 VIAL</b>							
	75-25	U/ML-U/ML	UNIT(S)	INSULIN LISPRO/INSULIN LISPRO PROTAMINE	Lilly Cares	\$341.64	\$392.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HUMALOG MIX 75/25 VIAL</b>							
	75-25	U/ML-U/ML	UNIT(S)	INSULIN LISPRO/INSULIN LISPRO PROTAMINE	NC MedAssist - North Carolina Residents Only	\$341.64	\$392.89
	75-25	U/ML-U/ML	UNIT(S)	INSULIN LISPRO/INSULIN LISPRO PROTAMINE	Welvista - South Carolina Residents Only	\$341.64	\$392.89
<b>HUMALOG U-200 KWIKPEN</b>							
	200	U/ML (3ML)	UNIT(S)	insulin lispro, recombinant	Lilly Cares	\$509.18	\$585.56
<b>HUMALOG VIAL</b>							
	100	U/ML (10 ML)	UNIT(S)	INSULIN LISPRO, HUMAN	Lilly Cares	\$329.64	\$379.09
	100	U/ML (10 ML)	UNIT(S)	INSULIN LISPRO, HUMAN	NC MedAssist - North Carolina Residents Only	\$329.64	\$379.09
	100	U/ML (10 ML)	UNIT(S)	INSULIN LISPRO, HUMAN	Welvista - South Carolina Residents Only	\$329.64	\$379.09
<b>HUMATE-P</b>							
	1	IU	INJECTION(S)	AHF HUMAN/VON WILLEBRAND FACTOR	CSL Behring Patient Assistance Program	\$1.00	\$1.15
<b>HUMATROPE</b>							
	12	MG	MG	SOMATROPIN, E-COLI DERIVED	Lilly Cares	\$1,636.13	\$1,881.55
	24	MG	MG	SOMATROPIN, E-COLI DERIVED	Lilly Cares	\$3,272.26	\$3,763.10
	5	MG	MG	SOMATROPIN, E-COLI DERIVED	Lilly Cares	\$681.72	\$783.98
	6	MG	MG	SOMATROPIN, E-COLI DERIVED	Lilly Cares	\$818.06	\$940.77
<b>HUMIRA PEN (PSORIASIS STARTER PACKAGE)</b>							
	40/0.8	MG/ML	PEN(S)	adalimumab	AbbVie Patient Assistance Foundation HUMIRA Patient Assistance Program	\$10,658.95	\$12,257.79

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HUMIRA PENS</b>							
	40/0.8	MG/ML	PEN(S)	ADALIMUMAB	AbbVie Patient Assistance Foundation HUMIRA Patient Assistance Program	\$5,329.48	\$6,128.90
<b>HUMIRA SYRINGE</b>							
	40/0.8	MG/ML	SYRINGE(S)	ADALIMUMAB	AbbVie Patient Assistance Foundation HUMIRA Patient Assistance Program	\$5,329.48	\$6,128.90
<b>HUMULIN 70/30 KWIKPEN</b>							
	70/30	U/ML	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	Lilly Cares	\$565.56	\$650.39
	70/30	U/ML	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	NC MedAssist - North Carolina Residents Only	\$565.56	\$650.39
<b>HUMULIN 70/30 VIAL</b>							
	70-30	100 U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	Lilly Cares	\$178.44	\$205.21
	70-30	100 U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	NC MedAssist - North Carolina Residents Only	\$178.44	\$205.21
	70-30	100 U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	Welvista - South Carolina Residents Only	\$178.44	\$205.21
<b>HUMULIN N KWIKPEN</b>							
	100	U/ML	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	Lilly Cares	\$565.56	\$650.39

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HUMULIN N KWIKPEN</b>							
	100	U/ML	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	NC MedAssist - North Carolina Residents Only	\$565.56	\$650.39
<b>HUMULIN N VIAL</b>							
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	Lilly Cares	\$178.44	\$205.21
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	NC MedAssist - North Carolina Residents Only	\$178.44	\$205.21
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	Welvista - South Carolina Residents Only	\$178.44	\$205.21
<b>HUMULIN R CONCENTRATED U-500 KWIKPEN</b>							
	500	U/ML (2 PENS, 3ML)	UNIT(S)	insulin human regular	Lilly Cares	\$689.04	\$792.40
<b>HUMULIN R U-500 VIAL</b>							
	500	U/ML (20 ML)	UNIT(S)	INSULIN HUMAN REGULAR	Lilly Cares	\$1,784.40	\$2,052.06
<b>HUMULIN R VIAL</b>							
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN REGULAR	Lilly Cares	\$178.44	\$205.21
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN REGULAR	NC MedAssist - North Carolina Residents Only	\$178.44	\$205.21
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN REGULAR	Welvista - South Carolina Residents Only	\$178.44	\$205.21
<b>HYALGAN</b>							
	10	MG/ML (2ML)	UNIT(S)	HYALURONATE SODIUM	Fidia Hyalgan Reimbursement & Patient Assistance Program	\$228.00	\$262.20
<b>HYCAMTIN</b>							
	0.25	MG	CAPSULE(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,205.92	\$1,386.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYCAMTIN</b>							
	1	MG	CAPSULE(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$4,823.58	\$5,547.12
	4	MG	INJECTION(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,389.00	\$1,597.35
	0.25	MG	CAPSULE(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Now Oncology Program	\$1,205.92	\$1,386.81
	1	MG	CAPSULE(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Now Oncology Program	\$4,823.58	\$5,547.12
	4	MG	INJECTION(S)	TOPOTECAN HYDROCHLORIDE	Novartis Patient Assistance Now Oncology Program	\$1,389.00	\$1,597.35
<b>HYDRALAZINE (BRAND: APRESOLINE)</b>							
	10	MG	TABLET(S)	HYDRALAZINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$41.45	\$47.67
	100	MG	TABLET(S)	hydralazine hydrochloride	NC MedAssist - North Carolina Residents Only	\$101.30	\$116.50
	25	MG	TABLET(S)	HYDRALAZINE	NC MedAssist - North Carolina Residents Only	\$50.84	\$58.47
	50	MG	TABLET(S)	HYDRALAZINE	NC MedAssist - North Carolina Residents Only	\$56.33	\$64.78
	10	MG	TABLET(S)	HYDRALAZINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$41.45	\$47.67
	100	MG	TABLET(S)	hydralazine hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$101.30	\$116.50
	25	MG	TABLET(S)	HYDRALAZINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$50.84	\$58.47
	50	MG	TABLET(S)	HYDRALAZINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$56.33	\$64.78
	10	MG	TABLET(S)	HYDRALAZINE HYDROCHLORIDE	Rx Outreach	\$41.45	\$47.67
	100	MG	TABLET(S)	hydralazine hydrochloride	Rx Outreach	\$101.30	\$116.50
	25	MG	TABLET(S)	HYDRALAZINE	Rx Outreach	\$50.84	\$58.47

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYDRALAZINE (BRAND: APRESOLINE)</b>							
	50	MG	TABLET(S)	HYDRALAZINE	Rx Outreach	\$56.33	\$64.78
	25	MG	TABLET(S)	HYDRALAZINE	Welvista - South Carolina Residents Only	\$50.84	\$58.47
	50	MG	TABLET(S)	HYDRALAZINE	Welvista - South Carolina Residents Only	\$56.33	\$64.78
	10	MG	TABLET(S)	HYDRALAZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$41.45	\$47.67
	25	MG	TABLET(S)	HYDRALAZINE	Xubex Preferred Network Program	\$50.84	\$58.47
<b>HYDROCHLOROTHIAZIDE (BRAND: HYDRODIURIL, MICROZIDE)</b>							
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$8.48	\$9.75
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$16.45	\$18.92
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$16.45	\$18.92
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$16.45	\$18.92

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYDROCHLOROTHIAZIDE (BRAND: HYDRODIURIL, MICROZIDE)</b>							
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	Rx Outreach	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Rx Outreach	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Rx Outreach	\$16.45	\$18.92
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$16.45	\$18.92
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	Welvista - South Carolina Residents Only	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Welvista - South Carolina Residents Only	\$8.48	\$9.75
	12.5	MG	CAPSULE(S)	HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$82.43	\$94.79
	25	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$8.48	\$9.75
	50	MG	TABLET(S)	HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$16.45	\$18.92
<b>HYDROCORTISONE (BRAND: CORTEF)</b>							
	10	MG	TABLET(S)	HYDROCORTISONE	Rx Outreach	\$57.30	\$65.90
	5	MG	TABLET(S)	hydrocortisone	Rx Outreach	\$16.95	\$19.49
	10	MG	TABLET(S)	HYDROCORTISONE	Xubex Preferred Network Program	\$57.30	\$65.90
	20	MG	TABLET(S)	HYDROCORTISONE	Xubex Preferred Network Program	\$108.70	\$125.01
	5	MG	TABLET(S)	hydrocortisone	Xubex Preferred Network Program	\$16.95	\$19.49



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYDROCORTISONE CREAM</b>							
	2.5	% (30 GM)	APPLICATION(S)	HYDROCORTISONE	NC MedAssist - North Carolina Residents Only	\$83.16	\$95.63
<b>HYDROXYCHLOROQUINE (BRAND: PLAQUENIL)</b>							
	200	MG	TABLET(S)	HYDROXYCHLOROQUINE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$408.75	\$470.06
*	200	MG	TABLET(S)	HYDROXYCHLOROQUINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$408.75	\$470.06
	200	MG	TABLET(S)	HYDROXYCHLOROQUINE	Rx Outreach	\$408.75	\$470.06
	200	MG	TABLET(S)	HYDROXYCHLOROQUINE	Rx Outreach Preferred Clinic Discount Pricing Program	\$408.75	\$470.06
	200	MG	TABLET(S)	HYDROXYCHLOROQUINE	Xubex Preferred Network Program	\$408.75	\$470.06
<b>HYDROXYUREA (BRAND: HYDREA)</b>							
*	500	MG	CAPSULE(S)	HYDROXYUREA	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$147.40	\$169.51
	500	MG	CAPSULE(S)	HYDROXYUREA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$147.40	\$169.51
	500	MG	CAPSULE(S)	HYDROXYUREA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$147.40	\$169.51
	500	MG	CAPSULE(S)	HYDROXYUREA	Rx Outreach	\$147.40	\$169.51
	500	MG	CAPSULE(S)	HYDROXYUREA	Xubex Preferred Network Program	\$147.40	\$169.51
<b>HYDROXYZINE HCL (BRAND: ATARAX)</b>							
	10	MG	TABLET(S)	hydroxyzine hydrochloride	NC MedAssist - North Carolina Residents Only	\$62.36	\$71.71
	25	MG	TABLET(S)	hydroxyzine hydrochloride	NC MedAssist - North Carolina Residents Only	\$91.46	\$105.18
	50	MG	TABLET(S)	hydroxyzine hydrochloride	NC MedAssist - North Carolina Residents Only	\$111.50	\$128.23

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYDROXYZINE HCL (BRAND: ATARAX)</b>							
	25	MG	TABLET(S)	hydroxyzine hydrochloride	Rx Outreach	\$91.46	\$105.18
	50	MG	TABLET(S)	hydroxyzine hydrochloride	Rx Outreach	\$111.50	\$128.23
	25	MG	TABLET(S)	hydroxyzine hydrochloride	Welvista - South Carolina Residents Only	\$91.46	\$105.18
	50	MG	TABLET(S)	hydroxyzine hydrochloride	Welvista - South Carolina Residents Only	\$111.50	\$128.23
	10	MG	TABLET(S)	hydroxyzine hydrochloride	Xubex Preferred Network Program	\$62.36	\$71.71
	25	MG	TABLET(S)	hydroxyzine hydrochloride	Xubex Preferred Network Program	\$91.46	\$105.18
<b>HYDROXYZINE PAMOATE (BRAND: VISTARIL)</b>							
	25	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	NC MedAssist - North Carolina Residents Only	\$29.94	\$34.43
	50	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	NC MedAssist - North Carolina Residents Only	\$32.19	\$37.02
	25	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$29.94	\$34.43
	50	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$32.19	\$37.02
	25	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Rx Outreach	\$29.94	\$34.43
	50	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Rx Outreach	\$32.19	\$37.02
	25	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Welvista - South Carolina Residents Only	\$29.94	\$34.43
	50	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Welvista - South Carolina Residents Only	\$32.19	\$37.02
	100	MG	CAPSULE(S)	hydroxyzine pamoate	Xubex Preferred Network Program	\$119.11	\$136.98
	25	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Xubex Preferred Network Program	\$29.94	\$34.43
	50	MG	CAPSULE(S)	HYDROXYZINE PAMOATE	Xubex Preferred Network Program	\$32.19	\$37.02

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>HYLATOPICPLUS CREAM</b>							
	n/a	450 GM	CREAM		Onset Patient Assistance Program	\$452.54	\$520.42
<b>HYLATOPICPLUS FOAM</b>							
	N/A	150 GM	APPLICATION		Onset Patient Assistance Program	\$432.88	\$497.81
<b>HYSINGLA ER</b>							
	100	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$2,649.46	\$3,046.88
	120	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$2,936.08	\$3,376.49
	20	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$567.19	\$652.27
	30	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$827.90	\$952.09
	40	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$1,115.38	\$1,282.69
	60	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$1,544.44	\$1,776.11
	80	MG	TABLET(S)	hydrocodone bitartrate	Purdue Pharma Patient Assistance Program	\$2,082.26	\$2,394.60
<b>IBRANCE</b>							
	100	MG	CAPSULE(S)	palbociclib	Pfizer RxPathways	\$13,155.66	\$15,129.01
	125	MG	CAPSULE(S)	palbociclib	Pfizer RxPathways	\$13,155.66	\$15,129.01
	75	MG	CAPSULE(S)	palbociclib	Pfizer RxPathways	\$13,155.66	\$15,129.01
<b>IBUPROFEN (BRAND: MOTRIN)</b>							
	400	MG	TABLET(S)	IBUPROFEN	NC MedAssist - North Carolina Residents Only	\$21.09	\$24.25
	600	MG	TABLET(S)	IBUPROFEN	NC MedAssist - North Carolina Residents Only	\$26.17	\$30.10
	800	MG	TABLET(S)	IBUPROFEN	NC MedAssist - North Carolina Residents Only	\$33.47	\$38.49
	400	MG	TABLET(S)	IBUPROFEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$21.09	\$24.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>IBUPROFEN (BRAND: MOTRIN)</b>							
	600	MG	TABLET(S)	IBUPROFEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$26.17	\$30.10
	800	MG	TABLET(S)	IBUPROFEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$33.47	\$38.49
	400	MG	TABLET(S)	IBUPROFEN	Rx Outreach	\$21.09	\$24.25
	600	MG	TABLET(S)	IBUPROFEN	Rx Outreach	\$26.17	\$30.10
	800	MG	TABLET(S)	IBUPROFEN	Rx Outreach	\$33.47	\$38.49
	400	MG	TABLET(S)	IBUPROFEN	Welvista - South Carolina Residents Only	\$21.09	\$24.25
	600	MG	TABLET(S)	IBUPROFEN	Welvista - South Carolina Residents Only	\$26.17	\$30.10
	800	MG	TABLET(S)	IBUPROFEN	Welvista - South Carolina Residents Only	\$33.47	\$38.49
	600	MG	TABLET(S)	IBUPROFEN	Xubex Preferred Network Program	\$26.17	\$30.10
	800	MG	TABLET(S)	IBUPROFEN	Xubex Preferred Network Program	\$33.47	\$38.49
<b>ICLUSIG</b>							
	15	MG	TABLET(S)	ponatinib hydrochloride	ICLUSIG 1POINT	\$19,873.20	\$22,854.18
<b>ICLUSIG</b>							
	45	MG	TABLET(S)	ponatinib hydrochloride	ICLUSIG 1POINT	\$19,873.20	\$22,854.18
<b>IDAMYCIN PFS</b>							
	1	MG/ML (10ML)	INJECTION	IDARUBICIN HYDROCHLORIDE	Pfizer RxPathways	\$196.80	\$226.32
	1	MG/ML (20 ML)	INJECTION	IDARUBICIN HYDROCHLORIDE	Pfizer RxPathways	\$393.60	\$452.64
<b>ILARIS</b>							
	180	MG	INJECTION(S)	CANAKINUMAB	Novartis Patient Assistance Foundation, Inc.	\$19,266.01	\$22,155.91

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ILEVRO (1.7 ML)</b>							
	0.3	% (1.7 ML)	DROP(S)	nepafenac	NC MedAssist - North Carolina Residents Only	\$270.00	\$310.50
	0.3	% (1.7 ML)	DROP(S)	nepafenac	Welvista - South Carolina Residents Only	\$270.00	\$310.50
<b>ILEVRO (3 ML)</b>							
	0.3	% (3 ML)	DROP(S)	nepafenac	NC MedAssist - North Carolina Residents Only	\$270.00	\$310.50
	0.3	% (3 ML)	DROP(S)	nepafenac	Welvista - South Carolina Residents Only	\$270.00	\$310.50
<b>ILUVIEN</b>							
	0.19	MG	IMPLANT	fluocinolone acetonide	AccessPlus Patient Assistance Program	\$10,560.00	\$12,144.00
<b>IMBRUVICA (Qty of 120)</b>							
	140	MG	CAPSULE(S)	IBRUTINIB	Johnson & Johnson Patient Assistance Foundation	\$17,764.66	\$20,429.36
<b>IMBRUVICA (Qty of 90)</b>							
	140	MG	CAPSULE(S)	IBRUTINIB	Johnson & Johnson Patient Assistance Foundation	\$13,323.50	\$15,322.03
<b>IMFINZI</b>							
	120	MG/ML (2.4 ML)	MG	durvalumab	AZ&Me Prescription Savings Program for Specialty Products	\$1,001.90	\$1,152.19
	500	MG (10 ML)	MG	durvalumab	AZ&Me Prescription Savings Program for Specialty Products	\$4,174.57	\$4,800.76
<b>IMIPRAMINE HCL (BRAND: TOFRANIL)</b>							
	10	MG	TABLET(S)	imipramine hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$42.95	\$49.39
	25	MG	TABLET(S)	imipramine hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$71.75	\$82.51

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>IMIPRAMINE HCL (BRAND: TOFRANIL)</b>							
	50	MG	TABLET(S)	imipramine hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.85	\$140.13
	10	MG	TABLET(S)	imipramine hydrochloride	Xubex Preferred Network Program	\$42.95	\$49.39
	25	MG	TABLET(S)	imipramine hydrochloride	Xubex Preferred Network Program	\$71.75	\$82.51
	50	MG	TABLET(S)	imipramine hydrochloride	Xubex Preferred Network Program	\$121.85	\$140.13
<b>IMITREX</b>							
	5	MG	SPRAY	SUMATRIPTAN	GSK Patient Assistance Program	\$542.72	\$624.13
	5	MG	SPRAY	SUMATRIPTAN	Welvista - South Carolina Residents Only	\$542.72	\$624.13
<b>IMITREX NASAL</b>							
	20	MG	SPRAY	SUMATRIPTAN	GSK Patient Assistance Program	\$542.72	\$624.13
	20	MG	SPRAY	SUMATRIPTAN	Welvista - South Carolina Residents Only	\$542.72	\$624.13
<b>IMOGAM RABIES-HT</b>							
	150	IU/ML (10ML)	UNIT(S)	RABIES IMMUNE GLOBULIN	Sanofi Patient Connection	\$3,977.23	\$4,573.81
<b>IMOVAX RABIES</b>							
	2.5	IU	VIAL	RABIES VACCINE	Sanofi Patient Connection	\$188.10	\$216.32
<b>INCIVEK</b>							
	375	MG	TABLET(S)	TELAPREVIR	Vertex GPS Patient Assistance Program-Incivek	\$26,462.04	\$30,431.35
<b>INCRUSE ELLIPTA</b>							
	62.5	MCG/ACTUATION	BLISTER(S)	umeclidinium	GSK Patient Assistance Program	\$388.87	\$447.20
	62.5	MCG/ACTUATION	BLISTER(S)	umeclidinium	Welvista - South Carolina Residents Only	\$388.87	\$447.20

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INCRUSE ELLIPTA (INSTITUTIONAL PACK)</b>							
	62.5	MCG/ACTUATION	BLISTER(S)	umeclidinium	GSK Patient Assistance Program	\$82.42	\$94.78
	62.5	MCG/ACTUATION	BLISTER(S)	umeclidinium	Welvista - South Carolina Residents Only	\$82.42	\$94.78
<b>INDAPAMIDE (BRAND: LOZOL)</b>							
	1.25	MG	TABLET(S)	INDAPAMIDE	Rx Outreach	\$67.95	\$78.14
	2.5	MG	TABLET(S)	INDAPAMIDE	Rx Outreach	\$83.05	\$95.51
	1.25	MG	TABLET(S)	INDAPAMIDE	Xubex Preferred Network Program	\$67.95	\$78.14
	2.5	MG	TABLET(S)	INDAPAMIDE	Xubex Preferred Network Program	\$83.05	\$95.51
<b>INDERAL LA</b>							
*	160	MG	CAPSULE(S)	PROPRANOLOL HYDROCHLORIDE	Akrimax Patient Assistance Program	\$3,165.05	\$3,639.81
<b>INDOMETHACIN (BRAND: INDOCIN)</b>							
	50	MG	CAPSULE(S)	indomethacin	Xubex Preferred Network Program	\$63.75	\$73.31
<b>INDOMETHACIN ER (BRAND: INDOCIN)</b>							
	75	MG	CAPSULE(S)	indomethacin	Xubex Preferred Network Program	\$300.37	\$345.43
<b>INFED</b>							
	50	MG/ML (2ML, 10s)	MG	IRON DEXTRAN	Allergan Patient Assistance Program	\$303.10	\$348.57
<b>INGREZZA</b>							
	40	MG	CAPSULE(S)	valbenazine	Inbrace Support Program	\$6,330.00	\$7,279.50
	80	MG	CAPSULE(S)	valbenazine	Inbrace Support Program	\$7,470.00	\$8,590.50

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INJECTAFER</b>							
	50	MG/ML (15 ML)	MG	ferric carboxymaltose	American Regent - IV Iron Patient Assistance Program	\$1,169.69	\$1,345.14
<b>INLYTA</b>							
	1	MG	TABLET(S)	axitinib	Pfizer RxPathways	\$16,416.28	\$18,878.72
	5	MG	TABLET(S)	axitinib	Pfizer RxPathways	\$16,416.28	\$18,878.72
<b>INNOPRAN XL</b>							
*	120	MG	CAPSULE	PROPRANOLOL HYDROCHLORIDE	Akrimax Patient Assistance Program	\$2,725.56	\$3,134.39
*	80	MG	CAPSULE	PROPRANOLOL HYDROCHLORIDE	Akrimax Patient Assistance Program	\$2,725.56	\$3,134.39
<b>INSPIRA</b>							
	25	MG	TABLET(S)	EPLERENONE	NC MedAssist - North Carolina Residents Only	\$1,125.10	\$1,293.87
	50	MG	TABLET(S)	EPLERENONE	NC MedAssist - North Carolina Residents Only	\$1,125.10	\$1,293.87
	25	MG	TABLET(S)	EPLERENONE	Pfizer RxPathways	\$1,125.10	\$1,293.87
	50	MG	TABLET(S)	EPLERENONE	Pfizer RxPathways	\$1,125.10	\$1,293.87
<b>INTELENCE</b>							
	100	MG	TABLET(S)	ETRAVIRINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,411.34	\$1,623.04
	200	MG	TABLET(S)	ETRAVIRINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,411.42	\$1,623.13
	100	MG	TABLET(S)	ETRAVIRINE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,411.34	\$1,623.04



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INTELENCE</b>							
	200	MG	TABLET(S)	ETRAVIRINE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,411.42	\$1,623.13
	100	MG	TABLET(S)	ETRAVIRINE	Johnson & Johnson Patient Assistance Foundation	\$1,411.34	\$1,623.04
	200	MG	TABLET(S)	ETRAVIRINE	Johnson & Johnson Patient Assistance Foundation	\$1,411.42	\$1,623.13
	100	MG	TABLET(S)	ETRAVIRINE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,411.34	\$1,623.04
<b>INTELENCE</b>							
	25	MG	TABLET(S)	etravirine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$352.80	\$405.72
	25	MG	TABLET(S)	etravirine	Johnson & Johnson Patient Assistance Foundation	\$352.80	\$405.72
<b>INTRON A</b>							
	10	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$287.99	\$331.19
	18	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$518.39	\$596.15
	50	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,440.13	\$1,656.15
	10	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	Merck Access Program	\$287.99	\$331.19
	18	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	Merck Access Program	\$518.39	\$596.15
	50	MILLION IU	UNIT(S)	INTERFERON ALFA-2B	Merck Access Program	\$1,440.13	\$1,656.15

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INTUNIV</b>							
	1	MG	TABLET(S)	GUANFACINE HYDROCHLORIDE	Shire Cares Patient Assistance & Support Program	\$1,165.68	\$1,340.53
	2	MG	TABLET(S)	GUANFACINE HYDROCHLORIDE	Shire Cares Patient Assistance & Support Program	\$1,165.68	\$1,340.53
	3	MG	TABLET(S)	GUANFACINE HYDROCHLORIDE	Shire Cares Patient Assistance & Support Program	\$1,165.68	\$1,340.53
	4	MG	TABLET(S)	GUANFACINE HYDROCHLORIDE	Shire Cares Patient Assistance & Support Program	\$1,165.68	\$1,340.53
<b>INVANZ</b>							
	1	GM	GM	ERTAPENEM SODIUM	Merck Hotline for Invanz, Primaxin and Cancidas	\$1,302.00	\$1,497.30
<b>INVANZ, ADD-VANTAGE</b>							
	1	GM	GM	ERTAPENEM SODIUM	Merck Hotline for Invanz, Primaxin and Cancidas	\$1,367.04	\$1,572.10
<b>INVEGA</b>							
*	1.5	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,220.58	\$1,403.67
*	3	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,220.58	\$1,403.67
*	6	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,220.58	\$1,403.67
*	9	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,830.89	\$2,105.52
*	1.5	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,220.58	\$1,403.67

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INVEGA</b>							
*	3	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,220.58	\$1,403.67
*	6	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,220.58	\$1,403.67
*	9	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,830.89	\$2,105.52
*	1.5	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,220.58	\$1,403.67
*	3	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,220.58	\$1,403.67
*	6	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,220.58	\$1,403.67
*	9	MG	TABLET(S)	PALIPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,830.89	\$2,105.52
	1.5	MG	TABLET(S)	PALIPERIDONE	Welvista - South Carolina Residents Only	\$1,220.58	\$1,403.67
	3	MG	TABLET(S)	PALIPERIDONE	Welvista - South Carolina Residents Only	\$1,220.58	\$1,403.67
	6	MG	TABLET(S)	PALIPERIDONE	Welvista - South Carolina Residents Only	\$1,220.58	\$1,403.67
	9	MG	TABLET(S)	PALIPERIDONE	Welvista - South Carolina Residents Only	\$1,830.89	\$2,105.52
	1.5	MG	TABLET(S)	PALIPERIDONE	Xubex Free Trial 30 Day Medication Supply	\$1,220.58	\$1,403.67
	3	MG	TABLET(S)	PALIPERIDONE	Xubex Free Trial 30 Day Medication Supply	\$1,220.58	\$1,403.67
	6	MG	TABLET(S)	PALIPERIDONE	Xubex Free Trial 30 Day Medication Supply	\$1,220.58	\$1,403.67
	9	MG	TABLET(S)	PALIPERIDONE	Xubex Free Trial 30 Day Medication Supply	\$1,830.89	\$2,105.52

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INVEGA SUSTENNA</b>							
	117	MG (0.75 ML)	INJECTION(S)	PALIPERIDONE PALMITATE	Johnson & Johnson Patient Assistance Foundation	\$1,378.49	\$1,585.26
	156	MG (1 ML)	INJECTION	PALIPERIDONE PALMITATE	Johnson & Johnson Patient Assistance Foundation	\$1,838.06	\$2,113.77
	234	MG (1.5ML)	INJECTION(S)	PALIPERIDONE PALMITATE	Johnson & Johnson Patient Assistance Foundation	\$2,757.02	\$3,170.57
	39	MG (0.25 ML)	INJECTION(S)	PALIPERIDONE PALMITATE	Johnson & Johnson Patient Assistance Foundation	\$459.47	\$528.39
	78	MG (0.5ML)	INJECTION(S)	PALIPERIDONE PALMITATE	Johnson & Johnson Patient Assistance Foundation	\$918.98	\$1,056.83
<b>INVEGA TRINZA</b>							
	273	MG	INJECTION(S)	paliperidone palmitate	Johnson & Johnson Patient Assistance Foundation	\$2,757.00	\$3,170.55
	410	MG	INJECTION(S)	paliperidone palmitate	Johnson & Johnson Patient Assistance Foundation	\$4,135.48	\$4,755.80
	546	MG	INJECTION(S)	paliperidone palmitate	Johnson & Johnson Patient Assistance Foundation	\$5,514.16	\$6,341.28
	819	MG	INJECTION(S)	paliperidone palmitate	Johnson & Johnson Patient Assistance Foundation	\$8,271.06	\$9,511.72
<b>INVOKAMET</b>							
	150-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation	\$511.92	\$588.71
	150-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation	\$511.92	\$588.71
	50-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation	\$511.92	\$588.71

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INVOKAMET</b>							
	50-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation	\$511.92	\$588.71
	150-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	150-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	50-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	50-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	150-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Welvista - South Carolina Residents Only	\$511.92	\$588.71
	150-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Welvista - South Carolina Residents Only	\$511.92	\$588.71
	50-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Welvista - South Carolina Residents Only	\$511.92	\$588.71
	50-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Welvista - South Carolina Residents Only	\$511.92	\$588.71
	150-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$511.92	\$588.71
	150-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$511.92	\$588.71
<b>INVOKAMET XR</b>							
	150-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INVOKAMET XR</b>							
	150-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	50-1000	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
	50-500	MG-MG	TABLET(S)	canagliflozin/metformin hydrochloride	Johnson & Johnson Patient Assistance Foundation-Card Program	\$511.92	\$588.71
<b>INVOKANA</b>							
	100	MG	TABLET(S)	canagliflozin	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,535.76	\$1,766.12
	300	MG	TABLET(S)	canagliflozin	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,535.76	\$1,766.12
	100	MG	TABLET(S)	canagliflozin	Johnson & Johnson Patient Assistance Foundation	\$1,535.76	\$1,766.12
	300	MG	TABLET(S)	canagliflozin	Johnson & Johnson Patient Assistance Foundation	\$1,535.76	\$1,766.12
	100	MG	TABLET(S)	canagliflozin	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,535.76	\$1,766.12
	300	MG	TABLET(S)	canagliflozin	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,535.76	\$1,766.12
	100	MG	TABLET(S)	canagliflozin	NC MedAssist - North Carolina Residents Only	\$1,535.76	\$1,766.12
	300	MG	TABLET(S)	canagliflozin	NC MedAssist - North Carolina Residents Only	\$1,535.76	\$1,766.12
	100	MG	TABLET(S)	canagliflozin	Welvista - South Carolina Residents Only	\$1,535.76	\$1,766.12
	300	MG	TABLET(S)	canagliflozin	Welvista - South Carolina Residents Only	\$1,535.76	\$1,766.12
	100	MG	TABLET(S)	canagliflozin	Xubex Free Trial 30 Day Medication Supply	\$1,535.76	\$1,766.12

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>INVOKANA</b>							
	300	MG	TABLET(S)	canagliflozin	Xubex Free Trial 30 Day Medication Supply	\$1,535.76	\$1,766.12
<b>IPRATROPIUM BROMIDE INHALED (BRAND: ATROVENT HFA)</b>							
	0.02	% (2.5 ML)	PUFF(S)	ipratropium bromide	NC MedAssist - North Carolina Residents Only	\$53.40	\$61.41
	0.02	% (2.5 ML)	PUFF(S)	ipratropium bromide	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$53.40	\$61.41
	0.02	% (2.5 ML)	PUFF(S)	ipratropium bromide	Xubex Preferred Network Program	\$53.40	\$61.41
<b>IPRATROPIUM BROMIDE/ALBUTEROL (BRAND: COMBIVENT)</b>							
	0.5/3 (180 ML)	MG/ML (3 ML X 60)	PUFF(S)	albuterol sulfate/ipratropium bromide	NC MedAssist - North Carolina Residents Only	\$28.80	\$33.12
	0.5/3 (90 ML)	MG/ML (3 ML X 30)	PUFF(S)	albuterol sulfate/ipratropium bromide	NC MedAssist - North Carolina Residents Only	\$14.40	\$16.56
	0.5/3 (90 ML)	MG/ML (3 ML X 30)	PUFF(S)	albuterol sulfate/ipratropium bromide	Rx Outreach	\$14.40	\$16.56
	0.5/3 (180 ML)	MG/ML (3 ML X 60)	PUFF(S)	albuterol sulfate/ipratropium bromide	Xubex Preferred Network Program	\$28.80	\$33.12
	0.5/3 (90 ML)	MG/ML (3 ML X 30)	PUFF(S)	albuterol sulfate/ipratropium bromide	Xubex Preferred Network Program	\$14.40	\$16.56
<b>IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (BRAND: DuoNeb)</b>							
	0.5-3 (2.5)	MG/ML (3 ML)	VIAL(S)	albuterol sulfate/ipratropium bromide	NC MedAssist - North Carolina Residents Only	\$65.54	\$75.37
	0.5-3 (2.5)	MG/ML (3 ML)	VIAL(S)	albuterol sulfate/ipratropium bromide	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$65.54	\$75.37

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (BRAND: DuoNeb)</b>							
	0.5-3 (2.5)	MG/ML (3 ML)	VIAL(S)	albuterol sulfate/ipratropium bromide	Rx Outreach	\$65.54	\$75.37
<b>IRBESARTAN (BRAND: AVAPRO)</b>							
	150	MG	TABLET(S)	IRBESARTAN	Rx Outreach	\$276.49	\$317.96
	300	MG	TABLET(S)	IRBESARTAN	Rx Outreach	\$332.32	\$382.17
	75	MG	TABLET(S)	IRBESARTAN	Rx Outreach	\$262.65	\$302.05
	150	MG	TABLET(S)	IRBESARTAN	Xubex Preferred Network Program	\$276.49	\$317.96
	300	MG	TABLET(S)	IRBESARTAN	Xubex Preferred Network Program	\$332.32	\$382.17
	75	MG	TABLET(S)	IRBESARTAN	Xubex Preferred Network Program	\$262.65	\$302.05
<b>IRBESARTAN HYDROCHLOROTHIAZIDE (BRAND: AVALIDE)</b>							
	150/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/IRBESARTAN	Rx Outreach	\$364.32	\$418.97
	300/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE IRBESARTAN	Rx Outreach	\$364.32	\$418.97
	150/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/IRBESARTAN	Xubex Preferred Network Program	\$364.32	\$418.97
	300/12.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE IRBESARTAN	Xubex Preferred Network Program	\$364.32	\$418.97
<b>IRESSA</b>							
	250	MG	TABLET(S)	GEFITINIB	AZ&Me Prescription Savings Program for Specialty Products	\$9,117.36	\$10,484.96



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ISENTRISS</b>							
	100	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$416.88	\$479.41
	25	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$104.22	\$119.85
	400	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,667.52	\$1,917.65
	100	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Merck SUPPORT Program for Crixivan & Isentress	\$416.88	\$479.41
	25	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Merck SUPPORT Program for Crixivan & Isentress	\$104.22	\$119.85
	400	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Merck SUPPORT Program for Crixivan & Isentress	\$1,667.52	\$1,917.65
	100	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Xubex Free Trial 30 Day Medication Supply	\$416.88	\$479.41
	25	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Xubex Free Trial 30 Day Medication Supply	\$104.22	\$119.85
	400	MG	TABLET(S)	RALTEGRAVIR POTASSIUM	Xubex Free Trial 30 Day Medication Supply	\$1,667.52	\$1,917.65
<b>ISONIAZID (BRAND: ISONIAZID)</b>							
	100	MG	TABLET(S)	ISONIAZID	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$14.75	\$16.96
	300	MG	TABLET(S)	ISONIAZID	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$30.95	\$35.59
	100	MG	TABLET(S)	ISONIAZID	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$14.75	\$16.96
	300	MG	TABLET(S)	ISONIAZID	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$30.95	\$35.59
	300	MG	TABLET(S)	ISONIAZID	Rx Outreach	\$30.95	\$35.59

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ISONIAZID (BRAND: ISONIAZID)</b>							
	100	MG	TABLET(S)	ISONIAZID	Xubex Preferred Network Program	\$14.75	\$16.96
	300	MG	TABLET(S)	ISONIAZID	Xubex Preferred Network Program	\$30.95	\$35.59
<b>ISOSORBIDE DINITRATE (BRAND: ISORDIL)</b>							
	10	MG	TABLET(S)	ISOSORBIDE DINITRATE	Xubex Preferred Network Program	\$108.36	\$124.61
	20	MG	TABLET(S)	ISOSORBIDE DINITRATE	Xubex Preferred Network Program	\$119.19	\$137.07
	30	MG	TABLET(S)	isosorbide dinitrate	Xubex Preferred Network Program	\$131.11	\$150.78
	5	MG	TABLET(S)	ISOSORBIDE DINITRATE	Xubex Preferred Network Program	\$98.51	\$113.29
<b>ISOSORBIDE DINITRATE ER (BRAND: ISORDIL)</b>							
	40	MG	TABLET(S)	isosorbide dinitrate	Xubex Preferred Network Program	\$237.61	\$273.25
<b>ISOSORBIDE MONONITRATE (BRAND: IMDUR OR MONOKET)</b>							
	10	MG	TABLET(S)	ISOSORBIDE MONONITRATE	NC MedAssist - North Carolina Residents Only	\$84.97	\$97.72
	20	MG	TABLET(S)	ISOSORBIDE MONONITRATE	NC MedAssist - North Carolina Residents Only	\$89.42	\$102.83
	10	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Rx Outreach	\$84.97	\$97.72
	20	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Rx Outreach	\$89.42	\$102.83
<b>ISOSORBIDE MONONITRATE ER (BRAND: IMDUR)</b>							
	120	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	NC MedAssist - North Carolina Residents Only	\$76.08	\$87.49
	30	MG	TABLET(S)	ISOSORBIDE MONONITRATE	NC MedAssist - North Carolina Residents Only	\$111.74	\$128.50
	60	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	NC MedAssist - North Carolina Residents Only	\$137.18	\$157.76
	120	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$76.08	\$87.49

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ISOSORBIDE MONONITRATE ER (BRAND: IMDUR)</b>							
	30	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$111.74	\$128.50
	60	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$137.18	\$157.76
	120	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Rx Outreach	\$76.08	\$87.49
	30	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Rx Outreach	\$111.74	\$128.50
	60	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Rx Outreach	\$137.18	\$157.76
	30	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Welvista - South Carolina Residents Only	\$111.74	\$128.50
	60	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Welvista - South Carolina Residents Only	\$137.18	\$157.76
	30	MG	TABLET(S)	ISOSORBIDE MONONITRATE	Xubex Preferred Network Program	\$111.74	\$128.50
	60	MG	TABLET(S)	ISOSORBIDE MONONITRATE ER	Xubex Preferred Network Program	\$137.18	\$157.76
<b>ISRADIPINE (BRAND: DYNACIRC CR)</b>							
	2.5	MG	CAPSULE(S)	isradipine	Xubex Preferred Network Program	\$136.49	\$156.96
	5	MG	CAPSULE(S)	isradipine	Xubex Preferred Network Program	\$199.59	\$229.53
<b>ISTALOL</b>							
	0.5	% (5 ML)	DROP(S)	timolol maleate	Valeant Patient Assistance Program-Bausch & Lomb Products	\$358.12	\$411.84
<b>IXEMPRA</b>							
	15	MG	MG	IXABEPILONE	R-Pharm US Access and Support Program	\$1,348.61	\$1,550.90
	45	MG	MG	IXABEPILONE	R-Pharm US Access and Support Program	\$4,045.84	\$4,652.72

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JADENU</b>							
	180	MG	TABLET(S)	deferasirox	Novartis Patient Assistance Now Oncology Program	\$2,491.80	\$2,865.57
	360	MG	TABLET(S)	deferasirox	Novartis Patient Assistance Now Oncology Program	\$4,983.50	\$5,731.03
	90	MG	TABLET(S)	deferasirox	Novartis Patient Assistance Now Oncology Program	\$1,245.92	\$1,432.81
<b>JAKAFI</b>							
	10	MG	TABLET(S)	ruxolitinib phosphate	Incyte Jakafi Patient Assistance Program	\$13,856.40	\$15,934.86
	15	MG	TABLET(S)	ruxolitinib phosphate	Incyte Jakafi Patient Assistance Program	\$13,856.40	\$15,934.86
	20	MG	TABLET(S)	ruxolitinib phosphate	Incyte Jakafi Patient Assistance Program	\$13,856.40	\$15,934.86
	25	MG	TABLET(S)	ruxolitinib phosphate	Incyte Jakafi Patient Assistance Program	\$13,856.40	\$15,934.86
	5	MG	TABLET(S)	ruxolitinib phosphate	Incyte Jakafi Patient Assistance Program	\$13,856.40	\$15,934.86
<b>JALYN</b>							
	0.5-0.4	MG-MG	CAPSULE(S)	DUTASTERIDE/TAMSULOSIN HYDROCHLORIDE	GSK Patient Assistance Program	\$659.44	\$758.36
	0.5-0.4	MG-MG	CAPSULE(S)	DUTASTERIDE/TAMSULOSIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$659.44	\$758.36
<b>JANUMET</b>							
	500-50	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Merck Patient Assistance Program	\$1,371.60	\$1,577.34
	50-1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Merck Patient Assistance Program	\$1,432.08	\$1,646.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JANUMET</b>							
	500-50	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	NC MedAssist - North Carolina Residents Only	\$1,371.60	\$1,577.34
	50-1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	NC MedAssist - North Carolina Residents Only	\$1,432.08	\$1,646.89
	500-50	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,371.60	\$1,577.34
	50-1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,432.08	\$1,646.89
	500-50	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Welvista - South Carolina Residents Only	\$1,371.60	\$1,577.34
	50-1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Welvista - South Carolina Residents Only	\$1,432.08	\$1,646.89
	500-50	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Xubex Free Trial 30 Day Medication Supply	\$1,371.60	\$1,577.34
	50-1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SITAGLIPTIN PHOSPHATE	Xubex Free Trial 30 Day Medication Supply	\$1,432.08	\$1,646.89

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JANUMET XR</b>							
	1000-100	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Merck Patient Assistance Program	\$1,371.60	\$1,577.34
	1000-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Merck Patient Assistance Program	\$457.20	\$525.78
	500-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Merck Patient Assistance Program	\$457.20	\$525.78
	1000-100	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	NC MedAssist - North Carolina Residents Only	\$1,371.60	\$1,577.34
	1000-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	NC MedAssist - North Carolina Residents Only	\$457.20	\$525.78
	500-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	NC MedAssist - North Carolina Residents Only	\$457.20	\$525.78
	1000-100	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Welvista - South Carolina Residents Only	\$1,371.60	\$1,577.34
	1000-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Welvista - South Carolina Residents Only	\$457.20	\$525.78
	500-50	MG	TABLET(S)	metformin hydrochloride/sitagliptin phosphate	Welvista - South Carolina Residents Only	\$457.20	\$525.78

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JANUVIA</b>							
	100	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Merck Patient Assistance Program	\$1,371.60	\$1,577.34
	25	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Merck Patient Assistance Program	\$1,371.60	\$1,577.34
	50	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Merck Patient Assistance Program	\$1,371.60	\$1,577.34
	100	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	NC MedAssist - North Carolina Residents Only	\$1,371.60	\$1,577.34
	25	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	NC MedAssist - North Carolina Residents Only	\$1,371.60	\$1,577.34
	50	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	NC MedAssist - North Carolina Residents Only	\$1,371.60	\$1,577.34
	100	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,371.60	\$1,577.34
	25	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,371.60	\$1,577.34
	50	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,371.60	\$1,577.34
	100	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Welvista - South Carolina Residents Only	\$1,371.60	\$1,577.34
	25	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Welvista - South Carolina Residents Only	\$1,371.60	\$1,577.34
	50	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Welvista - South Carolina Residents Only	\$1,371.60	\$1,577.34
	100	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Xubex Free Trial 30 Day Medication Supply	\$1,371.60	\$1,577.34
	25	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Xubex Free Trial 30 Day Medication Supply	\$1,371.60	\$1,577.34
	50	MG	TABLET(S)	SITAGLIPTIN PHOSPHATE	Xubex Free Trial 30 Day Medication Supply	\$1,371.60	\$1,577.34
<b>JARDIANCE</b>							
	10	MG	TABLET(S)	empagliflozin	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32
	25	MG	TABLET(S)	empagliflozin	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JENTADUETO</b>							
	2.5-1000	MG	TABLET(S)	linagliptin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$457.20	\$525.78
	2.5-500	MG	TABLET(S)	linagliptin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$457.20	\$525.78
	2.5-850	MG	TABLET(S)	linagliptin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$457.20	\$525.78
<b>JENTADUETO XR</b>							
	2.5-1000	MG	TABLET(S)	linagliptin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$457.20	\$525.78
<b>JENTADUETO XR</b>							
	5-1000	MG	TABLET(S)	linagliptin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$1,371.60	\$1,577.34
<b>JEVITY 1 CAL</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.38	\$2.74
<b>JEVITY 1.2 CAL</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$2.86	\$3.29
<b>JEVITY 1.5 CAL</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$3.01	\$3.46
<b>JEVTANA</b>							
	60/1.5	MG/ML (1.5 ML)	INJECTION	CABAZITAXEL	Sanofi Patient Connection	\$11,863.08	\$13,642.54
<b>JUXTAPID</b>							
	10	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>JUXTAPID</b>							
	20	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48
	30	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48
	40	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48
	5	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48
	60	MG	CAPSULE(S)	lomitapide mesylate	Juxtapid REMS Program	\$40,375.20	\$46,431.48
<b>KADCYLA</b>							
	160	MG	MG	ado-trastuzumab emtansine	Genentech Access to Solutions-Infused Products	\$5,486.20	\$6,309.13
<b>KADCYLA</b>							
	100	MG	MG	ado-trastuzumab emtansine	Genentech Access to Solutions-Infused Products	\$3,428.87	\$3,943.20
<b>KALETRA</b>							
	100-25	MG-MG	TABLET(S)	LOPINAVIR/RITONAVIR	AbbVie Norvir Kaletra Patient Assistance Program	\$290.12	\$333.64
	200-50	MG-MG	TABLET(S)	LOPINAVIR/RITONAVIR	AbbVie Norvir Kaletra Patient Assistance Program	\$1,160.50	\$1,334.58
	80/20	MG/ML	SOL	LOPINAVIR/RITONAVIR	AbbVie Norvir Kaletra Patient Assistance Program	\$580.25	\$667.29
	100-25	MG-MG	TABLET(S)	LOPINAVIR/RITONAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$290.12	\$333.64
	200-50	MG-MG	TABLET(S)	LOPINAVIR/RITONAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,160.50	\$1,334.58
	80/20	MG/ML	SOL	LOPINAVIR/RITONAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$580.25	\$667.29

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KALYDECO</b>							
	150	MG	TABLET(S)	IVACAFTOR	Vertex GPS Patient Assistance Program-Kalydeco & Orkambi	\$30,723.60	\$35,332.14
<b>KAZANO</b>							
	12.5-1000	MG-MG	TABLET(S)	alogliptin benzoate/metformin hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
	12.5-500	MG-MG	TABLET(S)	alogliptin benzoate/metformin hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
<b>KEPIVANCE</b>							
	6.25	MG	INJECTION	PALIFERMIN	SOBI Kepivance Patient Assistance Program	\$9,900.00	\$11,385.00
<b>KEPPRA</b>							
	1000	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,099.80	\$1,264.77
	250	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$899.86	\$1,034.84
	500	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,099.80	\$1,264.77
	750	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,490.02	\$1,713.52
*	1000	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$1,099.80	\$1,264.77
*	250	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$899.86	\$1,034.84
*	500	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$1,099.80	\$1,264.77
*	750	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$1,490.02	\$1,713.52

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KEPPRA</b>							
*	100/1	MG/ML (473 ML)	MG	levetiracetam	UCB Patient Assistance Program	\$836.03	\$961.43
<b>KEPPRA XR</b>							
	500	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$498.50	\$573.28
	750	MG	TABLET(S)	LEVETIRACETAM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$748.52	\$860.80
*	500	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$498.50	\$573.28
*	750	MG	TABLET(S)	LEVETIRACETAM	UCB Patient Assistance Program	\$748.52	\$860.80
<b>KETOCONAZOLE (BRAND: NIZORAL)</b>							
	200	MG	TABLET(S)	KETOCONAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$625.79	\$719.66
<b>KETOROLAC TROMETHAMINE (BRAND: ACULAR)</b>							
	0.4	% (5ML)	DROP(S)	KETOROLAC TROMETHAMINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$106.87	\$122.90
	0.5	% (5 ML)	DROP(S)	KETOROLAC TROMETHAMINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$106.87	\$122.90
<b>KETOTIFEN FUMARATE (BRAND: ALAWAY OTC)</b>							
	0.025	% (5 ML)	DROP(S)	ketotifen fumarate	Rx Outreach	\$12.19	\$14.02
	0.025	% (5 ML)	DROP(S)	ketotifen fumarate	Xubex Preferred Network Program	\$12.19	\$14.02
<b>KEVEYIS</b>							
	50	MG	TABLET(S)	dichlorphenamide	Keys2Care	\$16,380.00	\$18,837.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KEVZARA</b>							
	150/1.14	MG/ML (1.14 ML)	SYRINGE(S)	sarilumab	KevzaraConnect	\$3,600.00	\$4,140.00
	200/1.14	MG/ML (1.14 ML)	SYRINGE(S)	sarilumab	KevzaraConnect	\$3,600.00	\$4,140.00
<b>KEYTRUDA</b>							
	25/1	MG/ML	MG	pembrolizumab	Merck Access Program	\$5,415.84	\$6,228.22
<b>KINERET</b>							
	100	mg/0.67ml	INJECTION(S)	ANAKINRA	Kineret Patient Assistance Program	\$61.80	\$71.07
<b>KISQALI (QTY 21)</b>							
	200	MG	TABLET(S)	ribociclib	Novartis Patient Assistance Now Oncology Program	\$5,256.00	\$6,044.40
<b>KISQALI (QTY 42)</b>							
	200	MG	TABLET(S)	ribociclib	Novartis Patient Assistance Now Oncology Program	\$10,512.00	\$12,088.80
<b>KISQALI (QTY 63)</b>							
	200	MG	TABLET(S)	ribociclib	Novartis Patient Assistance Now Oncology Program	\$13,140.00	\$15,111.00
<b>KOGENATE FS</b>							
	1	IU (1000 IU)	UNIT	ANTIHEMOPHILIC FACTOR VIII (RECOMBINANT)	Bayer Kogenate Factor Solutions	\$1.79	\$2.06
<b>KOMBIGLYZE XR</b>							
	2.5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	AZ&Me Prescription Savings Program	\$462.17	\$531.50

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KOMBIGLYZE XR</b>							
	5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	AZ&Me Prescription Savings Program	\$462.17	\$531.50
	5/500	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	AZ&Me Prescription Savings Program	\$462.17	\$531.50
	2.5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$462.17	\$531.50
	5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$462.17	\$531.50
	5/500	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$462.17	\$531.50
	2.5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$462.17	\$531.50
	5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$462.17	\$531.50
	5/500	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$462.17	\$531.50
	2.5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$462.17	\$531.50

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KOMBIGLYZE XR</b>							
	5/1000	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$462.17	\$531.50
	5/500	MG-MG	TABLET(S)	METFORMIN HYDROCHLORIDE/SAXAGLIPTIN HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$462.17	\$531.50
<b>K-PHOS MF</b>							
	155-350	MG-MG	TABLET(S)	K PHOS, MONOBASIC/NA PHOS, MONOBASIC	Beach Products	\$21.25	\$24.44
<b>K-PHOS NO. 2</b>							
	305-700	MG-MG	TABLET(S)	K PHOS, MONOBASIC/NA PHOS, MONOBASIC	Beach Products	\$106.90	\$122.94
<b>K-PHOS ORIGINAL</b>							
	500	MG	TABLET(S)	POTASSIUM PHOSPHATE, MONOBASIC	Beach Products	\$55.90	\$64.29
<b>KRYSTEXXA</b>							
	8	MG/ML (1 ML)	MG	pegloticase	Krystexxa Connect Program	\$22,299.87	\$25,644.85
<b>K-TAB</b>							
*	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	AbbVie Patient Assistance Program	\$100.61	\$115.70
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	NC MedAssist - North Carolina Residents Only	\$100.61	\$115.70
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Welvista - South Carolina Residents Only	\$100.61	\$115.70

