



2024

Formulario

(Lista de los medicamentos cubiertos) Ohio

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

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Para obtener información más reciente o si tiene otras preguntas, llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local o visite MolinaHealthcare.com/Duals

- **Mensaje importante sobre lo que paga por las vacunas:** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a Servicios para miembros para obtener más información.

Molina Dual Options MyCare Ohio | *Lista de medicamentos cubiertos para 2024 (Formulario)*

Introducción

Este documento se llama la *Lista de medicamentos cubiertos* (también conocido como Lista de medicamentos). Le informa sobre cuáles de sus medicamentos de receta están cubiertos por Molina Dual Options MyCare Ohio. La Lista de medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Los términos clave y sus definiciones se encuentran en el último capítulo del *Manual del miembro*.

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A. Declaraciones requeridas

Esta es una lista de medicamentos que los miembros pueden obtener en Molina Dual Options MyCare Ohio.

- ❖ Molina Dual Options Medicare-Medicaid Plan es un plan de salud con contratos con ambos Medicare y Medicaid de Illinois para proporcionar los beneficios de ambos programas a las personas inscritas.
- ❖ **SPANISH**
ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted sin costo. Llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Usted puede obtener este documento gratis en otros formatos, como, por ejemplo, con letra grande, en braille o en audio. Llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. La llamada es gratuita.
- ❖ Para obtener este documento en un idioma que no sea inglés o en un formato alternativo, llame a Servicios para Miembros al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Un representante puede ayudarlo a realizar o cambiar una solicitud permanente. También puede comunicarse con su administrador de atención para obtener ayuda con las solicitudes permanentes. Para cambiar permanentemente su idioma o formato preferido con el trabajador social de su condado, llame a la línea directa de Medicaid al (800) 324-8680, TTY: 711, de lunes a viernes, de 7 a. m. a 8 p. m. y sábado, de 8 a. m. a 5 p. m., hora local, para actualizar su registro con el idioma preferido.

B. Preguntas frecuentes (FAQ)

Aquí encontrará las respuestas a las preguntas que pueda tener sobre esta *Lista de medicamentos cubiertos*. Para obtener más información o buscar preguntas y respuestas, usted puede leer todas las Preguntas frecuentes.

B1. ¿Qué medicamentos de receta se encuentran en la *Lista de medicamentos cubiertos*? (Llamamos “Lista de medicamentos” a la *Lista de medicamentos cubiertos* para abreviar.)

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 14 son los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ellos para que pueda trabajar con nosotros y pueda proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



- Molina Dual Options MyCare Ohio cubrirá todos los medicamentos médicamente necesarios de la Lista de medicamentos, si:
 - su médico u otro profesional autorizado dice que usted los necesita para mejorar o para seguir sano, **y**
 - usted surte la receta en una farmacia de la red de Molina Dual Options MyCare Ohio.
- Molina Dual Options MyCare Ohio podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (consulte la pregunta B4 abajo).

Usted puede también consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en MolinaHealthcare.com/Duals o llamando a Servicios al miembro al (855) 665-4623, TTY: 711.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, y Molina Dual Options MyCare Ohio debe seguir las reglas de Medicare y Medicaid cuando se realicen cambios. Podríamos agregar o quitar medicamentos de la Lista de Medicamentos durante el año.

También podríamos cambiar nuestras reglas sobre algunos medicamentos. Por ejemplo, podríamos:

- Decidir requerir o no requerir autorización previa (PA) o aprobación para algún medicamento. (La PA es el permiso de Molina Dual Options MyCare Ohio antes de que usted pueda obtener un medicamento).
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límite de cantidad).
- Agregar o cambiar restricciones a la terapia escalonada de un medicamento. (Terapia escalonada significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información acerca de estas restricciones, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto al **principio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- salga al mercado un medicamento nuevo y más barato que funcione tan bien como un medicamento en la Lista de medicamentos actual, **o**
- nos demos cuenta de que un medicamento no es seguro, **o**

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- un medicamento se retire del mercado.

Las preguntas B3 y B6 de abajo contienen más información sobre lo que sucederá cuando la Lista de medicamentos cambie.

- Usted siempre puede leer la Lista de medicamentos actualizada de Molina Dual Options MyCare Ohio en Internet, en MolinaHealthcare.com/Duals.
- También puede llamar a Servicios al miembro para revisar la Lista de medicamentos actual al (855) 665-4623, TTY: 711.

B3. ¿Qué sucederá cuando haya un cambio en la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

- **Un nuevo medicamento genérico está disponible.** A veces, sale al mercado un medicamento genérico nuevo que funciona tan bien como un medicamento que existe en la Lista de medicamentos actual. Cuando eso ocurre, podemos eliminar el medicamento de marca y añadir el nuevo medicamento genérico, pero su costo para el medicamento nuevo seguirá siendo el mismo. Cuando agregamos un nuevo medicamento genérico, podemos también decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas de cobertura o sus límites.
 - Es posible que no le informemos antes de hacer este cambio, pero le enviaremos información sobre el cambio específico una vez realizado.
 - Usted o su proveedor pueden pedir una “excepción” de estos cambios. Le mandaremos un aviso con los pasos que puede tomar para pedir una excepción. Para obtener más información sobre las excepciones, consulte la pregunta B10.
- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento que usted está tomando no es seguro o si el fabricante del medicamento lo retira del mercado, lo eliminaremos de la Lista de medicamentos. Le avisaremos del cambio si usted está tomando el medicamento. Hable con su doctor u otro recetador para encontrar una alternativa que sea segura para usted.

Es posible que hagamos otros cambios que pueden afectar a los medicamentos que usted toma. Le informaremos por adelantado sobre estos cambios en la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee nuevas guías o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información,** visite MolinaHealthcare.com/Duals.



- Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente ○
- Cambiamos las reglas de cobertura o los límites para el medicamento de marca.

Cuando sucedan estos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos, ○
- Le informaremos y le proporcionaremos un suministro para 31 días del medicamento luego de que usted solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico u otro profesional autorizado, que pueden ayudarlo a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar ○
- Si debe pedir una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites de cantidad que usted puede obtener. En algunos casos, usted o su médico u otro profesional autorizado tendrán que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Autorización previa (PA) o aprobación:** En el caso de algunos medicamentos, su médico u otro profesional deben obtener una PA por parte de Molina Dual Options MyCare Ohio antes de hacer una receta. Molina Dual Options MyCare Ohio podría no cubrir el medicamento si usted no consigue la aprobación.
- **Límites de cantidad:** A veces Molina Dual Options MyCare Ohio limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** A veces Molina Dual Options MyCare Ohio exige que usted siga una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos para su enfermedad en un cierto orden. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Para averiguar si su medicamento tiene algún requisito o límite adicional, consulte la tabla de las páginas 14 - 173. Usted también puede obtener más información visitando nuestro sitio web en

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MolinaHealthcare.com/Duals. Tenemos en Internet documentos que explican nuestras restricciones de PA y de terapia escalonada. También puede pedirnos que le enviemos una copia.

Usted puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro profesional autorizado. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o si tiene que pedir una excepción. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si tengo que hacer algo para obtenerlo?

La tabla de medicamentos de la página 14 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué ocurre si Molina Dual Options MyCare Ohio cambia sus reglas acerca de algunos medicamentos (por ejemplo, PA o aprobación, límites de cantidades o restricciones de terapia escalonada)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de PA, límites de cantidad o restricciones de terapia escalonada a un medicamento. Para obtener más información sobre este aviso por adelantado y sobre las situaciones en las cuales no le notificaremos por adelantado cuando cambiemos nuestras reglas sobre medicamentos en la Lista de medicamentos, consulte la pregunta B3.

B7. ¿Cómo puedo encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético, por el nombre del medicamento o
- Puede buscar por enfermedad.

Para buscar **en orden alfabético**, consulte el índice de la sección Medicamentos cubiertos. Usted puede encontrarla en la página 174.

Para buscar **por enfermedad**, busque la sección titulada “Medicamentos agrupados por enfermedad” de la página 14. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Ahí encontrará los medicamentos que traten enfermedades del corazón.

B8. ¿Qué pasará si el medicamento que quiero tomar no está en la Lista de medicamentos?

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al (855) 665-4623, TTY: 711 y pregunte por él. Si se entera de que Molina Dual Options MyCare Ohio no cubrirá el medicamento, usted puede hacer lo siguiente:

- Pedir a Servicios al miembro una lista de medicamentos similares al que quiere tomar. Luego, muestre la lista a su médico u otro profesional autorizado. Este podrá recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar o
- Pedir al plan de salud que haga una excepción para cubrir su medicamento. Para obtener más información sobre las excepciones, consulte las preguntas B10 - B12.

B9. ¿Qué pasará si soy un miembro nuevo de Molina Dual Options MyCare Ohio y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo problemas para obtener mi medicamento?

Podemos ayudarle. Podríamos cubrir su medicamento temporariamente con un suministro de 31 días de su medicamento durante los primeros 90 días que usted sea miembro de Molina Dual Options MyCare Ohio. Esto le dará tiempo para hablar con su médico u otro profesional autorizado. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o si tiene que pedir una excepción.

Si su receta es para menos días, permitiremos varios resurtidos para proporcionarle hasta un máximo de 31 días de medicamento.

Cubriremos un suministro de 31 días de su medicamento si:

- usted está tomando algún medicamento que no está en nuestra Lista de medicamentos o
- las reglas del plan de salud no le permiten obtener la cantidad recetada por su profesional autorizado o
- el medicamento requiere PA de Molina Dual Options MyCare Ohio o
- usted toma algún medicamento que forma parte de una restricción de terapia escalonada.

Si usted está en un hogar para personas de la tercera edad u otro centro de cuidado a largo plazo, y necesita un medicamento que no está en la Lista de medicamentos o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidado a largo plazo y necesita su suministro de inmediato:

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



- Le cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), aunque sea o no sea un nuevo miembro de Molina Dual Options MyCare Ohio.
- Esto es adicional al suministro temporal durante sus primeros 90 días que sea un miembro de Molina Dual Options MyCare Ohio.

Política de transición

Es posible que los miembros nuevos de nuestro plan estén tomando medicamentos que no están en nuestro formulario o que están sujetos a ciertas restricciones, como la autorización previa o la terapia progresiva. Los miembros actuales también pueden resultar afectados por los cambios en nuestro formulario de un año al otro. Los miembros deben hablar con sus doctores para decidir si deben cambiarse a otro medicamento cubierto o solicitar una excepción de formulario con el fin de obtener la cobertura del medicamento. Consulte el Manual del Miembro para obtener más información sobre cómo solicitar una excepción. Comuníquese con el Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a determinadas restricciones, como la autorización previa o la terapia progresiva, o si ya no estará en nuestro formulario del próximo año y usted necesita ayuda para reemplazarlo con un medicamento diferente cubierto o solicitar una excepción de formulario.

Durante el periodo en que los miembros consultan con sus doctores para determinar el curso de acción correcto, es posible que proporcionemos un suministro provisional del medicamento que no está en el formulario si esos miembros necesitan renovar el medicamento durante los primeros 90 días de la nueva membresía en nuestro plan para medicamentos Parte D (categoría 1 y 2) y 90 días para los medicamentos de Medicaid (categoría 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al otro, proporcionaremos un suministro provisional del medicamento que no está en el formulario si necesita una renovación del medicamento durante los primeros 90 días del nuevo año del plan.

Cuando un miembro va a una farmacia de la red porque le proporcionamos un suministro provisional de un medicamento que no está en nuestro formulario, está sujeto a restricciones o tiene límites de cobertura (pero que de otro modo se considera un “medicamento Parte D”), cubriremos un suministro de 31 días (a menos que la receta esté hecha para menos días). Por lo general, después de cubrir el suministro provisional de 31 días, no cubriremos nuevamente estos medicamentos como parte de nuestra política de transición.

Le enviaremos un aviso por escrito después de cubrir su suministro provisional. En este aviso se explicarán los pasos que puede seguir para solicitar una excepción y cómo trabajar con su doctor para decidir si debe cambiar a un medicamento adecuado que sí esté cubierto.



Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

B10. ¿Puedo pedir al plan que haga una excepción para cubrir mi medicamento?

Sí. Usted puede pedirle a Molina Dual Options MyCare Ohio que haga una excepción para cubrir su medicamento si no está en la Lista de medicamentos.

Usted también puede pedirnos un cambio a las reglas de su medicamento.

- Por ejemplo, Molina Dual Options MyCare Ohio podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos que quitemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos que quitemos las restricciones de terapia escalonada o los requisitos de PA.

B11. ¿Cómo puedo pedir una excepción?

Para pedir una excepción, llame a Un representante de Servicios al miembro trabajará con usted y su proveedor para ayudarlo a pedir una excepción. Para obtener más información sobre excepciones, también puede consultar el Capítulo 9 del *Manual del miembro*.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Tras recibir una declaración de su profesional autorizado apoyando su petición de una excepción, le daremos una decisión a más tardar en 72 horas. Su recetador puede llamar a Molina Dual Options o enviar por fax la declaración de apoyo al (866) 290-1309.

Si usted o su profesional autorizado piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada (una decisión más rápida). Si su profesional autorizado apoya su petición, le daremos una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su profesional autorizado.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidas. Los medicamentos genéricos son aprobados por la Administración de Alimentos y Medicamentos (FDA).

Molina Dual Options MyCare Ohio cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta sin receta médica (OTC)?

OTC quiere decir "medicamentos de venta sin receta médica". Molina Dual Options MyCare Ohio cubre algunos medicamentos de venta sin receta médica cuando son recetados por su proveedor.

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



Usted puede leer la Lista de medicamentos de Molina Dual Options MyCare Ohio para saber qué medicamentos de venta sin receta médica están cubiertos.

B15. ¿Cuánto es mi copago?

Como miembro de Molina Dual Options MyCare Ohio, usted no tiene copagos por medicamentos de receta y medicamentos de venta sin receta médica, siempre y cuando siga las reglas de Molina Dual Options MyCare Ohio.

B16. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos.

- *Los medicamentos de Nivel 1 son medicamentos genéricos.* Para los medicamentos del Nivel 1, usted paga un copago de \$0
- *Los medicamentos de Nivel 2 son medicamentos de marca.* Para los medicamentos del Nivel 2, usted paga un copago de \$0.
- Los medicamentos del Nivel 3 son medicamentos que no son de Medicare Rx/de venta libre (OTC). Para los medicamentos del Nivel 3, usted paga un copago de \$0.

C. Medicamentos agrupados por enfermedad

Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría Cardiovascular. Ahí encontrará los medicamentos que traten enfermedades del corazón.

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Si usted tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la página 174. El índice alfabético enumera todos los medicamentos cubiertos por Molina Dual Options MyCare Ohio.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (p. ej.: CIPRO), y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: ciprofloxacina).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si Molina Dual Options MyCare Ohio tiene alguna regla para cubrir su medicamento.

Nota: El símbolo _ junto a un medicamento significa que el medicamento no es un “Medicamento de la Parte D”. La cantidad que usted paga cuando surta una receta de este medicamento no

Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información,** visite MolinaHealthcare.com/Duals.



cuenta en el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para cumplir con los requisitos para la cobertura catastrófica).

- Además, si recibe Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para obtener más información sobre Ayuda adicional, consulte la información en el recuadro de abajo.

Ayuda adicional es un programa de Medicare que ayuda a personas de ingresos y recursos limitados a reducir sus gastos en medicamentos de receta de la Parte D de Medicare, como primas, deducibles y copagos. Ayuda adicional también se llama “Subsidio por bajos ingresos” o “LIS”, en inglés.

- Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar, llame a Servicios al miembro al (855) 665-4623, TTY: 711. Usted también puede enterarse de cómo apelar una decisión en el Capítulo 9 del *Manual del miembro*.



Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Estos son los significados de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

PA = Autorización previa (aprobación): debe tener aprobación antes de poder obtener este medicamento.

QL = Límites de cantidad: la cantidad del medicamento que cubrirá el plan.

ST = *Criterios de terapia escalonada: debe probar otro medicamento antes de poder obtener este.*

NM = *Pedido no por correo: este medicamento no se puede surtir mediante pedido por correo.*

B/D = *Este medicamento puede estar cubierto por la Parte B o D de Medicare, según las circunstancias.*

LA = *Medicamento de acceso limitado: este medicamento puede estar disponible solo en ciertas farmacias.*

(_) = *Medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por Medicaid.*

NDS = *Suministro de días no extendidos: estará limitado a la cantidad de días de suministro que puede recibir.*



Si tiene preguntas, llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Si necesita hablar con su administrador de cuidados, llame a (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

MOLINA_OH_CY24_2T_MMP eff 05/01/2024

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

MISCELLANEOUS

<i>acetaminophen</i> CHEW 160mg; LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg, 650mg; SUSP 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg; TBCR 650mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
ASPIRIN SUPP 300mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>aspirin low strength</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>childrens silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>feverall adults</i> SUPP 650mg	\$0(3)	NM; *
<i>feverall childrens</i> SUPP 120mg	\$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	\$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	NM; *
<i>gnp 8 hour arthritis reli</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp 8 hour pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp 8 hour pain reliever</i> TBCR 650mg	\$0(3)	NM; *
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain & fever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp pain relief</i> CHEW 160mg; TABS 325mg	\$0(3)	NM; *
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	NM; *
<i>goodsense arthritis pain</i> TBCR 650mg	\$0(3)	NM; *
<i>goodsense aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>goodsense aspirin adults</i> TABS 325mg	\$0(3)	NM; *
<i>goodsense pain & fever ch</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain & fever in</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>goodsense pain relief ext</i> TABS 500mg	\$0(3)	NM; *
<i>hm acetaminophen children</i> CHEW 160mg	\$0(3)	NM; *
<i>hm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>hm arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>hm aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>hm pain & fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>hm pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>hm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>8 hour arthritis pain rel</i> TBCR 650mg	\$0(3)	NM; *
<i>liquid acetaminophen</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap</i> CAPS 500mg	\$0(3)	NM; *
<i>mapap arthritis pain</i> TBCR 650mg	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg, 160mg	\$0(3)	NM; *
<i>pain & fever childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>pain relief extra strengt</i> TABS 500mg	\$0(3)	NM; *
<i>pharbetol</i> TABS 325mg	\$0(3)	NM; *
<i>pharbetol extra strength</i> TABS 500mg	\$0(3)	NM; *
<i>qc acetaminophen 8 hours</i> TBCR 650mg	\$0(3)	NM; *
<i>qc acetaminophen infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>qc aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>qc non-aspirin childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc non-aspirin extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>qc pain relief</i> TABS 325mg	\$0(3)	NM; *
<i>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm 8 hour pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>sm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm arthritis pain relief</i> TBCR 650mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm childrens aspirin</i> CHEW 81mg	\$0(3)	NM; *
<i>sm pain & fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	NM; *
<i>sm pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	NM; *
<i>st joseph low dose aspiri</i> CHEW 81mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</i>		
<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml, 200mg/10ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen childrens</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sb naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib childrens</i> CHEW 100mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120- 12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5- 325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	\$0(2)	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> <i>2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5- <i>325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> <i>7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10- <i>325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5- <i>325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
BINAXNOW COV KIT HOME TES	\$0(3)	QL (8 kits / 30 days), NM; *
CARESTART KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
CLINITEST KIT SELF-TST	\$0(3)	QL (8 kits / 30 days), NM; *
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
COVID-19 AT- KIT 1-PACK	\$0(3)	QL (8 kits / 30 days), NM; *
COVID-19 RAP KIT 1-PACK	\$0(3)	QL (8 kits / 30 days), NM; *
COVID-19 RAP KIT 2-PACK	\$0(3)	QL (8 kits / 30 days), NM; *
COVID-19 TES KIT SPECIMEN	\$0(3)	QL (8 kits / 30 days), NM; *
CVS COVID-19 KIT HOME 2PK	\$0(3)	QL (8 kits / 30 days), NM; *
<i>cvs pinworm treatment</i> SUSP 144mg/ml	\$0(3)	NM; *
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
DIATRUST KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
ELLUME COV19 KIT HOME TES	\$0(3)	QL (8 kits / 30 days), NM; *
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
FLOWFLEX KIT TEST	\$0(3)	QL (8 kits / 30 days), NM; *
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IHEALTH 2-PK KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
IHEALTH 5-PK KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
IHEALTH 40PK KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
INDICAID KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
INTELISWAB KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>ivermectin</i> TABS 3mg	\$0(1)	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	\$0(1)	
LUCIRA CHECK KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
ON/GO COVID KIT ANTIGEN	\$0(3)	QL (8 kits / 30 days), NM; *
ON/GO ONE KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
PILOT COVID KIT HOME TES	\$0(3)	QL (8 kits / 30 days), NM; *
<i>pin-away</i> SUSP 144mg/ml	\$0(3)	NM; *
<i>pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>praziquantel</i> TABS 600mg	\$0(1)	
QUICKVUE HOM KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
SPEEDY SWAB KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	\$0(1)	PA
<i>voriconazole</i> SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250- 100 mg</i>	\$0(1)	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl</i> TABS 250mg	\$0(1)	
<i>primaquine phosphate</i> TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS 324mg	\$0(1)	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)	NM
APTIVUS CAPS 250mg	\$0(2)	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	NM
<i>darunavir</i> TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TABS 25mg	\$0(2)	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	\$0(1)	NM
emtricitabine CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
etravirine TABS 100mg, 200mg	\$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
maraviroc TABS 150mg, 300mg	\$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
ritonavir TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPK 300mg	\$0(2)	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg</i>	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600- 300 mg</i>	\$0(1)	NM
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	\$0(2)	NDS, NM
CIMDUO TAB 300-300	\$0(2)	NDS, NM
COMPLERA TAB	\$0(2)	NDS, NM
DELSTRIGO TAB	\$0(2)	NDS, NM
DESCOVY TAB 120-15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TRIUMEQ PD TAB	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIZIVIR TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	\$0(2)	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	\$0(2)	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	\$0(2)	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, NM
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPk 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>e.e.s. 400</i> TABS 400mg	\$0(1)	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>erythromycin lactobionate</i> SOLR 500mg	\$0(1)	
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i>		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	\$0(2)	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	\$0(2)	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	\$0(2)	NM
GLEOSTINE CAPS 100mg	\$0(2)	NDS, NM
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	\$0(2)	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM, LA
TABLOID TABS 40mg	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	NM, PA
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(1)	
XTANDI CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XTANDI TABS 40mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWILFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	\$0(2)	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPk 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	\$0(2)	NDS, QL (1260 mL / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEKINIST TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, LA, PA
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
pazopanib hcl TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	\$0(2)	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROZLYTREK PACK 50mg	\$0(2)	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP TABS 160mg, 200mg	\$0(2)	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	\$0(2)	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl</i> cap 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> cap 5-40 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> cap 10-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> cap 10-40 mg	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab</i> 5-6.25mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	\$0(1)	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	\$0(1)	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	\$0(1)	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>KERENDIA</i> TABS 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ENTRESTO</i> TAB 24-26MG	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO</i> TAB 49-51MG	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO</i> TAB 97-103MG	\$0(2)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>olmesartan medoxomil</i> TABS 5mg	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afib)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	\$0(1)	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	\$0(1)	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	\$0(1)	
<i>CORLANOR SOLN 5mg/5ml</i>	\$0(2)	QL (450 mL / 30 days)
<i>CORLANOR TABS 5mg, 7.5mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	\$0(1)	
<i>digoxin TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	\$0(1)	
<i>guanfacine hcl TABS 1mg, 2mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>metyrosine CAPS 250mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>minoxidil TABS 2.5mg, 10mg</i>	\$0(1)	
<i>ranolazine TB12 500mg, 1000mg</i>	\$0(1)	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	\$0(1)	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	\$0(1)	
<i>NITRO-BID OINT 2%</i>	\$0(2)	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT		
PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	\$0(1)	
lorazepam CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	\$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	\$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	\$0(1)	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA applies if 29 years and younger

