FORMULARY

(List of Covered Drugs)

2016

Molina Dual Options STAR+PLUS
Medicare-Medicaid Plan

MOLINA® HEALTHCARE
Your Extended Family.

Version 10
UPDATED: 06/2016
Member Services (866) 856-8699, TTY/TDD 711
Monday - Friday, 8 a.m. - 8 p.m., local time

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

Molina Dual Options STAR+PLUS Medicare-Medicaid Plan | 2016 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Molina Dual Options STAR+PLUS MMP.

- Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year.
- You can always check Molina Dual Options STAR+PLUS MMP's up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- Limitations and restrictions may apply. For more information, call Molina Dual Options STAR+PLUS MMP Member Services or read the Molina Dual Options STAR+PLUS MMP Member Handbook.
- You can get this information for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- You can get this information for free in other languages. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- Usted puede recibir esta información en otros idiomas gratuitamente. Llame al (866) 856-8699, TTY/TDD al 711, lunes a viernes, de 8 a.m. a 8 p.m., hora local. Esta es una llamada gratuita.

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the "Drug List" for short.)

The drugs on the List of Covered Drugs that starts on page 1 are the drugs covered by Molina Dual Options STAR+PLUS MMP. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

→ Molina Dual Options STAR+PLUS MMP will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, ***and***
- you fill the prescription at a Molina Dual Options STAR+PLUS MMP network pharmacy.

→ Molina Dual Options STAR+PLUS MMP may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

2. Does the Drug List ever change?

Yes. Molina Dual Options STAR+PLUS MMP may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, ***or***
- we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Molina Dual Options STAR+PLUS MMP before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").

- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page x.)

We will tell you when a Medicare Part D drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a Medicare Part D drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check Molina Dual Options STAR+PLUS MMP's up to date Drug List online at www.MolinaHealthcare.com/Duals. You can also call Member Services to check the current Drug List at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a Medicare Part D drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List ***or*** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will receive this notification by mail at least 60 days before this change occurs.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Please speak with your physician to find an alternative that is safe for you.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options STAR+PLUS MMP before you fill your prescription. If you don't get approval, Molina Dual Options STAR+PLUS MMP may not cover the drug.

- **Quantity limits:** Sometimes Molina Dual Options STAR+PLUS MMP limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options STAR+PLUS MMP requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-115. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

→ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options STAR+PLUS MMP member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 11 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), ***or***
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. If you learn that Molina Dual Options STAR+PLUS MMP will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. ***Or***
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you are a new Molina Dual Options STAR+PLUS MMP member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 60-day supply of your drug during the first 90 days you are a member of Molina Dual Options STAR+PLUS MMP. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 60-day supply of your drug if:

- you are taking a drug that is not on our Drug List, ***or***
- health plan rules do not let you get the amount ordered by your prescriber, ***or***
- the drug requires prior approval by Molina Dual Options STAR+PLUS MMP, ***or***
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 60-day supply (unless the prescription is written for fewer days). After we cover the temporary 60-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Molina Dual Options STAR+PLUS MMP to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Dual Options STAR+PLUS MMP may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Molina Dual Options STAR+PLUS MMP covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter." Molina Dual Options STAR+PLUS MMP covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Molina Dual Options STAR+PLUS MMP Drug List to see what OTC drugs are covered.

16. Does Molina Dual Options STAR+PLUS MMP cover OTC non-drug products?

Molina Dual Options STAR+PLUS MMP covers some OTC non-drug products when they are written as prescriptions by your provider.

You can read the Molina Dual Options STAR+PLUS MMP Drug List to see what OTC non-drug products are covered.

17. What is your co-pay?

You can read the Molina Dual Options STAR+PLUS MMP Drug List to learn about the co-pay for each drug.

Molina Dual Options STAR+PLUS MMP members living in nursing homes or other long-term care facilities will have no co-pays. Some members getting long-term care in the community will also have no co-pays.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay nothing.

- Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay nothing.
- Tier 3 drugs are Non-Medicare Rx/OTC drugs. For Tier 3 drugs, you pay nothing.

List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index that begins on page 116.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., CRESTOR) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the necessary actions, restrictions, or limits on use column tells you if Molina Dual Options STAR+PLUS MMP has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Texas Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You can also read the Member Handbook to learn how to appeal a decision.
The information in the Requirements/Limits column tells you if Molina Dual Options STAR+PLUS MMP has any special requirements for coverage of your drug.

QL stands for Quantity Limits
PA stands for Prior Authorization
ST stands for Step Therapy Criteria
OTC stands for Over the Counter
B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances
LA stands for Limited Access Drug
NM stands for Not available through mail-order

