2021

ԴԵՂԱԲԱՆԱԿԱՆ ՏԵՂԵԿԱՏՈՒ

(Փոխհատուցվող դեղերի ցանկը)
California

Molina Dual Options
Cal MediConnect Plan
Medicare-Medicaid Plan

Տարբերակ 19

Թարմացվել է `12/01/2021
Անդամի ծառայություններ (855) 665-4627, TTY 711
Երկուշաբթի-Ուրբաթ, 8-ը, ժամը 8-ի տեղական ժամանակով

MolinaHealthcare.com/Duals

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan | 2021 *Փոխհատուցվող դեղերի ցանկ* (Տեղեկամատյան)

Ներածություն

Փաստաթուղթը կոչվում է *Փոխհատուցվող դեղերի ցանկ* (նաև հայտնի է որպես՝ Դեղերի ցանկ): Այն պատմում է, թե որ դեղատոմսով և առանց դեղատոմսի դեղերն ու պարագաներն են փոխհատուցվում Molina Dual Options-ի կողմից: Դեղերի ցանկում նաև ասվում է՝ արդյոք գոյություն ունեն որևէ կանոններ կամ սահմանափակումներ որևէ դեղերի համար, որոնք փոխհատուցվում են Molina Dual Options-ի կողմից: Հիմնական տերմինները և դրանց սահմանումները կարող եք գտնել *Մասնակցի ձեռնարկի* վերջին գլխում:

Բովանդակություն

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B2. Դեղերի ցանկը երբևէ փոխվո՞ւմ է: 6

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B5. Ինչպե՞ս իմանալ, որ ձեր ուզած դեղը սահմաններ ունի կամ արդյոք դեղը ստանալու համար անհրաժեշտ միջոցներ կան ձեռնարկելու: 9

B6. Ի՞նչ է տեղի ունենում, եթե մենք փոխում ենք մեր կանոնները որոշ դեղերի վերաբերյալ (օրինակ՝ նախնական թույլտվություն (հաստատում), քանակի սահմանափակումներ և/կամ փուլային թերապիայի սահմանափակումներ): 10

B7. Ինչպե՞ս կարող եք դեղ գտնել Դեղերի ցանկում: 10

B8. Ի՞նչ կլինի, եթե այն դեղը, որը ցանկանում եք օգտագործել, չկա Դեղերի ցանկում: 10

Հարցերի դեպքում խնդրում ենք զանգահարել Molina Dual Options-ին՝ (855) 665-4627 հեռախոսահամարով, TTY՝ 711, երկուշաբթի ուրբաթ, 8 a.m. - 8 p.m. տեղական ժամանակով:Զանգն անվճար է: **Լրացուցիչ տեղեկությունների համար** այցելեք MolinaHealthcare.com/Duals:

B9. Ի՞նչ կլինի, եթե դուք Molina Dual Options-ի նոր անդամ եք և չեք կարողանում գտնել ձեր դեղը Դեղերի ցանկում կամ խնդիր ունեք ձեռք բերել ձեր դեղը: 11

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A. Հրաժարում պատասխանատվությունից

Սա դեղերի ցուցակ է, որոնք մասնակիցները կարող են գտնել Molina Dual Options-ում:

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

إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 665-4627، 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: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag na ito.
- Nếu quý vị nói tiếng Việt, có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi (855) 665-4627, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi là miễn phí.
- Եթե ձեր մայրենի լեզուն հայերենն է, ձեզ համար հասանելի են անվճար լեզվի օժանդակության ծառայությունները: Զանգահարե՛ք (855) 665-4627, TTY՝ 711, երկուշաբթիից ուրբաթ 8:00-ից 20:00-ը տեղական ժամանակով: Զանգն անվճար է:
- ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្តែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY៖ 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：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 (855) 665-4627، TTY: 711 تماس بگیرید. این تماس رایگان است.

- 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 전화

  (855) 665-4627번(TTY는 711번) 월~금 오전 8시~오후 8시(현지 시각) 무료 전화입니다.

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

- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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

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

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

- Molina Healthcare អនុលោមតាមច្បាប់ស៊ីពីសិទ្ធិពលរដ្ឋសហព័ន្ធដែលអនុវត្តបាន ហើយមិនមានការរើសអើងទៅលើមូលដ្ឋានពូជសាសន៍ សញ្ជាតិដើម ជនជាតិ សាសនា ភេទ អាយុ ពិការភាពរាងកាយ ឬស្មារតី ស្ថានភាពសុខភាព ការទទួលបានការថែទាំសុខភាព បទពិសោធន៍នៃបណ្តឹងទាមទារ ប្រវត្តិព្យាបាល ព័ត៌មានពិន្ទុ ភស្តុតាងនៃភាពអាចទទួលបានការធានារ៉ាប់រង ទីតាំងភូមិសាស្ត្រ។

- Molina Healthcare는 관련 연방 공민권 법률을 준수하며, 인종, 민족, 국적, 종교, 성별, 연령, 정신적 또는 신체적 장애, 건강 상태, 의료 서비스 수령 여부, 청구 경험, 병력, 유전자 정보, 보험에 가입할 수 있는 증거, 지리적 위치를 이유로 한 차별을 일절 하지 않습니다.

- Компания Molina Healthcare соблюдает требования федерального законодательства о гражданских правах и не допускает дискриминации на основании таких признаков, как расовая и этническая принадлежность, национальное происхождение, религия, гендерная принадлежность, пол, возраст, психическая или физическая недееспособность, состояние здоровья, факт получения медицинской помощи, подача жалоб в прошлом, история болезни, генетическая информация, доказательство страховой приемлемости, географическое местонахождение.

- Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad, religión, género, sexo, edad, discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamaciones, historial médico, información genética, evidencia de asegurabilidad o ubicación geográfica.

- Ang Molina Healthcare ay sumunod sa naaangkop na mga batas ng Federal Civil Rights at hindi magtatangi batay sa lahi, kulay, pambansang pinagmulan, kredo, ninuno o lipi, relihiyon, wika, edad, kasarian, katayuan sa pag-aasawa, orientasyong sekswal, katayuan sa kalusugan, o kapansanan.

- Molina Healthcare tuân thủ luật pháp về quyền dân sự Liên bang hiện hành và không phân biệt về chủng tộc, dân tộc, nguồn gốc quốc gia, tôn giáo, giới tính, độ tuổi, thương tật về thể chất hoặc tinh thần, tình trạng sức khỏe, việc tiếp nhận chăm sóc sức khỏe, lịch sử yêu cầu bảo hiểm, tiền sử y khoa, thông tin di truyền, bằng chứng về khả năng bảo hiểm, vị trí địa lý.

- Molina Healthcare 遵循適用的聯邦民權法，而且不會基於種族、民族、國籍、宗教、性別，性取向、年齡、精神或身體殘疾、健康狀況、接受醫療照護、索賠經歷、病史、基因資訊、可保性證明、地理位置而有所歧視。

- Դուք կարող եք անվճար ստանալ այս փաստաթուղթն այլ ձևաչափերով, օրինակ՝ խոշոր տառատեսակի, բրայլյան գրի կամ ձայնագրության տեսքով: Հեռախոսահամար՝ (855) 665-4627, TTY (հեռատիպ)՝ 711, երկուշաբթի ուրբաթ, 8 a.m. - 8 p.m՝ տեղական ժամանակով: Զանգն անվճար է:

- Նյութերն անգլերենից բացի այլ լեզվով կամ այլընտրանքային ձևաչափով այժմ և հետագայում ստանալու նպատակով մշտական դիմում ներկայացնելու համար խնդրում ենք դիմել Մասնակիցների սպասարկման բաժին՝ (855) 665-4627, TTY՝ 711, երկուշաբթի ուրբաթ, 8 a.m. - 8 p.m. տեղական ժամանակով:

B. Հաճախակի տրվող հարցեր (ՀՏՀ)

Այստեղ գտեք *Փոխհատուցվող դեղերի ցանկի* վերաբերյալ հարցերի պատասխանները: Ավելին իմանալու համար կարող եք կարդալ բոլոր ՀՏՀ-ները, կամ հարց ու պատասխան փնտրել:

B1. Ի՞նչ դեղատոմսով դեղեր կան *Փոխհատուցվող դեղերի ցանկում:* (Մենք *Փոխհատուցվող դեղերի ցանկը* կարճ անվանում ենք «Դեղերի ցանկ»:)

Դեղերի ցանկում ընդգրկված դեղերը Molina Dual Options-ի կողմից փոխհատուցվող դեղերն են: Դեղերը հասանելի են մեր ցանցի դեղատներում: Դեղատունն ընդգրկված է մեր ցանցում

այն դեպքում, երբ մենք նրանց հետ աշխատելու և ձեզ ծառայություններ մատուցելու պայմանավորվածություն ունենք: Այս դեղատները մենք անվանում ենք «ցանցային դեղատներ»:

- Դեղերի ցանկում ընդգրկված դեղերը Molina Dual Options-ի կողմից կփոխհատուցվեն, եթե՝
    - ձեր բժիշկը կամ դեղատոմս նշանակող որևէ այլ մասնագետ ասում է, որ դրանք ձեզ հարկավոր են ձեր առողջական վիճակը բարելավելու կամ առողջ մնալու համար, **և**
    - դուք ստանում եք դեղատոմսով դեղը Molina Dual Options-ի ցանցային դեղատնից:
- Որոշ դեպքերում, նախքան դեղ ստանալը, պետք է ինչ-որ բան անես (տե՛ս ստորև բերված հարց B4-ը):

Դուք կարող եք նաև տեսնել դեղերի թարմացված ցուցակ, որոնք մենք փոխհատուցում ենք մեր կայքում՝ molinahealthcare.com/duals կամ զանգահարեք Մասնակիցների սպասարկման բաժին՝ (855) 665-4627 TTY՝ 711 երկուշաբթի ուրբաթ, ժամը՝ 8 a.m. - 8 p.m. տեղական ժամանակով:

B2. Դեղերի ցանկը երբևէ փոխվո՞ւմ է:

Այո, և Molina Dual Options-ը փոփոխություններ կատարելիս պետք է հետևի Medicare-ի և Medicaid-ի կանոններին: Մենք կարող ենք տարվա ընթացքում Դեղերի ցանկից դեղեր ավելացնել կամ հանել:

Մենք նույնպես կարող ենք փոխել մեր կանոնները դեղի վերաբերյալ: Օրինակ, մենք կարող ենք.

- Որոշել՝ պահանջել կամ չպահանջել նախնական համաձայնություն դեղի համար: (Նախնական թույլտվությունը դեղն ընդունելուց առաջ Molina Dual Options-ի կողմից ստացած ձեր թույլտվությունն է:)
- Ավելացնել կամ փոփոխել դեղերի քանակը, որը դուք կարող եք ստանալ (կոչվում է, «քանակական սահմանափակումները»):
- (Ավելացնել կամ փոփոխել փուլային բուժման սահմանափակումները): (Փուլային բուժումը նշանակում է, որ դուք պետք է փորձեք մի դեղ, մինչ մենք կփոխհատուցենք մյուսը:)

Այս դեղերի վերաբերյալ կանոնների մասին լրացուցիչ տեղեկությունների համար տե՛ս հարց B4-ը:

Եթե դուք ստանում եք դեղ, որն ապահովագրված էր տարվա **սկզբից**, ապա ընդհանուր առմամբ, մենք չենք հանի այդ դեղը կամ փոփոխի այդ դեղի ապահովագրությունը **տարվա մնացած ժամանակահատվածում** եթե դեղը չհանվի շուկայի շրջանառությունից.

- նոր, ավելի էժան դեղ է շուկա մտնում, որը նույնպես է աշխատում ինչպես Դեղերի ցանկի դեղը հիմա, **կամ**
- մենք պարզում ենք, որ այդ դեղը ոչ անվտանգ է, **կամ**
- դեղը հեռացվել է շուկայից:

Ստորև նշված B3 և B6 հարցերում Դեղերի ցանկի փոփոխման վերաբերյալ լրացուցիչ տեղեկություններ կան:

- Դուք միշտ կարող եք առցանց ստուգել Molina Dual Options-ի թարմացված Դեղերի ցանկը՝ MolinaHealthcare.com/Duals:
- Կարող եք նաև զանգահարել Մասնակիցների սպասարկման բաժին՝ ընթացիկ Դեղերի ցանկը ստուգելու համար՝ (855) 665-4627 TTY՝711 երկուշաբթի ուրբաթ, ժամը՝ 8 a.m. - 8 p.m. տեղական ժամանակով:

B3. Ի՞նչ է տեղի ունենում, երբ Դեղերի ցանկում փոփոխություն է տեղի ունենում:

Որոշ փոփոխություններ Դեղերի ցանկում կկատարվեն **անհապաղ**: Օրինակ,

- **Հասանելի է դառնում նոր ոչ ապրանքանիշային դեղ:** Երբեմն, նոր ոչ ապրանքանիշային դեղ է մտնում շուկա, որն աշխատում է նույնպես, ինչպես Դեղերի ցանկի որևէ այլ ապրանքանիշային դեղ: Երբ դա տեղի ունենա, մենք կհանենք ընթացիկ դեղը և կավելացնենք նոր ոչ ապրանքանիշային դեղը, սակայն ձեզ համար նոր դեղի արժեքը կմնա նույնը: [*insert if applicable, for example, if the plan's Drug List has differential cost-sharing for some generics:* or will be lower]. Երբ մենք ավելացնում ենք նոր ոչ ապրանքանիշային դեղ, մենք կարող ենք նաև որոշել պահել ապրանքանիշային դեղը ցանկում, սակայն փոխել դրա ապահովագրման կանոնները կամ սահմանափակումները:
    - Մենք չենք կարող ձեզ հայտնել, նախքան այս փոփոխությունը կատարելը, բայց մենք կուղարկենք ձեզ տեղեկություններ մեր կողմից կատարված կոնկրետ փոփոխության մասին այն կատարելուց անմիջապես հետո:
    - Դուք կամ ձեր մատակարարը կարող եք նաև դիմել «բացառության» համար այդ փոփոխություններից: Մենք ձեզ կուղարկենք ծանուցում, և դուք կարող եք քայլեր ձեռնարկել բացառություն խնդրելու համար: Բացառությունների

վերաբերյալ լրացուցիչ տեղեկություններ ստանալու համար՝ տե՛ս հարց B10-ը:

- **Դեղը հանվում է շուկայից**: Եթե Մթերային ապրանքների և դեղերի որակի վերահսկման վարչությունը (FDA) հայտնում է, որ ձեր կողմից ընդունվող դեղն անվտանգ չէ կամ դեղարտադրողը դեղը հանում է շուկայի շրջանառությունից, ապա մենք կհանենք այն Դեղերի ցանկից: Եթե դուք ընդունում եք դեղեր, ապա մենք ձեզ կտեղեկացնենք: Խնդրում ենք խոսեք ձեր բժշկի հետ՝ ձեզ համար անվտանգ այլընտրանք գտնելու համար:

Մենք կարող ենք կատարել այլ փոփոխություններ, որոնք ազդում են ձեր դեղերի վրա: Մենք նախապես կտեղեկացնենք ձեզ Դեղերի ցանկում կատարված այս այլ փոփոխությունների մասին: Այս փոփոխությունները կարող են տեղի ունենալ, եթե՝

