2020

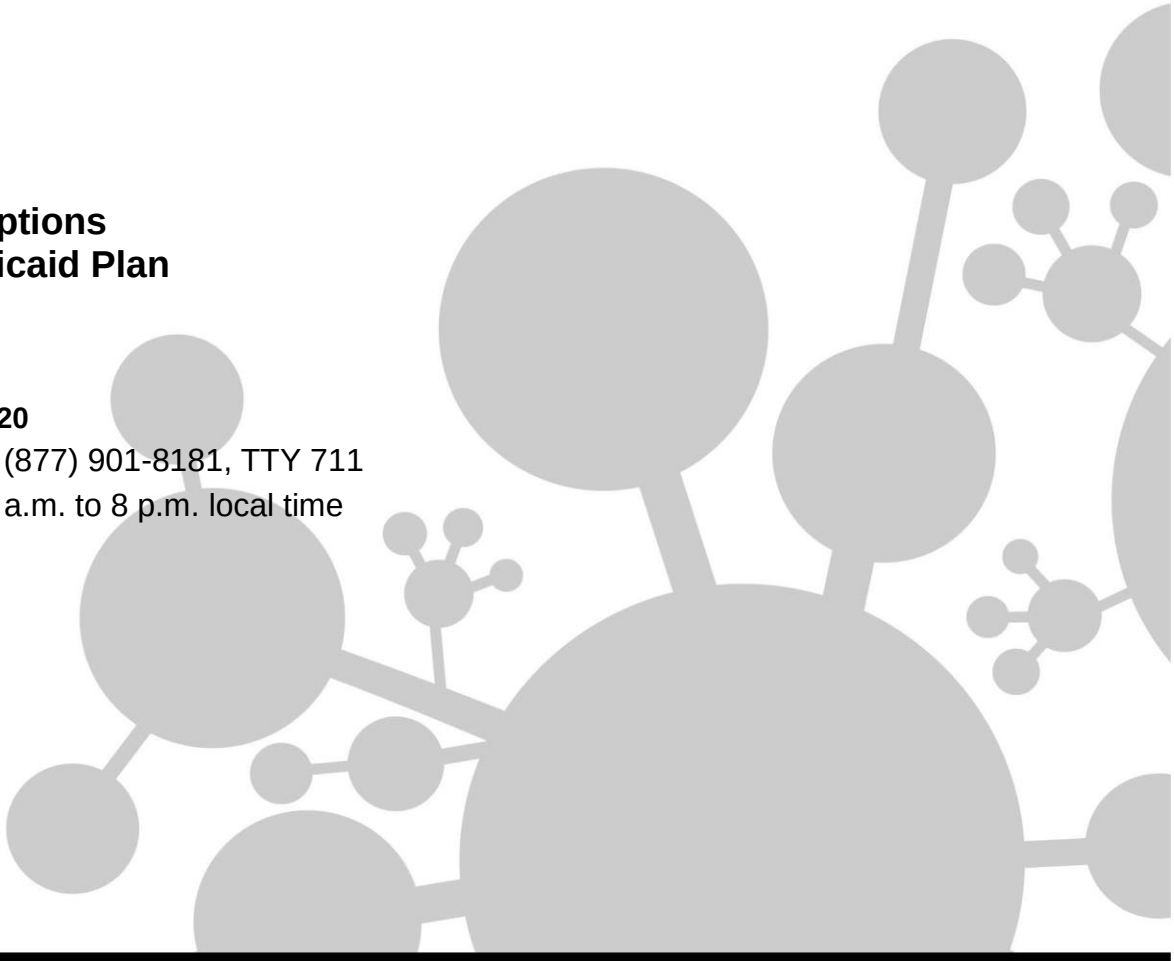
Formulary

(List of Covered Drugs) Illinois

Molina Dual Options
Medicare-Medicaid Plan

Version 9

Updated: 04/01/2020
Member Services (877) 901-8181, TTY 711
Monday-Friday, 8 a.m. to 8 p.m. local time



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Molina Dual Options Medicare-Medicaid Plan | 2020 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Molina Dual Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Molina Dual Options. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in Molina Dual Options.

- Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (877) 901-8181, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

B. Frequently Asked Questions (FAQ)

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

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the List of Covered Drugs the "Drug List" for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
    - your doctor or other prescriber says you need them to get better or stay healthy, **and**
    - you fill the prescription at a Molina Dual Options network pharmacy.
- Molina Dual Options may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals or call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

B2. Does the Drug List ever change?

Yes, Molina Dual Options must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Molina Dual Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless**:**

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

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Molina Dual Options up to date Drug List online at MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available**. Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe, or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please speak with your doctor to find an alternative that is safe for you.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 60-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she can help you decide:

- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, see question B10.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options before you fill your prescription. Molina Dual Options may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 138. You can also get more information by visiting our web site at MolinaHealthcare.com/Duals. We have posted online documents that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question B10-B12 for more information about exceptions.

B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The *List of Covered Drugs* on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about the drugs on the Drug List change.

B7. How can you find a drug on the Drug List?

There are two ways to find a drug:

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

- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

B8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. The call is free. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question B10-B12 for more information about exceptions.

B9. What if you are a new Molina Dual Options member and can't find your drug on the Drug List or have a problem getting your drug?

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

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 60 days of medication.

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

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

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than [90] days, live in a long-term care facility, and need a supply right away:

- We will cover one 60 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be

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

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 180 days for your Medicaid drugs (tier 3). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

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

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

B10. Can you ask for an exception to cover your drug?

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

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

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

B11. How can you ask for an exception?

To ask for an exception, call [Member Services]. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

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

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

B13. What are generic drugs?

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

Molina Dual Options covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

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

B15. Does Molina Dual Options cover non-drug OTC products?

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

Examples of OTC non-drug products include *non-aspirin tab 325mg, cough syp 100/5ml*.

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

B16. What is your copay?

As a Molina Dual Options member, you have no copays for prescription and OTC drugs as long as you follow Molina Dual Options' rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay nothing.
- Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay nothing.
- Tier 3 drugs are Non-Medicare Rx/Over-The-Counter (OTC) drugs. For Tier 3 drugs, you pay nothing.

C. List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 139. The index alphabetically lists all drugs covered by Molina Dual Options.

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

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

Note: The * next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

D. List of Drugs by Medical Condition

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

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

PA stands for Prior Authorization

QL stands for Quantity Limits

ST stands for Step Therapy Criteria

NM stands for Not available through mail-order

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances

LA stands for Limited Access Drug

(*) stands for Non-Part D Drugs, or OTC items that are covered by Medicaid

NDS stands for Non-Extended Days Supply

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0(1)	
allopurinol tab 300 mg	$0(1)	
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
COLCRYS TAB 0.6MG	$0(2)	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	$0(2)	QL (60 caps / 30 days)
probenecid tab 500 mg	$0(1)	
MISCELLANEOUS		
acephen sup 120mg	$0(3)	NM; *
acephen sup 325mg	$0(3)	NM; *
acetamin tab 500mg	$0(3)	NM; *
acetaminophen liquid 160 mg/5ml	$0(3)	NM; *
acetaminophen soln 160 mg/5ml	$0(3)	NM; *
acetaminophen suppos 120 mg	$0(3)	NM; *
acetaminophen susp 160 mg/5ml	$0(3)	NM; *
acetaminophen tab 325 mg	$0(3)	NM; *
acetaminophen tab 500 mg	$0(3)	NM; *
acetaminophn sus 160/5ml	$0(3)	NM; *
acetaminophn sus 325mg	$0(3)	NM; *
acetaminophn tab 500mg	$0(3)	NM; *
aspir-low tab 81mg ec	$0(3)	NM; *
aspirin chew tab 81 mg	$0(3)	NM; *
aspirin chw 81mg	$0(3)	NM; *
aspirin low chw 81mg	$0(3)	NM; *
aspirin low tab 81mg ec	$0(3)	NM; *
aspirin tab 325 mg	$0(3)	NM; *
aspirin tab 325mg	$0(3)	NM; *
aspirin tab delayed release 81 mg	$0(3)	NM; *
aspirin tab delayed release 325 mg	$0(3)	NM; *
aspirin-acetaminophen-caffeine tab 250-250-65 mg	$0(3)	NM; *
chld silapap liq 160/5ml	$0(3)	NM; *
ed-apap liq 80mg/2.5	$0(3)	NM; *
enteric asa tab 325mg ec	$0(3)	NM; *
eq aspirin tab 325mg ec	$0(3)	NM; *
FEVERALL INF SUP 80MG	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
feverall sup 120mg	$0(3)	NM; *
feverall sup 325mg	$0(3)	NM; *
gnp acetamin tab 325mg	$0(3)	NM; *
gnp aspirin chw 81mg	$0(3)	NM; *
gnp aspirin tab 81mg ec	$0(3)	NM; *
gnp aspirin tab 325mg	$0(3)	NM; *
gnp aspirin tab 325mg ec	$0(3)	NM; *
gnp headache tab extra st	$0(3)	NM; *
gnp migraine tab relief	$0(3)	NM; *
mapap liq 160/5ml	$0(3)	NM; *
mapap tab 325mg	$0(3)	NM; *
mapap tab 500mg	$0(3)	NM; *
migraine tab formula	$0(3)	NM; *
non-aspirin sus 160/5ml	$0(3)	NM; *
non-aspirin tab 500mg	$0(3)	NM; *
non-aspirin tab 500mg/rr	$0(3)	NM; *
pain & fever sol 160/5ml	$0(3)	NM; *
pain & fever sus 160/5ml	$0(3)	NM; *
pain & fever tab 325mg	$0(3)	NM; *
pain & fever tab 500mg	$0(3)	NM; *
pain relief sus 160/5ml	$0(3)	NM; *
pain relief tab 325mg	$0(3)	NM; *
pain relief tab 500mg	$0(3)	NM; *
pain relievr tab plus	$0(3)	NM; *
pharbetol tab 325mg	$0(3)	NM; *
pharbetol tab 500mg	$0(3)	NM; *
qc aspirin tab 325mg	$0(3)	NM; *
qc headache tab relief	$0(3)	NM; *
tri-buff asa tab 325mg	$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain tab 220mg	$0(3)	NM; *
all day relf tab 220mg	$0(3)	NM; *
celecoxib cap 50 mg	$0(1)	QL (240 caps / 30 days)
celecoxib cap 100 mg	$0(1)	QL (120 caps / 30 days)
celecoxib cap 200 mg	$0(1)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0(1)	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	$0(1)	
diclofenac sodium tab delayed release 50 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diclofenac sodium tab delayed release 75 mg	$0(1)	
diclofenac sodium tab er 24hr 100 mg	$0(1)	
diflunisal tab 500 mg	$0(1)	
etodolac cap 200 mg	$0(1)	
etodolac cap 300 mg	$0(1)	
etodolac tab 400 mg	$0(1)	
etodolac tab 500 mg	$0(1)	
etodolac tab er 24hr 400 mg	$0(1)	
etodolac tab er 24hr 500 mg	$0(1)	
etodolac tab er 24hr 600 mg	$0(1)	
flurbiprofen tab 50 mg	$0(1)	
flurbiprofen tab 100 mg	$0(1)	
ibu-200 tab 200mg	$0(3)	NM; *
ibuprofen susp 100 mg/5ml	$0(1)	
ibuprofen tab 200 mg	$0(3)	NM; *
ibuprofen tab 200mg	$0(3)	NM; *
ibuprofen tab 400 mg	$0(1)	
ibuprofen tab 600 mg	$0(1)	
ibuprofen tab 800 mg	$0(1)	
meloxicam tab 7.5 mg	$0(1)	
meloxicam tab 15 mg	$0(1)	
nabumetone tab 500 mg	$0(1)	
nabumetone tab 750 mg	$0(1)	
naproxen dr tab 375mg	$0(1)	
naproxen dr tab 500mg	$0(1)	
naproxen sod tab 220mg	$0(3)	NM; *
naproxen sodium tab 220 mg	$0(3)	NM; *
naproxen sodium tab 275 mg	$0(1)	
naproxen sodium tab 550 mg	$0(1)	
naproxen tab 250 mg	$0(1)	
naproxen tab 375 mg	$0(1)	
naproxen tab 500 mg	$0(1)	
piroxicam cap 10 mg	$0(1)	
piroxicam cap 20 mg	$0(1)	
qc ibuprofen tab 200mg	$0(3)	NM; *
sulindac tab 150 mg	$0(1)	
sulindac tab 200 mg	$0(1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetaminophen w/ codeine tab 300-15 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)
buprenorphine td patch weekly 5 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	$0(1)	QL (4 patches / 28 days), PA
butorphanol tartrate inj 1 mg/ml	$0(2)	
butorphanol tartrate inj 2 mg/ml	$0(2)	
nalbuphine hcl inj 10 mg/ml	$0(2)	
nalbuphine hcl inj 20 mg/ml	$0(2)	
tramadol hcl tab 50 mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
fentanyl citrate lozenge on a handle 200 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0(1)	QL (10 patches / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 100 mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	$0(2)	B/D
hydromorphone hcl tab 2 mg	$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0(1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	$0(2)	QL (30 tabs / 30 days), PA
methadone con 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	$0(1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	$0(2)	B/D
MORPHINE SUL INJ 4MG/ML	$0(2)	B/D
MORPHINE SUL INJ 5MG/ML	$0(2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORPHINE SUL INJ 8MG/ML	$0(2)	B/D
MORPHINE SUL INJ 10MG/ML	$0(2)	B/D
morphine sulfate iv soln 1 mg/ml	$0(2)	B/D
morphine sulfate iv soln pf 4 mg/ml	$0(2)	B/D
morphine sulfate iv soln pf 8 mg/ml	$0(2)	B/D
morphine sulfate iv soln pf 10 mg/ml	$0(2)	B/D
morphine sulfate oral soln 10 mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	$0(1)	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	$0(1)	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	$0(1)	QL (180 tabs / 30 days)
morphine sulfate tab er 15 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	$0(1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 200 mg	$0(1)	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	$0(2)	QL (60 tabs / 30 days), PA
oxycodone hcl cap 5 mg	$0(1)	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0(1)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	$0(2)	QL (60 tabs / 30 days), PA
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	$0(1)	B/D
lidocaine hcl local inj 1%	$0(1)	B/D
lidocaine hcl local inj 2%	$0(1)	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	$0(1)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0(1)	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0(1)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate inj 10 mg/ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gentamicin sulfate inj 40 mg/ml	$0(1)	
neomycin sulfate tab 500 mg	$0(1)	
paromomycin sulfate cap 250 mg	$0(1)	
streptomycin sulfate for inj 1 gm	$0(2)	NDS
SULFADIAZINE TAB 500MG	$0(2)	
tobramycin nebu soln 300 mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate for inj 1.2 gm	$0(2)	NDS
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0(1)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0(1)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0(1)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0(1)	
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	$0(2)	NDS
ALINIA SUS 100/5ML	$0(2)	NDS
ALINIA TAB 500MG	$0(2)	NDS
atovaquone susp 750 mg/5ml	$0(2)	NDS
aztreonam for inj 1 gm	$0(1)	
aztreonam for inj 2 gm	$0(1)	
CAYSTON INH 75MG	$0(2)	NDS, LA, PA
clindamycin hcl cap 75 mg	$0(1)	
clindamycin hcl cap 150 mg	$0(1)	
clindamycin hcl cap 300 mg	$0(1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	
clindamycin phosphate inj 9 gm/60ml	$0(1)	
clindamycin phosphate inj 300 mg/2ml	$0(1)	
clindamycin phosphate inj 600 mg/4ml	$0(1)	
clindamycin phosphate inj 900 mg/6ml	$0(1)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sod for inj 150 mg (colistin base activity)	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dapsone tab 25 mg	$0(1)	
dapsone tab 100 mg	$0(1)	
daptomycin for iv soln 350 mg	$0(2)	NDS
daptomycin for iv soln 500 mg	$0(2)	NDS
EMVERM CHW 100MG	$0(2)	NDS, QL (12 tabs / 365 days)
ertapenem sodium for inj 1 gm (base equivalent)	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
ivermectin tab 3 mg	$0(1)	
linezolid for susp 100 mg/5ml	$0(2)	NDS
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	$0(2)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0(1)	
linezolid tab 600 mg	$0(1)	
meropenem iv for soln 1 gm	$0(1)	
meropenem iv for soln 500 mg	$0(1)	
methenamine hippurate tab 1 gm	$0(1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0(1)	
metronidazole tab 250 mg	$0(1)	
metronidazole tab 500 mg	$0(1)	
NEBUPENT INH 300MG	$0(2)	B/D
nitrofurantoin macrocrystalline cap 50 mg	$0(2)	
nitrofurantoin macrocrystalline cap 100 mg	$0(2)	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0(2)	
PENTAM 300 INJ 300MG	$0(2)	
pentamidine isethionate for nebulization soln 300 mg	$0(1)	B/D
pentamidine isethionate for soln 300 mg	$0(1)	
praziquantel tab 600 mg	$0(1)	
reeses med sus pinworm	$0(3)	NM; *
SIVEXTRO INJ 200MG	$0(2)	NDS
SIVEXTRO TAB 200MG	$0(2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
SYNERCID INJ 500MG	$0(2)	NDS
tigecycline for iv soln 50 mg	$0(2)	NDS
trimethoprim tab 100 mg	$0(1)	
vancomycin hcl cap 125 mg (base equivalent)	$0(1)	QL (120 caps / 30 days)
vancomycin hcl cap 250 mg (base equivalent)	$0(2)	NDS, QL (240 caps / 30 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 5 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 10 gm (base equivalent)	$0(1)	
vancomycin hcl for iv soln 500 mg (base equivalent)	$0(1)	
vancomycin hcl for iv soln 750 mg (base equivalent)	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	$0(2)	NDS, B/D
AMBISOME INJ 50MG	$0(2)	NDS, B/D
amphotericin b for iv soln 50 mg	$0(1)	B/D
caspofungin acetate for iv soln 50 mg	$0(2)	NDS
caspofungin acetate for iv soln 70 mg	$0(2)	NDS
fluconazole for susp 10 mg/ml	$0(1)	
fluconazole for susp 40 mg/ml	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
fluconazole tab 50 mg	$0(1)	
fluconazole tab 100 mg	$0(1)	
fluconazole tab 150 mg	$0(1)	
fluconazole tab 200 mg	$0(1)	
flucytosine cap 250 mg	$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flucytosine cap 500 mg	$0(2)	NDS
griseofulvin microsize susp 125 mg/5ml	$0(1)	
griseofulvin microsize tab 500 mg	$0(1)	
griseofulvin ultramicrosize tab 125 mg	$0(1)	
griseofulvin ultramicrosize tab 250 mg	$0(1)	
itraconazole cap 100 mg	$0(1)	PA
ketoconazole tab 200 mg	$0(1)	PA
MYCAMINE INJ 50MG	$0(2)	NDS
MYCAMINE INJ 100MG	$0(2)	NDS
NOXAFIL SUS 40MG/ML	$0(2)	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	$0(2)	NDS, QL (93 tabs / 30 days)
nystatin tab 500000 unit	$0(1)	
posaconazole tab delayed release 100 mg	$0(2)	NDS, QL (93 tabs / 30 days)
terbinafine hcl tab 250 mg	$0(1)	QL (90 tabs / year)
voriconazole for inj 200 mg	$0(2)	NDS, PA
voriconazole for susp 40 mg/ml	$0(2)	NDS, PA
voriconazole tab 50 mg	$0(1)	
voriconazole tab 200 mg	$0(2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate tab 250 mg	$0(1)	
chloroquine phosphate tab 500 mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl tab 250 mg	$0(1)	
primaquine phosphate tab 26.3 mg (15 mg base)	$0(1)	
PRIMAQUINE TAB 26.3MG	$0(2)	
quinine sulfate cap 324 mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	$0(1)	
abacavir sulfate tab 300 mg (base equiv)	$0(1)	
APTIVUS CAP 250MG	$0(2)	NDS
APTIVUS SOL	$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atazanavir sulfate cap 150 mg (base equiv)	$0(1)	
atazanavir sulfate cap 200 mg (base equiv)	$0(1)	
atazanavir sulfate cap 300 mg (base equiv)	$0(1)	
CRIXIVAN CAP 200MG	$0(2)	
CRIXIVAN CAP 400MG	$0(2)	
didanosine delayed release capsule 200 mg	$0(1)	
didanosine delayed release capsule 250 mg	$0(1)	
didanosine delayed release capsule 400 mg	$0(1)	
EDURANT TAB 25MG	$0(2)	NDS
efavirenz cap 50 mg	$0(1)	
efavirenz cap 200 mg	$0(2)	NDS
efavirenz tab 600 mg	$0(2)	NDS
EMTRIVA CAP 200MG	$0(2)	
EMTRIVA SOL 10MG/ML	$0(2)	
fosamprenavir calcium tab 700 mg (base equiv)	$0(2)	NDS
FUZEON INJ 90MG	$0(2)	NDS, NM
INTELENCE TAB 25MG	$0(2)	
INTELENCE TAB 100MG	$0(2)	NDS
INTELENCE TAB 200MG	$0(2)	NDS
INVIRASE TAB 500MG	$0(2)	NDS
ISENTRESS CHW 25MG	$0(2)	
ISENTRESS CHW 100MG	$0(2)	NDS
ISENTRESS HD TAB 600MG	$0(2)	NDS
ISENTRESS POW 100MG	$0(2)	
ISENTRESS TAB 400MG	$0(2)	NDS
lamivudine oral soln 10 mg/ml	$0(1)	
lamivudine tab 150 mg	$0(1)	
lamivudine tab 300 mg	$0(1)	
LEXIVA SUS 50MG/ML	$0(2)	
nevirapine susp 50 mg/5ml	$0(1)	
nevirapine tab 200 mg	$0(1)	
nevirapine tab er 24hr 100 mg	$0(1)	
nevirapine tab er 24hr 400 mg	$0(1)	
NORVIR POW 100MG	$0(2)	
NORVIR SOL 80MG/ML	$0(2)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isoniazid tab 100 mg	$0(1)	
isoniazid tab 300 mg	$0(1)	
PASER GRA 4GM	$0(2)	
PRIFTIN TAB 150MG	$0(2)	
pyrazinamide tab 500 mg	$0(1)	
rifabutin cap 150 mg	$0(1)	
rifampin cap 150 mg	$0(1)	
rifampin cap 300 mg	$0(1)	
rifampin for inj 600 mg	$0(1)	
RIFATER TAB	$0(2)	
SIRTURO TAB 100MG	$0(2)	NDS, LA, PA
TRECATOR TAB 250MG	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0(1)	
acyclovir sodium iv soln 50 mg/ml	$0(1)	B/D
acyclovir susp 200 mg/5ml	$0(1)	
acyclovir tab 400 mg	$0(1)	
acyclovir tab 800 mg	$0(1)	
adefovir dipivoxil tab 10 mg	$0(2)	NDS
BARACLUDE SOL	$0(2)	NDS
entecavir tab 0.5 mg	$0(1)	
entecavir tab 1 mg	$0(1)	
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	$0(2)	
famciclovir tab 125 mg	$0(1)	
famciclovir tab 250 mg	$0(1)	
famciclovir tab 500 mg	$0(1)	
ganciclovir sodium for inj 500 mg	$0(1)	B/D
HARVONI TAB 45-200MG	$0(2)	NDS, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine tab 100 mg (hbv)	$0(1)	
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	$0(1)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	$0(1)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	$0(1)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	$0(1)	QL (1080 mL / year)
PEGASYS INJ	$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	$0(2)	NDS, NM, PA