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	\$0(1)	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	\$0(2)	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	\$0(2)	
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	\$0(2)	
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg</i>	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	QL (2 packs / year), PA
<i>fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranlycypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 10-100mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carb/levo orally disintegrating tab 25-100mg</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 25-250mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	\$0(1)	QL (900 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	\$0(2)	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	\$0(1)	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>DAYVIGO TABS 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	\$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	\$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil</i> TABS 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	\$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	NM; *
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>goodsense nicotine</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>goodsense nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>goodsense nicotine polacr</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>hm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg	\$0(3)	NM; *
<i>hm nicotine transdermal s</i> PT24 7mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex mini</i> LOZG 2mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>varenicline tartrate</i> TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year), PA
VIVITROL SUSR 380mg	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>methyltestosterone</i> CAPS 10mg	\$0(2)	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> <i>15-500 mg</i>	\$0(1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pioglitazone hcl-metformin hcl tab</i> <i>15-850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	\$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	\$0(2)	
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP SOLN 100unit/ml	\$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	\$0(2)	
FIASP PENFILL SOCT 100unit/ml	\$0(2)	
FIASP PUMPCART SOCT 100unit/ml	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD	\$0(2)	
LANTUS SOLN 100unit/ml	\$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0(2)	QL (15 pods / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD GO KIT 40UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	\$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
TERIPARATIDE SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	\$0(1)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>aftera</i> TABS 1.5mg	\$0(3)	NM; *
AIMSCO MIS LUBRICAT	\$0(3)	NM; *
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i> TABS .35mg	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	NM; *
econtra ez TABS 1.5mg	\$0(3)	NM; *
econtra one-step TABS 1.5mg	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin TABS .35mg</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
FANTASY LUBR MIS COLORS	\$0(3)	NM; *
FANTASY LUBR MIS SPERMICI	\$0(3)	NM; *
FANTASY MIS LUBRICAT	\$0(3)	NM; *
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>finzala</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather TABS .35mg</i>	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia TABS .35mg</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
KIMONO COLOR MIS	\$0(3)	NM; *
KIMONO MAXX MIS LG FLARE	\$0(3)	NM; *
KIMONO MICRO MIS THIN	\$0(3)	NM; *
KIMONO MICRO MIS THIN +	\$0(3)	NM; *
KIMONO MIS LUBRICAT	\$0(3)	NM; *
KIMONO MIS SENSATIO	\$0(3)	NM; *
KIMONO PLUS MIS SPERMICI	\$0(3)	NM; *
KIMONO SENSE MIS PLUS	\$0(3)	NM; *
KIMONO SPEC MIS	\$0(3)	NM; *
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luteru</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
MAXX MIS LUBRICAT	\$0(3)	NM; *
MAXX PLUS MIS SPERMICI	\$0(3)	NM; *
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin 24 fe</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>react TABS 1.5mg</i>	\$0(3)	NM; *
<i>REALITY MIS LUBRICAT</i>	\$0(3)	NM; *
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action TABS 1.5mg</i>	\$0(3)	NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-lynyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
TRUSTEX LUBR MIS ASSORTED	\$0(3)	NM; *
TRUSTEX LUBR MIS BANANA	\$0(3)	NM; *
TRUSTEX LUBR MIS CHOC	\$0(3)	NM; *
TRUSTEX LUBR MIS COLA	\$0(3)	NM; *
TRUSTEX LUBR MIS COLORS	\$0(3)	NM; *
TRUSTEX LUBR MIS EX LARGE	\$0(3)	NM; *
TRUSTEX LUBR MIS EX STR	\$0(3)	NM; *
TRUSTEX LUBR MIS GRAPE	\$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	\$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	\$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	\$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	\$0(3)	NM; *
TRUSTEX MIS BANANA	\$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	\$0(3)	NM; *
TRUSTEX MIS FLAVORS	\$0(3)	NM; *
TRUSTEX MIS MINT	\$0(3)	NM; *
TRUSTEX MIS STRWBRY	\$0(3)	NM; *
TRUSTEX MIS VANILLA	\$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	\$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	\$0(3)	NM; *
TRUSTEX/RIA MIS SPERMICI	\$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	\$0(3)	NM; *
<i>turqoz</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</i>		
<i>amabelz tab 0.5-0.1mg</i>	\$0(2)	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	\$0(2)	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	\$0(1)	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvaferm TABS 10mcg</i>	\$0(1)	
<i>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</i>		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	\$0(1)	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	\$0(2)	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	\$0(1)	
<i>fludrocortisone acetate TABS .1mg</i>	\$0(1)	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	\$0(1)	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHEW 5gm	\$0(3)	NM; *
<i>cvs glucose</i> GEL 40%	\$0(3)	NM; *
CVS GLUCOSE CHW FRUIT	\$0(3)	NM; *
DEX4 CHW FRUIT	\$0(3)	NM; *
DEX4 CHW GRAPE	\$0(3)	NM; *
DEX4 CHW ORANGE	\$0(3)	NM; *
DEX4 CHW RASPBERRY	\$0(3)	NM; *
DEX4 CHW SOUR APL	\$0(3)	NM; *
DEX4 CHW WATERMLN	\$0(3)	NM; *
DEX4 POUCH CHW PACK	\$0(3)	NM; *
DEX4 QUICK DISSOLVE GLUCO CHEW 4gm	\$0(3)	NM; *
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
GLUCOSE CHEW 4gm	\$0(3)	NM; *
GLUCOSE CHW FRUIT	\$0(3)	NM; *
GLUCOSE CHW GRAPE	\$0(3)	NM; *
GLUCOSE CHW ORANGE	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW WATERMLN	\$0(3)	NM; *
GNP GLUCOSE CHW GRAPE	\$0(3)	NM; *
GNP GLUCOSE CHW ORANGE	\$0(3)	NM; *
GNP GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GNP GLUCOSE CHW WATERMLN	\$0(3)	NM; *
GNP QUICK DISSOLVE GLUCOS CHEW 4gm	\$0(3)	NM; *
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GVOKE KIT SOLN 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY 1mg/0.2ml	\$0(2)	
KROG GLUCOSE CHW ORANGE	\$0(3)	NM; *
KROG GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
KROG GLUCOSE CHW WATERMLN	\$0(3)	NM; *
LEADER QUICK DISSOLVE GLU CHEW 4gm	\$0(3)	NM; *
PX GLUCOSE CHW FRUIT	\$0(3)	NM; *
PX GLUCOSE CHW ORANGE	\$0(3)	NM; *
PX GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
PX GLUCOSE CHW SOUR APL	\$0(3)	NM; *
SM GLUCOSE CHEW 4gm	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SM GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
TRUEPLUS GLUCOSE CHEW 4gm	\$0(3)	NM; *
TRUEPLUS GLUCOSE GEL GEL 15gm/32ml	\$0(3)	NM; *
TRUEPLUS GLUCOSE ON THE G CHEW 4gm	\$0(3)	NM; *
<i>value plus glucose GEL 40%</i>	\$0(3)	NM; *
VP GLUCOSE CHW FRUIT	\$0(3)	NM; *
VP GLUCOSE CHW GRAPE	\$0(3)	NM; *
WALGREENS GLUCOSE CHEW 4gm	\$0(3)	NM; *
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM, LA
<i>cabergoline TABS .5mg</i>	\$0(1)	
<i>carglumic acid TBSO 200mg</i>	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
CHEMSTRIP 5 TES OB	\$0(3)	NM; *
CHEMSTRIP 7 TES	\$0(3)	NM; *
CHEMSTRIP 10 TES MD	\$0(3)	NM; *
<i>cinacalcet hcl TABS 30mg, 60mg</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CVS KETONE TES CARE	\$0(3)	NM; *
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate TABS .1mg, .2mg</i>	\$0(1)	
<i>desmopressin acetate spray SOLN .01%</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, LA, PA
KETO-DIASTIX TES	\$0(3)	NM; *
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	\$0(2)	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	\$0(2)	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
MULTISTIX 10 TES SG	\$0(3)	NM; *
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	\$0(2)	NDS, NM, PA
OVIDREL INJ 250mcg/0.5ml	\$0(3)	NM; *
PRECISN XTRA TES KETONE	\$0(3)	NM; *
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
yargesa CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
lanthanum carbonate CHEW 500mg, 1000mg	\$0(1)	QL (90 tabs / 30 days)
lanthanum carbonate CHEW 750mg	\$0(1)	QL (180 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	\$0(1)	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	\$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	\$0(1)	
megestrol acetate SUSP 40mg/ml	\$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	\$0(2)	PA
norethindrone acetate TABS 5mg	\$0(1)	
progesterone CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	\$0(1)	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg, 750mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> CHEW 500mg; SUSP 1250mg/5ml	\$0(3)	NM; *
<i>gnp antacid & anti-gas ma</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp antacid extra strengt</i> CHEW 750mg	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>qc antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>sb antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sb antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>sm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>sm calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
<i>smooth antacid extra stre</i> CHEW 750mg	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *
SODIUM POW BICARBON	\$0(3)	NM; *
TUMS CHEWY DELIGHTS CHEW 1177mg	\$0(3)	NM; *
<i>tums smoothies</i> CHEW 750mg	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>abatinex</i> CAPS 680mg	\$0(3)	NM; *
ACIDOPHILUS WAFR 1mg	\$0(3)	NM; *
<i>acidophilus extra strengt</i>	\$0(3)	NM; *
<i>acidophilus probiotic</i> CAPS 10mg, 100mg; TABS .5mg, 10mg	\$0(3)	NM; *
<i>acidophilus probiotic for</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ACIDOPHILUS/ TAB CIT PECT	\$0(3)	NM; *
<i>anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>azo complete feminine bal</i>	\$0(3)	NM; *
AZO DUAL CAP PROTECT	\$0(3)	NM; *
BIO-K PLUS CAP STRONG	\$0(3)	NM; *
BIOMEPRO CAP	\$0(3)	NM; *
BIOMEPRO LIQ	\$0(3)	NM; *
<i>bismatrol</i> CHEW 262mg	\$0(3)	NM; *
<i>bismuth subsalicylate</i> CHEW 262mg	\$0(3)	NM; *
CULTURELLE CAP ADV REG	\$0(3)	NM; *
CULTURELLE CAP WOMENS	\$0(3)	NM; *
<i>culturelle prenatal welln</i>	\$0(3)	NM; *
<i>culturelle total balance</i>	\$0(3)	NM; *
<i>culturelle womens wellnes</i>	\$0(3)	NM; *
<i>cvs acidophilus probiotic</i> TABS .5mg, 5mg	\$0(3)	NM; *
<i>eql digestive probiotic</i>	\$0(3)	NM; *
<i>eql probiotic acidophilus</i>	\$0(3)	NM; *
FLORAJEN CAP ACIDOPHI	\$0(3)	NM; *
FLORAJEN CAP WOMEN	\$0(3)	NM; *
<i>floranex</i>	\$0(3)	NM; *
<i>freeze dried acidophilus</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>gnp loperamide hydrochlor</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>gnp stomach relief</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>goodsense anti-diarrheal</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>hm stomach relief</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>hm stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
IDEAL BOWEL SUPPORT CAPS 43.5mg	\$0(3)	NM; *
KALA TAB	\$0(3)	NM; *
<i>lactobacillus</i> CAPS 100mg	\$0(3)	NM; *
<i>*lactobacillus - packet**</i>	\$0(3)	NM; *
<i>*lactobacillus acidophilus-pectin cap**</i>	\$0(3)	NM; *
<i>*lactobacillus cap**</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lactobacillus extra stren</i>	\$0(3)	NM; *
<i>lactobacillus probiotic</i>	\$0(3)	NM; *
<i>*lactobacillus tab**</i>	\$0(3)	NM; *
<i>loperamide hcl</i> SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	\$0(3)	NM; *
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	\$0(3)	NM; *
NEWFLORA CAP PROBIOTI	\$0(3)	NM; *
<i>probiata</i>	\$0(3)	NM; *
<i>probiotic acidophilus</i>	\$0(3)	NM; *
PROBIOTIC CAP	\$0(3)	NM; *
<i>probiotic gold extra stre</i>	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>ra digestive health</i>	\$0(3)	NM; *
REJUVAFLOR CAP	\$0(3)	NM; *
<i>sb anti-diarrhea</i> TABS 2mg	\$0(3)	NM; *
<i>sm acidophilus</i> CAPS 10mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>sm stomach relief liquid</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion sickness</i> TABS 50mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>motion sickness relief/le</i> TABS 25mg	\$0(3)	NM; *
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg, 20mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>famotidine maximum streng</i> TABS 20mg	\$0(3)	NM; *
<i>famotidine original stren</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer maximum</i> TABS 20mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg	\$0(3)	NM; *
<i>heartburn relief maximum</i> TABS 20mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	NM; *
<i>qc acid controller maximu</i> TABS 20mg	\$0(3)	NM; *
<i>sb acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>sm acid reducer</i> TABS 10mg, 200mg	\$0(3)	NM; *
<i>sm acid reducer maximum s</i> TABS 20mg	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	NM; *
<i>castor oil</i> OIL 100%	\$0(3)	NM; *
<i>castor oil stimulant laxa</i> OIL 100%	\$0(3)	NM; *
<i>chocolated laxative regul</i> CHEW 15mg	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
<i>COLACE CLEAR</i> CAPS 50mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cvs castor oil</i> OIL 100%	\$0(3)	NM; *
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusol plus mini-enema</i>	\$0(3)	NM; *
<i>dok</i> TABS 100mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>enemeez plus</i>	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>epsom salt</i>	\$0(3)	NM; *
<i>eql castor oil</i> OIL 100%	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>glycolax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp castor oil</i> OIL 100%	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp fiber powder</i> POWD 43%	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp fiber-caps</i> TABS 625mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp mineral oil</i>	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 240mg, 250mg	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema mineral oil</i> ENEM 100%	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>hm stool softener/stimula</i>	\$0(3)	NM; *
KONSYL DAILY FIBER PACK 100%; POWD 60.3%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative maximum strength</i> TABS 25mg	\$0(3)	NM; *
<i>laxative regular strength</i> TABS 15mg	\$0(3)	NM; *
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	\$0(3)	NM; *
<i>mineral oil</i> OIL 100%	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
<i>onelax senna</i> SYRP 8.8mg/5ml	\$0(3)	NM; *
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>qc chocolated laxative</i> CHEW 15mg	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>qc magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>qc stool softener plus la</i>	\$0(3)	NM; *
<i>qc stool softener plus st</i>	\$0(3)	NM; *
<i>qc vegetable laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>sb milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>senexon</i> LIQD 8.8mg/5ml	\$0(3)	NM; *
<i>senexon-s</i>	\$0(3)	NM; *
<i>senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna plus</i>	\$0(3)	NM; *
SENNA PLUS CAP 8.6-50MG	\$0(3)	NM; *
<i>senna regular strength</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-tabs</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>sennosides-docusate sodium tab 8.6- 50 mg</i>	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm epsom salt</i>	\$0(3)	NM; *
<i>sm fiber</i> POWD 28.3%, 43%, 58.6%; TABS 625mg	\$0(3)	NM; *
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	NM; *
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg, 250mg; TABS 100mg	\$0(3)	NM; *
<i>sm stool softener plus la</i>	\$0(3)	NM; *
<i>sm stool softener/stimula</i>	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOLN 70%	\$0(3)	NM; *
<i>stimulant laxative</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	NM; *
<i>stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>stool softener + stimulan</i>	\$0(3)	NM; *
<i>stool softener laxative CAPS 100mg</i>	\$0(3)	NM; *
<i>stool softener plus laxat</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	\$0(2)	
<i>gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>gas relief extra strength CAPS 125mg; CHEW 125mg</i>	\$0(3)	NM; *
<i>gas relief infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>gas relief ultra strength CAPS 180mg</i>	\$0(3)	NM; *
<i>gas-x extra strength CAPS 125mg</i>	\$0(3)	NM; *
<i>gas-x ultra strength CAPS 180mg</i>	\$0(3)	NM; *
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>gnp anti-gas ultra streng CAPS 180mg</i>	\$0(3)	NM; *
<i>gnp gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>gnp gas relief extra stre CHEW 125mg</i>	\$0(3)	NM; *
<i>hm gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>hm gas relief extra stren CAPS 125mg</i>	\$0(3)	NM; *
<i>hm gas relief infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	\$0(1)	
<i>misoprostol TABS 100mcg, 200mcg</i>	\$0(1)	
MOVANTIK TABS 12.5mg, 25mg	\$0(2)	QL (30 tabs / 30 days)
<i>qc gas relief extra stren CAPS 125mg</i>	\$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, QL (28 syringes / 28 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>simethicone</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>simethicone drops infants</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>simethicone ultra strengt</i> CAPS 180mg	\$0(3)	NM; *
<i>sm gas relief</i> CAPS 180mg; CHEW 80mg, 125mg	\$0(3)	NM; *
<i>sm gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>sm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XERMELO TABS 250mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
<i>PANCREATIC ENZYMES</i>		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000UNT	\$0(2)	
ZENPEP CAP 40000UNT	\$0(2)	
ZENPEP CAP 60000UNT	\$0(2)	
<i>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</i>		
<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> CPDR 20mg; TBEC 20mg	\$0(3)	NM; *
<i>gnp esomeprazole magnesi</i> CPDR 20mg	\$0(3)	NM; *
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>gnp omeprazole</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>goodsense esomeprazole ma</i> CPDR 20mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBDD 20mg; TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>qc lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>qc omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM; *

