2019
សៀវភៅរបមន្តធ្វើថ្នាំ (បញ្ជីថ្នាំដែលរ៉ាប់រង)
California

Molina Dual Options
Cal MediConnect Plan
Medicare-Medicaid Plan

កំណែ 17

ធ្វើបច្ចុប្បន្នភាព ៖ 12/01/2019
ផ្នែកសេវាសមាជិក (855) 665-4627, TTY/TDD 711
ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក

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Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan | 2019 *បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង* (បញ្ជីរូបមន្ត)

សេចក្តីផ្តើម

ឯកសារនេះត្រូវបានគេហៅថា *បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង* (ត្រូវបានគេស្គាល់ផងដែរថាជាបញ្ជីឱសថ)។ វាប្រាប់អ្នកថាតើឱសថមានវេជ្ជបញ្ជា និងឱសថដែលគ្មានវេជ្ជបញ្ជា និងជាតុណាខ្លះត្រូវបានរ៉ាប់រងដោយ Molina Dual Options។ បញ្ជីឱសថ ក៏ប្រាប់អ្នកផងដែរថាតើមានវិន័យពិសេស ឬការដាក់កម្រិតលើឱសថណាមួយដែលត្រូវបានរ៉ាប់រងដោយ Molina Dual Options ។ ពាក្យគន្លឹះ និងនិយមន័យរបស់វាលេចឡើងនៅជំពូកចុងក្រោយនៃ *សៀវភៅមគ្គុទេសក៍ណែនាំសមាជិក*។

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A. ការបដិសេធ

នេះគឺជាបញ្ជីឱសថដែលសមាជិកអាចចូលទៅក្នុង Molina Dual Optionsបាន។

- ផែនការMolina Dual Options Cal MediConnect Plan Medicare-Medicaid គឺជាផែនការសុខភាពមួយដែលចុះកិច្ចសន្យាទាំងជាមួយ Medicare និង Medi-Cal ដើម្បីផ្តល់នូវអត្ថប្រយោជន៍នៃកម្មវិធីទាំងពីរដល់អ្នកចុះឈ្មោះ។

- ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4627, servicio TTY / TDD 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 الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا 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/TDD: 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/TDD: 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 ծառայությունները: Զանգահարե՛ք (855) 665-4627, TTY/TDD՝ 711, երկուշաբթիից ուրբաթ 8:00-ից 20:00-ը տեղական ժամանակով: Զանգն անվճար է:

- ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY/TDD៖ 711 ពីថ្ងៃចន្ទ - សុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងនៅក្នុងស្រុក។ ការហៅទូរសព្ទគឺឥតគិតថ្លៃ។

- **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/TDD：711。此為免費電話。**

- اگر فارسی زبان هستید، خدمات کمک زبانی رایگان برای شما فراهم است. از دوشنبه تا جمعه 8 صبح تا 8 شب به وقت محلی با شماره 665-4627 (855)، TTY/TDD: 711 تماس بگیرید. این تماس رایگان است.

- 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 전화 (855) 665-4627 번(TTY/TDD 는 711 번) 월~금 오전 8 시~오후 8 시(현지 시각) 무료 전화입니다.

- Если Вы говорите на русском языке, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по телефону: (855) 665-4627, TTY/TDD: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.

- ❖ អ្នកអាចទទួលបានឯកសារនេះដោយឥតគិតថ្លៃជាទម្រង់ផ្សេងទៀតដូចជាអក្សរពុម្ពធំ អក្សរស្ទាប ឬសំឡេង។ សូមហៅទូរសព្ទទៅកាន់លេខ (855) 665-4627, TTY/TDD៖ 711 ថ្ងៃច័ន្ទដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹកដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទគឺឥតគិតថ្លៃ។
- ❖ សូមទាក់ទងសេវាកម្មសមាជិកតាមរយៈលេខ(855) 665-4627, TTY/TDD៖ 711 ថ្ងៃច័ន្ទ – ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹកដល់ 8 យប់ ម៉ោងក្នុងស្រុក ដើម្បីស្នើសុំឯកសារនេះជាភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស ឬក្នុងទម្រង់ផ្សេង។

B. សំណួរដែលត្រូវបានគេចោទសួរជាញឹកញាប់ (FAQ)

រកចម្លើយនៅទីនេះសម្រាប់សំណួរដែលអ្នកមានអំពី *បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង*នេះ។ អ្នកអាចអាន FAQ ទាំងអស់ដើម្បីស្វែងយល់បន្ថែម ឬស្វែងរកសំណួរ និងចម្លើយ។

B1. តើឱសថតាមវេជ្ជបញ្ជាអ្វីដែលមាននៅលើ *បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង*? (យើងហៅ *បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង* ថាជា "បញ្ជីឱសថ" ជាពាក្យយ៉ាងខ្លី។)

ឱសថក្នុងបញ្ជីឱសថគឺជាឱសថដែលត្រូវបានរ៉ាប់រងដោយ Molina Dual Options។
ឱសថគឺអាចរកបាននៅឱសថស្ថាននានានៅក្នុងបណ្តាញរបស់យើង។
ឱសថស្ថានគឺស្ថិតក្នុងបណ្តាញរបស់យើង ប្រសិនបើយើងមានកិច្ចព្រមព្រៀង
ជាមួយពួកគេដើម្បីធ្វើការជាមួយយើង និងផ្តល់ជូនលោកអ្នកនូវសេវាកម្មនានា។
យើងសំដៅទៅដល់ឱសថស្ថានទាំងនេះជា "ឱសថស្ថានបណ្តាញ។"

- Molina Dual Options
  នឹងរ៉ាប់រងឱសថទាំងអស់ដែលត្រូវការចាំបាច់ខាងវេជ្ជសាស្ត្រនៅក្នុងបញ្ជីឱសថប្រសិនបើ៖
  - វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជារបស់លោកអ្នកនិយាយថា
    លោកអ្នកត្រូវការឱសថទាំងនោះ ដើម្បីជាសះស្បើយពីជម្ងឺ ឬរក្សាឱ្យ មានសុខភាពល្អ
    និង
  - អ្នកបំពេញវេជ្ជបញ្ជានៅតាមឱសថស្ថានក្នុងបណ្តាញរបស់ Molina Dual Options ។
- ក្នុងករណីមួយចំនួន អ្នកត្រូវធ្វើអ្វីមួយមុនពេលអ្នកអាចទទួលបានឱសថ (សូមមើលសំណួរ B4 ខាងក្រោម)។

អ្នកក៏អាចមើលបញ្ជីឱសថដែលទាន់សម័យដែលយើងបានរ៉ាប់រងជាដែរនៅលើគេហទំព័ររបស់យើងនៅMolinaHealthcare.com/Duals ឬហៅទូរសព្ទទៅសេវាកម្មសមាជិកនៅ (855) 665-4627។

B2. តើបញ្ជីឱសថធ្លាប់មានការផ្លាស់ប្តូរដែរឬទេ?

បាទ/ចាស៎។ Molina Dual Options អាចបញ្ចូល ឬដកឱសថចេញពីបញ្ជីឱសថក្នុងអំឡុងឆ្នាំនោះ។

យើងក៏អាចផ្លាស់ប្តូរវិនិយរបស់យើងអំពីឱសថផងដែរ ។ ឧទាហរណ៍ យើងអាច ៖

- សម្រេចចិត្តតម្រូវ ឬមិនតម្រូវឱ្យមានការយល់ព្រមជាមុនសម្រាប់ឱសថ ។
(ការអនុម័តជាមុន គឺជាការអនុញ្ញាតពី Molina Dual Options
មុនពេលអ្នកអាចទទួលបានឱសថ។)

- បញ្ជូល ឬប្តូរបរិមាណនៃឱសថដែលអ្នកអាចទទួលបាន (ត្រូវបានគេហៅថាបរិមាណកំណត់)។

- បន្ថែម ឬផ្លាស់ប្តូរការរឹតត្បិតការព្យាបាលជាដំណាក់កាលលើឱសថ ។
(ការព្យាបាលជាដំណាក់កាលមានន័យថាអ្នកត្រូវតែសាកល្បងឱសថមួយមុនពេលយើងនឹងរ៉ាប់រងឱសថដទៃទៀត។)

សម្រាប់ព័ត៌មានបន្ថែមអំពីច្បាប់ឱសថទាំងនេះ សូមមើលសំណួរ B4 ។

ប្រសិនបើអ្នកកំពុងប្រើឱសថដែលត្រូវបានគេរ៉ាប់រងនៅ **ដើម** ឆ្នាំនេះ យើងនឹងមិនដកចេញ ឬប្តូរការរ៉ាប់រងឱសថនោះ **ក្នុងអំឡុងពេលសេសសល់នៃឆ្នាំនេះទេ** លើកលែងតែ៖

- ឱសថថ្មីដែលមានតម្លៃថោកបានចេញមកតាមរបៀបការងារនោះក៏ដូចជាឱសថមួយនៅលើបញ្ជីឱសថឥឡូវនេះ **ឬ**

- យើងសិក្សាថាឱសថមួយមិនមានសុវត្ថិភាព **ឬ**

- ឱសថមួយត្រូវបានយកចេញពីទីផ្សារ។

សំណួរ B3 និង B6 ខាងក្រោមមានព័ត៌មានបន្ថែមអំពីអ្វីដែល កើតឡើងនៅពេលបញ្ជីឱសថផ្លាស់ប្តូរ។

- អ្នកតែងតែអាចពិនិត្យមើលបញ្ជីឱសថតាមអនឡាញទាន់សម័យរបស់ Molina Dual Options's តាមរយៈគេហទំព័រ MolinaHealthcare.com/Duals។

- អ្នកក៏អាចហៅទូរសព្ទទៅកាន់ Member Services
ដើម្បីពិនិត្យបញ្ជីឱសថបច្ចុប្បន្នតាមរយៈលេខ(855) 665-4627។

B3. តើមានអ្វីកើតឡើងនៅពេលមានការផ្លាស់ប្តូរបញ្ជីឱសថ?

ការផាស់ប្តូរមួយចំនួនចំពោះបញ្ជីឱសថនឹងកើតឡើង **ភ្លាមៗ**។ ឧទាហរណ៍ ៖

- **ឱសថទូទៅថ្មីមួយអាចរកបាន**។ ជួនកាលឱសថថ្មី និងមានតម្លៃថោក
ភ្ជាប់មកជាមួយនូវស្មៃដៃការងារ ក៏ដូចជាឱសថនៅក្នុងបញ្ជីឱសថឥឡូវនេះផងដែរ។
នៅពេលដែលវាកើតឡើង យើងអាចដកឱសថបច្ចុប្បន្នបាន
ប៉ុន្តែការចំណាយរបស់អ្នកសម្រាប់ឱសថថ្មីនឹងនៅដដែល។
នៅពេលយើងបន្ថែមឱសថប្រភេទថ្មី
យើងក៏អាចសម្រេចចិត្តរក្សាទុកឱសថបច្ចុប្បន្ននៅលើបញ្ជីបានដែរ ប៉ុន្តែផ្លាស់ប្តូរច្បាប់
ឬការធានារ៉ាប់រងរបស់វា។

    - យើងប្រហែលជាមិនប្រាប់អ្នកមុនពេលយើងធ្វើការផ្លាស់ប្តូរនេះទេ
ប៉ុន្តែយើងនឹងធ្វើឱ្យអ្នកទទួលព័ត៌មានអំពីការផ្លាស់ប្តូរជាក់លាក់
ឬការផ្លាស់ប្តូរដែលយើងបានធ្វើ។

- អ្នក ឬអ្នកផ្តល់សេវារបស់អ្នក អាចស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះបាន។ យើងនឹងផ្ញើការជូនដំណឹងដល់អ្នកនូវជំហានដែលអ្នកអាចអនុវត្តដើម្បីស្នើសុំករណីលើកលែងមួយ។ សូមមើលសំណួរ B10 សម្រាប់ព័ត៌មានបន្ថែមលើការណីលើកលែង។

- **ឱសថត្រូវបានដកចេញពីទីផ្សារ។** ប្រសិនបើរដ្ឋបាលចំណីអាហារ និងឱសថ (FDA) និយាយថាឱសថដែលអ្នកប្រើមិនមានសុវត្ថិភាពទេ ឬអ្នកផលិតឱសថយកឱសថចេញពីទីផ្សារ យើងនឹងដកចេញពីបញ្ជីឱសថ។ ប្រសិនបើអ្នកកំពុងប្រើឱសថយើងនឹងប្រាប់អ្នកឲ្យដឹង។ សូមនិយាយជាមួយវេជ្ជបណ្ឌិតរបស់អ្នកដើម្បីស្វែងរកជម្រើសដែលមានសុវត្ថិភាពសម្រាប់អ្នក។

យើងអាចធ្វើការផ្លាស់ប្តូរផ្សេងទៀតដែលប៉ះពាល់ដល់ឱសថដែលអ្នកប្រើ។
យើងនឹងប្រាប់អ្នកជាមុនអំពីការផ្លាស់ប្តូរផ្សេងទៀតទាំងនេះនៅក្នុងបញ្ជីឱសថ។
ការផ្លាស់ប្តូរទាំងនេះអាចនឹងកើតឡើងប្រសិនបើ៖

- FDA ផ្តល់ការណែនាំថ្មី ឬមានការណែនាំអំពីគ្លីនិកថ្មីអំពីឱសថ។
- យើងបន្ថែមឱសថទូទៅដែលមិនមែនជាផលិតផលថ្មីសម្រាប់ទីផ្សារ **និង**
  - ដាក់ឱសថមានម៉ាកយីហោថ្មីៗដែលមាននៅក្នុងបញ្ជីឱសថ **ឬ**
  - ផ្លាស់ប្តូរច្បាប់ជានាវ៉ាប់រង ឬដែនកំណត់សំរាប់ឱសថមានម៉ាកយីហោ។

នៅពេលការផ្លាស់ប្តូរទាំងនេះកើតឡើង យើងនឹងប្រាប់អ្នកយ៉ាងហោចណាស់ 30 ថ្ងៃមុនពេលយើងផ្លាស់ប្តូរបញ្ជីឱសថ **ឬ** នៅពេលអ្នកស្នើសុំការបញ្ចូល។
នេះនឹងផ្តល់ឱ្យលោកអ្នកនូវពេលវេលាដើម្បីពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត ។ គាត់អាចជួយអ្នកក្នុងការសម្រេចថាតើមានឱសថស្រដៀងគ្នានៅលើបញ្ជីឱសថ ដែលអ្នអាចលេបជំនួស ឬក៏ស្នើសុំការលើកលែងបានដែរឬទេ។
បន្ទាប់មកអ្នកអាច៖

- ទទួលការជូនដំណឹងឱសថ 60-ថ្ងៃមុនពេលមានការផ្លាស់ប្តូរបញ្ជីឱសថ ឬ
- ស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះ។ សូមមើលសំណួរ B10 សម្រាប់ព័ត៌មានបន្ថែមអំពីការណីលើកលែង។

B4. តើមានការរឹតត្បិត ឬការកំណត់លើការធានាវ៉ាប់រងលើឱសថ ឬសកម្មភាពដែលត្រូវការដើម្បីយកឱសថណាមួយទេ?

បាទ/ចាស ឱសថខ្លះមានវិធានវ៉ាប់រង ឬមានការកម្រិតនានាលើចំនួនដែលលោកអ្នកអាចទទួល ។ ក្នុងករណីខ្លះ លោកអ្នក ឬវេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែធ្វើអ្វីមួយមុនពេលលោកអ្នកអាចទទួលបានឱសថ ។ ជាឧទាហរណ៍៖

- **ការយល់ព្រមជាមុន (ឬការអនុញ្ញាតជាមុន) ៖** សម្រាប់ឱសថមួយចំនួនអ្នក ឬវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែទទួលការយល់ព្រមពី Molina Dual Options មុនពេលអ្នកបំពេញវេជ្ជបញ្ជារបស់អ្នក។ Molina Dual Options អាចមិនវ៉ាប់រងឱសថប្រសិនបើអ្នកមិនទទួលបានការអនុម័ត។

- **ដែនកំណត់បរិមាណ ៖** ជួនកាល Molina Dual Options
  កំណត់ចំនួនឱសថដែលអ្នកអាចទទួលបាន។

- **ការព្យាបាលជំហាន ៖** ជួនកាល Molina Dual Options
  តម្រូវឱ្យអ្នកធ្វើការព្យាបាលជាដំណាក់កាល។ នេះមានន័យថា
  លោកអ្នកនឹងត្រូវសាកល្បងឱសថតាមលំដាប់ជាក់លាក់
  សម្រាប់បញ្ហាវេជ្ជសាស្ត្ររបស់លោកអ្នក ។ លោកអ្នកប្រហែលត្រូវតែសាកល្បងឱសថមួយ
  មុនពេលយើងនឹងរ៉ាប់រងឱសថមួយផ្សេង ។ ប្រសិនបើវេជ្ជបណ្ឌិតរបស់លោកអ្នកគិតថា
  ឱសថដំបូងមិនមានប្រសិទ្ធសម្រាប់លោកអ្នក នោះយើងនឹងរ៉ាប់រងឱសថទីពីរ ។

អ្នកអាចស្វែងយល់ថាតើឱសថរបស់អ្នកមានតម្រូវការ
ឬការកំណត់បន្ថែមណាមួយដោយមើលនៅក្នុងតារាងនៅលើទំព័រ 17 - 173។
អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមផងដែរដោយចូលមើលគេហទំព័ររបស់យើងនៅMolinaHealthcare.com/Duals។ យើងបានបង្ហោះឯកសារនានា ដែលពន្យល់អំពី ការរឹតបន្តឹងការអនុញ្ញាតជាមុន
និងការព្យាបាលជាដំណាក់កាលរបស់យើង។
លោកអ្នកក៏អាចស្នើឱ្យយើងផ្ញើទៅលោកអ្នកនូវច្បាប់ចម្លងមួយ ។

អ្នកអាចស្នើសុំការលើកលែងពីដែនកំណត់ទាំងនេះ។
នេះនឹងផ្តល់ឱ្យលោកអ្នកនូវពេលវេលាដើម្បីពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់លោកអ្នក
ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត ។ គាត់អាចជួយអ្នកក្នុងការសម្រេចថាតើ
មានឱសថស្រដៀងគ្នានៅលើបញ្ជីឱសថ ដែលអ្នអាចលេបជំនួស ឬក៏ស្នើសុំការលើកលែងបានដែរឬទេ។
សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីករណីលើកលែង។

B5. តើលោកអ្នកនឹងអាចដឹងថាឱសថដែលលោកអ្នកចង់បាន មានការកម្រិតនានា ឬថាមានវិធានការតម្រូវ ក្នុងការទទួលបានឱសថដោយរបៀបណា?

បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង នៅទំព័រទី 17 មានជួរឈរដែលមានស្លាក "សកម្មភាពចាំបាច់ ការរឹតត្បឹត ឬដែនកំណត់លើការប្រើប្រាស់" ។

B6. តើមានអ្វីកើតឡើងប្រសិនបើយើងផ្លាស់ប្តូរច្បាប់របស់យើងអំពីឱសថមួយចំនួន (ឧទាហរណ៍៖ ការអនុញ្ញាតជាមុន (ការអនុម័ត) ការកម្រិតបរិមាណ និង/ឬការរឹតបន្តឹងការព្យាបាលជាដំណាក់កាល)?

ក្នុងករណីមួយចំនួនយើងនឹងប្រាប់អ្នកជាមុនប្រសិនបើយើងបន្ថែម ឬផ្លាស់ប្តូរការអនុម័តជាមុន
ការកម្រិតបរិមាណ និង/ឬ ការរឹតត្បឹតការព្យាបាលជាដំណាក់កាលលើឱសថ។ សូមមើលសំណួរ B3
សម្រាប់ព័ត៌មានបន្ថែមអំពីសេចក្តីជូនដំណឹងជាមុននេះ
និងស្ថានភាពដែលយើងមិនអាចប្រាប់អ្នកជាមុននៅពេលដែលច្បាប់របស់យើងអំពីឱសថក្នុងបញ្ជីឱសថ
ដែលផ្លាស់ប្តូរ។

B7. តើលោកអ្នកអាចរកមើលឱសថលើបញ្ជីឱសថដោយរបៀបណា?

មានពីររបៀបក្នុងការរកមើលឱសថ ៖

- លោកអ្នកអាចស្វែងតាមអក្ខរក្រម (ប្រសិនបើលោកអ្នកដឹងពីរបៀបប្រកបឈ្មោះឱសថ)
  ឬ
- លោកអ្នកអាចស្វែងរកតាមបញ្ហាវេជ្ជសាស្ត្រ ។

ដើម្បីស្វែងរក **តាមអក្ខរក្រម**ចូលទៅផ្នែកសន្ទស្សន៍នៃឱសថដែលបានធានារ៉ាប់រង។ អ្នកអាចស្វែងរកវា
នៅក្នុងសន្ទស្សន៍។

ដើម្បីស្វែងរក **ដោយស្ថានភាពវេជ្ជសាស្ត្រ**ស្វែងរកផ្នែកដែលមានស្លាក
"បញ្ជីឱសថដោយស្ថានភាពវេជ្ជសាស្ត្រ" នៅលើទំព័រ 17។
ឱសថក្នុងផ្នែកនេះត្រូវបានដាក់ជាក្រុមទៅតាមចំណាត់ថ្នាក់ ដោយផ្អែកលើប្រភេទបញ្ហាវេជ្ជសាស្ត្រ
ដែលពួកគេត្រូវបានប្រើដើម្បីព្យាបាល ។ ឧទាហរណ៍៖ ប្រសិនបើអ្នកមានជំងឺបេះដូង
អ្នកគួរតែមើលនៅក្នុងប្រភេទ Beta-blockers។ នោះជាកន្លែងដែលលោកអ្នកនឹងរកឃើញឱសថ
ដែលព្យាបាលបញ្ហាបេះដូង ។

B8. ចុះបើឱសថដែលលោកអ្នកចង់លេបមិនមានក្នុងបញ្ជីឱសថ?

បើអ្នកមិនឃើញឱសថរបស់អ្នកនៅលើបញ្ជីឱសថទេ សូមទូរសព្ទទៅកាន់សេវាកម្មសមាជិកតាមរយៈលេខ (855) 665-4627 ហើយសួរអំពីវា។ ប្រសិនបើអ្នកដឹងថា Molina Dual Options នឹងមិនរាប់រងលើឱសថ អ្នកអាចធ្វើរឿងណាមួយក្នុងចំណោមរឿងទាំងនេះ៖

- សួររកបញ្ជីឱសថដែលដូចគ្នាទៅនឹងឱសថដែលលោកអ្នកចង់លេបពីផ្នែកសមាជិក ។ បន្ទាប់មក បង្ហាញបញ្ជីនេះទៅកាន់វេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត ។ គាត់ ឬនាងអាចចេញវេជ្ជបញ្ជាឱសថមួយលើបញ្ជីឱសថដែលដូចគ្នាទៅនឹងឱសថដែលលោកអ្នកចង់លេប ។ **ឬ**

- លោកអ្នកអាចស្នើឱ្យគម្រោងសុខភាពធ្វើការលើកលែងមួយដើម្បីរ៉ាប់រងឱសថរបស់លោកអ្នក ។ សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីករណីលើកលែង។

B9. ចុះបើអ្នកជាសមាជិក Molina Dual Options ថ្មី ហើយមិនអាចរកឃើញឱសថរបស់អ្នកនៅក្នុងបញ្ជីឱសថ ឬមានបញ្ហាក្នុងការលេបឱសថ?

យើងអាចជួយបាន ។ យើងអាចជានាវ៉ាប់រងបណ្តោះអាសន្នក្នុងរយៈពេល 60-ថ្ងៃ ដោយផ្គត់ផ្គង់ឱសថរបស់អ្នកក្នុងអំឡុងពេល *90* ថ្ងៃដំបូងដែលអ្នកក្លាយជាសមាជិកនៃ Molina Dual Options។ នេះនឹងផ្តល់ឱ្យលោកអ្នកនូវពេលវេលាដើម្បីពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត ។ គាត់អាចជួយអ្នកក្នុងការសម្រេចថាតើមានឱសថស្រដៀងគ្នានៅលើបញ្ជីឱសថ ដែលអ្នអាចលេបជំនួស ឬក៏ស្នើសុំការលើកលែងបានដែរឬទេ។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកត្រូវបានសរសេរក្នុងរយៈពេលតិចជាងនេះ យើងនឹងអនុញ្ញាតិឱ្យមានការបំពេញច្រើនក្នុងការផ្តល់ឱសថរហូតដល់ 60 ថ្ងៃ។

យើងនឹងរ៉ាប់រងការផ្គត់ផ្គង់ឱសថរបស់អ្នកក្នុងរយៈពេល 60-ថ្ងៃ ប្រសិនបើ៖

- លោកអ្នកកំពុងលេបឱសថដែលមិនស្ថិតក្នុងបញ្ជីឱសថ **ឬ**
- វិធានគម្រោងសុខភាពមិនអនុញ្ញាតឱ្យលោកអ្នកទទួលបានបរិមាណដែលបានបញ្ជាទិញដោយអ្នកចេញវេជ្ជបញ្ជារបស់លោកអ្នក **ឬ**
- ឱសថត្រូវការការអនុម័តជាមុនដោយ Molina Dual Options **ឬ**
- លោកអ្នកកំពុងលេបឱសថដែលជាផ្នែកនៃការដាក់កំហិតលើការព្យាបាលតាមដំណាក់កាល។

ប្រសិនបើអ្នកនៅផ្ទះថែទាំ ឬកន្លែងថែទាំសុខភាពរយៈពេលវែងផ្សេងទៀត ហើយត្រូវការឱសថដែលមិនមាននៅលើបញ្ជីឱសថ ឬប្រសិនបើអ្នកមិនអាចទទួលបានឱសថដែលអ្នកត្រូវការនោះ យើងអាចជួយបាន។ ប្រសិនបើអ្នកស្ថិតនៅក្នុងផែនការលើសពី 98 ថ្ងៃ រស់នៅក្នុងមជ្ឈមណ្ឌលថែទាំរយៈពេលវែង ហើយត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ៖

- យើងនឹងរ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថ 60-day មួយដែលអ្នកត្រូវការ (លុះត្រាតែអ្នកមានវេជ្ជបញ្ជាក្នុងរយៈពេលតិចជាង) ទោះបីជា អ្នកជាសមាជិក Molina Dual Options ថ្មីក៏ដោយ។

- នេះគឺជាការបន្ថែមទៅលើការផ្គត់ផ្គង់បណ្តោះអាសន្នក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកជាសមាជិករបស់ Molina Dual Optionsក៏ដោយ។

គោលនយោបាយផ្លាស់ប្តូរ

សមាជិកថ្មីៗក្នុងគម្រោងរបស់យើងអាចនឹងលេបឱសថ ដែលមិនស្ថិតក្នុង
សៀវភៅរូបមន្តធ្វើឱសថរបស់យើង ឬដែលអាចប្រែប្រួលតាមការដាក់កំហិតជាក់លាក់នានា ដូចជា
ការផ្តល់ការអនុញ្ញាតជាមុន ឬការព្យាបាលតាមដំណាក់កាល ។
សមាជិកបច្ចុប្បន្នក៏អាចរងផលប៉ះពាល់ដោយការផ្លាស់ប្តូរនានាក្នុង
សៀវភៅរូបមន្តធ្វើឱសថរបស់យើងពីមួយឆ្នាំទៅមួយឆ្នាំបន្ទាប់ ។
សមាជិកនានាគួរតែពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់ពួកគេដើម្បីសម្រេចចិត្ត
ថាតើពួកគេគួរតែប្តូរទៅប្រើឱសថខុសគ្នាមួយដែលយើងរាប់រង
ឬស្នើសុំការលើកលែងសៀវភៅរូបមន្តធ្វើឱសថមួយ ដើម្បីទទួលបានការរាប់រងសម្រាប់ឱសថនោះ ។
មើលសៀវភៅណែនាំសមាជិកដើម្បីស្វែងយល់បន្ថែមអំពីរបៀបស្នើសុំការលើកលែង ។
សូមទាក់ទងផ្នែកសមាជិក ប្រសិនឱសថរបស់លោកអ្នកគឺមិនស្ថិតក្នុងសៀវភៅរូបមន្តធ្វើឱសថ
គឺអាចប្រែប្រួលតាមការដាក់កំហិតជាក់លាក់នានា ដូចជា ការអនុញ្ញាតជាមុន
ឬការព្យាបាលតាមដំណាក់កាល ឬនឹងមិនស្ថិតក្នុងសៀវភៅធ្វើរូបមន្តឱសថរបស់យើងនៅឆ្នាំក្រោយ
ហើយលោកអ្នកត្រូវការជំនួយក្នុងការផ្លាស់ប្តូរទៅឱសថខុសគ្នាមួយ ដែលយើងរាប់រង
ឬកំពុងស្នើសុំការលើកលែងសៀវភៅរូបមន្តធ្វើឱសថមួយ ។

អំឡុងរយៈពេលដែលសមាជិកកំពុងពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់ពួកគេដើម្បីកំណត់ពីវិធានការត្រឹមត្រូវ
យើងអាចផ្តល់នូវការផ្គត់ផ្គង់ឱសថបន្ទាន់ដែលមិនមែនជាសៀវភៅធ្វើរូបមន្តឱសថជាបណ្តោះអាសន្ន
ប្រសិនបើសមាជិកទាំងនោះត្រូវការការបំពេញឡើងវិញសម្រាប់ឱសថនេះអំឡុងពេល 90
ថ្ងៃដំបូងនៃសមាជិកភាពថ្មីក្នុងគម្រោងរបស់យើងសម្រាប់ឱសថផ្នែក D (ថ្នាក់ទី 1 និង 2) និង 90
ថ្ងៃសម្រាប់ឱសថ Medi-Cal របស់លោកអ្នក (ថ្នាក់ទី 3) ។
ប្រសិនបើលោកអ្នកជាសមាជិកបច្ចុប្បន្នដែលរងផលប៉ះពាល់ដោយការផ្លាស់ប្តូរសៀវភៅ
រូបមន្តធ្វើឱសថពីមួយឆ្នាំទៅឆ្នាំបន្ទាប់ យើងនឹងផ្តល់នូវការផ្គត់ផ្គង់ឱសថបន្ទាន់ដែលមិនមែនសៀវភៅរូបមន្ត
ធ្វើឱសថជាបណ្តោះអាសន្ន ប្រសិនបើលោកអ្នកត្រូវការការបំពេញឡើងវិញសម្រាប់ឱសថ អំឡុងរយៈពេល
90 ថ្ងៃនៃឆ្នាំគម្រោងថ្មី ។

នៅពេលសមាជិក ទៅឱសថស្ថានក្នុងបណ្តាញ ហើយយើងផ្តល់ឱសថជាបណ្តោះអាសន្ន ដែលមិន
ស្ថិតនៅក្នុងកម្រងឱសថរបស់យើង ឬដែលមានការ កំណត់កំហិត ឬដែនកម្រិត ចំពោះការទូទាត់ (ប៉ុន្តែ
ត្រូវបានចាត់ថាជា "ឱសថផ្នែក D") នោះ យើងនឹង ផ្តល់ការទូទាត់ឱសថ រយៈពេល 60 ថ្ងៃ ជូន (លុះណាតែ
វេជ្ជបញ្ជា មានសរសេរ សម្រាប់ រយៈពេលពីរបីថ្ងៃ) ។ បន្ទាប់ពីយើងរាប់រងការផ្គត់ផ្គង់ពេល 60
ថ្ងៃជាបណ្តោះអាសន្ន យើងជាទូទៅនឹងមិនបង់ប្រាក់សម្រាប់ឱសថទាំងនេះ
ជាផ្នែកនៃគោលការណ៍ផ្លាស់ប្តូររបស់យើងម្តងទៀតឡើយ ។

យើងនឹងផ្តល់ឱ្យលោកអ្នកនូវការជូនដំណឹងជាលាយលក្ខណ៍អក្សរ បន្ទាប់ពី
យើងរាប់រងការផ្គត់ផ្គង់ជាបណ្តោះអាសន្នរបស់លោកអ្នក ។
ការជូនដំណឹងនេះនឹងពន្យល់ពីដំណាក់កាលដែលលោកអ្នកអាចធ្វើដើម្បីស្នើសុំការលើកលែង
និងរបៀបធ្វើការជាមួយវេជ្ជបណ្ឌិតរបស់លោកអ្នក
ដើម្បីសម្រេចថាតើលោកអ្នកគួរតែប្តូរទៅប្រើឱសថសមស្របដែលយើងរាប់រងដែរឬយ៉ាងណា ។

B10. តើលោកអ្នកអាចស្នើសុំឱ្យមានការលើកលែងក្នុងការរ៉ាប់រងឱសថរបស់លោកអ្នកដែរទេ?

បាទ/ចាស៎។ អ្នកអាចស្នើសុំ Molina Dual Options
ដើម្បីធ្វើការលើកលែងក្នុងការរ៉ាប់រងលើឱសថដែលមិនមែននៅក្នុងបញ្ជីឱសថ។

លោកអ្នកក៍អាចស្នើឱ្យយើងធ្វើការផ្លាស់ប្តូរវិធានលើឱសថរបស់លោកអ្នកផងដែរ ។

- ជាឧទាហរណ៍ Molina Dual Options អាចកំណត់បរិមាណឱសថដែលយើងនឹងរ៉ាប់រង។ ប្រសិនបើឱសថរបស់លោកអ្នកមានការកម្រិត លោកអ្នកអាចស្នើឱ្យយើងធ្វើការផ្លាស់ប្តូរការកម្រិត និងការរ៉ាប់រងបន្ថែមទៀត ។
- ឧទាហរណ៍ផ្សេងទៀត ៖
  លោកអ្នកអាចស្នើឱ្យយើងទម្លាក់ការដាក់កំហិតការព្យាបាលតាមដំណាក់កាល ឬតម្រូវការការយល់ព្រមជាមុន ។

B11. តើលោកអ្នកអាចស្នើសុំការលើកលែងមួយដោយរបៀបណា?

ដើម្បីស្នើសុំការលើកលែង សេវាកម្មសមាជិក នឹងធ្វើការជាមួយអ្នក
និងអ្នកផ្តល់សេវារបស់អ្នកដើម្បីជួយអ្នកអោយស្នើសុំករណីលើកលែងមួយ។ អ្នកក៍អាចអានជំពូកទី 9 នៃ *សៀវភៅមគ្គុទ្ទេសក៍ណែនាំសមាជិក* ដើម្បីស្វែងយល់បន្ថែមអំពីករណីលើកលែង។

B12. តើត្រូវប្រើពេលវេលាប៉ុន្មានដែរ ទើបអាចទទួលបានការលើកលែង?

ដំបូង យើងត្រូវទទួលបានរបាយការណ៍មួយពីអ្នកចេញវេជ្ជបញ្ជា ដែលគាំទ្រសំណើរបស់
អ្នកសម្រាប់ការលើកលែង។ បន្ទាប់ពីយើងទទួលបានរបាយការណ៍រួចហើយ យើងនឹងផ្តល់ជូនអ្នកនូវការសម្រេចមួយលើសំណើសុំការលើកលែងក្នុងរយៈពេល 72 ម៉ោង។

ប្រសិនបើលោកអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់លោកអ្នកគិតថា
សុខភាពរបស់លោកអ្នកអាចមានគ្រោះថ្នាក់ ប្រសិនបើលោកអ្នកត្រូវរង់ចាំ រយៈពេល 72
ម៉ោងសម្រាប់ការសម្រេចចិត្តមួយ លោកអ្នកអាចស្នើសុំការលើកលែងរហ័សមួយ ។
នេះគឺជាការសម្រេចចិត្តលឿនជាងមួយ ។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគាំទ្រលើសំណើសុំរបស់អ្នក
យើងនឹងផ្តល់ជូនអ្នកនូវការសម្រេចមួយក្នុងរយៈពេល 24 ម៉ោង បន្ទាប់ពីទទួលបានរបាយការណ៍គាំទ្រពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

B13. តើឱសថទូទៅជាអ្វី?

ឱសថទូទៅត្រូវបានបង្កើតឡើងដោយធាតុផ្សំដូចគ្នាទៅនឹងឱសថមានឈ្មោះយីហោដែរ។
ពួកវាជាធម្មតាមានតម្លៃថូរថ្លៃជាងឱសថមានឈ្មោះយីហោ ហើយឈ្មោះរបស់
ពួកវាគឺមិនត្រូវបានស្គាល់ជាទូទៅឡើយ ។ ឱសថទូទៅត្រូវបានយល់ព្រមដោយ រដ្ឋបាលម្ហូបអាហារ និងឱសថ (FDA)។

Molina Dual Options រ៉ាប់រងទាំងឱសថមានឈ្មោះយីហោ និងឱសថទូទៅ។

B14. តើ OTC ជាអ្វី?