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
moxifloxacin hcl tab 400 mg (base equiv)	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0(1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	
amoxicillin (trihydrate) cap 250 mg	$0(1)	
amoxicillin (trihydrate) cap 500 mg	$0(1)	
amoxicillin (trihydrate) chew tab 125 mg	$0(1)	
amoxicillin (trihydrate) chew tab 250 mg	$0(1)	
amoxicillin (trihydrate) for susp 125 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 200 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 250 mg/5ml	$0(1)	
amoxicillin (trihydrate) for susp 400 mg/5ml	$0(1)	
amoxicillin (trihydrate) tab 500 mg	$0(1)	
amoxicillin (trihydrate) tab 875 mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin cap 500 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin sodium for inj 1 gm	$0(1)	
ampicillin sodium for inj 2 gm	$0(1)	
ampicillin sodium for inj 125 mg	$0(1)	
ampicillin sodium for inj 250 mg	$0(1)	
ampicillin sodium for inj 500 mg	$0(1)	
ampicillin sodium for iv soln 1 gm	$0(1)	
ampicillin sodium for iv soln 2 gm	$0(1)	
ampicillin sodium for iv soln 10 gm	$0(1)	
BICILLIN L-A INJ 600000	$0(2)	
BICILLIN L-A INJ 1200000	$0(2)	
BICILLIN L-A INJ 2400000	$0(2)	
dicloxacillin sodium cap 250 mg	$0(1)	
dicloxacillin sodium cap 500 mg	$0(1)	
NAFCILLIN INJ 10GM	$0(2)	
nafcillin sodium for inj 1 gm	$0(1)	
nafcillin sodium for inj 2 gm	$0(1)	
nafcillin sodium for iv soln 1 gm	$0(1)	
nafcillin sodium for iv soln 2 gm	$0(1)	
nafcillin sodium for iv soln 10 gm	$0(2)	NDS
oxacillin sodium for inj 1 gm (base equivalent)	$0(1)	
oxacillin sodium for inj 2 gm (base equivalent)	$0(1)	
oxacillin sodium for inj 10 gm (base equivalent)	$0(2)	NDS
PEN G PROC INJ 600000	$0(2)	
PEN GK/DEXTR INJ 40000/ML	$0(2)	
PEN GK/DEXTR INJ 60000/ML	$0(2)	
penicillin g potassium for inj 5000000 unit	$0(1)	
penicillin g potassium for inj 20000000 unit	$0(1)	
penicillin g sodium for inj 5000000 unit	$0(1)	
penicillin v potassium for soln 125 mg/5ml	$0(1)	
penicillin v potassium for soln 250 mg/5ml	$0(1)	
penicillin v potassium tab 250 mg	$0(1)	
penicillin v potassium tab 500 mg	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 inj 100mg	$0(1)	
doxycycline hyclate cap 50 mg	$0(1)	
doxycycline hyclate cap 100 mg	$0(1)	
doxycycline hyclate for inj 100 mg	$0(1)	
doxycycline hyclate tab 20 mg	$0(1)	
doxycycline hyclate tab 100 mg	$0(1)	
doxycycline monohydrate cap 50 mg	$0(1)	
doxycycline monohydrate cap 100 mg	$0(1)	
doxycycline monohydrate tab 50 mg	$0(1)	
doxycycline monohydrate tab 75 mg	$0(1)	
doxycycline monohydrate tab 100 mg	$0(1)	
minocycline hcl cap 50 mg	$0(1)	
minocycline hcl cap 75 mg	$0(1)	
minocycline hcl cap 100 mg	$0(1)	
tetracycline hcl cap 250 mg	$0(1)	
tetracycline hcl cap 500 mg	$0(1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	$0(2)	NDS, B/D, NM
cyclophosphamide cap 25 mg	$0(1)	B/D
cyclophosphamide cap 50 mg	$0(1)	B/D
cyclophosphamide for inj 1 gm	$0(2)	NDS, B/D, NM
cyclophosphamide for inj 2 gm	$0(2)	NDS, B/D, NM
cyclophosphamide for inj 500 mg	$0(2)	NDS, B/D, NM
EMCYT CAP 140MG	$0(2)	
GLEOSTINE CAP 10MG	$0(2)	
GLEOSTINE CAP 40MG	$0(2)	NDS
GLEOSTINE CAP 100MG	$0(2)	NDS
LEUKERAN TAB 2MG	$0(2)	NDS
ANTHRACYCLINES		
adriamycin inj 20mg	$0(1)	B/D, NM
doxorubicin hcl inj 2 mg/ml	$0(1)	B/D, NM
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	$0(2)	NDS, B/D

