

2018 LiveWELL AFFORDABLE CARE ACT DRUG LIST (\$0 Copay) - ALPHABETICAL

You should always check with your prescriber and/or pharmacist to determine if these alternatives are appropriate for your treatment.

DRUG CATEGORY	2018 ACA DRUGS (\$0 Copay)	*BRAND NAME PRODUCTS NOT COVERED WHEN GENERIC ALTERNATIVE IS AVAILABLE **MEET DEDUCTIBLE, THEN COPAY APPLIES	QTY LIMIT/AGE RESTRICTIONS; Rx required;	COPAY (30 DAY/90 DAY)
ANTIESTROGENS	RALOXIFENE	EVISTA*	RISK FOR BREAST CANCER	\$0/\$0
ANTIESTROGENS	TAMOXIFEN	NOLVADEX*	RISK FOR BREAST CANCER	\$0/\$0
ASPIRIN	ASPIRIN TAB 81 MG	VARIOUS OTC FORMULATIONS/ 81MG STRENGTH ONLY	QTY LIMIT OF ONE TABLET/DAY; Age:45-79	\$0/\$0
BOWEL PREP	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	PEG PREP KIT, GAVILYTE H KIT	LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	BISACODYL ENTERIC COATED TABLETS		LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	MAGNESIUM CITRATE		LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	MOVIPREP BOWEL KIT		LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	PEG 3350	MIRALAX*	LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	COLYTE, GOLYTELY, GAVILYTE-G	LIMIT 1 KIT/YR	\$0/\$0
BOWEL PREP	SUPREP BOWEL KIT		LIMIT 1 KIT/YR	\$0/\$0
CHOLESTEROL	ATORVASTATIN CALCIUM	LIPITOR*		\$0/\$0
CHOLESTEROL	LOVASTATIN TAB 10 MG	MEVACOR*		\$0/\$0
CHOLESTEROL	SIMVASTATIN	ZOCOR*		\$0/\$0
CONTRACEPTIVES	CERVICAL CAP	FEMCAP, PRENTIF		\$0/\$0
CONTRACEPTIVES	CONDOMS - FEMALE	FC2		\$0/\$0
CONTRACEPTIVES	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	AZURETTE, BEKYREE,KARIVA, KIMIDESS, MIRCETTE*, PIMTREA, VIORELE		\$0/\$0
CONTRACEPTIVES	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	CAZIAN, CESIA, CYCLESSA*, VELIVET		\$0/\$0
CONTRACEPTIVES	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	APRI,CYRED,EMOQUETTE,ENSKYCE, JULEBER,RECLIPSEN, SOLIA		\$0/\$0
CONTRACEPTIVES	DIAPHRAGMS	ORTHO COIL SPRING, WIDE-SEAL, FLAT SPRING		\$0/\$0
CONTRACEPTIVES	DROSPIRENONE-ETHINYL ESTRADIOL TAB	GIANVI, LORYNA, NIKKI,OCELLA, SYEDA, VESTURA,YASMIN*, YAZ*,ZARAH		\$0/\$0
CONTRACEPTIVES	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	BEYAZ**, RAJANI		\$0/\$0
CONTRACEPTIVES	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	SAFYRAL**		\$0/\$0
CONTRACEPTIVES	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	NATAZIA**		\$0/\$0
CONTRACEPTIVES	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB	ZOVIA, KELNOR,		\$0/\$0
CONTRACEPTIVES	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	NUVARING		\$0/\$0
CONTRACEPTIVES	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG Ð EST 0.01 MG	FAYOSIM, QUARTETTE*, RIVELSA		\$0/\$0
CONTRACEPTIVES	LEVONORGEST-ETH ESTRAD TAB 0.15/.03MG	ALTAVERA, CHATEAL, KURVELO, LEVORA, MARLISSA, PORTIA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL	AMETHYST, LYBREL*		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	INTROVALE, JOLESSA, SETLAKIN, QUASENSE		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL & ETHINYL ESTRADIOL TAB	AUBRA, AVIANE, DELYLA, FALMINA,LARISSIA, LESSINA, ORSYTHIA, SRONYX,VIENA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL TAB 1.5 MG	MY WAY TAB, NEXT CHOICE TAB		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	ENPRESSE, LEVONEST, MYZILRA, TRIVORA		\$0/\$0
CONTRACEPTIVES	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	AMYTHYST		\$0/\$0
CONTRACEPTIVES	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	AMETHIA LO, CAMRESE LO, LO-SEASONIQUE*		\$0/\$0
CONTRACEPTIVES	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	AMETHIA, ASHLYNA, CAMRESE, DAYSEE, SEASONIQUE*		\$0/\$0
CONTRACEPTIVES	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	DEPO PROVERA**(COVERED UNDER MEDICAL BENEFIT)		\$0/\$0
CONTRACEPTIVES	MEDROXYPROGESTERONE ACETATE SUBCUTANEOUS SUSP 104 MG/0.65	DEPO SUBQ PROVERA**(COVERED UNDER MEDICAL BENEFIT)		\$0/\$0
CONTRACEPTIVES	NONOXYNOL-9 FOAM	VARIOUS OTC FORMULATIONS		\$0/\$0
CONTRACEPTIVES	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	TODAY SPONGE		\$0/\$0
CONTRACEPTIVES	NONOXYNOL-9 VAGINAL SUPPOS 100 MG	ENCARE		\$0/\$0
CONTRACEPTIVES	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	XULANE		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	ALYCEN, CYCLAFEM, DASETTA, NECON, NORTREL, PIMELLA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	ARANELLE, LEENA, TRI-NORINYL*		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL TAB	BALZIVA, BRIELLYN, GILDAGIA, OVCON*, PHILITH, VYFEMLA, ZENCHENT		\$0/\$0

