Report ID: 105160 Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
10PEH-4CPM	TABLET	10MG-4MG	\$0.07500	06-01-2009
12 HOUR COLD	TABLET SA	120MG	\$0.28000	11-01-2007
12 HOUR COLD RELIEF	TABLET SA	120MG	\$0.29000	01-18-2000
12 HOUR DECONGESTANT	TABLET SA	120MG	\$0.28000	11-01-2007
12 HOUR NASAL DECONGESTANT	TABLET SA	120MG	\$0.28000	11-01-2007
12 HOUR RELIEF	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
12 HOUR SINUS DECONGESTANT	TABLET SA	120MG	\$0.28000	11-01-2007
12-HR ANTIHISTAMINE-DECONGEST	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
3-DAY VAGINAL CREAM	CREAM/APPL	2%	\$0.15000	01-01-2002
60PSE-4CPM	TABLET	60MG-4MG	\$0.02750	06-01-2009
8 HOUR PAIN RELIEVER	TABLET SA	650MG	\$0.05000	07-30-1999
A THRU Z	TABLET		\$0.03500	08-02-2002
A THRU Z	TABLET	0.4-162-18	\$0.03500	08-02-2002
A THRU Z	TABLET	18-500-300	\$0.03500	08-14-2008
A THRU Z SELECT	TABLET		\$0.03500	08-02-2002
A-200 LICE KILLING	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
A-B OTIC	DROPS	5.4%-1.4%	\$0.30000	04-20-2009
AABP	DROPS	5.4%-1.4%	\$0.15000	01-06-1994
ACCUHIST	DROPS	9-0.8MG/ML	\$1.35000	06-01-2009
ACCUPRIL	TABLET	10MG	\$0.15000	11-15-2008
ACCUPRIL	TABLET	20MG	\$0.15000	11-15-2008
ACCUPRIL	TABLET	40MG	\$0.15000	11-15-2008

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Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ACCUPRIL	TABLET	5MG	\$0.15000	11-15-2008
ACCUTREND GLUCOSE	STRIP		\$0.04000	10-01-1988
ACEBUTOLOL HCL	CAPSULE	200MG	\$0.30000	01-01-2009
ACEBUTOLOL HCL	CAPSULE	400MG	\$0.50000	01-01-2009
ACEPHEN	SUPP.RECT	120MG	\$0.19000	01-01-2004
ACEROLA C	TAB CHEW	500MG	\$0.01800	01-01-2002
ACEROLA C	WAFER	500MG	\$0.03000	12-29-1999
ACETAMINOPHEN	SUPP.RECT	120MG	\$0.19000	01-01-2004
ACETAMINOPHEN	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
ACETAMINOPHEN	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
ACETAMINOPHEN	SOLUTION	160MG/5ML	\$0.01300	01-08-1996
ACETAMINOPHEN	LIQUID	160MG/5ML	\$0.01300	09-09-1991
ACETAMINOPHEN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
ACETAMINOPHEN	DROPS	100MG/ML	\$0.10000	10-01-1988
ACETAMINOPHEN	TABLET	325MG	\$0.02000	01-01-2002
ACETAMINOPHEN	TABLET	500MG	\$0.03700	01-01-2002
ACETAMINOPHEN	TAB CHEW	80MG	\$0.04500	06-01-1994
ACETAMINOPHEN 8 HOUR	TABLET SA	650MG	\$0.05000	07-30-1999
ACETAMINOPHEN ER	TABLET SA	650MG	\$0.05000	07-30-1999
ACETAMINOPHEN EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
ACETAMINOPHEN JUNIOR STRENGTH	TAB CHEW	160MG	\$0.08500	01-01-2005
ACETAMINOPHEN PAIN RELIEF	TABLET	500MG	\$0.03700	01-01-2002

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Run Date: 10/01/2009

**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ACETAMINOPHEN PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
ACETAMINOPHEN PM XTRA STRENGTH	TABLET	500MG-25MG	\$0.05000	04-01-2000
ACETAMINOPHEN-CODEINE	ELIXIR	120-12MG/5	\$0.01540	07-06-2000
ACETAMINOPHEN-CODEINE	TABLET	300MG-15MG	\$0.11240	06-13-2001
ACETAMINOPHEN-CODEINE	TABLET	300MG-30MG	\$0.12000	01-01-2005
ACETAMINOPHEN-CODEINE	TABLET	300MG-60MG	\$0.20000	01-01-2005
ACETASOL HC	DROPS	2%-1%	\$1.70000	07-01-2003
ACETAZOLAMIDE	TABLET	125MG	\$0.07600	03-01-2001
ACETAZOLAMIDE	TABLET	250MG	\$0.14000	01-02-2004
ACETIC ACID	SOLUTION	2%	\$1.90000	06-15-2004
ACETIC ACID-HYDROCORTISONE	DROPS	2%-1%	\$1.70000	07-01-2003
ACETYLCYSTEINE	VIAL	100MG/ML	\$0.30000	06-15-2004
ACETYLCYSTEINE	VIAL	200MG/ML	\$0.90000	01-01-2005
ACETYLCYSTEINE	POWDER		\$0.22000	01-01-2002
ACID CONTROL	TABLET	150MG	\$0.06000	01-01-2005
ACID CONTROL	TABLET	20MG	\$0.10000	08-01-2002
ACID CONTROL	TABLET	75MG	\$0.08000	09-01-2002
ACID CONTROLLER	TABLET	10MG	\$0.15000	01-01-2005
ACID CONTROLLER	TABLET	20MG	\$0.10000	08-01-2002
ACID GONE ANTACID	ORAL SUSP	358-95/15	\$0.01080	01-01-2002
ACID REDUCER	TABLET	10MG	\$0.15000	01-01-2005
ACID REDUCER	TABLET	150MG	\$0.06000	01-01-2005

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First Health

Report ID: 105160 Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ACID REDUCER	TABLET	200MG	\$0.12380	06-13-2000
ACID REDUCER	TABLET	20MG	\$0.10000	08-01-2002
ACID REDUCER	TABLET	75MG	\$0.08000	09-01-2002
ACID RELIEF	TABLET	200MG	\$0.12380	06-13-2000
ACLOVATE	CREAM(GM)	0.05%	\$0.82800	12-10-2008
ACLOVATE	OINT.(GM)	0.05%	\$0.82800	12-10-2008
ACNE 10	GEL (GM)	10%	\$0.29000	01-01-2005
ACNECLEAR	GEL (GM)	10%	\$0.29000	01-01-2005
ACTA-TABS PE	TABLET	10MG-4MG	\$0.07500	06-01-2009
ACTICIN	CREAM(GM)	5%	\$0.12500	08-25-2009
ACTIFED COLD & ALLERGY	TABLET	10MG-4MG	\$0.07500	06-01-2009
ACTIGALL	CAPSULE	300MG	\$1.00000	01-01-2005
ACTIQ	LOZENGE HD	1200MCG	\$30.85000	08-11-2007
ACTIQ	LOZENGE HD	1600MCG	\$37.55000	08-11-2007
ACTIQ	LOZENGE HD	200MCG	\$13.25000	08-11-2007
ACTIQ	LOZENGE HD	400MCG	\$16.36000	08-11-2007
ACTIQ	LOZENGE HD	600MCG	\$19.90000	08-11-2007
ACTIQ	LOZENGE HD	800MCG	\$23.68000	08-11-2007
ACURA TEST STRIPS	STRIP		\$0.04000	10-01-1988
ACYCLOVIR	CAPSULE	200MG	\$0.12000	01-01-2005
ACYCLOVIR	ORAL SUSP	200MG/5ML	\$0.19000	01-01-2002
ACYCLOVIR	TABLET	400MG	\$0.15000	01-01-2005

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First Health

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### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ACYCLOVIR	TABLET	800MG	\$0.25000	01-01-2005
ACYCLOVIR SODIUM	VIAL	1000MG	\$20.00000	03-01-2001
ACYCLOVIR SODIUM	VIAL	500MG	\$10.00000	03-01-2001
ACYCLOVIR SODIUM	VIAL	50MG/ML	\$1.00000	03-01-2001
ADALAT CC	TABLET SA	30MG	\$0.76000	01-01-2005
ADALAT CC	TABLET SA	60MG	\$1.60000	01-01-2005
ADDED STRENGTH HEADACHE	TABLET	250-250-65	\$0.03000	10-01-1995
ADDED STRENGTH PAIN RELIEF	TABLET		\$0.03000	10-01-1995
ADDED STRENGTH PAIN RELIEVER	TABLET		\$0.03000	10-01-1995
ADDED STRENGTH PAIN RELIEVER	TABLET	250-250-65	\$0.03000	10-01-1995
ADDERALL	TABLET	10MG	\$0.52000	11-15-2004
ADDERALL	TABLET	20MG	\$0.52000	11-15-2004
ADDERALL	TABLET	30MG	\$0.52000	11-15-2004
ADDERALL	TABLET	5MG	\$0.52000	11-15-2004
ADEKS	TAB CHEW		\$0.04000	06-10-1996
ADULT ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
ADULT LOW DOSE ASPIRIN	TABLET DR	81MG	\$0.03000	01-01-2004
ADULT LOW STRENGTH	TABLET DR	81MG	\$0.03000	01-01-2004
ADULT MUCUS RELIEF	LIQUID	100MG/5ML	\$0.01451	10-01-1995
ADULT NASAL DECONGESTANT	LIQUID	15MG/5ML	\$0.02000	11-01-2007
ADULT STRENGTH ANALGESIC	TABLET	400-32MG	\$0.03000	09-01-1990
ADULT STRENGTH PAIN RELIEVER	TABLET	400-32MG	\$0.03000	09-01-1990

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ADVANCED CARE PLUS	TABLET	30-50-1MG	\$0.08500	04-01-2004
ADVANCED EYE RELIEF	DROPS	0.3%-1%	\$0.15000	01-01-2004
ADVANCED FORMULA	TABLET		\$0.04000	01-01-1996
ADVANCED HEALING	OINT.(GM)		\$0.02100	04-01-2007
ADVANCED NATALCARE	TABLET	90-1-50MG	\$0.08500	04-01-2004
ADVANCED-RF NATALCARE	TABLET	90-1-50MG	\$0.08500	04-01-2004
ADVATE	VIAL	3000 (+/-)	\$1.03700	07-05-2007
ADVATE	VIAL	3000(+/-)	\$1.03700	07-05-2007
ADVATE H	VIAL	1000 (+/-)	\$1.03700	08-01-2006
ADVATE H	VIAL	1000(+/-)U	\$1.03700	08-01-2006
ADVATE L	VIAL	250 (+/-)	\$1.03700	08-01-2006
ADVATE L	VIAL	250 (+/-)U	\$1.03700	08-01-2006
ADVATE M	VIAL	500 (+/-)	\$1.03700	08-01-2006
ADVATE M	VIAL	500 (+/-)U	\$1.03700	08-01-2006
ADVATE SH	VIAL	1500 (+/-)	\$1.03700	08-01-2006
ADVATE SH	VIAL	1500(+/-)U	\$1.03700	08-01-2006
ADVATE UH	VIAL	2000 (+/-)	\$1.03700	08-01-2006
ADVATE UH	VIAL	2000(+/-)	\$1.03700	08-01-2006
ADVIL	TABLET	200MG	\$0.03000	12-10-2008
AFEDITAB CR	TABLET SA	30MG	\$0.76000	01-01-2005
AFEDITAB CR	TABLET SA	60MG	\$1.60000	01-01-2005
AFRIN	TABLET SA	120MG	\$0.29000	01-18-2000

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
AFRIN SALINE NASAL MIST	MIST	0.65%	\$0.03000	04-20-2009
AK-CON	DROPS	0.1%	\$0.31400	12-01-2000
AK-PENTOLATE	DROPS	1%	\$0.40000	06-15-2004
AK-POLY-BAC	OINT.(GM)	500-10K/G	\$1.75000	01-01-2005
AK-POLY-BAC	OINT.(GM)	500-10KU/G	\$1.75000	01-01-2005
AKTOB	DROPS	0.3%	\$0.60000	01-01-2005
AKWA TEARS	OINT.(GM)		\$0.90000	01-01-2005
AKWA TEARS	DROPS	1.4%	\$0.15000	01-01-2004
AL-12	LIQUID	12%	\$0.04000	09-01-2001
AL-12	LOTION	12%	\$0.04000	09-01-2001
ALA-SEB	SHAMPOO	2%-2%	\$0.01000	01-01-2002
ALA-SEB-T	SHAMPOO		\$0.02800	01-01-2002
ALAMAG	ORAL SUSP	200-225/5	\$0.00600	01-01-2002
ALAVERT	TABLET	10MG	\$0.14400	01-10-2009
ALAVERT	TAB RAPDIS	10MG	\$0.47000	08-01-2003
ALAWAY	DROPS	0.025%	\$2.16982	01-25-2007
ALBA-3	OINT.(GM)	3.5-400-5K	\$0.12000	08-01-2003
ALBAFORT	TABLET	325(65)MG	\$0.04275	04-23-2009
ALBALON	DROPS	0.1%	\$0.31400	12-01-2000
ALBUTEROL	AEROSOL	90MCG	\$0.76000	04-15-2006
ALBUTEROL SULFATE	VIAL-NEB	2.5MG/3ML	\$0.11000	08-26-2002
ALBUTEROL SULFATE	VIAL-NEB	2.5MG/0.5	\$0.25000	03-01-2002

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# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALBUTEROL SULFATE	SOLUTION	5MG/ML	\$0.22000	01-01-2005
ALBUTEROL SULFATE	SYRUP	2MG/5ML	\$0.03500	12-01-2000
ALBUTEROL SULFATE	TABLET	2MG	\$0.04770	07-01-2002
ALBUTEROL SULFATE	TABLET	4MG	\$0.09000	07-01-2002
ALCAINE	DROPS	0.5%	\$0.49900	10-01-1997
ALCLOMETASONE DIPROPIONATE	CREAM(GM)	0.05%	\$0.82800	12-10-2008
ALCLOMETASONE DIPROPIONATE	OINT.(GM)	0.05%	\$0.82800	12-10-2008
ALDACTAZIDE	TABLET	25MG-25MG	\$0.30000	01-01-2005
ALDACTAZIDE	TABLET	50-50MG	\$0.10660	07-05-1994
ALDACTONE	TABLET	100MG	\$0.80000	01-01-2005
ALDACTONE	TABLET	25MG	\$0.30000	05-01-2002
ALDACTONE	TABLET	50MG	\$0.45000	01-01-2005
ALDROXICON I	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ALENDRONATE SODIUM	TABLET	10MG	\$0.40000	11-15-2008
ALENDRONATE SODIUM	TABLET	35MG	\$2.20000	11-15-2008
ALENDRONATE SODIUM	TABLET	40MG	\$4.12000	11-15-2008
ALENDRONATE SODIUM	TABLET	5MG	\$0.40000	11-15-2008
ALENDRONATE SODIUM	TABLET	70MG	\$2.20000	11-15-2008
ALENIC ALKA	ORAL SUSP		\$0.01080	01-01-2002
ALER-CAP	CAPSULE	25MG	\$0.02500	12-01-2000
ALER-TAB	TABLET	25MG	\$0.01690	07-05-1994
ALERSULE	TABLET SA	20-8MG	\$0.50000	06-01-2009

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### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALEVE	TABLET	220MG	\$0.04610	12-01-2000
ALKA-SELTZER	CAPSULE	125MG	\$0.11000	10-24-2000
ALL DAY ALLERGY	SOLUTION	1MG/ML	\$0.05000	04-10-2009
ALL DAY ALLERGY	SYRUP	1MG/ML	\$0.05000	07-01-2008
ALL DAY ALLERGY	TABLET	10MG	\$0.08700	02-01-2008
ALL DAY ALLERGY	TAB CHEW	10MG	\$0.68000	02-01-2008
ALL DAY ALLERGY	TAB CHEW	5MG	\$0.68000	02-01-2008
ALL DAY PAIN RELIEF	TABLET	220MG	\$0.04610	12-01-2000
ALL DAY RELIEF	TABLET	220MG	\$0.04610	12-01-2000
ALLANFOL RX	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
ALLANTAN	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
ALLEGRA	TABLET	180MG	\$1.30000	06-18-2009
ALLEGRA	TABLET	30MG	\$0.39000	11-01-2008
ALLEGRA	TABLET	60MG	\$0.85000	06-18-2009
ALLER-CHLOR	TABLET	4MG	\$0.01000	12-01-2000
ALLER-TEC	TABLET	10MG	\$0.08700	02-01-2008
ALLERCLEAR	TABLET	10MG	\$0.14400	01-10-2009
ALLERDUR	ORAL SUSP	50-3MG/5ML	\$0.20000	06-01-2009
ALLERFRIM	SYRUP	30-1.25/5	\$0.01500	06-01-2009
ALLERFRIM	TABLET	60-2.5MG	\$0.03000	06-01-2009
ALLERGY	CAPSULE	25MG	\$0.02500	12-01-2000
ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
ALLERGY	TABLET	4MG	\$0.01000	12-01-2000
ALLERGY & SINUS HEADACHE	TABLET	30MG-500MG	\$0.01690	07-05-1994
ALLERGY 4-HOUR	TABLET	4MG	\$0.01000	12-01-2000
ALLERGY JUNIOR	ORAL SUSP	20-4MG/5ML	\$0.11000	06-01-2009
ALLERGY MEDICATION	CAPSULE	25MG	\$0.02500	12-01-2000
ALLERGY MEDICATION	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
ALLERGY MEDICATION	TABLET	25MG	\$0.01690	07-05-1994
ALLERGY MEDICINE	CAPSULE	25MG	\$0.02500	12-01-2000
ALLERGY MEDICINE	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
ALLERGY MEDICINE	TABLET	25MG	\$0.01690	07-05-1994
ALLERGY RELIEF	CAPSULE	25MG	\$0.02500	12-01-2000
ALLERGY RELIEF	SOLUTION	1MG/ML	\$0.05000	07-01-2008
ALLERGY RELIEF	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
ALLERGY RELIEF	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
ALLERGY RELIEF	TABLET	1.34MG	\$0.28450	01-06-1994
ALLERGY RELIEF	TABLET	10MG	\$0.14400	01-10-2009
ALLERGY RELIEF	TABLET	25MG	\$0.01690	07-05-1994
ALLERGY RELIEF	TABLET	4MG	\$0.01000	12-01-2000
ALLERGY RELIEF	TAB RAPDIS	10MG	\$0.47000	08-01-2003
ALLERGY SINUS HEADACHE	TABLET	30MG-500MG	\$0.01690	07-05-1994
ALLERHIST-1	TABLET	1.34MG	\$0.28450	01-06-1994

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# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALLERSOL	DROPS	0.1%	\$0.31400	12-01-2000
ALLERTAN	ORAL SUSP	15-12.5-8	\$0.15000	06-01-2009
ALLFEN DM	TABLET	400MG-20MG	\$1.40000	12-10-2002
ALLOPURINOL	TABLET	100MG	\$0.05090	01-01-2002
ALLOPURINOL	TABLET	300MG	\$0.10050	01-01-2002
ALMACONE	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ALOE VERA	GEL (GM)		\$0.00950	06-01-2001
ALOE VESTA	OINT.(GM)	2%	\$0.06508	08-19-2009
ALOPHEN PILLS	TABLET DR	5MG	\$0.01700	10-01-1988
ALPHA KERI	OIL		\$0.04275	04-23-2009
ALPHABATH	OIL		\$0.04275	04-23-2009
ALPHANATE	VIAL	1000 (400)	\$0.72075	09-04-2007
ALPHANATE	VIAL	1250 (+/-)	\$0.72075	05-27-1999
ALPHANATE	VIAL	1250(+/-)U	\$0.72075	05-27-1999
ALPHANATE	VIAL	1500 (600)	\$0.72075	09-04-2007
ALPHANATE	VIAL	250 (100)	\$0.72075	09-04-2007
ALPHANATE	VIAL	375 (+/-)U	\$0.72075	05-27-1999
ALPHANATE	VIAL	500 (200)	\$0.72075	09-04-2007
ALPHANINE SD	VIAL	1000 (+/-)	\$0.90500	05-20-2009
ALPHANINE SD	VIAL	1000(+/-)U	\$0.90500	05-20-2009
ALPHANINE SD	VIAL	1500 (+/-)	\$0.90500	05-20-2009
ALPHANINE SD	VIAL	500 (+/-)	\$0.90500	05-20-2009

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**Services Corporation** 

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# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALPHANINE SD	VIAL	500 (+/-)U	\$0.90500	05-20-2009
ALPHANINE SD	VIAL	812 (+/-)U	\$0.90500	05-20-2009
ALPRAZOLAM	TABLET	0.25MG	\$0.04000	06-13-2000
ALPRAZOLAM	TABLET	0.5MG	\$0.06500	09-01-2003
ALPRAZOLAM	TABLET	1MG	\$0.04500	06-13-2000
ALPRAZOLAM	TABLET	2MG	\$0.12500	01-01-2005
ALPRAZOLAM ER	TAB.SR 24H	0.5MG	\$1.45000	10-27-2006
ALPRAZOLAM ER	TAB.SR 24H	1MG	\$1.81000	10-27-2006
ALPRAZOLAM ER	TAB.SR 24H	2MG	\$2.40000	10-27-2006
ALPRAZOLAM ER	TAB.SR 24H	3MG	\$3.60000	10-27-2006
ALPRAZOLAM XR	TAB.SR 24H	0.5MG	\$1.45000	10-27-2006
ALPRAZOLAM XR	TAB.SR 24H	1MG	\$1.81000	10-27-2006
ALPRAZOLAM XR	TAB.SR 24H	2MG	\$2.40000	10-27-2006
ALPRAZOLAM XR	TAB.SR 24H	3MG	\$3.60000	10-27-2006
ALTACE	CAPSULE	1.25MG	\$0.25000	11-01-2008
ALTACE	CAPSULE	10MG	\$0.08000	08-15-2008
ALTACE	CAPSULE	2.5MG	\$0.06000	08-15-2008
ALTACE	CAPSULE	5MG	\$0.07000	08-15-2008
ALTAFED	SYRUP	30-1.25/5	\$0.01500	06-01-2009
ALTAMIST	SPRAY	0.65%	\$0.03000	01-01-2004
ALTARUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
ALTARUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ALTARUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ALTARUSSIN PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
ALTARYL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
ALTOREX	CAPSULE	150MG	\$0.04275	04-23-2009
ALUM-MAG HYDROXIDE-SIMETHICONE	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ALUMINUM ACETATE	PACKET		\$0.60520	09-01-2007
ALUMINUM ACETATE	TABLET EFF		\$0.50000	10-01-2001
AMANTADINE	CAPSULE	100MG	\$0.28000	08-01-2003
AMANTADINE	SYRUP	50MG/5ML	\$0.04000	01-01-2005
AMARYL	TABLET	1MG	\$0.05850	05-17-2006
AMARYL	TABLET	2MG	\$0.08000	06-18-2009
AMARYL	TABLET	4MG	\$0.12500	06-18-2009
AMBI 10PEH-4CPM	TABLET	10MG-4MG	\$0.07500	06-01-2009
AMBI 60PSE-4CPM	TABLET	60MG-4MG	\$0.02750	06-01-2009
AMBIEN	TABLET	10MG	\$0.04000	12-10-2008
AMBIEN	TABLET	5MG	\$0.04000	12-10-2008
AMERIPHOR	OINT.(GM)		\$0.02100	04-01-2007
AMIKACIN SULFATE	DISP SYRIN	250MG/ML	\$15.01605	04-01-2000
AMIKACIN SULFATE	VIAL	1000MG/4ML	\$15.01605	04-01-2000
AMIKACIN SULFATE	VIAL	250MG/ML	\$15.01605	04-01-2000
AMIKACIN SULFATE	VIAL	500MG/2ML	\$15.01605	04-01-2000
AMILORIDE HCL	TABLET	5MG	\$1.08000	01-01-2009

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### Run Date: 10/01/2009 Nebraska Medicaid Program

Drug Name	Dosage Form	Strength	Price	Effective Date
AMILORIDE HCL-HCTZ	TABLET	5MG-50MG	\$0.06000	01-01-2009
AMINATE WITH 90MG IRON	TABLET SA	90-50-1MG	\$0.08500	04-01-2004
AMINOPHYLLINE	TABLET	100MG	\$0.02780	01-01-2002
AMINOPHYLLINE	TABLET	200MG	\$0.03900	01-01-2002
AMIODARONE HCL	TABLET	200MG	\$0.35000	01-01-2005
AMITRIPTYLINE HCL	TABLET	100MG	\$0.09000	01-01-2009
AMITRIPTYLINE HCL	TABLET	10MG	\$0.05000	08-10-2001
AMITRIPTYLINE HCL	TABLET	150MG	\$0.18000	01-01-2009
AMITRIPTYLINE HCL	TABLET	25MG	\$0.06000	08-10-2001
AMITRIPTYLINE HCL	TABLET	50MG	\$0.06000	01-01-2005
AMITRIPTYLINE HCL	TABLET	75MG	\$0.14250	01-01-2009
AMITRIPTYLINE-CHLORDIAZEPOXIDE	TABLET	12.5-5MG	\$0.37000	01-01-2005
AMITRIPTYLINE-CHLORDIAZEPOXIDE	TABLET	25-10MG	\$0.60000	01-01-2005
AMLACTIN	CREAM(GM)	12%	\$0.05500	09-01-2001
AMLACTIN	LIQUID	12%	\$0.04000	09-01-2001
AMLACTIN	LOTION	12%	\$0.04000	09-01-2001
AMLODIPINE BESYLATE	TABLET	10MG	\$0.17500	08-11-2007
AMLODIPINE BESYLATE	TABLET	2.5MG	\$0.12000	08-11-2007
AMLODIPINE BESYLATE	TABLET	5MG	\$0.12000	08-11-2007
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	10MG-20MG	\$2.92000	12-08-2007
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	2.5MG-10MG	\$2.33000	12-08-2007
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	5-10MG	\$2.38000	12-08-2007

SMAC Listing - for the month ending 09/30/2009

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	5MG-20MG	\$2.50000	12-08-2007
AMMONIUM LACTATE	CREAM(GM)	12%	\$0.05500	09-01-2001
AMMONIUM LACTATE	LIQUID	12%	\$0.04000	09-01-2001
AMMONIUM LACTATE	LOTION	12%	\$0.04000	09-01-2001
AMOCLAN	SUSP RECON	200-28.5/5	\$0.28000	08-19-2009
AMOCLAN	SUSP RECON	400-57MG/5	\$0.28000	08-19-2009
AMOCLAN	SUSP RECON	600-42.9/5	\$0.28000	08-19-2009
AMOX TR-POTASSIUM CLAVULANATE	SUSP RECON	200-28.5/5	\$0.28000	08-19-2009
AMOX TR-POTASSIUM CLAVULANATE	SUSP RECON	400-57MG/5	\$0.28000	08-19-2009
AMOX TR-POTASSIUM CLAVULANATE	SUSP RECON	600-42.9/5	\$0.28000	08-19-2009
AMOX TR-POTASSIUM CLAVULANATE	TABLET	500-125MG	\$2.25000	01-01-2005
AMOX TR-POTASSIUM CLAVULANATE	TABLET	875-125MG	\$2.95000	01-01-2005
AMOXAPINE	TABLET	100MG	\$0.78000	01-01-2005
AMOXAPINE	TABLET	150MG	\$1.28000	01-01-2005
AMOXAPINE	TABLET	25MG	\$0.35240	12-01-2000
AMOXAPINE	TABLET	50MG	\$0.39000	01-01-2005
AMOXICILLIN	CAPSULE	250MG	\$0.06530	01-01-2009
AMOXICILLIN	CAPSULE	500MG	\$0.11930	01-01-2009
AMOXICILLIN	SUSP RECON	125MG/5ML	\$0.03000	12-19-2008
AMOXICILLIN	SUSP RECON	200MG/5ML	\$0.08400	01-01-2009
AMOXICILLIN	SUSP RECON	250MG/5ML	\$0.07200	12-19-2008
AMOXICILLIN	SUSP RECON	400MG/5ML	\$0.08400	01-01-2009

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**Services Corporation** 

### Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
AMOXICILLIN	TABLET	500MG	\$0.38000	01-01-2002
AMOXICILLIN	TABLET	875MG	\$0.50000	11-16-2004
AMOXICILLIN	TAB CHEW	125MG	\$0.14400	01-01-2009
AMOXICILLIN	TAB CHEW	200MG	\$0.40000	01-01-2002
AMOXICILLIN	TAB CHEW	250MG	\$0.15950	01-01-2009
AMOXICILLIN	TAB CHEW	400MG	\$0.50000	01-01-2002
AMOXIL	CAPSULE	500MG	\$0.11930	01-01-2009
AMOXIL	SUSP RECON	125MG/5ML	\$0.03000	12-19-2008
AMOXIL	SUSP RECON	250MG/5ML	\$0.07200	12-19-2008
AMOXIL	SUSP RECON	400MG/5ML	\$0.08400	01-01-2009
AMPHETAMINE SALT COMBO	TABLET	10MG	\$0.52000	11-15-2004
AMPHETAMINE SALT COMBO	TABLET	20MG	\$0.52000	11-15-2004
AMPHETAMINE SALT COMBO	TABLET	30MG	\$0.52000	11-15-2004
AMPHETAMINE SALT COMBO	TABLET	5MG	\$0.52000	11-15-2004
AMPICILLIN TRIHYDRATE	CAPSULE	250MG	\$0.08500	12-01-2000
AMPICILLIN TRIHYDRATE	CAPSULE	500MG	\$0.18000	08-25-2003
AMPICILLIN TRIHYDRATE	SUSP RECON	125MG/5ML	\$0.01100	12-01-2000
AMPICILLIN TRIHYDRATE	SUSP RECON	250MG/5ML	\$0.02000	06-15-2004
ANAFRANIL	CAPSULE	25MG	\$0.14000	01-01-2005
ANAFRANIL	CAPSULE	50MG	\$0.16000	01-01-2005
ANAFRANIL	CAPSULE	75MG	\$0.28000	01-01-2005
ANALGESIC	TABLET	325MG	\$0.03000	09-01-1990

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ANALGESIC	TABLET	400-32MG	\$0.03000	09-01-1990
ANALGESIC ADULT STRENGTH	TABLET	400-32MG	\$0.03000	09-01-1990
ANAPROX	TABLET	275MG	\$0.18000	06-18-2009
ANAPROX DS	TABLET	550MG	\$0.15000	06-18-2009
ANASPAZ	TABLET	0.125MG	\$0.72000	04-01-2009
ANASPAZ	TAB SUBL	0.125MG	\$0.72000	04-01-2009
ANCEF	VIAL	500MG	\$1.05000	10-19-1999
ANDEHIST	SYRUP	45-4MG/5ML	\$0.10000	06-01-2009
ANDEHIST-DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
ANESTACON	JEL	2%	\$0.43000	10-01-2004
ANIMAL CHEWS	TAB CHEW		\$0.04000	06-20-2009
ANIMAL SHAPES	TAB CHEW		\$0.04000	07-10-1995
ANIMAL SHAPES PLUS C	TAB CHEW		\$0.04000	06-20-2009
ANIMAL SHAPES PLUS IRON	TAB CHEW		\$0.04000	09-01-2003
ANIMAL SHAPES VITAMINS	TAB CHEW		\$0.04000	06-20-2009
ANIMAL SHAPES W-C	TAB CHEW		\$0.04000	06-20-2009
ANSAID	TABLET	100MG	\$0.20000	12-01-2000
ANTACID	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID	TAB CHEW	1000MG	\$0.03000	04-01-2000
ANTACID	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
ANTACID	TAB CHEW	500MG	\$0.03000	01-25-2000
ANTACID	TAB CHEW	600MG	\$0.03000	04-06-2000

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## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ANTACID & ANTI-GAS	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID & PAIN RELIEF	TABLET EFF	325-1916MG	\$0.14400	01-10-2009
ANTACID EXTRA STRENGTH	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
ANTACID M	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID MAXIMUM STRENGTH	TAB CHEW	1000MG	\$0.03000	04-01-2000
ANTACID PLUS ANTI-GAS	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID SUSPENSION	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID ULTRA STRENGTH	TAB CHEW	1000MG	\$0.03000	04-01-2000
ANTACID WITH SIMETHICONE	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTACID-ANTIGAS	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
ANTI-DIARRHEA	TABLET	2MG	\$0.12000	01-01-2005
ANTI-DIARRHEAL	CAPSULE	2MG	\$0.09000	08-01-2003
ANTI-DIARRHEAL	LIQUID	1MG/5ML	\$0.02500	01-01-2004
ANTI-DIARRHEAL	TABLET	2MG	\$0.12000	01-01-2005
ANTI-FUNGAL	CREAM(GM)	1%	\$0.45000	05-01-2003
ANTI-FUNGAL	CREAM(GM)	2%	\$0.08000	01-01-2004
ANTI-FUNGAL	SOLUTION	1%	\$0.60000	12-01-2000
ANTI-GAS	CAPSULE	125MG	\$0.11000	10-24-2000
ANTI-ITCH	CREAM(GM)	1%	\$0.04000	01-01-2002
ANTI-ITCH	OINT.(GM)	1%	\$0.05600	01-01-2002
ANTIBIOTIC	OINT.(GM)		\$0.08100	01-01-2002
ANTIFUNGAL	CREAM(GM)	1%	\$0.45000	05-01-2003

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ANTIFUNGAL CREAM	CREAM(GM)	1%	\$0.10000	01-03-2005
ANTIFUNGAL CREAM	CREAM(GM)	2%	\$0.08000	01-01-2004
ANTIHIST	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
ANTIHISTAMINE	CAPSULE	25MG	\$0.02500	12-01-2000
ANTIHISTAMINE	TABLET	25MG	\$0.01690	07-05-1994
ANTIHISTAMINE-DECONGESTANT	TABLET	60-2.5MG	\$0.03000	06-01-2009
ANTIOXIDANT VITAMIN	TABLET		\$0.04000	12-26-1996
ANTIOXIDANT WITH CO Q-10	TABLET	5K-60-30	\$0.03500	02-01-2009
ANTIPYRINE-BENZOCAINE	DROPS	5.4%-1.4%	\$0.30000	04-20-2009
ANTITUSSIVE COUGH	SYRUP	12.5MG/5ML	\$0.00800	01-15-2001
ANTITUSSIVE DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ANTIVERT	TABLET	12.5MG	\$0.06000	11-15-2008
ANTIVERT	TABLET	25MG	\$0.08000	11-15-2008
ANTIVERT	TABLET	50MG	\$0.46880	11-15-2008
ANUCORT-HC	SUPP.RECT	25MG	\$0.16000	05-01-2005
ANUDIL HC	SUPP.RECT	25MG	\$0.16000	05-01-2005
ANUMED-HC	SUPP.RECT	25MG	\$0.16000	05-01-2005
ANUSERT	SUPP.RECT	51%	\$0.16500	07-15-2006
ANUSOL	SUPP.RECT	51%	\$0.16500	07-15-2006
ANUSOL-HC	CREAM(GM)	2.5%	\$0.16500	07-15-2006
ANUSOL-HC	OINT.(GM)	1%	\$0.16500	07-15-2006
ANUSOL-HC	SUPP.RECT	25MG	\$0.16000	05-01-2005

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
APAP	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
APAP	DROPS	100MG/ML	\$0.10000	10-01-1988
APAP	TABLET	325MG	\$0.02000	01-01-2002
APAP	TABLET	500MG	\$0.03700	01-01-2002
APAP INFANT	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
APAP PAIN RELIEVER JR STRENGTH	TAB CHEW	160MG	\$0.08500	01-01-2005
APAP X-STR AND SLEEP AID P.M.	TABLET	500MG-25MG	\$0.05000	04-01-2000
APATATE FORTE	LIQUID		\$0.01100	01-08-1996
APEXICON	OINT.(GM)	0.05%	\$0.90000	06-15-2004
APHEDRID	TABLET	60-2.5MG	\$0.03000	06-01-2009
APRA	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
APRI	TABLET	0.15-0.03	\$1.75871	08-19-2009
APRODINE	SYRUP	30-1.25/5	\$0.01500	06-01-2009
APRODINE	TABLET	60-2.5MG	\$0.03000	06-01-2009
AQUANIL HC	LOTION	1%	\$0.05500	01-01-2009
AQUAPHOR	OINT.(GM)		\$0.02100	04-01-2007
ARALAST	VIAL	1000MG	\$0.43000	01-01-2004
ARALAST	VIAL	500MG	\$0.43000	01-01-2004
ARALAST NP	VIAL	1000MG	\$0.43000	01-01-2004
ARALAST NP	VIAL	500MG	\$0.43000	01-01-2004
ARAVA	TABLET	10MG	\$1.10000	12-10-2008
ARAVA	TABLET	20MG	\$1.10000	12-10-2008

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ARTHRITIS FORMULA CAPSAICIN	CREAM(GM)	0.025%	\$0.07000	04-01-2002
ARTHRITIS FORMULA CAPSAICIN	CREAM(GM)	0.075%	\$0.10000	04-01-2002
ARTHRITIS PAIN RELIEF	CREAM(GM)	0.025%	\$0.07000	04-01-2002
ARTHRITIS PAIN RELIEF	CREAM(GM)	0.075%	\$0.10000	04-01-2002
ARTHRITIS PAIN RELIEF	TABLET SA	650MG	\$0.05000	07-30-1999
ARTHRITIS PAIN RELIEVER	TABLET SA	650MG	\$0.05000	07-30-1999
ARTIFICIAL TEARS	OINT.(GM)		\$0.90000	01-01-2005
ARTIFICIAL TEARS	DROPS	0.3%-1%	\$0.15000	01-01-2004
ARTIFICIAL TEARS	DROPS	0.5%-0.6%	\$0.15000	01-01-2004
ARTIFICIAL TEARS	DROPS	1.4%	\$0.15000	01-01-2004
ASCORBIC ACID	TABLET	250MG	\$0.01800	01-01-2002
ASCORBIC ACID	TABLET	500MG	\$0.01800	01-01-2002
ASCORBIC ACID	TAB CHEW	500MG	\$0.01800	01-01-2002
ASCORBIC ACID WITH RH	TABLET	500MG	\$0.01800	01-01-2002
ASCRIPTIN	TABLET	325MG	\$0.03000	09-01-1990
ASCRIPTIN MAXIMUM STRENGTH	TABLET	500MG	\$0.03000	09-01-1990
ASPIR 81	TABLET DR	81MG	\$0.03000	01-01-2004
ASPIR-LOW	TABLET DR	81MG	\$0.03000	01-01-2004
ASPIR-MOX	TABLET	325MG	\$0.03000	04-01-1993
ASPIR-MOX IB	TABLET	325MG	\$0.03000	09-01-1990
ASPIR-TRIN	TABLET DR	325MG	\$0.03000	09-01-1990
ASPIR-TRIN	TABLET DR	650MG	\$0.03000	09-01-1990

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ASPIRIN	TABLET	325MG	\$0.03000	09-01-1990
ASPIRIN	TABLET	500MG	\$0.03000	09-01-1990
ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
ASPIRIN	TABLET DR	325MG	\$0.03000	09-01-1990
ASPIRIN BUFFERED	TABLET	324MG	\$0.03000	04-01-1993
ASPIRIN BUFFERED	TABLET	325MG	\$0.03000	11-01-2003
ASPIRIN EC	TABLET DR	325MG	\$0.03000	09-01-1990
ASPIRIN EC	TABLET DR	500MG	\$0.03000	09-01-1990
ASPIRIN EC	TABLET DR	650MG	\$0.03000	09-01-1990
ASPIRIN EC	TABLET DR	81MG	\$0.03000	01-01-2004
ASPIRIN FREE	TABLET	325MG	\$0.02000	01-01-2002
ASPIRIN FREE	TABLET	500MG	\$0.03700	01-01-2002
ASPIRIN FREE PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
ASPIRIN TRI-BUFFERED	TABLET	324MG	\$0.03000	04-01-1993
ASPIRIN WITH CODEINE	TABLET	30MG-325MG	\$0.06500	01-01-1993
ASPIRIN WITH CODEINE	TABLET	325MG-30MG	\$0.06500	01-01-1993
ASPIRIN-ACETAMINPHEN-CAFFEINE	TABLET	250-250-65	\$0.03000	10-01-1995
ASPIRINA	TABLET	500MG	\$0.03000	09-01-1990
ASPRIDROX	TABLET	325MG	\$0.03000	09-01-1990
ASTRINGENT	PACKET		\$0.60520	09-01-2007
ATENOLOL	TABLET	100MG	\$0.06500	06-20-2009
ATENOLOL	TABLET	25MG	\$0.04500	06-20-2009

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**Services Corporation** 

Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ATENOLOL	TABLET	50MG	\$0.05000	06-20-2009
ATENOLOL-CHLORTHALIDONE	TABLET	100MG-25MG	\$0.14000	01-01-2005
ATENOLOL-CHLORTHALIDONE	TABLET	50MG-25MG	\$0.11200	01-01-2009
ATHENOL	TABLET	325MG	\$0.02000	01-01-2002
ATHLETE'S FOOT	CREAM(GM)	1%	\$0.10000	01-03-2005
ATHLETE'S FOOT CREAM	CREAM(GM)	1%	\$0.10000	01-03-2005
ATIVAN	VIAL	2MG/ML	\$2.70000	01-01-2005
ATIVAN	VIAL	4MG/ML	\$4.10000	01-01-2001
ATIVAN	TABLET	0.5MG	\$0.07000	11-15-2008
ATIVAN	TABLET	1MG	\$0.09000	11-15-2008
ATIVAN	TABLET	2MG	\$0.15000	11-15-2008
ATROHIST	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
ATROPINE SULFATE	OINT.(GM)	1%	\$0.60000	01-01-2005
ATROVENT	SPRAY	21MCG	\$1.10000	01-01-2005
ATROVENT	SPRAY	42MCG	\$1.70000	01-01-2005
AUGMENTIN	SUSP RECON	200-28.5/5	\$0.28000	08-19-2009
AUGMENTIN	SUSP RECON	400-57MG/5	\$0.28000	08-19-2009
AUGMENTIN	TABLET	500-125MG	\$2.25000	01-01-2005
AUGMENTIN	TABLET	875-125MG	\$2.95000	01-01-2005
AUGMENTIN ES-600	SUSP RECON	600-42.9/5	\$0.28000	08-19-2009
AURALGAN	DROPS	5.4%-1.4%	\$0.15000	01-06-1994
AURAPHENE-B	DROPS	6.5%	\$0.15000	01-01-2004

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Run Date: 10/01/2009

**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
AURODEX EAR DROPS	DROPS	5.4%-1.4%	\$0.30000	04-20-2009
AUROGUARD	DROPS	5.4%-1.4%	\$0.30000	04-20-2009
AVITA	GEL (GM)	0.025%	\$1.50000	02-14-2003
AVITA	CREAM(GM)	0.025%	\$1.50000	02-14-2003
AXID	CAPSULE	150MG	\$0.72000	10-01-2004
AXID	CAPSULE	300MG	\$1.55000	12-01-2004
AXID AR	TABLET	75MG	\$0.25675	03-15-2001
AYR	SPRAY	2.65%	\$0.03000	04-20-2009
AYR	SPRAY		\$0.03000	04-20-2009
AYR	PACKET		\$0.03000	04-20-2009
AYR	KIT		\$0.03000	04-20-2009
AYR	SWAB		\$0.03000	04-20-2009
AYR SALINE	SPRAY	0.65%	\$0.03000	01-01-2004
AYR SALINE	DROPS	0.65%	\$0.03000	04-20-2009
AYR SALINE NASAL NETIRINSE	PACKET		\$0.03000	04-20-2009
AZATHIOPRINE	TABLET	50MG	\$0.36000	07-01-2003
AZITHROMYCIN	SUSP RECON	100MG/5ML	\$1.75000	06-01-2007
AZITHROMYCIN	SUSP RECON	200MG/5ML	\$1.75000	06-01-2007
AZITHROMYCIN	TABLET	250MG	\$2.00000	01-01-2009
AZITHROMYCIN	TABLET	500MG	\$2.00000	01-01-2009
AZITHROMYCIN	TABLET	600MG	\$4.50000	01-01-2009
AZULFIDINE	TABLET	500MG	\$0.12000	01-01-2005

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**Services Corporation** 

Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
B COMPLETE	TABLET		\$0.03500	04-23-2009
B COMPLEX	CAPSULE		\$0.05000	09-01-1990
B COMPLEX	TABLET		\$0.03500	04-23-2009
B COMPLEX	TABLET SA		\$0.05000	02-08-1993
B COMPLEX #1	TABLET		\$0.03500	04-23-2009
B-100 COMPLEX	TABLET		\$0.03500	04-23-2009
B-100 COMPLEX	TABLET SA		\$0.05000	02-08-1993
B-12	TABLET	250MCG	\$0.03000	02-08-1993
B-12 DOTS	TABLET	500MCG	\$0.03500	04-23-2009
B-50	TABLET		\$0.03500	04-23-2009
B-50 COMPLEX	TABLET		\$0.03500	04-23-2009
B-50 COMPLEX	TABLET SA		\$0.05000	02-08-1993
B-COMPLEX	TABLET	400MCG	\$0.03500	04-23-2009
B-COMPLEX + C	TABLET SA	400MCG	\$0.05000	07-10-1995
B-COMPLEX W-VITAMIN C	TABLET		\$0.03500	04-23-2009
B-COMPLEX W/B-12	TABLET SA		\$0.05000	02-08-1993
B-PLEX	TABLET	0.5MG	\$0.12000	08-19-2009
B-PLEX PLUS	TABLET	27-0.8MG	\$0.04800	02-08-1993
B-VEX D	ORAL SUSP	20-12MG/5	\$0.20000	06-01-2009
B100 BALANCED	TABLET SA		\$0.05000	02-08-1993
B100 BALANCED	TABLET SA	100MG	\$0.05000	02-08-1993
B2	TABLET	100MG	\$0.03000	02-08-1993

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
B50 BALANCED	TABLET		\$0.03500	04-23-2009
B6	TABLET	100MG	\$0.03500	04-23-2009
BABY ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
BABY AYR SALINE	DROPS	0.65%	\$0.03000	04-20-2009
BABY OIL	OIL		\$0.04275	04-23-2009
BABY VITAMINS	DROPS		\$0.06000	09-01-1990
BABY VITAMINS WITH IRON	DROPS		\$0.07500	09-09-1991
BACITRACIN	OINT.(GM)	500 UNIT/G	\$0.90000	01-01-2005
BACITRACIN ZINC	OINT.(GM)	500 UNIT/G	\$0.08000	06-01-2003
BACITRACIN-POLYMYXIN	OINT.(GM)	500-10K/G	\$1.75000	01-01-2005
BACITRACIN-POLYMYXIN	OINT.(GM)	500-10KU/G	\$1.75000	01-01-2005
BACITRACIN-POLYMYXIN	PACKET		\$0.08100	01-01-2002
BACLOFEN	TABLET	10MG	\$0.05250	11-15-2008
BACLOFEN	TABLET	20MG	\$0.08930	11-15-2008
BACTRIM	TABLET	400MG-80MG	\$0.12000	01-01-2005
BACTRIM DS	TABLET	800-160MG	\$0.26000	10-28-2006
BACTROBAN	OINT.(GM)	2%	\$0.42000	06-18-2009
BAL B-100	TABLET		\$0.03500	04-23-2009
BAL B-50	TABLET		\$0.03500	04-23-2009
BALANCE B-100	TABLET		\$0.03500	04-23-2009
BALANCE B-50	TABLET		\$0.03500	04-23-2009
BALANCED B COMPLEX	TABLET		\$0.03500	04-23-2009

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**Services Corporation** 

Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BALANCED B-100	TABLET		\$0.03500	04-23-2009
BALANCED B-100	TABLET	100MG	\$0.03500	04-23-2009
BALANCED B-100	TABLET SA		\$0.05000	02-08-1993
BALANCED B-100	TABLET SA	100MG	\$0.05000	02-08-1993
BALANCED B-150	TABLET		\$0.03500	04-23-2009
BALANCED B-150	TABLET SA		\$0.05000	02-08-1993
BALANCED B-50	CAPSULE		\$0.05000	09-01-1990
BALANCED B-50	TABLET		\$0.03500	04-23-2009
BALANCED B-50	TABLET SA		\$0.05000	02-08-1993
BALANCED CARE SENIOR'S	TABLET		\$0.04000	12-26-1996
BALSALAZIDE DISODIUM	CAPSULE	750MG	\$0.50000	12-10-2008
BANOPHEN	CAPSULE	25MG	\$0.02500	12-01-2000
BANOPHEN	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
BANOPHEN	TABLET	25MG	\$0.01690	07-05-1994
BANOPHEN ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
BATH OIL	OIL		\$0.04275	04-23-2009
BAYCADRON	ELIXIR	0.5MG/5ML	\$0.16000	03-01-2005
BAYER	TABLET DR	81MG	\$0.03000	01-01-2004
BAYER 8-HOUR	TABLET SA	650MG	\$0.03000	09-01-1990
BAYER ARTHRITIS PAIN REGIMEN	TABLET	500MG	\$0.03000	09-01-1990
BAYER ASPIRIN	TABLET	325MG	\$0.03000	09-01-1990
BAYER CHILDREN'S ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BAYER EXTRA STRENGTH	TABLET	500MG	\$0.03000	09-01-1990
BAYER PLUS	TABLET	500MG	\$0.03000	09-01-1990
BAYER THERAPY	TABLET DR	325MG	\$0.03000	09-01-1990
BAZA ANTIFUNGAL	CREAM(GM)	2%	\$0.08000	01-01-2004
BEBULIN VH IMMUNO	VIAL	700 (+/-)U	\$0.81700	05-20-2009
BEC WITH ZINC	TABLET		\$0.03500	04-23-2009
BEE-ZEE	TABLET		\$0.04000	12-26-1996
BENADRYL	CAPSULE	25MG	\$0.02500	12-01-2000
BENADRYL ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
BENADRYL ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
BENAZEPRIL HCL	TABLET	10MG	\$0.14000	06-15-2004
BENAZEPRIL HCL	TABLET	20MG	\$0.14000	06-15-2004
BENAZEPRIL HCL	TABLET	40MG	\$0.14000	06-15-2004
BENAZEPRIL HCL	TABLET	5MG	\$0.14000	06-15-2004
BENAZEPRIL HCL-HCTZ	TABLET	10-12.5MG	\$0.19000	06-15-2004
BENAZEPRIL HCL-HCTZ	TABLET	20-12.5MG	\$0.19000	06-15-2004
BENAZEPRIL HCL-HCTZ	TABLET	20-25MG	\$0.19000	06-15-2004
BENAZEPRIL HCL-HCTZ	TABLET	5-6.25MG	\$0.19000	06-15-2004
BENEFIX	KIT	1000 UNIT	\$1.07300	05-20-2009
BENEFIX	KIT	2000 UNIT	\$1.07300	05-20-2009
BENEFIX	KIT	250 UNIT	\$1.07300	05-20-2009
BENEFIX	KIT	500 UNIT	\$1.07300	05-20-2009

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**Services Corporation** 

Report ID: 10516 Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BENTYL	CAPSULE	10MG	\$0.07000	01-01-2005
BENTYL	TABLET	20MG	\$0.06500	06-20-2009
BENZAC AC	GEL (GM)	10%	\$0.29000	01-01-2005
BENZAC AC	GEL (GM)	5%	\$0.29000	01-01-2005
BENZAC AC	CLEANSER	10%	\$0.12500	02-11-2008
BENZAC AC	CLEANSER	5%	\$0.14000	01-01-2005
BENZAC AC	LIQUID	10%	\$0.12500	02-11-2008
BENZAC AC	LIQUID	5%	\$0.14000	01-01-2005
BENZAC W WASH	CLEANSER	10%	\$0.12500	02-11-2008
BENZAC W WASH	CLEANSER	5%	\$0.14000	01-01-2005
BENZAC W WASH	LIQUID	10%	\$0.12500	02-11-2008
BENZAC W WASH	LIQUID	5%	\$0.14000	01-01-2005
BENZAGEL-10	GEL ALCOHL	10%	\$0.29000	01-01-2005
BENZAGEL-5	GEL ALCOHL	5%	\$0.29000	01-01-2005
BENZONATATE	CAPSULE	100MG	\$0.28000	07-01-2004
BENZONATATE	CAPSULE	200MG	\$0.60000	03-01-2005
BENZOYL PEROXIDE	GEL (GM)	10%	\$0.29000	01-01-2005
BENZOYL PEROXIDE	GEL (GM)	2.5%	\$0.29000	01-01-2005
BENZOYL PEROXIDE	GEL (GM)	5%	\$0.29000	01-01-2005
BENZOYL PEROXIDE	GEL ALCOHL	10%	\$0.29000	01-01-2005
BENZOYL PEROXIDE	GEL ALCOHL	5%	\$0.29000	01-01-2005
BENZOYL PEROXIDE	CLEANSER	10%	\$0.12500	02-11-2008

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BENZOYL PEROXIDE	CLEANSER	5%	\$0.14000	01-01-2005
BENZOYL PEROXIDE	CLEANSER	5%	\$0.14000	01-01-2005
BENZOYL PEROXIDE	LIQUID	10%	\$0.12500	02-11-2008
BENZOYL PEROXIDE	LIQUID	5%	\$0.14000	01-01-2005
BENZOYL PEROXIDE	LOTION	10%	\$0.07000	01-01-2005
BENZOYL PEROXIDE	LOTION	5%	\$0.05600	01-01-2005
BENZOYL PEROXIDE	LIQUID	5%	\$0.14000	01-01-2005
BENZOYL PEROXIDE	KIT	4%	\$26.00000	06-23-2008
BENZOYL PEROXIDE	KIT	8%	\$26.00000	06-23-2008
BENZPHETAMINE HCL	TABLET	50MG	\$0.06000	04-01-1996
BENZTROPINE MESYLATE	TABLET	0.5MG	\$0.09030	01-01-2002
BENZTROPINE MESYLATE	TABLET	1MG	\$0.09300	01-01-2002
BENZTROPINE MESYLATE	TABLET	2MG	\$0.15000	10-15-2003
BETA HC	LOTION	1%	\$0.05500	01-01-2009
BETA-VAL	CREAM(GM)	0.1%	\$0.08000	06-15-2004
BETA-VAL	LOTION	0.1%	\$0.10870	01-01-2002
BETAGAN	DROPS	0.25%	\$1.26000	01-18-2000
BETAGAN	DROPS	0.5%	\$0.50000	08-01-2002
BETAMETHASONE DIPROPIONATE	GEL (GM)	0.05%	\$1.65000	01-01-2005
BETAMETHASONE DIPROPIONATE	CREAM(GM)	0.05%	\$0.11000	06-15-2004
BETAMETHASONE DIPROPIONATE	OINT.(GM)	0.05%	\$1.65000	01-01-2005
BETAMETHASONE DIPROPIONATE	LOTION	0.05%	\$0.14370	01-01-2002

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BETAMETHASONE VALERATE	CREAM(GM)	0.1%	\$0.08000	06-15-2004
BETAMETHASONE VALERATE	OINT.(GM)	0.1%	\$0.08000	06-15-2004
BETAMETHASONE VALERATE	LOTION	0.1%	\$0.10870	01-01-2002
BETANATE	CREAM(GM)	0.05%	\$0.11000	06-15-2004
BETAPACE	TABLET	120MG	\$0.30000	01-01-2005
BETAPACE	TABLET	160MG	\$0.55000	09-01-2001
BETAPACE	TABLET	240MG	\$0.80000	09-01-2001
BETAPACE	TABLET	80MG	\$0.18000	07-01-2003
BETAPACE AF	TABLET	120MG	\$0.30000	01-01-2005
BETAPACE AF	TABLET	160MG	\$0.55000	09-01-2001
BETAPACE AF	TABLET	80MG	\$0.18000	07-01-2003
BETHANECHOL CHLORIDE	TABLET	10MG	\$0.60000	01-01-2009
BETHANECHOL CHLORIDE	TABLET	25MG	\$0.70000	01-01-2009
BETHANECHOL CHLORIDE	TABLET	50MG	\$0.90000	01-01-2009
BETHANECHOL CHLORIDE	TABLET	5MG	\$0.40000	01-01-2009
BETTER B COMPLEX	TABLET		\$0.03500	04-23-2009
BIAXIN	SUSP RECON	125MG/5ML	\$0.40000	11-01-2007
BIAXIN	SUSP RECON	250MG/5ML	\$0.74400	11-01-2007
BIAXIN	TABLET	250MG	\$2.00000	06-09-2007
BIAXIN	TABLET	500MG	\$0.90000	12-10-2008
BIAXIN XL	TAB.SR 24H	500MG	\$2.50000	05-01-2008
BIDEX-DMI	TABLET	400MG-20MG	\$1.40000	12-10-2002

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### Nebraska Medicaid Program

Drug Name	Dosage Form	Strength	Price	Effective Date
BIFERA	TABLET	28MG	\$0.06500	03-20-2009
BISA-LAX	SUPP.RECT	10MG	\$0.16000	03-30-1999
BISA-LAX	TABLET DR	5MG	\$0.01700	10-01-1988
BISAC-EVAC	SUPP.RECT	10MG	\$0.16000	03-30-1999
BISAC-EVAC	TABLET DR	5MG	\$0.01700	10-01-1988
BISACODYL	SUPP.RECT	10MG	\$0.16000	03-30-1999
BISACODYL	TABLET DR	5MG	\$0.01700	10-01-1988
BISCOLAX	SUPP.RECT	10MG	\$0.16000	03-30-1999
BISOPROLOL FUMARATE	TABLET	10MG	\$0.60000	04-15-2008
BISOPROLOL FUMARATE	TABLET	5MG	\$0.60000	04-15-2008
BISOPROLOL FUMARATE-HCTZ	TABLET	10-6.25MG	\$0.10000	03-01-2001
BISOPROLOL FUMARATE-HCTZ	TABLET	2.5-6.25MG	\$0.10000	03-01-2001
BISOPROLOL FUMARATE-HCTZ	TABLET	5-6.25MG	\$0.10000	03-01-2001
BLANEX-A	TABLET SA	20-40-4MG	\$0.30000	06-01-2009
BLEPH-10	DROPS	10%	\$0.16900	01-01-2009
BLOOD SUGAR DIAGNOSTIC	STRIP		\$0.04000	10-01-1988
BONE DENSITY CALCIUM + D	TABLET	300MG-200	\$0.05000	12-18-2008
BORO-PACKS	PACKET		\$0.60520	09-01-2007
BPM PSEUDO	TAB.SR 12H	45-6MG	\$0.65000	06-01-2009
BREVOXYL-4	KIT	4%	\$26.00000	06-23-2008
BREVOXYL-8	KIT	8%	\$26.00000	06-23-2008
BRIMONIDINE TARTRATE	DROPS	0.2%	\$2.00000	12-10-2008

SMAC Listing - for the month ending 09/30/2009

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BROM-PSEUD-DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
BROMALINE	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
BROMAPHEDRINE D	ORAL SUSP	20-12MG/5	\$0.20000	06-01-2009
BROMAXEFED DM RF	SYRUP	15-45-4/5	\$0.02200	06-01-2004
BROMAXEFED RF	SYRUP	45-4MG/5ML	\$0.10000	06-01-2009
BROMCOMP HC	SYRUP	30-2.5-3/5	\$0.11000	11-01-2007
BROMETANE DX	SYRUP	10-30-2/5	\$0.02050	05-02-2001
BROMFED	CAP.SR 12H	15-12MG	\$0.90000	06-01-2009
BROMFED-DM	SYRUP	10-30-2/5	\$0.02050	05-02-2001
BROMFED-PD	CAP.SR 12H	7.5-6MG	\$0.90000	06-01-2009
BROMFENEX	CAPSULE SA	120-12MG	\$0.22500	01-01-2002
BROMFENEX-PD	CAPSULE SA	60-6MG	\$0.21500	01-01-2002
BROMOPHED DX	SYRUP	10-30-2/5	\$0.02050	05-02-2001
BROMPHENIRAMINE-PHENYLEPHRINE	ORAL SUSP	20-12MG/5	\$0.20000	06-01-2009
BRONCHO SALINE	AEROSOL	0.9%	\$0.02500	05-27-1999
BRONCOTRON	LIQUID	100-10MG/5	\$0.01780	10-01-1995
BRONTEX	TABLET	300MG-10MG	\$0.45000	11-01-2007
BROTAPP	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
BROVEX PSE	TABLET	40MG-4MG	\$0.30000	06-01-2009
BROVEX-D	ORAL SUSP	20-12MG/5	\$0.20000	06-01-2009
BUDEPRION SR	TABLET SA	100MG	\$0.80000	12-01-2008
BUDEPRION SR	TABLET SA	150MG	\$0.90000	12-01-2008

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Run Date: 10/01/2009

**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BUDEPRION XL	TAB.SR 24H	150MG	\$4.40000	01-10-2009
BUDEPRION XL	TAB.SR 24H	300MG	\$2.40000	12-08-2007
BUFFERED ASPIRIN	TABLET	325MG	\$0.03000	04-01-1993
BUFFERED VITAMIN C	TABLET	1000MG	\$0.03000	09-01-1990
BUFFERIN	TABLET	325MG	\$0.03000	04-01-1993
BUFFERIN	TABLET	500MG	\$0.03000	11-01-2003
BUGS BUNNY VIT PLUS MINERALS	TAB CHEW		\$0.04000	06-20-2009
BUGS BUNNY WITH EXTRA C	TAB CHEW		\$0.04000	06-20-2009
BUGS BUNNY+IRON MULTIVITAMIN	TAB CHEW		\$0.04000	09-01-2003
BUMETANIDE	TABLET	0.5MG	\$0.14000	12-01-2000
BUMETANIDE	TABLET	1MG	\$0.18750	01-01-2002
BUMETANIDE	TABLET	2MG	\$0.23000	01-01-2005
BUMEX	TABLET	0.5MG	\$0.14000	12-01-2000
BUMEX	TABLET	1MG	\$0.18750	01-01-2002
BUMEX	TABLET	2MG	\$0.23000	01-01-2005
BUPROBAN	TABLET SA	150MG	\$0.90000	12-01-2008
BUPROPION HCL	TABLET	100MG	\$0.25000	01-01-2005
BUPROPION HCL	TABLET	75MG	\$0.18500	06-15-2004
BUPROPION HCL ER	TABLET SA	150MG	\$0.90000	12-01-2008
BUPROPION HCL SR	TABLET SA	100MG	\$0.80000	12-01-2008
BUPROPION HCL SR	TABLET SA	150MG	\$0.90000	12-01-2008
BUPROPION HCL SR	TABLET SA	200MG	\$1.20000	12-01-2008

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# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
BUPROPION SR	TABLET SA	150MG	\$0.90000	12-01-2008
BUPROPION XL	TAB.SR 24H	150MG	\$4.40000	01-10-2009
BUPROPION XL	TAB.SR 24H	300MG	\$2.40000	12-08-2007
BUSPAR	TABLET	10MG	\$0.07140	01-01-2009
BUSPAR	TABLET	15MG	\$0.10280	01-01-2009
BUSPAR	TABLET	30MG	\$0.72000	04-01-2002
BUSPAR	TABLET	5MG	\$0.05000	01-01-2009
BUSPIRONE HCL	TABLET	10MG	\$0.07140	01-01-2009
BUSPIRONE HCL	TABLET	15MG	\$0.10280	01-01-2009
BUSPIRONE HCL	TABLET	30MG	\$0.72000	04-01-2002
BUSPIRONE HCL	TABLET	5MG	\$0.05000	01-01-2009
BUSPIRONE HCL	TABLET	7.5MG	\$0.20000	04-01-2002
BUTALBITAL COMPOUND	CAPSULE	50-325-40	\$0.54000	01-01-2005
BUTALBITAL COMPOUND	TABLET	50-325-40	\$0.26000	01-01-2005
BUTALBITAL-APAP-CAFF-CODEINE	CAPSULE	30-50-325	\$1.20000	01-01-2002
BUTALBITAL-APAP-CAFFEINE	TABLET	50-325-40	\$0.13500	06-01-2002
BUTALBITAL-APAP-CAFFEINE	TABLET	50-500-40	\$0.32000	05-15-2003
BUTALBITAL-ASPIRIN-CAFFEINE	CAPSULE	50-325-40	\$0.54000	01-01-2005
BUTALBITAL-ASPIRIN-CAFFEINE	TABLET	50-325-40	\$0.26000	01-01-2005
BUTALBITAL-CAFF-APAP-CODEINE	CAPSULE	30-50-325	\$1.20000	01-01-2002
BUTORPHANOL TARTRATE	SPRAY	10MG/ML	\$16.00000	01-01-2005
C COMPLEX	TABLET SA	1000MG	\$0.04400	01-01-2002