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>KUVAN</b>							
	100	MG	TABLET(S)	SAPROPTERIN DIHYDROCHLORIDE	BioMarin Kuvan Patient Assistance Program	\$5,064.00	\$5,823.60
<b>KYLEENA</b>							
	19.5	MG	INSERT	levonorgestrel	Arch Foundation Patient Assistance Program	\$1,030.00	\$1,184.50
	19.5	MG	INSERT	levonorgestrel	Bayer-Specialty Pharmacy Program for Kyleena Mirena and Skyla	\$1,030.00	\$1,184.50
<b>KYNAMRO (BOX OF 1)</b>							
	200	MG/ML (1ML)	SYRINGE(S)	mipomersen sodium	Kynamro Patient Assistance Program	\$8,340.85	\$9,591.98
<b>KYNAMRO (BOX OF 4)</b>							
	200	MG/ML (1 ML, 4S)	SYRINGE(S)	mipomersen sodium	Kynamro Patient Assistance Program	\$33,363.41	\$38,367.92
<b>KYPROLIS</b>							
	60	MG	MG	carfilzomib	Amgen Safety Net Foundation	\$2,458.06	\$2,826.77
	60	MG	MG	carfilzomib	Onyx 360 Patient Access	\$2,458.06	\$2,826.77
<b>LABETALOL (BRAND: TRANDATE)</b>							
*	100	MG	TABLET(S)	LABETALOL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$100.00	\$115.00
*	200	MG	TABLET(S)	LABETALOL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$74.03	\$85.13
*	300	MG	TABLET(S)	LABETALOL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$101.23	\$116.41
	100	MG	TABLET(S)	LABETALOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$100.00	\$115.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LABETALOL (BRAND: TRANDATE)</b>							
	200	MG	TABLET(S)	LABETALOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$74.03	\$85.13
	300	MG	TABLET(S)	LABETALOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$101.23	\$116.41
	100	MG	TABLET(S)	LABETALOL	Xubex Preferred Network Program	\$100.00	\$115.00
	200	MG	TABLET(S)	LABETALOL	Xubex Preferred Network Program	\$74.03	\$85.13
	300	MG	TABLET(S)	LABETALOL	Xubex Preferred Network Program	\$101.23	\$116.41
<b>LABETALOL HCL (BRAND: TRANDATE)</b>							
	100	MG	TABLET(S)	LABETALOL HCL	Rx Outreach	\$67.29	\$77.38
	200	MG	TABLET(S)	LABETALOL HCL	Rx Outreach	\$71.33	\$82.03
	300	MG	TABLET(S)	LABETALOL HCL	Rx Outreach	\$115.00	\$132.25
<b>LACRISERT</b>							
	5	MG	DEVICE (INSERT)	HYDROXYPROPYL CELLULOSE	Valeant Patient Assistance Program-Bausch & Lomb Products	\$520.72	\$598.83
<b>LAMICTAL</b>							
	100	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,588.48	\$1,826.75
	150	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,044.60	\$1,201.29
	200	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,137.16	\$1,307.73
	25	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,390.64	\$1,599.24
	100	MG	TABLET(S)	LAMOTRIGINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,588.48	\$1,826.75
	150	MG	TABLET(S)	LAMOTRIGINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,044.60	\$1,201.29



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LAMICTAL</b>							
	200	MG	TABLET(S)	LAMOTRIGINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,137.16	\$1,307.73
	25	MG	TABLET(S)	LAMOTRIGINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,390.64	\$1,599.24
	100	MG	TABLET(S)	LAMOTRIGINE	Welvista - South Carolina Residents Only	\$1,588.48	\$1,826.75
	150	MG	TABLET(S)	LAMOTRIGINE	Welvista - South Carolina Residents Only	\$1,044.60	\$1,201.29
	200	MG	TABLET(S)	LAMOTRIGINE	Welvista - South Carolina Residents Only	\$1,137.16	\$1,307.73
	25	MG	TABLET(S)	LAMOTRIGINE	Welvista - South Carolina Residents Only	\$1,390.64	\$1,599.24
<b>LAMICTAL (GREEN) STARTER KIT (25MG AND 100MG)</b>							
	N/A	N/A	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,390.51	\$1,599.09
<b>LAMICTAL (ORANGE) STARTER KIT</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$695.26	\$799.55
<b>LAMICTAL ODT</b>							
	100	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$400.85	\$460.98
	200	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$478.33	\$550.08
	25	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$350.98	\$403.63
	50	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$375.92	\$432.31
<b>LAMICTAL ODT PATIENT TITRATION (BLUE)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$409.44	\$470.86
<b>LAMICTAL ODT PATIENT TITRATION (GREEN)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$1,169.70	\$1,345.16

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LAMICTAL ODT PATIENT TITRATION (ORANGE)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$584.87	\$672.60
<b>LAMICTAL XR</b>							
	100	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$786.00	\$903.90
	200	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$838.19	\$963.92
	25	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$366.94	\$421.98
	250	MG	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$1,143.00	\$1,314.45
	300	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$1,257.30	\$1,445.90
	50	MG	TABLET(S)	LAMOTRIGINE	GSK Patient Assistance Program	\$733.79	\$843.86
<b>LAMICTAL XR PATIENT TITRATION (BLUE XR KIT)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$428.09	\$492.30
<b>LAMICTAL XR PATIENT TITRATION (GREEN XR KIT)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$1,222.90	\$1,406.34
<b>LAMICTAL XR PATIENT TITRATION (ORANGE XR KIT)</b>							
	N/A	N/A	TABLET(S)	lamotrigine	GSK Patient Assistance Program	\$611.47	\$703.19
<b>LAMISIL</b>							
	125	MG/PACKET	PACKET(S)	TERBINAFINE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$752.77	\$865.69
	187.5	MG/PACKET	PACKET(S)	TERBINAFINE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,129.19	\$1,298.57
<b>LAMIVUDINE (BRAND: EPIVIR)</b>							
	100	MG	TABLET(S)	lamivudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$482.80	\$555.22

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LAMIVUDINE (BRAND: EPIVIR)</b>							
	150	MG	TABLET(S)	lamivudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$429.66	\$494.11
<b>LAMOTRIGINE (BRAND: LAMICTAL)</b>							
*	100	MG	TABLET(S)	LAMOTRIGINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$475.12	\$546.39
*	150	MG	TABLET(S)	LAMOTRIGINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$312.44	\$359.31
*	200	MG	TABLET(S)	LAMOTRIGINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$340.15	\$391.17
*	25	MG	TABLET(S)	LAMOTRIGINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$415.96	\$478.35
	100	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$475.12	\$546.39
	150	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$312.44	\$359.31
	200	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$340.15	\$391.17
	25	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$415.96	\$478.35
	100	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach	\$475.12	\$546.39
	150	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach	\$312.44	\$359.31
	200	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach	\$340.15	\$391.17
	25	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach	\$415.96	\$478.35
	100	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach Preferred Clinic Discount Pricing Program	\$475.12	\$546.39
	150	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach Preferred Clinic Discount Pricing Program	\$312.44	\$359.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LAMOTRIGINE (BRAND: LAMICTAL)</b>							
	200	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach Preferred Clinic Discount Pricing Program	\$340.15	\$391.17
	25	MG	TABLET(S)	LAMOTRIGINE	Rx Outreach Preferred Clinic Discount Pricing Program	\$415.96	\$478.35
	100	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$475.12	\$546.39
	150	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$312.44	\$359.31
	200	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$340.15	\$391.17
	25	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$415.96	\$478.35
<b>LAMOTRIGINE CHEWABLE (BRAND: LAMICTAL)</b>							
	25	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$319.80	\$367.77
	5	MG	TABLET(S)	LAMOTRIGINE	NC MedAssist - North Carolina Residents Only	\$435.57	\$500.91
	25	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$319.80	\$367.77
	5	MG	TABLET(S)	LAMOTRIGINE	Xubex Preferred Network Program	\$435.57	\$500.91
<b>LANOXIN</b>							
	0.125	MG	TABLET(S)	DIGOXIN	Rx Outreach	\$1,252.80	\$1,440.72
	0.25	MG	TABLET(S)	DIGOXIN	Rx Outreach	\$1,252.80	\$1,440.72
<b>LANOXIN</b>							
	0.0625	MG	TABLET(S)	digoxin	Rx Outreach	\$1,252.80	\$1,440.72
	0.1875	MG	TABLET(S)	digoxin	Rx Outreach	\$1,252.80	\$1,440.72
	0.0625	MG	TABLET(S)	digoxin	Welvista - South Carolina Residents Only	\$1,252.80	\$1,440.72
	0.1875	MG	TABLET(S)	digoxin	Welvista - South Carolina Residents Only	\$1,252.80	\$1,440.72

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LANTUS</b>							
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN GLARGINE	Sanofi Patient Connection	\$298.21	\$342.94
<b>LANTUS SOLOSTAR</b>							
	100	U/ML	UNIT(S)	INSULIN GLARGINE, RECOMBINANT	Sanofi Patient Connection	\$447.31	\$514.41
<b>LARTRUVO</b>							
	10	MG/ML (19 ML)	MG	olaratumab	Lilly Patient Assistance Program for Oncology	\$1,076.16	\$1,237.58
<b>LATANOPROST (BRAND: XALATAN)</b>							
	0.005	% (2.5ML)	DROP(S)	LATANOPROST	Rx Outreach	\$95.00	\$109.25
	0.005	% (2.5ML)	DROP(S)	LATANOPROST	Xubex Preferred Network Program	\$95.00	\$109.25
<b>LATUDA</b>							
	120	MG	TABLET(S)	LURASIDONE HYDROCHLORIDE	Sunovion Support Prescription Assistance Program-Latuda	\$1,994.40	\$2,293.56
	20	MG	TABLET(S)	LURASIDONE HYDROCHLORIDE	Sunovion Support Prescription Assistance Program-Latuda	\$1,335.96	\$1,536.35
	40	MG	TABLET(S)	LURASIDONE	Sunovion Support Prescription Assistance Program-Latuda	\$1,335.96	\$1,536.35
	60	MG	TABLET(S)	LURASIDONE HYDROCHLORIDE	Sunovion Support Prescription Assistance Program-Latuda	\$1,335.96	\$1,536.35
	80	MG	TABLET(S)	LURASIDONE	Sunovion Support Prescription Assistance Program-Latuda	\$1,335.96	\$1,536.35
<b>LENVIMA</b>							
	10	MG	CAPSULE(S)	lenvatinib	Eisai Lenvima Patient Assistance Program	\$16,304.40	\$18,750.06
	4	MG	CAPSULE(S)	lenvatinib	Eisai Lenvima Patient Assistance Program	\$16,304.40	\$18,750.06

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LETAIRIS</b>							
	10	MG	TABLET(S)	AMBRISENTAN	Gilead Letairis Education and Access Program (LEAP)	\$10,388.71	\$11,947.02
	5	MG	TABLET(S)	AMBRISENTAN	Gilead Letairis Education and Access Program (LEAP)	\$10,388.71	\$11,947.02
<b>LETROZOLE (BRAND: FEMARA)</b>							
	2.5	MG	TABLET(S)	LETROZOLE	Rx Outreach	\$543.43	\$624.94
	2.5	MG	TABLET(S)	LETROZOLE	Xubex Preferred Network Program	\$543.43	\$624.94
<b>LEUCOVORIN CALCIUM</b>							
	25	MG	TABLET(S)	leucovorin calcium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$618.35	\$711.10
<b>LEVALBUTEROL INHALED (BRAND: XOPENEX)</b>							
	1.25/3	MG/ML (3ML)	VIAL(S)	levalbuterol hydrochloride	Rx Outreach	\$160.92	\$185.06
	1.25/3	MG/ML (3ML)	VIAL(S)	levalbuterol hydrochloride	Xubex Preferred Network Program	\$160.92	\$185.06
<b>LEVAQUIN</b>							
	250	MG	TABLET(S)	LEVOFLOXACIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,144.84	\$3,616.57
	500	MG	TABLET(S)	LEVOFLOXACIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,604.27	\$4,144.91
	750	MG	TABLET(S)	LEVOFLOXACIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$6,749.14	\$7,761.51
	750	MG	TABLET(S)	LEVOFLOXACIN	Johnson & Johnson Hospital Access Patient Assistance Program	\$6,749.14	\$7,761.51
	250	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$3,144.84	\$3,616.57

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEVAQUIN</b>							
	500	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$3,604.27	\$4,144.91
	750	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$6,749.14	\$7,761.51
	250	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$3,144.84	\$3,616.57
	500	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$3,604.27	\$4,144.91
	750	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$6,749.14	\$7,761.51
<b>LEVAQUIN</b>							
	25	MG/ML (480 ML)	ML	levofloxacin	NC MedAssist - North Carolina Residents Only	\$893.89	\$1,027.97
<b>LEVEMIR FLEXPEN</b>							
*	100	U/ML	UNIT(S)	INSULIN DETEMIR	Novo Nordisk Patient Assistance Program	\$399.74	\$459.70
<b>LEVEMIR FLEXTOUCH</b>							
*	100	U/ML (3 ML)	UNIT(S)	insulin detemir	Novo Nordisk Patient Assistance Program	\$484.20	\$556.83
	100	U/ML (3 ML)	UNIT(S)	insulin detemir	Welvista - South Carolina Residents Only	\$484.20	\$556.83
<b>LEVEMIR VIAL</b>							
	100	U/ML	UNIT(S)	INSULIN DETEMIR	Novo Nordisk Patient Assistance Program	\$322.80	\$371.22
	100	U/ML	UNIT(S)	INSULIN DETEMIR	Welvista - South Carolina Residents Only	\$322.80	\$371.22
<b>LEVETIRACETAM (BRAND: KEPPRA)</b>							
*	250	MG	TABLET(S)	LEVETIRACETAM	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$345.00	\$396.75
*	500	MG	TABLET(S)	LEVETIRACETAM	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$422.00	\$485.30
*	750	MG	TABLET(S)	LEVETIRACETAM	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$572.00	\$657.80

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEVETIRACETAM (BRAND: KEPPRA)</b>							
	500	MG	TABLET(S)	LEVETIRACETAM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$422.00	\$485.30
	750	MG	TABLET(S)	LEVETIRACETAM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$572.00	\$657.80
	1000	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$422.00	\$485.30
	250	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$345.00	\$396.75
	500	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$422.00	\$485.30
	750	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$572.00	\$657.80
	250	MG	TABLET(S)	LEVETIRACETAM	Welvista - South Carolina Residents Only	\$345.00	\$396.75
	500	MG	TABLET(S)	LEVETIRACETAM	Welvista - South Carolina Residents Only	\$422.00	\$485.30
	750	MG	TABLET(S)	LEVETIRACETAM	Welvista - South Carolina Residents Only	\$572.00	\$657.80
	1000	MG	TABLET(S)	LEVETIRACETAM	Xubex Preferred Network Program	\$422.00	\$485.30
	250	MG	TABLET(S)	LEVETIRACETAM	Xubex Preferred Network Program	\$345.00	\$396.75
	750	MG	TABLET(S)	LEVETIRACETAM	Xubex Preferred Network Program	\$572.00	\$657.80
<b>LEVETIRACETAM ER (BRAND: KEPPRA XR)</b>							
	500	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$268.00	\$308.20
	750	MG	TABLET(S)	LEVETIRACETAM	Rx Outreach	\$400.00	\$460.00
	500	MG	TABLET(S)	LEVETIRACETAM	Xubex Preferred Network Program	\$268.00	\$308.20
	750	MG	TABLET(S)	LEVETIRACETAM	Xubex Preferred Network Program	\$400.00	\$460.00
<b>LEVOCETIRIZINE (BRAND: XYZAL)</b>							
	5	MG	TABLET(S)	LEVOCETIRIZINE	Rx Outreach	\$276.90	\$318.44



# Available Medications and Supplies

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEVOFLOXACIN (BRAND: LEVAQUIN)</b>							
	250	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$1,682.97	\$1,935.42
	500	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$1,928.84	\$2,218.17
	750	MG	TABLET(S)	LEVOFLOXACIN	NC MedAssist - North Carolina Residents Only	\$2,461.35	\$2,830.55
	250	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$1,682.97	\$1,935.42
	500	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$1,928.84	\$2,218.17
	750	MG	TABLET(S)	LEVOFLOXACIN	Welvista - South Carolina Residents Only	\$2,461.35	\$2,830.55
	250	MG	TABLET(S)	LEVOFLOXACIN	Xubex Preferred Network Program	\$1,682.97	\$1,935.42
	500	MG	TABLET(S)	LEVOFLOXACIN	Xubex Preferred Network Program	\$1,928.84	\$2,218.17
	750	MG	TABLET(S)	LEVOFLOXACIN	Xubex Preferred Network Program	\$2,461.35	\$2,830.55
<b>LEVOTHYROXINE (BRAND: SYNTHROID)</b>							
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$56.18	\$64.61
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$105.90	\$121.79
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$15.83	\$18.20
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$66.78	\$76.80
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$18.92	\$21.76
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$80.58	\$92.67
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$63.42	\$72.93
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$43.69	\$50.24
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$97.63	\$112.27
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$11.39	\$13.10
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$12.52	\$14.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEVOTHYROXINE (BRAND: SYNTHROID)</b>							
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$27.27	\$31.36
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$56.18	\$64.61
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$105.90	\$121.79
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$15.83	\$18.20
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$66.78	\$76.80
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$18.92	\$21.76
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$80.58	\$92.67
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$63.42	\$72.93
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$43.69	\$50.24
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$97.63	\$112.27
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$11.39	\$13.10
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$12.52	\$14.40
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Rx Outreach	\$27.27	\$31.36
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$56.18	\$64.61
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$105.90	\$121.79
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$15.83	\$18.20
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$66.78	\$76.80
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$18.92	\$21.76
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$80.58	\$92.67
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$63.42	\$72.93
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$43.69	\$50.24

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEVOTHYROXINE (BRAND: SYNTHROID)</b>							
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$97.63	\$112.27
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$11.39	\$13.10
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$12.52	\$14.40
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Xubex Preferred Network Program	\$27.27	\$31.36
<b>LEVOXYL</b>							
*	0.3	mg	TAB	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$79.43	\$91.34
*	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$85.44	\$98.26
*	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$98.80	\$113.62
*	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$100.15	\$115.17
*	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$101.54	\$116.77
*	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$103.09	\$118.55
*	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$122.53	\$140.91
*	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$122.76	\$141.17
*	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$66.42	\$76.38
*	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$75.42	\$86.73
*	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$83.34	\$95.84
*	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Pfizer RxPathways	\$84.78	\$97.50
<b>LEXAPRO</b>							
	10	MG	TABLET(S)	ESCITALOPRAM OXALATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,148.28	\$1,320.52

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LEXAPRO</b>							
	20	MG	TABLET(S)	ESCITALOPRAM OXALATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,198.25	\$1,377.99
	10	MG	TABLET(S)	ESCITALOPRAM OXALATE	Rx Outreach	\$1,148.28	\$1,320.52
	20	MG	TABLET(S)	ESCITALOPRAM OXALATE	Rx Outreach	\$1,198.25	\$1,377.99
<b>LEXISCAN</b>							
	0.08	MG/ML (5ML)	INJECTION(S)	REGADENOSON	Astellas Stock Replacement Program	\$277.50	\$319.13
<b>LEXIVA</b>							
	50	MG/ML (225 ML)	MG	FOSAMPRENAVIR CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$213.01	\$244.96
	700	MG	TABLET(S)	FOSAMPRENAVIR CALCIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,390.28	\$1,598.82
	50	MG/ML (225 ML)	MG	FOSAMPRENAVIR CALCIUM	ViiV Healthcare Patient Assistance Program	\$213.01	\$244.96
	700	MG	TABLET(S)	FOSAMPRENAVIR CALCIUM	ViiV Healthcare Patient Assistance Program	\$1,390.28	\$1,598.82
<b>LIALDA</b>							
	1.2	GM	TABLET(S)	MESALAMINE	Shire Cares Patient Assistance & Support Program	\$1,236.62	\$1,422.11
<b>LIDOCAINE (BRAND: LIDODERM, LMX)</b>							
	5	%	PATCH (ES)	LIDOCAINE	Rx Outreach	\$280.81	\$322.93
	5	%	PATCH (ES)	LIDOCAINE	Xubex Preferred Network Program	\$280.81	\$322.93
<b>LIDODERM</b>							
	5	%	PATCH(ES)	LIDOCAINE	Endo Patient Assistance Program	\$450.06	\$517.57

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LILETTA</b>							
	52	MG	INSERT	levonorgestrel	Allergan Patient Assistance Program	\$821.26	\$944.45
<b>LINCOICIN</b>							
	300	MG/ML (10ML)	VIAL	LINCOMYCIN HYDROCHLORIDE	Pfizer RxPathways	\$181.75	\$209.01
<b>LINZESS</b>							
	290	MCG	CAPSULE(S)	LINACLOTIDE	Allergan Patient Assistance Program	\$424.18	\$487.81
<b>LINZESS</b>							
	145	MCG	CAPSULE(S)	LINACLOTIDE	Allergan Patient Assistance Program	\$424.18	\$487.81
	72	MCG	CAPSULE(S)	linaclotide	Allergan Patient Assistance Program	\$424.18	\$487.81
<b>LIOETHYRONINE SODIUM (BRAND: TRIOSTAT, CYTOMEL)</b>							
	25	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Rx Outreach	\$106.19	\$122.12
	5	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Rx Outreach	\$80.82	\$92.94
	50	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Rx Outreach	\$162.21	\$186.54
	25	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Xubex Preferred Network Program	\$106.19	\$122.12
	5	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Xubex Preferred Network Program	\$80.82	\$92.94
	50	MCG	TABLET(S)	LIOETHYRONINE SODIUM	Xubex Preferred Network Program	\$162.21	\$186.54
<b>LISINOPRIL (BRAND: ZESTRIL OR PRINIVIL)</b>							
	10	MG	TABLET(S)	LISINOPRIL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$99.40	\$114.31
	20	MG	TABLET(S)	LISINOPRIL	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$101.10	\$116.27

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LISINOPRIL (BRAND: ZESTRIL OR PRINIVIL)</b>							
	10	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$99.40	\$114.31
	2.5	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$101.10	\$116.27
	30	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$150.60	\$173.19
	40	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$147.84	\$170.02
	10	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$99.40	\$114.31
	2.5	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$101.10	\$116.27
	30	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$150.60	\$173.19
	40	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$147.84	\$170.02
	10	MG	TABLET(S)	LISINOPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$99.40	\$114.31
	2.5	MG	TABLET(S)	LISINOPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$101.10	\$116.27
	40	MG	TABLET(S)	LISINOPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$147.84	\$170.02
	10	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$99.40	\$114.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LISINOPRIL (BRAND: ZESTRIL OR PRINIVIL)</b>							
	2.5	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$101.10	\$116.27
	30	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$150.60	\$173.19
	40	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$147.84	\$170.02
	10	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$99.40	\$114.31
	2.5	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$101.10	\$116.27
	30	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$150.60	\$173.19
	40	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$147.84	\$170.02
	10	MG	TABLET(S)	LISINOPRIL	Welvista - South Carolina Residents Only	\$99.40	\$114.31
	20	MG	TABLET(S)	LISINOPRIL	Welvista - South Carolina Residents Only	\$101.10	\$116.27
	10	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$99.40	\$114.31
	2.5	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$64.20	\$73.83
	20	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$101.10	\$116.27
	30	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$150.60	\$173.19
	40	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$147.84	\$170.02

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LISINOPRIL (BRAND: ZESTRIL OR PRINVIL)</b>							
	5	MG	TABLET(S)	LISINOPRIL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	NC MedAssist - North Carolina Residents Only	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	Rx Outreach	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	Rx Outreach Preferred Clinic Discount Pricing Program	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	Welvista - South Carolina Residents Only	\$91.44	\$105.16
	5	MG	TABLET(S)	LISINOPRIL	Xubex Preferred Network Program	\$91.44	\$105.16
<b>LISINOPRIL/HCTZ (BRAND: ZESTORETIC)</b>							
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	NC MedAssist - North Carolina Residents Only	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	NC MedAssist - North Carolina Residents Only	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	NC MedAssist - North Carolina Residents Only	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$120.05	\$138.06



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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LISINOPRIL/HCTZ (BRAND: ZESTORETIC)</b>							
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach Preferred Clinic Discount Pricing Program	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach Preferred Clinic Discount Pricing Program	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Rx Outreach Preferred Clinic Discount Pricing Program	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Welvista - South Carolina Residents Only	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Welvista - South Carolina Residents Only	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Welvista - South Carolina Residents Only	\$121.50	\$139.73
	10/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Xubex Preferred Network Program	\$110.90	\$127.54
	20/12.5	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Xubex Preferred Network Program	\$120.05	\$138.06
	20/25	MG/MG	TABLET(S)	LISINOPRIL/HCTZ	Xubex Preferred Network Program	\$121.50	\$139.73
<b>LITHIUM CARBONATE (BRAND: LITHOBID ER)</b>							
	300	MG	TABLET(S)	lithium carbonate	NC MedAssist - North Carolina Residents Only	\$46.52	\$53.50
	450	MG	TABLET(S)	lithium carbonate	NC MedAssist - North Carolina Residents Only	\$46.37	\$53.33
	300	MG	TABLET(S)	lithium carbonate	Rx Outreach	\$46.52	\$53.50
	450	MG	TABLET(S)	lithium carbonate	Rx Outreach	\$46.37	\$53.33

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LITHIUM CARBONATE (BRAND: LITHOBID ER)</b>							
	300	MG	TABLET(S)	lithium carbonate	Xubex Preferred Network Program	\$46.52	\$53.50
	450	MG	TABLET(S)	lithium carbonate	Xubex Preferred Network Program	\$46.37	\$53.33
<b>LITHIUM CARBONATE (BRAND: LITHOBID)</b>							
	150	MG	CAPSULE(S)	LITHIUM CARBONATE	NC MedAssist - North Carolina Residents Only	\$15.00	\$17.25
	300	MG	CAPSULE(S)	LITHIUM CARBONATE	NC MedAssist - North Carolina Residents Only	\$9.60	\$11.04
	150	MG	CAPSULE(S)	LITHIUM CARBONATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$15.00	\$17.25
	300	MG	CAPSULE(S)	LITHIUM CARBONATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$9.60	\$11.04
	150	MG	CAPSULE(S)	LITHIUM CARBONATE	Rx Outreach	\$15.00	\$17.25
	300	MG	CAPSULE(S)	LITHIUM CARBONATE	Rx Outreach	\$9.60	\$11.04
	150	MG	CAPSULE(S)	LITHIUM CARBONATE	Xubex Preferred Network Program	\$15.00	\$17.25
	300	MG	CAPSULE(S)	LITHIUM CARBONATE	Xubex Preferred Network Program	\$9.60	\$11.04
	600	MG	TABLET(S)	lithium carbonate	Xubex Preferred Network Program	\$36.90	\$42.44
<b>LITHOSTAT</b>							
	250	MG	TABLET(S)	ACETOHYDROXAMIC ACID	Mission Pharmacal Patient Assistance Program	\$2,160.00	\$2,484.00
<b>LIVALO</b>							
	1	MG	TABLET(S)	pitavastatin calcium	Kowa Livalo Patient Assistance Program	\$881.04	\$1,013.20
	2	MG	TABLET(S)	PITAVASTATIN CALCIUM	Kowa Livalo Patient Assistance Program	\$881.04	\$1,013.20
	4	MG	TABLET(S)	PITAVASTATIN CALCIUM	Kowa Livalo Patient Assistance Program	\$881.04	\$1,013.20

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LMX 5</b>							
	5	% (30 GM)	APPLICATION(S)	lidocaine	Ferndale Laboratories Patient Assistance Program	\$58.97	\$67.82
<b>LOCOID</b>							
	0.1	% (118 ML)	LOTION	hydrocortisone butyrate	Valeant Patient Assistance Program	\$1,140.53	\$1,311.61
<b>LODOSYN</b>							
	25	MG	TABLET(S)	CARBIDOPA	Valeant Patient Assistance Program	\$3,291.21	\$3,784.89
<b>LONSURF</b>							
	6.14-15	MG	TABLET(S)	tipiracil/trifluridine	Taiho Oncology Patient Support Program	\$10,708.24	\$12,314.48
	8.19-20	MG	TABLET(S)	tipiracil/trifluridine	Taiho Oncology Patient Support Program	\$14,277.65	\$16,419.30
<b>LORATADINE (BRAND: ALAVERT, CLARITIN)</b>							
	10	MG	TABLET(S)	loratadine	NC MedAssist - North Carolina Residents Only	\$85.50	\$98.33
	10	MG	TABLET(S)	loratadine	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$85.50	\$98.33
	10	MG	TABLET(S)	loratadine	Rx Outreach	\$85.50	\$98.33
	10	MG	TABLET(S)	loratadine	Xubex Preferred Network Program	\$85.50	\$98.33
<b>LORAZEPAM (BRAND: ATIVAN)</b>							
	0.5	MG	TABLET(S)	LORAZEPAM	Rx Outreach	\$69.53	\$79.96
	1	MG	TABLET(S)	LORAZEPAM	Rx Outreach	\$90.64	\$104.24
	2	MG	TABLET(S)	LORAZEPAM	Rx Outreach	\$132.05	\$151.86
	0.5	MG	TABLET(S)	LORAZEPAM	Xubex Preferred Network Program	\$69.53	\$79.96
	1	MG	TABLET(S)	LORAZEPAM	Xubex Preferred Network Program	\$90.64	\$104.24

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LORAZEPAM (BRAND: ATIVAN)</b>							
	2	MG	TABLET(S)	LORAZEPAM	Xubex Preferred Network Program	\$132.05	\$151.86
<b>LOSARTAN POTASSIUM (BRAND: COZAAR)</b>							
	100	MG	TABLET(S)	LOSARTAN POTASSIUM	NC MedAssist - North Carolina Residents Only	\$296.45	\$340.92
	25	MG	TABLET(S)	LOSARTAN POTASSIUM	NC MedAssist - North Carolina Residents Only	\$151.43	\$174.14
	50	MG	TABLET(S)	LOSARTAN POTASSIUM	NC MedAssist - North Carolina Residents Only	\$217.64	\$250.29
	100	MG	TABLET(S)	LOSARTAN POTASSIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$296.45	\$340.92
	25	MG	TABLET(S)	LOSARTAN POTASSIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$151.43	\$174.14
	50	MG	TABLET(S)	LOSARTAN POTASSIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$217.64	\$250.29
	100	MG	TABLET(S)	LOSARTAN POTASSIUM	Rx Outreach	\$296.45	\$340.92
	25	MG	TABLET(S)	LOSARTAN POTASSIUM	Rx Outreach	\$151.43	\$174.14
	50	MG	TABLET(S)	LOSARTAN POTASSIUM	Rx Outreach	\$217.64	\$250.29
	100	MG	TABLET(S)	LOSARTAN POTASSIUM	Welvista - South Carolina Residents Only	\$296.45	\$340.92
	50	MG	TABLET(S)	LOSARTAN POTASSIUM	Welvista - South Carolina Residents Only	\$217.64	\$250.29
	100	MG	TABLET(S)	LOSARTAN POTASSIUM	Xubex Preferred Network Program	\$296.45	\$340.92
	25	MG	TABLET(S)	LOSARTAN POTASSIUM	Xubex Preferred Network Program	\$151.43	\$174.14
	50	MG	TABLET(S)	LOSARTAN POTASSIUM	Xubex Preferred Network Program	\$217.64	\$250.29
<b>LOSARTAN POTASSIUM/HCTZ (BRAND: HYZAAR)</b>							
	100/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$306.36	\$352.31

# Available Medications and Supplies

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Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LOSARTAN POTASSIUM/HCTZ (BRAND: HYZAAR)</b>							
	100/25	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$327.80	\$376.97
	50/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	NC MedAssist - North Carolina Residents Only	\$240.64	\$276.74
	100/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$306.36	\$352.31
	100/25	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$327.80	\$376.97
	50/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$240.64	\$276.74
	100/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Rx Outreach	\$306.36	\$352.31
	100/25	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Rx Outreach	\$327.80	\$376.97
	50/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Rx Outreach	\$240.64	\$276.74
	100/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Welvista - South Carolina Residents Only	\$306.36	\$352.31
	100/25	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Welvista - South Carolina Residents Only	\$327.80	\$376.97
	50/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Welvista - South Carolina Residents Only	\$240.64	\$276.74
	100/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$306.36	\$352.31
	100/25	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$327.80	\$376.97

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LOSARTAN POTASSIUM/HCTZ (BRAND: HYZAAR)</b>							
	50/12.5	MG/MG	TABLET(S)	LOSARTAN POTASSIUM AND HYDROCHLOROTHIAZIDE	Xubex Preferred Network Program	\$240.64	\$276.74
<b>LOTEMAX GEL</b>							
	0.5	% (5 GM)	GM	LOTEPREDNOL ETABONATE	Valeant Patient Assistance Program-Bausch & Lomb Products	\$198.08	\$227.79
<b>LOTRISONE</b>							
	0.05-1	% (15gm)	CRE	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	Merck Patient Assistance Program	\$66.24	\$76.18
	0.05-1	% (15gm)	CRE	BETAMETHASONE DIPROPIONATE/CLOTRIMAZOLE	Welvista - South Carolina Residents Only	\$66.24	\$76.18
<b>LOVASTATIN (BRAND: MEVACOR)</b>							
	10	MG	TABLET(S)	LOVASTATIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$134.55	\$154.73
	20	MG	TABLET(S)	LOVASTATIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$237.28	\$272.87
	40	MG	TABLET(S)	LOVASTATIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$427.14	\$491.21
	10	MG	TABLET(S)	LOVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$134.55	\$154.73
	20	MG	TABLET(S)	LOVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$237.28	\$272.87
	40	MG	TABLET(S)	LOVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$427.14	\$491.21
	10	MG	TABLET(S)	LOVASTATIN	Rx Outreach	\$134.55	\$154.73
	20	MG	TABLET(S)	LOVASTATIN	Rx Outreach	\$237.28	\$272.87

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LOVASTATIN (BRAND: MEVACOR)</b>							
	40	MG	TABLET(S)	LOVASTATIN	Rx Outreach	\$427.14	\$491.21
	10	MG	TABLET(S)	LOVASTATIN	Xubex Preferred Network Program	\$134.55	\$154.73
	20	MG	TABLET(S)	LOVASTATIN	Xubex Preferred Network Program	\$237.28	\$272.87
	40	MG	TABLET(S)	LOVASTATIN	Xubex Preferred Network Program	\$427.14	\$491.21
<b>LOVAZA</b>							
*	1	GM	CAPSULE(S)	OMEGA-3-ACID ETHYL ESTERS	GSK Patient Assistance Program	\$348.76	\$401.07
	1	GM	CAPSULE(S)	OMEGA-3-ACID ETHYL ESTERS	Welvista - South Carolina Residents Only	\$348.76	\$401.07
<b>LOVENOX</b>							
	120	MG/0.8 ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$1,192.52	\$1,371.40
	30	MG/0.3 ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$297.70	\$342.36
	40	MG/0.4 ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$396.91	\$456.45
	80	MG/0.8 ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$794.77	\$913.99
<b>LOVENOX</b>							
	100	MG/ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$993.44	\$1,142.46
	150	MG/ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$1,490.68	\$1,714.28
	60	MG/0.6 ML	SYRINGE	ENOXAPARIN SODIUM	Sanofi Patient Connection	\$596.08	\$685.49
<b>LOXAPINE (BRAND: LOXITANE)</b>							
	10	MG	CAPSULE(S)	LOXAPINE	Rx Outreach	\$127.20	\$146.28
	25	MG	CAPSULE(S)	LOXAPINE	Rx Outreach	\$192.45	\$221.32
	5	MG	CAPSULE(S)	LOXAPINE	Rx Outreach	\$79.35	\$91.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LOXAPINE (BRAND: LOXITANE)</b>							
	50	MG	CAPSULE(S)	LOXAPINE	Rx Outreach	\$257.15	\$295.72
	10	MG	CAPSULE(S)	LOXAPINE	Xubex Preferred Network Program	\$127.20	\$146.28
	25	MG	CAPSULE(S)	LOXAPINE	Xubex Preferred Network Program	\$192.45	\$221.32
	5	MG	CAPSULE(S)	LOXAPINE	Xubex Preferred Network Program	\$79.35	\$91.25
	50	MG	CAPSULE(S)	LOXAPINE	Xubex Preferred Network Program	\$257.15	\$295.72
<b>LUCENTIS</b>							
	0.5/0.05	MG/ML	ML	RANIBIZUMAB	Genentech Access to Care-Lucentis	\$2,437.50	\$2,803.13
<b>LUCENTIS</b>							
	0.3/0.05	MG/ML	ML	RANIBIZUMAB	Genentech Access to Care-Lucentis	\$1,404.00	\$1,614.60
<b>LUMIGAN</b>							
	0.01	% (7.5 ML)	DROP(S)	BIMATOPROST	Allergan Patient Assistance Program - Eye & Dermatology	\$591.12	\$679.79
<b>LUPANETA PACK</b>							
	11.25-5	MG-MG	KIT	leuprolide acetate;norethindrone acetate	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$4,029.32	\$4,633.72
	3.75-5	MG-MG	KIT	leuprolide acetate;norethindrone acetate	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$1,343.09	\$1,544.55
<b>LUPRON DEPOT</b>							
	11.25	MG	PI3	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$4,029.32	\$4,633.72
	22.5	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$2,460.60	\$2,829.69



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LUPRON DEPOT</b>							
	3.75	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$1,343.09	\$1,544.55
	30	MG	PI4	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$5,240.64	\$6,026.74
	45	MG	PI6	leuprolide acetate	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$9,603.18	\$11,043.66
	7.5	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$1,600.51	\$1,840.59
<b>LUPRON DEPOT-PED</b>							
	11.25	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$2,933.38	\$3,373.39
	15	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$3,230.81	\$3,715.43
	7.5	MG	PI1	LEUPROLIDE ACETATE	AbbVie Lupron Depot & Lupaneta Pack Patient Assistance Program	\$1,615.74	\$1,858.10
<b>LUXIQ</b>							
	0.12	%	FOAM	BETAMETHASONE VALERATE	GSK Patient Assistance Program	\$223.07	\$256.53
<b>LYNPARZA</b>							
	50	MG	CAPSULE(S)	olaparib	AZ&Me Prescription Savings Program for Specialty Products	\$3,888.20	\$4,471.43
<b>LYNPARZA</b>							
	100	MG	TABLET(S)	olaparib	AZ&Me Prescription Savings Program for Specialty Products	\$16,663.75	\$19,163.31
	150	MG	TABLET(S)	olaparib	AZ&Me Prescription Savings Program for Specialty Products	\$16,663.75	\$19,163.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LYRICA</b>							
	100	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	150	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	200	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	225	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	25	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	300	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	50	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	75	MG	CAPSULE(S)	PREGABALIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$743.84	\$855.42
	100	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	150	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	200	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	225	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	25	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	300	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	50	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42
	75	MG	CAPSULE(S)	PREGABALIN	Pfizer RxPathways	\$743.84	\$855.42

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>LYSODREN</b>							
	500	MG	TABLET(S)	MITOTANE	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$575.94	\$662.33
<b>MACUGEN</b>							
	0.3/0.09	MG/ML (0.09 ML)	INJECTION(S)	PEGAPTANIB OCTASODIUM	Valeant Patient Assistance Program-Bausch & Lomb Products	\$870.00	\$1,000.50
<b>MAGNESIUM OXIDE</b>							
	400	MG	TABLET(S)	magnesium oxide	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$14.75	\$16.96
	400	MG	TABLET(S)	magnesium oxide	Xubex Preferred Network Program	\$14.75	\$16.96
<b>MAG-TAB SR</b>							
	84	MG	TABLET(S)	MAGNESIUM LACTATE	Niche Pharmaceuticals Patient Assistance Program	\$17.94	\$20.63
<b>MAKENA</b>							
	250	MG/ML (5ML)	ML	HYDROXYPROGESTERONE CAPROATE	Makena Care Connection	\$4,367.70	\$5,022.86
<b>MALARONE</b>							
	250-100	MG-MG	TABLET(S)	ATOVAQUONE	GSK Patient Assistance Program	\$807.58	\$928.72
<b>MALARONE PEDIATRIC</b>							
	62.5-25	MG-MG	TABLET(S)	ATOVAQUONE/CHLOROGUANID E HYDROCHLORIDE	GSK Patient Assistance Program	\$298.70	\$343.51
<b>MARINOL</b>							
	10	MG	CAPSULE(S)	DRONABINOL	AbbVie Patient Assistance Foundation-Marinol	\$3,004.58	\$3,455.27

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MARINOL</b>							
	2.5	MG	CAPSULE(S)	DRONABINOL	AbbVie Patient Assistance Foundation-Marinol	\$786.14	\$904.06
	5	MG	CAPSULE(S)	DRONABINOL	AbbVie Patient Assistance Foundation-Marinol	\$1,636.16	\$1,881.58
	10	MG	CAPSULE(S)	DRONABINOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,004.58	\$3,455.27
	2.5	MG	CAPSULE(S)	DRONABINOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$786.14	\$904.06
	5	MG	CAPSULE(S)	DRONABINOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,636.16	\$1,881.58
<b>MARPLAN</b>							
	10	MG	TABLET(S)	ISOCARBOXAZID	Equetro Patient Assistance Program	\$517.74	\$595.40
<b>MATULANE</b>							
	50	MG	CAPSULE(S)	procarbazine hydrochloride	Matulane Patient Assistance Program	\$8,160.60	\$9,384.69
<b>MAVIK</b>							
*	1	MG	TABLET(S)	TRANDOLAPRIL	AbbVie Patient Assistance Program	\$252.60	\$290.49
*	2	MG	TABLET(S)	TRANDOLAPRIL	AbbVie Patient Assistance Program	\$252.60	\$290.49
*	4	MG	TABLET(S)	TRANDOLAPRIL	AbbVie Patient Assistance Program	\$252.60	\$290.49
	1	MG	TABLET(S)	TRANDOLAPRIL	Welvista - South Carolina Residents Only	\$252.60	\$290.49
	2	MG	TABLET(S)	TRANDOLAPRIL	Welvista - South Carolina Residents Only	\$252.60	\$290.49
	4	MG	TABLET(S)	TRANDOLAPRIL	Welvista - South Carolina Residents Only	\$252.60	\$290.49

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MAVYRET</b>							
	100-40	MG-MG	TABLET(S)	glecaprevir/pibrentasvir	AbbVie Patient Assistance Program - Mavyret	\$15,840.00	\$18,216.00
<b>MAXALT</b>							
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Merck Patient Assistance Program	\$789.91	\$908.40
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	NC MedAssist - North Carolina Residents Only	\$789.91	\$908.40
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	NC MedAssist - North Carolina Residents Only	\$789.91	\$908.40
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$789.91	\$908.40
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$789.91	\$908.40
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Welvista - South Carolina Residents Only	\$789.91	\$908.40
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Welvista - South Carolina Residents Only	\$789.91	\$908.40
<b>MAXALT-MLT</b>							
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Merck Patient Assistance Program	\$469.51	\$539.94
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Merck Patient Assistance Program	\$469.51	\$539.94
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	NC MedAssist - North Carolina Residents Only	\$469.51	\$539.94
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	NC MedAssist - North Carolina Residents Only	\$469.51	\$539.94
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$789.91	\$908.40
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$789.91	\$908.40
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Welvista - South Carolina Residents Only	\$469.51	\$539.94
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Welvista - South Carolina Residents Only	\$469.51	\$539.94

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MAXIDEX</b>							
	0.1	% (5 ML)	DROP(S)	DEXAMETHASONE	Novartis Patient Assistance Foundation, Inc.	\$85.37	\$98.18
<b>MECLIZINE (BRAND: ANTIVERT)</b>							
	12.5	MG	TABLET(S)	MECLIZINE HYDROCHLORIDE	Rx Outreach	\$29.30	\$33.70
	25	MG	TABLET(S)	MECLIZINE HYDROCHLORIDE	Rx Outreach	\$4.80	\$5.52
	12.5	MG	TABLET(S)	MECLIZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$29.30	\$33.70
	25	MG	TABLET(S)	MECLIZINE HYDROCHLORIDE	Xubex Preferred Network Program	\$4.80	\$5.52
<b>MEDROXYPROGESTERONE (BRAND: PROVERA)</b>							
	10	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$49.14	\$56.51
	2.5	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$31.29	\$35.98
	10	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	Rx Outreach	\$49.14	\$56.51
	2.5	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	Rx Outreach	\$31.29	\$35.98
	10	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	Xubex Preferred Network Program	\$49.14	\$56.51
	2.5	MG	TABLET(S)	MEDROXYPROGESTERONE ACETATE	Xubex Preferred Network Program	\$31.29	\$35.98
<b>MEDROXYPROGESTERONE ACETATE (BRAND: PROVERA)</b>							
	5	MG	TABLET(S)	medroxyprogesterone acetate	NC MedAssist - North Carolina Residents Only	\$47.25	\$54.34
	5	MG	TABLET(S)	medroxyprogesterone acetate	Rx Outreach	\$47.25	\$54.34

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MEDROXYPROGESTERONE ACETATE (BRAND: PROVERA)</b>							
	5	MG	TABLET(S)	medroxyprogesterone acetate	Xubex Preferred Network Program	\$47.25	\$54.34
<b>MEFENAMIC ACID (BRAND: PONSTEL)</b>							
	250	MG	CAPSULE(S)	mefenamic acid	Xubex Preferred Network Program	\$522.37	\$600.73
<b>MEGACE ES</b>							
*	625/5	MG/ML (150ML)	ML (S)	MEGESTROL ACETATE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$1,205.94	\$1,386.83
	625/5	MG/ML (150ML)	ML (S)	MEGESTROL ACETATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,205.94	\$1,386.83
<b>MEKINIST</b>							
	0.5	MG	TABLET(S)	trametinib dimethyl sulfoxide	Novartis Patient Assistance Foundation, Inc.	\$3,081.84	\$3,544.12
	2	MG	TABLET(S)	trametinib dimethyl sulfoxide	Novartis Patient Assistance Foundation, Inc.	\$12,327.32	\$14,176.42
	0.5	MG	TABLET(S)	trametinib dimethyl sulfoxide	Novartis Patient Assistance Now Oncology Program	\$3,081.84	\$3,544.12
	2	MG	TABLET(S)	trametinib dimethyl sulfoxide	Novartis Patient Assistance Now Oncology Program	\$12,327.32	\$14,176.42
<b>MELOXICAM (BRAND: MOBIC)</b>							
	15	MG	TABLET(S)	MELOXICAM	NC MedAssist - North Carolina Residents Only	\$479.11	\$550.98
	7.5	MG	TABLET(S)	MELOXICAM	NC MedAssist - North Carolina Residents Only	\$313.35	\$360.35
	15	MG	TABLET(S)	MELOXICAM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$479.11	\$550.98
	7.5	MG	TABLET(S)	MELOXICAM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$313.35	\$360.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MELOXICAM (BRAND: MOBIC)</b>							
	15	MG	TABLET(S)	MELOXICAM	Rx Outreach	\$479.11	\$550.98
	7.5	MG	TABLET(S)	MELOXICAM	Rx Outreach	\$313.35	\$360.35
	15	MG	TABLET(S)	MELOXICAM	Welvista - South Carolina Residents Only	\$479.11	\$550.98
	7.5	MG	TABLET(S)	MELOXICAM	Welvista - South Carolina Residents Only	\$313.35	\$360.35
	15	MG	TABLET(S)	MELOXICAM	Xubex Preferred Network Program	\$479.11	\$550.98
	7.5	MG	TABLET(S)	MELOXICAM	Xubex Preferred Network Program	\$313.35	\$360.35
<b>MEMANTINE HCL (BRAND: NAMENDA)</b>							
	10	MG	TABLET(S)	memantine hydrochloride	Rx Outreach	\$365.77	\$420.64
	5	MG	TABLET(S)	memantine hydrochloride	Rx Outreach	\$365.77	\$420.64
<b>MENACTRA</b>							
	16/0.5	MCG/ML (5ML)	INJECTION(S)	MENINGOCOCCAL VACCINE, DIPHTHERIA CONJUGATE	Sanofi Patient Connection	\$619.72	\$712.68
<b>MENEST</b>							
	0.3	MG	TABLET(S)	ESTERIFIED ESTROGENS	Pfizer RxPathways	\$192.55	\$221.43
	0.625	MG	TABLET(S)	ESTERIFIED ESTROGENS	Pfizer RxPathways	\$273.60	\$314.64
	1.25	MG	TABLET(S)	ESTERIFIED ESTROGENS	Pfizer RxPathways	\$381.66	\$438.91
<b>MENOMUNE-A/C/Y/W-135</b>							
	0.05	MG	VIAL	meningococcal polysaccharide vaccine	Sanofi Patient Connection	\$147.65	\$169.80
<b>MENOPUR</b>							
	75-75	IU-IU	VIAL	follicle stimulating hormone/luteinizing hormone	Heart Beat Program	\$995.72	\$1,145.08



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MENOSTAR</b>							
	0.014/24	MG/HR	PATCH	ESTRADIOL	Bayer HealthCare Patient Assistance Program	\$177.18	\$203.76
<b>MEPHYTON</b>							
	5	MG	TABLET(S)	PHYTONADIONE	Valeant Patient Assistance Program	\$7,051.21	\$8,108.89
<b>MEPRON</b>							
	750	mg/5ml (210 ml)	SUS	ATOVAQUONE	GSK Patient Assistance Program	\$1,671.01	\$1,921.66
	750	mg/5ml (210 ml)	SUS	ATOVAQUONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,671.01	\$1,921.66
<b>MESTINON</b>							
	60	MG	TABLET(S)	PYRIDOSTIGMINE BROMIDE	Valeant Patient Assistance Program	\$1,585.84	\$1,823.72
<b>MESTINON TIMESPAN</b>							
	180	MG	TABLET(S)	PYRIDOSTIGMINE BROMIDE	Valeant Patient Assistance Program	\$902.35	\$1,037.70
<b>METFORMIN HCL (BRAND: GLUCOPHAGE)</b>							
	1000	MG	TABLET(S)	metformin hydrochloride	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$63.38	\$72.89
	1000	MG	TABLET(S)	metformin hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$119.73	\$137.69
	1000	MG	TABLET(S)	metformin hydrochloride	NC MedAssist - North Carolina Residents Only	\$145.06	\$166.82

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METFORMIN HCL (BRAND: GLUCOPHAGE)</b>							
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$119.73	\$137.69
	1000	MG	TABLET(S)	metformin hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$119.73	\$137.69
	1000	MG	TABLET(S)	metformin hydrochloride	Rx Outreach	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach	\$119.73	\$137.69
	1000	MG	TABLET(S)	metformin hydrochloride	Rx Outreach Preferred Clinic Discount Pricing Program	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$119.73	\$137.69
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$119.73	\$137.69
	1000	MG	TABLET(S)	metformin hydrochloride	Xubex Preferred Network Program	\$145.06	\$166.82
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$63.38	\$72.89
	850	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$119.73	\$137.69