List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0 (1)	
allopurinol tab 300 mg	$0 (1)	
colchicine w/ probenecid tab 0.5-500 mg	$0 (1)	
COLCRYS TAB 0.6MG	$0 (2)	QL (120 tabs / 30 days)
probenecid tab 500 mg	$0 (1)	
ULORIC TAB 40MG	$0 (2)	ST
ULORIC TAB 80MG	$0 (2)	ST
MISCELLANEOUS		
ACEPHEN SUP 120MG	$0 (3)	NM; *
acephen sup 325mg	$0 (3)	NM; *
acephen sup 650mg	$0 (3)	NM; *
acetaminophen tab 325 mg	$0 (3)	NM; *
arthrts pain tab 650mg	$0 (3)	NM; *
aspir-low tab 81mg ec	$0 (3)	NM; *
aspirin chew tab 81 mg	$0 (3)	NM; *
aspirin chld chw 81mg	$0 (3)	NM; *
aspirin chw 81mg	$0 (3)	NM; *
aspirin low tab 81mg ec	$0 (3)	NM; *
aspirin tab 325 mg	$0 (3)	NM; *
aspirin tab delayed release 81 mg	$0 (3)	NM; *
aspirin tab delayed release 325 mg	$0 (3)	NM; *
child asa chw 81mg	$0 (3)	NM; *
chld pain rl tab 80mg	$0 (3)	NM; *
chld silapap liq 160/5ml	$0 (3)	NM; *
chlds mapap tab 80mg rt	$0 (3)	NM; *
ed-apap liq 80mg/2.5	$0 (3)	NM; *
ELIXSURE GEL F/P BGUM	$0 (3)	NM; *
ELIXSURE GEL F/P CHRY	$0 (3)	NM; *
ELIXSURE GEL F/P GRPE	$0 (3)	NM; *
gnp aspirin chw 81mg	$0 (3)	NM; *
gnp aspirin tab 325mg	$0 (3)	NM; *
headache rel tab added st	$0 (3)	NM; *
ibuprofen cap 200 mg	$0 (3)	NM; *
inf silapap dro 80/0.8ml	$0 (3)	NM; *
junior mapap tab 160mg rt	$0 (3)	NM; *
mapap apap liq 500/15ml	$0 (3)	NM; *
mapap cap 500mg	$0 (3)	NM; *
mapap child sus 160/5ml	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mapap child tab 80mg rt	$0 (3)	NM; *
mapap chw 80mg	$0 (3)	NM; *
mapap liq 160/5ml	$0 (3)	NM; *
mapap tab 325mg	$0 (3)	NM; *
mapap tab 500mg	$0 (3)	NM; *
medi-tabs tab 325mg	$0 (3)	NM; *
medi-tabs tab 500mg	$0 (3)	NM; *
migraine tab formula	$0 (3)	NM; *
non-aspirin tab 500mg	$0 (3)	NM; *
nortemp sus 160/5ml	$0 (3)	NM; *
nortemp sus infants	$0 (3)	NM; *
pain & fever sol 160/5ml	$0 (3)	NM; *
pain & fever sus 160/5ml	$0 (3)	NM; *
pain & fever tab 325mg	$0 (3)	NM; *
pain & fever tab 500mg	$0 (3)	NM; *
pain relief sus 160/5ml	$0 (3)	NM; *
pain relief tab 325mg	$0 (3)	NM; *
pain relief tab 500mg	$0 (3)	NM; *
pain relieve sus 160/5ml	$0 (3)	NM; *
pain relieve tab 325mg	$0 (3)	NM; *
pain relieve tab 500mg	$0 (3)	NM; *
q-pap child sus 160/5ml	$0 (3)	NM; *
q-pap infant dro 80/0.8ml	$0 (3)	NM; *
q-pap liq 160/5ml	$0 (3)	NM; *
q-pap tab 325mg	$0 (3)	NM; *
q-pap tab 500mg	$0 (3)	NM; *
qc aspirin tab 325mg	$0 (3)	NM; *
qc headache tab relief	$0 (3)	NM; *
qc ibuprofen cap 200mg	$0 (3)	NM; *
sm aspirin tab 81mg ec	$0 (3)	NM; *
sm aspirin tab 325mg	$0 (3)	NM; *
sm child asa chw 81mg	$0 (3)	NM; *
sm headache tab added st	$0 (3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain tab 220mg	$0 (3)	NM; *
all day relf tab 220mg	$0 (3)	NM; *
celecoxib cap 50 mg	$0 (1)	QL (60 caps / 30 days)
celecoxib cap 100 mg	$0 (1)	QL (60 caps / 30 days)
celecoxib cap 200 mg	$0 (1)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0 (1)	QL (60 caps / 30 days)
diclofenac potassium tab 50 mg	$0 (1)	
diclofenac sodium tab delayed release 25 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diclofenac sodium tab delayed release 50 mg	$0 (1)	
diclofenac sodium tab delayed release 75 mg	$0 (1)	
diclofenac sodium tab sr 24hr 100 mg	$0 (1)	
diflunisal tab 500 mg	$0 (1)	
etodolac cap 200 mg	$0 (1)	
etodolac cap 300 mg	$0 (1)	
etodolac tab 400 mg	$0 (1)	
etodolac tab 500 mg	$0 (1)	
etodolac tab sr 24hr 400 mg	$0 (1)	
etodolac tab sr 24hr 500 mg	$0 (1)	
etodolac tab sr 24hr 600 mg	$0 (1)	
flurbiprofen tab 50 mg	$0 (1)	
flurbiprofen tab 100 mg	$0 (1)	
ibu-drops dro 40mg/ml	$0 (3)	NM; *
ibu-drops dro 50/1.25	$0 (3)	NM; *
ibuprofen dro 50/1.25	$0 (3)	NM; *
ibuprofen jr chw 100mg	$0 (3)	NM; *
ibuprofen susp 100 mg/5ml	$0 (1)	
ibuprofen tab 200 mg	$0 (3)	NM; *
ibuprofen tab 200mg	$0 (3)	NM; *
ibuprofen tab 400 mg	$0 (1)	
ibuprofen tab 600 mg	$0 (1)	
ibuprofen tab 800 mg	$0 (1)	
ketoprofen cap 50 mg	$0 (1)	
ketoprofen cap 75 mg	$0 (1)	
medi-profen tab 200mg	$0 (3)	NM; *
MELOXICAM SUSP 7.5 MG/5ML	$0 (1)	
meloxicam tab 7.5 mg	$0 (1)	
meloxicam tab 15 mg	$0 (1)	
nabumetone tab 500 mg	$0 (1)	
nabumetone tab 750 mg	$0 (1)	
naproxen dr tab 375mg	$0 (1)	
naproxen dr tab 500mg	$0 (1)	
naproxen sod tab 220mg	$0 (3)	NM; *
naproxen sodium tab 220 mg	$0 (3)	NM; *
naproxen sodium tab 275 mg	$0 (1)	
naproxen sodium tab 550 mg	$0 (1)	
naproxen susp 125 mg/5ml	$0 (1)	
naproxen tab 250 mg	$0 (1)	
naproxen tab 375 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naproxen tab 500 mg	$0 (1)	
piroxicam cap 10 mg	$0 (1)	
piroxicam cap 20 mg	$0 (1)	
qc ibuprofen tab 200mg	$0 (3)	NM; *
sulindac tab 150 mg	$0 (1)	
sulindac tab 200 mg	$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0 (1)	QL (5000 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0 (1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0 (1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0 (1)	QL (400 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	$0 (1)	
butorphanol tartrate inj 2 mg/ml	$0 (1)	
nalbuphine hcl inj 10 mg/ml	$0 (1)	
nalbuphine hcl inj 20 mg/ml	$0 (1)	
tramadol hcl tab 50 mg	$0 (1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH INJ 0.5MG/ML	$0 (1)	B/D
DURAMORPH INJ 1MG/ML	$0 (1)	B/D
endocet tab 5-325mg	$0 (1)	QL (360 tabs / 30 days)
endocet tab 7.5-325	$0 (1)	QL (360 tabs / 30 days)
endocet tab 10-325mg	$0 (1)	QL (360 tabs / 30 days)
fentanyl citrate lozenge on a handle 200 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0 (1)	QL (10 patches / 30 days)
fentanyl td patch 72hr 25 mcg/hr	$0 (1)	QL (10 patches / 30 days)
fentanyl td patch 72hr 50 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 100 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	$0 (2)	QL (120 tabs / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0 (1)	QL (5400 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0 (1)	QL (360 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0 (1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	$0 (1)	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	$0 (1)	B/D
hydromorphone hcl tab 2 mg	$0 (1)	QL (270 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0 (1)	QL (270 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0 (1)	QL (270 tabs / 30 days)
methadone con 10mg/ml	$0 (1)	QL (120 mL / 30 days)
methadone hcl soln 5 mg/5ml	$0 (1)	QL (600 mL / 30 days)
methadone hcl soln 10 mg/5ml	$0 (1)	QL (600 mL / 30 days)
methadone hcl tab 5 mg	$0 (1)	QL (240 tabs / 30 days)
methadone hcl tab 10 mg	$0 (1)	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	$0 (1)	B/D
MORPHINE SUL INJ 4MG/ML	$0 (1)	B/D
MORPHINE SUL INJ 8MG/ML	$0 (1)	B/D
morphine sulfate beads cap sr 24hr 30 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate beads cap sr 24hr 45 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate beads cap sr 24hr 60 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate beads cap sr 24hr 75 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate beads cap sr 24hr 90 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate beads cap sr 24hr 120 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 10 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 20 mg	$0 (1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate cap sr 24hr 30 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 50 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 60 mg	$0 (1)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 80 mg	$0 (2)	QL (60 caps / 30 days)
morphine sulfate cap sr 24hr 100 mg	$0 (2)	QL (60 caps / 30 days)
morphine sulfate inj pf 0.5 mg/ml	$0 (1)	B/D
morphine sulfate inj pf 1 mg/ml	$0 (1)	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	$0 (1)	B/D
morphine sulfate iv soln pf 4 mg/ml	$0 (1)	B/D
morphine sulfate iv soln pf 8 mg/ml	$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	$0 (1)	B/D
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	$0 (1)	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	$0 (1)	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	$0 (1)	
MORPHINE SULFATE TAB 15 MG	$0 (1)	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	$0 (1)	QL (180 tabs / 30 days)
morphine sulfate tab cr 15 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab cr 30 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab cr 60 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab cr 100 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab cr 200 mg	$0 (1)	QL (60 tabs / 30 days)
oxycodone hcl cap 5 mg	$0 (1)	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0 (1)	
OXYCODONE HCL SOLN 5 MG/5ML	$0 (1)	
oxycodone hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0 (1)	QL (360 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
roxicet sol 5-325/5	$0 (2)	QL (1800 mL / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	$0 (1)	B/D
lidocaine hcl local inj 1%	$0 (1)	B/D
lidocaine hcl local inj 1.5%	$0 (1)	B/D
lidocaine hcl local inj 2%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0 (1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0 (1)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0 (1)	
gentam/nacl inj 0.9mg/ml	$0 (1)	
gentam/nacl inj 1.4mg/ml	$0 (1)	
gentamicin in saline inj 0.8 mg/ml	$0 (1)	
gentamicin in saline inj 1 mg/ml	$0 (1)	
gentamicin in saline inj 1.2 mg/ml	$0 (1)	
gentamicin in saline inj 1.6 mg/ml	$0 (1)	
gentamicin in saline inj 2 mg/ml	$0 (1)	
gentamicin sulfate inj 10 mg/ml	$0 (1)	
gentamicin sulfate inj 40 mg/ml	$0 (1)	
gentamicin sulfate iv soln 10 mg/ml	$0 (1)	
neomycin sulfate tab 500 mg	$0 (1)	
paromomycin sulfate cap 250 mg	$0 (1)	
streptomycin sulfate for inj 1 gm	$0 (1)	
sulfadiazine tab 500mg	$0 (2)	
tobramycin nebu soln 300 mg/5ml	$0 (2)	B/D, NM
tobramycin sulfate for inj 1.2 gm	$0 (1)	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0 (1)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0 (1)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0 (1)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0 (1)	
ANTI-INFECTIVES - MISCELLANEOUS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALBENZA TAB 200MG	$0 (2)	
ALINIA SUS 100/5ML	$0 (2)	
ALINIA TAB 500MG	$0 (2)	
atovaquone susp 750 mg/5ml	$0 (2)	
AZACTAM/DEX INJ 1GM	$0 (2)	
AZACTAM/DEX INJ 2GM	$0 (2)	
aztreonam for inj 1 gm	$0 (1)	
aztreonam for inj 2 gm	$0 (1)	
BILTRICIDE TAB 600MG	$0 (2)	
CAYSTON INH 75MG	$0 (2)	NM, LA, PA
clindamycin hcl cap 75 mg	$0 (1)	
clindamycin hcl cap 150 mg	$0 (1)	
clindamycin hcl cap 300 mg	$0 (1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0 (1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0 (1)	
clindamycin phosphate inj 9 gm/60ml	$0 (1)	
clindamycin phosphate inj 300 mg/2ml	$0 (1)	
clindamycin phosphate inj 600 mg/4ml	$0 (1)	
clindamycin phosphate inj 900 mg/6ml	$0 (1)	
clindamycin phosphate iv soln 300 mg/2ml	$0 (1)	
clindamycin phosphate iv soln 600 mg/4ml	$0 (1)	
clindamycin phosphate iv soln 900 mg/6ml	$0 (1)	
colistimethate sodium for inj 150 mg	$0 (1)	
CUBICIN SOL 500MG	$0 (2)	
dapsone tab 25 mg	$0 (1)	
dapsone tab 100 mg	$0 (1)	
DARAPRIM TAB 25MG	$0 (2)	
imipenem-cilastatin intravenous for soln 250 mg	$0 (1)	
imipenem-cilastatin intravenous for soln 500 mg	$0 (1)	
INVANZ INJ 1GM	$0 (2)	
ivermectin tab 3 mg	$0 (1)	
LINEZOLID FOR SUSP 100 MG/5ML	$0 (2)	
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	$0 (2)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LINEZOLID TAB 600 MG	$0 (2)	
meropenem iv for soln 1 gm	$0 (1)	
meropenem iv for soln 500 mg	$0 (1)	
methenamine hippurate tab 1 gm	$0 (1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0 (1)	
metronidazole tab 250 mg	$0 (1)	
metronidazole tab 500 mg	$0 (1)	
NEBUPENT INH 300MG	$0 (2)	B/D
nitrofurantoin macrocrystalline cap 50 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	$0 (2)	
SIVEXTRO INJ 200MG	$0 (2)	
SIVEXTRO TAB 200MG	$0 (2)	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0 (1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0 (1)	
SYNERCID INJ 500MG	$0 (2)	
trimethoprim tab 100 mg	$0 (1)	
TYGACIL INJ 50MG	$0 (2)	
vancomycin hcl cap 125 mg	$0 (2)	
vancomycin hcl cap 250 mg	$0 (2)	
vancomycin hcl for inj 10 gm	$0 (1)	
vancomycin hcl for inj 500 mg	$0 (1)	
vancomycin hcl for inj 1000 mg	$0 (1)	
vancomycin hcl for inj 5000 mg	$0 (1)	
vancomycin inj 750mg	$0 (1)	
ZYVOX TAB 600MG	$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	$0 (2)	B/D
AMBISOME INJ 50MG	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphotericin b for inj 50 mg	$0 (1)	B/D
CANCIDAS INJ 50MG	$0 (2)	
CANCIDAS INJ 70MG	$0 (2)	
fluconazole for susp 10 mg/ml	$0 (1)	
fluconazole for susp 40 mg/ml	$0 (1)	
fluconazole in dextrose inj 200 mg/100ml	$0 (1)	
fluconazole in dextrose inj 400 mg/200ml	$0 (1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0 (1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0 (1)	
fluconazole tab 50 mg	$0 (1)	
fluconazole tab 100 mg	$0 (1)	
fluconazole tab 150 mg	$0 (1)	
fluconazole tab 200 mg	$0 (1)	
fluconazole/ inj nacl 100	$0 (1)	
flucytosine cap 250 mg	$0 (2)	
flucytosine cap 500 mg	$0 (2)	
griseofulvin microsize susp 125 mg/5ml	$0 (1)	
griseofulvin microsize tab 500 mg	$0 (1)	
griseofulvin ultramicrosize tab 125 mg	$0 (1)	
griseofulvin ultramicrosize tab 250 mg	$0 (1)	
itraconazole cap 100 mg	$0 (1)	PA
ketoconazole tab 200 mg	$0 (1)	PA
MYCAMINE INJ 50MG	$0 (2)	
MYCAMINE INJ 100MG	$0 (2)	
NOXAFIL SUS 40MG/ML	$0 (2)	
NOXAFIL TAB 100MG	$0 (2)	
nystatin tab 500000 unit	$0 (1)	
terbinafine hcl tab 250 mg	$0 (1)	QL (90 tabs / 365 days)
voriconazole for inj 200 mg	$0 (1)	
voriconazole for susp 40 mg/ml	$0 (2)	
voriconazole tab 50 mg	$0 (2)	
voriconazole tab 200 mg	$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0 (1)	
atovaquone-proguanil hcl tab 250-100 mg	$0 (1)	
chloroquine phosphate tab 250 mg	$0 (1)	
chloroquine phosphate tab 500 mg	$0 (1)	
COARTEM TAB 20-120MG	$0 (2)	
mefloquine hcl tab 250 mg	$0 (1)	
PRIMAQUINE TAB 26.3MG	$0 (2)	
quinine sulfate cap 324 mg	$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate tab 300 mg (base equiv)	$0 (1)	
APTIVUS CAP 250MG	$0 (2)	
APTIVUS SOL	$0 (2)	
CRIXIVAN CAP 200MG	$0 (2)	
CRIXIVAN CAP 400MG	$0 (2)	
didanosine delayed release capsule 125 mg	$0 (1)	
didanosine delayed release capsule 200 mg	$0 (1)	
didanosine delayed release capsule 250 mg	$0 (1)	
didanosine delayed release capsule 400 mg	$0 (1)	
EDURANT TAB 25MG	$0 (2)	
EMTRIVA CAP 200MG	$0 (2)	
EMTRIVA SOL 10MG/ML	$0 (2)	
FUZEON INJ 90MG	$0 (2)	NM
INTELENCE TAB 25MG	$0 (2)	
INTELENCE TAB 100MG	$0 (2)	
INTELENCE TAB 200MG	$0 (2)	
INVIRASE CAP 200MG	$0 (2)	
INVIRASE TAB 500MG	$0 (2)	
ISENTRESS CHW 25MG	$0 (2)	
ISENTRESS CHW 100MG	$0 (2)	
ISENTRESS POW 100MG	$0 (2)	
ISENTRESS TAB 400MG	$0 (2)	
lamivudine oral soln 10 mg/ml	$0 (1)	
lamivudine tab 150 mg	$0 (1)	
lamivudine tab 300 mg	$0 (1)	
LEXIVA SUS 50MG/ML	$0 (2)	
LEXIVA TAB 700MG	$0 (2)	
NEVIRAPINE SUSP 50 MG/5ML	$0 (1)	
nevirapine tab 200 mg	$0 (1)	
nevirapine tab sr 24hr 100 mg	$0 (1)	
nevirapine tab sr 24hr 400 mg	$0 (1)	
NORVIR CAP 100MG	$0 (2)	
NORVIR SOL 80MG/ML	$0 (2)	
NORVIR TAB 100MG	$0 (2)	
PREZISTA SUS 100MG/ML	$0 (2)	
PREZISTA TAB 75MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREZISTA TAB 150MG	$0 (2)	
PREZISTA TAB 600MG	$0 (2)	
PREZISTA TAB 800MG	$0 (2)	
RESCRIPTOR TAB 100 MG	$0 (2)	
RESCRIPTOR TAB 200MG	$0 (2)	
RETROVIR INJ 10MG/ML	$0 (2)	
REYATAZ CAP 150MG	$0 (2)	
REYATAZ CAP 200MG	$0 (2)	
REYATAZ CAP 300MG	$0 (2)	
REYATAZ POW 50MG	$0 (2)	
SELZENTRY TAB 150MG	$0 (2)	
SELZENTRY TAB 300MG	$0 (2)	
stavudine cap 15 mg	$0 (1)	
stavudine cap 20 mg	$0 (1)	
stavudine cap 30 mg	$0 (1)	
stavudine cap 40 mg	$0 (1)	
stavudine for oral soln 1 mg/ml	$0 (1)	
SUSTIVA CAP 50MG	$0 (2)	
SUSTIVA CAP 200MG	$0 (2)	
SUSTIVA TAB 600MG	$0 (2)	
TIVICAY TAB 50MG	$0 (2)	
TYBOST TAB 150MG	$0 (2)	
VIDEX SOL 2GM	$0 (2)	
VIDEX SOL 4GM	$0 (2)	
VIRACEPT TAB 250MG	$0 (2)	
VIRACEPT TAB 625MG	$0 (2)	
VIRAMUNE XR TAB 100MG	$0 (2)	
VIREAD POW 40MG/GM	$0 (2)	
VIREAD TAB 150MG	$0 (2)	
VIREAD TAB 200MG	$0 (2)	
VIREAD TAB 250MG	$0 (2)	
VIREAD TAB 300MG	$0 (2)	
VITEKTA TAB 85MG	$0 (2)	
VITEKTA TAB 150MG	$0 (2)	
ZIAGEN SOL 20MG/ML	$0 (2)	
zidovudine cap 100 mg	$0 (1)	
zidovudine syrup 10 mg/ml	$0 (1)	
zidovudine tab 300 mg	$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ATRIPLA TAB	$0 (2)	
COMPLERA TAB	$0 (2)	
EPZICOM TAB 600-300	$0 (2)	
EVOTAZ TAB 300-150	$0 (2)	
GENVOYA TAB	$0 (2)	
KALETRA SOL	$0 (2)	
KALETRA TAB 100-25MG	$0 (2)	
KALETRA TAB 200-50MG	$0 (2)	
lamivudine-zidovudine tab 150-300 mg	$0 (2)	
PREZCOBIX TAB 800-150	$0 (2)	
STRIBILD TAB	$0 (2)	
TRIUMEQ TAB	$0 (2)	
TRUVADA TAB 200-300	$0 (2)	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SUL INJ 1GM	$0 (2)	
cycloserine cap 250 mg	$0 (2)	
ethambutol hcl tab 100 mg	$0 (1)	
ethambutol hcl tab 400 mg	$0 (1)	
isoniazid inj 100 mg/ml	$0 (1)	
isoniazid syrup 50 mg/5ml	$0 (1)	
isoniazid tab 100 mg	$0 (1)	
isoniazid tab 300 mg	$0 (1)	
paser gra 4gm	$0 (2)	
PRIFTIN TAB 150MG	$0 (2)	
pyrazinamide tab 500 mg	$0 (1)	
rifabutin cap 150 mg	$0 (1)	
rifampin cap 150 mg	$0 (1)	
rifampin cap 300 mg	$0 (1)	
rifampin for inj 600 mg	$0 (1)	
RIFATER TAB	$0 (2)	
SIRTURO TAB 100MG	$0 (2)	LA, PA
TRECATOR TAB 250MG	$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0 (1)	
acyclovir sodium for inj 500 mg	$0 (1)	B/D
acyclovir sodium iv soln 50 mg/ml	$0 (1)	B/D
acyclovir susp 200 mg/5ml	$0 (1)	
acyclovir tab 400 mg	$0 (1)	
acyclovir tab 800 mg	$0 (1)	
adefovir dipivoxil tab 10 mg	$0 (2)	
BARACLUDE SOL .05MG/ML	$0 (2)	
DAKLINZA TAB 30MG	$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAKLINZA TAB 60MG	$0 (2)	NM, PA
entecavir tab 0.5 mg	$0 (2)	
entecavir tab 1 mg	$0 (2)	
EPIVIR HBV SOL 5MG/ML	$0 (2)	
famciclovir tab 125 mg	$0 (1)	
famciclovir tab 250 mg	$0 (1)	
famciclovir tab 500 mg	$0 (1)	
ganciclovir sodium for inj 500 mg	$0 (1)	B/D
HARVONI TAB 90-400MG	$0 (2)	NM, PA
lamivudine tab 100 mg (hbv)	$0 (1)	
moderiba pak 600/day	$0 (2)	NM
moderiba pak 800/day	$0 (2)	NM
moderiba pak 1000/day	$0 (2)	NM
MODERIBA PAK 1200/DAY	$0 (2)	NM
PEG-INTRON KIT 50MCG RP	$0 (2)	NM, PA
PEG-INTRON KIT 80MCG RP	$0 (2)	NM, PA
PEG-INTRON KIT 120 RP	$0 (2)	NM, PA
PEG-INTRON KIT 150 RP	$0 (2)	NM, PA
PEGASYS INJ	$0 (2)	NM, PA
PEGASYS INJ 180MCG/M	$0 (2)	NM, PA
PEGASYS INJ PROCLICK	$0 (2)	NM, PA
PEGINTRON KIT 50MCG	$0 (2)	NM, PA
PEGINTRON KIT 80MCG	$0 (2)	NM, PA
PEGINTRON KIT 120MCG	$0 (2)	NM, PA
PEGINTRON KIT 150MCG	$0 (2)	NM, PA
REBETOL SOL 40MG/ML	$0 (2)	NM
RELENZA MIS DISKHALE	$0 (2)	
ribapak pak 600/day	$0 (2)	NM
ribapak pak 800/day	$0 (2)	NM
ribapak pak 1000/day	$0 (2)	NM
ribapak pak 1200/day	$0 (2)	NM
ribasphere cap 200mg	$0 (1)	NM
ribasphere tab 200mg	$0 (1)	NM
ribasphere tab 400mg	$0 (1)	NM
ribasphere tab 600mg	$0 (2)	NM
ribavirin cap 200 mg	$0 (1)	NM
ribavirin tab 200 mg	$0 (1)	NM
rimantadine hydrochloride tab 100 mg	$0 (1)	
SOVALDI TAB 400MG	$0 (2)	NM, PA
TAMIFLU CAP 30MG	$0 (2)	
TAMIFLU CAP 45MG	$0 (2)	
TAMIFLU CAP 75MG	$0 (2)	
TAMIFLU SUS 6MG/ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYZEKA TAB 600MG	$0 (2)	
valacyclovir hcl tab 1 gm	$0 (1)	
valacyclovir hcl tab 500 mg	$0 (1)	
VALCYTE SOL 50MG/ML	$0 (2)	
valganciclovir hcl tab 450 mg (base equivalent)	$0 (2)	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0 (1)	
cefaclor cap 500 mg	$0 (1)	
cefaclor er tab 500mg	$0 (2)	
cefaclor for susp 125 mg/5ml	$0 (1)	
cefaclor for susp 250 mg/5ml	$0 (1)	
cefaclor for susp 375 mg/5ml	$0 (1)	
cefadroxil cap 500 mg	$0 (1)	
cefadroxil for susp 250 mg/5ml	$0 (1)	
cefadroxil for susp 500 mg/5ml	$0 (1)	
cefadroxil tab 1 gm	$0 (1)	
cefazolin inj 1gm/50ml	$0 (2)	
cefazolin sodium for inj 1 gm	$0 (1)	
cefazolin sodium for inj 10 gm	$0 (1)	
cefazolin sodium for inj 20 gm	$0 (1)	
cefazolin sodium for inj 500 mg	$0 (1)	
cefazolin sodium for iv soln 1 gm	$0 (1)	
CEFAZOLIN SOL	$0 (2)	
cefdinir cap 300 mg	$0 (1)	
cefdinir for susp 125 mg/5ml	$0 (1)	
cefdinir for susp 250 mg/5ml	$0 (1)	
cefepime hcl for inj 1 gm	$0 (1)	
cefepime hcl for inj 2 gm	$0 (1)	
cefixime for susp 100 mg/5ml	$0 (1)	
cefixime for susp 200 mg/5ml	$0 (1)	
cefotaxime sodium for inj 1 gm	$0 (1)	
cefotaxime sodium for inj 2 gm	$0 (1)	
cefotaxime sodium for inj 500 mg	$0 (1)	
cefoxitin sodium for inj 10 gm	$0 (1)	
cefoxitin sodium for iv soln 1 gm	$0 (1)	
cefoxitin sodium for iv soln 2 gm	$0 (1)	
cefpodoxime proxetil for susp 50 mg/5ml	$0 (1)	
cefpodoxime proxetil for susp 100 mg/5ml	$0 (1)	
cefpodoxime proxetil tab 100 mg	$0 (1)	
cefpodoxime proxetil tab 200 mg	$0 (1)	
cefprozil for susp 125 mg/5ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefprozil for susp 250 mg/5ml	$0 (1)	
cefprozil tab 250 mg	$0 (1)	
cefprozil tab 500 mg	$0 (1)	
ceftazidime for inj 1 gm	$0 (1)	
ceftazidime for inj 2 gm	$0 (1)	
ceftazidime for inj 6 gm	$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	$0 (2)	
ceftriaxone sodium for inj 1 gm	$0 (1)	
ceftriaxone sodium for inj 2 gm	$0 (1)	
ceftriaxone sodium for inj 10 gm	$0 (1)	
ceftriaxone sodium for inj 250 mg	$0 (1)	
ceftriaxone sodium for inj 500 mg	$0 (1)	
ceftriaxone sodium for iv soln 1 gm	$0 (1)	
ceftriaxone sodium for iv soln 2 gm	$0 (1)	
cefuroxime axetil tab 250 mg	$0 (1)	
cefuroxime axetil tab 500 mg	$0 (1)	
cefuroxime inj 7.5gm	$0 (1)	
cefuroxime sodium for inj 1.5 gm	$0 (1)	
cefuroxime sodium for inj 7.5 gm	$0 (1)	
cefuroxime sodium for inj 750 mg	$0 (1)	
cefuroxime sodium for iv soln 1.5 gm	$0 (1)	
cephalexin cap 250 mg	$0 (1)	
cephalexin cap 500 mg	$0 (1)	
cephalexin for susp 125 mg/5ml	$0 (1)	
cephalexin for susp 250 mg/5ml	$0 (1)	
SUPRAX CAP 400MG	$0 (2)	
suprax chw 100mg	$0 (2)	
suprax chw 200mg	$0 (2)	
SUPRAX SUS 500/5ML	$0 (2)	
tazicef inj 1gm	$0 (1)	
tazicef inj 2gm	$0 (1)	
tazicef inj 6gm	$0 (1)	
TEFLARO INJ 400MG	$0 (2)	
TEFLARO INJ 600MG	$0 (2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	$0 (1)	
azithromycin for susp 200 mg/5ml	$0 (1)	
azithromycin iv for soln 500 mg	$0 (1)	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	$0 (1)	
azithromycin tab 250 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
azithromycin tab 500 mg	$0 (1)	
azithromycin tab 600 mg	$0 (1)	
clarithromycin for susp 125 mg/5ml	$0 (1)	
clarithromycin for susp 250 mg/5ml	$0 (1)	
clarithromycin tab 250 mg	$0 (1)	
clarithromycin tab 500 mg	$0 (1)	
clarithromycin tab sr 24hr 500 mg	$0 (1)	
DIFICID TAB 200MG	$0 (2)	
e.e.s. 400 tab 400mg	$0 (1)	
ery-tab tab 250mg ec	$0 (1)	
ery-tab tab 333mg ec	$0 (1)	
ery-tab tab 500mg ec	$0 (1)	
erythrocin inj 500mg	$0 (2)	
erythrocin tab 250mg	$0 (1)	
erythromycin ethylsuccinate tab 400 mg	$0 (1)	
erythromycin tab 250 mg	$0 (1)	
erythromycin tab 500 mg	$0 (1)	
erythromycin w/ delayed release particles cap 250 mg	$0 (1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0 (1)	
ciprofloxacin 400 mg/200ml in d5w	$0 (1)	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	$0 (1)	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	$0 (1)	
ciprofloxacin hcl tab 100 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 250 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 500 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 750 mg (base equiv)	$0 (1)	
ciprofloxacin iv soln 200 mg/20ml (1%)	$0 (1)	
ciprofloxacin iv soln 400 mg/40ml (1%)	$0 (1)	
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)	$0 (1)	
ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)	$0 (1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0 (1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0 (1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0 (1)	
levofloxacin iv soln 25 mg/ml	$0 (1)	
levofloxacin oral soln 25 mg/ml	$0 (1)	
levofloxacin tab 250 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin tab 500 mg	$0 (1)	
