



2021

FORMULARIO

(Lista de los medicamentos cubiertos)

California

**Molina Dual Options
Cal MediConnect Plan
Medicare-Medicaid Plan**

Versión 19

Actualizado: 12/01/2021

Departamento de Servicios para Miembros:

(855) 665-4627, TTY al 711

De lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local

MolinaHealthcare.com/Duals

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan | 2021 *Lista de Medicamentos Cubiertos (Formulario)*

Introducción

Este documento se denomina *Lista de Medicamentos Cubiertos* (también conocida como Lista de Medicamentos). En ella se detallan los medicamentos recetados, los medicamentos de venta libre y los elementos que están cubiertos por Molina Dual Options. En la Lista de Medicamentos, también se indica si hay reglas o restricciones especiales sobre los medicamentos cubiertos por Molina Dual Options. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual del Miembro*.

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A. Exenciones de responsabilidad

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

- ❖ Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
 - ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
 - ❖ ATTENTION: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4627, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.

إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على 665-4627 (855)، لمستخدمي أجهزة الهاتف النصية / أجهزة اتصالات المعاين: 711، من الاثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت المحلي. هذه المكالمة مجانية.

- ❖ Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa (855) 665-4627, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag na ito.
 - ❖ Nếu quý vị nói tiếng Việt, có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi (855) 665-4627, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi là miễn phí.
 - ❖ Եթե ձեր մայրենի լեզուն հայերենն է, ձեզ համար հասանելի են անվճար լեզվի օժանդակության ծառայունները: Զանգահարե՛ք (855) 665-4627, TTY՝ 711, երկուշաբթիից ուրբար 8:00-ից 20:00-ը տեղական ժամանակով: Զանգն անվճար է:
 - ❖ ប្រសិនបើអ្នកនឹងយាយភាសាខ្មែរ សេវាដំឡើយផ្លូវការសាមានដ្ឋល់ផ្លូវអ្នកដោយតាមគម្រោះ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY: 711 ពីថ្ងៃចន្ទ - សូម ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងនៅត្រួមស្រុក។ ការពេញទូរសព្ទគឺតាមគម្រោះ។
 - ❖ 如果您講中文，可為您提供免費的語言輔助服務。當地時間週一至週五，上午 8 點至下午 8 點，撥打 (855) 665-4627, TTY : 711。此為免費電話。
 - ❖ فارسی زبان هستید، خدمات کمک زبانی رایگان برای شما فراهم است. از دوشنبه تا جمعه 8 صبح تا 8 شب به وقت محلی با سماره (855) 665-4627 TTY: 711 تماس بگیرید. این تماس رایگان است.
 - ❖ 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 전화 (855) 665-4627번(TTY는 711번) 월~금 오전 8시~오후 8시(현지 시각) 무료 전화입니다.

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- ❖ Если Вы говорите на русском языке, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по телефону: (855) 665-4627, TTY: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.
 - ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

تلتزم Molina Healthcare بقوانين الحقوق المدنية الفيدرالية السارية ولا تميز على أساس العرق أو الأصل الوطني أو الدين أو النوع أو الجنس أو العمر أو الإعاقة العقلية أو البدنية أو الحالة الصحية أو تلفي الرعاية الصحية أو تاريخ المطالبات أو التاريix الطبي أو المعلومات الجينية أو وجود أدلة على إمكانية التأمين أو الموقف الجغرافي.

- ❖ Molina Healthcare-ը համապատասխանում է կիրառելի քաղաքացիական օրենսդրության դաշնային օրենքներին և խորականություն չի դնում ըստ ռասայի, եթենիկական պատկանելիության, ազգային ծագման, կրոնի, սեռի, տարիքի, հոգեկան կամ ֆիզիկական հաշմանդաւության, առողջության կարգավիճակի, առողջապահության ստացման, պահանջների փորձի, բժշկական պատմության, գենետիկ տեղեկատվություն, անապահովության ապացույցների, աշխարհագրական դիրքի:

Molina Healthcare مطابق با قوانین حقوق مدنی فدرال است و بر اساس نژاد، قومیت، ملیت، مذهب، جنسیت، جنس، سن، معلولیت ذهنی یا جسمی، وضعیت بهداشتی، دریافت خدمات درمانی، سوابق درخواست ها، سوابق پزشکی، اطلاعات ژنتیکی، سوابق صلاحیت بیمه شدن، یا موقعیت حگ افایی، تعیض قائل نمی شود.

- ❖ Molina Healthcare អាសយដ្ឋានតាមច្បាប់ស្ថិតិសិទ្ធិពាណរដ្ឋសហព័ន្ធដែលអនុវត្តបាន កើមិយចិនមានការរើសអើងទៅលើខ្លួនខ្លាងពួជសាសន៍ សញ្ញាតិដឹង ដនជាតិ សាសនា គេង នាយុ ពិភាក្សាពាណិជ្ជការ បុស្ថារតិ ស្ថិតិការពុសុធម៌ ការទទួលបានការថែទាំសុខភាព បន្ទាត់សេដ្ឋកែវនៃបណ្តិ៍នាមទារ ប្រភេទព្យាយាយ ព័ត៌មានពិនិត្យ ការតាមដាននៃការអាជីវកម្មបែង ទិន្នន័យក្នុមិសាស្ត្រ។
 - ❖ Molina Healthcare는 관련 연방 공민권 법률을 준수하며, 인종, 민족, 국적, 종교, 성별, 연령, 정신적 또는 신체적 장애, 건강 상태, 의료 서비스 수령 여부, 청구 경험, 병력, 유전자 정보, 보험에 가입할 수 있는 증거, 지리적 위치를 이유로 한 차별을 일절 하지 않습니다.
 - ❖ Компания Molina Healthcare соблюдает требования федерального законодательства гражданских правах и не допускает дискриминации на основании таких признаков, как расовая и этническая принадлежность, национальное происхождение, религия, гендерная принадлежность, пол, возраст, психическая или физическая недееспособность, состояние здоровья, факт получения медицинской помощи, подавленных жалоб в прошлом, история болезни, генетическая информация, доказательство страховой приемлемости, географическое местонахождение.
 - ❖ Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad, religión, género, sexo, edad,

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discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamaciones, historial médico, información genética, evidencia de asegurabilidad o ubicación geográfica.

- ❖ Ang Molina Healthcare ay sumunod sa naaangkop na mga batas ng Federal Civil Rights at hindi magtatangi batay sa lahi, kulay, pambansang pinagmulan, kredo, ninuno o lipi, relihiyon, wika, edad, kasarian, katayuan sa pag-aasawa, orientasyong sekswal, katayuan sa kalusugan, o kapansanan.
- ❖ Molina Healthcare tuân thủ luật pháp về quyền dân sự Liên bang hiện hành và không phân biệt về chủng tộc, dân tộc, nguồn gốc quốc gia, tôn giáo, giới tính, độ tuổi, thương tật về thể chất hoặc tinh thần, tình trạng sức khỏe, việc tiếp nhận chăm sóc sức khỏe, lịch sử yêu cầu bảo hiểm, tiền sử y khoa, thông tin di truyền, bằng chứng về khả năng bảo hiểm, vị trí địa lý.
- ❖ Molina Healthcare 遵循適用的聯邦民權法，而且不會基於種族、民族、國籍、宗教、性別，性取向、年齡、精神或身體殘疾、健康狀況、接受醫療照護、索賠經歷、病史、基因資訊、可保性證明、地理位置而有所歧視。
- ❖ Puede solicitar este documento sin costo alguno en otros formatos, como braille, audio o letra grande. Llame al (855) 665-4627, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. Esta llamada es gratuita.
- ❖ Para solicitar materiales en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro, póngase en contacto con el Departamento de Servicios para Miembros al (855) 665-4627, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

B. Preguntas Más Frecuentes

Encuentre las respuestas a las preguntas que tenga sobre la *Lista de Medicamentos Cubiertos*. Puede leer las preguntas más frecuentes para obtener más información o buscar una pregunta y una respuesta.

B1. ¿Qué medicamentos recetados se encuentran en la *Lista de Medicamentos Cubiertos*? (Abreviamos la *Lista de Medicamentos Cubiertos* como “Lista de Medicamentos”).

Los medicamentos que se encuentran en la Lista de Medicamentos son los medicamentos cubiertos por Molina Dual Options. Estos medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está incluida dentro de nuestra red si tenemos un contrato para trabajar con ellos y para ofrecerle los servicios. Nos referimos a estas farmacias como “farmacias de la red”.

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- Molina Dual Options cubrirá todos los medicamentos que sean médicalemente necesarios incluidos en la Lista de Medicamentos si:
 - su doctor u otro recetador manifiesta que los necesita para mejorar o mantenerse saludable; y
 - usted surte la receta en las farmacias de la red de Molina Dual Options.
- En algunos casos, deberá tomar pasos adicionales para obtener un medicamento (consulte la pregunta B4 a continuación).

También puede ver una lista actualizada de los medicamentos que tienen cobertura en nuestro sitio web en MolinaHealthcare.com/Duals o puede llamar al Departamento de Servicios para Miembros al (855) 665-4627 TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

B2. ¿La Lista de Medicamentos se modifica?

Sí, y Molina Dual Options debe seguir las reglas de Medicare y Medicaid cuando realiza cambios. Podemos agregar o eliminar medicamentos de la Lista durante el año.

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

- Decidir si exigir o no una autorización previa para algún medicamento. (Una autorización previa es el permiso otorgado por Molina Dual Options antes de que usted pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que usted puede obtener (llamado límites de cantidades).
- Añadir o cambiar restricciones de terapia escalonada con respecto a un medicamento. (Terapia progresiva significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información sobre estas reglas de medicamentos, consulte la pregunta B4.

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

- surja en el mercado un nuevo medicamento más económico que sea tan efectivo como alguno de los medicamentos que se encuentran en la Lista actual de medicamentos;
- nos enteremos de que un medicamento no es seguro; o
- un medicamento sea retirado del mercado.

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Las preguntas B3 y B6 a continuación contienen más información sobre lo que sucede cuando se modifica la Lista de Medicamentos.

- Siempre puede consultar la Lista de Medicamentos actualizada de Molina Dual Options en MolinaHealthcare.com/Duals.
- También puede llamar al Departamento de Servicios para Miembros para consultar la Lista de Medicamentos actualizada al (855) 665-4627 TTY:711 de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

B3. ¿Qué sucede cuando hay un cambio en la Lista de Medicamentos?

Algunos cambios a la Lista de Medicamentos serán **inmediatos**. Por ejemplo:

- **Un nuevo medicamento genérico está disponible.** A veces, se lanzan al mercado medicamentos genéricos que son tan efectivos como los medicamentos de marca registrada que se encuentran en la Lista de Medicamentos actual. Cuando eso sucede, podemos retirar el medicamento de marca registrada y agregar el nuevo medicamento genérico, pero su costo por el nuevo medicamento permanecerá igual [*insertar si corresponde, por ejemplo, si la Lista de Medicamentos del plan tiene un costo compartido diferencial para algunos genéricos: o será inferior*]. Cuando agregamos un nuevo medicamento genérico, también podemos decidir mantener el medicamento de marca registrada en la Lista, pero cambiar las reglas de cobertura o los límites.
 - Es posible que no le avisemos antes de hacer el cambio, pero le enviaremos información sobre los cambios específicos que hagamos cuando esto ocurra.
 - Usted puede solicitar una excepción a esos cambios. Le enviaremos una notificación con los pasos que puede tomar para una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) dice que un medicamento que está tomando no es seguro o el fabricante del medicamento saca un medicamento del mercado, lo sacaremos de la Lista de medicamentos. Si está tomando el medicamento, le haremos saber. Hable con su doctor para encontrar una alternativa que sea segura para usted.

Es posible que hagamos otros cambios que afecten a los medicamentos que usted toma.

Le diremos con anticipación acerca de estos otros cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA proporciona nuevas guías o hay nuevas pautas clínicas sobre un medicamento.

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- Agregamos un medicamento genérico que no es nuevo en el mercado.
 - Reemplazamos un medicamento de marca que actualmente está en la Lista de Medicamentos.
 - Cambiar las reglas o límites de cobertura para el medicamento de marca.

Cuando estos cambios sucedan:

- Le avisaremos por lo menos 30 días antes de hacer el cambio en la Lista de Medicamentos.
- Le avisaremos y le daremos la cantidad de medicamentos necesarios para 60 días después de que pida una renovación.

Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella lo podrá ayudar a decidir:

- Si hay algún otro medicamento similar en la Lista de Medicamentos que pueda tomar en su lugar,o bien,
- pedir una excepción a estos cambios. Para conocer más sobre estas excepciones, consulte la pregunta B10.