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METFORMIN HCL ER (BRAND: GLUCOPHAGE)</b>							
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$144.94	\$166.68
	500	MG	TABLET(S)	metformin hydrochloride	NC MedAssist - North Carolina Residents Only	\$102.67	\$118.07
	750	MG	TABLET(S)	MEFORMIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$154.03	\$177.13
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$144.94	\$166.68
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach	\$144.94	\$166.68
	500	MG	TABLET(S)	metformin hydrochloride	Rx Outreach	\$102.67	\$118.07
	750	MG	TABLET(S)	MEFORMIN HYDROCHLORIDE	Rx Outreach	\$154.03	\$177.13
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$144.94	\$166.68
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$144.94	\$166.68
	1000	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$144.94	\$166.68
	500	MG	TABLET(S)	metformin hydrochloride	Xubex Preferred Network Program	\$102.67	\$118.07
	750	MG	TABLET(S)	MEFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$154.03	\$177.13
<b>METFORMIN XR (BRAND: GLUCOPHAGE XR)</b>							
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$45.51	\$52.34
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Rx Outreach	\$45.51	\$52.34
	500	MG	TABLET(S)	METFORMIN HYDROCHLORIDE	Xubex Preferred Network Program	\$45.51	\$52.34
<b>METHAZOLAMIDE (BRAND: NEPTAZANE)</b>							
	25	MG	TABLET(S)	methazolamide	Xubex Preferred Network Program	\$383.09	\$440.55
	50	MG	TABLET(S)	methazolamide	Xubex Preferred Network Program	\$766.21	\$881.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METHIMAZOLE (BRAND: TAPAZOLE)</b>							
	10	TABLET(S)	TABLET(S)	methimazole	NC MedAssist - North Carolina Residents Only	\$76.78	\$88.30
	5	MG	TABLET(S)	methimazole	NC MedAssist - North Carolina Residents Only	\$44.44	\$51.11
	10	TABLET(S)	TABLET(S)	methimazole	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$76.78	\$88.30
	5	MG	TABLET(S)	methimazole	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$44.44	\$51.11
	10	TABLET(S)	TABLET(S)	methimazole	Rx Outreach	\$76.78	\$88.30
	5	MG	TABLET(S)	methimazole	Rx Outreach	\$44.44	\$51.11
	10	TABLET(S)	TABLET(S)	methimazole	Xubex Preferred Network Program	\$76.78	\$88.30
	5	MG	TABLET(S)	methimazole	Xubex Preferred Network Program	\$44.44	\$51.11
<b>METHOCARBAMOL (BRAND: ROBAXIN)</b>							
	500	MG	TABLET(S)	METHOCARBAMOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$50.79	\$58.41
	750	MG	TABLET(S)	METHOCARBAMOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$72.60	\$83.49
	500	MG	TABLET(S)	METHOCARBAMOL	Rx Outreach	\$50.79	\$58.41
	750	MG	TABLET(S)	METHOCARBAMOL	Rx Outreach	\$72.60	\$83.49
	500	MG	TABLET(S)	METHOCARBAMOL	Xubex Preferred Network Program	\$50.79	\$58.41
	750	MG	TABLET(S)	METHOCARBAMOL	Xubex Preferred Network Program	\$72.60	\$83.49
<b>METHOTREXATE</b>							
	2.5	MG	TABLET(S)	METHOTREXATE	DAVA Methotrexate Patient Assistance Program	\$356.40	\$409.86

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METHOTREXATE (BRAND: RHEUMATREX)</b>							
	2.5	MG	TABLET(S)	METHOTREXATE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$356.40	\$409.86
	2.5	MG	TABLET(S)	METHOTREXATE	NC MedAssist - North Carolina Residents Only	\$356.40	\$409.86
	2.5	MG	TABLET(S)	METHOTREXATE	Rx Outreach	\$356.40	\$409.86
	2.5	MG	TABLET(S)	METHOTREXATE	Welvista - South Carolina Residents Only	\$356.40	\$409.86
	2.5	MG	TABLET(S)	METHOTREXATE	Xubex Preferred Network Program	\$356.40	\$409.86
<b>METHYLDOPA (BRAND: ALDOMET)</b>							
	250	MG	TABLET(S)	METHYLDOPA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$35.70	\$41.06
	500	MG	TABLET(S)	METHYLDOPA	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$63.30	\$72.79
	250	MG	TABLET(S)	METHYLDOPA	Xubex Preferred Network Program	\$35.70	\$41.06
	500	MG	TABLET(S)	METHYLDOPA	Xubex Preferred Network Program	\$63.30	\$72.79
<b>METHYLPREDNISOLONE (BRAND: MEDROL)</b>							
	4	MG	TABLET(S)	METHYLPREDNISOLONE	NC MedAssist - North Carolina Residents Only	\$142.92	\$164.36
	8	MG	TABLET(S)	METHYLPREDNISOLONE	NC MedAssist - North Carolina Residents Only	\$50.26	\$57.80
	4	MG	TABLET(S)	METHYLPREDNISOLONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$142.92	\$164.36
	4	MG	TABLET(S)	METHYLPREDNISOLONE	Xubex Preferred Network Program	\$142.92	\$164.36
	8	MG	TABLET(S)	METHYLPREDNISOLONE	Xubex Preferred Network Program	\$50.26	\$57.80
<b>METOCLOPRAMIDE HCL (BRAND: REGLAN)</b>							
	10	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$27.50	\$31.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METOCLOPRAMIDE HCL (BRAND: REGLAN)</b>							
	5	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$32.00	\$36.80
	10	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$27.50	\$31.63
	5	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$32.00	\$36.80
	10	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Rx Outreach	\$27.50	\$31.63
	5	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Rx Outreach	\$32.00	\$36.80
	10	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Xubex Preferred Network Program	\$27.50	\$31.63
	5	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Xubex Preferred Network Program	\$32.00	\$36.80
<b>METOLAZONE (BRAND: ZAROXOLYN)</b>							
	2.5	MG	TABLET(S)	METOLAZONE	Rx Outreach	\$207.31	\$238.41
	5	MG	TABLET(S)	METOLAZONE	Rx Outreach	\$235.56	\$270.89
	10	MG	TABLET(S)	metolazone	Xubex Preferred Network Program	\$282.11	\$324.43
	2.5	MG	TABLET(S)	METOLAZONE	Xubex Preferred Network Program	\$207.31	\$238.41
	5	MG	TABLET(S)	METOLAZONE	Xubex Preferred Network Program	\$235.56	\$270.89
<b>METOPROLOL SUCCINATE ER (BRAND: TOPROL)</b>							
	100	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Rx Outreach	\$158.35	\$182.10
	100	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Welvista - South Carolina Residents Only	\$158.35	\$182.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METOPROLOL SUCCINATE ER (BRAND: TOPROL)</b>							
	100	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Xubex Preferred Network Program	\$158.35	\$182.10
<b>METOPROLOL SUCCINATE ER (BRAND: TOPROL-XL)</b>							
	200	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Rx Outreach	\$251.95	\$289.74
	25	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Rx Outreach	\$105.38	\$121.19
	50	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Rx Outreach	\$105.38	\$121.19
	200	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Welvista - South Carolina Residents Only	\$251.95	\$289.74
	25	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Welvista - South Carolina Residents Only	\$105.38	\$121.19
	50	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Welvista - South Carolina Residents Only	\$105.38	\$121.19
	200	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Xubex Preferred Network Program	\$251.95	\$289.74
	25	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Xubex Preferred Network Program	\$105.38	\$121.19
	50	MG	TABLET(S)	METOPROLOL SUCCINATE ER	Xubex Preferred Network Program	\$105.38	\$121.19
<b>METOPROLOL TARTRATE (BRAND: LOPRESSOR)</b>							
	100	MG	TABLET(S)	METOPROLOL TARTRATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$57.17	\$65.75
	100	MG	TABLET(S)	METOPROLOL TARTRATE	NC MedAssist - North Carolina Residents Only	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	NC MedAssist - North Carolina Residents Only	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	NC MedAssist - North Carolina Residents Only	\$57.17	\$65.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METOPROLOL TARTRATE (BRAND: LOPRESSOR)</b>							
	100	MG	TABLET(S)	METOPROLOL TARTRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$57.17	\$65.75
	100	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach	\$57.17	\$65.75
	100	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$57.17	\$65.75
	100	MG	TABLET(S)	METOPROLOL TARTRATE	Welvista - South Carolina Residents Only	\$82.50	\$94.88
	50	MG	TABLET(S)	METOPROLOL TARTRATE	Welvista - South Carolina Residents Only	\$57.17	\$65.75
	100	MG	TABLET(S)	METOPROLOL TARTRATE	Xubex Preferred Network Program	\$82.50	\$94.88
	25	MG	TABLET(S)	METOPROLOL TARTRATE	Xubex Preferred Network Program	\$24.25	\$27.89
	50	MG	TABLET(S)	METOPROLOL TARTRATE	Xubex Preferred Network Program	\$57.17	\$65.75
<b>METOPROLOL TARTRATE/HCTZ (BRAND: LOPRESSOR HCT)</b>							
	25/100	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	NC MedAssist - North Carolina Residents Only	\$219.08	\$251.94
	25/50	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	NC MedAssist - North Carolina Residents Only	\$140.15	\$161.17



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METOPROLOL TARTRATE/HCTZ (BRAND: LOPRESSOR HCT)</b>							
	50/100	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	NC MedAssist - North Carolina Residents Only	\$232.31	\$267.16
	25/100	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	Xubex Preferred Network Program	\$219.08	\$251.94
	25/50	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	Xubex Preferred Network Program	\$140.15	\$161.17
	50/100	MG	TABLET(S)	METOPROLOL TARTRATE/HCTZ	Xubex Preferred Network Program	\$232.31	\$267.16
<b>METOZOLV ODT</b>							
*	10	MG	TABLET(S)	METOCLOPRAMIDE HYDROCHLORIDE	Salix Patient Assistance Program	\$132.00	\$151.80
<b>METRONIDAZOLE (BRAND: FLAGYL)</b>							
	250	MG	TABLET(S)	metronidazole	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$42.39	\$48.75
	500	MG	TABLET(S)	metronidazole	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$72.79	\$83.71
	250	MG	TABLET(S)	metronidazole	NC MedAssist - North Carolina Residents Only	\$42.39	\$48.75
	500	MG	TABLET(S)	metronidazole	NC MedAssist - North Carolina Residents Only	\$72.79	\$83.71
	250	MG	TABLET(S)	metronidazole	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$42.39	\$48.75
	500	MG	TABLET(S)	metronidazole	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$72.79	\$83.71
	250	MG	TABLET(S)	metronidazole	Xubex Preferred Network Program	\$42.39	\$48.75
	500	MG	TABLET(S)	metronidazole	Xubex Preferred Network Program	\$72.79	\$83.71
<b>METRONIDAZOLE VAGINAL (BRAND: FLAGYL)</b>							
	0.75	% (70 GM)	APPLICATION	metronidazole	NC MedAssist - North Carolina Residents Only	\$152.83	\$175.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>METRONIDAZOLE VAGINAL (BRAND: FLAGYL)</b>							
	0.75	% (70 GM)	APPLICATION	metronidazole	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$152.83	\$175.75
	0.75	% (70 GM)	APPLICATION	metronidazole	Xubex Preferred Network Program	\$152.83	\$175.75
<b>MEXILETINE HCL (BRAND: MEXITIL)</b>							
	150	MG	CAPSULE(S)	mexiletine hydrochloride	Xubex Preferred Network Program	\$253.56	\$291.59
	200	MG	CAPSULE(S)	mexiletine hydrochloride	Xubex Preferred Network Program	\$302.67	\$348.07
	250	MG	CAPSULE(S)	mexiletine hydrochloride	Xubex Preferred Network Program	\$349.81	\$402.28
<b>MIDODRINE HCL (BRAND: PROAMATINE)</b>							
	10	MG	TABLET(S)	midodrine hydrochloride	Rx Outreach	\$972.04	\$1,117.85
	2.5	MG	TABLET(S)	midodrine hydrochloride	Rx Outreach	\$169.15	\$194.52
	5	MG	TABLET(S)	midodrine hydrochloride	Rx Outreach	\$415.55	\$477.88
	10	MG	TABLET(S)	midodrine hydrochloride	Xubex Preferred Network Program	\$972.04	\$1,117.85
	2.5	MG	TABLET(S)	midodrine hydrochloride	Xubex Preferred Network Program	\$169.15	\$194.52
	5	MG	TABLET(S)	midodrine hydrochloride	Xubex Preferred Network Program	\$415.55	\$477.88
<b>MIGRANAL</b>							
	4	MG/ML	SPRAY(S)	DIHYDROERGOTAMINE MESYLATE	Valeant Patient Assistance Program	\$4,045.30	\$4,652.10
<b>MINOCIN</b>							
	100	MG	TABLET(S)	MINOCYCLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$2,940.47	\$3,381.54
	50	MG	TABLET(S)	MINOCYCLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,267.40	\$3,757.51

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MINOCIN</b>							
	75	MG	CAPSULE(S)	MINOCYCLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,960.31	\$2,254.36
	100	MG	TABLET(S)	MINOCYCLINE HYDROCHLORIDE	Onset Patient Assistance Program	\$2,940.47	\$3,381.54
	50	MG	TABLET(S)	MINOCYCLINE HYDROCHLORIDE	Onset Patient Assistance Program	\$3,267.40	\$3,757.51
	75	MG	CAPSULE(S)	MINOCYCLINE HYDROCHLORIDE	Onset Patient Assistance Program	\$1,960.31	\$2,254.36
<b>MINOCYCLINE (BRAND: DYNACIN, MINOCIN)</b>							
	100	MG	CAPSULE(S)	MINOCYCLINE HYDROCHLORIDE	Rx Outreach	\$169.87	\$195.35
	100	MG	CAPSULE(S)	MINOCYCLINE HYDROCHLORIDE	Xubex Preferred Network Program	\$169.87	\$195.35
<b>MIRENA</b>							
	52	MG	INSERT	LEVONORGESTREL	Arch Foundation Patient Assistance Program	\$1,030.00	\$1,184.50
	52	MG	INSERT	LEVONORGESTREL	Bayer-Specialty Pharmacy Program for Kyleena Mirena and Skyla	\$1,030.00	\$1,184.50
<b>MIRTAZAPINE (BRAND: REMERON)</b>							
	15	MG	TABLET(S)	MIRTAZAPINE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$279.67	\$321.62
	15	MG	TABLET(S)	MIRTAZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$279.67	\$321.62
	45	MG	TABLET(S)	MIRTAZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$285.00	\$327.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MIRTAZAPINE (BRAND: REMERON)</b>							
	15	MG	TABLET(S)	MIRTAZAPINE	NC MedAssist - North Carolina Residents Only	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	NC MedAssist - North Carolina Residents Only	\$279.67	\$321.62
	45	MG	TABLET(S)	MIRTAZAPINE	NC MedAssist - North Carolina Residents Only	\$285.00	\$327.75
	15	MG	TABLET(S)	MIRTAZAPINE	Rx Outreach	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	Rx Outreach	\$279.67	\$321.62
	45	MG	TABLET(S)	MIRTAZAPINE	Rx Outreach	\$285.00	\$327.75
	15	MG	TABLET(S)	MIRTAZAPINE	Welvista - South Carolina Residents Only	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	Welvista - South Carolina Residents Only	\$279.67	\$321.62
	15	MG	TABLET(S)	MIRTAZAPINE	Xubex Preferred Network Program	\$271.50	\$312.23
	30	MG	TABLET(S)	MIRTAZAPINE	Xubex Preferred Network Program	\$279.67	\$321.62
	45	MG	TABLET(S)	MIRTAZAPINE	Xubex Preferred Network Program	\$285.00	\$327.75
<b>MIRVASO</b>							
	0.33	% (30 GM)	APPLICATION	brimonidine tartrate	Galderma Patient Assistance Program	\$543.38	\$624.89
<b>M-M-R II</b>							
	n/a	n/a	INJECTION(S)	MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE, LIVE	Merck Vaccine Patient Assistance Program	\$799.88	\$919.86
	n/a	n/a	INJECTION(S)	MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE, LIVE	Welvista - South Carolina Residents Only	\$799.88	\$919.86
<b>MODAFINIL (BRAND: PROVIGIL)</b>							
	100	MG	TABLET(S)	MODAFINIL	Rx Outreach	\$2,206.67	\$2,537.67
	200	MG	TABLET(S)	MODAFINIL	Rx Outreach	\$3,333.40	\$3,833.41

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MODAFINIL (BRAND: PROVIGIL)</b>							
	100	MG	TABLET(S)	MODAFINIL	Xubex Preferred Network Program	\$2,206.67	\$2,537.67
	200	MG	TABLET(S)	MODAFINIL	Xubex Preferred Network Program	\$3,333.40	\$3,833.41
<b>MODERIBA</b>							
*	200	MG	TABLET(S)	ribavirin	AbbVie Patient Assistance Program-Moderiba	\$474.00	\$545.10
<b>MODERIBA 1000 DOSE PACK</b>							
*	N/A	MG	TABLET(S)	ribavirin	AbbVie Patient Assistance Program-Moderiba	\$1,153.37	\$1,326.38
<b>MODERIBA 1200 DOSE PACK</b>							
*	600	MG	TABLET(S)	ribavirin	AbbVie Patient Assistance Program-Moderiba	\$1,384.02	\$1,591.62
<b>MODERIBA 600 DOSE PACK</b>							
*	N/A	N/A	TABLET(S)	ribavirin	AbbVie Patient Assistance Program-Moderiba	\$876.55	\$1,008.03
<b>MODERIBA 800 DOSE PACK</b>							
*	400	MG	TABLET(S)	ribavirin	AbbVie Patient Assistance Program-Moderiba	\$922.68	\$1,061.08
<b>MOEXIPRIL HYDROCHLORIDE</b>							
	15	MG	TABLET(S)	MOEXIPRIL HYDROCHLORIDE	Xubex Preferred Network Program	\$145.54	\$167.37
	7.5	MG	TABLET(S)	MOEXIPRIL HYDROCHLORIDE	Xubex Preferred Network Program	\$138.92	\$159.76
<b>MOEXIPRIL/HCT</b>							
	12.5-15	MG-MG	TABLET(S)	hydrochlorothiazide/moexipril hydrochloride	Xubex Preferred Network Program	\$133.57	\$153.61
<b>MOMETASONE FUROATE (BRAND: ELOCON OINTMENT)</b>							
	0.1	% (15 GM)	GM	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$25.92	\$29.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MOMETASONE FUROATE (BRAND: ELOCON OINTMENT)</b>							
	0.1	% (15 GM)	GM	MOMETASONE FUROATE	Rx Outreach	\$25.92	\$29.81
<b>MOMETASONE FUROATE (BRAND: ELOCON CREAM)</b>							
	0.1	% (15 GM)	GM	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$29.16	\$33.53
	0.1	% (15 GM)	GM	MOMETASONE FUROATE	Rx Outreach	\$29.16	\$33.53
<b>MOMETASONE FUROATE (BRAND: ELOCON OINTMENT)</b>							
	0.1	% (45 GM)	GM	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$51.30	\$58.99
	0.1	% (45 GM)	GM	MOMETASONE FUROATE	Rx Outreach	\$51.30	\$58.99
<b>MONOCLATE-P</b>							
	1	IU	INJECTION(S)	ANTIHEMOPHILIC FACTOR VIII:C HUMAN	CSL Behring Patient Assistance Program	\$1.00	\$1.15
<b>MONONINE</b>							
	1	IU	INJECTION(S)	FACTOR IX HUMAN, PURIFIED	CSL Behring Patient Assistance Program	\$1.18	\$1.36
<b>MONOVISC</b>							
	22/1	MG/ML (4 ML)	SYRINGE	hyaluronic acid	Johnson & Johnson Patient Assistance Foundation	\$1,446.00	\$1,662.90
<b>MONTELUKAST SODIUM (BRAND: SINGULAIR)</b>							
	10	MG	TABLET(S)	MONTELUKAST SODIUM	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$509.10	\$585.47
	10	MG	TABLET(S)	MONTELUKAST SODIUM	NC MedAssist - North Carolina Residents Only	\$509.10	\$585.47
	5	MG	TABLET(S)	MONTELUKAST SODIUM	NC MedAssist - North Carolina Residents Only	\$509.10	\$585.47

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MONTELUKAST SODIUM (BRAND: SINGULAIR)</b>							
	10	MG	TABLET(S)	MONTELUKAST SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$509.10	\$585.47
	5	MG	TABLET(S)	MONTELUKAST SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$509.10	\$585.47
	10	MG	TABLET(S)	MONTELUKAST SODIUM	Rx Outreach	\$509.10	\$585.47
	5	MG	TABLET(S)	MONTELUKAST SODIUM	Rx Outreach	\$509.10	\$585.47
	10	MG	TABLET(S)	MONTELUKAST SODIUM	Welvista - South Carolina Residents Only	\$509.10	\$585.47
	10	MG	TABLET(S)	MONTELUKAST SODIUM	Xubex Preferred Network Program	\$509.10	\$585.47
	5	MG	TABLET(S)	MONTELUKAST SODIUM	Xubex Preferred Network Program	\$509.10	\$585.47
<b>MONUROL</b>							
	3	GM	SACHET	fosfomycin tromethamine	Allergan Patient Assistance Program	\$86.99	\$100.04
<b>MOVANTIK</b>							
	12.5	MG	TABLET(S)	naloxegol	AZ&Me Prescription Savings for people with Medicare Part D	\$376.74	\$433.25
	25	MG	TABLET(S)	naloxegol	AZ&Me Prescription Savings for people with Medicare Part D	\$376.74	\$433.25
	12.5	MG	TABLET(S)	naloxegol	AZ&Me Prescription Savings Program	\$376.74	\$433.25
	25	MG	TABLET(S)	naloxegol	AZ&Me Prescription Savings Program	\$376.74	\$433.25
	12.5	MG	TABLET(S)	naloxegol	Welvista - South Carolina Residents Only	\$376.74	\$433.25
	25	MG	TABLET(S)	naloxegol	Welvista - South Carolina Residents Only	\$376.74	\$433.25
<b>MOVIPREP</b>							
*	4.7-100-1.015-5.9-2.691	GM	PDS	PEG ELECTROLYTE LAVAGE SOLUTION	Salix Patient Assistance Program	\$109.78	\$126.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MOVIPREP</b>							
	4.7-100-1.015-5.9-2.691	GM	PDS	PEG ELECTROLYTE LAVAGE SOLUTION	Valeant Patient Assistance Program for Salix products	\$109.78	\$126.25
<b>MUGARD</b>							
	N/A	N/A	ML	SOLUTION	Access - Mugard Patient Center	\$1,512.00	\$1,738.80
<b>MULTAQ</b>							
	400	MG	TABLET(S)	DRONEDARONE HYDROCHLORIDE	Sanofi Patient Connection	\$1,192.14	\$1,370.96
<b>MYCAMINE</b>							
	100	MG	MG	MICAFUNGIN SODIUM	Astellas Stock Replacement Program	\$2,244.00	\$2,580.60
	50	MG	MG	MICAFUNGIN SODIUM	Astellas Stock Replacement Program	\$1,122.00	\$1,290.30
<b>MYCOBUTIN</b>							
	150	MG	CAPSULE(S)	RIFABUTIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,480.10	\$4,002.12
	150	MG	CAPSULE(S)	RIFABUTIN	Pfizer RxPathways	\$3,480.10	\$4,002.12
<b>MYCOPHENOLATE MOFETIL (BRAND: CELLCEPT)</b>							
	250	MG	CAPSULE(S)	MYCOPHENOLATE MOFETIL	Rx Outreach	\$392.32	\$451.17
	500	MG	TABLET(S)	MYCOPHENOLATE MOFETIL	Rx Outreach	\$784.65	\$902.35
	250	MG	CAPSULE(S)	MYCOPHENOLATE MOFETIL	Xubex Preferred Network Program	\$392.32	\$451.17
	500	MG	TABLET(S)	MYCOPHENOLATE MOFETIL	Xubex Preferred Network Program	\$784.65	\$902.35



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MYDAYIS</b>							
	12.5	MG	CAPSULE(S)	amphetamine aspartate/amphetamine sulf/dextroamp	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	25	MG	CAPSULE(S)	amphetamine aspartate/amphetamine sulf/dextroamp	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	37.5	MG	CAPSULE(S)	amphetamine aspartate/amphetamine sulf/dextroamp	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	50	MG	CAPSULE(S)	amphetamine aspartate/amphetamine sulf/dextroamp	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
<b>MYDRIACYL</b>							
	1	% (15 ML)	DROP(S)	TROPICAMIDE	Novartis Patient Assistance Foundation, Inc.	\$94.81	\$109.03
<b>MYFORTIC</b>							
	180	MG	TABLET(S)	MYCOPHENOLATE SODIUM	Novartis Patient Assistance Foundation, Inc.	\$706.98	\$813.03
	360	MG	TABLET(S)	MYCOPHENOLATE SODIUM	Novartis Patient Assistance Foundation, Inc.	\$1,413.96	\$1,626.05
	360	MG	TABLET(S)	MYCOPHENOLATE SODIUM	Xubex Free Trial 30 Day Medication Supply	\$1,413.96	\$1,626.05
<b>MYRBETRIQ</b>							
	25	MG	TABLET(S)	mirabegron	Astellas Access Program for Myrbetriq	\$1,164.43	\$1,339.09
	50	MG	TABLET(S)	mirabegron	Astellas Access Program for Myrbetriq	\$1,164.43	\$1,339.09
<b>MYSOLINE</b>							
	250	MG	TABLET(S)	PRIMIDONE	Valeant Patient Assistance Program	\$4,919.16	\$5,657.03

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>MYSOLINE</b>							
	50	MG	TABLET(S)	PRIMIDONE	Valeant Patient Assistance Program	\$1,429.45	\$1,643.87
<b>NABUMETONE (BRAND: RELAFEN)</b>							
	500	MG	TABLET(S)	NABUMETONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$143.09	\$164.55
	750	MG	TABLET(S)	NABUMETONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$155.97	\$179.37
	750	MG	TABLET(S)	NABUMETONE	Rx Outreach	\$155.97	\$179.37
	500	MG	TABLET(S)	NABUMETONE	Rx Outreach	\$143.09	\$164.55
	500	MG	TABLET(S)	NABUMETONE	Xubex Preferred Network Program	\$143.09	\$164.55
	750	MG	TABLET(S)	NABUMETONE	Xubex Preferred Network Program	\$155.97	\$179.37
<b>NADOLOL (BRAND: CORGARD)</b>							
	20	MG	TABLET(S)	NADOLOL	Xubex Preferred Network Program	\$339.39	\$390.30
	40	MG	TABLET(S)	NADOLOL	Xubex Preferred Network Program	\$396.84	\$456.37
	80	MG	TABLET(S)	NADOLOL	Xubex Preferred Network Program	\$537.85	\$618.53
<b>NAMENDA</b>							
*	10	MG	TABLET(S)	MEMANTINE HYDROCHLORIDE	Allergan Patient Assistance Program	\$487.39	\$560.50
	2	MG/ML	MG	memantine hydrochloride	Allergan Patient Assistance Program	\$942.73	\$1,084.14
*	5	MG	TABLET(S)	MEMANTINE HYDROCHLORIDE	Allergan Patient Assistance Program	\$487.39	\$560.50
<b>NAMENDA TITRATION PAK</b>							
	N/A	N/A	TABLET(S)	MEMANTINE HYDROCHLORIDE	Allergan Patient Assistance Program	\$397.96	\$457.65

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NAMENDA XR</b>							
	28	MG	CAPSULE(S)	memantine hydrochloride	Allergan Patient Assistance Program	\$465.16	\$534.93
	28	MG	CAPSULE(S)	memantine hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$465.16	\$534.93
<b>NAMENDA XR</b>							
	14	MG	CAPSULE(S)	memantine hydrochloride	Allergan Patient Assistance Program	\$465.16	\$534.93
	21	MG	CAPSULE(S)	memantine hydrochloride	Allergan Patient Assistance Program	\$465.16	\$534.93
	7	MG	CAPSULE(S)	memantine hydrochloride	Allergan Patient Assistance Program	\$465.16	\$534.93
	14	MG	CAPSULE(S)	memantine hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$465.16	\$534.93
	21	MG	CAPSULE(S)	memantine hydrochloride	Xubex Free Trial 30 Day Medication Supply	\$465.16	\$534.93
<b>NAMENDA XR TITRATION PACK</b>							
	N/A	N/A	CAPSULE(S)	memantine hydrochloride	Allergan Patient Assistance Program	\$434.15	\$499.27
<b>NAMZARIC</b>							
	10-14	MG-MG	CAPSULE(S)	donepezil hydrochloride/memantine hydrochloride	Allergan Patient Assistance Program	\$463.03	\$532.48
	10-28	MG-MG	CAPSULE(S)	donepezil hydrochloride/memantine hydrochloride	Allergan Patient Assistance Program	\$463.03	\$532.48
<b>NAPHCON-A</b>							
	0.025-0.3	%-% (15 ML)	DROP(S)	NAPHAZOLINE HYDROCHLORIDE/PHENIRAMIN E MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$8.04	\$9.25
<b>NAPROXEN (BRAND: NAPROSYN)</b>							
	500	MG	TABLET(S)	NAPROXEN	NC MedAssist - North Carolina Residents Only	\$129.90	\$149.39

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NAPROXEN (BRAND: NAPROSYN)</b>							
	250	MG	TABLET(S)	NAPROXEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$77.60	\$89.24
	500	MG	TABLET(S)	NAPROXEN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$129.90	\$149.39
	250	MG	TABLET(S)	NAPROXEN	Rx Outreach	\$77.60	\$89.24
	375	MG	TABLET(S)	NAPROXEN	Rx Outreach	\$106.40	\$122.36
	500	MG	TABLET(S)	NAPROXEN	Rx Outreach	\$129.90	\$149.39
	500	MG	TABLET(S)	NAPROXEN	Welvista - South Carolina Residents Only	\$129.90	\$149.39
	250	MG	TABLET(S)	NAPROXEN	Xubex Preferred Network Program	\$77.60	\$89.24
	375	MG	TABLET(S)	NAPROXEN	Xubex Preferred Network Program	\$106.40	\$122.36
	500	MG	TABLET(S)	NAPROXEN	Xubex Preferred Network Program	\$129.90	\$149.39
<b>NAPROXEN SODIUM (BRAND: ANAPROX DS)</b>							
	550	MG	TABLET(S)	NAPROXEN SODIUM	Rx Outreach	\$141.99	\$163.29
	375	MG	TABLET(S)	NAPROXEN SODIUM	Xubex Preferred Network Program	\$106.40	\$122.36
	550	MG	TABLET(S)	NAPROXEN SODIUM	Xubex Preferred Network Program	\$141.99	\$163.29
<b>NARATRIPTAN (BRAND: AMERGE)</b>							
	1	MG	TABLET(S)	naratriptan hydrochloride	Xubex Preferred Network Program	\$225.00	\$258.75
	2.5	MG	TABLET(S)	naratriptan hydrochloride	Xubex Preferred Network Program	\$225.00	\$258.75
<b>NARDIL</b>							
*	15	MG	TABLET(S)	PHENELZINE SULFATE	Pfizer RxPathways	\$145.30	\$167.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NASCOBAL</b>							
	500	MCG/0.1 ML	SPRAY(S)	CYANOCOBALAMIN	Endo Patient Assistance Program for Nascobal	\$575.22	\$661.50
<b>NASONEX</b>							
	50	MCG	SPRAY(S)	MOMETASONE FUROATE	Merck Patient Assistance Program	\$284.72	\$327.43
	50	MCG	SPRAY(S)	MOMETASONE FUROATE	NC MedAssist - North Carolina Residents Only	\$284.72	\$327.43
	50	MCG	SPRAY(S)	MOMETASONE FUROATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$284.72	\$327.43
	50	MCG	SPRAY(S)	MOMETASONE FUROATE	Welvista - South Carolina Residents Only	\$284.72	\$327.43
<b>NATAZIA</b>							
	3/2-2/2-3/1	MG	TABLET(S)	dienogest/estradiol valerate	Bayer HealthCare Patient Assistance Program	\$654.59	\$752.78
<b>NATEGLINIDE (BRAND: STARLIX)</b>							
	120	MG	TABLET(S)	NATEGLINIDE	Xubex Preferred Network Program	\$172.70	\$198.61
	60	MG	TABLET(S)	nateglinide	Xubex Preferred Network Program	\$166.22	\$191.15
<b>NEFAZODONE HCL (BRAND: SERZONE)</b>							
	100	MG	TABLET(S)	nefazodone hydrochloride	Xubex Preferred Network Program	\$287.96	\$331.15
	150	MG	TABLET(S)	nefazodone hydrochloride	Xubex Preferred Network Program	\$293.38	\$337.39
	200	MG	TABLET(S)	nefazodone hydrochloride	Xubex Preferred Network Program	\$298.91	\$343.75
	250	MG	TABLET(S)	nefazodone hydrochloride	Xubex Preferred Network Program	\$304.43	\$350.09
	50	MG	TABLET(S)	nefazodone hydrochloride	Xubex Preferred Network Program	\$468.62	\$538.91
<b>NEORAL</b>							
	100	MG	CAPSULE(S)	CYCLOSPORINE	Novartis Patient Assistance Foundation, Inc.	\$278.69	\$320.49
	25	MG	CAPSULE(S)	CYCLOSPORINE	Novartis Patient Assistance Foundation, Inc.	\$69.74	\$80.20

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NEPRO WITH CARB STEADY (BUTTER PECAN)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$4.03	\$4.63
<b>NEPRO WITH CARB STEADY (MIXED BERRY)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$4.03	\$4.63
<b>NEPRO WITH CARB STEADY (VANILLA)</b>							
	N/A	N/A	ML	NUTRITIONAL SUPPLEMENT	Abbott Nutrition Patient Assistance Program	\$4.03	\$4.63
<b>NESINA</b>							
	12.5	MG	TABLET(S)	ALOGLIPTIN BENZOATE	Takeda Patient Assistance Program	\$449.20	\$516.58
	25	MG	TABLET(S)	ALOGLIPTIN BENZOATE	Takeda Patient Assistance Program	\$449.20	\$516.58
	6.25	MG	TABLET(S)	ALOGLIPTIN BENZOATE	Takeda Patient Assistance Program	\$449.20	\$516.58
<b>NEULASTA</b>							
	6/0.6	MG/ML	MG	PEGFILGRASTIM	Amgen Safety Net Foundation	\$6,808.02	\$7,829.22
<b>NEUMEGA</b>							
	5	MG	INJECTION(S)	OPRELVEKIN	Pfizer RxPathways	\$528.92	\$608.26
<b>NEUPOGEN</b>							
	300	MCG/1 ml	MCG	FILGRASTIM	Amgen Safety Net Foundation	\$367.15	\$422.22
	480	MCG/0.8 ML	MCG	FILGRASTIM	Amgen Safety Net Foundation	\$619.74	\$712.70
	300	MCG/1 ml	MCG	FILGRASTIM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$367.15	\$422.22
	480	MCG/0.8 ML	MCG	FILGRASTIM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$619.74	\$712.70

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NEUPOGEN</b>							
	300	MCG/0.5 ML	MCG	FILGRASTIM	Amgen Safety Net Foundation	\$389.16	\$447.53
	480	MCG/1.6ml	MCG	FILGRASTIM	Amgen Safety Net Foundation	\$584.64	\$672.34
	300	MCG/0.5 ML	MCG	FILGRASTIM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$389.16	\$447.53
	480	MCG/1.6ml	MCG	FILGRASTIM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$584.64	\$672.34
<b>NEUPRO</b>							
	1/24	MG/HR	PATCH	rotigotine	UCB Patient Assistance Program	\$746.10	\$858.02
	2/24	MG/HR	PATCH	ROTIGOTINE	UCB Patient Assistance Program	\$746.10	\$858.02
	3/24	MG/HR	PATCH	rotigotine	UCB Patient Assistance Program	\$746.10	\$858.02
	4/24	MG/HR	PATCH	rotigotine	UCB Patient Assistance Program	\$746.10	\$858.02
	6/24	MG/HR	PATCH	rotigotine	UCB Patient Assistance Program	\$746.10	\$858.02
	8/24	MG/HR	PATCH	rotigotine	UCB Patient Assistance Program	\$746.10	\$858.02
<b>NEVANAC</b>							
	0.1	% (3ML)	DROP(S)	NEPAFENAC	Novartis Patient Assistance Foundation, Inc.	\$283.50	\$326.03
<b>NEVIRAPINE (BRAND: VIRAMUNE)</b>							
	200	MG	TABLET(S)	nevirapine	Xubex Preferred Network Program	\$650.05	\$747.56
	50/5	MG/ML (240 ML)	ML	nevirapine	Xubex Preferred Network Program	\$189.28	\$217.67
<b>NEXAVAR</b>							
	200	MG	TABLET(S)	SORAFENIB	Bayer REACH Program	\$19,775.32	\$22,741.62

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NEXPLANON</b>							
	68	MG	IMPLANT	etonogestrel	Merck Customer Support Center for Nexplanon	\$1,017.48	\$1,170.10
<b>NIACIN ER</b>							
	1000	MG	TABLET(S)	niacin	Rx Outreach	\$674.40	\$775.56
	500	MG	TABLET(S)	niacin	Rx Outreach	\$381.31	\$438.51
	1000	MG	TABLET(S)	niacin	Xubex Preferred Network Program	\$674.40	\$775.56
	500	MG	TABLET(S)	niacin	Xubex Preferred Network Program	\$381.31	\$438.51
	750	MG	TABLET(S)	niacin	Xubex Preferred Network Program	\$543.89	\$625.47
<b>NIACOR (BRAND: NIACIN)</b>							
	500	MG	TABLET(S)	NIACIN	Rx Outreach	\$674.40	\$775.56
<b>NICARDIPINE HCL (BRAND: CARDENE)</b>							
	20	MG	CAPSULE(S)	NICARDIPINE HYDROCHLORIDE	Xubex Preferred Network Program	\$200.61	\$230.70
	30	MG	CAPSULE(S)	NICARDIPINE HYDROCHLORIDE	Xubex Preferred Network Program	\$287.32	\$330.42
<b>NICOTROL INHALER</b>							
	10	MG/ACTUATION	CARTRIDGE	NICOTINE	NC MedAssist - North Carolina Residents Only	\$456.76	\$525.27
	10	MG/ACTUATION	CARTRIDGE	NICOTINE	Pfizer RxPathways	\$456.76	\$525.27
<b>NICOTROL NS</b>							
	10	MG/ML	SPRAY(S)	NICOTINE	Pfizer RxPathways	\$479.59	\$551.53
	10	MG/ML	SPRAY(S)	NICOTINE	Welvista - South Carolina Residents Only	\$479.59	\$551.53



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NIFEDIPINE ER</b>							
*	30	MG	TABLET(S)	nifedipine	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$145.21	\$166.99
*	60	MG	TABLET(S)	nifedipine	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$258.71	\$297.52
	30	MG	TABLET(S)	nifedipine	NC MedAssist - North Carolina Residents Only	\$145.21	\$166.99
	60	MG	TABLET(S)	nifedipine	NC MedAssist - North Carolina Residents Only	\$258.71	\$297.52
	90	MG	TABLET(S)	nifedipine	NC MedAssist - North Carolina Residents Only	\$302.84	\$348.27
	30	MG	TABLET(S)	nifedipine	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$145.21	\$166.99
	60	MG	TABLET(S)	nifedipine	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$258.71	\$297.52
	90	MG	TABLET(S)	nifedipine	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$302.84	\$348.27
	30	MG	TABLET(S)	nifedipine	Rx Outreach	\$145.21	\$166.99
	60	MG	TABLET(S)	nifedipine	Rx Outreach	\$258.71	\$297.52
	30	MG	TABLET(S)	nifedipine	Xubex Preferred Network Program	\$145.21	\$166.99
	60	MG	TABLET(S)	nifedipine	Xubex Preferred Network Program	\$258.71	\$297.52
	90	MG	TABLET(S)	nifedipine	Xubex Preferred Network Program	\$302.84	\$348.27
<b>NILANDRON</b>							
	150	MG	TABLET(S)	NILUTAMIDE	Rx Outreach	\$7,771.52	\$8,937.25
<b>NINLARO</b>							
	2.3	MG (1 PACK)	CAPSULE(S)	ixazomib	NINLARO 1Point	\$3,787.20	\$4,355.28
	3	MG (1 PACK)	CAPSULE(S)	ixazomib	NINLARO 1Point	\$3,787.20	\$4,355.28

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NINLARO</b>							
	4	MG (1 PACK)	CAPSULE(S)	ixazomib	NINLARO 1Point	\$3,787.20	\$4,355.28
<b>NISOLDIPINE (BRAND: SULAR)</b>							
	17	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$769.76	\$885.22
	20	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$1,645.22	\$1,892.00
	25.5	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$839.48	\$965.40
	30	MG	TABLET(S)	NISO'	Xubex Preferred Network Program	\$1,794.20	\$2,063.33
	34	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$839.48	\$965.40
	40	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$1,794.20	\$2,063.33
	8.5	MG	TABLET(S)	NISOLDIPINE	Xubex Preferred Network Program	\$618.18	\$710.91
<b>NITRO-DUR</b>							
	0.6	mg/hr	PATCH	NITROGLYCERIN	Merck Patient Assistance Program	\$217.08	\$249.64
	0.8	mg/hr	PATCH	NITROGLYCERIN	Merck Patient Assistance Program	\$217.08	\$249.64
<b>NITROGLYCERIN (BRAND: NITROGLYCERIN )</b>							
	6.5	MG	CAPSULE(S)	NITROGLYCERIN	Rx Outreach	\$79.97	\$91.97
<b>NITROGLYCERIN (BRAND: NITROGLYCERIN)</b>							
	9	MG	CAPSULE(S)	NITROGLYCERIN	Rx Outreach	\$94.15	\$108.27
	2.5	MG	CAPSULE(S)	NITROGLYCERIN	Rx Outreach	\$69.25	\$79.64
<b>NITROGLYCERIN (BRAND: NITROQUICK)</b>							
	0.4	MG	TABLET(S)	NITROGLYCERIN	NC MedAssist - North Carolina Residents Only	\$46.54	\$53.52
	0.4	MG	TABLET(S)	NITROGLYCERIN	Rx Outreach	\$46.54	\$53.52

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NITROMIST</b>							
	0.4	MG/ACTUATION (4.1 GM)	SPRAY(S)	NITROGLYCERIN	Akrimax Patient Assistance Program	\$494.76	\$568.97
<b>NITROSTAT</b>							
	0.3	MG	TABLET(S)	NITROGLYCERIN	NC MedAssist - North Carolina Residents Only	\$62.63	\$72.02
	0.4	MG	TABLET(S)	NITROGLYCERIN	NC MedAssist - North Carolina Residents Only	\$62.23	\$71.56
	0.6	MG	TABLET(S)	NITROGLYCERIN	NC MedAssist - North Carolina Residents Only	\$62.63	\$72.02
	0.3	MG	TABLET(S)	NITROGLYCERIN	Pfizer RxPathways	\$62.63	\$72.02
	0.4	MG	TABLET(S)	NITROGLYCERIN	Pfizer RxPathways	\$62.23	\$71.56
	0.6	MG	TABLET(S)	NITROGLYCERIN	Pfizer RxPathways	\$62.63	\$72.02
	0.4	MG	TABLET(S)	NITROGLYCERIN	Welvista - South Carolina Residents Only	\$62.23	\$71.56
<b>NORETHINDRONE (BRAND: ORTHO MICRONOR)</b>							
	0.35	MG	TABLET(S)	NORETHINDRONE	Rx Outreach	\$110.75	\$127.36
<b>NORETHINDRONE ACETATE (BRAND: AYGESTIN)</b>							
	5	MG	TABLET(S)	NORETHINDRONE ACETATE	Rx Outreach	\$132.43	\$152.29
<b>NORETHINDRONE/ETHINYL ESTRADIOL (BRAND: OVCON 35)</b>							
	0.4/0.035	MG	TABLET(S)	NORETHINDRONE/ETHINYL ESTRADIOL	Rx Outreach	\$296.38	\$340.84
<b>NORPACE</b>							
	100	MG	CAPSULE(S)	DISOPYRAMIDE PHOSPHATE	Pfizer RxPathways	\$485.45	\$558.27
	150	MG	CAPSULE(S)	DISOPYRAMIDE PHOSPHATE	Pfizer RxPathways	\$573.59	\$659.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NORPACE CR</b>							
	100	MG	CAPSULE(S)	DISOPYRAMIDE PHOSPHATE	Pfizer RxPathways	\$439.70	\$505.66
	150	MG	CAPSULE(S)	DISOPYRAMIDE PHOSPHATE	Pfizer RxPathways	\$519.66	\$597.61
<b>NORTHERA</b>							
	100	MG	CAPSULE(S)	droxidopa	Northera Support Center	\$2,577.50	\$2,964.13
	200	MG	CAPSULE(S)	droxidopa	Northera Support Center	\$5,155.00	\$5,928.25
<b>NORTHERA</b>							
	300	MG	CAPSULE(S)	droxidopa	Northera Support Center	\$7,732.51	\$8,892.39
<b>NORTRIPTYLINE HCL (BRAND: PAMELOR)</b>							
	10	MG	TABLET(S)	NORTRIPTYLINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$31.59	\$36.33
	25	MG	TABLET(S)	NORTRIPTYLINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$60.25	\$69.29
	50	MG	TABLET(S)	NORTRIPTYLINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$111.50	\$128.23
	10	MG	TABLET(S)	NORTRIPTYLINE HCL	Rx Outreach	\$31.59	\$36.33
	25	MG	TABLET(S)	NORTRIPTYLINE HCL	Rx Outreach	\$60.25	\$69.29
	50	MG	TABLET(S)	NORTRIPTYLINE HCL	Rx Outreach	\$111.50	\$128.23
	75	MG	TABLET(S)	NORTRIPTYLINE HCL	Rx Outreach	\$193.59	\$222.63
	10	MG	TABLET(S)	NORTRIPTYLINE HCL	Xubex Preferred Network Program	\$31.59	\$36.33
	25	MG	TABLET(S)	NORTRIPTYLINE HCL	Xubex Preferred Network Program	\$60.25	\$69.29
	50	MG	TABLET(S)	NORTRIPTYLINE HCL	Xubex Preferred Network Program	\$111.50	\$128.23
	75	MG	TABLET(S)	NORTRIPTYLINE HCL	Xubex Preferred Network Program	\$193.59	\$222.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NORVIR</b>							
	100	MG	CAPSULE(S)	RITONAVIR	AbbVie Norvir Kaletra Patient Assistance Program	\$308.60	\$354.89
	80	MG/ML (240ml)	ML	RITONAVIR	AbbVie Norvir Kaletra Patient Assistance Program	\$1,728.24	\$1,987.48
	100	MG	CAPSULE(S)	RITONAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$308.60	\$354.89
	80	MG/ML (240ml)	ML	RITONAVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,728.24	\$1,987.48
<b>NOVAREL</b>							
	10000	U	VIAL	chorionic gonadotropin	Heart Beat Program	\$317.69	\$365.34
<b>NOVOFINE 30G FLEXPEN NEEDLE</b>							
	N/A	N/A	NEEDLE(S)	INSULIN SYRINGE/NEEDLE	Novo Nordisk Patient Assistance Program	\$48.26	\$55.50
	N/A	N/A	NEEDLE(S)	INSULIN SYRINGE/NEEDLE	Welvista - South Carolina Residents Only	\$48.26	\$55.50
<b>NOVOFINE 32 GAUGE NEEDLE</b>							
	N/A	N/A	NEEDLE(S)	INSULIN SYRINGE/NEEDLE	Novo Nordisk Patient Assistance Program	\$56.68	\$65.18
	N/A	N/A	NEEDLE(S)	INSULIN SYRINGE/NEEDLE	Welvista - South Carolina Residents Only	\$56.68	\$65.18
<b>NOVOFINE TIP 32 G, 6MM</b>							
	N/A	N/A	NEEDLE TIPS		Novo Nordisk Patient Assistance Program	\$56.68	\$65.18
	N/A	N/A	NEEDLE TIPS		Welvista - South Carolina Residents Only	\$56.68	\$65.18
<b>NOVOLIN 70/30</b>							
	70-30	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	Novo Nordisk Patient Assistance Program	\$165.24	\$190.03

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NOVOLIN 70/30</b>							
	70-30	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR	Welvista - South Carolina Residents Only	\$165.24	\$190.03
<b>NOVOLIN N</b>							
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	Novo Nordisk Patient Assistance Program	\$165.24	\$190.03
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN ISOPHANE (NPH)	Welvista - South Carolina Residents Only	\$165.24	\$190.03
<b>NOVOLIN R</b>							
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN REGULAR	Novo Nordisk Patient Assistance Program	\$165.24	\$190.03
	100	U/ML (10ML)	UNIT(S)	INSULIN HUMAN REGULAR	Welvista - South Carolina Residents Only	\$165.24	\$190.03
<b>NOVOLOG FLEXPEN</b>							
*	100	U/ML (3ML)	UNIT(S)	INSULIN ASPART, HUMAN	Novo Nordisk Patient Assistance Program	\$638.66	\$734.46
	100	U/ML (3ML)	UNIT(S)	INSULIN ASPART, HUMAN	Welvista - South Carolina Residents Only	\$638.66	\$734.46
<b>NOVOLOG MIX 70/30</b>							
	70-30	U/ML (10 ML)	UNIT(S)	INSULIN ASPART/INSULIN ASPART PROTAMINE	Novo Nordisk Patient Assistance Program	\$343.00	\$394.45
	70-30	U/ML (10 ML)	UNIT(S)	INSULIN ASPART/INSULIN ASPART PROTAMINE	Welvista - South Carolina Residents Only	\$343.00	\$394.45
<b>NOVOLOG MIX 70/30 FLEXPEN</b>							
*	70-30	U/ML (3ML)	UNIT(S)	INSULIN ASPART/INSULIN ASPART PROTAMINE	Novo Nordisk Patient Assistance Program	\$638.66	\$734.46
	70-30	U/ML (3ML)	UNIT(S)	INSULIN ASPART/INSULIN ASPART PROTAMINE	Welvista - South Carolina Residents Only	\$638.66	\$734.46

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NOVOLOG VIAL</b>							
	100	U/ML (10 ML)	UNIT(S)	INSULIN ASPART, HUMAN	Novo Nordisk Patient Assistance Program	\$330.70	\$380.31
	100	U/ML (10 ML)	UNIT(S)	INSULIN ASPART, HUMAN	Welvista - South Carolina Residents Only	\$330.70	\$380.31
<b>NOVOTWIST 30 G NEEDLES</b>							
	N/A	N/A	NEEDLE(S)	NEEDLE	Novo Nordisk Patient Assistance Program	\$37.56	\$43.19
<b>NOVOTWIST 32 G NEEDLES</b>							
	N/A	N/A	NEEDLE(S)	NEEDLE	Novo Nordisk Patient Assistance Program	\$44.58	\$51.27
<b>NOXAFIL</b>							
	100	MG	TABLET(S)	POSACONAZOLE	Merck Access Program for Noxafil	\$4,518.00	\$5,195.70
	40	MG/ML	ML	POSACONAZOLE	Merck Access Program for Noxafil	\$1,581.30	\$1,818.50
<b>NPLATE</b>							
	250	MCG	MCG	ROMIPLOSTIM	Amgen Safety Net Foundation	\$1,984.80	\$2,282.52
	500	MCG	MCG	ROMIPLOSTIM	Amgen Safety Net Foundation	\$3,969.30	\$4,564.70
<b>NUCALA</b>							
	100	MG	MG	mepolizumab	Gateway to Nucala	\$3,213.60	\$3,695.64
<b>NUDEXTA</b>							
	20-10	MG	CAPSULE(S)	dextromethorphan hydrobromide/quinidine sulfate	Advanced Patient Services (APS) Patient Assistance Program	\$907.20	\$1,043.28
<b>NULOJIX</b>							
	250	MG	MG	BELATACEPT	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$1,135.46	\$1,305.78