levofloxacin tab 750 mg	$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0 (1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0 (1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0 (1)	
amoxicillin & k clavulanate tab 250-125 mg	$0 (1)	
amoxicillin & k clavulanate tab 500-125 mg	$0 (1)	
amoxicillin & k clavulanate tab 875-125 mg	$0 (1)	
amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg	$0 (1)	
amoxicillin (trihydrate) cap 250 mg	$0 (1)	
amoxicillin (trihydrate) cap 500 mg	$0 (1)	
amoxicillin (trihydrate) chew tab 125 mg	$0 (1)	
amoxicillin (trihydrate) chew tab 250 mg	$0 (1)	
amoxicillin (trihydrate) for susp 125 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 200 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 250 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 400 mg/5ml	$0 (1)	
amoxicillin (trihydrate) tab 500 mg	$0 (1)	
amoxicillin (trihydrate) tab 875 mg	$0 (1)	
ampicillin & sulbactam sodium for inj 1-0.5 gm	$0 (1)	
ampicillin & sulbactam sodium for inj 2-1 gm	$0 (1)	
ampicillin & sulbactam sodium for inj 10-5 gm	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin & sulbactam sodium for iv soln 1-0.5 gm	$0 (1)	
ampicillin & sulbactam sodium for iv soln 2-1 gm	$0 (1)	
ampicillin & sulbactam sodium for iv soln 10-5 gm	$0 (1)	
ampicillin cap 250 mg	$0 (1)	
ampicillin cap 500 mg	$0 (1)	
ampicillin for susp 125 mg/5ml	$0 (1)	
ampicillin for susp 250 mg/5ml	$0 (1)	
ampicillin sodium for inj 1 gm	$0 (1)	
ampicillin sodium for inj 2 gm	$0 (1)	
ampicillin sodium for inj 125 mg	$0 (1)	
ampicillin sodium for inj 250 mg	$0 (1)	
ampicillin sodium for inj 500 mg	$0 (1)	
ampicillin sodium for iv soln 1 gm	$0 (1)	
ampicillin sodium for iv soln 2 gm	$0 (1)	
ampicillin sodium for iv soln 10 gm	$0 (1)	
BICILLIN L-A INJ 600000	$0 (2)	
BICILLIN L-A INJ 1200000	$0 (2)	
BICILLIN L-A INJ 2400000	$0 (2)	
dicloxacillin sodium cap 250 mg	$0 (1)	
dicloxacillin sodium cap 500 mg	$0 (1)	
nafcillin sodium for inj 1 gm	$0 (1)	
nafcillin sodium for inj 2 gm	$0 (2)	
nafcillin sodium for inj 10 gm	$0 (2)	
nafcillin sodium for iv soln 1 gm	$0 (1)	
nafcillin sodium for iv soln 2 gm	$0 (2)	
oxacillin sodium for inj 1 gm	$0 (1)	
oxacillin sodium for inj 2 gm	$0 (1)	
oxacillin sodium for inj 10 gm	$0 (2)	
pen g proc inj 600000	$0 (2)	
PENICILL GK/ INJ DEX 2MU	$0 (2)	
PENICILL GK/ INJ DEX 3MU	$0 (2)	
penicillin g potassium for inj 5000000 unit	$0 (1)	
penicillin g potassium for inj 20000000 unit	$0 (1)	
penicillin g sodium for inj 5000000 unit	$0 (1)	
penicillin v potassium for soln 125 mg/5ml	$0 (1)	
penicillin v potassium for soln 250 mg/5ml	$0 (1)	
penicillin v potassium tab 250 mg	$0 (1)	
penicillin v potassium tab 500 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 inj 100mg	$0 (1)	
doxycycline hyclate cap 50 mg	$0 (1)	
doxycycline hyclate cap 100 mg	$0 (1)	
doxycycline hyclate for inj 100 mg	$0 (1)	
doxycycline hyclate tab 20 mg	$0 (1)	
doxycycline hyclate tab 100 mg	$0 (1)	
doxycycline monohydrate cap 50 mg	$0 (1)	
doxycycline monohydrate cap 100 mg	$0 (1)	
doxycycline monohydrate tab 50 mg	$0 (1)	
doxycycline monohydrate tab 75 mg	$0 (1)	
doxycycline monohydrate tab 100 mg	$0 (1)	
doxycycline monohydrate tab 150 mg	$0 (1)	
minocycline hcl cap 50 mg	$0 (1)	
minocycline hcl cap 75 mg	$0 (1)	
minocycline hcl cap 100 mg	$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	$0 (2)	B/D, NM
BICNU INJ 100MG	$0 (2)	B/D
BUSULFEX INJ 6MG/ML	$0 (2)	B/D
CYCLOPHOSPH CAP 25MG	$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	$0 (2)	B/D
cyclophosphamide for inj 1 gm	$0 (2)	B/D
cyclophosphamide for inj 2 gm	$0 (1)	B/D
cyclophosphamide for inj 500 mg	$0 (2)	B/D
dacarbazine for inj 100 mg	$0 (1)	B/D
dacarbazine for inj 200 mg	$0 (1)	B/D
EMCYT CAP 140MG	$0 (2)	
GLEOSTINE CAP 5MG	$0 (2)	
GLEOSTINE CAP 10MG	$0 (2)	
GLEOSTINE CAP 40MG	$0 (2)	
GLEOSTINE CAP 100MG	$0 (2)	
HEXALEN CAP 50MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IFEX INJ 3GM	$0 (2)	B/D
ifosfamide for inj 1 gm	$0 (1)	B/D
IFOSFAMIDE INJ 3GM	$0 (2)	B/D
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	$0 (1)	B/D
LEUKERAN TAB 2MG	$0 (2)	
melphalan hcl for inj 50 mg (base equiv)	$0 (2)	B/D
MUSTARGEN INJ 10MG	$0 (2)	B/D
TREANDA INJ 25MG	$0 (2)	B/D, NM
TREANDA INJ 45/0.5ML	$0 (2)	B/D, NM
TREANDA INJ 100MG	$0 (2)	B/D, NM
TREANDA INJ 180/2ML	$0 (2)	B/D, NM
ANTHRACYCLINES		
daunorubicin hcl inj 5 mg/ml (base equiv)	$0 (1)	B/D
doxorubicin hcl for inj 50 mg	$0 (1)	B/D
doxorubicin hcl inj 2 mg/ml	$0 (1)	B/D
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	$0 (2)	B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	$0 (1)	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	$0 (1)	B/D
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	$0 (2)	B/D
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	$0 (2)	B/D
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	$0 (2)	B/D
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	$0 (1)	B/D
bleomycin sulfate for inj 30 unit	$0 (1)	B/D
mitomycin for iv soln 5 mg	$0 (1)	B/D
mitomycin for iv soln 20 mg	$0 (1)	B/D
mitomycin for iv soln 40 mg	$0 (1)	B/D
ANTIMETABOLITES		
adrucil inj 2.5g/50m	$0 (1)	B/D
adrucil inj 5gm/100m	$0 (1)	B/D
adrucil inj 500/10ml	$0 (1)	B/D
ALIMTA INJ 100MG	$0 (2)	B/D
ALIMTA INJ 500MG	$0 (2)	B/D
azacitidine for inj 100 mg	$0 (2)	B/D, NM
cladribine iv soln 10 mg/10ml (1 mg/ml)	$0 (2)	B/D
cytarabine inj 20 mg/ml	$0 (1)	B/D
fludarabine phosphate for inj 50 mg	$0 (1)	B/D
fludarabine phosphate inj 25 mg/ml	$0 (1)	B/D
fluorouracil inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	$0 (1)	B/D
fluorouracil inj 5 gm/100ml (50 mg/ml)	$0 (1)	B/D
fluorouracil inj 500 mg/10ml (50 mg/ml)	$0 (1)	B/D
gemcitabine hcl for inj 1 gm	$0 (2)	B/D
gemcitabine hcl for inj 2 gm	$0 (2)	B/D
gemcitabine hcl for inj 200 mg	$0 (2)	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
mercaptopurine tab 50 mg	$0 (1)	
methotrexate sodium for inj 1 gm	$0 (1)	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	$0 (1)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0 (1)	B/D
NIPENT INJ 10MG	$0 (2)	B/D
PURIXAN SUS 20MG/ML	$0 (2)	NM
TABLOID TAB 40MG	$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	$0 (2)	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	$0 (2)	B/D
DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML)	$0 (2)	B/D
DOCETAXEL INJ 20MG/2ML	$0 (1)	B/D
DOCETAXEL INJ 80MG/8ML	$0 (2)	B/D
docetaxel inj 140/7ml	$0 (2)	B/D
DOCETAXEL INJ 160/16ML	$0 (2)	B/D
DOCETAXEL INJ 200MG/20	$0 (2)	B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	$0 (1)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	$0 (1)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	$0 (1)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	$0 (2)	B/D
vincasar pfs inj 1mg/ml	$0 (1)	B/D
vincristine sulfate iv soln 1 mg/ml	$0 (1)	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	$0 (1)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	$0 (2)	B/D, NM, LA
AVASTIN INJ 400/16ML	$0 (2)	B/D, NM, LA
BELEODAQ INJ 500MG	$0 (2)	NM, PA
ERIVEDGE CAP 150MG	$0 (2)	NM, LA, PA
FARYDAK CAP 10MG	$0 (2)	NM, LA, PA
FARYDAK CAP 15MG	$0 (2)	NM, LA, PA
FARYDAK CAP 20MG	$0 (2)	NM, LA, PA
HERCEPTIN INJ 440MG	$0 (2)	B/D, NM
IBRANCE CAP 75MG	$0 (2)	NM, LA, PA
IBRANCE CAP 100MG	$0 (2)	NM, LA, PA
IBRANCE CAP 125MG	$0 (2)	NM, LA, PA
ISTODAX INJ 10MG	$0 (2)	B/D, NM
KADCYLA INJ 100MG	$0 (2)	B/D, NM
KADCYLA INJ 160MG	$0 (2)	B/D, NM
KEYTRUDA INJ 100MG/4M	$0 (2)	NM, PA
KEYTRUDA SOL 50MG	$0 (2)	NM, PA
LYNPARZA CAP 50MG	$0 (2)	NM, LA, PA
NINLARO CAP 2.3MG	$0 (2)	NM, PA
NINLARO CAP 3MG	$0 (2)	NM, PA
NINLARO CAP 4MG	$0 (2)	NM, PA
PROLEUKIN INJ 22MU	$0 (2)	B/D, NM
RITUXAN INJ 100MG	$0 (2)	NM, LA, PA
RITUXAN INJ 500MG	$0 (2)	NM, LA, PA
VELCADE INJ 3.5MG	$0 (2)	B/D, NM
YERVOY INJ 50MG	$0 (2)	NM, PA
YERVOY INJ 200MG	$0 (2)	NM, PA
ZOLINZA CAP 100MG	$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole tab 1 mg	$0 (1)	
bicalutamide tab 50 mg	$0 (1)	
DEPO-PROVERA INJ 400/ML	$0 (2)	B/D
exemestane tab 25 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FARESTON TAB 60MG	$0 (2)	
FASLODEX INJ 250MG	$0 (2)	B/D
flutamide cap 125 mg	$0 (1)	
letrozole tab 2.5 mg	$0 (1)	
leuprolide acetate inj kit 5 mg/ml	$0 (1)	NM, PA
LUPR DEP-PED INJ 7.5MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 11.25MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 15MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 30MG	$0 (2)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0 (2)	NM, PA
LUPRON DEPOT INJ 11.25MG	$0 (2)	NM, PA
LYSODREN TAB 500MG	$0 (2)	
megestrol acetate susp 40 mg/ml	$0 (2)	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	$0 (2)	PA
megestrol acetate tab 20 mg	$0 (2)	PA; PA if 65 years and older
megestrol acetate tab 40 mg	$0 (2)	PA; PA if 65 years and older
NILANDRON TAB 150MG	$0 (2)	
SOLTAMOX SOL 10MG/5ML	$0 (2)	
tamoxifen citrate tab 10 mg (base equivalent)	$0 (1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0 (1)	
TRELSTAR MIX INJ 3.75MG	$0 (2)	NM, PA
TRELSTAR MIX INJ 11.25MG	$0 (2)	NM, PA
XTANDI CAP 40MG	$0 (2)	NM, LA, PA
ZYTIGA TAB 250MG	$0 (2)	NM, LA, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	$0 (2)	NM, PA
AFINITOR DIS TAB 3MG	$0 (2)	NM, PA
AFINITOR DIS TAB 5MG	$0 (2)	NM, PA
AFINITOR TAB 2.5MG	$0 (2)	NM, PA
AFINITOR TAB 5MG	$0 (2)	NM, PA
AFINITOR TAB 7.5MG	$0 (2)	NM, PA
AFINITOR TAB 10MG	$0 (2)	NM, PA
ALECENSA CAP 150MG	$0 (2)	NM, LA, PA
BOSULIF TAB 100MG	$0 (2)	NM, PA
BOSULIF TAB 500MG	$0 (2)	NM, PA
CAPRELSA TAB 100MG	$0 (2)	NM, LA, PA
CAPRELSA TAB 300MG	$0 (2)	NM, LA, PA
COMETRIQ KIT 60MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMETRIQ KIT 100MG	$0 (2)	NM, LA, PA
COMETRIQ KIT 140MG	$0 (2)	NM, LA, PA
COTELLIC TAB 20MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 20MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	$0 (2)	NM, LA, PA
ICLUSIG TAB 15MG	$0 (2)	NM, LA, PA
ICLUSIG TAB 45MG	$0 (2)	NM, LA, PA
imatinib mesylate tab 100 mg (base equivalent)	$0 (2)	NM, PA
imatinib mesylate tab 400 mg (base equivalent)	$0 (2)	NM, PA
IMBRUVICA CAP 140MG	$0 (2)	NM, LA, PA
INLYTA TAB 1MG	$0 (2)	NM, LA, PA
INLYTA TAB 5MG	$0 (2)	NM, LA, PA
IRESSA TAB 250MG	$0 (2)	NM, LA, PA
JAKAFI TAB 5MG	$0 (2)	NM, LA, PA
JAKAFI TAB 10MG	$0 (2)	NM, LA, PA
JAKAFI TAB 15MG	$0 (2)	NM, LA, PA
JAKAFI TAB 20MG	$0 (2)	NM, LA, PA
JAKAFI TAB 25MG	$0 (2)	NM, LA, PA
LENVIMA CAP 10MG	$0 (2)	NM, LA, PA
LENVIMA CAP 14MG	$0 (2)	NM, LA, PA
LENVIMA CAP 20MG	$0 (2)	NM, LA, PA
LENVIMA CAP 24MG	$0 (2)	NM, LA, PA
MEKINIST TAB 0.5MG	$0 (2)	NM, LA, PA
MEKINIST TAB 2MG	$0 (2)	NM, LA, PA
NEXAVAR TAB 200MG	$0 (2)	NM, LA, PA
SPRYCEL TAB 20MG	$0 (2)	NM, PA
SPRYCEL TAB 50MG	$0 (2)	NM, PA
SPRYCEL TAB 70MG	$0 (2)	NM, PA
SPRYCEL TAB 80MG	$0 (2)	NM, PA
SPRYCEL TAB 100MG	$0 (2)	NM, PA
SPRYCEL TAB 140MG	$0 (2)	NM, PA
STIVARGA TAB 40MG	$0 (2)	NM, LA, PA
SUTENT CAP 12.5MG	$0 (2)	NM, PA
SUTENT CAP 25MG	$0 (2)	NM, PA
SUTENT CAP 37.5MG	$0 (2)	NM, PA
SUTENT CAP 50MG	$0 (2)	NM, PA
TAFINLAR CAP 50MG	$0 (2)	NM, LA, PA
TAFINLAR CAP 75MG	$0 (2)	NM, LA, PA
TAGRISSO TAB 40MG	$0 (2)	NM, LA, PA
TAGRISSO TAB 80MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TARCEVA TAB 25MG	$0 (2)	NM, LA, PA
TARCEVA TAB 100MG	$0 (2)	NM, LA, PA
TARCEVA TAB 150MG	$0 (2)	NM, LA, PA
TASIGNA CAP 150MG	$0 (2)	NM, PA
TASIGNA CAP 200MG	$0 (2)	NM, PA
TYKERB TAB 250MG	$0 (2)	NM, LA, PA
VOTRIENT TAB 200MG	$0 (2)	NM, LA, PA
XALKORI CAP 200MG	$0 (2)	NM, LA, PA
XALKORI CAP 250MG	$0 (2)	NM, LA, PA
ZELBORAF TAB 240MG	$0 (2)	NM, LA, PA
ZYDELIG TAB 100MG	$0 (2)	NM, LA, PA
ZYDELIG TAB 150MG	$0 (2)	NM, LA, PA
ZYKADIA CAP 150MG	$0 (2)	NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	$0 (2)	NM, PA
DROXIA CAP 200MG	$0 (2)	
DROXIA CAP 300MG	$0 (2)	
DROXIA CAP 400MG	$0 (2)	
hydroxyurea cap 500 mg	$0 (1)	
LONSURF TAB 15-6.14	$0 (2)	NM, PA
LONSURF TAB 20-8.19	$0 (2)	NM, PA
MATULANE CAP 50MG	$0 (2)	LA
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	$0 (1)	B/D, NM
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	$0 (1)	B/D, NM
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	$0 (1)	B/D, NM
ODOMZO CAP 200MG	$0 (2)	NM, LA, PA
POMALYST CAP 1MG	$0 (2)	NM, LA, PA
POMALYST CAP 2MG	$0 (2)	NM, LA, PA
POMALYST CAP 3MG	$0 (2)	NM, LA, PA
POMALYST CAP 4MG	$0 (2)	NM, LA, PA
SYLATRON KIT 200MCG	$0 (2)	NM, PA
SYLATRON KIT 300MCG	$0 (2)	NM, PA
SYLATRON KIT 600MCG	$0 (2)	NM, PA
SYNRIBO INJ 3.5MG	$0 (2)	NM, PA
tretinoin cap 10 mg	$0 (2)	
TRISENOX SOL 10MG/10M	$0 (2)	B/D
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	$0 (1)	B/D
carboplatin iv soln 150 mg/15ml	$0 (1)	B/D
carboplatin iv soln 450 mg/45ml	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carboplatin iv soln 600 mg/60ml	$0 (1)	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0 (1)	B/D
oxaliplatin for iv inj 50 mg	$0 (2)	B/D
oxaliplatin for iv inj 100 mg	$0 (2)	B/D
oxaliplatin iv soln 50 mg/10ml	$0 (2)	B/D
oxaliplatin iv soln 100 mg/20ml	$0 (2)	B/D
PROTECTIVE AGENTS		
amifostine crystalline for inj 500 mg	$0 (2)	B/D
dexrazoxane for inj 250 mg	$0 (2)	B/D
ELITEK INJ 1.5MG	$0 (2)	B/D
ELITEK INJ 7.5MG	$0 (2)	B/D
FUSILEV INJ 50MG	$0 (2)	B/D, NM
leucovorin calcium for inj 50 mg	$0 (1)	B/D
leucovorin calcium for inj 100 mg	$0 (1)	B/D
leucovorin calcium for inj 200 mg	$0 (1)	B/D
leucovorin calcium for inj 350 mg	$0 (1)	B/D
leucovorin calcium tab 5 mg	$0 (1)	
leucovorin calcium tab 10 mg	$0 (1)	
leucovorin calcium tab 15 mg	$0 (1)	
leucovorin calcium tab 25 mg	$0 (1)	
leucovorin inj calcium	$0 (1)	B/D
levoleucovor sol 250mg/25	$0 (2)	B/D, NM
levoleucovorin calcium inj 175 mg/17.5ml (base equiv)	$0 (2)	B/D, NM
mesna inj 100 mg/ml	$0 (1)	B/D
MESNEX TAB 400MG	$0 (2)	
TOPOISOMERASE INHIBITORS		
etoposide inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
toposar inj 1gm/50ml	$0 (1)	B/D
topotecan hcl for inj 4 mg	$0 (2)	B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 5-10 mg	$0 (1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0 (1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0 (1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0 (1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0 (1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0 (1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0 (1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0 (1)	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	$0 (1)	
moexipril-hydrochlorothiazide tab 15-12.5 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ramipril cap 10 mg	$0 (1)	
trandolapril tab 1 mg	$0 (1)	
trandolapril tab 2 mg	$0 (1)	
trandolapril tab 4 mg	$0 (1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	$0 (1)	
eplerenone tab 50 mg	$0 (1)	
spironolactone tab 25 mg	$0 (1)	
spironolactone tab 50 mg	$0 (1)	
spironolactone tab 100 mg	$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 2 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 4 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 8 mg	$0 (1)	
prazosin hcl cap 1 mg	$0 (1)	
prazosin hcl cap 2 mg	$0 (1)	
prazosin hcl cap 5 mg	$0 (1)	
terazosin hcl cap 1 mg	$0 (1)	
terazosin hcl cap 2 mg	$0 (1)	
terazosin hcl cap 5 mg	$0 (1)	
terazosin hcl cap 10 mg	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-valsartan tab 5-160 mg	$0 (1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0 (1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0 (1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0 (1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0 (1)	QL (60 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0 (1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$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
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0 (1)	
AZOR TAB 5-20MG	$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	$0 (2)	
BENICAR HCT TAB 20-12.5	$0 (2)	
BENICAR HCT TAB 40-12.5	$0 (2)	
BENICAR HCT TAB 40-25MG	$0 (2)	
ENTRESTO TAB 24-26MG	$0 (2)	PA
ENTRESTO TAB 49-51MG	$0 (2)	PA
ENTRESTO TAB 97-103MG	$0 (2)	PA
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0 (1)	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0 (1)	
TRIBENZOR20- TAB 5-12.5MG	$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-12.5MG	$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 5-25MG	$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-12.5	$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR40- TAB 10-25MG	$0 (2)	
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-25 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-25 mg	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
BENICAR TAB 5MG	$0 (2)	
BENICAR TAB 20MG	$0 (2)	
BENICAR TAB 40MG	$0 (2)	
irbesartan tab 75 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irbesartan tab 150 mg	$0 (1)	
irbesartan tab 300 mg	$0 (1)	
losartan potassium tab 25 mg	$0 (1)	
losartan potassium tab 50 mg	$0 (1)	
losartan potassium tab 100 mg	$0 (1)	
valsartan tab 40 mg	$0 (1)	
valsartan tab 80 mg	$0 (1)	
valsartan tab 160 mg	$0 (1)	
valsartan tab 320 mg	$0 (1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	$0 (1)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	$0 (1)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	$0 (1)	
amiodarone hcl tab 100 mg	$0 (1)	
amiodarone hcl tab 200 mg	$0 (1)	
amiodarone hcl tab 400 mg	$0 (1)	
disopyramide phosphate cap 100 mg	$0 (2)	PA; PA if 65 years and older
disopyramide phosphate cap 150 mg	$0 (2)	PA; PA if 65 years and older
flecainide acetate tab 50 mg	$0 (1)	
flecainide acetate tab 100 mg	$0 (1)	
flecainide acetate tab 150 mg	$0 (1)	
mexiletine hcl cap 150 mg	$0 (1)	
mexiletine hcl cap 200 mg	$0 (1)	
mexiletine hcl cap 250 mg	$0 (1)	
MULTAQ TAB 400MG	$0 (2)	
NORPACE CAP 100MG CR	$0 (2)	PA; PA if 65 years and older
NORPACE CAP 150MG CR	$0 (2)	PA; PA if 65 years and older
pacerone tab 100mg	$0 (1)	
pacerone tab 200mg	$0 (1)	
pacerone tab 400mg	$0 (1)	
propafenone hcl cap sr 12hr 225 mg	$0 (1)	
propafenone hcl cap sr 12hr 325 mg	$0 (1)	
propafenone hcl cap sr 12hr 425 mg	$0 (1)	
propafenone hcl tab 150 mg	$0 (1)	
propafenone hcl tab 225 mg	$0 (1)	
propafenone hcl tab 300 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quinidine gluconate tab cr 324 mg	$0 (1)	
quinidine sulfate tab 200 mg	$0 (1)	
quinidine sulfate tab 300 mg	$0 (1)	
sorine tab 80mg	$0 (1)	
sorine tab 120mg	$0 (1)	
sorine tab 160mg	$0 (1)	
sorine tab 240mg	$0 (1)	
sotalol hcl (afib/afl) tab 80 mg	$0 (1)	
sotalol hcl (afib/afl) tab 120 mg	$0 (1)	
sotalol hcl (afib/afl) tab 160 mg	$0 (1)	
sotalol hcl tab 80 mg	$0 (1)	
sotalol hcl tab 120 mg	$0 (1)	
sotalol hcl tab 160 mg	$0 (1)	
sotalol hcl tab 240 mg	$0 (1)	
TIKOSYN CAP 125MCG	$0 (2)	NM
TIKOSYN CAP 250MCG	$0 (2)	NM
TIKOSYN CAP 500MCG	$0 (2)	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0 (1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	$0 (1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	$0 (1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	$0 (1)	QL (30 tabs / 30 days)
CRESTOR TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
CRESTOR TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
lovastatin tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
lovastatin tab 20 mg	$0 (1)	QL (120 tabs / 30 days)
lovastatin tab 40 mg	$0 (1)	QL (60 tabs / 30 days)
pravastatin sodium tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
pravastatin sodium tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	$0 (1)	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 40 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 80 mg	$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
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder packets 4 gm	$0 (1)	
cholestyramine powder 4 gm/dose	$0 (1)	
cholestyramine powder packets 4 gm	$0 (1)	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	$0 (1)	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	$0 (1)	
colestipol hcl granule packets 5 gm	$0 (1)	
colestipol hcl granules 5 gm	$0 (1)	
colestipol hcl tab 1 gm	$0 (1)	
fenofibrate micronized cap 67 mg	$0 (1)	
fenofibrate micronized cap 134 mg	$0 (1)	
fenofibrate micronized cap 200 mg	$0 (1)	
fenofibrate tab 48 mg	$0 (1)	
fenofibrate tab 54 mg	$0 (1)	
fenofibrate tab 145 mg	$0 (1)	
fenofibrate tab 160 mg	$0 (1)	
gemfibrozil tab 600 mg	$0 (1)	
JUXTAPID CAP 5MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 10MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 20MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 30MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 40MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 60MG	$0 (2)	NM, LA, PA
KYNAMRO INJ 200MG/ML	$0 (2)	NM, PA
niacin tab cr 500 mg (antihyperlipidemic)	$0 (1)	QL (90 tabs / 30 days)
niacin tab cr 750 mg (antihyperlipidemic)	$0 (1)	
niacin tab cr 1000 mg (antihyperlipidemic)	$0 (1)	
niacor tab 500mg	$0 (1)	
omega-3-acid ethyl esters cap 1 gm	$0 (1)	
PRALUENT INJ 75MG/ML	$0 (2)	NM, PA
PRALUENT INJ 150MG/ML	$0 (2)	NM, PA
prevalite pow 4gm	$0 (1)	
prevalite pow 4gm pk	$0 (1)	
VASCEPA CAP 1GM	$0 (2)	
WELCHOL PAK 3.75GM	$0 (2)	
WELCHOL TAB 625MG	$0 (2)	
ZETIA TAB 10MG	$0 (2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atenolol & chlorthalidone tab 50-25 mg	$0 (1)	
atenolol & chlorthalidone tab 100-25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 40-25 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 80-25 mg	$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0 (1)	
acebutolol hcl cap 400 mg	$0 (1)	
atenolol tab 25 mg	$0 (1)	
atenolol tab 50 mg	$0 (1)	
atenolol tab 100 mg	$0 (1)	
bisoprolol fumarate tab 5 mg	$0 (1)	
bisoprolol fumarate tab 10 mg	$0 (1)	
BYSTOLIC TAB 2.5MG	$0 (2)	
BYSTOLIC TAB 5MG	$0 (2)	
BYSTOLIC TAB 10MG	$0 (2)	
BYSTOLIC TAB 20MG	$0 (2)	
carvedilol tab 3.125 mg	$0 (1)	
carvedilol tab 6.25 mg	$0 (1)	
carvedilol tab 12.5 mg	$0 (1)	
carvedilol tab 25 mg	$0 (1)	
labetalol hcl tab 100 mg	$0 (1)	
labetalol hcl tab 200 mg	$0 (1)	
labetalol hcl tab 300 mg	$0 (1)	
metoprolol succinate tab sr 24hr 25 mg (tartrate equiv)	$0 (1)	QL (60 tabs / 30 days)
metoprolol succinate tab sr 24hr 50 mg (tartrate equiv)	$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
metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)	$0 (1)	QL (45 tabs / 30 days)
metoprolol succinate tab sr 24hr 200 mg (tartrate equiv)	$0 (1)	
metoprolol tartrate inj 1 mg/ml	$0 (1)	
metoprolol tartrate tab 25 mg	$0 (1)	
metoprolol tartrate tab 50 mg	$0 (1)	
metoprolol tartrate tab 100 mg	$0 (1)	
nadolol tab 20 mg	$0 (1)	
nadolol tab 40 mg	$0 (1)	
nadolol tab 80 mg	$0 (1)	
pindolol tab 5 mg	$0 (1)	
pindolol tab 10 mg	$0 (1)	
propranolol hcl cap sr 24hr 60 mg	$0 (1)	
propranolol hcl cap sr 24hr 80 mg	$0 (1)	
propranolol hcl cap sr 24hr 120 mg	$0 (1)	
propranolol hcl cap sr 24hr 160 mg	$0 (1)	
propranolol hcl inj 1 mg/ml	$0 (1)	
propranolol hcl oral soln 20 mg/5ml	$0 (1)	
propranolol hcl oral soln 40 mg/5ml	$0 (1)	
propranolol hcl tab 10 mg	$0 (1)	
propranolol hcl tab 20 mg	$0 (1)	
propranolol hcl tab 40 mg	$0 (1)	
propranolol hcl tab 60 mg	$0 (1)	
propranolol hcl tab 80 mg	$0 (1)	
timolol maleate tab 5 mg	$0 (1)	
timolol maleate tab 10 mg	$0 (1)	
timolol maleate tab 20 mg	$0 (1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
afeditab tab 30mg cr	$0 (1)	QL (60 tabs / 30 days)
afeditab tab 60mg cr	$0 (1)	
amlodipine besylate tab 2.5 mg	$0 (1)	QL (45 tabs / 30 days)
amlodipine besylate tab 5 mg	$0 (1)	QL (45 tabs / 30 days)
amlodipine besylate tab 10 mg	$0 (1)	
diltiazem hcl cap sr 12hr 60 mg	$0 (1)	
diltiazem hcl cap sr 12hr 90 mg	$0 (1)	
diltiazem hcl cap sr 12hr 120 mg	$0 (1)	
diltiazem hcl cap sr 24hr 120 mg	$0 (1)	
diltiazem hcl cap sr 24hr 180 mg	$0 (1)	
