



2020

FORMULARIO

(Lista de los medicamentos cubiertos)

Illinois

**Molina Dual Options
Medicare-Medicaid Plan**

Versión 17

Actualizado: 12/01/2020

Departamento de Servicios para Miembros:

(877) 901-8181, TTY al 711

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

MolinaHealthcare.com/Duals

Molina Dual Options Medicare-Medicaid Plan | *Lista de medicamentos cubiertos para 2020 (Formulario)*

Introducción

Este documento se llama la *Lista de medicamentos cubiertos* (también conocido como la Lista de medicamentos). Le informa sobre cuáles de sus medicamentos de receta y medicamentos sin receta y artículos están cubiertos por Molina Dual Options. La Lista de Medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por Molina Dual Options. Términos clave y sus definiciones se encuentran en el último capítulo del *Manual del miembro*.

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A. Renuncia de garantías

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

- ❖ Molina Dual Options Medicare-Medicaid Plan es un plan de salud con contratos con Medicare e Illinois Medicaid para proporcionar los beneficios de ambos programas a los afiliados.
 - ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. 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.
 - ❖ Usted puede obtener este documento gratuito en otros formatos, como letra grande, braille o audio. 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.
 - ❖ Comuníquese con Servicios para Miembros al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local para solicitar materiales en un idioma que no sea inglés o en un formato alternativo.
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B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que usted tenga sobre esta *Lista de medicamentos cubiertos*. Para saber más o buscar preguntas y respuestas, usted puede leer todas las Preguntas frecuentes.

B1. ¿Qué medicamentos de receta se encuentran en la *Lista de medicamentos cubiertos*? (Llamamos "Lista de medicamentos" a la *Lista de medicamentos cubiertos*, para abreviar.)

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 13 son los medicamentos cubiertos por Molina Dual Options. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ellos, para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- Molina Dual Options cubrirá todos los medicamentos médicaamente necesarios de la Lista de medicamentos, si:
 - su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, y
 - usted surte la receta en una farmacia de la red de Molina Dual Options.
- Molina Dual Options podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (lea en el pregunta #B4 abajo).



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Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio de Internet en MolinaHealthcare.com/Duals o llame a Servicios al miembro 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.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, Molina Dual Options debe seguir las reglas de Medicare y Medicaid al realizar cambios. Podemos agregar o eliminar medicamentos en la lista de medicamentos durante el año. También podemos cambiar nuestras reglas sobre las drogas. Por ejemplo, podríamos:

- Decidir requerir o no requerir aprobación previa para algún medicamento. (Aprobación previa es el permiso de Molina Dual Options antes que usted pueda obtener un medicamento.)
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límite de cantidad).
- Agregar o cambiar restricciones de tratamiento progresivo de un medicamento. (Terapia progresiva significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información acerca de estas restricciones, lea la pregunta B4 13.

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

- aparezca un medicamento nuevo y más barato que funcione tan bien como un medicamento en la Lista de medicamentos llega al mercado, o
- aprendamos que un medicamento no sea seguro, o
- un medicamento se retire del mercado.

Las preguntas B3 y B6 de abajo tienen más información sobre lo que sucederá cuando la Lista de medicamentos cambie.

- Usted siempre puede leer la Lista de medicamentos actualizada de Molina Dual Options en Internet, en MolinaHealthcare.com/Duals.
- También puede llamar a Member Services para revisar la Lista de medicamentos actual, 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.

B3. ¿Qué sucederá cuando hay un cambio a la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

 **Si tiene alguna pregunta**, por favor llame a Molina Dual Options al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

- **Un nuevo medicamento genérico está disponible.** A veces, un nuevo medicamento genérico que es igual de eficiente que un medicamento de marca que se encuentra actualmente en la Lista de Medicamentos llega al mercado. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero su gasto para el medicamento nuevo seguirá siendo el mismo. Cuando agregamos un nuevo medicamento genérico, podemos también decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas de cobertura o sus límites.
 - Es posible que no le informemos antes de hacer este cambio, pero le mandaremos información sobre el cambio específico que hemos hecho una vez realizado.
 - Usted o su proveedor puede pedir una “excepción” de estos cambios. Le mandaremos un aviso con los pasos que puede tomar para solicitar una excepción. Por favor lea la pregunta B10 para más información sobre las excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) dice que algún medicamento no es seguro o si el fabricante del medicamento lo retira del mercado, eliminamos el medicamento de la Lista de medicamentos. Le avisaremos del cambio si usted está tomando el medicamento. Le avisaremos del cambio si usted está tomando el medicamento. Hable con su médico para encontrar una alternativa que sea segura para usted.

Es posible que hagamos otros cambios que puedan afectar los medicamentos que usted toma. Le informaremos por adelantado sobre estos cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee nueva dirección o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que sea nuevo al mercado y
 - Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente o
 - Cambiamos las reglas de cobertura o los límites para el medicamento de marca.

Cuando suceden estos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos, o
- Le informaremos y le proporcionaremos un suministro para 60 días del medicamento luego de que usted solicite un nuevo surtido.

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Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Él o ella pueden ayudarle a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o
- Si pedir una excepción a estos cambios. Para obtener más información sobre excepciones, consulte la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtenerlos. En algunos casos, usted o su médico u otro proveedor médico tendrá que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted, su médico u otro profesional de la salud deben obtener una aprobación de Molina Dual Options antes de surtir su receta. Molina Dual Options podría no cubrir el medicamento si usted no recibe la aprobación.
- **Límites de cantidad:** A veces Molina Dual Options limita la cantidad de un medicamento que usted puede obtener.
- **Tratamiento progresivo:** A veces Molina Dual Options exige que usted siga un tratamiento progresivo. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su enfermedad. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Usted puede averiguar si su medicamento tiene algún requisito o límite adicional, leyendo la tabla de las páginas 13 - 141. Usted también puede obtener más información en nuestro sitio de Internet en MolinaHealthcare.com/Duals. Tenemos en Internet documentos explicando nuestras restricciones de aprobación previa y de tratamiento progresivo. También puede pedirnos que le envíemos una copia.

Usted también puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Él o ella puede ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción. Por favor lea las preguntas B10-B12 para más información sobre las excepciones.

B5. ¿Cómo sabrá si el medicamento que usted quiere tiene limitaciones o si tiene que hacer algo para obtenerlo?



Si tiene alguna pregunta, por favor llame a Molina Dual Options al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

La *Lista de medicamentos cubiertos* de la página 13 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucederá si cambiamos nuestras reglas sobre cómo cubrimos algunos medicamentos (por ejemplo, requisitos de autorización (aprobación) previa, límites de cantidad o restricciones de tratamiento progresivo)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de aprobación previa, límites de cantidad y restricciones de tratamiento progresivo a un medicamento. Para más información sobre este aviso por adelantado y situaciones en las cuales no le notificaremos por adelantado cuando cambiamos nuestras reglas sobre los medicamentos en la Lista de Medicamentos, por favor lea la pregunta B3.

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

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético (si usted sabe cómo se escribe el nombre del medicamento) o
- Puede buscar por enfermedad.

Para buscar **por orden alfabético**, vaya a la Sección alfabética del Índice de medicamentos cubiertos. Usted puede encontrarla en el índice.

Para buscar **por enfermedad**, busque la sección titulada “Lista de medicamentos por enfermedad” de la página 13. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en la categoría Beta-blockers. Ahí encontrará los medicamentos que traten enfermedades del corazón.

B8. ¿Qué pasará si el medicamento que usted quiere tomar no está en la Lista de medicamentos?

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al (877) 901-8181, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local y pregunte por él. La llamada es gratuita. Si se entera que Molina Dual Options no cubrirá el medicamento, usted puede hacer algo de lo siguiente:

- Pida a Servicios al miembro una lista de medicamentos similar al que quiera tomar. Luego, muestre la lista a su médico u otro proveedor médico. Éste podrá recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. O

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- Usted también puede pedir al plan que haga una excepción para cubrir su medicamento. Por favor lea en las preguntas B10-B12 más información sobre las excepciones.

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

Podemos ayudarle. Podríamos cubrir su medicamento temporalmente con un suministro de 60 días de su medicamento durante los primeros 90 días que usted sea miembro de Molina Dual Options. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción.

Si su receta es por menos de los días indicados, le permitiremos renovar su receta hasta un máximo de 60 días de su medicamento.

Cubriremos un suministro de 60 días de su medicamento si:

- usted está tomando algún medicamento que no esté en nuestra Lista de medicamentos •
- las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor médico •
- el medicamento requiere aprobación previa de Molina Dual Options •
- usted toma algún medicamento que forma parte de una restricción de tratamiento progresivo.

Si usted está en un hogar para personas mayores u otra institución de cuidados a largo plazo, y necesita un medicamento que no esté en la Lista de Medicamentos o si no puede fácilmente obtener el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidados a largo plazo, y necesita su suministro de inmediato:

- Le cubriremos un suministro de 60 días del medicamento que necesite (a menos que tenga una receta para menos días), aunque sea o no sea un nuevo miembro de Molina Dual Options.
- Esto es además del suministro temporero durante los primeros 90 días que sea un miembro de Molina Dual Options.

Política de transición

Los nuevos miembros de nuestro plan pueden estar tomando medicamentos que no están en nuestro formulario o que están sujetos a ciertas restricciones, como autorización previa o terapia escalonada. Los miembros actuales también pueden verse afectados por

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cambios en nuestro formulario de un año a otro. Los miembros deben hablar con sus médicos para decidir si deben cambiar a un medicamento diferente que cubrimos o solicitar una excepción al formulario para obtener cobertura para el medicamento. Consulte el Manual para miembros para obtener más información sobre cómo solicitar una excepción. Comuníquese con Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a ciertas restricciones, como autorización previa o terapia escalonada, o ya no estará en nuestro formulario el próximo año y necesita ayuda para cambiar a un medicamento diferente que cubramos o solicitando una excepción al formulario.

Durante el período en que los miembros hablan con sus médicos para determinar el curso de acción correcto, podemos proporcionar un suministro temporal del medicamento que no está en el formulario si esos miembros necesitan un resurtido del medicamento durante los primeros 90 días de la nueva membresía en nuestro Planifique los medicamentos de la Parte D (niveles 1 y 2) y 180 días para sus medicamentos de Medicaid (nivel 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al siguiente, le proporcionaremos un suministro temporal del medicamento que no está en el formulario si necesita un resurtido del medicamento durante los primeros 90 días del nuevo año del plan.

Cuando un miembro va a una farmacia de la red y proporcionamos un suministro temporal de un medicamento que no está en nuestro formulario, o que tiene restricciones o límites de cobertura (pero que de otro modo se considera un “medicamento de la Parte D”), cubriremos un - Suministro de días (a menos que la receta esté escrita por menos días). Después de que cubramos el suministro temporal de 60 días, generalmente no pagaremos estos medicamentos como parte de nuestra política de transición nuevamente.

Le proporcionaremos un aviso por escrito después de que cubramos su suministro temporal. Este aviso explicará los pasos que puede tomar para solicitar una excepción y cómo trabajar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos.

B10. ¿Puede pedir al plan que haga una excepción para cubrir su medicamento?

Sí. Usted puede pedirle a Molina Dual Options que haga una excepción para cubrir su medicamento si éste no está en la Lista de medicamentos.

Usted también puede pedirnos un cambio a las reglas de su medicamento.

- Por ejemplo, Molina Dual Options podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos que quitemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos que quitemos las restricciones de tratamiento progresivo o los requisitos de aprobación previa.



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B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a *Servicios al miembro*. Un representante de Servicios al miembro trabajará con usted y su proveedor para ayudarle a pedir una excepción. Usted también puede leer el Capítulo 9, del *Manual del miembro*, para más información sobre excepciones.

B12. ¿Cuánto tiempo toma obtener una excepción?

Primero, debemos recibir una declaración de su proveedor médico apoyando su pedido de una excepción. Despues de recibir la declaración, le daremos una decisión sobre su pedido de excepción a más tardar en 72 horas.

Si usted o su proveedor médico piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada. Ésta es una decisión más rápida. Si su proveedor médico apoya su pedido, le daremos una decisión a más tardar 24 horas después de recibir la declaración de apoyo de su proveedor médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidas. Los medicamentos genéricos son aprobados por la Administración de alimentos y medicamentos (FDA).

Molina Dual Options cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC, por sus siglas en inglés)?

OTC quiere decir "medicamentos que se venden sin receta". Molina Dual Options cubre algunos medicamentos de venta libre.

Usted puede leer la Lista de medicamentos de Molina Dual Options para ver qué medicamentos de venta libre están cubiertos.

B15. ¿Molina Dual Options cubre algún producto de venta libre que no sea un medicamento?

Molina Dual Options cubre algunos productos de venta libre que no son medicamentos.

Ejemplos de productos de venta libre que no son medicamentos incluyen *non-aspirin tab 325mg, cough syrup 100/5ml*

Usted puede leer la Lista de medicamentos de Molina Dual Options para ver qué productos de venta libre que no son medicamentos están cubiertos.

B16. ¿Cuánto es su copago?

 **Si tiene alguna pregunta**, por favor llame a Molina Dual Options al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite MolinaHealcare.com/Duals.

Como miembro de Molina Dual Options, usted no tiene copagos por medicamentos de receta y de venta libre, siempre y cuando siga las reglas de Molina Dual Options.

B17. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos.

Plans with no copays in any tier include tier examples such as the following:

- Los medicamentos de Nivel 1 son medicamentos genéricos. Para los medicamentos del nivel 1, usted no paga nada.
- Los medicamentos de Nivel 2 son medicamentos de marca. Para los medicamentos del nivel 2, usted no paga nada.
- Los medicamentos de Nivel 3 son medicamentos sin receta de Medicare / medicamentos de venta libre (OTC). Para los medicamentos del Nivel 3, usted no paga nada.

C. ***Lista de medicamentos cubiertos***

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options. Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página 142. El índice alfabético enumera todos los medicamentos cubiertos por Molina Dual Options.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (p.ej., BYSTOLIC) y los medicamentos genéricos están escritos en cursivas minúsculas (p.ej., *metoprolol*).

La información de la columna titulada "medidas necesarias, restricciones o límites de uso", le indica si Molina Dual Options tiene alguna regla para cubrir su medicamento.

Nota: El símbolo * junto a un medicamento significa que el medicamento no es un "Medicamento Parte D". La cantidad que usted paga cuando surta una receta de este medicamento no cuenta hacia el costo total de sus medicamentos (o sea, la cantidad que usted paga no le ayuda para ser elegible para cobertura catastrófica).

- Además, si recibe Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más información sobre Ayuda Adicional, por favor lea la información en el recuadro abajo.

Ayuda Adicional es un programa de Medicare que ayuda a personas de ingresos y recursos limitados reducir sus gastos de medicamentos de receta de Medicare Parte D, como primas, deducibles, y copagos. Ayuda adicional también se llama "Subsidio por bajos ingresos" o "LIS".



Si tiene alguna pregunta, por favor llame a Molina Dual Options al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

- Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar, llame a Servicios al miembro, 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. Usted también puede enterarse de cómo apelar una decisión leyendo el Capítulo 9, del *Manual del miembro*.

D. Lista de medicamentos por enfermedad

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de enfermedad para la que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en la categoría Beta-blockers. Ahí encontrará los medicamentos que traten enfermedades del corazón.

Estos son los significados de los códigos usados en la columna "Pasos necesarios, restricciones o límites de uso":

PA significa Autorización previa

QL significa Límites de Cantidad

ST significa criterios de terapia escalonada

NM significa No disponible a través de pedidos por correo.

B / D Este medicamento puede estar cubierto por Medicare Parte B o D dependiendo de las circunstancias

LA significa drogas de acceso limitado

(*) significa medicamentos que no son de la Parte D, o artículos de venta libre que están cubiertos por Medicaid

NDS significa suministro de días no extendidos



Si tiene alguna pregunta, por favor llame a Molina Dual Options al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite MolinaHealcare.com/Duals.

MOLINA_IL_CY20_2T_MMP eff 12/01/2020

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

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0(1)	
<i>allopurinol tab 300 mg</i>	\$0(1)	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
<i>COLCRYS TAB 0.6MG</i>	\$0(2)	QL (120 tabs / 30 days)
<i>MITIGARE CAP 0.6MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0(1)	

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0(3)	NM; *
<i>acephen sup 325mg</i>	\$0(3)	NM; *
<i>acetamin tab 500mg</i>	\$0(3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0(3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab 500 mg</i>	\$0(3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0(3)	NM; *
<i>acetaminophn sus 325mg</i>	\$0(3)	NM; *
<i>acetaminophn tab 500mg</i>	\$0(3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin tab 325 mg</i>	\$0(3)	NM; *
<i>aspirin tab 325mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0(3)	NM; *
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	\$0(3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0(3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0(3)	NM; *
<i>enteric asa tab 325mg ec</i>	\$0(3)	NM; *
<i>eq aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>FEVERALL INF SUP 80MG</i>	\$0(3)	NM; *
<i>feverall sup 120mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>feverall sup 325mg</i>	\$0(3)	NM; *
<i>gnp acetamin tab 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0(3)	NM; *
<i>gnp aspirin tab 81mg ec</i>	\$0(3)	NM; *
<i>gnp aspirin tab 325mg</i>	\$0(3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0(3)	NM; *
<i>gnp headache tab extra st</i>	\$0(3)	NM; *
<i>gnp migraine tab relief</i>	\$0(3)	NM; *
<i>mapap liq 160/5ml</i>	\$0(3)	NM; *
<i>mapap tab 325mg</i>	\$0(3)	NM; *
<i>mapap tab 500mg</i>	\$0(3)	NM; *
<i>migraine tab formula</i>	\$0(3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0(3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0(3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0(3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0(3)	NM; *
<i>pain & fever sus 160/5ml</i>	\$0(3)	NM; *
<i>pain & fever tab 325mg</i>	\$0(3)	NM; *
<i>pain & fever tab 500mg</i>	\$0(3)	NM; *
<i>pain relief sus 160/5ml</i>	\$0(3)	NM; *
<i>pain relief tab 325mg</i>	\$0(3)	NM; *
<i>pain relief tab 500mg</i>	\$0(3)	NM; *
<i>pain reliev r tab plus</i>	\$0(3)	NM; *
<i>pharbetol tab 325mg</i>	\$0(3)	NM; *
<i>pharbetol tab 500mg</i>	\$0(3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0(3)	NM; *
<i>qc headache tab relief</i>	\$0(3)	NM; *
<i>tri-buff asa tab 325mg</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain tab 220mg</i>	\$0(3)	NM; *
<i>all day relf tab 220mg</i>	\$0(3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0(1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0(1)	
<i>diflunisal tab 500 mg</i>	\$0(1)	
<i>ec-naproxen tab 375mg</i>	\$0(1)	
<i>ec-naproxen tab 500mg</i>	\$0(1)	
<i>etodolac cap 200 mg</i>	\$0(1)	
<i>etodolac cap 300 mg</i>	\$0(1)	
<i>etodolac tab 400 mg</i>	\$0(1)	
<i>etodolac tab 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0(1)	
<i>flurbiprofen tab 100 mg</i>	\$0(1)	
<i>ibu-200 tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0(1)	
<i>ibuprofen tab 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0(1)	
<i>ibuprofen tab 600 mg</i>	\$0(1)	
<i>ibuprofen tab 800 mg</i>	\$0(1)	
<i>meloxicam tab 7.5 mg</i>	\$0(1)	
<i>meloxicam tab 15 mg</i>	\$0(1)	
<i>nabumetone tab 500 mg</i>	\$0(1)	
<i>nabumetone tab 750 mg</i>	\$0(1)	
<i>naproxen dr tab 375mg</i>	\$0(1)	
<i>naproxen dr tab 500mg</i>	\$0(1)	
<i>naproxen sod tab 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	
<i>naproxen tab 250 mg</i>	\$0(1)	
<i>naproxen tab 375 mg</i>	\$0(1)	
<i>naproxen tab 500 mg</i>	\$0(1)	
<i>piroxicam cap 10 mg</i>	\$0(1)	
<i>piroxicam cap 20 mg</i>	\$0(1)	
<i>qc ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>sulindac tab 150 mg</i>	\$0(1)	
<i>sulindac tab 200 mg</i>	\$0(1)	

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

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

acetaminophen w/ codeine soln 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
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

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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

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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
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$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
<i>oxycodone hcl cap 5 mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
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

<i>lidocaine hcl local inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0(1)	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0(1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0(1)	
<i>dapsone tab 25 mg</i>	\$0(1)	
<i>dapsone tab 100 mg</i>	\$0(1)	
<i>daptomycin for iv soln 350 mg</i>	\$0(2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0(2)	NDS
EMVERM CHW 100MG	\$0(2)	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin tab 3 mg</i>	\$0(1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0(2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0(1)	
<i>linezolid tab 600 mg</i>	\$0(1)	
<i>meropenem iv for soln 1 gm</i>	\$0(1)	
<i>meropenem iv for soln 500 mg</i>	\$0(1)	
<i>methenamine hippurate tab 1 gm</i>	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0(1)	
<i>metronidazole tab 250 mg</i>	\$0(1)	
<i>metronidazole tab 500 mg</i>	\$0(1)	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0(2)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0(2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0(2)	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	\$0(1)	B/D
<i>pentamidine isethionate for soln 300 mg</i>	\$0(1)	
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>reeses med sus pinworm</i>	\$0(3)	NM; *
SIVEXTRO INJ 200MG	\$0(2)	NDS
SIVEXTRO TAB 200MG	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$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
flucytosine cap 500 mg	\$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0(1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0(1)	
<i>itraconazole cap 100 mg</i>	\$0(1)	PA
<i>ketoconazole tab 200 mg</i>	\$0(1)	PA
<i>micafungin sodium for iv soln 50 mg</i>	\$0(2)	NDS
<i>micafungin sodium for iv soln 100 mg</i>	\$0(2)	NDS
<i>MYCAMINE INJ 50MG</i>	\$0(2)	NDS
<i>MYCAMINE INJ 100MG</i>	\$0(2)	NDS
<i>NOXAFIL SUS 40MG/ML</i>	\$0(2)	NDS, QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	\$0(1)	
<i>posaconazole tab delayed release 100 mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0(2)	NDS, PA
<i>voriconazole for susp 40 mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole tab 50 mg</i>	\$0(1)	
<i>voriconazole tab 200 mg</i>	\$0(2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl tab 250 mg</i>	\$0(1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0(1)	
<i>PRIMAQUINE TAB 26.3MG</i>	\$0(2)	
<i>quinine sulfate cap 324 mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0(1)	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0(1)	
<i>APTIVUS CAP 250MG</i>	\$0(2)	NDS
<i>APTIVUS SOL</i>	\$0(2)	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CRIXIVAN CAP 200MG	\$0(2)	
CRIXIVAN CAP 400MG	\$0(2)	
<i>didanosine delayed release capsule 200 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0(1)	
EDURANT TAB 25MG	\$0(2)	NDS
<i>efavirenz cap 50 mg</i>	\$0(1)	
<i>efavirenz cap 200 mg</i>	\$0(2)	NDS
<i>efavirenz tab 600 mg</i>	\$0(2)	NDS
<i>emtricitabine caps 200 mg</i>	\$0(1)	
EMTRIVA CAP 200MG	\$0(2)	
EMTRIVA SOL 10MG/ML	\$0(2)	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$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
<i>lamivudine oral soln 10 mg/ml</i>	\$0(1)	
<i>lamivudine tab 150 mg</i>	\$0(1)	
<i>lamivudine tab 300 mg</i>	\$0(1)	
LEXIVA SUS 50MG/ML	\$0(2)	
<i>nevirapine susp 50 mg/5ml</i>	\$0(1)	
<i>nevirapine tab 200 mg</i>	\$0(1)	
<i>nevirapine tab er 24hr 100 mg</i>	\$0(1)	
<i>nevirapine tab er 24hr 400 mg</i>	\$0(1)	
NORVIR POW 100MG	\$0(2)	
NORVIR SOL 80MG/ML	\$0(2)	
PIFELTRO TAB 100MG	\$0(2)	NDS
PREZISTA SUS 100MG/ML	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0(2)	NDS, QL (240 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREZISTA TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ POW 50MG <i>ritonavir tab 100 mg</i>	\$0(2) \$0(1)	NDS
RUKOBIA TAB 600MG ER	\$0(2)	NDS
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 <i>stavudine cap 15 mg</i> <i>stavudine cap 20 mg</i> <i>stavudine cap 30 mg</i> <i>stavudine cap 40 mg</i> <i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0(2) \$0(1) \$0(1) \$0(1) \$0(1)	NDS
TIVICAY PD TAB 5MG	\$0(2)	
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)	
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
<i>zidovudine cap 100 mg</i> <i>zidovudine syrup 10 mg/ml</i> <i>zidovudine tab 300 mg</i>	\$0(1) \$0(1) \$0(1)	