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>gnp urinary pain relief</i> TABS 95mg	\$0(3)	NM; *
<i>hm urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	NM; *
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
<i>qc urinary pain relief</i> TABS 95mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	NM; *
<i>sm urinary pain relief ma</i> TABS 97.5mg	\$0(3)	NM; *
<i>urinary pain relief</i> TABS 95mg, 99.5mg	\$0(3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	\$0(3)	NM; *
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>qc 3 day vaginal cream</i> CREA 4%	\$0(3)	NM; *
<i>qc clotrimazole</i> CREA 1%	\$0(3)	NM; *
<i>qc miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>sm 3-day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>sm clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	\$0(2)	
HEP SOD/D5W INJ 25000UNT	\$0(2)	
HEP SOD/NACL INJ 12500UNT	\$0(2)	
HEP SOD/NACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZIEXTENZO SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
IRON		
ACCRUFER CAPS 30mg	\$0(3)	NM; *
ACTIVE FE TAB 75-1.25	\$0(3)	NM; *
<i>bprotected pedia iron</i> SOLN 15mg/ml	\$0(3)	NM; *
CENTRATEX CAP	\$0(3)	NM; *
<i>chromagen</i>	\$0(3)	NM; *
<i>corvita 150</i>	\$0(3)	NM; *
CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
<i>cvs iron</i> TABS 27mg, 325mg	\$0(3)	NM; *
<i>cvs slow release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>eq slow-release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>eql carbonyl iron</i> TABS 45mg	\$0(3)	NM; *
<i>eql iron supplement thera</i> TABS 325mg	\$0(3)	NM; *
<i>eql slow release iron</i> TBCR 160mg	\$0(3)	NM; *
EZFE 200 CAPS 200mg	\$0(3)	NM; *
FE SULFATE POW	\$0(3)	NM; *
<i>fe-vite iron</i> SOLN 15mg/ml	\$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	\$0(3)	NM; *
<i>ferate</i> TABS 27mg	\$0(3)	NM; *
<i>fergon</i> TABS 240mg	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAFA CAP 110-1MG	\$0(3)	NM; *
<i>ferosul</i> TABS 325mg	\$0(3)	NM; *
FERRALET 90 TAB	\$0(3)	NM; *
<i>ferrex 150</i> CAPS 150mg	\$0(3)	NM; *
<i>ferric x-150</i> CAPS 150mg	\$0(3)	NM; *
<i>ferrous gluconate</i> TABS 27mg, 240mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *
<i>ferrous sulfate</i> SOLN 15mg/ml, 220mg/5ml, 300mg/5ml, 300mg/6.8ml; TABS 65mg, 325mg; TBCR 45mg; TBEC 324mg, 325mg	\$0(3)	NM; *
FERROUS SULFATE TBEC 324mg	\$0(3)	NM; *
FOLIVANE-F CAP	\$0(3)	NM; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron</i> TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	\$0(3)	NM; *
HEMATEX POLYSACCHARIDE IR TABS 150mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOGEN FA CAP	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
IRON TABS 90mg	\$0(3)	NM; *
<i>iron 27</i> TABS 240mg	\$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	\$0(3)	NM; *
<i>iron infant & toddler</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>iron infant/toddler</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>iron slow release</i> TBCR 45mg	\$0(3)	NM; *
<i>iron supplement</i> SOLN 220mg/5ml	\$0(3)	NM; *
<i>iron supplement childrens</i> SOLN 15mg/ml	\$0(3)	NM; *
IRON UP LIQD 15mg/0.5ml	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
MONOFERRIC SOLN 1000mg/10ml	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
NIFEREX TAB	\$0(3)	NM; *
NOVAFERRUM 125 LIQD 125mg/5ml	\$0(3)	NM; *
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	\$0(3)	NM; *
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
NUFERA TAB	\$0(3)	NM; *
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
PROFE CAPS 180mg	\$0(3)	NM; *
<i>purevit dualfe plus</i>	\$0(3)	NM; *
<i>px iron</i> TABS 27mg, 200mg	\$0(3)	NM; *
<i>qc ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
<i>ra high potency iron</i> TABS 27mg	\$0(3)	NM; *
<i>ra iron</i> TABS 27mg	\$0(3)	NM; *
<i>ra slow release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>se-tan plus</i>	\$0(3)	NM; *
<i>slow iron</i> TBCR 160mg	\$0(3)	NM; *
<i>slow release iron</i> TBCR 45mg, 50mg, 160mg	\$0(3)	NM; *
SLOW RELEASE IRON TBCR 47.5mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>slow-release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>sm iron</i> TABS 325mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 45mg, 160mg	\$0(3)	NM; *
<i>sm slow release iron</i> TBCR 45mg	\$0(3)	NM; *
SM SLOW RELEASE IRON TBCR 143mg	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	NM; *
<i>tandem plus</i>	\$0(3)	NM; *
TARON FORTE CAP	\$0(3)	NM; *
<i>tricon</i>	\$0(3)	NM; *
TRIFERIC PACK 272mg	\$0(3)	NM; *
<i>trigels-f forte</i>	\$0(3)	NM; *
VENOFER SOLN 20mg/ml	\$0(3)	NM; *
<i>wee care</i> SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTelet TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	\$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	\$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	\$0(2)	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	\$0(2)	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	\$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	\$0(2)	B/D, NM
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	\$0(2)	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	\$0(1)	B/D, NM
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D, NM
REZUROCK TABS 200mg	\$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
<i>VACCINES</i>		
ABRYVO SOLR 120mcg/0.5ml	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO INJ	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENG VAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(1)	B/D
GARDASIL 9 INJ	\$0(1)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(1)	B/D
HIBERIX SOLR 10mcg	\$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	
IXCHIQ INJ	\$0(1)	
IXIARO INJ	\$0(1)	
JYNNEOS SUSP .5ml	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI INJ	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PREHEVBRIO SUSP 10mcg/ml	\$0(1)	B/D
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTATEQ SOL	\$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(1)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(1)	B/D
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(1)	
VARIVAX INJ 1350pfu/0.5ml	\$0(1)	
YF-VAX INJ	\$0(1)	

**Drug Name
(By Medical Condition)****WHAT THE DRUG
WILL COST YOU
(TIER LEVEL)****NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE****MISCELLANEOUS*****MISCELLANEOUS***

ACETAMIN POW	\$0(3)	NM; *
AVICEL PH105 POW MICROCRY	\$0(3)	NM; *
AZ CREAM CRE	\$0(3)	NM; *
1ST BASE CRE	\$0(3)	NM; *
BENZYL ALC LIQ	\$0(3)	NM; *
BENZYL BENZO LIQ	\$0(3)	NM; *
BIOTIN POW	\$0(3)	NM; *
BIOTIN-D POW	\$0(3)	NM; *
BORIC ACID GRA	\$0(3)	NM; *
BORIC ACID POW	\$0(3)	NM; *
CAFFEINE POW ANHYDROU	\$0(3)	NM; *
CAPSULE SZ 1 CAP LACTOSE	\$0(3)	NM; *
CASTOR OIL	\$0(3)	NM; *
CELLULOSE CRY MICROCRY	\$0(3)	NM; *
CHOLESTEROL POW	\$0(3)	NM; *
CHOLESTEROL POW ACETATE	\$0(3)	NM; *
CITRULLINE POW (L)	\$0(3)	NM; *
COENZYME Q10 POW	\$0(3)	NM; *
CREAM BASE CRE	\$0(3)	NM; *
CYANOCOBAL POW	\$0(3)	NM; *
CYANOCOBALAM CRY	\$0(3)	NM; *
DISTILLED LIQ WATER	\$0(3)	NM; *
EMOLLIENT CRE BASE	\$0(3)	NM; *
EMPTY CAPSUL CAP #0	\$0(3)	NM; *
EMPTY CAPSUL CAP #00	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 0	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 1	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 2	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 3	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 4	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 5	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 7	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 00	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 10	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 11	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 13	\$0(3)	NM; *
EMPTY CAPSUL CAP SIZE 000	\$0(3)	NM; *
FATTIBASE OIN	\$0(3)	NM; *
FLAVOR SWEET SYP S/F	\$0(3)	NM; *
GLYCERIN LIQD 99%, 99.5%	\$0(3)	NM; *
GLYCERIN LIQ	\$0(3)	NM; *
GRAPE SYP	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
H-COSMETIC CRE ARBEM	\$0(3)	NM; *
HYDROPHILIC OIN PETROLAT	\$0(3)	NM; *
HYDROUS CRE EMULSIFI	\$0(3)	NM; *
HYDROXOCOBAL POW	\$0(3)	NM; *
HYPROMELLOSE POW 4000MPA	\$0(3)	NM; *
L-CARNITINE POW	\$0(3)	NM; *
L-CITRULLINE POW	\$0(3)	NM; *
L-LYSINE HCL POW	\$0(3)	NM; *
L-LYSINE POW	\$0(3)	NM; *
LACTOSE POW	\$0(3)	NM; *
LACTOSE POW ANHYDROU	\$0(3)	NM; *
LACTOSE POW HYDROUS	\$0(3)	NM; *
LACTOSE POW MONOHYDR	\$0(3)	NM; *
LIP BALM OIN BASE	\$0(3)	NM; *
LIOPEN CRE ARBEM	\$0(3)	NM; *
LOLLIBASE POW	\$0(3)	NM; *
METHOCEL E4M POW PREMIUM	\$0(3)	NM; *
METHYLCELLUL POW	\$0(3)	NM; *
METHYLCELLUL POW 400CPS	\$0(3)	NM; *
METHYLCELLUL POW 1500CPS	\$0(3)	NM; *
METHYLCELLUL POW 4000CPS	\$0(3)	NM; *
MICRODERM CRE BASE	\$0(3)	NM; *
MICROSOME CRE BASE	\$0(3)	NM; *
MX-SOL BLEND SUS	\$0(3)	NM; *
MX-SOL BLEND SUS SF	\$0(3)	NM; *
MX-SOL SF SYP	\$0(3)	NM; *
MX-SOL SUS SUSPEND	\$0(3)	NM; *
MX-SOL SYP	\$0(3)	NM; *
NICE DISTILL LIQ WATER	\$0(3)	NM; *
ORA-BLEND SF SUS	\$0(3)	NM; *
ORA-BLEND SUS	\$0(3)	NM; *
ORA-PLUS LIQ	\$0(3)	NM; *
ORA-SWEET SF SYP	\$0(3)	NM; *
ORA-SWEET SYP	\$0(3)	NM; *
ORAL MIX SF SUS	\$0(3)	NM; *
ORAL MIX SUS SUSPENDI	\$0(3)	NM; *
ORAL SUSPEND LIQ	\$0(3)	NM; *
ORAL SYP FLAVORED	\$0(3)	NM; *
ORAL SYP SF	\$0(3)	NM; *
ORAPENN SD LIQ SWEET	\$0(3)	NM; *
ORAPENN SD LIQ UNSWEET	\$0(3)	NM; *
PCCA BASE CRE 7542	\$0(3)	NM; *
PCCA EMOLLIE CRE BASE	\$0(3)	NM; *
PEG 1000 LIQ	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEG 3350 POW	\$0(3)	NM; *
PEG BLEND OIN	\$0(3)	NM; *
PEG OIN	\$0(3)	NM; *
PFCB CRE	\$0(3)	NM; *
PHARMABASE CRE ANTIOXID	\$0(3)	NM; *
PHARMABASE CRE COSMETIC	\$0(3)	NM; *
PHARMABASE CRE LIGHT	\$0(3)	NM; *
PHARMABASE CRE VAGINAL	\$0(3)	NM; *
PHYTOBASE CRE	\$0(3)	NM; *
POLY GLYCOL POW 8000	\$0(3)	NM; *
POTASSIUM CRY BROMIDE	\$0(3)	NM; *
PROPYLENE GL LIQ	\$0(3)	NM; *
QC CASTOR OIL	\$0(3)	NM; *
SALICYLIC POW ACID	\$0(3)	NM; *
SCAR CARE CRE	\$0(3)	NM; *
SESAME OIL	\$0(3)	NM; *
SOD BENZOATE POW	\$0(3)	NM; *
SOD BROMIDE GRA	\$0(3)	NM; *
SOSWEET SYP	\$0(3)	NM; *
SYRPALTA SYRP 83%	\$0(3)	NM; *
SYRSPEND SF LIQ	\$0(3)	NM; *
SYRSPEND SF SUS	\$0(3)	NM; *
SYRSPEND SF SUS ALKA	\$0(3)	NM; *
THEOPHYLLINE POW ANHYDROU	\$0(3)	NM; *
U-BASE CRE	\$0(3)	NM; *
UNISPEND ANH SUS SWEETENE	\$0(3)	NM; *
VANIBASE CRE	\$0(3)	NM; *
VANISHING CRE BOTANCAL	\$0(3)	NM; *
VERSATILE CRE BASE	\$0(3)	NM; *
VERSIGEL CRE	\$0(3)	NM; *
WOUND CARE CRE	\$0(3)	NM; *
XCEL 100 CRE	\$0(3)	NM; *