diltiazem hcl cap sr 24hr 240 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap sr 24hr 120 mg	$0 (1)	
diltiazem hcl coated beads cap sr 24hr 180 mg	$0 (1)	
diltiazem hcl coated beads cap sr 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap sr 24hr 300 mg	$0 (1)	
diltiazem hcl coated beads cap sr 24hr 360 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 120 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 180 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 240 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 300 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 360 mg	$0 (1)	
diltiazem hcl extended release beads cap sr 24hr 420 mg	$0 (1)	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	$0 (1)	
diltiazem hcl tab 30 mg	$0 (1)	
diltiazem hcl tab 60 mg	$0 (1)	
diltiazem hcl tab 90 mg	$0 (1)	
diltiazem hcl tab 120 mg	$0 (1)	
felodipine tab sr 24hr 2.5 mg	$0 (1)	QL (30 tabs / 30 days)
felodipine tab sr 24hr 5 mg	$0 (1)	QL (60 tabs / 30 days)
felodipine tab sr 24hr 10 mg	$0 (1)	
isradipine cap 2.5 mg	$0 (1)	
isradipine cap 5 mg	$0 (1)	
nicardipine hcl cap 20 mg	$0 (1)	
nicardipine hcl cap 30 mg	$0 (1)	
nifedical xl tab 30mg	$0 (1)	QL (30 tabs / 30 days)
nifedical xl tab 60mg	$0 (1)	
nifedipine tab sr 24hr 30 mg	$0 (1)	QL (60 tabs / 30 days)
nifedipine tab sr 24hr 60 mg	$0 (1)	
nifedipine tab sr 24hr 90 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nifedipine tab sr 24hr osmotic release 30 mg	$0 (1)	QL (30 tabs / 30 days)
nifedipine tab sr 24hr osmotic release 60 mg	$0 (1)	
nifedipine tab sr 24hr osmotic release 90 mg	$0 (1)	
nimodipine cap 30 mg	$0 (2)	
NYMALIZE SOL 60/20ML	$0 (2)	
taztia xt cap 120mg/24	$0 (1)	
taztia xt cap 180mg/24	$0 (1)	
taztia xt cap 240mg/24	$0 (1)	
taztia xt cap 300mg/24	$0 (1)	
taztia xt cap 360mg/24	$0 (1)	
verapamil hcl cap sr 24hr 100 mg	$0 (1)	
verapamil hcl cap sr 24hr 120 mg	$0 (1)	
verapamil hcl cap sr 24hr 180 mg	$0 (1)	
verapamil hcl cap sr 24hr 200 mg	$0 (1)	
verapamil hcl cap sr 24hr 240 mg	$0 (1)	
verapamil hcl cap sr 24hr 300 mg	$0 (1)	
VERAPAMIL HCL CAP SR 24HR 360 MG	$0 (1)	
verapamil hcl iv soln 2.5 mg/ml	$0 (1)	
verapamil hcl tab 40 mg	$0 (1)	
verapamil hcl tab 80 mg	$0 (1)	
verapamil hcl tab 120 mg	$0 (1)	
verapamil hcl tab cr 120 mg	$0 (1)	
verapamil hcl tab cr 180 mg	$0 (1)	
verapamil hcl tab cr 240 mg	$0 (1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digitek tab 0.25mg	$0 (1)	PA; PA if 65 years and older
digitek tab 0.125mg	$0 (1)	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	$0 (1)	
DIGOXIN ORAL SOLN 0.05 MG/ML	$0 (1)	PA; PA if 65 years and older
digoxin tab 125 mcg (0.125 mg)	$0 (1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0 (1)	PA; PA if 65 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
TEKTURNA HCT TAB 150-12.5	$0 (2)	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	$0 (2)	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5	$0 (2)	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
TEKTURNA HCT TAB 300-25MG	$0 (2)	
TEKTURNA TAB 150MG	$0 (2)	QL (30 tabs / 30 days)
TEKTURNA TAB 300MG	$0 (2)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap sr 12hr 500 mg	$0 (1)	
acetazolamide tab 125 mg	$0 (1)	
acetazolamide tab 250 mg	$0 (1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0 (1)	
amiloride hcl tab 5 mg	$0 (1)	
bumetanide inj 0.25 mg/ml	$0 (1)	
bumetanide tab 0.5 mg	$0 (1)	
bumetanide tab 1 mg	$0 (1)	
bumetanide tab 2 mg	$0 (1)	
chlorothiazide tab 250 mg	$0 (1)	
chlorothiazide tab 500 mg	$0 (1)	
chlorthalidone tab 25 mg	$0 (1)	
chlorthalidone tab 50 mg	$0 (1)	
furosemide inj 10 mg/ml	$0 (1)	
FUROSEMIDE INJ 10 MG/ML	$0 (1)	
furosemide oral soln 8 mg/ml	$0 (1)	
furosemide oral soln 10 mg/ml	$0 (1)	
furosemide tab 20 mg	$0 (1)	
furosemide tab 40 mg	$0 (1)	
furosemide tab 80 mg	$0 (1)	
hydrochlorothiazide cap 12.5 mg	$0 (1)	
hydrochlorothiazide tab 12.5 mg	$0 (1)	
hydrochlorothiazide tab 25 mg	$0 (1)	
hydrochlorothiazide tab 50 mg	$0 (1)	
indapamide tab 1.25 mg	$0 (1)	
indapamide tab 2.5 mg	$0 (1)	
methazolamide tab 25 mg	$0 (1)	
methazolamide tab 50 mg	$0 (1)	
methyclothiazide tab 5 mg	$0 (1)	
metolazone tab 2.5 mg	$0 (1)	
metolazone tab 5 mg	$0 (1)	
metolazone tab 10 mg	$0 (1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0 (1)	
torsemide inj 50mg/5ml	$0 (1)	
torsemide tab 5 mg	$0 (1)	
torsemide tab 10 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
torsemide tab 20 mg	$0 (1)	
torsemide tab 100 mg	$0 (1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0 (1)	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	$0 (1)	
clonidine hcl tab 0.2 mg	$0 (1)	
clonidine hcl tab 0.3 mg	$0 (1)	
clonidine hcl td patch weekly 0.1 mg/24hr	$0 (1)	
clonidine hcl td patch weekly 0.2 mg/24hr	$0 (1)	
clonidine hcl td patch weekly 0.3 mg/24hr	$0 (1)	
DEMSER CAP 250MG	$0 (2)	
hydralazine hcl inj 20 mg/ml	$0 (1)	
hydralazine hcl tab 10 mg	$0 (1)	
hydralazine hcl tab 25 mg	$0 (1)	
hydralazine hcl tab 50 mg	$0 (1)	
hydralazine hcl tab 100 mg	$0 (1)	
midodrine hcl tab 2.5 mg	$0 (1)	
midodrine hcl tab 5 mg	$0 (1)	
midodrine hcl tab 10 mg	$0 (1)	
minoxidil tab 2.5 mg	$0 (1)	
minoxidil tab 10 mg	$0 (1)	
RANEXA TAB 500MG	$0 (2)	
RANEXA TAB 1000MG	$0 (2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0 (1)	
isosorbide dinitrate tab 10 mg	$0 (1)	
isosorbide dinitrate tab 20 mg	$0 (1)	
isosorbide dinitrate tab 30 mg	$0 (1)	
isosorbide dinitrate tab cr 40 mg	$0 (1)	
isosorbide mononitrate tab 10 mg	$0 (1)	
isosorbide mononitrate tab 20 mg	$0 (1)	
isosorbide mononitrate tab sr 24hr 30 mg	$0 (1)	
isosorbide mononitrate tab sr 24hr 60 mg	$0 (1)	
isosorbide mononitrate tab sr 24hr 120 mg	$0 (1)	
minitran dis 0.1mg/hr	$0 (1)	
minitran dis 0.2mg/hr	$0 (1)	
minitran dis 0.4mg/hr	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minitran dis 0.6mg/hr	$0 (1)	
nitro-bid oin 2%	$0 (2)	
NITRO-DUR DIS 0.3MG/HR	$0 (2)	
NITRO-DUR DIS 0.8MG/HR	$0 (2)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0 (1)	
NITROSTAT SUB 0.3MG	$0 (2)	
NITROSTAT SUB 0.4MG	$0 (2)	
NITROSTAT SUB 0.6MG	$0 (2)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	$0 (2)	B/D, NM, LA
REMODULIN INJ 2.5MG/ML	$0 (2)	B/D, NM, LA
REMODULIN INJ 5MG/ML	$0 (2)	B/D, NM, LA
REMODULIN INJ 10MG/ML	$0 (2)	B/D, NM, LA
REVATIO SUS 10MG/ML	$0 (2)	QL (224 mL / 30 days), NM, PA
sildenafil citrate tab 20 mg	$0 (1)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	$0 (2)	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	$0 (2)	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	$0 (2)	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1400MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
alprazolam tab 0.25 mg	$0 (1)	QL (480 tabs / 30 days)
alprazolam tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
alprazolam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	$0 (1)	
buspirone hcl tab 7.5 mg	$0 (1)	
buspirone hcl tab 10 mg	$0 (1)	
buspirone hcl tab 15 mg	$0 (1)	
buspirone hcl tab 30 mg	$0 (1)	
fluvoxamine maleate tab 25 mg	$0 (1)	QL (45 tabs / 30 days)
fluvoxamine maleate tab 50 mg	$0 (1)	QL (45 tabs / 30 days)
fluvoxamine maleate tab 100 mg	$0 (1)	
lorazepam con 2mg/ml	$0 (1)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0 (1)	
lorazepam inj 4 mg/ml	$0 (1)	
lorazepam tab 0.5 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	$0 (2)	QL (180 tabs / 30 days)
APTIOM TAB 400MG	$0 (2)	QL (90 tabs / 30 days)
APTIOM TAB 600MG	$0 (2)	QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0 (2)	QL (30 tabs / 30 days)
BANZEL SUS 40MG/ML	$0 (2)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BANZEL TAB 200MG	$0 (2)	PA
BANZEL TAB 400MG	$0 (2)	PA
carbamazepine cap sr 12hr 100 mg	$0 (1)	
carbamazepine cap sr 12hr 200 mg	$0 (1)	
carbamazepine cap sr 12hr 300 mg	$0 (1)	
carbamazepine chew tab 100 mg	$0 (1)	
carbamazepine susp 100 mg/5ml	$0 (1)	
carbamazepine tab 200 mg	$0 (1)	
carbamazepine tab sr 12hr 100 mg	$0 (1)	
carbamazepine tab sr 12hr 200 mg	$0 (1)	
carbamazepine tab sr 12hr 400 mg	$0 (1)	
CELONTIN CAP 300MG	$0 (2)	
clonazepam orally disintegrating tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0 (1)	QL (480 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0 (1)	QL (960 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
clonazepam tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
clonazepam tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0 (1)	QL (120 tabs / 30 days), PA
clorazepate dipotassium tab 7.5 mg	$0 (1)	QL (120 tabs / 30 days), PA
clorazepate dipotassium tab 15 mg	$0 (1)	QL (180 tabs / 30 days), PA
diazepam con 5mg/ml	$0 (1)	QL (240 mL / 30 days), PA
diazepam inj 5 mg/ml	$0 (1)	
diazepam oral soln 1 mg/ml	$0 (1)	QL (1200 mL / 30 days), PA
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	$0 (1)	
diazepam tab 2 mg	$0 (1)	QL (120 tabs / 30 days), PA
diazepam tab 5 mg	$0 (1)	QL (120 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 10 mg	$0 (1)	QL (120 tabs / 30 days), PA
dilantin cap 30mg	$0 (2)	
dilantin cap 100mg	$0 (2)	
dilantin chw 50mg	$0 (2)	
DILANTIN-125 SUS 125/5ML	$0 (2)	
divalproex sodium cap delayed release sprinkle 125 mg	$0 (1)	
divalproex sodium tab delayed release 125 mg	$0 (1)	
divalproex sodium tab delayed release 250 mg	$0 (1)	
divalproex sodium tab delayed release 500 mg	$0 (1)	
divalproex sodium tab sr 24 hr 250 mg	$0 (1)	
divalproex sodium tab sr 24 hr 500 mg	$0 (1)	
epitol tab 200mg	$0 (1)	
ethosuximide cap 250 mg	$0 (1)	
ethosuximide soln 250 mg/5ml	$0 (1)	
felbamate susp 600 mg/5ml	$0 (2)	
felbamate tab 400 mg	$0 (1)	
felbamate tab 600 mg	$0 (1)	
FYCOMPA TAB 2MG	$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0 (2)	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0 (1)	QL (1080 caps / 30 days)
gabapentin cap 300 mg	$0 (1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0 (1)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0 (1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0 (1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0 (1)	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	$0 (2)	
GABITRIL TAB 16MG	$0 (2)	
lamotrigine tab 25 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab 100 mg	$0 (1)	
lamotrigine tab 150 mg	$0 (1)	
lamotrigine tab 200 mg	$0 (1)	
lamotrigine tab chewable dispersible 5 mg	$0 (1)	
lamotrigine tab chewable dispersible 25 mg	$0 (1)	
lamotrigine tab sr 24hr 25 mg	$0 (1)	
lamotrigine tab sr 24hr 50 mg	$0 (1)	
lamotrigine tab sr 24hr 100 mg	$0 (1)	
lamotrigine tab sr 24hr 200 mg	$0 (1)	
lamotrigine tab sr 24hr 250 mg	$0 (1)	
lamotrigine tab sr 24hr 300 mg	$0 (1)	
LEVETIRACETA INJ 5MG/ML	$0 (2)	
LEVETIRACETA INJ 10MG/ML	$0 (2)	
LEVETIRACETA INJ 15MG/ML	$0 (2)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0 (1)	
levetiracetam oral soln 100 mg/ml	$0 (1)	
levetiracetam tab 250 mg	$0 (1)	
levetiracetam tab 500 mg	$0 (1)	
levetiracetam tab 750 mg	$0 (1)	
levetiracetam tab 1000 mg	$0 (1)	
levetiracetam tab sr 24hr 500 mg	$0 (1)	
levetiracetam tab sr 24hr 750 mg	$0 (1)	
LYRICA CAP 25MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	$0 (2)	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	$0 (2)	PA
ONFI TAB 10MG	$0 (2)	PA
ONFI TAB 20MG	$0 (2)	PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0 (1)	
oxcarbazepine tab 150 mg	$0 (1)	
oxcarbazepine tab 300 mg	$0 (1)	
oxcarbazepine tab 600 mg	$0 (1)	
PEGANONE TAB 250MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PHENOBARB INJ 65MG/ML	$0 (2)	PA; PA if 65 years and older
phenobarbital elixir 20 mg/5ml	$0 (2)	PA; PA if 65 years and older
phenobarbital sodium inj 130 mg/ml	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 15 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 16.2 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 30 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 32.4 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 60 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 64.8 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 97.2 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 100 mg	$0 (2)	PA; PA if 65 years and older
phenytek cap 200mg	$0 (2)	
phenytek cap 300mg	$0 (2)	
phenytoin chew tab 50 mg	$0 (1)	
phenytoin sodium extended cap 100 mg	$0 (1)	
phenytoin sodium extended cap 200 mg	$0 (1)	
phenytoin sodium extended cap 300 mg	$0 (1)	
phenytoin sodium inj 50 mg/ml	$0 (1)	
phenytoin susp 125 mg/5ml	$0 (1)	
POTIGA TAB 50MG	$0 (2)	
POTIGA TAB 200MG	$0 (2)	QL (180 tabs / 30 days)
POTIGA TAB 300MG	$0 (2)	QL (90 tabs / 30 days)
POTIGA TAB 400MG	$0 (2)	QL (90 tabs / 30 days)
primidone tab 50 mg	$0 (1)	
primidone tab 250 mg	$0 (1)	
SABRIL POW 500MG	$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	$0 (2)	
SPRITAM TAB 500MG	$0 (2)	
SPRITAM TAB 750MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 1000MG	$0 (2)	
TEGRETOL SUS 100/5ML	$0 (2)	
TEGRETOL TAB 200MG	$0 (2)	
TEGRETOL-XR TAB 100MG	$0 (2)	
TEGRETOL-XR TAB 200MG	$0 (2)	
TEGRETOL-XR TAB 400MG	$0 (2)	
tiagabine hcl tab 2 mg	$0 (1)	
tiagabine hcl tab 4 mg	$0 (1)	
topiramate sprinkle cap 15 mg	$0 (1)	
topiramate sprinkle cap 25 mg	$0 (1)	
topiramate tab 25 mg	$0 (1)	
topiramate tab 50 mg	$0 (1)	
topiramate tab 100 mg	$0 (1)	
topiramate tab 200 mg	$0 (1)	
valproate sodium inj 100 mg/ml	$0 (1)	
valproate sodium syrup 250 mg/5ml (base equiv)	$0 (1)	
valproic acid cap 250 mg	$0 (1)	
VIMPAT INJ 200MG/20	$0 (2)	
VIMPAT SOL 10MG/ML	$0 (2)	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	$0 (2)	QL (60 tabs / 30 days)
zonisamide cap 25 mg	$0 (1)	
zonisamide cap 50 mg	$0 (1)	
zonisamide cap 100 mg	$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0 (1)	
donepezil hydrochloride tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0 (1)	
donepezil hydrochloride tab 23 mg	$0 (1)	
EXELON DIS 4.6MG/24	$0 (2)	QL (30 patches / 30 days)
EXELON DIS 9.5MG/24	$0 (2)	QL (30 patches / 30 days)
EXELON DIS 13.3/24	$0 (2)	QL (30 patches / 30 days)
galantamine hydrobromide cap sr 24hr 8 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap sr 24hr 16 mg	$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide cap sr 24hr 24 mg	$0 (1)	
galantamine hydrobromide oral soln 4 mg/ml	$0 (1)	
galantamine hydrobromide tab 4 mg	$0 (1)	QL (180 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0 (1)	QL (90 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0 (1)	
memantine hcl oral solution 2 mg/ml	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 10 mg	$0 (1)	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	$0 (2)	PA; PA if < 30 yrs
NAMZARIC CAP 14-10MG	$0 (2)	
NAMZARIC CAP 28-10MG	$0 (2)	
rivastigmine tartrate cap 1.5 mg	$0 (1)	
rivastigmine tartrate cap 3 mg	$0 (1)	
rivastigmine tartrate cap 4.5 mg	$0 (1)	
rivastigmine tartrate cap 6 mg	$0 (1)	
rivastigmine td patch 24hr 4.6 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 75 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 100 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 150 mg	$0 (2)	PA; PA if 65 years and older
amoxapine tab 25 mg	$0 (1)	
amoxapine tab 50 mg	$0 (1)	
amoxapine tab 100 mg	$0 (1)	
amoxapine tab 150 mg	$0 (1)	
BRINTELLIX TAB 5MG	$0 (2)	QL (120 tabs / 30 days)
BRINTELLIX TAB 10MG	$0 (2)	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
BRINTELLIX TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
bupropion hcl tab 75 mg	$0 (1)	
bupropion hcl tab 100 mg	$0 (1)	
bupropion hcl tab sr 12hr 100 mg	$0 (1)	
bupropion hcl tab sr 12hr 150 mg	$0 (1)	
bupropion hcl tab sr 12hr 200 mg	$0 (1)	
bupropion hcl tab sr 24hr 150 mg	$0 (1)	QL (90 tabs / 30 days)
bupropion hcl tab sr 24hr 300 mg	$0 (1)	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	$0 (1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
citalopram hydrobromide tab 20 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
citalopram hydrobromide tab 40 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
clomipramine hcl cap 25 mg	$0 (2)	PA; PA if 65 years and older
clomipramine hcl cap 50 mg	$0 (2)	PA; PA if 65 years and older
clomipramine hcl cap 75 mg	$0 (2)	PA; PA if 65 years and older
desipramine hcl tab 10 mg	$0 (1)	
desipramine hcl tab 25 mg	$0 (1)	
desipramine hcl tab 50 mg	$0 (1)	
desipramine hcl tab 75 mg	$0 (1)	
desipramine hcl tab 100 mg	$0 (1)	
desipramine hcl tab 150 mg	$0 (1)	
doxepin hcl cap 10 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 25 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 50 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 75 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 100 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 150 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl conc 10 mg/ml	$0 (2)	PA; PA if 65 years and older
duloxetine hcl enteric coated pellets cap 20 mg	$0 (1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
duloxetine hcl enteric coated pellets cap 30 mg	$0 (1)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg	$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0 (2)	QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0 (1)	QL (600 mL / 30 days)
escitalopram oxalate tab 5 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
escitalopram oxalate tab 10 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
escitalopram oxalate tab 20 mg (base equiv)	$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	$0 (2)	
fluoxetine hcl cap 10 mg	$0 (1)	QL (30 caps / 30 days)
fluoxetine hcl cap 20 mg	$0 (1)	QL (120 caps / 30 days)
fluoxetine hcl cap 40 mg	$0 (1)	
fluoxetine hcl solution 20 mg/5ml	$0 (1)	
fluoxetine hcl tab 10 mg	$0 (1)	QL (45 tabs / 30 days)
fluoxetine hcl tab 20 mg	$0 (1)	
imipramine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
imipramine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
imipramine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
maprotiline hcl tab 25 mg	$0 (1)	
maprotiline hcl tab 50 mg	$0 (1)	
maprotiline hcl tab 75 mg	$0 (1)	
MARPLAN TAB 10MG	$0 (2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
mirtazapine orally disintegrating tab 30 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirtazapine orally disintegrating tab 45 mg	$0 (1)	
mirtazapine tab 7.5 mg	$0 (1)	QL (45 tabs / 30 days)
mirtazapine tab 15 mg	$0 (1)	QL (45 tabs / 30 days)
mirtazapine tab 30 mg	$0 (1)	
mirtazapine tab 45 mg	$0 (1)	
nefazodone hcl tab 50 mg	$0 (1)	
nefazodone hcl tab 100 mg	$0 (1)	
nefazodone hcl tab 150 mg	$0 (1)	
nefazodone hcl tab 200 mg	$0 (1)	
nefazodone hcl tab 250 mg	$0 (1)	
nortriptyline hcl cap 10 mg	$0 (1)	
nortriptyline hcl cap 25 mg	$0 (1)	
nortriptyline hcl cap 50 mg	$0 (1)	
nortriptyline hcl cap 75 mg	$0 (1)	
nortriptyline hcl soln 10 mg/5ml	$0 (1)	
paroxetine hcl tab 10 mg	$0 (1)	QL (45 tabs / 30 days)
paroxetine hcl tab 20 mg	$0 (1)	QL (45 tabs / 30 days)
paroxetine hcl tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
paroxetine hcl tab 40 mg	$0 (1)	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	$0 (2)	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	$0 (1)	
PRISTIQ TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	$0 (2)	QL (30 tabs / 30 days)
protriptyline hcl tab 5 mg	$0 (1)	
protriptyline hcl tab 10 mg	$0 (1)	
sertraline hcl oral conc 20 mg/ml	$0 (1)	
sertraline hcl tab 25 mg	$0 (1)	QL (45 tabs / 30 days)
sertraline hcl tab 50 mg	$0 (1)	QL (45 tabs / 30 days)
sertraline hcl tab 100 mg	$0 (1)	
SURMONTIL CAP 25MG	$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
SURMONTIL CAP 50MG	$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
SURMONTIL CAP 100MG	$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
tranylcypromine sulfate tab 10 mg	$0 (1)	
trazodone hcl tab 50 mg	$0 (1)	
trazodone hcl tab 100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trazodone hcl tab 150 mg	$0 (1)	
trimipramine maleate cap 25 mg	$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 50 mg	$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 100 mg	$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)	$0 (1)	QL (30 caps / 30 days)
venlafaxine hcl cap sr 24hr 75 mg (base equivalent)	$0 (1)	QL (30 caps / 30 days)
venlafaxine hcl cap sr 24hr 150 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
venlafaxine hcl tab 25 mg	$0 (1)	
venlafaxine hcl tab 37.5 mg	$0 (1)	
venlafaxine hcl tab 50 mg	$0 (1)	
venlafaxine hcl tab 75 mg	$0 (1)	
venlafaxine hcl tab 100 mg	$0 (1)	
VIIBRYD KIT	$0 (2)	
VIIBRYD KIT STARTER	$0 (2)	
VIIBRYD TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0 (1)	
amantadine hcl syrup 50 mg/5ml	$0 (1)	
amantadine hcl tab 100 mg	$0 (1)	
APOKYN INJ 10MG/ML	$0 (2)	NM, LA, PA
AZILECT TAB 0.5MG	$0 (2)	
AZILECT TAB 1MG	$0 (2)	
BENZTROPINE MESYLATE INJ 1 MG/ML	$0 (1)	
benztropine mesylate tab 0.5 mg	$0 (2)	PA; PA if 65 years and older
benztropine mesylate tab 1 mg	$0 (2)	PA; PA if 65 years and older
benztropine mesylate tab 2 mg	$0 (2)	PA; PA if 65 years and older
bromocriptine mesylate cap 5 mg	$0 (1)	
bromocriptine mesylate tab 2.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa & levodopa orally disintegrating tab 10-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab 10-100 mg	$0 (1)	
carbidopa & levodopa tab 25-100 mg	$0 (1)	
carbidopa & levodopa tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab cr 25-100 mg	$0 (1)	
carbidopa & levodopa tab cr 50-200 mg	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	$0 (1)	
ENTACAPONE TAB 200 MG	$0 (1)	
NEUPRO DIS 1MG/24HR	$0 (2)	
NEUPRO DIS 2MG/24HR	$0 (2)	
NEUPRO DIS 3MG/24HR	$0 (2)	
NEUPRO DIS 4MG/24HR	$0 (2)	
NEUPRO DIS 6MG/24HR	$0 (2)	
NEUPRO DIS 8MG/24HR	$0 (2)	
pramipexole dihydrochloride tab 0.5 mg	$0 (1)	
pramipexole dihydrochloride tab 0.25 mg	$0 (1)	
pramipexole dihydrochloride tab 0.75 mg	$0 (1)	
pramipexole dihydrochloride tab 0.125 mg	$0 (1)	
pramipexole dihydrochloride tab 1 mg	$0 (1)	
pramipexole dihydrochloride tab 1.5 mg	$0 (1)	
ropinirole hydrochloride tab 0.5 mg	$0 (1)	
ropinirole hydrochloride tab 0.25 mg	$0 (1)	
ropinirole hydrochloride tab 1 mg	$0 (1)	
ropinirole hydrochloride tab 2 mg	$0 (1)	
ropinirole hydrochloride tab 3 mg	$0 (1)	
ropinirole hydrochloride tab 4 mg	$0 (1)	
ropinirole hydrochloride tab 5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
selegiline hcl cap 5 mg	$0 (1)	
selegiline hcl tab 5 mg	$0 (1)	
trihexyphenidyl hcl elixir 0.4 mg/ml	$0 (2)	PA; PA if 65 years and older
trihexyphenidyl hcl tab 2 mg	$0 (2)	PA; PA if 65 years and older
trihexyphenidyl hcl tab 5 mg	$0 (2)	PA; PA if 65 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY DISC TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
ABILIFY MAIN INJ 300MG	$0 (2)	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	$0 (2)	QL (1 injection / 28 days)
aripiprazole oral solution 1 mg/ml	$0 (2)	QL (900ml / 30 days)
aripiprazole tab 2 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 10mg odt	$0 (2)	QL (60 tabs / 30 days)
aripiprazole tab 15 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 15mg odt	$0 (2)	QL (60 tabs / 30 days)
aripiprazole tab 20 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0 (2)	QL (30 tabs / 30 days)
chlorpromaz inj 25mg/ml	$0 (2)	
chlorpromaz inj 50mg/2ml	$0 (2)	
chlorpromazine hcl tab 10 mg	$0 (1)	
chlorpromazine hcl tab 25 mg	$0 (1)	
chlorpromazine hcl tab 50 mg	$0 (1)	
chlorpromazine hcl tab 100 mg	$0 (1)	
chlorpromazine hcl tab 200 mg	$0 (1)	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	$0 (1)	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	$0 (2)	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	$0 (2)	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	$0 (1)	
clozapine tab 50 mg	$0 (1)	
clozapine tab 100 mg	$0 (1)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	$0 (2)	ST