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

abacavir sulfate-lamivudine tab 600-300 mg	\$0(1)	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	\$0(2)	NDS
ATRIPLA TAB	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200-25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
KALETRA TAB 100-25MG	\$0(2)	
KALETRA TAB 200-50MG	\$0(2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	
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

<i>cycloserine cap 250 mg</i>	\$0(2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0(1)	
<i>ethambutol hcl tab 400 mg</i>	\$0(1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0(1)	
<i>isoniazid tab 100 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>isoniazid tab 300 mg</i>	\$0(1)	
PASER GRA 4GM	\$0(2)	
PRIFTIN TAB 150MG	\$0(2)	
<i>pyrazinamide tab 500 mg</i>	\$0(1)	
<i>rifabutin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 300 mg</i>	\$0(1)	
<i>rifampin for inj 600 mg</i>	\$0(1)	
SIRTURO TAB 20MG	\$0(2)	NDS, LA, PA
SIRTURO TAB 100MG	\$0(2)	NDS, LA, PA
TRECATOR TAB 250MG	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0(1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0(1)	
<i>acyclovir tab 400 mg</i>	\$0(1)	
<i>acyclovir tab 800 mg</i>	\$0(1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0(2)	NDS
BARACLUDE SOL	\$0(2)	NDS
<i>entecavir tab 0.5 mg</i>	\$0(1)	
<i>entecavir tab 1 mg</i>	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	\$0(2)	
<i>famciclovir tab 125 mg</i>	\$0(1)	
<i>famciclovir tab 250 mg</i>	\$0(1)	
<i>famciclovir tab 500 mg</i>	\$0(1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0(1)	B/D
HARVONI PAK	\$0(2)	NDS, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)

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<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0(1)	QL (1080 mL / year)
PEGASYS INJ	\$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0(2)	NDS, NM, PA
PEGASYS INJ PROCLICK	\$0(2)	NDS, NM, PA
RELENZA MIS DISKHALE	\$0(2)	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0(1)	NM
<i>ribavirin tab 200 mg</i>	\$0(1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0(1)	
<i>valacyclovir hcl tab 1 gm</i>	\$0(1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0(1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0(2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0(2)	NDS
VEMLIDY TAB 25MG	\$0(2)	NDS
VOSEVI TAB	\$0(2)	NDS, NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	\$0(1)
<i>cefaclor cap 500 mg</i>	\$0(1)
CEFACLOR ER TAB 500MG	\$0(2)
<i>cefaclor for susp 125 mg/5ml</i>	\$0(1)
<i>cefaclor for susp 250 mg/5ml</i>	\$0(1)
<i>cefaclor for susp 375 mg/5ml</i>	\$0(1)
<i>cefadroxil cap 500 mg</i>	\$0(1)
<i>cefadroxil for susp 250 mg/5ml</i>	\$0(1)
<i>cefadroxil for susp 500 mg/5ml</i>	\$0(1)
<i>cefadroxil tab 1 gm</i>	\$0(1)
CEFAZOLIN INJ 1GM/50ML	\$0(2)
<i>cefazolin sodium for inj 1 gm</i>	\$0(1)
<i>cefazolin sodium for inj 10 gm</i>	\$0(1)
<i>cefazolin sodium for inj 500 mg</i>	\$0(1)
<i>cefazolin sodium for iv soln 1 gm</i>	\$0(1)
CEFAZOLIN SOL	\$0(2)
<i>cefdinir cap 300 mg</i>	\$0(1)
<i>cefdinir for susp 125 mg/5ml</i>	\$0(1)
<i>cefdinir for susp 250 mg/5ml</i>	\$0(1)
<i>cefepime hcl for inj 1 gm</i>	\$0(1)
<i>cefepime hcl for inj 2 gm</i>	\$0(1)
<i>cefixime for susp 100 mg/5ml</i>	\$0(1)
<i>cefixime for susp 200 mg/5ml</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefoxitin sodium for inj 10 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0(1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0(1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0(1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefprozil tab 250 mg</i>	\$0(1)	
<i>cefprozil tab 500 mg</i>	\$0(1)	
<i>ceftazidime for inj 1 gm</i>	\$0(1)	
<i>ceftazidime for inj 2 gm</i>	\$0(1)	
<i>ceftazidime for inj 6 gm</i>	\$0(1)	
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	\$0(2)	
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	\$0(2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0(1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0(1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0(1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0(1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0(1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0(1)	
<i>cephalexin cap 250 mg</i>	\$0(1)	
<i>cephalexin cap 500 mg</i>	\$0(1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<i>tazicef inj 1gm</i>	\$0(1)	
<i>tazicef inj 2gm</i>	\$0(1)	
<i>tazicef inj 6gm</i>	\$0(1)	
<i>TEFLARO INJ 400MG</i>	\$0(2)	NDS
<i>TEFLARO INJ 600MG</i>	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID TAB 200MG	\$0(2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0(1)	
<i>ery-tab tab 333mg ec</i>	\$0(1)	
<i>ery-tab tab 500mg ec</i>	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
<i>erythrocin tab 250mg</i>	\$0(1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0(1)	
<i>erythromycin tab 250 mg</i>	\$0(1)	
<i>erythromycin tab 500 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0(1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0(1)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (10%) SUS 500MG/5	\$0(2)
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0(1)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0(1)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0(1)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0(1)
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)
<i>levofloxacin iv soln 25 mg/ml</i>	\$0(1)
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)
<i>levofloxacin tab 250 mg</i>	\$0(1)
<i>levofloxacin tab 500 mg</i>	\$0(1)
<i>levofloxacin tab 750 mg</i>	\$0(1)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0(1)

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

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin cap 500 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ampicillin sodium for inj 250 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0(1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0(1)	
BICILLIN L-A INJ 600000	\$0(2)	
BICILLIN L-A INJ 1200000	\$0(2)	
BICILLIN L-A INJ 2400000	\$0(2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0(1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0(1)	
NAFCILLIN INJ 10GM	\$0(2)	
<i>nafcillin sodium for inj 1 gm</i>	\$0(1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0(2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$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)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0(1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium tab 250 mg</i>	\$0(1)	
<i>penicillin v potassium tab 500 mg</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
(TIER LEVEL)		

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100 inj 100mg</i>	\$0(1)
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)
<i>minocycline hcl cap 50 mg</i>	\$0(1)
<i>minocycline hcl cap 75 mg</i>	\$0(1)
<i>minocycline hcl cap 100 mg</i>	\$0(1)
<i>tetracycline hcl cap 250 mg</i>	\$0(1)
<i>tetracycline hcl cap 500 mg</i>	\$0(1)

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>BENDEKA INJ 100/4ML</i>	\$0(2)	NDS, B/D, NM
<i>CYCLOPHOSPH INJ 1GM</i>	\$0(2)	NDS, B/D
<i>CYCLOPHOSPHA INJ 500MG</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	\$0(2)	NDS, B/D, NM
<i>EMCYT CAP 140MG</i>	\$0(2)	
<i>GLEOSTINE CAP 10MG</i>	\$0(2)	
<i>GLEOSTINE CAP 40MG</i>	\$0(2)	NDS
<i>GLEOSTINE CAP 100MG</i>	\$0(2)	NDS
<i>LEUKERAN TAB 2MG</i>	\$0(2)	NDS

ANTHRACYCLINES

<i>adriamycin inj 20mg</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0(2)	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0(1)	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)
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ANTIMETABOLITES

ALIMTA INJ 100MG	\$0(2)	NDS, B/D
ALIMTA INJ 500MG	\$0(2)	NDS, B/D
<i>azacitidine for inj 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0(1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0(1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0(1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0(1)	B/D
ONUREG TAB 200MG	\$0(2)	NDS, LA, PA
ONUREG TAB 300MG	\$0(2)	NDS, LA, PA
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS

ANTIMITOTIC, TAXOIDS

ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$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
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$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
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0(2)	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0(1)	B/D, NM
TAXOTERE INJ 80MG/4ML	\$0(2)	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0(1)	B/D, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$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 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
HERZUMA INJ 150MG	\$0(2)	NDS, PA
HERZUMA INJ 420MG	\$0(2)	NDS, PA
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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 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
ONTRUZANT INJ 150MG	\$0(2)	NDS, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, PA
PHESGO SOL	\$0(2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCEL	\$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

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Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RUXIENCE INJ 100/10ML	\$0(2)	NDS, NM, PA
RUXIENCE INJ 500/50ML	\$0(2)	NDS, NM, PA
TALZENNA CAP 0.25MG	\$0(2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, LA, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, PA
TRUXIMA INJ 100/10ML	\$0(2)	NDS, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, 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

<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
<i>DEPO-PROVERA INJ 400/ML</i>	\$0(2)	B/D
<i>ERLEADA TAB 60MG</i>	\$0(2)	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	\$0(1)	
<i>flutamide cap 125 mg</i>	\$0(1)	
<i>fulvestrant inj 250 mg/5ml</i>	\$0(2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0(1)	NM, PA
<i>LUPRON DEPOT INJ 3.75MG</i>	\$0(2)	NDS, NM, PA
<i>LUPRON DEPOT INJ 11.25MG</i>	\$0(2)	NDS, NM, PA
<i>LYSODREN TAB 500MG</i>	\$0(2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0(2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0(2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0(2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0(2)	NDS, NM, PA
XTANDI CAP 40MG	\$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0(2)	NDS, 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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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 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

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COTELLIC TAB 20MG	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, LA, 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
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUWICA CAP 70MG	\$0(2)	NDS, LA, PA
IMBRUWICA CAP 140MG	\$0(2)	NDS, LA, PA
IMBRUWICA TAB 140MG	\$0(2)	NDS, LA, PA
IMBRUWICA TAB 280MG	\$0(2)	NDS, LA, PA
IMBRUWICA TAB 420MG	\$0(2)	NDS, LA, PA
IMBRUWICA 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

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JAKAFI TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0(2)	NDS, NM, PA
LENVIMA CAP 4MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0(2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0(2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0(2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	\$0(2)	NDS, NM, LA, PA
PEMAZYRE TAB 4.5MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 9MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 13.5MG	\$0(2)	NDS, 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
QINLOCK TAB 50MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 40MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 80MG	\$0(2)	NDS, LA, 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

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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
TABRECTA TAB 150MG	\$0(2)	NDS, PA
TABRECTA TAB 200MG	\$0(2)	NDS, 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
TASIGNA CAP 200MG	\$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	\$0(2)	NDS, LA, PA
TUKYSA TAB 150MG	\$0(2)	NDS, LA, 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		
bevacizumab cap 75 mg	\$0(2)	NDS, NM, PA
hydroxyurea cap 500 mg	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA

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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
TAZVERIK TAB 200MG	\$0(2)	NDS, LA, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
XPOVIO PAK 40MG	\$0(2)	NDS, LA, PA
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		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	\$0(1)	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0(1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0(1)	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0(1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0(1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0(1)	
<i>leucovorin calcium tab 10 mg</i>	\$0(1)	
<i>leucovorin calcium tab 15 mg</i>	\$0(1)	
<i>leucovorin calcium tab 25 mg</i>	\$0(1)	
MESNEX TAB 400MG	\$0(2)	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0(1)	B/D

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<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0(1)	B/D
<i>toposar inj 100/5ml</i>	\$0(1)	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	\$0(1)
<i>eplerenone tab 50 mg</i>	\$0(1)
<i>spironolactone tab 25 mg</i>	\$0(1)
<i>spironolactone tab 50 mg</i>	\$0(1)
<i>spironolactone tab 100 mg</i>	\$0(1)

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate tab 1 mg</i>	\$0(1)
<i>doxazosin mesylate tab 2 mg</i>	\$0(1)
<i>doxazosin mesylate tab 4 mg</i>	\$0(1)
<i>doxazosin mesylate tab 8 mg</i>	\$0(1)
<i>prazosin hcl cap 1 mg</i>	\$0(1)
<i>prazosin hcl cap 2 mg</i>	\$0(1)
<i>prazosin hcl cap 5 mg</i>	\$0(1)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0(1)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0(1)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0(1)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0(1)

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)

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

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	\$0(1)
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)
<i>irbesartan tab 75 mg</i>	\$0(1)
<i>irbesartan tab 150 mg</i>	\$0(1)
<i>irbesartan tab 300 mg</i>	\$0(1)
<i>losartan potassium tab 25 mg</i>	\$0(1)
<i>losartan potassium tab 50 mg</i>	\$0(1)
<i>losartan potassium tab 100 mg</i>	\$0(1)
<i>olmesartan medoxomil tab 5 mg</i>	\$0(1)
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)
<i>telmisartan tab 20 mg</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>telmisartan tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 40 mg</i>	\$0(1)	
<i>valsartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 160 mg</i>	\$0(1)	
<i>valsartan tab 320 mg</i>	\$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<i>disopyramide phosphate cap 150 mg</i>	\$0(2)	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0(1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0(1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0(1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0(1)	
<i>flecainide acetate tab 100 mg</i>	\$0(1)	
<i>flecainide acetate tab 150 mg</i>	\$0(1)	
<i>MULTAQ TAB 400MG</i>	\$0(2)	
<i>NORPACE CAP 100MG CR</i>	\$0(2)	
<i>NORPACE CAP 150MG CR</i>	\$0(2)	
<i>pacerone tab 100mg</i>	\$0(1)	
<i>pacerone tab 200mg</i>	\$0(1)	
<i>pacerone tab 400mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0(1)	
<i>propafenone hcl tab 150 mg</i>	\$0(1)	
<i>propafenone hcl tab 225 mg</i>	\$0(1)	
<i>propafenone hcl tab 300 mg</i>	\$0(1)	
<i>quinidine sulfate tab 200 mg</i>	\$0(1)	
<i>quinidine sulfate tab 300 mg</i>	\$0(1)	
<i>sorine tab 80mg</i>	\$0(1)	
<i>sorine tab 120mg</i>	\$0(1)	
<i>sorine tab 160mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>sorine tab 240mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 80 mg</i>	\$0(1)	
<i>sotalol hcl tab 120 mg</i>	\$0(1)	
<i>sotalol hcl tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 240 mg</i>	\$0(1)	

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

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

ANTIPIEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0(1)	
<i>fenofibrate tab 48 mg</i>	\$0(1)	
<i>fenofibrate tab 54 mg</i>	\$0(1)	
<i>fenofibrate tab 145 mg</i>	\$0(1)	
<i>fenofibrate tab 160 mg</i>	\$0(1)	
<i>gemfibrozil tab 600 mg</i>	\$0(1)	
<i>JUXTAPID CAP 5MG</i>	\$0(2)	NDS, LA, PA
<i>JUXTAPID CAP 10MG</i>	\$0(2)	NDS, LA, PA
<i>JUXTAPID CAP 20MG</i>	\$0(2)	NDS, LA, PA
<i>JUXTAPID CAP 30MG</i>	\$0(2)	NDS, LA, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	\$0(1)	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0(1)	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0(1)	
<i>niacor tab 500mg</i>	\$0(1)	
<i>PRALUENT INJ 75MG/ML</i>	\$0(2)	PA
<i>PRALUENT INJ 150MG/ML</i>	\$0(2)	PA
<i>prevalite pow 4gm</i>	\$0(1)	
<i>prevalite pow 4gm pk</i>	\$0(1)	
<i>VASCEPA CAP 0.5GM</i>	\$0(2)	
<i>VASCEPA CAP 1GM</i>	\$0(2)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
<i>BYSTOLIC TAB 2.5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 10MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 20MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	\$0(1)	
<i>carvedilol tab 6.25 mg</i>	\$0(1)	
<i>carvedilol tab 12.5 mg</i>	\$0(1)	
<i>carvedilol tab 25 mg</i>	\$0(1)	
<i>labetalol hcl tab 100 mg</i>	\$0(1)	
<i>labetalol hcl tab 200 mg</i>	\$0(1)	
<i>labetalol hcl tab 300 mg</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0(1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	\$0(1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0(1)	
<i>nadolol tab 20 mg</i>	\$0(1)	
<i>nadolol tab 40 mg</i>	\$0(1)	
<i>nadolol tab 80 mg</i>	\$0(1)	
<i>pindolol tab 5 mg</i>	\$0(1)	
<i>pindolol tab 10 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0(1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0(1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0(1)	
<i>propranolol hcl tab 10 mg</i>	\$0(1)	
<i>propranolol hcl tab 20 mg</i>	\$0(1)	
<i>propranolol hcl tab 40 mg</i>	\$0(1)	
<i>propranolol hcl tab 60 mg</i>	\$0(1)	
<i>propranolol hcl tab 80 mg</i>	\$0(1)	
<i>timolol maleate tab 5 mg</i>	\$0(1)	
<i>timolol maleate tab 10 mg</i>	\$0(1)	
<i>timolol maleate tab 20 mg</i>	\$0(1)	

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0(1)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0(1)
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0(1)
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0(1)
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0(1)
<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0(1)
<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0(1)
<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0(1)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap 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)	
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0(1)	
<i>nimodipine cap 30 mg</i>	\$0(2)	NDS
<i>NYMALIZE SOL</i>	\$0(2)	NDS
<i>NYMALIZE SOL 60/20ML</i>	\$0(2)	NDS
<i>taztia xt cap 120mg/24</i>	\$0(1)	
<i>taztia xt cap 180mg/24</i>	\$0(1)	
<i>taztia xt cap 240mg/24</i>	\$0(1)	
<i>taztia xt cap 300mg er</i>	\$0(1)	
<i>taztia xt cap 360mg/24</i>	\$0(1)	
<i>tiadylt cap 120mg/24</i>	\$0(1)	
<i>tiadylt cap 180mg/24</i>	\$0(1)	
<i>tiadylt cap 240mg/24</i>	\$0(1)	
<i>tiadylt cap 300mg/24</i>	\$0(1)	
<i>tiadylt cap 360mg/24</i>	\$0(1)	
<i>tiadylt cap 420mg/24</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0(1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0(1)	
<i>verapamil hcl tab 40 mg</i>	\$0(1)	
<i>verapamil hcl tab 80 mg</i>	\$0(1)	
<i>verapamil hcl tab 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 180 mg</i>	\$0(1)	
<i>verapamil hcl tab er 240 mg</i>	\$0(1)	

DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS

<i>digitek tab 0.25mg</i>	\$0(1)	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0(1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0(1)	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0(1)	PA; PA if 70 years and older

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

<i>acetazolamide cap er 12hr 500 mg</i>	\$0(1)
<i>acetazolamide tab 125 mg</i>	\$0(1)
<i>acetazolamide tab 250 mg</i>	\$0(1)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)
<i>amiloride hcl tab 5 mg</i>	\$0(1)
<i>bumetanide inj 0.25 mg/ml</i>	\$0(1)
<i>bumetanide tab 0.5 mg</i>	\$0(1)
<i>bumetanide tab 1 mg</i>	\$0(1)
<i>bumetanide tab 2 mg</i>	\$0(1)
<i>chlorothiazide tab 250 mg</i>	\$0(1)
<i>chlorothiazide tab 500 mg</i>	\$0(1)
<i>chlorthalidone tab 25 mg</i>	\$0(1)
<i>chlorthalidone tab 50 mg</i>	\$0(1)
<i>furosemide inj 10 mg/ml</i>	\$0(1)
<i>furosemide oral soln 8 mg/ml</i>	\$0(1)
<i>furosemide oral soln 10 mg/ml</i>	\$0(1)
<i>furosemide tab 20 mg</i>	\$0(1)
<i>furosemide tab 40 mg</i>	\$0(1)
<i>furosemide tab 80 mg</i>	\$0(1)
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0(1)
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0(1)
<i>hydrochlorothiazide tab 25 mg</i>	\$0(1)
<i>hydrochlorothiazide tab 50 mg</i>	\$0(1)
<i>indapamide tab 1.25 mg</i>	\$0(1)
<i>indapamide tab 2.5 mg</i>	\$0(1)
<i>methazolamide tab 25 mg</i>	\$0(1)
<i>methazolamide tab 50 mg</i>	\$0(1)
<i>metolazone tab 2.5 mg</i>	\$0(1)
<i>metolazone tab 5 mg</i>	\$0(1)
<i>metolazone tab 10 mg</i>	\$0(1)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)
<i>torsemide tab 5 mg</i>	\$0(1)
<i>torsemide tab 10 mg</i>	\$0(1)
<i>torsemide tab 20 mg</i>	\$0(1)
<i>torsemide tab 100 mg</i>	\$0(1)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	
<i>CORLANOR SOL 5MG/5ML</i>	\$0(2)	
<i>CORLANOR TAB 5MG</i>	\$0(2)	
<i>CORLANOR TAB 7.5MG</i>	\$0(2)	
<i>DEMSER CAP 250MG</i>	\$0(2)	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
<i>NORTHERA CAP 100MG</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
<i>NORTHERA CAP 200MG</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>NORTHERA CAP 300MG</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0(1)	
<i>minitran dis 0.1mg/hr</i>	\$0(1)	
<i>minitran dis 0.2mg/hr</i>	\$0(1)	
<i>minitran dis 0.4mg/hr</i>	\$0(1)	
<i>minitran dis 0.6mg/hr</i>	\$0(1)	
NITRO-BID OIN 2%	\$0(2)	
NITRO-DUR DIS 0.3MG/HR	\$0(2)	
NITRO-DUR DIS 0.8MG/HR	\$0(2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0(1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0(1)	

**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION**

ADEMPAS TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPSUMIT TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$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

<i>alprazolam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	\$0(1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0(1)	
<i>buspirone hcl tab 10 mg</i>	\$0(1)	
<i>buspirone hcl tab 15 mg</i>	\$0(1)	
<i>buspirone hcl tab 30 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 50 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0(1)	
<i>lorazepam conc 2 mg/ml</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0(1)	
<i>lorazepam inj 4 mg/ml</i>	\$0(1)	
<i>lorazepam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>carbamazepine cap er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0(1)	
<i>carbamazepine chew tab 100 mg</i>	\$0(1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0(1)	
<i>carbamazepine tab 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0(1)	
CELONTIN CAP 300MG	\$0(2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0(1)	PA
<i>clobazam tab 10 mg</i>	\$0(1)	PA
<i>clobazam tab 20 mg</i>	\$0(1)	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0(1)	QL (180 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
<i>clorazepate dipotassium tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIASTAT ACDL GEL 5-10MG</i>	\$0(2)	
<i>DIASTAT ACDL GEL 12.5-20</i>	\$0(2)	
<i>DIASTAT PED GEL 2.5M GEL</i>	\$0(2)	
<i>diazepam conc 5 mg/ml</i>	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0(1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>DILANTIN CAP 30MG</i>	\$0(2)	
<i>DILANTIN CAP 100MG</i>	\$0(2)	
<i>DILANTIN CHW 50MG</i>	\$0(2)	
<i>DILANTIN-125 SUS 125/5ML</i>	\$0(2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
<i>EPIDIOLEX SOL 100MG/ML</i>	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0(1)	

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<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(2)	NDS
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
<i>FINTEPLA SOL 2.2MG/ML</i>	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
<i>FYCOMPA SUS 0.5MG/ML</i>	\$0(2)	NDS, QL (720 mL / 30 days), PA
<i>FYCOMPA TAB 2MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FYCOMPA TAB 4MG</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>FYCOMPA TAB 6MG</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>FYCOMPA TAB 8MG</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>FYCOMPA TAB 10MG</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>FYCOMPA TAB 12MG</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0(1)	
<i>lamotrigine tab 100 mg</i>	\$0(1)	
<i>lamotrigine tab 150 mg</i>	\$0(1)	
<i>lamotrigine tab 200 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	

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<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<i>levetiracetam tab 500 mg</i>	\$0(1)	
<i>levetiracetam tab 750 mg</i>	\$0(1)	
<i>levetiracetam tab 1000 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0(1)	
<i>NAYZILAM SPR 5MG</i>	\$0(2)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0(1)	
<i>oxcarbazepine tab 150 mg</i>	\$0(1)	
<i>oxcarbazepine tab 300 mg</i>	\$0(1)	
<i>oxcarbazepine tab 600 mg</i>	\$0(1)	
<i>PEGANONE TAB 250MG</i>	\$0(2)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>PHENYTEK CAP 200MG</i>	\$0(2)	
<i>PHENYTEK CAP 300MG</i>	\$0(2)	