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>NUPLAZID</b>							
	17	MG	TABLET(S)	pimavanserin	Nuplazid Connect	\$2,559.96	\$2,943.95
<b>NUVIGIL</b>							
	150	MG	TABLET(S)	ARMODAFINIL	Teva Cares Foundation Patient Assistance Program	\$798.00	\$917.70
	200	MG	TABLET(S)	ARMODAFINIL	Teva Cares Foundation Patient Assistance Program	\$798.00	\$917.70
	250	MG	TABLET(S)	ARMODAFINIL	Teva Cares Foundation Patient Assistance Program	\$798.00	\$917.70
	50	MG	TABLET(S)	ARMODAFINIL	Teva Cares Foundation Patient Assistance Program	\$265.20	\$304.98
	150	MG	TABLET(S)	ARMODAFINIL	Xubex Free Trial 30 Day Medication Supply	\$798.00	\$917.70
	200	MG	TABLET(S)	ARMODAFINIL	Xubex Free Trial 30 Day Medication Supply	\$798.00	\$917.70
	250	MG	TABLET(S)	ARMODAFINIL	Xubex Free Trial 30 Day Medication Supply	\$798.00	\$917.70
	50	MG	TABLET(S)	ARMODAFINIL	Xubex Free Trial 30 Day Medication Supply	\$265.20	\$304.98
<b>NYSTATIN</b>							
	500000	U	TABLET(S)	NYSTATIN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$142.08	\$163.39
	500000	U	TABLET(S)	NYSTATIN	Rx Outreach	\$142.08	\$163.39
<b>NYSTATIN CREAM (BRAND: PEDIADERM AF)</b>							
	100000	U/GM (15 GM)	APPLICATION(S)	nystatin	NC MedAssist - North Carolina Residents Only	\$17.50	\$20.13
	100000	U/GM (15 GM)	APPLICATION(S)	nystatin	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$17.50	\$20.13
	100000	U/GM (15 GM)	APPLICATION(S)	nystatin	Xubex Preferred Network Program	\$17.50	\$20.13



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OCALIVA</b>							
	10	MG	TABLET(S)	obeticholic acid	Interconnect Support Services	\$7,353.00	\$8,455.95
	5	MG	TABLET(S)	obeticholic acid	Interconnect Support Services	\$7,353.00	\$8,455.95
<b>OCREVUS</b>							
	30/1	MG/ML (10 ML)	MG	ocrelizumab	Genentech Access to Solutions-Ocrevus	\$19,500.00	\$22,425.00
<b>ODEFSEY</b>							
	200-25-25	MG-MG-MG	TABLET(S)	emtricitabine/rilpivirine/tenofovir alafenamide	Gilead Advancing Access	\$3,009.29	\$3,460.68
	200-25-25	MG-MG-MG	TABLET(S)	emtricitabine/rilpivirine/tenofovir alafenamide	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,009.29	\$3,460.68
	200-25-25	MG-MG-MG	TABLET(S)	emtricitabine/rilpivirine/tenofovir alafenamide	Xubex Free Trial 30 Day Medication Supply	\$3,009.29	\$3,460.68
<b>ODOMZO</b>							
	200	MG	CAPSULE(S)	sonidegib	Novartis Patient Assistance Foundation, Inc.	\$12,072.00	\$13,882.80
	200	MG	CAPSULE(S)	sonidegib	Novartis Patient Assistance Now Oncology Program	\$12,072.00	\$13,882.80
<b>OFEV</b>							
	100	MG	CAPSULE(S)	nintedanib	Boehringer Ingelheim Cares Foundation Inc.	\$10,368.00	\$11,923.20
	150	MG	CAPSULE(S)	nintedanib	Boehringer Ingelheim Cares Foundation Inc.	\$10,368.00	\$11,923.20
<b>OLANZAPINE (BRAND: ZYPREXA)</b>							
*	10	MG	TABLET(S)	OLANZAPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,991.52	\$2,290.25
*	2.5	MG	TABLET(S)	OLANZAPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,119.74	\$1,287.70

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OLANZAPINE (BRAND: ZYPREXA)</b>							
*	5	MG	TABLET(S)	OLANZAPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,319.76	\$1,517.72
*	7.5	MG	TABLET(S)	OLANZAPINE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,608.34	\$1,849.59
	10	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,991.52	\$2,290.25
	15	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$2,987.28	\$3,435.37
	2.5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,119.74	\$1,287.70
	20	MG	TABLET(S)	olanzapine	NC MedAssist - North Carolina Residents Only	\$2,987.28	\$3,435.37
	5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,319.76	\$1,517.72
	7.5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,608.34	\$1,849.59
	10	MG	TABLET(S)	OLANZAPINE	Rx Outreach	\$1,991.52	\$2,290.25
	15	MG	TABLET(S)	OLANZAPINE	Rx Outreach	\$2,987.28	\$3,435.37
	2.5	MG	TABLET(S)	OLANZAPINE	Rx Outreach	\$1,119.74	\$1,287.70
	20	MG	TABLET(S)	olanzapine	Rx Outreach	\$2,987.28	\$3,435.37
	5	MG	TABLET(S)	OLANZAPINE	Rx Outreach	\$1,319.76	\$1,517.72
	7.5	MG	TABLET(S)	OLANZAPINE	Rx Outreach	\$1,608.34	\$1,849.59
	10	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$1,991.52	\$2,290.25
	2.5	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$1,119.74	\$1,287.70
	10	MG	TABLET(S)	OLANZAPINE	Xubex Preferred Network Program	\$1,991.52	\$2,290.25
	15	MG	TABLET(S)	OLANZAPINE	Xubex Preferred Network Program	\$2,987.28	\$3,435.37
	2.5	MG	TABLET(S)	OLANZAPINE	Xubex Preferred Network Program	\$1,119.74	\$1,287.70
	5	MG	TABLET(S)	OLANZAPINE	Xubex Preferred Network Program	\$1,319.76	\$1,517.72

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OLANZAPINE (BRAND: ZYPREXA)</b>							
	7.5	MG	TABLET(S)	OLANZAPINE	Xubex Preferred Network Program	\$1,608.34	\$1,849.59
<b>OLANZAPINE ODT (BRAND: ZYPREXA)</b>							
	10	MG	TABLET(S)	olanzapine	Xubex Preferred Network Program	\$629.91	\$724.40
	15	MG	TABLET(S)	olanzapine	Xubex Preferred Network Program	\$927.94	\$1,067.13
	20	MG	TABLET(S)	olanzapine	Xubex Preferred Network Program	\$1,226.66	\$1,410.66
	5	MG	TABLET(S)	olanzapine	Xubex Preferred Network Program	\$428.23	\$492.46
<b>OLYSIO</b>							
	150	MG	CAPSULE(S)	SIMEPREVIR	Johnson & Johnson Patient Assistance Foundation-Card Program	\$26,544.00	\$30,525.60
<b>OMEGA-3-ACID ETHYL ESTERS (BRAND: LOVAZA)</b>							
	1	GM	CAPSULE(S)	omega-3-acid ethyl esters	Rx Outreach	\$248.13	\$285.35
<b>OMEPRAZOLE (BRAND: PRILOSEC)</b>							
	20	MG	CAPSULE(S)	OMEPRAZOLE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$400.38	\$460.44
	10	MG	CAPSULE(S)	OMEPRAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$444.86	\$511.59
	20	MG	CAPSULE(S)	OMEPRAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$400.38	\$460.44
	40	MG	CAPSULE(S)	OMEPRAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$739.53	\$850.46
	20	MG	CAPSULE(S)	OMEPRAZOLE	NC MedAssist - North Carolina Residents Only	\$400.38	\$460.44
	10	MG	CAPSULE(S)	OMEPRAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$444.86	\$511.59

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OMEPRAZOLE (BRAND: PRILOSEC)</b>							
	20	MG	CAPSULE(S)	OMEPRAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$400.38	\$460.44
	40	MG	CAPSULE(S)	OMEPRAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$739.53	\$850.46
	10	MG	CAPSULE(S)	OMEPRAZOLE	Rx Outreach	\$444.86	\$511.59
	20	MG	CAPSULE(S)	OMEPRAZOLE	Rx Outreach	\$400.38	\$460.44
	40	MG	CAPSULE(S)	OMEPRAZOLE	Rx Outreach	\$739.53	\$850.46
	20	MG	CAPSULE(S)	OMEPRAZOLE	Welvista - South Carolina Residents Only	\$400.38	\$460.44
	40	MG	CAPSULE(S)	OMEPRAZOLE	Welvista - South Carolina Residents Only	\$739.53	\$850.46
	10	MG	CAPSULE(S)	OMEPRAZOLE	Xubex Preferred Network Program	\$444.86	\$511.59
	20	MG	CAPSULE(S)	OMEPRAZOLE	Xubex Preferred Network Program	\$400.38	\$460.44
	40	MG	CAPSULE(S)	OMEPRAZOLE	Xubex Preferred Network Program	\$739.53	\$850.46
<b>OMEPRAZOLE/SODIUM BICARBONATE (BRAND: ZEGERID)</b>							
	20-1100	MG-MG	CAPSULE(S)	omeprazole/sodium bicarbonate	Xubex Preferred Network Program	\$3,276.12	\$3,767.54
	40-1100	MG-MG	CAPSULE(S)	omeprazole/sodium bicarbonate	Xubex Preferred Network Program	\$3,145.08	\$3,616.84
<b>OMIDRIA</b>							
	03.-0.1	% (4 ML)	ML	ketorolac/phenylephrine	OMIDRIAssure Equal Access Patient Assistance Program	\$2,232.00	\$2,566.80
<b>ONCASPAR</b>							
	750	IU/ML (5ML)	IU	PEGASPARGASE	Sigma-Tau Patient Assistance Program	\$3,280.00	\$3,772.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ONDANSETRON (BRAND: ZOFRAN)</b>							
	4	MG	TABLET(S)	ONDANSETRON	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$746.67	\$858.67
	8	MG	TABLET(S)	ONDANSETRON	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,243.70	\$1,430.26
	4	MG	TABLET(S)	ONDANSETRON	NC MedAssist - North Carolina Residents Only	\$746.67	\$858.67
	8	MG	TABLET(S)	ONDANSETRON	NC MedAssist - North Carolina Residents Only	\$1,243.70	\$1,430.26
	4	MG	TABLET(S)	ONDANSETRON	Rx Outreach	\$746.67	\$858.67
	8	MG	TABLET(S)	ONDANSETRON	Rx Outreach	\$1,243.70	\$1,430.26
	4	MG	TABLET(S)	ONDANSETRON	Welvista - South Carolina Residents Only	\$746.67	\$858.67
	8	MG	TABLET(S)	ONDANSETRON	Welvista - South Carolina Residents Only	\$1,243.70	\$1,430.26
	4	MG	TABLET(S)	ONDANSETRON	Xubex Preferred Network Program	\$746.67	\$858.67
	8	MG	TABLET(S)	ONDANSETRON	Xubex Preferred Network Program	\$1,243.70	\$1,430.26
<b>ONDANSETRON ODT (BRAND: ZOFRAN ODT)</b>							
	4	MG	TABLET(S)	ONDANSETRON	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$667.50	\$767.63
	8	MG	TABLET(S)	ONDANSETRON	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,099.90	\$1,264.89
	4	MG	TABLET(S)	ONDANSETRON	NC MedAssist - North Carolina Residents Only	\$667.50	\$767.63
	8	MG	TABLET(S)	ONDANSETRON	NC MedAssist - North Carolina Residents Only	\$1,099.90	\$1,264.89
	4	MG	TABLET(S)	ONDANSETRON	Rx Outreach	\$667.50	\$767.63
	8	MG	TABLET(S)	ONDANSETRON	Rx Outreach	\$1,099.90	\$1,264.89
	4	MG	TABLET(S)	ONDANSETRON	Welvista - South Carolina Residents Only	\$667.50	\$767.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ONDANSETRON ODT (BRAND: ZOFTRAN ODT)</b>							
	8	MG	TABLET(S)	ONDANSETRON	Welvista - South Carolina Residents Only	\$1,099.90	\$1,264.89
	4	MG	TABLET(S)	ONDANSETRON	Xubex Preferred Network Program	\$667.50	\$767.63
	8	MG	TABLET(S)	ONDANSETRON	Xubex Preferred Network Program	\$1,099.90	\$1,264.89
<b>ONFI</b>							
	10	MG	TABLET(S)	clobazam	ONFI Patient Assistance Program	\$1,998.74	\$2,298.55
	20	MG	TABLET(S)	clobazam	ONFI Patient Assistance Program	\$3,997.45	\$4,597.07
	5	MG	TABLET(S)	clobazam	ONFI Patient Assistance Program	\$443.47	\$509.99
	10	MG	TABLET(S)	clobazam	Xubex Free Trial 30 Day Medication Supply	\$1,998.74	\$2,298.55
	20	MG	TABLET(S)	clobazam	Xubex Free Trial 30 Day Medication Supply	\$3,997.45	\$4,597.07
<b>ONGLYZA</b>							
	2.5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	AZ&Me Prescription Savings Program	\$1,386.46	\$1,594.43
	5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	AZ&Me Prescription Savings Program	\$1,386.46	\$1,594.43
	2.5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$1,386.46	\$1,594.43
	5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$1,386.46	\$1,594.43
	2.5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$1,386.46	\$1,594.43
	5	MG	TABLET(S)	SAXAGLIPTIN HYDROCHLORIDE	Xubex Free Trial 30 Day Medication Supply	\$1,386.46	\$1,594.43
<b>ONIVYDE</b>							
	4.3	MG/ML (10 ML)	MG	irinotecan liposome	PROVYDE Onivyde Access Services	\$2,032.85	\$2,337.78
<b>ONTAK</b>							
	150	MCG/ML	INJECTION(S)	DENILEUKIN DIFTITOX	Eisai Patient Assistance Program	\$1,863.60	\$2,143.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OPDIVO</b>							
	10	MG/ML (10 ML)	MG	nivolumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$3,054.18	\$3,512.31
<b>OPDIVO</b>							
	10	MG/ML (4 ML)	MG	nivolumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$1,221.67	\$1,404.92
<b>OPSUMIT</b>							
	10	MG	TABLET(S)	macitentan	Actelion Pathways	\$9,950.40	\$11,442.96
<b>ORACEA</b>							
	40	MG	CAPSULE(S)	DOXYCYCLINE	Galderma Patient Assistance Program	\$755.88	\$869.26
<b>ORAP</b>							
	1	MG	TABLET(S)	PIMOZIDE	Teva Cares Foundation Patient Assistance Program	\$231.36	\$266.06
	2	MG	TABLET(S)	PIMOZIDE	Teva Cares Foundation Patient Assistance Program	\$281.92	\$324.21
<b>ORBACTIV</b>							
	400	MG	VIAL(S)	oritavancin	Orbactiv Support Program	\$3,480.00	\$4,002.00
<b>ORENCIA</b>							
	250	MG	MG	ABATACEPT	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$1,184.44	\$1,362.11
<b>ORENCIA PREFILLED SYRINGE</b>							
	125	MG/ML	SYRINGE	ABATACEPT	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$4,594.28	\$5,283.42

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ORKAMBI</b>							
	100/125	MG-MG	TABLET(S)	lumacaftor/ivacaftor	Vertex GPS Patient Assistance Program-Kalydeco & Orkambi	\$23,907.70	\$27,493.86
	200/125	MG-MG	TABLET(S)	lumacaftor/ivacaftor	Vertex GPS Patient Assistance Program-Kalydeco & Orkambi	\$23,907.70	\$27,493.86
<b>ORTHOVISC</b>							
	30	MG/ML (2 ML)	INJECTION(S)	HYALURONIC ACID	Johnson & Johnson Patient Assistance Foundation	\$484.80	\$557.52
<b>OSENI</b>							
	12.5-15	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
	12.5-30	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
	25-30	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
	25-45	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
<b>OSENI</b>							
	12.5-45	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
	25-15	MG-MG	TABLET(S)	alogliptin benzoate/pioglitazone hydrochloride	Takeda Patient Assistance Program	\$449.20	\$516.58
<b>OSMOPREP</b>							
*	0.398-1.102	GM-GM	TABLET(S)	NA PHOS, DIBASIC/NA PHOS, MONOBASIC	Salix Patient Assistance Program	\$734.22	\$844.35



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OTEZLA</b>							
	30	MG	TABLET(S)	apremilast	Otezla SupportPlus Program	\$3,549.83	\$4,082.30
<b>OTEZLA TITRATION STARTER PACK</b>							
	n/a	N/A	TABLET(S)	apremilast	Otezla SupportPlus Program	\$1,012.50	\$1,164.38
<b>OXANDROLONE (BRAND: OXANDRIN)</b>							
	10	MG	TABLET(S)	oxandrolone	Rx Outreach	\$1,428.79	\$1,643.11
	2.5	MG	TABLET(S)	oxandrolone	Rx Outreach	\$669.07	\$769.43
	10	MG	TABLET(S)	oxandrolone	Xubex Preferred Network Program	\$1,428.79	\$1,643.11
	2.5	MG	TABLET(S)	oxandrolone	Xubex Preferred Network Program	\$669.07	\$769.43
<b>OXAPROZIN (BRAND: DAYPRO)</b>							
	600	MG	TABLET(S)	OXAPROZIN	Xubex Preferred Network Program	\$366.40	\$421.36
<b>OXAZEPAM (BRAND: SERAX)</b>							
	10	MG	CAPSULE(S)	oxazepam	Xubex Preferred Network Program	\$115.19	\$132.47
	15	MG	CAPSULE(S)	oxazepam	Xubex Preferred Network Program	\$145.45	\$167.27
	30	MG	CAPSULE(S)	oxazepam	Xubex Preferred Network Program	\$210.39	\$241.95
<b>OXCARBAZEPINE (BRAND: TRILEPTAL, OXTELLAR XR)</b>							
	150	MG	TABLET(S)	oxcarbazepine	NC MedAssist - North Carolina Residents Only	\$142.94	\$164.38
	300	MG	TABLET(S)	oxcarbazepine	NC MedAssist - North Carolina Residents Only	\$261.03	\$300.18
	300/5	MG/ML (250 ML)	ML	oxcarbazepine	NC MedAssist - North Carolina Residents Only	\$284.70	\$327.41
	600	MG	TABLET(S)	oxcarbazepine	NC MedAssist - North Carolina Residents Only	\$479.79	\$551.76
	150	MG	TABLET(S)	oxcarbazepine	Rx Outreach	\$142.94	\$164.38

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OXCARBAZEPINE (BRAND: TRILEPTAL, OXTELLAR XR)</b>							
	300	MG	TABLET(S)	oxcarbazepine	Rx Outreach	\$261.03	\$300.18
	600	MG	TABLET(S)	oxcarbazepine	Rx Outreach	\$479.79	\$551.76
	150	MG	TABLET(S)	oxcarbazepine	Xubex Preferred Network Program	\$142.94	\$164.38
	300	MG	TABLET(S)	oxcarbazepine	Xubex Preferred Network Program	\$261.03	\$300.18
	300/5	MG/ML (250 ML)	ML	oxcarbazepine	Xubex Preferred Network Program	\$284.70	\$327.41
	600	MG	TABLET(S)	oxcarbazepine	Xubex Preferred Network Program	\$479.79	\$551.76
<b>OXSORALEN-ULTRA</b>							
	10	MG	CAPSULE(S)	METHOXSALLEN	Valeant Patient Assistance Program	\$5,307.34	\$6,103.44
<b>OXTELLAR XR</b>							
	150	MG	TABLET(S)	oxcarbazepine	Oxtellar XR Patient Savings and Support Program	\$607.14	\$698.21
	300	MG	TABLET(S)	oxcarbazepine	Oxtellar XR Patient Savings and Support Program	\$843.48	\$970.00
	600	MG	TABLET(S)	oxcarbazepine	Oxtellar XR Patient Savings and Support Program	\$1,544.34	\$1,775.99
<b>OXYBUTYNIN (BRAND: DITROPAN)</b>							
	5	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Rx Outreach	\$8.13	\$9.35
	5	MG	TABLET(S)	OXYBUTYNIN CHLORIDE	Xubex Preferred Network Program	\$8.13	\$9.35
<b>OXYBUTYNIN CHLORIDE (BRAND: DITROPAN XL)</b>							
	5	MG	TABLET(S)	oxybutynin chloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$76.03	\$87.43
	10	MG	TABLET(S)	oxybutynin chloride	Rx Outreach	\$329.16	\$378.53

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>OXYBUTYNIN CHLORIDE (BRAND: DITROPAN XL)</b>							
	15	MG	TABLET(S)	oxybutynin chloride	Rx Outreach	\$337.40	\$388.01
	5	MG	TABLET(S)	oxybutynin chloride	Rx Outreach	\$76.03	\$87.43
	10	MG	TABLET(S)	oxybutynin chloride	Xubex Preferred Network Program	\$329.16	\$378.53
	5	MG	TABLET(S)	oxybutynin chloride	Xubex Preferred Network Program	\$76.03	\$87.43
<b>OXYCONTIN</b>							
	10	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$402.78	\$463.20
	15	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$592.98	\$681.93
	20	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$751.18	\$863.86
	30	MG	TABLET, EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$1,044.71	\$1,201.42
	40	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$1,286.47	\$1,479.44
	60	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$1,821.43	\$2,094.64
	80	MG	TABLET(S), EXTENDED RELEASE	OXYCODONE HYDROCHLORIDE	Purdue Pharma Patient Assistance Program	\$2,050.09	\$2,357.60
<b>OZURDEX</b>							
	0.7	MG	APPLICATOR	dexamethasone	Allergan Ozurdex Patient Assistance Program	\$1,599.60	\$1,839.54
<b>PAMELOR</b>							
	10	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,414.64	\$1,626.84

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PAMELOR</b>							
	25	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,442.93	\$1,659.37
	50	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,471.24	\$1,691.93
	75	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,499.53	\$1,724.46
	10	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,414.64	\$1,626.84
	25	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,442.93	\$1,659.37
	50	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,471.24	\$1,691.93
	75	MG	CAPSULE(S)	NORTRIPTYLINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,499.53	\$1,724.46
<b>PANCREAZE</b>							
	17500-4200-10000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation	\$132.36	\$152.21
	43750-10500- 25000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation	\$330.96	\$380.60
	61000-21000- 37000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation	\$661.80	\$761.07
	70000-16800- 40000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation	\$531.36	\$611.06
	17500-4200-10000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$132.36	\$152.21

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PANCREAZE</b>							
	43750-10500-25000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$330.96	\$380.60
	61000-21000-37000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$661.80	\$761.07
	70000-16800-40000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$531.36	\$611.06
	17500-4200-10000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	NC MedAssist - North Carolina Residents Only	\$132.36	\$152.21
	43750-10500-25000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	NC MedAssist - North Carolina Residents Only	\$330.96	\$380.60
	61000-21000-37000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	NC MedAssist - North Carolina Residents Only	\$661.80	\$761.07
	70000-16800-40000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	NC MedAssist - North Carolina Residents Only	\$531.36	\$611.06
	17500-4200-10000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Welvista - South Carolina Residents Only	\$132.36	\$152.21
	43750-10500-25000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Welvista - South Carolina Residents Only	\$330.96	\$380.60
	61000-21000-37000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Welvista - South Carolina Residents Only	\$661.80	\$761.07
	70000-16800-40000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Welvista - South Carolina Residents Only	\$531.36	\$611.06
<b>PANRETIN</b>							
	0.1	% (60 GM)	APPLICATION(S)	ALITRETINOIN	Eisai Patient Assistance Program	\$6,330.24	\$7,279.78
	0.1	% (60 GM)	APPLICATION(S)	ALITRETINOIN	Rx Outreach	\$6,330.24	\$7,279.78

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PANTOPRAZOLE (BRAND: PROTONIX)</b>							
	20	MG	TABLET(S)	PANTOPRAZOLE	Rx Outreach	\$368.22	\$423.45
	40	MG	TABLET(S)	PANTOPRAZOLE	Rx Outreach	\$368.22	\$423.45
	20	MG	TABLET(S)	PANTOPRAZOLE	Welvista - South Carolina Residents Only	\$368.22	\$423.45
	40	MG	TABLET(S)	PANTOPRAZOLE	Welvista - South Carolina Residents Only	\$368.22	\$423.45
	20	MG	TABLET(S)	PANTOPRAZOLE	Xubex Preferred Network Program	\$368.22	\$423.45
	40	MG	TABLET(S)	PANTOPRAZOLE	Xubex Preferred Network Program	\$368.22	\$423.45
<b>PARAFON FORTE DSC</b>							
	500	MG	TABLET(S)	CHLORZOXAZONE	NC MedAssist - North Carolina Residents Only	\$405.31	\$466.11
	500	MG	TABLET(S)	CHLORZOXAZONE	Welvista - South Carolina Residents Only	\$405.31	\$466.11
<b>PARAGARD T380A</b>							
	313.4	MG	DEVICE	INTRAUTERINE DEVICE, CONTRACEPTIVE & INTRODUCER	Paragard Access Solutions	\$970.20	\$1,115.73
<b>PARCOPA</b>							
	10-100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Parcopa Patient Assistance Program	\$223.80	\$257.37
	25-100	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Parcopa Patient Assistance Program	\$219.74	\$252.70
	25-250	MG-MG	TABLET(S)	CARBIDOPA/LEVODOPA	Parcopa Patient Assistance Program	\$321.98	\$370.28
<b>PARNATE</b>							
	10	MG	TABLET(S)	TRANLYCYPROMINE SULFATE	Rx Outreach	\$765.60	\$880.44

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PAROXETINE HCL (BRAND: PAXIL (HCL))</b>							
	10	MG	TABLET(S)	PAROXETINE HCL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$281.44	\$323.66
	20	MG	TABLET(S)	PAROXETINE HCL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$293.66	\$337.71
	30	MG	TABLET(S)	PAROXETINE HCL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$272.90	\$313.84
	40	MG	TABLET(S)	PAROXETINE HCL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$288.25	\$331.49
	10	MG	TABLET(S)	PAROXETINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$281.44	\$323.66
	20	MG	TABLET(S)	PAROXETINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$293.66	\$337.71
	30	MG	TABLET(S)	PAROXETINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$272.90	\$313.84
	40	MG	TABLET(S)	PAROXETINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$288.25	\$331.49
	10	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach	\$281.44	\$323.66
	20	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach	\$293.66	\$337.71
	30	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach	\$272.90	\$313.84
	40	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach	\$288.25	\$331.49
	20	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach Preferred Clinic Discount Pricing Program	\$293.66	\$337.71
	30	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach Preferred Clinic Discount Pricing Program	\$272.90	\$313.84

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PAROXETINE HCL (BRAND: PAXIL (HCL))</b>							
	40	MG	TABLET(S)	PAROXETINE HCL	Rx Outreach Preferred Clinic Discount Pricing Program	\$288.25	\$331.49
	10	MG	TABLET(S)	PAROXETINE HCL	Xubex Preferred Network Program	\$281.44	\$323.66
	20	MG	TABLET(S)	PAROXETINE HCL	Xubex Preferred Network Program	\$293.66	\$337.71
	40	MG	TABLET(S)	PAROXETINE HCL	Xubex Preferred Network Program	\$288.25	\$331.49
<b>PATADAY</b>							
	0.2	% (2.5ML)	DROP(S)	OLOPATADINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$199.33	\$229.23
	0.2	% (2.5ML)	DROP(S)	OLOPATADINE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$199.33	\$229.23
	0.2	% (2.5ML)	DROP(S)	OLOPATADINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$199.33	\$229.23
<b>PAZEO</b>							
	0.7	% (2.5 ML)	DROP(S)	olopatadine hydrochloride	NC MedAssist - North Carolina Residents Only	\$196.86	\$226.39
	0.7	% (2.5 ML)	DROP(S)	olopatadine hydrochloride	Novartis Patient Assistance Foundation, Inc.	\$196.86	\$226.39
	0.7	% (2.5 ML)	DROP(S)	olopatadine hydrochloride	Welvista - South Carolina Residents Only	\$196.86	\$226.39
<b>PEGASYS (SYRINGE)</b>							
	180/0.5	MCG/ML	SYRINGE	PEGINTERFERON ALFA-2A	Genentech Access Solutions-Pegasys	\$4,760.35	\$5,474.40
	180/0.5	MCG/ML	SYRINGE	PEGINTERFERON ALFA-2A	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$4,760.35	\$5,474.40
<b>PEGASYS (VIAL)</b>							
	180	MCG/ML (1ML)	MCG	peginterferon alfa-2a	Genentech Access Solutions-Pegasys	\$1,190.09	\$1,368.60
	180	MCG/ML (1ML)	MCG	peginterferon alfa-2a	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,190.09	\$1,368.60



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PEGASYS PROCLICK</b>							
	135/0.5	MCG/ML (0.5 ML)	AUTOINJECTOR	peginterferon alfa-2a	Genentech Access Solutions-Pegasys	\$4,760.35	\$5,474.40
	180/0.5	MCG/ML (0.5ML)	AUTOINJECTOR	peginterferon alfa-2a	Genentech Access Solutions-Pegasys	\$4,760.35	\$5,474.40
	135/0.5	MCG/ML (0.5 ML)	AUTOINJECTOR	peginterferon alfa-2a	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$4,760.35	\$5,474.40
	180/0.5	MCG/ML (0.5ML)	AUTOINJECTOR	peginterferon alfa-2a	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$4,760.35	\$5,474.40
<b>PENNSAID TOPICAL SOLUTION</b>							
	2	% (112 GM)	GM	DICLOFENAC SODIUM	Horizon Patient Assistance Program	\$2,716.02	\$3,123.42
<b>PENTASA</b>							
	250	MG	CAPSULE(S)	MESALAMINE	Shire Cares Patient Assistance & Support Program	\$772.12	\$887.94
	500	MG	CAPSULE(S)	MESALAMINE	Shire Cares Patient Assistance & Support Program	\$772.12	\$887.94
<b>PENTOXIFYLLINE (BRAND: TRENTAL)</b>							
	400	MG	TABLET(S)	PENTOXIFYLLINE	Rx Outreach	\$149.82	\$172.29
	400	MG	TABLET(S)	PENTOXIFYLLINE	Xubex Preferred Network Program	\$149.82	\$172.29
<b>PERINDOPRIL (BRAND: ACEON)</b>							
	2	MG	TABLET(S)	perindopril erbumine	Xubex Preferred Network Program	\$189.77	\$218.24
	4	MG	TABLET(S)	perindopril erbumine	Xubex Preferred Network Program	\$221.27	\$254.46
	8	MG	TABLET(S)	perindopril erbumine	Xubex Preferred Network Program	\$268.76	\$309.07

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PERJETA</b>							
	30	MG/ML (14 ML)	MG	pertuzumab	Genentech Access to Solutions-Infused Products	\$5,504.64	\$6,330.34
<b>PERPHENAZINE (BRAND: TRILAFON)</b>							
	16	MG	TABLET(S)	perphenazine	Rx Outreach	\$389.93	\$448.42
	2	MG	TABLET(S)	perphenazine	Rx Outreach	\$174.57	\$200.76
	4	MG	TABLET(S)	perphenazine	Rx Outreach	\$238.95	\$274.79
	8	MG	TABLET(S)	perphenazine	Rx Outreach	\$289.93	\$333.42
	16	MG	TABLET(S)	perphenazine	Xubex Preferred Network Program	\$389.93	\$448.42
	2	MG	TABLET(S)	perphenazine	Xubex Preferred Network Program	\$174.57	\$200.76
	4	MG	TABLET(S)	perphenazine	Xubex Preferred Network Program	\$238.95	\$274.79
	8	MG	TABLET(S)	perphenazine	Xubex Preferred Network Program	\$289.93	\$333.42
<b>PERTZYE (Qty: 100)</b>							
	30250-8000-28750	U-U-U	CAPSULE(S)	amylase/lipase/protease	Chiesi CAREDIRECT	\$263.75	\$303.31
	60500-16000-57500	U-U-U	CAPSULE(S)	amylase/lipase/protease	Chiesi CAREDIRECT	\$527.50	\$606.63
<b>PERTZYE (Qty: 250)</b>							
	30250-8000-28750	U-U-U	CAPSULE(S)	amylase/lipase/protease	Chiesi CAREDIRECT	\$659.38	\$758.29
	60500-16000-57500	U-U-U	CAPSULE(S)	amylase/lipase/protease	Chiesi CAREDIRECT	\$1,318.75	\$1,516.56
<b>PHENOBARBITAL (BRAND: PHENOBARBITAL)</b>							
	16.2	MG	TABLET(S)	PHENOBARBITAL	Xubex Preferred Network Program	\$53.44	\$61.46
	32.4	MG	TABLET(S)	PHENOBARBITAL	Xubex Preferred Network Program	\$67.50	\$77.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PHENOBARBITAL (BRAND: PHENOBARBITAL)</b>							
	64.8	MG	TABLET(S)	PHENOBARBITAL	Xubex Preferred Network Program	\$84.38	\$97.04
	97.2	MG	TABLET(S)	PHENOBARBITAL	Xubex Preferred Network Program	\$119.03	\$136.88
<b>PHENYTOIN SODIUM (BRAND: DILANTIN)</b>							
*	100	MG	TABLET(S)	PHENYTOIN SODIUM	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$33.88	\$38.96
	100	MG	TABLET(S)	PHENYTOIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$33.88	\$38.96
	100	MG	TABLET(S)	PHENYTOIN SODIUM	Rx Outreach	\$33.88	\$38.96
	100	MG	TABLET(S)	PHENYTOIN SODIUM	Xubex Preferred Network Program	\$33.88	\$38.96
<b>PHOSLO</b>							
	667	MG	CAPSULE(S)	CALCIUM ACETATE	PhosLo Patient Assistance Program	\$168.43	\$193.69
<b>PHOSLYRA</b>							
	667	MG/5ML (473 ML)	SOL	Calcium Acetate	Fresenius Phoslyra & Velphoro Patient Assistance Program	\$153.62	\$176.66
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION</b>							
	0.125	%	DROP(S)	ECHOTHIOPHATE IODIDE	Pfizer RxPathways	\$106.40	\$122.36
<b>PILOPINE-HS</b>							
	4	% 4gm	GEL/JELLY	PILOCARPINE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$109.50	\$125.93
<b>PIOGLITAZONE HCL (BRAND: ACTOS)</b>							
	15	MG	TABLET (S)	PIOGLITAZONE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$631.19	\$725.87

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PIOGLITAZONE HCL (BRAND: ACTOS)</b>							
	30	MG	TABLET (S)	PIOGLITAZONE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$321.55	\$369.78
	45	MG	TABLET (S)	PIOGLITAZONE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,046.41	\$1,203.37
	15	MG	TABLET (S)	PIOGLITAZONE HCL	Rx Outreach	\$631.19	\$725.87
	30	MG	TABLET (S)	PIOGLITAZONE HCL	Rx Outreach	\$321.55	\$369.78
	45	MG	TABLET (S)	PIOGLITAZONE HCL	Rx Outreach	\$1,046.41	\$1,203.37
	15	MG	TABLET (S)	PIOGLITAZONE HCL	Welvista - South Carolina Residents Only	\$631.19	\$725.87
	30	MG	TABLET (S)	PIOGLITAZONE HCL	Welvista - South Carolina Residents Only	\$321.55	\$369.78
	45	MG	TABLET (S)	PIOGLITAZONE HCL	Welvista - South Carolina Residents Only	\$1,046.41	\$1,203.37
	15	MG	TABLET (S)	PIOGLITAZONE HCL	Xubex Preferred Network Program	\$631.19	\$725.87
	30	MG	TABLET (S)	PIOGLITAZONE HCL	Xubex Preferred Network Program	\$321.55	\$369.78
	45	MG	TABLET (S)	PIOGLITAZONE HCL	Xubex Preferred Network Program	\$1,046.41	\$1,203.37
<b>PIROXICAM (BRAND: FELDENE)</b>							
	10	MG	CAPSULE(S)	PIROXICAM	Xubex Preferred Network Program	\$260.48	\$299.55
	20	MG	CAPSULE(S)	PIROXICAM	Xubex Preferred Network Program	\$448.63	\$515.92
<b>PLAQUENIL</b>							
	200	MG	TABLET(S)	HYDROXYCHLOROQUINE SULFATE	Rx Outreach	\$1,028.96	\$1,183.30
<b>PLAVIX</b>							
*	75	MG	TABLET(S)	CLOPIDOGREL HYDROGEN SULFATE	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$696.11	\$800.53

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PNEUMOVAX 23 (1 5-DOSE VIAL)</b>							
	2.5	ML	VIAL	PNEUMOCOCCAL VACCINE POLYVALENT	Merck Vaccine Patient Assistance Program	\$434.28	\$499.42
<b>PNEUMOVAX 23 (10 5-DOSEVIALS)</b>							
	2.5	ML	ML	PNEUMOCOCCAL VACCINE POLYVALENT	Merck Vaccine Patient Assistance Program	\$1,596.54	\$1,836.02
<b>PNEUMOVAX 23 (10 VIALS)</b>							
	0.5	ML	VIAL	PNEUMOCOCCAL VACCINE POLYVALENT	Merck Vaccine Patient Assistance Program	\$1,040.52	\$1,196.60
	0.5	ML	VIAL	PNEUMOCOCCAL VACCINE POLYVALENT	Welvista - South Carolina Residents Only	\$1,040.52	\$1,196.60
<b>POMALYST</b>							
	1	MG	CAPSULE(S)	pomalidomide	Celgene Patient Support	\$83,004.48	\$95,455.15
	2	MG	CAPSULE(S)	pomalidomide	Celgene Patient Support	\$83,004.48	\$95,455.15
	3	MG	CAPSULE(S)	pomalidomide	Celgene Patient Support	\$83,004.48	\$95,455.15
	4	MG	CAPSULE(S)	pomalidomide	Celgene Patient Support	\$83,004.48	\$95,455.15
<b>PORTRAZZA</b>							
	16	MG	VIAL	necitumumab	Lilly Patient Assistance Program for Oncology	\$4,896.00	\$5,630.40
<b>POTABA</b>							
	0.5	GM	CAPSULE(S)	AMINO BENZOATE POTASSIUM	Glenwood Compassionate Drug Program	\$170.16	\$195.68
<b>POTASSIUM CHLORIDE ER</b>							
	8	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach	\$17.74	\$20.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>POTASSIUM CHLORIDE ER</b>							
	8	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$17.74	\$20.40
<b>POTASSIUM CHLORIDE ER (BRAND: K-DUR/KLOR-CON)</b>							
	20	MEQ	TABLET(S)	POTASSIUM CHLORIDE	NC MedAssist - North Carolina Residents Only	\$56.46	\$64.93
	20	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach	\$56.46	\$64.93
	20	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$56.46	\$64.93
	20	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Xubex Preferred Network Program	\$56.46	\$64.93
<b>POTASSIUM CHLORIDE ER (BRAND: KLOR-CON)</b>							
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$53.64	\$61.69
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	NC MedAssist - North Carolina Residents Only	\$53.64	\$61.69
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach	\$53.64	\$61.69
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$53.64	\$61.69
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Welvista - South Carolina Residents Only	\$53.64	\$61.69
	10	MEQ	TABLET(S)	POTASSIUM CHLORIDE	Xubex Preferred Network Program	\$53.64	\$61.69
<b>POTASSIUM CITRATE (BRAND: CYTRA-K)</b>							
	1080	MG (10 MEQ)	TABLET(S)	POTASSIUM CITRATE	Rx Outreach	\$153.33	\$176.33
	540	MG (5 MEQ)	TABLET(S)	POTASSIUM CITRATE	Rx Outreach	\$109.40	\$125.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRADAXA</b>							
	150	MG	CAPSULE(S)	DABIGATRAN ETEXILATE MESYLATE	Boehringer Ingelheim Cares Foundation Inc.	\$455.08	\$523.34
	75	MG	CAPSULE(S)	DABIGATRAN ETEXILATE MESYLATE	Boehringer Ingelheim Cares Foundation Inc.	\$455.08	\$523.34
	150	MG	CAPSULE(S)	DABIGATRAN ETEXILATE MESYLATE	Xubex Free Trial 30 Day Medication Supply	\$455.08	\$523.34
	75	MG	CAPSULE(S)	DABIGATRAN ETEXILATE MESYLATE	Xubex Free Trial 30 Day Medication Supply	\$455.08	\$523.34
<b>PRALUENT PRE-FILLED PEN</b>							
	150	MG/1 ML (1ML)	PEN	alirocumab	MyPraluent	\$1,344.00	\$1,545.60
	75	MG/1 ML (1ML)	PEN	alirocumab	MyPraluent	\$1,344.59	\$1,546.28
<b>PRALUENT PRE-FILLED SYRINGE</b>							
	150	MG/1 ML (1ML)	SYRINGE	alirocumab	MyPraluent	\$1,344.00	\$1,545.60
	75	MG/ML (1ML)	SYRINGE	alirocumab	MyPraluent	\$1,344.00	\$1,545.60
<b>PRAMIPEXOLE (BRAND: MIRAPEX)</b>							
	0.125	MG	TABLET(S)	PRAMIPEXOLE	Rx Outreach	\$265.18	\$304.96
	0.25	MG	TABLET(S)	PRAMIPEXOLE	Rx Outreach	\$265.18	\$304.96
	0.5	MG	TABLET(S)	PRAMIPEXOLE	Rx Outreach	\$265.18	\$304.96
	1	MG	TABLET(S)	PRAMIPEXOLE	Rx Outreach	\$265.18	\$304.96
	1.5	MG	TABLET(S)	PRAMIPEXOLE	Rx Outreach	\$265.18	\$304.96
	0.125	MG	TABLET(S)	PRAMIPEXOLE	Xubex Preferred Network Program	\$265.18	\$304.96
	0.25	MG	TABLET(S)	PRAMIPEXOLE	Xubex Preferred Network Program	\$265.18	\$304.96

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRAMIPEXOLE (BRAND: MIRAPEX)</b>							
	0.5	MG	TABLET(S)	PRAMIPEXOLE	Xubex Preferred Network Program	\$265.18	\$304.96
	1	MG	TABLET(S)	PRAMIPEXOLE	Xubex Preferred Network Program	\$265.18	\$304.96
	1.5	MG	TABLET(S)	PRAMIPEXOLE	Xubex Preferred Network Program	\$265.18	\$304.96
<b>PRAMIPEXOLE DIHYDROCHLORIDE (BRAND: MIRAPEX)</b>							
	0.75	MG	TABLET(S)	PRAMIPEXOLE DIHYDROCHLORIDE	Xubex Preferred Network Program	\$265.18	\$304.96
<b>PRAMOSONE CREAM</b>							
	1-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$185.53	\$213.36
	2.5-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$78.08	\$89.79
<b>PRAMOSONE LOTION</b>							
	1-1	%-% (60 ML)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$187.62	\$215.76
	2.5-1	%-% (60 ML)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$235.38	\$270.69
<b>PRAMOSONE OINTMENT</b>							
	1-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$176.50	\$202.98



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRAMOSONE OINTMENT</b>							
	2.5-1	%-% (30 GM)	APPLICATION	HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE	Ferndale Laboratories Patient Assistance Program	\$183.85	\$211.43
<b>PRAVACHOL</b>							
*	10	MG	TABLET(S)	PRAVASTATIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$386.54	\$444.52
*	20	MG	TABLET(S)	PRAVASTATIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$416.36	\$478.81
*	40	MG	TABLET(S)	PRAVASTATIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$610.99	\$702.64
*	80	MG	TABLET(S)	PRAVASTATIN SODIUM	Bristol-Myers Squibb Patient Assistance Foundation, Inc.	\$610.99	\$702.64
	20	MG	TABLET(S)	PRAVASTATIN SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$416.36	\$478.81
	40	MG	TABLET(S)	PRAVASTATIN SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$610.99	\$702.64
	80	MG	TABLET(S)	PRAVASTATIN SODIUM	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$610.99	\$702.64
<b>PRAVASTATIN (BRAND: PRAVACHOL)</b>							
	10	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach	\$289.36	\$332.76
	20	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach	\$294.04	\$338.15
	40	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach	\$431.50	\$496.23
	80	MG	TABLET(S)	PRAVASTATIN	Rx Outreach	\$431.50	\$496.23
	10	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$289.36	\$332.76

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRAVASTATIN (BRAND: PRAVACHOL)</b>							
	20	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$294.04	\$338.15
	40	MG	TABLET(S)	PRAVASTATIN SODIUM	Rx Outreach Preferred Clinic Discount Pricing Program	\$431.50	\$496.23
	80	MG	TABLET(S)	PRAVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$431.50	\$496.23
	10	MG	TABLET(S)	PRAVASTATIN SODIUM	Xubex Preferred Network Program	\$289.36	\$332.76
	20	MG	TABLET(S)	PRAVASTATIN SODIUM	Xubex Preferred Network Program	\$294.04	\$338.15
	40	MG	TABLET(S)	PRAVASTATIN SODIUM	Xubex Preferred Network Program	\$431.50	\$496.23
	80	MG	TABLET(S)	PRAVASTATIN	Xubex Preferred Network Program	\$431.50	\$496.23
<b>PRAZOSIN HCL (BRAND: MINIPRESS)</b>							
	1	MG	CAPSULE(S)	PRAZOSIN HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$95.25	\$109.54
	2	MG	CAPSULE(S)	PRAZOSIN HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$127.29	\$146.38
	1	MG	CAPSULE(S)	PRAZOSIN HCL	Rx Outreach	\$95.25	\$109.54
	2	MG	CAPSULE(S)	PRAZOSIN HCL	Rx Outreach	\$127.29	\$146.38
	5	MG	CAPSULE(S)	PRAZOSIN HCL	Rx Outreach	\$229.53	\$263.96
	1	MG	CAPSULE(S)	PRAZOSIN HCL	Xubex Preferred Network Program	\$95.25	\$109.54
	2	MG	CAPSULE(S)	PRAZOSIN HCL	Xubex Preferred Network Program	\$127.29	\$146.38
	5	MG	CAPSULE(S)	PRAZOSIN HCL	Xubex Preferred Network Program	\$229.53	\$263.96

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRED FORTE</b>							
	1	% (10 ML)	DROP (S)	PREDNISOLONE ACETATE	Allergan Patient Assistance Program - Eye & Dermatology	\$303.98	\$349.58
<b>PREDNISONONE (BRAND: Meticorten, Sterapred, Sterapred DS)</b>							
	10	MG	TABLET(S)	PREDNISONONE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$24.28	\$27.92
	5	MG	TABLET(S)	PREDNISONONE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$22.61	\$26.00
	1	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$27.81	\$31.98
	10	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$24.28	\$27.92
	2.5	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$18.14	\$20.86
	20	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$25.90	\$29.79
	5	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$22.61	\$26.00
	50	MG	TABLET(S)	PREDNISONONE	NC MedAssist - North Carolina Residents Only	\$40.70	\$46.81
	10	MG	TABLET(S)	PREDNISONONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$24.28	\$27.92
	5	MG	TABLET(S)	PREDNISONONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$22.61	\$26.00
	1	MG	TABLET(S)	PREDNISONONE	Rx Outreach	\$27.81	\$31.98
	10	MG	TABLET(S)	PREDNISONONE	Rx Outreach	\$24.28	\$27.92
	2.5	MG	TABLET(S)	PREDNISONONE	Rx Outreach	\$18.14	\$20.86
	20	MG	TABLET(S)	PREDNISONONE	Rx Outreach	\$25.90	\$29.79
	5	MG	TABLET(S)	PREDNISONONE	Rx Outreach	\$22.61	\$26.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREDNISON (BRAND: Meticorten, Sterapred, Sterapred DS)</b>							
	50	MG	TABLET(S)	PREDNISON	Rx Outreach	\$40.70	\$46.81
	1	MG	TABLET(S)	PREDNISON	Xubex Preferred Network Program	\$27.81	\$31.98
	10	MG	TABLET(S)	PREDNISON	Xubex Preferred Network Program	\$24.28	\$27.92
	2.5	MG	TABLET(S)	PREDNISON	Xubex Preferred Network Program	\$18.14	\$20.86
	20	MG	TABLET(S)	PREDNISON	Xubex Preferred Network Program	\$25.90	\$29.79
	5	MG	TABLET(S)	PREDNISON	Xubex Preferred Network Program	\$22.61	\$26.00
<b>PREMARIN</b>							
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$623.89	\$717.47
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$623.89	\$717.47
	0.9	MG	TABLET(S)	CONJUGATED ESTROGENS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$623.89	\$717.47
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$623.89	\$717.47
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$623.89	\$717.47
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$623.89	\$717.47
	0.9	MG	TABLET(S)	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$623.89	\$717.47
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$623.89	\$717.47
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS	Pfizer RxPathways	\$623.89	\$717.47
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS	Pfizer RxPathways	\$623.89	\$717.47
	0.9	MG	TABLET(S)	CONJUGATED ESTROGENS	Pfizer RxPathways	\$623.89	\$717.47

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREMARIN</b>							
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS	Pfizer RxPathways	\$623.89	\$717.47
	0.45	MG	TABLET(S)	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$623.89	\$717.47
	0.625	MG	TABLET(S)	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$623.89	\$717.47
	0.9	MG	TABLET(S)	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$623.89	\$717.47
	1.25	MG	TABLET(S)	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$623.89	\$717.47
<b>PREMARIN</b>							
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$623.89	\$717.47
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$623.89	\$717.47
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS	Pfizer RxPathways	\$623.89	\$717.47
	0.3	MG	TABLET(S)	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$623.89	\$717.47
<b>PREMARIN VAGINAL</b>							
	0.625	MG/GM (30 GM)	GRAM	CONJUGATED ESTROGENS	NC MedAssist - North Carolina Residents Only	\$414.49	\$476.66
	0.625	MG/GM (30 GM)	GRAM	CONJUGATED ESTROGENS	Pfizer RxPathways	\$414.49	\$476.66
	0.625	MG/GM (30 GM)	GRAM	CONJUGATED ESTROGENS	Welvista - South Carolina Residents Only	\$414.49	\$476.66
<b>PREMPHASE</b>							
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$214.30	\$246.45
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Pfizer RxPathways	\$214.30	\$246.45

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREMPHASE</b>							
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Welvista - South Carolina Residents Only	\$214.30	\$246.45
<b>PREMPRO</b>							
	0.3/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$214.30	\$246.45
	0.45/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$214.30	\$246.45
	0.625/2.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$214.30	\$246.45
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	NC MedAssist - North Carolina Residents Only	\$214.30	\$246.45
	0.3/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Pfizer RxPathways	\$214.30	\$246.45
	0.45/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Pfizer RxPathways	\$214.30	\$246.45
	0.625/2.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Pfizer RxPathways	\$214.30	\$246.45

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREMPRO</b>							
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Pfizer RxPathways	\$214.30	\$246.45
	0.3/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Welvista - South Carolina Residents Only	\$214.30	\$246.45
	0.45/1.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Welvista - South Carolina Residents Only	\$214.30	\$246.45
	0.625/2.5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Welvista - South Carolina Residents Only	\$214.30	\$246.45
	0.625/5	MG/MG	TABLET(S)	CONJUGATED ESTROGENS/MEDROXYPROGES TERONE ACETATE	Welvista - South Carolina Residents Only	\$214.30	\$246.45
<b>PREVACID SOLUTAB</b>							
	15	MG	TABLET(S)	LANSOPRAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,660.38	\$1,909.44
	30	MG	TABLET(S)	LANSOPRAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,660.38	\$1,909.44
	15	MG	TABLET(S)	LANSOPRAZOLE	Takeda Patient Assistance Program	\$1,660.38	\$1,909.44
	30	MG	TABLET(S)	LANSOPRAZOLE	Takeda Patient Assistance Program	\$1,660.38	\$1,909.44
<b>PREVALITE</b>							
	4/5.5	GM/GM (231 GM CAN)	CAN	cholestyramine	Rx Outreach	\$137.03	\$157.58

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREVALITE POWDER</b>							
	4/5.5	GM/GM (42 PACKETS)	PACKET(S)	cholestyramine	Rx Outreach	\$214.51	\$246.69
<b>PREVNAR 13</b>							
	n/a	n/a (0.5 ML)	SYRINGE	pneumococcal 13-valent vaccine, diphtheria conjug	Pfizer RxPathways	\$209.11	\$240.48
<b>PREVYMIS</b>							
	240	MG	TABLET(S)	letermovir	Merck Access Program for Prevymis	\$6,552.00	\$7,534.80
	480	MG	TABLET(S)	letermovir	Merck Access Program for Prevymis	\$6,552.00	\$7,534.80
<b>PREZCOBIX</b>							
	150-800	MG	TABLET(S)	cobicistat/darunavir	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$2,009.23	\$2,310.61
	150-800	MG	TABLET(S)	cobicistat/darunavir	Johnson & Johnson Patient Assistance Foundation	\$2,009.23	\$2,310.61
	150-800	MG	TABLET(S)	cobicistat/darunavir	Johnson & Johnson Patient Assistance Foundation-Card Program	\$2,009.23	\$2,310.61
<b>PREZISTA</b>							
	600	MG	TABLET(S)	DARUNAVIR ETHANOLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,757.74	\$2,021.40
	800	MG	TABLET(S)	DARUNAVIR ETHANOLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,757.77	\$2,021.44
	300	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,039.81	\$1,195.78
	600	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,757.74	\$2,021.40