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
C PLUS	TABLET	1000-50MG	\$0.03500	01-01-2009
C-1000	TABLET	1000MG	\$0.03000	09-01-1990
C-PHEN DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
C-PHEN DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
C-PHEN DROPS	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
C-PHEN SYRUP	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
C-TANNA 12	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
CAL-GEST	TAB CHEW	500MG	\$0.03000	01-25-2000
CAL-NATE	TABLET	27-1-50MG	\$0.08500	04-01-2004
CALAN	TABLET	120MG	\$0.09000	05-20-2009
CALAN	TABLET	40MG	\$0.16000	05-20-2009
CALAN	TABLET	80MG	\$0.07000	01-01-2009
CALAN SR	TABLET SA	120MG	\$0.55000	01-01-2005
CALAN SR	TABLET SA	180MG	\$0.44000	05-20-2009
CALAN SR	TABLET SA	240MG	\$0.43000	05-20-2009
CALCARB 600	TABLET	600MG	\$0.05000	04-01-2004
CALCARB 600 WITH VITAMIN D	TABLET	600MG-200	\$0.05000	04-01-2004
CALCARB 600 WITH VITAMIN D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCET PLUS	TABLET		\$0.04000	02-08-1993
CALCI-MIX	CAPSULE	500(1.25G)	\$0.03000	02-08-1993
CALCI-MIX	CAPSULE	500(1250)	\$0.03000	02-08-1993
CALCICARB	TABLET	650MG	\$0.03000	10-01-1988

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### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CALCIO DEL MAR	TABLET	500MG	\$0.03000	02-08-1993
CALCIONATE	SOLUTION	115MG/5ML	\$0.01300	08-19-2009
CALCIONATE	SYRUP	1.8G/5ML	\$0.01300	08-19-2009
CALCITRATE	TABLET	200(950)MG	\$0.03000	10-01-1995
CALCITRATE	TABLET	200MG	\$0.03000	10-01-1995
CALCITRATE	TABLET	950MG	\$0.03000	10-01-1995
CALCITRATE + D	TABLET	315MG-200	\$0.05000	04-01-2001
CALCIUM	TABLET	500(1.25G)	\$0.03000	02-08-1993
CALCIUM	TABLET	500(1250)	\$0.03000	02-08-1993
CALCIUM	TABLET	500MG	\$0.03000	02-08-1993
CALCIUM	TABLET	500MG-125	\$0.03000	04-28-1998
CALCIUM	TABLET	600MG	\$0.05000	04-01-2004
CALCIUM	TABLET	600MG-400	\$0.05000	01-01-2009
CALCIUM	TAB CHEW	500-100-40	\$0.06500	09-01-1990
CALCIUM + VITAMIN D & K	TAB CHEW	500-200-40	\$0.06500	09-01-1990
CALCIUM + VITAMIN D & K	TAB CHEW	500-400-40	\$0.06500	09-01-1990
CALCIUM +D & MINERALS	TAB CHEW	600MG-400	\$0.05000	01-01-2009
CALCIUM 500	TABLET	500MG-200	\$0.05000	12-19-2008
CALCIUM 500 + D	TABLET	500MG-200	\$0.03000	04-01-1996
CALCIUM 500 + D3	TABLET	500MG-200	\$0.03000	04-01-1996
CALCIUM 500 + VIT D	TABLET	500MG-125	\$0.03000	04-28-1998
CALCIUM 500 + VIT D	TABLET	500MG-400	\$0.03000	04-01-1996

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### Run Date: 10/01/2009 Nebraska Medicaid Program

Drug Name	Dosage Form	Strength	Price	Effective Date
CALCIUM 500 + VIT D3	TABLET	500MG-400	\$0.03000	04-01-1996
CALCIUM 500 + VITAMIN D	TABLET	500MG-400	\$0.03000	04-01-1996
CALCIUM 500+D	TABLET	500MG-125	\$0.03000	04-28-1998
CALCIUM 500+D	TABLET	500MG-400	\$0.03000	04-01-1996
CALCIUM 600	TABLET	600MG	\$0.05000	04-01-2004
CALCIUM 600 + D	TABLET	600MG-125	\$0.05000	12-19-2008
CALCIUM 600 + D	TABLET	600MG-200	\$0.05000	04-01-2004
CALCIUM 600 + D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCIUM 600 + VIT D	TABLET	600MG-400	\$0.05000	01-01-2009
CALCIUM 600 MG-VIT D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCIUM 600 PLUS SOY	TABLET	600-200-25	\$0.05000	12-19-2008
CALCIUM 600 PLUS VITAMIN D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCIUM 600 W/D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCIUM 600 WITH VITAMIN D	CAPSULE	600MG-200	\$0.05000	12-19-2008
CALCIUM 600 WITH VITAMIN D	CAPSULE	600MG-400	\$0.05000	12-19-2008
CALCIUM 600 WITH VITAMIN D	TABLET	600MG-200	\$0.05000	04-01-2004
CALCIUM 600 WITH VITAMIN D	TAB CHEW	600MG-400	\$0.05000	12-19-2008
CALCIUM 600+D PLUS MINERALS	TABLET	600MG-400	\$0.05000	01-01-2009
CALCIUM 600+MINERALS	TABLET	600MG-200	\$0.03000	07-10-1995
CALCIUM 600+MINERALS	TABLET	600MG-400	\$0.05000	01-01-2009
CALCIUM ACETATE	CAPSULE	667MG	\$0.24000	01-01-2005
CALCIUM ANTACID	TAB CHEW	1000MG	\$0.03000	04-01-2000

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CALCIUM ANTACID	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
CALCIUM ANTACID	TAB CHEW	320MG(750)	\$0.03000	04-01-2000
CALCIUM ANTACID	TAB CHEW	500MG	\$0.03000	01-25-2000
CALCIUM CARBONATE	ORAL SUSP	500MG/5ML	\$0.01300	08-19-2009
CALCIUM CARBONATE	TABLET	500(1.25G)	\$0.03000	02-08-1993
CALCIUM CARBONATE	TABLET	500(1250)	\$0.03000	02-08-1993
CALCIUM CARBONATE	TABLET	600MG	\$0.05000	04-01-2004
CALCIUM CARBONATE	TABLET	648MG	\$0.03000	10-01-1988
CALCIUM CARBONATE	TABLET	650MG	\$0.03000	10-01-1988
CALCIUM CARBONATE	TAB CHEW	500MG	\$0.03000	01-25-2000
CALCIUM CHEW	TAB CHEW	500-100-40	\$0.06500	09-01-1990
CALCIUM CITRATE	TABLET	200(950)MG	\$0.03000	01-01-2001
CALCIUM CITRATE	TABLET	200MG	\$0.03000	01-01-2001
CALCIUM CITRATE	TABLET	950MG	\$0.03000	10-01-1995
CALCIUM CITRATE + D	TABLET	300MG-100	\$0.05000	02-26-2008
CALCIUM CITRATE + D	TABLET	315MG-200	\$0.05000	04-01-2001
CALCIUM CITRATE PLUS	TABLET		\$0.03000	07-10-1995
CALCIUM CITRATE PLUS	TABLET	315MG-200	\$0.05000	04-01-2001
CALCIUM CITRATE W-VITAMIN D	TABLET	200MG-200	\$0.03000	01-01-2001
CALCIUM CITRATE-VITAMIN D	TABLET	1500MG-200	\$0.05000	08-27-1999
CALCIUM CITRATE-VITAMIN D	TABLET	200MG-125	\$0.03000	10-01-1995
CALCIUM CITRATE-VITAMIN D	TABLET	315MG-200	\$0.05000	04-01-2001

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# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CALCIUM CREAMIES	TAB CHEW	600MG-400	\$0.05000	12-19-2008
CALCIUM GLUCONATE	TABLET	648(60)MG	\$0.03000	09-01-1992
CALCIUM GLUCONATE	TABLET	648(61)MG	\$0.12000	12-01-2000
CALCIUM GLUCONATE	TABLET	650(60)MG	\$0.03000	01-01-2008
CALCIUM GLUCONATE	TABLET	650MG	\$0.03000	01-01-2008
CALCIUM LACTATE	TABLET	650MG	\$0.03000	04-01-1996
CALCIUM PLUS	TABLET	600MG-200	\$0.03000	07-10-1995
CALCIUM PLUS	TABLET	600MG-400	\$0.03000	07-10-1995
CALCIUM SOFT CHEW	TAB CHEW	500-100-40	\$0.06500	09-01-1990
CALCIUM SOFT CHEW	TAB CHEW	500-200-40	\$0.06500	09-01-1990
CALCIUM STOOL SOFTENER	CAPSULE	240MG	\$0.06000	03-30-1999
CALCIUM WITH MAGNESIUM	TABLET	217-117MG	\$0.01500	02-08-1993
CALCIUM WITH VITAMIN D	TABLET	250MG-125	\$0.03000	09-01-1990
CALCIUM WITH VITAMIN D	TABLET	500MG-125	\$0.03000	04-28-1998
CALCIUM WITH VITAMIN D	TABLET	500MG-200	\$0.03000	04-01-1996
CALCIUM WITH VITAMIN D	TABLET	600MG-125	\$0.05000	04-01-2004
CALCIUM WITH VITAMIN D	TABLET	600MG-200	\$0.05000	04-01-2004
CALCIUM WITH VITAMIN D	TABLET	600MG-400	\$0.05000	04-01-2004
CALCIUM WITH VITAMIN D	TAB CHEW	500MG-100	\$0.03000	01-25-2000
CALCIUM+D	TABLET	500MG-200	\$0.03000	04-01-1996
CALCIUM-MAGNESIUM	TABLET		\$0.01500	02-08-1993
CALCIUM-MAGNESIUM	TABLET	300-300MG	\$0.01500	02-08-1993

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CALCIUM-MAGNESIUM-ZINC	TABLET	333-133-5	\$0.05000	04-23-2009
CALDECORT	CREAM(GM)	1%	\$0.04000	01-01-2002
CALTRATE	TABLET	600MG-400	\$0.05000	04-01-2004
CALTRATE 600	TABLET	600MG	\$0.05000	04-01-2004
CALTRATE 600+D PLUS	TAB CHEW	600MG-400	\$0.05000	01-01-2009
CALTRATE PLUS	TABLET	600MG-400	\$0.05000	01-01-2009
CALTRATE-600	TABLET	600MG	\$0.05000	04-01-2004
CALTRATE-600 PLUS	TABLET	600MG-400	\$0.05000	01-01-2009
CAP-PROFEN	TABLET	200MG	\$0.03000	12-10-2008
CAPITAL W-CODEINE	ORAL SUSP	120-12MG/5	\$0.01540	12-01-1994
CAPOTEN	TABLET	100MG	\$0.07000	11-15-2008
CAPOTEN	TABLET	12.5MG	\$0.03000	11-15-2008
CAPOTEN	TABLET	25MG	\$0.04000	11-15-2008
CAPOTEN	TABLET	50MG	\$0.04000	11-15-2008
CAPOZIDE	TABLET	25MG-15MG	\$0.12000	01-01-2005
CAPOZIDE	TABLET	25MG-25MG	\$0.12000	05-01-2002
CAPOZIDE	TABLET	50MG-15MG	\$0.20000	05-01-2002
CAPOZIDE	TABLET	50MG-25MG	\$0.20000	01-01-2005
CAPSAICIN	CREAM(GM)	0.025%	\$0.07000	04-01-2002
CAPSAICIN	CREAM(GM)	0.075%	\$0.10000	04-01-2002
CAPSAICIN APR	CREAM(GM)	0.025%	\$0.07000	04-01-2002
CAPSICUM OLEORESIN	CREAM(GM)	0.025%	\$0.07000	04-01-2002

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CAPTOPRIL	TABLET	100MG	\$0.07000	11-15-2008
CAPTOPRIL	TABLET	12.5MG	\$0.03000	11-15-2008
CAPTOPRIL	TABLET	25MG	\$0.04000	11-15-2008
CAPTOPRIL	TABLET	50MG	\$0.04000	11-15-2008
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	25MG-15MG	\$0.12000	01-01-2005
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	25MG-25MG	\$0.12000	05-01-2002
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	50MG-15MG	\$0.20000	05-01-2002
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	50MG-25MG	\$0.20000	01-01-2005
CAPZASIN-P	CREAM(GM)	0.035%	\$0.07000	04-01-2002
CAR-B-PEN TAN-CHLOR-TAN	TABLET	60-5MG	\$1.16000	11-01-2007
CARAFATE	ORAL SUSP	1G/10ML	\$0.19500	09-02-2005
CARAFATE	TABLET	1G	\$0.20000	01-01-2005
CARB-VANTAGE	TABLET		\$0.04000	12-26-1996
CARBAMAZEPINE	ORAL SUSP	100MG/5ML	\$0.08300	05-20-2009
CARBAMAZEPINE	TABLET	200MG	\$0.10000	03-01-2005
CARBAMAZEPINE	TAB CHEW	100MG	\$0.09600	05-20-2009
CARBAMIDE	DROPS	6.5%	\$0.15000	01-01-2004
CARBAMIDE PEROXIDE	DROPS	6.5%	\$0.15000	01-01-2004
CARBAMOXIDE	DROPS	6.5%	\$0.15000	01-01-2004
CARBIDOPA-LEVODOPA	TABLET	10MG-100MG	\$0.28800	01-01-2009
CARBIDOPA-LEVODOPA	TABLET	25MG-100MG	\$0.46880	01-01-2009
CARBIDOPA-LEVODOPA	TABLET	25MG-250MG	\$0.37200	01-01-2009

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CARBIDOPA-LEVODOPA	TABLET SA	25MG-100MG	\$0.72000	10-01-2004
CARBIDOPA-LEVODOPA	TABLET SA	50MG-200MG	\$1.30000	10-01-2002
CARBODEX DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
CARBOFED DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
CARDEC	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
CARDEC	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
CARDEC DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
CARDEC DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
CARDENE	CAPSULE	20MG	\$0.12000	01-01-2005
CARDENE	CAPSULE	30MG	\$0.15000	01-01-2005
CARDENZ	TABLET		\$0.04000	12-26-1996
CARDIOTEK	TABLET	100-0.8MG	\$0.04000	05-14-2008
CARDIOTEK-RX	TABLET	2-500-500	\$0.04000	05-14-2008
CARDIZEM	TABLET	120MG	\$0.16000	01-01-2005
CARDIZEM	TABLET	30MG	\$0.07000	01-01-2005
CARDIZEM	TABLET	60MG	\$0.08850	12-01-2000
CARDIZEM	TABLET	90MG	\$0.12600	12-01-2000
CARDIZEM CD	CAP.SR 24H	120MG	\$0.70000	01-01-2005
CARDIZEM CD	CAP.SR 24H	180MG	\$0.85000	01-01-2005
CARDIZEM CD	CAP.SR 24H	240MG	\$1.34000	01-01-2005
CARDIZEM CD	CAP.SR 24H	300MG	\$1.45000	01-03-2005
CARDURA	TABLET	1MG	\$0.20000	12-01-2000

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CARDURA	TABLET	2MG	\$0.20000	12-01-2000
CARDURA	TABLET	4MG	\$0.21000	12-01-2000
CARDURA	TABLET	8MG	\$0.22000	12-01-2000
CARENATAL DHA	COMBO. PKG	29-1-250MG	\$0.04250	08-19-2009
CARISOPRODOL	TABLET	350MG	\$0.08400	01-01-2009
CARISOPRODOL COMPOUND	TABLET	200-325MG	\$0.16000	01-01-2005
CARISOPRODOL COMPOUND-CODEINE	TABLET	16-200-325	\$1.59250	01-01-2007
CARNITOR	VIAL	200MG/ML	\$3.40000	08-01-2002
CARRINGTON MOISTURE BARRIER	CREAM(GM)		\$0.01800	04-01-2007
CARTEOLOL HCL	DROPS	1%	\$1.50000	10-01-2004
CARTIA XT	CAP.SR 24H	120MG	\$0.70000	01-01-2005
CARTIA XT	CAP.SR 24H	180MG	\$0.85000	01-01-2005
CARTIA XT	CAP.SR 24H	240MG	\$1.34000	01-01-2005
CARTIA XT	CAP.SR 24H	300MG	\$1.45000	01-03-2005
CARVEDILOL	TABLET	12.5MG	\$0.06500	11-07-2007
CARVEDILOL	TABLET	25MG	\$0.06500	11-07-2007
CARVEDILOL	TABLET	3.125MG	\$0.06500	11-07-2007
CARVEDILOL	TABLET	6.25MG	\$0.06500	11-07-2007
CATAFLAM	TABLET	50MG	\$0.24000	01-01-2005
CATAPRES	TABLET	0.1MG	\$0.07000	01-01-2009
CATAPRES	TABLET	0.2MG	\$0.12000	01-01-2009
CATAPRES	TABLET	0.3MG	\$0.18000	01-01-2009

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CEFACLOR	CAPSULE	250MG	\$0.25000	01-01-2005
CEFACLOR	CAPSULE	500MG	\$0.45000	01-01-2005
CEFACLOR	SUSP RECON	125MG/5ML	\$0.06000	01-01-2005
CEFACLOR	SUSP RECON	250MG/5ML	\$0.09500	06-15-2004
CEFACLOR	SUSP RECON	375MG/5ML	\$0.14500	06-15-2004
CEFACLOR ER	TAB.SR 12H	500MG	\$3.37500	02-11-2008
CEFADROXIL	CAPSULE	500MG	\$0.75000	06-20-2009
CEFADROXIL	TABLET	1G	\$2.00000	06-20-2009
CEFAZOLIN SODIUM	FROZ.PIGGY	1G/50ML	\$0.03300	02-29-2000
CEFAZOLIN SODIUM	VIAL	10G	\$12.00000	03-20-2009
CEFAZOLIN SODIUM	VIAL	1G	\$1.65000	10-19-1999
CEFAZOLIN SODIUM	VIAL	500MG	\$1.05000	10-19-1999
CEFAZOLIN SODIUM	VIAL PORT	1G	\$1.65000	12-09-1999
CEFDINIR	CAPSULE	300MG	\$3.60520	11-01-2008
CEFDINIR	SUSP RECON	125MG/5ML	\$0.58000	11-01-2008
CEFDINIR	SUSP RECON	250MG/5ML	\$1.14000	11-01-2008
CEFOL	TABLET		\$0.06000	09-01-1990
CEFPROZIL	SUSP RECON	125MG/5ML	\$0.30000	11-01-2007
CEFPROZIL	SUSP RECON	250MG/5ML	\$0.54000	11-01-2007
CEFPROZIL	TABLET	250MG	\$2.15000	11-01-2008
CEFPROZIL	TABLET	500MG	\$4.30000	11-01-2008
CEFTIN	TABLET	250MG	\$0.55000	01-01-2009

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CEFTIN	TABLET	500MG	\$1.06650	01-01-2009
CEFUROXIME	TABLET	250MG	\$0.55000	01-01-2009
CEFUROXIME	TABLET	500MG	\$1.06650	01-01-2009
CEFZIL	SUSP RECON	125MG/5ML	\$0.30000	11-01-2007
CEFZIL	SUSP RECON	250MG/5ML	\$0.54000	11-01-2007
CEFZIL	TABLET	250MG	\$2.15000	11-01-2008
CEFZIL	TABLET	500MG	\$4.30000	11-01-2008
CELEXA	SOLUTION	10MG/5ML	\$0.42310	10-27-2006
CELEXA	TABLET	10MG	\$0.30000	12-01-2004
CELEXA	TABLET	20MG	\$0.31000	12-01-2004
CELEXA	TABLET	40MG	\$0.32500	12-01-2004
CELLCEPT	CAPSULE	250MG	\$0.45860	08-19-2009
CELLCEPT	TABLET	500MG	\$0.92520	08-19-2009
CEMILL-1000	TABLET	1000MG	\$0.03000	09-01-1990
CENOGEN ULTRA	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
CENTAMIN	LIQUID		\$0.04000	11-30-1999
CENTAMIN	TABLET		\$0.04000	02-08-1993
CENTANY	OINT.(GM)	2%	\$0.42000	06-18-2009
CENTAVITE A-Z WITH MINERALS	TABLET	27-0.4MG	\$0.04000	02-08-1993
CENTERGY	DROPS	2MG-1MG/ML	\$0.55000	06-01-2009
CENTRA-VITE	TABLET		\$0.04000	02-08-1993
CENTRAL VITE	TABLET		\$0.03500	07-01-2004

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CENTRAL VITE FOR SENIORS	TABLET		\$0.03500	04-23-2009
CENTRAL VITE SR W-LUTEIN TAB	TABLET		\$0.03500	08-02-2002
CENTRAL-VITE	TABLET		\$0.04000	05-20-1996
CENTRAL-VITE	TABLET	.4-300-250	\$0.04000	05-20-1996
CENTRAL-VITE	TABLET	18-500-300	\$0.03500	08-14-2008
CENTRAL-VITE	TABLET	27-0.4MG	\$0.04000	02-08-1993
CENTRAL-VITE CARDIO	TABLET	3-200-400	\$0.04000	01-01-2009
CENTRAL-VITE HP	TABLET		\$0.04000	02-08-1993
CENTRAL-VITE PERFORMANCE	TABLET		\$0.03500	07-01-2004
CENTRAL-VITE SELECT	TABLET		\$0.03500	04-23-2009
CENTRAVITES	TABLET		\$0.04000	02-08-1993
CENTRAVITES 50 PLUS	TABLET		\$0.03500	04-23-2009
CENTRUM	LIQUID		\$0.04000	11-30-1999
CENTRUM	TABLET	0.4-162-18	\$0.03500	08-02-2002
CENTRUM	TAB CHEW	.4-18-3500	\$0.04000	09-01-2003
CENTRUM CARDIO	TABLET	3-200-400	\$0.04000	01-01-2009
CENTRUM KIDS	TAB CHEW		\$0.04000	09-01-2003
CENTRUM KIDS	TAB CHEW	0.4MG-18MG	\$0.04000	06-20-2009
CENTRUM PERFORMANCE	TABLET		\$0.03500	07-01-2004
CENTRUM SILVER	TABLET		\$0.03500	08-02-2002
CENTRUM SILVER	TAB CHEW	500-250MCG	\$0.03500	08-02-2002
CENTURY	TABLET		\$0.04000	02-08-1993

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CENTURY	TABLET	27-0.4MG	\$0.04000	02-08-1993
CENTURY	TAB CHEW		\$0.04000	01-01-2005
CENTURY ADVANTAGE	TABLET		\$0.03500	07-01-2004
CENTURY CARDIO	TABLET	3-200-400	\$0.04000	01-01-2009
CENTURY MATURE	TABLET		\$0.03500	08-02-2002
CENTURY SENIOR	TABLET		\$0.03500	04-23-2009
CENTURY SENIOR	TABLET	.4-300-250	\$0.04000	05-20-1996
CENTURY VITAMIN	TABLET		\$0.03500	08-02-2002
CENTURY WITH LUTEIN	TABLET		\$0.03500	08-02-2002
CEPHALEXIN	CAPSULE	250MG	\$0.14000	09-01-2002
CEPHALEXIN	CAPSULE	500MG	\$0.18000	06-15-2004
CEPHALEXIN	SUSP RECON	125MG/5ML	\$0.09000	09-01-2001
CEPHALEXIN	SUSP RECON	250MG/5ML	\$0.12000	09-01-2001
CEPHALEXIN	TABLET	250MG	\$0.14000	01-01-2005
CEPHALEXIN	TABLET	500MG	\$0.18000	01-01-2005
CERON	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
CERON	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
CERON-DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
CERON-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
CEROVITE	LIQUID		\$0.04000	11-30-1999
CEROVITE ADVANCED FORMULA	TABLET	27-0.4MG	\$0.04000	02-08-1993
CEROVITE JR	TAB CHEW		\$0.04000	07-10-1995

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CEROVITE SILVER	TABLET		\$0.03500	04-23-2009
CERTA PLUS	TABLET	0.4-18-250	\$0.03500	08-02-2002
CERTA PLUS SENIOR	TABLET		\$0.03500	08-02-2002
CERTA-VITE	LIQUID		\$0.04000	11-30-1999
CERTA-VITE SENIOR	TABLET		\$0.03500	08-02-2002
CERTAGEN	LIQUID		\$0.04000	11-30-1999
CERTAGEN	TABLET	0.4-18-250	\$0.03500	08-02-2002
CERTAGEN SILVER	TABLET		\$0.04000	02-08-1993
CERTAVITE W/LUTEIN	TABLET	0.4-18-250	\$0.03500	08-02-2002
CERTAVITE-LUTEIN	TABLET	0.4-18-250	\$0.03500	08-02-2002
CETIRIZINE HCL	SOLUTION	1MG/ML	\$0.05000	04-10-2009
CETIRIZINE HCL	SYRUP	1MG/ML	\$0.05000	07-01-2008
CETIRIZINE HCL	TABLET	10MG	\$0.08700	02-01-2008
CETIRIZINE HCL	TABLET	5MG	\$0.08700	02-01-2008
CETIRIZINE HCL	TAB CHEW	10MG	\$0.68000	02-01-2008
CETIRIZINE HCL	TAB CHEW	5MG	\$0.68000	02-01-2008
CHERACOL	SYRUP	100-10MG/5	\$0.05000	06-01-2009
CHERACOL D	LIQUID	100-10MG/5	\$0.01780	10-01-1995
CHERATUSSIN AC	LIQUID	100-10MG/5	\$0.05000	06-01-2009
CHERATUSSIN AC	SYRUP	100-10MG/5	\$0.05000	06-01-2009
CHERATUSSIN DAC	SYRUP	30-10-100	\$0.06000	05-25-2009
CHEST CONGESTION	LIQUID	100MG/5ML	\$0.01451	10-01-1995

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Report ID: 10516 Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHEST CONGESTION RELIEF	LIQUID	100MG/5ML	\$0.01450	01-01-2003
CHEST CONGESTION RELIEF	SYRUP	100MG/5ML	\$0.01450	01-01-2003
CHEST CONGESTION RELIEF DM	TABLET	400MG-20MG	\$1.40000	12-10-2002
CHEST CONGESTION-COUGH RELIEF	TABLET	400MG-20MG	\$1.40000	12-10-2002
CHEWABLE CALCIUM	TAB CHEW	500-200-40	\$0.06500	09-01-1990
CHEWABLE CALCIUM	WAFER	500MG	\$0.03000	02-02-2004
CHEWABLE MULTI VITAMIN	TAB CHEW		\$0.03800	01-06-1995
CHEWABLE MULTIVITAMIN W-IRON	TAB CHEW		\$0.04000	09-01-2003
CHEWABLE PRENATAL	COMBO. PKG		\$0.04250	08-19-2009
CHEWABLE-VITE	TAB CHEW		\$0.03800	01-06-1995
CHEWABLE-VITE WITH IRON	TAB CHEW		\$0.04000	09-01-2003
CHILD ALL DAY ALLERGY	SOLUTION	1MG/ML	\$0.05000	07-01-2008
CHILD CHEW + IRON	TAB CHEW		\$0.04000	09-01-2003
CHILD CHEW VITAMIN	TAB CHEW		\$0.04000	06-20-2009
CHILD CHEW WITH EXTRA C	TAB CHEW		\$0.04000	06-20-2009
CHILD IBUPROFEN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILD LITTLE ANIMALS VITAMINS	TAB CHEW		\$0.04000	06-20-2009
CHILD MUCUS RELIEF	LIQUID	100MG/5ML	\$0.01451	10-01-1995
CHILD TRIAMINIC-D MT-SYM COLD	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
CHILD VITAMIN WITH MINERALS	TAB CHEW		\$0.04000	07-10-1995
CHILD'S BENADRYL ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
CHILD'S MULTIVITAMINS	TAB CHEW		\$0.04000	06-20-2009

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHILD'S VITAMIN WITH IRON	TAB CHEW		\$0.04000	09-01-2003
CHILD'S VITAMIN WITH VITAMIN C	TAB CHEW		\$0.04000	06-20-2009
CHILDREN VITAMIN	TAB CHEW		\$0.04000	07-10-1995
CHILDREN'S ACETAMINOPHEN	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S ACETAMINOPHEN	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S ACETAMINOPHEN	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S ADVIL	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILDREN'S ADVIL	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
CHILDREN'S ALL DAY ALLERGY	SOLUTION	1MG/ML	\$0.05000	04-10-2009
CHILDREN'S ALLERGY	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
CHILDREN'S ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
CHILDREN'S ALLERGY MEDICINE	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
CHILDREN'S ALLERGY RELIEF	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
CHILDREN'S ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
CHILDREN'S ASPIRIN EC	TABLET DR	81MG	\$0.03000	01-01-2004
CHILDREN'S CHEWABLE	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S CHEWABLE COMPLETE	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S CHEWABLE VITAMIN	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S CHEWABLE WITH C	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S CLEAR-ATADINE	TAB RAPDIS	10MG	\$0.47000	08-01-2003
CHILDREN'S COLD & ALLERGY	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
CHILDREN'S COLD & ALLERGY	SOLUTION	2.5-1MG/5	\$0.02000	06-01-2009

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**Services Corporation** Run Date: 10/01/2009

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHILDREN'S COLD & ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
CHILDREN'S COLD & COUGH DM	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
CHILDREN'S COLD & COUGH DM	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
CHILDREN'S COMPLETE VITAMIN	TAB CHEW	0.4MG-18MG	\$0.04000	06-20-2009
CHILDREN'S IBUPROFEN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILDREN'S IBUPROFEN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
CHILDREN'S MEDI-PROFEN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILDREN'S MEDI-TABS	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S MEDI-TABS	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S MOTRIN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILDREN'S MOTRIN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
CHILDREN'S MUCINEX	LIQUID	100MG/5ML	\$0.01451	10-01-1995
CHILDREN'S MUCUS RELIEF	LIQUID	100MG/5ML	\$0.01451	10-01-1995
CHILDREN'S MULTIVIT COMPLETE	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S MULTIVIT W-EXTRA C	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S MULTIVIT-MINERALS	TAB CHEW		\$0.04000	07-10-1995
CHILDREN'S MULTIVITAMIN	TAB CHEW	10MG-0.4MG	\$0.04000	11-21-2008
CHILDREN'S MULTIVITAMIN-IRON	TAB CHEW		\$0.04000	09-01-2003
CHILDREN'S MULTIVITAMINS	TAB CHEW		\$0.04000	06-20-2009
CHILDREN'S NON-ASPIRIN	SUPP.RECT	120MG	\$0.19000	01-01-2004
CHILDREN'S NON-ASPIRIN	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S NON-ASPIRIN	ELIXIR	160MG/5ML	\$0.01300	02-08-1993

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**Services Corporation** 

Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHILDREN'S NON-ASPIRIN	LIQUID	160MG/5ML	\$0.01300	09-09-1991
CHILDREN'S NON-ASPIRIN	DROPS	100MG/ML	\$0.10000	10-01-1988
CHILDREN'S NON-ASPIRIN	TAB CHEW	160MG	\$0.08500	01-01-2005
CHILDREN'S NON-ASPIRIN	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S PAIN RELIEF	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S PAIN RELIEF	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S PAIN RELIEF	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S PAIN RELIEVER	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S PAIN RELIEVER	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S PROFEN IB	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
CHILDREN'S PSEUDOEPHEDRINE	LIQUID	15MG/5ML	\$0.02000	11-01-2007
CHILDREN'S Q-PAP	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S SILAPAP	LIQUID	160MG/5ML	\$0.01300	09-09-1991
CHILDREN'S SILFEDRINE	LIQUID	15MG/5ML	\$0.02000	11-01-2007
CHILDREN'S SUDAFED	LIQUID	15MG/5ML	\$0.02000	11-01-2007
CHILDREN'S SUPHEDRIN	LIQUID	15MG/5ML	\$0.02000	11-01-2007
CHILDREN'S SUPHEDRINE	LIQUID	15MG/5ML	\$0.02000	11-01-2007
CHILDREN'S TACTINAL	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDREN'S TYLENOL	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDREN'S VITAMIN-IRON	TAB CHEW		\$0.04000	09-01-2003
CHILDREN'S VITAMINS WITH IRON	TAB CHEW		\$0.04000	09-01-2003
CHILDREN'S WAL-TAP	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHILDREN'S ZYRTEC	SOLUTION	1MG/ML	\$0.05000	04-10-2009
CHILDREN'S ZYRTEC	TAB CHEW	10MG	\$0.68000	02-01-2008
CHILDREN'S ZYRTEC HIVES RELIEF	SOLUTION	1MG/ML	\$0.05000	04-10-2009
CHILDRENS ACETAMINOPHEN	TAB CHEW	80MG	\$0.04500	06-01-1994
CHILDRENS PAIN RELIEVER	LIQUID	160MG/5ML	\$0.01300	09-09-1991
CHILDRENS SUSPENSION	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
CHILDS ALL DAY ALLERGY	SOLUTION	1MG/ML	\$0.05000	07-01-2008
CHILDS TYLENOL COLD-COUGH	ORAL SUSP	5-15-160-1	\$0.01000	01-01-2002
CHLOR HIST	TABLET	4MG	\$0.01000	12-01-2000
CHLOR-MAL-PHENYLEPHRINE HCL	TABLET SA	20-8MG	\$0.50000	06-01-2009
CHLOR-MES	TAB.SR 12H	20-12-2.5	\$0.40000	11-01-2007
CHLOR-MES D	SYRUP	10-2-0.625	\$0.22000	11-01-2007
CHLOR-PSEUDO SR	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
CHLOR-PSEUDO SR	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
CHLOR-TAN A 12	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
CHLOR-TRIMETON	TABLET	4MG	\$0.01000	12-01-2000
CHLOR-TRIMETON ALLERGY	TABLET SA	12MG	\$0.10000	01-01-2002
CHLOR-TRIMETON ALLERGY REPETAB	TABLET SA	12MG	\$0.10000	01-01-2002
CHLOR-TRIMETON D	TABLET	60MG-4MG	\$0.02750	06-01-2009
CHLORAL HYDRATE	SYRUP	500MG/5ML	\$0.02000	01-01-2002
CHLORDEX GP	SYRUP	7.5-10-2/5	\$0.02400	11-01-2007
CHLORDIAZEPOXIDE HCL	CAPSULE	10MG	\$0.05800	12-01-2000

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHLORDIAZEPOXIDE HCL	CAPSULE	25MG	\$0.06000	12-01-2000
CHLORDIAZEPOXIDE HCL	CAPSULE	5MG	\$0.04500	12-01-2000
CHLOREX-A	TABLET SA	20-40-4MG	\$0.30000	06-01-2009
CHLOREX-A 12	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
CHLORHEXIDINE GLUCONATE	MOUTHWASH	0.12%	\$0.01000	01-01-2005
CHLOROTHIAZIDE	TABLET	250MG	\$0.13000	12-01-2000
CHLOROTHIAZIDE	TABLET	500MG	\$0.17000	01-01-2005
CHLORPHENIRAMINE MALEATE	CAPSULE SA	12MG	\$0.10000	01-01-2002
CHLORPHENIRAMINE MALEATE	CAPSULE SA	8MG	\$0.10000	01-01-2002
CHLORPHENIRAMINE MALEATE	TABLET	4MG	\$0.01000	12-01-2000
CHLORPHENIRAMINE-P-EPHEDRINE	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
CHLORPHENIRAMINE-P-EPHEDRINE	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
CHLORPHENIRAMINE-PE-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
CHLORPROMAZINE HCL	TABLET	100MG	\$0.37000	02-20-2004
CHLORPROMAZINE HCL	TABLET	10MG	\$0.22000	05-27-1999
CHLORPROMAZINE HCL	TABLET	200MG	\$0.37500	09-14-1998
CHLORPROMAZINE HCL	TABLET	25MG	\$0.22500	09-14-1998
CHLORPROMAZINE HCL	TABLET	50MG	\$0.25000	09-14-1998
CHLORPROPAMIDE	TABLET	100MG	\$0.28000	01-01-2005
CHLORPROPAMIDE	TABLET	250MG	\$0.59000	01-01-2005
CHLORTHALIDONE	TABLET	100MG	\$0.72000	01-02-2005
CHLORTHALIDONE	TABLET	25MG	\$0.45000	01-02-2005

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CHLORTHALIDONE	TABLET	50MG	\$0.47000	01-02-2005
CHLORZOXAZONE	TABLET	500MG	\$0.07000	01-02-2005
CHOCOLATED LAXATIVE	TAB CHEW	15MG	\$0.03100	08-10-2000
CHOLESTYRAMINE	PACKET	4G	\$1.00000	08-01-2003
CHOLESTYRAMINE LIGHT	POWDER	4G	\$0.12500	01-01-2005
CHOLESTYRAMINE LIGHT	PACKET	4G	\$0.90040	12-01-2000
CHOLINE MAG TRISALICYLATE	TABLET	1000MG	\$0.16000	01-01-2005
CHOLINE MAG TRISALICYLATE	TABLET	500MG	\$0.10000	01-01-2005
CHOLINE MAG TRISALICYLATE	TABLET	750MG	\$0.13000	01-01-2005
CHOOZ	TAB CHEW	500MG	\$0.03000	01-25-2000
CHROMIUM PICOLINATE	TABLET	1000-400	\$0.05000	03-20-2009
CHROMIUM PICOLINATE	TABLET	200MCG	\$0.03500	04-23-2009
CHROMIUM PICOLINATE PLUS	TABLET	400MCG	\$0.05000	03-20-2009
CICLOPIROX	CREAM(GM)	0.77%	\$0.80000	12-10-2008
CICLOPIROX	SOLUTION	8%	\$0.62727	07-08-2009
CICLOPIROX	SUSPENSION	0.77%	\$1.20000	11-01-2008
CILOSTAZOL	TABLET	100MG	\$0.40000	05-20-2009
CILOSTAZOL	TABLET	50MG	\$0.40000	05-20-2009
CILOXAN	DROPS	0.3%	\$4.00000	01-01-2005
CIMETIDINE	SOLUTION	300MG/5ML	\$0.07000	01-01-2005
CIMETIDINE	LIQUID	300MG/5ML	\$0.07000	01-01-2005
CIMETIDINE	TABLET	200MG	\$0.12380	06-13-2000

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CIMETIDINE	TABLET	300MG	\$0.07000	01-01-2005
CIMETIDINE	TABLET	400MG	\$0.09000	01-01-2005
CIMETIDINE	TABLET	800MG	\$0.17000	01-01-2005
CIPRO	TABLET	250MG	\$0.13000	08-25-2004
CIPRO	TABLET	500MG	\$0.15000	04-01-2005
CIPRO	TABLET	750MG	\$0.36000	01-01-2005
CIPROFLOXACIN HCL	DROPS	0.3%	\$4.00000	01-01-2005
CIPROFLOXACIN HCL	TABLET	250MG	\$0.13000	08-25-2004
CIPROFLOXACIN HCL	TABLET	500MG	\$0.15000	04-01-2005
CIPROFLOXACIN HCL	TABLET	750MG	\$0.36000	01-01-2005
CITALOPRAM	SOLUTION	10MG/5ML	\$0.42310	10-27-2006
CITALOPRAM HBR	TABLET	10MG	\$0.30000	12-01-2004
CITALOPRAM HBR	TABLET	20MG	\$0.31000	12-01-2004
CITALOPRAM HBR	TABLET	40MG	\$0.32500	12-01-2004
CITRACAL	TABLET	200MG-200	\$0.03000	01-01-2001
CITRACAL	TABLET	200MG-250	\$0.05000	04-20-2009
CITRACAL + D	TABLET	250MG-200	\$0.05000	04-01-2004
CITRACAL + D	TABLET	315MG-200	\$0.05000	04-01-2001
CITRACAL + D	TABLET	315MG-250	\$0.05000	04-01-2001
CITRACAL ULTRADENSE	TABLET	200MG-200	\$0.05000	04-20-2009
CITRANATAL 90 DHA	COMBO. PKG	90-1-250MG	\$0.04250	08-19-2009
CITRANATAL ASSURE	COMBO. PKG	35-1-50MG	\$0.04250	08-19-2009

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CITRANATAL DHA	COMBO. PKG	27-1-50MG	\$0.04250	08-19-2009
CITRANATAL RX	TABLET	27-1-50MG	\$0.08500	04-01-2004
CITRUCEL	POWDER		\$0.01500	12-01-2008
CITRUCEL	TABLET	500MG	\$0.09500	01-08-1996
CITRUS CALCIUM W-VITAMIN D	TABLET	200MG-200	\$0.03000	01-01-2001
CITRUS CALCIUM WITH VIT D	TABLET	315MG-200	\$0.05000	04-01-2001
CLARITHROMYCIN	SUSP RECON	125MG/5ML	\$0.40000	11-01-2007
CLARITHROMYCIN	SUSP RECON	250MG/5ML	\$0.74400	11-01-2007
CLARITHROMYCIN	TABLET	250MG	\$2.00000	06-09-2007
CLARITHROMYCIN	TABLET	500MG	\$0.90000	12-10-2008
CLARITHROMYCIN ER	TAB.SR 24H	500MG	\$2.50000	05-01-2008
CLARITIN	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
CLARITIN	TABLET	10MG	\$0.14400	01-10-2009
CLARITIN	TAB RAPDIS	10MG	\$0.47000	08-01-2003
CLEAN & CLEAR PERSA-GEL	GEL (GM)	10%	\$0.29000	01-01-2005
CLEAN & CLEAR PERSA-GEL	GEL (GM)	5%	\$0.29000	01-01-2005
CLEAR-ATADINE	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
CLEAR-ATADINE	TABLET	10MG	\$0.14400	01-10-2009
CLEAR-ATADINE	TAB RAPDIS	10MG	\$0.47000	08-01-2003
CLEMASTINE FUMARATE	SYRUP	0.67MG/5ML	\$0.08000	01-01-2005
CLEMASTINE FUMARATE	TABLET	1.34MG	\$0.28450	01-06-1994
CLEMASTINE FUMARATE	TABLET	2.68MG	\$0.35720	12-01-2000

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CLEOCIN	CREAM/APPL	2%	\$1.08000	08-19-2009
CLEOCIN HCL	CAPSULE	150MG	\$0.18000	06-20-2009
CLEOCIN HCL	CAPSULE	300MG	\$0.36000	06-20-2009
CLEOCIN PHOSPHATE	VIAL	150MG/ML	\$1.20000	01-01-2005
CLEOCIN T	MED. SWAB	1%	\$0.37500	02-01-2009
CLEOCIN T	GEL (GM)	1%	\$0.38000	08-25-2004
CLEOCIN T	SOLUTION	1%	\$0.07000	07-15-2003
CLEOCIN T	LOTION	1%	\$0.37500	02-01-2009
CLEVER CHEK TEST STRIPS	STRIP		\$0.04000	10-01-1988
CLINDA-DERM	SOLUTION	1%	\$0.07000	07-15-2003
CLINDAGEL	GEL (ML)	1%	\$0.07000	02-01-2009
CLINDAMAX	GEL (GM)	1%	\$0.38000	08-25-2004
CLINDAMAX	CREAM/APPL	2%	\$1.08000	08-19-2009
CLINDAMAX	LOTION	1%	\$0.37500	02-01-2009
CLINDAMYCIN HCL	CAPSULE	150MG	\$0.18000	06-20-2009
CLINDAMYCIN HCL	CAPSULE	300MG	\$0.36000	06-20-2009
CLINDAMYCIN PHOSPHATE	MED. SWAB	1%	\$0.37500	02-01-2009
CLINDAMYCIN PHOSPHATE	VIAL	150MG/ML	\$1.20000	01-01-2005
CLINDAMYCIN PHOSPHATE	GEL (GM)	1%	\$0.38000	08-25-2004
CLINDAMYCIN PHOSPHATE	CREAM/APPL	2%	\$1.08000	08-19-2009
CLINDAMYCIN PHOSPHATE	SOLUTION	1%	\$0.07000	07-15-2003
CLINDAMYCIN PHOSPHATE	LOTION	1%	\$0.37500	02-01-2009

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CLINDETS	MED. SWAB	1%	\$0.37500	02-01-2009
CLINORIL	TABLET	200MG	\$0.34940	01-01-2002
CLOBETASOL EMOLLIENT	CREAM(GM)	0.05%	\$0.60000	01-01-2005
CLOBETASOL PROPIONATE	FOAM	0.05%	\$2.00000	08-19-2009
CLOBETASOL PROPIONATE	GEL (GM)	0.05%	\$0.37500	08-19-2009
CLOBETASOL PROPIONATE	CREAM(GM)	0.05%	\$0.26000	06-15-2004
CLOBETASOL PROPIONATE	OINT.(GM)	0.05%	\$0.20400	04-20-2009
CLOBETASOL PROPIONATE	SOLUTION	0.05%	\$0.40000	04-20-2009
CLOMIPRAMINE HCL	CAPSULE	25MG	\$0.14000	01-01-2005
CLOMIPRAMINE HCL	CAPSULE	50MG	\$0.16000	01-01-2005
CLOMIPRAMINE HCL	CAPSULE	75MG	\$0.28000	01-01-2005
CLONAZEPAM	TABLET	0.5MG	\$0.06000	01-01-2009
CLONAZEPAM	TABLET	1MG	\$0.07000	01-01-2009
CLONAZEPAM	TABLET	2MG	\$0.10800	01-01-2009
CLONIDINE HCL	TABLET	0.1MG	\$0.07000	01-01-2009
CLONIDINE HCL	TABLET	0.2MG	\$0.12000	01-01-2009
CLONIDINE HCL	TABLET	0.3MG	\$0.18000	01-01-2009
CLORAZEPATE DIPOTASSIUM	TABLET	15MG	\$0.30000	11-15-2008
CLORAZEPATE DIPOTASSIUM	TABLET	3.75MG	\$0.17000	11-15-2008
CLORAZEPATE DIPOTASSIUM	TABLET	7.5MG	\$0.20000	11-15-2008
CLORFED	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
CLORFED	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CLORPRES	TABLET	0.1-15MG	\$0.10000	01-02-2005
CLORPRES	TABLET	0.2-15MG	\$0.18000	01-02-2005
CLORPRES	TABLET	0.3-15MG	\$0.28000	01-01-2005
CLOTRIM ANTIFUNGAL	CREAM(GM)	1%	\$0.45000	05-01-2003
CLOTRIMAZOLE	CREAM(GM)	1%	\$0.45000	05-01-2003
CLOTRIMAZOLE	CREAM/APPL	1%	\$0.11000	01-01-2005
CLOTRIMAZOLE	CREAM/APPL	2%	\$0.15000	01-01-2002
CLOTRIMAZOLE	SOLUTION	1%	\$0.60000	12-01-2000
CLOTRIMAZOLE	TABLET	100MG	\$0.68000	01-01-2005
CLOTRIMAZOLE 3	CREAM/APPL	2%	\$0.15000	01-01-2002
CLOTRIMAZOLE 3 DAY	CREAM/APPL	2%	\$0.15000	01-01-2002
CLOTRIMAZOLE AF	CREAM(GM)	1%	\$0.45000	05-01-2003
CLOTRIMAZOLE-3	CREAM/APPL	2%	\$0.15000	01-01-2002
CLOTRIMAZOLE-7	CREAM/APPL	1%	\$0.11000	01-01-2005
CLOTRIMAZOLE-BETAMETHASONE	CREAM(GM)	1-0.05%	\$0.39000	04-01-2005
CLOZAPINE	TABLET	100MG	\$1.56000	01-01-2005
CLOZAPINE	TABLET	200MG	\$3.12000	03-01-2006
CLOZAPINE	TABLET	25MG	\$0.64000	01-01-2005
CLOZAPINE	TABLET	50MG	\$1.28000	03-01-2006
CLOZARIL	TABLET	100MG	\$1.56000	01-01-2005
CLOZARIL	TABLET	25MG	\$0.64000	01-01-2005
CO Q-10	CAPSULE	150MG	\$0.03000	09-01-1990

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Report ID: 105160 Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CO-GESIC	TABLET	5MG-500MG	\$0.08000	03-20-2004
CO-NATAL FA	TABLET	29MG-1MG	\$0.08500	04-01-2004
COBAL-1000	VIAL	1000MCG/ML	\$0.15000	09-09-1991
COD LIVER OIL	CAPSULE		\$0.03500	04-23-2009
CODAL-DH	SYRUP	5-1.66MG/5	\$0.03500	11-01-2007
CODIMAL LA	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
CODIMAL LA	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
COENZYME Q10	CAPSULE	150MG	\$0.03000	09-01-1990
COL-RITE	CAPSULE	100MG	\$0.02200	09-01-1997
COLACE	CAPSULE	100MG	\$0.02200	09-01-1997
COLACE	CAPSULE	50MG	\$0.06000	02-15-2004
COLACE	LIQUID	50MG/5ML	\$0.01700	10-01-1988
COLACE	SYRUP	60MG/15ML	\$0.00700	01-18-2000
COLAZAL	CAPSULE	750MG	\$0.50000	12-10-2008
COLCHICINE	TABLET	0.6MG	\$0.06000	06-15-2004
COLCRYS	TABLET	0.6MG	\$0.06000	06-15-2004
COLD & ALLERGY	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
COLD & ALLERGY	SOLUTION	2.5-1MG/5	\$0.02000	06-01-2009
COLD & ALLERGY	TABLET	10MG-4MG	\$0.07500	06-01-2009
COLD & ALLERGY	TABLET	60-2.5MG	\$0.03000	06-01-2009
COLD & ALLERGY	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
COLD & ALLERGY PE	TABLET	10MG-4MG	\$0.07500	06-01-2009

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**Services Corporation** 

Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
COLD & ALLERGY RELIEF	TABLET	10MG-4MG	\$0.07500	06-01-2009
COLD & COUGH	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
COLD & COUGH	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
COLD & COUGH DM	SOLUTION	1-2.5-5/5	\$0.02000	06-01-2009
COLD & COUGH DM	SOLUTION	5-2.5-1/5	\$0.02000	06-01-2009
COLD & COUGH RELIEF	TABLET	15-30-500	\$0.00600	01-01-2002
COLD & NIGHT TIME COUGH	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
COLD AND COUGH	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
COLD AND COUGH	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
COLD RELIEF	TABLET	15-30-500	\$0.00600	01-01-2002
COLD RELIEVER	TABLET	15-30-500	\$0.00600	01-01-2002
COLD, ALLERGY & SINUS	TABLET	60-2.5MG	\$0.03000	06-01-2009
COLD, COUGH & SORE THROAT	LIQUID	7.5-15-160	\$0.02000	01-01-2002
COLD-EEZE	LOZENGE	13.3MG	\$0.03000	04-01-1993
COLDCOUGH	SYRUP	15-7.5-2/5	\$0.07000	11-01-2007
COLDCOUGH HC	LIQUID	15-3-2/5	\$0.08000	11-01-2007
COLDCOUGH PD	SYRUP	7.5-3-2/5	\$0.11000	11-01-2007
COLFED-A	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
COLFED-A	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
COLISTIMETHATE SODIUM	VIAL	150MG	\$38.34000	01-01-2001
COLOCORT	ENEMA	100MG/60ML	\$0.14000	01-01-2002
COLY-MYCIN M PARENTERAL	VIAL	150MG	\$38.34000	01-01-2001

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
COMBGEN	TABLET	0.5-2.2-25	\$0.08500	01-22-2001
COMBI RX	TBMP 24HR	1MG	\$0.08500	04-01-2004
COMBI RX	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
COMFORT GEL	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
COMPETE	TABLET		\$0.04000	02-08-1993
COMPLETE	TABLET	15-30-500	\$0.00600	01-01-2002
COMPLETE	TABLET	27-0.4MG	\$0.04000	02-08-1993
COMPLETE ALLERGY	CAPSULE	25MG	\$0.02500	12-01-2000
COMPLETE ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
COMPLETE ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
COMPLETE ALLERGY MEDICINE	CAPSULE	50MG	\$0.03500	01-01-2005
COMPLETE ALLERGY RELIEF	TABLET	25MG	\$0.01690	07-05-1994
COMPLETE COLD & FLU	TABLET	15-30-500	\$0.00600	01-01-2002
COMPLETE MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
COMPLETE MULTIVITAMIN	TAB CHEW		\$0.04000	07-10-1995
COMPLETE NATAL DHA	COMBO. PKG	29-1-250MG	\$0.04250	08-19-2009
COMPLETE PREMIUM VITAMIN	TABLET		\$0.03500	07-01-2004
COMPLETE SENIOR	TABLET		\$0.03500	04-23-2009
COMPLETE-RF PRENATAL	TABLET	90-1-50MG	\$0.08500	04-01-2004
COMPLETENATE	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
COMPLEX B-100	TABLET SA		\$0.05000	02-08-1993
COMPOZ	TABLET	25MG	\$0.02500	01-15-2001

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Services Corporation

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CONAL	ORAL SUSP	15-12.5-8	\$0.15000	06-01-2009
CONCENTRATED ACETAMINOPHEN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
CONEX	TABLET	60-2MG	\$0.15000	06-01-2009
CONISON	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
CONSTULOSE	SOLUTION	10G/15ML	\$0.01200	06-18-2009
CONTAC COLD-FLU	TABLET	5MG-500MG	\$0.05000	01-01-2002
CONTAC D COLD	TABLET	10MG	\$0.07500	11-01-2007
COPEGUS	TABLET	200MG	\$1.78000	11-01-2007
COPPER	CAPSULE	2MG	\$0.03500	06-01-2009
CORAL CALCIUM	CAPSULE	200MG-100	\$0.05000	12-31-2008
CORAL CALCIUM	TABLET	1000MG	\$0.05000	04-23-2009
CORAL CALCIUM	TABLET	390(1000)	\$0.05000	04-23-2009
CORDARONE	TABLET	200MG	\$0.35000	01-01-2005
COREG	TABLET	12.5MG	\$0.06500	11-07-2007
COREG	TABLET	25MG	\$0.06500	11-07-2007
COREG	TABLET	3.125MG	\$0.06500	11-07-2007
COREG	TABLET	6.25MG	\$0.06500	11-07-2007
CORGARD	TABLET	20MG	\$0.12000	01-01-2005
CORGARD	TABLET	40MG	\$0.15000	01-01-2005
CORGARD	TABLET	80MG	\$0.26000	01-01-2005
CORMAX	CREAM(GM)	0.05%	\$0.26000	06-15-2004
CORMAX	OINT.(GM)	0.05%	\$0.20400	04-20-2009

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CORMAX	SOLUTION	0.05%	\$0.40000	04-20-2009
CORRECT-TABS	TABLET DR	5MG	\$0.01700	10-01-1988
CORRECTOL EXTRA GENTLE	CAPSULE	100MG	\$0.02200	09-01-1997
CORTAID	CREAM(GM)	1%	\$0.04000	01-01-2002
CORTAID	OINT.(GM)	1%	\$0.05600	01-01-2002
CORTAID WITH ALOE	CREAM(GM)	0.5%	\$0.03000	01-01-2004
CORTEF	TABLET	20MG	\$0.12000	01-01-2005
CORTENEMA	ENEMA	100MG/60ML	\$0.14000	01-01-2002
CORTISONE	CREAM(GM)	1%	\$0.04000	01-01-2002
CORTISPORIN	SOLUTION	3.5-10K-1	\$2.01450	01-01-2002
CORTISPORIN	DROPS SUSP	3.5-10K-1	\$2.01450	01-01-2002
CORTIZONE-10	CREAM(GM)	1%	\$0.04000	01-01-2002
CORTIZONE-10	OINT.(GM)	1%	\$0.04000	06-15-2004
CORTIZONE-10 PLUS	CREAM(GM)	1%	\$0.04000	01-01-2002
CORTOMYCIN	OINT.(GM)	3.5-10K-1	\$0.75000	01-01-2005
CORTOMYCIN	SOLUTION	3.5-10K-1	\$2.01450	01-01-2002
CORTOMYCIN	DROPS SUSP	3.5-10K-1	\$2.01450	01-01-2002
COUGH & COLD	LIQUID	100-10-5MG	\$0.01925	11-01-2007
COUGH CONTROL	LIQUID	100MG/5ML	\$0.01450	01-01-2003
COUGH CONTROL	SYRUP	100MG/5ML	\$0.01450	01-01-2003
COUGH CONTROL DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
COUGH CONTROL PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
COUGH FORMULA DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
COUGH SYRUP	LIQUID	100MG/5ML	\$0.01450	01-01-2003
COUGH SYRUP	SYRUP	100MG/5ML	\$0.01450	01-01-2003
COUGH SYRUP DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
COUGHTAB	TABLET	200MG	\$0.08000	05-27-1999
COUGHTUSS	LIQUID	5-5-2MG/5	\$0.07000	11-01-2007
COUMADIN	TABLET	10MG	\$0.37000	08-01-2002
COUMADIN	TABLET	1MG	\$0.22000	08-01-2002
COUMADIN	TABLET	2.5MG	\$0.26000	08-01-2002
COUMADIN	TABLET	2MG	\$0.23000	08-01-2002
COUMADIN	TABLET	3MG	\$0.28000	08-01-2002
COUMADIN	TABLET	4MG	\$0.29000	08-01-2002
COUMADIN	TABLET	5MG	\$0.30000	08-01-2002
COUMADIN	TABLET	6MG	\$0.35000	08-01-2002
COUMADIN	TABLET	7.5MG	\$0.36000	08-01-2002
CP DEC	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
CP DEC	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
CP DEC-DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
CP DEC-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
CPM 12	CAP MPHASE	12MG	\$0.10000	01-01-2002
CPM 8-PE 20-MSC 1.25	TAB.SR 12H	20-8-1.25	\$0.54000	11-01-2007
CPM PSE	LIQUID	30-2MG/5ML	\$0.10000	06-01-2009

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CPM-PSEUDO	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
CPM-PSEUDO	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
CRANTEX	SYRUP	100-7.5/5	\$0.12500	11-01-2007
CRITIC-AID	OINT.(GM)	2%	\$0.06508	08-19-2009
CROLOM	DROPS	4%	\$1.50000	01-01-2005
CROMOLYN SODIUM	AMPUL-NEB	20MG/2ML	\$0.15000	01-01-2005
CROMOLYN SODIUM	SPRAY/PUMP	40MG/ML	\$0.42000	01-01-2005
CROMOLYN SODIUM	DROPS	4%	\$1.50000	01-01-2005
CRUEX	CREAM(GM)	1%	\$0.45000	05-01-2003
CUTIVATE	CREAM(GM)	0.05%	\$0.40000	01-10-2009
CUTIVATE	OINT.(GM)	0.005%	\$0.40000	01-10-2009
CYANOCOBALAMIN	VIAL	1000MCG/ML	\$0.15000	09-09-1991
CYANOCOBALAMIN	TABLET	100MCG	\$0.03500	04-23-2009
CYCLOBENZAPRINE HCL	TABLET	10MG	\$0.14000	01-01-2005
CYCLOBENZAPRINE HCL	TABLET	5MG	\$0.24500	12-10-2008
CYCLOGYL	DROPS	1%	\$0.40000	06-15-2004
CYCLOPENTOLATE HCL	DROPS	1%	\$0.40000	06-15-2004
CYCLOSPORINE	CAPSULE	100MG	\$4.10000	03-01-2005
CYCLOSPORINE	CAPSULE	25MG	\$1.10000	05-01-2002
CYCLOSPORINE	SOLUTION	100MG/ML	\$5.05000	05-01-2002
CYLATE	DROPS	1%	\$0.40000	06-15-2004
CYPROHEPTADINE HCL	SYRUP	2MG/5ML	\$0.07000	08-20-2004

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**Services Corporation** Run Date: 10/01/2009

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
CYPROHEPTADINE HCL	TABLET	4MG	\$0.20000	04-15-2003
CYTOTEC	TABLET	100MCG	\$0.53000	01-01-2005
СҮТОТЕС	TABLET	200MCG	\$0.70000	08-20-2003
CYTUSS HC	SYRUP	5-2.5-2	\$0.02400	07-16-1999
D-AMINE-SR	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
D-AMINE-SR	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
D.A.	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
DAILY DIET SUPPORT	TABLET		\$0.04000	02-08-1993
DAILY MULTI	TABLET	0.4MG-18MG	\$0.03500	01-01-2009
DAILY MULTI CARB BALANCE	TABLET		\$0.04000	12-26-1996
DAILY MULTIPLE	TABLET	400-600MCG	\$0.04000	06-01-2009
DAILY MULTIPLE VITAMIN	TABLET		\$0.04000	02-08-1993
DAILY MULTIPLE VITAMINS	TABLET		\$0.04000	02-08-1993
DAILY MULTIPLE VITAMINS-IRON	TABLET	18MG-0.4MG	\$0.03500	06-02-2008
DAILY MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
DAILY MULTIVITAMIN WITH IRON	TABLET		\$0.04000	04-23-2009
DAILY MULTIVITAMIN-IRON	TABLET	18MG-0.4MG	\$0.03500	06-02-2008
DAILY MULTIVITAMIN-MINERALS	TABLET		\$0.03500	08-02-2002
DAILY VITAMIN	LIQUID		\$0.01300	08-01-1996
DAILY VITAMIN	TABLET		\$0.04000	02-08-1993
DAILY VITAMIN + IRON	TABLET		\$0.04000	04-23-2009
DAILY VITAMIN FORMULA	TABLET		\$0.04000	02-08-1993

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DAILY VITAMIN FORMULA-MINERALS	TABLET		\$0.04000	12-26-1996
DAILY VITAMIN WITH IRON	TABLET		\$0.04000	04-23-2009
DAILY VITE	TABLET		\$0.04000	02-08-1993
DAILY VITE WITH IRON	TABLET		\$0.04000	04-23-2009
DAILYHIST-1	TABLET	1.34MG	\$0.28450	01-06-1994
DALLERGY	DROPS	2MG-1MG/ML	\$0.55000	06-01-2009
DALLERGY	TAB.SR 12H	20-12-2.5	\$0.40000	11-01-2007
DALLERGY-JR	CAP.SR 12H	20MG-4MG	\$0.30000	06-01-2009
DALLERGY-JR	ORAL SUSP	20-4MG/5ML	\$0.11000	06-01-2009
DALMANE	CAPSULE	15MG	\$0.06560	12-01-2000
DALMANE	CAPSULE	30MG	\$0.08300	12-01-2000
DARVOCET-N 100	TABLET	100-650MG	\$0.10000	08-01-2002
DAYHIST	TABLET	1.34MG	\$0.28450	01-06-1994
DAYHIST ALLERGY	TABLET	1.34MG	\$0.28450	01-06-1994
DAYHIST-1	TABLET	1.34MG	\$0.28450	01-06-1994
DAYPRO	TABLET	600MG	\$0.24000	08-01-2004
DC-240	CAPSULE	240MG	\$0.06000	03-30-1999
DDAVP	SPRAY/PUMP	10/SPRAY	\$14.40000	01-10-2009
DDAVP	TABLET	0.1MG	\$1.68000	01-10-2009
DDAVP	TABLET	0.2MG	\$1.92000	01-10-2009
DEBROX	DROPS	6.5%	\$0.15000	01-01-2004
DEC-CHLORPHEN DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DEC-CHLORPHEN DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
DECONAMINE	LIQUID	30-2MG/5ML	\$0.10000	06-01-2009
DECONAMINE	TABLET	60MG-4MG	\$0.02750	06-01-2009
DECONAMINE SR	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
DECONAMINE SR	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
DECONGESTANT	TABLET	30MG	\$0.03370	01-06-1994
DECONGESTANT PLUS	TABLET	60MG-4MG	\$0.02750	06-01-2009
DECONGESTANT-ANTIHISTAMINE	TABLET	60-2.5MG	\$0.03000	06-01-2009
DEEP SEA	SPRAY	0.65%	\$0.03000	01-01-2004
DEHISTINE	SOLUTION	10-2-1.25	\$0.32000	11-01-2007
DEMADEX	TABLET	100MG	\$2.66000	01-01-2005
DEMADEX	TABLET	10MG	\$0.15000	11-15-2008
DEMADEX	TABLET	20MG	\$0.15000	11-15-2008
DEMADEX	TABLET	5MG	\$0.15000	11-15-2008
DEMEROL	TABLET	100MG	\$0.40000	06-18-2009
DEMEROL	TABLET	50MG	\$0.22000	06-18-2009
DEPADE	TABLET	50MG	\$1.16000	01-10-2009
DEPAKENE	CAPSULE	250MG	\$0.30000	04-01-2003
DEPAKENE	SYRUP	250MG/5ML	\$0.05940	01-01-2002
DEPAKOTE	TABLET DR	125MG	\$0.20000	11-01-2008
DEPAKOTE	TABLET DR	250MG	\$0.40000	11-01-2008
DEPAKOTE	TABLET DR	500MG	\$0.32000	08-19-2009