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>advantage care oral elect</i>	\$0(3)	NM; *
BIOLYTE SOL CITRUS	\$0(3)	NM; *
<i>ceralyte 70</i>	\$0(3)	NM; *
CERASPORT SOL	\$0(3)	NM; *
CERASPORT SOL EX1	\$0(3)	NM; *
<i>cvs electrolyte solution</i>	\$0(3)	NM; *
<i>cvs pediatric electrolyte</i>	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *
<i>h-e-b oral electrolyte so</i>	\$0(3)	NM; *
HYDRALYTE SOL LEMONADE	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYDRALYTE SOL ORANGE	\$0(3)	NM; *
KINDERLYTE SOL	\$0(3)	NM; *
KINDERLYTE SOL FRUIT	\$0(3)	NM; *
KINDERLYTE SOL GRAPE	\$0(3)	NM; *
KINDERLYTE SOL LEM/LIME	\$0(3)	NM; *
KINDERLYTE SOL LEMONADE	\$0(3)	NM; *
KINDERLYTE SOL ORANGE	\$0(3)	NM; *
KINDERLYTE SOL PREMAX	\$0(3)	NM; *
KINDERLYTE SOL STRWBRY	\$0(3)	NM; *
MEDI-LYTE TAB	\$0(3)	NM; *
<i>*oral electrolyte solution***</i>	\$0(3)	NM; *
<i>oralyte</i>	\$0(3)	NM; *
<i>pedia vance</i>	\$0(3)	NM; *
<i>pediatric electrolyte fre</i>	\$0(3)	NM; *
<i>pediatric electrolyte/zin</i>	\$0(3)	NM; *
<i>ra pediatric electrolyte</i>	\$0(3)	NM; *
<i>rehydralyte</i>	\$0(3)	NM; *
<i>sb pediatric electrolyte</i>	\$0(3)	NM; *
<i>sm pediatric electrolyte</i>	\$0(3)	NM; *
THERMOTABS TAB	\$0(3)	NM; *
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(2)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
<i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>MG SO4/D5W INJ 10MG/ML</i>	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
<i>PLASMA-LYTE INJ -148</i>	\$0(2)	
<i>PLASMA-LYTE INJ -A</i>	\$0(2)	
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	\$0(2)	
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	\$0(2)	
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	\$0(2)	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(1)	
<i>POTASSIUM CHLORIDE SOLN 10meq/50ml</i>	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride</i> <i>microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	
<i>dextrose</i> SOLN 50%, 70%	\$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
<i>MINERALS</i>		
CAL-CITRATE CAPS 150mg	\$0(3)	NM; *
CAL-CITRATE TAB PLUS D	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAL-MINT CHEW 260mg	\$0(3)	NM; *
CAL-QUICK LIQ 500-400	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
CALC CITRATE TAB +D	\$0(3)	NM; *
<i>calcitrate</i>	\$0(3)	NM; *
<i>calcium 500 + d</i>	\$0(3)	NM; *
<i>calcium 500 +d</i>	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 500+d</i>	\$0(3)	NM; *
<i>calcium 500+d3</i>	\$0(3)	NM; *
<i>calcium 500+d high potenc</i>	\$0(3)	NM; *
<i>calcium 500/d</i>	\$0(3)	NM; *
<i>calcium 500/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 + d</i>	\$0(3)	NM; *
<i>calcium 600 high potency TABS 600mg</i>	\$0(3)	NM; *
CALCIUM 600 TAB +D	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600+d3 plus miner</i>	\$0(3)	NM; *
<i>calcium 600+d high potenc</i>	\$0(3)	NM; *
<i>calcium 600+d plus minera</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
CALCIUM 1200 CHW	\$0(3)	NM; *
CALCIUM CARB CAP VIT D3	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	\$0(3)	NM; *
<i>*calcium carb-vit d w/ minerals chew tab 600 mg-400 unit***</i>	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	\$0(3)	NM; *
<i>calcium carbonate TABS 500mg, 600mg, 1250mg</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	\$0(3)	NM; *
CALCIUM CHW 500-10	\$0(3)	NM; *
CALCIUM CHW 500MG	\$0(3)	NM; *
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0(3)	NM; *
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0(3)	NM; *
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	\$0(3)	NM; *
<i>calcium citrate TABS 200mg</i>	\$0(3)	NM; *
<i>calcium citrate + d</i>	\$0(3)	NM; *
<i>calcium citrate + d3</i>	\$0(3)	NM; *
<i>calcium citrate + d3 max</i>	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3</i>	\$0(3)	NM; *
<i>calcium citrate+d3 petite</i>	\$0(3)	NM; *
<i>calcium citrate/d3</i>	\$0(3)	NM; *
<i>calcium creamies</i>	\$0(3)	NM; *
<i>calcium gummies</i>	\$0(3)	NM; *
<i>calcium high potency TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
CALCIUM LACTATE TABS 100mg, 750mg	\$0(3)	NM; *
<i>calcium plus vitamin d</i>	\$0(3)	NM; *
<i>calcium plus vitamin d3</i>	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/vitamin d3</i>	\$0(3)	NM; *
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
CALTRATE + D TAB 300-800	\$0(3)	NM; *
CHEWABLE CALCIUM CHEW 500mg	\$0(3)	NM; *
CITRACAL CAL CHW GUMMIES	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cvs calcium 600 & vitamin</i>	\$0(3)	NM; *
<i>cvs calcium 600 + d plus</i>	\$0(3)	NM; *
<i>cvs calcium 600+d</i>	\$0(3)	NM; *
<i>cvs calcium & vitamin d3</i>	\$0(3)	NM; *
<i>cvs calcium carbonate TABS 1250mg</i>	\$0(3)	NM; *
<i>cvs calcium citrate+d3 pe</i>	\$0(3)	NM; *
<i>cvs magnesium TABS 500mg</i>	\$0(3)	NM; *
<i>cvs magnesium oxide TABS 250mg</i>	\$0(3)	NM; *
<i>cvs oyster shell calcium/ 600+d3</i>	\$0(3)	NM; *
<i>eq calcium 500+d</i>	\$0(3)	NM; *
<i>eq calcium 600+d</i>	\$0(3)	NM; *
<i>eq calcium 600+d+minerals</i>	\$0(3)	NM; *
<i>eq calcium citrate+d</i>	\$0(3)	NM; *
<i>eql calcium 600mg/vitamin</i>	\$0(3)	NM; *
<i>EQL CALCIUM CAP VIT D</i>	\$0(3)	NM; *
<i>eql calcium citrate w/vit</i>	\$0(3)	NM; *
<i>eql calcium citrate/ vita</i>	\$0(3)	NM; *
<i>eql calcium/vitamin d</i>	\$0(3)	NM; *
<i>GALZIN CAPS 25mg, 50mg</i>	\$0(3)	NM; *
<i>gnp calcium TABS 600mg</i>	\$0(3)	NM; *
<i>gnp calcium 500 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3/miner</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d/minera</i>	\$0(3)	NM; *
<i>gnp calcium citrate +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	NM; *
<i>hm calcium citrate+d3 pet</i>	\$0(3)	NM; *
<i>hm calcium/vitamin d/mine</i>	\$0(3)	NM; *
<i>kp calcium 600+d</i>	\$0(3)	NM; *
<i>kp calcium 600+d3</i>	\$0(3)	NM; *
<i>kp calcium citrate+d</i>	\$0(3)	NM; *
<i>kp mag-oxide magnesium TABS 200mg</i>	\$0(3)	NM; *
<i>LIQUID CALCI CAP WITH D3</i>	\$0(3)	NM; *
<i>liquid calcium/d3</i>	\$0(3)	NM; *
<i>liquid calcium/vitamin d</i>	\$0(3)	NM; *
<i>MAG-G TABS 500mg</i>	\$0(3)	NM; *
<i>mag-oxide TABS 200mg</i>	\$0(3)	NM; *
<i>magdelay TBEC 64mg</i>	\$0(3)	NM; *
<i>MAGN CHLORID POW</i>	\$0(3)	NM; *
<i>MAGNESIUM CAPS 400mg; CHEW 200mg; TABS 64mg</i>	\$0(3)	NM; *
<i>MAGNESIUM CITRATE TABS 100mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM EXTRA STRENGTH CAPS 400mg	\$0(3)	NM; *
<i>magnesium gluconate</i> TABS 27.5mg	\$0(3)	NM; *
MAGNESIUM GLUCONATE TABS 250mg, 500mg	\$0(3)	NM; *
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE CAPS 400mg; TABS 420mg	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	\$0(3)	NM; *
<i>magnesium-oxide</i> TABS 400mg	\$0(3)	NM; *
MAGONATE LIQ 1000/5ML	\$0(3)	NM; *
<i>mgo</i> TABS 400mg	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>orazinc</i> CAPS 220mg	\$0(3)	NM; *
<i>os-cal</i>	\$0(3)	NM; *
<i>os-cal calcium + d3</i>	\$0(3)	NM; *
<i>os-cal extra d3</i>	\$0(3)	NM; *
<i>oysco 500+d</i>	\$0(3)	NM; *
OYST SHELL/D TAB 500MG	\$0(3)	NM; *
<i>oyster shell</i> TABS 500mg	\$0(3)	NM; *
<i>oyster shell calcium + d</i>	\$0(3)	NM; *
<i>oyster shell calcium + d3</i>	\$0(3)	NM; *
<i>oyster shell calcium plus</i>	\$0(3)	NM; *
<i>oyster shell calcium+d</i>	\$0(3)	NM; *
<i>oyster shell calcium/d3</i>	\$0(3)	NM; *
<i>oyster shell calcium/vita</i>	\$0(3)	NM; *
<i>potassium & sodium phosphates</i> <i>powder pack 280-160-250 mg</i>	\$0(3)	NM; *
<i>pronutrients calcium+d3</i>	\$0(3)	NM; *
<i>pure calcium carbonate</i> TABS 600mg	\$0(3)	NM; *
<i>px calcium&d</i>	\$0(3)	NM; *
<i>qc calcium fast dissoluti</i> TABS 600mg	\$0(3)	NM; *
<i>qc calcium/minerals/vitam</i>	\$0(3)	NM; *
<i>ra calcium 600</i> TABS 600mg	\$0(3)	NM; *
<i>ra calcium 600 plus vitam</i>	\$0(3)	NM; *
<i>ra calcium 600/vit d/mine</i>	\$0(3)	NM; *
<i>ra calcium citrate plus v</i>	\$0(3)	NM; *
<i>ra calcium citrate/vitami</i>	\$0(3)	NM; *
<i>ra calcium plus vitamin d</i>	\$0(3)	NM; *
<i>ra calcium/minerals/vitam</i>	\$0(3)	NM; *
<i>ra hi cal</i>	\$0(3)	NM; *
<i>ra magnesium</i> CAPS 500mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RISACAL-D TAB	\$0(3)	NM; *
<i>sb calcium + d</i>	\$0(3)	NM; *
<i>sb oyster shell calcium</i> TABS 500mg	\$0(3)	NM; *
<i>slow magnesium chloride/</i>	\$0(3)	NM; *
SLOW MAGNESIUM CHLORIDE/	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
<i>sm calcium 500/vitamin d3</i>	\$0(3)	NM; *
<i>sm calcium 600+d3</i>	\$0(3)	NM; *
<i>sm calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>sm calcium /vitamin d</i>	\$0(3)	NM; *
<i>sm calcium citrate+ w/vit</i>	\$0(3)	NM; *
<i>sm calcium citrate+vitami</i>	\$0(3)	NM; *
<i>sm calcium citrate/vitami</i>	\$0(3)	NM; *
<i>sm calcium/vitamin d</i>	\$0(3)	NM; *
<i>sm calcium/vitamin d3</i>	\$0(3)	NM; *
<i>sm magnesium</i> TABS 250mg	\$0(3)	NM; *
<i>sm oyster shell calcium/v</i>	\$0(3)	NM; *
SOD CHLORIDE GRA	\$0(3)	NM; *
<i>super calcium</i> TABS 600mg	\$0(3)	NM; *
<i>super calcium 600 + d3</i>	\$0(3)	NM; *
<i>super calcium 600+d3 400</i>	\$0(3)	NM; *
TR MAG COMPL CAP 400MG	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
<i>zinc sulfate</i> CAPS 220mg	\$0(3)	NM; *
ZINC SULFATE POW GRANULAR	\$0(3)	NM; *
ZINC SULFATE POW HEPTAHYD	\$0(3)	NM; *
ZINC SULFATE POW MONOHYD	\$0(3)	NM; *
MISCELLANEOUS		
ALPHA LIPOIC ACID CAPS 50mg, 300mg	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid)</i> CAPS 100mg, 200mg, 600mg	\$0(3)	NM; *
<i>arginine</i> CAPS 500mg; TABS 1000mg	\$0(3)	NM; *
ARGININE PACK 500mg; TABS 500mg	\$0(3)	NM; *
ARGININE2000 PACK 2000mg	\$0(3)	NM; *
BOOST BREEZE LIQ ASSORTED	\$0(3)	NM; *
BOOST LIQ BREEZE	\$0(3)	NM; *
CO Q-10 CAPS 75mg	\$0(3)	NM; *
<i>coenzyme q10 (ubidecarenone)</i> CAPS 10mg, 30mg, 50mg, 60mg, 100mg, 200mg, 300mg, 400mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>coq10 maximum strength</i> CAPS 400mg	\$0(3)	NM; *
COROMEGA EMU OMEGA 3	\$0(3)	NM; *
<i>cvs coenzyme q-10</i> CAPS 100mg	\$0(3)	NM; *
<i>cvs coq-10</i> CAPS 50mg, 100mg, 200mg, 400mg	\$0(3)	NM; *
<i>cvs fish oil</i>	\$0(3)	NM; *
<i>cvs fish oil half-the-siz</i>	\$0(3)	NM; *
<i>cvs gummy fish childrens</i>	\$0(3)	NM; *
<i>cvs natural fish oil</i>	\$0(3)	NM; *
<i>cyto arg</i>	\$0(3)	NM; *
CYTO-Q LIQD 80mg/10ml	\$0(3)	NM; *
CYTO-Q MAX LIQD 100mg/ml	\$0(3)	NM; *
CYTO-Q T/F LIQD 80mg/10ml	\$0(3)	NM; *
ENSURE CLEAR LIQ APPLE	\$0(3)	NM; *
ENSURE CLEAR LIQ BBRY/POM	\$0(3)	NM; *
ENSURE CLEAR LIQ MIX BERY	\$0(3)	NM; *
ENSURE CLEAR LIQ MIX FRUT	\$0(3)	NM; *
ENSURE CLEAR LIQ PEACH	\$0(3)	NM; *
<i>eql coq10</i> CAPS 100mg, 200mg	\$0(3)	NM; *
<i>eql fish oil</i>	\$0(3)	NM; *
<i>eql omega 3 fish oil</i>	\$0(3)	NM; *
<i>eql omega-3 fish oil</i>	\$0(3)	NM; *
<i>fish oil adult gummies</i>	\$0(3)	NM; *
<i>fish oil burp-less</i>	\$0(3)	NM; *
FISH OIL CAP 150MG	\$0(3)	NM; *
FISH OIL CAP 180MG	\$0(3)	NM; *
FISH OIL CAP 183.33MG	\$0(3)	NM; *
FISH OIL CAP 1000MG	\$0(3)	NM; *
FISH OIL CAP 1360MG	\$0(3)	NM; *
FISH OIL CAP 1400MG	\$0(3)	NM; *
FISH OIL CHW 875MG	\$0(3)	NM; *
<i>fish oil concentrate</i>	\$0(3)	NM; *
<i>fish oil double strength</i>	\$0(3)	NM; *
<i>fish oil extra strength</i>	\$0(3)	NM; *
<i>fish oil maximum strength</i>	\$0(3)	NM; *
<i>fish oil omega-3</i>	\$0(3)	NM; *
<i>fish oil pearls</i>	\$0(3)	NM; *
<i>fish oil/super potent/no</i>	\$0(3)	NM; *
FRUCTOSE GRA	\$0(3)	NM; *
<i>glutamine powder</i>	\$0(3)	NM; *
GLUTATHIONE POW	\$0(3)	NM; *
<i>gnp co q10</i> CAPS 60mg, 100mg, 200mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp co q-10</i> CAPS 100mg	\$0(3)	NM; *
<i>gnp fish oil</i>	\$0(3)	NM; *
GNP FISH OIL CAP 840MG	\$0(3)	NM; *
<i>gnp fish oil maximum stre</i>	\$0(3)	NM; *
<i>kp fish oil</i>	\$0(3)	NM; *
<i>kp omega-3 fish oil</i>	\$0(3)	NM; *
<i>l-arginine maximum streng</i> TABS 1000mg	\$0(3)	NM; *
L-ARGININE POW	\$0(3)	NM; *
L-GLUTAMINE POW	\$0(3)	NM; *
L-GLUTATHION CRY	\$0(3)	NM; *
L-ISOLEUCINE POW	\$0(3)	NM; *
L-VALINE POW	\$0(3)	NM; *
LIPOIC ACID CAPS 150mg	\$0(3)	NM; *
LIQ-10 SYP 50-15/5	\$0(3)	NM; *
<i>maximum epa</i>	\$0(3)	NM; *
MEGARED KIDS CHW	\$0(3)	NM; *
NEOQ10 CAPS 125mg	\$0(3)	NM; *
<i>norwegian salmon oil</i>	\$0(3)	NM; *
OMEGA BABY EMU PRENATAL	\$0(3)	NM; *
<i>omega iii epa+dha</i>	\$0(3)	NM; *
OMEGA MONOPU CAP 1300MG	\$0(3)	NM; *
OMEGA-3 CAP 350MG	\$0(3)	NM; *
OMEGA-3 CAP 1400MG	\$0(3)	NM; *
OMEGA-3 CAP FISH OIL	\$0(3)	NM; *
<i>omega-3 fatty acids</i> CAPS 500mg, 1000mg, 1200mg	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 300 mg**</i>	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 435 mg**</i>	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 500 mg**</i>	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 1000 mg**</i>	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 1200 mg**</i>	\$0(3)	NM; *
<i>*omega-3 fatty acids cap delayed release 1000 mg**</i>	\$0(3)	NM; *
<i>omega-3 microgel improved</i>	\$0(3)	NM; *
<i>omegapure 600 ec</i>	\$0(3)	NM; *
OMEGAPURE CAP 780 EC	\$0(3)	NM; *
OMEGAPURE CAP 900 EC	\$0(3)	NM; *
OMERA CAP 750MG	\$0(3)	NM; *
<i>ovega-3</i>	\$0(3)	NM; *
<i>pure l-arginine hcl</i> CAPS 500mg	\$0(3)	NM; *
PURE L-CITRULLINE CAPS 600mg	\$0(3)	NM; *
<i>px fish oil</i>	\$0(3)	NM; *
<i>q-sorb co q-10</i> CAPS 100mg, 200mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ra coenzyme q-10</i> CAPS 100mg, 200mg	\$0(3)	NM; *
<i>ra fish oil</i>	\$0(3)	NM; *
<i>ra l-arginine</i> TABS 1000mg	\$0(3)	NM; *
<i>sam-e.p.a.</i>	\$0(3)	NM; *
<i>sb omega-3 fish oil</i>	\$0(3)	NM; *
<i>sea-omega</i>	\$0(3)	NM; *
<i>sm co q-10</i> CAPS 100mg, 200mg	\$0(3)	NM; *
<i>sm coenzyme q-10</i> CAPS 100mg	\$0(3)	NM; *
<i>sm coq-10</i> CAPS 50mg	\$0(3)	NM; *
<i>sm fish oil</i>	\$0(3)	NM; *
SM FISH OIL CAP 554MG	\$0(3)	NM; *
<i>sm omega-3 fish oil</i>	\$0(3)	NM; *
<i>super dha gems</i>	\$0(3)	NM; *
<i>super omega-3</i>	\$0(3)	NM; *
<i>the very finest fish oil</i>	\$0(3)	NM; *
<i>theragran-m fish oil conc</i>	\$0(3)	NM; *
<i>theromega</i>	\$0(3)	NM; *
ULTRA OMEGA3 CAP 1400MG	\$0(3)	NM; *
<i>ultra omega-3</i>	\$0(3)	NM; *
<i>yl coenzyme q10</i> CAPS 30mg	\$0(3)	NM; *
VITAMINS		
<i>a thru z advanced</i>	\$0(3)	NM; *
<i>a thru z high potency</i>	\$0(3)	NM; *
<i>a thru z select</i>	\$0(3)	NM; *
<i>a thru z select 50+ advan</i>	\$0(3)	NM; *
<i>a thru z select 50+ mens</i>	\$0(3)	NM; *
<i>a thru z select advanced</i>	\$0(3)	NM; *
<i>a thru z select ultimate</i>	\$0(3)	NM; *
<i>a thru z ultimate mens</i>	\$0(3)	NM; *
<i>a-25</i> CAPS 25000unit	\$0(3)	NM; *
<i>a-10000</i> CAPS 10000unit	\$0(3)	NM; *
ABC COMPLETE TAB WOMEN	\$0(3)	NM; *
<i>activite</i>	\$0(3)	NM; *
ACTIVNUTRIEN CHW	\$0(3)	NM; *
ADEK CHW PLUS ZN	\$0(3)	NM; *
ADLT ONE DLY CHW GUMMIES	\$0(3)	NM; *
ADULT 50+ CAP EYE HLTH	\$0(3)	NM; *
ADULT 50+ CAP OCUVITE	\$0(3)	NM; *
<i>50+ adult eye health</i>	\$0(3)	NM; *
<i>advanced multi ea</i>	\$0(3)	NM; *
<i>airborne</i>	\$0(3)	NM; *
AIRBORNE CHW	\$0(3)	NM; *
AIRBORNE CHW KIDS	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>airborne gummies</i>	\$0(3)	NM; *
<i>airborne immune system</i>	\$0(3)	NM; *
<i>airborne kids</i>	\$0(3)	NM; *
AIRBORNE POW	\$0(3)	NM; *
AIRBORNE+ CHW PROBIOTI	\$0(3)	NM; *
AIRBORNE+ CHW REST	\$0(3)	NM; *
AIRBORNE+ POW STRESS	\$0(3)	NM; *
AIRBORNE+NAT LIQ ENERGY	\$0(3)	NM; *
AIRSHIELD CHW IMMUNITY	\$0(3)	NM; *
ALGAE BASED TAB CALCIUM	\$0(3)	NM; *
ALIVE DAILY TAB WOMENS	\$0(3)	NM; *
ALIVE DIABET TAB MULTIVIT	\$0(3)	NM; *
ALIVE ENERGY TAB WOMENS	\$0(3)	NM; *
ALIVE HAIR CHW SKN/NAIL	\$0(3)	NM; *
ALIVE IMMUNE CAP HEALTH	\$0(3)	NM; *
ALIVE LIQ MULT-VIT	\$0(3)	NM; *
ALIVE WOMENS CHW 50+	\$0(3)	NM; *
ALIVE WOMENS CHW GUMMY	\$0(3)	NM; *
<i>allbee plus vitamin c</i>	\$0(3)	NM; *
AMLADEX TAB	\$0(3)	NM; *
<i>anti-oxidant</i>	\$0(3)	NM; *
<i>antioxidant</i>	\$0(3)	NM; *
ANTIOXIDANT TAB FORMULA	\$0(3)	NM; *
<i>antioxidant vitamins</i>	\$0(3)	NM; *
APETIGEN TAB PLUS	\$0(3)	NM; *
APPE-CURB CAP	\$0(3)	NM; *
AQUA-E LIQD 75unit/ml	\$0(3)	NM; *
<i>aqueous vitamin d infants</i> LIQD 10mcg/ml	\$0(3)	NM; *
<i>aqueous vitamin e</i> SOLN 15mg/0.67ml	\$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	\$0(3)	NM; *
<i>ascorbic acid</i> TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
ATP IGNITE PAK	\$0(3)	NM; *
AZO HORMONAL TAB HEALTH	\$0(3)	NM; *
<i>b6 natural</i> TABS 100mg	\$0(3)	NM; *
<i>b-complex balanced</i>	\$0(3)	NM; *
<i>*b-complex w/ c & folic acid tab***</i>	\$0(3)	NM; *
<i>*b-complex w/ c cap**</i>	\$0(3)	NM; *
<i>*b-complex w/ c tab**</i>	\$0(3)	NM; *
B-COMPLEX/FA TAB /VIT C	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>baby super daily d3</i> LIQD 400ut/0.028ml	\$0(3)	NM; *
<i>baby vitamin d3 drops</i> LIQD 400ut/0.028ml	\$0(3)	NM; *
BACMIN TAB	\$0(3)	NM; *
BARIATRIC CAP MULTIVIT	\$0(3)	NM; *
<i>bec/zinc</i>	\$0(3)	NM; *
<i>berocca</i>	\$0(3)	NM; *
<i>beta carotene</i> CAPS 25000unit	\$0(3)	NM; *
<i>beta carotene provitamin</i> CAPS 25000unit	\$0(3)	NM; *
<i>better b complex</i>	\$0(3)	NM; *
BIO-35 GLUTE CAP FREE	\$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	\$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	\$0(3)	NM; *
BIOCAL CAP	\$0(3)	NM; *
BIOTIN CAPS 1mg	\$0(3)	NM; *
<i>biotin</i> CAPS 5mg, 10mg, 5000mcg	\$0(3)	NM; *
<i>biotin/maximum strength</i> CAPS 5000mcg	\$0(3)	NM; *
<i>body/hair/skin/nails</i>	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
BPROTECT PED DRO TRI-VITE	\$0(3)	NM; *
<i>bprotected multi-vite</i>	\$0(3)	NM; *