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE CAP 75MG	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IDHIFA TAB 50MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	$0(2)	NDS, PA
KANJINTI SOL 150MG	$0(2)	NDS, PA
KEYTRUDA INJ 100MG/4M	$0(2)	NDS, NM, PA
KISQALI 200 PAK FEMARA	$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, NM, PA
KISQALI TAB 200DOSE	$0(2)	NDS, NM, PA
KISQALI TAB 400DOSE	$0(2)	NDS, NM, PA
KISQALI TAB 600DOSE	$0(2)	NDS, NM, PA
LYNPARZA TAB 100MG	$0(2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	$0(2)	NDS, NM, LA, PA
MVASI INJ 100MG	$0(2)	NDS, LA, PA
MVASI INJ 400MG	$0(2)	NDS, LA, PA
NINLARO CAP 2.3MG	$0(2)	NDS, NM, PA
NINLARO CAP 3MG	$0(2)	NDS, NM, PA
NINLARO CAP 4MG	$0(2)	NDS, NM, PA
ODOMZO CAP 200MG	$0(2)	NDS, NM, LA, PA
OGIVRI INJ 150MG	$0(2)	NDS, PA
OGIVRI INJ 420MG	$0(2)	NDS, PA
RITUXAN INJ 100MG	$0(2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	$0(2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	$0(2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	$0(2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	$0(2)	NDS, NM, LA, PA
RUXIENCE INJ 100/10ML	$0(2)	NDS, PA
RUXIENCE INJ 500/50ML	$0(2)	NDS, PA
TALZENNA CAP 0.25MG	$0(2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TECENTRIQ INJ 1200/20	$0(2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	$0(2)	NDS, LA, PA
VELCADE INJ 3.5MG	$0(2)	NDS, NM, PA
VENCLEXTA TAB 10MG	$0(2)	LA, PA
VENCLEXTA TAB 50MG	$0(2)	NDS, LA, PA
VENCLEXTA TAB 100MG	$0(2)	NDS, LA, PA
VENCLEXTA TAB START PK	$0(2)	NDS, LA, PA
VERZENIO TAB 50MG	$0(2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	$0(2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	$0(2)	NDS, NM, LA, PA
VERZENIO TAB 200MG	$0(2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	$0(2)	NDS, LA, PA
ZIRABEV INJ 100/4ML	$0(2)	NDS, PA
ZIRABEV INJ 400/16ML	$0(2)	NDS, PA
ZOLINZA CAP 100MG	$0(2)	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	$0(2)	NDS, NM, PA
anastrozole tab 1 mg	$0(1)	
bicalutamide tab 50 mg	$0(1)	
DEPO-PROVERA INJ 400/ML	$0(2)	B/D
ERLEADA TAB 60MG	$0(2)	NDS, NM, LA, PA
exemestane tab 25 mg	$0(1)	
flutamide cap 125 mg	$0(1)	
fulvestrant inj 250 mg/5ml	$0(2)	NDS, B/D
letrozole tab 2.5 mg	$0(1)	
leuprolide acetate inj kit 5 mg/ml	$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	$0(2)	
megestrol acetate susp 40 mg/ml	$0(2)	
megestrol acetate susp 625 mg/5ml	$0(2)	PA
megestrol acetate tab 20 mg	$0(2)	
megestrol acetate tab 40 mg	$0(2)	
nilutamide tab 150 mg	$0(2)	NDS
NUBEQA TAB 300MG	$0(2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	$0(2)	NDS
tamoxifen citrate tab 10 mg (base equivalent)	$0(1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0(1)	
toremifene citrate tab 60 mg (base equivalent)	$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRELSTAR MIX INJ 3.75MG	$0(2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	$0(2)	NDS, NM, PA
XTANDI CAP 40MG	$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	$0(2)	NDS, QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AFINITOR TAB 5MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	$0(2)	NDS, NM, LA, PA
AYVAKIT TAB 100MG	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 200MG	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TAB 3MG	$0(2)	NDS, LA, PA
BALVERSA TAB 4MG	$0(2)	NDS, LA, PA
BALVERSA TAB 5MG	$0(2)	NDS, LA, PA
BOSULIF TAB 100MG	$0(2)	NDS, NM, PA
BOSULIF TAB 400MG	$0(2)	NDS, NM, PA
BOSULIF TAB 500MG	$0(2)	NDS, NM, PA
BRAFTOVI CAP 75MG	$0(2)	NDS, LA, PA
BRUKINSA CAP 80MG	$0(2)	NDS, LA, PA
CABOMETYX TAB 20MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	$0(2)	NDS, LA, PA
CAPRELSA TAB 100MG	$0(2)	NDS, LA, PA
CAPRELSA TAB 300MG	$0(2)	NDS, LA, PA
COMETRIQ KIT 60MG	$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	$0(2)	NDS, LA, PA
COPIKTRA CAP 15MG	$0(2)	NDS, LA, PA
COPIKTRA CAP 25MG	$0(2)	NDS, LA, PA
COTELLIC TAB 20MG	$0(2)	NDS, NM, LA, PA
erlotinib hcl tab 25 mg (base equivalent)	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erlotinib hcl tab 100 mg (base equivalent)	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
erlotinib hcl tab 150 mg (base equivalent)	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 2.5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 7.5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	$0(2)	NDS, LA, PA
GILOTRIF TAB 30MG	$0(2)	NDS, LA, PA
GILOTRIF TAB 40MG	$0(2)	NDS, LA, PA
ICLUSIG TAB 15MG	$0(2)	NDS, LA, PA
ICLUSIG TAB 45MG	$0(2)	NDS, LA, PA
imatinib mesylate tab 100 mg (base equivalent)	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate tab 400 mg (base equivalent)	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	$0(2)	NDS, LA, PA
IMBRUVICA CAP 140MG	$0(2)	NDS, LA, PA
IMBRUVICA TAB 140MG	$0(2)	NDS, LA, PA
IMBRUVICA TAB 280MG	$0(2)	NDS, LA, PA
IMBRUVICA TAB 420MG	$0(2)	NDS, LA, PA
IMBRUVICA TAB 560MG	$0(2)	NDS, LA, PA
INLYTA TAB 1MG	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	$0(2)	NDS, LA, PA
IRESSA TAB 250MG	$0(2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 10 MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	$0(2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	$0(2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	$0(2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	$0(2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	$0(2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	$0(2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	$0(2)	NDS, LA, PA
NERLYNX TAB 40MG	$0(2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	$0(2)	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	$0(2)	NDS, NM, PA
ROZLYTREK CAP 100MG	$0(2)	NDS, LA, PA
ROZLYTREK CAP 200MG	$0(2)	NDS, LA, PA
RYDAPT CAP 25MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 20MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 50MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 70MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 80MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 100MG	$0(2)	NDS, NM, PA
SPRYCEL TAB 140MG	$0(2)	NDS, NM, PA
STIVARGA TAB 40MG	$0(2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 37.5MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TAFINLAR CAP 50MG	$0(2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	$0(2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO TAB 80MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	$0(2)	NDS, NM, PA
TASIGNA CAP 150MG	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TASIGNA CAP 200MG	$0(2)	NDS, NM, PA
TURALIO CAP 200MG	$0(2)	NDS, LA, PA
TYKERB TAB 250MG	$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	$0(2)	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	$0(2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	$0(2)	NDS, NM, LA, PA
XALKORI CAP 200MG	$0(2)	NDS, NM, LA, PA
XALKORI CAP 250MG	$0(2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	$0(2)	NDS, LA, PA
ZELBORAF TAB 240MG	$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	$0(2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	$0(2)	NDS, NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	$0(2)	NDS, NM, PA
hydroxyurea cap 500 mg	$0(1)	
LONSURF TAB 15-6.14	$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	$0(2)	NDS, NM, PA
MATULANE CAP 50MG	$0(2)	NDS, LA
SYLATRON KIT 200MCG	$0(2)	NDS, NM, PA
SYLATRON KIT 300MCG	$0(2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	$0(2)	NDS, PA
tretinoin cap 10 mg	$0(2)	NDS
XPOVIO PAK 60MG	$0(2)	NDS, LA, PA
XPOVIO PAK 80MG	$0(2)	NDS, LA, PA
XPOVIO PAK 100MG	$0(2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	$0(1)	B/D, NM
carboplatin iv soln 150 mg/15ml	$0(1)	B/D, NM
carboplatin iv soln 450 mg/45ml	$0(1)	B/D, NM
carboplatin iv soln 600 mg/60ml	$0(1)	B/D, NM
cisplatin inj 50 mg/50ml (1 mg/ml)	$0(1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0(1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0(1)	B/D
oxaliplatin for iv inj 50 mg	$0(2)	NDS, B/D
oxaliplatin for iv inj 100 mg	$0(2)	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxaliplatin iv soln 100 mg/20ml	$0(1)	B/D
PROTECTIVE AGENTS		
leucovorin calcium for inj 50 mg	$0(1)	B/D
leucovorin calcium for inj 100 mg	$0(1)	B/D
leucovorin calcium for inj 200 mg	$0(1)	B/D
leucovorin calcium for inj 350 mg	$0(1)	B/D
leucovorin calcium for inj 500 mg	$0(1)	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	$0(1)	B/D
leucovorin calcium tab 5 mg	$0(1)	
leucovorin calcium tab 10 mg	$0(1)	
leucovorin calcium tab 15 mg	$0(1)	
leucovorin calcium tab 25 mg	$0(1)	
MESNEX TAB 400MG	$0(2)	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	$0(1)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0(1)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0(1)	B/D
toposar inj 1gm/50ml	$0(1)	B/D
toposar inj 100/5ml	$0(1)	B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	$0(1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prazosin hcl cap 1 mg	$0(1)	
prazosin hcl cap 2 mg	$0(1)	
prazosin hcl cap 5 mg	$0(1)	
terazosin hcl cap 1 mg (base equivalent)	$0(1)	
terazosin hcl cap 2 mg (base equivalent)	$0(1)	
terazosin hcl cap 5 mg (base equivalent)	$0(1)	
terazosin hcl cap 10 mg (base equivalent)	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0(1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0(1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0(1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0(1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0(1)	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	
ENTRESTO TAB 24-26MG	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENTRESTO TAB 49-51MG	$0(2)	
ENTRESTO TAB 97-103MG	$0(2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	
telmisartan-amlodipine tab 40-5 mg	$0(1)	
telmisartan-amlodipine tab 40-10 mg	$0(1)	
telmisartan-amlodipine tab 80-5 mg	$0(1)	
telmisartan-amlodipine tab 80-10 mg	$0(1)	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	$0(1)	
candesartan cilexetil tab 8 mg	$0(1)	
candesartan cilexetil tab 16 mg	$0(1)	
candesartan cilexetil tab 32 mg	$0(1)	
eprosartan mesylate tab 600 mg	$0(1)	
irbesartan tab 75 mg	$0(1)	
irbesartan tab 150 mg	$0(1)	
irbesartan tab 300 mg	$0(1)	
losartan potassium tab 25 mg	$0(1)	
losartan potassium tab 50 mg	$0(1)	
losartan potassium tab 100 mg	$0(1)	
olmesartan medoxomil tab 5 mg	$0(1)	
olmesartan medoxomil tab 20 mg	$0(1)	
olmesartan medoxomil tab 40 mg	$0(1)	
telmisartan tab 20 mg	$0(1)	
telmisartan tab 40 mg	$0(1)	
telmisartan tab 80 mg	$0(1)	
valsartan tab 40 mg	$0(1)	
valsartan tab 80 mg	$0(1)	
valsartan tab 160 mg	$0(1)	
valsartan tab 320 mg	$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	$0(1)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	$0(1)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	$0(1)	
amiodarone hcl tab 100 mg	$0(1)	
amiodarone hcl tab 200 mg	$0(1)	
amiodarone hcl tab 400 mg	$0(1)	
disopyramide phosphate cap 100 mg	$0(2)	
disopyramide phosphate cap 150 mg	$0(2)	
dofetilide cap 125 mcg (0.125 mg)	$0(1)	NM
dofetilide cap 250 mcg (0.25 mg)	$0(1)	NM
dofetilide cap 500 mcg (0.5 mg)	$0(1)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flecainide acetate tab 50 mg	$0(1)	
flecainide acetate tab 100 mg	$0(1)	
flecainide acetate tab 150 mg	$0(1)	
MULTAQ TAB 400MG	$0(2)	
NORPACE CAP 100MG CR	$0(2)	
NORPACE CAP 150MG CR	$0(2)	
pacerone tab 100mg	$0(1)	
pacerone tab 200mg	$0(1)	
pacerone tab 400mg	$0(1)	
propafenone hcl cap er 12hr 225 mg	$0(1)	
propafenone hcl cap er 12hr 325 mg	$0(1)	
propafenone hcl cap er 12hr 425 mg	$0(1)	
propafenone hcl tab 150 mg	$0(1)	
propafenone hcl tab 225 mg	$0(1)	
propafenone hcl tab 300 mg	$0(1)	
quinidine sulfate tab 200 mg	$0(1)	
quinidine sulfate tab 300 mg	$0(1)	
sorine tab 80mg	$0(1)	
sorine tab 120mg	$0(1)	
sorine tab 160mg	$0(1)	
sorine tab 240mg	$0(1)	
sotalol hcl (afib/afl) tab 80 mg	$0(1)	
sotalol hcl (afib/afl) tab 120 mg	$0(1)	
sotalol hcl (afib/afl) tab 160 mg	$0(1)	
sotalol hcl tab 80 mg	$0(1)	
sotalol hcl tab 120 mg	$0(1)	
sotalol hcl tab 160 mg	$0(1)	
sotalol hcl tab 240 mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0(1)	
atorvastatin calcium tab 20 mg (base equivalent)	$0(1)	
atorvastatin calcium tab 40 mg (base equivalent)	$0(1)	
atorvastatin calcium tab 80 mg (base equivalent)	$0(1)	
lovastatin tab 10 mg	$0(1)	
lovastatin tab 20 mg	$0(1)	
lovastatin tab 40 mg	$0(1)	
pravastatin sodium tab 10 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JUXTAPID CAP 60MG	$0(2)	NDS, LA, PA
niacin (antihyperlipidemic) tab 500 mg	$0(1)	
niacin tab er 500 mg (antihyperlipidemic)	$0(1)	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0(1)	
niacin tab er 1000 mg (antihyperlipidemic)	$0(1)	
niacor tab 500mg	$0(1)	
PRALUENT INJ 75MG/ML	$0(2)	NM, PA
PRALUENT INJ 150MG/ML	$0(2)	NM, PA
prevalite pow 4gm	$0(1)	
prevalite pow 4gm pk	$0(1)	
VASCEPA CAP 0.5GM	$0(2)	
VASCEPA CAP 1GM	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
propranolol & hydrochlorothiazide tab 40-25 mg	$0(1)	
propranolol & hydrochlorothiazide tab 80-25 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0(1)	
acebutolol hcl cap 400 mg	$0(1)	
atenolol tab 25 mg	$0(1)	
atenolol tab 50 mg	$0(1)	
atenolol tab 100 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl tab 40 mg	$0(1)	
propranolol hcl tab 60 mg	$0(1)	
propranolol hcl tab 80 mg	$0(1)	
timolol maleate tab 5 mg	$0(1)	
timolol maleate tab 10 mg	$0(1)	
timolol maleate tab 20 mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	$0(1)	
amlodipine besylate tab 5 mg (base equivalent)	$0(1)	
amlodipine besylate tab 10 mg (base equivalent)	$0(1)	
diltiazem hcl cap er 12hr 60 mg	$0(1)	
diltiazem hcl cap er 12hr 90 mg	$0(1)	
diltiazem hcl cap er 12hr 120 mg	$0(1)	
diltiazem hcl cap er 24hr 120 mg	$0(1)	
diltiazem hcl cap er 24hr 180 mg	$0(1)	
diltiazem hcl cap er 24hr 240 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 240 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0(1)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 120 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 180 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 240 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 300 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 360 mg	$0(1)	
diltiazem hcl extended release beads cap er 24hr 420 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl tab 40 mg	$0(1)	
verapamil hcl tab 80 mg	$0(1)	
verapamil hcl tab 120 mg	$0(1)	
verapamil hcl tab er 120 mg	$0(1)	
verapamil hcl tab er 180 mg	$0(1)	
verapamil hcl tab er 240 mg	$0(1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digitek tab 0.25mg	$0(1)	PA; PA if 70 years and older
digitek tab 0.125mg	$0(1)	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	$0(1)	
digoxin oral soln 0.05 mg/ml	$0(1)	PA; PA if 70 years and older
digoxin tab 125 mcg (0.125 mg)	$0(1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0(1)	PA; PA if 70 years and older
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0(1)	
acetazolamide tab 125 mg	$0(1)	
acetazolamide tab 250 mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl tab 5 mg	$0(1)	
bumetanide inj 0.25 mg/ml	$0(1)	
bumetanide tab 0.5 mg	$0(1)	
bumetanide tab 1 mg	$0(1)	
bumetanide tab 2 mg	$0(1)	
chlorothiazide tab 250 mg	$0(1)	
chlorothiazide tab 500 mg	$0(1)	
chlorthalidone tab 25 mg	$0(1)	
chlorthalidone tab 50 mg	$0(1)	
furosemide inj 10 mg/ml	$0(1)	
furosemide oral soln 8 mg/ml	$0(1)	
furosemide oral soln 10 mg/ml	$0(1)	
furosemide tab 20 mg	$0(1)	
furosemide tab 40 mg	$0(1)	
furosemide tab 80 mg	$0(1)	
hydrochlorothiazide cap 12.5 mg	$0(1)	
hydrochlorothiazide tab 12.5 mg	$0(1)	
hydrochlorothiazide tab 25 mg	$0(1)	
hydrochlorothiazide tab 50 mg	$0(1)	
indapamide tab 1.25 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
indapamide tab 2.5 mg	$0(1)	
methazolamide tab 25 mg	$0(1)	
methazolamide tab 50 mg	$0(1)	
metolazone tab 2.5 mg	$0(1)	
metolazone tab 5 mg	$0(1)	
metolazone tab 10 mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide tab 5 mg	$0(1)	
torsemide tab 10 mg	$0(1)	
torsemide tab 20 mg	$0(1)	
torsemide tab 100 mg	$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	$0(1)	
aliskiren fumarate tab 300 mg (base equivalent)	$0(1)	
clonidine hcl tab 0.1 mg	$0(1)	
clonidine hcl tab 0.2 mg	$0(1)	
clonidine hcl tab 0.3 mg	$0(1)	
clonidine td patch weekly 0.1 mg/24hr	$0(1)	
clonidine td patch weekly 0.2 mg/24hr	$0(1)	
clonidine td patch weekly 0.3 mg/24hr	$0(1)	
CORLANOR SOL 5MG/5ML	$0(2)	
CORLANOR TAB 5MG	$0(2)	
CORLANOR TAB 7.5MG	$0(2)	
DEMSER CAP 250MG	$0(2)	NDS, PA
hydralazine hcl inj 20 mg/ml	$0(1)	
hydralazine hcl tab 10 mg	$0(1)	
hydralazine hcl tab 25 mg	$0(1)	
hydralazine hcl tab 50 mg	$0(1)	
hydralazine hcl tab 100 mg	$0(1)	
midodrine hcl tab 2.5 mg	$0(1)	
midodrine hcl tab 5 mg	$0(1)	
midodrine hcl tab 10 mg	$0(1)	
minoxidil tab 2.5 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minoxidil tab 10 mg	$0(1)	
NORTHERA CAP 100MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
ranolazine tab er 12hr 500 mg	$0(1)	
ranolazine tab er 12hr 1000 mg	$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0(1)	
isosorbide dinitrate tab 10 mg	$0(1)	
isosorbide dinitrate tab 20 mg	$0(1)	
isosorbide dinitrate tab 30 mg	$0(1)	
isosorbide mononitrate tab 10 mg	$0(1)	
isosorbide mononitrate tab 20 mg	$0(1)	
isosorbide mononitrate tab er 24hr 30 mg	$0(1)	
isosorbide mononitrate tab er 24hr 60 mg	$0(1)	
isosorbide mononitrate tab er 24hr 120 mg	$0(1)	
minitran dis 0.1mg/hr	$0(1)	
minitran dis 0.2mg/hr	$0(1)	
minitran dis 0.4mg/hr	$0(1)	
minitran dis 0.6mg/hr	$0(1)	
NITRO-BID OIN 2%	$0(2)	
NITRO-DUR DIS 0.3MG/HR	$0(2)	
NITRO-DUR DIS 0.8MG/HR	$0(2)	
nitroglycerin sl tab 0.3 mg	$0(1)	
nitroglycerin sl tab 0.4 mg	$0(1)	
nitroglycerin sl tab 0.6 mg	$0(1)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0(1)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0(1)	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADEMPAS TAB 1.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan tab 5 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ambrisentan tab 10 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan tab 62.5 mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
bosentan tab 125 mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate tab 20 mg	$0(1)	QL (90 tabs / 30 days), NM, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	$0(2)	NDS, NM, LA, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	$0(2)	NDS, NM, LA, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	$0(2)	NDS, NM, LA, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	$0(2)	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	$0(2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 1 mg	$0(1)	QL (150 tabs / 30 days)
alprazolam tab 2 mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	$0(1)	
buspirone hcl tab 7.5 mg	$0(1)	
buspirone hcl tab 10 mg	$0(1)	
buspirone hcl tab 15 mg	$0(1)	
buspirone hcl tab 30 mg	$0(1)	
fluvoxamine maleate tab 25 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluvoxamine maleate tab 50 mg	$0(1)	
fluvoxamine maleate tab 100 mg	$0(1)	
lorazepam conc 2 mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0(1)	
lorazepam inj 4 mg/ml	$0(1)	
lorazepam tab 0.5 mg	$0(1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0(1)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0(1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 400MG	$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 600MG	$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0(2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	$0(2)	NDS, PA
BANZEL TAB 200MG	$0(2)	NDS, PA
BANZEL TAB 400MG	$0(2)	NDS, PA
BRIVIACT INJ 50MG/5ML	$0(2)	PA
BRIVIACT SOL 10MG/ML	$0(2)	NDS, PA
BRIVIACT TAB 10MG	$0(2)	NDS, PA
BRIVIACT TAB 25MG	$0(2)	NDS, PA
BRIVIACT TAB 50MG	$0(2)	NDS, PA
BRIVIACT TAB 75MG	$0(2)	NDS, PA
BRIVIACT TAB 100MG	$0(2)	NDS, PA
carbamazepine cap er 12hr 100 mg	$0(1)	
carbamazepine cap er 12hr 200 mg	$0(1)	
carbamazepine cap er 12hr 300 mg	$0(1)	