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<i>phenytoin chew tab 50 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0(1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0(1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0(1)	
<i>pregabalin cap 25 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0(1)	
<i>primidone tab 250 mg</i>	\$0(1)	
<i>roweepra tab 500mg</i>	\$0(1)	
<i>roweepra tab 750mg</i>	\$0(1)	
<i>roweepra tab 1000mg</i>	\$0(1)	
<i>roweepra xr tab 500mg xr</i>	\$0(1)	
<i>roweepra xr tab 750mg xr</i>	\$0(1)	
<i>SPRITAM TAB 250MG</i>	\$0(2)	
<i>SPRITAM TAB 500MG</i>	\$0(2)	
<i>SPRITAM TAB 750MG</i>	\$0(2)	
<i>SPRITAM TAB 1000MG</i>	\$0(2)	
<i>SYMPAZAN MIS 5MG</i>	\$0(2)	PA
<i>SYMPAZAN MIS 10MG</i>	\$0(2)	NDS, PA
<i>SYMPAZAN MIS 20MG</i>	\$0(2)	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	\$0(1)	
<i>tiagabine hcl tab 4 mg</i>	\$0(1)	
<i>tiagabine hcl tab 12 mg</i>	\$0(1)	
<i>tiagabine hcl tab 16 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>topiramate sprinkle cap 15 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0(1)	
<i>topiramate tab 25 mg</i>	\$0(1)	
<i>topiramate tab 50 mg</i>	\$0(1)	
<i>topiramate tab 100 mg</i>	\$0(1)	
<i>topiramate tab 200 mg</i>	\$0(1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0(1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0(1)	
<i>valproic acid cap 250 mg</i>	\$0(1)	
VALTOCO LIQ 15MG	\$0(2)	
VALTOCO LIQ 20MG	\$0(2)	
VALTOCO SPR 5MG	\$0(2)	
VALTOCO SPR 10MG	\$0(2)	
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadronerow 500mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0(2)	NDS
VIMPAT SOL 10MG/ML	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>rivastigmine tartrate cap 3 mg (base equivalent)</u>	\$0(1)	QL (90 caps / 30 days)
<u>rivastigmine tartrate cap 4.5 mg (base equivalent)</u>	\$0(1)	QL (60 caps / 30 days)
<u>rivastigmine tartrate cap 6 mg (base equivalent)</u>	\$0(1)	QL (60 caps / 30 days)
<u>rivastigmine td patch 24hr 4.6 mg/24hr</u>	\$0(1)	QL (30 patches / 30 days)
<u>rivastigmine td patch 24hr 9.5 mg/24hr</u>	\$0(1)	QL (30 patches / 30 days)
<u>rivastigmine td patch 24hr 13.3 mg/24hr</u>	\$0(1)	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<u>amitriptyline hcl tab 10 mg</u>	\$0(2)	
<u>amitriptyline hcl tab 25 mg</u>	\$0(2)	
<u>amitriptyline hcl tab 50 mg</u>	\$0(2)	
<u>amitriptyline hcl tab 75 mg</u>	\$0(2)	
<u>amitriptyline hcl tab 100 mg</u>	\$0(2)	
<u>amitriptyline hcl tab 150 mg</u>	\$0(2)	
<u>amoxapine tab 25 mg</u>	\$0(2)	
<u>amoxapine tab 50 mg</u>	\$0(2)	
<u>amoxapine tab 100 mg</u>	\$0(2)	
<u>amoxapine tab 150 mg</u>	\$0(2)	
<u>bupropion hcl tab 75 mg</u>	\$0(1)	
<u>bupropion hcl tab 100 mg</u>	\$0(1)	
<u>bupropion hcl tab er 12hr 100 mg</u>	\$0(1)	
<u>bupropion hcl tab er 12hr 150 mg</u>	\$0(1)	
<u>bupropion hcl tab er 12hr 200 mg</u>	\$0(1)	
<u>bupropion hcl tab er 24hr 150 mg</u>	\$0(1)	
<u>bupropion hcl tab er 24hr 300 mg</u>	\$0(1)	
<u>citalopram hydrobromide oral soln 10 mg/5ml</u>	\$0(1)	
<u>citalopram hydrobromide tab 10 mg (base equiv)</u>	\$0(1)	
<u>citalopram hydrobromide tab 20 mg (base equiv)</u>	\$0(1)	
<u>citalopram hydrobromide tab 40 mg (base equiv)</u>	\$0(1)	
<u>clomipramine hcl cap 25 mg</u>	\$0(2)	PA
<u>clomipramine hcl cap 50 mg</u>	\$0(2)	PA
<u>clomipramine hcl cap 75 mg</u>	\$0(2)	PA
<u>desipramine hcl tab 10 mg</u>	\$0(2)	

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

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

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<i>paroxetine hcl tab 40 mg</i>	\$0(2)	
PAXIL SUS 10MG/5ML	\$0(2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0(1)	
<i>protriptyline hcl tab 5 mg</i>	\$0(2)	
<i>protriptyline hcl tab 10 mg</i>	\$0(2)	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0(1)	
<i>sertraline hcl tab 25 mg</i>	\$0(1)	
<i>sertraline hcl tab 50 mg</i>	\$0(1)	
<i>sertraline hcl tab 100 mg</i>	\$0(1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0(1)	
<i>trazodone hcl tab 50 mg</i>	\$0(1)	
<i>trazodone hcl tab 100 mg</i>	\$0(1)	
<i>trazodone hcl tab 150 mg</i>	\$0(1)	
<i>trimipramine maleate cap 25 mg</i>	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$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)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$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
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ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0(1)	
<i>amantadine hcl tab 100 mg</i>	\$0(1)	
<i>APOKYN INJ 10MG/ML</i>	\$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	\$0(1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0(1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone tab 200 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEUPRO DIS 1MG/24HR	\$0(2)	
NEUPRO DIS 2MG/24HR	\$0(2)	
NEUPRO DIS 3MG/24HR	\$0(2)	
NEUPRO DIS 4MG/24HR	\$0(2)	
NEUPRO DIS 6MG/24HR	\$0(2)	
NEUPRO DIS 8MG/24HR	\$0(2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0(1)	
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$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)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$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)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0(1)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0(1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0(1)	
<i>clozapine tab 50 mg</i>	\$0(1)	
<i>clozapine tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$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
FANAPT TAB 4MG	\$0(2)	QL (60 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
GEODON INJ 20MG	\$0(2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0(1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0(1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0(1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0(1)	
<i>haloperidol tab 0.5 mg</i>	\$0(1)	
<i>haloperidol tab 1 mg</i>	\$0(1)	
<i>haloperidol tab 2 mg</i>	\$0(1)	
<i>haloperidol tab 5 mg</i>	\$0(1)	
<i>haloperidol tab 10 mg</i>	\$0(1)	
<i>haloperidol tab 20 mg</i>	\$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)
INVEGA TRINZ INJ 410MG	\$0(2)	NDS, QL (1 injection / 90 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
<i>loxapine succinate cap 5 mg</i>	\$0(1)	
<i>loxapine succinate cap 10 mg</i>	\$0(1)	
<i>loxapine succinate cap 25 mg</i>	\$0(1)	
<i>loxapine succinate cap 50 mg</i>	\$0(1)	
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	
<i>molindone hcl tab 25 mg</i>	\$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
<i>olanzapine for im inj 10 mg</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0(1)	
<i>perphenazine tab 4 mg</i>	\$0(1)	
<i>perphenazine tab 8 mg</i>	\$0(1)	
<i>perphenazine tab 16 mg</i>	\$0(1)	
PERSERIS INJ 90MG	\$0(2)	NDS, QL (1 injection / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PERSERIS INJ 120MG	\$0(2)	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	\$0(1)	
<i>pimozide tab 2 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 50 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 100 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 200 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 300 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 400 mg</i>	\$0(1)	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$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)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone orally disintegrating tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0(1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0(1)	
<i>risperidone tab 0.25 mg</i>	\$0(1)	
<i>risperidone tab 1 mg</i>	\$0(1)	
<i>risperidone tab 2 mg</i>	\$0(1)	
<i>risperidone tab 3 mg</i>	\$0(1)	
<i>risperidone tab 4 mg</i>	\$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)
<i>thioridazine hcl tab 10 mg</i>	\$0(1)	
<i>thioridazine hcl tab 25 mg</i>	\$0(1)	
<i>thioridazine hcl tab 50 mg</i>	\$0(1)	
<i>thioridazine hcl tab 100 mg</i>	\$0(1)	
<i>thiothixene cap 1 mg</i>	\$0(1)	
<i>thiothixene cap 2 mg</i>	\$0(1)	
<i>thiothixene cap 5 mg</i>	\$0(1)	
<i>thiothixene cap 10 mg</i>	\$0(1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>ziprasidone hcl cap 20 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0(1)	QL (6 injections / 3 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

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$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
<u>amphetamine-dextroamphetamine tab 20 mg</u>	\$0(1)	QL (90 tabs / 30 days)
<u>amphetamine-dextroamphetamine tab 30 mg</u>	\$0(1)	QL (60 tabs / 30 days)
<u>atomoxetine hcl cap 10 mg (base equiv)</u>	\$0(1)	QL (120 caps / 30 days)
<u>atomoxetine hcl cap 18 mg (base equiv)</u>	\$0(1)	QL (120 caps / 30 days)
<u>atomoxetine hcl cap 25 mg (base equiv)</u>	\$0(1)	QL (120 caps / 30 days)
<u>atomoxetine hcl cap 40 mg (base equiv)</u>	\$0(1)	QL (60 caps / 30 days)
<u>atomoxetine hcl cap 60 mg (base equiv)</u>	\$0(1)	QL (30 caps / 30 days)
<u>atomoxetine hcl cap 80 mg (base equiv)</u>	\$0(1)	QL (30 caps / 30 days)
<u>atomoxetine hcl cap 100 mg (base equiv)</u>	\$0(1)	QL (30 caps / 30 days)
<u>dexmethylphenidate hcl tab 2.5 mg</u>	\$0(1)	QL (120 tabs / 30 days)
<u>dexmethylphenidate hcl tab 5 mg</u>	\$0(1)	QL (120 tabs / 30 days)
<u>dexmethylphenidate hcl tab 10 mg</u>	\$0(1)	QL (60 tabs / 30 days)
<u>guanfacine hcl tab er 24hr 1 mg (base equiv)</u>	\$0(2)	PA; PA if 70 years and older
<u>guanfacine hcl tab er 24hr 2 mg (base equiv)</u>	\$0(2)	PA; PA if 70 years and older
<u>guanfacine hcl tab er 24hr 3 mg (base equiv)</u>	\$0(2)	PA; PA if 70 years and older
<u>guanfacine hcl tab er 24hr 4 mg (base equiv)</u>	\$0(2)	PA; PA if 70 years and older
<u>methylphenidate hcl soln 5 mg/5ml</u>	\$0(1)	QL (1800 mL / 30 days)
<u>methylphenidate hcl soln 10 mg/5ml</u>	\$0(1)	QL (900 mL / 30 days)
<u>methylphenidate hcl tab 5 mg</u>	\$0(1)	QL (180 tabs / 30 days)
<u>methylphenidate hcl tab 10 mg</u>	\$0(1)	QL (180 tabs / 30 days)
<u>methylphenidate hcl tab 20 mg</u>	\$0(1)	QL (90 tabs / 30 days)
<u>methylphenidate hcl tab er 10 mg</u>	\$0(1)	QL (90 tabs / 30 days)
<u>methylphenidate hcl tab er 20 mg</u>	\$0(1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<u>BELSOMRA TAB 5MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>BELSOMRA TAB 10MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>BELSOMRA TAB 15MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>BELSOMRA TAB 20MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>doxepin hcl (sleep) tab 3 mg (base equiv)</u>	\$0(1)	QL (30 tabs / 30 days)
<u>doxepin hcl (sleep) tab 6 mg (base equiv)</u>	\$0(1)	QL (30 tabs / 30 days)
<u>eszopiclone tab 1 mg</u>	\$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
<i>eszopiclone tab 2 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$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
<i>temazepam cap 7.5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$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

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<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0(2)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>EMGALITY INJ 120MG/ML</i>	\$0(2)	QL (2 pens / 30 days), PA
<i>EMGALITY INJ 120MG/ML</i>	\$0(2)	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0(1)	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0(1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0(1)	QL (12 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$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
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 450 mg</i>	\$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
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$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
<i>dalfampridine tab er 12hr 10 mg</i>	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
vanadom tab 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XYREM SOL 500MG/ML	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA
<u>PSYCHOTHERAPEUTIC-MISC</u>		
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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0(1)	
<i>naltrexone hcl tab 50 mg</i>	\$0(1)	
<i>NARCAN SPR</i>	\$0(2)	
<i>nicorelief gum 2mg mint</i>	\$0(3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0(3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0(3)	NM; *
<i>nicotine gum 4mg</i>	\$0(3)	NM; *
<i>nicotine pol loz 4mg mint</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0(3)	NM; *
<i>NICOTINE SYS KIT TRANSDER</i>	\$0(3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td dis 14mg/24h</i>	\$0(3)	NM; *
<i>nicotine td dis 21mg/24h</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0(3)	NM; *
<i>NICOTROL INH</i>	\$0(2)	
<i>NICOTROL NS SPR 10MG/ML</i>	\$0(2)	
<i>VIVITROL INJ 380MG</i>	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>ANADROL-50 TAB 50MG</i>	\$0(2)	NDS, PA
<i>ANDRODERM DIS 2MG/24HR</i>	\$0(2)	QL (30 patches / 30 days), PA
<i>ANDRODERM DIS 4MG/24HR</i>	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0(1)	PA
<i>oxandrolone tab 10 mg</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA

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 FLEXTOUCH	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N 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)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$0(2)	
TRULICITY INJ 0.75/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	\$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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>RYBELSUS TAB 3MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RYBELSUS TAB 7MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RYBELSUS TAB 14MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>SYNJARDY TAB</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 5-500MG</i>	\$0(2)	QL (120 tabs / 30 days)
<i>SYNJARDY TAB 5-1000MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 12.5-500</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 5-1000MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 10-1000</i>	\$0(2)	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 25-1000</i>	\$0(2)	QL (30 tabs / 30 days)
<i>TRADJENTA TAB 5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>TRIJARDY XR TAB</i>	\$0(2)	QL (30 tabs / 30 days)
<i>TRIJARDY XR TAB</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 2.5-1000</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-500MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-1000MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 10-500MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 10-1000</i>	\$0(2)	QL (30 tabs / 30 days)

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	
<i>alendronate sodium tab 5 mg</i>	\$0(1)	
<i>alendronate sodium tab 10 mg</i>	\$0(1)	
<i>alendronate sodium tab 35 mg</i>	\$0(1)	
<i>alendronate sodium tab 40 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 30 mg</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0(2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	
<i>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0(2)	
<i>clovique cap 250mg</i>	\$0(2)	NDS, PA
<i>deferasirox granules packet 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 180 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 360 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 180 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 360 mg</i>	\$0(2)	NDS, NM, PA
JADENU SPRKL GRA 90MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	\$0(2)	NDS, NM, LA, PA
JADENU TAB 180MG	\$0(2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	\$0(2)	
LOKELMA PAK 10GM	\$0(2)	
<i>penicillamine tab 250 mg</i>	\$0(2)	NDS
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0(1)	
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>trientine hcl cap 250 mg</i>	\$0(2)	NDS, PA
VELTASSA POW 8.4GM	\$0(2)	PA
VELTASSA POW 16.8GM	\$0(2)	PA
VELTASSA POW 25.2GM	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera tab 1.5mg</i>	\$0(3)	NM; *
<i>alyacen tab 1/35</i>	\$0(1)	
<i>amethia lo tab</i>	\$0(1)	
<i>amethia tab</i>	\$0(1)	
<i>apri tab</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aranelle tab</i>	\$0(1)	
<i>ashlyna tab</i>	\$0(1)	
<i>aubra tab 0.1-0.02</i>	\$0(1)	
<i>aviane tab</i>	\$0(1)	
<i>balziva tab</i>	\$0(1)	
<i>bekyree tab</i>	\$0(1)	
<i>blisovi 24 tab fe 1/20</i>	\$0(1)	
<i>blisovi fe tab 1.5/30</i>	\$0(1)	
<i>briellyn tab</i>	\$0(1)	
<i>camila tab 0.35mg</i>	\$0(1)	
<i>camrese lo tab</i>	\$0(1)	
<i>cryselle-28 tab 28 tabs</i>	\$0(1)	
<i>cyclafem tab 1/35</i>	\$0(1)	
<i>cyclafem tab 7/7/7</i>	\$0(1)	
<i>dasetta tab 1/35</i>	\$0(1)	
<i>dasetta tab 7/7/7</i>	\$0(1)	
<i>deblitane tab 0.35mg</i>	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	\$0(1)	
<i>desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethynodiol estradiol-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethynodiol estradiol-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>econtra ez tab 1.5mg</i>	\$0(3)	NM; *
<i>econtra os tab 1.5mg</i>	\$0(3)	NM; *
<i>ELLA TAB 30MG</i>	\$0(2)	
<i>eluryng mis</i>	\$0(1)	
<i>emoquette tab</i>	\$0(1)	
<i>enpresse-28 tab</i>	\$0(1)	
<i>enskyce tab</i>	\$0(1)	
<i>errin tab 0.35mg</i>	\$0(1)	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina tab</i>	\$0(1)	
<i>fayosim tab</i>	\$0(1)	
<i>femynor tab 0.25-35</i>	\$0(1)	
<i>hailey 24 tab fe</i>	\$0(1)	
<i>heather tab 0.35mg</i>	\$0(1)	
<i>incassia tab 0.35mg</i>	\$0(1)	
<i>introvale tab</i>	\$0(1)	
<i>isibloom tab</i>	\$0(1)	
<i>jasmiel tab 3-0.02mg</i>	\$0(1)	
<i>jolivette tab 0.35mg</i>	\$0(1)	
<i>juleber tab</i>	\$0(1)	
<i>junel 1.5/30 tab</i>	\$0(1)	
<i>junel 1/20 tab</i>	\$0(1)	
<i>junel fe 24 tab 1/20</i>	\$0(1)	
<i>junel fe tab 1.5/30</i>	\$0(1)	
<i>junel fe tab 1/20</i>	\$0(1)	
<i>kaitlib fe chw</i>	\$0(1)	
<i>kariva tab 28 day</i>	\$0(1)	
<i>kelnor 1/50 tab</i>	\$0(1)	
<i>kelnor tab 1/35</i>	\$0(1)	
<i>kurvelo tab 0.15/30</i>	\$0(1)	
<i>larin fe tab 1.5/30</i>	\$0(1)	
<i>larin fe tab 1/20</i>	\$0(1)	
<i>larin tab 1.5/30</i>	\$0(1)	
<i>larin tab 1/20</i>	\$0(1)	
<i>layolis fe chw</i>	\$0(1)	
<i>lessina tab</i>	\$0(1)	
<i>levonest tab</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
(TIER LEVEL)		
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora-28 tab 0.15/30</i>	\$0(1)	
<i>loryna tab 3-0.02mg</i>	\$0(1)	
<i>lulera tab</i>	\$0(1)	
<i>lyza tab 0.35mg</i>	\$0(1)	
<i>marlissa tab 0.15/30</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0(1)	
<i>melodetta chw 24 fe</i>	\$0(1)	
<i>mibelas 24 chw fe</i>	\$0(1)	
<i>milu tab 0.25/35</i>	\$0(1)	
<i>my choice tab 1.5mg</i>	\$0(3)	NM; *
<i>my way tab 1.5mg</i>	\$0(3)	NM; *
<i>necon tab 0.5/35</i>	\$0(1)	
<i>new day tab 1.5mg</i>	\$0(3)	NM; *
<i>nikki tab 3-0.02mg</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norethindrone tab 0.35 mg</i>	\$0(1)	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	\$0(1)	
<i>nortrel tab 0.5/35</i>	\$0(1)	
<i>nortrel tab 1/35</i>	\$0(1)	
<i>nortrel tab 7/7/7</i>	\$0(1)	
<i>opcicon tab 1.5mg</i>	\$0(3)	NM; *
<i>option 2 tab 1.5mg</i>	\$0(3)	NM; *
<i>orsythia tab</i>	\$0(1)	
<i>philith tab 0.4-35</i>	\$0(1)	
<i>pimtrea tab</i>	\$0(1)	
<i>pirmella tab 1/35</i>	\$0(1)	
<i>portia-28 tab</i>	\$0(1)	
<i>previfem tab</i>	\$0(1)	
<i>reclipsen tab</i>	\$0(1)	
<i>rivilsa tab</i>	\$0(1)	
<i>sharobel tab 0.35mg</i>	\$0(1)	
<i>sprintec 28 tab 28 day</i>	\$0(1)	
<i>take action tab 1.5mg</i>	\$0(3)	NM; *
<i>tarina 24 fe tab</i>	\$0(1)	
<i>tarina fe tab 1/20</i>	\$0(1)	
<i>tri-estaryll tab</i>	\$0(1)	
<i>tri-legest tab fe</i>	\$0(1)	
<i>tri-lo- tab sprintec</i>	\$0(1)	
<i>tri-mili tab</i>	\$0(1)	
<i>tri-previfem tab</i>	\$0(1)	
<i>tri-sprintec tab</i>	\$0(1)	
<i>tri-vylibra tab</i>	\$0(1)	
<i>tri-vylibra tab lo</i>	\$0(1)	
<i>trivora-28 tab</i>	\$0(1)	
<i>tulana tab 0.35mg</i>	\$0(1)	
<i>tydemy tab</i>	\$0(1)	
<i>velivet pak</i>	\$0(1)	
<i>vienna tab 0.1-20</i>	\$0(1)	
<i>viorele tab</i>	\$0(1)	
<i>vyfemla tab 0.4-35</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vylibra tab 0.25-35</i>	\$0(1)	
<i>wymzya fe chw 0.4mg-35</i>	\$0(1)	
<i>zarah tab 3-0.03mg</i>	\$0(1)	
<i>zovia 1/35e tab</i>	\$0(1)	
<i>ENDOMETRIOSIS</i>		
<i>danazol cap 50 mg</i>	\$0(1)	
<i>danazol cap 100 mg</i>	\$0(1)	
<i>danazol cap 200 mg</i>	\$0(1)	
<i>SYNAREL SOL 2MG/ML</i>	\$0(2)	NDS, NM
<i>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</i>		
<i>ALDURAZYME INJ 2.9MG/5M</i>	\$0(2)	NDS, NM, LA, PA
<i>CARBAGLU TAB 200MG</i>	\$0(2)	NDS, LA, PA
<i>CERDELGA CAP 84MG</i>	\$0(2)	NDS, NM, PA
<i>CEREZYME INJ 400UNIT</i>	\$0(2)	NDS, NM, LA, PA
<i>CYSTADANE POW</i>	\$0(2)	NDS, LA
<i>CYSTAGON CAP 50MG</i>	\$0(2)	NM, LA, PA
<i>CYSTAGON CAP 150MG</i>	\$0(2)	NM, LA, PA
<i>FABRAZYME INJ 5MG</i>	\$0(2)	NDS, NM, LA, PA
<i>FABRAZYME INJ 35MG</i>	\$0(2)	NDS, NM, LA, PA
<i>KUVAN POW 100MG</i>	\$0(2)	NDS, NM, LA, PA
<i>KUVAN POW 500MG</i>	\$0(2)	NDS, NM, LA, PA
<i>KUVAN TAB 100MG</i>	\$0(2)	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0(1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0(1)	B/D
<i>LUMIZYME INJ 50MG</i>	\$0(2)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0(2)	NDS, NM, PA
<i>NAGLAZYME INJ 1MG/ML</i>	\$0(2)	NDS, NM, LA, PA
<i>nitisinone cap 2 mg</i>	\$0(2)	NDS, PA
<i>nitisinone cap 5 mg</i>	\$0(2)	NDS, PA
<i>nitisinone cap 10 mg</i>	\$0(2)	NDS, PA
<i>NITYR TAB 2MG</i>	\$0(2)	NDS, LA, PA
<i>NITYR TAB 5MG</i>	\$0(2)	NDS, LA, PA
<i>NITYR TAB 10MG</i>	\$0(2)	NDS, LA, PA
<i>ORFADIN CAP 2MG</i>	\$0(2)	NDS, LA, PA
<i>ORFADIN CAP 5MG</i>	\$0(2)	NDS, LA, PA
<i>ORFADIN CAP 10MG</i>	\$0(2)	NDS, LA, PA
<i>ORFADIN CAP 20MG</i>	\$0(2)	NDS, LA, PA
<i>ORFADIN SUS 4MG/ML</i>	\$0(2)	NDS, LA, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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sapropterin dihydrochloride powder packet <i>500 mg</i>	\$0(2)	NDS, NM, PA
sapropterin dihydrochloride soluble tab 100 <i>mg</i>	\$0(2)	NDS, NM, PA
sodium phenylbutyrate oral powder 3 <i>gm/teaspoonful</i>	\$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 <i>(37.5 mcg/24hr)</i>	\$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-ethynodiol diacetate tab <i>0.5 mg-2.5 mcg</i>	\$0(2)
norethindrone acetate-ethynodiol diacetate tab <i>1 mg-5 mcg</i>	\$0(2)