OTC សរសេរកាត់មកពីពាក្យ “over-the-counter” ។ Molina Dual Options រ៉ាប់រងឱសថគ្មានវេជ្ជបញ្ជា OTC មួយចំនួននៅពេលដែលពួកគេត្រូវបានសរសេរជាវេជ្ជបញ្ជាដោយអ្នកផ្តល់របស់អ្នក។

អ្នកអាចអានបញ្ជីឱសថរបស់ Molina Dual Options ដើម្បីមើលថាឱសថគ្មានវេជ្ជបញ្ជា OTC អ្វីដែលត្រូវបានរ៉ាប់រង។

B15. តើ Molina Dual Options រ៉ាប់រងឱសថមិនមែន OTC ដែរឬទេ?

Molina Dual Options រ៉ាប់រងលើផលិតផលឱសថមិនមែន OTC មួយចំនួននៅពេលដែលវាត្រូវបានសរសេរជាវេជ្ជបញ្ជាដោយអ្នកផ្តល់សេវារបស់អ្នក។

អ្នកអាចអានបញ្ជីឱសថ Molina Dual Options ដើម្បីមើលថាតើផលិតផលឱសថមិនមែន OTC ត្រូវបានរ៉ាប់រង។

B16. តើអ្វីទៅជាសហបង់ប្រាក់របស់អ្នក?

ក្នុងនាមជាសមាជិករបស់ Molina Dual Options អ្នកមិនមានសហបង់ប្រាក់សម្រាប់ឱសថមានវេជ្ជបញ្ជា និងឱសថគ្មានវេជ្ជបញ្ជា OTC ទេដរាបណាអ្នកធ្វើតាមច្បាប់របស់ Molina Dual Options ។

សមាជិករបស់Molina Dual Options ដែលរស់នៅក្នុងផ្ទះថែទាំ ឬកន្លែងថែទាំរយៈពេលវែងផ្សេងទៀតនឹងមិនមានសហបង់ប្រាក់។ សមាជិកមួយចំនួនដែលទទួលបានការថែទាំរយៈពេលវែងនៅក្នុងសហគមន៍ ក៏ពុំមានសហបង់ប្រាក់ដែរ។

B17. តើអ្វីទៅជាថ្នាក់ឱសថ?

លំដាប់គឺជាក្រុមឱសថនៅក្នុងបញ្ជីឱសថ។

- ឱសថថ្នាក់ទី 1 គឺជាប្រភេទឱសថទូទៅ។ សម្រាប់ឱសថលំដាប់ទី 1 លោកអ្នកមិនចាំចាប់បង់អ្វីឡើយ។
- ឱសថលំដាប់ទី 2 គឺជាឱសថមានយីហោ ។ សម្រាប់ឱសថលំដាប់ទី 2 លោកអ្នកមិនចាំចាប់បង់អ្វីឡើយ។
- ឱសថថ្នាក់ទី 3 គឺជាឱសថ Non-Medicare Rx/Over-The-Counter (OTC)។ សម្រាប់ឱសថលំដាប់ទី 3 លោកអ្នកមិនចាំចាប់បង់អ្វីឡើយ។

C. បញ្ជីឱសថស្ថិតក្រោមការគ្របដណ្តប់របស់ផែនការ

បញ្ជីឱសថដែលរ៉ាប់រងខាងក្រោមនេះផ្តល់ឱ្យអ្នកនូវព័ត៌មានអំពីឱសថដែលរ៉ាប់រងដោយ Molina Dual Options។ ប្រសិនបើអ្នកមានបញ្ហាក្នុងការស្វែងរកឱសថនៅក្នុងបញ្ជី សូមក្រលប់ទៅកាន់សន្ទស្សន៍នៃឱសថដែលបានកំណត់ដែលចាប់ផ្តើមនៅទំព័រទី 174។ សន្ទស្សន៍តាមអក្ខរក្រមរាយបញ្ជីឱសថទាំងអស់ដែលរ៉ាប់រងដោយ Molina Dual Options។

ជួរឈរដំបូងនៃបញ្ជីតំនូសតាងមានរាយបញ្ជីឈ្មោះឱសថ ។ ឱសថមានឈ្មោះយីហោត្រូវបានសរសេរជាអក្សរធំ (ឧ៖ BYSTOLIC) ហើយឱសថទូទៅត្រូវបានរាយជាអក្សរតូចទ្រេត (ឧ៖ *metoprolol*)។

ពត៌មាននៅក្នុងជួរឈរប្រាប់អ្នកអំពី “សកម្មភាពចាំបាច់ ការដាក់កម្រិត ឬដែនកំណត់លើការប្រើប្រាស់” ប្រសិនបើ Molina Dual Options មានច្បាប់ណាមួយសម្រាប់ការរ៉ាប់រងឱសថរបស់អ្នក។

កំណត់ចំណាំ ៖ សញ្ញា (*) ដែលនៅជាប់នឹងឱសថ មានន័យថាឱសថមិនមែនជា "ឱសថផ្នែក D" ទេ។ លោកអ្នកនឹងមិនត្រូវបានតម្រូវឱ្យបង់សហបង់ថ្លៃសម្រាប់ឱសថទាំងនេះឡើយ ។ ឱសថទាំងនេះក៏មានវិធានខុសគ្នាផងដែរសម្រាប់បណ្តឹងឧទ្ធរណ៍ ។

- បណ្តឹងឧទ្ធរណ៍មួយគឺជាមធ្យោបាយដ្ឋរការក្នុងការស្នើសុំឱ្យយើងពិនិត្យឡើងវិញនូវការសម្រេចចិត្តដែលយើងបានធ្វើអំពីការធានារ៉ាប់រងរបស់អ្នក និងដើម្បីផ្លាស់ប្តូរវាប្រសិនបើអ្នកគិតថាយើងបានធ្វើខុស។ ឧទាហរណ៍៖ យើងអាចសម្រេចចិត្តថាឱសថដែលអ្នកចង់បាន មិនត្រូវបានរ៉ាប់រង ឬលែងត្រូវបានរ៉ាប់រងដោយ Medicare ឬ Medi-Cal ទេ។

- ប្រសិនបើអ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នកមិនយល់ព្រមចំពោះការសម្រេចចិត្តរបស់យើង អ្នកអាចប្តឹងឧទ្ធរណ៍បាន។ ប្រសិនបើអ្នកមានសំណួរ សូមហៅទៅកាន់សេវាកម្មសមាជិកតាមរយៈលេខ (855) 665-4627។ អ្នកក៏អាចអានជំពូកទី 9 នៃ *សៀវភៅមគ្គុទ្ទេសក៍ណែនាំសមាជិក* ដើម្បីរៀនពីការសម្រេចចិត្តពីរបៀបប្តឹងឧទ្ធរណ៍។

D. បញ្ជីឱសថតាមបញ្ហាវេជ្ជសាស្ត្រ

ឱសថក្នុងផ្នែកនេះត្រូវបានដាក់ជាក្រុមទៅតាមចំណាត់ថ្នាក់ ដោយផ្អែកលើប្រភេទបញ្ហាវេជ្ជសាស្ត្រ ដែលពួកគេត្រូវបានប្រើដើម្បីព្យាបាល ។ ឧទាហរណ៍៖ ប្រសិនបើអ្នកមានជំងឺបេះដូង អ្នកគួរតែមើលនៅក្នុងប្រភេទ Beta-blockers។ នោះជាកន្លែងដែលលោកអ្នកនឹងរកឃើញឱសថ ដែលព្យាបាលបញ្ហាបេះដូង ។

ព័ត៌មាននៅក្នុងជួរឈរការរឹតបន្តឹង/កំណត់បានប្រាប់អ្នកថាតើ Molina Dual Options មានតម្រូវការពិសេសសម្រាប់ការធានារ៉ាប់រងលើឱសថរបស់អ្នក។

នេះគឺជាអត្ថន័យនៃលេខកូដដែលបានប្រើនៅក្នុងជួរឈរ “សកម្មភាពចាំបាច់ ការដាក់កម្រិត ឬដែនកំណត់លើការប្រើប្រាស់”៖

PA សរសេរកាត់មកពីពាក្យ Prior Authorization (ការអនុញ្ញាតជាមុន)

QL សរសេរកាត់មកពីពាក្យ Quantity Limits (ការកម្រិតបរិមាណ)

ST សរសេរកាត់មកពីពាក្យ Step Therapy Criteria (លក្ខណៈវិនិច្ឆ័យនៃការព្យាបាលតាមដំណាក់កាល)

NM សរសេរកាត់មកពីពាក្យ Not available through mail-order
(មិនអាចរកបានតាមរយៈការបញ្ជាទិញតាមសំបុត្រប្រៃសណីយ៍)

B/D ឱសថនេះអាចត្រូវបានរ៉ាប់រងស្ថិតក្រោម Medicare ផ្នែក B ឬ D ផ្អែកតាមកាលៈទេស:

LA សរសេរកាត់មកពីពាក្យ Limited Access Drug (ឱសថមានការប្រើប្រាស់មានកម្រិត)