carbamazepine chew tab 100 mg	$0(1)	
carbamazepine susp 100 mg/5ml	$0(1)	
carbamazepine tab 200 mg	$0(1)	
carbamazepine tab er 12hr 100 mg	$0(1)	
carbamazepine tab er 12hr 200 mg	$0(1)	
carbamazepine tab er 12hr 400 mg	$0(1)	
CELONTIN CAP 300MG	$0(2)	
clobazam suspension 2.5 mg/ml	$0(1)	PA
clobazam tab 10 mg	$0(1)	PA
clobazam tab 20 mg	$0(1)	PA
clonazepam orally disintegrating tab 0.5 mg	$0(1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam orally disintegrating tab 0.25 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0(1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam tab 1 mg	$0(1)	QL (90 tabs / 30 days)
clonazepam tab 2 mg	$0(1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	$0(2)	
DIASTAT ACDL GEL 12.5-20	$0(2)	
DIASTAT PED GEL 2.5M GEL	$0(2)	
diazepam conc 5 mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	$0(1)	
diazepam oral soln 1 mg/ml	$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam rectal gel delivery system 2.5 mg	$0(1)	
diazepam rectal gel delivery system 10 mg	$0(1)	
diazepam rectal gel delivery system 20 mg	$0(1)	
diazepam tab 2 mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 10 mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	$0(2)	
DILANTIN CAP 100MG	$0(2)	
DILANTIN CHW 50MG	$0(2)	
DILANTIN-125 SUS 125/5ML	$0(2)	
divalproex sodium cap delayed release sprinkle 125 mg	$0(1)	
divalproex sodium tab delayed release 125 mg	$0(1)	
divalproex sodium tab delayed release 250 mg	$0(1)	
divalproex sodium tab delayed release 500 mg	$0(1)	
divalproex sodium tab er 24 hr 250 mg	$0(1)	
divalproex sodium tab er 24 hr 500 mg	$0(1)	
EPIDIOLEX SOL 100MG/ML	$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol tab 200mg	$0(1)	
ethosuximide cap 250 mg	$0(1)	
ethosuximide soln 250 mg/5ml	$0(1)	
felbamate susp 600 mg/5ml	$0(2)	NDS
felbamate tab 400 mg	$0(1)	
felbamate tab 600 mg	$0(1)	
FYCOMPA SUS 0.5MG/ML	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0(1)	QL (1080 caps / 30 days)
gabapentin cap 300 mg	$0(1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0(1)	QL (270 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gabapentin oral soln 250 mg/5ml	$0(1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0(1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0(1)	QL (120 tabs / 30 days)
lamotrigine tab 25 mg	$0(1)	
lamotrigine tab 100 mg	$0(1)	
lamotrigine tab 150 mg	$0(1)	
lamotrigine tab 200 mg	$0(1)	
lamotrigine tab chewable dispersible 5 mg	$0(1)	
lamotrigine tab chewable dispersible 25 mg	$0(1)	
lamotrigine tab er 24hr 25 mg	$0(1)	
lamotrigine tab er 24hr 50 mg	$0(1)	
lamotrigine tab er 24hr 100 mg	$0(1)	
lamotrigine tab er 24hr 200 mg	$0(1)	
lamotrigine tab er 24hr 250 mg	$0(1)	
lamotrigine tab er 24hr 300 mg	$0(1)	
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0(1)	
levetiracetam oral soln 100 mg/ml	$0(1)	
levetiracetam tab 250 mg	$0(1)	
levetiracetam tab 500 mg	$0(1)	
levetiracetam tab 750 mg	$0(1)	
levetiracetam tab 1000 mg	$0(1)	
levetiracetam tab er 24hr 500 mg	$0(1)	
levetiracetam tab er 24hr 750 mg	$0(1)	
NAYZILAM SPR 5MG	$0(2)	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0(1)	
oxcarbazepine tab 150 mg	$0(1)	
oxcarbazepine tab 300 mg	$0(1)	
oxcarbazepine tab 600 mg	$0(1)	
PEGANONE TAB 250MG	$0(2)	
PHENOBARB INJ 65MG/ML	$0(2)	PA; PA if 70 years and older
phenobarbital elixir 20 mg/5ml	$0(2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital sodium inj 130 mg/ml	$0(2)	PA; PA if 70 years and older
phenobarbital tab 15 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 30 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 60 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 64.8 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	$0(2)	PA; PA if 70 years and older
phenobarbital tab 100 mg	$0(2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	$0(2)	
PHENYTEK CAP 300MG	$0(2)	
phenytoin chew tab 50 mg	$0(1)	
phenytoin sodium extended cap 100 mg	$0(1)	
phenytoin sodium extended cap 200 mg	$0(1)	
phenytoin sodium extended cap 300 mg	$0(1)	
phenytoin sodium inj 50 mg/ml	$0(1)	
phenytoin susp 125 mg/5ml	$0(1)	
pregabalin cap 25 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 50 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 75 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 100 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 150 mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin cap 200 mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin cap 225 mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin cap 300 mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin soln 20 mg/ml	$0(1)	QL (900 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
primidone tab 50 mg	$0(1)	
primidone tab 250 mg	$0(1)	
roweepra tab 500mg	$0(1)	
roweepra tab 750mg	$0(1)	
roweepra tab 1000mg	$0(1)	
roweepra xr tab 500mg xr	$0(1)	
roweepra xr tab 750mg xr	$0(1)	
SPRITAM TAB 250MG	$0(2)	
SPRITAM TAB 500MG	$0(2)	
SPRITAM TAB 750MG	$0(2)	
SPRITAM TAB 1000MG	$0(2)	
SYMPAZAN MIS 5MG	$0(2)	PA
SYMPAZAN MIS 10MG	$0(2)	NDS, PA
SYMPAZAN MIS 20MG	$0(2)	NDS, PA
tiagabine hcl tab 2 mg	$0(1)	
tiagabine hcl tab 4 mg	$0(1)	
tiagabine hcl tab 12 mg	$0(1)	
tiagabine hcl tab 16 mg	$0(1)	
topiramate sprinkle cap 15 mg	$0(1)	
topiramate sprinkle cap 25 mg	$0(1)	
topiramate tab 25 mg	$0(1)	
topiramate tab 50 mg	$0(1)	
topiramate tab 100 mg	$0(1)	
topiramate tab 200 mg	$0(1)	
valproate sodium inj 100 mg/ml	$0(1)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0(1)	
valproic acid cap 250 mg	$0(1)	
VALTOCO LIQ 15MG	$0(2)	
VALTOCO LIQ 20MG	$0(2)	
VALTOCO SPR 5MG	$0(2)	
VALTOCO SPR 10MG	$0(2)	
vigabatrin powd pack 500 mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500 mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone pow 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	$0(2)	NDS
VIMPAT SOL 10MG/ML	$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	$0(2)	QL (120 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIMPAT TAB 100MG	$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	$0(2)	NDS, QL (60 tabs / 30 days)
zonisamide cap 25 mg	$0(1)	
zonisamide cap 50 mg	$0(1)	
zonisamide cap 100 mg	$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0(1)	
donepezil hydrochloride tab 5 mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0(1)	
galantamine hydrobromide cap er 24hr 8 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	$0(1)	
galantamine hydrobromide tab 4 mg	$0(1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0(1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	$0(1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	$0(1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	$0(1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	$0(1)	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	$0(1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg	$0(1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	$0(2)	PA; PA if < 30 yrs
memantine hcl tab 10 mg	$0(1)	PA; PA if < 30 yrs
NAMZARIC CAP	$0(2)	
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
rivastigmine tartrate cap 1.5 mg (base equivalent)	$0(1)	QL (90 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivastigmine tartrate cap 3 mg (base equivalent)	$0(1)	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	$0(1)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0(1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0(2)	
amitriptyline hcl tab 25 mg	$0(2)	
amitriptyline hcl tab 50 mg	$0(2)	
amitriptyline hcl tab 75 mg	$0(2)	
amitriptyline hcl tab 100 mg	$0(2)	
amitriptyline hcl tab 150 mg	$0(2)	
amoxapine tab 25 mg	$0(2)	
amoxapine tab 50 mg	$0(2)	
amoxapine tab 100 mg	$0(2)	
amoxapine tab 150 mg	$0(2)	
bupropion hcl tab 75 mg	$0(1)	
bupropion hcl tab 100 mg	$0(1)	
bupropion hcl tab er 12hr 100 mg	$0(1)	
bupropion hcl tab er 12hr 150 mg	$0(1)	
bupropion hcl tab er 12hr 200 mg	$0(1)	
bupropion hcl tab er 24hr 150 mg	$0(1)	
bupropion hcl tab er 24hr 300 mg	$0(1)	
citalopram hydrobromide oral soln 10 mg/5ml	$0(1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0(1)	
citalopram hydrobromide tab 20 mg (base equiv)	$0(1)	
citalopram hydrobromide tab 40 mg (base equiv)	$0(1)	
clomipramine hcl cap 25 mg	$0(2)	PA
clomipramine hcl cap 50 mg	$0(2)	PA
clomipramine hcl cap 75 mg	$0(2)	PA
desipramine hcl tab 10 mg	$0(2)	
desipramine hcl tab 25 mg	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 50 mg	$0(2)	
desipramine hcl tab 75 mg	$0(2)	
desipramine hcl tab 100 mg	$0(2)	
desipramine hcl tab 150 mg	$0(2)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0(1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0(1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	$0(2)	
doxepin hcl cap 25 mg	$0(2)	
doxepin hcl cap 50 mg	$0(2)	
doxepin hcl cap 75 mg	$0(2)	
doxepin hcl cap 100 mg	$0(2)	
doxepin hcl cap 150 mg	$0(2)	
doxepin hcl conc 10 mg/ml	$0(2)	
DRIZALMA CAP 20MG DR	$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	$0(2)	QL (90 caps / 30 days), PA
DRIZALMA CAP 60MG DR	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0(1)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0(1)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0(1)	
escitalopram oxalate tab 5 mg (base equiv)	$0(1)	
escitalopram oxalate tab 10 mg (base equiv)	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
escitalopram oxalate tab 20 mg (base equiv)	$0(1)	
FETZIMA CAP 20MG	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	PA
fluoxetine hcl cap 10 mg	$0(1)	
fluoxetine hcl cap 20 mg	$0(1)	
fluoxetine hcl cap 40 mg	$0(1)	
fluoxetine hcl solution 20 mg/5ml	$0(1)	
imipramine hcl tab 10 mg	$0(2)	
imipramine hcl tab 25 mg	$0(2)	
imipramine hcl tab 50 mg	$0(2)	
maprotiline hcl tab 25 mg	$0(1)	
maprotiline hcl tab 50 mg	$0(1)	
maprotiline hcl tab 75 mg	$0(1)	
MARPLAN TAB 10MG	$0(2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0(1)	
mirtazapine orally disintegrating tab 30 mg	$0(1)	
mirtazapine orally disintegrating tab 45 mg	$0(1)	
mirtazapine tab 7.5 mg	$0(1)	
mirtazapine tab 15 mg	$0(1)	
mirtazapine tab 30 mg	$0(1)	
mirtazapine tab 45 mg	$0(1)	
nefazodone hcl tab 50 mg	$0(1)	
nefazodone hcl tab 100 mg	$0(1)	
nefazodone hcl tab 150 mg	$0(1)	
nefazodone hcl tab 200 mg	$0(1)	
nefazodone hcl tab 250 mg	$0(1)	
nortriptyline hcl cap 10 mg	$0(2)	
nortriptyline hcl cap 25 mg	$0(2)	
nortriptyline hcl cap 50 mg	$0(2)	
nortriptyline hcl cap 75 mg	$0(2)	
nortriptyline hcl soln 10 mg/5ml	$0(2)	
paroxetine hcl tab 10 mg	$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	$0(1)	
amantadine hcl tab 100 mg	$0(1)	
APOKYN INJ 10MG/ML	$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj 1 mg/ml	$0(1)	
benztropine mesylate tab 0.5 mg	$0(2)	PA; PA if 70 years and older
benztropine mesylate tab 1 mg	$0(2)	PA; PA if 70 years and older
benztropine mesylate tab 2 mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0(1)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0(1)	
carbidopa & levodopa orally disintegrating tab 10-100 mg	$0(1)	
carbidopa & levodopa orally disintegrating tab 25-100 mg	$0(1)	
carbidopa & levodopa orally disintegrating tab 25-250 mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone tab 200 mg	$0(1)	
NEUPRO DIS 1MG/24HR	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEUPRO DIS 2MG/24HR	$0(2)	
NEUPRO DIS 3MG/24HR	$0(2)	
NEUPRO DIS 4MG/24HR	$0(2)	
NEUPRO DIS 6MG/24HR	$0(2)	
NEUPRO DIS 8MG/24HR	$0(2)	
pramipexole dihydrochloride tab 0.5 mg	$0(1)	
pramipexole dihydrochloride tab 0.25 mg	$0(1)	
pramipexole dihydrochloride tab 0.75 mg	$0(1)	
pramipexole dihydrochloride tab 0.125 mg	$0(1)	
pramipexole dihydrochloride tab 1 mg	$0(1)	
pramipexole dihydrochloride tab 1.5 mg	$0(1)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0(1)	
rasagiline mesylate tab 1 mg (base equiv)	$0(1)	
ropinirole hydrochloride tab 0.5 mg	$0(1)	
ropinirole hydrochloride tab 0.25 mg	$0(1)	
ropinirole hydrochloride tab 1 mg	$0(1)	
ropinirole hydrochloride tab 2 mg	$0(1)	
ropinirole hydrochloride tab 3 mg	$0(1)	
ropinirole hydrochloride tab 4 mg	$0(1)	
ropinirole hydrochloride tab 5 mg	$0(1)	
selegiline hcl cap 5 mg	$0(1)	
selegiline hcl tab 5 mg	$0(1)	
trihexyphenidyl hcl elixir 0.4 mg/ml	$0(2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 2 mg	$0(2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 5 mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole oral solution 1 mg/ml	$0(2)	NDS, QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	$0(2)	NDS, QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aripiprazole orally disintegrating tab 15 mg	$0(2)	NDS, QL (60 tabs / 30 days)
aripiprazole tab 2 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	$0(2)	NDS
CAPLYTA CAP 42MG	$0(2)	QL (30 caps / 30 days)
CHLORPROMAZ INJ 25MG/ML	$0(2)	
CHLORPROMAZ INJ 50MG/2ML	$0(2)	
chlorpromazine hcl tab 10 mg	$0(1)	
chlorpromazine hcl tab 25 mg	$0(1)	
chlorpromazine hcl tab 50 mg	$0(1)	
chlorpromazine hcl tab 100 mg	$0(1)	
chlorpromazine hcl tab 200 mg	$0(1)	
clozapine orally disintegrating tab 12.5 mg	$0(1)	PA
clozapine orally disintegrating tab 25 mg	$0(1)	PA
clozapine orally disintegrating tab 100 mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	$0(1)	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	$0(1)	
clozapine tab 50 mg	$0(1)	
clozapine tab 100 mg	$0(1)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0(1)	QL (135 tabs / 30 days)
FANAPT PAK	$0(2)	PA
FANAPT TAB 1MG	$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	$0(2)	QL (60 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 4MG	$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	$0(2)	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	$0(2)	QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	$0(1)	
fluphenazine hcl elixir 2.5 mg/5ml	$0(1)	
fluphenazine hcl inj 2.5 mg/ml	$0(1)	
fluphenazine hcl oral conc 5 mg/ml	$0(1)	
fluphenazine hcl tab 1 mg	$0(1)	
fluphenazine hcl tab 2.5 mg	$0(1)	
fluphenazine hcl tab 5 mg	$0(1)	
fluphenazine hcl tab 10 mg	$0(1)	
GEODON INJ 20MG	$0(2)	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	$0(1)	
haloperidol decanoate im soln 100 mg/ml	$0(1)	
haloperidol lactate inj 5 mg/ml	$0(1)	
haloperidol lactate oral conc 2 mg/ml	$0(1)	
haloperidol tab 0.5 mg	$0(1)	
haloperidol tab 1 mg	$0(1)	
haloperidol tab 2 mg	$0(1)	
haloperidol tab 5 mg	$0(1)	
haloperidol tab 10 mg	$0(1)	
haloperidol tab 20 mg	$0(1)	
INVEGA SUST INJ 39/0.25	$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	$0(2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	$0(2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	$0(2)	NDS, QL (1 injection / 90 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 410MG	$0(2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	$0(2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	$0(2)	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 40MG	$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 80MG	$0(2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	$0(2)	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	$0(1)	
loxapine succinate cap 10 mg	$0(1)	
loxapine succinate cap 25 mg	$0(1)	
loxapine succinate cap 50 mg	$0(1)	
molindone hcl tab 5 mg	$0(1)	
molindone hcl tab 10 mg	$0(1)	
molindone hcl tab 25 mg	$0(1)	
NUPLAZID CAP 34MG	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	$0(1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine tab 2.5 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 5 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0(1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0(1)	QL (30 tabs / 30 days)
olanzapine tab 20 mg	$0(1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 1.5 mg	$0(1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0(1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	$0(1)	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0(1)	QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0(1)	
perphenazine tab 4 mg	$0(1)	
perphenazine tab 8 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
perphenazine tab 16 mg	$0(1)	
PERSERIS INJ 90MG	$0(2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	$0(2)	NDS, QL (1 injection / 30 days)
pimozide tab 1 mg	$0(1)	
pimozide tab 2 mg	$0(1)	
quetiapine fumarate tab 25 mg	$0(1)	
quetiapine fumarate tab 50 mg	$0(1)	
quetiapine fumarate tab 100 mg	$0(1)	
quetiapine fumarate tab 200 mg	$0(1)	
quetiapine fumarate tab 300 mg	$0(1)	
quetiapine fumarate tab 400 mg	$0(1)	
quetiapine fumarate tab er 24hr 50 mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	$0(1)	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	$0(1)	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 300 mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	$0(2)	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	$0(2)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	$0(2)	NDS, QL (2 injections / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone orally disintegrating tab 0.5 mg	$0(1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	$0(1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	$0(1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	$0(1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	$0(1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	$0(1)	QL (60 tabs / 30 days)
risperidone soln 1 mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0(1)	
risperidone tab 0.25 mg	$0(1)	
risperidone tab 1 mg	$0(1)	
risperidone tab 2 mg	$0(1)	
risperidone tab 3 mg	$0(1)	
risperidone tab 4 mg	$0(1)	
SAPHRIS SUB 2.5MG	$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 5MG	$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 10MG	$0(2)	QL (60 tabs / 30 days)
SECUADO DIS 3.8MG	$0(2)	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	$0(2)	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	$0(2)	QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	$0(1)	
thioridazine hcl tab 25 mg	$0(1)	
thioridazine hcl tab 50 mg	$0(1)	
thioridazine hcl tab 100 mg	$0(1)	
thiothixene cap 1 mg	$0(1)	
thiothixene cap 2 mg	$0(1)	
thiothixene cap 5 mg	$0(1)	
thiothixene cap 10 mg	$0(1)	
trifluoperazine hcl tab 1 mg (base equivalent)	$0(1)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0(1)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trifluoperazine hcl tab 10 mg (base equivalent)	$0(1)	
VERSACLOZ SUS 50MG/ML	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0(2)	PA
VRAYLAR CAP 1.5MG	$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	$0(2)	NDS, QL (30 caps / 30 days), PA
ziprasidone hcl cap 20 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0(1)	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	$0(1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	$0(2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (120 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	$0(1)	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	$0(1)	QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	$0(1)	QL (60 tabs / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	$0(2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	$0(2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	$0(2)	PA; PA if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	$0(2)	PA; PA if 70 years and older
methylphenidate hcl soln 5 mg/5ml	$0(1)	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	$0(1)	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	$0(1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	$0(1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	$0(1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	$0(1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 20 mg	$0(1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
doxepin hcl (sleep) tab 3 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	$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
eszopiclone tab 1 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	$0(2)	NDS, LA, PA
SILENOR TAB 3MG	$0(2)	QL (30 tabs / 30 days)