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

cortisone acetate tab 25 mg	\$0(1)
DEXAMETHASONE CON 1MG/ML	\$0(2)
dexamethasone elixir 0.5 mg/5ml	\$0(1)
dexamethasone sod phosphate <i>preservative free inj 10 mg/ml</i>	\$0(1)
dexamethasone sodium phosphate inj 4 <i>mg/ml</i>	\$0(1)
dexamethasone sodium phosphate inj 10 <i>mg/ml</i>	\$0(1)
dexamethasone sodium phosphate inj 20 <i>mg/5ml</i>	\$0(1)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$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		
<i>diazoxide susp 50 mg/ml</i>	\$0(1)	
GLUCAGEN INJ HYPOKIT	\$0(2)	
GLUCAGON KIT 1MG	\$0(2)	
GVOKE HYPO 2 INJ 1MG/.2ML	\$0(2)	
GVOKE HYPO 2 INJ .5/.1ML	\$0(2)	
GVOKE PFS INJ	\$0(2)	
PROGLYCEM SUS 50MG/ML	\$0(2)	
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0(1)	B/D
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$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
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

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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
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
OSPHENA TAB 60MG	\$0(2)	PA
PROLIA SOL 60MG/ML	\$0(2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	
SIGNIFOR INJ 0.3MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0(2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	\$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	\$0(2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	\$0(2)	NDS, NM, LA, PA
TYMLOS INJ	\$0(2)	NDS, NM, PA
XGEVA INJ	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

AURYXIA TAB 210MG	\$0(2)	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	\$0(2)	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	\$0(1)	QL (540 tabs / 30 days)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0(1)
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0(1)
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0(1)
<i>norethindrone acetate tab 5 mg</i>	\$0(1)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>euthyrox tab 25mcg</i>	\$0(1)
<i>euthyrox tab 50mcg</i>	\$0(1)
<i>euthyrox tab 75mcg</i>	\$0(1)
<i>euthyrox tab 88mcg</i>	\$0(1)
<i>euthyrox tab 100mcg</i>	\$0(1)
<i>euthyrox tab 112mcg</i>	\$0(1)
<i>euthyrox tab 125mcg</i>	\$0(1)
<i>euthyrox tab 137mcg</i>	\$0(1)
<i>euthyrox tab 150mcg</i>	\$0(1)
<i>euthyrox tab 175mcg</i>	\$0(1)
<i>euthyrox tab 200mcg</i>	\$0(1)
<i>levo-t tab 25mcg</i>	\$0(1)
<i>levo-t tab 50mcg</i>	\$0(1)
<i>levo-t tab 75mcg</i>	\$0(1)
<i>levo-t tab 88mcg</i>	\$0(1)
<i>levo-t tab 100mcg</i>	\$0(1)
<i>levo-t tab 112mcg</i>	\$0(1)
<i>levo-t tab 125mcg</i>	\$0(1)
<i>levo-t tab 137mcg</i>	\$0(1)
<i>levo-t tab 150mcg</i>	\$0(1)
<i>levo-t tab 175mcg</i>	\$0(1)
<i>levo-t tab 200 mcg</i>	\$0(1)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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SYNTHROID TAB 300MCG	\$0(2)	
<i>unithroid tab 25mcg</i>	\$0(1)	
<i>unithroid tab 50mcg</i>	\$0(1)	
<i>unithroid tab 75mcg</i>	\$0(1)	
<i>unithroid tab 88mcg</i>	\$0(1)	
<i>unithroid tab 100mcg</i>	\$0(1)	
<i>unithroid tab 112mcg</i>	\$0(1)	
<i>unithroid tab 125mcg</i>	\$0(1)	
<i>unithroid tab 137mcg</i>	\$0(1)	
<i>unithroid tab 150mcg</i>	\$0(1)	
<i>unithroid tab 175mcg</i>	\$0(1)	
<i>unithroid tab 200mcg</i>	\$0(1)	
<i>unithroid tab 300mcg</i>	\$0(1)	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate inj 4 mcg/ml</i>	\$0(1)	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0(1)	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0(1)	
<i>desmopressin acetate tab 0.1 mg</i>	\$0(1)	NM
<i>desmopressin acetate tab 0.2 mg</i>	\$0(1)	NM
STIMATE SOL 1.5MG/ML	\$0(2)	NDS, NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone chw</i>	\$0(3)	NM; *
<i>acid gone sus</i>	\$0(3)	NM; *
<i>almacone dbl sus strength</i>	\$0(3)	NM; *
<i>almacone sus</i>	\$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0(3)	NM; *
<i>antacid chw 500mg</i>	\$0(3)	NM; *
<i>antacid chw 750mg</i>	\$0(3)	NM; *
<i>antacid fast sus relief</i>	\$0(3)	NM; *
<i>antacid plus sus anti-gas</i>	\$0(3)	NM; *
<i>antacid plus sus gas rel</i>	\$0(3)	NM; *
<i>antacid sus</i>	\$0(3)	NM; *
<i>antacid sus anti-gas</i>	\$0(3)	NM; *
<i>antacid sus max st</i>	\$0(3)	NM; *
<i>cal-gest chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 750mg</i>	\$0(3)	NM; *

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

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ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro sup 25mg</i>	\$0(1)	
<i>driminate tab 50mg</i>	\$0(3)	NM; *
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>EMEND SUS 125MG</i>	\$0(2)	B/D
<i>gransetron hcl inj 1 mg/ml</i>	\$0(1)	
<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0(1)	
<i>gransetron hcl tab 1 mg</i>	\$0(1)	B/D
<i>meclizine hcl chew tab 25 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 12.5 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>motion relf tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 50mg</i>	\$0(3)	NM; *
<i>motion-time chw 25mg</i>	\$0(3)	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine suppos 25 mg</i>	\$0(1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>travel sick chw 25mg</i>	\$0(3)	NM; *
<i>travel sick tab 50mg</i>	\$0(3)	NM; *

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	\$0(2)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0(2)
<i>dicyclomine hcl tab 20 mg</i>	\$0(2)
<i>glycopyrrolate tab 1 mg</i>	\$0(1)
<i>glycopyrrolate tab 2 mg</i>	\$0(1)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid control tab 10mg</i>	\$0(3)	NM; *
<i>acid reducer tab 10mg</i>	\$0(3)	NM; *
<i>acid reducer tab 75mg</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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famotidine tab 40 mg	\$0(1)	
heartburn tab relief	\$0(3)	NM; *
nizatidine cap 150 mg	\$0(1)	
nizatidine cap 300 mg	\$0(1)	
ranitidine hcl tab 75 mg	\$0(3)	NM; *

INFLAMMATORY BOWEL DISEASE

balsalazide disodium cap 750 mg	\$0(1)	
budesonide delayed release particles cap 3 mg	\$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; *
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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dok tab 100mg</i>	\$0(3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>ENEMEEZ MINI ENE</i>	\$0(3)	NM; *
<i>ENEMEEZ PLUS ENE 20-283</i>	\$0(3)	NM; *
<i>enulose sol 10gm/15</i>	\$0(1)	
<i>fiber laxatv tab 625mg</i>	\$0(3)	NM; *
<i>fiber therap tab 500mg</i>	\$0(3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0(3)	NM; *
<i>FLEET LIQUID ENE GLYCERIN</i>	\$0(3)	NM; *
<i>gavilax pow</i>	\$0(3)	NM; *
<i>gavilyte-c sol</i>	\$0(1)	
<i>gavilyte-g sol</i>	\$0(1)	
<i>gavilyte-n sol flav pk</i>	\$0(1)	
<i>generlac sol 10gm/15</i>	\$0(1)	
<i>gentle laxat sup 10mg</i>	\$0(3)	NM; *
<i>glycerin sup 2gm</i>	\$0(3)	NM; *
<i>glycerin suppos 1 gm</i>	\$0(3)	NM; *
<i>gnp clearlax pak 3350 nf</i>	\$0(3)	NM; *
<i>gnp clearlax pow</i>	\$0(3)	NM; *
<i>gnp enema ene</i>	\$0(3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp laxative tab 25mg</i>	\$0(3)	NM; *
<i>gnp milk mag sus</i>	\$0(3)	NM; *
<i>gnp milk mag sus cherry</i>	\$0(3)	NM; *
<i>gnp milk mag sus mint</i>	\$0(3)	NM; *
<i>gnp milk mag sus original</i>	\$0(3)	NM; *
<i>gnp senna tab 8.6mg</i>	\$0(3)	NM; *
<i>GOLYTELY SOL</i>	\$0(2)	
<i>healthylax pow</i>	\$0(3)	NM; *
<i>hm clearlax pow</i>	\$0(3)	NM; *
<i>kao-tin cap 240mg</i>	\$0(3)	NM; *
<i>konsyl daily pow 28.3%</i>	\$0(3)	NM; *
<i>KONSYL DAILY POW 28.3%</i>	\$0(3)	NM; *
<i>KONSYL DAILY POW 100%</i>	\$0(3)	NM; *
<i>KONSYL POW 60.3%</i>	\$0(3)	NM; *
<i>KONSYL POW 71.67%</i>	\$0(3)	NM; *
<i>KONSYL-D POW 52.3%</i>	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>lax/stl soft tab 8.6-50mg</i>	\$0(3)	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>laxative sup 10mg</i>	\$0(3)	NM; *
<i>milk of magn sus</i>	\$0(3)	NM; *
<i>milk of magn sus 400/5ml</i>	\$0(3)	NM; *
<i>milk of magn sus 1200/15</i>	\$0(3)	NM; *
<i>milk of magn sus 2400/30</i>	\$0(3)	NM; *
<i>milk of magn sus cherry</i>	\$0(3)	NM; *
<i>milk of magn sus frsh mnt</i>	\$0(3)	NM; *
<i>milk of magn sus mint</i>	\$0(3)	NM; *
<i>nat fiber pow therapy</i>	\$0(3)	NM; *
<i>nat veg lax tab 8.6mg</i>	\$0(3)	NM; *
<i>natura-lax pow 3350 nf</i>	\$0(3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0(3)	NM; *
<i>NULYTELY SOL FLAV PKS</i>	\$0(2)	
<i>PEDIA-LAX LIQ 50MG</i>	\$0(3)	NM; *
<i>PEDIA-LAX SUP 2.8GM</i>	\$0(3)	NM; *
<i>pediatric ene enema</i>	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
<i>PLENUV SOL</i>	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0(3)	NM; *
<i>qc enema ene</i>	\$0(3)	NM; *
<i>qc laxative sup 10mg</i>	\$0(3)	NM; *
<i>reguloid pow 28.3%</i>	\$0(3)	NM; *
<i>reguloid pow 48.57%</i>	\$0(3)	NM; *
<i>reguloid pow 58.6%</i>	\$0(3)	NM; *
<i>senna lax tab 8.6mg</i>	\$0(3)	NM; *
<i>SENNNA LEAVES MIS</i>	\$0(3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna-lax tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna-tabs tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-time s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna-time tab 8.6mg</i>	\$0(3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0(3)	NM; *
<i>senokot extr tab 17.2mg</i>	\$0(3)	NM; *
<i>silace liq 10mg/ml</i>	\$0(3)	NM; *
<i>silace syrup 60/15ml</i>	\$0(3)	NM; *
<i>sm clearlax pow</i>	\$0(3)	NM; *
<i>sodium phosphates - enema</i>	\$0(3)	NM; *
<i>soluble fib pow therapy</i>	\$0(3)	NM; *
<i>SORBITOL SOL 70%</i>	\$0(3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>stool softnr cap 100mg</i>	\$0(3)	NM; *
<i>stool softnr cap 240mg</i>	\$0(3)	NM; *
<i>stool softnr cap 250mg</i>	\$0(3)	NM; *
<i>stool softnr syrup 60/15ml</i>	\$0(3)	NM; *
<i>stool softnr tab 8.6-50mg</i>	\$0(3)	NM; *
<i>SUPREP BOWEL SOL PREP KIT</i>	\$0(2)	
<i>trilyte sol</i>	\$0(1)	

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>AMITIZA CAP 8MCG</i>	\$0(2)	QL (180 caps / 30 days)
<i>AMITIZA CAP 24MCG</i>	\$0(2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>formula em sol</i>	\$0(3)	NM; *
<i>GATTEX KIT 5MG</i>	\$0(2)	NDS, NM, LA, PA
<i>gnp nausea sol relief</i>	\$0(3)	NM; *
<i>LINZESS CAP 72MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>LINZESS CAP 145MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>LINZESS CAP 290MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0(1)	
<i>misoprostol tab 100 mcg</i>	\$0(1)	
<i>misoprostol tab 200 mcg</i>	\$0(1)	
<i>MOVANTIK TAB 12.5MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>MOVANTIK TAB 25MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RELISTOR INJ 8/0.4ML</i>	\$0(2)	NDS, PA
<i>RELISTOR INJ 12/0.6ML</i>	\$0(2)	NDS, PA
<i>sucralfate tab 1 gm</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$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)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0(1)	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0(1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$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
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GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0(1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0(1)	

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	\$0(1)	
<i>bethanechol chloride tab 10 mg</i>	\$0(1)	
<i>bethanechol chloride tab 25 mg</i>	\$0(1)	
<i>bethanechol chloride tab 50 mg</i>	\$0(1)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0(1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0(1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0(1)	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	\$0(1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>MYRBETRIQ TAB 25MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>MYRBETRIQ TAB 50MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0(1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0(1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	ST
<i>TOVIAZ TAB 4MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>TOVIAZ TAB 8MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole cre 2%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole cre 3 day</i>	\$0(3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>3 day vaginl cre 2%</i>	\$0(3)	NM; *
<i>3 day vagnal cre 4%</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 3 cre 4%</i>	\$0(3)	NM; *
<i>miconazole 3 kit combinat</i>	\$0(3)	NM; *
<i>miconazole 3 kit combo pk</i>	\$0(3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0(3)	NM; *
<i>miconazole 7 sup 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal cream 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	\$0(3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0(1)	
<i>terconazole vaginal cream 0.8%</i>	\$0(1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0(1)	
<i>tioconazole oin 6.5% vag</i>	\$0(3)	NM; *
<i>vandazole gel 0.75%</i>	\$0(1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>ELIQUIS ST P TAB 5MG</i>	\$0(2)	QL (74 tabs / 30 days)
<i>ELIQUIS TAB 2.5MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>ELIQUIS TAB 5MG</i>	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0(1)	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0(1)	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0(2)	NDS
<i>HEP SOD/NACL INJ 25000UNT</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(2)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(2)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(2)	
<i>HEPARIN/NACL INJ 25000UNT</i>	\$0(2)	
<i>jantoven tab 1mg</i>	\$0(1)	
<i>jantoven tab 2.5mg</i>	\$0(1)	
<i>jantoven tab 2mg</i>	\$0(1)	
<i>jantoven tab 3mg</i>	\$0(1)	
<i>jantoven tab 4mg</i>	\$0(1)	
<i>jantoven tab 5mg</i>	\$0(1)	
<i>jantoven tab 6mg</i>	\$0(1)	
<i>jantoven tab 7.5mg</i>	\$0(1)	
<i>jantoven tab 10mg</i>	\$0(1)	
<i>PRADAXA CAP 75MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>PRADAXA CAP 110MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>PRADAXA CAP 150MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>warfarin sodium tab 1 mg</i>	\$0(1)	
<i>warfarin sodium tab 2 mg</i>	\$0(1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 3 mg</i>	\$0(1)	
<i>warfarin sodium tab 4 mg</i>	\$0(1)	
<i>warfarin sodium tab 5 mg</i>	\$0(1)	
<i>warfarin sodium tab 6 mg</i>	\$0(1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 10 mg</i>	\$0(1)	
<i>XARELTO STAR TAB 15/20MG</i>	\$0(2)	QL (51 tabs / 30 days)
<i>XARELTO TAB 2.5MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XARELTO TAB 10MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>XARELTO TAB 15MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>XARELTO TAB 20MG</i>	\$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
<i>PROCRIT INJ 2000/ML</i>	\$0(2)	NM, PA
<i>PROCRIT INJ 3000/ML</i>	\$0(2)	NM, PA
<i>PROCRIT INJ 4000/ML</i>	\$0(2)	NM, PA

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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; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0(3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0(3)	NM; *
INFED INJ 50MG/ML	\$0(3)	NM; *
INJECTAFER INJ 750/15ML	\$0(3)	NM; *
<i>sod ferric gluc complx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0(3)	NM; *
VENOFER INJ 20MG/ML	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0(1)	
<i>anagrelide hcl cap 1 mg</i>	\$0(1)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
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
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
PROMACTA PAK 25MG	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROMACTA 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
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0(1)	
<i>tranexamic acid tab 650 mg</i>	\$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)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

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

ENBREL INJ 25/0.5ML	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA 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
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, LA, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	\$0(2)	NDS, QL (7 kits / year), NM, 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
FLEBOGAMMA INJ 5GM/50ML	\$0(2)	NDS, NM, PA

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FLEBOGAMMA INJ 10/100ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA
GAMASTAN 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
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

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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
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	\$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
<i>cyclosporine cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0(1)	B/D
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D
<i>gengraf cap 25mg</i>	\$0(1)	B/D
<i>gengraf cap 100mg</i>	\$0(1)	B/D
<i>gengraf sol 100mg/ml</i>	\$0(1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0(1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0(2)	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$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

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SANDIMMUNE SOL 100MG/ML	\$0(2)	B/D
<i>sirolimus oral soln 1 mg/ml</i>	\$0(2)	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0(1)	B/D
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D
<i>sirolimus tab 2 mg</i>	\$0(2)	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 5 mg</i>	\$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)	
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)	
IPOV INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB INJ	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8 tab 8meq er</i>	\$0(1)
<i>klor-con 10 tab 10meq er</i>	\$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)
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)
<i>magnesium sulfate inj 50%</i>	\$0(2)
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0(2)
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0(2)
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0(2)
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0(2)
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)
MG SO4/D5W INJ 10MG/ML	\$0(2)
<i>potassium chloride cap er 8 meq</i>	\$0(1)
<i>potassium chloride cap er 10 meq</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0(1)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0(1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f mg/ml soln</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
IV NUTRITION		
<i>AMINOSYN II INJ 10%</i>	\$0(2)	B/D
<i>AMINOSYN-PF INJ 7%</i>	\$0(2)	B/D
<i>CLINIMIX INJ 4.25/D5W</i>	\$0(2)	B/D
<i>CLINIMIX INJ 4.25/D10</i>	\$0(2)	B/D
<i>CLINIMIX INJ 5%/D15W</i>	\$0(2)	B/D
<i>CLINIMIX INJ 5%/D20W</i>	\$0(2)	B/D
<i>clinisol sf inj 15%</i>	\$0(1)	B/D
<i>CLINOLIPID EMU 20%</i>	\$0(2)	B/D
<i>FREAMINE HBC INJ 6.9%</i>	\$0(2)	B/D
<i>FREAMINE III INJ 10%</i>	\$0(2)	B/D
<i>hepatamine sol 8%</i>	\$0(2)	B/D
<i>INTRALIPID INJ 20%</i>	\$0(2)	B/D
<i>INTRALIPID INJ 30%</i>	\$0(2)	B/D
<i>NEPHRAMINE INJ 5.4%</i>	\$0(2)	B/D
<i>NUTRILIPID EMU 20%</i>	\$0(2)	B/D
<i>plenamine inj 15%</i>	\$0(1)	B/D
<i>PREMASOL SOL 10%</i>	\$0(2)	B/D
<i>PROCALAMINE INJ 3%</i>	\$0(2)	B/D
<i>PROSOL INJ 20%</i>	\$0(2)	B/D
<i>TRAVASOL INJ 10%</i>	\$0(2)	B/D
<i>TROPHAMINE INJ 10%</i>	\$0(2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	\$0(2)
D5W/NACL INJ 0.3%	\$0(2)
D10W/NACL INJ 0.2%	\$0(2)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose 5% in lactated ringers</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose inj 5%</i>	\$0(1)
<i>dextrose inj 10%</i>	\$0(1)
<i>dextrose inj 50%</i>	\$0(1)
<i>dextrose inj 70%</i>	\$0(1)
ISOLYTE-P INJ /D5W	\$0(2)
ISOLYTE-S INJ	\$0(2)
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)
<i>lactated ringer's solution</i>	\$0(1)
NORMOSOL -M INJ /D5W	\$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)
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)

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<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
MINERALS		
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
GALZIN CAP 25MG	\$0(3)	NM; *
GALZIN CAP 50MG	\$0(3)	NM; *
MAGNEBIND TAB 300	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0(3)	NM; *
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
M-NATAL PLUS TAB	\$0(2)	
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$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)	
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0(3)	NM; *

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RAYALDEE CAP 30MCG	\$0(2)	NDS
<i>renal cap</i>	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
TRICARE TAB PRENATAL	\$0(2)	
<i>virt-caps cap</i>	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE SOL 1%	\$0(2)
<i>bacitracin ophth oint 500 unit/gm</i>	\$0(1)
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)
BESIVANCE SUS 0.6%	\$0(2)
CILOXAN OIN 0.3% OP	\$0(2)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)
<i>gatifloxacin ophth soln 0.5%</i>	\$0(1)
<i>gentak oin 0.3% op</i>	\$0(1)
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)
MOXEZA SOL 0.5%	\$0(2)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	\$0(1)
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0(1)
NATACYN SUS 5% OP	\$0(2)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0(1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0(1)	
<i>tobramycin ophth soln 0.3%</i>	\$0(1)	
<i>trifluridine ophth soln 1%</i>	\$0(1)	
ZIRGAN GEL 0.15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0(2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0(1)	
BROMSITE DRO 0.075%	\$0(2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
DUREZOL EMU 0.05%	\$0(2)	
FLAREX SUS 0.1% OP	\$0(2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
ILEVRO DRO 0.3% OP	\$0(2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	
LOTEMAX GEL 0.5%	\$0(2)	
LOTEMAX OIN 0.5%	\$0(2)	
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0(1)	
PRED SOD PHO SOL 1% OP	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
PROLENSA SOL 0.07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
BEPREVE DRO 1.5%	\$0(2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0(1)	
LASTACRAFT SOL 0.25%	\$0(2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0(1)	
PAZEOT DRO 0.7%	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZERVIATE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0(2)	
AZOPT SUS 1% OP	\$0(2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01%	\$0(2)	
PHOSPHOLINE SOL 0.125%OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$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
<i>genteal tear sol mild</i>	\$0(3)	NM; *
<i>genteal tear sol moderate</i>	\$0(3)	NM; *
<i>liquitears sol</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lubricant oin eye</i>	\$0(3)	NM; *
MURO 128 SOL 2% OP	\$0(3)	NM; *
<i>natural bal sol tears</i>	\$0(3)	NM; *
<i>natures sol tears</i>	\$0(3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>puralube oin</i>	\$0(3)	NM; *
<i>refresh lacr oin op</i>	\$0(3)	NM; *
<i>refresh p.m. oin op</i>	\$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)
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0(3)	NM; *
<i>systane oin</i>	\$0(3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA	\$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)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allg sol 1mg/ml</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>all day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>all day allg tab 10mg</i>	\$0(3)	NM; *
<i>all-day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 10mg</i>	\$0(3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0(1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0(1)	
<i>banophen cap 25mg</i>	\$0(3)	NM; *
<i>banophen cap 50mg</i>	\$0(3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0(3)	NM; *
<i>banophen tab 25mg</i>	\$0(3)	NM; *
<i>cetirizine chw 5mg</i>	\$0(3)	NM; *
<i>cetirizine chw 10mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine sol 1mg/ml</i>	\$0(3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>child allrgy sol 5mg/5ml</i>	\$0(3)	NM; *
<i>chld allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>comp allergy cap 25mg</i>	\$0(3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>diphenhist cap 25mg</i>	\$0(3)	NM; *
<i>diphenhist liq 12.5/5ml</i>	\$0(3)	NM; *
<i>diphenhist tab 25mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl liquid 6.25 mg/ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>gnp all day tab allergy</i>	\$0(3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0(3)	NM; *