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 1MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 2MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 4MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 6MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 8MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 10MG	$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TAB 12MG	$0 (2)	QL (60 tabs / 30 days), ST
FAZACLO TAB 150 ODT	$0 (2)	QL (180 tabs / 30 days), PA
FAZACLO TAB 200 ODT	$0 (2)	QL (135 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	$0 (1)	
fluphenazine hcl elixir 2.5 mg/5ml	$0 (1)	
fluphenazine hcl inj 2.5 mg/ml	$0 (1)	
fluphenazine hcl oral conc 5 mg/ml	$0 (1)	
fluphenazine hcl tab 1 mg	$0 (1)	
fluphenazine hcl tab 2.5 mg	$0 (1)	
fluphenazine hcl tab 5 mg	$0 (1)	
fluphenazine hcl tab 10 mg	$0 (1)	
GEODON INJ 20MG	$0 (2)	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	$0 (1)	
haloperidol decanoate im soln 100 mg/ml	$0 (1)	
haloperidol lactate inj 5 mg/ml	$0 (1)	
haloperidol lactate oral conc 2 mg/ml	$0 (1)	
haloperidol tab 0.5 mg	$0 (1)	
haloperidol tab 1 mg	$0 (1)	
haloperidol tab 2 mg	$0 (1)	
haloperidol tab 5 mg	$0 (1)	
haloperidol tab 10 mg	$0 (1)	
haloperidol tab 20 mg	$0 (1)	
INVEGA SUST INJ 39/0.25	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	$0 (2)	QL (1 injection / 28 days)
INVEGA TAB 1.5MG	$0 (2)	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
INVEGA TAB 3MG	$0 (2)	QL (30 tabs / 30 days)
INVEGA TAB 6MG	$0 (2)	QL (60 tabs / 30 days)
INVEGA TAB 9MG	$0 (2)	QL (30 tabs / 30 days)
INVEGA TRINZ INJ 273MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	$0 (2)	QL (1 syringe / 90 days)
LATUDA TAB 20MG	$0 (2)	QL (240 tabs / 30 days)
LATUDA TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	$0 (2)	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	$0 (1)	
loxapine succinate cap 10 mg	$0 (1)	
loxapine succinate cap 25 mg	$0 (1)	
loxapine succinate cap 50 mg	$0 (1)	
molindone hcl tab 5 mg	$0 (1)	
molindone hcl tab 10 mg	$0 (1)	
molindone hcl tab 25 mg	$0 (1)	
olanzapine for im inj 10 mg	$0 (1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 2.5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 7.5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
paliperidone tab sr 24hr 1.5 mg	$0 (1)	QL (30 tabs / 30 days)
paliperidone tab sr 24hr 3 mg	$0 (1)	QL (30 tabs / 30 days)
paliperidone tab sr 24hr 6 mg	$0 (1)	QL (60 tabs / 30 days)
paliperidone tab sr 24hr 9 mg	$0 (1)	QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0 (1)	
perphenazine tab 4 mg	$0 (1)	
perphenazine tab 8 mg	$0 (1)	
perphenazine tab 16 mg	$0 (1)	
pimozide tab 1 mg	$0 (1)	
pimozide tab 2 mg	$0 (1)	
quetiapine fumarate tab 25 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 50 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	$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
quetiapine fumarate tab 200 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 400 mg	$0 (1)	QL (90 tabs / 30 days)
REXULTI TAB 0.5MG	$0 (2)	QL (180 tabs / 30 days), ST
REXULTI TAB 0.25MG	$0 (2)	QL (360 tabs / 30 days), ST
REXULTI TAB 1MG	$0 (2)	QL (90 tabs / 30 days), ST
REXULTI TAB 2MG	$0 (2)	QL (60 tabs / 30 days), ST
REXULTI TAB 3MG	$0 (2)	QL (30 tabs / 30 days), ST
REXULTI TAB 4MG	$0 (2)	QL (30 tabs / 30 days), ST
RISPERDAL INJ 12.5MG	$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	$0 (2)	QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	$0 (1)	QL (120 tabs / 30 days)
risperidone soln 1 mg/ml	$0 (1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 4 mg	$0 (1)	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	$0 (2)	QL (60 tabs / 30 days)
SEROQUEL XR TAB 50MG	$0 (2)	QL (120 tabs / 30 days)
SEROQUEL XR TAB 150MG	$0 (2)	QL (30 tabs / 30 days)
SEROQUEL XR TAB 200MG	$0 (2)	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
SEROQUEL XR TAB 300MG	$0 (2)	QL (60 tabs / 30 days)
SEROQUEL XR TAB 400MG	$0 (2)	QL (60 tabs / 30 days)
thioridazine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 100 mg	$0 (2)	PA; PA if 65 years and older
thiothixene cap 1 mg	$0 (1)	
thiothixene cap 2 mg	$0 (1)	
thiothixene cap 5 mg	$0 (1)	
thiothixene cap 10 mg	$0 (1)	
trifluoperazine hcl tab 1 mg	$0 (1)	
trifluoperazine hcl tab 2 mg	$0 (1)	
trifluoperazine hcl tab 5 mg	$0 (1)	
trifluoperazine hcl tab 10 mg	$0 (1)	
VERSACLOZ SUS 50MG/ML	$0 (2)	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0 (2)	ST
VRAYLAR CAP 1.5MG	$0 (2)	QL (120 caps / 30 days), ST
VRAYLAR CAP 3MG	$0 (2)	QL (60 caps / 30 days), ST
VRAYLAR CAP 4.5MG	$0 (2)	QL (30 caps / 30 days), ST
VRAYLAR CAP 6MG	$0 (2)	QL (30 caps / 30 days), ST
ziprasidone hcl cap 20 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0 (1)	QL (90 caps / 30 days)
ziprasidone hcl cap 80 mg	$0 (1)	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	$0 (2)	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap sr 24hr 5 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 10 mg	$0 (1)	QL (90 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine cap sr 24hr 15 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 20 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 25 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap sr 24hr 30 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0 (1)	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	$0 (1)	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	$0 (1)	QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0 (1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
guanfacine hcl tab sr 24hr 1 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab sr 24hr 2 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab sr 24hr 3 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab sr 24hr 4 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
methylphenidate hcl soln 5 mg/5ml	$0 (1)	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	$0 (1)	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab cr 10 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab cr 20 mg	$0 (1)	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 18MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 25MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 40MG	$0 (2)	QL (60 caps / 30 days)
STRATTERA CAP 60MG	$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 80MG	$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 100MG	$0 (2)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
HETLIOZ CAP 20MG	$0 (2)	NM, LA, PA
ROZEREM TAB 8MG	$0 (2)	QL (30 tabs / 30 days)
SILENOR TAB 3MG	$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	$0 (2)	QL (30 tabs / 30 days)
temazepam cap 7.5 mg	$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate inj 1 mg/ml	$0 (1)	
naratriptan hcl tab 1 mg (base equiv)	$0 (1)	QL (9 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	$0 (1)	QL (9 tabs / 30 days)
RELPAX TAB 20MG	$0 (2)	QL (12 tabs / 30 days)
RELPAX TAB 40MG	$0 (2)	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	$0 (1)	QL (12 inhalers / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	$0 (1)	QL (12 injections / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0 (1)	QL (9 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0 (1)	QL (9 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0 (1)	QL (9 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
lithium carbonate cap 150 mg	$0 (1)	
lithium carbonate cap 300 mg	$0 (1)	
lithium carbonate cap 600 mg	$0 (1)	
lithium carbonate tab 300 mg	$0 (1)	
lithium carbonate tab cr 300 mg	$0 (1)	
lithium carbonate tab cr 450 mg	$0 (1)	
LITHIUM SOL 8MEQ/5ML	$0 (2)	
NUEDEXTA CAP 20-10MG	$0 (2)	PA
pyridostigmine bromide tab 60 mg	$0 (1)	
riluzole tab 50 mg	$0 (1)	
tetrabenazine tab 12.5 mg	$0 (2)	QL (240 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	$0 (2)	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	$0 (2)	NM, LA, PA
BETASERON INJ 0.3MG	$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	$0 (2)	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	$0 (2)	QL (28 caps / 28 days), NM, PA
glatopa inj 20mg/ml	$0 (2)	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 10 mg	$0 (1)	
baclofen tab 20 mg	$0 (1)	
carisoprodol tab 350 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
cyclobenzaprine hcl tab 5 mg	$0 (2)	PA; PA if 65 years and older
cyclobenzaprine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
dantrolene sodium cap 25 mg	$0 (1)	
dantrolene sodium cap 50 mg	$0 (1)	
dantrolene sodium cap 100 mg	$0 (1)	
methocarbamol tab 500 mg	$0 (2)	PA; PA if 65 years and older
methocarbamol tab 750 mg	$0 (2)	PA; PA if 65 years and older
tizanidine hcl tab 2 mg (base equivalent)	$0 (1)	
tizanidine hcl tab 4 mg (base equivalent)	$0 (1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
NUVIGIL TAB 50MG	$0 (2)	QL (150 tabs / 30 days), PA
NUVIGIL TAB 150MG	$0 (2)	QL (60 tabs / 30 days), PA
NUVIGIL TAB 200MG	$0 (2)	QL (30 tabs / 30 days), PA
NUVIGIL TAB 250MG	$0 (2)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	$0 (2)	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0 (1)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0 (1)	PA
buprenorphine hcl sl tab 8 mg (base equiv)	$0 (1)	PA
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0 (1)	QL (120 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0 (1)	QL (120 tabs / 30 days), PA
buproban tab 150mg	$0 (1)	
bupropion hcl (smoking deterrent) tab sr 12hr 150 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHANTIX PAK 0.5& 1MG	$0 (2)	PA
CHANTIX PAK 1MG	$0 (2)	PA
CHANTIX TAB 0.5MG	$0 (2)	PA
CHANTIX TAB 1MG	$0 (2)	PA
disulfiram tab 250 mg	$0 (1)	
disulfiram tab 500 mg	$0 (1)	
mapap pm tab 25-500mg	$0 (3)	NM; *
medi-sleep tab 25mg	$0 (3)	NM; *
medi-tabs pm tab 25-500mg	$0 (3)	NM; *
naloxone hcl inj 0.4 mg/ml	$0 (1)	
naloxone hcl inj 1 mg/ml	$0 (1)	
naltrexone hcl tab 50 mg	$0 (1)	
nicorelief gum 2mg mint	$0 (3)	NM; *
nicorelief gum 2mg orig	$0 (3)	NM; *
nicorelief gum 4mg mint	$0 (3)	NM; *
nicorelief gum 4mg orig	$0 (3)	NM; *
nicotine polacrilex gum 2 mg	$0 (3)	NM; *
nicotine polacrilex gum 4 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 2 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 4 mg	$0 (3)	NM; *
nicotine td patch 24hr 7 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 7 MG/24HR	$0 (3)	NM; *
nicotine td patch 24hr 14 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 14 MG/24HR	$0 (3)	NM; *
nicotine td patch 24hr 21 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 21 MG/24HR	$0 (3)	NM; *
NICOTROL INH	$0 (2)	
NICOTROL NS SPR 10MG/ML	$0 (2)	
night time tab 25mg	$0 (3)	NM; *
non-aspirin tab 25-500mg	$0 (3)	NM; *
pain relieve tab 25-500mg	$0 (3)	NM; *
restfully sl tab 25mg	$0 (3)	NM; *
sleep aid tab 25mg	$0 (3)	NM; *
SUBOXONE MIS 2-0.5MG	$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	$0 (2)	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM DIS 2MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	$0 (2)	QL (440 mL / 30 days), PA
oxandrolone tab 2.5 mg	$0 (1)	PA
oxandrolone tab 10 mg	$0 (2)	PA
testosterone cypionate im inj in oil 100 mg/ml	$0 (1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0 (1)	PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	$0 (2)	
BYDUREON INJ	$0 (2)	QL (4 pens / 28 days)
BYDUREON INJ	$0 (2)	QL (4 vials / 28 days)
BYETTA INJ 5MCG	$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	$0 (2)	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	$0 (2)	
HUMULIN R INJ U-500	$0 (2)	B/D
INSULIN PEN NEEDLE	$0 (2)	
INSULIN SAFETY NEEDLES	$0 (2)	
INSULIN SYRINGE	$0 (2)	
LANTUS INJ 100/ML	$0 (2)	
LANTUS INJ SOLOSTAR	$0 (2)	
LEVEMIR INJ	$0 (2)	
LEVEMIR INJ FLEXTOUC	$0 (2)	
NOVOLIN INJ 70/30	$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	$0 (2)	(brand RELION not covered)
NOVOLIN R INJ U-100	$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	$0 (2)	
NOVOLOG INJ FLEXPEN	$0 (2)	
NOVOLOG INJ PENFILL	$0 (2)	
NOVOLOG MIX INJ 70/30	$0 (2)	
NOVOLOG MIX INJ FLEXPEN	$0 (2)	
SYMLINPEN 60 INJ 1000MCG	$0 (2)	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	$0 (2)	QL (4 pens / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOUJEO SOLO INJ 300IU/ML	$0 (2)	
TRESIBA FLEX INJ 100UNIT	$0 (2)	
TRESIBA FLEX INJ 200UNIT	$0 (2)	
TRULICITY INJ 0.75/0.5	$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	$0 (2)	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
acarbose tab 25 mg	$0 (1)	
acarbose tab 50 mg	$0 (1)	
acarbose tab 100 mg	$0 (1)	
FARXIGA TAB 5MG	$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0 (1)	QL (240 tabs / 30 days)
glimepiride tab 2 mg	$0 (1)	QL (120 tabs / 30 days)
glimepiride tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab sr 24hr 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
GLIPIZIDE TAB SR 24HR 2.5 MG	$0 (1)	QL (240 tabs / 30 days)
glipizide tab sr 24hr 5 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab sr 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	$0 (1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0 (1)	QL (120 tabs / 30 days)
glyburide micronized tab 1.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
glyburide micronized tab 3 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
glyburide micronized tab 6 mg	$0 (2)	QL (60 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 1.25 mg	$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 2.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 5 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVOKAMET TAB 50-500MG	$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	$0 (2)	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	$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 TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$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)
metformin hcl tab 500 mg	$0 (1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0 (1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0 (1)	QL (75 tabs / 30 days)
metformin hcl tab sr 24hr 500 mg	$0 (1)	QL (120 tabs / 30 days)
metformin hcl tab sr 24hr 750 mg	$0 (1)	QL (60 tabs / 30 days)
nateglinide tab 60 mg	$0 (1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0 (1)	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0 (1)	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	$0 (2)	QL (30 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)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium tab 5 mg	$0 (1)	
alendronate sodium tab 10 mg	$0 (1)	
alendronate sodium tab 35 mg	$0 (1)	QL (4 tabs / 28 days)
alendronate sodium tab 40 mg	$0 (1)	
alendronate sodium tab 70 mg	$0 (1)	QL (4 tabs / 28 days)
ibandronate sodium tab 150 mg (base equivalent)	$0 (1)	B/D, QL (1 tab / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pamidronate disodium iv soln 3 mg/ml	$0 (1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0 (1)	B/D
pamidronate inj 6mg/ml	$0 (1)	B/D
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0 (1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	$0 (2)	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	$0 (2)	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	$0 (2)	
DEPEN TITRA TAB 250MG	$0 (2)	
EXJADE TAB 125MG	$0 (2)	NM, LA, PA
EXJADE TAB 250MG	$0 (2)	NM, LA, PA
EXJADE TAB 500MG	$0 (2)	NM, LA, PA
FERRIPROX SOL 100MG/ML	$0 (2)	NM, LA, PA
FERRIPROX TAB 500MG	$0 (2)	NM, LA, PA
kionex pow	$0 (1)	
kionex sus 15gm/60	$0 (1)	
sodium polystyrene sulfonate oral susp 15 gm/60ml	$0 (1)	
sodium polystyrene sulfonate powder	$0 (1)	
SYPRINE CAP 250MG	$0 (2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
altavera tab	$0 (1)	
apri tab	$0 (1)	
aranelle tab	$0 (1)	
aubra tab 0.1-0.02	$0 (1)	
aviane tab	$0 (1)	
balziva tab	$0 (1)	
bekyree tab	$0 (1)	
blisovi fe tab 1.5/30	$0 (1)	
blisovi fe tab 1/20	$0 (1)	
briellyn tab	$0 (1)	
camila tab 0.35mg	$0 (1)	
cryselle-28 tab 28 tabs	$0 (1)	
cyclafem tab 1/35	$0 (1)	
cyclafem tab 7/7/7	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
deblitane tab 0.35mg	$0 (1)	
delyla tab 0.1-0.02	$0 (1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0 (1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	$0 (1)	
ELLA TAB 30MG	$0 (2)	
emoquette tab	$0 (1)	
enpresse-28 tab	$0 (1)	
errin tab 0.35mg	$0 (1)	
fallback tab 1.5mg	$0 (3)	NM; *
falmina tab	$0 (1)	
gildagia tab 0.4-35	$0 (1)	
gildess tab 1.5/30	$0 (1)	
heather tab 0.35mg	$0 (1)	
introvale tab	$0 (1)	
JOLIVETTE TAB 0.35MG	$0 (1)	
juleber tab	$0 (1)	
junel 1.5/30 tab	$0 (1)	
junel 1/20 tab	$0 (1)	
junel fe tab 1.5/30	$0 (1)	
junel fe tab 1/20	$0 (1)	
kariva tab 28 day	$0 (1)	
kelnor tab 1/35	$0 (1)	
kimidess tab	$0 (1)	
larin fe tab 1.5/30	$0 (1)	
larin fe tab 1/20	$0 (1)	
larin tab 1.5/30	$0 (1)	
larin tab 1/20	$0 (1)	
lessina tab	$0 (1)	
levonest tab	$0 (1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0 (1)	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0 (1)	
levonorgestrel tab 0.75 mg	$0 (1)	
levonorgestrel tab 1.5 mg	$0 (1)	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0 (1)	
levora-28 tab 0.15/30	$0 (1)	
loryna tab 3-0.02mg	$0 (1)	
lutera tab	$0 (1)	
lyza tab 0.35mg	$0 (1)	
marlissa tab 0.15/30	$0 (1)	
medroxyprogesterone acetate im susp 150 mg/ml	$0 (1)	
MONONESSA TAB	$0 (1)	
my way tab 1.5mg	$0 (3)	NM; *
myzilra tab	$0 (1)	
necon tab 0.5/35	$0 (1)	
necon tab 1/35	$0 (1)	
NECON TAB 1/50-28	$0 (1)	
NECON TAB 7/7/7	$0 (1)	
necon tab 10/11-28	$0 (2)	
next choice tab 1.5mg	$0 (3)	NM; *
nikki tab 3-0.02mg	$0 (1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	$0 (1)	
norethindrone tab 0.35 mg	$0 (1)	
NORETHINDRONE TAB 0.35 MG	$0 (1)	
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	$0 (1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0 (1)	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norlyroc tab 0.35mg	$0 (1)	
nortrel tab 0.5/35	$0 (1)	
nortrel tab 1/35	$0 (1)	
nortrel tab 7/7/7	$0 (1)	
NUVARING MIS	$0 (2)	
orsythia tab	$0 (1)	
philith tab 0.4-35	$0 (1)	
pimtrea tab	$0 (1)	
pirmella tab 1/35	$0 (1)	
portia-28 tab	$0 (1)	
previfem tab	$0 (1)	
quasense tab	$0 (1)	
reclipsen tab	$0 (1)	
sharobel tab 0.35mg	$0 (1)	
sprintec 28 tab 28 day	$0 (1)	
tarina fe tab 1/20	$0 (1)	
tri-legest tab fe	$0 (1)	
tri-previfem tab	$0 (1)	
tri-sprintec tab	$0 (1)	
TRINESSA TAB	$0 (1)	
trivora-28 tab	$0 (1)	
velivet pak	$0 (1)	
vienva tab 0.1-20	$0 (1)	
viorele tab	$0 (1)	
vyfemla tab 0.4-35	$0 (1)	
zarah tab 3-0.03mg	$0 (1)	
zenchent tab	$0 (1)	
zovia 1/35e tab	$0 (1)	
zovia 1/50e tab	$0 (1)	
ENDOMETRIOSIS		
danazol cap 50 mg	$0 (1)	
danazol cap 100 mg	$0 (1)	
danazol cap 200 mg	$0 (1)	
SYNAREL SOL 2MG/ML	$0 (2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INJ 250/ML	$0 (2)	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	$0 (2)	NM, LA, PA
CARBAGLU TAB 200MG	$0 (2)	NM, LA, PA
CERDELGA CAP 84MG	$0 (2)	NM, PA
CEREZYME INJ 200UNIT	$0 (2)	NM, LA, PA
CEREZYME INJ 400UNIT	$0 (2)	NM, LA, PA
CYSTADANE POW	$0 (2)	NM, LA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAP 50MG	$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	$0 (2)	NM, LA, PA
FABRAZYME INJ 35MG	$0 (2)	NM, LA, PA
KUVAN POW 100MG	$0 (2)	NM, LA, PA
KUVAN POW 500MG	$0 (2)	NM, LA, PA
KUVAN TAB 100MG	$0 (2)	NM, LA, PA
levocarnitine inj 200 mg/ml	$0 (1)	B/D
levocarnitine oral soln 1 gm/10ml (10%)	$0 (1)	B/D
levocarnitine tab 330 mg	$0 (1)	B/D
LUMIZYME INJ 50MG	$0 (2)	NM, LA, PA
MYOZYME INJ 50MG	$0 (2)	NM, LA, PA
NAGLAZYME INJ 1MG/ML	$0 (2)	NM, LA, PA
ORFADIN CAP 2MG	$0 (2)	NM, LA, PA
ORFADIN CAP 5MG	$0 (2)	NM, LA, PA
ORFADIN CAP 10MG	$0 (2)	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	$0 (2)	NM, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0 (2)	NM
ZAVESCA CAP 100MG	$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	$0 (2)	
estrace vag cre 0.1mg/gm	$0 (2)	
estradiol tab 0.5 mg	$0 (2)	PA; PA if 65 years and older
estradiol tab 1 mg	$0 (2)	PA; PA if 65 years and older
estradiol tab 2 mg	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.1 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.05 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.06 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.025 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.075 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0 (2)	PA; PA if 65 years and older
estradiol valerate im in oil 20 mg/ml	$0 (1)	
estradiol valerate im in oil 40 mg/ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
jinteli tab 1mg-5mcg	$0 (2)	PA; PA if 65 years and older
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0 (2)	PA; PA if 65 years and older
VAGIFEM TAB 10MCG	$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
a-hydrocort inj 100mg	$0 (1)	
cortisone acetate tab 25 mg	$0 (1)	
dexamethason con 1mg/ml	$0 (1)	
dexamethasone elixir 0.5 mg/5ml	$0 (1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0 (1)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0 (1)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0 (1)	
dexamethasone soln 0.5 mg/5ml	$0 (1)	
dexamethasone tab 0.5 mg	$0 (1)	
dexamethasone tab 0.75 mg	$0 (1)	
dexamethasone tab 1 mg	$0 (1)	
dexamethasone tab 1.5 mg	$0 (1)	
dexamethasone tab 2 mg	$0 (1)	
dexamethasone tab 4 mg	$0 (1)	
dexamethasone tab 6 mg	$0 (1)	
fludrocortisone acetate tab 0.1 mg	$0 (1)	
hydrocortisone tab 5 mg	$0 (1)	
hydrocortisone tab 10 mg	$0 (1)	
hydrocortisone tab 20 mg	$0 (1)	
methylprednisolone acetate inj susp 40 mg/ml	$0 (1)	B/D
methylprednisolone acetate inj susp 80 mg/ml	$0 (1)	B/D
methylprednisolone sodium succinate for inj 40 mg	$0 (1)	B/D
methylprednisolone sodium succinate for inj 125 mg	$0 (1)	B/D
methylprednisolone sodium succinate for inj 1000 mg	$0 (1)	B/D
methylprednisolone tab 4 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone tab 8 mg	$0 (1)	B/D
methylprednisolone tab 16 mg	$0 (1)	B/D
methylprednisolone tab 32 mg	$0 (1)	B/D
methylprednisolone tab therapy pack 4 mg (21)	$0 (1)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	$0 (1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0 (1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0 (1)	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	$0 (1)	B/D
prednisone con 5mg/ml	$0 (2)	B/D
prednisone oral soln 5 mg/5ml	$0 (1)	B/D
prednisone tab 1 mg	$0 (1)	B/D
prednisone tab 2.5 mg	$0 (1)	B/D
prednisone tab 5 mg	$0 (1)	B/D
prednisone tab 10 mg	$0 (1)	B/D
prednisone tab 20 mg	$0 (1)	B/D
prednisone tab 50 mg	$0 (1)	B/D
prednisone tab therapy pack 5 mg (21)	$0 (1)	
prednisone tab therapy pack 5 mg (48)	$0 (1)	
prednisone tab therapy pack 10 mg (21)	$0 (1)	
prednisone tab therapy pack 10 mg (48)	$0 (1)	
SOLU-CORTEF INJ 250MG	$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	$0 (2)	
GLUCAGON KIT 1MG	$0 (2)	
glutose 15 gel 40%	$0 (3)	NM; *
KORLYM TAB 300MG	$0 (2)	NM, LA, PA
PROGLYCEM SUS 50MG/ML	$0 (2)	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 10/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 15/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 30/3ML	$0 (2)	NM, PA
MISCELLANEOUS		
cabergoline tab 0.5 mg	$0 (1)	
calcitonin (salmon) nasal soln 200 unit/act	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FORTICAL SPR 200/ACT	$0 (2)	
INCRELEX INJ 40MG/4ML	$0 (2)	NM, LA, PA
methylergonovine maleate tab 0.2 mg	$0 (1)	
MIACALCIN INJ 200/ML	$0 (2)	B/D
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0 (2)	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0 (2)	NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0 (2)	NM, PA
PROLIA SOL 60MG/ML	$0 (2)	QL (1 syringe / 180 days), NM
raloxifene hcl tab 60 mg	$0 (1)	
SANDOSTATIN KIT LAR 10MG	$0 (2)	NM, PA
SANDOSTATIN KIT LAR 20MG	$0 (2)	NM, PA
SANDOSTATIN KIT LAR 30MG	$0 (2)	NM, PA
SIGNIFOR INJ 0.3MG/ML	$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	$0 (2)	NM, LA, PA
SOMATULINE INJ 60/0.2ML	$0 (2)	NM, PA
SOMATULINE INJ 90/0.3ML	$0 (2)	NM, PA
SOMATULINE INJ 120/.5ML	$0 (2)	NM, PA
SOMAVERT INJ 10MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 15MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 20MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 25MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 30MG	$0 (2)	NM, LA, PA
XGEVA INJ	$0 (2)	NM, PA
PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS		
FORTEO SOL 600/2.4	$0 (2)	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	$0 (2)	NM, PA
NATPARA INJ 50MCG	$0 (2)	NM, PA
NATPARA INJ 75MCG	$0 (2)	NM, PA
NATPARA INJ 100MCG	$0 (2)	NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	$0 (1)	
calcium acetate (phosphate binder) tab 667 mg	$0 (1)	
RENVELA PAK 0.8GM	$0 (2)	
RENVELA PAK 2.4GM	$0 (2)	
RENVELA TAB 800MG	$0 (2)	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	$0 (1)	
medroxyprogesterone acetate tab 5 mg	$0 (1)	
medroxyprogesterone acetate tab 10 mg	$0 (1)	
norethindrone acetate tab 5 mg	$0 (1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium tab 25 mcg	$0 (1)	
levothyroxine sodium tab 50 mcg	$0 (1)	
levothyroxine sodium tab 75 mcg	$0 (1)	
levothyroxine sodium tab 88 mcg	$0 (1)	
levothyroxine sodium tab 100 mcg	$0 (1)	
levothyroxine sodium tab 112 mcg	$0 (1)	
levothyroxine sodium tab 125 mcg	$0 (1)	
levothyroxine sodium tab 137 mcg	$0 (1)	
levothyroxine sodium tab 150 mcg	$0 (1)	
levothyroxine sodium tab 175 mcg	$0 (1)	
levothyroxine sodium tab 200 mcg	$0 (1)	
levothyroxine sodium tab 300 mcg	$0 (1)	
LEVOXYL TAB 25MCG	$0 (1)	
LEVOXYL TAB 50MCG	$0 (1)	
LEVOXYL TAB 75MCG	$0 (1)	
LEVOXYL TAB 88MCG	$0 (1)	
LEVOXYL TAB 100MCG	$0 (1)	
LEVOXYL TAB 112MCG	$0 (1)	
LEVOXYL TAB 125MCG	$0 (1)	
LEVOXYL TAB 137MCG	$0 (1)	
LEVOXYL TAB 150MCG	$0 (1)	
LEVOXYL TAB 175MCG	$0 (1)	
LEVOXYL TAB 200MCG	$0 (1)	
liothyronine sodium tab 5 mcg	$0 (1)	
liothyronine sodium tab 25 mcg	$0 (1)	
liothyronine sodium tab 50 mcg	$0 (1)	
methimazole tab 5 mg	$0 (1)	
methimazole tab 10 mg	$0 (1)	
propylthiouracil tab 50 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 25MCG	$0 (2)	
SYNTHROID TAB 50MCG	$0 (2)	
SYNTHROID TAB 75MCG	$0 (2)	
SYNTHROID TAB 88MCG	$0 (2)	
SYNTHROID TAB 100MCG	$0 (2)	
SYNTHROID TAB 112MCG	$0 (2)	
SYNTHROID TAB 125MCG	$0 (2)	
SYNTHROID TAB 137MCG	$0 (2)	
SYNTHROID TAB 150MCG	$0 (2)	
SYNTHROID TAB 175MCG	$0 (2)	
SYNTHROID TAB 200MCG	$0 (2)	
SYNTHROID TAB 300MCG	$0 (2)	
UNITHROID TAB 25MCG	$0 (1)	
UNITHROID TAB 50MCG	$0 (1)	
UNITHROID TAB 75MCG	$0 (1)	
UNITHROID TAB 88MCG	$0 (1)	
UNITHROID TAB 100MCG	$0 (1)	
UNITHROID TAB 112MCG	$0 (1)	
UNITHROID TAB 125MCG	$0 (1)	
UNITHROID TAB 150MCG	$0 (1)	
UNITHROID TAB 175MCG	$0 (1)	
UNITHROID TAB 200MCG	$0 (1)	
UNITHROID TAB 300MCG	$0 (1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	$0 (1)	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	$0 (1)	
desmopressin acetate nasal spray soln 0.01%	$0 (1)	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0 (1)	
desmopressin acetate tab 0.1 mg	$0 (1)	
desmopressin acetate tab 0.2 mg	$0 (1)	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone sus	$0 (3)	NM; *
almacone chw	$0 (3)	NM; *
almacone dbl sus strength	$0 (3)	NM; *
almacone sus	$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	$0 (3)	NM; *
antacid chw 500mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
antacid chw 750mg	$0 (3)	NM; *
antacid plus sus gas rel	$0 (3)	NM; *
antacid sus max st	$0 (3)	NM; *
antacid/ sus simeth	$0 (3)	NM; *
antacid/sime sus ds	$0 (3)	NM; *
cal-gest chw 500mg	$0 (3)	NM; *
calc antacid chw 750mg	$0 (3)	NM; *
gnp antacid sus anti-gas	$0 (3)	NM; *
gnp masanti sus max st	$0 (3)	NM; *
gnp masanti sus reg st	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
mi-acid sus	$0 (3)	NM; *
mi-acid sus max st	$0 (3)	NM; *
mintox sus max st	$0 (3)	NM; *
rulox sus	$0 (3)	NM; *
sm antacid sus anti-gas	$0 (3)	NM; *
sm antacid sus ex st	$0 (3)	NM; *
sm antacid/ sus antigas	$0 (3)	NM; *
sodium bicarbonate tab 650 mg	$0 (3)	NM; *
ANTI-DIARRHEAL		
anti-diarrhe tab 2mg	$0 (3)	NM; *
bismatrol chw 262mg	$0 (3)	NM; *
bismatrol sus 262/15ml	$0 (3)	NM; *
bismatrol sus 525/15ml	$0 (3)	NM; *
kao-tin sus 262/15ml	$0 (3)	NM; *
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	$0 (3)	NM; *
loperamide hcl liq 1 mg/7.5ml	$0 (3)	NM; *
medi-bismuth chw 262mg	$0 (3)	NM; *
pink bismuth chw 262mg	$0 (3)	NM; *
sm anti-diar tab 2mg	$0 (3)	NM; *
sm stomach sus 527/30ml	$0 (3)	NM; *
stomach relf chw 262mg	$0 (3)	NM; *
stomach relf sus 525/15ml	$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
anti-nausea sol	$0 (3)	NM; *
compro sup 25mg	$0 (1)	
dimenhydrinate tab 50 mg	$0 (3)	NM; *
dronabinol cap 2.5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0 (2)	B/D, QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMEND CAP 40MG	$0 (2)	B/D
EMEND CAP 80MG	$0 (2)	B/D
EMEND CAP 125MG	$0 (2)	B/D
EMEND PAK 80 & 125	$0 (2)	B/D
formula em sol	$0 (3)	NM; *
gas relief cap 125mg	$0 (3)	NM; *
gas relief cap 180mg	$0 (3)	NM; *
granisetron hcl inj 0.1 mg/ml	$0 (1)	
granisetron hcl inj 1 mg/ml	$0 (1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0 (1)	
granisetron hcl tab 1 mg	$0 (1)	B/D
meclizine hcl tab 12.5 mg	$0 (1)	
meclizine hcl tab 25 mg	$0 (1)	
metoclopramide hcl inj 5 mg/ml	$0 (1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	$0 (1)	
metoclopramide hcl tab 5 mg	$0 (1)	
metoclopramide hcl tab 10 mg	$0 (1)	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0 (1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0 (1)	
ondansetron hcl oral soln 4 mg/5ml	$0 (1)	B/D
ondansetron hcl tab 4 mg	$0 (1)	B/D
ondansetron hcl tab 8 mg	$0 (1)	B/D
ondansetron hcl tab 24 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 4 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 8 mg	$0 (1)	B/D
phenadoz sup 12.5mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 12.5mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 25mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 50mg	$0 (2)	PA; PA if 65 years and older
prochlorperazine edisylate inj 5 mg/ml	$0 (1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0 (1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0 (1)	
prochlorperazine suppos 25 mg	$0 (1)	