B4. ¿Existen restricciones o límites en la cobertura de los medicamentos o las acciones necesarias que se deben tomar para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que puede obtener. En algunos casos, usted, su doctor u otro recetador deben hacer algo antes de que pueda obtener el medicamento. Por ejemplo

- **Aprobación previa (o autorización previa):** En el caso de algunos medicamentos, usted, su doctor u otro recetador deben obtener una autorización de Molina Dual Options antes de surtir la receta médica. Molina Dual Options podría no cubrir el medicamento si no obtiene una autorización.
- **Límites de cantidad:** Algunas veces, Molina Dual Options limita la cantidad de un medicamento que puede recibir.
- **Terapia progresiva:** Algunas veces, Molina Dual Options le solicita que realice terapia progresiva. Esto significa que tendrá que probar medicamentos en un orden determinado para el tratamiento de su enfermedad. Tendrá que probar un medicamento antes de que cubramos otro medicamento. Si su doctor cree que el

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primer medicamento no funciona para tratar su enfermedad, entonces cubriremos el segundo.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta las tablas de las páginas 16 - 133. También puede obtener más información en nuestro sitio webMolinaHealthcare.com/Duals. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia progresiva. También puede pedirnos que le enviemos una copia.

Puede pedir una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella podrá ayudarle a decidir si hay algún otro medicamento similar en la lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabrá si el medicamento que necesita tiene límites o si tiene que realizar acciones necesarias para obtenerlo?

La *Lista de Medicamentos Cubiertos* de la página 16 tiene una columna llamada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, la autorización previa (aprobación), límites de cantidad o restricciones en la terapia progresiva)?

En algunos casos, le notificaremos con antelación si agregamos o cambiamos las condiciones sobre la autorización previa, los límites de cantidad o las restricciones en la terapia progresiva de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso previo y las situaciones en las que podríamos no notificarle con antelación los cambios de las reglas sobre los medicamentos de la Lista.

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

Hay dos maneras de encontrar un medicamento:

- Puede buscar alfabéticamente (si sabe cómo se escribe el medicamento), o bien,
- puede buscar por enfermedad.

Para buscar **alfabéticamente**, vaya al índice de la sección de medicamentos cubiertos. Puede encontrarlo en el índice.

Para buscar **por enfermedad**, busque la sección llamada “Lista de medicamentos por enfermedad” en la página 16. Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una enfermedad cardíaca, debe

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buscar en la categoría Betabloqueantes. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

B8. ¿Qué sucede si el medicamento que necesita tomar no está incluido en la Lista de Medicamentos?

Si no encuentra su medicamento en la Lista de Medicamentos, llame al Departamento de Servicios para Miembros al (855) 665-4627 TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local para obtener información. Si le informan que Molina Dual Options no cubrirá el medicamento, puede realizar las siguientes acciones:

- Solicite al Departamento de Servicios para Miembros una lista de medicamentos similares al que tiene que tomar. A continuación, muestre la Lista a su doctor u otro recetador. Ellos pueden prescribir un medicamento de la Lista que sea similar al que necesita tomar. **O**
- Puede solicitarle al plan de salud que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si usted es un miembro nuevo de Molina Dual Options y no puede encontrar su medicamento en la Lista o tiene problemas para obtener su medicamento?

Podemos ayudarlo. Podemos cubrir el suministro temporal de 60 días de su medicamento durante los primeros 90 días de su membresía en Molina Dual Options. Esto le dará tiempo para hablar con su médico u otro recetador. Él o ella podrá ayudarle a decidir si hay algún otro medicamento similar en la lista de medicamentos que usted pueda tomar en su lugar o si tiene que solicitar una excepción.

Si su receta médica está escrita por menos días, le permitiremos múltiples renovaciones para proveer hasta un máximo de 60 días de medicación.

Cubriremos un suministro de 60 días desde su medicamento si:

- usted toma un medicamento que no está en nuestra Lista de Medicamentos;
- las reglas del plan de salud no le permiten obtener la cantidad solicitada por el recetador;
- el medicamento requiere la autorización previa de Molina Dual Options; **o**
- está tomando un medicamento que es parte de la restricción de la terapia progresiva.

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Podemos ayudarlo si se encuentra en una residencia para ancianos o en otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de Medicamentos, o si no puede obtener fácilmente el medicamento que necesita. Usted ha estado en el plan durante más de 90 días, reside en un centro de atención a largo plazo y necesita un suministro de inmediato.

- Cubriremos un suministro de 60 días del medicamento que necesite (a menos que tenga una receta por menos días), independientemente de si es un miembro nuevo de Molina Dual Options.
- Esto es además del suministro temporal durante los primeros 90 días de su membresía en Molina Dual Options.

Política de transición

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

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

Cuando un miembro va a una farmacia de la red porque le proporcionamos un suministro temporal de un medicamento que no está en nuestro formulario, o que tenga restricciones o límites de cobertura (pero que de otra manera se considera como un “medicamento Parte D”), cubriremos un suministro de 60 días (a menos que la receta esté hecha por menos días).

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Después de cubrir el suministro temporal de 60 días, generalmente no cubriremos nuevamente estos medicamentos como parte de nuestra política de transición.

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

B10. ¿Puede solicitar una excepción para que cubramos su medicamento?

Sí. Puede solicitarle a Molina Dual Options una excepción para que cubra un medicamento que no esté incluido en la Lista de Medicamentos.

También puede solicitarnos que cambiemos las reglas de su medicamento.

- Por ejemplo, Molina Dual Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitar que cambiemos el límite y se otorgue más cobertura.
- Otros ejemplos: Puede solicitar que quitemos las restricciones de la terapia progresiva o los requisitos de autorización previa.

B11. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, comuníquese con el Departamento de Servicios para Miembros. El Departamento de Servicios para Miembros trabajará con usted y con su proveedor para solicitar una excepción. También puede leer el Capítulo 9 del *Manual del Miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se requiere para obtener una excepción de cobertura?

En primer lugar, debemos obtener una declaración de su recetador que respalde su solicitud de excepción. Después de recibir la declaración, le informaremos la resolución de su solicitud de excepción en un plazo de 72 horas.

Si usted o su recetador piensan que su salud podría verse afectada por esperar 72 horas para recibir la resolución, puede pedir una excepción acelerada. Esta es una decisión más rápida. Si su recetador apoya su solicitud, le informaremos de la resolución dentro de las 24 horas siguientes a la obtención de la declaración de apoyo de su recetador.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos tienen los mismos principios activos que los medicamentos de marca registrada. Por lo general, el costo es menor en comparación con el medicamento de

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marca registrada y no suelen tener nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA).

Molina Dual Options cubre los medicamentos de marca registrada y los medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC es la sigla en inglés de “over-the-counter”, que significa “de venta libre”. Molina Dual Options cubre algunos medicamentos OTC cuando están recetados por su proveedor.

Puede consultar la Lista de Medicamentos de Molina Dual Options para ver qué medicamentos OTC tienen cobertura.

B15. ¿Molina Dual Options cubre productos no farmacológicos OTC?

Molina Dual Options cubre algunos productos no farmacológicos OTC cuando están recetados por su proveedor.

Puede consultar la Lista de Medicamentos de Molina Dual Options para ver qué productos no farmacológicos OTC tienen cobertura.

B16. ¿Cuál es su copago?

Como miembro de Molina Dual Options, no tiene copagos por los medicamentos recetados y de venta libre, siempre que siga las reglas de Molina Dual Options.

Los miembros de Molina Dual Options que viven en residencias para ancianos u otros centros de atención médica a largo plazo no tendrán copagos. Algunos miembros que reciben atención a largo plazo en la comunidad tampoco tendrán copagos.

B17. ¿Qué son las categorías de medicamentos?

Las categorías son grupos de medicamentos en la misma Lista de medicamentos.

- Los medicamentos de la categoría 1 son medicamentos genéricos. Por los medicamentos de categoría 1, usted no paga nada.
- Los medicamentos de categoría 2 son los medicamentos de marca. Por los medicamentos de categoría 2, usted no paga nada.
- Los medicamentos de la categoría 3 son medicamentos recetados o medicamentos de venta libre (OTC) no cubiertos por Medicare. Por los medicamentos de categoría 3, usted no paga nada.

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C. Resumen de la *Lista de Medicamentos Cubiertos*

En la siguiente Lista de Medicamentos Cubiertos se le ofrece información sobre los medicamentos cubiertos por Molina Dual Options. Si tiene problemas para encontrar el medicamento en la Lista, consulte el Índice de Medicamentos Cubiertos que comienza en la página 134. El índice enumera alfabéticamente todos los medicamentos cubiertos por Molina Dual Options.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., BYSTOLIC) y los medicamentos genéricos están en minúscula cursiva (p. ej., *metoprolol*).

En la columna “Acciones necesarias, restricciones o límites de uso” se informa si Molina Dual Options tiene reglas de cobertura para su medicamento.

Nota: El símbolo * junto a un medicamento significa que el medicamento no es un “medicamento Parte D”. Usted no tendrá que pagar un copago por estos medicamentos. Estos medicamentos también tienen diferentes reglas para las apelaciones.

- Una apelación es una manera formal de solicitarnos que revisemos nuestra decisión de cobertura y la cambiemos si usted cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted necesita ya no está cubierto por Medicare o Medi-Cal.
- Si usted o su doctor no están de acuerdo con nuestra decisión, puede apelar. Si tiene alguna pregunta, llame al Departamento de Servicios para Miembros al (855) 665-4627 TTY:711 de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. También puede leer el Capítulo 9 del *Manual del Miembro* para aprender cómo apelar una decisión.

C1. Medicamentos Agrupados por Enfermedad

Los medicamentos de esta sección se agrupan en categorías según el tipo de enfermedades que tratan. Por ejemplo, si tiene una enfermedad cardíaca, debe buscar en la categoría Betabloqueantes. Ahí es donde encontrará medicamentos que tratan las enfermedades cardíacas.

PA (Prior Authorization) = Autorización Previa (aprobación): debe tener una aprobación antes de que pueda obtener este medicamento.

QL (Quantity Limits) = Límites de Cantidad: la cantidad de medicamentos que cubrirá el plan.

ST (Step Therapy Criteria) = Criterios de Terapia Progresiva: debe probar otro medicamento antes de obtener este.

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NM (Non-Mail Order) = Pedido sin Envío por Correo: este medicamento no se puede adquirir por correo.

B/D = Este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

LA (Limited Access Drug) = Medicamento de Acceso Limitado: es posible que este medicamento solo esté disponible en algunas farmacias.

(*) = Medicamentos no incluidos en la Parte D o elementos OTC que están cubiertos por Medicaid.

NDS (Non-Extended Days Supply) = Suministro sin Extensión de Días: se limitará la cantidad de días de suministro que puede recibir.

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

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

MISCELLANEOUS

<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspir-low</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg</i>	\$0(3)	NM; *
<i>ASPIRIN SUPP 300mg, 600mg</i>	\$0(3)	NM; *
<i>aspirin 81</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult</i> TABS 325mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult low strengt</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin low dose CHEW 81mg; TBEC 81mg</i>	\$0(3)	NM; *
<i>aspirin low strength CHEW 81mg</i>	\$0(3)	NM; *
<i>childrens aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>ecpirin</i> TBEC 325mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin TABS 325mg; TBEC 81mg, 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>goodsense aspirin CHEW 81mg; TABS 325mg</i>	\$0(3)	NM; *
<i>goodsense aspirin adult /</i> CHEW 81mg	\$0(3)	NM; *
<i>hm aspirin CHEW 81mg; TABS 325mg</i>	\$0(3)	NM; *
<i>hm aspirin ec</i> TBEC 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>qc aspirin TABS 325mg</i>	\$0(3)	NM; *
<i>qc aspirin low dose CHEW 81mg; TBEC 81mg</i>	\$0(3)	NM; *
<i>qc chewable aspirin low d</i> CHEW 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin</i> TABS 325mg	\$0(3)	NM; *

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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>sm aspirin adult low stre CHEW 81mg; TBEC 81mg</i>	\$0(3)	NM; *
<i>sm aspirin enteric coated TBEC 325mg</i>	\$0(3)	NM; *
<i>sm aspirin low dose CHEW 81mg</i>	\$0(3)	NM; *
<i>sm childrens aspirin CHEW 81mg</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief TABS 220mg</i>	\$0(3)	NM; *
<i>all day relief TABS 220mg</i>	\$0(3)	NM; *
<i>celecoxib CAPS 50mg</i>	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>diclofenac potassium TABS 50mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg</i>	\$0(1)	
<i>diflunisal TABS 500mg</i>	\$0(1)	
<i>ec-naproxen TBEC 375mg, 500mg</i>	\$0(1)	
<i>etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg</i>	\$0(1)	
<i>flurbiprofen TABS 100mg</i>	\$0(1)	
<i>gnp all day pain relief TABS 220mg</i>	\$0(3)	NM; *
<i>gnp childrens ibuprofen SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>gnp ibuprofen CAPS 200mg; TABS 200mg</i>	\$0(3)	NM; *
<i>gnp ibuprofen infants SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>gnp ibuprofen junior stre CHEW 100mg</i>	\$0(3)	NM; *
<i>gnp naproxen TABS 220mg</i>	\$0(3)	NM; *
<i>gnp naproxen sodium CAPS 220mg; TABS 220mg</i>	\$0(3)	NM; *
<i>goodsense ibuprofen TABS 200mg</i>	\$0(3)	NM; *
<i>goodsense ibuprofen child SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>goodsense ibuprofen infan SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>goodsense ibuprofen junio CHEW 100mg</i>	\$0(3)	NM; *