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<i>gnp allergy chw 12.5mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	
<i>loratadine cap 10 mg</i>	\$0(3)	NM; *
<i>loratadine chew tab 5 mg</i>	\$0(3)	NM; *
<i>loratadine chw 5mg</i>	\$0(3)	NM; *
<i>loratadine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine sol 10/10ml</i>	\$0(3)	NM; *
<i>loratadine syp 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine tab 10 mg</i>	\$0(3)	NM; *
<i>loratadine tab 10mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0(3)	NM; *
<i>qc allergy tab 10mg</i>	\$0(3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0(3)	NM; *
<i>sm loratadin tab 10mg</i>	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0(1)	B/D

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<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0(1)	
<i>albuterol sulfate tab 2 mg</i>	\$0(1)	
<i>albuterol sulfate tab 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0(1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days)
<i>SEREVENT DIS AER 50MCG</i>	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
<i>VENTOLIN HFA AER</i>	\$0(2)	QL (2 inhalers / 30 days)

COUGH AND COLD

<i>cough syrup</i>	\$0(3)	NM; *
<i>cough syrup 100/5ml</i>	\$0(3)	NM; *
<i>cough/chest syrup dm</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>gnp decongestant tab 30mg</i>	\$0(3)	NM; *
<i>gnp tussin liq dm</i>	\$0(3)	NM; *
<i>gnp tussin liq dm cough</i>	\$0(3)	NM; *
<i>gnp tussin liq dm max</i>	\$0(3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0(3)	NM; *
<i>hm tussin liq adlt dm</i>	\$0(3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus+chst liq 100/5ml</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nasal decong tab 30mg</i>	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>robafen dm liq 10-100/5</i>	\$0(3)	NM; *
<i>robafen dm liq cough</i>	\$0(3)	NM; *
<i>robafen dm syrup 100-10/5</i>	\$0(3)	NM; *
<i>robafen syrup 100/5ml</i>	\$0(3)	NM; *
<i>siltuss das liq 100/5ml</i>	\$0(3)	NM; *
<i>siltussin dm liq das</i>	\$0(3)	NM; *
<i>siltussin sa syrup 100/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm liq diabetic</i>	\$0(3)	NM; *
<i>siltussin-dm liq max st</i>	\$0(3)	NM; *
<i>siltussin-dm syrup alc free</i>	\$0(3)	NM; *
<i>sudogest tab 30mg</i>	\$0(3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$0(3)	NM; *
<i>tussin adult liq 100/5ml</i>	\$0(3)	NM; *
<i>tussin adult liq cgh/cong</i>	\$0(3)	NM; *
<i>tussin chest syrup 100/5ml</i>	\$0(3)	NM; *
<i>tussin dm liq</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100/5</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100mg</i>	\$0(3)	NM; *
<i>tussin dm liq 100-10/5</i>	\$0(3)	NM; *
<i>tussin dm liq max</i>	\$0(3)	NM; *
<i>tussin dm mx liq 10-200/5</i>	\$0(3)	NM; *
<i>tussin dm syrup 100-10/5</i>	\$0(3)	NM; *
<i>tussin mucus liq 100/5ml</i>	\$0(3)	NM; *

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)
<i>zafirlukast tab 10 mg</i>	\$0(1)
<i>zafirlukast tab 20 mg</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
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MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
<i>ARALAST NP INJ 500MG</i>	\$0(2)	NDS, NM, LA, PA
<i>ARALAST NP INJ 1000MG</i>	\$0(2)	NDS, NM, LA, PA
<i>DALIRESP TAB 250MCG</i>	\$0(2)	
<i>DALIRESP TAB 500MCG</i>	\$0(2)	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
<i>ESBRIET CAP 267MG</i>	\$0(2)	NDS, NM, PA
<i>ESBRIET TAB 267MG</i>	\$0(2)	NDS, NM, PA
<i>ESBRIET TAB 801MG</i>	\$0(2)	NDS, NM, PA
<i>FASENRA INJ 30MG/ML</i>	\$0(2)	NDS, NM, LA, PA
<i>FASENRA PEN INJ 30MG/ML</i>	\$0(2)	NDS, LA, PA
<i>KALYDECO PAK 25MG</i>	\$0(2)	NDS, PA
<i>KALYDECO PAK 50MG</i>	\$0(2)	NDS, PA
<i>KALYDECO PAK 75MG</i>	\$0(2)	NDS, PA
<i>KALYDECO TAB 150MG</i>	\$0(2)	NDS, PA
<i>NUCALA INJ 100MG</i>	\$0(2)	NDS, NM, LA, PA
<i>NUCALA INJ 100MG/ML</i>	\$0(2)	NDS, NM, LA, PA
<i>OFEV CAP 100MG</i>	\$0(2)	NDS, NM, PA
<i>OFEV CAP 150MG</i>	\$0(2)	NDS, NM, PA
<i>ORKAMBI GRA 100-125</i>	\$0(2)	NDS, PA
<i>ORKAMBI GRA 150-188</i>	\$0(2)	NDS, PA
<i>ORKAMBI TAB 100-125</i>	\$0(2)	NDS, PA
<i>ORKAMBI TAB 200-125</i>	\$0(2)	NDS, PA
<i>PROLASTIN-C INJ 1000MG</i>	\$0(2)	NDS, LA, PA
<i>PROLASTIN-C INJ 1000MG</i>	\$0(2)	NDS, NM, LA, PA
<i>PULMOZYME SOL 1MG/ML</i>	\$0(2)	NDS, NM, PA
<i>saline nasal spray 0.65%</i>	\$0(3)	NM; *
<i>SYMDEKO TAB 50-75MG</i>	\$0(2)	NDS, LA, PA
<i>SYMDEKO TAB 100-150</i>	\$0(2)	NDS, LA, PA
<i>SYMJEPI INJ 0.3MG</i>	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 600 mg</i>	\$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

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)

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)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$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)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMICORT INH 180MCG	\$0(2)	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

acne medicat gel 5%	\$0(3)	NM; *
acne medicat gel 10%	\$0(3)	NM; *
ACNE MEDICAT LOT 5%	\$0(3)	NM; *
ACNE MEDICAT LOT 10%	\$0(3)	NM; *
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 LIQ 6%	\$0(3)	NM; *
BENZOYL PEROXIDE GEL 2.5%	\$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

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<i>clindamycin phosphate gel 1%</i>	\$0(1)	QL (75 grams / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	
<i>erythromycin pads 2%</i>	\$0(1)	
<i>erythromycin soln 2%</i>	\$0(1)	
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>myorisan cap 10mg</i>	\$0(1)	PA
<i>myorisan cap 20mg</i>	\$0(1)	PA
<i>myorisan cap 30mg</i>	\$0(1)	PA
<i>myorisan cap 40mg</i>	\$0(1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>zenatane cap 10mg</i>	\$0(1)	PA
<i>zenatane cap 20mg</i>	\$0(1)	PA
<i>zenatane cap 30mg</i>	\$0(1)	PA
<i>zenatane cap 40mg</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitr zinc oin 500/gm</i>	\$0(3)	NM; *
<i>bacitracin oint 500 unit/gm</i>	\$0(3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0(3)	NM; *
<i>double antib oin</i>	\$0(3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	
<i>gnp triple oin antibiot</i>	\$0(3)	NM; *
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 grams / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>sm antibioti oin 500/gm</i>	\$0(3)	NM; *
<i>ssd cre 1%</i>	\$0(1)	

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SULFAMYLYON CRE 85MG/GM	\$0(2)	
<i>triple antib oin</i>	\$0(3)	NM; *
<i>triple antib oin frst aid</i>	\$0(3)	NM; *
<i>triple antib oin plus</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>antifungal cre 2%</i>	\$0(3)	NM; *
<i>athlete foot cre 1%</i>	\$0(3)	NM; *
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 grams / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole cre 1%</i>	\$0(3)	NM; *
<i>clotrimazole cream 1%</i>	\$0(1)	
<i>clotrimazole cream 1%</i>	\$0(3)	NM; *
<i>clotrimazole soln 1%</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 grams / 30 days)
<i>miconazole nitrate cream 2%</i>	\$0(3)	NM; *
<i>nyamyc pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0(1)	
<i>nystatin oint 100000 unit/gm</i>	\$0(1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystop pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>remedy cre antifung</i>	\$0(3)	NM; *
<i>terbinafine cre 1%</i>	\$0(3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 grams / 30 days), PA
<i>TAZORAC CRE 0.05%</i>	\$0(2)	QL (60 grams / 30 days), PA

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DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	\$0(1)
<i>selenium sulfide lotion 2.5%</i>	\$0(1)

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort cre 1%</i>	\$0(1)	
<i>ala-cort cre 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	
<i>anti-itch cre 1%</i>	\$0(3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0(1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	
<i>ENSTILAR AER</i>	\$0(2)	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0(1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0(1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0(1)	

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<i>fluticasone propionate oint 0.005%</i>	\$0(1)	
<i>gnp hydrocor cre 1% plus</i>	\$0(3)	NM; *
<i>halobetasol propionate cream 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>hydrocort cre 0.5%</i>	\$0(3)	NM; *
<i>hydrocort cre 1%</i>	\$0(3)	NM; *
<i>hydrocort oin 1%</i>	\$0(3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0(3)	NM; *
<i>hydrocortisone butyrate cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 1%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0(1)	
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0(3)	NM; *
<i>mometasone furoate cream 0.1%</i>	\$0(1)	
<i>mometasone furoate oint 0.1%</i>	\$0(1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0(1)	
<i>sm hydrocort cre 1%</i>	\$0(3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0(3)	NM; *
<i>TEXACORT SOL 2.5%</i>	\$0(2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 grams / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0(1)	QL (50 mL / 30 days), PA

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<i>lidocaine hcl urethral/mucosal gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0(1)	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ALOE VESTA OIN PROTECT</i>	\$0(3)	NM; *
<i>anu-med sup</i>	\$0(3)	NM; *
<i>ARTH PAIN CRE 0.075%</i>	\$0(3)	NM; *
<i>BETADINE SPR 5%</i>	\$0(3)	NM; *
<i>betasept liq 4%</i>	\$0(3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0(3)	NM; *
<i>dibucaine perianal ointment 1%</i>	\$0(3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0(1)	QL (1000 grams / 30 days), PA
<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 grams / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>gnp vit a&d oin</i>	\$0(3)	NM; *
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>lidocaine anorectal cream 5%</i>	\$0(3)	NM; *
<i>lidocaine cream 4%</i>	\$0(3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0(1)	
<i>metronidazole gel 0.75%</i>	\$0(1)	
<i>metronidazole lotion 0.75%</i>	\$0(1)	
<i>PANRETIN GEL 0.1%</i>	\$0(2)	NDS, QL (60 grams / 30 days)
<i>PICATO GEL 0.05%</i>	\$0(2)	QL (2 tubes / 30 days)
<i>PICATO GEL 0.015%</i>	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	\$0(1)	
<i>povidone-iod sol 7.5%</i>	\$0(3)	NM; *
<i>povidone-iod sol 10%</i>	\$0(3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0(3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>povidone-iodine swabs 10%</i>	\$0(3)	NM; *

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<i>povidone/iod sol 10%</i>	\$0(3)	NM; *
<i>pramoxine hcl perianal foam 1%</i>	\$0(3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0(1)	
<i>procto-pak cre 1%</i>	\$0(1)	
<i>proctozone cre -hc 2.5%</i>	\$0(1)	
<i>PROSHIELD CRE PLUS 1%</i>	\$0(3)	NM; *
<i>RECTIV OIN 0.4%</i>	\$0(2)	QL (30 grams / 30 days)
<i>REMEDY NUTRA CRE 1%</i>	\$0(3)	NM; *
<i>rosadan cre 0.75%</i>	\$0(1)	
<i>skin cleansr sol 4%</i>	\$0(3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 grams / 30 days)
<i>TARGRETIN GEL 1%</i>	\$0(2)	NDS, QL (60 grams / 30 days), NM, PA
<i>VALCHLOR GEL 0.016%</i>	\$0(2)	NDS, QL (60 grams / 30 days), LA, PA
<i>vitamins a & d oint</i>	\$0(3)	NM; *
<i>zinc oxide oin 20%</i>	\$0(3)	NM; *
<i>zinc oxide oint 20%</i>	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>lice killing sha</i>	\$0(3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice treatmt lot 1%</i>	\$0(3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0(3)	NM; *
<i>malathion lotion 0.5%</i>	\$0(1)	
<i>permethrin cream 5%</i>	\$0(1)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
<i>REGRANEX GEL 0.01%</i>	\$0(2)	NDS, QL (30 grams / 30 days), PA
<i>SANTYL OIN 250/GM</i>	\$0(2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0(1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>nystatin susp 100000 unit/ml</i>	\$0(1)
<i>periogard sol 0.12%</i>	\$0(1)
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0(1)

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

<i>acetic acid otic soln 2%</i>	\$0(1)	
<i>CIPRODEX SUS 0.3-0.1%</i>	\$0(2)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>ear drops dro 6.5%</i>	\$0(3)	NM; *
<i>ear drops sol 6.5% ot</i>	\$0(3)	NM; *
<i>earwax sol removal</i>	\$0(3)	NM; *
<i>flac oil 0.01%</i>	\$0(1)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0(1)	
<i>gnp ear dro 6.5% ot</i>	\$0(3)	NM; *
<i>gnp ear sys sol 6.5% ot</i>	\$0(3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin otic soln 0.3%</i>	\$0(1)	
<i>SWIM EAR LIQ 95% OTIC</i>	\$0(3)	NM; *

PART B

DIABETIC METERS AND TEST STRIPS

<i>TRUE METRIX KIT AIR</i>	\$0
<i>TRUE METRIX KIT METER</i>	\$0
<i>TRUE METRIX STRIPS</i>	\$0

E. Índice de medicamentos cubiertos

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<i>3 day vaginal cre 4%</i>	112
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<i>acetaminophen tab 325 mg</i>	13
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<i>acetaminophen w/ codeine tab 300- 15 mg</i>	16
<i>acetaminophen w/ codeine tab 300- 30 mg</i>	16
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<i>acetaminophn sus 325mg</i>	13
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<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	44
<i>benazepril hcl tab 10 mg</i>	45
<i>benazepril hcl tab 20 mg</i>	45
<i>benazepril hcl tab 40 mg</i>	45
<i>benazepril hcl tab 5 mg</i>	45
BENDEKA INJ 100/4ML	33
BENLYSTA INJ 120MG.....	118
BENLYSTA INJ 200MG/ML.....	118
BENLYSTA INJ 400MG.....	118
BENZOYL PER LIQ 6%	134
<i>benzoyl peroxide gel 10%</i>	134
BENZOYL PEROXIDE GEL 2.5% .134	
<i>benzoyl peroxide gel 5%</i>	134
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	134
<i>benztropine mesylate inj 1 mg/ml</i> 71	

<i>benztropine mesylate tab 0.5 mg</i>	71
<i>benztropine mesylate tab 1 mg</i>	71
<i>benztropine mesylate tab 2 mg</i>	71
BEPREVE DRO 1.5%	125
BERINERT INJ 500UNIT	114
BESIVANCE SUS 0.6%	124
BETADINE SPR 5%	139
<i>betamethasone dipropionate augmented cream 0.05%</i>	137
<i>betamethasone dipropionate augmented gel 0.05%</i>	137
<i>betamethasone dipropionate augmented lotion 0.05%</i>	137
<i>betamethasone dipropionate augmented oint 0.05%</i>	137
<i>betamethasone dipropionate cream 0.05%</i>	137
<i>betamethasone dipropionate lotion 0.05%</i>	137
<i>betamethasone dipropionate oint 0.05%</i>	137
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	137
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	137
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	137
<i>betasept liq 4%</i>	139
BETASERON INJ 0.3MG	82
<i>betaxolol hcl ophth soln 0.5%</i>	126
<i>betaxolol hcl tab 10 mg</i>	52
<i>betaxolol hcl tab 20 mg</i>	52
<i>bethanechol chloride tab 10 mg</i>	111
<i>bethanechol chloride tab 25 mg</i>	111
<i>bethanechol chloride tab 5 mg</i>	111
<i>bethanechol chloride tab 50 mg</i>	111
BETOPTIC-S SUS 0.25% OP	126
BEVESPI AER 9-4.8MCG	127
<i>bexarotene cap 75 mg</i>	42
BEXSERO INJ	119
<i>bicalutamide tab 50 mg</i>	37
BICILLIN L-A INJ 1200000	32
BICILLIN L-A INJ 2400000	32
BICILLIN L-A INJ 600000	32
BIKTARVY TAB	25
<i>bisac-evac sup 10mg</i>	106
<i>bisacodyl suppos 10 mg</i>	106
<i>bisacodyl tab 5mg ec</i>	106
<i>biscolax sup 10mg</i>	106
<i>bismatrol chw 262mg</i>	103
<i>bismatrol sus 262/15ml</i>	103
<i>bismatrol sus 525/15ml</i>	103
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	52
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	51
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	51
<i>bisoprolol fumarate tab 10 mg</i>	52
<i>bisoprolol fumarate tab 5 mg</i>	52
BIVIGAM INJ 10%	116
BLEPHAMIDE OIN S.O.P.	124
<i>blisovi 24 tab fe 1/20</i>	91
<i>blisovi fe tab 1.5/30</i>	91
BOOSTRIX INJ	119
BORTEZOMIB INJ 3.5MG	35
<i>bosentan tab 125 mg</i>	58
<i>bosentan tab 62.5 mg</i>	58
BOSULIF TAB 100MG	39
BOSULIF TAB 400MG	39
BOSULIF TAB 500MG	39
BRAFTOVI CAP 75MG	39
BREO ELLIPTA INH 100-25	134
BREO ELLIPTA INH 200-25	134
BREZTRI AERO AER SPHERE	127
<i>briellyn tab</i>	91
BRILINTA TAB 60MG	115
BRILINTA TAB 90MG	115
<i>brimonidine tartrate ophth soln 0.15%</i>	126
<i>brimonidine tartrate ophth soln 0.2%</i>	126
BRIVIACT INJ 50MG/5ML	60
BRIVIACT SOL 10MG/ML	60
BRIVIACT TAB 100MG	60
BRIVIACT TAB 10MG	60
BRIVIACT TAB 25MG	60
BRIVIACT TAB 50MG	60
BRIVIACT TAB 75MG	60
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	125
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	71
<i>bromocriptine mesylate tab 2.5 mg</i>	

(base equivalent)	71
BROMSITE DRO 0.075%.....	125
BRUKINSA CAP 80MG.....	39
<i>budesonide delayed release</i>	
<i>particles cap 3 mg</i>	106
<i>budesonide inhalation susp 0.25 mg/2ml</i>	133
<i>budesonide inhalation susp 0.5 mg/2ml</i>	133
<i>bumetanide inj 0.25 mg/ml</i>	56
<i>bumetanide tab 0.5 mg</i>	56
<i>bumetanide tab 1 mg</i>	56
<i>bumetanide tab 2 mg</i>	56
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	84
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	84
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	84
<i>buprenorphine td patch weekly 10 mcg/hr.....</i>	16
<i>buprenorphine td patch weekly 15 mcg/hr.....</i>	16
<i>buprenorphine td patch weekly 20 mcg/hr.....</i>	16
<i>buprenorphine td patch weekly 5 mcg/hr.....</i>	16
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	84
<i>bupropion hcl tab 100 mg</i>	67
<i>bupropion hcl tab 75 mg</i>	67
<i>bupropion hcl tab er 12hr 100 mg</i>	67
<i>bupropion hcl tab er 12hr 150 mg</i>	67
<i>bupropion hcl tab er 12hr 200 mg</i>	67
<i>bupropion hcl tab er 24hr 150 mg</i>	67

<i>bupropion hcl tab er 24hr 300 mg</i>	67
<i>buspirone hcl tab 10 mg</i>	59
<i>buspirone hcl tab 15 mg</i>	59
<i>buspirone hcl tab 30 mg</i>	59
<i>buspirone hcl tab 5 mg</i>	59
<i>buspirone hcl tab 7.5 mg</i>	59
<i>butorphanol tartrate inj 1 mg/ml.</i>	16
<i>butorphanol tartrate inj 2 mg/ml.</i>	16
BYDUREON BC INJ 2/0.85ML	86
BYDUREON PEN INJ 2MG.....	86
BYETTA INJ 10MCG	86
BYETTA INJ 5MCG	86
BYSTOLIC TAB 10MG	52
BYSTOLIC TAB 2.5MG	52
BYSTOLIC TAB 20MG	52
BYSTOLIC TAB 5MG	52
<i>cabergoline tab 0.5 mg</i>	98
CABOMETYX TAB 20MG.....	39
CABOMETYX TAB 40MG.....	39
CABOMETYX TAB 60MG.....	39
<i>calc antacid chw 500mg</i>	102
<i>calc antacid chw 750mg</i>	102
<i>calcipotriene cream 0.005%</i>	136
<i>calcipotriene oint 0.005%.....</i>	136
<i>calcipotriene soln 0.005% (50 mcg/ml).....</i>	136
<i>calcitonin (salmon) nasal soln 200 unit/act.....</i>	98
<i>calcitriol cap 0.25 mcg</i>	123
<i>calcitriol cap 0.5 mcg</i>	123
<i>calcitriol inj 1 mcg/ml</i>	123
<i>calcitriol oral soln 1 mcg/ml.....</i>	123
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....</i>	100
<i>calcium acetate (phosphate binder) tab 667 mg</i>	100
<i>calcium carbonate (antacid) susp 1250 mg/5ml.....</i>	123
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	123
<i>calcium polycarbophil tab 625 mg</i>	106
<i>cal-gest chw 500mg</i>	102
CALQUENCE CAP 100MG	39
<i>camila tab 0.35mg</i>	91
<i>camrese lo tab</i>	91
<i>candesartan cilexetil tab 16 mg...</i>	48

<i>candesartan cilexetil tab 32 mg</i>	48
<i>candesartan cilexetil tab 4 mg</i>	48
<i>candesartan cilexetil tab 8 mg</i>	48
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	47
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	47
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	47
CAPLYTA CAP 42MG	73
CAPRELSA TAB 100MG	39
CAPRELSA TAB 300MG	39
<i>capsaicin cream 0.025%</i>	139
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	44
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	44
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	44
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	44
<i>captopril tab 100 mg</i>	45
<i>captopril tab 12.5 mg</i>	45
<i>captopril tab 25 mg</i>	45
<i>captopril tab 50 mg</i>	45
CARBAGLU TAB 200MG	95
<i>carbamazepine cap er 12hr 100 mg</i>	60
<i>carbamazepine cap er 12hr 200 mg</i>	60
<i>carbamazepine cap er 12hr 300 mg</i>	60
<i>carbamazepine chew tab 100 mg</i>	60
<i>carbamazepine susp 100 mg/5ml</i>	60
<i>carbamazepine tab 200 mg</i>	60
<i>carbamazepine tab er 12hr 100 mg</i>	60
<i>carbamazepine tab er 12hr 200 mg</i>	60
<i>carbamazepine tab er 12hr 400 mg</i>	60
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>	71
<i>carbidopa & levodopa orally</i>	

<i>disintegrating tab 25-100 mg</i>	71
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>	71
<i>carbidopa & levodopa tab 10-100 mg</i>	71
<i>carbidopa & levodopa tab 25-100 mg</i>	71
<i>carbidopa & levodopa tab 25-250 mg</i>	71
<i>carbidopa & levodopa tab er 25-100 mg</i>	71
<i>carbidopa & levodopa tab er 50-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	71
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	71
<i>carboplatin iv soln 150 mg/15ml</i>	43
<i>carboplatin iv soln 450 mg/45ml</i>	43
<i>carboplatin iv soln 50 mg/5ml</i>	43
<i>carboplatin iv soln 600 mg/60ml</i>	43
<i>carisoprodol tab 350 mg</i>	83
<i>carteolol hcl ophth soln 1%</i>	126
<i>carvedilol tab 12.5 mg</i>	52
<i>carvedilol tab 25 mg</i>	52
<i>carvedilol tab 3.125 mg</i>	52
<i>carvedilol tab 6.25 mg</i>	52
<i>caspofungin acetate for iv soln 50 mg</i>	22
<i>caspofungin acetate for iv soln 70 mg</i>	22
CAYSTON INH 75MG	20
<i>cefaclor cap 250 mg</i>	28
<i>cefaclor cap 500 mg</i>	28
CEFACLOR ER TAB 500MG	28
<i>cefaclor for susp 125 mg/5ml</i>	28
<i>cefaclor for susp 250 mg/5ml</i>	28
<i>cefaclor for susp 375 mg/5ml</i>	28
<i>cefadroxil cap 500 mg</i>	28