<i>bprotected pedia d-vite</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>c 500</i> TABS 500mg	\$0(3)	NM; *
<i>c 1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-250</i> TABS 250mg	\$0(3)	NM; *
<i>c-500</i> TABS 500mg	\$0(3)	NM; *
<i>c-500/rose hips</i>	\$0(3)	NM; *
<i>c-1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-1000/rose hips</i>	\$0(3)	NM; *
C-BUFF POW	\$0(3)	NM; *
<i>calcidol</i> SOLN 200mcg/ml	\$0(3)	NM; *
CENT MATURE TAB ADLT 50+	\$0(3)	NM; *
<i>centavite a-z complete mu</i>	\$0(3)	NM; *
CENTRAL-VITE TAB	\$0(3)	NM; *
<i>centravites</i>	\$0(3)	NM; *
<i>centravites 50 plus</i>	\$0(3)	NM; *
CENTRAVITES TAB 50 PLUS	\$0(3)	NM; *
CENTRAVITES TAB ADULTS	\$0(3)	NM; *
CENTRUM 50+ CHW FRSH/FRU	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CENTRUM CHW ADULTS	\$0(3)	NM; *
CENTRUM CHW FLAV BST	\$0(3)	NM; *
CENTRUM CHW SILVER	\$0(3)	NM; *
CENTRUM KIDS CHW	\$0(3)	NM; *
CENTRUM KIDS CHW FLAV BST	\$0(3)	NM; *
CENTRUM SPEC TAB HEART	\$0(3)	NM; *
CENTRUM SPEC TAB VISION	\$0(3)	NM; *
CENTRUM TAB CARDIO	\$0(3)	NM; *
CENTRUM TAB MEN	\$0(3)	NM; *
CENTRUM TAB SILVER	\$0(3)	NM; *
CENTRUM TAB ULTRA	\$0(3)	NM; *
<i>century</i>	\$0(3)	NM; *
<i>century mature</i>	\$0(3)	NM; *
<i>cerovite jr</i>	\$0(3)	NM; *
<i>cerovite senior</i>	\$0(3)	NM; *
<i>certa-vite</i>	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
CERTAVITE/ TAB ANTIOXID	\$0(3)	NM; *
<i>certavite/antioxidants</i>	\$0(3)	NM; *
<i>childrens animal shapes c</i>	\$0(3)	NM; *
<i>childrens chewable multiv</i>	\$0(3)	NM; *
<i>childrens chewable vitam</i>	\$0(3)	NM; *
<i>childrens gummies</i>	\$0(3)	NM; *
CHLORELLA CAP	\$0(3)	NM; *
<i>chlorocaps</i>	\$0(3)	NM; *
<i>cholecalciferol CAPS 1.25mg, 25mcg, 50mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; CHEW 25mcg, 400unit, 1000unit, 2000unit; LIQD 400unit/ml; TABS 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit</i>	\$0(3)	NM; *
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	NM; *
CITRACAL TAB MAX PLUS	\$0(3)	NM; *
<i>companion</i>	\$0(3)	NM; *
<i>compete</i>	\$0(3)	NM; *
<i>complete multivitamin/mul</i>	\$0(3)	NM; *
CONCEPTIONXR MIS MOTILITY	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
CULTURELLE CHW MULTIVIT	\$0(3)	NM; *
<i>culturelle kids complete</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>culturelle kids multivita</i>	\$0(3)	NM; *
<i>culturelle kids probiotic</i>	\$0(3)	NM; *
<i>cvs airshield</i>	\$0(3)	NM; *
<i>cvs airshield effervescen</i>	\$0(3)	NM; *
<i>cvs b6 TABS 100mg</i>	\$0(3)	NM; *
<i>cvs b complex plus c</i>	\$0(3)	NM; *
<i>cvs biotin CAPS 10mg, 5000mcg</i>	\$0(3)	NM; *
<i>cvs chewable childrens vi</i>	\$0(3)	NM; *
<i>cvs childrens chewable co</i>	\$0(3)	NM; *
<i>cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit</i>	\$0(3)	NM; *
<i>cvs daily gummies</i>	\$0(3)	NM; *
<i>cvs daily gummies adult</i>	\$0(3)	NM; *
<i>cvs daily multiple for me</i>	\$0(3)	NM; *
<i>cvs daily multiple for wo</i>	\$0(3)	NM; *
<i>cvs e CAPS 200unit</i>	\$0(3)	NM; *
<i>cvs e oil OIL 45mg/0.25ml</i>	\$0(3)	NM; *
<i>cvs eye health & lutein</i>	\$0(3)	NM; *
<i>cvs folic acid TABS 800mcg</i>	\$0(3)	NM; *
<i>cvs gummy dinos</i>	\$0(3)	NM; *
<i>cvs gummy dinos childrens</i>	\$0(3)	NM; *
<i>cvs gummy multivitamin ki</i>	\$0(3)	NM; *
<i>cvs mens daily gummies</i>	\$0(3)	NM; *
<i>cvs one daily essential</i>	\$0(3)	NM; *
<i>cvs one daily mens health</i>	\$0(3)	NM; *
<i>cvs one daily womens form</i>	\$0(3)	NM; *
<i>cvs spectravite advanced</i>	\$0(3)	NM; *
<i>cvs spectravite men</i>	\$0(3)	NM; *
<i>cvs spectravite men 50+</i>	\$0(3)	NM; *
<i>cvs spectravite senior</i>	\$0(3)	NM; *
<i>cvs spectravite ultra hea</i>	\$0(3)	NM; *
<i>cvs spectravite ultra wom</i>	\$0(3)	NM; *
<i>cvs spectravite women</i>	\$0(3)	NM; *
<i>cvs spectravite women 50+</i>	\$0(3)	NM; *
<i>cvs stress formula/zinc</i>	\$0(3)	NM; *
<i>cvs super b complex/c</i>	\$0(3)	NM; *
<i>CVS VISION CAP HEALTH</i>	\$0(3)	NM; *
<i>cvs vitamin a CAPS 8000unit</i>	\$0(3)	NM; *
<i>cvs vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>cvs vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>cvs vitamin d3 CAPS 10000unit; CHEW 25mcg, 1000unit</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cvs vitamin e</i> CAPS 180mg, 400unit, 1000unit	\$0(3)	NM; *
<i>cvs womens active daily</i>	\$0(3)	NM; *
<i>cvs womens daily gummies</i>	\$0(3)	NM; *
<i>cyanocobalamin</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>d3</i> CHEW 400unit; TABS 50mcg	\$0(3)	NM; *
<i>d3 2000</i> CAPS 2000unit	\$0(3)	NM; *
<i>d3 5000</i> CAPS 5000unit	\$0(3)	NM; *
<i>d3 adult</i> CHEW 1000unit	\$0(3)	NM; *
<i>d3 adult gummy</i> CHEW 1000unit	\$0(3)	NM; *
<i>D3 BABY DROPS</i> LIQD 400ut/0.025ml	\$0(3)	NM; *
<i>d3 high potency</i> CAPS 25mcg, 50mcg, 1000unit, 2000unit, 5000unit; TABS 400unit	\$0(3)	NM; *
<i>d3 kids</i> CHEW 400unit	\$0(3)	NM; *
<i>D3 LIQUID</i> LIQD 25mcg/0.04ml	\$0(3)	NM; *
<i>d3 maximum strength</i> CAPS 5000unit	\$0(3)	NM; *
<i>d3 super strength</i> CAPS 2000unit	\$0(3)	NM; *
<i>d3-50</i> CAPS 50000unit	\$0(3)	NM; *
<i>d3-1000</i> CAPS 1000unit; TABS 1000unit	\$0(3)	NM; *
<i>d2000 ultra strength</i> CAPS 2000unit	\$0(3)	NM; *
<i>d 400</i> TABS 400unit	\$0(3)	NM; *
<i>d 1000</i> CAPS 1000unit; CHEW 1000unit	\$0(3)	NM; *
<i>d 5000</i> CAPS 5000unit	\$0(3)	NM; *
<i>d 10000</i> CAPS 10000unit	\$0(3)	NM; *
<i>d-3-5</i> CAPS 5000unit	\$0(3)	NM; *
<i>d-400</i> TABS 400unit	\$0(3)	NM; *
<i>d-1000 extra strength</i> TABS 1000unit	\$0(3)	NM; *
<i>d-5000</i> TABS 5000unit	\$0(3)	NM; *
<i>d-vite pediatric</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>daily combo multi vitamin</i>	\$0(3)	NM; *
<i>daily multiple vitamins</i>	\$0(3)	NM; *
<i>daily multivitamin</i>	\$0(3)	NM; *
<i>daily value multivitamin</i>	\$0(3)	NM; *
<i>daily vitamins</i>	\$0(3)	NM; *
<i>daily vite</i>	\$0(3)	NM; *
<i>daily vite multivitamin/i</i>	\$0(3)	NM; *
<i>daily-vite</i>	\$0(3)	NM; *
<i>daily-vite multivitamin</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DDROPS LIQD 1000ut/0.028ml, 2000ut/0.028ml	\$0(3)	NM; *
DECARA CAPS 25000unit	\$0(3)	NM; *
<i>decara</i> CAPS 50000unit	\$0(3)	NM; *
DECARA K CAP	\$0(3)	NM; *
DECUBI-VITE CAP	\$0(3)	NM; *
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS CHW BARIATRI	\$0(3)	NM; *
DEKAS LIQ ESSENTIA	\$0(3)	NM; *
DEKAS PLUS CAP	\$0(3)	NM; *
DEKAS PLUS CAP OCEAN	\$0(3)	NM; *
DEKAS PLUS CHW	\$0(3)	NM; *
DEKAS PLUS LIQ	\$0(3)	NM; *
<i>delta d3</i> TABS 400unit	\$0(3)	NM; *
DERMACINRX CHW DAVIMET	\$0(3)	NM; *
DERMACINRX TAB RIBOT-E	\$0(3)	NM; *
DIABET HLTH PAK SUPPORT	\$0(3)	NM; *
<i>diabetes health formula</i>	\$0(3)	NM; *
DIABETES PAK HEALTH	\$0(3)	NM; *
<i>dialyvite</i>	\$0(3)	NM; *
<i>dialyvite 800</i>	\$0(3)	NM; *
<i>dialyvite 800/ultra d</i>	\$0(3)	NM; *
DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
<i>dialyvite vitamin d3 max</i> TABS 50000unit	\$0(3)	NM; *
<i>dialyvite vitamin d 5000</i> CAPS 5000unit	\$0(3)	NM; *
DIALYVITE WAF 800	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
<i>dodex</i> SOLN 1000mcg/ml	\$0(3)	NM; *
DOTREMIN TAB	\$0(3)	NM; *
<i>dry eye formula</i>	\$0(3)	NM; *
<i>e200</i> CAPS 200unit	\$0(3)	NM; *
<i>e400</i> CAPS 400unit	\$0(3)	NM; *
<i>e1000</i> CAPS 1000unit	\$0(3)	NM; *
<i>e 1000</i> CAPS 1000unit	\$0(3)	NM; *
<i>e-200</i> CAPS 200unit	\$0(3)	NM; *
<i>e-400</i> CAPS 400unit	\$0(3)	NM; *
<i>e-400-clear</i> CAPS 400unit	\$0(3)	NM; *
<i>e-oil</i> OIL 100unt/0.25ml	\$0(3)	NM; *
<i>eldertonic</i>	\$0(3)	NM; *
EMERGEN-C CHW VITA C	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMERGEN-C PAK BLUE	\$0(3)	NM; *
EMERGEN-C PAK HEART	\$0(3)	NM; *
EMERGEN-C PAK IMMUNE	\$0(3)	NM; *
EMERGEN-C PAK KIDZ	\$0(3)	NM; *
EMERGEN-C PAK MSM LITE	\$0(3)	NM; *
EMERGEN-C PAK PINK	\$0(3)	NM; *
EMERGEN-C PAK VIT D/CA	\$0(3)	NM; *
EMERGEN-C PAK VITA C	\$0(3)	NM; *
<i>endur-acin</i> TBCR 250mg, 500mg, 750mg	\$0(3)	NM; *
ENDUR-VM TAB	\$0(3)	NM; *
ENDUR-VM TAB IRON	\$0(3)	NM; *
<i>eq complete chewable mult</i>	\$0(3)	NM; *
<i>eq complete multivitamin</i>	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
<i>eq multivitamin gummies c</i>	\$0(3)	NM; *
EQ ONE DAILY TAB MENS	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>eq one daily womens healt</i>	\$0(3)	NM; *
<i>eq b-6</i> TABS 100mg	\$0(3)	NM; *
<i>eq l century</i>	\$0(3)	NM; *
<i>eq l century mature</i>	\$0(3)	NM; *
EQL CENTURY TAB MENS	\$0(3)	NM; *
<i>eq l childrens multivitami</i>	\$0(3)	NM; *
<i>eq l one daily mens 50+ ad</i>	\$0(3)	NM; *
<i>eq l one daily mens health</i>	\$0(3)	NM; *
<i>eq l one daily womens 50+</i>	\$0(3)	NM; *
<i>eq l stress b-complex/vita</i>	\$0(3)	NM; *
<i>eq l super b complex/vitam</i>	\$0(3)	NM; *
<i>eq l vision formula</i>	\$0(3)	NM; *
<i>eq l vitamin c</i> TABS 500mg, 1000mg	\$0(3)	NM; *
<i>eq l vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	NM; *
<i>eq l vitamin d3</i> CAPS 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	NM; *
<i>eq l vitamin e</i> CAPS 400unit	\$0(3)	NM; *
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	NM; *
<i>essentia</i>	\$0(3)	NM; *
<i>essential balance</i>	\$0(3)	NM; *
ESTROVEN MEN TAB SUPPLEM	\$0(3)	NM; *
EYE HEALTH CAP ADLT 50+	\$0(3)	NM; *
EYE HEALTH TAB LUTEIN	\$0(3)	NM; *
EYE MULTIVIT CAP	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EYE MULTIVIT CAP LUTEIN	\$0(3)	NM; *
EYE MULTIVIT TAB SODIUM	\$0(3)	NM; *
<i>fa-8 CAPS .8mg</i>	\$0(3)	NM; *
<i>fabb</i>	\$0(3)	NM; *
FLINTSTONES CHW COMPLETE	\$0(3)	NM; *
<i>flintstones complete</i>	\$0(3)	NM; *
FLINTSTONES COMPLETE	\$0(3)	NM; *
<i>flintstones gummies plus</i>	\$0(3)	NM; *
FLINTSTONES GUMMIES PLUS	\$0(3)	NM; *
<i>flintstones plus calcium</i>	\$0(3)	NM; *
<i>flintstones w/iron</i>	\$0(3)	NM; *
<i>flintstones/my first</i>	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
<i>folate TABS 400mcg</i>	\$0(3)	NM; *
FOLDITAM TAB	\$0(3)	NM; *
<i>folic acid CAPS 5mg, 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg</i>	\$0(3)	NM; *
FOLIC ACID CAPS 20mg	\$0(3)	NM; *
FOLIC ACID POW	\$0(3)	NM; *
FOLIFLEX TAB	\$0(3)	NM; *
FOLITE TAB	\$0(3)	NM; *
FOLITIN-Z TAB	\$0(3)	NM; *
FOLIXAPURE TAB 1-5000	\$0(3)	NM; *
FOLTAMIN TAB 1-5000	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
FOLTREXYL TAB	\$0(3)	NM; *
FREEDAVITE TAB	\$0(3)	NM; *
<i>fruity chews</i>	\$0(3)	NM; *
<i>fruity chews/iron</i>	\$0(3)	NM; *
<i>full spectrum b/vitamin c</i>	\$0(3)	NM; *
GENADEK CAP STEP 1	\$0(3)	NM; *
GENADEK CAP STEP 2	\$0(3)	NM; *
GENADEK DRO	\$0(3)	NM; *
<i>gerber grow mighty</i>	\$0(3)	NM; *
<i>gerber lil' brainies</i>	\$0(3)	NM; *
<i>gerivite complete</i>	\$0(3)	NM; *
<i>glucoten</i>	\$0(3)	NM; *
<i>gnp b-complex plus vitami</i>	\$0(3)	NM; *
<i>gnp biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>gnp childrens chewables/e</i>	\$0(3)	NM; *
<i>gnp childrens chewables/i</i>	\$0(3)	NM; *
<i>gnp d 1000 CAPS 1000unit</i>	\$0(3)	NM; *
<i>gnp essential one daily</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp folic acid</i> TABS 400mcg	\$0(3)	NM; *
<i>gnp hair/skin/nails</i>	\$0(3)	NM; *
<i>gnp healthy eyes</i>	\$0(3)	NM; *
<i>gnp little ones childrens</i>	\$0(3)	NM; *
<i>gnp mega multi for men</i>	\$0(3)	NM; *
<i>gnp mega multi for women</i>	\$0(3)	NM; *
<i>gnp one daily mens health</i>	\$0(3)	NM; *
<i>gnp one daily womens heal</i>	\$0(3)	NM; *
<i>gnp one daily womens meta</i>	\$0(3)	NM; *
<i>gnp therapeutic-m</i>	\$0(3)	NM; *
<i>gnp vitamin a</i> CAPS 10000unit	\$0(3)	NM; *
<i>gnp vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>gnp vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin d</i> CHEW 400unit; TABS 1000unit	\$0(3)	NM; *
<i>gnp vitamin d3</i> TABS 400unit	\$0(3)	NM; *
<i>gnp vitamin d3 extra stre</i> TABS 1000unit	\$0(3)	NM; *
<i>gnp vitamin d maximum str</i> TABS 2000unit	\$0(3)	NM; *
<i>gnp vitamin d super stren</i> TABS 5000unit	\$0(3)	NM; *
<i>gnp vitamin e</i> CAPS 200unit, 400unit, 1000unit	\$0(3)	NM; *
<i>gnp vitamin e water dispe</i> CAPS 400unit	\$0(3)	NM; *
<i>gummi bear multivitamin/m</i>	\$0(3)	NM; *
HAIR SKIN & TAB NAILS AD	\$0(3)	NM; *
HAIR/SKIN/ CAP NAILS	\$0(3)	NM; *
<i>hair/skin/nails</i>	\$0(3)	NM; *
<i>healthy eyes</i>	\$0(3)	NM; *
HEALTHY EYES CAP SUPERVIS	\$0(3)	NM; *
<i>healthy eyes/lutein/zeaxa</i>	\$0(3)	NM; *
<i>healthy hair skin & nails</i>	\$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0(3)	NM; *
<i>healthy kids vitamin d3</i> CHEW 400unit	\$0(3)	NM; *
HI POT MV/ TAB BETA-CAR	\$0(3)	NM; *
HIGH POTENCY TAB MULTIVIT	\$0(3)	NM; *
HIGH POTENCY TAB MV/FA	\$0(3)	NM; *
<i>hm biotin</i> CAPS 5000mcg	\$0(3)	NM; *
HM COMPLETE TAB MEN	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm complete women</i>	\$0(3)	NM; *
<i>hm e vitamin CAPS 180mg</i>	\$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0(3)	NM; *
<i>hm womens 50+ advanced on</i>	\$0(3)	NM; *
HONEY BEARS CHW	\$0(3)	NM; *
HONEY BEARS CHW IRON-ZIN	\$0(3)	NM; *
<i>hydroxocobalamin acetate SOLN 1000mcg/ml</i>	\$0(3)	NM; *
<i>i-vite</i>	\$0(3)	NM; *
<i>icaps</i>	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
<i>icaps lutein & omega-3</i>	\$0(3)	NM; *
<i>icaps mv</i>	\$0(3)	NM; *
IMMUNE CHW SUPPORT	\$0(3)	NM; *
IMMUNE SUPP POW VIT C	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
<i>is-d 10,000 CAPS 10000unit</i>	\$0(3)	NM; *
K-PAX TAB PROF ST	\$0(3)	NM; *
<i>kids first vitamin d3 gum CHEW 1000unit</i>	\$0(3)	NM; *
KIDZ MULTVIT CHW PROBIOTI	\$0(3)	NM; *
<i>kp adults 50+ daily formu</i>	\$0(3)	NM; *
<i>kp adults daily formula</i>	\$0(3)	NM; *
<i>kp b complex/c</i>	\$0(3)	NM; *
<i>kp folic acid TABS 1mg, 800mcg</i>	\$0(3)	NM; *
<i>kp mens 50+ daily formula</i>	\$0(3)	NM; *
<i>kp mens daily formula</i>	\$0(3)	NM; *
KP MENS MIS DAILY PK	\$0(3)	NM; *
<i>kp niacin TABS 500mg</i>	\$0(3)	NM; *
<i>kp vision formula</i>	\$0(3)	NM; *
<i>kp vision formula w/lutei</i>	\$0(3)	NM; *
<i>kp vitamin b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>kp vitamin d CAPS 1000unit; CHEW 400unit</i>	\$0(3)	NM; *
<i>kp vitamin d3 CAPS 1000unit, 2000unit</i>	\$0(3)	NM; *
<i>kp vitamin e CAPS 100unit</i>	\$0(3)	NM; *
<i>kp womens 50+ daily formu</i>	\$0(3)	NM; *
<i>kp womens daily formula</i>	\$0(3)	NM; *
KP WOMENS PAK DAILY	\$0(3)	NM; *
<i>land before time multivit</i>	\$0(3)	NM; *
LIFE PACK MIS MENS	\$0(3)	NM; *
LIFE PACK MIS WOMENS	\$0(3)	NM; *
LYSIPLEX PLUS	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>macular health formula</i>	\$0(3)	NM; *
<i>macuvite</i>	\$0(3)	NM; *
<i>macuvite eye care</i>	\$0(3)	NM; *
<i>macuvite/lutein</i>	\$0(3)	NM; *
MAXIMIN PAK	\$0(3)	NM; *
MAXIMUM D3 CAPS 325mcg	\$0(3)	NM; *
<i>maximum daily green</i>	\$0(3)	NM; *
MEGA MULTI TAB MEN	\$0(3)	NM; *
<i>mega-marathon 100 tr</i>	\$0(3)	NM; *
MEGAVITE TAB FRT/VEG	\$0(3)	NM; *
MEGAVITE TAB GOLD 55+	\$0(3)	NM; *
<i>meijer advanced formula</i>	\$0(3)	NM; *
<i>meijer advanced formula f</i>	\$0(3)	NM; *
<i>meijer c TABS 500mg</i>	\$0(3)	NM; *
MENS 50+ CAP ADVANCED	\$0(3)	NM; *
MENS 50+ TAB MULTIVIT	\$0(3)	NM; *
<i>mens daily formula/lycope</i>	\$0(3)	NM; *
MENS DAILY PAK PACK	\$0(3)	NM; *
MENS MULTI CHW	\$0(3)	NM; *
MENS PAK	\$0(3)	NM; *
<i>meribin CAPS 5mg</i>	\$0(3)	NM; *
<i>milltrium senior</i>	\$0(3)	NM; *
MOOD FOOD ES CAP	\$0(3)	NM; *
<i>multi + omega-3 adult gum</i>	\$0(3)	NM; *
<i>multi adult gummies</i>	\$0(3)	NM; *
<i>multi complete/iron</i>	\$0(3)	NM; *
<i>multi for her</i>	\$0(3)	NM; *
<i>multi for her 50+</i>	\$0(3)	NM; *
<i>multi for him</i>	\$0(3)	NM; *
<i>multi for him 50+</i>	\$0(3)	NM; *
MULTI FOR POW HIM	\$0(3)	NM; *
MULTI VITAMI TAB	\$0(3)	NM; *
MULTI VITAMI TAB D-3	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *
MULTI-VITAMI TAB MONOCAPS	\$0(3)	NM; *
<i>multi-vitamin</i>	\$0(3)	NM; *
<i>multi-vitamin gummies</i>	\$0(3)	NM; *
<i>multi-vitamin/minerals</i>	\$0(3)	NM; *
<i>multi-vitamins/iron</i>	\$0(3)	NM; *
MULTI-VITE LIQ	\$0(3)	NM; *
MULTI/IRON/ DRO INF/TODD	\$0(3)	NM; *
<i>*multiple vitamin tab**</i>	\$0(3)	NM; *
<i>multiple vitamin/minerals</i>	\$0(3)	NM; *
<i>multiple vitamins essenti</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>*multiple vitamins w/ iron tab**</i>	\$0(3)	NM; *
<i>*multiple vitamins w/ minerals tab**</i>	\$0(3)	NM; *
<i>multiple vitamins/womens</i>	\$0(3)	NM; *
MULTITAM TAB	\$0(3)	NM; *
MULTIV INFAN DRO /TODDLER	\$0(3)	NM; *
<i>multivitamin</i>	\$0(3)	NM; *
<i>multivitamin & mineral</i>	\$0(3)	NM; *
<i>multivitamin adult one da</i>	\$0(3)	NM; *
<i>multivitamin adults</i>	\$0(3)	NM; *
<i>multivitamin adults 50+</i>	\$0(3)	NM; *
<i>multivitamin childrens</i>	\$0(3)	NM; *
MULTIVITAMIN CHW CHILD	\$0(3)	NM; *
MULTIVITAMIN CHW GUMMIES	\$0(3)	NM; *
MULTIVITAMIN CHW IRON	\$0(3)	NM; *
MULTIVITAMIN DRO INFANT	\$0(3)	NM; *
<i>multivitamin gummies adul</i>	\$0(3)	NM; *
<i>multivitamin gummies chil</i>	\$0(3)	NM; *
<i>multivitamin gummies mens</i>	\$0(3)	NM; *
<i>multivitamin gummies wome</i>	\$0(3)	NM; *
MULTIVITAMIN LIQ	\$0(3)	NM; *
<i>multivitamin men 50+</i>	\$0(3)	NM; *
<i>multivitamin men 50+ one</i>	\$0(3)	NM; *
MULTIVITAMIN TAB	\$0(3)	NM; *
MULTIVITAMIN TAB ADULT	\$0(3)	NM; *
MULTIVITAMIN TAB ADULTS	\$0(3)	NM; *
MULTIVITAMIN TAB ZINC STR	\$0(3)	NM; *
<i>multivitamin women</i>	\$0(3)	NM; *
<i>multivitamin women 50+</i>	\$0(3)	NM; *
<i>multivitamin womens 50+ a</i>	\$0(3)	NM; *
MVW COMPLETE CAP D3000	\$0(3)	NM; *
MVW COMPLETE CAP D5000	\$0(3)	NM; *
MVW COMPLETE CAP FORMULAT	\$0(3)	NM; *
MVW COMPLETE CAP MINIS	\$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0(3)	NM; *