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREZISTA</b>							
	800	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,757.77	\$2,021.44
	300	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation	\$1,039.81	\$1,195.78
	600	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation	\$1,757.74	\$2,021.40
	800	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation	\$1,757.77	\$2,021.44
	300	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,039.81	\$1,195.78
	600	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,757.74	\$2,021.40
	800	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,757.77	\$2,021.44
<b>PREZISTA</b>							
	150	MG	TABLET(S)	DARUNAVIR ETHANOLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,757.66	\$2,021.31
	75	MG	TABLET(S)	DARUNAVIR ETHANOLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,757.95	\$2,021.64
	150	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation	\$1,757.66	\$2,021.31
	75	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation	\$1,757.95	\$2,021.64
	150	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,757.66	\$2,021.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PREZISTA</b>							
	75	MG	TABLET(S)	DARUNAVIR ETHANOLATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,757.95	\$2,021.64
<b>PRIALT</b>							
	100	MCG/ML (1ML)	MCG	ZICONOTIDE	Jazz Express Pain Information Center for Prialt	\$859.26	\$988.15
	25	MCG/ML (20 ML)	MCG	ZICONOTIDE	Jazz Express Pain Information Center for Prialt	\$4,296.30	\$4,940.75
<b>PRIFTIN</b>							
	150	MG	TABLET(S)	RIFAPENTINE	Sanofi Patient Connection	\$145.86	\$167.74
<b>PRIMAQUINE PHOSPHATE</b>							
	26.3	MG	TABLET(S)	PRIMAQUINE PHOSPHATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$202.14	\$232.46
<b>PRIMAXIN IM</b>							
	500/500	MG/MG	MG	CILASTATIN SODIUM/IMIPENEM	Merck Hotline for Invanz, Primaxin and Caudas	\$391.79	\$450.56
<b>PRIMAXIN IV</b>							
	250/250	MG/MG	MG	CILASTATIN SODIUM/IMIPENEM	Merck Hotline for Invanz, Primaxin and Caudas	\$520.39	\$598.45
	500/500	MG/MG	MG	CILASTATIN SODIUM/IMIPENEM	Merck Hotline for Invanz, Primaxin and Caudas	\$979.54	\$1,126.47
<b>PRIMAXIN IV (ADD-VANTAGE)</b>							
	250/250	MG/MG	MG	CILASTATIN SODIUM/IMIPENEM	Merck Hotline for Invanz, Primaxin and Caudas	\$550.68	\$633.28
	500/500	MG/MG	MG	CILASTATIN SODIUM/IMIPENEM	Merck Hotline for Invanz, Primaxin and Caudas	\$1,017.85	\$1,170.53

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRIMIDONE (BRAND: MYSOLINE)</b>							
	250	MG	TABLET(S)	PRIMIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$99.60	\$114.54
	50	MG	TABLET(S)	PRIMIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$46.49	\$53.46
	250	MG	TABLET(S)	PRIMIDONE	Rx Outreach	\$99.60	\$114.54
	50	MG	TABLET(S)	PRIMIDONE	Rx Outreach	\$46.49	\$53.46
	250	MG	TABLET(S)	PRIMIDONE	Xubex Preferred Network Program	\$99.60	\$114.54
	50	MG	TABLET(S)	PRIMIDONE	Xubex Preferred Network Program	\$46.49	\$53.46
<b>PRIMLEV</b>							
	300-10	MG-MG	TABLET(S)	acetaminophen/oxycodone hydrochloride	Akrimax Patient Assistance Program	\$2,210.45	\$2,542.02
	300-5	MG-MG	TABLET(S)	acetaminophen/oxycodone hydrochloride	Akrimax Patient Assistance Program	\$2,210.45	\$2,542.02
	300-7.5	MG-MG	TABLET(S)	acetaminophen/oxycodone hydrochloride	Akrimax Patient Assistance Program	\$2,210.45	\$2,542.02
<b>PRISTIQ</b>							
	100	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	NC MedAssist - North Carolina Residents Only	\$1,255.61	\$1,443.95
	50	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	NC MedAssist - North Carolina Residents Only	\$1,255.61	\$1,443.95
	100	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	Pfizer RxPathways	\$1,255.61	\$1,443.95
	50	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	Pfizer RxPathways	\$1,255.61	\$1,443.95
	100	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	Welvista - South Carolina Residents Only	\$1,255.61	\$1,443.95
	50	MG	TABLET(S)	DESVENLAFAXINE SUCCINATE	Welvista - South Carolina Residents Only	\$1,255.61	\$1,443.95

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PRIVIGEN</b>							
	10	% (50 ML)	INJECTION	IMMUNE GLOBULIN	CSL Behring Patient Assistance Program	\$792.00	\$910.80
<b>PROAIR HFA</b>							
	0.09	MG/ACTUATION (8.5GM)	PUFF(S)	ALBUTEROL SULFATE	Teva Cares Foundation Patient Assistance Program	\$67.44	\$77.56
	0.09	MG/ACTUATION (8.5GM)	PUFF(S)	ALBUTEROL SULFATE	Xubex Free Trial 30 Day Medication Supply	\$67.44	\$77.56
<b>PROAIR RESPICLICK</b>							
	117	MCG/ACTUATION	PUFF(S)	albuterol sulfate	Rx Outreach	\$63.62	\$73.16
	117	MCG/ACTUATION	PUFF(S)	albuterol sulfate	Teva Cares Foundation Patient Assistance Program	\$63.62	\$73.16
<b>PROCARDIA</b>							
*	10	MG	CAPSULE(S)	NIFEDIPINE	Pfizer RxPathways	\$275.15	\$316.42
	10	MG	CAPSULE(S)	NIFEDIPINE	Welvista - South Carolina Residents Only	\$275.15	\$316.42
<b>PROCARDIA XL</b>							
	30	MG	TABLET(S)	NIFEDIPINE	NC MedAssist - North Carolina Residents Only	\$679.49	\$781.41
	60	MG	TABLET(S)	NIFEDIPINE	NC MedAssist - North Carolina Residents Only	\$1,175.84	\$1,352.22
	90	MG	TABLET(S)	NIFEDIPINE	NC MedAssist - North Carolina Residents Only	\$1,356.66	\$1,560.16
	30	MG	TABLET(S)	NIFEDIPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$679.49	\$781.41
	60	MG	TABLET(S)	NIFEDIPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,175.84	\$1,352.22
	90	MG	TABLET(S)	NIFEDIPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,356.66	\$1,560.16

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROCARDIA XL</b>							
	30	MG	TABLET(S)	NIFEDIPINE	Pfizer RxPathways	\$679.49	\$781.41
	60	MG	TABLET(S)	NIFEDIPINE	Pfizer RxPathways	\$1,175.84	\$1,352.22
	90	MG	TABLET(S)	NIFEDIPINE	Pfizer RxPathways	\$1,356.66	\$1,560.16
	30	MG	TABLET(S)	NIFEDIPINE	Welvista - South Carolina Residents Only	\$679.49	\$781.41
	60	MG	TABLET(S)	NIFEDIPINE	Welvista - South Carolina Residents Only	\$1,175.84	\$1,352.22
	90	MG	TABLET(S)	NIFEDIPINE	Welvista - South Carolina Residents Only	\$1,356.66	\$1,560.16
<b>PROCHLORPERAZINE (BRAND: COMPAZINE)</b>							
	10	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$157.34	\$180.94
	5	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$104.71	\$120.42
	10	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$157.34	\$180.94
	5	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$104.71	\$120.42
	10	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Rx Outreach	\$157.34	\$180.94
	5	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Rx Outreach	\$104.71	\$120.42
	10	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Xubex Preferred Network Program	\$157.34	\$180.94
	5	MG	TABLET(S)	PROCHLORPERAZINE MALEATE	Xubex Preferred Network Program	\$104.71	\$120.42
<b>PROCRIT</b>							
	10000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,765.44	\$2,030.26

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROCRIT</b>							
	2000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$353.09	\$406.05
	20000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$2,353.92	\$2,707.01
	3000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$529.63	\$609.07
	4000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$706.18	\$812.11
	40000	u/ml (1 ml)	VIAL(S)	EPOETIN ALFA	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$4,707.84	\$5,414.02
	10000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,765.44	\$2,030.26
	2000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$353.09	\$406.05
	20000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$2,353.92	\$2,707.01
	3000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$529.63	\$609.07
	4000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$706.18	\$812.11
	40000	u/ml (1 ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Hospital Access Patient Assistance Program	\$4,707.84	\$5,414.02
	10000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$1,765.44	\$2,030.26
	2000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$353.09	\$406.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROCRIT</b>							
	20000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$2,353.92	\$2,707.01
	3000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$529.63	\$609.07
	4000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$706.18	\$812.11
	40000	u/ml (1 ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation	\$4,707.84	\$5,414.02
	10000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,765.44	\$2,030.26
	2000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$353.09	\$406.05
	20000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$2,353.92	\$2,707.01
	3000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$529.63	\$609.07
	4000	u/ml (1ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$706.18	\$812.11
	40000	u/ml (1 ml)	VIAL(S)	EPOETIN ALFA	Johnson & Johnson Patient Assistance Foundation-Card Program	\$4,707.84	\$5,414.02
<b>PROCTOCORT</b>							
*	1	%	CRE	HYDROCORTISONE	Salix Patient Assistance Program	\$674.46	\$775.63
*	30	MG	SUPPOSITORY	HYDROCORTISONE ACETATE	Salix Patient Assistance Program	\$749.68	\$862.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROCTOFOAM-HC</b>							
	1-1	%-% (10 GM)	APPLICATION(S)	hydrocortisone acetate/pramoxine hydrochloride	Mylan Proctofoam HC Patient Assistance Program	\$157.14	\$180.71
<b>PROCYSBI</b>							
	25	MG	CAPSULE(S)	cysteamine bitartrate	RaptorCares	\$6,032.16	\$6,936.98
	75	MG	CAPSULE(S)	cysteamine bitartrate	RaptorCares	\$25,134.00	\$28,904.10
<b>PROGLYCEM</b>							
	50	MG/ML (30 ML)	ML	DIAZOXIDE	Teva Cares Foundation Patient Assistance Program	\$341.40	\$392.61
<b>PROGRAF</b>							
	0.5	MG	CAPSULE(S)	TACROLIMUS	Astellas Access Program for Prograf	\$328.78	\$378.10
	1	MG	CAPSULE(S)	TACROLIMUS	Astellas Access Program for Prograf	\$657.54	\$756.17
	5	MG	CAPSULE(S)	TACROLIMUS	Astellas Access Program for Prograf	\$3,287.72	\$3,780.88
<b>PROLENSA</b>							
	0.07	% (3 ML)	DROP(S)	bromfenac sodium	Valeant Patient Assistance Program-Bausch & Lomb Products	\$276.97	\$318.52
<b>PROLIA</b>							
	60	MG/ML (1 ML)	INJECTION	DENOSUMAB	Amgen Safety Net Foundation	\$1,293.06	\$1,487.02
<b>PROMACTA</b>							
	12.5	MG	TABLET(S)	eltrombopag olamine	Novartis Patient Assistance Now Oncology Program	\$4,408.66	\$5,069.96
	25	MG	TABLET(S)	ELTROMBOPAG OLAMINE	Novartis Patient Assistance Now Oncology Program	\$4,408.66	\$5,069.96



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROMACTA</b>							
	50	MG	TABLET(S)	ELTROMBOPAG OLAMINE	Novartis Patient Assistance Now Oncology Program	\$8,202.13	\$9,432.45
	75	MG	TABLET(S)	ELTROMBOPAG OLAMINE	Novartis Patient Assistance Now Oncology Program	\$12,303.22	\$14,148.70
<b>PROMETHAZINE (BRAND: PHENERGAN)</b>							
	25	MG	TABLET(S)	promethazine hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$50.64	\$58.24
	50	MG	TABLET(S)	promethazine hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$77.62	\$89.26
	25	MG	TABLET(S)	promethazine hydrochloride	NC MedAssist - North Carolina Residents Only	\$50.64	\$58.24
	25	MG	TABLET(S)	promethazine hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$50.64	\$58.24
	25	MG	TABLET(S)	promethazine hydrochloride	Welvista - South Carolina Residents Only	\$50.64	\$58.24
	25	MG	TABLET(S)	promethazine hydrochloride	Xubex Preferred Network Program	\$50.64	\$58.24
	50	MG	TABLET(S)	promethazine hydrochloride	Xubex Preferred Network Program	\$77.62	\$89.26
<b>PROMETHAZINE HCL SYRUP (BRAND: PHENERGAN)</b>							
	6.25/5	MG/ML (473 ML)	ML	promethazine hydrochloride	Xubex Preferred Network Program	\$22.19	\$25.52
<b>PROMETRIUM</b>							
*	100	MG	CAPSULE(S)	PROGESTERONE	AbbVie Patient Assistance Program	\$402.91	\$463.35
<b>PROPAFENONE HCL (BRAND: RYTHMOL)</b>							
*	150	MG	TABLET(S)	PROPAFENONE HCL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$163.58	\$188.12

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROPAFENONE HCL (BRAND: RYTHMOL)</b>							
*	225	MG	TABLET(S)	PROPAFENONE HCL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$232.94	\$267.88
*	300	MG	TABLET(S)	PROPAFENONE HCL	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$296.99	\$341.54
	225	MG	TABLET(S)	PROPAFENONE HCL	Rx Outreach	\$232.94	\$267.88
	300	MG	TABLET(S)	PROPAFENONE HCL	Rx Outreach	\$296.99	\$341.54
	150	MG	TABLET(S)	PROPAFENONE HCL	Rx Outreach	\$163.58	\$188.12
	150	MG	TABLET(S)	PROPAFENONE HCL	Xubex Patient Assistance Program	\$163.58	\$188.12
	225	MG	TABLET(S)	PROPAFENONE HCL	Xubex Patient Assistance Program	\$232.94	\$267.88
	150	MG	TABLET(S)	PROPAFENONE HCL	Xubex Preferred Network Program	\$163.58	\$188.12
	225	MG	TABLET(S)	PROPAFENONE HCL	Xubex Preferred Network Program	\$232.94	\$267.88
	300	MG	TABLET(S)	PROPAFENONE HCL	Xubex Preferred Network Program	\$296.99	\$341.54
<b>PROPRANOLOL (BRAND: INDERAL)</b>							
	10	MG	TABLET(S)	PROPRANOLOL	Rx Outreach	\$40.76	\$46.87
	20	MG	TABLET(S)	PROPRANOLOL	Rx Outreach	\$50.95	\$58.59
	40	MG	TABLET(S)	PROPRANOLOL	Rx Outreach	\$71.59	\$82.33
	80	MG	TABLET(S)	PROPRANOLOL	Rx Outreach	\$89.67	\$103.12
	10	MG	TABLET(S)	PROPRANOLOL	Xubex Preferred Network Program	\$40.76	\$46.87
	20	MG	TABLET(S)	PROPRANOLOL	Xubex Preferred Network Program	\$50.95	\$58.59
	40	MG	TABLET(S)	PROPRANOLOL	Xubex Preferred Network Program	\$71.59	\$82.33
	80	MG	TABLET(S)	PROPRANOLOL	Xubex Preferred Network Program	\$89.67	\$103.12

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROPRANOLOL HCL ER (BRAND: INDERAL LA)</b>							
	120	MG	CAPSULE(S)	propranolol hydrochloride	Rx Outreach	\$298.22	\$342.95
	160	MG	CAPSULE(S)	propranolol hydrochloride	Rx Outreach	\$390.45	\$449.02
	60	MG	CAPSULE(S)	propranolol hydrochloride	Rx Outreach	\$205.83	\$236.70
	80	MG	CAPSULE(S)	propranolol hydrochloride	Rx Outreach	\$240.82	\$276.94
	120	MG	CAPSULE(S)	propranolol hydrochloride	Xubex Preferred Network Program	\$298.22	\$342.95
	60	MG	CAPSULE(S)	propranolol hydrochloride	Xubex Preferred Network Program	\$205.83	\$236.70
	80	MG	CAPSULE(S)	propranolol hydrochloride	Xubex Preferred Network Program	\$240.82	\$276.94
<b>PROPYLTHIOURACIL</b>							
	50	MG	TABLET(S)	PROPYLTHIOURACIL	Rx Outreach	\$74.68	\$85.88
<b>PROSTIGMIN BROMIDE</b>							
	15	MG	TABLET(S)	NEOSTIGMINE BROMIDE	Valeant Patient Assistance Program	\$265.32	\$305.12
<b>PROTONIX</b>							
*	20	MG	TABLET(S)	PANTOPRAZOLE SODIUM	Pfizer RxPathways	\$1,293.78	\$1,487.85
*	40	MG	TABLET(S)	PANTOPRAZOLE SODIUM	Pfizer RxPathways	\$1,293.78	\$1,487.85
<b>PROTRIPTYLINE HYDROCHLORIDE (BRAND: VIVACTIL)</b>							
	10	MG	TABLET(S)	protriptyline hydrochloride	Xubex Preferred Network Program	\$408.31	\$469.56
	5	MG	TABLET(S)	protriptyline hydrochloride	Xubex Preferred Network Program	\$408.31	\$469.56
<b>PROVENTIL HFA</b>							
	0.09	MG	PUFF(S)	ALBUTEROL SULFATE	Merck Patient Assistance Program	\$90.43	\$103.99
	0.09	MG	PUFF(S)	ALBUTEROL SULFATE	NC MedAssist - North Carolina Residents Only	\$90.43	\$103.99

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROVENTIL HFA</b>							
	0.09	MG	PUFF(S)	ALBUTEROL SULFATE	Welvista - South Carolina Residents Only	\$90.43	\$103.99
<b>PROVIGIL</b>							
*	100	MG	TABLET(S)	MODAFINIL	Teva Cares Foundation Patient Assistance Program	\$1,020.60	\$1,173.69
*	200	MG	TABLET(S)	MODAFINIL	Teva Cares Foundation Patient Assistance Program	\$1,542.24	\$1,773.58
<b>PROZAC</b>							
	10	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,616.40	\$1,858.86
	40	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$996.48	\$1,145.95
	10	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Lilly Cares	\$1,616.40	\$1,858.86
	20/5	MG/ML (120ML)	SOL	FLUOXETINE HYDROCHLORIDE LIQUID	Lilly Cares	\$256.26	\$294.70
	40	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Lilly Cares	\$996.48	\$1,145.95
	10	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$1,616.40	\$1,858.86
	40	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$996.48	\$1,145.95
	10	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,616.40	\$1,858.86
	40	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$996.48	\$1,145.95
	10	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$1,616.40	\$1,858.86
	40	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$996.48	\$1,145.95

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PROZAC</b>							
	20	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$498.24	\$572.98
	20	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Lilly Cares	\$498.24	\$572.98
	20	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$498.24	\$572.98
	20	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$498.24	\$572.98
	20	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$498.24	\$572.98
<b>PROZAC WEEKLY</b>							
	90	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	Lilly Cares	\$174.24	\$200.38
	90	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$174.24	\$200.38
<b>PULMICORT FLEXHALER</b>							
	180	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	AZ&Me Prescription Savings for people with Medicare Part D	\$259.81	\$298.78
	90	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	AZ&Me Prescription Savings for people with Medicare Part D	\$194.03	\$223.13
	180	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	AZ&Me Prescription Savings Program	\$259.81	\$298.78
	90	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	AZ&Me Prescription Savings Program	\$194.03	\$223.13
	180	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	NC MedAssist - North Carolina Residents Only	\$259.81	\$298.78
	90	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	NC MedAssist - North Carolina Residents Only	\$194.03	\$223.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>PULMICORT FLEXHALER</b>							
	180	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$259.81	\$298.78
	180	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	Welvista - South Carolina Residents Only	\$259.81	\$298.78
	90	MCG	PUFF(S)	BUDESONIDE INHALATION POWDER	Welvista - South Carolina Residents Only	\$194.03	\$223.13
<b>PULMICORT RESPULES</b>							
	0.25	mg/2 ml	VIAL(S)	BUDESONIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$313.75	\$360.81
	0.5	mg/2 ml	VIAL(S)	BUDESONIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$369.26	\$424.65
<b>PULMOZYME</b>							
	2.5/2.5	mg/ml (2.5ml)	SOL	DORNASE ALFA	Genentech Access to Care-Pulmozyme	\$122.75	\$141.16
<b>PURINETHOL</b>							
*	50	MG	TABLET(S)	MERCAPTOPURINE	Teva Cares Foundation Patient Assistance Program	\$575.40	\$661.71
<b>PYLERA</b>							
	140-125-125	MG-MG-MG	CAPSULE(S)	bi subcitrate k/metronidazole/tetracycline hcl	Allergan Patient Assistance Program	\$962.72	\$1,107.13
<b>QNASL</b>							
	80	MCG/ACTUATION	SPRAY(S)	beclomethasone dipropionate	Teva Cares Foundation Patient Assistance Program	\$230.84	\$265.47

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QNASL CHILDREN'S</b>							
	40	MCG/ACTUATION (4.9 GM)	PUFF(S)	beclomethasone dipropionate	Teva Cares Foundation Patient Assistance Program	\$230.84	\$265.47
<b>QSYMIA</b>							
	11.25-69	MG-MG	CAPSULE(S)	phentermine hydrochloride/topiramate	Xubex Free Trial 30 Day Medication Supply	\$239.40	\$275.31
	15-92	MG-MG	CAPSULE(S)	phentermine hydrochloride/topiramate	Xubex Free Trial 30 Day Medication Supply	\$239.40	\$275.31
	3.75-23	MG-MG	CAPSULE(S)	phentermine hydrochloride/topiramate	Xubex Free Trial 30 Day Medication Supply	\$216.12	\$248.54
	7.5-46	MG-MG	CAPSULE(S)	phentermine hydrochloride/topiramate	Xubex Free Trial 30 Day Medication Supply	\$223.20	\$256.68
<b>QUALAQUIN</b>							
	324	MG	CAPSULE(S)	QUININE SULFATE	Rx Outreach	\$235.74	\$271.10
<b>QUDEXY XR</b>							
	100	MG	CAPSULE(S)	topiramate	Rx Outreach	\$566.29	\$651.23
	150	MG	CAPSULE(S)	topiramate	Rx Outreach	\$696.55	\$801.03
	200	MG	CAPSULE(S)	topiramate	Rx Outreach	\$774.65	\$890.85
	25	MG	CAPSULE(S)	topiramate	Rx Outreach	\$219.42	\$252.33
	50	MG	CAPSULE(S)	topiramate	Rx Outreach	\$285.82	\$328.69
<b>QUETIAPINE FUMARATE (BRAND: SEROQUEL)</b>							
	100	MG	TABLET(S)	QUETIAPINE FUMARATE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$685.75	\$788.61

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QUETIAPINE FUMARATE (BRAND: SEROQUEL)</b>							
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$656.66	\$755.16
*	100	MG	TABLET(S)	QUETIAPINE FUMARATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$685.75	\$788.61
*	25	MG	TABLET(S)	QUETIAPINE FUMARATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$399.61	\$459.55
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$656.66	\$755.16
	100	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$685.75	\$788.61
	200	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$1,293.69	\$1,487.74
	25	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$399.61	\$459.55
	300	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$1,696.25	\$1,950.69
	400	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$1,993.47	\$2,292.49
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$656.66	\$755.16
	100	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$685.75	\$788.61
	200	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$1,293.69	\$1,487.74
	25	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$399.61	\$459.55
	300	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$1,696.25	\$1,950.69
	400	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$1,993.47	\$2,292.49
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$656.66	\$755.16
	100	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$685.75	\$788.61



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QUETIAPINE FUMARATE (BRAND: SEROQUEL)</b>							
	25	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$399.61	\$459.55
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach Preferred Clinic Discount Pricing Program	\$656.66	\$755.16
	100	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$685.75	\$788.61
	200	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$1,293.69	\$1,487.74
	25	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$399.61	\$459.55
	300	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$1,696.25	\$1,950.69
	400	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$1,993.47	\$2,292.49
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Xubex Preferred Network Program	\$656.66	\$755.16
<b>QUETIAPINE FUMARATE ER (BRAND: SEROQUEL XR)</b>							
	200	MG	TABLET(S)	quetiapine fumarate	Rx Outreach	\$1,051.64	\$1,209.39
	300	MG	TABLET(S)	quetiapine fumarate	Rx Outreach	\$1,378.74	\$1,585.55
	400	MG	TABLET(S)	quetiapine fumarate	Rx Outreach	\$1,620.58	\$1,863.67
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Rx Outreach	\$532.10	\$611.92
	200	MG	TABLET(S)	quetiapine fumarate	Welvista - South Carolina Residents Only	\$1,051.64	\$1,209.39
	300	MG	TABLET(S)	quetiapine fumarate	Welvista - South Carolina Residents Only	\$1,378.74	\$1,585.55
	400	MG	TABLET(S)	quetiapine fumarate	Welvista - South Carolina Residents Only	\$1,620.58	\$1,863.67
	50	MG	TABLET(S)	QUETIAPINE FUMARATE	Welvista - South Carolina Residents Only	\$532.10	\$611.92
<b>QUETIAPINE FUMARATE ER (BRAND: SEROQUEL XR)</b>							
	150	MG	TABLET(S)	quetiapine fumarate	Rx Outreach	\$955.48	\$1,098.80

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QUETIAPINE FUMARATE ER (BRAND: SEROQUEL XR)</b>							
	150	MG	TABLET(S)	quetiapine fumarate	Welvista - South Carolina Residents Only	\$955.48	\$1,098.80
<b>QUILLICHEW ER</b>							
	20	MG	TABLET(S)	methylphenidate hydrochloride	Pfizer RxPathways	\$1,213.49	\$1,395.51
	30	MG	TABLET(S)	methylphenidate hydrochloride	Pfizer RxPathways	\$1,213.49	\$1,395.51
	40	MG	TABLET(S)	methylphenidate hydrochloride	Pfizer RxPathways	\$1,213.49	\$1,395.51
<b>QUILLIVANT XR (CII)</b>							
	5	MG/ML (150 ML)	MG	methylphenidate hydrochloride	Pfizer RxPathways	\$309.85	\$356.33
<b>QUILLIVANT XR (CII)</b>							
	5	MG/ML (120 ML)	MG	methylphenidate hydrochloride	Pfizer RxPathways	\$309.85	\$356.33
<b>QUINAPRIL (BRAND: ACCUPRIL)</b>							
	10	MG	TABLET(S)	QUINAPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$110.07	\$126.58
	20	MG	TABLET(S)	QUINAPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$110.07	\$126.58
	40	MG	TABLET(S)	QUINAPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$110.07	\$126.58
	5	MG	TABLET(S)	QUINAPRIL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$110.07	\$126.58
	10	MG	TABLET(S)	QUINAPRIL	Rx Outreach	\$110.07	\$126.58
	20	MG	TABLET(S)	QUINAPRIL	Rx Outreach	\$110.07	\$126.58
	40	MG	TABLET(S)	QUINAPRIL	Rx Outreach	\$110.07	\$126.58
	5	MG	TABLET(S)	QUINAPRIL	Rx Outreach	\$110.07	\$126.58

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QUINAPRIL (BRAND: ACCUPRIL)</b>							
	10	MG	TABLET(S)	QUINAPRIL	Xubex Preferred Network Program	\$110.07	\$126.58
	20	MG	TABLET(S)	QUINAPRIL	Xubex Preferred Network Program	\$110.07	\$126.58
	40	MG	TABLET(S)	QUINAPRIL	Xubex Preferred Network Program	\$110.07	\$126.58
<b>QUINAPRIL HCL/HCTZ (BRAND: ACCURETIC)</b>							
	10/12.5	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Rx Outreach	\$110.10	\$126.62
	20/12.5	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Rx Outreach	\$110.10	\$126.62
	20/25	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Rx Outreach	\$110.10	\$126.62
	10/12.5	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Xubex Preferred Network Program	\$110.10	\$126.62
	20/12.5	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Xubex Preferred Network Program	\$110.10	\$126.62
	20/25	MG	TABLET(S)	hydrochlorothiazide/quinapril hydrochloride	Xubex Preferred Network Program	\$110.10	\$126.62
<b>QUTENZA (1 PATCH)</b>							
	8	%	PATCH	CAPSAICIN	NeurogesX Qutenza Patient Assistance Program	\$948.13	\$1,090.35
<b>QUTENZA (2 PATCHES)</b>							
	8	%	PATCH	CAPSAICIN	NeurogesX Qutenza Patient Assistance Program	\$1,896.25	\$2,180.69

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>QVAR</b>							
	40	MCG (8.7 GM)	PUFF(S)	BECLOMETHASONE DIPROPIONATE	Teva Cares Foundation Patient Assistance Program	\$188.09	\$216.30
	80	MCG (8.7GM)	PUFF(S)	BECLOMETHASONE DIPROPIONATE	Teva Cares Foundation Patient Assistance Program	\$251.84	\$289.62
<b>RABAVERT</b>							
	2.5	IU	INJECTION(S)	RABIES VACCINE	GSK Patient Assistance Program	\$392.76	\$451.67
	2.5	IU	INJECTION(S)	RABIES VACCINE	GSK Vaccines Access Program	\$392.76	\$451.67
<b>RABEPRAZOLE SODIUM (BRAND: ACIPHEX)</b>							
	20	MG	TABLET(S)	RABEPRAZOLE SODIUM	Xubex Preferred Network Program	\$1,030.29	\$1,184.83
<b>RAGWITEK</b>							
	N/A	N/A	TABLET(S)	short ragweed pollen allergen extract	Merck Patient Assistance Program	\$962.28	\$1,106.62
<b>RALOXIFENE HCL (BRAND: EVISTA)</b>							
	60	MG	TABLET(S)	raloxifene	Rx Outreach	\$712.80	\$819.72
<b>RAMIPRIL (BRAND: ALTACE)</b>							
	1.25	MG	CAPSULE(S)	RAMIPRIL	Rx Outreach	\$153.01	\$175.96
	10	MG	CAPSULE(S)	RAMIPRIL	Rx Outreach	\$210.49	\$242.06
	2.5	MG	CAPSULE(S)	RAMIPRIL	Rx Outreach	\$171.46	\$197.18
	5	MG	CAPSULE(S)	RAMIPRIL	Rx Outreach	\$179.89	\$206.87
	1.25	MG	CAPSULE(S)	RAMIPRIL	Xubex Preferred Network Program	\$153.01	\$175.96
	10	MG	CAPSULE(S)	RAMIPRIL	Xubex Preferred Network Program	\$210.49	\$242.06
	2.5	MG	CAPSULE(S)	RAMIPRIL	Xubex Preferred Network Program	\$171.46	\$197.18

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RAMIPRIL (BRAND: ALTACE)</b>							
	5	MG	CAPSULE(S)	RAMIPRIL	Xubex Preferred Network Program	\$179.89	\$206.87
<b>RANEXA</b>							
	1000	MG	TABLET(S)	RANOLAZINE	Gilead Ranexa Connect Patient Assistance Program	\$657.68	\$756.33
	500	MG	TABLET(S)	RANOLAZINE	Gilead Ranexa Connect Patient Assistance Program	\$400.60	\$460.69
<b>RANITIDINE (BRAND: ZANTAC)</b>							
	150	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$160.00	\$184.00
	300	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$285.90	\$328.79
	150	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$160.00	\$184.00
	300	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$285.90	\$328.79
	150	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$160.00	\$184.00
	300	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$285.90	\$328.79
	150	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Rx Outreach	\$160.00	\$184.00
	300	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Rx Outreach	\$285.90	\$328.79
	150	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Xubex Preferred Network Program	\$160.00	\$184.00
	300	MG	TABLET(S)	RANITIDINE HYDROCHLORIDE	Xubex Preferred Network Program	\$285.90	\$328.79
<b>RANITIDINE HCL CAPSULE (BRAND: ZANTAC)</b>							
	150	MG	CAPSULE(S)	ranitidine hydrochloride	NC MedAssist - North Carolina Residents Only	\$158.60	\$182.39

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RANITIDINE HCL CAPSULE (BRAND: ZANTAC)</b>							
	300	MG	CAPSULE(S)	ranitidine hydrochloride	NC MedAssist - North Carolina Residents Only	\$285.90	\$328.79
	150	MG	CAPSULE(S)	ranitidine hydrochloride	Xubex Preferred Network Program	\$158.60	\$182.39
	300	MG	CAPSULE(S)	ranitidine hydrochloride	Xubex Preferred Network Program	\$285.90	\$328.79
<b>RAPAFLO</b>							
	4	MG	CAPSULE	SILODOSIN	Allergan Patient Assistance Program	\$273.17	\$314.15
	8	MG	CAPSULE	SILODOSIN	Allergan Patient Assistance Program	\$819.47	\$942.39
<b>RAPAMUNE</b>							
	1	MG	TABLET(S)	SIROLIMUS	Pfizer RxPathways	\$3,360.82	\$3,864.94
	2	MG	TABLET(S)	SIROLIMUS	Pfizer RxPathways	\$6,721.60	\$7,729.84
<b>RASAGILINE MESYLATE (BRAND: AZILECT)</b>							
	0.5	MG	TABLET(S)	RASAGILINE MESYLATE	Rx Outreach	\$749.95	\$862.44
	1	MG	TABLET(S)	RASAGILINE MESYLATE	Rx Outreach	\$749.12	\$861.49
<b>RASUVO</b>							
	10/0.2	MG/ML (0.2 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	12.5/0.25	MG/ML (0.25 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	15	MG/ML (0.3 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	17.5/0.35	MG/ML (0.35 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	20/0.4	MG/ML (0.4 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	22.5/0.45	MG/ML (0.45 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	25/0.5	MG/ML (0.5ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RASUVO</b>							
	27.5/0.55	MG/ML (0.55ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	30/0.6	MG/ML (0.6 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
	7.5/0.15	MG/ML (0.15 ML)	AUTOINJECTOR	methotrexate	Core Connections - Rasuvo	\$564.00	\$648.60
<b>RAYALDEE</b>							
	30	MCG	CAPSULE(S)	calcifediol	Rayaldee Patient Assistance Program	\$2,227.20	\$2,561.28
<b>RAYOS</b>							
	1	MG	TABLET(S)	prednisone	Horizon Patient Assistance Program	\$2,740.68	\$3,151.78
	2	MG	TABLET(S)	prednisone	Horizon Patient Assistance Program	\$2,740.68	\$3,151.78
	5	MG	TABLET(S)	prednisone	Horizon Patient Assistance Program	\$2,740.68	\$3,151.78
<b>RAZADYNE</b>							
*	4	MG/ML (100 ML)	ML	galantamine hydrobromide	Johnson & Johnson Patient Assistance Foundation	\$353.44	\$406.46
<b>RECLAST</b>							
	5	MG/100ML	MG	ZOLEDRONIC ACID	Novartis Patient Assistance Foundation, Inc.	\$1,300.60	\$1,495.69
<b>RECOMBINATE</b>							
	1	iu, 1000	PDS	ANTIHEMOPHILIC FACTOR VIII (RECOMBINANT)	Baxter The CARE Program	\$1.90	\$2.19
<b>RECOMBIVAX HB</b>							
	10	MCG/ML	ML	HEPATITIS B VACCINE RECOMBINANT	Merck Vaccine Patient Assistance Program	\$71.64	\$82.39

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RECOMBIVAX HB (10 VIALS)</b>							
	10	MCG/ML	ML	HEPATITIS B VACCINE RECOMBINANT	Merck Vaccine Patient Assistance Program	\$708.12	\$814.34
<b>RECTIV</b>							
	0.4	% (30 GM)	APPLICATION(S)	nitroglycerin	Allergan Patient Assistance Program	\$669.38	\$769.79
	0.4	% (30 GM)	APPLICATION(S)	nitroglycerin	Aptalis Patient Assistance Program	\$669.38	\$769.79
	0.4	% (30 GM)	APPLICATION(S)	nitroglycerin	Aptalis Uninsured Patient Assistance Program	\$669.38	\$769.79
<b>RELENZA</b>							
	5	MG/ACTUATION	DISK	ZANAMIVIR	GSK Patient Assistance Program	\$70.80	\$81.42
	5	MG/ACTUATION	DISK	ZANAMIVIR	Welvista - South Carolina Residents Only	\$70.80	\$81.42
<b>RELISTOR</b>							
*	12/0.6	MG/ML	SYRINGE(S)	METHYLNALTREXONE BROMIDE	Salix Patient Assistance Program	\$839.98	\$965.98
*	8/0.4	MG/ML	SYRINGE(S)	METHYLNALTREXONE BROMIDE	Salix Patient Assistance Program	\$839.98	\$965.98
	12/0.6	MG/ML	SYRINGE(S)	METHYLNALTREXONE BROMIDE	Valeant Patient Assistance Program for Salix products	\$839.98	\$965.98
	8/0.4	MG/ML	SYRINGE(S)	METHYLNALTREXONE BROMIDE	Valeant Patient Assistance Program for Salix products	\$839.98	\$965.98
<b>RELISTOR</b>							
	150	MG	TABLET(S)	methylnaltrexone bromide	Valeant Patient Assistance Program for Salix products	\$1,962.00	\$2,256.30
<b>RELPAX</b>							
	20	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	NC MedAssist - North Carolina Residents Only	\$409.79	\$471.26
	40	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	NC MedAssist - North Carolina Residents Only	\$819.46	\$942.38



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RELPAK</b>							
	20	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	Pfizer RxPathways	\$409.79	\$471.26
	40	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	Pfizer RxPathways	\$819.46	\$942.38
	20	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	Welvista - South Carolina Residents Only	\$409.79	\$471.26
	40	MG	TABLET(S)	ELETRIPTAN HYDROBROMIDE	Welvista - South Carolina Residents Only	\$819.46	\$942.38
<b>REMICADE</b>							
	100	MG	MG	INFLIXIMAB	Johnson & Johnson Patient Assistance Foundation	\$1,401.38	\$1,611.59
<b>RENA-VITE</b>							
	60-0.3-10-0.006-0.8 -20-10-1.7-1.5	MG	TABLET(S)	vitamin b complex and vitamin c	Xubex Preferred Network Program	\$13.99	\$16.09
<b>RENVELA</b>							
	2.4	GM/PACKET	PACKET	SEVELAMER CARBONATE	Genzyme Renassist	\$1,828.81	\$2,103.13
	800	MG	TABLET(S)	SEVELAMER CARBONATE	Genzyme Renassist	\$1,828.81	\$2,103.13
<b>REOPRO</b>							
	2	MG/ML (5ML)	MG	ABCIXIMAB	Lilly Cares	\$1,485.60	\$1,708.44
<b>REPAGLINIDE (BRAND: PRANDIN)</b>							
	0.5	MG	TABLET(S)	repaglinide	Rx Outreach	\$333.02	\$382.97
	1	MG	TABLET(S)	repaglinide	Rx Outreach	\$365.95	\$420.84
	2	MG	TABLET(S)	repaglinide	Rx Outreach	\$365.95	\$420.84
	0.5	MG	TABLET(S)	repaglinide	Xubex Preferred Network Program	\$333.02	\$382.97
	1	MG	TABLET(S)	repaglinide	Xubex Preferred Network Program	\$365.95	\$420.84

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>REPAGLINIDE (BRAND: PRANDIN)</b>							
	2	MG	TABLET(S)	repaglinide	Xubex Preferred Network Program	\$365.95	\$420.84
<b>REPATHA SURECLICK AUTOINJECTOR</b>							
	140/1	MG/ML (1 ML)	INJECTION(S)	evolocumab	Amgen Safety Net Foundation	\$670.30	\$770.85
<b>REPATHA PREFILLED SYRINGE</b>							
	140/1	MG/ML (1 ML)	INJECTION(S)	evolocumab	Amgen Safety Net Foundation	\$670.30	\$770.85
<b>REQUIP XL</b>							
	12	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	GSK Patient Assistance Program	\$843.97	\$970.57
	2	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	GSK Patient Assistance Program	\$403.97	\$464.57
	4	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	GSK Patient Assistance Program	\$807.97	\$929.17
	6	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	GSK Patient Assistance Program	\$506.38	\$582.34
	8	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	GSK Patient Assistance Program	\$1,211.94	\$1,393.73
	2	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$403.97	\$464.57
	4	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$807.97	\$929.17
	8	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,211.94	\$1,393.73
	12	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$843.97	\$970.57
	2	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$403.97	\$464.57
	4	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$807.97	\$929.17
	6	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$506.38	\$582.34
	8	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$1,211.94	\$1,393.73

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RESCRIPTOR</b>							
	100	MG	TABLET(S)	DELAVIDINE MESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$533.89	\$613.97
	100	MG	TABLET(S)	DELAVIDINE MESYLATE	ViiV Healthcare Patient Assistance Program	\$533.89	\$613.97
<b>RESTASIS</b>							
	0.05	% (30 x .4ML)	DROP(S)	CYCLOSPORINE	Allergan Patient Assistance Program - Eye & Dermatology	\$279.08	\$320.94
<b>RESTORIL</b>							
	15	MG	CAPSULE(S)	TEMAZEPAM	Covidien/Mallinckrodt Patient Assistance Program	\$3,746.58	\$4,308.57
	30	MG	CAPSULE(S)	TEMAZEPAM	Covidien/Mallinckrodt Patient Assistance Program	\$3,960.61	\$4,554.70
	7.5	MG	CAPSULE(S)	TEMAZEPAM	Covidien/Mallinckrodt Patient Assistance Program	\$3,540.38	\$4,071.44
<b>RETROVIR</b>							
	100	MG	CAPSULE(S)	ZIDOVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$323.83	\$372.40
	50	MG/5ML (240ML)	SYR	ZIDOVUDINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$77.71	\$89.37
	100	MG	CAPSULE(S)	ZIDOVUDINE	ViiV Healthcare Patient Assistance Program	\$323.83	\$372.40
	50	MG/5ML (240ML)	SYR	ZIDOVUDINE	ViiV Healthcare Patient Assistance Program	\$77.71	\$89.37
<b>REVATIO</b>							
	20	MG	TABLET(S)	SILDENAFIL CITRATE	Pfizer RxPathways	\$4,706.76	\$5,412.77

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>REVATIO ORAL SUSPENSION</b>							
	10	MG/1ML (118 ML)	MG	sildenafil citrate	Pfizer RxPathways	\$9,031.21	\$10,385.89
<b>REVLIMID</b>							
	10	MG	CAPSULE(S)	LENALIDOMIDE	Celgene Patient Support	\$71,666.22	\$82,416.15
	15	MG	CAPSULE(S)	LENALIDOMIDE	Celgene Patient Support	\$71,666.22	\$82,416.15
	25	MG	CAPSULE(S)	LENALIDOMIDE	Celgene Patient Support	\$71,666.22	\$82,416.15
	5	MG	CAPSULE(S)	LENALIDOMIDE	Celgene Patient Support	\$71,666.22	\$82,416.15
<b>REVLIMID</b>							
	20	MG	CAPSULE(S)	lenalidomide	Celgene Patient Support	\$71,666.22	\$82,416.15
<b>REXULTI</b>							
	0.25	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	0.5	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	1	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	2	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	3	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	4	MG	TABLET(S)	brexpiprazole	ASSURE Program-Rexulti	\$1,211.42	\$1,393.13
	0.25	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13
	0.5	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13
	1	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13
	2	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13
	3	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>REXULTI</b>							
	4	MG	TABLET(S)	brexpiprazole	Otsuka Patient Assistance Program	\$1,211.42	\$1,393.13
	0.25	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
	0.5	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
	1	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
	2	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
	3	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
	4	MG	TABLET(S)	brexpiprazole	Xubex Free Trial 30 Day Medication Supply	\$1,211.42	\$1,393.13
<b>REYATAZ</b>							
	150	MG	CAPSULE(S)	ATAZANAVIR SULFATE	BMS3assist Program	\$1,755.91	\$2,019.30
	200	MG	CAPSULE(S)	ATAZANAVIR SULFATE	BMS3assist Program	\$1,755.91	\$2,019.30
	300	MG	CAPSULE(S)	ATAZANAVIR SULFATE	BMS3assist Program	\$1,739.30	\$2,000.20
	150	MG	CAPSULE(S)	ATAZANAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,755.91	\$2,019.30
	200	MG	CAPSULE(S)	ATAZANAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,755.91	\$2,019.30
	300	MG	CAPSULE(S)	ATAZANAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,739.30	\$2,000.20
<b>RHINOCORT AQUA</b>							
*	32	MCG	SPRAY(S)	BUDESONIDE	AZ&Me Prescription Savings for people with Medicare Part D	\$178.37	\$205.13
*	32	MCG	SPRAY(S)	BUDESONIDE	AZ&Me Prescription Savings Program	\$178.37	\$205.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RIASTAP</b>							
	1	MG	INJECTION	FIBRINOGEN	CSL Behring Patient Assistance Program	\$1.09	\$1.25
<b>RISEDRONATE SODIUM (BRAND: ACTONEL)</b>							
	150	MG	TABLET(S)	risedronate sodium	Rx Outreach	\$955.75	\$1,099.11
<b>RISEDRONATE SODIUM (BRAND: ACTONEL) - QTY 12</b>							
	35	MG	TABLET(S)	risedronate sodium	Rx Outreach	\$743.41	\$854.92
<b>RISEDRONATE SODIUM (BRAND: RISEDRONATE SODIUM) - QTY 4</b>							
	35	MG	TABLET(S)	risedronate sodium	Rx Outreach	\$247.81	\$284.98
<b>RISPERDAL</b>							
	0.25	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$607.03	\$698.08
	0.5	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$666.14	\$766.06
	1	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$708.19	\$814.42
	2	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,183.46	\$1,360.98
	3	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,390.10	\$1,598.62
	4	MG	TABLET(S)	RISPERIDONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,867.03	\$2,147.08
*	0.25	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$607.03	\$698.08

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERDAL</b>							
*	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$666.14	\$766.06
*	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$708.19	\$814.42
*	2	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,183.46	\$1,360.98
*	3	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,390.10	\$1,598.62
*	4	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,867.03	\$2,147.08
*	0.25	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$607.03	\$698.08
*	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$666.14	\$766.06
*	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$708.19	\$814.42
*	2	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,183.46	\$1,360.98
*	3	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,390.10	\$1,598.62
*	4	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,867.03	\$2,147.08
*	0.25	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$607.03	\$698.08
*	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$666.14	\$766.06

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERDAL</b>							
*	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$708.19	\$814.42
*	2	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,183.46	\$1,360.98
*	3	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,390.10	\$1,598.62
*	4	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,867.03	\$2,147.08
	0.25	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$607.03	\$698.08
	0.5	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$666.14	\$766.06
	1	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$708.19	\$814.42
	2	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$1,183.46	\$1,360.98
	3	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$1,390.10	\$1,598.62
	4	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$1,867.03	\$2,147.08
	0.25	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$607.03	\$698.08
	0.5	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$666.14	\$766.06
	1	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$708.19	\$814.42
	2	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$1,183.46	\$1,360.98
	3	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$1,390.10	\$1,598.62
	4	MG	TABLET(S)	RISPERIDONE	Welvista - South Carolina Residents Only	\$1,867.03	\$2,147.08
<b>RISPERDAL CONSTA</b>							
	12.5	MG	INJECTION(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$249.90	\$287.39



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERDAL CONSTA</b>							
	25	MG	INJECTION	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$499.74	\$574.70
	37.5	MG	INJECTION	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$749.65	\$862.10
	50	MG	INJECTION	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$999.55	\$1,149.48
<b>RISPERDAL M-TAB</b>							
	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$348.01	\$400.21
	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Hospital Access Patient Assistance Program	\$406.69	\$467.69
	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$348.01	\$400.21
	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$406.69	\$467.69
	0.5	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$348.01	\$400.21
	1	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$406.69	\$467.69
<b>RISPERDAL M-TAB</b>							
	2	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$617.03	\$709.58
	3	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$778.42	\$895.18
	4	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation	\$1,045.56	\$1,202.39

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERDAL M-TAB</b>							
	2	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$617.03	\$709.58
	3	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$778.42	\$895.18
	4	MG	TABLET(S)	RISPERIDONE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,045.56	\$1,202.39
<b>RISPERIDONE (BRAND: RISPERDAL)</b>							
*	0.25	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$389.30	\$447.70
*	0.5	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$427.18	\$491.26
*	1	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$454.17	\$522.30
*	2	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$759.00	\$872.85
*	3	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$891.48	\$1,025.20
*	4	MG	TABLET(S)	RISPERIDONE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$1,197.38	\$1,376.99
	0.25	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$389.30	\$447.70
	0.5	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$427.18	\$491.26
	1	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$454.17	\$522.30
	2	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$759.00	\$872.85
	3	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$891.48	\$1,025.20

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERIDONE (BRAND: RISPERDAL)</b>							
	4	MG	TABLET(S)	RISPERIDONE	NC MedAssist - North Carolina Residents Only	\$1,197.38	\$1,376.99
	0.25	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$389.30	\$447.70
	0.5	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$427.18	\$491.26
	1	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$454.17	\$522.30
	2	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$759.00	\$872.85
	3	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$891.48	\$1,025.20
	4	MG	TABLET(S)	RISPERIDONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,197.38	\$1,376.99
	0.25	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$389.30	\$447.70
	0.5	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$427.18	\$491.26
	1	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$454.17	\$522.30
	2	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$759.00	\$872.85
	3	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$891.48	\$1,025.20
	4	MG	TABLET(S)	RISPERIDONE	Rx Outreach	\$1,197.38	\$1,376.99
	0.25	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$389.30	\$447.70
	0.5	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$427.18	\$491.26
	1	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$454.17	\$522.30
	2	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$759.00	\$872.85

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RISPERIDONE (BRAND: RISPERDAL)</b>							
	3	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$891.48	\$1,025.20
	4	MG	TABLET(S)	RISPERIDONE	Xubex Preferred Network Program	\$1,197.38	\$1,376.99
<b>RITALIN LA</b>							
*	10	MG	CAPSULE(S)	METHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,095.68	\$1,260.03
*	20	MG	CAPSULE(S)	METHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,095.68	\$1,260.03
*	30	MG	CAPSULE(S)	METHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,120.64	\$1,288.74
*	40	MG	CAPSULE(S)	METHYLPHENIDATE HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$1,151.77	\$1,324.54
<b>RITUXAN</b>							
	10	MG/ML (10ML)	MG	RITUXIMAB	Genentech Access to Solutions-Infused Products	\$1,002.26	\$1,152.60
	10	MG/ML (10ML)	MG	RITUXIMAB	Genentech Rheumatology Access Solutions	\$1,002.26	\$1,152.60
<b>RITUXAN HYCELA</b>							
	2000/120	U/ML-MG/ML (11.7 ML)	MG	hyaluronidase human, recombinant/rituximab	Genentech Access to Solutions-Infused Products	\$7,296.49	\$8,390.96
<b>RIVASTIGMINE TARTRATE (BRAND: EXELON)</b>							
	1.5	MG	CAPSULE(S)	rivastigmine tartrate	Rx Outreach	\$254.61	\$292.80
	3	MG	CAPSULE(S)	rivastigmine tartrate	Rx Outreach	\$254.61	\$292.80
	4.5	MG	CAPSULE(S)	rivastigmine tartrate	Rx Outreach	\$254.61	\$292.80
	6	MG	CAPSULE(S)	rivastigmine tartrate	Rx Outreach	\$254.61	\$292.80

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RIVASTIGMINE TARTRATE (BRAND: EXELON)</b>							
	1.5	MG	CAPSULE(S)	rivastigmine tartrate	Xubex Preferred Network Program	\$254.61	\$292.80
	3	MG	CAPSULE(S)	rivastigmine tartrate	Xubex Preferred Network Program	\$254.61	\$292.80
	4.5	MG	CAPSULE(S)	rivastigmine tartrate	Xubex Preferred Network Program	\$254.61	\$292.80
<b>RIZATRIPTAN BENZOATE (BRAND: MAXALT, MAXALT-MLT)</b>							
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Xubex Preferred Network Program	\$598.55	\$688.33
<b>RIZATRIPTAN BENZOATE (BRAND: MAXALT, MAXALT-MLT)</b>							
	5	MG	TABLET(S)	rizatriptan benzoate	Xubex Preferred Network Program	\$598.55	\$688.33
<b>RIZATRIPTAN BENZOATE ODT (BRAND: MAXALT, MAXALT-MLT)</b>							
	10	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Xubex Preferred Network Program	\$996.43	\$1,145.89
	5	MG	TABLET(S)	RIZATRIPTAN BENZOATE	Xubex Preferred Network Program	\$996.43	\$1,145.89
<b>ROPINIROLE HCL (BRAND: REQUIP)</b>							
	0.25	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Rx Outreach	\$250.52	\$288.10
	0.5	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Rx Outreach	\$250.52	\$288.10
	1	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Rx Outreach	\$250.52	\$288.10
	2	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Rx Outreach	\$250.52	\$288.10
	0.25	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Xubex Preferred Network Program	\$250.52	\$288.10
	0.5	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Xubex Preferred Network Program	\$250.52	\$288.10
	1	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Xubex Preferred Network Program	\$250.52	\$288.10
	2	MG	TABLET(S)	ROPINIROLE HYDROCHLORIDE	Xubex Preferred Network Program	\$250.52	\$288.10