SILENOR TAB 6MG	$0(2)	QL (30 tabs / 30 days)
temazepam cap 7.5 mg	$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon cap 5 mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0(1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0(1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0(1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	$0(1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	$0(1)	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	$0(1)	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
lithium carbonate cap 150 mg	$0(1)	
lithium carbonate cap 300 mg	$0(1)	
lithium carbonate cap 600 mg	$0(1)	
lithium carbonate tab 300 mg	$0(1)	
lithium carbonate tab er 300 mg	$0(1)	
lithium carbonate tab er 450 mg	$0(1)	
LITHIUM SOL 8MEQ/5ML	$0(2)	
LYRICA CR TAB 82.5MG	$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	$0(1)	
riluzole tab 50 mg	$0(1)	
tetrabenazine tab 12.5 mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON INJ 0.3MG	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dalfampridine tab er 12hr 10 mg	$0(2)	NDS, NM, PA
GILENYA CAP 0.5MG	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa inj 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa inj 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 10 mg	$0(1)	
baclofen tab 20 mg	$0(1)	
carisoprodol tab 350 mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl tab 5 mg	$0(2)	PA; PA if 70 years and older
cyclobenzaprine hcl tab 10 mg	$0(2)	PA; PA if 70 years and older
dantrolene sodium cap 25 mg	$0(1)	
dantrolene sodium cap 50 mg	$0(1)	
dantrolene sodium cap 100 mg	$0(1)	
methocarbamol tab 500 mg	$0(2)	PA; PA if 70 years and older
methocarbamol tab 750 mg	$0(2)	PA; PA if 70 years and older
tizanidine hcl tab 2 mg (base equivalent)	$0(1)	
tizanidine hcl tab 4 mg (base equivalent)	$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0(1)	QL (90 tabs / 30 days), PA
armodafinil tab 150 mg	$0(1)	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	$0(1)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0(1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	$0(2)	NDS, QL (540 mL / 30 days), LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0(1)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl sl tab 8 mg (base equiv)	$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	$0(1)	
CHANTIX PAK 0.5& 1MG	$0(2)	PA
CHANTIX PAK 1MG	$0(2)	PA
CHANTIX TAB 0.5MG	$0(2)	PA
CHANTIX TAB 1MG	$0(2)	PA
disulfiram tab 250 mg	$0(1)	
disulfiram tab 500 mg	$0(1)	
gnp nicotine dis 7mg/24hr	$0(3)	NM; *
gnp nicotine dis 14mg/24h	$0(3)	NM; *
gnp nicotine gum 2mg mint	$0(3)	NM; *
gnp nicotine gum 2mg orig	$0(3)	NM; *
gnp nicotine gum 4mg mint	$0(3)	NM; *
gnp nicotine gum 4mg orig	$0(3)	NM; *
gnp nicotine loz 2mg mint	$0(3)	NM; *
gnp nicotine loz 4mg mint	$0(3)	NM; *
gnp nicotine loz mini 2mg	$0(3)	NM; *
naloxone hcl inj 0.4 mg/ml	$0(1)	
naloxone hcl inj 4 mg/10ml	$0(1)	
naloxone hcl soln cartridge 0.4 mg/ml	$0(1)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0(1)	
naltrexone hcl tab 50 mg	$0(1)	
NARCAN SPR	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nicorelief gum 2mg mint	$0(3)	NM; *
nicorelief gum 2mg orig	$0(3)	NM; *
nicorelief gum 4mg orig	$0(3)	NM; *
nicotine gum 4mg	$0(3)	NM; *
nicotine pol loz 4mg mint	$0(3)	NM; *
nicotine polacrilex gum 2 mg	$0(3)	NM; *
nicotine polacrilex gum 4 mg	$0(3)	NM; *
nicotine polacrilex lozenge 2 mg	$0(3)	NM; *
nicotine polacrilex lozenge 4 mg	$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	$0(3)	NM; *
nicotine td dis 7mg/24hr	$0(3)	NM; *
nicotine td dis 14mg/24h	$0(3)	NM; *
nicotine td dis 21mg/24h	$0(3)	NM; *
nicotine td patch 24hr 7 mg/24hr	$0(3)	NM; *
nicotine td patch 24hr 14 mg/24hr	$0(3)	NM; *
nicotine td patch 24hr 21 mg/24hr	$0(3)	NM; *
NICOTROL INH	$0(2)	
NICOTROL NS SPR 10MG/ML	$0(2)	
VIVITROL INJ 380MG	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50 TAB 50MG	$0(2)	NDS, PA
ANDRODERM DIS 2MG/24HR	$0(2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	$0(2)	QL (30 patches / 30 days), PA
oxandrolone tab 2.5 mg	$0(1)	PA
oxandrolone tab 10 mg	$0(1)	PA
testosterone cypionate im inj in oil 100 mg/ml	$0(1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0(1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0(1)	PA
testosterone td gel 12.5 mg/act (1%)	$0(1)	QL (300 grams / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	$0(1)	QL (300 grams / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	$0(1)	QL (300 grams / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
BASAGLAR INJ 100UNIT	$0(2)	
BD ALCOHOL SWABS	$0(2)	
BD ULTRAFINE INSULIN SYRINGE	$0(2)	
BD ULTRAFINE/NANO PEN NEEDLES	$0(2)	
BYDUREON BC INJ 2/0.85ML	$0(2)	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	$0(2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	$0(2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	$0(2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	$0(2)	
FIASP INJ 100/ML	$0(2)	
FIASP PENFIL INJ U-100	$0(2)	
GAUZE PADS 2" X 2"	$0(2)	
HUMULIN R INJ U-500	$0(2)	NDS
HUMULIN R INJ U-500	$0(2)	NDS, B/D
INSULIN PEN NEEDLE	$0(2)	
INSULIN SAFETY NEEDLES	$0(2)	
INSULIN SYRINGE	$0(2)	
LEVEMIR INJ	$0(2)	
LEVEMIR INJ FLEXTOUC	$0(2)	
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	$0(2)	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	$0(2)	
NOVOLOG INJ FLEXPEN	$0(2)	
NOVOLOG INJ PENFILL	$0(2)	
NOVOLOG MIX INJ 70/30	$0(2)	
NOVOLOG MIX INJ FLEXPEN	$0(2)	
OZEMPIC INJ 2/1.5ML	$0(2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	$0(2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	$0(2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	$0(2)	
TRESIBA FLEX INJ 200UNIT	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRESIBA INJ 100UNIT	$0(2)	
TRULICITY INJ 0.75/0.5	$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	$0(2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	$0(2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
acarbose tab 25 mg	$0(1)	
acarbose tab 50 mg	$0(1)	
acarbose tab 100 mg	$0(1)	
FARXIGA TAB 5MG	$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	$0(2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0(2)	QL (90 tabs / 30 days)
glimepiride tab 2 mg	$0(2)	QL (90 tabs / 30 days)
glimepiride tab 4 mg	$0(2)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0(1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0(1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl tab 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl tab 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
glyburide micronized tab 1.5 mg	$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 3 mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 6 mg	$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 1.25 mg	$0(2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 2.5 mg	$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 5 mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glyburide-metformin tab 1.25-250 mg	$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500 mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	$0(2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	$0(2)	QL (60 tabs / 30 days)
metformin hcl tab 500 mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide tab 60 mg	$0(1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0(1)	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0(1)	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	$0(1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0(1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0(1)	QL (240 tabs / 30 days)
SYNJARDY TAB	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	$0(1)	
alendronate sodium tab 5 mg	$0(1)	
alendronate sodium tab 10 mg	$0(1)	
alendronate sodium tab 35 mg	$0(1)	
alendronate sodium tab 40 mg	$0(1)	
alendronate sodium tab 70 mg	$0(1)	
ibandronate sodium tab 150 mg (base equivalent)	$0(1)	B/D
pamidronate disodium for inj 30 mg	$0(1)	B/D
pamidronate disodium for inj 90 mg	$0(1)	B/D
pamidronate disodium iv soln 3 mg/ml	$0(1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	$0(2)	B/D
risedronate sodium tab 5 mg	$0(1)	
risedronate sodium tab 35 mg	$0(1)	
risedronate sodium tab 150 mg	$0(1)	
risedronate sodium tab delayed release 35 mg	$0(1)	
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0(1)	B/D, NM
zoledronic acid iv soln 4 mg/100ml	$0(1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	$0(2)	
deferasirox tab 90 mg	$0(2)	NDS, NM, PA
deferasirox tab 360 mg	$0(2)	NDS, NM, PA
DEPEN TITRA TAB 250MG	$0(2)	NDS
JADENU SPRKL GRA 90MG	$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
JADENU SPRKL GRA 180MG	$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	$0(2)	NDS, NM, LA, PA
JADENU TAB 90MG	$0(2)	NDS, NM, LA, PA
JADENU TAB 180MG	$0(2)	NDS, NM, LA, PA
JADENU TAB 360MG	$0(2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	$0(2)	
LOKELMA PAK 10GM	$0(2)	
penicillamine tab 250 mg	$0(2)	NDS
sodium polystyrene sulfonate oral susp 15 gm/60ml	$0(1)	
sodium polystyrene sulfonate powder	$0(1)	
trientine hcl cap 250 mg	$0(2)	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
aftera tab 1.5mg	$0(3)	NM; *
alyacen tab 1/35	$0(1)	
amethia lo tab	$0(1)	
amethia tab	$0(1)	
apri tab	$0(1)	
aranelle tab	$0(1)	
ashlyna tab	$0(1)	
aubra tab 0.1-0.02	$0(1)	
aviane tab	$0(1)	
balziva tab	$0(1)	
bekyree tab	$0(1)	
blisovi 24 tab fe 1/20	$0(1)	
blisovi fe tab 1.5/30	$0(1)	
briellyn tab	$0(1)	
camila tab 0.35mg	$0(1)	
camrese lo tab	$0(1)	
cryselle-28 tab 28 tabs	$0(1)	
cyclafem tab 1/35	$0(1)	
cyclafem tab 7/7/7	$0(1)	
dasetta tab 1/35	$0(1)	
dasetta tab 7/7/7	$0(1)	
deblitane tab 0.35mg	$0(1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
econtra ez tab 1.5mg	$0(3)	NM; *
econtra os tab 1.5mg	$0(3)	NM; *
ELLA TAB 30MG	$0(2)	
eluryng mis	$0(1)	
emoquette tab	$0(1)	
enpresse-28 tab	$0(1)	
enskyce tab	$0(1)	
errin tab 0.35mg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	$0(1)	
falmina tab	$0(1)	
fayosim tab	$0(1)	
femynor tab 0.25-35	$0(1)	
hailey 24 tab fe	$0(1)	
heather tab 0.35mg	$0(1)	
incassia tab 0.35mg	$0(1)	
introvale tab	$0(1)	
isibloom tab	$0(1)	
jasmiel tab 3-0.02mg	$0(1)	
jolivette tab 0.35mg	$0(1)	
juleber tab	$0(1)	
junel 1.5/30 tab	$0(1)	
junel 1/20 tab	$0(1)	
junel fe 24 tab 1/20	$0(1)	
junel fe tab 1.5/30	$0(1)	
junel fe tab 1/20	$0(1)	
kaitlib fe chw	$0(1)	
kariva tab 28 day	$0(1)	
kelnor 1/50 tab	$0(1)	
kelnor tab 1/35	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0(1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norethindrone tab 0.35 mg	$0(1)	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0(1)	
nortrel tab 0.5/35	$0(1)	
nortrel tab 1/35	$0(1)	
nortrel tab 7/7/7	$0(1)	
NUVARING MIS	$0(2)	
opcicon tab 1.5mg	$0(3)	NM; *
option 2 tab 1.5mg	$0(3)	NM; *
orsythia tab	$0(1)	
philith tab 0.4-35	$0(1)	
pimtrea tab	$0(1)	
pirmella tab 1/35	$0(1)	
portia-28 tab	$0(1)	
previfem tab	$0(1)	
reclipsen tab	$0(1)	
rivelsa tab	$0(1)	
sharobel tab 0.35mg	$0(1)	
sprintec 28 tab 28 day	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
take action tab 1.5mg	$0(3)	NM; *
tarina 24 fe tab	$0(1)	
tarina fe tab 1/20	$0(1)	
tri-estaryll tab	$0(1)	
tri-legest tab fe	$0(1)	
tri-lo- tab sprintec	$0(1)	
tri-mili tab	$0(1)	
tri-previfem tab	$0(1)	
tri-sprintec tab	$0(1)	
tri-vylibra tab	$0(1)	
tri-vylibra tab lo	$0(1)	
trivora-28 tab	$0(1)	
tulana tab 0.35mg	$0(1)	
tydemy tab	$0(1)	
velivet pak	$0(1)	
vienva tab 0.1-20	$0(1)	
viorele tab	$0(1)	
vyfemla tab 0.4-35	$0(1)	
vylibra tab 0.25-35	$0(1)	
wymzya fe chw 0.4mg-35	$0(1)	
zarah tab 3-0.03mg	$0(1)	
zovia 1/35e tab	$0(1)	
ENDOMETRIOSIS		
danazol cap 50 mg	$0(1)	
danazol cap 100 mg	$0(1)	
danazol cap 200 mg	$0(1)	
SYNAREL SOL 2MG/ML	$0(2)	NDS, NM
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INJ 2.9MG/5M	$0(2)	NDS, NM, LA, PA
CARBAGLU TAB 200MG	$0(2)	NDS, LA, PA
CERDELGA CAP 84MG	$0(2)	NDS, NM, PA
CEREZYME INJ 400UNIT	$0(2)	NDS, NM, LA, PA
CYSTADANE POW	$0(2)	NDS, LA
CYSTAGON CAP 50MG	$0(2)	NM, LA, PA
CYSTAGON CAP 150MG	$0(2)	NM, LA, PA
FABRAZYME INJ 5MG	$0(2)	NDS, NM, LA, PA
FABRAZYME INJ 35MG	$0(2)	NDS, NM, LA, PA
KUVAN POW 100MG	$0(2)	NDS, NM, LA, PA
KUVAN POW 500MG	$0(2)	NDS, NM, LA, PA
KUVAN TAB 100MG	$0(2)	NDS, NM, LA, PA
levocarnitine oral soln 1 gm/10ml (10%)	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levocarnitine tab 330 mg	$0(1)	B/D
LUMIZYME INJ 50MG	$0(2)	NDS, NM, LA, PA
miglustat cap 100 mg	$0(2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	$0(2)	NDS, NM, LA, PA
nitisinone cap 2 mg	$0(2)	NDS, PA
nitisinone cap 5 mg	$0(2)	NDS, PA
nitisinone cap 10 mg	$0(2)	NDS, PA
NITYR TAB 2MG	$0(2)	NDS, LA, PA
NITYR TAB 5MG	$0(2)	NDS, LA, PA
NITYR TAB 10MG	$0(2)	NDS, LA, PA
ORFADIN CAP 2MG	$0(2)	NDS, LA, PA
ORFADIN CAP 5MG	$0(2)	NDS, LA, PA
ORFADIN CAP 10MG	$0(2)	NDS, LA, PA
ORFADIN CAP 20MG	$0(2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	$0(2)	NDS, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0(2)	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	$0(2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	$0(2)	
estradiol tab 0.5 mg	$0(2)	
estradiol tab 1 mg	$0(2)	
estradiol tab 2 mg	$0(2)	
estradiol td patch weekly 0.1 mg/24hr	$0(2)	
estradiol td patch weekly 0.05 mg/24hr	$0(2)	
estradiol td patch weekly 0.06 mg/24hr	$0(2)	
estradiol td patch weekly 0.025 mg/24hr	$0(2)	
estradiol td patch weekly 0.075 mg/24hr	$0(2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0(2)	
estradiol vaginal cream 0.1 mg/gm	$0(1)	
estradiol vaginal tab 10 mcg	$0(1)	
estradiol valerate im in oil 20 mg/ml	$0(1)	
estradiol valerate im in oil 40 mg/ml	$0(1)	
fyavolv tab 0.5-2.5	$0(2)	
jinteli tab 1mg-5mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	$0(1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0(1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0(1)	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	$0(1)	B/D
PREDNISONE CON 5MG/ML	$0(2)	B/D
prednisone oral soln 5 mg/5ml	$0(1)	B/D
prednisone tab 1 mg	$0(1)	B/D
prednisone tab 2.5 mg	$0(1)	B/D
prednisone tab 5 mg	$0(1)	B/D
prednisone tab 10 mg	$0(1)	B/D
prednisone tab 20 mg	$0(1)	B/D
prednisone tab 50 mg	$0(1)	B/D
prednisone tab therapy pack 5 mg (21)	$0(1)	
prednisone tab therapy pack 5 mg (48)	$0(1)	
prednisone tab therapy pack 10 mg (21)	$0(1)	
prednisone tab therapy pack 10 mg (48)	$0(1)	
SOLU-CORTEF INJ 100MG	$0(2)	
SOLU-CORTEF INJ 250MG	$0(2)	
SOLU-CORTEF INJ 500MG	$0(2)	
SOLU-CORTEF INJ 1000MG	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	$0(2)	
GLUCAGON KIT 1MG	$0(2)	
PROGLYCEM SUS 50MG/ML	$0(2)	
MISCELLANEOUS		
cabergoline tab 0.5 mg	$0(1)	
calcitonin (salmon) nasal soln 200 unit/act	$0(1)	B/D
cinacalcet hcl tab 30 mg (base equiv)	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
FORTEO SOL 600/2.4	$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 0.8MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	$0(2)	NDS, NM, LA, PA
KORLYM TAB 300MG	$0(2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	$0(2)	NDS, NM, PA
NATPARA INJ 25MCG	$0(2)	NDS, NM, PA
NATPARA INJ 50MCG	$0(2)	NDS, NM, PA
NATPARA INJ 75MCG	$0(2)	NDS, NM, PA
NATPARA INJ 100MCG	$0(2)	NDS, NM, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0(1)	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0(2)	NDS, NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0(2)	NDS, NM, PA
OSPHENA TAB 60MG	$0(2)	PA
PROLIA SOL 60MG/ML	$0(2)	QL (1 injection / 180 days), NM
raloxifene hcl tab 60 mg	$0(1)	
SIGNIFOR INJ 0.3MG/ML	$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	$0(2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	$0(2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	$0(2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMAVERT INJ 25MG	$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	$0(2)	NDS, NM, LA, PA
TYMLOS INJ	$0(2)	NDS, NM, PA
XGEVA INJ	$0(2)	NDS, NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	$0(2)	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	$0(1)	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	$0(2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	$0(1)	QL (540 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	$0(1)	
medroxyprogesterone acetate tab 5 mg	$0(1)	
medroxyprogesterone acetate tab 10 mg	$0(1)	
norethindrone acetate tab 5 mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox tab 25mcg	$0(1)	
euthyrox tab 50mcg	$0(1)	
euthyrox tab 75mcg	$0(1)	
euthyrox tab 88mcg	$0(1)	
euthyrox tab 100mcg	$0(1)	
euthyrox tab 112mcg	$0(1)	
euthyrox tab 125mcg	$0(1)	
euthyrox tab 137mcg	$0(1)	
euthyrox tab 150mcg	$0(1)	
euthyrox tab 175mcg	$0(1)	
euthyrox tab 200mcg	$0(1)	
levo-t tab 25mcg	$0(1)	
levo-t tab 50mcg	$0(1)	
levo-t tab 75mcg	$0(1)	
levo-t tab 88mcg	$0(1)	
levo-t tab 100mcg	$0(1)	
levo-t tab 112mcg	$0(1)	
levo-t tab 125mcg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levo-t tab 137mcg	$0(1)	
levo-t tab 150mcg	$0(1)	
levo-t tab 175mcg	$0(1)	
levo-t tab 200 mcg	$0(1)	
levo-t tab 300 mcg	$0(1)	
levothyroxine sodium tab 25 mcg	$0(1)	
levothyroxine sodium tab 50 mcg	$0(1)	
levothyroxine sodium tab 75 mcg	$0(1)	
levothyroxine sodium tab 88 mcg	$0(1)	
levothyroxine sodium tab 100 mcg	$0(1)	
levothyroxine sodium tab 112 mcg	$0(1)	
levothyroxine sodium tab 125 mcg	$0(1)	
levothyroxine sodium tab 137 mcg	$0(1)	
levothyroxine sodium tab 150 mcg	$0(1)	
levothyroxine sodium tab 175 mcg	$0(1)	
levothyroxine sodium tab 200 mcg	$0(1)	
levothyroxine sodium tab 300 mcg	$0(1)	
levoxyl tab 25mcg	$0(1)	
levoxyl tab 50mcg	$0(1)	
levoxyl tab 75mcg	$0(1)	
levoxyl tab 88mcg	$0(1)	
levoxyl tab 100mcg	$0(1)	
levoxyl tab 112mcg	$0(1)	
levoxyl tab 125mcg	$0(1)	
levoxyl tab 137mcg	$0(1)	
levoxyl tab 150mcg	$0(1)	
levoxyl tab 175mcg	$0(1)	
levoxyl tab 200mcg	$0(1)	
liothyronine sodium tab 5 mcg	$0(1)	
liothyronine sodium tab 25 mcg	$0(1)	
liothyronine sodium tab 50 mcg	$0(1)	
methimazole tab 5 mg	$0(1)	
methimazole tab 10 mg	$0(1)	
propylthiouracil tab 50 mg	$0(1)	
SYNTHROID TAB 25MCG	$0(2)	
SYNTHROID TAB 50MCG	$0(2)	
SYNTHROID TAB 75MCG	$0(2)	
SYNTHROID TAB 88MCG	$0(2)	
SYNTHROID TAB 100MCG	$0(2)	
SYNTHROID TAB 112MCG	$0(2)	
SYNTHROID TAB 125MCG	$0(2)	
SYNTHROID TAB 137MCG	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 150MCG	$0(2)	
SYNTHROID TAB 175MCG	$0(2)	
SYNTHROID TAB 200MCG	$0(2)	
SYNTHROID TAB 300MCG	$0(2)	
unithroid tab 25mcg	$0(1)	
unithroid tab 50mcg	$0(1)	
unithroid tab 75mcg	$0(1)	
unithroid tab 88mcg	$0(1)	
unithroid tab 100mcg	$0(1)	
unithroid tab 112mcg	$0(1)	
unithroid tab 125mcg	$0(1)	
unithroid tab 137mcg	$0(1)	
unithroid tab 150mcg	$0(1)	
unithroid tab 175mcg	$0(1)	
unithroid tab 200mcg	$0(1)	
unithroid tab 300mcg	$0(1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	$0(1)	NM
desmopressin acetate nasal spray soln 0.01%	$0(1)	NM
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0(1)	
desmopressin acetate tab 0.1 mg	$0(1)	NM
desmopressin acetate tab 0.2 mg	$0(1)	NM
STIMATE SOL 1.5MG/ML	$0(2)	NDS, NM
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone chw	$0(3)	NM; *
acid gone sus	$0(3)	NM; *
almacone dbl sus strength	$0(3)	NM; *
almacone sus	$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	$0(3)	NM; *
antacid chw 500mg	$0(3)	NM; *
antacid chw 750mg	$0(3)	NM; *
antacid fast sus relief	$0(3)	NM; *
antacid plus sus anti-gas	$0(3)	NM; *
antacid plus sus gas rel	$0(3)	NM; *
antacid sus	$0(3)	NM; *
antacid sus anti-gas	$0(3)	NM; *
antacid sus max st	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cal-gest chw 500mg	$0(3)	NM; *
calc antacid chw 500mg	$0(3)	NM; *
calc antacid chw 750mg	$0(3)	NM; *
GAVISCON CHW	$0(3)	NM; *
GAVISCON SUS	$0(3)	NM; *
GAVISCON SUS CHERRY	$0(3)	NM; *
gnp antacid chw 160-105	$0(3)	NM; *
gnp antacid sus anti-gas	$0(3)	NM; *
gnp antacid sus cherry	$0(3)	NM; *
gnp antacid sus coolmint	$0(3)	NM; *
gnp antacid sus original	$0(3)	NM; *
gnp antacid sus reg st	$0(3)	NM; *
mag-al plus liq	$0(3)	NM; *
mag-al plus liq xs	$0(3)	NM; *
magnesium oxide tab 400 mg	$0(3)	NM; *