<i>mvw complete formulation</i>	\$0(3)	NM; *
MVW HI-D DR LIQ EX VIT D	\$0(3)	NM; *
<i>myamulti</i>	\$0(3)	NM; *
NANOVN POW 1-3 YRS	\$0(3)	NM; *
NANOVN POW 4-8YEARS	\$0(3)	NM; *
NANOVN POW 9-18 YRS	\$0(3)	NM; *
NANOVN T/F POW	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
<i>natural c/rose hips TABS 1000mg</i>	\$0(3)	NM; *
<i>natural vitamin d-3 TABS 5000unit</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>natural vitamin e</i> CAPS 1000unit	\$0(3)	NM; *
NATURAL VITAMIN E TABS 200unit	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	\$0(3)	NM; *
<i>niacin</i> CPCR 250mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg	\$0(3)	NM; *
NIACIN TR TBCR 1000mg	\$0(3)	NM; *
<i>*niacinamide w/ zn-cu-methylfol-se- cr tab 750-27-2-0.5 mg***</i>	\$0(3)	NM; *
<i>niavasc</i> TBCR 500mg	\$0(3)	NM; *
<i>niavasc 750</i> TBCR 750mg	\$0(3)	NM; *
NOVAMV PED DRO 10MG/ML	\$0(3)	NM; *
OCULAR TAB VITAMINS	\$0(3)	NM; *
<i>ocutabs</i>	\$0(3)	NM; *
<i>ocutabs vision formula</i>	\$0(3)	NM; *
<i>ocutabs/lutein</i>	\$0(3)	NM; *
OCUVITE CAP ADULT	\$0(3)	NM; *
<i>ocuvite extra</i>	\$0(3)	NM; *
<i>ocuvite eye + multi</i>	\$0(3)	NM; *
<i>ocuvite eye health gummie</i>	\$0(3)	NM; *
OCUVITE LUTE CAP	\$0(3)	NM; *
<i>ocuvite/lutein</i>	\$0(3)	NM; *
OMNICAP TAB	\$0(3)	NM; *
ONCOVITE TAB	\$0(3)	NM; *
<i>one daily complete</i>	\$0(3)	NM; *
<i>one daily for men 50+ adv</i>	\$0(3)	NM; *
<i>one daily for men/lycopen</i>	\$0(3)	NM; *
<i>one daily for women</i>	\$0(3)	NM; *
<i>one daily for women 50+a</i>	\$0(3)	NM; *
<i>one daily healthy weight</i>	\$0(3)	NM; *
<i>one daily maximum</i>	\$0(3)	NM; *
<i>one daily mens 50+ multiv</i>	\$0(3)	NM; *
<i>one daily mens health/lyc</i>	\$0(3)	NM; *
<i>one daily mens multivitam</i>	\$0(3)	NM; *
<i>one daily multivitamin ad</i>	\$0(3)	NM; *
<i>one daily multivitamin/ir</i>	\$0(3)	NM; *
ONE DAILY TAB ESSENTL	\$0(3)	NM; *
ONE DAILY TAB MENS 50+	\$0(3)	NM; *
ONE DAILY TAB WMNS 50+	\$0(3)	NM; *
<i>one daily womens 50 plus</i>	\$0(3)	NM; *
<i>one daily womens 50+</i>	\$0(3)	NM; *
<i>one daily/iron/calcium</i>	\$0(3)	NM; *
<i>one daily/minerals</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE-A-DAY CHW IMMUNITY	\$0(3)	NM; *
ONE-A-DAY CHW VITACRAV	\$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	\$0(3)	NM; *
ONE-A-DAY TAB 50+ WMN	\$0(3)	NM; *
ONE-A-DAY TAB 65+	\$0(3)	NM; *
ONE-A-DAY TAB ENERGY	\$0(3)	NM; *
ONE-A-DAY TAB MENOPAUS	\$0(3)	NM; *
ONE-A-DAY TAB MENS	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
<i>one-a-day teen advantage</i>	\$0(3)	NM; *
ONE-DAILY CAP MULTI	\$0(3)	NM; *
<i>one-daily multi vitamins</i>	\$0(3)	NM; *
<i>one-daily multi-vitamin</i>	\$0(3)	NM; *
<i>one-daily multi-vitamin/i</i>	\$0(3)	NM; *
<i>one-daily multi-vitamin/m</i>	\$0(3)	NM; *
<i>one-daily/iron</i>	\$0(3)	NM; *
<i>optic-vites</i>	\$0(3)	NM; *
OPTIFAST POS CHW BARIATRI	\$0(3)	NM; *
<i>optimal d3 CAPS 50000unit</i>	\$0(3)	NM; *
OPTIMAL D3 M CAPS 14000unit	\$0(3)	NM; *
OPTIMAL D3 M CAP	\$0(3)	NM; *
<i>optimal d3 pack CAPS 50000unit</i>	\$0(3)	NM; *
<i>optimum pms</i>	\$0(3)	NM; *
OPTISOURCE CHW BARIATRC	\$0(3)	NM; *
OPURITY CHW BYPASS	\$0(3)	NM; *
OSTEO-VIT3 LIQD 417mcg/ml	\$0(3)	NM; *
PARVLEX TAB	\$0(3)	NM; *
<i>pc pediatric tri-vitamin</i>	\$0(3)	NM; *
PED POLY-VIT DRO	\$0(3)	NM; *
PED POLY-VIT DRO /IRON	\$0(3)	NM; *
<i>*pediatric multiple vitamins w/ iron chew tab 15 mg**</i>	\$0(3)	NM; *
<i>pharmacist choice d-vitam LIQD 400unit/ml</i>	\$0(3)	NM; *
PHLEXY-VITS POW	\$0(3)	NM; *
PHYTOMULTI TAB	\$0(3)	NM; *
<i>phytonadione SOLN 10mg/ml</i>	\$0(3)	NM; *
<i>phytonadione TABS 5mg</i>	\$0(3)	NM, PA; *
POLY-VI-SOL DRO 50MG/ML	\$0(3)	NM; *
POLY-VI-SOL SOL 50MG/ML	\$0(3)	NM; *
POLY-VI-SOL SOL IRON	\$0(3)	NM; *
POLY-VITA DRO	\$0(3)	NM; *
POLY-VITA/FE DRO	\$0(3)	NM; *
POLY-VITE DRO	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POLY-VITE SOL 50MG/ML	\$0(3)	NM; *
POLY-VITE SOL /IRON	\$0(3)	NM; *
POLY-VITE SOL IRON	\$0(3)	NM; *
PORENAL+D CAP OMEGA 3	\$0(3)	NM; *
PRESERVISION CAP AREDS	\$0(3)	NM; *
PRESERVISION CAP AREDS 2	\$0(3)	NM; *
PRESERVISION CAP LUTEIN	\$0(3)	NM; *
PRESERVISION CHW AREDS 2	\$0(3)	NM; *
PRESERVISION TAB AREDS	\$0(3)	NM; *
PRO-CAL TAB	\$0(3)	NM; *
PROCERV HP TAB	\$0(3)	NM; *
PRORENAL +D TAB	\$0(3)	NM; *
PRORENAL+D CAP OMEGA-3	\$0(3)	NM; *
PRORENAL+D TAB	\$0(3)	NM; *
<i>prosight</i>	\$0(3)	NM; *
PROTECT CAP CARDIO	\$0(3)	NM; *
PROTECT CAP PLUS SO	\$0(3)	NM; *
PROTECT IRON LIQ	\$0(3)	NM; *
PROTEGRA CAP	\$0(3)	NM; *
PROXEED PLUS PAK	\$0(3)	NM; *
<i>pureway-c</i> TABS 500mg	\$0(3)	NM; *
<i>px advanced formula multi</i>	\$0(3)	NM; *
<i>px b complex/vitamin c</i>	\$0(3)	NM; *
<i>px childrens vitamin</i>	\$0(3)	NM; *
<i>px complete senior multiv</i>	\$0(3)	NM; *
<i>px folic acid</i> TABS 400mcg	\$0(3)	NM; *
<i>px mens multivitamins</i>	\$0(3)	NM; *
<i>px niacin</i> TABS 100mg	\$0(3)	NM; *
<i>px vitamin a</i> CAPS 8000unit	\$0(3)	NM; *
<i>px vitamin c</i> TABS 500mg	\$0(3)	NM; *
<i>px vitamin e</i> CAPS 400unit	\$0(3)	NM; *
<i>pyridoxine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg	\$0(3)	NM; *
PYRIDOXINE POW HCL	\$0(3)	NM; *
<i>qc childrens chewable com</i>	\$0(3)	NM; *
<i>qc childrens chewable vit</i>	\$0(3)	NM; *
<i>qc daily multivitamins/ir</i>	\$0(3)	NM; *
<i>qc maximum daily multivit</i>	\$0(3)	NM; *
<i>qc mens daily multivitami</i>	\$0(3)	NM; *
<i>qc multi-vite</i>	\$0(3)	NM; *
<i>qc multi-vite 50 & over</i>	\$0(3)	NM; *
<i>qc therin-m</i>	\$0(3)	NM; *
<i>qc womens daily multivita</i>	\$0(3)	NM; *
QUIN B TAB STRONG	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
QUINTABS TAB	\$0(3)	NM; *
<i>quintabs-m</i>	\$0(3)	NM; *
QUINTABS-M TAB	\$0(3)	NM; *
RA B-COMPLEX TAB VIT C TR	\$0(3)	NM; *
<i>ra biotin CAPS 2500mcg</i>	\$0(3)	NM; *
<i>ra central-vite womens ma</i>	\$0(3)	NM; *
<i>ra chewable vitamins comp</i>	\$0(3)	NM; *
RA ESSENCE-C POW ORANGE	\$0(3)	NM; *
RA ESSENCE-C POW RASPBRY	\$0(3)	NM; *
RA ESSENCE-C POW TNGERINE	\$0(3)	NM; *
<i>ra folic acid TABS 400mcg, 800mcg</i>	\$0(3)	NM; *
<i>ra niacin TABS 100mg, 500mg</i>	\$0(3)	NM; *
<i>ra no flush niacin 500 TABS 500mg</i>	\$0(3)	NM; *
<i>ra one daily maximum</i>	\$0(3)	NM; *
<i>ra one daily mens 50+ wit</i>	\$0(3)	NM; *
<i>ra one daily mens/vitamin</i>	\$0(3)	NM; *
<i>ra vitamin a CAPS 10000unit</i>	\$0(3)	NM; *
<i>ra vitamin b-6 TABS 50mg, 100mg</i>	\$0(3)	NM; *
<i>ra vitamin c TABS 250mg, 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin d-3 CAPS 2000unit, 5000unit; TABS 1000unit</i>	\$0(3)	NM; *
<i>ra vitamin e CAPS 400unit</i>	\$0(3)	NM; *
<i>radiance platinum vitamin TABS 5000unit</i>	\$0(3)	NM; *
<i>rena-vite</i>	\$0(3)	NM; *
<i>rena-vite rx</i>	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>renal vitamin</i>	\$0(3)	NM; *
<i>renaplex</i>	\$0(3)	NM; *
RENAPLEX-D TAB	\$0(3)	NM; *
REPLESTA WAFR 50000unit	\$0(3)	NM; *
REPLESTA NX WAFR 14000unit	\$0(3)	NM; *
<i>sb vitamin c TABS 500mg</i>	\$0(3)	NM; *
<i>senior tabs</i>	\$0(3)	NM; *
<i>sentry</i>	\$0(3)	NM; *
<i>sentry senior</i>	\$0(3)	NM; *
SENTRY TAB	\$0(3)	NM; *
SENTRY TAB SENIOR	\$0(3)	NM; *
<i>sm animal shapes complete</i>	\$0(3)	NM; *
<i>sm animal shapes kids fir</i>	\$0(3)	NM; *
<i>sm antioxidant vitamins</i>	\$0(3)	NM; *
<i>sm b super vitamin comple</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm biotin</i> CAPS 5000mcg	\$0(3)	NM; *
<i>sm complete</i>	\$0(3)	NM; *
<i>sm complete 50+</i>	\$0(3)	NM; *
<i>sm complete 50+ ultimate</i>	\$0(3)	NM; *
<i>sm complete advanced form</i>	\$0(3)	NM; *
<i>sm complete senior formul</i>	\$0(3)	NM; *
<i>sm folic acid</i> TABS 400mcg	\$0(3)	NM; *
<i>sm hair/skin/nails</i>	\$0(3)	NM; *
<i>sm multiple vitamins esse</i>	\$0(3)	NM; *
<i>sm multiple vitamins/iron</i>	\$0(3)	NM; *
<i>sm niacin cr</i> TBCR 250mg	\$0(3)	NM; *
SM ONE DAILY TAB MENS	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm opti-vitamins</i>	\$0(3)	NM; *
<i>sm super b complex-vitami</i>	\$0(3)	NM; *
<i>sm vit c/rose hips</i> TABS 1000mg	\$0(3)	NM; *
<i>sm vitamin b6</i> TABS 100mg	\$0(3)	NM; *
<i>sm vitamin b complex with</i>	\$0(3)	NM; *
<i>sm vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>sm vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>sm vitamin c/rose hips</i> TABS 500mg	\$0(3)	NM; *
<i>sm vitamin d</i> TABS 400unit	\$0(3)	NM; *
<i>sm vitamin d3</i> CAPS 50mcg, 2000unit; TABS 1000unit	\$0(3)	NM; *
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	\$0(3)	NM; *
<i>sm vitamin e</i> CAPS 200unit, 400unit, 1000unit	\$0(3)	NM; *
SOLO TAB	\$0(3)	NM; *
<i>soluvita e</i> SOLN 15.8mg/0.7ml	\$0(3)	NM; *
SPECTRAVITE CHW ADLT 50+	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0(3)	NM; *
SPECTRAVITE TAB ADULTS	\$0(3)	NM; *
SPECTRAVITE TAB MEN 50+	\$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0(3)	NM; *
<i>stress b-complex/vitamin</i>	\$0(3)	NM; *
<i>stress b/zinc</i>	\$0(3)	NM; *
<i>stress formula</i>	\$0(3)	NM; *
<i>stress formula/iron</i>	\$0(3)	NM; *
<i>stress formula/zinc</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>stresstabs advanced</i>	\$0(3)	NM; *
<i>stresstabs energy</i>	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
SUPER ANTIOX CAP	\$0(3)	NM; *
<i>super antioxidant/a/c/e/s</i>	\$0(3)	NM; *
<i>super aytinal 50 plus</i>	\$0(3)	NM; *
<i>super aytinal for active</i>	\$0(3)	NM; *
<i>super b with c</i>	\$0(3)	NM; *
<i>super b-complex/folic aci</i>	\$0(3)	NM; *
<i>super b-complex/vitamin c</i>	\$0(3)	NM; *
<i>super biotin CAPS 5000mcg</i>	\$0(3)	NM; *
SUPER DAILY D3 LIQD 1000ut/0.028ml, 2000ut/0.028ml	\$0(3)	NM; *
<i>super multiple</i>	\$0(3)	NM; *
<i>super thera vite m</i>	\$0(3)	NM; *
<i>super vita-mins</i>	\$0(3)	NM; *
SYSTANE ICAP CHW AREDS2	\$0(3)	NM; *
SYSTANE ICAP TAB AREDS2	\$0(3)	NM; *
<i>systane icaps areds2</i>	\$0(3)	NM; *
<i>tab-a-vite</i>	\$0(3)	NM; *
<i>tab-a-vite multivitamin/i</i>	\$0(3)	NM; *
TAB-A-VITE TAB IRON/BET	\$0(3)	NM; *
<i>tab-a-vite w/beta caroten</i>	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
THERA TAB	\$0(3)	NM; *
<i>thera vital m</i>	\$0(3)	NM; *
<i>thera-d 2000 TABS 2000unit</i>	\$0(3)	NM; *
THERA-D 4000 TABS 4000unit	\$0(3)	NM; *
<i>thera-d rapid repletion TABS 2000unit</i>	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
<i>thera-tabs</i>	\$0(3)	NM; *
THERA-TABS M TAB	\$0(3)	NM; *
<i>therabasic-m</i>	\$0(3)	NM; *
THERAGRAN-M TAB	\$0(3)	NM; *
THERAGRAN-M TAB 50 PLUS	\$0(3)	NM; *
THERAGRAN-M TAB ADVANCED	\$0(3)	NM; *
THERAGRAN-M TAB PREMIER	\$0(3)	NM; *
THERAMILL CAP FORTE	\$0(3)	NM; *
<i>therapeutic formula/hemat</i>	\$0(3)	NM; *
<i>therapeutic-m</i>	\$0(3)	NM; *
<i>therapeutic-m/lutein</i>	\$0(3)	NM; *
<i>theratrum complete</i>	\$0(3)	NM; *
<i>theratrum complete 50 plu</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THEREMS TAB MULTIVIT	\$0(3)	NM; *
THEREMS-M TAB	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
<i>totalday multiple</i>	\$0(3)	NM; *
TRI-VI-SOL SOL A/C/D	\$0(3)	NM; *
<i>tri-vite pediatric</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>tropical liquid nutrition</i>	\$0(3)	NM; *
<i>ultra choice multivitamin</i>	\$0(3)	NM; *
<i>ultra freeda</i>	\$0(3)	NM; *
<i>ultra freeda/iron</i>	\$0(3)	NM; *
ULTRA MEGA G TAB 75MG CR	\$0(3)	NM; *
ULTRA MEGA G TAB 100MG	\$0(3)	NM; *
ULTRA MEGA TAB 75MG CR	\$0(3)	NM; *
ULTRA MEGA TAB TWO	\$0(3)	NM; *
ULTRA POTENC TAB WOMEN 50	\$0(3)	NM; *
<i>ultrachoice advanced form</i>	\$0(3)	NM; *
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	\$0(3)	NM; *
UPSPRINGBABY DRO MV/IRON	\$0(3)	NM; *
VENEXA FE TAB	\$0(3)	NM; *
VENEXA TAB	\$0(3)	NM; *
VENTRIXYL FE TAB	\$0(3)	NM; *
VENTRIXYL TAB	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
<i>vision formula/lutein</i>	\$0(3)	NM; *
VISION HEALT CAP	\$0(3)	NM; *
<i>vision vitamins</i>	\$0(3)	NM; *
VISTA ADVAN CAP AREDS2	\$0(3)	NM; *
VISTA ADVAN CAP DRY EYE	\$0(3)	NM; *
<i>vita hair</i>	\$0(3)	NM; *
<i>vitabasic complete</i>	\$0(3)	NM; *
<i>vitabasic senior</i>	\$0(3)	NM; *
VITABEX PLUS CAP	\$0(3)	NM; *
VITACHEW CHW ADULT	\$0(3)	NM; *
<i>vitachew multiple vitamin</i>	\$0(3)	NM; *
VITACRAVES CHW IMMUNITY	\$0(3)	NM; *
VITACRAVES CHW MENS	\$0(3)	NM; *
VITACRAVES CHW SOUR GUM	\$0(3)	NM; *
VITACRAVES CHW WOMENS	\$0(3)	NM; *
<i>vitajoy daily d gummies</i> CHEW 1000unit	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitalee</i>	\$0(3)	NM; *
VITALETS CHW CHILD	\$0(3)	NM; *
VITAMI A-C-D DRO INF/TODD	\$0(3)	NM; *
VITAMI A-C-D DRO INFANT	\$0(3)	NM; *
<i>vitamin a</i> CAPS 8000unit, 10000unit; TABS 10000unit	\$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	\$0(3)	NM; *
<i>vitamin b complex-c</i>	\$0(3)	NM; *
<i>vitamin b complex/vitamin</i>	\$0(3)	NM; *
VITAMIN C TABS 100mg	\$0(3)	NM; *
VITAMIN D2 CAPS 2000unit; TABS 400unit, 2000unit	\$0(3)	NM; *
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml, 5000unit/0.5ml, 5000unit/ml; TABS 3000unit, 10000unit; TBDP 5000unit	\$0(3)	NM; *
<i>vitamin d3</i> TABS 2000unit	\$0(3)	NM; *
<i>vitamin d3 adult gummies</i> CHEW 1000unit	\$0(3)	NM; *
<i>vitamin d3 extra strength</i> CHEW 25mcg	\$0(3)	NM; *
<i>vitamin d3 gummies</i> CHEW 25mcg	\$0(3)	NM; *
<i>vitamin d3 gummies adult</i> CHEW 1000unit	\$0(3)	NM; *
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	\$0(3)	NM; *
<i>vitamin d3 maximum streng</i> CAPS 5000unit	\$0(3)	NM; *
<i>vitamin d3 super strength</i> CAPS 2000unit; TABS 2000unit	\$0(3)	NM; *
VITAMIN D3 TAB COMPLETE	\$0(3)	NM; *
<i>vitamin d3 ultra strength</i> CAPS 5000unit	\$0(3)	NM; *
<i>vitamin d high potency</i> CAPS 1000unit	\$0(3)	NM; *
<i>vitamin d infant</i> LIQD 10mcg/ml, 400unit/ml	\$0(3)	NM; *
<i>vitamin d-1000 maximum st</i> TABS 1000unit	\$0(3)	NM; *
<i>vitamin e</i> CAPS 45mg, 90mg, 100unit, 180mg, 200unit, 400unit, 450mg, 1000unit; OIL 100unt/0.25ml; SOLN 15mg/0.67ml	\$0(3)	NM; *
VITAMIN E CHEW 400unit; TABS 100unit, 200unit, 400unit	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitamin e blend</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e high potency</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e/d-alpha natural</i> CAPS 268mg	\$0(3)	NM; *
<i>vitamin supplement e-400</i> CAPS 400unit	\$0(3)	NM; *
VITASANA TAB	\$0(3)	NM; *
<i>vitatrum</i>	\$0(3)	NM; *
<i>vitatrum complete</i>	\$0(3)	NM; *
VITATRUM TAB	\$0(3)	NM; *
VITRAMYN TAB	\$0(3)	NM; *
VITRANOL FE TAB	\$0(3)	NM; *
VITRANOL TAB	\$0(3)	NM; *
VITREXATE FE TAB	\$0(3)	NM; *
VITREXATE TAB	\$0(3)	NM; *
VITREXYL TAB	\$0(3)	NM; *
VITREXYL TAB IRON	\$0(3)	NM; *
<i>vitrum senior</i>	\$0(3)	NM; *
VITRUM TAB SENIOR	\$0(3)	NM; *
<i>vp-vite rx</i>	\$0(3)	NM; *
<i>weekly-d</i> CAPS 1.25mg	\$0(3)	NM; *
<i>wescaps</i>	\$0(3)	NM; *
<i>westab one</i>	\$0(3)	NM; *
<i>womens 50+ advanced</i>	\$0(3)	NM; *
WOMENS 50+ TAB MULTIVIT	\$0(3)	NM; *
<i>womens daily formula</i>	\$0(3)	NM; *
<i>womens daily formula/foli</i>	\$0(3)	NM; *
WOMENS DAILY PAK PACK	\$0(3)	NM; *
WOMENS MULT CHW GUMMIES	\$0(3)	NM; *
<i>womens multi</i>	\$0(3)	NM; *
<i>womens multivitamin</i>	\$0(3)	NM; *
WOMENS PAK	\$0(3)	NM; *
XCELLENT E CAP 33.5MG	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *
<i>yl beta carotene</i> CAPS 25000unit	\$0(3)	NM; *
<i>yl folic acid</i> TABS 400mcg	\$0(3)	NM; *
<i>yl vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>yl vitamin c</i> TABS 1000mg	\$0(3)	NM; *
<i>yl vitamin c/rose hips</i> TABS 500mg, 1000mg	\$0(3)	NM; *
YOUR LIFE CHW GUMMIES	\$0(3)	NM; *
ZELDANA CAP	\$0(3)	NM; *
ZINC LOZ	\$0(3)	NM; *
ZINTREXYL-C TAB	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zoo friends/extra c</i>	\$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	\$0(1)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth) SOLN .3%</i>	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trifluridine</i> SOLN 1%	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
EYSUVIS SUSP .25%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>loteprednol etabonate</i> SUSP .2%	\$0(1)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway</i> SOLN .035%	\$0(3)	NM; *
<i>alaway childrens allergy</i> SOLN .035%	\$0(3)	NM; *
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>eye itch relief</i> SOLN .035%	\$0(3)	NM; *
<i>ketotifen fumarate (ophth)</i> SOLN .035%	\$0(3)	NM; *
<i>sm eye itch relief</i> SOLN .035%	\$0(3)	NM; *
ZERVIAE SOLN .24%	\$0(2)	
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost SOLN .005%</i>	\$0(1)	
<i>levobunolol hcl SOLN .5%</i>	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
<i>artificial tears</i>	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	\$0(1)	
<i>carboxymethylcellulose sodium (ophth) SOLN .5%</i>	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
<i>dry eye relief GEL 1%</i>	\$0(3)	NM; *
<i>dry eye relief drops</i>	\$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	\$0(3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0(3)	NM; *
GENTEAL SEVERE TEARS GEL .3%	\$0(3)	NM; *
GENTEAL TEAR SOL MOD PF	\$0(3)	NM; *
GENTEAL TEAR SOL PF	\$0(3)	NM; *
<i>genteal tears liquid drop</i>	\$0(3)	NM; *
<i>genteal tears night-time</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye SOLN .5%</i>	\$0(3)	NM; *
<i>goodsense lubricating plu SOLN .5%</i>	\$0(3)	NM; *
<i>hm dry eye relief</i>	\$0(3)	NM; *
<i>hm lubricating tears</i>	\$0(3)	NM; *
<i>lubricant eye drops SOLN .5%, .6%</i>	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubricating plus eye drop SOLN .5%</i>	\$0(3)	NM; *