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CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG *	FEMCON FE**, WEMZYA FE**, ZENCHENT FE**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG*	GENERESS FE**, KAITLIB FE**, LAYOLIS FE**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG	NECON, NORINYL, WERA		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	GILDESS, JUNEL, LARIN, LOESTRIN*, MICROGESTIN		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	EMOQUETTE		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG**	BLISOVI FE**, LOESTRIN FE**, MICROGESTIN FE, TARINA FE**, GILDESS FE, JUNEL FE**, LARIN FE**, MICROGESTIN FE**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	JUNEL FE, LARIN FE		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB (24)**	MIBELAS 24**MINASTRIN 24 FE**, TAYTULLA**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)**	BLISOVI FE 24**, GILDESS FE 24**, JUNEL FE-24**, LARIN FE-24, LOESTRIN FE 24*, LOMEDIA FE 24** MICROGESTIN FE 24**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG*	ESTROSTEP FE*, TILIA FE**, TRI-LEGEST FE**		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE TAB	CAMILA, DEBLITANE, ERRIN, NOR-QD*, MICRONOR*		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE TAB 0.35 MG	HEATHER, JENCYCLA, JOLIVETTE, LYZA, NORA-BE, NORLYROC, SHAROBEL		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	ALYACEN, CYCLAFEM, DASETTA, NECON, NORTREL, ORTHO-NOVUM		\$0/\$0
CONTRACEPTIVES	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35 MG-MCG (10/11)	NECON 10/11		\$0/\$0
CONTRACEPTIVES	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	LOESTRIN		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	ESTARYLLA, FEMYNOR, MONO-LINYAH, MONONESSA, ORTHO-CYCLEN*, PREVIFEM, SPRINTEC		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	ORTHO TRICYLEN LO*, TRI-LO-ESTARYLL, TRI-LO-MARZIA, TRI-LO-SPRINTEC, TRINESSA LO		\$0/\$0
CONTRACEPTIVES	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	ORTHO TRICYCLEN*, TRISTARYLL, TRI-LINYAH, TRINESSA, TRI-PREVIFEM, TRI-SPRINTEC, TRINESSA		\$0/\$0
CONTRACEPTIVES	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	CRYSSELLE, ELINEST, LOOVRAL*, LOW-OGESTREL		\$0/\$0
CONTRACEPTIVES	NORGESTREL & ETHINYL ESTRADIOL TAB 0.5 MG-50 MCG	OGESTREL, OVRAL*		\$0/\$0
FLUORIDE	SODIUM FLUORIDE CHEW TAB	FLUORITAB, FLUORIDE CHEWABLE, LUDENT, (LURIDE)		\$0/\$0
FLUORIDE	SODIUM FLUORIDE LOZENGE 1 MG F (FROM 2.2 MG NAF)	LOZI-FLUR		\$0/\$0
FLUORIDE	SODIUM FLUORIDE SOLN 0.25 MG/DROP F (FROM 0.55 MG/DROP NAF)	FLURA-DROPS		\$0/\$0
FLUORIDE	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	(LURIDE DROPS), FLUORIDE DROPS		\$0/\$0
FLUORIDE	SODIUM FLUORIDE-XYLITOL CHEW TAB	FLUOR-O-DAY		\$0/\$0
FOLIC ACID	FOLIC ACID		QTY LIMIT 1/DAY	\$0/\$0
IMMUNIZATIONS	DIPH, ACELLULAR PERT & TET TOX INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-10 MCG-5 LF/0.5ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B-POLIO IPV VAC INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	DIPH-TETANUS TOX ADSORBED (DT) IM INJ 25-5 UNIT/0.5ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSAC CONJ-HEPATITIS B (RECOMB) VAC IM SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HEPATITIS A VACCINE INJ SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) 10 MCG/0.5ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) 20 MCG/ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0