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**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DEPAKOTE ER	TAB.SR 24H	250MG	\$0.75000	08-19-2009
DEPAKOTE ER	TAB.SR 24H	500MG	\$1.10000	08-19-2009
DEPO-PROVERA	DISP SYRIN	150MG/ML	\$40.00000	06-18-2009
DEPO-PROVERA	VIAL	150MG/ML	\$40.00000	06-18-2009
DERMACERIN	CREAM(GM)		\$0.01800	04-01-2007
DERMAFUNGAL	OINT.(GM)	2%	\$0.06508	08-19-2009
DERMAGRAN AF	OINT.(GM)	2%	\$0.06508	08-19-2009
DERMALUBE	LOTION		\$0.01000	04-01-2007
DERMAPHOR	OINT.(GM)		\$0.02100	04-01-2007
DERMOLATE ANTI-ITCH	CREAM(GM)	0.5%	\$0.03000	12-01-2000
DESENEX	CREAM(GM)	1%	\$0.45000	05-01-2003
DESIPRAMINE HCL	TABLET	100MG	\$2.80000	08-19-2009
DESIPRAMINE HCL	TABLET	10MG	\$0.72000	08-19-2009
DESIPRAMINE HCL	TABLET	150MG	\$2.15000	08-19-2009
DESIPRAMINE HCL	TABLET	25MG	\$0.89000	08-19-2009
DESIPRAMINE HCL	TABLET	50MG	\$1.68000	08-19-2009
DESIPRAMINE HCL	TABLET	75MG	\$1.07500	08-19-2009
DESMOPRESSIN ACETATE	SPRAY/PUMP	10/SPRAY	\$14.40000	01-10-2009
DESMOPRESSIN ACETATE	TABLET	0.1MG	\$1.68000	01-10-2009
DESMOPRESSIN ACETATE	TABLET	0.2MG	\$1.92000	01-10-2009
DESOGEN	TABLET	0.15-0.03	\$1.75871	08-19-2009
DESONIDE	CREAM(GM)	0.05%	\$0.26000	06-15-2004

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**Services Corporation** 

Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DESONIDE	OINT.(GM)	0.05%	\$0.26000	06-15-2004
DESONIDE	LOTION	0.05%	\$0.54410	01-01-2007
DESOWEN	CREAM(GM)	0.05%	\$0.26000	06-15-2004
DESOWEN	OINT.(GM)	0.05%	\$0.26000	06-15-2004
DESOWEN	LOTION	0.05%	\$0.54410	01-01-2007
DESOXIMETASONE	GEL (GM)	0.05%	\$1.82000	07-01-2008
DESOXIMETASONE	CREAM(GM)	0.05%	\$1.71000	07-01-2008
DESOXIMETASONE	CREAM(GM)	0.25%	\$1.93000	07-01-2008
DESOXIMETASONE	OINT.(GM)	0.25%	\$2.13000	07-01-2008
DESPEC-EXP	SYRUP	100-15-7.5	\$0.09750	11-01-2007
DESPEC-PD	SYRUP	7.5-3-2/5	\$0.11000	11-01-2007
DESQUAM-E	GEL (GM)	2.5%	\$0.29000	01-01-2005
DESQUAM-E	GEL (GM)	5%	\$0.29000	01-01-2005
DESQUAM-X	GEL (GM)	10%	\$0.29000	01-01-2005
DESQUAM-X	GEL (GM)	5%	\$0.29000	01-01-2005
DESQUAM-X	CLEANSER	10%	\$0.12500	02-11-2008
DESQUAM-X	CLEANSER	5%	\$0.14000	01-01-2005
DESQUAM-X	CLEANSER	5%	\$0.14000	01-01-2005
DESQUAM-X	LIQUID	10%	\$0.12500	02-11-2008
DESQUAM-X	LIQUID	5%	\$0.14000	01-01-2005
DESQUAM-X	LIQUID	5%	\$0.14000	01-01-2005
DESYREL	TABLET	100MG	\$0.09520	12-01-2000

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Run Date: 10/01/2009

**Services Corporation** 

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DESYREL	TABLET	150MG	\$0.19000	01-01-2005
DESYREL	TABLET	50MG	\$0.06400	12-01-2000
DEXAMETHASONE	ELIXIR	0.5MG/5ML	\$0.16000	03-01-2005
DEXAMETHASONE SODIUM PHOSPHATE	DROPS	0.1%	\$2.18000	01-01-2005
DEXASOL	DROPS	0.1%	\$2.18000	01-01-2005
DEXCHLORPHENIRAMINE MALEATE	SYRUP	2MG/5ML	\$0.03000	12-01-2000
DEXFERRUM	VIAL	50MG/ML	\$12.00000	01-01-2002
DEXFOL	TABLET	5MG	\$0.12000	08-19-2009
DEXTROAMPHETAMINE SULFATE	TABLET	10MG	\$0.30000	12-10-2008
DEXTROAMPHETAMINE SULFATE	TABLET	5MG	\$0.15000	12-10-2008
DEXTROMETHORPHAN-CP-PHENYL	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
DEXTROSE IN WATER	DISP SYRIN	50%	\$0.05378	01-01-2002
DEXTROSTAT	TABLET	10MG	\$0.30000	12-10-2008
DEXTROSTAT	TABLET	5MG	\$0.15000	12-10-2008
DI BROMM COLD-ALLERGY	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
DI-GEL	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
DIABETA	TABLET	1.25MG	\$0.08500	08-01-2002
DIABETA	TABLET	2.5MG	\$0.11300	08-01-2002
DIABETA	TABLET	5MG	\$0.10000	06-18-2009
DIABETIC TUSSIN	LIQUID	100-10MG/5	\$0.01780	10-01-1995
DIABETIC TUSSIN DM	LIQUID	100-10MG/5	\$0.01780	10-01-1995
DIABETIC TUSSIN EX	LIQUID	100MG/5ML	\$0.01451	10-01-1995

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**Services Corporation** 

Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DIABINESE	TABLET	100MG	\$0.28000	01-01-2005
DIABINESE	TABLET	250MG	\$0.59000	01-01-2005
DIACETAZONE	CAPSULE	65-325-100	\$0.12000	01-01-2000
DIALYVITE	TABLET	1-100MG	\$0.12000	08-19-2009
DIALYVITE	TABLET	1MG-100MG	\$0.12000	08-19-2009
DIALYVITE 800	TABLET	0.8MG	\$0.12000	08-19-2009
DIAMODE	TABLET	2MG	\$0.12000	01-01-2005
DIASENSE MAGNESIUM	TABLET	400MG	\$0.10940	07-10-1995
DIAZEPAM	DISP SYRIN	5MG/ML	\$0.25000	02-11-2008
DIAZEPAM	VIAL	5MG/ML	\$0.25000	02-05-2008
DIAZEPAM	TABLET	10MG	\$0.03500	12-01-2000
DIAZEPAM	TABLET	2MG	\$0.03000	12-01-2000
DIAZEPAM	TABLET	5MG	\$0.03000	12-01-2000
DICLOFENAC POTASSIUM	TABLET	50MG	\$0.24000	01-01-2005
DICLOFENAC SODIUM	DROPS	0.1%	\$4.25000	12-10-2008
DICLOFENAC SODIUM	TABLET DR	25MG	\$0.53800	07-01-2008
DICLOFENAC SODIUM	TABLET DR	50MG	\$0.38000	07-01-2008
DICLOFENAC SODIUM	TABLET DR	75MG	\$0.43000	07-01-2008
DICLOFENAC SODIUM	TAB.SR 24H	100MG	\$2.05000	01-01-2007
DICLOXACILLIN SODIUM	CAPSULE	250MG	\$0.30000	10-01-2002
DICLOXACILLIN SODIUM	CAPSULE	500MG	\$0.58000	10-01-2002
DICYCLOMINE HCL	CAPSULE	10MG	\$0.07000	01-01-2005

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Report ID: 105160

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**Services Corporation** Run Date: 10/01/2009

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DICYCLOMINE HCL	TABLET	20MG	\$0.06500	06-20-2009
DIFLORASONE DIACETATE	CREAM(GM)	0.05%	\$0.90000	06-15-2004
DIFLORASONE DIACETATE	OINT.(GM)	0.05%	\$0.90000	06-15-2004
DIFLUCAN	SUSP RECON	10MG/ML	\$0.55000	01-01-2005
DIFLUCAN	SUSP RECON	40MG/ML	\$1.80000	01-01-2005
DIFLUCAN	TABLET	100MG	\$0.25000	06-18-2009
DIFLUCAN	TABLET	150MG	\$0.35000	06-18-2009
DIFLUCAN	TABLET	200MG	\$0.40000	06-18-2009
DIFLUCAN	TABLET	50MG	\$0.22000	08-25-2004
DIFLUNISAL	TABLET	500MG	\$0.84000	09-01-2003
DIGITEK	TABLET	125MCG	\$0.19000	02-11-2008
DIGITEK	TABLET	250MCG	\$0.10000	01-01-2005
DIGOXIN	TABLET	125MCG	\$0.19000	02-11-2008
DIGOXIN	TABLET	250MCG	\$0.10000	01-01-2005
DIHISTINE	SYRUP	30-10-100	\$0.06000	05-25-2009
DIHISTINE DH	LIQUID	30-10-2/5	\$0.01200	09-09-1991
DIHYDRO-CP	SYRUP	15-7.5-2/5	\$0.07000	11-01-2007
DIHYDRO-GP	SYRUP	100-15-7.5	\$0.09750	11-01-2007
DIHYDRO-PE	SYRUP	7.5-3-2/5	\$0.11000	11-01-2007
DILACOR XR	CAPSULE CR	120MG	\$0.40000	01-01-2005
DILACOR XR	CAPSULE CR	180MG	\$0.40000	08-25-2004
DILACOR XR	CAPSULE CR	240MG	\$0.45000	08-25-2004

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Run Date: 10/01/2009

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**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DILANTIN	CAPSULE	100MG	\$0.20000	04-20-2009
DILANTIN-125	ORAL SUSP	100MG/4ML	\$0.14000	12-10-2008
DILANTIN-125	ORAL SUSP	125MG/5ML	\$0.14000	12-10-2008
DILAUDID	AMPUL	1MG/ML	\$0.98790	01-01-2007
DILAUDID	AMPUL	2MG/ML	\$1.00570	01-01-2007
DILAUDID	AMPUL	4MG/ML	\$1.46850	01-01-2007
DILAUDID	TABLET	2MG	\$0.14500	08-19-2009
DILAUDID	TABLET	4MG	\$0.17000	08-19-2009
DILAUDID	TABLET	8MG	\$0.70000	06-18-2009
DILAUDID-HP	AMPUL	10MG/ML	\$2.39410	01-01-2007
DILT-CD	CAP.SR 24H	120MG	\$0.70000	01-01-2005
DILT-CD	CAP.SR 24H	180MG	\$0.85000	01-01-2005
DILT-CD	CAP.SR 24H	240MG	\$1.34000	01-01-2005
DILT-CD	CAP.SR 24H	300MG	\$1.45000	01-03-2005
DILT-XR	CAPSULE CR	120MG	\$0.40000	01-01-2005
DILT-XR	CAPSULE CR	180MG	\$0.40000	08-25-2004
DILT-XR	CAPSULE CR	240MG	\$0.45000	08-25-2004
DILTIA XT	CAPSULE CR	120MG	\$0.40000	01-01-2005
DILTIA XT	CAPSULE CR	180MG	\$0.40000	08-25-2004
DILTIA XT	CAPSULE CR	240MG	\$0.45000	08-25-2004
DILTIAZEM CD	CAP.SR 24H	180MG	\$0.85000	01-01-2005
DILTIAZEM ER	CAP.SR 12H	120MG	\$0.23310	01-01-2002

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Report ID: 105160

Run Date: 10/01/2009

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Services Corporation

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DILTIAZEM ER	CAP.SR 12H	60MG	\$0.35000	05-15-2001
DILTIAZEM ER	CAP.SR 12H	90MG	\$0.48000	05-15-2001
DILTIAZEM ER	CAP.SR 24H	120MG	\$0.70000	01-01-2005
DILTIAZEM ER	CAP.SR 24H	180MG	\$0.85000	01-01-2005
DILTIAZEM ER	CAP.SR 24H	240MG	\$1.34000	01-01-2005
DILTIAZEM ER	CAP.SR 24H	300MG	\$1.45000	01-03-2005
DILTIAZEM ER	CAPSULE CR	120MG	\$0.40000	01-01-2005
DILTIAZEM ER	CAPSULE CR	180MG	\$0.40000	08-25-2004
DILTIAZEM ER	CAPSULE CR	240MG	\$0.45000	08-25-2004
DILTIAZEM HCL	TABLET	120MG	\$0.16000	01-01-2005
DILTIAZEM HCL	TABLET	30MG	\$0.07000	01-01-2005
DILTIAZEM HCL	TABLET	60MG	\$0.08850	12-01-2000
DILTIAZEM HCL	TABLET	90MG	\$0.12600	12-01-2000
DIMAPHEN	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
DIMAPHEN	SOLUTION	2.5-1MG/5	\$0.02000	06-01-2009
DIMAPHEN DM	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
DIMAPHEN DM	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
DIMENHYDRINATE	TABLET	50MG	\$0.02000	10-01-1988
DIMETAPP	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
DIMETAPP	SOLUTION	2.5-1MG/5	\$0.02000	06-01-2009
DIMETAPP	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
DIMETAPP	TAB CHEW	2.5-1MG	\$0.20000	06-01-2009

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**Services Corporation** 

Report ID: 10516 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DIMETAPP	TABLET SA	120MG	\$0.28000	11-01-2007
DIMETAPP DECONGESTANT	DROPS	1.25MG/0.8	\$0.29000	11-01-2007
DIMETAPP DM	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
DIMETAPP DM	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
DINO-LIFE	TAB CHEW		\$0.04000	06-20-2009
DINO-LIFE WITH EXTRA C	TAB CHEW		\$0.04000	06-20-2009
DIOCTO	LIQUID	50MG/5ML	\$0.01700	10-01-1988
DIOCTO	SYRUP	60MG/15ML	\$0.00700	01-18-2000
DIOCTYL	SYRUP	60MG/15ML	\$0.00700	01-18-2000
DIPHEDRYL	CAPSULE	25MG	\$0.02500	12-01-2000
DIPHEDRYL	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
DIPHEDRYL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
DIPHEDRYL	TABLET	25MG	\$0.01690	07-05-1994
DIPHEDRYL	TABLET	30MG-500MG	\$0.01690	07-05-1994
DIPHEDRYL ALLERGY	CAPSULE	25MG	\$0.02500	12-01-2000
DIPHEDRYL ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
DIPHEDRYL ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
DIPHEN	CAPSULE	25MG	\$0.02500	12-01-2000
DIPHENDRYL	TABLET	25MG	\$0.01690	07-05-1994
DIPHENHIST	CAPSULE	25MG	\$0.02500	12-01-2000
DIPHENHIST	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
DIPHENHIST	TABLET	25MG	\$0.01690	07-05-1994

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DIPHENHYDRAMINE HCL	CAPSULE	25MG	\$0.02500	12-01-2000
DIPHENHYDRAMINE HCL	CAPSULE	50MG	\$0.03500	01-01-2005
DIPHENHYDRAMINE HCL	DISP SYRIN	50MG/ML	\$0.51000	11-01-2001
DIPHENHYDRAMINE HCL	VIAL	50MG/ML	\$0.51000	11-01-2001
DIPHENHYDRAMINE HCL	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
DIPHENHYDRAMINE HCL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
DIPHENHYDRAMINE HCL	SYRUP	12.5MG/5ML	\$0.00800	01-15-2001
DIPHENHYDRAMINE HCL	TABLET	25MG	\$0.02500	01-15-2001
DIPHENHYDRAMINE MIN-I-JET	DISP SYRIN	50MG/ML	\$0.51000	11-01-2001
DIPHENOXYLATE-ATROPINE	LIQUID	2.5025/5	\$0.12500	01-15-2001
DIPHENOXYLATE-ATROPINE	TABLET	2.5025MG	\$0.10000	01-01-2005
DIPIVEFRIN HCL	DROPS	0.1%	\$0.53000	06-15-2004
DIPROLENE	OINT.(GM)	0.05%	\$1.65000	01-01-2005
DIPROLENE AF	CREAM(GM)	0.05%	\$1.65000	01-15-2004
DIPYRIDAMOLE	TABLET	25MG	\$0.26000	01-01-2007
DIPYRIDAMOLE	TABLET	50MG	\$0.44000	01-01-2007
DIPYRIDAMOLE	TABLET	75MG	\$0.45000	03-01-2005
DISKETS	TABLET SOL	40MG	\$0.27500	03-15-2009
DISOPHROL	TABLET	60-2MG	\$0.15000	06-01-2009
DISOPHROL	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
DISOPYRAMIDE PHOSPHATE	CAPSULE	100MG	\$0.52000	01-01-2007
DISOPYRAMIDE PHOSPHATE	CAPSULE	150MG	\$0.55000	01-01-2007

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### Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DITROPAN	SYRUP	5MG/5ML	\$0.02550	01-01-2009
DITROPAN	TABLET	5MG	\$0.12600	01-01-2009
DITROPAN XL	TAB OSM 24	10MG	\$2.70000	06-09-2007
DITROPAN XL	TAB OSM 24	15MG	\$2.75000	06-09-2007
DITROPAN XL	TAB OSM 24	5MG	\$3.00000	01-01-2009
DIVALPROEX SODIUM	TABLET DR	125MG	\$0.20000	11-01-2008
DIVALPROEX SODIUM	TABLET DR	250MG	\$0.40000	11-01-2008
DIVALPROEX SODIUM	TABLET DR	500MG	\$0.80000	08-19-2009
DIVALPROEX SODIUM	TAB.SR 24H	250MG	\$1.49000	08-19-2009
DIVALPROEX SODIUM	TAB.SR 24H	500MG	\$2.98000	08-19-2009
DIVALPROEX SODIUM ER	TAB.SR 24H	250MG	\$1.49000	08-19-2009
DIVALPROEX SODIUM ER	TAB.SR 24H	500MG	\$2.98000	08-19-2009
DIXAPHEDRINE	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
DOBUTAMINE HCL	VIAL	12.5MG/ML	\$0.38900	04-06-2001
DOBUTAMINE HCL	VIAL	250MG/20ML	\$0.38900	04-06-2001
DOBUTAMINE HCL	VIAL	500MG/40ML	\$0.38900	04-06-2001
DOC-Q-LACE	CAPSULE	100MG	\$0.02200	09-01-1997
DOC-Q-LACE	LIQUID	50MG/5ML	\$0.01700	10-01-1988
DOC-Q-LACE	SYRUP	60MG/15ML	\$0.00700	01-18-2000
DOC-Q-LAX	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
DOCOSAVIT	CAPSULE	30-1-310.1	\$0.08500	04-01-2004
DOCU LIQUID	LIQUID	50MG/5ML	\$0.01700	10-01-1988

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DOCU SOFT	CAPSULE	100MG	\$0.02200	09-01-1997
DOCUSATE CALCIUM	CAPSULE	240MG	\$0.06000	03-30-1999
DOCUSATE SODIUM	CAPSULE	100MG	\$0.02200	09-01-1997
DOCUSATE SODIUM	CAPSULE	250MG	\$0.03800	01-06-1995
DOCUSATE SODIUM	LIQUID	50MG/5ML	\$0.01700	10-01-1988
DOCUSATE SODIUM	SYRUP	60MG/15ML	\$0.00700	01-18-2000
DOCUSATE SODIUM	TABLET	100MG	\$0.02200	01-01-2004
DOCUSIL	CAPSULE	100MG	\$0.02200	09-01-1997
DOCUSOFT S	CAPSULE	100MG	\$0.02200	09-01-1997
DOK	CAPSULE	100MG	\$0.02200	09-01-1997
DOK	CAPSULE	250MG	\$0.03800	01-06-1995
DOK	TABLET	100MG	\$0.02200	01-01-2004
DOK PLUS	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
DOLOMITE	TABLET		\$0.01500	02-08-1993
DOLOPHINE HCL	TABLET	10MG	\$0.11000	03-15-2009
DOLOPHINE HCL	TABLET	5MG	\$0.07500	03-15-2009
DOLOTIC	DROPS	5.4%-1.4%	\$0.30000	04-20-2009
DOMEBORO	PACKET		\$0.60520	09-01-2007
DOMEBORO	TABLET EFF		\$0.50000	10-01-2001
DONATUSSIN	DROPS	20-1.5/ML	\$0.75000	11-01-2007
DONATUSSIN	DROPS	20-2-1/ML	\$0.18000	11-01-2007
DOUBLE ANTIBIOTIC	OINT.(GM)	500-10K/G	\$0.14200	04-01-2004

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**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DOUBLE ANTIBIOTIC	OINT.(GM)	500-10KU/G	\$0.14200	04-01-2004
DOXAZOSIN MESYLATE	TABLET	1MG	\$0.20000	12-01-2000
DOXAZOSIN MESYLATE	TABLET	2MG	\$0.20000	12-01-2000
DOXAZOSIN MESYLATE	TABLET	4MG	\$0.21000	12-01-2000
DOXAZOSIN MESYLATE	TABLET	8MG	\$0.22000	12-01-2000
DOXEPIN HCL	CAPSULE	100MG	\$0.15000	01-18-2000
DOXEPIN HCL	CAPSULE	10MG	\$0.06000	01-18-2000
DOXEPIN HCL	CAPSULE	150MG	\$0.25000	01-01-2005
DOXEPIN HCL	CAPSULE	25MG	\$0.08000	01-18-2000
DOXEPIN HCL	CAPSULE	50MG	\$0.09000	01-18-2000
DOXEPIN HCL	CAPSULE	75MG	\$0.12900	12-01-2000
DOXEPIN HCL	ORAL CONC	10MG/ML	\$0.11440	12-01-2000
DOXIDAN	TABLET DR	5MG	\$0.01700	10-01-1988
DOXYCYCLINE HYCLATE	CAPSULE	100MG	\$0.10000	01-01-2004
DOXYCYCLINE HYCLATE	CAPSULE	50MG	\$0.08190	12-01-2000
DOXYCYCLINE HYCLATE	TABLET	100MG	\$0.09530	12-01-2000
DOXYCYCLINE MONOHYDRATE	CAPSULE	100MG	\$1.45000	02-11-2008
DOXYCYCLINE MONOHYDRATE	CAPSULE	50MG	\$1.10000	04-15-2003
DR. SMITH'S DIAPER	OINT.(GM)		\$0.02100	04-01-2007
DRAMAMINE	TABLET	50MG	\$0.02000	10-01-1988
DRAMAMINE II	TABLET	25MG	\$0.08000	11-15-2008
DRAMAMINE LESS DROWSY	TABLET	25MG	\$0.08000	11-15-2008

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Report ID: 10516 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DREXOPHED	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
DRIHIST SR	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007
DRIHIST SR	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
DRIMINATE	TABLET	50MG	\$0.02000	10-01-1988
DRIXORAL	TAB.SR 12H	120-6MG	\$0.25000	06-01-2009
DRONABINOL	CAPSULE	10MG	\$10.80000	01-10-2009
DRONABINOL	CAPSULE	2.5MG	\$4.80000	01-10-2009
DRONABINOL	CAPSULE	5MG	\$5.76000	01-10-2009
DROTUSS-CP	LIQUID	5-5-2MG/5	\$0.07000	11-01-2007
DRY SKIN BATH OIL	OIL		\$0.04275	04-23-2009
DRY SKIN CARE	LOTION		\$0.01000	04-01-2007
DRY SKIN CREAM	CREAM(GM)		\$0.01800	04-01-2007
DRY SKIN LOTION	LOTION		\$0.01000	04-01-2007
DSS	CAPSULE	100MG	\$0.02200	09-01-1997
DSS	CAPSULE	250MG	\$0.03800	01-06-1995
DUALVIT OB	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
DUCODYL	TABLET DR	5MG	\$0.01700	10-01-1988
DUET DHA EC	CMBPKGDRCP	29-1-430MG	\$0.04250	10-01-2007
DUET DHA EC STUARTNATAL	CMBPKGDRCP	29-1-400MG	\$0.04250	08-19-2009
DUET DHA STUARTNATAL	COMBO. PKG	29-1-400MG	\$0.04250	08-19-2009
DUET DHA WITH FERRAZONE	CMBPKGDRCP	30-1-440MG	\$0.04250	08-19-2009
DUET STUARTNATAL	TABLET	29MG-1MG	\$0.08500	04-01-2004

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**Services Corporation** 

Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
DUET STUARTNATAL	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
DULCOLAX	SUPP.RECT	10MG	\$0.16000	03-30-1999
DULCOLAX	TABLET DR	5MG	\$0.01700	10-01-1988
DULCOLAX STOOL SOFTENER	CAPSULE	100MG	\$0.02200	09-01-1997
DUONEB	AMPUL-NEB	0.5-2.5/3	\$0.36670	07-01-2002
DUOVIT DHA	CAPSULE	30-1-310.1	\$0.08500	04-01-2004
DURADRYL	SOLUTION	10-2-1.25	\$0.32000	11-01-2007
DURADRYL	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
DURADRYL SR	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007
DURADRYL SR	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
DURAGESIC	PATCH TD72	100MCG/HR	\$31.73000	08-10-2007
DURAGESIC	PATCH TD72	12MCG/HR	\$12.48000	08-10-2007
DURAGESIC	PATCH TD72	25MCG/HR	\$8.60500	08-10-2007
DURAGESIC	PATCH TD72	50MCG/HR	\$15.57500	08-10-2007
DURAGESIC	PATCH TD72	75MCG/HR	\$23.98000	08-10-2007
DURAHIST PE	TAB.SR 12H	20-8-1.25	\$0.54000	11-01-2007
DURAVENT CHEWABLE	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
DYAZIDE	CAPSULE	37.5-25MG	\$0.11000	01-01-2005
DYNACIN	TABLET	100MG	\$0.64000	04-15-2006
DYNACIN	TABLET	50MG	\$0.44000	04-15-2006
DYNACIN	TABLET	75MG	\$0.54000	03-01-2007
DYTUSS	SYRUP	12.5MG/5ML	\$0.00800	01-15-2001

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
E.E.S. 200	SUSP RECON	200MG/5ML	\$0.06000	01-01-2005
E.E.S. 200	ORAL SUSP	200MG/5ML	\$0.03400	12-01-2000
E.E.S. 400	ORAL SUSP	400MG/5ML	\$0.04610	12-01-2000
E.E.S. 400	TABLET	400MG	\$0.14000	12-01-2004
EAR DROPS	DROPS	6.5%	\$0.15000	01-01-2004
EAR SYSTEM	DROPS	6.5%	\$0.15000	01-01-2004
EAR WAX DROPS	DROPS	6.5%	\$0.15000	01-01-2004
EAR WAX REMOVAL	DROPS	6.5%	\$0.15000	01-01-2004
EAR WAX REMOVER	DROPS	6.5%	\$0.15000	01-01-2004
EARWAX	DROPS	6.5%	\$0.15000	01-01-2004
EASY-LAX	CAPSULE	100MG	\$0.02200	09-01-1997
EASY-LAX PLUS	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
EC ASPIRIN	TABLET DR	325MG	\$0.03000	09-01-1990
EC-NAPROSYN	TABLET DR	375MG	\$0.25000	01-01-2005
EC-NAPROSYN	TABLET DR	500MG	\$0.30000	01-01-2005
ECONAZOLE NITRATE	CREAM(GM)	1%	\$0.48000	04-01-2005
ECONOPRED PLUS	DROPS SUSP	1%	\$1.21000	06-15-2004
ECOTRIN	TABLET DR	325MG	\$0.03000	09-01-1990
ECOTRIN	TABLET DR	500MG	\$0.03000	09-01-1990
ECOTRIN	TABLET DR	81MG	\$0.03000	01-01-2004
ECPIRIN	TABLET DR	325MG	\$0.03000	09-01-1990
ED A-HIST	TABLET SA	20-8MG	\$0.50000	06-01-2009

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ED CYTE F	TABLET	106-50-1MG	\$0.08500	04-01-2004
ED-APAP	LIQUID	160MG/5ML	\$0.01300	09-09-1991
ED-IN-SOL	DROPS	15MG/0.6ML	\$0.07000	09-01-1990
ED-TLC	SYRUP	5-1.67-2/5	\$0.02400	12-29-1999
EDGE OB	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
EFFER-K	TABLET EFF	25MEQ	\$0.19830	01-01-2002
EFFEXOR	TABLET	100MG	\$1.35000	04-20-2009
EFFEXOR	TABLET	25MG	\$1.10000	04-20-2009
EFFEXOR	TABLET	37.5MG	\$1.20000	04-20-2009
EFFEXOR	TABLET	50MG	\$1.20000	04-20-2009
EFFEXOR	TABLET	75MG	\$1.30000	04-20-2009
EFUDEX	SOLUTION	2%	\$6.36000	04-20-2009
EFUDEX	SOLUTION	5%	\$10.36000	04-20-2009
ELDEPRYL	CAPSULE	5MG	\$0.55000	01-01-2005
ELEMENTAL CALCIUM	TABLET	600MG	\$0.05000	04-01-2004
ELETONE	CREAM(GM)		\$0.01800	04-01-2007
ELIMITE	CREAM(GM)	5%	\$0.12500	08-25-2009
ELITE OB	CAPSULE	28-1.25MG	\$0.08500	04-01-2004
ELITE OB DHA	CAPSULE	28-1.25MG	\$0.08500	04-01-2004
ELITE-OB	TABLET	50-1.25MG	\$0.08500	04-01-2004
ELIXIR	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
ELOCON	CREAM(GM)	0.1%	\$0.50000	06-18-2009

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ELOCON	OINT.(GM)	0.1%	\$0.93000	12-10-2008
EMGEL	GEL (GM)	2%	\$0.33000	06-15-2004
ENALAPRIL MALEATE	TABLET	10MG	\$0.07000	11-15-2008
ENALAPRIL MALEATE	TABLET	2.5MG	\$0.06000	11-15-2008
ENALAPRIL MALEATE	TABLET	20MG	\$0.09000	11-15-2008
ENALAPRIL MALEATE	TABLET	5MG	\$0.05000	11-15-2008
ENALAPRIL MALEATE-HCTZ	TABLET	10MG-25MG	\$0.28000	08-01-2002
ENALAPRIL MALEATE-HCTZ	TABLET	5-12.5MG	\$0.24000	01-01-2005
ENALAPRIL MALEATE-HCTZ	TABLET	5MG-12.5MG	\$0.24000	01-01-2005
ENDOCET	TABLET	10MG-325MG	\$0.52000	06-09-2007
ENDOCET	TABLET	10MG-650MG	\$0.22000	01-01-2002
ENDOCET	TABLET	5MG-325MG	\$0.10000	01-01-2005
ENDOCET	TABLET	7.5-325MG	\$0.61000	06-09-2007
ENDODAN	TABLET	4.8355-325	\$0.46000	05-26-2006
ENDUR-ACIN	TABLET SA	250MG	\$0.03600	02-08-1993
ENDUR-ACIN	TABLET SA	500MG	\$0.03600	02-08-1993
ENFALYTE	SOLUTION		\$0.00250	01-01-2002
ENLIVE	LIQUID		\$0.04000	11-30-1999
ENLIVE	LIQUID	0.375-1.04	\$0.04000	11-30-1999
ENTERIC ASPIRIN	TABLET DR	81MG	\$0.03000	01-01-2004
ENTSOL	GEL (GM)		\$0.03000	12-01-2008
ENULOSE	SOLUTION	10G/15ML	\$0.01200	06-18-2009

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Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ENVISION	STRIP		\$0.04000	10-01-1988
EPA	CAPSULE	500MG	\$0.10000	04-23-2009
EPA-DHA 720	CAPSULE	290-430MG	\$0.10000	04-23-2009
EPIDRIN	CAPSULE	65-325-100	\$0.12000	01-01-2000
EPITOL	TABLET	200MG	\$0.10000	03-01-2005
EQUALACTIN	TAB CHEW	500MG	\$0.09500	01-08-1996
EQUALIZER GAS RELIEF	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
ERGOLOID MESYLATES	TABLET	1MG	\$0.61800	12-01-2000
ERITROGEN	TABLET	120-1MG	\$0.03000	04-01-2001
ERY-TAB	TABLET DR	250MG	\$0.12000	12-01-2000
ERY-TAB	TABLET DR	333MG	\$0.28500	11-24-1999
ERY-TAB	TABLET DR	500MG	\$0.21000	12-09-1999
ERYDERM	SOLUTION	2%	\$0.07000	05-20-2009
ERYGEL	GEL (GM)	2%	\$0.33000	06-15-2004
ERYPED 200	SUSP RECON	200MG/5ML	\$0.06000	01-01-2005
ERYTHROCIN STEARATE	TABLET	250MG	\$0.10000	01-01-2005
ERYTHROCIN STEARATE	TABLET	500MG	\$0.17000	01-01-2005
ERYTHROMYCIN	CAPSULE DR	250MG	\$0.14000	12-01-2000
ERYTHROMYCIN	GEL (GM)	2%	\$0.33000	06-15-2004
ERYTHROMYCIN	OINT.(GM)	5MG/G	\$0.38000	08-25-2004
ERYTHROMYCIN	SOLUTION	2%	\$0.07000	05-20-2009
ERYTHROMYCIN	TABLET	250MG	\$0.06500	02-08-1993

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ERYTHROMYCIN	TABLET	500MG	\$0.16900	02-08-1993
ERYTHROMYCIN ETHYLSUCCINATE	ORAL SUSP	200MG/5ML	\$0.03400	12-01-2000
ERYTHROMYCIN ETHYLSUCCINATE	ORAL SUSP	400MG/5ML	\$0.04610	12-01-2000
ERYTHROMYCIN ETHYLSUCCINATE	TABLET	400MG	\$0.14000	12-01-2004
ERYTHROMYCIN-SULFISOXAZOLE	SUSP RECON	200-600/5	\$0.11500	01-01-2007
ESGIC	TABLET	50-325-40	\$0.13500	06-01-2002
ESGIC-PLUS	TABLET	50-500-40	\$0.32000	05-15-2003
ESKALITH	CAPSULE	300MG	\$0.07000	02-12-2008
ESSENTIAL BALANCE	TABLET		\$0.04000	02-08-1993
ESSENTIAL ONE DAILY	TABLET		\$0.04000	02-08-1993
ESSENTIAL WOMAN	TABLET	0.4-18-250	\$0.03500	08-02-2002
ESTAZOLAM	TABLET	1MG	\$0.33000	01-01-2005
ESTAZOLAM	TABLET	2MG	\$0.38000	01-01-2005
ESTRACE	TABLET	0.5MG	\$0.06000	09-15-2003
ESTRACE	TABLET	1MG	\$0.06000	09-15-2003
ESTRACE	TABLET	2MG	\$0.07000	09-15-2003
ESTRADIOL	TABLET	0.5MG	\$0.06000	09-15-2003
ESTRADIOL	TABLET	1MG	\$0.06000	09-15-2003
ESTRADIOL	TABLET	2MG	\$0.07000	09-15-2003
ESTROPIPATE	TABLET	0.75MG	\$0.15000	01-01-2005
ESTROPIPATE	TABLET	1.5MG	\$0.15000	06-18-2009
ESTROPIPATE	TABLET	3MG	\$0.25000	01-01-2005

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### Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ETH-OXYDOSE	ORAL CONC	20MG/ML	\$0.75000	01-01-2005
ETH-OXYDOSE	ORAL CONC	20MG/ML(1)	\$0.75000	01-01-2005
ETHEDENT	TAB CHEW	0.25(0.55)	\$0.05000	04-01-2009
ETHEDENT	TAB CHEW	0.25MG	\$0.05000	04-01-2009
ETHEDENT	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
ETHEDENT	TAB CHEW	0.5MG	\$0.05000	04-01-2009
ETHEDENT	TAB CHEW	1MG	\$0.05000	04-01-2009
ETHEDENT	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
ETHEXDERM	CLEANSER	10%	\$0.12500	02-11-2008
ETHEXDERM	CLEANSER	5%	\$0.14000	01-01-2005
ETHEXDERM	CLEANSER	5%	\$0.14000	01-01-2005
ETHEXDERM	LIQUID	10%	\$0.12500	02-11-2008
ETHEXDERM	LIQUID	5%	\$0.14000	01-01-2005
ETHEXDERM	LIQUID	5%	\$0.14000	01-01-2005
ETODOLAC	CAPSULE	200MG	\$0.30000	06-01-2003
ETODOLAC	CAPSULE	300MG	\$0.20000	06-18-2009
ETODOLAC	TABLET	400MG	\$0.20000	06-18-2009
ETODOLAC	TABLET	500MG	\$0.30000	07-17-2009
ETODOLAC	TAB.SR 24H	400MG	\$0.75000	07-17-2009
ETODOLAC	TAB.SR 24H	500MG	\$0.90000	07-17-2009
ETODOLAC	TAB.SR 24H	600MG	\$1.70000	07-17-2009
ETOPOSIDE	CAPSULE	50MG	\$42.39750	12-08-2007

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
EUCERIN	CREAM(GM)		\$0.01800	04-01-2007
EVOCLIN	FOAM	1%	\$0.37500	02-01-2009
EVOLUTION TEST STRIPS	STRIP		\$0.04000	10-01-1988
EX-LAX	TAB CHEW	15MG	\$0.03100	08-10-2000
EX-LAX MILK OF MAGNESIA	ORAL SUSP	400MG/5ML	\$0.00500	07-10-1995
EXCEDRIN	TABLET	250-250-65	\$0.03000	10-01-1995
EXCEDRIN ASPIRIN FREE	TABLET	500MG-65MG	\$0.03500	10-01-1995
EXCEDRIN EXTRA STRENGTH	TABLET	250-250-65	\$0.03000	10-01-1995
EXCEDRIN MENSTRUAL COMPLETE	TABLET	250-250-65	\$0.03000	10-01-1995
EXCEDRIN MIGRAINE	TABLET	250-250-65	\$0.03000	10-01-1995
EXCEDRIN PM	TABLET	500MG-38MG	\$0.03000	01-01-2002
EXCEDRIN TENSION HEADACHE	TABLET	500MG-65MG	\$0.03500	10-01-1995
EXPECTORANT	LIQUID	100MG/5ML	\$0.01450	01-01-2003
EXPECTORANT	SYRUP	100MG/5ML	\$0.01450	01-01-2003
EXPECTORANT	TABLET	200MG	\$0.08000	05-27-1999
EXPECTORANT COUGH SYRUP	LIQUID	100MG/5ML	\$0.01450	01-01-2003
EXPECTORANT COUGH SYRUP	SYRUP	100MG/5ML	\$0.01450	01-01-2003
EXPECTORANT DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
EXT STR PAIN RELIEF SLEEP	TABLET	500MG-25MG	\$0.05000	04-01-2000
EXTENDED PAIN RELIEF	TABLET SA	650MG	\$0.05000	07-30-1999
EXTENDRYL	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
EXTENDRYL SR	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007

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### Run Date: 10/01/2009 Nebraska Medicaid Program

Drug Name	Dosage Form	Strength	Price	Effective Date
EXTENDRYL SR	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
EXTRAPRIN	TABLET	250-250-65	\$0.03000	10-01-1995
EYE HEALTH	TABLET		\$0.04000	10-19-1999
EYE ITCH	DROPS	0.025%	\$2.16982	01-25-2007
EYE ITCH RELIEF	DROPS	0.025%	\$2.16982	01-25-2007
EYE LUBRICANT	OINT.(GM)		\$0.90000	01-01-2005
EYE WASH	IRRIG SOLN		\$0.00278	06-15-2004
EZFE 200	CAPSULE	200MG	\$0.06500	03-20-2009
FA-CYANOCOBALAMINE-PYRIDOXINE	TABLET	0.5-2.2-25	\$0.08500	01-22-2001
FABB	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
FAMOTIDINE	VIAL	10MG/ML	\$0.50000	11-01-2001
FAMOTIDINE	VIAL	20MG/2ML	\$0.50000	11-01-2001
FAMOTIDINE	TABLET	10MG	\$0.15000	01-01-2005
FAMOTIDINE	TABLET	20MG	\$0.10000	08-01-2002
FAMOTIDINE	TABLET	40MG	\$0.15000	06-18-2009
FARBEE W-C	TABLET		\$0.03500	04-23-2009
FARBITAL	CAPSULE	50-325-40	\$0.54000	01-01-2005
FAST DISSOLVE ANTACID	TAB CHEW	600MG	\$0.03000	04-06-2000
FAZACLO	TAB RAPDIS	100MG	\$1.56000	01-01-2005
FAZACLO	TAB RAPDIS	25MG	\$0.64000	01-01-2005
FE C	TABLET	100-250-1	\$0.08500	04-01-2004
FEIBA VH IMMUNO	VIAL	1750-3250	\$1.18000	06-01-2006

SMAC Listing - for the month ending 09/30/2009

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FEIBA VH IMMUNO	VIAL	400-650 U	\$1.18000	06-01-2006
FEIBA VH IMMUNO	VIAL	651-1200 U	\$1.18000	06-01-2006
FELDENE	CAPSULE	10MG	\$0.08910	01-01-2002
FELDENE	CAPSULE	20MG	\$0.10000	01-01-2005
FELODIPINE ER	TAB.SR 24H	10MG	\$1.80000	11-15-2008
FELODIPINE ER	TAB.SR 24H	2.5MG	\$1.00000	06-18-2009
FELODIPINE ER	TAB.SR 24H	5MG	\$1.00000	06-18-2009
FEMCARE	CREAM/APPL	1%	\$0.11000	01-01-2005
FEMCARE	TABLET	100MG	\$0.68000	01-01-2005
FEMTABS	TABLET	1MG	\$0.08500	04-01-1993
FENOFIBRATE	CAPSULE	134MG	\$1.76000	08-01-2009
FENOFIBRATE	CAPSULE	200MG	\$2.00000	08-01-2009
FENOFIBRATE	CAPSULE	67MG	\$0.60000	08-01-2009
FENOFIBRATE	TABLET	160MG	\$1.76000	08-01-2009
FENOFIBRATE	TABLET	54MG	\$0.60000	08-01-2009
FENOPROFEN CALCIUM	TABLET	600MG	\$0.45000	01-01-2007
FENTANYL	PATCH TD72	100MCG/HR	\$31.73000	08-10-2007
FENTANYL	PATCH TD72	12MCG/HR	\$12.48000	08-10-2007
FENTANYL	PATCH TD72	25MCG/HR	\$8.60500	08-10-2007
FENTANYL	PATCH TD72	50MCG/HR	\$15.57500	08-10-2007
FENTANYL	PATCH TD72	75MCG/HR	\$23.98000	08-10-2007
FENTANYL CITRATE	LOZENGE HD	1200MCG	\$30.85000	08-11-2007

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Run Date: 10/01/2009

**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FENTANYL CITRATE	LOZENGE HD	1600MCG	\$37.55000	08-11-2007
FENTANYL CITRATE	LOZENGE HD	200MCG	\$13.25000	08-11-2007
FENTANYL CITRATE	LOZENGE HD	400MCG	\$16.36000	08-11-2007
FENTANYL CITRATE	LOZENGE HD	600MCG	\$19.90000	08-11-2007
FENTANYL CITRATE	LOZENGE HD	800MCG	\$23.68000	08-11-2007
FENTORA	TABLET EFF	100MCG	\$11.70000	06-10-2009
FENTORA	TABLET EFF	200MCG	\$13.25000	08-11-2007
FENTORA	TABLET EFF	300MCG	\$14.80000	06-10-2009
FENTORA	TABLET EFF	400MCG	\$16.36000	08-11-2007
FENTORA	TABLET EFF	600MCG	\$19.90000	06-10-2009
FENTORA	TABLET EFF	800MCG	\$23.68000	06-10-2009
FEOSOL	TABLET	325(65)MG	\$0.04275	04-23-2009
FER-GEN-SOL	DROPS	15MG/0.6ML	\$0.07000	09-01-1990
FER-IN-SOL	DROPS	15MG/0.6ML	\$0.07000	09-01-1990
FER-IN-SOL	DROPS	15MG/ML	\$0.07000	09-01-1990
FER-IRON	DROPS	15MG/0.6ML	\$0.07000	09-01-1990
FERATAB	TABLET	300(60)MG	\$0.02000	02-08-1993
FERATE	TABLET	240(27)MG	\$0.02000	03-19-2001
FERGON	TABLET	240(27)MG	\$0.02000	03-19-2001
FERO-FOLIC-500	TABLET SA	105-5008	\$0.04800	02-08-1993
FEROCON	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
FEROSUL	TABLET	325(65)MG	\$0.04275	04-23-2009

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FEROTRIN	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
FEROTRINSIC	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
FERRETTS	TABLET	324(106)MG	\$0.02000	02-08-1993
FERRETTS	TABLET	324MG	\$0.02000	02-08-1993
FERRETTS	TABLET	325(106)MG	\$0.02000	02-08-1993
FERREX 150	CAPSULE	150MG	\$0.04275	04-23-2009
FERREX 150 FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997
FERRO-DSS	TABLET SA	150-100MG	\$0.05000	02-08-1993
FERRO-PLEX HEMATINIC	TABLET	115-1MG	\$0.04800	02-08-1993
FERRO-SEL	CAPSULE SA	150-100MG	\$0.05000	09-01-1990
FERROCITE	TABLET	324(106)MG	\$0.02000	02-08-1993
FERROCITE	TABLET	324MG	\$0.02000	02-08-1993
FERROGELS FORTE	CAPSULE	460-60MG	\$0.06500	01-01-1997
FERRONATE	TABLET	325MG	\$0.02000	02-08-1993
FERROUS FUMARATE	TABLET	324(106)MG	\$0.02000	02-08-1993
FERROUS FUMARATE	TABLET	324MG	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	225(27)MG	\$0.02000	03-19-2001
FERROUS GLUCONATE	TABLET	240(27)MG	\$0.02000	03-19-2001
FERROUS GLUCONATE	TABLET	246(27)MG	\$0.02000	03-19-2001
FERROUS GLUCONATE	TABLET	300(35)MG	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	324(36)MG	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	324(38)MG	\$0.02000	02-08-1993

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**Services Corporation** 

Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FERROUS GLUCONATE	TABLET	325(27)MG	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	325(36)MG	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	325(37.5)	\$0.02000	02-08-1993
FERROUS GLUCONATE	TABLET	325MG	\$0.02000	02-08-1993
FERROUS SULFATE	CAPSULE SA	250MG	\$0.03000	02-08-1993
FERROUS SULFATE	SOLUTION	220(44)/5	\$0.00700	02-08-1993
FERROUS SULFATE	LIQUID	300MG/5ML	\$0.00700	02-08-1993
FERROUS SULFATE	DROPS	15MG/0.6ML	\$0.07000	09-01-1990
FERROUS SULFATE	TABLET	28MG(ELEM)	\$0.02000	02-08-1993
FERROUS SULFATE	TABLET	325(65)MG	\$0.04275	04-23-2009
FERROUS SULFATE	TABLET DR	324(65)MG	\$0.04275	07-16-1999
FERROUS SULFATE	TABLET DR	325(65)MG	\$0.04275	07-16-1999
FERROUS SULFATE	TABLET SA	160MG	\$0.04275	04-23-2009
FERROUSUL	TABLET	325(65)MG	\$0.04275	04-23-2009
FERUS	CAPSULE	150MG	\$0.04275	04-23-2009
FETRIN	CAPSULE SA	200-60-5	\$0.04800	01-21-1997
FEVERALL	SUPP.RECT	120MG	\$0.19000	01-01-2004
FEXOFENADINE HCL	TABLET	180MG	\$1.30000	06-18-2009
FEXOFENADINE HCL	TABLET	30MG	\$0.39000	11-01-2008
FEXOFENADINE HCL	TABLET	60MG	\$0.85000	06-18-2009
FIBER	POWDER		\$0.02100	07-01-2006
FIBER	TABLET	625MG	\$0.07000	06-01-2002

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Run Date: 10/01/2009

**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FIBER LAX	TABLET	625MG	\$0.07000	06-01-2002
FIBER LAXATIVE	POWDER		\$0.02000	12-01-2008
FIBER LAXATIVE	TABLET	500MG	\$0.09500	01-08-1996
FIBER LAXATIVE	TABLET	625MG	\$0.07000	06-01-2002
FIBER SMOOTH	POWDER		\$0.00900	02-08-1993
FIBER SUPPLEMENT	POWDER		\$0.02100	07-01-2006
FIBER TABS	TABLET	625MG	\$0.07000	06-01-2002
FIBER THERAPY	POWDER		\$0.02000	12-01-2008
FIBER THERAPY	TABLET	500MG	\$0.09500	01-08-1996
FIBER-LAX	TABLET	625MG	\$0.07000	06-01-2002
FIBERCON	TABLET	625MG	\$0.07000	06-01-2002
FIBERGEN	TABLET	625MG	\$0.07000	06-01-2002
FIBERTAB	TABLET	625MG	\$0.07000	06-01-2002
FINASTERIDE	TABLET	5MG	\$1.60000	04-15-2008
FIORICET	TABLET	50-325-40	\$0.13500	06-01-2002
FIORICET WITH CODEINE	CAPSULE	30-50-325	\$1.20000	01-01-2002
FIORINAL	CAPSULE	50-325-40	\$0.54000	01-01-2005
FIRST AID OINTMENT	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
FISH OIL	CAPSULE	1000-300MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	1000-340MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	1000MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	120-180MG	\$0.04000	02-01-2008

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FISH OIL	CAPSULE	1200-360MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	1200-396MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	300-1000MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	300-500MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	300MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	340-1000MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	360-1200MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	396-1200MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	435-880MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	500-300MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	500MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE	880-435MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	1000-300MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	1200-360MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	300-1000MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	360-1200MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	435-880MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	500MG	\$0.10000	04-23-2009
FISH OIL	CAPSULE DR	880-435MG	\$0.10000	04-23-2009
FISH OIL CONCENTRATE	CAPSULE		\$0.10000	04-23-2009
FISH OIL CONCENTRATE	CAPSULE	1000MG	\$0.10000	04-23-2009
FISH OIL HIGH POTENCY	CAPSULE	200-300MG	\$0.10000	04-23-2009

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Run Date: 10/01/2009

**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FISH OIL OMEGA-3	CAPSULE	1000-300MG	\$0.10000	04-23-2009
FISH OIL OMEGA-3	CAPSULE	1200-360MG	\$0.10000	04-23-2009
FISH OIL OMEGA-3	CAPSULE	300-1000MG	\$0.10000	04-23-2009
FISH OIL OMEGA-3	CAPSULE	360-1200MG	\$0.10000	04-23-2009
FLAGYL	CAPSULE	375MG	\$3.75000	08-19-2009
FLAGYL	TABLET	250MG	\$0.07000	03-01-2003
FLAGYL	TABLET	500MG	\$0.10000	06-18-2009
FLATULEX	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
FLECAINIDE ACETATE	TABLET	100MG	\$0.84000	01-01-2005
FLECAINIDE ACETATE	TABLET	150MG	\$1.25000	01-01-2005
FLECAINIDE ACETATE	TABLET	50MG	\$0.55000	01-01-2005
FLEET BISACODYL	SUPP.RECT	10MG	\$0.16000	03-30-1999
FLEET BISACODYL	TABLET DR	5MG	\$0.01700	10-01-1988
FLEXERIL	TABLET	10MG	\$0.14000	01-01-2005
FLEXERIL	TABLET	5MG	\$0.24500	12-10-2008
FLINTSTONES	TAB CHEW		\$0.04000	06-20-2009
FLINTSTONES COMPLETE	TAB CHEW		\$0.04000	07-10-1995
FLINTSTONES WITH EXTRA C	TAB CHEW		\$0.04000	06-20-2009
FLINTSTONES WITH IRON	TAB CHEW		\$0.04000	09-01-2003
FLONASE	SPRAY SUSP	50MCG	\$0.52500	01-10-2009
FLOXIN	DROPS	0.3%	\$3.15000	03-20-2009
FLU,COLD & COUGH EX-STRENGTH	PACKET		\$0.25000	01-01-2002

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Report ID: 105160
Services Corporation
Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FLUCONAZOLE	SUSP RECON	10MG/ML	\$0.55000	01-01-2005
FLUCONAZOLE	SUSP RECON	40MG/ML	\$1.80000	01-01-2005
FLUCONAZOLE	TABLET	100MG	\$0.25000	06-18-2009
FLUCONAZOLE	TABLET	150MG	\$0.35000	06-18-2009
FLUCONAZOLE	TABLET	200MG	\$0.40000	06-18-2009
FLUCONAZOLE	TABLET	50MG	\$0.22000	08-25-2004
FLUMADINE	TABLET	100MG	\$1.41000	01-01-2005
FLUOCINOLONE ACETONIDE	CREAM(GM)	0.01%	\$0.06000	06-15-2004
FLUOCINOLONE ACETONIDE	CREAM(GM)	0.025%	\$0.07000	06-15-2004
FLUOCINOLONE ACETONIDE	OINT.(GM)	0.025%	\$0.07000	06-15-2004
FLUOCINOLONE ACETONIDE	SOLUTION	0.01%	\$0.11700	12-01-2000
FLUOCINONIDE	GEL (GM)	0.05%	\$0.45000	12-01-2004
FLUOCINONIDE	CREAM(GM)	0.05%	\$0.12000	06-15-2004
FLUOCINONIDE	OINT.(GM)	0.05%	\$0.30000	06-18-2009
FLUOCINONIDE	SOLUTION	0.05%	\$0.20000	06-18-2009
FLUOCINONIDE EMOLLIENT	CREAM(GM)	0.05%	\$0.24000	01-01-2005
FLUOCINONIDE-E	CREAM(GM)	0.05%	\$0.24000	01-01-2005
FLUOCINONIDE-EMOL 0.05% CREAM	CREAM(GM)	0.05%	\$0.24000	01-01-2005
FLUOR-A-DAY	TAB CHEW	0.25(0.55)	\$0.05000	04-01-2009
FLUOR-A-DAY	TAB CHEW	0.25MG	\$0.05000	04-01-2009
FLUOR-A-DAY	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
FLUOR-A-DAY	TAB CHEW	0.5MG	\$0.05000	04-01-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FLUOR-A-DAY	TAB CHEW	1MG	\$0.05000	04-01-2009
FLUOR-A-DAY	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
FLUORABON	TAB CHEW	1MG	\$0.05000	04-01-2009
FLUORABON	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
FLUORIDE LOZ	LOZENGE	1MG	\$0.05000	03-01-2009
FLUORITAB	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
FLUORITAB	TAB CHEW	0.5MG	\$0.05000	04-01-2009
FLUORITAB	TAB CHEW	1MG	\$0.05000	04-01-2009
FLUORITAB	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
FLUOROMETHOLONE	DROPS SUSP	0.1%	\$1.02000	06-15-2004
FLUOROURACIL	SOLUTION	2%	\$6.36000	04-20-2009
FLUOROURACIL	SOLUTION	5%	\$10.36000	04-20-2009
FLUOXETINE	CAPSULE	10MG	\$0.07500	06-18-2009
FLUOXETINE HCL	CAPSULE	10MG	\$0.07500	06-18-2009
FLUOXETINE HCL	CAPSULE	20MG	\$0.06000	06-18-2009
FLUOXETINE HCL	CAPSULE	40MG	\$0.16000	01-01-2009
FLUOXETINE HCL	SOLUTION	20MG/5ML	\$0.08000	06-18-2009
FLUOXETINE HCL	TABLET	10MG	\$0.05000	07-01-2009
FLUOXETINE HCL	TABLET	20MG	\$0.08000	12-01-2004
FLUPHENAZINE DECANOATE	VIAL	25MG/ML	\$10.16600	07-01-2009
FLUPHENAZINE HCL	ORAL CONC	5MG/ML	\$0.85000	01-01-2005
FLUPHENAZINE HCL	TABLET	10MG	\$0.19000	01-01-2005

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Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FLUPHENAZINE HCL	TABLET	1MG	\$0.10000	06-18-2009
FLUPHENAZINE HCL	TABLET	2.5MG	\$0.12500	06-18-2009
FLUPHENAZINE HCL	TABLET	5MG	\$0.15000	06-18-2009
FLURA	LOZENGE	1MG	\$0.05000	03-01-2009
FLURA-TAB	TABLET	1MG	\$0.05000	03-01-2009
FLURA-TAB	TABLET	1MG(2.2MG)	\$0.05000	03-01-2009
FLURAZEPAM HCL	CAPSULE	15MG	\$0.06560	12-01-2000
FLURAZEPAM HCL	CAPSULE	30MG	\$0.08300	12-01-2000
FLURBIPROFEN	TABLET	100MG	\$0.20000	12-01-2000
FLURBIPROFEN	TABLET	50MG	\$0.15000	12-01-2000
FLURBIPROFEN SODIUM	DROPS	0.03%	\$3.30000	01-01-2002
FLUTAMIDE	CAPSULE	125MG	\$0.95000	01-01-2005
FLUTICASONE PROPIONATE	SPRAY SUSP	50MCG	\$0.52500	01-10-2009
FLUTICASONE PROPIONATE	CREAM(GM)	0.05%	\$0.40000	01-10-2009
FLUTICASONE PROPIONATE	OINT.(GM)	0.005%	\$0.40000	01-10-2009
FLUVOXAMINE MALEATE	TABLET	100MG	\$0.40000	06-18-2009
FLUVOXAMINE MALEATE	TABLET	25MG	\$0.37000	06-18-2009
FLUVOXAMINE MALEATE	TABLET	50MG	\$0.37000	06-18-2009
FML	DROPS SUSP	0.1%	\$1.02000	06-15-2004
FOAMING ANTACID	ORAL SUSP		\$0.01080	01-01-2002
FOAMING ANTACID	ORAL SUSP	358-95/15	\$0.01080	01-01-2002
FOLBECAL	TBMP 24HR	1MG	\$0.08500	04-01-2004

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Report ID: 10516
Services Corporation
Run Date: 10/01/2009

### Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FOLBECAL	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
FOLBEE	TABLET	1-2.5-25MG	\$0.08500	07-01-2000
FOLBEE PLUS	TABLET	5MG	\$0.12000	08-19-2009
FOLCAPS	TABLET	0.5-2.2-25	\$0.08500	01-22-2001
FOLEVE	TABLET	0.5-2.2-25	\$0.08500	01-22-2001
FOLEVE PLUS	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
FOLGARD RX	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
FOLIC ACID	VIAL	5MG/ML	\$0.98600	01-01-2002
FOLIC ACID	TABLET	0.4MG	\$0.04000	04-23-2009
FOLIC ACID	TABLET	0.8MG	\$0.06000	04-23-2009
FOLIC ACID	TABLET	1MG	\$0.08000	11-15-2008
FOLIC ACID-CYANCOBAL-PYRIDOXIN	TABLET	1-2.5-25MG	\$0.08500	07-01-2000
FOLINATAL PLUS B	TBMP 24HR	1MG	\$0.08500	04-01-2004
FOLINATAL PLUS B	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
FOLITAB 500	TABLET SA	105-5008	\$0.04800	02-08-1993
FOLNATE	TABLET	1-2.5-25MG	\$0.08500	07-01-2000
FOLPLEX	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
FOLPLEX 2.2	TABLET	0.5-2.2-25	\$0.08500	01-22-2001
FOLTABS	TABLET	27-1-50MG	\$0.08500	04-01-2004
FOLTABS 90 PLUS DHA	COMBO. PKG	90-1-250MG	\$0.04250	08-19-2009
FOLTRIN	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
FORA D10	STRIP		\$0.04000	10-01-1988

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Report ID: 105160 Run Date: 10/01/2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FORA D15C	STRIP		\$0.04000	10-01-1988
FORA D15Z	STRIP		\$0.04000	10-01-1988
FORA V10	STRIP		\$0.04000	10-01-1988
FORA V12	STRIP		\$0.04000	10-01-1988
FORMULA B PLUS	TABLET	27-0.8MG	\$0.04800	02-08-1993
FORMULA E	CAPSULE	400 UNIT	\$0.03500	09-01-1990
FORMULA MULTIVIT & MINERAL	TABLET		\$0.04000	05-20-1996
FORMULA-B	TABLET	0.5MG	\$0.12000	08-19-2009
FOSAMAX	TABLET	10MG	\$0.40000	11-15-2008
FOSAMAX	TABLET	35MG	\$2.20000	11-15-2008
FOSAMAX	TABLET	40MG	\$4.12000	11-15-2008
FOSAMAX	TABLET	5MG	\$0.40000	11-15-2008
FOSAMAX	TABLET	70MG	\$2.20000	11-15-2008
FOSFREE	TABLET	175.5-14.5	\$0.04000	02-08-1993
FOSINOPRIL SODIUM	TABLET	10MG	\$0.25000	06-18-2009
FOSINOPRIL SODIUM	TABLET	20MG	\$0.25000	06-18-2009
FOSINOPRIL SODIUM	TABLET	40MG	\$0.25000	06-18-2009
FOSINOPRIL-HYDROCHLOROTHIAZIDE	TABLET	10-12.5MG	\$0.90000	06-18-2009
FOSINOPRIL-HYDROCHLOROTHIAZIDE	TABLET	20-12.5MG	\$0.90000	06-18-2009
FRUITY CHEWS	TAB CHEW		\$0.04000	06-20-2009
FRUITY CHEWS WITH IRON	TAB CHEW		\$0.04000	09-01-2003
FRUITY VITAMIN	TAB CHEW		\$0.04000	06-20-2009