- Մթերային ապրանքների և դեղամիջոցների վերահսկողության վարչությունը տրամադրում է նոր ուղեգիր կամ առկա են նոր կլինիկական ուղեցույցներ դեղի մասին:
- Մենք ավելացնում ենք ոչ ապրանքանիշային (վերարտադրված) դեղ, որը նորչէշուկայում **և**
  - Փոխարինում ենք դեղի ապրանքանշային անվանումը ներկայիս Դեղերի ցանկում**կամ**
  - Փոխում ենք ապահովագրման կանոնները կամ սահմանափակումներն ապրանքանշային անվանումով դեղերի համար:

Երբ տեղի ունենան այս փոփոխությունները, մենք `

- Կտեղեկացնենք ձեզ Դեղերի ցանկից դեղի հեռացման մասին առնվազն 30 օր առաջ **կամ**
- Կտեղեկացնենք ձեզ և կտրամադրենք 60-օրվա պաշար, երբ դուք դիմեք դեղը համալրելու համար:

Սա կտա ձեզ ժամանակ խոսել ձեր մասնագետի հետ: Նա կարող է օգնել ձեզ որոշել հետևյալ հարցերը՝

- Եթե Դեղերի ցանկում կա նմանատիպ դեղ, կարող եք փոխարինել **կամ**
- Արդյոք բացառություն խնդրել այս փոփոխություններից: Բացառություն հայցելու վերաբերյալ լրացուցիչ տեղեկություն ստանալու համար տե՛ս հարց B10-ը:

B4. Դեղամիջոցների փոխհատուցման վերաբերյալ որևէ սահմանափակումներ կամ որոշակի դեղեր ստանալու համար որևէ անհրաժեշտ գործողություն ձեռնարկելու կարիք արդյոք կա:

Այո, որոշ դեղեր փոխհատուցման կանոններ կամ սահմանափակումներ ունեն այն գումարի վրա, որը դուք կարող եք ստանալ: Որոշ դեպքերում, նախքան դեղ ստանալը դուք կամ ձեր բժիշկը կամ դեղը նշանակող նախքան դեղը ձեռք բերելը պետք է ինչ-որ բան անեք: Օրինակ

- **Նախնական հաստատում (կամ նախնական թույլտվություն)՝** Որոշ դեղերի համար դուք կամ ձեր բժիշկը կամ նշանակողը պետք է Molina Dual Options-ից նախնական հաստատում ստանաք նախքան ձեր դեղատոմսով դեղը ստանալը: Molina Dual Options-ը հնարավոր է չփոխհատուցի դեղի կամ ծառայության համար, եթե դուք նախնական հաստատում չստանաք:

- **Քանակական սահմանափակումներ՝** Երբեմն Molina Dual Options-ը սահմանափակում է ձեր կողմից ստացվող դեղի քանակը:

- **Փուլային բուժում՝** Երբեմն Molina Dual Options-ը պահանջում է, որ դուք կատարեք փուլային թերապիա: Սա նշանակում է, որ դուք ստիպված կլինեք որոշակի կարգով դեղեր փորձել ձեր բժշկական վիճակի համար: Գուցե ստիպված լինեք փորձել որևէ դեղամիջոց, նախքան մենք կներառենք մեկ այլ դեղամիջոց: Եթե ձեր բժիշկը կարծում է, որ առաջին դեղամիջոցը չի ազդում ձեզ վրա, ապա մենք կանդրադառնանք երկրորդին:

Դուք կարող եք պարզել, թե արդյոք ձեր դեղը լրացուցիչ պահանջներ կամ սահմանափակումներ ունի, նայելով՝ 17 - 136: Դուք նաև կարող եք լրացուցիչ տեղեկություն ստանալ՝ այցելելով՝ MolinaHealthcare.com/Duals: Մենք առցանց փաստաթղթեր ենք տեղադրել , որոնք բացատրում են մեր նախնական հաստատման և փուլային թերապիա սահմանափակումները: Կարող եք նաև խնդրել ձեզ օրինակ ուղարկել:

Դուք կարող եք այս սահմանափակումներից բացառություն խնդրել: Սա կտա ձեզ ժամանակ խոսել ձեր մասնագետի հետ: Նա կարող է օգնել ձեզ որոշել, թե Դեղերի ցանկում արդյոք կա նմանատիպ դեղամիջոց, որով կարող եք փոխարինել, կամ արդյոք բացառություն խնդրելու կարիք կա: Բացառությունների վերաբերյալ լրացուցիչ տեղեկություններ ստանալու համար՝ տե՛ս հարցեր B10-B12-ը:

B5. Ինչպե՞ս իմանալ, որ ձեր ուզած դեղը սահմաններ ունի կամ արդյոք դեղը ստանալու համար անհրաժեշտ միջոցներ կան ձեռնարկելու:

Փոխհատուցվող դեղերի ցանկը՝ էջ 17-ում սյունակ ունի «Անհրաժեշտ գործողություններ կամ օգտագործման սահմանափակումներ» պիտակով:

B6. Ի՞նչ է տեղի ունենում, եթե մենք փոխում ենք մեր կանոնները որոշ դեղերի վերաբերյալ (օրինակ՝ նախնական թույլտվություն (հաստատում), քանակի սահմանափակումներ և/կամ փուլային թերապիայի սահմանափակումներ):

Որոշ դեպքերում մենք նախապես կտեղեկացնենք ձեզ, եթե ավելացնենք կամ փոխենք դեղամիջոցների նկատմամբ նախնական հաստատումը, քանակի սահմանափակումները և/կամ փուլային թերապիայի սահմանափակումները: Տե՛ս B3 հարցը՝ այս նախնական ծանուցման և իրավիճակների վերաբերյալ լրացուցիչ տեղեկություններ ստանալու համար, որտեղ մենք կարող է ի վիճակի չլինենք նախապես ձեզ ասել, երբ են փոխվում Դեղերի ցանկում պարունակվող դեղերի վերաբերյալ մեր կանոնները:

B7. Ինչպե՞ս կարող եք դեղ գտնել Դեղերի ցանկում:

Դեղ գտնելու երկու եղանակ կա՝

- Կարող եք այբբենական կարգով որոնել (եթե գիտեք՝ ինչպես գրել դեղը), **կամ**
- Կարող եք որոնել ըստ բժշկական պայմանի:

Այբբենական կարգով որոնելու համար անցեք Փոխհատուցվող դեղերի ինդեքս բաժինը: Դուք կարող եք այն գտնել ինդեքսում:

Ըստ բժշկական պայմանի որոնելու համար գտեք «Դեղերի ցանկն ըստ բժշկական պայմանի» պիտակով բաժինը, էջ՝ 17: Այս բաժնի դեղերը խմբավորված են ըստ կատեգորիաների՝ կախված այն բժշկական պայմանների տեսակից, որոնք նրանք օգտագործում են բուժման համար: Օրինակ, եթե սրտի հիվանդություն ունեք, ապա պետք է փնտրեք Beta-blockers կատեգորիայում: Հենց այդտեղ կգտնեք դեղամիջոցներ, որոնք բուժում են սրտի հիվանդությունները:

B8. Ի՞նչ կլինի, եթե այն դեղը, որը ցանկանում եք օգտագործել, չկա Դեղերի ցանկում:

Եթե ձեր դեղը չեք գտնում Դեղերի ցանկում, զանգահարեք Մասնակիցների սպասարկման բաժին՝ (855) 665-4627 TTY՝ 711 երկուշաբթի ուրբաթ, ժամը՝ 8 a.m. - 8 p.m. տեղական ժամանակով և հարցրեք այդ մասին: Եթե իմանաք, որ Molina Dual Options-ը չի փոխհատուցում դեղը, կարող եք անել հետևյալից որևէ մեկը՝

- Մասնակիցների սպասարկման բաժնից խնդրեք այնպիսի դեղերի ցուցակ, ինչպիսին է այն դեղը, որը ցանկանում եք ընդունել: Այնուհետև ցուցակը ցույց տվեք ձեր բժշկին կամ այլ նշանակողի: Նա կարող է Դեղերի ցանկում նշանակել այնպիսի դեղ, որը նման է այն դեղին, որը ցանկանում եք ընդունել: **կամ**

- Առողջապահական ծրագրից կարող եք խնդրել բացառություն կատարել ձեր դեղը փոխհատուցելու համար: Բացառությունների վերաբերյալ լրացուցիչ տեղեկություններ ստանալու համար՝ տե՛ս հարցեր B10-B12-ը:

B9. Ի՞նչ կլինի, եթե դուք Molina Dual Options-ի նոր անդամ եք և չեք կարողանում գտնել ձեր դեղը Դեղերի ցանկում կամ խնդիր ունեք ձեռք բերել ձեր դեղը:

Մենք կարող ենք օգնել: Մենք կարող ենք ձեր դեղի ժամանակավոր 60-օրյա մատակարարում տրամադրել Molina Dual Options-ին անդամագրվելու առաջին 90 օրերի ընթացքում: Սա կտա ձեզ ժամանակ խոսել ձեր մասնագետի հետ: Նա կարող է օգնել ձեզ որոշել, թե Դեղերի ցանկում արդյոք կա նմանատիպ դեղամիջոց, որով կարող եք փոխարինել, կամ արդյոք բացառություն խնդրելու կարիք կա:

Եթե ձեր դեղատոմսը գրված է ավելի քիչ օրերի համար, մենք թույլ կտանք կատարել պաշարների բազմաթիվ համալրում, որպեսզի ապահովենք մինչև առավելագույնը դեղի 60 օրվա պաշարը:

Մենք կփոխհատուցենք ձեր դեղի 60-օրյա պաշարը, եթե՝

- Դուք օգտագործում եք մի դեղ, որը մեր Դեղերի ցանկում չէ ,**կամ**
- առողջապահական ծրագրի կանոնները թույլ չեն տալիս ստանալ ձեր բժշկի կողմից պատվիրված գումարը, **կամ**
- դեղը պահանջում է նախնական հաստատում Molina Dual Options-ի կողմից, **կամ**
- Դուք օգտագործում եք մի դեղ, որը փուլային թերապիայի սահմանափակման մասն է կազմում:

Եթե դուք ծերանոցի կամ երկարատև խնամքի այլ հաստատությունում եք և ձեզ հարկավոր է այնպիսի դեղամիջոց, որը Դեղերի ցանկում չկա կամ եթե չեք կարողանում հեշտությամբ ձեռք բերել ձեզ համար անհրաժեշտ դեղը, մենք կարող ենք օգնել ձեզ: Եթե Դուք գտնվել եք պլանում 90 օրից ավել և բնակվում եք երկարատև բուժօգնության հաստատությունում և ձեզ անհապաղ դեղ է հարկավոր՝

- Մենք կփոխհատուցենք ձեզ անհրաժեշտ դեղի մեկ 60-օրյա մատակարարումը (եթե ավելի քիչ օրվա դեղատոմս ունեք), անկախ նրանից՝ Դուք Molina Dual Options-ի նոր անդամ եք, թե ոչ:
- Սա կատարվում է ի լրացում Molina Dual Options-ին անդամագրվելու առաջին 90 օրերի ընթացքում ստացված ժամանակավոր պաշարին:

Անցումային քաղաքականություն

Մեր ծրագրի նոր անդամները կարող են դեղեր ընդունել, որոնք մեր տեղեկամատյանում չեն կամ ենթակա են որոշակի սահմանափակումների, ինչպիսիք են՝ նախնական թույլտվությունը կամ փուլային թերապիան: Ներկայիս անդամների վրա կարող են ազդել նաև մեր տեղեկամատյանի փոփոխությունները՝ մեկ տարուց մյուսը: Անդամները պետք է խոսեն իրենց բժիշկների հետ՝ որոշելու համար, արդյոք նրանք պետք է անցնեն այլ դեղամիջոցի, որը մենք փոխհատուցում ենք կամ խնդրեք տեղեկամատյանի բացառություն՝ դեղի փոխհատուցում ստանալու համար: Բացառություն պահանջելու մասին ավելին իմանալու համար տե՛ս Մասնակցի ձեռնարկը: Խնդրում ենք կապ հաստատել Մասնակիցների սպասարկման բաժնի հետ, եթե ձեր դեղը մեր տեղեկամատյանում չէ, ենթակա է որոշակի սահմանափակումների, ինչպիսիք են՝ նախնական թույլտվությունը կամ փուլային թերապիան, կամ հաջորդ տարի այլևս մեր տեղեկամատյանում ընդգրկված չի լինի, և ձեզ օգնություն է հարկավոր անցնել այլ դեղի, որը մենք փոխհատուցում ենք կամ բացառություն պահանջել:

Ժամանակի ընթացքում անդամները խոսում են իրենց բժիշկների հետ՝ գործողության ճիշտ ընթացքը պարզելու համար, մենք կարող ենք ժամանակավորապես մատակարարել տեղեկամատյանում չընդգրկված դեղամիջոց, եթե այդ անդամներին դեղի համար անհրաժեշտ է լիցքավորում մեր Ծրագրի Մաս D դեղերի (1-ին և 2-րդ աստիճաններ) անդամակցության առաջին 90 օրվա ընթացքում և 90 օրվա՝ ձեր Medi-Cal դեղերի համար (3-րդ աստիճան): Եթե դուք ընթացիկ անդամ եք, որը տուժում է տարեցտարի տեղեկամատյանի փոփոխությունից, ապա մենք կտրամադրենք տեղեկամատյանում չընդգրկված դեղի ժամանակավոր մատակարարում, եթե ձեզ անհրաժեշտ է դեղամիջոցի լիցքավորում պլանի նոր տարվա առաջին 90 օրվա ընթացքում:

Երբ որևէ անդամ գնում է ցանցային դեղատուն և մենք տրամադրում ենք ժամանակավոր մատակարարում այնպիսի դեղամիջոցի համար, որը մեր տեղեկամատյանում ընդգրկված չէ կամ փոխհատուցման սահմանափակումներ ունի (բայց այլ կերպ համարվում է «Մաս D դեղ»), ապա մենք կներառենք a 60-օրյա մատակարարում (եթե դեղատոմսը չի գրվել ավելի քիչ օրերի համար): 60-օրյա ժամանակավոր մատակարարումը փոխհատուցելուց հետո մենք, ընդհանուր առմամբ, այլևս չենք վճարի այդ դեղերի համար՝ որպես մեր անցումային քաղաքականության մաս:

Մենք ձեզ կտրամադրենք գրավոր ծանուցում ձեր ժամանակավոր մատակարարումը փոխհատուցելուց հետո: Այս ծանուցումը կբացատրի այն քայլերը, որոնք կարող եք ձեռնարկել բացառություն խնդրելու համար և՝ ինչպես աշխատել ձեր բժշկի հետ՝

որոշելու համար, թե արդյոք պետք է անցնել համապատասխան դեղամիջոցի, որը մենք փոխհատուցում ենք:

B10. Կարո՞ղ եք բացառություն խնդրել ձեր դեղը փոխհատուցելու համար:

Այո: Դուք կարող եք խնդրել Molina Dual Options-ին բացառություն կատարել՝ Դեղերի ցանկում չհայտնաբերվող դեղը փոխհատուցելու համար:

Կարող եք նաև խնդրել մեզ փոխել ձեր դեղամիջոցի կանոնները:

- Օրինակ, Molina Dual Options-ը կարող է սահմանափակել մեր կողմից փոխհատուցվող դեղերի քանակը: Եթե ձեր դեղը սահմանափակում ունի, կարող եք խնդրել մեզ փոխել սահմանափակումը և փոխհատուցել ավելին:
- Օրինակ, Դուք կարող եք խնդրել մեզ հրաժարվել փուլային թերապիայի սահմանափակումներից կամ նախնական հաստատման պահանջներից:

B11. Ինչպե՞ս կարող եք բացառություն խնդրել:

Բացառություն խնդրելու համար զանգահարեք Մասնակցի սպասարկման բաժին: Մասնակցի սպասարկման բաժինը կաշխատի ձեր և ձեր մատակարարի հետ՝ օգնելու ձեզ բացառություն խնդրել: Բացառություն խնդրելու մասին լրացուցիչ տեղեկություններ ստանալու համար, տե՛ս *Մասնակցի ձեռնարկի* Գլուխ 9-ը:

B12. Որքա՞ն է տևում բացառություն ստանալը:

Նախ, մենք պետք է ձեր նշանակողից ձեր բացառության խնդրանքն աջակցող հայտարարություն ստանանք: Ձեր հայտարարությունը ստանալուց հետո մենք 72 ժամվա ընթացքում որոշում կկայացնենք ձեր բացառության հարցման վերաբերյալ:

Եթե դուք կամ ձեր նշանակողը կարծում եք, որ ձեր առողջությունը կարող է վնասվել, եթե որոշման համար 72 ժամ սպասեք, ապա կարող եք պահանջել արագացված բացառություն: Սա ավելի արագ որոշում է: Եթե ձեր նշանակողը պաշտպանում է ձեր հայցը, մենք ձեր որոշումը կկայացնենք ձեր բժշկի աջակցող հայտարարությունը ստանալու պահից 24 ժամվա ընթացքում:

B13. Ի՞նչ են ոչ ապրանքանիշային դեղերը:

ոչ ապրանքանիշային դեղը և ապրանքանիշային անվանումով դեղն ունեն միևնույն բաղադրությունը: Սովորաբար դրանց արժեքը ապրանքանիշային անվանումով դեղի արժեքից ցածր է, և նրանց անվանումները պակաս հայտնի են: ոչ ապրանքանիշային դեղերը հաստատվում են Սննդամթերքի և դեղերի վարչության (Food and Drug Administration, FDA) կողմից:

Molina Dual Options-ն ընդգրկում է ինչպես ապրանքանիշային անվանումով, այնպես էլ ոչ ապրանքանիշային դեղամիջոցները:

B14. Ի՞նչ են OTC դեղերը:

OTC-ը նշանակում է «առանց դեղատոմսի»: Molina Dual Options-ն ընդգրկում է որոշ OTC դեղեր, երբ դրանք գրվում են որպես դեղատոմսեր ձեր մատակարարի կողմից:

Կարող եք կարդալ Molina Dual Options-ի Դեղերի ցանկը՝ տեսնելու, թե որ OTC դեղերն են փոխհատուցվում:

B15. Molina Dual Options-ը փոխհատուցո՞ւմ է ոչ դեղորայքային OTC ապրանքները:

Molina Dual Options-ն փոխհատուցում է որոշ OTC դեղեր, երբ դրանք ձեր մատակարարի կողմից գրվում են որպես դեղատոմսերով դեղեր:

Կարող եք կարդալ Molina Dual Options-ի Դեղերի ցանկը՝ տեսնելու, թե որ ոչ դեղորայքային OTC դեղերն են փոխհատուցվում:

B16. Ո՞րն է ձեր հավելավճարը:

Որպես Molina Dual Options-ի անդամ՝ դուք դեղատոմսերով և OTC դեղերի համար հավելավճարի իրավունք չունեք, քանի դեռ պահպանում եք Molina Dual Options-ի կանոնները:

Molina Dual Options-ի ծերանոցներում կամ երկարատև խնամքի այլ հաստատություններում բնակվող անդամները չեն ունենա հավելավճարի իրավունք: Համայնքում երկարաժամկետ խնամք ստացող որոշ անդամներ նույնպես չեն ունենա հավելավճարի իրավունք:

B17. Ի՞նչ են դեղամիջոցների օղակները:

Օղակները՝ մեր Դեղերի ցանկում ընդգրկված դեղերն են:

- 1-ին օղակի դեղերը հանդիսանում են ոչ ապրանքանիշային դեղեր: 1-ին օղակի դեղերի համար դուք ոչինչ չեք վճարում:
- 2-րդ օղակի դեղերը հանդիսանում են ապրանքանիշային անվանումով դեղեր: 2-րդ օղակի դեղերի համար դուք ոչինչ չեք վճարում:
- 3-րդ օղակի դեղերը հանդիսանում են ոչ-Medicare Rx/առանց դեղատոմսի (OTC) դեղեր: 3-րդ օղակի դեղերի համար դուք ոչինչ չեք վճարում:

C. *Փոխհատուցվող դեղերի ցանկի* ամփոփում

Փոխհատուցվող դեղերի հետևյալ ցուցակը ձեզ տեղեկություններ է տալիս Molina Dual Options-ի կողմից փոխհատուցվող դեղերի մասին: Եթե դժվարանում եք ձեր դեղը ցանկում գտնել, ապա կարդացեք Փոխհատուցվող դեղերի ինդեքսը, էջ՝ 137: Ինդեքսում այբբենական կարգով նշվում են բոլոր դեղերը, որոնք փոխհատուցվում են Molina Dual Options-ի կողմից:

Գծապատկերի առաջին սյունակում նշված է դեղամիջոցի անվանումը: Ապրանքանիշի անունով դեղերը գրվում են մեծատառերով (օրինակ՝ BYSTOLIC), իսկ ընդհանուր դեղերը գրվում են փոքրատառերով (օրինակ՝ *metoprolol*):

«Անհրաժեշտ գործողություններ կամ օգտագործման սահմանափակումներ» սյունակը ձեզ տեղեկացնում է, թե արդյոք Molina Dual Options-ը ձեր դեղը փոխհատուցելու որևէ կանոն ունի:

Նշում Դեղամիջոցի կողքին գտնվող * նշանակում է, որ դեղը «Մաս D դեղ» չէ: Դուք ստիպված չեք լինի հավելավճարներ վճարել այս դեղերի համար: Այս դեղերը նույնպես բողոքարկման տարբեր կանոններ ունեն:

- Բողոքարկումը պաշտոնական ձև է, որով դուք դիմում եք մեզ՝ վերանայելու ձեր ապահովագրական փոխհատուցման վերաբերյալ մեր կայացրած որոշումը և պահանջում փոխել այն, եթե կարծում եք, որ մենք սխալ որոշում ենք կայացրել: Օրինակ, մենք հնարավոր է որոշենք, որ դեղը, որը ցանկանում եք, չի մտնում Medicare-ի կամ Medi-Cal-ի կողմից փոխհատուցվող մեջ:
- Եթե դուք կամ ձեր բժիշկը համաձայն չեք մեր որոշման հետ, ապա կարող եք բողոքարկել այն: Եթե երբևէ հարց ունեք, զանգահարեք Մասնակիցների սպասարկման բաժին՝ (855) 665-4627 TTY՝711երկուշաբթի ուրբաթ, ժամը՝ 8 a.m. - 8 p.m. տեղական ժամանակով: Բացառություն խնդրելու մասին լրացուցիչ տեղեկություններ ստանալու համար, տե՛ս *Մասնակցի ձեռնարկի* Գլուխ 9-ը:

C1. Դեղամիջոցներ՝ խմբավորված ըստ բժշկական վիճակի

Այս բաժնի դեղերը խմբավորված են ըստ կատեգորիաների՝ կախված այն բժշկական պայմանների տեսակից, որոնք նրանք օգտագործում են բուժման համար: Օրինակ, եթե սրտի հիվանդություն ունեք, ապա պետք է փնտրեք Beta-blockers կատեգորիայում: Հենց այդտեղ կգտնեք դեղամիջոցներ, որոնք բուժում են սրտի հիվանդությունները:

PA = Նախնական թույլտվություն (հաստատում). Նախքան այս դեղը ձեռք բերելը պետք է ունենաք հաստատում:

QL = QL = Քանակի սահմանափակումներ. Դեղամիջոցի քանակը, որը կփոխհատուցի ծրագիրը:

ST = Փուլային թերապիայի չափանիշներ. Նախքան այս դեղը ձեռք բերելը պետք է փորձեք մեկ այլ դեղամիջոց:

NM = Ոչ փոստային պատվեր. Այս դեղը չի կարող լրացվել փոստով:

B/D = Այս դեղը կարող է ընդգրկվել Medicare-ի B կամ D Մասում՝ կախված հանգամանքներից:

LA = Սահմանափակ հասանելիության դեղամիջոց. Այս դեղը կարող է հասանելի լինել միայն որոշակի դեղատներում:

(*) = Ոչ Մաս D դեղեր կամ OTC ապրանքներ, որոնք փոխհատուցվում են Medicaid-ի կողմից:

NDS = Ոչ երկարացված օրերի մատակարարում. Դուք սահմանափակվելու եք այն քանակով, թե որքան օր կարող եք ստանալ մատակարարումը:

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 TABS 100mg, 300mg	$0(1)	
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
adult aspirin regimen TBEC 81mg	$0(3)	NM; *
aspir-low TBEC 81mg	$0(3)	NM; *
aspirin CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	$0(3)	NM; *
ASPIRIN SUPP 300mg, 600mg	$0(3)	NM; *
aspirin 81 TBEC 81mg	$0(3)	NM; *
aspirin adult TABS 325mg	$0(3)	NM; *
aspirin adult low dose TBEC 81mg	$0(3)	NM; *
aspirin adult low strengt CHEW 81mg	$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
aspirin low strength CHEW 81mg	$0(3)	NM; *
childrens aspirin low str CHEW 81mg	$0(3)	NM; *
ecpirin TBEC 325mg	$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	$0(3)	NM; *
gnp aspirin TABS 325mg; TBEC 81mg, 325mg	$0(3)	NM; *
gnp aspirin low dose TBEC 81mg	$0(3)	NM; *
goodsense aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
goodsense aspirin adult l CHEW 81mg	$0(3)	NM; *
hm aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
hm aspirin ec TBEC 325mg	$0(3)	NM; *
hm aspirin ec low dose TBEC 81mg	$0(3)	NM; *
qc aspirin TABS 325mg	$0(3)	NM; *
qc aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
qc chewable aspirin low d CHEW 81mg	$0(3)	NM; *
qc enteric aspirin TBEC 325mg	$0(3)	NM; *