promethazine hcl inj 25 mg/ml	$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl inj 50 mg/ml	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 12.5 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 25 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 50 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl syrup 6.25 mg/5ml	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 12.5 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
promethegan sup 25mg	$0 (2)	PA; PA if 65 years and older
promethegan sup 50mg	$0 (2)	PA; PA if 65 years and older
simethicone cap 180 mg	$0 (3)	NM; *
TRANSDERM-SC DIS 1MG	$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older
travel sick chw 25mg	$0 (3)	NM; *
travel sick tab 50mg	$0 (3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
CUVPOSA SOL 1MG/5ML	$0 (2)	
dicyclomine hcl cap 10 mg	$0 (1)	
dicyclomine hcl oral soln 10 mg/5ml	$0 (1)	
dicyclomine hcl tab 20 mg	$0 (1)	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	$0 (1)	
glycopyrrolate tab 1 mg	$0 (1)	
glycopyrrolate tab 2 mg	$0 (1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine for susp 40 mg/5ml	$0 (1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0 (1)	
famotidine inj 20 mg/2ml	$0 (1)	
famotidine inj 40 mg/4ml	$0 (1)	
famotidine inj 200 mg/20ml	$0 (1)	
famotidine tab 10 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine tab 20 mg	$0 (1)	
famotidine tab 40 mg	$0 (1)	
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	$0 (1)	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	$0 (1)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	$0 (1)	
ranitidine hcl tab 75 mg	$0 (3)	NM; *
ranitidine hcl tab 150 mg	$0 (1)	
ranitidine hcl tab 300 mg	$0 (1)	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	$0 (2)	
ASACOL HD TAB 800MG	$0 (2)	
balsalazide disodium cap 750 mg	$0 (1)	
budesonide delayed release particles cap 3 mg	$0 (2)	
CANASA SUP 1000MG	$0 (2)	
DELZICOL CAP 400MG	$0 (2)	
DIPENTUM CAP 250MG	$0 (2)	
hydrocortisone enema 100 mg/60ml	$0 (1)	
HYDROCORTISONE ENEMA 100 MG/60ML	$0 (1)	
mesalamine enema 4 gm	$0 (1)	
mesalamine rectal enema 4 gm & cleanser wipe kit	$0 (1)	
sulfasalazin tab 500mg dr	$0 (1)	
sulfasalazine tab 500 mg	$0 (1)	
UCERIS TAB 9MG	$0 (2)	
LAXATIVES		
ALOE VERA LIQ JUICE DR	$0 (3)	NM; *
bisac-evac sup 10mg	$0 (3)	NM; *
bisacodyl tab 5mg ec	$0 (3)	NM; *
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	$0 (1)	
biscolax sup 10mg	$0 (3)	NM; *
calcium polycarbophil tab 625 mg	$0 (3)	NM; *
constulose sol 10gm/15	$0 (1)	
diocto liq 50mg/5ml	$0 (3)	NM; *
diocto syp 60/15ml	$0 (3)	NM; *
doc-q-lax tab 8.6-50mg	$0 (3)	NM; *
docqlace cap 100mg	$0 (3)	NM; *
docu liq 50mg/5ml	$0 (3)	NM; *
docusate sodium cap 100 mg	$0 (3)	NM; *
docusol mini ene	$0 (3)	NM; *
docusol plus ene 20-283	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dok cap 100mg	$0 (3)	NM; *
dok cap 250mg	$0 (3)	NM; *
dok plus tab 8.6-50mg	$0 (3)	NM; *
dok tab 100mg	$0 (3)	NM; *
enemeez mini ene	$0 (3)	NM; *
enemeez plus ene 20-283	$0 (3)	NM; *
enulose sol 10gm/15	$0 (1)	
fiber laxatv tab 625mg	$0 (3)	NM; *
fiber laxtiv cap 0.52gm	$0 (3)	NM; *
fiber-lax tab 625mg	$0 (3)	NM; *
gavilyte-c sol	$0 (1)	
gavilyte-g sol	$0 (1)	
gavilyte-n sol flav pk	$0 (1)	
generlac sol 10gm/15	$0 (1)	
gentle laxat tab 5mg ec	$0 (3)	NM; *
gnp enema ene	$0 (3)	NM; *
gnp milk mag sus	$0 (3)	NM; *
GOLYTELY SOL	$0 (2)	
kao-tin cap 240mg	$0 (3)	NM; *
konsyl pow 28.3%	$0 (3)	NM; *
lactulose (encephalopathy) solution 10 gm/15ml	$0 (1)	
lactulose solution 10 gm/15ml	$0 (1)	
laxative sup 10mg	$0 (3)	NM; *
laxative tab 25mg	$0 (3)	NM; *
laxative tab w/senna	$0 (3)	NM; *
medi-natural tab 8.6mg	$0 (3)	NM; *
milk of magn sus	$0 (3)	NM; *
milk of magn sus 400/5ml	$0 (3)	NM; *
milk of magn sus 1200/15	$0 (3)	NM; *
MILK OF MAGN SUS 2400MG	$0 (3)	NM; *
milk of magn sus frsh mnt	$0 (3)	NM; *
MINERAL OIL	$0 (3)	NM; *
MOVIPREP SOL	$0 (2)	
nat fiber pow 48.57%	$0 (3)	NM; *
nat fiber pow therapy	$0 (3)	NM; *
naturl fiber pow therapy	$0 (3)	NM; *
NULYTELY SOL FLAV PKS	$0 (2)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	$0 (1)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0 (1)	
polyethylene glycol 3350 oral packet	$0 (1)	
polyethylene glycol 3350 oral powder	$0 (1)	
qc laxative tab 5mg ec	$0 (3)	NM; *
reguloid cap 0.52gm	$0 (3)	NM; *
RELISTOR INJ 8/0.4ML	$0 (2)	PA
RELISTOR INJ 12/0.6ML	$0 (2)	PA
sani-supp sup adult	$0 (3)	NM; *
sani-supp sup pediatri	$0 (3)	NM; *
senexon liq 8.8mg/5	$0 (3)	NM; *
senexon tab 8.6mg	$0 (3)	NM; *
senna lax tab 8.6mg	$0 (3)	NM; *
senna plus tab 8.6-50mg	$0 (3)	NM; *
sennalax-s tab 8.6-50mg	$0 (3)	NM; *
sennosides syrup 8.8 mg/5ml	$0 (3)	NM; *
sennosides tab 8.6 mg	$0 (3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0 (3)	NM; *
silace liq 10mg/ml	$0 (3)	NM; *
silace syp 60/15ml	$0 (3)	NM; *
sm fiber pow 28.3%	$0 (3)	NM; *
sm fiber pow 48.57%	$0 (3)	NM; *
sm fiber pow 58.6%	$0 (3)	NM; *
sm glycerin sup 80.7%	$0 (3)	NM; *
sm milk magn sus mint	$0 (3)	NM; *
sm milk magn sus original	$0 (3)	NM; *
sodium phosphates - enema	$0 (3)	NM; *
stim laxat tab 5mg ec	$0 (3)	NM; *
stool softnr cap 100mg	$0 (3)	NM; *
stool softnr cap 240mg	$0 (3)	NM; *
stool softnr cap 250mg	$0 (3)	NM; *
stool softnr tab 8.6-50mg	$0 (3)	NM; *
SUPREP BOWEL SOL PREP	$0 (2)	
sur-q-lax cap 240mg	$0 (3)	NM; *
trilyte sol	$0 (1)	
MISCELLANEOUS		
actidose/sor liq 50/240ml	$0 (3)	NM; *
alosetron hcl tab 0.5 mg (base equiv)	$0 (2)	PA
alosetron hcl tab 1 mg (base equiv)	$0 (2)	PA
AMITIZA CAP 8MCG	$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	$0 (2)	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0 (1)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0 (1)	
gas relief chw 80mg	$0 (3)	NM; *
gas relief dro 20/0.3ml	$0 (3)	NM; *
GATTEX KIT 5MG	$0 (2)	NM, LA, PA
LINZESS CAP 145MCG	$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	$0 (2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0 (1)	
mi-acid gas chw 80mg	$0 (3)	NM; *
misoprostol tab 100 mcg	$0 (1)	
misoprostol tab 200 mcg	$0 (1)	
MOVANTIK TAB 12.5MG	$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
mytab gas chw 80mg	$0 (3)	NM; *
mytab gas chw 125mg	$0 (3)	NM; *
PROPYLENE GL SOL	$0 (3)	NM; *
simethicone dro 20/0.3ml	$0 (3)	NM; *
simethicone susp 40 mg/0.6ml	$0 (3)	NM; *
SUCRAID SOL 8500/ML	$0 (2)	LA
sucralfate tab 1 gm	$0 (1)	
SUSPENDOL-S LIQ	$0 (3)	NM; *
ursodiol cap 300 mg	$0 (1)	
ursodiol tab 250 mg	$0 (1)	
ursodiol tab 500 mg	$0 (1)	
XIFAXAN TAB 550MG	$0 (2)	PA
PANCREATIC ENZYMES		
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)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEXILANT CAP 30MG DR	$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	$0 (2)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole sodium for intravenous soln 20 mg (base equiv)	$0 (1)	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	$0 (1)	
NEXIUM CAP 20MG	$0 (2)	QL (30 caps / 30 days)
NEXIUM CAP 40MG	$0 (2)	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	$0 (2)	
NEXIUM GRA 5MG DR	$0 (2)	
NEXIUM GRA 10MG DR	$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	$0 (2)	QL (30 packets / 30 days)
omeprazole cap delayed release 10 mg	$0 (1)	QL (30 caps / 30 days)
omeprazole cap delayed release 20 mg	$0 (1)	QL (60 caps / 30 days)
omeprazole cap delayed release 40 mg	$0 (1)	QL (30 caps / 30 days)
OMEPRAZOLE TAB 20MG	$0 (3)	NM; *
pantoprazole sodium ec tab 20 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
PRILOSEC OTC TAB 20MG	$0 (3)	NM; *
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab sr 24hr 10 mg	$0 (1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0 (1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0 (1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0 (1)	
tamsulosin hcl cap 0.4 mg	$0 (1)	
MISCELLANEOUS		
azo tabs tab 95mg	$0 (3)	NM; *
bethanechol chloride tab 5 mg	$0 (1)	
bethanechol chloride tab 10 mg	$0 (1)	
bethanechol chloride tab 25 mg	$0 (1)	
bethanechol chloride tab 50 mg	$0 (1)	
ELMIRON CAP 100MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POTASSIUM CITRATE TAB CR 5 MEQ (540 MG)	$0 (1)	
POTASSIUM CITRATE TAB CR 10 MEQ (1080 MG)	$0 (1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	$0 (1)	
oxybutynin chloride tab 5 mg	$0 (1)	
oxybutynin chloride tab sr 24hr 5 mg	$0 (1)	QL (30 tabs / 30 days)
oxybutynin chloride tab sr 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
oxybutynin chloride tab sr 24hr 15 mg	$0 (1)	QL (60 tabs / 30 days)
tolterodine tartrate cap sr 24hr 2 mg	$0 (1)	QL (30 caps / 30 days)
tolterodine tartrate cap sr 24hr 4 mg	$0 (1)	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	$0 (1)	
tolterodine tartrate tab 2 mg	$0 (1)	
TOVIAZ TAB 4MG	$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	$0 (2)	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
VESICARE TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
VESICARE TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0 (1)	
clotrimazole vaginal cream 1%	$0 (3)	NM; *
metronidazole vaginal gel 0.75%	$0 (1)	
miconazole 7 cre 2%	$0 (3)	NM; *
miconazole 7 sup 100mg	$0 (3)	NM; *
miconazole nitrate vaginal cream 2%	$0 (3)	NM; *
miconazole nitrate vaginal suppos 100 mg	$0 (3)	NM; *
terconazole vaginal cream 0.4%	$0 (1)	
terconazole vaginal cream 0.8%	$0 (1)	
terconazole vaginal suppos 80 mg	$0 (1)	
tioconazole oin 6.5% vag	$0 (3)	NM; *
VANDAZOLE GEL 0.75%	$0 (1)	
zazole cre 0.4%	$0 (1)	
ZAZOLE CRE 0.8%	$0 (1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN TAB 1MG	$0 (2)	
COUMADIN TAB 2.5MG	$0 (2)	
COUMADIN TAB 2MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COUMADIN TAB 3MG	$0 (2)	
COUMADIN TAB 4MG	$0 (2)	
COUMADIN TAB 5MG	$0 (2)	
COUMADIN TAB 6MG	$0 (2)	
COUMADIN TAB 7.5MG	$0 (2)	
COUMADIN TAB 10MG	$0 (2)	
ELIQUIS TAB 2.5MG	$0 (2)	
ELIQUIS TAB 5MG	$0 (2)	
enoxaparin sodium inj 30 mg/0.3ml	$0 (1)	
enoxaparin sodium inj 40 mg/0.4ml	$0 (1)	
enoxaparin sodium inj 60 mg/0.6ml	$0 (1)	
enoxaparin sodium inj 80 mg/0.8ml	$0 (1)	
enoxaparin sodium inj 100 mg/ml	$0 (2)	
enoxaparin sodium inj 120 mg/0.8ml	$0 (2)	
enoxaparin sodium inj 150 mg/ml	$0 (2)	
enoxaparin sodium inj 300 mg/3ml	$0 (1)	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0 (1)	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0 (2)	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0 (2)	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0 (2)	
HEP SOD/NACL INJ 25000UNT	$0 (2)	
HEPARIN SOD INJ 2000/ML	$0 (2)	B/D
HEPARIN SOD INJ 2500/ML	$0 (2)	B/D
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	$0 (2)	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	$0 (2)	
HEPARIN SODIUM (PORCINE) 100 UNIT/ML IN D5W	$0 (2)	
heparin sodium (porcine) inj 1000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0 (1)	B/D
jantoven tab 1mg	$0 (1)	
jantoven tab 2.5mg	$0 (1)	
jantoven tab 2mg	$0 (1)	
jantoven tab 3mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
jantoven tab 4mg	$0 (1)	
jantoven tab 5mg	$0 (1)	
jantoven tab 6mg	$0 (1)	
jantoven tab 7.5mg	$0 (1)	
jantoven tab 10mg	$0 (1)	
PRADAXA CAP 75MG	$0 (2)	
PRADAXA CAP 110MG	$0 (2)	
PRADAXA CAP 150MG	$0 (2)	
warfarin sodium tab 1 mg	$0 (1)	
warfarin sodium tab 2 mg	$0 (1)	
warfarin sodium tab 2.5 mg	$0 (1)	
warfarin sodium tab 3 mg	$0 (1)	
warfarin sodium tab 4 mg	$0 (1)	
warfarin sodium tab 5 mg	$0 (1)	
warfarin sodium tab 6 mg	$0 (1)	
warfarin sodium tab 7.5 mg	$0 (1)	
warfarin sodium tab 10 mg	$0 (1)	
XARELTO STAR TAB 15/20MG	$0 (2)	
XARELTO TAB 10MG	$0 (2)	
XARELTO TAB 15MG	$0 (2)	
XARELTO TAB 20MG	$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	$0 (2)	NM, PA
GRANIX INJ 480/0.8	$0 (2)	NM, PA
LEUKINE INJ 250MCG	$0 (2)	NM, PA
MOZOBIL INJ	$0 (2)	NM, PA
NEUMEGA INJ 5MG	$0 (2)	NM
NEUPOGEN INJ 300/0.5	$0 (2)	NM, PA
NEUPOGEN INJ 300MCG	$0 (2)	NM, PA
NEUPOGEN INJ 480/0.8	$0 (2)	NM, PA
NEUPOGEN INJ 480MCG	$0 (2)	NM, PA
PROCRIT INJ 2000/ML	$0 (2)	NM, PA
PROCRIT INJ 3000/ML	$0 (2)	NM, PA
PROCRIT INJ 4000/ML	$0 (2)	NM, PA
PROCRIT INJ 10000/ML	$0 (2)	NM, PA
PROCRIT INJ 20000/ML	$0 (2)	NM, PA
PROCRIT INJ 40000/ML	$0 (2)	NM, PA
IRON		
lubricnt eye dro 0.5% op	$0 (3)	NM; *
NOVAFERRUM CAP 50MG	$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	$0 (3)	NM; *
NOVAFERRUM LIQ 125	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TANDEM CAP	$0 (3)	NM; *
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	$0 (1)	
anagrelide hcl cap 1 mg	$0 (1)	
cilostazol tab 50 mg	$0 (1)	
cilostazol tab 100 mg	$0 (1)	
CINRYZE SOL 500 UNIT	$0 (2)	NM, LA, PA
FIRAZYR INJ 30MG/3ML	$0 (2)	NM, PA
pentoxifylline tab cr 400 mg	$0 (1)	
PROMACTA TAB 12.5MG	$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0 (1)	
tranexamic acid tab 650 mg	$0 (1)	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	$0 (2)	
ASPIRIN-DIPYRIDAMOLE CAP SR 12HR 25-200 MG	$0 (1)	
BRILINTA TAB 60MG	$0 (2)	
BRILINTA TAB 90MG	$0 (2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0 (1)	
EFFIENT TAB 5MG	$0 (2)	
EFFIENT TAB 10MG	$0 (2)	
ZONTIVITY TAB 2.08MG	$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
CIMZIA KIT	$0 (2)	NM, PA
CIMZIA KIT STARTER	$0 (2)	NM, PA
CIMZIA PREFL KIT 200MG/ML	$0 (2)	NM, PA
HUMIRA INJ 10MG/0.2	$0 (2)	NM, PA
HUMIRA KIT 20MG/0.4	$0 (2)	NM, PA
HUMIRA KIT 40MG/0.8	$0 (2)	NM, PA
HUMIRA PEDIA INJ CROHNS	$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN INJ 40MG/0.8	$0 (2)	NM, PA
HUMIRA PEN INJ CROHNS	$0 (2)	NM, PA
HUMIRA PEN INJ PSORIASI	$0 (2)	NM, PA
hydroxychloroquine sulfate tab 200 mg	$0 (1)	
leflunomide tab 10 mg	$0 (1)	
leflunomide tab 20 mg	$0 (1)	
methotrexate sodium tab 2.5 mg (base equiv)	$0 (1)	
REMICADE INJ 100MG	$0 (2)	NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	$0 (2)	NM, PA
CARIMUNE NF INJ 6GM	$0 (2)	NM, PA
CARIMUNE NF INJ 12GM	$0 (2)	NM, PA
FLEBOGAMMA INJ 5%	$0 (2)	NM, PA
FLEBOGAMMA INJ 10/200ML	$0 (2)	NM, PA
FLEBOGAMMA INJ 20/400ML	$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 5%	$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 10%	$0 (2)	NM, PA
GAMASTAN S/D INJ	$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	$0 (2)	NM, PA
GAMMAGARD INJ 2.5GM/25	$0 (2)	NM, PA
GAMMAGARD INJ 5GM/50ML	$0 (2)	NM, PA
GAMMAGARD INJ 10GM/100	$0 (2)	NM, PA
GAMMAGARD INJ 20GM/200	$0 (2)	NM, PA
GAMMAGARD INJ 30GM/300	$0 (2)	NM, PA
GAMMAGARD SD INJ 2.5GM HU	$0 (2)	NM, PA
GAMMAGARD SD INJ 5GM HU	$0 (2)	NM, PA
GAMMAGARD SD INJ 10GM HU	$0 (2)	NM, PA
GAMMAKED INJ 1GM/10ML	$0 (2)	NM, PA
GAMMAKED INJ 2.5GM/25	$0 (2)	NM, PA
GAMMAKED INJ 5GM/50ML	$0 (2)	NM, PA
GAMMAKED INJ 10GM/100	$0 (2)	NM, PA
GAMMAKED INJ 20GM/200	$0 (2)	NM, PA
GAMMAPLEX INJ 2.5GM	$0 (2)	NM, PA
GAMMAPLEX INJ 5GM	$0 (2)	NM, PA
GAMMAPLEX INJ 10GM	$0 (2)	NM, PA
GAMUNEX-C INJ 1GM/10ML	$0 (2)	NM, PA
GAMUNEX-C INJ 2.5GM/25	$0 (2)	NM, PA
GAMUNEX-C INJ 5GM/50ML	$0 (2)	NM, PA
GAMUNEX-C INJ 10GM/100	$0 (2)	NM, PA
GAMUNEX-C INJ 20GM/200	$0 (2)	NM, PA
GAMUNEX-C INJ 40/400ML	$0 (2)	NM, PA
OCTAGAM INJ 1GM	$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OCTAGAM INJ 2.5GM	$0 (2)	NM, PA
OCTAGAM INJ 2GM/20ML	$0 (2)	NM, PA
OCTAGAM INJ 5GM	$0 (2)	NM, PA
OCTAGAM INJ 10GM	$0 (2)	NM, PA
OCTAGAM INJ 25GM	$0 (2)	NM, PA
PRIVIGEN INJ 5 GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 10GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 20GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 40GRAMS	$0 (2)	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0 (2)	NM, LA, PA
ARCALYST INJ 220MG	$0 (2)	NM, PA
INTRON A INJ 10MU	$0 (2)	B/D, NM
INTRON A INJ 18MU	$0 (2)	B/D, NM
INTRON A INJ 25MU	$0 (2)	B/D, NM
INTRON A INJ 50MU	$0 (2)	B/D, NM
REVLIMID CAP 2.5MG	$0 (2)	NM, LA, PA
REVLIMID CAP 5MG	$0 (2)	NM, LA, PA
REVLIMID CAP 10MG	$0 (2)	NM, LA, PA
REVLIMID CAP 15MG	$0 (2)	NM, LA, PA
REVLIMID CAP 20MG	$0 (2)	NM, LA, PA
REVLIMID CAP 25MG	$0 (2)	NM, LA, PA
THALOMID CAP 50MG	$0 (2)	NM, PA
THALOMID CAP 100MG	$0 (2)	NM, PA
THALOMID CAP 150MG	$0 (2)	NM, PA
THALOMID CAP 200MG	$0 (2)	NM, PA
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	$0 (1)	B/D
BENLYSTA INJ 120MG	$0 (2)	NM, PA
BENLYSTA INJ 400MG	$0 (2)	NM, PA
cyclosporine cap 25 mg	$0 (1)	B/D
cyclosporine cap 100 mg	$0 (1)	B/D
cyclosporine iv soln 50 mg/ml	$0 (1)	B/D
cyclosporine modified cap 25 mg	$0 (1)	B/D
cyclosporine modified cap 50 mg	$0 (1)	B/D
cyclosporine modified cap 100 mg	$0 (1)	B/D
cyclosporine modified oral soln 100 mg/ml	$0 (1)	B/D
gengraf cap 25mg	$0 (1)	B/D
gengraf cap 100mg	$0 (1)	B/D
gengraf sol 100mg/ml	$0 (1)	B/D
mycophenolate mofetil cap 250 mg	$0 (1)	B/D
mycophenolate mofetil for oral susp 200 mg/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
mycophenolate mofetil tab 500 mg	$0 (1)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0 (1)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0 (2)	B/D
NEORAL CAP 25MG	$0 (2)	B/D
NEORAL CAP 100MG	$0 (2)	B/D
NEORAL SOL 100MG/ML	$0 (2)	B/D
NULOJIX INJ 250MG	$0 (2)	B/D
PROGRAF CAP 0.5MG	$0 (2)	B/D
PROGRAF CAP 1MG	$0 (2)	B/D
PROGRAF CAP 5MG	$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	$0 (2)	B/D
SANDIMMUNE SOL 100MG/ML	$0 (2)	B/D
sirolimus tab 0.5 mg	$0 (1)	B/D
sirolimus tab 1 mg	$0 (1)	B/D
SIROLIMUS TAB 2 MG	$0 (2)	B/D
tacrolimus cap 0.5 mg	$0 (1)	B/D
tacrolimus cap 1 mg	$0 (1)	B/D
tacrolimus cap 5 mg	$0 (2)	B/D
ZORTRESS TAB 0.5MG	$0 (2)	B/D
ZORTRESS TAB 0.25MG	$0 (2)	B/D
ZORTRESS TAB 0.75MG	$0 (2)	B/D
VACCINES		
ACTHIB INJ	$0 (2)	
ADACEL INJ	$0 (2)	
BCG VACCINE INJ	$0 (2)	
BEXSERO INJ	$0 (2)	
BOOSTRIX INJ	$0 (2)	
CERVARIX INJ	$0 (2)	
COMVAX INJ	$0 (2)	
DAPTACEL INJ	$0 (2)	
DIP/TET PED INJ 25-5LFU	$0 (2)	B/D
ENGERIX-B INJ 10/0.5ML	$0 (2)	B/D
ENGERIX-B INJ 20MCG/ML	$0 (2)	B/D
GARDASIL 9 INJ	$0 (2)	
GARDASIL INJ	$0 (2)	
HAVRIX INJ 720UNIT	$0 (2)	
HAVRIX INJ 1440UNIT	$0 (2)	
HIBERIX SOL 10MCG	$0 (2)	
IMOVAX RABIE INJ 2.5/ML	$0 (2)	
INFANRIX INJ	$0 (2)	
IPOL INJ INACTIVE	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IXIARO INJ	$0 (2)	
KINRIX INJ	$0 (2)	
M-M-R II INJ	$0 (2)	
MENACTRA INJ	$0 (2)	
MENOMUNE INJ A/C/Y/W	$0 (2)	
MENVEO INJ	$0 (2)	
PEDIARIX INJ 0.5ML	$0 (2)	
PEDVAX HIB INJ	$0 (2)	
PENTACEL INJ	$0 (2)	
PROQUAD INJ	$0 (2)	
QUADRACEL INJ	$0 (2)	
RABAVERT INJ	$0 (2)	
RECOMBIVA HB INJ 5MCG/0.5	$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	$0 (2)	B/D
ROTARIX SUS	$0 (2)	
ROTATEQ SOL	$0 (2)	
SYNAGIS INJ 50MG	$0 (2)	NM
SYNAGIS INJ 100MG/ML	$0 (2)	NM
TENIVAC INJ 5-2LF	$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	$0 (2)	B/D
TRUMENBA INJ	$0 (2)	
TWINRIX INJ	$0 (2)	
TYPHIM VI INJ	$0 (2)	
VAQTA INJ 25/0.5ML	$0 (2)	
VAQTA INJ 50UNT/ML	$0 (2)	
VARIVAX INJ	$0 (2)	
YF-VAX INJ	$0 (2)	
ZOSTAVAX INJ	$0 (2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
KLOR-CON 8 TAB 8MEQ ER	$0 (1)	
KLOR-CON 10 TAB 10MEQ ER	$0 (1)	
klor-con m15 tab 15meq er	$0 (1)	
klor-con pow 20meq	$0 (1)	
MAGNESIUM SU INJ 2/50ML	$0 (2)	
MAGNESIUM SU INJ 4/100ML	$0 (2)	
MAGNESIUM SU INJ 20/500ML	$0 (2)	
MAGNESIUM SU INJ 40/1000	$0 (2)	
MAGNESIUM SU INJ 80MG/ML	$0 (2)	
magnesium sulfate inj 50%	$0 (1)	
MAGNESIUM SULFATE INJ 50%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MG SO4/D5W INJ 10MG/ML	$0 (2)	
MG SO4/D5W INJ 20MG/ML	$0 (2)	
potassium chloride cap cr 8 meq	$0 (1)	
potassium chloride cap cr 10 meq	$0 (1)	
potassium chloride microencapsulated crys cr tab 10 meq	$0 (1)	
potassium chloride microencapsulated crys cr tab 20 meq	$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	$0 (1)	
potassium chloride tab cr 8 meq (600 mg)	$0 (1)	
POTASSIUM CHLORIDE TAB CR 10 MEQ	$0 (1)	
POTASSIUM CHLORIDE TAB CR 20 MEQ (1500 MG)	$0 (1)	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	$0 (1)	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	$0 (1)	
TPN ELECTROL INJ	$0 (2)	B/D
IV NUTRITION		
amino acid infusion 6%	$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	$0 (2)	B/D
AMINOSYN II INJ 7%	$0 (2)	B/D
AMINOSYN II INJ 8.5%	$0 (2)	B/D
AMINOSYN II INJ 8.5/LYTE	$0 (2)	B/D
AMINOSYN II INJ 10%	$0 (2)	B/D
AMINOSYN INJ 8.5%	$0 (2)	B/D
AMINOSYN INJ 8.5/LYTE	$0 (2)	B/D
AMINOSYN INJ 10%	$0 (2)	B/D
AMINOSYN M INJ 3.5%	$0 (2)	B/D
AMINOSYN-HBC INJ 7%	$0 (2)	B/D
AMINOSYN-PF INJ 7%	$0 (2)	B/D
AMINOSYN-PF INJ 10%	$0 (2)	B/D
AMINOSYN-RF INJ 5.2%	$0 (2)	B/D
CLINIMIX INJ 2.75/D5W	$0 (2)	B/D
CLINIMIX INJ 4.25/D5W	$0 (2)	B/D
CLINIMIX INJ 4.25/D10	$0 (2)	B/D
CLINIMIX INJ 4.25/D20	$0 (2)	B/D
CLINIMIX INJ 4.25/D25	$0 (2)	B/D
CLINIMIX INJ 5%/D15W	$0 (2)	B/D
CLINIMIX INJ 5%/D20W	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 5%/D25W	$0 (2)	B/D
FAT EMULSION IV SOLN 20%	$0 (2)	B/D
FREAMINE HBC INJ 6.9%	$0 (2)	B/D
FREAMINE III INJ 10%	$0 (2)	B/D
HEPATAMINE SOL 8%	$0 (2)	B/D
INTRALIPID INJ 20%	$0 (2)	B/D
INTRALIPID INJ 30%	$0 (2)	B/D
NEPHRAMINE INJ 5.4%	$0 (2)	B/D
premasol sol 10%	$0 (2)	B/D
PROCALAMINE INJ 3%	$0 (2)	B/D
PROSOL INJ 20%	$0 (2)	B/D
TRAVASOL INJ 10%	$0 (2)	B/D
TROPHAMINE INJ 10%	$0 (2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	$0 (2)	
D5W/NACL INJ 0.3%	$0 (1)	
D10W/NACL INJ 0.2%	$0 (2)	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE 5% IN LACTATED RINGERS	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	$0 (1)	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE INJ 5%	$0 (1)	
DEXTROSE INJ 10%	$0 (1)	
DEXTROSE INJ 50%	$0 (1)	
DEXTROSE INJ 70%	$0 (1)	
IONOSOL-B/ INJ D5W	$0 (2)	
IONOSOL-MB INJ /D5W	$0 (2)	
ISOLYTE-P INJ /D5W	$0 (2)	
ISOLYTE-S INJ	$0 (2)	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	$0 (1)	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0 (1)	
KCL/D5W/NACL INJ 0.15/0.2	$0 (2)	
LACTATED RINGER'S SOLUTION	$0 (1)	
NORMOSOL -M INJ /D5W	$0 (1)	
NORMOSOL -R INJ /D5W	$0 (2)	
NORMOSOL-R INJ PH 7.4	$0 (2)	
PLASMA-LYTE INJ 56/D5W	$0 (2)	
PLASMA-LYTE INJ -148	$0 (2)	
PLASMA-LYTE INJ -A	$0 (2)	
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	$0 (1)	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	$0 (1)	
potassium chloride inj 2 meq/ml	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	$0 (1)	
RINGER'S SOLUTION	$0 (1)	
SODIUM CHLORIDE INJ 0.45%	$0 (1)	
SODIUM CHLORIDE INJ 3%	$0 (1)	
SODIUM CHLORIDE INJ 5%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SODIUM CHLORIDE IV SOLN 0.9%	$0 (1)	
MINERALS		
calcium carbonate susp 1250 mg/5ml (500 mg/5ml elemental ca)	$0 (3)	NM; *
mag-delay tab	$0 (3)	NM; *
mag-sr plus tab calcium	$0 (3)	NM; *
mag-sr tab 535mg	$0 (3)	NM; *
magnesium oxide tab 400 mg (241.3 mg elemental mg)	$0 (3)	NM; *
VITAMINS		
calcitriol cap 0.5 mcg	$0 (1)	B/D
calcitriol cap 0.25 mcg	$0 (1)	B/D
calcitriol inj 1 mcg/ml	$0 (1)	B/D
calcitriol oral soln 1 mcg/ml	$0 (1)	B/D
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	$0 (3)	NM; *
DIALYVITE 80 TAB ZINC 15	$0 (3)	NM; *
DIALYVITE TAB 800/ZINC	$0 (3)	NM; *
ergocalciferol cap 50000 unit	$0 (3)	NM; *
ergocalciferol soln 8000 unit/ml	$0 (3)	NM; *
folic acid inj 5 mg/ml	$0 (3)	NM; *
folic acid tab 1 mg	$0 (3)	NM; *
macuvite tab	$0 (3)	NM; *
MEPHYTON TAB 5MG	$0 (3)	NM; *
paricalcitol cap 1 mcg	$0 (1)	B/D
paricalcitol cap 2 mcg	$0 (1)	B/D
paricalcitol cap 4 mcg	$0 (1)	B/D
phytonadione inj 10 mg/ml	$0 (3)	NM; *
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	$0 (1)	
prosight tab	$0 (3)	NM; *
vitamin d dro 400unit	$0 (3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0 (1)	
blephamide oin s.o.p.	$0 (2)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0 (1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0 (1)	
neomycin-polymyxin-hc ophth susp	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0 (1)	
TOBRADEX OIN 0.3-0.1%	$0 (2)	
TOBRADEX ST SUS 0.3-0.05	$0 (2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0 (1)	
ZYLET SUS 0.5-0.3%	$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	$0 (1)	
bacitracin-polymyxin b ophth oint	$0 (1)	
BESIVANCE SUS 0.6%	$0 (2)	
CILOXAN OIN 0.3% OP	$0 (2)	
ciprofloxacin hcl ophth soln 0.3%	$0 (1)	
erythromycin ophth oint 5 mg/gm	$0 (1)	
gatifloxacin ophth soln 0.5%	$0 (1)	
gentak oin 0.3% op	$0 (1)	
gentamicin sulfate ophth oint 0.3%	$0 (1)	
gentamicin sulfate ophth soln 0.3%	$0 (1)	
ilotycin oin op	$0 (1)	
MOXEZA SOL 0.5%	$0 (2)	
NATACYN SUS 5% OP	$0 (2)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0 (1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0 (1)	
ofloxacin ophth soln 0.3%	$0 (1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0 (1)	
sulfacetamide sodium ophth oint 10%	$0 (1)	
sulfacetamide sodium ophth soln 10%	$0 (1)	
tobramycin ophth soln 0.3%	$0 (1)	
TOBREX OIN 0.3% OP	$0 (2)	
trifluridine ophth soln 1%	$0 (1)	
VIGAMOX DRO 0.5%	$0 (2)	
ZIRGAN GEL 0.15%	$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	$0 (2)	
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	$0 (1)	
bromfenac sodium ophth soln 0.09% (base equivalent)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate ophth soln 0.1%	$0 (1)	
diclofenac sodium ophth soln 0.1%	$0 (1)	
DUREZOL EMU 0.05%	$0 (2)	
FLUOROMETHOLONE OPHTH SUSP 0.1%	$0 (1)	
flurbiprofen sodium ophth soln 0.03%	$0 (1)	
ILEVRO DRO 0.3% OP	$0 (2)	
ketorolac tromethamine ophth soln 0.4%	$0 (1)	
ketorolac tromethamine ophth soln 0.5%	$0 (1)	
LOTEMAX GEL 0.5%	$0 (2)	
LOTEMAX OIN 0.5%	$0 (2)	
LOTEMAX SUS 0.5%	$0 (2)	
MAXIDEX SUS 0.1% OP	$0 (2)	
pred sod pho sol 1% op	$0 (2)	
PREDNISOLONE ACETATE OPHTH SUSP 1%	$0 (1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	$0 (1)	
BEPREVE DRO 1.5%	$0 (2)	
cromolyn sodium ophth soln 4%	$0 (1)	
eye drops sol 0.05% op	$0 (3)	NM; *
LASTACAFT SOL 0.25%	$0 (2)	
opti-clear sol 0.05%	$0 (3)	NM; *
PATADAY SOL 0.2%	$0 (2)	
PAZEO DRO 0.7%	$0 (2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	$0 (2)	
AZOPT SUS 1% OP	$0 (2)	
betaxolol hcl ophth soln 0.5%	$0 (1)	
BETOPTIC-S SUS 0.25% OP	$0 (2)	
brimonidine tartrate ophth soln 0.2%	$0 (1)	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	$0 (1)	
carteolol hcl ophth soln 1%	$0 (1)	
COMBIGAN SOL 0.2/0.5%	$0 (2)	
dorzolamide hcl ophth soln 2%	$0 (1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0 (1)	
ISTALOL SOL 0.5% OP	$0 (2)	
latanoprost ophth soln 0.005%	$0 (1)	
levobunolol hcl ophth soln 0.5%	$0 (1)	
LUMIGAN SOL 0.01%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metipranolol ophth soln 0.3%	$0 (1)	
PHOSPHOLINE SOL 0.125%OP	$0 (2)	
PILOCARPINE HCL OPHTH SOLN 1%	$0 (1)	
PILOCARPINE HCL OPHTH SOLN 2%	$0 (1)	
PILOCARPINE HCL OPHTH SOLN 4%	$0 (1)	
SIMBRINZA SUS 1-0.2%	$0 (2)	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	$0 (1)	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	$0 (1)	
timolol maleate ophth soln 0.5%	$0 (1)	
timolol maleate ophth soln 0.25%	$0 (1)	
TRAVATAN Z DRO 0.004%	$0 (2)	
MISCELLANEOUS		
akwa tears oin op	$0 (3)	NM; *
artifi tears oin op	$0 (3)	NM; *
artifi tears sol 1.4% op	$0 (3)	NM; *
artifi tears sol op	$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	$0 (3)	NM; *
lubrifresh oin p.m.	$0 (3)	NM; *
MURO 128 SOL 2% OP	$0 (3)	NM; *
naphazoline hcl ophth soln 0.1%	$0 (1)	
natural bal sol 0.4%	$0 (3)	NM; *
natures tear sol 0.4%	$0 (3)	NM; *
PROLENSA SOL 0.07%	$0 (2)	
proparacaine hcl ophth soln 0.5%	$0 (1)	
puralube oin	$0 (3)	NM; *
REFRESH CELL DRO 1% OP	$0 (3)	NM; *
refresh lacr oin op	$0 (3)	NM; *
RESTASIS EMU 0.05%	$0 (2)	QL (64 vials / 30 days)
sodium chloride hypertonic ophth oint 5%	$0 (3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0 (3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0 (2)	QL (60 inhalations / 30 days)
COMBIVENT AER RESPIMAT	$0 (2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0 (1)	B/D
ANTICHOLINERGICS - DRUGS TO TREAT COPD		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ATROVENT HFA AER 17MCG	$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0 (2)	QL (1 inhaler / 30 days)
ipratropium bromide inhal soln 0.02%	$0 (1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0 (1)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0 (1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TAB 2MG	$0 (3)	NM; *
alavert tab 10mg	$0 (3)	NM; *
all day allg chw 10mg	$0 (3)	NM; *
all day allg tab 10mg	$0 (3)	NM; *
aller-chlor syp 2mg/5ml	$0 (3)	NM; *
aller-chlor tab 4mg	$0 (3)	NM; *
allergy relf cap 25mg	$0 (3)	NM; *
allergy relf syp 5mg/5ml	$0 (3)	NM; *
allergy relf tab 1.34mg	$0 (3)	NM; *
allergy relf tab 10mg	$0 (3)	NM; *
allergy tab 4mg	$0 (3)	NM; *
allergy tab 10mg	$0 (3)	NM; *
allerhist-1 tab 1.34mg	$0 (3)	NM; *
ASTEPRO SPR 0.15%	$0 (2)	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0 (1)	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	$0 (1)	
banophen cap 50mg	$0 (3)	NM; *
banophen liq 12.5/5ml	$0 (3)	NM; *
cetirizine hcl chew tab 5 mg	$0 (3)	NM; *
cetirizine hcl chew tab 10 mg	$0 (3)	NM; *
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0 (1)	
cetirizine hcl tab 5 mg	$0 (3)	NM; *
cetirizine hcl tab 10 mg	$0 (3)	NM; *
chlorpheniramine maleate tab cr 12 mg	$0 (3)	NM; *
comp allergy cap 25mg	$0 (3)	NM; *
comp allergy tab 25mg	$0 (3)	NM; *
diphenhist liq 12.5/5ml	$0 (3)	NM; *
diphenhist tab 25mg	$0 (3)	NM; *
diphenhydramine hcl cap 25 mg	$0 (3)	NM; *
diphenhydramine hcl cap 50 mg	$0 (3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0 (1)	
ED CHLORPED LIQ 2MG/ML	$0 (3)	NM; *
ed chlorped syp jr	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ed-chlortan tab 4mg	$0 (3)	NM; *
fexofenadine hcl tab 60 mg	$0 (3)	NM; *
fexofenadine hcl tab 180 mg	$0 (3)	NM; *
gnp all day tab allergy	$0 (3)	NM; *
gnp allergy tab 4mg	$0 (3)	NM; *
gnp dayhist tab 1.34mg	$0 (3)	NM; *
HISTEX PD DRO 0.938MG	$0 (3)	NM; *
HISTEX SYP 2.5MG/5	$0 (3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 25 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 50 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 100 mg	$0 (2)	PA; PA if 65 years and older
J-TAN PD DRO 1MG/ML	$0 (3)	NM; *
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0 (1)	
levocetirizine dihydrochloride tab 5 mg	$0 (1)	
loratadine sol 5mg/5ml	$0 (3)	NM; *
loratadine syp 5mg/5ml	$0 (3)	NM; *
loratadine tab 10 mg	$0 (3)	NM; *
loratadine tab 10mg	$0 (3)	NM; *
medi-phedryl cap 25mg	$0 (3)	NM; *
medi-phedryl elx 12.5/5ml	$0 (3)	NM; *
olopatadine hcl nasal soln 0.6%	$0 (1)	
q-dryl cap 25mg	$0 (3)	NM; *
siladryl alr liq 12.5/5ml	$0 (3)	NM; *
sm allergy tab 4mg	$0 (3)	NM; *
sm allergy tab 25mg rlf	$0 (3)	NM; *
VANAHIST PD LIQ 0.625MG	$0 (3)	NM; *