mi-acid sus	$0(3)	NM; *
mi-acid sus max st	$0(3)	NM; *
mintox plus chw	$0(3)	NM; *
mintox sus	$0(3)	NM; *
mintox sus max st	$0(3)	NM; *
qc antacid chw 500mg	$0(3)	NM; *
qc antacid sus	$0(3)	NM; *
qc antacid sus anti-gas	$0(3)	NM; *
rulox sus	$0(3)	NM; *
sodium bicarbonate tab 325 mg	$0(3)	NM; *
sodium bicarbonate tab 650 mg	$0(3)	NM; *
SODIUM POW BICARBON	$0(3)	NM; *
tums smoothi chw 750mg	$0(3)	NM; *
ANTI-DIARRHEAL		
anti-diarrhe cap 2mg	$0(3)	NM; *
anti-diarrhe tab 2mg	$0(3)	NM; *
bismatrol chw 262mg	$0(3)	NM; *
bismatrol sus 262/15ml	$0(3)	NM; *
bismatrol sus 525/15ml	$0(3)	NM; *
kao-tin sus 262/15ml	$0(3)	NM; *
loperamide cap 2mg	$0(3)	NM; *
loperamide hcl liq 1 mg/7.5ml	$0(3)	NM; *
loperamide sus 1mg/7.5	$0(3)	NM; *
peptic relf chw 262mg	$0(3)	NM; *
pink bismuth chw 262mg	$0(3)	NM; *
pink bismuth tab 262mg	$0(3)	NM; *
stomach relf chw 262mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
stomach relf sus 262/15ml	$0(3)	NM; *
stomach relf sus 525/15ml	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	$0(1)	B/D
aprepitant capsule 80 mg	$0(1)	B/D
aprepitant capsule 125 mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro sup 25mg	$0(1)	
driminate tab 50mg	$0(3)	NM; *
dronabinol cap 2.5 mg	$0(1)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0(1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	$0(2)	B/D
granisetron hcl inj 1 mg/ml	$0(1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0(1)	
granisetron hcl tab 1 mg	$0(1)	B/D
meclizine hcl chew tab 25 mg	$0(3)	NM; *
meclizine hcl tab 12.5 mg	$0(2)	
meclizine hcl tab 12.5 mg	$0(3)	NM; *
meclizine hcl tab 25 mg	$0(2)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	$0(1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	$0(1)	
metoclopramide hcl tab 5 mg (base equivalent)	$0(1)	
metoclopramide hcl tab 10 mg (base equivalent)	$0(1)	
motion relf tab 25mg	$0(3)	NM; *
motion sick tab 25mg	$0(3)	NM; *
motion sick tab 50mg	$0(3)	NM; *
motion-time chw 25mg	$0(3)	NM; *
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0(1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0(1)	
ondansetron hcl oral soln 4 mg/5ml	$0(1)	B/D
ondansetron hcl tab 4 mg	$0(1)	B/D
ondansetron hcl tab 8 mg	$0(1)	B/D
ondansetron hcl tab 24 mg	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ondansetron orally disintegrating tab 4 mg	$0(1)	B/D
ondansetron orally disintegrating tab 8 mg	$0(1)	B/D
prochlorperazine edisylate inj 10 mg/2ml	$0(1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0(1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0(1)	
prochlorperazine suppos 25 mg	$0(1)	
promethazine hcl inj 25 mg/ml	$0(2)	PA; PA if 70 years and older
promethazine hcl inj 50 mg/ml	$0(2)	PA; PA if 70 years and older
promethazine hcl syrup 6.25 mg/5ml	$0(2)	PA; PA if 70 years and older
promethazine hcl tab 12.5 mg	$0(2)	PA; PA if 70 years and older
promethazine hcl tab 25 mg	$0(2)	PA; PA if 70 years and older
promethazine hcl tab 50 mg	$0(2)	PA; PA if 70 years and older
scopolamine td patch 72hr 1 mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
travel sick chw 25mg	$0(3)	NM; *
travel sick tab 50mg	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0(2)	
dicyclomine hcl oral soln 10 mg/5ml	$0(2)	
dicyclomine hcl tab 20 mg	$0(2)	
glycopyrrolate tab 1 mg	$0(1)	
glycopyrrolate tab 2 mg	$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid control tab 10mg	$0(3)	NM; *
acid reducer tab 10mg	$0(3)	NM; *
acid reducer tab 75mg	$0(3)	NM; *
famotidine for susp 40 mg/5ml	$0(1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine inj 20 mg/2ml	$0(1)	
famotidine inj 40 mg/4ml	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine inj 200 mg/20ml	$0(1)	
famotidine tab 10 mg	$0(3)	NM; *
famotidine tab 20 mg	$0(1)	
famotidine tab 40 mg	$0(1)	
heartburn tab relief	$0(3)	NM; *
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	$0(1)	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	$0(1)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	$0(1)	
ranitidine hcl tab 75 mg	$0(3)	NM; *
ranitidine hcl tab 150 mg	$0(1)	
ranitidine hcl tab 300 mg	$0(1)	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	$0(1)	
budesonide delayed release particles cap 3 mg	$0(1)	
colocort ene 100mg	$0(1)	
hydrocortisone enema 100 mg/60ml	$0(1)	
mesalamine cap dr 400 mg	$0(1)	
mesalamine enema 4 gm	$0(1)	
mesalamine rectal enema 4 gm & cleanser wipe kit	$0(1)	
mesalamine suppos 1000 mg	$0(2)	NDS
mesalamine tab delayed release 1.2 gm	$0(1)	
sulfasalazine tab 500 mg	$0(1)	
sulfasalazine tab delayed release 500 mg	$0(1)	
LAXATIVES		
bisac-evac sup 10mg	$0(3)	NM; *
bisacodyl suppos 10 mg	$0(3)	NM; *
bisacodyl tab 5mg ec	$0(3)	NM; *
biscolax sup 10mg	$0(3)	NM; *
calcium polycarbophil tab 625 mg	$0(3)	NM; *
CITRUCEL POW ORANGE	$0(3)	NM; *
CITRUCEL POW SF ORANG	$0(3)	NM; *
clearlax pow	$0(3)	NM; *
colace 2in1 tab 8.6-50mg	$0(3)	NM; *
COLACE CLEAR CAP 50MG	$0(3)	NM; *
constulose sol 10gm/15	$0(1)	
docu liq 50mg/5ml	$0(3)	NM; *
docusate sod liq 50mg/5ml	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docusate sodium cap 100 mg	$0(3)	NM; *
docusate sodium liquid 150 mg/15ml	$0(3)	NM; *
docusil cap 100mg	$0(3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	$0(3)	NM; *
DOCUSOL MINI ENE	$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	$0(3)	NM; *
dok cap 100mg	$0(3)	NM; *
dok cap 250mg	$0(3)	NM; *
dok plus tab 8.6-50mg	$0(3)	NM; *
dok tab 100mg	$0(3)	NM; *
ducodyl tab 5mg ec	$0(3)	NM; *
ENEMEEZ MINI ENE	$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	$0(3)	NM; *
enulose sol 10gm/15	$0(1)	
fiber laxatv tab 625mg	$0(3)	NM; *
fiber therap tab 500mg	$0(3)	NM; *
fiber-lax tab 625mg	$0(3)	NM; *
FLEET LIQUID ENE GLYCERIN	$0(3)	NM; *
gavilax pow	$0(3)	NM; *
gavilyte-c sol	$0(1)	
gavilyte-g sol	$0(1)	
gavilyte-n sol flav pk	$0(1)	
generlac sol 10gm/15	$0(1)	
gentle laxat sup 10mg	$0(3)	NM; *
glycerin sup 2gm	$0(3)	NM; *
glycerin suppos 1 gm	$0(3)	NM; *
gnp clearlax pak 3350 nf	$0(3)	NM; *
gnp clearlax pow	$0(3)	NM; *
gnp enema ene	$0(3)	NM; *
gnp laxative tab 5mg ec	$0(3)	NM; *
gnp laxative tab 25mg	$0(3)	NM; *
gnp milk mag sus	$0(3)	NM; *
gnp milk mag sus cherry	$0(3)	NM; *
gnp milk mag sus mint	$0(3)	NM; *
gnp milk mag sus original	$0(3)	NM; *
gnp senna tab 8.6mg	$0(3)	NM; *
GOLYTELY SOL	$0(2)	
healthylax pow	$0(3)	NM; *
hm clearlax pow	$0(3)	NM; *
kao-tin cap 240mg	$0(3)	NM; *
konsyl daily pow 28.3%	$0(3)	NM; *
KONSYL DAILY POW 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 POW 100%	$0(3)	NM; *
KONSYL POW 60.3%	$0(3)	NM; *
KONSYL POW 71.67%	$0(3)	NM; *
KONSYL-D POW 52.3%	$0(3)	NM; *
lactulose (encephalopathy) solution 10 gm/15ml	$0(1)	
lactulose solution 10 gm/15ml	$0(1)	
lax/stl soft tab 8.6-50mg	$0(3)	NM; *
laxative sup 10mg	$0(3)	NM; *
milk of magn sus	$0(3)	NM; *
milk of magn sus 400/5ml	$0(3)	NM; *
milk of magn sus 1200/15	$0(3)	NM; *
milk of magn sus 2400/30	$0(3)	NM; *
milk of magn sus cherry	$0(3)	NM; *
milk of magn sus frsh mnt	$0(3)	NM; *
milk of magn sus mint	$0(3)	NM; *
nat fiber pow therapy	$0(3)	NM; *
nat veg lax tab 8.6mg	$0(3)	NM; *
natura-lax pow 3350 nf	$0(3)	NM; *
naturl fiber pow 28.3%	$0(3)	NM; *
NULYTELY SOL FLAV PKS	$0(2)	
PEDIA-LAX LIQ 50MG	$0(3)	NM; *
PEDIA-LAX SUP 2.8GM	$0(3)	NM; *
pediatric ene enema	$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
PLENVU SOL	$0(2)	
polyethylene glycol 3350 oral packet	$0(3)	NM; *
polyethylene glycol 3350 oral powder	$0(3)	NM; *
qc enema ene	$0(3)	NM; *
qc laxative sup 10mg	$0(3)	NM; *
reguloid pow 28.3%	$0(3)	NM; *
reguloid pow 48.57%	$0(3)	NM; *
reguloid pow 58.6%	$0(3)	NM; *
senna lax tab 8.6mg	$0(3)	NM; *
SENNA LEAVES MIS	$0(3)	NM; *
senna plus tab 8.6-50mg	$0(3)	NM; *
senna-lax tab 8.6mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
senna-s tab 8.6-50mg	$0(3)	NM; *
senna-tabs tab 8.6mg	$0(3)	NM; *
senna-time s tab 8.6-50mg	$0(3)	NM; *
senna-time tab 8.6mg	$0(3)	NM; *
sennosides tab 8.6 mg	$0(3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0(3)	NM; *
senokot extr tab 17.2mg	$0(3)	NM; *
silace liq 10mg/ml	$0(3)	NM; *
silace syp 60/15ml	$0(3)	NM; *
sm clearlax pow	$0(3)	NM; *
sodium phosphates - enema	$0(3)	NM; *
soluble fib pow therapy	$0(3)	NM; *
SORBITOL SOL 70%	$0(3)	NM; *
stim laxat tab 5mg ec	$0(3)	NM; *
stool softnr cap 100mg	$0(3)	NM; *
stool softnr cap 240mg	$0(3)	NM; *
stool softnr cap 250mg	$0(3)	NM; *
stool softnr syp 60/15ml	$0(3)	NM; *
stool softnr tab 8.6-50mg	$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0(2)	
trilyte sol	$0(1)	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0(2)	NDS, PA
alosetron hcl tab 1 mg (base equiv)	$0(2)	NDS, PA
AMITIZA CAP 8MCG	$0(2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	$0(2)	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	$0(2)	NDS
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
formula em sol	$0(3)	NM; *
GATTEX KIT 5MG	$0(2)	NDS, NM, LA, PA
gnp nausea sol relief	$0(3)	NM; *
LINZESS CAP 72MCG	$0(2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	$0(2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	$0(2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0(1)	
misoprostol tab 100 mcg	$0(1)	
misoprostol tab 200 mcg	$0(1)	
MOVANTIK TAB 12.5MG	$0(2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	$0(2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	$0(2)	NDS, PA
RELISTOR INJ 12/0.6ML	$0(2)	NDS, PA
sucralfate tab 1 gm	$0(1)	
ursodiol cap 300 mg	$0(1)	
ursodiol tab 250 mg	$0(1)	
ursodiol tab 500 mg	$0(1)	
XIFAXAN TAB 550MG	$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000	$0(2)	
ZENPEP CAP 40000	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CAP 30MG DR	$0(2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	$0(2)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0(1)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0(1)	QL (30 caps / 30 days), ST
lansoprazole cap delayed release 15 mg	$0(1)	QL (30 caps / 30 days)
lansoprazole cap delayed release 30 mg	$0(1)	QL (30 caps / 30 days)
omeprazole cap delayed release 10 mg	$0(1)	
omeprazole cap delayed release 20 mg	$0(1)	
omeprazole cap delayed release 40 mg	$0(1)	
pantoprazole sodium ec tab 20 mg (base equiv)	$0(1)	
pantoprazole sodium ec tab 40 mg (base equiv)	$0(1)	
pantoprazole sodium for iv soln 40 mg (base equiv)	$0(1)	
rabeprazole sodium ec tab 20 mg	$0(1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	$0(1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0(1)	
tamsulosin hcl cap 0.4 mg	$0(1)	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	$0(1)	
bethanechol chloride tab 10 mg	$0(1)	
bethanechol chloride tab 25 mg	$0(1)	
bethanechol chloride tab 50 mg	$0(1)	
potassium citrate tab er 5 meq (540 mg)	$0(1)	
potassium citrate tab er 10 meq (1080 mg)	$0(1)	
potassium citrate tab er 15 meq (1620 mg)	$0(1)	
sodium citrate & citric acid soln 500-334 mg/5ml	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	$0(1)	
oxybutynin chloride tab 5 mg	$0(1)	
oxybutynin chloride tab er 24hr 5 mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0(1)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0(1)	QL (60 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate cap er 24hr 4 mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	$0(1)	ST
tolterodine tartrate tab 2 mg	$0(1)	ST
TOVIAZ TAB 4MG	$0(2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	$0(2)	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0(1)	
clotrimazole cre 2%	$0(3)	NM; *
clotrimazole cre 3 day	$0(3)	NM; *
clotrimazole vaginal cream 1%	$0(3)	NM; *
3 day vaginl cre 2%	$0(3)	NM; *
3 day vagnal cre 4%	$0(3)	NM; *
metronidazole vaginal gel 0.75%	$0(1)	
miconazole 3 cre 4%	$0(3)	NM; *
miconazole 3 kit combinat	$0(3)	NM; *
miconazole 3 kit combo pk	$0(3)	NM; *
miconazole 7 cre 2%	$0(3)	NM; *
miconazole 7 sup 100mg	$0(3)	NM; *
miconazole nitrate vaginal cream 2%	$0(3)	NM; *
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	$0(3)	NM; *
miconazole nitrate vaginal suppos 100 mg	$0(3)	NM; *
terconazole vaginal cream 0.4%	$0(1)	
terconazole vaginal cream 0.8%	$0(1)	
terconazole vaginal suppos 80 mg	$0(1)	
tioconazole oin 6.5% vag	$0(3)	NM; *
vandazole gel 0.75%	$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN TAB 1MG	$0(2)	
COUMADIN TAB 2.5MG	$0(2)	
COUMADIN TAB 2MG	$0(2)	
COUMADIN TAB 3MG	$0(2)	
COUMADIN TAB 4MG	$0(2)	
COUMADIN TAB 5MG	$0(2)	
COUMADIN TAB 6MG	$0(2)	
COUMADIN TAB 7.5MG	$0(2)	
COUMADIN TAB 10MG	$0(2)	
ELIQUIS ST P TAB 5MG	$0(2)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium inj 30 mg/0.3ml	$0(1)	NM
enoxaparin sodium inj 40 mg/0.4ml	$0(1)	NM
enoxaparin sodium inj 60 mg/0.6ml	$0(1)	NM
enoxaparin sodium inj 80 mg/0.8ml	$0(1)	NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj 100 mg/ml	$0(1)	NM
enoxaparin sodium inj 120 mg/0.8ml	$0(1)	NM
enoxaparin sodium inj 150 mg/ml	$0(1)	NM
enoxaparin sodium inj 300 mg/3ml	$0(1)	NM
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0(1)	NM
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0(2)	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0(2)	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) 100 unit/ml in d5w	$0(2)	
heparin sodium (porcine) inj 1000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0(1)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0(1)	B/D
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	$0(2)	
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	$0(2)	
HEPARIN/NACL INJ 25000UNT	$0(2)	
jantoven tab 1mg	$0(1)	
jantoven tab 2.5mg	$0(1)	
jantoven tab 2mg	$0(1)	
jantoven tab 3mg	$0(1)	
jantoven tab 4mg	$0(1)	
jantoven tab 5mg	$0(1)	
jantoven tab 6mg	$0(1)	
jantoven tab 7.5mg	$0(1)	
jantoven tab 10mg	$0(1)	
PRADAXA CAP 75MG	$0(2)	QL (60 caps / 30 days)
PRADAXA CAP 110MG	$0(2)	QL (60 caps / 30 days)
PRADAXA CAP 150MG	$0(2)	QL (60 caps / 30 days)
warfarin sodium tab 1 mg	$0(1)	
warfarin sodium tab 2 mg	$0(1)	
warfarin sodium tab 2.5 mg	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
warfarin sodium tab 3 mg	$0(1)	
warfarin sodium tab 4 mg	$0(1)	
warfarin sodium tab 5 mg	$0(1)	
warfarin sodium tab 6 mg	$0(1)	
warfarin sodium tab 7.5 mg	$0(1)	
warfarin sodium tab 10 mg	$0(1)	
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	$0(2)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 2000/ML	$0(2)	NM, PA
PROCRIT INJ 3000/ML	$0(2)	NM, PA
PROCRIT INJ 4000/ML	$0(2)	NM, PA
PROCRIT INJ 10000/ML	$0(2)	NM, PA
PROCRIT INJ 20000/ML	$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	$0(2)	NDS, NM, PA
IRON		
FERAHEME INJ 510/17ML	$0(3)	NM; *
FERROUS SULF TAB 324MG EC	$0(3)	NM; *
ferrous sulfate tab 325 mg (65 mg elemental fe)	$0(3)	NM; *
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	$0(3)	NM; *
INFED INJ 50MG/ML	$0(3)	NM; *
INJECTAFER INJ 750/15ML	$0(3)	NM; *
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	$0(3)	NM; *
VENOFER INJ 20MG/ML	$0(3)	NM; *
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	$0(1)	
anagrelide hcl cap 1 mg	$0(1)	
BERINERT INJ 500UNIT	$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol tab 50 mg	$0(1)	
cilostazol tab 100 mg	$0(1)	
DROXIA CAP 200MG	$0(2)	
DROXIA CAP 300MG	$0(2)	
DROXIA CAP 400MG	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENDARI POW 5GM	$0(2)	NDS, LA, PA
HAEGARDA INJ 2000UNIT	$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate inj 30 mg/3ml (base equivalent)	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline tab er 400 mg	$0(1)	
PROMACTA POW 12.5MG	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0(1)	
tranexamic acid tab 650 mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TAB 60MG	$0(2)	
BRILINTA TAB 90MG	$0(2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0(1)	
prasugrel hcl tab 5 mg (base equiv)	$0(1)	
prasugrel hcl tab 10 mg (base equiv)	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10/0.1ML	$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	$0(2)	NDS, QL (6 injections / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA KIT 20MG/0.4	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0(2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	$0(2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	$0(2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	$0(2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, NM, PA
hydroxychloroquine sulfate tab 200 mg	$0(1)	
leflunomide tab 10 mg	$0(1)	QL (30 tabs / 30 days)
leflunomide tab 20 mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	$0(1)	
REMICADE INJ 100MG	$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	$0(2)	NDS, NM, LA, PA
STELARA INJ 45MG/0.5	$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XATMEP SOL 2.5MG/ML	$0(2)	B/D
XELJANZ TAB 5MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	$0(2)	NDS, QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	$0(2)	NDS, NM, PA
GAMASTAN S/D INJ	$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	$0(2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAGARD INJ 30GM/300	$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	$0(2)	NDS, NM, PA
OCTAGAM INJ 25GM	$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	$0(2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	$0(2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0(2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	$0(2)	NDS, NM, PA
INTRON A INJ 10MU	$0(2)	NDS, B/D, NM
INTRON A INJ 18MU	$0(2)	NDS, B/D, NM
INTRON A INJ 25MU	$0(2)	NDS, B/D, NM
INTRON A INJ 50MU	$0(2)	NDS, B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	$0(1)	B/D
BENLYSTA INJ 120MG	$0(2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	$0(2)	NDS, NM, PA
BENLYSTA INJ 400MG	$0(2)	NDS, NM, PA
cyclosporine cap 25 mg	$0(1)	B/D
cyclosporine cap 100 mg	$0(1)	B/D
cyclosporine iv soln 50 mg/ml	$0(1)	B/D
cyclosporine modified cap 25 mg	$0(1)	B/D
cyclosporine modified cap 50 mg	$0(1)	B/D
cyclosporine modified cap 100 mg	$0(1)	B/D
cyclosporine modified oral soln 100 mg/ml	$0(1)	B/D
gengraf cap 25mg	$0(1)	B/D
gengraf cap 100mg	$0(1)	B/D
gengraf sol 100mg/ml	$0(1)	B/D
mycophenolate mofetil cap 250 mg	$0(1)	B/D
mycophenolate mofetil for oral susp 200 mg/ml	$0(2)	NDS, B/D
mycophenolate mofetil tab 500 mg	$0(1)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0(1)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0(1)	B/D
NULOJIX INJ 250MG	$0(2)	NDS, B/D
PROGRAF GRA 0.2MG	$0(2)	B/D
PROGRAF GRA 1MG	$0(2)	B/D
SANDIMMUNE SOL 100MG/ML	$0(2)	B/D
sirolimus oral soln 1 mg/ml	$0(2)	NDS, B/D
sirolimus tab 0.5 mg	$0(1)	B/D
sirolimus tab 1 mg	$0(1)	B/D
sirolimus tab 2 mg	$0(2)	NDS, B/D
tacrolimus cap 0.5 mg	$0(1)	B/D
tacrolimus cap 1 mg	$0(1)	B/D
tacrolimus cap 5 mg	$0(1)	B/D
ZORTRESS TAB 0.5MG	$0(2)	NDS, B/D
ZORTRESS TAB 0.25MG	$0(2)	NDS, B/D
ZORTRESS TAB 0.75MG	$0(2)	NDS, B/D
ZORTRESS TAB 1MG	$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	$0(2)	
ADACEL INJ	$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
klor-con 8 tab 8meq er	$0(1)	
klor-con 10 tab 10meq er	$0(1)	
MAGNESIUM SU INJ 2GM/50ML	$0(2)	
MAGNESIUM SU INJ 4G/100ML	$0(2)	
MAGNESIUM SU INJ 20/500ML	$0(2)	
MAGNESIUM SU INJ 40G/1000	$0(2)	
MAGNESIUM SU INJ 80MG/ML	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
magnesium sulfate inj 50%	$0(2)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	$0(2)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	$0(2)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	$0(2)	
MG SO4/D5W INJ 10MG/ML	$0(2)	
potassium chloride cap er 8 meq	$0(1)	
potassium chloride cap er 10 meq	$0(1)	
potassium chloride microencapsulated crys er tab 10 meq	$0(1)	
potassium chloride microencapsulated crys er tab 15 meq	$0(1)	
potassium chloride microencapsulated crys er tab 20 meq	$0(1)	
potassium chloride oral soln 10% (20 meq/15ml)	$0(1)	
potassium chloride oral soln 20% (40 meq/15ml)	$0(1)	
potassium chloride powder packet 20 meq	$0(1)	
potassium chloride tab er 8 meq (600 mg)	$0(1)	
potassium chloride tab er 10 meq	$0(1)	
potassium chloride tab er 20 meq (1500 mg)	$0(1)	
sodium chloride inj 2.5 meq/ml (14.6%)	$0(1)	