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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense naproxen sodium TABS 220mg</i>	\$0(3)	NM; *
<i>hm ibuprofen CAPS 200mg; CHEW 100mg; TABS 200mg</i>	\$0(3)	NM; *
<i>hm ibuprofen childrens SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>hm ibuprofen ib TABS 200mg</i>	\$0(3)	NM; *
<i>hm ibuprofen ib/junior st CHEW 100mg</i>	\$0(3)	NM; *
<i>hm ibuprofen infants SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>hm naproxen sodium CAPS 220mg; TABS 220mg</i>	\$0(3)	NM; *
<i>ibu TABS 600mg, 800mg</i>	\$0(1)	
<i>ibu-200 TABS 200mg</i>	\$0(3)	NM; *
<i>ibuprofen CAPS 200mg; TABS 200mg</i>	\$0(3)	NM; *
<i>ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg</i>	\$0(1)	
<i>ibuprofen childrens SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>ibuprofen infants SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>ibuprofen infants drops SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>ibuprofen junior strength CHEW 100mg</i>	\$0(3)	NM; *
<i>infants ibuprofen SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>meloxicam TABS 7.5mg, 15mg</i>	\$0(1)	
<i>nabumetone TABS 500mg, 750mg</i>	\$0(1)	
<i>naproxen TABS 250mg, 375mg, 500mg; TBEC 375mg, 500mg</i>	\$0(1)	
<i>naproxen sodium CAPS 220mg; TABS 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium TABS 275mg, 550mg</i>	\$0(1)	
<i>piroxicam CAPS 10mg, 20mg</i>	\$0(1)	
<i>proivil TABS 200mg</i>	\$0(3)	NM; *
<i>qc childrens ibuprofen SUSP 100mg/5ml</i>	\$0(3)	NM; *
<i>qc ibuprofen TABS 200mg</i>	\$0(3)	NM; *
<i>qc ibuprofen ib TABS 200mg</i>	\$0(3)	NM; *
<i>qc ibuprofen infants SUSP 50mg/1.25ml</i>	\$0(3)	NM; *
<i>qc naproxen sodium TABS 220mg</i>	\$0(3)	NM; *
<i>sm childrens ibuprofen SUSP 100mg/5ml</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
<i>OPIOID ANALGESICS, LONG-ACTING</i>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet</i> tab 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg</i>	\$0(1)	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 1mg/ml, 4mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 20mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	\$0(2)	
<i>oxycodone hcl CAPS 5mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>tramadol hcl TABS 50mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	\$0(2)	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	\$0(1)	
<i>atovaquone SUSP 750mg/5ml</i>	\$0(2)	NDS
<i>aztreonam SOLR 1gm, 2gm</i>	\$0(1)	
<i>CAYSTON SOLR 75mg</i>	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	\$0(1)	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	\$0(1)	
<i>clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>CLINDMYC/NAC INJ 300/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 600/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 900/50ML</i>	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
<i>DAPTOMYCIN SOLR 350mg</i>	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS
<i>EMVERM CHEW 100mg</i>	\$0(2)	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium SOLR 1gm</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	

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<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin TABS 3mg</i>	\$0(1)	PA
<i>linezolid SOLN 600mg/300ml</i>	\$0(1)	
<i>linezolid SUSR 100mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(1)	
<i>meropenem SOLR 1gm, 500mg</i>	\$0(1)	
<i>methenamine hippurate TABS 1gm</i>	\$0(1)	
<i>metronidazole TABS 250mg, 500mg</i>	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0(1)	
<i>neomycin sulfate TABS 500mg</i>	\$0(1)	
<i>nitazoxanide TABS 500mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	\$0(2)	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	\$0(2)	
<i>paromomycin sulfate CAPS 250mg</i>	\$0(1)	
<i>pentamidine isethionate inh SOLR 300mg</i>	\$0(1)	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	\$0(1)	
<i>praziquantel TABS 600mg</i>	\$0(1)	
<i>reeses pinworm medicine SUSP 144mg/ml</i>	\$0(3)	NM; *
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	\$0(2)	NDS
<i>streptomycin sulfate SOLR 1gm</i>	\$0(2)	NDS
<i>SULFADIAZINE TABS 500mg</i>	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>SYNERCID INJ 500MG</i>	\$0(2)	NDS
<i>tobramycin NEBU 300mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	\$0(1)	
<i>trimethoprim TABS 100mg</i>	\$0(1)	
<i>vancomycin hcl CAPS 125mg</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	\$0(1)	
<i>VANCOMYCIN INJ 1 GM</i>	\$0(2)	
<i>VANCOMYCIN INJ 500MG</i>	\$0(2)	
<i>VANCOMYCIN INJ 750MG</i>	\$0(2)	
<i>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</i>		
<i>ABELCET SUSP 5mg/ml</i>	\$0(2)	B/D
<i>AMBISOME SUSR 50mg</i>	\$0(2)	NDS, B/D
<i>amphotericin b SOLR 50mg</i>	\$0(1)	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	\$0(2)	NDS
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	\$0(2)	NDS
<i>NOXAFIL SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days)
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days)

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<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS

INFECTION

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)
<i>APTIVUS</i> CAPS 250mg; SOLN 100mg/ml	\$0(2) NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)
<i>CRIXIVAN</i> CAPS 200mg, 400mg	\$0(2)
<i>EDURANT</i> TABS 25mg	\$0(2) NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)
<i>emtricitabine</i> CAPS 200mg	\$0(1)
<i>EMTRIVA</i> SOLN 10mg/ml	\$0(2)
<i>etravirine</i> TABS 100mg, 200mg	\$0(2) NDS
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2) NDS
<i>FUZEON</i> SOLR 90mg	\$0(2) NDS, NM
<i>INTELENCE</i> TABS 25mg	\$0(2)
<i>INTELENCE</i> TABS 100mg, 200mg	\$0(2) NDS
<i>INVIRASE</i> TABS 500mg	\$0(2) NDS
<i>ISENTRESS</i> CHEW 25mg; PACK 100mg	\$0(2)

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ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS
ISENTRESS HD TABS 600mg	\$0(2)	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	
LEXIVA SUSP 50mg/ml	\$0(2)	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	
PIFELTRO TABS 100mg	\$0(2)	NDS
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	\$0(2)	NDS
<i>ritonavir</i> TABS 100mg	\$0(1)	
RUKOBIA TB12 600mg	\$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS
SELZENTRY TABS 25mg	\$0(2)	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	\$0(1)	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	
TIVICAY TABS 10mg	\$0(2)	
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS
TIVICAY PD TBSO 5mg	\$0(2)	
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, LA
TYBOST TABS 150mg	\$0(2)	
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	

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

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TRIUMEQ TAB	\$0(2)	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	\$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	\$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
pyrazinamide TABS 500mg	\$0(1)	
rifabutin CAPS 150mg	\$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECATOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
acyclovir sodium SOLN 50mg/ml	\$0(1)	B/D
adefovir dipivoxil TABS 10mg	\$0(2)	NDS
BARACLODE SOLN .05mg/ml	\$0(2)	NDS
entecavir TABS .5mg, 1mg	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	
famciclovir TABS 125mg, 250mg, 500mg	\$0(1)	
ganciclovir sodium SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
lamivudine (hbv) TABS 100mg	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	\$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml	\$0(2)	NDS, NM, PA
PEGASYS SOSY 180mcg/0.5ml	\$0(2)	NDS, PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 20mg, 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)
<i>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</i>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
<i>CEFACLOR ER</i> TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
<i>CEFAZOLIN INJ</i> 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	\$0(1)	
<i>CEFAZOLIN SOLN</i> 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
<i>CEFTAZIDIME/ SOL D5W</i> 1GM	\$0(2)	
<i>CEFTAZIDIME/ SOL D5W</i> 2GM	\$0(2)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
tazicef SOLR 1gm, 2gm	\$0(1)	
TAZICEF SOLR 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
e.e.s. 400 TABS 400mg	\$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
erythrocin stearate TABS 250mg	\$0(1)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
erythromycin ethylsuccinate TABS 400mg	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	\$0(2)	
ciprofloxacin 200 mg/100ml in d5w	\$0(1)	
ciprofloxacin 400 mg/200ml in d5w	\$0(1)	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$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)	
moxifloxacin hcl TABS 400mg	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>oxacillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>PEN GK/DEXTR INJ 40000/ML</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	\$0(2)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfiberpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	\$0(1)	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

doxy 100 SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>monodoxine nl</i> CAPS 100mg	\$0(1)	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
<i>TIGECYCLINE</i> SOLR 50mg	\$0(2)	NDS

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D, NM

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	\$0(2)	NDS, B/D, NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D, NM
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D, NM
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D
ANTIMETABOLITES		
<i>ALIMTA</i> SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
<i>ONUREG</i> TABS 200mg, 300mg	\$0(2)	NDS, LA, PA
<i>PURIXAN</i> SUSP 2000mg/100ml	\$0(2)	NDS, NM
<i>TABLOID</i> TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
<i>EMCYT</i> CAPS 140mg	\$0(2)	

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ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
exemestane TABS 25mg	\$0(1)	
flutamide CAPS 125mg	\$0(1)	
fulvestrant SOLN 250mg/5ml	\$0(2)	NDS, B/D
letrozole TABS 2.5mg	\$0(1)	
leuprolide acetate KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS
megestrol acetate TABS 20mg, 40mg	\$0(2)	
nilutamide TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	\$0(1)	
toremifene citrate TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, NM, PA
XTANDI CAPS 40mg	\$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	\$0(2)	NDS, LA, PA
ZYTIGA TABS 500mg	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
bexarotene CAPS 75mg	\$0(2)	NDS, NM, PA
hydroxyurea CAPS 500mg	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
KISQALI 200 PAK FEMARA	\$0(2)	NDS, NM, PA

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KISQALI 400 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, NM, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D, NM
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D, NM
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECensa CAPS 150mg	\$0(2)	NDS, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA

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AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	\$0(2)	NDS, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg	\$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (56 caps / 28 days), LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA TABS 140mg	\$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TABS 280mg	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TABS 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, PA
KISQALI TBPK 200mg	\$0(2)	NDS, NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 14 MG	\$0(2)	NDS, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, LA, PA
PHESGO SOL	\$0(2)	NDS, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
TALZENNA CAPS .25mg, 1mg	\$0(2)	NDS, NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, NM, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
VOTRIENT TABS 200mg	\$0(2)	NDS, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	\$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, LA, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	\$0(1)	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	\$0(1)	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	\$0(1)	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	\$0(1)	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan</i>	\$0(1)	QL (30 tabs / 30 days)
<i>medoxomil tab 5-20 mg</i>		
<i>amlodipine besylate-olmesartan</i>	\$0(1)	QL (30 tabs / 30 days)
<i>medoxomil tab 5-40 mg</i>		
<i>amlodipine besylate-olmesartan</i>	\$0(1)	QL (30 tabs / 30 days)
<i>medoxomil tab 10-20 mg</i>		
<i>amlodipine besylate-olmesartan</i>	\$0(1)	QL (30 tabs / 30 days)
<i>medoxomil tab 10-40 mg</i>		
<i>amlodipine besylate-valszartan tab 5-</i> <i>160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valszartan tab 5-</i> <i>320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valszartan tab 10-</i> <i>160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valszartan tab 10-</i> <i>320 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	\$0(2)	
<i>ENTRESTO TAB 49-51MG</i>	\$0(2)	
<i>ENTRESTO TAB 97-103MG</i>	\$0(2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>MULTAQ</i> TABS 400mg	\$0(2)	
<i>NORPACE CR</i> CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	\$0(1)	