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0 (1)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0 (1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0 (1)	
albuterol sulfate tab 2 mg	$0 (1)	
albuterol sulfate tab 4 mg	$0 (1)	
albuterol sulfate tab sr 12hr 4 mg	$0 (1)	
albuterol sulfate tab sr 12hr 8 mg	$0 (1)	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0 (1)	B/D
PERFOROMIST NEB 20MCG	$0 (2)	B/D
SEREVENT DIS AER 50MCG	$0 (2)	QL (60 inhalations / 30 days)
terbutaline sulfate inj 1 mg/ml	$0 (2)	
terbutaline sulfate tab 2.5 mg	$0 (1)	
terbutaline sulfate tab 5 mg	$0 (1)	
VENTOLIN HFA AER	$0 (2)	QL (2 inhalers / 30 days)
XOPENEX HFA AER	$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
aceta-gesic tab 12.5-325	$0 (3)	NM; *
ALA-HIST PE TAB 2-10MG	$0 (3)	NM; *
alavert alrg tab /sinus	$0 (3)	NM; *
all-nite liq cold/flu	$0 (3)	NM; *
allergy relf tab d-24	$0 (3)	NM; *
allergy-d tab 5-120mg	$0 (3)	NM; *
ap-hist dm liq 7.5-4-15	$0 (3)	NM; *
aprodine tab 2.5-60mg	$0 (3)	NM; *
BALAMINE DM SYP	$0 (3)	NM; *
benzonatate cap 100 mg	$0 (3)	NM; *
benzonatate cap 200 mg	$0 (3)	NM; *
bromfed dm syp	$0 (3)	NM; *
brotapp dm liq 15-1-5/5	$0 (3)	NM; *
brotapp liq	$0 (3)	NM; *
cetirizine-pseudoephedrine tab sr 12hr 5-120 mg	$0 (3)	NM; *
cheratussin sol dac	$0 (3)	NM; *
cheratussin syp 100-10/5	$0 (3)	NM; *
chest conges tab 400mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chest congst tab rlf pe	$0 (3)	NM; *
child silfed liq 15mg/5ml	$0 (3)	NM; *
CHLO TUSS EX LIQ 12.5-100	$0 (3)	NM; *
CHLO TUSS LIQ	$0 (3)	NM; *
CLOFERA LIQ	$0 (3)	NM; *
cold/cough elx children	$0 (3)	NM; *
cold/cough elx dm child	$0 (3)	NM; *
cough dm sus 30mg/5ml	$0 (3)	NM; *
cough syp 100/5ml	$0 (3)	NM; *
dallergy dro 1-2.5mg	$0 (3)	NM; *
DALLERGY TAB 1-5MG	$0 (3)	NM; *
decongestant sol 1%	$0 (3)	NM; *
decongestant tab 120mg er	$0 (3)	NM; *
delsym child liq cgh/cold	$0 (3)	NM; *
delsym night liq cgh/cold	$0 (3)	NM; *
delsym night liq multi-s	$0 (3)	NM; *
dextromethorphan polistirex extended release susp 30 mg/5ml	$0 (3)	NM; *
dimaphen dm elx cold/cgh	$0 (3)	NM; *
dimaphen elx children	$0 (3)	NM; *
DURAFLU TAB	$0 (3)	NM; *
ed a-hist dm liq	$0 (3)	NM; *
ed a-hist tab 2.5-60mg	$0 (3)	NM; *
ed a-hist tab 4-10mg	$0 (3)	NM; *
ed bron gp liq	$0 (3)	NM; *
ED CHLORPED DRO D	$0 (3)	NM; *
endacof-c liq 2-10/5ml	$0 (3)	NM; *
endacof-dm liq 2.5-1-5	$0 (3)	NM; *
ENTSOL NASAL GEL	$0 (3)	NM; *
exefen-ir tab 60-400mg	$0 (3)	NM; *
extra action syp 100-10/5	$0 (3)	NM; *
gnp tussin liq dm	$0 (3)	NM; *
gnp tussin syp 100/5ml	$0 (3)	NM; *
guaiatussin syp 100-10/5	$0 (3)	NM; *
guaifenesin syp 100-10/5	$0 (3)	NM; *
guaifenesin tab sr 12hr 600 mg	$0 (3)	NM; *
guaifenesin-codeine soln 100-10 mg/5ml	$0 (3)	NM; *
HISTEX-DM SYP	$0 (3)	NM; *
HISTEX-PE SYP 2.5-10/5	$0 (3)	NM; *
12 hr nasal spr 0.05%	$0 (3)	NM; *
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	$0 (3)	NM; *
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	$0 (3)	NM; *
hydromet syp 5-1.5/5	$0 (3)	NM; *
ibu-profen tab cold/sin	$0 (3)	NM; *
iophen c-nr liq 100-10/5	$0 (3)	NM; *
iophen dm-nr liq 100-10/5	$0 (3)	NM; *
iophen-nr liq 100/5ml	$0 (3)	NM; *
J-MAX SYP 5-200MG	$0 (3)	NM; *
J-TAN D PD DRO 1-7.5MG	$0 (3)	NM; *
kidkare liq cgh/cold	$0 (3)	NM; *
liquibid tab 400mg	$0 (3)	NM; *
LODRANE D CAP 4-60MG	$0 (3)	NM; *
LOHIST-D LIQ	$0 (3)	NM; *
lohist-dm syp 5-2-10mg	$0 (3)	NM; *
lohist-peb liq 4-10/5ml	$0 (3)	NM; *
lohist-peb- liq dm	$0 (3)	NM; *
lorata-dine tab d 24hr	$0 (3)	NM; *
loratadine-d tab 5-120mg	$0 (3)	NM; *
loratadine-d tab 10-240mg	$0 (3)	NM; *
LORTUSS DM LIQ	$0 (3)	NM; *
LORTUSS EX LIQ	$0 (3)	NM; *
LORTUSS LQ LIQ	$0 (3)	NM; *
M-END DMX LIQ	$0 (3)	NM; *
M-END MAX D LIQ	$0 (3)	NM; *
m-end wc liq	$0 (3)	NM; *
mapap cold tab 10-5-325	$0 (3)	NM; *
mapap sinus tab max st	$0 (3)	NM; *
medi-phedrin tab 30mg	$0 (3)	NM; *
medi-tuss dm liq diabetic	$0 (3)	NM; *
medi-tussin syp 100/5ml	$0 (3)	NM; *
medi-tussin syp dm	$0 (3)	NM; *
mucaphed tab 10-400mg	$0 (3)	NM; *
MUCINEX CGH GRA 5-100MG	$0 (3)	NM; *
mucinex cgh liq 5-100mg	$0 (3)	NM; *
mucinex chld liq 100/5ml	$0 (3)	NM; *
MUCINEX D TAB 60-600MG	$0 (3)	NM; *
MUCINEX D TAB 120-1200	$0 (3)	NM; *
mucinex dm liq 20-400	$0 (3)	NM; *
mucinex nasl spr 0.05%	$0 (3)	NM; *
MUCINEX TAB 600MG ER	$0 (3)	NM; *
MUCINEX/KIDS GRA 100MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mucus relief tab 400mg	$0 (3)	NM; *
mucusrelief tab sinus	$0 (3)	NM; *
nasal decon syp 30mg/5ml	$0 (3)	NM; *
nasal decong spr 0.05%	$0 (3)	NM; *
nasal decong tab 10mg	$0 (3)	NM; *
nasal pump spr 0.05%	$0 (3)	NM; *
nasal spr 0.05%	$0 (3)	NM; *
NASOPEN PE LIQ	$0 (3)	NM; *
night time cap cold/flu	$0 (3)	NM; *
nohist-dm liq	$0 (3)	NM; *
nohist-lq liq 4-10/5ml	$0 (3)	NM; *
NOREL AD TAB 4-10-325	$0 (3)	NM; *
NOREL CS LIQ	$0 (3)	NM; *
organ-i nr tab 200mg	$0 (3)	NM; *
pain relieve tab sinus	$0 (3)	NM; *
pain rlf sin tab pe day	$0 (3)	NM; *
pediatric liq cgh/cold	$0 (3)	NM; *
PHENHIST DH LIQ 30-2-10	$0 (3)	NM; *
POLY-HIST DM LIQ 5-25-10	$0 (3)	NM; *
POLY-HIST PD LIQ	$0 (3)	NM; *
POLY-TUSSIN LIQ 10-9.375	$0 (3)	NM; *
POLY-TUSSIND LIQ 10-9.375	$0 (3)	NM; *
POLY-VENT DM TAB	$0 (3)	NM; *
POLY-VENT IR TAB 60-380MG	$0 (3)	NM; *
PRO-CHLO LIQ	$0 (3)	NM; *
PRO-CLEAR AC SYP 9-8.33MG	$0 (3)	NM; *
prometh vc/ syp codeine	$0 (3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0 (3)	NM; *
promethazine-dm syrup 6.25-15 mg/5ml	$0 (3)	NM; *
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	$0 (3)	NM; *
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0 (3)	NM; *
pseudoephedrine hcl tab 30 mg	$0 (3)	NM; *
pyrilamine-phenylephrine tab 25-10 mg	$0 (3)	NM; *
q-tussin dm syp 100-10/5	$0 (3)	NM; *
q-tussin sol 100/5ml	$0 (3)	NM; *
qc cough liq sore thr	$0 (3)	NM; *
qc daytime cap cold/flu	$0 (3)	NM; *
qc nighttime liq cough	$0 (3)	NM; *
RESCON TAB 2-60MG	$0 (3)	NM; *
RESCON-DM SYP	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPAIRE-30 CAP	$0 (3)	NM; *
REZIRA SOL 60-5/5ML	$0 (3)	NM; *
robafen cf syp cgh/cld	$0 (3)	NM; *
robafen dm syp 100-10/5	$0 (3)	NM; *
robafen syp 100/5ml	$0 (3)	NM; *
RU-HIST D TAB 4-10MG	$0 (3)	NM; *
RYMED TAB 2-10MG	$0 (3)	NM; *
rynex dm liq	$0 (3)	NM; *
rynex pe elx	$0 (3)	NM; *
rynex pse liq	$0 (3)	NM; *
silphen dm syp 10mg/5ml	$0 (3)	NM; *
siltuss das liq 100/5ml	$0 (3)	NM; *
siltussin dm liq das	$0 (3)	NM; *
siltussin sa syp 100/5ml	$0 (3)	NM; *
siltussin-dm syp alc free	$0 (3)	NM; *
sinus/allrgy tab max st	$0 (3)	NM; *
sm nasal 12h spr 0.05%	$0 (3)	NM; *
sm nasal dec tab 30mg	$0 (3)	NM; *
sm sinus tab max st	$0 (3)	NM; *
sm tussin dm syp 100-10/5	$0 (3)	NM; *
sm tussin syp 100/5ml	$0 (3)	NM; *
sm tussin syp dm	$0 (3)	NM; *
STAHIST AD LIQ	$0 (3)	NM; *
STAHIST AD TAB 25-60MG	$0 (3)	NM; *
sudogest pe tab 10mg	$0 (3)	NM; *
sudogest tab 4-60mg	$0 (3)	NM; *
sudogest tab 30mg	$0 (3)	NM; *
sudogest tab 60mg	$0 (3)	NM; *
sudogest tab 120mg er	$0 (3)	NM; *
suphedrine tab 10mg	$0 (3)	NM; *
tussin chest syp 100/5ml	$0 (3)	NM; *
tussin dm liq	$0 (3)	NM; *
tussin dm liq clear	$0 (3)	NM; *
tussin dm syp 100-10/5	$0 (3)	NM; *
tussin syp 100/5ml	$0 (3)	NM; *
VANACOF DM LIQ	$0 (3)	NM; *
VANACOF-8 LIQ 25-50/15	$0 (3)	NM; *
virtussin ac sol 100-10/5	$0 (3)	NM; *
VITUZ SOL 5-4MG	$0 (3)	NM; *
zonatuss cap 150mg	$0 (3)	NM; *

LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
montelukast sodium chew tab 4 mg (base equiv)	$0 (1)	
montelukast sodium chew tab 5 mg (base equiv)	$0 (1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0 (1)	
montelukast sodium tab 10 mg (base equiv)	$0 (1)	
zafirlukast tab 10 mg	$0 (1)	
zafirlukast tab 20 mg	$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	$0 (3)	NM; *
cromolyn sodium soln nebu 20 mg/2ml	$0 (1)	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0 (1)	B/D
acetylcysteine inhal soln 20%	$0 (1)	B/D
ARALAST NP INJ 500MG	$0 (2)	NM, LA, PA
ARALAST NP INJ 1000MG	$0 (2)	NM, LA, PA
DALIRESP TAB 500MCG	$0 (2)	
deep sea spr 0.65%	$0 (3)	NM; *
EPIPEN 2-PAK INJ 0.3MG	$0 (2)	
EPIPEN-JR INJ 2-PAK	$0 (2)	
ESBRIET CAP 267MG	$0 (2)	NM, PA
KALYDECO PAK 50MG	$0 (2)	NM, PA
KALYDECO PAK 75MG	$0 (2)	NM, PA
KALYDECO TAB 150MG	$0 (2)	NM, PA
OFEV CAP 100MG	$0 (2)	NM, PA
OFEV CAP 150MG	$0 (2)	NM, PA
ORKAMBI TAB 200-125	$0 (2)	NM, PA
PROLASTIN-C INJ 1000MG	$0 (2)	NM, LA, PA
PULMOZYME SOL 1MG/ML	$0 (2)	B/D, NM
XOLAIR SOL 150MG	$0 (2)	NM, LA, PA
ZEMAIRA INJ 1000MG	$0 (2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	$0 (1)	QL (2 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0 (1)	QL (1 bottle / 30 days)
mometasone furoate nasal susp 50 mcg/act	$0 (1)	QL (2 bottles / 30 days)
NASONEX SPR 50MCG/AC	$0 (2)	QL (2 inhalers / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARNUITY ELPT INH 100MCG	$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	$0 (2)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0 (1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0 (1)	B/D
FLOVENT DISK AER 50MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	$0 (2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0 (2)	QL (60 inhalations / 30 days)
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 100-25	$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0 (2)	QL (1 inhaler / 30 days)
XANTHINES - DRUGS TO TREAT COPD		
aminophylline inj 25 mg/ml	$0 (1)	
elixophyllin elx 80/15ml	$0 (2)	
theo-24 cap 100mg cr	$0 (2)	
theo-24 cap 200mg cr	$0 (2)	
theo-24 cap 300mg cr	$0 (2)	
theo-24 cap 400mg er	$0 (2)	
theophylline soln 80 mg/15ml	$0 (1)	
theophylline tab sr 12hr 100 mg	$0 (1)	
theophylline tab sr 12hr 200 mg	$0 (1)	
theophylline tab sr 12hr 300 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
theophylline tab sr 12hr 450 mg	$0 (1)	
theophylline tab sr 24hr 400 mg	$0 (1)	
theophylline tab sr 24hr 600 mg	$0 (1)	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	$0 (1)	
adapalene gel 0.1%	$0 (1)	
AVITA CRE 0.025%	$0 (1)	
AVITA GEL 0.025%	$0 (1)	
benzoyl peroxide-erythromycin gel 5-3%	$0 (1)	
claravis cap 10mg	$0 (1)	
claravis cap 20mg	$0 (1)	
claravis cap 30mg	$0 (1)	
claravis cap 40mg	$0 (1)	
clindamax gel 1%	$0 (1)	
clindamycin phosphate gel 1%	$0 (1)	
clindamycin phosphate lotion 1%	$0 (1)	
clindamycin phosphate soln 1%	$0 (1)	
clindamycin phosphate swab 1%	$0 (1)	
erythromycin gel 2%	$0 (1)	
erythromycin pads 2%	$0 (1)	
erythromycin soln 2%	$0 (1)	
isotretinoin cap 10 mg	$0 (1)	
isotretinoin cap 20 mg	$0 (1)	
isotretinoin cap 40 mg	$0 (1)	
myorisan cap 10mg	$0 (1)	
myorisan cap 20mg	$0 (1)	
myorisan cap 30mg	$0 (1)	
myorisan cap 40mg	$0 (1)	
sulfacetamide sodium lotion 10% (acne)	$0 (1)	
tretinoin cream 0.1%	$0 (1)	
tretinoin cream 0.05%	$0 (1)	
tretinoin cream 0.025%	$0 (1)	
TRETINOIN GEL 0.01%	$0 (1)	
tretinoin gel 0.025%	$0 (1)	
zenatane cap 10mg	$0 (1)	
zenatane cap 20mg	$0 (1)	
zenatane cap 30mg	$0 (1)	
zenatane cap 40mg	$0 (1)	
DERMATOLOGY, ANTIBIOTICS		
bacitracin oint 500 unit/gm	$0 (3)	NM; *
bacitracin zinc oint 500 unit/gm	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENZOYL PER GEL 2.5%	$0 (3)	NM; *
gentamicin sulfate cream 0.1%	$0 (1)	
gentamicin sulfate oint 0.1%	$0 (1)	
mupirocin oint 2%	$0 (1)	
neomycin-bacitracin-polymyxin oint	$0 (3)	NM; *
SILVER SULFADIAZINE CREAM 1%	$0 (1)	
SSD CRE 1%	$0 (1)	
SULFAMYLON CRE 85MG/GM	$0 (2)	
SULFAMYLON PAK 5%	$0 (2)	
triple antib oin	$0 (3)	NM; *
triple antib oin plus	$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
anti-fungal pow 1%	$0 (3)	NM; *
antifungal aer 1%	$0 (3)	NM; *
antifungal cre 1%	$0 (3)	NM; *
antifungal cre 2%	$0 (3)	NM; *
ciclopirox gel 0.77%	$0 (1)	
ciclopirox olamine cream 0.77% (base equiv)	$0 (1)	
ciclopirox olamine susp 0.77% (base equiv)	$0 (1)	
ciclopirox shampoo 1%	$0 (1)	
clotrimazole cream 1%	$0 (1)	
clotrimazole soln 1%	$0 (1)	
econazole nitrate cream 1%	$0 (1)	
FUNGOID TINC SOL 2%	$0 (3)	NM; *
ketoconazole cream 2%	$0 (1)	
miconazole nitrate cream 2%	$0 (3)	NM; *
nyamyc pow 100000	$0 (1)	
nystatin cream 100000 unit/gm	$0 (1)	
nystatin oint 100000 unit/gm	$0 (1)	
nystatin topical powder	$0 (1)	
nystop pow 100000	$0 (1)	
terbinafine hcl cream 1%	$0 (3)	NM; *
tolnaftate cre 1%	$0 (3)	NM; *
tolnaftate cream 1%	$0 (3)	NM; *
tolnaftate powder 1%	$0 (3)	NM; *
zeasorb-af pow 2%	$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	$0 (1)	
hydrocortisone rectal cream 2.5%	$0 (1)	
procto-pak cre 1%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
proctozone cre -hc 2.5%	$0 (1)	
PRUDOXIN CRE 5%	$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0 (2)	PA
acitretin cap 17.5 mg	$0 (2)	PA
acitretin cap 25 mg	$0 (2)	PA
calcipotriene cream 0.005%	$0 (1)	
calcipotriene oint 0.005%	$0 (1)	
calcipotriene soln 0.005% (50 mcg/ml)	$0 (1)	
calcitrene oin 0.005%	$0 (1)	
8-MOP CAP 10MG	$0 (2)	
TAZORAC CRE 0.1%	$0 (2)	PA
TAZORAC CRE 0.05%	$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	$0 (1)	
selenium sulfide lotion 2.5%	$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala cort cre 1%	$0 (1)	
alclometasone dipropionate cream 0.05%	$0 (1)	
alclometasone dipropionate oint 0.05%	$0 (1)	
betamethasone dipropionate augmented cream 0.05%	$0 (1)	
betamethasone dipropionate augmented gel 0.05%	$0 (1)	
betamethasone dipropionate augmented lotion 0.05%	$0 (1)	
betamethasone dipropionate augmented oint 0.05%	$0 (1)	
betamethasone dipropionate cream 0.05%	$0 (1)	
betamethasone dipropionate lotion 0.05%	$0 (1)	
betamethasone dipropionate oint 0.05%	$0 (1)	
betamethasone valerate cream 0.1%	$0 (1)	
betamethasone valerate lotion 0.1%	$0 (1)	
betamethasone valerate oint 0.1%	$0 (1)	
clobetasol propionate cream 0.05%	$0 (1)	
clobetasol propionate emollient base cream 0.05%	$0 (1)	
clobetasol propionate gel 0.05%	$0 (1)	
clobetasol propionate oint 0.05%	$0 (1)	
clobetasol propionate soln 0.05%	$0 (1)	
cormax scalp sol 0.05%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DESONIDE CREAM 0.05%	$0 (1)	
desonide lotion 0.05%	$0 (1)	
desonide oint 0.05%	$0 (1)	
desoximetasone cream 0.05%	$0 (1)	
desoximetasone cream 0.25%	$0 (1)	
desoximetasone gel 0.05%	$0 (1)	
DESOXIMETASONE OINT 0.05%	$0 (1)	
desoximetasone oint 0.25%	$0 (1)	
diflorasone diacetate cream 0.05%	$0 (1)	
diflorasone diacetate oint 0.05%	$0 (1)	
fluocin acet oil body	$0 (1)	
fluocin acet oil scalp	$0 (1)	
fluocinolone acetonide cream 0.01%	$0 (1)	
fluocinolone acetonide cream 0.025%	$0 (1)	
fluocinolone acetonide oint 0.025%	$0 (1)	
fluocinolone acetonide soln 0.01%	$0 (1)	
fluocinonide cream 0.05%	$0 (1)	
fluocinonide emulsified base cream 0.05%	$0 (1)	
fluocinonide gel 0.05%	$0 (1)	
fluocinonide oint 0.05%	$0 (1)	
fluocinonide soln 0.05%	$0 (1)	
fluticasone propionate cream 0.05%	$0 (1)	
fluticasone propionate oint 0.005%	$0 (1)	
halobetasol propionate cream 0.05%	$0 (1)	
halobetasol propionate oint 0.05%	$0 (1)	
hydro skin lot 1%	$0 (3)	NM; *
hydrocortisone butyrate cream 0.1%	$0 (1)	
hydrocortisone butyrate oint 0.1%	$0 (1)	
hydrocortisone butyrate soln 0.1%	$0 (1)	
hydrocortisone cream 0.5%	$0 (3)	NM; *
hydrocortisone cream 1%	$0 (1)	
hydrocortisone cream 2.5%	$0 (1)	
hydrocortisone lotion 2.5%	$0 (1)	
hydrocortisone oint 0.5%	$0 (3)	NM; *
hydrocortisone oint 1%	$0 (1)	
hydrocortisone oint 2.5%	$0 (1)	
hydrocortisone valerate cream 0.2%	$0 (1)	
hydrocortisone valerate oint 0.2%	$0 (1)	
lokara lot 0.05%	$0 (1)	
mometasone furoate cream 0.1%	$0 (1)	
mometasone furoate oint 0.1%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mometasone furoate solution 0.1% (lotion)	$0 (1)	
texacort sol 2.5%	$0 (2)	
triamcinolone acetonide cream 0.1%	$0 (1)	
triamcinolone acetonide cream 0.5%	$0 (1)	
triamcinolone acetonide cream 0.025%	$0 (1)	
triamcinolone acetonide lotion 0.1%	$0 (1)	
triamcinolone acetonide lotion 0.025%	$0 (1)	
triamcinolone acetonide oint 0.1%	$0 (1)	
triamcinolone acetonide oint 0.5%	$0 (1)	
triamcinolone acetonide oint 0.025%	$0 (1)	
triderm cre 0.1%	$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
dibucaine oint 1%	$0 (3)	NM; *
lidocaine cream 4%	$0 (3)	NM; *
lidocaine hcl gel 2%	$0 (1)	
lidocaine hcl soln 4%	$0 (1)	
lidocaine oint 5%	$0 (1)	
lidocaine patch 5%	$0 (1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0 (1)	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir oint 5%	$0 (1)	
ALOE VERA LIQ LIN 10%	$0 (3)	NM; *
anti-itch cre 2-0.1%	$0 (3)	NM; *
anti-itch spr 2%	$0 (3)	NM; *
anu-med sup	$0 (3)	NM; *
AQUABASE OIN	$0 (3)	NM; *
benzoyl peroxide gel 5%	$0 (3)	NM; *
benzoyl peroxide gel 10%	$0 (3)	NM; *
caldyphen lot 1-8%	$0 (3)	NM; *
COATS ALOE CRE VERA	$0 (3)	NM; *
COATS ALOE GEL VERA	$0 (3)	NM; *
COATS ALOE LIQ VERA	$0 (3)	NM; *
COATS ALOE LOT MOISTURZ	$0 (3)	NM; *
DERMABASE CRE	$0 (3)	NM; *
DIAPER RASH AER 10%	$0 (3)	NM; *
diclofenac sodium gel 1%	$0 (1)	
ELIDEL CRE 1%	$0 (2)	PA
FATTIBASE OIN	$0 (3)	NM; *
fluorouracil cream 5%	$0 (1)	
fluorouracil soln 2%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil soln 5%	$0 (1)	
hemorrhoid sup	$0 (3)	NM; *
hemorrhoidal oin	$0 (3)	NM; *
HEMORRHOIDAL OIN	$0 (3)	NM; *
HYDROCREAM CRE	$0 (3)	NM; *
imiquimod cream 5%	$0 (1)	
ITCH-X GEL 1-10%	$0 (3)	NM; *
lactic acid (ammonium lactate) cream 12%	$0 (1)	
lactic acid (ammonium lactate) lotion 12%	$0 (1)	
major-prep oin hemorrho	$0 (3)	NM; *
medicated pow body	$0 (3)	NM; *
metronidazole cream 0.75%	$0 (1)	
metronidazole gel 0.75%	$0 (1)	
metronidazole lotion 0.75%	$0 (1)	
PANRETIN GEL 0.1%	$0 (2)	
podofilox soln 0.5%	$0 (1)	
POLYBASE OIN	$0 (3)	NM; *
povidone-iodine oint 10%	$0 (3)	NM; *
povidone-iodine soln 10%	$0 (3)	NM; *
povidone/iod sol 10%	$0 (3)	NM; *
RASH + SKIN AER 10%	$0 (3)	NM; *
rosadan cre 0.75%	$0 (1)	
sm hemorrhoi oin	$0 (3)	NM; *
tacrolimus oint 0.1%	$0 (1)	PA
tacrolimus oint 0.03%	$0 (1)	PA
TARGRETIN GEL 1%	$0 (2)	NM, PA
thera-gesic cre	$0 (3)	NM; *
TRIXAICIN CRE 0.025%	$0 (3)	NM; *
trixaicin hp cre 0.075%	$0 (3)	NM; *
VALCHLOR GEL 0.016%	$0 (2)	NM, LA, PA
vitamins a & d oint	$0 (3)	NM; *
VOLTAREN GEL 1%	$0 (2)	
WHITE PETROLATUM GEL	$0 (3)	NM; *
zinc oxide oint 20%	$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX CRE 10%	$0 (2)	
EURAX LOT 10%	$0 (2)	
malathion lotion 0.5%	$0 (1)	
permethrin cream 5%	$0 (1)	
permethrin lotion 1%	$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetic acid irrigation soln 0.25%	$0 (1)	
REGRANEX GEL 0.01%	$0 (2)	PA
SANTYL OIN 250/GM	$0 (2)	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	$0 (1)	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0 (1)	
chlorhexidine gluconate soln 0.12%	$0 (1)	
clotrimazole troche 10 mg	$0 (1)	
lidocaine hcl viscous soln 2%	$0 (1)	
nystatin susp 100000 unit/ml	$0 (1)	
periogard sol 0.12%	$0 (1)	
PILOCARPINE HCL TAB 5 MG	$0 (1)	
pilocarpine hcl tab 7.5 mg	$0 (1)	
triamcinolone acetonide dental paste 0.1%	$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid 2% in aluminum acetate otic soln	$0 (1)	
acetic acid otic soln 2%	$0 (1)	
CIPRODEX SUS 0.3-0.1%	$0 (2)	
ear drops sol 6.5% ot	$0 (3)	NM; *
fluocinolone acetonide (otic) oil 0.01%	$0 (1)	
neomycin-polymyxin-hc otic soln 1%	$0 (1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0 (1)	
ofloxacin otic soln 0.3%	$0 (1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX TES	$0	

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Your Extended Family.

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