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
tramadol hcl TABS 50mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
atovaquone SUSP 750mg/5ml	$0(2)	NDS
aztreonam SOLR 1gm, 2gm	$0(1)	
CAYSTON SOLR 75mg	$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	$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)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / 365 days)
ertapenem sodium SOLR 1gm	$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 SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
ivermectin TABS 3mg	$0(1)	PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	$0(1)	
meropenem SOLR 1gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole TABS 250mg, 500mg	$0(1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
paromomycin sulfate CAPS 250mg	$0(1)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	
praziquantel TABS 600mg	$0(1)	
reeses pinworm medicine SUSP 144mg/ml	$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(2)	NDS
NOXAFIL SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days)
nystatin TABS 500000unit	$0(1)	
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days)
terbinafine hcl TABS 250mg	$0(1)	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	$0(2)	NDS, PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days), PA
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 TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	
APTIVUS CAPS 250mg; SOLN 100mg/ml	$0(2)	NDS
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	
CRIXIVAN CAPS 200mg, 400mg	$0(2)	
EDURANT TABS 25mg	$0(2)	NDS
efavirenz CAPS 50mg, 200mg; TABS 600mg	$0(1)	
emtricitabine CAPS 200mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMTRIVA SOLN 10mg/ml	$0(2)	
etravirine TABS 100mg, 200mg	$0(2)	NDS
fosamprenavir calcium TABS 700mg	$0(2)	NDS
FUZEON SOLR 90mg	$0(2)	NDS, NM
INTELENCE TABS 25mg	$0(2)	
INTELENCE TABS 100mg, 200mg	$0(2)	NDS
INVIRASE TABS 500mg	$0(2)	NDS
ISENTRESS CHEW 25mg; PACK 100mg	$0(2)	
ISENTRESS CHEW 100mg; TABS 400mg	$0(2)	NDS
ISENTRESS HD TABS 600mg	$0(2)	NDS
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	
LEXIVA SUSP 50mg/ml	$0(2)	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	$0(2)	
PIFELTRO TABS 100mg	$0(2)	NDS
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	$0(2)	NDS
ritonavir TABS 100mg	$0(1)	
RUKOBIA TB12 600mg	$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	$0(2)	NDS
SELZENTRY TABS 25mg	$0(2)	
stavudine CAPS 15mg, 20mg, 30mg, 40mg	$0(1)	
tenofovir disoproxil fumarate TABS 300mg	$0(1)	
TIVICAY TABS 10mg	$0(2)	
TIVICAY TABS 25mg, 50mg	$0(2)	NDS
TIVICAY PD TBSO 5mg	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, LA
TYBOST TABS 150mg	$0(2)	
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$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
BIKTARVY TAB	$0(2)	NDS
CIMDUO TAB 300-300	$0(2)	NDS
COMPLERA TAB	$0(2)	NDS
DELSTRIGO TAB	$0(2)	NDS
DESCOVY TAB 200/25MG	$0(2)	NDS
DOVATO TAB 50-300MG	$0(2)	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(2)	NDS, QL (30 tabs / 30 days)
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	
lopinavir-ritonavir tab 100-25 mg	$0(1)	
lopinavir-ritonavir tab 200-50 mg	$0(2)	NDS
ODEFSEY TAB	$0(2)	NDS
PREZCOBIX TAB 800-150	$0(2)	NDS
STRIBILD TAB	$0(2)	NDS
SYMTUZA TAB	$0(2)	NDS
TEMIXYS TAB 300-300	$0(2)	NDS
TRIUMEQ TAB	$0(2)	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	
PASER PACK 4gm	$0(2)	
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, LA, PA
TRECATOR TABS 250mg	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(2)	NDS
BARACLUDE SOLN .05mg/ml	$0(2)	NDS
entecavir TABS .5mg, 1mg	$0(1)	
EPCLUSA TAB 200-50MG	$0(2)	NDS, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	$0(2)	
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, PA
HARVONI PAK 45-200MG	$0(2)	NDS, PA
HARVONI TAB 45-200MG	$0(2)	NDS, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamivudine (hbv) TABS 100mg	$0(1)	
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml	$0(2)	NDS, NM, PA
PEGASYS SOSY 180mcg/0.5ml	$0(2)	NDS, PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	$0(1)	
VEMLIDY TABS 25mg	$0(2)	NDS, PA
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TBPK 20mg, 40mg	$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	$0(1)	
CEFACLOR ER TB12 500mg	$0(2)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	
cefixime SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	$0(2)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm	$0(1)	
TAZICEF SOLR 6gm	$0(1)	
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	
erythrocin stearate TABS 250mg	$0(1)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	$0(2)	
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
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)	
ampicillin CAPS 500mg	$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 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm	$0(1)	
oxacillin sodium SOLR 10gm	$0(2)	NDS
PEN GK/DEXTR INJ 40000/ML	$0(2)	
PEN GK/DEXTR INJ 60000/ML	$0(2)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	$0(2)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$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 SOLR 100mg	$0(1)	
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	$0(1)	
minocycline hcl CAPS 50mg, 75mg, 100mg	$0(1)	
mondoxyne nl CAPS 100mg	$0(1)	
tetracycline hcl CAPS 250mg, 500mg	$0(1)	PA
tigecycline SOLR 50mg	$0(2)	NDS
TIGECYCLINE SOLR 50mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	$0(2)	NDS, B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	$0(1)	B/D, NM
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	$0(1)	B/D
cyclophosphamide CAPS 25mg, 50mg	$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	$0(2)	NDS, B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	$0(2)	NDS, B/D, NM
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	$0(2)	B/D
LEUKERAN TABS 2mg	$0(2)	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	$0(1)	B/D
oxaliplatin SOLR 50mg, 100mg	$0(2)	NDS, B/D
paraplatin SOLN 1000mg/100ml	$0(1)	B/D
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	$0(1)	B/D, NM
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D, NM
doxorubicin hcl liposomal INJ 2mg/ml	$0(2)	NDS, B/D
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	$0(1)	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	$0(2)	NDS, B/D
azacitidine SUSR 100mg	$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	$0(1)	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	$0(1)	B/D
mercaptopurine TABS 50mg	$0(1)	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	$0(1)	B/D
ONUREG TABS 200mg, 300mg	$0(2)	NDS, LA, PA
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM
TABLOID TABS 40mg	$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	$0(2)	NDS, NM, PA
anastrozole TABS 1mg	$0(1)	
bicalutamide TABS 50mg	$0(1)	
EMCYT CAPS 140mg	$0(2)	
ERLEADA TABS 60mg	$0(2)	NDS, NM, LA, PA
exemestane TABS 25mg	$0(1)	
flutamide CAPS 125mg	$0(1)	
fulvestrant SOLN 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, LA, PA
ORGOVYX TABS 120mg	$0(2)	NDS, LA, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	$0(2)	NDS, NM, PA
XTANDI CAPS 40mg	$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	$0(2)	NDS, LA, PA
ZYTIGA TABS 500mg	$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
bexarotene CAPS 75mg	$0(2)	NDS, NM, PA
hydroxyurea CAPS 500mg	$0(1)	
INQOVI TAB 35-100MG	$0(2)	NDS, LA, PA
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
KISQALI 200 PAK FEMARA	$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, NM, PA
LONSURF TAB 15-6.14	$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	$0(2)	NDS, NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, LA
SYNRIBO SOLR 3.5mg	$0(2)	NDS, PA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	$0(2)	NDS, B/D
docetaxel CONC 20mg/ml	$0(1)	B/D, NM
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D, NM
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D, NM
etoposide SOLN 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
toposar SOLN 1gm/50ml, 100mg/5ml	$0(1)	B/D
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D, NM
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	$0(2)	NDS, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	$0(2)	NDS, LA, PA
ALUNBRIG PAK	$0(2)	NDS, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	$0(2)	NDS, LA, PA
BORTEZOMIB SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	$0(2)	NDS, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, LA, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	$0(2)	NDS, LA, PA
CAPRELSA TABS 100mg, 300mg	$0(2)	NDS, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	$0(2)	NDS, LA, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, LA, PA
COTELLIC TABS 20mg	$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, NM, LA, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	$0(2)	NDS, LA, PA
FARYDAK CAPS 10mg, 15mg, 20mg	$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	$0(2)	NDS, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, LA, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg	$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), PA
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (56 caps / 28 days), LA, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA TABS 140mg	$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TABS 280mg	$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TABS 420mg, 560mg	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	$0(2)	NDS, LA, PA
IRESSA TABS 250mg	$0(2)	NDS, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, PA
KISQALI TBPK 200mg	$0(2)	NDS, NM, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, LA, PA
LENVIMA CAP 14 MG	$0(2)	NDS, LA, PA
LENVIMA CAP 18 MG	$0(2)	NDS, LA, PA
LENVIMA CAP 24 MG	$0(2)	NDS, LA, PA
LORBRENA TABS 25mg, 100mg	$0(2)	NDS, LA, PA
LUMAKRAS TABS 120mg	$0(2)	NDS, LA, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	$0(2)	NDS, LA, PA
NEXAVAR TABS 200mg	$0(2)	NDS, NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	$0(2)	NDS, PA
OGIVRI INJ 420MG	$0(2)	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, LA, PA
PHESGO SOL	$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, LA, PA
RETEVMO CAPS 40mg, 80mg	$0(2)	NDS, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, LA, PA
RITUXAN INJ HYCELA	$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	$0(2)	NDS, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, PA
RYDAPT CAPS 25mg	$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, PA
STIVARGA TABS 40mg	$0(2)	NDS, NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, PA
TAFINLAR CAPS 50mg, 75mg	$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
TALZENNA CAPS .25mg, 1mg	$0(2)	NDS, NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	$0(2)	NDS, PA
TAZVERIK TABS 200mg	$0(2)	NDS, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	$0(2)	NDS, LA, PA
TIBSOVO TABS 250mg	$0(2)	NDS, LA, PA
TRAZIMERA SOLR 150mg, 420mg	$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	$0(2)	NDS, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	$0(2)	NDS, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, PA
TUKYSA TABS 50mg, 150mg	$0(2)	NDS, LA, PA
TURALIO CAPS 200mg	$0(2)	NDS, LA, PA
UKONIQ TABS 200mg	$0(2)	NDS, LA, PA
VELCADE SOLR 3.5mg	$0(2)	NDS, NM, PA
VENCLEXTA TABS 10mg	$0(2)	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	$0(2)	NDS, QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	$0(2)	NDS, NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	$0(2)	NDS, LA, PA
VOTRIENT TABS 200mg	$0(2)	NDS, LA, PA
XALKORI CAPS 200mg, 250mg	$0(2)	NDS, LA, PA
XOSPATA TABS 40mg	$0(2)	NDS, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	$0(2)	NDS, LA, PA
ZELBORAF TABS 240mg	$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, PA
ZOLINZA CAPS 100mg	$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	$0(2)	NDS, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	$0(1)	
MESNEX TABS 400mg	$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	$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)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	$0(1)	
prazosin hcl CAPS 1mg, 2mg, 5mg	$0(1)	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 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
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	
NORPACE CR CP12 100mg, 150mg	$0(2)	
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	
sorine TABS 80mg, 120mg, 160mg, 240mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	$0(2)	NDS, LA, PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRALUENT SOAJ 75mg/ml, 150mg/ml	$0(2)	PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
VASCEPA CAPS .5gm, 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)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	$0(2)	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	$0(1)	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	$0(1)	
dilt-xr CP24 120mg, 180mg, 240mg	$0(1)	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	$0(1)	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
felodipine TB24 2.5mg, 5mg, 10mg	$0(1)	
isradipine CAPS 2.5mg, 5mg	$0(1)	
nicardipine hcl CAPS 20mg, 30mg	$0(1)	
nifedipine TB24 30mg, 60mg, 90mg	$0(1)	
nimodipine CAPS 30mg	$0(1)	
NYMALIZE SOLN 6mg/ml	$0(2)	NDS
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl TABS 5mg	$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	$0(1)	
chlorthalidone TABS 25mg, 50mg	$0(1)	
furosemide SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	$0(1)	
furosemide inj SOLN 10mg/ml	$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	$0(1)	
indapamide TABS 1.25mg, 2.5mg	$0(1)	
methazolamide TABS 25mg, 50mg	$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	$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		
ADRENALIN SOLN 1mg/ml	$0(2)	
aliskiren fumarate TABS 150mg, 300mg	$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	$0(1)	
clonidine hcl TABS .1mg, .2mg, .3mg	$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	$0(2)	
digitek TABS .125mg, .25mg	$0(1)	QL (30 tabs / 30 days)
digox TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	$0(1)	
digoxin TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl TABS 1mg, 2mg	$0(2)	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
METHYLDOPA TABS 250mg, 500mg	$0(2)	PA; PA if 70 years and older
metyrosine CAPS 250mg	$0(2)	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	$0(1)	
minoxidil TABS 2.5mg, 10mg	$0(1)	
NORTHERA CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
ranolazine TB12 500mg, 1000mg	$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	$0(1)	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	$0(1)	
NITRO-BID OINT 2%	$0(2)	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	$0(2)	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
bosentan TABS 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (90 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BANZEL TABS 200mg, 400mg	$0(2)	NDS, PA
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
CELONTIN CAPS 300mg	$0(2)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
DILANTIN CAPS 30mg, 100mg	$0(2)	
DILANTIN INFATABS CHEW 50mg	$0(2)	
DILANTIN-125 SUSP 125mg/5ml	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	$0(1)	
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml	$0(2)	NDS
felbamate TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg	$0(1)	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	$0(1)	QL (360 caps / 30 days)
gabapentin CAPS 400mg	$0(1)	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$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)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
PEGANONE TABS 250mg	$0(2)	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	$0(2)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml; TABS 200mg, 400mg	$0(2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	$0(2)	
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg	$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	$0(2)	
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	$0(2)	NDS
VIMPAT TABS 50mg	$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 50-200MG	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	$0(1)	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	$0(1)	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(1)	QL (900 mL / 30 days)
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
PAXIL SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days)
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	
trimipramine maleate CAPS 25mg	$0(2)	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	$0(2)	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	$0(2)	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	
APOKYN SOCT 30mg/3ml	$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	$0(1)	
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)	
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 TABS 200mg	$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, QL (150 films / 30 days), PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	$0(2)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS 1mg	$0(1)	QL (30 tabs / 30 days)
rasagiline mesylate TABS .5mg	$0(1)	QL (60 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(2)	NDS, QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(2)	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	$0(2)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	$0(2)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (135 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(2)	NDS, QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	$0(2)	PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	$0(2)	NDS, QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	$0(2)	QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
PERSERIS PRSY 90mg, 120mg	$0(2)	NDS, QL (1 injection / 30 days)
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	$0(1)	
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg, 4mg	$0(1)	QL (60 tabs / 30 days)
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0(2)	PA
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	$0(2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	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
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	$0(1)	QL (90 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
temazepam CAPS 7.5mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 15mg	$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam CAPS 30mg	$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg, 10mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	$0(2)	QL (1 pen / 30 days), PA
dihydroergotamine mesylate SOLN 1mg/ml	$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	
naratriptan hcl TABS 1mg, 2.5mg	$0(1)	QL (12 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	$0(1)	QL (24 inhalers / 30 days)
sumatriptan SOLN 20mg/act	$0(1)	QL (12 inhalers / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/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 TABS 25mg, 50mg, 100mg	$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	$0(2)	NDS, QL (16 tabs / 30 days), PA
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 40-80MG	$0(2)	NDS, QL (28 caps / 28 days), PA
LITHIUM SOLN 8meq/5ml	$0(2)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
LYRICA CR TB24 82.5mg, 165mg, 330mg	$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg	$0(1)	QL (60 tabs / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3mg	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	$0(1)	NM, PA
GILENYA CAPS .5mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 10mg, 20mg	$0(1)	
carisoprodol TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	$0(2)	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	$0(1)	
methocarbamol TABS 500mg, 750mg	$0(2)	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	$0(1)	
vanadom TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	$0(1)	QL (90 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	
CHANTIX TABS .5mg, 1mg	$0(2)	PA
CHANTIX CONTINUING MONTH TABS 1mg	$0(2)	PA
CHANTIX PAK 0.5& 1MG	$0(2)	PA
disulfiram TABS 250mg, 500mg	$0(1)	
gnp nicotine gum GUM 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine mini lozenge LOZG 2mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine polacrilex GUM 2mg, 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
gnp nicotine polacrilex LOZG 2mg, 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine polacrilex m LOZG 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr	$0(3)	QL (224 patches / year), NM, PA; *
goodsense nicotine LOZG 2mg, 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
goodsense nicotine gum GUM 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
goodsense nicotine polacr GUM 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
goodsense nicotine polacr LOZG 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
hm nicotine polacrilex GUM 2mg, 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
hm nicotine polacrilex LOZG 2mg, 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
hm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	QL (224 patches / year), NM, PA; *
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
NARCAN LIQD 4mg/0.1ml	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	QL (224 patches / year), NM, PA; *
nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
nicotine polacrilex GUM 2mg, 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
nicotine polacrilex LOZG 2mg, 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
NICOTINE SYS KIT TRANSDER	$0(3)	QL (4 kits / year), NM, PA; *
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	QL (224 patches / year), NM, PA; *
NICOTROL INHALER INHA 10mg	$0(2)	
NICOTROL NS SOLN 10mg/ml	$0(2)	
phendimetrazine tartrate CP24 105mg; TABS 35mg	$0(3)	NM, PA; *
sm nicotine GUM 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
sm nicotine LOZG 2mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
sm nicotine polacrilex GUM 2mg, 4mg	$0(3)	QL (1724 pieces / year), NM, PA; *
sm nicotine polacrilex LOZG 4mg	$0(3)	QL (1724 lozgs / year), NM, PA; *
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	QL (224 patches / year), NM, PA; *
VARENICLINE TARTRATE TABS .5mg, 1mg	$0(1)	PA
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM PT24 2mg/24hr, 4mg/24hr	$0(2)	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	$0(1)	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	$0(2)	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 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)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days)
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
BD ALCOHOL SWABS	$0(2)	
FIASP FLEX INJ TOUCH	$0(2)	
FIASP INJ 100/ML	$0(2)	
FIASP PENFIL INJ U-100	$0(2)	
GAUZE PADS 2" X 2"	$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN SAFETY NEEDLES	$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	$0(2)	
LEVEMIR SOLN 100unit/ml	$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	$0(2)	
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	$0(2)	QL (1 kit / year), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD MIS 5 PACK	$0(2)	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	$0(2)	
SOLIQUA INJ 100/33	$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
V-GO 20 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	$0(2)	NDS, PA
ibandronate sodium TABS 150mg	$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 injection / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	$0(1)	
TYMLOS SOPN 3120mcg/1.56ml	$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	$0(2)	NDS, NM, PA
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS

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)	
sps SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
aftera TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
altavera	$0(1)	
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
bekyree	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
caziant	$0(1)	
chateal	$0(1)	
CONDOMS MIS LUBRICAT	$0(3)	NM; *
cryselle-28	$0(1)	
cyclafem 1/35	$0(1)	
cyclafem 7/7/7	$0(1)	
cyred eq	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
drospirenone-ethinyl 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)	
DUREX MIS REALFEEL	$0(3)	NM; *
econtra ez TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
econtra one-step TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
elinest	$0(1)	
ELLA TABS 30mg	$0(2)	
eluryng	$0(1)	
emoquette	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	$0(1)	
falmina	$0(1)	
FANTASY LUBR MIS COLORS	$0(3)	NM; *
FANTASY LUBR MIS SPERMICI	$0(3)	NM; *
FANTASY MIS LUBRICAT	$0(3)	NM; *
fayosim	$0(1)	
FC2 FEMALE MIS CONDOM	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
femynor	$0(1)	
gianvi	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
heather TABS .35mg	$0(1)	
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	
introvale	$0(1)	
isibloom	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50	$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	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	
larissia	$0(1)	
layolis fe	$0(1)	
leena	$0(1)	
lessina	$0(1)	
levonest	$0(1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 (emergency oc) TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levora 0.15/30-28	$0(1)	
lillow	$0(1)	
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	
loryna	$0(1)	
low-ogestrel	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
MAXX MIS LUBRICAT	$0(3)	NM; *
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
melodetta 24 fe	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
my way TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
necon 0.5/35-28	$0(1)	
new day TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
nikki	$0(1)	
nora-be TABS .35mg	$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 (contraceptive) TABS .35mg	$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-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$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)	
norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	
nortrel 7/7/7	$0(1)	
nylia 7/7/7	$0(1)	
nymyo	$0(1)	
ocella	$0(1)	
opcicon one-step TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
option 2 TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
orsythia	$0(1)	
philith	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pimtrea	$0(1)	
pirmella 1/35	$0(1)	
portia-28	$0(1)	
previfem	$0(1)	
reclipsen	$0(1)	
rivelsa	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
take action TABS 1.5mg	$0(3)	QL (6 tabs / year), NM; *
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	
tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-previfem	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
trivora-28	$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUSTEX LUBR MIS GRAPE	$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	$0(3)	NM; *
TRUSTEX MIS BANANA	$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	$0(3)	NM; *
TRUSTEX MIS FLAVORS	$0(3)	NM; *
TRUSTEX MIS MINT	$0(3)	NM; *
TRUSTEX MIS STRWBRY	$0(3)	NM; *
TRUSTEX MIS VANILLA	$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	$0(3)	NM; *
TRUSTEX/RIA MIS SPERMICI	$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	$0(3)	NM; *
tulana TABS .35mg	$0(1)	
tydemy	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xulane	$0(1)	
zafemy	$0(1)	
zarah	$0(1)	
zovia 1/35e	$0(1)	
zumandimine	$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
SYNAREL SOLN 2mg/ml	$0(2)	NDS, NM
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
amabelz	$0(2)	
DELESTROGEN OIL 10mg/ml	$0(2)	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D
prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
DEX4 CHW ORANGE	$0(3)	NM; *
DEX4 CHW RASPBERR	$0(3)	NM; *
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	$0(3)	NM; *
DEX4 GLUCOSE CHW	$0(3)	NM; *
diazoxide SUSP 50mg/ml	$0(2)	NDS
gluco burst GEL 40%	$0(3)	NM; *
GLUCOSE CHEW 4gm	$0(3)	NM; *
GLUCOSE CHW 4-0.006	$0(3)	NM; *
GLUCOSE CHW 4-.006GM	$0(3)	NM; *
GLUCOSE CHW GRAPE	$0(3)	NM; *
GLUCOSE CHW ORANGE	$0(3)	NM; *
GLUCOSE CHW RASPBERY	$0(3)	NM; *
GLUCOSE CHW RASPBRRY	$0(3)	NM; *
GLUCOSE CHW TROP FRT	$0(3)	NM; *
glutose 5 GEL 40%	$0(3)	NM; *
glutose 15 GEL 40%	$0(3)	NM; *
glutose 45 GEL 40%	$0(3)	NM; *
GNP GLUCOSE CHEW 4gm	$0(3)	NM; *
GNP GLUCOSE CHW GRAPE	$0(3)	NM; *
GNP GLUCOSE CHW ORANGE	$0(3)	NM; *
GNP GLUCOSE CHW RASPBERY	$0(3)	NM; *
GNP GLUCOSE CHW WATERMLN	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	$0(2)	
KROG GLUCOSE CHW GRAPE	$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	$0(3)	NM; *
RELION GLUCO CHW 4GM	$0(3)	NM; *
SM GLUCOSE CHW ORANGE	$0(3)	NM; *
SMART SENSE CHW 4GM	$0(3)	NM; *
TGT GLUCOSE CHW RASPBERY	$0(3)	NM; *
MISCELLANEOUS		
ACCU-CHEK MIS MLTICLIX	$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, LA, PA
ALLI CAPS 60mg	$0(3)	NM, PA; *
ASSURE LANCE MIS 28G	$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	$0(3)	NM; *
ASSURE LANCE MIS MICRO	$0(3)	NM; *
ASSURE LANCE MIS SAFE 25G	$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	$0(3)	NM; *
cabergoline TABS .5mg	$0(1)	
CARBAGLU TABS 200mg	$0(2)	NDS, LA, PA
CARETOUCH MIS LANC 26G	$0(3)	NM; *
CARETOUCH MIS LANC 28G	$0(3)	NM; *
CERDELGA CAPS 84mg	$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, LA, PA
cinacalcet hcl TABS 30mg	$0(1)	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl TABS 60mg	$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
COMFORTOUCH MIS LANCET	$0(3)	NM; *
CYSTADANE POW	$0(2)	NDS, LA
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS, NM
desmopressin acetate TABS .1mg, .2mg	$0(1)	NM
desmopressin acetate spray SOLN .01%	$0(1)	NM

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XENICAL CAPS 120mg	$0(3)	NM, PA; *
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TABS 210mg	$0(2)	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS 667mg	$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	$0(1)	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	$0(2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	$0(1)	QL (540 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D
RAYALDEE CPCR 30mcg	$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	$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	$0(3)	NM; *
almacone double strength	$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	$0(3)	NM; *
antacid CHEW 500mg	$0(3)	NM; *
antacid anti-gas maximum	$0(3)	NM; *
antacid calcium extra str CHEW 750mg	$0(3)	NM; *
antacid calcium regular s CHEW 500mg	$0(3)	NM; *
antacid extra strength CHEW 750mg	$0(3)	NM; *
antacid fast relief	$0(3)	NM; *
antacid maximum strength	$0(3)	NM; *
antacid plus anti-gas fas	$0(3)	NM; *
antacid plus anti-gas rel	$0(3)	NM; *
antacid ultra strength CHEW 1000mg	$0(3)	NM; *
cal-gest antacid CHEW 500mg	$0(3)	NM; *
calcium antacid CHEW 500mg	$0(3)	NM; *
calcium antacid extra str CHEW 750mg	$0(3)	NM; *
calcium antacid ultra max CHEW 1000mg	$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc antacid/anti-gas	$0(3)	NM; *
qc antacid/anti-gas maxim	$0(3)	NM; *
qc heartburn antacid	$0(3)	NM; *
rolaids	$0(3)	NM; *
sm antacid advanced	$0(3)	NM; *
sm antacid advanced maxi	$0(3)	NM; *
sm antacid/antigas	$0(3)	NM; *
sm calcium antacid CHEW 500mg	$0(3)	NM; *
sm calcium antacid extra CHEW 750mg	$0(3)	NM; *
sodium bicarbonate (antacid) TABS 325mg, 650mg	$0(3)	NM; *
TUMS CHEWY DELIGHTS CHEW 1177mg	$0(3)	NM; *
tums smoothies CHEW 750mg	$0(3)	NM; *
ANTI-DIARRHEAL		
anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
bismatrol CHEW 262mg; SUSP 262mg/15ml	$0(3)	NM; *
bismatrol maximum strengt SUSP 525mg/15ml	$0(3)	NM; *
bismuth subsalicylate CHEW 262mg	$0(3)	NM; *
geri-pectate SUSP 262mg/15ml	$0(3)	NM; *
gnp anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
gnp k-pec SUSP 262mg/15ml	$0(3)	NM; *
gnp loperamide hcl SUSP 1mg/7.5ml	$0(3)	NM; *
gnp loperamide hydrochlor LIQD 1mg/7.5ml	$0(3)	NM; *
gnp pink bismuth CHEW 262mg; TABS 262mg	$0(3)	NM; *
gnp stomach relief SUSP 262mg/15ml	$0(3)	NM; *
gnp stomach relief maximu SUSP 525mg/15ml	$0(3)	NM; *
goodsense stomach relief CHEW 262mg	$0(3)	NM; *
hm anti-diarrheal TABS 2mg	$0(3)	NM; *
hm loperamide hcl CAPS 2mg; LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	$0(3)	NM; *
hm stomach relief CHEW 262mg; SUSP 525mg/30ml	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMODIUM MS TAB RELIEF	$0(3)	NM; *
kaopectate SUSP 262mg/15ml; TABS 262mg	$0(3)	NM; *
kaopectate extra strength SUSP 525mg/15ml	$0(3)	NM; *
loperamide hcl LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	$0(3)	NM; *
peptic relief CHEW 262mg	$0(3)	NM; *
pink bismuth SUSP 262mg/15ml	$0(3)	NM; *
qc anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
qc diarrhea relief SUSP 262mg/15ml	$0(3)	NM; *
qc pink bismuth CHEW 262mg	$0(3)	NM; *
sm anti-diarrheal CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
sm loperamide hcl SUSP 1mg/7.5ml	$0(3)	NM; *
sm stomach relief CHEW 262mg; TABS 262mg	$0(3)	NM; *
sm stomach relief liquid SUSP 525mg/30ml	$0(3)	NM; *
stomach relief CHEW 262mg; SUSP 262mg/15ml	$0(3)	NM; *
stomach relief maximum st SUSP 525mg/15ml	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
driminate TABS 50mg	$0(3)	NM; *
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	$0(2)	B/D
gnp motion sickness relie TABS 25mg, 50mg	$0(3)	NM; *
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
hm motion relief TABS 25mg	$0(3)	NM; *
hm motion sickness relief TABS 25mg	$0(3)	NM; *
meclizine hcl CHEW 25mg; TABS 12.5mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
motion sickness relief TABS 50mg	$0(3)	NM; *
motion-time CHEW 25mg	$0(3)	NM; *
ondansetron TBDP 4mg, 8mg	$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
sm motion sickness TABS 25mg, 50mg	$0(3)	NM; *
sm motion sickness relief TABS 50mg	$0(3)	NM; *
travel sickness CHEW 25mg; TABS 50mg	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg, 2mg	$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid control maximum stre TABS 150mg	$0(3)	NM; *
acid reducer TABS 10mg	$0(3)	NM; *
acid reducer maximum stre TABS 20mg	$0(3)	NM; *
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	$0(1)	
famotidine SUSR 40mg/5ml	$0(1)	QL (300 mL / 30 days)
famotidine TABS 10mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine TABS 20mg	$0(1)	QL (120 tabs / 30 days)
famotidine TABS 40mg	$0(1)	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
gnp acid reducer TABS 10mg	$0(3)	NM; *
gnp acid reducer maximum TABS 20mg	$0(3)	NM; *
gnp heartburn relief TABS 200mg	$0(3)	NM; *
goodsense acid reducer TABS 75mg, 150mg	$0(3)	NM; *
heartburn relief TABS 10mg, 200mg	$0(3)	NM; *
heartburn relief maximum TABS 20mg	$0(3)	NM; *
hm famotidine TABS 10mg, 20mg	$0(3)	NM; *
nizatidine CAPS 150mg, 300mg	$0(1)	
qc acid controller TABS 10mg	$0(3)	NM; *
qc acid controller maximu TABS 20mg	$0(3)	NM; *
ranitidine hcl TABS 75mg, 150mg	$0(3)	NM; *
sm acid reducer TABS 10mg, 200mg	$0(3)	NM; *
sm acid reducer maximum s TABS 20mg	$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	
budesonide CPEP 3mg	$0(1)	
budesonide TB24 9mg	$0(2)	NDS
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	$0(1)	
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	$0(3)	NM; *
bisacodyl ec TBEC 5mg	$0(3)	NM; *
calcium polycarbophil TABS 625mg	$0(3)	NM; *
CEO-TWO SUP	$0(3)	NM; *
clearlax POWD 17gm/scoop	$0(3)	NM; *
COLACE CLEAR CAPS 50mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
constulose SOLN 10gm/15ml	$0(1)	
docu LIQD 50mg/5ml	$0(3)	NM; *
docusate mini ENEM 283mg/5ml	$0(3)	NM; *
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml; TABS 100mg	$0(3)	NM; *
docusil CAPS 100mg	$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	$0(3)	NM; *
docusol mini ENEM 283mg/5ml	$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	$0(3)	NM; *
dok CAPS 100mg, 250mg; TABS 100mg	$0(3)	NM; *
ducodyl TBEC 5mg	$0(3)	NM; *
enema ready-to-use	$0(3)	NM; *
enemeez mini ENEM 283mg/5ml	$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	$0(3)	NM; *
enulose SOLN 10gm/15ml	$0(1)	
evac-u-gen TABS 8.6mg	$0(3)	NM; *
fiber laxative TABS 625mg	$0(3)	NM; *
fiber therapy POWD 25%, 43%	$0(3)	NM; *
fiber-lax TABS 625mg	$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	$0(3)	NM; *
FLEET ENE PED	$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	$0(3)	NM; *
gavilax POWD 17gm/scoop	$0(3)	NM; *
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
gavilyte-n/flavor pack	$0(1)	
generlac SOLN 10gm/15ml	$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
geri-kot TABS 8.6mg	$0(3)	NM; *
geri-mucil POWD 68%	$0(3)	NM; *
glycerin (laxative) SUPP 1gm, 2gm	$0(3)	NM; *
glycolax POWD 17gm/scoop	$0(3)	NM; *
gnp bisa-lax TBEC 5mg	$0(3)	NM; *
gnp clearlax PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
gnp enema	$0(3)	NM; *
gnp epsom salt	$0(3)	NM; *
gnp fiber therapy TABS 500mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp fiber-caps TABS 625mg	$0(3)	NM; *
gnp gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
gnp glycerin adult SUPP 2.1gm	$0(3)	NM; *
gnp glycerin child SUPP 1.2gm	$0(3)	NM; *
gnp laxative TBEC 5mg	$0(3)	NM; *
gnp laxative pills TABS 25mg	$0(3)	NM; *
gnp magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
gnp milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
gnp mineral oil	$0(3)	NM; *
gnp natural fiber POWD 28.3%, 48.57%	$0(3)	NM; *
gnp senna lax TABS 8.6mg	$0(3)	NM; *
gnp senna-lax TABS 8.6mg	$0(3)	NM; *
gnp stool softener CAPS 100mg, 250mg; SYRP 60mg/15ml	$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	$0(3)	NM; *
GOLYTELY SOL	$0(2)	
goodsense clearlax POWD 17gm/scoop	$0(3)	NM; *
goodsense natural fiber POWD 28.3%	$0(3)	NM; *
healthylax PACK 17gm	$0(3)	NM; *
hm clearlax POWD 17gm/scoop	$0(3)	NM; *
hm enema mineral oil ENEM 100%	$0(3)	NM; *
hm enema saline laxative	$0(3)	NM; *
hm fiber POWD 48.57%; TABS 500mg	$0(3)	NM; *
hm laxative TBEC 5mg	$0(3)	NM; *
hm magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
hm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
hm senna TABS 8.6mg	$0(3)	NM; *
hm stool softener CAPS 100mg; TABS 100mg	$0(3)	NM; *
hm stool softener maximum CAPS 250mg	$0(3)	NM; *
kao-tin CAPS 240mg	$0(3)	NM; *
kls natural psyllium fibe POWD 58.6%	$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
konsyl daily fiber POWD 28.3%	$0(3)	NM; *
KONSYL-D POWD 52.3%	$0(3)	NM; *
kp senna TABS 8.6mg	$0(3)	NM; *
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	
laxative maximum strength TABS 25mg	$0(3)	NM; *
laxative regular strength TABS 15mg	$0(3)	NM; *
magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
METAMUCIL PACK 28%	$0(3)	NM; *
metamucil POWD 28.3%	$0(3)	NM; *
METAMUCIL FIBER PACK 51.7%	$0(3)	NM; *
METAMUCIL MULTIHEALTH FIB PACK 58.12%	$0(3)	NM; *
metamucil smooth texture POWD 28.3%, 58.6%	$0(3)	NM; *
METAMUCIL WAF	$0(3)	NM; *
milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	$0(3)	NM; *
milk of magnesia concentr SUSP 2400mg/10ml	$0(3)	NM; *
mineral oil OIL 100%	$0(3)	NM; *
mineral oil enema	$0(3)	NM; *
natural fiber therapy POWD 28.3%, 48.57%	$0(3)	NM; *
natural senna laxative TABS 8.6mg	$0(3)	NM; *
NULYTELY SOL LMN/LIME	$0(2)	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 2.8gm	$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
perdiem overnight relief TABS 15mg	$0(3)	NM; *
PHILLIPS TABS 500mg	$0(3)	NM; *
phillips milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
PLENVU SOL	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
qc enema	$0(3)	NM; *
qc gentle laxative SUPP 10mg	$0(3)	NM; *
qc laxative TABS 25mg	$0(3)	NM; *
qc magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
qc milk of magnesia SUSP 400mg/5ml	$0(3)	NM; *
qc mineral oil heavy	$0(3)	NM; *
qc natura-lax POWD 17gm/scoop	$0(3)	NM; *
qc natural vegetable POWD 95%	$0(3)	NM; *
qc natural vegetable laxa TABS 8.6mg	$0(3)	NM; *
qc stool softener CAPS 100mg	$0(3)	NM; *
reguloid POWD 25%, 28.3%, 43%, 48.57%, 51.7%, 58.6%	$0(3)	NM; *
senna laxative TABS 8.6mg	$0(3)	NM; *
senna regular strength TABS 8.6mg	$0(3)	NM; *
senna-lax TABS 8.6mg	$0(3)	NM; *
senna-tabs TABS 8.6mg	$0(3)	NM; *
senna-time TABS 8.6mg	$0(3)	NM; *
senno TABS 8.6mg	$0(3)	NM; *
sennosides LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	$0(3)	NM; *
senokot extra strength TABS 17.2mg	$0(3)	NM; *
silace LIQD 150mg/15ml; SYRP 60mg/15ml	$0(3)	NM; *
sm clearlax POWD 17gm/scoop	$0(3)	NM; *
sm enema	$0(3)	NM; *
sm fiber POWD 58.6%; TABS 625mg	$0(3)	NM; *
sm fiber laxative TABS 500mg	$0(3)	NM; *
sm gentle laxative TBEC 5mg	$0(3)	NM; *
sm magnesium citrate SOLN 1.745gm/30ml	$0(3)	NM; *
sm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
sm senna laxative TABS 8.6mg	$0(3)	NM; *
sm stool softener CAPS 100mg, 240mg; TABS 100mg	$0(3)	NM; *
sodium phosphates - enema**	$0(3)	NM; *
soluble fiber	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
stool softener CAPS 100mg, 240mg	$0(3)	NM; *
stool softener extra stre CAPS 250mg	$0(3)	NM; *
stool softener laxative CAPS 100mg	$0(3)	NM; *
stool softener laxative e CAPS 250mg	$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0(2)	
womans laxative TBEC 5mg	$0(3)	NM; *
womens laxative TBEC 5mg	$0(3)	NM; *
MISCELLANEOUS		
alosetron hcl TABS 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	$0(1)	QL (60 tabs / 30 days), PA
BICARSIM FORTE TABS 125mg	$0(3)	NM; *
cromolyn sodium (mastocytosis) CONC 100mg/5ml	$0(1)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
gas relief CHEW 80mg; SUSP 20mg/0.3ml	$0(3)	NM; *
gas relief drops infants SUSP 20mg/0.3ml	$0(3)	NM; *
gas relief extra strength CAPS 125mg; CHEW 125mg	$0(3)	NM; *
gas relief infants SUSP 20mg/0.3ml	$0(3)	NM; *
gas relief ultra strength CAPS 180mg	$0(3)	NM; *
gas-x extra strength CAPS 125mg	$0(3)	NM; *
GAS-X EXTRA STRENGTH STRP 62.5mg	$0(3)	NM; *
gas-x ultra strength CAPS 180mg	$0(3)	NM; *
GATTEX KIT 5mg	$0(2)	NDS, NM, LA, PA
gnp anti-gas CAPS 180mg	$0(3)	NM; *
gnp gas relief CHEW 80mg	$0(3)	NM; *
gnp gas relief extra stre CAPS 125mg; CHEW 125mg	$0(3)	NM; *
gnp infants gas relief SUSP 20mg/0.3ml	$0(3)	NM; *
goodsense gas relief extr CHEW 125mg	$0(3)	NM; *
hm gas relief CHEW 80mg	$0(3)	NM; *
hm gas relief infants SUSP 20mg/0.3ml	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
infants gas relief SUSP 20mg/0.3ml	$0(3)	NM; *
infants simethicone SUSP 20mg/0.3ml	$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
little remedies for tummy SUSP 20mg/0.3ml	$0(3)	NM; *
loperamide hcl CAPS 2mg	$0(1)	
mi-acid gas relief CHEW 80mg	$0(3)	NM; *
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg	$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	$0(3)	NM; *
qc anti-gas ultra strengt CAPS 180mg	$0(3)	NM; *
qc gas relief extra stren CAPS 125mg; CHEW 125mg	$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, PA
simethicone CAPS 125mg, 180mg; CHEW 80mg, 125mg	$0(3)	NM; *
sm gas relief CHEW 80mg, 125mg	$0(3)	NM; *
sm gas relief antiflatuen CAPS 180mg	$0(3)	NM; *
sm gas relief drops infan SUSP 20mg/0.3ml	$0(3)	NM; *
sm gas relief extra stren CAPS 125mg	$0(3)	NM; *
sucralfate TABS 1gm	$0(1)	
TRULANCE TABS 3mg	$0(2)	QL (30 tabs / 30 days)
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
XIFAXAN TABS 550mg	$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 CPDR 20.6mg	$0(3)	NM; *
DEXILANT CPDR 30mg, 60mg	$0(2)	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
gnp esomeprazole magnesiu CPDR 20mg	$0(3)	NM; *
gnp lansoprazole CPDR 15mg	$0(3)	NM; *
gnp omeprazole TBEC 20mg	$0(3)	NM; *
goodsense esomeprazole ma CPDR 20mg	$0(3)	NM; *
goodsense lansoprazole CPDR 15mg	$0(3)	NM; *
heartburn treatment 24 ho CPDR 15mg	$0(3)	NM; *
hm esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
hm lansoprazole CPDR 15mg	$0(3)	NM; *
hm omeprazole TBEC 20mg	$0(3)	NM; *
lansoprazole CPDR 15mg	$0(3)	NM; *
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
omeprazole TBEC 20mg	$0(3)	NM; *
omeprazole magnesium CPDR 20.6mg	$0(3)	NM; *
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
qc esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
qc omeprazole magnesium CPDR 20.6mg	$0(3)	NM; *
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
sm esomeprazole magnesium CPDR 20mg	$0(3)	NM; *
sm lansoprazole CPDR 15mg	$0(3)	NM; *
sm omeprazole TBEC 20mg	$0(3)	NM; *