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)	
TPN ELECTROL INJ	$0(2)	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	$0(2)	B/D
AMINOSYN-PF INJ 7%	$0(2)	B/D
AMINOSYN-PF INJ 10%	$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
clinisol sf inj 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
FREAMINE HBC INJ 6.9%	$0(2)	B/D
FREAMINE III INJ 10%	$0(2)	B/D
hepatamine sol 8%	$0(2)	B/D
INTRALIPID INJ 20%	$0(2)	B/D
INTRALIPID INJ 30%	$0(2)	B/D
NEPHRAMINE INJ 5.4%	$0(2)	B/D
NUTRILIPID EMU 20%	$0(2)	B/D
plenamine inj 15%	$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
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	$0(2)	
D5W/NACL INJ 0.3%	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
dextrose inj 5%	$0(1)	
dextrose inj 10%	$0(1)	
dextrose inj 50%	$0(1)	
dextrose inj 70%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IONOSOL-MB INJ D5W	$0(2)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% 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 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	$0(2)	
lactated ringer's solution	$0(1)	
NORMOSOL -M INJ /D5W	$0(2)	
NORMOSOL -R INJ /D5W	$0(2)	
NORMOSOL-R INJ PH 7.4	$0(2)	
PLASMA-LYTE INJ -148	$0(2)	
PLASMA-LYTE INJ -A	$0(2)	
POT CHLORIDE INJ 10MEQ	$0(1)	
POT CHLORIDE INJ 20MEQ	$0(1)	
POT CHLORIDE INJ 40MEQ	$0(1)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	$0(1)	
potassium chloride inj 2 meq/ml	$0(1)	
sodium chloride iv soln 0.9%	$0(1)	
sodium chloride iv soln 0.45%	$0(1)	
sodium chloride iv soln 3%	$0(1)	
sodium chloride iv soln 5%	$0(1)	
MINERALS		
calcium carbonate (antacid) susp 1250 mg/5ml	$0(3)	NM; *
calcium carbonate-vitamin d tab 500 mg-200 unit	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GALZIN CAP 25MG	$0(3)	NM; *
GALZIN CAP 50MG	$0(3)	NM; *
MAGNEBIND TAB 300	$0(3)	NM; *
magnesium oxide tab 400 mg (241.3 mg elemental mg)	$0(3)	NM; *
VITAMINS		
calcitriol cap 0.5 mcg	$0(1)	B/D
calcitriol cap 0.25 mcg	$0(1)	B/D
calcitriol inj 1 mcg/ml	$0(1)	B/D
calcitriol oral soln 1 mcg/ml	$0(1)	B/D
cyanocobalamin inj 1000 mcg/ml	$0(3)	NM; *
ergocalciferol cap 1.25 mg (50000 unit)	$0(3)	NM; *
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	$0(3)	NM; *
folic acid inj 5 mg/ml	$0(3)	NM; *
folic acid tab 1 mg	$0(3)	NM; *
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	$0(3)	NM; *
INFUVITE INJ PEDIATRI	$0(3)	NM; *
M-NATAL PLUS TAB	$0(2)	
paricalcitol cap 1 mcg	$0(1)	B/D
paricalcitol cap 2 mcg	$0(1)	B/D
paricalcitol cap 4 mcg	$0(1)	B/D
phytonadione inj 10 mg/ml	$0(3)	NM; *
phytonadione tab 5 mg	$0(3)	NM; *
PNV FOLIC AC TAB + IRON	$0(2)	
PRENATAL PLUS	$0(2)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
PRENATAL VIT TAB LOW IRON	$0(2)	
pyridoxine hcl inj 100 mg/ml	$0(3)	NM; *
RAYALDEE CAP 30MCG	$0(2)	NDS
renal cap	$0(3)	NM; *
thiamine hcl inj 100 mg/ml	$0(3)	NM; *
TRICARE TAB PRENATAL	$0(2)	
virt-caps cap	$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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	$0(1)	
BROMSITE DRO 0.075%	$0(2)	
dexamethasone sodium phosphate ophth soln 0.1%	$0(1)	
diclofenac sodium ophth soln 0.1%	$0(1)	
DUREZOL EMU 0.05%	$0(2)	
fluorometholone ophth susp 0.1%	$0(1)	
flurbiprofen sodium ophth soln 0.03%	$0(1)	
ILEVRO DRO 0.3% OP	$0(2)	
ketorolac tromethamine ophth soln 0.4%	$0(1)	
ketorolac tromethamine ophth soln 0.5%	$0(1)	
LOTEMAX GEL 0.5%	$0(2)	
LOTEMAX OIN 0.5%	$0(2)	
loteprednol etabonate ophth susp 0.5%	$0(1)	
PRED SOD PHO SOL 1% OP	$0(2)	
prednisolone acetate ophth susp 1%	$0(1)	
PROLENSA SOL 0.07%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	$0(1)	
BEPREVE DRO 1.5%	$0(2)	
cromolyn sodium ophth soln 4%	$0(1)	
LASTACAFT SOL 0.25%	$0(2)	
olopatadine hcl ophth soln 0.2% (base equivalent)	$0(1)	
PAZEO DRO 0.7%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	$0(2)	
AZOPT SUS 1% OP	$0(2)	
betaxolol hcl ophth soln 0.5%	$0(1)	
BETOPTIC-S SUS 0.25% OP	$0(2)	
brimonidine tartrate ophth soln 0.2%	$0(1)	
brimonidine tartrate ophth soln 0.15%	$0(1)	
carteolol hcl ophth soln 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl ophth soln 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0(1)	
latanoprost ophth soln 0.005%	$0(1)	
levobunolol hcl ophth soln 0.5%	$0(1)	
LUMIGAN SOL 0.01%	$0(2)	
PHOSPHOLINE SOL 0.125%OP	$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pilocarpine hcl ophth soln 1%	$0(1)	
pilocarpine hcl ophth soln 2%	$0(1)	
pilocarpine hcl ophth soln 4%	$0(1)	
RHOPRESSA SOL 0.02%	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate ophth gel forming soln 0.5%	$0(1)	
timolol maleate ophth gel forming soln 0.25%	$0(1)	
timolol maleate ophth soln 0.5%	$0(1)	
timolol maleate ophth soln 0.5% (once-daily)	$0(1)	
timolol maleate ophth soln 0.25%	$0(1)	
TRAVATAN Z DRO 0.004%	$0(2)	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	$0(1)	
MISCELLANEOUS		
akwa tears oin op	$0(3)	NM; *
artifi tears sol 1.4% op	$0(3)	NM; *
artificial sol tears	$0(3)	NM; *
ATROPINE SUL SOL 1% OP	$0(2)	
CYSTARAN SOL 0.44%	$0(2)	NDS, LA, PA
genteal tear sol mild	$0(3)	NM; *
genteal tear sol moderate	$0(3)	NM; *
liquitears sol	$0(3)	NM; *
lubricant oin eye	$0(3)	NM; *
MURO 128 SOL 2% OP	$0(3)	NM; *
natural bal sol tears	$0(3)	NM; *
natures sol tears	$0(3)	NM; *
proparacaine hcl ophth soln 0.5%	$0(1)	
puralube oin	$0(3)	NM; *
refresh lacr oin op	$0(3)	NM; *
refresh p.m. oin op	$0(3)	NM; *
RESTASIS EMU 0.05%	$0(2)	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	$0(2)	QL (1 bottle / 30 days)
sodium chloride hypertonic ophth oint 5%	$0(3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0(3)	NM; *
systane oin	$0(3)	NM; *