សញ្ញា (*) តំណាងឱ្យ Non-Part D Drugs ឬជាតុ OTC ដែលត្រូវបានរ៉ាប់រងដោយ Medicaid

NDS តំណាងឱ្យ Non-Extended Days Supply

MOLINA_CA_CY19_2T_MMP eff 12/01/2019

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0 (1)	
allopurinol tab 300 mg	$0 (1)	
colchicine w/ probenecid tab 0.5-500 mg	$0 (1)	
COLCRYS TAB 0.6MG	$0 (2)	QL (120 tabs / 30 days)
febuxostat tab 40 mg	$0 (1)	ST
febuxostat tab 80 mg	$0 (1)	ST
MITIGARE CAP 0.6MG	$0 (2)	QL (60 caps / 30 days)
probenecid tab 500 mg	$0 (1)	
ULORIC TAB 40MG	$0 (2)	ST
ULORIC TAB 80MG	$0 (2)	ST
MISCELLANEOUS		
ALKA-SELTZER TAB 500MG	$0 (3)	NM; *
aspir-low tab 81mg ec	$0 (3)	NM; *
aspirin 81 tab 81mg ec	$0 (3)	NM; *
aspirin chew tab 81 mg	$0 (3)	NM; *
aspirin chw 81mg	$0 (3)	NM; *
aspirin low chw 81mg	$0 (3)	NM; *
aspirin low tab 81mg ec	$0 (3)	NM; *
ASPIRIN SUP 300MG	$0 (3)	NM; *
ASPIRIN SUP 600MG	$0 (3)	NM; *
aspirin tab 325 mg	$0 (3)	NM; *
aspirin tab 325mg	$0 (3)	NM; *
aspirin tab 325mg ec	$0 (3)	NM; *
aspirin tab delayed release 81 mg	$0 (3)	NM; *
aspirin tab delayed release 325 mg	$0 (3)	NM; *
BAYER PLUS TAB 500MG	$0 (3)	NM; *
BAYER WOMENS TAB 81-300MG	$0 (3)	NM; *
child asa ls chw 81mg	$0 (3)	NM; *
ecpirin tab 325mg ec	$0 (3)	NM; *
enteric asa tab 325mg ec	$0 (3)	NM; *
gnp aspirin chw 81mg	$0 (3)	NM; *
gnp aspirin tab 81mg ec	$0 (3)	NM; *
gnp aspirin tab 325mg	$0 (3)	NM; *
gnp aspirin tab 325mg ec	$0 (3)	NM; *
hm aspirin chw 81mg	$0 (3)	NM; *
hm aspirin tab 325mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
medi-seltzer tab 325mg	$0 (3)	NM; *
pain relief tab 325mg	$0 (3)	NM; *
qc aspirin tab 325mg	$0 (3)	NM; *
sb aspirin tab 325mg	$0 (3)	NM; *
sb child asa chw 81mg	$0 (3)	NM; *
sm aspirin chw 81mg	$0 (3)	NM; *
sm aspirin tab 81mg ec	$0 (3)	NM; *
sm aspirin tab 325mg	$0 (3)	NM; *
sm aspirin tab 325mg ec	$0 (3)	NM; *
sm child asa chw 81mg	$0 (3)	NM; *
tri-buff asa tab 325mg	$0 (3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain tab 220mg	$0 (3)	NM; *
all day relf tab 220mg	$0 (3)	NM; *
celecoxib cap 50 mg	$0 (1)	QL (240 caps / 30 days)
celecoxib cap 100 mg	$0 (1)	QL (120 caps / 30 days)
celecoxib cap 200 mg	$0 (1)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0 (1)	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	$0 (1)	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	$0 (1)	
diclofenac sodium tab delayed release 50 mg	$0 (1)	
diclofenac sodium tab delayed release 75 mg	$0 (1)	
diclofenac sodium tab er 24hr 100 mg	$0 (1)	
diflunisal tab 500 mg	$0 (1)	
etodolac cap 200 mg	$0 (1)	
etodolac cap 300 mg	$0 (1)	
etodolac tab 400 mg	$0 (1)	
etodolac tab 500 mg	$0 (1)	
etodolac tab er 24hr 400 mg	$0 (1)	
etodolac tab er 24hr 500 mg	$0 (1)	
etodolac tab er 24hr 600 mg	$0 (1)	
flurbiprofen tab 50 mg	$0 (1)	
flurbiprofen tab 100 mg	$0 (1)	
hm ibuprofen tab 200mg	$0 (3)	NM; *
ibu-200 tab 200mg	$0 (3)	NM; *
ibu-drops dro 50/1.25	$0 (3)	NM; *
ibuprofen cap 200 mg	$0 (3)	NM; *
ibuprofen cap 200mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibuprofen dro 50/1.25	$0 (3)	NM; *
ibuprofen ib chw 100mg	$0 (3)	NM; *
ibuprofen jr chw 100mg	$0 (3)	NM; *
ibuprofen sus 100/5ml	$0 (3)	NM; *
ibuprofen susp 100 mg/5ml	$0 (1)	
ibuprofen tab 200 mg	$0 (3)	NM; *
ibuprofen tab 200mg	$0 (3)	NM; *
ibuprofen tab 400 mg	$0 (1)	
ibuprofen tab 600 mg	$0 (1)	
ibuprofen tab 800 mg	$0 (1)	
meloxicam tab 7.5 mg	$0 (1)	
meloxicam tab 15 mg	$0 (1)	
nabumetone tab 500 mg	$0 (1)	
nabumetone tab 750 mg	$0 (1)	
naproxen dr tab 375mg	$0 (1)	
naproxen dr tab 500mg	$0 (1)	
naproxen sod cap 220mg	$0 (3)	NM; *
naproxen sod tab 220mg	$0 (3)	NM; *
naproxen sodium cap 220 mg	$0 (3)	NM; *
naproxen sodium tab 220 mg	$0 (3)	NM; *
naproxen sodium tab 275 mg	$0 (1)	
naproxen sodium tab 550 mg	$0 (1)	
naproxen tab 250 mg	$0 (1)	
naproxen tab 375 mg	$0 (1)	
naproxen tab 500 mg	$0 (1)	
piroxicam cap 10 mg	$0 (1)	
piroxicam cap 20 mg	$0 (1)	
provil tab 200mg	$0 (3)	NM; *
qc ibuprofen tab 200mg	$0 (3)	NM; *
sb ibuprofen tab 200mg	$0 (3)	NM; *
sm ibuprofen cap 200mg	$0 (3)	NM; *
sm ibuprofen tab 100mg jr	$0 (3)	NM; *
sm ibuprofen tab 200mg	$0 (3)	NM; *
sulindac tab 150 mg	$0 (1)	
sulindac tab 200 mg	$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0 (1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0 (1)	QL (400 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetaminophen w/ codeine tab 300-30 mg	$0 (1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0 (1)	QL (180 tabs / 30 days)
buprenorphine td patch weekly 5 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
butorphanol tartrate inj 1 mg/ml	$0 (2)	
butorphanol tartrate inj 2 mg/ml	$0 (2)	
BUTRANS DIS 5MCG/HR	$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 15MCG/HR	$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	$0 (2)	QL (4 patches / 28 days), PA
nalbuphine hcl inj 10 mg/ml	$0 (2)	
nalbuphine hcl inj 20 mg/ml	$0 (2)	
tramadol hcl tab 50 mg	$0 (1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
fentanyl citrate buccal tab 100 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 200 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 400 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 600 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 800 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl citrate lozenge on a handle 200 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	$0 (2)	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	$0 (2)	NDS, QL (120 tabs / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0 (1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0 (1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0 (1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0 (1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0 (1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	$0 (1)	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydromorphone hcl tab 2 mg	$0 (1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0 (1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0 (1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	$0 (2)	QL (30 tabs / 30 days), PA
methadone con 10mg/ml	$0 (1)	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	$0 (1)	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	$0 (1)	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	$0 (1)	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	$0 (1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 4MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 5MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 8MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 10MG/ML	$0 (2)	B/D
morphine sulfate iv soln 1 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 4 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 8 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 10 mg/ml	$0 (2)	B/D
morphine sulfate oral soln 10 mg/5ml	$0 (1)	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	$0 (1)	QL (750 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	$0 (1)	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	$0 (1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab er 15 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	$0 (1)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	$0 (2)	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	$0 (2)	QL (60 tabs / 30 days), PA
oxycodone hcl cap 5 mg	$0 (1)	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0 (1)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	$0 (1)	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0 (1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0 (1)	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	$0 (2)	QL (60 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 30MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	$0 (2)	QL (60 tabs / 30 days), PA
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	$0 (1)	B/D
lidocaine hcl local inj 1%	$0 (1)	B/D
lidocaine hcl local inj 2%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	$0 (1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0 (1)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0 (1)	
gentamicin in saline inj 0.8 mg/ml	$0 (1)	
gentamicin in saline inj 1 mg/ml	$0 (1)	
gentamicin in saline inj 1.2 mg/ml	$0 (1)	
gentamicin in saline inj 1.6 mg/ml	$0 (1)	
gentamicin in saline inj 2 mg/ml	$0 (1)	
gentamicin sulfate inj 10 mg/ml	$0 (1)	
gentamicin sulfate inj 40 mg/ml	$0 (1)	
neomycin sulfate tab 500 mg	$0 (1)	
paromomycin sulfate cap 250 mg	$0 (1)	
streptomycin sulfate for inj 1 gm	$0 (2)	NDS
SULFADIAZINE TAB 500MG	$0 (2)	
tobramycin nebu soln 300 mg/5ml	$0 (2)	NDS, NM, PA
tobramycin sulfate for inj 1.2 gm	$0 (2)	NDS
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0 (1)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0 (1)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0 (1)	
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	$0 (2)	NDS
ALINIA SUS 100/5ML	$0 (2)	NDS
ALINIA TAB 500MG	$0 (2)	NDS
atovaquone susp 750 mg/5ml	$0 (2)	NDS
AZACTAM INJ 1GM	$0 (2)	
AZACTAM INJ 2GM	$0 (2)	
aztreonam for inj 1 gm	$0 (1)	
aztreonam for inj 2 gm	$0 (1)	
CAYSTON INH 75MG	$0 (2)	NDS, LA, PA
clindamycin hcl cap 75 mg	$0 (1)	
clindamycin hcl cap 150 mg	$0 (1)	
clindamycin hcl cap 300 mg	$0 (1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0 (1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0 (1)	
clindamycin phosphate inj 9 gm/60ml	$0 (1)	
clindamycin phosphate inj 300 mg/2ml	$0 (1)	
clindamycin phosphate inj 600 mg/4ml	$0 (1)	
clindamycin phosphate inj 900 mg/6ml	$0 (1)	
clindamycin phosphate iv soln 300 mg/2ml	$0 (1)	
clindamycin phosphate iv soln 900 mg/6ml	$0 (1)	
CLINDMYC/NAC INJ 300/50ML	$0 (2)	
CLINDMYC/NAC INJ 600/50ML	$0 (2)	
CLINDMYC/NAC INJ 900/50ML	$0 (2)	
colistimethate sod for inj 150 mg (colistin base activity)	$0 (1)	
dapsone tab 25 mg	$0 (1)	
dapsone tab 100 mg	$0 (1)	
daptomycin for iv soln 350 mg	$0 (2)	NDS
daptomycin for iv soln 500 mg	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAPTOMYCIN SOL 350MG	$0 (2)	NDS
EMVERM CHW 100MG	$0 (2)	NDS
ertapenem sodium for inj 1 gm (base equivalent)	$0 (1)	
imipenem-cilastatin intravenous for soln 250 mg	$0 (1)	
imipenem-cilastatin intravenous for soln 500 mg	$0 (1)	
ivermectin tab 3 mg	$0 (1)	
linezolid for susp 100 mg/5ml	$0 (2)	NDS
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	$0 (2)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0 (1)	
linezolid tab 600 mg	$0 (2)	NDS
meropenem iv for soln 1 gm	$0 (1)	
meropenem iv for soln 500 mg	$0 (1)	
methenamine hippurate tab 1 gm	$0 (1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0 (1)	
metronidazole tab 250 mg	$0 (1)	
metronidazole tab 500 mg	$0 (1)	
NEBUPENT INH 300MG	$0 (2)	B/D
nitrofurantoin macrocrystalline cap 50 mg	$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	$0 (2)	
pentamidine isethionate for soln 300 mg	$0 (1)	
praziquantel tab 600 mg	$0 (1)	
reeses med sus pinworm	$0 (3)	NM; *
SIVEXTRO INJ 200MG	$0 (2)	NDS
SIVEXTRO TAB 200MG	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0 (1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0 (1)	
SYNERCID INJ 500MG	$0 (2)	NDS
tigecycline for iv soln 50 mg	$0 (2)	NDS
trimethoprim tab 100 mg	$0 (1)	
vancomycin hcl cap 125 mg (base equivalent)	$0 (1)	
vancomycin hcl cap 250 mg (base equivalent)	$0 (2)	NDS
vancomycin hcl for iv soln 1 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 5 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 10 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 500 mg (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 750 mg (base equivalent)	$0 (1)	
VANCOMYCIN INJ 1 GM	$0 (2)	
VANCOMYCIN INJ 500MG	$0 (2)	
VANCOMYCIN INJ 750MG	$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	$0 (2)	NDS, B/D
AMBISOME INJ 50MG	$0 (2)	NDS, B/D
amphotericin b for iv soln 50 mg	$0 (1)	B/D
caspofungin acetate for iv soln 50 mg	$0 (2)	NDS
caspofungin acetate for iv soln 70 mg	$0 (2)	NDS
fluconazole for susp 10 mg/ml	$0 (1)	
fluconazole for susp 40 mg/ml	$0 (1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0 (1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0 (1)	
fluconazole tab 50 mg	$0 (1)	
fluconazole tab 100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluconazole tab 150 mg	$0 (1)	
fluconazole tab 200 mg	$0 (1)	
flucytosine cap 250 mg	$0 (2)	NDS
flucytosine cap 500 mg	$0 (2)	NDS
griseofulvin microsize susp 125 mg/5ml	$0 (1)	
griseofulvin microsize tab 500 mg	$0 (1)	
griseofulvin ultramicrosize tab 125 mg	$0 (1)	
griseofulvin ultramicrosize tab 250 mg	$0 (1)	
itraconazole cap 100 mg	$0 (1)	PA
ketoconazole tab 200 mg	$0 (1)	PA
MYCAMINE INJ 50MG	$0 (2)	NDS
MYCAMINE INJ 100MG	$0 (2)	NDS
NOXAFIL SUS 40MG/ML	$0 (2)	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	$0 (2)	NDS, QL (93 tabs / 30 days)
nystatin tab 500000 unit	$0 (1)	
posaconazole tab delayed release 100 mg	$0 (2)	NDS, QL (93 tabs / 30 days)
terbinafine hcl tab 250 mg	$0 (1)	QL (90 tabs / year)
voriconazole for inj 200 mg	$0 (1)	
voriconazole for susp 40 mg/ml	$0 (2)	NDS
voriconazole tab 50 mg	$0 (2)	NDS
voriconazole tab 200 mg	$0 (2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0 (1)	
atovaquone-proguanil hcl tab 250-100 mg	$0 (1)	
chloroquine phosphate tab 250 mg	$0 (1)	
chloroquine phosphate tab 500 mg	$0 (1)	
COARTEM TAB 20-120MG	$0 (2)	
mefloquine hcl tab 250 mg	$0 (1)	
primaquine phosphate tab 26.3 mg (15 mg base)	$0 (1)	
PRIMAQUINE TAB 26.3MG	$0 (2)	
quinine sulfate cap 324 mg	$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
abacavir sulfate tab 300 mg (base equiv)	$0 (1)	
APTIVUS CAP 250MG	$0 (2)	NDS
APTIVUS SOL	$0 (2)	NDS
atazanavir sulfate cap 150 mg (base equiv)	$0 (2)	NDS
atazanavir sulfate cap 200 mg (base equiv)	$0 (2)	NDS
atazanavir sulfate cap 300 mg (base equiv)	$0 (2)	NDS
CRIXIVAN CAP 200MG	$0 (2)	
CRIXIVAN CAP 400MG	$0 (2)	
didanosine delayed release capsule 200 mg	$0 (1)	
didanosine delayed release capsule 250 mg	$0 (1)	
didanosine delayed release capsule 400 mg	$0 (1)	
EDURANT TAB 25MG	$0 (2)	NDS
efavirenz cap 50 mg	$0 (1)	
efavirenz cap 200 mg	$0 (2)	NDS
efavirenz tab 600 mg	$0 (2)	NDS
EMTRIVA CAP 200MG	$0 (2)	
EMTRIVA SOL 10MG/ML	$0 (2)	
fosamprenavir calcium tab 700 mg (base equiv)	$0 (2)	NDS
FUZEON INJ 90MG	$0 (2)	NDS, NM
INTELENCE TAB 25MG	$0 (2)	
INTELENCE TAB 100MG	$0 (2)	NDS
INTELENCE TAB 200MG	$0 (2)	NDS
INVIRASE TAB 500MG	$0 (2)	NDS
ISENTRESS CHW 25MG	$0 (2)	
ISENTRESS CHW 100MG	$0 (2)	NDS
ISENTRESS HD TAB 600MG	$0 (2)	NDS
ISENTRESS POW 100MG	$0 (2)	
ISENTRESS TAB 400MG	$0 (2)	NDS
lamivudine oral soln 10 mg/ml	$0 (1)	
lamivudine tab 150 mg	$0 (1)	
lamivudine tab 300 mg	$0 (1)	
LEXIVA SUS 50MG/ML	$0 (2)	
nevirapine susp 50 mg/5ml	$0 (1)	
nevirapine tab 200 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nevirapine tab er 24hr 100 mg	$0 (1)	
nevirapine tab er 24hr 400 mg	$0 (1)	
NORVIR POW 100MG	$0 (2)	
NORVIR SOL 80MG/ML	$0 (2)	
PIFELTRO TAB 100MG	$0 (2)	NDS
PREZISTA SUS 100MG/ML	$0 (2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	$0 (2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	$0 (2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	$0 (2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	$0 (2)	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	$0 (2)	
REYATAZ POW 50MG	$0 (2)	NDS
ritonavir tab 100 mg	$0 (1)	
SELZENTRY SOL 20MG/ML	$0 (2)	NDS
SELZENTRY TAB 25MG	$0 (2)	
SELZENTRY TAB 75MG	$0 (2)	NDS
SELZENTRY TAB 150MG	$0 (2)	NDS
SELZENTRY TAB 300MG	$0 (2)	NDS
stavudine cap 15 mg	$0 (1)	
stavudine cap 20 mg	$0 (1)	
stavudine cap 30 mg	$0 (1)	
stavudine cap 40 mg	$0 (1)	
tenofovir disoproxil fumarate tab 300 mg	$0 (2)	NDS
TIVICAY TAB 10MG	$0 (2)	
TIVICAY TAB 25MG	$0 (2)	NDS
TIVICAY TAB 50MG	$0 (2)	NDS
TROGARZO INJ 150MG/ML	$0 (2)	NDS, LA
TYBOST TAB 150MG	$0 (2)	
VIDEX EC CAP 125MG	$0 (2)	
VIDEX SOL 2GM	$0 (2)	
VIRACEPT TAB 250MG	$0 (2)	NDS
VIRACEPT TAB 625MG	$0 (2)	NDS
VIRAMUNE SUS 50MG/5ML	$0 (2)	
VIREAD POW 40MG/GM	$0 (2)	NDS
VIREAD TAB 150MG	$0 (2)	NDS
VIREAD TAB 200MG	$0 (2)	NDS
VIREAD TAB 250MG	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zidovudine cap 100 mg	$0 (1)	
zidovudine syrup 10 mg/ml	$0 (1)	
zidovudine tab 300 mg	$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0 (1)	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	$0 (2)	NDS
ATRIPLA TAB	$0 (2)	NDS
BIKTARVY TAB	$0 (2)	NDS
CIMDUO TAB 300-300	$0 (2)	NDS
COMPLERA TAB	$0 (2)	NDS
DELSTRIGO TAB	$0 (2)	NDS
DESCOVY TAB 200/25	$0 (2)	NDS
DOVATO TAB 50-300MG	$0 (2)	NDS
EVOTAZ TAB 300-150	$0 (2)	NDS
GENVOYA TAB	$0 (2)	NDS
JULUCA TAB 50-25MG	$0 (2)	NDS
KALETRA TAB 100-25MG	$0 (2)	
KALETRA TAB 200-50MG	$0 (2)	NDS
lamivudine-zidovudine tab 150-300 mg	$0 (1)	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0 (1)	
ODEFSEY TAB	$0 (2)	NDS
PREZCOBIX TAB 800-150	$0 (2)	NDS
STRIBILD TAB	$0 (2)	NDS
SYMFI LO TAB	$0 (2)	NDS
SYMFI TAB	$0 (2)	NDS
SYMTUZA TAB	$0 (2)	NDS
TEMIXYS TAB 300-300	$0 (2)	NDS
TRIUMEQ TAB	$0 (2)	NDS
TRUVADA TAB 100-150	$0 (2)	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	$0 (2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	$0 (2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	$0 (2)	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ethambutol hcl tab 100 mg	$0 (1)	
ethambutol hcl tab 400 mg	$0 (1)	
isoniazid syrup 50 mg/5ml	$0 (1)	
isoniazid tab 100 mg	$0 (1)	
isoniazid tab 300 mg	$0 (1)	
PASER GRA 4GM	$0 (2)	
PRIFTIN TAB 150MG	$0 (2)	
pyrazinamide tab 500 mg	$0 (1)	
rifabutin cap 150 mg	$0 (1)	
rifampin cap 150 mg	$0 (1)	
rifampin cap 300 mg	$0 (1)	
rifampin for inj 600 mg	$0 (1)	
RIFATER TAB	$0 (2)	
SIRTURO TAB 100MG	$0 (2)	NDS, LA, PA
TRECATOR TAB 250MG	$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0 (1)	
acyclovir sodium iv soln 50 mg/ml	$0 (1)	B/D
acyclovir susp 200 mg/5ml	$0 (1)	
acyclovir tab 400 mg	$0 (1)	
acyclovir tab 800 mg	$0 (1)	
adefovir dipivoxil tab 10 mg	$0 (2)	NDS
BARACLUDE SOL	$0 (2)	NDS
entecavir tab 0.5 mg	$0 (2)	NDS
entecavir tab 1 mg	$0 (2)	NDS
EPCLUSA TAB 400-100	$0 (2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	$0 (2)	
famciclovir tab 125 mg	$0 (1)	
famciclovir tab 250 mg	$0 (1)	
famciclovir tab 500 mg	$0 (1)	
ganciclovir sodium for inj 500 mg	$0 (1)	B/D
HARVONI TAB 90-400MG	$0 (2)	NDS, NM, PA
lamivudine tab 100 mg (hbv)	$0 (1)	
MAVYRET TAB 100-40MG	$0 (2)	NDS, NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	$0 (1)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	$0 (1)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	$0 (1)	QL (84 caps / year)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oseltamivir phosphate for susp 6 mg/ml (base equiv)	$0 (1)	QL (1080 mL / year)
PEGASYS INJ	$0 (2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	$0 (2)	NDS, NM, PA
PEGASYS INJ PROCLICK	$0 (2)	NDS, NM, PA
RELENZA MIS DISKHALE	$0 (2)	QL (6 inhalers / year)
ribavirin cap 200 mg	$0 (1)	NM
ribavirin tab 200 mg	$0 (1)	NM
rimantadine hydrochloride tab 100 mg	$0 (1)	
valacyclovir hcl tab 1 gm	$0 (1)	
valacyclovir hcl tab 500 mg	$0 (1)	
valganciclovir hcl for soln 50 mg/ml (base equiv)	$0 (2)	NDS
valganciclovir hcl tab 450 mg (base equivalent)	$0 (2)	NDS
VEMLIDY TAB 25MG	$0 (2)	NDS
VOSEVI TAB	$0 (2)	NDS, NM, PA
ZEPATIER TAB 50-100MG	$0 (2)	NDS, NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0 (1)	
cefaclor cap 500 mg	$0 (1)	
CEFACLOR ER TAB 500MG	$0 (2)	
cefaclor for susp 125 mg/5ml	$0 (1)	
cefaclor for susp 250 mg/5ml	$0 (1)	
cefaclor for susp 375 mg/5ml	$0 (1)	
cefadroxil cap 500 mg	$0 (1)	
cefadroxil for susp 250 mg/5ml	$0 (1)	
cefadroxil for susp 500 mg/5ml	$0 (1)	
cefadroxil tab 1 gm	$0 (1)	
CEFAZOLIN INJ 1GM/50ML	$0 (2)	
cefazolin sodium for inj 1 gm	$0 (1)	
cefazolin sodium for inj 10 gm	$0 (1)	
cefazolin sodium for inj 500 mg	$0 (1)	
cefazolin sodium for iv soln 1 gm	$0 (1)	
CEFAZOLIN SOL	$0 (2)	
cefdinir cap 300 mg	$0 (1)	
cefdinir for susp 125 mg/5ml	$0 (1)	
cefdinir for susp 250 mg/5ml	$0 (1)	
cefepime hcl for inj 1 gm	$0 (1)	
cefepime hcl for inj 2 gm	$0 (1)	
cefixime cap 400 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefixime for susp 100 mg/5ml	$0 (1)	
cefixime for susp 200 mg/5ml	$0 (1)	
cefotaxime sodium for inj 1 gm	$0 (1)	
cefotaxime sodium for inj 500 mg	$0 (1)	
cefoxitin sodium for inj 10 gm	$0 (1)	
cefoxitin sodium for iv soln 1 gm	$0 (1)	
cefoxitin sodium for iv soln 2 gm	$0 (1)	
cefpodoxime proxetil for susp 50 mg/5ml	$0 (1)	
cefpodoxime proxetil for susp 100 mg/5ml	$0 (1)	
cefpodoxime proxetil tab 100 mg	$0 (1)	
cefpodoxime proxetil tab 200 mg	$0 (1)	
cefprozil for susp 125 mg/5ml	$0 (1)	
cefprozil for susp 250 mg/5ml	$0 (1)	
cefprozil tab 250 mg	$0 (1)	
cefprozil tab 500 mg	$0 (1)	
ceftazidime for inj 1 gm	$0 (1)	
ceftazidime for inj 2 gm	$0 (1)	
ceftazidime for inj 6 gm	$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	$0 (2)	
ceftriaxone sodium for inj 1 gm	$0 (1)	
ceftriaxone sodium for inj 2 gm	$0 (1)	
ceftriaxone sodium for inj 10 gm	$0 (1)	
ceftriaxone sodium for inj 250 mg	$0 (1)	
ceftriaxone sodium for inj 500 mg	$0 (1)	
ceftriaxone sodium for iv soln 1 gm	$0 (1)	
ceftriaxone sodium for iv soln 2 gm	$0 (1)	
cefuroxime axetil tab 250 mg	$0 (1)	
cefuroxime axetil tab 500 mg	$0 (1)	
cefuroxime sodium for inj 7.5 gm	$0 (1)	
cefuroxime sodium for inj 750 mg	$0 (1)	
cefuroxime sodium for iv soln 1.5 gm	$0 (1)	
cephalexin cap 250 mg	$0 (1)	
cephalexin cap 500 mg	$0 (1)	
cephalexin for susp 125 mg/5ml	$0 (1)	
cephalexin for susp 250 mg/5ml	$0 (1)	
SUPRAX CHW 100MG	$0 (2)	
SUPRAX CHW 200MG	$0 (2)	
SUPRAX SUS 500/5ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tazicef inj 1gm	$0 (1)	
tazicef inj 2gm	$0 (1)	
tazicef inj 6gm	$0 (1)	
TEFLARO INJ 400MG	$0 (2)	NDS
TEFLARO INJ 600MG	$0 (2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	$0 (1)	
azithromycin for susp 200 mg/5ml	$0 (1)	
azithromycin iv for soln 500 mg	$0 (1)	
azithromycin powd pack for susp 1 gm	$0 (1)	
azithromycin tab 250 mg	$0 (1)	
azithromycin tab 500 mg	$0 (1)	
azithromycin tab 600 mg	$0 (1)	
clarithromycin for susp 125 mg/5ml	$0 (1)	
clarithromycin for susp 250 mg/5ml	$0 (1)	
clarithromycin tab 250 mg	$0 (1)	
clarithromycin tab 500 mg	$0 (1)	
clarithromycin tab er 24hr 500 mg	$0 (1)	
DIFICID TAB 200MG	$0 (2)	NDS
ery-tab tab 250mg ec	$0 (1)	
ery-tab tab 333mg ec	$0 (1)	
ery-tab tab 500mg ec	$0 (1)	
ERYTHROCIN INJ 500MG	$0 (2)	
erythrocin tab 250mg	$0 (1)	
erythromycin ethylsuccinate tab 400 mg	$0 (1)	
erythromycin tab 250 mg	$0 (1)	
erythromycin tab 500 mg	$0 (1)	
erythromycin tab delayed release 250 mg	$0 (1)	
erythromycin tab delayed release 333 mg	$0 (1)	
erythromycin tab delayed release 500 mg	$0 (1)	
erythromycin w/ delayed release particles cap 250 mg	$0 (1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0 (1)	
ciprofloxacin 400 mg/200ml in d5w	$0 (1)	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ciprofloxacin hcl tab 100 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 250 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 500 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 750 mg (base equiv)	$0 (1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0 (1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0 (1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0 (1)	
levofloxacin iv soln 25 mg/ml	$0 (1)	
levofloxacin oral soln 25 mg/ml	$0 (1)	
levofloxacin tab 250 mg	$0 (1)	
levofloxacin tab 500 mg	$0 (1)	
levofloxacin tab 750 mg	$0 (1)	
moxifloxacin hcl tab 400 mg (base equiv)	$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0 (1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0 (1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0 (1)	
amoxicillin & k clavulanate tab 250-125 mg	$0 (1)	
amoxicillin & k clavulanate tab 500-125 mg	$0 (1)	
amoxicillin & k clavulanate tab 875-125 mg	$0 (1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0 (1)	
amoxicillin (trihydrate) cap 250 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) cap 500 mg	$0 (1)	
amoxicillin (trihydrate) chew tab 125 mg	$0 (1)	
amoxicillin (trihydrate) chew tab 250 mg	$0 (1)	
amoxicillin (trihydrate) for susp 125 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 200 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 250 mg/5ml	$0 (1)	
amoxicillin (trihydrate) for susp 400 mg/5ml	$0 (1)	
amoxicillin (trihydrate) tab 500 mg	$0 (1)	
amoxicillin (trihydrate) tab 875 mg	$0 (1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0 (1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0 (1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0 (1)	
ampicillin cap 500 mg	$0 (1)	
ampicillin sodium for inj 1 gm	$0 (1)	
ampicillin sodium for inj 2 gm	$0 (1)	
ampicillin sodium for inj 125 mg	$0 (1)	
ampicillin sodium for inj 250 mg	$0 (1)	
ampicillin sodium for inj 500 mg	$0 (1)	
ampicillin sodium for iv soln 1 gm	$0 (1)	
ampicillin sodium for iv soln 2 gm	$0 (1)	
ampicillin sodium for iv soln 10 gm	$0 (1)	
BICILLIN L-A INJ 600000	$0 (2)	
BICILLIN L-A INJ 1200000	$0 (2)	
BICILLIN L-A INJ 2400000	$0 (2)	
dicloxacillin sodium cap 250 mg	$0 (1)	
dicloxacillin sodium cap 500 mg	$0 (1)	
NAFCILLIN INJ 10GM	$0 (2)	
nafcillin sodium for inj 1 gm	$0 (1)	
nafcillin sodium for inj 2 gm	$0 (1)	
nafcillin sodium for iv soln 1 gm	$0 (1)	
nafcillin sodium for iv soln 2 gm	$0 (1)	
nafcillin sodium for iv soln 10 gm	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxacillin sodium for inj 1 gm (base equivalent)	$0 (1)	
oxacillin sodium for inj 2 gm (base equivalent)	$0 (1)	
oxacillin sodium for inj 10 gm (base equivalent)	$0 (2)	NDS
PEN G PROC INJ 600000	$0 (2)	
PEN GK/DEXTR INJ 40000/ML	$0 (2)	
PEN GK/DEXTR INJ 60000/ML	$0 (2)	
penicillin g potassium for inj 5000000 unit	$0 (1)	
penicillin g potassium for inj 20000000 unit	$0 (1)	
penicillin g sodium for inj 5000000 unit	$0 (1)	
penicillin v potassium for soln 125 mg/5ml	$0 (1)	
penicillin v potassium for soln 250 mg/5ml	$0 (1)	
penicillin v potassium tab 250 mg	$0 (1)	
penicillin v potassium tab 500 mg	$0 (1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 inj 100mg	$0 (1)	
doxycycline hyclate cap 50 mg	$0 (1)	
doxycycline hyclate cap 100 mg	$0 (1)	
doxycycline hyclate for inj 100 mg	$0 (1)	
doxycycline hyclate tab 20 mg	$0 (1)	
doxycycline hyclate tab 100 mg	$0 (1)	
doxycycline monohydrate cap 50 mg	$0 (1)	
doxycycline monohydrate cap 100 mg	$0 (1)	
doxycycline monohydrate tab 50 mg	$0 (1)	
doxycycline monohydrate tab 75 mg	$0 (1)	
doxycycline monohydrate tab 100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline monohydrate tab 150 mg	$0 (1)	
minocycline hcl cap 50 mg	$0 (1)	
minocycline hcl cap 75 mg	$0 (1)	
minocycline hcl cap 100 mg	$0 (1)	
tetracycline hcl cap 250 mg	$0 (1)	
tetracycline hcl cap 500 mg	$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	$0 (2)	NDS, B/D, NM
cyclophosphamide cap 25 mg	$0 (1)	B/D
cyclophosphamide cap 50 mg	$0 (1)	B/D
cyclophosphamide for inj 1 gm	$0 (2)	NDS, B/D, NM
cyclophosphamide for inj 2 gm	$0 (2)	NDS, B/D, NM
cyclophosphamide for inj 500 mg	$0 (2)	NDS, B/D, NM
dacarbazine for inj 100 mg	$0 (1)	B/D
EMCYT CAP 140MG	$0 (2)	
GLEOSTINE CAP 10MG	$0 (2)	
GLEOSTINE CAP 40MG	$0 (2)	
GLEOSTINE CAP 100MG	$0 (2)	
IFEX INJ 3GM	$0 (2)	B/D
IFOSFAMIDE INJ 3GM	$0 (2)	B/D
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	$0 (1)	B/D
LEUKERAN TAB 2MG	$0 (2)	NDS
ANTHRACYCLINES		
adriamycin inj 20mg	$0 (1)	B/D, NM
doxorubicin hcl for inj 50 mg	$0 (1)	B/D, NM
doxorubicin hcl inj 2 mg/ml	$0 (1)	B/D, NM
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	$0 (2)	NDS, B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	$0 (1)	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	$0 (1)	B/D
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	$0 (1)	B/D
bleomycin sulfate for inj 30 unit	$0 (1)	B/D
mitomycin for iv soln 5 mg	$0 (2)	NDS, B/D
mitomycin for iv soln 20 mg	$0 (2)	NDS, B/D
mitomycin for iv soln 40 mg	$0 (2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIMETABOLITES		
adrucil inj 2.5g/50m	$0 (1)	B/D
adrucil inj 5gm/100m	$0 (1)	B/D
adrucil inj 500/10ml	$0 (1)	B/D
ALIMTA INJ 100MG	$0 (2)	NDS, B/D
ALIMTA INJ 500MG	$0 (2)	NDS, B/D
azacitidine for inj 100 mg	$0 (2)	NDS, B/D, NM
cytarabine inj 20 mg/ml	$0 (1)	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	$0 (1)	B/D
gemcitabine hcl for inj 1 gm	$0 (1)	B/D
gemcitabine hcl for inj 2 gm	$0 (1)	B/D
gemcitabine hcl for inj 200 mg	$0 (1)	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	$0 (1)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	$0 (1)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	$0 (1)	B/D
mercaptopurine tab 50 mg	$0 (1)	
methotrexate sodium for inj 1 gm	$0 (1)	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0 (1)	B/D
PURIXAN SUS 20MG/ML	$0 (2)	NDS, NM
TABLOID TAB 40MG	$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	$0 (2)	NDS, B/D
docetaxel for inj conc 20 mg/ml	$0 (2)	NDS, B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	$0 (2)	NDS, B/D, NM
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 20MG/2ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/4ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/8ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 160/8ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 160/16ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 200/10	$0 (2)	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	$0 (2)	NDS, B/D, NM
docetaxel soln for iv infusion 80 mg/8ml	$0 (2)	NDS, B/D, NM
docetaxel soln for iv infusion 160 mg/16ml	$0 (2)	NDS, B/D, NM
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	$0 (1)	B/D, NM
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	$0 (1)	B/D, NM
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	$0 (1)	B/D, NM
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	$0 (1)	B/D, NM
TAXOTERE INJ 80MG/4ML	$0 (2)	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	$0 (1)	B/D
vincristine sulfate iv soln 1 mg/ml	$0 (1)	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	$0 (1)	B/D, NM
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	$0 (1)	B/D, NM
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	$0 (2)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	$0 (2)	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	$0 (2)	NDS, NM, PA
DAURISMO TAB 25MG	$0 (2)	NDS, NM, LA, PA
DAURISMO TAB 100MG	$0 (2)	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 15MG	$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 20MG	$0 (2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	$0 (2)	NDS, NM, PA
HERCEPTIN INJ 150MG	$0 (2)	NDS, NM, PA
HERCEPTIN INJ 440MG	$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE CAP 75MG	$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 100MG	$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 125MG	$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 50MG	$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 100MG	$0 (2)	NDS, NM, LA, PA
KADCYLA INJ 100MG	$0 (2)	NDS, B/D, NM
KADCYLA INJ 160MG	$0 (2)	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	$0 (2)	NDS, NM, PA
KEYTRUDA SOL 50MG	$0 (2)	NDS, PA
KISQALI 200 PAK FEMARA	$0 (2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	$0 (2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	$0 (2)	NDS, NM, PA
KISQALI TAB 200DOSE	$0 (2)	NDS, NM, PA
KISQALI TAB 400DOSE	$0 (2)	NDS, NM, PA
KISQALI TAB 600DOSE	$0 (2)	NDS, NM, PA
LYNPARZA TAB 100MG	$0 (2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	$0 (2)	NDS, NM, LA, PA
MYLOTARG INJ 4.5MG	$0 (2)	NDS, LA, PA
NINLARO CAP 2.3MG	$0 (2)	NDS, NM, PA
NINLARO CAP 3MG	$0 (2)	NDS, NM, PA
NINLARO CAP 4MG	$0 (2)	NDS, NM, PA
ODOMZO CAP 200MG	$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 100MG	$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	$0 (2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	$0 (2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	$0 (2)	NDS, LA, PA
VELCADE INJ 3.5MG	$0 (2)	NDS, NM, PA
VENCLEXTA TAB 10MG	$0 (2)	LA, PA
VENCLEXTA TAB 50MG	$0 (2)	LA, PA
VENCLEXTA TAB 100MG	$0 (2)	NDS, LA, PA
VENCLEXTA TAB START PK	$0 (2)	NDS, LA, PA
VERZENIO TAB 50MG	$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERZENIO TAB 200MG	$0 (2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	$0 (2)	NDS, LA, PA
ZOLINZA CAP 100MG	$0 (2)	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	$0 (2)	NDS, NM, PA
anastrozole tab 1 mg	$0 (1)	
bicalutamide tab 50 mg	$0 (1)	
DEPO-PROVERA INJ 400/ML	$0 (2)	B/D
ERLEADA TAB 60MG	$0 (2)	NDS, NM, LA, PA
exemestane tab 25 mg	$0 (1)	
FASLODEX INJ 250/5ML	$0 (2)	NDS, B/D
flutamide cap 125 mg	$0 (1)	
fulvestrant inj 250 mg/5ml	$0 (2)	NDS, B/D
letrozole tab 2.5 mg	$0 (1)	
leuprolide acetate inj kit 5 mg/ml	$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0 (2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	$0 (2)	NDS, NM, PA
LYSODREN TAB 500MG	$0 (2)	
megestrol acetate susp 40 mg/ml	$0 (2)	
megestrol acetate susp 625 mg/5ml	$0 (2)	PA
megestrol acetate tab 20 mg	$0 (2)	
megestrol acetate tab 40 mg	$0 (2)	
nilutamide tab 150 mg	$0 (2)	NDS
NUBEQA TAB 300MG	$0 (2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	$0 (2)	NDS
tamoxifen citrate tab 10 mg (base equivalent)	$0 (1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0 (1)	
toremifene citrate tab 60 mg (base equivalent)	$0 (2)	NDS
TRELSTAR MIX INJ 3.75MG	$0 (2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	$0 (2)	NDS, NM, PA
XTANDI CAP 40MG	$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	$0 (2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	$0 (2)	NDS, NM, LA, PA
POMALYST CAP 2MG	$0 (2)	NDS, NM, LA, PA
POMALYST CAP 3MG	$0 (2)	NDS, NM, LA, PA
POMALYST CAP 4MG	$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVLIMID CAP 2.5MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	$0 (2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	$0 (2)	NDS, NM, LA, PA
ALUNBRIG PAK	$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	$0 (2)	NDS, NM, LA, PA
BALVERSA TAB 3MG	$0 (2)	NDS, LA, PA
BALVERSA TAB 4MG	$0 (2)	NDS, LA, PA
BALVERSA TAB 5MG	$0 (2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BOSULIF TAB 100MG	$0 (2)	NDS, NM, PA
BOSULIF TAB 400MG	$0 (2)	NDS, NM, PA
BOSULIF TAB 500MG	$0 (2)	NDS, NM, PA
BRAFTOVI CAP 75MG	$0 (2)	NDS, LA, PA
CABOMETYX TAB 20MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	$0 (2)	NDS, LA, PA
CAPRELSA TAB 100MG	$0 (2)	NDS, LA, PA
CAPRELSA TAB 300MG	$0 (2)	NDS, LA, PA
COMETRIQ KIT 60MG	$0 (2)	NDS, LA, PA
COMETRIQ KIT 100MG	$0 (2)	NDS, LA, PA
COMETRIQ KIT 140MG	$0 (2)	NDS, LA, PA
COPIKTRA CAP 15MG	$0 (2)	NDS, LA, PA
COPIKTRA CAP 25MG	$0 (2)	NDS, LA, PA
COTELLIC TAB 20MG	$0 (2)	NDS, NM, LA, PA
erlotinib hcl tab 25 mg (base equivalent)	$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl tab 100 mg (base equivalent)	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
erlotinib hcl tab 150 mg (base equivalent)	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	$0 (2)	NDS, LA, PA
GILOTRIF TAB 30MG	$0 (2)	NDS, LA, PA
GILOTRIF TAB 40MG	$0 (2)	NDS, LA, PA
ICLUSIG TAB 15MG	$0 (2)	NDS, LA, PA
ICLUSIG TAB 45MG	$0 (2)	NDS, LA, PA
imatinib mesylate tab 100 mg (base equivalent)	$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate tab 400 mg (base equivalent)	$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	$0 (2)	NDS, LA, PA
IMBRUVICA CAP 140MG	$0 (2)	NDS, LA, PA
IMBRUVICA TAB 140MG	$0 (2)	NDS, LA, PA
IMBRUVICA TAB 280MG	$0 (2)	NDS, LA, PA
IMBRUVICA TAB 420MG	$0 (2)	NDS, LA, PA
IMBRUVICA TAB 560MG	$0 (2)	NDS, LA, PA
INLYTA TAB 1MG	$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TAB 5MG	$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	$0 (2)	NDS, LA, PA
IRESSA TAB 250MG	$0 (2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	$0 (2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	$0 (2)	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	$0 (2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0 (2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	$0 (2)	NDS, NM, PA
ROZLYTREK CAP 100MG	$0 (2)	NDS, LA, PA
ROZLYTREK CAP 200MG	$0 (2)	NDS, LA, PA
RYDAPT CAP 25MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 20MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 50MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 70MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 80MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 100MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 140MG	$0 (2)	NDS, NM, PA
STIVARGA TAB 40MG	$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SUTENT CAP 12.5MG	$0 (2)	NDS, NM, PA
SUTENT CAP 25MG	$0 (2)	NDS, NM, PA
SUTENT CAP 37.5MG	$0 (2)	NDS, NM, PA
SUTENT CAP 50MG	$0 (2)	NDS, NM, PA
TAFINLAR CAP 50MG	$0 (2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 80MG	$0 (2)	NDS, NM, LA, PA
TARCEVA TAB 25MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	$0 (2)	NDS, NM, PA
TASIGNA CAP 150MG	$0 (2)	NDS, NM, PA
TASIGNA CAP 200MG	$0 (2)	NDS, NM, PA
TURALIO CAP 200MG	$0 (2)	NDS, LA, PA
TYKERB TAB 250MG	$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	$0 (2)	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	$0 (2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	$0 (2)	NDS, NM, LA, PA
XALKORI CAP 200MG	$0 (2)	NDS, NM, LA, PA
XALKORI CAP 250MG	$0 (2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	$0 (2)	NDS, LA, PA
ZELBORAF TAB 240MG	$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	$0 (2)	NDS, NM, LA, PA
ZYKADIA CAP 150MG	$0 (2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	$0 (2)	NDS, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	$0 (2)	NDS, NM, PA
hydroxyurea cap 500 mg	$0 (1)	
LONSURF TAB 15-6.14	$0 (2)	NDS, NM, PA
LONSURF TAB 20-8.19	$0 (2)	NDS, NM, PA
MATULANE CAP 50MG	$0 (2)	NDS, LA
SYLATRON KIT 200MCG	$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYLATRON KIT 300MCG	$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	$0 (2)	NDS, PA
tretinoin cap 10 mg	$0 (2)	NDS
XPOVIO PAK 60MG	$0 (2)	NDS, LA, PA
XPOVIO PAK 80MG	$0 (2)	NDS, LA, PA
XPOVIO PAK 100MG	$0 (2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	$0 (1)	B/D, NM
carboplatin iv soln 150 mg/15ml	$0 (1)	B/D, NM
carboplatin iv soln 450 mg/45ml	$0 (1)	B/D, NM
carboplatin iv soln 600 mg/60ml	$0 (1)	B/D, NM
cisplatin inj 50 mg/50ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0 (1)	B/D
oxaliplatin for iv inj 50 mg	$0 (2)	NDS, B/D
oxaliplatin for iv inj 100 mg	$0 (2)	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	$0 (1)	B/D
oxaliplatin iv soln 100 mg/20ml	$0 (1)	B/D
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 500 mg (base equivalent)	$0 (2)	NDS, B/D, NM
leucovorin calcium for inj 50 mg	$0 (1)	B/D
leucovorin calcium for inj 100 mg	$0 (1)	B/D
leucovorin calcium for inj 200 mg	$0 (1)	B/D
leucovorin calcium for inj 350 mg	$0 (1)	B/D
leucovorin calcium for inj 500 mg	$0 (1)	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	$0 (1)	B/D
leucovorin calcium tab 5 mg	$0 (1)	
leucovorin calcium tab 10 mg	$0 (1)	
leucovorin calcium tab 15 mg	$0 (1)	
leucovorin calcium tab 25 mg	$0 (1)	
MESNEX TAB 400MG	$0 (2)	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
toposar inj 1gm/50ml	$0 (1)	B/D
toposar inj 100/5ml	$0 (1)	B/D
topotecan hcl for inj 4 mg (base equiv)	$0 (2)	NDS, B/D
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	$0 (2)	NDS, B/D
TOPOTECAN INJ 4MG/4ML	$0 (2)	NDS, B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-40 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 10-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 10-40 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0 (1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
perindopril erbumine tab 2 mg	$0 (1)	
perindopril erbumine tab 4 mg	$0 (1)	
perindopril erbumine tab 8 mg	$0 (1)	
quinapril hcl tab 5 mg	$0 (1)	
quinapril hcl tab 10 mg	$0 (1)	
quinapril hcl tab 20 mg	$0 (1)	
quinapril hcl tab 40 mg	$0 (1)	
ramipril cap 1.25 mg	$0 (1)	
ramipril cap 2.5 mg	$0 (1)	
ramipril cap 5 mg	$0 (1)	
ramipril cap 10 mg	$0 (1)	
trandolapril tab 1 mg	$0 (1)	
trandolapril tab 2 mg	$0 (1)	
trandolapril tab 4 mg	$0 (1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	$0 (1)	
eplerenone tab 50 mg	$0 (1)	
spironolactone tab 25 mg	$0 (1)	
spironolactone tab 50 mg	$0 (1)	
spironolactone tab 100 mg	$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	$0 (1)	
doxazosin mesylate tab 2 mg	$0 (1)	
doxazosin mesylate tab 4 mg	$0 (1)	
doxazosin mesylate tab 8 mg	$0 (1)	
prazosin hcl cap 1 mg	$0 (1)	
prazosin hcl cap 2 mg	$0 (1)	
prazosin hcl cap 5 mg	$0 (1)	
terazosin hcl cap 1 mg (base equivalent)	$0 (1)	
terazosin hcl cap 2 mg (base equivalent)	$0 (1)	
terazosin hcl cap 5 mg (base equivalent)	$0 (1)	
terazosin hcl cap 10 mg (base equivalent)	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-320 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-320 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0 (1)	
ENTRESTO TAB 24-26MG	$0 (2)	
ENTRESTO TAB 49-51MG	$0 (2)	
ENTRESTO TAB 97-103MG	$0 (2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0 (1)	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0 (1)	
telmisartan-amlodipine tab 40-5 mg	$0 (1)	
telmisartan-amlodipine tab 40-10 mg	$0 (1)	
telmisartan-amlodipine tab 80-5 mg	$0 (1)	
telmisartan-amlodipine tab 80-10 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 80-25 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-25 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-25 mg	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	$0 (1)	
candesartan cilexetil tab 8 mg	$0 (1)	
candesartan cilexetil tab 16 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
candesartan cilexetil tab 32 mg	$0 (1)	
eprosartan mesylate tab 600 mg	$0 (1)	
irbesartan tab 75 mg	$0 (1)	
irbesartan tab 150 mg	$0 (1)	
irbesartan tab 300 mg	$0 (1)	
losartan potassium tab 25 mg	$0 (1)	
losartan potassium tab 50 mg	$0 (1)	
losartan potassium tab 100 mg	$0 (1)	
olmesartan medoxomil tab 5 mg	$0 (1)	
olmesartan medoxomil tab 20 mg	$0 (1)	
olmesartan medoxomil tab 40 mg	$0 (1)	
telmisartan tab 20 mg	$0 (1)	
telmisartan tab 40 mg	$0 (1)	
telmisartan tab 80 mg	$0 (1)	
valsartan tab 40 mg	$0 (1)	
valsartan tab 80 mg	$0 (1)	
valsartan tab 160 mg	$0 (1)	
valsartan tab 320 mg	$0 (1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	$0 (1)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	$0 (1)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	$0 (1)	