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Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
FULL SPECTRUM B	TABLET	0.8MG	\$0.12000	08-19-2009
FUMATINIC	CAPSULE SA	200-1MG	\$0.04800	01-21-1997
FUNGI-GUARD	CREAM(GM)	1%	\$0.10000	01-03-2005
FUROSEMIDE	DISP SYRIN	10MG/ML	\$0.40000	01-01-2005
FUROSEMIDE	VIAL	10MG/ML	\$0.40000	01-01-2005
FUROSEMIDE	SOLUTION	10MG/ML	\$0.07000	06-15-2004
FUROSEMIDE	TABLET	20MG	\$0.03500	12-01-2000
FUROSEMIDE	TABLET	40MG	\$0.05990	09-01-2002
FUROSEMIDE	TABLET	80MG	\$0.07100	12-01-2000
FUZEON	KIT	90MG	\$1,795.00000	06-18-2003
G-FENESIN DM	TABLET	400MG-20MG	\$1.40000	12-10-2002
GABAPENTIN	CAPSULE	100MG	\$0.08000	06-20-2009
GABAPENTIN	CAPSULE	300MG	\$0.11000	06-20-2009
GABAPENTIN	CAPSULE	400MG	\$0.15500	06-20-2009
GABAPENTIN	TABLET	100MG	\$0.08400	11-01-2007
GABAPENTIN	TABLET	400MG	\$0.26400	11-01-2007
GABAPENTIN	TABLET	600MG	\$0.22000	06-20-2009
GABAPENTIN	TABLET	800MG	\$0.31000	06-20-2009
GANI-TUSS NR	LIQUID	100-10MG/5	\$0.06000	06-01-2009
GANI-TUSS-DM NR	LIQUID	100-10MG/5	\$0.01780	10-01-1995
GANIDIN NR	LIQUID	100MG/5ML	\$0.01451	10-01-1995
GAS FREE	CAPSULE	125MG	\$0.11000	10-24-2000

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Report ID: 105160 Run Date: 10/01/2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GAS RELIEF	CAPSULE	125MG	\$0.11000	10-24-2000
GAS RELIEF	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
GAS RELIEF	TAB CHEW	80MG	\$0.04500	02-08-1993
GAS RELIEF 80	TAB CHEW	80MG	\$0.04500	02-08-1993
GAS-X	CAPSULE	125MG	\$0.11000	10-24-2000
GAS-X	TAB CHEW	80MG	\$0.04500	02-08-1993
GASAID	CAPSULE	125MG	\$0.11000	10-24-2000
GAVISCON	ORAL SUSP	358-95/15	\$0.01080	01-01-2002
GAVISCON	TAB CHEW	500MG	\$0.03000	01-25-2000
GEMFIBROZIL	TABLET	600MG	\$0.15000	06-18-2009
GENAC	TABLET	60-2.5MG	\$0.03000	06-01-2009
GENACED	TABLET	250-250-65	\$0.03000	10-01-1995
GENACOTE	TABLET DR	325MG	\$0.03000	09-01-1990
GENAHIST	CAPSULE	25MG	\$0.02500	12-01-2000
GENAHIST	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
GENAHIST	TABLET	25MG	\$0.01690	07-05-1994
GENAPAP	DROPS	100MG/ML	\$0.10000	10-01-1988
GENAPAP	TABLET	325MG	\$0.02000	01-01-2002
GENAPAP	TABLET	500MG	\$0.03700	01-01-2002
GENAPAP	TAB CHEW	80MG	\$0.04500	06-01-1994
GENAPHED	TABLET	30MG	\$0.03370	01-06-1994
GENAPHED PLUS	TABLET	60MG-4MG	\$0.02750	06-01-2009

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Report ID: 105160 Run Date: 10/01/2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GENASOFT	CAPSULE	100MG	\$0.02200	09-01-1997
GENASYME	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
GENASYME	TAB CHEW	80MG	\$0.04500	02-08-1993
GENATON	ORAL SUSP		\$0.01080	01-01-2002
GENATON	ORAL SUSP	358-95/15	\$0.01080	01-01-2002
GENATUSS DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
GENEBS	TABLET	325MG	\$0.02000	01-01-2002
GENEBS	TABLET	500MG	\$0.03700	01-01-2002
GENERIX-T	TABLET		\$0.04000	02-08-1993
GENERLAC	SOLUTION	10G/15ML	\$0.01200	06-18-2009
GENFIBER	POWDER		\$0.02100	07-01-2006
GENGRAF	CAPSULE	100MG	\$4.10000	03-01-2005
GENGRAF	CAPSULE	25MG	\$1.10000	05-01-2002
GENGRAF	SOLUTION	100MG/ML	\$5.05000	05-01-2002
GENOTROPIN	DISP SYRIN	0.2MG/0.25	\$6.60000	11-01-1999
GENOTROPIN	DISP SYRIN	0.4MG/0.25	\$13.20000	11-01-1999
GENOTROPIN	DISP SYRIN	0.6MG/0.25	\$19.80000	11-01-1999
GENOTROPIN	DISP SYRIN	0.8MG/0.25	\$26.40000	11-01-1999
GENOTROPIN	DISP SYRIN	1.2MG/0.25	\$39.60000	05-01-2000
GENOTROPIN	DISP SYRIN	1.6MG/0.25	\$52.80000	05-01-2000
GENOTROPIN	DISP SYRIN	1.8MG/0.25	\$59.40000	05-01-2000
GENOTROPIN	DISP SYRIN	1MG/0.25ML	\$33.00000	11-01-1999

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GENOTROPIN	DISP SYRIN	2MG/0.25ML	\$66.00000	05-01-2000
GENTAK	OINT.(GM)	0.3%	\$4.25000	06-01-2003
GENTAK	DROPS	0.3%	\$0.38000	01-01-2002
GENTAMICIN SULFATE	VIAL	40MG/ML	\$0.35000	09-01-2002
GENTAMICIN SULFATE	CREAM(GM)	0.1%	\$0.12000	12-01-2000
GENTAMICIN SULFATE	OINT.(GM)	0.1%	\$0.12000	06-15-2004
GENTAMICIN SULFATE	OINT.(GM)	0.3%	\$4.25000	06-01-2003
GENTAMICIN SULFATE	DROPS	0.3%	\$0.38000	01-01-2002
GENTASOL	DROPS	0.3%	\$0.38000	01-01-2002
GENTLE LAXATIVE	SUPP.RECT	10MG	\$0.16000	03-30-1999
GENTLE LAXATIVE	TABLET DR	5MG	\$0.01700	10-01-1988
GERAVIM	LIQUID		\$0.04000	08-27-1999
GEREPLUS	TABLET		\$0.03000	08-01-1997
GERI-HYDROLAC	CREAM(GM)	12%	\$0.05500	09-01-2001
GERI-LANTA	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
GERI-TABS	TABLET		\$0.03000	08-01-1997
GERI-TONIC	LIQUID		\$0.04000	08-27-1999
GERI-VITE	LIQUID		\$0.04000	08-27-1999
GERIATON	LIQUID		\$0.04000	08-27-1999
GERIATRIC HIGH POTENCY	TABLET		\$0.03500	04-23-2009
GERITABS	TABLET		\$0.03000	08-01-1997
GERITOL COMPLETE	TABLET		\$0.03000	08-01-1997

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GERIVITE COMPLETE	TABLET		\$0.04000	01-01-1996
GEVRATONIC	LIQUID		\$0.04000	08-27-1999
GG 200 NR	TABLET	200MG	\$0.08000	05-27-1999
GLIMEPIRIDE	TABLET	1MG	\$0.05850	05-17-2006
GLIMEPIRIDE	TABLET	2MG	\$0.08000	06-18-2009
GLIMEPIRIDE	TABLET	4MG	\$0.12500	06-18-2009
GLIPIZIDE	TABLET	10MG	\$0.09370	12-01-2000
GLIPIZIDE	TABLET	5MG	\$0.06500	12-01-2000
GLIPIZIDE ER	TAB ER 24	10MG	\$0.32500	06-18-2009
GLIPIZIDE ER	TAB ER 24	2.5MG	\$0.22500	06-18-2009
GLIPIZIDE ER	TAB ER 24	5MG	\$0.22500	06-09-2007
GLIPIZIDE ER	TAB.SR 24H	10MG	\$0.32500	06-18-2009
GLIPIZIDE ER	TAB.SR 24H	2.5MG	\$0.22500	06-18-2009
GLIPIZIDE ER	TAB.SR 24H	5MG	\$0.22500	06-09-2007
GLIPIZIDE ER	TAB OSM 24	10MG	\$0.32500	06-18-2009
GLIPIZIDE ER	TAB OSM 24	2.5MG	\$0.22500	06-18-2009
GLIPIZIDE ER	TAB OSM 24	5MG	\$0.22500	06-09-2007
GLIPIZIDE XL	TAB ER 24	10MG	\$0.32500	06-18-2009
GLIPIZIDE XL	TAB ER 24	2.5MG	\$0.22500	06-18-2009
GLIPIZIDE XL	TAB ER 24	5MG	\$0.22500	06-09-2007
GLIPIZIDE XL	TAB OSM 24	10MG	\$0.32500	06-18-2009
GLIPIZIDE XL	TAB OSM 24	2.5MG	\$0.22500	06-18-2009

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## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GLIPIZIDE XL	TAB OSM 24	5MG	\$0.22500	06-09-2007
GLUCOCARD 01 SENSOR	STRIP		\$0.04000	10-01-1988
GLUCOPHAGE	TABLET	1000MG	\$0.14000	05-20-2009
GLUCOPHAGE	TABLET	500MG	\$0.07500	05-20-2009
GLUCOPHAGE	TABLET	850MG	\$0.12000	05-20-2009
GLUCOPHAGE XR	TAB.SR 24H	500MG	\$0.16000	01-01-2005
GLUCOPHAGE XR	TAB.SR 24H	750MG	\$0.33000	05-20-2009
GLUCOTROL	TABLET	10MG	\$0.09370	12-01-2000
GLUCOTROL	TABLET	5MG	\$0.06500	12-01-2000
GLUCOTROL XL	TAB ER 24	10MG	\$0.32500	06-18-2009
GLUCOTROL XL	TAB ER 24	2.5MG	\$0.22500	06-18-2009
GLUCOTROL XL	TAB ER 24	5MG	\$0.22500	06-09-2007
GLUCOTROL XL	TAB OSM 24	10MG	\$0.32500	06-18-2009
GLUCOTROL XL	TAB OSM 24	2.5MG	\$0.22500	06-18-2009
GLUCOTROL XL	TAB OSM 24	5MG	\$0.22500	06-09-2007
GLUCOVANCE	TABLET	1.25-250MG	\$0.20000	06-18-2009
GLUCOVANCE	TABLET	2.5-500MG	\$0.20000	06-18-2009
GLUCOVANCE	TABLET	5MG-500MG	\$0.20000	06-18-2009
GLUTOFAC	TABLET		\$0.03500	04-23-2009
GLYBURID-METFORMIN HCL	TABLET	1.25-250MG	\$0.20000	06-18-2009
GLYBURIDE	TABLET	1.25MG	\$0.08500	08-01-2002
GLYBURIDE	TABLET	2.5MG	\$0.11300	08-01-2002

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GLYBURIDE	TABLET	5MG	\$0.10000	06-18-2009
GLYBURIDE MICRONIZED	TABLET	1.5MG	\$0.10000	01-01-2005
GLYBURIDE MICRONIZED	TABLET	3MG	\$0.14000	01-01-2005
GLYBURIDE MICRONIZED	TABLET	6MG	\$0.18000	01-01-2005
GLYBURIDE-METFORMIN HCL	TABLET	1.25-250MG	\$0.20000	06-18-2009
GLYBURIDE-METFORMIN HCL	TABLET	2.5-500MG	\$0.20000	06-18-2009
GLYBURIDE-METFORMIN HCL	TABLET	5MG-500MG	\$0.20000	06-18-2009
GLYCERIN	LIQUID		\$0.02000	04-01-2004
GLYCOLAX	POWDER	100%	\$0.05000	06-01-2007
GLYCOLAX	POWDER	17G/DOSE	\$0.05000	06-01-2007
GLYCOPYRROLATE	VIAL	0.2MG/ML	\$0.41000	01-01-2001
GLYNASE	TABLET	1.5MG	\$0.10000	01-01-2005
GLYNASE	TABLET	3MG	\$0.14000	01-01-2005
GLYNASE	TABLET	6MG	\$0.18000	01-01-2005
GM100	STRIP		\$0.04000	10-01-1988
GNP OYSTER SHELL CALCIUM	TABLET	500(1.25G)	\$0.03000	02-08-1993
GNP OYSTER SHELL CALCIUM	TABLET	500(1250)	\$0.03000	02-08-1993
GOLDEN AGE	LIQUID		\$0.04000	11-30-1999
GOODY'S EXTRA STRENGTH	TABLET	260-130MG	\$0.03000	10-01-1995
GRIS-PEG	TABLET	125MG	\$0.37430	12-01-2000
GRIS-PEG	TABLET	250MG	\$0.50930	10-01-1997
GUAICON DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994

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**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GUAICON DMS	SYRUP	100-10MG/5	\$0.01780	01-06-1994
GUAIFEN-DEXTROM-PSEUDOEPHEDRIN	SYRUP	100-10-30	\$0.01800	01-01-2004
GUAIFEN-DEXTROM-PSEUDOEPHEDRIN	SYRUP	100-15-40	\$0.05500	11-01-2007
GUAIFENESIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
GUAIFENESIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
GUAIFENESIN	TABLET	200MG	\$0.08000	05-27-1999
GUAIFENESIN AC	SYRUP	100-10MG/5	\$0.05000	06-01-2009
GUAIFENESIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
GUAIFENESIN DM NR	LIQUID	100-10MG/5	\$0.01780	10-01-1995
GUAIFENESIN NR	LIQUID	100MG/5ML	\$0.01451	10-01-1995
GUAIFENESIN WITH CODEINE	LIQUID	100-10MG/5	\$0.06000	06-01-2009
GUAIFENESIN-CODEINE	LIQUID	100-10MG/5	\$0.05000	06-01-2009
GUAIFENESIN-CODEINE	SYRUP	100-10MG/5	\$0.05000	06-01-2009
GUAIFENESIN-CODEINE	TABLET	300MG-10MG	\$0.45000	11-01-2007
GUAIFENESIN-DEXTROMETHORPHAN	SYRUP	100-10MG/5	\$0.01780	01-06-1994
GUAIFENESIN-DEXTROMETHORPHAN	TABLET	400MG-20MG	\$1.40000	12-10-2002
GUAIFENESIN-PHENYLEPHRINE	SYRUP	100-7.5/5	\$0.12500	11-01-2007
GUAL-CO	LIQUID	100-10MG/5	\$0.06000	06-01-2009
GUAL-DEX	LIQUID	100-10MG/5	\$0.01780	10-01-1995
GUANABENZ ACETATE	TABLET	4MG	\$0.66000	01-01-2005
GUANABENZ ACETATE	TABLET	8MG	\$0.70000	01-01-2005
GUANFACINE HCL	TABLET	1MG	\$0.10000	01-10-2009

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
GUANFACINE HCL	TABLET	2MG	\$0.13200	01-10-2009
GUIAFEN-PSE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
GUIATUSS	LIQUID	100MG/5ML	\$0.01450	01-01-2003
GUIATUSS	SYRUP	100MG/5ML	\$0.01450	01-01-2003
GUIATUSS AC	LIQUID	100-10MG/5	\$0.05000	06-01-2009
GUIATUSS AC	SYRUP	100-10MG/5	\$0.05000	06-01-2009
GUIATUSS DAC	SYRUP	30-10-100	\$0.06000	05-25-2009
GUIATUSS DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
GUIATUSS-PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
GUIDED MINERAL ZINC	TABLET	50MG	\$0.03000	04-01-1993
GUMMI BEAR MULTIVITAMIN	TAB CHEW		\$0.04000	06-20-2009
GUMMY SWIRLS	TAB CHEW		\$0.04000	06-20-2009
GYNE-LOTRIMIN	CREAM/APPL	1%	\$0.11000	01-01-2005
GYNE-LOTRIMIN	CREAM/APPL	2%	\$0.15000	01-01-2002
GYNE-LOTRIMIN	TABLET	100MG	\$0.68000	01-01-2005
H.E.A.R.	DROPS	6.5%	\$0.15000	01-01-2004
HAIR VITAMIN	TABLET		\$0.04000	04-23-2009
HAIR, SKIN & NAILS	TABLET		\$0.04000	12-26-1996
HALCION	TABLET	0.125MG	\$0.22000	01-01-2005
HALCION	TABLET	0.25MG	\$0.24000	01-01-2005
HALDOL DECANOATE 100	AMPUL	100MG/ML	\$3.72000	07-01-2009
HALDOL DECANOATE 50	AMPUL	50MG/ML	\$3.85000	07-01-2009

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**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HALFPRIN	TABLET DR	81MG	\$0.03000	01-01-2004
HALOBETASOL PROP 0.05% OINTMNT	OINT.(GM)	0.05%	\$0.53250	06-20-2009
HALOBETASOL PROPIONATE	CREAM(GM)	0.05%	\$0.48000	06-20-2009
HALOBETASOL PROPIONATE	OINT.(GM)	0.05%	\$0.53250	06-20-2009
HALOPERIDOL	TABLET	0.5MG	\$0.06000	06-15-2003
HALOPERIDOL	TABLET	1MG	\$0.10000	06-15-2003
HALOPERIDOL	TABLET	2MG	\$0.14000	06-15-2003
HALOPERIDOL	TABLET	5MG	\$0.15000	06-15-2003
HALOPERIDOL DECANOATE	VIAL	100MG/ML	\$3.72000	07-01-2009
HALOPERIDOL DECANOATE	VIAL	50MG/ML	\$3.85000	07-01-2009
HALOPERIDOL LACTATE	VIAL	5MG/ML	\$2.25000	07-01-2009
HALOPERIDOL LACTATE	ORAL CONC	2MG/ML	\$0.07000	01-18-2000
HC-1% HEMORRHOID	OINT.(GM)	1%	\$0.16500	07-15-2006
HEADACHE FORMULA	TABLET	250-250-65	\$0.03000	10-01-1995
HEADACHE PAIN	TABLET	250-250-65	\$0.03000	10-01-1995
HEADACHE PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
HEADACHE PM	TABLET	500MG-38MG	\$0.03000	01-01-2002
HEADACHE RELIEF	TABLET	250-250-65	\$0.03000	10-01-1995
HEADACHE RELIEF	TABLET	500MG-65MG	\$0.03500	10-01-1995
HEADACHE RELIEF PM	TABLET	500MG-38MG	\$0.03000	01-01-2002
HEALTHY BONE FORMULA	TABLET	500MG-200	\$0.05000	12-19-2008
HEARTBURN	TABLET	150MG	\$0.06000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HEARTBURN 200	TABLET	200MG	\$0.12380	06-13-2000
HEARTBURN PREVENTION	TABLET	10MG	\$0.15000	01-01-2005
HEARTBURN PREVENTION	TABLET	20MG	\$0.10000	08-01-2002
HEARTBURN RELIEF	TABLET	10MG	\$0.15000	01-01-2005
HEARTBURN RELIEF	TABLET	200MG	\$0.12380	06-13-2000
HEARTBURN RELIEF	TABLET	20MG	\$0.10000	08-01-2002
HEARTBURN RELIEF	TABLET	75MG	\$0.08000	09-01-2002
HELIXATE FS	VIAL	1000 (+/-)	\$1.03700	08-01-2006
HELIXATE FS	VIAL	1000(+/-)U	\$1.03700	08-01-2006
HELIXATE FS	VIAL	2000 (+/-)	\$1.03700	08-01-2006
HELIXATE FS	VIAL	2000(+/-)	\$1.03700	08-01-2006
HELIXATE FS	VIAL	250 (+/-)	\$1.03700	08-01-2006
HELIXATE FS	VIAL	250 (+/-)U	\$1.03700	08-01-2006
HELIXATE FS	VIAL	500 (+/-)	\$1.03700	08-01-2006
HELIXATE FS	VIAL	500 (+/-)U	\$1.03700	08-01-2006
HEMATOGEN	CAPSULE	200-250-10	\$0.04800	01-01-1997
HEMATOGEN FA	CAPSULE	200-250MG	\$0.06500	01-01-1997
HEMATOGEN FORTE	CAPSULE	460-60MG	\$0.06500	01-01-1997
HEMOCYTE	TABLET	324(106)MG	\$0.02000	02-08-1993
HEMOCYTE	TABLET	324MG	\$0.02000	02-08-1993
HEMOCYTE-F	SOLUTION	100-25-1/5	\$0.06500	03-20-2009
HEMOFIL M	VIAL	1701-2000	\$0.72075	04-17-2006

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HEMOFIL M	VIAL	220-400 U	\$0.72075	05-27-1999
HEMOFIL M	VIAL	401-800 U	\$0.72075	04-17-2006
HEMOFIL M	VIAL	801-1700 U	\$0.72075	04-17-2006
HEMORRHOIDAL HC	SUPP.RECT	25MG	\$0.16000	05-01-2005
HEMORRHOIDAL SUPPOSITORY	SUPP.RECT	51%	\$0.16500	07-15-2006
HEP-LOCK	VIAL	100 U/ML	\$0.03666	04-06-2001
HEP-LOCK	VIAL	100/ML	\$0.03666	04-06-2001
HEPARIN LOCK	VIAL	100 U/ML	\$0.03666	04-06-2001
HEPARIN LOCK	VIAL	100/ML	\$0.03666	04-06-2001
HEXAVITAMIN	TABLET		\$0.03000	01-21-2000
HI B COMPLEX	CAPSULE		\$0.05000	09-01-1990
HI B COMPLEX	TABLET		\$0.03500	04-23-2009
HI-CAL	TABLET	250MG	\$0.03000	04-01-1996
HI-CAL	TABLET	500MG	\$0.03000	02-08-1993
HI-CAL	TABLET	500MG-200	\$0.03000	04-01-1996
HIGH POTENCY B	TABLET		\$0.03500	04-23-2009
HIGH POTENCY CALCIUM	TABLET	600MG	\$0.05000	04-01-2004
HIGH POTENCY MULTI-VITAMIN	TABLET		\$0.04000	02-08-1993
HIGH POTENCY MULTIVITAMIN	TABLET		\$0.03500	08-02-2002
HIGH POTENCY VITAMIN-MINERALS	TABLET		\$0.04000	04-20-1998
HIGH POTENCY VITS-MIN-IRON	TABLET		\$0.04800	02-08-1993
HIP PRENATAL	TABLET	22-6-1MG	\$0.08500	04-01-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HIPOTEST	TABLET		\$0.04000	02-08-1993
HISTA-TABS	TABLET	60-2.5MG	\$0.03000	06-01-2009
HISTA-VENT DA	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007
HISTA-VENT DA	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
HISTADEC	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
HISTADEC DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
HISTAFED	SYRUP	30-1.25/5	\$0.01500	06-01-2009
HISTAFED	TABLET	60-2.5MG	\$0.03000	06-01-2009
HISTATAB PH	TAB.SR 12H	20-8-1.25	\$0.54000	11-01-2007
HISTEX	LIQUID	30-2MG/5ML	\$0.10000	06-01-2009
HISTINEX HC	SYRUP	5-2.5-2	\$0.02400	07-16-1999
HONEY BEARS	TAB CHEW		\$0.04000	06-20-2009
HT-TUSS DM	ELIXIR	200-20/5ML	\$0.06500	11-01-2007
HUMATE-P	KIT	1000-2400	\$0.80000	02-01-2006
HUMATE-P	KIT	1K-2K UNIT	\$0.80000	06-25-2002
HUMATE-P	KIT	250-500 U	\$0.80000	06-25-2002
HUMATE-P	KIT	250-600 U	\$0.80000	02-01-2006
HUMATE-P	KIT	500-1000 U	\$0.80000	06-25-2002
HUMATE-P	KIT	500-1200 U	\$0.80000	02-01-2006
HUMIBID	TAB.SR 12H	1200MG	\$0.14000	10-15-2002
HUMIBID DM	TAB.SR 12H	600MG-30MG	\$0.41000	11-01-2007
HYALEX	TABLET		\$0.04000	12-26-1996

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYCODAN	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYCODAN	TABLET	5-1.5MG	\$0.40000	11-01-2007
HYDRA-ZIDE	CAPSULE	25MG-25MG	\$0.06750	12-01-2000
HYDRA-ZIDE	CAPSULE	50-50MG	\$0.08450	12-01-2000
HYDRALAZINE HCL	TABLET	100MG	\$0.65000	04-20-2009
HYDRALAZINE HCL	TABLET	10MG	\$0.22000	04-20-2009
HYDRALAZINE HCL	TABLET	25MG	\$0.30000	04-20-2009
HYDRALAZINE HCL	TABLET	50MG	\$0.25000	06-18-2009
HYDRAMINE	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
HYDRATING HEALING	OINT.(GM)		\$0.02100	04-01-2007
HYDRATING OINTMENT	OINT.(GM)		\$0.02100	04-01-2007
HYDREA	CAPSULE	500MG	\$0.40000	01-01-2005
HYDRO GP	SYRUP	50-7.5-2.5	\$0.07000	11-01-2007
HYDRO-TUSSIN DHC	SYRUP	15-7.5-2/5	\$0.07000	11-01-2007
HYDRO-TUSSIN DM	ELIXIR	200-20/5ML	\$0.06500	11-01-2007
HYDRO-TUSSIN EXP	SYRUP	100-15-7.5	\$0.09750	11-01-2007
HYDROCERIN	CREAM(GM)		\$0.01800	04-01-2007
HYDROCET	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
HYDROCHLOROTHIAZIDE	CAPSULE	12.5MG	\$0.05000	04-20-2009
HYDROCHLOROTHIAZIDE	TABLET	12.5MG	\$0.02500	09-01-2006
HYDROCHLOROTHIAZIDE	TABLET	25MG	\$0.05000	12-01-2004
HYDROCHLOROTHIAZIDE	TABLET	50MG	\$0.10000	12-01-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYDROCIL INSTANT	POWDER		\$0.02100	02-08-1993
HYDROCIL INSTANT	PACKET		\$0.11340	02-08-1993
HYDROCOD BIT-PHENYLEPHRINE-CP	SYRUP	5-5-2MG/5	\$0.07000	11-01-2007
HYDROCODONE AND HOMATROPINE	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROCODONE BIT-HOMATROPINE	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROCODONE BT-HOMATROPINE MBR	TABLET	5-1.5MG	\$0.40000	11-01-2007
HYDROCODONE COMPOUND	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROCODONE-ACETAMINOPHEN	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
HYDROCODONE-ACETAMINOPHEN	SOLUTION	2.5-167/5	\$0.05600	05-02-2002
HYDROCODONE-ACETAMINOPHEN	SOLUTION	5-333MG/10	\$0.05600	05-02-2002
HYDROCODONE-ACETAMINOPHEN	SOLUTION	7.5-500/15	\$0.05600	05-02-2002
HYDROCODONE-ACETAMINOPHEN	SOLUTION	7.5-500/CP	\$0.05600	05-02-2002
HYDROCODONE-ACETAMINOPHEN	TABLET	10-660MG	\$0.45000	01-18-2000
HYDROCODONE-ACETAMINOPHEN	TABLET	10MG-325MG	\$0.37000	08-15-2003
HYDROCODONE-ACETAMINOPHEN	TABLET	10MG-500MG	\$0.23000	01-01-2005
HYDROCODONE-ACETAMINOPHEN	TABLET	10MG-650MG	\$0.13500	12-01-2000
HYDROCODONE-ACETAMINOPHEN	TABLET	2.5-500MG	\$0.18000	12-01-2000
HYDROCODONE-ACETAMINOPHEN	TABLET	5MG-325MG	\$0.30000	08-01-2003
HYDROCODONE-ACETAMINOPHEN	TABLET	5MG-500MG	\$0.08000	03-20-2004
HYDROCODONE-ACETAMINOPHEN	TABLET	7.5-325MG	\$0.36000	08-15-2003
HYDROCODONE-ACETAMINOPHEN	TABLET	7.5-500MG	\$0.12000	01-01-2005
HYDROCODONE-ACETAMINOPHEN	TABLET	7.5-650MG	\$0.10950	12-01-2000

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Run Date: 10/01/2009

**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYDROCODONE-ACETAMINOPHEN	TABLET	7.5-750MG	\$0.10890	12-01-2000
HYDROCODONE-GUAIFENESIN	SYRUP	100-5MG/5	\$0.03000	07-16-1999
HYDROCODONE-HOMATROPINE	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROCODONE-HOMATROPINE SYRUP	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROCORTISONE	CREAM(GM)	0.5%	\$0.03000	12-01-2000
HYDROCORTISONE	CREAM(GM)	1%	\$0.04000	01-01-2002
HYDROCORTISONE	CREAM(GM)	2.5%	\$0.12000	01-01-2009
HYDROCORTISONE	OINT.(GM)	0.5%	\$0.03000	06-15-2004
HYDROCORTISONE	OINT.(GM)	1%	\$0.04000	06-15-2004
HYDROCORTISONE	OINT.(GM)	2.5%	\$0.16500	01-01-2009
HYDROCORTISONE	POWDER		\$2.10000	01-01-1993
HYDROCORTISONE	ENEMA	100MG/60ML	\$0.14000	01-01-2002
HYDROCORTISONE	LOTION	0.5%	\$0.03980	09-01-1998
HYDROCORTISONE	LOTION	1%	\$0.05500	01-01-2009
HYDROCORTISONE	LOTION	2.5%	\$0.75000	01-01-2009
HYDROCORTISONE	TABLET	20MG	\$0.12000	01-01-2005
HYDROCORTISONE 2.5% OINTMENT	OINT.(GM)	2.5%	\$0.16500	01-01-2009
HYDROCORTISONE ACETATE	CREAM(GM)	1%	\$0.04000	01-01-2002
HYDROCORTISONE ACETATE	SUPP.RECT	25MG	\$0.16000	05-01-2005
HYDROCORTISONE ACETATE	LOTION	0.5%	\$0.03980	08-01-1996
HYDROCORTISONE BUTYRATE	CREAM(GM)	0.1%	\$0.90000	08-19-2009
HYDROCORTISONE BUTYRATE	OINT.(GM)	0.1%	\$1.10000	08-19-2009

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYDROCORTISONE BUTYRATE	SOLUTION	0.1%	\$0.35000	08-19-2009
HYDROCORTISONE PLUS	CREAM(GM)	1%	\$0.03000	01-01-2004
HYDROCORTISONE PLUS 12	CREAM(GM)	1%	\$0.04000	01-01-2002
HYDROCORTISONE VAL 0.2% OINTMT	OINT.(GM)	0.2%	\$0.53000	01-01-2005
HYDROCORTISONE VALERATE	CREAM(GM)	0.2%	\$0.53000	01-01-2005
HYDROCORTISONE VALERATE	OINT.(GM)	0.2%	\$0.53000	01-01-2005
HYDROCORTISONE WITH ALOE	CREAM(GM)	0.5%	\$0.03000	01-01-2004
HYDROCORTISONE-ALOE	CREAM(GM)	1%	\$0.03000	01-01-2004
HYDROGESIC	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
HYDROMET	SYRUP	5-1.5MG/5	\$0.10000	04-01-2008
HYDROMORPHONE HCL	AMPUL	10MG/ML	\$2.39410	01-01-2007
HYDROMORPHONE HCL	AMPUL	1MG/ML	\$0.98790	01-01-2007
HYDROMORPHONE HCL	AMPUL	2MG/ML	\$1.00570	01-01-2007
HYDROMORPHONE HCL	AMPUL	4MG/ML	\$1.46850	01-01-2007
HYDROMORPHONE HCL	DISP SYRIN	1MG/ML	\$1.75000	08-19-2009
HYDROMORPHONE HCL	DISP SYRIN	2MG/ML	\$1.62000	08-19-2009
HYDROMORPHONE HCL	DISP SYRIN	4MG/ML	\$1.89000	08-19-2009
HYDROMORPHONE HCL	VIAL	2MG/ML	\$1.62000	08-19-2009
HYDROMORPHONE HCL	TABLET	2MG	\$0.14500	08-19-2009
HYDROMORPHONE HCL	TABLET	4MG	\$0.17000	08-19-2009
HYDROMORPHONE HCL	TABLET	8MG	\$0.70000	06-18-2009
HYDROPHOR	OINT.(GM)		\$0.02100	04-01-2007

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYDROXYCHLOROQUINE SULFATE	TABLET	200MG	\$0.22000	06-20-2009
HYDROXYUREA	CAPSULE	500MG	\$0.40000	01-01-2005
HYDROXYZINE HCL	SYRUP	10MG/5ML	\$0.13000	12-19-2008
HYDROXYZINE HCL	TABLET	10MG	\$0.20000	06-18-2009
HYDROXYZINE HCL	TABLET	25MG	\$0.25000	06-18-2009
HYDROXYZINE HCL	TABLET	50MG	\$0.35000	06-18-2009
HYDROXYZINE PAMOATE	CAPSULE	100MG	\$0.19350	01-01-2002
HYDROXYZINE PAMOATE	CAPSULE	25MG	\$0.06520	01-01-2002
HYDROXYZINE PAMOATE	CAPSULE	50MG	\$0.08910	01-01-2002
HYOMAX-DT	TAB MPHASE	0.375MG	\$1.05000	05-20-2009
HYOMAX-FT	TAB RAPDIS	0.125MG	\$0.05500	08-01-2002
HYOMAX-SL	TAB SUBL	0.125MG	\$0.61200	04-01-2009
HYOMAX-SR	TAB.SR 12H	0.375MG	\$1.05000	04-01-2009
HYOSCYAMINE SULFATE	CAP.SR 12H	0.375MG	\$0.12500	08-01-2002
HYOSCYAMINE SULFATE	TABLET	0.125MG	\$0.72000	04-01-2009
HYOSCYAMINE SULFATE	TAB.SR 12H	0.375MG	\$0.80000	04-20-2009
HYOSCYAMINE SULFATE	TAB SUBL	0.125MG	\$0.61200	04-20-2009
HYOSCYAMINE SULFATE	TAB MPHASE	0.375MG	\$1.05000	05-20-2009
HYOSCYAMINE SULFATE	TAB RAPDIS	0.125MG	\$0.05500	08-01-2002
HYTONE	CREAM(GM)	1%	\$0.04000	01-01-2002
HYTONE	CREAM(GM)	2.5%	\$0.12000	01-01-2009
HYTRIN	CAPSULE	10MG	\$0.14250	01-01-2009

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Report ID: 10516
Services Corporation

Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
HYTRIN	CAPSULE	1MG	\$0.14250	01-01-2009
HYTRIN	CAPSULE	2MG	\$0.14250	01-01-2009
HYTRIN	CAPSULE	5MG	\$0.14250	01-01-2009
I-PRIN	TABLET	200MG	\$0.03000	12-10-2008
I-VITE	TABLET		\$0.04000	12-26-1996
IBERET-FOLIC 500	TABLET SA	105-0.8MG	\$0.16000	10-15-2003
IBU-200	TABLET	200MG	\$0.03000	12-10-2008
IBU-DROPS	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
IBUPROFEN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001
IBUPROFEN	TABLET	200MG	\$0.03000	12-10-2008
IBUPROFEN	TABLET	400MG	\$0.04000	09-30-1999
IBUPROFEN	TABLET	600MG	\$0.05000	12-10-2008
IBUPROFEN	TABLET	800MG	\$0.06000	12-10-2008
IBUPROFEN IB	TABLET	200MG	\$0.03000	12-10-2008
IBUPROHM	TABLET	400MG	\$0.04000	09-30-1999
ICAPS PLUS	TABLET		\$0.04000	12-26-1996
ICAR	TAB CHEW	15MG	\$0.04275	04-23-2009
ICAR PRENATAL	COMBO. PKG	29-600-1MG	\$0.04250	08-19-2009
ICAR-C PLUS	TABLET	100-250-1	\$0.08500	04-01-2004
ICAR-C PLUS SR	CAP MPHASE	100-320-1	\$0.08500	04-01-2004
IFEREX 150	CAPSULE	150MG	\$0.04275	04-23-2009
IFEREX 150 FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
IMDUR	TAB.SR 24H	120MG	\$0.18000	05-20-2009
IMDUR	TAB.SR 24H	30MG	\$0.45000	05-20-2009
IMDUR	TAB.SR 24H	60MG	\$0.60000	05-20-2009
IMIPRAMINE HCL	TABLET	10MG	\$0.17000	06-18-2009
IMIPRAMINE HCL	TABLET	25MG	\$0.20000	06-18-2009
IMIPRAMINE HCL	TABLET	50MG	\$0.30000	06-18-2009
IMITREX	CARTRIDGE	4MG/0.5ML	\$160.00000	03-15-2009
IMITREX	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
IMITREX	CARTRIDGE	4MG/0.5ML	\$160.00000	03-15-2009
IMITREX	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
IMITREX	VIAL	6MG/0.5ML	\$136.00000	03-15-2009
IMITREX	PEN IJ KIT	4MG/0.5ML	\$168.00000	03-15-2009
IMITREX	PEN IJ KIT	6MG/0.5ML	\$168.00000	03-15-2009
IMITREX	TABLET	100MG	\$20.88450	03-01-2009
IMITREX	TABLET	25MG	\$22.47350	03-01-2009
IMITREX	TABLET	50MG	\$20.88450	03-01-2009
IMITREX	KIT-REFILL	4MG/0.5ML	\$160.00000	03-15-2009
IMITREX	KIT-REFILL	6MG/0.5ML	\$160.00000	03-15-2009
IMITREX 6 MG/0.5 ML KIT REFILL	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
IMITREX 6 MG/0.5 ML KIT REFILL	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
IMITREX 6 MG/0.5 ML KIT REFILL	KIT-REFILL	6MG/0.5ML	\$160.00000	03-15-2009
IMODIUM A-D	LIQUID	1MG/5ML	\$0.02500	01-01-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
IMODIUM A-D	LIQUID	1MG/7.5ML	\$0.02500	08-25-2009
IMODIUM A-D	TABLET	2MG	\$0.12000	01-01-2005
IMODIUM A-D	TAB CHEW	2MG	\$0.12000	02-02-2009
IMPERIM	TABLET	2MG	\$0.12000	01-01-2005
IMURAN	TABLET	50MG	\$0.36000	07-01-2003
INATAL ADVANCE	TABLET	90-1-50MG	\$0.08500	04-01-2004
INATAL GT	TABLET	90-50-1MG	\$0.08500	04-01-2004
INATAL ULTRA	TABLET	90-1-50MG	\$0.08500	04-01-2004
INDAPAMIDE	TABLET	1.25MG	\$0.08000	01-01-2005
INDAPAMIDE	TABLET	2.5MG	\$0.10000	12-01-2000
INDERAL LA	CAP.SA 24H	120MG	\$1.80000	12-10-2008
INDERAL LA	CAP.SA 24H	160MG	\$2.50000	12-10-2008
INDERAL LA	CAP.SA 24H	60MG	\$1.20000	04-20-2009
INDERAL LA	CAP.SA 24H	80MG	\$1.50000	04-20-2009
INDOMETHACIN	CAPSULE	25MG	\$0.19400	05-01-2007
INDOMETHACIN	CAPSULE	50MG	\$0.24000	05-01-2007
INDOMETHACIN	CAPSULE SA	75MG	\$1.71770	05-24-2005
INFANT SUSPENSION	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
INFANT'S ACETAMINOPHEN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFANT'S ADVIL	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
INFANT'S IBUPROFEN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
INFANT'S MOTRIN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
INFANT'S NON-ASPIRIN	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
INFANT'S NON-ASPIRIN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFANT'S NON-ASPIRIN	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEF	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEF	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEF	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEVER	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEVER	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFANT'S PAIN RELIEVER	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANTAIRE	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
INFANTAIRE	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANTS ASPIRIN FREE	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANTS CONCENTRATED	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
INFANTS IBU-DROPS	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
INFANTS IBUPROFEN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
INFANTS MEDI-PROFEN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
INFANTS PAIN RELIEVER	DROPS	100MG/ML	\$0.10000	10-01-1988
INFANTS TYLENOL	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFANTS' GAS RELIEF	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
INFANTS' NON-ASPIRIN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
INFED	VIAL	50MG/ML	\$12.00000	01-01-2002
INFINITY TEST STRIPS	STRIP		\$0.04000	10-01-1988

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
INNOPRAN XL	CAP.SR 24H	120MG	\$1.91600	12-10-2008
INNOPRAN XL	CAP.SR 24H	80MG	\$1.54470	12-10-2008
INTAL	AMPUL-NEB	20MG/2ML	\$0.15000	01-01-2005
INTEGRA	CAPSULE	125-40-3MG	\$0.04000	04-20-2009
INTEGRA F	CAPSULE	125-1-40-3	\$0.04000	04-20-2009
INTEGRA PLUS	CAPSULE	125MG-1MG	\$0.04000	04-20-2009
INZO ANTIFUNGAL	CREAM(GM)	2%	\$0.08000	01-01-2004
IOPHEN DM	LIQUID	100-10MG/5	\$0.01780	10-01-1995
IOPHEN NR	LIQUID	100MG/5ML	\$0.01451	10-01-1995
IOPHEN-C NR	LIQUID	100-10MG/5	\$0.06000	06-01-2009
IPRATROPIUM BR 0.02% SOLN	SOLUTION	0.2MG/ML	\$0.10000	02-14-2005
IPRATROPIUM BROMIDE	SPRAY	21MCG	\$1.10000	01-01-2005
IPRATROPIUM BROMIDE	SPRAY	42MCG	\$1.70000	01-01-2005
IPRATROPIUM BROMIDE	SOLUTION	0.2MG/ML	\$0.10000	02-14-2005
IPRATROPIUM-ALBUTEROL	AMPUL-NEB	0.5-2.5/3	\$0.36670	07-01-2002
IRCON	TABLET	200MG	\$0.02000	02-08-1993
IRON	CAPSULE SA	325(65)MG	\$0.03000	04-01-1993
IRON	TABLET	18MG	\$0.02000	04-01-1993
IRON	TABLET	240(27)MG	\$0.02000	03-19-2001
IRON	TABLET	325(65)MG	\$0.04275	04-23-2009
IRON	TABLET SA	150-100MG	\$0.05000	02-08-1993
IRON	TABLET SA	160(50)MG	\$0.04275	04-23-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
IRON	TABLET SA	160MG	\$0.04275	04-23-2009
IRON	TABLET SA	55(18)MG	\$0.02000	04-01-2001
IRON CHEWS	TAB CHEW	15MG	\$0.04275	04-23-2009
IRON DEXTRAN COMPLEX	VIAL	50MG/ML	\$12.00000	01-01-2002
IRON SUPPLEMENT	TABLET	325(65)MG	\$0.04275	04-23-2009
IRON TABLETS	TABLET	325(65)MG	\$0.04275	04-23-2009
IRON WITH STOOL SOFTENER	TABLET SA	150-100MG	\$0.05000	02-08-1993
ISMO	TABLET	20MG	\$0.15000	06-18-2009
ISOMETH-D-CHLORALPHENAZ-APAP	CAPSULE	65-325-100	\$0.12000	01-01-2000
ISOMETH-DICHLORALPHENAZ-APAP	CAPSULE	65-325-100	\$0.12000	01-01-2000
ISONIAZID	TABLET	100MG	\$0.06000	01-01-2005
ISONIAZID	TABLET	300MG	\$0.06720	05-02-2001
ISOPTIN SR	TABLET SA	120MG	\$0.55000	01-01-2005
ISOPTIN SR	TABLET SA	180MG	\$0.44000	05-20-2009
ISOPTIN SR	TABLET SA	240MG	\$0.43000	05-20-2009
ISOPTO CARPINE	DROPS	1%	\$0.19000	08-01-2002
ISORDIL	TABLET	5MG	\$0.02250	12-01-2000
ISORDIL TITRADOSE	TABLET	5MG	\$0.02250	12-01-2000
ISOSORBIDE DINITRATE	TABLET	10MG	\$0.02580	12-01-2000
ISOSORBIDE DINITRATE	TABLET	20MG	\$0.02480	12-01-2000
ISOSORBIDE DINITRATE	TABLET	30MG	\$0.20000	01-01-2005
ISOSORBIDE DINITRATE	TABLET	5MG	\$0.02250	12-01-2000

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ISOSORBIDE DINITRATE	TAB SUBL	2.5MG	\$0.03300	12-01-2000
ISOSORBIDE DINITRATE	TAB SUBL	5MG	\$0.03330	12-01-2000
ISOSORBIDE MONONITRATE	TABLET	10MG	\$0.40000	05-20-2009
ISOSORBIDE MONONITRATE	TABLET	20MG	\$0.15000	06-18-2009
ISOSORBIDE MONONITRATE	TAB.SR 24H	120MG	\$0.18000	05-20-2009
ISOSORBIDE MONONITRATE	TAB.SR 24H	30MG	\$0.45000	05-20-2009
ISOSORBIDE MONONITRATE	TAB.SR 24H	60MG	\$0.60000	05-20-2009
ISTALOL	DROP DAILY	0.5%	\$0.65000	01-01-2005
ITCH-X HC	LOTION	1%	\$0.05500	01-01-2009
ITRACONAZOLE	CAPSULE	100MG	\$6.00000	06-18-2009
IVITES RX	TABLET	1MG-60MG	\$0.08500	06-05-2009
JANTOVEN	TABLET	10MG	\$0.37000	08-01-2002
JANTOVEN	TABLET	1MG	\$0.22000	08-01-2002
JANTOVEN	TABLET	2.5MG	\$0.26000	08-01-2002
JANTOVEN	TABLET	2MG	\$0.23000	08-01-2002
JANTOVEN	TABLET	3MG	\$0.28000	08-01-2002
JANTOVEN	TABLET	4MG	\$0.29000	08-01-2002
JANTOVEN	TABLET	5MG	\$0.30000	08-01-2002
JANTOVEN	TABLET	6MG	\$0.35000	08-01-2002
JANTOVEN	TABLET	7.5MG	\$0.36000	08-01-2002
JOCK ITCH RELIEF	CREAM(GM)	1%	\$0.45000	05-01-2003
JOHNSON'S BABY OIL	OIL		\$0.04275	04-23-2009

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## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
JR. ACETAMINOPHEN	TAB CHEW	80MG	\$0.04500	06-01-1994
K EFFERVESCENT	TABLET EFF	25MEQ	\$0.19830	01-01-2002
K-LOR	PACKET	20MEQ	\$0.13000	01-01-2002
K-TAB	TABLET SA	10MEQ	\$0.16000	03-01-2004
K-TAN	TABLET	25-60MG	\$1.25000	06-01-2009
K-TAN 4	ORAL SUSP	5-30MG/5ML	\$0.20000	06-01-2009
K-Y LUBRICATING JELLY	JELLY		\$0.01000	01-01-2002
KAO-TIN	CAPSULE	240MG	\$0.06000	03-30-1999
KAON-CL 10	TABLET SA	10MEQ	\$0.16000	03-01-2004
KAOPECTATE	CAPSULE	240MG	\$0.06000	03-30-1999
KAR C PLUS	CAP MPHASE	100-320-1	\$0.08500	04-01-2004
KAY CIEL	PACKET	20MEQ	\$0.13000	01-01-2002
KAY CIEL	LIQUID	20MEQ/15ML	\$0.00400	07-10-1995
KEFLEX	CAPSULE	250MG	\$0.14000	09-01-2002
KEFLEX	CAPSULE	500MG	\$0.18000	06-15-2004
KEFLEX	CAPSULE	750MG	\$0.32000	07-01-2006
KENALOG	CREAM(GM)	0.1%	\$0.06000	06-15-2004
KENALOG	CREAM(GM)	0.5%	\$0.20000	04-20-2009
KENALOG	OINT.(GM)	0.1%	\$0.06000	06-15-2004
KENALOG	LOTION	0.025%	\$0.35000	01-01-2005
KENALOG	LOTION	0.1%	\$0.55000	01-01-2004
KENWOOD THERAPEUTIC	LIQUID		\$0.04000	09-14-1998

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
KEPPRA	SOLUTION	100MG/ML	\$0.30000	05-20-2009
KEPPRA	TABLET	1000MG	\$1.10000	05-20-2009
KEPPRA	TABLET	250MG	\$0.40000	05-20-2009
KEPPRA	TABLET	500MG	\$0.55000	05-20-2009
KEPPRA	TABLET	750MG	\$0.67000	05-20-2009
KETOCONAZOLE	CREAM(GM)	2%	\$0.60000	10-15-2007
KETOCONAZOLE	TABLET	200MG	\$0.25000	06-18-2009
KETOPROFEN	CAPSULE	50MG	\$0.12000	12-01-2000
KETOPROFEN	CAPSULE	75MG	\$0.14000	01-01-2005
KETOPROFEN	CAP24H PEL	200MG	\$1.35000	01-01-2005
KETOROLAC TROMETHAMINE	CARTRIDGE	15MG/ML	\$1.95000	08-01-2002
KETOROLAC TROMETHAMINE	CARTRIDGE	30MG/ML	\$3.15000	06-20-2003
KETOROLAC TROMETHAMINE	CARTRIDGE	60MG/2ML	\$3.15000	06-20-2003
KETOROLAC TROMETHAMINE	DISP SYRIN	15MG/ML	\$1.95000	08-01-2002
KETOROLAC TROMETHAMINE	DISP SYRIN	30MG/ML	\$3.15000	06-20-2003
KETOROLAC TROMETHAMINE	VIAL	30MG/ML	\$3.15000	06-20-2003
KETOROLAC TROMETHAMINE	VIAL	30MG/ML(1)	\$3.15000	06-20-2003
KETOROLAC TROMETHAMINE	VIAL	60MG/2ML	\$1.95000	08-01-2002
KETOROLAC TROMETHAMINE	TABLET	10MG	\$0.25000	01-01-2005
KETOTIFEN FUMARATE	DROPS	0.025%	\$2.16982	01-25-2007
KID'S GUMMY BEAR VITAMINS	TAB CHEW		\$0.04000	06-20-2009
KID'S VITAMINS	TAB CHEW		\$0.04000	06-20-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
KID'S VITAMINS + EXTRA C	TAB CHEW		\$0.04000	06-20-2009
KID'S VITAMINS + IRON	TAB CHEW		\$0.04000	09-01-2003
KID'S VITAMINS COMPLETE	TAB CHEW		\$0.04000	06-20-2009
KIDCARE	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
KIDCARE	DROPS	9.4MG/ML	\$0.15000	11-01-2007
KIDS COD LIVER OIL +D	TAB CHEW	4000-50	\$0.04000	08-14-2008
KIDS MULTIVITAMIN-MINERALS	TAB CHEW	200MCG	\$0.04000	02-01-2009
KIDS OMEGA-3 WITH DHA	TAB CHEW	25-5-113.5	\$0.04000	02-01-2009
KIDS VITAMIN D3	TAB CHEW	400 UNIT	\$0.04000	03-25-2009
KIDS VITAMINS	TAB CHEW	300MCG	\$0.04000	06-20-2009
KIDS VITAMINS COMPLETE	TAB CHEW	18MG-0.4MG	\$0.04000	07-10-1995
KLONOPIN	TABLET	0.5MG	\$0.06000	01-01-2009
KLONOPIN	TABLET	1MG	\$0.07000	01-01-2009
KLONOPIN	TABLET	2MG	\$0.10800	01-01-2009
KLOR-CON	PACKET	20MEQ	\$0.13000	01-01-2002
KLOR-CON	TABLET SA	8MEQ	\$0.07720	01-01-2002
KLOR-CON 10	TABLET SA	10MEQ	\$0.16000	03-01-2004
KLOR-CON 8	TABLET SA	8MEQ	\$0.07720	01-01-2002
KLOR-CON M10	TAB PRT SR	10MEQ	\$0.12000	01-01-2005
KLOR-CON M20	TAB PRT SR	20MEQ	\$0.24000	01-01-2005
KLOR-CON-EF	TABLET EFF	25MEQ	\$0.19830	01-01-2002
KLOTRIX	TABLET SA	10MEQ	\$0.16000	03-01-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
KOATE-DVI	KIT	1000 (+/-)	\$0.72075	05-27-1999
KOATE-DVI	KIT	1000(+/-)U	\$0.72075	05-27-1999
KOATE-DVI	KIT	250 (+/-)	\$0.72075	05-27-1999
KOATE-DVI	KIT	250 (+/-)U	\$0.72075	05-27-1999
KOATE-DVI	KIT	500 (+/-)	\$0.72075	05-27-1999
KOATE-DVI	KIT	500 (+/-)U	\$0.72075	05-27-1999
KOGENATE FS	VIAL	1000 (+/-)	\$1.03700	08-01-2006
KOGENATE FS	VIAL	1000(+/-)U	\$1.03700	08-01-2006
KOGENATE FS	VIAL	2000 (+/-)	\$1.03700	08-01-2006
KOGENATE FS	VIAL	2000(+/-)	\$1.03700	08-01-2006
KOGENATE FS	VIAL	250 (+/-)	\$1.03700	08-01-2006
KOGENATE FS	VIAL	250 (+/-)U	\$1.03700	08-01-2006
KOGENATE FS	VIAL	500 (+/-)	\$1.03700	08-01-2006
KOGENATE FS	VIAL	500 (+/-)U	\$1.03700	08-01-2006
KONSYL	POWDER		\$0.02100	07-01-2006
KONSYL	PACKET		\$0.11340	02-08-1993
KONSYL EFFERVESCENT	PACKET		\$0.02100	02-08-1993
KONSYL FIBER	TABLET	625MG	\$0.07000	06-01-2002
KONSYL-D	POWDER		\$0.02100	07-01-2006
KONSYL-D	PACKET		\$0.06750	02-08-1993
KPN	TABLET		\$0.08500	10-01-1997
KRONOFED-A	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
KRONOFED-A	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
KURIC	CREAM(GM)	2%	\$0.60000	10-15-2007
KWELCOF	SYRUP	100-5MG/5	\$0.03000	07-16-1999
L-LYSINE	TABLET	1000MG	\$0.05000	02-08-1993
L-TRYPTOPHAN	CAPSULE	500MG	\$0.20000	12-29-1999
LABETALOL HCL	TABLET	100MG	\$0.14000	06-18-2009
LABETALOL HCL	TABLET	200MG	\$0.18000	06-18-2009
LABETALOL HCL	TABLET	300MG	\$0.22000	06-18-2009
LAC-HYDRIN	CREAM(GM)	12%	\$0.05500	09-01-2001
LAC-HYDRIN	LIQUID	12%	\$0.04000	09-01-2001
LAC-HYDRIN	LOTION	12%	\$0.04000	09-01-2001
LAC-HYDRIN TWELVE	LIQUID	12%	\$0.04000	09-01-2001
LAC-HYDRIN TWELVE	LOTION	12%	\$0.04000	09-01-2001
LACLOTION	LIQUID	12%	\$0.04000	09-01-2001
LACLOTION	LOTION	12%	\$0.04000	09-01-2001
LACRI-LUBE S.O.P.	OINT.(GM)	42.5-56.8%	\$0.90000	01-01-2005
LACTIC ACID	CREAM(GM)	10%	\$0.00950	06-01-2001
LACTINOL-E	CREAM(GM)	10%	\$0.00950	06-01-2001
LACTOCAL-F	TABLET	65MG-1MG	\$0.08500	04-01-2004
LACTREX	CREAM(GM)	12%	\$0.05500	09-01-2001
LACTULOSE	SOLUTION	10G/15ML	\$0.01200	06-18-2009
LAMICTAL	TABLET	100MG	\$0.16000	08-19-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LAMICTAL	TABLET	150MG	\$0.16000	08-19-2009
LAMICTAL	TABLET	200MG	\$0.24000	08-19-2009
LAMICTAL	TABLET	25MG	\$0.16000	08-19-2009
LAMICTAL	TAB DISPER	25MG	\$0.65000	08-19-2009
LAMICTAL	TAB DISPER	5MG	\$0.65000	08-19-2009
LAMICTAL XR (BLUE)	TB ER DSPK	25(21)-50	\$0.04250	08-19-2009
LAMISIL	TABLET	250MG	\$0.28000	08-11-2007
LAMOTRIGINE	TABLET	100MG	\$0.16000	08-19-2009
LAMOTRIGINE	TABLET	150MG	\$0.16000	08-19-2009
LAMOTRIGINE	TABLET	200MG	\$0.24000	08-19-2009
LAMOTRIGINE	TABLET	25MG	\$0.16000	08-19-2009
LAMOTRIGINE	TAB DISPER	25MG	\$0.65000	08-19-2009
LAMOTRIGINE	TAB DISPER	5MG	\$0.65000	08-19-2009
LAND BEFORE TIME	TAB CHEW		\$0.04000	09-01-2003
LANOXIN	TABLET	125MCG	\$0.19000	02-11-2008
LANOXIN	TABLET	250MCG	\$0.10000	01-01-2005
LASIX	TABLET	20MG	\$0.03500	12-01-2000
LASIX	TABLET	40MG	\$0.05990	09-01-2002
LASIX	TABLET	80MG	\$0.07100	12-01-2000
LAVOCLEN-4	KIT	4%	\$26.00000	06-23-2008
LAVOCLEN-8	KIT	8%	\$26.00000	06-23-2008
LAX STOOL SOFTENER WITH SENNA	TABLET	8.6MG-50MG	\$0.06000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LAXATIVE	SUPP.RECT	10MG	\$0.16000	03-30-1999
LAXATIVE	TABLET	8.6MG	\$0.03100	09-01-1990
LAXATIVE	TAB CHEW	15MG	\$0.03100	08-10-2000
LAXATIVE	TABLET DR	5MG	\$0.01700	10-01-1988
LAXATIVE SUPPOSITORY	SUPP.RECT	10MG	\$0.16000	03-30-1999
LAXMAR	POWDER		\$0.00900	02-08-1993
LECITHIN	CAPSULE	1140MG	\$0.03000	10-01-1988
LECITHIN	CAPSULE	1200MG	\$0.03000	10-01-1988
LECITHIN	CAPSULE	1260MG	\$0.03000	10-01-1988
LECITHIN	CAPSULE	400MG	\$0.03000	10-01-1988
LEFLUNOMIDE	TABLET	10MG	\$1.10000	12-10-2008
LEFLUNOMIDE	TABLET	20MG	\$1.10000	12-10-2008
LEUCOVORIN CALCIUM	TABLET	25MG	\$9.00000	01-01-2005
LEUCOVORIN CALCIUM	TABLET	5MG	\$1.10000	01-01-2005
LEVBID	TAB.SR 12H	0.375MG	\$1.05000	04-01-2009
LEVETIRACETAM	SOLUTION	100MG/ML	\$0.30000	05-20-2009
LEVETIRACETAM	TABLET	1000MG	\$1.10000	05-20-2009
LEVETIRACETAM	TABLET	250MG	\$0.40000	05-20-2009
LEVETIRACETAM	TABLET	500MG	\$0.55000	05-20-2009
LEVETIRACETAM	TABLET	750MG	\$0.67000	05-20-2009
LEVOBUNOLOL HCL	DROPS	0.25%	\$1.26000	01-18-2000
LEVOBUNOLOL HCL	DROPS	0.5%	\$0.50000	08-01-2002

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LEVOCARNITINE	VIAL	200MG/ML	\$3.40000	08-01-2002
LEVOCARNITINE 200 MG/ML VIAL	VIAL	200MG/ML	\$3.40000	08-01-2002
LEVOTHROID	TABLET	100MCG	\$0.15000	06-18-2009
LEVOTHROID	TABLET	112MCG	\$0.17500	06-18-2009
LEVOTHROID	TABLET	125MCG	\$0.18000	06-18-2009
LEVOTHROID	TABLET	150MCG	\$0.17500	06-18-2009
LEVOTHROID	TABLET	175MCG	\$0.21000	06-18-2009
LEVOTHROID	TABLET	200MCG	\$0.20000	06-18-2009
LEVOTHROID	TABLET	25MCG	\$0.11000	06-18-2009
LEVOTHROID	TABLET	300MCG	\$0.27500	06-18-2009
LEVOTHROID	TABLET	50MCG	\$0.12000	06-18-2009
LEVOTHROID	TABLET	75MCG	\$0.13000	06-18-2009
LEVOTHROID	TABLET	88MCG	\$0.14500	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	100MCG	\$0.15000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	112MCG	\$0.17500	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	125MCG	\$0.18000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	150MCG	\$0.17500	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	175MCG	\$0.21000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	200MCG	\$0.20000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	25MCG	\$0.11000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	300MCG	\$0.27500	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	50MCG	\$0.12000	06-18-2009

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## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LEVOTHYROXINE SODIUM	TABLET	75MCG	\$0.13000	06-18-2009
LEVOTHYROXINE SODIUM	TABLET	88MCG	\$0.14500	06-18-2009
LEVOXYL	TABLET	100MCG	\$0.15000	06-18-2009
LEVOXYL	TABLET	112MCG	\$0.17500	06-18-2009
LEVOXYL	TABLET	125MCG	\$0.18000	06-18-2009
LEVOXYL	TABLET	150MCG	\$0.17500	06-18-2009
LEVOXYL	TABLET	175MCG	\$0.21000	06-18-2009
LEVOXYL	TABLET	200MCG	\$0.20000	06-18-2009
LEVOXYL	TABLET	25MCG	\$0.11000	06-18-2009
LEVOXYL	TABLET	50MCG	\$0.12000	06-18-2009
LEVOXYL	TABLET	75MCG	\$0.13000	06-18-2009
LEVOXYL	TABLET	88MCG	\$0.14500	06-18-2009
LEVSIN	TABLET	0.125MG	\$0.72000	04-01-2009
LEVSIN-SL	TAB SUBL	0.125MG	\$0.61200	04-01-2009
LEVSINEX	CAP.SR 12H	0.375MG	\$0.12500	08-01-2002
LIBERTY TEST STRIP	STRIP		\$0.04000	10-01-1988
LIBRIUM	CAPSULE	10MG	\$0.05800	12-01-2000
LIBRIUM	CAPSULE	25MG	\$0.06000	12-01-2000
LIBRIUM	CAPSULE	5MG	\$0.04500	12-01-2000
LICE CREAM RINSE	LIQUID	1%	\$0.10000	08-01-2001
LICE EGG REMOVER	GEL (ML)		\$0.10000	08-25-2009
LICE KILLING	LIQUID	1%	\$0.10000	08-01-2001

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LICE KILLING	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
LICE PYRINYL SHAMPOO	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
LICE TREATMENT	LIQUID	1%	\$0.10000	08-01-2001
LICE TREATMENT	LIQUID	3-0.3%	\$0.03930	08-25-2009
LICE TREATMENT	LIQUID	4%-0.33%	\$0.10000	08-01-2001
LICE TREATMENT	SHAMPOO	3-0.3%	\$0.03930	08-25-2009
LICE TREATMENT	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
LICE-AID	LIQUID	3-0.3%	\$0.03930	08-25-2009
LICIDE	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
LIDOCAINE HCL	JEL	2%	\$0.43000	10-01-2004
LIDOCAINE HCL	JEL/PF APP	2%	\$0.43000	10-01-2004
LIDOCAINE HCL	OINT.(GM)	5%	\$0.26000	10-01-2004
LIDOCAINE HCL VISCOUS	SOLUTION	20MG/ML	\$0.02850	12-01-2002
LIMBITROL	TABLET	12.5-5MG	\$0.37000	01-01-2005
LIMBITROL DS	TABLET	25-10MG	\$0.60000	01-01-2005
LINDANE	LOTION	1%	\$2.00000	09-15-2003
LINDANE	SHAMPOO	1%	\$1.60000	02-15-2004
LIQUID ANTACID	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
LIQUID TEARS	DROPS	1.4%	\$0.15000	01-01-2004
LIQUITEARS	DROPS	1.4%	\$0.15000	01-01-2004
LISINOPRIL	TABLET	10MG	\$0.10000	11-15-2008
LISINOPRIL	TABLET	2.5MG	\$0.05000	11-15-2008