ANTIPIEMICS, FIBRATES

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	

ANTIPIEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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ANTI-LIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>JUXTAPID</i> CAPS 5mg, 10mg, 20mg, 30mg	\$0(2)	NDS, LA, PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>PRALUENT</i> SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>VASCEPA</i> CAPS .5gm, 1gm	\$0(2)	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	\$0(1)	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>betaxolol hcl</i> TABS 10mg, 20mg	\$0(1)	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	\$0(1)	
<i>BYSTOLIC</i> TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC</i> TABS 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	\$0(1)	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0(1)	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>isradipine CAPS 2.5mg, 5mg</i>	\$0(1)	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	\$0(1)	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	\$0(1)	
<i>nimodipine CAPS 30mg</i>	\$0(1)	
<i>NYMALIZE SOLN 6mg/ml</i>	\$0(2)	NDS
<i>taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0(1)	
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0(1)	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg</i>	\$0(1)	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide CP12 500mg; TABS 125mg, 250mg</i>	\$0(1)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)
<i>amiloride hcl TABS 5mg</i>	\$0(1)
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	\$0(1)
<i>chlorthalidone TABS 25mg, 50mg</i>	\$0(1)
<i>furosemide SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg</i>	\$0(1)
<i>furosemide inj SOLN 10mg/ml</i>	\$0(1)
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	\$0(1)
<i>indapamide TABS 1.25mg, 2.5mg</i>	\$0(1)
<i>methazolamide TABS 25mg, 50mg</i>	\$0(1)
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	\$0(1)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	\$0(1)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)

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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>ADRENALIN SOLN 1mg/ml</i>	\$0(2)	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	\$0(1)	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	\$0(1)	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	\$0(1)	
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	\$0(2)	
<i>digitek TABS .125mg, .25mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	\$0(1)	
<i>digoxin TABS 125mcg, 250mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>METHYLDOPA TABS 250mg, 500mg</i>	\$0(2)	PA; PA if 70 years and older
<i>metyrosine CAPS 250mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>minoxidil TABS 2.5mg, 10mg</i>	\$0(1)	
<i>NORTHERA CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
<i>NORTHERA CAPS 200mg, 300mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine TB12 500mg, 1000mg</i>	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	\$0(1)	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	\$0(1)	
<i>NITRO-BID OINT 2%</i>	\$0(2)	

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NITRO-DUR PT24 .3mg/hr, .8mg/hr <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(2) \$0(1)	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	\$0(2)	NDS, PA
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA

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BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	\$0(2)	NDS, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	

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<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
<i>FINTEPLA</i> SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
<i>FYCOMPA</i> SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
<i>FYCOMPA</i> TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>FYCOMPA</i> TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>FYCOMPA</i> TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>PEGANONE</i> TABS 250mg	\$0(2)	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>PHENYTEK</i> CAPS 200mg, 300mg	\$0(2)	

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<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml; TABS 200mg, 400mg	\$0(2)	NDS, PA
<i>SPRITAM</i> TB3D 250mg, 500mg, 750mg, 1000mg	\$0(2)	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
<i>SYMPAZAN</i> FILM 5mg	\$0(2)	QL (60 films / 30 days), PA
<i>SYMPAZAN</i> FILM 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
<i>VALTOCO</i> LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	\$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	\$0(1)	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
PAXIL SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS

DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
APOKYN SOCT 30mg/3ml	\$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)

12/01/2021

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole</i> SOLN 1mg/ml	\$0(2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(2)	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(2)	NDS, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 injection / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT
ADHD**

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, LA, PA
temazepam CAPS 7.5mg	\$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 CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), PA
dihydroergotamine mesylate SOLN 1mg/ml	\$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	\$0(1)	
naratriptan hcl TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
LYRICA CR TB24 82.5mg, 165mg, 330mg	\$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	\$0(1)	NM, PA
GILENYA CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

baclofen TABS 10mg, 20mg	\$0(1)	
carisoprodol TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	\$0(1)	
methocarbamol TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	\$0(1)	
vanadom TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

armodafinil TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

acamprosate calcium TBEC 333mg	\$0(1)	
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	\$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	\$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	\$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	PA
CHANTIX PAK 0.5& 1MG	\$0(2)	PA
disulfiram TABS 250mg, 500mg	\$0(1)	
gnp nicotine gum GUM 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine mini lozenge LOZG 2mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine polacrilex GUM 2mg, 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine polacrilex LOZG 2mg, 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine polacrilex m LOZG 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr	\$0(3)	QL (224 patches / year), NM, PA; *
goodsense nicotine LOZG 2mg, 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
goodsense nicotine gum GUM 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
goodsense nicotine polacr GUM 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
goodsense nicotine polacr LOZG 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm nicotine polacrilex</i> GUM 2mg, 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
<i>hm nicotine polacrilex</i> LOZG 2mg, 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
<i>hm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	QL (224 patches / year), NM, PA; *
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
<i>NARCAN</i> LIQD 4mg/0.1ml	\$0(2)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	QL (224 patches / year), NM, PA; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
<i>nicotine polacrilex</i> LOZG 2mg, 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
NICOTINE SYS KIT TRANSDER	\$0(3)	QL (4 kits / year), NM, PA; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	QL (224 patches / year), NM, PA; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>phendimetrazine tartrate</i> CP24 105mg; TABS 35mg	\$0(3)	NM, PA; *
<i>sm nicotine</i> GUM 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
<i>sm nicotine</i> LOZG 2mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg	\$0(3)	QL (1724 pieces / year), NM, PA; *
<i>sm nicotine polacrilex</i> LOZG 4mg	\$0(3)	QL (1724 lozgs / year), NM, PA; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	QL (224 patches / year), NM, PA; *
VARENICLINE TARTRATE TABS .5mg, 1mg	\$0(1)	PA
VIVITROL SUSR 380mg	\$0(2)	NDS, NM

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
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ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)

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JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0(2)	QL (1 pen / 28 days)
SOPN 2mg/1.5ml		
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 boxes / 30 days), PA
PEN NEEDLES:	\$0(2)	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, PA
ibandronate sodium TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 injection / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
TYMLOS SOPN 3120mcg/1.56ml	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	\$0(2)	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
penicillamine TABS 250mg	\$0(2)	NDS
sodium polystyrene sulfonate powder	\$0(1)	
sps SUSP 15gm/60ml	\$0(1)	
trientine hcl CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

afirmelle	\$0(1)	
aftera TABS 1.5mg	\$0(3)	QL (6 tabs / year), NM; *
altavera	\$0(1)	
alyacen 1/35	\$0(1)	
alyacen 7/7/7	\$0(1)	
amethia	\$0(1)	
apri	\$0(1)	
aranelle	\$0(1)	
ashlyna	\$0(1)	
aubra eq	\$0(1)	
aurovela 1/20	\$0(1)	
aurovela 24 fe	\$0(1)	
aurovela fe 1.5/30	\$0(1)	
aurovela fe 1/20	\$0(1)	
aviane	\$0(1)	
ayuna	\$0(1)	
azurette	\$0(1)	
balziva	\$0(1)	
bekyree	\$0(1)	
blisovi 24 fe	\$0(1)	
blisovi fe 1.5/30	\$0(1)	
briellyn	\$0(1)	
camila TABS .35mg	\$0(1)	
camrese	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
<i>CONDOMS MIS LUBRICAT</i>	\$0(3)	NM; *
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>DUREX MIS REALFEEL</i>	\$0(3)	NM; *
<i>econtra ez TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>econtra one-step TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>elinest</i>	\$0(1)	
<i>ELLA TABS 30mg</i>	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin TABS .35mg</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>etonogestrel-ethynodiol dihydrogesterone va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
FANTASY LUBR MIS COLORS	\$0(3)	NM; *
FANTASY LUBR MIS SPERMICIDE	\$0(3)	NM; *
FANTASY MIS LUBRICANT	\$0(3)	NM; *
<i>fayosim</i>	\$0(1)	
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>femynor</i>	\$0(1)	
<i>gianvi</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>heather TABS .35mg</i>	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia TABS .35mg</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
KIMONO MICRO MIS THIN	\$0(3)	NM; *
KIMONO MICRO MIS THIN +	\$0(3)	NM; *
KIMONO MIS LUBRICANT	\$0(3)	NM; *
KIMONO MIS SENSATION	\$0(3)	NM; *
KIMONO SENSA MIS PLUS	\$0(3)	NM; *
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>larissa</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dihydrogen phosphate (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lulera</i>	\$0(1)	
<i>lyeq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>MAXX MIS LUBRICAT</i>	\$0(3)	NM; *
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>melodetta 24 fe</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norethindrone & ethynodiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethynodiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethynodiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivilsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action TABS 1.5mg</i>	\$0(3)	QL (6 tabs / year), NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarrylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarrylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>TRUSTEX LUBR MIS ASSORTED</i>	\$0(3)	NM; *
<i>TRUSTEX LUBR MIS BANANA</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL)
TRUSTEX LUBR MIS CHOC	\$0(3)	NM; *
TRUSTEX LUBR MIS COLA	\$0(3)	NM; *
TRUSTEX LUBR MIS COLORS	\$0(3)	NM; *
TRUSTEX LUBR MIS EX LARGE	\$0(3)	NM; *
TRUSTEX LUBR MIS EX STR	\$0(3)	NM; *
TRUSTEX LUBR MIS GRAPE	\$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	\$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	\$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	\$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	\$0(3)	NM; *
TRUSTEX MIS BANANA	\$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	\$0(3)	NM; *
TRUSTEX MIS FLAVORS	\$0(3)	NM; *
TRUSTEX MIS MINT	\$0(3)	NM; *
TRUSTEX MIS STRWBRY	\$0(3)	NM; *
TRUSTEX MIS VANILLA	\$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	\$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	\$0(3)	NM; *
TRUSTEX/RIA MIS SPERMICI	\$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	\$0(3)	NM; *
tulana TABS .35mg	\$0(1)	
tydemy	\$0(1)	
velivet	\$0(1)	
vestura	\$0(1)	
vienna	\$0(1)	
viorele	\$0(1)	
vyfemla	\$0(1)	
vylibra	\$0(1)	
wera	\$0(1)	
wymzya fe	\$0(1)	
xulane	\$0(1)	
zafemny	\$0(1)	
zarah	\$0(1)	
zovia 1/35e	\$0(1)	
zumandimine	\$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, NM
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
amabelz	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
DELESTROGEN OIL 10mg/ml	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1- 0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lopreeza</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate</i> TABS 25mg	\$0(1)	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	

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<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

DEX4 CHW ORANGE	\$0(3)	NM; *
DEX4 CHW RASPBERR	\$0(3)	NM; *
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	\$0(3)	NM; *
DEX4 GLUCOSE CHW	\$0(3)	NM; *
diazoxide SUSP 50mg/ml	\$0(2)	NDS
gluco burst GEL 40%	\$0(3)	NM; *
GLUCOSE CHEW 4gm	\$0(3)	NM; *
GLUCOSE CHW 4-0.006	\$0(3)	NM; *
GLUCOSE CHW 4-.006GM	\$0(3)	NM; *
GLUCOSE CHW GRAPE	\$0(3)	NM; *
GLUCOSE CHW ORANGE	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW RASPBRRY	\$0(3)	NM; *
GLUCOSE CHW TROP FRT	\$0(3)	NM; *
glutose 5 GEL 40%	\$0(3)	NM; *
glutose 15 GEL 40%	\$0(3)	NM; *
glutose 45 GEL 40%	\$0(3)	NM; *
GNP GLUCOSE CHEW 4gm	\$0(3)	NM; *
GNP GLUCOSE CHW GRAPE	\$0(3)	NM; *
GNP GLUCOSE CHW ORANGE	\$0(3)	NM; *
GNP GLUCOSE CHW RASPBERRY	\$0(3)	NM; *

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GNP GLUCOSE CHW WATERMLN	\$0(3)	NM; *
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
KROG GLUCOSE CHW GRAPE	\$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	\$0(3)	NM; *
RELION GLUCO CHW 4GM	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SMART SENSE CHW 4GM	\$0(3)	NM; *
TGT GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
MISCELLANEOUS		
ACCU-CHEK MIS MLTICLIX	\$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
ALLI CAPS 60mg	\$0(3)	NM, PA; *
ASSURE LANCE MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	\$0(3)	NM; *
ASSURE LANCE MIS MICRO	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 25G	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	\$0(3)	NM; *
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, LA, PA
CARETOUCH MIS LANC 26G	\$0(3)	NM; *
CARETOUCH MIS LANC 28G	\$0(3)	NM; *
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
COMFORTOUCH MIS LANCET	\$0(3)	NM; *
CYSTADANE POW	\$0(2)	NDS, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS, NM
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	NM
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	NM