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ROPINIROLE HCL (BRAND: REQUIP)</b>							
	3	MG	TABLET(S)	ropinirole hydrochloride	Xubex Preferred Network Program	\$259.86	\$298.84
	5	MG	TABLET(S)	ropinirole hydrochloride	Xubex Preferred Network Program	\$259.86	\$298.84
<b>ROSUVASTATIN CALCIUM (BRAND: CRESTOR)</b>							
	10	MG	TABLET(S)	rosuvastatin calcium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$805.04	\$925.80
	20	MG	TABLET(S)	rosuvastatin calcium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$805.04	\$925.80
	40	MG	TABLET(S)	rosuvastatin calcium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$805.04	\$925.80
	5	MG	TABLET(S)	rosuvastatin calcium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$805.04	\$925.80
	10	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach	\$805.04	\$925.80
	20	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach	\$805.04	\$925.80
	40	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach	\$805.04	\$925.80
	5	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach	\$805.04	\$925.80
	10	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach Preferred Clinic Discount Pricing Program	\$805.04	\$925.80
	20	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach Preferred Clinic Discount Pricing Program	\$805.04	\$925.80
	40	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach Preferred Clinic Discount Pricing Program	\$805.04	\$925.80
	5	MG	TABLET(S)	rosuvastatin calcium	Rx Outreach Preferred Clinic Discount Pricing Program	\$805.04	\$925.80
	10	MG	TABLET(S)	rosuvastatin calcium	Welvista - South Carolina Residents Only	\$805.04	\$925.80

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ROSUVASTATIN CALCIUM (BRAND: CRESTOR)</b>							
	20	MG	TABLET(S)	rosuvastatin calcium	Welvista - South Carolina Residents Only	\$805.04	\$925.80
	40	MG	TABLET(S)	rosuvastatin calcium	Welvista - South Carolina Residents Only	\$805.04	\$925.80
	5	MG	TABLET(S)	rosuvastatin calcium	Welvista - South Carolina Residents Only	\$805.04	\$925.80
	10	MG	TABLET(S)	rosuvastatin calcium	Xubex Preferred Network Program	\$805.04	\$925.80
	20	MG	TABLET(S)	rosuvastatin calcium	Xubex Preferred Network Program	\$805.04	\$925.80
	40	MG	TABLET(S)	rosuvastatin calcium	Xubex Preferred Network Program	\$805.04	\$925.80
	5	MG	TABLET(S)	rosuvastatin calcium	Xubex Preferred Network Program	\$805.04	\$925.80
<b>ROXICODONE</b>							
	15	MG	TABLET(S)	OXYCODONE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$623.34	\$716.84
	30	MG	TABLET(S)	OXYCODONE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$1,223.02	\$1,406.47
<b>ROZEREM</b>							
	8	MG	TABLET(S)	RAMELTEON	Takeda Patient Assistance Program	\$1,425.26	\$1,639.05
	8	MG	TABLET(S)	RAMELTEON	Welvista - South Carolina Residents Only	\$1,425.26	\$1,639.05
<b>RUBRACA</b>							
	200	MG	TABLET(S)	rucaparib	Rubraca Connections	\$8,244.00	\$9,480.60
	250	MG	TABLET(S)	rucaparib	Rubraca Connections	\$8,244.00	\$9,480.60
	300	MG	TABLET(S)	rucaparib	Rubraca Connections	\$8,244.00	\$9,480.60
<b>RYDAPT (QTY 112)</b>							
	25	MG	CAPSULE(S)	midostaurin	Novartis Patient Assistance Now Oncology Program	\$17,988.00	\$20,686.20

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>RYDAPT (QTY 28)</b>							
	25	MG	CAPSULE(S)	midostaurin	Novartis Patient Assistance Now Oncology Program	\$4,497.00	\$5,171.55
<b>RYDAPT (QTY 56)</b>							
	25	MG	CAPSULE(S)	midostaurin	Novartis Patient Assistance Now Oncology Program	\$8,994.00	\$10,343.10
<b>RYTARY</b>							
	23.75-95	MG-MG	CAPSULE(S)	carbidopa/levodopa	Impax Patient Assistance Program	\$310.09	\$356.60
	48.75-195	MG-MG	CAPSULE(S)	carbidopa/levodopa	Impax Patient Assistance Program	\$310.09	\$356.60
	61.25-245	MG-MG	CAPSULE(S)	carbidopa/levodopa	Impax Patient Assistance Program	\$389.63	\$448.07
<b>RYTARY</b>							
	36.25-145	MG-MG	CAPSULE(S)	carbidopa/levodopa	Impax Patient Assistance Program	\$310.09	\$356.60
<b>RYTHMOL SR</b>							
	225	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	GSK Patient Assistance Program	\$834.41	\$959.57
	325	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	GSK Patient Assistance Program	\$1,057.09	\$1,215.65
	425	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	GSK Patient Assistance Program	\$1,057.09	\$1,215.65
	225	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$834.41	\$959.57
	325	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$1,057.09	\$1,215.65
	425	MG	CAPSULE(S)	PROPAFENONE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$1,057.09	\$1,215.65



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SABRIL</b>							
	500	MG/PACKET	PACKET	VIGABATRIN	Lundbeck SHARE Patient Assistance Program	\$7,258.68	\$8,347.48
<b>SABRIL</b>							
	500	MG	TABLET(S)	VIGABATRIN	Lundbeck SHARE Patient Assistance Program	\$14,517.36	\$16,694.96
<b>SAFYRAL</b>							
	3-0.03-0.451	MG	TABLET(S)	drospirenone/ethinyl estradiol/levomefolate ca	Bayer HealthCare Patient Assistance Program	\$654.59	\$752.78
<b>SAIZEN</b>							
	5	mg	PDS	SOMATROPIN, MAMMALIAN DERIVED	EMD Connections for Growth	\$675.24	\$776.53
	8.8	MG	PDS	SOMATROPIN, MAMMALIAN DERIVED	EMD Connections for Growth	\$1,080.40	\$1,242.46
<b>SAMSCA</b>							
	15	MG	TABLET(S)	TOLVAPTAN	ASSURE Program for Samsca	\$4,422.50	\$5,085.88
	30	MG	TABLET(S)	TOLVAPTAN	ASSURE Program for Samsca	\$4,587.84	\$5,276.02
	15	MG	TABLET(S)	TOLVAPTAN	Otsuka Patient Assistance Program	\$4,422.50	\$5,085.88
	30	MG	TABLET(S)	TOLVAPTAN	Otsuka Patient Assistance Program	\$4,587.84	\$5,276.02
<b>SANCUSO</b>							
	3.1/24	MG/HR	PATCH	granisetron	Sancuso Patient Assistance Program	\$598.38	\$688.14
<b>SANDIMMUNE</b>							
	100	MG	CAPSULE(S)	CYCLOSPORINE	Novartis Patient Assistance Foundation, Inc.	\$478.08	\$549.79
	25	MG	CAPSULE(S)	CYCLOSPORINE	Novartis Patient Assistance Foundation, Inc.	\$119.80	\$137.77

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SANDIMMUNE</b>							
	50	MG/ML (5ML)	UNIT(S)	CYCLOSPORINE	Novartis Patient Assistance Foundation, Inc.	\$621.12	\$714.29
<b>SANDOSTATIN LAR DEPOT</b>							
	10	MG	MG	OCTREOTIDE ACETATE	Novartis Patient Assistance Now Oncology Program	\$3,396.86	\$3,906.39
	20	MG	MG	OCTREOTIDE ACETATE	Novartis Patient Assistance Now Oncology Program	\$4,242.59	\$4,878.98
	30	MG	MG	OCTREOTIDE ACETATE	Novartis Patient Assistance Now Oncology Program	\$6,352.98	\$7,305.93
<b>SAPHRIS</b>							
	10	MG	TABLET(S)	ASENAPINE	Allergan Patient Assistance Program	\$2,193.23	\$2,522.21
	5	MG	TABLET(S)	ASENAPINE	Allergan Patient Assistance Program	\$2,193.23	\$2,522.21
<b>SAPHRIS BLACK CHERRY</b>							
	10	MG	TABLET(S)	ASENAPINE	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
	2.5	MG	TABLET(S)	asenapine	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
	5	MG	TABLET(S)	ASENAPINE	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
<b>SAVAYSA</b>							
	15	MG	TABLET(S)	edoxaban	Daiichi Sankyo Open Care Program	\$377.28	\$433.87
	30	MG	TABLET(S)	edoxaban	Daiichi Sankyo Open Care Program	\$1,131.84	\$1,301.62
	60	MG	TABLET(S)	edoxaban	Daiichi Sankyo Open Care Program	\$1,131.84	\$1,301.62
	15	MG	TABLET(S)	edoxaban	Xubex Free Trial 30 Day Medication Supply	\$377.28	\$433.87
	30	MG	TABLET(S)	edoxaban	Xubex Free Trial 30 Day Medication Supply	\$1,131.84	\$1,301.62
	60	MG	TABLET(S)	edoxaban	Xubex Free Trial 30 Day Medication Supply	\$1,131.84	\$1,301.62

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SAVELLA</b>							
	100	MG	TABLET(S)	MILNACIPRAN HCL	Allergan Patient Assistance Program	\$382.24	\$439.58
	12.5	MG	TABLET(S)	MILNACIPRAN HCL	Allergan Patient Assistance Program	\$382.24	\$439.58
	25	MG	TABLET(S)	MILNACIPRAN HCL	Allergan Patient Assistance Program	\$382.24	\$439.58
	50	MG	TABLET(S)	MILNACIPRAN HCL	Allergan Patient Assistance Program	\$382.24	\$439.58
<b>SAVELLA TITRATION PACK</b>							
	N/A	N/A	TABLET(S)	MILNACIPRAN HYDROCHLORIDE	Allergan Patient Assistance Program	\$350.39	\$402.95
<b>SCANDICAL</b>							
	N/A	N/A	POWDER	NUTRITIONAL SUPPLEMENT	Axcan Comprehensive Care Program for CF	\$6.63	\$7.62
<b>SCANDISHAKE-BERRY</b>							
	N/A	N/A	POWDER	NUTRITIONAL SUPPLEMENT	Axcan Comprehensive Care Program for CF	\$7.67	\$8.82
<b>SCANDISHAKE-CHOCOLATE</b>							
	N/A	N/A	POWDER	NUTRITIONAL SUPPLEMENT	Axcan Comprehensive Care Program for CF	\$7.67	\$8.82
<b>SCANDISHAKE-VANILLA</b>							
	N/A	N/A	POWDER	NUTRITIONAL SUPPLEMENT	Axcan Comprehensive Care Program for CF	\$7.67	\$8.82
<b>SELEGILINE HCL (BRAND: ELDEPRYL)</b>							
	5	MG	TABLET(S)	SELEGILINE HYDROCHLORIDE	Xubex Preferred Network Program	\$138.25	\$158.99
<b>SELZENTRY</b>							
	150	MG	TABLET(S)	MARAVIROC	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,679.68	\$1,931.63
	300	MG	TABLET(S)	MARAVIROC	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,679.68	\$1,931.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SELZENTRY</b>							
	150	MG	TABLET(S)	MARAVIROC	ViiV Healthcare Patient Assistance Program	\$1,679.68	\$1,931.63
	300	MG	TABLET(S)	MARAVIROC	ViiV Healthcare Patient Assistance Program	\$1,679.68	\$1,931.63
<b>SENSIPAR</b>							
	30	MG	TABLET(S)	CINACALCET HYDROCHLORIDE	Amgen Safety Net Foundation	\$968.04	\$1,113.25
	60	MG	TABLET(S)	CINACALCET HYDROCHLORIDE	Amgen Safety Net Foundation	\$1,936.08	\$2,226.49
	90	MG	TABLET(S)	CINACALCET HYDROCHLORIDE	Amgen Safety Net Foundation	\$2,904.12	\$3,339.74
<b>SEREVENT DISKUS</b>							
	0.046	MCG	PUFF(S)	SALMETEROL XINAFOATE	GSK Patient Assistance Program	\$421.96	\$485.25
	0.046	MCG	PUFF(S)	SALMETEROL XINAFOATE	Welvista - South Carolina Residents Only	\$421.96	\$485.25
<b>SEROSTIM</b>							
	4	MG	INJECTION	SOMATROPIN, MAMMALIAN DERIVED	EMD SeroCare-Serostim Patient Assistance Program	\$2,573.18	\$2,959.16
	5	MG	INJECTION	SOMATROPIN, MAMMALIAN DERIVED	EMD SeroCare-Serostim Patient Assistance Program	\$3,216.48	\$3,698.95
	6	MG	INJECTION	SOMATROPIN, MAMMALIAN DERIVED	EMD SeroCare-Serostim Patient Assistance Program	\$3,859.78	\$4,438.75
	8.8	MG	INJECTION	SOMATROPIN, MAMMALIAN DERIVED	EMD SeroCare-Serostim Patient Assistance Program	\$1,674.62	\$1,925.81
<b>SERTRALINE (BRAND: ZOLOFT)</b>							
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$247.00	\$284.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SERTRALINE (BRAND: ZOLOFT)</b>							
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$247.00	\$284.05
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$265.00	\$304.75
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach	\$247.00	\$284.05
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$247.00	\$284.05
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Rx Outreach Preferred Clinic Discount Pricing Program	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$247.00	\$284.05
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$255.00	\$293.25
	100	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Xubex Preferred Network Program	\$265.00	\$304.75
	25	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Xubex Preferred Network Program	\$247.00	\$284.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SERTRALINE (BRAND: ZOLOFT)</b>							
	50	MG	TABLET(S)	SERTRALINE HYDROCHLORIDE	Xubex Preferred Network Program	\$255.00	\$293.25
<b>SEVELAMER CARBONATE (BRAND: RENVELA)</b>							
	800	MG	TABLET(S)	sevelamer carbonate	Rx Outreach	\$1,645.75	\$1,892.61
<b>SIMBRINZA</b>							
	0.2-1	% (8 ml)	DROP(S)	brimonidine tartrate/brinzolamide	NC MedAssist - North Carolina Residents Only	\$164.48	\$189.15
	0.2-1	% (8 ml)	DROP(S)	brimonidine tartrate/brinzolamide	Novartis Patient Assistance Foundation, Inc.	\$164.48	\$189.15
	0.2-1	% (8 ml)	DROP(S)	brimonidine tartrate/brinzolamide	Welvista - South Carolina Residents Only	\$164.48	\$189.15
<b>SIMPLY SALINE</b>							
	0.9	% (ML)	SPRAY(S)	SODIUM CHLORIDE	Blairex Laboratories, Inc	\$4.22	\$4.85
<b>SIMPONI ARIA</b>							
	50/4	MG/ML (4 ML)	MG	golimumab	Johnson & Johnson Patient Assistance Foundation	\$1,910.51	\$2,197.09
<b>SIMPONI PREFILLED SYRINGE</b>							
	50/0.5	MG/ML (0.5 ML)	INJECTION	GOLIMUMAB	Johnson & Johnson Patient Assistance Foundation-Card Program	\$4,980.46	\$5,727.53
<b>SIMPONI SMARTJECT AUTOINJECTION</b>							
	50/0.5	MG/ML (0.5 ML)	INJECTION(S)	golimumab	Johnson & Johnson Patient Assistance Foundation-Card Program	\$4,980.46	\$5,727.53

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SIMVASTATIN (BRAND: ZOCOR)</b>							
	10	MG	TABLET(S)	SIMVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$253.81	\$291.88
	20	MG	TABLET(S)	SIMVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$442.85	\$509.28
	40	MG	TABLET(S)	SIMVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$442.85	\$509.28
	5	MG	TABLET(S)	SIMVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$189.39	\$217.80
	80	MG	TABLET(S)	SIMVASTATIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$442.85	\$509.28
	10	MG	TABLET(S)	SIMVASTATIN	Rx Outreach	\$253.81	\$291.88
	20	MG	TABLET(S)	SIMVASTATIN	Rx Outreach	\$442.85	\$509.28
	40	MG	TABLET(S)	SIMVASTATIN	Rx Outreach	\$442.85	\$509.28
	5	MG	TABLET(S)	SIMVASTATIN	Rx Outreach	\$189.39	\$217.80
	80	MG	TABLET(S)	SIMVASTATIN	Rx Outreach	\$442.85	\$509.28
	10	MG	TABLET(S)	SIMVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$253.81	\$291.88
	20	MG	TABLET(S)	SIMVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$442.85	\$509.28
	40	MG	TABLET(S)	SIMVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$442.85	\$509.28
	5	MG	TABLET(S)	SIMVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$189.39	\$217.80
	80	MG	TABLET(S)	SIMVASTATIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$442.85	\$509.28

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SIMVASTATIN (BRAND: ZOCOR)</b>							
	10	MG	TABLET(S)	SIMVASTATIN	Welvista - South Carolina Residents Only	\$253.81	\$291.88
	20	MG	TABLET(S)	SIMVASTATIN	Welvista - South Carolina Residents Only	\$442.85	\$509.28
	40	MG	TABLET(S)	SIMVASTATIN	Welvista - South Carolina Residents Only	\$442.85	\$509.28
	10	MG	TABLET(S)	SIMVASTATIN	Xubex Preferred Network Program	\$253.81	\$291.88
	20	MG	TABLET(S)	SIMVASTATIN	Xubex Preferred Network Program	\$442.85	\$509.28
	40	MG	TABLET(S)	SIMVASTATIN	Xubex Preferred Network Program	\$442.85	\$509.28
	5	MG	TABLET(S)	SIMVASTATIN	Xubex Preferred Network Program	\$189.39	\$217.80
	80	MG	TABLET(S)	SIMVASTATIN	Xubex Preferred Network Program	\$442.85	\$509.28
<b>SINGULAIR GRANULES</b>							
	4	MG/PACKET	PACKET(S)	montelukast sodium	Merck Patient Assistance Program	\$258.48	\$297.25
<b>SIROLIMUS (BRAND: RAPAMUNE)</b>							
	0.5	MG	TABLET(S)	sirolimus	Xubex Preferred Network Program	\$847.38	\$974.49
<b>SIVEXTRO</b>							
	200	MG	TABLET(S)	tedizolid phosphate	Access Sivextro Patient Assistance Program	\$2,317.25	\$2,664.84
<b>SKELAXIN</b>							
	400	mg	TAB	METAXALONE	NC MedAssist - North Carolina Residents Only	\$134.68	\$154.88
	800	MG	TABLET(S)	METAXALONE	NC MedAssist - North Carolina Residents Only	\$1,114.76	\$1,281.97
	800	MG	TABLET(S)	METAXALONE	Pfizer RxPathways	\$1,114.76	\$1,281.97
	800	MG	TABLET(S)	METAXALONE	Welvista - South Carolina Residents Only	\$1,114.76	\$1,281.97



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SKYLA</b>							
	13.5	MG	DEVICE (INSERT)	levonorgestrel	Arch Foundation Patient Assistance Program	\$857.64	\$986.29
	13.5	MG	DEVICE (INSERT)	levonorgestrel	Bayer-Specialty Pharmacy Program for Kyleena Mirena and Skyla	\$857.64	\$986.29
<b>SODIUM BICARBONATE (BRAND: ALKA-SELTZER)</b>							
	325	MG	TABLET(S)	sodium bicarbonate	Xubex Preferred Network Program	\$5.00	\$5.75
	650	MG	TABLET(S)	sodium bicarbonate	Xubex Preferred Network Program	\$5.50	\$6.33
<b>SOLIQUA</b>							
	100-33	U/ML (3 ML)	UNIT(S)	insulin glargine, recombinant/lixisenatide	Sanofi Patient Connection	\$762.00	\$876.30
<b>SOLIRIS</b>							
	10	MG/ML (30 ML)	MG	ECULIZUMAB	Alexion Complement Foundation	\$7,696.80	\$8,851.32
<b>SOMATULINE DEPOT</b>							
	120/0.5	MG/ML (0.5 ML)	SYRINGE	lanreotide acetate	Ipsen Cares Patient Assistance Program	\$8,006.40	\$9,207.36
	60/0.2	MG/ML (0.2 ML)	SYRINGE	lanreotide acetate	Ipsen Cares Patient Assistance Program	\$5,096.40	\$5,860.86
	90/0.3	MG/ML (0.3 ML)	SYRINGE	lanreotide acetate	Ipsen Cares Patient Assistance Program	\$6,787.20	\$7,805.28
<b>SOOLANTRA</b>							
	1	% (30 GM)	GM	ivermectin	Galderma Patient Assistance Program	\$415.13	\$477.40
<b>SORIATANE</b>							
	10	MG	CAPSULE(S)	acitretin	GSK Patient Assistance Program	\$1,581.62	\$1,818.86
	17.5	MG	CAPSULE(S)	acitretin	GSK Patient Assistance Program	\$1,949.52	\$2,241.95
	25	MG	CAPSULE(S)	acitretin	GSK Patient Assistance Program	\$1,949.52	\$2,241.95

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SORINE</b>							
	120	MG	TABLET(S)	sotalol hydrochloride	Rx Outreach	\$346.39	\$398.35
	160	MG	TABLET(S)	sotalol hydrochloride	Rx Outreach	\$430.98	\$495.63
	240	MG	TABLET(S)	sotalol hydrochloride	Rx Outreach	\$559.97	\$643.97
	80	MG	TABLET(S)	sotalol hydrochloride	Rx Outreach	\$260.89	\$300.02
<b>SOTALOL HCL (BRAND: BETAPACE)</b>							
	120	MG	TABLET(S)	sotalol hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$313.14	\$360.11
	80	MG	TABLET(S)	SOTALOL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$234.72	\$269.93
	120	MG	TABLET(S)	sotalol hydrochloride	Xubex Preferred Network Program	\$313.14	\$360.11
	80	MG	TABLET(S)	SOTALOL HYDROCHLORIDE	Xubex Preferred Network Program	\$234.72	\$269.93
<b>SOTALOL HCL AF (BRAND: BETAPACE AF)</b>							
	160	MG	TABLET(S)	sotalol hydrochloride	Xubex Preferred Network Program	\$391.50	\$450.23
	240	MG	TABLET(S)	sotalol hydrochloride	Xubex Preferred Network Program	\$508.95	\$585.29
<b>SOTYLIZE</b>							
	5	MG/ML (250 ML)	ML	sotalol hydrochloride	Arbor Pharmaceuticals Patient Assistance Program	\$485.35	\$558.15
<b>SOVALDI</b>							
	400	MG	TABLET(S)	sofosbuvir	Support Path Patient Assistance Program	\$33,600.00	\$38,640.00
<b>SPIRIVA</b>							
	18	MCG	CAPSULE/HANDIHAL ER	TIOTROPIUM BROMIDE	Boehringer Ingelheim Cares Foundation Inc.	\$1,325.52	\$1,524.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SPIRIVA</b>							
	18	MCG	CAPSULE/HANDIHAL ER	TIOTROPIUM BROMIDE	Hospital To Home	\$1,325.52	\$1,524.35
<b>SPIRIVA RESPIMAT</b>							
	1.25	MCG/ACTUATION (4 GM)	SPRAY(S)	tiotropium bromide	Boehringer Ingelheim Cares Foundation Inc.	\$441.84	\$508.12
	2.5	MCG/ACTUATION	SPRAY(S)	tiotropium bromide	Boehringer Ingelheim Cares Foundation Inc.	\$441.84	\$508.12
	1.25	MCG/ACTUATION (4 GM)	SPRAY(S)	tiotropium bromide	Hospital To Home	\$441.84	\$508.12
	2.5	MCG/ACTUATION	SPRAY(S)	tiotropium bromide	Hospital To Home	\$441.84	\$508.12
<b>SPIRONOLACTONE (BRAND: ALDACTONE)</b>							
	100	MG	TABLET(S)	spironolactone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$142.43	\$163.79
	25	MG	TABLET(S)	SPIRONOLACTONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$45.94	\$52.83
	50	MG	TABLET(S)	spironolactone	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$81.57	\$93.81
	100	MG	TABLET(S)	spironolactone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$142.43	\$163.79
	25	MG	TABLET(S)	SPIRONOLACTONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$45.94	\$52.83
	50	MG	TABLET(S)	spironolactone	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$81.57	\$93.81
	25	MG	TABLET(S)	SPIRONOLACTONE	Rx Outreach	\$45.94	\$52.83
	50	MG	TABLET(S)	spironolactone	Rx Outreach	\$81.57	\$93.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SPIRONOLACTONE (BRAND: ALDACTONE)</b>							
	25	MG	TABLET(S)	SPIRONOLACTONE	Welvista - South Carolina Residents Only	\$45.94	\$52.83
	50	MG	TABLET(S)	spironolactone	Welvista - South Carolina Residents Only	\$81.57	\$93.81
	100	MG	TABLET(S)	spironolactone	Xubex Preferred Network Program	\$142.43	\$163.79
	25	MG	TABLET(S)	SPIRONOLACTONE	Xubex Preferred Network Program	\$45.94	\$52.83
	50	MG	TABLET(S)	spironolactone	Xubex Preferred Network Program	\$81.57	\$93.81
<b>SPIRONOLACTONE/HCTZ (BRAND: ALDACTAZIDE)</b>							
	25/25	MG/MG	TABLET(S)	spironolactone/hctz	Rx Outreach	\$46.01	\$52.91
	25/25	MG/MG	TABLET(S)	spironolactone/hctz	Xubex Preferred Network Program	\$46.01	\$52.91
<b>SPORANOX</b>							
	10	MG/ML (150ML)	SOL	ITRACONAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$354.96	\$408.20
	100	MG	CAPSULE(S)	ITRACONAZOLE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$874.48	\$1,005.65
	10	MG/ML (150ML)	SOL	ITRACONAZOLE	Johnson & Johnson Patient Assistance Foundation	\$354.96	\$408.20
	100	MG	CAPSULE(S)	ITRACONAZOLE	Johnson & Johnson Patient Assistance Foundation	\$874.48	\$1,005.65
	10	MG/ML (150ML)	SOL	ITRACONAZOLE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$354.96	\$408.20
	100	MG	CAPSULE(S)	ITRACONAZOLE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$874.48	\$1,005.65
	10	MG/ML (150ML)	SOL	ITRACONAZOLE	NC MedAssist - North Carolina Residents Only	\$354.96	\$408.20
	100	MG	CAPSULE(S)	ITRACONAZOLE	NC MedAssist - North Carolina Residents Only	\$874.48	\$1,005.65

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SPORANOX</b>							
	100	MG	CAPSULE(S)	ITRACONAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$874.48	\$1,005.65
	10	MG/ML (150ML)	SOL	ITRACONAZOLE	Welvista - South Carolina Residents Only	\$354.96	\$408.20
	100	MG	CAPSULE(S)	ITRACONAZOLE	Welvista - South Carolina Residents Only	\$874.48	\$1,005.65
<b>SPRINTEC (BRAND: ORTHO-CYCLLEN)</b>							
	35-0.25	MG-MG	TABLET(S)	ETHINYL ESTRADIOL/NORGESTIMATE	Rx Outreach	\$193.38	\$222.39
<b>SPRYCEL</b>							
	100	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$14,494.37	\$16,668.53
	140	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$14,494.37	\$16,668.53
	20	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$8,042.02	\$9,248.32
	50	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$16,084.02	\$18,496.62
	70	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$16,084.02	\$18,496.62
	80	MG	TABLET(S)	DASATINIB	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$14,494.37	\$16,668.53
	100	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$14,494.37	\$16,668.53
	140	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$14,494.37	\$16,668.53
	20	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$8,042.02	\$9,248.32
	50	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$16,084.02	\$18,496.62

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SPRYCEL</b>							
	70	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$16,084.02	\$18,496.62
	80	MG	TABLET(S)	DASATINIB	Xubex Free Trial 30 Day Medication Supply	\$14,494.37	\$16,668.53
<b>SSKI (BRAND: POTASSIUM IODIDE)</b>							
	1	GM/ML (30 ML)	ML	potassium iodide	Rx Outreach	\$22.57	\$25.96
<b>STARLIX</b>							
*	120	MG	TABLET(S)	NATEGLINIDE	Novartis Patient Assistance Foundation, Inc.	\$411.65	\$473.40
*	60	MG	TABLET(S)	NATEGLINIDE	Novartis Patient Assistance Foundation, Inc.	\$396.20	\$455.63
<b>STAVUDINE (BRAND: ZERIT)</b>							
	15	MG	CAPSULE(S)	stavudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$365.08	\$419.84
	20	MG	CAPSULE(S)	stavudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$379.64	\$436.59
	30	MG	CAPSULE(S)	stavudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$403.25	\$463.74
	40	MG	CAPSULE(S)	stavudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$410.70	\$472.31
	15	MG	CAPSULE(S)	stavudine	Xubex Preferred Network Program	\$365.08	\$419.84
	20	MG	CAPSULE(S)	stavudine	Xubex Preferred Network Program	\$379.64	\$436.59
	30	MG	CAPSULE(S)	stavudine	Xubex Preferred Network Program	\$403.25	\$463.74
	40	MG	CAPSULE(S)	stavudine	Xubex Preferred Network Program	\$410.70	\$472.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>STELARA</b>							
	45/0.5	MG/ML (0.5ML)	SYRINGE	USTEKINUMAB	Johnson & Johnson Patient Assistance Foundation	\$11,446.32	\$13,163.27
	45/0.5	MG/ML (0.5ML)	SYRINGE	USTEKINUMAB	Johnson & Johnson Patient Assistance Foundation-Card Program	\$11,446.32	\$13,163.27
<b>STELARA</b>							
	90	MG/ML (1 ML)	SYRINGE	ustekinumab	Johnson & Johnson Patient Assistance Foundation	\$22,892.64	\$26,326.54
	90	MG/ML (1 ML)	SYRINGE	ustekinumab	Johnson & Johnson Patient Assistance Foundation-Card Program	\$22,892.64	\$26,326.54
<b>STIMATE</b>							
	0.15	MG/ACTUATION (2.5 ML)	SPRAY(S)	DESMOPRESSIN ACETATE	CSL Behring Patient Assistance Program	\$828.00	\$952.20
<b>STIOLTO RESPIMAT</b>							
	2.5-2.5	MCG/ACTUATION	PUFF(S)	olodaterol/tiotropium bromide	Boehringer Ingelheim Cares Foundation Inc.	\$409.12	\$470.49
	2.5-2.5	MCG/ACTUATION	PUFF(S)	olodaterol/tiotropium bromide	Hospital To Home	\$409.12	\$470.49
<b>STIVARGA</b>							
	40	MG	TABLET(S)	regorafenib	Bayer REACH Program	\$17,857.79	\$20,536.46
<b>STRATTERA</b>							
	10	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$474.48	\$545.65
	100	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$556.20	\$639.63
	18	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$474.48	\$545.65

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>STRATTERA</b>							
	25	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$474.48	\$545.65
	40	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$515.52	\$592.85
	60	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$515.52	\$592.85
	80	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Lilly Cares	\$556.20	\$639.63
	10	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$474.48	\$545.65
	100	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$556.20	\$639.63
	18	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$474.48	\$545.65
	25	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$474.48	\$545.65
	40	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$515.52	\$592.85
	60	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$515.52	\$592.85
	80	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$556.20	\$639.63
	10	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$474.48	\$545.65
	100	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$556.20	\$639.63



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>STRATTERA</b>							
	18	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$474.48	\$545.65
	25	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$474.48	\$545.65
	40	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$515.52	\$592.85
	60	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$515.52	\$592.85
	80	MG	CAPSULE(S)	ATOMOXETINE HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$556.20	\$639.63
<b>STRIBILD</b>							
	150-150-200-300	MG-MG-MG-MG	TABLET(S)	antiviral combination	Gilead Advancing Access	\$3,468.65	\$3,988.95
	150-150-200-300	MG-MG-MG-MG	TABLET(S)	antiviral combination	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,468.65	\$3,988.95
	150-150-200-300	MG-MG-MG-MG	TABLET(S)	antiviral combination	Xubex Free Trial 30 Day Medication Supply	\$3,468.65	\$3,988.95
<b>STRIVERDI RESPIMAT (28 METERED ACTUATIONS)</b>							
	2.5	MCG/ACTUATION (4 GM)	PUFF(S)	olodaterol	Boehringer Ingelheim Cares Foundation Inc.	\$94.16	\$108.28
<b>STRIVERDI RESPIMAT (60 METERED ACTUATIONS)</b>							
	2.5	MCG/ACTUATION (4 GM)	PUFF(S)	olodaterol	Boehringer Ingelheim Cares Foundation Inc.	\$217.93	\$250.62
<b>STROMECTOL</b>							
	3	MG	TABLET(S)	IVERMECTIN	Merck Patient Assistance Program	\$111.66	\$128.41

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SUBOXONE</b>							
	2-0.5	MG-MG	FILM	buprenorphine hydrochloride/naloxone hydrochloride	Suboxone Here to Help Patient Assistance Program	\$148.50	\$170.78
	8-2	MG-MG	FILM	buprenorphine hydrochloride/naloxone hydrochloride	Suboxone Here to Help Patient Assistance Program	\$266.04	\$305.95
<b>SUCRALFATE</b>							
	1	GM	TABLET(S)	sucralfate	Rx Outreach	\$80.17	\$92.20
	1	GM	TABLET(S)	sucralfate	Xubex Preferred Network Program	\$80.17	\$92.20
<b>SULFAMETHOXAZOLE/TRIMETHOPRIM DS (BRAND: BACTRIM DS/SEPTRA DS)</b>							
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$115.43	\$132.74
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	NC MedAssist - North Carolina Residents Only	\$115.43	\$132.74
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$115.43	\$132.74
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	Rx Outreach	\$115.43	\$132.74
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	Welvista - South Carolina Residents Only	\$115.43	\$132.74
	800-160	MG-MG	TABLET(S)	SULFAMETHOXAZOLE AND TRIMETHOPRIM DS	Xubex Patient Assistance Program	\$115.43	\$132.74

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SULFASALAZINE (BRAND: AZULFIDINE)</b>							
	500	MG	TABLET(S)	SULFASALAZINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$25.50	\$29.33
	500	MG	TABLET(S)	SULFASALAZINE	Rx Outreach	\$25.50	\$29.33
	500	MG	TABLET(S)	SULFASALAZINE	Xubex Preferred Network Program	\$25.50	\$29.33
<b>SULINDAC (BRAND: CLINORIL)</b>							
	150	MG	TABLET(S)	SULINDAC	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$98.20	\$112.93
	200	MG	TABLET(S)	SULINDAC	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$120.60	\$138.69
	150	MG	TABLET(S)	SULINDAC	Xubex Preferred Network Program	\$98.20	\$112.93
	200	MG	TABLET(S)	SULINDAC	Xubex Preferred Network Program	\$120.60	\$138.69
<b>SUMATRIPTAN SUCCINATE (BRAND: IMITREX)</b>							
	100	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Rx Outreach	\$2,262.57	\$2,601.96
	25	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Rx Outreach	\$2,434.68	\$2,799.88
	50	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Rx Outreach	\$2,262.57	\$2,601.96
	100	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Welvista - South Carolina Residents Only	\$2,262.57	\$2,601.96
	25	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Welvista - South Carolina Residents Only	\$2,434.68	\$2,799.88
	50	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Welvista - South Carolina Residents Only	\$2,262.57	\$2,601.96
	100	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Xubex Preferred Network Program	\$2,262.57	\$2,601.96
	25	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Xubex Preferred Network Program	\$2,434.68	\$2,799.88
	50	MG	TABLET(S)	SUMATRIPTAN SUCCINATE	Xubex Preferred Network Program	\$2,262.57	\$2,601.96

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SUPRENZA</b>							
	30	MG	TABLET(S)	phentermine hydrochloride	Akrimax Patient Assistance Program	\$262.44	\$301.81
<b>SUPRENZA</b>							
	15	MG	TABLET(S)	phentermine hydrochloride	Akrimax Patient Assistance Program	\$262.44	\$301.81
	37.5	MG	TABLET(S)	phentermine hydrochloride	Akrimax Patient Assistance Program	\$262.44	\$301.81
<b>SUSTIVA</b>							
	600	MG	TABLET(S)	EFAVIRENZ	BMS3assist Program	\$1,176.74	\$1,353.25
	600	MG	TABLET(S)	EFAVIRENZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,176.74	\$1,353.25
<b>SUSTIVA</b>							
	200	MG	CAPSULE(S)	EFAVIRENZ	BMS3assist Program	\$1,176.74	\$1,353.25
	50	MG	CAPSULE(S)	EFAVIRENZ	BMS3assist Program	\$98.12	\$112.84
	200	MG	CAPSULE(S)	EFAVIRENZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,176.74	\$1,353.25
	50	MG	CAPSULE(S)	EFAVIRENZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$98.12	\$112.84
<b>SUTENT</b>							
	12.5	MG	CAPSULE(S)	SUNITINIB MALATE	Pfizer RxPathways	\$5,586.46	\$6,424.43
	25	MG	CAPSULE(S)	SUNITINIB MALATE	Pfizer RxPathways	\$11,172.94	\$12,848.88
	50	MG	CAPSULE(S)	SUNITINIB MALATE	Pfizer RxPathways	\$19,450.51	\$22,368.09
<b>SYLVANT</b>							
	400	MG	VIAL(S)	siltuximab	Johnson & Johnson Patient Assistance Foundation	\$4,241.90	\$4,878.19

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYMBICORT</b>							
	160/4.5	MCG (10.2 GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	AZ&Me Prescription Savings for people with Medicare Part D	\$370.42	\$425.98
	80/4.5	MCG (10.2GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	AZ&Me Prescription Savings for people with Medicare Part D	\$324.06	\$372.67
	160/4.5	MCG (10.2 GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	AZ&Me Prescription Savings Program	\$370.42	\$425.98
	80/4.5	MCG (10.2GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	AZ&Me Prescription Savings Program	\$324.06	\$372.67
	160/4.5	MCG (10.2 GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	Welvista - South Carolina Residents Only	\$370.42	\$425.98
	80/4.5	MCG (10.2GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	Welvista - South Carolina Residents Only	\$324.06	\$372.67
	80/4.5	MCG (10.2GM)	PUFF(S)	BUDESONIDE/FORMOTEROL FUMARATE	Xubex Free Trial 30 Day Medication Supply	\$324.06	\$372.67
<b>SYMBYAX</b>							
	25-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Lilly Cares	\$727.56	\$836.69
	25-3	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Lilly Cares	\$353.16	\$406.13
	25-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Lilly Cares	\$1,609.20	\$1,850.58
	50-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Lilly Cares	\$2,425.20	\$2,788.98
	50-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Lilly Cares	\$1,609.20	\$1,850.58

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYMBYAX</b>							
	25-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$727.56	\$836.69
	25-3	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$353.16	\$406.13
	25-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,609.20	\$1,850.58
	50-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$2,425.20	\$2,788.98
	50-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,609.20	\$1,850.58
	25-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Welvista - South Carolina Residents Only	\$727.56	\$836.69
	25-3	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Welvista - South Carolina Residents Only	\$353.16	\$406.13
	25-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Welvista - South Carolina Residents Only	\$1,609.20	\$1,850.58
	50-12	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Welvista - South Carolina Residents Only	\$2,425.20	\$2,788.98
	50-6	MG	CAPSULE(S)	FLUOXETINE HYDROCHLORIDE/OLANZAPINE	Welvista - South Carolina Residents Only	\$1,609.20	\$1,850.58
<b>SYMLINPEN</b>							
	120	MCG (2.7ML)	INJECTION	PRAMLINTIDE ACETATE	AZ&Me Prescription Savings Program	\$1,168.24	\$1,343.48
	60	MCG (1.5 ML)	INJECTION	PRAMLINTIDE ACETATE	AZ&Me Prescription Savings Program	\$983.77	\$1,131.34
	120	MCG (2.7ML)	INJECTION	PRAMLINTIDE ACETATE	NC MedAssist - North Carolina Residents Only	\$1,168.24	\$1,343.48
	60	MCG (1.5 ML)	INJECTION	PRAMLINTIDE ACETATE	NC MedAssist - North Carolina Residents Only	\$983.77	\$1,131.34

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYNAGIS</b>							
	50	MG	VIAL	PALIVIZUMAB	AZ&Me Prescription Savings Program for Synagis	\$1,797.96	\$2,067.65
<b>SYNAGIS</b>							
	100	MG	VIAL	PALIVIZUMAB	AZ&Me Prescription Savings Program for Synagis	\$3,328.50	\$3,827.78
<b>SYNAREL</b>							
	0.2	MG/ACTUATION (8ML)	SPRAY(S)	NAFARELIN ACETATE	Pfizer RxPathways	\$3,110.23	\$3,576.76
<b>SYNJARDY</b>							
	12.5/1000	MG/MG	TABLET(S)	empagliflozin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32
	12.5/500	MG/MG	TABLET(S)	empagliflozin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32
	5/1000	MG/MG	TABLET(S)	empagliflozin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32
	5/500	MG/MG	TABLET(S)	empagliflozin/metformin hydrochloride	Boehringer Ingelheim Cares Foundation Inc.	\$1,549.84	\$1,782.32
<b>SYNRIBO</b>							
	3.5	MG	INJECTION	omacetaxine mepesuccinate	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$1,148.40	\$1,320.66
<b>SYNTHROID</b>							
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.37	\$139.58
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.38	\$139.59
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.44	\$139.66

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYNTHROID</b>							
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.42	\$139.63
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.44	\$139.66
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.27	\$139.46
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.42	\$139.63
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.42	\$139.63
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$130.04	\$149.55
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.38	\$139.59
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.42	\$139.63
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$121.42	\$139.63
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.37	\$139.58
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.38	\$139.59
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.44	\$139.66
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.42	\$139.63
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.44	\$139.66
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.27	\$139.46
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.42	\$139.63
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.42	\$139.63
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$130.04	\$149.55
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.38	\$139.59
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.42	\$139.63
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	NC MedAssist - North Carolina Residents Only	\$121.42	\$139.63



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYNTHROID</b>							
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.37	\$139.58
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.38	\$139.59
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.44	\$139.66
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.42	\$139.63
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.44	\$139.66
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.27	\$139.46
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.42	\$139.63
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.42	\$139.63
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.38	\$139.59
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.42	\$139.63
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$121.42	\$139.63
	100	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.37	\$139.58
	112	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.38	\$139.59
	125	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.44	\$139.66

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYNTHROID</b>							
	137	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.42	\$139.63
	150	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.44	\$139.66
	175	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.27	\$139.46
	200	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.42	\$139.63
	25	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.42	\$139.63
	300	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$130.04	\$149.55
	50	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.38	\$139.59
	75	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.42	\$139.63
	88	MCG	TABLET(S)	LEVOTHYROXINE SODIUM	Welvista - South Carolina Residents Only	\$121.42	\$139.63
<b>SYNTHROID</b>							
	0.5	mg	POW	LEVOTHYROXINE SODIUM	AbbVie Patient Assistance Program	\$67.22	\$77.30
<b>SYNVISC</b>							
	8	MG/ML (2ML)	SYRINGE	HYLAN G-F 20	Sanofi Synvisc Connection	\$1,492.73	\$1,716.64
<b>SYNVISC-ONE</b>							
	8	MG/ML (6 ML)	SYRINGE	HYLAN POLYMERS A AND B	Sanofi Synvisc Connection	\$1,492.73	\$1,716.64
<b>SYPRINE</b>							
	250	MG	CAPSULE(S)	TRIENTINE HYDROCHLORIDE	Valeant Patient Assistance Program	\$25,520.16	\$29,348.18
<b>SYSTANE</b>							
	0.4-0.3	%-%	DROP(S)	PEG-400/PROPYLENE GLYCOL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$9.54	\$10.97
	0.4-0.3	%-%	DROP(S)	PEG-400/PROPYLENE GLYCOL	Novartis Patient Assistance Foundation, Inc.	\$9.54	\$10.97

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>SYSTANE BALANCE</b>							
	0.6	% (10 ML)	DROP(S)	propylene glycol	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$10.44	\$12.01
	0.6	% (10 ML)	DROP(S)	propylene glycol	Novartis Patient Assistance Foundation, Inc.	\$10.44	\$12.01
<b>TACROLIMUS (BRAND: PROGRAF)</b>							
	0.5	MG	CAPSULE(S)	tacrolimus	Rx Outreach	\$222.98	\$256.43
	1	MG	CAPSULE(S)	tacrolimus	Rx Outreach	\$445.95	\$512.84
	1	MG	CAPSULE(S)	tacrolimus	Xubex Preferred Network Program	\$445.95	\$512.84
<b>TAFINLAR</b>							
	50	MG	CAPSULE(S)	dabrafenib mesylate	Novartis Patient Assistance Foundation, Inc.	\$7,496.35	\$8,620.80
	75	MG	CAPSULE(S)	dabrafenib mesylate	Novartis Patient Assistance Foundation, Inc.	\$11,243.78	\$12,930.35
	50	MG	CAPSULE(S)	dabrafenib mesylate	Novartis Patient Assistance Now Oncology Program	\$7,496.35	\$8,620.80
	75	MG	CAPSULE(S)	dabrafenib mesylate	Novartis Patient Assistance Now Oncology Program	\$11,243.78	\$12,930.35
<b>TAGRISSO</b>							
	40	MG	TABLET(S)	osimertinib	AZ&Me Prescription Savings Program for Specialty Products	\$17,028.90	\$19,583.24
	80	MG	TABLET(S)	osimertinib	AZ&Me Prescription Savings Program for Specialty Products	\$17,028.90	\$19,583.24
<b>TALTZ AUTOINJECTOR (CARTON OF 2)</b>							
	80	MG	MG	ixekizumab	Lilly Cares	\$11,465.64	\$13,185.49

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TALTZ PREFILLED SYRINGE (CARTON OF 1)</b>							
	80	MG	MG	ixekizumab	Lilly Cares	\$5,732.82	\$6,592.74
<b>TALTZ PREFILLED SYRINGE (CARTON OF 2)</b>							
	80	MG	MG	ixekizumab	Lilly Cares	\$11,465.64	\$13,185.49
<b>TALTZ AUTOINJECTOR (CARTON OF 1)</b>							
	80	MG	MG	ixekizumab	Lilly Cares	\$5,732.82	\$6,592.74
<b>TALTZ AUTOINJECTOR (CARTON OF 3)</b>							
	80	MG	MG	ixekizumab	Lilly Cares	\$17,198.46	\$19,778.23
<b>TAMOXIFEN CITRATE</b>							
	20	MG	TABLET(S)	TAMOXIFEN CITRATE	Rx Outreach	\$379.24	\$436.13
	20	MG	TABLET(S)	TAMOXIFEN CITRATE	Welvista - South Carolina Residents Only	\$379.24	\$436.13
	20	MG	TABLET(S)	TAMOXIFEN CITRATE	Xubex Preferred Network Program	\$379.24	\$436.13
<b>TAMOXIFEN CITRATE</b>							
	10	MG	TABLET(S)	TAMOXIFEN CITRATE	Rx Outreach	\$113.77	\$130.84
	10	MG	TABLET(S)	TAMOXIFEN CITRATE	Welvista - South Carolina Residents Only	\$113.77	\$130.84
	10	MG	TABLET(S)	TAMOXIFEN CITRATE	Xubex Preferred Network Program	\$113.77	\$130.84
<b>TAMSULOSIN (BRAND: FLOMAX)</b>							
	0.4	MG	CAPSULE(S)	TAMSULOSIN	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$421.36	\$484.56
	0.4	MG	CAPSULE(S)	TAMSULOSIN	NC MedAssist - North Carolina Residents Only	\$421.36	\$484.56
	0.4	MG	CAPSULE(S)	TAMSULOSIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$421.36	\$484.56

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TAMSULOSIN (BRAND: FLOMAX)</b>							
	0.4	MG	CAPSULE(S)	TAMSULOSIN	Rx Outreach	\$421.36	\$484.56
	0.4	MG	CAPSULE(S)	TAMSULOSIN	Rx Outreach Preferred Clinic Discount Pricing Program	\$421.36	\$484.56
	0.4	MG	CAPSULE(S)	TAMSULOSIN	Xubex Preferred Network Program	\$421.36	\$484.56
<b>TANZEUM</b>							
	30	MG	PEN(S)	albiglutide	GSK Patient Assistance Program	\$626.41	\$720.37
	50	MG	PEN(S)	albiglutide	GSK Patient Assistance Program	\$626.41	\$720.37
	30	MG	PEN(S)	albiglutide	Welvista - South Carolina Residents Only	\$626.41	\$720.37
	50	MG	PEN(S)	albiglutide	Welvista - South Carolina Residents Only	\$626.41	\$720.37
	30	MG	PEN(S)	albiglutide	Xubex Free Trial 30 Day Medication Supply	\$626.41	\$720.37
	50	MG	PEN(S)	albiglutide	Xubex Free Trial 30 Day Medication Supply	\$626.41	\$720.37
<b>TARCEVA</b>							
	100	MG	TABLET(S)	ERLOTINIB	Genentech Access Solutions-Oral Products	\$8,302.25	\$9,547.59
	150	MG	TABLET(S)	ERLOTINIB	Genentech Access Solutions-Oral Products	\$9,390.44	\$10,799.01
	25	MG	TABLET(S)	ERLOTINIB	Genentech Access Solutions-Oral Products	\$3,022.66	\$3,476.06
<b>TARGRETIN</b>							
	75	MG	CAPSULE(S)	BEXAROTENE	Eisai Patient Assistance Program	\$9,541.10	\$10,972.27
	75	MG	CAPSULE(S)	BEXAROTENE	Rx Outreach	\$9,541.10	\$10,972.27
<b>TARGRETIN GEL</b>							
	1	%	APPLICATION	BEXAROTENE	Eisai Patient Assistance Program	\$23,327.24	\$26,826.33
	1	%	APPLICATION	BEXAROTENE	Rx Outreach	\$23,327.24	\$26,826.33

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TASIGNA</b>							
	200	MG	CAPSULE(S)	NILOTINIB HYDROCHLORIDE	Novartis Patient Assistance Now Oncology Program	\$3,381.52	\$3,888.75
<b>TASMAR</b>							
	100	MG	TABLET(S)	TOLCAPONE	Valeant Patient Assistance Program	\$12,802.16	\$14,722.48
<b>TAZORAC CREAM</b>							
	0.05	% (60 GM)	APPLICATION	TAZAROTENE	Allergan Patient Assistance Program - Eye & Dermatology	\$816.19	\$938.62
	0.1	% (60 GM)	APPLICATION	TAZAROTENE	Allergan Patient Assistance Program - Eye & Dermatology	\$867.13	\$997.20
<b>TAZORAC GEL</b>							
	0.05	% (100 GM)	APPLICATION	TAZAROTENE	Allergan Patient Assistance Program - Eye & Dermatology	\$1,360.25	\$1,564.29
	0.1	% (100 GM)	APPLICATION	TAZAROTENE	Allergan Patient Assistance Program - Eye & Dermatology	\$1,445.34	\$1,662.14
<b>TEARS AGAIN HYDRATE</b>							
	40-500-1000	MG-MG-MG	CAPSULE(S)	BILBERRY EXTRACT/EVENING PRIMROSE OIL/FLAXSEED OIL	OcuSoft Patient Assistance Program	\$57.60	\$66.24
<b>TECENTRIQ</b>							
	60/1	MG/ML (20 ML)	MG	atezolizumab	Genentech Access to Solutions-Infused Products	\$10,344.00	\$11,895.60
<b>TECFIDERA</b>							
	120	MG	CAPSULE(S)	dimethyl fumarate	Biogen MS Active Source-Tecfidera	\$1,909.68	\$2,196.13
	240	MG	CAPSULE(S)	dimethyl fumarate	Biogen MS Active Source-Tecfidera	\$8,184.00	\$9,411.60