amiodarone hcl tab 100 mg	$0 (1)	
amiodarone hcl tab 200 mg	$0 (1)	
amiodarone hcl tab 400 mg	$0 (1)	
disopyramide phosphate cap 100 mg	$0 (2)	
disopyramide phosphate cap 150 mg	$0 (2)	
dofetilide cap 125 mcg (0.125 mg)	$0 (1)	NM
dofetilide cap 250 mcg (0.25 mg)	$0 (1)	NM
dofetilide cap 500 mcg (0.5 mg)	$0 (1)	NM
flecainide acetate tab 50 mg	$0 (1)	
flecainide acetate tab 100 mg	$0 (1)	
flecainide acetate tab 150 mg	$0 (1)	
mexiletine hcl cap 150 mg	$0 (1)	
mexiletine hcl cap 200 mg	$0 (1)	
mexiletine hcl cap 250 mg	$0 (1)	
MULTAQ TAB 400MG	$0 (2)	
NORPACE CAP 100MG CR	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NORPACE CAP 150MG CR	$0 (2)	
pacerone tab 100mg	$0 (1)	
pacerone tab 200mg	$0 (1)	
pacerone tab 400mg	$0 (1)	
propafenone hcl cap er 12hr 225 mg	$0 (1)	
propafenone hcl cap er 12hr 325 mg	$0 (1)	
propafenone hcl cap er 12hr 425 mg	$0 (1)	
propafenone hcl tab 150 mg	$0 (1)	
propafenone hcl tab 225 mg	$0 (1)	
propafenone hcl tab 300 mg	$0 (1)	
quinidine gluconate tab er 324 mg	$0 (1)	
quinidine sulfate tab 200 mg	$0 (1)	
quinidine sulfate tab 300 mg	$0 (1)	
sorine tab 80mg	$0 (1)	
sorine tab 120mg	$0 (1)	
sorine tab 160mg	$0 (1)	
sorine tab 240mg	$0 (1)	
sotalol hcl (afib/afl) tab 80 mg	$0 (1)	
sotalol hcl (afib/afl) tab 120 mg	$0 (1)	
sotalol hcl (afib/afl) tab 160 mg	$0 (1)	
sotalol hcl tab 80 mg	$0 (1)	
sotalol hcl tab 120 mg	$0 (1)	
sotalol hcl tab 160 mg	$0 (1)	
sotalol hcl tab 240 mg	$0 (1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 20 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 40 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 80 mg (base equivalent)	$0 (1)	
lovastatin tab 10 mg	$0 (1)	
lovastatin tab 20 mg	$0 (1)	
lovastatin tab 40 mg	$0 (1)	
pravastatin sodium tab 10 mg	$0 (1)	
pravastatin sodium tab 20 mg	$0 (1)	
pravastatin sodium tab 40 mg	$0 (1)	
pravastatin sodium tab 80 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rosuvastatin calcium tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 5 mg	$0 (1)	
simvastatin tab 10 mg	$0 (1)	
simvastatin tab 20 mg	$0 (1)	
simvastatin tab 40 mg	$0 (1)	
simvastatin tab 80 mg	$0 (1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder 4 gm/dose	$0 (1)	
cholestyramine light powder packets 4 gm	$0 (1)	
cholestyramine powder 4 gm/dose	$0 (1)	
cholestyramine powder packets 4 gm	$0 (1)	
colesevelam hcl packet for susp 3.75 gm	$0 (1)	
colesevelam hcl tab 625 mg	$0 (1)	
colestipol hcl granule packets 5 gm	$0 (1)	
colestipol hcl granules 5 gm	$0 (1)	
colestipol hcl tab 1 gm	$0 (1)	
ezetimibe tab 10 mg	$0 (1)	
ezetimibe-simvastatin tab 10-10 mg	$0 (1)	
ezetimibe-simvastatin tab 10-20 mg	$0 (1)	
ezetimibe-simvastatin tab 10-40 mg	$0 (1)	
ezetimibe-simvastatin tab 10-80 mg	$0 (1)	
fenofibrate micronized cap 67 mg	$0 (1)	
fenofibrate micronized cap 134 mg	$0 (1)	
fenofibrate micronized cap 200 mg	$0 (1)	
fenofibrate tab 48 mg	$0 (1)	
fenofibrate tab 54 mg	$0 (1)	
fenofibrate tab 145 mg	$0 (1)	
fenofibrate tab 160 mg	$0 (1)	
gemfibrozil tab 600 mg	$0 (1)	
JUXTAPID CAP 5MG	$0 (2)	NDS, LA, PA
JUXTAPID CAP 10MG	$0 (2)	NDS, LA, PA
JUXTAPID CAP 20MG	$0 (2)	NDS, LA, PA
JUXTAPID CAP 30MG	$0 (2)	NDS, LA, PA
JUXTAPID CAP 40MG	$0 (2)	NDS, LA, PA
JUXTAPID CAP 60MG	$0 (2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KYNAMRO INJ 200MG/ML	$0 (2)	NDS, NM, PA
niacin (antihyperlipidemic) tab 500 mg	$0 (1)	
niacin tab er 500 mg (antihyperlipidemic)	$0 (1)	QL (90 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0 (1)	
niacin tab er 1000 mg (antihyperlipidemic)	$0 (1)	
niacor tab 500mg	$0 (1)	
PRALUENT INJ 75MG/ML	$0 (2)	NDS, PA
PRALUENT INJ 150MG/ML	$0 (2)	NDS, PA
prevalite pow 4gm	$0 (1)	
prevalite pow 4gm pk	$0 (1)	
VASCEPA CAP 0.5GM	$0 (2)	
VASCEPA CAP 1GM	$0 (2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0 (1)	
atenolol & chlorthalidone tab 100-25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 40-25 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 80-25 mg	$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0 (1)	
acebutolol hcl cap 400 mg	$0 (1)	
atenolol tab 25 mg	$0 (1)	
atenolol tab 50 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atenolol tab 100 mg	$0 (1)	
betaxolol hcl tab 10 mg	$0 (1)	
betaxolol hcl tab 20 mg	$0 (1)	
bisoprolol fumarate tab 5 mg	$0 (1)	
bisoprolol fumarate tab 10 mg	$0 (1)	
BYSTOLIC TAB 2.5MG	$0 (2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	$0 (2)	QL (60 tabs / 30 days)
carvedilol tab 3.125 mg	$0 (1)	
carvedilol tab 6.25 mg	$0 (1)	
carvedilol tab 12.5 mg	$0 (1)	
carvedilol tab 25 mg	$0 (1)	
labetalol hcl tab 100 mg	$0 (1)	
labetalol hcl tab 200 mg	$0 (1)	
labetalol hcl tab 300 mg	$0 (1)	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	$0 (1)	
metoprolol tartrate iv soln 5 mg/5ml	$0 (1)	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	$0 (1)	
metoprolol tartrate tab 25 mg	$0 (1)	
metoprolol tartrate tab 50 mg	$0 (1)	
metoprolol tartrate tab 100 mg	$0 (1)	
nadolol tab 20 mg	$0 (1)	
nadolol tab 40 mg	$0 (1)	
nadolol tab 80 mg	$0 (1)	
pindolol tab 5 mg	$0 (1)	
pindolol tab 10 mg	$0 (1)	
propranolol hcl cap er 24hr 60 mg	$0 (1)	
propranolol hcl cap er 24hr 80 mg	$0 (1)	
propranolol hcl cap er 24hr 120 mg	$0 (1)	
propranolol hcl cap er 24hr 160 mg	$0 (1)	
propranolol hcl oral soln 20 mg/5ml	$0 (1)	
propranolol hcl oral soln 40 mg/5ml	$0 (1)	
propranolol hcl tab 10 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl tab 20 mg	$0 (1)	
propranolol hcl tab 40 mg	$0 (1)	
propranolol hcl tab 60 mg	$0 (1)	
propranolol hcl tab 80 mg	$0 (1)	
timolol maleate tab 5 mg	$0 (1)	
timolol maleate tab 10 mg	$0 (1)	
timolol maleate tab 20 mg	$0 (1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	$0 (1)	
amlodipine besylate tab 5 mg (base equivalent)	$0 (1)	
amlodipine besylate tab 10 mg (base equivalent)	$0 (1)	
diltiazem hcl cap er 12hr 60 mg	$0 (1)	
diltiazem hcl cap er 12hr 90 mg	$0 (1)	
diltiazem hcl cap er 12hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 180 mg	$0 (1)	
diltiazem hcl cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 120 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 180 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 240 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 300 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 360 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl extended release beads cap er 24hr 420 mg	$0 (1)	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	$0 (1)	
diltiazem hcl tab 30 mg	$0 (1)	
diltiazem hcl tab 60 mg	$0 (1)	
diltiazem hcl tab 90 mg	$0 (1)	
diltiazem hcl tab 120 mg	$0 (1)	
felodipine tab er 24hr 2.5 mg	$0 (1)	
felodipine tab er 24hr 5 mg	$0 (1)	
felodipine tab er 24hr 10 mg	$0 (1)	
isradipine cap 2.5 mg	$0 (1)	
isradipine cap 5 mg	$0 (1)	
nicardipine hcl cap 20 mg	$0 (1)	
nicardipine hcl cap 30 mg	$0 (1)	
nifedipine tab er 24hr 30 mg	$0 (1)	
nifedipine tab er 24hr 60 mg	$0 (1)	
nifedipine tab er 24hr 90 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 30 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 60 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 90 mg	$0 (1)	
nimodipine cap 30 mg	$0 (2)	NDS
NYMALIZE SOL 30/10ML	$0 (2)	NDS
taztia xt cap 120mg/24	$0 (1)	
taztia xt cap 180mg/24	$0 (1)	
taztia xt cap 240mg/24	$0 (1)	
taztia xt cap 300mg er	$0 (1)	
taztia xt cap 360mg/24	$0 (1)	
verapamil hcl cap er 24hr 100 mg	$0 (1)	
verapamil hcl cap er 24hr 120 mg	$0 (1)	
verapamil hcl cap er 24hr 180 mg	$0 (1)	
verapamil hcl cap er 24hr 200 mg	$0 (1)	
verapamil hcl cap er 24hr 240 mg	$0 (1)	
verapamil hcl cap er 24hr 300 mg	$0 (1)	
verapamil hcl cap er 24hr 360 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl iv soln 2.5 mg/ml	$0 (1)	
verapamil hcl tab 40 mg	$0 (1)	
verapamil hcl tab 80 mg	$0 (1)	
verapamil hcl tab 120 mg	$0 (1)	
verapamil hcl tab er 120 mg	$0 (1)	
verapamil hcl tab er 180 mg	$0 (1)	
verapamil hcl tab er 240 mg	$0 (1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digitek tab 0.25mg	$0 (1)	PA; PA if 70 years and older
digitek tab 0.125mg	$0 (1)	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	$0 (1)	
digoxin oral soln 0.05 mg/ml	$0 (1)	PA; PA if 70 years and older
digoxin tab 125 mcg (0.125 mg)	$0 (1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0 (1)	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate tab 150 mg (base equivalent)	$0 (1)	
aliskiren fumarate tab 300 mg (base equivalent)	$0 (1)	
TEKTURNA HCT TAB 150-12.5	$0 (2)	
TEKTURNA HCT TAB 150-25MG	$0 (2)	
TEKTURNA HCT TAB 300-12.5	$0 (2)	
TEKTURNA HCT TAB 300-25MG	$0 (2)	
TEKTURNA TAB 150MG	$0 (2)	
TEKTURNA TAB 300MG	$0 (2)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0 (1)	
acetazolamide tab 125 mg	$0 (1)	
acetazolamide tab 250 mg	$0 (1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0 (1)	
amiloride hcl tab 5 mg	$0 (1)	
bumetanide inj 0.25 mg/ml	$0 (1)	
bumetanide tab 0.5 mg	$0 (1)	
bumetanide tab 1 mg	$0 (1)	
bumetanide tab 2 mg	$0 (1)	
chlorothiazide tab 250 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chlorothiazide tab 500 mg	$0 (1)	
chlorthalidone tab 25 mg	$0 (1)	
chlorthalidone tab 50 mg	$0 (1)	
furosemide inj 10 mg/ml	$0 (1)	
furosemide oral soln 8 mg/ml	$0 (1)	
furosemide oral soln 10 mg/ml	$0 (1)	
furosemide tab 20 mg	$0 (1)	
furosemide tab 40 mg	$0 (1)	
furosemide tab 80 mg	$0 (1)	
hydrochlorothiazide cap 12.5 mg	$0 (1)	
hydrochlorothiazide tab 12.5 mg	$0 (1)	
hydrochlorothiazide tab 25 mg	$0 (1)	
hydrochlorothiazide tab 50 mg	$0 (1)	
indapamide tab 1.25 mg	$0 (1)	
indapamide tab 2.5 mg	$0 (1)	
methazolamide tab 25 mg	$0 (1)	
methazolamide tab 50 mg	$0 (1)	
methyclothiazide tab 5 mg	$0 (1)	
metolazone tab 2.5 mg	$0 (1)	
metolazone tab 5 mg	$0 (1)	
metolazone tab 10 mg	$0 (1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0 (1)	
torsemide tab 5 mg	$0 (1)	
torsemide tab 10 mg	$0 (1)	
torsemide tab 20 mg	$0 (1)	
torsemide tab 100 mg	$0 (1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0 (1)	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	$0 (1)	
clonidine hcl tab 0.2 mg	$0 (1)	
clonidine hcl tab 0.3 mg	$0 (1)	
clonidine td patch weekly 0.1 mg/24hr	$0 (1)	
clonidine td patch weekly 0.2 mg/24hr	$0 (1)	
clonidine td patch weekly 0.3 mg/24hr	$0 (1)	
CORLANOR SOL 5MG/5ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CORLANOR TAB 5MG	$0 (2)	
CORLANOR TAB 7.5MG	$0 (2)	
DEMSER CAP 250MG	$0 (2)	NDS, PA
hydralazine hcl inj 20 mg/ml	$0 (1)	
hydralazine hcl tab 10 mg	$0 (1)	
hydralazine hcl tab 25 mg	$0 (1)	
hydralazine hcl tab 50 mg	$0 (1)	
hydralazine hcl tab 100 mg	$0 (1)	
midodrine hcl tab 2.5 mg	$0 (1)	
midodrine hcl tab 5 mg	$0 (1)	
midodrine hcl tab 10 mg	$0 (1)	
minoxidil tab 2.5 mg	$0 (1)	
minoxidil tab 10 mg	$0 (1)	
NORTHERA CAP 100MG	$0 (2)	NDS, NM, LA, PA
NORTHERA CAP 200MG	$0 (2)	NDS, NM, LA, PA
NORTHERA CAP 300MG	$0 (2)	NDS, NM, LA, PA
ranolazine tab er 12hr 500 mg	$0 (1)	
ranolazine tab er 12hr 1000 mg	$0 (1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0 (1)	
isosorbide dinitrate tab 10 mg	$0 (1)	
isosorbide dinitrate tab 20 mg	$0 (1)	
isosorbide dinitrate tab 30 mg	$0 (1)	
isosorbide dinitrate tab er 40 mg	$0 (1)	
isosorbide mononitrate tab 10 mg	$0 (1)	
isosorbide mononitrate tab 20 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 30 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 60 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 120 mg	$0 (1)	
minitran dis 0.1mg/hr	$0 (1)	
minitran dis 0.2mg/hr	$0 (1)	
minitran dis 0.4mg/hr	$0 (1)	
minitran dis 0.6mg/hr	$0 (1)	
NITRO-BID OIN 2%	$0 (2)	
NITRO-DUR DIS 0.3MG/HR	$0 (2)	
NITRO-DUR DIS 0.8MG/HR	$0 (2)	
nitroglycerin sl tab 0.3 mg	$0 (1)	
nitroglycerin sl tab 0.4 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin sl tab 0.6 mg	$0 (1)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0 (1)	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	$0 (1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan tab 5 mg	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ambrisentan tab 10 mg	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan tab 62.5 mg	$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
bosentan tab 125 mg	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	$0 (2)	NDS, NM, LA, PA
sildenafil citrate tab 20 mg	$0 (1)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	$0 (2)	NDS, NM, LA, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
treprostinil inj soln 100 mg/20ml (5 mg/ml)	$0 (2)	NDS, NM, LA, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	$0 (2)	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	$0 (2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	$0 (2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0 (1)	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	$0 (1)	QL (150 tabs / 30 days)
alprazolam tab 1 mg	$0 (1)	QL (150 tabs / 30 days)
alprazolam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	$0 (1)	
buspirone hcl tab 7.5 mg	$0 (1)	
buspirone hcl tab 10 mg	$0 (1)	
buspirone hcl tab 15 mg	$0 (1)	
buspirone hcl tab 30 mg	$0 (1)	
fluvoxamine maleate tab 25 mg	$0 (1)	
fluvoxamine maleate tab 50 mg	$0 (1)	
fluvoxamine maleate tab 100 mg	$0 (1)	
lorazepam conc 2 mg/ml	$0 (1)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0 (1)	
lorazepam inj 4 mg/ml	$0 (1)	
lorazepam tab 0.5 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	$0 (2)	NDS, QL (180 tabs / 30 days)
APTIOM TAB 400MG	$0 (2)	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	$0 (2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	$0 (2)	NDS, PA
BANZEL TAB 200MG	$0 (2)	NDS, PA
BANZEL TAB 400MG	$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	$0 (2)	PA
BRIVIACT SOL 10MG/ML	$0 (2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 10MG	$0 (2)	NDS, PA
BRIVIACT TAB 25MG	$0 (2)	NDS, PA
BRIVIACT TAB 50MG	$0 (2)	NDS, PA
BRIVIACT TAB 75MG	$0 (2)	NDS, PA
BRIVIACT TAB 100MG	$0 (2)	NDS, PA
carbamazepine cap er 12hr 100 mg	$0 (1)	
carbamazepine cap er 12hr 200 mg	$0 (1)	
carbamazepine cap er 12hr 300 mg	$0 (1)	
carbamazepine chew tab 100 mg	$0 (1)	
carbamazepine susp 100 mg/5ml	$0 (1)	
carbamazepine tab 200 mg	$0 (1)	
carbamazepine tab er 12hr 100 mg	$0 (1)	
carbamazepine tab er 12hr 200 mg	$0 (1)	
carbamazepine tab er 12hr 400 mg	$0 (1)	
CELONTIN CAP 300MG	$0 (2)	
clobazam suspension 2.5 mg/ml	$0 (1)	PA
clobazam tab 10 mg	$0 (1)	PA
clobazam tab 20 mg	$0 (1)	PA
clonazepam orally disintegrating tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam tab 1 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	$0 (2)	
DIASTAT ACDL GEL 12.5-20	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIASTAT PED GEL 2.5M GEL	$0 (2)	
diazepam con 5mg/ml	$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	$0 (1)	
diazepam oral soln 1 mg/ml	$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam rectal gel delivery system 2.5 mg	$0 (1)	
diazepam rectal gel delivery system 10 mg	$0 (1)	
diazepam rectal gel delivery system 20 mg	$0 (1)	
diazepam tab 2 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	$0 (2)	
DILANTIN CAP 100MG	$0 (2)	
DILANTIN CHW 50MG	$0 (2)	
DILANTIN-125 SUS 125/5ML	$0 (2)	
divalproex sodium cap delayed release sprinkle 125 mg	$0 (1)	
divalproex sodium tab delayed release 125 mg	$0 (1)	
divalproex sodium tab delayed release 250 mg	$0 (1)	
divalproex sodium tab delayed release 500 mg	$0 (1)	
divalproex sodium tab er 24 hr 250 mg	$0 (1)	
divalproex sodium tab er 24 hr 500 mg	$0 (1)	
EPIDIOLEX SOL 100MG/ML	$0 (2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol tab 200mg	$0 (1)	
ethosuximide cap 250 mg	$0 (1)	
ethosuximide soln 250 mg/5ml	$0 (1)	
felbamate susp 600 mg/5ml	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
felbamate tab 400 mg	$0 (1)	
felbamate tab 600 mg	$0 (1)	
FYCOMPA SUS 0.5MG/ML	$0 (2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0 (2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0 (2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0 (1)	QL (1080 caps / 30 days)
gabapentin cap 300 mg	$0 (1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0 (1)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0 (1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0 (1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0 (1)	QL (120 tabs / 30 days)
lamotrigine tab 25 mg	$0 (1)	
lamotrigine tab 100 mg	$0 (1)	
lamotrigine tab 150 mg	$0 (1)	
lamotrigine tab 200 mg	$0 (1)	
lamotrigine tab chewable dispersible 5 mg	$0 (1)	
lamotrigine tab chewable dispersible 25 mg	$0 (1)	
lamotrigine tab er 24hr 25 mg	$0 (1)	
lamotrigine tab er 24hr 50 mg	$0 (1)	
lamotrigine tab er 24hr 100 mg	$0 (1)	
lamotrigine tab er 24hr 200 mg	$0 (1)	
lamotrigine tab er 24hr 250 mg	$0 (1)	
lamotrigine tab er 24hr 300 mg	$0 (1)	
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0 (1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0 (1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0 (1)	
levetiracetam oral soln 100 mg/ml	$0 (1)	
levetiracetam tab 250 mg	$0 (1)	
levetiracetam tab 500 mg	$0 (1)	
levetiracetam tab 750 mg	$0 (1)	
levetiracetam tab 1000 mg	$0 (1)	
levetiracetam tab er 24hr 500 mg	$0 (1)	
levetiracetam tab er 24hr 750 mg	$0 (1)	
LYRICA CAP 25MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	$0 (2)	QL (946 mL / 30 days)
NAYZILAM SPR 5MG	$0 (2)	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0 (1)	
oxcarbazepine tab 150 mg	$0 (1)	
oxcarbazepine tab 300 mg	$0 (1)	
oxcarbazepine tab 600 mg	$0 (1)	
PEGANONE TAB 250MG	$0 (2)	
PHENOBARB INJ 65MG/ML	$0 (2)	PA; PA if 70 years and older
phenobarbital elixir 20 mg/5ml	$0 (2)	PA; PA if 70 years and older
phenobarbital sodium inj 130 mg/ml	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 15 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 30 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 60 mg	$0 (2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 64.8 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 100 mg	$0 (2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	$0 (2)	
PHENYTEK CAP 300MG	$0 (2)	
phenytoin chew tab 50 mg	$0 (1)	
phenytoin sodium extended cap 100 mg	$0 (1)	
phenytoin sodium extended cap 200 mg	$0 (1)	
phenytoin sodium extended cap 300 mg	$0 (1)	
phenytoin sodium inj 50 mg/ml	$0 (1)	
phenytoin susp 125 mg/5ml	$0 (1)	
pregabalin cap 25 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 50 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 75 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 100 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 150 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 200 mg	$0 (1)	QL (90 caps / 30 days)
pregabalin cap 225 mg	$0 (1)	QL (60 caps / 30 days)
pregabalin cap 300 mg	$0 (1)	QL (60 caps / 30 days)
pregabalin soln 20 mg/ml	$0 (1)	QL (946 mL / 30 days)
primidone tab 50 mg	$0 (1)	
primidone tab 250 mg	$0 (1)	
roweepra tab 500mg	$0 (1)	
roweepra tab 750mg	$0 (1)	
roweepra tab 1000mg	$0 (1)	
roweepra xr tab 500mg xr	$0 (1)	
roweepra xr tab 750mg xr	$0 (1)	
SPRITAM TAB 250MG	$0 (2)	
SPRITAM TAB 500MG	$0 (2)	
SPRITAM TAB 750MG	$0 (2)	
SPRITAM TAB 1000MG	$0 (2)	
SYMPAZAN MIS 5MG	$0 (2)	PA
SYMPAZAN MIS 10MG	$0 (2)	NDS, PA
SYMPAZAN MIS 20MG	$0 (2)	NDS, PA
tiagabine hcl tab 2 mg	$0 (1)	
tiagabine hcl tab 4 mg	$0 (1)	
tiagabine hcl tab 12 mg	$0 (1)	
tiagabine hcl tab 16 mg	$0 (1)	
topiramate sprinkle cap 15 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
topiramate sprinkle cap 25 mg	$0 (1)	
topiramate tab 25 mg	$0 (1)	
topiramate tab 50 mg	$0 (1)	
topiramate tab 100 mg	$0 (1)	
topiramate tab 200 mg	$0 (1)	
valproate sodium inj 100 mg/ml	$0 (1)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0 (1)	
valproic acid cap 250 mg	$0 (1)	
vigabatrin powd pack 500 mg	$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500 mg	$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone pow 500mg	$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	$0 (2)	NDS
VIMPAT SOL 10MG/ML	$0 (2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	$0 (2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	$0 (2)	NDS, QL (60 tabs / 30 days)
zonisamide cap 25 mg	$0 (1)	
zonisamide cap 50 mg	$0 (1)	
zonisamide cap 100 mg	$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0 (1)	
donepezil hydrochloride tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0 (1)	
galantamine hydrobromide cap er 24hr 8 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0 (1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0 (1)	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	$0 (2)	PA; PA if < 30 yrs
memantine hcl tab 10 mg	$0 (1)	PA; PA if < 30 yrs
NAMZARIC CAP	$0 (2)	
NAMZARIC CAP 7-10MG	$0 (2)	
NAMZARIC CAP 14-10MG	$0 (2)	
NAMZARIC CAP 21-10MG	$0 (2)	
NAMZARIC CAP 28-10MG	$0 (2)	
rivastigmine tartrate cap 1.5 mg (base equivalent)	$0 (1)	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	$0 (1)	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0 (2)	
amitriptyline hcl tab 25 mg	$0 (2)	
amitriptyline hcl tab 50 mg	$0 (2)	
amitriptyline hcl tab 75 mg	$0 (2)	
amitriptyline hcl tab 100 mg	$0 (2)	
amitriptyline hcl tab 150 mg	$0 (2)	
amoxapine tab 25 mg	$0 (2)	
amoxapine tab 50 mg	$0 (2)	
amoxapine tab 100 mg	$0 (2)	
amoxapine tab 150 mg	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bupropion hcl tab 75 mg	$0 (1)	
bupropion hcl tab 100 mg	$0 (1)	
bupropion hcl tab er 12hr 100 mg	$0 (1)	
bupropion hcl tab er 12hr 150 mg	$0 (1)	
bupropion hcl tab er 12hr 200 mg	$0 (1)	
bupropion hcl tab er 24hr 150 mg	$0 (1)	
bupropion hcl tab er 24hr 300 mg	$0 (1)	
citalopram hydrobromide oral soln 10 mg/5ml	$0 (1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0 (1)	
citalopram hydrobromide tab 20 mg (base equiv)	$0 (1)	
citalopram hydrobromide tab 40 mg (base equiv)	$0 (1)	
clomipramine hcl cap 25 mg	$0 (2)	PA
clomipramine hcl cap 50 mg	$0 (2)	PA
clomipramine hcl cap 75 mg	$0 (2)	PA
desipramine hcl tab 10 mg	$0 (2)	
desipramine hcl tab 25 mg	$0 (2)	
desipramine hcl tab 50 mg	$0 (2)	
desipramine hcl tab 75 mg	$0 (2)	
desipramine hcl tab 100 mg	$0 (2)	
desipramine hcl tab 150 mg	$0 (2)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	$0 (2)	
doxepin hcl cap 25 mg	$0 (2)	
doxepin hcl cap 50 mg	$0 (2)	
doxepin hcl cap 75 mg	$0 (2)	
doxepin hcl cap 100 mg	$0 (2)	
doxepin hcl cap 150 mg	$0 (2)	
doxepin hcl conc 10 mg/ml	$0 (2)	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0 (1)	QL (180 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0 (1)	QL (120 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0 (2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0 (1)	
escitalopram oxalate tab 5 mg (base equiv)	$0 (1)	
escitalopram oxalate tab 10 mg (base equiv)	$0 (1)	
escitalopram oxalate tab 20 mg (base equiv)	$0 (1)	
FETZIMA CAP 20MG	$0 (2)	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	$0 (2)	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0 (2)	PA
fluoxetine hcl cap 10 mg	$0 (1)	
fluoxetine hcl cap 20 mg	$0 (1)	
fluoxetine hcl cap 40 mg	$0 (1)	
fluoxetine hcl solution 20 mg/5ml	$0 (1)	
imipramine hcl tab 10 mg	$0 (2)	
imipramine hcl tab 25 mg	$0 (2)	
imipramine hcl tab 50 mg	$0 (2)	
maprotiline hcl tab 25 mg	$0 (1)	
maprotiline hcl tab 50 mg	$0 (1)	
maprotiline hcl tab 75 mg	$0 (1)	
MARPLAN TAB 10MG	$0 (2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0 (1)	
mirtazapine orally disintegrating tab 30 mg	$0 (1)	
mirtazapine orally disintegrating tab 45 mg	$0 (1)	
mirtazapine tab 7.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirtazapine tab 15 mg	$0 (1)	
mirtazapine tab 30 mg	$0 (1)	
mirtazapine tab 45 mg	$0 (1)	
nefazodone hcl tab 50 mg	$0 (1)	
nefazodone hcl tab 100 mg	$0 (1)	
nefazodone hcl tab 150 mg	$0 (1)	
nefazodone hcl tab 200 mg	$0 (1)	
nefazodone hcl tab 250 mg	$0 (1)	
nortriptyline hcl cap 10 mg	$0 (2)	
nortriptyline hcl cap 25 mg	$0 (2)	
nortriptyline hcl cap 50 mg	$0 (2)	
nortriptyline hcl cap 75 mg	$0 (2)	
nortriptyline hcl soln 10 mg/5ml	$0 (2)	
paroxetine hcl tab 10 mg	$0 (2)	
paroxetine hcl tab 20 mg	$0 (2)	
paroxetine hcl tab 30 mg	$0 (2)	
paroxetine hcl tab 40 mg	$0 (2)	
PAXIL SUS 10MG/5ML	$0 (2)	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	$0 (1)	
protriptyline hcl tab 5 mg	$0 (2)	
protriptyline hcl tab 10 mg	$0 (2)	
sertraline hcl oral concentrate for solution 20 mg/ml	$0 (1)	
sertraline hcl tab 25 mg	$0 (1)	
sertraline hcl tab 50 mg	$0 (1)	
sertraline hcl tab 100 mg	$0 (1)	
tranylcypromine sulfate tab 10 mg	$0 (1)	
trazodone hcl tab 50 mg	$0 (1)	
trazodone hcl tab 100 mg	$0 (1)	
trazodone hcl tab 150 mg	$0 (1)	
trimipramine maleate cap 25 mg	$0 (2)	QL (240 caps / 30 days)
trimipramine maleate cap 50 mg	$0 (2)	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	$0 (2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	$0 (1)	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	$0 (1)	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 25 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 37.5 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 50 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 75 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 100 mg (base equivalent)	$0 (1)	
VIIBRYD KIT STARTER	$0 (2)	
VIIBRYD TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0 (1)	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	$0 (1)	
amantadine hcl tab 100 mg	$0 (1)	
APOKYN INJ 10MG/ML	$0 (2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj 1 mg/ml	$0 (1)	
benztropine mesylate tab 0.5 mg	$0 (2)	PA; PA if 70 years and older
benztropine mesylate tab 1 mg	$0 (2)	PA; PA if 70 years and older
benztropine mesylate tab 2 mg	$0 (2)	PA; PA if 70 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0 (1)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0 (1)	
carbidopa & levodopa orally disintegrating tab 10-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab 10-100 mg	$0 (1)	
carbidopa & levodopa tab 25-100 mg	$0 (1)	
carbidopa & levodopa tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab er 25-100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa & levodopa tab er 50-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0 (1)	
entacapone tab 200 mg	$0 (1)	
NEUPRO DIS 1MG/24HR	$0 (2)	
NEUPRO DIS 2MG/24HR	$0 (2)	
NEUPRO DIS 3MG/24HR	$0 (2)	
NEUPRO DIS 4MG/24HR	$0 (2)	
NEUPRO DIS 6MG/24HR	$0 (2)	
NEUPRO DIS 8MG/24HR	$0 (2)	
pramipexole dihydrochloride tab 0.5 mg	$0 (1)	
pramipexole dihydrochloride tab 0.25 mg	$0 (1)	
pramipexole dihydrochloride tab 0.75 mg	$0 (1)	
pramipexole dihydrochloride tab 0.125 mg	$0 (1)	
pramipexole dihydrochloride tab 1 mg	$0 (1)	
pramipexole dihydrochloride tab 1.5 mg	$0 (1)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0 (1)	
rasagiline mesylate tab 1 mg (base equiv)	$0 (1)	
ropinirole hydrochloride tab 0.5 mg	$0 (1)	
ropinirole hydrochloride tab 0.25 mg	$0 (1)	
ropinirole hydrochloride tab 1 mg	$0 (1)	
ropinirole hydrochloride tab 2 mg	$0 (1)	
ropinirole hydrochloride tab 3 mg	$0 (1)	
ropinirole hydrochloride tab 4 mg	$0 (1)	
ropinirole hydrochloride tab 5 mg	$0 (1)	
selegiline hcl cap 5 mg	$0 (1)	
selegiline hcl tab 5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trihexyphenidyl hcl elixir 0.4 mg/ml	$0 (2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 2 mg	$0 (2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 5 mg	$0 (2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	$0 (2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	$0 (2)	NDS, QL (1 injection / 28 days)
aripiprazole oral solution 1 mg/ml	$0 (2)	NDS, QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	$0 (2)	NDS, QL (60 tabs / 30 days)
aripiprazole orally disintegrating tab 15 mg	$0 (2)	NDS, QL (60 tabs / 30 days)
aripiprazole tab 2 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0 (1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	$0 (2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	$0 (2)	NDS
CHLORPROMAZ INJ 25MG/ML	$0 (2)	
CHLORPROMAZ INJ 50MG/2ML	$0 (2)	
chlorpromazine hcl tab 10 mg	$0 (1)	
chlorpromazine hcl tab 25 mg	$0 (1)	
chlorpromazine hcl tab 50 mg	$0 (1)	
chlorpromazine hcl tab 100 mg	$0 (1)	
chlorpromazine hcl tab 200 mg	$0 (1)	
clozapine orally disintegrating tab 12.5 mg	$0 (1)	PA
clozapine orally disintegrating tab 25 mg	$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 100 mg	$0 (1)	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	$0 (1)	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	$0 (2)	NDS, QL (135 tabs / 30 days), PA
clozapine tab 25 mg	$0 (1)	
clozapine tab 50 mg	$0 (1)	
clozapine tab 100 mg	$0 (1)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	$0 (2)	
FANAPT TAB 1MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	$0 (2)	QL (60 tabs / 30 days)
fluphenazine decanoate inj 25 mg/ml	$0 (1)	
fluphenazine hcl elixir 2.5 mg/5ml	$0 (1)	
fluphenazine hcl inj 2.5 mg/ml	$0 (1)	
fluphenazine hcl oral conc 5 mg/ml	$0 (1)	
fluphenazine hcl tab 1 mg	$0 (1)	
fluphenazine hcl tab 2.5 mg	$0 (1)	
fluphenazine hcl tab 5 mg	$0 (1)	
fluphenazine hcl tab 10 mg	$0 (1)	
GEODON INJ 20MG	$0 (2)	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	$0 (1)	
haloperidol decanoate im soln 100 mg/ml	$0 (1)	
haloperidol lactate inj 5 mg/ml	$0 (1)	
haloperidol lactate oral conc 2 mg/ml	$0 (1)	
haloperidol tab 0.5 mg	$0 (1)	
haloperidol tab 1 mg	$0 (1)	
haloperidol tab 2 mg	$0 (1)	
haloperidol tab 5 mg	$0 (1)	
haloperidol tab 10 mg	$0 (1)	
haloperidol tab 20 mg	$0 (1)	
INVEGA SUST INJ 39/0.25	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	$0 (2)	NDS, QL (1 injection / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 117/0.75	$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	$0 (2)	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	$0 (2)	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	$0 (1)	
loxapine succinate cap 10 mg	$0 (1)	
loxapine succinate cap 25 mg	$0 (1)	
loxapine succinate cap 50 mg	$0 (1)	
molindone hcl tab 5 mg	$0 (1)	
molindone hcl tab 10 mg	$0 (1)	
molindone hcl tab 25 mg	$0 (1)	
NUPLAZID CAP 34MG	$0 (2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	$0 (1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
olanzapine tab 5 mg	$0 (1)	QL (120 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine tab 7.5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 1.5 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	$0 (2)	NDS, QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0 (1)	
perphenazine tab 4 mg	$0 (1)	
perphenazine tab 8 mg	$0 (1)	
perphenazine tab 16 mg	$0 (1)	
PERSERIS INJ 90MG	$0 (2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	$0 (2)	NDS, QL (1 injection / 30 days)
pimozide tab 1 mg	$0 (1)	
pimozide tab 2 mg	$0 (1)	
quetiapine fumarate tab 25 mg	$0 (1)	
quetiapine fumarate tab 50 mg	$0 (1)	
quetiapine fumarate tab 100 mg	$0 (1)	
quetiapine fumarate tab 200 mg	$0 (1)	
quetiapine fumarate tab 300 mg	$0 (1)	
quetiapine fumarate tab 400 mg	$0 (1)	
quetiapine fumarate tab er 24hr 50 mg	$0 (1)	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 150 mg	$0 (1)	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 200 mg	$0 (1)	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 300 mg	$0 (1)	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 400 mg	$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	$0 (2)	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	$0 (2)	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	$0 (2)	NDS, QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 2MG	$0 (2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	$0 (2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	$0 (2)	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	$0 (2)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	$0 (2)	NDS, QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone soln 1 mg/ml	$0 (1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0 (1)	
risperidone tab 0.25 mg	$0 (1)	
risperidone tab 1 mg	$0 (1)	
risperidone tab 2 mg	$0 (1)	
risperidone tab 3 mg	$0 (1)	
risperidone tab 4 mg	$0 (1)	
SAPHRIS SUB 2.5MG	$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	$0 (2)	QL (60 tabs / 30 days)
thioridazine hcl tab 10 mg	$0 (1)	
thioridazine hcl tab 25 mg	$0 (1)	
thioridazine hcl tab 50 mg	$0 (1)	
thioridazine hcl tab 100 mg	$0 (1)	
thiothixene cap 1 mg	$0 (1)	
thiothixene cap 2 mg	$0 (1)	
thiothixene cap 5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 10 mg	$0 (1)	
trifluoperazine hcl tab 1 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 10 mg (base equivalent)	$0 (1)	
VERSACLOZ SUS 50MG/ML	$0 (2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0 (2)	PA
VRAYLAR CAP 1.5MG	$0 (2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	$0 (2)	NDS, QL (30 caps / 30 days), PA
ziprasidone hcl cap 20 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	$0 (1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	$0 (2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	$0 (2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0 (1)	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	$0 (1)	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0 (1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	$0 (1)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	$0 (1)	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	$0 (1)	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	$0 (2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	$0 (2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	$0 (2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	$0 (2)	PA; PA if 70 years and older
methylphenidate hcl soln 5 mg/5ml	$0 (1)	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	$0 (1)	QL (900 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 20 mg	$0 (1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
eszopiclone tab 1 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	$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 CAP 20MG	$0 (2)	NDS, LA, PA
SILENOR TAB 3MG	$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	$0 (2)	QL (30 tabs / 30 days)
temazepam cap 7.5 mg	$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon cap 5 mg	$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zolpidem tartrate tab 5 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	$0 (2)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	$0 (2)	QL (1 pen / 30 days), PA
dihydroergotamine mesylate inj 1 mg/ml	$0 (2)	NDS
dihydroergotamine mesylate nasal spray 4 mg/ml	$0 (2)	NDS, QL (8 mL / 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	$0 (2)	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	$0 (2)	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0 (1)	
naratriptan hcl tab 1 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	$0 (1)	QL (24 inhalers / 30 days)
sumatriptan nasal spray 20 mg/act	$0 (1)	QL (12 inhalers / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate solution auto-injector 4 mg/0.5ml	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
lithium carbonate cap 150 mg	$0 (1)	
lithium carbonate cap 300 mg	$0 (1)	
lithium carbonate cap 600 mg	$0 (1)	
lithium carbonate tab 300 mg	$0 (1)	
lithium carbonate tab er 300 mg	$0 (1)	
lithium carbonate tab er 450 mg	$0 (1)	
LITHIUM SOL 8MEQ/5ML	$0 (2)	
LYRICA CR TAB 82.5MG	$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	$0 (2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	$0 (2)	QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	$0 (1)	
riluzole tab 50 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tetrabenazine tab 12.5 mg	$0 (2)	NDS, QL (240 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	$0 (2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON INJ 0.3MG	$0 (2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine tab er 12hr 10 mg	$0 (2)	NDS, NM, PA
GILENYA CAP 0.5MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa inj 20mg/ml	$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa inj 40mg/ml	$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 10 mg	$0 (1)	
baclofen tab 20 mg	$0 (1)	
carisoprodol tab 350 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl tab 5 mg	$0 (2)	PA; PA if 70 years and older
cyclobenzaprine hcl tab 10 mg	$0 (2)	PA; PA if 70 years and older
dantrolene sodium cap 25 mg	$0 (1)	
dantrolene sodium cap 50 mg	$0 (1)	
dantrolene sodium cap 100 mg	$0 (1)	
methocarbamol tab 500 mg	$0 (2)	PA; PA if 70 years and older
methocarbamol tab 750 mg	$0 (2)	PA; PA if 70 years and older
tizanidine hcl tab 2 mg (base equivalent)	$0 (1)	
tizanidine hcl tab 4 mg (base equivalent)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0 (1)	QL (90 tabs / 30 days), PA
armodafinil tab 150 mg	$0 (1)	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	$0 (1)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	$0 (2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0 (1)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0 (1)	QL (90 tabs / 30 days), PA
buprenorphine hcl sl tab 8 mg (base equiv)	$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) tab er 12hr 150 mg	$0 (1)	
CHANTIX PAK 0.5& 1MG	$0 (2)	PA
CHANTIX PAK 1MG	$0 (2)	PA
CHANTIX TAB 0.5MG	$0 (2)	PA
CHANTIX TAB 1MG	$0 (2)	PA
disulfiram tab 250 mg	$0 (1)	
disulfiram tab 500 mg	$0 (1)	
eq nicotine loz 4mg cinn	$0 (3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine gum 2mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp nicotine gum 2mg orig	$0 (3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine gum 4mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine gum 4mg orig	$0 (3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine loz 2mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine loz 4mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine loz mini 2mg	$0 (3)	QL (1724 lozgs / year), NM, PA; *
headache pm tab 38-500mg	$0 (3)	NM; *
headache pm tab 500-38mg	$0 (3)	NM; *
hm nicotine dis 14mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
hm nicotine dis 21mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
hm nicotine gum 2mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
hm nicotine gum 4mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
hm nicotine loz 2mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
hm nicotine loz 4mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
naloxone hcl inj 0.4 mg/ml	$0 (1)	
naloxone hcl inj 4 mg/10ml	$0 (1)	
naloxone hcl soln cartridge 0.4 mg/ml	$0 (1)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0 (1)	
naltrexone hcl tab 50 mg	$0 (1)	
NARCAN SPR	$0 (2)	
nicorelief gum 2mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicorelief gum 2mg orig	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicorelief gum 4mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicorelief gum 4mg orig	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicotine gum 4mg	$0 (3)	QL (1724 pieces / year), NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nicotine pol loz 4mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
nicotine polacrilex gum 2 mg	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicotine polacrilex gum 4 mg	$0 (3)	QL (1724 pieces / year), NM, PA; *
nicotine polacrilex lozenge 2 mg	$0 (3)	QL (1724 lozgs / year), NM, PA; *
nicotine polacrilex lozenge 4 mg	$0 (3)	QL (1724 lozgs / year), NM, PA; *
nicotine td dis 7mg/24hr	$0 (3)	QL (224 patches / year), NM, PA; *
nicotine td dis 14mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
nicotine td dis 21mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
nicotine td patch 24hr 7 mg/24hr	$0 (3)	QL (224 patches / year), NM, PA; *
nicotine td patch 24hr 14 mg/24hr	$0 (3)	QL (224 patches / year), NM, PA; *
nicotine td patch 24hr 21 mg/24hr	$0 (3)	QL (224 patches / year), NM, PA; *
NICOTROL INH	$0 (2)	
NICOTROL NS SPR 10MG/ML	$0 (2)	
phendimetrazine tartrate cap er 24hr 105 mg	$0 (3)	NM, PA; *
phendimetrazine tartrate tab 35 mg	$0 (3)	NM, PA; *
sm nicotine dis 7mg/24hr	$0 (3)	QL (224 patches / year), NM, PA; *
sm nicotine dis 14mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
sm nicotine dis 21mg/24h	$0 (3)	QL (224 patches / year), NM, PA; *
sm nicotine gum 2mg	$0 (3)	QL (1724 pieces / year), NM, PA; *
sm nicotine gum 2mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
sm nicotine gum 4mg	$0 (3)	QL (1724 pieces / year), NM, PA; *
sm nicotine gum 4mg mint	$0 (3)	QL (1724 pieces / year), NM, PA; *
sm nicotine loz 2mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm nicotine loz 4mg mint	$0 (3)	QL (1724 lozgs / year), NM, PA; *
VIVITROL INJ 380MG	$0 (2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50 TAB 50MG	$0 (2)	NDS, PA
ANDRODERM DIS 2MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
oxandrolone tab 2.5 mg	$0 (1)	PA
oxandrolone tab 10 mg	$0 (1)	PA
testosterone cypionate im inj in oil 100 mg/ml	$0 (1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone td gel 12.5 mg/act (1%)	$0 (1)	QL (300 grams / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	$0 (1)	QL (300 grams / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	$0 (1)	QL (300 grams / 30 days), PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	$0 (2)	
BASAGLAR INJ 100UNIT	$0 (2)	
BD ULTRAFINE INSULIN SYRINGE	$0 (2)	
BD ULTRAFINE/NANO PEN NEEDLES	$0 (2)	
BYDUREON BC INJ 2/0.85ML	$0 (2)	QL (4 pens / 28 days)
BYDUREON INJ 2MG	$0 (2)	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	$0 (2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	$0 (2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	$0 (2)	
FIASP INJ 100/ML	$0 (2)	
GAUZE PADS 2" X 2"	$0 (2)	
HUMULIN R INJ U-500	$0 (2)	NDS
HUMULIN R INJ U-500	$0 (2)	NDS, B/D
INSULIN PEN NEEDLE	$0 (2)	
INSULIN SAFETY NEEDLES	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INSULIN SYRINGE	$0 (2)	
LEVEMIR INJ	$0 (2)	
LEVEMIR INJ FLEXTOUC	$0 (2)	
NOVOLIN INJ 70/30	$0 (2)	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	$0 (2)	(brand RELION not covered)
NOVOLIN R INJ U-100	$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	$0 (2)	
NOVOLOG INJ FLEXPEN	$0 (2)	
NOVOLOG INJ PENFILL	$0 (2)	
NOVOLOG MIX INJ 70/30	$0 (2)	
NOVOLOG MIX INJ FLEXPEN	$0 (2)	
OZEMPIC INJ 2/1.5ML	$0 (2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	$0 (2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	$0 (2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	$0 (2)	