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	\$0(1)	
EZ-LETS 26G MIS LANCETS	\$0(3)	NM; *
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg,.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
IOSAT TABS 130mg	\$0(3)	NM; *
KORLYM TABS 300mg	\$0(2)	NDS, LA, PA
LANCETS ULTR MIS THIN	\$0(3)	NM; *
<i>levocarnitine (metabolic modifiers)</i>	\$0(1)	B/D
<i>SOLN 1gm/10ml; TABS 330mg</i>		
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
MEDLANCE MIS PLUS	\$0(3)	NM; *
<i>miglustat CAPS 100mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone CAPS 2mg, 5mg, 10mg</i>	\$0(2)	NDS, PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml</i>	\$0(2)	NDS, NM, PA
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml	\$0(1)	PA
OCTREOTIDE ACETATE SOSY 500mcg/ml	\$0(2)	NDS, PA
ONETOUCH DEL MIS PLUS 30G	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 33G	\$0(3)	NM; *
ONETOUCH MIS 30G	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
OSPHENA TABS 60mg	\$0(2)	PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIP LANCETS MIS 28G	\$0(3)	NM; *
PIP LANCETS MIS 30G	\$0(3)	NM; *
POTASSIUM IODIDE SOLN 65mg/ml	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
RIGHTEST MIS GL300	\$0(3)	NM; *
SAFETY 28G MIS LANCETS	\$0(3)	NM; *
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride</i> TABS 100mg	\$0(2)	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOFTCLIX MIS LANCETS	\$0(3)	NM; *
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
STIMATE SOLN 1.5mg/ml	\$0(2)	NDS, NM
SUREFLEX MIS LANCETS	\$0(3)	NM; *
TECHLITE MIS LANC 30G	\$0(3)	NM; *
TECHLITE MIS LANCETS	\$0(3)	NM; *
TRUE METRIX STRIPS	\$0(3)	NM; *
TRUPLUS LANC MIS 26G	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
ULTILET MIS 28G	\$0(3)	NM; *
ULTILET MIS 30G	\$0(3)	NM; *
ULTILET MIS LANCETS	\$0(3)	NM; *
ULTRA THIN MIS 31G	\$0(3)	NM; *
UNILET GP 28 MIS ULT THIN	\$0(3)	NM; *
UNILET LANCT MIS 28G	\$0(3)	NM; *
UNILET LANCT MIS 30G	\$0(3)	NM; *
UNILET LANCT MIS 33G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 30G	\$0(3)	NM; *
XENICAL CAPS 120mg	\$0(3)	NM, PA; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</i>		
AURYXIA TABS 210mg	\$0(2)	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	\$0(2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
<i>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</i>		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<i>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</i>		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
unitriod TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPCR 30mcg	\$0(2)	NDS

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone</i>	\$0(3)	NM; *
ALKA SELTZER TAB HEARTBRN	\$0(3)	NM; *
ALKA-SELTZER CHW 750-80MG	\$0(3)	NM; *
ALKA-SELTZER TAB GOLD	\$0(3)	NM; *
<i>almacone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$0(3)	NM; *
<i>antacid calcium extra str</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid fast relief</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid plus anti-gas fas</i>	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
<i>calcium antacid ultra max</i> CHEW 1000mg	\$0(3)	NM; *
<i>calcium antacid ultra str</i> CHEW 1000mg	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>calcium carbonate (antacid) CHEW 500mg, 750mg</i>	\$0(3)	NM; *
<i>eq antacid maximum streng</i>	\$0(3)	NM; *
GAVISCON CHW	\$0(3)	NM; *
<i>gnp antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas ma</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt CHEW 750mg</i>	\$0(3)	NM; *
<i>gnp antacid ultra strengt CHEW 1000mg</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm advanced antacid maxim</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid/antigas</i>	\$0(3)	NM; *
<i>hm calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>hm calcium antacid extra CHEW 750mg</i>	\$0(3)	NM; *
<i>hm calcium antacid smooth CHEW 750mg</i>	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide TABS 250mg, 400mg, 420mg</i>	\$0(3)	NM; *
<i>magnesium oxide (mg supplement) TABS 250mg</i>	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mi-acid maximum strength</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>mintox regular strength</i>	\$0(3)	NM; *
<i>qc antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>qc heartburn antacid</i>	\$0(3)	NM; *

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<i>rolaids</i>	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sm calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>sm calcium antacid extra CHEW 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
<i>TUMS CHEWY DELIGHTS CHEW 1177mg</i>	\$0(3)	NM; *
<i>tums smoothies CHEW 750mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>bismatrol CHEW 262mg; SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>bismatrol maximum strengt SUSP 525mg/15ml</i>	\$0(3)	NM; *
<i>bismuth subsalicylate CHEW 262mg</i>	\$0(3)	NM; *
<i>geri-pectate SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>gnp k-pec SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>gnp loperamide hcl SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor LIQD 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp pink bismuth CHEW 262mg; TABS 262mg</i>	\$0(3)	NM; *
<i>gnp stomach relief SUSP 262mg/15ml</i>	\$0(3)	NM; *
<i>gnp stomach relief maximu SUSP 525mg/15ml</i>	\$0(3)	NM; *
<i>goodsense stomach relief CHEW 262mg</i>	\$0(3)	NM; *
<i>hm anti-diarrheal TABS 2mg</i>	\$0(3)	NM; *
<i>hm loperamide hcl CAPS 2mg; LIQD 1mg/7.5ml; SUSP 1mg/7.5ml</i>	\$0(3)	NM; *
<i>hm stomach relief CHEW 262mg; SUSP 525mg/30ml</i>	\$0(3)	NM; *
<i>IMODIUM MS TAB RELIEF</i>	\$0(3)	NM; *
<i>kaopectate SUSP 262mg/15ml; TABS 262mg</i>	\$0(3)	NM; *

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<i>kaopectate extra strength</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>loperamide hcl</i> LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	\$0(3)	NM; *
<i>peptic relief</i> CHEW 262mg	\$0(3)	NM; *
<i>pink bismuth</i> SUSP 262mg/15ml	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>qc diarrhea relief</i> SUSP 262mg/15ml	\$0(3)	NM; *
<i>qc pink bismuth</i> CHEW 262mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm loperamide hcl</i> SUSP 1mg/7.5ml	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>sm stomach relief liquid</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 262mg/15ml	\$0(3)	NM; *
<i>stomach relief maximum st</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>EMEND</i> SUSR 125mg/5ml	\$0(2)	B/D
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>gransetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion relief</i> TABS 25mg	\$0(3)	NM; *
<i>hm motion sickness relief</i> TABS 25mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	

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<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>sm motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>travel sickness</i> CHEW 25mg; TABS 50mg	\$0(3)	NM; *

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)
<i>glycopyrrrolate</i> TABS 1mg, 2mg	\$0(1)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH

ACID

<i>acid control maximum stre</i> TABS 150mg	\$0(3)	NM; *
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	

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<i>gnp acid reducer TABS 10mg</i>	\$0(3)	NM; *
<i>gnp acid reducer maximum TABS 20mg</i>	\$0(3)	NM; *
<i>gnp heartburn relief TABS 200mg</i>	\$0(3)	NM; *
<i>goodsense acid reducer TABS 75mg, 150mg</i>	\$0(3)	NM; *
<i>heartburn relief TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>heartburn relief maximum TABS 20mg</i>	\$0(3)	NM; *
<i>hm famotidine TABS 10mg, 20mg</i>	\$0(3)	NM; *
<i>nizatidine CAPS 150mg, 300mg</i>	\$0(1)	
<i>qc acid controller TABS 10mg</i>	\$0(3)	NM; *
<i>qc acid controller maximum TABS 20mg</i>	\$0(3)	NM; *
<i>ranitidine hcl TABS 75mg, 150mg</i>	\$0(3)	NM; *
<i>sm acid reducer TABS 10mg, 200mg</i>	\$0(3)	NM; *
<i>sm acid reducer maximum s TABS 20mg</i>	\$0(3)	NM; *

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium CAPS 750mg</i>	\$0(1)	
<i>budesonide CPEP 3mg</i>	\$0(1)	
<i>budesonide TB24 9mg</i>	\$0(2)	NDS
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	\$0(1)	
<i>mesalamine CP24 .375gm</i>	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	\$0(1)	
<i>mesalamine TBEC 1.2gm</i>	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	\$0(1)	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	\$0(1)	

LAXATIVES

<i>bisacodyl SUPP 10mg</i>	\$0(3)	NM; *
<i>bisacodyl ec TBEC 5mg</i>	\$0(3)	NM; *
<i>calcium polycarbophil TABS 625mg</i>	\$0(3)	NM; *
<i>CEO-TWO SUP</i>	\$0(3)	NM; *
<i>clearlax POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>COLACE CLEAR CAPS 50mg</i>	\$0(3)	NM; *
<i>constulose SOLN 10gm/15ml</i>	\$0(1)	
<i>docu LIQD 50mg/5ml</i>	\$0(3)	NM; *
<i>docusate mini ENEM 283mg/5ml</i>	\$0(3)	NM; *
<i>docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml; TABS 100mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>docusil</i> CAPS 100mg	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0(3)	NM; *
<i>dok</i> CAPS 100mg, 250mg; TABS 100mg	\$0(3)	NM; *
<i>ducodyl</i> TBEC 5mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>evac-u-gen</i> TABS 8.6mg	\$0(3)	NM; *
<i>fiber laxative</i> TABS 625mg	\$0(3)	NM; *
<i>fiber therapy</i> POWD 25%, 43%	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	NM; *
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>geri-kot</i> TABS 8.6mg	\$0(3)	NM; *
<i>geri-mucil</i> POWD 68%	\$0(3)	NM; *
<i>glycerin (laxative)</i> SUPP 1gm, 2gm	\$0(3)	NM; *
<i>glycolax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp bisa-lax</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp epsom salt</i>	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp fiber-caps</i> TABS 625mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>gnp glycerin adult</i> SUPP 2.1gm	\$0(3)	NM; *
<i>gnp glycerin child</i> SUPP 1.2gm	\$0(3)	NM; *
<i>gnp laxative</i> TBEC 5mg	\$0(3)	NM; *

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<i>gnp laxative pills</i> TABS 25mg	\$0(3)	NM; *
<i>gnp magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp mineral oil</i>	\$0(3)	NM; *
<i>gnp natural fiber</i> POWD 28.3%, 48.57%	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 250mg; SYRP 60mg/15ml	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg GOLYTELY SOL	\$0(3)	NM; *
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>goodsense natural fiber</i> POWD 28.3%	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema mineral oil</i> ENEM 100%	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber</i> POWD 48.57%; TABS 500mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>hm stool softener maximum</i> CAPS 250mg	\$0(3)	NM; *
<i>kao-tin</i> CAPS 240mg	\$0(3)	NM; *
<i>cls natural psyllium fibre</i> POWD 58.6%	\$0(3)	NM; *
<i>KONSYL DAILY FIBER</i> PACK 28.3%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
<i>KONSYL-D</i> POWD 52.3%	\$0(3)	NM; *
<i>kp senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>laxative maximum strength TABS 25mg</i>	\$0(3)	NM; *
<i>laxative regular strength TABS 15mg</i>	\$0(3)	NM; *
<i>magnesium citrate SOLN 1.745gm/30ml</i>	\$0(3)	NM; *
<i>METAMUCIL PACK 28%</i>	\$0(3)	NM; *
<i>metamucil POWD 28.3%</i>	\$0(3)	NM; *
<i>METAMUCIL FIBER PACK 51.7%</i>	\$0(3)	NM; *
<i>METAMUCIL MULTIHEALTH FIB PACK 58.12%</i>	\$0(3)	NM; *
<i>metamucil smooth texture POWD 28.3%, 58.6%</i>	\$0(3)	NM; *
<i>METAMUCIL WAF</i>	\$0(3)	NM; *
<i>milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	\$0(3)	NM; *
<i>milk of magnesia concentr SUSP 2400mg/10ml</i>	\$0(3)	NM; *
<i>mineral oil OIL 100%</i>	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
<i>natural fiber therapy POWD 28.3%, 48.57%</i>	\$0(3)	NM; *
<i>natural senna laxative TABS 8.6mg</i>	\$0(3)	NM; *
<i>NULYTELY SOL LMN/LIME</i>	\$0(2)	
<i>PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 2.8gm</i>	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
<i>perdiem overnight relief TABS 15mg</i>	\$0(3)	NM; *
<i>PHILLIPS TABS 500mg</i>	\$0(3)	NM; *
<i>phillips milk of magnesia SUSP 1200mg/15ml</i>	\$0(3)	NM; *
<i>PLENUV SOL</i>	\$0(2)	
<i>polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative SUPP 10mg</i>	\$0(3)	NM; *
<i>qc laxative TABS 25mg</i>	\$0(3)	NM; *
<i>qc magnesium citrate SOLN 1.745gm/30ml</i>	\$0(3)	NM; *