<i>lubricating tears eye dro</i>	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
MIEBO SOLN 1.338gm/ml	\$0(2)	
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>polyvinyl alcohol SOLN 1.4%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>refresh celluvisc</i> GEL 1%	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
REFRESH DRO RELIEVA	\$0(3)	NM; *
REFRESH GEL OPTIVE	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
REFRESH RELI DRO 0.5-0.9%	\$0(3)	NM; *
REFRESH SOL DIGITAL	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
<i>sm dry eye relief</i>	\$0(3)	NM; *
<i>sm lubricant eye drops</i>	\$0(3)	NM; *
<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>sm lubricating tears</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic</i> OINT 5%; SOLN 5%	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
TYRVAYA SOLN .03mg/act	\$0(2)	
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *
XIIDRA SOLN 5%	\$0(2)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>all-day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg	\$0(3)	NM; *
<i>allergy 24-hr</i> TABS 180mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SOLN 5mg/5ml; SUSP 30mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 10mg, 25mg; CHEW 25mg; TABS 4mg, 5mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 5mg, 180mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>chlorpheniramine maleate</i> TABS 4mg; TBCR 12mg	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp all day allergy relie</i> CAPS 10mg	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg; TABS 4mg, 180mg	\$0(3)	NM; *
<i>gnp allergy relief 24 hou</i> TABS 5mg	\$0(3)	NM; *
<i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>HISTEX</i> SYRP 2.5mg/5ml	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 10mg, 60mg, 180mg	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>12hr allergy relief</i> TABS 60mg	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(3)	NM; *
<i>loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
MICLARA LQ LIQD 1.25mg/5ml	\$0(3)	NM; *
PEDIACLEAR PD CHILDRENS LIQD .625mg/ml	\$0(3)	NM; *
PEDIAVENT SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>qc allergy relief</i> TBDP 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>sb allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sb loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> TABS 25mg, 60mg	\$0(3)	NM; *
<i>sm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm childrens loratadine</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>sm loratadine allergy rel</i> TBDP 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .938mg/ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHIST CF TAB 10-2-20	\$0(3)	NM; *
ALAHIST D TAB	\$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0(3)	NM; *
ALAHIST PE TAB 2-7.5MG	\$0(3)	NM; *
<i>all day sinus & cold-d</i>	\$0(3)	NM; *
<i>all-nite cold & flu night</i>	\$0(3)	NM; *
<i>allergy & congestion reli</i>	\$0(3)	NM; *
<i>allergy multi-symptom</i>	\$0(3)	NM; *
<i>allergy relief d</i>	\$0(3)	NM; *
<i>allergy relief d-12</i>	\$0(3)	NM; *
<i>allergy relief d-24</i>	\$0(3)	NM; *
<i>allergy relief/nasal deco</i>	\$0(3)	NM; *
<i>antihistamine/nasal decon</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AQUANAZ TAB	\$0(3)	NM; *
BENZEDREX INH	\$0(3)	NM; *
<i>benzonatate</i> CAPS 100mg, 150mg, 200mg	\$0(3)	NM; *
CAPCOF SYP 5-2-10MG	\$0(3)	NM; *
CAPMIST DM TAB	\$0(3)	NM; *
CAPRON DM LIQ	\$0(3)	NM; *
CAPRON DMT TAB 30-30MG	\$0(3)	NM; *
<i>cetirizine-pseudoephedrine tab er</i> <i>12hr 5-120 mg</i>	\$0(3)	NM; *
CGH/CHEST SYP CONG DM	\$0(3)	NM; *
<i>chest congestion relief</i> LIQD 100mg/5ml; TABS 400mg	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>chest congestion relief p</i>	\$0(3)	NM; *
<i>childrens mucus relief co</i>	\$0(3)	NM; *
<i>childrens pain relief plu</i>	\$0(3)	NM; *
CHLO HIST SOL	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
CHLOR/DEXCH LIQ PSE	\$0(3)	NM; *
COLD & ALLER LIQ CHILDREN	\$0(3)	NM; *
<i>cold & cough childrens</i>	\$0(3)	NM; *
<i>cold & flu nightttime reli</i>	\$0(3)	NM; *
<i>cold & flu relief daytime</i>	\$0(3)	NM; *
<i>cold & flu relief nightti</i>	\$0(3)	NM; *
<i>cold & sinus</i>	\$0(3)	NM; *
<i>cold relief plus</i>	\$0(3)	NM; *
<i>cold/cough childrens</i>	\$0(3)	NM; *
<i>cold/flu daytime relief</i>	\$0(3)	NM; *
CONEX SOL CLD/ALRG	\$0(3)	NM; *
CONEX TAB 2-60MG	\$0(3)	NM; *
<i>cough & cold</i>	\$0(3)	NM; *
<i>cough & cold hbp</i>	\$0(3)	NM; *
<i>cough dm</i> SUER 30mg/5ml	\$0(3)	NM; *
<i>cough dm childrens</i> SUER 30mg/5ml	\$0(3)	NM; *
DAY CLEAR CHW ALGY/CGH	\$0(3)	NM; *
DAYCLEAR TAB 25-50MG	\$0(3)	NM; *
<i>daytime cold & flu relief</i>	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
DELSYM TABS 15mg	\$0(3)	NM; *
DELSYM CGH LIQ SR THRT	\$0(3)	NM; *
DELSYM CHILD LIQ CGH/ST	\$0(3)	NM; *
DELSYM CHILD MIS DAY/NGHT	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>delsym cough + chest cong</i>	\$0(3)	NM; *
<i>delsym cough + cold night</i>	\$0(3)	NM; *
DELSYM MIS DAY/NGHT	\$0(3)	NM; *
DELSYM NIGHT SOL CGH/MAX	\$0(3)	NM; *
<i>dexbrompheniramine-phenylephrine tab 2-10 mg</i>	\$0(3)	NM; *
<i>dextromethorphan hbr CAPS 15mg</i>	\$0(3)	NM; *
<i>dextromethorphan polistirex SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dimaphen dm cold & cough</i>	\$0(3)	NM; *
DOLOGESIC TAB 1-500MG	\$0(3)	NM; *
DOLOGESIC-DF TAB 1-500MG	\$0(3)	NM; *
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
<i>ed a-hist</i>	\$0(3)	NM; *
<i>ed a-hist dm</i>	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
<i>endacof-dm</i>	\$0(3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0(3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	\$0(3)	NM; *
<i>flu hbp</i>	\$0(3)	NM; *
<i>flu/severe cold & cough d</i>	\$0(3)	NM; *
<i>gnp all day allergy-d</i>	\$0(3)	NM; *
<i>gnp allergy & congestion</i>	\$0(3)	NM; *
<i>gnp allergy multi-symptom</i>	\$0(3)	NM; *
<i>gnp cold & cough children</i>	\$0(3)	NM; *
<i>gnp cough dm er SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>gnp day time cold/flu</i>	\$0(3)	NM; *
<i>gnp mucus dm maximum stre</i>	\$0(3)	NM; *
<i>gnp mucus er TB12 600mg, 1200mg</i>	\$0(3)	NM; *
<i>gnp mucus relief TABS 400mg</i>	\$0(3)	NM; *
<i>gnp mucus relief dm</i>	\$0(3)	NM; *
<i>gnp mucus relief pe</i>	\$0(3)	NM; *
<i>gnp nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>gnp nasal decongestant pe TABS 10mg</i>	\$0(3)	NM; *
<i>gnp nasal decongestant/ma TABS 30mg</i>	\$0(3)	NM; *
<i>gnp nasal four spray SOLN 1%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>gnp nasal spray extra moi SOLN .05%</i>	\$0(3)	NM; *
<i>gnp nasal spray fast acti SOLN 1%</i>	\$0(3)	NM; *
<i>gnp night time cold & flu</i>	\$0(3)	NM; *
<i>gnp night time cough</i>	\$0(3)	NM; *
<i>gnp no drip nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>gnp pseudoephedrine hcl 1 TB12 120mg</i>	\$0(3)	NM; *
<i>gnp pseudoephedrine hcl e TB12 120mg</i>	\$0(3)	NM; *
<i>gnp sinus + headache for</i>	\$0(3)	NM; *
<i>gnp sinus pressure/pain</i>	\$0(3)	NM; *
<i>gnp tab tussin TABS 400mg</i>	\$0(3)	NM; *
<i>gnp tab tussin dm</i>	\$0(3)	NM; *
<i>gnp tussin cf cough & col</i>	\$0(3)	NM; *
<i>gnp tussin cough long act SYRP 15mg/5ml</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin dm cough/chest</i>	\$0(3)	NM; *
<i>gnp tussin dm max</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>goodsense cough dm SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>goodsense cough dm childr SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>goodsense day time cold &</i>	\$0(3)	NM; *
<i>goodsense daytime cold &</i>	\$0(3)	NM; *
<i>goodsense mucus relief ch</i>	\$0(3)	NM; *
<i>goodsense nighttime cold</i>	\$0(3)	NM; *
<i>goodsense nighttime cough</i>	\$0(3)	NM; *
<i>goodsense tussin cf</i>	\$0(3)	NM; *
<i>goodsense tussin dm coug</i>	\$0(3)	NM; *
<i>goodsense tussin dm max</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml; TABS 200mg; TB12 600mg</i>	\$0(3)	NM; *
<i>guaifenesin ac</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
<i>head congestion/mucus</i>	\$0(3)	NM; *
<i>HISTEX-DM SYP</i>	\$0(3)	NM; *
<i>hm allergy relief & nasal</i>	\$0(3)	NM; *
<i>hm chest congestion relie TABS 400mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm cold & cough childrens</i>	\$0(3)	NM; *
<i>hm cold & sinus relief</i>	\$0(3)	NM; *
<i>hm cough dm SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>hm daytime severe cold/fl</i>	\$0(3)	NM; *
<i>hm mucus relief dm</i>	\$0(3)	NM; *
<i>hm nasal decongestant 12 TB12 120mg</i>	\$0(3)	NM; *
<i>hm nasal decongestant pe TABS 10mg</i>	\$0(3)	NM; *
<i>hm night time cold & flu</i>	\$0(3)	NM; *
<i>hm nighttime cold & flu r</i>	\$0(3)	NM; *
<i>hm nose drops extra stren SOLN 1%</i>	\$0(3)	NM; *
<i>12 hour decongestant TB12 120mg</i>	\$0(3)	NM; *
<i>12 hour nasal decongestan TB12 120mg</i>	\$0(3)	NM; *
<i>12 hour nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>24hr allergy & congestion</i>	\$0(3)	NM; *
<i>12hr allergy/congestion r</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet</i>	\$0(3)	NM; *
LOHIST-D LIQ	\$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0(3)	NM; *
<i>loratadine-d 12hr</i>	\$0(3)	NM; *
<i>loratadine-d 24hr</i>	\$0(3)	NM; *
LORTUSS LQ LIQ	\$0(3)	NM; *
M-CLEAR WC LIQ 100-6.33	\$0(3)	NM; *
M-END DMX LIQ	\$0(3)	NM; *
M-END PE LIQ	\$0(3)	NM; *
<i>mapap cold formula multi-</i>	\$0(3)	NM; *
MAR-COF BP LIQ 30-2-7.5	\$0(3)	NM; *
MAR-COF CG LIQ 225-7.5	\$0(3)	NM; *
<i>maxi-tuss ac</i>	\$0(3)	NM; *
<i>maxi-tuss g</i>	\$0(3)	NM; *
<i>maxi-tuss gmx</i>	\$0(3)	NM; *
MAXI-TUSS JR LIQ	\$0(3)	NM; *
MAXI-TUSS LIQ CD	\$0(3)	NM; *
MAXI-TUSS PE LIQ	\$0(3)	NM; *
MAXI-TUSS PE LIQ JR	\$0(3)	NM; *
MAXI-TUSS PE LIQ MAX	\$0(3)	NM; *
MAXI-TUSS TR LIQ 1.25-30	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAXICHLOR TAB PEH DM	\$0(3)	NM; *
MAXIFED TAB 60-360MG	\$0(3)	NM; *
MAXIFED TR TAB 1.25-30	\$0(3)	NM; *
MICLARA DM LIQ	\$0(3)	NM; *
MUCINEX CGH GRA 5-100MG	\$0(3)	NM; *
MUCINEX CHIL LIQ	\$0(3)	NM; *
<i>mucinex childrens freefor</i>	\$0(3)	NM; *
<i>mucinex childrens stuffy SOLN .05%</i>	\$0(3)	NM; *
MUCINEX CHLD MIS DAY/NITE	\$0(3)	NM; *
MUCINEX CNG/ TAB CG/CD/FL	\$0(3)	NM; *
MUCINEX COLD CAP FLU/THRT	\$0(3)	NM; *
<i>mucinex cough & chest con</i>	\$0(3)	NM; *
<i>mucinex cough childrens</i>	\$0(3)	NM; *
MUCINEX D/N CAP CLD/FLU	\$0(3)	NM; *
MUCINEX D/N PAK FAST/MAX	\$0(3)	NM; *
MUCINEX FAST CAP COLD/FLU	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
MUCINEX FAST TAB DAY/NITE	\$0(3)	NM; *
<i>mucinex fast-max chest co LIQD 400mg/20ml</i>	\$0(3)	NM; *
<i>mucinex fast-max cold & s</i>	\$0(3)	NM; *
<i>mucinex fast-max cold/flu</i>	\$0(3)	NM; *
<i>mucinex fast-max congesti</i>	\$0(3)	NM; *
<i>mucinex fast-max dm max</i>	\$0(3)	NM; *
<i>mucinex fast-max dm max m</i>	\$0(3)	NM; *
<i>mucinex fast-max night ti</i>	\$0(3)	NM; *
MUCINEX FOR KIDS PACK 100mg	\$0(3)	NM; *
MUCINEX FREE LIQ CLD/FLU	\$0(3)	NM; *
MUCINEX FREE LIQ CLG/FLU	\$0(3)	NM; *
MUCINEX FREE LIQ DAY/NIGH	\$0(3)	NM; *
<i>mucinex freefrom cold, fl</i>	\$0(3)	NM; *
<i>mucinex freefrom severe c</i>	\$0(3)	NM; *
MUCINEX NIGH SOL CLEAR	\$0(3)	NM; *
MUCINEX NIGH SOL COLD/FLU	\$0(3)	NM; *
MUCINEX NIGH SOL SV CD/FL	\$0(3)	NM; *
MUCINEX NIGH TAB COLD/FLU	\$0(3)	NM; *
MUCINEX NIGH TAB SIN MAX	\$0(3)	NM; *
MUCINEX NIGH TAB SV CD/FL	\$0(3)	NM; *
MUCINEX SIN CAP DAY/NGHT	\$0(3)	NM; *
MUCINEX SINS CAP PR/PN/CG	\$0(3)	NM; *
MUCINEX SINU TAB DAY/NITE	\$0(3)	NM; *
<i>mucinex sinus-max</i>	\$0(3)	NM; *
<i>mucinex sinus-max clear & SOLN .05%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mucinex sinus-max night t</i>	\$0(3)	NM; *
<i>mucinex sinus-max severe</i>	\$0(3)	NM; *
<i>mucinex sinus-max sinus/a SOLN .05%</i>	\$0(3)	NM; *
<i>MUCINEX SOL NIGHT</i>	\$0(3)	NM; *
<i>mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief childrens</i>	\$0(3)	NM; *
<i>mucus relief cough childr</i>	\$0(3)	NM; *
<i>mucus relief d</i>	\$0(3)	NM; *
<i>mucus relief dm</i>	\$0(3)	NM; *
<i>mucus relief dm cough</i>	\$0(3)	NM; *
<i>mucus relief dm maximum s</i>	\$0(3)	NM; *
<i>mucus relief er TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief maximum stre TB12 1200mg</i>	\$0(3)	NM; *
<i>mucus relief pe sinus con</i>	\$0(3)	NM; *
<i>mucus-dm maximum strength</i>	\$0(3)	NM; *
<i>multi symptom flu & sever</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>nasal decongestant pe TABS 10mg</i>	\$0(3)	NM; *
<i>nasal decongestant pe max TABS 10mg</i>	\$0(3)	NM; *
<i>nasal decongestant spray SOLN .05%</i>	\$0(3)	NM; *
<i>nasal four SOLN 1%</i>	\$0(3)	NM; *
<i>nasal relief SOLN .05%</i>	\$0(3)	NM; *
<i>nasal spray 12 hour SOLN .05%</i>	\$0(3)	NM; *
<i>nasal spray extra moistur SOLN .05%</i>	\$0(3)	NM; *
<i>nasal spray no drip SOLN .05%</i>	\$0(3)	NM; *
<i>NASOPEN PE LIQ</i>	\$0(3)	NM; *
<i>NEO-SYNEPHRINE COLD+ALLER SOLN .5%</i>	\$0(3)	NM; *
<i>nighttime cold/flu relief</i>	\$0(3)	NM; *
<i>nighttime cough</i>	\$0(3)	NM; *
<i>NINJACOF LIQ</i>	\$0(3)	NM; *
<i>NINJACOF-A LIQ</i>	\$0(3)	NM; *
<i>NINJACOF-XG LIQ 200-8/5</i>	\$0(3)	NM; *
<i>NIVANEX DMX TAB</i>	\$0(3)	NM; *
<i>no drip nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>nohist-dm</i>	\$0(3)	NM; *
<i>nohist-lq</i>	\$0(3)	NM; *
<i>NOREL AD TAB 4-10-325</i>	\$0(3)	NM; *
<i>phenylephrine hcl (oral) TABS 10mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg tab 10-17.5-385 mg</i>	\$0(3)	NM; *
POLY HIST FO TAB 10.5-10	\$0(3)	NM; *
POLY-HIST DM LIQ 5-25-10	\$0(3)	NM; *
POLY-TUSSIN LIQ 10-4-10	\$0(3)	NM; *
POLY-VENT DM TAB	\$0(3)	NM; *
POLY-VENT IR TAB 60-380MG	\$0(3)	NM; *
POLYTUSSIN LIQ DM	\$0(3)	NM; *
PRO-RED AC SYP 5-1-9/5	\$0(3)	NM; *
<i>promethazine vc/codeine</i>	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	\$0(3)	NM; *
<i>qc ibuprofen cold/sinus</i>	\$0(3)	NM; *
<i>qc loratadine-d</i>	\$0(3)	NM; *
<i>qc medifin 400 TABS 400mg</i>	\$0(3)	NM; *
<i>qc medifin dm</i>	\$0(3)	NM; *
<i>qc mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>qc mucus relief er 12 hou TB12 1200mg</i>	\$0(3)	NM; *
<i>qc nasal decongestant max TABS 30mg</i>	\$0(3)	NM; *
<i>qc suphedrine maximum str TB12 120mg</i>	\$0(3)	NM; *
<i>qc tussin cf</i>	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin expectorant adu LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>robafen cf multi-symptom</i>	\$0(3)	NM; *
<i>robafen dm</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge LIQD 200mg/10ml</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYDEX LIQ	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *
<i>rynex dm</i>	\$0(3)	NM; *
<i>rynex pe</i>	\$0(3)	NM; *
<i>rynex pse</i>	\$0(3)	NM; *
<i>sb 12hr nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>sb cough control LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>sb cougtab TABS 200mg</i>	\$0(3)	NM; *
<i>sb mucus relief dm</i>	\$0(3)	NM; *
<i>sb mucus relief pe</i>	\$0(3)	NM; *
<i>sb tab tussin dm</i>	\$0(3)	NM; *
<i>severe cold & flu</i>	\$0(3)	NM; *
<i>severe cold/cough</i>	\$0(3)	NM; *
<i>siltussin sa LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sinus + headache</i>	\$0(3)	NM; *
<i>sinus congestion/pain</i>	\$0(3)	NM; *
<i>sinus nasal spray SOLN .05%</i>	\$0(3)	NM; *
<i>sinus pressure/pain/adult</i>	\$0(3)	NM; *
<i>sinus relief extra streng SOLN 1%</i>	\$0(3)	NM; *
<i>sinus relief severe conge</i>	\$0(3)	NM; *
<i>sm 12 hour sinus deconges TB12 120mg</i>	\$0(3)	NM; *
<i>sm all day allergy-d</i>	\$0(3)	NM; *
<i>sm chest congestion relie TABS 400mg</i>	\$0(3)	NM; *
SM CLD/ALLER LIQ CHILDREN	\$0(3)	NM; *
<i>sm cold & cough dm childr</i>	\$0(3)	NM; *
<i>sm cold & flu severe</i>	\$0(3)	NM; *
<i>sm cold & sinus relief</i>	\$0(3)	NM; *
<i>sm day time cold & flu re</i>	\$0(3)	NM; *
<i>sm guaifenesin/pseudoephe</i>	\$0(3)	NM; *
<i>sm lorata-dine d</i>	\$0(3)	NM; *
<i>sm loratadine d 12hr</i>	\$0(3)	NM; *
<i>sm mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>sm mucus relief maximum s TB12 1200mg</i>	\$0(3)	NM; *
<i>sm mucus relief/12 hour TB12 600mg</i>	\$0(3)	NM; *
<i>sm nasal decongestant max TABS 30mg</i>	\$0(3)	NM; *
<i>sm nasal decongestant pe TABS 10mg</i>	\$0(3)	NM; *
<i>sm nasal spray SOLN .05%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm nasal spray 12 hour</i> SOLN .05%	\$0(3)	NM; *
<i>sm nasal spray moisturizi</i> SOLN .05%	\$0(3)	NM; *
<i>sm nasal spray sinus</i> SOLN .05%	\$0(3)	NM; *
<i>sm nite time cold & flu</i>	\$0(3)	NM; *
<i>sm nose drops nasal decon</i> SOLN 1%	\$0(3)	NM; *
<i>sm sinus severe for adult</i>	\$0(3)	NM; *
<i>sm tussin cf</i>	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin dm max/cough +</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>sodium chloride (inhalant)</i> AERS .9%	\$0(3)	NM; *
<i>soothing - 12 hour nasal</i> SOLN .05%	\$0(3)	NM; *
STAHIST AD TAB 25-60MG	\$0(3)	NM; *
STAHIST TP TAB 2.5-10MG	\$0(3)	NM; *
<i>sudogest</i> TABS 30mg, 60mg	\$0(3)	NM; *
<i>sudogest 12 hour</i> TB12 120mg	\$0(3)	NM; *
<i>sudogest maximum strength</i> TABS 30mg	\$0(3)	NM; *
<i>sudogest sinus & allergy</i>	\$0(3)	NM; *
<i>suphedrine 12hour maximum</i> TB12 120mg	\$0(3)	NM; *
<i>theraflu expressmax sever</i>	\$0(3)	NM; *
THERAFLU FLU PAK SORE THR	\$0(3)	NM; *
<i>triaminic fever & cold mu</i>	\$0(3)	NM; *
TRIAMINIC SOL COLD/CGH	\$0(3)	NM; *