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LISINOPRIL	TABLET	20MG	\$0.15000	11-15-2008
LISINOPRIL	TABLET	30MG	\$0.16310	11-15-2008
LISINOPRIL	TABLET	40MG	\$0.15000	11-15-2008
LISINOPRIL	TABLET	5MG	\$0.08000	11-15-2008
LISINOPRIL-HCTZ	TABLET	10-12.5MG	\$0.09500	06-20-2009
LISINOPRIL-HCTZ	TABLET	20-12.5MG	\$0.15000	06-20-2009
LISINOPRIL-HCTZ	TABLET	20-25MG	\$0.15000	06-20-2009
LISINOPRIL-HCTZ 20-12.5 MG TAB	TABLET	20-12.5MG	\$0.15000	06-20-2009
LISINOPRIL-HCTZ 20-25 MG TAB	TABLET	20-25MG	\$0.15000	06-20-2009
LITE COAT ASPIRIN	TABLET	325MG	\$0.03000	09-01-1990
LITHIUM CARBONATE	CAPSULE	150MG	\$0.96000	02-12-2008
LITHIUM CARBONATE	CAPSULE	300MG	\$0.07000	02-12-2008
LITHIUM CARBONATE	CAPSULE	600MG	\$0.14000	02-12-2008
LITHIUM CARBONATE	TABLET	300MG	\$0.07000	02-12-2008
LITHIUM CARBONATE	TABLET SA	300MG	\$0.20000	02-12-2008
LITHIUM CARBONATE	TABLET SA	450MG	\$0.28800	02-12-2008
LITHIUM CITRATE	SOLUTION	8MEQ/5ML	\$0.03000	02-12-2008
LITHOBID	TABLET SA	300MG	\$0.20000	02-12-2008
LITTLE ANIMALS	TAB CHEW		\$0.04000	06-20-2009
LITTLE ANIMALS WITH IRON	TAB CHEW		\$0.04000	09-01-2003
LO-DOSE ASPIRIN	TABLET DR	81MG	\$0.03000	01-01-2004
LO-PERAMIDE	TABLET	2MG	\$0.12000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LOCOID	CREAM(GM)	0.1%	\$1.10000	08-19-2009
LOCOID	OINT.(GM)	0.1%	\$0.60000	08-19-2009
LOCOID	SOLUTION	0.1%	\$0.35000	08-19-2009
LODRANE	TAB.SR 12H	45-6MG	\$0.65000	06-01-2009
LOFIBRA	CAPSULE	134MG	\$1.76000	08-01-2009
LOFIBRA	CAPSULE	200MG	\$2.00000	08-01-2009
LOFIBRA	CAPSULE	67MG	\$0.60000	08-01-2009
LOFIBRA	TABLET	160MG	\$1.76000	08-01-2009
LOFIBRA	TABLET	54MG	\$0.60000	08-01-2009
LOHIST 12D	TAB.SR 12H	45-6MG	\$0.65000	06-01-2009
LOHIST-D	LIQUID	30-2MG/5ML	\$0.10000	06-01-2009
LOKARA	LOTION	0.05%	\$0.54410	01-01-2007
LOMOTIL	LIQUID	2.5025/5	\$0.12500	01-15-2001
LOMOTIL	TABLET	2.5025MG	\$0.10000	01-01-2005
LONG ACTING NASAL DECONGESTANT	TABLET SA	120MG	\$0.28000	11-01-2007
LONG ACTING NASAL SPRAY	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
LONOX	TABLET	2.5025MG	\$0.10000	01-01-2005
LOPERAMIDE	CAPSULE	2MG	\$0.09000	08-01-2003
LOPERAMIDE	LIQUID	1MG/5ML	\$0.02500	01-01-2004
LOPERAMIDE	TABLET	2MG	\$0.12000	01-01-2005
LOPID	TABLET	600MG	\$0.15000	06-18-2009
LOPRESSOR	TABLET	100MG	\$0.06000	06-13-2000

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LOPRESSOR	TABLET	50MG	\$0.02800	09-01-2002
LOPROX	CREAM(GM)	0.77%	\$0.80000	12-10-2008
LOPROX	SUSPENSION	0.77%	\$1.20000	11-01-2008
LORADAMED	TABLET	10MG	\$0.14400	01-10-2009
LORATADINE	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
LORATADINE	TABLET	10MG	\$0.14400	01-10-2009
LORATADINE	TAB RAPDIS	10MG	\$0.47000	08-01-2003
LORAZEPAM	DISP SYRIN	2MG/ML	\$2.25000	10-01-2007
LORAZEPAM	DISP SYRIN	4MG/ML	\$4.10000	01-01-2001
LORAZEPAM	VIAL	2MG/ML	\$2.70000	01-01-2005
LORAZEPAM	VIAL	4MG/ML	\$4.10000	01-01-2001
LORAZEPAM	TABLET	0.5MG	\$0.07000	11-15-2008
LORAZEPAM	TABLET	1MG	\$0.09000	11-15-2008
LORAZEPAM	TABLET	2MG	\$0.15000	11-15-2008
LORCET 10-650	TABLET	10MG-650MG	\$0.13500	12-01-2000
LORCET PLUS	TABLET	7.5-650MG	\$0.10950	12-01-2000
LORTAB	SOLUTION	2.5-167/5	\$0.05600	05-02-2002
LORTAB	SOLUTION	7.5-500/15	\$0.05600	05-02-2002
LORTAB	TABLET	10MG-500MG	\$0.23000	01-01-2005
LORTAB	TABLET	5MG-500MG	\$0.08000	03-20-2004
LORTAB	TABLET	7.5-500MG	\$0.12000	01-01-2005
LOTENSIN	TABLET	10MG	\$0.14000	06-15-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LOTENSIN	TABLET	20MG	\$0.14000	06-15-2004
LOTENSIN	TABLET	40MG	\$0.14000	06-15-2004
LOTENSIN	TABLET	5MG	\$0.14000	06-15-2004
LOTENSIN HCT	TABLET	10-12.5MG	\$0.19000	06-15-2004
LOTENSIN HCT	TABLET	20-12.5MG	\$0.19000	06-15-2004
LOTENSIN HCT	TABLET	20-25MG	\$0.19000	06-15-2004
LOTENSIN HCT	TABLET	5-6.25MG	\$0.19000	06-15-2004
LOTREL	CAPSULE	10MG-20MG	\$2.92000	12-08-2007
LOTREL	CAPSULE	2.5MG-10MG	\$2.33000	12-08-2007
LOTREL	CAPSULE	5-10MG	\$2.38000	12-08-2007
LOTREL	CAPSULE	5MG-20MG	\$2.50000	12-08-2007
LOTRIMIN AF	CREAM(GM)	1%	\$0.45000	05-01-2003
LOTRIMIN AF	SOLUTION	1%	\$0.60000	12-01-2000
LOTRISONE	CREAM(GM)	1-0.05%	\$0.39000	04-01-2005
LOVASTATIN	TABLET	10MG	\$0.19000	06-18-2009
LOVASTATIN	TABLET	20MG	\$0.30000	01-01-2009
LOVASTATIN	TABLET	40MG	\$0.30000	01-01-2009
LOXAPINE	CAPSULE	10MG	\$0.84750	02-11-2008
LOXAPINE	CAPSULE	25MG	\$1.44250	02-11-2008
LOXAPINE	CAPSULE	50MG	\$1.92750	02-11-2008
LOXAPINE	CAPSULE	5MG	\$0.74500	02-11-2008
LOXITANE	CAPSULE	10MG	\$0.84750	02-11-2008

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
LOXITANE	CAPSULE	25MG	\$1.44250	02-11-2008
LOXITANE	CAPSULE	50MG	\$1.92750	02-11-2008
LOXITANE	CAPSULE	5MG	\$0.74500	02-11-2008
LUBRI-SKIN	LOTION		\$0.01000	04-01-2007
LUBRICANT EYE	DROPS	0.3%-1%	\$0.15000	01-01-2004
LUBRICANT EYE	DROPS	1.4%	\$0.15000	01-01-2004
LUBRICATING JELLY	JELLY		\$0.01000	01-01-2002
LUBRICATING SKIN	LOTION		\$0.01000	04-01-2007
LUBRIDERM	LOTION		\$0.01000	04-01-2007
LUBRIDERM DAILY MOISTURE	LOTION		\$0.01000	04-01-2007
LUBRIGEL	JELLY		\$0.01000	01-01-2002
LUBRISOFT	LOTION		\$0.01000	04-01-2007
LURIDE	TAB CHEW	0.25(0.55)	\$0.05000	04-01-2009
LURIDE	TAB CHEW	0.25MG	\$0.05000	04-01-2009
LURIDE	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
LURIDE	TAB CHEW	0.5MG	\$0.05000	04-01-2009
LURIDE	TAB CHEW	1MG	\$0.05000	04-01-2009
LURIDE	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
LUTEIN VISON FORMULA	CAPSULE		\$0.06000	01-01-2002
LYSINE	TABLET	1000MG	\$0.05000	02-08-1993
M-VIT	TABLET	27-1MG	\$0.08500	04-01-2004
M-VIT	TABLET	27MG-1MG	\$0.08500	04-01-2004

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MAALOX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MAALOX ADVANCED	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MAALOX QUICK DISSOLVE	TAB CHEW	1000MG	\$0.03000	04-01-2000
MAALOX QUICK DISSOLVE	TAB CHEW	600MG	\$0.03000	04-06-2000
MACROBID	CAPSULE	100MG	\$1.00000	01-01-2005
MACRODANTIN	CAPSULE	100MG	\$1.40000	12-10-2002
MACRODANTIN	CAPSULE	50MG	\$0.90000	12-10-2002
MACUVITE	TABLET		\$0.04000	10-19-1999
MAG 64	TABLET SA	64MG	\$0.10000	10-01-2005
MAG DELAY	TABLET SA	64MG	\$0.10000	10-01-2005
MAG-AL PLUS	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MAG-G	TABLET	500MG	\$0.10940	07-10-1995
MAG-OXIDE	TABLET	400MG	\$0.10940	07-10-1995
MAG-SR	TABLET SA	64MG	\$0.10000	10-01-2005
MAG-SR PLUS CALCIUM	TABLET SA	64MG	\$0.10000	10-01-2005
MAG-TAB SR	TABLET SA	84MG	\$0.10940	07-10-1995
MAG64	TABLET SA	64MG	\$0.10000	10-01-2005
MAGIC BULLET	SUPP.RECT	10MG	\$0.16000	03-30-1999
MAGINEX	TABLET DR	615MG	\$0.10940	04-01-1993
MAGINEX	TABLET DR	61MG(615)	\$0.10940	04-01-1993
MAGINEX DS	POWD PACK	122(1230)	\$0.10940	04-01-1993
MAGINEX DS	PACKET	1230MG	\$0.10940	04-01-1993

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MAGLOX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MAGNESIUM	CAPSULE	300MG	\$0.04000	12-19-2008
MAGNESIUM	CAPSULE	500MG	\$0.04000	12-19-2008
MAGNESIUM	TABLET	200MG	\$0.10940	07-10-1995
MAGNESIUM	TABLET	250MG	\$0.03500	04-23-2009
MAGNESIUM	TABLET	27MG	\$0.04000	12-19-2008
MAGNESIUM	TABLET	30MG	\$0.10940	07-10-1995
MAGNESIUM DR	TABLET DR	64MG	\$0.11000	12-19-2008
MAGNESIUM DR	TABLET SA	64MG	\$0.10000	10-01-2005
MAGNESIUM GLUCONATE	TABLET	200MG	\$0.10940	07-10-1995
MAGNESIUM GLUCONATE	TABLET	250MG	\$0.04000	12-19-2008
MAGNESIUM GLUCONATE	TABLET	30MG	\$0.10940	07-10-1995
MAGNESIUM GLUCONATE	TABLET	500MG	\$0.10940	07-10-1995
MAGNESIUM GLUCONATE	TABLET	550MG	\$0.04000	12-19-2008
MAGNESIUM HYDR-ALUMINUM HYDR	ORAL SUSP	200-225/5	\$0.00600	01-01-2002
MAGNESIUM OXIDE	CAPSULE	500MG	\$0.04000	12-19-2008
MAGNESIUM OXIDE	TABLET	250MG	\$0.04000	12-19-2008
MAGNESIUM OXIDE	TABLET	400MG	\$0.10940	07-10-1995
MAGNESIUM OXIDE	TABLET	420MG	\$0.04000	12-19-2008
MAGNESIUM OXIDE	TABLET	500MG	\$0.04000	12-19-2008
MAGNESIUM SULFATE	VIAL	4MEQ/ML	\$0.07900	04-06-2001
MAGONATE	TABLET	27MG	\$0.10940	07-10-1995

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MAGOX	TABLET	400MG	\$0.10940	07-10-1995
MAGTRATE	TABLET	500MG	\$0.10940	07-10-1995
MALDROXAL	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MANDELAMINE	TABLET	1G	\$0.26000	09-01-2004
MANGANESE	TABLET		\$0.02000	02-08-1993
MANGANESE GLUCONATE	TABLET	50MG	\$0.02000	02-08-1993
MAOX	TABLET	420MG	\$0.04000	12-19-2008
MAPAP	CAPSULE	500MG	\$0.03600	06-01-2009
MAPAP	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
MAPAP	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
MAPAP	SOLUTION	160MG/5ML	\$0.01300	02-08-1993
MAPAP	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
MAPAP	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
MAPAP	TABLET	325MG	\$0.02000	01-01-2002
MAPAP	TABLET	500MG	\$0.03700	01-01-2002
MAPAP	TAB CHEW	80MG	\$0.04500	06-01-1994
MAPAP ARTHRITIS PAIN	TABLET SA	650MG	\$0.05000	07-30-1999
MAPAP PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
MAPAP SINUS MAX-STRENGTH	TABLET	30MG-500MG	\$0.05000	01-01-2002
MAPROTILINE HCL	TABLET	25MG	\$0.30000	01-01-2005
MAPROTILINE HCL	TABLET	50MG	\$0.39000	01-01-2005
MAPROTILINE HCL	TABLET	75MG	\$0.53000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MAREPA	CAPSULE	240-360-5	\$0.04000	01-01-2001
MARGESIC H	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
MARINOL	CAPSULE	10MG	\$10.80000	01-10-2009
MARINOL	CAPSULE	2.5MG	\$4.80000	01-10-2009
MARINOL	CAPSULE	5MG	\$5.76000	01-10-2009
MARNATAL-F PLUS	COMBO. PKG	60MG-1MG	\$0.04250	08-19-2009
MASANTI	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MASOPHEN	TABLET	325MG	\$0.02000	01-01-2002
MASOPHEN	TABLET	500MG	\$0.03700	01-01-2002
MATERNITY	TABLET	27-1MG	\$0.08500	04-01-2004
MATERNITY	TABLET	27MG-1MG	\$0.08500	04-01-2004
MATURE ADULT CENTURY	TABLET		\$0.03500	08-02-2002
MAVIK	TABLET	1MG	\$0.60000	12-10-2008
MAVIK	TABLET	2MG	\$0.60000	12-10-2008
MAVIK	TABLET	4MG	\$0.60000	12-10-2008
MAX EPA	CAPSULE	1000MG	\$0.10000	04-23-2009
MAX-STRENGTH SINUS NON-DROWSY	TABLET	30MG-500MG	\$0.05000	01-01-2002
MAXAPAP	TABLET	325MG	\$0.02000	01-01-2002
MAXAPAP	TABLET	500MG	\$0.03700	01-01-2002
MAXEPA	CAPSULE	500MG	\$0.10000	04-23-2009
MAXICHLOR PEH	TABLET	10MG-4MG	\$0.07500	06-01-2009
MAXICHLOR PSE	TABLET	60MG-4MG	\$0.02750	06-01-2009

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Run Date: 10/01/2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MAXILUBE	JELLY		\$0.01000	01-01-2002
MAXINATE	TABLET	20MG-0.8MG	\$0.08500	04-01-2004
MAXITROL	OINT.(GM)	3.5-10K1	\$1.07130	12-01-2000
MAXITROL	DROPS SUSP	0.1%	\$0.41000	05-01-2005
MAXZIDE	TABLET	75-50MG	\$0.04000	01-01-2005
MAXZIDE-25MG	TABLET	37.5-25MG	\$0.11000	01-01-2005
MEBENDAZOLE	TAB CHEW	100MG	\$3.80000	08-15-2003
MECLIZINE HCL	TABLET	12.5MG	\$0.06000	11-15-2008
MECLIZINE HCL	TABLET	25MG	\$0.08000	11-15-2008
MECLIZINE HCL	TAB CHEW	25MG	\$0.03900	12-01-2000
MECLOFENAMATE SODIUM	CAPSULE	100MG	\$0.82000	01-07-2009
MECLOFENAMATE SODIUM	CAPSULE	50MG	\$0.50000	01-07-2009
MEDI-GEN	CREAM(GM)	0.025%	\$0.07000	04-01-2002
MEDI-LICE	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
MEDI-MECLIZINE	TABLET	25MG	\$0.08000	11-15-2008
MEDI-MILK OF MAGNESIA	ORAL SUSP	400MG/5ML	\$0.00500	07-10-1995
MEDI-NATURAL	TABLET	8.6MG	\$0.03100	09-01-1990
MEDI-NATURAL SENNA STOOL SOFT	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
MEDI-PHEDRINE	TABLET	30MG	\$0.03370	01-06-1994
MEDI-PHEDRINE	TABLET SA	120MG	\$0.28000	11-01-2007
MEDI-PHEDRINE PLUS	TABLET	60MG-4MG	\$0.02750	06-01-2009
MEDI-PHEDRYL	CAPSULE	25MG	\$0.02500	12-01-2000

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MEDI-PHEDRYL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
MEDI-PROFEN	TABLET	200MG	\$0.03000	12-10-2008
MEDI-TABS	TABLET	325MG	\$0.02000	01-01-2002
MEDI-TABS	TABLET	500MG	\$0.03700	01-01-2002
MEDI-TABS	TABLET	500MG-25MG	\$0.05000	04-01-2000
MEDI-TABS EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
MEDI-TABS PAIN RELIEVER	DROPS	100MG/ML	\$0.10000	10-01-1988
MEDI-TABS PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
MEDI-TABS SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
MEDI-TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
MEDI-TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
MEDI-TUSSIN CF	SYRUP	100-10-30	\$0.01800	01-01-2004
MEDI-TUSSIN COUGH-COLD	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
MEDI-TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
MEDI-TUSSIN DM DIABETIC	LIQUID	100-10MG/5	\$0.01780	10-01-1995
MEDI-TUSSIN PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
MEDI-TUSSIN SEVERE CONGESTION	CAPSULE	200-30MG	\$0.07000	01-01-2002
MEDIFIN EXPECTORANT	TABLET	200MG	\$0.08000	05-27-1999
MEDIPROXEN	TABLET	220MG	\$0.04610	12-01-2000
MEDROL	TABLET	4MG	\$0.12500	06-18-2009
MEDROL	TAB DS PK	4MG	\$0.12500	06-18-2009
MEDROXYPROGESTERONE ACETATE	DISP SYRIN	150MG/ML	\$40.00000	06-18-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MEDROXYPROGESTERONE ACETATE	VIAL	150MG/ML	\$40.00000	06-18-2009
MEDROXYPROGESTERONE ACETATE	TABLET	10MG	\$0.10000	06-18-2009
MEDROXYPROGESTERONE ACETATE	TABLET	2.5MG	\$0.09000	07-15-2004
MEDROXYPROGESTERONE ACETATE	TABLET	5MG	\$0.10500	01-01-2005
MEGA MULTI W-CHELATED MINERALS	TABLET		\$0.04000	12-26-1996
MEGA MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
MEGA MULTIVITAMIN WITH MINERAL	TABLET		\$0.04000	12-26-1996
MEGA VITE 75	TABLET		\$0.04000	12-26-1996
MEGA-VITE	TABLET		\$0.04000	12-26-1996
MEGACE	ORAL SUSP	400MG/10ML	\$0.15000	06-18-2009
MEGASTRESS W-C	TABLET		\$0.06000	09-01-1990
MEGESTROL ACETATE	ORAL SUSP	400MG/10ML	\$0.15000	06-18-2009
MEGESTROL ACETATE	TABLET	20MG	\$0.20000	06-18-2009
MEGESTROL ACETATE	TABLET	40MG	\$0.36000	01-01-2005
MELATONIN	DROPS	1MG/4ML	\$0.00400	08-25-2009
MELATONIN	TABLET		\$0.01500	08-25-2009
MELATONIN	TABLET	1MG	\$0.01500	08-25-2009
MELATONIN	TABLET	1MG-10MG	\$0.01500	08-25-2009
MELATONIN	TABLET	300MCG	\$0.01500	08-25-2009
MELATONIN	TABLET	3MG-2MG	\$0.01500	08-25-2009
MELATONIN	TABLET	5MG	\$0.01500	08-25-2009
MELATONIN	TABLET	5MG-1MG	\$0.01500	08-25-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MELATONIN	TABLET SA	3MG	\$0.01500	08-25-2009
MELATONIN	TAB SUBL	2.5-0.5MG	\$0.01500	08-25-2009
MELATONIN	TAB SUBL	5MG	\$0.01500	08-25-2009
MELATONIN FORTE	TABLET	3MG-40MG	\$0.01500	08-25-2009
MELOXICAM	TABLET	15MG	\$0.09000	05-20-2009
MELOXICAM	TABLET	7.5MG	\$0.08000	05-20-2009
MEN'S DAILY MULTIVIT-MINERAL	TABLET	0.4MG-600	\$0.04000	02-08-1993
MEN'S MULTI-VITAMIN	TABLET		\$0.04000	02-08-1993
MEN'S MULTIPLUS	TABLET		\$0.04000	04-20-1998
MEN'S ONE DAILY	TABLET		\$0.04000	12-26-1996
MEPERIDINE HCL	TABLET	100MG	\$0.40000	06-18-2009
MEPERIDINE HCL	TABLET	50MG	\$0.22000	06-18-2009
MEPERITAB	TABLET	100MG	\$0.40000	06-18-2009
MEPERITAB	TABLET	50MG	\$0.22000	06-18-2009
MEPROBAMATE	TABLET	200MG	\$0.90000	04-01-2003
MEPROBAMATE	TABLET	400MG	\$1.20000	01-01-2005
MEPROLONE UNIPAK	TAB DS PK	4MG	\$0.12500	06-18-2009
MESTINON	TABLET	60MG	\$0.35000	01-01-2009
METADATE ER	TABLET SA	20MG	\$0.35000	06-18-2009
METAFIBER	POWDER		\$0.02100	07-01-2006
METAMUCIL	POWDER		\$0.02100	07-01-2006
METAMUCIL	PACKET		\$0.11340	02-08-1993

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Run Date: 10/01/2009

Services Corporation

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
METAMUCIL OT	POWDER		\$0.00900	02-08-1993
METAMUCIL SUNRISE SMOOTH	PACKET		\$0.11340	02-08-1993
METAPROTERENOL SULFATE	SYRUP	10MG/5ML	\$0.02000	01-01-2005
METAPROTERENOL SULFATE	TABLET	10MG	\$0.24000	01-01-2005
METAPROTERENOL SULFATE	TABLET	20MG	\$0.34000	01-01-2005
METFORMIN HCL	TABLET	1000MG	\$0.14000	05-20-2009
METFORMIN HCL	TABLET	500MG	\$0.07500	05-20-2009
METFORMIN HCL	TABLET	850MG	\$0.12000	05-20-2009
METFORMIN HCL ER	TAB.SR 24H	500MG	\$0.16000	01-01-2005
METFORMIN HCL ER	TAB.SR 24H	750MG	\$0.33000	05-20-2009
METHADEX	DROPS SUSP	0.1%	\$0.41000	05-01-2005
METHADONE HCL	TABLET	10MG	\$0.11000	03-15-2009
METHADONE HCL	TABLET	5MG	\$0.07500	03-15-2009
METHADONE HCL	TABLET SOL	40MG	\$0.27500	03-15-2009
METHADOSE	TABLET	10MG	\$0.11000	03-15-2009
METHADOSE	TABLET	5MG	\$0.07500	03-15-2009
METHADOSE	TABLET SOL	40MG	\$0.27500	03-15-2009
METHAZOLAMIDE	TABLET	25MG	\$0.14000	12-01-2000
METHAZOLAMIDE	TABLET	50MG	\$0.20000	12-01-2000
METHENAMINE MANDELATE	TABLET	1G	\$0.26000	09-01-2004
METHIMAZOLE	TABLET	10MG	\$0.35000	06-18-2009
METHIMAZOLE	TABLET	5MG	\$0.20000	06-18-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
METHOCARBAMOL	TABLET	500MG	\$0.10000	06-18-2009
METHOCARBAMOL	TABLET	750MG	\$0.10000	06-18-2009
METHOTREXATE	TABLET	2.5MG	\$0.25000	06-18-2009
METHYCLOTHIAZIDE	TABLET	5MG	\$0.30000	01-01-2005
METHYLDOPA	TABLET	250MG	\$0.09000	12-01-2000
METHYLDOPA	TABLET	500MG	\$0.20000	02-15-2004
METHYLDOPA-HYDROCHLOROTHIAZIDE	TABLET	250-15MG	\$0.14000	01-01-2005
METHYLDOPA-HYDROCHLOROTHIAZIDE	TABLET	250-25MG	\$0.11000	12-01-2000
METHYLIN	TABLET	10MG	\$0.12000	06-18-2009
METHYLIN	TABLET	20MG	\$0.20000	06-18-2009
METHYLIN	TABLET	5MG	\$0.24000	01-01-2005
METHYLIN ER	TABLET SA	20MG	\$0.35000	06-18-2009
METHYLPHENIDATE ER	TABLET SA	20MG	\$0.35000	06-18-2009
METHYLPHENIDATE HCL	TABLET	10MG	\$0.12000	06-18-2009
METHYLPHENIDATE HCL	TABLET	20MG	\$0.20000	06-18-2009
METHYLPHENIDATE HCL	TABLET	5MG	\$0.24000	01-01-2005
METHYLPHENIDATE SR	TABLET SA	20MG	\$0.35000	06-18-2009
METHYLPREDNISOLONE	TABLET	4MG	\$0.12500	06-18-2009
METHYLPREDNISOLONE	TAB DS PK	4MG	\$0.12500	06-18-2009
METOCLOPRAMIDE HCL	SOLUTION	5MG/5ML	\$0.01250	12-01-2000
METOCLOPRAMIDE HCL	TABLET	10MG	\$0.08500	09-01-2004
METOCLOPRAMIDE HCL	TABLET	5MG	\$0.06000	06-18-2009

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
METOLAZONE	TABLET	10MG	\$1.00000	06-18-2009
METOLAZONE	TABLET	2.5MG	\$0.50000	06-18-2009
METOLAZONE	TABLET	5MG	\$0.80000	06-18-2009
METOPROLOL SUCCINATE	TAB.SR 24H	100MG	\$1.40000	05-20-2009
METOPROLOL SUCCINATE	TAB.SR 24H	200MG	\$2.20000	05-20-2009
METOPROLOL SUCCINATE	TAB.SR 24H	25MG	\$0.90000	05-20-2009
METOPROLOL SUCCINATE	TAB.SR 24H	50MG	\$0.90000	05-20-2009
METOPROLOL TARTRATE	TABLET	100MG	\$0.06000	06-13-2000
METOPROLOL TARTRATE	TABLET	25MG	\$0.07000	12-01-2004
METOPROLOL TARTRATE	TABLET	50MG	\$0.02800	09-01-2002
METROCREAM	CREAM(GM)	0.75%	\$1.00000	08-19-2009
METROGEL-VAGINAL	GEL W/APPL	0.75%	\$0.42860	08-19-2009
METROLOTION	LOTION	0.75%	\$1.20000	08-19-2009
METRONIDAZOLE	CAPSULE	375MG	\$3.75000	08-19-2009
METRONIDAZOLE	GEL (GM)	0.75%	\$0.59000	08-19-2009
METRONIDAZOLE	GEL W/APPL	0.75%	\$0.42860	08-19-2009
METRONIDAZOLE	CREAM(GM)	0.75%	\$1.00000	08-19-2009
METRONIDAZOLE	LOTION	0.75%	\$0.95000	08-19-2009
METRONIDAZOLE	TABLET	250MG	\$0.07000	03-01-2003
METRONIDAZOLE	TABLET	500MG	\$0.10000	06-18-2009
METRONIDAZOLE TOPICAL 0.75% GL	GEL (GM)	0.75%	\$0.59000	08-19-2009
MEVACOR	TABLET	20MG	\$0.30000	01-01-2009

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MEVACOR	TABLET	40MG	\$0.30000	01-01-2009
MEXILETINE HCL	CAPSULE	150MG	\$0.25000	12-01-2000
MEXILETINE HCL	CAPSULE	200MG	\$0.40000	12-01-2000
MEXILETINE HCL	CAPSULE	250MG	\$0.45000	12-01-2000
MI ACID	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MI-ACID	TAB CHEW	80MG	\$0.04500	02-08-1993
MICADERM	CREAM(GM)	2%	\$0.08000	01-01-2004
MICATIN	CREAM(GM)	2%	\$0.08000	01-01-2004
MICONAZOLE 7	CREAM/APPL	2%	\$0.13500	01-01-2005
MICONAZOLE 7	SUPP.VAG	100MG	\$0.90000	01-01-2005
MICONAZOLE NITRATE	CREAM(GM)	2%	\$0.08000	01-01-2004
MICONAZOLE NITRATE	CREAM/APPL	2%	\$0.13500	01-01-2005
MICONAZOLE NITRATE	SUPP.VAG	100MG	\$0.90000	01-01-2005
MICRO	STRIP		\$0.04000	10-01-1988
MICRO-GUARD	CREAM(GM)	2%	\$0.08000	01-01-2004
MICRO-K	CAPSULE SA	10MEQ	\$0.18000	06-10-2003
MICRONASE	TABLET	1.25MG	\$0.08500	08-01-2002
MICRONASE	TABLET	2.5MG	\$0.11300	08-01-2002
MICRONASE	TABLET	5MG	\$0.10000	06-18-2009
MICROZIDE	CAPSULE	12.5MG	\$0.05000	04-20-2009
MIDAMOR	TABLET	5MG	\$1.08000	01-01-2009
MIDAZOLAM HCL	SYRUP	2MG/ML	\$0.80000	01-01-2007

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MIDODRINE HCL	TABLET	10MG	\$3.00000	11-01-2008
MIDODRINE HCL	TABLET	2.5MG	\$0.70000	06-18-2009
MIDODRINE HCL	TABLET	5MG	\$1.50000	11-01-2008
MIDOL MENSTRUAL HEADACHE	TABLET	500MG-65MG	\$0.03500	10-01-1995
MIDRIN	CAPSULE	65-325-100	\$0.12000	01-01-2000
MIGRAINE FORMULA	TABLET	250-250-65	\$0.03000	10-01-1995
MIGRAINE PAIN-RELIEVER	TABLET	250-250-65	\$0.03000	10-01-1995
MIGRAINE RELIEF	TABLET	250-250-65	\$0.03000	10-01-1995
MIGRAZONE	CAPSULE	65-325-100	\$0.12000	01-01-2000
MILANTEX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MILES NERVINE	TABLET	25MG	\$0.02500	01-15-2001
MILK OF MAGNESIA	ORAL SUSP	2400MG/10	\$0.01442	01-02-1998
MILK OF MAGNESIA	ORAL SUSP	400MG/5ML	\$0.00500	07-10-1995
MILK OF MAGNESIA	ORAL SUSP	800MG/5ML	\$0.01442	01-02-1998
MILLIPRED	SOLUTION	10MG/5ML	\$0.20000	11-01-2008
MILLIPRED	TABLET	5MG	\$0.07500	03-15-2009
MILLIPRED DP	TABLET	5MG	\$0.07500	03-15-2009
MINERIN	CREAM(GM)		\$0.01800	04-01-2007
MINIPRESS	CAPSULE	1MG	\$0.13000	04-20-2009
MINIPRESS	CAPSULE	2MG	\$0.27000	04-20-2009
MINIPRESS	CAPSULE	5MG	\$0.40000	01-01-2005
MINITRAN	PATCH TD24	0.1MG/HR	\$0.69000	06-15-2004

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MINITRAN	PATCH TD24	0.2MG/HR	\$0.71000	06-15-2004
MINITRAN	PATCH TD24	0.4MG/HR	\$0.65000	05-01-2005
MINITRAN	PATCH TD24	0.6MG/HR	\$1.00000	01-01-2005
MINOCIN	CAPSULE	100MG	\$0.36800	01-10-2009
MINOCIN	CAPSULE	50MG	\$0.16800	01-10-2009
MINOCIN	KIT	100MG	\$0.64000	03-01-2007
MINOCIN	KIT	50MG	\$0.44000	03-01-2007
MINOCYCLINE HCL	CAPSULE	100MG	\$0.36800	01-10-2009
MINOCYCLINE HCL	CAPSULE	50MG	\$0.16800	01-10-2009
MINOCYCLINE HCL	CAPSULE	75MG	\$0.26800	01-10-2009
MINOCYCLINE HCL	TABLET	100MG	\$0.64000	04-15-2006
MINOCYCLINE HCL	TABLET	50MG	\$0.44000	04-15-2006
MINOCYCLINE HCL	TABLET	75MG	\$0.54000	03-01-2007
MINOXIDIL	TABLET	10MG	\$0.40000	06-18-2009
MINOXIDIL	TABLET	2.5MG	\$0.20000	09-30-1999
MINTOX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MIRALAX	POWDER	100%	\$0.05000	06-01-2007
MIRALAX	POWDER	17G/DOSE	\$0.05000	06-01-2007
MIRTAZAPINE	TABLET	15MG	\$0.20000	06-18-2009
MIRTAZAPINE	TABLET	30MG	\$0.22000	06-18-2009
MIRTAZAPINE	TABLET	45MG	\$0.33000	06-18-2009
MISOPROSTOL	TABLET	100MCG	\$0.53000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MISOPROSTOL	TABLET	200MCG	\$0.70000	08-20-2003
MISSION PRENATAL	TABLET	30-0.4MG	\$0.08500	04-01-2004
MISSION PRENATAL FA	TABLET	30-0.8MG	\$0.08500	04-01-2004
MISSION PRENATAL HP	TABLET	30-0.8MG	\$0.08500	04-01-2004
MOBIC	TABLET	15MG	\$0.09000	05-20-2009
MOBIC	TABLET	7.5MG	\$0.08000	05-20-2009
MOEXIPRIL HCL	TABLET	15MG	\$0.50000	07-15-2009
MOEXIPRIL HCL	TABLET	7.5MG	\$0.25500	07-15-2009
MOEXIPRIL-HYDROCHLOROTHIAZIDE	TABLET	15-12.5MG	\$0.80000	04-20-2009
MOEXIPRIL-HYDROCHLOROTHIAZIDE	TABLET	15-25MG	\$0.80000	04-20-2009
MOEXIPRIL-HYDROCHLOROTHIAZIDE	TABLET	7.5-12.5MG	\$0.80000	04-20-2009
MOIST SKIN	CREAM(GM)	12%	\$0.05500	09-01-2001
MOIST SKIN	LIQUID	12%	\$0.04000	09-01-2001
MOIST SKIN	LOTION	12%	\$0.04000	09-01-2001
MOISTURE BARRIER	CREAM(GM)		\$0.01800	04-01-2007
MOISTURE EYES	DROPS	0.3%-1%	\$0.15000	01-01-2004
MOISTURIN	CREAM(GM)		\$0.01800	04-01-2007
MOISTURIZING CREAM	CREAM(GM)		\$0.01800	04-01-2007
MOMETASONE FUROATE	CREAM(GM)	0.1%	\$0.50000	06-18-2009
MOMETASONE FUROATE	OINT.(GM)	0.1%	\$0.93000	12-10-2008
MOMETASONE FUROATE 0.1% OINT	OINT.(GM)	0.1%	\$0.93000	12-10-2008
MONARC-M	VIAL	1250 (+/-)	\$0.72075	05-27-1999

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MONARC-M	VIAL	1250(+/-)U	\$0.72075	05-27-1999
MONARC-M	VIAL	1850(+/-)U	\$0.72075	07-01-2007
MONARC-M	VIAL	310 (+/-)	\$0.72075	02-01-2006
MONARC-M	VIAL	310 (+/-)U	\$0.72075	02-01-2006
MONARC-M	VIAL	600 (+/-)U	\$0.72075	02-01-2006
MONISTAT 7	CRM/PF APP	2%	\$0.17357	08-19-2009
MONISTAT 7	CREAM/APPL	2%	\$0.13500	01-01-2005
MONISTAT 7	SUPP.VAG	100MG	\$0.90000	01-01-2005
MONOCLATE-P	KIT	1000 (+/-)	\$0.72075	05-27-1999
MONOCLATE-P	KIT	1000(+/-)U	\$0.72075	05-27-1999
MONOCLATE-P	KIT	1500 (+/-)	\$0.72075	05-26-2004
MONOCLATE-P	KIT	1500(+/-)U	\$0.72075	05-26-2004
MONOCLATE-P	KIT	250 (+/-)	\$0.72075	05-27-1999
MONOCLATE-P	KIT	250 (+/-)U	\$0.72075	05-27-1999
MONOCLATE-P	KIT	500 (+/-)	\$0.72075	05-27-1999
MONOCLATE-P	KIT	500 (+/-)U	\$0.72075	05-27-1999
MONOJECT PREFILL	DISP SYRIN	0.9%	\$0.17100	01-01-2002
MONOJECT PREFILL ADVANCED	DISP SYRIN	0.9%	\$0.17100	01-01-2002
MONOKET	TABLET	10MG	\$0.40000	05-20-2009
MONOKET	TABLET	20MG	\$0.15000	06-18-2009
MONONINE	VIAL	1000 (+/-)	\$0.90500	05-20-2009
MONONINE	VIAL	1000(+/-)U	\$0.90500	05-20-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MONONINE	VIAL	500 (+/-)	\$0.90500	05-20-2009
MONONINE	VIAL	500 (+/-)U	\$0.90500	05-20-2009
MONOPRIL	TABLET	10MG	\$0.25000	06-18-2009
MONOPRIL	TABLET	20MG	\$0.25000	06-18-2009
MONOPRIL	TABLET	40MG	\$0.25000	06-18-2009
MONOPRIL HCT	TABLET	10-12.5MG	\$0.90000	06-18-2009
MONOPRIL HCT	TABLET	20-12.5MG	\$0.90000	06-18-2009
MORPHINE SULFATE	TABLET HYP	15MG	\$0.25000	06-18-2009
MORPHINE SULFATE	TABLET HYP	30MG	\$0.40000	06-18-2009
MORPHINE SULFATE	TABLET SA	100MG	\$1.10000	06-18-2009
MORPHINE SULFATE	TABLET SA	15MG	\$0.43000	01-01-2005
MORPHINE SULFATE	TABLET SA	200MG	\$4.51000	01-01-2005
MORPHINE SULFATE	TABLET SA	30MG	\$0.83000	01-01-2005
MORPHINE SULFATE	TABLET SA	60MG	\$0.70000	06-18-2009
MOTION SICKNESS	TABLET	25MG	\$0.08000	11-15-2008
MOTION SICKNESS	TABLET	50MG	\$0.02000	10-01-1988
MOTION SICKNESS II	TABLET	25MG	\$0.08000	11-15-2008
MOTION SICKNESS RELIEF	TABLET	25MG	\$0.08000	11-15-2008
MOTION SICKNESS RELIEF	TABLET	50MG	\$0.02000	10-01-1988
MOTION SICKNESS RELIEF	TAB CHEW	25MG	\$0.03900	12-01-2000
MOTION SICKNESS RELIEF II	TABLET	25MG	\$0.08000	11-15-2008
MOTRIN	ORAL SUSP	100MG/5ML	\$0.03400	04-01-2001

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**Services Corporation** 

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MOTRIN	DROPS SUSP	50MG/1.25	\$0.27500	02-11-2008
MOTRIN	TABLET	600MG	\$0.05000	12-10-2008
MOTRIN IB	TABLET	200MG	\$0.03000	12-10-2008
MS CONTIN	TABLET SA	100MG	\$1.10000	06-18-2009
MS CONTIN	TABLET SA	15MG	\$0.43000	01-01-2005
MS CONTIN	TABLET SA	200MG	\$4.51000	01-01-2005
MS CONTIN	TABLET SA	30MG	\$0.83000	01-01-2005
MS CONTIN	TABLET SA	60MG	\$0.70000	06-18-2009
MUCINEX	LIQUID	100MG/5ML	\$0.01451	10-01-1995
MUCINEX D	TAB.SR 12H	1200-120MG	\$0.68500	11-01-2007
MUCINEX D	TAB.SR 12H	600MG-60MG	\$0.42000	11-01-2007
MUCINEX D MAXIMUM STRENGTH	TAB.SR 12H	1200-120MG	\$0.68500	11-01-2007
MUCINEX DM	TAB.SR 12H	600MG-30MG	\$0.41000	11-01-2007
MUCUS RELIEF	LIQUID	100MG/5ML	\$0.01451	10-01-1995
MUCUS RELIEF COUGH	TABLET	400MG-20MG	\$1.40000	12-10-2002
MUCUS RELIEF DM	TABLET	400MG-20MG	\$1.40000	12-10-2002
MULT-VIT-FLUOR 0.5 MG TAB CHW	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTI VITAMINS WITH FLUORIDE	DROPS	0.25MG/ML	\$0.06000	09-09-1991
MULTI VITAMINS WITH FLUORIDE	DROPS	0.5MG/ML	\$0.06000	09-01-1990
MULTI VITAMINS WITH FLUORIDE	TAB CHEW	0.25MG	\$0.18000	12-01-2008
MULTI VITAMINS WITH FLUORIDE	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTI-ANTIBIOTIC	OINT.(GM)	500-10K/G	\$0.14200	04-01-2004

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Report ID: 10516
Services Corporation
Run Date: 10/01/2009
Nobraska Modicaid Program

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MULTI-ANTIBIOTIC	OINT.(GM)	500-10KU/G	\$0.14200	04-01-2004
MULTI-DAY	TABLET		\$0.04000	02-08-1993
MULTI-DAY VITAMIN	TABLET		\$0.04000	02-08-1993
MULTI-DELYN	LIQUID		\$0.01300	08-01-1996
MULTI-M	TABLET		\$0.04000	02-08-1993
MULTI-RET FOLIC 500	TABLET SA	105-0.8MG	\$0.16000	10-15-2003
MULTI-SYMPTOM COLD-COUGH	TABLET	15-30-500	\$0.00600	01-01-2002
MULTI-VIT 55 PLUS	TABLET		\$0.04000	05-20-1996
MULTI-VITA BETS-FLUORIDE	TAB CHEW	0.25MG	\$0.18000	12-01-2008
MULTI-VITA BETS-FLUORIDE	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTI-VITA BETS-FLUORIDE	TAB CHEW	1MG	\$0.18000	12-01-2008
MULTI-VITAMIN HI-PO	TABLET		\$0.04000	02-08-1993
MULTI-VITAMIN WITH MINERALS	CAPSULE		\$0.04000	01-08-1996
MULTI-VITAMINS	DROPS		\$0.06000	09-01-1990
MULTI-VITE 50 & OVER	TABLET		\$0.03500	08-02-2002
MULTIFOL PLUS	TABLET	65MG-1MG	\$0.08500	04-01-2004
MULTILEX	TABLET		\$0.04000	02-08-1993
MULTILEX-T-M WITH MINERALS	TABLET		\$0.04000	02-08-1993
MULTINATAL PLUS	TABLET	30MG-1MG	\$0.08500	04-01-2004
MULTINATAL PLUS	TAB CHEW	40-1MG	\$0.08500	04-01-2004
MULTIPLE VIT-FE-BETA-CAROTENE	TABLET		\$0.04000	12-26-1996
MULTIPLE VITAMIN	TABLET		\$0.04000	12-26-1996

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MULTIPLE VITAMINS	TABLET		\$0.04000	05-20-1996
MULTIPLE VITAMINS 55 PLUS	TABLET		\$0.04000	05-20-1996
MULTIPLE VITAMINS DAILY	TABLET		\$0.04000	02-08-1993
MULTIPLE VITAMINS FOR WOMEN	TABLET		\$0.04000	01-01-1996
MULTIVIT-FLUORIDE	TAB CHEW	0.25MG	\$0.18000	12-01-2008
MULTIVIT-FLUORIDE	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTIVIT-FLUORIDE	TAB CHEW	1MG	\$0.18000	12-01-2008
MULTIVITAL	TABLET	0.4-162-18	\$0.03500	08-02-2002
MULTIVITAL	TABLET	18-500-300	\$0.03500	08-14-2008
MULTIVITAL PERFORMANCE	TABLET		\$0.03500	07-01-2004
MULTIVITAL PLATINUM	TABLET		\$0.03500	08-02-2002
MULTIVITAMIN	CAPSULE		\$0.04000	02-08-1993
MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
MULTIVITAMIN W-CALCIUM-IRON	TABLET		\$0.04000	01-01-1996
MULTIVITAMIN WITH CALCIUM-IRON	TABLET		\$0.04000	01-01-1996
MULTIVITAMIN WITH FLUORIDE	TAB CHEW	1MG	\$0.18000	12-01-2008
MULTIVITAMIN WITH IRON	TAB CHEW		\$0.04000	09-01-2003
MULTIVITAMIN WITH MINERALS	CAPSULE	27-300-1MG	\$0.08500	04-01-2004
MULTIVITAMIN WITH MINERALS	TABLET		\$0.04000	12-26-1996
MULTIVITAMIN-FLUORIDE	TAB CHEW	0.25MG	\$0.18000	06-01-2009
MULTIVITAMIN-FLUORIDE	TAB CHEW	0.5MG	\$0.18000	06-01-2009
MULTIVITAMIN-FLUORIDE	TAB CHEW	1MG	\$0.18000	06-01-2009

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MULTIVITAMINS	TAB CHEW		\$0.04000	06-20-2009
MULTIVITAMINS W-FLUORIDE-IRON	DROPS	0.25MG/ML	\$0.04000	06-20-2009
MULTIVITAMINS W-FLUORIDE-IRON	DROPS	0.5MG/ML	\$0.06000	01-01-2005
MULTIVITAMINS W-FLUORIDE-IRON	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTIVITAMINS W-FLUORIDE-IRON	TAB CHEW	1MG	\$0.18000	12-01-2008
MULTIVITAMINS W-IRON	TAB CHEW		\$0.04000	09-01-2003
MULTIVITAMINS WITH FLUORIDE	DROPS	0.25MG/ML	\$0.06000	09-09-1991
MULTIVITAMINS WITH FLUORIDE	DROPS	0.5MG/ML	\$0.06000	09-01-1990
MULTIVITAMINS WITH FLUORIDE	TAB CHEW	0.5MG	\$0.18000	12-01-2008
MULTIVITAMINS WITH FLUORIDE	TAB CHEW	1MG	\$0.18000	12-01-2008
MULTIVITAMINS WITH IRON	DROPS		\$0.07500	09-09-1991
MULTIVITAMINS WITH IRON	TABLET		\$0.04000	04-23-2009
MULTIVITAMINS WITH IRON	TAB CHEW		\$0.04000	09-01-2003
MUPIROCIN	OINT.(GM)	2%	\$0.42000	06-18-2009
MURINE EAR WAX REMOVAL SYSTEM	DROPS	6.5%	\$0.15000	01-01-2004
MURINE TEARS	DROPS	0.5%-0.6%	\$0.15000	01-01-2004
MUSCLE RELIEF	CREAM(GM)	0.075%	\$0.10000	04-01-2002
MY-A-MULTI	TABLET		\$0.04000	02-08-1993
MYADEC	TABLET		\$0.04000	02-08-1993
MYAMULTI	TABLET		\$0.04000	02-08-1993
MYBEC	TABLET		\$0.03500	04-23-2009
MYCELEX	CREAM(GM)	1%	\$0.45000	05-01-2003

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167 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MYCELEX	SOLUTION	1%	\$0.60000	12-01-2000
MYCELEX-7	CREAM/APPL	1%	\$0.11000	01-01-2005
MYCELEX-7	TABLET	100MG	\$0.68000	01-01-2005
MYCI-GC	LIQUID	100-10MG/5	\$0.06000	06-01-2009
MYCONEL	CREAM(GM)	100000-0.1	\$0.09000	06-15-2004
MYCOPHENOLATE MOFETIL	CAPSULE	250MG	\$0.45860	08-19-2009
MYCOPHENOLATE MOFETIL	TABLET	500MG	\$0.92520	08-19-2009
MYCOSTATIN	POWDER	100000 U/G	\$0.60000	12-19-2008
MYCOSTATIN	POWDER	100000/G	\$0.60000	12-19-2008
MYCOSTATIN	TABLET	500000 U	\$0.45000	01-01-2009
MYCOSTATIN	TABLET	500K UNIT	\$0.45000	01-01-2009
MYDRAL	DROPS	0.5%	\$0.50000	01-01-2005
MYDRAL	DROPS	1%	\$0.55000	01-01-2005
MYDRIACYL	DROPS	1%	\$0.55000	01-01-2005
MYFERON 150	CAPSULE	150MG	\$0.04275	04-23-2009
MYFERON-150 FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997
MYKIDZ IRON	ORAL SUSP	10MG-400/2	\$0.09000	06-20-2009
MYKIDZ IRON FL	ORAL SUSP	10-0.25/2	\$0.09000	06-20-2009
MYLANTA	CAPSULE	125MG	\$0.11000	10-24-2000
MYLANTA	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
MYLICON	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
MYNATAL	CAPSULE	65MG-1MG	\$0.08500	04-01-2004

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
MYNATAL	TABLET	90-50-1MG	\$0.08500	04-01-2004
MYNATAL ADVANCE	TABLET	90-1-50MG	\$0.08500	04-01-2004
MYNATAL PLUS	TABLET	65MG-1MG	\$0.08500	04-01-2004
MYNATAL-Z	TABLET	65MG-1MG	\$0.08500	04-01-2004
MYNATE 90 PLUS	TABLET SA	90-50-1MG	\$0.08500	04-01-2004
MYPHETANE DX	SYRUP	10-30-2/5	\$0.02050	05-02-2001
MYRAC	TABLET	100MG	\$0.64000	04-15-2006
MYRAC	TABLET	50MG	\$0.44000	04-15-2006
MYRAC	TABLET	75MG	\$0.54000	03-01-2007
MYSOLINE	TABLET	250MG	\$0.80550	10-27-2006
MYSOLINE	TABLET	50MG	\$0.38000	01-01-2005
MYTAB GAS	TAB CHEW	80MG	\$0.04500	02-08-1993
MYTUSSIN AC	LIQUID	100-10MG/5	\$0.05000	06-01-2009
MYTUSSIN AC	SYRUP	100-10MG/5	\$0.05000	06-01-2009
MYTUSSIN DAC	SYRUP	30-10-100	\$0.06000	05-25-2009
MYVITALIFE	CAPSULE		\$0.04000	01-08-1996
NABUMETONE	TABLET	500MG	\$0.40000	06-18-2009
NABUMETONE	TABLET	750MG	\$0.40000	06-18-2009
NADOLOL	TABLET	20MG	\$0.12000	01-01-2005
NADOLOL	TABLET	40MG	\$0.15000	01-01-2005
NADOLOL	TABLET	80MG	\$0.26000	01-01-2005
NALEX A 12	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NALEX-A	LIQUID	5-7.5-2.5	\$0.06000	06-01-2009
NALEX-A	TABLET SA	20-40-4MG	\$0.30000	06-01-2009
NALFON	CAPSULE	200MG	\$0.24000	01-01-2005
NALTREXONE HCL	TABLET	50MG	\$1.16000	01-10-2009
NAPHAZOLINE HCL	DROPS	0.1%	\$0.31400	12-01-2000
NAPROSYN	TABLET	250MG	\$0.08000	05-01-2002
NAPROSYN	TABLET	375MG	\$0.10000	01-01-2005
NAPROSYN	TABLET	500MG	\$0.10000	08-01-2004
NAPROXEN	TABLET	250MG	\$0.08000	05-01-2002
NAPROXEN	TABLET	375MG	\$0.10000	01-01-2005
NAPROXEN	TABLET	500MG	\$0.10000	08-01-2004
NAPROXEN	TABLET DR	375MG	\$0.25000	01-01-2005
NAPROXEN	TABLET DR	500MG	\$0.30000	01-01-2005
NAPROXEN SODIUM	TABLET	220MG	\$0.04610	12-01-2000
NAPROXEN SODIUM	TABLET	275MG	\$0.18000	06-18-2009
NAPROXEN SODIUM	TABLET	550MG	\$0.15000	06-18-2009
NASA MIST	SPRAY	1%	\$0.03000	04-20-2009
NASAFLO	PACKET		\$0.03000	04-20-2009
NASAL & SINUS DECONGESTANT	TABLET	30MG	\$0.03370	01-06-1994
NASAL ALLERGY CONTROL	SPRAY/PUMP	40MG/ML	\$0.42000	01-01-2005
NASAL ALLERGY SPRAY	SPRAY/PUMP	40MG/ML	\$0.42000	01-01-2005
NASAL DECONGEST-ANTIHISTAMINE	TABLET	60-2.5MG	\$0.03000	06-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NASAL DECONGESTANT	LIQUID	15MG/5ML	\$0.02000	11-01-2007
NASAL DECONGESTANT	SYRUP	30-1.25/5	\$0.01500	06-01-2009
NASAL DECONGESTANT	TABLET	10MG	\$0.07500	11-01-2007
NASAL DECONGESTANT	TABLET	30MG	\$0.03370	01-06-1994
NASAL DECONGESTANT	TABLET	60-2.5MG	\$0.03000	06-01-2009
NASAL DECONGESTANT PE	TABLET	10MG	\$0.07500	11-01-2007
NASAL DECONGESTANT-ANTIHIST	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
NASAL DECONGESTANT-ANTIHIST	TABLET	60-2.5MG	\$0.03000	06-01-2009
NASAL MOIST	SPRAY	0.65%	\$0.03000	01-01-2004
NASAL MOIST	GEL (GM)		\$0.03000	04-20-2009
NASAL MOISTURIZER	SPRAY	0.65%	\$0.03000	01-01-2004
NASAL MOISTURIZER	DROPS	0.65%	\$0.03000	04-20-2009
NASAL MOISTURIZING	SPRAY	0.65%	\$0.03000	01-01-2004
NASAL SPRAY	SPRAY	0.65%	\$0.03000	01-01-2004
NASAL SPRAY	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
NASALCROM	SPRAY/PUMP	40MG/ML	\$0.42000	01-01-2005
NASOHIST	DROPS	2MG-1MG/ML	\$0.55000	06-01-2009
NATACAPS	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
NATACHEW	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
NATAFORT	TABLET	60MG-1MG	\$0.08500	04-01-2004
NATALCARE	TABLET	90-1-50MG	\$0.08500	04-01-2004
NATALCARE PIC	TABLET	60MG-1MG	\$0.08500	04-01-2004

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## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NATALCARE PIC FORTE	TABLET	60MG-1MG	\$0.08500	04-01-2004
NATALCARE PLUS	TABLET	27-1MG	\$0.08500	04-01-2004
NATALCARE PLUS	TABLET	27MG-1MG	\$0.08500	04-01-2004
NATALCARE RX	TABLET	27-0.5MG	\$0.08500	04-01-2004
NATALCARE THREE	TABLET	28MG-1MG	\$0.08500	04-01-2004
NATALVIT	TABLET	75-1MG	\$0.08500	04-01-2004
NATATAB	TABLET	29MG-1MG	\$0.08500	04-01-2004
NATATAB CFE	TABLET	50-1MG	\$0.08500	04-01-2004
NATATAB FA	TABLET	29MG-1MG	\$0.08500	04-01-2004
NATELLE	TABLET	27-1MG	\$0.08500	04-01-2004
NATELLE	TABLET	27MG-1MG	\$0.08500	04-01-2004
NATELLE C	TABLET	28MG-1MG	\$0.08500	04-01-2004
NATELLE PLUS	COMBO. PKG	26-1-200MG	\$0.04250	08-19-2009
NATELLE PREFER	TABLET	29MG-1MG	\$0.08500	05-18-2004
NATELLE-EZ	TABLET	25-1MG	\$0.08500	05-15-2004
NATELLE-EZ	TABLET	25MG-1MG	\$0.08500	05-15-2004
NATURAL B-100	TABLET		\$0.03500	04-23-2009
NATURAL B-100 COMPLEX	TABLET		\$0.03500	04-23-2009
NATURAL B-COMPLEX	TABLET		\$0.03500	04-23-2009
NATURAL BALANCED B-100	TABLET	100MG	\$0.03500	04-23-2009
NATURAL CALCIUM	TABLET	500MG	\$0.03000	02-08-1993
NATURAL COD LIVER OIL	CAPSULE		\$0.03500	04-23-2009

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NATURAL FIBER	POWDER		\$0.02100	07-01-2006
NATURAL FIBER	POWDER	3.2G/5.95G	\$0.02100	02-29-2008
NATURAL FIBER	POWDER	3.4G/7G	\$0.02100	07-01-2006
NATURAL FIBER	PACKET		\$0.11340	02-08-1993
NATURAL FIBER LAXATIVE	POWDER		\$0.02100	07-01-2006
NATURAL FIBER POWDER	POWDER		\$0.02100	07-01-2006
NATURAL O-S CAL	TABLET	500(1.25G)	\$0.03000	02-08-1993
NATURAL O-S CAL	TABLET	500(1250)	\$0.03000	02-08-1993
NATURAL PSYLLIUM	POWDER		\$0.00900	02-08-1993
NATURAL PSYLLIUM FIBER	POWDER		\$0.02100	07-01-2006
NATURAL RDA MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
NATURAL SENNA LAXATIVE	TABLET	8.6MG	\$0.03100	09-01-1990
NATURAL VEGETABLE LAXATIVE	POWDER		\$0.02100	07-01-2006
NATURAL VEGETABLE POWDER	POWDER		\$0.02100	07-01-2006
NATURAL VEGETABLE POWDER	PACKET		\$0.06750	02-08-1993
NATURAL VEGETABLE SMOOTH	POWDER		\$0.02100	02-08-1993
NATURAL VITAMIN C-ROSE HIPS	TABLET	500MG	\$0.01800	01-01-2002
NATURAL VITAMIN E	CAPSULE	200 UNIT	\$0.03500	02-08-1993
NATURAL VITAMIN E	CAPSULE	400 UNIT	\$0.03500	09-01-1990
NAVANE	CAPSULE	10MG	\$0.21000	12-01-2000
NAVANE	CAPSULE	2MG	\$0.14000	09-15-2003
NAVANE	CAPSULE	5MG	\$0.20000	06-15-2004

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NEEVO	TABLET	29-400-1	\$0.08500	04-01-2004
NEEVO DHA	CAPSULE	27-400-1	\$0.08500	02-01-2009
NEFAZODONE HCL	TABLET	100MG	\$0.50000	07-01-2006
NEFAZODONE HCL	TABLET	150MG	\$0.50000	07-01-2006
NEFAZODONE HCL	TABLET	200MG	\$0.50000	07-01-2006
NEFAZODONE HCL	TABLET	250MG	\$0.50000	07-01-2006
NEFAZODONE HCL	TABLET	50MG	\$0.50000	07-01-2006
NEILMED NASAFLO	PACKET		\$0.03000	04-20-2009
NEILMED NASAFLO	KIT		\$0.03000	04-20-2009
NEILMED SINUS	PACKET		\$0.03000	04-20-2009
NEILMED SINUS	KIT		\$0.03000	04-20-2009
NEILMED SINUS RINSE	PACKET		\$0.03000	04-20-2009
NEO-SYNEPHRINE 12 HOUR	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
NEO-TUSS	LIQUID	100-10MG/5	\$0.01780	10-01-1995
NEO/POLYMYXIN/DEXAMETHASONE	OINT.(GM)	3.5-10K1	\$1.07130	12-01-2000
NEOCIDIN	DROPS	1.75MG-10K	\$2.21850	06-13-2001
NEOMYCIN-BACITRACIN-POLY-HC	OINT.(GM)	3.5-10K-1	\$0.75000	01-01-2005
NEOMYCIN-BACITRACIN-POLYMYXIN	OINT.(GM)	3.5MG-400	\$1.08000	01-01-2005
NEOMYCIN-POLYMYXIN-DEXAMETH	OINT.(GM)	3.5-10K1	\$1.07130	12-01-2000
NEOMYCIN-POLYMYXIN-DEXAMETH	DROPS SUSP	0.1%	\$0.41000	05-01-2005
NEOMYCIN-POLYMYXIN-GRAMICIDIN	DROPS	1.75MG-10K	\$2.21850	06-13-2001
NEOMYCIN-POLYMYXIN-HC	SOLUTION	3.5-10K-1	\$2.01450	01-01-2002

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**Services Corporation** 

Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NEOMYCIN-POLYMYXIN-HC	DROPS SUSP	3.5-10K-1	\$2.01450	01-01-2002
NEOPORACIN	OINT.(GM)	3.5-400-5K	\$0.12000	08-01-2003
NEORAL	CAPSULE	100MG	\$4.10000	03-01-2005
NEORAL	CAPSULE	25MG	\$1.10000	05-01-2002
NEORAL	SOLUTION	100MG/ML	\$5.05000	05-01-2002
NEOSPORIN	OINT PACK	3.5-400-5K	\$0.12000	08-01-2003
NEOSPORIN	OINT.(GM)	3.5-400-5K	\$0.12000	08-01-2003
NEOSPORIN	PACKET		\$0.04800	01-01-2002
NEOSPORIN	DROPS	1.75MG-10K	\$2.21850	06-13-2001
NEOSPORIN + PAIN RELIEF	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
NEOSPORIN AF	CREAM(GM)	2%	\$0.08000	01-01-2004
NEOSPORIN PLUS	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
NEPHRO-VITE	TABLET	0.8MG	\$0.12000	08-19-2009
NEPHRO-VITE RX	TABLET	1MG	\$0.12000	08-19-2009
NEPHRO-VITE RX	TABLET	1MG-60MG	\$0.12000	08-19-2009
NEPHROCAPS	CAPSULE	1MG	\$0.12000	08-19-2009
NEPHRON FA	TABLET	66.6-1MG	\$0.04800	02-08-1993
NEPHRONEX	CAPSULE	1MG	\$0.12000	08-19-2009
NEPHRONEX	SYRUP	0.9MG/15ML	\$0.12000	08-19-2009
NERVIDOX S	VIAL	1000MCG/ML	\$0.15000	09-09-1991
NERVIDOX-6 S	VIAL	1000MCG/ML	\$0.15000	09-09-1991
NEURO B-12 FORTE S	VIAL	1000MCG/ML	\$0.15000	09-09-1991

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NEURO B-12 S	VIAL	1000MCG/ML	\$0.15000	09-09-1991
NEURONTIN	CAPSULE	100MG	\$0.08000	06-20-2009
NEURONTIN	CAPSULE	300MG	\$0.11000	06-20-2009
NEURONTIN	CAPSULE	400MG	\$0.15500	06-20-2009
NEURONTIN	TABLET	600MG	\$0.22000	06-20-2009
NEURONTIN	TABLET	800MG	\$0.31000	06-20-2009
NEUTRAHIST	DROPS	9-0.8MG/ML	\$1.35000	06-01-2009
NIACIN	CAPSULE	500-141MG	\$0.03900	05-07-2008
NIACIN	CAPSULE SA	125MG	\$0.03600	10-01-1988
NIACIN	CAPSULE SA	250MG	\$0.05000	02-22-2008
NIACIN	CAPSULE SA	400MG	\$0.10000	02-22-2008
NIACIN	CAPSULE SA	500MG	\$0.03600	02-08-1993
NIACIN	TABLET	100MG	\$0.02000	10-01-1988
NIACIN	TABLET	500MG	\$0.03900	12-01-2000
NIACIN	TABLET	50MG	\$0.02000	02-08-1993
NIACIN	TABLET SA	1000MG	\$0.20000	02-22-2008
NIACIN	TABLET SA	250MG	\$0.03600	02-08-1993
NIACIN	TABLET SA	500MG	\$0.03600	02-08-1993
NIACOR	TABLET	500MG	\$0.03900	12-01-2000
NIASPAN	TABLET SA	1000MG	\$0.20000	02-22-2008
NIASPAN	TABLET SA	500MG	\$0.10000	02-22-2008
NIASPAN	TABLET SA	750MG	\$0.15000	02-22-2008