TRESIBA FLEX INJ 200UNIT	$0 (2)	
TRESIBA INJ 100UNIT	$0 (2)	
TRULICITY INJ 0.75/0.5	$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	$0 (2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	$0 (2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
acarbose tab 25 mg	$0 (1)	
acarbose tab 50 mg	$0 (1)	
acarbose tab 100 mg	$0 (1)	
FARXIGA TAB 5MG	$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0 (1)	QL (240 tabs / 30 days)
glimepiride tab 2 mg	$0 (1)	QL (120 tabs / 30 days)
glimepiride tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide tab er 24hr 5 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	$0 (1)	QL (240 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide xl tab 5mg	$0 (1)	QL (120 tabs / 30 days)
glipizide xl tab 10mg	$0 (1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0 (1)	QL (120 tabs / 30 days)
glyburide micronized tab 1.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 3 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 6 mg	$0 (2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 1.25 mg	$0 (2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 2.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 5 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 1.25-250 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$0 (2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0 (2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	$0 (2)	QL (60 tabs / 30 days)
metformin hcl tab 500 mg	$0 (1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0 (1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0 (1)	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide tab 60 mg	$0 (1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0 (1)	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0 (1)	QL (240 tabs / 30 days)
SYNJARDY TAB	$0 (2)	QL (60 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 XR TAB	$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 25-1000	$0 (2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	$0 (2)	QL (30 tabs / 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)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	$0 (1)	
alendronate sodium tab 5 mg	$0 (1)	
alendronate sodium tab 10 mg	$0 (1)	
alendronate sodium tab 35 mg	$0 (1)	
alendronate sodium tab 40 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alendronate sodium tab 70 mg	$0 (1)	
ibandronate sodium tab 150 mg (base equivalent)	$0 (1)	B/D
pamidronate disodium for inj 30 mg	$0 (1)	B/D
pamidronate disodium for inj 90 mg	$0 (1)	B/D
pamidronate disodium iv soln 3 mg/ml	$0 (1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0 (1)	B/D
PAMIDRONATE INJ 6MG/ML	$0 (2)	B/D
risedronate sodium tab 5 mg	$0 (1)	
risedronate sodium tab 35 mg	$0 (1)	
risedronate sodium tab 150 mg	$0 (1)	
risedronate sodium tab delayed release 35 mg	$0 (1)	
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0 (1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 30MG	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	$0 (2)	
DEPEN TITRA TAB 250MG	$0 (2)	NDS
JADENU SPRKL GRA 90MG	$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	$0 (2)	NDS, NM, LA, PA
JADENU TAB 90MG	$0 (2)	NDS, NM, LA, PA
JADENU TAB 180MG	$0 (2)	NDS, NM, LA, PA
JADENU TAB 360MG	$0 (2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	$0 (2)	
LOKELMA PAK 10GM	$0 (2)	
sodium polystyrene sulfonate oral susp 15 gm/60ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium polystyrene sulfonate powder	$0 (1)	
trientine hcl cap 250 mg	$0 (2)	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
aftera tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
alyacen tab 1/35	$0 (1)	
amethia lo tab	$0 (1)	
amethia tab	$0 (1)	
apri tab	$0 (1)	
aranelle tab	$0 (1)	
ashlyna tab	$0 (1)	
aubra tab 0.1-0.02	$0 (1)	
aviane tab	$0 (1)	
balziva tab	$0 (1)	
bekyree tab	$0 (1)	
blisovi 24 tab fe 1/20	$0 (1)	
blisovi fe tab 1.5/30	$0 (1)	
briellyn tab	$0 (1)	
camila tab 0.35mg	$0 (1)	
camrese lo tab	$0 (1)	
CONDOMS MIS LUBRICAT	$0 (3)	NM; *
cryselle-28 tab 28 tabs	$0 (1)	
cyclafem tab 1/35	$0 (1)	
cyclafem tab 7/7/7	$0 (1)	
dasetta tab 1/35	$0 (1)	
dasetta tab 7/7/7	$0 (1)	
deblitane tab 0.35mg	$0 (1)	
delyla tab 0.1-0.02	$0 (1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0 (1)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	$0 (1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0 (1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DUREX MIS REALFEEL	$0 (3)	NM; *
econtra ez tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
ELLA TAB 30MG	$0 (2)	
emoquette tab	$0 (1)	
enpresse-28 tab	$0 (1)	
enskyce tab	$0 (1)	
errin tab 0.35mg	$0 (1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0 (1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0 (1)	
falmina tab	$0 (1)	
FANTASY LUBR MIS COLORS	$0 (3)	NM; *
FANTASY LUBR MIS SPERMICI	$0 (3)	NM; *
FANTASY MIS LUBRICAT	$0 (3)	NM; *
fayosim tab	$0 (1)	
FC2 FEMALE MIS CONDOM	$0 (3)	NM; *
femynor tab 0.25-35	$0 (1)	
hailey 24 tab fe	$0 (1)	
heather tab 0.35mg	$0 (1)	
incassia tab 0.35mg	$0 (1)	
introvale tab	$0 (1)	
isibloom tab	$0 (1)	
jasmiel tab 3-0.02mg	$0 (1)	
jolivette tab 0.35mg	$0 (1)	
juleber tab	$0 (1)	
junel 1.5/30 tab	$0 (1)	
junel 1/20 tab	$0 (1)	
junel fe 24 tab 1/20	$0 (1)	
junel fe tab 1.5/30	$0 (1)	
junel fe tab 1/20	$0 (1)	
kaitlib fe chw	$0 (1)	
kariva tab 28 day	$0 (1)	
kelnor 1/50 tab	$0 (1)	
kelnor tab 1/35	$0 (1)	
KIMONO MICRO MIS THIN	$0 (3)	NM; *
KIMONO MICRO MIS THIN +	$0 (3)	NM; *
KIMONO MIS LUBRICAT	$0 (3)	NM; *
KIMONO MIS SENSATIO	$0 (3)	NM; *
KIMONO SENSA MIS PLUS	$0 (3)	NM; *
kurvelo tab 0.15/30	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
larin fe tab 1.5/30	$0 (1)	
larin fe tab 1/20	$0 (1)	
larin tab 1.5/30	$0 (1)	
larin tab 1/20	$0 (1)	
layolis fe chw	$0 (1)	
lessina tab	$0 (1)	
levonest tab	$0 (1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0 (1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0 (1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0 (1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0 (1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0 (1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0 (1)	
levora-28 tab 0.15/30	$0 (1)	
lomedia 24 tab fe	$0 (1)	
loryna tab 3-0.02mg	$0 (1)	
lutera tab	$0 (1)	
lyza tab 0.35mg	$0 (1)	
marlissa tab 0.15/30	$0 (1)	
MAXX MIS LUBRICAT	$0 (3)	NM; *
medroxyprogesterone acetate im susp 150 mg/ml	$0 (1)	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	$0 (1)	
melodetta chw 24 fe	$0 (1)	
mibelas 24 chw fe	$0 (1)	
mili tab 0.25/35	$0 (1)	
my choice tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
my way tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
myzilra tab	$0 (1)	
necon tab 0.5/35	$0 (1)	
necon tab 7/7/7	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nikki tab 3-0.02mg	$0 (1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0 (1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0 (1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0 (1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0 (1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0 (1)	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0 (1)	
norethindrone tab 0.35 mg	$0 (1)	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	$0 (1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0 (1)	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0 (1)	
norlyroc tab 0.35mg	$0 (1)	
nortrel tab 0.5/35	$0 (1)	
nortrel tab 1/35	$0 (1)	
nortrel tab 7/7/7	$0 (1)	
NUVARING MIS	$0 (2)	
opcicon tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
option 2 tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
orsythia tab	$0 (1)	
philith tab 0.4-35	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pimtrea tab	$0 (1)	
pirmella tab 1/35	$0 (1)	
portia-28 tab	$0 (1)	
previfem tab	$0 (1)	
quasense tab	$0 (1)	
reclipsen tab	$0 (1)	
rivelsa tab	$0 (1)	
sharobel tab 0.35mg	$0 (1)	
sprintec 28 tab 28 day	$0 (1)	
take action tab 1.5mg	$0 (3)	QL (6 tabs / year), NM; *
tarina 24 fe tab	$0 (1)	
tarina fe tab 1/20	$0 (1)	
tri-estaryll tab	$0 (1)	
tri-legest tab fe	$0 (1)	
tri-lo- tab sprintec	$0 (1)	
tri-mili tab	$0 (1)	
tri-previfem tab	$0 (1)	
tri-sprintec tab	$0 (1)	
tri-vylibra tab	$0 (1)	
tri-vylibra tab lo	$0 (1)	
trinessa lo tab	$0 (1)	
trinessa tab	$0 (1)	
trivora-28 tab	$0 (1)	
TRUSTEX LUBR MIS ASSORTED	$0 (3)	NM; *
TRUSTEX LUBR MIS BANANA	$0 (3)	NM; *
TRUSTEX LUBR MIS CHOC	$0 (3)	NM; *
TRUSTEX LUBR MIS COLA	$0 (3)	NM; *
TRUSTEX LUBR MIS COLORS	$0 (3)	NM; *
TRUSTEX LUBR MIS EX LARGE	$0 (3)	NM; *
TRUSTEX LUBR MIS EX STR	$0 (3)	NM; *
TRUSTEX LUBR MIS GRAPE	$0 (3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	$0 (3)	NM; *
TRUSTEX LUBR MIS SPERMICI	$0 (3)	NM; *
TRUSTEX LUBR MIS STRWBRY	$0 (3)	NM; *
TRUSTEX LUBR MIS VANILLA	$0 (3)	NM; *
TRUSTEX MIS BANANA	$0 (3)	NM; *
TRUSTEX MIS CHOCOLAT	$0 (3)	NM; *
TRUSTEX MIS FLAVORS	$0 (3)	NM; *
TRUSTEX MIS MINT	$0 (3)	NM; *
TRUSTEX MIS STRWBRY	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 tab 0.35mg	$0 (1)	
tydemy tab	$0 (1)	
velivet pak	$0 (1)	
vienva tab 0.1-20	$0 (1)	
viorele tab	$0 (1)	
vyfemla tab 0.4-35	$0 (1)	
vylibra tab 0.25-35	$0 (1)	
wymzya fe chw 0.4mg-35	$0 (1)	
zarah tab 3-0.03mg	$0 (1)	
zovia 1/35e tab	$0 (1)	
ENDOMETRIOSIS		
danazol cap 50 mg	$0 (1)	
danazol cap 100 mg	$0 (1)	
danazol cap 200 mg	$0 (1)	
SYNAREL SOL 2MG/ML	$0 (2)	NDS, NM
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INJ 2.9MG/5M	$0 (2)	NDS, NM, LA, PA
CARBAGLU TAB 200MG	$0 (2)	NDS, LA, PA
CERDELGA CAP 84MG	$0 (2)	NDS, NM, PA
CEREZYME INJ 400UNIT	$0 (2)	NDS, NM, LA, PA
CYSTADANE POW	$0 (2)	NDS, LA
CYSTAGON CAP 50MG	$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	$0 (2)	NDS, NM, LA, PA
FABRAZYME INJ 35MG	$0 (2)	NDS, NM, LA, PA
KUVAN POW 100MG	$0 (2)	NDS, NM, LA, PA
KUVAN POW 500MG	$0 (2)	NDS, NM, LA, PA
KUVAN TAB 100MG	$0 (2)	NDS, NM, LA, PA
levocarnitine oral soln 1 gm/10ml (10%)	$0 (1)	B/D
levocarnitine tab 330 mg	$0 (1)	B/D
LUMIZYME INJ 50MG	$0 (2)	NDS, NM, LA, PA
miglustat cap 100 mg	$0 (2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	$0 (2)	NDS, NM, LA, PA
NITYR TAB 2MG	$0 (2)	NDS, LA, PA
NITYR TAB 5MG	$0 (2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NITYR TAB 10MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 2MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	$0 (2)	NDS, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0 (2)	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	$0 (2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	$0 (2)	
estradiol tab 0.5 mg	$0 (2)	
estradiol tab 1 mg	$0 (2)	
estradiol tab 2 mg	$0 (2)	
estradiol td patch weekly 0.1 mg/24hr	$0 (2)	
estradiol td patch weekly 0.05 mg/24hr	$0 (2)	
estradiol td patch weekly 0.06 mg/24hr	$0 (2)	
estradiol td patch weekly 0.025 mg/24hr	$0 (2)	
estradiol td patch weekly 0.075 mg/24hr	$0 (2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0 (2)	
estradiol vaginal cream 0.1 mg/gm	$0 (1)	
estradiol vaginal tab 10 mcg	$0 (1)	
estradiol valerate im in oil 20 mg/ml	$0 (1)	
estradiol valerate im in oil 40 mg/ml	$0 (1)	
fyavolv tab 0.5-2.5	$0 (2)	
jinteli tab 1mg-5mcg	$0 (2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0 (2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	$0 (1)	
DEXAMETHASON CON 1MG/ML	$0 (2)	
dexamethasone elixir 0.5 mg/5ml	$0 (1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 4 mg/ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0 (1)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0 (1)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0 (1)	
dexamethasone soln 0.5 mg/5ml	$0 (1)	
dexamethasone tab 0.5 mg	$0 (1)	
dexamethasone tab 0.75 mg	$0 (1)	
dexamethasone tab 1 mg	$0 (1)	
dexamethasone tab 1.5 mg	$0 (1)	
dexamethasone tab 2 mg	$0 (1)	
dexamethasone tab 4 mg	$0 (1)	
dexamethasone tab 6 mg	$0 (1)	
fludrocortisone acetate tab 0.1 mg	$0 (1)	
hydrocortisone tab 5 mg	$0 (1)	
hydrocortisone tab 10 mg	$0 (1)	
hydrocortisone tab 20 mg	$0 (1)	
methylprednisolone acetate inj susp 40 mg/ml	$0 (1)	B/D
methylprednisolone acetate inj susp 80 mg/ml	$0 (1)	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	$0 (1)	B/D
methylprednisolone tab 4 mg	$0 (1)	B/D
methylprednisolone tab 8 mg	$0 (1)	B/D
methylprednisolone tab 16 mg	$0 (1)	B/D
methylprednisolone tab 32 mg	$0 (1)	B/D
methylprednisolone tab therapy pack 4 mg (21)	$0 (1)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	$0 (1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0 (1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone syrup 15 mg/5ml (usp solution equivalent)	$0 (1)	B/D
PREDNISONE CON 5MG/ML	$0 (2)	B/D
prednisone oral soln 5 mg/5ml	$0 (1)	B/D
prednisone tab 1 mg	$0 (1)	B/D
prednisone tab 2.5 mg	$0 (1)	B/D
prednisone tab 5 mg	$0 (1)	B/D
prednisone tab 10 mg	$0 (1)	B/D
prednisone tab 20 mg	$0 (1)	B/D
prednisone tab 50 mg	$0 (1)	B/D
prednisone tab therapy pack 5 mg (21)	$0 (1)	
prednisone tab therapy pack 5 mg (48)	$0 (1)	
prednisone tab therapy pack 10 mg (21)	$0 (1)	
prednisone tab therapy pack 10 mg (48)	$0 (1)	
SOLU-CORTEF INJ 100MG	$0 (2)	
SOLU-CORTEF INJ 250MG	$0 (2)	
SOLU-CORTEF INJ 500MG	$0 (2)	
SOLU-CORTEF INJ 1000MG	$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
CVS GLUCOSE CHW FRUIT	$0 (3)	NM; *
CVS GLUCOSE CHW GRAPE	$0 (3)	NM; *
CVS GLUCOSE CHW ORANGE	$0 (3)	NM; *
CVS GLUCOSE CHW RASPBERY	$0 (3)	NM; *
CVS GLUCOSE CHW TROP BLS	$0 (3)	NM; *
CVS GLUCOSE CHW TROPICAL	$0 (3)	NM; *
cvs glucose gel 40%	$0 (3)	NM; *
DEX4 CHW FRUIT	$0 (3)	NM; *
DEX4 CHW ORANGE	$0 (3)	NM; *
DEX4 CHW RASPBERR	$0 (3)	NM; *
DEX4 CHW SOUR APL	$0 (3)	NM; *
DEX4 CHW TROP FRT	$0 (3)	NM; *
DEX4 CHW WATERMLN	$0 (3)	NM; *
DEX4 GLUCOSE CHW	$0 (3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	$0 (3)	NM; *
DEX4 GLUCOSE GEL	$0 (3)	NM; *
DEX4 POUCH CHW PACK	$0 (3)	NM; *
GLUCAGEN INJ HYPOKIT	$0 (2)	
GLUCAGON KIT 1MG	$0 (2)	
gluco burst gel 40%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLUCOSE BITS CHW 1GM	$0 (3)	NM; *
GLUCOSE CHW 4-0.006	$0 (3)	NM; *
GLUCOSE CHW 4-.006GM	$0 (3)	NM; *
GLUCOSE CHW 4GM	$0 (3)	NM; *
GLUCOSE CHW FRUIT	$0 (3)	NM; *
GLUCOSE CHW GRAPE	$0 (3)	NM; *
GLUCOSE CHW ORANGE	$0 (3)	NM; *
GLUCOSE CHW RASPBERY	$0 (3)	NM; *
GLUCOSE CHW RASPBRRY	$0 (3)	NM; *
GLUCOSE CHW TROP FRT	$0 (3)	NM; *
GLUCOSE CHW WATERMLN	$0 (3)	NM; *
glucose drnk liq 15/59ml	$0 (3)	NM; *
glucose gel 40%	$0 (3)	NM; *
GLUCOSE LIQ POMEGRAN	$0 (3)	NM; *
glucose oral liquid 15 gm/59ml	$0 (3)	NM; *
glucose shot liq 15/59ml	$0 (3)	NM; *
glucose shot liq 15gm	$0 (3)	NM; *
GNP GLUCOSE CHW GRAPE	$0 (3)	NM; *
GNP GLUCOSE CHW ORANGE	$0 (3)	NM; *
GNP GLUCOSE CHW RASPBERY	$0 (3)	NM; *
GNP GLUCOSE CHW WATERMLN	$0 (3)	NM; *
HM GLUCOSE CHW ORANGE	$0 (3)	NM; *
HM GLUCOSE CHW RASPBERY	$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	$0 (3)	NM; *
KROG GLUCOSE CHW GRAPE	$0 (3)	NM; *
KROG GLUCOSE CHW ORANGE	$0 (3)	NM; *
KROG GLUCOSE CHW RASPBERY	$0 (3)	NM; *
KROG GLUCOSE CHW WATERMLN	$0 (3)	NM; *
PROGLYCEM SUS 50MG/ML	$0 (2)	
PX GLUCOSE CHW FRUIT	$0 (3)	NM; *
PX GLUCOSE CHW ORANGE	$0 (3)	NM; *
PX GLUCOSE CHW RASPBERY	$0 (3)	NM; *
PX GLUCOSE CHW SOUR APL	$0 (3)	NM; *
QUICK DISSOL CHW GLUCOSE	$0 (3)	NM; *
RA GLUCOSE CHW ORANGE	$0 (3)	NM; *
RELION GLUCO CHW 4GM	$0 (3)	NM; *
SM GLUCOSE CHW ORANGE	$0 (3)	NM; *
SM GLUCOSE CHW RASPBERY	$0 (3)	NM; *
SM GLUCOSE CHW SOUR APP	$0 (3)	NM; *
SMART SENSE CHW 4GM	$0 (3)	NM; *
TGT GLUCOSE CHW GRAPE	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TGT GLUCOSE CHW ORANGE	$0 (3)	NM; *
TGT GLUCOSE CHW RASPBERY	$0 (3)	NM; *
TRUEPLS GLUC GEL 15/32ML	$0 (3)	NM; *
UP&UP CHW GRAPE	$0 (3)	NM; *
UP&UP CHW ORANGE	$0 (3)	NM; *
UP&UP CHW RASPBERY	$0 (3)	NM; *
MISCELLANEOUS		
ALLI CAP 60MG	$0 (3)	NM, PA; *
cabergoline tab 0.5 mg	$0 (1)	
calcitonin (salmon) nasal soln 200 unit/act	$0 (1)	B/D
FORTEO SOL 600/2.4	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	$0 (2)	NM, PA
GENOTROPIN INJ 0.4MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 2MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 5MG	$0 (2)	NDS, NM, PA
GENOTROPIN INJ 12MG	$0 (2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	$0 (2)	NDS, NM, LA, PA
IOSAT TAB 130MG	$0 (3)	NM; *
KORLYM TAB 300MG	$0 (2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	$0 (2)	NDS, NM, PA
NATPARA INJ 25MCG	$0 (2)	NDS, NM, PA
NATPARA INJ 50MCG	$0 (2)	NDS, NM, PA
NATPARA INJ 75MCG	$0 (2)	NDS, NM, PA
NATPARA INJ 100MCG	$0 (2)	NDS, NM, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0 (1)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0 (2)	NDS, NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0 (2)	NDS, NM, PA
POTASSIUM SOL IODIDE	$0 (3)	NM; *
PROLIA SOL 60MG/ML	$0 (2)	QL (1 injection / 180 days), NM
raloxifene hcl tab 60 mg	$0 (1)	
SIGNIFOR INJ 0.3MG/ML	$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	$0 (2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	$0 (2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	$0 (2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	$0 (2)	NDS, NM, PA
SOMAVERT INJ 10MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	$0 (2)	NDS, NM, LA, PA
THYROSAFE TAB 65MG	$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; *
TYMLOS INJ	$0 (2)	NDS, NM, PA
XENICAL CAP 120MG	$0 (3)	NM, PA; *
XGEVA INJ	$0 (2)	NDS, NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	$0 (2)	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	$0 (1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	$0 (1)	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	$0 (2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	$0 (2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	$0 (1)	QL (540 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	$0 (1)	
medroxyprogesterone acetate tab 5 mg	$0 (1)	
medroxyprogesterone acetate tab 10 mg	$0 (1)	
norethindrone acetate tab 5 mg	$0 (1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t tab 25mcg	$0 (1)	
levo-t tab 50mcg	$0 (1)	
levo-t tab 75mcg	$0 (1)	
levo-t tab 88mcg	$0 (1)	
levo-t tab 100mcg	$0 (1)	
levo-t tab 112mcg	$0 (1)	
levo-t tab 125mcg	$0 (1)	
levo-t tab 137mcg	$0 (1)	
levo-t tab 150mcg	$0 (1)	
levo-t tab 175mcg	$0 (1)	
levo-t tab 200 mcg	$0 (1)	
levo-t tab 300 mcg	$0 (1)	
levothyroxine sodium tab 25 mcg	$0 (1)	
levothyroxine sodium tab 50 mcg	$0 (1)	
levothyroxine sodium tab 75 mcg	$0 (1)	
levothyroxine sodium tab 88 mcg	$0 (1)	
levothyroxine sodium tab 100 mcg	$0 (1)	
levothyroxine sodium tab 112 mcg	$0 (1)	
levothyroxine sodium tab 125 mcg	$0 (1)	
levothyroxine sodium tab 137 mcg	$0 (1)	
levothyroxine sodium tab 150 mcg	$0 (1)	
levothyroxine sodium tab 175 mcg	$0 (1)	
levothyroxine sodium tab 200 mcg	$0 (1)	
levothyroxine sodium tab 300 mcg	$0 (1)	
levoxyl tab 25mcg	$0 (1)	
levoxyl tab 50mcg	$0 (1)	
levoxyl tab 75mcg	$0 (1)	
levoxyl tab 88mcg	$0 (1)	
levoxyl tab 100mcg	$0 (1)	
levoxyl tab 112mcg	$0 (1)	
levoxyl tab 125mcg	$0 (1)	
levoxyl tab 137mcg	$0 (1)	
levoxyl tab 150mcg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levoxyl tab 175mcg	$0 (1)	
levoxyl tab 200mcg	$0 (1)	
liothyronine sodium tab 5 mcg	$0 (1)	
liothyronine sodium tab 25 mcg	$0 (1)	
liothyronine sodium tab 50 mcg	$0 (1)	
methimazole tab 5 mg	$0 (1)	
methimazole tab 10 mg	$0 (1)	
propylthiouracil tab 50 mg	$0 (1)	
SYNTHROID TAB 25MCG	$0 (2)	
SYNTHROID TAB 50MCG	$0 (2)	
SYNTHROID TAB 75MCG	$0 (2)	
SYNTHROID TAB 88MCG	$0 (2)	
SYNTHROID TAB 100MCG	$0 (2)	
SYNTHROID TAB 112MCG	$0 (2)	
SYNTHROID TAB 125MCG	$0 (2)	
SYNTHROID TAB 137MCG	$0 (2)	
SYNTHROID TAB 150MCG	$0 (2)	
SYNTHROID TAB 175MCG	$0 (2)	
SYNTHROID TAB 200MCG	$0 (2)	
SYNTHROID TAB 300MCG	$0 (2)	
unithroid tab 25mcg	$0 (1)	
unithroid tab 50mcg	$0 (1)	
unithroid tab 75mcg	$0 (1)	
unithroid tab 88mcg	$0 (1)	
unithroid tab 100mcg	$0 (1)	
unithroid tab 112mcg	$0 (1)	
unithroid tab 125mcg	$0 (1)	
unithroid tab 137mcg	$0 (1)	
unithroid tab 150mcg	$0 (1)	
unithroid tab 175mcg	$0 (1)	
unithroid tab 200mcg	$0 (1)	
unithroid tab 300mcg	$0 (1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	$0 (1)	NM
desmopressin acetate nasal spray soln 0.01%	$0 (1)	NM
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0 (1)	
desmopressin acetate tab 0.1 mg	$0 (1)	NM
desmopressin acetate tab 0.2 mg	$0 (1)	NM
STIMATE SOL 1.5MG/ML	$0 (2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone chw	$0 (3)	NM; *
acid gone sus	$0 (3)	NM; *
advanced sus antacid	$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; *
almacone chw	$0 (3)	NM; *
almacone dbl sus strength	$0 (3)	NM; *
almacone sus	$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	$0 (3)	NM; *
ant/anti-gas chw 1000-60	$0 (3)	NM; *
antacid chw 500mg	$0 (3)	NM; *
antacid chw 550-110	$0 (3)	NM; *
antacid chw 750mg	$0 (3)	NM; *
antacid extr chw 675-135	$0 (3)	NM; *
antacid extr chw 750mg	$0 (3)	NM; *
antacid fast sus acting	$0 (3)	NM; *
antacid fast sus relief	$0 (3)	NM; *
antacid flav chw 750mg	$0 (3)	NM; *
antacid kids chw 750mg	$0 (3)	NM; *
antacid max chw 1000mg	$0 (3)	NM; *
antacid mult chw -symptom	$0 (3)	NM; *
antacid plus sus gas rel	$0 (3)	NM; *
antacid sus	$0 (3)	NM; *
antacid sus advanced	$0 (3)	NM; *
antacid sus anti-gas	$0 (3)	NM; *
antacid sus max st	$0 (3)	NM; *
ANTACID ULTR CHW 1000-200	$0 (3)	NM; *
antacid/gas chw multi-sy	$0 (3)	NM; *
cal antacid chw 750mg	$0 (3)	NM; *
cal antacid chw 1000mg	$0 (3)	NM; *
cal-gest chw 500mg	$0 (3)	NM; *
calc antacid chw 500mg	$0 (3)	NM; *
calc antacid chw 750mg	$0 (3)	NM; *
calc antacid chw 1000mg	$0 (3)	NM; *
calcium anta chw 500mg	$0 (3)	NM; *
calcium anta chw 750mg	$0 (3)	NM; *
CALCIUM CARB TAB 648MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium carbonate (antacid) chew tab 500 mg	$0 (3)	NM; *
calcium carbonate (antacid) chew tab 750 mg	$0 (3)	NM; *
calcium carbonate chew tab 1250 mg (500 mg elemental ca)	$0 (3)	NM; *
cvs antacid sus supreme	$0 (3)	NM; *
cvs antacid/ sus anti-gas	$0 (3)	NM; *
eq antacid chw 750mg	$0 (3)	NM; *
eq antacid chw 1000mg	$0 (3)	NM; *
eq antacid chw ex st	$0 (3)	NM; *
eql antacid chw 1000mg	$0 (3)	NM; *
eql antacid chw fruit	$0 (3)	NM; *
flavor chews chw 750mg	$0 (3)	NM; *
foam antacid chw 80-20mg	$0 (3)	NM; *
GAVISCON CHW	$0 (3)	NM; *
GAVISCON SUS	$0 (3)	NM; *
GAVISCON SUS CHERRY	$0 (3)	NM; *
gnp antacid chw 160-105	$0 (3)	NM; *
gnp antacid chw 550-110	$0 (3)	NM; *
gnp antacid chw 1000mg	$0 (3)	NM; *
gnp antacid sus anti-gas	$0 (3)	NM; *
gnp antacid sus cherry	$0 (3)	NM; *
gnp masanti sus max st	$0 (3)	NM; *
gnp masanti sus reg st	$0 (3)	NM; *
heartbrn ant chw 160-105	$0 (3)	NM; *
heartbrn rlf chw 160-105	$0 (3)	NM; *
heartburn chw ex st	$0 (3)	NM; *
hm antacid sus	$0 (3)	NM; *
hm antacid sus anti-gas	$0 (3)	NM; *
hm magnesium tab 250mg	$0 (3)	NM; *
MAG-AL LIQ	$0 (3)	NM; *
mag-al plus liq	$0 (3)	NM; *
mag-al plus liq xs	$0 (3)	NM; *
MAGNESIUM CAP 500MG	$0 (3)	NM; *
magnesium oxide tab 250 mg	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
magnesium oxide tab 420 mg	$0 (3)	NM; *
magnesium tab 400mg	$0 (3)	NM; *
MI-ACID CHW	$0 (3)	NM; *
mi-acid sus	$0 (3)	NM; *
mi-acid sus max st	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mintox plus chw	$0 (3)	NM; *
mintox sus	$0 (3)	NM; *
mintox sus max st	$0 (3)	NM; *
qc antacid chw 500mg	$0 (3)	NM; *
qc antacid sus	$0 (3)	NM; *
qc antacid sus anti-gas	$0 (3)	NM; *
ra antacid chw 500mg	$0 (3)	NM; *
rolaids chw 550-110	$0 (3)	NM; *
rulox sus	$0 (3)	NM; *
sb antacid sus anti-gas	$0 (3)	NM; *
sm antacid chw ex-str	$0 (3)	NM; *
sm antacid sus advanced	$0 (3)	NM; *
sm antacid sus anti-gas	$0 (3)	NM; *
sm antacid sus max st	$0 (3)	NM; *
sm antacid/ sus antigas	$0 (3)	NM; *
smooth antac chw 750mg	$0 (3)	NM; *
sodium bicarbonate tab 325 mg	$0 (3)	NM; *
sodium bicarbonate tab 650 mg	$0 (3)	NM; *
TUMS CHW DEL CHW 1177MG	$0 (3)	NM; *
tums smoothi chw 750mg	$0 (3)	NM; *
ANTI-DIARRHEAL		
anti-diarrhe cap 2mg	$0 (3)	NM; *
anti-diarrhe tab 2mg	$0 (3)	NM; *
anti-diarrhl sus 262/15ml	$0 (3)	NM; *
bismatrol chw 262mg	$0 (3)	NM; *
bismatrol sus 262/15ml	$0 (3)	NM; *
bismatrol sus 525/15ml	$0 (3)	NM; *
bismuth subsalicylate chew tab 262 mg	$0 (3)	NM; *
cvs bismuth chw 262mg	$0 (3)	NM; *
cvs bismuth sus max str	$0 (3)	NM; *
cvs bismuth tab 262mg	$0 (3)	NM; *
diarrhea rel sus 262/15ml	$0 (3)	NM; *
diarrhea sus 262/15ml	$0 (3)	NM; *
eql stomach chw 262mg	$0 (3)	NM; *
geri-pectate sus 262/15ml	$0 (3)	NM; *
gnp k-pec sus 262/15ml	$0 (3)	NM; *
IMODIUM MS TAB RELIEF	$0 (3)	NM; *
kao-tin sus 262/15ml	$0 (3)	NM; *
kaopectate sus 262/15ml	$0 (3)	NM; *
kaopectate sus ex st	$0 (3)	NM; *
kaopectate tab 262mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loperamide cap 2mg	$0 (3)	NM; *
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	$0 (3)	NM; *
loperamide hcl liq 1 mg/7.5ml	$0 (3)	NM; *
loperamide liq 1mg/7.5	$0 (3)	NM; *
loperamide sus 1mg/7.5	$0 (3)	NM; *
peptic relf chw 262mg	$0 (3)	NM; *
peptic relf sus 262/15ml	$0 (3)	NM; *
pink bismuth chw 262mg	$0 (3)	NM; *
pink bismuth sus 262/15ml	$0 (3)	NM; *
pink bismuth tab 262mg	$0 (3)	NM; *
px stomach chw 262mg	$0 (3)	NM; *
px stomach sus 262/15ml	$0 (3)	NM; *
px stomach sus 525/15ml	$0 (3)	NM; *
ra pink bism chw 262mg	$0 (3)	NM; *
ra pink bism tab 262mg	$0 (3)	NM; *
sm anti-diar tab 2mg	$0 (3)	NM; *
sm stomach sus 262/15ml	$0 (3)	NM; *
sm stomach sus 527/30ml	$0 (3)	NM; *
soothe chw 262mg	$0 (3)	NM; *
soothe sus 262/15ml	$0 (3)	NM; *
soothe tab 262mg	$0 (3)	NM; *
stomach relf chw 262mg	$0 (3)	NM; *
stomach relf sus	$0 (3)	NM; *
stomach relf sus 262/15ml	$0 (3)	NM; *
stomach relf sus 524/30ml	$0 (3)	NM; *
stomach relf sus 525/15ml	$0 (3)	NM; *
stomach relf sus 525/30ml	$0 (3)	NM; *
stomach relf tab 262mg	$0 (3)	NM; *
stomach rlf tab 262mg	$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	$0 (1)	B/D
aprepitant capsule 80 mg	$0 (1)	B/D
aprepitant capsule 125 mg	$0 (1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0 (1)	B/D
compro sup 25mg	$0 (1)	
driminate tab 50mg	$0 (3)	NM; *
dronabinol cap 2.5 mg	$0 (1)	B/D, QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dronabinol cap 5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0 (1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	$0 (2)	B/D
granisetron hcl inj 1 mg/ml	$0 (1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0 (1)	
granisetron hcl tab 1 mg	$0 (1)	B/D
meclizine hcl chew tab 25 mg	$0 (3)	NM; *
meclizine hcl tab 12.5 mg	$0 (2)	
meclizine hcl tab 12.5 mg	$0 (3)	NM; *
meclizine hcl tab 25 mg	$0 (2)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	$0 (1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	$0 (1)	
metoclopramide hcl tab 5 mg (base equivalent)	$0 (1)	
metoclopramide hcl tab 10 mg (base equivalent)	$0 (1)	
motion relf tab 25mg	$0 (3)	NM; *
motion sick tab 25mg	$0 (3)	NM; *
motion sick tab 50mg	$0 (3)	NM; *
motion-time chw 25mg	$0 (3)	NM; *
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0 (1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0 (1)	
ondansetron hcl oral soln 4 mg/5ml	$0 (1)	B/D
ondansetron hcl tab 4 mg	$0 (1)	B/D
ondansetron hcl tab 8 mg	$0 (1)	B/D
ondansetron hcl tab 24 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 4 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 8 mg	$0 (1)	B/D
prochlorperazine edisylate inj 10 mg/2ml	$0 (1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0 (1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0 (1)	
prochlorperazine suppos 25 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl inj 25 mg/ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl inj 50 mg/ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl syrup 6.25 mg/5ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl tab 12.5 mg	$0 (2)	PA; PA if 70 years and older
promethazine hcl tab 25 mg	$0 (2)	PA; PA if 70 years and older
promethazine hcl tab 50 mg	$0 (2)	PA; PA if 70 years and older
scopolamine td patch 72hr 1 mg/3days	$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
travel sick chw 25mg	$0 (3)	NM; *
travel sick tab 50mg	$0 (3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0 (2)	
dicyclomine hcl oral soln 10 mg/5ml	$0 (2)	
dicyclomine hcl tab 20 mg	$0 (2)	
glycopyrrolate tab 1 mg	$0 (1)	
glycopyrrolate tab 2 mg	$0 (1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid control tab 10mg	$0 (3)	NM; *
acid control tab 20mg	$0 (3)	NM; *
acid control tab 150mg	$0 (3)	NM; *
acid reducer tab 10mg	$0 (3)	NM; *
acid reducer tab 20mg	$0 (3)	NM; *
acid reducer tab 75mg	$0 (3)	NM; *
acid reducer tab 150mg	$0 (3)	NM; *
famotidine for susp 40 mg/5ml	$0 (1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0 (1)	
famotidine inj 20 mg/2ml	$0 (1)	
famotidine inj 40 mg/4ml	$0 (1)	
famotidine inj 200 mg/20ml	$0 (1)	
famotidine tab 10 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine tab 10mg	$0 (3)	NM; *
famotidine tab 20 mg	$0 (1)	
famotidine tab 20mg	$0 (3)	NM; *
famotidine tab 40 mg	$0 (1)	
heartburn tab 20mg	$0 (3)	NM; *
heartburn tab 150mg	$0 (3)	NM; *
heartburn tab 200mg	$0 (3)	NM; *
heartburn tab relief	$0 (3)	NM; *
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	$0 (1)	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	$0 (1)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	$0 (1)	
ranitidine hcl tab 75 mg	$0 (3)	NM; *
ranitidine hcl tab 150 mg	$0 (1)	
ranitidine hcl tab 150 mg	$0 (3)	NM; *
ranitidine hcl tab 300 mg	$0 (1)	
sm acid redu tab 200mg	$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	$0 (2)	QL (120 caps / 30 days)
balsalazide disodium cap 750 mg	$0 (1)	
budesonide delayed release particles cap 3 mg	$0 (2)	NDS
DELZICOL CAP 400MG	$0 (2)	
hydrocortisone enema 100 mg/60ml	$0 (1)	
mesalamine cap dr 400 mg	$0 (1)	
mesalamine enema 4 gm	$0 (1)	
mesalamine rectal enema 4 gm & cleanser wipe kit	$0 (1)	
mesalamine suppos 1000 mg	$0 (1)	
mesalamine tab delayed release 800 mg	$0 (1)	
sulfasalazine tab 500 mg	$0 (1)	
sulfasalazine tab delayed release 500 mg	$0 (1)	
LAXATIVES		
bisac-evac sup 10mg	$0 (3)	NM; *
bisacodyl suppos 10 mg	$0 (3)	NM; *
bisacodyl tab 5mg ec	$0 (3)	NM; *
biscolax sup 10mg	$0 (3)	NM; *
calcium polycarbophil tab 625 mg	$0 (3)	NM; *
CEO-TWO SUP	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
choc laxativ chw 15mg	$0 (3)	NM; *
clearlax pow	$0 (3)	NM; *
constulose sol 10gm/15	$0 (1)	
cvs epsom gra salt	$0 (3)	NM; *
cvs fibr lax tab 625mg	$0 (3)	NM; *
cvs glycerin sup 2.1gm	$0 (3)	NM; *
cvs laxative chw 15mg	$0 (3)	NM; *
cvs laxative tab 25mg	$0 (3)	NM; *
cvs mineral oil	$0 (3)	NM; *
cvs natural pow fiber	$0 (3)	NM; *
cvs senna tab 8.6mg	$0 (3)	NM; *
daily fiber pow 48.57%	$0 (3)	NM; *
docqlace cap 100mg	$0 (3)	NM; *
docu liq 50mg/5ml	$0 (3)	NM; *
docusate sodium cap 100 mg	$0 (3)	NM; *
docusate sodium liquid 150 mg/15ml	$0 (3)	NM; *
docusate sodium tab 100 mg	$0 (3)	NM; *
docusil cap 100mg	$0 (3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	$0 (3)	NM; *
DOCUSOL MINI ENE	$0 (3)	NM; *
DOCUSOL PLUS ENE 20-283	$0 (3)	NM; *
dok cap 100mg	$0 (3)	NM; *
dok cap 250mg	$0 (3)	NM; *
dok tab 100mg	$0 (3)	NM; *
ducodyl tab 5mg ec	$0 (3)	NM; *
enema ready- ene to-use	$0 (3)	NM; *
ENEMEEZ MINI ENE	$0 (3)	NM; *
ENEMEEZ PLUS ENE 20-283	$0 (3)	NM; *
enulose sol 10gm/15	$0 (1)	
epsom salt gra	$0 (3)	NM; *
EPSOM SALT GRA	$0 (3)	NM; *
eq laxative tab 8.6mg	$0 (3)	NM; *
eq laxative tab 25mg	$0 (3)	NM; *
eq mineral oil	$0 (3)	NM; *
eql fiber la tab 625mg	$0 (3)	NM; *
eql fiber pow 28.3%	$0 (3)	NM; *
eql fiber pow therapy	$0 (3)	NM; *
eql laxative chw 15mg	$0 (3)	NM; *
eql laxative tab 25mg	$0 (3)	NM; *
EQUALACTIN CHW 625MG	$0 (3)	NM; *
evac-u-gen tab 8.6mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fiber laxatv tab 625mg	$0 (3)	NM; *
fiber therap pow 28.3%	$0 (3)	NM; *
fiber therap pow 48.57%	$0 (3)	NM; *
fiber therap pow sf orang	$0 (3)	NM; *
fiber therap tab 500mg	$0 (3)	NM; *
fiber therap tab 625mg	$0 (3)	NM; *
fiber-caps tab 625mg	$0 (3)	NM; *
fiber-lax tab 625mg	$0 (3)	NM; *
FLEET BISACO ENE 10/30ML	$0 (3)	NM; *
FLEET LIQUID ENE GLYCERIN	$0 (3)	NM; *
gavilax pow	$0 (3)	NM; *
gavilyte-c sol	$0 (1)	
gavilyte-g sol	$0 (1)	
gavilyte-n sol flav pk	$0 (1)	
generlac sol 10gm/15	$0 (1)	
gentle laxat tab 5mg ec	$0 (3)	NM; *
geri-kot tab 8.6mg	$0 (3)	NM; *
geri-mucil pow 68%	$0 (3)	NM; *
glycerin ped sup 1.2gm	$0 (3)	NM; *
glycerin ped sup 1gm	$0 (3)	NM; *
glycerin sup 2gm	$0 (3)	NM; *
glycerin suppos 1 gm	$0 (3)	NM; *
glycerin suppos 1.2 gm	$0 (3)	NM; *
glycerin suppos 2 gm	$0 (3)	NM; *
glycerin suppos 2.1 gm	$0 (3)	NM; *
glycolax pow 3350 nf	$0 (3)	NM; *
gnp bisa-lax tab 5mg ec	$0 (3)	NM; *
gnp clearlax pak 3350 nf	$0 (3)	NM; *
gnp clearlax pow	$0 (3)	NM; *
gnp enema ene	$0 (3)	NM; *
gnp epsom gra salt	$0 (3)	NM; *
gnp glycerin sup 1.2gm	$0 (3)	NM; *
gnp glycerin sup 2.1gm	$0 (3)	NM; *
gnp laxative tab 5mg ec	$0 (3)	NM; *
gnp laxative tab 25mg	$0 (3)	NM; *
gnp milk mag sus	$0 (3)	NM; *
gnp senna tab 8.6mg	$0 (3)	NM; *
GOLYTELY SOL	$0 (2)	
healthylax pow	$0 (3)	NM; *
hm clearlax pow	$0 (3)	NM; *
hm enema ene r-t-u	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm fiber pow 28.3%	$0 (3)	NM; *
hm fiber pow 30.9%	$0 (3)	NM; *
hm fiber pow 48.57%	$0 (3)	NM; *
hm fiber pow 58.6%	$0 (3)	NM; *
hm fiber tab 500mg	$0 (3)	NM; *
hm laxative tab 5mg	$0 (3)	NM; *
hm laxative tab 5mg ec	$0 (3)	NM; *
hm mineral oil	$0 (3)	NM; *
hm senna tab 8.6mg	$0 (3)	NM; *
HYDROCIL INS POW 95%	$0 (3)	NM; *
kao-tin cap 240mg	$0 (3)	NM; *
kls fiber tb tab 625mg	$0 (3)	NM; *
konsyl daily pow 28.3%	$0 (3)	NM; *
KONSYL DAILY POW 28.3%	$0 (3)	NM; *
konsyl fiber tab 625mg	$0 (3)	NM; *
konsyl pow 30.9%	$0 (3)	NM; *
KONSYL POW 60.3%	$0 (3)	NM; *
KONSYL-D POW 52.3%	$0 (3)	NM; *
kp senna tab 8.6mg	$0 (3)	NM; *
lactulose (encephalopathy) solution 10 gm/15ml	$0 (1)	
lactulose solution 10 gm/15ml	$0 (1)	
lax diet sup tab 500mg	$0 (3)	NM; *
laxative chw 15mg	$0 (3)	NM; *
laxative sup 10mg	$0 (3)	NM; *
laxative tab 15mg	$0 (3)	NM; *
laxative tab 25mg	$0 (3)	NM; *
laxative tab max-str	$0 (3)	NM; *
mag citrate sol	$0 (3)	NM; *
mag citrate sol cherry	$0 (3)	NM; *
mag citrate sol grape	$0 (3)	NM; *
mag citrate sol lemon	$0 (3)	NM; *
magnesium citrate soln	$0 (3)	NM; *
METAMUCIL PAK 51.7%	$0 (3)	NM; *
METAMUCIL POW 28%ORG	$0 (3)	NM; *
metamucil pow 28.3%org	$0 (3)	NM; *
metamucil pow 58.6%	$0 (3)	NM; *
metamucil pow 58.6% sf	$0 (3)	NM; *
metamucil pow 58.6%org	$0 (3)	NM; *
METAMUCIL POW 58.12%	$0 (3)	NM; *
METAMUCIL WAF	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
milk of magn sus	$0 (3)	NM; *
milk of magn sus 400/5ml	$0 (3)	NM; *
milk of magn sus 1200/15	$0 (3)	NM; *
MILK OF MAGN SUS 2400MG	$0 (3)	NM; *
milk of magn sus cherry	$0 (3)	NM; *
milk of magn sus frsh mnt	$0 (3)	NM; *
milk of magn sus mint	$0 (3)	NM; *
mineral oil	$0 (3)	NM; *
mineral oil ene	$0 (3)	NM; *
mineral oil enema	$0 (3)	NM; *
mineral oil oil	$0 (3)	NM; *
MOVIPREP SOL	$0 (2)	
multihealth pow fiber	$0 (3)	NM; *
nat fiber pow 28.3%	$0 (3)	NM; *
nat fiber pow 48.57%	$0 (3)	NM; *
NAT FIBER POW 58.6%	$0 (3)	NM; *
nat fiber pow therapy	$0 (3)	NM; *
nat psyllium pow fiber	$0 (3)	NM; *
nat veg lax tab 8.6mg	$0 (3)	NM; *
natura-lax pow 3350 nf	$0 (3)	NM; *
natural lax tab 8.6mg	$0 (3)	NM; *
naturl fiber pow 28.3%	$0 (3)	NM; *
naturl fiber pow 58.6%	$0 (3)	NM; *
NULYTELY SOL FLAV PKS	$0 (2)	
PEDIA-LAX CHW 400MG	$0 (3)	NM; *
PEDIA-LAX LIQ 50MG	$0 (3)	NM; *
PEDIA-LAX SUP 2.8GM	$0 (3)	NM; *
pediatric ene enema	$0 (3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0 (1)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	$0 (1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0 (1)	
perdiem over tab 15mg	$0 (3)	NM; *
polyethylene glycol 3350 oral packet	$0 (3)	NM; *
polyethylene glycol 3350 oral powder	$0 (3)	NM; *
px fiber tab 625mg	$0 (3)	NM; *
qc enema ene	$0 (3)	NM; *
qc laxative sup 10mg	$0 (3)	NM; *
qc mineral oil heavy	$0 (3)	NM; *
qc natural pow vegetabl	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ra epsom gra salt	$0 (3)	NM; *
RA EPSOM GRA SALT	$0 (3)	NM; *
ra glycerin sup 80.7%	$0 (3)	NM; *
ra laxative tab 25mg	$0 (3)	NM; *
ra mineral oil	$0 (3)	NM; *
reguloid pow 28.3%	$0 (3)	NM; *
reguloid pow 48.57%	$0 (3)	NM; *
reguloid pow 58.6%	$0 (3)	NM; *
sani-supp sup adult	$0 (3)	NM; *
sani-supp sup pediatri	$0 (3)	NM; *
sb bisacodyl tab 5mg ec	$0 (3)	NM; *
sb milk magn sus mint	$0 (3)	NM; *
sb senna-lax tab 8.6mg	$0 (3)	NM; *
senexon tab 8.6mg	$0 (3)	NM; *
senna lax tab 8.6mg	$0 (3)	NM; *
senna laxati tab 8.6mg	$0 (3)	NM; *
senna-extra tab 17.2mg	$0 (3)	NM; *
senna-lax tab 8.6mg	$0 (3)	NM; *
senna-tabs tab 8.6mg	$0 (3)	NM; *
senna-time tab 8.6mg	$0 (3)	NM; *
senno tab 8.6mg	$0 (3)	NM; *
sennosides syrup 8.8 mg/5ml	$0 (3)	NM; *
sennosides tab 8.6 mg	$0 (3)	NM; *
senokot extr tab 17.2mg	$0 (3)	NM; *
silace liq 10mg/ml	$0 (3)	NM; *
silace syp 60/15ml	$0 (3)	NM; *
sm clearlax pow	$0 (3)	NM; *
sm enema ene	$0 (3)	NM; *
sm epsom gra salt	$0 (3)	NM; *
sm fiber lax tab 500mg	$0 (3)	NM; *
SM FIBER POW	$0 (3)	NM; *
sm fiber pow 28.3%	$0 (3)	NM; *
sm fiber pow 48.57%	$0 (3)	NM; *
sm fiber pow 51.7%	$0 (3)	NM; *
sm fiber pow 58.6%	$0 (3)	NM; *
sm fiber tab 625mg	$0 (3)	NM; *
sm gentle tab laxative	$0 (3)	NM; *
sm glycerin sup 80.7%	$0 (3)	NM; *
sm mineral oil	$0 (3)	NM; *
sm senna lax tab 8.6mg	$0 (3)	NM; *
sm senna lax tab max str	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
smooth lax pow 3350 nf	$0 (3)	NM; *
sodium phosphates - enema	$0 (3)	NM; *
soluble fib pow therapy	$0 (3)	NM; *
soluble fib tab therapy	$0 (3)	NM; *
stim laxat tab 5mg ec	$0 (3)	NM; *
stool softnr cap 100mg	$0 (3)	NM; *
stool softnr cap 240mg	$0 (3)	NM; *
stool softnr cap 250mg	$0 (3)	NM; *
stool softnr tab 100mg	$0 (3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0 (2)	
tgt natural tab laxative	$0 (3)	NM; *
trilyte sol	$0 (1)	
wal-mucil pow 28.3%	$0 (3)	NM; *
wal-mucil pow 48.57%	$0 (3)	NM; *
wal-mucil pow 58.6%	$0 (3)	NM; *
womans laxat tab 5mg ec	$0 (3)	NM; *
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0 (2)	NDS, PA
alosetron hcl tab 1 mg (base equiv)	$0 (2)	NDS, PA
AMITIZA CAP 8MCG	$0 (2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	$0 (2)	QL (60 caps / 30 days)
anti-gas cap 180mg	$0 (3)	NM; *
BICARSIM TAB 80MG	$0 (3)	NM; *
BICARSIM TAB 125MG	$0 (3)	NM; *
cromolyn sodium oral conc 100 mg/5ml	$0 (2)	NDS
cvs gas relf chw 125mg	$0 (3)	NM; *
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0 (2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0 (2)	
eql gas rlf cap 180mg	$0 (3)	NM; *
gas relief cap 125mg	$0 (3)	NM; *
gas relief cap 180mg	$0 (3)	NM; *
gas relief chw 80mg	$0 (3)	NM; *
gas relief chw 125mg	$0 (3)	NM; *
gas relief dro 20/0.3ml	$0 (3)	NM; *
gas relief dro 40/0.6ml	$0 (3)	NM; *
gas relief liq infants	$0 (3)	NM; *
gas-x cap 125mg	$0 (3)	NM; *
gas-x cap 180mg	$0 (3)	NM; *
GAS-X EX-STR MIS 62.5MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GATTEX KIT 5MG	$0 (2)	NDS, NM, LA, PA
gnp gas relf chw 80mg	$0 (3)	NM; *
gnp gas relf chw 125mg	$0 (3)	NM; *
hm gas relf chw 80mg	$0 (3)	NM; *
LINZESS CAP 72MCG	$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	$0 (2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0 (1)	
mi-acid gas chw 80mg	$0 (3)	NM; *
misoprostol tab 100 mcg	$0 (1)	
misoprostol tab 200 mcg	$0 (1)	
MOVANTIK TAB 12.5MG	$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
PHAZYME CAP 250MG	$0 (3)	NM; *
qc gas relf chw 125mg	$0 (3)	NM; *
ra gas relf chw 125mg	$0 (3)	NM; *
RELISTOR INJ 8/0.4ML	$0 (2)	NDS, PA
RELISTOR INJ 12/0.6ML	$0 (2)	NDS, PA
simethicone cap 125 mg	$0 (3)	NM; *
simethicone cap 180 mg	$0 (3)	NM; *
simethicone chew tab 80 mg	$0 (3)	NM; *
simethicone chew tab 125 mg	$0 (3)	NM; *
simethicone dro 20/0.3ml	$0 (3)	NM; *
simethicone susp 40 mg/0.6ml	$0 (3)	NM; *
sm gas relf chw 80mg	$0 (3)	NM; *
sm gas relie chw 80mg	$0 (3)	NM; *
sucralfate tab 1 gm	$0 (1)	
SYMPROIC TAB 0.2MG	$0 (2)	
ursodiol cap 300 mg	$0 (1)	
ursodiol tab 250 mg	$0 (1)	
ursodiol tab 500 mg	$0 (1)	
XIFAXAN TAB 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
acid reducer cap 20.6mgdr	$0 (3)	NM; *
DEXILANT CAP 30MG DR	$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	$0 (2)	QL (30 caps / 30 days)
esomepra mag cap 20mg dr	$0 (3)	NM; *
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (3)	NM; *
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole sodium for intravenous soln 40 mg (base equiv)	$0 (1)	
heartburn tr cap 15mg	$0 (3)	NM; *
lansoprazole cap 15mg dr	$0 (3)	NM; *
lansoprazole cap delayed release 15 mg	$0 (1)	QL (30 caps / 30 days)
lansoprazole cap delayed release 15 mg	$0 (3)	NM; *
lansoprazole cap delayed release 30 mg	$0 (1)	QL (30 caps / 30 days)
omeprazole cap 20.6mgdr	$0 (3)	NM; *
omeprazole cap delayed release 10 mg	$0 (1)	
omeprazole cap delayed release 20 mg	$0 (1)	
omeprazole cap delayed release 40 mg	$0 (1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	$0 (3)	NM; *
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	$0 (3)	NM; *
OMEPRAZOLE TAB 20MG	$0 (3)	NM; *
pantoprazole sodium ec tab 20 mg (base equiv)	$0 (1)	
pantoprazole sodium ec tab 40 mg (base equiv)	$0 (1)	
pantoprazole sodium for iv soln 40 mg (base equiv)	$0 (1)	
rabeprazole sodium ec tab 20 mg	$0 (1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	$0 (1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0 (1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0 (1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0 (1)	
tamsulosin hcl cap 0.4 mg	$0 (1)	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	$0 (1)	
bethanechol chloride tab 10 mg	$0 (1)	
bethanechol chloride tab 25 mg	$0 (1)	
bethanechol chloride tab 50 mg	$0 (1)	
gnp urinary tab 97.5mg	$0 (3)	NM; *
potassium citrate tab er 5 meq (540 mg)	$0 (1)	
potassium citrate tab er 10 meq (1080 mg)	$0 (1)	
potassium citrate tab er 15 meq (1620 mg)	$0 (1)	
sb urinary tab pain max	$0 (3)	NM; *
sm urinary tab pain max	$0 (3)	NM; *
urinary pain tab 95mg	$0 (3)	NM; *
urinary pain tab 97.5mg	$0 (3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	$0 (1)	
oxybutynin chloride tab 5 mg	$0 (1)	
oxybutynin chloride tab er 24hr 5 mg	$0 (1)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0 (1)	QL (60 tabs / 30 days)
OXYTROL/WOMN DIS 3.9MG/24	$0 (3)	NM; *
solifenacin succinate tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0 (1)	QL (30 caps / 30 days), ST