<i>cefadroxil for susp 250 mg/5ml</i> ...28	
<i>cefadroxil for susp 500 mg/5ml</i> ...28	
<i>cefadroxil tab 1 gm</i>28	
<i>CEFAZOLIN INJ 1GM/50ML</i>28	
<i>cefazolin sodium for inj 1 gm</i>28	
<i>cefazolin sodium for inj 10 gm</i>28	
<i>cefazolin sodium for inj 500 mg</i> ...28	
<i>cefazolin sodium for iv soln 1 gm.</i> 28	
<i>CEFAZOLIN SOL</i>28	
<i>cefdinir cap 300 mg</i>28	
<i>cefdinir for susp 125 mg/5ml</i>28	
<i>cefdinir for susp 250 mg/5ml</i>28	
<i>cefepime hcl for inj 1 gm</i>28	
<i>cefepime hcl for inj 2 gm</i>28	
<i>cefixime for susp 100 mg/5ml</i>28	
<i>cefixime for susp 200 mg/5ml</i>28	
<i>cefoxitin sodium for inj 10 gm</i>29	
<i>cefoxitin sodium for iv soln 1 gm</i> .29	
<i>cefoxitin sodium for iv soln 2 gm</i> .29	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>29	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>29	
<i>cefpodoxime proxetil tab 100 mg</i> .29	
<i>cefpodoxime proxetil tab 200 mg</i> .29	
<i>cefprozil for susp 125 mg/5ml</i>29	
<i>cefprozil for susp 250 mg/5ml</i>29	
<i>cefprozil tab 250 mg</i>29	
<i>cefprozil tab 500 mg</i>29	
<i>ceftazidime for inj 1 gm</i>29	
<i>ceftazidime for inj 2 gm</i>29	
<i>ceftazidime for inj 6 gm</i>29	
<i>CEFTAZIDIME/ SOL D5W 1GM</i>29	
<i>CEFTAZIDIME/ SOL D5W 2GM</i>29	
<i>ceftriaxone sodium for inj 1 gm</i> ...29	
<i>ceftriaxone sodium for inj 10 gm</i> .29	
<i>ceftriaxone sodium for inj 2 gm</i> ...29	
<i>ceftriaxone sodium for inj 250 mg</i> ..29	
<i>ceftriaxone sodium for inj 500 mg</i> ..29	
<i>ceftriaxone sodium for iv soln 1 gm</i> ..29	
<i>ceftriaxone sodium for iv soln 2 gm</i> ..29	
<i>cefuroxime axetil tab 250 mg</i>29	
<i>cefuroxime axetil tab 500 mg</i>29	
<i>cefuroxime sodium for inj 7.5 gm</i> 29	
<i>cefuroxime sodium for inj 750 mg</i> ..29	
<i>cefuroxime sodium for iv soln 1.5 gm</i>29	
<i>celecoxib cap 100 mg</i>14	
<i>celecoxib cap 200 mg</i>14	
<i>celecoxib cap 400 mg</i>14	
<i>celecoxib cap 50 mg</i>14	
<i>CELONTIN CAP 300MG</i>60	
<i>cephalexin cap 250 mg</i>29	
<i>cephalexin cap 500 mg</i>29	
<i>cephalexin for susp 125 mg/5ml</i> .29	
<i>cephalexin for susp 250 mg/5ml</i> .29	
<i>CERDELGA CAP 84MG</i>95	
<i>CEREZYME INJ 400UNIT</i>95	
<i>cetirizine chw 10mg</i>128	
<i>cetirizine chw 5mg</i>128	
<i>cetirizine hcl chew tab 10 mg</i>128	
<i>cetirizine hcl chew tab 5 mg</i>128	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>128	
<i>cetirizine hcl tab 10 mg</i>128	
<i>cetirizine hcl tab 5 mg</i>128	
<i>cetirizine sol 1mg/ml</i>128	
<i>cetirizine sol 5mg/5ml</i>128	
<i>cevimeline hcl cap 30 mg</i>140	
<i>CHANTIX PAK 0.5& 1MG</i>84	
<i>CHANTIX PAK 1MG</i>84	
<i>CHANTIX TAB 0.5MG</i>84	
<i>CHANTIX TAB 1MG</i>84	
<i>CHEMET CAP 100MG</i>90	
<i>child allrgy sol 5mg/5ml</i>128	
<i>chld allergy liq 12.5/5ml</i>128	
<i>chld silapap liq 160/5ml</i>13	
<i>chlorhexidine gluconate soln 0.12%</i> ..140	
<i>chloroquine phosphate tab 250 mg</i> ..23	
<i>chloroquine phosphate tab 500 mg</i> ..23	
<i>chlorothiazide tab 250 mg</i>56	
<i>chlorothiazide tab 500 mg</i>56	
<i>chlorpromazine hcl inj 25 mg/ml</i> .73	
<i>chlorpromazine hcl inj 50 mg/2ml</i> 73	
<i>chlorpromazine hcl tab 10 mg</i>73	
<i>chlorpromazine hcl tab 100 mg</i> ...73	

<i>chlorpromazine hcl tab 200 mg</i>	73
<i>chlorpromazine hcl tab 25 mg</i>	73
<i>chlorpromazine hcl tab 50 mg</i>	73
<i>chlorthalidone tab 25 mg</i>	56
<i>chlorthalidone tab 50 mg</i>	56
<i>cholestyramine light powder 4 gm/dose</i>	50
<i>cholestyramine light powder packets 4 gm</i>	50
<i>cholestyramine powder 4 gm/dose</i>	50
<i>cholestyramine powder packets 4 gm</i>	50
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	136
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	136
<i>cilostazol tab 100 mg</i>	114
<i>cilostazol tab 50 mg</i>	114
<i>CILOXAN OIN 0.3% OP</i>	124
<i>CIMDUO TAB 300-300</i>	25
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	98
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	98
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	98
<i>CIPRO (10%) SUS 500MG/5</i>	30
<i>CIPRODEX SUS 0.3-0.1%</i>	141
<i>ciprofloxacin 200 mg/100ml in d5w</i>	30
<i>ciprofloxacin 400 mg/200ml in d5w</i>	30
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	124
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	30
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	30
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	30
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	30
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	141
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	43

<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	43
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	43
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	67
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	67
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	67
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	67
<i>CITRUCEL POW ORANGE</i>	106
<i>CITRUCEL POW SF ORANG</i>	106
<i>claravis cap 10mg</i>	134
<i>claravis cap 20mg</i>	134
<i>claravis cap 30mg</i>	134
<i>claravis cap 40mg</i>	134
<i>clarithromycin for susp 125 mg/5ml</i>	30
<i>clarithromycin for susp 250 mg/5ml</i>	30
<i>clarithromycin tab 250 mg</i>	30
<i>clarithromycin tab 500 mg</i>	30
<i>clarithromycin tab er 24hr 500 mg</i>	30
<i>clearlax pow</i>	106
<i>clindamycin hcl cap 150 mg</i>	20
<i>clindamycin hcl cap 300 mg</i>	20
<i>clindamycin hcl cap 75 mg</i>	20
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	20
<i>clindamycin phosphate gel 1%..</i> ..	135
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	20
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	20
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	20
<i>clindamycin phosphate inj 300 mg/2ml.</i>	20
<i>clindamycin phosphate inj 600 mg/4ml.</i>	20
<i>clindamycin phosphate inj 9 gm/60ml</i>	20
<i>clindamycin phosphate inj 900 mg/6ml.</i>	20

<i>clindamycin phosphate lotion 1%</i>	60
.....	135
<i>clindamycin phosphate soln 1%.</i>	135
<i>clindamycin phosphate vaginal cream 2%</i>	111
CLINDMYC/NAC INJ 300/50ML	20
CLINDMYC/NAC INJ 600/50ML	20
CLINDMYC/NAC INJ 900/50ML	21
CLINIMIX INJ 4.25/D10	121
CLINIMIX INJ 4.25/D5W	121
CLINIMIX INJ 5%/D15W	121
CLINIMIX INJ 5%/D20W	121
<i>clinisol sf inj 15%</i>	121
CLINOLIPID EMU 20%.....	121
<i>clobazam suspension 2.5 mg/ml.</i> ..	60
<i>clobazam tab 10 mg</i>	60
<i>clobazam tab 20 mg</i>	60
<i>clomipramine hcl cap 25 mg</i>	67
<i>clomipramine hcl cap 50 mg</i>	67
<i>clomipramine hcl cap 75 mg</i>	67
<i>clonazepam orally disintegrating tab 0.125 mg</i>	60
<i>clonazepam orally disintegrating tab 0.25 mg</i>	60
<i>clonazepam orally disintegrating tab 0.5 mg</i>	60
<i>clonazepam orally disintegrating tab 1 mg</i>	60
<i>clonazepam orally disintegrating tab 2 mg</i>	60
<i>clonazepam tab 0.5 mg</i>	60
<i>clonazepam tab 1 mg</i>	60
<i>clonazepam tab 2 mg</i>	60
<i>clonidine hcl tab 0.1 mg</i>	57
<i>clonidine hcl tab 0.2 mg</i>	57
<i>clonidine hcl tab 0.3 mg</i>	57
<i>clonidine td patch weekly 0.1 mg/24hr</i>	57
<i>clonidine td patch weekly 0.2 mg/24hr</i>	57
<i>clonidine td patch weekly 0.3 mg/24hr</i>	57
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	115
<i>clorazepate dipotassium tab 15 mg</i>	61
<i>clorazepate dipotassium tab 3.75 mg</i>	61
<i>mg</i>	60
<i>clorazepate dipotassium tab 7.5 mg</i>	60
.....	60
<i>clotrimazole cre 1%</i>	136
<i>clotrimazole cre 2%</i>	111
<i>clotrimazole cre 3 day</i>	112
<i>clotrimazole cream 1%</i>	136
<i>clotrimazole soln 1%</i>	136
<i>clotrimazole troche 10 mg</i>	140
<i>clotrimazole vaginal cream 1%</i> .	112
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	136
<i>clovique cap 250mg</i>	90
<i>clozapine orally disintegrating tab 100 mg</i>	73
<i>clozapine orally disintegrating tab 12.5 mg</i>	73
<i>clozapine orally disintegrating tab 150 mg</i>	73
<i>clozapine orally disintegrating tab 200 mg</i>	73
<i>clozapine orally disintegrating tab 25 mg</i>	73
<i>clozapine tab 100 mg</i>	73
<i>clozapine tab 200 mg</i>	73
<i>clozapine tab 25 mg</i>	73
<i>clozapine tab 50 mg</i>	73
COARTEM TAB 20-120MG.....	23
colace 2in1 tab 8.6-50mg.....	106
COLACE CLEAR CAP 50MG.....	106
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	13
COLCRYS TAB 0.6MG	13
<i>colesevelam hcl packet for susp 3.75 gm</i>	50
<i>colesevelam hcl tab 625 mg</i>	51
<i>colestipol hcl granule packets 5 gm</i>	51
<i>colestipol hcl granules 5 gm</i>	51
<i>colestipol hcl tab 1 gm</i>	51
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	21
COMBIGAN SOL 0.2/0.5%	126
COMBIVENT AER 20-100	127
COMETRIQ KIT 100MG.....	39
COMETRIQ KIT 140MG.....	39
COMETRIQ KIT 60MG	39

<i>comp allergy cap 25mg</i>	128
COMPLERA TAB	26
<i>compro sup 25mg</i>	104
<i>constulose sol 10gm/15</i>	106
COPIKTRA CAP 15MG	39
COPIKTRA CAP 25MG	39
CORLANOR SOL 5MG/5ML	57
CORLANOR TAB 5MG	57
CORLANOR TAB 7.5MG.....	57
<i>cortisone acetate tab 25 mg</i>	96
COTELLIC TAB 20MG.....	40
<i>cough syrup</i>	130
<i>cough syrup 100/5ml</i>	130
<i>cough/chest syrup dm</i>	130
CREON CAP 12000UNT.....	110
CREON CAP 24000UNT.....	110
CREON CAP 3000UNIT	110
CREON CAP 36000UNT.....	110
CREON CAP 6000UNIT	110
CRIXIVAN CAP 200MG.....	24
CRIXIVAN CAP 400MG.....	24
<i>cromolyn sodium ophth soln 4%</i>	125
<i>cromolyn sodium oral conc 100 mg/5ml</i>	109
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	132
<i>cryselle-28 tab 28 tabs</i>	91
<i>cyanocobalamin inj 1000 mcg/ml</i>	123
<i>cyclafem tab 1/35</i>	91
<i>cyclafem tab 7/7/7</i>	91
<i>cyclobenzaprine hcl tab 10 mg</i>	83
<i>cyclobenzaprine hcl tab 5 mg</i>	83
CYCLOPHOSPH INJ 1GM	33
CYCLOPHOSPHA INJ 500MG.....	33
<i>cyclophosphamide cap 25 mg</i>	33
<i>cyclophosphamide cap 50 mg</i>	33
<i>cyclophosphamide for inj 1 gm</i>	33
<i>cyclophosphamide for inj 2 gm</i>	33
<i>cyclophosphamide for inj 500 mg</i>	33
<i>cycloserine cap 250 mg</i>	26
<i>cyclosporine cap 100 mg</i>	118
<i>cyclosporine cap 25 mg</i>	118
<i>cyclosporine iv soln 50 mg/ml</i>	118
<i>cyclosporine modified cap 100 mg</i>	118
<i>cyclosporine modified cap 25 mg</i>	118
<i>cyclosporine modified cap 50 mg</i>	118
<i>cyclosporine modified oral soln 100 mg/ml</i>	118
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	128
<i>cyproheptadine hcl tab 4 mg</i>	128
CYSTADANE POW	95
CYSTAGON CAP 150MG.....	95
CYSTAGON CAP 50MG	95
CYSTARAN SOL 0.44%.....	126
<i>cytarabine inj 20 mg/ml</i>	34
D10W/NACL INJ 0.2%	122
D5W/LYTES INJ #48.....	122
D5W/NACL INJ 0.3%	122
<i>dalfampridine tab er 12hr 10 mg</i>	82
DALIRESP TAB 250MCG	132
DALIRESP TAB 500MCG	132
<i>danazol cap 100 mg</i>	95
<i>danazol cap 200 mg</i>	95
<i>danazol cap 50 mg</i>	95
<i>dantrolene sodium cap 100 mg</i>	83
<i>dantrolene sodium cap 25 mg</i>	83
<i>dantrolene sodium cap 50 mg</i>	83
<i>dapsone tab 100 mg</i>	21
<i>dapsone tab 25 mg</i>	21
DAPTACEL INJ	119
<i>daptomycin for iv soln 350 mg</i>	21
<i>daptomycin for iv soln 500 mg</i>	21
<i>dasetta tab 1/35</i>	91
<i>dasetta tab 7/7/7</i>	91
DAURISMO TAB 100MG.....	35
DAURISMO TAB 25MG	35
<i>deblitane tab 0.35mg</i>	91
<i>deferasirox granules packet 180 mg</i>	90
<i>deferasirox granules packet 360 mg</i>	90
<i>deferasirox granules packet 90 mg</i>	90
<i>deferasirox tab 180 mg</i>	90
<i>deferasirox tab 360 mg</i>	90
<i>deferasirox tab 90 mg</i>	90
DELESTROGEN INJ 10MG/ML	96
DELSTRIGO TAB.....	26
DEMSER CAP 250MG	57

DEPO-PROVERA INJ 400/ML.....	37
DESCOVY TAB 200-25MG	26
desipramine hcl tab 10 mg	67
desipramine hcl tab 100 mg.....	68
desipramine hcl tab 150 mg.....	68
desipramine hcl tab 25 mg	68
desipramine hcl tab 50 mg	68
desipramine hcl tab 75 mg	68
desmopressin acetate inj 4 mcg/ml	102
desmopressin acetate nasal spray soln 0.01%	102
desmopressin acetate nasal spray soln 0.01% (refrigerated)	102
desmopressin acetate tab 0.1 mg	102
desmopressin acetate tab 0.2 mg	102
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	91
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	91
desogestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg	91
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	68
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	68
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	68
DEXAMETHASON CON 1MG/ML....	96
dexamethasone elixir 0.5 mg/5ml/96	
dexamethasone sod phosphate preservative free inj 10 mg/ml	96
dexamethasone sodium phosphate inj 10 mg/ml.....	96
dexamethasone sodium phosphate inj 100 mg/10ml	97
dexamethasone sodium phosphate inj 120 mg/30ml	97
dexamethasone sodium phosphate inj 20 mg/5ml	96
dexamethasone sodium phosphate inj 4 mg/ml	96
dexamethasone sodium phosphate ophth soln 0.1%.....	125
dexamethasone soln 0.5 mg/5ml	97
dexamethasone tab 0.5 mg	97
dexamethasone tab 0.75 mg	97
dexamethasone tab 1 mg	97
dexamethasone tab 1.5 mg	97
dexamethasone tab 2 mg	97
dexamethasone tab 4 mg	97
dexamethasone tab 6 mg	97
DEXILANT CAP 30MG DR.....	110
DEXILANT CAP 60MG DR.....	110
dexmethylphenidate hcl tab 10 mg	79
dexmethylphenidate hcl tab 2.5 mg	79
dexmethylphenidate hcl tab 5 mg	79
dextromethorphan-guaifenesin syrup 10-100 mg/5ml.....	130
dextrose 10% w/ sodium chloride 0.45%	122
dextrose 2.5% w/ sodium chloride 0.45%	122
dextrose 5% in lactated ringers	122
dextrose 5% w/ sodium chloride 0.2%.....	122
dextrose 5% w/ sodium chloride 0.45%	122
dextrose 5% w/ sodium chloride 0.9%	122
dextrose inj 10%	122
dextrose inj 5%	122
dextrose inj 50%	122
dextrose inj 70%	122
DIASTAT ACDL GEL 12.5-20	61
DIASTAT ACDL GEL 5-10MG	61
DIASTAT PED GEL 2.5M GEL.....	61
diazepam conc 5 mg/ml	61
diazepam inj 5 mg/ml	61
diazepam oral soln 1 mg/ml	61
diazepam rectal gel delivery system 10 mg.....	61
diazepam rectal gel delivery system 2.5 mg.....	61
diazepam rectal gel delivery system 20 mg.....	61
diazepam tab 10 mg.....	61
diazepam tab 2 mg.....	61
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diazoxide susp 50 mg/ml 98
dibucaine perianal ointment 1% 139
diclofenac potassium tab 50 mg ..14
diclofenac sodium gel 1% 139
diclofenac sodium ophth soln 0.1%
..... 125
diclofenac sodium tab delayed
release 25 mg 14
diclofenac sodium tab delayed
release 50 mg 14
diclofenac sodium tab delayed
release 75 mg 15
diclofenac sodium tab er 24hr 100
mg 15
dicloxacillin sodium cap 250 mg ..32
dicloxacillin sodium cap 500 mg ..32
dicyclomine hcl cap 10 mg 105
dicyclomine hcl oral soln 10 mg/5ml
..... 105
dicyclomine hcl tab 20 mg 105
didanosine delayed release capsule
200 mg 24
didanosine delayed release capsule
250 mg 24
didanosine delayed release capsule
400 mg 24
DIFICID TAB 200MG 30
diflunisal tab 500 mg 15
digitek tab 0.125mg 55
digitek tab 0.25mg 55
digoxin inj 0.25 mg/ml 55
digoxin oral soln 0.05 mg/ml 55
digoxin tab 125 mcg (0.125 mg) .55
digoxin tab 250 mcg (0.25 mg)...55
dihydroergotamine mesylate inj 1
mg/ml 81
dihydroergotamine mesylate nasal
spray 4 mg/ml 81
DILANTIN CAP 100MG 61
DILANTIN CAP 30MG 61
DILANTIN CHW 50MG 61
DILANTIN-125 SUS 125/5ML 61
diltiazem hcl cap er 12hr 120 mg.53
diltiazem hcl cap er 12hr 60 mg ..53
diltiazem hcl cap er 12hr 90 mg ..53
diltiazem hcl cap er 24hr 120 mg.53
diltiazem hcl cap er 24hr 180 mg.53

diltiazem hcl cap er 24hr 240 mg 53
diltiazem hcl coated beads cap er
24hr 120 mg 53
diltiazem hcl coated beads cap er
24hr 180 mg 54
diltiazem hcl coated beads cap er
24hr 240 mg 54
diltiazem hcl coated beads cap er
24hr 300 mg 54
diltiazem hcl coated beads cap er
24hr 360 mg 54
diltiazem hcl extended release
beads cap er 24hr 120 mg..... 54
diltiazem hcl extended release
beads cap er 24hr 180 mg..... 54
diltiazem hcl extended release
beads cap er 24hr 240 mg..... 54
diltiazem hcl extended release
beads cap er 24hr 300 mg..... 54
diltiazem hcl extended release
beads cap er 24hr 360 mg..... 54
diltiazem hcl extended release
beads cap er 24hr 420 mg..... 54
diltiazem hcl iv soln 125 mg/25ml
(5 mg/ml) 54
diltiazem hcl iv soln 25 mg/5ml (5
mg/ml) 54
diltiazem hcl iv soln 50 mg/10ml (5
mg/ml) 54
diltiazem hcl tab 120 mg 54
diltiazem hcl tab 30 mg 54
diltiazem hcl tab 60 mg 54
diltiazem hcl tab 90 mg 54
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diphenhist cap 25mg 128
diphenhist liq 12.5/5ml 128
diphenhist tab 25mg 128
diphenhydramine hcl cap 25 mg 128
diphenhydramine hcl cap 50 mg 128
diphenhydramine hcl inj 50 mg/ml
..... 128
diphenhydramine hcl liquid 6.25
mg/ml 128
diphenhydramine hcl tab 25 mg 128
diphenoxylate w/ atropine liq 2.5-
0.025 mg/5ml 109
diphenoxylate w/ atropine tab 2.5-

<i>0.025 mg</i>	109
<i>disopyramide phosphate cap 100 mg</i>	49
<i>disopyramide phosphate cap 150 mg</i>	49
<i>disulfiram tab 250 mg</i>	84
<i>disulfiram tab 500 mg</i>	84
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	61
<i>divalproex sodium tab delayed release 125 mg</i>	61
<i>divalproex sodium tab delayed release 250 mg</i>	61
<i>divalproex sodium tab delayed release 500 mg</i>	61
<i>divalproex sodium tab er 24 hr 250 mg</i>	61
<i>divalproex sodium tab er 24 hr 500 mg</i>	61
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	35
<i>docetaxel for inj conc 20 mg/ml</i> ..	34
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	34
<i>DOCETAXEL INJ 160/16ML</i>	35
<i>DOCETAXEL INJ 160/8ML</i>	35
<i>DOCETAXEL INJ 200/10</i>	35
<i>DOCETAXEL INJ 20MG/2ML</i>	35
<i>DOCETAXEL INJ 80MG/4ML</i>	35
<i>DOCETAXEL INJ 80MG/8ML</i>	35
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	35
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	35
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	35
<i>docu liq 50mg/5ml</i>	106
<i>docusate sod liq 50mg/5ml</i>	106
<i>docusate sodium cap 100 mg</i>	106
<i>docusate sodium liquid 150 mg/15ml</i>	106
<i>docsil cap 100mg</i>	106
<i>DOCUSOL KIDS ENE 100MG/5M</i> 106	
<i>DOCUSOL MINI ENE</i>	106
<i>DOCUSOL PLUS ENE 20-283</i>	106
<i>dofetilide cap 125 mcg (0.125 mg)</i>	49

<i>dofetilide cap 250 mcg (0.25 mg)</i> 49	
<i>dofetilide cap 500 mcg (0.5 mg)</i> .49	
<i>dok cap 100mg</i>	106
<i>dok cap 250mg</i>	106
<i>dok plus tab 8.6-50mg</i>	106
<i>dok tab 100mg</i>	107
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	66
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	66
<i>donepezil hydrochloride tab 10 mg</i>	66
<i>donepezil hydrochloride tab 5 mg</i> 66	
<i>dorzolamide hcl ophth soln 2%</i> .126	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	126
<i>double antib oin</i>	135
<i>DOVATO TAB 50-300MG</i>	26
<i>doxazosin mesylate tab 1 mg</i>	46
<i>doxazosin mesylate tab 2 mg</i>	46
<i>doxazosin mesylate tab 4 mg</i>	46
<i>doxazosin mesylate tab 8 mg</i>	46
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	79
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	79
<i>doxepin hcl cap 10 mg</i>	68
<i>doxepin hcl cap 100 mg</i>	68
<i>doxepin hcl cap 150 mg</i>	68
<i>doxepin hcl cap 25 mg</i>	68
<i>doxepin hcl cap 50 mg</i>	68
<i>doxepin hcl cap 75 mg</i>	68
<i>doxepin hcl conc 10 mg/ml</i>	68
<i>doxorubicin hcl inj 2 mg/ml</i>	33
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	33
<i>doxy 100 inj 100mg</i>	33
<i>doxycycline hyclate cap 100 mg</i> ..33	
<i>doxycycline hyclate cap 50 mg</i> ...33	
<i>doxycycline hyclate for inj 100 mg</i>	33
<i>doxycycline hyclate tab 100 mg</i> ..33	
<i>doxycycline hyclate tab 20 mg</i> ...33	
<i>doxycycline monohydrate cap 100 mg</i>	33
<i>doxycycline monohydrate cap 50 mg</i>	33