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<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc natural vegetable</i> POWD 95%	\$0(3)	NM; *
<i>qc natural vegetable laxa</i> TABS 8.6mg	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>reguloid</i> POWD 25%, 28.3%, 43%, 48.57%, 51.7%, 58.6%	\$0(3)	NM; *
<i>senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna regular strength</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-tabs</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>senno</i> TABS 8.6mg	\$0(3)	NM; *
<i>sennosides</i> LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>silace</i> LIQD 150mg/15ml; SYRP 60mg/15ml	\$0(3)	NM; *
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber</i> POWD 58.6%; TABS 625mg	\$0(3)	NM; *
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	NM; *
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg, 240mg; TABS 100mg	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg, 240mg	\$0(3)	NM; *
<i>stool softener extra stre</i> CAPS 250mg	\$0(3)	NM; *
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener laxative e</i> CAPS 250mg	\$0(3)	NM; *
<i>SUPREP BOWEL</i> SOL PREP KIT	\$0(2)	
<i>womans laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>womens laxative</i> TBEC 5mg	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>BICARSIM FORTE TABS 125mg</i>	\$0(3)	NM; *
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>gas relief CHEW 80mg; SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>gas relief drops infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>gas relief extra strength CAPS 125mg; CHEW 125mg</i>	\$0(3)	NM; *
<i>gas relief infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>gas relief ultra strength CAPS 180mg</i>	\$0(3)	NM; *
<i>gas-x extra strength CAPS 125mg</i>	\$0(3)	NM; *
<i>GAS-X EXTRA STRENGTH STRP 62.5mg</i>	\$0(3)	NM; *
<i>gas-x ultra strength CAPS 180mg</i>	\$0(3)	NM; *
<i>GATTEX KIT 5mg</i>	\$0(2)	NDS, NM, LA, PA
<i>gnp anti-gas CAPS 180mg</i>	\$0(3)	NM; *
<i>gnp gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>gnp gas relief extra stre CAPS 125mg; CHEW 125mg</i>	\$0(3)	NM; *
<i>gnp infants gas relief SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>goodsense gas relief extr CHEW 125mg</i>	\$0(3)	NM; *
<i>hm gas relief CHEW 80mg</i>	\$0(3)	NM; *
<i>hm gas relief infants SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>infants gas relief SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>infants simethicone SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	\$0(2)	QL (30 caps / 30 days)
<i>little remedies for tummy SUSP 20mg/0.3ml</i>	\$0(3)	NM; *
<i>loperamide hcl CAPS 2mg</i>	\$0(1)	
<i>mi-acid gas relief CHEW 80mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	\$0(3)	NM; *
<i>qc anti-gas ultra strengt</i> CAPS 180mg	\$0(3)	NM; *
<i>qc gas relief extra stren</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>simethicone</i> CAPS 125mg, 180mg; CHEW 80mg, 125mg	\$0(3)	NM; *
<i>sm gas relief</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>sm gas relief antiflatuen</i> CAPS 180mg	\$0(3)	NM; *
<i>sm gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>sm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
<i>sucralfate</i> TABS 1gm	\$0(1)	
TRULANCE TABS 3mg	\$0(2)	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XIFAXAN TABS 550mg	\$0(2)	NDS, 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 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *

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<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp esomeprazole magnesi</i> CPDR 20mg	\$0(3)	NM; *
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>goodsense esomeprazole ma</i> CPDR 20mg	\$0(3)	NM; *
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>heartburn treatment 24 ho</i> CPDR 15mg	\$0(3)	NM; *
<i>hm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>hm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>qc omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM; *

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

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MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>MYRBETRIQ</i> SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>OXYTROL FOR WOMEN</i> PTTW 3.9mg/24hr	\$0(3)	NM; *
<i>solifenacain succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
<i>TOVIAZ</i> TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3</i> CREA 4%	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0(3)	NM; *
<i>qc 3 day vaginal cream</i> CREA 4%	\$0(3)	NM; *
<i>qc miconazole 7</i> CREA 2%	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>sm 3-day vaginal CREA 2%</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal CREA 1%</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7 CREA 2%; SUPP 100mg</i>	\$0(3)	NM; *
<i>sm tioconazole-1 OINT 6.5%</i>	\$0(3)	NM; *
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	\$0(1)	
<i>tioconazole 1 OINT 6.5%</i>	\$0(3)	NM; *
<i>vandazole GEL .75%</i>	\$0(1)	
VAGINAL CONTRACEPTIVE		
OPTIONS GYNOL II VAGINAL GEL 3%	\$0(3)	NM; *
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	\$0(3)	NM; *
<i>vcf vaginal contraceptive GEL 4%</i>	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	\$0(1)	NM
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, NM, PA
IRON		
chromagen	\$0(3)	NM; *
eql carbonyl iron TABS 45mg	\$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	\$0(3)	NM; *
ferate TABS 27mg	\$0(3)	NM; *
ferosul TABS 325mg	\$0(3)	NM; *
FERRETTS TABS 325mg	\$0(3)	NM; *
ferrex 150 CAPS 150mg	\$0(3)	NM; *
ferric x-150 CAPS 150mg	\$0(3)	NM; *
FERRIMIN 150 TABS 150mg	\$0(3)	NM; *
ferrocite TABS 324mg	\$0(3)	NM; *
FERROUS FUMARATE TABS 29mg	\$0(3)	NM; *
ferrous fumarate TABS 324mg	\$0(3)	NM; *
ferrous gluconate TABS 27mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *
ferrous sulfate ELIX 220mg/5ml; SOLN 15mg/ml; TABS 65mg, 325mg; TBEC 325mg	\$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; SYRP 300mg/5ml; TBEC 324mg	\$0(3)	NM; *
gnp iron TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	\$0(3)	NM; *
IRON TABS 256mg	\$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	\$0(3)	NM; *
IRON UP LIQD 15mg/0.5ml	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
<i>myferon 150</i> CAPS 150mg	\$0(3)	NM; *
<i>NIFEREX TAB</i>	\$0(3)	NM; *
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>NUFERA TAB</i>	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
<i>PROFE</i> CAPS 180mg	\$0(3)	NM; *
<i>PROFERRIN ES</i> TABS 12mg	\$0(3)	NM; *
<i>slow iron</i> TBCR 160mg	\$0(3)	NM; *
<i>sm iron</i> TABS 325mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 160mg	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	NM; *
<i>TRIFERIC</i> PACK 272mg	\$0(3)	NM; *
<i>VENOFER</i> SOLN 20mg/ml	\$0(3)	NM; *
<i>wee care</i> SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
<i>BERINERT</i> KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
<i>DOPTELET</i> TABS 20mg	\$0(2)	NDS, NM, LA, PA
<i>DROXIA</i> CAPS 200mg, 300mg, 400mg	\$0(2)	
<i>ENDARI</i> PACK 5gm	\$0(2)	NDS, LA, PA
<i>HAEGARDA</i> SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
<i>HAEGARDA</i> SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
<i>PROMACTA</i> PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
<i>PROMACTA</i> PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
<i>PROMACTA</i> TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	\$0(2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / year), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TB24 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

hydroxychloroquine sulfate TABS 200mg	\$0(1)	
leflunomide TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	\$0(2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D

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<i>cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml</i>	\$0(1)	B/D
<i>everolimus (immunosuppressant) TABS .5mg, .75mg</i>	\$0(2)	NDS, B/D
<i>everolimus (immunosuppressant) TABS .25mg</i>	\$0(1)	B/D
<i>gengraf CAPS 25mg, 100mg; SOLN 100mg/ml</i>	\$0(1)	B/D
<i>mycophenolate mofetil CAPS 250mg; TABS 500mg</i>	\$0(1)	B/D
<i>mycophenolate mofetil SUSR 200mg/ml</i>	\$0(2)	NDS, B/D
<i>mycophenolate sodium TBEC 180mg, 360mg</i>	\$0(1)	B/D
<i>NULOJIX SOLR 250mg</i>	\$0(2)	NDS, B/D
<i>PROGRAF PACK .2mg, 1mg</i>	\$0(2)	B/D
<i>REZUROCK TABS 200mg</i>	\$0(2)	NDS, LA, PA
<i>SANDIMMUNE SOLN 100mg/ml</i>	\$0(2)	B/D
<i>sirolimus SOLN 1mg/ml; TABS 2mg</i>	\$0(2)	NDS, B/D
<i>sirolimus TABS .5mg, 1mg</i>	\$0(1)	B/D
<i>tacrolimus CAPS .5mg, 1mg, 5mg</i>	\$0(1)	B/D
<i>ZORTRESS TABS 1mg</i>	\$0(2)	NDS, B/D
VACCINES		
<i>ACTHIB INJ</i>	\$0(2)	
<i>ADACEL INJ</i>	\$0(2)	
<i>BCG VACCINE INJ</i>	\$0(2)	
<i>BEXSERO INJ</i>	\$0(2)	
<i>BOOSTRIX INJ</i>	\$0(2)	
<i>DAPTACEL INJ</i>	\$0(2)	
<i>DIP/TET PED INJ 25-5LFU</i>	\$0(2)	B/D
<i>ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml</i>	\$0(2)	B/D
<i>GARDASIL 9 INJ</i>	\$0(2)	
<i>HAVRIX SUSP 720elu/0.5ml, 1440elu/ml</i>	\$0(2)	
<i>HIBERIX SOLR 10mcg</i>	\$0(2)	
<i>IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml</i>	\$0(2)	B/D
<i>INFANRIX INJ</i>	\$0(2)	
<i>IPOP INJ INACTIVE</i>	\$0(2)	

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IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	
ZOSTAVAX SUSR 19400unt/0.65ml	\$0(2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	\$0(1)
D5W/LYTES INJ #48	\$0(2)
D5W/NACL INJ 0.3%	\$0(2)
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 0.3%	\$0(1)
dextrose 5% w/ sodium chloride 0.9%	\$0(1)
dextrose 5% w/ sodium chloride 0.45%	\$0(1)

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<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>ISOLYTE-P INJ /D5W</i>	\$0(2)	
<i>ISOLYTE-S INJ</i>	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	\$0(2)	
<i>KCL/D5W/NACL INJ 0.15/0.2</i>	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
<i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>MG SO4/D5W INJ 10MG/ML</i>	\$0(2)	
<i>PLASMA-LYTE INJ -148</i>	\$0(2)	
<i>PLASMA-LYTE INJ -A</i>	\$0(2)	
<i>POT CHL/NACL INJ 20MEQ/L</i>	\$0(1)	
<i>POT CHL/NACL INJ 40MEQ/L</i>	\$0(1)	
<i>potassium chloride SOLN 2meq/ml</i>	\$0(1)	
<i>POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	\$0(1)	
<i>klor-con 8 TBCR 8meq</i>	\$0(1)	
<i>klor-con 10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m15 TBCR 15meq</i>	\$0(1)	
<i>klor-con m20 TBCR 20meq</i>	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<i>IV NUTRITION</i>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D

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INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	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

MINERALS

CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
CAL-CITRATE TAB PLUS D	\$0(3)	NM; *
CAL-MINT CHEW 260mg	\$0(3)	NM; *
CAL-QUICK LIQ 500-400	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0(3)	NM; *
<i>calcitrade</i> TABS 950mg	\$0(3)	NM; *
CALCIUM CHEW 500mg	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
CALCIUM ACETATE TABS 668mg	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	\$0(3)	NM; *
<i>calcium carbonate TABS 600mg, 1250mg</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	\$0(3)	NM; *
<i>calcium citrate + d</i>	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3 petite</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
CALCIUM GLUCONATE TABS 50mg	\$0(3)	NM; *
<i>calcium high potency TABS 1500mg</i>	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
CALCIUM LACTATE TABS 100mg	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/vitamin d-3</i>	\$0(3)	NM; *
<i>calphron TABS 667mg</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
CHELATED CALCIUM TABS 200mg	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *
GALZIN CAPS 25mg, 50mg	\$0(3)	NM; *
<i>gnp calcium TABS 600mg</i>	\$0(3)	NM; *
<i>gnp calcium 500 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	NM; *
GUMMY BITES CHW	\$0(3)	NM; *
<i>kp calcium citrate+d</i>	\$0(3)	NM; *
<i>kp mag-oxide magnesium TABS 200mg</i>	\$0(3)	NM; *
<i>liquid calcium/d3</i>	\$0(3)	NM; *
<i>liquid calcium/vitamin d</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mag-g</i> TABS 500mg	\$0(3)	NM; *
<i>mag-oxide</i> TABS 200mg	\$0(3)	NM; *
<i>magdelay</i> TBEC 64mg	\$0(3)	NM; *
<i>magnesium chloride</i> TBEC 64mg	\$0(3)	NM; *
MAGNESIUM CITRATE TABS 100mg	\$0(3)	NM; *
<i>magnesium gluconate</i> TABS 27.5mg, 500mg	\$0(3)	NM; *
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	\$0(3)	NM; *
MAGNESIUM OXIDE 400 PACK 240mg	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i>	\$0(3)	NM; *
CAPS 500mg; TABS 400mg, 500mg		
MAGNESIUM SULFATE CAPS 70mg	\$0(3)	NM; *
<i>magnesium-oxide</i> TABS 400mg	\$0(3)	NM; *
MAGONATE LIQ 1000/5ML	\$0(3)	NM; *
<i>mgo</i> TABS 400mg	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>os-cal calcium + d3</i>	\$0(3)	NM; *
<i>os-cal extra d3</i>	\$0(3)	NM; *
OYS SHL CALC PAK VIT D	\$0(3)	NM; *
<i>oysco 500+d</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0(3)	NM; *
<i>oyster shell</i> TABS 500mg	\$0(3)	NM; *
<i>oyster shell calcium 250+</i>	\$0(3)	NM; *
<i>oyster shell calcium 500</i>	\$0(3)	NM; *
<i>oyster shell calcium 500+</i>	\$0(3)	NM; *
<i>oyster shell calcium + d</i>	\$0(3)	NM; *
<i>oyster shell calcium + d3</i>	\$0(3)	NM; *
<i>oyster shell calcium + vi</i>	\$0(3)	NM; *
<i>oyster shell calcium plus</i>	\$0(3)	NM; *
<i>oyster shell calcium+d</i>	\$0(3)	NM; *
<i>oystercal-d</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
<i>virt-phos 250 neutral</i>	\$0(3)	NM; *
MISCELLANEOUS		
COMPLETE CAP OMEGA	\$0(3)	NM; *