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolterodine tartrate cap er 24hr 4 mg	$0 (1)	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	$0 (1)	ST
tolterodine tartrate tab 2 mg	$0 (1)	ST
TOVIAZ TAB 4MG	$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	$0 (2)	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0 (1)	
clotrimazole cre 1% vag	$0 (3)	NM; *
clotrimazole cre 3 day	$0 (3)	NM; *
clotrimazole vaginal cream 1%	$0 (3)	NM; *
3 day vaginl cre 2%	$0 (3)	NM; *
3 day vagnal cre 4%	$0 (3)	NM; *
metronidazole vaginal gel 0.75%	$0 (1)	
miconazole 3 kit combo pk	$0 (3)	NM; *
miconazole 7 cre 2%	$0 (3)	NM; *
miconazole 7 cre tube/kit	$0 (3)	NM; *
miconazole 7 sup 100mg	$0 (3)	NM; *
miconazole nitrate vaginal cream 2%	$0 (3)	NM; *
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	$0 (3)	NM; *
miconazole nitrate vaginal suppos 100 mg	$0 (3)	NM; *
sm micon 7 sup 100mg	$0 (3)	NM; *
terconazole vaginal cream 0.4%	$0 (1)	
terconazole vaginal cream 0.8%	$0 (1)	
terconazole vaginal suppos 80 mg	$0 (1)	
tioconazole oin 6.5% vag	$0 (3)	NM; *
vandazole gel 0.75%	$0 (1)	
VAGINAL CONTRACEPTIVE		
GYNOL II GEL 3%	$0 (3)	NM; *
VCF VAGINAL AER CONTRACP	$0 (3)	NM; *
vcf vaginal gel contrace	$0 (3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN TAB 1MG	$0 (2)	
COUMADIN TAB 2.5MG	$0 (2)	
COUMADIN TAB 2MG	$0 (2)	
COUMADIN TAB 3MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COUMADIN TAB 4MG	$0 (2)	
COUMADIN TAB 5MG	$0 (2)	
COUMADIN TAB 6MG	$0 (2)	
COUMADIN TAB 7.5MG	$0 (2)	
COUMADIN TAB 10MG	$0 (2)	
ELIQUIS ST P TAB 5MG	$0 (2)	
ELIQUIS TAB 2.5MG	$0 (2)	
ELIQUIS TAB 5MG	$0 (2)	
enoxaparin sodium inj 30 mg/0.3ml	$0 (1)	NM
enoxaparin sodium inj 40 mg/0.4ml	$0 (1)	NM
enoxaparin sodium inj 60 mg/0.6ml	$0 (1)	NM
enoxaparin sodium inj 80 mg/0.8ml	$0 (1)	NM
enoxaparin sodium inj 100 mg/ml	$0 (1)	NM
enoxaparin sodium inj 120 mg/0.8ml	$0 (1)	NM
enoxaparin sodium inj 150 mg/ml	$0 (1)	NM
enoxaparin sodium inj 300 mg/3ml	$0 (1)	NM
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0 (1)	NM
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0 (2)	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0 (2)	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0 (2)	NDS
HEP SOD/NACL INJ 25000UNT	$0 (2)	
heparin sodium (porcine) 100 unit/ml in d5w	$0 (2)	
heparin sodium (porcine) inj 1000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0 (1)	B/D
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	$0 (2)	
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	$0 (2)	
HEPARIN/NACL INJ 25000UNT	$0 (2)	
jantoven tab 1mg	$0 (1)	
jantoven tab 2.5mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
jantoven tab 2mg	$0 (1)	
jantoven tab 3mg	$0 (1)	
jantoven tab 4mg	$0 (1)	
jantoven tab 5mg	$0 (1)	
jantoven tab 6mg	$0 (1)	
jantoven tab 7.5mg	$0 (1)	
jantoven tab 10mg	$0 (1)	
PRADAXA CAP 75MG	$0 (2)	
PRADAXA CAP 110MG	$0 (2)	
PRADAXA CAP 150MG	$0 (2)	
warfarin sodium tab 1 mg	$0 (1)	
warfarin sodium tab 2 mg	$0 (1)	
warfarin sodium tab 2.5 mg	$0 (1)	
warfarin sodium tab 3 mg	$0 (1)	
warfarin sodium tab 4 mg	$0 (1)	
warfarin sodium tab 5 mg	$0 (1)	
warfarin sodium tab 6 mg	$0 (1)	
warfarin sodium tab 7.5 mg	$0 (1)	
warfarin sodium tab 10 mg	$0 (1)	
XARELTO STAR TAB 15/20MG	$0 (2)	
XARELTO TAB 2.5MG	$0 (2)	
XARELTO TAB 10MG	$0 (2)	
XARELTO TAB 15MG	$0 (2)	
XARELTO TAB 20MG	$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	$0 (2)	NDS, NM, PA
GRANIX INJ 300/1ML	$0 (2)	NDS, NM, PA
GRANIX INJ 480/0.8	$0 (2)	NDS, NM, PA
GRANIX INJ 480/1.6	$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300/0.5	$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300MCG	$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480/0.8	$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480MCG	$0 (2)	NDS, NM, PA
PROCRIT INJ 2000/ML	$0 (2)	NM, PA
PROCRIT INJ 3000/ML	$0 (2)	NM, PA
PROCRIT INJ 4000/ML	$0 (2)	NM, PA
PROCRIT INJ 10000/ML	$0 (2)	NM, PA
PROCRIT INJ 20000/ML	$0 (2)	NDS, NM, PA
PROCRIT INJ 40000/ML	$0 (2)	NDS, NM, PA
IRON		
carbonyl tab fe 45mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs iron tab 27mg	$0 (3)	NM; *
cvs iron tab 325mg	$0 (3)	NM; *
FERAHEME INJ 510/17ML	$0 (3)	NM; *
ferate tab 27mg	$0 (3)	NM; *
fergon tab 27mg	$0 (3)	NM; *
ferosul elx 220/5ml	$0 (3)	NM; *
ferosul tab 325mg	$0 (3)	NM; *
FERRETTS TAB 325MG	$0 (3)	NM; *
ferrex 150 cap 150mg	$0 (3)	NM; *
ferric x-150 cap 150mg	$0 (3)	NM; *
FERRIMIN 150 TAB	$0 (3)	NM; *
FERROUS FUM TAB 29MG	$0 (3)	NM; *
ferrous fumarate tab 324 mg (106 mg elemental fe)	$0 (3)	NM; *
ferrous gluc tab 324mg	$0 (3)	NM; *
FERROUS GLUC TAB 324MG	$0 (3)	NM; *
ferrous gluconate tab 240 mg (27 mg elemental fe)	$0 (3)	NM; *
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	$0 (3)	NM; *
FERROUS SULF TAB 140MG	$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	$0 (3)	NM; *
ferrous sulf tab 325mg	$0 (3)	NM; *
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	$0 (3)	NM; *
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	$0 (3)	NM; *
ferrous sulfate tab 325 mg (65 mg elemental fe)	$0 (3)	NM; *
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	$0 (3)	NM; *
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	$0 (3)	NM; *
ferrousul tab 325mg	$0 (3)	NM; *
gnp iron tab 45mg	$0 (3)	NM; *
gnp iron tab 65mg	$0 (3)	NM; *
high potency tab fe 27mg	$0 (3)	NM; *
hm iron tab 45mg	$0 (3)	NM; *
hm iron tab 65mg	$0 (3)	NM; *
iferex 150 cap	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFED INJ 50MG/ML	$0 (3)	NM; *
INJECTAFER INJ 750/15ML	$0 (3)	NM; *
IRON CHW PEDIATRI	$0 (3)	NM; *
iron slow tab 45mg	$0 (3)	NM; *
iron supplmt dro 15mg/ml	$0 (3)	NM; *
IRON TAB 18MG	$0 (3)	NM; *
iron tab 27mg	$0 (3)	NM; *
IRON TAB 28MG	$0 (3)	NM; *
IRON UP LIQ	$0 (3)	NM; *
myferon 150 cap 150mg	$0 (3)	NM; *
nu-iron 150 cap 150mg	$0 (3)	NM; *
poly-iron cap 150mg	$0 (3)	NM; *
PROFE CAP 180MG	$0 (3)	NM; *
PROFERRIN ES TAB 12 MG	$0 (3)	NM; *
ra iron tab 27mg	$0 (3)	NM; *
ra iron tab 325mg	$0 (3)	NM; *
slow fe tab 45mg	$0 (3)	NM; *
slow iron tab 160mg cr	$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	$0 (3)	NM; *
slow rel fe tab 160mg cr	$0 (3)	NM; *
slow release tab 143mg	$0 (3)	NM; *
slow release tab iron 45	$0 (3)	NM; *
slow-release tab fe 45mg	$0 (3)	NM; *
sm iron slow tab 160mg cr	$0 (3)	NM; *
sm iron tab 45mg	$0 (3)	NM; *
sm iron tab 325mg	$0 (3)	NM; *
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	$0 (3)	NM; *
TRIFERIC POW 272MG	$0 (3)	NM; *
VENOFER INJ 20MG/ML	$0 (3)	NM; *
wee care sus 15/1.25	$0 (3)	NM; *
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	$0 (1)	
anagrelide hcl cap 1 mg	$0 (1)	
BERINERT INJ 500UNIT	$0 (2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol tab 50 mg	$0 (1)	
cilostazol tab 100 mg	$0 (1)	
DROXIA CAP 200MG	$0 (2)	
DROXIA CAP 300MG	$0 (2)	
DROXIA CAP 400MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENDARI POW 5GM	$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	$0 (2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	$0 (2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate inj 30 mg/3ml (base equivalent)	$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline tab er 400 mg	$0 (1)	
PROMACTA POW 12.5MG	$0 (2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	$0 (2)	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0 (1)	
tranexamic acid tab 650 mg	$0 (1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0 (1)	
BRILINTA TAB 60MG	$0 (2)	
BRILINTA TAB 90MG	$0 (2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0 (1)	
prasugrel hcl tab 5 mg (base equiv)	$0 (1)	
prasugrel hcl tab 10 mg (base equiv)	$0 (1)	
ZONTIVITY TAB 2.08MG	$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10/0.1ML	$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 20/0.2ML	$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	$0 (2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	$0 (2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	$0 (2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	$0 (2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	$0 (2)	NDS, NM, PA
hydroxychloroquine sulfate tab 200 mg	$0 (1)	
leflunomide tab 10 mg	$0 (1)	
leflunomide tab 20 mg	$0 (1)	
methotrexate sodium tab 2.5 mg (base equiv)	$0 (1)	
REMICADE INJ 100MG	$0 (2)	NDS, NM, PA
XATMEP SOL 2.5MG/ML	$0 (2)	B/D
XELJANZ TAB 5MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 12GM	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	$0 (2)	NDS, NM, PA
GAMASTAN S/D INJ	$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	$0 (2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAGARD INJ 5GM/50ML	$0 (2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	$0 (2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	$0 (2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	$0 (2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	$0 (2)	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	$0 (2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	$0 (2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	$0 (2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 5%	$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 10%	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	$0 (2)	NDS, NM, PA
OCTAGAM INJ 1GM	$0 (2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	$0 (2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM	$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	$0 (2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	$0 (2)	NDS, NM, PA
OCTAGAM INJ 10GM	$0 (2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	$0 (2)	NDS, NM, PA
OCTAGAM INJ 25GM	$0 (2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	$0 (2)	NDS, PA
PANZYGA SOL 1GM/10ML	$0 (2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	$0 (2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	$0 (2)	NDS, NM, PA
PANZYGA SOL 10/100ML	$0 (2)	NDS, NM, PA
PANZYGA SOL 20/200ML	$0 (2)	NDS, NM, PA
PANZYGA SOL 30/300ML	$0 (2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	$0 (2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	$0 (2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	$0 (2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	$0 (2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARCALYST INJ 220MG	$0 (2)	NDS, NM, PA
INTRON A INJ 10MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 18MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 25MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 50MU	$0 (2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	$0 (1)	B/D
BENLYSTA INJ 120MG	$0 (2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	$0 (2)	NDS, NM, PA
BENLYSTA INJ 400MG	$0 (2)	NDS, NM, PA
cyclosporine cap 25 mg	$0 (1)	B/D
cyclosporine cap 100 mg	$0 (1)	B/D
cyclosporine iv soln 50 mg/ml	$0 (1)	B/D
cyclosporine modified cap 25 mg	$0 (1)	B/D
cyclosporine modified cap 50 mg	$0 (1)	B/D
cyclosporine modified cap 100 mg	$0 (1)	B/D
cyclosporine modified oral soln 100 mg/ml	$0 (1)	B/D
gengraf cap 25mg	$0 (1)	B/D
gengraf cap 100mg	$0 (1)	B/D
gengraf sol 100mg/ml	$0 (1)	B/D
mycophenolate mofetil cap 250 mg	$0 (1)	B/D
mycophenolate mofetil for oral susp 200 mg/ml	$0 (2)	NDS, B/D
mycophenolate mofetil tab 500 mg	$0 (1)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0 (1)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0 (1)	B/D
NULOJIX INJ 250MG	$0 (2)	NDS, B/D
PROGRAF GRA 0.2MG	$0 (2)	B/D
PROGRAF GRA 1MG	$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	$0 (2)	NDS, B/D
SANDIMMUNE SOL 100MG/ML	$0 (2)	B/D
sirolimus oral soln 1 mg/ml	$0 (2)	NDS, B/D
sirolimus tab 0.5 mg	$0 (1)	B/D
sirolimus tab 1 mg	$0 (1)	B/D
sirolimus tab 2 mg	$0 (2)	NDS, B/D
tacrolimus cap 0.5 mg	$0 (1)	B/D
tacrolimus cap 1 mg	$0 (1)	B/D
tacrolimus cap 5 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZORTRESS TAB 0.5MG	$0 (2)	NDS, B/D
ZORTRESS TAB 0.25MG	$0 (2)	NDS, B/D
ZORTRESS TAB 0.75MG	$0 (2)	NDS, B/D
ZORTRESS TAB 1MG	$0 (2)	NDS, B/D
VACCINES		
ACTHIB INJ	$0 (2)	
ADACEL INJ	$0 (2)	
BCG VACCINE INJ	$0 (2)	
BEXSERO INJ	$0 (2)	
BOOSTRIX INJ	$0 (2)	
DAPTACEL INJ	$0 (2)	
DIP/TET PED INJ 25-5LFU	$0 (2)	B/D
ENGERIX-B INJ 10/0.5ML	$0 (2)	B/D
ENGERIX-B INJ 20MCG/ML	$0 (2)	B/D
GARDASIL 9 INJ	$0 (2)	
HAVRIX INJ 720UNIT	$0 (2)	
HAVRIX INJ 1440UNIT	$0 (2)	
HIBERIX SOL 10MCG	$0 (2)	
IMOVAX RABIE INJ 2.5/ML	$0 (2)	B/D
INFANRIX INJ	$0 (2)	
IPOL INJ INACTIVE	$0 (2)	
IXIARO INJ	$0 (2)	
KINRIX INJ	$0 (2)	
M-M-R II INJ	$0 (2)	
MENACTRA INJ	$0 (2)	
MENVEO INJ	$0 (2)	
PEDIARIX INJ 0.5ML	$0 (2)	
PEDVAX HIB INJ	$0 (2)	
PENTACEL INJ	$0 (2)	
PROQUAD INJ	$0 (2)	
QUADRACEL INJ	$0 (2)	
RABAVERT INJ	$0 (2)	B/D
RECOMBIVA HB INJ 5MCG/0.5	$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	$0 (2)	B/D
ROTARIX SUS	$0 (2)	
ROTATEQ SOL	$0 (2)	
SHINGRIX INJ 50MCG	$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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TWINRIX INJ	$0 (2)	
TYPHIM VI INJ	$0 (2)	
VAQTA INJ 25/0.5ML	$0 (2)	
VAQTA INJ 50UNT/ML	$0 (2)	
VARIVAX INJ	$0 (2)	
YF-VAX INJ	$0 (2)	
ZOSTAVAX INJ	$0 (2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
CERALYTE 50 POW	$0 (3)	NM; *
CERALYTE 70 POW	$0 (3)	NM; *
CERALYTE 90 POW	$0 (3)	NM; *
CERASPORT POW	$0 (3)	NM; *
CERASPORT POW EX1	$0 (3)	NM; *
CERASPORT SOL	$0 (3)	NM; *
cvs electrol sol	$0 (3)	NM; *
DRIPDROP POW BERRY	$0 (3)	NM; *
DRIPDROP POW ORS	$0 (3)	NM; *
ENFAMIL SOL ENFALYTE	$0 (3)	NM; *
gnp pediatri sol electrol	$0 (3)	NM; *
hm potassium tab 99mg	$0 (3)	NM; *
klor-con 8 tab 8meq er	$0 (1)	
klor-con 10 tab 10meq er	$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	$0 (2)	
MAGNESIUM SU INJ 4G/100ML	$0 (2)	
MAGNESIUM SU INJ 20/500ML	$0 (2)	
MAGNESIUM SU INJ 40G/1000	$0 (2)	
MAGNESIUM SU INJ 80MG/ML	$0 (2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0 (2)	
magnesium sulfate inj 50%	$0 (2)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	$0 (2)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	$0 (2)	
MG SO4/D5W INJ 10MG/ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NORMALYTE POW	$0 (3)	NM; *
NORMALYTE POW GRAPE	$0 (3)	NM; *
NORMALYTE POW ORANGE	$0 (3)	NM; *
NORMALYTE POW PURE	$0 (3)	NM; *
oral electro sol cherry	$0 (3)	NM; *
oral electro sol h-e-b	$0 (3)	NM; *
oral electrolyte solution	$0 (3)	NM; *
oralyte sol freeze	$0 (3)	NM; *
ped elctrlyt sol	$0 (3)	NM; *
ped elctrlyt sol /zinc	$0 (3)	NM; *
ped elctrlyt sol freeze	$0 (3)	NM; *
ped elctrlyt sol freezer	$0 (3)	NM; *
ped elctrlyt sol freezpop	$0 (3)	NM; *
ped elctrlyt sol fruit	$0 (3)	NM; *
ped elctrlyt sol grape	$0 (3)	NM; *
ped elctrlyt sol unflavrd	$0 (3)	NM; *
pedia vance sol apple	$0 (3)	NM; *
PEDIALYTE PAK	$0 (3)	NM; *
PEDIALYTE POW APPLE	$0 (3)	NM; *
PEDIALYTE POW CHERRY	$0 (3)	NM; *
PEDIALYTE POW FRUIT PN	$0 (3)	NM; *
PEDIALYTE POW GRAPE	$0 (3)	NM; *
PEDIALYTE POW STRBRRY	$0 (3)	NM; *
PEDIALYTE POW VARIETY	$0 (3)	NM; *
PEDIATRIC POW ELECTROL	$0 (3)	NM; *
pot gluconat tab 2meq	$0 (3)	NM; *
pot gluconat tab 99mg	$0 (3)	NM; *
potassium chloride cap er 8 meq	$0 (1)	
potassium chloride cap er 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 15 meq	$0 (2)	
potassium chloride microencapsulated crys er tab 20 meq	$0 (1)	
potassium chloride oral soln 10% (20 meq/15ml)	$0 (1)	
potassium chloride oral soln 20% (40 meq/15ml)	$0 (1)	
potassium chloride powder packet 20 meq	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride tab er 8 meq (600 mg)	$0 (1)	
potassium chloride tab er 10 meq	$0 (1)	
potassium chloride tab er 20 meq (1500 mg)	$0 (1)	
POTASSIUM GL TAB 550MG	$0 (3)	NM; *
POTASSIUM GL TAB ER 595MG	$0 (3)	NM; *
potassium gluconate tab 2 meq	$0 (3)	NM; *
potassium gluconate tab 550 mg (92 mg equiv k)	$0 (3)	NM; *
potassium gluconate tab 595 mg (99 mg equiv k)	$0 (3)	NM; *
potassium tab 99 mg	$0 (3)	NM; *
potassium tab 99mg	$0 (3)	NM; *
ra pediatric sol electrol	$0 (3)	NM; *
REPLACE TAB SR	$0 (3)	NM; *
sm potassium tab 99mg	$0 (3)	NM; *
sodium chloride inj 2.5 meq/ml (14.6%)	$0 (1)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0 (1)	
tpn electrol inj	$0 (2)	B/D
IV NUTRITION		
amino acid infusion 6%	$0 (1)	B/D
AMINOSYN II INJ 10%	$0 (2)	B/D
AMINOSYN-PF INJ 7%	$0 (2)	B/D
AMINOSYN-PF INJ 10%	$0 (2)	B/D
chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)	$0 (3)	NM; *
CLINIMIX INJ 4.25/D5W	$0 (2)	B/D
CLINIMIX INJ 4.25/D10	$0 (2)	B/D
CLINIMIX INJ 4.25/D25	$0 (2)	B/D
CLINIMIX INJ 5%/D15W	$0 (2)	B/D
CLINIMIX INJ 5%/D20W	$0 (2)	B/D
CLINIMIX INJ 5%/D25W	$0 (2)	B/D
CLINOLIPID EMU 20%	$0 (2)	B/D
cupric chloride inj 0.4 mg/ml	$0 (3)	NM; *
FREAMINE HBC INJ 6.9%	$0 (2)	B/D
FREAMINE III INJ 10%	$0 (2)	B/D
hepatamine sol 8%	$0 (2)	B/D
INTRALIPID INJ 20%	$0 (2)	B/D
INTRALIPID INJ 30%	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEPHRAMINE INJ 5.4%	$0 (2)	B/D
NUTRILIPID EMU 20%	$0 (2)	B/D
PREMASOL SOL 10%	$0 (2)	B/D
PROCALAMINE INJ 3%	$0 (2)	B/D
PROSOL INJ 20%	$0 (2)	B/D
TRAVASOL INJ 10%	$0 (2)	B/D
TROPHAMINE INJ 10%	$0 (2)	B/D
zinc chloride inj 1 mg/ml	$0 (3)	NM; *
IV REPLACEMENT SOLUTIONS		
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 0.9%	$0 (1)	
dextrose 5% w/ sodium chloride 0.33%	$0 (1)	
dextrose 5% w/ sodium chloride 0.45%	$0 (1)	
dextrose 5% w/ sodium chloride 0.225%	$0 (1)	
dextrose 10% w/ sodium chloride 0.45%	$0 (1)	
dextrose inj 5%	$0 (1)	
dextrose inj 10%	$0 (1)	
dextrose inj 50%	$0 (1)	
dextrose inj 70%	$0 (1)	
IONOSOL-MB INJ D5W	$0 (2)	
ISOLYTE-P INJ /D5W	$0 (2)	
ISOLYTE-S INJ	$0 (2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0 (2)	
KCL/D5W/NACL INJ 0.15/0.2	$0 (2)	
lactated ringer's solution	$0 (1)	
NORMOSOL -M INJ /D5W	$0 (2)	
NORMOSOL -R INJ /D5W	$0 (2)	
NORMOSOL-R INJ PH 7.4	$0 (2)	
PLASMA-LYTE INJ -148	$0 (2)	
PLASMA-LYTE INJ -A	$0 (2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0 (1)	
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	$0 (1)	
potassium chloride inj 2 meq/ml	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	$0 (1)	
sodium chloride iv soln 0.9%	$0 (1)	
sodium chloride iv soln 0.45%	$0 (1)	
sodium chloride iv soln 3%	$0 (1)	
sodium chloride iv soln 5%	$0 (1)	
MINERALS		
CA CITRATE TAB 250MG	$0 (3)	NM; *
ca citrate tab + d	$0 (3)	NM; *
CA GLUCONATE TAB 50MG	$0 (3)	NM; *
CA LACTATE TAB 100MG	$0 (3)	NM; *
CAL CIT MAL/ TAB VITAMIND	$0 (3)	NM; *
cal cit+d3 tab maximum	$0 (3)	NM; *
CAL-CITRATE TAB PLUS D	$0 (3)	NM; *
CAL-MINT CHW 260MG	$0 (3)	NM; *
CAL-QUICK LIQ 500-400	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calc 600+d3 cap 600-500	$0 (3)	NM; *
calc 600+d tab 600-800	$0 (3)	NM; *
calc 600/d3 tab 600-800	$0 (3)	NM; *
CALC ACETATE TAB 668MG	$0 (3)	NM; *
calc cit+d3 tab 200-250	$0 (3)	NM; *
calc citr+d3 tab 200-250	$0 (3)	NM; *
calc citr+d tab 315-250	$0 (3)	NM; *
calc citr/d3 tab 200-250	$0 (3)	NM; *
calc citrate tab +d	$0 (3)	NM; *
CALC/VIT D3 CHW DISNEY	$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	$0 (3)	NM; *
calcitrate tab	$0 (3)	NM; *
calcitrate tab 950mg	$0 (3)	NM; *
calcium 500 tab +d	$0 (3)	NM; *
calcium 600 tab	$0 (3)	NM; *
calcium 600 tab +d	$0 (3)	NM; *
calcium 600/ tab vit d	$0 (3)	NM; *
CALCIUM 1000 TAB + D	$0 (3)	NM; *
calcium +d3 tab maximum	$0 (3)	NM; *
CALCIUM CARB CHW 260MG	$0 (3)	NM; *
CALCIUM CARB POW 800/2GM	$0 (3)	NM; *
calcium carbonate (antacid) susp 1250 mg/5ml	$0 (3)	NM; *
calcium carbonate tab 600 mg	$0 (3)	NM; *
calcium carbonate tab 1250 mg (500 mg elemental ca)	$0 (3)	NM; *
calcium carbonate tab 1500 mg (600 mg elemental ca)	$0 (3)	NM; *
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 250 mg-125 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-400 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 250 mg-125 unit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium carbonate-vitamin d tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-400 unit	$0 (3)	NM; *
calcium chloride inj 10%	$0 (3)	NM; *
calcium chw gummies	$0 (3)	NM; *
CALCIUM CIT/ TAB VIT D	$0 (3)	NM; *
calcium citr tab +d	$0 (3)	NM; *
calcium citr tab w/vit d3	$0 (3)	NM; *
calcium citrate tab 950 mg (200 mg elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	$0 (3)	NM; *
CALCIUM GLUC TAB 500MG	$0 (3)	NM; *
CALCIUM GRA CITRATE	$0 (3)	NM; *
calcium gumm chw 250-400	$0 (3)	NM; *
calcium plus cap d3	$0 (3)	NM; *
calcium tab 500+d	$0 (3)	NM; *
calcium tab 500/d	$0 (3)	NM; *
calcium tab 600mg	$0 (3)	NM; *
calcium tab vit d	$0 (3)	NM; *
calcium+d3 tab 315-250	$0 (3)	NM; *
calcium+d3 tab 600-400	$0 (3)	NM; *
calcium+d3 tab 600-800	$0 (3)	NM; *
calcium+d3 tab grad rel	$0 (3)	NM; *
calcium+d tab 600-400	$0 (3)	NM; *
calcium+d tab 600-800	$0 (3)	NM; *
CALCIUM/C/D CHW 500MG	$0 (3)	NM; *
calcium/d3 cap 600-500	$0 (3)	NM; *
CALCIUM/D3 CAP 600-2500	$0 (3)	NM; *
CALCIUM/D3 CHW 250/350	$0 (3)	NM; *
calcium/d3 tab	$0 (3)	NM; *
calcium/d3 tab 200-250	$0 (3)	NM; *
calcium/d3 tab 500-400	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium/d3 tab 500-600	$0 (3)	NM; *
calcium/d3 tab 600-800	$0 (3)	NM; *
calcium/d chw 500-400	$0 (3)	NM; *
calcium/d tab 500-200	$0 (3)	NM; *
calcium/d tab 500-400	$0 (3)	NM; *
calcium/d tab 500mg	$0 (3)	NM; *
calcium/d tab 600-200	$0 (3)	NM; *
calcium/d tab 600-400	$0 (3)	NM; *
calcium/d tab 600-800	$0 (3)	NM; *
calcium/vita tab d3	$0 (3)	NM; *
calphron tab 667mg	$0 (3)	NM; *
CALTRATE 600 CHW 600-800	$0 (3)	NM; *
CHELATED CA TAB 200MG	$0 (3)	NM; *
CITRACAL+D3 CHW 250-500	$0 (3)	NM; *
cvs calcium chw 250-400	$0 (3)	NM; *
eq calcium tab citr+d	$0 (3)	NM; *
eql calcium tab citr/d3	$0 (3)	NM; *
eql calcium tab w/vit d	$0 (3)	NM; *
GALZIN CAP 25MG	$0 (3)	NM; *
GALZIN CAP 50MG	$0 (3)	NM; *
gnp calcium tab cit +d3	$0 (3)	NM; *
hm ca/vit d3 tab 600-400	$0 (3)	NM; *
hm ca/vit d3 tab 600-800	$0 (3)	NM; *
hm calcium tab citr+d	$0 (3)	NM; *
kp calcium tab +d	$0 (3)	NM; *
kp mag-oxide tab 200mg	$0 (3)	NM; *
liq ca/vit d cap 600mg	$0 (3)	NM; *
LIQUID CALCI CAP WITH D3	$0 (3)	NM; *
MAG CITRATE TAB 100MG	$0 (3)	NM; *
MAG GLYCINAT TAB 100MG	$0 (3)	NM; *
mag-g tab 500mg	$0 (3)	NM; *
MAG-TAB SR TAB 84MG	$0 (3)	NM; *
MAGDELAY TAB 70MG	$0 (3)	NM; *
MAGN SULFATE CAP 70MG	$0 (3)	NM; *
MAGNEBIND TAB 300	$0 (3)	NM; *
MAGNESIUM CAP 125MG	$0 (3)	NM; *
MAGNESIUM CAP 400MG	$0 (3)	NM; *
MAGNESIUM CL TAB CALCIUM	$0 (3)	NM; *
magnesium gluconate tab 27.5 mg (elemental mg)	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
magnesium oxide cap 500 mg (elemental mg)	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
magnesium oxide tab 400 mg (240 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 400 mg (241.3 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 500 mg (mg supplement)	$0 (3)	NM; *
MAGNESIUM TAB 30MG	$0 (3)	NM; *
MAGNESIUM TAB 200MG	$0 (3)	NM; *
magnesium tab 250 mg	$0 (3)	NM; *
magnesium tab 250mg	$0 (3)	NM; *
magnesium tab 400 mg	$0 (3)	NM; *
magnesium tab 500mg	$0 (3)	NM; *
MAGONATE LIQ 1000/5ML	$0 (3)	NM; *
manganese chloride inj 0.1 mg/ml	$0 (3)	NM; *
mgo tab 400mg	$0 (3)	NM; *
NU-MAG TAB 71.5-119	$0 (3)	NM; *
orazinc cap 220mg	$0 (3)	NM; *
os calcium tab /vit d	$0 (3)	NM; *
os-cal + d3 tab 500-200	$0 (3)	NM; *
os-cal extra tab d3	$0 (3)	NM; *
OSTEO-PORETI TAB	$0 (3)	NM; *
oys shell ca tab 500 + d	$0 (3)	NM; *
oys shell ca tab /d3	$0 (3)	NM; *
oys shell+d chw 500-400	$0 (3)	NM; *
oys shell+d tab 250-125	$0 (3)	NM; *
oysco 500 tab 500mg	$0 (3)	NM; *
oysco 500+d tab	$0 (3)	NM; *
oyst shell/d tab 500-125	$0 (3)	NM; *
oyst shell/d tab 500-200	$0 (3)	NM; *
oyst shell/d tab 500-400	$0 (3)	NM; *
oyst shell/d tab 500mg	$0 (3)	NM; *
oyster shell calcium tab 500 mg	$0 (3)	NM; *
oystercal-d tab 500mg	$0 (3)	NM; *
potass & mag cap aspartat	$0 (3)	NM; *
ra hi cal tab 500-200	$0 (3)	NM; *
ra magnesium cap 500mg	$0 (3)	NM; *
RA OYS SHL/D TAB 500MG	$0 (3)	NM; *
RISACAL-D TAB	$0 (3)	NM; *
SLOW-MAG TAB	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm ca/vit d3 tab 600-400	$0 (3)	NM; *
sm calcium tab /vit d3	$0 (3)	NM; *
sm calcium/d tab 500-200	$0 (3)	NM; *
sm calcium/d tab 600-400	$0 (3)	NM; *
SM CORAL CAL TAB 1000MG	$0 (3)	NM; *
sm magnesium tab 250mg	$0 (3)	NM; *
super ca 600 tab + d3	$0 (3)	NM; *
super ca 600 tab + d3 400	$0 (3)	NM; *
super ca 600 tab + d 400	$0 (3)	NM; *
super calciu tab 600mg	$0 (3)	NM; *
UPCAL D POW	$0 (3)	NM; *
ZINC 15 TAB 66MG	$0 (3)	NM; *
zinc sulfate cap 50mg	$0 (3)	NM; *
zinc sulfate cap 220 mg (50 mg elemental zn)	$0 (3)	NM; *
MISCELLANEOUS		
cvs fish oil cap 1000mg	$0 (3)	NM; *
cvs glucose liq shot	$0 (3)	NM; *
fish oil con cap 1000mg	$0 (3)	NM; *
gluco shot liq	$0 (3)	NM; *
GLUCOSE LIQ SHOT	$0 (3)	NM; *
OMEGA DHA CHW	$0 (3)	NM; *
omega-3 fatty acids cap 1000 mg	$0 (3)	NM; *
omega-3 fish chw 113.5mg	$0 (3)	NM; *
ra fish oil cap 1000mg	$0 (3)	NM; *
sm fish oil cap 1000mg	$0 (3)	NM; *
super omega cap -3	$0 (3)	NM; *
SUPER TWIN CAP EPA/DHA	$0 (3)	NM; *
TRUEPLUS CHW GLUCOSE	$0 (3)	NM; *
TRUEPLUS GEL GLUCOSE	$0 (3)	NM; *
VITAMINS		
a-10000 cap	$0 (3)	NM; *
AQUASOL A INJ 50000/ML	$0 (3)	NM; *
aqueous e dro 15/0.3ml	$0 (3)	NM; *
ascorbic acid tab 250 mg	$0 (3)	NM; *
ascorbic acid tab 500 mg	$0 (3)	NM; *
ascorbic acid tab 1000 mg	$0 (3)	NM; *
b6 natural tab 100mg	$0 (3)	NM; *
B-12 CAP 1000MCG	$0 (3)	NM; *
B-12 DOTS TAB 500MCG	$0 (3)	NM; *
B-12 DS TAB 5000MCG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
B-12 LIQ 5000/ML	$0 (3)	NM; *
B-12 LOZ 1000MCG	$0 (3)	NM; *
b-12 tab 500mcg	$0 (3)	NM; *
b-12 tab 2000mcg	$0 (3)	NM; *
B-12 TAB 2500MCG	$0 (3)	NM; *
B-12 TAB 5000MCG	$0 (3)	NM; *
B-NATAL LOZ 25MG	$0 (3)	NM; *
c 250 tab	$0 (3)	NM; *
c 1000 tab 1000mg	$0 (3)	NM; *
c-250 tab 250mg	$0 (3)	NM; *
c-500 tab 500mg	$0 (3)	NM; *
c-1000 tab 1000mg	$0 (3)	NM; *
c-1000/rh tab 1000mg	$0 (3)	NM; *
c/rose hips tab 500mg	$0 (3)	NM; *
c/rose hips tab 1000mg	$0 (3)	NM; *
calcidol dro 8000/ml	$0 (3)	NM; *
calcitriol cap 0.5 mcg	$0 (1)	B/D
calcitriol cap 0.25 mcg	$0 (1)	B/D
calcitriol inj 1 mcg/ml	$0 (1)	B/D
calcitriol oral soln 1 mcg/ml	$0 (1)	B/D
calcium ascorbate tab 500 mg	$0 (3)	NM; *
CENTRUM SPEC PAK PRENATAL	$0 (3)	NM, PA; *
chewable c chw 500mg	$0 (3)	NM; *
CL PRENATAL TAB 28-0.8MG	$0 (3)	NM, PA; *
cvs b6 tab 100mg	$0 (3)	NM; *
cvs b12 chw 2500mcg	$0 (3)	NM; *
cvs b-1 tab 100mg	$0 (3)	NM; *
cvs b-12 liq 1000/15	$0 (3)	NM; *
cvs b-12 tab 1500mcg	$0 (3)	NM; *
cvs vit c tab 1000mg	$0 (3)	NM; *
cyanocobalamin inj 1000 mcg/ml	$0 (3)	NM; *
cyanocobalamin liquid 1000 mcg/15ml	$0 (3)	NM; *
cyanocobalamin sl tab 500 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 2500 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 3000 mcg	$0 (3)	NM; *
cyanocobalamin tab 50 mcg	$0 (3)	NM; *
cyanocobalamin tab 100 mcg	$0 (3)	NM; *
cyanocobalamin tab 250 mcg	$0 (3)	NM; *
cyanocobalamin tab 500 mcg	$0 (3)	NM; *
cyanocobalamin tab 1000 mcg	$0 (3)	NM; *
cyanocobalamin tab er 1000 mcg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYTO B2 POW	$0 (3)	NM; *
e200 cap 200unit	$0 (3)	NM; *
e 1000 cap 1000unit	$0 (3)	NM; *
e-200 cap 200unit	$0 (3)	NM; *
e-400 cap 400unit	$0 (3)	NM; *
endur-acin tab 250mg	$0 (3)	NM; *
endur-acin tab 250mg sr	$0 (3)	NM; *
endur-acin tab 500mg	$0 (3)	NM; *
endur-amide tab 500mg	$0 (3)	NM; *
ENFAMIL MIS EXPECTA	$0 (3)	NM, PA; *
eql b-6 tab 100mg	$0 (3)	NM; *
eql vit c tab 1000mg	$0 (3)	NM; *
eql vit c/rh tab 1000mg	$0 (3)	NM; *
ergocalciferol cap 1.25 mg (50000 unit)	$0 (3)	NM; *
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	$0 (3)	NM; *
fa-8 cap 800mcg	$0 (3)	NM; *
folic acid cap 0.8 mg	$0 (3)	NM; *
FOLIC ACID CAP 20MG	$0 (3)	NM; *
folic acid inj 5 mg/ml	$0 (3)	NM; *
folic acid tab 1 mg	$0 (3)	NM; *
folic acid tab 400 mcg	$0 (3)	NM; *
folic acid tab 400mcg	$0 (3)	NM; *
folic acid tab 800 mcg	$0 (3)	NM; *
folic acid tab 800mcg	$0 (3)	NM; *
folic acid tab 1000mcg	$0 (3)	NM; *
gnp niacin tab 250mg	$0 (3)	NM; *
GNP PRENATAL TAB 28-0.8MG	$0 (3)	NM, PA; *
gnp vit c tab 250mg	$0 (3)	NM; *
gnp vit c tab 1000mg	$0 (3)	NM; *
gnp vit c/rh tab 1000mg	$0 (3)	NM; *
GOODSENSE TAB 28-0.8MG	$0 (3)	NM, PA; *
hm niacin tab 250mg	$0 (3)	NM; *
hm niacin tr tab 250mg	$0 (3)	NM; *
hm vit b1 tab 100mg	$0 (3)	NM; *
hm vit b6 tab 100mg	$0 (3)	NM; *
hm vit b12 tab 500mcg	$0 (3)	NM; *
hm vitamin c tab 1000mg	$0 (3)	NM; *
hm vitamin e cap 400unit	$0 (3)	NM; *
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFUVITE INJ ADULT	$0 (3)	NM; *
k 100 tab 100mcg	$0 (3)	NM; *
kp niacin tab 500mg	$0 (3)	NM; *
KP PRENATAL TAB MULTIVIT	$0 (3)	NM, PA; *
kp vitamin e cap 100unit	$0 (3)	NM; *
KPN PRENATAL TAB	$0 (3)	NM, PA; *
M-NATAL PLUS TAB	$0 (2)	
M.V.I. ADULT INJ	$0 (3)	NM; *
MEPHYTON TAB 5MG	$0 (3)	NM; *
methylcobalamin sl tab 1000 mcg	$0 (3)	NM; *
MTERYTI TAB	$0 (3)	NM, PA; *
MTERYTI TAB FOLIC 5	$0 (3)	NM, PA; *
MULTI PRENAT TAB	$0 (3)	NM, PA; *
NASCOBAL SPR 500MCG	$0 (3)	NM; *
niacin cap 400-100	$0 (3)	NM; *
niacin cap 400mg	$0 (3)	NM; *
niacin cap 500mg	$0 (3)	NM; *
niacin cap er 250 mg	$0 (3)	NM; *
niacin cap er 500 mg	$0 (3)	NM; *
NIACIN FLUSH CAP FREE	$0 (3)	NM; *
niacin tab 50 mg	$0 (3)	NM; *
niacin tab 100 mg	$0 (3)	NM; *
niacin tab 250 mg	$0 (3)	NM; *
niacin tab 500 mg	$0 (3)	NM; *
niacin tab er 250 mg	$0 (3)	NM; *
niacin tab er 500 mg	$0 (3)	NM; *
niacin tab er 750 mg	$0 (3)	NM; *
NIACIN TR TAB 1000MG	$0 (3)	NM; *
niacinamide tab 500 mg	$0 (3)	NM; *
niacinamide tab er 500 mg	$0 (3)	NM; *
ONE A DAY CAP PRENATAL	$0 (3)	NM, PA; *
paricalcitol cap 1 mcg	$0 (1)	B/D
paricalcitol cap 2 mcg	$0 (1)	B/D
paricalcitol cap 4 mcg	$0 (1)	B/D
phytonadione inj 1 mg/0.5ml (2 mg/ml)	$0 (3)	NM; *
phytonadione inj 10 mg/ml	$0 (3)	NM; *
phytonadione tab 100 mcg	$0 (3)	NM; *
PNV FOLIC AC TAB + IRON	$0 (2)	
PRENAT MULTI CAP +DHA	$0 (3)	NM, PA; *
PRENATAL CAP FORMULA	$0 (3)	NM, PA; *
PRENATAL DHA PAK MULTI	$0 (3)	NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRENATAL FRM TAB A-FREE	$0 (3)	NM, PA; *
PRENATAL GUM CHW 0.4-32.5	$0 (3)	NM, PA; *
PRENATAL ONE TAB DAILY	$0 (3)	NM, PA; *
PRENATAL PLUS	$0 (2)	
PRENATAL TAB	$0 (3)	NM, PA; *
PRENATAL TAB 27-0.8MG	$0 (3)	NM, PA; *
PRENATAL TAB 27-1MG	$0 (2)	
PRENATAL TAB 28-0.8MG	$0 (3)	NM, PA; *
PRENATAL TAB LOW IRON	$0 (3)	NM, PA; *
PRENATAL TAB PLUS	$0 (2)	
PRENATAL VIT TAB 28-0.8MG	$0 (3)	NM, PA; *
PRENATAL VIT TAB LOW IRON	$0 (2)	
PRENATAL VIT TAB MINERALS	$0 (3)	NM, PA; *
PRENATL MULT CAP + DHA	$0 (3)	NM, PA; *
PRENTAT MULT CAP PLUS DHA	$0 (3)	NM, PA; *
pureway-c tab 500mg	$0 (3)	NM; *
pyridoxine hcl inj 100 mg/ml	$0 (3)	NM; *
pyridoxine hcl tab 25 mg	$0 (3)	NM; *
pyridoxine hcl tab 50 mg	$0 (3)	NM; *
pyridoxine hcl tab 100 mg	$0 (3)	NM; *
pyridoxine hcl tab 250 mg	$0 (3)	NM; *
ra niacin tab 100mg	$0 (3)	NM; *
ra niacin tab 500mg	$0 (3)	NM; *
ra vit c/rh tab 1000mg	$0 (3)	NM; *
RAYALDEE CAP 30MCG	$0 (2)	NDS
riboflavin tab 25 mg	$0 (3)	NM; *
riboflavin tab 50 mg	$0 (3)	NM; *
riboflavin tab 100 mg	$0 (3)	NM; *
slo-niacin tab 250mg cr	$0 (3)	NM; *
sm folic acd tab 400mcg	$0 (3)	NM; *
sm niacin tab 250mg cr	$0 (3)	NM; *
SM ONE DAILY MIS PRENATAL	$0 (3)	NM, PA; *
SM PRENATAL TAB VITAMINS	$0 (3)	NM, PA; *
sm vit b1 tab 100mg	$0 (3)	NM; *
sm vit b6 tab 100mg	$0 (3)	NM; *
sm vit b12 tab 500mcg	$0 (3)	NM; *
sm vit b-6 tab 100mg	$0 (3)	NM; *
sm vit b-12 tab 100mcg	$0 (3)	NM; *
sm vit b-12 tab 500mcg	$0 (3)	NM; *
sm vit c/rh tab 1000mg	$0 (3)	NM; *
sm vitamin c tab 250mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm vitamin c tab 500mg	$0 (3)	NM; *
sm vitamin c tab 1000mg	$0 (3)	NM; *
sm vitamin e cap 200unit	$0 (3)	NM; *
sm vitamin e cap 400unit	$0 (3)	NM; *
sm vitamin e cap 1000unit	$0 (3)	NM; *
STUART ONE CAP	$0 (3)	NM, PA; *
SUPERIORSOUR CHW K1	$0 (3)	NM; *
THERANATAL CAP ONE	$0 (3)	NM, PA; *
THERANATAL PAK OVAVITE	$0 (3)	NM, PA; *
thiamine hcl inj 100 mg/ml	$0 (3)	NM; *
thiamine hcl tab 50 mg	$0 (3)	NM; *
thiamine hcl tab 100 mg	$0 (3)	NM; *
thiamine hcl tab 250 mg	$0 (3)	NM; *
thiamine mononitrate tab 100 mg	$0 (3)	NM; *
TRICARE TAB PRENATAL	$0 (2)	
vitamin a cap 10000 unit	$0 (3)	NM; *
vitamin a tab 10000 unit	$0 (3)	NM; *
VITAMIN A TAB 15000UNT	$0 (3)	NM; *
VITAMIN B12 DRO 3000/ML	$0 (3)	NM; *
vitamin b12 tab 1000mcg	$0 (3)	NM; *
vitamin b-2 tab 100mg	$0 (3)	NM; *
VITAMIN B-12 DRO 3000MCG	$0 (3)	NM; *
VITAMIN B-12 LIQ 1000MCG	$0 (3)	NM; *
vitamin b-12 tab 500mcg	$0 (3)	NM; *
vitamin b-12 tab 1000mcg	$0 (3)	NM; *
VITAMIN C SOL	$0 (3)	NM; *
VITAMIN C TAB 100MG	$0 (3)	NM; *
vitamin c tab 250mg	$0 (3)	NM; *
vitamin c tab 500mg	$0 (3)	NM; *
VITAMIN D2 TAB 400UNIT	$0 (3)	NM; *
VITAMIN D2 TAB 2000UNIT	$0 (3)	NM; *
vitamin e cap 100 unit	$0 (3)	NM; *
vitamin e cap 200 unit	$0 (3)	NM; *
vitamin e cap 400 unit	$0 (3)	NM; *
vitamin e cap 1000 unit	$0 (3)	NM; *
VITAMIN E TAB 100UNIT	$0 (3)	NM; *
VITAMIN K2 TAB	$0 (3)	NM; *
ZINC & C LOZ 20-120MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0 (1)	
BLEPHAMIDE OIN S.O.P.	$0 (2)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0 (1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0 (1)	
neomycin-polymyxin-hc ophth susp	$0 (1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0 (1)	
TOBRADEX OIN 0.3-0.1%	$0 (2)	
TOBRADEX ST SUS 0.3-0.05	$0 (2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0 (1)	
ZYLET SUS 0.5-0.3%	$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE SOL 1%	$0 (2)	
bacitracin ophth oint 500 unit/gm	$0 (1)	
bacitracin-polymyxin b ophth oint	$0 (1)	
BESIVANCE SUS 0.6%	$0 (2)	
CILOXAN OIN 0.3% OP	$0 (2)	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	$0 (1)	
erythromycin ophth oint 5 mg/gm	$0 (1)	
gatifloxacin ophth soln 0.5%	$0 (1)	
gentak oin 0.3% op	$0 (1)	
gentamicin sulfate ophth soln 0.3%	$0 (1)	
MOXEZA SOL 0.5%	$0 (2)	
moxifloxacin hcl ophth soln 0.5% (base equiv)	$0 (1)	
NATACYN SUS 5% OP	$0 (2)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0 (1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0 (1)	
ofloxacin ophth soln 0.3%	$0 (1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0 (1)	
sulfacetamide sodium ophth oint 10%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfacetamide sodium ophth soln 10%	$0 (1)	
tobramycin ophth soln 0.3%	$0 (1)	
trifluridine ophth soln 1%	$0 (1)	
ZIRGAN GEL 0.15%	$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	$0 (2)	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	$0 (1)	
BROMSITE DRO 0.075%	$0 (2)	
dexamethasone sodium phosphate ophth soln 0.1%	$0 (1)	
diclofenac sodium ophth soln 0.1%	$0 (1)	
DUREZOL EMU 0.05%	$0 (2)	
fluorometholone ophth susp 0.1%	$0 (1)	
flurbiprofen sodium ophth soln 0.03%	$0 (1)	
ILEVRO DRO 0.3% OP	$0 (2)	
ketorolac tromethamine ophth soln 0.4%	$0 (1)	
ketorolac tromethamine ophth soln 0.5%	$0 (1)	
LOTEMAX GEL 0.5%	$0 (2)	
LOTEMAX OIN 0.5%	$0 (2)	
LOTEMAX SUS 0.5%	$0 (2)	
loteprednol etabonate ophth susp 0.5%	$0 (1)	
PRED SOD PHO SOL 1% OP	$0 (2)	
prednisolone acetate ophth susp 1%	$0 (1)	
PROLENSA SOL 0.07%	$0 (2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway child dro 0.025%op	$0 (3)	NM; *
alaway dro 0.025%op	$0 (3)	NM; *
allergy eye dro	$0 (3)	NM; *
allergy eye dro op	$0 (3)	NM; *
azelastine hcl ophth soln 0.05%	$0 (1)	
BEPREVE DRO 1.5%	$0 (2)	
cromolyn sodium ophth soln 4%	$0 (1)	
eye allergy sol relief	$0 (3)	NM; *
eye itch rel dro 0.025%op	$0 (3)	NM; *
eye itch sol relief	$0 (3)	NM; *
ketotifen fumarate ophth soln 0.025% (base equiv)	$0 (3)	NM; *
LASTACAFT SOL 0.25%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olopatadine hcl ophth soln 0.2% (base equivalent)	$0 (1)	
PAZEO DRO 0.7%	$0 (2)	
visine-a sol op	$0 (3)	NM; *
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	$0 (2)	
AZOPT SUS 1% OP	$0 (2)	
betaxolol hcl ophth soln 0.5%	$0 (1)	
BETOPTIC-S SUS 0.25% OP	$0 (2)	
brimonidine tartrate ophth soln 0.2%	$0 (1)	
brimonidine tartrate ophth soln 0.15%	$0 (1)	
carteolol hcl ophth soln 1%	$0 (1)	
COMBIGAN SOL 0.2/0.5%	$0 (2)	
dorzolamide hcl ophth soln 2%	$0 (1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0 (1)	
latanoprost ophth soln 0.005%	$0 (1)	
levobunolol hcl ophth soln 0.5%	$0 (1)	
LUMIGAN SOL 0.01%	$0 (2)	
PHOSPHOLINE SOL 0.125%OP	$0 (2)	
pilocarpine hcl ophth soln 1%	$0 (1)	
pilocarpine hcl ophth soln 2%	$0 (1)	
pilocarpine hcl ophth soln 4%	$0 (1)	
RHOPRESSA SOL 0.02%	$0 (2)	
SIMBRINZA SUS 1-0.2%	$0 (2)	
timolol maleate ophth gel forming soln 0.5%	$0 (1)	
timolol maleate ophth gel forming soln 0.25%	$0 (1)	
timolol maleate ophth soln 0.5%	$0 (1)	
timolol maleate ophth soln 0.5% (once-daily)	$0 (1)	
timolol maleate ophth soln 0.25%	$0 (1)	
TRAVATAN Z DRO 0.004%	$0 (2)	
MISCELLANEOUS		
altachlore oin 5% op	$0 (3)	NM; *
altachlore sol 5% op	$0 (3)	NM; *
artifi tears sol 1.4% op	$0 (3)	NM; *
artificial sol tears	$0 (3)	NM; *
ATROPINE SUL SOL 1% OP	$0 (2)	
CYSTARAN SOL 0.44%	$0 (2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eye drops dro 0.5-0.9%	$0 (3)	NM; *
EYE STREAM SOL OP	$0 (3)	NM; *
eye wash dro solution	$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	$0 (3)	NM; *
genteal tear sol mild	$0 (3)	NM; *
genteal tear sol moderate	$0 (3)	NM; *
liquitears sol	$0 (3)	NM; *
lubric tears sol 0.4-0.3%	$0 (3)	NM; *
lubricant dro 0.4-0.3%	$0 (3)	NM; *
lubricant dro eye	$0 (3)	NM; *
lubricating dro 0.5%	$0 (3)	NM; *
lubricating sol 0.4-0.3%	$0 (3)	NM; *
lubricnt eye dro 0.4-0.3%	$0 (3)	NM; *
lubricnt eye dro 0.5% op	$0 (3)	NM; *
MURO 128 SOL 2% OP	$0 (3)	NM; *
natural bal sol tears	$0 (3)	NM; *
natures sol tears	$0 (3)	NM; *
ophthalmic sol 5% op	$0 (3)	NM; *
proparacaine hcl ophth soln 0.5%	$0 (1)	
refresh cell gel 1% op	$0 (3)	NM; *
REFRESH DRO CONTACTS	$0 (3)	NM; *
REFRESH DRO OP	$0 (3)	NM; *
REFRESH GEL OPTIVE	$0 (3)	NM; *
REFRESH LIQU DRO 1% OP	$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 EMU 0.05%	$0 (2)	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	$0 (2)	QL (1 bottle / 30 days)
restore tear dro 0.5% op	$0 (3)	NM; *
RETAINE HPMC SOL 0.3%	$0 (3)	NM; *
sm eye wash sol op	$0 (3)	NM; *
sm lubricant dro 0.4-0.3%	$0 (3)	NM; *
sochlor sol 5% op	$0 (3)	NM; *
sod chloride oin 5% op	$0 (3)	NM; *
sod chloride sol 5% op	$0 (3)	NM; *
sodium chloride hypertonic ophth oint 5%	$0 (3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0 (3)	NM; *
soothe xp dro 1%-4.5%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYSTANE GEL DRO 0.4-0.3%	$0 (3)	NM; *
tears natura sol free op	$0 (3)	NM; *
ultra fresh oin pm	$0 (3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	$0 (2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0 (1)	B/D
TRELEGY AER ELLIPTA	$0 (2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0 (2)	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	$0 (1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0 (1)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0 (1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TAB 25MG	$0 (3)	NM; *
ALA-HIST IR TAB 2MG	$0 (3)	NM; *
all day allg chw 10mg	$0 (3)	NM; *
all day allg sol 1mg/ml	$0 (3)	NM; *
all day allg sol 5mg/5ml	$0 (3)	NM; *
all day allg tab 10mg	$0 (3)	NM; *
all-day allg sol 5mg/5ml	$0 (3)	NM; *
aller-chlor tab 4mg	$0 (3)	NM; *
aller-ease tab 60mg	$0 (3)	NM; *
aller-ease tab 180mg	$0 (3)	NM; *
allergy cap 25mg	$0 (3)	NM; *
allergy chld liq 12.5/5ml	$0 (3)	NM; *
allergy chld syp 5mg/5ml	$0 (3)	NM; *
allergy med tab 25mg	$0 (3)	NM; *
allergy relf cap 25mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
allergy relf liq 12.5/5ml	$0 (3)	NM; *
allergy relf tab 1.34mg	$0 (3)	NM; *
allergy relf tab 10mg	$0 (3)	NM; *
allergy relf tab 25mg	$0 (3)	NM; *
allergy relf tab 180mg	$0 (3)	NM; *
allergy tab 4mg	$0 (3)	NM; *
allergy tab 10mg	$0 (3)	NM; *
allergy tab 180mg	$0 (3)	NM; *
allergy-time tab 4mg	$0 (3)	NM; *
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0 (1)	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	$0 (1)	
banophen cap 25mg	$0 (3)	NM; *
banophen cap 50mg	$0 (3)	NM; *
banophen liq 12.5/5ml	$0 (3)	NM; *
banophen tab 25mg	$0 (3)	NM; *
cetirizine chw 5mg	$0 (3)	NM; *
cetirizine chw 10mg	$0 (3)	NM; *
cetirizine hcl chew tab 5 mg	$0 (3)	NM; *
cetirizine hcl chew tab 10 mg	$0 (3)	NM; *
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0 (1)	
cetirizine hcl tab 5 mg	$0 (3)	NM; *
cetirizine hcl tab 10 mg	$0 (3)	NM; *
cetirizine sol 1mg/ml	$0 (3)	NM; *
cetirizine sol 5mg/5ml	$0 (3)	NM; *
chld allergy liq 12.5/5ml	$0 (3)	NM; *
chlor-phenir tab 4mg	$0 (3)	NM; *
chlorphen sr tab 12mg	$0 (3)	NM; *
chlorphenir tab 4mg	$0 (3)	NM; *
chlorpheniramine maleate tab er 12 mg	$0 (3)	NM; *
comp allergy cap 25mg	$0 (3)	NM; *
cyproheptadine hcl syrup 2 mg/5ml	$0 (2)	PA; PA if 70 years and older
cyproheptadine hcl tab 4 mg	$0 (2)	PA; PA if 70 years and older
dayhist alrg tab 12 hour	$0 (3)	NM; *
diphenhist cap 25mg	$0 (3)	NM; *
diphenhist liq 12.5/5ml	$0 (3)	NM; *
diphenhist tab 25mg	$0 (3)	NM; *
diphenhydramine hcl cap 25 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diphenhydramine hcl cap 50 mg	$0 (3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0 (1)	
diphenhydramine hcl tab 25 mg	$0 (3)	NM; *
ED CHLORPED LIQ 2MG/ML	$0 (3)	NM; *
ed chlorped syp jr	$0 (3)	NM; *
fexofenadine hcl tab 60 mg	$0 (3)	NM; *
fexofenadine hcl tab 180 mg	$0 (3)	NM; *
fexofenadine sus 30mg/5ml	$0 (3)	NM; *
fexofenadine tab 60mg	$0 (3)	NM; *
fexofenadine tab 180mg	$0 (3)	NM; *
gnp all day tab allergy	$0 (3)	NM; *
gnp allergy cap 25mg	$0 (3)	NM; *
gnp allergy tab 4mg	$0 (3)	NM; *
gnp allergy tab 25mg	$0 (3)	NM; *
gnp allergy tab 180mg	$0 (3)	NM; *
gnp dayhist tab 1.34mg	$0 (3)	NM; *
HISTEX CHW 1.25MG	$0 (3)	NM; *
HISTEX PD DRO 0.938MG	$0 (3)	NM; *
HISTEX PDX DRO 1.25MG	$0 (3)	NM; *
HISTEX SYP 2.5MG/5	$0 (3)	NM; *
hm allergy tab 4mg	$0 (3)	NM; *
hm allergy tab 25mg	$0 (3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	$0 (2)	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0 (1)	
levocetirizine dihydrochloride tab 5 mg	$0 (1)	
loratadine cap 10 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loratadine sol 5mg/5ml	$0 (3)	NM; *
loratadine syp 5mg/5ml	$0 (3)	NM; *
loratadine tab 10 mg	$0 (3)	NM; *
loratadine tab 10mg	$0 (3)	NM; *
m-hist pd liq 0.625/ml	$0 (3)	NM; *
PEDIAVENT CHW 1MG	$0 (3)	NM; *
PEDIAVENT SYP 2MG/5ML	$0 (3)	NM; *
pharbechlor tab 4mg	$0 (3)	NM; *
pharbedryl cap 25mg	$0 (3)	NM; *
pharbedryl cap 50mg	$0 (3)	NM; *
qc allergy tab 10mg	$0 (3)	NM; *
sb allergy tab 10mg	$0 (3)	NM; *
sb allergy tab 25mg med	$0 (3)	NM; *
siladryl alr liq 12.5/5ml	$0 (3)	NM; *
sm all day tab 10mg	$0 (3)	NM; *
sm all day tab allergy	$0 (3)	NM; *
sm allergy cap relief	$0 (3)	NM; *
sm allergy tab 4mg	$0 (3)	NM; *
sm loratadin tab 10mg	$0 (3)	NM; *
triprolidine hcl liquid 0.625 mg/ml	$0 (3)	NM; *
VANACLEAR PD LIQ 0.313MG	$0 (3)	NM; *
VANAMINE PD LIQ 6.25/ML	$0 (3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0 (1)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0 (1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0 (1)	
albuterol sulfate tab 2 mg	$0 (1)	
albuterol sulfate tab 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 8 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0 (1)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	$0 (2)	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	$0 (1)	
terbutaline sulfate tab 5 mg	$0 (1)	
VENTOLIN HFA AER	$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
benzonatate cap 100 mg	$0 (3)	NM; *
benzonatate cap 150 mg	$0 (3)	NM; *
benzonatate cap 200 mg	$0 (3)	NM; *
bromfed dm syp	$0 (3)	NM; *
child silfed liq 15mg/5ml	$0 (3)	NM; *
EXPIRATORY MIS MTHPIECE	$0 (3)	NM; *
FLOWTUSS SOL 2.5-200	$0 (3)	NM; *
HYCOFENIX SOL	$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 syp 5-1.5/5	$0 (3)	NM; *
INSPIRATORY MIS MTHPIECE	$0 (3)	NM; *
MASK VORTEX/ MIS FROG	$0 (3)	NM; *
MASK VORTEX/ MIS LADY BUG	$0 (3)	NM; *
PANDA MASK MIS LARGE	$0 (3)	NM; *
PANDA MASK MIS MEDIUM	$0 (3)	NM; *
PANDA MASK MIS PEDIATRI	$0 (3)	NM; *
PANDA MASK MIS SMALL	$0 (3)	NM; *
PEAK AIR FLO MIS ADLT/PED	$0 (3)	NM; *
PEDIATRIC MD MIS MASK	$0 (3)	NM; *
PEDIATRIC MIS MOUTHPIE	$0 (3)	NM; *
PEDIATRIC SM MIS MASK	$0 (3)	NM; *
PERSONAL BES MIS FULL RNG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PERSONAL BES MIS LOW RANG	$0 (3)	NM; *
POCKET PEAK MIS METER	$0 (3)	NM; *
prometh vc/ syp codeine	$0 (3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0 (3)	NM; *
promethazine-dm syrup 6.25-15 mg/5ml	$0 (3)	NM; *
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	$0 (3)	NM; *
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	$0 (3)	NM; *
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0 (3)	NM; *
SIDESTREAM MIS PED MASK	$0 (3)	NM; *
SM VAPORIZER LIQ INHALANT	$0 (3)	NM; *
SM VAPORIZER TAB CLEANING	$0 (3)	NM; *
sudogest tab 30mg	$0 (3)	NM; *
sudogest tab 60mg	$0 (3)	NM; *
TUSSICAPS CAP 5-4MG	$0 (3)	NM; *
TUSSICAPS CAP 10-8MG	$0 (3)	NM; *
tussigon tab 5-1.5mg	$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0 (1)	
montelukast sodium chew tab 5 mg (base equiv)	$0 (1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0 (1)	
montelukast sodium tab 10 mg (base equiv)	$0 (1)	
zafirlukast tab 10 mg	$0 (1)	
zafirlukast tab 20 mg	$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	$0 (1)	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0 (1)	B/D
acetylcysteine inhal soln 20%	$0 (1)	B/D
ARALAST NP INJ 500MG	$0 (2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	$0 (2)	NDS, NM, LA, PA
AYR ALLERGY SPR & SINUS	$0 (3)	NM; *
AYR NASAL DRO 0.65%	$0 (3)	NM; *
ayr spr 0.65%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
baby ayr spr 0.65%	$0 (3)	NM; *
CVS NASAL SPR MIST	$0 (3)	NM; *
DALIRESP TAB 250MCG	$0 (2)	
DALIRESP TAB 500MCG	$0 (2)	
deep sea spr 0.65%	$0 (3)	NM; *
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (1)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0 (1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0 (1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	$0 (2)	NDS, NM, PA
ESBRIET TAB 267MG	$0 (2)	NDS, NM, PA
ESBRIET TAB 801MG	$0 (2)	NDS, NM, PA
hm saline spr 0.65%	$0 (3)	NM; *
KALYDECO PAK 25MG	$0 (2)	NDS, PA
KALYDECO PAK 50MG	$0 (2)	NDS, PA
KALYDECO PAK 75MG	$0 (2)	NDS, PA
KALYDECO TAB 150MG	$0 (2)	NDS, PA
little noses dro stuf nos	$0 (3)	NM; *
NASAL MIST AER 3%	$0 (3)	NM; *
OFEV CAP 100MG	$0 (2)	NDS, NM, PA
OFEV CAP 150MG	$0 (2)	NDS, NM, PA
ORKAMBI GRA 100-125	$0 (2)	NDS, PA
ORKAMBI GRA 150-188	$0 (2)	NDS, PA
ORKAMBI TAB 100-125	$0 (2)	NDS, PA
ORKAMBI TAB 200-125	$0 (2)	NDS, PA
PROLASTIN-C INJ 1000MG	$0 (2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	$0 (2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	$0 (2)	NDS, NM, PA
RA STERILE SOL NASAL	$0 (3)	NM; *
S2 NEB 2.25%	$0 (3)	NM; *
saline mist spr 0.65%	$0 (3)	NM; *
saline nasal spr 0.65%	$0 (3)	NM; *
saline nasal spray 0.65%	$0 (3)	NM; *
sb saline spr 0.65%	$0 (3)	NM; *
SYMDEKO TAB 50-75MG	$0 (2)	NDS, LA, PA
SYMDEKO TAB 100-150	$0 (2)	NDS, LA, PA
SYMJEPI INJ 0.3MG	$0 (2)	
SYMJEPI INJ 0.15MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THEO-24 CAP 100MG CR	$0 (2)	
THEO-24 CAP 200MG CR	$0 (2)	
THEO-24 CAP 300MG CR	$0 (2)	
THEO-24 CAP 400MG ER	$0 (2)	
theophylline soln 80 mg/15ml	$0 (1)	
theophylline tab er 12hr 300 mg	$0 (1)	
theophylline tab er 12hr 450 mg	$0 (1)	
theophylline tab er 24hr 400 mg	$0 (1)	
theophylline tab er 24hr 600 mg	$0 (1)	
XOLAIR INJ 75/0.5	$0 (2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	$0 (2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	$0 (2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	$0 (2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relf spr 50mcg	$0 (3)	NM; *
budesonide nasal susp 32 mcg/act	$0 (3)	NM; *
budesonide sus 32mcg	$0 (3)	NM; *
FLONASE SENS SUS 27.5MCG	$0 (3)	NM; *
flunisolide nasal soln 25 mcg/act (0.025%)	$0 (1)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0 (1)	QL (1 bottle / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0 (3)	NM; *
fluticasone spr 50mcg	$0 (3)	NM; *
nasal allrgy spr 55mcg/ac	$0 (3)	NM; *
ra nasal spr allergy	$0 (3)	NM; *
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	$0 (3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	$0 (2)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0 (1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0 (1)	B/D
FLOVENT DISK AER 50MCG	$0 (2)	QL (120 inhalations / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLOVENT DISK AER 100MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	$0 (2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0 (2)	QL (1 inhaler / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
acne medicat gel 5%	$0 (3)	NM; *
acne medicat gel 10%	$0 (3)	NM; *
ACNE MEDICAT LOT 5%	$0 (3)	NM; *
ACNE MEDICAT LOT 10%	$0 (3)	NM; *
ACNEFREE KIT SEVERE	$0 (3)	NM; *
amnesteem cap 10mg	$0 (1)	PA
amnesteem cap 20mg	$0 (1)	PA
amnesteem cap 40mg	$0 (1)	PA
avita cre 0.025%	$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
avita gel 0.025%	$0 (1)	PA
BENZOYL PER GEL 2.5%	$0 (3)	NM; *
benzoyl per liq 5% wash	$0 (3)	NM; *
benzoyl per liq 6%	$0 (3)	NM; *
benzoyl per liq 10% wash	$0 (3)	NM; *
benzoyl peroxide foam 5.3%	$0 (3)	NM; *
benzoyl peroxide foam 9.8%	$0 (3)	NM; *
benzoyl peroxide gel 5%	$0 (3)	NM; *
benzoyl peroxide gel 10%	$0 (3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0 (1)	
claravis cap 10mg	$0 (1)	PA
claravis cap 20mg	$0 (1)	PA
claravis cap 30mg	$0 (1)	PA
claravis cap 40mg	$0 (1)	PA
clindacin-p pad 1%	$0 (1)	
clindamycin phosphate gel 1%	$0 (1)	
clindamycin phosphate lotion 1%	$0 (1)	
clindamycin phosphate soln 1%	$0 (1)	
clindamycin phosphate swab 1%	$0 (1)	
DIFFERIN GEL 0.1%	$0 (3)	NM; *
erythromycin gel 2%	$0 (1)	
erythromycin pads 2%	$0 (1)	
erythromycin soln 2%	$0 (1)	
isotretinoin cap 10 mg	$0 (1)	PA
isotretinoin cap 20 mg	$0 (1)	PA
isotretinoin cap 30 mg	$0 (1)	PA
isotretinoin cap 40 mg	$0 (1)	PA
myorisan cap 10mg	$0 (1)	PA
myorisan cap 20mg	$0 (1)	PA
myorisan cap 30mg	$0 (1)	PA
myorisan cap 40mg	$0 (1)	PA
panoxyl wash liq 10%	$0 (3)	NM; *
PANOXYL-4 LIQ CREM WSH	$0 (3)	NM; *
sulfacetamide sodium lotion 10% (acne)	$0 (1)	
tretinoin cream 0.1%	$0 (1)	PA
tretinoin cream 0.05%	$0 (1)	PA
tretinoin cream 0.025%	$0 (1)	PA
tretinoin gel 0.01%	$0 (1)	PA
tretinoin gel 0.025%	$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zenatane cap 10mg	$0 (1)	PA
zenatane cap 20mg	$0 (1)	PA
zenatane cap 30mg	$0 (1)	PA
zenatane cap 40mg	$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitr zinc oin 500/gm	$0 (3)	NM; *
bacitracin oin 500/gm	$0 (3)	NM; *
bacitracin oint 500 unit/gm	$0 (3)	NM; *
bacitracin zinc oint 500 unit/gm	$0 (3)	NM; *
curad triple oin antibiot	$0 (3)	NM; *
double antib oin	$0 (3)	NM; *
gentamicin sulfate cream 0.1%	$0 (1)	
gentamicin sulfate oint 0.1%	$0 (1)	
hm triple oin antibiot	$0 (3)	NM; *
mupirocin oint 2%	$0 (1)	
poly bacitra oin	$0 (3)	NM; *
sb triple oin antibiot	$0 (3)	NM; *
silver sulfadiazine cream 1%	$0 (1)	
sm antibioti cre plus	$0 (3)	NM; *
sm antibioti oin 500/gm	$0 (3)	NM; *
sm triple oin antibiot	$0 (3)	NM; *
ssd cre 1%	$0 (1)	
SULFAMYLON CRE 85MG/GM	$0 (2)	
triple antib oin	$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	$0 (3)	NM; *
anti-fungal pow 1%	$0 (3)	NM; *
antifungal aer 1%	$0 (3)	NM; *
antifungal cre 1%	$0 (3)	NM; *
antifungal cre 2%	$0 (3)	NM; *
antifungal pow 2%	$0 (3)	NM; *
ath foot spr aer 1%	$0 (3)	NM; *
athlete foot cre 1%	$0 (3)	NM; *
athlete foot cre af	$0 (3)	NM; *
baza antifun cre 2%	$0 (3)	NM; *
butenafine hcl cream 1%	$0 (3)	NM; *
ciclopirox gel 0.77%	$0 (1)	
ciclopirox olamine cream 0.77% (base equiv)	$0 (1)	
ciclopirox olamine susp 0.77% (base equiv)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ciclopirox shampoo 1%	$0 (1)	
clotrimazole cre 1%	$0 (3)	NM; *
clotrimazole cream 1%	$0 (1)	
clotrimazole cream 1%	$0 (3)	NM; *
clotrimazole soln 1%	$0 (1)	
clotrimazole soln 1%	$0 (3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	$0 (1)	
critic-aid oin 2%	$0 (3)	NM; *
desenex shak pow 2%	$0 (3)	NM; *
FUNGOID TINC SOL 2%	$0 (3)	NM; *
fungoid-d cre 1%	$0 (3)	NM; *
jock itch aer 1%	$0 (3)	NM; *
ketoconazole cream 2%	$0 (1)	
LAMISIL ADV GEL 1%	$0 (3)	NM; *
lamisil af aer 1%	$0 (3)	NM; *
LAMISIL AT SPR 1%	$0 (3)	NM; *
miconazole nitrate cream 2%	$0 (3)	NM; *
miconazorb pow af 2%	$0 (3)	NM; *
micro guard pow 2%	$0 (3)	NM; *
nyamyc pow 100000	$0 (1)	
nystatin cream 100000 unit/gm	$0 (1)	
nystatin oint 100000 unit/gm	$0 (1)	
nystatin topical powder 100000 unit/gm	$0 (1)	
nystop pow 100000	$0 (1)	
remedy cre antifung	$0 (3)	NM; *
remedy oin af 2%	$0 (3)	NM; *
sm antifungl cre 1%	$0 (3)	NM; *
sm antifungl cre 2%	$0 (3)	NM; *
soothe&cool cre inzo 2%	$0 (3)	NM; *
terbinafine cre 1%	$0 (3)	NM; *
terbinafine hcl cream 1%	$0 (3)	NM; *
tolnaftate cre 1%	$0 (3)	NM; *
tolnaftate cream 1%	$0 (3)	NM; *
tolnaftate powder 1%	$0 (3)	NM; *
zeasorb-af pow 2%	$0 (3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0 (2)	NDS, PA
acitretin cap 17.5 mg	$0 (2)	NDS, PA
acitretin cap 25 mg	$0 (2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcipotriene cream 0.005%	$0 (1)	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	$0 (1)	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	$0 (1)	QL (120 mL / 30 days), PA
tazarotene cream 0.1%	$0 (1)	PA
TAZORAC CRE 0.05%	$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	$0 (1)	
selenium sulfide lotion 2.5%	$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	$0 (1)	
ala-cort cre 2.5%	$0 (1)	
alclometasone dipropionate cream 0.05%	$0 (1)	
alclometasone dipropionate oint 0.05%	$0 (1)	
anti-itch cre 1%	$0 (3)	NM; *
betamethasone dipropionate augmented cream 0.05%	$0 (1)	
betamethasone dipropionate augmented gel 0.05%	$0 (1)	
betamethasone dipropionate augmented lotion 0.05%	$0 (1)	
betamethasone dipropionate augmented oint 0.05%	$0 (1)	
betamethasone dipropionate cream 0.05%	$0 (1)	
betamethasone dipropionate lotion 0.05%	$0 (1)	
betamethasone dipropionate oint 0.05%	$0 (1)	
betamethasone valerate cream 0.1% (base equivalent)	$0 (1)	
betamethasone valerate lotion 0.1% (base equivalent)	$0 (1)	
betamethasone valerate oint 0.1% (base equivalent)	$0 (1)	
ENSTILAR AER	$0 (2)	PA
fluocinolone acetonide cream 0.01%	$0 (1)	
fluocinolone acetonide cream 0.025%	$0 (1)	
fluocinolone acetonide oil 0.01% (body oil)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide oil 0.01% (scalp oil)	$0 (1)	
fluocinolone acetonide oint 0.025%	$0 (1)	
fluocinolone acetonide soln 0.01%	$0 (1)	
fluocinonide cream 0.05%	$0 (1)	
fluocinonide emulsified base cream 0.05%	$0 (1)	
fluocinonide gel 0.05%	$0 (1)	
fluocinonide soln 0.05%	$0 (1)	
fluticasone propionate cream 0.05%	$0 (1)	
fluticasone propionate oint 0.005%	$0 (1)	
gnp hydrocor cre 1% plus	$0 (3)	NM; *
halobetasol propionate cream 0.05%	$0 (1)	
halobetasol propionate oint 0.05%	$0 (1)	
hm hydrocort cre 1% plus	$0 (3)	NM; *
hydrocort cre 0.5%	$0 (3)	NM; *
hydrocort cre 1%	$0 (3)	NM; *
hydrocort oin 1%	$0 (3)	NM; *
hydrocort/ cre aloe 1%	$0 (3)	NM; *
hydrocortisone butyrate cream 0.1%	$0 (1)	
hydrocortisone butyrate oint 0.1%	$0 (1)	
hydrocortisone cream 0.5%	$0 (3)	NM; *
hydrocortisone cream 1%	$0 (1)	
hydrocortisone cream 1%	$0 (3)	NM; *
hydrocortisone cream 2.5%	$0 (1)	
hydrocortisone lotion 2.5%	$0 (1)	
hydrocortisone oint 0.5%	$0 (3)	NM; *
hydrocortisone oint 1%	$0 (3)	NM; *
hydrocortisone oint 2.5%	$0 (1)	
hydrocortisone valerate cream 0.2%	$0 (1)	
hydrocortisone valerate oint 0.2%	$0 (1)	
hydrocortisone-aloe vera cream 0.5%	$0 (3)	NM; *
hydrocortisone-aloe vera cream 1%	$0 (3)	NM; *
hydroskin lot 1%	$0 (3)	NM; *
mometasone furoate cream 0.1%	$0 (1)	
mometasone furoate oint 0.1%	$0 (1)	
mometasone furoate solution 0.1% (lotion)	$0 (1)	
sb hydrocort cre 1%	$0 (3)	NM; *
sb hydrocort oin 1%	$0 (3)	NM; *
scalpicin sol 1%	$0 (3)	NM; *
sm hydrocort oin 1%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEXACORT SOL 2.5%	$0 (2)	
triamcinolone acetonide cream 0.1%	$0 (1)	
triamcinolone acetonide cream 0.5%	$0 (1)	
triamcinolone acetonide cream 0.025%	$0 (1)	
triamcinolone acetonide lotion 0.1%	$0 (1)	
triamcinolone acetonide lotion 0.025%	$0 (1)	
triamcinolone acetonide oint 0.1%	$0 (1)	
triamcinolone acetonide oint 0.5%	$0 (1)	
triamcinolone acetonide oint 0.025%	$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo gel 2%	$0 (1)	QL (30 mL / 30 days), PA
lidocaine hcl soln 4%	$0 (1)	QL (50 mL / 30 days), PA
lidocaine hcl urethral/mucosal gel 2%	$0 (1)	QL (30 mL / 30 days), PA
lidocaine oint 5%	$0 (1)	QL (50 grams / 30 days), PA
lidocaine patch 5%	$0 (1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0 (1)	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA CRE 10%	$0 (3)	NM; *
anti-dandruf sha 1%	$0 (3)	NM; *
CALAMINE LOT	$0 (3)	NM; *
CALAMINE LOT 8-8%	$0 (3)	NM; *
diclofenac sodium gel 1%	$0 (1)	PA
fluorouracil cream 5%	$0 (1)	
fluorouracil soln 2%	$0 (1)	
fluorouracil soln 5%	$0 (1)	
GNP CALAMINE LOT 8-8%	$0 (3)	NM; *
hemorrhoidal cre	$0 (3)	NM; *
hemorrhoidal cre max st	$0 (3)	NM; *
hemorrhoidal gel 0.25-50%	$0 (3)	NM; *
hemorrhoidal oin	$0 (3)	NM; *
hemorrhoidal sup	$0 (3)	NM; *
HM CALAMINE LOT 8-8%	$0 (3)	NM; *
hydrocortisone rectal cream 2.5%	$0 (1)	
imiquimod cream 5%	$0 (1)	
lactic acid (ammonium lactate) cream 12%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactic acid (ammonium lactate) lotion 12%	$0 (1)	
metronidazole cream 0.75%	$0 (1)	
metronidazole gel 0.75%	$0 (1)	
metronidazole lotion 0.75%	$0 (1)	
PANRETIN GEL 0.1%	$0 (2)	NDS
PICATO GEL 0.05%	$0 (2)	QL (2 tubes / 30 days)
PICATO GEL 0.015%	$0 (2)	QL (3 tubes / 30 days)
podofilox soln 0.5%	$0 (1)	
preparation sup h	$0 (3)	NM; *
procto-med cre hc 2.5%	$0 (1)	
procto-pak cre 1%	$0 (1)	
proctozone cre -hc 2.5%	$0 (1)	
px hemorrhoi cre	$0 (3)	NM; *
px hemorrhoi oin	$0 (3)	NM; *
ra hemorrhoi cre	$0 (3)	NM; *
rosadan cre 0.75%	$0 (1)	
SM CALAMINE LOT	$0 (3)	NM; *
sm hemorrhoi cre	$0 (3)	NM; *
sm hemorrhoi gel cooling	$0 (3)	NM; *
tacrolimus oint 0.1%	$0 (1)	
tacrolimus oint 0.03%	$0 (1)	
TARGRETIN GEL 1%	$0 (2)	NDS, NM, PA
VALCHLOR GEL 0.016%	$0 (2)	NDS, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
complete kit lice	$0 (3)	NM; *
cvs lice kit solution	$0 (3)	NM; *
gnp lice kit	$0 (3)	NM; *
lice killing sha	$0 (3)	NM; *
lice killing sha 0.33-4%	$0 (3)	NM; *
lice soln kit	$0 (3)	NM; *
lice treatmt lot 1%	$0 (3)	NM; *
lice treatmt sha 0.33-4%	$0 (3)	NM; *
lice trtmnt liq 1%	$0 (3)	NM; *
LYCELLE GEL	$0 (3)	NM; *
malathion lotion 0.5%	$0 (1)	
NIX COMPLETE KIT LICE 1%	$0 (3)	NM; *
permethrin cream 5%	$0 (1)	
RID ESS LICE KIT 0.33-4%	$0 (3)	NM; *
rid lice kil sha 0.33-4%	$0 (3)	NM; *
sm lice soln kit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
stop lice kit complete	$0 (3)	NM; *
stop lice ms sha 0.33-4%	$0 (3)	NM; *
tgt lice kit complete	$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation soln 0.25%	$0 (1)	
REGRANEX GEL 0.01%	$0 (2)	NDS, PA
SANTYL OIN 250/GM	$0 (2)	
sodium chloride irrigation soln 0.9%	$0 (1)	
water for irrigation, sterile irrigation soln	$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
anbesol cold oin sore	$0 (3)	NM; *
cevimeline hcl cap 30 mg	$0 (1)	
chlorhexidine gluconate soln 0.12%	$0 (1)	
clotrimazole troche 10 mg	$0 (1)	
lidocaine hcl viscous soln 2%	$0 (1)	
MOI-STIR SOL	$0 (3)	NM; *
MOUTHKOTE SOL	$0 (3)	NM; *
nystatin susp 100000 unit/ml	$0 (1)	
periogard sol 0.12%	$0 (1)	
pilocarpine hcl tab 5 mg	$0 (1)	
pilocarpine hcl tab 7.5 mg	$0 (1)	
triamcinolone acetonide dental paste 0.1%	$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	$0 (1)	
CIPRODEX SUS 0.3-0.1%	$0 (2)	
ear drops dro 6.5%	$0 (3)	NM; *
ear wax remv dro 6.5% ot	$0 (3)	NM; *
earwax remv sol 6.5% ot	$0 (3)	NM; *
earwax trmnt dro 6.5% ot	$0 (3)	NM; *
flac oil 0.01%	$0 (1)	
fluocinolone acetonide (otic) oil 0.01%	$0 (1)	
gnp ear drop sol 6.5% ot	$0 (3)	NM; *
gnp ear sys sol 6.5% ot	$0 (3)	NM; *
neomycin-polymyxin-hc otic soln 1%	$0 (1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0 (1)	
ofloxacin otic soln 0.3%	$0 (1)	
sm ear dro 6.5% ot	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