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)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	$0(1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0(1)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allg sol 1mg/ml	$0(3)	NM; *
all day allg sol 5mg/5ml	$0(3)	NM; *
all day allg tab 10mg	$0(3)	NM; *
all-day allg sol 5mg/5ml	$0(3)	NM; *
allergy chld liq 12.5/5ml	$0(3)	NM; *
allergy relf liq 12.5/5ml	$0(3)	NM; *
allergy relf tab 10mg	$0(3)	NM; *
allergy tab 10mg	$0(3)	NM; *
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0(1)	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	$0(1)	
banophen cap 25mg	$0(3)	NM; *
banophen cap 50mg	$0(3)	NM; *
banophen liq 12.5/5ml	$0(3)	NM; *
banophen tab 25mg	$0(3)	NM; *
cetirizine chw 5mg	$0(3)	NM; *
cetirizine chw 10mg	$0(3)	NM; *
cetirizine hcl chew tab 5 mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cetirizine hcl chew tab 10 mg	$0(3)	NM; *
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0(1)	
cetirizine hcl tab 5 mg	$0(3)	NM; *
cetirizine hcl tab 10 mg	$0(3)	NM; *
cetirizine sol 1mg/ml	$0(3)	NM; *
cetirizine sol 5mg/5ml	$0(3)	NM; *
child allrgy sol 5mg/5ml	$0(3)	NM; *
chld allergy liq 12.5/5ml	$0(3)	NM; *
comp allergy cap 25mg	$0(3)	NM; *
cyproheptadine hcl syrup 2 mg/5ml	$0(2)	PA; PA if 70 years and older
cyproheptadine hcl tab 4 mg	$0(2)	PA; PA if 70 years and older
diphenhist cap 25mg	$0(3)	NM; *
diphenhist liq 12.5/5ml	$0(3)	NM; *
diphenhist tab 25mg	$0(3)	NM; *
diphenhydramine hcl cap 25 mg	$0(3)	NM; *
diphenhydramine hcl cap 50 mg	$0(3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0(1)	
diphenhydramine hcl liquid 6.25 mg/ml	$0(3)	NM; *
diphenhydramine hcl tab 25 mg	$0(3)	NM; *
gnp all day tab allergy	$0(3)	NM; *
gnp allergy cap 25mg	$0(3)	NM; *
gnp allergy chw 12.5mg	$0(3)	NM; *
gnp allergy tab 25mg	$0(3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0(2)	PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	$0(2)	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	$0(2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0(1)	
levocetirizine dihydrochloride tab 5 mg	$0(1)	
loratadine cap 10 mg	$0(3)	NM; *
loratadine chew tab 5 mg	$0(3)	NM; *
loratadine chw 5mg	$0(3)	NM; *
loratadine sol 5mg/5ml	$0(3)	NM; *
loratadine sol 10/10ml	$0(3)	NM; *
loratadine syp 5mg/5ml	$0(3)	NM; *
loratadine tab 10 mg	$0(3)	NM; *
loratadine tab 10mg	$0(3)	NM; *
pharbedryl cap 25mg	$0(3)	NM; *
pharbedryl cap 50mg	$0(3)	NM; *
qc allergy tab 10mg	$0(3)	NM; *
siladryl alr liq 12.5/5ml	$0(3)	NM; *
sm loratadin tab 10mg	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0(1)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0(1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0(1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0(1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0(1)	
albuterol sulfate tab 2 mg	$0(1)	
albuterol sulfate tab 4 mg	$0(1)	
albuterol sulfate tab er 12hr 4 mg	$0(1)	
albuterol sulfate tab er 12hr 8 mg	$0(1)	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	$0(1)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	$0(1)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0(1)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	$0(1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	$0(1)	
terbutaline sulfate tab 5 mg	$0(1)	
VENTOLIN HFA AER	$0(2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
cough syp	$0(3)	NM; *
cough syp 100/5ml	$0(3)	NM; *
cough/chest syp dm	$0(3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0(3)	NM; *
gnp deconge tab 30mg	$0(3)	NM; *
gnp tussin liq dm	$0(3)	NM; *
gnp tussin liq dm cough	$0(3)	NM; *
gnp tussin liq dm max	$0(3)	NM; *
guaifenesin liquid 100 mg/5ml	$0(3)	NM; *
hm tussin liq adlt dm	$0(3)	NM; *
mucinex chld liq 100/5ml	$0(3)	NM; *
mucus relief liq 100/5ml	$0(3)	NM; *
mucus+chst liq 100/5ml	$0(3)	NM; *
nasal decong tab 30mg	$0(3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	NM; *
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	$0(3)	NM; *
pseudoephedrine hcl tab 30 mg	$0(3)	NM; *
robafen dm liq 10-100/5	$0(3)	NM; *
robafen dm liq cough	$0(3)	NM; *
robafen dm syp 100-10/5	$0(3)	NM; *
robafen syp 100/5ml	$0(3)	NM; *
siltuss das liq 100/5ml	$0(3)	NM; *
siltussin dm liq das	$0(3)	NM; *
siltussin sa syp 100/5ml	$0(3)	NM; *
siltussin-dm liq diabetic	$0(3)	NM; *
siltussin-dm liq max st	$0(3)	NM; *
siltussin-dm syp alc free	$0(3)	NM; *
sudogest tab 30mg	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tusnel diabt liq 10-100/5	$0(3)	NM; *
tussin adult liq 100/5ml	$0(3)	NM; *
tussin adult liq cgh/cong	$0(3)	NM; *
tussin chest syp 100/5ml	$0(3)	NM; *
tussin dm liq	$0(3)	NM; *
tussin dm liq 10-100/5	$0(3)	NM; *
tussin dm liq 10-100mg	$0(3)	NM; *
tussin dm liq 100-10/5	$0(3)	NM; *
tussin dm liq max	$0(3)	NM; *
tussin dm mx liq 10-200/5	$0(3)	NM; *
tussin dm syp 100-10/5	$0(3)	NM; *
tussin mucus liq 100/5ml	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0(1)	
montelukast sodium chew tab 5 mg (base equiv)	$0(1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0(1)	
montelukast sodium tab 10 mg (base equiv)	$0(1)	
zafirlukast tab 10 mg	$0(1)	
zafirlukast tab 20 mg	$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	$0(1)	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0(1)	B/D
acetylcysteine inhal soln 20%	$0(1)	B/D
ARALAST NP INJ 500MG	$0(2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	$0(2)	NDS, NM, LA, PA
DALIRESP TAB 250MCG	$0(2)	
DALIRESP TAB 500MCG	$0(2)	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0(1)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0(1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0(1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0(1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	$0(2)	NDS, NM, PA
ESBRIET TAB 267MG	$0(2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ESBRIET TAB 801MG	$0(2)	NDS, NM, PA
KALYDECO PAK 25MG	$0(2)	NDS, PA
KALYDECO PAK 50MG	$0(2)	NDS, PA
KALYDECO PAK 75MG	$0(2)	NDS, PA
KALYDECO TAB 150MG	$0(2)	NDS, PA
NUCALA INJ 100MG	$0(2)	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	$0(2)	NDS, NM, LA, PA
OFEV CAP 100MG	$0(2)	NDS, NM, PA
OFEV CAP 150MG	$0(2)	NDS, NM, PA
ORKAMBI GRA 100-125	$0(2)	NDS, PA
ORKAMBI GRA 150-188	$0(2)	NDS, PA
ORKAMBI TAB 100-125	$0(2)	NDS, PA
ORKAMBI TAB 200-125	$0(2)	NDS, PA
PROLASTIN-C INJ 1000MG	$0(2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	$0(2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	$0(2)	NDS, NM, PA
saline nasal spray 0.65%	$0(3)	NM; *
SYMDEKO TAB 50-75MG	$0(2)	NDS, LA, PA
SYMDEKO TAB 100-150	$0(2)	NDS, LA, PA
SYMJEPI INJ 0.3MG	$0(2)	
SYMJEPI INJ 0.15MG	$0(2)	
THEO-24 CAP 100MG CR	$0(2)	
THEO-24 CAP 200MG CR	$0(2)	
THEO-24 CAP 300MG CR	$0(2)	
THEO-24 CAP 400MG ER	$0(2)	
theophylline soln 80 mg/15ml	$0(1)	
theophylline tab er 12hr 300 mg	$0(1)	
theophylline tab er 12hr 450 mg	$0(1)	
theophylline tab er 24hr 400 mg	$0(1)	
theophylline tab er 24hr 600 mg	$0(1)	
TRIKAFTA TAB	$0(2)	NDS, LA, PA
XOLAIR INJ 75/0.5	$0(2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	$0(2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	$0(2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0(1)	QL (1 bottle / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	$0(2)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0(1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0(1)	B/D
FLOVENT DISK AER 50MCG	$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	$0(2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0(2)	QL (1 inhaler / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
acne medicat gel 5%	$0(3)	NM; *
acne medicat gel 10%	$0(3)	NM; *
ACNE MEDICAT LOT 5%	$0(3)	NM; *
ACNE MEDICAT LOT 10%	$0(3)	NM; *
amnesteem cap 10mg	$0(1)	PA
amnesteem cap 20mg	$0(1)	PA
amnesteem cap 40mg	$0(1)	PA
avita cre 0.025%	$0(1)	QL (45 grams / 30 days), PA
avita gel 0.025%	$0(1)	QL (45 grams / 30 days), PA
BENZOYL PER GEL 2.5%	$0(3)	NM; *
BENZOYL PER LIQ 6%	$0(3)	NM; *
benzoyl peroxide gel 5%	$0(3)	NM; *
benzoyl peroxide gel 10%	$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	
claravis cap 10mg	$0(1)	PA
claravis cap 20mg	$0(1)	PA
claravis cap 30mg	$0(1)	PA
claravis cap 40mg	$0(1)	PA
clindamycin phosphate gel 1%	$0(1)	QL (75 grams / 30 days)
clindamycin phosphate lotion 1%	$0(1)	
clindamycin phosphate soln 1%	$0(1)	QL (60 mL / 30 days)
erythromycin gel 2%	$0(1)	
erythromycin pads 2%	$0(1)	
erythromycin soln 2%	$0(1)	
isotretinoin cap 10 mg	$0(1)	PA
isotretinoin cap 20 mg	$0(1)	PA
isotretinoin cap 30 mg	$0(1)	PA
isotretinoin cap 40 mg	$0(1)	PA
myorisan cap 10mg	$0(1)	PA
myorisan cap 20mg	$0(1)	PA
myorisan cap 30mg	$0(1)	PA
myorisan cap 40mg	$0(1)	PA
sulfacetamide sodium lotion 10% (acne)	$0(1)	
tretinoin cream 0.1%	$0(1)	QL (45 grams / 30 days), PA
tretinoin cream 0.05%	$0(1)	QL (45 grams / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin cream 0.025%	$0(1)	QL (45 grams / 30 days), PA
tretinoin gel 0.01%	$0(1)	QL (45 grams / 30 days), PA
tretinoin gel 0.025%	$0(1)	QL (45 grams / 30 days), PA
zenatane cap 10mg	$0(1)	PA
zenatane cap 20mg	$0(1)	PA
zenatane cap 30mg	$0(1)	PA
zenatane cap 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitr zinc oin 500/gm	$0(3)	NM; *
bacitracin oint 500 unit/gm	$0(3)	NM; *
bacitracin zinc oint 500 unit/gm	$0(3)	NM; *
double antib oin	$0(3)	NM; *
gentamicin sulfate cream 0.1%	$0(1)	
gentamicin sulfate oint 0.1%	$0(1)	
gnp triple oin antibiot	$0(3)	NM; *
mupirocin oint 2%	$0(1)	QL (220 grams / 30 days)
silver sulfadiazine cream 1%	$0(1)	
sm antibioti oin 500/gm	$0(3)	NM; *
ssd cre 1%	$0(1)	
SULFAMYLON CRE 85MG/GM	$0(2)	
triple antib oin	$0(3)	NM; *
triple antib oin frst aid	$0(3)	NM; *
triple antib oin plus	$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
antifungal cre 2%	$0(3)	NM; *
athlete foot cre 1%	$0(3)	NM; *
ciclopirox olamine cream 0.77% (base equiv)	$0(1)	QL (90 grams / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	$0(1)	QL (60 mL / 30 days)
clotrimazole cre 1%	$0(3)	NM; *
clotrimazole cream 1%	$0(1)	
clotrimazole cream 1%	$0(3)	NM; *
clotrimazole soln 1%	$0(1)	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	
ketoconazole cream 2%	$0(1)	QL (60 grams / 30 days)
miconazole nitrate cream 2%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nyamyc pow 100000	$0(1)	QL (60 grams / 30 days)
nystatin cream 100000 unit/gm	$0(1)	
nystatin oint 100000 unit/gm	$0(1)	
nystatin topical powder 100000 unit/gm	$0(1)	QL (60 grams / 30 days)
nystop pow 100000	$0(1)	QL (60 grams / 30 days)
remedy cre antifung	$0(3)	NM; *
terbinafine cre 1%	$0(3)	NM; *
terbinafine hcl cream 1%	$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0(1)	PA
acitretin cap 17.5 mg	$0(1)	PA
acitretin cap 25 mg	$0(1)	PA
calcipotriene cream 0.005%	$0(1)	QL (120 grams / 30 days), PA
calcipotriene oint 0.005%	$0(1)	QL (120 grams / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	$0(1)	QL (120 mL / 30 days), PA
tazarotene cream 0.1%	$0(1)	QL (60 grams / 30 days), PA
TAZORAC CRE 0.05%	$0(2)	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	$0(1)	
selenium sulfide lotion 2.5%	$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	$0(1)	
ala-cort cre 2.5%	$0(1)	
alclometasone dipropionate cream 0.05%	$0(1)	
alclometasone dipropionate oint 0.05%	$0(1)	
anti-itch cre 1%	$0(3)	NM; *
betamethasone dipropionate augmented cream 0.05%	$0(1)	
betamethasone dipropionate augmented gel 0.05%	$0(1)	
betamethasone dipropionate augmented lotion 0.05%	$0(1)	
betamethasone dipropionate augmented oint 0.05%	$0(1)	
betamethasone dipropionate cream 0.05%	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone dipropionate lotion 0.05%	$0(1)	
betamethasone dipropionate oint 0.05%	$0(1)	
betamethasone valerate cream 0.1% (base equivalent)	$0(1)	
betamethasone valerate lotion 0.1% (base equivalent)	$0(1)	
betamethasone valerate oint 0.1% (base equivalent)	$0(1)	
ENSTILAR AER	$0(2)	QL (120 grams / 30 days), PA
fluocinolone acetonide cream 0.01%	$0(1)	
fluocinolone acetonide cream 0.025%	$0(1)	
fluocinolone acetonide oil 0.01% (body oil)	$0(1)	
fluocinolone acetonide oil 0.01% (scalp oil)	$0(1)	
fluocinolone acetonide oint 0.025%	$0(1)	
fluocinolone acetonide soln 0.01%	$0(1)	QL (90 mL / 30 days)
fluocinonide cream 0.05%	$0(1)	QL (120 grams / 30 days)
fluocinonide emulsified base cream 0.05%	$0(1)	QL (120 grams / 30 days)
fluocinonide gel 0.05%	$0(1)	QL (60 grams / 30 days)
fluocinonide oint 0.05%	$0(1)	QL (60 grams / 30 days)
fluocinonide soln 0.05%	$0(1)	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	$0(1)	
fluticasone propionate oint 0.005%	$0(1)	
gnp hydrocor cre 1% plus	$0(3)	NM; *
halobetasol propionate cream 0.05%	$0(1)	QL (50 grams / 30 days)
halobetasol propionate oint 0.05%	$0(1)	QL (50 grams / 30 days)
hydrocort cre 0.5%	$0(3)	NM; *
hydrocort cre 1%	$0(3)	NM; *
hydrocort oin 1%	$0(3)	NM; *
hydrocort/ cre aloe 1%	$0(3)	NM; *
hydrocortisone butyrate cream 0.1%	$0(1)	QL (45 grams / 30 days)
hydrocortisone butyrate oint 0.1%	$0(1)	QL (45 grams / 30 days)
hydrocortisone cream 0.5%	$0(3)	NM; *
hydrocortisone cream 1%	$0(1)	
hydrocortisone cream 1%	$0(3)	NM; *
hydrocortisone cream 2.5%	$0(1)	
hydrocortisone lotion 2.5%	$0(1)	
hydrocortisone oint 0.5%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone oint 1%	$0(3)	NM; *
hydrocortisone oint 2.5%	$0(1)	
hydrocortisone-aloe vera cream 0.5%	$0(3)	NM; *
hydrocortisone-aloe vera cream 1%	$0(3)	NM; *
mometasone furoate cream 0.1%	$0(1)	
mometasone furoate oint 0.1%	$0(1)	
mometasone furoate solution 0.1% (lotion)	$0(1)	
sm hydrocort cre 1%	$0(3)	NM; *
sm hydrocort oin 1%	$0(3)	NM; *
TEXACORT SOL 2.5%	$0(2)	
triamcinolone acetonide cream 0.1%	$0(1)	QL (454 grams / 30 days)
triamcinolone acetonide cream 0.5%	$0(1)	
triamcinolone acetonide cream 0.025%	$0(1)	
triamcinolone acetonide lotion 0.1%	$0(1)	
triamcinolone acetonide lotion 0.025%	$0(1)	
triamcinolone acetonide oint 0.1%	$0(1)	
triamcinolone acetonide oint 0.5%	$0(1)	
triamcinolone acetonide oint 0.025%	$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo gel 2%	$0(1)	QL (30 mL / 30 days), PA
lidocaine hcl soln 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine hcl urethral/mucosal gel 2%	$0(1)	QL (30 mL / 30 days), PA
lidocaine oint 5%	$0(1)	QL (50 grams / 30 days), PA
lidocaine patch 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA OIN PROTECT	$0(3)	NM; *
anu-med sup	$0(3)	NM; *
ARTH PAIN CRE 0.075%	$0(3)	NM; *
BETADINE SPR 5%	$0(3)	NM; *
betasept liq 4%	$0(3)	NM; *
capsaicin cream 0.025%	$0(3)	NM; *
dibucaine rectal ointment 1%	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diclofenac sodium gel 1%	$0(1)	QL (1000 grams / 30 days), PA
fluorouracil cream 5%	$0(1)	QL (40 grams / 30 days)
fluorouracil soln 2%	$0(1)	QL (10 mL / 30 days)
fluorouracil soln 5%	$0(1)	QL (10 mL / 30 days)
gnp vit a&d oin	$0(3)	NM; *
hydrocortisone rectal cream 2.5%	$0(1)	
imiquimod cream 5%	$0(1)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	$0(1)	
lactic acid (ammonium lactate) lotion 12%	$0(1)	
lidocaine anorectal cream 5%	$0(3)	NM; *
lidocaine cream 4%	$0(3)	NM; *
metronidazole cream 0.75%	$0(1)	
metronidazole gel 0.75%	$0(1)	
metronidazole lotion 0.75%	$0(1)	
PANRETIN GEL 0.1%	$0(2)	NDS, QL (60 grams / 30 days)
PICATO GEL 0.05%	$0(2)	QL (2 tubes / 30 days)
PICATO GEL 0.015%	$0(2)	QL (3 tubes / 30 days)
podofilox soln 0.5%	$0(1)	
povidone-iod sol 7.5%	$0(3)	NM; *
povidone-iod sol 10%	$0(3)	NM; *
povidone-iodine oint 10%	$0(3)	NM; *
povidone-iodine soln 10%	$0(3)	NM; *
povidone-iodine swabs 10%	$0(3)	NM; *
povidone/iod sol 10%	$0(3)	NM; *
pramoxine hcl rectal foam 1%	$0(3)	NM; *
procto-med cre hc 2.5%	$0(1)	
procto-pak cre 1%	$0(1)	
proctozone cre -hc 2.5%	$0(1)	
PROSHIELD CRE PLUS 1%	$0(3)	NM; *
RECTIV OIN 0.4%	$0(2)	QL (30 grams / 30 days)
REMEDY NUTRA CRE 1%	$0(3)	NM; *
rosadan cre 0.75%	$0(1)	
skin cleansr sol 4%	$0(3)	NM; *
tacrolimus oint 0.1%	$0(1)	QL (100 grams / 30 days)
tacrolimus oint 0.03%	$0(1)	QL (100 grams / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TARGRETIN GEL 1%	$0(2)	NDS, QL (60 grams / 30 days), NM, PA
VALCHLOR GEL 0.016%	$0(2)	NDS, QL (60 grams / 30 days), LA, PA
vitamins a & d oint	$0(3)	NM; *
zinc oxide oin 20%	$0(3)	NM; *
zinc oxide oint 20%	$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
lice killing sha	$0(3)	NM; *
lice killing sha 0.33-4%	$0(3)	NM; *
lice treatmt lot 1%	$0(3)	NM; *
lice treatmt sha 0.33-4%	$0(3)	NM; *
lice trtmnt liq 1%	$0(3)	NM; *
malathion lotion 0.5%	$0(1)	
permethrin cream 5%	$0(1)	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation soln 0.25%	$0(1)	
REGRANEX GEL 0.01%	$0(2)	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	$0(2)	
sodium chloride irrigation soln 0.9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0(1)	
chlorhexidine gluconate soln 0.12%	$0(1)	
clotrimazole troche 10 mg	$0(1)	
lidocaine hcl viscous soln 2%	$0(1)	
nystatin susp 100000 unit/ml	$0(1)	
periogard sol 0.12%	$0(1)	
pilocarpine hcl tab 5 mg	$0(1)	
pilocarpine hcl tab 7.5 mg	$0(1)	
triamcinolone acetonide dental paste 0.1%	$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	$0(1)	
CIPRODEX SUS 0.3-0.1%	$0(2)	
ear drops dro 6.5%	$0(3)	NM; *
ear drops sol 6.5% ot	$0(3)	NM; *
earwax sol removal	$0(3)	NM; *
flac oil 0.01%	$0(1)	
fluocinolone acetonide (otic) oil 0.01%	$0(1)	
gnp ear dro 6.5% ot	$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp ear sys sol 6.5% ot	$0(3)	NM; *
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin otic soln 0.3%	$0(1)	
SWIM EAR LIQ 95% OTIC	$0(3)	NM; *
_PART B		
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amoxicillin (trihydrate) for susp 200 mg/5ml 30
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