<i>doxycycline monohydrate tab 100 mg</i>	33
<i>doxycycline monohydrate tab 50 mg</i>	33
<i>doxycycline monohydrate tab 75 mg</i>	33
<i>driminate tab 50mg</i>	104
DRIZALMA CAP 20MG DR	68
DRIZALMA CAP 30MG DR	68
DRIZALMA CAP 40MG DR	68
DRIZALMA CAP 60MG DR	68
<i>dronabinol cap 10 mg</i>	104
<i>dronabinol cap 2.5 mg</i>	104
<i>dronabinol cap 5 mg</i>	104
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	91
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	91
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	91
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	91
DROXIA CAP 200MG	114
DROXIA CAP 300MG	114
DROXIA CAP 400MG	114
<i>ducodyl tab 5mg ec</i>	107
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	68
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	68
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	68
DUREZOL EMU 0.05%	125
<i>dutasteride cap 0.5 mg</i>	111
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	111
<i>ear drops dro 6.5%</i>	141
<i>ear drops sol 6.5% ot</i>	141
<i>earwax sol removal</i>	141
<i>ec-naproxen tab 375mg</i>	15
<i>ec-naproxen tab 500mg</i>	15
<i>econtra ez tab 1.5mg</i>	91
<i>econtra os tab 1.5mg</i>	91
<i>ed-apap liq 80mg/2.5</i>	13
EDURANT TAB 25MG	24
<i>efavirenz cap 200 mg</i>	24
<i>efavirenz cap 50 mg</i>	24
<i>efavirenz tab 600 mg</i>	24
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	26
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	26
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	26
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	81
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	81
ELIQUIS ST P TAB 5MG	112
ELIQUIS TAB 2.5MG	112
ELIQUIS TAB 5MG	112
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<i>eluryng mis</i>	91
EMCYT CAP 140MG	33
EMEND SUS 125MG	104
EMGALITY INJ 120MG/ML	81
<i>emoquette tab</i>	91
EMSAM DIS 12MG/24H	68
EMSAM DIS 6MG/24HR	68
EMSAM DIS 9MG/24HR	68
<i>emtricitabine caps 200 mg</i>	24
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	26
EMTRIVA CAP 200MG	24
EMTRIVA SOL 10MG/ML	24
EMVERM CHW 100MG	21
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	44
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	44
<i>enalapril maleate tab 10 mg</i>	45
<i>enalapril maleate tab 2.5 mg</i>	45
<i>enalapril maleate tab 20 mg</i>	45
<i>enalapril maleate tab 5 mg</i>	45
ENBREL INJ 25/0.5ML	115
ENBREL INJ 25MG	115
ENBREL INJ 50MG/ML	115
ENBREL MINI INJ 50MG/ML	115
ENBREL SRCLK INJ 50MG/ML	115
ENDARI POW 5GM	114

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ENEMEEZ PLUS ENE 20-283.....	107
ENGERIX-B INJ 10/0.5ML	119
ENGERIX-B INJ 20MCG/ML	119
<i>enoxaparin sodium inj 100 mg/ml</i>	
.....	112
<i>enoxaparin sodium inj 120</i>	
<i>mg/0.8ml</i>	112
<i>enoxaparin sodium inj 150 mg/ml</i>	
.....	112
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	
.....	112
<i>enoxaparin sodium inj 300 mg/3ml</i>	
.....	112
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	
.....	112
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	
.....	112
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	
.....	112
<i>empresse-28 tab</i>	91
<i>enskyce tab</i>	91
<i>ENSTILAR AER</i>	137
<i>entacapone tab 200 mg</i>	71
<i>entecavir tab 0.5 mg</i>	27
<i>entecavir tab 1 mg</i>	27
<i>enteric asa tab 325mg ec</i>	13
<i>ENTRESTO TAB 24-26MG</i>	47
<i>ENTRESTO TAB 49-51MG</i>	47
<i>ENTRESTO TAB 97-103MG</i>	47
<i>enulose sol 10gm/15</i>	107
<i>EPCLUSA TAB 200-50MG</i>	27
<i>EPCLUSA TAB 400-100</i>	27
<i>EPIDIOLEX SOL 100MG/ML</i>	61
<i>epinephrine solution auto-injector</i>	
<i>0.15 mg/0.15ml (1:1000)</i>	132
<i>epinephrine solution auto-injector</i>	
<i>0.15 mg/0.3ml (1:2000)</i>	132
<i>epinephrine solution auto-injector</i>	
<i>0.3 mg/0.3ml (1:1000)</i>	132
<i>epirubicin hcl iv soln 200 mg/100ml</i>	
<i>(2 mg/ml)</i>	33
<i>epirubicin hcl iv soln 50 mg/25ml (2</i>	
<i>mg/ml)</i>	33
<i>epitol tab 200mg</i>	61
<i>EPIVIR HBV SOL 5MG/ML</i>	27
<i>eplerenone tab 25 mg</i>	46
<i>eplerenone tab 50 mg</i>	46
<i>eq aspirin tab 325mg ec</i>	13
<i>ergocalciferol cap 1.25 mg (50000</i>	
<i>unit)</i>	123
<i>ergocalciferol soln 200 mcg/ml</i>	
<i>(8000 unit/ml)</i>	123
<i>ergotamine w/ caffeine tab 1-100</i>	
<i>mg</i>	81
<i>ERIVEDGE CAP 150MG</i>	35
<i>ERLEADA TAB 60MG</i>	37
<i>erlotinib hcl tab 100 mg (base</i>	
<i>equivalent)</i>	40
<i>erlotinib hcl tab 150 mg (base</i>	
<i>equivalent)</i>	40
<i>erlotinib hcl tab 25 mg (base</i>	
<i>equivalent)</i>	40
<i>errin tab 0.35mg</i>	91
<i>ertapenem sodium for inj 1 gm</i>	
<i>(base equivalent)</i>	21
<i>ery-tab tab 250mg ec</i>	30
<i>ery-tab tab 333mg ec</i>	30
<i>ery-tab tab 500mg ec</i>	30
<i>ERYTHROCIN INJ 500MG</i>	30
<i>erythrocin tab 250mg</i>	30
<i>erythromycin ethylsuccinate tab</i>	
<i>400 mg</i>	30
<i>erythromycin gel 2%</i>	135
<i>erythromycin ophth oint 5 mg/gm</i>	
.....	124
<i>erythromycin pads 2%</i>	135
<i>erythromycin soln 2%</i>	135
<i>erythromycin tab 250 mg</i>	30
<i>erythromycin tab 500 mg</i>	30
<i>erythromycin tab delayed release</i>	
<i>250 mg</i>	30
<i>erythromycin tab delayed release</i>	
<i>333 mg</i>	30
<i>erythromycin tab delayed release</i>	
<i>500 mg</i>	30
<i>erythromycin w/ delayed release</i>	
<i>particles cap 250 mg</i>	30
<i>ESBRIET CAP 267MG</i>	132
<i>ESBRIET TAB 267MG</i>	132
<i>ESBRIET TAB 801MG</i>	132
<i>escitalopram oxalate soln 5 mg/5ml</i>	
<i>(base equiv)</i>	68
<i>escitalopram oxalate tab 10 mg</i>	

(base equiv)	68
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	69
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	68
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	110
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	110
<i>estradiol tab 0.5 mg</i>	96
<i>estradiol tab 1 mg</i>	96
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<i>olanzapine tab 10 mg</i>	75
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mg	47
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mg	48
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mg	47
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hydrochlorothiazide tab 40-5-25 mg	
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olopatadine hcl ophth soln 0.2%	
(base equivalent)	125
omeprazole cap delayed release 10	
mg	110
omeprazole cap delayed release 20	
mg	110
omeprazole cap delayed release 40	
mg	110
ondansetron hcl inj 4 mg/2ml (2	
mg/ml)	104
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mg/ml)	104
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oseltamivir phosphate cap 30 mg	
(base equiv)	27
oseltamivir phosphate cap 45 mg	
(base equiv)	27
oseltamivir phosphate cap 75 mg	
(base equiv)	27
oseltamivir phosphate for susp 6	
mg/ml (base equiv)	28
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equivalent)	32
oxacillin sodium for inj 2 gm (base	
equivalent)	32
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oxybutynin chloride tab er 24hr 10	
mg	111
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mg	111
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mg	111
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(20 mg/ml)	18
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paliperidone tab er 24hr 6 mg	75
paliperidone tab er 24hr 9 mg	75
pamidronate disodium for inj 30 mg	89
pamidronate disodium for inj 90 mg	89
pamidronate disodium iv soln 3 mg/ml	90
pamidronate disodium iv soln 9 mg/ml	90
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PANRETIN GEL 0.1%	139
pantoprazole sodium ec tab 20 mg (base equiv)	110
pantoprazole sodium ec tab 40 mg (base equiv)	110
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<i>perindopril erbumine tab 8 mg</i>	45
<i>periogard sol 0.12%</i>	141
<i>permethrin cream 5%</i>	140
<i>perphenazine tab 16 mg</i>	75
<i>perphenazine tab 2 mg</i>	75
<i>perphenazine tab 4 mg</i>	75
<i>perphenazine tab 8 mg</i>	75
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<i>pharbedryl cap 50mg</i>	129
<i>pharbetol tab 325mg</i>	14
<i>pharbetol tab 500mg</i>	14
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<i>phenobarbital tab 100 mg</i>	63
<i>phenobarbital tab 15 mg</i>	63
<i>phenobarbital tab 16.2 mg</i>	63
<i>phenobarbital tab 30 mg</i>	63
<i>phenobarbital tab 32.4 mg</i>	63
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<i>pilocarpine hcl ophth soln 4%</i>	126
<i>pilocarpine hcl tab 5 mg</i>	141
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<i>potassium chloride powder packet</i> 20 meq	121
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<i>pramipexole dihydrochloride tab</i> 0.125 mg	72
<i>pramipexole dihydrochloride tab</i> 0.25 mg	72
<i>pramipexole dihydrochloride tab</i> 0.5 mg	72
<i>pramipexole dihydrochloride tab</i> 0.75 mg	72
<i>pramipexole dihydrochloride tab</i> 1 mg	72
<i>pramipexole dihydrochloride tab</i> 1.5 mg	72
<i>pramoxine hcl perianal foam</i> 1%.....	140

<i>prasugrel hcl tab 10 mg (base equiv)</i>	115
<i>prasugrel hcl tab 5 mg (base equiv)</i>	115
<i>pravastatin sodium tab 10 mg</i>	50
<i>pravastatin sodium tab 20 mg</i>	50
<i>pravastatin sodium tab 40 mg</i>	50
<i>pravastatin sodium tab 80 mg</i>	50
<i>praziquantel tab 600 mg</i>	21
<i>prazosin hcl cap 1 mg</i>	46
<i>prazosin hcl cap 2 mg</i>	46
<i>prazosin hcl cap 5 mg</i>	46
<i>PRED SOD PHO SOL 1% OP</i>	125
<i>prednisolone acetate ophth susp 1%</i>	125
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	97
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	97
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	97
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	97
<i>PREDNISONE CON 5MG/ML</i>	97
<i>prednisone oral soln 5 mg/5ml</i>	97
<i>prednisone tab 1 mg</i>	98
<i>prednisone tab 10 mg</i>	98
<i>prednisone tab 2.5 mg</i>	98
<i>prednisone tab 20 mg</i>	98
<i>prednisone tab 5 mg</i>	98
<i>prednisone tab 50 mg</i>	98
<i>prednisone tab therapy pack 10 mg (21)</i>	98
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<i>pregabalin cap 100 mg</i>	64
<i>pregabalin cap 150 mg</i>	64
<i>pregabalin cap 200 mg</i>	64
<i>pregabalin cap 225 mg</i>	64
<i>pregabalin cap 25 mg</i>	64
<i>pregabalin cap 300 mg</i>	64
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<i>primidone tab 250 mg</i>	64
<i>primidone tab 50 mg</i>	64
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<i>PRIVIGEN INJ 40GRAMS</i>	118
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<i>probenecid tab 500 mg</i>	13
<i>PROCALAMINE INJ 3%</i>	121
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	105
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	105
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	105
<i>prochlorperazine suppos 25 mg.</i> 105	
<i>PROCERIT INJ 10000/ML</i>	114
<i>PROCERIT INJ 2000/ML</i>	113
<i>PROCERIT INJ 20000/ML</i>	114
<i>PROCERIT INJ 3000/ML</i>	113
<i>PROCERIT INJ 4000/ML</i>	113
<i>PROCERIT INJ 40000/ML</i>	114
<i>procto-med cre hc 2.5%</i>	140
<i>procto-pak cre 1%</i>	140
<i>proctozone cre -hc 2.5%</i>	140
<i>PROGLYCEM SUS 50MG/ML</i>	98
<i>PROGRAF GRA 0.2MG</i>	118
<i>PROGRAF GRA 1MG</i>	118
<i>PROLASTIN-C INJ 1000MG</i>	132

PROLENSA SOL 0.07%	125
PROLIA SOL 60MG/ML.....	99
PROMACTA PAK 25MG.....	114
PROMACTA POW 12.5MG	114
PROMACTA TAB 12.5MG	114
PROMACTA TAB 25MG.....	115
PROMACTA TAB 50MG.....	115
PROMACTA TAB 75MG.....	115
<i>promethazine hcl inj 25 mg/ml..</i>	105
<i>promethazine hcl inj 50 mg/ml..</i>	105
<i>promethazine hcl syrup 6.25 mg/5ml</i>	105
<i>promethazine hcl tab 12.5 mg...</i>	105
<i>promethazine hcl tab 25 mg</i>	105
<i>promethazine hcl tab 50 mg</i>	105
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	131
<i>promethazine-phenylephrine- codeine syrup 6.25-5-10 mg/5ml</i>	131
<i>propafenone hcl cap er 12hr 225 mg</i>	49
<i>propafenone hcl cap er 12hr 325 mg</i>	49
<i>propafenone hcl cap er 12hr 425 mg</i>	49
<i>propafenone hcl tab 150 mg</i>	49
<i>propafenone hcl tab 225 mg</i>	49
<i>propafenone hcl tab 300 mg</i>	49
<i>proparacaine hcl ophth soln 0.5%</i>	127
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	52
<i>propranolol & hydrochlorothiazide tab 80-25 mg.....</i>	52
<i>propranolol hcl cap er 24hr 120 mg</i>	53
<i>propranolol hcl cap er 24hr 160 mg</i>	53
<i>propranolol hcl cap er 24hr 60 mg</i>	53
<i>propranolol hcl cap er 24hr 80 mg</i>	53
<i>propranolol hcl oral soln 20 mg/5ml</i>	53
<i>propranolol hcl oral soln 40 mg/5ml</i>	53

<i>propranolol hcl tab 10 mg</i>	53
<i>propranolol hcl tab 20 mg</i>	53
<i>propranolol hcl tab 40 mg</i>	53
<i>propranolol hcl tab 60 mg</i>	53
<i>propranolol hcl tab 80 mg</i>	53
<i>propylthiouracil tab 50 mg.....</i>	101
<i>PROQUAD INJ</i>	119
<i>PROSHIELD CRE PLUS 1%.....</i>	140
<i>PROSOL INJ 20%</i>	121
<i>protriptyline hcl tab 10 mg</i>	70
<i>protriptyline hcl tab 5 mg</i>	70
<i>pseudoephedrine hcl tab 30 mg</i>	131
<i>PULMICORT INH 180MCG</i>	134
<i>PULMICORT INH 90MCG.....</i>	133
<i>PULMOZYME SOL 1MG/ML</i>	132
<i>puralube oin</i>	127
<i>PURIXAN SUS 20MG/ML.....</i>	34
<i>pyrazinamide tab 500 mg.....</i>	27
<i>pyridostigmine bromide tab 60 mg</i>	82
<i>pyridoxine hcl inj 100 mg/ml</i>	123
<i>qc allergy tab 10mg.....</i>	129
<i>qc antacid chw 500mg</i>	103
<i>qc antacid sus.....</i>	103
<i>qc antacid sus anti-gas</i>	103
<i>qc aspirin tab 325mg</i>	14
<i>qc enema ene</i>	108
<i>qc headache tab relief.....</i>	14
<i>qc ibuprofen tab 200mg</i>	15
<i>qc laxative sup 10mg.....</i>	108
<i>QINLOCK TAB 50MG</i>	41
<i>QUADRACEL INJ.....</i>	119
<i>quetiapine fumarate tab 100 mg .</i>	76
<i>quetiapine fumarate tab 200 mg .</i>	76
<i>quetiapine fumarate tab 25 mg ..</i>	76
<i>quetiapine fumarate tab 300 mg .</i>	76
<i>quetiapine fumarate tab 400 mg .</i>	76
<i>quetiapine fumarate tab 50 mg ..</i>	76
<i>quetiapine fumarate tab er 24hr 150 mg</i>	76
<i>quetiapine fumarate tab er 24hr 200 mg</i>	76
<i>quetiapine fumarate tab er 24hr 300 mg</i>	76
<i>quetiapine fumarate tab er 24hr 400 mg</i>	76
<i>quetiapine fumarate tab er 24hr 50</i>	

<i>mg</i>	76
<i>quinapril hcl tab 10 mg</i>	45
<i>quinapril hcl tab 20 mg</i>	45
<i>quinapril hcl tab 40 mg</i>	46
<i>quinapril hcl tab 5 mg</i>	45
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	45
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	45
<i>quinidine sulfate tab 200 mg</i>	49
<i>quinidine sulfate tab 300 mg</i>	49
<i>quinine sulfate cap 324 mg</i>	23
<i>RABAVERT INJ</i>	119
<i>rabeprazole sodium ec tab 20 mg</i>	110
<i>raloxifene hcl tab 60 mg</i>	99
<i>ramipril cap 1.25 mg</i>	46
<i>ramipril cap 10 mg</i>	46
<i>ramipril cap 2.5 mg</i>	46
<i>ramipril cap 5 mg</i>	46
<i>ranitidine hcl tab 75 mg</i>	106
<i>ranolazine tab er 12hr 1000 mg</i> ..57	
<i>ranolazine tab er 12hr 500 mg</i>57	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	72
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	72
<i>RAYALDEE CAP 30MCG</i>	124
<i>reclipsen tab</i>	94
<i>RECOMBIVA HB INJ 10MCG/ML</i> .120	
<i>RECOMBIVA HB INJ 5MCG/0.5</i> ..120	
<i>RECOMBIVA-HB INJ 40MCG/ML</i> .120	
<i>RECTIV OIN 0.4%</i>	140
<i>reeses med sus pinworm</i>	21
<i>refresh lacr oin op</i>	127
<i>refresh p.m. oin op</i>	127
<i>REGRANEX GEL 0.01%</i>	140
<i>reguloid pow 28.3%</i>	108
<i>reguloid pow 48.57%</i>	108
<i>reguloid pow 58.6%</i>	108
<i>RELENZA MIS DISKHALE</i>	28
<i>RELISTOR INJ 12/0.6ML</i>	109
<i>RELISTOR INJ 8/0.4ML</i>	109
<i>remedy cre antifung</i>	136
<i>REMEDY NUTRA CRE 1%</i>	140

<i>REMICADE INJ 100MG</i>	116
<i>renal cap</i>	124
<i>RENFLEXIS INJ 100MG</i>	116
<i>repaglinide tab 0.5 mg</i>	89
<i>repaglinide tab 1 mg</i>	89
<i>repaglinide tab 2 mg</i>	89
<i>RESTASIS EMU 0.05%</i>	127
<i>RESTASIS MUL EMU 0.05%</i>	127
<i>RETEVMO CAP 40MG</i>	41
<i>RETEVMO CAP 80MG</i>	41
<i>REVLIMID CAP 10MG</i>	38
<i>REVLIMID CAP 15MG</i>	38
<i>REVLIMID CAP 2.5MG</i>	38
<i>REVLIMID CAP 20MG</i>	38
<i>REVLIMID CAP 25MG</i>	38
<i>REVLIMID CAP 5MG</i>	38
<i>REXULTI TAB 0.25MG</i>	76
<i>REXULTI TAB 0.5MG</i>	76
<i>REXULTI TAB 1MG</i>	76
<i>REXULTI TAB 2MG</i>	76
<i>REXULTI TAB 3MG</i>	76
<i>REXULTI TAB 4MG</i>	76
<i>REYATAZ POW 50MG</i>	25
<i>RHOPRESSA SOL 0.02%</i>	126
<i>ribavirin cap 200 mg</i>	28
<i>ribavirin tab 200 mg</i>	28
<i>rifabutin cap 150 mg</i>	27
<i>rifampin cap 150 mg</i>	27
<i>rifampin cap 300 mg</i>	27
<i>rifampin for inj 600 mg</i>	27
<i>riluzole tab 50 mg</i>	82
<i>rimantadine hydrochloride tab 100 mg</i>	28
<i>RINVOQ TAB 15MG ER</i>	116
<i>risedronate sodium tab 150 mg</i> ..90	
<i>risedronate sodium tab 35 mg</i> ...90	
<i>risedronate sodium tab 5 mg</i>90	
<i>risedronate sodium tab delayed release 35 mg</i>	90
<i>RISPERDAL INJ 12.5MG</i>	76
<i>RISPERDAL INJ 25MG</i>	76
<i>RISPERDAL INJ 37.5MG</i>	76
<i>RISPERDAL INJ 50MG</i>	76
<i>risperidone orally disintegrating tab 0.25 mg</i>	76
<i>risperidone orally disintegrating tab 0.5 mg</i>	76

<i>risperidone orally disintegrating tab</i>	
1 mg	77
<i>risperidone orally disintegrating tab</i>	
2 mg	77
<i>risperidone orally disintegrating tab</i>	
3 mg	77
<i>risperidone orally disintegrating tab</i>	
4 mg	77
<i>risperidone soln 1 mg/ml</i>	77
<i>risperidone tab 0.25 mg</i>	77
<i>risperidone tab 0.5 mg</i>	77
<i>risperidone tab 1 mg</i>	77
<i>risperidone tab 2 mg</i>	77
<i>risperidone tab 3 mg</i>	77
<i>risperidone tab 4 mg</i>	77
<i>ritonavir tab 100 mg</i>	25
RITUXAN INJ 100MG	36
RITUXAN INJ 500MG	36
RITUXAN INJ HYCELA	36
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	66
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	67
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	67
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	67
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	67
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	67
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	67
<i>rivelsa tab</i>	94
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	81
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	81
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	81
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	81
<i>robafen dm liq 10-100/5</i>	131
<i>robafen dm liq cough</i>	131
<i>robafen dm syp 100-10/5</i>	131
<i>robafen syp 100/5ml</i>	131
<i>ropinirole hydrochloride tab 0.25 mg</i>	72
<i>ropinirole hydrochloride tab 0.5 mg</i>	72
<i>ropinirole hydrochloride tab 1 mg</i> 72	
<i>ropinirole hydrochloride tab 2 mg</i> 72	
<i>ropinirole hydrochloride tab 3 mg</i> 72	
<i>ropinirole hydrochloride tab 4 mg</i> 72	
<i>ropinirole hydrochloride tab 5 mg</i> 72	
<i>rosadan cre 0.75%</i>	140
<i>rosuvastatin calcium tab 10 mg</i> ..50	
<i>rosuvastatin calcium tab 20 mg</i> ..50	
<i>rosuvastatin calcium tab 40 mg</i> ..50	
<i>rosuvastatin calcium tab 5 mg</i> ...50	
<i>ROTARIX SUS</i>	120
<i>ROTATEQ SOL</i>	120
<i>roweepra tab 1000mg</i>	64
<i>roweepra tab 500mg</i>	64
<i>roweepra tab 750mg</i>	64
<i>roweepra xr tab 500mg xr</i>	64
<i>roweepra xr tab 750mg xr</i>	64
<i>ROZLYTREK CAP 100MG</i>	41
<i>ROZLYTREK CAP 200MG</i>	41
<i>RUBRACA TAB 200MG</i>	36
<i>RUBRACA TAB 250MG</i>	36
<i>RUBRACA TAB 300MG</i>	36
<i>RUKOBIA TAB 600MG ER</i>	25
<i>rulox sus</i>	103
<i>RUXIENCE INJ 100/10ML</i>	37
<i>RUXIENCE INJ 500/50ML</i>	37
<i>RYBELSUS TAB 14MG</i>	89
<i>RYBELSUS TAB 3MG</i>	89
<i>RYBELSUS TAB 7MG</i>	89
<i>RYDAPT CAP 25MG</i>	41
<i>saline nasal spray 0.65%</i>	132
<i>SANDIMMUNE SOL 100MG/ML</i> ..119	
<i>SANTYL OIN 250/GM</i>	140
<i>SAPHRIS SUB 10MG</i>	77
<i>SAPHRIS SUB 2.5MG</i>	77
<i>SAPHRIS SUB 5MG</i>	77
<i>sapropterin dihydrochloride powder packet 100 mg</i>	95
<i>sapropterin dihydrochloride powder packet 500 mg</i>	96
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	96
<i>scopolamine td patch 72hr 1</i>	