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 TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	
tamsulosin hcl CAPS .4mg	$0(1)	
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	$0(1)	
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	$0(3)	NM; *
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	$0(2)	QL (30 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
clotrimazole vaginal CREA 1%	$0(3)	NM; *
3 day vaginal CREA 2%	$0(3)	NM; *
gnp clotrimazole 3 CREA 2%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp miconazole 3	$0(3)	NM; *
gnp miconazole 7 CREA 2%	$0(3)	NM; *
metronidazole vaginal GEL .75%	$0(1)	
miconazole 3 CREA 4%	$0(3)	NM; *
miconazole 3 combo pack	$0(3)	NM; *
miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
miconazole nitrate vaginal CREA 2%	$0(3)	NM; *
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	$0(3)	NM; *
qc 3 day vaginal cream CREA 4%	$0(3)	NM; *
qc miconazole 7 CREA 2%	$0(3)	NM; *
sm 3-day vaginal CREA 2%	$0(3)	NM; *
sm clotrimazole vaginal CREA 1%	$0(3)	NM; *
sm miconazole 3	$0(3)	NM; *
sm miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
sm tioconazole-1 OINT 6.5%	$0(3)	NM; *
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	
tioconazole 1 OINT 6.5%	$0(3)	NM; *
vandazole GEL .75%	$0(1)	
VAGINAL CONTRACEPTIVE		
OPTIONS GYNOL II VAGINAL GEL 3%	$0(3)	NM; *
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	$0(3)	NM; *
vcf vaginal contraceptive GEL 4%	$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	$0(1)	NM
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D
heparin sodium (porcine) 100 unit/ml in d5w	$0(1)	
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	$0(1)	
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	$0(1)	
HEPARIN/NACL INJ 25000UNT	$0(2)	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
IRON		
chromagen	$0(3)	NM; *
eql carbonyl iron TABS 45mg	$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	$0(3)	NM; *
ferate TABS 27mg	$0(3)	NM; *
ferosul TABS 325mg	$0(3)	NM; *
FERRETTS TABS 325mg	$0(3)	NM; *
ferrex 150 CAPS 150mg	$0(3)	NM; *
ferric x-150 CAPS 150mg	$0(3)	NM; *
FERRIMIN 150 TABS 150mg	$0(3)	NM; *
ferrocite TABS 324mg	$0(3)	NM; *
FERROUS FUMARATE TABS 29mg	$0(3)	NM; *
ferrous fumarate TABS 324mg	$0(3)	NM; *
ferrous gluconate TABS 27mg, 324mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FERROUS GLUCONATE TABS 324mg	$0(3)	NM; *
ferrous sulfate ELIX 220mg/5ml; SOLN 15mg/ml; TABS 65mg, 325mg; TBEC 325mg	$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; SYRP 300mg/5ml; TBEC 324mg	$0(3)	NM; *
gnp iron TABS 200mg; TBCR 45mg	$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	$0(3)	NM; *
INFED SOLN 50mg/ml	$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	$0(3)	NM; *
IRON TABS 256mg	$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	$0(3)	NM; *
IRON UP LIQD 15mg/0.5ml	$0(3)	NM; *
kp ferrous gluconate TABS 324mg	$0(3)	NM; *
kp ferrous sulfate TABS 325mg	$0(3)	NM; *
myferon 150 CAPS 150mg	$0(3)	NM; *
NIFEREX TAB	$0(3)	NM; *
nu-iron 150 CAPS 150mg	$0(3)	NM; *
NUFERA TAB	$0(3)	NM; *
poly-iron 150 CAPS 150mg	$0(3)	NM; *
polysaccharide iron complex CAPS 150mg	$0(3)	NM; *
PROFE CAPS 180mg	$0(3)	NM; *
PROFERRIN ES TABS 12mg	$0(3)	NM; *
slow iron TBCR 160mg	$0(3)	NM; *
sm iron TABS 325mg	$0(3)	NM; *
sm iron slow release TBCR 160mg	$0(3)	NM; *
sodium ferric gluconate complex in sucrose SOLN 12.5mg/ml	$0(3)	NM; *
TRIFERIC PACK 272mg	$0(3)	NM; *
VENOFER SOLN 20mg/ml	$0(3)	NM; *
wee care SUSP 15mg/1.25ml	$0(3)	NM; *
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	$0(1)	
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	$0(2)	
ENDARI PACK 5gm	$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOLN 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	$0(1)	
PROMACTA PACK 12.5mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	$0(2)	NDS, QL (180 packets / 30 days), LA, PA
PROMACTA TABS 12.5mg, 25mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOLN 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml	$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL SOLR 25mg	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 injections / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	$0(2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI PSKT 75mg/0.83ml	$0(2)	NDS, QL (7 kits / year), NM, PA
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (240 mL / 24 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TB24 22mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	$0(2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	$0(1)	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg	$0(2)	NDS, B/D
everolimus (immunosuppressant) TABS .25mg	$0(1)	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D
NULOJIX SOLR 250mg	$0(2)	NDS, B/D
PROGRAF PACK .2mg, 1mg	$0(2)	B/D
REZUROCK TABS 200mg	$0(2)	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	$0(2)	B/D
sirolimus SOLN 1mg/ml; TABS 2mg	$0(2)	NDS, B/D
sirolimus TABS .5mg, 1mg	$0(1)	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D
ZORTRESS TABS 1mg	$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 SUSP 10mcg/0.5ml, 20mcg/ml	$0(2)	B/D
GARDASIL 9 INJ	$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	$0(2)	
HIBERIX SOLR 10mcg	$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/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)	
MENQUADFI INJ	$0(2)	
MENVEO INJ	$0(2)	
PEDIARIX INJ 0.5ML	$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(2)	
PENTACEL INJ	$0(2)	
PROQUAD INJ	$0(2)	
QUADRACEL INJ	$0(2)	
RABAVERT INJ	$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	$0(2)	B/D
ROTARIX SUS	$0(2)	
ROTATEQ SOL	$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	$0(2)	B/D
TENIVAC INJ 5-2LF	$0(2)	B/D
TRUMENBA INJ	$0(2)	
TWINRIX INJ	$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml	$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	$0(2)	
VARIVAX INJ 1350pfu/0.5ml	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YF-VAX INJ	$0(2)	
ZOSTAVAX SUSR 19400unt/0.65ml	$0(2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(1)	
D5W/LYTES INJ #48	$0(2)	
D5W/NACL INJ 0.3%	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
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 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 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/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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
MG SO4/D5W INJ 10MG/ML	$0(2)	
PLASMA-LYTE INJ -148	$0(2)	
PLASMA-LYTE INJ -A	$0(2)	
POT CHL/NACL INJ 20MEQ/L	$0(1)	
POT CHL/NACL INJ 40MEQ/L	$0(1)	
potassium chloride SOLN 2meq/ml	$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	$0(2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	
klor-con m15 TBCR 15meq	$0(1)	
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
PNV FOLIC AC TAB + IRON	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
PRENATAL VIT TAB LOW IRON	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
TRICARE TAB PRENATAL	$0(2)	
IV NUTRITION		
AMINOSYN-PF INJ 7%	$0(2)	B/D
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
FREAMINE III INJ 10%	$0(2)	B/D
hepatamine	$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	B/D
PROCALAMINE INJ 3%	$0(2)	B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
MINERALS		
CAL CIT MAL/ TAB VITAMIND	$0(3)	NM; *
CAL-CITRATE TAB PLUS D	$0(3)	NM; *
CAL-MINT CHEW 260mg	$0(3)	NM; *
CAL-QUICK LIQ 500-400	$0(3)	NM; *
CALC CITRATE LIQ VIT D3	$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	$0(3)	NM; *
calcitrate TABS 950mg	$0(3)	NM; *
CALCIUM CHEW 500mg	$0(3)	NM; *
calcium 500 +d3	$0(3)	NM; *
calcium 600 TABS 600mg, 1500mg	$0(3)	NM; *
calcium 600 with vitamin	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium 600+d	$0(3)	NM; *
calcium 600+d3	$0(3)	NM; *
calcium 600/vitamin d	$0(3)	NM; *
calcium 600/vitamin d3	$0(3)	NM; *
CALCIUM 1000 TAB + D	$0(3)	NM; *
CALCIUM ACETATE TABS 668mg	$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	$0(3)	NM; *
calcium carbonate TABS 600mg, 1250mg	$0(3)	NM; *
calcium carbonate (antacid) SUSP 1250mg/5ml	$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 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; *
calcium carbonate-vitamin d tab 500 mg-200 unit	$0(3)	NM; *
calcium carbonate-vitamin d tab 600 mg-200 unit	$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	$0(3)	NM; *
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	$0(3)	NM; *
calcium citrate + d	$0(3)	NM; *
calcium citrate + d3 maxi	$0(3)	NM; *
calcium citrate+d3 petite	$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 GLUCONATE TABS 50mg	$0(3)	NM; *
calcium high potency TABS 1500mg	$0(3)	NM; *
calcium high potency + vi	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM LACTATE TABS 100mg	$0(3)	NM; *
calcium+d3	$0(3)	NM; *
CALCIUM/C/D CHW 500MG	$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	$0(3)	NM; *
calcium/vitamin d-3	$0(3)	NM; *
calphron TABS 667mg	$0(3)	NM; *
CALTRATE 600 CHW 600-800	$0(3)	NM; *
CHELATED CALCIUM TABS 200mg	$0(3)	NM; *
CITRACAL+D3 CHW 250-500	$0(3)	NM; *
GALZIN CAPS 25mg, 50mg	$0(3)	NM; *
gnp calcium TABS 600mg	$0(3)	NM; *
gnp calcium 500 +d3	$0(3)	NM; *
gnp calcium 600 +d3	$0(3)	NM; *
gnp calcium citrate +d3	$0(3)	NM; *
gnp calcium citrate+d3 ma	$0(3)	NM; *
GUMMY BITES CHW	$0(3)	NM; *
kp calcium citrate+d	$0(3)	NM; *
kp mag-oxide magnesium TABS 200mg	$0(3)	NM; *
liquid calcium/d3	$0(3)	NM; *
liquid calcium/vitamin d	$0(3)	NM; *
mag-g TABS 500mg	$0(3)	NM; *
mag-oxide TABS 200mg	$0(3)	NM; *
magdelay TBEC 64mg	$0(3)	NM; *
magnesium chloride TBEC 64mg	$0(3)	NM; *
MAGNESIUM CITRATE TABS 100mg	$0(3)	NM; *
magnesium gluconate TABS 27.5mg, 500mg	$0(3)	NM; *
magnesium lactate TBCR 7meq	$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	$0(3)	NM; *
MAGNESIUM OXIDE 400 PACK 240mg	$0(3)	NM; *
magnesium oxide (mg supplement) CAPS 500mg; TABS 400mg, 500mg	$0(3)	NM; *
MAGNESIUM SULFATE CAPS 70mg	$0(3)	NM; *
magnesium-oxide TABS 400mg	$0(3)	NM; *
MAGONATE LIQ 1000/5ML	$0(3)	NM; *
mgo TABS 400mg	$0(3)	NM; *
NU-MAG TAB 71.5-119	$0(3)	NM; *
os-cal calcium + d3	$0(3)	NM; *
os-cal extra d3	$0(3)	NM; *
OYS SHL CALC PAK VIT D	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oysco 500+d	$0(3)	NM; *
oyst shell/d tab 500mg	$0(3)	NM; *
oyster shell TABS 500mg	$0(3)	NM; *
oyster shell calcium 250+	$0(3)	NM; *
oyster shell calcium 500	$0(3)	NM; *
oyster shell calcium 500+	$0(3)	NM; *
oyster shell calcium + d	$0(3)	NM; *
oyster shell calcium + d3	$0(3)	NM; *
oyster shell calcium + vi	$0(3)	NM; *
oyster shell calcium plus	$0(3)	NM; *
oyster shell calcium+d	$0(3)	NM; *
oystercal-d	$0(3)	NM; *
phospha 250 neutral	$0(3)	NM; *
RISACAL-D TAB	$0(3)	NM; *
SLOW-MAG TAB	$0(3)	NM; *
SLOW-MAG TAB 71.5-119	$0(3)	NM; *
UPCAL D POW	$0(3)	NM; *
virt-phos 250 neutral	$0(3)	NM; *
MISCELLANEOUS		
COMPLETE CAP OMEGA	$0(3)	NM; *
OMEGA DHA CHW	$0(3)	NM; *
omega-3 fatty acids cap 1000 mg*	$0(3)	NM; *
super omega-3	$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	$0(3)	NM; *
VITAMINS		
AQUASOL A PARENTERAL SOLN 50000unit/ml	$0(3)	NM; *
aqueous vitamin d infants LIQD 10mcg/ml	$0(3)	NM; *
aqueous vitamin e SOLN 15mg/0.67ml	$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	$0(3)	NM; *