3 day vaginl cre 2% 127
3 day vagnal cre 4% 127
a-10000 cap 146
abacavir sulfate soln 20 mg/ml (base equiv) 28
abacavir sulfate tab 300 mg (base equiv) 29
abacavir sulfate-lamivudine tab 600-300 mg 31
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg .. 31
ABELCET INJ 5MG/ML 27
ABILIFY MAIN INJ 300MG 78
ABILIFY MAIN INJ 400MG 78
abiraterone acetate tab 250 mg .. 43
ABRAXANE INJ 100MG 40
ABREVA CRE 10% 170
acamprosate calcium tab delayed release 333 mg 89
acarbose tab 100 mg 93
acarbose tab 25 mg 93
acarbose tab 50 mg 93
acebutolol hcl cap 200 mg 57
acebutolol hcl cap 400 mg 57
acetaminophen w/ codeine soln 120-12 mg/5ml 19
acetaminophen w/ codeine tab 300-15 mg 19
acetaminophen w/ codeine tab 300-30 mg 20
acetaminophen w/ codeine tab 300-60 mg 20
acetazolamide cap er 12hr 500 mg 61
acetazolamide tab 125 mg 61
acetazolamide tab 250 mg 61
acetic acid irrigation soln 0.25% 172
acetic acid otic soln 2% 172
acetylcysteine inhal soln 10% ... 161
acetylcysteine inhal soln 20% ... 161
acid control tab 10mg 116
acid control tab 150mg 116
acid control tab 20mg 116
acid gone chw 111
acid gone sus 111
acid reducer cap 20.6mgdr 125
acid reducer tab 10mg 116
acid reducer tab 150mg 116
acid reducer tab 20mg 116
acid reducer tab 75mg 116
acitretin cap 10 mg 167
acitretin cap 17.5 mg 167
acitretin cap 25 mg 167
acne medicat gel 10% 164
acne medicat gel 5% 164
ACNE MEDICAT LOT 10% 164
ACNE MEDICAT LOT 5% 164
ACNEFREE KIT SEVERE 164
ACTHIB INJ 136
ACTIMMUNE INJ 2MU/0.5 134
acyclovir cap 200 mg 32
acyclovir sodium iv soln 50 mg/ml 32
acyclovir susp 200 mg/5ml 32
acyclovir tab 400 mg 32
acyclovir tab 800 mg 32
ADACEL INJ 136
adefovir dipivoxil tab 10 mg 32
ADEMPAS TAB 0.5MG 64
ADEMPAS TAB 1.5MG 64
ADEMPAS TAB 1MG 64
ADEMPAS TAB 2.5MG 64
ADEMPAS TAB 2MG 64
adriamycin inj 20mg 39
adrucil inj 2.5g/50m 40
adrucil inj 500/10ml 40
adrucil inj 5gm/100m 40
ADVAIR DISKU AER 100/50 164
ADVAIR DISKU AER 250/50 164
ADVAIR DISKU AER 500/50 164
ADVAIR HFA AER 115/21 164
ADVAIR HFA AER 230/21 164
ADVAIR HFA AER 45/21 164
advanced sus antacid 111
AFINITOR DIS TAB 2MG 44
AFINITOR DIS TAB 3MG 44