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TECHNIVIE</b>							
	12.5-75.50	MG	TABLET(S)	ombitasvir/paritaprevir/ritonavir	AbbVie proCeed Program	\$30,661.20	\$35,260.38
<b>TEGRETOL</b>							
	100	MG/5ML (450 ML)	ML	TEGRETOL	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$169.51	\$194.94
	200	MG	TABLET(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$263.18	\$302.66
	200	MG	TABLET(S)	CARBAMAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$263.18	\$302.66
	100	MG	TABLET(S)	CARBAMAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$0.77	\$0.89
	200	MG	TABLET(S)	CARBAMAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$263.18	\$302.66
<b>TEGRETOL-XR</b>							
	100	MG	TABLET(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$140.87	\$162.00
	200	MG	TABLET(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$281.17	\$323.35
	400	MG	TABLET(S)	CARBAMAZEPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$561.91	\$646.20
	100	MG	TABLET(S)	CARBAMAZEPINE	NC MedAssist - North Carolina Residents Only	\$140.87	\$162.00
	200	MG	TABLET(S)	CARBAMAZEPINE	NC MedAssist - North Carolina Residents Only	\$281.17	\$323.35
	400	MG	TABLET(S)	CARBAMAZEPINE	NC MedAssist - North Carolina Residents Only	\$561.91	\$646.20
	100	MG	TABLET(S)	CARBAMAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$140.87	\$162.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TEGRETOL-XR</b>							
	200	MG	TABLET(S)	CARBAMAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$281.17	\$323.35
	100	MG	TABLET(S)	CARBAMAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$140.87	\$162.00
	200	MG	TABLET(S)	CARBAMAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$281.17	\$323.35
	400	MG	TABLET(S)	CARBAMAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$561.91	\$646.20
	100	MG	TABLET(S)	CARBAMAZEPINE	Welvista - South Carolina Residents Only	\$140.87	\$162.00
	200	MG	TABLET(S)	CARBAMAZEPINE	Welvista - South Carolina Residents Only	\$281.17	\$323.35
	400	MG	TABLET(S)	CARBAMAZEPINE	Welvista - South Carolina Residents Only	\$561.91	\$646.20
<b>TELMISARTAN (BRAND: MICARDIS)</b>							
	20	MG	TABLET(S)	TELMISARTAN	Rx Outreach	\$469.89	\$540.37
	40	MG	TABLET(S)	TELMISARTAN	Rx Outreach	\$496.89	\$571.42
	80	MG	TABLET(S)	TELMISARTAN	Rx Outreach	\$496.89	\$571.42
	20	MG	TABLET(S)	TELMISARTAN	Xubex Preferred Network Program	\$469.89	\$540.37
	40	MG	TABLET(S)	TELMISARTAN	Xubex Preferred Network Program	\$496.89	\$571.42
	80	MG	TABLET(S)	TELMISARTAN	Xubex Preferred Network Program	\$496.89	\$571.42
<b>TELMISARTAN/AMLODIPINE (BRAND: TWYNSTA)</b>							
	10-40	MG-MG	TABLET(S)	amlodipine besylate/telmisartan	Xubex Preferred Network Program	\$171.24	\$196.93
	5-40	MG-MG	TABLET(S)	amlodipine besylate/telmisartan	Xubex Preferred Network Program	\$171.24	\$196.93
<b>TEMAZEPAM (BRAND: RESTORIL)</b>							
	15	MG	TABLET(S)	TEMAZEPAM	Rx Outreach	\$66.11	\$76.03



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TEMAZEPAM (BRAND: RESTORIL)</b>							
	30	MG	TABLET(S)	TEMAZEPAM	Rx Outreach	\$79.61	\$91.55
	15	MG	TABLET(S)	TEMAZEPAM	Xubex Preferred Network Program	\$66.11	\$76.03
	22.5	MG	CAPSULE(S)	temazepam	Xubex Preferred Network Program	\$298.21	\$342.94
	30	MG	TABLET(S)	TEMAZEPAM	Xubex Preferred Network Program	\$79.61	\$91.55
<b>TEMODAR</b>							
	100	MG	CAPSULE(S)	TEMOZOLOMIDE	Merck Patient Assistance Program	\$2,486.40	\$2,859.36
	140	MG	CAPSULE(S)	TEMOZOLOMIDE	Merck Patient Assistance Program	\$2,442.29	\$2,808.63
	20	MG	CAPSULE(S)	TEMOZOLOMIDE	Merck Patient Assistance Program	\$497.28	\$571.87
	250	MG	CAPSULE(S)	TEMOZOLOMIDE	Merck Patient Assistance Program	\$6,216.00	\$7,148.40
	5	MG	CAPSULE(S)	TEMOZOLOMIDE	Merck Patient Assistance Program	\$124.32	\$142.97
<b>TERAZOL 3</b>							
	80	MG	SUPPOSITORY	TERCONAZOLE	Johnson & Johnson Patient Assistance Foundation	\$52.79	\$60.71
	80	MG	SUPPOSITORY	TERCONAZOLE	NC MedAssist - North Carolina Residents Only	\$52.79	\$60.71
	80	MG	SUPPOSITORY	TERCONAZOLE	Welvista - South Carolina Residents Only	\$52.79	\$60.71
<b>TERAZOL 3 CREAM</b>							
	0.8	% 20 GM	APPLICATION	TERCONAZOLE	NC MedAssist - North Carolina Residents Only	\$52.79	\$60.71
	0.8	% 20 GM	APPLICATION	TERCONAZOLE	Welvista - South Carolina Residents Only	\$52.79	\$60.71
<b>TERAZOL 7 CREAM</b>							
	0.4	% (45GM)	APPLICATION	TERCONAZOLE	NC MedAssist - North Carolina Residents Only	\$52.79	\$60.71

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TERAZOL 7 CREAM</b>							
	0.4	% (45GM)	APPLICATION	TERCONAZOLE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$52.79	\$60.71
	0.4	% (45GM)	APPLICATION	TERCONAZOLE	Welvista - South Carolina Residents Only	\$52.79	\$60.71
<b>TERAZOSIN (BRAND: HYTRIN)</b>							
	1	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$160.50	\$184.58
	10	MG	CAPSULE(S)	terazosin hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$160.50	\$184.58
	2	MG	CAPSULE(S)	terazosin hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$160.50	\$184.58
	5	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$160.50	\$184.58
	1	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Rx Outreach	\$160.50	\$184.58
	5	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Rx Outreach	\$160.50	\$184.58
	1	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Xubex Preferred Network Program	\$160.50	\$184.58
	10	MG	CAPSULE(S)	terazosin hydrochloride	Xubex Preferred Network Program	\$160.50	\$184.58
	2	MG	CAPSULE(S)	terazosin hydrochloride	Xubex Preferred Network Program	\$160.50	\$184.58
	5	MG	CAPSULE(S)	TERAZOSIN HYDROCHLORIDE	Xubex Preferred Network Program	\$160.50	\$184.58
<b>TERBINAFINE (BRAND: LAMISIL)</b>							
	250	MG	TABLET(S)	TERBINAFINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,357.19	\$1,560.77
	250	MG	TABLET(S)	TERBINAFINE	Xubex Preferred Network Program	\$1,357.19	\$1,560.77

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TEV-TROPIN</b>							
	5	MG	MG	SOMATROPIN, E-COLI DERIVED	Teva Cares Foundation Patient Assistance Program	\$323.02	\$371.47
<b>THALOMID</b>							
	100	MG	CAPSULE(S)	THALIDOMIDE	Celgene Patient Support	\$46,604.45	\$53,595.12
	150	MG	CAPSULE(S)	THALIDOMIDE	Celgene Patient Support	\$39,865.34	\$45,845.14
	200	MG	CAPSULE(S)	THALIDOMIDE	Celgene Patient Support	\$31,836.59	\$36,612.08
	50	MG	CAPSULE(S)	THALIDOMIDE	Celgene Patient Support	\$5,742.30	\$6,603.65
<b>THEOPHYLLINE ER (BRAND: THEO-DUR)</b>							
	400	MG	TABLET(S)	theophylline	Xubex Preferred Network Program	\$135.76	\$156.12
<b>THERACYS</b>							
	81	MG	POWDER	BACILLUS OF CALMETTE AND GUERIN VACCINE, LIVE	Sanofi Patient Connection	\$204.79	\$235.51
<b>THIOLA</b>							
	100	MG	TABLET(S)	TIOPRONIN	Thiola Total Care Hub	\$3,385.10	\$3,892.87
<b>THIORIDAZINE HCL (BRAND: MELLARIL)</b>							
	10	MG	TABLET(S)	THIORIDAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$54.19	\$62.32
	100	MG	TABLET(S)	THIORIDAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$108.56	\$124.84
	25	MG	TABLET(S)	THIORIDAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$76.23	\$87.66
	50	MG	TABLET(S)	THIORIDAZINE HCL	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$95.33	\$109.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>THIORIDAZINE HCL (BRAND: MELLARIL)</b>							
	10	MG	TABLET(S)	THIORIDAZINE HCL	Xubex Preferred Network Program	\$54.19	\$62.32
	100	MG	TABLET(S)	THIORIDAZINE HCL	Xubex Preferred Network Program	\$108.56	\$124.84
	25	MG	TABLET(S)	THIORIDAZINE HCL	Xubex Preferred Network Program	\$76.23	\$87.66
	50	MG	TABLET(S)	THIORIDAZINE HCL	Xubex Preferred Network Program	\$95.33	\$109.63
<b>THYROID (BRAND: THYROID)</b>							
	120	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$14.25	\$16.39
	15	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$8.40	\$9.66
	180	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$12.00	\$13.80
	30	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$9.00	\$10.35
	60	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$9.60	\$11.04
	90	MG	CAPSULE(S)	THYROID	Xubex Patient Assistance Program	\$10.20	\$11.73
<b>TIAGABINE HYDROCHLORIDE (BRAND: GABITRIL)</b>							
	2	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Xubex Preferred Network Program	\$200.00	\$230.00
	4	MG	TABLET(S)	TIAGABINE HYDROCHLORIDE	Xubex Preferred Network Program	\$200.00	\$230.00
<b>TIKOSYN</b>							
	125	MCG	CAPSULE(S)	DOFETILIDE	Pfizer RxPathways	\$683.75	\$786.31
	250	MCG	CAPSULE(S)	DOFETILIDE	Pfizer RxPathways	\$683.75	\$786.31
	500	MCG	CAPSULE(S)	DOFETILIDE	Pfizer RxPathways	\$683.75	\$786.31
<b>TIMOLOL</b>							
	0.5	% (5ml)	DROP(S)	TIMOLOL MALEATE	NC MedAssist - North Carolina Residents Only	\$32.35	\$37.20

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TIMOPTIC IN OCULOSE</b>							
	0.5	% (60 units)	DROP(S)	TIMOLOL MALEATE	Valeant Patient Assistance Program-Bausch & Lomb Products	\$495.38	\$569.69
<b>TIROSINT</b>							
	100	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	112	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	125	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	13	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	137	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	150	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	25	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	50	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	75	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
	88	MCG	CAPSULE(S)	levothyroxine sodium	Akrimax Patient Assistance Program	\$134.18	\$154.31
<b>TIVICAY</b>							
	10	MG	TABLET(S)	dolutegravir sodium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$368.56	\$423.84
	25	MG	TABLET(S)	dolutegravir sodium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$921.41	\$1,059.62
	50	MG	TABLET(S)	dolutegravir sodium	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,842.82	\$2,119.24
	10	MG	TABLET(S)	dolutegravir sodium	ViiV Healthcare Patient Assistance Program	\$368.56	\$423.84
	25	MG	TABLET(S)	dolutegravir sodium	ViiV Healthcare Patient Assistance Program	\$921.41	\$1,059.62

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TIVICAY</b>							
	50	MG	TABLET(S)	dolutegravir sodium	ViiV Healthcare Patient Assistance Program	\$1,842.82	\$2,119.24
<b>TIZANIDINE HCL (BRAND: ZANAFLEX)</b>							
	2	MG	TABLET(S)	TIZANIDINE HCL	Rx Outreach	\$122.17	\$140.50
	4	MG	TABLET(S)	TIZANIDINE HCL	Rx Outreach	\$146.50	\$168.48
	2	MG	TABLET(S)	TIZANIDINE HCL	Xubex Preferred Network Program	\$122.17	\$140.50
	4	MG	TABLET(S)	TIZANIDINE HCL	Xubex Preferred Network Program	\$146.50	\$168.48
<b>TNKASE</b>							
	50	MG	KIT	TENECTEPLASE	Genentech Access to Care Foundation (TNKase, Cathflo, Activase)	\$3,847.98	\$4,425.18
<b>TOBI</b>							
	300/5	MG/ML (5ML)	SOL	TOBRAMYCIN	Novartis Patient Assistance Foundation, Inc.	\$8,805.37	\$10,126.18
<b>TOBRADEX</b>							
	0.1-0.3	%-% (10 ML)	DROP(S)	DEXAMETHASONE/TOBRAMYCIN	Novartis Patient Assistance Foundation, Inc.	\$359.10	\$412.97
<b>TOFRANIL</b>							
	10	MG	TABLET(S)	IMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$662.32	\$761.67
	25	MG	TABLET(S)	IMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$698.44	\$803.21
	50	MG	TABLET(S)	IMIPRAMINE HYDROCHLORIDE	Covidien/Mallinckrodt Patient Assistance Program	\$735.84	\$846.22

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TOFRANIL-PM</b>							
	100	MG	CAPSULE(S)	IMIPRAMINE PAMOATE	Covidien/Mallinckrodt Patient Assistance Program	\$2,096.17	\$2,410.60
	125	MG	CAPSULE(S)	IMIPRAMINE PAMOATE	Covidien/Mallinckrodt Patient Assistance Program	\$2,178.40	\$2,505.16
	150	MG	CAPSULE(S)	IMIPRAMINE PAMOATE	Covidien/Mallinckrodt Patient Assistance Program	\$2,262.17	\$2,601.50
	75	MG	CAPSULE(S)	IMIPRAMINE PAMOATE	Covidien/Mallinckrodt Patient Assistance Program	\$2,015.57	\$2,317.91
<b>TOLMETIN SODIUM</b>							
	400	MG	CAPSULE(S)	tolmetin sodium	Xubex Preferred Network Program	\$359.63	\$413.57
<b>TOLMETIN SODIUM</b>							
	200	MG	TABLET(S)	tolmetin sodium	Xubex Preferred Network Program	\$75.00	\$86.25
<b>TOLTERODINE TARTRATE (BRAND: DETROL)</b>							
	1	MG	TABLET(S)	tolterodine tartrate	Rx Outreach	\$198.55	\$228.33
	2	MG	TABLET(S)	tolterodine tartrate	Rx Outreach	\$203.79	\$234.36
	2	MG	TABLET(S)	tolterodine tartrate	Xubex Preferred Network Program	\$203.79	\$234.36
	4	MG	CAPSULE(S)	tolterodine tartrate	Xubex Preferred Network Program	\$723.20	\$831.68
<b>TOPAMAX</b>							
*	100	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$856.74	\$985.25
*	15	MG	CAPSULE(S)	TOPIRAMATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$326.72	\$375.73

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TOPAMAX</b>							
*	200	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,002.97	\$1,153.42
*	25	MG	CAPSULE(S)	TOPIRAMATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$394.97	\$454.22
*	50	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Hospital Access Patient Assistance Program	\$627.35	\$721.45
*	100	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$856.74	\$985.25
*	15	MG	CAPSULE(S)	TOPIRAMATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$326.72	\$375.73
*	200	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,002.97	\$1,153.42
*	25	MG	CAPSULE(S)	TOPIRAMATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$394.97	\$454.22
*	50	MG	TABLET(S)	TOPIRAMATE	Johnson & Johnson Patient Assistance Foundation-Card Program	\$627.35	\$721.45
	100	MG	TABLET(S)	TOPIRAMATE	NC MedAssist - North Carolina Residents Only	\$856.74	\$985.25
	15	MG	CAPSULE(S)	TOPIRAMATE	NC MedAssist - North Carolina Residents Only	\$326.72	\$375.73
	200	MG	TABLET(S)	TOPIRAMATE	NC MedAssist - North Carolina Residents Only	\$1,002.97	\$1,153.42
	25	MG	CAPSULE(S)	TOPIRAMATE	NC MedAssist - North Carolina Residents Only	\$394.97	\$454.22
	50	MG	TABLET(S)	TOPIRAMATE	NC MedAssist - North Carolina Residents Only	\$627.35	\$721.45
	100	MG	TABLET(S)	TOPIRAMATE	Welvista - South Carolina Residents Only	\$856.74	\$985.25
	15	MG	CAPSULE(S)	TOPIRAMATE	Welvista - South Carolina Residents Only	\$326.72	\$375.73
	200	MG	TABLET(S)	TOPIRAMATE	Welvista - South Carolina Residents Only	\$1,002.97	\$1,153.42



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TOPAMAX</b>							
	25	MG	CAPSULE(S)	TOPIRAMATE	Welvista - South Carolina Residents Only	\$394.97	\$454.22
	50	MG	TABLET(S)	TOPIRAMATE	Welvista - South Carolina Residents Only	\$627.35	\$721.45
<b>TOPIRAMATE (BRAND: TOPAMAX)</b>							
*	100	MG	TABLET(S)	TOPIRAMATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$677.10	\$778.67
*	200	MG	TABLET(S)	TOPIRAMATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$795.90	\$915.29
*	25	MG	TABLET(S)	TOPIRAMATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$247.80	\$284.97
*	50	MG	TABLET(S)	TOPIRAMATE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$509.88	\$586.36
	100	MG	TABLET(S)	TOPIRAMATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$677.10	\$778.67
	200	MG	TABLET(S)	TOPIRAMATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$795.90	\$915.29
	25	MG	TABLET(S)	TOPIRAMATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$247.80	\$284.97
	50	MG	TABLET(S)	TOPIRAMATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$509.88	\$586.36
	100	MG	TABLET(S)	TOPIRAMATE	Rx Outreach	\$677.10	\$778.67
	200	MG	TABLET(S)	TOPIRAMATE	Rx Outreach	\$795.90	\$915.29
	25	MG	TABLET(S)	TOPIRAMATE	Rx Outreach	\$247.80	\$284.97
	50	MG	TABLET(S)	TOPIRAMATE	Rx Outreach	\$509.88	\$586.36
	100	MG	TABLET(S)	TOPIRAMATE	Xubex Preferred Network Program	\$677.10	\$778.67

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TOPIRAMATE (BRAND: TOPAMAX)</b>							
	200	MG	TABLET(S)	TOPIRAMATE	Xubex Preferred Network Program	\$795.90	\$915.29
	25	MG	TABLET(S)	TOPIRAMATE	Xubex Preferred Network Program	\$247.80	\$284.97
	50	MG	TABLET(S)	TOPIRAMATE	Xubex Preferred Network Program	\$509.88	\$586.36
<b>TORISEL</b>							
	25	MG/ML (1ML)	INJECTION(S)	TEMSIROLIMUS	Pfizer RxPathways	\$2,061.66	\$2,370.91
<b>TORSEMIDE</b>							
	100	MG	TABLET(S)	torseamide	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$304.15	\$349.77
	100	MG	TABLET(S)	torseamide	Xubex Preferred Network Program	\$304.15	\$349.77
<b>TORSEMIDE (BRAND: DEMADEX)</b>							
	10	MG	TABLET(S)	TORSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$70.27	\$80.81
	20	MG	TABLET(S)	TORSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$82.08	\$94.39
	5	MG	TABLET(S)	TORSEMIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$63.41	\$72.92
	10	MG	TABLET(S)	TORSEMIDE	Xubex Preferred Network Program	\$70.27	\$80.81
	20	MG	TABLET(S)	TORSEMIDE	Xubex Preferred Network Program	\$82.08	\$94.39
	5	MG	TABLET(S)	TORSEMIDE	Xubex Preferred Network Program	\$63.41	\$72.92
<b>TOUJEO SOLOSTAR PEN</b>							
	300	U/ML (1.5 ML)	UNIT(S)	insulin glargine, recombinant	Sanofi Patient Connection	\$402.58	\$462.97
	300	U/ML (1.5 ML)	UNIT(S)	insulin glargine, recombinant	Xubex Free Trial 30 Day Medication Supply	\$402.58	\$462.97

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TOVIAZ ER</b>							
	4	MG	TABLET(S)	FESOTERODINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$357.50	\$411.13
	8	MG	TABLET(S)	FESOTERODINE FUMARATE	NC MedAssist - North Carolina Residents Only	\$357.50	\$411.13
	4	MG	TABLET(S)	FESOTERODINE FUMARATE	Pfizer RxPathways	\$357.50	\$411.13
	8	MG	TABLET(S)	FESOTERODINE FUMARATE	Pfizer RxPathways	\$357.50	\$411.13
	4	MG	TABLET(S)	FESOTERODINE FUMARATE	Welvista - South Carolina Residents Only	\$357.50	\$411.13
	8	MG	TABLET(S)	FESOTERODINE FUMARATE	Welvista - South Carolina Residents Only	\$357.50	\$411.13
<b>TRACLEER</b>							
	125	MG	TABLET(S)	BOSENTAN	Actelion Pathways	\$11,988.00	\$13,786.20
	62.5	MG	TABLET(S)	BOSENTAN	Actelion Pathways	\$11,988.00	\$13,786.20
<b>TRADJENTA</b>							
	5	MG	TABLET(S)	linagliptin	Boehringer Ingelheim Cares Foundation Inc.	\$1,371.60	\$1,577.34
<b>TRAMADOL (BRAND: ULTRAM)</b>							
	50	MG	TABLET(S)	TRAMADOL HYDROCHLORIDE	Rx Outreach	\$157.50	\$181.13
	50	MG	TABLET(S)	TRAMADOL HYDROCHLORIDE	Xubex Preferred Network Program	\$157.50	\$181.13
<b>TRANDOLAPRIL (BRAND: MAVIK)</b>							
	1	MG	TABLET(S)	TRANDOLAPRIL	Rx Outreach	\$123.93	\$142.52
	2	MG	TABLET(S)	TRANDOLAPRIL	Rx Outreach	\$105.93	\$121.82
	4	MG	TABLET(S)	TRANDOLAPRIL	Rx Outreach	\$105.93	\$121.82
	1	MG	TABLET(S)	TRANDOLAPRIL	Xubex Preferred Network Program	\$123.93	\$142.52
	2	MG	TABLET(S)	TRANDOLAPRIL	Xubex Preferred Network Program	\$105.93	\$121.82

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRANDOLAPRIL (BRAND: MAVIK)</b>							
	4	MG	TABLET(S)	TRANDOLAPRIL	Xubex Preferred Network Program	\$105.93	\$121.82
<b>TRANLYCYPROMINE SULFATE (BRAND: PARNATE)</b>							
	10	MG	TABLET(S)	tranlycypromine sulfate	Xubex Preferred Network Program	\$360.89	\$415.02
<b>TRAVATAN Z</b>							
	0.004	% (2.5ml)	DROP(S)	TRAVOPROST	NC MedAssist - North Carolina Residents Only	\$187.08	\$215.14
	0.004	% (2.5ml)	DROP(S)	TRAVOPROST	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$187.08	\$215.14
	0.004	% (2.5ml)	DROP(S)	TRAVOPROST	Novartis Patient Assistance Foundation, Inc.	\$187.08	\$215.14
	0.004	% (2.5ml)	DROP(S)	TRAVOPROST	Welvista - South Carolina Residents Only	\$187.08	\$215.14
<b>TRAZODONE (BRAND: DESYREL)</b>							
	100	MG	TABLET(S)	TRAZODONE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$180.00	\$207.00
	50	MG	TABLET(S)	TRAZODONE	Access to Medication Program - Pre-Qualified VA Sites ONLY- Currently OTMC & MLFC ONLY	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$180.00	\$207.00
	150	MG	TABLET(S)	TRAZODONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$170.78	\$196.40
	300	MG	TABLET(S)	TRAZODONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$543.52	\$625.05
	50	MG	TABLET(S)	TRAZODONE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	NC MedAssist - North Carolina Residents Only	\$180.00	\$207.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRAZODONE (BRAND: DESYREL)</b>							
	150	MG	TABLET(S)	TRAZODONE	NC MedAssist - North Carolina Residents Only	\$170.78	\$196.40
	300	MG	TABLET(S)	TRAZODONE	NC MedAssist - North Carolina Residents Only	\$543.52	\$625.05
	50	MG	TABLET(S)	TRAZODONE	NC MedAssist - North Carolina Residents Only	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$180.00	\$207.00
	150	MG	TABLET(S)	TRAZODONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$170.78	\$196.40
	50	MG	TABLET(S)	TRAZODONE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	Rx Outreach	\$180.00	\$207.00
	150	MG	TABLET(S)	TRAZODONE	Rx Outreach	\$170.78	\$196.40
	50	MG	TABLET(S)	TRAZODONE	Rx Outreach	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	Welvista - South Carolina Residents Only	\$180.00	\$207.00
	50	MG	TABLET(S)	TRAZODONE	Welvista - South Carolina Residents Only	\$153.00	\$175.95
	100	MG	TABLET(S)	TRAZODONE	Xubex Preferred Network Program	\$180.00	\$207.00
	150	MG	TABLET(S)	TRAZODONE	Xubex Preferred Network Program	\$170.78	\$196.40
	300	MG	TABLET(S)	TRAZODONE	Xubex Preferred Network Program	\$543.52	\$625.05
	50	MG	TABLET(S)	TRAZODONE	Xubex Preferred Network Program	\$153.00	\$175.95
<b>TREANDA</b>							
	100	MG	INJECTION	BENDAMUSTINE HYDROCHLORIDE	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$3,337.44	\$3,838.06
	25	MG	INJECTION	BENDAMUSTINE HYDROCHLORIDE	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$834.36	\$959.51

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRECATOR</b>							
	250	MG	TABLET(S)	ETHIONAMIDE	Pfizer RxPathways	\$605.48	\$696.30
<b>TRELEGY ELLIPTA</b>							
	100/1-62.5/1-25/1	MCG/ACTUATION- MCG/ACTUATION- MCG/ACTUATION	PUFF(S)	fluticasone furoate/umeclidinium/vilanterol	GSK Patient Assistance Program	\$636.00	\$731.40
<b>TRELSTAR</b>							
	11.25	MG	MG	triptorelin pamoate	Allergan Patient Assistance Program	\$2,927.66	\$3,366.81
	22.5	MG	MG	triptorelin pamoate	Allergan Patient Assistance Program	\$5,855.33	\$6,733.63
	3.75	MG	MG	triptorelin pamoate	Allergan Patient Assistance Program	\$975.89	\$1,122.27
<b>TREMFYA</b>							
	100	MG/ML (1 ML)	SYRINGE(S)	guselkumab	Johnson & Johnson Patient Assistance Foundation-Card Program	\$12,190.22	\$14,018.75
<b>TRESIBA U-100 FLEXTOUCH</b>							
	100	U/ML (3ML, 5 PENS)	UNIT(S)	insulin degludec	Novo Nordisk Patient Assistance Program	\$532.62	\$612.51
<b>TRESIBA U-200 FLEXTOUCH</b>							
	200	U/ML (3 ML, 3 PENS)	UNIT(S)	insulin degludec	Novo Nordisk Patient Assistance Program	\$639.14	\$735.01
<b>TRIAMCINOLONE CREAM</b>							
	0.1	% (80 GM)	APPLICATION(S)	triamcinolone acetonide	NC MedAssist - North Carolina Residents Only	\$14.55	\$16.73
	0.1	% (80 GM)	APPLICATION(S)	triamcinolone acetonide	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$14.55	\$16.73

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRIAMTERENE/HCTZ (BRAND: DYAZIDE, MAXZIDE)</b>							
	25/37.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$39.27	\$45.16
	50-75	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$111.32	\$128.02
	25/37.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Rx Outreach	\$39.27	\$45.16
	50-75	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Rx Outreach	\$111.32	\$128.02
	25/37.5	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Xubex Preferred Network Program	\$39.27	\$45.16
	25-50	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Xubex Preferred Network Program	\$72.09	\$82.90
	50-75	MG-MG	TABLET(S)	HYDROCHLOROTHIAZIDE/TRIAMTERENE	Xubex Preferred Network Program	\$111.32	\$128.02
<b>TRIBENZOR</b>							
	20/5/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	Daiichi Sankyo Open Care Program	\$861.84	\$991.12
	40/10/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	Daiichi Sankyo Open Care Program	\$990.36	\$1,138.91
	40/10/25	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	Daiichi Sankyo Open Care Program	\$990.36	\$1,138.91
	40/5/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	Daiichi Sankyo Open Care Program	\$1,088.64	\$1,251.94

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRIBENZOR</b>							
	40/5/25	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	Daiichi Sankyo Open Care Program	\$990.36	\$1,138.91
	20/5/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$861.84	\$991.12
	40/10/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$990.36	\$1,138.91
	40/10/25	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$990.36	\$1,138.91
	40/5/12.5	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,088.64	\$1,251.94
	40/5/25	MG-MG-MG	TABLET(S)	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HCTZ	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$990.36	\$1,138.91
<b>TRIFLUOPERAZINE HCL (BRAND: STELAZINE)</b>							
	1	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Rx Outreach	\$134.24	\$154.38
	10	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Rx Outreach	\$244.65	\$281.35
	2	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Rx Outreach	\$128.85	\$148.18
	5	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Rx Outreach	\$162.30	\$186.65
	1	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Xubex Preferred Network Program	\$134.24	\$154.38
	10	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Xubex Preferred Network Program	\$244.65	\$281.35



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRIFLUOPERAZINE HCL (BRAND: STELAZINE)</b>							
	2	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Xubex Preferred Network Program	\$128.85	\$148.18
	5	MG	TABLET(S)	TRIFLUOPERAZINE HCL	Xubex Preferred Network Program	\$162.30	\$186.65
<b>TRIHEXYPHENIDYL HCL (BRAND: ARTANE)</b>							
	2	MG	TABLET(S)	TRIHEXYPHENIDYL HYDROCHLORIDE	Xubex Patient Assistance Program	\$18.29	\$21.03
<b>TRILEPTAL</b>							
	150	MG	TABLET(S)	OXCARBAZEPINE	NC MedAssist - North Carolina Residents Only	\$496.32	\$570.77
	300	MG	TABLET(S)	OXCARBAZEPINE	NC MedAssist - North Carolina Residents Only	\$906.47	\$1,042.44
	600	MG	TABLET(S)	OXCARBAZEPINE	NC MedAssist - North Carolina Residents Only	\$1,666.02	\$1,915.92
	150	MG	TABLET(S)	OXCARBAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$496.32	\$570.77
	300	MG	TABLET(S)	OXCARBAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$906.47	\$1,042.44
	600	MG	TABLET(S)	OXCARBAZEPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,666.02	\$1,915.92
	150	MG	TABLET(S)	OXCARBAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$496.32	\$570.77
	300	MG	TABLET(S)	OXCARBAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$906.47	\$1,042.44
	600	MG	TABLET(S)	OXCARBAZEPINE	Novartis Patient Assistance Foundation, Inc.	\$1,666.02	\$1,915.92
	150	MG	TABLET(S)	OXCARBAZEPINE	Welvista - South Carolina Residents Only	\$496.32	\$570.77
	300	MG	TABLET(S)	OXCARBAZEPINE	Welvista - South Carolina Residents Only	\$906.47	\$1,042.44
	600	MG	TABLET(S)	OXCARBAZEPINE	Welvista - South Carolina Residents Only	\$1,666.02	\$1,915.92

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TRINTELLIX</b>							
	5	MG	TABLET(S)	VORTIOXETINE HYDROBROMIDE	Takeda Patient Assistance Program	\$416.15	\$478.57
<b>TRINTELLIX</b>							
	10	MG	TABLET(S)	VORTIOXETINE HYDROBROMIDE	Takeda Patient Assistance Program	\$416.15	\$478.57
	20	MG	TABLET(S)	VORTIOXETINE HYDROBROMIDE	Takeda Patient Assistance Program	\$416.15	\$478.57
<b>TRISENOX</b>							
	1	MG/ML (10 ML)	INJECTION (ML)	ARSENIC TRIOXIDE	TEVA-Comprehensive Oncology Reimbursement Expertise (CORE)	\$8,144.40	\$9,366.06
<b>TRI-SPRINTEC (BRAND: ORTHO-TRI-CYCLEN)</b>							
	N/A	N/A	TABLET(S)	ETHINYL ESTRADIOL/NORGESTIMATE	Rx Outreach	\$235.94	\$271.33
<b>TRIUMEQ</b>							
	600-50-300	MG-MG-MG	TABLET(S)	abacavir/dolutegravir/lamivudine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$3,118.62	\$3,586.41
	600-50-300	MG-MG-MG	TABLET(S)	abacavir/dolutegravir/lamivudine	ViiV Healthcare Patient Assistance Program	\$3,118.62	\$3,586.41
	600-50-300	MG-MG-MG	TABLET(S)	abacavir/dolutegravir/lamivudine	Xubex Free Trial 30 Day Medication Supply	\$3,118.62	\$3,586.41
<b>TRIZIVIR</b>							
	300-150-300	MG-MG-MG	TABLET(S)	ABACAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,608.36	\$1,849.61
	300-150-300	MG-MG-MG	TABLET(S)	ABACAVIR SULFATE	ViiV Healthcare Patient Assistance Program	\$1,608.36	\$1,849.61
<b>TROKENDI XR</b>							
	100	MG	CAPSULE(S)	topiramate	Supernus Support	\$691.40	\$795.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TROKENDI XR</b>							
	200	MG	CAPSULE(S)	topiramate	Supernus Support	\$945.80	\$1,087.67
	25	MG	CAPSULE(S)	topiramate	Supernus Support	\$267.90	\$308.09
	50	MG	CAPSULE(S)	topiramate	Supernus Support	\$348.96	\$401.30
<b>TRULANCE</b>							
	3	MG	TABLET(S)	plecanatide	Trulance Patient Assistance Program	\$424.17	\$487.80
<b>TRULICITY</b>							
	0.75/0.5	MG/ML	PEN	dulaglutide	Lilly Cares	\$811.20	\$932.88
	1.5/0.5	MG/ML	PEN	dulaglutide	Lilly Cares	\$811.20	\$932.88
<b>TRUMENBA</b>							
	120/0.5	MCG/ML (10s)	SYRINGE(S)	meningococcal vaccine, group b	Pfizer RxPathways	\$1,470.30	\$1,690.85
<b>TRUSOPT OCUMETER PLUS</b>							
	2	% (10 ml)	DROP(S)	DORZOLAMIDE HYDROCHLORIDE	Merck Patient Assistance Program	\$101.15	\$116.32
	2	% (10 ml)	DROP(S)	DORZOLAMIDE HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$101.15	\$116.32
<b>TRUVADA</b>							
	200-300	MG-MG	TABLET(S)	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	Gilead Advancing Access	\$1,881.14	\$2,163.31
	200-300	MG-MG	TABLET(S)	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,881.14	\$2,163.31
	200-300	MG-MG	TABLET(S)	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	Xubex Free Trial 30 Day Medication Supply	\$1,881.14	\$2,163.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>TUDORZA PRESSAIR</b>							
	400	MCG/ACTUATION	PUFF(S)	ACLIDINIUM BROMIDE	AZ&Me Prescription Savings Program	\$386.60	\$444.59
	400	MCG/ACTUATION	PUFF(S)	ACLIDINIUM BROMIDE	NC MedAssist - North Carolina Residents Only	\$386.60	\$444.59
<b>TWINRIX</b>							
	720-20	EL U/ML-MCG/ML	INJECTION(S)	HEP A VAC, INACTIVATED/HEP B VAC RECOMBINANT	GSK Patient Assistance Program	\$1,174.20	\$1,350.33
	720-20	EL U/ML-MCG/ML	INJECTION(S)	HEP A VAC, INACTIVATED/HEP B VAC RECOMBINANT	GSK Vaccines Access Program	\$1,174.20	\$1,350.33
<b>TYBOST</b>							
	150	MG	TABLET(S)	cobicistat	Gilead Advancing Access	\$246.84	\$283.87
	150	MG	TABLET(S)	cobicistat	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$246.84	\$283.87
	150	MG	TABLET(S)	cobicistat	Xubex Free Trial 30 Day Medication Supply	\$246.84	\$283.87
<b>TYGACIL</b>							
	50	MG	INJECTION(S)	TIGECYCLINE	Pfizer RxPathways	\$1,878.02	\$2,159.72
<b>TYKERB</b>							
	250	MG	TABLET(S)	LAPATINIB DITOSYLATE	Novartis Patient Assistance Foundation, Inc.	\$7,629.67	\$8,774.12
	250	MG	TABLET(S)	LAPATINIB DITOSYLATE	Novartis Patient Assistance Now Oncology Program	\$7,629.67	\$8,774.12
<b>TYMLOS</b>							
	2000	MCG/ML (1.56 ML)	PEN	abaloparatide	Together With Tymlos	\$1,950.00	\$2,242.50
<b>TYSABRI</b>							
	20	MG/ML (15 ML)	MG	natalizumab	Touch Prescribing Program - Tysabri	\$7,200.00	\$8,280.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>UCERIS</b>							
*	9	MG	TABLET(S)	budesonide	Salix Patient Assistance Program	\$1,973.77	\$2,269.84
	9	MG	TABLET(S)	budesonide	Valeant Patient Assistance Program	\$1,973.77	\$2,269.84
	9	MG	TABLET(S)	budesonide	Valeant Patient Assistance Program for Salix products	\$1,973.77	\$2,269.84
<b>UCERIS FOAM</b>							
	2	MG/ACTUATION (33.4 GM)	APPLICATION	budesonide	Valeant Patient Assistance Program for Salix products	\$307.20	\$353.28
<b>ULORIC</b>							
	40	MG	TABLET(S)	FEBUXOSTAT	Takeda Patient Assistance Program	\$362.74	\$417.15
	80	MG	TABLET(S)	FEBUXOSTAT	Takeda Patient Assistance Program	\$362.74	\$417.15
	40	MG	TABLET(S)	FEBUXOSTAT	Takeda Patient Assistance Program-Colcrys & Uloric	\$362.74	\$417.15
	80	MG	TABLET(S)	FEBUXOSTAT	Takeda Patient Assistance Program-Colcrys & Uloric	\$362.74	\$417.15
	40	MG	TABLET(S)	FEBUXOSTAT	Welvista - South Carolina Residents Only	\$362.74	\$417.15
	80	MG	TABLET(S)	FEBUXOSTAT	Welvista - South Carolina Residents Only	\$362.74	\$417.15
<b>ULTRACET</b>							
	325-37.5	MG-MG	TABLET(S)	APAP/TRAMADOL HCL	Johnson & Johnson Hospital Access Patient Assistance Program	\$331.12	\$380.79
<b>ULTRESA</b>							
	27600-13800-27600	U-U-U	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$354.47	\$407.64

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ULTRESA</b>							
	41400-20700-41400	U-U-U	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$524.50	\$603.18
	46000-23000-46000	U-U-U	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$644.09	\$740.70
<b>UPTRAVI</b>							
	200	MCG	TABLET(S)	selexipag	Actelion Pathways	\$27,182.40	\$31,259.76
<b>UPTRAVI TITRATION PACK</b>							
	800	MCG	TABLET(S)	selexipag	Actelion Pathways	\$27,182.40	\$31,259.76
<b>URIBEL</b>							
	0.12-118-10-36-40.8	MG	CAPSULE(S)	belladonna alkaloids and analgesics	Mission Pharmacal Patient Assistance Program	\$322.46	\$370.83
<b>UROCIT-K 10</b>							
	10	MEQ	TABLET(S)	POTASSIUM CITRATE	Mission Pharmacal Patient Assistance Program	\$256.69	\$295.19
<b>UROCIT-K 15</b>							
	15	MEQ	TABLET(S)	potassium	Mission Pharmacal Patient Assistance Program	\$437.04	\$502.60
<b>UROCIT-K 5</b>							
	5	MEQ	TABLET(S)	POTASSIUM CITRATE	Mission Pharmacal Patient Assistance Program	\$183.14	\$210.61
<b>UROXATRAL</b>							
	10	MG	TABLET(S)	ALFUZOSIN HYDROCHLORIDE	Rx Outreach	\$2,299.20	\$2,644.08

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>URSODIOL (BRAND: URSO FORTE)</b>							
	250	MG	TABLET(S)	ursodiol	Xubex Preferred Network Program	\$268.24	\$308.48
	300	MG	CAPSULE(S)	ursodiol	Xubex Preferred Network Program	\$735.10	\$845.37
	500	MG	TABLET(S)	ursodiol	Xubex Preferred Network Program	\$475.34	\$546.64
<b>UTIBRON NEOHALER</b>							
	15.6-27.5	MCG-MCG	CAPSULE(S)	glycopyrrolate/indacaterol	Sunovion Support Prescription Assistance- Utibron Neohaler	\$408.24	\$469.48
<b>VAGIFEM (18)</b>							
	10	MCG	TABLET(S)	ESTRADIOL	Novo Nordisk Hormone Therapy Patient Assistance Program	\$459.43	\$528.34
<b>VAGIFEM (8)</b>							
	10	MCG	TABLET(S)	ESTRADIOL	Novo Nordisk Hormone Therapy Patient Assistance Program	\$204.19	\$234.82
<b>VALACYCLOVIR HCL (BRAND: VALTREX)</b>							
	1	GM	TABLET(S)	valacyclovir hydrochloride	NC MedAssist - North Carolina Residents Only	\$1,137.80	\$1,308.47
	500	MG	TABLET(S)	valacyclovir hydrochloride	NC MedAssist - North Carolina Residents Only	\$650.83	\$748.45
	1	GM	TABLET(S)	valacyclovir hydrochloride	Rx Outreach	\$1,137.80	\$1,308.47
	500	MG	TABLET(S)	valacyclovir hydrochloride	Rx Outreach	\$650.83	\$748.45
	1	GM	TABLET(S)	valacyclovir hydrochloride	Welvista - South Carolina Residents Only	\$1,137.80	\$1,308.47
	500	MG	TABLET(S)	valacyclovir hydrochloride	Welvista - South Carolina Residents Only	\$650.83	\$748.45
	1	GM	TABLET(S)	valacyclovir hydrochloride	Xubex Preferred Network Program	\$1,137.80	\$1,308.47
	500	MG	TABLET(S)	valacyclovir hydrochloride	Xubex Preferred Network Program	\$650.83	\$748.45

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VALCYTE</b>							
	450	MG	TABLET(S)	VALGANCICLOVIR HYDROCHLORIDE	Genentech Access to Care Foundation (HIV & Transplants)-CellCept & Valcyte	\$6,004.69	\$6,905.39
	450	MG	TABLET(S)	VALGANCICLOVIR HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$6,004.69	\$6,905.39
<b>VALPROIC ACID (BRAND: DEPAKENE)</b>							
	250	MG	CAPSULE(S)	valproic acid	Rx Outreach	\$79.40	\$91.31
	250	MG	CAPSULE(S)	valproic acid	Xubex Preferred Network Program	\$79.40	\$91.31
<b>VALSARTAN (BRAND: DIOVAN)</b>							
*	160	MG	TABLET(S)	VALSARTAN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$469.13	\$539.50
*	320	MG	TABLET(S)	VALSARTAN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$569.10	\$654.47
*	40	MG	TABLET(S)	VALSARTAN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$349.95	\$402.44
*	80	MG	TABLET(S)	VALSARTAN	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$418.36	\$481.11
	160	MG	TABLET(S)	VALSARTAN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$469.13	\$539.50
	320	MG	TABLET(S)	VALSARTAN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$569.10	\$654.47
	40	MG	TABLET(S)	VALSARTAN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$349.95	\$402.44
	80	MG	TABLET(S)	VALSARTAN	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$418.36	\$481.11
	160	MG	TABLET(S)	VALSARTAN	NC MedAssist - North Carolina Residents Only	\$469.13	\$539.50



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VALSARTAN (BRAND: DIOVAN)</b>							
	320	MG	TABLET(S)	VALSARTAN	NC MedAssist - North Carolina Residents Only	\$569.10	\$654.47
	40	MG	TABLET(S)	VALSARTAN	NC MedAssist - North Carolina Residents Only	\$349.95	\$402.44
	80	MG	TABLET(S)	VALSARTAN	NC MedAssist - North Carolina Residents Only	\$418.36	\$481.11
	160	MG	TABLET(S)	VALSARTAN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$469.13	\$539.50
	160	MG	TABLET(S)	VALSARTAN	Rx Outreach	\$469.13	\$539.50
	320	MG	TABLET(S)	VALSARTAN	Rx Outreach	\$569.10	\$654.47
	40	MG	TABLET(S)	VALSARTAN	Rx Outreach	\$349.95	\$402.44
	80	MG	TABLET(S)	VALSARTAN	Rx Outreach	\$418.36	\$481.11
	160	MG	TABLET(S)	VALSARTAN	Welvista - South Carolina Residents Only	\$469.13	\$539.50
	320	MG	TABLET(S)	VALSARTAN	Welvista - South Carolina Residents Only	\$569.10	\$654.47
	40	MG	TABLET(S)	VALSARTAN	Welvista - South Carolina Residents Only	\$349.95	\$402.44
	80	MG	TABLET(S)	VALSARTAN	Welvista - South Carolina Residents Only	\$418.36	\$481.11
	160	MG	TABLET(S)	VALSARTAN	Xubex Preferred Network Program	\$469.13	\$539.50
	320	MG	TABLET(S)	VALSARTAN	Xubex Preferred Network Program	\$569.10	\$654.47
	40	MG	TABLET(S)	VALSARTAN	Xubex Preferred Network Program	\$349.95	\$402.44
	80	MG	TABLET(S)	VALSARTAN	Xubex Preferred Network Program	\$418.36	\$481.11
<b>VALSARTAN/HCTZ (BRAND: DIOVAN HCT)</b>							
*	160/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$384.64	\$442.34
*	160/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$436.20	\$501.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VALSARTAN/HCTZ (BRAND: DIOVAN HCT)</b>							
*	320/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$487.33	\$560.43
*	320/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$552.87	\$635.80
*	80/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$353.52	\$406.55
	160/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$384.64	\$442.34
	160/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$436.20	\$501.63
	320/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$487.33	\$560.43
	320/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$552.87	\$635.80
	80/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$353.52	\$406.55
	160/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Rx Outreach	\$384.64	\$442.34
	160/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Rx Outreach	\$436.20	\$501.63
	320/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Rx Outreach	\$487.33	\$560.43
	320/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Rx Outreach	\$552.87	\$635.80
	80/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Rx Outreach	\$353.52	\$406.55
	160/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Welvista - South Carolina Residents Only	\$384.64	\$442.34
	160/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Welvista - South Carolina Residents Only	\$436.20	\$501.63
	320/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Welvista - South Carolina Residents Only	\$487.33	\$560.43

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VALSARTAN/HCTZ (BRAND: DIOVAN HCT)</b>							
	320/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Welvista - South Carolina Residents Only	\$552.87	\$635.80
	80/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Welvista - South Carolina Residents Only	\$353.52	\$406.55
	160/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Xubex Preferred Network Program	\$384.64	\$442.34
	160/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Xubex Preferred Network Program	\$436.20	\$501.63
	320/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Xubex Preferred Network Program	\$487.33	\$560.43
	320/25	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Xubex Preferred Network Program	\$552.87	\$635.80
	80/12.5	MG-MG	TABLET(S)	hydrochlorothiazide/valsartan	Xubex Preferred Network Program	\$353.52	\$406.55
<b>VANTAS</b>							
	50	MG	IMPLANT	HISTRELIN ACETATE	Endo Patient Assistance Program for Vantas	\$6,000.00	\$6,900.00
<b>VAQTA</b>							
	50	U/ML	ML	HEPATITIS A VACCINE, INACTIVATED	Merck Vaccine Patient Assistance Program	\$81.43	\$93.64
<b>VAQTA (10 VIALS)</b>							
	50	U/ML	ML	HEPATITIS A VACCINE, INACTIVATED	Merck Vaccine Patient Assistance Program	\$768.97	\$884.32
<b>VARIVAX</b>							
	1350	PFU	ML	VARICELLA VIRUS VACCINE	Merck Vaccine Patient Assistance Program	\$135.38	\$155.69
<b>VARIVAX (10 VIALS)</b>							
	1350	PFU	ML	VARICELLA VIRUS VACCINE	Merck Vaccine Patient Assistance Program	\$1,380.40	\$1,587.46

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VARUBI</b>							
	90	MG	TABLET(S)	rolapitant	Together with Tesaro Patient Assistance Program	\$674.16	\$775.28
<b>VASERETIC</b>							
*	10-25	MG-MG	TABLET(S)	ENALAPRIL MALEATE/HYDROCHLOROTHIAZ IDE	Valeant Patient Assistance Program	\$354.47	\$407.64
*	5-12.5	MG-MG	TABLET(S)	ENALAPRIL MALEATE/HYDROCHLOROTHIAZ IDE	Valeant Patient Assistance Program	\$143.01	\$164.46
<b>VASOTEC</b>							
	10	MG	TABLET(S)	ENALAPRIL MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$391.50	\$450.23
	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$282.85	\$325.28
	20	MG	TABLET(S)	ENALAPRIL MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$513.39	\$590.40
	5	MG	TABLET(S)	ENALAPRIL MALEATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$355.91	\$409.30
*	10	MG	TABLET(S)	ENALAPRIL MALEATE	Valeant Patient Assistance Program	\$391.50	\$450.23
*	2.5	MG	TABLET(S)	ENALAPRIL MALEATE	Valeant Patient Assistance Program	\$282.85	\$325.28
*	20	MG	TABLET(S)	ENALAPRIL MALEATE	Valeant Patient Assistance Program	\$513.39	\$590.40
*	5	MG	TABLET(S)	ENALAPRIL MALEATE	Valeant Patient Assistance Program	\$355.91	\$409.30
<b>VECTIBIX</b>							
	20	MG/ML (20 ML)	VIAL	panitumumab	Amgen Safety Net Foundation	\$5,382.96	\$6,190.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VELCADE</b>							
	3.5	MG	MG	BORTEZOMIB	Millennium Velcade Reimbursement Assistance Program	\$1,923.60	\$2,212.14
<b>VELETRI</b>							
	1.5	MG	ML	epoprostenol sodium	Actelion Pathways	\$45.50	\$52.33
<b>VELPHORO</b>							
	500	MG	TABLET(S)	sucroferric oxyhydroxide	Fresenius Phoslyra & Velphoro Patient Assistance Program	\$1,243.09	\$1,429.55
<b>VELTASSA</b>							
	16.8	GM/PACKET	PACKET(S)	patiomer	VeltassaKonnect	\$714.00	\$821.10
	25.2	GM/PACKET	PACKET(S)	patiomer	VeltassaKonnect	\$798.00	\$917.70
	8.4	GM/PACKET	PACKET(S)	patiomer	VeltassaKonnect	\$798.00	\$917.70
<b>VEMLIDY</b>							
	25	MG	TABLET(S)	tenofovir alafenamide	Gilead Advancing Access	\$1,197.32	\$1,376.92
<b>VENCLEXTA</b>							
	100	MG	TABLET(S)	venetoclax	Genentech Access to Care Foundation-Venclexta	\$12,389.48	\$14,247.90
	50	MG	TABLET(S)	venetoclax	Genentech Access to Care Foundation-Venclexta	\$361.37	\$415.58
<b>VENCLEXTA STARTER PACK</b>							
	10;50;100	MG;MG;MG	TABLET(S)	venetoclax;venetoclax;venetoclax	Genentech Access to Care Foundation-Venclexta	\$2,674.07	\$3,075.18