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OMEGA DHA CHW	\$0(3)	NM; *
*omega-3 fatty acids cap 1000 mg**	\$0(3)	NM; *
super omega-3	\$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0(3)	NM; *
VITAMINS		
AQUASOL A PARENTERAL SOLN 50000unit/ml	\$0(3)	NM; *
aqueous vitamin d infants LIQD 10mcg/ml	\$0(3)	NM; *
aqueous vitamin e SOLN 15mg/0.67ml	\$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	\$0(3)	NM; *
ascorbic acid LIQD 500mg/5ml; SOLN 500mg/ml; TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
ascorbic acid tab 500 mg	\$0(3)	NM; *
ascorbic acid tab 1000 mg	\$0(3)	NM; *
B-12 DOTS TBDP 500mcg	\$0(3)	NM; *
B-12 DUAL SPECTRUM TBCR 5000mcg	\$0(3)	NM; *
B-12 METHYLCOBALAMIN TBDP 1000mcg	\$0(3)	NM; *
B-12 SUPER STRENGTH LIQD 5000mcg/ml	\$0(3)	NM; *
B-NATAL LOZG 25mg; LPOP 25mg	\$0(3)	NM; *
baby super daily d3 LIQD 400ut/0.028ml	\$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	\$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	\$0(3)	NM; *
c-250 TABS 250mg	\$0(3)	NM; *
c-500 TABS 500mg	\$0(3)	NM; *
c-500/rose hips	\$0(3)	NM; *
c-1000 TABS 1000mg	\$0(3)	NM; *
c-1000/rose hips	\$0(3)	NM; *
calcium ascorbate TABS 500mg	\$0(3)	NM; *
cholecalciferol CAPS 25mcg, 50mcg, 125mcg, 250mcg, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; LIQD 400unit/ml; TABS 25mcg, 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	\$0(3)	NM, PA; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>cyanocobalamin</u> SOLN 1000mcg/ml; SUBL 500mcg, 2500mcg; TABS 100mcg, 250mcg, 500mcg, 1000mcg	\$0(3)	NM; *
<u>CYTO B2</u> POWD 343mg/gm	\$0(3)	NM; *
<u>d3 high potency</u> CAPS 1000unit, 2000unit; TABS 400unit	\$0(3)	NM; *
<u>d3 maximum strength</u> CAPS 5000unit; LIQD 5000unit/ml	\$0(3)	NM; *
<u>d3 super strength</u> CAPS 2000unit	\$0(3)	NM; *
<u>d3 vitamin</u> LIQD 400unit/ml	\$0(3)	NM; *
<u>d3-50</u> CAPS 50000unit	\$0(3)	NM; *
<u>d3-1000</u> CAPS 1000unit; TABS 1000unit	\$0(3)	NM; *
<u>d 2000</u> TABS 2000unit	\$0(3)	NM; *
<u>d-3-5</u> CAPS 5000unit	\$0(3)	NM; *
<u>DDROPS</u> LIQD 2000ut/0.028ml	\$0(3)	NM; *
<u>decara</u> CAPS 10000unit, 50000unit	\$0(3)	NM; *
<u>DECARA</u> CAPS 25000unit	\$0(3)	NM; *
<u>delta d3</u> TABS 400unit	\$0(3)	NM; *
<u>dalyvite vitamin d3 max</u> TABS 50000unit	\$0(3)	NM; *
<u>dalyvite vitamin d 5000</u> CAPS 5000unit	\$0(3)	NM; *
<u>e-200</u> CAPS 200unit	\$0(3)	NM; *
<u>e-400</u> CAPS 400unit	\$0(3)	NM; *
<u>endur-acin</u> TBCR 250mg, 500mg	\$0(3)	NM; *
<u>endur-amide</u> TBCR 500mg	\$0(3)	NM; *
<u>ERGOCAL</u> CAPS 2500unit	\$0(3)	NM; *
<u>ergocalciferol</u> CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	NM; *
<u>fa-8</u> CAPS .8mg	\$0(3)	NM; *
<u>folate</u> TABS 400mcg	\$0(3)	NM; *
<u>FOLIC ACID</u> CAPS 20mg	\$0(3)	NM; *
<u>folic acid</u> CAPS 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg	\$0(3)	NM; *
<u>FOLITE TAB</u>	\$0(3)	NM; *
<u>gnp d 1000</u> CAPS 1000unit	\$0(3)	NM; *
<u>gnp folic acid</u> TABS 400mcg	\$0(3)	NM; *
<u>gnp niacin</u> TABS 250mg	\$0(3)	NM; *
<u>gnp niacin flush free</u>	\$0(3)	NM; *
<u>GNP PRENATAL TAB 28-0.8MG</u>	\$0(3)	NM, PA; *

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<i>gnp vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin d-400</i> TABS 400unit	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>kp folic acid</i> TABS 1mg, 800mcg	\$0(3)	NM; *
<i>kp niacin</i> TABS 500mg	\$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	\$0(3)	NM, PA; *
<i>kp vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>kp vitamin b-12</i> TABS 1000mcg	\$0(3)	NM; *
<i>kp vitamin e</i> CAPS 100unit	\$0(3)	NM; *
<i>meijer c</i> TABS 500mg	\$0(3)	NM; *
<i>methylcobalamin</i> SUBL 1000mcg	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
<i>natural vitamin d-3</i> TABS 5000unit	\$0(3)	NM; *
<i>niacin</i> CPCR 250mg, 500mg; TABS 50mg, 100mg, 250mg, 500mg, 750mg	\$0(3)	NM; *
<i>niacin flush free</i> CAPS 500mg	\$0(3)	NM; *
<i>niacinamide</i> TABS 500mg; TBCR 500mg	\$0(3)	NM; *
<i>no flush niacin</i>	\$0(3)	NM; *
<i>optimal-d</i> CAPS 50000unit	\$0(3)	NM; *
<i>optimal-d pack</i> CAPS 50000unit	\$0(3)	NM; *
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg, 100mcg	\$0(3)	NM; *
PRENATAL ONE TAB DAILY	\$0(3)	NM, PA; *
PRENATAL TAB	\$0(3)	NM, PA; *
PRENATAL TAB 27-0.8MG	\$0(3)	NM, PA; *
PRENATAL TAB 28-0.8MG	\$0(3)	NM, PA; *
PRENATAL VIT TAB 28-0.8MG	\$0(3)	NM, PA; *
PRENATAL VIT TAB MINERALS	\$0(3)	NM, PA; *
<i>pyridoxine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *
SUPERIORSOURCE K1 TBDP 500mcg	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
<i>thiamine mononitrate</i> TABS 100mg	\$0(3)	NM; *

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UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	\$0(3)	NM; *
<i>vitamin a</i> CAPS 10000unit; TABS 10000unit	\$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	\$0(3)	NM; *
VITAMIN B12 LIQD 3000mcg/ml	\$0(3)	NM; *
VITAMIN B-12 LIQD 3000mcg/ml	\$0(3)	NM; *
VITAMIN C TABS 100mg	\$0(3)	NM; *
VITAMIN C SOL	\$0(3)	NM; *
VITAMIN D CAPS 2000unit	\$0(3)	NM; *
VITAMIN D2 TABS 400unit, 2000unit	\$0(3)	NM; *
VITAMIN D3 TABS 3000unit	\$0(3)	NM; *
<i>vitamin d high potency</i> CAPS 1000unit	\$0(3)	NM; *
<i>vitamin d infant</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>vitamin e</i> CAPS 100unit, 400unit, 450mg; SOLN 15unit/0.3ml	\$0(3)	NM; *
VITAMIN E TABS 100unit	\$0(3)	NM; *
<i>vitamin e high potency</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e-200</i> CAPS 200unit	\$0(3)	NM; *
VITAMIN K2 TABS 40mcg	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)
BLEPHAMIDE OIN S.O.P.	\$0(2)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)
TOBRADEX OIN 0.3-0.1%	\$0(2)
TOBRADEX ST SUS 0.3-0.05	\$0(2)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)
ZYLET SUS 0.5-0.3%	\$0(2)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)
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<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	\$0(1)	
erythromycin (ophth) OINT 5mg/gm	\$0(1)	
gatifloxacin (ophth) SOLN .5%	\$0(1)	
gentak OINT .3%	\$0(1)	
gentamicin sulfate (ophth) SOLN .3%	\$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
neomycin-bacitrac zn-polymyx <i>5(3.5)mg-400unt-1000unt op oin</i>	\$0(1)	
neomycin-polomyx-gramicid op sol 1.75- <i>10000-0.025mg-unt-mg/ml</i>	\$0(1)	
ofloxacin (ophth) SOLN .3%	\$0(1)	
polymyxin b-trimethoprim ophth soln <i>10000 unit/ml-0.1%</i>	\$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	\$0(1)	
tobramycin (ophth) SOLN .3%	\$0(1)	
trifluridine SOLN 1%	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
bromfenac sodium (ophth) SOLN .09%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	\$0(1)	
diclofenac sodium (ophth) SOLN .1%	\$0(1)	
difluprednate EMUL .05%	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
fluorometholone (ophth) SUSP .1%	\$0(1)	
flurbiprofen sodium SOLN .03%	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
prednisolone acetate (ophth) SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	

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PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .025%	\$0(3)	NM; *
alaway childrens allergy SOLN .025%	\$0(3)	NM; *
azelastine hcl (ophth) SOLN .05%	\$0(1)	
bepotastine besilate SOLN 1.5%	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
cromolyn sodium (ophth) SOLN 4%	\$0(1)	
eye itch relief SOLN .025%	\$0(3)	NM; *
hm eye itch relief SOLN .025%	\$0(3)	NM; *
ketotifen fumarate (ophth) SOLN .025%	\$0(3)	NM; *
LASTACRAFT SOLN .25%	\$0(2)	
NAPHCON-A SOL OP	\$0(3)	NM; *
olopatadine hcl SOLN .2%	\$0(1)	
PAZEO SOLN .7%	\$0(2)	
sm eye itch relief SOLN .025%	\$0(3)	NM; *
ZERVIATE SOLN .24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	\$0(2)	
AZOPT SUSP 1%	\$0(2)	
betaxolol hcl (ophth) SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
brimonidine tartrate SOLN .15%, .2%	\$0(1)	
brinzolamide SUSP 1%	\$0(1)	
carteolol hcl (ophth) SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
dorzolamide hcl SOLN 2%	\$0(1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	\$0(1)	
latanoprost SOLN .005%	\$0(1)	
levobunolol hcl SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
timolol maleate (ophth) once-daily SOLN .5%	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
attachlore OINT 5%; SOLN 5%	\$0(3)	NM; *
artificial tears SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
bion tears	\$0(3)	NM; *
clear eyes natural tears	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, LA, PA
gentear tears liquid drop	\$0(3)	NM; *
gentear tears mild	\$0(3)	NM; *
gnp artificial tears	\$0(3)	NM; *
gnp eye drops SOLN .5%	\$0(3)	NM; *
gnp lubricating plus eye SOLN .5%	\$0(3)	NM; *
gnp ultra lubricant eye d	\$0(3)	NM; *
goodsense artificial tear	\$0(3)	NM; *
goodsense lubricating plu SOLN .5%	\$0(3)	NM; *
hm dry eye relief	\$0(3)	NM; *
hm lubricating plus SOLN .5%	\$0(3)	NM; *
hm lubricating tears	\$0(3)	NM; *
IISOPTO ATROPINE SOLN 1%	\$0(2)	
lubricant eye drops	\$0(3)	NM; *
lubricating eye drops	\$0(3)	NM; *
lubricating plus eye drop SOLN .5%	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
proparacaine hcl SOLN .5%	\$0(1)	
qc artificial tears	\$0(3)	NM; *
refresh celluvisc GEL 1%	\$0(3)	NM; *
REFRESH DRO CONTACTS	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
REFRESH DRO RELIEVA	\$0(3)	NM; *
REFRESH GEL OPTIVE	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
RETAINE HPMC SOLN .3%	\$0(3)	NM; *
sm lubricant eye drops	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>sm lubricating tears</i>	\$0(3)	NM; *
<i>sochlor</i> SOLN 5%	\$0(3)	NM; *
<i>sodium chloride hypertonic</i> OINT 5%; SOLN 5%	\$0(3)	NM; *
<i>soothe xp/xtra protection</i>	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
THERATEARS SOLN .25%	\$0(3)	NM; *
<i>ultra fresh pm</i>	\$0(3)	NM; *
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *
XIIDRA SOLN 5%	\$0(2)	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	\$0(1)	