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NICARDIPINE HCL	CAPSULE	20MG	\$0.12000	01-01-2005
NICARDIPINE HCL	CAPSULE	30MG	\$0.15000	01-01-2005
NICODERM CQ	PATCH TD24	14MG/24HR	\$1.70000	12-01-2008
NICODERM CQ	PATCH TD24	21MG/24HR	\$1.70000	12-01-2008
NICODERM CQ	PATCH TD24	7MG/24HR	\$1.70000	12-01-2008
NICORELIEF	GUM	2MG	\$0.35000	12-01-2008
NICORELIEF	GUM	4MG	\$0.40000	12-01-2008
NICORETTE	GUM	2MG	\$0.35000	12-01-2008
NICORETTE	GUM	4MG	\$0.40000	12-01-2008
NICOTINE	PATCH TD24	21MG/24HR	\$1.70000	12-01-2008
NICOTINE GUM	GUM	2MG	\$0.35000	12-01-2008
NICOTINE GUM	GUM	4MG	\$0.40000	12-01-2008
NICOTINE PATCH	PATCH TD24	11MG/24HR	\$1.70000	12-01-2008
NICOTINE PATCH	PATCH TD24	14MG/24HR	\$1.70000	12-01-2008
NICOTINE PATCH	PATCH TD24	21MG/24HR	\$1.70000	12-01-2008
NICOTINE PATCH	PATCH TD24	22MG/24HR	\$1.70000	12-01-2008
NICOTINE PATCH	PATCH TD24	7MG/24HR	\$1.70000	12-01-2008
NIFEDIAC CC	TABLET SA	30MG	\$0.76000	01-01-2005
NIFEDIAC CC	TABLET SA	60MG	\$1.60000	01-01-2005
NIFEDICAL XL	TAB ER 24	30MG	\$0.75000	01-01-2005
NIFEDICAL XL	TAB ER 24	60MG	\$1.30000	01-01-2005
NIFEDICAL XL	TAB OSM 24	30MG	\$0.75000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NIFEDICAL XL	TAB OSM 24	60MG	\$1.30000	01-01-2005
NIFEDIPINE	CAPSULE	10MG	\$0.66000	03-01-2007
NIFEDIPINE	CAPSULE	20MG	\$1.09000	03-01-2007
NIFEDIPINE ER	TAB ER 24	30MG	\$0.75000	01-01-2005
NIFEDIPINE ER	TAB ER 24	60MG	\$1.30000	01-01-2005
NIFEDIPINE ER	TAB ER 24	90MG	\$2.15000	01-01-2005
NIFEDIPINE ER	TABLET SA	30MG	\$0.76000	01-01-2005
NIFEDIPINE ER	TABLET SA	60MG	\$1.60000	01-01-2005
NIFEDIPINE ER	TAB OSM 24	30MG	\$0.75000	01-01-2005
NIFEDIPINE ER	TAB OSM 24	60MG	\$1.30000	01-01-2005
NIFEDIPINE ER	TAB OSM 24	90MG	\$2.15000	01-01-2005
NIFEREX	ELIXIR	100MG/5ML	\$0.06500	03-20-2009
NIFEREX-150 FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997
NIGHT TIME	LIQUID	15-500/15	\$0.00500	01-01-2002
NIGHT TIME COLD	LIQUID	15-500/15	\$0.00500	01-01-2002
NIGHT TIME FORMULA	LIQUID	15-500/15	\$0.00500	01-01-2002
NIGHT-TIME	LIQUID	15-500/15	\$0.00500	01-01-2002
NIGHTTIME SLEEP AID	TABLET	25MG	\$0.02500	01-15-2001
NITE TIME COLD-FLU	LIQUID	15-500/15	\$0.00500	01-01-2002
NITRO-DUR	PATCH TD24	0.1MG/HR	\$0.69000	06-15-2004
NITRO-DUR	PATCH TD24	0.2MG/HR	\$0.71000	06-15-2004
NITRO-DUR	PATCH TD24	0.4MG/HR	\$0.65000	05-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NITRO-DUR	PATCH TD24	0.6MG/HR	\$1.00000	01-01-2005
NITRO-TIME	CAPSULE SA	2.5MG	\$0.09000	10-20-2002
NITRO-TIME	CAPSULE SA	6.5MG	\$0.13000	10-20-2002
NITRO-TIME	CAPSULE SA	9MG	\$0.18000	10-20-2002
NITROFURANTOIN	CAPSULE	100MG	\$1.40000	12-10-2002
NITROFURANTOIN	CAPSULE	50MG	\$0.90000	12-10-2002
NITROFURANTOIN MACROCRYSTAL	CAPSULE	100MG	\$1.00000	01-01-2005
NITROFURANTOIN MONO-MACRO	CAPSULE	100MG	\$1.00000	01-01-2005
NITROGLYCERIN	CAPSULE SA	2.5MG	\$0.09000	10-20-2002
NITROGLYCERIN	CAPSULE SA	6.5MG	\$0.13000	10-20-2002
NITROGLYCERIN	CAPSULE SA	9MG	\$0.18000	10-20-2002
NITROGLYCERIN PATCH	PATCH TD24	0.1MG/HR	\$0.69000	06-15-2004
NITROGLYCERIN PATCH	PATCH TD24	0.2MG/HR	\$0.71000	06-15-2004
NITROGLYCERIN PATCH	PATCH TD24	0.4MG/HR	\$0.65000	05-01-2005
NITROGLYCERIN PATCH	PATCH TD24	0.6MG/HR	\$1.00000	01-01-2005
NIX	LIQUID	1%	\$0.10000	08-01-2001
NIZATIDINE	CAPSULE	150MG	\$0.72000	10-01-2004
NIZATIDINE	CAPSULE	300MG	\$1.55000	12-01-2004
NIZORAL	TABLET	200MG	\$0.25000	06-18-2009
NOHIST	TABLET SA	20-8MG	\$0.50000	06-01-2009
NOHIST-PLUS	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
NOHIST-PLUS	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NOHIST-PLUS	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
NON ASPIRIN SINUS	TABLET	5MG-500MG	\$0.05000	01-01-2002
NON-ASA SINUS MAX STRENGTH	TABLET	30MG-500MG	\$0.05000	01-01-2002
NON-ASPIRIN	SUPP.RECT	120MG	\$0.19000	01-01-2004
NON-ASPIRIN	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
NON-ASPIRIN	ORAL SUSP	5-15-160-1	\$0.01000	01-01-2002
NON-ASPIRIN	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
NON-ASPIRIN	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
NON-ASPIRIN	DROPS	100MG/ML	\$0.10000	10-01-1988
NON-ASPIRIN	TABLET	325MG	\$0.02000	01-01-2002
NON-ASPIRIN	TAB CHEW	160MG	\$0.08500	01-01-2005
NON-ASPIRIN	TAB CHEW	80MG	\$0.04500	06-01-1994
NON-ASPIRIN 8 HOUR	TABLET SA	650MG	\$0.05000	07-30-1999
NON-ASPIRIN EXTRA STRENGTH	CAPSULE	500MG	\$0.03600	06-01-2009
NON-ASPIRIN EXTRA STRENGTH	LIQUID	167MG/5ML	\$0.01300	09-09-1991
NON-ASPIRIN EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
NON-ASPIRIN JR STRENGTH	TAB CHEW	160MG	\$0.08500	01-01-2005
NON-ASPIRIN PAIN RELIEF	TABLET	325MG	\$0.02000	01-01-2002
NON-ASPIRIN PAIN RELIEF	TABLET	500MG	\$0.03700	01-01-2002
NON-ASPIRIN PAIN RELIEVER	CAPSULE	500MG	\$0.03600	06-01-2009
NON-ASPIRIN PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
NON-ASPIRIN PM	TABLET	500MG-38MG	\$0.03000	01-01-2002

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## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NON-ASPIRIN PM EX-STRENGTH	TABLET	500MG-25MG	\$0.05000	04-01-2000
NON-ASPIRIN SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
NON-ASPIRIN SLEEP AID	TABLET	500MG-25MG	\$0.05000	04-01-2000
NON-DROWSY ALLERGY	TABLET	10MG	\$0.14400	01-10-2009
NON-DROWSY SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
NON-DROWSY SINUS TAB	TABLET	30MG-500MG	\$0.05000	01-01-2002
NON-DRYING SINUS	CAPSULE	200-30MG	\$0.07000	01-01-2002
NON-PSEUDO SINUS DECONGESTANT	TABLET	10MG	\$0.07500	11-01-2007
NON-PSEUDO SINUS PAIN & PRESSU	TABLET	5MG-500MG	\$0.05000	01-01-2002
NORCO	TABLET	10MG-325MG	\$0.37000	08-15-2003
NORCO	TABLET	5MG-325MG	\$0.30000	08-01-2003
NORCO	TABLET	7.5-325MG	\$0.36000	08-15-2003
NORDITROPIN	VIAL	4MG	\$132.00000	09-03-1999
NORDITROPIN	VIAL	8MG	\$264.00000	09-03-1999
NORMAL SALINE FLUSH	DISP SYRIN	0.9%	\$0.17100	01-01-2002
NORPACE	CAPSULE	100MG	\$0.52000	01-01-2007
NORPACE	CAPSULE	150MG	\$0.55000	01-01-2007
NORPRAMIN	TABLET	100MG	\$2.80000	08-19-2009
NORPRAMIN	TABLET	10MG	\$0.72000	08-19-2009
NORPRAMIN	TABLET	150MG	\$2.15000	08-19-2009
NORPRAMIN	TABLET	25MG	\$0.89000	08-19-2009
NORPRAMIN	TABLET	50MG	\$1.68000	08-19-2009

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Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NORPRAMIN	TABLET	75MG	\$1.07500	08-19-2009
NORTEMP	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
NORTEMP	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
NORTHYX	TABLET	10MG	\$0.35000	06-18-2009
NORTHYX	TABLET	5MG	\$0.20000	06-18-2009
NORTRIPTYLINE HCL	CAPSULE	10MG	\$0.07000	08-22-2000
NORTRIPTYLINE HCL	CAPSULE	25MG	\$0.08000	08-22-2000
NORTRIPTYLINE HCL	CAPSULE	50MG	\$0.10000	01-01-2005
NORTRIPTYLINE HCL	CAPSULE	75MG	\$0.12500	08-22-2000
NORVASC	TABLET	10MG	\$0.17500	08-11-2007
NORVASC	TABLET	2.5MG	\$0.12000	08-11-2007
NORVASC	TABLET	5MG	\$0.12000	08-11-2007
NOSTRILLA 12 HOUR	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
NOURIVA REPAIR	CREAM(GM)		\$0.01800	04-01-2007
NOVADYNE	SYRUP	30-10-100	\$0.06000	05-25-2009
NOVADYNE DH	LIQUID	30-10-2/5	\$0.01200	09-09-1991
NOVAFED-A	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
NOVAFED-A	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
NOVANATAL	TABLET	29MG-1MG	\$0.08500	04-01-2004
NOVASTART	TABLET	17MG-1MG	\$0.08500	04-01-2004
NOVOSEVEN	VIAL	1200MCG	\$1.05500	01-01-2008
NOVOSEVEN	VIAL	2400MCG	\$1.05500	01-01-2008

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Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NOVOSEVEN	VIAL	4800MCG	\$1.05500	01-01-2008
NTS	PATCH TD24	14MG/24HR	\$1.70000	12-01-2008
NTS	PATCH TD24	21MG/24HR	\$1.70000	12-01-2008
NU-IRON 150	CAPSULE	150MG	\$0.04275	04-23-2009
NU-TEARS	OINT.(GM)		\$0.90000	01-01-2005
NUFOL	TABLET	1-2.5-25MG	\$0.08500	07-01-2000
NUHIST	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
NULEV	TAB RAPDIS	0.125MG	\$0.05500	08-01-2002
NUPRIN	TABLET	200MG	\$0.03000	12-10-2008
NUTRACARE	TAB CHEW	40-1MG	\$0.08500	04-01-2004
NUTRIFAC ZX	TABLET	1MG	\$0.08500	04-01-1993
NUTRINATE	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
NUTRISPIRE	TABLET	29MG-1MG	\$0.08500	04-01-2004
NVP POWDER	POWDER		\$0.02100	07-01-2006
NY-TANNIC	TABLET	25-9MG	\$0.70000	06-01-2009
NYAMYC	POWDER	100000 U/G	\$0.60000	12-19-2008
NYAMYC	POWDER	100000/G	\$0.60000	12-19-2008
NYDAMAX	GEL (GM)	0.75%	\$0.59000	08-19-2009
NYQUIL D	LIQUID	15-500/15	\$0.00500	01-01-2002
NYSTATIN	CREAM(GM)	100000 U/G	\$0.07550	01-01-2002
NYSTATIN	CREAM(GM)	100000/G	\$0.07550	01-01-2002
NYSTATIN	OINT.(GM)	100000 U/G	\$0.10190	12-19-2008

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
NYSTATIN	OINT.(GM)	100000/G	\$0.10190	12-19-2008
NYSTATIN	POWDER	100000 U/G	\$0.60000	12-19-2008
NYSTATIN	POWDER	100000/G	\$0.60000	12-19-2008
NYSTATIN	ORAL SUSP	100000/ML	\$0.17500	04-20-2009
NYSTATIN	ORAL SUSP	100K U/ML	\$0.17500	04-20-2009
NYSTATIN	TABLET	100000 U	\$0.73600	12-20-2008
NYSTATIN	TABLET	100K UNIT	\$0.73600	12-20-2008
NYSTATIN	TABLET	500000 U	\$0.45000	01-01-2009
NYSTATIN	TABLET	500K UNIT	\$0.45000	01-01-2009
NYSTATIN-TRIAMCINOLONE	CREAM(GM)	100000-0.1	\$0.09000	06-15-2004
NYSTATIN-TRIAMCINOLONE	OINT.(GM)	100000-0.1	\$0.09000	06-15-2004
NYSTOP	POWDER	100000 U/G	\$0.60000	12-19-2008
NYSTOP	POWDER	100000/G	\$0.60000	12-19-2008
NYTOL	TABLET	25MG	\$0.02500	01-15-2001
O-CAL FA	TABLET	66-1MG	\$0.08500	04-01-2004
O-CAL PRENATAL	TABLET	15-1MG	\$0.08500	04-01-2004
OB 90 + DHA	COMBO. PKG	90-1-250MG	\$0.04250	08-19-2009
OB COMPLETE	TABLET	50-1.25MG	\$0.08500	04-01-2004
OB COMPLETE 400	CAPSULE	35-5-1.2MG	\$0.08500	05-19-2009
OB COMPLETE DHA	CAPSULE	28-1.25MG	\$0.08500	04-01-2004
OBTREX	TABLET	29-50-1MG	\$0.08500	04-01-2004
OBTREX DHA	CMBPKGDRCP	29-1-50MG	\$0.04250	08-19-2009

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184 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OCEAN	AER W/ADAP		\$0.03000	08-28-2008
OCEAN	MIST		\$0.03000	08-28-2008
OCEAN	SPRAY RFL	0.65%	\$0.03000	04-20-2009
OCEAN	SPRAY	0.65%	\$0.03000	01-01-2004
OCEAN	GEL (GM)		\$0.03000	08-28-2008
OCTREOTIDE ACETATE	AMPUL	100MCG/ML	\$5.20000	11-01-2007
OCTREOTIDE ACETATE	AMPUL	50MCG/ML	\$2.60000	11-01-2007
OCUFEN	DROPS	0.03%	\$3.30000	01-01-2002
OCUFLOX	DROPS	0.3%	\$1.25000	03-20-2009
OCUMIN	TABLET		\$0.04000	10-19-1999
OCUTABS	TABLET		\$0.04000	10-19-1999
OCUVITE	CAPSULE	100-15-2	\$0.06000	01-01-2009
OCUVITE	CAPSULE	150-30-6	\$0.06000	01-01-2009
OCUVITE	TABLET		\$0.04000	10-19-1999
OCUVITE	TABLET	1000-60-2	\$0.04000	10-19-1999
OCUVITE EXTRA	TABLET		\$0.06500	09-26-2000
OCUVITE LUTEIN	CAPSULE		\$0.06000	01-01-2002
OFLOXACIN	DROPS	0.3%	\$3.15000	03-20-2009
OGEN	TABLET	0.75MG	\$0.15000	01-01-2005
OGEN	TABLET	1.5MG	\$0.15000	06-18-2009
OGEN	TABLET	3MG	\$0.25000	01-01-2005
OLUX	FOAM	0.05%	\$2.00000	08-19-2009

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Run Date: 10/01/2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OMEGA 3	CAPSULE	1000-300MG	\$0.10000	04-23-2009
OMEGA 3	CAPSULE	300-1000MG	\$0.10000	04-23-2009
OMEGA 3	CAPSULE DR	1200-684MG	\$0.10000	04-23-2009
OMEGA 3	CAPSULE DR	684-1200MG	\$0.10000	04-23-2009
OMEGA 3-6-9	CAPSULE	40-60-10MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	1000-300MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	1000MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	1000MG-5	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	1000MG-5 U	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	1200-360MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	300-1000MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	360-1200MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	440-880MG	\$0.10000	04-23-2009
OMEGA-3	CAPSULE	880-440MG	\$0.10000	04-23-2009
OMEPRAZOLE	CAPSULE DR	10MG	\$0.30000	06-01-2007
OMEPRAZOLE	CAPSULE DR	20MG	\$0.30000	11-15-2008
OMEPRAZOLE	CAPSULE DR	40MG	\$0.60000	11-15-2008
OMNICEF	CAPSULE	300MG	\$3.60520	11-01-2008
OMNICEF	SUSP RECON	125MG/5ML	\$0.58000	11-01-2008
OMNICEF	SUSP RECON	250MG/5ML	\$1.14000	11-01-2008
OMNIHIST L.A.	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007
OMNIHIST L.A.	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OMNIPRED	DROPS SUSP	1%	\$1.21000	06-15-2004
ONCE DAILY	TABLET		\$0.04000	02-08-1993
ONCOVITE	TABLET		\$0.04000	01-01-1997
ONDANSETRON HCL	VIAL	2MG/ML	\$0.60000	10-05-2007
ONDANSETRON HCL	VIAL	4MG/2ML	\$1.22000	10-05-2007
ONDANSETRON HCL	SOLUTION	4MG/5ML	\$2.76000	12-08-2007
ONDANSETRON HCL	TABLET	4MG	\$0.60000	12-08-2007
ONDANSETRON HCL	TABLET	8MG	\$0.78000	12-08-2007
ONDANSETRON ODT	TAB RAPDIS	4MG	\$0.80000	12-08-2007
ONDANSETRON ODT	TAB RAPDIS	8MG	\$1.28000	12-08-2007
ONE DAILY	TABLET		\$0.04000	12-26-1996
ONE DAILY 50 PLUS	TABLET		\$0.04000	12-26-1996
ONE DAILY ACTIVE	TABLET		\$0.04000	12-26-1996
ONE DAILY ADULTS	TABLET		\$0.04000	05-20-1996
ONE DAILY COMPLETE	TABLET		\$0.04000	12-26-1996
ONE DAILY ENERGY	TABLET		\$0.04000	12-26-1996
ONE DAILY ESSENTIAL	TABLET		\$0.04000	02-08-1993
ONE DAILY MAXIMUM	TABLET		\$0.04000	12-26-1996
ONE DAILY MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
ONE DAILY PLUS IRON	TABLET		\$0.04000	04-23-2009
ONE DAILY PLUS MINERALS	TABLET		\$0.04000	12-26-1996
ONE DAILY VITAMIN	TABLET		\$0.04000	02-08-1993

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ONE DAILY WITH CALCIUM-IRON	TABLET		\$0.04000	01-01-1996
ONE DAILY WITH CALCIUM-IRON	TABLET	27-0.4MG	\$0.04000	01-01-1996
ONE DAILY WITH IRON	TABLET		\$0.04000	04-23-2009
ONE DAILY WOMEN'S	TABLET	27-0.4MG	\$0.04000	01-01-1996
ONE TABLET DAILY W-MINERALS	TABLET		\$0.04000	12-26-1996
ONE TOUCH ULTRA TEST STRIPS	STRIP		\$0.04000	10-01-1988
ONE-A-DAY 50 PLUS	TABLET		\$0.04000	05-20-1996
ONE-A-DAY ESSENTIAL	TABLET		\$0.04000	02-08-1993
ONE-A-DAY KIDS	TAB CHEW		\$0.04000	07-10-1995
ONE-A-DAY MAXIMUM FORMULA	TABLET		\$0.04000	12-26-1996
ONE-A-DAY MEN'S	TABLET	0.4MG-600	\$0.04000	02-08-1993
ONE-A-DAY WOMEN'S	TABLET	27-0.4MG	\$0.04000	01-01-1996
ONE-TAB-DAILY WITH IRON	TABLET		\$0.04000	04-23-2009
ONE-TABLET-DAILY	TABLET		\$0.04000	02-08-1993
OPHTHETIC	DROPS	0.5%	\$0.49900	10-01-1997
OPTI-GEN	TABLET		\$0.04000	12-26-1996
OPTI-MULTI	TABLET		\$0.04000	12-26-1996
OPTI-VITAMIN	TABLET	1000-60-2	\$0.04000	12-26-1996
OPTI-VITAMINS	TABLET		\$0.04000	10-19-1999
OPTIC-VITES	TABLET		\$0.04000	10-19-1999
OPTINATE	COMBO. PKG	90-0.4-250	\$0.04250	08-19-2009
OPTIVITE P.M.T.	TABLET		\$0.04000	02-08-1993

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ORALONE	PASTE (GM)	0.1%	\$3.97500	11-01-2007
ORALYTE	SOLUTION		\$0.00250	01-01-2002
ORAMORPH SR	TABLET SA	100MG	\$1.10000	06-18-2009
ORAMORPH SR	TABLET SA	15MG	\$0.43000	01-01-2005
ORAMORPH SR	TABLET SA	30MG	\$0.83000	01-01-2005
ORAMORPH SR	TABLET SA	60MG	\$0.70000	06-18-2009
ORANGE CHEWABLE C	TAB CHEW	500MG	\$0.01800	01-01-2002
ORAPRED	SOLUTION	15MG/5ML	\$0.20000	11-01-2008
ORGAN-I NR	TABLET	200MG	\$0.08000	05-27-1999
ORGANIDIN NR	LIQUID	100MG/5ML	\$0.01451	10-01-1995
ORGANIDIN NR	TABLET	200MG	\$0.08000	05-27-1999
ORNEX MAX-STRENGTH	TABLET	30MG-500MG	\$0.05000	01-01-2002
ORPHENADRINE CITRATE	TABLET SA	100MG	\$0.85000	04-20-2009
ORPHENADRINE COMPOUND	TABLET	25-385-30	\$0.60000	05-27-1999
ORPHENADRINE COMPOUND FORTE	TABLET	50-770-60	\$0.75000	05-27-1999
ORTHO-CEPT	TABLET	0.15-0.03	\$1.75871	08-19-2009
OS-CAL 500+D	TABLET	500MG-200	\$0.03000	04-01-1996
OS-CAL 500+D	TABLET	500MG-400	\$0.03000	04-01-1996
OS-CAL 500+D	TAB CHEW	500MG-400	\$0.06500	03-20-2009
OS-CAL 500+D	TAB CHEW	500MG-500	\$0.06500	03-20-2009
OTIC EDGE	DROPS	5.4%-1.4%	\$0.15000	01-06-1994
OXAPROZIN	TABLET	600MG	\$0.24000	08-01-2004

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OXAZEPAM	CAPSULE	10MG	\$0.29630	01-01-2002
OXAZEPAM	CAPSULE	15MG	\$0.47000	12-02-1998
OXAZEPAM	CAPSULE	30MG	\$1.05000	03-01-2003
OXCARBAZEPINE	TABLET	150MG	\$0.40000	11-15-2008
OXCARBAZEPINE	TABLET	300MG	\$0.80000	11-15-2008
OXCARBAZEPINE	TABLET	600MG	\$1.50000	11-15-2008
OXYBUTYNIN CHLORIDE	SYRUP	5MG/5ML	\$0.02550	01-01-2009
OXYBUTYNIN CHLORIDE	TABLET	5MG	\$0.12600	01-01-2009
OXYBUTYNIN CHLORIDE ER	TAB OSM 24	10MG	\$2.70000	06-09-2007
OXYBUTYNIN CHLORIDE ER	TAB OSM 24	15MG	\$2.75000	06-09-2007
OXYBUTYNIN CHLORIDE ER	TAB OSM 24	5MG	\$3.00000	01-01-2009
OXYCODONE HCL	CAPSULE	5MG	\$0.18000	01-01-2005
OXYCODONE HCL	ORAL CONC	20MG/ML	\$0.75000	01-01-2005
OXYCODONE HCL	TABLET	5MG	\$0.16000	01-01-2005
OXYCODONE HCL	TAB.SR 12H	10MG	\$1.10000	05-20-2009
OXYCODONE HCL	TAB.SR 12H	20MG	\$2.15000	05-20-2009
OXYCODONE HCL	TAB.SR 12H	40MG	\$3.85000	05-20-2009
OXYCODONE HCL	TAB.SR 12H	80MG	\$7.20000	05-20-2009
OXYCODONE HCL-ACETAMINOPHEN	TABLET	10MG-325MG	\$0.52000	06-09-2007
OXYCODONE HCL-ACETAMINOPHEN	TABLET	10MG-650MG	\$0.22000	01-01-2002
OXYCODONE-ACETAMINOPHEN	CAPSULE	5MG-500MG	\$0.17000	01-01-2005
OXYCODONE-ACETAMINOPHEN	TABLET	5MG-325MG	\$0.10000	01-01-2005

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190 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OXYCODONE-ACETAMINOPHEN	TABLET	7.5-325MG	\$0.61000	06-09-2007
OXYCODONE-ASPIRIN	TABLET	4.5-325MG	\$0.46000	06-01-2004
OXYCODONE-ASPIRIN	TABLET	4.88-325MG	\$0.46000	06-01-2004
OXYCONTIN	TAB.SR 12H	10MG	\$1.07862	03-01-2007
OXYCONTIN	TAB.SR 12H	20MG	\$2.12345	03-01-2007
OXYCONTIN	TAB.SR 12H	40MG	\$3.75199	03-01-2007
OXYCONTIN	TAB.SR 12H	80MG	\$6.63690	03-01-2007
OXYIR	CAPSULE	5MG	\$0.18000	01-01-2005
OYSCO 500+D	TABLET	500MG-200	\$0.03000	04-01-1996
OYSCO D	TABLET	250MG-125	\$0.03000	09-01-1990
OYSCO-500	TABLET	500(1.25G)	\$0.03000	02-08-1993
OYSCO-500	TABLET	500(1250)	\$0.03000	02-08-1993
OYST-CAL-500	TABLET	500(1.25G)	\$0.03000	02-08-1993
OYST-CAL-500	TABLET	500(1250)	\$0.03000	02-08-1993
OYST-CAL-D	TABLET	250MG-125	\$0.03000	09-01-1990
OYST-CAL-D 500	TABLET	500MG-200	\$0.03000	04-01-1996
OYSTER SHELL + D	TABLET	250MG-125	\$0.03000	09-01-1990
OYSTER SHELL CALCIUM	TABLET	500(1.25G)	\$0.03000	02-08-1993
OYSTER SHELL CALCIUM	TABLET	500(1250)	\$0.03000	02-08-1993
OYSTER SHELL CALCIUM	TABLET	500MG-400	\$0.03000	04-01-1996
OYSTER SHELL CALCIUM	TABLET	600MG	\$0.05000	04-01-2004
OYSTER SHELL CALCIUM	TABLET	650MG	\$0.03000	10-01-1988

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
OYSTER SHELL CALCIUM W-VIT D	TABLET	250MG-125	\$0.03000	09-01-1990
OYSTER SHELL CALCIUM W-VIT D	TABLET	500MG-125	\$0.03000	04-28-1998
OYSTER SHELL CALCIUM W-VIT D	TABLET	500MG-200	\$0.03000	04-01-1996
OYSTER SHELL CALCIUM W-VIT D	TABLET	500MG-375	\$0.03000	04-01-1996
OYSTER SHELL CALCIUM W-VIT D	TABLET	500MG-400	\$0.03000	04-28-1998
OYSTER SHELL CALCIUM W-VIT D	TABLET	600MG-200	\$0.05000	04-01-2004
P CHLOR	DROPS	20-2-1/ML	\$0.18000	11-01-2007
P-COL RITE	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
P-D NATAL PLUS	TABLET		\$0.08500	10-01-1997
P-D NATAL PLUS WITH FOLIC ACID	TABLET		\$0.08500	10-01-1997
PACERONE	TABLET	200MG	\$0.35000	01-01-2005
PAIN & FEVER	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
PAIN & SLEEP	TABLET	500MG-25MG	\$0.05000	04-01-2000
PAIN MEDICINE	TABLET	500MG-25MG	\$0.05000	04-01-2000
PAIN MEDICINE P.M.	TABLET	500MG-38MG	\$0.03000	01-01-2002
PAIN RELIEF	CAPSULE	500MG	\$0.03600	06-01-2009
PAIN RELIEF	LIQUID	160MG/5ML	\$0.01300	09-09-1991
PAIN RELIEF	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
PAIN RELIEF	TABLET	30MG-500MG	\$0.05000	01-01-2002
PAIN RELIEF	TABLET	325MG	\$0.02000	01-01-2002
PAIN RELIEF	TABLET	500MG	\$0.03700	01-01-2002
PAIN RELIEF	TABLET SA	650MG	\$0.05000	07-30-1999

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Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PAIN RELIEF COOL ICE	TABLET	500MG	\$0.03700	01-01-2002
PAIN RELIEF EXTRA STRENGTH	TABLET		\$0.03000	10-01-1995
PAIN RELIEF EXTRA STRENGTH	TABLET	250-250-65	\$0.03000	10-01-1995
PAIN RELIEF EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
PAIN RELIEF JUNIOR STRENGTH	TAB CHEW	160MG	\$0.08500	01-01-2005
PAIN RELIEF PLUS	TABLET	250-250-65	\$0.03000	10-01-1995
PAIN RELIEF PLUS FLU	LIQUID	7.5-15-160	\$0.01000	01-01-2002
PAIN RELIEF PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
PAIN RELIEF SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
PAIN RELIEVER	CAPSULE	500MG	\$0.03600	06-01-2009
PAIN RELIEVER	SUPP.RECT	120MG	\$0.19000	01-01-2004
PAIN RELIEVER	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
PAIN RELIEVER	LIQUID	160MG/5ML	\$0.01300	09-09-1991
PAIN RELIEVER	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
PAIN RELIEVER	DROPS	100MG/ML	\$0.10000	10-01-1988
PAIN RELIEVER	TABLET	250-250-65	\$0.03000	10-01-1995
PAIN RELIEVER	TABLET	325MG	\$0.02000	01-01-2002
PAIN RELIEVER	TABLET	500MG	\$0.03700	01-01-2002
PAIN RELIEVER	TAB CHEW	160MG	\$0.08500	01-01-2005
PAIN RELIEVER CHILD	TAB CHEW	160MG	\$0.08500	01-01-2005
PAIN RELIEVER JUNIOR STRENGTH	TAB CHEW	160MG	\$0.08500	01-01-2005
PAIN RELIEVER PLUS	TABLET	250-250-65	\$0.03000	10-01-1995

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PAIN RELIEVER PM	TABLET	30MG-500MG	\$0.05000	01-01-2002
PAIN RELIEVER PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
PAIN RELIEVER SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
PAIN RELIEVER W-O ASPIRIN	DROPS	100MG/ML	\$0.10000	10-01-1988
PAIN RELIEVER W-O ASPIRIN	TABLET	325MG	\$0.02000	01-01-2002
PAIN RELIEVER W-O ASPIRIN	TAB CHEW	80MG	\$0.04500	06-01-1994
PAIN-OFF	TABLET	250-250-65	\$0.03000	10-01-1995
PAIN-RELIEVER	TABLET	500MG-65MG	\$0.03500	10-01-1995
PAMELOR	CAPSULE	10MG	\$0.07000	08-22-2000
PAMELOR	CAPSULE	25MG	\$0.08000	08-22-2000
PAMELOR	CAPSULE	50MG	\$0.10000	01-01-2005
PAMELOR	CAPSULE	75MG	\$0.12500	08-22-2000
PAMPRIN MAX	TABLET	250-250-65	\$0.03000	10-01-1995
PANADOL EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
PANCOF PD	SYRUP	7.5-3-2/5	\$0.11000	11-01-2007
PANMIST DM	SYRUP	100-15-40	\$0.05500	11-01-2007
PANMIST S	LIQUID	200-40MG/5	\$0.04500	11-01-2007
PANMIST S	SYRUP	200-40MG/5	\$0.04500	11-01-2007
PANOXYL	GEL (GM)	10%	\$0.29000	01-01-2005
PANOXYL	CLEANSER	10%	\$0.12500	02-11-2008
PANOXYL	LIQUID	10%	\$0.12500	02-11-2008
PANTOPRAZOLE SODIUM	TABLET DR	20MG	\$3.65000	08-15-2008

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PANTOPRAZOLE SODIUM	TABLET DR	40MG	\$3.65000	08-15-2008
PANTOTHENIC ACID	TABLET	100MG	\$0.03000	02-08-1993
PANTOTHENIC ACID	TABLET	200MG	\$0.03000	02-08-1993
PANTOTHENIC ACID	TABLET	250MG	\$0.03000	09-01-1990
PANTOTHENIC ACID	TABLET	500MG	\$0.03000	02-08-1993
PAPAVERINE HCL	CAPSULE SA	150MG	\$0.03500	10-01-1988
PARA-TIME	CAPSULE SA	150MG	\$0.03500	10-01-1988
PARAFON FORTE DSC	TABLET	500MG	\$0.07000	01-02-2005
PARCAINE	DROPS	0.5%	\$0.49900	10-01-1997
PAROXETINE HCL	ORAL SUSP	10MG/5ML	\$0.53000	04-15-2008
PAROXETINE HCL	TABLET	10MG	\$0.34250	11-15-2008
PAROXETINE HCL	TABLET	20MG	\$0.35750	11-15-2008
PAROXETINE HCL	TABLET	30MG	\$0.42000	11-15-2008
PAROXETINE HCL	TABLET	40MG	\$0.48750	11-15-2008
PAROXETINE HCL	TAB.SR 24H	12.5MG	\$2.77800	08-15-2008
PAROXETINE HCL	TAB.SR 24H	25MG	\$2.89900	08-15-2008
PAROXETINE HCL	TAB.SR 24H	37.5MG	\$3.02000	08-15-2008
PAXIL	ORAL SUSP	10MG/5ML	\$0.53000	04-15-2008
PAXIL	TABLET	10MG	\$0.34250	11-15-2008
PAXIL	TABLET	20MG	\$0.35750	11-15-2008
PAXIL	TABLET	30MG	\$0.42000	11-15-2008
PAXIL	TABLET	40MG	\$0.48750	11-15-2008

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Run Date: 10/01/2009

**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PAXIL CR	TAB.SR 24H	12.5MG	\$2.77800	08-15-2008
PAXIL CR	TAB.SR 24H	25MG	\$2.89900	08-15-2008
PAXIL CR	TAB.SR 24H	37.5MG	\$3.02000	08-15-2008
PCM	TAB CHEW	10-2-1.25	\$0.20000	11-01-2007
PCM ALLERGY	TAB.SR 12H	20-12-2.5	\$0.40000	11-01-2007
PD-COF	SYRUP	15-12.5-4	\$0.15000	11-01-2007
PD-HIST D	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
PD-HIST D	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
PE TANN-CP TANN	ORAL SUSP	20-4MG/5ML	\$0.11000	06-01-2009
PE-GUAI	DROPS	20-1.5/ML	\$0.75000	11-01-2007
PEDI-BORO SOAK	PACKET		\$0.60520	09-01-2007
PEDI-DRI	POWDER	100000 U/G	\$0.60000	12-19-2008
PEDI-DRI	POWDER	100000/G	\$0.60000	12-19-2008
PEDIA CARE	DROPS	1.25MG/0.8	\$0.29000	11-01-2007
PEDIA RELIEF	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
PEDIA RELIEF COUGH-COLD	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
PEDIA RELIEF INFANT	DROPS	9.4MG/ML	\$0.15000	11-01-2007
PEDIA-POP	SOLUTION		\$0.00250	01-01-2002
PEDIACARE	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
PEDIACARE	DROPS	9.4MG/ML	\$0.15000	11-01-2007
PEDIACARE	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
PEDIACARE ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000

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196 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PEDIACARE COUGH-COLD	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
PEDIALYTE	SOLUTION		\$0.00250	01-01-2002
PEDIAPHEN	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988
PEDIAPRED	SOLUTION	5MG/5ML	\$0.07500	06-09-2007
PEDIATRIC COUGH-COLD	LIQUID	100MG/5ML	\$0.01450	01-01-2003
PEDIATRIC COUGH-COLD	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
PEDIATRIC COUGH-COLD	SYRUP	100MG/5ML	\$0.01450	01-01-2003
PEDIATRIC ELECTROLYTE	SOLUTION		\$0.00250	01-01-2002
PEDIATRIC FREEZER POPS	SOLUTION		\$0.00250	01-01-2002
PEDIATRIC SUPER	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
PENICILLIN V POTASSIUM	SUSP RECON	125MG/5ML	\$0.01100	12-01-2000
PENICILLIN V POTASSIUM	SUSP RECON	250MG/5ML	\$0.02000	03-01-2003
PENICILLIN V POTASSIUM	TABLET	250MG	\$0.14000	08-01-2004
PENICILLIN V POTASSIUM	TABLET	500MG	\$0.19000	08-01-2004
PENLAC	SOLUTION	8%	\$0.62727	07-08-2009
PENTAZOCINE-ACETAMINOPHEN	TABLET	25-650MG	\$0.75000	01-01-2007
PENTAZOCINE-NALOXONE HCL	TABLET	50-0.5MG	\$0.73000	01-01-2002
PENTOXIFYLLINE	TABLET SA	400MG	\$0.15000	12-01-2000
PENTOXIL	TABLET SA	400MG	\$0.15000	12-01-2000
PEPCID	TABLET	20MG	\$0.10000	08-01-2002
PEPCID	TABLET	40MG	\$0.15000	06-18-2009
PEPCID AC	TABLET	10MG	\$0.15000	01-01-2005

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PEPCID AC	TABLET	20MG	\$0.10000	08-01-2002
PEPCID AC	TAB CHEW	10MG	\$0.15000	01-01-2005
PERCOCET	TABLET	10MG-325MG	\$0.52000	06-09-2007
PERCOCET	TABLET	10MG-650MG	\$0.22000	01-01-2002
PERCOCET	TABLET	5MG-325MG	\$0.10000	01-01-2005
PERCOCET	TABLET	7.5-325MG	\$0.61000	06-09-2007
PERCODAN	TABLET	4.8355-325	\$0.46000	05-26-2006
PERDIEM	TABLET	625MG	\$0.07000	06-01-2002
PERI-COLACE	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
PERIDEX	MOUTHWASH	0.12%	\$0.01000	01-01-2005
PERIOGARD	MOUTHWASH	0.12%	\$0.01000	01-01-2005
PERISOL	MOUTHWASH	0.12%	\$0.01000	01-01-2005
PERMETHRIN	CREAM(GM)	5%	\$0.12500	08-25-2009
PERMETHRIN	LIQUID	1%	\$0.10000	08-01-2001
PERPHENAZINE	TABLET	16MG	\$1.32000	04-20-2009
PERPHENAZINE	TABLET	2MG	\$0.60000	04-20-2009
PERPHENAZINE	TABLET	4MG	\$0.82000	04-20-2009
PERPHENAZINE	TABLET	8MG	\$0.99000	04-20-2009
PERPHENAZINE-AMITRIPTYLINE	TABLET	2MG-10MG	\$0.04700	12-02-1998
PERPHENAZINE-AMITRIPTYLINE	TABLET	2MG-25MG	\$0.04700	12-02-1998
PERPHENAZINE-AMITRIPTYLINE	TABLET	4MG-10MG	\$0.04700	12-01-2000
PERPHENAZINE-AMITRIPTYLINE	TABLET	4MG-25MG	\$0.06150	12-02-1998

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PERPHENAZINE-AMITRIPTYLINE	TABLET	4MG-50MG	\$0.14000	01-01-2005
PERRY PRENATAL	CAPSULE	13.5-0.4MG	\$0.08500	10-01-1997
PERRY PRENATAL TABLET	TABLET		\$0.08500	10-01-1997
PERSA-GEL	GEL (GM)	10%	\$0.29000	01-01-2005
PERSANTINE	TABLET	25MG	\$0.26000	01-01-2007
PERSANTINE	TABLET	50MG	\$0.44000	01-01-2007
PERSANTINE	TABLET	75MG	\$0.45000	03-01-2005
PERSONAL LUBRICANT	JELLY		\$0.01000	01-01-2002
PETROLATUM	OINT.(GM)		\$0.02100	04-01-2007
PETROLATUM-MINERAL OIL-LANOLIN	OINT.(GM)		\$0.90000	01-01-2005
PHARBECHLOR	TABLET	4MG	\$0.01000	12-01-2000
PHARBEDRYL	CAPSULE	25MG	\$0.02500	12-01-2000
PHARBEDRYL	CAPSULE	50MG	\$0.03500	01-01-2005
PHARBETOL	TABLET	325MG	\$0.02000	01-01-2002
PHARBETOL	TABLET	500MG	\$0.03700	01-01-2002
PHARMACIST FAVORITE MULTI-VITE	TABLET		\$0.04000	02-08-1993
PHARMAFLUR	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
PHARMAFLUR	TAB CHEW	0.5MG	\$0.05000	04-01-2009
PHARMAFLUR	TAB CHEW	1MG	\$0.05000	04-01-2009
PHARMAFLUR	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
PHENA-PLUS	TABLET	10-10-2MG	\$0.50000	06-01-2009
PHENA-S	LIQUID	10-10-2/5	\$0.14000	06-01-2009

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199 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PHENABID	TABLET SA	20-8MG	\$0.50000	06-01-2009
PHENADOZ	SUPP.RECT	12.5MG	\$0.60000	06-09-2007
PHENADOZ	SUPP.RECT	25MG	\$0.60000	06-09-2007
PHENAVENT	CPMP 12HR	400MG-15MG	\$1.59000	11-01-2007
PHENAZOPYRIDINE HCL	TABLET	100MG	\$0.08000	10-01-1995
PHENAZOPYRIDINE HCL	TABLET	200MG	\$0.11000	10-01-1995
PHENCLOR TANNATE PEDIATRIC	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
PHENERGAN	AMPUL	25MG/ML	\$2.15000	04-19-2002
PHENERGAN	VIAL	25MG/ML	\$0.89000	06-01-2001
PHENERGAN VC WITH CODEINE	SYRUP	5-10-6.25	\$0.08000	12-23-2002
PHENERGAN WITH CODEINE	SYRUP	10-6.25/5	\$0.05000	01-01-2005
PHENHIST	SYRUP	30-10-100	\$0.06000	05-25-2009
PHENOBARBITAL	ELIXIR	20MG/5ML	\$0.01800	07-21-2009
PHENOBARBITAL	TABLET	100MG	\$0.01800	10-01-1988
PHENOBARBITAL	TABLET	15MG	\$0.00700	10-01-1988
PHENOBARBITAL	TABLET	16.2MG	\$0.00700	10-01-1988
PHENOBARBITAL	TABLET	30MG	\$0.01000	10-01-1988
PHENOBARBITAL	TABLET	32.4MG	\$0.01000	10-01-1988
PHENOBARBITAL	TABLET	60MG	\$0.01300	10-01-1988
PHENOBARBITAL	TABLET	64.8MG	\$0.01300	10-01-1988
PHENOBARBITAL	TABLET	97.2MG	\$0.01800	10-01-1988
PHENYL CHLOR-TAN	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PHENYLEPH-CHLORPHEN	TABLET SA	20MG-4MG	\$0.75000	06-01-2009
PHENYLEPHRINE HCL-CHLOR-MAL	CAP.SR 12H	20MG-4MG	\$0.30000	06-01-2009
PHENYLEPHRINE-BROMPHENIRAMIN	CAP.SR 12H	15-12MG	\$0.90000	06-01-2009
PHENYLEPHRINE-BROMPHENIRAMIN	CAP.SR 12H	7.5-6MG	\$0.90000	06-01-2009
PHENYLEPHRINE-GUAIFENESIN	DROPS	20-1.5/ML	\$0.75000	11-01-2007
PHENYLHISTINE	SYRUP	30-10-100	\$0.06000	05-25-2009
PHENYLHISTINE DH	LIQUID	30-10-2/5	\$0.01200	09-09-1991
PHENYLTOLOXAMINE PE CPM	LIQUID	5-7.5-2.5	\$0.06000	06-01-2009
PHENYTOIN	ORAL SUSP	100MG/4ML	\$0.14000	12-10-2008
PHENYTOIN	ORAL SUSP	125MG/5ML	\$0.14000	12-10-2008
PHENYTOIN SODIUM EXTENDED	CAPSULE	100MG	\$0.20000	04-20-2009
PHILLIPS' LAXATIVE	CAPSULE	100MG	\$0.02200	09-01-1997
PHILLIPS' MILK OF MAGNESIA	ORAL SUSP	400MG/5ML	\$0.00500	07-10-1995
PHILLIPS' MILK OF MAGNESIA	ORAL SUSP	800MG/5ML	\$0.01442	01-02-1998
PHRENILIN-CAFFEINE-CODEINE	CAPSULE	30-50-325	\$1.20000	01-01-2002
PIC 200	CAPSULE	200MG	\$0.06500	03-20-2009
PILOCARPINE HCL	DROPS	1%	\$0.19000	08-01-2002
PILOCARPINE HCL	TABLET	5MG	\$0.50000	04-20-2009
PILOCARPINE HCL	TABLET	7.5MG	\$1.94000	04-20-2009
PINDOLOL	TABLET	10MG	\$0.10950	12-01-2000
PINDOLOL	TABLET	5MG	\$0.07500	12-01-2000
PIROXICAM	CAPSULE	10MG	\$0.08910	01-01-2002

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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Run Date: 10/01/2009

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PIROXICAM	CAPSULE	20MG	\$0.10000	01-01-2005
PLAQUENIL	TABLET	200MG	\$0.22000	06-20-2009
PLENDIL	TAB.SR 24H	10MG	\$1.80000	11-15-2008
PLENDIL	TAB.SR 24H	2.5MG	\$1.00000	06-18-2009
PLENDIL	TAB.SR 24H	5MG	\$1.00000	06-18-2009
PLETAL	TABLET	100MG	\$0.40000	05-20-2009
PLETAL	TABLET	50MG	\$0.40000	05-20-2009
PM PAIN RELIEF	TABLET	500MG-25MG	\$0.05000	04-01-2000
PMS MULTIVITAMIN-MINERALS	TABLET		\$0.04000	02-08-1993
POLY BACITRACIN	OINT.(GM)	500-10K/G	\$0.14200	04-01-2004
POLY BACITRACIN	OINT.(GM)	500-10KU/G	\$0.14200	04-01-2004
POLY IRON PN	TABLET	60MG-1MG	\$0.08500	04-01-2004
POLY IRON PN FORTE	TABLET	60MG-1MG	\$0.08500	04-01-2004
POLY TAN D	ORAL SUSP	25-3.5-4/5	\$0.20000	06-01-2009
POLY-DEX	OINT.(GM)	3.5-10K1	\$1.07130	12-01-2000
POLY-DEX	DROPS SUSP	0.1%	\$0.41000	05-01-2005
POLY-IRON	CAPSULE	150MG	\$0.04275	04-23-2009
POLY-IRON 150 FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997
POLY-VI-SOL	DROPS		\$0.06000	09-01-1990
POLY-VI-SOL WITH IRON	DROPS		\$0.07500	09-09-1991
POLY-VITAMIN	DROPS		\$0.06000	09-01-1990
POLY-VITAMIN	TAB CHEW		\$0.04000	06-20-2009

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Report ID: 10510
Services Corporation
Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
POLY-VITAMIN WITH FLUORIDE	DROPS	0.25MG/ML	\$0.06000	09-09-1991
POLYCIN-B	OINT.(GM)	500-10K/G	\$1.75000	01-01-2005
POLYCIN-B	OINT.(GM)	500-10KU/G	\$1.75000	01-01-2005
POLYETHYLENE GLYCOL	POWDER	100%	\$0.05000	06-01-2007
POLYETHYLENE GLYCOL	POWDER	17G/DOSE	\$0.05000	06-01-2007
POLYGESIC	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
POLYMYXIN B SUL-TRIMETHOPRIM	DROPS	10K U-0.1%	\$0.45000	01-01-2005
POLYMYXIN B SUL-TRIMETHOPRIM	DROPS	10K/ML-0.1	\$0.45000	01-01-2005
POLYSACCHARIDE IRON	CAPSULE	150MG	\$0.04275	04-23-2009
POLYSACCHARIDE IRON 150	CAPSULE	150MG	\$0.04275	04-23-2009
POLYSACCHARIDE IRON FORTE	CAPSULE	150-25-1	\$0.06500	07-01-1997
POLYSPORIN	OINT.(GM)	500-10K/G	\$0.14200	04-01-2004
POLYSPORIN	OINT.(GM)	500-10KU/G	\$0.14200	04-01-2004
POLYSPORIN	PACKET		\$0.08100	01-01-2002
POLYTRIM	DROPS	10K U-0.1%	\$0.45000	01-01-2005
POLYTRIM	DROPS	10K/ML-0.1	\$0.45000	01-01-2005
POLYVINYL ALCOHOL	DROPS	1.4%	\$0.15000	01-01-2004
POLYVITAMIN WITH IRON	DROPS		\$0.07500	09-09-1991
POLYVITAMIN WITH IRON	TAB CHEW		\$0.04000	07-10-1995
POLYVITAMIN WITH IRON-FLUORIDE	DROPS	0.25MG/ML	\$0.04000	06-20-2009
POLYVITAMIN WITH IRON-FLUORIDE	DROPS	0.5MG/ML	\$0.06000	01-01-2005
POLYVITAMINS-FLUORIDE	DROPS	0.25MG/ML	\$0.06000	09-09-1991

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
POLYVITAMINS-FLUORIDE	DROPS	0.5MG/ML	\$0.06000	09-01-1990
POSIFLUSH SALINE	DISP SYRIN	0.9%	\$0.17100	01-01-2002
POTASSIUM BICARBONATE	TABLET EFF	25MEQ	\$0.19830	01-01-2002
POTASSIUM CHLORIDE	CAPSULE SA	10MEQ	\$0.18000	06-10-2003
POTASSIUM CHLORIDE	IV SOLN	2MEQ/ML	\$0.02084	04-06-2001
POTASSIUM CHLORIDE	VIAL	2MEQ/ML	\$0.03450	04-06-2001
POTASSIUM CHLORIDE	LIQUID	20MEQ/15ML	\$0.00400	07-10-1995
POTASSIUM CHLORIDE	LIQUID	40MEQ/15ML	\$0.00760	01-01-2002
POTASSIUM CHLORIDE	TAB PRT SR	10MEQ	\$0.12000	01-01-2005
POTASSIUM CHLORIDE	TAB PRT SR	20MEQ	\$0.24000	01-01-2005
POTASSIUM CHLORIDE	TABLET SA	10MEQ	\$0.16000	03-01-2004
POTASSIUM CHLORIDE	TABLET SA	8MEQ	\$0.07720	01-01-2002
POTASSIUM GLUCONATE	TABLET	2MEQ	\$0.03500	04-23-2009
POTEN B-150	TABLET SA		\$0.05000	02-08-1993
PR OTIC SOLUTION	DROPS	5.4%-1.4%	\$0.15000	01-06-1994
PRAVACHOL	TABLET	10MG	\$0.25000	06-20-2009
PRAVACHOL	TABLET	20MG	\$0.28000	06-20-2009
PRAVACHOL	TABLET	40MG	\$0.35500	06-20-2009
PRAVACHOL	TABLET	80MG	\$0.55000	12-10-2008
PRAVASTATIN SODIUM	TABLET	10MG	\$0.25000	06-20-2009
PRAVASTATIN SODIUM	TABLET	20MG	\$0.28000	06-20-2009
PRAVASTATIN SODIUM	TABLET	40MG	\$0.35500	06-20-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PRAVASTATIN SODIUM	TABLET	80MG	\$0.55000	12-10-2008
PRAZOSIN HCL	CAPSULE	1MG	\$0.13000	04-20-2009
PRAZOSIN HCL	CAPSULE	2MG	\$0.27000	04-20-2009
PRAZOSIN HCL	CAPSULE	5MG	\$0.40000	01-01-2005
PRECARE	TAB CHEW	40-1MG	\$0.08500	04-01-2004
PRECARE CONCEIVE	TABLET	30MG-1MG	\$0.08500	04-01-2004
PRECARE PREMIER	TABLET	30-50-1MG	\$0.08500	04-01-2004
PRED FORTE	DROPS SUSP	1%	\$1.21000	06-15-2004
PREDNISOL	DROPS	1%	\$1.80000	12-01-2000
PREDNISOLONE	SOLUTION	15MG/5ML	\$0.06500	06-01-2004
PREDNISOLONE	TABLET	5MG	\$0.07500	03-15-2009
PREDNISOLONE ACETATE	DROPS SUSP	1%	\$1.21000	06-15-2004
PREDNISOLONE SODIUM PHOSPHATE	SOLUTION	15MG/5ML	\$0.20000	11-01-2008
PREDNISOLONE SODIUM PHOSPHATE	SOLUTION	5MG/5ML	\$0.07500	06-09-2007
PREDNISOLONE SODIUM PHOSPHATE	DROPS	1%	\$1.80000	12-01-2000
PREDNISONE	TABLET	10MG	\$0.05000	12-01-2000
PREDNISONE	TABLET	20MG	\$0.07000	12-01-2000
PREDNISONE	TABLET	50MG	\$0.19000	12-01-2000
PREDNISONE	TABLET	5MG	\$0.03000	12-01-2000
PREDNISONE	TAB DS PK	10MG	\$0.05000	07-06-2000
PREDNISONE	TAB DS PK	5MG	\$0.03000	07-06-2000
PREFERA-OB	TABLET	22-6-1MG	\$0.08500	04-01-2004

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Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PREFERA-OB PLUS DHA	COMBO. PKG	22-6-1-200	\$0.04250	08-03-2009
PREHIST D	TAB.SR 12H	20-8-2.5MG	\$0.55000	11-01-2007
PREHIST D	TAB.SR 12H	8-20-2.5MG	\$0.55000	11-01-2007
PREMESIS RX	TBMP 24HR	1MG	\$0.08500	04-01-2004
PREMESIS RX	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
PRENACARE	TABLET	90-1-50MG	\$0.08500	04-01-2004
PRENAFIRST	TABLET	17MG-1MG	\$0.08500	04-01-2004
PRENAPLUS	TABLET	27-1MG	\$0.08500	04-01-2004
PRENAPLUS	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATABS FA	TABLET	29MG-1MG	\$0.08500	04-01-2004
PRENATABS OBN	TABLET	29MG-1MG	\$0.08500	04-01-2004
PRENATABS RX	TABLET	29MG-1MG	\$0.08500	04-01-2004
PRENATAL	CAPSULE	10MG-0.4MG	\$0.08500	11-21-2008
PRENATAL	TABLET		\$0.08500	10-01-1997
PRENATAL	TABLET	27-0.8MG	\$0.08500	04-01-2004
PRENATAL	TABLET	28-0.8MG	\$0.08500	04-01-2004
PRENATAL 1-1	TABLET	65MG-1MG	\$0.08500	04-01-2004
PRENATAL 19	TABLET	29MG-1MG	\$0.08500	04-01-2004
PRENATAL 19	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
PRENATAL AD	TABLET	90-1-50MG	\$0.08500	04-01-2004
PRENATAL FORMULA	TABLET		\$0.08500	10-01-1997
PRENATAL FORMULA	TABLET	27-1MG	\$0.08500	04-01-2004

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Report ID: 10510
Services Corporation
Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PRENATAL FORMULA	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATAL FORMULA	TABLET	28-0.8MG	\$0.08500	04-01-2004
PRENATAL LOW IRON	TABLET	27-1MG	\$0.08500	04-01-2004
PRENATAL LOW IRON	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATAL MR 90 FE	TABLET SA	90-50-1MG	\$0.08500	04-01-2004
PRENATAL MTR	TABLET	27-1MG	\$0.08500	04-01-2004
PRENATAL MTR	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATAL MULTIVITAMIN W-IRON	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
PRENATAL PLUS	TABLET	27-1MG	\$0.08500	04-01-2004
PRENATAL PLUS	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATAL PLUS	TABLET	65MG-1MG	\$0.08500	04-01-2004
PRENATAL PLUS DHA	TABLET	7-400-100	\$0.08500	02-26-2008
PRENATAL RX	TABLET	27-0.5MG	\$0.08500	04-01-2004
PRENATAL RX 1	TABLET	60MG-1MG	\$0.08500	04-01-2004
PRENATAL S	TABLET	27-0.8MG	\$0.08500	04-01-2004
PRENATAL VITAMINS	TABLET		\$0.08500	10-01-1997
PRENATAL VITAMINS	TABLET	27-0.8MG	\$0.08500	04-01-2004
PRENATAL VITAMINS	TABLET	27-1MG	\$0.08500	04-01-2004
PRENATAL VITAMINS	TABLET	27MG-1MG	\$0.08500	04-01-2004
PRENATAL VITAMINS	TABLET	28-0.8MG	\$0.08500	04-01-2004
PRENATAL VITAMINS	TABLET	60-0.8MG	\$0.08500	04-01-2004
PRENATAL Z	TABLET	65MG-1MG	\$0.08500	04-01-2004

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Report ID: 105160 Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PRENATAL-H	CAPSULE	106.5-1MG	\$0.08500	04-01-2004
PRENATAL-U	CAPSULE	106.5-1MG	\$0.08500	04-01-2004
PRENATE	COMBO. PKG	30-1-75MG	\$0.04250	08-19-2009
PRENATE DHA	CAPSULE	27-1-300MG	\$0.08500	06-01-2009
PRENATE DHA	CAPSULE	27-1-50MG	\$0.08500	04-01-2004
PRENATE ELITE	TABLET	27MG-1MG	\$0.08500	01-01-2009
PRENATE ELITE	TABLET	90-50-1MG	\$0.08500	04-01-2004
PRENAVITE	TABLET	27-0.8MG	\$0.08500	04-01-2004
PRENAVITE	TABLET	28-0.8MG	\$0.08500	04-01-2004
PRENEXA	CAPSULE	30-1.2-55	\$0.08500	11-20-2008
PREPARATION H	CREAM(GM)	1%	\$0.04000	01-01-2002
PRETZ	SPRAY RFL		\$0.03000	04-20-2009
PRETZ	SPRAY		\$0.03000	04-20-2009
PRETZ	SOLUTION		\$0.03000	04-20-2009
PREVALITE	POWDER	4G	\$0.12500	01-01-2005
PREVALITE	PACKET	4G	\$0.90040	12-01-2000
PREVIT+DHA	CAPSULE	28-1.25MG	\$0.08500	04-01-2004
PREVITE RX	TBMP 24HR	1MG	\$0.08500	04-01-2004
PREVITE RX	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
PRILOSEC	CAPSULE DR	10MG	\$0.30000	06-01-2007
PRILOSEC	CAPSULE DR	20MG	\$0.30000	11-15-2008
PRILOSEC	CAPSULE DR	40MG	\$0.60000	11-15-2008

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**Services Corporation** 

Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PRIMACARE	TB CP SEQ	30-50-1MG	\$0.08500	04-01-2004
PRIMACARE ADVANTAGE	TB CP SEQ	30-1-50MG	\$0.08500	10-01-1997
PRIMACARE ONE	CAPSULE	27-1-330MG	\$0.08500	10-01-1997
PRIMACARE ONE	CAPSULE	27-300-1MG	\$0.08500	10-01-1997
PRIMIDONE	TABLET	250MG	\$0.80550	10-27-2006
PRIMIDONE	TABLET	50MG	\$0.38000	01-01-2005
PRINIVIL	TABLET	10MG	\$0.10000	11-15-2008
PRINIVIL	TABLET	20MG	\$0.15000	11-15-2008
PRINIVIL	TABLET	5MG	\$0.08000	11-15-2008
PRINZIDE	TABLET	10-12.5MG	\$0.09500	06-20-2009
PRINZIDE	TABLET	20-12.5MG	\$0.15000	06-20-2009
PRINZIDE	TABLET	20-25MG	\$0.15000	06-20-2009
PRO FE	CAPSULE	180MG	\$0.06500	03-20-2009
PROAMATINE	TABLET	10MG	\$3.00000	11-01-2008
PROAMATINE	TABLET	2.5MG	\$0.70000	06-18-2009
PROAMATINE	TABLET	5MG	\$1.50000	11-01-2008
PROBENECID	TABLET	500MG	\$0.36000	03-01-2005
PROBENECID-COLCHICINE	TABLET	0.5-500MG	\$0.75000	02-19-1999
PROCAINAMIDE HCL	TABLET SA	750MG	\$0.50000	01-01-2005
PROCARDIA	CAPSULE	10MG	\$0.66000	03-01-2007
PROCARDIA XL	TAB ER 24	30MG	\$0.75000	01-01-2005
PROCARDIA XL	TAB ER 24	60MG	\$1.30000	01-01-2005

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Run Date: 10/01/2009

**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PROCARDIA XL	TAB ER 24	90MG	\$2.15000	01-01-2005
PROCARDIA XL	TAB OSM 24	30MG	\$0.75000	01-01-2005
PROCARDIA XL	TAB OSM 24	60MG	\$1.30000	01-01-2005
PROCARDIA XL	TAB OSM 24	90MG	\$2.15000	01-01-2005
PROCHLORPERAZINE MALEATE	TABLET	10MG	\$0.39000	12-01-2000
PROCHLORPERAZINE MALEATE	TABLET	5MG	\$0.20000	12-01-2000
PROCTOCREAM-HC	CREAM(GM)	2.5%	\$0.16500	07-15-2006
PROCTOSOL-HC	CREAM(GM)	2.5%	\$0.16500	07-15-2006
PROCTOZONE-HC	CREAM(GM)	2.5%	\$0.16500	07-15-2006
PRODIGY AUTOCODE	STRIP		\$0.04000	10-01-1988
PRODIGY NO CODING	STRIP		\$0.04000	10-01-1988
PRODIGY VOICE	STRIP		\$0.04000	10-01-1988
PROFEN IB	TABLET	200MG	\$0.03000	12-10-2008
PROFILNINE SD	VIAL	1000 (+/-)	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	1000(+/-)U	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	1200 (+/-)	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	1200(+/-)U	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	1500 (+/-)	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	500 (+/-)	\$0.81700	05-20-2009
PROFILNINE SD	VIAL	500 (+/-)U	\$0.81700	05-20-2009
PROLASTIN	VIAL	1000MG	\$0.43000	01-01-2004
PROLASTIN	VIAL	500MG	\$0.43000	01-01-2004

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PROMETHAZINE HCL	AMPUL	25MG/ML	\$2.15000	04-19-2002
PROMETHAZINE HCL	DISP SYRIN	25MG/ML	\$0.89000	06-01-2001
PROMETHAZINE HCL	VIAL	25MG/ML	\$0.89000	06-01-2001
PROMETHAZINE HCL	SUPP.RECT	12.5MG	\$0.60000	06-09-2007
PROMETHAZINE HCL	SUPP.RECT	25MG	\$0.60000	06-09-2007
PROMETHAZINE HCL	SYRUP	6.25MG/5ML	\$0.04000	12-23-2002
PROMETHAZINE HCL	TABLET	25MG	\$0.31000	03-01-2005
PROMETHAZINE HCL	TABLET	50MG	\$0.60000	07-20-2003
PROMETHAZINE VC	SYRUP	5-6.25MG/5	\$0.04000	12-23-2002
PROMETHAZINE VC-CODEINE	SYRUP	5-10-6.25	\$0.08000	12-23-2002
PROMETHAZINE-CODEINE	SYRUP	10-6.25/5	\$0.05000	01-01-2005
PROMETHAZINE-DM	SYRUP	15-6.25/5	\$0.02000	06-15-2004
PROMETHEGAN	SUPP.RECT	12.5MG	\$0.60000	06-09-2007
PROMETHEGAN	SUPP.RECT	25MG	\$0.60000	06-09-2007
PRONESTYL	TABLET	375MG	\$0.07430	07-05-1994
PRONESTYL	TABLET	500MG	\$0.08480	07-05-1994
PRONESTYL-SR	TABLET SA	500MG	\$0.32000	01-01-2005
PROPAFENONE HCL	TABLET	150MG	\$0.50000	01-01-2005
PROPAFENONE HCL	TABLET	225MG	\$0.68000	01-01-2005
PROPAFENONE HCL	TABLET	300MG	\$1.56000	01-01-2005
PROPARACAINE HCL	DROPS	0.5%	\$0.49900	10-01-1997
PROPINE	DROPS	0.1%	\$0.53000	06-15-2004