<i>mg/3days</i>	105
SECUADO DIS 3.8MG	77
SECUADO DIS 5.7MG	77
SECUADO DIS 7.6MG	77
<i>selegiline hcl cap 5 mg</i>	72
<i>selegiline hcl tab 5 mg</i>	72
<i>selenium sulfide lotion 2.5%</i>	137
SELZENTRY SOL 20MG/ML.....	25
SELZENTRY TAB 150MG	25
SELZENTRY TAB 25MG	25
SELZENTRY TAB 300MG	25
SELZENTRY TAB 75MG	25
<i>senna lax tab 8.6mg</i>	108
SENNA LEAVES MIS	108
<i>senna plus tab 8.6-50mg</i>	108
<i>senna-lax tab 8.6mg</i>	108
<i>senna-s tab 8.6-50mg</i>	108
<i>senna-tabs tab 8.6mg</i>	108
<i>senna-time s tab 8.6-50mg</i>	108
<i>senna-time tab 8.6mg</i>	108
<i>sennosides tab 8.6 mg</i>	108
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	109
<i>senokot extr tab 17.2mg</i>	109
SEREVENT DIS AER 50MCG	130
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	70
<i>sertraline hcl tab 100 mg</i>	70
<i>sertraline hcl tab 25 mg</i>	70
<i>sertraline hcl tab 50 mg</i>	70
<i>sevelamer carbonate packet 0.8 gm</i>	100
<i>sevelamer carbonate packet 2.4 gm</i>	100
<i>sevelamer carbonate tab 800 mg</i>	100
<i>sharobel tab 0.35mg</i>	94
SHINGRIX INJ 50/0.5ML.....	120
SIGNIFOR INJ 0.3MG/ML	99
SIGNIFOR INJ 0.6MG/ML	99
SIGNIFOR INJ 0.9MG/ML	99
<i>silace liq 10mg/ml</i>	109
<i>silace syp 60/15ml</i>	109
<i>siladryl alr liq 12.5/5ml</i>	129
<i>sildenafil citrate tab 20 mg</i>	59
<i>siltuss das liq 100/5ml</i>	131
<i>siltussin dm liq das</i>	131
<i>siltussin sa syp 100/5ml</i>	131
<i>siltussin-dm liq diabetic</i>	131
<i>siltussin-dm liq max st</i>	131
<i>siltussin-dm syp alc free</i>	131
<i>silver sulfadiazine cream 1%</i>	135
SIMBRINZA SUS 1-0.2%	126
<i>simvastatin tab 10 mg</i>	50
<i>simvastatin tab 20 mg</i>	50
<i>simvastatin tab 40 mg</i>	50
<i>simvastatin tab 5 mg</i>	50
<i>simvastatin tab 80 mg</i>	50
<i>sirolimus oral soln 1 mg/ml</i>	119
<i>sirolimus tab 0.5 mg</i>	119
<i>sirolimus tab 1 mg</i>	119
<i>sirolimus tab 2 mg</i>	119
SIRTURO TAB 100MG	27
SIRTURO TAB 20MG	27
SIVEXTRO INJ 200MG	21
SIVEXTRO TAB 200MG	21
<i>skin cleansr sol 4%</i>	140
SKYRIZI INJ 150DOSE	116
<i>sm antibioti oin 500/gm</i>	135
<i>sm clearlax pow</i>	109
<i>sm hydrocort cre 1%</i>	138
<i>sm hydrocort oin 1%</i>	138
<i>sm loratadin tab 10mg</i>	129
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	114
<i>sodium bicarbonate tab 325 mg</i> 103	
<i>sodium bicarbonate tab 650 mg</i> 103	
<i>sodium chloride hypertonic ophth oint 5%</i>	127
<i>sodium chloride hypertonic ophth soln 5%</i>	127
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	121
<i>sodium chloride irrigation soln 0.9%</i>	140
<i>sodium chloride iv soln 0.45%</i> ..	123
<i>sodium chloride iv soln 0.9%</i> ...	123
<i>sodium chloride iv soln 3%</i>	123
<i>sodium chloride iv soln 5%</i>	123
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	111
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	121
<i>sodium phenylbutyrate oral powder</i>	

<i>3 gm/teaspoonful</i>	96
<i>sodium phenylbutyrate tab 500 mg</i>	96
<i>sodium phosphates - enema</i>	109
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	90
<i>sodium polystyrene sulfonate powder</i>	90
SODIUM POW BICARBON	103
SOLIQUA INJ 100/33	87
SOLTAMOX SOL 10MG/5ML.....	38
<i>soluble fib pow therapy</i>	109
SOLU-CORTEF INJ 1000MG.....	98
SOLU-CORTEF INJ 100MG.....	98
SOLU-CORTEF INJ 250MG.....	98
SOLU-CORTEF INJ 500MG.....	98
SOMATULINE INJ 120/.5ML.....	99
SOMATULINE INJ 60/0.2ML.....	99
SOMATULINE INJ 90/0.3ML.....	99
SOMAVERT INJ 10MG.....	99
SOMAVERT INJ 15MG.....	99
SOMAVERT INJ 20MG.....	99
SOMAVERT INJ 25MG.....	99
SOMAVERT INJ 30MG.....	99
SORBITOL SOL 70%	109
<i>sorine tab 120mg</i>	49
<i>sorine tab 160mg</i>	49
<i>sorine tab 240mg</i>	50
<i>sorine tab 80mg</i>	49
<i>sotalol hcl (afib/afl) tab 120 mg</i> ..	50
<i>sotalol hcl (afib/afl) tab 160 mg</i> ..	50
<i>sotalol hcl (afib/afl) tab 80 mg</i> ..	50
<i>sotalol hcl tab 120 mg</i>	50
<i>sotalol hcl tab 160 mg</i>	50
<i>sotalol hcl tab 240 mg</i>	50
<i>sotalol hcl tab 80 mg</i>	50
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	56
<i>spironolactone tab 100 mg</i>	46
<i>spironolactone tab 25 mg</i>	46
<i>spironolactone tab 50 mg</i>	46
<i>sprintec 28 tab 28 day</i>	94
SPRITAM TAB 1000MG	64
SPRITAM TAB 250MG	64
SPRITAM TAB 500MG	64
SPRITAM TAB 750MG	64
SPRYCEL TAB 100MG.....	41
SPRYCEL TAB 140MG.....	41
SPRYCEL TAB 20MG.....	41
SPRYCEL TAB 50MG.....	41
SPRYCEL TAB 70MG.....	41
SPRYCEL TAB 80MG.....	41
<i>ssd cre 1%</i>	135
<i>stavudine cap 15 mg</i>	25
<i>stavudine cap 20 mg</i>	25
<i>stavudine cap 30 mg</i>	25
<i>stavudine cap 40 mg</i>	25
STELARA INJ 45MG/0.5.....	116
STELARA INJ 90MG/ML	116
<i>stim laxat tab 5mg ec</i>	109
STIMATE SOL 1.5MG/ML	102
STIVARGA TAB 40MG	41
<i>stomach relf chw 262mg</i>	103
<i>stomach relf sus 262/15ml</i>	103
<i>stomach relf sus 525/15ml</i>	103
<i>stool softnr cap 100mg</i>	109
<i>stool softnr cap 240mg</i>	109
<i>stool softnr cap 250mg</i>	109
<i>stool softnr syp 60/15ml</i>	109
<i>stool softnr tab 8.6-50mg</i>	109
<i>streptomycin sulfate for inj 1 gm.</i> 20	
STRIBILD TAB.....	26
<i>sucralfate tab 1 gm</i>	109
<i>sudogest tab 30mg</i>	131
<i>sulfacetamide sodium lotion 10% (acne)</i>	135
<i>sulfacetamide sodium ophth oint 10%</i>	125
<i>sulfacetamide sodium ophth soln 10%</i>	125
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	124
SULFADIAZINE TAB 500MG	20
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	21
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	22
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	22
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	22
SULFAMYLYON CRE 85MG/GM	136
<i>sulfasalazine tab 500 mg</i>	106

<i>sulfasalazine tab delayed release</i>	
<i>500 mg</i>	106
<i>sulindac tab 150 mg</i>	15
<i>sulindac tab 200 mg</i>	15
<i>sumatriptan nasal spray 20 mg/act</i>	81
<i>sumatriptan nasal spray 5 mg/act</i> 81	
<i>sumatriptan succinate inj 6</i> <i>mg/0.5ml</i>	81
<i>sumatriptan succinate solution</i> <i>auto-injector 4 mg/0.5ml</i>	81
<i>sumatriptan succinate solution</i> <i>auto-injector 6 mg/0.5ml</i>	81
<i>sumatriptan succinate solution</i> <i>cartridge 4 mg/0.5ml</i>	81
<i>sumatriptan succinate solution</i> <i>cartridge 6 mg/0.5ml</i>	81
<i>sumatriptan succinate solution</i> <i>prefilled syringe 6 mg/0.5ml</i>	81
<i>sumatriptan succinate tab 100 mg</i>	81
<i>sumatriptan succinate tab 25 mg</i> .81	
<i>sumatriptan succinate tab 50 mg</i> .81	
SUPREP BOWEL SOL PREP KIT ..	109
SUTENT CAP 12.5MG	41
SUTENT CAP 25MG	42
SUTENT CAP 37.5MG	42
SUTENT CAP 50MG	42
SWIM EAR LIQ 95% OTIC.....	141
SYLATRON KIT 200MCG	43
SYLATRON KIT 300MCG	43
SYMBICORT AER 160-4.5	134
SYMBICORT AER 80-4.5	134
SYMDEKO TAB 100-150.....	132
SYMDEKO TAB 50-75MG.....	132
SYMFI LO TAB	26
SYMFI TAB.....	26
SYMJEPI INJ 0.15MG.....	133
SYMJEPI INJ 0.3MG.....	132
SYMPAZAN MIS 10MG	64
SYMPAZAN MIS 20MG	64
SYMPAZAN MIS 5MG	64
SYMTUZA TAB	26
SYNAREL SOL 2MG/ML	95
SYNERCID INJ 500MG	22
SYNJARDY TAB.....	89
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SYNTHROID TAB 150MCG	101
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<i>tacrolimus cap 1 mg</i>	119
<i>tacrolimus cap 5 mg</i>	119
<i>tacrolimus oint 0.03%</i>	140
<i>tacrolimus oint 0.1%</i>	140
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<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	38
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	38
<i>tamsulosin hcl cap 0.4 mg</i>	111
TARGETIN GEL 1%	140
<i>tarina 24 fe tab</i>	94
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<i>tazicef inj 1gm</i>	29
<i>tazicef inj 2gm</i>	29
<i>tazicef inj 6gm</i>	29
TAZORAC CRE 0.05%	136
<i>taztia xt cap 120mg/24</i>	55
<i>taztia xt cap 180mg/24</i>	55
<i>taztia xt cap 240mg/24</i>	55
<i>taztia xt cap 300mg er</i>	55
<i>taztia xt cap 360mg/24</i>	55
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<i>telmisartan-amlodipine tab 80-10 mg</i>	48
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<i>temazepam cap 7.5 mg</i>	80
TEMIXYS TAB 300-300	26
TENIVAC INJ 5-2LF	120
<i>tenofovir disoproxil fumarate tab 300 mg</i>	25
<i>terazosin hcl cap 1 mg (base equivalent)</i>	46
<i>terazosin hcl cap 10 mg (base equivalent)</i>	46
<i>terazosin hcl cap 2 mg (base equivalent)</i>	46
<i>terazosin hcl cap 5 mg (base equivalent)</i>	46
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<i>terconazole vaginal cream 0.8%</i> 112	
<i>terconazole vaginal suppos 80 mg</i>	112
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	85
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	85
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	85
<i>testosterone td gel 12.5 mg/act (1%)</i>	85
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	86
<i>testosterone td gel 50 mg/5gm (1%)</i>	86
<i>tetrabenazine tab 12.5 mg</i>	82
<i>tetrabenazine tab 25 mg</i>	82
<i>tetracycline hcl cap 250 mg</i>	33
<i>tetracycline hcl cap 500 mg</i>	33
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THALOMID CAP 150MG	38
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<i>thioridazine hcl tab 10 mg</i>	77
<i>thioridazine hcl tab 100 mg</i>	77
<i>thioridazine hcl tab 25 mg</i>	77
<i>thioridazine hcl tab 50 mg</i>	77
<i>thiothixene cap 1 mg</i>	77
<i>thiothixene cap 10 mg</i>	77
<i>thiothixene cap 2 mg</i>	77

<i>thiothixene cap 5 mg</i>	77
<i>tiadylt cap 120mg/24</i>	55
<i>tiadylt cap 180mg/24</i>	55
<i>tiadylt cap 240mg/24</i>	55
<i>tiadylt cap 300mg/24</i>	55
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<i>tiadylt cap 420mg/24</i>	55
<i>tiagabine hcl tab 12 mg</i>	64
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<i>timolol maleate ophth gel forming soln 0.5%</i>	126
<i>timolol maleate ophth soln 0.25%</i>	126
<i>timolol maleate ophth soln 0.5%</i>	126
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	126
<i>timolol maleate tab 10 mg</i>	53
<i>timolol maleate tab 20 mg</i>	53
<i>timolol maleate tab 5 mg</i>	53
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<i>tizanidine hcl tab 4 mg (base equivalent)</i>	83
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<i>tobramycin nebu soln 300 mg/5ml</i>	20
<i>tobramycin ophth soln 0.3%</i>	125
<i>tobramycin sulfate for inj 1.2 gm.20</i>	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	20
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	124
<i>tolterodine tartrate cap er 24hr 2 mg</i>	111
<i>tolterodine tartrate cap er 24hr 4 mg</i>	111
<i>tolterodine tartrate tab 1 mg</i>	111
<i>tolterodine tartrate tab 2 mg</i>	111
<i>topiramate sprinkle cap 15 mg</i>	65
<i>topiramate sprinkle cap 25 mg</i>	65
<i>topiramate tab 100 mg</i>	65
<i>topiramate tab 200 mg</i>	65
<i>topiramate tab 25 mg</i>	65
<i>topiramate tab 50 mg</i>	65
<i>toposar inj 100/5ml</i>	44
<i>toposar inj 1gm/50ml</i>	44
<i>toremifene citrate tab 60 mg (base equivalent)</i>	38
<i>torsemide tab 10 mg</i>	56
<i>torsemide tab 100 mg</i>	56
<i>torsemide tab 20 mg</i>	56
<i>torsemide tab 5 mg</i>	56
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<i>trandolapril tab 1 mg</i>	46
<i>trandolapril tab 2 mg</i>	46
<i>trandolapril tab 4 mg</i>	46
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	115
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<i>trazodone hcl tab 150 mg</i>	70

<i>trazodone hcl tab 50 mg</i>	70
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<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	59
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	59
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	59
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<i>tretinoin cap 10 mg</i>	43
<i>tretinoin cream 0.025%</i>	135
<i>tretinoin cream 0.05%</i>	135
<i>tretinoin cream 0.1%</i>	135
<i>tretinoin gel 0.01%</i>	135
<i>tretinoin gel 0.025%</i>	135
<i>triamcinolone acetonide cream 0.025%</i>	138
<i>triamcinolone acetonide cream 0.1%</i>	138
<i>triamcinolone acetonide cream 0.5%</i>	138
<i>triamcinolone acetonide dental paste 0.1%</i>	141
<i>triamcinolone acetonide lotion 0.025%</i>	138
<i>triamcinolone acetonide lotion 0.1%</i>	138
<i>triamcinolone acetonide oint 0.025%</i>	138
<i>triamcinolone acetonide oint 0.1%</i>	138
<i>triamcinolone acetonide oint 0.5%</i>	138
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	56
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	57
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	57
<i>tri-buff asa tab 325mg</i>	14
TRICARE TAB PRENATAL	124
<i>trientine hcl cap 250 mg</i>	90
<i>tri-estaryl tab</i>	94
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	77
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	77
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	77
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	77
<i>trifluridine ophth soln 1%</i>	125
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	72
<i>trihexyphenidyl hcl tab 2 mg</i>	72
<i>trihexyphenidyl hcl tab 5 mg</i>	72
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<i>tri-mili tab</i>	94
<i>trimipramine maleate cap 100 mg</i>	70
<i>trimipramine maleate cap 25 mg</i>	70
<i>trimipramine maleate cap 50 mg</i>	70
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TRINTELLIX TAB 5MG	70
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<i>triple antib oin plus</i>	136
<i>tri-previfem tab</i>	94
<i>tri-sprintec tab</i>	94
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<i>trivora-28 tab</i>	94
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<i>trospium chloride tab 20 mg</i>	111
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<i>tussin dm mx liq 10-200/5.....</i>	131
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<i>unithroid tab 112mcg</i>	102
<i>unithroid tab 125mcg</i>	102
<i>unithroid tab 137mcg</i>	102
<i>unithroid tab 150mcg</i>	102
<i>unithroid tab 175mcg</i>	102
<i>unithroid tab 200mcg</i>	102
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<i>unithroid tab 300mcg</i>	102
<i>unithroid tab 50mcg</i>	102
<i>unithroid tab 75mcg</i>	102
<i>unithroid tab 88mcg</i>	102
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<i>valacyclovir hcl tab 500 mg</i>	28
VALCHLOR GEL 0.016%	140
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	28
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	28
<i>valproate sodium inj 100 mg/ml .</i>	65
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	65
<i>valproic acid cap 250 mg.....</i>	65
<i>valsartan tab 160 mg</i>	49
<i>valsartan tab 320 mg</i>	49
<i>valsartan tab 40 mg</i>	49
<i>valsartan tab 80 mg</i>	49
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	48
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	48
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<i>vancomycin hcl cap 250 mg (base equivalent)</i>	22
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	22
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	22
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	22
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	22
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<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	70
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	70
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	70
VENOFER INJ 20MG/ML	114
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<i>verapamil hcl cap er 24hr 100 mg</i>	55
<i>verapamil hcl cap er 24hr 120 mg</i>	55
<i>verapamil hcl cap er 24hr 180 mg</i>	55
<i>verapamil hcl cap er 24hr 200 mg</i>	55
<i>verapamil hcl cap er 24hr 240 mg</i>	55
<i>verapamil hcl cap er 24hr 300 mg</i>	55
<i>verapamil hcl cap er 24hr 360 mg</i>	55
<i>verapamil hcl iv soln 2.5 mg/ml</i> ..	55
<i>verapamil hcl tab 120 mg</i>	55
<i>verapamil hcl tab 40 mg</i>	55
<i>verapamil hcl tab 80 mg</i>	55
<i>verapamil hcl tab er 120 mg</i>	55
<i>verapamil hcl tab er 180 mg</i>	55
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<i>vienna tab 0.1-20</i>	94
<i>vigabatrin powd pack 500 mg</i>	65
<i>vigabatrin tab 500 mg</i>	65
<i>vigadroner 500mg</i>	65
VIIBRYD KIT STARTER	70
VIIBRYD TAB 10MG	70
VIIBRYD TAB 20MG	70
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VIMPAT INJ 200MG/20	65
VIMPAT SOL 10MG/ML	65
VIMPAT TAB 100MG.....	65
VIMPAT TAB 150MG.....	65
VIMPAT TAB 200MG.....	65
VIMPAT TAB 50MG	65
<i>vincristine sulfate iv soln 1 mg/ml</i>	35
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	35
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	35
<i>viorele tab</i>	94
VIRACEPT TAB 250MG	25
VIRACEPT TAB 625MG	25
VIREAD POW 40MG/GM	25
VIREAD TAB 150MG	25
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<i>warfarin sodium tab 1 mg</i>	113
<i>warfarin sodium tab 10 mg</i>	113
<i>warfarin sodium tab 2 mg</i>	113
<i>warfarin sodium tab 2.5 mg</i>	113
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<i>warfarin sodium tab 4 mg</i>	113
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XIGDUO XR TAB 5-500MG	89
XOLAIR INJ 150MG/ML	133
XOLAIR INJ 75/0.5	133
XOLAIR SOL 150MG	133
XOSPATA TAB 40MG.....	42
XPOVIO PAK 100MG	43
XPOVIO PAK 40MG	43
XPOVIO PAK 60MG	43
XPOVIO PAK 80MG	43
XTANDI CAP 40MG	38
XULTOPHY INJ 100/3.6	87
XYREM SOL 500MG/ML	84
YF-VAX INJ.....	120
<i>zafirlukast tab 10 mg</i>	131
<i>zafirlukast tab 20 mg</i>	131
<i>zaleplon cap 10 mg</i>	80
<i>zaleplon cap 5 mg</i>	80
<i>zarah tab 3-0.03mg</i>	95
ZARXIO INJ 300/0.5	114
ZARXIO INJ 480/0.8	114
ZEJULA CAP 100MG	37
ZELBORAF TAB 240MG.....	42
ZEMAIRA INJ 1000MG.....	133
<i>zenatane cap 10mg</i>	135
<i>zenatane cap 20mg</i>	135
<i>zenatane cap 30mg</i>	135
<i>zenatane cap 40mg</i>	135
ZENPEP CAP 10000UNT.....	110
ZENPEP CAP 15000UNT.....	110
ZENPEP CAP 20000UNT.....	110
ZENPEP CAP 25000	110
ZENPEP CAP 3000UNIT	110
ZENPEP CAP 40000	110
ZENPEP CAP 5000UNIT	110
ZERVIADE DRO 0.24%	126
<i>zidovudine cap 100 mg</i>	25
<i>zidovudine syrup 10 mg/ml</i>	25
<i>zidovudine tab 300 mg</i>	25

<i>zinc oxide oin 20%</i>	140
<i>zinc oxide oint 20%</i>	140
<i>ziprasidone hcl cap 20 mg</i>	78
<i>ziprasidone hcl cap 40 mg</i>	78
<i>ziprasidone hcl cap 60 mg</i>	78
<i>ziprasidone hcl cap 80 mg</i>	78
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	78
ZIRABEV INJ 100/4ML.....	37
ZIRABEV INJ 400/16ML.....	37
ZIRGAN GEL 0.15%	125
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	90
<i>zoledronic acid iv soln 4 mg/100ml</i>	90
<i>zoledronic acid iv soln 5 mg/100ml</i>	90
ZOLINZA CAP 100MG	37
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	81
<i>zolmitriptan orally disintegrating tab 5 mg</i>	82
<i>zolmitriptan tab 2.5 mg</i>	82
<i>zolmitriptan tab 5 mg</i>	82
<i>zolpidem tartrate tab 10 mg</i>	80
<i>zolpidem tartrate tab 5 mg</i>	80
<i>zonisamide cap 100 mg</i>	66
<i>zonisamide cap 25 mg</i>	66
<i>zonisamide cap 50 mg</i>	66
ZORTRESS TAB 0.25MG	119
ZORTRESS TAB 0.5MG	119
ZORTRESS TAB 0.75MG	119
ZORTRESS TAB 1MG.....	119
ZOSTAVAX INJ.....	120
<i>zovia 1/35e tab</i>	95
ZYDELIG TAB 100MG.....	42
ZYDELIG TAB 150MG.....	42
ZYKADIA TAB 150MG.....	42
ZYLET SUS 0.5-0.3%.....	124
ZYPREXA RELP INJ 210MG.....	78
ZYPREXA RELP INJ 300MG.....	78
ZYPREXA RELP INJ 405MG.....	78
ZYTIGA TAB 500MG.....	38



Versión 17

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Departamento de Servicios para Miembros: (877) 901-8181, TTY al 711

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