ascorbic acid LIQD 500mg/5ml; SOLN 500mg/ml; TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
ascorbic acid tab 500 mg	$0(3)	NM; *
ascorbic acid tab 1000 mg	$0(3)	NM; *
B-12 DOTS TBDP 500mcg	$0(3)	NM; *
B-12 DUAL SPECTRUM TBCR 5000mcg	$0(3)	NM; *
B-12 METHYLCOBALAMIN TBDP 1000mcg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
B-12 SUPER STRENGTH LIQD 5000mcg/ml	$0(3)	NM; *
B-NATAL LOZG 25mg; LPOP 25mg	$0(3)	NM; *
baby super daily d3 LIQD 400ut/0.028ml	$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	$0(3)	NM; *
c-250 TABS 250mg	$0(3)	NM; *
c-500 TABS 500mg	$0(3)	NM; *
c-500/rose hips	$0(3)	NM; *
c-1000 TABS 1000mg	$0(3)	NM; *
c-1000/rose hips	$0(3)	NM; *
calcium ascorbate TABS 500mg	$0(3)	NM; *
cholecalciferol CAPS 25mcg, 50mcg, 125mcg, 250mcg, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; LIQD 400unit/ml; TABS 25mcg, 400unit, 1000unit, 2000unit, 5000unit	$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	$0(3)	NM, PA; *
cyanocobalamin SOLN 1000mcg/ml; SUBL 500mcg, 2500mcg; TABS 100mcg, 250mcg, 500mcg, 1000mcg	$0(3)	NM; *
CYTO B2 POWD 343mg/gm	$0(3)	NM; *
d3 high potency CAPS 1000unit, 2000unit; TABS 400unit	$0(3)	NM; *
d3 maximum strength CAPS 5000unit; LIQD 5000unit/ml	$0(3)	NM; *
d3 super strength CAPS 2000unit	$0(3)	NM; *
d3 vitamin LIQD 400unit/ml	$0(3)	NM; *
d3-50 CAPS 50000unit	$0(3)	NM; *
d3-1000 CAPS 1000unit; TABS 1000unit	$0(3)	NM; *
d 2000 TABS 2000unit	$0(3)	NM; *
d-3-5 CAPS 5000unit	$0(3)	NM; *
DDROPS LIQD 2000ut/0.028ml	$0(3)	NM; *
decara CAPS 10000unit, 50000unit	$0(3)	NM; *
DECARA CAPS 25000unit	$0(3)	NM; *
delta d3 TABS 400unit	$0(3)	NM; *
dialyvite vitamin d3 max TABS 50000unit	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dialyvite vitamin d 5000 CAPS 5000unit	$0(3)	NM; *
e-200 CAPS 200unit	$0(3)	NM; *
e-400 CAPS 400unit	$0(3)	NM; *
endur-acin TBCR 250mg, 500mg	$0(3)	NM; *
endur-amide TBCR 500mg	$0(3)	NM; *
ERGOCAL CAPS 2500unit	$0(3)	NM; *
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	NM; *
fa-8 CAPS .8mg	$0(3)	NM; *
folate TABS 400mcg	$0(3)	NM; *
FOLIC ACID CAPS 20mg	$0(3)	NM; *
folic acid CAPS 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg	$0(3)	NM; *
FOLITE TAB	$0(3)	NM; *
gnp d 1000 CAPS 1000unit	$0(3)	NM; *
gnp folic acid TABS 400mcg	$0(3)	NM; *
gnp niacin TABS 250mg	$0(3)	NM; *
gnp niacin flush free	$0(3)	NM; *
GNP PRENATAL TAB 28-0.8MG	$0(3)	NM, PA; *
gnp vitamin c TABS 250mg, 500mg, 1000mg	$0(3)	NM; *
gnp vitamin c w/rose hips	$0(3)	NM; *
gnp vitamin c/rose hips	$0(3)	NM; *
gnp vitamin d-400 TABS 400unit	$0(3)	NM; *
hydroxocobalamin acetate SOLN 1000mcg/ml	$0(3)	NM; *
kp folic acid TABS 1mg, 800mcg	$0(3)	NM; *
kp niacin TABS 500mg	$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	$0(3)	NM, PA; *
kp vitamin b-6 TABS 100mg	$0(3)	NM; *
kp vitamin b-12 TABS 1000mcg	$0(3)	NM; *
kp vitamin e CAPS 100unit	$0(3)	NM; *
meijer c TABS 500mg	$0(3)	NM; *
methylcobalamin SUBL 1000mcg	$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	$0(3)	NM; *
natural vitamin d-3 TABS 5000unit	$0(3)	NM; *
niacin CPCR 250mg, 500mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg, 750mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
niacin flush free CAPS 500mg	$0(3)	NM; *
niacinamide TABS 500mg; TBCR 500mg	$0(3)	NM; *
no flush niacin	$0(3)	NM; *
optimal-d CAPS 50000unit	$0(3)	NM; *
optimal-d pack CAPS 50000unit	$0(3)	NM; *
phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg, 100mcg	$0(3)	NM; *
PRENATAL ONE TAB DAILY	$0(3)	NM, PA; *
PRENATAL TAB	$0(3)	NM, PA; *
PRENATAL TAB 27-0.8MG	$0(3)	NM, PA; *
PRENATAL TAB 28-0.8MG	$0(3)	NM, PA; *
PRENATAL VIT TAB 28-0.8MG	$0(3)	NM, PA; *
PRENATAL VIT TAB MINERALS	$0(3)	NM, PA; *
pyridoxine hcl SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	$0(3)	NM; *
riboflavin TABS 25mg, 50mg, 100mg	$0(3)	NM; *
SUPERIORSOURCE K1 TBDP 500mcg	$0(3)	NM; *
thiamine hcl SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	$0(3)	NM; *
thiamine mononitrate TABS 100mg	$0(3)	NM; *
UPSPRING BABY VITAMIN D LIQD 400ut/0.025ml	$0(3)	NM; *
vitamin a CAPS 10000unit; TABS 10000unit	$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	$0(3)	NM; *
VITAMIN B12 LIQD 3000mcg/ml	$0(3)	NM; *
VITAMIN B-12 LIQD 3000mcg/ml	$0(3)	NM; *
VITAMIN C TABS 100mg	$0(3)	NM; *
VITAMIN C SOL	$0(3)	NM; *
VITAMIN D CAPS 2000unit	$0(3)	NM; *
VITAMIN D2 TABS 400unit, 2000unit	$0(3)	NM; *
VITAMIN D3 TABS 3000unit	$0(3)	NM; *
vitamin d high potency CAPS 1000unit	$0(3)	NM; *
vitamin d infant LIQD 400unit/ml	$0(3)	NM; *
vitamin e CAPS 100unit, 400unit, 450mg; SOLN 15unit/0.3ml	$0(3)	NM; *
VITAMIN E TABS 100unit	$0(3)	NM; *
vitamin e high potency CAPS 400unit	$0(3)	NM; *
vitamin e-200 CAPS 200unit	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN K2 TABS 40mcg	$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
BLEPHAMIDE OIN S.O.P.	$0(2)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
TOBRADEX ST SUS 0.3-0.05	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentak OINT .3%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	
NATACYN SUSP 5%	$0(2)	
neomycin-bacitrac zn-polymyx 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 .3%	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$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) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	$0(2)	
bromfenac sodium (ophth) SOLN .09%	$0(1)	
BROMSITE SOLN .075%	$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
difluprednate EMUL .05%	$0(1)	
DUREZOL EMUL .05%	$0(2)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ILEVRO SUSP .3%	$0(2)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
PROLENSA SOLN .07%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway SOLN .025%	$0(3)	NM; *
alaway childrens allergy SOLN .025%	$0(3)	NM; *
azelastine hcl (ophth) SOLN .05%	$0(1)	
bepotastine besilate SOLN 1.5%	$0(1)	
BEPREVE SOLN 1.5%	$0(2)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
eye itch relief SOLN .025%	$0(3)	NM; *
hm eye itch relief SOLN .025%	$0(3)	NM; *
ketotifen fumarate (ophth) SOLN .025%	$0(3)	NM; *
LASTACAFT SOLN .25%	$0(2)	
NAPHCON-A SOL OP	$0(3)	NM; *
olopatadine hcl SOLN .2%	$0(1)	
PAZEO SOLN .7%	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm eye itch relief SOLN .025%	$0(3)	NM; *
ZERVIATE SOLN .24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	$0(2)	
AZOPT SUSP 1%	$0(2)	
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .15%, .2%	$0(1)	
brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0(1)	
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
timolol maleate (ophth) once-daily SOLN .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	
MISCELLANEOUS		
altachlore OINT 5%; SOLN 5%	$0(3)	NM; *
artificial tears SOLN 1.4%	$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	$0(2)	
bion tears	$0(3)	NM; *
clear eyes natural tears	$0(3)	NM; *
CYSTADROPS SOLN .37%	$0(2)	NDS, LA, PA
CYSTARAN SOLN .44%	$0(2)	NDS, LA, PA
genteal tears liquid drop	$0(3)	NM; *
genteal tears mild	$0(3)	NM; *
gnp artificial tears	$0(3)	NM; *
gnp eye drops SOLN .5%	$0(3)	NM; *
gnp lubricating plus eye SOLN .5%	$0(3)	NM; *
gnp ultra lubricant eye d	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
goodsense artificial tear	$0(3)	NM; *
goodsense lubricating plu SOLN .5%	$0(3)	NM; *
hm dry eye relief	$0(3)	NM; *
hm lubricating plus SOLN .5%	$0(3)	NM; *
hm lubricating tears	$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	$0(2)	
lubricant eye drops	$0(3)	NM; *
lubricating eye drops	$0(3)	NM; *
lubricating plus eye drop SOLN .5%	$0(3)	NM; *
MURO 128 SOLN 2%	$0(3)	NM; *
proparacaine hcl SOLN .5%	$0(1)	
qc artificial tears	$0(3)	NM; *
refresh celluvisc GEL 1%	$0(3)	NM; *
REFRESH DRO CONTACTS	$0(3)	NM; *
REFRESH DRO OP	$0(3)	NM; *
REFRESH DRO RELIEVA	$0(3)	NM; *
REFRESH GEL OPTIVE	$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	$0(3)	NM; *
REFRESH OPT SOL MEGA-3	$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	$0(3)	NM; *
REFRESH SOL OPTIVE	$0(3)	NM; *
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
RETAINE HPMC SOLN .3%	$0(3)	NM; *
sm lubricant eye drops	$0(3)	NM; *
sm lubricating plus SOLN .5%	$0(3)	NM; *
sm lubricating tears	$0(3)	NM; *
sochlor SOLN 5%	$0(3)	NM; *
sodium chloride hypertonic OINT 5%; SOLN 5%	$0(3)	NM; *
soothe xp/xtra protection	$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	$0(3)	NM; *
THERATEARS SOLN .25%	$0(3)	NM; *
ultra fresh pm	$0(3)	NM; *
ultra lubricating eye dro	$0(3)	NM; *
XIIDRA SOLN 5%	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	$0(3)	NM; *
ALA-HIST IR TABS 2mg	$0(3)	NM; *
all day allergy TABS 10mg	$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
all-day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
aller-chlor TABS 4mg	$0(3)	NM; *
aller-ease TABS 60mg	$0(3)	NM; *
allergy TABS 4mg, 10mg	$0(3)	NM; *
allergy 24-hr TABS 180mg	$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SYRP 5mg/5ml	$0(3)	NM; *
allergy relief CAPS 10mg, 25mg; TABS 4mg, 10mg, 25mg, 180mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
allergy relief 24hr TABS 5mg, 180mg	$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml	$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	$0(3)	NM; *
allergy-time TABS 4mg	$0(3)	NM; *
azelastine hcl SOLN .1%, .15%	$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	$0(3)	NM; *
cetirizine hcl SOLN 1mg/ml	$0(1)	
cetirizine hcl allergy ch SOLN 5mg/5ml	$0(3)	NM; *
cetirizine hcl childrens CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
cetirizine hcl hives reli SOLN 5mg/5ml	$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml; SYRP 5mg/5ml	$0(3)	NM; *
complete allergy medicine CAPS 25mg	$0(3)	NM; *
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA if 70 years and older
diphenhist CAPS 25mg	$0(3)	NM; *
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
diphenhydramine hydrochlo LIQD 6.25mg/ml	$0(3)	NM; *
ed chlorped jr SYRP 2mg/5ml	$0(3)	NM; *
fexofenadine hcl TABS 60mg, 180mg	$0(3)	NM; *
gnp all day allergy TABS 10mg	$0(3)	NM; *
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
gnp allergy CAPS 25mg; TABS 4mg, 25mg	$0(3)	NM; *
gnp allergy antihistamine LIQD 12.5mg/5ml	$0(3)	NM; *
gnp allergy relief CAPS 25mg; TBDP 10mg	$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	$0(3)	NM; *
gnp dayhist allergy TABS 1.34mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp loratadine SYRP 5mg/5ml; TABS 10mg	$0(3)	NM; *
gnp loratadine childrens SOLN 5mg/5ml	$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
goodsense aller-ease TABS 180mg	$0(3)	NM; *
goodsense allergy relief TABS 4mg	$0(3)	NM; *
HISTEX PD LIQD .938mg/ml	$0(3)	NM; *
hm all day allergy TABS 10mg	$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 4mg, 25mg	$0(3)	NM; *
hm allergy relief childre LIQD 12.5mg/5ml	$0(3)	NM; *
hm cetirizine hcl childre SOLN 5mg/5ml	$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	$0(3)	NM; *
hm fexofenadine hydrochlo TABS 60mg, 180mg	$0(3)	NM; *
hm loratadine TABS 10mg	$0(3)	NM; *
hm loratadine childrens SYRP 5mg/5ml	$0(3)	NM; *
24hr allergy relief TABS 180mg	$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	$0(1)	
levocetirizine dihydrochloride TABS 5mg	$0(3)	NM; *
loratadine TABS 10mg	$0(3)	NM; *
loratadine childrens SYRP 5mg/5ml	$0(3)	NM; *
m-dryl LIQD 12.5mg/5ml	$0(3)	NM; *