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PROPLEX T	VIAL	750 (+/-)U	\$0.81700	05-20-2009
PROPOXYPHENE HCL-APAP	TABLET	65-650MG	\$0.08800	12-01-2000
PROPOXYPHENE NAPSYLATE-APAP	TABLET	100-650MG	\$0.10000	08-01-2002
PROPRANOLOL HCL	CAP.SA 24H	120MG	\$1.80000	12-10-2008
PROPRANOLOL HCL	CAP.SA 24H	160MG	\$2.50000	12-10-2008
PROPRANOLOL HCL	CAP.SA 24H	60MG	\$1.20000	04-20-2009
PROPRANOLOL HCL	CAP.SA 24H	80MG	\$1.50000	04-20-2009
PROPRANOLOL HCL	TABLET	10MG	\$0.05000	08-15-2003
PROPRANOLOL HCL	TABLET	20MG	\$0.06000	04-20-2009
PROPRANOLOL HCL	TABLET	40MG	\$0.06500	04-20-2009
PROPRANOLOL HCL	TABLET	60MG	\$0.90000	06-20-2009
PROPRANOLOL HCL	TABLET	80MG	\$0.07000	04-20-2009
PROPRANOLOL HCL-HCTZ	TABLET	40-25MG	\$0.07710	12-01-2000
PROPRANOLOL HCL-HCTZ	TABLET	40MG-25MG	\$0.07710	12-01-2000
PROPRANOLOL HCL-HCTZ	TABLET	80-25MG	\$0.10440	12-01-2000
PROPRANOLOL HCL-HCTZ	TABLET	80MG-25MG	\$0.10440	12-01-2000
PROPYLTHIOURACIL	TABLET	50MG	\$0.12000	01-01-2005
PROSCAR	TABLET	5MG	\$1.60000	04-15-2008
PROSIGHT	TABLET		\$0.04000	10-19-1999
PROSOM	TABLET	2MG	\$0.38000	01-01-2005
PROTECT CARDIO	CAPSULE	0.5-30-150	\$0.04000	10-01-2001
PROTONIX	TABLET DR	20MG	\$3.65000	08-15-2008

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PROTONIX	TABLET DR	40MG	\$3.65000	08-15-2008
PROVENTIL	AER REFILL	90MCG	\$0.76000	04-15-2006
PROVENTIL	VIAL-NEB	2.5MG/3ML	\$0.11000	08-26-2002
PROVERA	TABLET	10MG	\$0.10000	06-18-2009
PROVERA	TABLET	2.5MG	\$0.09000	07-15-2004
PROVERA	TABLET	5MG	\$0.10500	01-01-2005
PROVIL	TABLET	200MG	\$0.03000	12-10-2008
PROZAC	CAPSULE	10MG	\$0.07500	06-18-2009
PROZAC	CAPSULE	20MG	\$0.06000	06-18-2009
PROZAC	CAPSULE	40MG	\$0.16000	01-01-2009
PROZAC	SOLUTION	20MG/5ML	\$0.08000	06-18-2009
PRUET DHA	COMBO. PKG	29-1-400MG	\$0.04250	08-19-2009
PRUET DHA	COMBO. PKG	29-1-430MG	\$0.04250	08-19-2009
PRUET DHA EC	CMBPKGDRCP	29-1-400MG	\$0.04250	08-19-2009
PRUET DHA EC	CMBPKGDRCP	29-1-430MG	\$0.04250	10-01-2007
PRUVEL	CREAM(GM)		\$0.01800	04-01-2007
PSE-CPM	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
PSE-CPM	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
PSEUBROM	CAPSULE SA	120-12MG	\$0.22500	01-01-2002
PSEUBROM-PD	CAPSULE SA	60-6MG	\$0.21500	01-01-2002
PSEUDO DM GG	SYRUP	100-15-40	\$0.05500	11-01-2007
PSEUDO PLUS COLD & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PSEUDO-CHLOR	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
PSEUDO-CHLOR	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
PSEUDO-GEST	TABLET	60MG	\$0.03500	01-06-1994
PSEUDO-TRIP	TABLET	60-2.5MG	\$0.03000	06-01-2009
PSEUDOEPHEDRINE COLD & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009
PSEUDOEPHEDRINE GG	LIQUID	200-40MG/5	\$0.04500	11-01-2007
PSEUDOEPHEDRINE GG	SYRUP	200-40MG/5	\$0.04500	11-01-2007
PSEUDOEPHEDRINE HCL	SYRUP	30MG/5ML	\$0.01500	01-06-1994
PSEUDOEPHEDRINE HCL	TABLET	30MG	\$0.03370	01-06-1994
PSEUDOEPHEDRINE HCL	TABLET	60MG	\$0.03500	01-06-1994
PSEUDOEPHEDRINE HCL	TABLET SA	120MG	\$0.28000	11-01-2007
PSEUDOEPHEDRINE-CHLORPHENIRAMI	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
PSEUDOEPHEDRINE-CHLORPHENIRAMI	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
PSEUDOEPHEDRINE-CHLORPHENIRAMI	CPMP 24HR	100MG-12MG	\$0.75000	06-01-2009
PSEUDOEPHEDRINE-CHLORPHENIRAMI	TAB.SR 12H	120-12MG	\$0.60000	06-01-2009
PSEUPHEDRIN	LIQUID	15MG/5ML	\$0.02000	11-01-2007
PSYLLIUM	POWDER		\$0.02100	02-08-1993
PYRETHRIN	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
PYRETHRIN LICE TREATMENT	LIQUID	4%-0.33%	\$0.10000	08-01-2001
PYRIDIUM	TABLET	100MG	\$0.08000	10-01-1995
PYRIDIUM	TABLET	200MG	\$0.11000	10-01-1995
PYRIDOSTIGMINE BROMIDE	TABLET	60MG	\$0.35000	01-01-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
PYRIDOXINE HCL	TABLET	100MG	\$0.03500	04-23-2009
PYRIDOXINE HCL	TABLET	25MG	\$0.03000	09-01-1990
PYRIDOXINE HCL	TABLET	50MG	\$0.03000	09-01-1990
PYRLEX PD	ORAL SUSP	9-12MG/5ML	\$0.20000	06-01-2009
Q-DRYL	CAPSULE	25MG	\$0.02500	12-01-2000
Q-DRYL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
Q-NAFTATE	CREAM(GM)	1%	\$0.10000	01-03-2005
Q-PAP	ORAL SUSP	160MG/5ML	\$0.01300	02-08-1993
Q-PAP	SOLUTION	160MG/5ML	\$0.01300	01-08-1996
Q-PAP	DROPS	100MG/ML	\$0.10000	10-01-1988
Q-PAP	TABLET	325MG	\$0.02000	01-01-2002
Q-PAP EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
Q-TAPP	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
Q-TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
Q-TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
Q-TUSSIN CF	LIQUID	100-10-5MG	\$0.01925	11-01-2007
Q-TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
Q-TUSSIN PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
QUAL-TUSSIN	DROPS	20-2-1/ML	\$0.18000	11-01-2007
QUAL-TUSSIN	SYRUP	7.5-10-2/5	\$0.02400	11-01-2007
QUALAQUIN	CAPSULE	324MG	\$0.60000	01-01-2003
QUENALIN	SYRUP	12.5MG/5ML	\$0.00800	01-15-2001

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
QUESTRAN	PACKET	4G	\$1.00000	08-01-2003
QUESTRAN LIGHT	POWDER	4G	\$0.12500	01-01-2005
QUESTRAN LIGHT	PACKET	4G	\$0.90040	12-01-2000
QUINAPRIL HCL	TABLET	10MG	\$0.15000	11-15-2008
QUINAPRIL HCL	TABLET	20MG	\$0.15000	11-15-2008
QUINAPRIL HCL	TABLET	40MG	\$0.15000	11-15-2008
QUINAPRIL HCL	TABLET	5MG	\$0.15000	11-15-2008
QUINIDINE GLUCONATE	TABLET SA	324MG	\$0.59000	01-01-2005
QUINIDINE SULFATE	TABLET	200MG	\$0.15000	02-11-2008
QUINIDINE SULFATE	TABLET	300MG	\$0.30000	02-11-2008
QUINIDINE SULFATE	TABLET SA	300MG	\$0.59000	01-16-2003
QUINTEX	SYRUP	100-7.5/5	\$0.12500	11-01-2007
QV-ALLERGY	SYRUP	10-2-0.625	\$0.22000	11-01-2007
R-TANNA	TABLET	25-9MG	\$0.70000	06-01-2009
R-TANNA PEDIATRIC	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
R-TANNAMINE	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
R-TANNATE	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
RAGUS	TABLET		\$0.04000	12-26-1996
RAMIPRIL	CAPSULE	1.25MG	\$0.25000	11-01-2008
RAMIPRIL	CAPSULE	10MG	\$0.08000	08-15-2008
RAMIPRIL	CAPSULE	2.5MG	\$0.06000	08-15-2008
RAMIPRIL	CAPSULE	5MG	\$0.07000	08-15-2008

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Report ID: 10516
Services Corporation
Run Date: 10/01/2009
Nobraska Modicaid Program

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RANITIDINE HCL	CAPSULE	150MG	\$0.06000	01-01-2005
RANITIDINE HCL	CAPSULE	300MG	\$0.10000	01-01-2005
RANITIDINE HCL	SYRUP	15MG/ML	\$0.30000	12-10-2008
RANITIDINE HCL	TABLET	150MG	\$0.06000	01-01-2005
RANITIDINE HCL	TABLET	300MG	\$0.10000	01-01-2005
RANITIDINE HCL	TABLET	75MG	\$0.08000	09-01-2002
RE DUALVIT OB	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
RE KAR C PLUS SR	CAP MPHASE	100-320-1	\$0.08500	04-01-2004
RE MULTIVIT-FLUORIDE	TAB CHEW	0.25MG	\$0.18000	12-01-2008
RE MULTIVIT-FLUORIDE	TAB CHEW	0.5MG	\$0.18000	12-01-2008
RE MULTIVIT-FLUORIDE	TAB CHEW	1MG	\$0.18000	12-01-2008
RE OB 90 + DHA	COMBO. PKG	90-1-250MG	\$0.04250	08-19-2009
RE-NATA 29	TABLET	29MG-1MG	\$0.08500	02-20-2009
RE-NATA 29 OB	TABLET	29MG-1MG	\$0.08500	04-01-2004
RE2+30	LIQUID	30-2MG/5ML	\$0.10000	06-01-2009
REBETOL	CAPSULE	200MG	\$2.00000	11-01-2007
RECLIPSEN	TABLET	0.15-0.03	\$1.75871	08-19-2009
RECOMBINATE	VIAL	1000 (+/-)	\$1.03700	08-01-2006
RECOMBINATE	VIAL	1000(+/-)U	\$1.03700	08-01-2006
RECOMBINATE	VIAL	250 (+/-)	\$1.03700	08-01-2006
RECOMBINATE	VIAL	250 (+/-)U	\$1.03700	08-01-2006
RECOMBINATE	VIAL	500 (+/-)	\$1.03700	08-01-2006

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RECOMBINATE	VIAL	500 (+/-)U	\$1.03700	08-01-2006
RECORT PLUS	CREAM(GM)	1%	\$0.04000	01-01-2002
REFACTO	KIT	1000 (+/-)	\$1.03700	08-01-2006
REFACTO	KIT	1000(+/-)U	\$1.03700	08-01-2006
REFACTO	KIT	2000 (+/-)	\$1.03700	08-01-2006
REFACTO	KIT	2000(+/-)	\$1.03700	08-01-2006
REFACTO	KIT	250 (+/-)	\$1.03700	08-01-2006
REFACTO	KIT	250 (+/-)U	\$1.03700	08-01-2006
REFACTO	KIT	500 (+/-)	\$1.03700	08-01-2006
REFACTO	KIT	500 (+/-)U	\$1.03700	08-01-2006
REFENESEN	TABLET	200MG	\$0.08000	05-27-1999
REFENESEN DM	TABLET	400MG-20MG	\$1.40000	12-10-2002
REFISSA	CREAM(GM)	0.05%	\$1.63000	09-01-2004
REFRESH	DROPS	0.025%	\$2.16982	01-25-2007
REFUAH PLUS	STRIP		\$0.04000	10-01-1988
REGLAN	TABLET	10MG	\$0.08500	09-01-2004
REGLAN	TABLET	5MG	\$0.06000	06-18-2009
REGULOID	POWDER		\$0.02100	07-01-2006
REGUTOL	TABLET	100MG	\$0.02200	01-01-2004
REHYDRALYTE	SOLUTION		\$0.00250	01-01-2002
RELIABLE GENTLE LAXATIVE	TABLET DR	5MG	\$0.01700	10-01-1988
RELION ULTIMA	STRIP		\$0.04000	10-01-1988

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
REMEDY ANTIFUNGAL	CREAM(GM)	2%	\$0.08000	01-01-2004
REMERON	TABLET	15MG	\$0.20000	06-18-2009
REMERON	TABLET	30MG	\$0.22000	06-18-2009
REMERON	TABLET	45MG	\$0.33000	06-18-2009
RENA-VITE	TABLET	0.8MG	\$0.12000	08-19-2009
RENA-VITE RX	TABLET	1MG	\$0.12000	08-19-2009
RENA-VITE RX	TABLET	1MG-60MG	\$0.12000	08-19-2009
RENAF	TAB CHEW	0.25(0.55)	\$0.05000	04-01-2009
RENAF	TAB CHEW	0.25MG	\$0.05000	04-01-2009
RENAF	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
RENAF	TAB CHEW	0.5MG	\$0.05000	04-01-2009
RENAF	TAB CHEW	1MG	\$0.05000	04-01-2009
RENAF	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
RENAL CAPS	CAPSULE	1MG	\$0.12000	08-19-2009
RENAL SOFTGEL	CAPSULE	1MG	\$0.12000	08-19-2009
RENATABS	TABLET	1MG	\$0.12000	08-19-2009
RENATABS	TABLET	1MG-60MG-5	\$0.12000	08-19-2009
RENATE	TABLET	29MG-1MG	\$0.08500	04-01-2004
RENATE DHA	COMBO. PKG	29-1-400MG	\$0.04250	08-19-2009
RENATE DHA	COMBO. PKG	29-1-430MG	\$0.04250	08-19-2009
RENATE DHA EXTRA	CMBPKGDRCP	29-1-400MG	\$0.04250	08-19-2009
RENATE DHA EXTRA	CMBPKGDRCP	29-1-430MG	\$0.04250	10-01-2007

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RENAVIT	TABLET	0.8MG	\$0.12000	08-19-2009
RENAX	TABLET	35 U-2.5MG	\$0.08500	11-20-2000
RENO CAPS	CAPSULE	1MG	\$0.12000	08-19-2009
REPAN	TABLET	50-325-40	\$0.13500	06-01-2002
REQ49+	TABLET	200MCG-1.5	\$0.06000	01-01-2009
REQUIP	TABLET	0.25MG	\$0.40000	11-15-2008
REQUIP	TABLET	0.5MG	\$0.40000	11-15-2008
REQUIP	TABLET	1MG	\$0.40000	11-15-2008
REQUIP	TABLET	2MG	\$0.40000	11-15-2008
REQUIP	TABLET	3MG	\$0.40000	11-15-2008
REQUIP	TABLET	4MG	\$0.45000	12-10-2008
REQUIP	TABLET	5MG	\$0.40000	11-15-2008
RESCON-JR	TABLET SA	20MG-4MG	\$0.75000	06-01-2009
RESPAHIST	CAPSULE SA	60-6MG	\$0.21500	01-01-2002
REST SIMPLY	TABLET	25MG	\$0.02500	01-15-2001
RESTFULLY SLEEP	TABLET	25MG	\$0.02500	01-15-2001
RESTORIL	CAPSULE	15MG	\$0.11000	01-01-2005
RESTORIL	CAPSULE	30MG	\$0.14000	01-01-2005
RETIN-A	GEL (GM)	0.01%	\$1.60000	03-20-2009
RETIN-A	GEL (GM)	0.025%	\$1.50000	02-14-2003
RETIN-A	CREAM(GM)	0.025%	\$1.50000	02-14-2003
RETIN-A	CREAM(GM)	0.05%	\$1.40000	03-20-2009

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Services Corporation

Nobreaks Medicaid Program

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RETIN-A	CREAM(GM)	0.1%	\$1.60000	03-20-2009
RETROVIR	CAPSULE	100MG	\$1.44000	12-19-2008
RETROVIR	TABLET	300MG	\$0.67500	01-01-2009
REVIA	TABLET	50MG	\$1.16000	01-10-2009
RHEUMATREX	TAB DS PK	2.5MG	\$0.30000	01-01-2005
RHINACON A	LIQUID	5-7.5-2.5	\$0.06000	06-01-2009
RHINACON A	TABLET SA	20-40-4MG	\$0.30000	06-01-2009
RI-GEL	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
RI-MOX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
RI-TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
RI-TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
RI-TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
RIBASPHERE	CAPSULE	200MG	\$2.00000	11-01-2007
RIBASPHERE	TABLET	200MG	\$1.78000	11-01-2007
RIBAVIRIN	CAPSULE	200MG	\$2.00000	11-01-2007
RIBAVIRIN	TABLET	200MG	\$1.78000	11-01-2007
RIBOFLAVIN	TABLET	100MG	\$0.03000	02-08-1993
RIBOFLAVIN	TABLET	50MG	\$0.03000	02-08-1993
RICOTUSS	TABLET	60-10-5MG	\$0.88000	01-01-2002
RID	LIQUID	3-0.3%	\$0.03930	08-25-2009
RID	SHAMPOO	4%-0.33%	\$0.05650	08-25-2009
RIFADIN	CAPSULE	150MG	\$1.10000	01-01-2005

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RIFADIN	CAPSULE	300MG	\$1.50000	01-01-2005
RIFAMPIN	CAPSULE	150MG	\$1.10000	01-01-2005
RIFAMPIN	CAPSULE	300MG	\$1.50000	01-01-2005
RIGHT STEP PRENATAL VITAMINS	TABLET	27-0.8MG	\$0.08500	04-01-2004
RIMANTADINE HCL	TABLET	100MG	\$1.41000	01-01-2005
RINATE	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
RINDAL HD	SYRUP	5-1.67-2/5	\$0.02400	12-29-1999
RISABAL-PH	CREAM(GM)		\$0.01800	04-01-2007
RISANOID PLUS	TABLET		\$0.03500	04-23-2009
RISANOID PLUS	TABLET	200-100MG	\$0.03500	04-23-2009
RISPERDAL	TABLET	0.25MG	\$0.92000	04-20-2009
RISPERDAL	TABLET	0.5MG	\$0.92000	04-20-2009
RISPERDAL	TABLET	1MG	\$1.10000	04-20-2009
RISPERDAL	TABLET	2MG	\$1.20000	01-01-2009
RISPERDAL	TABLET	3MG	\$1.20000	04-20-2009
RISPERDAL	TABLET	4MG	\$1.30000	01-01-2009
RISPERIDONE	TABLET	0.25MG	\$0.92000	04-20-2009
RISPERIDONE	TABLET	0.5MG	\$0.92000	04-20-2009
RISPERIDONE	TABLET	1MG	\$1.10000	04-20-2009
RISPERIDONE	TABLET	2MG	\$0.65000	01-10-2009
RISPERIDONE	TABLET	3MG	\$1.20000	04-20-2009
RISPERIDONE	TABLET	4MG	\$1.00000	01-10-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RITALIN	TABLET	10MG	\$0.12000	06-18-2009
RITALIN	TABLET	20MG	\$0.20000	06-18-2009
RITALIN	TABLET	5MG	\$0.24000	01-01-2005
RITALIN-SR	TABLET SA	20MG	\$0.35000	06-18-2009
RITIFED	SYRUP	30-1.25/5	\$0.01500	06-01-2009
ROBAFEN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
ROBAFEN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
ROBAFEN AC	LIQUID	100-10MG/5	\$0.05000	06-01-2009
ROBAFEN AC	SYRUP	100-10MG/5	\$0.05000	06-01-2009
ROBAFEN CF	LIQUID	100-10-5MG	\$0.01925	11-01-2007
ROBAFEN CF	SYRUP	100-10-30	\$0.01800	01-01-2004
ROBAFEN-DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ROBAFEN-DM CLEAR	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ROBAXIN	TABLET	500MG	\$0.10000	06-18-2009
ROBAXIN-750	TABLET	750MG	\$0.10000	06-18-2009
ROBINUL	VIAL	0.2MG/ML	\$0.41000	01-01-2001
ROBITUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
ROBITUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
ROBITUSSIN COUGH & COLD CF	LIQUID	100-10-5MG	\$0.01925	11-01-2007
ROBITUSSIN COUGH DROPS	LOZENGE		\$0.02000	01-01-2002
ROBITUSSIN PEDIATRIC	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
ROBITUSSIN-COUGH-CHEST-CONG	SYRUP	100-10MG/5	\$0.01780	01-06-1994

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ROBITUSSIN-DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ROBITUSSIN-DM COUGH	SYRUP	100-10MG/5	\$0.01780	01-06-1994
ROMYCIN	OINT.(GM)	5MG/G	\$0.38000	08-25-2004
RONDEC	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
RONDEC	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
RONDEC-DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
RONDEC-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
RONDEC-DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
RONDEX	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
RONDEX	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
RONDEX-DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
RONDEX-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
ROPINIROLE HCL	TABLET	0.25MG	\$0.40000	11-15-2008
ROPINIROLE HCL	TABLET	0.5MG	\$0.40000	11-15-2008
ROPINIROLE HCL	TABLET	1MG	\$0.40000	11-15-2008
ROPINIROLE HCL	TABLET	2MG	\$0.40000	11-15-2008
ROPINIROLE HCL	TABLET	3MG	\$0.40000	11-15-2008
ROPINIROLE HCL	TABLET	4MG	\$0.45000	12-10-2008
ROPINIROLE HCL	TABLET	5MG	\$0.40000	11-15-2008
ROXICET	TABLET	5MG-325MG	\$0.10000	01-01-2005
ROXICODONE	TABLET	5MG	\$0.16000	01-01-2005
ROXICODONE INTENSOL	ORAL CONC	20MG/ML	\$0.75000	01-01-2005

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
RULOX	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
RULOX	ORAL SUSP	200-225/5	\$0.00600	01-01-2002
RY-T-12	ORAL SUSP	5-30MG/5ML	\$0.20000	06-01-2009
RY-TANN	TABLET	25-9MG	\$0.70000	06-01-2009
RYNA-12	TABLET	25-60MG	\$1.25000	06-01-2009
RYNA-12 S	ORAL SUSP	5-30MG/5ML	\$0.20000	06-01-2009
RYNATAN	TABLET	25-9MG	\$0.70000	06-01-2009
RYNATAN PEDIATRIC	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
RYNESA 12S	ORAL SUSP	5-30MG/5ML	\$0.20000	06-01-2009
RYTHMOL	TABLET	150MG	\$0.50000	01-01-2005
RYTHMOL	TABLET	225MG	\$0.68000	01-01-2005
RYTHMOL	TABLET	300MG	\$1.56000	01-01-2005
SALAGEN	TABLET	5MG	\$0.50000	04-20-2009
SALAGEN	TABLET	7.5MG	\$1.94000	04-20-2009
SALFLEX	TABLET	500MG	\$0.06880	01-06-1994
SALFLEX	TABLET	750MG	\$0.08250	06-01-1994
SALINE FLUSH	DISP SYRIN	0.9%	\$0.17100	01-01-2002
SALINE MIST	SPRAY	0.65%	\$0.03000	01-01-2004
SALINE NASAL SPRAY	SPRAY	0.65%	\$0.03000	01-01-2004
SALINE NOSE SPRAY	SPRAY	0.65%	\$0.03000	01-01-2004
SALSALATE	TABLET	500MG	\$0.06880	01-06-1994
SALSALATE	TABLET	750MG	\$0.08250	06-01-1994

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SARAFEM	CAPSULE	10MG	\$0.07500	06-18-2009
SARAFEM	CAPSULE	20MG	\$0.06000	06-18-2009
SARAFEM	TABLET	10MG	\$0.05000	07-01-2009
SARAFEM	TABLET	15MG	\$0.07500	06-17-2009
SARAFEM	TABLET	20MG	\$0.08000	12-01-2004
SARNOL-HC	LOTION	1%	\$0.05500	01-01-2009
SB NON-ASPIRIN NIGHTTIME	TABLET	500MG-25MG	\$0.05000	04-01-2000
SB PAIN RELIEVER PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
SCALP-CORT	LOTION	1%	\$0.05500	01-01-2009
SCLEREX	TABLET		\$0.04000	12-26-1996
SCOOBY-DOO	TAB CHEW		\$0.04000	07-10-1995
SCOPOHIST-PE	TAB.SR 12H	20-8-1.25	\$0.54000	11-01-2007
SCOT-TUSSIN	LIQUID	100MG/5ML	\$0.01451	10-01-1995
SE-CARE	TAB CHEW	40-1MG	\$0.08500	04-01-2004
SE-CARE CONCEIVE	TABLET	30MG-1MG	\$0.08500	04-01-2004
SE-NATAL 19	TABLET	29MG-1MG	\$0.08500	04-01-2004
SE-NATAL 19	TAB CHEW	29MG-1MG	\$0.08500	04-01-2004
SE-NATAL 90	TABLET SA	90-50-1MG	\$0.08500	04-01-2004
SE-PLETE DHA	CAPSULE	28-1.25MG	\$0.08500	04-01-2004
SE-TAN DHA	CAPSULE	30-1-310.1	\$0.08500	04-01-2004
SEA SOFT	SPRAY	0.65%	\$0.03000	01-01-2004
SEA-CLENS	IRRIG SOLN		\$0.00278	06-15-2004

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## Nebraska Medicaid Program

#### **Drug Name Dosage Form** Strength Price **Effective Date** SEA-CLENS IRRIG SOLN 0.9% \$0.00278 06-15-2004 SEA-OMEGA **CAPSULE** \$0.10000 04-23-2009 **CAPSULE** 500-1000MG SEA-OMEGA \$0.10000 04-23-2009 CAPSULE 04-23-2009 SEA-OMEGA 30 \$0.10000 SEA-OMEGA 30 **CAPSULE** 1200-360MG \$0.10000 04-23-2009 **CAPSULE** SEA-OMEGA 30 360-1200MG \$0.10000 04-23-2009 **CAPSULE** SEA-OMEGA 50 500-1000MG \$0.10000 04-23-2009 SEBEX SHAMPOO 2%-2% \$0.01000 01-01-2002 SEBULEX SHAMPOO SHAMPO(GM) 2%-2% \$0.02000 01-19-2009 SEBULEX SHAMPOO **SHAMPOO** 2%-2% \$0.01000 01-01-2002 SECTRAL **CAPSULE** 200MG \$0.30000 01-01-2009 **SECTRAL** CAPSULE 400MG \$0.50000 01-01-2009 2% 01-01-2004 SECURA ANTIFUNGAL CREAM(GM) \$0.08000 SELECT-OB 29MG-1MG TAB CHEW \$0.08500 04-01-2004 SELECT-OB + DHA COMBO, PKG 29-1-250MG \$0.04250 08-19-2009 **CAPSULE** 5MG SELEGILINE HCL \$0.55000 01-01-2005 5MG SELEGILINE HCL TABLET \$0.18000 01-01-2005 100MCG **SELENIUM TABLET** \$0.03000 12-29-1999 **SELENIUM TABLET** 200MCG \$0.03500 04-23-2009 **SELENIUM TABLET** 25MCG \$0.03000 12-29-1999 SELENIUM TABLET 50MCG \$0.03000 09-01-1990 SELENIUM SULFIDE SUSPENSION 2.5% \$0.03500 12-01-2000

SMAC Listing - for the month ending 09/30/2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SELENIUM SULFIDE	SHAMPOO	2.5%	\$0.03500	12-01-2000
SELENOMAX	TABLET	200MCG	\$0.03500	04-23-2009
SELFEMRA	CAPSULE	10MG	\$0.07500	06-18-2009
SELFEMRA	CAPSULE	20MG	\$0.06000	06-18-2009
SEN-O-TAB	TABLET	8.6MG	\$0.03100	09-01-1990
SENEXON	TABLET	8.6MG	\$0.03100	09-01-1990
SENIOR TOPIX ALPHIX	OIL		\$0.04275	04-23-2009
SENIOR VITAMIN	TABLET		\$0.03500	08-02-2002
SENNA	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA CONCENTRATE	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA LAX	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA LAXATIVE	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA LAXATIVE	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA PLUS	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA S	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA-C	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA-C	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA-C PLUS	TABLET		\$0.11000	01-18-2000
SENNA-C PLUS	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA-DOCUSATE SODIUM	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNA-GEN	TABLET	8.6MG	\$0.03100	09-01-1990
SENNA-LAX	TABLET	8.6MG	\$0.03100	09-01-1990

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SENNACON	TABLET	8.6MG	\$0.03100	09-01-1990
SENNAGEN	TABLET	8.6MG	\$0.03100	09-01-1990
SENNALAX-S	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SENNATURAL	TABLET	8.6MG	\$0.03100	09-01-1990
SENNO	TABLET	8.6MG	\$0.03100	09-01-1990
SENNOSIDES	TABLET	8.6MG	\$0.03100	09-01-1990
SENOKOT	TABLET	8.6MG	\$0.03100	09-01-1990
SENOKOT-S	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
SEPTRA	TABLET	400MG-80MG	\$0.12000	01-01-2005
SEPTRA DS	TABLET	800-160MG	\$0.26000	10-28-2006
SERAX	CAPSULE	15MG	\$0.47000	12-02-1998
SERAX	CAPSULE	30MG	\$1.05000	03-01-2003
SEROSTIM	VIAL	4MG	\$132.00000	09-03-1999
SEROSTIM	VIAL	6MG	\$198.00000	09-03-1999
SERTRALINE HCL	ORAL CONC	20MG/ML	\$0.75000	08-01-2007
SERTRALINE HCL	TABLET	100MG	\$0.12000	12-10-2008
SERTRALINE HCL	TABLET	25MG	\$0.12000	12-10-2008
SERTRALINE HCL	TABLET	50MG	\$0.12000	12-10-2008
SETONET-EC	CMBPKGDRCP	29-1-430MG	\$0.04250	10-01-2007
SEVERE COLD & FLU	TABLET	15-30-500	\$0.00600	01-01-2002
SEVERE DRY	OINT.(GM)		\$0.02100	04-01-2007
SIDEROL	DROPS	15MG/0.6ML	\$0.07000	09-01-1990

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SIGTAB	TABLET		\$0.04000	02-08-1993
SIL-TEX	SYRUP	100-7.5/5	\$0.12500	11-01-2007
SILACE	LIQUID	50MG/5ML	\$0.01700	10-01-1988
SILACE	SYRUP	60MG/15ML	\$0.00700	01-18-2000
SILADRYL	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
SILAFED	SYRUP	30-1.25/5	\$0.01500	06-01-2009
SILAPAP	LIQUID	160MG/5ML	\$0.01300	09-09-1991
SILAPAP	DROPS	100MG/ML	\$0.10000	10-01-1988
SILDEC	SYRUP	45-4MG/5ML	\$0.10000	06-01-2009
SILDEC PE-DM	DROPS	3-3.5-1/ML	\$1.20000	11-01-2007
SILDEC PE-DM	SYRUP	15-12.5-4	\$0.15000	11-01-2007
SILDEC-DM	SYRUP	15-45-4/5	\$0.02200	06-01-2004
SILDEC-PE	DROPS	3.5-1MG/ML	\$0.55000	06-01-2009
SILDEC-PE	SYRUP	12.5-4MG/5	\$0.07500	06-01-2009
SILK SKIN	OIL		\$0.04275	04-23-2009
SILPHEN	SYRUP	12.5MG/5ML	\$0.00800	01-15-2001
SILTUSSIN DAS	LIQUID	100MG/5ML	\$0.01451	10-01-1995
SILTUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
SILTUSSIN DM DAS COUGH FORMULA	LIQUID	100-10MG/5	\$0.01780	10-01-1995
SILTUSSIN SA	LIQUID	100MG/5ML	\$0.01450	01-01-2003
SILTUSSIN SA	SYRUP	100MG/5ML	\$0.01450	01-01-2003
SILVADENE	CREAM(GM)	1%	\$0.06280	01-01-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SILVER SULFADIAZINE	CREAM(GM)	1%	\$0.06280	01-01-2009
SIMEPED	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
SIMETHICONE	DROPS SUSP	40MG/0.6ML	\$0.08000	07-01-2002
SIMETHICONE	TAB CHEW	80MG	\$0.04500	02-08-1993
SIMPLY ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
SIMPLY SALINE	MIST	3%	\$0.03000	04-20-2009
SIMPLY SLEEP	TABLET	25MG	\$0.02500	01-15-2001
SIMVASTATIN	TABLET	10MG	\$0.08000	12-08-2007
SIMVASTATIN	TABLET	20MG	\$0.12000	12-08-2007
SIMVASTATIN	TABLET	40MG	\$0.13600	12-08-2007
SIMVASTATIN	TABLET	5MG	\$0.06000	02-22-2008
SIMVASTATIN	TABLET	80MG	\$0.16000	12-08-2007
SINEMET 10-100	TABLET	10MG-100MG	\$0.28800	01-01-2009
SINEMET 25-100	TABLET	25MG-100MG	\$0.46880	01-01-2009
SINEMET 25-250	TABLET	25MG-250MG	\$0.37200	01-01-2009
SINEMET CR	TABLET SA	25MG-100MG	\$0.72000	10-01-2004
SINEMET CR	TABLET SA	50MG-200MG	\$1.30000	10-01-2002
SINUCLEANSE	PACKET	2300-700MG	\$0.03000	04-20-2009
SINUCLEANSE	KIT	2300-700MG	\$0.03000	04-20-2009
SINUHIST	TAB.SR 12H	45-6MG	\$0.65000	06-01-2009
SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS & ALLERGY	TABLET	10MG-4MG	\$0.07500	06-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SINUS & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009
SINUS & ALLERGY	TABLET SA	120MG	\$0.28000	11-01-2007
SINUS & ALLERGY PE	TABLET	10MG-4MG	\$0.07500	06-01-2009
SINUS 12 HOUR	TABLET SA	120MG	\$0.28000	11-01-2007
SINUS HEADACHE	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS HEADACHE DEGONGESTANT	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS II	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS MAX	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS MAXIMUM STRENGTH	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS NASAL SPRAY	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
SINUS PE	TABLET	5MG-500MG	\$0.05000	01-01-2002
SINUS TABLET	TABLET	30MG-500MG	\$0.05000	01-01-2002
SINUS WASH	PACKET	2300-700MG	\$0.03000	04-20-2009
SINUS WASH	KIT	2300-700MG	\$0.03000	04-20-2009
SKIN CARE BATH OIL	OIL		\$0.04275	04-23-2009
SLEEP AID	TABLET	25MG	\$0.02500	01-15-2001
SLEEP II	TABLET	25MG	\$0.02500	01-15-2001
SLEEP TABLET	TABLET	25MG	\$0.02500	01-15-2001
SLEEP TABS	TABLET	25MG	\$0.02500	01-15-2001
SLEEP-EZE 3	TABLET	25MG	\$0.02500	01-15-2001
SLO-NIACIN	TABLET SA	250MG	\$0.03600	02-08-1993
SLO-NIACIN	TABLET SA	500MG	\$0.03600	02-08-1993

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SLOW FE	TABLET SA	142(45)MG	\$0.04275	06-18-2009
SLOW FE	TABLET SA	160MG	\$0.04275	04-23-2009
SLOW FE	TABLET SA	47.5(IRON)	\$0.04275	04-23-2009
SLOW REL IRON	TABLET SA	160MG	\$0.04275	04-23-2009
SLOW RELEASE IRON	TABLET SA	160MG	\$0.04275	04-23-2009
SLOW-MAG	TABLET SA	64MG	\$0.10000	10-01-2005
SMOOTH ANTACID	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
SODIUM BICARBONATE	DISP SYRIN	1MEQ/ML	\$0.04460	04-06-2001
SODIUM BICARBONATE	VIAL	1MEQ/ML	\$0.04000	01-03-2008
SODIUM CHLORIDE	VIAL-NEB	0.9%	\$0.03500	02-15-2005
SODIUM CHLORIDE	SPRAY	0.65%	\$0.03000	01-01-2004
SODIUM CHLORIDE	IV SOLN	0.9%	\$0.03270	08-01-2001
SODIUM CHLORIDE	DISP SYRIN	0.9%	\$0.17100	01-01-2002
SODIUM CHLORIDE	VIAL	0.9%	\$0.02800	04-06-2001
SODIUM CHLORIDE	PGY VL PRT		\$0.03270	08-01-2001
SODIUM CHLORIDE	PGGYBK PRT		\$0.03270	08-01-2001
SODIUM CHLORIDE	IRRIG SOLN	0.9%	\$0.00278	06-15-2004
SODIUM FLUORIDE	TABLET	0.5(1.1)MG	\$0.05000	03-01-2009
SODIUM FLUORIDE	TABLET	0.5MG	\$0.05000	03-01-2009
SODIUM FLUORIDE	TABLET	1MG	\$0.05000	03-01-2009
SODIUM FLUORIDE	TABLET	1MG(2.2MG)	\$0.05000	03-01-2009
SODIUM FLUORIDE	TAB CHEW	0.25(0.55)	\$0.05000	04-01-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SODIUM FLUORIDE	TAB CHEW	0.25MG	\$0.05000	04-01-2009
SODIUM FLUORIDE	TAB CHEW	0.5(1.1)MG	\$0.05000	04-01-2009
SODIUM FLUORIDE	TAB CHEW	0.5MG	\$0.05000	04-01-2009
SODIUM FLUORIDE	TAB CHEW	1MG	\$0.05000	04-01-2009
SODIUM FLUORIDE	TAB CHEW	1MG(2.2MG)	\$0.05000	04-01-2009
SOFT CHEWS CALCIUM	TAB CHEW	500-100-40	\$0.06500	09-01-1990
SOLIA	TABLET	0.15-0.03	\$1.75871	08-19-2009
SOLUBLE FIBER	POWDER		\$0.02000	12-01-2008
SOLUBLE FIBER	TABLET	500MG	\$0.09500	01-08-1996
SOLUBLE FIBER THERAPY	POWDER		\$0.01500	12-01-2008
SOMA	TABLET	350MG	\$0.08400	01-01-2009
SOMA COMPOUND	TABLET	200-325MG	\$0.16000	01-01-2005
SOMA COMPOUND WITH CODEINE	TABLET	16-200-325	\$1.59250	01-01-2007
SOMINEX	TABLET	25MG	\$0.02500	01-15-2001
SONAHIST	DROPS	2MG-1MG/ML	\$0.55000	06-01-2009
SONATA	CAPSULE	10MG	\$0.70000	12-10-2008
SONATA	CAPSULE	5MG	\$0.60000	12-10-2008
SOOTHING PUREWAY-C	TABLET	500MG	\$0.01800	01-01-2002
SORBITOL	SOLUTION	70%	\$0.01000	09-01-2001
SORINE	TABLET	120MG	\$0.30000	01-01-2005
SORINE	TABLET	160MG	\$0.55000	09-01-2001
SORINE	TABLET	240MG	\$0.80000	09-01-2001

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SORINE	TABLET	80MG	\$0.18000	07-01-2003
SOTALOL	TABLET	120MG	\$0.30000	01-01-2005
SOTALOL	TABLET	160MG	\$0.55000	09-01-2001
SOTALOL	TABLET	240MG	\$0.80000	09-01-2001
SOTALOL	TABLET	80MG	\$0.18000	07-01-2003
SOTALOL AF	TABLET	120MG	\$0.30000	01-01-2005
SOTALOL AF	TABLET	160MG	\$0.55000	09-01-2001
SOTALOL AF	TABLET	80MG	\$0.18000	07-01-2003
SOYA LECITHIN	CAPSULE	1200MG	\$0.03000	10-01-1988
SPACOL T-S	TAB.SR 12H	0.375MG	\$1.05000	04-01-2009
SPECTRAVITE	TABLET		\$0.04000	01-01-1996
SPECTRAVITE	TABLET	.4-300-250	\$0.04000	05-20-1996
SPECTRAVITE	TAB CHEW		\$0.04000	09-01-2003
SPECTRAVITE PERFORMANCE	TABLET		\$0.03500	07-01-2004
SPECTRAVITE PLUS	TABLET		\$0.04000	02-08-1993
SPECTRAVITE SENIOR	TABLET		\$0.03500	04-23-2009
SPIRONOLACTONE	TABLET	100MG	\$0.80000	01-01-2005
SPIRONOLACTONE	TABLET	25MG	\$0.30000	05-01-2002
SPIRONOLACTONE	TABLET	50MG	\$0.45000	01-01-2005
SPIRONOLACTONE-HCTZ	TABLET	25MG-25MG	\$0.30000	01-01-2005
SPORANOX	CAPSULE	100MG	\$6.00000	06-18-2009
SSD	CREAM(GM)	1%	\$0.06280	01-01-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SSD AF	CREAM(GM)	1%	\$0.06280	01-01-2009
ST JOSEPH ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
ST JOSEPH ASPIRIN	TABLET DR	81MG	\$0.03000	01-01-2004
ST. JOSEPH	ELIXIR	160MG/5ML	\$0.01300	02-08-1993
ST. JOSEPH	DROPS	100MG/ML	\$0.10000	10-01-1988
ST. JOSEPH ASA-FREE CHILDREN'S	TAB CHEW	80MG	\$0.04500	06-01-1994
ST. JOSEPH ASPIRIN	TABLET	325MG	\$0.03000	09-01-1990
ST. JOSEPH ASPIRIN	TAB CHEW	81MG	\$0.03000	09-01-1990
ST. JOSEPH ASPIRIN	TABLET DR	81MG	\$0.03000	01-01-2004
ST. JOSEPH COUGH SYRUP	LIQUID	100MG/5ML	\$0.01450	01-01-2003
ST. JOSEPH COUGH SYRUP	SYRUP	100MG/5ML	\$0.01450	01-01-2003
ST. JOSEPH FEVER REDUCER	TAB CHEW	80MG	\$0.04500	06-01-1994
STAGESIC	CAPSULE	5MG-500MG	\$0.16000	01-01-2005
STAVUDINE	CAPSULE	15MG	\$1.80590	08-19-2009
STAVUDINE	CAPSULE	20MG	\$1.87810	08-19-2009
STAVUDINE	CAPSULE	30MG	\$1.99450	08-19-2009
STAVUDINE	CAPSULE	40MG	\$2.15180	08-19-2009
STAVUDINE	SOLN RECON	1MG/ML	\$0.32000	08-19-2009
STERAPRED	TAB DS PK	5MG	\$0.03000	07-06-2000
STERAPRED DS	TAB DS PK	10MG	\$0.05000	07-06-2000
STERILE EYE WASH	IRRIG SOLN		\$0.00278	06-15-2004
STOOL SOFTENER	CAPSULE	100MG	\$0.02200	09-01-1997

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
STOOL SOFTENER	CAPSULE	240MG	\$0.06000	03-30-1999
STOOL SOFTENER	CAPSULE	250MG	\$0.03800	01-06-1995
STOOL SOFTENER	CAPSULE	50MG	\$0.06000	02-15-2004
STOOL SOFTENER	LIQUID	50MG/5ML	\$0.00700	01-18-2000
STOOL SOFTENER	SYRUP	60MG/15ML	\$0.00700	01-18-2000
STOOL SOFTENER	TABLET	100MG	\$0.02200	01-01-2004
STOOL SOFTENER	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
STOOL SOFTENER & STIMULANT LAX	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
STOOL SOFTENER-LAXATIVE	TABLET	8.6MG-50MG	\$0.06000	01-01-2005
STOP LICE	GEL (ML)		\$0.10000	08-25-2009
STRESS	TABLET		\$0.06000	09-01-1990
STRESS 500	TABLET		\$0.06000	09-01-1990
STRESS 500 PLUS ZINC	TABLET		\$0.20000	10-08-1998
STRESS 600	TABLET		\$0.06000	09-01-1990
STRESS B	TABLET		\$0.03500	04-23-2009
STRESS B WITH ZINC	TABLET		\$0.04000	04-23-2009
STRESS B-100 WITH VITAMIN C	TABLET SA		\$0.05000	07-10-1995
STRESS FORMULA	TABLET		\$0.04000	04-23-2009
STRESS FORMULA + ZINC	TABLET		\$0.20000	10-08-1998
STRESS FORMULA PLUS ZINC	TABLET		\$0.20000	10-08-1998
STRESS FORMULA VITAMINS	TABLET		\$0.06000	09-01-1990
STRESS FORMULA WITH ZINC	TABLET		\$0.20000	10-08-1998

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
STRESS WITH ZINC	TABLET		\$0.20000	10-08-1998
STRESS-600 WITH ZINC	TABLET		\$0.20000	10-08-1998
STRESS-C	TABLET		\$0.06000	09-01-1990
STRONGSTART	TAB CHEW	35-1MG	\$0.08500	04-01-2004
STROVITE	TABLET	500-0.5MG	\$0.04000	02-08-1993
STROVITE ADVANCE + D	TABLET	1-1000-15	\$0.03500	06-02-2008
STROVITE FORTE	TABLET	10MG-1MG	\$0.03500	07-01-2004
STROVITE ONE	TABLET	1-1000-5	\$0.04000	04-01-2009
STROVITE PLUS	TABLET	27-0.8MG	\$0.04000	02-08-1993
STUART PRENATAL	TABLET	28-0.8MG	\$0.08500	04-01-2004
SU-TUSS DM	ELIXIR	200-20/5ML	\$0.06500	11-01-2007
SUCLOR	CAP.SR 12H	120-8MG	\$0.90000	06-01-2009
SUCLOR	CAP.SR 12H	120MG-8MG	\$0.90000	06-01-2009
SUCRALFATE	ORAL SUSP	1G/10ML	\$0.19500	09-02-2005
SUCRALFATE	TABLET	1G	\$0.20000	01-01-2005
SUDAFED	TABLET	30MG	\$0.03370	01-06-1994
SUDAFED 12 HOUR	TABLET SA	120MG	\$0.28000	11-01-2007
SUDAFED OM	SPRAY/PUMP	0.05%	\$0.08000	01-01-2004
SUDAFED PE	TABLET	10MG	\$0.07500	11-01-2007
SUDAFED PE	TABLET	10MG-4MG	\$0.07500	06-01-2009
SUDAFED SINUS NIGHTTIME	TABLET	60-2.5MG	\$0.03000	06-01-2009
SUDAHIST	TAB.SR 12H	120-12MG	\$0.60000	06-01-2009

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Report ID: 10510
Services Corporation
Run Date: 10/01/2009
Nobracka Modicaid Program

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SUDATUSS-2	SYRUP	30-10-100	\$0.06000	05-25-2009
SUDATUSS-SF	SYRUP	30-10-100	\$0.06000	05-25-2009
SUDOGEST	TABLET	30MG	\$0.03370	01-06-1994
SUDOGEST	TABLET	60MG	\$0.03500	01-06-1994
SUDOGEST	TABLET SA	120MG	\$0.28000	11-01-2007
SUDOGEST COLD & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009
SUDOGEST PE	TABLET	10MG	\$0.07500	11-01-2007
SULFAC	DROPS	10%	\$0.16900	01-01-2009
SULFACETAMIDE SODIUM	DROPS	10%	\$0.16900	01-01-2009
SULFACETAMIDE-PREDNISOLONE	DROPS	10-0.25%	\$2.53000	01-01-2002
SULFAMETHOXAZOLE-TRIMETHOPRIM	ORAL SUSP	200-40MG/5	\$0.08000	09-01-2002
SULFAMETHOXAZOLE-TRIMETHOPRIM	TABLET	400MG-80MG	\$0.12000	01-01-2005
SULFAMETHOXAZOLE-TRIMETHOPRIM	TABLET	800-160MG	\$0.26000	10-28-2006
SULFAMIDE	DROPS	10%	\$0.16900	01-01-2009
SULFASALAZINE	TABLET	500MG	\$0.12000	01-01-2005
SULFATRIM	ORAL SUSP	200-40MG/5	\$0.08000	09-01-2002
SULFAZINE	TABLET	500MG	\$0.12000	01-01-2005
SULINDAC	TABLET	150MG	\$0.28000	03-01-2003
SULINDAC	TABLET	200MG	\$0.34940	01-01-2002
SUMATRIPTAN SUCCINATE	CARTRIDGE	4MG/0.5ML	\$160.00000	03-15-2009
SUMATRIPTAN SUCCINATE	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
SUMATRIPTAN SUCCINATE	CARTRIDGE	4MG/0.5ML	\$160.00000	03-15-2009

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SUMATRIPTAN SUCCINATE	CARTRIDGE	6MG/0.5ML	\$160.00000	03-15-2009
SUMATRIPTAN SUCCINATE	VIAL	4MG/0.5ML	\$105.00000	03-15-2009
SUMATRIPTAN SUCCINATE	VIAL	6MG/0.5ML	\$136.00000	03-15-2009
SUMATRIPTAN SUCCINATE	PEN IJ KIT	4MG/0.5ML	\$168.00000	03-15-2009
SUMATRIPTAN SUCCINATE	PEN IJ KIT	6MG/0.5ML	\$168.00000	03-15-2009
SUMATRIPTAN SUCCINATE	TABLET	100MG	\$20.88450	03-01-2009
SUMATRIPTAN SUCCINATE	TABLET	25MG	\$22.47350	03-01-2009
SUMATRIPTAN SUCCINATE	TABLET	50MG	\$20.88450	03-01-2009
SUMATRIPTAN SUCCINATE	KIT-REFILL	4MG/0.5ML	\$160.00000	03-15-2009
SUMATRIPTAN SUCCINATE	KIT-REFILL	6MG/0.5ML	\$160.00000	03-15-2009
SUMMER'S EVE CREAM	CREAM(GM)	1%	\$0.04000	01-01-2002
SUNVITE	TABLET	.4-300-250	\$0.04000	05-20-1996
SUPER AYTINAL	TABLET		\$0.03500	08-02-2002
SUPER B COMPLEX	CAPSULE		\$0.05000	09-01-1990
SUPER B COMPLEX	TABLET		\$0.03500	04-23-2009
SUPER B COMPLEX-B-12	TABLET		\$0.03500	04-23-2009
SUPER B COMPLEX-VITAMIN C	TABLET		\$0.03500	04-23-2009
SUPER B-50 COMPLEX	CAPSULE		\$0.05000	09-01-1990
SUPER B-50 COMPLEX	TABLET		\$0.03500	04-23-2009
SUPER B-50 COMPLEX PLUS	TABLET		\$0.03500	04-23-2009
SUPER B-COMPLEX & C	TABLET		\$0.03500	04-23-2009
SUPER CALCIUM	TABLET	600-200-25	\$0.05000	12-19-2008

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SUPER CALCIUM	TABLET	600MG	\$0.05000	04-01-2004
SUPER CALCIUM W-VITAMIN D	TABLET	600MG-200	\$0.05000	04-01-2004
SUPER CALCIUM-VITAMIN D	TABLET	600MG-125	\$0.05000	04-01-2004
SUPER CALCIUM-VITAMIN D	TABLET	600MG-200	\$0.05000	04-01-2004
SUPER EPA	CAPSULE	1000MG-5	\$0.10000	04-23-2009
SUPER EPA	CAPSULE	1000MG-5 U	\$0.10000	04-23-2009
SUPER HIGH VITAMINS-MINERALS	TABLET		\$0.04000	04-20-1998
SUPER MEDI-VITE	TABLET		\$0.04000	02-08-1993
SUPER MULTIPLE	TABLET		\$0.04000	02-08-1993
SUPER MULTIVITAMIN	TABLET		\$0.04000	02-08-1993
SUPER NU-THERA	LIQUID		\$0.01300	08-01-1996
SUPER NU-THERA	TABLET		\$0.04000	02-08-1993
SUPER OMEGA-3	CAPSULE	1000MG	\$0.10000	04-23-2009
SUPER PAIN RELIEF	TABLET	250-250-65	\$0.03000	10-01-1995
SUPER QUINTS	TABLET		\$0.03500	04-23-2009
SUPER STRENGTH RELIEVER	TABLET		\$0.03000	10-01-1995
SUPER THERAVITE-M	TABLET		\$0.04000	04-20-1998
SUPER TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
SUPER TUSSIN	SYRUP	100-10MG/5	\$0.01780	01-06-1994
SUPER TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
SUPER TUSSIN DM	LIQUID	100-10MG/5	\$0.01780	10-01-1995
SUPER TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SUPER TWIN EPA-DHA	CAPSULE	1250MG	\$0.10000	04-23-2009
SUPER VIKAPS	TABLET		\$0.04000	05-20-1996
SUPER VITA-MINS	TABLET		\$0.04000	02-08-1993
SUPERPLEX-T	TABLET		\$0.03500	04-23-2009
SUPHEDRIN	LIQUID	15MG/5ML	\$0.02000	11-01-2007
SUPHEDRIN	SYRUP	30MG/5ML	\$0.01500	01-06-1994
SUPHEDRIN	TABLET	30MG	\$0.03370	01-06-1994
SUPHEDRIN 12 HOUR	TABLET SA	120MG	\$0.28000	11-01-2007
SUPHEDRIN COLD & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009
SUPHEDRIN NON-DRYING SINUS	CAPSULE	200-30MG	\$0.07000	01-01-2002
SUPHEDRIN PLUS	TABLET	60MG-4MG	\$0.02750	06-01-2009
SUPHEDRIN SINUS NON-DROWSY	TABLET	30MG-500MG	\$0.05000	01-01-2002
SUPHEDRINE	TABLET	30MG	\$0.03370	01-06-1994
SUPHEDRINE	TABLET	60-2.5MG	\$0.03000	06-01-2009
SUPHEDRINE 12 HOUR	TABLET SA	120MG	\$0.28000	11-01-2007
SUPHEDRINE 12-HOUR	TABLET SA	120MG	\$0.28000	11-01-2007
SUPHEDRINE COLD & ALLERGY	TABLET	60MG-4MG	\$0.02750	06-01-2009
SUPHEDRINE PE	TABLET	10MG	\$0.07500	11-01-2007
SUPHEDRINE PE	TABLET	10MG-4MG	\$0.07500	06-01-2009
SUPHEDRINE SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
SUPPORT	LIQUID		\$0.01100	01-08-1996
SUPREME ANTACID	ORAL SUSP	400-135/5	\$0.05000	04-01-2000

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SUR-Q-LAX	CAPSULE	240MG	\$0.06000	03-30-1999
SURBEX 750 WITH ZINC	TABLET		\$0.20000	10-08-1998
SURBEX W-C	TABLET		\$0.03500	04-23-2009
SURBEX-T	TABLET		\$0.03500	04-23-2009
SURE EDGE TEST STRIPS	STRIP		\$0.04000	10-01-1988
SURFAK	CAPSULE	240MG	\$0.06000	03-30-1999
SURGILUBE	JELLY		\$0.01000	01-01-2002
SUTAN	ORAL SUSP	50-3MG/5ML	\$0.20000	06-01-2009
SUTTAR-2	SYRUP	30-10-100	\$0.06000	05-25-2009
SUTTAR-SF	SYRUP	30-10-100	\$0.06000	05-25-2009
SYMAX	TAB RAPDIS	0.125MG	\$0.05500	08-01-2002
SYMAX DUOTAB	TAB MPHASE	0.375MG	\$1.05000	05-20-2009
SYMAX-SL	TAB SUBL	0.125MG	\$0.61200	04-01-2009
SYMAX-SR	TAB.SR 12H	0.375MG	\$1.05000	04-01-2009
SYNAGIS	VIAL	100MG/ML	\$1,642.25000	11-01-2008
SYNAGIS	VIAL	50MG/0.5ML	\$1,739.43000	11-01-2008
SYNTHROID	TABLET	100MCG	\$0.15000	06-18-2009
SYNTHROID	TABLET	112MCG	\$0.17500	06-18-2009
SYNTHROID	TABLET	125MCG	\$0.18000	06-18-2009
SYNTHROID	TABLET	150MCG	\$0.17500	06-18-2009
SYNTHROID	TABLET	175MCG	\$0.21000	06-18-2009
SYNTHROID	TABLET	200MCG	\$0.20000	06-18-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
SYNTHROID	TABLET	25MCG	\$0.11000	06-18-2009
SYNTHROID	TABLET	300MCG	\$0.27500	06-18-2009
SYNTHROID	TABLET	50MCG	\$0.12000	06-18-2009
SYNTHROID	TABLET	75MCG	\$0.13000	06-18-2009
SYNTHROID	TABLET	88MCG	\$0.14500	06-18-2009
SYREX	DISP SYRIN	0.9%	\$0.17100	01-01-2002
TAB A VITE	TABLET		\$0.04000	02-08-1993
TAB-A-VITE	TABLET		\$0.04000	02-08-1993
TAB-A-VITE WITH IRON	TABLET		\$0.04000	04-23-2009
TAB-PROFEN	TABLET	200MG	\$0.03000	12-10-2008
TACTINAL	TABLET	325MG	\$0.02000	01-01-2002
TACTINAL	TABLET	500MG	\$0.03700	01-01-2002
TAGAMET	TABLET	400MG	\$0.09000	01-01-2005
TAGAMET	TABLET	800MG	\$0.17000	01-01-2005
TAGAMET HB	TABLET	200MG	\$0.12380	06-13-2000
TALACEN	TABLET	25-650MG	\$0.75000	01-01-2007
TALWIN NX	TABLET	50-0.5MG	\$0.73000	01-01-2002
TAMBOCOR	TABLET	100MG	\$0.84000	01-01-2005
TAMBOCOR	TABLET	150MG	\$1.25000	01-01-2005
TAMBOCOR	TABLET	50MG	\$0.55000	01-01-2005
TAMOXIFEN CITRATE	TABLET	10MG	\$0.30000	01-01-2005
TAMOXIFEN CITRATE	TABLET	20MG	\$0.52000	01-01-2005

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TANDEM DHA	CAPSULE	30-1-310.1	\$0.08500	04-01-2004
TANDEM OB	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
TANNATE	ORAL SUSP	5-4.5MG/5	\$0.12000	06-01-2009
TANNATE 12 S	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TANNIC-12	TABLET	60-5MG	\$1.16000	11-01-2007
TANNIC-12 S	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TANNIHIST-12 RF	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TAPAZOLE	TABLET	10MG	\$0.35000	06-18-2009
TAPAZOLE	TABLET	5MG	\$0.20000	06-18-2009
TARON A PRENATAL	COMBO. PKG	35-1-50MG	\$0.04250	08-19-2009
TARON PRENATAL	CAPSULE	30-1.2-55	\$0.08500	11-20-2008
TAVIST	TABLET	30MG-500MG	\$0.05000	01-01-2002
TAVIST ND	TABLET	10MG	\$0.14400	01-10-2009
TAVIST-1	TABLET	1.34MG	\$0.28450	01-06-1994
TEARFAIR	DROPS	1.4%	\$0.15000	01-01-2004
TEARGEN	DROPS	1.4%	\$0.15000	01-01-2004
TEARS AGAIN	OINT.(GM)		\$0.90000	01-01-2005
TEARS AGAIN	DROPS	1.4%	\$0.15000	01-01-2004
TEGRETOL	ORAL SUSP	100MG/5ML	\$0.08300	05-20-2009
TEGRETOL	TABLET	200MG	\$0.10000	03-01-2005
TEGRETOL	TAB CHEW	100MG	\$0.09600	05-20-2009
TEMAZEPAM	CAPSULE	15MG	\$0.11000	01-01-2005

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TEMAZEPAM	CAPSULE	30MG	\$0.14000	01-01-2005
TEMOVATE	GEL (GM)	0.05%	\$0.37500	08-19-2009
TEMOVATE	CREAM(GM)	0.05%	\$0.26000	06-15-2004
TEMOVATE	OINT.(GM)	0.05%	\$0.20400	04-20-2009
TEMOVATE	SOLUTION	0.05%	\$0.40000	04-20-2009
TEMOVATE EMOLLIENT	CREAM(GM)	0.05%	\$0.60000	01-01-2005
TENAR PSE	LIQUID	200-40MG/5	\$0.04500	11-01-2007
TENAR PSE	SYRUP	200-40MG/5	\$0.04500	11-01-2007
TENEX	TABLET	1MG	\$0.10000	01-10-2009
TENEX	TABLET	2MG	\$0.13200	01-10-2009
TENORETIC 100	TABLET	100MG-25MG	\$0.14000	01-01-2005
TENORETIC 50	TABLET	50MG-25MG	\$0.11200	01-01-2009
TENORMIN	TABLET	100MG	\$0.06500	06-20-2009
TENORMIN	TABLET	25MG	\$0.04500	06-20-2009
TENORMIN	TABLET	50MG	\$0.05000	06-20-2009
TENSION HEADACHE	TABLET	500MG-65MG	\$0.03500	10-01-1995
TERAZOL 3	CREAM/APPL	0.8%	\$1.30000	03-15-2009
TERAZOL 7	CREAM/APPL	0.4%	\$0.56000	03-15-2009
TERAZOSIN HCL	CAPSULE	10MG	\$0.14250	01-01-2009
TERAZOSIN HCL	CAPSULE	1MG	\$0.14250	01-01-2009
TERAZOSIN HCL	CAPSULE	2MG	\$0.14250	01-01-2009
TERAZOSIN HCL	CAPSULE	5MG	\$0.14250	01-01-2009

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Report ID: 105160 Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TERBINAFINE HCL	TABLET	250MG	\$0.28000	08-11-2007
TERCONAZOLE	CREAM/APPL	0.4%	\$0.56000	03-15-2009
TERCONAZOLE	CREAM/APPL	0.8%	\$1.30000	03-15-2009
TESSALON	CAPSULE	200MG	\$0.60000	03-01-2005
TESSALON PERLE	CAPSULE	100MG	\$0.28000	07-01-2004
TETRACYCLINE HCL	CAPSULE	250MG	\$0.03750	01-01-2004
TETRACYCLINE HCL	CAPSULE	500MG	\$0.06500	12-01-2000
THEOCHRON	TAB.SR 12H	100MG	\$0.15000	05-15-2003
THEOCHRON	TAB.SR 12H	200MG	\$0.20000	10-27-2006
THEOCHRON	TAB.SR 12H	300MG	\$0.25000	10-27-2006
THEOCHRON	TAB.SR 12H	450MG	\$0.27000	01-01-2005
THEOPHYLLINE ANHYDROUS	TAB.SR 12H	100MG	\$0.15000	05-15-2003
THEOPHYLLINE ANHYDROUS	TAB.SR 12H	200MG	\$0.20000	10-27-2006
THEOPHYLLINE ANHYDROUS	TAB.SR 12H	300MG	\$0.25000	10-27-2006
THEOPHYLLINE ANHYDROUS	TAB.SR 12H	450MG	\$0.27000	01-01-2005
THERA	LIQUID		\$0.04000	09-14-1998
THERA	TABLET		\$0.04000	01-01-1997
THERA BATH	OIL		\$0.04275	04-23-2009
THERA M PLUS	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERA PLUS	TABLET		\$0.04000	01-01-1996
THERA VITAL	TABLET		\$0.04000	01-01-1996
THERA VITE	LIQUID		\$0.01300	08-01-1996