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VENLAFAXINE HCL (BRAND: EFFEXOR)</b>							
*	37.5	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$180.04	\$207.05
*	50	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$185.49	\$213.31
*	75	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$196.64	\$226.14
	37.5	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$180.04	\$207.05
	50	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$185.49	\$213.31
	75	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$196.64	\$226.14
	37.5	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$180.04	\$207.05
	75	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$196.64	\$226.14
	100	MG	TABLET(S)	venlafaxine hydrochloride	Rx Outreach	\$231.53	\$266.26
	25	MG	TABLET(S)	venlafaxine hydrochloride	Rx Outreach	\$194.29	\$223.43
	37.5	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Rx Outreach	\$180.04	\$207.05
	50	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Rx Outreach	\$185.49	\$213.31
	75	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Rx Outreach	\$196.64	\$226.14
	100	MG	TABLET(S)	venlafaxine hydrochloride	Xubex Preferred Network Program	\$231.53	\$266.26
	25	MG	TABLET(S)	venlafaxine hydrochloride	Xubex Preferred Network Program	\$194.29	\$223.43
	37.5	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Xubex Preferred Network Program	\$180.04	\$207.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VENLAFAXINE HCL (BRAND: EFFEXOR)</b>							
	50	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Xubex Preferred Network Program	\$185.49	\$213.31
	75	MG	TABLET(S)	VENLAFAXINE HYDROCHLORIDE	Xubex Preferred Network Program	\$196.64	\$226.14
<b>VENLAFAXINE HCL XR (BRAND: EFFEXOR XR)</b>							
	150	MG	CAPSULE(S)	venlafaxine hydrochloride	Rx Outreach	\$457.38	\$525.99
	37.5	MG	CAPSULE(S)	venlafaxine hydrochloride	Rx Outreach	\$374.74	\$430.95
	75	MG	CAPSULE(S)	venlafaxine hydrochloride	Rx Outreach	\$419.90	\$482.89
	150	MG	CAPSULE(S)	venlafaxine hydrochloride	Xubex Preferred Network Program	\$457.38	\$525.99
	37.5	MG	CAPSULE(S)	venlafaxine hydrochloride	Xubex Preferred Network Program	\$374.74	\$430.95
	75	MG	CAPSULE(S)	venlafaxine hydrochloride	Xubex Preferred Network Program	\$419.90	\$482.89
<b>VENOFER</b>							
	20	MG/5 ML	MG	IRON SUCROSE	American Regent - IV Iron Patient Assistance Program	\$600.00	\$690.00
<b>VENTAVIS</b>							
	10	MCG/ML	MCG	ILOPROST	Actelion Pathways	\$4,453.20	\$5,121.18
	20	MCG/ML	MCG	ILOPROST	Actelion Pathways	\$4,453.20	\$5,121.18
<b>VENTOLIN HFA</b>							
	90	MCG (18GM)	PUFF(S)	ALBUTEROL SULFATE	GSK Patient Assistance Program	\$62.62	\$72.01
	90	MCG (18GM)	PUFF(S)	ALBUTEROL SULFATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$62.62	\$72.01
	90	MCG (18GM)	PUFF(S)	ALBUTEROL SULFATE	Welvista - South Carolina Residents Only	\$62.62	\$72.01

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VERAMYST</b>							
	27.5	MCG	SPRAY(S)	FLUTICASONE FUROATE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$226.38	\$260.34
<b>VERAPAMIL (BRAND: CALAN, ISOPTIN)</b>							
	80	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$57.00	\$65.55
	80	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$57.00	\$65.55
	80	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Rx Outreach	\$57.00	\$65.55
	80	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Xubex Preferred Network Program	\$57.00	\$65.55
<b>VERAPAMIL ER (BRAND: CALAN, ISOPTIN)</b>							
	300	MG	CAPSULE(S)	verapamil hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$367.20	\$422.28
	300	MG	CAPSULE(S)	verapamil hydrochloride	Xubex Preferred Network Program	\$367.20	\$422.28
<b>VERAPAMIL HCL (BRAND: CALAN, ISOPTIN)</b>							
	100	MG	CAPSULE(S)	verapamil hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$195.84	\$225.22
	120	MG	TABLET(S)	verapamil hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$39.35	\$45.25
	200	MG	CAPSULE(S)	verapamil hydrochloride	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$252.55	\$290.43
	120	MG	TABLET(S)	verapamil hydrochloride	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$39.35	\$45.25
	120	MG	TABLET(S)	verapamil hydrochloride	Rx Outreach	\$39.35	\$45.25
	100	MG	CAPSULE(S)	verapamil hydrochloride	Xubex Preferred Network Program	\$195.84	\$225.22



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VERAPAMIL HCL (BRAND: CALAN, ISOPTIN)</b>							
	120	MG	TABLET(S)	verapamil hydrochloride	Xubex Preferred Network Program	\$39.35	\$45.25
	200	MG	CAPSULE(S)	verapamil hydrochloride	Xubex Preferred Network Program	\$252.55	\$290.43
<b>VERAPAMIL SR (BRAND: CALAN SR, ISOPTIN SR)</b>							
*	120	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$213.36	\$245.36
*	180	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$99.00	\$113.85
*	240	MG	TABLET (S)	VERAPAMIL HYDROCHLORIDE	Generic Assistance Program (NeedyMeds & Rx Outreach)	\$105.00	\$120.75
	120	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$213.36	\$245.36
	180	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$99.00	\$113.85
	240	MG	TABLET (S)	VERAPAMIL HYDROCHLORIDE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$105.00	\$120.75
	120	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$213.36	\$245.36
	180	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$99.00	\$113.85
	240	MG	TABLET (S)	VERAPAMIL HYDROCHLORIDE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$105.00	\$120.75
	120	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Rx Outreach	\$213.36	\$245.36
	180	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Rx Outreach	\$99.00	\$113.85
	240	MG	TABLET (S)	VERAPAMIL HYDROCHLORIDE	Rx Outreach	\$105.00	\$120.75

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VERAPAMIL SR (BRAND: CALAN SR, ISOPTIN SR)</b>							
	120	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Xubex Preferred Network Program	\$213.36	\$245.36
	180	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Xubex Preferred Network Program	\$99.00	\$113.85
	240	MG	TABLET(S)	VERAPAMIL HYDROCHLORIDE	Xubex Preferred Network Program	\$105.00	\$120.75
<b>VERZENIO</b>							
	100	MG	TABLET(S)	abemaciclib	Lilly Patient Assistance Program for Oncology	\$3,284.40	\$3,777.06
	150	MG	TABLET(S)	abemaciclib	Lilly Patient Assistance Program for Oncology	\$3,284.40	\$3,777.06
	200	MG	TABLET(S)	abemaciclib	Lilly Patient Assistance Program for Oncology	\$3,284.40	\$3,777.06
	50	MG	TABLET(S)	abemaciclib	Lilly Patient Assistance Program for Oncology	\$3,284.40	\$3,777.06
<b>VESICARE</b>							
	10	MG	TABLET(S)	SOLIFENACIN SUCCINATE	Astellas Vesicare Access Program	\$1,133.18	\$1,303.16
	5	MG	TABLET(S)	SOLIFENACIN SUCCINATE	Astellas Vesicare Access Program	\$1,133.18	\$1,303.16
<b>VESTURA</b>							
	3-0.2	MG-MG	TABLET(S)	drospirenone/ ethinyl estradiol	Xubex Preferred Network Program	\$212.43	\$244.29
<b>VEXOL</b>							
	1	% (10ml)	DROP(S)	RIMEXOLONE	Novartis Patient Assistance Foundation, Inc.	\$154.56	\$177.74
<b>VEXOL</b>							
	1	% (5 ML)	DROP(S)	RIMEXOLONE	Novartis Patient Assistance Foundation, Inc.	\$102.30	\$117.65
<b>VFEND</b>							
	200	MG	TABLET(S)	VORICONAZOLE	Pfizer RxPathways	\$4,058.14	\$4,666.86
	50	MG	TABLET(S)	VORICONAZOLE	Pfizer RxPathways	\$1,014.50	\$1,166.68

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VIAGRA</b>							
	100	MG	TABLET(S)	SILDENAFIL CITRATE	NC MedAssist - North Carolina Residents Only	\$2,215.46	\$2,547.78
	25	MG	TABLET(S)	SILDENAFIL CITRATE	NC MedAssist - North Carolina Residents Only	\$2,215.46	\$2,547.78
	50	MG	TABLET(S)	SILDENAFIL CITRATE	NC MedAssist - North Carolina Residents Only	\$2,215.46	\$2,547.78
	100	MG	TABLET(S)	SILDENAFIL CITRATE	Pfizer RxPathways	\$2,215.46	\$2,547.78
	25	MG	TABLET(S)	SILDENAFIL CITRATE	Pfizer RxPathways	\$2,215.46	\$2,547.78
	50	MG	TABLET(S)	SILDENAFIL CITRATE	Pfizer RxPathways	\$2,215.46	\$2,547.78
	100	MG	TABLET(S)	SILDENAFIL CITRATE	Welvista - South Carolina Residents Only	\$2,215.46	\$2,547.78
	25	MG	TABLET(S)	SILDENAFIL CITRATE	Welvista - South Carolina Residents Only	\$2,215.46	\$2,547.78
	50	MG	TABLET(S)	SILDENAFIL CITRATE	Welvista - South Carolina Residents Only	\$2,215.46	\$2,547.78
<b>VIBERZI</b>							
	100	MG	TABLET(S)	eluxadoline	Allergan Patient Assistance Program	\$1,255.68	\$1,444.03
	75	MG	TABLET(S)	eluxadoline	Allergan Patient Assistance Program	\$1,255.68	\$1,444.03
	100	MG	TABLET(S)	eluxadoline	Xubex Free Trial 30 Day Medication Supply	\$1,255.68	\$1,444.03
	75	MG	TABLET(S)	eluxadoline	Xubex Free Trial 30 Day Medication Supply	\$1,255.68	\$1,444.03
<b>VICTOZA</b>							
	6	MG/ML (2x3 ML)	MG	LIRAGLUTIDE	Novo Nordisk Patient Assistance Program	\$598.10	\$687.82
	6	MG/ML (2x3 ML)	MG	LIRAGLUTIDE	Welvista - South Carolina Residents Only	\$598.10	\$687.82
<b>VIDAZA</b>							
	100	MG	INJECTION	AZACITIDINE	Celgene Patient Support	\$702.29	\$807.63

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VIEKIRA PAK</b>							
	250; 12.5-75-50	MG; MG-MG-MG	TABLET(S)	dasabuvir;ombitasvir/paritaprevir/ritonavir	AbbVie proCeed Program	\$33,327.60	\$38,326.74
<b>VIGAMOX</b>							
	0.5	% (3ML)	DROP(S)	MOXIFLOXACIN HYDROCHLORIDE	NC MedAssist - North Carolina Residents Only	\$185.95	\$213.84
	0.5	% (3ML)	DROP(S)	MOXIFLOXACIN HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$185.95	\$213.84
	0.5	% (3ML)	DROP(S)	MOXIFLOXACIN HYDROCHLORIDE	Welvista - South Carolina Residents Only	\$185.95	\$213.84
<b>VIIBRYD</b>							
	10	MG	TABLET(S)	vilazodone hydrochloride	Allergan Patient Assistance Program	\$272.46	\$313.33
	20	MG	TABLET(S)	vilazodone hydrochloride	Allergan Patient Assistance Program	\$272.46	\$313.33
	40	MG	TABLET(S)	vilazodone hydrochloride	Allergan Patient Assistance Program	\$272.46	\$313.33
<b>VIIBRYD TITRATION PACK</b>							
	N/A	N/A	TABLET(S)	vilazodone hydrochloride	Allergan Patient Assistance Program	\$227.45	\$261.57
<b>VIMOVO</b>							
	20-375	MG-MG	TABLET(S)	ESOMEPRAZOLE MAGNESIUM/NAPROXEN	Horizon Patient Assistance Program	\$2,710.80	\$3,117.42
	20-500	MG-MG	TABLET(S)	ESOMEPRAZOLE MAGNESIUM/NAPROXEN	Horizon Patient Assistance Program	\$2,710.80	\$3,117.42
<b>VIMPAT</b>							
	10	MG/ML (200ML)	MG	lacosamide	UCB Patient Assistance Program	\$374.78	\$431.00
	100	MG	TABLET(S)	LACOSAMIDE	UCB Patient Assistance Program	\$905.92	\$1,041.81

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VIMPAT</b>							
	150	MG	TABLET(S)	LACOSAMIDE	UCB Patient Assistance Program	\$959.44	\$1,103.36
	200	MG	TABLET(S)	LACOSAMIDE	UCB Patient Assistance Program	\$959.70	\$1,103.66
	50	MG	TABLET(S)	LACOSAMIDE	UCB Patient Assistance Program	\$579.46	\$666.38
<b>VIOKACE</b>							
	39150-10440-39150	U-U-U	TABLET(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$352.66	\$405.56
	78300-20880-78300	U-U-U	TABLET(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$695.75	\$800.11
<b>VIRACEPT</b>							
	250	MG	TABLET(S)	NELFINAVIR MESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,349.64	\$1,552.09
	625	MG	TABLET(S)	NELFINAVIR MESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,349.64	\$1,552.09
	250	MG	TABLET(S)	NELFINAVIR MESYLATE	ViiV Healthcare Patient Assistance Program	\$1,349.64	\$1,552.09
	625	MG	TABLET(S)	NELFINAVIR MESYLATE	ViiV Healthcare Patient Assistance Program	\$1,349.64	\$1,552.09
<b>VIRACEPT</b>							
	50	MG/GM	MG	NELFINAVIR MESYLATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$75.71	\$87.07
<b>VIRAMUNE</b>							
	50	MG/5ML (240ML)	SUS	NEVIRAPINE	Boehringer Ingelheim Cares Foundation Inc.	\$209.57	\$241.01
	50	MG/5ML (240ML)	SUS	NEVIRAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$209.57	\$241.01

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VIRAMUNE XR</b>							
	400	MG	TABLET(S)	nevirapine	Boehringer Ingelheim Cares Foundation Inc.	\$897.46	\$1,032.08
	400	MG	TABLET(S)	nevirapine	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$897.46	\$1,032.08
<b>VIREAD</b>							
	300	MG	TABLET(S)	TENOFOVIR DISOPROXIL FUMARATE	Gilead Advancing Access	\$1,279.94	\$1,471.93
	300	MG	TABLET(S)	TENOFOVIR DISOPROXIL FUMARATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,279.94	\$1,471.93
	300	MG	TABLET(S)	TENOFOVIR DISOPROXIL FUMARATE	Xubex Free Trial 30 Day Medication Supply	\$1,279.94	\$1,471.93
<b>VISTIDE</b>							
	75	MG/ML (5ML)	SOL	CIDOFOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$888.00	\$1,021.20
<b>VITAMIN B1</b>							
	100	MG	TABLET(S)	thiamine	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$3.53	\$4.06
<b>VITAMIN D2</b>							
	50,000	IU	CAPSULE(S)	ergocalciferol	NC MedAssist - North Carolina Residents Only	\$5.95	\$6.84
<b>VITAMIN D3</b>							
	1000	IU	TABLET(S)	cholecalciferol	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$3.83	\$4.40
<b>VITEKTA</b>							
	150	MG	TABLET(S)	elvitegravir	Gilead Advancing Access	\$1,445.34	\$1,662.14

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VITEKTA</b>							
	85	MG	TABLET(S)	elvitegravir	Gilead Advancing Access	\$1,445.34	\$1,662.14
	150	MG	TABLET(S)	elvitegravir	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,445.34	\$1,662.14
	85	MG	TABLET(S)	elvitegravir	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,445.34	\$1,662.14
	150	MG	TABLET(S)	elvitegravir	Xubex Free Trial 30 Day Medication Supply	\$1,445.34	\$1,662.14
	85	MG	TABLET(S)	elvitegravir	Xubex Free Trial 30 Day Medication Supply	\$1,445.34	\$1,662.14
<b>VIVITROL</b>							
	380	MG	UNIT	NALTREXONE	Touchpoints Support Services-Vivitrol Patient Assistance Program	\$1,570.80	\$1,806.42
<b>VOSEVI</b>							
	400-100-100	MG-MG-MG	TABLET(S)	sofosbuvir/velpatasvir/voxilapre vir	Support Path Patient Assistance Program	\$29,904.00	\$34,389.60
<b>VOTRIENT</b>							
	200	MG	TABLET(S)	PAZOPANIB HYDROCHLORIDE	Novartis Patient Assistance Foundation, Inc.	\$12,032.27	\$13,837.11
	200	MG	TABLET(S)	PAZOPANIB HYDROCHLORIDE	Novartis Patient Assistance Now Oncology Program	\$12,032.27	\$13,837.11
<b>VRAYLAR</b>							
	1.5	MG	CAPSULE(S)	cariprazine	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
	3	MG	CAPSULE(S)	cariprazine	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
	4.5	MG	CAPSULE(S)	cariprazine	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35
	6	MG	CAPSULE(S)	cariprazine	Allergan Patient Assistance Program	\$1,315.96	\$1,513.35

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VSL#3-DS</b>							
	900	BILLION ORG/PACKET	PACKET	lactobacillus combination	Sigma-Tau VSL#3 DS Medical Food Patient Assistance Program	\$108.00	\$124.20
<b>VYTORIN</b>							
	10/10	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Merck Patient Assistance Program	\$1,118.88	\$1,286.71
	10/20	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Merck Patient Assistance Program	\$1,118.88	\$1,286.71
	10/40	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Merck Patient Assistance Program	\$1,118.88	\$1,286.71
	10/80	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Merck Patient Assistance Program	\$1,118.88	\$1,286.71
	10/10	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	NC MedAssist - North Carolina Residents Only	\$1,118.88	\$1,286.71
	10/20	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	NC MedAssist - North Carolina Residents Only	\$1,118.88	\$1,286.71
	10/40	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	NC MedAssist - North Carolina Residents Only	\$1,118.88	\$1,286.71
	10/80	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	NC MedAssist - North Carolina Residents Only	\$1,118.88	\$1,286.71
	10/10	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Welvista - South Carolina Residents Only	\$1,118.88	\$1,286.71
	10/20	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Welvista - South Carolina Residents Only	\$1,118.88	\$1,286.71
	10/40	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Welvista - South Carolina Residents Only	\$1,118.88	\$1,286.71
	10/80	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Welvista - South Carolina Residents Only	\$1,118.88	\$1,286.71
	10/10	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Xubex Free Trial 30 Day Medication Supply	\$1,118.88	\$1,286.71
	10/20	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Xubex Free Trial 30 Day Medication Supply	\$1,118.88	\$1,286.71
	10/40	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Xubex Free Trial 30 Day Medication Supply	\$1,118.88	\$1,286.71
	10/80	MG	TABLET(S)	EZETIMIBE/SIMVASTATIN	Xubex Free Trial 30 Day Medication Supply	\$1,118.88	\$1,286.71



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>VYVANSE</b>							
	20	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	30	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	40	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	50	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	60	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	70	MG	CAPSULE(S)	LISDEXAMFETAMINE DIMESYLATE	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
<b>VYVANSE CHEWABLE</b>							
	10	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	20	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	30	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	40	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	50	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91
	60	MG	TABLET(S)	lisdexamfetamine dimesylate	Shire Cares Patient Assistance & Support Program	\$1,082.53	\$1,244.91

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>WARFARIN (BRAND: COUMADIN)</b>							
	10	MG	TABLET(S)	WARFARIN	NC MedAssist - North Carolina Residents Only	\$83.74	\$96.30
	4	MG	TABLET(S)	WARFARIN	NC MedAssist - North Carolina Residents Only	\$59.11	\$67.98
	10	MG	TABLET(S)	WARFARIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$83.74	\$96.30
	4	MG	TABLET(S)	WARFARIN	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$59.11	\$67.98
	10	MG	TABLET(S)	WARFARIN	Rx Outreach	\$83.74	\$96.30
	4	MG	TABLET(S)	WARFARIN	Rx Outreach	\$59.11	\$67.98
	10	MG	TABLET(S)	WARFARIN	Xubex Preferred Network Program	\$83.74	\$96.30
<b>WARFARIN SODIUM (BRAND: COUMADIN)</b>							
	1	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$128.66	\$147.96
	2.5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$130.30	\$149.85
	3	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$63.07	\$72.53
	6	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$90.30	\$103.85
	7.5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$93.44	\$107.46
	1	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$128.66	\$147.96
	2.5	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$130.30	\$149.85
	3	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$63.07	\$72.53
	6	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$90.30	\$103.85

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>WARFARIN SODIUM (BRAND: COUMADIN)</b>							
	7.5	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$93.44	\$107.46
	1	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$128.66	\$147.96
	2.5	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$130.30	\$149.85
	3	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$63.07	\$72.53
	6	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$90.30	\$103.85
	7.5	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$93.44	\$107.46
	1	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$128.66	\$147.96
	2.5	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$130.30	\$149.85
	3	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$63.07	\$72.53
	6	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$90.30	\$103.85
	7.5	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$93.44	\$107.46
	1	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$128.66	\$147.96
	2.5	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$130.30	\$149.85
	3	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$63.07	\$72.53
	6	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$90.30	\$103.85
	7.5	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$93.44	\$107.46
<b>WARFARIN SODIUM (BRAND: COUMADIN, JANTOVEN)</b>							
	2	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$90.66	\$104.26
	5	MG	TABLET(S)	WARFARIN SODIUM	NC MedAssist - North Carolina Residents Only	\$141.24	\$162.43

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>WARFARIN SODIUM (BRAND: COUMADIN, JANTOVEN)</b>							
	2	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$90.66	\$104.26
	5	MG	TABLET(S)	WARFARIN SODIUM	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$141.24	\$162.43
	2	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$90.66	\$104.26
	5	MG	TABLET(S)	WARFARIN SODIUM	Rx Outreach	\$141.24	\$162.43
	2	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$90.66	\$104.26
	5	MG	TABLET(S)	WARFARIN SODIUM	Welvista - South Carolina Residents Only	\$141.24	\$162.43
	2	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$90.66	\$104.26
	5	MG	TABLET(S)	WARFARIN SODIUM	Xubex Preferred Network Program	\$141.24	\$162.43
<b>WELCHOL</b>							
	3.75	GM/PACKET	PACKET	COLESEVELAM HYDROCHLORIDE	Daiichi Sankyo Open Care Program	\$712.80	\$819.72
	625	MG	TABLET(S)	COLESEVELAM HYDROCHLORIDE	Daiichi Sankyo Open Care Program	\$712.80	\$819.72
<b>WELLBUTRIN XL</b>							
*	150	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Valeant Patient Assistance Program	\$1,414.74	\$1,626.95
*	300	MG	TABLET(S)	BUPROPION HYDROCHLORIDE	Valeant Patient Assistance Program	\$1,867.52	\$2,147.65
<b>WINRHO SDF</b>							
	1500	IU	PDS	RHO(D) IMMUNE GLOBULIN	Aptevo Therapeutics Reimbursement and Patient Assistance Program	\$324.50	\$373.18
	5000	IU	PDS	RHO(D) IMMUNE GLOBULIN	Aptevo Therapeutics Reimbursement and Patient Assistance Program	\$1,081.50	\$1,243.73

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>WINRHO SDF</b>							
	600	IU	PDS	RHO(D) IMMUNE GLOBULIN	Aptevo Therapeutics Reimbursement and Patient Assistance Program	\$142.00	\$163.30
<b>WOUND WASH SALINE</b>							
	0.9	% (210 ML)	SPRAY(S)	SODIUM CHLORIDE	Blairex Laboratories, Inc	\$5.00	\$5.75
<b>XALATAN</b>							
	0.005	% (2.5ml)	DROP(S)	LATANOPROST	Nova Scripts Central-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$204.17	\$234.80
*	0.005	% (2.5ml)	DROP(S)	LATANOPROST	Pfizer RxPathways	\$204.17	\$234.80
<b>XALKORI</b>							
	200	MG	CAPSULE(S)	CRIZOTINIB	Pfizer RxPathways	\$18,349.50	\$21,101.93
	250	MG	CAPSULE(S)	CRIZONTINIB	Pfizer RxPathways	\$18,349.50	\$21,101.93
<b>XARELTO</b>							
	10	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,552.08	\$1,784.89
	10	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,552.08	\$1,784.89
	10	MG	TABLET(S)	RIVAROXABAN	NC MedAssist - North Carolina Residents Only	\$1,552.08	\$1,784.89
	10	MG	TABLET(S)	RIVAROXABAN	Welvista - South Carolina Residents Only	\$1,552.08	\$1,784.89
<b>XARELTO</b>							
	15	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,552.08	\$1,784.89
	20	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Hospital Access Patient Assistance Program	\$1,396.87	\$1,606.40

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>XARELTO</b>							
	15	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,552.08	\$1,784.89
	20	MG	TABLET(S)	RIVAROXABAN	Johnson & Johnson Patient Assistance Foundation-Card Program	\$1,396.87	\$1,606.40
	15	MG	TABLET(S)	RIVAROXABAN	NC MedAssist - North Carolina Residents Only	\$1,552.08	\$1,784.89
	20	MG	TABLET(S)	RIVAROXABAN	NC MedAssist - North Carolina Residents Only	\$1,396.87	\$1,606.40
	15	MG	TABLET(S)	RIVAROXABAN	Welvista - South Carolina Residents Only	\$1,552.08	\$1,784.89
	20	MG	TABLET(S)	RIVAROXABAN	Welvista - South Carolina Residents Only	\$1,396.87	\$1,606.40
<b>XARTEMIS XR</b>							
	325-7.5	MG-MG	TABLET(S)	acetaminophen/oxycodone hydrochloride	Covidien/Mallinckrodt Patient Assistance Program	\$276.00	\$317.40
<b>XELJANZ</b>							
	5	MG	TABLET(S)	tofacitinib citrate	Xelsource Answers and Support-Xeljanz	\$4,554.92	\$5,238.16
<b>XELJANZ XR</b>							
	11	MG	TABLET(S)	tofacitinib citrate	Xelsource Answers and Support-Xeljanz	\$4,554.92	\$5,238.16
<b>XENAZINE</b>							
	12.5	MG	TABLET(S)	TETRABENAZINE	Lundbeck Xenazine Patient Assistance Program	\$14,008.22	\$16,109.45
	25	MG	TABLET(S)	TETRABENAZINE	Lundbeck Xenazine Patient Assistance Program	\$28,016.45	\$32,218.92
<b>XERMELO</b>							
	250	MG	TABLET(S)	telotristat ethyl	LexCares	\$6,196.80	\$7,126.32

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>XGEVA</b>							
	120/1.7	MG/ML	MG	DENOSUMAB	Amgen Safety Net Foundation	\$2,512.80	\$2,889.72
<b>XIAFLEX</b>							
	0.9	MG	POWDER	COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM	Xiaflex Patient Assistance Program	\$4,500.10	\$5,175.12
<b>XIFAXAN</b>							
	550	MG	TABLET(S)	RIFAXIMIN	Valeant Patient Assistance Program for Salix products	\$2,545.01	\$2,926.76
<b>XIGDUO XR</b>							
	5/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochlorid	AZ&Me Prescription Savings for people with Medicare Part D	\$516.62	\$594.11
	5/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochlorid	AZ&Me Prescription Savings Program	\$516.62	\$594.11
	5/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochlorid	NC MedAssist - North Carolina Residents Only	\$516.62	\$594.11
<b>XIGDUO XR</b>							
	10/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings for people with Medicare Part D	\$516.62	\$594.11
	10/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings for people with Medicare Part D	\$516.62	\$594.11

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>XIGDUO XR</b>							
	5/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings for people with Medicare Part D	\$516.62	\$594.11
	10/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings Program	\$516.62	\$594.11
	10/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings Program	\$516.62	\$594.11
	5/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	AZ&Me Prescription Savings Program	\$516.62	\$594.11
	10/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	NC MedAssist - North Carolina Residents Only	\$516.62	\$594.11
	10/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	NC MedAssist - North Carolina Residents Only	\$516.62	\$594.11
	5/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	NC MedAssist - North Carolina Residents Only	\$516.62	\$594.11
	10/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	Welvista - South Carolina Residents Only	\$516.62	\$594.11
	10/500	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	Welvista - South Carolina Residents Only	\$516.62	\$594.11



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>XIGDUO XR</b>							
	5/1000	MG-MG	TABLET(S)	dapagliflozin propanediol/metformin hydrochloride	Welvista - South Carolina Residents Only	\$516.62	\$594.11
<b>XIIDRA</b>							
	5	%	DROP(S)	LIFITEGRAST	Shire Cares Patient Assistance & Support Program	\$512.08	\$588.89
<b>XOLAIR</b>							
	150	MG	MG	OMALIZUMAB	Genetech Access to Care Foundation-Xolair	\$1,226.99	\$1,411.04
<b>XOPENEX</b>							
	0.63/3	MG/ML	VIAL	LEVALBUTEROL HYDROCHLORIDE	Sepracor Patient Assistance Program	\$235.68	\$271.03
	1.25/3	MG/ML	VIAL	LEVALBUTEROL HYDROCHLORIDE	Sepracor Patient Assistance Program	\$235.68	\$271.03
<b>XOPENEX HFA</b>							
	45	MCG/INHALATION	PUFF(S)	LEVALBUTEROL TARTRATE	Sepracor Patient Assistance Program	\$81.89	\$94.17
<b>XTANDI</b>							
	40	MG	CAPSULE(S)	enzalutamide	Astellas Access Program-Xtandi	\$11,907.41	\$13,693.52
<b>XYNTHA</b>							
	1	IU (1000 IU)	INJECTION	ANTIHEMOPHILIC FACTOR (RECOMB) PLASMA/ALBUMIN- FREE	Pfizer RxPathways	\$1.90	\$2.19

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>YERVOY</b>							
	200	5 MG/ML (40 ML)	MG	ipilimumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$33,423.58	\$38,437.12
<b>YERVOY</b>							
	50	5 MG/ML (10 ML)	MG	ipilimumab	Bristol-Myers Squibb Access Support Oncology Patient Assistance Program	\$8,355.90	\$9,609.29
<b>YONDELIS</b>							
	1	MG	VIAL	trabectedin	Johnson & Johnson Patient Assistance Foundation	\$3,304.80	\$3,800.52
<b>ZADITOR</b>							
	0.025	% (5ml)	Drop(s)	KETOTIFEN FUMARATE	Xubex Preferred Network Program	\$11.70	\$13.46
<b>ZAFIRLUKAST (BRAND: ACCOLATE)</b>							
	10	MG	TABLET(S)	ZAFIRLUKAST	Rx Outreach	\$107.36	\$123.46
	20	MG	TABLET(S)	ZAFIRLUKAST	Rx Outreach	\$107.36	\$123.46
	10	MG	TABLET(S)	ZAFIRLUKAST	Xubex Preferred Network Program	\$107.36	\$123.46
	20	MG	TABLET(S)	ZAFIRLUKAST	Xubex Preferred Network Program	\$107.36	\$123.46
<b>ZALEPLON (BRAND: SONATA)</b>							
	10	MG	CAPSULE(S)	ZALEPLON	Rx Outreach	\$378.79	\$435.61
	5	MG	CAPSULE(S)	ZALEPLON	Rx Outreach	\$368.74	\$424.05
	10	MG	CAPSULE(S)	ZALEPLON	Xubex Preferred Network Program	\$378.79	\$435.61
	5	MG	CAPSULE(S)	ZALEPLON	Xubex Preferred Network Program	\$368.74	\$424.05

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZALTRAP</b>							
	25	MG/ML (4 ML)	VIAL	ziv-aflibercept	Sanofi Patient Connection	\$1,920.00	\$2,208.00
<b>ZARAH</b>							
	3-0.03	MG-MG	TABLET(S)	drospirenone/ethinyl estradiol;placebo	Xubex Preferred Network Program	\$230.05	\$264.56
<b>ZARONTIN</b>							
	250	MG	CAPSULE(S)	ETHOSUXIMIDE	Pfizer RxPathways	\$405.59	\$466.43
<b>ZARXIO</b>							
	300/0.5	MCG/ML (0.5 ML)	SYRINGE(S)	filgrastim-sndz	Sandoz One Source Program	\$330.79	\$380.41
	480/0.8	MCG/ML (0.8 ML)	SYRINGE(S)	filgrastim-sndz	Sandoz One Source Program	\$526.78	\$605.80
<b>ZAVESCA</b>							
	100	MG	CAPSULE(S)	miglustat	Actelion - Zavesca Financial Support	\$32,184.00	\$37,011.60
<b>ZEJULA</b>							
	100	MG	CAPSULE(S)	niraparib	Together with Tesaro Patient Assistance Program	\$17,700.00	\$20,355.00
<b>ZELAPAR</b>							
	1.25	MG	TABLET(S)	SELEGILINE HYDROCHLORIDE	Valeant Patient Assistance Program	\$4,883.84	\$5,616.42
<b>ZELBORAF</b>							
	240	MG	TABLET(S)	VEMURAFENIB	Genentech Access Solutions-Oral Products	\$6,510.48	\$7,487.05
<b>ZEMAIRA</b>							
	1	MG	INJECTION(S)	ALPHA-1 PROTEINASE INHIBITOR HUMAN	CSL Behring Patient Assistance Program	\$0.62	\$0.71

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZENPEP</b>							
	10500-25000-79000	U-U-U	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$814.01	\$936.11
	109000-20000-68000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Allergan Patient Assistance Program	\$510.76	\$587.37
	218000-40000-136000	U-U-U	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$1,298.21	\$1,492.94
	27000-5000-17000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Allergan Patient Assistance Program	\$152.62	\$175.51
	55000-10000-34000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Allergan Patient Assistance Program	\$260.34	\$299.39
	82000-15000-51000	U-U-U	CAPSULE(S)	AMYLASE/LIPASE/PROTEASE	Allergan Patient Assistance Program	\$376.01	\$432.41
<b>ZENPEP</b>							
	16000-3000-10000	MG	CAPSULE(S)	amylase/lipase/protease	Allergan Patient Assistance Program	\$138.04	\$158.75
<b>ZEPATIER</b>							
	50-100	MG-MG	TABLET(S)	elbasvir/grazoprevir	Merck Access Program	\$21,840.00	\$25,116.00
<b>ZERBAXA</b>							
	1-0.5	GM-GM	VIAL(S)	ceftolozane/tazobactam	AccessZerbaxa	\$1,149.84	\$1,322.32
<b>ZETIA</b>							
	10	MG	TABLET(S)	EZETIMIBE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,129.68	\$1,299.13
	10	MG	TABLET(S)	EZETIMIBE	Merck Patient Assistance Program	\$1,129.68	\$1,299.13
	10	MG	TABLET(S)	EZETIMIBE	NC MedAssist - North Carolina Residents Only	\$1,129.68	\$1,299.13
	10	MG	TABLET(S)	EZETIMIBE	Welvista - South Carolina Residents Only	\$1,129.68	\$1,299.13

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZETIA</b>							
	10	MG	TABLET(S)	EZETIMIBE	Xubex Free Trial 30 Day Medication Supply	\$1,129.68	\$1,299.13
<b>ZEVALIN Y-90</b>							
	3.2/2-50/2	MG/ML MMOLE/ML	SOLUTION	ibritumomab tiuxetan/sodium acetate	STAR-Spectrum Therapy Access Resources	\$55,592.11	\$63,930.93
<b>ZIAGEN</b>							
	20	MG/ML (240 ML)	SOL	ABACAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$176.23	\$202.66
	300	MG	TABLET(S)	ABACAVIR SULFATE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$670.37	\$770.93
	20	MG/ML (240 ML)	SOL	ABACAVIR SULFATE	ViiV Healthcare Patient Assistance Program	\$176.23	\$202.66
	300	MG	TABLET(S)	ABACAVIR SULFATE	ViiV Healthcare Patient Assistance Program	\$670.37	\$770.93
<b>ZIDOVUDINE (BRAND: RETROVIR)</b>							
	300	MG	TABLET(S)	zidovudine	Rx Outreach	\$365.04	\$419.80
	100	MG	CAPSULE(S)	zidovudine	Xubex Preferred Network Program	\$201.94	\$232.23
	300	MG	TABLET(S)	zidovudine	Xubex Preferred Network Program	\$365.04	\$419.80
<b>ZINECARD</b>							
	250	MG	INJECTION	DEXRAZOXANE HYDROCHLORIDE	Pfizer RxPathways	\$281.86	\$324.14
	500	MG	INJECTION	DEXRAZOXANE HYDROCHLORIDE	Pfizer RxPathways	\$563.72	\$648.28
<b>ZINPLAVA</b>							
	25	MG/ML (40 ML)	MG	bezlotoxumab	Merck Access Program	\$4,560.00	\$5,244.00

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZIOPTAN</b>							
	0.0015	% (0.3 ML)	DROP(S)	T AFLUPROST	Akorn Patient Assistance Program	\$373.64	\$429.69
	0.0015	% (0.3 ML)	DROP(S)	T AFLUPROST	Welvista - South Carolina Residents Only	\$373.64	\$429.69
<b>ZIOPTAN</b>							
	0.0015	% (0.3 ML)	DROP(S)	T AFLUPROST	Akorn Patient Assistance Program	\$124.55	\$143.23
	0.0015	% (0.3 ML)	DROP(S)	T AFLUPROST	Welvista - South Carolina Residents Only	\$124.55	\$143.23
<b>ZIPRASIDONE HYDROCHLORIDE (BRAND: GEODON)</b>							
	20	MG	CAPSULE(S)	ziprasidone hydrochloride	NC MedAssist - North Carolina Residents Only	\$531.83	\$611.60
	40	CAPSULE(S)	CAPSULE(S)	ziprasidone hydrochloride	NC MedAssist - North Carolina Residents Only	\$531.83	\$611.60
	60	MG	CAPSULE(S)	ziprasidone hydrochloride	NC MedAssist - North Carolina Residents Only	\$645.41	\$742.22
	80	MG	CAPSULE(S)	ziprasidone hydrochloride	NC MedAssist - North Carolina Residents Only	\$645.41	\$742.22
	20	MG	CAPSULE(S)	ziprasidone hydrochloride	Rx Outreach	\$531.83	\$611.60
	40	CAPSULE(S)	CAPSULE(S)	ziprasidone hydrochloride	Rx Outreach	\$531.83	\$611.60
	60	MG	CAPSULE(S)	ziprasidone hydrochloride	Rx Outreach	\$645.41	\$742.22
	80	MG	CAPSULE(S)	ziprasidone hydrochloride	Rx Outreach	\$645.41	\$742.22
	20	MG	CAPSULE(S)	ziprasidone hydrochloride	Xubex Preferred Network Program	\$531.83	\$611.60
	40	CAPSULE(S)	CAPSULE(S)	ziprasidone hydrochloride	Xubex Preferred Network Program	\$531.83	\$611.60
	60	MG	CAPSULE(S)	ziprasidone hydrochloride	Xubex Preferred Network Program	\$645.41	\$742.22
	80	MG	CAPSULE(S)	ziprasidone hydrochloride	Xubex Preferred Network Program	\$645.41	\$742.22
<b>ZIRGAN</b>							
	0.15	% (5 GM)	GM	ganciclovir	Valeant Patient Assistance Program-Bausch & Lomb Products	\$364.82	\$419.54

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZOLMITRIPTAN</b>							
	5	MG	TABLET(S)	zolmitriptan	Xubex Preferred Network Program	\$168.12	\$193.34
<b>ZOLMITRIPTAN</b>							
	2.5	MG	TABLET(S)	zolmitriptan	Xubex Preferred Network Program	\$304.14	\$349.76
<b>ZOLMITRIPTAN ODT</b>							
	2.5	MG	TABLET(S)	zolmitriptan	Xubex Preferred Network Program	\$304.14	\$349.76
	5	MG	TABLET(S)	zolmitriptan	Xubex Preferred Network Program	\$168.12	\$193.34
<b>ZOLPIDEM (BRAND: AMBIEN)</b>							
	10	MG	TABLET(S)	ZOLPIDEM TARTRATE	Rx Outreach	\$462.54	\$531.92
	5	MG	TABLET(S)	ZOLPIDEM TARTRATE	Rx Outreach	\$462.54	\$531.92
	10	MG	TABLET(S)	ZOLPIDEM TARTRATE	Xubex Preferred Network Program	\$462.54	\$531.92
	5	MG	TABLET(S)	ZOLPIDEM TARTRATE	Xubex Preferred Network Program	\$462.54	\$531.92
<b>ZOLPIDEM TARTRATE ER (BRAND: AMBIEN CR)</b>							
	12.5	MG	TABLET(S)	zolpidem tartrate	Rx Outreach	\$611.63	\$703.37
	6.25	MG	TABLET(S)	zolpidem tartrate	Rx Outreach	\$611.63	\$703.37
	6.25	MG	TABLET(S)	zolpidem tartrate	Xubex Preferred Network Program	\$611.63	\$703.37
<b>ZOMETA</b>							
	4	MG/100 ML	MG	zoledronic acid	Novartis Patient Assistance Now Oncology Program	\$1,106.98	\$1,273.03
<b>ZOMIG</b>							
	2.5	MG	TABLET(S)	ZOLMITRIPTAN	Impax Patient Assistance Program	\$643.76	\$740.32
	5	MG	TABLET(S)	ZOLMITRIPTAN	Impax Patient Assistance Program	\$321.88	\$370.16

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZOMIG NASAL SPRAY</b>							
	5	MG	SPRAY(S)	ZOLMITRIPTAN	Impax Patient Assistance Program	\$442.67	\$509.07
<b>ZOMIG-ZMT</b>							
	2.5	MG	TABLET(S)	ZOLMITRIPTAN	Impax Patient Assistance Program	\$643.76	\$740.32
	5	MG	TABLET(S)	ZOLMITRIPTAN	Impax Patient Assistance Program	\$321.88	\$370.16
<b>ZONISAMIDE (BRAND: ZONEGRAN)</b>							
	100	MG	CAPSULE(S)	ZONISAMIDE	Rx Outreach	\$219.20	\$252.08
	25	MG	CAPSULE(S)	ZONISAMIDE	Rx Outreach	\$54.80	\$63.02
	50	MG	CAPSULE(S)	ZONISAMIDE	Rx Outreach	\$109.60	\$126.04
	100	MG	CAPSULE(S)	ZONISAMIDE	Xubex Preferred Network Program	\$219.20	\$252.08
	25	MG	CAPSULE(S)	ZONISAMIDE	Xubex Preferred Network Program	\$54.80	\$63.02
	50	MG	CAPSULE(S)	ZONISAMIDE	Xubex Preferred Network Program	\$109.60	\$126.04
<b>ZONTIVITY</b>							
	2.08	MG	TABLET(S)	vorapaxar	Merck Patient Assistance Program	\$1,039.26	\$1,195.15
<b>ZORTRESS</b>							
	0.25	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Foundation, Inc.	\$574.15	\$660.27
	0.5	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Foundation, Inc.	\$1,148.29	\$1,320.53
	0.75	MG	TABLET(S)	EVEROLIMUS	Novartis Patient Assistance Foundation, Inc.	\$1,722.43	\$1,980.79
	0.75	MG	TABLET(S)	EVEROLIMUS	Xubex Free Trial 30 Day Medication Supply	\$1,722.43	\$1,980.79
<b>ZOSTAVAX</b>							
	19400	PFU	ML	VARICELLA VIRUS VACCINE	Merck Vaccine Patient Assistance Program	\$267.74	\$307.90



# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZOSTAVAX</b>							
	19400	PFU	ML	VARICELLA VIRUS VACCINE	Welvista - South Carolina Residents Only	\$267.74	\$307.90
<b>ZOSTAVAX</b>							
	19400	PFU (10 VIALS)	ML	VARICELLA VIRUS VACCINE	Merck Vaccine Patient Assistance Program	\$2,551.99	\$2,934.79
	19400	PFU (10 VIALS)	ML	VARICELLA VIRUS VACCINE	Welvista - South Carolina Residents Only	\$2,551.99	\$2,934.79
<b>ZOVIA 1/50E</b>							
	50-1	MCG-MG	TABLET(S)	ethinyl estradiol/ethynodiol diacetate;placebo	Xubex Preferred Network Program	\$199.74	\$229.70
<b>ZOVIRAX</b>							
	200	MG	CAPSULE(S)	ACYCLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$515.86	\$593.24
	400	MG	TABLET(S)	ACYCLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,001.16	\$1,151.33
	800	MG	TABLET(S)	ACYCLOVIR	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$2,141.32	\$2,462.52
<b>ZOVIRAX CREAM</b>							
	5	% (5 GM)	APPLICATION(S)	ACYCLOVIR	Valeant Patient Assistance Program	\$876.88	\$1,008.41
<b>ZOVIRAX OINTMENT</b>							
	5	% (30 GM)	APPLICATION(S)	ACYCLOVIR	Valeant Patient Assistance Program	\$1,519.48	\$1,747.40
<b>ZUBSOLV</b>							
	1.4-0.36	MG-MG	TABLET(S)	buprenorphine/naloxone	Zubsolv Patient Assistance Program	\$140.92	\$162.06
	5.7-1.4	MG-MG	TABLET(S)	buprenorphine/naloxone	Zubsolv Patient Assistance Program	\$282.01	\$324.31

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZYDELIG</b>							
	100	MG	TABLET(S)	idelalisib	Zydelig AccessConnect	\$11,468.51	\$13,188.79
	150	MG	TABLET(S)	idelalisib	Zydelig AccessConnect	\$11,468.51	\$13,188.79
<b>ZYFLO</b>							
	600	MG	TABLET(S)	ZILEUTON	Critical Therapeutics Care Assist Program	\$4,296.05	\$4,940.46
	600	MG	TABLET(S)	ZILEUTON	Zyflo Connect Patient Assistance Program	\$4,296.05	\$4,940.46
<b>ZYFLO CR</b>							
	600	MG	TABLET(S)	ZILEUTON	Zyflo Connect Patient Assistance Program	\$4,296.05	\$4,940.46
<b>ZYKADIA</b>							
	150	MG	CAPSULE(S)	ceritinib	Novartis Patient Assistance Now Oncology Program	\$8,444.58	\$9,711.27
<b>ZYLET</b>							
	0.5-0.3	%-% (10ML)	DROP(S)	LOTEPREDNOL ETABONATE/TOBRAMYCIN	Valeant Patient Assistance Program-Bausch & Lomb Products	\$513.90	\$590.99
<b>ZYPREXA</b>							
	10	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$663.84	\$763.42
	15	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$995.76	\$1,145.12
	2.5	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$373.25	\$429.24
	20	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$1,327.68	\$1,526.83

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZYPREXA</b>							
	5	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$440.53	\$506.61
	7.5	MG	TABLET(S)	OLANZAPINE	HIV Medication Assistance Program(NC HMAP)-NC Residents Only	\$536.11	\$616.53
	10	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$663.84	\$763.42
	15	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$995.76	\$1,145.12
	2.5	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$373.25	\$429.24
	20	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$1,327.68	\$1,526.83
	5	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$440.53	\$506.61
	7.5	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$536.11	\$616.53
	10	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$663.84	\$763.42
	15	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$995.76	\$1,145.12
	2.5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$373.25	\$429.24
	20	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$1,327.68	\$1,526.83
	5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$440.53	\$506.61
	7.5	MG	TABLET(S)	OLANZAPINE	NC MedAssist - North Carolina Residents Only	\$536.11	\$616.53
	10	MG	TABLET(S)	OLANZAPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$663.84	\$763.42
	15	MG	TABLET(S)	OLANZAPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$995.76	\$1,145.12
	2.5	MG	TABLET(S)	OLANZAPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$373.25	\$429.24

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZYPREXA</b>							
	20	MG	TABLET(S)	OLANZAPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$1,327.68	\$1,526.83
	5	MG	TABLET(S)	OLANZAPINE	Nova ScriptsCentral-Northern Virginia Clinic Partners & Northern VA Residents ONLY	\$440.53	\$506.61
	10	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$663.84	\$763.42
	15	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$995.76	\$1,145.12
	2.5	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$373.25	\$429.24
	20	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$1,327.68	\$1,526.83
	5	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$440.53	\$506.61
	7.5	MG	TABLET(S)	OLANZAPINE	Welvista - South Carolina Residents Only	\$536.11	\$616.53
<b>ZYPREXA RELPREVV</b>							
	210	MG	VIAL	olanzapine pamoate	Lilly Cares	\$707.62	\$813.76
	300	MG	VIAL	olanzapine pamoate	Lilly Cares	\$1,010.88	\$1,162.51
	405	MG	VIAL	olanzapine pamoate	Lilly Cares	\$1,364.69	\$1,569.39
<b>ZYPREXA ZYDIS</b>							
	10	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$699.12	\$803.99
	15	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$1,031.04	\$1,185.70
	20	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$1,362.96	\$1,567.40
	5	MG	TABLET(S)	OLANZAPINE	Lilly Cares	\$475.81	\$547.18
<b>ZYTIGA</b>							
	250	MG	TABLET(S)	abiraterone acetate	Johnson & Johnson Patient Assistance Foundation-Card Program	\$11,275.06	\$12,966.32

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Medications</b>							
<b>ZYVOX</b>							
	600	MG	TABLET(S)	LINEZOLID	Zyvox Assist	\$6,122.39	\$7,040.75
<b>Supply</b>							
<b>ACCU-CHECK ACTIVE TEST STRIPS</b>							
	n/a	n/a	n/a	n/a	Xubex Free Diabetes Kit	\$32.82	\$37.74
<b>ACCU-CHEK LANCETS</b>							
	n/a	n/a	n/a	n/a	Xubex Free Diabetes Kit	\$14.86	\$17.09
<b>ACCU-CHEK NANO METER</b>							
	n/a	n/a	n/a	n/a	Blink Health - Accu-Chek Supplies	\$28.74	\$33.05
	n/a	n/a	n/a	n/a	Xubex Free Blood Glucose Meter	\$28.74	\$33.05
	n/a	n/a	n/a	n/a	Xubex Free Diabetes Kit	\$28.74	\$33.05
<b>BD HOME SHARPS CONTAINER</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$2.44	\$2.81
<b>BD ULTRA-FINE II (31GX5/16,1/2CC)</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$24.57	\$28.26
<b>BD ULTRA-FINE II (31GX5/16,1CC)</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$24.57	\$28.26
<b>BD ULTRA-FINE II (31GX5/16,3/10CC)</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$24.57	\$28.26
<b>BD ULTRA-FINE III MINI (31G X 3/16)</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$28.04	\$32.25

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Supply</b>							
<b>BD ULTRA-FINE NANO PEN NEEDLE 32GX5/32"</b>							
	n/a	n/a	n/a	n/a	BD Diabetes	\$37.18	\$42.76
<b>CPAP Equipment</b>							
	n/a	n/a	n/a	n/a	CPAP Assistance Program	\$100.00	\$115.00
<b>Eligibility</b>							
	n/a	n/a	n/a	n/a	LFM Eligibility Check	\$0.01	\$0.01
<b>EYEGLASSES</b>							
	n/a	n/a	n/a	n/a	New Eyes Voucher Program	\$60.00	\$69.00
<b>FREESTYLE FREEDOM BLOOD GLUCOSE MONITORING SYSTEM METER</b>							
	n/a	n/a	n/a	n/a	FreeStyle Promise Program	\$18.00	\$20.70
<b>FREESTYLE INSULINX BLOOD GLUC MONITORING SYSTEM</b>							
	n/a	n/a	n/a	n/a	FreeStyle Promise Program	\$45.60	\$52.44
<b>FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM METER</b>							
	n/a	n/a	n/a	n/a	FreeStyle Promise Program	\$18.00	\$20.70
<b>HEARING AIDS (Qty 1)</b>							
	n/a	n/a	n/a	n/a	Hear Now Program	\$125.00	\$143.75
<b>HEARING AIDS (Qty 2)</b>							
	n/a	n/a	n/a	n/a	Hear Now Program	\$250.00	\$287.50

# Available Medications and Supplies

\* Denotes "Restricted"

Name	Strength	Units	Dosage Form	Generic Name	Program Name	AWP	ARP
<b>Supply</b>							
<b>HUMAPEN LUXURA HD</b>							
	n/a	n/a	n/a	n/a	Eli Lilly Cares-Supplies	\$56.25	\$64.69
<b>Medical ID Bracelet</b>							
	n/a	n/a	n/a	n/a	MedicAlert Foundation	\$60.00	\$69.00
<b>NEBULIZER</b>							
	n/a	n/a	n/a	n/a	Global Links-Nebulizers (for Virginia Residents ONLY)	\$55.00	\$63.25
<b>PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$96.75	\$111.26
<b>PRODIGY INSULIN SYRINGES (28G)</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$15.00	\$17.25
<b>PRODIGY INSULIN SYRINGES (31G)</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$15.00	\$17.25
<b>PRODIGY INSULIN SYRINGES (31G, SHORT NEEDLE)</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$15.00	\$17.25
<b>PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$69.08	\$79.44
<b>PRODIGY TWIST TOP LANCETS 28G</b>							
	n/a	n/a	n/a	n/a	Rx Outreach Diabetic Supplies	\$11.88	\$13.66