m-hist pd LIQD .625mg/ml	$0(3)	NM; *
PEDIACLEAR 8 CHILDRENS LIQD 12.5mg/15ml	$0(3)	NM; *
pediaclear allergy childr LIQD .313mg/ml	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pediaclear cough children LIQD 6.25mg/ml	$0(3)	NM; *
pediaclear pd childrens LIQD .625mg/ml	$0(3)	NM; *
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	$0(3)	NM; *
pharbechlor TABS 4mg	$0(3)	NM; *
pharbedryl CAPS 25mg, 50mg	$0(3)	NM; *
qc all day allergy TABS 10mg	$0(3)	NM; *
qc childrens allergy SOLN 5mg/5ml	$0(3)	NM; *
qc chlor-pheniramine TABS 4mg	$0(3)	NM; *
qc fexofenadine hydrochlo TABS 180mg	$0(3)	NM; *
qc loratadine allergy rel TABS 10mg	$0(3)	NM; *
siladryl allergy LIQD 12.5mg/5ml	$0(3)	NM; *
sm all day allergy TABS 10mg	$0(3)	NM; *
sm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
sm allergy 4 hour TABS 4mg	$0(3)	NM; *
sm allergy childrens SYRP 5mg/5ml	$0(3)	NM; *
sm allergy relief CAPS 25mg; LIQD 12.5mg/5ml; TABS 25mg	$0(3)	NM; *
sm childrens loratadine SYRP 5mg/5ml	$0(3)	NM; *
sm fexofenadine hcl TABS 60mg	$0(3)	NM; *
sm fexofenadine hydrochlo TABS 180mg	$0(3)	NM; *
sm loratadine SYRP 5mg/5ml; TABS 10mg	$0(3)	NM; *
triprolidine hcl LIQD .625mg/ml	$0(3)	NM; *
triprolidine hydrochlorid LIQD .313mg/ml	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ACE AERO CLD MIS ENHANCER	$0(3)	NM; *
AERCHMBR PLS MIS FLOW-VU	$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	$0(3)	NM; *
AEROCHAMBER MIS MV	$0(3)	NM; *
AEROCHAMBER MIS PLUS	$0(3)	NM; *
AEROTRC PLUS MIS	$0(3)	NM; *
AEROVENT MIS PLUS	$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	$0(3)	NM; *
ASTHMA CHECK MIS SYSTEM	$0(3)	NM; *
benzonatate CAPS 100mg, 150mg, 200mg	$0(3)	NM; *
BREATHERITE MIS	$0(3)	NM; *
BREATHERITE MIS MDI CHMB	$0(3)	NM; *
BREATHERITE MIS SPACER	$0(3)	NM; *
BREATHERITE MIS W/MASK	$0(3)	NM; *
bromfed dm	$0(3)	NM; *
childrens silfedrine LIQD 15mg/5ml	$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	$0(3)	NM; *
COMPACT SPAC MIS LG MASK	$0(3)	NM; *
COMPACT SPAC MIS MD MASK	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMPACT SPAC MIS SM MASK	$0(3)	NM; *
EASIVENT MIS	$0(3)	NM; *
FLEXICHAMBER MIS	$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	$0(3)	NM; *
HOLD CHAMBER MIS SMALL	$0(3)	NM; *
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0(3)	NM; *
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	$0(3)	NM; *
hydrocodone w/ homatropine tab 5-1.5 mg	$0(3)	NM; *
hydromet	$0(3)	NM; *
IN-CHK FLOW MIS METER	$0(3)	NM; *
INSPIRACHAMB MIS LARGE	$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPCE	$0(3)	NM; *
INSPIRACHAMB MIS SMALL	$0(3)	NM; *
LITEAIRE MIS	$0(3)	NM; *
MICROCHAMBER MIS	$0(3)	NM; *
MICROSPACER MIS	$0(3)	NM; *
MINI WRIGHT MIS PFM	$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	$0(3)	NM; *
OPTICHAMBER MIS DIA LG	$0(3)	NM; *
OPTICHAMBER MIS DIA MD	$0(3)	NM; *
OPTICHAMBER MIS DIA SM	$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	$0(3)	NM; *
PEAK AIR FLO MIS ADLT/PED	$0(3)	NM; *
PEAK FLOW MIS METER	$0(3)	NM; *
PERSONAL BES MIS FULL RNG	$0(3)	NM; *
PERSONAL BES MIS LOW RANG	$0(3)	NM; *
PIKO 1 MIS ELECTRON	$0(3)	NM; *
POCKET CHAMB MIS	$0(3)	NM; *
POCKET PEAK MIS METER	$0(3)	NM; *
POLY HIST FO TAB 10.5-10	$0(3)	NM; *
PRIMEAIRE MIS CHAMBER	$0(3)	NM; *
PROCARE MIS ADULT	$0(3)	NM; *
PROCARE MIS CHILD	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0(3)	NM; *
RITEFLO MIS	$0(3)	NM; *
SPACER CHAMB MIS ADULT	$0(3)	NM; *
SPACER CHAMB MIS CHILD	$0(3)	NM; *
sudogest TABS 30mg, 60mg	$0(3)	NM; *
TRUZONE PEAK MIS FLOW MTR	$0(3)	NM; *
TUSSICAPS CAP 10-8MG	$0(3)	NM; *
VALVD HOLDNG MIS CHAMBER	$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	$0(3)	NM; *
VORTEX/MASK MIS CHILDS	$0(3)	NM; *
VORTEX/MASK MIS TODDLER	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, LA, PA
ayr SOLN .65%	$0(3)	NM; *
AYR NASAL DROPS SOLN .65%	$0(3)	NM; *
AYR NASAL MIST ALLERGY & 2.65% SOLN	$0(3)	NM; *
baby ayr saline SOLN .65%	$0(3)	NM; *
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	$0(2)	
deep sea nasal spray SOLN .65%	$0(3)	NM; *
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ESBRIET CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packs / 28 days), PA
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
little noses stuffy nose SOLN .65%	$0(3)	NM; *
LITTLE REMED AER MIST	$0(3)	NM; *
nasal moisturizing spray SOLN .65%	$0(3)	NM; *
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packs / 28 days), PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), PA
PROLASTIN-C SOLN 1000mg/20ml	$0(2)	NDS, LA, PA
PROLASTIN-C SOLR 1000mg	$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA
saline SOLN .65%	$0(3)	NM; *
saline mist SOLN .65%	$0(3)	NM; *
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	$0(2)	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	$0(3)	NM; *
budesonide (nasal) SUSP 32mcg/act	$0(3)	NM; *
FLONASE SENSIMIST SUSP 27.5mcg/spray	$0(3)	NM; *
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(3)	NM; *
gnp 24 hour nasal allerg AERO 55mcg/act	$0(3)	NM; *
gnp budesonide nasal spra SUSP 32mcg/act	$0(3)	NM; *
gnp fluticasone propionat SUSP 50mcg/act	$0(3)	NM; *
goodsense nasal allergy s AERO 55mcg/act	$0(3)	NM; *
hm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *
nasal allergy 24 hour mul AERO 55mcg/act	$0(3)	NM; *
qc allergy relief SUSP 50mcg/act	$0(3)	NM; *
sm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *
triamcinolone acetonide (nasal) AERO 55mcg/act	$0(3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	$0(2)	QL (180 inhalations / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	$0(2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0(2)	QL (1 inhaler / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 20mg, 30mg, 40mg	$0(1)	PA
acne medication 5 GEL 5%	$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	$0(3)	NM; *
acne medication 10 GEL 10%	$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	$0(3)	NM; *
ACNEFREE KIT SEVERE	$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
avita CREA .025%; GEL .025%	$0(1)	QL (45 gm / 30 days), PA
BENZEPRO FOAM 5.2%	$0(3)	NM; *
BENZOYL PEROXIDE GEL 2.5%	$0(3)	NM; *
benzoyl peroxide GEL 5%, 10%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENZOYL PEROXIDE CLEANSER LIQD 6%	$0(3)	NM; *
benzoyl peroxide wash LIQD 5%, 10%	$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	
bpo foaming cloths MISC 6%	$0(3)	NM; *
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
panoxyl creamy wash LIQD 4%	$0(3)	NM; *
panoxyl foaming wash LIQD 10%	$0(3)	NM; *
sulfacetamide sodium (acne) LOTN 10%	$0(1)	
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitracin (topical) OINT 500unit/gm	$0(3)	NM; *
bacitracin zinc OINT 500unit/gm	$0(3)	NM; *
double antibiotic	$0(3)	NM; *
gentamicin sulfate (topical) CREA .1%	$0(1)	QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	$0(1)	
gnp bacitracin zinc OINT 500unit/gm	$0(3)	NM; *
gnp triple antibiotic	$0(3)	NM; *
hm bacitracin OINT 500unit/gm	$0(3)	NM; *
hm double antibiotic	$0(3)	NM; *
hm triple antibiotic	$0(3)	NM; *
mupirocin OINT 2%	$0(1)	QL (220 gm / 30 days)
poly bacitracin	$0(3)	NM; *
silver sulfadiazine CREA 1%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm antibiotic OINT 500unit/gm	$0(3)	NM; *
sm double antibiotic	$0(3)	NM; *
sm triple antibiotic	$0(3)	NM; *
sm triple antibiotic orig	$0(3)	NM; *
ssd CREA 1%	$0(1)	
SULFAMYLON CREA 85mg/gm	$0(2)	
triple antibiotic	$0(3)	NM; *
triple antibiotic first a	$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OINT 1%	$0(3)	NM; *
anti-fungal powder POWD 1%	$0(3)	NM; *
antifungal CREA 1%, 2%	$0(3)	NM; *
antifungal powder POWD 2%	$0(3)	NM; *
athletes foot CREA 1%	$0(3)	NM; *
athletes foot powder spra AERP 2%	$0(3)	NM; *
athletes foot spray AERO 1%	$0(3)	NM; *
butenafine hcl CREA 1%	$0(3)	NM; *
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) CREA 1%; SOLN 1%	$0(3)	NM; *
clotrimazole (topical) SOLN 1%	$0(1)	QL (30 mL / 30 days)
clotrimazole antifungal CREA 1%	$0(3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
desenex POWD 2%	$0(3)	NM; *
FUNGOID TINCTURE SOLN 2%	$0(3)	NM; *
fungoid-d CREA 1%	$0(3)	NM; *
gnp athletes foot CREA 1%	$0(3)	NM; *
gnp terbinafine hydrochlo CREA 1%	$0(3)	NM; *
gnp tolnaftate CREA 1%	$0(3)	NM; *
jock itch spray AERP 1%	$0(3)	NM; *
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)
lamisil af defense AERP 1%	$0(3)	NM; *
miconazole nitrate (topical) CREA 2%	$0(3)	NM; *
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
qc tolnaftate CREA 1%	$0(3)	NM; *
sm antifungal clotrimazol CREA 1%	$0(3)	NM; *
sm antifungal miconazole CREA 2%	$0(3)	NM; *
sm antifungal tolnaftate CREA 1%	$0(3)	NM; *
sm athletes foot CREA 1%	$0(3)	NM; *
terbinafine hcl (topical) CREA 1%	$0(3)	NM; *
tolnaftate CREA 1%; POWD 1%	$0(3)	NM; *
triple paste af OINT 2%	$0(3)	NM; *
zeasorb-af POWD 2%	$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene CREA .005%; OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	
anti-itch maximum strengt CREA 1%	$0(3)	NM; *
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	$0(1)	
betamethasone dipropionate augmented CREA .05%; GEL .05%; LOTN .05%; OINT .05%	$0(1)	
betamethasone valerate CREA .1%; LOTN .1%; OINT .1%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	$0(2)	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%, .025%; OIL .01%; OINT .025%	$0(1)	
fluocinolone acetonide SOLN .01%	$0(1)	QL (90 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
gnp hydrocortisone CREA .5%	$0(3)	NM; *
gnp hydrocortisone maximu OINT 1%	$0(3)	NM; *
gnp hydrocortisone plus CREA 1%	$0(3)	NM; *
gnp hydrocortisone/aloe	$0(3)	NM; *
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)
hm hydrocortisone plus	$0(3)	NM; *
hm hydrocortisone/aloe ma	$0(3)	NM; *
HYDROCORTISONE OINT 1%	$0(3)	NM; *
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	
hydrocortisone (topical) CREA 1%; OINT 1%	$0(3)	NM; *
hydrocortisone maximum st CREA 1%	$0(3)	NM; *
hydrocortisone-aloe vera cream 0.5%	$0(3)	NM; *
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
scalpicin maximum strengt SOLN 1%	$0(3)	NM; *
sm hydrocortisone maximum OINT 1%	$0(3)	NM; *
triamcinolone acetonide (topical) CREA .1%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
triderm CREA .5%	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RECTIV OINT .4%	$0(2)	QL (30 gm / 30 days)
rosadan CREA .75%	$0(1)	
SM CALAMINE LOT	$0(3)	NM; *
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice solution kit	$0(3)	NM; *
gnp lice treatment LIQD 1%	$0(3)	NM; *
hm lice killing maximum s	$0(3)	NM; *
hm lice treatment LIQD 1%	$0(3)	NM; *
lice killing maximum stre	$0(3)	NM; *
lice killing shampoo	$0(3)	NM; *
lice treatment LOTN 1%	$0(3)	NM; *
LYCELLE GEL	$0(3)	NM; *
malathion LOTN .5%	$0(1)	
NIX COMPLETE KIT LICE 1%	$0(3)	NM; *
permethrin CREA 5%	$0(1)	
rid lice killing shampoo	$0(3)	NM; *
sm lice killing	$0(3)	NM; *
sm lice killing maximum s	$0(3)	NM; *
sm lice treatment LOTN 1%	$0(3)	NM; *
VANALICE GEL 0.3-3.5%	$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	$0(2)	
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
paroex SOLN .12%	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

D. **Փոխհատուցվող դեղերի ինդեքս**

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