AFINITOR DIS TAB 5MG 44
AFINITOR TAB 10MG.....44
AFINITOR TAB 2.5MG.....44
AFINITOR TAB 5MG 44
AFINITOR TAB 7.5MG.....44
aftera tab 1.5mg 97
AHIST TAB 25MG.....156
AIMOVIG INJ 140MG/ML.....86
AIMOVIG INJ 70MG/ML 86
ala-cort cre 1% 168
ala-cort cre 2.5% 168
ALA-HIST IR TAB 2MG.....156
alaway child dro 0.025%op.....153
alaway dro 0.025%op 153
albendazole tab 200 mg 25
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....159
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 159
albuterol sulfate soln nebu 0.5% (5 mg/ml) 159
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 159
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 159
albuterol sulfate syrup 2 mg/5ml 159
albuterol sulfate tab 2 mg.....159
albuterol sulfate tab 4 mg.....159
albuterol sulfate tab er 12hr 4 mg 159
albuterol sulfate tab er 12hr 8 mg 159
alclometasone dipropionate cream 0.05%.....168
alclometasone dipropionate oint 0.05%.....168
ALCOHOL SWABS 92
ALDURAZYME INJ 2.9MG/5M.....102
ALECENSA CAP 150MG.....44
alendronate sodium oral soln 70 mg/75ml 95
alendronate sodium tab 10 mg....95
alendronate sodium tab 35 mg....95
alendronate sodium tab 40 mg....95
alendronate sodium tab 5 mg.....95
alendronate sodium tab 70 mg ...96
ALEVAZOL OIN 1%..... 166
alfuzosin hcl tab er 24hr 10 mg. 126
ALIMTA INJ 100MG.....40
ALIMTA INJ 500MG.....40
ALINIA SUS 100/5ML.....25
ALINIA TAB 500MG 25
aliskiren fumarate tab 150 mg (base equivalent) 61
aliskiren fumarate tab 300 mg (base equivalent) 61
ALKA SELTZER TAB HEARTBRN . 111
ALKA-SELTZER CHW 750-80MG 111
ALKA-SELTZER TAB 500MG 17
ALKA-SELTZER TAB GOLD 111
all day allg chw 10mg 156
all day allg sol 1mg/ml..... 156
all day allg sol 5mg/5ml 156
all day allg tab 10mg 156
all day pain tab 220mg 18
all day relf tab 220mg.....18
all-day allg sol 5mg/5ml..... 156
aller-chlor tab 4mg..... 156
aller-ease tab 180mg..... 156
aller-ease tab 60mg 156
allergy cap 25mg 156
allergy chld liq 12.5/5ml 156
allergy chld syp 5mg/5ml 156
allergy eye dro..... 153
allergy eye dro op 153
allergy med tab 25mg..... 156
allergy relf cap 25mg..... 156
allergy relf liq 12.5/5ml..... 157
allergy relf spr 50mcg..... 163
allergy relf tab 1.34mg 157
allergy relf tab 10mg 157
allergy relf tab 180mg 157
allergy relf tab 25mg 157
allergy tab 10mg..... 157
allergy tab 180mg..... 157
allergy tab 4mg 157
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allopurinol tab 100 mg.....17
allopurinol tab 300 mg.....17
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almacone dbl sus strength 111
almacone sus 111
alosetron hcl tab 0.5 mg (base equiv) 123
alosetron hcl tab 1 mg (base equiv) 123
ALPHAGAN P SOL 0.1% 154
alprazolam tab 0.25 mg 65
alprazolam tab 0.5 mg 65
alprazolam tab 1 mg 65
alprazolam tab 2 mg 65
ALREX SUS 0.2% 153
altachlore oin 5% op 154
altachlore sol 5% op 154
ALUM HYDROX SUS 320/5ML 111
ALUNBRIG PAK 44
ALUNBRIG TAB 180MG 44
ALUNBRIG TAB 30MG 44
ALUNBRIG TAB 90MG 44
alyacen tab 1/35 97
amantadine hcl cap 100 mg 76
amantadine hcl syrup 50 mg/5ml 76
amantadine hcl tab 100 mg 76
AMBISOME INJ 50MG 27
ambrisentan tab 10 mg 64
ambrisentan tab 5 mg 64
amethia lo tab 97
amethia tab 97
amikacin sulfate inj 1 gm/4ml (250 mg/ml) 24
amikacin sulfate inj 500 mg/2ml (250 mg/ml) 24
amiloride & hydrochlorothiazide tab 5-50 mg 61
amiloride hcl tab 5 mg 61
amino acid infusion 6% 139
AMINOSYN II INJ 10% 139
AMINOSYN-PF INJ 10% 139
AMINOSYN-PF INJ 7% 139
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 54
amiodarone hcl inj 450 mg/9ml (50 mg/ml) 54
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 54
amiodarone hcl tab 100 mg 54
amiodarone hcl tab 200 mg 54
amiodarone hcl tab 400 mg 54
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amitriptyline hcl tab 10 mg 72
amitriptyline hcl tab 100 mg 72
amitriptyline hcl tab 150 mg 72
amitriptyline hcl tab 25 mg 72
amitriptyline hcl tab 50 mg 72
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amlodipine besylate tab 10 mg (base equivalent) 59
amlodipine besylate tab 2.5 mg (base equivalent) 59
amlodipine besylate tab 5 mg (base equivalent) 59
amlodipine besylate-benazepril hcl cap 10-20 mg 49
amlodipine besylate-benazepril hcl cap 10-40 mg 49
amlodipine besylate-benazepril hcl cap 2.5-10 mg 49
amlodipine besylate-benazepril hcl cap 5-10 mg 49
amlodipine besylate-benazepril hcl cap 5-20 mg 49
amlodipine besylate-benazepril hcl cap 5-40 mg 49
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 52
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 52
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 51
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 52
amlodipine besylate-valsartan tab 10-160 mg 52
amlodipine besylate-valsartan tab 10-320 mg 52
amlodipine besylate-valsartan tab 5-160 mg 52
amlodipine besylate-valsartan tab 5-320 mg 52
amlodipine-valsartan-hydrochlorothiazide tab 10-160-

12.5 mg 52
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 52
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 52
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 52
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 52
amnesteem cap 10mg 164
amnesteem cap 20mg 164
amnesteem cap 40mg 164
amoxapine tab 100 mg 72
amoxapine tab 150 mg 72
amoxapine tab 25 mg 72
amoxapine tab 50 mg 72
amoxicillin & k clavulanate chew tab 200-28.5 mg 36
amoxicillin & k clavulanate chew tab 400-57 mg 36
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 36
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 36
amoxicillin & k clavulanate for susp 400-57 mg/5ml 36
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Your Extended Family.

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