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *

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<i>all-day allergy childrens</i> SOLN 5Mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>aller-ease</i> TABS 60mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg, 10mg	\$0(3)	NM; *
<i>allergy 24-hr</i> TABS 180mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 10mg, 25mg; TABS 4mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 5mg, 180mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>allergy-time</i> TABS 4mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5Mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl hives reli</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>diphenhydramine hydrochlo</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *

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<i>gnp all day allergy child</i> SOLN 1mg/ml, 5Mg/5ml	\$0(3)	NM; *
<i>gnp allergy</i> CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
<i>gnp allergy antihistamine</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp dayhist allergy</i> TABS 1.34mg	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5Mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5Mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 4mg	\$0(3)	NM; *
<i>HISTEX PD</i> LIQD .938mg/ml	\$0(3)	NM; *
<i>hm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5Mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
<i>hm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hcl childre</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5Mg/5ml; TABS 5mg	\$0(1)	
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(3)	NM; *

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<i>loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>m-hist pd</i> LIQD .625mg/ml	\$0(3)	NM; *
PEDIACLEAR 8 CHILDRENS LIQD 12.5mg/15ml	\$0(3)	NM; *
<i>pediaclear allergy childr</i> LIQD .313mg/ml	\$0(3)	NM; *
<i>pediaclear cough children</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbechlor</i> TABS 4mg	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc chlor-pheniramine</i> TABS 4mg	\$0(3)	NM; *
<i>qc fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> CAPS 25mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>sm childrens loratadine</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm fexofenadine hcl</i> TABS 60mg	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>triprolidine hydrochlorid</i> LIQD .313mg/ml	\$0(3)	NM; *

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BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ACE AERO CLD MIS ENHANCER	\$0(3)	NM; *
AERCHMBR PLS MIS FLOW-VU	\$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	\$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	\$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	\$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROTRC PLUS MIS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
ASTHMA CHECK MIS SYSTEM	\$0(3)	NM; *
<i>benzonatate</i> CAPS 100mg, 150mg, 200mg	\$0(3)	NM; *
BREATHERITE MIS	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREATHERITE MIS MDI CHMB	\$0(3)	NM; *
BREATHERITE MIS SPACER	\$0(3)	NM; *
BREATHERITE MIS W/MASK	\$0(3)	NM; *
bromfed dm	\$0(3)	NM; *
childrens silfedrine LIQD 15mg/5ml	\$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
COMPACT SPAC MIS LG MASK	\$0(3)	NM; *
COMPACT SPAC MIS MD MASK	\$0(3)	NM; *
COMPACT SPAC MIS SM MASK	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
FLEXICHAMBER MIS	\$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	\$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	\$0(3)	NM; *
HOLD CHAMBER MIS SMALL	\$0(3)	NM; *
hydrocod polst-chlorphen polst er susp <i>10-8 mg/5ml</i>	\$0(3)	NM; *
hydrocodone w/ homatropine syrup 5- 1.5 mg/5ml	\$0(3)	NM; *
hydrocodone w/ homatropine tab 5-1.5 mg	\$0(3)	NM; *
hydromet	\$0(3)	NM; *
IN-CHK FLOW MIS METER	\$0(3)	NM; *
INSPIRACHAMB MIS LARGE	\$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPC	\$0(3)	NM; *
INSPIRACHAMB MIS SMALL	\$0(3)	NM; *
LITEAIRE MIS	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
MICROSPACER MIS	\$0(3)	NM; *
MINI WRIGHT MIS PFM	\$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *
OPTICHAMBER MIS DIA LG	\$0(3)	NM; *
OPTICHAMBER MIS DIA MD	\$0(3)	NM; *
OPTICHAMBER MIS DIA SM	\$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
PEAK AIR FLO MIS ADLT/PED	\$0(3)	NM; *
PEAK FLOW MIS METER	\$0(3)	NM; *
PERSONAL BES MIS FULL RNG	\$0(3)	NM; *
PERSONAL BES MIS LOW RANG	\$0(3)	NM; *

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PIKO 1 MIS ELECTRON	\$0(3)	NM; *
POCKET CHAMB MIS	\$0(3)	NM; *
POCKET PEAK MIS METER	\$0(3)	NM; *
POLY HIST FO TAB 10.5-10	\$0(3)	NM; *
PRIMEAIRE MIS CHAMBER	\$0(3)	NM; *
PROCARE MIS ADULT	\$0(3)	NM; *
PROCARE MIS CHILD	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
RITEFLO MIS	\$0(3)	NM; *
SPACER CHAMB MIS ADULT	\$0(3)	NM; *
SPACER CHAMB MIS CHILD	\$0(3)	NM; *
<i>sudogest TABS 30mg, 60mg</i>	\$0(3)	NM; *
TRUZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
TUSSICAPS CAP 10-8MG	\$0(3)	NM; *
VALVD HOLDNG MIS CHAMBER	\$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
VORTEX/MASK MIS CHILDS	\$0(3)	NM; *
VORTEX/MASK MIS TODDLER	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	\$0(1)	
<i>zafirlukast TABS 10mg, 20mg</i>	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	\$0(1)	B/D
<i>ARALAST NP SOLR 500mg, 1000mg</i>	\$0(2)	NDS, NM, LA, PA
<i>ayr SOLN .65%</i>	\$0(3)	NM; *
<i>AYR NASAL DROPS SOLN .65%</i>	\$0(3)	NM; *
<i>AYR NASAL MIST ALLERGY & SOLN 2.65%</i>	\$0(3)	NM; *
<i>baby ayr saline SOLN .65%</i>	\$0(3)	NM; *
<i>cromolyn sodium NEBU 20mg/2ml</i>	\$0(1)	B/D
<i>cromolyn sodium (nasal) AERS 5.2mg/act</i>	\$0(3)	NM; *
<i>DALIRESP TABS 250mcg, 500mcg</i>	\$0(2)	

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<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>little noses stuffy nose</i> SOLN .65%	\$0(3)	NM; *
LITTLE REMED AER MIST	\$0(3)	NM; *
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), PA
PROLASTIN-C SOLN 1000mg/20ml	\$0(2)	NDS, LA, PA
PROLASTIN-C SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
<i>saline</i> SOLN .65%	\$0(3)	NM; *
<i>saline mist</i> SOLN .65%	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	

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THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
<i>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</i>		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
FLONASE SENSIMIST SUSP 27.5mcg/spray	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>gnp 24 hour nasal allerg</i> AERO 55mcg/act	\$0(3)	NM; *
<i>gnp budesonide nasal spra</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>gnp fluticasone propionat</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>goodsense nasal allergy s</i> AERO 55mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>nasal allergy 24 hour mul</i> AERO 55mcg/act	\$0(3)	NM; *
<i>qc allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act	\$0(3)	NM; *
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)

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budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$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)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

accutane CAPS 20mg, 30mg, 40mg	\$0(1)	PA
acne medication 5 GEL 5%	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
acne medication 10 GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
ACNEFREE KIT SEVERE	\$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	\$0(1)	PA
avita CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
BENZEPRO FOAM 5.2%	\$0(3)	NM; *

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BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 5%, 10%	\$0(3)	NM; *
BENZOYL PEROXIDE CLEANSER LIQD 6%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	\$0(1)	
<i>bpo foaming cloths</i> MISC 6%	\$0(3)	NM; *
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>panoxyl creamy wash</i> LIQD 4%	\$0(3)	NM; *
<i>panoxyl foaming wash</i> LIQD 10%	\$0(3)	NM; *
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>double antibiotic</i>	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%	\$0(1)	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	\$0(1)	
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>hm bacitracin</i> OINT 500unit/gm	\$0(3)	NM; *
<i>hm double antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *

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<i>silver sulfadiazine CREA 1%</i>	\$0(1)	
<i>sm antibiotic OINT 500unit/gm</i>	\$0(3)	NM; *
<i>sm double antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd CREA 1%</i>	\$0(1)	
SULFAMYLYON CREA 85mg/gm	\$0(2)	
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic first a</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>ALEVAZOL OINT 1%</i>	\$0(3)	NM; *
<i>anti-fungal powder POWD 1%</i>	\$0(3)	NM; *
<i>antifungal CREA 1%, 2%</i>	\$0(3)	NM; *
<i>antifungal powder POWD 2%</i>	\$0(3)	NM; *
<i>athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>athletes foot powder spra AERP 2%</i>	\$0(3)	NM; *
<i>athletes foot spray AERO 1%</i>	\$0(3)	NM; *
<i>butenafine hcl CREA 1%</i>	\$0(3)	NM; *
<i>ciclopirox olamine CREA .77%</i>	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical) CREA 1%; SOLN 1%</i>	\$0(3)	NM; *
<i>clotrimazole (topical) SOLN 1%</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal CREA 1%</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>desenex POWD 2%</i>	\$0(3)	NM; *
<i>FUNGOID TINCTURE SOLN 2%</i>	\$0(3)	NM; *
<i>fungoid-d CREA 1%</i>	\$0(3)	NM; *
<i>gnp athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>gnp terbinafine hydrochlo CREA 1%</i>	\$0(3)	NM; *
<i>gnp tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>jock itch spray AERP 1%</i>	\$0(3)	NM; *
<i>ketoconazole (topical) CREA 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>lamisil af defense AERP 1%</i>	\$0(3)	NM; *
<i>miconazole nitrate (topical) CREA 2%</i>	\$0(3)	NM; *
<i>nyamyc POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	\$0(1)	QL (30 gm / 30 days)

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<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>sm athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *
<i>triple paste af</i> OINT 2%	\$0(3)	NM; *
<i>zeasorb-af</i> POWD 2%	\$0(3)	NM; *
DERMATOLOGY, ANTIPIRSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
<i>TAZORAC</i> CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	
<i>anti-itch maximum strength</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	\$0(1)	
<i>betamethasone dipropionate</i>	\$0(1)	
<i>augmented</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%		
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	\$0(1)	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)

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<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%, .025%; OIL .01%; OINT .025%	\$0(1)	
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
<i>HYDROCORTISONE</i> OINT 1%	\$0(3)	NM; *
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream</i> 0.5%	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>scalpicin maximum strengt</i> SOLN 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR (TIER LEVEL) LIMITS ON USE
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>almost naked</i>	\$0(3)	NM; *
CALAMINE LOT	\$0(3)	NM; *
CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>docosanol</i> CREA 10%	\$0(3)	NM; *
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
GNP CALAMINE LOT 8-8%	\$0(3)	NM; *
HM CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75%	\$0(1)	
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
PICATO GEL .05%	\$0(2)	QL (2 tubes / 30 days)
PICATO GEL .015%	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	\$0(1)	
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>procto-pak</i> CREA 1%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)

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<i>rosadan</i> CREA .75%	\$0(1)	
SM CALAMINE LOT	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>gnp lice solution kit</i>	\$0(3)	NM; *
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>hm lice killing maximum s</i>	\$0(3)	NM; *
<i>hm lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment</i> LOTN 1%	\$0(3)	NM; *
LYCELLE GEL	\$0(3)	NM; *
<i>malathion</i> LOTN .5%	\$0(1)	
NIX COMPLETE KIT LICE 1%	\$0(3)	NM; *
<i>permethrin</i> CREA 5%	\$0(1)	
<i>rid lice killing shampoo</i>	\$0(3)	NM; *
<i>sm lice killing</i>	\$0(3)	NM; *
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment</i> LOTN 1%	\$0(3)	NM; *
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	

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<i>paroex</i> SOLN .12%	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

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

PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	\$0
TRUE METRIX KIT METER	\$0
TRUE METRIX STRIPS	\$0

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Versión 19

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Departamento de Servicios para Miembros: (855) 665-4627, TTY al 711

De lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local