TRIAMINIC SYP COLD/CGH	\$0(3)	NM; *
TUSNEL C SYP	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
TUSNEL DM LIQ	\$0(3)	NM; *
<i>tusnel dm pediatric</i>	\$0(3)	NM; *
TUSNEL LIQ	\$0(3)	NM; *
TUSNEL PED DRO 7.5-50	\$0(3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0(3)	NM; *
TUSNEL PEDIA LIQ	\$0(3)	NM; *
TUSNEL TAB	\$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	\$0(3)	NM; *
TUSNEL-DM LIQ	\$0(3)	NM; *
<i>tusnel-ex</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>tussin cf</i>	\$0(3)	NM; *
<i>tussin cf severe multi-sy</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tussin cough</i> SYRP 15mg/5ml	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm maximum strengt</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>tussin mucus + chest cong</i> LIQD 100mg/5ml	\$0(3)	NM; *
<i>tussin multi-symptom cold</i>	\$0(3)	NM; *
VANACOF DMX LIQ	\$0(3)	NM; *
VANACOF LIQ	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>4-way fast acting</i> SOLN 1%	\$0(3)	NM; *
WESTUSSIN DM SYP	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
AERCHMBR PLS MIS FLOW-VU	\$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	\$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	\$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	\$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
<i>afrin saline nasal mist</i>	\$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
<i>altamist</i> SOLN .65%	\$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
ASSESS METER MIS FULL	\$0(3)	NM; *
ASSESS METER MIS LOW	\$0(3)	NM; *
<i>ayr</i> SOLN .65%	\$0(3)	NM; *
AYR NASAL DROPS SOLN .65%	\$0(3)	NM; *
AYR NASAL MIST ALLERGY & SOLN 2.65%	\$0(3)	NM; *
<i>ayr saline nasal</i>	\$0(3)	NM; *
<i>ayr saline nasal no-drip</i>	\$0(3)	NM; *
<i>baby ayr saline</i> SOLN .65%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRONCHITOL CAPS 40mg	\$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
COMPACT SPAC MIS LG MASK	\$0(3)	NM; *
COMPACT SPAC MIS MD MASK	\$0(3)	NM; *
COMPACT SPAC MIS SM MASK	\$0(3)	NM; *
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
CVS NASAL MIST AERS .9%	\$0(3)	NM; *
<i>cvs saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
EASIVENT MIS MASK LG	\$0(3)	NM; *
EASIVENT MIS MASK MED	\$0(3)	NM; *
EASIVENT MIS MASK SM	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
<i>eq saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
<i>eq saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	\$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	\$0(3)	NM; *
FLEXICHAMBER MIS MASK SM	\$0(3)	NM; *
<i>gnp nasal moisturizing</i> SOLN .65%	\$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	\$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	\$0(3)	NM; *
HOLD CHAMBER MIS SMALL	\$0(3)	NM; *
INSPIRACHAMB MIS LARGE	\$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPE	\$0(3)	NM; *
INSPIRACHAMB MIS SMALL	\$0(3)	NM; *
INSPIREASE MIS DD SYST	\$0(3)	NM; *
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LITTLE REMED AER MIST	\$0(3)	NM; *
LITTLE REMED SOL SALINE	\$0(3)	NM; *
<i>meijer saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
MICROLIFE MIS PEAK FLO	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MICROSPACER MIS	\$0(3)	NM; *
MINI WRIGHT MIS PFM	\$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	\$0(3)	NM; *
NASADROPS SALINE ON THE G SOLN .9%	\$0(3)	NM; *
<i>nasal moist</i> SOLN .65%	\$0(3)	NM; *
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	NM; *
<i>nasogel</i>	\$0(3)	NM; *
<i>ocean for kids</i> SOLN .65%	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
OPTICHAMBER MIS DIA LG	\$0(3)	NM; *
OPTICHAMBER MIS DIA MD	\$0(3)	NM; *
OPTICHAMBER MIS DIA SM	\$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
PANDA MASK MIS LARGE	\$0(3)	NM; *
PANDA MASK MIS MEDIUM	\$0(3)	NM; *
PANDA MASK MIS PEDIATRI	\$0(3)	NM; *
PANDA MASK MIS SMALL	\$0(3)	NM; *
PEAK AIR FLO MIS ADLT/PED	\$0(3)	NM; *
PEAK FLOW MIS METER	\$0(3)	NM; *
PEAK FLW MTR MIS ADULT	\$0(3)	NM; *
PEAK FLW MTR MIS CHILD	\$0(3)	NM; *
PERSONAL BES MIS FULL RNG	\$0(3)	NM; *
PIKO 1 MIS ELECTRON	\$0(3)	NM; *
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
POCKET CHAMB MIS	\$0(3)	NM; *
POCKET PEAK MIS METER	\$0(3)	NM; *
POCKET SPACE MIS	\$0(3)	NM; *
POCKETPEAK MIS MTR LOW	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium iodide (expectorant)</i> SOLN 1gm/ml	\$0(3)	NM; *
PROCARE MIS ADULT	\$0(3)	NM; *
PROCARE MIS CHILD	\$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
PURE COMFORT MIS SPACER	\$0(3)	NM; *
<i>px saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
<i>ra saline nasal spray</i> SOLN .65%	\$0(3)	NM; *
RA STERILE SALINE NASAL M SOLN .9%	\$0(3)	NM; *
RITEFLO MIS	\$0(3)	NM; *
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
<i>saline</i> SOLN .65%	\$0(3)	NM; *
<i>saline mist</i> SOLN .65%	\$0(3)	NM; *
<i>*saline nasal gel**</i>	\$0(3)	NM; *
<i>sb saline nose</i> SOLN .65%	\$0(3)	NM; *
SIMPLY SALINE AERS .9%	\$0(3)	NM; *
SINUS WASH CRY SALT	\$0(3)	NM; *
<i>sm nasal spray saline</i> SOLN .65%	\$0(3)	NM; *
SOOTH SALINE AER NASAL	\$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	\$0(3)	NM; *
SPACE CHAMBR MIS LARGE	\$0(3)	NM; *
SPACE CHAMBR MIS MEDIUM	\$0(3)	NM; *
SPACE CHAMBR MIS SMALL	\$0(3)	NM; *
SPACER CHAMB MIS ADULT	\$0(3)	NM; *
SPACER CHAMB MIS CHILD	\$0(3)	NM; *
SPACER CHAMB MIS INFANT	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRUZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
VORTEX/MASK MIS CHILDS	\$0(3)	NM; *
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>gnp fluticasone propionat</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>qc allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	NM; *
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
<i>adapalene</i> GEL .1%	\$0(3)	NM; *
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>benzefoam</i> FOAM 5.3%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide topical</i> LIQD 10%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>bpo foaming cloths</i> MISC 6%	\$0(3)	NM; *
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>gnp triple antibiotic plu</i>	\$0(3)	NM; *
<i>goodsense first aid antib</i>	\$0(3)	NM; *
<i>hm bacitracin</i> OINT 500unit/gm	\$0(3)	NM; *
<i>hm double antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic plus</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *
<i>qc triple antibiotic maxi</i>	\$0(3)	NM; *
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm antibiotic</i> OINT 500unit/gm	\$0(3)	NM; *
<i>sm antibiotic plus pain r</i>	\$0(3)	NM; *
<i>sm double antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>sm triple antibiotic plus</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
<i>SULFAMYLON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic + pain</i>	\$0(3)	NM; *
<i>triple antibiotic plus</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>ALEVAZOL</i> OINT 1%	\$0(3)	NM; *
<i>antifungal</i> CREA 1%, 2%	\$0(3)	NM; *
<i>antifungal powder</i> POWD 2%	\$0(3)	NM; *
<i>athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>athletes foot antifungal</i> AERP 1%	\$0(3)	NM; *
<i>athletes foot powder spra</i> AERP 2%	\$0(3)	NM; *
<i>baza antifungal</i> CREA 2%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>butenafine hcl</i> CREA 1%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole athletes foo</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>cvs jock itch</i> CREA 1%	\$0(3)	NM; *
FUNGOID TINCTURE SOLN 2%	\$0(3)	NM; *
<i>gnp athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>gnp miconazorb af</i> POWD 2%	\$0(3)	NM; *
<i>gnp terbinafine hydrochlo</i> CREA 1%	\$0(3)	NM; *
<i>gnp tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>micotrin ac</i> CREA 1%	\$0(3)	NM; *
<i>micotrin al</i> SOLN 1%	\$0(3)	NM; *
<i>micotrin ap</i> POWD 2%	\$0(3)	NM; *
<i>mycozyl ac</i> CREA 1%	\$0(3)	NM; *
<i>mycozyl al</i> SOLN 1%	\$0(3)	NM; *
<i>mycozyl ap</i> POWD 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc antifungal cream</i> CREA 1%	\$0(3)	NM; *
<i>qc tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *
<i>tolnaftate antifungal</i> CREA 1%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i> CREA 1%	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i> CREA 1%	\$0(3)	NM; *
HYDROCORTISONE CREA 1%	\$0(3)	NM; *
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA .5%, 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone acetate (topical)</i> OINT 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone/aloe maxim</i> CREA 1%	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>qc anti-itch/aloe</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>sm hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i>		
ALOE VESTA PROTECTIVE OINT 43%	\$0(3)	NM; *
<i>americerin</i>	\$0(3)	NM; *
<i>anti-dandruff shampoo</i> SHAM 1%	\$0(3)	NM; *
<i>anti-itch</i>	\$0(3)	NM; *
AQUA GLYCOL CRE FACE	\$0(3)	NM; *
AQUAPHILIC OIN	\$0(3)	NM; *
AQUAPHOR OINT 41%	\$0(3)	NM; *
AQUAPHOR ADVANCED PROTECT OINT 41%	\$0(3)	NM; *
AQUAPHOR ADVANCED THERAPY OINT 41%	\$0(3)	NM; *
AQUAPHOR OIN	\$0(3)	NM; *
<i>arthritis pain relieving</i> CREA .075%	\$0(3)	NM; *
<i>atrix medicated formula</i> CREA 2%	\$0(3)	NM; *
ATRIX SYSTEM 1 KIT 2%	\$0(3)	NM; *
<i>banophen</i>	\$0(3)	NM; *
<i>benzoin compound tincture</i>	\$0(3)	NM; *
BENZOIN TIN	\$0(3)	NM; *
BENZOIN TIN PLAIN	\$0(3)	NM; *
BETA CARE CRE	\$0(3)	NM; *
BETA XMA CRE	\$0(3)	NM; *
BETADINE SOLN 5%	\$0(3)	NM; *
BETADINE ANTISEPTIC CREA 5%	\$0(3)	NM; *
BETADINE SURGICAL SCRUB SOLN 7.5%	\$0(3)	NM; *
BETADINE SWABSTICKS SWAB 10%	\$0(3)	NM; *
<i>bexarotene (topical)</i> GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
BULL FROG SPR MOSQUITO	\$0(3)	NM; *
<i>capsaicin</i> CREA .025%, .1%	\$0(3)	NM; *
<i>capsaicin heat patch</i> PTCH .025%	\$0(3)	NM; *
CERAVE CRE MOISTURI	\$0(3)	NM; *
CERAVE HEALING OINT 46.5%	\$0(3)	NM; *
CERAVE SA CRE RGH/BMP	\$0(3)	NM; *
CETAPHIL CRE HAND	\$0(3)	NM; *
CIRCATA CREA .05%	\$0(3)	NM; *
COCONUT OIL CRE BEAUTY	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COLEMAN 100 MAX INSECT RE AERO 98.11%; LIQD 98.11%	\$0(3)	NM; *
COLEMAN INSECT REPELLENT/ AERO 25%, 40%	\$0(3)	NM; *
COLEMN BOTAN LIQ INSECT	\$0(3)	NM; *
COLEMN INSEC LIQ SKINSMAR	\$0(3)	NM; *
COLEMN INSEC SPR SKINSMAR	\$0(3)	NM; *
<i>corn and callus remover</i> LIQD 17%	\$0(3)	NM; *
CUTTER AERO 10%	\$0(3)	NM; *
CUTTER AER NATURAL	\$0(3)	NM; *
CUTTER ALL FAMILY AERO 7%; LIQD 7%	\$0(3)	NM; *
CUTTER ALL FAMILY MOSQUIT SHEE 7.15%	\$0(3)	NM; *
CUTTER BACKWOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
CUTTER BACKWOODS DRY AERO 25%	\$0(3)	NM; *
CUTTER DRY AERO 10%	\$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	\$0(3)	NM; *
CUTTER LIQ NATURAL	\$0(3)	NM; *
CUTTER SKINSATIONS AERO 7%; LIQD 7%	\$0(3)	NM; *
CUTTER SPORT AERO 15%	\$0(3)	NM; *
<i>cvs advanced healing oint</i> OINT 41%	\$0(3)	NM; *
CVS INSECT REPELLENT AERO 15%	\$0(3)	NM; *
CVS TOTAL HOME INSECT REP AERO 30%	\$0(3)	NM; *
<i>dandruff shampoo</i> LOTN 1%; SHAM 1%	\$0(3)	NM; *
DERMABASE CRE	\$0(3)	NM; *
<i>dermacinrx atrix antibact</i> LIQD 2%	\$0(3)	NM; *
<i>dermacinrx atrix clarifyi</i> LIQD 2%	\$0(3)	NM; *
DERMACINRX CIRCATRIX CREA .05%	\$0(3)	NM; *
<i>dermacinrx penetral</i> CREA .025%	\$0(3)	NM; *
<i>dermacinrx skin repair</i> CREA 5%	\$0(3)	NM; *
DIABETIDERM CRE	\$0(3)	NM; *
DIABETIDERM CRE FOOT	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days)
<i>diphenhydramine-zinc acetate cream</i> 2-0.1%	\$0(3)	NM; *
DML FORTE CRE	\$0(3)	NM; *
<i>dry skin treatment</i> OINT 41%	\$0(3)	NM; *
<i>e-ointment</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EAGLE WATCH MOSQUITO ELIM LIQD 25%	\$0(3)	NM; *
EMOLLIA-CREM CRE	\$0(3)	NM; *
EQ THERAPEUT CRE MOISTURI	\$0(3)	NM; *
EUCERIN HAND CRE ADV REPA	\$0(3)	NM; *
EUCERIN PLUS CRE	\$0(3)	NM; *
FIRST AID ANTISEPTIC OINT OINT 10%	\$0(3)	NM; *
<i>flanders buttocks</i>	\$0(3)	NM; *
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>gnp anti-itch</i>	\$0(3)	NM; *
<i>gnp wart remover LIQD 17%</i>	\$0(3)	NM; *
GOLD BOND CRE HEALING	\$0(3)	NM; *
GOLD BOND OIN HEALING	\$0(3)	NM; *
<i>goodsense hemorrhoidal oi</i>	\$0(3)	NM; *
HYDRASYN25 CRE	\$0(3)	NM; *
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	\$0(1)	
<i>hydrolatum</i>	\$0(3)	NM; *
<i>hydrophor OINT 42%</i>	\$0(3)	NM; *
<i>imiquimod CREA 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>itch relief extra strengt</i>	\$0(3)	NM; *
KERADAN CRE	\$0(3)	NM; *
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(3)	NM; *
LANAPHILIC OIN	\$0(3)	NM; *
LANOLOR CRE	\$0(3)	NM; *
<i>lansinoh lanolin</i>	\$0(3)	NM; *
<i>lansinoh lanolin minis ni</i>	\$0(3)	NM; *
<i>lansinoh lanolin nipple</i>	\$0(3)	NM; *
LEADER FINGE CRE	\$0(3)	NM; *
<i>lidocaine CREA 4%</i>	\$0(3)	QL (120 gm / 30 days), NM; *
MAXI DEET LIQD 98.11%	\$0(3)	NM; *
<i>medela tender care lanoli</i>	\$0(3)	NM; *
<i>medicated callus removers PADS 40%</i>	\$0(3)	NM; *
<i>medicated corn removers PADS 40%</i>	\$0(3)	NM; *
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	\$0(1)	QL (59 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>minerin creme</i>	\$0(3)	NM; *
MOISTURIZING CRE	\$0(3)	NM; *
<i>moisturizing cream</i>	\$0(3)	NM; *
NATRAPEL LIQD 20%	\$0(3)	NM; *
NATRAPEL 12-HOUR TICK & I AERO 20%	\$0(3)	NM; *
NEUTROGENA CRE HAND	\$0(3)	NM; *
<i>nitroglycerin (intra-anal)</i> OINT .4%	\$0(1)	QL (30 gm / 30 days)
<i>numbcream</i> CREA 5%	\$0(3)	QL (38 gm / 30 days), NM; *
NUTRADERM CRE	\$0(3)	NM; *
OFF ACTIVE AERO 15%	\$0(3)	NM; *
OFF DEEP WOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
OFF DEEP WOODS DRY AERO 25%	\$0(3)	NM; *
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%, 98.25%	\$0(3)	NM; *
OFF DEEP WOODS TOWELETTES SHEE 25%	\$0(3)	NM; *
OFF FAMILYCARE CLEAN FEEL LIQD 5%	\$0(3)	NM; *
OFF FAMILYCARE SMOOTH & D AERO 15%	\$0(3)	NM; *
OFF FAMILYCARE TROPICAL F LIQD 5%	\$0(3)	NM; *
OFF FAMILYCARE UNSCENTED LIQD 7%	\$0(3)	NM; *
OFF SMOOTH & DRY AERO 15%	\$0(3)	NM; *
OINTMENT OIN BASE	\$0(3)	NM; *
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
PEN-KERA CRE	\$0(3)	NM; *
PENTRAVAN CRE	\$0(3)	NM; *
PENTRAVAN CRE PLUS	\$0(3)	NM; *
PETROLATUM OIN	\$0(3)	NM; *
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
PRETTY FEET CRE & HANDS	\$0(3)	NM; *
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>qc anti-itch extra streng</i>	\$0(3)	NM; *
<i>qc povidone iodine</i> SOLN 10%	\$0(3)	NM; *
RA ADVANCED HEALING OINT 41%	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RANGER READY REPELLENT LIQD 20%	\$0(3)	NM; *
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
REPEL 100 LIQD 98.11%	\$0(3)	NM; *
REPEL FAMILY AERO 15%	\$0(3)	NM; *
REPEL FAMILY DRY AERO 10%	\$0(3)	NM; *
REPEL HUNTERS FORMULA AERO 25%	\$0(3)	NM; *
REPEL LEMON SPR INSECT	\$0(3)	NM; *
REPEL MOSQUITO WIPES SHEE 30%	\$0(3)	NM; *
REPEL SPORTSMEN AERO 25%	\$0(3)	NM; *
REPEL SPORTSMEN DRY AERO 25%	\$0(3)	NM; *
REPEL SPORTSMEN MAX AERO 40%; LIQD 40%; LOTN 40%	\$0(3)	NM; *
REPEL TICK DEFENSE AERO 15%	\$0(3)	NM; *
RISABAL-PH CRE	\$0(3)	NM; *
SAWYER INSECT REPELLENT AERO 30%	\$0(3)	NM; *
SAWYER INSECT REPELLENT C LOTN 20%	\$0(3)	NM; *
SAWYER PREMIUM INSECT REP LIQD 20%	\$0(3)	NM; *
<i>sb povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
SEBEX SHA	\$0(3)	NM; *
SENSI-CARE CRE MOISTURI	\$0(3)	NM; *
<i>sm anti-itch extra streng</i>	\$0(3)	NM; *
SM BENZOIN TIN	\$0(3)	NM; *
SM BENZOIN TIN NFXI	\$0(3)	NM; *
<i>sm povidone-iodine</i> SOLN 10%	\$0(3)	NM; *
SORBIDON CRE HYDRATE	\$0(3)	NM; *
STUDIO 35 CRE MOIST	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
THERAPEUTIC CRE MOISTUR	\$0(3)	NM; *
THERAPEUTIC DANDRUFF SHAM 3%	\$0(3)	NM; *
TOTAL HOME SPR INSECT	\$0(3)	NM; *
ULTRATHON INSECT REPELLEN AERO 25%; LOTN 34.34%	\$0(3)	NM; *
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
VANICREAM CRE	\$0(3)	NM; *
VELVACHOL CRE	\$0(3)	NM; *
<i>wart remover maximum stre</i> LIQD 17%; STRP 40%	\$0(3)	NM; *
XERAC AC SOLN 6.25%	\$0(3)	NM; *
ZIKS ARTHRIT CRE RELIEF	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zinc oxide (topical)</i> OINT 20%	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>goodsense lice killing cr</i> LIQD 1%	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment creme rins</i> LIQD 1%	\$0(3)	NM; *
<i>malathion</i> LOTN .5%	\$0(1)	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	\$0(1)	QL (60 gm / 30 days)
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment</i> LIQD 1%	\$0(3)	NM; *
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
REGGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>ear drops</i> SOLN 6.5%	\$0(3)	NM; *
<i>earwax removal</i> SOLN 6.5%	\$0(3)	NM; *
<i>earwax removal kit</i> SOLN 6.5%	\$0(3)	NM; *
<i>sm ear drops</i> SOLN 6.5%	\$0(3)	NM; *
PART B		
DIABETIC METERS AND TEST STRIPS		
DEXCOM G6 MIS RECEIVER	\$0	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEXCOM G6 MIS SENSOR	\$0	PA
DEXCOM G6 MIS TRANSMIT	\$0	PA
DEXCOM G7 MIS RECEIVER	\$0	PA
DEXCOM G7 MIS SENSOR	\$0	PA
FREESTY LIBR KIT 2 SENSOR	\$0	PA
FREESTY LIBR KIT 3 SENSOR	\$0	PA
FREESTY LIBR MIS 2 READER	\$0	PA
FREESTY LIBR MIS 3 READER	\$0	PA
FREESTYLE KIT SENSOR	\$0	PA
FREESTYLE MIS READER	\$0	PA
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

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