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IMMUNIZATIONS	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) BIVAL (TYPE 16, 18) RECOMB VAC INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VAC INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	INFLUENZA VIRUS VAC TYPES A & B PF PREF SYRINGE KIT 0.5 ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	INFLUENZA VIRUS VACCINE	VARIOUS FLU VACCINE FORMULATIONS		\$0/\$0
IMMUNIZATIONS	MEASLES, MUMPS & RUBELLA VIRUS VACCINES FOR INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL (A, C, Y, AND W-135) CONJUGATE VACCINE INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL (C & Y)-HAEMOPHILUS B TET TOX CONJ VAC FOR INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL GROUP B VACCINE IM SUSP PREFILLED SYRINGE		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL VAC B (RECOMB ADSORBED) INJ PREFILLED SYRINGE		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	MENINGOCOCCAL VACCINE		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE INJ	PREVNAR 13		\$0/\$0
IMMUNIZATIONS	PNEUMOCOCCAL VACCINE POLYVALENT INJ 25 MCG/0.5ML	PNEUMOVAX 23		\$0/\$0
IMMUNIZATIONS	POLIOVIRUS VACCINE, IPV INJECTION		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	TET TOX-DIPH-ACELL PERTUSS		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU/0.5ML		*COVERED UNDER MEDICAL PLAN ONLY	\$0/\$0
IMMUNIZATIONS	ZOSTER VACCINE LIVE FOR INJ 19400 UNIT/0.65ML	ZOSTAVAX		\$0/\$0
OSTEOPOROSIS	VITAMIN D	VARIOUS GENERIC PRODUCTS	Limited to ADULTS(>65 YR)/RX	\$0/\$0
SMOKING DETERRENTS	BUPROPION HCL (SMOKING DETERRENT) TAB SR 12HR 150 MG	ZYBAN*	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	NICOTROL INHALER*	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	NICOTROL NASAL SPRAY	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	NICOTINE POLACRILEX GUM	VARIOUS GENERIC NICOTINE GUM(OTC)	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	NICOTINE POLACRILEX LOZENGES	VARIOUS GENERIC NICOTINE LOZENGES	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	NICOTINE TD PATCH 24HR	VARIOUS GENERIC OTC NICOTINE PATCHES	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0
SMOKING DETERRENTS	VARENICLINE TARTRATE TAB	CHANTIX	LIMITED TO ADULTS(>18 YR) 30DAY/RX	\$0/\$0

Revised 03/01/18