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Report ID: 105160
Run Date: 10/01/2009
Nehraska Medicaid Program

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
THERA-DERM	OIL		\$0.04275	04-23-2009
THERA-M	TABLET		\$0.04000	02-08-1993
THERA-M	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERA-M ENHANCED	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERA-PLUS	LIQUID		\$0.04000	09-14-1998
THERA-TABS	TABLET		\$0.04000	01-01-1997
THERACURE	CREAM(GM)	1%	\$0.10000	01-03-2005
THERACURE	CREAM(GM)	2%	\$0.08000	01-01-2004
THERADEX	TABLET		\$0.04000	01-01-1997
THERADEX M	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERADEX-M	TABLET		\$0.04000	04-20-1998
THERAFLU	TABLET	15-30-500	\$0.00600	01-01-2002
THERAGEN	CREAM(GM)	0.025%	\$0.07000	04-01-2002
THERAGRAN-M	CAPSULE	1200-360MG	\$0.10000	04-23-2009
THERAGRAN-M	CAPSULE	360-1200MG	\$0.10000	04-23-2009
THERAGRAN-M	TABLET	9MG-0.4MG	\$0.04000	04-20-1998
THERAMILL FORTE	CAPSULE		\$0.04000	01-08-1996
THERAPEUTIC	TABLET		\$0.04000	01-01-1997
THERAPEUTIC HEMATINIC	TABLET		\$0.04800	02-08-1993
THERAPEUTIC M	TABLET		\$0.04000	04-20-1998
THERAPEUTIC M	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERAPEUTIC MOISTURIZING	CREAM(GM)		\$0.01800	04-01-2007

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**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
THERAPEUTIC MULTIVITAMIN	TABLET		\$0.04000	01-01-1997
THERAPEUTIC VITAMIN W-MINERALS	CAPSULE	1MG	\$0.04000	02-08-1993
THERAPEUTIC VITAMIN W-MINERALS	TABLET		\$0.04000	04-20-1998
THERAPEUTIC VITAMIN W-MINERALS	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERAPEUTIC VITAMIN-MINERALS	TABLET		\$0.04000	04-20-1998
THERAPEUTIC-M	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERAPEUTIC-M	TABLET	9MG-0.4MG	\$0.04000	04-20-1998
THERAPY M	TABLET	27-0.4MG	\$0.04000	01-01-1996
THERAPY M	TABLET	9MG-400MCG	\$0.04000	01-01-1996
THERATRUM COMPLETE	TABLET		\$0.03500	04-23-2009
THERATRUM COMPLETE 50 PLUS	TABLET		\$0.03500	04-23-2009
THERAVITE	LIQUID		\$0.04000	09-14-1998
THEREMS	TABLET		\$0.04000	01-01-1997
THEREMS-M	TABLET	27-0.4MG	\$0.04000	02-08-1993
THERIN-M MULTIVIT-MINERAL	TABLET	9MG-0.4MG	\$0.04000	04-20-1998
THERMAZENE	CREAM(GM)	1%	\$0.06280	01-01-2009
THEROBEC	TABLET	500-0.5MG	\$0.05000	09-01-1990
THEROBEC PLUS	TABLET	27-0.8MG	\$0.04800	02-08-1993
THEX FORTE	TABLET		\$0.03500	04-23-2009
THIAMINE HCL	TABLET	100MG	\$0.03000	09-01-1990
THIAMINE HCL	TABLET	250MG	\$0.03000	09-01-1990
THIAMINE HCL	TABLET	500MG	\$0.03000	02-08-1993

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Report ID: 105160 Run Date: 10/01/2009

**Services Corporation** 

## **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
THIAMINE HCL	TABLET	50MG	\$0.03000	09-01-1990
THIORIDAZINE HCL	TABLET	100MG	\$0.31500	10-15-2002
THIORIDAZINE HCL	TABLET	10MG	\$0.14000	03-01-2003
THIORIDAZINE HCL	TABLET	25MG	\$0.17900	10-15-2002
THIORIDAZINE HCL	TABLET	50MG	\$0.26000	06-23-2003
THIOTHIXENE	CAPSULE	10MG	\$0.21000	12-01-2000
THIOTHIXENE	CAPSULE	1MG	\$0.10000	03-01-2003
THIOTHIXENE	CAPSULE	2MG	\$0.14000	09-15-2003
THIOTHIXENE	CAPSULE	5MG	\$0.20000	06-15-2004
TIA-DOCE S	VIAL	1000MCG/ML	\$0.15000	09-09-1991
TIBAMINE LA	TAB.SR 12H	120-12MG	\$0.60000	06-01-2009
TICLID	TABLET	250MG	\$0.29000	01-01-2005
TICLOPIDINE HCL	TABLET	250MG	\$0.29000	01-01-2005
TIGAN	CAPSULE	300MG	\$1.10000	12-10-2008
TIMOLOL MALEATE	SOL-GEL	0.25%	\$3.80000	01-01-2002
TIMOLOL MALEATE	SOL-GEL	0.5%	\$4.50000	01-01-2002
TIMOLOL MALEATE	DROPS	0.25%	\$0.60000	01-01-2005
TIMOLOL MALEATE	DROPS	0.5%	\$0.65000	01-01-2005
TIMOLOL MALEATE	TABLET	10MG	\$0.21380	12-01-2000
TIMOLOL MALEATE	TABLET	20MG	\$0.40000	12-01-2000
TIMOLOL MALEATE	TABLET	5MG	\$0.15380	12-01-2000
TIMOPTIC	DROPERETTE	0.25%	\$0.69750	01-01-2002

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## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TIMOPTIC	DROPERETTE	0.5%	\$0.90000	01-01-2002
TIMOPTIC	DROPS	0.25%	\$0.60000	01-01-2005
TIMOPTIC	DROPS	0.5%	\$0.65000	01-01-2005
TIMOPTIC-XE	SOL-GEL	0.25%	\$3.80000	01-01-2002
TIMOPTIC-XE	SOL-GEL	0.5%	\$4.50000	01-01-2002
TINACTIN	CREAM(GM)	1%	\$0.10000	01-03-2005
TINAMAR	CREAM(GM)	1%	\$0.10000	01-03-2005
TING	CREAM(GM)	1%	\$0.10000	01-03-2005
TITRALAC EXTRA STRENGTH	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
TIZANIDINE HCL	TABLET	2MG	\$0.35000	01-01-2005
TIZANIDINE HCL	TABLET	4MG	\$0.40000	01-01-2005
TL GARD RX	TABLET	1-2.2-25MG	\$0.08500	01-22-2001
TL ICON	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
TOBRAMYCIN SULFATE	VIAL	1.2G	\$141.00000	08-01-2009
TOBRAMYCIN SULFATE	VIAL	10MG/ML	\$1.65000	08-01-2009
TOBRAMYCIN SULFATE	VIAL	40MG/ML	\$1.45000	08-01-2009
TOBRAMYCIN SULFATE	DROPS	0.3%	\$0.60000	01-01-2005
TOBRASOL	DROPS	0.3%	\$0.60000	01-01-2005
TOBREX	DROPS	0.3%	\$0.60000	01-01-2005
TODAY'S LIFE	TAB CHEW	0.4MG-18MG	\$0.04000	06-20-2009
TODDLER DROPS	DROPS	20MG/ML	\$0.06000	11-21-2008
TOFRANIL	TABLET	10MG	\$0.17000	06-18-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TOFRANIL	TABLET	25MG	\$0.20000	06-18-2009
TOFRANIL	TABLET	50MG	\$0.30000	06-18-2009
TOLAZAMIDE	TABLET	250MG	\$0.29000	01-01-2005
TOLAZAMIDE	TABLET	500MG	\$0.24800	12-01-2000
TOLBUTAMIDE	TABLET	500MG	\$0.10500	12-01-2000
TOLMETIN SODIUM	CAPSULE	400MG	\$0.65000	12-20-1999
TOLMETIN SODIUM	TABLET	200MG	\$0.30000	01-18-2000
TOLMETIN SODIUM	TABLET	600MG	\$0.90980	12-01-2000
TOLNAFTATE	CREAM(GM)	1%	\$0.10000	01-03-2005
TOLNAFTATE ANTIFUNGAL	CREAM(GM)	1%	\$0.10000	01-03-2005
TOLNAFTIN	CREAM(GM)	1%	\$0.10000	01-03-2005
TOPAMAX	CAP SPRINK	15MG	\$2.10000	06-20-2009
TOPAMAX	CAP SPRINK	25MG	\$2.52000	06-20-2009
TOPAMAX	TABLET	100MG	\$0.24000	06-20-2009
TOPAMAX	TABLET	200MG	\$0.50000	06-20-2009
TOPAMAX	TABLET	25MG	\$0.10800	06-20-2009
TOPAMAX	TABLET	50MG	\$0.16000	06-20-2009
TOPICORT	GEL (GM)	0.05%	\$1.82000	07-01-2008
TOPICORT	CREAM(GM)	0.25%	\$1.93000	07-01-2008
TOPICORT	OINT.(GM)	0.25%	\$2.13000	07-01-2008
TOPICORT LP	CREAM(GM)	0.05%	\$1.71000	07-01-2008
TOPIRAMATE	CAP SPRINK	15MG	\$2.10000	06-20-2009

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TOPIRAMATE	CAP SPRINK	25MG	\$2.52000	06-20-2009
TOPIRAMATE	TABLET	100MG	\$0.24000	06-20-2009
TOPIRAMATE	TABLET	200MG	\$0.50000	06-20-2009
TOPIRAMATE	TABLET	25MG	\$0.10800	06-20-2009
TOPIRAMATE	TABLET	50MG	\$0.16000	06-20-2009
TOPROL XL	TAB.SR 24H	100MG	\$1.40000	05-20-2009
TOPROL XL	TAB.SR 24H	200MG	\$2.20000	05-20-2009
TOPROL XL	TAB.SR 24H	25MG	\$0.90000	05-20-2009
TOPROL XL	TAB.SR 24H	50MG	\$0.90000	05-20-2009
TORSEMIDE	TABLET	100MG	\$2.66000	01-01-2005
TORSEMIDE	TABLET	10MG	\$0.15000	11-15-2008
TORSEMIDE	TABLET	20MG	\$0.15000	11-15-2008
TORSEMIDE	TABLET	5MG	\$0.15000	11-15-2008
TOTAL B WITH C	TABLET		\$0.03500	04-23-2009
TOURO ALLERGY	CAPSULE SA	60-5.75MG	\$0.90000	06-01-2009
TOURO ALLERGY	TAB.SR 12H	45-6MG	\$0.65000	06-01-2009
TRAMADOL HCL	TABLET	50MG	\$0.05500	05-20-2009
TRANDATE	TABLET	100MG	\$0.14000	06-18-2009
TRANDATE	TABLET	200MG	\$0.18000	06-18-2009
TRANDATE	TABLET	300MG	\$0.22000	06-18-2009
TRANDOLAPRIL	TABLET	1MG	\$0.60000	12-10-2008
TRANDOLAPRIL	TABLET	2MG	\$0.60000	12-10-2008

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRANDOLAPRIL	TABLET	4MG	\$0.60000	12-10-2008
TRANXENE T-TAB	TABLET	15MG	\$0.30000	11-15-2008
TRANXENE T-TAB	TABLET	3.75MG	\$0.17000	11-15-2008
TRANXENE T-TAB	TABLET	7.5MG	\$0.20000	11-15-2008
TRAV-TABS	TABLET	50MG	\$0.02000	10-01-1988
TRAVEL MOTION SICKNESS	TABLET	25MG	\$0.08000	11-15-2008
TRAVEL SICKNESS	TABLET	50MG	\$0.02000	10-01-1988
TRAVEL SICKNESS	TAB CHEW	25MG	\$0.03900	12-01-2000
TRAVEL-EASE	TABLET	50MG	\$0.02000	10-01-1988
TRAVEL-EZE	TABLET	50MG	\$0.02000	10-01-1988
TRAZODONE HCL	TABLET	100MG	\$0.09520	12-01-2000
TRAZODONE HCL	TABLET	150MG	\$0.19000	01-01-2005
TRAZODONE HCL	TABLET	50MG	\$0.06400	12-01-2000
TREAGAN OTIC	DROPS	5.4%-1.4%	\$0.15000	01-06-1994
TRENTAL	TABLET SA	400MG	\$0.15000	12-01-2000
TRETIN-X	COMBO. PKG	0.025%	\$1.50000	02-14-2003
TRETIN-X	COMBO. PKG	0.05%	\$1.63000	09-01-2004
TRETIN-X	COMBO. PKG	0.1%	\$1.92000	01-01-2005
TRETINOIN	GEL (GM)	0.01%	\$1.60000	03-20-2009
TRETINOIN	GEL (GM)	0.025%	\$1.50000	02-14-2003
TRETINOIN	CREAM(GM)	0.025%	\$1.50000	02-14-2003
TRETINOIN	CREAM(GM)	0.05%	\$1.40000	03-20-2009

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRETINOIN	CREAM(GM)	0.1%	\$1.60000	03-20-2009
TRI RX	TABLET	27-1-50MG	\$0.08500	04-01-2004
TRI-A-VITE WITH FLUORIDE	TAB CHEW	1MG	\$0.04000	02-08-1993
TRI-BIOZENE	OINT.(GM)		\$0.08100	01-01-2002
TRI-BIOZENE	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
TRI-BUFFERED ASPIRIN	TABLET	325MG	\$0.03000	04-01-1993
TRI-HIST	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
TRI-SOFED	TABLET	60-2.5MG	\$0.03000	06-01-2009
TRI-VENT DM	SYRUP	100-15-40	\$0.05500	11-01-2007
TRI-VI-SOL	DROPS	1500 U-35	\$0.06000	01-01-1996
TRI-VI-SOL WITH IRON	DROPS		\$0.07500	01-01-1996
TRI-VIT WITH FLUORIDE-IRON	DROPS	0.25MG/ML	\$0.06000	01-01-2004
TRI-VITA BETS WITH FLUORIDE	TAB CHEW	1MG	\$0.04000	02-08-1993
TRI-VITAMIN	DROPS	1500 U-35	\$0.06000	01-01-1996
TRI-VITAMIN WITH FLUORIDE	DROPS	0.25MG/ML	\$0.06000	02-08-1993
TRI-VITAMIN WITH IRON-FLUORIDE	DROPS	0.25MG/ML	\$0.06000	01-01-2004
TRI-VITAMIN-FLUORIDE	DROPS	0.25MG/ML	\$0.06000	02-08-1993
TRI-VITAMINS WITH FLUORIDE	DROPS	0.5MG/ML	\$0.06000	02-08-1993
TRI-VITAMINS WITH FLUORIDE	TAB CHEW	1MG	\$0.04000	02-08-1993
TRIACTIN	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIACTIN	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIACTIN COLD & COUGH	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRIACTING	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIACTING	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIACTING CHEST & NASAL CONGES	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIACTING CHEST CONGESTION	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIACTING COLD & ALLERGY	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIACTING COLD & COUGH	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
TRIACTING COLD AND ALLERGY	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIACTING COUGH & SORE THROAT	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
TRIACTING EXPECTORANT	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIACTING M-SYM COLD-COUGH	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
TRIACTING NIGHT TIME	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
TRIACTING ORANGE	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIADVANCE	TABLET	90-1-50MG	\$0.08500	04-01-2004
TRIAMCINOLONE ACETONIDE	CREAM(GM)	0.025%	\$0.06000	04-20-2009
TRIAMCINOLONE ACETONIDE	CREAM(GM)	0.1%	\$0.06000	06-15-2004
TRIAMCINOLONE ACETONIDE	CREAM(GM)	0.5%	\$0.20000	04-20-2009
TRIAMCINOLONE ACETONIDE	PASTE (GM)	0.1%	\$3.97500	11-01-2007
TRIAMCINOLONE ACETONIDE	OINT.(GM)	0.025%	\$0.02500	12-01-2000
TRIAMCINOLONE ACETONIDE	OINT.(GM)	0.1%	\$0.06000	06-15-2004
TRIAMCINOLONE ACETONIDE	OINT.(GM)	0.5%	\$0.24000	01-01-2004
TRIAMCINOLONE ACETONIDE	LOTION	0.025%	\$0.35000	01-01-2005
TRIAMCINOLONE ACETONIDE	LOTION	0.1%	\$0.55000	01-01-2004

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Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRIAMINIC	LIQUID	5-15-1MG/5	\$0.02000	04-01-2002
TRIAMINIC	LIQUID	7.5-15-160	\$0.02000	01-01-2002
TRIAMINIC	SYRUP	50-15MG/5	\$0.01600	04-01-2002
TRIAMINIC	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
TRIAMINIC	TAB CHEW	15-1MG	\$0.07000	01-01-2002
TRIAMINIC	TAB CHEW	5-15-160MG	\$0.07000	01-01-2002
TRIAMINIC COLD & ALLERGY	SYRUP	15-1MG/5ML	\$0.01600	04-01-2002
TRIAMINIC COLD & ALLERGY	TAB CHEW	15-1MG	\$0.07000	01-01-2002
TRIAMINIC COLD-COUGH-FEVER	LIQUID	7.5-15-160	\$0.01000	01-01-2002
TRIAMINIC NIGHT TIME	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
TRIAMINIC-D	LIQUID	7.5-15-1/5	\$0.02000	04-01-2002
TRIAMTERENE-HCTZ	CAPSULE	37.5-25MG	\$0.11000	01-01-2005
TRIAMTERENE-HCTZ	CAPSULE	50MG-25MG	\$0.37000	02-14-2003
TRIAMTERENE-HCTZ	TABLET	37.5-25MG	\$0.11000	01-01-2005
TRIAMTERENE-HCTZ	TABLET	75-50MG	\$0.04000	01-01-2005
TRIAZOLAM	TABLET	0.125MG	\$0.22000	01-01-2005
TRIAZOLAM	TABLET	0.25MG	\$0.24000	01-01-2005
TRICARE	TABLET	27-1MG	\$0.08500	04-01-2004
TRICARE	TABLET	27MG-1MG	\$0.08500	04-01-2004
TRICON	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
TRICOSAL	TABLET	1000MG	\$0.16000	01-01-2005
TRICOSAL	TABLET	750MG	\$0.13000	01-01-2005

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRIFED	TABLET	60-2.5MG	\$0.03000	06-01-2009
TRIFEDRINE	TABLET	60-2.5MG	\$0.03000	06-01-2009
TRIFERA OB	TABLET	22-6-1MG	\$0.08500	04-01-2004
TRIFLUOPERAZINE HCL	TABLET	10MG	\$0.75000	08-15-2003
TRIFLUOPERAZINE HCL	TABLET	1MG	\$0.25000	03-01-2005
TRIFLUOPERAZINE HCL	TABLET	2MG	\$0.39000	01-01-2004
TRIFLUOPERAZINE HCL	TABLET	5MG	\$0.49000	02-01-2004
TRIGLIDE	TABLET	160MG	\$1.76000	08-01-2009
TRIHEXYPHENIDYL HCL	TABLET	2MG	\$0.12750	01-01-2002
TRIHEXYPHENIDYL HCL	TABLET	5MG	\$0.21000	01-01-2005
TRILEPTAL	TABLET	150MG	\$0.40000	11-15-2008
TRILEPTAL	TABLET	300MG	\$0.80000	11-15-2008
TRILEPTAL	TABLET	600MG	\$1.50000	11-15-2008
TRIMESIS RX	TBMP 24HR	1MG	\$0.08500	04-01-2004
TRIMESIS RX	TBMP 24HR	200-12-1	\$0.08500	04-01-2004
TRIMETHOBENZAMIDE HCL	CAPSULE	300MG	\$1.10000	12-10-2008
TRIMETHOPRIM	TABLET	100MG	\$0.34000	01-01-2005
TRINATE	TABLET	28MG-1MG	\$0.08500	04-01-2004
TRINSICON	CAPSULE	110-0.5MG	\$0.35000	05-22-2000
TRIONATE	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TRIONATE NF	TABLET	60-5MG	\$1.16000	11-01-2007
TRIOTANN	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRIPHROCAPS	CAPSULE	1MG	\$0.12000	08-19-2009
TRIPLE ANTIBIOTIC	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
TRIPLE ANTIBIOTIC	OINT.(GM)	3.5-400-5K	\$0.12000	08-01-2003
TRIPLE ANTIBIOTIC	PACKET		\$0.04800	01-01-2002
TRIPLE ANTIBIOTIC EXTRA	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
TRIPLE ANTIBIOTIC PLUS	OINT.(GM)		\$0.08100	01-01-2002
TRIPLE ANTIBIOTIC PLUS	OINT.(GM)	3.5-10K-10	\$0.08100	01-01-2002
TRIPLE PASTE AF	OINT.(GM)	2%	\$0.06508	08-19-2009
TRIPLE TANNATE SUSPENSION	ORAL SUSP	5-12.5-2/5	\$0.15000	06-01-2009
TRIPROLIDINE-PSEUDOEPHEDRINE	SYRUP	30-1.25/5	\$0.01500	06-01-2009
TRIPROLIDINE-PSEUDOEPHEDRINE	TABLET	60-2.5MG	\$0.03000	06-01-2009
TRISPORIC	OINT.(GM)	3.5-400-5K	\$0.12000	08-01-2003
TRIVITAMIN	DROPS	1500 U-35	\$0.06000	01-01-1996
TRIXAICIN	CREAM(GM)	0.025%	\$0.07000	04-01-2002
TRIXAICIN HP	CREAM(GM)	0.075%	\$0.10000	04-01-2002
TROPICACYL	DROPS	0.5%	\$0.50000	01-01-2005
TROPICACYL	DROPS	1%	\$0.55000	01-01-2005
TROPICAMIDE	DROPS	0.5%	\$0.50000	01-01-2005
TROPICAMIDE	DROPS	1%	\$0.55000	01-01-2005
TRUETEST TEST STRIPS	STRIP		\$0.04000	10-01-1988
TRUETRACK	STRIP		\$0.04000	10-01-1988
TRUETRACK SMART SYSTEM	STRIP		\$0.04000	10-01-1988

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## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TRUETRACK TEST STRIP	STRIP		\$0.04000	10-01-1988
TRUST NATAL DHA	COMBO. PKG	29-1-250MG	\$0.04250	08-19-2009
TUCKS	OINT.(GM)	1%	\$0.16500	07-15-2006
TUCKS	SUPP.RECT	51%	\$0.16500	07-15-2006
TUMS	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
TUMS	TAB CHEW	500MG	\$0.03000	01-25-2000
TUMS CALCIUM FOR LIFE	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
TUMS SMOOTHIES	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
TUMS ULTRA	TAB CHEW	1000MG	\$0.03000	04-01-2000
TUSNEL C	SYRUP	30-10-100	\$0.06000	05-25-2009
TUSNEL DIABETIC	LIQUID	100-10MG/5	\$0.01780	10-01-1995
TUSSI-12	TABLET	60-5MG	\$1.16000	11-01-2007
TUSSI-12 S	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TUSSI-12D S	ORAL SUSP	30-5-30/5	\$0.29000	11-01-2007
TUSSID DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
TUSSIGON	TABLET	5-1.5MG	\$0.40000	11-01-2007
TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
TUSSIN CF	LIQUID	100-10-5MG	\$0.01925	11-01-2007
TUSSIN CF	SYRUP	100-10-30	\$0.01800	01-01-2004
TUSSIN CHEST CONGESTION	LIQUID	100MG/5ML	\$0.01450	01-01-2003
TUSSIN CHEST CONGESTION	SYRUP	100MG/5ML	\$0.01450	01-01-2003

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TUSSIN COLD SEVERE CONGESTION	CAPSULE	200-30MG	\$0.07000	01-01-2002
TUSSIN COUGH	LIQUID	100-10MG/5	\$0.01780	10-01-1995
TUSSIN COUGH	LIQUID	100MG/5ML	\$0.01450	01-01-2003
TUSSIN COUGH	SYRUP	100MG/5ML	\$0.01450	01-01-2003
TUSSIN COUGH, COLD, & CHEST	SYRUP	100-10-30	\$0.01800	01-01-2004
TUSSIN COUGH-CHEST CONGESTION	LIQUID	100-10MG/5	\$0.01780	10-01-1995
TUSSIN DM	LIQUID	100-10MG/5	\$0.01780	10-01-1995
TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
TUSSIN DM CLEAR	LIQUID	100-10MG/5	\$0.01780	10-01-1995
TUSSIN DM CLEAR	SYRUP	100-10MG/5	\$0.01780	01-06-1994
TUSSIN HONEY	LIQUID	100MG/5ML	\$0.01450	01-01-2003
TUSSIN HONEY	SYRUP	100MG/5ML	\$0.01450	01-01-2003
TUSSIN PE	SYRUP	100-30MG/5	\$0.02080	01-06-1994
TUSSIN PEDIATRIC	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
TUSSIN PEDIATRIC COUGH-COLD	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
TUSSIN SEVERE	CAPSULE	200-30MG	\$0.07000	01-01-2002
TUSSIN SEVERE CONGESTION	CAPSULE	200-30MG	\$0.07000	01-01-2002
TUSSIZONE-12 RF	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TUSSIZONE-12 RF	TABLET	60-5MG	\$1.16000	11-01-2007
TUSTAN 12S	ORAL SUSP	30-4MG/5ML	\$0.07500	11-01-2007
TYLENOL	DROPS SUSP	100MG/ML	\$0.10000	10-01-1988
TYLENOL	DROPS SUSP	80MG/0.8ML	\$0.10000	10-01-1988

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
TYLENOL	TABLET	325MG	\$0.02000	01-01-2002
TYLENOL 8 HOUR	TABLET SA	650MG	\$0.05000	07-30-1999
TYLENOL ARTHRITIS	TABLET SA	650MG	\$0.05000	07-30-1999
TYLENOL COLD RELIEF	TABLET	500MG-25MG	\$0.05000	04-01-2000
TYLENOL EXTRA STRENGTH	LIQUID	167MG/5ML	\$0.01300	09-09-1991
TYLENOL EXTRA STRENGTH	TABLET	500MG	\$0.03700	01-01-2002
TYLENOL EXTRA STRENGTH ARTHRIT	TABLET	500MG	\$0.03700	01-01-2002
TYLENOL PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
TYLENOL PM EXTRA STRENGTH	TABLET	500MG-25MG	\$0.05000	04-01-2000
TYLENOL SIMPLY STUFFY	LIQUID	15MG/5ML	\$0.02000	11-01-2007
TYLENOL SIMPLY STUFFY	TABLET	30MG	\$0.03370	01-06-1994
TYLENOL SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
TYLENOL SORE THROAT	LIQUID	167MG/5ML	\$0.01300	09-09-1991
TYLENOL-CODEINE NO.3	TABLET	300MG-30MG	\$0.12000	01-01-2005
TYLENOL-CODEINE NO.4	TABLET	300MG-60MG	\$0.20000	01-01-2005
TYLOPHEN	CAPSULE	500MG	\$0.03600	06-01-2009
TYLOX	CAPSULE	5MG-500MG	\$0.17000	01-01-2005
TYLTAB PM	TABLET	500MG-25MG	\$0.05000	04-01-2000
ULTIMA	STRIP		\$0.04000	10-01-1988
ULTIMATE TEEN	TABLET		\$0.04000	01-01-1996
ULTIMATECARE ADVANTAGE	TB CP SEQ	30-1-50MG	\$0.08500	10-01-1997
ULTIMATECARE COMBO	TB CP SEQ	30-50-1MG	\$0.08500	04-01-2004

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ULTRA B-100 COMPLEX	TABLET		\$0.03500	04-23-2009
ULTRA B-100 COMPLEX	TABLET SA		\$0.05000	02-08-1993
ULTRA CHOICE	TABLET		\$0.03500	08-02-2002
ULTRA CHOICE	TAB CHEW		\$0.04000	06-20-2009
ULTRA FRESH PM	OINT.(GM)		\$0.90000	01-01-2005
ULTRA NATALCARE	TABLET	90-1-50MG	\$0.08500	04-01-2004
ULTRA POTENT-C	TABLET	1000MG	\$0.04000	12-15-2008
ULTRA STRENGTH ANTACID	TAB CHEW	1000MG	\$0.03000	04-01-2000
ULTRABROM	CAPSULE SA	120-12MG	\$0.22500	01-01-2002
ULTRABROM PD	CAPSULE SA	60-6MG	\$0.21500	01-01-2002
ULTRACHOICE	TABLET		\$0.04000	01-01-1996
ULTRAM	TABLET	50MG	\$0.05500	05-20-2009
ULTRATRAK PRO	STRIP		\$0.04000	10-01-1988
ULTRAVATE	CREAM(GM)	0.05%	\$0.48000	06-20-2009
ULTRAVATE	OINT.(GM)	0.05%	\$0.53250	06-20-2009
UNI-CENNA	TABLET	8.6MG	\$0.03100	09-01-1990
UNI-DAILY	TABLET		\$0.04000	02-08-1993
UNI-DAILY WITH IRON	TABLET		\$0.04000	04-23-2009
UNI-EASE	CAPSULE	100MG	\$0.02200	09-01-1997
UNI-LAN	ORAL SUSP	200-200-20	\$0.00600	01-01-2002
UNI-THERA M	TABLET	27-0.4MG	\$0.04000	01-01-1996
UNICAP M	TABLET		\$0.04000	02-08-1993

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
UNICAP SR.	TABLET		\$0.03500	04-23-2009
UNICAP-T	TABLET		\$0.04000	02-08-1993
UNICOMPLEX-M	TABLET		\$0.04000	02-08-1993
UNIFED	SYRUP	30MG/5ML	\$0.01500	01-06-1994
UNIRETIC	TABLET	15-12.5MG	\$0.80000	04-20-2009
UNIRETIC	TABLET	15-25MG	\$0.80000	04-20-2009
UNIRETIC	TABLET	7.5-12.5MG	\$0.80000	04-20-2009
UNITHROID	TABLET	100MCG	\$0.15000	06-18-2009
UNITHROID	TABLET	112MCG	\$0.17500	06-18-2009
UNITHROID	TABLET	125MCG	\$0.18000	06-18-2009
UNITHROID	TABLET	150MCG	\$0.17500	06-18-2009
UNITHROID	TABLET	175MCG	\$0.21000	06-18-2009
UNITHROID	TABLET	200MCG	\$0.20000	06-18-2009
UNITHROID	TABLET	25MCG	\$0.11000	06-18-2009
UNITHROID	TABLET	300MCG	\$0.27500	06-18-2009
UNITHROID	TABLET	50MCG	\$0.12000	06-18-2009
UNITHROID	TABLET	75MCG	\$0.13000	06-18-2009
UNITHROID	TABLET	88MCG	\$0.14500	06-18-2009
UNIVASC	TABLET	15MG	\$0.50000	07-15-2009
UNIVASC	TABLET	7.5MG	\$0.25500	07-15-2009
URECHOLINE	TABLET	10MG	\$0.60000	01-01-2009
URECHOLINE	TABLET	25MG	\$0.70000	01-01-2009

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### Run Date: 10/01/2009

# Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
URECHOLINE	TABLET	50MG	\$0.90000	01-01-2009
URECHOLINE	TABLET	5MG	\$0.40000	01-01-2009
URODOL	TABLET	200MG	\$0.11000	10-01-1995
URSODIOL	CAPSULE	300MG	\$1.00000	01-01-2005
V-C FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
V-R SINUS	TABLET	30MG-500MG	\$0.05000	01-01-2002
V-R VALU-DRYL	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
VALIUM	VIAL	5MG/ML	\$0.25000	02-05-2008
VALIUM	TABLET	10MG	\$0.03500	12-01-2000
VALIUM	TABLET	2MG	\$0.03000	12-01-2000
VALIUM	TABLET	5MG	\$0.03000	12-01-2000
VALPROIC ACID	CAPSULE	250MG	\$0.30000	04-01-2003
VALPROIC ACID	SYRUP	250MG/5ML	\$0.05940	01-01-2002
VALU-DRYL	ELIXIR	12.5MG/5ML	\$0.00800	12-01-2000
VALU-DRYL ALLERGY MEDICINE	TABLET	25MG	\$0.01690	07-05-1994
VALU-TAPP	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
VALU-TAPP DECONGESTANT	DROPS	9.4MG/ML	\$0.15000	11-01-2007
VANCOCIN HCL	FROZ.PIGGY	500MG/0.1L	\$0.06500	04-01-2006
VANCOMYCIN HCL	FROZ.PIGGY	1G/200ML	\$0.05000	04-01-2006
VANCOMYCIN HCL	VIAL	10G	\$57.50000	06-20-2009
VANCOMYCIN HCL	VIAL	1G	\$9.20000	06-20-2009
VANCOMYCIN HCL	VIAL	500MG	\$3.89000	06-20-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VANCOMYCIN HCL	VIAL	5G	\$28.75000	06-20-2009
VANCOMYCIN HCL	VIAL	750MG	\$7.00000	06-20-2009
VANCOMYCIN HCL	VIAL PORT	1G	\$9.20000	06-20-2009
VANCOMYCIN HCL	VIAL PORT	500MG	\$3.89000	06-20-2009
VANCOMYCIN-D5W	FROZ.PIGGY	500MG/0.1L	\$0.06500	04-01-2006
VANDAZOLE	GEL W/APPL	0.75%	\$0.42860	08-19-2009
VANQUISH	TABLET	227-194-33	\$0.03000	09-01-1990
VARIDIN	TABLET		\$0.03500	04-23-2009
VASERETIC	TABLET	10MG-25MG	\$0.28000	08-01-2002
VASOTEC	TABLET	10MG	\$0.07000	11-15-2008
VASOTEC	TABLET	2.5MG	\$0.06000	11-15-2008
VASOTEC	TABLET	20MG	\$0.09000	11-15-2008
VASOTEC	TABLET	5MG	\$0.05000	11-15-2008
VEGETABLE LAXATIVE	POWDER		\$0.02100	07-01-2006
VEGETABLE LAXATIVE	TABLET	8.6MG	\$0.03100	09-01-1990
VELOSEF	CAPSULE	500MG	\$0.26000	01-01-2005
VENLAFAXINE HCL	TABLET	100MG	\$1.35000	04-20-2009
VENLAFAXINE HCL	TABLET	25MG	\$1.10000	04-20-2009
VENLAFAXINE HCL	TABLET	37.5MG	\$1.20000	04-20-2009
VENLAFAXINE HCL	TABLET	50MG	\$1.20000	04-20-2009
VENLAFAXINE HCL	TABLET	75MG	\$1.30000	04-20-2009
VERAPAMIL HCL	CAP24H PEL	120MG	\$0.45000	01-01-2005

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266 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VERAPAMIL HCL	CAP24H PEL	180MG	\$0.50000	01-01-2005
VERAPAMIL HCL	CAP24H PEL	240MG	\$0.60000	01-01-2005
VERAPAMIL HCL	TABLET	120MG	\$0.09000	05-20-2009
VERAPAMIL HCL	TABLET	40MG	\$0.16000	05-20-2009
VERAPAMIL HCL	TABLET	80MG	\$0.07000	01-01-2009
VERAPAMIL HCL	TABLET SA	120MG	\$0.55000	01-01-2005
VERAPAMIL HCL	TABLET SA	180MG	\$0.44000	05-20-2009
VERAPAMIL HCL	TABLET SA	240MG	\$0.43000	05-20-2009
VERELAN	CAP24H PEL	120MG	\$0.45000	01-01-2005
VERELAN	CAP24H PEL	180MG	\$0.50000	01-01-2005
VERELAN	CAP24H PEL	240MG	\$0.60000	01-01-2005
VERIPRED 20	SOLUTION	20MG/5ML	\$0.20000	10-02-2008
VEROTIN-BY	TABLET	65MG-1MG	\$0.08500	04-01-2004
VEROTIN-GR	TABLET	65MG-1MG	\$0.08500	04-01-2004
VERTIN-32	TAB CHEW	25MG	\$0.03900	12-01-2000
VG	CAPSULE	0.5MG	\$0.03000	04-01-1997
VI-C FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VI-STRESS	TABLET		\$0.06000	09-01-1990
VI-STRESS WITH ZINC	TABLET		\$0.20000	10-08-1998
VIACTIV	TABLET	500-200-40	\$0.05000	01-01-2009
VIACTIV	TAB CHEW	500-100-40	\$0.06500	09-01-1990
VIACTIV	TAB CHEW	500-200-40	\$0.05000	01-01-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VIACTIV	TAB CHEW	500-500-40	\$0.06500	09-01-1990
VIBRA-TABS	TABLET	100MG	\$0.09530	12-01-2000
VIBRAMYCIN	CAPSULE	100MG	\$0.10000	01-01-2004
VIBRAMYCIN	CAPSULE	50MG	\$0.08190	12-01-2000
VIC-FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VICA-FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VICAP FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VICKS CHILDREN'S NYQUIL	LIQUID	5-10-0.7/5	\$0.02000	04-01-2002
VICKS COUGH DROPS	LOZENGE		\$0.02000	01-01-2002
VICKS PEDIATRIC 44E	SYRUP	100-10MG/5	\$0.01780	01-06-1994
VICODIN	TABLET	5MG-500MG	\$0.08000	03-20-2004
VICODIN ES	TABLET	7.5-750MG	\$0.10890	12-01-2000
VICODIN HP	TABLET	10-660MG	\$0.45000	01-18-2000
VICON FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VIGOMAR FORTE	TABLET		\$0.04000	12-26-1996
VIGORTOL	LIQUID		\$0.04000	08-27-1999
VIMAR	LIQUID		\$0.01300	08-01-1996
VINATAL FORTE	TABLET	60MG-1MG	\$0.08500	04-01-2004
VINATE AZ	TABLET	27-1MG	\$0.08500	04-01-2004
VINATE AZ	TABLET	27MG-1MG	\$0.08500	04-01-2004
VINATE AZ EXTRA	TABLET	29MG-1MG	\$0.08500	05-18-2004
VINATE C	TABLET	30MG-1MG	\$0.08500	04-01-2004

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268 Report ID: 105160

Run Date: 10/01/2009

**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VINATE CALCIUM	TABLET	27-1-50MG	\$0.08500	04-01-2004
VINATE CARE	TAB CHEW	40-1MG	\$0.08500	04-01-2004
VINATE GT	TABLET	90-1-50MG	\$0.08500	04-01-2004
VINATE IC	CAPSULE	106MG-1MG	\$0.08500	04-01-2004
VINATE II	TABLET	29MG-1MG	\$0.08500	04-01-2004
VINATE III	TABLET	29MG-1MG	\$0.08500	04-01-2004
VINATE PN CARE	TABLET	30-50-1MG	\$0.08500	04-01-2004
VINATE ULTRA	TABLET	90-1-50MG	\$0.08500	04-01-2004
VINATE-M	TABLET	27-1MG	\$0.08500	04-01-2004
VINATE-M	TABLET	27MG-1MG	\$0.08500	04-01-2004
VISION	TABLET		\$0.04000	10-19-1999
VISION FORMULA	TABLET		\$0.04000	10-19-1999
VISION PLUS LUTEIN	TABLET		\$0.03500	08-02-2002
VISION VITAMINS	TABLET		\$0.03500	08-02-2002
VISTARIL	CAPSULE	25MG	\$0.06520	01-01-2002
VISTARIL	CAPSULE	50MG	\$0.08910	01-01-2002
VIT BALANCED B-100	TABLET		\$0.03500	04-23-2009
VITA	DROPS		\$0.06000	09-01-1990
VITA S FORTE	TABLET	10MG-1MG	\$0.03500	07-01-2004
VITA WITH IRON	DROPS		\$0.07500	09-09-1991
VITA ZINC	TABLET		\$0.06000	04-01-1996
VITABEE W-C	TABLET		\$0.03500	04-23-2009

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VITACON FORTE	CAPSULE	1MG	\$0.04000	02-08-1993
VITAFOL-OB	TABLET	65MG-1MG	\$0.08500	04-01-2004
VITAFOL-OB+DHA	COMBO. PKG	65-1-250MG	\$0.04250	08-19-2009
VITAFOL-PN	TABLET	65MG-1MG	\$0.08500	04-01-2004
VITALETS	TAB CHEW		\$0.04000	09-01-2003
VITALIZE PLUS	TABLET	27-0.8MG	\$0.04800	02-08-1993
VITAMAX	TAB CHEW	200-200MCG	\$0.03800	01-06-1995
VITAMIN	LIQUID		\$0.01300	08-01-1996
VITAMIN A	CAPSULE	10000 UNIT	\$0.02000	10-01-1988
VITAMIN A	CAPSULE	25000 UNIT	\$0.02500	09-01-1990
VITAMIN A	CAPSULE	8000 UNIT	\$0.02000	10-01-1988
VITAMIN A	TABLET	10000 UNIT	\$0.02000	10-01-1988
VITAMIN AND MINERALS	TABLET		\$0.04000	04-20-1998
VITAMIN B COMPLEX	CAPSULE		\$0.05000	09-01-1990
VITAMIN B COMPLEX	TABLET		\$0.03500	04-23-2009
VITAMIN B COMPLEX-C	TABLET		\$0.03500	04-23-2009
VITAMIN B&C	TABLET		\$0.03500	04-23-2009
VITAMIN B-1	TABLET	100MG	\$0.03000	09-01-1990
VITAMIN B-1	TABLET	250MG	\$0.03000	09-01-1990
VITAMIN B-1	TABLET	50MG	\$0.03000	09-01-1990
VITAMIN B-100 COMPLEX	TABLET		\$0.03500	04-23-2009
VITAMIN B-100 COMPLEX	TABLET SA		\$0.05000	02-08-1993

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VITAMIN B-12	VIAL	1000MCG/ML	\$0.15000	09-09-1991
VITAMIN B-12	TABLET	100MCG	\$0.03500	04-23-2009
VITAMIN B-12	TABLET	250MCG	\$0.03000	02-08-1993
VITAMIN B-12	TABLET	500MCG	\$0.03500	04-23-2009
VITAMIN B-12	TABLET	50MCG	\$0.03000	09-01-1990
VITAMIN B-12	TABLET SA	1000MCG	\$0.03500	04-23-2009
VITAMIN B-2	TABLET	100MG	\$0.03000	02-08-1993
VITAMIN B-2	TABLET	25MG	\$0.03000	09-01-1990
VITAMIN B-2	TABLET	50MG	\$0.03000	02-08-1993
VITAMIN B-50	TABLET		\$0.03500	04-23-2009
VITAMIN B-6	TABLET	100MG	\$0.03500	04-23-2009
VITAMIN B-6	TABLET	25MG	\$0.03000	09-01-1990
VITAMIN B-6	TABLET	50MG	\$0.03000	09-01-1990
VITAMIN B-6	TABLET SA	200MG	\$0.03000	02-08-1993
VITAMIN B-COMPLEX & C	TABLET		\$0.03500	04-23-2009
VITAMIN B-COMPLEX & C	TABLET	400MCG-500	\$0.05000	09-01-1990
VITAMIN B-COMPLEX & C	TABLET SA		\$0.05000	07-10-1995
VITAMIN B-COMPLEX WITH VIT C	TABLET		\$0.03500	04-23-2009
VITAMIN B-COMPLEX WITH VIT C	TABLET	400MCG-500	\$0.05000	09-01-1990
VITAMIN B-COMPLEX WITH VIT C	TABLET SA		\$0.05000	07-10-1995
VITAMIN B6	TABLET	50MG	\$0.03000	09-01-1990
VITAMIN C	CAPSULE SA	500MG	\$0.03000	02-08-1993

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VITAMIN C	TABLET	1000MG	\$0.03000	09-01-1990
VITAMIN C	TABLET	100MG	\$0.03000	09-01-1990
VITAMIN C	TABLET	250MG	\$0.01800	01-01-2002
VITAMIN C	TABLET	500MG	\$0.01800	01-01-2002
VITAMIN C	TAB CHEW	250MG	\$0.03000	12-29-1999
VITAMIN C	TAB CHEW	500MG	\$0.01800	01-01-2002
VITAMIN C	TABLET SA	1000MG	\$0.04400	01-01-2002
VITAMIN C	TABLET SA	500MG	\$0.03000	02-08-1993
VITAMIN C	WAFER	500MG	\$0.03000	12-29-1999
VITAMIN C WITH ACEROLA	TABLET	500MG	\$0.01800	01-01-2002
VITAMIN C WITH ACEROLA	TAB CHEW	500MG	\$0.01800	01-01-2002
VITAMIN C WITH ROSE HIPS	TABLET	1000MG	\$0.03000	09-01-1990
VITAMIN C WITH ROSE HIPS	TABLET	250MG	\$0.01800	01-01-2002
VITAMIN C WITH ROSE HIPS	TABLET	500MG	\$0.01800	01-01-2002
VITAMIN D	TABLET	5000 UNIT	\$0.02250	04-03-2009
VITAMIN D3	TAB CHEW	400 UNIT	\$0.04000	03-25-2009
VITAMIN E	CAPSULE	100 UNIT	\$0.03500	09-01-1990
VITAMIN E	CAPSULE	1000 UNIT	\$0.19500	04-23-2009
VITAMIN E	CAPSULE	200 UNIT	\$0.03500	02-08-1993
VITAMIN E	CAPSULE	400 UNIT	\$0.03500	01-02-2007
VITAMIN E	CAPSULE	600 UNIT	\$0.03500	02-08-1993
VITAMIN E	CAPSULE	800 UNIT	\$0.03500	12-29-1999

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VITAMIN E	TABLET	200 UNIT	\$0.03500	12-29-1999
VITAMIN E	TABLET	400 UNIT	\$0.03500	02-08-1993
VITAMIN E	TAB CHEW	200 UNIT	\$0.03500	02-08-1993
VITAMIN E COMPLEX	CAPSULE	120-17	\$0.03500	06-13-2008
VITAMIN E NATURAL BLEND	CAPSULE	1000 UNIT	\$0.13000	04-15-1998
VITAMINS FOR HAIR	TABLET		\$0.04000	02-08-1993
VITAPHIL	TABLET	25-1MG	\$0.08500	05-15-2004
VITAPHIL	TABLET	25MG-1MG	\$0.08500	05-15-2004
VITAPHIL + DHA	COMBO. PKG	26-1-200MG	\$0.04250	08-19-2009
VITAPHIL + DHA 90	COMBO. PKG	26-1-200MG	\$0.04250	08-19-2009
VITAPHIL AIDE	TABLET	28MG-1MG	\$0.08500	04-01-2004
VITAPLEX	TABLET	500-0.5MG	\$0.05000	09-01-1990
VITAPLEX PLUS	TABLET	27-0.8MG	\$0.04800	02-08-1993
VITASPIRE	TABLET	29MG-1MG	\$0.08500	02-20-2009
VITATRUM	TABLET		\$0.03500	08-02-2002
VITATRUM	TAB CHEW	.4-18-3500	\$0.04000	09-01-2003
VITATRUM ENDURANCE	TABLET		\$0.03500	07-01-2004
VITRUM JR	TAB CHEW		\$0.04000	09-01-2003
VITRUM SENIOR	TABLET		\$0.03500	08-02-2002
VITUSSIN	SYRUP	100-5MG/5	\$0.03000	07-16-1999
VOLTAREN	DROPS	0.1%	\$4.25000	12-10-2008
VOLTAREN	TABLET DR	75MG	\$0.43000	07-01-2008

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Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
VOLTAREN-XR	TAB.SR 24H	100MG	\$2.05000	01-01-2007
VOSOL HC	DROPS	2%-1%	\$1.70000	07-01-2003
VYNATAL-FA	TABLET	65MG-1MG	\$0.08500	04-01-2004
WAL-ACT	TABLET	60-2.5MG	\$0.03000	06-01-2009
WAL-DRAM	TABLET	50MG	\$0.02000	10-01-1988
WAL-DRYL	CAPSULE	25MG	\$0.02500	12-01-2000
WAL-DRYL	TABLET	25MG	\$0.01690	07-05-1994
WAL-DRYL	TABLET	30MG-500MG	\$0.01690	07-05-1994
WAL-DRYL ALLERGY	LIQUID	12.5MG/5ML	\$0.00800	12-01-2000
WAL-DRYL ALLERGY	TABLET	25MG	\$0.01690	07-05-1994
WAL-FINATE	TABLET	4MG	\$0.01000	12-01-2000
WAL-FINATE-D	TABLET	60MG-4MG	\$0.02750	06-01-2009
WAL-ITIN	SOLUTION	5MG/5ML	\$0.05000	01-10-2009
WAL-ITIN	TABLET	10MG	\$0.14400	01-10-2009
WAL-ITIN	TAB RAPDIS	10MG	\$0.47000	08-01-2003
WAL-ITIN ALLER-MELTS	TAB RAPDIS	10MG	\$0.47000	08-01-2003
WAL-MUCIL	POWDER		\$0.02100	02-08-1993
WAL-PHED	TABLET	10MG	\$0.07500	11-01-2007
WAL-PHED	TABLET	30MG	\$0.03370	01-06-1994
WAL-PHED	TABLET	60MG-4MG	\$0.02750	06-01-2009
WAL-PHED	TABLET SA	120MG	\$0.28000	11-01-2007
WAL-PHED PE	TABLET	10MG-4MG	\$0.07500	06-01-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
WAL-PROFEN	TABLET	200MG	\$0.03000	12-10-2008
WAL-PROXEN	TABLET	220MG	\$0.04610	12-01-2000
WAL-TAP	ELIXIR	15-1MG/5ML	\$0.01800	06-01-2009
WAL-TAP	SOLUTION	2.5-1MG/5	\$0.02000	06-01-2009
WAL-TAP DM	SOLUTION	1-2.5-5/5	\$0.02500	11-01-2007
WAL-TAP DM	SOLUTION	5-2.5-1/5	\$0.02500	11-01-2007
WAL-TUSSIN	CAPSULE	200-30MG	\$0.07000	01-01-2002
WAL-TUSSIN	LIQUID	100MG/5ML	\$0.01450	01-01-2003
WAL-TUSSIN	SYRUP	100MG/5ML	\$0.01450	01-01-2003
WAL-TUSSIN	SYRUP	7.5-15MG/5	\$0.01450	01-01-2003
WAL-TUSSIN CF	SYRUP	100-10-30	\$0.01800	01-01-2004
WAL-TUSSIN COUGH & COLD CF	LIQUID	100-10-5MG	\$0.01925	11-01-2007
WAL-TUSSIN DM	SYRUP	100-10MG/5	\$0.01780	01-06-1994
WAL-VERT	TAB RAPDIS	10MG	\$0.47000	08-01-2003
WAL-ZAN 150	TABLET	150MG	\$0.06000	01-01-2005
WAL-ZAN 75	TABLET	75MG	\$0.08000	09-01-2002
WAL-ZYR	SOLUTION	1MG/ML	\$0.05000	04-10-2009
WAL-ZYR	TABLET	10MG	\$0.08700	02-01-2008
WARFARIN SODIUM	TABLET	10MG	\$0.37000	08-01-2002
WARFARIN SODIUM	TABLET	1MG	\$0.22000	08-01-2002
WARFARIN SODIUM	TABLET	2.5MG	\$0.26000	08-01-2002
WARFARIN SODIUM	TABLET	2MG	\$0.23000	08-01-2002

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### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
WARFARIN SODIUM	TABLET	3MG	\$0.28000	08-01-2002
WARFARIN SODIUM	TABLET	4MG	\$0.29000	08-01-2002
WARFARIN SODIUM	TABLET	5MG	\$0.30000	08-01-2002
WARFARIN SODIUM	TABLET	6MG	\$0.35000	08-01-2002
WARFARIN SODIUM	TABLET	7.5MG	\$0.36000	08-01-2002
WATER	AMPUL		\$0.10000	05-27-1999
WATER	VIAL		\$0.10000	05-27-1999
WATER	IRRIG SOLN		\$0.00278	06-15-2004
WAVESENSE JAZZ	STRIP		\$0.04000	10-01-1988
WE ALLERGY	SYRUP	10-2-0.625	\$0.22000	11-01-2007
WELLBUTRIN	TABLET	100MG	\$0.25000	01-01-2005
WELLBUTRIN	TABLET	75MG	\$0.18500	06-15-2004
WELLBUTRIN SR	TABLET SA	100MG	\$0.80000	12-01-2008
WELLBUTRIN SR	TABLET SA	150MG	\$0.90000	12-01-2008
WELLBUTRIN SR	TABLET SA	200MG	\$1.20000	12-01-2008
WELLBUTRIN XL	TAB.SR 24H	150MG	\$4.40000	01-10-2009
WELLBUTRIN XL	TAB.SR 24H	300MG	\$2.40000	12-08-2007
WELLTUSS EXP	SYRUP	100-15-7.5	\$0.09750	11-01-2007
WESTCORT	CREAM(GM)	0.2%	\$0.53000	01-01-2005
WESTCORT	OINT.(GM)	0.2%	\$0.53000	01-01-2005
WOMAN'S LAXATIVE	TABLET DR	5MG	\$0.01700	10-01-1988
WOMAN'S LAXATIVE-DOCUSATE SOD	CAPSULE	100MG	\$0.02200	09-01-1997

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
WOMEN'S BONE HEALTH	TABLET		\$0.04000	01-01-1996
WOMEN'S DAILY FORMULA	TABLET	27-0.4MG	\$0.04000	01-01-1996
WOMEN'S ONE DAILY	TABLET	27-0.4MG	\$0.04000	01-01-1996
WOMENS STOOL SOFTENER	CAPSULE	100MG	\$0.02200	09-01-1997
X-STRENGTH ANTACID	TAB CHEW	300MG(750)	\$0.03000	04-01-2000
XANAX	TABLET	0.25MG	\$0.04000	06-13-2000
XANAX	TABLET	0.5MG	\$0.06500	09-01-2003
XANAX	TABLET	1MG	\$0.04500	06-13-2000
XANAX	TABLET	2MG	\$0.12500	01-01-2005
XANAX XR	TAB.SR 24H	0.5MG	\$1.45000	10-27-2006
XANAX XR	TAB.SR 24H	1MG	\$1.81000	10-27-2006
XANAX XR	TAB.SR 24H	2MG	\$2.40000	10-27-2006
XANAX XR	TAB.SR 24H	3MG	\$3.60000	10-27-2006
XIRATUSS	TABLET	60-10-5MG	\$0.88000	01-01-2002
XYLOCAINE	JEL	2%	\$0.43000	10-01-2004
XYLOCAINE VISCOUS	SOLUTION	20MG/ML	\$0.02850	12-01-2002
XYNTHA	KIT	1000 (+/-)	\$1.03700	07-01-2008
XYNTHA	KIT	1000(+/-)U	\$1.03700	07-01-2008
XYNTHA	KIT	2000 (+/-)	\$1.03700	07-01-2008
XYNTHA	KIT	2000(+/-)	\$1.03700	07-01-2008
XYNTHA	KIT	250 (+/-)	\$1.03700	07-01-2008
XYNTHA	KIT	250 (+/-)U	\$1.03700	07-01-2008

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**Services Corporation** 

### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
XYNTHA	KIT	500 (+/-)	\$1.03700	07-01-2008
XYNTHA	KIT	500 (+/-)U	\$1.03700	07-01-2008
Z-GEN	TABLET		\$0.06000	04-01-1996
ZADITOR	DROPS	0.025%	\$2.16982	01-25-2007
ZALEPLON	CAPSULE	10MG	\$0.70000	12-10-2008
ZALEPLON	CAPSULE	5MG	\$0.60000	12-10-2008
ZANAFLEX	TABLET	2MG	\$0.35000	01-01-2005
ZANAFLEX	TABLET	4MG	\$0.40000	01-01-2005
ZANTAC	SYRUP	15MG/ML	\$0.30000	12-10-2008
ZANTAC	TABLET	150MG	\$0.06000	01-01-2005
ZANTAC	TABLET	300MG	\$0.10000	01-01-2005
ZANTAC 75	TABLET	75MG	\$0.08000	09-01-2002
ZANTAC-PPI	CAPSULE DR	20MG	\$0.30000	11-15-2008
ZAROXOLYN	TABLET	10MG	\$1.00000	06-18-2009
ZAROXOLYN	TABLET	2.5MG	\$0.50000	06-18-2009
ZAROXOLYN	TABLET	5MG	\$0.80000	06-18-2009
ZAZOLE	CREAM/APPL	0.4%	\$0.56000	03-15-2009
ZAZOLE	CREAM/APPL	0.8%	\$1.30000	03-15-2009
ZEBETA	TABLET	10MG	\$0.60000	04-15-2008
ZEBETA	TABLET	5MG	\$0.60000	04-15-2008
ZEMAIRA	VIAL	1000MG	\$0.43000	01-01-2004
ZERIT	CAPSULE	15MG	\$1.80590	08-19-2009

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Report ID: 105160 Run Date: 10/01/2009

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ZERIT	CAPSULE	20MG	\$1.87810	08-19-2009
ZERIT	CAPSULE	30MG	\$1.99450	08-19-2009
ZERIT	CAPSULE	40MG	\$2.15180	08-19-2009
ZERIT	SOLN RECON	1MG/ML	\$0.32000	08-19-2009
ZESTORETIC	TABLET	10-12.5MG	\$0.09500	06-20-2009
ZESTORETIC	TABLET	20-12.5MG	\$0.15000	06-20-2009
ZESTORETIC	TABLET	20-25MG	\$0.15000	06-20-2009
ZESTRIL	TABLET	10MG	\$0.10000	11-15-2008
ZESTRIL	TABLET	2.5MG	\$0.05000	11-15-2008
ZESTRIL	TABLET	20MG	\$0.15000	11-15-2008
ZESTRIL	TABLET	30MG	\$0.16310	11-15-2008
ZESTRIL	TABLET	40MG	\$0.15000	11-15-2008
ZESTRIL	TABLET	5MG	\$0.08000	11-15-2008
ZIAC	TABLET	10-6.25MG	\$0.10000	03-01-2001
ZIAC	TABLET	2.5-6.25MG	\$0.10000	03-01-2001
ZIAC	TABLET	5-6.25MG	\$0.10000	03-01-2001
ZIDOVUDINE	CAPSULE	100MG	\$1.44000	12-19-2008
ZIDOVUDINE	TABLET	300MG	\$0.67500	01-01-2009
ZINC	CAPSULE	30MG	\$0.03500	05-01-2009
ZINC	TABLET	100MG	\$0.03000	02-08-1993
ZINC	TABLET	15MG	\$0.03000	02-08-1993
ZINC	TABLET	30MG	\$0.03000	02-08-1993

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### **Nebraska Medicaid Program** SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ZINC	TABLET	50MG	\$0.03500	04-23-2009
ZINC	TABLET	60MG	\$0.03000	02-08-1993
ZINC	LOZENGE	13.3MG	\$0.03000	04-01-1993
ZINC	LOZENGE	15MG	\$0.03000	12-29-1999
ZINC	LOZENGE	77MG	\$0.03000	04-01-1993
ZINC CHELATED	TABLET	50MG	\$0.03000	04-01-1993
ZINC LOZENGE	LOZENGE		\$0.06000	04-01-1993
ZINC LOZENGE	LOZENGE	12-60-0.5	\$0.03000	04-01-1993
ZINC LOZENGE	LOZENGE	15MG	\$0.03000	04-01-1993
ZINC LOZENGE	LOZENGE	25MG	\$0.03000	04-01-1993
ZINC LOZENGE	LOZENGE	60-10MG	\$0.06000	04-01-1993
ZINC PICOLINATE	TABLET	50MG	\$0.03000	04-01-1993
ZITHROMAX	SUSP RECON	100MG/5ML	\$1.75000	06-01-2007
ZITHROMAX	SUSP RECON	200MG/5ML	\$1.75000	06-01-2007
ZITHROMAX	TABLET	250MG	\$2.00000	01-01-2009
ZITHROMAX	TABLET	500MG	\$2.00000	01-01-2009
ZITHROMAX	TABLET	600MG	\$4.50000	01-01-2009
ZITHROMAX TRI-PAK	TABLET	500MG	\$2.00000	01-01-2009
ZN-PLUS-PROTEIN	TABLET	15MG	\$0.03000	02-08-1993
ZOCOR	TABLET	10MG	\$0.08000	12-08-2007
ZOCOR	TABLET	20MG	\$0.12000	12-08-2007
ZOCOR	TABLET	40MG	\$0.13600	12-08-2007

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**Services Corporation** 

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ZOCOR	TABLET	5MG	\$0.06000	02-22-2008
ZOCOR	TABLET	80MG	\$0.16000	12-08-2007
ZOFRAN	VIAL	2MG/ML	\$0.60000	10-05-2007
ZOFRAN	VIAL	4MG/2ML	\$1.22000	10-05-2007
ZOFRAN	SOLUTION	4MG/5ML	\$2.76000	12-08-2007
ZOFRAN	TABLET	4MG	\$0.60000	12-08-2007
ZOFRAN	TABLET	8MG	\$0.78000	12-08-2007
ZOFRAN ODT	TAB RAPDIS	4MG	\$0.80000	12-08-2007
ZOFRAN ODT	TAB RAPDIS	8MG	\$1.28000	12-08-2007
ZOLOFT	ORAL CONC	20MG/ML	\$0.75000	08-01-2007
ZOLOFT	TABLET	100MG	\$0.12000	12-10-2008
ZOLOFT	TABLET	25MG	\$0.12000	12-10-2008
ZOLOFT	TABLET	50MG	\$0.12000	12-10-2008
ZOLPIDEM TARTRATE	TABLET	10MG	\$0.04000	12-10-2008
ZOLPIDEM TARTRATE	TABLET	5MG	\$0.04000	12-10-2008
ZONEGRAN	CAPSULE	100MG	\$0.24000	01-10-2009
ZONEGRAN	CAPSULE	25MG	\$0.15600	01-10-2009
ZONEGRAN	CAPSULE	50MG	\$0.20400	01-10-2009
ZONISAMIDE	CAPSULE	100MG	\$0.24000	01-10-2009
ZONISAMIDE	CAPSULE	25MG	\$0.15600	01-10-2009
ZONISAMIDE	CAPSULE	50MG	\$0.20400	01-10-2009
ZOO CHEWS	TAB CHEW		\$0.04000	06-20-2009

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Nobracka Madicaid Program

## Nebraska Medicaid Program SMAC Listing - for the month ending 09/30/2009

Drug Name	Dosage Form	Strength	Price	Effective Date
ZOSTRIX	CREAM(GM)	0.025%	\$0.07000	04-01-2002
ZOSTRIX HP	CREAM(GM)	0.075%	\$0.10000	04-01-2002
ZOVIRAX	CAPSULE	200MG	\$0.12000	01-01-2005
ZOVIRAX	ORAL SUSP	200MG/5ML	\$0.19000	01-01-2002
ZOVIRAX	TABLET	400MG	\$0.15000	01-01-2005
ZOVIRAX	TABLET	800MG	\$0.25000	01-01-2005
ZYBAN	TABLET SA	150MG	\$0.90000	12-01-2008
ZYLOPRIM	TABLET	100MG	\$0.05090	01-01-2002
ZYLOPRIM	TABLET	300MG	\$0.10050	01-01-2002
ZYRTEC	SOLUTION	1MG/ML	\$0.05000	04-10-2009
ZYRTEC	SYRUP	1MG/ML	\$0.05000	07-01-2008
ZYRTEC	TABLET	10MG	\$0.08700	02-01-2008
ZYRTEC	TABLET	5MG	\$0.08700	02-01-2008
ZYRTEC	TAB CHEW	10MG	\$0.68000	02-01-2008
ZYRTEC	TAB CHEW	5MG	\$0.68000	02-01-2008

#### IMPORTANT: INCLUSION OF A MEDICATION ON THIS LIST DOES NOT INFER COVERAGE OF THE PRODUCT

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